

Meeting Summary

October 1, 2012 Project Team Meeting
Beaverton City Library

Participants: Convener **Tina Castañares**, MD

Jay Bankhead, Virginia Garcia Memorial Health Center; **Ann Barr-Gillespie**, Pacific University; **Vince Chiotti**, State of Oregon Housing & Community Services; **Carlos Crespo**, Portland State University and Oregon Health Policy Board; **Mayor Denny Doyle**, City of Beaverton; **Brian Kelly**, Women's Healthcare Associates; **Lindsey Kuipers**, City of Beaverton; **Don Mazziotti**, City of Beaverton; **Mary Monnat**, LifeWorks NW; **Betty Lou Morrow**, Community Action; **Jeanene Smith**, Oregon Health Authority; **Amanda Garcia-Snell**, Washington County Public Health; **Dave Waffle**, City of Beaverton and Jessica Johnson, OHSU internist who's job shadowing Jeanine Smith.

Staff: Jim Jacks, Oregon Solutions

Welcome & Introductions

Convener Castañares welcomed everyone and thanked them for participating. She read the poem A Blessing: For a Leader by John O'Donahue. Individual self introductions were made.

OS-BCHP process update

Jim Jacks explained how this meeting fits into the larger context of the Oregon Solutions process. He distributed the OS-WISE project's Declaration of Cooperation (DoC) and explained the various sections. This example helped the team visualize what our DoC might look like.

OS-BCHP Project Team Updates

- Lindsey Kuipers announced that Beaverton was awarded the CDC Community Transformation Grant for \$1.6 million. The City's press release was attached to the agenda.
- Lindsey Kuipers briefed the group on the Bloomberg Mayors Challenge grant. The application was turned in and they should hear in the next couple of weeks if they have been selected in the top 20 to participate in the "Ideas Camp" at New York City in November. The top five award winners will be notified in the spring. **Action item: Lindsey K. will provide an update at the November meeting.**
- Don Mazziotti has been discussing "social impact bonding" with Goldman Sachs representatives. It is an extremely promising concept. **Action item: Don M. will provide an update at the November meeting.**

Steering Committee Report

Ann Barr-Gillespie provided the following updates from the Steering Committee:

- They made minor revisions to the draft vision
- They are asking their various boards of directors for approval to form a non-profit Single Purpose Entity (SPE). The entity would develop and construct a facility.

- They will develop criteria to evaluate how to decide what kind of organizations can be Steering Committee members and who is in the building.

Vision

A vision statement articulates your dreams and hopes for the future. It answers the question “Where do you want to go?” Ann Barr-Gillespie shared a final draft vision statement with the group. A discussion followed. Two minor changes were suggested.

Agreement: The group agreed, subject to the two changes, to the vision.

Action item: Ann B-G. will make the two changes and Jim J. will distribute to the project team.

How do we involve our patients/clients/consumers?

The project team made a variety of comments and discussed several methods including: focus groups, bringing board members to project team meetings, workshops, a town hall meeting, social media, and surveys. We need to remember diversity barriers and disabilities. Part of the CTG grant includes organizational development.

Action items:

- **Oregon Solutions will organize a focus group meeting. Each organization will send 1 – 2 people. There will be a series of structured questions for the participants to discuss and answer.**
- **City of Beaverton will bring a draft “plan for engagement” to the November meeting.**
- **Community Action (Betty Lou Morrow) will connect us to their Head Start Advisory Council.**

Measuring Clinical Outcomes

To avoid the term “clinical” the project team changed this agenda item to “performance outcomes.” The project team discussed the following existing performance outcomes: those found in the Community Transformation Grant, OHA’s scorecard (under development) for CCO benchmarks, and accrediting bodies have them for universities.

Other comments/questions included:

CTG and CCO requires addressing some things

Are social and environmental conditions “outcomes” for us?

What are the learning outcomes?

How do we measure integration?

There are common quality measures for healthcare, public health, education.

We need to include patient/client satisfaction.

Metrics are not sacred.

How do we emphasize what’s unique about us?

This topic will be on the November agenda. Jim will collect a large list. The Steering Committee will review it. The project team will examine the list of potential performance measures at the November meeting.

Action items:

- **Jim J. will look into the Center in Cortez, Colorado**
- **Partners send Jim J. the required/standard measures**

- **Ann Barr-Gillespie will send Jim J. some existing accreditation measures**
- **Lindsey K. will send Jim J. the performance measures in the CTG**
- **Jeanine S. will send Jim J. the current version of the CCO benchmarks**
- **The Steering Committee will review the large list.**

Workplan Milestones

- What milestones need to be in a workplan/master calendar?
- Timelines pertinent to lease renewals
- Adequate “warning” for internal approval processes for partners
- What partners will need to have accomplished to “pitch ideas” in the community
- Integrate CTG workplan (but it is not sufficient alone). Flesh it out with detail from committed CTG partners on their deliverables.
- Milestones vis-à-vis financing, SPE, process organizational metrics
- Include big facility questions and service integration
- Remember the process/time needed by all entities (architects & GED)
- Remember the 2014 ACA Medicaid insurance expansion 200,000+ more people

This topic will be on the November agenda.

Action items:

Don M. will work with GED and the architects to create a list and timeline for the facility

Lindsey K. will send Jim J the CTG reporting framework and timelines

Program Integration Discussion

The project team discussed the following “Mr. Smith” scenario: He calls or presents at your clinic or agency and says “I am sick and I need some help” Or he is found semi-conscious on the street and taken to the E.R by police.

Mr. Smith’s story includes

- Divorced. Has brother and 2 adult children, but unaware of where they are.
- Lives in a friend’s trailer “Just for now”, tent in side yard
- Unemployed. Uninsured. (last two jobs at gas stations)
- Plans to apply for SS disability. “I have too much back pain to work”
- Last medical care was hospitalization 3 years ago for acute pancreatitis. Sober for 1 year following. No current treatment or AA meetings.
- Uses food bank. “They never give me enough” Always hungry, thirsty. Lost 22 lbs in a year.
- Blackouts, nausea, blurred vision lately.

Question: what current gaps and challenges in this example face your agency today? Answers include:

- Needs stable housing but as a single male it’s hard to qualify.
- Jail Incentive (roof and meals)?
- Opportunity very limited.
- Poor Nutrition. Addictions.
- Staff lack x-training medically
- Resources for chronic pain? Self medicating with alcohol?
- No PCP now.
- Transportation. Navigating SS/DISAB – does he have a caseworker or trying to do it by himself?

- He may not meet all criteria

Question: What could be better in the future if this project is successful? Answers included:

- Structured relationships with churches and social networks
- Co-Location of clinicians on-going relationships
- Relationship with caseworker / case manager
- Prevention of hot spotter status
- Integrated center/one-stop
- Non-traditional CHW/Peer counseling
- A better experience than jail.
- Vocational rehabilitation and behavioral social change
- Continuity of care and life
- Find his family

Question: What needs to happen in between now and the future? Answers included:

- Better coordination with first responders
- Develop proper way to learn from him what he needs
- He needs to be satisfied in order to participate in the continuum of care.
- Assignment of Mr. Smith to a partner/lead agency
- Improved hospital/ER discharge planning (Tendency is to stabilize and then release to same circumstances. Need ability to stay connected and follow-up.)
- Electronic health records
- Creation of integrated teams and proper design of space
- Cross training of clinicians
- Continuity from referring entity to receiving entity
- Continued education of clinicians regarding resources and logistics
- Coordination of care will not happen unless teams are sitting together – space design is critical.

Other comments included:

All of this leads to milestones and performance outcomes.

Can some of this be piloted for a smaller population of 500 – 1,000 people?

What is the BCHP's target population?

Action item: The Steering Committee will answer the following questions:

- **Are there priorities of patients/clients to be served by the BCHP? (priority by generation, by conditions, by insurance status, by other factors?)**
- **What does a "priority" patient/client mean for scheduling of appointments, developing services and programs, outreach and marketing, for payer mix and business model?**

2012 Meeting Dates

Please mark your calendars with the remaining Project Team meeting dates for 2012.

Friday, November 2nd from 1 – 4 pm (Beaverton City Hall)

Friday, December 7th from 1 – 4 pm (Beaverton City Hall)

Action Items & Next Steps

- **Ann B-G. will make the two changes to the vision and Jim J. will distribute to the project team.**

- Oregon Solutions will organize a focus group meeting. Each organization will send 1 – 2 people. There will be a series of structured questions for the participants to discuss and answer.
- City of Beaverton will bring a draft “plan for engagement” to the November meeting.
- Community Action (Betty Lou Morrow) will connect us to their Head Start Advisory Council.

- Jim J. will look into the Center in Cortez, Colorado’s performance outcomes
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- Don M. will work with GED and the architects to create a list and timeline for the facility
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- Steering Committee agenda: Are there priorities of patients/clients to be served by the BCHP? (priority by generation, by conditions, by insurance status, by other factors?)
- Steering Committee agenda: What does a “priority” patient/client mean for scheduling of appointments, developing services and programs, outreach and marketing, for payer mix and business model?

- Jim Jacks will work with others to develop the November 2nd meeting agenda.

Adjourned at noon