

COHC Community Advisory Council
NeighborImpact
2303 SW 1st Street (Boardroom)
Redmond, OR 97756
Agenda 5-7-2015
Conference Line: 866.740.1260
Participant Code: 3063523#

Time	Topic	Action
11:00-11:10	Welcome/Public Comment—Linda McCoy	
11:10-11:20	211Info—Emily Berndt <ul style="list-style-type: none">• Discussion	Discussion
11:20-12:45	CAC Immunization Panel—Panelists <ul style="list-style-type: none">• Discussion• Recommendations	Discussion Recommendations
12:45-12:50	Recruitment Update —Jeff White <ul style="list-style-type: none">• Discussion• Recommendations	Discussion Recommendations
12:50-12:55	Committee Update—Lindsey Hopper <ul style="list-style-type: none">• RHA• Discussion	Discussion
12:50-12:55	Environmental Scan Update—MaCayla Claver <ul style="list-style-type: none">• Discussion• Next Steps	Discussion Next Steps

211Info Presentations Questions

Does 211Info provide enough information on resources in Central Oregon?

Is it easily accessible for consumer members? Can you only access 211Info using a computer?

Is 211Info a good resource for OHP consumers?

Is this a resource that you would like the COHC to promote? If so, how would you like it promoted? (Included in PacificSource newsletter to members, a link on our website, etc?)

Immunization Panel Questions

What would you like to see happen as a result of this panel?

How would the COHC achieve your suggestion?

- 1. _____
- 2. _____
- 3. _____

Is there a recommendation that you would like to make?

Do you have any unanswered questions?

Is there anything else you would like to learn more about on this topic?

How can CAC members work to impact immunization rates?

Questions for CAC Panelists May 5, 2015

Pharmacy

1. To whom can you give vaccinations?
2. If a person wants to get an immunization from a pharmacist, can they walk in or do they need to book an appointment?
3. How quickly can a person typically get an immunization at a pharmacy? Does the wait time vary significantly at different times of the year?
4. Why do you think people come to you for immunizations? What do you think they like about getting immunizations from a pharmacist?
5. Are there any groups of people that you wish would come to you for immunizations that don't currently (or come infrequently)?
6. For an adolescent immunization, what are parents and adolescent's responses to well-visit flyers? Do you provide information about adolescent well visits beyond what is provided on the flyer? Please see the link below.

Link: <http://public.health.oregon.gov/preventionwellness/vaccinesimmunization/immunizationproviderresources/pages/pharmacy.aspx>

7. Is there anything you do that increases demand for immunizations?
8. Have pharmacists in Central Oregon provided any community education regarding immunizations? Is there a local advocate?
9. Do you follow up with people to keep them up-to-date on their immunizations? If so, what do you do?
10. What's the biggest challenge for pharmacists in providing immunizations?
11. What population is utilized this service most? Medicaid? Commercial?
12. What one or two things could be done in our community to increase rates of immunizations for older adults? For children and youth? For adults?

School Based Health Center

1. To whom can you give vaccinations?

2. If a person wants to get an immunization from a SBHC, can they walk in or do they need to book an appointment? Is this different from your regular process?
3. How quickly can a person typically get an immunization at a SBHC? Does the wait time vary significantly at different times of the year?
4. Why do you think children come to you for immunizations? What do you think they like about getting immunizations from a SBHC?
5. Are there any groups of people that you wish would come to you for immunizations that don't currently (or come infrequently)?
6. Are people other than children eligible for services at your SBHC?
7. Is there anything you do that increases demand for immunizations? How do you promote it?
8. Do you follow up with people to keep them up-to-date on their immunizations? If so, what do you do?
9. What's the biggest challenge for SBHCs in providing immunizations?
10. What one to three things could be done in our community to increase rates of immunizations?

COPA Kids

1. To whom can you give vaccinations?
2. If a person wants to get an immunization from a pediatric clinic, can they walk in or do they need to book an appointment? Is this different from your regular process?
3. How quickly can a person typically get an immunization at a pediatric clinic? Does the wait time vary significantly at different times of the year?
4. What does the workflow look like for immunizations?
5. What is the cost of maintaining vaccines in house?
6. Why do you think people come to you for immunizations? What do you think they like about getting immunizations from their pediatric clinic?
7. Are there any groups of people that you wish would come to you for immunizations that don't currently (or come infrequently)?

8. Is there anything you do that increases demand for immunizations? How do you promote it?
9. Do you follow up with people to keep them up-to-date on their immunizations? If so, what do you do?
10. What's the biggest challenge for pediatric clinics in providing immunizations?
11. What one to three things could be done in our community to increase rates of immunizations?

County Health Departments

1. To whom can you give vaccinations?
2. If a person wants to get an immunization from the health department, can they walk in or do they need to book an appointment? Is this different from your regular process?
3. How quickly can a person typically get an immunization from the health department? Does the wait time vary significantly at different times of the year?
4. Why do you think people come to you for immunizations? What do you think they like about getting immunizations from the health department?
5. Are there any groups of people that you wish would come to you for immunizations that don't currently (or come infrequently)?
6. Is there anything you do that increases demand for immunizations? How do you promote it?
7. What are the main barriers for patients seeking immunizations?
8. Do you follow up with people to keep them up-to-date on their immunizations? If so, what do you do?
9. What's the biggest challenge for health departments in providing immunizations?
10. What one to three things could be done in our community to increase rates of immunizations?
11. What does our local data tell you?
12. Are there particular subpopulations that have significant lower rates that you are worried about?

13. Does your county have strategies you would like to implement? Is there overlap or does each county think a different strategy is needed?

14. Are there similarities between rural versus urban areas?

Central Oregon Regional Health Assessment Executive Summary	3
Introduction	4
Methods and Limitations.....	4
Acknowledgements	5
Demographics of Central Oregon.....	5
Population	5
Socioeconomic Status.....	6
Housing.....	8
Causes of Death	9
Years of Potential Life Lost (YPLL).....	12
Quality of Life.....	12
Chronic Disease.....	13
Asthma.....	14
Cancer.....	17
Overall Cancer Mortality	17
Overall Cancer Incidence.....	18
Specific Cancer Sites.....	19
Cardiovascular Disease	20
Heart disease and heart attack	21
Cerebrovascular Disease and Stroke.....	22
Diabetes.....	23
Risk Factors for Chronic Disease	26
Tobacco	27
Body Mass Index (BMI).....	29
Disease monitoring and Health Screenings.....	30
CCO Measures	32
Communicable Disease.....	34
Immunizations	34
Childhood	34
Adolescents	35
Adults	36
Vaccine Preventable Diseases	36
Hepatitis.....	36
Sexually Transmitted Infections.....	37

Vector Borne Disease.....	39
Diarrheal Disease.....	40
Healthcare Acquired Infections (HAI)	40
CCO Measures	41
Maternal and Infant Health.....	41
Prenatal Care	42
Births.....	43
Breastfeeding.....	45
Unintended Pregnancy	45
Risk factors.....	46
CCO Measures	48
Child and Adolescent Health	49
Risk Factors	49
Child Welfare	50
Adverse Childhood Experiences (ACEs)	52
CCO Measures	53
Mental Health and Substance Abuse	53
Children	54
Adults.....	54
Suicide.....	55
CCO Measures	56
Unintentional Injuries	57
Motor Vehicle Crashes (MVC).....	58
Poisoning	59
Falls.....	60
Risk Factors for Injury	62
Oral Health	62
Children	62
Adults.....	63
Environmental Health	64
Transportation	64
Air Quality.....	66
Water Quality	67
Lead	67

Access to Health Care.....	68
Specific access topics	70
OHP expansion	70
Adolescents	70
Emergency Medical Services	70
Gaps in Care.....	70
Health Care Provider workforce	71
Health Care Safety Net Clinics	72
Health Professional Shortage Areas in Central Oregon.....	72
Medically Underserved Areas and Populations in Central Oregon	73
CCO Measures	73
Glossary and Acronyms.....	74
Resources	75
Appendix	76

Central Oregon Regional Health Assessment Executive Summary

- The population is growing in certain areas of Central Oregon, yet housing and transportation services are lacking.
- Access to care dramatically increased between 2013 and 2014 as measured by enrollment into the Oregon Health Plan (OHP). Customers reported high quality in the care they are receiving. However, gaps exist in the specialized care that is available, including certain providers, like dentists, mental health specialists, and others.
- All-cause mortality rates are not equal between sexes and racial categories. Furthermore, American Indian/Alaska Natives have significantly lower life expectancies than other races in Central Oregon.
- Mortality is just the “tip of the iceberg” when describing the burden of disease. There are many more hospitalizations and emergency department (ED) visits for every death.
- Mortality due to some chronic diseases has significantly decreased since 2000. However, thousands of people in Central Oregon, including a third of adults enrolled in the OHP, smoke tobacco, a leading cause of death. Resources like the Tobacco QuitLine are available, yet highly underutilized.
- Screening for chronic diseases can detect a condition early and allow for early intervention. More can be done to address screening for diseases like colorectal cancer and cardiovascular disease, especially among the OHP population.
- While the rate of some vaccine preventable diseases is lower in Central Oregon than the state overall, too many children in Central Oregon are not up-to-date on age appropriate immunizations placing them and others at risk.
- Sexually transmitted diseases are preventable. Yet, the incidence rate of chlamydia has increased since 2004.

Environmental Scan Framework

Overview

One of the Central Oregon Health Council's (COHC) three priorities listed in the COHC Strategic Plan is to “strengthen community engagement and develop a network of effective working partnerships.” To support this priority, the Community Advisory Council (CAC) asked for an environmental scan of community partners to identify gaps in relationships, eliminate duplication of work, leverage resources, and mutually support work in the community and the COHC.

Below is a list of steps that will set the framework for the environmental scan.

I. Identify a CAC priority

1. Select a topic that falls under at least one of the 10 focus areas in our Regional Health Assessment (RHIP). This topic should arise organically from the CAC's interests, perhaps through CAC panels, meetings, review of the Regional Health Assessment, etc.
 - a. Health Disparity and Inequities
 - b. Access to Resources and Quality Services
 - c. Early Childhood Wellness
 - d. Safety, Crime and Violence
 - e. Preventive Care and Services
 - f. Chronic Disease Prevention
 - g. Alcohol, Drug and Tobacco Use
 - h. Behavioral Health and Suicide Prevention
 - i. Oral Health
 - j. Healthy Environments

II. Identify community partners

1. Identify key coalitions and partners in our community that focus on the particular CAC priority topic.
2. Identify who, if anyone from COHC is connected with the key partners. This person can act as a liaison between the COHC and key partners.

III. Identify community partners' relevant work

1. Identify relevant projects and work of our community partners. By listing the work of our community partners, we will be able to identify where we can support our partner's work, avoid duplication, and ask for participation.



COHC Community Advisory Council
Deschutes County Building (Bend)
4-2-15

Present:

Linda McCoy, Chair, COHC Board Member, Consumer Representative
Angela Kimball, Oregon Health Authority
Bruce Abernethy, Bend-LaPine School District
Elaine Knobbs, Vice-Chair, Mosaic Medical
Jeffrey White, Consumer Representative
Julie Rychard, Full Access
Ken Wilhelm, United Way of Deschutes County
Nicole Rodrigues, Consumer Representative
Sean Ferrell, National Forest Service
Suzanne Browning, Kemple Memorial Children's Dental Clinic

Absent:

Diane Fuller, Indian Health Services
Regina Sanchez, Consumer Representative

Present Staff/Guests:

Ann Carson, Community Member
Heather Kaisner, Deschutes County Health Services
Kelly Dean, PacificSource
MaCayla Claver, Central Oregon Health Council
Nikki Zogg, Advantage Dental
Rebeckah Berry, Central Oregon Health Council
Therese Madrigal, PacificSource

Public Comment

Time was made for public comment. No public comment was had.

COHC Board and Committee Update

Linda McCoy and MaCayla Claver provided an update on the March Board meeting. Linda McCoy shared that the Board was responsive and willing to help recruit Medicaid consumers to the CAC from their patient advisory groups. MaCayla Claver shared that the Board approved the Pain Standards Task Force timeline and budget.

Environmental Scan Update

MaCayla Claver updated the CAC on the progress on the environmental scan. She pointed out

room for improving relationships particularly with the faith, homeless, justice and public safety community. The CAC made a few recommendations:

- MaCayla Claver proposed focusing on specific topics and taking a more in depth look.
- Elaine Knobbs recommended building a relationship with key coalitions that have ties to areas of interest.
- Suzanne Browning recommended focusing on social determinants of health that are priorities in our Regional Health Improvement Plan.
- Ken Wilhelm asked that the scan be sensitive to each individual community as they may have unique needs.
- Angela Kimball feels that creating an environmental scan around social determinants of health maybe too broad. She recommends creating a structure first and then getting direction from the CAC at the next meeting.

CAC Panel Prep: Immunizations

Angela Kimball presented on immunizations to give background information for the CAC panel in May. Please see the attached slides.

During the presentation, the CAC was interested in:

- How to contact Adolescent Well Care Visits and HPV vaccinations to increase both rates.
- What does access look like for folks needing to see providers for immunizations.
- How the community could improve immunization rates knowing that they are not tied to socioeconomic status.

CAC Recruitment Update

Jeff White provided an update on his recruitment efforts. He informed the group that Ken Wilhelm provided a contact for Neighborhood Impact to help target OHP members. Jeff White said that he is ready to start recruiting once he received the CAC flyer, which was provided at the meeting.

Linda McCoy explained the use of the CAC business cards. She mentioned that they were wallet sized so CAC members can easily carry them around and give them to folks that they encounter who may be interested in joining the CAC.

Elaine Knobbs suggested that CAC members attend patient advisory meetings of the clinics that serve Medicaid.

Patient Support Services

Therese Madrigal provided a Patient Support Services update. She informed the group that they funded 16 of the 26 requested items in the previous reporting period. She also mentioned that they funded an all-terrain wheelchair. Therese Madrigal provided examples of items that they have been covering and mentioned that they deny unsustainable housing requests. Sean Ferrell asked if they have been denying too many requests and where they draw the line in the sand. Therese Madrigal explained that there is never an automatic accept or reject. Each item goes through a review process. Therese Madrigal also notified the CAC that they have just been granted a six month extension on the project.

June CAC Summit

MaCayla Claver reminded the CAC of the Summit taking place this June in Sunriver. She went over where the CAC members can register and how to get reimbursed for travel expenses.

Innovator Update

Angela Kimball informed the CAC that Lynne Saxton is the new director of OHA and is trained in LEAN and is working on improving wait times for enrollment by trying to unravel the systematic issues.

Future Meeting (05.07.15)

The next CAC meeting will be held on 5.07.15 at NeighborImpact in Redmond (Boardroom).

Adjournment

The meeting was adjourned at 1:00 pm PST.

Respectfully submitted,

MaCayla Claver, Secretary

The next meeting will be held on May 7, 2015 in Redmond

FLEXIBLE SERVICES/PATIENT SUPPORT FUND MONTHLY PROJECT REPORT

Completed By: Therese Madrigal

Current Reporting Period: April, 2015

Previous Reporting Period: March, 2015

Funds Disbursed in Current Reporting Period:	\$6,493.55
Funds Disbursed in Previous Reporting Period:	\$3,546.12
Funds Remaining:	\$109,735.45 (<i>\$5,000 of this is reserved for evaluation</i>)

Number of Requests Received in Current Reporting Period: 29

Number of Requests Received in Previous Reporting Period: 26

Number of Requests Funded in Current Reporting Period: 21 (5 pending review)

Number of Requests Funded in Previous Reporting Period: 16

Number of Requests Received to Date: 174

Number of Requests Funded to Date: 84

NOTES: Information here will likely be under-estimated due to report submission before months end and with several items pending review.

Current Period Activity Status:

A six month no-cost extension has been approved by the Oregon Health Authority allowing grant expenditures and project activities to continue through December 31, 2015. Progress reports are due to the State in July and October and the final project report is due on January 30, 2016.

Successes:

- PacificSource internal systems and workflows are established. Weekly team meetings are more efficient and staff roles are clear. Follow-up and/or triage of patients is now a streamlined process. Team is cohesive and work is completed in a timelier and well-organized manner.
- Requests are coming in from new providers such as Rehab therapists and smaller clinics.

- Community organizations are now aware of this project and therefore, better versed in the referral process; i.e. understand that requests must come from the member's PCP and understand that this is a fund of 'last resort.'

Challenges:

- Low volume and small dollar amounts of requests will make it difficult to spend out funds by December 30, 2015 (Jan-April average monthly spend is \$3,500+/-).
- Project implementation and administration is resource intensive with little capacity for project outreach.
- Some providers are reluctant to participate due to the reimbursement model.

Approvals – some examples:

- Custom designed wheelchair (originally requested in January) - \$4001.00
- Several passes to Juniper Swim
- Temporary housing
- Special camps – basketball, autism

Pending requests:

- Temporary housing
- Carpet replacement
- Swim passes

Denials – some examples:

- Items for autistic child (sleep blanket, door lock) – available through Deschutes Cty Developmental Disabilities
- Cranial molding helmet –Denied for lack of medical necessity (cosmetic) and no evidence base for effectiveness; i.e. device hasn't shown a proven benefit, like a wheelchair or eye glasses.

Previous Period Activity Status:

Approvals – some examples:

- Individual and family passes to Juniper - \$150-\$400
- Denture alignment (fitting) - \$500
- Wrist braces - \$60
- Temporary housing - \$600
- Healing Reins therapy - \$150

Pending requests - total \$5,000 +/-

- All-terrain wheelchair - \$4000 (approved but still negotiating price)
- Lidocaine patches - \$890 – **Update:** Denied – Rx medications won't be covered through this project

Denials – some examples:

- Camp trailer - \$5,000
- HP Notebook - \$304
- Hyperbaric Oxygen therapy - \$5,000

- Toilet elevator - \$129
- Eye exam/glasses - \$370



Items often covered by the plan or through other resources

Recurring, common requests include housing, vision, and fitness passes for individuals and families.

In January, 2015, several CCOs around the State, including PacificSource, requested additional time for the Transformation Fund grants. The Oregon Health Authority recently authorized a six-month, no-cost extension to all CCOs that requested a longer grant period. This allows the CCOs to complete grant activities and expend all funds by December 30, 2015. For PacificSource, the final reporting deadline will likely be September 30, 2015 that would provide a 3 month window for internal staff to compile and analyze data, finish evaluation activities, and develop a final report for the State. Over the next several weeks, the State Transformation Center will be working on amending the Transformation Fund grants for all relevant CCOs.

Enclosed for your information (Therese will bring copies to the CAC meeting on April 2nd):

- OHP benefit flyer
 - Flexible Services/Patient Support Fund flyer
-