Douglas

Public Health Network

MINUTES

South West Regional Health Collaborative Advisory Board

1/29/2018 12:00 PM

Time	Item	Desired Outcome	Presenter
12:05	Lunch, Welcome, and Introductions	(Get to know other members, reason for participation in regional efforts and expectations of efforts.) Brian opened the meeting at 12:05 p.m. PRESENT: Participants included Kelle Little, Coquille Indian Tribe Community Health Center; Fauna Larkin, Coquille Indian Tribe Community Health Center; Bailey Burkhalter, Douglas Public Health Network (DPHN); Bob Dannenhoffer, MD, DPHN; Florence Pourtal-Stevens, Coos Health and Wellness; Ben Cannon, Curry Community Health; Amanda McCarthy, Western Oregon Advanced Health; Sara Kiely, OPHD Immunization Program; Christin Rutledge, DPHN; Brian Mahoney, DPHN; ABSENT: Dennis Eberhardt, Cow Creek Clinic. Participants hope to gain an understanding of health services and improve health outcomes in the region. They will see how modernization efforts work. This is a first-time effort at regional collaboration and it is exciting. We will be focused on a few things that will help each partner with their strengths and weaknesses. Looking forward to strategies that will improve quality of programs.	Brian Mahoney
12:15	Public Health Modernization Presentation	(Review the PH modernization in broader context and answer any questions.) Christin began the presentation at 12:15. Dr. Dannenhoffer gave a short "elevator speech" on what modernization of public health is about, why it is needed, and what	Christin Rutledge

		can be done. The success of public health (clean water, safe foods, immunizations, antibiotics, etc.) in the past has led to healthier populations and longer lives. However, living longer and having more food has led to developing chronic health conditions, such as obesity, diabetes, heart disease, cancers, and COPD. Our lifestyles, including substance abuse with opioids, alcohol, and tobacco, are influencing our health. Public health needs to remain on top of the communicable diseases and open a new front on the chronic illnesses that are the leading causes of death, disease, and disability in the modern era. It is important that the program develops strategic partnerships with those parts of our communities that can reach and have positive effects on the at-risk and targeted populations. The project's PE 51 guidance, workplan, and timeline will be key tools to manage the project. A suggestion to improve CD reporting is to use a standardized disease reporting form. Other goals are to improve 2-year-old immunization rates, and to perform a health assessment and prepare a plan to work on disparities. CD reporting is done primarily by lab reports. The lag can sometimes delay an investigation. Providers are supposed to report suspect or confirmed cases of reportable diseases to the health department. Missing on the lab reports are the questions about risk, but providers could do some preliminary risk assessment and have that information available for the disease investigators. A suggestion was made to assess the knowledge and practices of mandatory reporters. Results of the assessment could lead to training for providers that could improve the process. Risk factors and inequities are challenges and barriers to be addressed, as too are mindsets of some providers. Presenting information to providers in a form that they can see will help their practice. Improved health outcomes for patients are likely to improve the relationship between providers and the health departments and improve the quality of the CD programs.	
12:30	Charter	(Discuss and approve charter, expectations from advisory board.) The draft charter for the Leadership Group was presented and reviewed in detail. Consensus approval obtained for its use. The	Brian Mahoney

		Advisory Board requested that a charter also be written for it. Brian will have the lead on that task. The Advisory Board Charter will express the roles and commitments of the members. The Leadership Charter emphasizes meeting the goals, objectives, and deliverables of the grant. Major risks to the project include inefficient and ineffective communications, so the charter has a communication strategy. Leadership Team members will use Google Docs and Calendar (or equivalent) and email groups to keep all members informed. Brian will have the lead to create and keep the system functional.	
12:55	Review Workplan	(Present workplan and answer any questions; review next steps.) The review of the workplan included setting upcoming dates for the Leadership Team and the Advisory Group to meet. The next three dates are April 30, July 30, and October 29. The venue is the same (Bandon Community Health Center), and the times will be from 11 a.m. to 2 p.m. The roles and makeup of the Leadership Team and the Advisory Group are in the grant application. This meeting did not have full attendance from all the identified strategic partners. All county governments, all tribes, and all CCOs in the region are invited to participate. Florence provided overviews of the grant requirements, the makeup of the Advisory Board, and timeline for inputs and activities. An "immunizations for under 2-year-olds" strategy session with WOAH is to be on February 13 at 2 p.m. for an hour (location TBD).	Florence Pourtal-Stevens
1:08	AFIX	(What is it and how do clinics become involved) AFIX stands for Assessment, Feedback, Incentives and eXchange. The AFIX program's role is to assist clinics to improve immunization practices and rates. The collaboration with AFIX and clinics include assessments of rates and practices; feedback and recommended strategies for improvement; incentives to recognize and reward performance; and an exchange of information to support implementing quality improvement strategies.	Sara Kiely

		Sara gave handouts about AFIX Q&As. A separate list of Vaccine for Children (VFC) clinics was provided. Some of the clinics' participation has been suspended due to technical reasons. A handout was provided called "Evidence-based Strategies for Improving Childhood Immunization Rates: A Guide for CCOs."	
1:17	Refine Strategies	(Brainstorm strategies for 2-year-old immunization rates) Ideas included using the suggestions from AFIX and the Evidence-based strategies in the guide above, and picking one or more to use. What have CCOs picked already? Develop a gap list from patients with upcoming birthdays; identify them and see what vaccines are missing and due. One suggestion was to use a Pregnancy Packet that would have vaccines schedules in it, so that parents would have a heads-up and a guide to follow. Strategies include data exchange: Integrate medical records and Alert IIS data. Systems can automatically talk and can do bi-directional updating (immunization information entered into Alert can show up on medical records, and immunization information entered into medical records can show up in Alert). Assess providers and parents. Why do providers not emphasize shots? Ask parents about barriers. Conduct gap analyses and do outreach using a care management methodology. Encourage enrollment by all vaccine providers into AFIX. Investigate changes in immunization schedules to either lengthen or shorten periods between shots, but to ensure all recommended shots are given within the 2-year window. Suggest one strategy to pilot within the grant period. Refine the ideas, gather data, and come prepared to the April meeting.	Florence Pourtal-Stevens

		(Questions to be used for communicable disease reporting collection) The group discussed issues with CD data. Should there be a focus group formed to answer questions about knowledge, skills, attitudes, barriers, and gaps? Who is responsible for doing the actual reporting from clinics (staffing issues). What do we want reporters to report and not report (e.g., we want new cases, but not serofast markers, e.g., acute Hep C, but not chronic Hep C). Need to convey how important reporting is, but need to assess how important it may or may not be to the clinician, hospitals, and midwives. What is the capacity at clinics and LPHAs to report? Do LPHAs have the staff to answer questions that might arise from a reporting source. In all new cases, we need timely and complete information for action. Will standardizing reporting forms be possible?	
1:55	Set Next Meeting	(Set up date and times for quarterly meetings through June 2019) Dates have been set for 2018 for the Leadership Team and the Advisory Group to meet. The next three dates are April 30, July 30, and October 29. The venue is the same (Bandon Community Health Center), and the times will be from 11 a.m. to 2 p.m. Meeting adjourned at 2 p.m.	Brian Mahoney

To Do:

- Brian: write draft Advisory Group Charter by Feb 15.
- Brian: create email groups for the Leadership Team and the Advisory Group by Feb 2.
- Brian: assess which collaborative methods will work for the groups by Feb 15
- Group: hold immunization strategy session with WOAH on Feb 13 at 2 p.m (determine location).
- Group: suggest immunization strategies to pilot and finalize the strategy before April 30.
- Group: suggest topics for the April 30 meeting.

Respectfully submitted:
Brian Mahoney, MPH; Program Coordinator