



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

**Agenda: April 25, 2017 from 3:45-5:00pm**

**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 <sup>th</sup> and 8 <sup>th</sup> 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 <sup>th</sup> graders and 8 <sup>th</sup> graders who 0 days of physical activity from 11% and 6% to 10% and 5%, respectively (Baseline: Oregon Healthy Teens, 2013).			

1. **3:45-3:50**      **Introductions—All**
2. **3:50-3:55**      **Review & Approve Workgroup Charter—All**
3. **3:55-4:25**      **SmokeFree Oregon Campaign Details—Penny Pritchard & Kris Williams**
4. **4:25-5:00**      **Begin A3—All**  
    **“Promote/saturate SmokeFree Oregon cessation & prevention campaigns within Central Oregon.”**
5. **5:00**              **Action Items—All**
  - Next steps

**Next Meeting: May 23, 2017 from 3:45-5pm**



<b>Cardiovascular Disease - Clinical (10)</b>	<b>Organization</b>
Mark Backus, MD, FACP	Cascade Internal Medicine Specialists
Megan Bielemeier, MSN, BSN, RN, CCM	St. Charles Medical Group
Erin Fitzpatrick, PA-C	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

# Cardiovascular Disease Clinical Workgroup Charter

Central Oregon Health Council:  
Cardiovascular Disease Clinical Regional Health Improvement Plan (RHIP) Workgroup

## 1. PURPOSE

The Cardiovascular Disease (CVD) Clinical RHIP Workgroup will serve to provide expert advice and action that will support the goals of the Central Oregon Health Council using Lean Practices. The Workgroup is designed to improve each of the Health Indicator Metrics (HIMs) outlined in the RHIP for the CVD Clinical area of focus. All of these efforts are to be done with the True North Metrics as the guiding principles.

*Duties to be considered:*

- *Collaboration with community partners and other RHIP workgroups.*
- *Writing proposals or creating Requests for Proposals (RFPs) to supplement the needs of the community as they directly relate to the HIMs.*
- *Attend monthly meetings, and subgroup meetings as applicable.*
- *Reporting annually to the Operations Council to ensure alignment, movement, and support.*

## 2. PURVIEW

The purview of the CVD Clinical Workgroup includes accountability for the positive movement of the HIMs, generating ideas and identifying areas that require the use of key tactics (funding, aligned strategies, policy, etc.), encouraging partnerships, and community outreach. The Workgroup is not required to create or apply these initiatives itself, but merely works to ensure that the gaps are filled and that barriers to HIMs improvement are removed.

## 3. AUTHORITY

The COHC Board of Directors vests authority to the CVD Clinical Workgroup. In partnership with the Operations Council, the Workgroup has the decision-making authority to fiscally support any funded initiatives that affect the HIMs assigned to them. The Workgroup has the individual authority to make a declaration of support for any initiative.

## 4. COMPOSITION /GOVERNANCE

Community partner representatives and local experts will comprise the CVD Clinical Workgroup. Every effort will be made to have member representatives from all impacted parties.

The COHC staff member who acts as the organizer of that Workgroup must approve new members of the CVD Clinical Workgroup. Workgroup members will be educated and be expected to fully understand the scope and authority of the Workgroup. Regular attendance at meetings is expected to direct the responsibilities of the Workgroup.

The Workgroup may form ad-hoc subgroups or request ad hoc member representation as required to achieve specific tasks. The Workgroup will include a member(s) on any subgroups in order to maintain strategic alignment and communication of improvement ideas.

The Workgroup may choose to appoint a leader, but is not required to do so. The COHC staff will organize all meetings and serve as the spokesperson and liaison for the group. A COHC staff member will fulfill the duties of the leader in his/her absence. Support for meetings will occur through the COHC staff team.

## **5. RESPONSIBILITIES/DUTIES**

### **a. Scope**

Workgroup members are expected to actively engage in discussions centered on HIMs improvement. The Workgroup is responsible for identifying and declaring their support for the initiatives they believe will have the greatest possible impact on the HIMs.

### **b. Objectives**

The Workgroup shall conduct an A3 on at least one of their assigned HIMs. The Workgroup will be charged with this function in order to identify the gaps and brainstorm strategies for improving the HIMs.

If the Workgroup determines that funding is required to fill a gap, they must present their idea to the Operations Council. Given approval, the Workgroup will draft an RFP, and will review applications once every 6 months with the RFP Review Sub-Committee of the Operations Council.

### **c. Communication**

Meetings will be scheduled on a monthly basis. Special meetings may be called if an issue arises that requires immediate attention. Meeting agendas will be updated and sent to Workgroup members prior to meetings.

### **d. Charter Approval and Revision**

This charter must be approved by the CVD Clinical Workgroup to become active. The Workgroup will approve revisions to the charter and additions such as charts, etc.

## **6. CONFIDENTIALITY**

Confidentiality must always be maintained during CVD Clinical Workgroup review and deliberations.

## **RHIP Workgroup Updates: March**

### **Behavioral Health: Identification & Awareness (Support: Rebeckah Berry, Rick Treleaven & Nikki Lemmon)**

- This group meets the fourth Tuesday of every month from 8:15-9:15am and currently has 21 members.
- In March, the group began the A3 process for their area of focus. They received an overview and prioritized their first A3, which will be around creating a common response matrix that clinics could adopt, including physician intervention, BHC intervention, short-term behavioral health intervention, and referral to specialty behavioral health. The group will also continue the work of developing a primary care flow algorithms around screening and referral for depression and suicidality.

### **Behavioral Health: Substance Use and Chronic Pain (Support: Rebeckah Berry, Rick Treleaven & Mike Franz)**

- This group meets the third Wednesday of every month from 4-5pm and currently has 23 members.
- In March, this workgroup finalized their their primary care algorithm for substance use (SUD) screening and referral to specialty SUD care. This workgroup will begin the A3 process for their area of focus in April.

### **Cardiovascular Disease—Clinical (Support: Rebeckah Berry & Shiela Stewart)**

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 10 members.
- In March this workgroup began the A3 process for their area of focus. They received an overview and prioritized their first two A3s, which are, (1) promote/saturate SmokeFree Oregon cessation and prevention campaigns in Central Oregon, and (2) implement evidence-based guidelines for the control of hypertension.

### **Diabetes—Clinical (Support: Rebeckah Berry & Therese McIntyre)**

- This group meets the second Thursday of every month from 9-10am and currently has 15 members.
- In March, this workgroup began the A3 process for their area of focus. They received an overview and prioritized their first A3, which will be implementing community-wide standards for the prevention and treatment of type 2 diabetes. This workgroup had over 125 attendees at their Grand Rounds rollout addressing prediabetes on 3.3.17. Their materials have been shared throughout the region, and requests are pouring in for the diabetes community resource booklet.

### **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 27 members.
- In March, the workgroup evaluated their progress on the regional school physical activity surveys in regard to response rates and strategizing focused efforts. The workgroup was introduced to and started the development of their A3. The workgroup went through a prioritization exercise and will focus on increasing access to organized sports. The workgroup will review school survey data next month and continue to develop their A3.

## **RHIP Workgroup Updates: March**

### **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.
- The Oral Health workgroup met for an extended hour and a half to review and approve the OHWG Charter, go over the results of the prioritization survey, and complete an A3 around their choice for area of focus; Clinical: Deliver preventative dental services to children and pregnant women in non-traditional settings. The charter was approved with minimal changes, the focus choice confirmed and progress was made on the A3 and completion is expected during a special 2-hour meeting in April.

### **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 23 members.
- The RMCH Workgroup did not meet in March.

### **Social Determinants of Health**

- This group meets the third Friday of every month from 10:30-11:30am and currently has 30 members in Kindergarten Readiness and 37 members in Housing.

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

- The Kindergarten Readiness Workgroup did not meet in March.

#### **Housing (Support: Bruce Abernethy & MaCayla Arsenault)**

- In March, the workgroup reviewed the outline of the proposed regional housing needs assessment. They also reviewed their updated draft work plan. Elaine Knobbs-Seasholtz lead an exercise with the group to demonstrate the many ways health and housing were connected. The workgroup was also briefly introduced to the A3 process and will go over it in more detail in April.