



Council Meeting
June 14, 2018

Welcome and Introductions

- Please introduce yourself: Name, organization, and county



WELCOME

Review Proposed Agenda Items

- ✓ Review Board meeting outcomes and upcoming items
- ✓ Appointment of New CPAA Board Member
- ✓ Learn about Tribal Projects
- ✓ Review Regional Wellness Fund & Learn about Networks for Transformation
- ✓ Review Implementation Plan
- ✓ Shared Learning: Panel Discussion on Supported Housing and Employment



CPAA Board Meeting

May's Meeting

- Approval of MTP First Year Funds Flow
- Approval of RFP Design Elements
- Approval of Tribal Partner Payments
- Approval of Payment to Partnering Providers
- Executive Session : CEO Evaluation

June's Meeting

- Approve May's Minutes
- Discuss Board Transitions
- Discuss Regional Wellness Fund
- Discuss RFP progression
- Summary and Next Steps

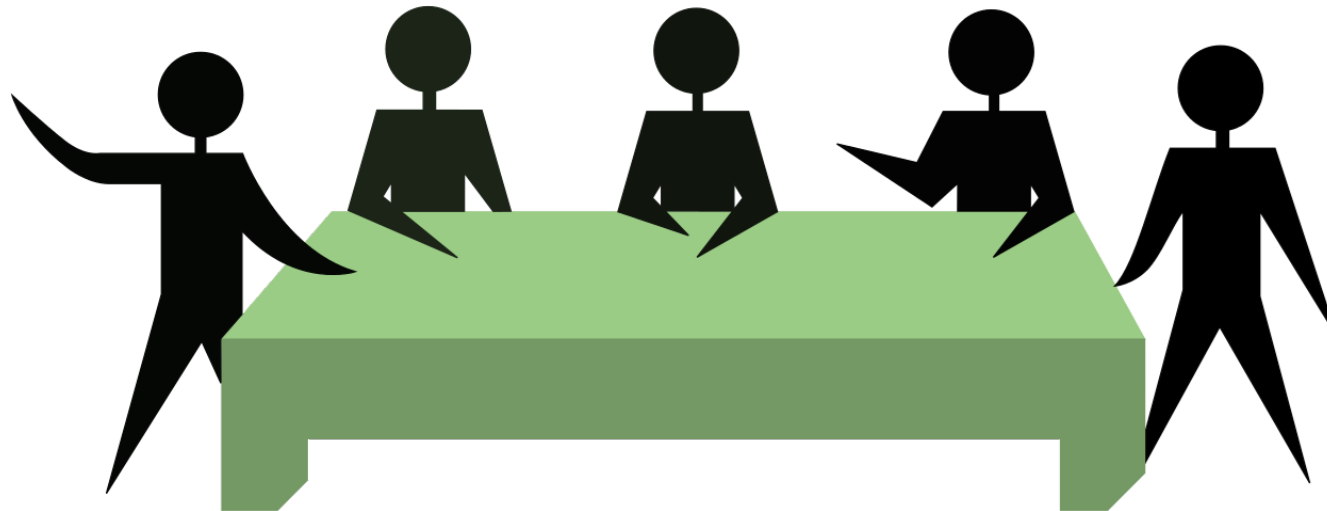
Appointment of New CPAA Board Member

Tribal Government Services

- Denise Walker
 - Chehalis Tribe Wellness Center Director

Social Services and Housing

- A call for nominations
- Complete an application



Updates on Programs, Committees, & Tribal Engagement Activities

Program Updates

- **Bi-Directional Care Integration**

- Terri Gushee, Mason General Hospital, presented about their integrated care work over the last three years and plans for the future
- AIMS Center Training was conducted May 31st
 - Learned about the AIMS Center's Bi-Directional Care Integration Training Program
 - Information received will be used to tailor the training program for our region
 - Follow-up webinar was June 5th

- **Opioid Response**

- Malika Lamont presented to UW students about the Opioid Response
- Participated in Collaborative Round Table on opioids with our federal partners
- Continuing work with Dr. Grande to build support for DEA rule change, which will increase access to MAT through low-barrier treatment

- **Chronic Disease/Transitional Care**

- Work groups focused on the state capacity assessment data, identifying opportunities and gaps
- Continued to meet with potential partnering providers to maximize transformation efforts

Program Updates

Pathways HUB

- CCS Software was purchased and currently identifying community resources to upload.
- ACH Partners across the state are interested in a shared evaluation.
- Proposal for ~ 200k was submitted to Cowlitz County Health and Human Services requesting funding for partners.

Reproductive – Maternal Child Health

- Breanne Laughery presented Upstream USA
- HCA & DEL want to pilot a project in our region to improve well child visit rates



Advisory Committees

➤ Clinical Provider Advisory Committee

- Health Equity tools and considerations
 - Screen for SDoH
 - Certified interpreters
 - What do you do with the information?
- Centers for Transformation
 - “Partners” or “Networks” for Transformation
 - Could CPAA provide the resources?
 - Does it add value?

➤ Consumer Advisory Committee

- CPAA Consumer Web Page
- Navigator Program
- “What does health equity look like to you? ”

Tribal & Community Engagement

- Tribal Health Director's Meeting held June 7th
- Denise Walker, Chehalis Tribal Health Director agreed to join the CPAA Board, assuming seat reserved for the Tribal Government Services Representative
- Reviewed CPAA-Tribal MOU Agreement, SOW Exhibit B
- Payment Portal
- HCA, AIHC and CPAA-ACH to visit all tribes in region July 9th-12th
- Next Meeting Tentatively Scheduled for August

Tribal Projects

Denise Walker, Director of Wellness Clinic
Confederated Tribes of the Chehalis Reservation

MEDICAID TRANSFORMATION

Chehalis Tribal Wellness Center

Health Director

Denise Walker

May 2018

CHRONIC DISEASE

- Chronic diseases are responsible for 7 of 10 deaths each year, and treating people with chronic diseases accounts for most of our nation's health care costs. Find out how CDC's [chronic disease prevention system](#) brings together data, health care systems, and communities to support healthy choices and reduce risk behaviors for all Americans.

WHAT WE KNOW

- CDC STATES AI/AN'S HIGHEST MORTALITY RATE FROM HEP C THAN ANY RACE OR ETHNICITY.
- INDIAN HEALTH SERVICE ESTIMATES 120,000 AI/AN'S INFECTED WITH HEP C WITH MAJORITY UNTREATED
- 1,272 USER POPULATION FOR CTWC
- LOW SCREENING RATE FOR HEP C BUT:
- CURRENTLY 7.5% POSITIVE RATE

WHAT WE KNOW

- CURING HEP C WILL REDUCE PATIENT RISK FOR DEVELOPING LIVER CANCER AND LIVER FAILURE.
- UNTREATED HEP C CAUSES A LARGER FINANCIAL BURDEN.
- HEP C HISTORICALLY DIFFICULT TO TREAT
- OPTIONS HAVE VASTLY IMPROVED AND CURRENT TREATMENTS HAVE LITTLE TO NO SIDE EFFECTS, MAKING PEOPLE MORE LIKELY TO TAKE TREATMENT FOR HEP C

APPROACH

- TRAIN ALL CTWC MEDICAL STAFF TO TREAT HEP C.
- CHEHALIS TRIBE HOSTING TRAINING
- CTWC PROVIDER HAS ALREADY TAKEN U/W HEP C COURSE ONLINE.
<https://www.hepatitisc.uw.edu/>
- WE HAVE AN IN-HOUSE PHARMACY SO WE CAN OBTAIN THE TREATMENT MEDICATIONS AT COST.

GOALS

- Elimination
- Reduction to zero for our targeted population by 2021
- Reach out and screen our Tribal population within our service area and beyond as requested.
- Start screenings at age of 18

TRAINING AGENDA

- **Hepatitis C Clinical Training – June 11, 2018**
- **Chehalis Tribe, Oakville, WA**
- Hepatitis C (HCV) is common, has a high rate of mortality in Indian Country, and can be cured at the primary care level. A free clinical training is being offered for I/T/U facilities to provide HCV services at the primary care level with *Dr. Justin Iwasaki* and *Dr. Jorge Mera, Director of Infectious Diseases for Cherokee Nation Health Service*. Special attention will be paid to starting a HCV treatment program using the ECHO model of collaborative learning and knowledge sharing. CE will be offered.
- Register for the training at <https://www.surveymonkey.com/r/HepatitisCtrainingChehalis>
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- **Where:** The Chehalis Tribal Wellness Center, 21 Niederman Rd, Oakville, WA 98568 (Local lodging and accommodation options include the [Lucky Eagle Hotel & Casino](#) and the [Great Wolf Lodge](#))
- **When:** June 11, 2018
- **Who:** Physicians, midlevels, pharmacists, nurses, and other clinicians from I/T/U sites interested in getting a new skill in HCV are invited to attend.
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- **Wednesday, June 11 (Note all times PST)**
- 8-8:15 Blessing – *TBD*
- 8:15-8:25 Introduction to the training – *David Stephens, RN*
- 8:25-8:30 Welcome – *Denise Walker*
- 8:30-8:45 The Epi of HCV in WA (ppt) – *Sarah Hatcher, PhD*
- 8:45-9:30 HCV at your location: An Overview (Discussion) *Attendees are invited to give an overview of HCV caseload at their site, and share what would be most helpful in their efforts to treat HCV*
- 9:30-9:45 Break
- 9:45-noon HCV Screening, Management, & Treatment Guidelines (ppt) – *Justin Iwasaki, MD*
- noon-1:00pm Lunch
- 1:00-1:30pm Accessing HCV Medications (ppt/discussion) – *Jessica Reinstra, RN*
- 1:30-1:45pm Treatment Discussion-1 pt from XXX (*Case Number, Name of Presenter*)
- 1:45-2:00pm Treatment Discussion-1 pt from XXX (*Case Number, Name of Presenter*)
- 2:00-2:15pm Treatment Discussion-1 pt from XXX (*Case Number, Name of Presenter*)
- 2:15-2:30pm Treatment Discussion-1 pt from XXX (*Case Number, Name of Presenter*)
- 2:30-2:45pm Treatment Discussion-1 pt from XXX (*Case Number, Name of Presenter*)
- 2:45-3:00pm Treatment Discussion-1 pt from XXX (*Case Number, Name of Presenter*)
- 3:00-3:15pm Break
- 3:15-3:45pm “Starting a Hepatitis C Elimination Program at Grand Ronde” (ppt) – *Randy Blome, MD*
- 3:45-4:30pm “Elimination Program at Cherokee/or Lummi and Starting a SSP” (ppt) - *TBD*
- 4:30pm Discussion, Questions, Review – Share available ECHO Dates/Times

APPROACH-OUTREACH TEAM

- STOP THE SPREAD OF COMMUNICABLE DISEASES
- PHYSICIAN (new hire), NURSE, DENTIST
ADMINISTRATION, POLICE, CHEMICAL DEPENDENCY,
SOCIAL WORKER, TRIBAL MEMBER.
- GO OUT INTO THE COMMUNITY AND FIND THOSE
WHO DON'T COME IN
- GAIN THEIR TRUST
 - Take food
 - Just talk
 - No names to start with but a number
 - Treat what we can in field until they will come in
 - Take their Hep C medication to them

PARTNERING

- WE KNOW WE HAVE NON-INDIANS PARTNERED WITH OUR TRIBAL MEMBERS
- TRIBAL MEMBERS OFTEN ASK IF WE CAN TREAT THEIR PARTNER/FRIEND
- IF WE SAY NO THEN THEY REFUSE TREATMENT AS WELL
- WE WILL PARTNER WITH OUTSIDE AGENCIES TO TREAT NON-INDIANS
- WE WANT TO BUILD THE SAME TRUST WITH OUTSIDE AGENCIES IF WE TELL THE PATIENT WE WILL GET THEM HELP ALSO

OTHER DISEASES

- WE RECOGNIZE NOT JUST HEP C
- WHILE OUR TEAM IS IN THE FIELD WE WILL ALSO WORK ON
 - STD'S
 - DIABETES
 - SKIN/BLOOD INFECTIONS
 - HYPERTENSION
 - DRUG TREATMENT
 - OTHER IDENTIFIED CHRONIC HEALTH ISSUES

FALLS PREVENTION

- STARTING A FALLS PREVENTION PROGRAM
- STAFF HAVE ALREADY BEEN TO TRAINING
- PODIATRIST GIVING LECTURES IN JUNE
- *Welcome to our monthly Gov Delivery e-newsletter on Falls Prevention events and advancements in Washington State. We look forward to sharing opportunities for involvement and highlighting the achievements of our partners across the state. If you have an upcoming event or special announcement, please email Carolyn Ham, Older Adult Falls Prevention Specialist, at Carolyn.ham@doh.wa.gov to have it included in upcoming newsletters.*

CDC SAYS

- Each year, millions of older people—those 65 and older—fall. In fact, more than one out of four older people falls each year, but less than half tell their doctor. Falling once doubles your chances of falling again

Falls Are Serious and Costly

- **CDC WEBSITE:**

- One out of five falls causes a serious injury such as broken bones or a head injury.
- Each year, 2.8 million older people are treated in emergency departments for fall injuries.
- Over 800,000 patients a year are hospitalized because of a fall injury, most often because of a head injury or hip fracture.
- Each year at least 300,000 older people are hospitalized for hip fractures.
- More than 95% of hip fractures are caused by falling, usually by falling sideways.
- Falls are the most common cause of traumatic brain injuries (TBI).
- In 2015, the total medical costs for falls totaled more than \$50 billion. Medicare and Medicaid shouldered 80% of these costs.