



RHIP Reproductive and Maternal Health Workgroup  
Deschutes County Health Services—Stan Owen Room  
2577 NE Courtney Drive, Bend

Agenda: March 8, 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. **4:05-4:40**      **Review of RH/MCH Baseline Document—All**
  - Have we captured what is currently going on in our region?
  - What are the obvious gaps when we look at the RHIP RH/MCH indicators?
  
3. **4:40-4:55**      **What Can Be Done Regionally About The Gaps—All**
  - What can we integrate into our already existing efforts?
  - What new projects do we want to try?
  - What can we do for free?
  - What needs money?
  
4. **4:55-5:00**      **Action Items—All**
  - Next steps
  - Who agrees to do what before April 12

Next Meeting: April 12 from 4-5pm

# Reproductive and Maternal Child Health

## Goals

**Clinical Goal(s):** Reduce the prevalence of low birth weight among live-born infants by improving prenatal/postnatal care for mothers and infants.

**Prevention Goal(s):** (1) Prevent unintended pregnancies. (2) Improve immunization rates of children birth to two years.

**By 2019, increase the number of women in Central Oregon who receive prenatal care beginning in the first trimester from 86% to 90% (Baseline OHA: Performance Measures – Central Oregon Region – PS – May 2015; Oregon Health Authority 2013: Crook (77.8) Deschutes (81.0) Jefferson (66.3) (Baseline: Healthy 2020 – 70.8%).**

**1. *What initiatives/projects do you know of that are currently in place to assist with this indicator? Is the project regional, in one county, in one town?***

**Tom Machala:**

The tri-county public health/pacific source/OB perinatal initiative is moving under this RHIP. WEBCO has a grant for Healthy Families Oregon Home visiting that will coordinate the programs through High Desert ESD in Deschutes county with Crook and Jefferson Counties Public Health Department  
Jefferson County Public Health Department has a systems development grant to coordinate all 7 home visiting program in Jefferson County with each other and primary care providers; WEBCO is the contract

**Dr. Rob Ross:**

We have had previous efforts by the Counties to intervene with targeted efforts to reach out to the homeless and high risk pregnancies (not successful statistically) It was somewhat regional but directed at Deschutes county. They engaged about 40 patients at very high cost and didnt really have a collaborative strategy with the major OB groups at the time (East Cascades Women's group)-who were unimpressed with

**Muriel DeLaVergne-Brown:**

The regional home visiting programs assist with this measure, but the capacity is low.  
Maternity Case Management, Oregon Mothers Care, Nurse Family Partnership, Healthy Families Oregon  
Screen for One Key Question (Crook)

**Pamela Ferguson**

Central Oregon Regional Home Visiting Model in support of Perinatal Care Continuum

**2. *How are initiatives/projects mentioned above currently being measured?***

**Tom Machala:**

The Tri-county process is not yet in place, although all three Public Health Departments use a common database for reporting their visits for Medicaid Reimbursement. Separate state reporting form.

**Muriel DeLaVergne-Brown:**

All of these programs input data to the State of Oregon ORCHIDS system and are measured.  
Healthy Families has a separate system

**Pamela Ferguson**

Central Oregon Regional Home Visiting Model in support of Perinatal Care Continuum

## Reproductive and Maternal Child Health

### **3. Please indicate which individuals/organization(s) are involved in each initiative/project mentioned**

**Tom Machala:**

All three public health departments

**Muriel DeLaVergne-Brown:**

Deschutes County Health Department, Crook County Health Department, Jefferson County Health Department (Crook and Jefferson do not have NFP)

**Dr. Rob Ross:**

The County PH departments (Mainly Deschutes)

**Pamela Ferguson**

Central Oregon Regional Home Visiting Model in support of Perinatal Care Continuum

### **4. What do you feel is missing and needs to be focused on with this indicator (consider referring to the potential strategies in your chapter of the RHIP for ideas)?**

**Dr. Rob Ross:**

The COHC needs to provide funding for specific outreach CHW or RN/BH who will be assigned to one or two major practices (for example SCMG OB group and East Cascades WG) who will take responsibility and be accountable to the Medicaid populations and perform community outreach on all women with positive pregnancy tests. This involves some form of reporting (after patient consent and we are sure that the woman is not going to have a termination of pregnancy)- a considerable task in and of itself. We did this in Klamath by hiring eventually a full-time RN at our CCO whose only job was to reach out and call and identify all high risk pregnancies, follow and engage and employ every method to get them to show up at appointments and follow-ups in all OB offices- FP's CNM's and OB's. This was in a population of 7600, so for 53,000 patients we will likely need 3 or more eventually to find and follow IN THE COMMUNITY these pregnancies. The staff need to be accountable to each practice where the pregnancies are managed.

**Muriel DeLaVergne-Brown:**

Expansion of the perinatal continuum of care.

### **5. Which person(s) in your organization or other organizations do you feel need to be approached if we were to undertake this new RHIP strategy?**

**Muriel DeLaVergne-Brown:**

Muriel DeLaVergne-Brown

**Pamela Ferguson**

Tri-County Directors, MCH Program Manager and Supervisors, Health Families of Oregon Program Manager, PacificSource, OB Provider groups, St Charles Health System

# Reproductive and Maternal Child Health

By 2019, decrease the percent of tobacco use among Central Oregon pregnant women from an average of 12.1% to 7.0% (Baseline: Oregon Health Authority Annual Report, 2013; Crook (15.0%) Deschutes (9.8%) Jefferson (11.4%) (Tobacco Smoking Prevalence – 2016 Metric).

**1. What initiatives/projects do you know of that are currently in place to assist with this indicator? Is the project regional, in one county, in one town?**

**Tom Machala:**

Many in each public health department plus Quitline

**Dr. Rob Ross:**

None

**Muriel DeLaVergne-Brown:**

Tobacco Prevention Program in Crook County

SPArC grant was just received by Crook County to focus on tobacco and there is an OHSU grant also.

Intake screening for tobacco use using the 5A's with referral to Or Tobacco Quit Line - all CCHD clients.

**Pamela Ferguson:**

A cessation media campaign to promote the Oregon Tobacco Quit Line will be implemented on Central Oregon Intergovernmental Council/Cascade East Transit buses in targeted areas for at least one year.

The Smokefree Oregon cessation media campaign on radio and TV in the Deschutes County area just ended (ran from Jan-March 2016).

Deschutes Public Library, Crook County Library and the Central Oregon Intergovernmental Council all implemented a tobacco-free campus policy which support quit attempts. All organizations also agreed to Deschutes County Health Services was awarded a SRCH grant by OHA to determine the feasibility to embed e-referrals to the Quit Line in Ochin/EPIC. EPIC is currently working on a national solution which should be available in the Spring or Summer of 2016.

**2. How are initiatives/projects mentioned above currently being measured?**

**Tom Machala:**

state tracks data usage of quitline, others are local interventions reported to state contract monitor.

**Muriel DeLaVergne-Brown:**

There are specific workplans for each of the projects.

5A's intake form information compiled semi-annually by TPEP Coordinator and shared with staff.

Workplan for SPArC and OHSU Grant.

**Pamela Ferguson:**

Oregon Tobacco Quit Line Dash report

**3. Please indicate which individuals/organization(s) are involved in each initiative/project mentioned**

**Muriel DeLaVergne-Brown:**

Crook County Health Department; Kris Williams

5A's - CCHD, SPArC (Community partners to be determined)

OHSU - St. Charles, Pacific Source, Advantage, Mosaic, LCSNW, CCHD, Cascade Direct Care

**Pamela Ferguson:**

Penny Pritchard/DCHS, Judy Watts/ COIC, Holly Heiberg/OHA, Kris Williams/CCHD, PacificSource as funder-Quit Line cessation campaign with COIC/CET

Holly Heiberg/OHA and Penny Pritchard/DCHS-Smokefree Oregon cessation media campaign

Penny Pritchard/DCHS, Judy Watts and Laura Skundrick/ COIC, Holly Heiberg/OHA, Kris Williams/CCHD,

Kevin Barclay/ Deschutes Public Library

Jane Smilie, Tom Kuhn, Penny Pritchard, and Sarah Worthington/DCHS, Lindsey Hooper/PacificSource, Kate

Wells/ PacificSource, Rebekah Berry/COHC, Teresa McIntyre/Mosaic Medical, Laura Chisholm/OHA

## Reproductive and Maternal Child Health

### **4. What do you feel is missing and needs to be focused on with this indicator (consider referring to the potential strategies in your chapter of the RHIP)?**

**Dr. Rob Ross:**

WELL: 1. 100% of patient swho have a positive pregnancy test are asked at the time of the test or at first PN visit if they smoke, and record it inn the medical record. 2. 100% are educated, and then "readiness to quit" is ascertained through a standardized process (those who are not contemplating quitting need information on harms, we cannot waste time on those who are not ready to quit). This will be about 6% of the eligible 12%. 3. Design a standardized intervention (Behavioral, we will have to decide if we want to include bupropion and/or vanicline both Category "C" in pregnancy) Maybe we should focus on all females between 14 and 20 and make sure they don't start smoking? This is better prevention then waiting until they are pregnant.....and focus our efforts on getting the use down in this age group as well.

**Muriel DeLaVergne-Brown:**

Media exposure

Incentives/Motivators for pregnant women to quit smoking.

5 A's training for providers by Public Health.

### **5. Which person(s) in your organization or other organizations do you feel we can approach to**

**Muriel DeLaVergne-Brown:**

Kris Williams, MDB

**By 2019, reduce low birth weight (LBW) (less than 2500 g {less than 5 lbs. 8 oz.}) to an incidence of no more than 5% of live-born infants in Central Oregon (Baseline: OHA, 2014; Healthy People 2020 - Goal).**

### **1. What initiatives/projects do you know of that are currently in place to assist with this indicator? Is the project regional, in one county, in one town?**

**Tom Machala:**

See earlier focus for goal 1. We need to focus on the first 1000 days which includes the whole prenatal time plus up to the 2nd birthday with a comprehensive program

One Key question can do a lot towards preparation for pregnancy , but having a pregnancy home visitor for high risk pregnant mothers with close coordination with their OB provider would be a dream.

Best Care has a housing and monitor grant for pregnant women who were know to be using drugs; wish we all had access to that program for some of our other high risk moms who need similar assistance, but are not necessary drug users....just poor.

**Dr. Rob Ross:**

As listed to engage high risk prenatal PSCS patients elsewhere- unsuccessful

**Muriel DeLaVergne-Brown:**

The regional home visiting programs assist with this measure, but the capacity is low.

Maternity Case Management, Oregon Mothers Care, Nurse Family Partnership, Healthy Families Oregon

Screen for One Key Question (Crook)

**Pamela Ferguson:**

Central Oregon Regional Home Visiting Model In support of Perinatal Care Continuum

### **2. How are initiatives/projects mentioned above currently being measured?**

**Tom Machala:**

# enrolled meeting program criteria.

**Muriel DeLaVergne-Brown:**

All of these programs input data to the State of Oregon ORCHIDS system and are measured.

Healthy Families has a separate system

**Pamela Ferguson:**

Central Oregon Regional Home Visiting Model In support of Perinatal Care Continuum

## Reproductive and Maternal Child Health

### **3. Please indicate which individuals/organization(s) are involved in each initiative/project mentioned**

**Tom Machala:**

Public Health, Obs, ST.Chas., Behavioral health

**Muriel DeLaVergne-Brown:**

Deschutes County Health Department, Crook County Health Department, Jefferson County Health Department (Crook and Jefferson do not have NFP)

**Pamela Ferguson:**

Central Oregon Regional Home Visiting Model In support of Perinatal Care Continuum

### **4. What do you feel is missing and needs to be focused on with this indicator (consider referring to the potential strategies in your chapter of the RHIP)?**

**Tom Machala:**

Single point of contact for assistance outside of the doctors office, coordination with DHS on mothers who exhibit or are known to be drug users.

**Dr. Rob Ross:**

Early prenatal care and consistent follow-up this fits with early engagement for prenatal care above- no other interventions without both as early and regular care is the only EBM based plan that works.

**Muriel DeLaVergne-Brown:**

Expansion of the perinatal continuum of care.

### **5. Which person(s) in your organization or other organizations do you feel we can approach to**

**Dr. Rob Ross:**

SCMG women's group and PCP . Dr. Ross/Dr. Newman/ OB staff and office of SCMG OB

**Muriel DeLaVergne-Brown:**

Muriel DeLaVergne-Brown

**Pamela Ferguson:**

Tri-County Directors, MCH Program Manager and Supervisors, Health Families of Oregon Program Manager, PacificSource, OB Provider groups, St Charles Health System

**By 2019, increase effective contraceptive use among women of childbearing age in Central Oregon from 31.4% to 50% (Baseline OHA: Performance Measure – Central Oregon Region – PS – May 2015).**

### **1. What initiatives/projects do you know of that are currently in place to assist with this indicator? Is the project regional, in one county, in one town?**

**Tom Machala:**

Each Public Health Department has a Reproductive health program

**Dr. Rob Ross:**

None except local MD/DO and caregiver discussion about the metridcs- no specific effort yet

**Muriel DeLaVergne-Brown:**

Family Planning Programs

Primary Care Offices, Reproductive Health presentations in the schools in Crook.

**Pamela Ferguson:**

Various home visiting programs, Reproductive Health Services

Very interested in One Key Question pilot (see Crook County proposal)

## Reproductive and Maternal Child Health

### **2. How are initiatives/projects mentioned above currently being measured?**

**Tom Machala:**

OHP & state Ccare have tracking by service.

**Muriel DeLaVergne-Brown:**

One Key Question - Weeks, Crook County Was just funded and will be measured through QIM and other mea  
Reproductive Health Programs in Schools - presentations, My Future My Choice - data

### **3. Please indicate which individuals/organization(s) are involved in each initiative/project mentioned**

**Tom Machala:**

Schools, health care providers, churches, behavioral health

**Muriel DeLaVergne-Brown:**

Crook County Health Department  
One Key Question: CCHD - Mosaic, St. Charles, LCSNW, Advantage in plan

### **4. What do you feel is missing and needs to be focused on with this indicator (consider referring to the potential strategies in your chapter of the RHIP)?**

**Tom Machala:**

referral system with feedback loop for assurance referral is completed. School based outreach; Also adult based education program (90% of program users are over 21)

**Dr. Rob Ross:**

1. Education that this is a QIM or quality goal. 2. Education to providers that long term contraception using the IUD is safe contraception for young women. 3. Educate to ask about birth control every time with every patient male and female, and to offer education and contraception to patients.

**Muriel DeLaVergne-Brown:**

Additional staffing to work with schools.  
Media outreach funding

### **5. Which person(s) in your organization or other organizations do you feel we can approach to**

**Tom Machala:**

All Family Planning, Reproductive health staff at Public Health Departments; Planned Parenthood, Obs, Family Practice; Womens health, plus Men's health

**Dr. Rob Ross:**

As per the OB measures above, and include the PCP and adolescent caregiver staff.

**Muriel DeLaVergne-Brown:**

Muriel DeLaVergne-Brown, Katie Plumb, Katie Simpson

**Pamela Ferguson:**

Kathy Christensen, Supervisor Clinical Services

**By 2019, increase the Central Oregon State Performance Measure – Child Immunization Status rate (0-24 months) (NQF 0038) from 62.1% to 80% (Baseline OHA: Performance Measure – Central Oregon Region – PS – May 2015; Immunization Rates, Oregon, 2014 (4.3.1.3.3.1.4) Crook (63%) Deschutes (60%) Jefferson (70%); Healthy People 2020**

### **1. What initiatives/projects do you know of that are currently in place to assist with this indicator? Is the project regional, in one county, in one town?**

**Tom Machala:**

Vaccine for Children programs through all Public Health and FQHC and Rural Health clinics plus COPA and some other private family practice clinics.

# Reproductive and Maternal Child Health

**Dr. Rob Ross:**

There is nothing in place that I know of that specifically targets immunization rates for kids. My beliefs ( and successes in other jurisdictions) are that until the State legislature enacts some sort of law compelling universal immunization with no religious or "belief" exemption this effort will be less successful.

**Muriel DeLaVergne-Brown:**

Integrating immi services with WIC clinics in Crook County.  
Increasing immi opportunities by coordinating with other partners - SBHC  
Statewide reminder mailers using ALERT data

**Pamela Ferguson:**

Increase 2-year-old children immunization rates by implementing the Central Oregon Regional Immunization Rate Improvement Project (IRIP) in Deschutes, Crook and Jefferson County using the AFIX Program in Coordinated Care Organization (CCO) participating clinics.

**2. How are initiatives/projects mentioned above currently being measured?**

**Tom Machala:**

Annual 2 y/o survey; practice data is limited.

**Muriel DeLaVergne-Brown:**

# of kids seen during clinics on walk-in basis.  
# of clients immunized at kids clinics - SBHC  
# of kids UTD by 24 mo via ALERT data

**3. Please indicate which individuals/organization(s) are involved in each initiative/project mentioned**

**Muriel DeLaVergne-Brown:**

CCHD  
CCHD and SBHC, Mosaic  
ALERT and counties statewide

**Pamela Ferguson:**

Tri-County Health Departments; CCO participating clinics

**4. What do you feel is missing and needs to be focused on with this indicator (consider referring to the potential strategies in your chapter of the RHIP)?**

**Tom Machala:**

Provider led (with Public Health Support) promotion of vaccines, dispelling the mis-information ESPECIALLY in Deschutes county with certain schools as well as providers.

**Dr. Rob Ross:**

Pressure on the State legislature to enact compulsory immunization like more advanced Countries and States (IE California) that allow no immunization exceptions (unless medically indicated, which is rare- like having leukemia for example). This is an example of the legislature abandoning its duty to protect the responsible public members ( parents who vaccinate their children) from uneducated and uninformed parents who irresponsibly expose children to fatal disease. Locally the first step is to be sure that all of the EMR's in the counties are accurately recording and reporting to the State immunization database and information sharing is accurate. I believe our true immunization rates are slightly higher than those reported above. Then we need a concerted effort to 1. educate the professional and office staffs, and 2. set up recurrent reminders for immunization electronically and by targeting offices with low compliance rates



## Reproductive and Maternal Child Health

**Muriel DeLaVergne-Brown:**

Staff training re: offices on missed opportunities (health department training)  
Reminders 2 6 mo after #3 Dtap - not waiting till 24 mo. With UTD

**5. Which person(s) in your organization or other organizations do you feel we can approach to**

**Tom Machala:**

All Public Health Immunization program coordinators plus state Public health office.

**Dr. Rob Ross:**

Jan Brown ( Director of Nursing Quality for the SCMG) Dr. Ross, and the infectious disease/disease control office at SCHS (Carrie Coe)

**Muriel DeLaVergne-Brown:**

Mindy Stomner

**Pamela Ferguson:**

Heather Kaisner, CD Program Supervisor