Central Oregon Health Council

RHIP Behavioral Health Identification & Awareness Workgroup

Deschutes County Building (DeArmond Room)
1300 NW Wall St, Bend

Agenda: August 28, 2018 from 8:15am-9:15am

Goals

Clinical Goal(s): (1) Increase screenings for depression, anxiety, suicidal ideation, and substance use disorders.
(2) When screenings are positive, increase and improve primary care-based interventions, and, when appropriate, referrals and successful engagement in specialty services.

Prevention Goal(s): Normalize the public's perception of accessing resources for depression, anxiety, suicidal ideation, and substance use.

Health Indicators by 2019	QIM Measure	State Measure	Healthy People 2020
1. Number of SBIRT/CRAFFT screenings provided in healthcare settings shall exceed 12% (Oregon Health Authority, 2015).	√		
2. Number of Depression screenings and follow-up care provided in healthcare settings shall exceed 25% (Oregon Health Authority, 2015).	√		
3. First year develop a baseline of successful referral and engagement in specialty care from primary care. Second year develop performance improvement benchmarks.			

1. 8:15-8:20 **Introductions—All**

2. 8:20-8:55 **Project Outline & Update: Regional BH Integration & Primary Care—Dawn Creach**

3. 8:55-9:05 **Mind Your Mind Project Update/Guidance—Jessica Jacks**

4. 9:05-9:15 **Cross-Pollination/Ideas with other RHIP Workgroups—All**
   - **Clinical Diabetes**
   - **Clinical Cardiovascular Disease (CVD)**
   - **CVD/Diabetes Prevention**

5. 9:15 **Action Items—All**
   - **Next steps**

Next Meeting: **September 25, 2018**
(Deschutes County Bldg, 1300 NW Wall St, Bend: DeArmond Room)

BH Screening and Awareness (13)	Organization
DeAnn Carr, LCSW	Deschutes County Health Services
Dawn Creach, MS	Consultant
Janet Foliano, PsyD	St. Charles Health System
Mike Franz, MD	PacificSource
Sierra Groenewold, LPC	Mosaic Medical
Jessica Jacks, MPH, CPS	Deschutes County Health Services
Katie Keck, LMFT	Rimrock Trails Adolescent Treatment Services
Larry Kogovsek	CAC Consumer Representative
Leslie Neugebauer, OTR/L, MPH	PacificSource
Kristi Nix, MD	High Lakes Healthcare
Laura Pennavaria, MD	St. Charles Health System
Rick Treleaven, LCSW	BestCare Treatment Services
Molly Wells Darling, LCSW	St. Charles Health System

Advancing Integrated Care in Central Oregon (AIC)
Central Oregon Health Council Regional Health Improvement Project
E. Dawn Creach, MS, Consultant

AIC Project Status Update 8/20/18

Communications

- Draft one-pager ready for feedback

Needs Assessment/Environmental Scan

- Utilizing SurveyMonkey and starting to develop practice survey
- Will be gathering information at site visits to 17 primary care practices in October (see below)
- Learning more and coordinating with other TA activities (e.g. Samepage Consulting for Collaborative Care Model implementation and the Delta Center grant)
- Starting to schedule/conduct key informant interviews (September – December)

Committee/Group Participation

- Regional step up/step down meetings facilitated by Kim Swanson
- Integrated Behavioral Health Alliance, Executive Committee
- Primary Care Payment Reform Collaborative, founding member and BHI subcommittee member; Fulfills required committee role, "expert in primary care contracting in reimbursement"

PacificSource Behavioral Health Integration QIM Payment Program

- Transitioning monthly PS QIM meeting to AIC Workgroup
- Analyzed Q 1 & Q2 QIM performance data for 17 practice sites
- Finalized site visit structure/info and discussed at 8/20 QIM meeting
- Will be conducting site visits at 17 clinics in October - November

Practice Facilitation/Consultation

- Working closely to support Summit/BMC as they recruit a BHC and re-establish an integrated care program

Learning Collaboratives

- COCH Pain Standards Task Force will not be funding the quarterly collaboratives starting in 2019; Will transition them to the AIC program and Dawn, Mike, & Kim will continue planning those; Need to talk with COHC about possibility of providing ongoing administrative support

The Central Oregon Health Council invested in new regional health improvement project:

Advancing Integrated Care in Central Oregon

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

Advancing Integrated Care (AIC) has 5 key components:

1) Identification:
Universal behavioral health screening in primary care clinics

2) Integration:
Population-based and outcome-oriented behavioral health interventions in primary care clinics

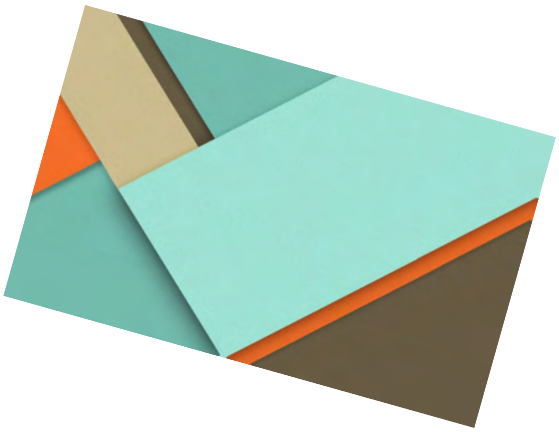
3) Referrals:
Timely and completed referrals to specialty behavioral health for people with needs beyond what can be served in primary care

4) Coordination:
Effective communication between primary care & specialty behavioral health

5) Expanding the Care Team:
Identify opportunities to increase use of traditional health workers, advocates, Peer Support Specialists, and Recovery Mentors

All primary care clinics in Central Oregon are invited to participate!

Advancing Integrated Care is a concentrated, two-year long initiative focused on improving all aspects of behavioral health care in primary care settings.



All primary care clinics in Central Oregon can receive individualized technical assistance, training, and consultation based on their quality improvement goals.

The goal is to make it EASIER to address your patients' behavioral health needs!

Central Oregon Health Council

Working Collaboratively to Make Health Care Better in our Community

PacificSource HEALTH PLANS

The Central Oregon Health Council invested in new regional health improvement project:

Advancing Integrated Care in Central Oregon

What does the Advancing Integrated Care initiative mean for my clinic?

Based on a comprehensive assessment of your individual clinic, technical assistance and training will be tailored to your needs. An expert practice facilitator/consultant will work one-on-one with your clinic to:

- ✓ Understand your clinic's mission and priorities
- ✓ Help develop and meet your quality improvement goals
- ✓ Focus on workflows and SYSTEM improvements
- ✓ Leverage your clinic's strengths to help imagine what is possible

Estimated Timeline:

- Fall 2019: Conduct comprehensive needs assessment including clinic site visits, key informant interviews, and a community-wide survey
- Winter – Spring 2019: Work with clinics to develop behavioral health quality improvement goals; develop tailored training and technical assistance; conduct learning collaboratives; develop program evaluation data plan
- Summer 2019 – June 2020: Conduct one-on-one technical assistance, trainings, and consultations with primary care clinics; conduct learning collaboratives; collect evaluation data

Examples of Areas Your Clinic Could Focus On:

- ➢ Increasing screening rates for depression, substance use, or other behavioral health issues
- ➢ "Closing the loop" by increasing the number of patients who are successfully referred to specialty behavioral health
- ➢ Better care coordination & communication with specialty behavioral health providers
- ➢ Hiring a behavioral health clinician and starting an integrated care program
- ➢ Exploring how to expand your care team by hiring a patient advocate, traditional health worker, or peer support specialist
- ➢ Achieving Patient-Centered Primary Care Home, CPC+, or other payer requirements for behavioral health integration

How do I learn more?

Please contact E. Dawn Creach, MS, AIC Consultant at edcreach@gmail.com or 503-522-5576.

Central Oregon Health Council

Working Collaboratively to Make Health Care Better in our Community

PacificSource HEALTH PLANS

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.