Provider Engagement Panel
June 9th, 2021 from 7:00am-8:00am
Virtual Dial-In: Zoom
Join by computer: https://zoom.us/j/630619272
Join by phone only: 1-669-900-6833, code: 630619272#
775506

7:00-7:05 **Introductions – Divya Sharma**
- **Approve Consent Agenda**
- **Action Item Review (Kelsey)**

7:05-7:20 **QHOC Report – Alison Little**
Attachment: QHOC report

7:20-7:50 **PCS Care Coordination reporting deliverable– Sarah Holloway**
Attachment: .ppt

7:50-7:55 **Vaccine Update/Imms Subgroup investment $$ – Rob Ross (subgroup members)**

7:55-8:00 **Wrap Up – Divya Sharma**

Consent Agenda:
- **May Minutes**

Written Reports:
- **COVID 19 Final Mini Grant Reports**

MINUTES OF A MEETING OF

THE PROVIDER ENGAGEMENT PANEL OF

CENTRAL OREGON HEALTH COUNCIL

HELD VIRTUALLY VIA ZOOM

May 12, 2021

A meeting of the Provider Engagement Panel (the ***"PEP"***) of Central Oregon Health Council, an Oregon public benefit corporation (the ***"Corporation"***), was held at 7:00 a.m. Pacific Standard Time on May 12, 2021, virtually via Zoom. Notice of the meeting had been sent to all members of the Panel in accordance with the Corporation's bylaws.

Members Present:	Divya Sharma, MD, Chair
	Michael Allen, DO
	Gary Allen, DMD
	Logan Clausen, MD
	Muriel DeLaVergne-Brown, RN, MPH
	Keith Ingulli, PsyD
	Alison Little, MD
	Sharity Ludwig
	Jessica Morgan, MD
	Robert Ross, MD
Members Absent:	Carey Allen, MD
	Matt Clausen, MD

	Emily Harvey, MD
	Laura Pennavaria, MD
Guests Present:	Donna Mills, Central Oregon Health Council
	Kelsey Seymour, Central Oregon Health Council
	Abigail Warren, Unite Us/Connect Oregon

Dr. Sharma served as Chair of the meeting and Ms. Seymour served as Secretary of the meeting. Dr. Sharma called the meeting to order and announced that a quorum of directors was present and the meeting, having been duly convened in accordance with the Corporation's bylaws, was ready to proceed with business.

WELCOME

Dr. Sharma welcomed all attendees to the meeting. Introductions were made.

CONSENT AGENDA

Dr. Sharma asked for a motion to approve the consent agenda.

MOTION TO APPROVE: Dr. Michael Allen motioned to approve the consent agenda; Dr. Gary Allen seconded. All were in favor, the motion passed unanimously.

VACCINES AND YOUTH

Ms. Seymour announced that Deschutes County has asked the Central Oregon Health Council to mount a video campaign combatting the false rumor that COVID-19 vaccines affect fertility in young women. She asked members of the Panel to connect their pediatric staff with the COHC so they can participate in recording a unified message.

QHOC REPORT

Dr. Little reviewed the minutes of the QHOC and HERC meetings. She noted complicated inguinal hernias (defined by both pain and function levels) are now covered, and femoral hernias will be covered for women. She shared the HERC heard a presentation on the vaccine complaint process for folks who can't get the vaccine due to disaibility or language access barriers, or those who can't get a second dose within the necessary window of time.

CONNECT OREGON / UNITE US

Ms. Warren explained that Connect Oregon will be transitioning from the oversight of the COHC to PacificSource.

VACCINE UPDATE/IMMUNIZATIONS SUBGROUP INVESTMENT

Dr. Ross shared this group has canceled meetings several times while clinics are expanding their access to accommodate vaccinations in clinics. He reminded the group that the $20,000 has been given to a tri-county effort housed at Deschutes County to clean up the ALERT system patient attribution.

Dr. Logan Clausen noted the 50-day window when children will be unable to receive any vaccines besides COVID due to CDC recommendations that children receive no other vaccines two weeks before or after receiveing either of the COVID-19 shots. She pointed out the conflicting priorities this creates with the adolescent immunization metric. The Panel decided to draft a letter to the Metrics and Scoring Committee at OHA. Ms. Seymour agreed to create a draft for the group to sign.

ACTION: Ms. Seymour will draft a letter from the Panel to OHA regarding the conflicting priorities with QIMs and COVID-19 vaccine efforts among youth.

ADJOURNMENT

There being no further business to come before the PEP, the meeting was adjourned at 8:03 am Pacific Standard Time.

Respectfully submitted,

_____

Kelsey Seymour, Secretary

OHA Quality and Health Outcomes Committee (QHOC)
May 10, 2021
Zoom Meeting ID: 161 250 9464
Passcode:750902
Phone: 1-669-254-5252

Meeting Packet
Agenda
QHOC Website
Slides

Clinical Director Workgroup

10:00 a.m. – 12:00

Topic	Summary of Discussion/Impacted Departments	Materials/ Action Items
Welcome/ Introductions/ Updates	**Presenter: Holly Joe Hodges** • See attendee list • Marissa Pantley will be reaching out to confirm QHOC contact list.	Pgs. 1-5

Covid-19 Vaccine Updates	**Presenter: Dawn Mautner**
	• Approximately 40% of Oregon's population (1.3 million) is fully vaccinated.
	  ○ 3.2 Million total doses administered
	  ○ 541, 905 have series in progress
	  ○ Slight drop in vaccines due to J&J vaccine issues.
	  ○ Urban and rural disparities exist, with decreased demand in rural areas.
	  ○ Younger age groups are starting to show an increase in vaccinations.
	  ○ >90% rate of 2nd dose received.
	• Vaccine disparities by race/ethnicity
	  ○ Lower vaccine rates in Latinx community compared to other races (17.8% fully vaccinated)
	  ○ Higher vaccine rates in Native Hawaiian/Pacific Islander population (39% fully vaccinated)
	  ○ 35% of white population are fully vaccinated
	• Latino Vaccine Equity Strategy:
	  ○ Latinex population has been disproportionately burdened by COVID-19 in Oregon.
	  ○ 80% goal to get population vaccinates by working with communities.
	  ○ Decrease systemic barriers and increase culturally specific vaccine options.
	  ○ Minimizing unnecessary documentation requirements at vaccine sites.
	  ○ Improving language access.
	  ○ Increase access to vaccinations for agricultural farm workers.
	  ○ OHA is working with Latinex CBO's to identify resources and provide funding.
	  ○ Collaborating with public transit to address transportation issues.
		Pgs. 6-27

	• Vaccine allocation and distribution updates:
	  o A national vaccine pool is being implemented from excess vaccines available. States that want/need more vaccine can get more allocated from the pool.
	  o Oregon is slightly behind the national trend.
	  o Transitioning focus to distribute vaccines to Primary care offices and other practitioners.
	  o Many vaccine sites will begin to transition into walk-in clinics.
	  o OHA is working on addressing cultural responsive-language access- minimize requirements for documentation.	

P&T Updates	**Presenter: Roger Citron:**
	• Oncology Policy updates:
	  o Onureg, Breyanzi, Policy, Iclusig, Tepmetko, Cosela, and Ukoniq added to Table 1 PA criteria.
	• Opioid Lit Scan updates:
	  o Assessment for opioid use disorders (OUD) added to criteria for both short acting and long acting opioids.
	  o Retro-DUR high-risk opioid criteria modified to include:
	  ▪ Patients paying cash for prescriptions
	  ▪ Patients diagnosed with substance abuse or history of overdose.
	• Antipsychotics in Children DERP Summary:
	  o No clinical reasons to make changes to PMPDP
	  o Safety edit criteria added to ensure appropriate use of antipsychotics for members less than 5 years old.
	  o Specialty consults required for members less than 5 years old.
	• Mental Health Polypharmacy
	  o Retro DUR for members on polypharmacy
	• Imcivree Drug review:
	  o Excluded for weight loss and not covered per Oregon Medicaid State Plan
	• Lumixyne- non preferred with PA criteria
	• Statins are undergoing a PDL review to combine classes
	  o Rosuvastatin preferred
	• Neuromyelitis Optica Spectrum Review:
	  o Include inebilizumab and satralizumab
	  o Monoclonal AB added to rare drugs with PA criteria
	• Next P&T meeting on 6/3 and materials will be posted on May 4th.
		Pgs. 28-39

HERC Updates	**Presenter: Ariel Smits**
	• Covid-19 codes:
	  o Nebulizer will be added to Covid line.
	  o EUA revoked for bamlanivimab effective 4/16/21
	  o Novanax added to line 3 (pending EUA from FDA)
	• May HERC meeting:
	  o Breast cancer index
	  o PET scans for Hodgkins
	  o No discussions on platelet rich protein plasma
		Pgs. 40-47

	○ Preventative screenings (only including USPSTF) ○ New guidelines for tethered cords ○ Clarifying coverage of rhinoplasty for chronic sinusitis ○ Port wine stain treatment (not currently covered) pulsed eye lasers are standard of care. Proposed coverage for face and neck. • Future topics: ○ Clarifying intent between cosmetic and reconstructive therapy. ○ Occipital neuralgia and neurostim treatment (moved to migraines) ○ Cataracts and smoking cessation ○ Brachytherapy for liver cancer • EGBS met in April ○ Deep brain stimulation for refectory epilepsy. ▪ Coverage recommended after multiple failed medication attempts. ▪ Draft is currently out for public comment to restrict level 4 epilepsy centers. ○ Public Comment ends for deep brain stimulation for epilepsy on May 14 at 8AM. • June Meeting: ○ High frequency chest oscillation (best evidence in CF and bronchiectasis) • September Meeting: ○ PANDAS/PANS/AE	
Health System Division Updates	• IIBHT updates: ○ Information is in the meeting packet on page 8 about providers pending approval. • Effective 5/14/21 - OHA deliverable deadlines and extensions: ○ If a guidance document is required from OHA, and it has not been provided to CCO's 90 days prior to when the deliverable is due, then the deliverable will due 90 days after guidance is issued. ○ Last Friday OHA sent contract administrators a memo, and it will send it out again through QHOC follow-up. • Diane Quering - Out-of-hospital births updates: ○ Rule is being built about eligibility guidance. ○ Most OOHB providers are not enrolled in CCO's. ○ Added initial assessment that includes bloodspot screening may be included in carve-out within CCO contracts in 2022 for (first 24 to 48 hours). ○ Other option is for CCO's resolution with no changes to the contract that may include payment agreements. ○ Send written feedback through QHOC email channel. • Questions: ○ Would carve out include NICU within 48 hours? ○ Are OOHB Providers qualified to perform newborn assessments? ▪ Yes, they have to be NPR certified.	Pgs. 48-63

KEPRO care coordination and Out-of-hospital births	**Presenter: Jeffrey McWilliams**
	• KEPRO care coordination process:
	  ○ OOHB consists of <5% of all case management and <.05% of total FFS population.
	  ○ Prior-auths are submitted to OHA for review.
	  ○ OHA sends the OOBH list weekly to SFTP sites.
	  ○ KEPRI is notified after approval for care coordination.
	• The concurrent review process in continuous throughout pregnancy on a provisional basis.
	• KEPRO is not involved in the process, OOBH list sent to CCO's, or the denial process, or coverage decisions.
	• KEPRO provides high intensity case management after referrals are received:
	  ○ Members can opt out of coordination.
	  ○ A warm-hand off hand is provided to CCO's after delivery.
	• KEPRO would like a key contact at each CCO for warm hand-offs.
	  ○ CCO's to review OOHB care coordination that was sent in the QHOC follow-up email, and email Lisa for confirmation for point of contact.
	• Email ORCM@kepro.com for questions.	

Quality and Performance Improvement Session 1:00 p.m. – 3:00 p.m.		

QPI Intro/updates	**Presenter: Lisa Bui**
	• TQS Updates:
	  ○ Written assessments with scores will be sent to CCO's by June 1st.
	  ○ CCO's can have optional feedback calls with OHA and schedule them through the transformation center email.
	• Oral Health Infinity Group is addressing topical fluoride varnish and offering technical assistance for quality improvement.
	  ○ Group kick-off begins July.
	  ○ Follow-up through QHOC email if you are interested.
	• HSAG presentation on "Secret Shopper" study:
	  ○ HSAG conducted a telephone survey and contacted PCP's and DCO providers.
	  ○ Questions were asked about appointment availability for well checks appointments.
	  ○ Responses were received back from providers enrolled in all CCO's and DCO's.
	  ○ Results will be communicated to CCO's/DCO's.
		Pgs. 64-76

New SUD Integration Waiver and 2nd Statewide PIP	• The current Statewide PIP was implemented through the CMS 1115 Integration waiver. ○ BH integration became the focus for the statewide PIP currently being designed in 2021. • CMS issued a new 1115 SUD Waiver, in addition to the existing 1115 Integration waiver.	

	○ The waiver will be implemented from April 8th 2021 through March 31, 2026. ○ This means that all CCO's will have to complete 2 statewide PIPs. ○ The second Statewide PIP will be focused on implementing the SUD waiver. ○ Both Statewide PIPs must follow the CMS protocol and will be validated. • Timeline for design and implementation for the SUD Statewide PIP. ○ In September 2021, CCO's will work with OHA to brainstorm the study topic. ○ The design phase will begin occur from October 2021-February 2022. ○ In spring of 2022, OHA will develop a summary document to send to CCO's outlining the study design for the SUD PIP. ○ CCO's submit the EQR validation form in summer of 2022. ○ In January 2023, CCO's begin implementing the PIP and reporting on a quarterly basis. • How does the 2nd statewide PIP effect the other PIPs? ○ CCO's will need to decide which other PIP to drop in place of SUD statewide PIP. ○ There will still only be 4 PIPs per CCO region, once the SUD PIP begins. ○ HSAG will grade both statewide PIPs.	Pgs. 77-84
Behavioral Health Statewide PIP development	• The current statewide BH Integration PIP is being implemented due to the CMS 1115 Integration waiver. • CCO's were sent a survey in April, and indicated an interest in narrowing the age group to early childhood or school age. • There have been 2 OHA PIP Development meetings and one CCO Oregon "BH Director meeting." ○ 3 top choices for the PIP topic were discussed were: ▪ BHI in primary care ▪ Expanding access to outpatient care ▪ Expanding BH network and workforce (string preference recorded at BH director meeting.) • Next Steps: ○ CCO feedback will be discussed internally at OHA on 5/12/21. ○ Lisa will be talking to HSAG about having a non-claims based measure for the PIP, and determine if it still meets PIP protocols. ○ OHA is considering sending out a survey for a final vote on the PIP topic. 1 vote per CCO. ○ Next OHA/CCO PIP development meeting is May 26th. • Continued CCO brainstorm discussion on the behavioral health access and workforce development topic (below.) ○ Incentivizing value based care in BH workforce. ○ Importance of getting people certified/licensed.	Pgs. 85 -88

	○ More focus needed on SPMI population and less on low-level care in outpatient settings. • How will pediatric population lens work with workforce expansion topic? Would it be increasing early childhood school-age access? • Some CCO's want more time to discuss the topic internally before any decisions are made. • (Dr. Franz) – Importance of ensuring the effectiveness of treatment modalities that are reimbursed, so workforce expansion results will result in improved outcomes. • (J. Koehler) -Workforce expansion needs more attention before behavioral integration can be improved. The PIP would still need to support workforce to support access problems regardless of topic. • (Dawn Creach) -Will CCO's get one final survey to finalize topic? • (PCS) - Leverage PCPCH's and Behavioral Integration so primary care integration does not house all mild and moderate cases. Workforce development alone will not solve all problems. • (YCCO)- We need a more programmatic approach such as (expanding practitioners within integrated settings.) • (W. Chavez) - Consider geographic settings and service regions (rural vs. metro settings). • Sam Shepard (CCO Oregon) – There is also funding attached to Measure110 dollars and workforce needs there. • Importance of having the PIP that follows an outcome measure since it is a quality initiative. • (Lisa)- PIPS have one standard measure to start with, but CCO's can add additional measures if they want to. • Ensuring longitudinal quality outcomes in PIP. • (PCS) – Use Collaborative Care model and increase access to child psychiatry access in PCPCH's. • (PCS)- Support the Aims model.	
Items from the floor.	• Future QHOC discussions: ○ 1 hour of QPI dedicated to BH PIP ○ 1 hour dedicated to SUD in future Future QHOC discussions ○ Other QIP topics: HIT roadmap deliverables ○ Sharing other PIP topics ○ Health Equity Plan sharing ○ THW- integration and utilization – potential learning collaborative during QHOC. • Learning Collaboratives in 2021: ○ Collaboratives will begin in September and November during QHOC (more details to come if they will be in person or not.) ○ Send Lisa ideas about potential learning collaborative topics.	No slides

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Care Coordination Report

Central Oregon Health Council, June 9, 2021

PacificSource Community Solutions

Biannual Care Coordination Report Overview:

- Overview
- Due Dates
- Report Components:
  - Care Coordination Data
  - REALD Data
  - Narrative
- Next Steps

Overview

- As part of CCO 2.0 OHA is requiring CCOs to submit biannual data regarding Care Coordination, which includes both discrete data, data regarding race, ethnicity, language and disability, and a narrative describing our work.

- We are seeking feedback and approval of the report prior to submission.

Due Dates

- Our first report is due August 14th
- The second report for 2021 will be due November 14th

QTR	Reporting Period	Due Date
Q1	January 1-March 31, 2021	**No report due**
Q2	April 1-June 30, 2021	**Saturday, August 14, 2021**
Q3	July 1-September 30, 2021	**Sunday, November 14, 2021**
Q4	October 1-December 31, 2021	**No report due**

Report Components

- Care Coordination Data: data regarding number of members enrolled in care management programs, screening and re-screening timeframe data, care plan development data, member progress towards meeting goals, and reassessment trigger data

- READLD Data: data regarding member care management eligibility broken down into race, ethnicity, language and disability

- Narrative: description of care management programs, roles and responsibilities, processes, improvement plans and strategies, milestones, and review of policies and procedures

Next Steps

- The first reporting period covers 4/1/21-6/30/21
- The completed report will be emailed for approval once reviewed internally by end of July 2021

Discussion and Questions

COVID-19 Final Report for Brightways Counseling Group (RHIP)

"Access to Care - Telehealth"

Reviewed by the Behavioral Health: Increase Access & Coordination Workgroup

Summary of Results:

- This project was intended to be able to provide phones to individuals that did not have access to phones, Wi-Fi, or any device to be able to complete telehealth counseling appointments.
- The intent was to make sure that no one that was in need of counseling went without counseling due to lack of resources.
- If any individual was in need of a cell phone in order to be able to complete telehealth counseling sessions, we would work with the individual to provide them a phone that ran on data that they could use to meet over video with their clinician.
- Throughout the course of this project, we were able to provide cell phones for 22 individuals in need who would not have been able to get the help they needed without the phones provided.
- By getting the phones to the individuals they were able to meet over video with their clinicians for sessions weekly and receive the care they needed.
- Without the cell phones provided these clients would have had no way to receive the care they were seeking due to COVID restrictions and not being able to be in the office.

Story:

All 22 of the individuals that we have been able to provide cell phones to have been extremely grateful for the opportunity to receive counseling services even though they had a lack of resources. We would never want to turn someone away because they did not have a video capable device to do telehealth sessions on. This project in particular helped one individual be able to receive counseling, medication management, and group therapy services all from the cell phone provided via telehealth. Without this project they would have been struggling to find access to the care they urgently needed.

COVID-19 Final Report for Weeks Family Medicine (RHIP)

"Weeks Everywhere"

Reviewed by the Behavioral Health: Increase Access & Coordination Workgroup

Summary of Results:

- Initially this project started with the focus of being able to outreach to our Behavioral Health population in Deschutes County and rural areas, to increase appointment attendance, decrease our No Show rates, aid in the follow up of AOD treatment and add a convivence for our patients by being able to be seen from their home.
- This project has helped our practice on numerous levels, and we are happy to continue the growth and use of Telehealth.
- With the COVID-19 global pandemic, Telehealth was the only way patients had access to our BHC for almost a year.
- Patients continue to elect Behavioral Health Telehealth visits as this suits their lifestyle, Pandemic awareness, and personal needs best.
- The implementation of Telehealth was the only avenue for our behavioral health patient population to be seen during the onset, and majority of the duration of 2020, due to the global pandemic.
- Patients still elect to be seen via Telehealth as they can continue quarantine, reach out for help from home or work, and receive AOD follow up and assistance.
- Our PCP providers can connect patients in same day circumstances with the ease of a phone call to the BHC, or face to face visit via Telehealth with the BHC.
- The biggest challenge the practice, as well as the patients, encountered were navigating I.T. issues.
- A lot of time and configuration on the back end with our I.T. staff as well as appointing a clinic champion to assist patients and other staff members was very time consuming and expensive.
- A lot of possible face to face telehealth options were converted to phone conversations when needed, due to user error, poor patient internet connection, provider laptop configuration, and a list of ongoing issues.

Story:

This project has brought Telehealth services to our Behavioral Health population as well as our routine med checks, sick visits that can't be brought into the clinic, and many other PCP appointment opportunities. By allowing patients to stay in their homes, and not risk contracting or spreading the COVID-19 virus we have helped keep families in their homes and overall assisted in keeping positive cases down.

*Order of projects is by final report submission date Published June 2021

COVID-19 Final Report for Council on Aging for Central Oregon (RHIP)

"Addressing Urgent Food Needs for Seniors"

Reviewed by the Address Poverty and Enhance Self-Sufficiency

Summary of Results:

- This project focused on supporting the urgent food needs of the older population in Central Oregon via our organization's meal programs.
- By providing additional food for the growth of our meal programs, Meals on Wheels and Congregate dining which we are now delivering via drive-through to-go meals, this grant has allowed us to serve more clients and reduce food insecurity.
- We are still handing out and delivering our meals in a safe, socially-distant manner to keep our clients, volunteers and staff safe.
- Thank you for contributing to our program's success and the growing number of meals served to older adults throughout Central Oregon.
- The generous funds provided covered the cost of food for 1,000 of these meals - approximately 8% of the total meals (12,900) provided in May 2020.

Story:

Our free meal services provides nutrition and an opportunity for connection for all. Providing meals and an chance to connect with a volunteer or other attendees in the drive through, allows our clients to feel seen which has an enormous impact on the well-being of our most vulnerable members of our community. One of our new clients in Sisters became very emotional when she discovered the drive through service. She shared with our team member that she usually just opens up a can of peaches or makes of bowl of oatmeal and that is all she has to eat. She was grateful to read about this through the Nugget (Sisters, OR newspaper) so she can pick up and eat these amazing meals and connect with others in the community throughout the week.

COVID-19 Final Report for Sunstone Recovery (NRHIP)
"Sunstone Recovery Connected"

Reviewed by:
Substance and Alcohol Misuse: Prevention and Treatment Workgroup

Summary of Results:

- Sunstone Recovery Connected has allowed for us to be able to offer clients telehealth direct care services during the COVID-19 crisis.

- Sunstone Recovery Connected has also allowed for us to smoothly transition from in person care to telehealth.

- We have also been able to secure a HIPAA compliant telehealth platform and train/hire staff so we're able to continue to offer Telehealth services to the Central Oregon community.

- Sunstone Recovery Connected has allowed for current and new clients to receive telehealth direct care services during the COVID-19 pandemic.

- We have achieved our goal to be able to offer 100% of all of our clinical services via telehealth and have been able to hire and train staff to implement the new telehealth platform.

COVID-19 Final Report for Parkinson's Resources of Oregon (Non-RHIP)
"Vulnerable Senior Outreach"

Summary of Results:

- With 142 households included, we are confident that together we improved lives. Without exception, the folks we spoke with we grateful for the outreach and quite eager for conversation.
- In some calls we learned of a recent (or unknown to us) death, which opened the door for possible grief support referrals.
- Everyone of course wanted to discuss covid and the prospect of a vaccine, but also the data support that at least a third wanted help to become engaged with zoom support groups and other Parkinson's Disease-specific programs.
- The personal connection made the participation seem more possible.
- We also learned that for some, telephone truly is the lifeline for that home. Limited or no internet. No computer or broken computer at home, etc.
- We are working to leverage our existing programs and volunteers to continue support especially to these folks with technology barriers.
- We are actively making plans to continue some form of this initiative. We have had some success with key volunteers, including one just for Central Oregon.
- The challenge is that the needs are so varied, it is difficult to provide sufficient training for a volunteer.
- Even our highly experienced staff needed to lean upon our social worker for some cases. We will utilize the call log and topics discussed data to help inform the need for future education programs.

Learning:

Lessons learned for us was how eager our constituents are for the connection. Even post pandemic/quarantine we envision an ongoing need for some form of telephone outreach and connection. Too many folks aren't tech savvy, aren't driving, or don't have the initiative to reach out - yet without exception - people we reached were grateful and appreciative of the connection and open to learning about resources.

*Order of projects is by final report submission date Published June 2021

COVID-19 Final Report for La Pine Community Health Center (RHIP)

"The Behavioral Health COVID-19 Telehealth Project"

Reviewed by the Behavioral Health: Increase Access & Coordination Workgroup

Summary of Results:

- The Telehealth Project enabled La Pine Community Health Center's (LCHC) Behavioral Health (BH) providers to work with their patients remotely keeping both the clients and staff safe from contracting the COVID-19 virus.
- Telehealth also allowed more flexibility as patients sequestered during the COVID-19 and following the Social Distancing requirements.
- Patients of LCHC are experiencing additional or new situations that are requiring consultation with the BH providers.
- By implementing this project during the beginning of the pandemic then continuing as the restrictions were relaxed, LCHC continued to serve the BH patients more easily, conveniently and in the patients' preferred setting.

Quote:

"Because of the COVID-19 pandemic, many of my patients felt very uncomfortable coming to the clinic for our visits. Additionally, transportation is an ongoing issue. Telehealth provided, and continues to provide, a safe alternative to in-person visits. Patients who participated in a telehealth visit expressed satisfaction and gratitude that telehealth was and is an option for Behavioral Health consultations. After many months of isolation, it was important for me to be able to touch base with my patients and "see" how they were doing." Beth - Behavioral Health provider

*Order of projects is by final report submission date Published June 2021

COVID-19 Final Report for St. Charles Health System (Non-RHIP)
"Expansion of Continuous Glucose Monitor Services to All Patients"
Reviewed by the Promote Enhanced Physical Health Workgroup

Summary of Results:

- The results of this project showed an increase in time in target range (defined as blood glucose of 70-180 mg/dl) for patients who received a continuous glucose monitor (CGM).
- The mean baseline time in target range (TIR) prior to CGM was 50%, compared with 67% at the end of the CGM use period.
- Those who continued the CGM for at least 90 days, had an average A1c reduction of 1.1%, which is considered clinically significant.
- A study from Sweden showed an A1c reduction of 7.8% to 7% reduced the risk of cardiovascular death by 45%, as well as a reduction in fatal and nonfatal coronary heart events of 37%.
- CGM also increases patient satisfaction, by eliminating finger stick BG monitoring.
- Most patients become more engaged with getting their diabetes under control when they can see how their BG changes after certain meals or with exercise.
- Overall, using a CGM in managing diabetes can improve A1c control in patients with diabetes, improve long term outcomes, and increase patient satisfaction and engagement.

Story:

Many patients who live in remote areas of Central Oregon may experience barriers to access secondary to travel restrictions and cost. Quick treatment of hyperglycemia after diagnosis of diabetes is pertinent for improved health outcomes. CGM services allow for remote monitoring which helps to bridge this gap. One specific Type 2 Diabetic patient from La Pine who struggled with hyperglycemia for years (A1c of 11.4% in 2018, 10.6% in 2019 and 10.2% in 2020), despite being managed by endocrinology, was referred to PharmD clinic and had CGM placed in 10/2020. With consistent CGM use for 160 days, implementation of lifestyle changes and medication adjustments based off CGM data the patient's A1c significantly improved to 6.6% on 5/20/21.

*Order of projects is by final report submission date Published June 2021

COVID-19 Final Report for ReVillage (Non-RHIP)

"ReVillage Start-Up"

Summary of Results:

- ReVillage was able to open its doors to ten children on May 5.
- This was able to happen because we went through a thorough hiring process, guided by our partnership with a local diversity, equity & inclusion consultancy.
- We were also able to purchase supplies to ensure we are COVID19 compliant.
- We now are able to offer full-time, affordable care (approximately seven percent of median income in Bend) to four children and no-cost care to six children through our partnership with Baby Promise.
- We have the tools and quality of staff we need to expand our program into a second location later this year and expand our current location to offer care for an additional five children.
- Our staff and board will be trained in DEI and our hiring process was thorough and intentional.
- We are COVID-compliant and safe, able to operate as an emergency provider for ten children.
- We are breaking down barriers to care for families in Central Oregon as a nonprofit committed to quality care and replicating our program.

Quotes:

This quote comes from one of the parents of a child in our care:

"When you think of Bend, you think of the local catchphrase: living here is poverty with a view. And that has been so true for us. We're adults with a child but in a lot of ways we couldn't survive without our families stepping in. Which is not something either of us want but it is just the reality of what life has been like. This will be the first time since we've lived in Bend that we both have full-time jobs and childcare for [our son], so we're kind of like, 'There's a light at the end of the tunnel. Maybe things will be okay.'"

*Order of projects is by final report submission date Published June 2021

COVID-19 Final Report for The Door at Three Rivers (Non-RHIP)
"Warming Center Operations"

Summary of Results:

- As a Winter Shelter, we were not able to open as in years past due to COVID restrictions.
- Volunteers were not as readily available due to most of our help being retirees, who are a vulnerable population for COVID, as are the homeless.
- The difficulty of running a congregant shelter and trying to mix two vulnerable populations proved to be insurmountable for us.
- Despite this challenge, we did, however, distribute food boxes, winter clothing, camping gear and provided hotel stays to guests with emergency needs.
- It was a different Winter having to navigate a pandemic and even though our volunteers were down significantly, the community stepped up to offer coats and other supplies to give away.
- Although outside of the scope of this grant, we also distributed food in Sunriver with our limited volunteer pool.
- The Community knows that we help people in La Pine and Sunriver and it was much needed, especially this past year.
- While we weren't open for sleeping hours, we did purchase camping gear, including tents, tarps, sleeping bags and heaters for those sleeping in the woods and for those sleeping in their vehicles.
- We also distributed over 100 food boxes per month and a significant amount donated winter clothing.
- We also started two recovery meetings per week with an average attendance of about 20 each.

Story:

Two gentlemen who are working on sobriety were living in their vehicle. We were able to provide them with regular food, a source of heat and winter clothing. They came here from Florida and were not prepared at all for Winter. Additionally, we gave them place to shower and connected them with meetings. As a result, they were able to get jobs and stability in life.