

February 18, 2016

Board of County Commissioner
Clackamas County

Members of the Board:

**Approval for a Revenue Agreement with CareOregon for the
Clinic Capacity Building Project**

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| Purpose/Outcomes | Project is to promote strategic efforts to improve delivery systems at the Clackamas County Health Centers Division (CCHCD) clinics. As well as increase the number of CareOregon members seen and reduce the number of days for available appointments. |
| Dollar Amount and Fiscal Impact | CareOregon will pay CCHCD \$300,000. There may be an additional bonus dependent upon success of project. The bonus is based on the increase of number of clients seen during reporting period. Due to the unknown bonus factor this is a no maximum agreement. No County General Funds are involved. No matching funds required. |
| Funding Source | CareOregon |
| Duration | Effective December 1, 2015 and terminates on November 30, 2016 |
| Previous Board Action | No previous Board actions |
| Strategic Plan Alignment | 1. Efficient and Effective Services 2. Build a strong infrastructure |
| Contact Person | Deborah Cockrell 503-742-5495 |
| Contract No. | 7561 |

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 Clinic Capacity Building Project.

Clinic Capacity Building Project is to promote strategic efforts to improve deliver systems at the Clackamas County Health Centers Division (CCHCD) clinics. As well as increase the number of CareOregon members seen and reduce the number of days for available appointments. This contract has been reviewed by County Counsel on February 04, 2016.

This contract is effective December 1, 2015 and continues through November 30, 2016. The agreement is retro-active due to late receipt by contractor.

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
Health, Housing & Human Services

Clackamas County Agreement #7561

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 of December 1, 2015 through November 30, 2016.

Project: Clinic Capacity Building
Provider Contact: James Wilson
E-mail: jwilson2@clackamas.us

CareOregon Agreement Number: 15-1215E
CareOregon Project Number: 59
CareOregon Contact: Jennifer Lane
E-mail: lanej@careoregon.org

I. Project Description:

This program will invest in stimulating innovative and strategic efforts to transform the health care delivery system. The funds will be used to support sustainable efforts focused on systemic changes through Care Coordination and Transitions activities and Systems Integration activities.

Funded projects will improve health quality of members and will target CareOregon’s membership. Projects are based on best practice models and will focus on improving health outcomes, promoting wellness activities, and encouraging the use of data to improve outcomes.

II. Project Objectives:

The goals of this initiative are to:

- A. Improve health quality;
- B. Improve CareOregon member experience; and
- C. Increase the likelihood of better health outcomes by engagement in Primary Care, reported by metrics described below.

III. Terms:

- A. Provider will select one (1) Program of Focus, as defined in Exhibit A, I.
- B. Provider will report to CareOregon on one or more Improvement Metric(s), as defined in Exhibit A, III, related to their Program of Focus. Improvement Metrics, detailed in Exhibit A, will be calculated and documented monthly and submitted quarterly. The baseline for measuring improvement will be the Provider’s calculated data point for September 2015.
- C. Provider will report on Improvement Metrics identified in Exhibit A and present outcomes of the program to CareOregon quarterly. Metrics will be calculated and documented monthly during the course of the program. The outcome for consideration of improvement will be the Provider’s data point at conclusion of the project.
- D. Provider will report on a quarterly basis an assessment of the performance of the program, adjustments of program based on the results, and a definition of changes to implement following a process improvement methodology.
- E. Success of the program will be determined by CareOregon’s evaluation of a positive impact on CareOregon members’ health.
- F. Either party can terminate this Agreement with 30 days written notice.

Clackamas County Agreement #7561

IV. Payment:

- A. CareOregon will pay Provider an initial payment of \$150,000 upon signature of this Agreement.
- B. CareOregon will pay Provider a second payment of \$150,000 contingent on the following:
 - 1. CareOregon receives second quarterly Improvement Metric report within 30 days after the end of the quarter. Report is due by June 30, 2016
 - 2. Provider is open to assignment of additional Oregon members.
- C. Provider is eligible to receive an additional payment of \$50 per increased capacity to be paid in December 2016, as defined in Exhibit A. IV.

IV. General Provisions:

- A. Should Provider's Health Care Services Agreement with CareOregon terminate, this funding will cease immediately upon written notification of termination of the Health Care Services Agreement. Provider agrees to refund any paid amounts prorated from the date of termination of the Health Care Services Agreement through November 30, 2016.
- B. Provider agrees that Provider 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 Provider Contact changes.
- C. Provider agrees 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 will suffice as written approval.
- D. CareOregon waives its interest in any copyrights it may have over materials produced as a result of Fund support. If Provider asserts copyright interest over any materials produced as a result of Fund support, Provider will grant CareOregon a nonexclusive, irrevocable, perpetual, royalty-free license to reproduce, publish, summarize, excerpt, or otherwise use, in print or electronic forms, including electronic databases, any materials produced in connection with this Agreement.
- 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.
- F. Provider is not eligible to participate in this Agreement if Provider is being monitored by CareOregon's Peer Review Committee.

Agreed to on behalf of Clackamas County:

Agreed to on behalf of CareOregon, Inc.:

Signature

Signature

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

EXHIBIT A

METRIC and BONUS

I. Program of Focus:

Capacity Building

Patient Engagement

II. Program Description:

Clackamas County will create team-based care with the County Health Department and increase the number of patients assigned that are engaged in care. Clackamas County will increase clinic capacity to serve patients by increasing Registered Nurse visits per day and utilizing CareOregon Panel Coordinators to address patient issues that do not require a healthcare provider intervention.

Clinics participating in this Agreement are:

Beavercreek

Gladstone Community Clinic

Sandy Health and Wellness

Sunnyside Health and Wellness

III. Improvement Metrics:

| Metric | Data Source | Target | Baseline Date or Value |
|---|---------------------------------------|---------|------------------------|
| Increase CareOregon members seen for a Care Team visit | CareOregon assignment and claims data | 60% | 49.5 |
| Reduce days to 3 rd next available appointment | Provider | 18 days | 14 day |

IV. Bonus Eligibility:

Provider will qualify for a \$50 per increased capacity bonus payment in December 2016 up to a maximum noted below in item A and B, if the following increase is met:

- A. Providers with a baseline of 500 to 4,999 members that meet or exceed an increase in capacity of 10% from baseline will be paid \$50 per increased capacity up to a maximum of 15% from baseline.
- B. Providers with a baseline greater than or equal to 5,000 members that meet or exceed an increase in capacity by 5% from baseline will be paid \$50 per increased capacity up to a maximum of 7% from baseline.

Baseline for bonus will be based on total capacity as of as of December 1, 2015. Baseline will be compared to total capacity on November 30, 2016. The difference will be used to calculate the increase in capacity and a \$50 per increased capacity bonus will be paid up to the maximum value defined