



Oregon Solutions-Beaverton Community Health Partnership (OS-BCHP)

Meeting Summary

September 5, 2012 Project Team Meeting

Beaverton City Library

Participants: Convener Tina Castañares, MD

Ann Barr-Gillespie, Pacific University; **Renee Bruce**, Community Action; **Carlos Crespo**, Portland State University and Oregon Health Policy Board; **Mark Ellsworth**, Governor Kitzhaber's Office; **Dan Field**, Kaiser Permanente; **Brian Kelly**, Women's Healthcare Associates; **Lindsey Kuipers**, City of Beaverton; **Don Mazziotti**, City of Beaverton; **Mary Monnat**, LifeWorks NW; **Gil Muñoz**, Virginia Garcia Memorial Health Center;; **Christine Rontal**, Virginia Garcia Foundation; **Katherine O'Leary**, Washington County Public Health; **Jeanene Smith**, Oregon Health Authority; **Bill Thomas**, Washington County Commission on Children and Families; **Dave Waffle**, City of Beaverton.

Staff: Jim Jacks, Oregon Solutions

Welcome & Introductions

Convener Castañares welcomed everyone and thanked them for participating. She read the poem *To Be of Use* by Marge Piercy. **Action item: Jim Jacks will email the poem to the group.** 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 talked about how the Declaration of Cooperation (DoC) can serve as a roadmap for the partnership to use to moving forward. **Action item: Jim will bring a DoC from another project to the October meeting for the group to see.**

OS-BCHP Project Team Updates

- Lindsey Kuipers briefed the group on the Bloomberg Mayors Challenge grant. Our application is due September 14th. **Action item: The group agreed to provide help when asked to complete the application.**
- Don Mazziotti met with Metro staff and they agreed that the BCHP facility meets Metro's "transit intensive" criteria.
- Secretary Sebelius's Chief of Staff made the Centers for Disease Control aware of our Community Transformation Grant application.
- **Action item: The group decided that Jim Jacks will contact the following centers** to explore whether they have "lessons learned from the school of hard knocks" or governance issues to

share with us: Human Solutions at Rockwood, Oldtown, Oregon Primary Care Association-Outside In, and the Gladstone Multiservice Center.

- Jim briefed the group about his meeting with Rosa Klein. Group comments included:
 - **Action item: Kathleen O’Leary agreed to be the liaison with first responders.**
 - CCOs are focused on OHP population and BCHP is looking at a broader population.
 - The burden is on CCOs to improve community health and the private insurers will benefit too.
- **Action item: Jim Jacks will call Jessie Gomez at Family Care CCO**

Steering Committee Report (standing agenda item)

Updates from the Steering Committee include:

- Successful CTG grant applicants will be notified in September
- Health Share (formerly the TriCounty CCO) is doing some interesting work related to “relationship mapping.”
- Community health needs assessment (four counties and 14 hospitals) is occurring.
- The non-profit Single Purpose Entity (SPE) concept is going to the various partner boards for approval. The SPE would be responsible for developing the facility.
- Question: What is the mission of the SPE? Answer: The SPE is focused on the physical structure of the facility. It is a narrower focus than the larger OS-BCHP team efforts.

Vision

A vision statement articulates your dreams and hopes for the future. It answers the question “Where do you want to go?” It is for you, not your clients/patients. It describes what your organization wants to be or how you want the world in which it operates to be. It provides the destination for your journey but does not tell you how to get there.

Gil Muñoz shared a draft vision statement with the group. A discussion followed. Project Team comments included:

- How do we measure what follows naturally from the vision?
- The building is *part* of the strategy and not all that we are doing. The BCHP is more than the building.
- We need Declaration of Cooperation milestones around non-facility things the BCHP will be doing.
- Needs to be more than just “medical” care. How expand it? Maybe “comprehensive healthcare” or “physical and behavioral health.”
- Person centered is important.
- Q: Is dental part of this? A: Oral health is part of the vision but dental chairs might not be inside the building.

Action Item: The group agreed that Gil M. would refine this vision based on the conversation and add in the guiding values. This will be on the October 1st meeting agenda.

Program Integration Discussion

This agenda item began the program integration discussion. This topic will consume considerable time for the remainder of the Oregon Solutions process. There are three pages of flipchart notes at the back of this meeting summary. Project Team comments, questions and thoughts include:

- There is a distinction between integration topics related to the programs that operate inside the facility and the other activities that the Partnership engages in that occur in the community and outside the building.

- How do we build a model of care that allows us to integrate our programs?
- How do we solicit input from our patients/clients?
- How do we help train our community to participate at the table?
- **Action item: Jeanene Smith will email the group the “key attributes of a patient centered home.”**

2012 Meeting Dates

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

- Monday, October 1st from 9 am – 12 pm
- Friday, November 2nd from 1 – 4 pm
- Friday, December 7th from 1 – 4 pm

Action Items & Next Steps

- Jim Jacks will email the poem to the group.
- The group agreed to provide help, when asked, to complete the Mayors Challenge application.
- The group decided that Jim Jacks will contact the following centers to explore whether they have “lessons learned from the school of hard knocks” or governance thoughts to share with us: Human Solutions at Rockwood, Oldtown, Oregon Primary Care Association-Outside In, and the Gladstone Multiservice Center.
- Kathleen O’Leary agreed to be the liaison with first responders.
- Jim Jacks will call Jessie Gomez at Family Care CCO
- The group agreed that Gil M. would refine this based on the conversation and add in the guiding values. This will be on the October 1st meeting agenda.
- Jeanene Smith will email the group the “key attributes of a patient centered home.”
- Jim Jacks will work with others to develop the October 1st meeting agenda. (items include: CDC result, approve vision, milestone development, how do we bring in patients/clients, facility budget and program integration.)

Adjourned

BCHP meeting 9-5-12 flipchart notes

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Integration Discussion:

- Virginia Garcia / Lifeworks NW
Behavioral health (mental health and addiction) in a medical setting

- “Model of Care”
 - Informed by collaboration
 - From co-location to integration
 - Part of the team in primary care,
 - Participate in team staff meetings
 - Charting in records
 - Combines the strengths of both systems
 - Started in one location, now spread to multiple locations
 - Learning center
 - Mental health stigma in Latino community (cultural piece)
 - How this informs the education of health professionals

- Model of Care shapes practice and training
- Virginia Garcia / Pacific University pharmacy
- Question: How is “behaviorist” defined? A: Licensed clinical social worker, psychologist, a variety of credentials count. In reality, for billing purposes, the highest credential possible is used.

CDC grant info on p 28-30

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- Patient centered home is a key concept. What are the key attributes of it?
- Model of care drives physical and functional layout of facility
- Challenges
 - Administrative rules
 - Siloed professions
 - Reimbursement
 - Operational
 - Quality improvements
- Educate other potential partners – especially other users. What are their ideas? Ask youth, churches and gangs.
- City of Beaverton has spent about one year exploring the neighborhood stabilization concept and identified two neighborhoods to prioritize.
 - Two neighborhood pride parties are scheduled
 - The City is beginning to be active regarding the social determinants of health
- We need to think about community activities that occur beyond walls of our facilities
 - Who coordinates activities?
 - Who strategizes/planning
 - We need to build a bridge between clinic and the community
- Kaiser Permanente partners with Portland Parks & Recreation with their “Prescription for Play” program

- Oral health services (part of the model of care – but might not be in the building)
 - Part of care plan
 - Integrated care planning will be significant
- Virginia Garcia is developing a dental clinic in Beaverton in the vicinity of The Round.
 - Key part of care
 - Training piece Pacific University in Virginia Garcia clinics
 - Extended practice hygienists could be in high schools
- Operations of dental and medical clinic
 - Urgent care needs
- How coordinate care in our facility with other existing community work
 - Do a case study – Tigard HS
 - Virginia Garcia and school based health centers where kids could do follow-ups
- Trust is a key ingredient
 - Virginia Garcia’s board includes Kathleen O’Leary and Ann Barr-Gillespie
 - Community Action’s board includes Ann Barr-Gillespie
- Case histories idea: What happens today? What do you want to happen in the future?
 - Framed as case histories
 - Real or hypothetical or composite patient/client
- Women’s Health Associates and Virginia Garcia
 - Referral partnerships, especially for higher risk cases
 - Providence Hospital System provides space and bilingual staff
 - Community Action becomes a case worker helping clients access obstetrics services

Kaiser Permanente involvement includes:

- Caloumb Plus Coverage (Washington County not done it yet – they view it as a state responsibility.)

The population the BCHP works with is a high risk population.