

Meeting Objectives:

- Support the spread of innovative health system models addressing complex care, behavioral health integration, traditional health workers, health information technology and telehealth
- Promote peer-to-peer learning, information sharing and networking

June 8, 2015

1:30 – 2:30 p.m. Registration

2:30 – 2:40 p.m. Welcome and Introductions

Ron Stock, MD, Director of Clinical Innovation, Transformation Center, Oregon Health Authority

2:40 – 3:00 p.m. Governor's Office

Sean Kolmer, MPH, Health Policy Advisor, Governor Kate Brown

3:00 – 4:00 p.m. Opening Plenary

Ed Wagner, MD, MPH, Group Health Research Institute Senior Investigator, Director (Emeritus), MacColl Center

4:00 – 5:30 p.m. Café Discussion Session 1

Instructions: Summer Boslaugh, MBA, MHA, Transformation Analyst, Transformation Center, Oregon Health Authority

*Behavioral
Health
Integration*

Trillium Integration Incubator Project (TIIP)

Lynnea Lindsey-Pengelly, PhD MSCP, Behavioral Health Medical Services Director, Trillium Community Health Plan

A learning collaborative for eight sites, which includes four clinics with behavioral health integrating into primary care and four clinics with primary care integrating into behavioral health. This work includes project development, alternative payment models and other elements essential for early adopters of integrated care.

Oregon Health System Innovation Café

*Behavioral
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Integration*

Reducing Impact of Untreated Trauma and Mental Health Issues in a Primary Care Medical Home

Jana Svoboda, Clinical Social Worker, Samaritan Health, Samaritan Family Medicine Resident Clinic

Low or no-barrier access to timely early intervention and psycho-education with on-site behavioral health clinicians, such as LCSWs, benefitting patients and staff. Medically unexplained symptoms and stress-related effects are cited to be involved in well over 50 percent of primary care visits. Strong stigma still exists around understanding mental disorders.

*Behavioral
Health
Integration*

Partnering with Higher Education for Primary Care Behavioral Health Workforce Development

Laura Heesaker, MSW, LCSW, Behavioral Health Consultant, Jackson Care Connect–Care Oregon

One region's collaboration with training programs in behavioral health (Portland State University and Southern Oregon University) to bring social work interns to five clinical settings. This talk will describe the impact to both the clinical setting and the interns in training.

Complex Care

Pain Resiliency Clinic

Mark Altenhofen, CEO, Oregon Pain Advisors

The new model of care developed for the Pain Resiliency Clinic to address issues of chronic pain and overprescribing opioids. Topics of discussion could include: clinical community engagement; the bio/psycho/social model and its implementation; and early ideas about the financial viability of the clinic.

Complex Care

Peer Support with Oregon Health Plan Members and Unnecessary Emergency Department Visits

Kathryn Lueken, MD, Chief Medical Officer, Willamette Valley Community Health

Peer support group within Willamette Valley Community Health to address unnecessary emergency department visits. Protocols were set in place to identify super utilizer members and reach out for peer engagement. After one year, results included decreased unnecessary emergency department use and increased attention to potential re-traumatizing events.

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Complex Care

Complete Health Improvement Program

Kenneth Rose, MD, Wallowa Memorial Hospital

An intensive lifestyle change program designed to help treat and reverse chronic disease (hypertension, cardiovascular disease, type 2 diabetes, obesity and some cancers). Includes live lectures, video lectures, cooking demonstrations and a plant-based meal with each presentation. Showed good results, especially among those who fully incorporated the healthy lifestyle principles.

Health Information Technology

Telehealth: Connecting Nurse Case Managers to High-utilizing Patients with Chronic Disease

Marit Bovbjerg, PhD, MS, Complex Chronic Care Management, Oregon State University

A telehealth application to connect nurse case managers to high-cost, high-utilizing patients with chronic diseases. Sixty patients are enrolled. Ongoing data collecting compares costs, patient satisfaction, health outcomes and health care outcomes using a pre-post design.

Health Information Technology

The Making of a Community Health Record

Gina Bianco, Acting Director, Jefferson Health Information Exchange

Jefferson Health Information Exchange's robust health information exchange services support providers, CCOs and patients to improve quality, efficiency and cost in Oregon. Aggregated clinical information from hospitals and ambulatory clinics offers a patient centric community health record of the patient's health history and offers real time results delivery into electronic health records and for CCO care coordination teams.

Health Information Technology

Teledermatology in Primary Care

Jim Rickards, MD, Health Strategy Officer, Yamhill Community Care Organization

A model of embedding teledermatology services in primary care clinics using clinic-based mobile devices (iPads) and a secure web-based platform to send contracted dermatologists images of their patient's skin problems and a pertinent history for consultation. Dermatologists communicate back a diagnosis and recommended management within 24 hours.

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*Health
Information
Technology*

The Virtual Dental Home Comes to Polk County

Linda Mann, Director, Community Outreach, Capitol Dental Care

A model using dental hygienists and assistants to examine and collect dental information from patients in community settings—such as schools and Head Start sites. Information is sent electronically to the supervising dentist at a clinic or dental office. The dentist uses that information to create a dental treatment plan for the hygienist or assistant to carry out.

*Traditional
Health Workers*

Use of Community Health Workers: Health Navigation and Medical Transportation

Molly Jespersen, Director of Care Management, Sky Lakes Medical Center

A project to repurpose existing non-emergency medical transportation system for high-risk populations. Populations with high health care utilization rates and populations disproportionately affected by chronic disease are paired with community health workers to help address both traditional and non-traditional health care needs.

*Traditional
Health Workers*

Integrated Maternal Care Model including Doulas & Patient Navigators

Jesse Remer, Birth Doula and Doula Outreach Lead, Providence

The Providence pregnancy care package is an evidence-based model that spans prenatal, birth, postpartum and post-discharge care. Anchored by Certified Nurse Midwives and utilizing traditional healthcare workers including doulas and patient navigators, the care package has reduced inpatient costs by 15% while improving mother and newborn health outcomes and enhancing patient experience.

*Traditional
Health Workers*

Traditional Health Workers – Promotores Telehealth Clinics for Parish Community

*Cheryl Badaracco, MS, Director, Parish Health Outreach
Marisa Luengas, Contractor, Promotores Telehealth Clinics*

Convenient community access to trained patient navigators/promoters who provide health risk screenings in their local parishes. Patients can also share their health concerns and questions with a telehealth nurse practitioner who provides an after-visit treatment plan. Promotores serve as patient navigators and conduct screenings for blood pressure, body mass index, total cholesterol and glucose.

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Health Workers*

Asian Health and Service Center Wellness Connection

*Holden Leung, Executive Director, Asian Health and Service Center
Maegan Pelatt, Manager of Service Coordination, FamilyCare, Inc.*

A partnership to provide culturally and linguistically appropriate services to reduce health inequity, improve access and promote health literacy for all Asian people living in the greater Portland area. Assists members to become active participants in their care. The partnership has already improved engagement and coordination with members.

5:30 – 6:30 p.m. Reception

Tuesday, June 9, 2015

7:00 – 8:00 a.m. Registration

8:00 – 8:10 a.m. Welcome

Ron Stock, MD

8:10 – 8:50 a.m. Plenary

David Labby, MD, PhD, Project Director, Health Commons Grant, Chief Medical Officer, Health Share of Oregon

8:50 – 10:00 a.m. Topic Affinity Groups

Instructions: *Summer Boslaugh*

- **Behavioral Health Integration** – Croisan C
- **Health Information Technology and Telehealth**
- **IHI Leading Quality Improvement (*invitation only*)** – Boardroom
- **Traditional Health Workers**
- **Trauma Informed Care**

10:00 – 10:15 a.m. Break

10:15 – 11:45 a.m. Café Discussion Session 2

Instructions: *Summer Boslaugh*

Oregon Health System Innovation Café

*Behavioral
Health
Integration*

Integrating Primary Physical and Behavioral Health Care

*Sybil Berkley, Peer Wellness Specialist, Cascadia Behavioral Healthcare
Jamie Montoya, Peer Wellness Specialist, Cascadia Behavioral Healthcare*

Peer delivered services to improve health outcomes in an integrated primary care and behavioral health care setting. Will describe brief history of peer movement, peer role in the program, service delivery model for peer services, and successes and challenges for clients and the program.

*Behavioral
Health
Integration*

Behavioral Health Navigation/Health Resource Center

Jaime Taylor, Manager Health Resource Center/Case Management, Saint Alphonsus Medical Center – Ontario

Free 30-day program for patients who return to the emergency room on a regular basis with mild to moderate unaddressed mental health and/or chronic health conditions such as CHF and COPD. Includes training for emergency room staff in Mental Health First Aid. This program helps patients with resource management to meet their health care needs.

*Behavioral
Health
Integration*

Psychiatric Consultation

Jim Phelps, MD, Staff Psychiatrist, Samaritan Mental Health

Access to psychiatric services is extremely limited in most of Oregon. Psychiatric consultation, with continued management by primary care providers, is an efficient use of limited psychiatry resources for patients with treatment-resistant anxiety and depression, including bipolar II and other non-psychotic but severe disorders. Integrating this service in primary care clinics encounters many barriers.

*Behavioral
Health
Integration*

PeaceHealth Young Adult Programs: An Integrated Approach to Care

*Carla Gerber, Clinical Manager/Outpatient Behavioral Health Services,
PeaceHealth Oregon West Network*

A full range of integrated services for young adults ages 12-28 and their families within the same clinic using a variety of technology-assisted supports from text message check-ins to cognitive behavioral therapy-based smart phone prompts. Demonstrating positive outcomes including lowered emergency room visits and psychiatric hospitalizations and increased return to school and/or employment for participants.

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Complex Care

Pain Clinic Model based on Behavioral Health and Movement

Claire Ranit, Transformation Specialist, Columbia Pacific CCO

Completely behavioral health and movement-based pain treatment clinic showing positive outcomes when comparing pre- and post-treatment survey tools and reduction in morphine equivalent doses. Ten-week program includes cognitive behavioral therapy, pain physiology and a specific yoga program for pain treatment and reduction in fear of movement.

Complex Care

Maternal Medical Home

Jennifer Johnstun, Director of Quality Improvement, PrimaryHealth of Josephine County

A project of Primary Health of Josephine County in partnership with a local OB clinic to implement a medical home-like model. Implementation has led to new teams, new positions within the clinic and also co-location of behavioral health and alcohol and drug counselors.

Complex Care

Trauma-Informed Community Health Care

Elaine Walters, Executive Director, The Trauma Healing Project

This presentation will cover significant findings related to resiliency and healing, and recommendations for how community members and professionals can best respond to the needs of trauma survivors. We will also discuss the practical application of the wisdom of people most likely to be impacted by trauma in health care and community care settings.

Health Information Technology and Telehealth

Remote Monitoring in Chronic Care Management: A Community Health Center Model of Care

Andy Eck, Regional Director of Operations, Mosaic Medical

Partnership to provide patients in rural Central Oregon with remote patient monitoring to better care for patients with chronic diseases, improve health outcomes and decrease the cost of care for vulnerable patients.

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Health
Information
Technology and
Telehealth

Risk Stratification

Tracie Koeplin, Clinical Manager, Physicians Medical Center

A risk assessment algorithm to stratify patient population and identify high-risk patient segment. Team developed and implemented strategies to improve the desired health outcomes while controlling the cost of care, including same day appointments.

Health
Information
Technology and
Telehealth

Project ECHO

Christine Bernsten, Senior Manager, Delivery System Transformation, Health Share of Oregon
Mark Lovgren, Director, OHSU Telehealth, Oregon Health and Science University

Project ECHO (Extension for Community Healthcare Outcomes) is an evidence-based telementoring program with mental health specialists that increases primary care provider capacity for mental health care and decreases the need for specialty visits.

Health
Information
Technology and
Telehealth

Northwest OpenNotes Consortium

Homer Chin, MD, Physician Champion, We Can Do Better, Kaiser Permanente, Oregon Health and Science University

An initiative working to give patients secure, easy access to the visit notes written by their doctors, nurses or other clinicians. Currently includes Kaiser Permanente Northwest, Portland VA, The Vancouver Clinic, The Portland Clinic, OCHIN, PeaceHealth, Legacy and OHSU.

Traditional
Health Workers

Peer Services Integration and Outcomes

Ally Linfoot, Peer Services Coordinator, Clackamas County Behavioral Health Division

Integration of peer support services with behavioral health treatment services, corrections, child welfare and other systems providing services to individuals and families to create a Peer-Delivered Services System of Care.

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*Traditional
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Warriors of Wellness

*Nicole Friedman, Kaiser Permanente NW Patient Navigator Manager
Guadalupe Avila, Northwest Family Services Community Health Worker
Flavio Cornejo, El Programa Hispano Community Health Worker
Celia Higuera, Warriors of Wellness Project Manager, Oregon Community
Health Workers Association*

A collaboration of the Urban League of Portland, Native American Youth and Family Center, EL Programa Hispano, Northwest Family Services, Immigrant and Refugee Community Organization and the Community Capacitation Center through which CCOs and health systems can partner with community health worker programs to improve health outcomes and decrease health disparities. This model allows health care systems to provide culturally competent care out in the community where individuals are already seeking services with the people they trust.

*Traditional
Health Workers*

Adolescent Health Access (AHA!) Community Health Worker

Crystal Clifford, Community Health Worker, Lifeways

School-based intervention by a community health worker to increase school aged youth (ages 14-18) member access to health care and social services in the community with direct referral and linkage/support activities. The project also organizes and supports health promotion events in medium-sized classroom groups to school-wide settings for all school-aged youth.

*Traditional
Health Workers*

Embedding Community Health Workers at Southern Oregon Early Head Start

*Susan Fischer, M.Ed., Health and Education Integration Coordinator, AllCare
CCO*

A pilot program to explore the positive impacts of community health workers in Head Start and Early Head Start programs. Community health workers are capturing both quantitative and qualitative data regarding their impacts in improving the health, well-being and health literacy of families.

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11:45 – 12:45
p.m.

Lunch and Funder Panel

- *Marian Blankenship, Vice President, PacificSource Foundation*
- *Steve Lesky, Program Officer, Cambia Health Foundation*
- *Susan Mende, Senior Program Officer, Robert Wood Johnson Foundation*

Moderator: *Chris DeMars, MPH, Director of System Innovation, Transformation Center, Oregon Health Authority*

12:45 – 2:15
p.m.

Café Discussion Session 3

Instructions: *Summer Boslaugh*

*Behavioral
Health
Integration*

Behavioral Health Integration in SW Oregon

Heather Hartman, Behavioral Health Integration Manager, AllCare Health Plans, Inc.

Overview of integration efforts in Southwest Oregon that outlines complexities of working in a region with multiple behavioral health providers, rural and metropolitan areas, independent practitioners and CCOs.

*Behavioral
Health
Integration*

Primary Care Behavioral Health in Eastern Oregon: Successes, Challenges and Lessons Learned

Brian Sandoval, Primary Care Behavioral Health Manager, Yakima Valley Farm Workers Clinic

Yakima Valley Farm Workers Clinic's model of integrated behavioral health in primary care will be introduced and evaluated across relevant programmatic domains. This presentation will outline the challenges and successes of integrating care at Mirasol Family Health Center, along with the strategies utilized to overcome implementation barriers.

*Behavioral
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Integration*

Behavioral Health Home Learning Collaborative

Rita Moore, Policy Analyst, Oregon Health Authority
Liz Waddell, Senior Study Director, Oregon Rural Practice-based Research Network, Oregon Health and Science University

Supported by an Adult Medicaid Quality Grant, OHA convened ten behavioral health organizations working to integrate physical health improvement strategies and outcome measures into their programs for persons with severe and persistent mental illness and substance use disorders. ORPRN has provided evidence-based practice guidance and on-site practice coaching. Process and outcome data are beginning to emerge.

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Trauma Informed Oregon

Diane Yatchmenoff, Director, Trauma Informed Oregon

A statewide collaborative aimed at preventing and ameliorating the impact of adversity and trauma in the lives of children, adults and families. Sponsored by OHA, Trauma Informed Oregon is a partnership between Portland State University, Oregon Health & Science University, Oregon Pediatric Society and providers and stakeholders across physical and behavioral health care and support systems all over Oregon.

Complex Care

Reducing BMI in a Rural Community

James Carlson, MD, Director of QA and Planning, Asher Community Health Center

A 6-month program including counselor visits and diet and exercise monitoring using an app on a tablet supplied by the program. Participants who complete the program lose weight.

Complex Care

Hepatitis C Care Coordination

*Paul Homan, Senior Program Manager, HIV Alliance
Renee Yandel, Program Director, HIV Alliance*

Successful project providing care coordination services to people living with Hepatitis C. Modeled after the HIV care coordination system currently in use in Oregon. Utilizes a community health worker.

*Health Information
Technology and
Telehealth*

Pediatric Needs-based Care Management Approaches, Measures and Population Health Management Solution

Deborah Rumsey, Executive Director, Children's Health Alliance, Children's Health Foundation

A web-based population health management solution offering actionable care alerts, care gap alerts, meaningful reporting and shared community care plan functionality. Provides a more 360-degree view of the child and family to support effective office-based pediatric care management and population health analytics.

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Health
Information
Technology and
Telehealth

Emergency Department Information Exchange (EDIE) Utility & PreManage

Laureen O'Brien, Oregon Health Leadership Council

EDIE is a real-time hospital event alerts system for all hospitals in Oregon and Washington State. PreManage is a companion product that pushes these alerts to health plans, coordinated care organizations, providers and care coordinators outside the hospital setting.

Health
Information
Technology and
Telehealth

CCOMetricsManager

Nate Perrizo, Chief Operating Officer, PH Tech
Jennifer Johnstun, Director of Quality Improvement, PrimaryHealth of Josephine County

CCOMetricsManager provides real-time access to quality scores, identifies gaps in care and converts those care gaps into clinical workflows for care providers.

Health
Information
Technology and
Telehealth

CareAccord's Electronic Health Record Direct Secure Messaging Integration Pilot

Sharon Wentz, RN, Business Development, State of Oregon, Office of Health Information Technology
Brittney Matero, CareAccord Director, State of Oregon, Office of Health Information Technology

A pilot project to provide Direct Secure Messaging Integration and an option for clinics facing barriers to meeting Meaningful Use Stage 2.

Traditional
Health Workers

The Role of Community Health Workers in Preventing Heart Disease & Stroke

Sharetta Butcher, Community Care Manager, North by Northeast Community Health Center
Jill Ginsberg, MD, Medical Director, North by Northeast Community Health Center

North by Northeast Community Health Center exists to improve health outcomes, reduce the risk of cardiovascular disease and advance health equity by offering primary care services focused on chronic health conditions affecting the local African American population. Integration of Community Health Workers has resulted in improved health outcomes, increased disease-specific health education classes and extended services into the community.

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*Traditional
Health Workers*

Oregon Community Health Worker Consortium-Education Team

Edna Nyamu, ORCHWA Coordinator, Oregon Community Health Worker Association

A collaborative effort based at the School of Community Health at Portland State University to enable community health workers to make an optimum contribution to improving community health and reducing health inequities by bringing the field together around best and promising practices.

*Traditional
Health Workers*

One Key Question: Pregnancy Intention Screening in Primary Care

Hannah Rosenau, Senior Policy Coordinator, Oregon Foundation for Reproductive Health

A program working with traditional health workers to ask women, "Would you like to become pregnant in the next year?" and provide follow-up care based on her response. The goal is to increase women's access to comprehensive contraception and preconception care with a patient-centric screening.

*Traditional
Health Workers*

ConneXions: Good Shepherd Hospital, Lifeways and Umatilla Human Services

*Juli Gregory, Director of Education, Good Shepherd Health Care System
Catie Brenaman, Health Educator, Good Shepherd Health Care System*

Community health workers and a unified referral and communication system help streamline care coordination for basic, medical, behavioral and mental health needs and health education/prevention. Partnerships with clinics, providers, emergency departments, hospitals and community services.

2:15 – 2:45 p.m. Closing Plenary

Lynne Saxton, Director, Oregon Health Authority

2:45 – 3:00 p.m. Closing Comments and Next Steps

Ron Stock, MD