



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1382

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The COPD Re-admissions program is a partnership between Holy Cross Health and COPD Foundation which improves outcomes and access to care, reduces hospitalizations and emergency room visits, and decreases health care costs for persons with COPD. The goal of the program is to reduce costly readmission rates at Holy Cross Hospital. Consistent with patient Transition Care Plans post discharge, the program addresses medication adherence, proper uses of medical devices, adherence to Transition Care Plans, maintaining pulmonary rehabilitation, patient education, support of home prescribed services and routine health care follow-up. Patient Navigators provide individualized care coordination services to patients, with support from pulmonologists and community providers. The AHCA has documented the need for increased access to care coordination services for high cost COPD patients and the increasing need for access to programs that reduce costly hospital re-admissions.(2018 to 2020 AHCA)

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</b>

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	66%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	260,000	34%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>760,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.



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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Project Management - provides overall project coordination	75,000
Other Salary and Benefits	Data Coordinator - collect/analyze data	25,000
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	Project Evaluation to be conducted by a Florida university with a pulmonology department.	15,000
<b>Operational Costs: Other</b>		
Salary and Benefits	Patient Navigators - provide direct care coordination services. Pulmonologist for medical oversight of project. IT support for infrastructure.	240,000
Expense/Equipment/Travel/Supplies/Other	Multi-language educational materials. Online portal supporting interaction between patients, Navigators, physicians and community providers.	145,000
Consultants/Contracted Services/Study	N/A	0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	N/A	0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

12. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

The program goals are reducing costs associated with COPD treatment, improving health outcomes and quality of life for patients, expanding access for community COPD patients to ongoing care/interventions, and reducing hospitalizations and readmissions. The program delivers personalized care delivery to COPD patients reducing burden on the hospital system as well as Medicaid/Medicare costs.

b. What activities and services will be provided to meet the intended purpose of these funds?

Coordination of patient care through a partnership between Holy Cross Health and COPD Foundation. Care Coordination involves organizing patient care activities, analyzing patient care plans and sharing information among all participants concerned with the patients care to achieve safer and more cost effective outcomes.

c. What direct services will be provided to citizens by the appropriation project?

Consistent with the patient's Transition Care Plan post-discharge, the program address patient adherence to the Transition Care Plan, medication adherence, proper use of medical devices, maintaining physical activity through pulmonary rehabilitation, patient education, support of prescribed home health services, coordination of physician and other community provider services and routine follow-up healthcare.

d. Who is the target population served by this project? How many individuals are expected to be served?

The target population is comprised of 800 +COPD patients, post discharge, from Sacred Health Hospital who are entered into the Program.



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**e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

The expected benefits of the program include improved health care outcomes, reduced hospitalizations and readmissions, reduced costs to the State and greater access to care in the community. Consistent with the patient's Transition Care Plan, the program addresses medication adherence, proper use of medical devices, maintaining physical activity through pulmonary rehabilitation, patient education, support of prescribed home health services, and routine follow-up healthcare. Results from validated questionnaires like SGRQ, measure improved quality of life issues. Patient data collected will include readmission rates and patient costs. A comprehensive annual Program Evaluation will be completed.

**f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?**

Contract may be terminated if the readmission rate exceeds the 30-day COPD readmission rate of 25%

**13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

N/A



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. Recipient Contact Information

a. Organization

b. Municipality and County

#### c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number