



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

Agenda: October 25, 2016 from 4:00pm-5:00pm

Call-In Number: 866-740-1260

7-Digit Access Code: 3063523

1. **4:00-4:05** Introductions—All
2. **4:05-4:15** Finalization & Dissemination of “Did You Know?” & Blood Pressure Documents—All
 - Dissemination Plan Updates
3. **4:15-4:35** “5 A’s” or a “2 A’s & a R” & Clinic Flow—All
 - How can this be shared and incorporated into clinic flow?
4. **4:35-4:45** Blood Pressure Control Clinic Champion Proposal—Mark Backus & Shiela Stewart
 - Proposal Update
5. **4:45-4:55** Quit Line E-Referral Update—Penny Pritchard
6. **4:55-5:00** Action Items—All
 - December meeting 12.20.16 instead of 12.27.16 or cancel?
 - January meeting 1.17.17 instead of 1.24.17 (Rebeckah out for work) or cancel?
 - Next steps

Next Meeting: November 22 from 4-5pm
(Mosaic Conference Room (2nd Floor) 2965 NE Conners Ave, Bend)



Cardiovascular Disease - Clinical (11)

Mark Backus
Mary Deeter
David Huntly
Alison Little
Summer Phinney
Penny Pritchard
Robert Ross
Emily Salmon
Divya Sharma
Shiela Stewart
Kris Williams

Organization

Cascade Internal Medicine Specialists
La Pine Community Health Center
Epidemiologist - Community Member
PacificSource
Bend Memorial Clinic
Deschutes County Health Services
St. Charles Health System/St. Charles Medical Group
St. Charles Medical Group
Central Oregon IPA & Mosaic Medical
Central Oregon IPA
Crook County Health Department

Subject: FW: OHP Coverage for Cessation Products?

Date: Monday, October 3, 2016 at 12:57:54 PM Pacific Daylight Time

From: Laura Walker

To: Rebeckah Berry

CC: Alison Little, Sydney Patton, Shana Hodgson

Hi Rebeckah,

We don't have an educational material developed for the tobacco benefit yet (it will be on the to-do list for our new QIM staff), but I can summarize our PacificSource benefit below (this is a draft summary of our benefit, and it aligns with the OHA requirements for the new QIM).

PHARMACOTHERAPY

Cessation medications have no copayments, coinsurance, or deductibles. Two quit attempts per year are covered.

Product	Quantity Limit	Notes
Nicotine gum	4,320 pieces/year	Rx needed for \$0 cost; otherwise OTC.
Nicotine patch	180 patches/year	Rx needed for \$0 cost; otherwise OTC.
Nicotine lozenge	3,600 pieces/year	Rx needed for \$0 cost; otherwise OTC.
Nicotine nasal spray	720 ml/year	Rx required. Step therapy required first - two products (gum, patch, or lozenge) must have been attempted within the last 180 days.
Nicotine inhaler	5,760 inhalations/year	Rx required. Step therapy required first - two products (gum, patch, or lozenge) must have been attempted within the last 180 days.
Bupropion SR	Unlimited	Rx required.
Varenicline (Chantix)	336 tablets/year	Rx required.

CESSATION COUNESLING

Cessation counseling services have no copayments, coinsurance, or deductibles.

Type of counseling	Coverage
Individual with PCP	No limits, no referrals required
Individual with other health professional	No limits, no referrals required
Group with PCP	No limits, no referrals required
Group with other health professional	No limits, no referrals required
Group with specific curriculum	No limits, no referrals required
Telephone with quit line vendor	No limits, no referrals required



| Laura Walker

QUITTING TAKES HARD WORK AND A LOT OF EFFORT, BUT—

You Can Quit Smoking

SUPPORT AND ADVICE
FROM YOUR CLINICIAN



A PERSONALIZED QUIT PLAN FOR: _____

WANT TO QUIT?

- ▶ Nicotine is a powerful addiction.
- ▶ Quitting is hard, but don't give up. **You can do it.**
- ▶ Many people try 2 or 3 times before they quit for good.
- ▶ Each time you try to quit, the more likely you will be to succeed.

GOOD REASONS FOR QUITTING:

- ▶ You will live longer and live healthier.
- ▶ The people you live with, especially your children, will be healthier.
- ▶ You will have more energy and breathe easier.
- ▶ You will lower your risk of heart attack, stroke, or cancer.

TIPS TO HELP YOU QUIT:

- ▶ Get rid of ALL cigarettes and ashtrays in your home, car, or workplace.
- ▶ Ask your family, friends, and coworkers for support.
- ▶ Stay in nonsmoking areas.
- ▶ Breathe in deeply when you feel the urge to smoke.
- ▶ Keep yourself busy.
- ▶ Reward yourself often.

QUIT AND SAVE YOURSELF MONEY:

- ▶ At over \$5.00 per pack, if you smoke 1 pack per day, you will save more than \$1,800 each year and more than \$18,000 in 10 years.
- ▶ What else could you do with this money?



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FIVE KEYS FOR QUITTING

YOUR QUIT PLAN



1. GET READY.

- ▶ Set a quit date and stick to it—not even a single puff!
- ▶ Think about past quit attempts. What worked and what did not?

1. YOUR QUIT DATE:



2. GET SUPPORT AND ENCOURAGEMENT.

- ▶ Tell your family, friends, and coworkers you are quitting.
- ▶ Talk to your doctor or other health care provider.
- ▶ Get group or individual counseling.
- ▶ For free help, call 1-800-QUIT NOW (784-8669) to be connected to the quitline in your State.

2. WHO CAN HELP YOU:



3. LEARN NEW SKILLS AND BEHAVIORS.

- ▶ When you first try to quit, change your routine.
- ▶ Reduce stress.
- ▶ Distract yourself from urges to smoke.
- ▶ Plan something enjoyable to do every day.
- ▶ Drink a lot of water and other fluids.
- ▶ Replace smoking with low-calorie food such as carrots.

3. SKILLS AND BEHAVIORS YOU CAN USE:



4. GET MEDICATION AND USE IT CORRECTLY.

- ▶ Talk with your health care provider about which medication will work best for you:
- ▶ Bupropion SR—available by prescription.
- ▶ Nicotine gum—available over the counter.
- ▶ Nicotine inhaler—available by prescription.
- ▶ Nicotine nasal spray—available by prescription.
- ▶ Nicotine patch—available over the counter.
- ▶ Nicotine lozenge—available over the counter.
- ▶ Varenicline—available by prescription.

4. YOUR MEDICATION PLAN:

Medications: _____

Instructions: _____



5. BE PREPARED FOR RELAPSE OR DIFFICULT SITUATIONS.

- ▶ Avoid alcohol.
- ▶ Be careful around other smokers.
- ▶ Improve your mood in ways other than smoking.
- ▶ Eat a healthy diet, and stay active.

5. HOW WILL YOU PREPARE?

Quitting smoking is hard. Be prepared for challenges, especially in the first few weeks.

Followup plan: _____

Other information: _____

Referral: _____

Clinician

Date 5

RHIP Workgroup Updates: September

Behavioral Health: Identification & Awareness (Support: Rebeckah Berry & Steve Strang)

- This group meets the fourth Tuesday of every month from 8:15-9:15am and currently has 22 members.
- In September the group learned about the roles of peer navigators/recovery mentors within the overall structure of behavioral health services in our region. Members of the group also discussed the behavioral health components of the Access Study. In October the group will begin discussions around how to track referrals to treatment with follow-ups back to primary care.

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

- This group meets the third Wednesday of every month from 4-5pm and currently has 25 members.
- In September the group further defined clear and standardized pathways for patients that display substance use risk within primary care settings. Once finalized, this algorithm and resources will be shared throughout the region. In September, organizations volunteered to pilot expedited referrals to treatment. A sub-group will be meeting to work out specifics of these pilot efforts. This group is also developing and supporting strategies to increase MAT in primary care settings outside of Bend.

Cardiovascular Disease—Clinical (Support: Rebeckah Berry & Emily Salmon)

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 11 members.
- In September this group came close to finalizing patient education documents around proper blood pressure procedures and things that raise blood pressure. These documents will be shared broadly with clinics during October. The group also discussed the value of the “5 A’s” or “2 A’s and R” as a standard in clinics to support blood pressure control, discussed the upcoming e-referral pilot for the Tobacco Quit Line, and provided input on a blood pressure control education proposal.

Diabetes—Clinical (Support: Rebeckah Berry & Megan Bielemeier)

- This group meets the second Thursday of every month from 9-10am and currently has 12 members.
- In September the group reviewed and made edits to the first draft of a pathway/algorithm for assertively addressing Pre-Diabetes within a primary care setting. Final edits have been made to this algorithm and steps to share this and supporting resources are being outlined for our region. The group also submitted a Grand Rounds presentation on Pre-Diabetes. This submission was approved by the CME committee and the presentation is currently being scheduled for early 2017.

Cardiovascular Disease & Diabetes—Prevention (Support: MaCayla Arsenault & Channa Lindsay)

- This group meets the fourth Tuesday of every month from 3:30-5pm and currently has 25 members.
- In September, the workgroup went through a consensus workshop to agree on broad strategies addressing physical inactivity. They decided on promoting school based physical activity (P.A.), increasing affordable P.A. programs, promoting a built environment that facilitates P.A., increasing active modes of transportation, integrating P.A. in community events, incentivizing P.A., and engaging clinical support. They also started this process around nutrition and will finish this exercise next month. In the coming months they will be drilling down on implementing specific strategies.

RHIP Workgroup Updates: September

Oral Health (Support: Donna Mills & Suzanne Browning)

- This group meets the third Tuesday of every month from 11-12pm and currently has 23 members.
- The workgroup reviewed the living workplan as a matter of course. This will be a recurring exercise to affirm direction and accurate reporting up to the Ops Council. A 'fishbone diagram' exercise was executed around the Prevention Goal of Keeping Children Cavity Free. This exercise will enable the workgroup to prioritize next action steps. An identical process for the Clinical Goal of Improving Oral Health for Pre-Post Natal Women, will be done at the October 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 workgroup heard a report from PacificSource on a Prenatal Coding pilot that is taking place in a few local clinics. The group discussed the funding of the Perinatal Care Continuum project. They reviewed the living workplan and made suggestions for minor additions. The group is reviewing the plan individually this month so that more additions can be made and finalized at the October meeting.

Social Determinants of Health

- This group meets the third Friday of every month from 10-11:30am and currently has 28 members in Kindergarten Readiness and 27 members in Housing.

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

- The workgroup reviewed the living workplan as a matter of course. This will be a recurring exercise to affirm direction and accurate reporting up to the Ops Council. The group discussed vision and recommendations for next actions steps. Three primary focuses emerged: ACE's, data as a proxy for Kindergarten Readiness in all three counties, and aligning with DHS to establish a working relationship to keep kids from entering the foster care system. The group will review heat maps and a draft workflow outline at the October meeting.

Housing (Support: Bruce Abernathy & MaCayla Arsenault)

- In September, the housing subcommittee provided an update on what data they were available to collect and what they still needed. The workgroup will use this data compilation to inform their work moving forward. The workgroup also decided to provide support when appropriate to Bend 2030's project of increasing workforce housing and COIC's project of developing a regional housing consortium and expansion of the regional public transit system. Don Senecal presented his RHIR proposal on expanding services of Jericho Road's Housing Assistance Program.