

Early Learning Hub of Linn, Benton & Lincoln Counties

Health Care Integration Work Group Meeting Minutes

MEETING COMMENCED	1:00pm, September 27, 2017 Luckiamute Center, Albany
MEETING CALLED BY	Lynn Hall
THWORK GROUP MEMBERS PRESENT	Rich Waller, Autumn Belloni, Rebecca Austen, Neva Campbell, MaiKia Moua
RECORDED	Yes
VERSION	Final

Agenda topics

DISCUSSION ITEM	Filling the Open Co-Chair Position
	MaiKia Moua accepted a position with King County Public Health in Washington.
	The Work Group needs to fill the Co-chair position for the Linn-Benton area.
	Lynn suggests contacting a person from WIC or Samaritan to fill the Co-chair position.
	MaiKia suggests contacting Cindy Bond from Old Mill.
	Rich suggests contacting Mal from Linn County.
	Neva (on behalf of Miranda Miller) joins the group.

DISCUSSION ITEM	ASQ Training and Tracking Initiative
	o October 11 th START Training for Samaritan Residents, lunch 12-1 pm, training to follow. Location Neville Building on the GSRMC campus.
	- Community panel is not necessary for this training
	o Train a START Trainer (Rich)
	Miranda believes it's difficult to recruit Linn and Benton technical assistance.
	Autumn agrees to break down the number of doctor referrals coming from pediatric or primary care physicians verses child care by county.
	Lynn attempted to contact Jenna Bates without response on IHN data.

DISCUSSION ITEM	Technical Assistance Report from Kelsey Branca (ORPRN)
	Rebecca never saw the data from the ASQ training in Lincoln County.
	Lynn and Rich created "next steps" plan to try to encourage more clinics to sign up for technical assistance. They also want to do a gap analysis of ASQ billings.
	MaiKia suggests contacting deputy director Tony Flores because clinics are undergoing site visits. She refers Sherilynn to Lynn to make the connection.
	MaiKia suggests Kristi ask her IHN grant advisor connect us to the right person?
	Rebecca requests that after the last START training in October, is the Health Care Integration Work Group ready to conclude and move on from ASQs.

Lynn believes we need to review and revise the Medical Decision Tree first.

DISCUSSION ITEM	Revising the OPIP Medical Decision Tree, Early Childhood Decision Tree, and Parent Referral page
	Autumn explains that from an administration perspective, she doesn't prefer the term "benefit" in Group B.
	Autumn agrees to revise the Medical Decision Tree and plans to send it to Lynn.
	If home visitors or Relief Nurseries conduct ASQs, they need to submit the entire ASQ to pediatricians.
	Neva explains that her clinic hasn't received outside ASQs.
	Rebecca wants to connect community agencies conducting ASQs to pediatricians conducting ASQs.
	Neva recommends effective communication between the community agencies and pediatricians. She supports process and documentation standardization.
	MaiKia wonders if IHN health guides can help. However, Lincoln County doesn't have health guides.
	There is some discussion with RHIC to figure out ways to upload ASQs conducted in the community so that health providers can gain access.
	Any and all revisions to these documents will be submitted to OPIP for approval. This includes altering the document for our unique and individual need.
	The document is editable but requires a specific program that is difficult to obtain.
	We currently don't have a plan for distribution to providers; however, Rich suggests creating an agenda topic about these documents for the quarterly provider's meeting.
	Rich agrees to reach out to Julie Manning and the Samaritan research department for feedback on the medical decision tree.
	The document is very crowded with a lot of words and very little white space. LeAnne suggests printing it on legal paper.

DISCUSSION ITEM	Immunization Planning: AFI/X – QI Project (Rebecca)
	Assessment Feedback Information Exchange (AFI/X) is a CDC best practice process.
	If a child misses their window for a certain immunization, they cannot receive that immunization series.
	Neva believes it's helpful to make packets for well-child visits that include the child's immunization history. It's essential to train staff to know the immunization schedule. In addition, it encourages a stronger relationship between parents and providers.
	MaiKia reminds us that with high staff turnover, it's difficult to adequately track this information.
	The Public Health Modernization is applying for a grant between the three counties in order to impact the low immunization rates. This includes implementing AFI/X in each county.
	The work group believes HPV is an important topic to focus on.
	The AFIX process focuses on immunization rates for two year olds.
	Rebecca suggests brainstorming our role in promoting immunizations from age 0-6.
	Rebecca agrees to send the state law to Lynn who plans to post it to basecamp.
	Rebecca suggests tagging immunization with Hub branding, as well as promoting children getting their well-child checks.
	MaiKia suggests connecting with the Health Equity Coalition.
	Pollywog helps parents know their child's immunization schedule.
	Rebecca requests gaining fresh data to display on their website.
	Neva supports empowering our clinical staff in educating parents and walking them through the immunization process.

NEXT MEETING	Wednesday, October 25, 2017
	1pm, Western Title Building, Paula Simpson Conference Room, Newport
MEETING ADJOURNED	2:22pm