



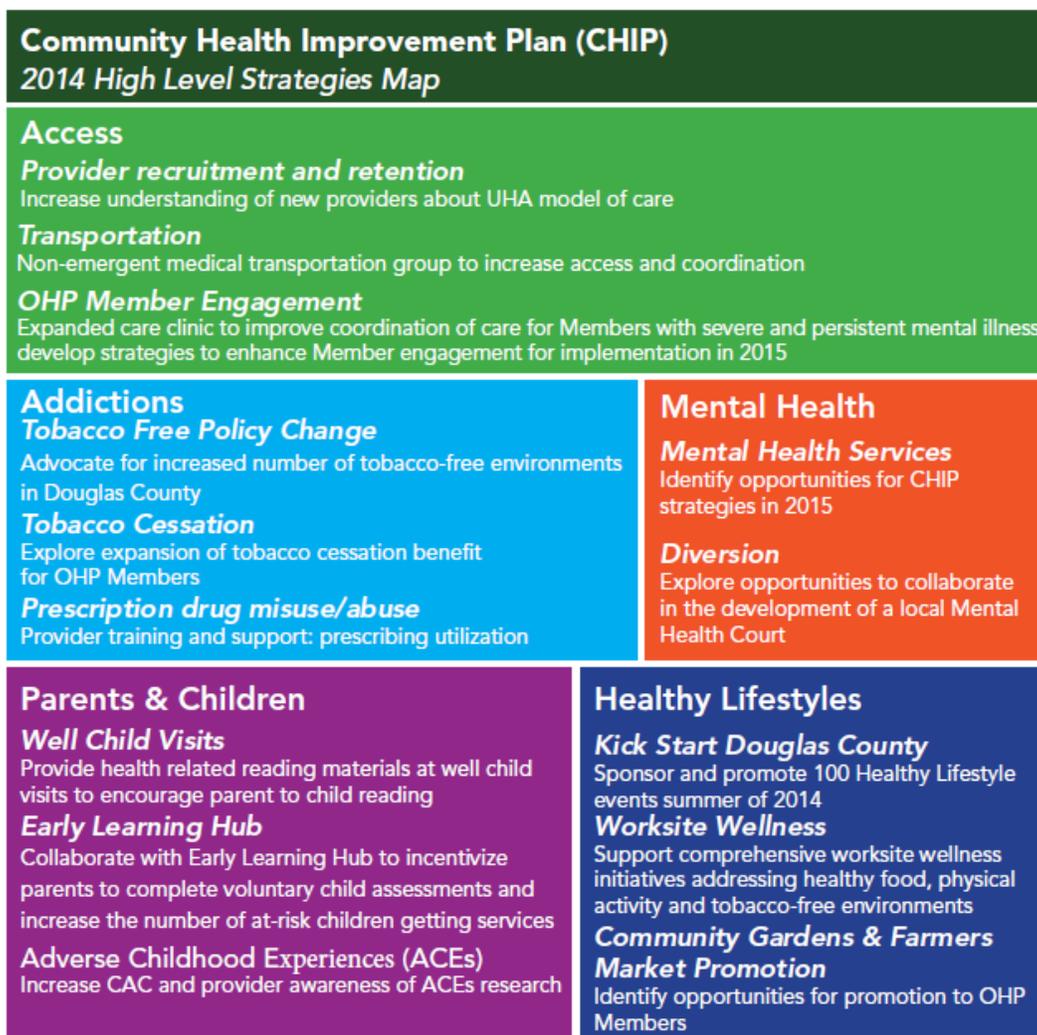
Community Health Improvement Plan

Progress Report June 2015

In 2012 and 2013, Umpqua Health Alliance (UHA) and Douglas County Public Health (DCPH) sponsored the 2013 Douglas County Community Health Assessment (CHA), which was released in the fall of 2013. The Douglas County Community Health Improvement Plan (CHIP), based on the CHA, was released in June 2014. The CHIP is a plan that resulted from an attempt to make sense of the data included in the CHA and prioritize issues that community organizations feel are important to address in Douglas County. Strategies were then chosen from community input and based on the [Core Planning Principles](#) (Appendix A) and values of the Community Advisory Council (CAC), Umpqua Health Alliance and Douglas County Public Health. The 2014 Douglas County CHIP represents the first time the Douglas County community has crafted a Community Health Improvement Plan, and embodies the collaborative principles of active community collaboration.

The UHA CAC membership has contributed efforts toward activities that support identified focus areas. Partnership and collaboration on CHIP activities has included representation of local physical and oral health providers, the public health authority, mental health authority, domestic violence prevention agency, addiction treatment and prevention provider, early learning council, first responders, Department of Human Services, teachers and librarians, and local citizens.

Following is a snapshot of the 2014 High Level Strategies Map:



The strategies and activities directed toward improvement in these focus areas include:

Priority Heath Issue	High Level Strategy	Objectives/Tasks	Activities
Improve Access to Health Care Services			
Access	Provider Recruitment & Retention	Provide tools and resources about the UHA model of care to recruit and retain providers and to increase access to providers accepting Oregon Health Plan Members	As of June 30, 2014, there have been 15 new physicians, and 10 new nurse practitioners/physician assistants recruited to the community and credentialed to accept Oregon Health Plan (OHP) Members. Information regarding the UHA model of care is shared during the provider recruitment process and has been communicated to providers already established in the community. Oregon Health Authority (OHA) communication of the OHP renewal and closure updates are sent to provider staff. Downloadable resources and tools are included in a quarterly newsletter to providers.
	Transportation	Convene non-emergent medical transportation (NEMT) workgroup to increase access and coordination of transportation in Douglas County	To reduce barriers to access due to transportation, a workgroup of community transportation stakeholders was convened over several months, which resulted in six conceptual options for NEMT delivery in the service area. Consensus of the workgroup was to contract with a brokerage and include performance and quality incentives, and opportunities to develop innovative programs to support efficient and effective service delivery. UHA is proceeding with brokerage negotiations to integrate NEMT into plan services.
	OHP Member Engagement	Expanded care clinic to improve coordination of care for Members with severe and persistent mental illness, develop strategies to enhance Member engagement for implementation in 2015	To support OHP Member engagement, the Expanded Care Clinic (ECC) staff at Umpqua Community Health Center (UCHC) have been trained to use motivational interviewing as a tool to facilitate behavior change of Members. The model uses engaging, focusing, evoking and planning processes to support healthy, sustainable behavior by ECC Members with Severe and Persistent Mental Illness (SPMI) and chronic illness.

Priority Heath Issue	High Level Strategy	Objectives/Tasks	Activities
Improve Access to Health Care Services			
Access	OHP Member Engagement	Expanded care clinic to improve coordination of care for Members with severe and persistent mental illness, develop strategies to enhance Member engagement for implementation in 2015	To further increase Member engagement, an intensive primary care model is being implemented at Umpqua Regional Medical Center (URMC), a UHA network clinic, where approximately one-third of our Membership identified with Severe and Persistent Mental Illness (SPMI) are assigned. The model includes physician-led care teams, extended evening and weekend hours, mental health, and behavioral health services on-site and contiguously located addiction services.
Reduce Number of Individuals Addicted to Alcohol, Tobacco and Other Drugs			
Addictions	Tobacco Free Environments	Advocate for increased number of tobacco-free environments in Douglas County	To support decreased tobacco use, advocacy is being directed toward increasing the number of tobacco free environments in Douglas County. Two of the largest UHA network primary care clinics and Advantage Dental are participating in the Strategies for Policy and Environmental Change (SPArC) Tobacco-Free Project, a grant funded project led by Adapt – local provider of addiction treatment and prevention services and a UHA community collaborator. The project addresses tobacco use through implementation of organizational policy, system, and environmental change aimed to create tobacco-free environments and encourage tobacco users to quit. Staff from medical and dental health clinics participated in training, assessment and policy development to identify opportunities for system environmental change. There are now over 20 tobacco-free campuses in Douglas County.

Priority Heath Issue	High Level Strategy	Objectives/Tasks	Activities
Reduce Number of Individuals Addicted to Alcohol, Tobacco and Other Drugs			
Addictions	Tobacco Cessation	Explore expansion of tobacco cessation benefit for OHP Members	The CAC is actively involved in working with the CCO Medical Director, Pharmacist and team to review current cessation benefits available to Members. A CAC champion is working with the tobacco prevention education program manager of Douglas County public health and the SPArC grant manager at Adapt to research best practices for tobacco cessation in preparation of a proposal to the UHA board. The goal is to deliver evidence based best practice cessation benefits to Members.
	Prescription drug misuse/abuse	Provider training and support for prescribing utilization	<p>To support provider education and Member engagement, local providers are provided the UHA Opiate Use Policy and a toolkit to support dosing and tapering education. Providers are also provided with Member education resources regarding pain management. (Examples of toolkit resources are included in Appendix B.)</p> <p>UHA has a monthly pain management committee that meets to offer a forum for prescriber support, education and evaluation of patient education resources for Members.</p> <p>The UHA pharmacy director is an active member of the local opioid task force, working closely with law enforcement, treatment providers, local pharmacies, violence prevention advocates, DHS and the Veterans Administration to increase awareness of the prescription drug use epidemic, with a goal to reduce risk factors for drug diversion, misuse and abuse.</p>

Priority Heath Issue	High Level Strategy	Objectives/Tasks	Activities
Increase Integration of Services for Severe and Persistent Mentally Ill			
Mental Health	Diversion	Explore opportunities to collaborate in the development of a local Mental Health Court	<p>Architrave Health has supported the start-up of the Douglas County Mental Health Court (DCMHC), via a generous monetary contribution.</p> <p>The UHA Community Advisory Council has received presentational information regarding the DCMHC, and continue to explore opportunities to support development and sustainment of these services.</p>
	Mental Health Integration	Identify future opportunities for CHIP to support mental health integration in 2015	<p>To support mental health integration, a large primary care clinic, with a significant patient panel with Severe and Persistent Mental Illness (SPMI), is implementing an intensive primary care model that has physician-led care teams, extended evening and weekend hours, mental health and behavioral health services on-site and contiguously located addiction services.</p> <p>The UHA Board, in collaboration with Greater Oregon Behavioral Health, Inc. (GOBHI), approved funding for housing for individuals with SPMI. The funding will cover six individuals for six months. Eligibility requirements include active participation in the DCMHC. This pilot program will determine if these individuals may be more engaged in their mental health services when the basic need of housing is met. An outcome report will be provided to the UHA board within six months.</p>

Priority Heath Issue	High Level Strategy	Objectives/Tasks	Activities
Increase Access to Physical Activity and Healthy Food Choices			
Healthy Lifestyles	Kick Start Douglas County	Sponsor and promote 100 healthy lifestyle events	<p>To encourage healthy activity, the CAC and UHA collaborated with other area organizations to sponsor and promote over 340 healthy lifestyle events for the summer of 2014 by establishing <i>Kick Start Douglas County</i>, and are supporting a similar project for 2015.</p> <p>UHA contracted with the YMCA to offer two 12-week pilot programs, <i>Healthy Living Challenge</i>. The first 12-week session concluded in February; the second is underway, and will conclude, as Kick Start 2015 begins.</p>
	Worksite Wellness	Support comprehensive worksite wellness initiatives addressing healthy food, physical activity and tobacco-free environments	<p>UHA actively promotes community-wide Worksite Wellness training in collaboration with Douglas County Public Health. The next training is scheduled for June 19, 2015.</p> <p>UHA and Douglas County Public Health are working closely with other key stakeholders in the community to promote tobacco-free worksite policy, resulting in over 20 tobacco-free campuses in Douglas County.</p>
	Community Gardens Farmers Markets Promotion	Identify opportunities for promotion to OHP members (e.g., food stamp accessibility)	<p>The CAC supports and promotes seasonal and year-long Farmers Markets and community gardens. Umpqua Health Alliance provided funding for matching Supplemental Nutrition Assistance (SNAP) benefits at the Umpqua Valley Farmer’s Market and CAC champions are working with other markets and local plant and seed growers to establish EBT access for SNAP.</p>

Priority Heath Issue	High Level Strategy	Objectives/Tasks	Activities
Improve Outcomes for Children by Investing Early and Addressing Core Risk Factors for Health			
Parents & Children	Well Child Visits	Improve kindergarten readiness by promotion of parent-child reading at well child visits	<p>Through a grant awarded by the South-Central Oregon Early Learning Hub, 800 books were purchased for distribution to children in the community. Over 500 books were distributed at the <i>Celebrate Children</i> event on April 25, including:</p> <ul style="list-style-type: none"> • First 100 Words Bilingual (Spanish Edition) • Heads, Shoulders, Knees and Toes (Dual-English/Spanish) • Mi Primer Libro del Cuerpo/My First Body Book <p>The remaining books were distributed to provider offices and to parents through the WIC program.</p> <p>In addition to a focus on health literacy, the majority of books focused on behavioral health strategies, for example, <i>Feet Are Not For Kicking</i>, <i>Hands Are Not For Hitting</i>, <i>Manners Time</i>, and <i>Listening Time</i>.</p>
	Early Learning Hub	Collaborate with Early Learning Hub to incentivize parents to complete voluntary child assessments and increase the number of at-risk children getting services	CAC champions are working closely with the South Central Oregon Early Learning Hub to identify opportunities to distribute developmental screening tools to parents and to support opportunities for engaging families in the process for developmental promotion.

Priority Heath Issue	High Level Strategy	Objectives/Tasks	Activities
Improve Outcomes for Children by Investing Early and Addressing Core Risk Factors for Health			
Parents & Children	Adverse Child Events (ACEs)	Identify opportunities for promotion to UHA Members	<p>The CAC received a presentation on the research and health implications of Adverse Childhood Experiences (ACEs).</p> <p>UHA is collaborating with our local violence prevention organization, who was awarded a Northwest Health Foundation community-planning grant to develop strategies to integrate ACEs and trauma-informed care across sectors and increase protective factors and resiliency in the community.</p> <p>CAC members participated in and facilitated two ACE presentations and a consumer focus group.</p>

Appendix A

Core Planning Principles

- Based on 2013 Community Health Assessment
- Cost effective strategies that leverage local assets and resources
- Creates positive, measurable change in individuals and community
- Coordinated with efforts that are already successful in Douglas County
- Evidence-informed
- Population-specific strategies, addressing health disparities
- Meets Oregon Health Authority and Public Health Accreditation rules and mandates
- Strategies established on a 1-3 year time line

The purpose of the CHIP is to outline strategies and metrics that support improved health of individuals and the community.



Appendix B

Opioid Dose Calculator

Patient's Name:
 Today's Date:

Use as an app: This calculator can be used as an app on mobile devices. Please refer to your device's instructions (or refer here: [Android](#) or [iPhone/iPad](#)) on how to add this calculator to your home screen for quick and easy access.

Instructions: Fill in the mg per day* for whichever opioids your patient is taking. The web page will automatically calculate the total morphine equivalents per day.

Opioid (oral or transdermal):	mg per day: *	Morphine equivalents:
Codeine	<input type="text" value="0"/>	
Fentanyl transdermal (in mcg/hr)	<input type="text" value="0"/>	
Hydrocodone	<input type="text" value="0"/>	
Hydromorphone	<input type="text" value="0"/>	
Methadone	<input type="text" value="0"/>	
Morphine	<input type="text" value="0"/>	
Oxycodone	<input type="text" value="0"/>	
Oxymorphone	<input type="text" value="0"/>	
Tapentadol	<input type="text" value="0"/>	
Tramadol	<input type="text" value="0"/>	
TOTAL daily morphine equivalent dose (MED) = 0		

*NOTE: All doses expressed in mg per day with exception of fentanyl transdermal, which is expressed in mcg per hour

CAUTION: This calculator should NOT be used to determine doses when converting a patient from one opioid to another. This is especially important for fentanyl and methadone conversions. Equianalgesic dose ratios are only approximations and do not account for genetic factors, incomplete cross-tolerance, and pharmacokinetics.

This opioid dose calculator was developed by the Washington State Agency Medical Directors' Group to be used in conjunction with the Interagency Guideline on Opioid Dosing for Chronic Non-cancer Pain. For more info, please refer to the guideline at: [AMDG - Opioid Dosing](#)

For technical questions or comments, please contact: AMDG IT Support

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Opioid Risk Tool (ORT)

Questionnaire developed by Lynn R. Webster, MD to assess risk of opioid addiction.

MARK EACH BOX THAT APPLIES	FEMALE	MALE
FAMILY HISTORY OF SUBSTANCE ABUSE		
Alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 3
Illegal drugs	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Rx drugs	<input type="checkbox"/> 4	<input type="checkbox"/> 4
PERSONAL HISTORY OF SUBSTANCE ABUSE		
Alcohol	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Illegal drugs	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Rx drugs	<input type="checkbox"/> 5	<input type="checkbox"/> 5
AGE BETWEEN 16–45 YEARS	<input type="checkbox"/> 1	<input type="checkbox"/> 1
HISTORY OF PREADOLESCENT SEXUAL ABUSE	<input type="checkbox"/> 3	<input type="checkbox"/> 0
PSYCHOLOGIC DISEASE		
ADD, OCD, bipolar, schizophrenia	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Depression	<input type="checkbox"/> 1	<input type="checkbox"/> 1
SCORING TOTALS		

ADMINISTRATION

- On initial visit
- Prior to opioid therapy

SCORING (RISK)

0–3: low

4–7: moderate

≥8: high



HRSA Health & Recovery Services Administration

Tapering Plan for Client with Chronic, Non-Cancer Pain

Please Fax to: Narcotic Review Program (360) 725-2122

Client's Name: _____

Client ID#: _____

Short and long acting narcotics should be tapered separately; first taper the short acting agent, then taper the long acting.

Tapering short acting narcotics: As a general rule, if the % of total MED is < 10% of the initial total MED of all narcotics, taper by 10% of the initial total dose (milligrams) every 3 days. If the % of the total MED is > 10% of the initial total MED, taper by 10% of the initial total dose (milligrams) every week.

Tapering long acting narcotics: As a general rule, taper by 10% of the initial total dose (milligrams) until down to 30% of the initial total dose (milligrams). Then, taper by 10% of the remaining 30% of the initial taper (milligrams).

Go to <http://www.agencymeddirectors.wa.gov/education.asp> for information about safe prescribing of opioids.

According to the Agency Medical Directors Opioid Guidelines, symptoms of an abstinence syndrome, such as nausea, diarrhea, muscle pain and myoclonus can be managed with clonidine 0.1-0.2mg orally q6hours or Catapress-TTS 1 patch/weekly. Sleep problems can be treated with zolpidem and/or low dose tricyclic agents, such as doxepin 10-50mg qhs. **DO NOT TREAT WITHDRAWAL SYMPTOMS WITH ADDITIONAL OPIOIDS OR BENZODIAZEPINES.**

Initial Total Dose

Opioid Type	Baseline Opioid	Current mg/Day	Current MED/Day	% of Total MED
Short Acting			0	
Long Acting			0	
Total Morphine Equianalgesic Dose			0	

First taper Short Acting Narcotics q week if > 10% of total MED if combined with a long acting opioid.

Week	Day	Total mg/day: dosage schedule	MED of Short Acting Opioid	Week	Day	Total mg/day: dosage schedule	MED of Short Acting Opioid
1	1-7	0	0	6	36-42	0	0
2	8-14	0	0	7	43-49	0	0
3	15-21	0	0	8	50-56	0	0
4	22-28	0	0	9	57-63	0	0
5	29-35	0	0	10	64-70	0	0

Then taper long acting narcotics weekly by 10% reduction from Initial Total Dose until down to 30% of the initial dose (milligrams). Then, taper by 10% of the remaining 30% of the initial taper (milligrams).

Week	Date	Total mg/day: dosage schedule	MED of Long Acting Opioid	Week	Date	Total mg/day: dosage schedule	MED of Long Acting Opioid	Week	Date	Total mg/day: dosage schedule	MED of Long Acting Opioid
1				7				13			
2				8				14			
3				9				15			
4				10				16			
5				11				17			
6				12							

Use additional or separate sheet for client's tapering plan and attach to this form. If more than one long or short acting narcotic is in use, please complete a separate taper chart for each medication.

Prescriber Signature : _____

Date: _____