**Supporting Older Adults in Rural Areas (SOAR)**

**Grantmakers In Aging (GIA)**

**South Dakota Community Foundation (SDCF)**

**Due September 30, 2016**

This reports covers the SOAR grant period from September 2015 – August 31 2016 and is due by September 30, 2016. Please respond to each question separately, and include any notable quotes from participants that will help to illustrate SOAR’s impact.

1. **Overview:** Provide a summary of your project’s key achievements this year. Include the total numbers of those served or engaged between September 1, 2015 and August 31, 2016.

Rural Health Care Incorporated (RHCI) based in Fort Pierre, South Dakota, and Senscio Systems based in Boston, Massachusetts, collaborated to bring remote health monitoring and chronic care management technology to individuals in rural and remote locations in South Dakota. The project deployed Senscio’s Ibis system to patients with chronic health conditions who wish to remain at home and who are at risk for hospitalization due to complex health conditions. Patients were identified by RHCI providers as good candidates for Ibis based on three critical criteria:

* The patient has one or more chronic health conditions such as diabetes, hypertension, chronic obstructive pulmonary disorder (COPD) or congestive heart failure (CHF); the individual has a complex medication regimen in place to control the individual’s chronic health condition(s).
* The patient has internet access or is in an area where the internet can be accessed via 3G or 4G connectivity.
* The patient demonstrates a willingness or ability to use the technology in the home. Patients who met the criteria were provided an Ibis CareStation and their referring providers were provided with access to the Ibis CarePortal so the provider could monitor the status of the patients on the Ibis System.

The Ibis System was installed by a Senscio professional and the patient was trained on system use, how to contact Senscio Systems, and provided with an individual Care Navigator who reached out to the patient periodically and also was a central point of contact for patient for questions, concerns, or technical assistance.

The project’s key achievements during the year included:

* **Enrollment of seven long-term patients and referral of three additional patients.** The Ibis System was deployed to six patients in early April and an additional later in the month. Since the initial deployment, RHCI providers have referred three additional patients – in August and September – who are awaiting installation of Ibis units. Those units have not yet been deployed due to scheduling challenges with the patients.
* **Of the seven long-term patients, all who engaged with the system saw improvements in their overall health and well-being.** Each patient – even those with lower levels of overall adherence (<60%) – saw improvements in the critical measures that represent risk factors for their chronic health conditions. Nearly all patients maintained vitals such as weight, blood pressure, and oxygen levels within ranges considered appropriate by their providers. Additionally, 100% of patients who were required to complete self-checks for breathing, swelling, and overall feeling saw improvements in these self-checks during the project period.
* **For patients triggering health-related protocols, 100% of the protocols were either resolved by the patient or were resolved with assistance from Senscio’s Care Navigators.** Protocols are triggered when a patient’s vitals (blood glucose, blood pressure, oxygen) are outside of the parameters established by the provider. When such protocols are triggered, the Ibis System walks the patient through the appropriate steps to resolve the protocol and to prevent an acute episode. During the project period, 100% of protocol triggers were resolved either by the patient, with assistance from the Care Navigator, or by providing the patient with technical assistance where the patient was unable to resolve the protocol due to a technical problem.
* **Of patients with higher scores on the PAM (e.g. in the top quartile), the project saw both high adherence and high satisfaction levels.** Two of the seven active patients had greater than 80% overall adherence with one patient at over 90%. Both of these patients were in the top quartile of the Patient Activation Measure (PAM) instrument. A third high-PAM score patient dropped out of the program but demonstrated high levels of adherence early in the program. Her withdrawal was due to a disinterest in using the system over time and a belief she could as effectively self-manage without the use of the technology.
* **While provider activity was limited to only two more heavily-referring providers, both providers expressed high levels of satisfaction with the program.** RHCI initially assessed that smaller numbers of their providers – due to overall activity level and patient load – would engage with the Ibis System and this proved to be true. Of those providers who were engaged, one offered survey responses suggesting both optimism about and belief in the effectiveness of the system in monitoring and enhancing the health and well-being of their patients.

Overall, the RHCI-Senscio partnership demonstrated important directions for further work and research and suggested opportunities for recruiting highly-engaged patients who need support mechanisms to maintain their health and well-being. The project also suggested gaps that need to be addressed in any subsequent funding cycle, most of which are programmatic and involve more in-depth engagement with providers and patients.

1. **Activities:** Review each of the activities that were outlined in the initial proposal and project deliverables. Were the proposed activities carried out as planned? Explain any revisions in the original plan. Identify any planned activities that were not undertaken and why.

The RHCI-Senscio project was established because rurality and remoteness are challenges to individuals managing chronic health conditions. As noted in the initial grant application, individuals who live in rural and remote areas have poorer access to care, are more likely to live alone or have informal caregivers – who often are aged and infirmed – supporting them, and are forced to transition to higher levels care because they are unable to manage their chronic health conditions. Additionally, the RHCI-Senscio project was established to enable individuals to live in their homes longer and to manage their chronic health conditions better using technology and Care Navigator support. Finally, the project was established to prevent unnecessarily health care utilization – acute episodes – and to provide real-time evaluation and assessment of the patient’s chronic condition rather than relying on periodic primary care visits as the principal method for monitoring and managing a patient’s chronic health condition.

To address each of above outcomes, RHCI and Senscio built an implementation strategy that included the following steps. Revisions and/or omissions of activities are noted where deviations occurred:

* **Patient identification.** RHCI and Senscio used a simple patient selection algorithm that began with RHCI exporting from its Electronic Health Record (EHR) system all patients having two or more chronic health conditions and taking two or more medications. The chronic health conditions selected in this initial export from RHCI’s EHR were diabetes, hypertension, chronic obstructive pulmonary disorder (COPD), and congestive heart failure (CHF). RHCI focused its first attention on patients with diabetes and hypertension because of the pervasiveness of both conditions in its patient population. Of the over 6,800 patients in RHCI’s EHR, RHCI and Senscio identified 120 patients who fit the multiple chronic condition and poly-med criteria. Senscio Systems applied a weighting algorithm to orderly rank the patients provided by RHCI from those who would most benefit from the Ibis System to those who would least benefit and returned that list to RHCI as a tool for referring patients. This list was given to providers who could use it as a guide for patient referral. It is important to note, however, that providers were encouraged not only to use the list, but also their professional judgment and patient motivation to control their chronic health condition as drivers for program referral.
* **Patient recruitment materials.** For the initial project year, Senscio Systems collaborated with RHCI to first educate providers about the system and next to provide RHCI’s providers with materials to enable provider referral to the Senscio-Ibis program. Project education was provided via in-person meetings with RHCI providers and through three webinars early and later in the project’s first year. Patient recruitment materials were mailed to each RHCI location and included a patient background sheet, informed consent, and a series of forms detailing patient conditions, vital statistics thresholds, medications, providers, and pharmacy and family contact information. The packets took providers and patients approximately 15 minutes to complete.
* **Upon recruitment by the provider, patient packets were either securely faxed or mailed to Senscio staff in South Dakota.** The Senscio team uploaded the patient care plan to Senscio’s Care Portal and the referred patients had CareStations set up for installation. Referrals and recruitment were slow between September and December of 2015 and the first referrals from RHCI came to Senscio Systems in February of 2016. Due to operational challenges by Senscio Systems – detailed in a series of dialogues with GIA and the South Dakota Community Foundation – Care Plans were entered for the first seven patients referred by RHCI in March of 2016 and the first installations of six Care Stations took place in early April 2016 with the final of the first seven installations taking place in late-April 2016.
* **Patient CareStations were installed by the Senscio Systems team.** Following CarePlan entry and on the schedule noted above, Senscio Systems personnel traveled to each referred patient’s home to install the Ibis CareStation and to educate the patient about the CareStation’s use. In addition, Senscio Systems provided referring providers with CarePortal training (via webinar) and credentials to use the CarePortal so that they could monitor patient progress after starting on the Ibis System.
* **Patients were contacted on a standard schedule following installation.** Each patient was assigned a single Care Navigator – based in Boston, MA – to be a single point of contact and an ongoing support system after the patient’s CareStation was installed. That Care Navigator contacted the patient via phone one day and one week following installation to ensure that patient questions were answered and that the system was being used properly. Patients were then contacted on a bi-weekly basis for the first month and monthly thereafter to assess patient adherence, comfort with the Ibis unit, and to collect data about the patient. The patients also were conducted when they triggered a protocol related to their chronic health condition or if levels of adherence dropped below 60% for a period of more than three days.
* **Patients were monitored for adherence, vitals, and protocol triggers and called to prompt and encourage**. A key outcome for this project was to ensure patients were in a position to monitor their chronic health conditions, manage complex medication and health management regimens, and have support structures in place to help them do that more effectively. As part of this effort, Senscio maintained an analytics and data collection effort on each patient to understand where each patient was struggling with adherence, experiencing out-of-range vitals, and triggering protocols. When such events occurred, Senscio’s Care Navigator attempted to contact the patient, worked to resolve the challenge or to encourage adherence through dialogue with patients. As appropriate, patients were encouraged to address critical health issues with their providers but over the course of the project period, no such referrals were required.

**3. Evaluation:** Summarize your evaluation strategy and your evaluation results to-date.

The RHCI-Senscio evaluation strategy was directly tied to the project outcomes both organizations hoped to achieve. The first project outcome was to help individuals with chronic health conditions and complex medication regimens manage their health more easily and effectively by providing a supportive technology. The second project outcome was to provide access to health technology for individuals in rural and remote areas where accessing providers is difficult and the lack of provider density may mean unnecessary acute visits and/or health care utilization outside of what might be necessary with proper health management safeguards in place. The third project outcome was to test technology adoption for patients and providers and assess the degree to which bringing a technology to the patient, provider, and health system (RHCI) would enhance health care outcomes for each stakeholder.

To understand each of these outcomes, RHCI and Senscio employed a mixed method approach with mixed results. As noted in the sections that followed, RHCI and Senscio had a difficult time reaching patients for follow-up interviews to understand how the technology was working for them or why they were challenged with adhering to health protocols. Additionally, RHCI and Senscio had limited provider participation in this first project year, limiting the data that both organizations were able to gather about perceptions of the technology’s efficacy in improving health outcomes for the providers’ patients. Finally, RHCI and Senscio had a lower-than-expected n-value in its final project sample, making many evaluation conclusions from year one anecdotal at best. Despite that, Senscio’s population health analytics platform and the repeated engagements patients on the system had with Ibis provide a robust first sense for how the technology is being used, how effective it is, and among what patient populations the technology works best.

Based on the data available at the time of this report, RHCI and Senscio have the following concrete data to share:

* Seven patients have been on the system since April of 2016. Of those patients, two are male and five are female. The average patient age is 66 years old. Of the patients referred, all presented with hypertension and diabetes, with five of the seven presenting with a combination of hypertension, diabetes, CHF, COPD, and depression.
* Of the seven patients, three had overall adherence rates (including medication, activities of daily living, and self-checks) at or above 60%, meaning that they reported having completed actions in their CareStations as assigned via their care plans. Two of the patients – both patients with PAM scores in the top quartile – had overall care plan adherence rates of over 80% and one patient had adherence rates over 90%.
* Among patients adhering to their care plans at least a 60% rate, all reported improvements in self-checks (swelling, overall feeling) and all but one reported improvements in breathing.
* All of the patients reported improvements in vital checks. The most change was with a patient adhering at above the 90% level. This particular patient, #379, saw a decrease in weight over the project period from 332 pounds to 230 pounds with an average weight over the period of 233.89 pounds. The same patient reported better breathing, swelling, and feeling despite struggling with three chronic health conditions (CHF, hypertension, and diabetes). This patient also had consistently lower blood pressure, better O2 saturation, and lower blood glucose during the project period. This patient during the project period triggered one protocol notification and, with assistance from a Care Navigator, resolved the protocol without further incident. According to this patient, “Before Ibis, I struggled with keeping track of whether or not I had taken certain medications. Now, I know exactly what medications I have taken and when I’ve taken them. Ibis is a wonderful program that really makes managing my health as simple as possible.”
* The patient adhering at above the 80% level reported better breathing, swelling, and feeling; saw an overall decline in weight from a high of 207 pounds to a low of 193 with an average weight of 197.45 pounds over the project period, and saw overall decreases in blood pressure, better maintenance of blood glucose levels, and more consistent O2 saturation levels. This particular patient - #386 – presents with four (4) chronic conditions: COPD, hypertension, diabetes, and CHF. This individual during the project period triggered 27 protocols across each of their chronic conditions, all of which were either assisted by a Care Navigator or resolved due to a technological issue.
* Finally, the patient adhering at the 70% (69.1%) level reported better outcomes with swelling and overall feeling, saw a decrease in weight, a maintenance of systolic and diastolic blood pressure, and a stabilization of blood glucose levels (where the high was 350 and the average normed over the project period to 111.24). This patient triggered one protocol notification for hyperglycemia and resolved it herself with prompting from Ibis and no additional assistance from a Care Navigator.
* Among the patients with lower overall adherence levels (<40%), the improvements in or maintenance of overall health still appear to hold: lower average blood glucose levels, systolic blood pressure readings, and maintenance of those levels over the project period. Additionally, each of these patients triggered protocols for hyperglycemia, hypertension, or both and, with the assistance of a Care Navigator, resolved those protocol triggers without incident.

**4. Challenges/problems encountered:** What challenges did you encounter getting your project launched this first year? What might you have done differently with the benefit of hindsight? What lessons were learned?

The first project year demonstrated where successes were possible and highlighted significant operational

challenges upon implementation. Among the most significant challenges faced time and attention challenges among providers; at-a-distance operational challenges for Senscio Systems; and patient recruitment and engagement challenges. Addressing each of these in turn:

* **Provider challenges.** RHCI was and has been transparent about the difficulty its providers would have being fully vested in referring patients to the program. RHCI provider loads are significant and RHCI has a series of ongoing strategic priorities – of which technology is one – that compete with the Ibis program. In the first year, both RHCI and Senscio were aware of but likely not properly attuned to how limited RHCI’s provider time and attention would be and that led to a significant gap between what was operationally desired (e.g. 50 units deployed in a relatively short time period) and what was accomplished in the first project year (7 units deployed; 3 pending). In hindsight, Senscio and RHCI could have collaborated – and are now collaborating – to recruit patients in a model more consistent with medical studies (e.g. on-site recruiters spending intensive time and catching patients post-visit). Such collaboration would have taken the attention, recruitment, and referral burden off of the providers and enable them to simply shuttle patients to a Senscio recruiter who could handle all of the administrative paperwork and get patients onboarded more rapidly. This approach is discussed in more detail later in this report.
* **At-a-distance operational challenges.** Senscio Systems faced a significant operational challenge as a young company with a temporary shutdown in February and March of the project year. This shutdown and discussions related to it is well-documented through email and phone conversations with GIA. What momentum RHCI generated through multiple patient referrals in January and February – 7 in total – was somewhat lost with the operational shutdown that left patients waiting systems until early April. Following the installation of the first seven units, RHCI and Senscio used Care Navigation services based in the Boston area. While those services were experienced and the relationships that the Care Navigator built were positive, they could not substitute for having individuals on the ground in the Pierre/Fort Pierre area to recruit, visit, and maintain relationships with patients and providers. While webinars and distance training for providers was convenient for both RHCI and Senscio, it is clear a different type of staffing model will be best for ensuring the right patients are identified, installations of Ibis Care Stations happen more rapidly, and patient contact and relationship building happens more effectively in the future.
* **Patient recruitment and engagement challenges.** The initial hope for project year one was to recruit 50 patients with hypertension, diabetes, or both and multiple medications to be part of the RHCI and Senscio effort. As noted below and throughout this report, both RHCI and Senscio likely started their recruitment pool too narrowly, excluded potentially motivated patients who lacked Wi-Fi, and referred patients who were unlikely to be successful in the program due to lack of engagement/motivation in improving or maintaining their health. In hindsight, a better approach would have been to open up the program to highly motivated patients – as identified by providers – with any of the chronic conditions for which Senscio has a protocol built and who could participate in the program regardless of Wi-Fi access. Further, the model that RHCI and Senscio used, such as sending patient packets to the providers and relying on providers for referrals, inputting care plans off-site of the clinics, and using remote Care Navigation, likely contributed to poorer patient selection processes, enrollment, and engagement than were forecasted. Subsequent project efforts should focus on tightening the recruitment process, engaging more meaningfully on-site with the providers and patients, and moving more rapidly from recruitment to Care Station deployment.

**5. Technical Assistance:** What is your assessment of the technical assistance/support you received from GIA and South Dakota Community Foundation? How effective were the: Bi-monthly conference calls? Convening in April 2016 at the Cedar Shore Resort? Site visits by GIA staff? What kind of technical assistance would you like for the future?

* GIA and the South Dakota Community Foundation’s partnership was appreciated and its ongoing support and belief in the RHCI-Senscio collaboration – despite its operational challenges – was valued over the course of the first project year. Bi-monthly conference calls were helpful because they provided an opportunity to hear about the partner SOAR projects and to see the broader context in which the RHCI-Senscio partnership was operating. The conference calls also were helpful in pushing the RHCI-Senscio partnership to summarize its ongoing operational successes and challenges and report those to the group both for feedback and suggestions.
* The convening in April at Cedar Shore Resort was an honest conversation about the RHCI-Senscio project, its direction, and how the project could proceed despite the operational challenges the RHCI-Senscio work experienced in spring of 2016. In particular, Dr. Feather’s and SDCF’s honest assessment and dialogue with the RHCI-Senscio team and the collective’s belief in the value of the RHCI-Senscio collaboration provided a backbone for ongoing work. The site visits by GIA staff were valuable because they allowed the GIA staff to see the technology being installed and operationalized and to see and understand – in situ – how the technology would be used by patients and how patients would be engaged with the system. The site visits also were valuable because RHCI and Senscio believe they reinforced the challenge that patients with chronic conditions face in rural and remote areas and how the technology can enable these patients to better manage chronic conditions without the benefit of health providers nearby.
* One suggestion RHCI and Senscio share is that GIA and/or SDCF consider bringing mentors with specific expertise in the project/program types being implemented or creating an advisory board apart from the grantmakers themselves so SOAR grantees are able to “bounce” ideas and engage mentors/coaches with experience in the specific areas their projects are addressing. Having these types of resources available would allow safe conversations around operational challenges and position grantees to be in conversation with people who have faced similar operational challenges and permit them to ideate with the grantees about how to address those challenges.

**6.** **Collaborations:** Have you developed new partnerships with community organizations while working on SOAR? How might these partnerships help to create a community that is more welcoming to older adults?

* The RHCI-Senscio Collaboration was crafted as a public-private partnership intended to demonstrate how new technology combined with an organization wishing to serve more of its patients with technology could be successful and powerful. The complexity of working between two organizations – one with heavy patient load and ongoing clinic operations and another operating as a start-up in a challenging rural and remote market – provided sufficient challenge to discourage additional collaborations during project year one. Both organizations will consider the value of bringing other organizations to this project in year two, but the operational opportunities for improvement identified from year one suggest that limiting additional partnerships will provide the best opportunity for success in year two.

**7.** **Plans for next project year:** Briefly summarize your plans for the next project year. Include projections of numbers anticipated to be served or engaged. Include plans for sustaining your project at the end of the next project year (i.e. developing key partnerships, identifying potential funders, etc.)

RHCI and Senscio initially planned to deploy 50 units but due to operational challenges during the past year – primarily around referrals and patient engagement – seven units were deployed and three additional patients have installations pending. RHCI and Senscio wish to accelerate CareStation deployment and will focus efforts in year two on more targeted and labor-intensive approaches to patient recruitment. Additionally, patient contact proved to be a challenge over the course of the first year and RHCI and Senscio believe that changes to patient recruitment and more careful screening of patients prior to CareStation deployment will improve patient adherence. Over the next project year, RHCI and Senscio plan to:

* **Deploy more units using a different recruitment model.** In year one, RHCI and Senscio took a more passive approach to recruitment in an attempt to be less intrusive both to patients and providers. The challenge that comes with this approach is the Ibis technology becomes “out of sight, out of mind” for providers and patients are then never identified and engaged to participate in the RHCI-Senscio project. To mitigate this challenge, RHCI and Senscio in the next project year will employ a medical study recruitment model. In this model, Senscio team members will embed themselves for two or more days in each of RHCI’s clinics over the course of a month period and meet patients at point of service. Collaborating with RHCI’s providers, Senscio’s South Dakota staff will be responsible for engaging patients after their appointments, signing up patients for the project, entering the patient’s CarePlan on the same day or within the next day, and deploying units in near real-time. By taking this approach, both RHCI and Senscio hope to reach more patients more rapidly and to accelerate the number of CareStations deployed, thus improving both organizations’ ability to understand the project’s efficacy both for individuals and for RHCI’s population as a whole.
* **Be more inclusive with patient screening.** The initial screening criteria for the RHCI-Senscio project was admittedly narrow: patients who presented with either hypertension or diabetes (or both) and who had Wi-Fi access in the home were regarded as the only individuals who should be first prioritized for referral. This screening criteria proved to be too narrow and failed to acknowledge the breadth of what the Ibis platform is capable of addressing in the chronic condition spectrum. Over the course of the remainder of the project period in year one, RHCI and Senscio agreed to refer patients with CHF, COPD, depression, or combinations of those along with hypertension and diabetes. Both organizations also agreed to support bringing patients to the project who lacked Wi-Fi connectivity in the home. Senscio Systems – in collaboration with Verizon – will supply Verizon 3G/4G modems to patients who need internet access and those patients will no longer be excluded. RHCI and Senscio believe both the patient screening criteria and the Wi-Fi connectivity change will significantly increase the number of potential patients who can be part of the program.
* **Be more exclusive with patient selection.** While RHCI and Senscio wish to be more open to different diagnoses and patient resource constraints to expand the pool of potential patients, both organizations recognize disengaged patients – those with lower quartile PAM scores or those who present as disinterested in taking control over their chronic conditions – are unlikely to be successful with the Ibis system. Ibis is intended for patients who have a perspective about their chronic health condition: that they want to live healthier, better lives but they simply need a nudge to do so. Ibis also is more likely to be successful with patients who recognize Ibis is simply a tool to remind them; cynical patients or those who are likely to “game” the system are not good fits for the system. In the next project year, RHCI providers will be asked to identify patients who not only fit the more inclusive patient screening criteria noted above, but who also are good “fits” for the program. That fit can be confirmed by providing the PAM to the patient upon initial screening in-office, but provider judgment and assessment of patient fit for the program will be a primary driver for including patients in the program. RHCI and Senscio will work together in the next project year to reinforce that “proper fit” means that the patient a) has a complex medical condition that requires assistance to manage; b) the patient wants to get better and needs assistance to manage their condition; and c) the patient is likely to be successful with this particular intervention strategy based on the provider’s knowledge of the patient.
* **Be more rigorous with understanding the best way to contact and maintain relationships with the patient.** RHCI and Senscio’s most substantial operational challenge has been patient contact: referred patients have been unreachable for installations and Installed patients have proven difficult or impossible to reach for follow-up. While patient engagement may be a key variable to help RHCI and Senscio improve this aspect of the program, the most important variable to focus on in the next project year may be building a relationship with the patient at the initial time of referral. In the first project year, the “at-a-distance” model of both referral and patient engagement via the Care Navigator failed to build trust enough to establish a relationship where the patient would engage with the Care Navigator for ongoing contact. With a few exceptions, patients were difficult to reach and oftentimes unavailable. Given that some of the rationale for contact between RHCI/Senscio and the patient is to resolve a protocol trigger alert or to understand lack of adherence – which could lead to an acute event – the need to establish a relationship and have a consistent communication channel with the patient is critical. In the next project year – with on-site recruitment by RHCI and Senscio a priority – both organizations can understand the likelihood of success for contacting the patient and establish a personal relationship early that will lead to better ongoing contact during the project year.
* **Staff the project differently.** RHCI and Senscio believed and moved forward in year one with a staffing model that put a Care Navigator and program manager in South Dakota, but at a significant distance from the core of RHCI’s clinical operations. This distance – and the loss of a Care Navigator as part of the Senscio shutdown in February and March – created a void that can and should be remediated in the second project year. Senscio Systems is exploring now and is likely to implement a model where it has a more centrally-located program manager, a technical support provider in-state (vs. at a distance in Boston), and a Care Navigator located in the Pierre/Fort Pierre area. These three staff would be responsible for patient recruitment, unit installation, relationship building and maintenance, and patient and provider communication. The approach is more personnel and cost-intensive, but likely will produce better outcomes because it will put people closer to the providers and patients and enable more real-time relationship building with those being recruited for or already on the Ibis system.

**8. Financial Accounting:** Provide a financial accounting in accordance with the line-item categories submitted in the original project budget. This fiscal report must be certified correct by the financial officer of the organization serving as a fiscal agent for your coalition.

* **Budget Report:** Per the line-item categories submitted in the original project budget, Rural Health Incorporated received $62,000 from Grantmakers in Aging to support the hiring of a Care Navigator by Senscio Systems and for travel for that Care Navigator to sites within RHCI’s service radius to visit providers, install Care Stations, and provide technical support.
  + RHCI in October of 2016 transferred $62,000 to Senscio Systems for the hiring of a Care Navigator. That individual was hired by Senscio Systems in October 2016 at a salary and benefits package totaling $60,000. Senscio Systems will provide itemized accounting for all Care Navigator-related salary and benefits costs, both for the initial individual hired as a Care Navigator (October through February 1st, 2016) and for additional Care Navigator support services following the departure of the initial Care Navigator (between April and September of 2016).
  + The remaining $2,000 was used by Senscio Systems for travel of the Care Navigator and travel costs for the RHCI project with Senscio Systems exceeded that $2,000. Senscio Systems can separately provide itemized accounting for travel within and from Boston to South Dakota to support the RHCI-Senscio Systems Collaboration.
  + The certification of transferal of funds from RHCI to Senscio Systems is in process and Senscio Systems will separately provide detailed accounting for Care Navigator and travel expenses following transferal of funds from RHCI.

**9. Additional Materials:** Attach a copy or a web link for any materials that have been produced as a result of the SOAR initiative (articles, conference/program/workshop brochures, website pages, presentations).

* **To date, no additional materials have been produced as a result of the SOAR initiative.** Because of the relatively low n-value for the RHCI-Senscio project and the need to make programmatic improvements prior to generating reliable and valid project findings, both RHCI and Senscio Systems are reserving more public sharing of the project’s outcomes.

**10. Additional Comments:** Include any additional comments, suggestions, and/or recommendations

* Neither RHCI nor Senscio Systems have additional comments, suggestions, or recommendations apart from those suggested above. Both organizations appreciate the opportunity to explore this high-risk/high-reward project with GIA and the Margaret A. Cargill Foundation and believe the initial results and programmatic improvements suggested herein suggest strong potential for project success across a two-year project period.

**Submit an electronic copy of your report**

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