

# Early Learning Hub of Linn, Benton & Lincoln Counties

## Health Care Integration Work Group Meeting Minutes

<b>MEETING COMMENCED</b>	2:00pm, May 10, 2016 Linn-Benton Community College White Oak Hall, Albany
<b>MEETING CALLED BY</b>	Lynn Hall
<b>WORK GROUP MEMBERS PRESENT</b>	Kris Wessel, Bettina Schempf, Rebecca Austen, Andrea Daniels, Jessica Deas, Kristi May, Rich Waller, Clarissa Cousins, Autumn Belloni
<b>VERSION</b>	Final
<b>RECORDED?</b>	Yes

### Agenda topics

<b>DISCUSSION ITEM</b>	Objectives for this Work Group
	Increase the % of children who receive developmental screenings.
	Increase the % of children on OHP who receive developmental screenings.
	Educate providers regarding ASQ use.

<b>DISCUSSION ITEM</b>	The Family Connections Project (Kris Wessel)
	Technically the project has no name, but we have money to create a brand and an identity.
	Met with the Madison Avenue Group on May 4 <sup>th</sup> to begin the discovery project for naming this project. They will develop options for us and then help with branding and imaging.
	We currently call it "The Project", in the interim.
	We are looking for a way to take this big concept and put a few of the ideas that are actionable into play for a small pilot.
	The initial idea came from the Maternal Care Coordinator (MCC) at Albany Hospital, who was seeing an increase in the time spent with new parents preparing to give birth. With all the new screenings and prenatal class registrations, etc., the time increased from about 45 minutes to 1-1/2 hours or more. Julie Manning, suggested integrating services to provide medical care and parenting education and maybe childcare. A member of the Hub Governing Board, Julie collaborated with the Hub, Linn-Benton Community College, and several other groups to begin trying to figure out how to transition new parents from prenatal to parenting classes and other community services that they might need.
	The intent is to normalize parenting education as an opportunity for every family and build trust between health care and early childhood and eliminate duplication of services.
	The pilot project will have a two-prong approach: <ol style="list-style-type: none"> <li>1. Albany Hospital (60 babies a month) with Pam Collier, MCC, and her Spanish-speaking counterpart, The MCC will link the new pregnant woman to Family Connections where they will receive: <ul style="list-style-type: none"> <li>▪ information about child care, seatbelts and other services</li> <li>▪ register for Prenatal classes and enroll them on a timetable/database</li> <li>▪ The project will be building a database</li> </ul> </li> <li>2. Benton County Health Navigators (HN)</li> </ol>

<ul style="list-style-type: none"> <li>▪ HN will call Family Connections about specific family needs and get help finding services</li> </ul>
<p>We want to ensure a holistic approach for families. When people come to see the MCC, they would fill out paperwork for getting a phone call or an email, and within 3 days Family Connections would contact them to set them up with classes, services, and then follow-up. The follow-up will happen at one week, three weeks and eight weeks and include an evaluation of the services received.</p>
<p>Chris is also looking at a database and a website to help manage the project. A tentative pilot has been put in place, and we are waiting to begin. When a Health Navigator makes a request for a client, it will be tracked, they will be referred for services and then we will evaluate how that went.</p>
<p>Currently, each Samaritan Hospital registers potential parents for classes. Some MCCs have translation services available, but not all.</p>
<p>This shouldn't be an overwhelming pilot, but it should be enough for us to get a good look at what we need to do to make it work. It will also give us an opportunity to get some serious, specific metric identifiers attached to this process.</p>
<p>Chris is looking at how this process will work in all of our different communities. Each will have to "take off their individual hat" and put on their "team hat".</p>
<p>This team will help us to identify where we missed the intended overall outcome; we will collect data and analyze it.</p>
<p>Chris wants to get reports back from the institutions also.</p>
<p>Chris has been meeting with lots of different people. She considers the naming process extremely important.</p>
<p>Chris is looking at Vista Logic as a database provider, it is known to be a very good HIPA-protected database. The state of Oregon has hired them for a similar project, and we are looking at their price point system. Vista Logic can create individual modules for specific tasks and then those modules can be linked together with other modules that the state might be using. Can be easily integrated to work together. We can start with 3-4 modules and go up to 10-12, if we decide that is what we need.</p>
<p>The two-parts of the pilots will be run at the same time. The next parts of the project will be worked as a 6-month or 18-month plan.</p>
<p>Convincing the partners to participate will be a different conversation. There are many moving pieces and nothing is "firm" at this point, but we have seven months in the initial implementation timeframe to at least get things underway and pick a direction. We want to create a transparent process, and we'd like to have some of it going in July.</p>
<p>The Oregon Health Authority (OHA) is reviewing our process and progress, and making recommendations as to what they see is working.</p>
<p>When we find problems and areas that aren't making sense, we hope to have partners who can step up and help us to analyze the data and the problems and help us work through it.</p>
<p>In Lincoln County, we have some health care facilities that don't even have electronic records. We need to get everybody on the same page.</p>
<p>This new system will be working for all families, and we're working to normalize parenting education and healthcare. Also want to know what barriers are keeping parents from attending parenting classes.</p>
<p>Maybe add "Well Child Reminders" into the system?</p>

<b>DISCUSSION ITEM</b>	The START Training for ASQs (Autumn Belloni/Rich Waller/Andrea Daniels)
	The training took place two weeks ago, and LBL-ESD has already received three new referrals in Lincoln County alone.
	About 25 people attended, and there was a great panel held at the end where important questions were answered. The training covered ASQs and offered a panel of Early Childhood professionals.
	One of the most important things to come out of the training was that medical providers recognized the reliability of the ASQ.
	The trainer spoke about the value of the tool, and then demonstrated how to conduct an ASQ. The trainer also spoke about his CCO using the ASQ as a measure of Kindergarten readiness. For some children, this is the first time that eyes were on them. Typically 0-3 kids are tested, but adding the 3-6 component is also

valuable. Also, the post-training is going to be of huge help to the new clinics who will be using the ASQ. They were also able to collect data for the previous six months from all of the clinics who attended.

As we attempted to set-up this training, we became excited to see what kind of information we will be able to glean about our region.

Prior to this, Head Start and LBL-ESD were the only ones using the ASQ in Lincoln County. Now there are 24 new sources of ASQs.

Currently there is no linking software to turn new ASQs in to providers, and it makes for a very awkward system.

Sounds like we need to have this training in Benton and Linn county also.

We'd like to see follow-up numbers for this training, and at what intervals, and what kind of increase in ASQs we see. Prior to this training, NO ONE was turning in a referral with the ASQ. Some doctors didn't know that they could make referrals directly to LBL-ESD.

<b>DISCUSSION ITEM</b>	Closed-Loop Referral System (Rebecca Austen)
Somebody makes a referral, and it goes off into the ether and is never seen again...	
Across the health system, they are trying to fix this problem and it will become a standard of care.	
The Health Departments in the three Counties are working with the CCO to get everyone to have a colorectal screening. The project is to improve the rates of people getting screened, but we have no idea if people actually get in and have the testing done.	
Smoking Cessation is another project that the Health Departments are working on, but they are having the same problem: lack of follow-through on referrals.	
Can't evaluate the work that they are doing without figuring out what happens with referrals.	
It's a universal problem throughout healthcare, but they are working on it.	

<b>DISCUSSION ITEM</b>	Parent Attitudes Focus Group (Jessica Deas)
Jessica is working on an upcoming focus group for local parents.	
The purpose of the study is to better understand how local parents get health information for their children, including information on vaccinations.	
Focus groups are open to parents or parents-to-be in Benton, Linn and Lincoln Counties.	
Group conversations should begin in May and run through June.	
Additionally, Jessica would like to talk to professions who interact with parents and their children around health information and child vaccinations.	
Jessica handed out flyers and asked members of the committee to post in their offices and on their Facebook pages.	

<b>DISCUSSION ITEM</b>	Next Steps for this Work Group
Referral forms appear to be different between organizations. Should we work towards a common referral form?	
The START training was a huge success in Lincoln County. Should we work towards trainings in Benton and Linn Counties?	
Other projects? Incentivizing providers to do ASQs? Having ASQ materials in provider waiting rooms?	
Review the Hub Quarterly Data on Developmental Screenings to determine what is happenings with screenings by race in our region? Native American children appear to have extremely low numbers. Looks like only about 33% of our children are actually being screened. Now that Coastal Pediatrics has adopted	

the ASQ, and they are the primary care physicians for the Tribe, we hope to see that 6% screened number rise dramatically for native American children.

Should we pursue data integration and getting ASQs to doctors in an electronic form (using the EPIC system)? We can also talk to the Marion-Polk Hub about what they are doing because we know that they are inputting their ASQ data directly into their CCOs database. Lincoln County has an EPIC person on staff, so she will ask some pointed questions.

What about our "well child" agenda? Getting the Hub to incentivize parents to make and keep those appointments?

Is there a way to notify and remind parents that there should be 6 well child visits in the first 18 months? Postcards or posters, or something to remind parents (and agencies) that this needs to be done.

<b>NEXT MEETING</b>	No new meeting currently scheduled
Rebecca and Bettina will confer and let us know when they wish to reconvene.	
<b>MEETING ADJOURNED</b>	4:04pm