



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 10/27/14)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS

AGENDA # C-4 DATE 6/25/15
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 6/25/15
Agenda Item #: C.4
Est. Start Time: 9:30 am
Date Submitted: 6/16/15

Agenda NOTICE OF INTENT to submit an application to the Center for Care
Title: Innovations Spreading Innovations Program

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:	<u>June 25, 2015</u>	Time Needed:	<u>N/A-Consent</u>
Department:	<u>Health</u>	Division:	<u>ICS</u>
Contact(s):	<u>Marc Harris and Christy Ward</u>		
Phone:	<u>503-988-3663</u>	Ext.	<u>88693; 86642</u>
Presenter Name(s) & Title(s):	<u>N/A-Consent</u>		
I/O Address:	<u>160/9; 160/9</u>		

General Information

1. What action are you requesting from the Board?

Authorization for the Integrated Clinical Services Director to submit an application for \$15,000 to the Center for Care Innovations Spreading Innovations: A Program for Increasing Access and Optimizing Care funding opportunity.

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 Center for Care Innovations (CCI), along with Blue Shield of California Foundation and Kaiser Permanente, has released a funding opportunity to bolster capacity within its Safety Net Innovation Network. The program is designed for organizations who are shifting payments models away from fee-for-service to a capitated (value-based) payment system. The requested funding is to be used for staff time and travel to receive technical assistance from CCI and its partners. Projects must focus on co-visits, patient portal, telephone visits, texting solutions, or video collaboration/instant messaging.

The Health Department is proposing a telephone visit project. The Oregon Alternative

Payment Model (APM) structure incentivizes organizations to provide patient care in create ways to provide more patient-centered care and expand primary care capacity without increasing costs. The Health Department has been working with CCI in other contexts and discussing the logistics of implementing telephone visits. This funding opportunity will enable the Department to continue working with CCI and receive direct, tailored technical assistance in piloting telephone visits at the Mid-County Health Center.

If funded, the project will begin in August, and the Health Department will receive technical assistance and roll-out the telephone visit pilot over the next year. The expected results of the pilot are 1) more patient-friendly services (i.e., mitigating barriers to care such as travel and missing work); 2) better health outcomes for patients with acute and complex/chronic medical conditions; and 3) increased provider productivity. If the pilot is successful, telephone visits will be gradually implemented through the Health Department's primary care system.

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

This grant will provide the Health Department with technical assistance (, as well as \$15,000 to cover the cost of an on-call project manager and travel to California.

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.

Grant Application/Notice of Intent

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

- **Who is the granting agency?**
The granting agency is the Center for Care Innovations.
- **Specify grant (matching, reporting and other) requirements and goals.**
The goal of the grant program is to improve access to care by leveraging technology and care teams more effectively. There is no matching required for this grant. Periodic reports will be required.
- **Explain grant funding detail – is this a one time only or long term commitment?**
This is a one-time funding opportunity.
- **What are the estimated filing timelines?**
The application is due on June 26, 2015.
- **If a grant, what period does the grant cover?**
August 2015 through July 2016, 2018.
- **When the grant expires, what are funding plans?**
When the grant expires, the technical assistance and pilot will be complete. No further funding will be needed, and, if effective, telephone visits will be gradually spread to other health center locations.
- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**
Yes.

Required Signatures

**Elected Official
or Department/
Agency Director:**

Wendy Lear on behalf of Joanne Fuller/s/

Date: 6/15/2015

Budget Analyst:

Shannon Gutierrez

Date: 06/16/2015

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