Central Oregon Health Council

RHIP Substance Use & Chronic Pain Workgroup
Deschutes County Health Services (Stan Owen Room)
2577 NE Courtney Drive, Bend

Agenda: February 21, 2018 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 ≥90mg 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. 4:05-4:25 **Results of Brief Hospital SUD Survey & Update Box 3 of A3—All**

3. 4:25-4:55 **Box 5 (Solution Approach) & 6 (Experiment) of A3—All**
   Aim: All Central Oregonians with an SUD that enter the hospital setting, including the ED, will receive engagement, treatment, or harm reduction services.

4. 4:55-5:00 **Updates & Action Items—All**
   - **Regional Baseline Data & Trends for SUD Cost—Rebeckah Berry**

Next Meeting: March 21, 2018 from 4-5pm (Deschutes County Health Services)

BH Substance Use & Chronic Pain (21)	Organization
Steve Baker, LPC, MAC	Mosaic Medical
McKenzie Dean, MD	St. Charles Health System
Mike Franz, MD	PacificSource
Erica Fuller, MA, LPC, CADCIII	Rimrock Trails Adolescent Treatment Services
Laurie Hubbard, RN, BA, SANE	Deschutes County Health Services
Larry Kogovsek	CAC Consumer Representative
Leslie Neugebauer, OTR/L, MPH	PacificSource
Matt Owen, JD	Bend Treatment Center
Laura Pennavaria, MD	St. Charles Health System
Sally Pfeifer, BA, CADCII	Pfeifer & Associates
Elizabeth Schmitt, MS	CAC Consumer Representative
Scott Safford, PhD	St. Charles Family Care
Bob Snyder, BA, CADC II, NCAC I	BestCare Treatment Services
Julie Spackman, CPS	Deschutes County Health Services
Barbara Stoefen	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

SUCP Box 5 Survey Results

AIM: ALL CENTRAL OREGONIANS WITH A SUBSTANCE USE DISORDER THAT ENTER THE HOSPITAL SYSTEM (ED) WILL RECEIVE ENGAGEMENT, TREATMENT, OR HARM-REDUCTION SERVICES.

This survey revealed clear alignment of priorities among the SUCP RHIP workgroup (10 out of 22 members responded to the survey). The following four "hows" & their corresponding "whats" were identified as the highest priority tactics for achieving the AIM:

HOWS	WHATS
Build Hospital and Specialty substance use disorder relationships	Develop Pathways from Hospital to Community Providers
Enhance warm handoff to behavioral health treatment providers	Establish Procedures/Protocols in Hospital Settings
Research best-practice integration of substance use disorder into medical/surgical units and EDs	Establish Procedures/Protocols in Hospital Settings

See following pages for detailed results and comments.

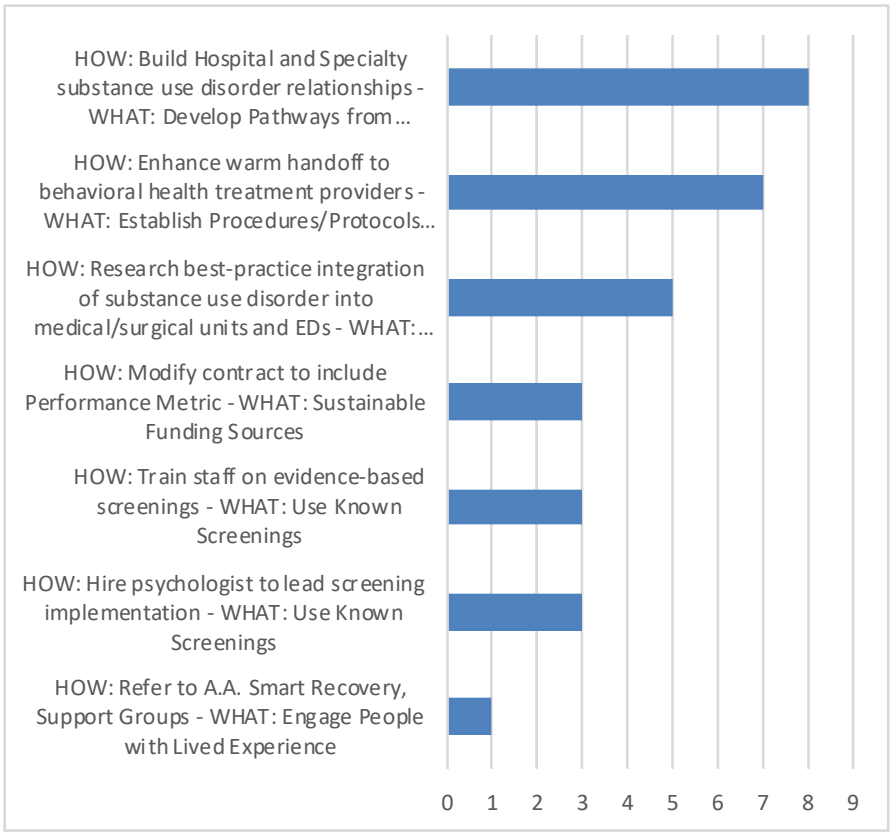
Question 1: Please rank the priority of each "how" as it relates to the AIM

Scores are aggregated to reflect group consensus.

HOW: Trainings to periodically refresh on screening use - WHAT: Use Known Screenings Jeremy Fleming at PacificSource is available to do SBIRT trainings and refreshers. I don't think he's done any at the hospital, since the QIM is for primary care, but it would be the	1.7
HOW: Hire psychologist to lead screening implementation - WHAT: Use Known Screenings Does not have to be a psychologist - any expert, even someone from the State who designed the SBIRT training. Instead of psychologist I think a BHC is reasonable (and cheaper). Probably within scope of new embedded psychologist at St Charles hospital.	1.5
HOW: Train staff on evidence-based screenings - WHAT: Use Known Screenings Jeremy Fleming, see response above.	2.1
HOW: Research best-practice integration of substance use disorder into medical/surgical units and EDs - WHAT: Establish Procedures/Protocols in Hospital Settings	2.6
HOW: Enhance warm handoff to behavioral health treatment providers - WHAT: Establish Procedures/Protocols in Hospital Settings I assume/hope that there is some sort of warm handoff workflow between primary care and speciality BH that we can borrow and adapt..	2.9
HOW: Ask the advocate/family/partner (assertively ask permission) - WHAT: Engage Natural Supports	1.9
HOW: Ask the patient (through written screen) - WHAT: Engage Natural Supports	2
HOW: Make sure all applicable fee-for-service codes are known and used - WHAT: Sustainable Funding Sources Mike Franz and Dawn Creach are doing some of this type of work in primary care and could probably adapt for the hospital. Jeremy Fleming could help here too.	1.9
HOW: Modify contract to include Performance Metric - WHAT: Sustainable Funding Sources This will be happening with the new contract This is currently drafted in the COIPA/St. Charles contract which won't be finalized until at least April 2018. There is a subgroup that is already meeting about workflow and the person is already hired so the work may occur before the contract is executed? in process but not inked	1.9
HOW: Refer to A.A. Smart Recovery, Support Groups - WHAT: Engage People with Lived Experience I'm certain that brochures are being handed out but have no idea what the content is.	1.9
HOW: Build Hospital and Specialty substance use disorder relationships - WHAT: Develop Pathways from Hospital to Community Providers Including harm reduction programs	2.7

Question 2: Please select the top 3 items you believe are of the highest priority to achieve the AIM

This graph represents all votes cast.



RHIP Workgroup Updates: January 2018

Behavioral Health: Identification & Awareness (Support: Rebeckah Berry & Mike Franz)

- This group meets the fourth Tuesday of every month from 8:15-9:15am and currently has 16 members.
- In January, 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 workgroup is hoping to gather baseline data from seven more clinics in the region before they vote on their first A3 experiment. This data will be collected and reviewed at February's meeting.

Behavioral Health: Substance Use and Chronic Pain (Support: Rebeckah Berry & Laura Pennavaria)

- This group meets the third Wednesday of every month from 4-5pm and currently has 22 members.
- In January, the group continued their A3 process with the aim that all Central Oregonians with a substance use disorder who enter the hospital setting, including the ED, will receive engagement, treatment, or harm reduction services. The group is redefining their initial and target state objectives for their A3 and are currently narrowing down their potential experiments through a prioritization survey. The workgroup will vote on their first experiment at their February meeting.

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

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 11 members.
- In January the group began developing the details of their first A3 experiment which focuses on clinical outreach and engagement to promote youth/family tobacco cessation. The group's A3 was presented to Ops and their A3 received enough support for them to access their funding. The group is currently working through steps to have regional youth action councils review tobacco education materials that the workgroup will disseminate to clinics throughout the region.

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 January, the group continued the development of their second algorithm that focuses on supporting primary care in the management of patients with A1cs >9. They hope to finalize this algorithm in February. The group also notified participating A1c Point of Care (POC) clinics to begin ordering their POC equipment and schedule a time for training before the 3.31.18 deadline.

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 January, the workgroup discussed next steps for the Rx to Move pilot at Mosaic Medical and began their second A3 around nutrition.

RHIP Workgroup Updates: January 2018

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 January, the Oral Health Workgroup heard a presentation from Kat Mastrangelo, Executive Director, Volunteers in Medicine, relative to a pilot they ran with older adults. The outcomes were striking and the group is very interested in authoring an A3 specifically around this population. There was also a review of a proposed MOU with Oregon Oral Health Coalition, which requests that the workgroup take the lead on a 'chapter' in Central Oregon. A meeting will be brokered with Donna Mills, Mary Ann Wren and Heather Simmons to discuss intent and objectives. The meeting held further discussion relative to the current A3 and Heather Simmons presented a couple of pilot ideas. An agreement was reached to create a couple of subgroups to further determine the details of possible RFPs.

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 January, the Reproductive Maternal Child Health continues to move through their unintended pregnancies A3. The meeting held feedback on some researched campaigns. Next steps include two specific subgroups around data and focus groups.

Social Determinants of Health

- This group meets the third Friday of every month from 10:30-11:30am and currently has 27 members in Milestones to Health and Education and 24 members in Housing.

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

- In January, the workgroup reviewed the operational structure of the workgroup, and the subgroups provided updates on their progress (Literacy, Social & Emotional Supports, Access to Integrated Services, and TRACEs).

Housing (Support: Bruce Abernethy, Elaine Knobbs-Seasholtz & MaCayla Arsenault)

- In January, the workgroup discussed proposals aimed to stabilize and transition the chronically homeless in both Sisters and Prineville.