

AGREEMENT FOR SERVICES #08-1901  
AMENDMENT I

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This Amendment I to that Agreement for Services #08-1901, made and entered into by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "Grantee") and California HealthCare Foundation whose principal place of business is located at 1438 Webster Street, Suite 400, Oakland, CA 94105; (hereinafter referred to as "CHCF");

R E C I T A L S

WHEREAS, the Department of Public Health has been reorganized and is now known as the Public Health Division of the Health Services Department; and

WHEREAS, Grantee is the recipient of a \$250,000 ACCEL (Access El Dorado) Specialty Care Initiative Implementation grant from CHCF, for the period April 1, 2009 through December 20, 2010, in accordance with Grant Agreement #08-1901, dated April 7, 2009, incorporated herein and made by reference a part hereof; and

WHEREAS, the parties hereto have mutually agreed to extend the term of this Grant Agreement, hereby amending the *Period of Grant*; and

WHEREAS, the parties hereto have mutually agreed to amend *Project Director* of said Grant Agreement; and

WHEREAS, the parties hereto have mutually agreed to amend *CHCF Staff Assigned to this Grant* of said Grant Agreement; and

WHEREAS, the parties hereto have mutually agreed to amend and replace *Report Schedule* of said Grant Agreement; and

WHEREAS, the parties hereto have mutually agreed to amend and replace *Payment Schedule* of said Grant Agreement; and

WHEREAS, the parties hereto have mutually agreed to amend and replace *Goal 3 B of Appendix B: Implementation Plan Two-Year Workplan Template Specialty Care Initiative (SCI)*; and

WHEREAS, the parties hereto have mutually agreed to amend and replace *Goal 4 of Appendix B: Implementation Plan Two-Year Workplan Template Specialty Care Initiative (SCI)*;

NOW THEREFORE, the parties do hereby agree that Agreement for Services #08-1901 shall be amended a first time as follows:

I. All references in the original agreement to the “County Department of Public Health” or “PHD” shall be deemed to refer to the Public Health Division of the Health Services Department.

II. Period of Grant shall be amended in its entirety to read as follows:

Period of Grant: April 1, 2009 through June 30, 2011

III. Project Director shall be amended in its entirety to read as follows:

Project Director: Sharon Elliott, Assistant Director of Public Health  
Christine Sison, Project Manager

IV. CHCF Staff Assigned to this Grant shall be amended in its entirety to read as follows:

CHCF Staff Assigned to this Grant: David D. O’Neill

V. Report Schedule shall be amended in its entirety to read as follows:

**Report Schedule:\***

Due Date	Type of Report
April 1, 2009	Signed Agreement
November 12, 2009	Participation at Convening #1
September 30, 2009	Progress Report #1 (standard template)
March 31, 2010	1) Progress Report #2 2) Mid-Term Narrative Report documenting the following: <ul style="list-style-type: none"> <li>• Activities related to the development of the Care Pathway for Orthopedics;</li> <li>• Findings from the pilot of a Care Pathway in Orthopedics and lessons for spread to additional sites;</li> <li>• Selected Continuing Medical Education (CME) topics and curriculum overview, and description of activities to implement CME trainings countywide.</li> </ul> 3) Background documentation to be included for Orthopedics: <ul style="list-style-type: none"> <li>• Care Pathway Template;</li> <li>• Final standardized workflow processes;</li> <li>• Final stepped guidelines;</li> <li>• Identified clinical conditions addressed in pathway and curriculum development;</li> <li>• CME curriculum materials.</li> </ul> 4) Financial Report for the period April 1, 2009 through January 31, 2010
November 12, 2010	Participation at Convening #2
September 30, 2010	Progress Report #3
March 31, 2011	1) Progress Report #4 2) Interim Financial Report for the period February 1, 2010 through January 31, 2011

June 30, 2011	1) Final Narrative Report documenting the following: <ul style="list-style-type: none"> <li>• Activities related to the development of the Care Pathway for Pain Management;</li> <li>• Findings from the pilot of a Care Pathway in Pain Management and lessons for spread to additional sites;</li> <li>• Selected CME topics and curriculum overview, and description of activities to implement CME trainings countywide;</li> <li>• Achievements related to the spread of Orthopedics and Pain Management Care Pathways countywide.</li> </ul> 2) Background documentation to be included for Pain Management; <ul style="list-style-type: none"> <li>• Care Pathway Template;</li> <li>• Final standardized workflow processes;</li> <li>• Final stepped guidelines;</li> <li>• Identified clinical conditions addressed in pathway and curriculum development;</li> <li>• CME curriculum materials.</li> </ul>
August 31, 2011	Final Financial Report for the period February 1, 2011 through June 30, 2011

\*It is the Grantee's responsibility to submit deliverables and reports on time and to alert CHCF if problems arise that impact the grant reporting schedule.

All financial reporting must be submitted on CHCF Financial Report Forms, which can be downloaded from our Web site ([www.chcf.org/grantinfo/grantees](http://www.chcf.org/grantinfo/grantees)). Guidelines for writing Progress Reports, Final Narrative Reports, and reports and manuscripts for potential CHCF publication can also be downloaded from this same section of our Web site.

VI. Payment Schedule shall be amended in its entirety to read as follows:

**Payment Schedule:**

- \$100,000 Within thirty (30) days of receipt of fully-executed grant agreement, due April 1, 2009
- \$25,000 Within thirty (30) days of receipt and approval of Progress Report # 1, due September 30, 2009
- \$50,000 Within thirty (30) days of receipt and approval of Progress Report #2, Mid-Term Report with documentation of care pathway pilot in Orthopedics and Interim Financial Report, due March 31, 2010
- \$50,000 Within thirty (30) days of receipt and approval of Progress Report #3, due September 30, 2010
- \$20,000 Within thirty (30) days of receipt and approval of Final Narrative Report with documentation of care pathway pilot in Orthopedics and Pain Management, due June 30, 2011
- \$5,000 Within thirty (30) days of receipt and approval of Final Financial Report, due August 31, 2011 , and all project deliverables



IN WITNESS WHEREOF, the parties hereto have executed this first Amendment to that Agreement for Services #08-1901 on the dates indicated below, the latest of which shall be deemed to be the effective date of this Agreement.

-- COUNTY OF EL DORADO --

By: \_\_\_\_\_

Dated: \_\_\_\_\_

Board of Supervisors  
"COUNTY"

*ATTEST:*  
*Suzanne Allen de Sanchez*  
*Clerk of the Board of Supervisors*

By: \_\_\_\_\_  
Deputy Clerk

Dated: \_\_\_\_\_

-- CONTRACTOR --

By: \_\_\_\_\_

Dated: 2/15/11

David D. O'Neill  
Program Officer  
"CHCF"

*Charles C. Ziegler*  
Vice President of Finance, Admin  
& Investments

**Goal 3 B (amended): Implement Specialty Care Consult Pathway for pain management incorporating practice guidelines and CME for Primary Care Providers**

**Target Population:**

Objective	Activities & Timelines	Expected Outcome(s)	How will you evaluate this objective and whether or not the expected outcomes were achieved?	Organization or person with primary responsibility for this objective
<p>1. Identify best practices for targeted pain management conditions, adapt / customize for easy use with Specialty Care Consult Pathway</p>	<p>January – June 2010</p> <ul style="list-style-type: none"> <li>- Confirm top conditions where guidelines would be useful</li> <li>- Conduct research scan on identified topics</li> <li>- Request from Kaiser guidelines &amp; format helpful to PCP patient mgmt and/or referral indicators</li> <li>- ID guideline alignment / sequencing within Specialty Care Consult Pathway</li> <li>- Disseminate guidelines via publication, ACCEL website, meetings and 1:1 communication</li> </ul>	<ul style="list-style-type: none"> <li>- Improved, easy to access reference tools for primary care management of common pain management problems are in place</li> <li>- Specialty Care Consult Pathway is customized for top conditions requiring pain management specialist care</li> </ul>	<p>By July 2010</p> <ul style="list-style-type: none"> <li>- Stepped guidelines published on ACCEL and participating member websites</li> <li>- Pain Management Specialty Care Consult Pathway distributed to pilot site clinicians and staff</li> </ul>	<p>Jon Lehrman, M.D.; Dana Davies</p>
<p>2. Provide CME training for PCPs and Mid-level Providers</p>	<p>March 2010 – ongoing</p> <ul style="list-style-type: none"> <li>- Confirm CME topics &amp; secure pain management instructor</li> <li>- Work with hospitals and/or clinic sites for CME credit and program scheduling</li> <li>- Provide administrative support and site set up, including the development and implementation of a tool to track client progress through the Specialty Care Consult Pathway</li> <li>- Conduct CME training countywide</li> </ul>	<ul style="list-style-type: none"> <li>- Strengthened primary care expertise / mgmt/work up of patients</li> <li>- Improved primary care understanding of what clinical conditions pain management specialists will see and what primary care can appropriately manage</li> </ul>	<p>By June 30, 2010</p> <ul style="list-style-type: none"> <li>- At least 2 CME sessions are conducted</li> <li>- CME post test results show increased understanding</li> <li>- Tool to track client progress through Specialty Care Consult Pathway is developed</li> </ul>	<p>ACCEL Provider Champions (Jon Lehrman, M.D. &amp; Greg Bergner, M.D.)</p>

<p>3. Pilot clinical referral Care Pathway between PCP &amp; Specialty practice</p>	<p>August 2010 – ongoing</p> <ul style="list-style-type: none"> <li>- Confirm pilot practice readiness and implement pilot</li> <li>- Weekly check-ins occur with staff and provider lead to address issues</li> <li>- Modify Specialty Care Consult Pathway based upon pilot experience</li> </ul>	<ul style="list-style-type: none"> <li>- Providers and staff understand Specialty Care Consult Pathway work steps (internal &amp; external), are trained on its execution / required documentation</li> </ul>	<p>By June 2011</p> <ul style="list-style-type: none"> <li>- Pain management specialists evaluate quality, appropriateness of referrals</li> <li>- Appropriate/complete patient work-up available to specialist at the patient consult visit</li> <li>- Evaluate changes in relationships among pilot sites</li> </ul>	<p>Christine Sison / SPHERE</p>
<p>4. Expand implementation of clinical referral pathway to additional clinic sites</p>	<p>September 2010 – ongoing</p> <ul style="list-style-type: none"> <li>- Confirm other practice site readiness and implementation</li> <li>- Conduct weekly check-ins with providers to address questions and issues</li> <li>- Conduct site visits to review Specialty Care Consult Pathway adoption and documentation</li> </ul>	<ul style="list-style-type: none"> <li>- Troubleshooting available to support implementation</li> </ul>	<p>By October 2010, letters of agreement with added sites are in place</p>	<p>Christine Sison</p>

**Goal 4 (amended): Assess Effectiveness of Specialty Care Consult Pathway, Guidelines and Primary Care Expanded Scope of Practice**

**Target Population:**

Objective	Activities & Timelines	Expected Outcome(s)	How will you evaluate this objective and whether or not the expected outcomes were achieved?	Organization or person with primary responsibility for this objective
<p>1. Develop analysis plan that captures:</p> <p>a) Lessons learned from program implementation processes</p> <p>b) Short- and medium-term outcomes</p>	<p>January – March 2009</p> <p>Clarify ACCEL stakeholder priorities and data capture capabilities and CHCF desired data and evaluation metrics</p> <p>Identify key stakeholders for interviews and concerns related to program implementation</p> <p>Develop evaluation measures that meet both CHCF and ACCEL expectations</p> <p>Examples are:</p> <ul style="list-style-type: none"> <li>- # of patients completing milestones within the Care Pathways</li> <li>- # of patients completing the Care Pathways</li> <li>- # of PCPs attending CME and participating in the Care Pathways</li> <li>- % of specialty care referrals that are appropriately worked up</li> <li>- # of specialty care referrals denied and why</li> </ul>	<p>A realistic and comprehensive plan to evaluate the program is developed and agreed upon by ACCEL stakeholders</p> <p>ACCEL stakeholders are willing to participate fully in evaluation activities</p>	<p>By April 2009</p> <ul style="list-style-type: none"> <li>- Approval of analysis plan by ACCEL Provider Capacity Workgroup &amp; Steering Committee</li> </ul>	<p>SPHERE Institute</p>



<p>2. Collect and analyze qualitative and quantitative data</p>	<p>April 2009 – May 2011 Conduct semi-structured interviews with ACCEL stakeholders, including program staff, PCPs, referrals, specialists, and specialty care providers</p> <p>September 2009 – May 2011 Collect periodic reports from the Care Pathways tracking tool</p> <p>July – October 2010 Conduct surveys and interviews with PCPs and specialists</p> <p>Analyze data</p>	<p>Information on progress and challenges of program implementation are captured</p> <p>Quantitative data on referrals made and client progress through pathways are captured</p> <p>Information on changes in referral processes since the inception of the pathways is captured</p>	<p>Access database with consolidated information captured through interviews, surveys, and the Care Pathways tracking tool</p>	<p>SPHERE Institute</p>
<p>3. Summarize and disseminate findings</p>	<p>April – June 2011</p>	<p>Inventory best practices (and challenges) associated with the initiative can be applied in future settings</p> <p>Program effectiveness is demonstrated to stakeholders to garner future support</p>	<p>By June 2011</p> <ul style="list-style-type: none"> <li>- Report to Provider Capacity Workgroup &amp; Steering Committee</li> <li>- Evaluation report published on ACCEL website</li> </ul>	<p>SPHERE Institute</p>