



**AGENDA PLACEMENT REQUEST  
NOTICE OF INTENT  
(Revised: 10/27/14)**

**Board Clerk Use Only**

**Meeting Date:** 10/22/15  
**Agenda Item #:** C.9  
**Est. Start Time:** 9:30 am  
**Date Submitted:** 10/14/15

**Agenda Title:** **NOTICE OF INTENT to submit an application for up to \$300,000 to the CareOregon Access Initiative**

*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:** October 22, 2015      **Time Needed:** N/A-Consent  
**Department:** Health      **Division:** ICS  
**Contact(s):** Marc Harris and Christy Ward  
**Phone:** 88693;      **Ext.** 86642      **I/O Address:** 160/9  
**Presenter Name(s) & Title(s):** N/A-Consent

**General Information**

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

Authorization for the Integrated Clinical Services Director to submit an application for \$300,000 to CareOregon.

**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.**

Access to robust primary care services has been shown to decrease overall costs, improve patient satisfaction, and improve health outcomes. CareOregon is committed to supporting its primary care network by investing in two access strategies: patient engagement and capacity building. To that end, CareOregon has released two funding opportunities for entities who are contracted providers of CareOregon. The Health Department's Integrated Clinical Services Division (ICS) plans to submit an application for the capacity building opportunity.

Based on patient membership in CareOregon (approximately 35,000 members), ICS is eligible for up to \$300,000 in funding. This capacity building program is designed to support primary care practices in increasing their ability to provide access to more CareOregon members by advancing their care model, increasing panel sizes, and/or by building other practice efficiencies that lead to an

increase in patients seen. Efforts for capacity building that target the expansion of the care team and utilizing non face-to-face services is encouraged. Successful programs will be spread across other parts of the CareOregon network.

In September of 2015, ICS received a small grant from the Center for Care Innovations (\$15,000) to begin work on implementing telephone visits. Over the next few months, ICS staff are developing the infrastructure and preparing patients and staff for project implementation. Telephone visits will be piloted with one provider team and staff are currently receiving technical assistance for this project. 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.

Funding from CareOregon would support the spread of telephone visits through the ICS primary care system, increasing access for patients, including the ability to add new patients to provider panels. ICS anticipates being able to add approximately 5,100 newly assigned patients through the proposed project. The grant will impact multiple Program Offers within ICS.

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

This grant will provide ICS with funding for outreach, project management, quality, and clinical staff.

**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.**

The Community Health Council approves all Integrated Clinical Services grant applications.

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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?**

The granting agency is the CareOregon.

• **Specify grant (matching, reporting and other) requirements and goals.**

The Goals of the program are to:

1. To increase access to robust primary care services through increasing panel sizes (capacity) in partner clinics
2. To incentivize the adoption of the care model to include alternative types of visits, such as telemedicine.

Reporting metrics will be reported quarterly via email to CareOregon along with a progress report.

• **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 October 27, 2015.

• **If a grant, what period does the grant cover?**

December 1, 2015 – November 30, 2016

- **When the grant expires, what are funding plans?**

When the grant expires, increased capacity will be sustained through billing. In addition, there are opportunities for per patient outcomes bonuses tied to successful implementation.

- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**

Yes.

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**Required Signatures**

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

Wendy Lear on behalf of Joanne Fuller/s/

**Date:** 10/14/2015

**Budget Analyst:**

Jeff Renfro /s/

**Date:** 10/14/2015

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