



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9/23/13)

## Board Clerk Use Only

Meeting Date: 10/17/13  
Agenda Item #: C.4  
Est. Start Time: 9:30 am  
Date Submitted: 10/9/13

**Agenda Title:** NOTICE OF INTENT to submit an application for \$40,000 to the Northwest Kaiser Permanente Special Initiative Grant fund.

*Note: This APR is for NOI's only. APRs are available for other types of submittals. Title should not be more than 2 lines but be sufficient to describe the action requested.*

**Requested Meeting Date:** 10/17/13  
**Time Needed:** N/A – Consent Item  
Integrated Clinical Services  
**Department:** Health  
**Division:**  
**Contact(s):** Christy Ward and Alison Frye  
**Phone:** 5063.988.3663 **Ext.** x86642  
x 27029 **I/O Address:** 160/9  
**Presenter Name(s) & Title(s):** N/A

## General Information

### 1. What action are you requesting from the Board?

Authorization for the Director of the Health Department to submit an application for \$40,000 to the Northwest Kaiser Permanente Special Initiative Grant fund.

### 2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

The Northwest Kaiser Permanente Special Initiative Grant fund has requested that the Health Department submit a proposal for \$40,000 to pilot a training curriculum at East County Health Center in collaboration with Kaiser focused on clinic workflows and practices that drive specific quality and practice transformation outcome metrics. The Department was asked to submit the proposal after Kaiser reviewed an initial letter requesting support for this project. Applicants to this fund must demonstrate a commitment to diversity and equal opportunity and can apply for funding in one of the following streams of work:

*Care and Coverage for low Income people – To improve access to healthcare for those*

with limited incomes. Help make healthcare affordable for the uninsured and underinsured through the provision of charity care, free or subsidized coverage, enrollment in Medicaid, and other public programs.

*Community Health Initiative* – To improve the health of the communities in Oregon and SW Washington by being an innovator of health to design, deliver, and sustain long-term programs and policies that improve the conditions of neighborhoods, schools, and other community assets that support good health, particularly Healthy Eating/Active Living (HEAL) activities.

*Developing and Disseminating Knowledge* – To improve health care by sharing knowledge, educating practitioners, advancing research, empowering consumers, and informing policymakers about the evidence base for care and health.

*Safety Net Partnership* – Support for community health centers, public hospitals, and local health departments. Helping vital health care providers expand treatment capacity for the communities and vulnerable people in Oregon and SW Washington.

The proposed project lies in the *Developing and Disseminating Knowledge* stream of work. Sustaining strong, agile, high functioning primary care teams is the fundamental building block of primary care medical homes. Closing the gap on the set of core clinical and knowledge-based competencies for this workforce is emerging as a fundamental requirement for the transition to relationship-based teams accountable for improving the health of populations. These emerging practices depend on solid clinical skills and practice knowledge standardized across front line staff, so that teams can collaborate and share the constantly dynamic flow of work required to customize care to the needs of individuals.

The Health Department will use the requested \$40,000 to support staffing to manage the project and work in partnership with Kaiser to deliver the trainings. This is a large scale need. This Project Inquiry is limited to Phase One. Phase One outcomes include:

1. MCHD will track the training impact on clinic workflows and practices that drive specific quality and practice transformation outcome metrics. Measurements include:
  - Clinic effectiveness, using indicators of workflow efficiency for specific practices
  - Quality of care, using standardized outcome metrics.
2. An additional outcome of Phase One is a proposal to KPNW for Phase Two of this project that will include:
  - Additional curriculum development in collaboration with MCHD, to address MCHD workforce competency gaps in critical areas.
  - Collaboration and support for the spread of successful training/mentoring intervention based on Phase One findings, to all MCHD clinics.

**3. Explain the fiscal impact (current year and ongoing).**

This grant would provide the Health Department with \$40,000 over a one year period.

**4. Explain any legal and/or policy issues involved.**

None

**5. Explain any citizen and/or other government participation that has or will take place.**

None

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### Grant Application/Notice of Intent

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If the request is a Grant Application or Notice of Intent, please answer all of the following in detail:

- **Who is the granting agency?**  
Kaiser Permanente of the Northwest.
- **Specify grant (matching, reporting and other) requirements and goals.**  
No matching is required. The goal of the project is to develop and pilot a training at East County Health Center focused on clinic workflows and practices that drive specific quality and practice transformation outcome metrics. A report is due at the end of the project period.
- **Explain grant funding detail – is this a one time only or long term commitment?**  
One time.
- **What are the estimated filing timelines?**  
The application is due on October 24, 2013.
- **If a grant, what period does the grant cover?**  
The grant covers a 9 month period to begin approximately 12/1/13.
- **When the grant expires, what are funding plans?**  
Trainings will be expanded with Phase Two funding from Kaiser.
- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**  
Yes, 100% of indirect costs are covered by this grant.

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### Required Signatures

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Elected Official  
or Department/

Agency Director: Lillian Shirley/s/ Date: 10/9/13

Budget Analyst: Althea Gregory /s/ Date: 10/9/13

*Note: Please submit electronically. We are no longer using actual signatures. Insert names of your approvers followed by /s/. Please insert date approved*