Olympic Community of Health

Access to the Full Spectrum of Care Action Collaborative

August 17th, 2022; 1:00-2:30 pm

See calendar invite for meeting location and zoom link

UPDATED COVID Protocol: *To best protect and honor everyone's safety, county and venue-specific safety precautions are followed at all OCH events. At this event the following safety precautions will be followed:*

- *In alignment with venue protocols, masks will be optional.*
- *OCH encourages participants to take additional safety precautions as they aid in personal comfort.*
- ***Please note OCH is no longer requiring proof of vaccination for in-person attendance***

Purpose

The purpose of the access to the full spectrum of care action collaborative is to create a 4-year action plan (2023-2026) with organizational, Tribal, community, and regional actions to advance this focus area including: a regional result, indicators, target population, and both near- and long-term actions. At the end of 2022, the four action collaboratives will come together to present to the OCH Board of Directors on progress and plans for the upcoming year.

Meeting objectives

1. Review inputs and work to date
2. Prioritize actions

Agenda

Item		Topic	Lead	Purpose	Attachments
1	1:00-1:15pm	Welcome & Introductions	Miranda	Welcome, connecting	1. May 18 meeting summary
2	1:15-1:25pm	Grounding in process	Miranda	Grounding in journey to date, what's happening today, and next steps	
3	1:25-1:45pm	Summary	Miranda & Ayesha	What's missing from the actions	2. DRAFT summary 3. Access to Care Situational Overview
4	1:45-2:25pm	Prioritizing actions	Miranda & Ayesha	Refine and prioritize actions considering, what's missing, what benefits from a collective regional response, impact, and ease	
5	2:25-2:30pm	Next steps	Miranda		Olympic Action Collaboratives 2022 Meeting Schedule

Olympic Community of Health
Meeting Summary
Access to Care Action Collaborative

Date: 5/18/2022	**Time:** 1-2:30	**Location:** Port Gamble S'Klallam Tribe & Zoom
Attended: Brian Boyer, Nicolina Miller, Hatsi Trevathan, Kate Ingman, Jennifer Kreidler-Moss, Karla Cain, Susan Buell, Shannon Re, Kathy Morgan, Tanya MacNeil, Michelle Mathiesen, Sherry Churchill, Jennifer Johnson-Joefield, Melanie Koskela **Staff and Contractors:** Ayesha Chander, Ren Mack-Hazelwood, Celeste Schoenthaler		
Purpose The purpose of the access to care action collaborative is to create a 4-year action plan (2023-2026) with organizational, Tribal, community, and regional actions to advance the focus area including: a desired regional result, indicators, target population, and both near- and long-term actions. At the end of 2022, the four action collaboratives will come together to present to the OCH Board of Directors on progress and plans for the upcoming year.		
Topic	**Discussion/Outcome**	**Action/Next Steps**
Welcome, introductions, housekeeping	• Group introductions	N/A
Indicator themes	• Ayesha reviewed the work from the last meeting. Staff created categories for the indicators that were derived in April and the group was asked to consider what is missing, what resonates, and what benefits from a collective regional response. • The group added notes to a google doc that staff will further compile.	Staff will flesh out the indicators and will bring a simplified version back to the group.
Moving to actions	• Celeste moved the group on to start to think about actions and target populations to achieve the result. • Participants were asked to individually come up with 3-5 bold ideas and populations to focus on. • The group discussed together and provided ideas including a youth to employment program, OCH helping to serve in the recruitment space, the notion of focusing on one aspect of access and/or one population group, an idea about developing a system for providers and patients to learn quickly and in real-time about available beds or space at urgent care clinics, and a general population survey.	Staff will compile the ideas and bring something back to the group to further flesh out.

Next steps	• Next meeting is June 21, 1-2:30 at Peninsula Behavioral Health.	Don’t forget to block travel time.

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Access to Care Action Collaborative

Result statement - Access to the right care and services at the right time and place.

Possible indicators *(will be selected based on prioritized actions)* –

- Percent insured
- Wait times to accessing needed care
- Number of professionals in health-serving workforce
    - Culturally competent workforce (bi-lingual, culturally diverse, etc.)
    - Primary care provider rates
    - Dental health care rates
    - Behavioral health (mental health and SUD) provider rates
    - Time from referral to appointment
- Indicators of health and wellness:
    - Physical activity rates
    - Obesity rates (youth and adult)
    - Depression rates
    - Anxiety rates
    - Chronic pain rates
    - ED visits
    - Community connectedness
- Patient/client satisfaction
- Percent of folks receiving care needed
- Addressing determinants of health:
    - Transportation
    - Food security
    - Affordable childcare
    - Employment rates
    - Device and internet access

Possible populations of emphasis –

The population of emphasis includes the Olympic region general population. Specific action items may include further refinement and detail of specific populations of emphasis which may include:

- Medicaid, Medicare, underinsured
- Behavioral health (mental health and SUD)
- Pregnant, postpartum, and actively parenting
- Unhoused
- Youth
- Those not accessing care or avoiding care

Possible actions *(for prioritization)* –

Coverage	• Identify top barriers to obtaining coverage (underinsured and uninsured) • Increase community knowledge of insurance and coverage • Advocate for policies changes regarding Medicare and access to mental health and SUD services
Services	• Build out community resources that support addressing the determinants of health • Create systems to identify high-utilizers and opportunities to support at lower levels of care • Create localized community education materials to help community members seek the appropriate levels of care (ER vs. urgent care vs. primary care; preventative vs. reactive) • Advocate for affordable interpreter services
Timely and efficient care	• Conduct regional assessment of community needs and barriers to accessing care • Advocate for reliable, full-service public transportation system that enables the community to access needed care, including essential errands • Leverage existing resources to ensure universal internet and device access • Create effective workflows (referrals, resources, linkages) between hospitals, providers, and community-based organizations to meet client needs and prevent readmittance • Increase availability of urgent care • Coordinate mobile clinics throughout the region to expand access • Promote partner and community awareness of mobile clinic access • Increase telehealth and telepsychiatry • Promote bi-directional integration within mental health services and primary care • Enhance access to well child visits • Ensure timely, appropriate care and resources for youth experiencing mental health
Workforce	• Establish workforce recruitment tools, including health care career pathways (admin and clinical) • Partner with schools to address local workforce shortages • Meaningfully engage youth through internships, job shadowing, career fairs, technical training, etc. to build the next generation of the health-serving workforce • Coordinate regional health-serving workforce recruitment • Advocate for reimbursement rates that support competitive wages for the workforce • Explore alternative working models, including co-location and employee sharing

Notes: 1) SUD specific actions are included in the Together, Recovery is Possible scope of work. 2) Individual needs actions are included in the Individual needs scope of work. 3) Housing specific actions are included in the Everyone Housed scope of work.

Resources needed to facilitate success as we pursue possible action items -

- Shared community goals
- Communication and partnership between and among partners
- Curious about the infrastructure to sustain services, to keep things together. How to work individually as an org AND collaborate across the region.
- Collective energy (providing training sites and training opportunities given as an example). Shared spaces, shared training resources, relationship development.
- Convene relevant partners, such as schools, housing, law enforcement, EMS, food bank, transit, as well as healthcare and community organizations.

Olympic COMMUNITY of HEALTH

Appendix 2: Access to the full spectrum of care

Situational Overview

Partners of Olympic Community of Health (OCH) hold a common vision for a region of healthy people, thriving communities – which includes access to the full spectrum of care - physical, behavioral, dental, specialty, and social services. Access to care encompasses **coverage** which facilitates entry into the health care system; having needed **services**, especially those recommended for screening and prevention; the ability to access care **timely** and efficiently; a capable, qualified, culturally competent health care **workforce**. An equitable system also reduces barriers including language, transportation, and internet access.

OCH can maximize current efforts, identify gaps, and promote solutions that meet the unique needs of each community. OCH aims to leverage collaborative action to increase access to the full spectrum of care.

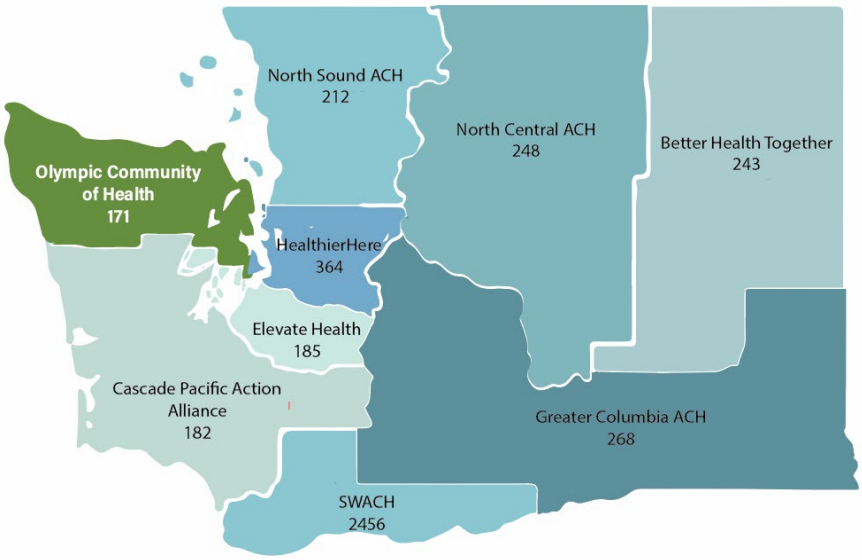
Background

It is estimated that about 20% of health is related to access and quality of health care. Barriers that prevent or limit access can increase poor health outcomes.

At a glance	Clallam	Jefferson	Kitsap	WA State
All-cause ED visits per 1000 member months: Age 18-64 years (Medicaid only)[1]	62.5	53.4	87.3	67.1 (lower is better)
Utilization of Dental Services: Age 21+ Years (Medicaid only) [2]	26.0	21.0	26.3	27.5 (higher is better)
Well-Child Visits: 3-6 Years (Medicaid only)[3]	59.1	55.6	66.9	66.8 (higher is better)
SUD Treatment Penetration: Age 18-64 Years (Medicaid only)[4]	46.1	35.2	31.0	38.7 (higher is better)
Percent of uninsured citizens [5]	7.6	5.5	4.9	6.6 (lower is better)
Percent of students reported *not* having a check-up or physical exam with a healthcare provider when not sick or injured [6]	29.4	28.1	22.4	20.4 (lower is better)

Workforce constraints impact the ability to offer the full spectrum of services. Each county in the Olympic region is designated as a Mental Health Professional Shortage Area and recruitment and retention are common challenges across all health services. In 2019, the OCH region had the lowest rate of overall physician supply at 171 physicians per 100,000.[7]

Overall Physicians per 100,000 population, ACHs, 2019



Olympic COMMUNITY of HEALTH

Examples of Current efforts

Organization	County	Program/Project Description
Jefferson Healthcare, North Olympic Healthcare Network, Peninsula Community Health Services	Clallam, Jefferson, Kitsap	Since 2019, the region added **30 new dental chairs** across three health systems which provide new access for those on Medicaid or no dental coverage. Three of the chairs were added via PCHS's mobile dental unit.
Kitsap Medical Group	Kitsap	Kitsap Medical Group contracts to offer **telepsychiatry to meet the growing needs of their patients**. Telepsychiatry has allowed patients to access appropriate behavioral health services in a timely and coordinated manner.
Peninsula Behavioral Health	Clallam	Peninsula Behavioral Health, a mental health agency, integrates **primary care services for clients with severe mental illness** who would otherwise face barriers in accessing routine physical health care.
Port Gamble S'Klallam Health Clinic	Kitsap	The Tribe provides telehealth services, which allows counselors and Medication Assisted Treatment providers to provide **individual and group services via telehealth**. Telehealth has been implemented across primary care and behavioral health services.
First Step Family Support Center	Clallam	First Step, a social services provider, helps to **reduce barriers to accessing care** by providing transportation for clients, particularly those on the rural west end of Clallam County.
Olympic Community of Health	Clallam, Jefferson, Kitsap	OCH released a regional **behavioral health report**, detailing the current state of behavioral health in the region, current gaps, and opportunities.

Major gaps

- The Olympic region has **significant workforce shortages** impacting all health-serving sectors. This persistent shortage includes difficulties in recruitment and retention of a qualified workforce. Disparities in reimbursement for behavioral health services compared with primary care, limit the ability of behavioral health agencies and substance use disorder providers to offer competitive pay. Kitsap county employers compete with Pierce and King County compensation.
- Lack of **reliable and efficient transportation** can lead to delayed or skipped medication, missed appointments, and postponed care. Public transportation is severely limited throughout most of the Olympic Peninsula. It is common for community members to travel to Bremerton and Seattle, four to five hours one-way by private vehicle from the West end of Clallam and Jefferson counties to access specialty care.
- Many communities across the Olympic region are without **broadband internet access**, particularly in rural areas of Jefferson and Clallam counties. And some communities with internet access have ineffective and slow connections as well as limited choice of service providers, resulting in difficulty accessing remote services. 3% of Kitsap residents do not have access to broadband compared with 15% and 17% in Clallam and Jefferson, respectively.

Example activities

- Support and increase effective and meaningful **community-clinical linkages** throughout the region to link people to a variety of needed services.
- Increase access to services including **dental, medical, behavioral, and social needs** through innovative and tailored solutions such as mobile services, pop-up clinics, integrated partnerships, and telehealth.
- Support and build upon efforts to achieve **patient-centered, bi-directional integrated care** between primary care and behavioral health.
- Implement strategies that **increase the number of qualified health professionals** such as increasing professional development opportunities and advocating for sustainable, fair reimbursement rates.
- Collaborate with local elected officials to advocate for **expanded broadband** to improve access and effectiveness of telehealth and digital registration for health care appointments in addition to improving the quality of life for community members.
- Work with health systems and transportation providers to **identify and address transportation gaps**.

References

[1] Healthier Washington. (2020, March 31*). Measure Explorer & Trend Dashboard.*

[2] Ibid.

[3] Ibid.

[4] Ibid.

[5] United States Census Bureau. (2019*). Health: 2019 American Community Survey 1-Year Estimates.* Accessed 8/4/21

[6] Washington State Department of Health (2018). *Healthy Youth Survey.*

[7] Office of Financial Management. (April 2020). *2018-2019 Physician Supply Estimates for WA State, Counties, and ACHs.* *https://www.ofm.wa.gov/sites/default/files/public/dataresearch/healthcare/workforce/physician_supply_2018-19.pdf*