

Early Learning Hub of Linn, Benton & Lincoln Counties Transformation Grant Planning Minutes

MEETING COMMENCED	2:00pm, September 8, 2016 Western Title Building, Newport
MEETING CALLED BY	Lynn Hall
WORK GROUP MEMBERS PRESENT	Rebecca Austen, Rich Waller, Barb Dougherty, LeAnne Trask
VERSION	Final

Agenda topics

DISCUSSION ITEM	Requirements for Grant
Requirement: Must address at least 1 of the 8 elements of transformation plus 1 CHIP area.	
Goal 1: Replicate START training including panel discussion groups.	
Is 40% match still available from OPEC (Ford Family Foundation)? Is 40% still available from The Hub?	
Oregon Pediatric Society provided the instructor, a physician.	
The Oregon Rural Practice-Based Research Network (ORPRN) provided the post-training follow-up and technical advising. The physicians found this part very helpful and it really seemed to move them through the process. ORPRN will also be providing a pre- and post-evaluation of the process.	
Every part of the county was represented. It was a weak showing from Lincoln City, but they were already using the ASQ so it was a conscious decision not to send a large contingent.	
The Adventist Clinic in Lincoln City also already uses the ASQ, so they didn't attend. They were invited, but chose to not attend.	
Can we get interim data and how many attended? Rich will try to get this and send it to Lynn.	
Goal 2: Research and report-writing.	
Because of the work that Kris Wessel is doing with RHIC, she is concerned that we don't overlap this project with that work.	
RHIC is creating a dashboard so that each child will have a series of records attached to it, but it is available from one set dashboard of records. The group is concerned that the ASQ is a data system and not a health record. Will this get the ASQ into each child's medical chart? If we are only counting the number of ASQs completed, putting them into RHIC might be the way to get them counted. If our goal is to get ASQs into the hands of physicians, is RHIC the way to do it?	
Is RHIC going to input the data from the ASQ so that when the child goes to his pediatrician, the ASQ will be available to review?	
Are ASQs HIPPA regulated?	
The "replicate" reference in the goal is questionable for Rebecca because the oral health people are telling her that she can't replicate something that's already been done, and get any funding from them. Our wording may be a problem for them to get additional funding. Rich thinks it might not be a problem because no DST funds were used to create the START training. Maybe "modeling a transformative practice" is a better term for what we are doing, and it would allow Lincoln county to request more funding from the oral people.	
Instead of creating a closed loop system for an ASQ pathway to ESD—and potentially mucking up the work of RHIC and the Pollywog Project, maybe we should just focus on getting the training out to all of the potential ASQ writers.	

We will be creating a survey and ask current early childhood providers how they are currently using ASQs: What age? How often? What do you do with your completed ASQs?
Our documentation says that we are only looking at ASQs to age three. Why aren't we going to age 5, like the ASQ is intended to do? This particular grant only works with 0-3 years old due to the state metrics for the CCO and EL Hubs.
Barb Dougherty talked about how they are currently doing their ASQs: She has a kit that teachers use to help them assess the ASQs, and they have the child actually do what they are asking about. They complete the ASQ in an electronic format and it is stored in their system, but does not ever get to a medical provider unless the parent gives them a copy. However, some Samaritan providers who did not attend the training have told Rich that they feel that the child care providers "might not know what they are doing" so they don't want their ASQs. Barb is trying to get a meeting with some of the pediatricians to discuss how they are doing the ASQs and to reassure them that they know what they are doing.
The panel at the end of the training was very important because it assured physicians that early childhood providers are trained and competent in the ASQ. Further, the training was a physician-to-physician dialogue that was able to change some minds and get them to stop using the Denver assessment and move over to the ASQ format.
The Transformation Element, #7: assuring provider network and staff ability to meet cultural diverse needs of community (competence training, provider composition reflects member diversity, nontraditional health care workers composition reflects member diversity). ASQ is available in several different languages. The Denver is only available in English. The ASQ is a standardized tool that is well understood everywhere. Can potentially reach more families. We decided this element does not work with our proposal.
Maybe we could include more about the CCOs metrics. We know that they met their current State metrics, but Julie Manning told us that the metric numbers would be increasing to encourage the CCOs to continue to increase their efforts.
One of the most transformational things happening is that we are connecting physicians with agency providers to get more information into their hands.
The trainings will influence the providers to use the ASQs more, but is that enough to truly be "transforming" the system? If we use the example of the increase in referrals to Early Intervention (EI) based on the training of physicians: that is transformative.
Numbers 6, 7, and 8 are potentially transformative, if we focus on the medical home.
We can make the argument that Goal 1 is supported by #5.
Child health is part of the CHIP requirement.
We decided that we address Transformation Element #5. We are including the ORPRN pre- and post-evaluations because it shows the effectiveness of the trainings in Lincoln County.
We should make sure to include the EL Hub's metrics for getting children ready for kindergarten. The CCO loves to see crossovers like that!
Are we discussing three clinics in Linn and three in Benton for the technical training after the initial training? Maybe every six months a new START training, with a different cohort? Total of 24 months to work our way through everyone. Once it is in motion, the clinics will be billing for more ASQs, so they should be able to fund the trainings themselves after that with the additional funds raised through billing. (Not all providers are going to be able to attend a training, so staggering them might allow us to catch everybody.)
After the initial ORPRN evaluations, we could develop our own "evaluators"? That may be a way to go so we don't have to rely on ORPRN. Is this ORPRN's job? Are we relying on them for something they might not have the capacity for? ORPRN helped us because Lincoln County is rural. Will that work in Benton County?
If we could get data for how often kids are getting to kindergarten without any screenings it would be a big help us in writing our proposal. The trainer for the START training in Lincoln County had some of that information in his presentation, so Rich will go back and look at his sources. How many kinds in this area have delays that aren't diagnosed because they were never screened until they got to school?
Improves health care: catching things early, pediatricians are aware of ASQs, etc.
The CCOs new metrics don't include well-child visits (they are more focused on adolescents this time), but there is still a shared metric (with the Hub) for ASQs.
For sustainability, we don't know how the CCO is reinvesting their money, but if we can help them to bill for ASQs so that they are bringing in more money, maybe it could become self-sustaining through the clinics.

Budget discussion: Instead of FTE, we could use training stipends or most of the expenses could go in the “Professional Training & Development” portion of the budget. We could cover everything else under travel expenses and meeting expenses.
Sustainability: Could we have a “train the trainer” option so that we don’t have to go to the CCO for more money down the road, to train all of the new people that have been hired? We would like to see a cultural shift, so it would be self-sustaining. If we train enough people through the trainings, we reach “critical mass” and will keep advancing without more influx of funding.
Maybe we should go back to the clinics to see how many of their people are doing ASQs and report back? ALL clinics in the area, not just the ones that went to the trainings.
Are we asking for money for trainings every six months for two years? ORPRN limited the number at the Lincoln County training to 30. We need to figure out which clinics to target for trainings. Potentially we could train 120 physicians in that two years.
We lured physicians to the Lincoln County training with dinner and continuing education credits. A couple of nice carrots!
We need to figure out the number of possible physicians in Benton and Linn counties that we would like to see trained.

DISCUSSION ITEM	Next Steps / Assignments
Rich – check with ORPRN about interim results, interest and capacity for more trainings, letter of support, number of people who attended April training, cultural shifts that happened as a result of the training.	
Lynn – think about #2 and how do-able it is, revise #5 & #7 (with some of Rich’s info), how important for physicians to talk to each other, collaboration between community members and physicians, clarity on the referral system and how it works, will write up the “metrics”, “replicable” (using meeting notes).	
Bettina – will write up the “sustainability” section of the grant.	
Rebecca – will write up the “need” section for the grant.	
Barb (and Rich) – will write up the “transformational” section for the grant – the “aha” moments that she witnessed at the training. Rich will send her surveys. Barb will also work on the “collaborative” section	
Please get all info to Lynn by Monday, Sept. 12—just a brief outline! That’s a quick turn-around for the draft, which is due on the 14 th ! Keep everything short and concise.	

NEXT MEETING	TBD
Lynn will set-up a couple of options.	
MEETING ADJOURNED	3:55pm