

Olympic Community of Health
Access to the Full Spectrum of Care Action Collaborative
May 18th, 2022; 1:00-2:30 pm

See calendar invite for meeting location and zoom link

COVID-19 protocol: To best protect and honor everyone's safety, county and venue-specific safety precautions are followed at all OCH events. Details for this event:

- *In alignment with venue protocols, masks will be required.*
- *OCH is requiring proof of up-to-date COVID-19 vaccination for in-person attendance, in support of the health-serving workforce. Up-to-date means fully vaccinated and have received a booster dose if eligible.*
- *OCH encourages participants to take additional safety precautions as they aid in personal comfort.*

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

- Identify indicator themes
- Identify target populations
- Brainstorm creative solutions & projects

Agenda

| Item | | Topic | Lead | Purpose | Attachments |
|------|-------------|--|---------|---|---|
| 1 | 1:00-1:15pm | Welcome & Introductions | Celeste | Welcome, connecting | 1. April 27 meeting summary |
| 2 | 1:15-1:50pm | Indicator themes | Ayesha | What resonates, what's missing, what will benefit from a collective regional response | 2. Summary of indicator themes |
| 3 | 1:50-2:20 | Moving to actions | Celeste | Brainstorming big ideas | 3. Access to Care Situational Overview |
| 4 | 2:20-2:30pm | Action items and confirm next meeting: June 21, 1-2:30, North Olympic Healthcare Network | Ayesha | | Olympic Action Collaboratives 2022 Meeting Schedule |

Olympic Community of Health

Meeting Summary

Access to Care Action Collaborative

| Date: 4/27/2022 | Time: 1-2:30 | Location: Jefferson County Extension & Zoom |
|---|---|---|
| Attended: Brian Boyer, Nicolina Miller, Hatsi Trevathan, Jennifer Wharton, Jennifer Kreidler-Moss, Karla Cain, Kelly Thompson, Sara Irish, Paul Cunningham, Susan Buell, Wendy Sisk, Shannon Re, Kathy Morgan, Tanya MacNeil, Stacie Neff, Michelle Mathiesen, Lucritia Stansbury Staff and Contractors: Ayesha Chander, Miranda Burger, Drew Gilliland, 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 | <ul style="list-style-type: none"> Group introductions | N/A |
| Summary of kickoff & milestones | <ul style="list-style-type: none"> Ayesha reviewed the summary from the March kickoff and participants discussed their key takeaways from that event. Ayesha reviewed the planned milestones and process for the group for 2022. | N/A |
| Group charter | <ul style="list-style-type: none"> Celeste reviewed the draft group charter | Thumbs up from all participants, group charter approved as-is. |
| Finalize a universal regional result | <ul style="list-style-type: none"> Celeste & Ayesha provided a high-level overview of targeted universalism and a reminder of the components of a universal result statement The group reviewed the summary from the March meeting with draft result statements. Participants further fleshed out result statements in small groups. In the large group, there was discussion about coverage and how that fits into the access discussion. | Group agreement on the following result statement: Access to the right care and services at the right time and place. |
| Exploring indicators | <ul style="list-style-type: none"> Ayesha provided an overview of indicators, and the group reviewed a situational overview that was prepared during the strategic plan development. | OCH will compile the information gathered and will bring a proposal to the next meeting. |

| | | |
|------------|---|------------------------------------|
| | <ul style="list-style-type: none"> Participants individually responded to questions to help guide next steps for indicators (worksheet for roomies, survey monkey for zoomies) | |
| Next steps | <ul style="list-style-type: none"> Next meeting is May 18, 1-2:30pm at the Port Gamble S'Klallam Wellness Center | Don't forget to block travel time. |

Universal result: *Access to the right care and services at the right time and place.*

Milestone: Select indicators

At the April 27th meeting, attendees spent time brainstorming possible indicators. The following themes emerged:

Care when you need it:

- Everyone has a PCP to help manage their care and health
- Timely appointments available; no waiting lists for clinic access; less/no wait time to access care in various settings
- Enhanced access to well child visits
- Increased SUD treatment penetration
- In-person and virtual behavioral health and psych visits available
- Fewer ER visits, especially in Kitsap because of high ER rates
- People receive the necessary care that they need
- Dental services across the tri-county region

Patient experience and outcomes:

- Patients can tell you who their providers are
- I could call and get an appointment that felt satisfying for myself, my child or my clients for the services needed; make finding services easier; patients can find any care of any type they need
- People, in general, are happier; decrease in stress, depression, and anxiety; able to see an on-going mental health counsellor; people walk around and work without being in chronic pain; people would be able to perform self-care better
- See reduced obesity in our community as a whole; decrease in rates of youth and adult obesity levels; increased rates of physical activity
- Decrease in substance use disorders
- More people engaging in community events; more positive conversations around personal health journeys; marginalized people would feel welcome and validated
- Reduced stigma with using a mobile clinic

Costs:

- Patients would never say, “I can’t afford care”
- All individuals have childcare provided at no cost, if needed
- Reduced uninsured rate; insurance buys access
- Increase number of providers who accept Medicaid or no insurance; make it easy/simple to pay out of pocket

Partnerships:

- Sometimes when you have so many different types of agencies, we don't always speak a common language. So more understanding and time spent getting to know other players is always important.

Determinants of health:

- Address inclusion of SDOH factors (food, transportation, wellness services such as safe access to physical activity, etc.)
- Reduced unemployment
- Reduce use of food bank services; increase in usage of SNAP ED funds for programs like “Fresh Bucks”
- Zero homelessness; people would be more involved in the community and access emergency care less if they had access to stable housing; increase in number of rentable long-term apartments available; access to affordable housing; housing security; workforce housing
- All individuals provided internet at no cost; Wi-Fi connectivity and hardware; internet access and computer
- Full service public transit system; reliable transportation needed
- Medical providers have resources to offer clients; an inventory of services available by zone (four in the region: Kitsap, Jefferson, Clallam, and West Clallam); everyone would know what site to go to, to find every service they need

Health-serving workforce:

- Increased medical workforce; increased number of health professionals
- Workforce shortages are key factor to not having access; lack of workforce available
- Increased culturally diverse and bilingual medical workforce

Discussion:

- What's missing?
- What resonates?
- What will benefit from a collective regional response?

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.

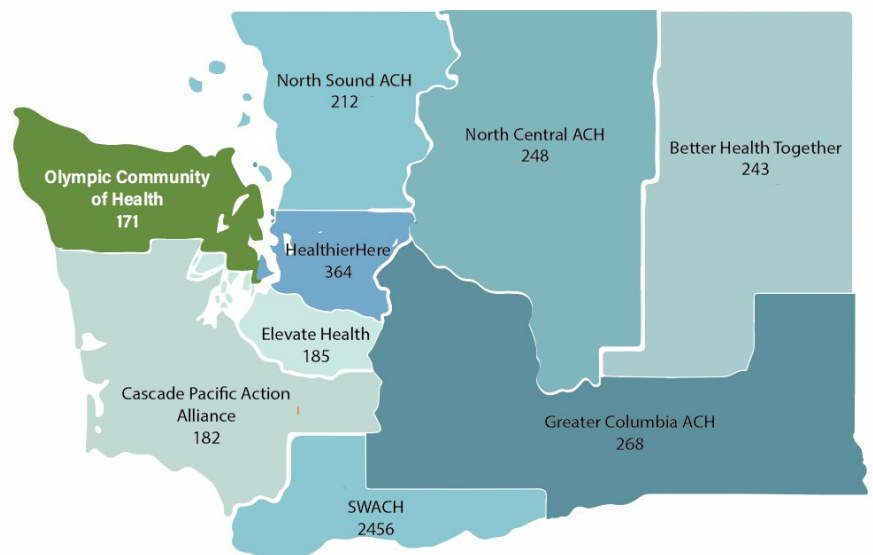
Background

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 <i>not</i> 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



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