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Health, Housing & Human Services
CLACKAMAS COUNTY

COPY

Richard Swift
Director

September 10, 2015

Board of County Commissioner
Clackamas County

Members of the Board:

Approval for a Revenue Agreement with CareOregon for the
Behavioral Health Clinics integration to the EPIC Electronic Health Record System

Purpose/Outcomes	This Agreement is to assist the Clackamas County Health Centers Behavioral Health Clinics integrate to the EPIC Electronic Health Record System.
Dollar Amount and Fiscal Impact	Amount of revenue received will be based on number of members assigned for each reporting period. This is a no maximum agreement; we estimate CCHCD will receive approximately $1.2 million. No County General Funds are involved. No matching funds required.
Funding Source	Behavioral Health Clinics
Safety Impact	N/A
Duration	June 1, 2015 – May 31, 2016
Previous Board Action	No Previous Board Action
Contact Person	Deborah Cockrell 503-742-5495
Contract No.	7104

Background
The Clackamas County Health Centers Division (CCHCD) of the Health, Housing and Human Services Department requests the approval of a Revenue agreement with CareOregon for the integration of the Behavioral Health Clinics to the EPIC Electronic Health Record System (EHR). The Primary Care Clinics are already utilizing EPIC. This agreement is to facilitate moving the Behavioral Health Clinics from their current system to the EPIC system to provide a more cohesive and coordinated care platform for our clients

RECOMMENDATION:
Staff recommends the Board approval of this contract and authorizes Richard Swift, H3S Director to sign on behalf of Clackamas County.

Respectfully submitted,

Richard Swift, Director

Contract# 7104

CareOregon, Inc.
Behavioral Health Integration
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 of June 1, 2015 to May 31, 2016.

Project: Behavioral Health Integration
Provider Contact: Tracy Garell
Phone: 503-655-8401
E-mail: tgarell@co.clackamas.or.us

CareOregon Agreement Number: 15-0601Q
CareOregon Project Number: 54
CareOregon Contact: Andrew Huff
Phone: 503-416-5942
E-mail: huffa@careoregon.org

I. Project Description:

CareOregon would like to support the ongoing work of primary care clinics to deliver the kind of outcomes-based care that the PCPCH model promotes. CareOregon wants to recognize the work that is put into building and sustaining an Integrated Behavioral Health program by providing sustainability and one-time funding for working towards improvement in patient's behavioral health outcomes. Participating practices will be required to measure and track quality improvement metrics related to the implementation and expansion of their behavioral health program for all patients in the Providers clinic.

II. Project Objectives:

The Behavioral Health Integration outcomes for the project are:

A. Provider will work towards improving on identified targets on selected Metrics, as defined in Exhibit A.
B. Provider has set annual and interim goals for improvement on selected metrics, as defined in Exhibit B.
C. Provider will submit progress reports on Process and Outcome Metric selected in Exhibit A on or before December 10, 2015 and May 31, 2016.
D. Provider will submit progress reports on Area of Focus/Care Model goal, as defined in Exhibit B on or before December 10, 2015 and May 31, 2016.
E. Provider will be available to participate in technical assistance and community collaborative learning regarding behavioral health integration efforts to be determined by CareOregon.

III. Payment:

A. CareOregon will pay Provider a $4.75 per member per month for members assigned to the Gladstone Community Clinic, Beavercreek Clinic, Sandy Health and Wellness and Sunnyside Health and Wellness.
B. Per member per month payment will be based members assigned on the fifth (5th) of the month.
C. Provider agrees this payment is for the time period outlined above only and does not imply or guarantee ongoing funding.

IV. Miscellaneous:

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

B. Provider agrees that Agreement Contact named above is responsible for all aspects of the Agreement, including monitoring progress and performance, obtaining all necessary data and information, and notifying CareOregon of any significant obstacles or delays. Provider will notify CareOregon if the Agreement Contact changes.

C. Both parties agree to seek written approval for, and provide a copy of, any news releases or any other external communication related to the Agreement. Email approval by CareOregon or Agreement Contact will suffice as written approval.

D. All copyright interests in materials produced as a result of Fund support are owned by the Provider. The Provider grants to CareOregon nonexclusive, irrevocable, perpetual, royalty-free license to reproduce, publish, republish, summarize, excerpt, or otherwise use and license others to use, in print or electronic forms, including electronic databases or in any future form not yet discovered or implemented, any and all such materials produced in connection with this grant.

E. 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 County:

_____
Signature

Name:_____

Title: _____

Date:_____

Agreed to on behalf of CareOregon, Inc:

_____
Signature

Name:_____

Title: _____

Date:_____

EXHIBIT A

Please select *one Process Metric and one Outcome Metric* to track during the course of the program. If possible, please provide a baseline measurement and target for each metric. Metrics will be reported quarterly via email to CareOregon in the form of written progress reports. Funding is not dependent on achievement of targets.

Process Metric	Outcome Metric
☐ Clinic workflow for including the behavioral health provider (daily huddle; same day referrals or consults; warm hand-off vs scheduled; etc.)	☐ % of Diabetes patients referred to BHP with A1C ≥ 9
☐ Provider/team satisfaction regarding behavioral health integration efforts	☐ % of patients with positive PHQ9 that reported a reduction in symptoms following an intervention with BHP
☐ What actionable data does the BHP get to support their efforts? (emergency department utilization, PHQ9 scores, other identified clinic care management priorities)	☐ % of patients with tobacco use disorder referred to BHP that reported a decrease in tobacco use
	☐ Screening for substance use (SBIRT/CRAFFT process)
	☐ Depression screening and follow up plan (CCO incentive metric)

a. Process Metric:

The care provided by School Based Health Centers practitioners is informed by having full access to all physical and behavioral health information on their Patients / Clients from a common Electronic Health Record.

Behavioral Health and Physical Health providers collaborate using EHR staff messaging.
Baseline measurement: 0, not currently possible.

Target: Collaboration noted in the record for at least 50% of shared patients.

Outcome Metric: Percent of Clackamas Health Centers Patients / Clients with a diagnoses of Diabetes, who also have a co-morbid mental illness diagnosis, will have their diabetes controlled at the same rate as their peers not suffering from mental illness.

Baseline measurement: To be Determined Target: 100%

Target: 100%

EXHIBIT B

1. **Describe Area of Focus/Care Model**
   Please describe your organization's current status in behavioral health integration and your goals for improvement. Provide at least 1 annual goal and 3 interim goals that will demonstrate progress toward your annual goal. Be as SMART (Specific, Measurable, Attainable, Realistic, and Timely) as possible. Some possible topics to consider: clinical delivery; patient experience; provider and leadership "buy-in"; access; etc.
   For further guidance you may refer to the full SAMHSA model linked here:
   http://www.integration.samhsa.gov/integrated-care-models/CIHS_Framework_Final_charts.pdf

Clackamas Health Centers concentrated integration efforts began in 2005 with the assignment of a Licensed Clinical Social Worker role into the Physical Health Clinic. Since then, integration of Physical, Dental, and Behavioral Health has been a consistent focus.

Some of our integration efforts / projects:

- Physical Integration / Co-Location: Behavioral Health Services are available at our two largest Physical Health Clinics (Beavercreek and Sunnyside). Physical Health services are available to clients in our Stewart Behavioral Health Center. Behavioral Health providers are available at our Gladstone clinic 3 days each week.
- Front office and telephone support staff are cross trained on each of our systems. Patients are able to schedule appointments for Behavioral Health, Physical Health and Dental from within any clinical site.
- We have standardized and streamlined referral processes between Physical and Behavioral Health.
- Integrated services are available at two of our School Based Health Centers. Specialty Behavioral Health services are available Oregon City High School and Sandy High School.
- Clackamas Health Centers prescriber/providers from each modality, meet to discuss care of patients, facilitate clinicians learning more about each other, and their roles, and develop integrated care processes.
- Medical Directors and Program Managers of Clackamas Health Centers meet regularly (Physical Health, Dental and Behavioral Health) to discuss integrated efforts/issues.

We have reached a plateau in much of our integration efforts. The limiting factor is now the fact that our physical health providers and behavioral health providers use separate health records, even when caring from the same patient. Our physical health providers use EPIC, and our behavioral health providers use Cerner-Anasazi.

While our providers chart patient and client progress in separate systems, the sharing of information will always require deliberate and resource consuming added processes. This level of resource can only be achieved for a limited number of patients who are identified as having significant co-morbid physical and behavioral health concerns.

Sharing a common health record would allow collaborative team based care for all patients / clients.

In addition it will increase our capacity to serve patients. Currently, Behavioral Health practitioners within

our Physical Health system spend a considerable amount of their time reviewing and communicating Behavioral Health record information, because Physical Health providers are blind to these records. Having a common health record will free this time, to be spent seeing patients.

Our goal, utilizing the Behavioral Health Integration Capacity and Sustainability funding, is to unify our electronic health records within Physical and Behavioral Health. We would like to transition our Behavioral Health providers and staff to chart within the Epic system used by our physical health providers.

In the next two years we plan to have all patient's records, Physical and Behavioral Health, in the EPIC Electronic Health Record.

2 Year Goal: All Clackamas Health Centers Physical and Behavioral Health patient information is equally accessible and used by all providers to inform care. Clackamas Health offers fully integrated care to all patients. This will be accomplished in 3 phases: Across our School Based Health Centers; Within our Physical Health Clinics, and finally in our Specialty Behavioral Health clinics.

Annual Goal: Behavioral Health providers and staff at our School Based Health Centers and Physical Health Clinics will chart patient records in the Epic electronic health record used by the physical health provider teammates.

This will give us truly integrated team based care at our Physical Health clinics and SBHC's.

- Physical Health providers will immediately be aware of patient risk assessment information.
- Behavioral Health providers will have ready access to results of lab and physicals.
- Providers will see the same medication / prescription record.
- Providers across modalities will be able to interact via EHR staff messaging, allowing for collaboration without sacrificing patient contact time.

Achieving this first year goal also gives proof of concept that the common EHR meets all Federal and State requirements for a behavioral health record.

While this ERH transition takes place at our School Based Health Centers and Physical Health clinics, Project infrastructure will also be developed to transition our Specialty Behavioral Health Clinics to the EPIC EHR with minimal disruption to clients and patients.

Interim Goal 1: All providers at our School Based Health Centers (Physical and Behavioral Health) chart in a common record (EPIC). School based health centers patients have integrated team based care. There is one unified treatment plan for each school based health center patient and all SBHC providers have access to it.

Interim Goal 2: Behavioral Health providers within our Physical Health Clinics chart in the EPIC electronic health record. Patients within our physical health clinics have integrated team based care. There is one unified treatment plan for each patient in our physical health clinics and all providers within the clinic have access to it.

Interim Goal 3: Infrastructure and support systems (Billing, Coding, Medical Records, Compliance) are functioning and tested within the common record. Behavioral Health billing and reporting requirements are functioning through the EPIC system.

2. **Process Improvement/Implementation Plan**
   Describe the implementation plan that will achieve your goals. Provide a rough timeline and possible milestones. Describe any additional data/information/support you will need from CareOregon to implement the plan.

Phase 1: August 2015 – January 2016 , School Based Health Centers.

Milestone	Completion Date	Owners / Stakeholders	Acceptance Criteria
Document minimum requirements of SBHC EHR	8/15/15	Project Manager (PM) SBHC Manager Billing Medical Records	Requirements for documenting, billing, state, HIPAA; documented and agreed upon.
Acquire and install EPIC behavioral Health Module	9/15/15	Project Manager, Project Team	System available for testing
Test Behavioral Health Module	9/30/15	PM, Behavioral Health Manager, HC Manager, Billing Manager	Minimum requirements met for documenting, billing, state, HIPAA
Develop SBHC Workflows	10/1/15	PM, Project Team (PT)	Created and tested in Behavioral Health Module
Complete Training Material	10/12/15	PM, PT	Training Documents support workflow
Train SBHC Staff	10/20/15	PM, PT	SBHC staff competency with EPIC ERH
Schedules transferred to Epic	10/24/15	PM, PT	All templates built, patient accounts created, schedules transferred
Go-Live on EHR at SBHC	12/1/15	PM, PT	All visits scheduled and seen in Epic
Project Review	1/1/16	Project Sponsor, PM, PT	Next steps and lessons learned documented.

Phase 2: March 2016 – August 2016, Physical Health Clinics

Milestone	Completion Date	Owners / Stakeholders	Acceptance Criteria
SBHC systems fully tested	3/1/16	Project Manager (PM) SBHC Manager Billing Medical Records	SBHC ERH meeting all requirements for documentation, billing, state OAR, and HIPAA
Develop Physical Health Clinic Workflows	4/1/16	PM, Project Team (PT)	Physical Health Clinic Workflows Created and tested in Behavioral Health Module
Train Staff	4/15/16	PM, PT	Physical Health Clinic Behavioral Health providers competency in EPIC EHR
Schedules transferred to Epic	5/10/16	PM, PT	All templates built, patient accounts created, schedules transferred

Milestone	Completion Date	Owners / Stakeholders	Acceptance Criteria
Go-Live on EPIC EHR with BH Providers	5/23/16	PM, PT	All visits scheduled and seen in Epic
Project Review	7/1/16	Project Sponsor, PM, PT	Next steps and lessons learned documented.

Phase 3: September 2016 – September 2017, Behavioral Health Clinic, Full Integration

Milestone	Completion Date	Owners / Stakeholders	Acceptance Criteria
SBHC and Physical Health Clinic EHR systems fully tested	9/1/16	Project Manager (PM) Clinic Staff Billing Medical Records Compliance Auditors	EPIC EHR meeting all Behavioral Health requirements for documentation, billing, state OAR, and HIPAA
Determine impact of 42CFR part 2	9/15/16	PM Medical Records Legal Counsel	42CFR Part 2 addressed
Document Behavioral Health workflows	9/30/16	PM PT Clinic Staff	Behavioral Health workflows documented and agreed upon.
Staff Feedback	10/15/16	PM Clinic Managers Clinic Staff	Staff have opportunity to provide input and have questions answered
Develop Behavioral Health Workflows in EPIC system	10/30/16	PM, Project Team (PT)	Physical Health Clinic Workflows Created and tested in Behavioral Health Module All functions
Plan for Chart Migration	10/30/16	PM, PT	Established plan to transfer Behavioral Health records from Anasazi to EPIC or contingency if this is not possible.
Review prescription process	11/15/16	PM, PT Prescribers	Behavioral Health prescription medication processes documented
Prescription process – E-prescribing	12/15/16	PM, PT Prescribers	EPIC EHR prescription process functioning for all Behavioral Health medications.
Testing	1/30/17	PM, PT	All systems, workflows functioning
Train Staff	3/15/17	PM, PT	All Behavioral Health providers have competency in EPIC EHR
Review for go-live	3/30/17	PM, PT, Clinic Managers, Clinic Staff	Go-live with EPIC EHR readiness agreed upon.
Schedules transferred to Epic	4/15/17	PM, PT Clinic Front Office Staff	All templates built, patient accounts created, schedules transferred

Milestone	Completion Date	Owners / Stakeholders	Acceptance Criteria
Go-Live on EPIC EHR with BH Providers	5/1/17	PM, PT	All visits scheduled and seen in Epic
Review for issues / tweaks	7/1/16	Project Sponsor, PM, PT	System reviewed and a change / modification request system established
Assure all patients / clients have access to integrated care	9/1/17	Health Centers Executive Management Clinic Management	Integration reviewed in a continuous quality improvement cycle.