



RHIP Clinical Cardiovascular Disease Workgroup
PacificSource—Mosaic Conference Room (2nd Floor)
2965 NE Conners Avenue, Bend

Agenda: October 24, 2017 from 4:00-5:00pm

Goals

Clinical Goal: Improve hypertension control

Prevention Goal: Increase awareness of the risk factors for cardiovascular disease including tobacco use, uncontrolled hypertension, high cholesterol, obesity, physical inactivity, unhealthy diets, and diabetes.

Health Indicators by 2019	QIM Measure	State Measure	Healthy People 2020
1. 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).	√		√
2. Decrease the prevalence of cigarette smoking among adults from 18% to 16% (Baseline: Oregon BRFSS, 2010-13; QIM Cigarette Smoking Prevalence).	√		√
3. Decrease the prevalence of smoking among 11 th and 8 th graders from 12% and 6%, respectively to 9% and 3%, respectively (Baseline: Oregon Healthy Teens Survey, 2013).			√
4. Decrease the prevalence of adults who report no leisure time physical activity from 16% in Crook County, 14% in Deschutes County and 17% in Jefferson County to 14%, 12%, and 15 % respectively (Baseline: Oregon BRFSS, 2010-13).			
5. Decrease the prevalence of 11 th graders and 8 th graders who 0 days of physical activity from 11% and 6% to 10% and 5%, respectively (Baseline: Oregon Healthy Teens, 2013).			

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

2. **4:05-4:25** **PacificSource Tobacco Cessation Marketing Plan—Kelly Eastlund & Mary Schuld**

3. **4:25-5:00** **Continue A3 Work—All**
“Youth in Central Oregon are using tobacco more than their peers across the state.”

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

Next Meeting: November 28, 2017 from 4-5pm



Cardiovascular Disease - Clinical (10)	Organization
Mark Backus, MD, FACP	Cascade Internal Medicine Specialists
Megan Bielemeier, MSN, BSN, RN, CCM	St. Charles Medical Group
Stevi Bratschie, MPH	PacificSource
David Huntley, MPH	Epidemiologist - Community Member
Alison Little, MD, MPH	PacificSource
Penny Pritchard, MPH	Deschutes County Health Services
Robert Ross, MD, MScED, FAAFP	St. Charles Health System/St. Charles Medical Group
Divya Sharma, MD, MS	Central Oregon IPA & Mosaic Medical
Shiela Stewart, RN, BSN	Central Oregon IPA
Kris Williams	Crook County Health Department

PROJECT	Tobacco Cessation Campaign
PROJ NUMBER	319CLB
DATE	9/11/2017
PROJECT LEADS	Mary Schuld and Kelly Eastlund

THE ASSIGNMENT

What have we been asked to do?

- Tobacco cessation campaign to decrease tobacco use among all members
- Increase conversations about tobacco use between providers and members.

THE OBJECTIVES

What are we trying to achieve specifically?

1. Convince current tobacco users to quit.
2. Increase provider-member conversations around quitting.
3. Improve CAHPS and QIM scores in these areas.

THE WAY TO WIN

How do we get to success?

1. Create materials for providers that they can use when meeting with members (patients).
2. Create effective, targeted messaging that drives members to engaging content via social media and blog, with calls to action that encourage interaction and discussion.
 - a. Explore partnership with Warm Springs tribes to reach Native American members – a population with high tobacco use.
 - b. Translate campaign collateral into Spanish.
3. Repeat personal stories from last year’s campaign, with a fresh angle and attention on more diversity.
4. Promote tobacco cessation resources with providers and members (Quit For Life for members, other resources for nonmembers.)

THE AUDIENCE

Who are we trying to reach?

- PacificSource members (subscribers and dependents) ages 13+ across commercial, Medicare, and Medicaid lines of business who we can currently identify as tobacco users.
- Include targeted messaging for American Indian populations and Spanish speakers. Will also reach the community at large via social media platforms.

Most tobacco users already know it’s bad for their health and have other reasons for wanting to quit (such as cost).

Instead of focusing only on *why* they should quit, a more effective approach could be to approach cessation as a journey – from motivation to action to maintenance.

The campaign will provide practical, proven tips from people who have quit; support from their healthcare provider; and encouragement to get help. According to the American Cancer Society, counseling or medications can double or triple the chances of quitting successfully.

THE INSIGHT

What do we know about the audience, the purchase experience, and/or the decision points they weigh before engaging/re-engaging?

Tobacco use can be a symptom of a larger underlying issue, such as early childhood trauma that affects their ability to cope with stress (NCBI.nlm.nih.gov/pmc/articles/PMC3057738/). We can work with our Behavioral Health team on messaging for providers from this perspective as well as identifying relevant resources they can share with their patients.

November is a good month because it’s Lung Cancer Awareness Month and the 3rd Thursday is the Great American Smokeout—a day where tobacco users are encouraged to quit for 24 hours in hopes that they’ll keep the momentum going, using it as a “quit date.”

Additionally, while November is a key month, we have the opportunity to spread the campaign out a little longer so that it’s fresh in members’ minds when the CAHPS survey hits our members’ mailboxes in February.

THE MESSAGE

What is the primary message that we must convey? (Include secondary when appropriate)

Providers:

How to have conversations with patients who use tobacco; ways to identify root causes and barriers to quitting. Here are the available resources.

Members:

Primary - Quitting is difficult, but help is available, and support can make a huge difference.
Secondary - Here are some healthier alternatives to coping with stress/other difficult emotions.

THE SHIFT

What do we want our consumer to think or feel about our offering?

Providers:

“I feel comfortable and confident having a conversation about tobacco use with my patient.”

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Members:

Primary – “I don’t have to do this alone; I have resources and support to quit tobacco.”

All work should come from a content marketing perspective and influence behavior change rather than “sell” PacificSource.

Provider outreach:

1. Collateral (flier or infographic) that provides sample questions and talking points based on different scenarios – ways to address various barriers to quitting.
2. Video – interview with one of our doctors expanding on the info in collateral.
3. Provider Bulletin article linking to video, and telling them about our member outreach.
4. Slide in fall provider workshop linking to the video, provide collateral as handout.
5. Follow up poll via email asking if they found the video/collateral helpful.

Member outreach:

1. Member Newsletter article promoting tobacco cessation in November, providing resources, and setting the stage for the “journey” perspective. (Adapt for MED and MCD)
2. Blog posts (series of 3 short posts):
 - a. Before – focus on motivation. Help readers to find their own reasons.
 - b. During – how to get through the tough early days when your body is in withdrawal. Acknowledge everyone is different, but certain things are proven to be more effective (e.g., counseling and medication), include quit resources for members and nonmembers.
 - c. After – How to avoid backsliding, embracing life as a nonsmoker.
3. Targeted postcard to tobacco users directing them to the blog post and resources (3 versions – English, Spanish, and targeted to American Indians).
4. Facebook posts (7 total):
 - a. Three “profiles” from former tobacco user (PS employees) – tie to blog posts (before/during/after themes).
 - b. Share infographic or article from American Cancer Society. This could be part of the community-focused campaign kick-off.
 - c. Two call to action posts: one on Nov. 9 and one on Nov. 16 for the Great American Smokeout, promoting it as a quit day. Promote engagement by asking followers to share how they quit.
 - d. Follow-up post in January asking followers via social media if they quit or made an attempt to quit during our tobacco cessation campaign. Use as an opportunity to promote engagement and keep the conversation going.

THE MANDATORIES

What are the required deliverables?
What must be included in the deliverables?

THE SUCCESS METRICS

What needs to be measured?

Engagement

- Facebook likes, comments, and shares
- Email opens and click-through rates
- Blog views and comments
- Provider responses to follow up poll

CAHPS scores

- Compare current scores with 2017 scores to determine any change
- Compare 2016 QIM outcomes to 2017 outcomes to determine change (applies if we encourage providers to submit tobacco prevalence rates in their EHR.)

THE TIMING & BUDGET

What are key dates & dollars?

Campaign to run from Oct 2017 through January 2018.

Reach out to providers first to enlist their involvement in campaign early.

Provider audience

- Early-Oct: complete collateral – costs minimal as it will be provided digitally
- Early-Oct: complete video – produced in-house to minimize costs.

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- Mid-Oct: Provider email (Bulletin) talking about upcoming campaign and linking to the video and collateral. (Pre-existing cost not associated with this campaign)
- Early January: Follow up poll via email asking if they found video/collateral helpful.

Member audience

- Mid-October: Newsletter article via email. (Pre-existing cost not associated with this campaign)
- November 1: Share infographic via social media/blog post.
- First week of November: Send targeted postcards. (Cost TBD.)
- November 8 and 15: FB posts promoting Great American Smokeout
- Week of November 20, 27, and Dec. 4: FB posts featuring a former tobacco user profile (one from a Native American if possible).
- Week of January 1 or 8: Follow-up post to check in with followers and engage them.

THE MATERIALS

Where are brand/project reference documents?

Newsletter: 5CLB folder

First deliverable (including Creative Brief): 319CLB folder

Additional deliverables: CLB or CTY folders TBD as applicable

RHIP Workgroup Updates: September

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

- This group meets the fourth Tuesday of every month from 8:15-9:15am and currently has 18 members.
- In September, 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 ensuring an effective and timely response. The group completed a gap analysis in box 4, then created and vetted a draft survey which will be sent out to primary care, women's health, school based health centers, and Indian Health Service to collect baseline data that will be used as a starting measurement for their work plan.

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

- This group meets the third Wednesday of every month from 3:45-5pm and currently has 23 members.
- In September, the group continued their A3 process with the aim of all Central Oregonians with a substance use disorder that enter the hospital will receive engagement, treatment, or harm reductions services. The group finalized initial state and target state metric boxes, and will design a survey for the hospital to gather baseline data to be used as a starting measurement for their work plan. In addition, the group began a gap analysis in box 4

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 September this group continued their work on their first A3 around asking, engaging, and providing services/support to decrease youth tobacco use in Central Oregon.

Diabetes—Clinical (Support: Rebeckah Berry & Shiela Stewart)

- This group meets the second Thursday of every month from 9-10:30am and currently has 12 members.
- In September this workgroup completed a draft of their A3 which they will finalize at their October meeting and present to Ops on October 20th. The group also reviewed survey results asking clinics if they have or want Point of Care testing machines. The results concluded that a need exists and this strategy will be included in their Box 6 experiments. The group also edited a survey to measure the dissemination and usefulness of the prediabetes materials developed earlier this year.

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 13 members.
- In September this workgroup completed boxes 5-8 of their A3, and are planning a pilot to establish a referral system for providers to prescribe physical activity to youth. They will be presenting their A3 to Ops on October 20th.

RHIP Workgroup Updates: August

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

- This group meets the third Tuesday of every month from 11-12pm and currently has 24 members.
- In September the OH WG met and continued their discussion around the two proposals submitted from Kemple Clinic and Advantage Dental. The discussion concluded and a motion was made to approve the Kemple clinic proposal for one year (\$50k). The A3 surrounding sealants is before the Operations Council on 10/6/17. Next month, after Ops review, the workgroup will move into the implementation stage of their A3.

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.
- In September the RMCH workgroup met in September and continued their work on the A3 relative to 'unintended pregnancies'. A presentation was given on the program of the Regional Immunization Rate Improvement project, known as AFIX. The up-to-date immunization rate for 24 month olds improved an average of 7% among participating clinics after the first year of participation. The group committed to bringing data to the next meeting that can/could inform, unintended pregnancies by age bracket, to support pilot projects.

Social Determinants of Health

- This group meets the third Friday of every month from 10:30-11:30am and currently has 27 members in Kindergarten Readiness and 24 members in Housing.

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

- In September the HE group (formerly Kindergarten Readiness) met in September and heard a presentation from Friends of the Children. The A3 surrounding social and emotional supports was reviewed by the Operations Council on September 1st and ready for specific tactics to meet their aim. The workgroup discussed and reviewed the proposal and a motion was made to approve and fund the proposal (\$75k). Next steps include a meeting with the COHC Quality Manager.

Housing (Support: Bruce Abernethy & MaCayla Arsenault)

- In September the Housing workgroup discussed proposals for their Box 6 experiments intending to help meet the aims of their data & chronic homelessness stabilization A3s.