Consumer Advisory Committee Meeting

Meeting Summary, 1/9/2018

Support and Backbone Staff: Jennifer Brackeen – *CHOICE*, Christina Mitchell – *CHOICE*, Justin Wagaman – *CHOICE*, Megan Moore – *CHOICE*
In Attendance: Douglas Levitt – *Pacific County*, Erin Oly – *Thurston County*, Sam Silvestro – *Thurston County*, Luanne Serafin – *Lewis; Mason; Thurston Counties*, Heather Ristow – *Thurston County*, Michelle Richburg – *Thurston County,* Mindy Bergen -*Thurston*, Gary "Paul" Sweet - *Thurston*

I. Welcome and Introductions

Justin Wagaman welcomed committee members and facilitated introductions. He reviewed the need for a W-9 and participation agreement for anyone who needs to fill them out. These documents are required for mileage reimbursement and the monthly stipend. If CPAA still needs to have yours on file or you have any questions, please email Justin at wagamanj@crhn.org or Megan at moorem@crhn.org.

Justin reviewed the desired meeting outcomes, which consisted of the following:

- Learn about and discuss 3 CPAA Project Areas (Transitional Care, Chronic Disease Prevention and Control, and Reproductive Maternal/Child Health)
- Questions and feedback on Project Areas
- Discuss CPAA Public Engagement Plan
- Next Steps

II. Learn about and Discuss 3 CPAA Project Areas

Transitional Care

Christina Mitchell, Clinical Director at CHOICE, started by acknowledging the importance of this group and thanked all the members for being a part of our work. She then referenced a one-page description of Transitional Care, click here. Christina recognized that without transitional care in place, readmissions and improper care becomes common.

The Transitional Care Project will work directly with partnering providers to:

- Limit time between patient discharge and follow-up appointments
- Reduce hospital readmissions
- Improve coordination between medical and community resources for high risk patients
- Expand admission screenings to identify high risk patients

There are two models for Transitional Care and both are evidence-based. The first model is the Transitional Care Model, which aims to prevent health complications and readmissions of chronically ill patients and provides a "Transitional care nurse" who is trained to care for people with chronic conditions. The second model is the Care Transitions Intervention, which is a four-week program for

patients with complex care needs. The patient and family caregivers work with a Transitions Coach to learn self-management skills to ensure their needs are met in transition from hospital to home.

Comments/Feedback from the Group:

Why can't people just stay in the hospital?

- People cannot stay because there is a shortage of beds and staff
- Some people are at a different level of care and no longer need to be in the hospital
- Another perspective – "Some people are not kept long enough to receive proper care"

Some people have no phone, no home, no place to store medical records, so what does Transitional Care look like for those people?

- Vacancy rate in Thurston County is extremely low
- There is a shortage of housing, shortage of funding, etc.
- We need permanent supportive housing
- Christina did mention that there is another part of the Transformation that does focus on housing needs

Are there any solutions, besides housing, that could be considered for this project?

- There is also a need for medical equipment and supplies so patients can take care of themselves, but insurance does not cover those needs
- Lack of transportation, especially in rural areas
- Create a Medical Mobile outreach program that would go to different locations
- An idea came up around having something like a Camp Quixote for Transitional Care: a tiny house community for Transitional Care for homeless populations, with an onsite nurse

Chronic Disease Prevention and Control

Christina then referenced a one-page description of Chronic Disease Prevention and Control, which does overlap with Community Para medicine, click here. She mentioned that chronic disease is one of the most leading costs of healthcare but also one of the most preventable. The Chronic Care Model cares for people with a chronic disease in primary care settings while the Community Paramedicine model expands the roles of paramedics and EMTs to provide routine health care services and reduce unnecessary hospital admissions and readmissions.

The goals of Chronic Disease Prevention and Control are to:

- Raise awareness of chronic disease and prevention through community outreach and education
- Educate doctors and nurses on chronic disease prevention and treatment
- Increase frequency of preventative screenings for common chronic diseases
- Expand community paramedicine resources (EMS)
- Improve coordination between medical and community resources for high risk patients

Comments/Feedback from the Group:

Christina brought up a challenge that EMTs must take patients to the Emergency Room as part of their payment structure; is there another place to take them? How do we connect the right people with the right resources?

The group had a lot of support around prescreening for chronic diseases:

- Could there be a designated day to host an event?
    - Can this become a sustaining event instead of once a year
- Could the CPAA provide incentives to attract people to these events?
    - Things like a gas card, gift card, vouchers, dental supplies, free haircuts, etc.

One thing the group pointed out was that there is a lack of medical supplies but also unequal disbursement of medical supplies not going where they are most needed.

- Hospitals are releasing people who do not have resources for proper care
- Many supplies that people need to stay healthy are not covered
    - Example: Flex pens for homeless patients because they don't need refrigeration, but they are not covered

The group brought up concern around CPAA duplicating efforts of other organizations trying to address some of these problems. They requested that CPAA focus on existing programs for solutions instead of trying to create new ones. Also, concerns were made that the Olympia Police Department are the current gatekeepers for telecare and their referral process for in patient mental health care.

Another concern the group had around the Telecare Triage Center in Thurston County was that they feel that it is a lot of money and resources for such a small population because it is a small number of beds in that facility with a full staff 24/7.

Reproductive, Maternal & Child Health Project

Jennifer Brackeen, Program Director at CHOICE, explained Reproductive, Maternal & Child Health and referenced a one-page description of the project, click here. The purpose of this project is to help young men, women, mothers, and children access reproductive, maternal, and child health services. CPAA will provide reproductive health screenings, expand access to existing home visiting programs, and support regular well child visits and immunizations.

The goals of Reproductive, Maternal & Child Health are to:

- Provide "trauma informed" training to members of the community and professionals such as teachers, nurses, doctors, hygienists, and dentists. Trauma informed care involves learning how to recognize, understand, and positively respond to the effects of trauma.
- Reduce the teen pregnancy rate
- Increase the number of people using long acting reproductive contraceptives
- Increase first trimester prenatal care

- Increase the number of children seeing their doctor for regular well child check-ups and immunizations

Comments/Feedback from the Group:

The group mutually supported the idea of home visits:

- Want to increase the capacity of the program
- Want expanded hours to create flexibility
- Incorporate nutrition knowledge for children
- Is there a possibility to give children immunizations during home visiting?
- Want to incorporate telehealth into home visiting
    - On sight nurse can build relationships with clients and advocate their needs through telehealth

One comment from the group was that the Kaiser Permanente survey questions used to determine if a child suffers from ACEs are flawed. They do not incorporate any racial, economical, or historical trauma into the assessment. Is this something that CPAA could try and correct?

III. Public Engagement Process

Justin reviewed the Public Engagement Process document found here. This was submitted along with the Project Proposal and Justin is looking for feedback from the group as this defines how the CPAA engages with the public. The document is not finalized; it is just a way for CPAA to engage with the public.

Also, Justin informed the group that the Council has 7 open seats, one for each county, but only 2 are filled. He asked the group for ideas on how to recruit people to fill the vacancies.

- One suggestion was to create PSAs on local stations such as KNKX radio
- Post on social media
- Post flyers on different Co-Op bulletin boards or college bulletin boards

After reviewing the document, the group brought up some concern about this meeting being more of a token effort as opposed to actually wanting feedback that will shape the direction of these projects. They are more than willing to participate, but they worry that this may just be a check mark that CPAA has on their list. Jennifer, Christina, and Justin reassured the group that their feedback is very important and their ideas will be presented to the council and board. The projects are limited in scope, maybe more than people were thinking originally, but there are ways to shape the projects and make real changes to how they will work. CPAA staff are still figuring out how to incorporate consumer feedback but did ensure that the CPAA wants this feedback done right and not as a check box.

Justin asked the group how CPAA could make them feel like they are being heard?

- Bring a council or board member to the next Consumer Advisory Committee
- Bring a clinician to the next meeting

IV. Next Steps & Closing

- Justin announced to the group that he is resigning from his position at CHOICE Regional Health Network effective January 31st, 2018.
- A meeting schedule will be sent out soon for the next year of meetings, which will be subject to change if meeting participants want to do so at a later date. The current day of the month the group will meet is the **2nd Tuesday of every month**.
- Next meeting is **February 13th, 2018**, location is TBD