

	Applicant Name	Applicant Organization Type	Focus Area	Region	Primary Aim	Target Population	Operational Approach	Proposed Award Cap	Award Cap % of Requested HPC Funding	In-Kind as % of Total Initiative Cost as Proposed	Total Initiative Cost as Proposed	Source of Funding
Targeted Cost Challenge Innovations	Behavioral Health Network	Behavioral Health Services Provider	SDH	Western	Reduce ED visits & IP length of stay by 25%	250 homeless or formerly homeless adults (18 years or older) with BH and/or SUD diagnoses who are responsible for children	High-touch care coordination between BH treatment, primary care, housing supports, and vocational services to provide stability and continuity of care	\$750,000	100%	17%	\$908,531	Payment Reform Trust Fund
	Berkshire Medical Center	AMC	BHI	Western	Improve patient outcomes for 1,000 patients	1,500 high-risk primary care patients with BH and/or SUD primary diagnoses (no age restriction)	Care coordination hub to integrate BH care into primary care, and connect PCPs to experts via telemedicine and an embedded clinical navigator	\$741,920	100%	9%	\$813,483	Distressed Hospital Trust Fund
	Boston Health Care for the Homeless Program	FQHC	SDH	Metro Boston	Reduce ED & IP utilization by 20%	60 high cost and high need homeless patients (adults, aged 40-60) treated on a rolling basis	Care coordination hub comprised of cross-sector providers of primary and BH care, housing, shelter, and social services to support the full spectrum of patients' needs	\$750,000	100%	18%	\$919,085	PRTF
	Boston Medical Center	AMC	SDH	Metro Boston	Reduce TME by 20%	300 high risk, high cost ED patients (18 years or older) with low primary care utilization	Place-based, high-touch care coordination and patient navigation deploying CHWs trained by legal practitioners to engage patients with community services and PCPs	\$747,289	100%	0%	\$747,289	PRTF
	Brookline Community Mental Health Center	Community Health Center	BHI	Metro Boston	Reduce TME by 15%	1,142 adults (18 years or older) with a serious chronic medical condition and a BH comorbidity	High-touch care management multidisciplinary team within the BIDCO care management structure integrating behavioral health, primary care, and community services	\$418,583	100%	16%	\$495,367	PRTF
	Care Dimensions	Palliative Care Provider	SAI/ EOL	North Shore	Reduce ED & IP utilization by 30%	528 high-risk patients with life-limiting illness (~ 70% are adults 18-65, 30% are 65+)	Embedding palliative care support into primary care practices, providing a resource for PCPs in early identification of patients with serious advancing illness	\$750,000	100%	0%	\$750,000	PRTF
	Commonwealth Care Alliance	Health Plan/ Provider Organization	SOC	Metro Boston	Reduce IP utilization by 20%	980 dual eligibles enrolled through CCA (~ 80% are in One Care; ~ 20% are 65+ and low income)	Disability-focused ambulatory ICU which includes deploying community paramedics to provide palliative and behavioral health consults through telemedicine, and integrating dental care into a primary care setting	\$598,860	80%	37%	\$1,191,869	PRTF
	Hebrew SeniorLife	Senior Services Provider	SDH	Metro Boston	Reduce transfers to hospitals, EDs, and long-term care by 20%	300 older adults (62 years or older) living in affordable housing	Care coordination team embedded in affordable housing sites to provide a link between housing and health care, regularly assess wellbeing of older adult residents, and promote self-care	\$421,742	57%	36%	\$1,150,889	PRTF
	Lynn Community Health Center	Community Health Center	SOC	North Shore	Reduce TME by 15%	169 adult patients (20 years or older) with SMI enrolled in MassHealth PCPR	Intensive care coordination program deploying CHWs and providing remote medication monitoring supported by clinical pharmacy	\$690,000	92%	20%	\$941,843	PRTF
	Spaulding Hospital Cambridge	LTACH	PAC	Metro Boston	Reduce TME by \$1,500,000	300 chronically critically ill patients (no age restriction)	Transitions of care support for long-term acute care patients utilizing a continuity team of an RN case manager and a social worker to step patients into a lower level setting of care	\$746,487	100%	17%	\$897,727	PRTF

**Targeted Cost Challenge Innovations by the numbers:**

10 Applicants and 52 Partners	Mix of large and small for-profit and nonprofit organizations	5 of 8 potential Challenge Areas	44% of funding directed outside Metro Boston	>\$40M in estimated cost savings	>5,500 patients targeted	4 complex care coordination programs; 3 site and scope of care innovations; and 3 supportive housing and social services initiatives	\$6,614,880 total in HPC funding of HCII Program Initiatives	25% of initiative costs contributed through In-Kind and Other Funding Sources	Combined investment of >\$8M for care delivery and payment reform innovations across the Commonwealth
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Telemedicine Pilot	Heywood Hospital	Community Hospital	Children & Adolescents	Central	Increase access to behavioral health services for 145 students by 10% by April 2018	1,455 Students at Narragansett Regional Middle & High Schools and Ralph C. Mahar Regional School	Integration of telemedicine technology into middle and high school guidance departments to provide behavioral health care services to students	\$425,570	100%	22%	\$514,301	DHTF
	Pediatric Physicians' Organization at Children's Hospital	Provider Organization	Children & Adolescents	Cape and Islands, Merrimack Valley, Western	Increase number of youth with complex psychiatric presentations seen for an initial diagnostic evaluation using telepsychiatry by a CAP within 15 days by 75%	33,397 pediatric primary care patients that require psychiatric care and live in a shortage area	Home-based psychiatric therapy delivered via video-conferencing to pediatric patients who are not identified as needing an in-person BH visit, and who cannot be scheduled locally	\$341,175	100%	17%	\$466,627	Section 161 of the FY16 State Budget
	Riverside Community Care	Community Health Center	Older Adults Aging in Place	Metro Boston	Provide access to behavioral health care via video-conferencing to 160 home bound older adult clients of ASAPs across 40 cities and towns	160 home bound older adults	Psychiatry, behavioral health diagnosing, consultation, medication management, and problem-solving therapy (PST) delivered to homebound older adults through remote video consultation	\$499,860	100%	27%	\$641,294	PRTF
	UMass Memorial Medical Center	AMC	Individuals with SUD	Central	Engage 40% of patients in treatment of their SUD	250 hospitalized, co-morbid patients at high-risk for readmission	Integration of SUD treatment into inpatient and ED care at the bedside via video conferencing with an addictions social worker or psychiatrist	\$496,184	100%	14%	\$574,689	PRTF

**Telemedicine Pilot by the numbers:**

4 Applicants and 17 Partners	Mix of large and small providers partnering with teaching hospitals	All 3 target populations served	52% of funding directed outside Metro Boston	All pilots expand access to behavioral health care for high-need populations	>35,262 patients targeted	All pilots utilize in-person provider-to-patient visits supported by video consults with access to a remote behavioral health specialist	\$1,762,789 total in HPC funding of Telemedicine Pilot Initiatives	20% of initiative costs contributed through In-Kind and Other Funding Sources	Combined investment of >\$2M for telemedicine across the Commonwealth
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	Applicant Name	Applicant Organization Type	Focus Area	Region	Primary Aim	Target Population	Operational Approach	Proposed Award Cap	Award Cap % of Requested HPC Funding	In-Kind as % of Total Initiative Cost as Proposed	Total Initiative Cost as Proposed	Source of Funding
Neonatal Abstinence Syndrome Initiatives	Baystate Medical Center	Community Hospital	NAS A	Western	Increase rooming i-care for eligible maternal-infant dyads being cared for during observation and treatment phases of NAS to 50%	All infants who present with NAS symptoms	Utilization of rooms on the postpartum floor to provide care to the mother-infant dyad (through dedicated staff) during observation and treatment phases of NAS	\$249,778	100%	38%	\$400,480	Account 1599-1450 of FY16 State Budget
	Boston Medical Center	AMC	NAS A	Metro Boston	Decrease length of inpatient stay for infants with NAS by 40%	All infants who present with NAS symptoms	Increased focus on non-pharmacologic care, improvement of pharmacologic care, and initiation of new hospital care models to decrease length of stay for infants with NAS	\$248,976	100%	29%	\$349,879	Account 1599-1450 of FY16 State Budget
	UMass Memorial Medical Center	AMC	NAS A	Central	Reduce inpatient length of stay for patients exposed to NAS by 30%	All infants who present with NAS symptoms	Multidisciplinary, coordinated approach that integrates pre-natal and post-natal management approaches including the standardization of scoring and treatment, increased breastfeeding and increased parent exposure	\$249,992	100%	29%	\$354,204	PRTF
	Lahey Health - Beverly Hospital	Community Hospital	NAS B	North Shore	Reduce median length of stay for infants admitted with NAS by 30%	70 pregnant women with Opioid Use Disorder over two-years	Development of an integrated program that starts during prenatal screening through the first postpartum year and includes pharmacotherapy, behavioral health care, prenatal care, life skills education, breastfeeding and newborn care, lifestyle coaching and complementary and alternative treatments for addictions	\$1,000,000	100%	25%	\$1,323,042	DHTF
	Lawrence General Hospital	Teaching Hospital	NAS B	Merrimack Valley	Reduce the cost per episode for at least 50 pregnant women with Opioid Use Disorder by 10%	50 pregnant women with Opioid Use Disorder	Integrated NAS treatment model that includes a number of inpatient quality improvement initiatives such as enhanced training for inpatient clinicians; expansion of special care nursery to include a quiet room for mothers and infants; and development of a toolkit that describes the activities involved in a NAS episode of care	\$250,000	29%	33%	\$1,267,070	DHTF
	Lowell General Hospital	Community Hospital	NAS B	Merrimack Valley	Increase use of pharmacotherapy for pregnant women with Opioid Use Disorder by 20%	All pregnant women with confirmed Opioid Use Disorder; enrolling a minimum of 25 women annually	Identification of pregnant women with OUD early in their pregnancies, to guide them in accessing pharmacotherapy treatment services, and support these new families through pregnancy, delivery, and six months postpartum	\$999,032	100%	30%	\$1,425,693	DHTF

**Neonatal Abstinence Syndrome Initiatives by the numbers:**

6 Applicants and 53 Partners	Diverse types of hospitals represented, from community hospitals to AMCs	Even split between Category A and B	83% of funding directed outside Metro Boston	Initiatives reduce length of stay for infants with NAS and provide women with OUD access to pharmacotherapy treatment and wraparound supports prenatally, during pregnancy, and post-discharge	Targets all infants who present with NAS and >170 pregnant women with Opioid Use Disorders	Provides integrated care to NAS infants through allocation of rooms, standardized scoring of symptoms, infrastructure enhancement, and coordinated prenatal and postnatal care for women with Opioid Use Disorders.	\$2,997,778 total in HPC funding of Neonatal Abstinence Syndrome Investments	30% of initiative costs contributed through In-Kind and Other Funding Sources	Combined investment of >\$5M for enhanced treatment for Neonatal Abstinence Syndrome across the Commonwealth
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