

2016-2019 Central Oregon Regional Health Improvement Plan Work Plan

**RHIP Priority: Cardiovascular Disease (Clinical Focus)**

**RHIP Goal: Improve hypertension control**

| Health Indicator(s) addressed   | RHIP Strategy   | Activity addressing strategy   | Timeline  |
|---|---|--|---|
| <p>Increase the percentage of OHP participants with high blood pressure that is controlled (&lt;140/90mmHg) from 64% to 68% (Baseline: QIM NQF 0018 – Controlling high blood pressure, 2014).</p> | <p>Implement evidence-based guidelines for the measurement and control of hypertension.</p>   | <ol style="list-style-type: none"> <li>1. Piloting blood pressure standardization project in Mosaic Medical.</li> <li>2. Mosaic will share lessons learned during their project with other interested clinics.</li> <li>3. La Pine Community Health Center is creating a vital sign standardization project with a system that integrates with the EMR and focuses on staff training.</li> <li>4. Develop a proposal to fund Dr. Mark Backus (National Million Hearts Clinical Champion) to provide educational opportunities with providers and clinics around evidence-based guidelines for measurement of blood pressure and treatment. Funding will be used to reimburse Dr. Backus for speaking and educating at various clinics around the community.</li> </ol> | <ol style="list-style-type: none"> <li>1. Pilot began in February 2016 and is currently in process.</li> <li>2. Beginning August 2016.</li> <li>3. Implementation scheduled for October 2016.</li> <li>4. By January 2017.</li> </ol> |
| Parties Responsible/Responsibility  | Target Metric   | Implementation Progress and Status   |   |
| <p>Mosaic Medical, Primary Care clinics, Dr. Mark Backus, COIPA, St. Charles, PacificSource, COHC.</p>  | <ol style="list-style-type: none"> <li>1. Number of staff trained on standardization protocol.</li> <li>2. Number of clinics lessons learned was shared with.</li> <li>3. Number of staff trained on vital</li> </ol> | <ol style="list-style-type: none"> <li>1.</li> </ol>   |   |

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|   | sign standardization protocol.<br>4. If funded, number of providers and staff Dr. Backus presents to.   |   |  |
| <b>Health Indicator(s) addressed</b>          | <b>RHIP Strategy</b>  | <b>Activity addressing strategy</b>   | <b>Timeline</b>  |
| Same as above.                                | Provide assistance to patients to self-monitor blood pressure, either alone or with additional support.   | <ol style="list-style-type: none"> <li>1. Mosaic is developing a poster educating patients how blood pressure is properly taken.</li> <li>2. A complimentary poster and handout explaining the things that can raise blood pressure is being developed.</li> <li>3. Explore bulk purchase opportunities for blood pressure cuffs that can be rented out to patients within the community.</li> </ol>  | <ol style="list-style-type: none"> <li>1. Piloted by August 2016. Shared broadly by November 2016.</li> <li>2. By November 2016.</li> <li>3. By February 2017.</li> </ol>  |
| <b>Parties Responsible/Responsibility</b>     | <b>Target Metric</b>  | <b>Implementation Progress and Status</b>   |  |
| Mosaic, COIPA, COHC, Dr. Backus, St. Charles. | <ol style="list-style-type: none"> <li>1. Number of clinics receiving the posters to place in clinic rooms.</li> <li>2. Same as above.</li> </ol> | 1.  |  |
| <b>Health Indicator(s) addressed</b>          | <b>RHIP Strategy</b>  | <b>Activity addressing strategy</b>   | <b>Timeline</b>  |
| Same as above.                                | Increase referrals to the Oregon Tobacco Quit Line.   | <ol style="list-style-type: none"> <li>1. Deschutes County Health Services will pilot the e-referral process in Epic for the Oregon Tobacco Quit Line.</li> <li>2. St. Charles will explore the potential of an e-referral option for the Quit Line within Allscripts. If this is an option offered through Allscripts, St. Charles will update to offer this functionality.</li> <li>3. Explore e-referrals within Jefferson HIE.</li> <li>4. Crook County Health Department will explore e-referral options to the Oregon Tobacco Quit Line.</li> <li>5. Expand e-referrals to all Epic users in the region.</li> </ol> | <ol style="list-style-type: none"> <li>1. By January 2017.</li> <li>2. By January 2017.</li> <li>3. By January 2017.</li> <li>4. By January 2018.</li> <li>5. By January 2018.</li> <li>6. By January 2019.</li> </ol> |

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|  |   | 6. Expand e-referrals to all EHR users in the region.   |                                      |
| <b>Parties Responsible/Responsibility</b>  | <b>Target Metric</b>  | <b>Implementation Progress and Status</b>   |                                      |
| Deschutes, Crook, and Jefferson County Health Departments, PacificSource, COIPA, Mosaic, St. Charles, COHC, Penny Pritchard, Emily Salmon. | 1. Increase the number of Oregon Tobacco Quit Line referrals by 25%.      | 1.  |                                      |
| <b>Health Indicator(s) addressed</b>   | <b>RHIP Strategy</b>  | <b>Activity addressing strategy</b>   | <b>Timeline</b>                      |
| Same as above.   | Implement "2As and R" or "5As" tobacco cessation counseling.              | 1. Tri-County TPEP Coordinators will explore options for offering provider training and education on referring to the Oregon Tobacco Quit Line.<br>2. Clinics will offer 2As and R or 5As training to their staff annually. | 1. By June 2017.<br>2. By June 2018. |
| <b>Parties Responsible/Responsibility</b>  | <b>Target Metric</b>  | <b>Implementation Progress and Status</b>   |                                      |
| Deschutes, Crook, and Jefferson County Health Departments, Clinics and staff, COIPA, Mosaic, St. Charles, PacificSource, COHC.             | 1. Number of clinics tobacco cessation counseling support was offered to. | 1.  |                                      |

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