Malheur County Local Community Advisory Council

Community Health Improvement Plan - 2016 Update

Introduction

The Malheur Community Advisory Council and a working subcommittee met four times in the Spring of 2016 to update this Community Health Improvement Plan. This included a group review of a summary data presentation by GOBHI staff, "Eastern Oregon Coordinated Care Organization—Malheur County Community Health Risk Assessment Data Update – March, 2016."

The plan filed in 2014 has been substantially maintained in its original form, with the following notations:

- ⇒ Priority areas 1 "Mental Health," and 2 "Alcohol and Drugs" have been combined to form new Priority Area 1, "Behavioral Health."
- ⇒ Items have been added to the "Proposed Interventions," to document methods and programs that appear promising and suited to our community and healthcare neighborhood.
- ⇒ Since 2014, EOCCO incentive measures have been more completely defined and new ones have been adopted since the original CHIP was filed. Some of these key indicators have been integrated into the "Measurement" listings to provide targets for future community efforts.
- ⇒ "Budget and Resources" have been updated to reflect new funding and support secured since 2014 CHIP.
- ⇒ Under each section, new items or information are offset in a lightly shaded box.

Priority Issue Area # 1: Behavioral Health

Specific Problems Identified

1. There are concerns about the rate of occurrence and care of persons suffering with depression in Malheur County.
2. Approximately 780 ER visits annually are from patients with a primary behavioral health diagnosis. One patient with bipolar disorder visited the ER 50 times in 2013 with presenting medical conditions and already has an extensive use pattern in 2014.
3. Behavioral health issues impact treatment in the ER and in primary care settings.
4. Need funding for increased well-baby and developmental/social-emotional screening for 0-8 yr. olds.
5. Substance abuse is not seen as an important health issue by our community; prevention education and mental health and substance abuse treatment are not cultural norms and are not accessed regularly.
6. The adjusted rate of deaths from motor vehicle crashes involving alcohol for Malheur County is 14, compared to 10 for the state.
7. Percent of Malheur 8th graders who say it would be sort of easy or very easy to get Marijuana is 71% as compared to 33% for the state.

8. Adult Smoking in Malheur County exceeds the state average, and has risen between 2013 and 2015. Persons in rural areas and persons in poverty have disproportionately high tobacco use rates.

Proposed Interventions

1) Coordination of Care at St. Alphonsus Emergency Department between community behavioral health providers, community/social services, and hospital based services.
[EOCCO Transformation application for "Behavioral Health Navigation Project"]

Grant program renewed with Transformation grant funds in 2015 and matching from private source.

2) Cadre of Community Health Workers trained for health and behavioral health service navigation in Malheur Co.
[EOCCO Transformation application for "Community Health Worker Training" project]

Grant training program completed in 2015; new CHW training scheduled for Fall, 2016.

3) County-wide training and improvement of reporting processes for early screening, e.g. ASQ.

4) Continue collaborations between Early Head Start, Education Service District, Ontario School District, Lifeways, Cradle to Career, and Drug-Free Communities Coalition to target adolescents and teen parents with drug prevention and wellness messages.

5) Continue efforts to bring behavioral health services into public schools and Treasure Valley Community College.

6) Train local healthcare providers on SBIRT and Depression Screening tools, for use with adolescents and adults (e.g. OHSU videos and trainer; add Mental Health First Aid training to EMT trainings locally).

7) School-Based Community Health Worker at Ontario High School trained for health and behavioral health service navigation in Malheur Co.

[EOCCO Transformation application for "Adolescent Health Services" project]

In 2016 the "Adolescent Health Access" project will continue in Ontario and expand to Nyssa and Vale schools.

8) Continue the investigation of chronological patterns/categories/diagnoses of individuals with high ER utilization, and educate providers and agencies on findings.

9) Assess the availability and feasibility of expanded hour access for physical, dental, behavioral health services.

10) Determine feasibility of a quarterly collaboration between primary care providers to assess progress in clinic report cards and share strategies for improvement on EOCCO incentive measures.

11) Increase referral options for those who wish to quit tobacco use; promote options to PCPs and healthcare neighborhood.

12) Engage in policy advocacy to increase tobacco free spaces, and promote environmental prevention strategies.

Key Measurements

- Emergency Room Utilization
- Emergency Room Costs
- Follow-up after hospitalization
- Depression/substance use (SBIRT) screening
- # of EOCCO members ages 0-17 receiving treatment for mental health diagnosis in past 12 months (baseline =360)
- # of EOCCO members ages 18+ receiving treatment for mental health diagnosis in past 12 months (baseline = 350)
- # of EOCCO members ages 0-17 receiving treatment for substance abuse in past 12 months (baseline =22)
- # of EOCCO members ages 18+ receiving treatment for substance abuse in past 12 months (baseline = 99)
- Developmental Screening < 36 months.

RELEVANT MALHEUR COUNTY TREND DATA (WHERE AVAILABLE)

Alcohol and Drug Misuse Screening *(SBIRT)*

Members age 12 and older who received alcohol and drug misuse screening during outpatient visit. Outpatient visits include office visit, home visit, and/or preventive medicine. Full screen or full screen + brief intervention services are required for reimbursement. A brief screen does not count toward this measure.

SOURCE: MEDICAL CLAIMS DATA

2013	0%	2014	1.2%	2015	8.7% EOCCO Target: 7.9%

ED Visits
Each visit to an ED that does not result in an inpatient encounter (multiple ED visits on the same date of service is counted as 1 visit).
SOURCE: MEDICAL CLAIMS DATA

2013	57.7%	2014	50.5%	2015	61.9% EOCCO Target: 52.6%

Developmental screening (0-36 months)
Children who turn 1, 2, or 3 years of age in 2016 who had a developmental screening
Screening results must be reviewed and interpreted by the provider (physician, NP or PA), discussed with the family, and the patient record must document the screening tool, results and actions taken. Another healthcare provider or early learning and development provider may initiate a developmental screen with a family. As long as the screening tool and full set of answers are shared with the primary care provider who completes the required steps of interpretation, documentation and discussion with the family, the provider (physician, NP or PA) can appropriately bill. While screenings can be completed and scored in advance of provider review and interpretation, results should be reviewed with the family within one month of completion of the screen to be considered valid or current.
SOURCE: MEDICAL CLAIMS DATA

2013	75.5%	2014	50.5%	2015	61.9% EOCCO Target: 52.6%

Follow-Up after hospitalization for Mental Illness
Discharges for members' age 6 years of age and above who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit within 7 days of discharge, and on the date of discharge.
SOURCE: BEHAVIORAL HEALTH CLAIMS DATA

2013	36.5%	2014	37.5%	2015	84% EOCCO Target: 66.6%

Depression Screening and Follow Up Plan
Patients age 12+ screened for clinical depression, using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen.
SOURCE: CLINIC EHR
NO COUNTY LEVEL DATA PROVIDED

Cigarette Smoking prevalence
Unique members age 13 years or older who had a qualifying visit, who have their smoking and/or tobacco use status recorded as structured data, who are current smokers and/or tobacco users.
Qualifying visits include face-to face interaction, office visit, wellness visit, health &behavioral assessment, preventative care
services, consultants visit, occupational therapy visit, psych visit, psychoanalysis, & ophthalmological services.
SOURCE: CLINIC EHR NEW MEASURE FOR 2016

Budget and Resources

- $5,000 funding to train local healthcare providers on SBIRT and Depression screenings.
- Lifeways/CAC Transformation grant $59,345 in 2014 for Community Health Workers. Renewed with expansion for 2016-2017 ($125,000).
- $61,000 for tobacco prevention and education, through Malheur County Health Department.
- Malheur County Drug Free Communities continues to secure state and private funding on a regular basis for Environmental prevention strategies targeting school age youth
- "Innovative Prevention Grant" from Oregon Health Authority at Lifeways renewed for 2015-2016
- "Mental Health Promotion and Prevention Grant" from Oregon Health Authority at Lifeways renewed.

Priority Issue Area # 2: Social Determinants of Health

Specific Problems Identified

1. On the CAC Key Informant interviews, the majority of respondents noted the most important health system problems in the community are issues related to the lack of affordable health care and health insurance.
2. Generational poverty in Malheur County & surrounding area is the prime contributor to the root causes of health inequities. 24.5% of residents are in poverty, compared to 17.3% statewide.
3. There is insufficient direct outreach to target populations; many who need care do not seek it, or do not follow through on health/service/enrollment referrals.

Proposed Interventions

1) Cadre of Community Health Workers trained for health and behavioral health outreach, consumer education, and service navigation in Malheur County for at risk populations and individuals living with chronic conditions. [EOCCO Transformation ap for "Community Health Worker Training" project in 2014 and 2016 expansion]
2) Increased emphasis on community prevention and education of consumers regarding access to services and enrollment processes for health and healthcare coverage, especially wellness fairs in remote areas far from center of services.
3) Promotion of Recovery from substance abuse and support of wellness (e.g. annual "Hands around the Park").
4) Support the development and maintenance of affordable housing options in Malheur County.
5) Investigate the potential for hospital community partnerships that expand housing opportunities for persons experiencing homelessness or lack of safe, secure housing.
6) Conduct policy advocacy for upstream interventions which improve lagging social determinants of health.

Measurement

- Increased Medicaid enrollment
- Outpatient Utilization
- Improve EOCCO members with no utilization
- Improve EOCCO members with $0.01 to $500 utilization
- Improved Patient-centered primary care enrollment.

Budget and Resources

1. County Health Dept. Transformation ap - $53,230 (same as budget item in Mental Health Priority Area above)
2. Malheur Co. Health Department grant for health insurance enrollment assistance.
3. $125,000 HRSA grant for Valley Family Health Center.
4. Malheur CAC Spring Into Wellness grants and in-kind for health promotion/wellness community outreach.

RELEVANT MEASURES (BELOW) WITH MALHEUR COUNTY TREND DATA WHERE AVAILABLE

PCPCH Enrollment

Number of members enrolled in PCPCHs by tier
SOURCE: CCO Member PCP Assignment
NO COUNTY LEVEL DATA PROVIDED

Diabetes HbA1c Poor Control

Patients age 18-75 with a diagnosis of diabetes, whose most recent HbA1c level (performed during the measurement period) is >9.0%.
SOURCE: CLINIC EHR
NO COUNTY LEVEL DATA PROVIDED

Hypertension Control

Patients age 18-85 with a diagnosis of essential hypertension within the first six months of the year, whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure <140 mmHg and

diastolic blood pressure <90 mmHg). Only blood pressure readings performed by a clinician in the provider office are acceptable.
SOURCE: CLINIC EHR
NO COUNTY LEVEL DATA PROVIDED

Alcohol and Drug Misuse Screening *(SBIRT)*
Members age 12 and older who received alcohol and drug misuse screening during outpatient visit. Outpatient visits
include office visit, home visit, and/or preventive medicine. Full screen or full screen + brief intervention services are
required for reimbursement. A brief screen does not count toward this measure.
SOURCE: MEDICAL CLAIMS DATA

2013	0%	2014	1.2%	2015	8.7% EOCCO Target: 7.9%

Priority Issue Area # 3: Children & Families

Specific Problems Identified
1. Malheur County currently has unacceptable trends in access to quality early learning and engagement, high levels of teen pregnancy and maltreatment of children, and low access to dental care.
2. There are no School-Based Health Centers and many school resources are stretched to cover such a broad rural area.
3. EOCCO reports indicate that 16.7% of Medicaid enrolled Malheur County adolescents received an adolescent well-care visit; the target for our CCO is 26.7%.

Proposed Interventions
1. School-Based Community Health Worker at Ontario High School trained for health and behavioral health service navigation in Malheur Co.
[EOCCO Transformation ap for "Adolescent Health Services" project]
2. Continue collaborations between Early Head Start, Education Service District, Ontario School District, Lifeways, Cradle to Career, and Drug-Free Communities Coalition to target adolescents and teen parents with drug prevention and wellness messages.
3. Assess barriers to care for perinatal/prenatal women (ie. Insurance status, access), and effective strategies to decrease these barriers.
4. Support school based oral health programs as a complement to community providers in improving oral health of Malheur Co. residents.

Measurement
1. Adolescent Well Care Visits
2. Enrollment in Medicaid and/or Patient Centered Primary Care Home
3. SBIRT Substance Use Screenings
4. Adequate perinatal/prenatal care

PROPOSED MEASURES (BELOW) WITH MALHEUR COUNTY TREND DATA WHERE AVAILABLE

ED Visits
Each visit to ED that does not result in inpatient encounter (multiple ED visits on same date of service counts as 1 visit).
SOURCE: MEDICAL CLAIMS DATA

2013	57.7%	2014	50.5%	2015	61.9% EOCCO Target: 52.6%

Developmental screening (0-36 months)
Children who turn 1, 2, or 3 years of age in 2016 who had a developmental screening
Screening results must be reviewed and interpreted by the provider (physician, NP or PA), discussed with the family, and the patient record must document the screening tool, results and actions taken. Another healthcare provider or early learning and development provider may initiate a developmental screen with a family. As long as the screening tool and full set of answers are shared with the primary care provider who completes the required steps of interpretation, documentation and discussion with the family, the provider (physician, NP or PA) can appropriately bill. While screenings can be completed and scored in advance of provider review and interpretation, results should be reviewed with the family within one month of completion of the screen to be considered valid or current.
SOURCE: MEDICAL CLAIMS DATA

2013	75.5%	2014	50.5%	2015	61.9% EOCCO Target: 52.6%

Dental, Mental, Physical Health Assessment for Children in DHS Custody
Identified children/adolescents 0 – 17 years of age in DHS custody for 60 days who received a physical health assessment, a mental health assessment, and a dental health assessment within 60 days of the notification date (when CCOs are notified the member is in DHS custody, or within 30 days prior to the notification date.)
• Age 1-4 mental health assessment not required
• Age < 1 only physical health assessment required
• First Tooth or Smiles for Life certified medical providers can conduct and code for a dental assessment (D0191) when performed during a well-child check
SOURCE: DENTAL, BEHAVIORAL HEALTH, MEDICAL CLAIMS DATA
NO COUNTY LEVEL DATA PROVIDED

Effective Contraceptive Use
Women age 18-50 with evidence of one of the following methods of contraception in 2016: sterilization, IUD, implant, contraception injection, contraceptive pills, patch, ring, or diaphragm. Surveillance of *existing contraception* is included in this measure – which are women utilizing long- acting reversible contraception or permanent contraceptive options who would not otherwise have a pharmacy claim or procedure code in 2016.
SOURCE: PHARMACY & MEDICAL CLAIMS DATA NO COUNTY LEVEL DATA PROVIDED

Dental Sealants
Children ages 6-9 and 10-14 who received a sealant on a permanent molar tooth
Dental hygienists can determine need and apply sealants without the direct supervision by a dentist
SOURCE: DENTAL CLAIMS DATA

2013	N/A	2014	N/A	2015	16.8% EOCCO Target: 7.9%

PCPCH Enrollment
Number of members enrolled in PCPCHs by tier
SOURCE: CCO Member PCP Assignment
NO COUNTY LEVEL DATA PROVIDED

Colorectal Cancer Screening
Individuals receiving at least one of the following screenings for colorectal cancer either during the measurement year or years prior to the measurement year:
• Fecal occult blood test during the measurement year
• Colonoscopy during the measurement year or nine years prior to the measurement year
• Flexible sigmoidoscopy during the measurement year or four years prior to the measurement year
SOURCE: MEDICAL CLAIMS, CHART REVIEW ON SAMPLE POPULATION

2013	N/A	2014	N/A	2015	30.9% EOCCO Target: 38.3%

• Basic physical obstetrical examination (auscultation for fetal heart tone, pelvic exam with obstetric observations, or measurement of fundus height
• Prenatal care procedure (obstetric panel, echography of a pregnant uterus, documentation of LMP or EDD in conjunction with either prenatal risk assessment and counseling/education, or complete obstetrical history)
Postpartum care (one of the following):
• Pelvic exam
• Evaluation of weight, blood pressure, breasts and abdomen
• Notation of postpartum care, including, but not limited to "postpartum care," "PP care," "PP check," or "6-week check"
• Preprinted "Postpartum care" form
• Pap test
SOURCE: MEDICAL CLAIMS, CHART REVIEW ON SAMPLE POPULATION

2013	82.3%	2014	83.5%	2015	62.5% EOCCO Target: 90%

Child Immunization Status Combo 2
Children who turned 2 years of age in the measurement year and had all of the following specified vaccinations: Dtap, IPV, MMR, HiB, Hepatitis B, VZV
SOURCE: PUBLIC HEALTH DIVISION (ALERT) & MMIS
NEW MEASURE FOR 2016

Budget and Resources

- Lifeways/CAC Transformation grant ap: $59,345
- Drug-Free Communities continued state and private funding to support youth prevention programming.
- "Innovative Prevention Grant" from Oregon Health Authority at Lifeways renewed for 2015-2016.
- "Mental Health Promotion and Prevention Grant" from Oregon Health Authority renewed.

Sources For Update

- Eastern Oregon Coordinated Care Organization—Malheur County Community Health Risk Assessment Data Update - 2016
- County Health Rankings and Roadmaps – a Healthier Nation County by County," 2013. Robert Wood Johnson Foundation and University of Wisconsin – Population Health Institute.
- "Data Elements for CCOs Reports," 2014. Oregon Health and Science University. Office of Rural Health
- "Prevention Chronic Diseases and Reducing Health Risk Factors," 2014. Centers for Disease Control and Prevention. CDC 24/7 : Saving Lives. Protecting People.
- "Quick Facts," January 2015. Oregon Department of Human Services; Children, Adults and Families Division. Office of Business Intelligence and the Office of Forecasting, Research and Analysis.
- National Low Income Housing Coalition
- Moving From Poverty To Prosperity Report
- Oregon Health Authority – CCO Incentive Measures Report. 2014