



RHIP Cardiovascular Disease Prevention Workgroup
PacificSource—Boardroom (4th Floor)
2965 NE Conners Avenue, Bend

Agenda: July 26, 2016 from 4:00pm-5:00pm

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

1. **4:00-4:05** **Introductions—All**

2. **4:05-4:45** **CVD Clinical Work Plan—All**

3. **4:45-4:55** **Blood Pressure Standardization & Attestation Brainstorm—Emily Salmon**

4. **4:55-5:00** **Action Items—All**
 - Next steps

Next Meeting: August 23 from 4-5pm
(Mosaic Conference Room (2nd Floor) 2965 NE Conners Ave, Bend)



Cardiovascular Disease - Clinical (9) Organization

Mark Backus	Cascade Internal Medicine Specialists
Mary Deeter	La Pine Community Health Center
David Huntly	Epidemiologist - Community Member
Alison Little	PacificSource
Leslie Neugebauer	PacificSource
Summer Phinney	Bend Memorial Clinic
Robert Ross	St. Charles Health System/St. Charles Medical Group
Emily Salmon	St. Charles Medical Group
Divya Sharma	Central Oregon IPA & Mosaic Medical

2016-2019 Central Oregon Regional Health Improvement Plan Work Plan

RHIP Priority: Cardiovascular Disease (Clinical Focus)

RHIP Goal: Improve hypertension control

Health Indicator(s) addressed	RHIP Strategy	Activity addressing strategy	Timeline
Increase the percentage of OHP participants with high blood pressure that is controlled (<140/90mmHg) from 64% to 68% (Baseline: QIM NQF 0018 – Controlling high blood pressure, 2014).	Implement evidence-based guidelines for the control of hypertension.	1. Piloting blood pressure standardization project in Mosaic Medical.	1. Pilot began in February 2016 and is currently in process.
Parties Responsible/Responsibility	Target Metric	Implementation Progress and Status	
Mosaic Medical	1.	1.	
Health Indicator(s) addressed	RHIP Strategy	Activity addressing strategy	Timeline
Increase the percentage of OHP participants with high blood pressure that is controlled (<140/90mmHg) from 64% to 68% (Baseline: QIM NQF 0018 – Controlling high blood pressure, 2014).	Provide assistance to patients to self-monitor blood pressure, either alone or with additional support.	1.	1.
Parties Responsible/Responsibility	Target Metric	Implementation Progress and Status	
	1.	1.	
Health Indicator(s) addressed	RHIP Strategy	Activity addressing strategy	Timeline
Increase the percentage of OHP participants with high blood pressure that is controlled (<140/90mmHg) from 64% to 68% (Baseline: QIM NQF 0018 – Controlling high blood pressure, 2014).	Increase referrals to the Oregon Tobacco Quit Line.	1.	1.
Parties Responsible/Responsibility	Target Metric	Implementation Progress and Status	
	1.	1.	
Health Indicator(s) addressed	RHIP Strategy	Activity addressing strategy	Timeline
Increase the percentage of OHP participants with high blood pressure	Implement “2As and R” or “5As” tobacco cessation counseling.	1.	1.

<p>that is controlled (<140/90mmHg) from 64% to 68% (Baseline: QIM NQF 0018 – Controlling high blood pressure, 2014).</p>			
<p>Parties Responsible/Responsibility</p>	<p>Target Metric</p>	<p>Implementation Progress and Status</p>	
	<p>1.</p>	<p>1.</p>	
<p>Health Indicator(s) addressed</p>	<p>RHIP Strategy</p>	<p>Activity addressing strategy</p>	<p>Timeline</p>
		<p>1.</p>	<p>1.</p>
<p>Parties Responsible/Responsibility</p>	<p>Target Metric</p>	<p>Implementation Progress and Status</p>	
	<p>1.</p>	<p>1.</p>	

RHIP Workgroup Updates: June

Behavioral Health: Identification & Awareness

- This group meets the fourth Tuesday of every month from 9-10am and currently has 20 members.
- In June, the group began problem solving how to track referrals to behavioral health (BH) from primary care (PC). The group discussed coding for a referral even though one is not necessarily required for BH in order to track and follow-up with PC after a patient seeks BH services. In July, the group will review a draft work plan and continue to strategize how to successfully refer to BH and allow PC to receive patient updates. The group will also receive updates on the “Mind Your Mind” project, discuss how to talk about suicidal ideation with patients, and delve more deeply into peer navigators as a strategy to support successful referrals for the region.

Behavioral Health: Substance Use and Chronic Pain

- This group meets the third Wednesday of every month from 4-5pm and currently has 19 members.
- In June, the group discussed a treatment algorithm to support primary care toward better addressing substance use. The group plans to focus their efforts during next month’s meeting to develop an expedited and standardized process for intervention and referrals to treatment based on level of risk. This algorithm will be shared broadly throughout the community to offer better alignment and provider education of process. The group will finalize their work plan at the July meeting and have it ready to review by OPs in August.

Cardiovascular Disease—Clinical

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 9 members.
- In June, the group discussed blood pressure standardization in greater detail. Other clinics were invited to participate in the discussion and the decision was made to explore the developing a proposal for a regional blood pressure standardization attestation contest. COIPA, St. Charles, and PacificSource will develop a draft of this in the next four weeks, and it will be part of this group’s work plan.

Diabetes—Clinical

- This group meets the second Thursday of every month from 9-10am and currently has 12 members.
- In June, the group decided to develop a standardized care pathway for treating pre- and type 2 diabetes throughout the region. The group will develop this pathway in July and begin to draft their work plan.

Cardiovascular Disease & Diabetes—Prevention

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 25 members.
- This was the first combined prevention workgroup meeting. They spent time familiarizing what each workgroup had in the works prior to combining. Presentations were given on the CDC’s School Health Index (SHI) and a CVD and diabetes program resource guide for providers and the community. The workgroup decided to add the SHI to their work plan and were in favor, but will make their final decision by email on adding the resource guide once they have additional information. They will review their draft work plan in July.

RHIP Workgroup Updates: June

Oral Health

- This group meets the third Tuesday of every month from 11-12pm and currently has 19 members.
- Virginia Olea, Mosaic's new dental hygienist, presented Phase I of their new dental pilot. This pilot includes hygienists in each of the Mosaic clinics, with the 'dentist' following the next week. Virginia has become a regular member of the workgroup. Maria Hatcliffe provided a quick training on 'One Key Question'. A great deal of discussion followed regarding how we integrate this initiative at ALL levels/disciplines of care. Brenda Comini and MaryAnn Wren presented on Early Literacy and Health Outcomes – Brush, Book and Bed is a component of their concept paper. A draft work plan will be presented to the workgroup between now and their next meeting for review prior to submission to the Operations Council (probably August).

Reproductive Health/Maternal Child Health

- This group meets the second Tuesday of every month from 4-5pm and currently has 22 members.
- Two presentations were given to the workgroup; first was a data presentation given by Elizabeth Fitzgerald and Jennifer Weeks from Deschutes County Health Department around Adverse Childhood Experiences, the second a proposal presentation given by Tricia Wilder from Planned Parenthood. A draft work plan will be presented to the workgroup between now and their next meeting for review prior to submission to the Operations Council (probably August).

Social Determinants of Health

- This group meets the third Friday of every month from 10-11am and currently has 27 members in kindergarten readiness and 26 members in housing.

Education & Health

- Brenda Comini presented the Kindergarten Readiness Assessment data to the workgroup. There was much discussion and interest in defining the 'whys' around the data. A draft work plan will be presented to the workgroup between now and their next meeting for review prior to submission to the Operations Council (probably August).

Housing

- In June, the workgroup solidified their purpose, bridging housing solutions with the health system. They will focus their efforts on policy around affordable housing and homelessness; advocacy in regarding to helping pass legislation, impacting state and federal housing policies and/or countering NIMBY; outreach and awareness; and new initiatives by being a resource in developing new cross sector (health and housing) initiatives. They will review their draft work plan in July.