



COHC Community Advisory Council
High Desert ESD (Conference Room)

2804 SW 6th Street
Redmond, OR 97756

Agenda 8.9.18

Conference Line: 866.740.1260

Participant Code: 3063523#

Time	Topic	Action
9:30-9:45	Welcome/Public Comment—Linda McCoy	Discussion
9:45-10:45	Emergency Department Utilization Follow Up—TBD <ul style="list-style-type: none">• Current Educational Materials• Possible Listening Session Planning<ul style="list-style-type: none">○ Community Partners to Ask○ Questions to Ask	Discussion Input
10:45-11:05	Point in Time (PIT) Count Data—Molly Taroli	Discussion Input
11:05-11:20	COHC Combined Meeting Preview—Donna Mills <ul style="list-style-type: none">• Combined Board and CAC Meeting	Discussion
11:20-11:25	OHA Update—Cyndi Kallstrom	Discussion
11:25-11:30	Future Agenda Items—All <ul style="list-style-type: none">• RHA Update	Discussion



COHC Community Advisory Council
La Pine City Council (Council Chambers)
La Pine, Oregon
June 13, 2018

Present:

Linda McCoy, Chair, Consumer Representative
Elaine Knobbs-Seasholtz, Mosaic Medical
Larry Kogovsek, Consumer Representative
Tom Kuhn, Deschutes County Health Services (Ex-Officio)
Mylum O'Shinn, Consumer Representative
Elizabeth Schmitt, Consumer Representative
Emily Wegner, Jefferson County Health (Ex-Officio)
Jeffrey White, Consumer Representative
Cris Woodard, Consumer Representative

Absent:

Bruce Abernethy, Bend-LaPine School District
Nicole Rodrigues, Community Representative
Vicky Ryan, Crook County Health Department (Ex-Officio)
Julie Rychard, Full Access High Desert
Ken Wilhelm, United Way of Deschutes County

Others Present:

MaCayla Arsenault, Central Oregon Health Council
Keshia Bigler, PacificSource (call-in)
Cyndi Kallstrom, Oregon Health Authority
Donna Mills, Central Oregon Health Council
Kelsey Seymour, Central Oregon Health Council

Introductions

- Introductions were made and Linda McCoy welcomed all attendees.
- Linda welcomed public comment.
 - Mylum O'Shinn shared that a scam is circulating regarding health record security and asked the CAC to warn their networks about a company calling themselves "Fast Health".

- Elizabeth Schmitt shared that Worksource Oregon is looking for a representative of the COHC to speak to their staff. Donna agreed to connect with them.
- Mylum shared that a Housing Survey is being conducted in Central Oregon. MaCayla agreed to share this survey with the CAC, and noted that the COHC is one of the partner agencies behind the survey.
 - **ACTION**: MaCayla will share the Housing survey with the CAC.

Emergency Department Utilization

- Keshia Bigler shared a presentation on ED utilization in Central Oregon. She noted that the Madras Medical Group recently opened an Urgent Care, but that the population using the ED in Madras has not utilized the Urgent Care. Emily Wegener asked about the Paramedicine project having an affect on ED rates. Keshia shared that the data from that program has not been analyzed yet, but shared anecdotal results indicating that case management has helped citizens with high utilization remain healthy and out of the ED. She offered to share the results of the Paramedicine project with the CAC.
 - **ACTION**: Keshia will share the results of the paramedicine project with MaCayla who will share them with the CAC.
- Elaine asked if the distribution of cost aligned with the distribution of visits indicated in the presentation. Keshia confirmed that cost aligns with visit frequency.

Creating Space for Engagement Strategy

- Linda asked if she could see the brochures PacificSource put out about accessing appropriate levels of care.
 - **ACTION**: Keshia will share level of care brochures with the CAC.
- MaCayla shared that the COHC Finance Committee suggested the CAC hold community listening sessions regarding ED utilization. The CAC asked for more time and preparation before hosting a listening session. They also requested to see the comparison of the cost of care between Urgent Care and the ED. Molly cautioned against publishing the cost information publicly, noting that a higher price tag may insinuate one level of care is better than another because it is more expensive.

Quit Line Update

- Tom Kuhn shared that the Quit Line project was tri-county wide and established e-referrals to the Quit Line through EPIC. He noted that previously referrals were submitted by fax, and that this project showed a 4000% increase in referrals. He shared that some barriers still exist in reaching patients, such as ability to leave voicemails and texts. Mary Ann Wren suggested that Dental would be interested in connecting with this e-referral ability.

Returned Mail Project

- Molly Taroli shared that she is reviewing the mail that gets returned from Medicaid members, and that a recent mailing of 60k members should help reveal some of the gaps. Donna asked how 60k letters could have been mailed to 49k members.

- **ACTION:** Molly will find out why the number of letters and members do not align.
- Molly shared that some members have an address of “homeless”, which she found contradictory to the rule about OHA requiring an address to enrollment.

Board Update

- Donna Mills shared that the Board is moving forward on their retreat work and will see their work plan later today. She noted that Bethlehem Inn was approved for programmatic funding, and the St. Charles La Pine Clinic will be asked to resubmit after creating a more transparent partnership with La Pine Community Health Center. She shared a small group will convene to clarify the types of housing projects that are appropriate to fund in the eyes of the State.

OHA Update

- Cyndi Kallstrom shared that OHA has done a few listening sessions regarding CCO 2.0 and will come back for more; the one in Bend will be June 20th from 12-2.

Future Agenda Items

- Donna alluded to work planned for the September Combined meeting
- Point in Time count from Molly
- Review of ED utilization and setting up a listening session for October
- RHIP Workgroup presentation
- Rx to Move from Mosaic

COHC Summer 2018 RHIP Updates

Behavioral Health Identification & Awareness

AIM: Identify and engage 100% of individuals in Central Oregon that have a behavioral health need, and ensure an effective and timely response.

Recent Activities

- Implemented a two-year project: a behavioral health (BH) integration specialist has been hired to collaborate with all primary care (PC) clinics region-wide to support universal screening for BH as well as guidance for PC clinics to address BH screens based on clinic capacity.

Behavioral Health Substance Use & Chronic Pain

AIM: All Central Oregonians with an SUD that enter the hospital system including the ED will receive engagement, treatment, or harm reduction services.

Recent Activities

- Initiated a two-year pilot in the Bend St. Charles Hospital and ED to house a substance use disorder (SUD) coordinator and a recovery mentor to support screening and follow-up for patients with moderate-to-severe SUD.

Cardiovascular Disease & Diabetes Prevention

AIM 1: Cost will never be a barrier to participate in a variety of physical activities for students.

AIM 2: By 2019 0% of adults in Central Oregon will have a diet modifiable



disease, specifically CVD and/or type 2 diabetes.

Recent Activities

- Opened RFP to develop a regional model for provider-based referrals for physical activity for youth through Rx to Move.
- Finalized their Box 6 experiments for their new Nutrition A3.

Cardiovascular Disease Clinical

AIM: Reduce the rate of youth tobacco use in Central Oregon from 17.3% to 15% in 8th graders, and 23.2% to 20% in 11th graders.

Recent Activities

- Started a new A3 focused on community-wide education for blood pressure awareness and control.
- Completed a document outlining tobacco cessation insurance coverages currently being shared with provider groups regionally.

Diabetes Clinical

AIM: 95% of Central Oregonians with Type 2 Diabetes will have an HbA1c of < 9%

Recent Activities

- Prepared for algorithm of care events with national speakers on the gut microbiome with diabetes, and team-based care models. Events will be held in Madras, Prineville and Bend.

Oral Health

AIM: Improve Oral Health and keep children cavity free.

Recent Activities

- Brainstorming Box 6 experiments in two new A3s – one on integration and another on geriatric care.
- Released RFP for MORE Care model from Dentaquest, which integrates oral health into PC.

Reproductive Maternal Child Health

AIM: Prevent Unintended Pregnancies

Recent Activities

- Reviewed the BOOST Oregon initiative, a parent-led group promoting child immunizations.

SDOH: Housing

AIM 1: Central Oregon communities have sufficient, actionable data to guide direction, establish priorities, support regional solutions, and bring a call to action to mobilize citizens to create a healthier Central Oregon.

AIM 2: The approximately 200 chronically homeless and/or high utilizers in Central Oregon will be stabilized and supported to achieve well being.

Recent Activities

Funding: \$60,000 for Pfeifer & Associates for their “House the Children” initiative which provides a safe, supervised home for children to share with their parents who are in treatment and maintaining sobriety.



SDOH: Milestones to Health & Education

AIM 1: Central Oregon children become more resilient

AIM 2: Every Central Oregonian thriving in the face of diversity

AIM 3: Children in Central Oregon have lifelong health and learning challenges due to lack of early identification and access to services

AIM 4: Every child in kindergarten has the early literacy skills to be ready to learn

Recent Activities

- Nurturing 3 subgroups: Literacy, Social and Emotional, Access to Integrated Services (TRACEs part of Social and Emotional subgroup)
- Literacy team partnering with Equity Team around reading program ask.