

Okanogan Coalition for Health Improvement
Meeting Notes
May 28, 2019, 12:00 PM to 2:00 PM

Introduction-All

Attendance- SEE SIGN IN SHEET

Whole Person Care Collaborative-Wendy Brezenzy

- One element of the North Central Accountable Communities of Health work is the Whole Person Care Collaborative (WPCC). There is plenty of work going on around the region and wanted to give an update of the WPCC. The goal is to tie the WPCC in and make an impact on the Social Determinants of Health by working with community based organizations. Think about the work the Whole Person Care Collaborative partners are doing and what you are doing. That is the discussion we would like to have and supporting client.
- Broad background: There are 9 Accountable Communities of Health (ACH) around Washington State and align themselves to improve healthcare quality and cost. Not one sector could do it alone. The ACHs are looking and working at a regional approach. It is a 5 year plan and medicaid transformation project. Through the Medicaid Transformation Project, we are looking at medical and behavioral.
- Each ACH was given a Toolkit to help with implementation. The North Central Accountable Communities of Health (NCACH) could pick 6 out of 8 projects to implement in our region. In the WPCC there are 17 organizations we are contracted with. 4 organizations are located in Okanogan County. Medicaid beneficiaries are who we focus on. Each organization in the WPCC report quarterly with change plans for project work. This can show how we are doing regionally. We work with the process and development of work flows. We have a portal and pay as you go system. It helps with some revenue that the organizations are not able to generate. The transition is moving to a value based payment. Working as a team is a foundation.
- The moving parts of WPCC are NCACH staff, workgroups, change plans and learning activity (facility nationally through Zoom and homework and implement.) NCACH has two Practice facilitator for the region.
- When we look at Social Determinants of Health (SDOH) we look at the whole person. Only 10-20% of a person's health is done in the healthcare setting. Genetics, environment and SDOH contribute to a person's health. Some SDOH are housing, transportation and access to food. CHI members know the needs of their communities.

Family Health Centers

- At the NCACH Summit, we talked about the SDOH and behavioral health. We go home from the summit and do not make any changes. Family Health Centers is concentrating on workflows, connecting SDOH, creating and capturing what we are working for.
- Group visits are helping with access to care, especially healthcare. We have to list to check off.
- Different organizations and patients who wouldn't seek out help. The Syringe and suboxone programs and encourage engagement with providers. Embrace, help and make changes through

treatment. Empowerment through a team and looking at the SDOH. Team care sprint will be starting in June. You have to be involved.

- For the Social Determinants of Health we cannot focus on all of them within our 4 walls. If we have access, then we can share the information and not have to ask repeatedly. Shifting the culture. If we want a healthy community, then it has to be all of us working together.

We are here for a reason.

Mid-Valley Hospital

- One thing we want is to be a safety net for our patients. We need the right medications and treatment plans for our patients. 48 business hours after treatment the patient is contacted. Then there can be a follow up appointment. Touch base with the patient, so he or she knows we are sympathetic and can give guidance.
- At Mid-Valley, some of the care that we offer are in Family Practice, wound, and OB. It has taken a lot of work in seeing how the patients are responding to Transitional Care. Patients are complaining that they are getting too many follow up phone calls. There are unnecessary visits because of SDOH. Mid-Valley is working with Okanogan Behavioral Healthcare on Crisis Tele-Health Services. If this service becomes available then the patient will be able to talk to a provider through a technology device. The patient would not have to leave without services. There will be a new provider in October of this year, to focus on medication management, MAT program with 2 other providers, counseling, consultations and collaborative visits with providers.

Okanogan Behavioral HealthCare

- OBHC is focusing on access to care. There has been criticism from Community Based Organizations (CBOs) and patients in the past around access to care. This is discouraging and not the care, OBHC wants to provide. Now, the internal process is to focus on access. We come from a prescribed way of thinking on the way we can provide services. Example: Intake appointment takes 2 hours. For most patients to do a 2 to 3 hour appointment, is not ideal. There is a change of perspective. What do other stakeholders want? What do patients want? Really putting yourself into their shoes. Engagement and outreach, instead of doing intake appointment. Someone might not want to go see a provider, but the next step is to get some help and make connections.
- OBHC is analyzing workflows. We have been doing centralized scheduling. Where are we at today? We made the changes that we felt like we could. If someone called OBHC today, that individual would be seen today or tomorrow for behavioral health services. If it is for Substance Use Disorder (SUD) there 5 providers and the individual would be seen in 7 days. We are still shooting for same day access. Is this really an improvement? It seems like we solved the problems, but we moved patients from one place to the next. It is hard for providers in schools with a shorter time frame. There is a little more push back from providers, but stakeholders are happier.
- OBHC is prepping for more change and building relationships for the Opioid Epidemic. The organization that we are collaborating with is Family Health Centers.

Discussion

- All of these organizations are working collaboratively.
- The question for all of you and out in the community working with schools, transportation and things that really drive people's health. What are these organizations doing exciting or what would you like to see?
- One client has Improved to manage his diabetes and have not seen him in the ER for mental health issues. How do we help people?
- There are so many meetings where people say the problems but no solutions or actions. I would like to hear more on Behavioral Health and is it sustainable? How can the stakeholders in the room contribute? It would be great for those regionally to hear about concerns on sustainability and barriers.
- This county needs more providers. Statewide there is a shortage in Substance Use Disorder (SUD) and Behavioral Health. Adding use of technology could be an option for a solution. There is a gap for Spanish Speaking services. Is there a way to get people to help, but not move here? There has been a child specialist that wanted to move to Costa Rica. The specialist wanted but wanted to work part time and work through tele-health. It has been amazing to test the telemedicine.
- Is there a way we could contract Spanish SUD provider maybe from the Yakima area? Even someone that would work part time because that is better than no time. Another thing is some providers want to work from home. Maybe there is a Doctor in Methow and the patient is here. Maybe the patient can be at home and talk to a provider through Tele-Medicine. Encouraging our staff to expand what we are doing. It would be a great option if we could get reimbursed through tele-medicine. Think about the flu season and not having patients go out and spread germs to others.
- Recently with the measles outbreak, some areas are performing appointments through tele-medicine. When the community speaks up, about the Provider shortage, we cannot get people here, but tele-medicine could make it easier.

Mid-Valley Hospital

- We cannot bill over telemedicine because of RHC. Part of the hesitation is the billing structure. It has been working well with our providers.

Discussion

- A Stanford Model for Chronic Disease could be a resource for the Opioid Epidemic. Workshops are throughout the region. Work through Wenatchee and service 6 counties. Chronic Pain is so important to address. The science shows it is very effective. It is great to see there is more collaboration and seeing that it is happening. The support and the classes are expensive sometimes such as providing snacks and materials.

Communication

- The problem is that there is not enough communication between organizations.

- It would be useful for the Okanogan Juvenile in getting a list of people for community service through volunteers. The Judge says that those in the juvenile system needs to do community service.

Point of entry

- On the ground floor, how will we get the patients to help. We are trying to get the SDOH at the beginning. Curious about the HUB. Will we all have the same roads?
- The new Epic system will be linked to charts. If someone has problems with housing, it will be listed. We are trying to implement it into all healthcare. How do you know if they are getting the help? It will take a while to know.
- We are not in the business of communications. How do we get the word out for the new programs? What would be the best way?
- Email Kelsey Gust (kelsey.gust@cc-ahp.com) to have information sent out to the Okanogan CHI listserv and calendar. That way the CHI can be more connected.
- Thank you for the conversation and progress is being made.

Asset Mapping-Tanya Gleason

- What exists in our county? Working on identifying the assets and the CHI has been instrumental in that. Currently, looking at assessment and referral platforms. To improve access to care and move along the Pathways Community HUB. Using the voice of community members. cross sectors and referrals. We are working on improving on communication. Wenatchee Valley Community College nursing students were working on assessment tools. The nurses went to food banks and engaged conversation with community members. There is raw data from 40 interviews around experiences and attitudes to access. Cross sector interviews were a little more intensive. Everyone wants improved access to care.
- Propose to the CHI for an asset mapping activity. Providers only know 20% of what is in the community.

Opioid Projects-Christal Eshelman

- On May 3rd, a Dental Opioid Prescribing Workshop was held. 8 strategies for Opioid Crisis. Rapid Cycle Opioid Awardees: Oroville, North Valley Hospital and North Central ESD.
- Narcan Training distribution funding is still available. The organization would purchase the Narcan and receive reimbursement. Application is online and is a simple process.
- School Based Opioid Prevention RFP has been released. Performing an assessment of what prevention projects exist is part of the requirement .
- Opioid Response Conference Summary: On March 15th there was an Opioid Response Conference at 10 sites throughout the region. The sites were connected through technology with local facilitator. 325 participants and 13 action plans were developed. A Narcan training was available at each site at the end of the conference. There were 6 sites in or close to Okanogan. 97.7% would like to attend another Opioid conference. 79% prioritized prevention for a topic. Some of the local actions plans are from Bridgeport, Twisp, Coulee Dam and Nespalem.

Three Rivers Hospital

- Take Back Sites funded through the NCACH Rapid Cycle. Overdose deaths in Okanogan County is on the rise. Walmart does not distribute over 50 milligram equivalents for Opioid Prescription Drugs. We are working on helping providers with a help on lowering doses. In 2018, there were 11 overdose deaths in Okanogan County.

Discussion

- Some people are choosing Meth instead of Heroin. Is the money going to the opioid crisis use?
- The people choosing Meth over Heroin are working poor. They would not be successful if they are using heroin. Is there data on that? Pubic Health is working on data. We are seeing this in Bridgeport and Brewster area.

Community Initiative Funds-Sahara Suval

- The Community Initiative Advisory Group has been developing the application process. Most of the process has been developed with a few more steps. It is time to start thinking of projects. A goal of the funding are to have innovative plans and projects.
- We will need people on a reviewing process. Help us find folks to be part of the review process. There will be touch points and to provide feedback. This will be brought into motion at the July NCACH Board meeting. Soon you will receive more information and application. Almost anyone can apply. Please join the review team because we need you to be part of it. Thank you to the advisory group for their work.

Community Health Needs Assessment-Paige Bartholomew

- At the next Okanogan CHI meeting, the CHNA focus group activity will be held. We will need the expertise and it will be important to have you in the room.

Thank you to the presenters.

Meeting Adjourned