



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

Agenda: October 18, 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

1. Reduce the 3-year rate of overdose hospitalizations due to any drug in Central Oregon to 35 per 100,000 population (2012-2014 rate: 40.27 per 100,000 population)
2. Identify costs saved in Central Oregon due to properly assessing, treating, and referring individuals with moderate-to-severe SUDs.
3. Reduce the percentage of adults who had 4 (women) 5 (men) drinks of alcohol on one occasion in the past 30 days from 15.3% to 13% (non-age adjusted 2012-2015 Central Oregon rate from BRFSS data).
4. Reduce the percentage of 8th and 11th graders who binge drank alcohol one or more time in the past 30 days from 7.9% and 24.6% to 5% and 20% respectively. (2014 Central Oregon rate from Student Wellness Survey)
5. Reduce the percentage of 8th and 11th graders who have used any marijuana in the past 30 days from 10.2% and 25.1% to 7% and 20% respectively. (2014 Central Oregon rate from Student Wellness Survey)
6. Decrease the percent of patients on prescription opioid doses ≥ 90 mg MED/day for more than 30 consecutive days or more from 15.2% to 5%. (Baseline: 2014 data)
7. Increase the number of completed referrals and feedback loop from medical settings to alternative pain management programs from 0 to 100 referrals yearly. (2014: Zero pain management programs in Central Oregon. Zero is baseline.)

1. **4:00-4:05** **Introductions—All**
2. **4:05-4:35** **Hospital SUD Survey First Draft Discussion—All**
3. **4:35-4:50** **Continue Work on the Group’s First A3 (Box 4: Gap Analysis)—All**
“All Central Oregonians with an SUD that enter the hospital, the ED, and primary care will receive engagement, treatment, or harm reduction services.”
4. **4:50-5:00** **PacificSource Analytics Request for Health Indicator #2—All**
5. **5:00** **Updates & Action Items—All**

Next Meeting: November 15, 2017 from 4-5pm (Room #210 @ PSCS)



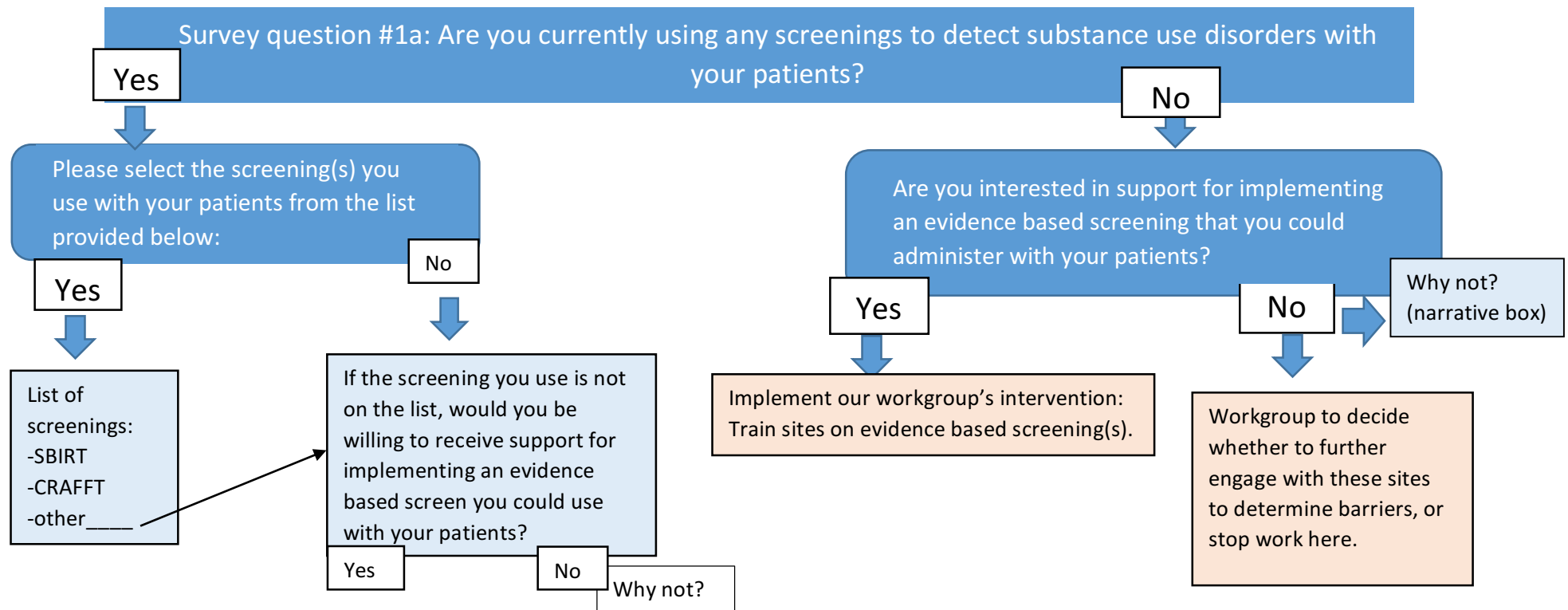
BH Substance Use & Chronic Pain (23)	Organization
Steve Baker, LPC, MAC	Mosaic Medical
McKenzie Dean, MD	St. Charles Health System
Mike Franz, MD	PacificSource
Erica Fuller, MA, LPC, CADCI	Rimrock Trails Adolescent Treatment Services
Laurie Hubbard, RN, BA, SANE	Deschutes County Health Services
Larry Kogovsek	CAC Consumer Representative
Jessica LeBlanc, MD, MPH	Mosaic Medical & Bend Treatment Center
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
Elizabeth Schmitt, MS	CAC Consumer Representative
Scott Safford, PhD	St. Charles Family Care
Bob Snyder, BA, CADCI II, NCAC I	BestCare Treatment Services
Julie Spackman, CPS	Deschutes County Health Services
Barbara Stofen	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

NOTE: The flowchart presented below shows the logic in how we intend to collect the data for our initial and target states.

Goal/AIM: "All Central Oregonians with a substance use disorder (SUD) that enter the hospital system* will receive engagement, treatment, or harm reduction services."

Initial State #1: Gather baseline data regarding prevalence of identification of individuals with moderate to severe substance use disorders across the hospital system.

Target state: #1: Increase the prevalence of identification of individuals with moderate to severe substance use disorders across hospital system (by ____%)



*Hospital system denotes Emergency Department and inpatient, including SageView

Survey question 1b: Of the screens you use with your patients, to which of the following populations do you administer the screen? (This question will help inform us on the TA that the clinic needs)

Name of screening	Frequency	Population			
		Adults 18+	Children under 17 and under
SBIRT					
CRAFFT					
...					
...					

Is this question relevant/helpful?

Initial state #2: Gather baseline data on prevalence of internal engagement based on identification of at-risk individuals.

Target #2: Increase the prevalence of internal engagement based on identification of at-risk individuals (to/by ____%)

Survey question #2: Do you address 100% of positive SUD screens with your patients?

Yes

No

Why not?

Please select the action(s) you take with your patient following a positive screen.

Do the actions need to be broken down based on risk?

Are you interested in support for implementing a best practice intervention to address positive SUD screens with patients at your site?

Yes

No

Why not?

List of actions:

- Harm reduction strategies
- Connect with an onsite recovery mentor
- Referral (?)
- Other _____

If the action you use is not on the list, are you interested in support for implementation on one of the recommended interventions?

Yes

No

Why not?

Implement our workgroup's intervention: Train sites on internal interventions based on their individual needs.

Workgroup to decide whether to further engage with these clinics to determine barriers, or stop work here.

Initial state #3: Gather baseline data on prevalence of referrals from hospital system to specialty SUD care.

Target #3: Increase the prevalence of referrals from hospital system to specialty SUD care (to/by ____%)

Survey question #3: Do you refer patients outside of your site to a specialty SUD provider if/when you determine the patient needs a higher level of care than what your site can manage?

Yes

No

Why not?

Please select the method in which you refer patients to specialty SUD care:

- Provide them with a number to call
- Make them an apt
- Other _____

If your referral method is not listed here, would you be interested in support for implementing a recommended method of referral?

Yes

No

Why not?

Would you be willing to receive support for implementing best practice when referring to specialty SUD care when a patient scores at a certain level on an evidence based screen? This will include a list of community SUD treatment resources.

Yes

No

Why not?

Implement our workgroup's intervention: Train clinics on referring to specialty SUD care based on a certain risk score on screen.

Workgroup to decide whether to further engage with these clinics to determine barriers, or stop work here.

Survey question #4: Are you taking any action to follow-up on referrals made to specialty SUD care after the patient is no longer in your care?

Narrative box:

Survey question #5: Do you share the results of positive SUD screens with your patient's primary care provider?

Narrative box:

ANALYTICS REQUEST FORM



Date Submitted:	9.6.2017	<input type="checkbox"/> Critical Emergency	
Short Title/ Request Description <i>(detailed description indicated below)</i>	Cost data trends for individuals diagnosed with moderate to severe substance use disorders (SUD).		
Descriptive Information (Supplied by requestor)			
Requestor Name	Rebeckah Berry/Nikki Lemmon of COHC	Department	Central Oregon Health Council
Priority	<input type="checkbox"/> High <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Low	Dated Needed	By the end of CY 2017
Description of Request	Cost data trends for (as many years as possible) for all Central Oregon Pacific Source members across all lines of business, all ages, cohort identified by any SUD dx appearing 2 times in a 12 month period in claims data: anywhere on claim form (SUD dx does not have to be found only in primary dx field, can be in secondary, tertiary, etc.). Once this report is built, we would like to continue to receive updated reports with this information every 6 months.		
Justification for Need	Tracking progress on interventions implemented in the Regional Health Improvement Plan workgroup: Substance Use and Chronic Pain.		
Exploratory Data Requests Vs. Full Final Analysis	<i>What sort of end product is being asked for – are you asking for a formal report product written up with data visualization</i> Can you give us an example of what the exploratory data report would look like?		
Does this request have breakouts by different subpopulations?	<i>Different population breakouts – please describe. Are these optional or mandatory?</i> Yes, please breakout by County of residence and age group (0-17; 18 – 64; 65 and older)		
Recipient of Data/Information	<i>Who is receiving the information provided?</i> Nikki Lemmon (Nikki.lemmon@cohealthcouncil.org)		
Date Parameter	<i>(what date range(s) are being requested)</i> As many years as you are able to provide.		
Lines of Business	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid		
Policy Number or Group Id (if applicable)			
Audience	<input type="checkbox"/> Internal <input checked="" type="checkbox"/> External		
PHI External	<i>(If PHI is being requested to share externally, please confirm what documents are in place to share PHI)</i> No PHI is being requested – we would like all the results aggregated and does not need to include the actual SUD dx.		

Request Action(s) <i>(check all that apply)</i>	<input checked="" type="checkbox"/> New <input type="checkbox"/> Enhancement to existing report and Analysis <input type="checkbox"/> Other: (insert text here for "other")		
Work Effort (Estimation supplied by technical staff)			
Estimated Hours		Estimated by	
Additional Comments/Notes			
Should this request be redirected? And if so to who?			

NOTE: to activate a checkbox, double click on it—this allows you to change the value to "checked" or "not checked"

Review/Approval Status (Done during Analytics meeting)	
Decision	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> DEFERRED <input type="checkbox"/> REDIRECTED
Action Items / Comments	

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.