



RHIP Clinical Diabetes Workgroup
Deschutes County Health Services—Stan Owen Room
2577 NE Courtney Drive, Bend

Agenda: June 8, 2017 from 9:00am-10:30am

Goals

Clinical Goal: Improve control of type 2 diabetes.

Prevention Goal: Decrease the proportion of adults and children at risk for developing type 2 diabetes.

Health Indicators by 2019	QIM Measure	State Measure	Healthy People 2020
1. Decrease the prevalence of adults who are overweight (BMI 25 to 29.9) from 33% to 31% (Baseline: Oregon BRFSS 2010-13).			√
2. Decrease the prevalence of 11 th graders and 8 th graders who are overweight from 14% and 16%, respectively, to 13% and 14%, respectively (Baseline: Oregon Healthy Teens, 2013).			√
3. Decrease the percentage of OHP participants 18-75 years of age with diabetes who had HbA1c >9.0% from a baseline of 14.7% to 11% (Baseline: QIM NQF 0059 - Diabetes: HbA1c Poor Control, 2014).	√		√
4. Increase the percentage of OHP participants 18-75 years of age with diabetes who received an annual HbA1c test from a baseline of 77% to 87% (Baseline: NQF 0057 - Oregon State Performance Measure, 2014).	√	√	√
5. Decrease the percentage of OHP participants with BMI greater than 30 from 31.5% to 30.9% (Baseline: Oregon State Core Performance Measure, MBRFSS 2014).		√	√

1. **9:00-9:05** **Introductions—All**

2. **9:05-10:25** **Continue A3 Development—All**
 95% of all Central Oregonians with Type 2 Diabetes will have an HbA1c of <9%

3. **10:25-10:30** **Action Items—All**
 - Next steps

Next Meeting: July 13, 2017 from 9-10:30am



Diabetes - Clinical (15)	Organization
Katie Ahern, MS	OSU Extension Service
Megan Bielemeier, MSN, BSN, RN, CCM	St. Charles Medical Group
Erin Fitzpatrick, PA-C	PacificSource
Shana Hodgson, RN, BSN, CCM	PacificSource
Patty Kuratek, RN, MSN, CDE	La Pine Community Health Center
Sharity Ludwig, EPDH, MS	Advantage Dental
Therese McIntyre	Mosaic Medical
Eden Miller, DO	High Lakes Healthcare - Sisters
Kevin Miller, DO	High Lakes Healthcare - Sisters
Albert Noyes, PharmD, CDE, BC-ADM	Mosaic Medical
Kelly Ornberg, RD, LD	St. Charles Health Systems
Marielle Slater, PhD	High Desert Food & Farm Alliance
Shiela Stewart, RN, BSN	Central Oregon IPA
Crystal Sully, BSN, RN	Deschutes County Health Services
Sarah Worthington, MPH, RD	Deschutes County Health Services

RHIP Workgroup Updates: May

Behavioral Health: Identification & Awareness (Support: Rebeckah Berry, Rick Treleaven & Nikki Lemmon)

- This group meets the fourth Tuesday of every month from 8:15-9:30am and currently has 21 members.
- In May, the group continued their A3 process around creating a common response matrix that clinics could adopt, including physician intervention, BHC intervention, short-term behavioral health intervention, and referral to specialty behavioral health.

Behavioral Health: Substance Use and Chronic Pain (Support: Rebeckah Berry, Rick Treleaven & Mike Franz)

- This group meets the third Wednesday of every month from 3:45-5pm and currently has 23 members.
- In May, the group began reviewing and evaluating how to measure their metrics for the Substance Use & Chronic Pain area of focus. Once this group completes this process, they will begin their A3 (likely in July) around making SUD engagement services available at hospitals and primary care clinics.

Cardiovascular Disease—Clinical (Support: Rebeckah Berry & Shiela Stewart)

- This group meets the fourth Tuesday of every month from 3:45-5pm and currently has 10 members.
- In May, this workgroup continued their A3 around promoting/saturating SmokeFree Oregon cessation and prevention campaigns in Central Oregon.

Diabetes—Clinical (Support: Rebeckah Berry & Therese McIntyre)

- This group meets the second Thursday of every month from 9-10:30am and currently has 14 members.
- In May, this workgroup continued their A3 around implementing community-wide standards for the prevention and treatment of type 2 diabetes.

CVD & Diabetes: Prevention (Support: MaCayla Arsenault, Sarah Worthington, & Steve Strang)

- This group meets the fourth Tuesday of every month from 3:30-5pm and currently has 26 members.
- In May, this workgroup reviewed updated data for their metrics and continued their A3 around removing barriers for students participating in physical activities. Next month they will continue with their gap analysis, but have determined their first step is to build relationships and partnerships with schools.

RHIP Workgroup Updates: May

Oral Health (Support: Donna Mills & Mary Ann Wren)

- This group meets the third Tuesday of every month from 11-12pm and currently has 23 members.
- The Oral Health Workgroup participated in a prioritizing exercise to narrow the experiments as defined Box 6 of their A3. Next meeting steps will begin to move to action and prepare the A3 for the Operations Council.

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.
- The Reproductive Maternal/Child Health Workgroup heard a presentation on the Perinatal Care Continuum proposal funded by the COHC last year. A robust conversation followed on the successes of the program. Next month the group will begin to prioritize work around the action steps they want to embark on next.

Social Determinants of Health

- This group meets the third Friday of every month from 10:30-11:30am and currently has 26 members in Kindergarten Readiness and 37 members in Housing.

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

- The Kindergarten Readiness workgroup participated in a census building exercise – revealing three priority areas to begin A3s on: Access to Integrated Services, Literacy, and Social and Emotional Support. Next steps include articulating the aim statements within the sub-groups.

Housing (Support: Bruce Abernethy & MaCayla Arsenault)

- In May, the workgroup reviewed and refined their drafted A3 around addressing the problem that Central Oregon communities do not have a comprehensive understanding of the current housing/homelessness needs which results in missed opportunities for additional funding, unaligned efforts, and a lack of commitment to act. In their gap analysis, they decided to start with completing a Housing Needs Assessment.