



Provider Engagement Panel  
PacificSource Community Solutions – Board Room 4<sup>th</sup> Floor  
2965 NE Conners Ave, Bend OR 97701

Agenda: November 9, 2016 from 7:00am-8:00am

Call-In Number: 866-740-1260  
7-Digit Access Code: 3063523

1. **7:00-7:05**      **Introductions & Updates—All**
2. **7:05-7:20**      **QIM Resource Coordinator – Shiela Stewart**
3. **7:20-7:30**      **2016 QIM Updates – Dr. Alison Little**
4. **7:30-7:40**      **COHC Funded Proposals by domain – Donna Mills**
5. **7:40-8:00**      **QHOC updates – Dr. Alison Little**  
Attachment: QHOC Report

**Consent Agenda:**

- **Approval of the draft minutes dated October 12, 2016 subject to corrections/legal review**
- **RHIR Workgroup Updates**

## OHP QUALITY AND HEALTH OUTCOMES COMMITTEE (QHOC) OCTOBER 10, 2016

**Meeting Packet:** <http://www.oregon.gov/oha/hpa/csi/QHOCDocs/10-10-2016%20Meeting%20Packet.pdf>

**Other Handouts available here:** <http://www.oregon.gov/oha/hpa/csi/Pages/Quality-and-Health-Outcomes-Committee.aspx>

### MEDICAL DIRECTOR WORKGROUP

| Topic                                   | Summary of Discussion<br>Impacted Departments  | Action Needed  |
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| <b>Welcome, Introductions, Updates</b>  | <ul style="list-style-type: none"> <li>• <b>Chris Norman is the new Contracts and Compliance Officer.</b></li> <li>• <b>Metrics Update</b><br/>2017 Challenge Pool Measures finalized:               <ol style="list-style-type: none"> <li>1. Effective Contraceptive Use (replaces Diabetes: HbA1c)</li> <li>2. Developmental Screening</li> <li>3. Depression Screening</li> <li>4. SBIRT</li> </ol> </li> </ul>  | <p>Next Metrics and Scoring Committee meeting scheduled for October 21, 2016.</p> <p>Documents including the list of 2017 measures, benchmarks, and challenge pool measures have been posted online:<br/> <a href="http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx">http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx</a><br/><br/> <a href="http://www.oregon.gov/oha/hpa/csi/QHOCDocs/10-10-2016%20Welcome%20and%20Introductions.pdf">http://www.oregon.gov/oha/hpa/csi/QHOCDocs/10-10-2016%20Welcome%20and%20Introductions.pdf</a> (Metrics Update)</p> |
| <b>Pharmacy and Therapeutics Update</b> | <ul style="list-style-type: none"> <li>• <b>Prior Authorization (PA)</b><br/>Changes to PA criteria               <ol style="list-style-type: none"> <li>1. Newer Diabetes Agents</li> <li>2. Growth hormone</li> <li>3. Parenteral Antipsychotics</li> <li>4. Asthma/COPD</li> <li>5. Biologics</li> <li>6. SUD agents</li> </ol> </li> <li>• <b>Hepatitis</b><br/>Reviewed new agents and fibrosis stage II. Recommended changes to imaging requirements for fibrosis approved. Expected life expectancy upheld for 5 years instead of changing to 1 year. Considering allowing</li> </ul> | <p>Next P&amp;T meeting November 17, 2016.</p> <p>OHA consideration of questions pending.</p> <p>PA criteria and changes effective January 1, 2017.</p>  |

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|   | <p>treatment by primary care provider. Recommended changes to alcohol and SUD criteria approved. Epclusa and Zepatier added as preferred.</p>   |   |
| <p><b>Behavioral Health (BH) Integration Resource Library</b></p> | <ul style="list-style-type: none"> <li>• 60+ webinars and online learning modules</li> <li>• BLOG = technical assistance network with 190 members</li> <li>• Project scope: <ul style="list-style-type: none"> <li>Virtual clinic visit creation and distribution</li> <li>Outreach and Marketing</li> <li>Expert interviews</li> </ul> </li> <li>• 5 Virtual Clinic Sites <ul style="list-style-type: none"> <li>Yakima Valley Farm Workers Clinic</li> <li>Winding Waters</li> <li>Childhood Health of Salem</li> <li>Mosaic Medical</li> <li>Pearl Street Health Home</li> </ul> </li> <li>• Continuous BH coverage recommended in all pediatric settings</li> <li>• Goal is to build an integrated BH model with BH and Medical Health collaboration</li> </ul> | <ul style="list-style-type: none"> <li>• <a href="http://www.oregon.gov/oha/hpa/csi/QHOCDocs/10-10-2016%20Behavioral%20Health%20Integration%20Resource%20Library.pdf">http://www.oregon.gov/oha/hpa/csi/QHOCDocs/10-10-2016%20Behavioral%20Health%20Integration%20Resource%20Library.pdf</a> (Meeting Materials).</li> <li>• See packet pages 13-20.</li> </ul> |
| <p><b>Patient Support Tools</b></p>                               | <p><b>New toolkit available through OHA Transformation Center</b></p> <ol style="list-style-type: none"> <li>1. <b>Point of Care Healthcare Decision Guide</b></li> <li>2. <b>Patient preference and values consideration</b></li> </ol> <p><b>Evidence-Based Support Tools</b></p> <ol style="list-style-type: none"> <li>1. <b>Improves knowledge and risk perception</b></li> <li>2. <b>Improves patient-controlled decisions</b></li> <li>3. <b>Improves self-awareness and control of care</b></li> </ol> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• <b>Hip and knee replacement</b></li> </ul>  | <p>Toolkit available at <a href="http://www.decisionsupporttoolkit.com/">http://www.decisionsupporttoolkit.com/</a></p> <p>See packet pages 21-27.</p>  |

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|   | <ul style="list-style-type: none"> <li>• <b>Mammography</b></li> <li>• <b>Diabetes</b></li> <li>• <b>Contraception</b></li> </ul> <p><b>Toolkit includes:</b></p> <ul style="list-style-type: none"> <li>• <b>Best practice check lists</b></li> <li>• <b>Implementation best practices</b></li> <li>• <b>Resources to identify, ensure quality, measure effects and view sample tools</b></li> </ul> <p><b>Case Studies available online.</b></p>   |   |
| <p><b>2017 Patient-Centered Primary Care Home</b></p> | <ul style="list-style-type: none"> <li>• <b>Six Core Attributes</b></li> <li>• <b>12 Standards to be revised for 2017</b></li> <li>• <b>11 must pass measures</b></li> <li>• <b>3-tier to 5-tier model</b> <ol style="list-style-type: none"> <li>1. <b>30-60 points</b></li> <li>2. <b>65-125 points</b></li> <li>3. <b>130-250 points</b></li> <li>4. <b>255-380 points</b></li> <li>5. <b>255-380 points</b></li> </ol> <ul style="list-style-type: none"> <li>+ <b>meet 11 of 13 specified measures</b></li> <li>+ <b>all measures verified with site visit</b></li> </ul> </li> </ul> <p><b>Online application system available January 1, 2017</b><br/> <b>Due by March 30, 2017</b></p> | <ul style="list-style-type: none"> <li>• PCPCH 2017 Recognition Criteria, Technical Specs, and Reporting Guide</li> <li>• Webinar on November 17, 2016 0730-0830</li> <li>• Online Learning Modules Available</li> <li>• PCPCH 2017 Recognition Standards Self-Assessment Tool</li> </ul> <p>For Questions: <a href="mailto:PCPCH@state.or.us">PCPCH@state.or.us</a> or 503-373-7768</p> <p>See packet pages 28-37.</p> |
| <p><b>HERC</b></p>                                    | <p><b>Coverage Guidance</b></p> <ol style="list-style-type: none"> <li>1. Tobacco Cessation During Pregnancy       <ol style="list-style-type: none"> <li>a. Behavioral interventions</li> <li>b. Financial Incentives</li> <li>c. Prenatal US with feedback of smoking impact on fetus</li> </ol> </li> </ol> <p><b>Metabolic and Bariatric Surgery</b></p> <ol style="list-style-type: none"> <li>1. Eliminate gastric banding</li> <li>2. Increase access due to change in qualifications       <ol style="list-style-type: none"> <li>a. Adult obese BMI &gt;35 &amp;</li> </ol> </li> </ol>   | <p>See packet pages 38-57.</p> <p><a href="https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/evidence-based_strategies_reduce_tob_use_guide_cco.pdf">https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/evidence-based_strategies_reduce_tob_use_guide_cco.pdf</a> (Evidence-Based Strategies Guide for CCOs).</p>   |

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|                                       | <ul style="list-style-type: none"> <li>b. Type II DM or</li> <li>c. 2 of HTN, CHD, Sleep apnea, and Mechanical arthropathy in major weight bearing joint, sleep apnea</li> </ul> <p><b>Non-invasive Testing for Liver Fibrosis with Chronic Hepatitis approved</b></p> <ul style="list-style-type: none"> <li>1. Recommended tests <ul style="list-style-type: none"> <li>a. Fibroscan</li> <li>b. Acoustic radiation force impulse imaging (ARFI)</li> <li>c. Shear wave elastography (SWE)</li> </ul> </li> <li>2. If these are not available and criteria requires F2 rather than F3, recommended blood tests are enhanced liver fibrosis, fibrometer, FIBROSpect II</li> <li>3. Long list of what is not recommended for coverage</li> </ul> <p><b>Spinal Surgery – working on a revision to guideline note 37 that will</b></p> <ul style="list-style-type: none"> <li>1. Define spinal stenosis</li> <li>2. Allow fusion in neck</li> <li>3. Specify how instability is defined</li> <li>4. 12 new CPT codes for spinal surgery</li> </ul> |                         |
| <b>QHOC Charter</b>                   | <ul style="list-style-type: none"> <li>• <b>Autism</b> <ul style="list-style-type: none"> <li>1. OHA sent out guidance for qualification for tech providers</li> <li>2. OHSU applying for \$1.5M NIH grant to create an autism center (currently 6 in the country)</li> </ul> </li> <li>• <b>Oral Health and BH Directors to have offline meetings—Webinar pending</b></li> </ul>  | See packet pages 58-59. |
| <b>From the Floor</b>                 | <ul style="list-style-type: none"> <li>• <b>Guideline 6</b> <ul style="list-style-type: none"> <li>1. Habilitation—providing new skill (30 visits)</li> <li>2. Rehabilitation—Regaining skill (30 visits)</li> <li>3. BH Removed—Unlimited visits</li> <li>4. Soft limits for children (&lt; age 21)</li> </ul> </li> </ul>  |                         |
| <b>LEARNING COLLABORATIVE SESSION</b> |  |                         |

| Topic                         |  | Action Needed  |
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| <b>OHA Opioid Initiatives</b> | <p><b>Goals:</b> Decrease drug overdose deaths • Decrease drug overdose hospitalizations / ED visits • Decrease opioid misuse • Improve pain management practice • Alternative therapies • Increase medication assisted treatment for opioid use disorder.</p> <p><b>House Bill (HB) 4124:</b> Integration of PDMP with health IT by 1<sup>st</sup> Quarter of 2017</p> <p><b>Naloxone:</b> Consider offering naloxone to patients with</p> <ul style="list-style-type: none"> <li>• History of overdose</li> <li>• History of substance use disorder</li> <li>• Higher opioid dosages (≥50 MME/day)</li> <li>• Concurrent benzodiazepine usage</li> </ul> <p><b>Hospital Transformation Performance Program:</b></p> <ul style="list-style-type: none"> <li>• Incentive Measure Program for DRG hospitals in Oregon</li> <li>• Metric based on Washington State example</li> <li>• Hospitals begin reporting in HTPP Year 4 (2017)</li> <li>• CMS pay-for-reporting in Year 4</li> <li>• CMS pay-for-performance in Year 5</li> </ul> <p><b>Metric:</b></p> <ul style="list-style-type: none"> <li>• Average number of pills per opioid Rx in the ED</li> <li>• Total average morphine equivalent dose strength per prescription written in the ED</li> <li>• Percent of ED visits that result in an opioid Rx</li> </ul> | <p>See packet pages 60-77.</p> <p>Oregon pharmacists can prescribe and dispense naloxone (“behind the counter”):<br/> <a href="https://www.oregon.gov/pharmacy/Imports/Rules/September16/TemporaryCertandStmtofJustificationNaloxone.pdf">https://www.oregon.gov/pharmacy/Imports/Rules/September16/TemporaryCertandStmtofJustificationNaloxone.pdf</a></p> <p>New OHA naloxone training protocol on <a href="#">EMS/Trauma Systems site</a></p> <p>OHA naloxone work group meets quarterly (email <a href="mailto:lisa.m.shields@state.or.us">lisa.m.shields@state.or.us</a> to join)</p> <p>More information on naloxone co-prescribing:<br/> <a href="http://prescribetoprevent.org">http://prescribetoprevent.org</a></p> <p>Draft PA criteria available on P&amp;T website –<br/> <a href="http://www.orpd.org/durm/meetings/meetingdocs/2016_11_17/drafts/OpioidsClassUpdateDRAFT.pdf">http://www.orpd.org/durm/meetings/meetingdocs/2016_11_17/drafts/OpioidsClassUpdateDRAFT.pdf</a></p> |

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|                      | <ul style="list-style-type: none"> <li>Contingency for Year 4 (if pay-for-performance required): <ul style="list-style-type: none"> <li>To qualify for payment, hospitals would have to report on all three parts of the measure, but reduce the total average morphine equivalent strength by 1% from the baseline</li> </ul> </li> </ul> <p><b>Statewide PIP website coming soon!!!!</b></p> <p><b>Oregon TCE MAT Grant:</b></p> <ul style="list-style-type: none"> <li>Expanding MAT in North Coast Region</li> <li>3 new OTPs in SW Oregon</li> <li>Outreach services</li> <li>Increase # of buprenorphine-waivered physicians in Oregon who are actively prescribing buprenorphine</li> <li><b>Education and Outreach:</b> <ol style="list-style-type: none"> <li>Project ECHO for expert, inter-professional consultations</li> <li>Improve treatment retention and health outcomes for enrollees</li> <li>Implement the Motivational Stepped Care Model within 3 OTP's</li> </ol> </li> </ul> <p><b>Presentation on Oregon Opioid Prescribing Guidelines</b></p> <p><b>Draft Opioid PA criteria for FFS on P&amp;T committee website – working on implementation</b></p> |                      |
| <b>QPI WORKGROUP</b> |   |                      |
| <b>Topic</b>         | <b>Summary of Discussion</b>  | <b>Action Needed</b> |

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| <b>QPI Updates</b>                                     | <ul style="list-style-type: none"> <li>• 3<sup>rd</sup> Quarter PIP reports due October 31, 2016</li> </ul>   |   |
| <b>Complaints &amp; Grievances</b>                     | <ul style="list-style-type: none"> <li>• Provider Interaction and Access Complaints are the top 2 areas of concern</li> </ul> <p><b>Trends Reporting</b></p> <ul style="list-style-type: none"> <li>• Subcategories not defined or reported</li> <li>• Inconsistent reporting by CCOs</li> <li>• Customer Service captures data and entry</li> <li>• OHA Training needed and requested</li> <li>• Tracking of all calls needed by all CCOs</li> <li>• Contract changes needed to adequately meet reporting needs of CCO</li> <li>• Purpose and use of report must be defined to determine effectiveness and required changes</li> </ul>   | <p>See packet pages 78-81.</p> <p>Quarterly C&amp;G Summary available at:<br/> <a href="https://www.oregon.gov/oha/healthplan/Pages/reports.asp">https://www.oregon.gov/oha/healthplan/Pages/reports.asp</a><br/> X</p>           |
| <b>Statewide PIP Intervention Follow-Up Discussion</b> | <p><b>Status:</b></p> <ul style="list-style-type: none"> <li>• &lt; 10% response to provider letters for tapering plans</li> <li>• Most CCOs have not mailed letters yet</li> <li>• Dental and Orthopedics in teens have higher rate of &gt;120 MED <ol style="list-style-type: none"> <li>1. Instruction for prescription writing specific to opioids needed</li> <li>2. Guidelines for specific prescription dosing to maintain dosages &lt;50 MED needed</li> <li>3. Pharmacy-driven restrictions for prescription fills &gt;90 MED</li> <li>4. Future plans to expand reporting of &gt;50 MED &gt;30 days</li> <li>5. PDMP data per county available</li> </ol> </li> </ul> | <p>PDMP data per county:<br/> <a href="https://public.health.oregon.gov/PreventionWellness/SubstanceUse/Opioids/Pages/data.aspx">https://public.health.oregon.gov/PreventionWellness/SubstanceUse/Opioids/Pages/data.aspx</a></p> |
| <b>2017 QPI Session Planning</b>                       | <p>A list of potential topics were offered for 2017 presentations.</p>  |   |





**MINUTES OF A MEETING OF  
PROVIDER ENGAGEMENT PANEL  
CENTRAL OREGON HEALTH COUNCIL**

**October 12, 2016, from 7:00 am -8:00 am – PacificSource Boardroom**

**Members Present (In-Person)**

Steve Mann, Chair (COIPA and High Lakes Healthcare)  
Gary Allen (Advantage Dental)  
Muriel DeLaVergne-Brown (Crook County Public Health)  
Alison Little (PacificSource)  
Sharity Ludwig (Advantage Dental)  
Dana Perryman (COPA)  
Christina Pierson (Mosaic Medical)  
Rob Ross (St. Charles Medical Group)  
Divya Sharma (Mosaic Medical and COIPA)  
Kim Swanson (St. Charles Medical Group)

**Guests Present**

Sarah Kingston (PacificSource)  
Donna Mills (COHC)  
Leslie Neugebauer (PacificSource)  
Kelsey Seymour (COHC)  
Laura Walker (PacificSource)

**Absent:**

David Holloway (Bend Memorial Clinic)  
Jennifer Laughlin (St. Charles Medical Group)  
Laura Pennavaria (La Pine Community Health Center)

**Introductions & Updates**

- Dr. Steve Mann welcomed all attendees. Ms. Sheila Stewart from COIPA was introduced to the group.

**2016 QIM Updates**

- Ms. Laura Walker reviewed a handout she provided regarding At-Risk QIMs. She explained that two are claims-based measures (adolescent well care visits and effective contraceptive use) and two are EHR-based measures (hypertension and diabetes poor control). She announced that the Vice President of Operations of

PacificSource has set the deadline for claims resubmissions at January 31<sup>st</sup>, 2017. She discussed the progress and shortcomings of each QIM. She offered PacificSource's assistance to clinics that want to participate in chart review in reaching their "gap lists" and sending reminder mailers to members. She noted that the population threshold has not been met for the EHR-based measures with the current reporting organizations (St. Charles, Mosaic and La Pine Community Health Center (LCHC) and that COPA will begin reporting before the end of the year to ensure the threshold is met. Dr. Dana Perryman asked if the COPA population would still count toward these measures even if their patient base does not typically suffer from a condition such as hypertension. Ms. Sarah Kingston clarified that the entire population counts regardless of medical condition; it is only important that number of people represented by participating clinics is 65% of the entire member population. Dr. Divya Sharma asked if Madras would be able to participate in the Hypertension measure before the end of the year also. Ms. Kingston explained that the time required to prepare a clinic for reporting is too lengthy to be in place in 2016. Ms. Walker reminded those present that PacificSource does not have access to individual member data and cannot provide gap lists for the EHR-based measures. She noted that August is the first month of 2016 where the EHR-based measures only include the Medicaid population. Because of this change in reporting the Diabetes measure will be more difficult to achieve because the goal was set lower than what the clinics achieved in 2015 with all-payer data.

### **Access Study**

- Ms. Leslie Neugebauer introduced the qualitative portion of the Access Study performed earlier this year. She noted that the study was conducted because Central Oregon has the lowest access to care in Oregon.
- Ms. Kingston explained that the data presented is complementary to the qualitative data, and all data collected is claims-based. The study is intended to highlight areas of success and identify areas that need improvement for dental, behavioral health and primary care. She also explained that the member population doubled in 2014 due to the Affordable Care Act. Most notably, the study revealed that just over half of all members had a primary care visit in 2015. Ms. Mills asked if members who fail to re-enroll before the deadline are counted in this study. Ms. Kingston responded that a 6-month lapse in coverage is required before a patient is not counted.

### **QHOC Update**

- Dr. Alison Little reviewed the Quality and Health Outcomes Committee (QHOC) report in the packet. She noted specifically that the Metrics and Scoring Committee are seeking input on a health equity measure to be implemented in 2018. Dr. Little asked Dr. Swanson to provide an update on the Statewide Opioid Prescribing Task Force (SOPTS). Dr. Swanson noted that the SOPTS will wrap up at the end of 2016, and that she does not anticipate that the Task Force will recommend lower doses than the Centers for Disease Control (CDC).

### **Consent Agenda**

- Dr. Mann opened the room to objection regarding the consent agenda. No objections were made; the consent agenda was accepted in full by default. Minutes are subject to corrections/legal review. The meeting adjourned at 8:01.

## **RHIP Workgroup Updates: October**

### **Behavioral Health: Identification & Awareness (Support: Rebeckah Berry & Steve Strang)**

- This group meets the fourth Tuesday of every month from 8:15-9:15am and currently has 20 members.
- In October, the group discussed the RHIP health indicator of how they would begin to develop a baseline of successful referral and engagement in specialty care from primary care. The group will begin by working with the four primary care clinic settings throughout the region that have agreed to pilot this effort. In November, the group will be reviewing more RHIP proposals as well as continuing their involvement in the MindYourMind regional campaign.

### **Behavioral Health: Substance Use and Chronic Pain (Support: Rebeckah Berry & Rick Treleven)**

- This group meets the third Wednesday of every month from 4-5pm and currently has 23 members.
- In October the group edited and finalized a clear and standardized pathways algorithm for patients who display substance use risk within primary care settings. The group discussed additional accompanying documents that will be shared and developed along with this algorithm. A sub-group of organizations that agreed to pilot expedited referrals to treatment met for the first time this month and worked out basic action steps to begin their efforts.

### **Cardiovascular Disease—Clinical (Support: Rebeckah Berry)**

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 11 members.
- In October this group finalized patient education documents around proper blood pressure procedures and things that raise blood pressure. These documents are being shared broadly with clinics, and the group is working to translate them into Spanish. The group also discussed the e-referral pilot for the Tobacco Quit Line, (target date of 6/30/17) and provided further input on a blood pressure control education RHIP proposal.

### **Diabetes—Clinical (Support: Rebeckah Berry & Megan Bielemeier)**

- This group meets the second Thursday of every month from 9-10am and currently has 11 members.
- In October the group finalized a pathway/algorithm for assertively addressing Pre-Diabetes within a primary care setting. Final edits have been made to this algorithm and steps to share this and additional supporting resources are being outlined for our region. The group is waiting to hear about the Grand Rounds presentation on Pre-Diabetes for Spring 2017. The group plans to roll out their educational information in alignment with Grand Rounds.

### **Cardiovascular Disease & Diabetes—Prevention (Support: MaCayla Arsenault & Channa Lindsay)**

- This group meets the fourth Tuesday of every month from 3:30-5pm and currently has 25 members.
- In October, the workgroup went through a consensus workshop to agree on broad strategies addressing unhealthy diet and nutrition. They revisited the strategies they developed around increasing physical activity and determined they want to initially focus on promoting school based physical activity (P.A.) and education/awareness around active modes of transportation and existing programs. They also created a subcommittee to explore best ways to support increasing P.A. in schools. In the coming months the workgroup will be selecting and implementing specific strategies.

## **RHIP Workgroup Updates: October**

### **Oral Health (Support: Donna Mills & Suzanne Browning)**

- This group meets the third Tuesday of every month from 11-12pm and currently has 23 members.
- The workgroup reviewed the living workplan as a matter of course. This will be a recurring exercise to affirm direction and accurate reporting up to the Ops Council. A 'fishbone diagram' exercise was executed around the Clinical Goal of Improving Oral Health for Pre-Post Natal Women. This exercise will enable the workgroup to prioritize next action steps. The prioritization will happen over email in the month of November, as there will not be a meeting in November. Suzanne Browning is moving away due to her husband's health; she has stepped down as the workgroup lead. MaryAnn Wren has stepped up to lead the group with the group's endorsement.

### **Reproductive Health/Maternal Child Health (Support: Donna Mills & Muriel DeLaVergne-Brown)**

- This group meets the second Tuesday of every month from 4-5pm and currently has 22 members.
- This group did not meet in October.

### **Social Determinants of Health**

- This group meets the third Friday of every month from 10-11:30am and currently has 28 members in Kindergarten Readiness and 32 members in Housing.

#### **Education & Health (Support: Donna Mills & Desiree Margo)**

- In October the workgroup reviewed the living workplan as a matter of course. This will be a recurring exercise to affirm direction and accurate reporting up to the Ops Council. Courtney Snead with Let's Talk Diversity presented to the group as a matter of education. Ken Wilhelm from United Way presented on the TRACE's steering committee's progress. Kat Mastrangelo shared a draft version of a timeline for using data to instruct our next steps regarding which school catchment areas in which to focus first. The group will meet again in December.

#### **Housing (Support: Bruce Abernathy & MaCayla Arsenault)**

- In October, the workgroup discussed ways to coordinate their efforts with six other housing workgroups in Central Oregon. Representatives from four of the workgroups met to discuss ways to collaborate, share resources, and avoid duplication. The workgroup would also like to work with others to develop and capture stories to shape public opinion and share with the legislature. They want to broaden their research scope to identify demographics in each community by occupation to identify specific housing needs.