

COMMONWEALTH OF MASSACHUSETTS
HEALTH POLICY COMMISSION

CHART Phase 2:
Implementation Plan
Baystate Joint Award

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Version: 3



Introduction

This Implementation Plan details the scope and budget for the Joint Award in which Baystate Franklin Medical Center, Baystate Noble Hospital, and Baystate Wing Hospital are the Participating Hospitals in Phase 2 of the Health Policy Commission's (HPC) Community Hospital Acceleration, Revitalization, and Transformation (CHART) Investment Program. Baystate Franklin Medical Center, Baystate Noble Hospital, and Baystate Wing Hospital will each execute a Phase 2 Joint Award Contract with the HPC for implementation of the Joint Award. This single, common Implementation Plan is incorporated by reference into and is subject to the requirements of the Phase 2 Joint Award Contracts, including the Phase 2 Joint Award Terms & Conditions.

Many capitalized terms appearing in the Implementation Plan are defined in the Phase 2 Joint Award Terms & Conditions or the Phase 2 Request for Proposals (RFP). In addition to capitalized terms, the Implementation Plan may include other acronyms and/or abbreviations whose meaning is understood by the Participating Hospitals and the HPC in the context of the Implementation Plan. If there is disagreement concerning the meaning of a term, acronym, or abbreviation, the HPC's interpretation shall govern.



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Key personnel

Name	Title	CHART Phase 2 Role
Jean Ahn	Vice President Strategic Planning and Business Development, Baystate Health	Operational Investment Director, Baystate Joint Award
Leesa-Lee Keith	Chief Nursing Officer and Director of Patient Care, Baystate Franklin Medical Center	Clinical Investment Director, Baystate Franklin Medical Center
Andrea Nathanson	Director of Finance, Baystate Franklin Medical Center	Financial Designee, Baystate Franklin Medical Center
Rosa Feldman	Director of Medical/Surgical/Bronson Rehabilitation Services	Clinical Investment Director, Baystate Noble Hospital
Jeffrey Cebula	Health Systems Accounting Manager	Financial Designee, Baystate Noble Hospital
David Maguire	Baystate Health Eastern Region Chief Medical Officer	Clinical Investment Director, Baystate Wing Hospital
Pamela Desautels	Controller	Financial Designee, Baystate Wing Hospital
Leah Bradley	Director, Behavioral Health, Baystate Wing Hospital	Project Manager, Baystate Wing Hospital
Linda Puchalski	Project Manager, Information Services, Baystate Noble Hospital	Project Manager, Baystate Noble Hospital

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Target population

Definition*:

- Lower acuity (Adult, Severity 1, 2 & limited 3) medically-focused Neurosciences (includes neurology and speech), Adult Medicine (includes pulmonary, infectious disease [ID], geriatrics/palliative care services [geri/palli], critical care), and Cardiology patients at Baystate Franklin Medical Center (BFMC), Baystate Wing Hospital (BWH), and Baystate Noble Hospital (BNH)

Quantification:

- 24 avoided transfers per year (Severity 1 & 2 patients)
 - 4 Neurosciences
 - 11 Cardiology patients
 - 9 Adult Medicine
- 12 avoided transfers per year (Severity 3 patients)
 - 1 Neurosciences
 - 5 Cardiology patients
 - 6 Adult Medicine

* Target population definition includes all payers and ages 18+; excluding ACO patients, OB, deaths

Aim Statement

Primary Aim Statement

Reduce lower acuity (Severity 1 & 2) adult tertiary transfers for medically-focused Neurosciences, Adult Medicine, and Cardiovascular services by 20%, by the end of the 24-month Measurement Period.*

Secondary Aim Statement

Reduce limited Severity 3 adult tertiary transfers for medically-focused Neurosciences, Adult Medicine, and Cardiovascular services by 10% by the end of the 24-month Measurement Period.*

*Neurosciences includes neurology and speech; Adult Medicine includes pulmonary, ID, geri/palli, critical care

Baseline performance

		Annualized FY 2015 Total	
System-Wide	Transferred Admissions	1,135	
	Admissions	12,098	
	Rate (%)	9.3%	
		Annualized FY 2015 Total	
Target Services		Severities 1&2	Severity 3
	Transferred Admissions*	139	131
	Admissions	2,662	2,999
	Rate (%)	5.2%	4.4%

System-Wide Baseline Performance

- *Transferred Admissions*: The sum of all transferred patients, regardless of service or acuity for each location.
- *Admissions*: The sum of all-cause admissions regardless of service or acuity for each location.
- *Rate (%)*: Transferred Admissions/Admissions

Target Services Baseline Performance

- *Transferred Admissions*: The sum of all transferred patients only with Severity (acuity levels) 1, 2 & 3 from the specified service lines for each location. (BFMC values were used as a proxy for BWH & BNH)
- *Admissions*: The sum of admissions to each location only with Severity (acuity levels) 1, 2 & 3 from the specified service lines.
- *Rate (%)*: Transferred Admissions/Admissions

*Please note: Baystate Wing Hospital (BWH) did not join Baystate Health until September 2014, and Baystate Noble Hospital (BNH) did not join Baystate Health until July 2015. Admissions were tracked differently at those hospitals so BFMC's numbers were used as a proxy to establish baseline performance.

Estimated monthly impact

Annualized FY 2015	Current Expected Served	Current Expected Events	New Expected Avoided Events	New Expected Events
Tertiary Care Transfers (Severity 1 & 2)	221 admissions per month requiring low-acuity inpatient services	Given an average outmigration rate of 5.2% , we expect $221 * 0.052 = 11$ transferred admissions per month.	Given a goal of 20% reduction of transfers, we expect $0.2 * 11 = 2$ avoided transfers.	Then, we expect $11 - 2 = 9$ transfers per month
Tertiary Care Transfers (Limited Severity 3)	249 admissions per month requiring low-acuity inpatient services	Given an average outmigration rate of 4.4% , we expect $249 * 0.044 = 10$ transferred admissions per month.	Given a goal of 10% reduction of transfers, we expect $0.1 * 10 = 1$ avoided transfers.	Then, we expect $10 - 1 = 9$ transfers per month

Driver Diagram

Abridged Implementation of Telemedicine for Attracting purposes

Reduce identified lower acuity (Severity 1 & 2) adult tertiary transfers for medically-focused Neurosciences, Adult Medicine, Cardiovascular services by 20%, and limited Severity 3 tertiary transfers in those services by 10% by the end of the 24-month Measurement Period.

Enabling Technologies, Equipment

Expand telemedicine consults and services that allow patients to stay local. Areas for immediate launch/expansion include the following (with the potential for growth): teleneurology, telespeech, telecardiology, telemedicine (including pulmonary, critical care, infectious diseases, geriatrics/palliative care services).

Team Education & Training

Expand providers' telemedicine access and ability that enables more timely patient care. Use technology and equipment such as Vidyo infrastructure, physician equipment, remote site equipment, service-specific equipment. Note: ability to integrate the new hospitals into the same electronic system will be a factor in how quickly services are willing and/or able to document in the EMR and access patient info and images during consults.

Region-wide programming aimed at educating hospitalists across the system will grow to include information on telehealth and teleconsults. Hospitalist champions will also educate and support the rest of the hospitalists at their local facility in order to help ensure that appropriate care stays local

System Regionalization Strategy

Train telepresenters at each regional hospital. BFMC's model of training its RNs, clinical supervisors and CRNs to be tele-presenters will be promoted to the other regional hospitals for system-wide adoption and skills-building. Telepresenters will be trained by the IT coordinator, supplemented as needed by the telehealth coordinator.

Incorporate telemedicine into regional strategic planning to meet the communities' health care needs locally. By implementing and expanding telemedicine across all Baystate community hospitals we will expand access to physicians located at BMC and elsewhere in the system, a key piece of the strategy to become a regionally integrated organization

Service model

Narrative description

Teleneurology/ Telespeech: 7 days/week, 8:00 am-5:00 pm with neurology attending/ speech pathologist available to perform consults.

Telecardiology: Weekdays at BFMC, 5:00 pm-8:00 pm & weekends at BFMC, 8:00 am-5:00 pm with cardiology attending available to perform consults. (Currently, cardiologists are on-site at BFMC during the weekdays hours so coverage is needed for the nights and weekends.) Ramp-up & roll-out is expected to increase the coverage to the other facilities as EMRs are integrated.

Telemedicine:

Pulmonary, Infectious Diseases: 7 days/week, 8:00am- 5:00pm with attending available to perform consults.

Geriatrics/Palliative Care: Monday-Friday, 8:00 am-5:00 pm with attending available to perform consults.

Critical Care: : Monday-Friday, 8:00 am-5:00 pm with attending available to perform consults.

1. Referring hospitalist will contact with the physician taking consults for that day.
2. Hospitalist will pose the clinical question, and present pertinent information of the case.
3. The specialist on service will decide if a consult is appropriate.
4. If a consult will take place, the hospitalist will notify the telepresenter. The telepresenter will then contact the specialist's administrative office to arrange the consult. On off-hours the telepresenter and hospitalist will set a time directly with the consultant.
5. If applicable, the office staff will confirm with the telepresenter which specialist will be performing the consult. They will also be sure the appropriate specialist is notified.
6. Tele-presenter will send a webpage to the hospitalist once the consult has been set up, including the Date, Time, Room, and name of specialist that will be performing the consult.
7. The hospitalist will place consult order in CIS under the specialist's name (or into the dictation system for BNH and BWH consults, given that neither entity is currently on Cerner).
8. At the scheduled time, the specialist will provide a teleconsult to the hospitalist and patient, who will be together in the same room, via telemedicine equipment. During this consult, the specialist will examine the patient and determine recommendations.
9. After consult has taken place, the specialist will page the hospitalist to communicate the recommendations.
10. Hospitalist is responsible of putting all orders into CIS.
11. Specialist will write consult note in CIS, and bill as appropriate.
12. The telepresenter and the physician both complete a satisfaction survey, and telepresenter administers patient survey, as appropriate.

Service worksheet

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Service Delivered

- Care transition coaching
- Case finding
- Behavioral health counseling
- Engagement
- Follow up
- Transportation
- Meals
- Housing
- In home supports
- Home safety evaluation
- Logistical needs
- Whole person needs assessment
- Medication review, reconciliation, & delivery
- Education
- Advocacy
- Navigating
- Peer support
- Crisis intervention
- Detox
- Motivational interviewing
- Linkage to community services
- Physician follow up
- Adult Day Health
- X **Teleneurology, Telespeech consults**
- X **Telecardiology consults**
- X **Telemedicine consults**

Personnel Type

- X **All Hospital-based nurse**
 - Hospital-based social worker
 - Hospital-based pharmacist
- X **All Hospital-based NP/APRN**
 - Hospital-based behavioral health worker
 - Hospital based psychiatrist
 - Community-based nurse
 - Community-based social worker
 - Community-based pharmacist
 - Community-based behavioral health worker
 - Community-based psychiatrist
 - Community-based advocate
 - Community-based coach
 - Community-based peer
 - Community agency
- X **All Physician**
 - Neurologist
 - Cardiologist
 - Geriatrician
 - Pulmonologist
 - Infectious Disease specialist
- Palliative care
- EMS
- Skilled nursing facility
- Home health agency
- X Other: **Speech Pathologist**
- Other: _____
- Other: _____
- Other: _____

Service Availability

- Mon. – Fri.
- Weekends
- X **Neuro, Speech telehealth consults**
7 days, 8am – 5pm
- X **Cardiology telehealth consults**
Weekdays, 5pm-8pm
Weekends, 8am-5pm
- X **Pulmonology, Infectious Diseases**
7 days, 8am – 5pm
- X **Geriatric/Palliative Care, Critical Care**
Monday – Friday,
8am – 5pm
- Holidays
- Days
- Evenings
- Nights
- Off-Shift
Hours _____

Service mix

Service	By Whom	How Often	For How Long
Consult with specialists if considering transferring low-acuity patients to BMC	Hospitalist	As needed ~ 10 consults per week	Available throughout the duration of the grant
Facilitating the patient consult on the hospitalist-end of the teleconsult	Telepresenters (RNs, clinical supervisors, speech pathologists)	As needed ~ 10 consults per week	Available throughout the duration of the grant
Provides specialized live video consults to the hospitalists and patients	Specialists (clinical consultants)	As needed ~ 10 consults per week	Available throughout the duration of the grant

List of service providers / community agencies

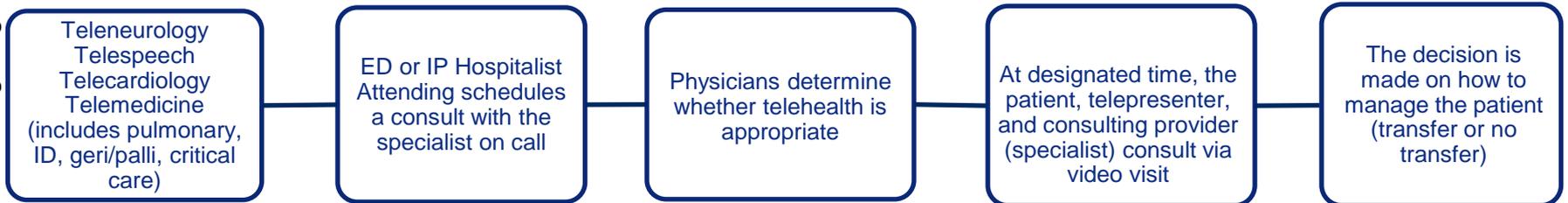
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Type of Service Provider	Community Agency Name	New or Existing Relationship
Physician group	Baystate Medical Practices	Existing
Academic Medical Center	Baystate Medical Center	Existing
Community physicians	Various groups	Existing
Sustainability partner	Health New England	Existing

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Summary of services

Tertiary Telehealth Consults Workflow (preventing transfers)



Program-specific measures (1 of 2)

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Data elements	ALL	Target Population	Target Population Encounters with Telemedicine
1. Total admissions to Inpatient (IN)	x	x	x
2. Total admissions to Inpatient or Observation Status	x	x	x
3. Total number of IN admissions that resulted in a transfer		x	x
4a. Total number of IN Severity 1 or 2 admissions that resulted in a transfer		x	x
4b. Total number of limited IN Severity 3 admissions that resulted in a transfer		x	x
5a. Total number of IN Severity 1 or 2 admissions that did not result in a transfer		x	x
5b. Total number of limited IN Severity 3 admissions that did not result in a transfer		x	x
6a. Median Inpatient LOS (time from arrival to departure)			
6b. Min Inpatient LOS (time from arrival to departure)			
6c. Max Inpatient LOS (time from arrival to departure)			
7. Total number of ED visits	x		
8. Total number of ED visits that resulted in a transfer from the ED			
9a. Median ED LOS (time from arrival to departure, in minutes)			
9b. Min ED LOS (time from arrival to departure, in minutes)			
9c. Max ED LOS (time from arrival to departure, in minutes)			

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Program-specific measures (2 of 2)

Data elements	Target Population Encounters with Telemedicine
10. Total number of unique patients receiving telemedicine consults	x
11a. Total number of Inpatient (IN) Telemedicine Consults	x
11b. Total number of ED Telemedicine Consults	x
12. Number of Telemedicine Consults by Discipline – Cardiology	x
13. Number of Telemedicine Consults by Discipline – Neurosciences	x
14. Number of Telemedicine Consults by Discipline – Infectious Disease	x
15. Number of Telemedicine Consults by Discipline - Geriatrics / Palliative Care	x
16. Number of Telemedicine Consults by Discipline - Pulmonology	x
17. Number of Telemedicine Consults by Discipline – Critical Care	x
18. % of Telemedicine Consults declined	
19. Median length of time of Telemedicine Consult	x
20. Median Length of time between ordering the Telemedicine Consult and the beginning of the Telemedicine Consult	x

Payer mix specific measures

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Data elements	Medicare	Medicaid	Commercial
21. Count of patients in the Target Population who received a telemedicine consult	x	x	x

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Continuous improvement plan (1 of 2)

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<p>1. How will the team share data? Describe.</p>	<p>Biweekly or monthly meetings, along with quarterly Telemedicine Steering Committee meetings and quarterly executive oversight meetings. Telemed Steering Committee includes leadership from all regional hospitals and all service lines involved in telemedicine across the system, as well as representation from IT, revenue cycle, compliance, strategic planning, and the health plan.</p> <p>The CHART 2 Executive Oversight Committee includes the Chief Quality Officer & SVP of Quality & Population Health, SVP Finance & Community Hospitals, Chief Strategy Officer, Chief Education Officer & Chief of General Medicine & Community Health, VP of Strategic Planning & Business Development, and representation from the CHART 2 hospitals (COO/CMO of Baystate Health Eastern Region (BHER) which includes BWH and BMLH, VP of Quality, Process Improvement & Behavioral Health of BHER, Interim CMO of BFMC, Director of Finance at BFMC, and CMO/designee of BNH.</p>
<p>2. How frequently will you (PM, Investment Director) look at the data (e.g., weekly)? Describe.</p>	<p>The CHART core team will review the data monthly in its formal report. There will be weekly meetings of the core team as the project is getting underway. The frequency will be reviewed at the end of each week to establish its necessity.</p>
<p>3. How often will your executive team (VPs, C-suite) review CHART project reporting (e.g., monthly)? Describe.</p>	<p>This will be reviewed monthly at the CHART executive oversight committee meeting.</p> <p>The frequency will be reviewed at the end of each month to establish its necessity.</p>
<p>4. How often will your front line CHART staff (care team) review reporting (e.g., weekly)? Describe.</p>	<p>If the reporting is automated, the team will look at it weekly. The frequency will be reviewed at the end of each week to establish its necessity.</p>
<p>5. How often will your community partners review data (e.g., weekly, monthly)? Describe.</p>	<p>Community partners will be included in the biweekly or monthly CHART meetings and as necessary if issues arise, as applicable.</p>
<p>6. Which community partners will look at CHART data (specific providers and agencies)? Describe.</p>	<p>BMP, BMC, participating community physician groups, and HNE, as applicable.</p>

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Continuous improvement plan (2 of 2)

<p>7. Will the quality committee of your board review CHART reporting (e.g., quarterly)? Describe.</p>	<p>Quarterly and as needed will seek advice from Director of Quality as well as update on progress and to ensure compliance with process.</p>	
<p>8. Who will collect measures and produce reporting for your program measures (e.g., Data Analyst, PM, ID)? Describe.</p>	<p>Cohort-Wide</p>	<p>Program specific</p>
	<p>Telehealth Coordinator</p>	<p>Telehealth Coordinator</p>
<p>9. What is your approximate level of effort to collect these metrics? Describe.</p>	<p>Cohort-Wide</p>	<p>Program specific</p>
	<p>Telehealth Coordinator</p>	<p>Telehealth Coordinator</p>
<p>10. How will you ensure that you are able to collect both your program specific and the cohort-wide measures? Describe.</p>	<p>Telehealth Coordinator will be charged with collecting all necessary metrics.</p>	
<p>11. How will you know when to make a change in your service model or operational tactics? Describe.</p>	<p>Analysis on whether change in service model or operational tactics will be triggered by deviations from the project plan or the presence of any unexpected outcomes. For example, the number of the target population identified, the ratio of acceptance/declination of participation, readmission rates of participants, staffing variances, etc.</p>	

Enabling Technologies plan (1 of 2)

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Functionality	User	Vendor	Cost
<p>Physician Equipment Goal of enabling technology is to have instantaneous and clear audio and visual communications from point-to-point in order to make appropriate recommendations as to whether patients can stay at current location or need to be transferred to BMC</p>	<p>Physicians, nurses, other clinicians (e.g., speech pathologists) and telepresenters). Patients will also use the equipment to communicate with the specialist on the other end.</p>	<p>Entre Computers (All BH IT deployment PC and associated hardware is purchased through them)</p>	<p>\$12,600 (9 laptops)</p> <p>\$4,500 (9 ipads)</p> <p>\$3,750 (50 Audio/microphone headsets)</p> <p>\$675 (9 webcams)</p> <p>\$180(dual headsets)</p>
<p>Remote Site Equipment Goal of enabling technology is to have instantaneous and clear audio and visual communications from point-to-point in order to make appropriate recommendations as to whether patients can stay at current location or need to be transferred to BMC</p>		<p>AMD Global Telemedicine</p>	<p>\$104,800 (4 AMD carts)</p>
		<p>AMD Global Telemedicine</p>	<p>\$3,150 (3 Stethoscopes)</p>
		<p>Carousel Industries (Vidyo reseller)</p>	<p>\$1,250 (5 dual audio speakers)</p>
		<p>AMD Global Telemedicine</p>	<p>\$4,295 (1 New ophthalmoscope for existing FMC AMD cart)</p>
<p>Infrastructure</p>		<p>Baystate Health Engineering or outside contractor</p>	<p>\$17,000 (Networking)</p>
		<p>Carousel Industries (Vidyo reseller)</p>	<p>\$5,000 (Vidyo infrastructure)</p>
<p>IT System: to flag, notification, and track patients; IT project management</p>		<p>Medecision</p> <p>Cerner, Meditech, PVIX</p> <p>Court Square Group</p>	<p>\$135,000</p> <p>\$0</p>

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Enabling Technologies plan - Q&A (2 of 2)

How are you going to identify target population patients in real-time?

- Physicians will be the ones to identify which patients may need transfers and through this identification, the connection to a physician at BMC will help in determining whether the patient can be appropriately cared for at the community hospital

How will you measure what services were delivered by what staff?

- Captured via Cerner/Medecision/PVIX/Meditech

How will you measure outcome measures monthly?

- Captured via Cerner/Medecision/PVIX/Meditech, report off of that data

What tool/platform will you use to facilitate cross-setting and multi-disciplinary coordination of care?

- Medecision and PVIX will be the system-wide reporting tool to facilitate coordination of care. Telemedicine tools such as Polycom, Vidyo, AMD will facilitate actual care being provided

Where will individual care plans reside, and what is the plan for making them available on a need-to-know basis 24/7 in the ED, hospital, and ambulatory settings?

- Care plans be developed in Medecision and will reside in PVIX/Medecision/Cerner.

Do you have a method for identifying what clinical services your target population accesses? (e.g. ADT notification when ED visits, admissions, discharges from the hospital occur, and/or admissions/discharges from SNF, home health care, visits in the ambulatory setting, attendance at intensive outpatient treatment, etc.)

- Medecision will be alerted via PVIX when these events occur.

Other essential investments

Other Investment – Describe	Budget Required
Telepresenter training	\$10,000
Clinician RVU/Consult Reimbursement	\$336,230
Telehealth Coordinator	\$120,000
IT Coordinator	\$75,000
Physician consultant start-up incentive payment	\$10,000
Physician champion payments	\$3,000 (hospitalists) \$10,000 (specialists)
Physician credentialing	\$5,600

Key dates

Key milestone	Date
Launch date (beginning of your 24 month Measurement Period)	2/1/2016
Post jobs	As soon as budget is approved
New hires made	Starting in February*
Execute contract with Medecision	Completed October 2015
Teleconsult capacity in place to support 50% of planned patient capacity	March 2016
Teleconsult capacity in place to support 100% of planned patient capacity	May 2016
First test report of services, measures from IT Platform (estimated)	3/1/2016
Enabling technology – IT Platform testing initiated (estimated)	11/2/2015
Enabling technology – IT Platform go-live (estimated)	12/1/2015
Trainings completed, if any [describe these – include multiple lines as necessary] -Telepresenter training BFMC - Telepresenter training BHER - Telepresenter training BNH -Clinician training	Complete January 2016 February 2016 December 2015 – February 2016
Teleconsult services available	2/1/2016

*External hires may take greater time.

Community partners/subcontractors

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Name	Business Address	Website	Contact Name	Contact Title	Contact Phone Number	Contact Email Address
Medecision, Inc.	8121 Preston Rd. Ste. 900 Dallas, TX 75225	Medecision.com	William Gillespie, MD	Chief Medical Officer	860-916-7337	wgillespie@gillespiehealthstrategies.com
Vidyo, Inc.	433 Hackensack Avenue Hackensack, NJ 07601 USA	Vidyo.com	Bud Loomis	Director, Vertical Sales, Healthcare & Education	Office: 631.821.6735 Cell: 516.729.1474	bud@vidyo.com
Carousel Industries (Vidyo reseller)	659 South County Trail Exeter, RI 02822	Carouselindustries.com	Molly Hamel	Account Executive	401-583-4840	mhamel@caurouselindustries.com
AMD Global Telemedicine	321 Billerica Road North Chelmsford, MA 01863	Amdtelemedicine.com	Bruce Bond	Director, Program Design Group	978-937-9021	bbond@amdtelemedicine.com
Court Square Group	1350 Main Street Fifth Floor Springfield, MA 01103-1628	Courtsquaregroup.com	Carl Weiss	Project Manager	802-423-5130	weiss@courtsquaregroup.com

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