



ACES WORK GROUP MEETING

REPRODUCTIVE, MATERNAL AND CHILD HEALTH

JANUARY 31ST, 2018

Welcome and Introductions

Introduce yourself: Name, organization, and county

WELCOME

Review Proposed Agenda Items

- ✓ Review and discuss the application acceptance and next steps
- ✓ Discuss project assessment
- ✓ Finalize target population
- ✓ Review outcomes of Clinical and Consumer Advisory Committee
- ✓ Review R-MCH Activities and Develop our Vision
- ✓ Discuss integration with other project areas
- ✓ Next steps and closing

Project Application Submittal

- Plan submitted on Nov 16th
- First write-back request received December 8th
- Minimal questions which spanned several projects
- Notified Dec 24th no additional write-back was needed
- Assumption is CPAA will score high

Current State Capacity Assessment (1/2)

- Intent is to inform and guide planning and implementation
- HCA will not provided template
- CPAA will not report results, only what was done
- Completion will be documented in semi-annual report
 - Format released in March
 - Due July 31

Current State Capacity Assessment (2/2)

- Assessments have solely become what do we need to know vs. what HCA requirements
- We collected home visiting assets.
- What else do we need to know to implement this work?
 - Strategies:
 - One Key Question
 - LARC Training/Counseling
 - Home Visiting (NFP, PAT, & Family Spirit)
 - Implement Bright Future or EMHI Screenings & Trainings
 - Trauma Informed Training

Finalize Target Population

- Review target population
- Target population vs. targeted sub-region
- Target population vs. clinic transformation
- Target population will be finalized in the semi-annual report due July 31st, 2018

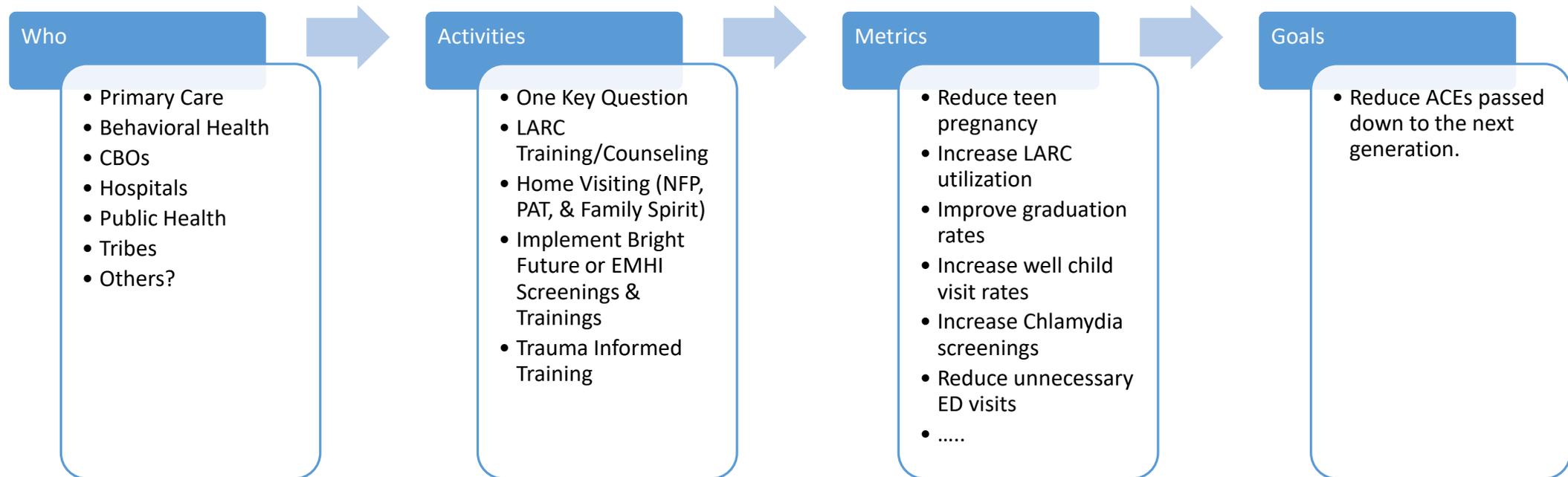
Clinical Provider Advisory Committee (1/2)

- January 16th, 2016
- Discussion
 - HIT/HIE
 - Pre-manage
 - EDIE
 - Value based purchasing
 - ACHs role
 - Formal Commitments
 - Timeline
 - Definition

CPAA's ACEs Mitigation Vision Statement

“Childhood abuse, neglect and family dysfunction in our communities is reduced; children are raised in a healthy, safe environment. Our communities’ resilience to social trauma is strengthened. There are early intervention and prevention services which provide our communities with strong social-emotional, behavioral, and physical health care allowing children and adults to better manage adverse childhood experiences.”

R-MCH Draft Logic Model 2018-2021



Oral Health Recommendations

- **Care Coordination/Pathways**
 - Care Coordinators can incorporate oral health as an individual pathway
 - Oral health education and preventative care for patients
 - Include an oral health assessment question into primary care screenings
- **Opioid Response**
 - IT solution to improve communication between providers and dentists, especially around opioid prescription
 - Include dentists in prescriber education and opioid prevention outreach
- **Chronic Disease**
 - Target chronic disease population because they are more at risk of oral health needs
- **Maternal & Child Health**
 - Integrate oral health education into home visiting

Consumer Advisory Committee: Selected Feedback and Ideas

Reproductive, Maternal, and Child Health

- Committee liked an idea to have well child visits and immunizations worked into home visiting programs during a home visit, expanding the scope of this service.
- Incorporating Telehealth into home visits- On site nurse has built trusting relationship with the patient to help bring a human touch to telehealth.

To Consider:

- Is there flexibility in home visiting programs to allow for things like well child visits or building telehealth into visits?

Maternal and Child Health Integration

- Discussion at Council Meeting on February 8th
- How does Reproductive Maternal and Child Health Integrate?
 - 2A – Bi-Directional Integration of Care
 - 2B – Community-Based care coordination
 - 2C – Transitional Care
 - 3A – Addressing the Opioid Use Public Health Crisis
 - 3D – Chronic Disease
- Use activity worksheet to create connections

Activity Worksheet

1. Individually look at the worksheet to see where R-MCH can work in other buckets. Jot down your thoughts.
 - 5 minutes
2. Work with a partner to compare your notes and write down additional ideas.
 - 10 minutes
3. Report out findings with the large group.

Next Steps and Closing

- CPAA will continue to meet with potential partnering providers
- Assessment will be sent to providers and community based organizations
- Begin to develop what each of these areas could look like in our region.
- Will review semi-annual report in March for required information

Thank You!