

Gilliam County LCAC Meeting Minutes

DATE: MARCH 5, 2020

**LOCATION: GILLIAM COUNTY
COURTHOUSE, COURTROOM**

MEETING CALLED BY	Jennifer Bold- LCAC Board Chair
CALLED TO ORDER	12:05PM
ADJOURNED	1:35PM
NOTE TAKER	Teddy Fennern, Gilliam County Family Services, LCAC Coordinator
ATTENDEES	Teddy Fennern, Gilliam County Family Services, LCAC Coordinator; Ashley Danielson, Advantage Dental, LCAC member; Marci McMurphy, EOCCO/GOBHI, LCAC Coordinator; Linda Watson, Children’s Team, EOCCO/GOBHI; Tammy Pierce, Early Childhood Coordinator, EOCCO/GOBHI; Eileen Flory, Oregon Center on Behavioral Health and Justice Integration @ GOBHI/Gilliam County EOHLA Rep, LCAC member; Mark Mitchell, Board Chair, North Gilliam Health District; David Anderson, Administrator, North Gilliam Health District; Elizabeth Farrar, Gilliam County Judge, LCAC member; Nancy Proctor, Community Member with Columbia Hills Manor, Senior Housing/Community Center; Hollie Winslow, Administrator, South Gilliam Health Center; Sally Mann, Board Member, North Gilliam Health District, LCAC member.
ADDITIONS OR CORRECTIONS	Triple P Parenting – Linda Watson, Children’s Team, EOCCO/GOBHI, & Tammy Pierce, Early Childhood Coordinator, EOCCO/GOBHI,
PUBLIC COMMENT	There was no public comment
PRESENTATIONS	Telehealth Informational Presentation – Amber Hoffman with OHSU, Clinical Education and Quality Manager within the Telehealth Department.
	<p>Amber presented to the group a couple of definitions of types of telehealth: synchronous and asynchronous. Synchronous is the live or real-time communication often using audiovisual technology. Asynchronous telehealth is the transmission of data without the need for synchronous interaction between the individuals.</p> <p>Synchronous, or live communication, is considered to be any two way audio mode of control, but also can include phone, chat, and video. This would include e-visits, a “visit” between a patient and a provider carried out through a live format. E-consults is another approach used between two providers, such as a PCP and a specialist who provides a live exchange related to a specific patient.</p> <p>Asynchronous, or store-and-forward, involves collection of digital samples, such as radiological images, that is transmitted without the need for synchronous interaction to another health professional in another location for review. Remote patient monitoring is another approach where patients enter information about themselves via a computerized system at a remote location, and is reviewed by a clinician at an alternative location.</p> <p>A tele-presenter is anyone who is assisting with a physical exam, such as a Medical Assistant (MA) at the clinic, or, the parent of a child assisting with an exam at the home. Direct conversation regarding the patient’s health can take</p>

place providing if the location is private and no staff are on site at that home. Providers must be licensed in the State where the patient is located at the time of the service.

How telehealth is categorized across the continuum:

- Ambulatory settings
- Acute care settings
- In-patient setting
- Transitions of care
- Asynchronous

The main categories discussed were ambulatory and asynchronous.

The main settings in ambulatory care are:

- Virtual visits: any two-way visit between a patient and a provider. For OHSU the patient would be using *MyChart* and the provider is connecting via their electronic medical records (EMR) system, EPIC. OHSU currently operates an Urgent Care, Primary Care and Specialty Provider facilities that can provide virtual visits for patients. Patient location can be anywhere licensure laws allow. Their urgent care virtual visit program can provide assistance with triage, especially during the pandemic restrictions. The visits are being covered by most insurances and the maximum out of pocket cost is \$49; open 7 days a week 7AM - 10PM. Services are available for adults and pediatrics, greater than 12 months of age. Other community hospitals also have these programs. Urgent care visits can be accessed without a referral by setting up an appoint time on-line; these usually take place within the week. While does not usually cover video visits into the home, restrictions are being waived during the pandemic.
- E-visits: can be asynchronous visits between a patient and a provider accessed using *MyChart*. If a patient does not have a *MyChart* through OHSU, they would go through the precise ID process, a process to verify their identity, so that they can create an account to access the portal for an e-visit. Currently OHSU is only set up with Dermatology to do specific use visits. The provider accesses this through the OHSU in basket and have had a patient 85% success rate. Basically the patient takes a photo of an issue, like a suspicious mole and completes a questionnaire which is submitted to the Dermatologist. Usually within 72 hours the Dermatologist is responding back with treatment, prescriptions, or further advice and instructions. OHSU has had an 87% completion rate.
- E-consults: This is something that is available. This is asynchronous communication between the PCP and a specialist. The goal is to reduce unnecessary visits to the specialist. They have had a 90%+ success rate. The PCP completes a guiding questionnaire to the specialist who reviews and responds back. It is billable to many commercial payers. This is via the EMR and currently only available internally but they are working on external options. There are two ways that OHSU have been doing these. Currently, OHSU is connected to a third party vendor, Rubicon MD. Rubicon MD has PCPs submit a question which is picked up by a specialist. No patient data is sent; the

	<p>specialist does not know the patient, does not see their chart, or any other existing or underlying medical information. The provider (PCP) has to supply all the background information and rely on the specialist to ask pertinent questions. The specialist responds to the PCP, who then manages the patient directly through the EMR. OHSU is working on introducing external visits within the EMR, with providers. It is anticipated that this technology will be realized towards the end of 2020. OHSU is hoping to, within the next year, have it so providers across the whole state can submit questions to the specialists. Generally, there is a 72 hour turnaround to get back to the PCP. OHSU is part of the core model, which is part of the Association of American Medical Colleges (AAMC), working on enhanced referrals and e-consults in the EMR. What will also become available when we get this externally pivoted, is the provider can decide to what they want to happen with the patient, so it decreases some of the confusion of what happens after that consult and who takes on the care of the patient.</p> <ul style="list-style-type: none"> • Outreach Clinics: two-way video connection to a clinic. Medicare will cover these visits if it's in a rural setting. If contracted with one of their specialists, the patient can be checked in, have vitals taken, and see the specialist via the video. <p>Billing considerations, telehealth billing for Medicare, they have to have the correct care setting, the correct geography, which is being designated as rural, Clinician provider type has to be LIP and then there is a service type and a technology type. The care setting is the person has to be present, and may not be a at a person's residence. Condon is certified rural health and Arlington is just a physician's office. Have to be designated to the service providers service area, can't be metropolitan, and accepted provider type.</p> <p>A copy of the power point slides was requested.</p> <p>Several in the group acknowledged having the technology available at their locations already, but couldn't find a specialist to talk to. Another comment regarding being a certified rural health clinic left them unable to bill for telehealth. It is hoped that will be changing.</p>
MINUTES	The February 6, 2020 minutes were reviewed. Ashley Danielson made a motion to accept the minutes as presented; Eileen Flory seconded the motion; the motion passed.
OLD BUSINESS: <i>Frontier Veggie Rx Program</i>	
DISCUSSION	The new grant year starts April 1 st and we were approved. We will need to do re-assessments on everyone and rights and responsibilities to make everyone eligible for the program. Marci will get new vouchers out for everyone to use. Moving Forward together conference was cancelled and will be moved to another time.
OLD BUSINESS: <i>Virtual Dental Home</i>	
DISCUSSION: Ashley stated that she reached out to her manager on when we may be able to see cash paying patients that do not have any type of dental insurance. Advantage Dental is currently engaged with a pilot project with OHSU, and that pilot project is to pilot the tele-dentistry in	

medical offices, and it has pretty strict guidelines that we have to follow and cannot go outside of and so as far as dental services being offered in medical settings, we are one of the first in the state to do this, so we cannot go outside of the Medicaid population at this time. After we have gotten this all figured out and sustainable, maybe we can open it up to other populations. David Anderson asked what is the difference of providing dental in a medical setting compared to what is happening in Condon. So, Condon rents out their space and the dentist comes in and all of our services are tele-provided from a dentist. What Condon has going on in Condon is a diamond in the rough. He has provided those services all these years and it is great. He comes in 6 times a year. He has been coming for 30 years.

Ashley reported that Dr. Desjardin here in Condon, is contracted with Advantage Dental and he is able to serve all eligible OHP members here. Advantage Dental is currently making postcards to mail out about the two options. One with the tele-dentistry and one for Dr. Desjardin's information on it.

Tammy Pierce wanted to know who is responsible for setting up foster kids' assessments. Ashley stated that Bridges to Health has case workers that works closely with the families and if there is an issue one of those Community Health Workers will reach out to Ashley. So out here, the communication first goes to the Advantage Dental Communication Department, then they look at the county, then they e-mail Ashley and tell them the deadline for completing it. So Ashley usually just contacts the family and works with them to get them into the dental home because that would be the best. She has gotten an e-mail before that said the deadline was in two days and she had to go out right away and get the assessment done.

OLD BUSINESS: Grant Opportunity update – Teri Thalofer NCPHD

Discussion: Teri was not able to come as she was doing the COVID-19 road show around the different communities to talk about the pandemic and what to do. So Teddy updated what she knows of it. We did approve for our Chair to sign a letter of support at the last meeting. We got that done and Teri Submitted the grant. Linda stated that she got the Public Health Grant. There were only 5 clinics that applied and they all got their grants. Teddy read the letter of support, so that everyone would know what the grant was for. Essentially they want more nurse home visiting time, to increase the incentive metrics. Trying to update relationships with clinic, working with community partners to understand what it is that we do. This was the board's decision to try to get some money back into the Public Health Department.

NEW BUSINESS: RCAC Reminder

DISCUSSION: The Regional Community Advisory Council will be on March 31, and in The Dalles.

NEW BUSINESS: Demographic Profile

DISCUSSION: Marci was thinking that we were covered and that we already got the profiles from everyone already

NEW BUSINESS:

DISCUSSION:

MISC. ITEMS: Triple P Parenting – Linda Watson & Tammy Pierce
 Tammy wanted to share that with regards to the survey that Teddy handed out last month, there were 5 responses on the survey that came back. We can quickly go over it. There was the question of Parent Supports available

- Parent Education workshops
- Home visiting
- *Nurse home visits with WIC

- Faith based parents groups
- Parent Café
- Court mandated
- WIC

Who is providing the supports?

- Public Health provides nurse visits, WIC, with food and nutrition education.
- NCPHD offer home visiting and WIC
- DHS home visitor that does individual work with the family
- Health Providers
- Head Start
- Parenting HUB (4RELH)

How do you hear about parent supports/education

- Condon Child Care – UMCHS
- Preschool, WIC, Head Start, Healthy Start
- Word of Mouth, electronic

Parent support needs:

- Offered to general public – Not enough services for those that would like to access parenting Education that are not on WIC, Head start, preschool parent or on DHS Services
- Online/virtual/webinar/ or technology options to tune into parent workshops of parent groups; email drop box for parent questions, behavior/developmental concerns; Tri County Early Learning Podcast!
- I believe that parents would be willing to do some individual workshops. If we could get them going to some of these and feeling more comfortable then I think that we could get a good group to attend a series type parenting education program

Which approach most effective

- Series
- One-on-one
- Workshops (100% response)
- Online w/support
- Phone consultations

Gathering Community

- Condon Child Care, ESD Building
- Church's on both end of the county
- Preschool and Child Care in Arlington while picking up children
- Memorial Hall Condon

Parent Educators:

- Head Start is the lead agency – they do parent cafes in Condon and some home visiting in Arlington
- NCPHD – Healthy Start, Health Families, WIC, Babies First
- Unknown

Work with Health Care Providers:

- South Gilliam Clinic, Asher Clinic & Moro Clinic, - well child exams
- SGHC, CCS

Interested Parent Educators

- Maricela Elias, WIC Coordinator for North Central WIC – 541-506-2610
- Teddy Fennern 541-384-2399

Teddy was going to resend out the survey and hope to get the teachers to send it out. It could be only a few minutes to maybe 10 minutes.

David said that we need to get some people out into the community. They could take time like how the census does it. They can walk through and knock and talk throughout the community. He feels that it is the only way that we are going to get real numbers. Tammy asked for people to sit on the steering committee. Tammy and Linda both said that they want whatever we want and what works here. Putting it onto the providers may not be the place to put it. If you haven't already, get questions, information, whatever back to Tammy and let her know what you think will work.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
• Minutes	Ashley/Eileen	MSP
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