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Health, Housing & Human Services
CLACKAMAS COUNTY

COPY

Richard Swift
Interim Director

March 12, 2015

Board of County Commissioner
Clackamas County

Members of the Board:

Approval of a Revenue Memorandum of Agreement with CareOregon, Inc. to develop improved engagement and access to new members and develop clinical care teams at the Clackamas County Health Centers

Purpose/Outcomes	CareOregon, Inc. is a health plan provider and assigns their members to Clackamas County Health Centers Division (CCHCD) for care. CareOregon, Inc. will collaborate with CCHCD and fund the initial development of improved member access and clinical care teams.
Dollar Amount and Fiscal Impact	This is a No Maximum agreement. CareOregon, Inc. to pay County $10.00 per assigned member over the life of agreement. Estimated to be approximately 1.5 million in revenue.
Funding Source	Fee for service. No County General Funds are involved.
Safety Impact	None
Duration	Effective August 1, 2014 and terminates on July 31, 2015
Previous Board Action	No previous action
Contact Person	Deborah Cockrell, Health Center Director – 503-742-5495
Contract No.	7071

BACKGROUND:

Clackamas County Health Centers Division (CCHCD) of the Health, Housing & Human Services requests the approval of a Revenue Memorandum of Agreement with CareOregon, Inc. to develop improved engagement and access to new members and develop clinical care teams at the Clackamas County Health Centers

This project is intended to support the collaboration between CCHCD and CareOregon, Inc. in areas related to clinical improvement, infrastructure and achieve outcome goals of better access and development of team based care.

This is a No Maximum agreement. CareOregon, Inc. will pay CCHCD $10.00 per assigned member. Estimated to be approximately $1.5 million in revenue. The Agreement is effective August 1, 2014 and terminates July 31, 2015. This Agreement is retro-active due to late receipt from CareOregon, Inc.

Recommendation

We recommend approval of this amendment and that Richard Swift be authorized to sign on behalf of the Board of County Commissioners.

Respectfully submitted

Richard Swift, Interim Director

Contract #7071

CareOregon, Inc.
Letter of Agreement

This Letter of Agreement (Agreement) is between CareOregon, Inc. (CareOregon) and Clackamas County acting by and through its Health, Housing and Human Services Department, Health Center Division (Provider) for the time period beginning August 1, 2014 to July 31, 2015.

Project: Clackamas County /CareOregon Collaboration
Contact/Lead: Rich Swift
Phone: 503-650-5694
E-mail: rswift@co.clackamas.or.us

CareOregon Agreement Number: 14-1201
CareOregon Contact: Scott Clement
Phone: 503-416-1404
E-mail: clements@careoregon.org

Background:
The purpose of this Agreement is to describe a funding arrangement intended to help stabilize and enhance delivery of primary care services to the CareOregon RAE HealthShare members assigned to the Provider's clinics.

Objective:
This Agreement is to assure new and existing members have access to the Provider's integrated delivery system. The project is intended to support the collaboration between Provider and CareOregon in areas related to clinical improvement, infrastuture and acheive outcome goals as defined below and in Exhibit A.

Outcome Goals:

Area	Metric	Current Performance	Goal
Access and Engagement	% assigned population seen	51%	61%
Access and Engagement	# days until new appointment	6 days	< 2 weeks
Team Based Care	SBIRT screening	2.4%	4%
Team Based Care	CRC Screening	48%	50%
Team Based Care	Developmental Screening	3.8%	36%
Team Based Care	Adolescent Well Child Check	33.8%	37%

I. Payment.

A. CareOregon will pay Provider a per member per month (PMPM) payment of $10.00 for members assigned to the Gladstone Community Clinics, Beavercreek Clinic, Sandy Health and Wellness and Sunnyside Health and Wellness payable monthly starting August 2014.

B. Gladstone Community Clinic monthly payments will begin September 2014 as Gladstone Community Clinic has already received an August (PMPM) monthly payment.

C. Provider agrees that this payment is for the time period outlined above only and does not imply or guarantee ongoing funding.

D. Either party can terminate this agreement with 30 days written notice. Provider acknowledges network wide changes to base fee for service reimbursement and enhanced PMPM payment will be proposed and could be implemented by March 31, 2015. When these network wide changes occur, enhanced PMPM payment as described in this agreement will end and Provider will move to the new payment schedule.

II. Miscellaneous.

A. Should Provider's participation contract with CareOregon terminate, this funding will cease immediately upon written notification of termination and Provider agrees to refund any paid amounts prorated from the date of termination to the end of the time period outlined above.

B. Provider agrees to uphold all confidentiality provisions of the Agreement between CareOregon and Provider, and specifically safeguard the health information of CareOregon members as it applies to activities related to this program.

Agreed to on behalf of Clackamas Community Health Division:

_____
Signature

Name: _____

Title: _____

Date: _____

Agreed to on behalf of CareOregon:

_____
Signature

Name: Scott Clement

Title: Chief Network Officer

Date: _____

EXHIBIT A
Clackamas County Health Department/CareOregon Collaboration

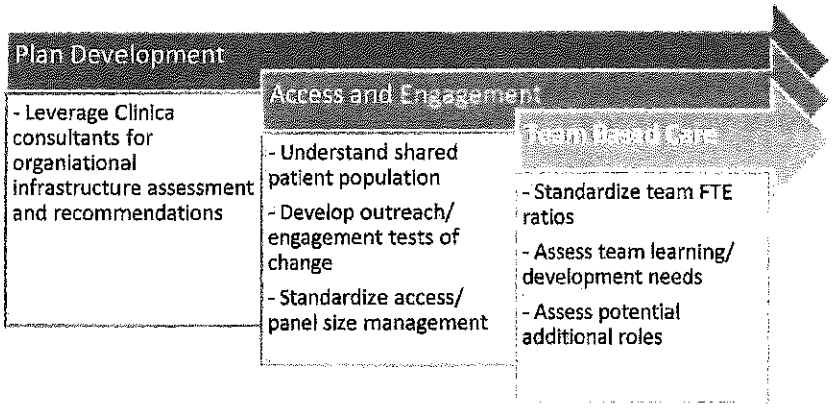
Purpose

The purpose of this proposal is to support the initial funding by CO to Clackamas County Health Department (CCHD) to enable the development and launch of improved engagement and access for new patients and fully developed and deployed clinical care teams. The project is to assure new and existing members have easy access to CCHDs integrated delivery system that addresses the real needs of patients.

The project is intended to be a one year initiative funded with payment support from CO. Though, the project is about more than payment and a project. It is intended to support the collaboration between CCHD and CO in areas related to clinical improvement and infrastructure and develop a shared understanding of priorities and priority processes necessary to achieve the outcomes. CO and CCHD agree that this initial year of funding is intended to support capacity and team building at CCHD and is intended to be leveraged into ongoing, sustainable payment methodologies after the duration of the project.

Scope

The project will be broken into 3 separate but related steps (see Logic Model for complete strategy):



Plan Development

CCHD will leverage the consulting services of Pete Leibig and Carolyn Shepherd, retired CEO and Medical Director of Clinica, a high performing FQHC in Colorado. This opportunity will allow for an assessment focused on systems related to patient access, care continuity, health outcomes, staffing/leadership standards, care and call scheduling systems, as well as the use of information and technology to support care teams.

- In collaboration with CCHD leadership, assess current organizational structure and systems in a search for high value improvement opportunities.
- Identify top priorities for improvement in achieving the aims of the Care Oregon APM.
- Share policies, procedures and practices from Clinica FHS's care system and explore their feasibility for implementation at CCHD.
- In collaboration with CCHD leadership agree upon a plan of action for implementing high impact improvements in the CCHD delivery system.

CCHD, in discussion with CO staff, will take the information available from the assessment to develop a plan to implement processes related to access and engagement and team based care to achieve the mutually identified outcomes. The process will take the ideas in the following sections and turn them into a comprehensive project plan.

Access and Engagement

Activities related to **access and engagement** include:

- Develop shared understanding of patient population between CO Assigned patients and CCHD established patients to get to a targeted list of unengaged patients and an ongoing process for reconciliation and communication
- Develop, pilot, and spread pediatric and adult-specific outreach strategies including age/gender stratification and prioritization for prevention-related outreach
- Develop, pilot, and spread pediatric and adult-specific onboarding processes including RN and MA-related patient preparation processes (progressive visits)
- Develop, pilot, and spread new patient orientation process:
  - Telephonic medical history including Problem List, Medication List, and History
  - Standardize practice new patient orders for screening and chronic disease labs
  - Previous record retrieval through CareEverywhere
  - New patient information packet
- Phone System
  - Develop staffing plan for phone management system
  - Develop, pilot, and spread a team based telephone management system that will allow for telephone advice
- Panel Size Management
  - Develop panel size policy and implementation plan
- Template Management
  - Develop standardized templates that support the panel size policy
  - Develop standard agreements for scheduling and appointing processes

Team Based Care

Activities related to **Team Based Care** include:

- Assess current team roles and FTE and develop a plan for standardizing team roles
- Develop and standardize the process for utilizing team members to proactively identify patients that are in need of screening and chronic disease labs for those patients coming in for appointments
  - Agreement on key standards of care
  - Development of Standing orders/protocols to support team based deployment of this work
- Refine Nurse case management role. Areas of focus include diabetes, heart failure, obesity, back/chronic pain, and tobacco abuse.

Outcomes

Area	Metric	Current Performance	Goal	Data Source
Access and Engagement	% assigned population seen by CCHD	51%	61%	CO Claims
	# days until new patient appointment	6 days	< 2 weeks	CO Calls?
	CCHD metric – access			
	CCHD metric – access			
Team Based Care	SBIRT Screening	2.4%	4%	HSO Dashboard
	CRC Screening	48%	50%	CO Claims
	Developmental Screening	3.8%	36%	HSO Dashboard
	Adolescent Well Child Check	33.8%	37%	HSO Dashboard
	CCHD metric – teams?			

Care Oregon/Clackamas Health Centers Logic Model

Expanding the capacity of CCHC to improve core operational objectives and improve patient access and engagement

PRIORITIES	INPUTS	OUTPUTS		OUTCOMES			IMPACT
		Activities	Participation	Q1	Q2-Q3	Q4	
Improve patient access and engagement	Care Oregon funding	**System Assessment**: Local assessment by management to Identify team roles and structure, identify gaps in team staffing. Identify interim staffing strategy to fill gaps. Technical assistance provided by Care Oregon via consultant. Evaluate team design and infrastructure	Communication to Health Center staff. Information sharing and acknowledgement of feedback from staff retreat.	Develop implementation plan with clinical operations team. Identify and develop training needs. Identify pilot site fo team changes. Implement new scrubbing tools Expand use of MyChart Assess panel size. PCP vs. Patients seen with the past 12 months. Develop formula fo new patient access on provider panels	Introduce standard work for care teams. Identify chronic disease and outreach reports . Review recommendations from outside consultants. Identify areas to move forward. Budget analysis of cost related to changes	Summary report to include improvement on quality measures. Staff engagement Patient satisfaction Productivity Strategy for sustaining gains Identify strategy for local improvement (ex. Sustainability teams at clinic sites)	Improved patient engagement. Improved staff retention, improved quality measures. Infrastructure of Health Centers positioned to be proactive vs. reactive in implementation of new work.
Improve and expand care teams	Existing infrastructure allows for additional support roles ex. Community Outreach Workers Behavioral Health Consultants	**Role Expansion – External:** Implement Health Resilience Workers		New patient access and barrier reduction			Proactive care delivery