



**Provider Engagement Panel**  
**Café Sintra (Bend)**  
**1024 NW Bond St, Bend, OR 97701**  
**06.25.14**

**7:00-7:05 Welcome/Breakfast**

**7:05-7:45 Maternal Child Health Follow-up—Lindsey Hopper/Group**

1. Survey results (see attached email and embedded PDFs)
2. \*\*\* Action Item: Recommendations to COHC

**7:45-8:20 2013 Quality Incentive Measure Performance –Lindsey Hopper/Group**

1. Final results (documents to be distributed at PEP meeting)
2. \*\*\* Action Item: Send recommendations for quality pool investment after follow-up by Finance Committee

**8:20-8:30 Data Needs—Group**

1. Does your organization have data needs that are not being met?
2. What data would the PEP like to see?
3. \*\*\* Action Item: Ask for follow-up from PacificSource or COHC, as applicable

**From:** Jeff Stewart <[jstewart@ecwg.net](mailto:jstewart@ecwg.net)>  
**Date:** Friday, June 20, 2014 at 2:44 PM  
**To:** Lindsey Hopper <[lindsey.hopper@cohealthcouncil.org](mailto:lindsey.hopper@cohealthcouncil.org)>  
**Cc:** Zach Pangares <[zach.pangares@cohealthcouncil.org](mailto:zach.pangares@cohealthcouncil.org)>  
**Subject:** RE: MCH survey

Lindsey/Zach,

I have attached the 3 surveys that I have received thus far. There are still 5 outstanding surveys, but I am not sure when/if I will be getting them returned. I will forward them if I get them.

Two of the attached surveys were completed by Drs. Davis and Ahmed who have been the two of our physicians who have been the most involved in this project. Their input is probably the most important for you to get of all of our physicians. Both of them signed their surveys and said they would be willing to discuss this further with COHC staff.

I hope this helps your evaluation process. Let me know if you more questions for me.

Thanks,  
Jeff Stewart

**Maternal Child Health Strategic Initiative Provider Survey**

The Central Oregon Health Council (COHC) Provider Engagement Panel is sending you this survey because the COHC is interested in learning more about the Maternal Child Health Strategic Initiative ("MCH Initiative"). The COHC funded the MCH Initiative approximately one year ago and is seeking more information about its investment. One aspect of the MCH Initiative involved co-locating a public health nurse at East Cascades Women's Group. This survey asks several questions about your experience with this aspect of the MCH Initiative.

This survey should take no more than 10 minutes to answer. Thank you for your time and feedback. We will use this feedback to help the COHC evaluate its investment in the MCH Initiative.

**1. Have you interacted with the public health nurse who is co-located at ECWG?**

- Yes
- No
- Not Sure

**2. Please rank your experience with the public health nurse on a scale from 1 to 10 where 1 is low and 10 is high. (Please only circle one choice)**

1    2    3    4    5    6    7    8    9    10    N/A

**3. Please rank the value of the services provided by the public health nurse on a scale from 1 to 10 where 1 is low and 10 is high. (Please only circle one number)**

1    2    3    4    5    6    7    8    9    10

**4. If the COHC decided not to fund the MCH Initiative and pay for the co-located public health nurse at ECWG in the future, would you support ECWG funding the position? Please rank your support on a scale from 1 to 10 where 1 is low and 10 is high. (Please only circle one number)**

1    2    3    4    5    6    7    8    9    10

**5. In your opinion, is the MCH Initiative likely to produce outcomes and return on investment? (Please explain)**

**6. What changes would you like to see made to the MCH Initiative? (Please explain)**

Have people who are familiar with the systems in place serve in this position instead of trying to reinvent the wheel.

**7. Do you see the public health model as implemented at ECWG as increasing or decreasing your workload?**

- Increasing
- Lessening
- Not Sure

**8. In general, how do your patients feel about the additional services provided by the public health nurse?**

- Really Dislike
- Moderately Dislike
- Neutral
- Moderately Like
- Really Like

**9. Do you feel there could be improvements in efficiency to allow more patients to be served by the public health nurse? What are those?**

Yes. Hire staff already familiar with services.

**10. Please provide us with any comments you would like to share about the MCH Initiative. If you would like a COHC staff member to contact you to discuss your comments, please leave your name and contact information.**

*SURVEY COMPLETE  
THANK YOU!*

## Maternal Child Health Strategic Initiative Provider Survey

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 No  
 Not Sure

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5. In your opinion, is the MCH Initiative likely to produce outcomes and return on investment? (Please explain)

I believe there are many at risk women who do not meet current NFP criteria. The MCH initiative idea for an on site nurse greatly helps connectivity to our patients

6. What changes would you like to see made to the MCH Initiative? (Please explain)

Very simple solution.

Hire a nurse with experience in this field with a positive / problem solving / creative set of skills. Sorry to be blunt but the women you hired had negative energy and

7. Do you see the public health model as implemented at ECWG as increasing or decreasing your workload?

- Increasing
- Lessening
- Not Sure

slight increase  
well worth it.

endless  
excuses

8. In general, how do your patients feel about the additional services provided by the public health nurse?

- Really Dislike
- Moderately Dislike
- Neutral
- Moderately Like
- Really Like

only rare neg feedback  
(those were the women  
who hate every body)  
Mostly receptive patients

9. Do you feel there could be improvements in efficiency to allow more patients to be served by the public health nurse? What are those?

I don't believe this position is very "efficient" by nature. These women are so messed up? They need help with "everything".

10. Please provide us with any comments you would like to share about the MCH Initiative. If you would like a COHC staff member to contact you to discuss your comments, please leave your name and contact information.

I really support the initiative.  
I believe it is a sound concept  
I prefer it would continue  
I say you hired the wrong person  
for the job.

Please consider ~~shifting~~ one RN from  
FNP (wops NFP) to our office. The need  
still exists.

SURVEY COMPLETE  
THANK YOU!

↳ Please note -  
Here is my last example of Michelle's inability to  
think outside the box. I have a young single mom post  
partum / struggling with depression per her friends' report  
3  
(over)



The pregnant friend going through her depression inventory warned us that my young PP patient is struggling.

We tried by phone to reach her - NO answer. My nurse asked Michelle for assistance reaching her. (recall this is our patient - OHP - baby a few months before)

Her answer - ~~I~~ she's postpartum so I cannot help - could only refer her to the PP depression warm line

WHAT??

I do not support keeping Michelle in this role  
I do support the concept of the role  
Just get me a stronger player!!

Thanks  
MJDavis  
541 428 8586

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**4. If the COHC decided not to fund the MCH Initiative and pay for the co-located public health nurse at ECWG in the future, would you support ECWG funding the position? Please rank your support on a scale from 1 to 10 where 1 is low and 10 is high. (Please only circle one number)** *Cannot answer*

1    2    3    4    5    6    7    8    9    10

5. In your opinion, is the MCH Initiative likely to produce outcomes and return on investment? (Please explain)

I believe Mat ~~in~~ has not been successful in this version mostly due to the placement of an inexperienced pmn. If an individual experienced and motivated had placed - we likely would have seen more interventions.

6. What changes would you like to see made to the MCH Initiative? (Please explain)

- issue of helping only 'medicaid' pts is of concern.

7. Do you see the public health model as implemented at ECWG as increasing or decreasing your workload?

- Increasing
- Lessening
- Not Sure

potential to improve access

8. In general, how do your patients feel about the additional services provided by the public health nurse?       

- Really Dislike
- Moderately Dislike
- Neutral
- Moderately Like
- Really Like

9. Do you feel there could be improvements in efficiency to allow more patients to be served by the public health nurse? What are those?

Experienced Nurse Screening  
Patients and offering services  
in office.

10. Please provide us with any comments you would like to share about the MCH Initiative. If you would like a COHC staff member to contact you to discuss your comments, please leave your name and contact information.

Happy to speak w/ someone  
if they have questions  
MFA Arnold

*SURVEY COMPLETE  
THANK YOU!*

## Provider Engagement Panel Update

Date: May 21, 2014

Project: Maternal Child Health Strategic Initiative

Participants: Zach Pangares  
Lindsey Hopper  
Maggi Machala, RN, MPH  
Stephanie Sundborg, MS  
Muriel DeLaVergne-Brown, RN, MPH  
Robert Ross, MD  
Sharity Ludwig, RDH  
Divya Sharma, MD  
Stephen Mann, DO

### Questions Posed During Review and Subsequent Discussion:

1. How many OBs work at East Cascades Women's Group? (Ross)

9 OBs

2. How many patients does the Initiative follow up with—all 805? (Trying to get an idea of numbers served and how) (Ross)

No. Maggi explained that the public health nurse has a panel of 35. She can only follow these individuals through their post-partum visits. Some are homeless, which makes them difficult to follow.

3. Can this work be better done by a nurse or a community health worker? (Ross)

Maggi noted that these women have medical conditions and often comorbid diseases. As a result, they are high risk and require an assessment by a professional nurse who knows what to look for.

4. In phase 2, what is the financial ask and how does the Initiative plan to utilize that? (Sharma)

Maggi explained that COHC funding runs out in July. The Initiative was funded from July to December with Transformation Funds. This period is an extension of phase 1. There was no explanation of the financial ask or needs for phase 2.

5. Is the purpose of this review to touch base or discuss ongoing funding for the Initiative? (Sharma)

Lindsey explained that this is a touch point and a time for PEP to weigh in on the Initiative. PEP's input will be used by the COHC in making future funding decisions or suggestions. There is no specific future funding ask on the table at this point in time.

6. Have you made contact at St. Charles Redmond? (Ross)

Maggi explained that she met with them twice and gave them her handouts. She considers the ball to be in their court as to whether and when they want Maggi to return.

7. Where is the ROI? When do you project that we will see the effect in hospitalization and overall costs? Do we have a baseline and overall metrics for that? (Mann)

Maggi replied that the Initiative was using evidence-based practices. She discussed that pregnancy is 9 months, there are many confounding factors, and that the Initiative is a "systems change" project. She was uncomfortable discussing any ROI because of confounding factors and a difficulty proving causation. She noted that OHSU may use a CDC grant to study this Initiative and connect the project with Medicaid costs and outcomes. She noted that those results might be available in several years.

Discussion about outcomes ensued. Dr. Ross noted that he had not observed any high cost perinatal cases since the Initiative started. He noted that his observation was anecdotal.

Dr. Mann observed that any change may be misleading given the small n.

Dr. Sharma responded to the matter of the Initiative's timeline by noting that most of these women present late in pregnancy and are high risk at that point, but that the outcomes do not take 9 months when they show up in their third trimester.

8. Is this Initiative a change from prior practice? Is this changing metrics or changing outcomes? (Mann)

Dr. Mann noted that the cited case studies are not compelling to doctors. He expressed concern that the Initiative was changing metrics but not actually changing outcomes. He noted, however, that public health nurses can perform different functions—such as linking patients to important community resources for food, housing, etc.

Maggi responded and noted that providers at ECWG have approximately 7 minutes per patient. This makes working with high-risk families difficult.

9. Is there any issue with using community health workers for targeted case management? (Ludwig)

Maggi responded that targeted case management (TCM) can only be performed by an RN. At this point, no reimbursement is available for those services if performed by a

community health worker. She also noted that phase 2 of the Initiative explores this connection further. It involves connecting WIC and the medical community.

10. What is the average cost per patient for the home visiting portion? (Hopper)

Maggi responded that the cost was about \$5,000 per patient. That cost is recouped by the time the child reaches age 4. It is expensive because the nurses make weekly visits for almost three years, which is intensive.

11. Do you think the ECWG providers would make a financial investment? Is the Initiative compelling enough to warrant financial support by the organization?

Maggi explained that she cannot speak for the providers. The Initiative has made some progress. Some physicians are more invested than others. The integration has not been a smooth process. The first three months are hiring and the last six months have been more work. Maggi cannot answer that question at this time for the providers.

Summary Questions/Findings:

1. Barriers to basic logistics at ECWG may reflect resistance to change, but hopefully do not reflect ultimate endorsement going forward. If the providers at ECWG do not champion the Initiative going forward, it will remain an external “added burden” regardless of global benefits. There is impressive work here by the public health sector. There needs to be matching enthusiasm by the OBs involved in order to make this a future community investment.
2. The use of expensive RN talent on all home visits may be reanalyzed in cases where a community health worker could do some of the work. RN productivity could be enhanced with cluster scheduling. Caseload might be expanded significantly with a team approach. This will depend on the funding source because some program dollars have restrictions.
3. Outcomes trump metric benchmarks and anecdotal examples. The metrics are mileposts but not the destination. Anecdotes are moving, but to be meaningful, the Initiative must show improvement over prior practice. This needs to be illustrated clearly.
4. Can we get an independent survey of opinions of OBs at ECWG prior to any additional funding decisions made by the COHC Board? It would be good to have this done by those not involved in the project in order to get a fresh take. We should solicit provider input on financial ROI and any suggested modifications.

Follow Up and Next Steps:

1. Lindsey to distribute update document for further review and discussion by PEP members via email.
2. Lindsey to distribute survey to ECWG providers.