Coordinated Cross-Sector Approach to Sustaining Evidence-Based Health Education Programming

OREGON PUBLIC HEALTH ASSOCIATION CONFERENCE
OCTOBER 8TH, 2018
Why Health Education?

• For patients with chronic conditions, evidence based health education workshops have been shown to reduce disease symptoms, increase physical and social activity and improve quality of life.

• Improving patient self-management skills through health education has been shown to improve patient health outcomes resulting in healthcare savings.
  ◦ reduce overall healthcare utilization
  ◦ decrease emergency department visits
  ◦ decrease hospitalizations
  ◦ decrease prescription drug use
History

- 2005: CDC agreement with HPCDP
- 2006: SHS manages LWCC
- 2007: Benton County embeds health navigators and referral process
- 2008: ARRA grant
- 2009: ARRA grant
- 2010: County CHAs and/or CHIPs identify need for chronic disease self-management programming
- 2011: Benton County leads Tomando Control in Linn and Benton Counties
- 2012: Healthy Communities grant (Benton, Linn)
- 2013: Strategies for Policies And environmental Change, Tobacco Free (SPArC)
- 2014: Regional Healthy Communities Steering Committee formed
- 2015: Benton County forms Regional Self-Management Group
- 2016: Benton County formalizes referral pathways via EHR
- 2017: SHS Health Education Department formed
- 2018: IHN-CC and county-level CHIPs strategically align with several of OHA’s key CCO Incentive Measures

Additional grants and initiatives:
- Healthy Communities grant (Benton)
- Healthy Communities grant (Benton, Linn)
- HRSA Enabling Services for Special Populations grant
- Providence Community grant
- ARRAs
- Providence Community grant
- Healthy Communities grant (Benton, Linn)
- Community Prevention Program (CPP) grant
- Sustainable Relationships for Community Health grant
- Regional Healthy Communities grant
- IHN-CCO and county-level CHIPs
- Regional Healthy Communities Steering Committee
- IDH-CCO
- Chip identifies chronic disease as priority area
- SHS Health Education Department
Regional Health Education Hub Pilot (RHEHub)

Purpose:

◦ Establish a centralized, region-wide health education hub

◦ Easily access a range of health education offerings in Linn, Benton, and Lincoln County region
Regional Health Education Hub Pilot (RHEHub)

Vision:
The hub can be relied on to support community partners and providers by:

- Providing relevant evidence based health education programming that meets community needs
- Connecting participants with appropriate workshops and community trainings
- Leveraging resources and not duplicating efforts
Pilot Goals

• Increase participation
• Decrease barriers
• Decrease administrative burden
• Explore integration of referrals and data into electronic health records
• Establish a payment model
Health Education & Engagement Supervisor (Kacey Urrutia)

Health Education Coordinator - Mental Health (Hilary Harrison)
- Connect suicide postvention
- Mental Health First Aid
- Question, Persuade, Refer (QPR)
- Trauma Informed Care

Health Education Coordinator - Self Management Workshops (Karen Douglas)
- Living Well With Chronic Conditions
- Living Well With Chronic Pain
- PainWise First Steps
- Freedom From Smoking

Regional Health Education Hub Coordinator (Erin Sedlacek)
- Grant Coordination
- Works with internal and external partners to increase access to evidence based health education programming options

Bilingual Health Education Coordinator – Self Management Workshops
- DPP: Prevent T2 (English/Spanish)
- Tomondo Control de su Salud
- Provide coordination of regional programming

Monolingual Health Education Hub Assistant (Haleigh Gallegos)
- Assists the team in logistics of Hub work
- Schedules rooms, registration, reminder calls, prepare facilitator supplies, etc...

Grant Coordination

DPP: Prevent T2 (English/Spanish)
# Current Workshops and Trainings

<table>
<thead>
<tr>
<th>GROUP WORKSHOPS</th>
<th>TRAINING OPPORTUNITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Freedom from Smoking</td>
<td>• Mental Health First Aid</td>
</tr>
<tr>
<td>• Living Well with Chronic Conditions</td>
<td>• Connect Suicide Postvention</td>
</tr>
<tr>
<td>• Living Well with Chronic Pain</td>
<td>• Question, Persuade, Refer</td>
</tr>
<tr>
<td>• PainWise First Steps*</td>
<td>• Trauma Informed Care</td>
</tr>
<tr>
<td>• Prediabetes Prevent T2 (Lincoln)</td>
<td></td>
</tr>
<tr>
<td>• Tomando Control de su Salud (Linn and Benton)</td>
<td></td>
</tr>
</tbody>
</table>

*Samaritan Health Services developed program
Referral Flow

Hub Assistant connects participant with appropriate workshop (availability, location, time)

Call
1 (866)-243-7747
1 (541)-768-6811

Email
SHSHealthEd@SamHealth.org

Online
https://www.samhealth.org/health-services/classes-and-events

EHR/EMR
SHS Providers - EPIC Partners - CERM/RHIC

10
Partners in the Regional Health Education Hub Pilot
CCO Funding and System Transformation

Three main funding streams

◦ Claims
◦ Administrative or health related services

AND:

Transformational projects

◦ Pilot projects chosen through a competitive process
◦ Must include community partnerships, improving health outcomes, and focus on health equity
◦ And many other requirements...

RHEHub: Build infrastructure to improve health and wellness class access for IHN-CCO members
Samaritan Health Services
Linn County

Vision for Regional Health Education hub collaboration:

- Integrated treatment with behavioral health and physical health
- Easy access resource for the community
- Collaboration and coordination streamlined
Benton County Health Services

• Provided technical consultation to hiring process for bilingual, bicultural staff

• Planning, preparation, and logistical coordination for Tomando Control training for the facilitators/leaders

• Review, update, and translate marketing materials into Spanish

• Begin planning and review of referral protocols and policies

• Deliver the first Tomando Control workshop in Winter 2019
Lincoln County

• Assists with capacity building
  ◦ Centralized
  ◦ Administrative support
  ◦ Marketing

• Increase chronic disease prevention

• Strengthen partnerships with community partners
Oregon Cascades West Council of Governments

- Connecting Aging & Disability Resource Connection (ADRC) for integrating referral mechanisms

- Extending the relationship OCWCOG has as the Area Agency on Aging (AAA) with the Oregon Wellness Network (OWN) to access contracting and billing economies of scale

- Identifying opportunities to provide Older Adult Behavioral Health Specialist(s) networks and trainings, and/or investing available evidence-based funding
Driving Innovation in Whole-Person Care
Collect, Share, and Act on Community-Wide Health Information
Outcomes

• Cooperative agreements established with all partners

• Increased participation from:
  ◦ Increase in referrals from 245 to 523
  ◦ Increase in providers referring from 54 to 118

• Decrease barriers through:
  ◦ Creation of a single phone number and email address
  ◦ Offer workshops based on community need
  ◦ Workshops held in a variety of settings
  ◦ Free transportation
Outcomes

• Decrease administrative burden
  ◦ Increase in types of available workshops and trainings from 6 to 7
  ◦ Organizational roles and responsibilities identified and processes developed and implemented

• Data and referral integration
  ◦ Care Everywhere Referral Management build

• Payment model
  ◦ Oregon Wellness Network contract development
  ◦ Alternative payment methodology exploration
Contact

Erin Sedlacek
Regional Health Education Hub Coordinator
Esedlacek@SamHealth.org

Health Education Team
SHSHHealthEd@SamHealth.org