



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

Agenda: July 19, 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. **4:05-4:55** **Finalize Health Indicators—All**
3. **4:55-5:00** **Updates & Action Items—All**

Next Meeting: August 16, 2017 from 4-5pm (Room #210 @ PSCS)



BH Substance Use & Chronic Pain (27)	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
Laurie Hubbard, RN, BA, SANE	Deschutes County Health Services
Larry Kogovsek	CAC Consumer Representative
Jessica LeBlanc, MD, MPH	Mosaic Medical & Bend Treatment Center
Nicole Lemmon, MA	COHC
Kathleen Meehan-Coop	Deschutes District Attorney's Office
Leslie Neugebauer, OTR/L, MPH	PacificSource
Matt Owen, JD	Bend Treatment Center
Laura Pennavaria, MD	St. Charles Health System
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
Scott Safford, PhD	St. Charles Family Care
Bob Snyder, BA, CADC II, NCAC I	BestCare Treatment Services
Julie Spackman, CPS	Deschutes County Health Services
Barbara Stoefen	LifeRAFT Family Support
Ralph Summers, MSW	PacificSource
Kim Swanson, PhD	Mosaic Medical
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, CADC II, SRC, CPC	Lutheran Community Services Northwest

RHIP Behavioral Health: Substance Use & Chronic Pain

Clinical Goal: Create an integrated, bi-directional collaborative care model for people with moderate-to-severe SUDs.

Initial A3 Focus: SUD engagement available services at hospitals (including emergency departments) and primary care clinics

Objectives	Interim Indicators	2019 Indicator
<p>1) Develop and implement multi touch point, whole health referral and feedback loop process for patients/clients with moderate-to-severe SUDs</p>	<p>A) Provider evaluation of referral and feedback loop design results report ____%</p> <p>B) Consumer evaluation of referral and feedback loop design results report ____ %</p>	<p>1) Increase the rate of successful referrals from <u>Emergency Departments</u> to specialty SUD services of people with moderate-to-severe SUDs ____% from baseline.</p> <p>2) Increase the rate of successful referrals from <u>hospital settings</u> to specialty SUD services of people with moderate-to-severe SUDs ____% from baseline.</p> <p>3) Increase the rate of successful referrals from <u>primary care</u> settings to specialty SUD services of people with moderate-to-severe SUDs ____% from baseline.</p> <p>4) Increase the rate of successful referrals from <u>specialty SUD services</u> to primary care ____% from baseline.</p> <p>Community Benchmarks:</p> <p>5) Reduce the percentage of adults who had 4+ drinks of alcohol on one occasion in the past 30 days (non-age adjusted) (Abuse/Binge)</p> <p>6) Reduce the percentage of 8th graders who used alcohol one or more times in the past 30 days (Abuse/Binge)</p>
<p>2) Research and identify a baseline of pharmacy, hospital, acute psychiatric, and emergency department expense related to people with moderate-to-severe SUDs.</p>	<p>A) Baseline pharmaceutical expense</p> <p>B) Baseline acute psychiatric expense</p> <p>C) Baseline hospitalization expense</p> <p>D) Baseline emergency room expense</p>	<p>1) TBD: Identify quantitative change rate(s) \$____</p>

RHIP Behavioral Health: Substance Use & Chronic Pain

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

Initial A3 Focus: TBD

Objectives	Interim Indicators	2019 Indicator
<p>1) Research and identify a baseline for number of people receiving greater than 120mg morphine equivalent for more than three months and set performance improvement benchmark(s).</p>	<p>A) Baseline number of people receiving greater than 120mg morphine equivalent for more than three months (15.2% in 2014).</p>	<p>Community Benchmarks:</p> <p>1) 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%.</p> <p>2) Decrease the 5-year rate per 100,000 population of over-dose hospitalizations due to pharmaceutical opioids.</p>
<p>2) Develop and implement referral and feedback loop process and services from medical settings to alternative pain management programs in Central Oregon.</p>	<p>A) Increase alternative pain management programs in Central Oregon from 0 in 2015 to ____ by 2019.</p>	<p>1) Increase the rate of successful referrals and feedback loop from medical settings to alternative pain management programs from ____ to ____.</p>

RHIP Workgroup Updates: June

Behavioral Health: Identification & Awareness (Support: Rebeckah Berry & Mike Franz)

- This group meets the fourth Tuesday of every month from 8:15-9:30am and currently has 21 members.
- In June, the group continued their A3 process with the aim of identifying and engaging 100% of individuals in Central Oregon that have a behavioral health need, and ensure an effective and timely response.

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

- This group meets the third Wednesday of every month from 3:45-5pm and currently has 27 members.
- In June, the group continued the work of 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 first A3 (likely in August).

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 June, this workgroup agreed to continue the focus of their A3 around eliminating all youth tobacco use in Central Oregon in addition to submitting for QIM funds around a SmokeFree media campaign to raise awareness of targeted tobacco advertising.

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

- This group meets the second Thursday of every month from 9-10:30am and currently has 12 members.
- In June, this workgroup continued their A3 process with the aim of 95% of Central Oregonians with Type 2 Diabetes will have an HbA1c of < 9%.

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 June, this workgroup dug deeper into the data for their metrics and shared information on current pay to play fees and scholarship programs in the region. They also continued their work on their A3 around removing barriers for students participating in physical activities. Next month they will continue to put their experiments through the PICK chart. However, they have determined their first step is to build relationships and partnerships with schools and invite them to participate in the A3 process.

RHIP Workgroup Updates: June

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 heard a presentation from Heather Simmons of PacificSource regarding Oral Health metrics compared across CCO's. The group will resume work on the A3 process at the July meeting.

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 worked through their Problem Statement and Aim on their A3. In July they will move on to Box 2 and 3, initial and target states.

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 broke into the three subgroups identified during the process they completed in May; Literacy, Social and Emotional Supports, and Integration of Services/Access. Each group worked on Box 1 of their respective A3s.

Housing (Support: Bruce Abernethy & MaCayla Arsenault)

- In June, 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/homeless 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. Their second A3 addresses the problem that Central Oregon has a population of chronically homeless and high utilizers of government, public, and private services whose health and housing needs are not being met by current approaches, continuing the cycle of homelessness and illness.