



RHIP Substance Use & Chronic Pain Workgroup
PacificSource – Room #210 (2nd Floor)
2965 NE Conners Ave, Bend

Agenda: June 21, 2017 from 4pm-5:00pm

Goals

Clinical Goal(s): Create a bi-directional integration approach for people with severe substance use disorders.

Prevention Goal(s): Implement a community standard for appropriate and responsible prescribing of Opioids and Benzodiazepines.

Health Indicators by 2019	QIM Measure	State Measure	Healthy People 2020
1. Increase the rate of successful referrals from medical settings to specialty SUD services of people with moderate-to-severe SUDs.			√
2. First year develop a baseline on the pharmacy, hospital, acute psychiatric, and emergency department expense related to people with moderate-to-severe SUDs. Second year set performance improvement benchmarks.			
3. First year develop a baseline for number of people receiving greater than 120 mg morphine equivalent for more than three months.		√ (PIP)	

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

2. **4:05-4:50** **Review Draft Health Indicators—All**
 - **Background of Current State of Drafted Health Indicators—Rebeckah**
 - **Which Drafted Health Indicators Address the SU & CP Goals—All**
 - **Finalize Health Indicators (Targets & Measurement)—All**

3. **4:50-5:00** **Health Indicator Prioritization—All**

4. **5:00** **Updates & Action Items—All**

Next Meeting: July 19, 2017 from 4-5pm (Room #210 @ PSCS)



BH Substance Use & Chronic Pain (23)	Organization
Steve Baker, LPC, MAC	Mosaic Medical
McKenzie Dean, MD	St. Charles Health System
Mike Franz, MD	PacificSource
Erica Fuller, MA, LPC, CADCI	Rimrock Trails Adolescent Treatment Services
Larry Kogovsek	CAC Consumer Representative
Jessica LeBlanc, MD, MPH	Mosaic Medical & Bend Treatment Center
Nicole Lemmon, MA	Wellness & Education Board of Central Oregon (WEBCO)
Leslie Neugebauer, OTR/L, MPH	PacificSource
Matt Owen, JD	Bend Treatment Center
Laura Pennavaria, MD	La Pine Community Healthy Center
Sally Pfeifer, BA, CADCI	Pfeifer & Associates
Christine Pierson, MD	Mosaic Medical
Beth Quinn, PSS, QMHA	Intentional Peer Support: ROCC
Elizabeth Schmitt, MS	CAC Consumer Representative
Julie Spackman, CPS	Deschutes County Health Services
Barbara Stoefen	LifeRAFT Family Support
Ralph Summers, MSW	PacificSource
Kim Swanson, PhD	St. Charles Medical Group
Karen Tamminga, LCSW	Deschutes County Behavioral Health
Rick Treleaven, LCSW	BestCare Treatment Services
Bill Ward, CADCI	Serenity Lane
Molly Wells Darling, LCSW	St. Charles Health System
Scott Willard, MA, CADCI II, SRC, CPC	Lutheran Community Services Northwest

Brainstormed Health Indicators from 5.17.17 SU & CP Meeting

1. Increase referrals for patients with moderate to severe SUDs from primary care to specialty SUD care by developing and piloting a refined feedback loop/referral process at ___ number of clinics.
2. Develop a baseline and improvement targets for costs generated by substance use disorders for emergency, inpatient, outpatient, acute psychosis, and pharmaceutical services.

Notes: (A) measure/raise awareness, (B) develop strategies to decrease costs, (C) re-measure.

3. 5% of patients on opioid doses ≥ 90 mg MED/day for more than 30 consecutive days or more. (2014 Baseline: 15.2%)
4. Increase the number of alternative pain management programs in Central Oregon. (2016 Baseline: ___ from HERC & Living Well with Chronic Pain)

RHIP Behavioral Health: Substance Use and Chronic Pain Workgroup Proposed Health Indicators (2016-2019)

Definition of a Health Indicator:

A measurable characteristic that describes:

- The health of a population (e.g., life expectancy, mortality, disease incidence or prevalence, or other health states);
- Determinants of health (e.g., health behaviors, health risk factors, physical environments, and socioeconomic environments);
- Health care access, cost, quality and use

Depending on the measure, a health indicator may be defined for a specific population, place, political jurisdiction, or geographic area.

Source: [Centers for Disease Control and Prevention - Health Indicators Warehouse](#)

Topic	Baseline Data	Baseline Date	Data Source
Patient referrals to specialty SUD care	Increase the number (percent? rate?) from zero to _____ of primary care patients with moderate to severe SUDs referred to specialty SUD care in Central Oregon through a feedback loop/referral process.	2016: 0	?
Healthcare System costs for SUD	Decrease average/estimated cost per patient to the healthcare provider? Company? Insurance provider? by _____ %.	<ul style="list-style-type: none"> • Emergency room visits: _____ • In-patient specialty SUD treatment: _____ • Out-patient specialty SUD treatment: _____ • Acute psychosis treatment: _____ Pharmaceutical services: _____	??
Patients on Rx Opioid Doses ≥ 90mg MED/day	Decrease the percent of patients on prescription opioid doses ≥90mg MED/day for more than 30 consecutive days or more from 15.2% to 5%.	2014 Baseline: 15.2%	PDMP?
Alternative Pain Management Programs	Increase the number of people referred to alternative pain management programs who participated/completed from zero to _____.	2015 Baseline: 0	Living Well with Chronic Pain HERC Others?

RHIP Behavioral Health: Substance Use and Chronic Pain Workgroup Proposed Health Indicators (2016-2019)

Topic	Baseline Data	Baseline Date	Data Source
Pharmaceutical Opioid Overdose Hospitalizations	Decrease the 5-year rate per 100,000 population of overdose hospitalizations due to pharmaceutical opioids from ____% (current tri-county rate) to ____%.	2010-14 <ul style="list-style-type: none"> • Crook: 11.630% (count >5, rate may be unreliable) • Deschutes: 9.892% (RSE <30%, rate reliable) • Jefferson: 8.967% (RSE <30%, rate reliable) 	Oregon Hospital Discharge Database
Adult Heavy Drinking (Ages 18+)	Reduce the percentage of adults who had 1+ drinks of alcohol per day/30+ drinks of alcohol in the past 30 days (non-age adjusted) from current ____% to ____%.	2010-13 <ul style="list-style-type: none"> • Crook: ** • Deschutes: 7.4% • Jefferson: 5.2% (this number may be statistically unreliable and should be interpreted with caution) 	BRFSS
Binge Drinking (Ages 18+)	Reduce the percentage of adults who had 4+ drinks of alcohol on one occasion in the past 30 days (non-age adjusted) from the current ____% to ____%.	2012-15 <ul style="list-style-type: none"> • Crook: 11.4% (this number may be statistically unreliable and should be interpreted with caution) • Deschutes: 16.9% • Jefferson: 9.0% (this number may be statistically unreliable and should be interpreted with caution) 	BRFSS
8th grade 30-day use	Reduce the percentage of 8 th graders who used alcohol one or more times in the past 30 days from ____% to ____%.	2014 <ul style="list-style-type: none"> • Crook: 24.6% • Deschutes: 20.9% • Jefferson: 15.2% 	OSWS
8th grade binge drinking	Reduce the percentage of 8 th graders who used alcohol one or more times in the past 30 days from ____% to ____%.	2014 <ul style="list-style-type: none"> • Crook: 8.8% • Deschutes: 8.4% • Jefferson: 4.1% 	OSWS

Note: We might be able to request regional data from the State, rather than by County for BRFSS and OSWS.

KEY

BRFSS – Behavioral Risk Factor Surveillance Survey
 HERC – Health Evidence Review Commission
 PDMP – Prescription Drug Monitoring Program
 OSWS - Oregon Student Wellness Survey

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.