



CALIFORNIA
HEALTHCARE
FOUNDATION

ORIGINAL

GRANT AGREEMENT AND CONDITIONS

This grant from the California HealthCare Foundation (CHCF), a California nonprofit public benefit corporation, is for the purposes described below and is subject to your acceptance of the conditions specified below. This Agreement will be effective when signed by a properly authorized representative of your organization and returned to CHCF.

Grant Number: 08-1901

Grantee: County of El Dorado
El Dorado County Department of Public Health

Award Amount: \$250,000

Period of Grant: April 1, 2009 through December 20, 2010

Project: ACCEL (Access El Dorado) Specialty Care Initiative Implementation

Project Director: Sharon Elliott, Acting Assistant Director of Public Health
Sandra Dunn, Project Manager

Phone: 916-939-7039 or 530-621-6145 **Fax:** 530-626-4713

Purpose:

To support the Access to Specialty Care in El Dorado County project which will improve access to appropriate specialty care services, specifically orthopedics and pain management, in El Dorado County.

CHCF Staff Assigned to this Grant: Rafael Gomez, Program Officer

1438 Webster Street, Suite 400
Oakland, California 94612
T. 510.238.1040 F. 510.238.1388
WWW.CHCF.ORG

Report Schedule:*

Due Date	Type of Report
April 1, 2009	Signed Agreement
TBD 2009	Participation at Convening #1
September 30, 2009	Progress Report #1 (standard template)
March 31, 2010	<ol style="list-style-type: none"> 1) Progress Report #2 2) Mid-Term Narrative Report documenting the following: <ul style="list-style-type: none"> • Activities related to the development of the Care Pathway for Orthopedics; • Findings from the pilot of a Care Pathway in Orthopedics and lessons for spread to additional sites; • Selected CME topics and curriculum overview, and description of activities to implement CME trainings countywide. 3) Background documentation to be included for Orthopedics: <ul style="list-style-type: none"> • Care Pathway Template; • Final standardized workflow processes; • Final stepped guidelines; • Identified clinical conditions addressed in pathway and curriculum development; • CME curriculum materials 4) Financial Report for the period April 1, 2009 through January 31, 2010
TBD 2010	Participation at Convening #2
September 30, 2010	Progress Report #3
December 20, 2010	<ol style="list-style-type: none"> 1) Final Narrative Report documenting the following: <ul style="list-style-type: none"> • Activities related to the development of the Care Pathway for Pain Management; • Findings from the pilot of a Care Pathway in Pain Management and lessons for spread to additional sites; • Selected CME topics and curriculum overview, and description of activities to implement CME trainings countywide. • Achievements related to the spread of Orthopedics and Pain Management Care Pathways countywide 2) Background documentation to be included for Pain Management: <ul style="list-style-type: none"> • Care Pathway Template; • Final standardized workflow processes; • Final stepped guidelines; • Identified clinical conditions addressed in pathway and curriculum development; • CME curriculum materials
February 29, 2011	Final Financial Report for the period February 1, 2010 through December 20, 2010

* 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). 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.

Payment Schedule:

- \$100,000** Within 30 days of receipt of fully-executed grant agreement, due April 1, 2009
- \$25,000** Within 30 days of receipt and approval of Progress Report #1, due September 30, 2009
- \$50,000** Within 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 30 days of receipt and approval of Progress Report #3, due September 30, 2010
- \$20,000** Within 30 days of receipt and approval of Final Narrative Report with documentation of care pathway pilot in Orthopedics and Pain Management, due December 20, 2010
- \$5,000** Within 30 days of receipt and approval of Final Financial Report, due February 29, 2011, and all project deliverables

Objectives/Scope of Work:

As described in the attached Workplan, the El Dorado County Department of Public Health, on behalf of ACCEL (Access El Dorado) coalition, shall develop, pilot and implement across clinics countywide a Specialty Care Consult Pathway for Orthopedics and Pain Management. Key activities in the execution of this proposed strategy are:

- Confirmation of providers to serve as primary and specialty care champions within ACCEL and the larger provider community;
- Identification and refinement of cross agency referral workflow that addresses essential standardized steps of operations and policy;
- Identification of key conditions with each of the selected specialty areas (orthopedics and pain management) representing the best opportunity to reduce (or improve) referrals from primary to specialty care;
- Development of stepped guidelines for primary care work up and management of common conditions frequently associated with specialty consult requests;

- Dissemination of guideline and referral processes through staff meetings, one-on-one “academic detailing”;
- Development of comprehensive curricula of CME programs to expand primary care scope of practice in orthopedics and pain management to be offered community wide through Barton and Marshall hospitals;
- Pilot implementation and streamlining of Specialty Care Consult Pathways before community roll-out;
- Implementation will follow existing community-standard referral practices (paper-based) with parallel consideration of eventual integration into ACCEL’s anticipated HIE roll out in 2009 & 2010.

Evaluation: In addition to the evaluation components outlined in the proposal and this agreement, the Grantee will participate in the CHCF/ Kaiser Permanente Community Benefits evaluation of the Specialty Care Initiative being completed by the Center for Community Health and Evaluation.

Special Conditions: None.

Type of Organization* (Check one)

Private Foundation

501(c)3 organization

Other nonprofit organization

TYPE:

Public Agency

**Documentation Required*

GRANT CONDITIONS

1. Political Activities

Grant funds may not be used for any of the following purposes: to carry out propaganda, or otherwise attempt to influence legislation; to influence the outcome of any specific public election or to carry on directly or indirectly any voter registration drive; to make any grants that do not comply with the rules for individual grants and organizational grants in Section 4945 of the Internal Revenue Code; or to undertake any activity for a non-charitable purpose.

2. IRS Determination

The Grantee shall provide immediate written notification to CHCF of any changes in the Grantee Institution's tax status as defined by the Internal Revenue Code.

3. Reporting

For Reports that may be required as a condition of this grant (see "Report Schedule" on page 2 of this agreement for the specific requirements of this grant), the Grantee should follow CHCF's guidelines and forms available on its Web site (www.chcf.org/grantinfo/grantees). These reports include Interim and Final Financial Reports, Progress Reports (narrative), Final Narrative Reports, and reports and manuscripts for potential CHCF publication. If the Grantee is unable to download these guidelines and forms, the Grantee may contact the CHCF staff assigned to this grant and request for these materials to be mailed.

4. Expenditure of Funds

This grant is to be used in accordance with the Grantee's approved program and budget. Permission to make any major changes in program objectives, implementation strategy, key personnel, timetable, or in the approved budget (line items added or deleted or transfers among line items, amounting to \$1,000 or 10 percent of the approved line item amount, whichever is larger), must be requested in writing, and CHCF's approval obtained before such changes are implemented.

Grantees are encouraged to deposit grant funds in insured interest bearing accounts. Interest funds accrued during the course of the grant may be used to benefit project activities with prior approval of CHCF staff assigned to the project. Any funds (including interest accrued) not expended or committed for the purposes of the grant within the grant period (or any authorized extension of the grant period) must be returned to CHCF within 60 days of the close of the grant.

5. Payments

All payments under this grant will be made in accordance with the specific requirements described under the "Payment Schedule." Payments contingent on progress reports listed under

the "Report Schedule" will be issued within thirty (30) days of receipt and approval of the reports. Reference: page 2 of this agreement.

6. Financial Records

The Grantee is expected to maintain complete books and records of revenues and expenditures for the project, which should be made available for inspection at reasonable times if deemed necessary by CHCF. CHCF, at its expense, will periodically audit a selected number of its grants. If your grant is selected, you will be expected to provide all necessary assistance in connection with such audit. Records must be kept for at least three (3) years after completion of the grant.

7. Acknowledgment and Publicity

The California HealthCare Foundation is commissioning this research for its use. If CHCF chooses to publish material resulting from this project, either in print or electronically, appropriate acknowledgment of the Grantee will be included. If the Grantee wishes to issue a press release regarding this grant or the resulting published material, CHCF requires review and final sign-off of the text by its Publishing and Communications Department.

Any publication produced by the grantee that refers or results from this research should include an acknowledgment of CHCF that reads: *Supported by a grant from the California HealthCare Foundation, based in Oakland, California.*

CHCF's Publishing and Communications Department will oversee dissemination of final research and any resulting publicity activities. CHCF will send publicity material to the Grantee for final review and approval and will also provide the Grantee copies of the final product.

8. Grant Termination

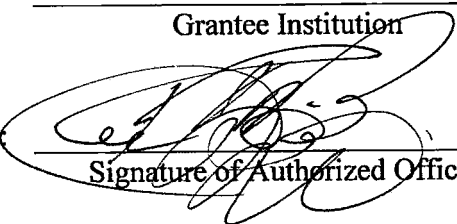

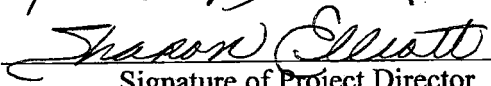
CHCF, at its sole option, may terminate the grant at any time if, in CHCF's judgment, the grantee becomes unable to carry out the purposes of the grant, ceases to be an appropriate means of accomplishing the purposes of the grant, or fails to comply with any of the conditions of the grant award.

9. Limitation

It is expressly understood that CHCF has no obligation to provide other or additional support for this or any other project or purposes.

Acceptance of Terms and Conditions. This document is to be signed by an official authorized to sign for your organization and by the project director,* signifying that your organization agrees to comply with all the terms and conditions of the grant specified above. If the project director is authorized to sign for the institution, the same person may sign in both capacities.

The above terms and conditions of the grant are hereby accepted and agreed to as of the date specified:

For: <u>El Dorado County</u> Grantee Institution		ATTEST: SUZANNE ALLEN de SANCHEZ, Clerk of the Board of Supervisors	
By:  Signature of Authorized Official	By:  DEPUTY		Signature of Project Director
			
<u>Ron Briggs</u> Name	<u>Sharon Elliott, Acting Asst Director</u> Name		
<u>Chairman, Board of Supervisors</u> Title	<u>Health Services Department - Public Health Division</u> Title/ Contract Administrator		
<u>4/7/09</u> Date	<u>3/24/09</u> Date		

*The project director is the individual directly responsible for developing the proposed activity, its implementation, and day-to-day direct supervision of the project.

Please return a signed copy of this document to:

**Glenda Pacha, Program Assistant
California HealthCare Foundation
1438 Webster Street, Suite 400
Oakland, CA 94612**



Appendix B: Implementation Plan Two-Year Workplan Template Specialty Care Initiative (SCI)

El Dorado County Department of Health Services, Public Health Division for the ACCEL initiative

ACCEL SCI Strategies:

- Countywide adoption of Specialty Care Consult Pathways (in Orthopedics and Pain Management)
- Expanded Scope of Practice by ACCEL Primary Care Providers (in Orthopedics and Pain Management)

Goal 1: Establish Project Infrastructure & Commitments

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
1. Contract w/ project staff & consultants	January - February 2009 Confirm resource availability, clarify work to be performed & formalize contracts	Staffed to coordinate and support SCI workplan	Contracts are in place with consultants; PHD staff understand role, work objectives, timeframes	Sandra Dunn
2. Re-engage ACCEL Provider Capacity workgroup	January - March 2009 - Report the outcome of CHCF grant - Confirm provider commitments made previously - Conduct workgroup SCI kick off meeting - Identify primary care clinic to pilot (w/ specialty care practice) in 2009	Fully engaged support from committed core team Provider Capacity workgroup, Specialty champions and ad hoc work teams understand roles and agree to SCI workplan	In March 2009 - Provider Capacity workgroup SCI charter/ meeting schedule, workplan, and resource requirements are in place and being acted upon - Letter of agreement executed between pilot sites (primary care and specialty practice)	Jon Lehrman M.D. & Kim Dickson
3. Identify and gain commitment of clinic staff to work on SCI	January - March 2009 - ID clinic staff point person for ACCEL SCI work (w/ ops and technology experience) - Have staff reps participate at SCI kick off mtg	Commitments for consistent clinic staff to work on SCI as needed Properly oriented clinic reps are able to work smart, contribute comfortably and benefit from cross agency learning	By March 2009 - Clinic staff reps are contributing members to the SCI program By December 2009 - Consistent participation among core team members is documented	Kim Dickson

Goal 2: Develop Standard Template for Specialty Care Consult Pathway

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
1. Outline / create draft template for Specialty Care Consult Pathway for cross clinic referrals	April 2009 Evening convening of PCPs & Specialists to draft Specialty Care Consult Pathway outline	Work product becomes generic framework (Specialty Care Consult Pathway template) that can be refined for unique needs of specialty consult referrals	In May 2009 Providers will use the Specialty Care Consult Pathway template as the common framework for specialty consult development work	Jon Lehrman, M.D. with Provider Cap workgroup
2. Conduct provider workflow analysis of existing processes (primary care & specialty)	April – June 2009 - With pilot clinics diagram existing workflows between sites for specialty consult patient referrals - Share workflows with other clinic SCI reps to ascertain common features, CQI opportunities, & recommendations - Draft best of breed Specialty Care Consult Pathway	Variations in clinic referral operations (& technology) are taken into account & streamline so that multiple clinic site adoption and data gathering is optimized Expanded appreciation for differences between practices	By June 2009 - Final draft of standard template for Specialty Care Consult Pathway is prepared - Participating providers and staff will understand the range / variability of referral work process flows, shared features, differences and best practices - Clinic SCI reps become proponents for adoption of Specialty Care Consult Pathway	Kim Dickson
3. Providers approve Specialty Care Consult Pathway with standardized workflow processes steps	June – July 2009 - Provider Cap Workgroup reviews and refines standardized workflow recommendations - Workgroup approves standard template approach	Modifications to initial standardized workflow recommendations will be offered by providers	By July 2009 - providers agree to Specialty Care Consult Pathway milestones and criteria for expected pathway outcome	Jon Lehrman, M.D.; Kim Dickson

Goal 3 A: Implement Specialty Care Consult Pathway for Orthopedics incorporating practice guidelines and CME for Primary Care Providers

Target Population: Patients and Providers

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 clinical specialty conditions, adapt / customized for easy use with the Specialty Care Consult Pathway format</p>	<p>April – July 2009</p> <ul style="list-style-type: none"> - Confirm top conditions where guidelines would be useful - Conduct research scan on identified topics - Request from Kaiser guidelines & format helpful to PCP patient mgmt and/or referral indicators - ID guideline alignment / sequencing within Specialty Care Consult Pathway - Disseminate guidelines via publication, ACCEL website, meetings and 1:1 communication 	<p>Improved, easy to access reference tools for primary care management of common orthopedic problems</p> <p>Specialty Care Consult Pathway is customized for top conditions requiring orthopedist care</p>	<p>By August 2009</p> <ul style="list-style-type: none"> - Stepped guidelines published on ACCEL and participating member websites - Ortho Specialty Care Consult Pathway distributed to pilot site clinicians and staff 	<p>Jon Lehman, M.D.; Dana Davies</p>
<p>2. Provide CME training for PCPs and Mid-level Providers</p>	<p>April – December 2009</p> <ul style="list-style-type: none"> - Confirm CME topics & secure ortho instructor - Work with hospitals and/or clinic sites for CME credit and program scheduling. - Provide administrative support and site set up, including the development and implementation of a tool to track client progress through the Care Pathway - Conduct CME training countywide 	<p>Strengthened primary care expertise / mgmt / work up of patients</p> <p>Improved primary care understanding of what clinical conditions orthopedics will see and what primary care can appropriately manage</p>	<p>By August 2009</p> <ul style="list-style-type: none"> - At least 2 CME sessions are conducted - CME post test results show increased understanding - Tool to track client progress through Specialty Care Consult Pathway is developed 	<p>ACCEL Provider Champions (Jon Lehman, Greg Bergner) with Specialty Champion (e.g. Troy Dickson, M.D.)</p>

<p>3. Pilot Care Pathway between PCP & Specialty practice</p>	<p>August - September 2009</p> <ul style="list-style-type: none"> - Confirm pilot practice readiness - Weekly check ins occur with staff and provider lead to address issues - Modify Specialty Care Consult Pathway based upon pilot experience 	<ul style="list-style-type: none"> - Providers and staff understand Specialty Care Consult Pathway work steps (internal & external), are trained on its execution / required documentation 	<p>September 2009</p> <ul style="list-style-type: none"> - conduct survey for orthopedists to evaluate quality, appropriateness of referrals - to assess appropriate/complete patient workup available to Orthopedist at the patient consult visit - evaluate changes in relationships among pilot sites 	<p>Kim Dickson / SPHERE</p>
<p>4. Expand implementation of clinical referral pathway to additional clinic sites</p>	<p>October 2009</p> <ul style="list-style-type: none"> - Confirm other practice site readiness (see #3 above) - Conduct weekly check ins with providers to address questions / issues - Conduct site visits to review Specialty Care Consult Pathway adoption and documentation 	<ul style="list-style-type: none"> - Troubleshooting available to support implementation 	<p>By November 2009</p> <ul style="list-style-type: none"> - letters of agreement with added sites are in place 	<p>Kim Dickson</p>

Goal 3 B: 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"> - Confirm top conditions where guidelines would be useful - Conduct research scan on identified topics - Request from Kaiser guidelines & format helpful to PCP patient mgmt and/or referral indicators - ID guideline alignment / sequencing within Specialty Care Consult Pathway - Disseminate guidelines via publication, ACCEL website, meetings and 1:1 communication 	<ul style="list-style-type: none"> - Improved, easy to access reference tools for primary care management of common pain problems are in place. - Specialty Care Consult Pathway is customized for top conditions requiring pain management specialist care 	<p>By July 2010</p> <ul style="list-style-type: none"> - Stepped guidelines published on ACCEL and participating member websites - Pain Management Specialty Care Consult Pathway distributed to pilot site clinicians and staff 	<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"> - Confirm CME topics & secure pain management instructor - Work with hospitals and/or clinic sites for CME credit and program scheduling. - 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 - Conduct CME training countywide 	<p>Strengthened primary care expertise / mgmt / work up of patients</p> <p>Improved primary care understanding of what clinical conditions pain management specialists will see and what primary care can appropriately manage</p>	<p>By August 2010</p> <ul style="list-style-type: none"> - At least 2 CME sessions are conducted - CME post test results show increased understanding - Tool to track client progress through Specialty Care Consult Pathway is developed 	<p>ACCEL Provider Champions (Jon Lehrman, M.D. & Greg Bergner, M.D.)</p>

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

Goal 4 : 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"> - # of patients completing milestones within the Care Pathways - # of patients completing the Care Pathways - # of PCPs attending CME and participating in the Care Pathways - % of specialty care referrals that are appropriately worked up - # of specialty care referrals denied and why 	<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"> - Approval of analysis plan by ACCEL Provider Capacity Workgroup & Steering Committee 	<p>SPHERE Institute</p>
<p>2. Collect and analyze qualitative and quantitative data</p>	<p>April 2009 – September 2010</p> <p>Conduct semi-structured interviews with ACCEL stakeholders, including program staff, PCPs, referrals</p>	<p>Information on progress and challenges of program implementation are 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>specialists, and specialty care providers</p> <p>September 2009 – November 2010 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>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>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 December 2010</p> <ul style="list-style-type: none"> - Report to Provider Capacity Workgroup & Steering Committee - Evaluation report published on ACCEL website 	<p>SPHERE Institute</p>
--	--	--	---	--	-------------------------