42JAKE

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Wednesday, September 15, 2021 | 9:00 AM - 1:00 PM
EOCCO Annual Summit

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St. Charles
HEALTH SYSTEM

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EOCCO Summit

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- Teach to the competencies identified by the objectives
- Deliver balanced and objective evidenced-based content
- Present the source and type or level of evidence (i.e., animal study, meta-analysis, etc.)
- Disclose on a slide at the beginning of my presentation any relationship related to (1) the activity's content and/or (2) the activity's supporter(s)
- Notify the Continuing Medical Education office in the event of any changes in relevant financial relationships, and to complete an updated form at that time

Supporter(s) of this activity include: St. Charles Health System

Speaker Here, or members of their family have a financial arrangement related to (1) the content of this CME activity or (2) the supporter(s) as identified below: Type(s) of affiliation(s)/financial interest(s) and name(s) of corporation(s)
(Check all that apply)

	NONE
	Grants/research support
	Consultant
	Stock shareholder (directly purchased)
	Honorarium
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9th Annual EOCCO Summit

9:00am – 9:05am
Welcome and Introductions, Dr. Chuck Hofmann, EOCCO

9:05am – 9:45am
EOCCO Quality Measure Update, Kali Paine, EOCCO

9:45am – 10:30am
CEO Update, Sean Jessup, CEO, EOCCO

10:30am – 11:15am
EOCCO Pain Program Update, Mark Altenhofen, Dr. Paul Coelho, Dr. David Farris

11:15am – 12:00pm
Rights of Passage: The Life Cycle, Robert Johnston, Native Wellness Institute

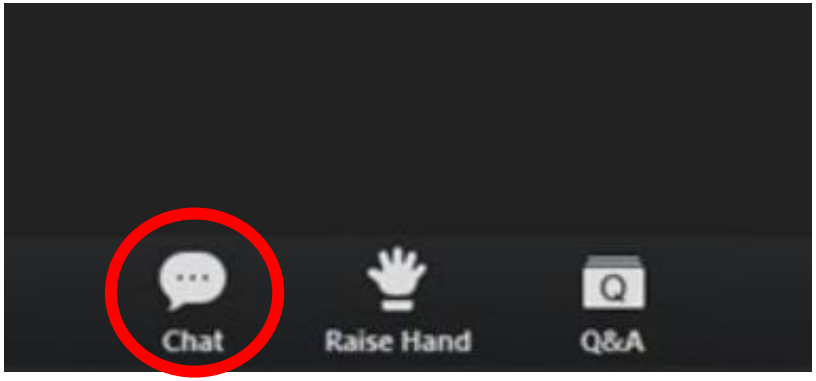
12:00pm – 12:45pm
Oregon Wellness Program, Dr. Don Girard, OHSU

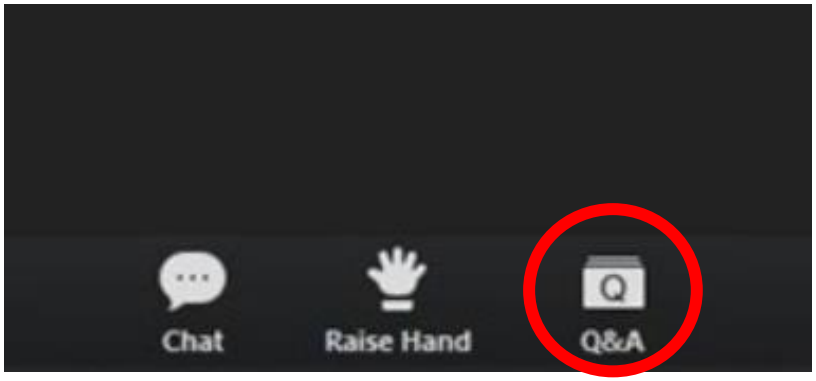
12:45 pm – 1:00 pm
Tiered Grant Program, Paul Bollinger & Melissa Varnum

1:00 pm
Recap and Adjourn, Dr. Chuck Hofmann, EOCCO

Announcements

- Direct any questions or comments for EOCCO staff or your peers to the chat
- Direct any questions for the speakers to the Q&A
- EOCCO staff will email a post-event evaluation to all attendees
- If you have any questions or concerns after the event, please contact us at EOCCOmetrics@modahealth.com





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EOCCO Quality Measure Update

Kali Paine, MPH

Disclosure Statement

- I do have a relevant financial relationship with commercial interest whose products or services relate to the content of the educational presentation.
  - Company: Moda Health, Inc./EOCCO
  - To ensure independence and balance of content, current conflicts of interest were resolved by basing recommendations on structured review for best evidence.

Learning Objectives

- Summarize EOCCO's overall quality measure performance
- Identify one success and one challenge that EOCCO experienced in 2020 related to quality measures
  - Explain the impact of the COVID-19 pandemic on the 2020 incentive measure program
- List the health promotion initiatives that EOCCO has implemented for 2021 and 2022

Agenda

- Overview of CCO Quality Program and EOCCO Performance
- 2021/2022 Metrics and Scoring Committee Updates
- COVID-19 Vaccine Emergency Outcome Tracking (EOT) Metric
- 2021 Quality Measure Initiatives
- Upcoming Quality Measure Initiatives

Overview of CCO Quality Program and EOCCO Performance

Incentive Measure (IM) Program Background

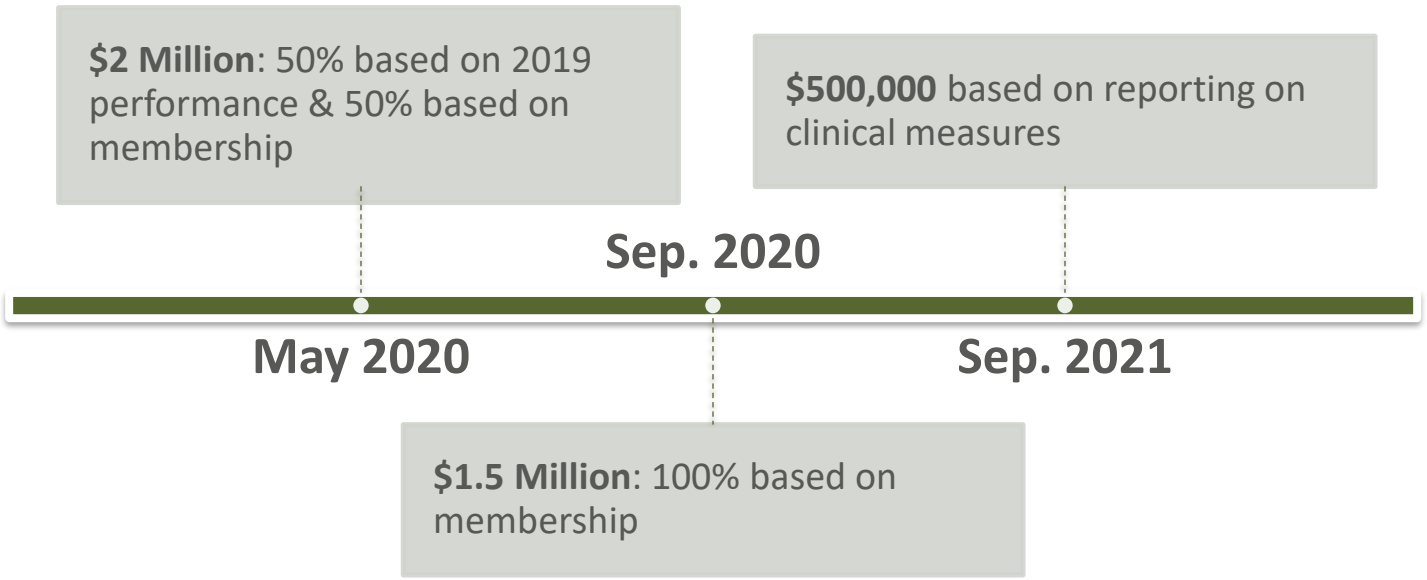
- Oregon Health Authority (OHA) uses quality health metrics to show how well CCOs:
  - Improve care
  - Make quality care accessible
  - Eliminate health disparities
  - Curb the cost of health care
- Funds from the quality metric performance are awarded to each CCO
- EOCCO uses their awarded funds for:
  - Quality bonus payments
  - Enhanced PCPCH payments
  - Dental Care Organizations
  - Behavioral Health Support
  - Community Benefit Initiative Reinvestments (CBIRs)
    - Local Community Advisory Councils
    - Transformation/Opt-in
    - New Ideas

2020 Changes to IM Program

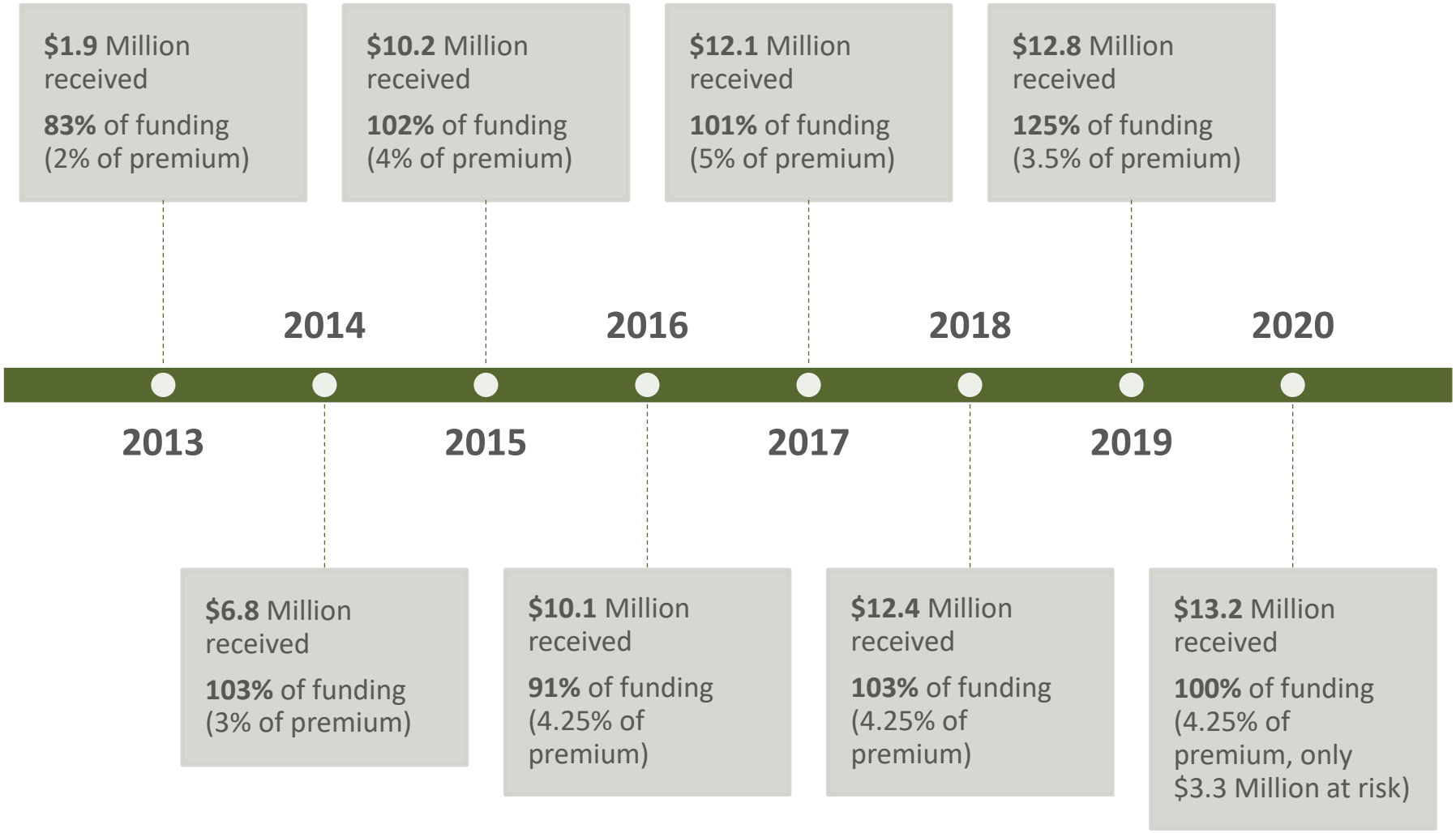
- Quality withhold suspended from April-Dec. 2020
  - Funds withheld from Jan.-March 2020 kept for quality pool
  - 2020 statewide quality pool: $52.8 million
- 2020 was a report only year
  - Reporting was still required on chart review and clinical quality measures in order to receive Q1 2020 withhold
  - 2020 quality pool funds at risk for EOCCO: $3.3 million
- EOCCO's QI Team & contracted clinics still implemented projects to address the 2020 incentive measures

2020 Changes to IM Program (cont'd)

2020 Quality Pool funds released to clinics:



Quality Pool Funding 2013-2020



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Final 2020 Performance

	Met Y/N?					Incentive Measure	Rates as of 8/26/2021	
	2016	2017	2018	2019	2020		2020 Rate	2020 Target
	Claims Based Measures							
1	Y	Y	N	Y	Y	Dental, Mental, Physical Health Assessment for Children in DHS Custody	87.0%	87.0%
2	N	Y	N	Y	N	Child Immunization Status	71.6%	79.6%
3	Y	-	Y	N	Y	Emergency Department Utilization for Patients experiencing Mental Illness	96.3/1000	111.2/1000
4	-	-	-	-	N	Immunization for Adolescents Combo 2	35.2%	36.4%
5a	-	-	-	-	N	Initiation and Engagement in Treatment - Initiation	35.8%	36.7%
5b	-	-	-	-	Y	Initiation and Engagement in Treatment - Engagement	12.9%	10.9%
6	-	-	-	N	N	Oral Evaluation for Adults with Diabetes	20.2%	25.3%
7a	-	-	-	-	N	Preventative Dental Age 1-5	35.3%	45.5%
7b	-	-	-	-	N	Preventative Dental Age 6-14	47.7%	65.6%
8	Y	Y	Y	Y	N	Child and Adolescent Well Care Visits Age 3-6	56.1%	61.2%
	Chart Review Measures							
9	Y	Y	Y	Y	Y	Timeliness of Postpartum Care	76.4%	61.3%
	Clinical Quality Measures							
10a	Y	-	-	Y	Y	SBIRT Rate 1: Screening	66.1%	---
10b	-	-	-	-	Y	SBIRT Rate 2: Brief Intervention or Referral	62.3%	---
11	Y	Y	Y	Y	Y	Cigarette Smoking Prevalence	21.7%	26.6%
12	Y	Y	Y	Y	Y	Depression Screening and Follow Up Plan	72.9%	---
13	N	N	Y	Y	N	Diabetes HbA1c Poor Control	26.4%	23.4%

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2020 Successes and Challenges

- Successes
  - Assessments for Children in DHS Custody
  - ED Utilization for Individuals Experiencing Mental Illness
  - Initiation & Engagement in Treatment – Engagement
  - Timeliness of Postpartum Care

- Challenges
  - Childhood & Adolescent Immunizations
  - Well-Child Visits
  - Dental measures: Preventive Dental Services & Oral Evaluation for Adults with Diabetes

2021/2022 Metrics and Scoring Committee Updates

Metrics & Scoring Committee Background

- Part of Oregon's 1115 waiver with CMS
- Metrics and Scoring Committee established by Senate Bill 1580
  - Nine-member committee
    - Three CCO
    - Three measurement experts
    - Three members at large
- The committee is responsible for identifying outcome and quality measures for the CCOs
  - Annual vote
    - Metrics
    - Benchmarks and improvement targets

2021 Program Updates

- 2021 is a typical reporting year
- Metrics & Scoring voted that benchmarks for individual measures may be reevaluated in 2021 if predetermined criteria related to external factors are met
  - E.g. Counties at extreme or high-risk level for 10 weeks of the first three quarters of 2021, % of students in on-site learning
- Metrics & Scoring will continue reviewing eight metrics that met benchmark reevaluation criteria at September meeting
  - Committee will share results of reevaluation once decisions are made

2022 Incentive Measures

Claims Based Measures

1. Child Immunization Status Combo 2
2. Health Assessments for Children in DHS custody
3. Immunizations for Adolescents
4. Initiation and Engagement in Drug and Alcohol Treatment
5. Oral Evaluation for Adults with Diabetes
6. Preventive Dental Visits Ages 1-14
7. Well-child Visits Ages 3-6

Chart Review Measure

8. Timeliness of Postpartum Care

Plan Reporting Measures

9. Meaningful Language Access to Culturally Responsive Health Care Services
10. CCO System-Level Social-Emotional Health

Clinical Quality Measures

11. Depression Screening and Follow-up
12. Diabetes HbA1c Poor Control
13. Cigarette Smoking Prevalence
14. SBIRT

Quality measures in blue are new for 2021

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What's Next for 2022

- At the Friday September 17th meeting, the Committee will:
  - Revisit the 2021 benchmarks
  - Select 2022 benchmarks and improvement targets
  - Select measure for the 2022 Challenge Pool

Metrics & Scoring Committee meetings are public and public testimonies and comments are a key consideration in Committee decisions

Meeting details can be found here:
https://www.oregon.gov/oha/hpa/analytics/Pages/Metrics-Scoring-Committee.aspx

COVID-19 Vaccine Emergency Outcome Tracking (EOT) Metric

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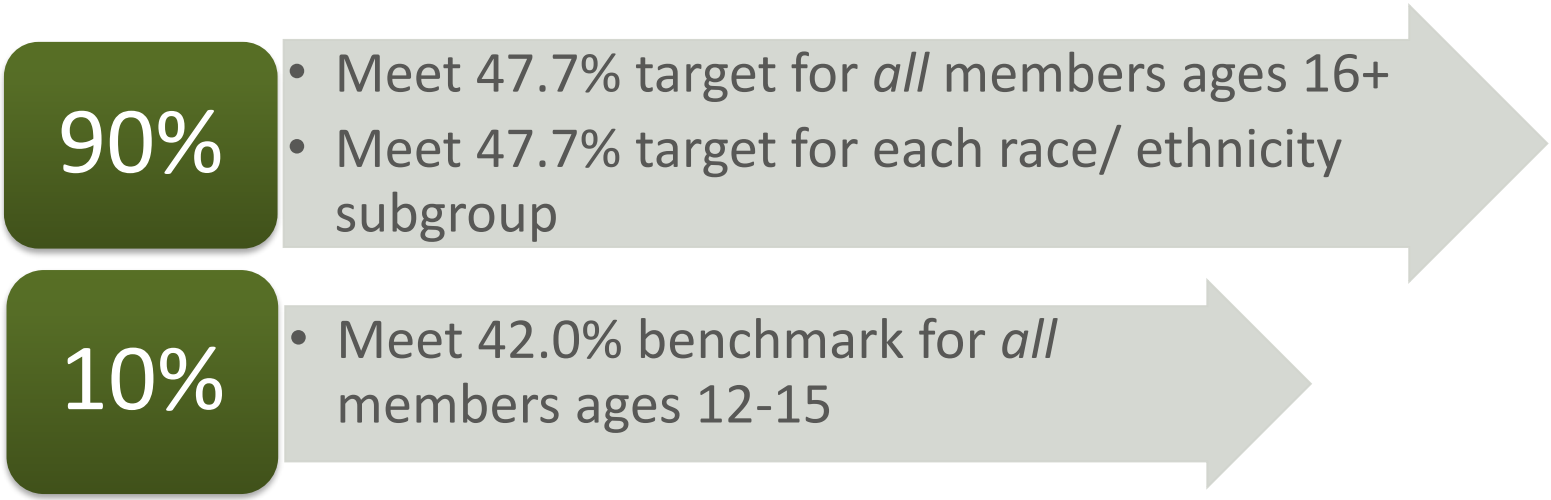
Emergency Outcome Tracking (EOT)

- CCOs held accountable for meeting target COVID-19 vaccine rates by end of 2021
  - 0.5% of 2021 quality pool funds dedicated to EOT (EOCCO: $2 Million)
  - Individual clinics are not held financially accountable
- CCO-specific improvement targets are based on baseline vaccine rates for 16+ members as of 4/1/21
- Specifications:
  - Data source = ALERT IIS
  - One dose counts as compliant
  - Four-month continuous enrollment criteria
  - Anchor date of 12/31/21

Qualifying for Payment

- In order to receive 100% of EOT funds, EOCCO must:



- Partial payment will be given for meeting overall target for ages 16+ *and* at least 42% for all race/ethnicity subgroups

Current Performance

Members Ages 16+

Black	35.5%
AI/AN	43.3%
Asian	62.6%
Native Hawaiian	29.7%
Hispanic	39.2%
White	36.3%
Other	39.9%
Overall Rate	**34.8%**

Benchmark: 70%

Improvement Target: 47.7%

Floor rate for Race/Ethnicity groups: 42%

Members Ages 12-15

Benchmark: 42.0%

No Race/Ethnicity group floor

Overall rate: 22.9%

*Data through 9/14/21 via “COVID EOT 9.14.21” report

Current & Future Interventions

Regular EOCCO website updates

Communication with primary care clinics

Consultation with Local Public Health Departments

Vaccine confidence workshops for members & providers

Direct high-risk member outreach

Partnership with Local Community Advisory Councils & community groups

Member incentive program

Evaluation of trends in ALERT data

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2021 Quality Measure Initiatives

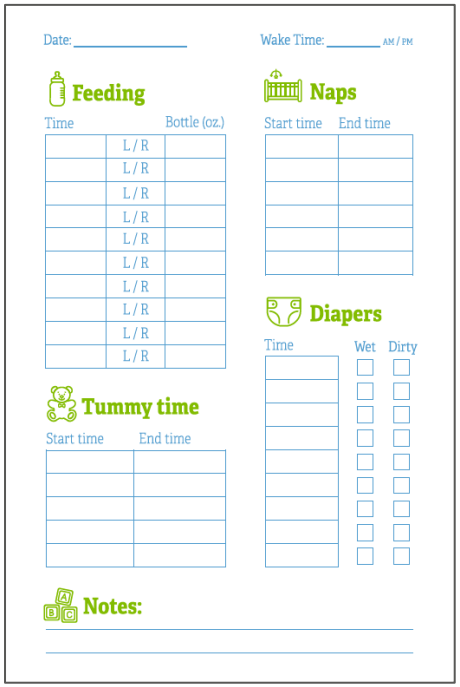
Inter-Organizational Workgroups

- Assessments for Children in DHS Custody
- Childhood Metrics
- Initiation & Engagement in Drug & Alcohol Treatment
- Emergency Department Utilization for Individuals Experiencing Mental Illness

Baby Care Kits

Provides parents with resources when leaving the hospital after giving birth

- Baby Care Journal, toothbrush kits, diapers, WIC flyer, immunization guide, etc.
- Pilot in Wallowa, Grant, and Malheur counties



Measure(s): Childhood Imm., Prenatal/Postpartum Care, Preventive Dental

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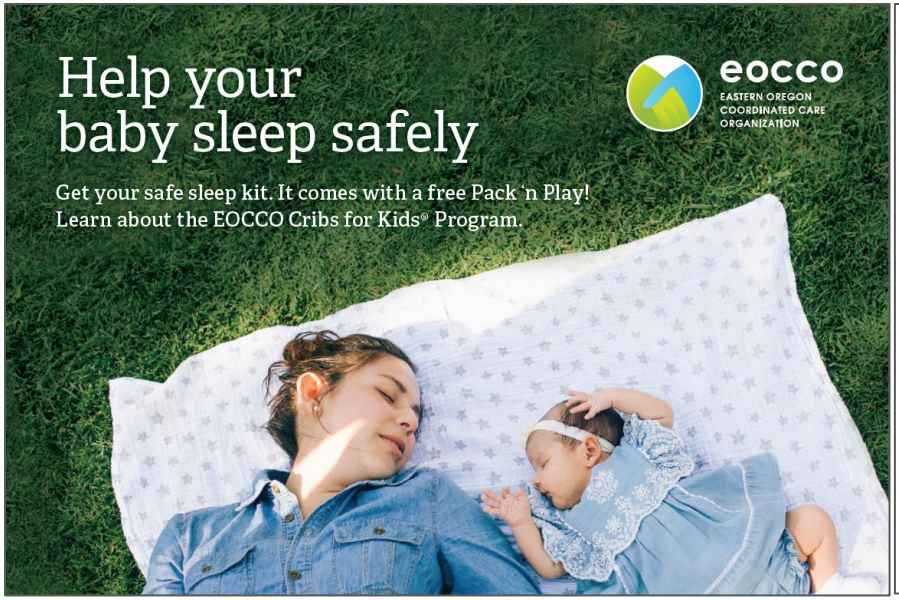
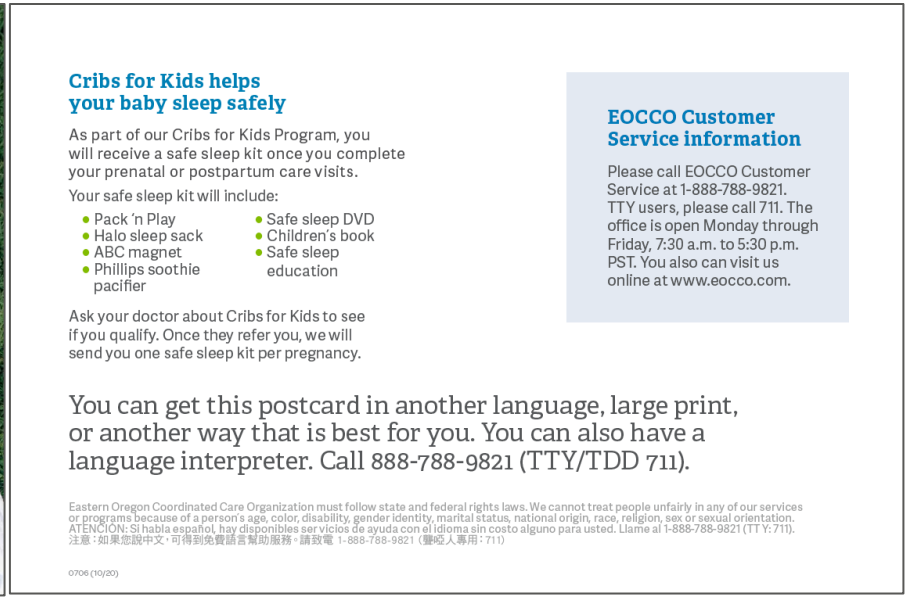
Cribs for Kids

Informational postcard notifying members they are eligible for the Cribs for Kids program if they receive prenatal or postpartum care.





Measure(s): Prenatal/Postpartum Care

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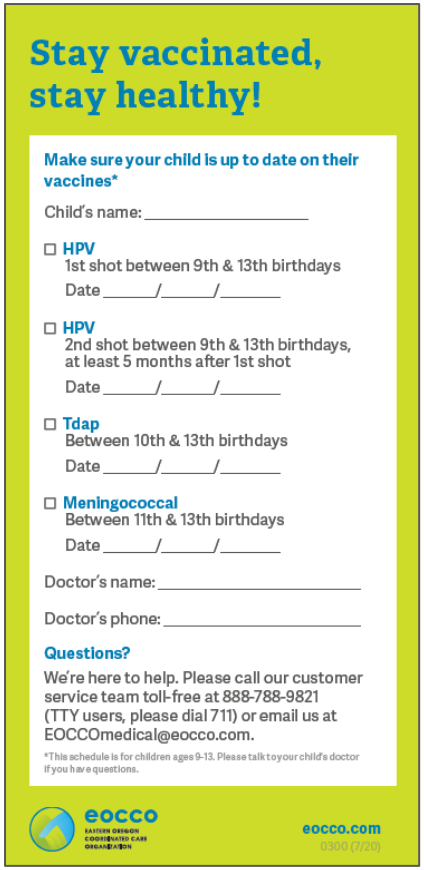
Child Wellness Campaign

Age-specific care recommendations mailed to guardians of EOCCO members ages 0-13

- Letters, flyers, immunization magnets



Measure(s): Childhood Imm., Adolescent Imm., Well-Child Visits, Preventive Dental

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Well-Child Visit Incentive Program

$20 Amazon.com gift card available to members between the ages of 3-13 who complete a well-child visit in 2021 and submit proof

Get your child in for a well visit this year — **get a $20 Amazon gift card!**

Well visits are important for keeping children healthy. If your child is between the ages of 3 and 13, have your child see their doctor for a well visit by Dec. 31, 2021, and we will send you a **$20 Amazon gift card.*** It's our way of thanking you for putting their health first.

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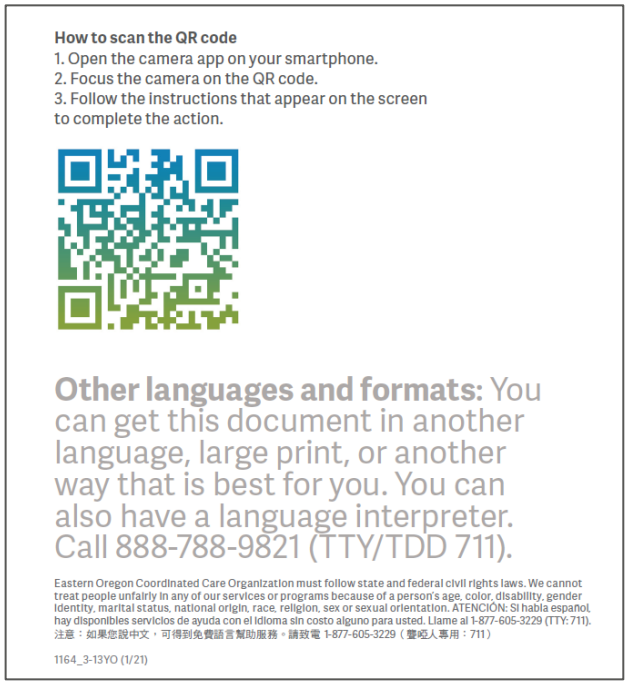
Here's what you need to do:

1. Call your child's doctor to schedule a well visit and complete it by Dec. 31, 2021
2. Let us know when your child has had their visit by scanning the QR code on the back of this postcard or by visiting https://tinyurl.com/yyv6w7k3. You can also call us at **888-788-9821** (TTY users, call 711).
3. Look for your Amazon gift card in the mail or in your email inbox. Enjoy using it, knowing you're helping keep your child healthy.

**Restrictions apply, see amazon.com/gc-legal. Limit one gift card per member*



How to scan the QR code
1. Open the camera app on your smartphone.
2. Focus the camera on the QR code.
3. Follow the instructions that appear on the screen to complete the action.

Other languages and formats: You can get this document in another language, large print, or another way that is best for you. You can also have a language interpreter. Call 888-788-9821 (TTY/TDD 711).

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Measure(s): Well-Child Visits

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DHS Metric Outreach

GOBHI, Moda, ODS, and Advantage Dental representatives sit on the DHS Metric Workgroup.

The workgroup representatives help ensure EOCCO children in DHS custody are seen for their physical, mental, and dental assessments within 60 days of foster care placement.

Foster Parent Incentive Program: incentivizes foster parents to complete their child's necessary health assessments within 30 days of placement.

Measure(s): Assessments for Children in DHS Custody

ED Patient Resource

Region-specific documents meant to reduce unnecessary EDU by educating patients on when to seek which type of care and providing a list of local EOCCO-contracted providers.

Hermiston, Oregon

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Get care when you need it, where you need it

When you're sick or hurt, you want to get the right care at the right time. **You should always call 911 or go to your nearest emergency room if you have a life-threatening emergency.** But you can save time and stress by knowing what kind of care you should get and where.

Primary care: Unless your life is in danger, call your primary care provider (PCP) first. They know your health history and what treatments will work best for you. You can visit your PCP for anything from a sore throat to cancer screenings. If your PCP can't provide the care you need, they will help you find someone who can.

Behavioral health care: Behavioral health care includes services for mental health care and drug and alcohol use disorders. Your primary care doctor can help you find a behavioral health provider if you don't have one.

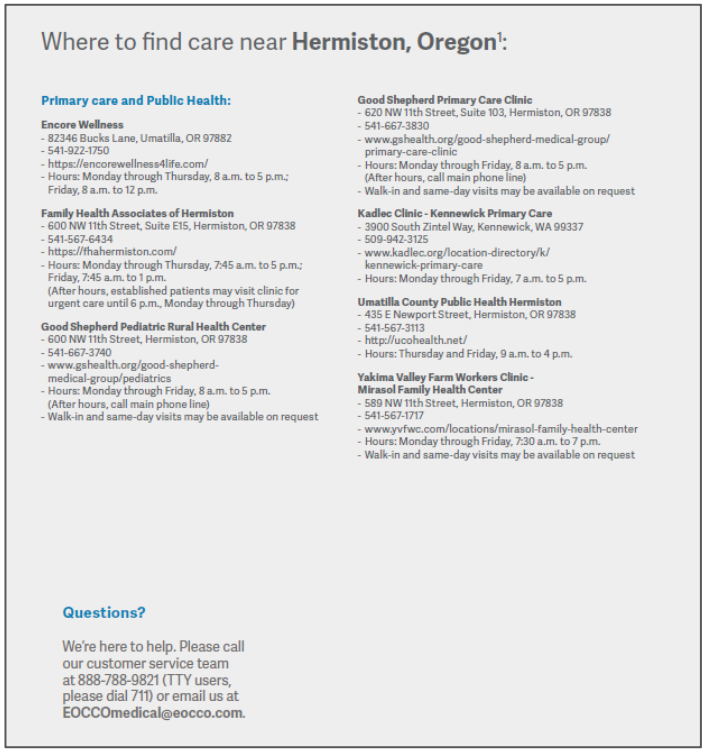
Urgent care: Go to urgent care if you have a non-life-threatening condition, your PCP is not available or you cannot wait for an appointment. Consider going to urgent care if you have[1]:

- Mild asthma symptoms
- Mild abdominal pain
- Sprains or strains
- Fever

Dental care: Dentists are prepared to help you with your dental needs. Unless you have a life-threatening emergency, call your dentist for any issues related to oral health

Emergency care: Save the emergency room for emergencies. Emergency rooms are meant for life-threatening conditions, such as[1]:

- Chest pain
- Difficulty breathing
- Head injuries
- Bleeding that won't stop



Where to find care near **Hermiston, Oregon**[1]:

Primary care and Public Health:

Encore Wellness
- 82346 Bucks Lane, Umatilla, OR 97882
- 541-922-1750
- https://encorewellness4life.com/
- Hours: Monday through Thursday, 8 a.m. to 5 p.m.; Friday, 8 a.m. to 12 p.m.

Family Health Associates of Hermiston
- 600 NW 11th Street, Suite E15, Hermiston, OR 97838
- 541-567-6434
- https://fhahermiston.com/
- Hours: Monday through Thursday, 7:45 a.m. to 5 p.m.; Friday, 7:45 a.m. to 1 p.m. (After hours, established patients may visit clinic for urgent care until 6 p.m., Monday through Thursday)

Good Shepherd Pediatric Rural Health Center
- 600 NW 11th Street, Hermiston, OR 97838
- 541-667-3740
- www.gshealth.org/good-shepherd-medical-group/pediatrics
- Hours: Monday through Friday, 8 a.m. to 5 p.m. (After hours, call main phone line)
- Walk-in and same-day visits may be available on request

Good Shepherd Primary Care Clinic
- 620 NW 11th Street, Suite 103, Hermiston, OR 97838
- 541-667-3830
- www.gshealth.org/good-shepherd-medical-group/primary-care-clinic
- Hours: Monday through Friday, 8 a.m. to 5 p.m. (After hours, call main phone line)
- Walk-in and same-day visits may be available on request

Kadlec Clinic - Kennewick Primary Care
- 3900 South Zintel Way, Kennewick, WA 99337
- 509-942-3125
- www.kadlec.org/location-directory/k/kennewick-primary-care
- Hours: Monday through Friday, 7 a.m. to 5 p.m.

Umatilla County Public Health Hermiston
- 435 E Newport Street, Hermiston, OR 97838
- 541-567-3113
- http://ucohealth.net/
- Hours: Thursday and Friday, 9 a.m. to 4 p.m.

Yakima Valley Farm Workers Clinic - Mirasol Family Health Center
- 589 NW 11th Street, Hermiston, OR 97838
- 541-567-1717
- www.yvfwc.com/locations/mirasol-family-health-center
- Hours: Monday through Friday, 7:30 a.m. to 7 p.m.
- Walk-in and same-day visits may be available on request

Questions?

We're here to help. Please call our customer service team at 888-788-9821 (TTY users, please dial 711) or email us at **EOCCOmedical@eocco.com**.

Measure(s): ED Utilization for Individuals Experiencing Mental Illness

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IET Provider Outreach

Utilizes weekly reports on patients with new SUD diagnoses

- Moda Health and GOBHI representatives collaborate using Smartsheets web-based platform
- EOCCO Quality team outreaches to PCP clinics
- GOBHI SUD team outreaches to BH providers

Measure(s): Initiation & Engagement in AOD Treatment

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Phone Interpreter Instructions

Instruction sheet assisting clinics in connecting with Passport to Languages Interpreter Services

Remove language barriers for your patients

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EOCCO Interpreter Services help members access care and improve health outcomes.

Limited-English Proficiency (LEP) can negatively affect access to care and health outcomes. Individuals with LEP are also less likely to have a primary doctor and receive fewer preventive services.

Our interpreter services, provided by Passport to Languages, help you connect EOCCO members with LEP with a professional medical interpreter to help them communicate their health concerns to their provider, at no extra cost.

How to request an interpreter

When you or a staff member recognizes that an interpreter is needed for an upcoming clinical appointment, take the following steps to arrange for an interpreter to assist with the visit over the phone. Please call to arrange services at least 20 minutes before you need the interpreter.

Step 1: Call Passport to Languages at 800-297-2707

Step 2: Let them know you need interpreter services for an EOCCO member. Ask for a qualified or certified interpreter, if available.

Step 3: You will be asked to provide the following information:

- **a.** Date and time the interpreter is needed
- **b.** Member's name
- **c.** Member's ID number
- **d.** Language needed
- **e.** Clinic phone number for the interpreter to call

Step 4: Passport to Languages will contact EOCCO Customer Services to verify the member's eligibility*

Step 5: Once the member's eligibility has been verified, they will call the provider for interpretation at the scheduled date and time of the appointment

**Interpreter services are only covered for EOCCO members. Passport to Languages does not provide interpreter services for other health insurance plans or if a member is not currently enrolled.*

Questions?

We're here to help. For questions, please call EOCCO Customer Service at 888-788-9821.

Eastern Oregon Coordinated Care Organization must follow state and federal rights laws. We cannot treat people unfairly in any of our services or programs because of a person's age, color, disability, gender identity, marital status, national origin, race, religion, sex or sexual orientation.

ATENCIÓN: Si habla español,hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 888-788-9821 (TTY: 711).

注意：如果您說中文，可得到免費語言幫助服務。
請致電 888-788-9821（聽啞人專用：711.

Measure(s): Language Access to Culturally Responsive Health Care Services

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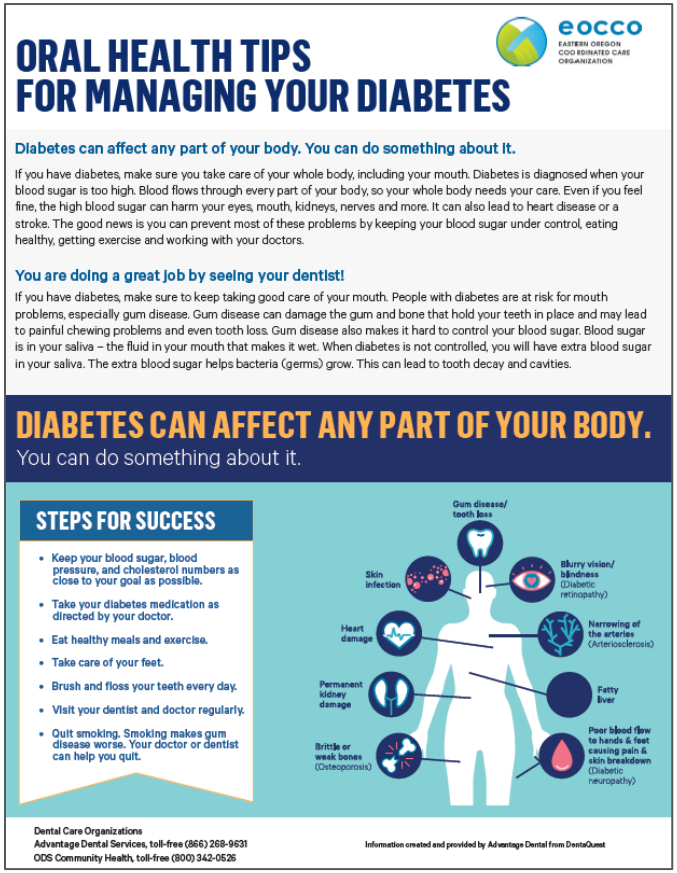
Oral Health Tips for Diabetics

Informational flyers to encourage diabetic patients to schedule an appointment with the dentist.



ORAL HEALTH TIPS FOR MANAGING YOUR DIABETES

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Diabetes can affect any part of your body. You can do something about it.

If you have diabetes, make sure you take care of your whole body, including your mouth. Diabetes is diagnosed when your blood sugar is too high. Blood flows through every part of your body, so your whole body needs your care. Even if you feel fine, the high blood sugar can harm your eyes, mouth, kidneys, nerves and more. It can also lead to heart disease or a stroke. The good news is you can prevent most of these problems by keeping your blood sugar under control, eating healthy, getting exercise and working with your doctors.

You are doing a great job by seeing your dentist!

If you have diabetes, make sure to keep taking good care of your mouth. People with diabetes are at risk for mouth problems, especially gum disease. Gum disease can damage the gum and bone that hold your teeth in place and may lead to painful chewing problems and even tooth loss. Gum disease also makes it hard to control your blood sugar. Blood sugar is in your saliva – the fluid in your mouth that makes it wet. When diabetes is not controlled, you will have extra blood sugar in your saliva. The extra blood sugar helps bacteria (germs) grow. This can lead to tooth decay and cavities.

DIABETES CAN AFFECT ANY PART OF YOUR BODY.

You can do something about it.

STEPS FOR SUCCESS

- Keep your blood sugar, blood pressure, and cholesterol numbers as close to your goal as possible.
- Take your diabetes medication as directed by your doctor.
- Eat healthy meals and exercise.
- Take care of your feet.
- Brush and floss your teeth every day.
- Visit your dentist and doctor regularly.
- Quit smoking. Smoking makes gum disease worse. Your doctor or dentist can help you quit.

Dental Care Organizations
Advantage Dental Services, toll-free (866) 268-9631
ODS Community Health, toll-free (800) 342-0526

Information created and provided by Advantage Dental from DentaQuest

Measure(s): Oral Evaluation for Adults with Diabetes

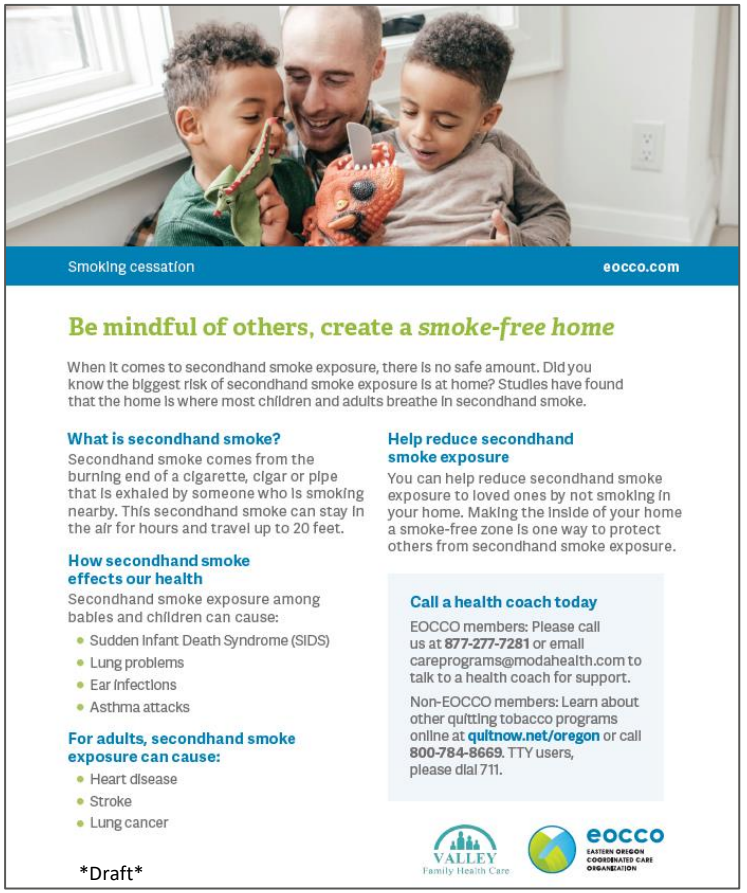
Create a Smoke-Free Home

Pilot project with Valley Family Health Care

-Member facing materials regarding the harms of secondhand smoke

-Texting campaign

-Website materials for members to help gauge readiness for smoking cessation and explain the resources available to them



Smoking cessation eocco.com

Be mindful of others, create a *smoke-free home*

When it comes to secondhand smoke exposure, there is no safe amount. Did you know the biggest risk of secondhand smoke exposure is at home? Studies have found that the home is where most children and adults breathe in secondhand smoke.

What is secondhand smoke?

Secondhand smoke comes from the burning end of a cigarette, cigar or pipe that is exhaled by someone who is smoking nearby. This secondhand smoke can stay in the air for hours and travel up to 20 feet.

How secondhand smoke effects our health

Secondhand smoke exposure among babies and children can cause:

- Sudden Infant Death Syndrome (SIDS)
- Lung problems
- Ear infections
- Asthma attacks

For adults, secondhand smoke exposure can cause:

- Heart disease
- Stroke
- Lung cancer

Help reduce secondhand smoke exposure

You can help reduce secondhand smoke exposure to loved ones by not smoking in your home. Making the inside of your home a smoke-free zone is one way to protect others from secondhand smoke exposure.

Call a health coach today

EOCCO members: Please call us at **877-277-7281** or email careprograms@modahealth.com to talk to a health coach for support.

Non-EOCCO members: Learn about other quitting tobacco programs online at **quitnow.net/oregon** or call **800-784-8669**. TTY users, please dial 711.

VALLEY Family Health Care

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Draft

Measure(s): Cigarette Smoking Prevalence

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Quitting Tobacco Readiness Ruler

Assists with the process of performing motivational interviewing with a member and assessing their readiness to quit smoking.

Importance (Why)

Question: On a scale from 0 to 10, how important is it for your patient to reduce or stop using tobacco right now?

Your patient's answer provides the level of importance for them.

- **Scenario 1:** If your patient answers "8" on the scale.
  - **Response:** An "8" means it is pretty important. Why not 5 or 6?
- **Scenario 2:** If your patient's answer is low (2) on the scale.
  - **Response:** A "2" means it is not very important to quit right now. Can your patient give reasons why they feel it is not important to quit right now? Would they mind if you circled back on this in the future?
- **Change talk to listen for:**
  - Desire ("I'd like to ...")
  - Ability ("I could ...")
  - Reasons ("It's important because ...")
  - Need ("I have to ...")

If you hear these key words, ask the patient to elaborate, reaffirm or reflect in order to motivate the patient to quit.

Confidence (How)

Question: On a scale from 0 to 10, how confident is your patient that they would succeed at reducing or stopping their tobacco use?

Your patient's answer shows how they view their current ability to quit (self-efficacy).

- **Scenario 1:** If your patient answers "8" on the scale.
  - **Response:** An "8" means your patient has confidence that they would succeed. Why not 5 or 6?
- **Scenario 2:** If your patient's answer is low (2) on the scale.
  - **Response:** A 2 means they are not confident at this time. Can your patient give reasons why their confidence level is at a 2?
- **Change talk to listen for:**
  - Commitment ("I will ...")
  - Activation ("I'm ready to ...")
  - Taking steps ("I've tried ...," "I am doing ...")

If you hear these key words, ask the patient to elaborate, reaffirm or reflect in order to motivate the patient to quit.

Readiness (When)

Question: On a scale from 0 to 10, how ready is your patient at starting to reduce or stop using tobacco?

Your patient's answer shows how they view their current level of readiness.

- **Scenario 1:** If your patient answers "8" on the scale.
  - **Response:** An "8" means your patient thinks they are ready to begin the change process. Why not 5 or 6?
- **Scenario 2:** If your patient's answer is low (2) on the scale.
  - **Response:** A 2 means your patient thinks they are not ready to start the change process at this time. Can your patient give reasons why they feel they are not more ready?

Refer to the Stages of Change Model to reflect on your patient's readiness.

Referring a patient

If your patient answered 8 or higher on all three, then you can be confident that your patient is ready to reduce or quit using tobacco. Referring them to a health coach is the first step. For your EOCCO members: Please call us at 877-277-7281 or email careprograms@modahealth.com. For your Non-EOCCO members: Please call 1-800-QUIT-NOW (1-800-784-8669) or visit quitnow.net/oregon.

0588 (10/20)

Measure(s): Cigarette Smoking Prevalence

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Upcoming Quality Measure Initiatives

Diabetes Prevention Program

EOCCO selected the Diabetes A1c Poor Control measure as a new performance improvement project (PIP).

Implementation of online DPP and Diabetes Self-Management within the Eastern Oregon service area is a main goal for the PIP.

Who is Covered? Eligibility Criteria	**What is Covered?** The Covered Benefit	**How is coverage provided?** DPP Service Provision
Screening and Diagnosis	Funding, Billing & Referral	Provider Requirements
• **Prediabetes** (R73.03) when confirmed via blood test within past year • Previous **gestational diabetes** (Z86.32) • As a high intensity intervention for **obesity or overweight** (E66.01-E66.9)	• Two years of the national DPP program • Up to 52 sessions over two years • All CDC recognized National DPP curriculums; including Native Lifestyle Balance • Multiple modalities covered: in-person, distance learning, online programs	• National DPP must be provided by a CDC-recognized organization • National DPP provider or supplier must collect and report data to CDC • Two types of payment sources: Medicaid/Medicare reimbursement, Health-related services funds.

Note: Up to 52 sessions or 24 months over two years is based on two separate billing processes.

Supporting Dentist-PCP Partnerships

- Toothbrush Kits Pilot Project
  - Will provide additional education resources and tools to diabetic patients during PCP visits
  - Partnership between DCOs, PCP clinics and EOCCO Quality team
- Collaborating with successful clinics to create workflows for integrating dental checks and fluoride varnish application into routine PCP visits


QUESTIONS?
eoccometrics@modahealth.com


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CEO Update

Sean Jessup, CEO

Disclosure

Examples:

- I do have a relevant financial relationship with commercial interest whose products or services relate to the content of the educational presentation.
  - Company: Moda Health, Inc./EOCCO/Summit Health
  - To ensure independence and balance of content, current conflicts of interest were resolved by basing recommendations on structured review for best evidence.

Learning Objectives

- Understand CCO 2.0 requirements and summarize EOCCO's approach to meeting the requirements
- Summarize EOCCO's reinvestments into providers and the communities we serve
- Understand EOCCO's affiliation with Summit Health

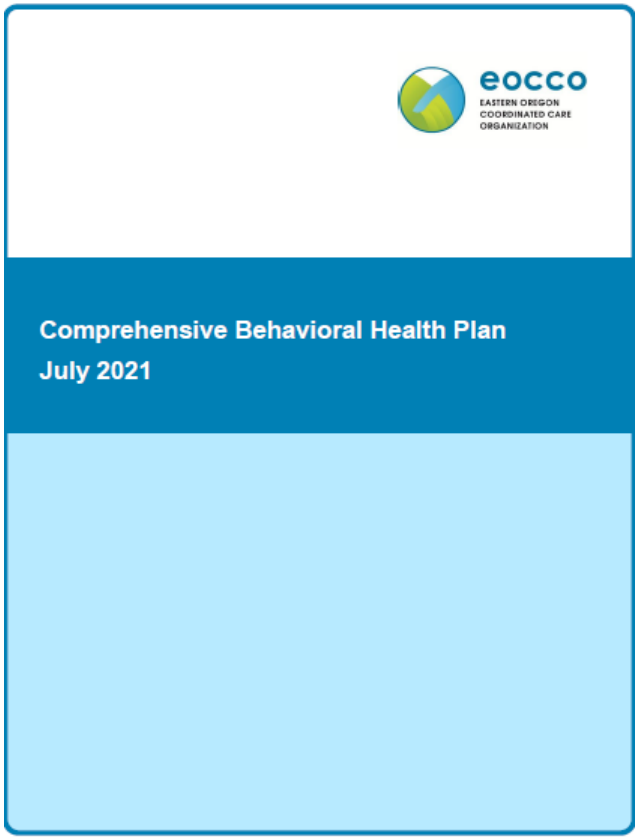
CCO 2.0 Overview

- Four improvement priorities
  - Improve the Behavioral Health system
  - Focus on social determinants of health and health equity
  - Increase value and pay for performance
  - Maintain sustainable cost growth
- New reporting requirements
  - Nearly 200 reporting or documentation reports
- Civil Money Penalties
  - Ranging from $50-$1,000 per day/per occurrence

Improve the Behavioral Health System

High Level Requirements & Actions

- Requirements:
  - CCO’s must be fully accountable for the BH benefit
  - Member's must have provider choice for behavioral health care
  - Requires payment for behavioral health in primary care and payment for primary care in behavioral health
- Actions:
  - Submission of an EOCCO Comprehensive Behavioral Health Plan
  - Implementation of EOCCO BH Integration with primary care practices



EOCCO Comprehensive Behavioral Health Plan (CBHP)

Submitted July 2021

Strengths, Gaps, and Critical Areas of Concern

The evaluation process identified several behavioral health and health-related social needs in our service area. Process included a community survey, review of Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP), and structured conversations with stakeholders throughout the service area.

- Lack of access to some behavioral health services, specifically inpatient psychiatric care, crisis response services, and substance use disorder services
- Stigma against people with behavioral health needs or those accessing behavioral health services
- Dissatisfaction with the breadth of our network of behavioral health providers, specifically our reliance on CMHPs and provider turnover
- Lack of access to affordable housing

Three Priority Areas for Intervention

Priority Area	Description	Gap that led to Priority	Rationale for Prioritization
Workforce Development	Increase workforce development and retention to ensure that we have an adequate, sustainable, local workforce to serve all our members' needs.	Access to services and provider turnover	Addresses several persistent gaps identified.
Network Evaluation	Systematically evaluate composition of BH network to ensure it is meeting needs of our members.	Access to services, stigma	In addition to workforce, there are gaps in the network that may be contributing to both lack of timely access and stigma related to site of service.
Housing	Increase access to supportive housing services and partner to leverage investment in brick and mortar housing.	Housing insecurity	Lack of access to housing has been a community-wide concern for several years

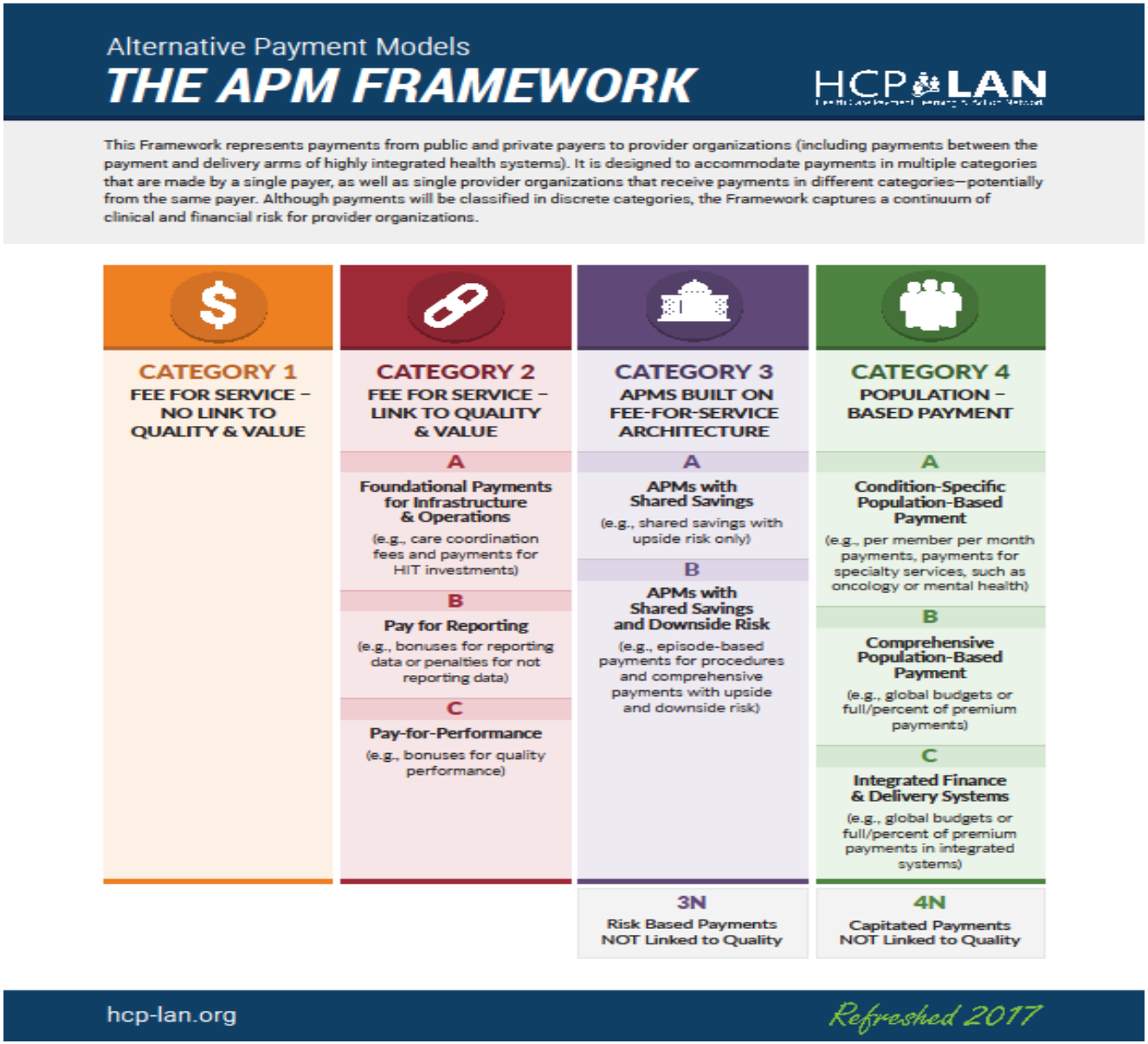
Increase Value and Pay for Performance

High Level Requirements & Actions

- Requirements:
  - Increase CCO Value Based Payment (VBP) model arrangements with providers
  - Increase CCO support of PCPCHs
  - Achieve a 70% VBP goal by 2024

- Actions:
  - Evaluating current VBP's in place today
  - Preparing to implement changes to hospital, behavioral health and maternity VBP arrangements in 2022

LAN Payment Categories



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EOCCO VBP's in Place Today

Payment Arrangement	LAN Category	Count Towards 2.0 VBP Requirements
Primary Care Capitation	4A- Episode-based payments with upside and downside risk	Yes
PCP Global Risk Pilot Program	3A- Shared Savings with upside risk	Yes
Risk Based Payments (Shared Savings model)	3N- Shared Savings Model	No
Quality Performance	2C- Pay for performance	Yes
PCPCH Payments	2A- Foundational payments (stand alone)	No

VBP Requirements 2020-2024

PCPCH Payments-Category 2A

- Foundational payments for infrastructure and operations
- PCPCH payments must vary by tier
  - Higher-tier clinics receive higher payments as opposed to lower-tier clinics
- Payments must increase each year and be meaningful amounts
- This requirement alone does not count toward VBP requirements for CCO's

Annual CCO VBP Targets

- Percent of CCO payments to providers-Payments must fall within LAN category 2C or higher and 25% of payments must fall within LAN 3B by 2024
  - 2020: No less than 20%
  - 2021: No less than 35%
  - 2022: No less than 50%
  - 2023: No less than 60%
  - 2024: No less than 70%

VBP Requirements 2020-2024 (Continued)

CDA Type	Implementation Date
Hospital Care	2022
Maternity Care	2022
Behavioral Health Care	2022
Children's Health Care	2023/2024
Oral Health Care	2023/2024

Care Delivery Area (CDA) VBP's must fall within LAN category 2C or higher

- Care Delivery Area (CDA) VBP requirements
  - 2021: Develop three new or expanded from an existing contract CDA's
  - 2022: By 1/1/22, Implement the three new or expanded CDA VBP's developed in calendar year 2021
  - 2023: Implement one new or expanded CDA VBP
  - 2024: Implement one new or expanded CDA VBP

CDA's can be combined such as hospital and maternity

VBP contracts in all five CDA's must be in place by the end of 2024.

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VBP Modifications Being Considered

- Current shared savings model adjustments
  - Include a quality component/quality measure(s) for hospitals and a subset of specialists
  - Reward hospitals/specialists for meeting metrics
  - Meet meaningful downside risk requirements
- Explore other models
  - Total cost of care
  - Hospital partial capitation
  - Episode based payments (maternity case rate)
- Understand payment arrangements between GOBHI and our DCO partners and their contracted providers
  - Payments from GOBHI and the DCO's to their providers must qualify as a VBP
  - Make modifications to contracts as needed

Address Social Determinates of Health and Health Equity

High Level Requirements & Actions

- Requirements:
  - Increase strategic spending by CCO's on SDOH, health equity and disparities
  - Strengthen meaningful engagement of tribes, members and CACs
  - Advance Health Equity
  - Increase the integration and use of traditional health workers

- Actions:
  - SHARE Initiative
  - Hired a Health Equity Administrator
  - Completed an initial Health Equity Plan
  - Hired a Traditional Health Worker (THW) Liaison
  - Completed an initial THW Integration and Utilization Plan
  - Annual staff and provider training and education
  - Modifications to LCAC/RCAC structure with a focus on increasing member engagement
  - Named a Tribal Liaison

Health Equity Administrator

- Single point of accountability responsible for Health Equity
- Authority to communicate to the Board
- Responsible for development and implementation of the Health Equity Plan
- Attend OHA Health Equity committees
- Ensure the CCO and its provider network deliver culturally and linguistically appropriate services

Year 1 Health Equity Plan Summary

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Traditional Health Worker Liaison (THW)

- Must contract or hire a new employee designated as the THW Liaison responsible for:
  - Integrating THWs into the delivery system
  - Addressing barriers
  - Coordinating the THW workforce
  - Responsible for the THW Integration and Utilization plan and increase recruitment and retention of THW's
  - Assist providers with understanding the THW care model as well as ensuring THW providers are integrated into the members care team
  - Work in collaboration with OHA's TWH commission to implement the THW Commissions best practices

THW Integration & Utilization Plan

- THW Integration and Utilization plan
  - Integrate THW's into the delivery system
  - Increase member utilization of THWs
  - Measure utilization and performance over time
  - THW payment grid

- Collect data and report the following in the Integration and Utilization plan:
  - Assessment of member satisfaction with THW services
  - Ratio of THWs to the total number of members
  - Number and types of THW's
  - Whether each THW is a full or part time employee
  - Number of requests from members for THW services
  - Demographics of THW's

Member Engagement Strategies

- Established an LCAC Selection Committee
  - Equal numbers of Board and Community representatives for each LCAC
- Designated LCAC Coordinators
  - Responsible for managing the operations of the CAC and in compliance with rules and requirements
- Duties of the LCAC's
  - Direct, track and review spending related to SDOH-E spending
  - Oversee development and drafting of the Community Health Assessment
  - Adopt a Community Health Improvement Plan for addressing health disparities and meeting the needs of members
  - Publish an annual CHIP Progress report
- Completed an annual LCAC member demographic report
- Added a member to the EOCCO Board of Directors

Maintain sustainable cost growth and ensure financial transparency

High Level Requirements & Actions

- Requirements:
  - Higher financial reserve requirements and transition to Risk Based Capital (RBC requirements)
  - National Association of Insurance Commissioners (NAIC) financial reporting requirements
  - Evaluate and reward CCOs for improving health outcomes and containing costs
- Actions:
  - Increased EOCCO financial reserves
  - Implemented NAIC reporting
  - Earned performance-based reward (PBR) in 2022

Provider and Community Reinvestments

EOCCO Investments in the Community Through August 2021

- **PCPCH payments:** $67.3 Million
- **EOCCO shared savings/APM:** $52.5 Million
- **EOCCO Community Benefit Initiatives** $6.9 Million
- **EOCCO quality measure investments:** $41.2 Million
  - PCP quality bonus payments
  - LCAC funding
  - DCO and BH quality bonus payments
  - Additional investments
- **Total re-investments to date:** **$168.8 Million**

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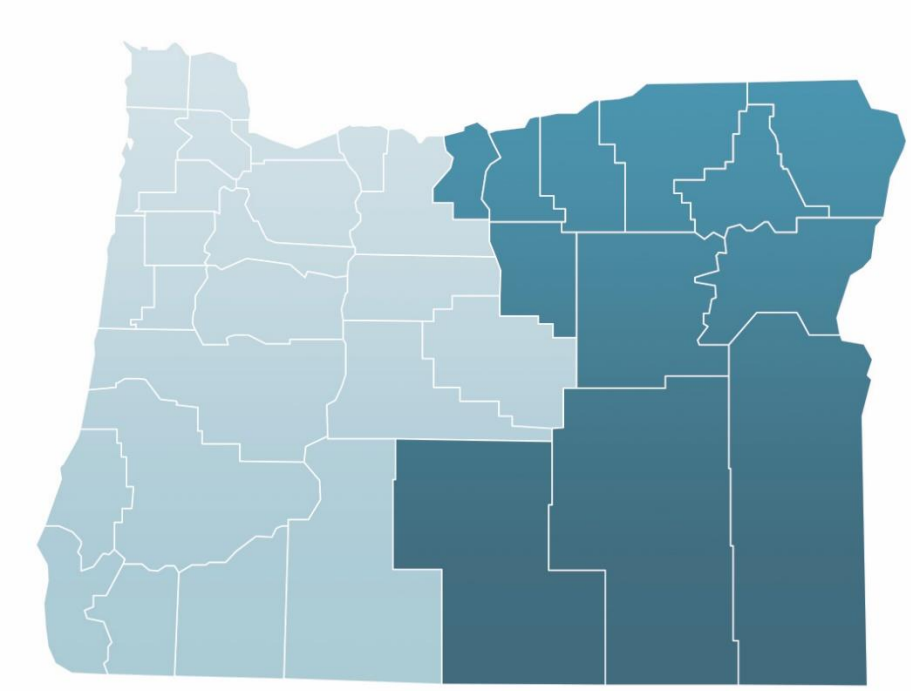
Summit Health

Providing quality Medicare Advantage plans in Eastern Oregon

SUMMIT
HEALTH

Summit Health Service Area



Saint Alphonsus
A Member of Trinity Health

CHI St. Anthony Hospital

moda

Yakima Valley Farm Workers Clinic

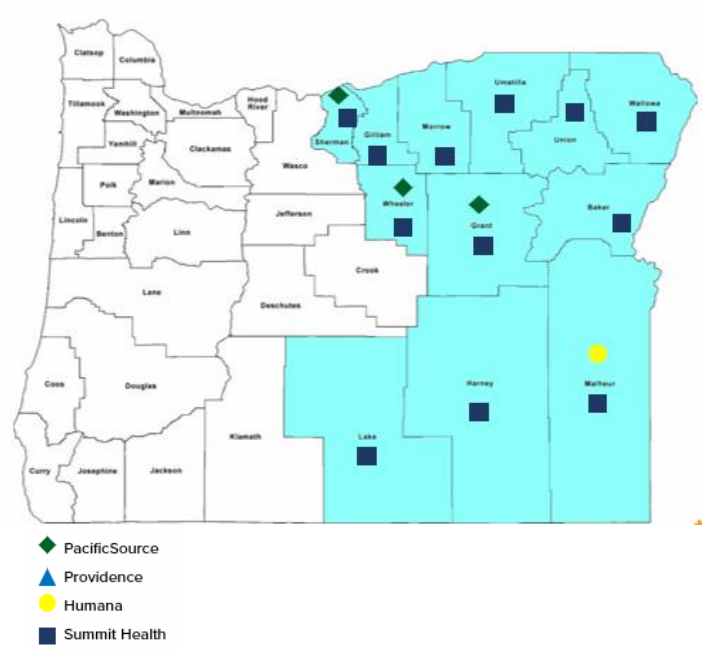
GOBHI

GOOD SHEPHERD
HEALTH CARE SYSTEM

Eastern Oregon IPA

GRANDE RONDE HOSPITAL AND CLINICS

Medicare Advantage Landscape



County Name	Eligibles	Enrolled	Penetration
Baker	5,178	305	5.89%
Gilliam	572	34	5.94%
Grant	2,331	396	16.99%
Harney	2,087	134	6.42%
Lake	2,351	163	6.93%
Malheur	6,391	1,413	22.11%
Morrow	2,250	175	7.78%
Sherman	555	91	16.40%
Umatilla	14,855	1,121	7.55%
Union	6,577	656	9.97%
Wallowa	2,573	162	6.30%
Wheeler	509	87	17.09%
Totals	**46,229**	**4,737**	**10.25%**

SUMMIT HEALTH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so are we.
YourSummitHealth.com
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Plans & Market Segment

Summit Health Core (HMO-POS)

Market Segment: Beneficiaries with other prescription drug coverage

2021 Premium: $22.00

Summit Value + Rx (HMO)

Market Segment: EOCCO affiliated Medicare Advantage plan & price conscience beneficiaries currently utilizing Summit Health Plan providers

2021 Premium: $69.00

Summit Standard + Rx (HMO-POS)

Market Segment: Mid-range plan intended to appeal to price conscience beneficiaries who want an OON option

2021 Premium: $99.00

Summit Premier + Rx (HMO-POS)

Market Segment: Beneficiaries who are willing to pay a little more up front for lower out of pocket costs.

2021 Premium: $146.00

SUMMIT
HEALTH

Benefit Highlights

All Plans include the following benefits:

- Preventive & Comprehensive Dental
- Routine Hearing Exam & Hearing Aids
- Fitness benefit
- Routine Vision Exam & Hardware
- MA-PD plans: $0 vaccines

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Thank you


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EOCCO Pain Program Update

Presented by:
Mark Altenhofen, M.S.
Paul Coehlo, MD
David Farris, MD

Disclosures

Paul Coelho, MD, Pain Specialist, Salem Health. He has nothing further to disclose.

David Farris, MD, Anesthesiologist, Director of the Oregon Medical Board. He has nothing further to disclose.

Mark Altenhofen, M.S. is the CEO of Oregon Pain Advisors. He has nothing further to disclose.

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- Kim Swanson, Ph, D., Psychologist; and
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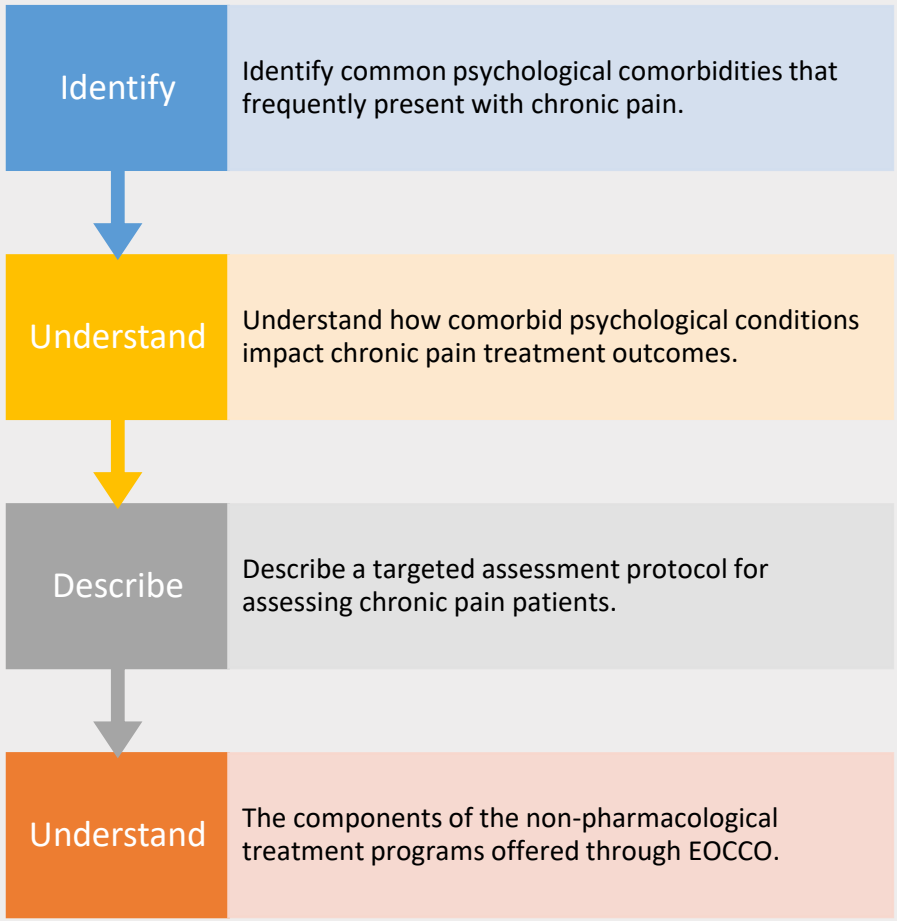
Learning Objectives



With chronic pain, comorbidity is the rule, not the exception, for both mental and physical health conditions.

Chronic Pain is a Chronic Medical Condition That is Relapsing and Remitting That Demands a Team Approach

Because of the variety of impacts, areas of effect and etiology, chronic pain is almost always associated with physical and psychiatric comorbidities.

Depression & Chronic Pain

Depression & Chronic Pain

On average, 65% of depressed individuals also complain of pain symptoms

75% of chronic pain patients report depressive symptoms

40-60% of chronic pain patients meet criteria for depression

References:

Surah, A, Baranidharan, G, & Morley, S. (2013). Chronic pain and depression. *Continuing Education in Anaesthesia, Critical Care, & Pain. Advance Access Publication, October 8, 2013.*

Curry, SR & Wang, J. (2005). More data on major depression as an antecedent risk factor for first onset of chronic back pain. *Psychological Medicine, 35,* 1275-1282.

Depression & Chronic Pain

There is a neuroanatomical link between depression and chronic pain via the hypothalamus, amygdala and anterior cingulate gyrus pathway.

Reduced serotonin and norepinephrine is associated with both depression and increased pain sensation.

References

Surah, A, Baranidharan, G, & Morley, S. (2013). Chronic pain and depression. *Continuing Education in Anaesthesia, Critical Care, & Pain. Advance Access Publication, October 8, 2013.*

Depression & Chronic Pain

Those who suffer with both depression and chronic pain report:

- More intense pain
- Less control of their lives
- More unhealthy coping strategies
- Reduced analgesic response to opiate medications

Negative thinking is a common feature of depression and chronic pain

- Catastrophic thinking, helplessness-hopelessness, and negative expectations negatively impact how a person might respond to pain treatment interventions
- Reverse placebo/nocebo effect i.e. “Nothing works for me”

Bipolar Disorder & Chronic Pain

Bipolar Disorder & Chronic Pain

28.9% of bipolar patients have pain

- 14.2% having migraines
- 23.7% reporting chronic pain

Stubbs, B., Eggermont, L., Mitchell, A.J., et al (2014). The prevalence of pain in bipolar disorder: a systematic review and large-scale meta-analysis. *Acta Psychiatrica Scandinavica, 131,* 75-88.

Bipolar Disorder & Chronic Pain

- 25% of individuals with fibromyalgia have bipolar disorder.
- People with RA are twice as likely to have bipolar disorder.
- People with OA are three times as likely to have bipolar disorder.

Reference: LaBouff, L (2016). Bipolar disorder is linked to chronic pain. *Psych Central.* https://blogs.psychcentral.com/bipolar-laid-bare/2016/09/bipolar-disorder-is-linked-to-chronic-pain

Bipolar Disorder & Chronic Pain

Why the link between arthritis and bipolar disorder?

- Arthritis inflammation may increase serotonin and dopamine activity in the brain contributing to bipolar episodes.
- Arthritis may also affect prefrontal cortex functioning, which is area of brain most associated with bipolar disorder.
- Chronic pain can increase volatility and frequency of bipolar episodes.

Reference; LaBouff, L (2016). Bipolar disorder is linked to chronic pain. *Psych Central.* *https://blogs.psychcentral.com/bipolar-laid-bare/2016/09/bipolar-disorder-is-linked-to-chronic-pain*

Bipolar Disorder & Chronic Pain

Bipolar patients have 7x greater risk of substance use disorder.

Reference: LaBouff, L (2016). Bipolar disorder is linked to chronic pain. *Psych Central.* *https://blogs.psychcentral.com/bipolar-laid-bare/2016/09/bipolar-disorder-is-linked-to-chronic-pain*

PTSD & Chronic Pain

PTSD & Chronic Pain

- Approximately 15% to 35% of patients with chronic pain also have PTSD.

  ~ One study found that 51% of patients with chronic low back pain had PTSD symptoms.

- Survivors of physical, psychological, or sexual abuse tend to be more at risk for developing certain types of chronic pain later in their lives.

References:

- http://www.ptsd.va.gov/public/problems/pain-ptsd-guide-patients.asp; http://www.rehab.research.va.gov/jour/03/40/5/Otis.html

PTSD & Chronic Pain

For people with chronic pain, pain serves as a reminder of the traumatic event, which tends to make PTSD even worse.

PTSD &

Chronic Pain

- Pain related hypervigilance
- Pain related catastrophizing
- Fear avoidant coping
- Kinesiophobia

Personality Disorders & Chronic Pain

Personality Disorders & Chronic Pain

Between 37 and 51% of chronic pain patients were reported to meet criteria for a personality disorder.

Elevated areas include:

- Avoidant
- Dependent
- Obsessive-Compulsive

Reference: Sadigh, M.R. (1998). Chronic pain and personality disorders: Implications for rehabilitation practice. *The Free Library.* https://www.thefreelibrary.com/Chronic+Pain+and+Personality+Disorders%3a+Implications+for...-a053397953

Personality Disorders & Chronic Pain

Borderline personality disorder in chronic pain is roughly 30%

- Higher levels of pain.
- Chronic pain may reflect another area of poor self-regulation and/or way of eliciting care from others.

Reference: Sansone, RA & Sansone, LA (2012). Chronic pain syndromes and borderline personality. *Innovations in Clinical Neuroscience, 9*, 10-14

Personality Disorders & Chronic Pain

Borderline Personality Disorder & Fibromyalgia

- Both poorly understood and stigmatized.
- Emotional hypersensitivity vs physical/pain hypersensitivity.
- Both tied to centralized dysregulation (central sensitivity syndrome) and associated with trauma history.

Reference:

- https://www.psychologytoday.com/blog/paintracking/201209/chronic-physical-and-emotional-pain-disorders

Substance Use Disorder & Chronic Pain

Substance Use Disorder & Chronic Pain

Prevalence rates of opioid of chronic pain patients in primary care based on UDT:

- Misuse between 20% and 40%
- Dependence between 24% and 31%.

References:

- Katz N, & Fanciullo GJ. (2002). Role of urine toxicology testing in the management of chronic opioid therapy. *Clinical Journal of Pain*, 18(supplement), S76–82.
- Reid MC, Engles-Horton LL, Weber MB, et al. (2002). Use of opioid medications for chronic non-cancer pain syndromes in primary care. *Journal of General Internal Medicine,* 17, 173–179.

Substance Use Disorder & Chronic Pain

Rates of current substance use disorders among chronic pain patients varies from 3-48% across studies.

Reference: Morasco, B.J., Gritzner, S., Lewis, L., Oldham, R., Turk, D.C., & Dobscha, S.K. (2011). Systematic review of prevalence, correlates, and treatment outcomes for chronic non-cancer pain in patients with comorbid substance use disorder. *Pain, 152,* 488-497.

Substance Use Disorder & Chronic Pain

Pain patients identified with SUD that result in discontinuation of their opioid medication will often withdraw from integrated treatment programs.

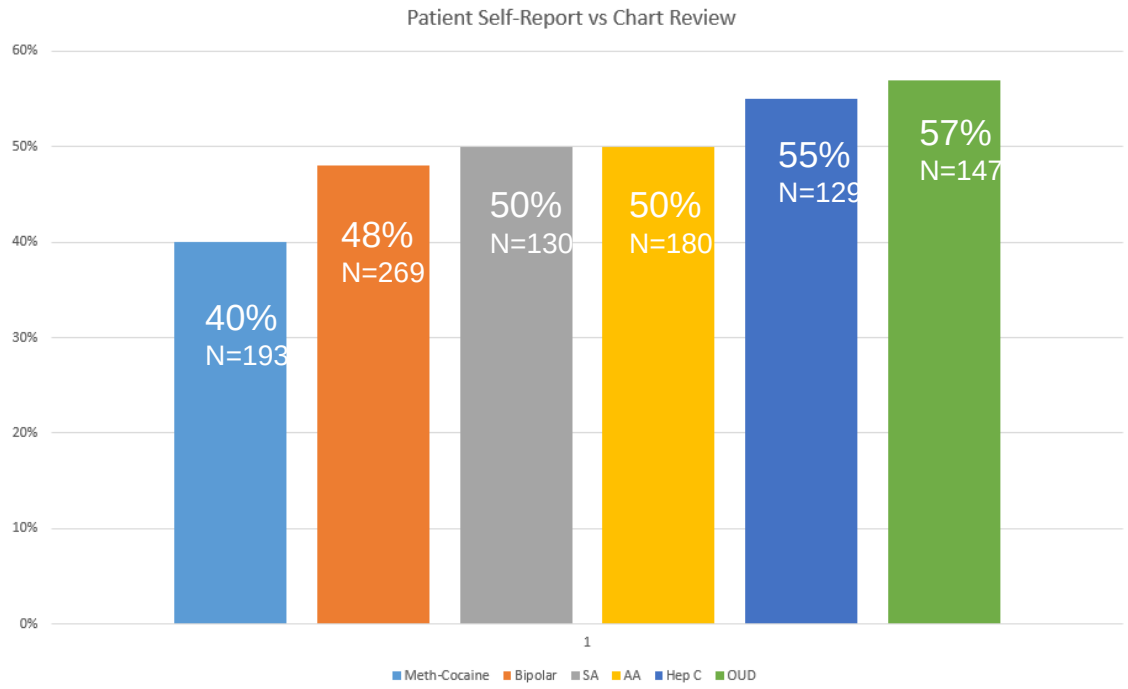
References

- Chelminski, P.R., Ives, T.J., Felix, K.M., Prakken, S.D., Miller, T.M. et al. (2005). A primary care, multi-disciplinary disease management program for opioid-treated patients with chronic non-cancer pain amdn a high burden of psychiatric comorbidity. *BMC Health Services Research, 13,* 3.

TACo -Targeted Automatic Consultation

Paul Coelho, MD

Patient Self-Reported Sensitivity Is 50%: No Better Than A Coin Toss.



Targeted Automatic Consultations (TACOs)

Pain Phenotype: Fibromyalgia Survey Questionnaire (31) + Pain Catastrophizing Scale (52) (83)
Criminal Records Check: DUI (1), Drug Possession/Distribution (1) (2)
PDMP Review: >4 opioid prescribers (1)
EDIE Review: > 5 visits/yr (1)
Male Sex: 1
Age< 60: 1
***SUD H/O:** Stimulants, AA, Opioids (3)
***Hepatitis C:** 1
***Bipolar Disorder:** 1
***SA:** 1
***Borderline Personality Disorder:** 1

Total: 96 (Logit)

2021-2022 EOCCO Programs

Pain School Online (asynchronous)

4 Modules – with weekly exercises.

1 module per week drip schedule.

Identify – complex nature of pain and importance of a comprehensive approach to treatment.

Introduce – strategies for pain self management – understanding physiological, psychological and social aspects, role of Cognitive Behavioral Therapy, Nutrition and Sleep strategies for pain;

Changes to 2021-2022 Program: break out Movement Therapy to a live weekly drop in session (online).

Online Cognitive Behavioral Therapy (asynchronous)

6 Modules – with weekly exercises.

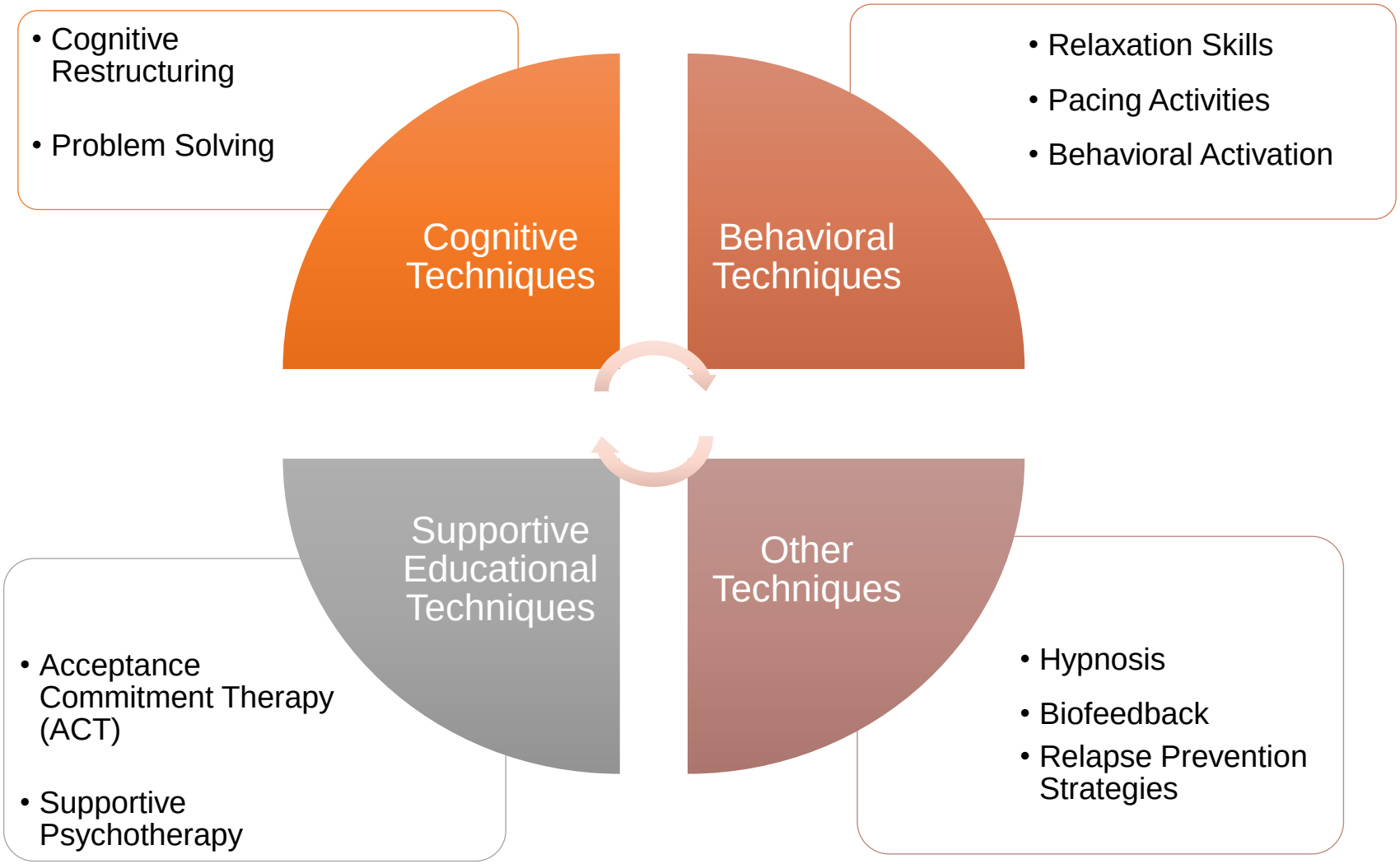
1 module per week drip schedule.

Identify - maladaptive thoughts and behaviors contribute to increased sensitivity to pain and decreased function.

Introduce - a range of strategies aimed at enhancing life skills, increasing self-efficacy in managing pain; and

Goal - change **BEHAVIOR** in response to pain.

Cognitive Behavioral Therapy (CBT)



CBT-ACT Definition

Acceptance and Commitment Therapy

Cognitive behavioral therapy based on acceptance of circumstances as they are now without judgment while moving toward value-based goals.

Treatment Goal:

Shift focus away from fixing the problem and towards coexisting with the problem, giving power and responsibility back to the patient and moving focus away from past and future.

Online Sleep Program for Chronic Pain (asynchronous)

6 Modules – with weekly exercises.

1 module per week drip schedule.

Identify – differences between Sleep Apnea, Opioid Induced Sleep Disordered Breathing and Insomnia.

Introduce - a range of strategies aimed at enhancing sleep hygiene; and

Goals - change **BEHAVIOR** in response to maladaptive sleep patterns for insomnia. Refer for Screening / Assessment (Apnea, OISDB).

Insomnia (Sleep Hygiene)

- Maintain a regular bed and wake time schedule, including weekends.
- Establish a regular, relaxing bedtime routine.
- Workout regularly (stop exercise 3 hours before bed).
- No electronics in bedroom - TV, phones.
- No exposure to TV or computers 2 hours prior to bedtime.
- Use bedroom only for sleep and partner time.
- Finish eating at least 2-3 hours before bed.
- Refrain from taking naps (not more than 20').
- Avoid caffeine afternoon.
- Avoid alcohol close to bedtime.

Drop-in Movement Therapy Class – Live Online

Offered via Zoom; 45-minute session

- Overcoming “Fear of Movement”
- Relaxation
- Breathing
- Posture
- Walking
- Gentle Stretching
- Mindfulness Based Stress Reduction Techniques

Registration Information for Online Programs

Website Link: www.naviatric.com/ps-online

Email: mark@painadvisors.com

Continuing Education Opportunity
CBT for Chronic Pain

Offered Winter 2022

Online Training program – similar to ECHO – consisting of six one hour sessions

Co-Facilitated by: Kim Swanson, Ph. D & Catriona Buist, Ph. D.

Registration information to be announced.

Thank you!

Q & A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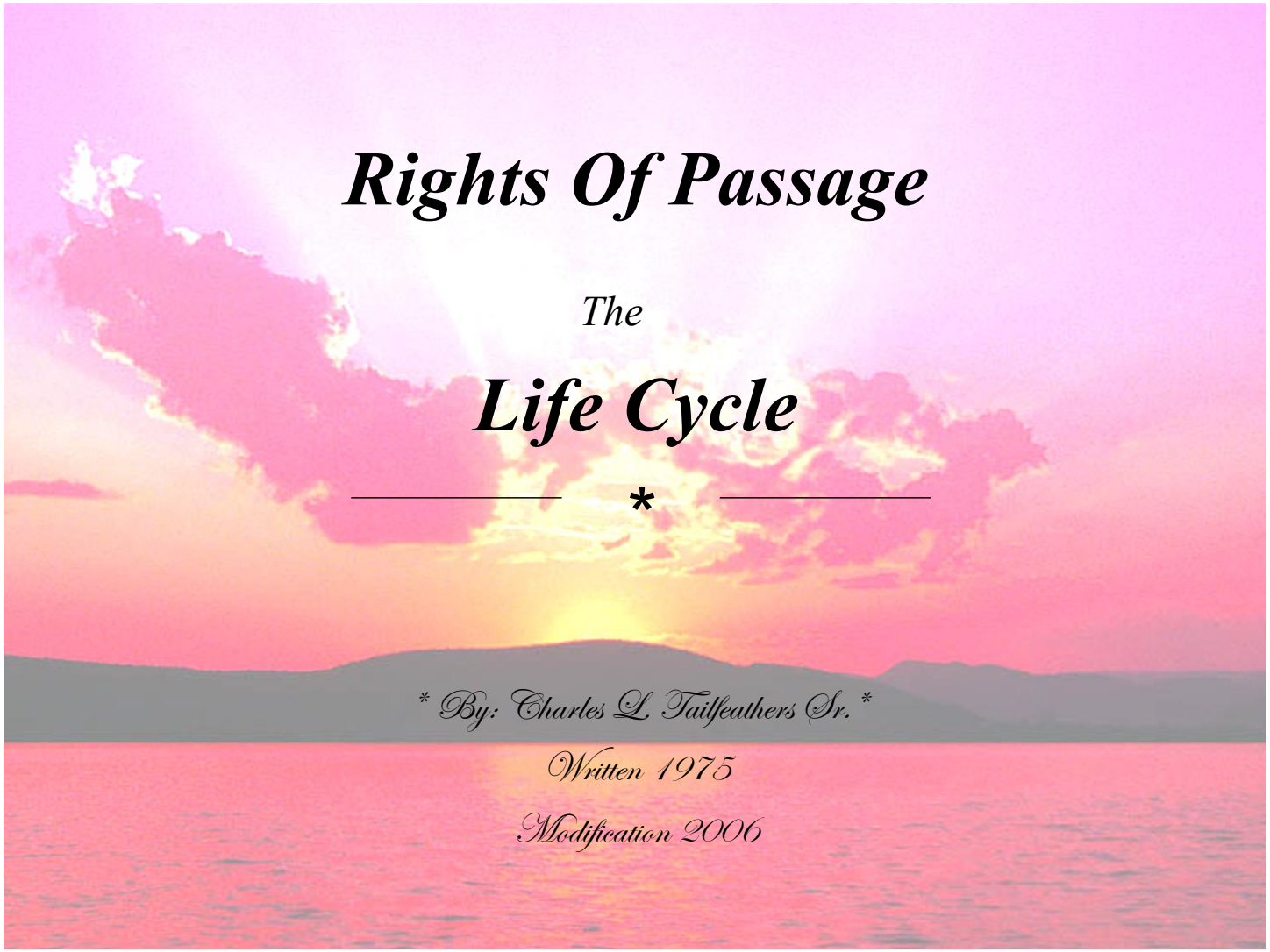


Rights Of Passage

The

Life Cycle

*

* By: Charles L. Tailfeathers Sr. *

Written 1975

Modification 2006

Charles Tailfeathers, Sr.
(Blackfeet/Cree)
Shadowwalks

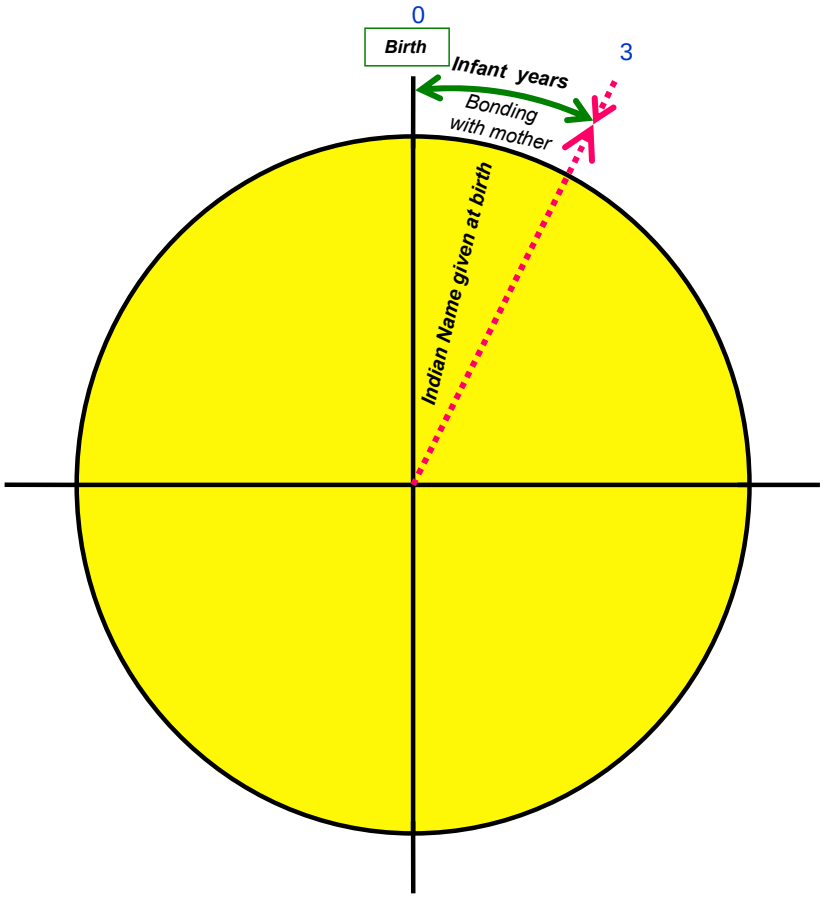
The Native Wellness Institute

Cycle of life & Rights Of Passage

- Our ancestors have lived a process of life, a simple rule, many of the teaching have been lost, due to new rule of the law, process of caring, schools, and churches other unreasonable methods.
- Looking back in time, what was being taught by our elders, both men and women, we begin at an early age of song, and dance, story telling, what to do, not to do, things that are reachable, and could be achieved for every challenging stages, the rights of passages.
- Knowledge and wisdom that was shared by the elders are very simple, interesting, important, understood, and hands on projects.
- They taught to respect others, for who they were, rich or poor, ugly or not, they are children of the Creator, that everyone is beautiful, you were also taught to respect yourself, at all times.

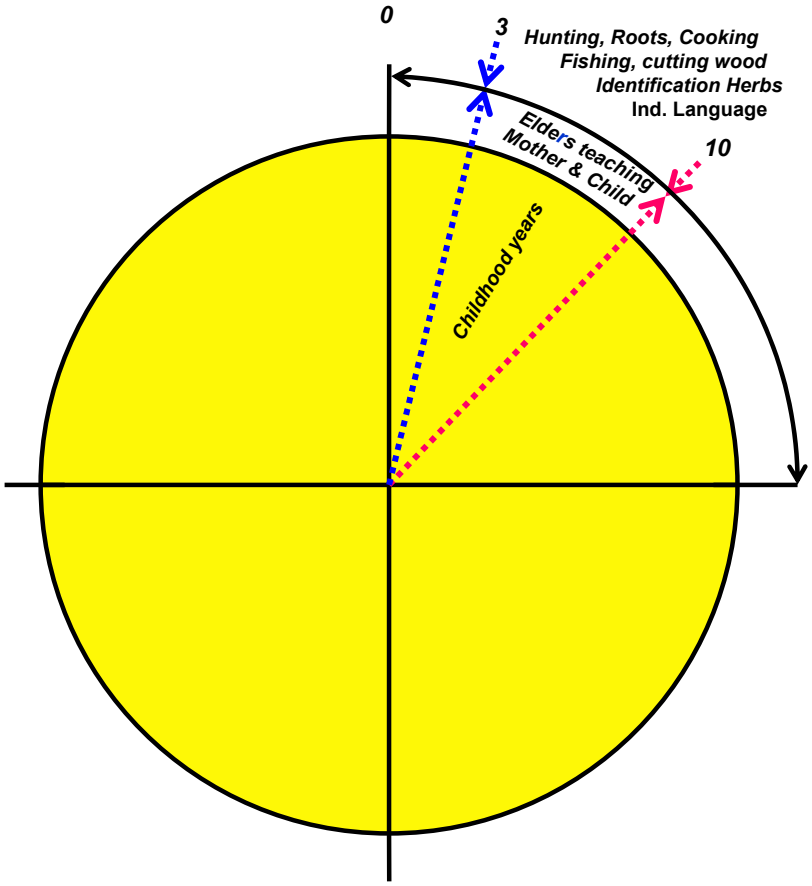
Life Cycle & Rights Of Passage

- ***Fetus, Birth, Infant Years***
- First stage is that mother and father fertilization of the sperm, mother conceives, nine months of pregnancy.
- Indian name of the unborn will be pre-selected by grandmother, and will appoint an elder in her community with gifts for the ceremony, Indian name will then be given, immediately after the child birth.
- A song will be song in honor of the new born child, and a prayer of welcome.
- Infant years of the child, mother and grandmother will attend and handle the child for the next three years, do to bonding purposes, sound of her voice, smell of mother skin, and the taste of the her milk, growth of the child is very important, and recognition of mother.



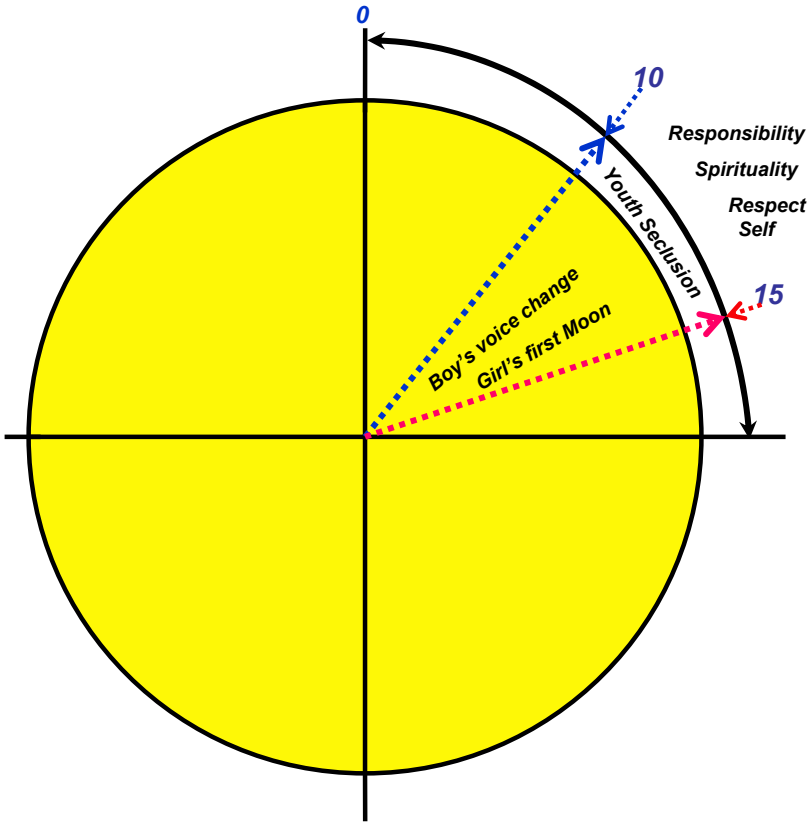
Life Cycle & Rights of Passage

- ***Elders Educate, Parents, and Child***
- From age of three years a child is taught to respect foods, fire, animals of water, land and air, water, snow, herbs, self, and its spiritual purpose, learn to cook, stories are told to all children for education, supervision to understand right from wrong, and prepare ceremonial foods.
- As a child, you are taught to respect all ceremonial songs and prayer, at gatherings to be thoughtful to others and yourself.
- Boy's and girl's, are taught to be a helper, with the ceremonial leader, in preparing foods, fire, coals for the smudges used for the ceremony, and to help bring in the food.
- Children are sent to help other elder's of your community cleaning house, wood cutting, hauling water, and prepare other necessary needs, or feed horses, cattle, mend fence, this is to educate children respect, caring, honor, love.
- Through the day your also allowed to play, and not wonder off far from home usually only hearing distance away, this was for the mother to show direction, love, caring, supervision of the child.



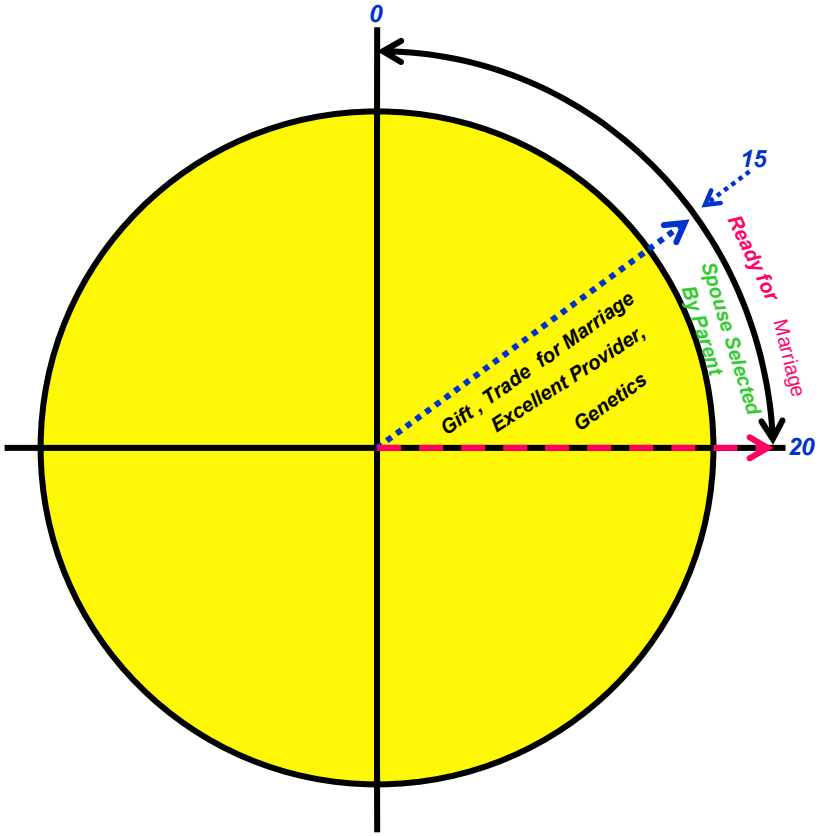
Life Cycle & Rights of Passage

- ***Youth Voice Change, First Moon Ceremony***
- Ages ten through fifteen years old you experience a chemical change that will occur, through this amazing gift given to us from the Creator, a ceremony will be conducted by an appointed Elder, from youth to adult, this marks a page in the dictionary of life wisdom of memory, and life long understanding a moment in time.
- Elders have knowledge of preparing a child, boy or girl, begin stage of wisdom knowledge of spiritual, responsibility, self respect, and caring of others, and self, boy's and girl's are taught to cook, songs, dance, stories, and cultural events taking care of spouse, and to understand the sharing of life, not to harm each other physical, spiritual, mental, and emotional, the importance of life long child rearing.
- Youth that experience the chemical change of the voice, or first moon are brought to this stage of passage to be out with nature in seclusion for a number of day's, depends on what tribe your from, Elders are brought to the youth, for your every day education & training, for you wisdom and knowledge for your path of life.



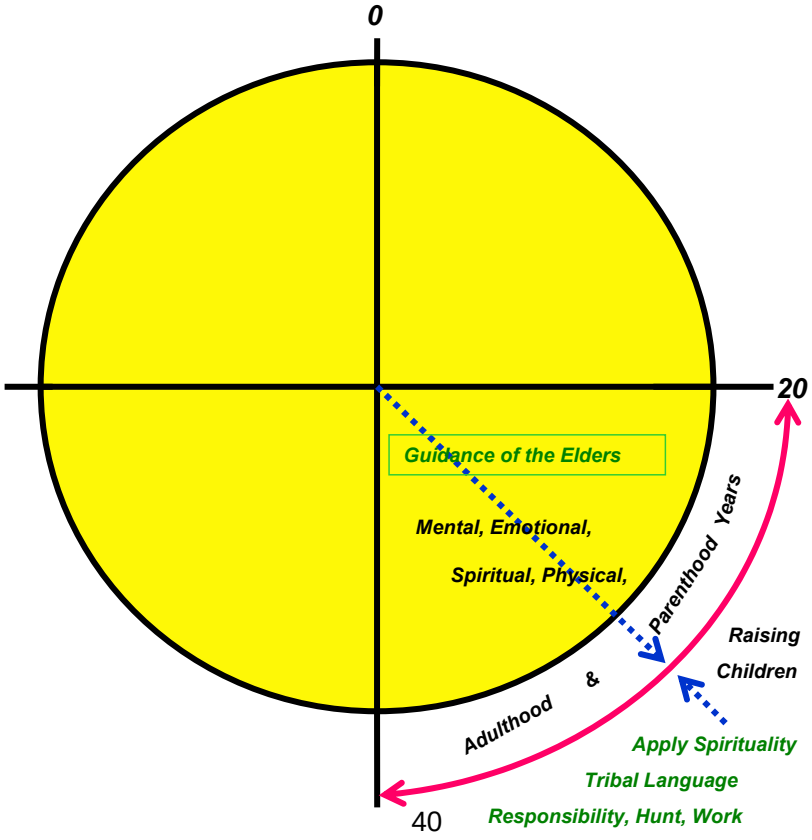
Life Cycle & Rights of Passage

- ***Ready for Marriage***
- When youth become of age, life gifts of many pleasures, and all the existing wisdom of life experiences yet to be challenged, they become very anxious, exciting, and the anxieties of achievements, of the unknown mysteries of life.
- Challengers are made to experience by the Elders teachings of wisdom the world of unknowns what to expect, and to learn by seeking, good choices.
- Our grandparents and parents have pre-selected spouses, and made personal evaluations of possibilities, as follows; excellent genetic, healthy, good provider, caring, spiritual, helpful, love, and respectful, and others.
- Finally, ready for marriage, after a selection has been made, gifts are now exchanged to each family, dates times, invitations, offerings made, elders are invited for the ceremony, song and dance shall be the celebration for the couple to begin their life's challenges.



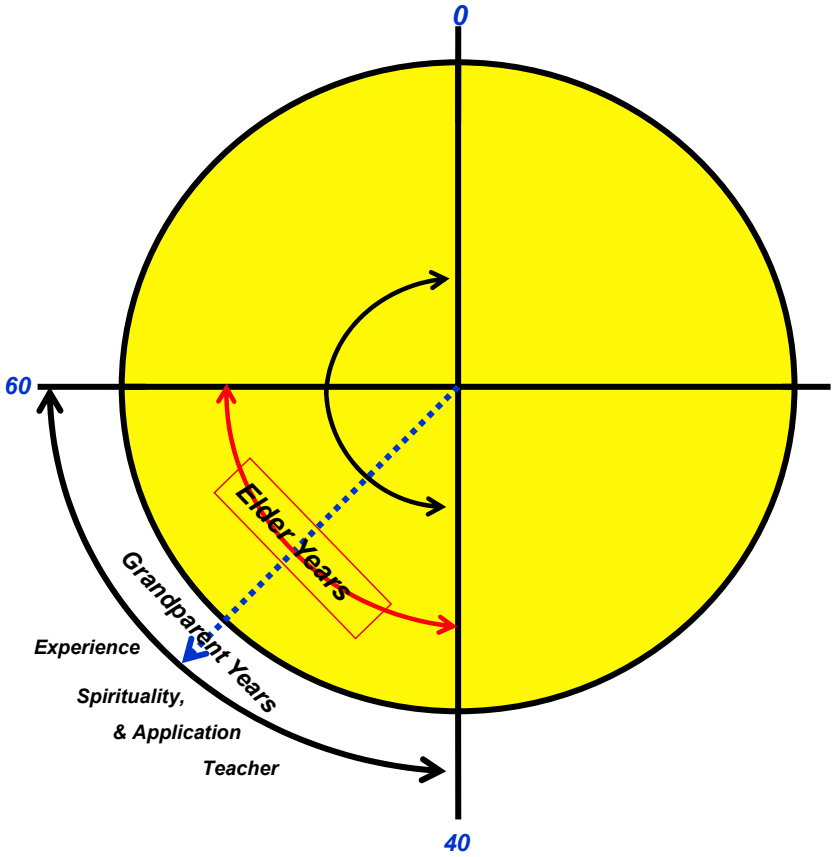
Life Cycle & Rights Of Passage

- ***Adult & Parenthood Years***
- After marriage, we begin to apply the wisdom and the long training of many responsibility, guidance of life challenges.
- Raising children, so they can become good people in our communities, grater part of life cycle.
- Applying knowledge, wisdom, of song dance, spirituality, tribal language, and many other responsibilities of caring, love, all that is needed, fulfillment life cycle.
- Elders Continuing wisdoms, and knowledge guidance from communities, Spirituality application, Physical being, Mental awareness of self, family, and others around you, Emotional feelings of self awareness, and others.
- Being a good provider for family, community, Work continuing responsibility, Hunt, feed family those that can't provide for themselves, and elders in the community, food gather for survival and health.
- Applying all, that has been taught to you as a child, youth, and adult so that you can become a good responsible, effective, active, and positive person.



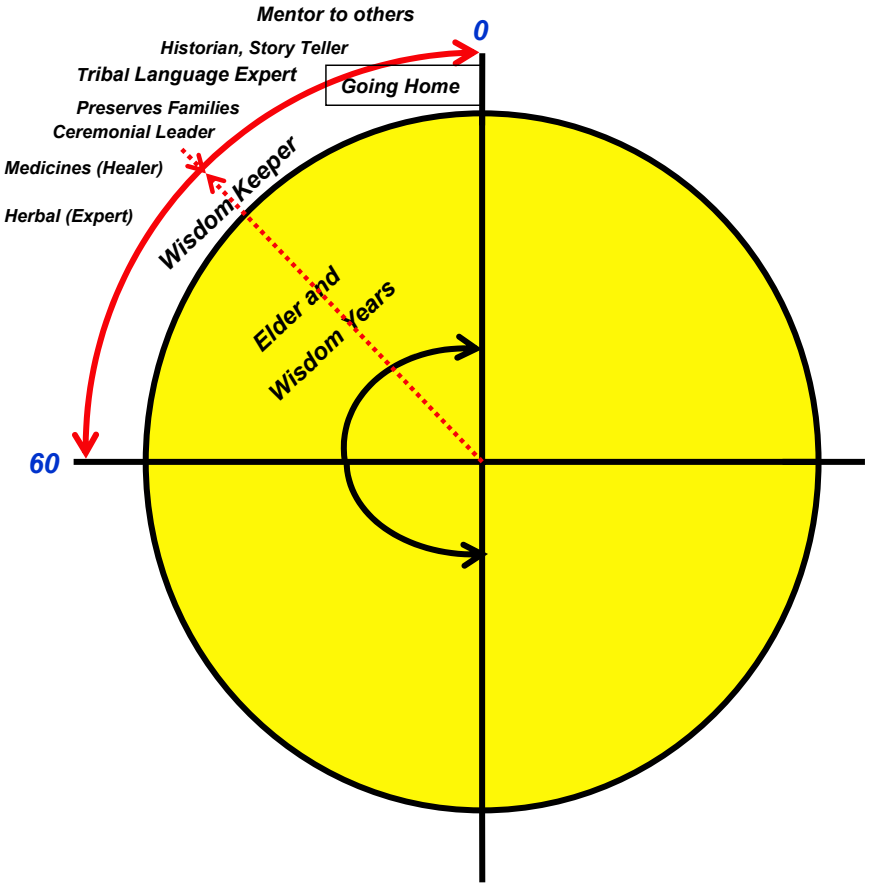
Life Cycle & Rights Of Passage

- ***Elder & Grandparent Years***
- As age comes upon us, we begin to teach our grandchildren understanding along with parent, we cherish the every moment being with grandchildren, sharing the everlasting of life giving cycle of caring, love, respect, and honor, these are the moments of life challenges, unknowns mysteries of Life Cycle.
- Grandparent years are to be memorable, to give the feeling of need, wanted, to tell stories of long ago memories of time, the wonder years gained, like the beautiful badlands, landscape of time.
- Experiences of spirituality and to be applied when needed for self or others in need, to teach our young ones from right and wrong, be able to support your children and give direction of choices.
- Being an Elder you become the dictionary of the Life Cycle of time.

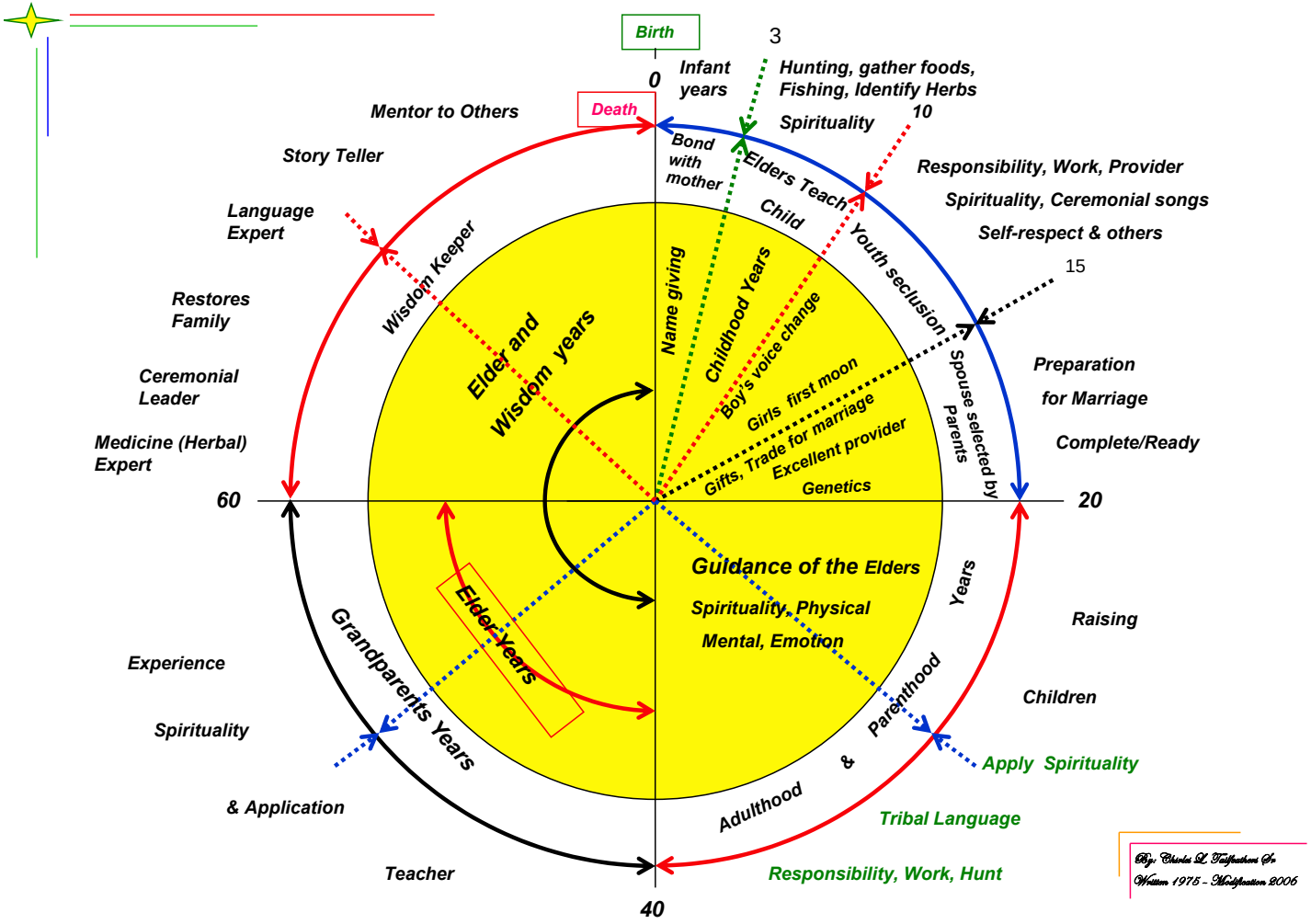


Life Cycle & Rights Of Passage

- ***Elder & Wisdom Keeper***
- We have come in a full circle of many challenges and mysteries of the unknown, a life long gained wisdom and knowledge.
- Looking at life's many tool's of wisdom, and knowledge gifted by the Creator to be implemented and applied so that were able to survive with all the elements that is before our very own eyes, that shouldn't be forgotten or put aside, a gift of spiritual purpose, mental purpose, emotional purpose, and finally physical purpose, and those of colors, seasons, directions, the honoring, respect, caring, most of all the love, and many other tools that has been stored in our lives yet! to surface.
- We have over come many challenges the unknown mysteries of life existence, we are now the dictionary, many stories, the wisdom keeper of time
- Finally, where we started life, we now have come to a full circle of many Rights of Passages, a preparation of life returning home to the Creator.



Life Cycle & Rights of Passage



By: Charles L. Trafftachers Sr.
Written 1975 - Modification 2006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THE OREGON WELLNESS PROGRAM: AN AID TO ENHANCED AND RENEWED SATISFACTION FOR **RELUCTANT** HEALTH CARE PROFESSIONALS

EOCCO VIRTUAL SUMMIT; SEPTEMBER 15, 2021

PRESENTER NAME AND DISCLOSURE

Donald E. Girard, MD, MACP

Emeritus Professor of Medicine

Office of the Dean, School of Medicine,

Oregon Health & Science University, Portland, OR

- Chair, Executive Committee, Oregon Wellness Program

- I have no relevant financial relationships to disclose.

LEARNING OBJECTIVES

- Understand the history and consequences of professional burnout
- Recognize the disastrous effects of COVID on healthcare professionals
- Understand why healthcare professionals are RELUCTANT to use available mental health services
- Understand the behavioral health initiatives of the Oregon Wellness Program, and why they have succeeded

OREGON WELLNESS PROGRAM: WHAT IS IT?

Wellness support provided by mental health professionals - all of whom are experienced with providing care to healthcare professionals

- 100% CONFIDENTIAL
- FREE, VOLUNTARY ONLY
- EASILY ACCESSIBLE
- AVAILABLE TO OREGON LICENSED PHYSICIANS, PAs, NPs, PODIATRISTS, DENTISTS
- ACCESS THROUGH WEBSITE OREGONWELLNESSPROGRAM.ORG
- ACCESS ALSO THROUGH TELEPHONE 541-242-2805

OREGON WELLNESS PROGRAM: WHY IS IT NEEDED?

- Traditionally, available mental health services are not used by healthcare professionals even though there is an important need, because:
- Professional burnout is common among healthcare professionals, and it is disastrous if left unchecked, and it can be helped with mental health care
- The COVID Pandemic has resulted in increased mental health problems among healthcare professionals
- The OWP is the mental health service that healthcare professionals are using, because it provides professional, confidential, free, accessible care

SPECIFIC DISCUSSION THEMES

- Burnout as a Major Negative Professional Issue: A Brief History
- Negative Consequences of COVID Pandemic on Healthcare Professionals
- The Healthcare Professional Dilemma: Caring for Patients vs Caring for Oneself
- The OWP's History, Access, Counseling with Mental Health Professionals (Dx and Management)
- OWP Utilization, Research Efforts and Outcomes (clients' confidential surveys; mental health professionals' surveys and narratives)
- Common Questions and Comments from Your Colleagues
- ***REMEMBER: Oregon Wellness Program (OWP): (oregonwellnessprogram.org/ 541-242-2805***

THE HISTORY OF PROFESSIONAL BURNOUT

- Initial publications and studies that address and define the concept of burnout
  - High Cost for High Achievement: H. J. Freudenberger. 1) excess need to succeed 2) inability to compromise 3) increasing attention to success 4)giving up personal interests
  - Christina Maslach's pioneer research that led the World Health Organization to include professional burnout as an occupational disorder outlined in the ICD-11. Markers for burnout: 1) professional exhaustion 2) depersonalization 3) inability to appreciate professional accomplishments
- The end of the golden era of the U.S. profession of medicine in the 1970s
  - From WWII (1941-45), the adoption of Medicare (1965) with a real payment for services, the maintenance of individual authority for the profession, and without invasion by industry or regulation (1974)
- The rise of professional burnout as the profession is industrialized, and overloaded with information, technology and regulation
  - 1980 <20%
  - 2000 = 33%
  - Currently > 50%++
- Physician specialties with highest burnout
  - Primary care and rural medicine
  - Emergency medicine
  - Select subspecialties

THE PRECIPITANTS OF PROFESSIONAL BURNOUT

- Industry takes control of the profession of medicine
  - Profession replaced by industry with wealth for health
- Professional loss of control
  - Healthcare professionals change from being in control to being controlled (worker bees)
- Technology and information overload
- Electronic medical record is introduced (EMR)
  - Marketed as the method to ensure maximum information availability, EMR is often utilized as corporate's method for maximizing payments and systems' collections
- Regulatory requirements
  - Explosion of certification and recertification; system credentialing and recredentialing; fulfilling governmental requirements; completion of myriad, vastly different and chaotic insurance company requirements for patients' care, and dealing with Pharma
  - In-person time with patients is minimized, and the completion of care records is a 24/7 activity

BURNOUT: THE DESTRUCTIVE FORCE

Burnout prevalence among all U.S. physicians: 50++ percent and similar for other healthcare professionals

An occupational health disorder identified by three characteristics: professional exhaustion, depersonalization (anger, cynicism, disrespect), and the inability to appreciate one's own professional success

- Burnout outcomes
  - Professional impact: poor and inattentive patient care, tardiness, excessive time away, poor patient outcomes, poor collegial relationships, attrition from the practice, poor cognition, boundary violations, disruptive practice
  - Personal impact: dissatisfying professional lives, poor relationships with family, friends, others; chronic fatigue, multiple somatic complaints (headaches, back pain, etc), substance abuse disorders, major anxiety, depression and suicide

COVID PANDEMIC ADDS TO AN ALREADY STRESSED STATE OF MIND

- Disastrous mortality
- Poor preparation
- Polarization and politicalization
- Chaotic implementation of prevention and intervention
- Unpredictability of COVID pandemic waves
- The emotional outcome of the cultural shift from celebrating healthcare professionals as heroes in the early months of the pandemic to refusing to believe the pleas to be vaccinated and over-burdening hospital systems

REASONS FOR AND CONSEQUENCES OF HEALTHCARE PROFESSIONALS' RELUCTANCE TO SEEK MENTAL HEALTH SERVICES

- REASONS FOR RELUCTANCE TO SEEK CARE
- Caring for patients vs caring for self
  - Hippocratic Oath
  - Career long
- Fear of being reported for mental health disorder by credentialing committees, licensing board, and other specialty boards;
- Fear of losing respect of colleagues and senior staff

- CONSEQUENCES FOR NOT OBTAINING THESE SERVICES
- Healthcare professionals may not be as mentally and emotionally healthy as they can and should be
- Both professional and personal lives suffer, including inability to provide their best patient care
- Ultimately our patients, our citizens receive less that the BEST CARE

THE OWP HISTORY

- 2014 (through 2018) Oregon healthcare leaders plan, develop and implement a program to provide mental health services to Oregon licensed healthcare professionals suffering from destructive emotional distress
- 2016 An Executive Committee is formed to oversee the Oregon Wellness Program
  - Psychologists (PhD, PsyD) and psychiatrists (MD, DO) are vetted and hired to provide confidential counseling services
- 2018 The OWP is formally established and partners with the Foundation for Medical Excellence for financial backing (fiduciary)
- The OWP now provides only voluntary, free, confidential counseling services, eight sessions per year with access within 72 hours for most Oregon licensed professionals

THE OWP ACCESS

- The Program is accessible live during usual work hours and through voice mail at all times, including an available crisis line
- Information and contact information are available through the website oregonwellnessprogram.org and by phone at 541-242-2805
- Operator from Cascade Health (Eugene) answers, and asks only for name and contact phone number
- Operator reviews request from caller, and together they identity the best-suited mental health professional, including locales anywhere in the state, and in-person or telemedicine visits
- Currently 19 mental health providers are available throughout state

COUNSELING: DX AND MANAGEMENT

- Clients represent a spectrum of wellbeing from well and inquisitive, to flirting with unwellness, to impaired to crisis that requires emergent intervention
- Initial counseling sessions with mental health professionals are used to diagnose client's state of mental health and needed support
  - The initial diagnosis allows focused treatment,
  - or referral to professionals who are more able to care for the specific need
- Management goals include increased personal insight, established work plan to address the problem(s) and work toward solutions
- Outcome goals include improved personal and professional satisfaction; refreshed professional investment and enjoyment; decreased burnout, decreased anxiety/depression

OWP CLIENT UTILIZATION TO PRESENT

- Over 1,900 client visits since program launched
  - Early visits were in person; currently nearly 100% of visits are telemedicine
- Average visit number: 1.5-2.5+ per client; varies over time
- Most common age of clients: 2/3 senior and 1/3 junior
- Gender: 2/3 women; 1/3 men
- MDs most prevalent users (eligibility includes most healthcare professionals)
- Urban vs Rural: 80% urban
- System affiliations: uniform throughout Oregon communities

OWP RESEARCH OUTCOMES: CONFIDENTIAL CLIENT SURVEY

- OHSU School of Public Health designed survey to evaluate OWP impact
- Survey questions asked about program satisfaction and value, improvement in emotional health, changes in practice and personal lives, quality of life, change in burnout
- Surveys distributed and collected over 18-month period from April 2018 through September 2019
- 9.5% of distributed surveys returned (41/433 users returned total of 77 surveys)
- Results reveal: 97% satisfaction with OWP use and personal benefits; 81% made changes in personal lives; 38% reallocated activities in professional lives; burnout rates fell from 68% to less than 50%

OWP RESEARCH OUTCOMES: MENTAL HEALTH PROFESSIONALS' CONFIDENTIAL SURVEY

- Survey assessing COVID impact on healthcare professionals with minor modifications was developed by OWP investigator
- Distributed to 16 eligible and collected from 15 OWP mental health professionals from July 2 through August 23, 2021
- Questions required responses on four-point Likert Scale (not at all, somewhat, moderately, very much)
- Only client responses that were deemed as significant concerns (moderately concerning or very important concerns) were evaluated, rather than those concerns that clients noted as only somewhat concerning or not at all important
- Important client responses noted by majority of MHPs: COVID as major factor for counseling; worry about person or family members; anxiety and depression; work overload; concerns about professional relationships; concerns about personal relationships; important support from family and friends; access to mental health services; COVID more important than burnout; change made in personal lives
- Unimportant client responses noted by majority of MHPs: child care; decreased income; reassignment in work; importance of support from colleagues and staff; PPEs; feeling valued by organizations

MENTAL HEALTH PROFESSIONALS NARRATIVE COMMENTS

- Early 2020 revealed far greater concerns for safety; concerns balanced between COVID and burnout.
- People often feel their leadership (employer) fails to understand and support their needs.
- People are burned out by being overworked and disempowered.
- Clients feel employers are more interested in maintaining the existing power structure than they are about the healthcare professionals' wellness and safety.
- Clients feel that speaking about their wellness and safety was often met with punishment from leadership.
- Many, many clients are angry, depressed and disillusioned about all of this on top of being exhausted from difficult tasks of working in healthcare and not living normal lives with COVID.
- Clients have been challenged with additional child care challenges.
- Some clients expressed severe addiction challenges.

QUESTIONS FROM COLLEAGUES 2020

- How do I maintain compassion and empathy in delivering efficient patient care and be present for family when coming through the door at home?
- What are some rewarding milestones in the arc of a physician's career?
- What are some of the common modifiable factors that lead to dissatisfaction when looking back on a career?
- What are simple tools or easy-to-use parameters for self check regarding wellness?
- What are some coping strategies fo managing anxiety?
- What are ways to build enhancement and resilience?
- With increase amount of time working from home, how can I re-learn to disconnect from work when home?
- For rural physicians working in larger health systems, wellness committees and employee assistance programs are already in place to provide resources. Why are they are not used?
- I strongly second the topic of insidious work creep and maintaining and establishing appropriate boundaries… we are always busy and often thinking of work-related things outside of clinic/office time, but this has run amok during COVID.


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Tiered Grant Program

Paul Bollinger & Melissa Varnum

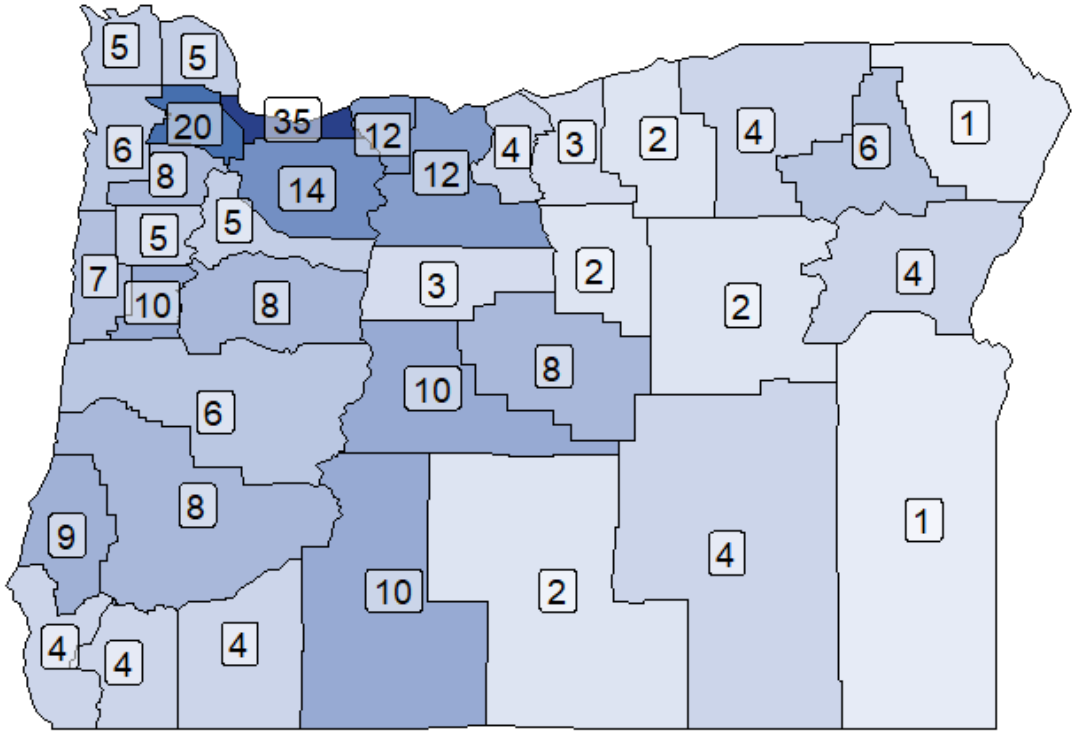
Program Mission

The mission of the Community Partnership Program is to work hand in hand with Oregon communities as allies in the Knight Cancer Institute's efforts to end cancer as we know it. We will:

Support	Enhance	Foster
• Oregon communities in understanding and addressing their most pressing cancer-related needs and cancer health disparities.	• Collaboration between Oregon communities and OHSU to address cancer in Oregon.	• Skills and abilities of communities to enhance long-term sustainability.

OHSU

Program Impact



Map represents proposed impact by county

All funded grants:

152

Number of projects funded over 12 grant cycles

81%

Percent of grants focused in rural Oregon

Reported by completed grants:

51,857

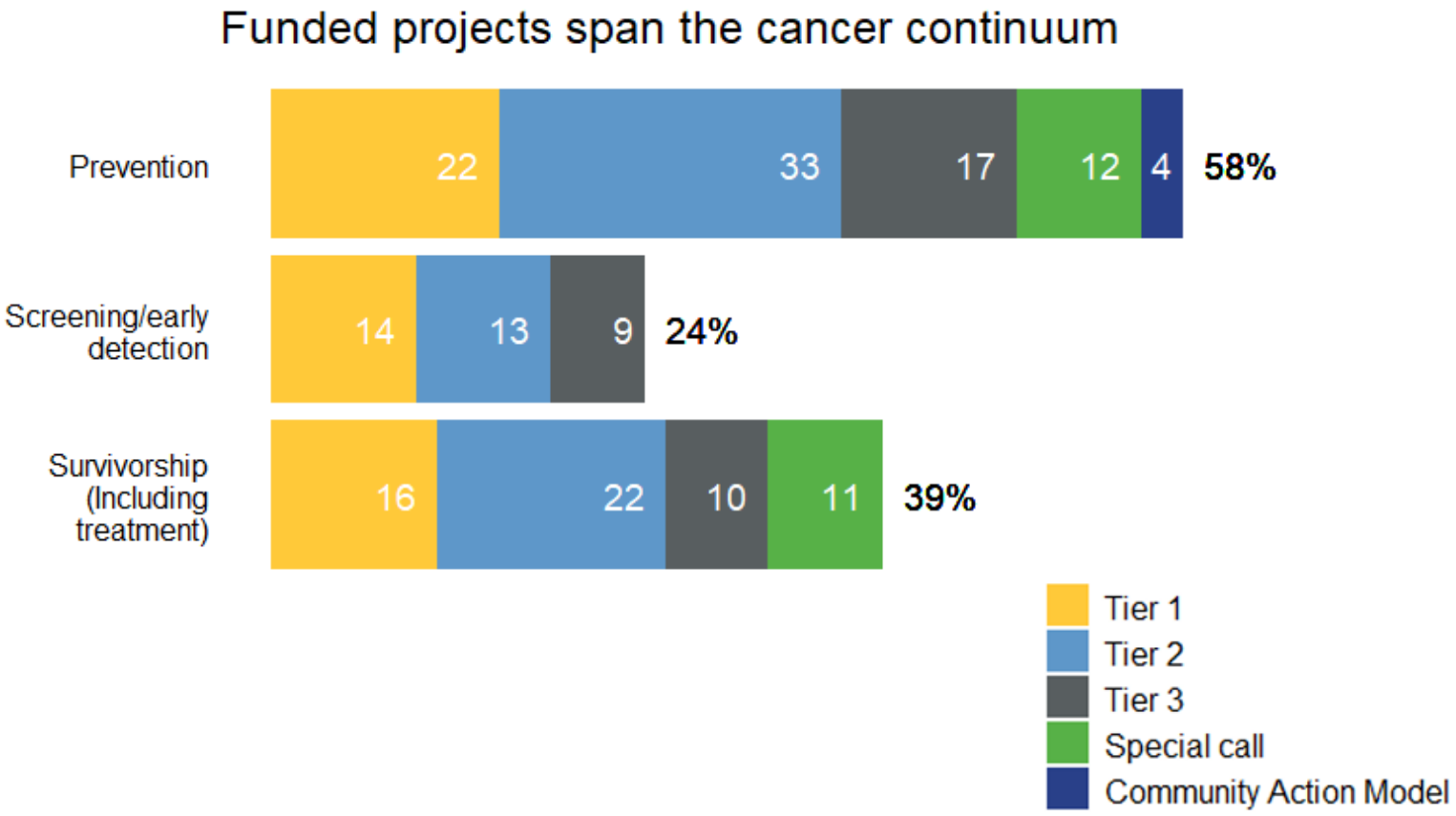
Number of Oregonians reached through CPP

469

Number of partnerships supported through CPP

OHSU

Continuum and Tier



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Types of Grants Offered

Tiers Model

- Three tiers of funding available to address any community cancer-related need

Community Action Model

- 5 step model to address a specific priority cancer topic (e.g. HPV vaccination)

Special Calls

- COVID-19
- Step it Up! Survivors
- Healthy Corner Stores and Physical Activity Promotion

Gorge Grown Food Network staff member Kiah Powell-Francis prepares vegetables for delivery to low income Latinx and Native American families during the pandemic. (Gorge Grown Food Network)

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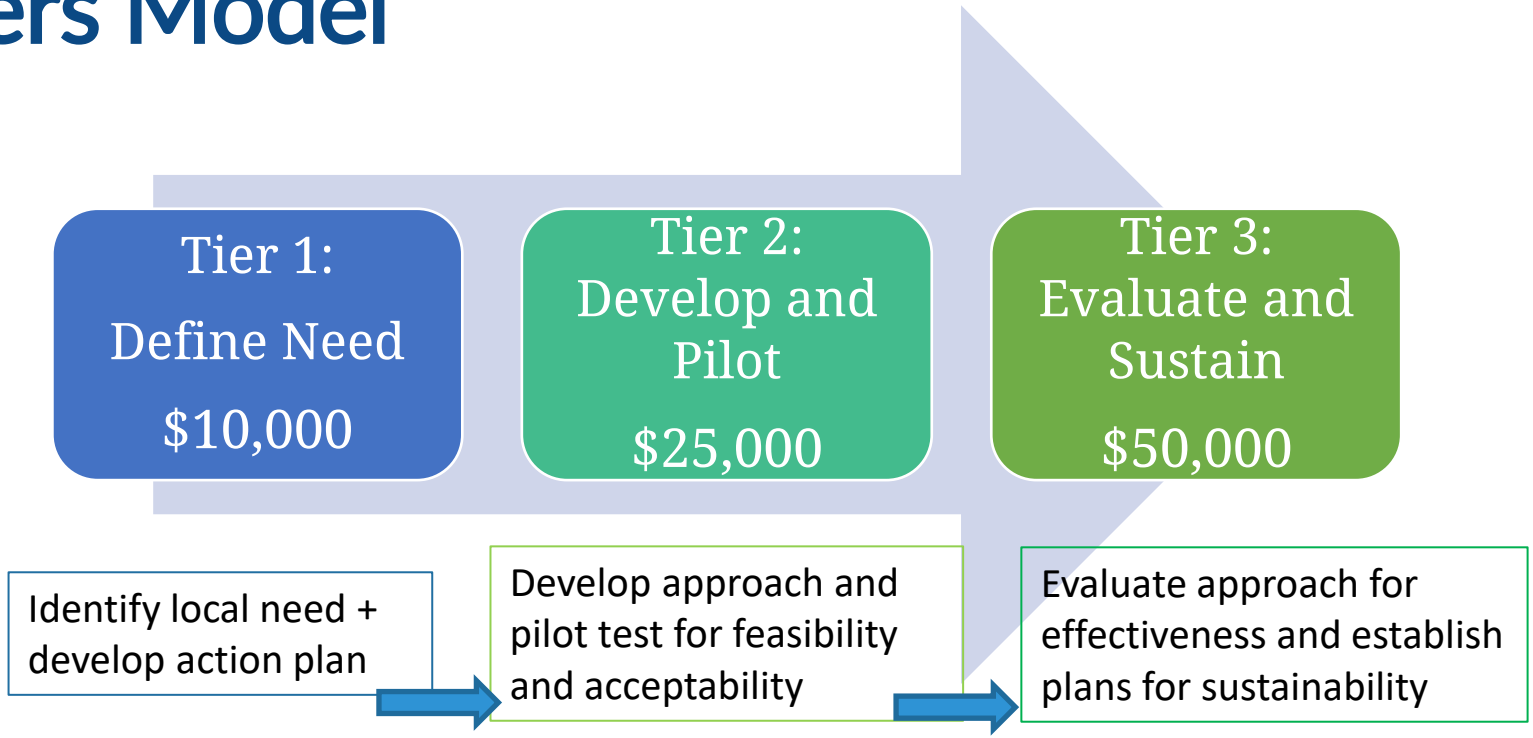
Tiers Model



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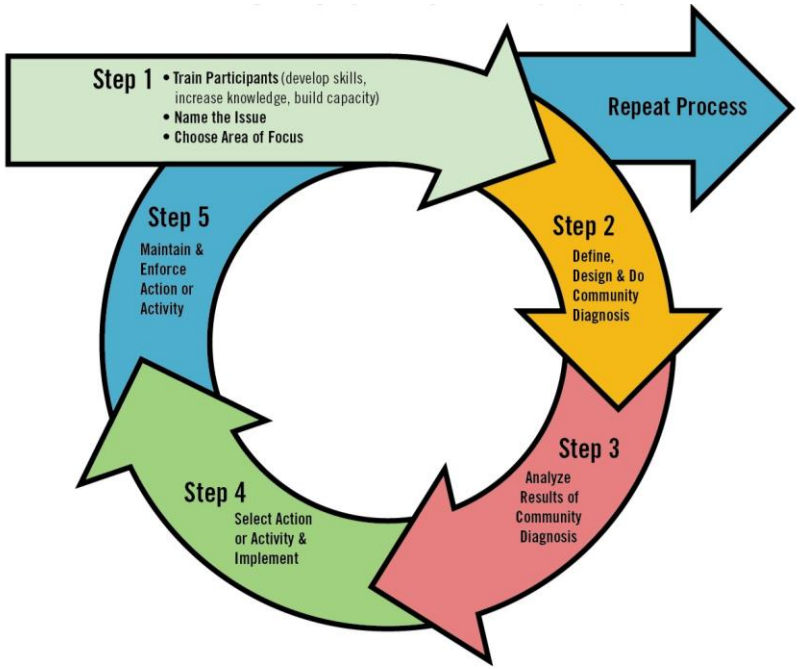
Community Action Model

- Two year, five-step model developed by San Francisco Tobacco Free Project to address tobacco-related health disparities
- Adapted and implemented by CPP in 2019 to address barriers to HPV vaccination
- Grantees receive $50,000 per year ($100,000 total)
- Grantees have access to CAM-specific TA and trainings



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Eligibility and Application Process

Eligibility:

- Individuals affiliated with community groups/organizations, schools, government bodies, health/medical clinics, health systems or businesses
- Organization and project activities must be based in Oregon
- Applicants from academic institutions/universities are required to partner with a local community-based organization

Application process:

- Generally two funding cycles per year
- Organizations submit an intent to apply and then a full proposal
- Proposal includes narrative questions specific to tier plus supplemental documents:
  - Budget
  - Project objectives and evaluation timeline (Tiers 2 and 3)
  - Letters of support
  - Bibliography

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Tiered Review Process

Review criteria categories:

- Significance and impact, approach, organization and team

Tier 1:

- Administrative review
- Scores are final

Tiers 2 and 3:

- Review committee includes representatives of community organizations and public health/cancer-related content experts
- Preliminary scores from 3 reviewers. Final scores by entire panel.

Funding Recommendation to Knight Leadership:

- Determined by Steering Committee
- Additional consideration: *Does proposal address a unique need or target an underrepresented community?*

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Technical Assistance

Evaluation consults

- Evaluation Core provides customized evaluation support to applicants

Grantee support

- All funded grantees participate in a kickoff webinar and individual kickoff call
- Evaluation technical assistance provided throughout project period
- Training opportunities including Putting Public Health Evidence in Action modules to support selection/adaptation of evidence-based approaches

Grantee conference

- Annual gathering for grantees to share best practices and identify opportunities for networking and collaboration

Grantee networking

- Regular opportunities for grantees to connect through webinars and in person regional networking sessions

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Questions?

Community Partnership Program website:
www.ohsu.edu/knight-cancer-institute/community-partnership-program-grants

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Thank you!


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Thank you!

Reminders

- Use the activity code **42JAKE** to receive your CME certificate.
  - You will have access to the activity code for 24-hours.
  - If you do not download your CME certificate via the activity code within the allotted time, please email EOCCOmetrics@modahealth.com to receive your certificate.
- EOCCO staff will email a post-event evaluation to all attendees.
- If you have any questions or concerns after the event, please contact us at EOCCOmetrics@modahealth.com.

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