# Café Session 1: Table Topic Descriptions

**Round 1: 10:05-10:35 a.m. / Round 2: 10:35-11:05 a.m. / Round 3: 11:05-11:35 a.m.**

## Increasing effective contraceptive use to reduce unintended pregnancy (Croisan Creek Room)

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| 1. **Reproductive Justice and Inclusionary Vision and Practices** |
| Tashia Harris, M.A., Western States Center |
| This presentation will discuss race, gender and sexuality when approaching the different pragmatic shifts that can occur in the health care environment. We often discuss theory, but how do we shift theory into practice? This presentation will delve deeper into the importance of inclusion beyond the script of cultural competence and humility, and it will provide resources and tools that actualize the importance of responsibly understanding the distinctions between access, inclusion and diversity. The conversation will focus on unintended pregnancy and how the entire social and health care community can constructively learn, work and grow with each other. The presentation will discuss these concepts in the context of two projects: Building Reproductive Justice Autonomy and Voices for Equity (BRAVE) and the Racial Equity Report Card. |
| 2. **Long-Acting Reversible Contraceptives (LARC) Program Elements: Operational Focus** |
| Hayley Nunn, M.B.A., Planned Parenthood of the Columbia Willamette |
| Planned Parenthood of the Columbia Willamette has a high rate of LARC utilization, and this presentation will highlight how LARCs can be incorporated into routine clinic days. The presentation will also review operational changes made over the years to support LARC integration – such as stocking supplies on site, providing specific LARCs as effective contraception, and providing LARC same day or within one visit. Planned Parenthood of the Columbia Willamette is based in Portland, OR and operates six health centers: Bend, Beaverton, Salem, NE and SE Portland, Milwaukie and Vancouver, Washington. |
| 3. **Promoting Preconception Health in Southern Oregon** |
| Jennifer Johnstun, R.N., PrimaryHealth; Belle Shepherd, M.P.H., Oregon Health Authority |
| All women of reproductive age should be screened for their pregnancy intentions on a routine basis, and every clinical and social service setting serving women presents an opportunity to screen and promote preconception health. Follow-up care, either by direct service or referral, should be evidence-based preventive reproductive health care. The Health Care Coalition of Southern Oregon has spearheaded a successful Preconception Health Campaign in Jackson and Josephine Counties over the last two years. It has successfully integrated the One Key Question®, an evidence-based initiative for pregnancy intention screening, into primary care settings, dental clinics, social service agencies, WIC Clinics, school-based health clinics and other settings. A toolkit has been developed that includes an algorithm for implementation, screening forms, culturally appropriate education and referral materials. |
| 4. **Safer Futures Project** |
| Emily Fanjoy, Tillamook County Women's Resource Center; Sarah Keefe, M.P.H., Oregon Coalition Against Domestic and Sexual Violence (The Rinehart Clinic, Tillamook County Community Health Centers, Columbia Pacific CCO) |
| One in four women experience intimate partner violence in their lifetime, and research shows that approximately 50% of women age 16-29 seeking reproductive health services are experiencing intimate partner and/or sexual violence. The Safer Futures Project is a collaboration between health care providers and community-based advocates that addresses the intersections of intimate partner violence and reproductive health to increase effective contraceptive use and reduce unintended pregnancy. |
| 5. **Intrauterine Device Training Through Onsite Mentorship and Evaluation** |
| Maureen Baldwin, M.D., M.P.H., OHSU Center for Women's Health and Planned Parenthood of the Columbia Willamette |
| Many providers who have been trained to place intrauterine devices (IUDs) lack confidence to use their new skills. Some would like the opportunity for feedback and troubleshooting. Most have not been trained how to strategize a difficult insertion. A hands-on training program at the trainee site would improve service delivery. |

# Café Session 1: Table topic descriptions

**Round 1: 10:05-10:35 a.m. / Round 2: 10:35-11:05 a.m. / Round 3: 11:05-11:35 a.m.**

## Reducing tobacco prevalence (Willamette Room A)

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| 1. **Tobacco Cessation with the Homeless Population: Successful Adoption of a Tobacco-free Property Policy for Signs of Victory Homeless Shelter** |
| Miao Zhao, Albany InReach Services; George Matland, Signs of Victory; Emily Tapper, Community Health Centers of Benton and Linn Counties; Jenna Bates, IHN-CCO; Rachel Petersen, Linn County Public Health |
| Signs of Victory Homeless Shelter approached tobacco use by partnering with agencies and organizations to support tobacco cessation within the homeless population. This partnership focused on the development, adoption and sustainability of a tobacco-free property policy. Resources, materials and training opportunities were provided. |
| 2. **Incorporating Culturally Resonant Practices and Materials in Tobacco Cessation** |
| Sandra Meucci, Ph.D., Multnomah County Health Department (FamilyCare, Inc.) |
| Tobacco use disproportionately harms certain groups of people that are vulnerable and disenfranchised (for example, Native Americans, African Americans, LGBTQ populations, and youth). Culturally targeted smoking cessation interventions have not yet been created for all of the groups who need them. However, there are culturally adapted cessation materials and some "assistance" models available for certain groups – one such model for African Americans resulted in biochemically confirmed quit rates greater than non-culturally targeted interventions. The principles embodied are: use of images to convey relevance; presentation of evidence specific to the cultural group; delivery in the dominant language; relevance to the cultural values, beliefs and behaviors of the cultural group; and involvement of group members in the delivery of the intervention. Such culturally specific modifications to evidence-base tobacco cessation interventions are promising practices. |
| 3. **Quitting Tobacco in Pregnancy (QTiP): An Innovative Incentive Model** |
| Jennifer Webster, Lane County Public Health; Katharine Carvelli, Trillium Community Health Plan |
| Rates of tobacco use during pregnancy are disproportionally high for low-income women in Lane County. Trillium Community Health Plan has partnered with Lane County Public Health to offer a tobacco cessation program for pregnant women that includes regular carbon-monoxide monitoring, counseling sessions and incentives for cessation. Now in its third year, preliminary data suggests QTiP is helping women to quit tobacco use during pregnancy and may be helping women to remain quit postpartum. |
| 4. **BecomeAnEx: A Digital Health Resource for Reducing Tobacco Prevalence** |
| David Price, Ph.D., and Kathleen Nickel, CHI Mercy Health |
| BecomeAnEX is an established technology platform that provides immediate scale and improves reporting of market-level efforts to reduce tobacco use in Douglas County. BecomeAnEX was developed through a partnership between Truth Initiative and the Mayo Clinic's Tobacco Dependence Center, and uses evidence-based clinical practice and a thriving online community of ex-smokers to deliver highly effective quit rates. Using a website and mobile-phone texting practice, BecomeAnEX provides smokers with an action plan and supporting information that will help them re-learn life without tobacco. Truth Initiative produces the nationally recognized truth and public education campaign, authors rigorous scientific research and policy studies, and delivers innovative community and youth engagement programs across the US. |
| **5. Increasing E-referrals to Tobacco Cessation Services** |
| Nancy Goff, Oregon Health Authority Public Health Division; Gina Bianco and Paula Weldon, Reliance e-health Collaborative; Penny Pritchard, Deschutes County; Kris Williams, Crook County |
| In this informal roundtable discussion, we will share national trends in embedding electronic referral systems (e-referrals) to tobacco cessation programs into electronic health records and other health information technology systems. Representatives from Oregon sites beginning to implement these systems will be present. Participants are welcome to bring their questions about getting started on e-referrals at their own CCO so we can brainstorm solutions together. |

# Café Session 1: Table topic descriptions

**Round 1: 10:05-10:35 a.m. / Round 2: 10:35-11:05 a.m. / Round 3: 11:05-11:35 a.m.**

## Reducing emergency department (ED) use with a focus on behavioral health (Willamette Room B)

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| 1. **Introduction to 2018 CCO Equity Measure: ED Utilization Amongst Those with Severe, Persistent Mental Illness** |
| Ken House, M.S., Mosaic Medical; Sara Kleinschmit, M.Sc., Oregon Health Authority (PacificSource-Central Oregon) |
| The Metrics and Scoring Committee has been discussing options for incentivizing CCOs to focus on increasing health equity and chose to add an equity incentive measure for CCOs beginning in 2018: ED utilization among those with severe, persistent mental illness (SPMI). |
| 2. **Embedding Social Workers in Emergency Medical Services to Impact ED Utilization in the Tri-Counties** |
| Alison Goldstein, L.C.S.W., Multnomah County Health Department; Paul Bollinger, M.P.H., Health Share of Oregon |
| The Tri-County 911 Service Coordination Program (TC911) serves Clackamas, Multnomah and Washington County residents who frequently use emergency medical services (EMS) when other services are more appropriate. EMS social workers help their clients through short-term intensive interventions, such as multi-system care coordination and case management. TC911 evaluations consistently show reductions in ED visits (by 41%) and inpatient admissions (by 21%) after clients were served. Total costs were also significantly reduced by an average of $10,644 per person annually. TC911 currently holds contracts with two coordinated care organizations, Health Share of Oregon and FamilyCare, Inc. TC911 collaboration and partnerships with ambulance, fire, police, Aging and Disability Services, primary care clinics, mental health and addictions providers, region hospitals and payers across three counties have been instrumental to its success. |
| 3. **Strategies for Reducing ED Utilization** |
| Diane Barr, R.N., and Shelly Morton, M.A., Cascade Health Alliance |
| We will discuss programs and strategies to help reduce ED utilization of Cascade Health Alliance members with a focus on behavioral health. We will touch on wraparound, mobile crisis and other interventions we have implemented. |
| 4. **Reducing ED visits Related to Suicidality** |
| Kathy Savicki, L.C.S.W., Mid-Valley Behavioral Care Network; Ann-Marie Bandfield, M.S.W., Marion County Psychiatric Crisis Center (Willamette Valley Community Health) |
| Mid-Valley Behavioral Care Network has implemented network-wide use of Collaborative Assessment and Management of Suicidality, an evidence-based practice, which makes a major paradigm shift in how we respond to suicide risk. Using this tool in outpatient settings and a crisis center following presentation in the ED has resulted in a marked reduction in the number of ED visits flagged as related to suicidality at Salem Hospital. |
| 5. **Using Doulas to Enhance a New Mother's Confidence During Their Newborn's First Year of Life** |
| Maegan Pelatt, Sandra Clark and Anna Jimenez, M.D., FamilyCare, Inc. |
| African-American infants in the first year of life have increased use of the ED. We will show that using a doula model of care during pregnancy and up to an infant's first year of life will decrease use of the ED for the infant. |
| 6. **A Machine Learning Approach to Preventing Avoidable ED Utilization** |
| Robert Reynolds, M.P.H., Ph.D., and Melissa Miller, M.S., FamilyCare, Inc. |
| We present an analytic strategy that provides a better understanding of the drivers of avoidable ED utilization than would traditional actuarial analysis. Drawing on methods from machine learning, geographic information system (GIS) and statistics, we demonstrate how to use the results to inform interventions. |

# Café Session 2: Table topic descriptions

**Round 1: 1:15-1:45 p.m. / Round 2: 1:45-2:15 p.m. / Round 3: 2:15-2:45 p.m.**

## Increasing effective contraceptive use to reduce unintended pregnancy (Croisan Creek Room)

| 1. **CCO and Public Health Partnership** |
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| Jennifer Kowalczyk, W.H.N.P., Josephine County Public Health (AllCare CCO) |
| This presentation will discuss the public/private partnership between AllCare CCO and Josephine County Public Health. The county was unable to financially maintain sufficient staffing to manage the family planning/STI/immunization clinic. A contract was developed between the county and AllCare CCO to subcontract out the clinical service piece of the health department, thereby ensuring that family planning, sexually transmitted infection and immunization services could continue to be offered. |
| 2. **Screening with One Key Question** |
| Hannah Rosenau, Oregon Foundation for Reproductive Health |
| An emerging best practice, One Key Question (OKQ) is a ground-breaking initiative designed to introduce pregnancy intention screening into routine care. OKQ reframes the conversation, is patient-centric, and dramatically increases women's access to preventive reproductive health services (contraception and/or preconception care) to help ensure patients are supported in their goals for if and when to become pregnant. |
| 3. **Expanding Access to Long-Acting Reversible Contraception (LARC) in Washington's North Sound** |
| LeeChe Leong, North Sound Accountable Community of Health |
| Research shows that women and families are healthier when women choose if and when to become a parent. Across Washington State, over 70% of pregnancies resulting in births among women 24 and under are unintended. However, many primary care providers lack the training to provide the most effective long-acting methods of contraception considered "top tier" by the CDC and WHO. As Washington's first Accountable Community of Health, the North Sound had to identify an "early win" on an accelerated timeline. The five counties comprising the North Sound in Washington state identified prevention as a priority and chose "Prevention via LARC" as our first regional collaboration. The focus to date has been on provider training inclusive of a) client-centered contraceptive counseling best practices, b) reproductive life planning and clarifying pregnancy intentions and c) inserting or implanting LARCs. This presentation will discuss progress, challenges and lessons learned. |
| 4. **Development of Guidance and Self-Assessment Tool for the Provision of Contraception Services** |
| Emily Elman, M.P.H., Oregon Health Authority Reproductive Health Program; Helen Bellanca, M.D., Health Share of Oregon (both members of the Oregon Preventive Reproductive Health Advisory Council) |
| The *Oregon Guidance for the Provision of High-Quality Contraception Services: A Clinic Self-Assessment Tool* was developed and finalized by the Oregon Preventive Reproductive Health Advisory Council, a public-private partnership, this spring for use in primary care and family planning clinical settings. The purpose of the self-assessment tool is to define and encourage the adoption of standards for providing high-quality preventive contraception services. Both the tool and the accompanying strategies and resource guide are intended for clinics to assess their current status and identify areas for improvement. Completion of the self-assessment tool offers clinics the opportunity to highlight and communicate their strengths to both their patients and communities. Although the tool has just been introduced for broad use, it is anticipated that using this tool will help clinics identify areas for improving their contraceptive services, strengthen ties to other community providers offering contraception services, and improve performance on the effective contraceptive use CCO incentive metric. |

# Café Session 2: Table topic descriptions

**Round 1: 1:15-1:45 p.m. / Round 2: 1:45-2:15 p.m. / Round 3: 2:15-2:45 p.m.**

## Reducing tobacco prevalence (Willamette Room A)

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| 1. **Sustaining Tobacco Abstinence Among Women Who Quit During Pregnancy** |
| Mackenzie Petersen, M.S.W., Sandra Clark and Anna Jimenez, M.D., FamilyCare, Inc. |
| Data show that many women who quit tobacco in the first trimester restart in the third trimester or postpartum. Working with our OB partners, we incentivized a clinic to continue screening and treating at other trimesters and postpartum. Innovative treatment strategies are also in place to continue abstinence. |
| 2. **Freedom from Smoking** |
| Kerri Burke and Amin Surani, R.Ph., Cascade Health Alliance |
| This project aims to reduce smoking prevalence in the community by addressing behavioral changes and providing supportive services and programs for achieving this objective. Enrollees attend a weekly class for seven weeks that focuses on identifying triggers and studying various coping mechanisms. |
| 3. **Public Health and CCO Partnership for Success: Addressing Disparities through a Tobacco Cessation Media Campaign** |
| Christy Inskip, M.P.H., C.H.E.S., Lane County Public Health (Trillium Community Health Plan) |
| Through the Lane County Public Health and Trillium Community Health Plan partnership, Trillium invested in tobacco cessation by providing funding to expand the OHA cessation media campaign in Lane County to reach populations experiencing tobacco disparities. The campaign effectively led to increased calls to the Quit Line. |
| 4. **Implementing Closed-Loop Quit Line Referrals in Rural Columbia County, Oregon** |
| Jackie Litzau, Public Health Foundation of Columbia County (Columbia Pacific CCO) |
| The Public Health Foundation of Columbia County created a multi-stakeholder work group to increase utilization of the Oregon Tobacco Quit Line by piloting closed-loop clinical referrals to the Quit Line. Using various quality improvement tools and state-led learning institutes, the work group developed workflows, piloted them, and continuously evaluated and improved upon them. |
| **5. Exploring Barriers to Smoking Cessation for Pregnant Women and New Mothers** |
| Stephanie Machado, M.P.H., Oregon Tech, OHSU Campus for Rural Health-Klamath; OHSU students (Cascade Health Alliance) |
| In Klamath County approximately 19% of women smoke during pregnancy compared to 10% in Oregon. While many tobacco cessation options are available in Klamath County, few pregnant women utilize these resources. Through the OHSU Campus for Rural Health-Klamath Interprofessional Experience Course, students, under the guidance of faculty, have conducted 10-20 qualitative interviews with pregnant women and new mothers who smoked during pregnancy to explore barriers to tobacco cessation and perceptions of tobacco cessation resources. This presentation will include preliminary results. The full report, expected in June, will inform the development of tobacco cessation interventions for this population. |

# Café Session 2: Table topic descriptions

**Round 1: 1:15-1:45 p.m. / Round 2: 1:45-2:15 p.m. / Round 3: 2:15-2:45 p.m.**

## Reducing emergency department (ED) use with a focus on behavioral health (Willamette Room B)

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| 1. **Reducing ED Utilization Using Emergency Department Information Exchange (EDIE)/PreManage** |
| Susan Kirchoff, R.N., Oregon Health Leadership Council; Britteny Matero, OHA Office of Health Analytics |
| The Emergency Department Information Exchange (EDIE) and PreManage are web-based communication tools that provide real-time information to support statewide efforts to reduce ED utilization, improve care coordination and management. This presentation will include a brief overview of EDIE/PreManage (including financing and goals) and what folks in Oregon are doing both in general to reduce ED utilization and specifically with behavioral health (including demonstrated outcomes and enhancements in care coordination, challenges and lessons learned). |
| 2. **ED Utilization Reduction** |
| Will Brake and Claudia Pohling, AllCare CCO |
| Using a multi-disciplinary process, AllCare has been successful in reducing ED visits through alternative payment model incentives, care coordination outreach to high-utilizing members, providing primary care providers with lists of high-utilizing members, partnerships with urgent care centers, patient education, an opiate reduction program, partnerships with sobering centers, an outreach program for the SPMI population and a future focus on the American Indian population. AllCare has been successful in obtaining one of the lowest ED rates in the state. |
| 3. **Intensive Case Management for High ED Utilizers: Transforming Care to Serve Non-traditional Members** |
| Heather Kuntz, R.N., and Joseph Gardiner, L.C.S.W., Kaiser Permanente Northwest (Health Share of Oregon) |
| To improve patient care and reduce ED utilization (6+ ED visits/6 months), Kaiser Permanente Northwest implemented an interdisciplinary ED Intensive Case Management Team to serve non-traditional members who have significant non-medical needs. Our theory is that health systems must abandon traditional models of care for a more fluid, customized model of wraparound care for these members. This approach requires developing multi-disciplinary health care teams that think outside of the box; engage directly with the member to understand their unique challenges; provide a compassionate plan of care; and connect the member with a support team (PCP, social worker, mental health case manager, peer support, specialists, county/state resources and family/caregivers) that addresses their health care needs in a meaningful and effective way. Core teams must communicate the plan of care, partner with the member, be consistent, follow up, stay connected and persevere. |
| 4. **Trauma History and Extensive Service Use: Strategies for Prevention** |
| Maggie Bennington-Davis, M.D., and David Labby, M.D., Ph.D., Health Share of Oregon |
| As part of an effort to understand the root causes of heavy service utilization and poor outcomes, Health Share of Oregon undertook a retrospective of the life course experiences of approximately 50 individuals with a pattern of heavy service use, finding that these individuals had extensive trauma histories. We subsequently designed approaches to more successfully engage and serve these individuals in a variety of settings. Nearly 4000 Medicaid members are now in the Life Course study. Dr. Bennington-Davis and Dr. Labby will discuss this work and its application for prevention and treatment planning. |
| 5. **Lane County Child ED Diversion Pilot** |
| Ellen Thornton-Love, L.C.S.W., and Carla Ayers, L.C.S.W., Lane County Behavioral Health (PeaceHealth, Oregon Family Support Network, Trillium Community Health Plan) |
| This project aims to reduce boarding time for youth presenting to the PeaceHealth University District ED with serious mental health crisis and to reduce readmission after discharge. Funding will be allocated to support an ED Diversion Team. Through subcontracts with community-based providers, ED staff will have access to a family peer support specialist and a family navigator (qualified mental health associate level). The family peer support specialist will respond within four hours of youth presenting to the ED during high-usage days/hours. This initial engagement with the family/caretaker for the presenting youth will lead to a next-business day appointment with the family navigator. This team will work with the ED staff to provide care and support needed for presenting youth to return home. Up to 35 youth and their families/caretakers will be served between February 15, 2017 and June 30, 2017. |