



# Minutes

## Washington County Wellness Initiative Rural Health Network Development Planning Grant Program

8 December 2014

5:30 PM to 7:30 PM

Saint Luke's Episcopal Church

Metcalf Hall

210 East 9<sup>th</sup> Street

Bartlesville, OK 74003

<b>Meeting called by:</b>	Sheree L. Hukill
<b>Type of meeting:</b>	Annual Meeting
<b>Facilitator:</b>	Bob Walker and Penny L. Pricer
<b>Note taker:</b>	Sheree L. Hukill
<b>Attendees:</b>	Bob Walker, President; Michael Woods, Vice-President; Deb Cook, Secretary/Treasurer; M'Liss Jenkins, WCWI Coordinator; Penny L. Pricer, WCWI Facilitator; Sheree L. Hukill, WCWI Project Director; All CHIO Sector Representatives; All Workgroup Members (See Sign-in Sheets for Details)

5	Welcome and Introductions	Bob Walker
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### Discussion:

As we look back at 2013 and 2014, we have witnessed the Washington County Wellness Initiative grow from an “adolescent” grassroots movement to the State of Oklahoma’s first certified County Health Improvement Organization to a non-profit corporation with an Internal Revenue Service 501(c)(3) status. Talk about a growth spurt! Our organization has been involved in several grant-funded projects, such as: 1) the Infrastructure to Maintain Primary Care Transformation (IMPACT) Small Grant to complete a suicide/depression screening project with some of our primary care providers and to obtain our 501(c)(3) status; 2) the Health Resources and Services Administration (HRSA) Network Planning Grant through which we have focused on ways to enhance community and partner relationships to promote involvement and participation in network planning activities; and 3) in February 2015, in collaboration with Dr. James Mold and the Public Health Institute of Oklahoma and through an Agency for Healthcare Research and Quality grant-funded project, we will begin implementation and evaluation of a sustainable, rural county-based preventive service delivery model in which a Wellness Coordinator, working with Primary Care Practices, Washington County Health Department, and Jane Phillips Medical Center, will help patients obtain evidence-based preventive services. Through collaboration, a Free and Low-Cost Healthcare Resource Guide was created, distributed, and will be revised based upon our recently-completed Resource Guide Survey. The Medical Home Focus Group gave members of our target population an opportunity to advise our staff on the message needed to encourage the utilization of Medical Homes and the marketing materials developed will be unveiled soon. The 2014 Community Assessment Survey is being distributed now through mid-December and the Transportation Survey has been completed and will be distributed within the next few months to provide much needed data to ensure our sustainability. Finally, in collaboration with the Bartlesville Community Foundation, we submitted a 2015 HRSA Outreach Grant which, if awarded, will fund three-years of administrative support for WCWI and the member workgroups. It has been an honor and a privilege to serve as WCWI President during this time of amazing growth. I look forward to 2015 and to our continued success.

**Conclusions:** WCWI has experienced a very good year. Thank you to M'Liss Jenkins, Integrated Concepts, and the Shveimas for their assistance in the WCWI entry in the 2014 Bartlesville Christmas Parade.

<b>Action items:</b> N/A	<b>Person responsible:</b> N/A	<b>Deadline:</b> N/A
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05

Approval of By-Laws (Vote Needed by CHIO Members), Vote for New Sector Representatives, and Bank Account Resolution

Bob Walker

**Discussion:**

WCWI participants received the agenda for this meeting, the new by-laws, and résumés for Charles Moll and Lori Moynihan who would like to serve as the Technology Sector and Children representatives for the WCWI-CHIO via e-mail on or about 23 November 2014. On or about 25 September 2014, the membership also received a SAVE THE DATE e-mail with the agenda, the new by-laws, and a résumé for Charles Moll. The membership was also informed via e-mail that per Article VIII, Amendment to By-laws Section 8.1, in order for the by-laws to be amended, a three fourths (3/4) majority of The Executive Committee will be in agreement of the proposed amendment. The amended By-laws will be taken to the next Coalition meeting for a vote of a simple majority. The membership was advised that the attached by-laws were amended by at least a three-fourths (3/4) majority of the voting members of the Executive Committee for the Washington County Wellness Initiative, Inc. at a duly called meeting of the Executive Committee on 28 August 2014 with a quorum present as prescribed by the By-Laws. The minutes of the 28 August 2014 meeting are on file with the WCWI office. Pursuant to Article XIII, Section 8.1 of the WCWI By-laws adopted on 25 September 2014 and described above, these Amendments were confirmed by a simple majority of the WCWI Executive Committee on the 28th day of August, 2014 and will be presented to the WCWI-CHIO Board on the 8th day of December, 2014 for proving by a simple majority. The WCWI Executive Committee has determined the necessity of opening a bank account for the organization and has obtained an account number and a proposed resolution from the Bank of Oklahoma. This account will be utilized for all WCWI official business.

**Conclusions:** The ICI staff and WCWI Coordinator will utilize the WCWI-CHIO Focus Group Session as a Board Training opportunity and to elect a Governance Committee. The ICI staff and WCWI Coordinator will utilize the Workgroup Focus Group Session process to elect Workgroup Representatives to the Board of Directors.

**Action items:**

- 1) Motion to accept the Amended By-laws made by Charles Danley and seconded by Mili Cappelletti. Ayes-11 Nays – Zero Abstaining - Zero
- 2) Motion to accept Lori Moynihan and Charles Moll as CHIO Sector Representatives made by Charles Danley and seconded by Sherri Wilt. Ayes-11 Nays – Zero Abstaining - Zero
- 3) Motion to establish WCWI bank account via the Bank of Oklahoma Bank Resolution made by Lori Moynihan and seconded by Sherri Wilt. Ayes-13 Nays – Zero Abstaining – Zero (New Board Members Voted)

**Person responsible:**

Bob Walker, President

**Deadline:**

30 March 2015

**Introduction:** Dr. Duffy recently served as Senior Associate Dean for Academics at the OU School of Community Medicine. He is the former Senior Advisor to the President of the American Board of Internal Medicine in Philadelphia. Dr. Duffy returned to Tulsa and OU in 2006 after 10 years on the staff of ABIM where he led the introduction of a new process of physicians Maintenance of Certification based on evaluation of performance in practice. He held an adjunct professorship at the University of Pennsylvania in Internal Medicine and was a volunteer teacher at Philadelphia medical schools. Dr. Duffy served as chair of our Department of Internal Medicine from 1977 to 1996. He was honored with the Stanton L. Young Master Teacher Award and many other awards from students and residents for excellence in teaching. He has held many important positions in a variety of national professional societies. Dr. Duffy is a graduate of the University of Pittsburgh, received his medical degree from Temple University Medical School, and completed residency training in internal medicine at the University of Oklahoma Health Sciences Center.

**Discussion:**

The OU Health Sciences Center has received a \$15 million over 3 years AHRQ grant that will provide boots-on the ground support for primary care practices to implement Patient-Centered Outcomes Research regarding the effective treatment and prevention for cardiovascular disease. The biggest challenge will be to recruit a sufficient number of practices with a goal of 300. AHRQ will soon ask OU Health Science Center to estimate the number of practices recruited from each county upon receipt of the grant in February, 2015. We need a best estimate for Washington County as soon as possible. **Note:** A practice can be counted even if only one clinician (MD, DO, NP, or PA) participates. The WCWI-CHIO will receive \$1,000 per year for each practice that participates. We know that practices are besieged to continually change; however, we think this project will provide in-practice technical assistance to help make many changes without any cost to the practice or their health system. A description of the benefits to the practices, the requirements for participation, and a timeline are attached to these minutes. Unfortunately cardiologists cannot participate in this project directly. However, there might be a role for them as academic detailers or participants in local learning sessions. If we have a cardiologist who wish to participate, we can provide her/his contact information to Dr. Duffy who will serve as the Principal Investigator on the project.

Dr. Duffy explained how Dr. Mold, a primary care researcher, has been instrumental in forming the Oklahoma Practice Resource Network (OKPRN). OKPRN partners with Turning Point initiatives to encourage Primary Care Providers to work together to address medical care in the community. Private medical practices and public health services (FQHP and IHS and SoonerCare) combine with other community resources to create a CHIO. The CHIO model is based on the success of agricultural extension centers and is designed to take OU medical research into the field and implement that research into the boots on the ground practices. The CHIO organization serves as an Extension Center Agent for each county. Dr. Jim Mold had written into the Affordable Care Act to implement this process throughout the nation. Learning from the agricultural extension experience, we know it did not work to have “pointy-headed academics” talk to farmers. The project worked because individuals sat down at the county café, had a cup of coffee, and talked about the process and how it is going to work. For CHIOs we must listen to the docs in the field to see what they need, what they do, and provide the resources they need. This is what the CHIO does. . .brings everyone to the table. Start the Coffee Pots brewing!

**Action items:** Continue to work with Drs. Mold and Duffy to implement the two AHRQ projects and to disseminate information and resources throughout the community.

**Person responsible:** All CHIO members.

**Deadline:**  
On-going

10	SoonerCare Population Care Management	Becky Pasternik–Ikard and Marlene Asmussen	
<p><b>Discussion:</b> Deputy State Medicaid Director, Becky Pasternick-Ikard provided a brief overview of Oklahoma Health Care Authority’s PCMH and Health Access Networks and states she attended a previous WCWI meeting and was impressed with the dedication of our organization to the community. In 2014, over 540,000 Oklahoman children are on SoonerCare and over 800,000 receive some services from SoonerPlan. OHCA launched a Medical Home campaign in 2009 and in 2010 tried to advance the Medical Home program. Currently, they have identified 882 Medical Home sites with 2,300 Primary Care Providers serving 540,000 members. SoonerCare Choice is a Primary Care Case Management (PCCM) program in which each member has a medical home. The medical home provider coordinates all health care services to qualifying Oklahomans. SoonerCare is in the midst of planning for dramatic expansion, advancing medical home tiers, and innovating local case management through health access networks by adding LCSWs as case managers. A grassroots effort in Canadian County sends individual into homes to learn more about the patients and the care needed. They collaborate with health management programs to embed providers within the program. Marlene Asmussen, Director of Population Care Management for Oklahoma Health Care Authority, presented information on the Population Care Management Department. The department consists of three units: care management unit, health management unit (contract w/ a vendor for embedded health services), and chronic care unit. An increase in the number of Spanish- and Vietnamese-speaking clients has been noted and translators are provided for this population. Ms. Asmussen stated care coordination does not always just provide medical needs. For example, if an individual has no utilities, needed medical equipment cannot be operated; therefore, care coordinators help locate resources to meet needs of the individuals.</p>			
<p><b>Conclusions:</b> All information is online and they are happy to discuss programs with participants at the end of the meeting.</p>			
<p><b>Action items:</b> Visit <a href="http://www.okhca.org/">http://www.okhca.org/</a> for more information on OHCA.</p>		<p><b>Person responsible:</b> All CHIO members</p>	<p><b>Deadline:</b> On-going</p>
05	2014 Outstanding Community Leadership Award	M’Liss Jenkins	
<p><b>Discussion:</b> Father Lee came to St. Luke’s in January of 1997. He and his wife, Lynda, moved here from Tyler, Texas and Christ Episcopal Church. Father Lee has over thirty years of pastoral experience, which began in the Baptist tradition until he came into the Episcopal Church in 1989. Father Lee and Lynda have three grown sons, two daughters-in-law, and three grandchildren. Father Lee has been a staunch ally for the Washington County Transportation Coalition and Family Promise of Washington County, Inc. In 2012 during an interview with News on Six, Father Lee said: “The number one need is transportation for low-income and working poor.” In 2013, Father Lee was quoted as stating: “After completing a survey of our riders, we discovered that 97 percent of the people who use the CityRide Circuit make \$15,000 a year or less. The people we are serving with the CityRide Circuit are people living in poverty, and for them, the bus route is a huge help in getting to their jobs, medical care and the DHS.” Father Lee’s efforts were instrumental in the \$10,000 awarded to the Washington County Transportation Coalition by the Bartlesville Regional United Way for the operation of the CityRide Circuit program. Under the leadership of Father Lee, during the May 2013 meeting, the St. Luke’s Vestry agreed to become a Host Congregation for the newly formed Family Promise of Washington County. Family Promise provides a way for congregations to respond to the needs of our homeless “neighbors” by providing shelter, meals, and compassionate assistance. By uniting 10-13 area congregations plus a day center and social services, the Family Promise program does what individuals alone cannot do - help homeless and low-income families achieve sustainable independence. As a host congregation, St. Luke’s agreed to open their arms and church by providing lodging, three meals a day, and caring hospitality for a week, 3-4 times per year. Father Lee was a member of the Poverty Alleviation Coalition and was the catalyst for the development of Bridges Out of Poverty initiatives throughout the State of Oklahoma.</p>			
<p><b>Conclusions:</b> Framed Certificate Presented to Father Lee</p>			
<p><b>Action items:</b> N/A</p>		<p><b>Person responsible:</b> N/A</p>	<p><b>Deadline:</b> N/A</p>
45	2014 WCWI Updates	M’Liss Jenkins, Penny L. Pricer and Workgroup Representatives	

## Discussion:

### Health Resources and Services Administration and Agency for Healthcare Research and Quality Updates

- 2013-2014 Annual Report – The WCWI became a 501(c)(3), received a HRSA Planning Grant and has applied for a HRSA Outreach Grant. The 2013-2014 Annual Report covers two years as a high level summary due to changes in health department. Details for workgroups will be provided in the up-coming quarterly newsletters. The Annual Report is available on the WCWI website at <http://www.wcwiok.org/images/AnnualReport20132014web.pdf>
- Medical Home Awareness – Awareness materials have been created and shared with a focus group. The goal of the awareness campaign is to assure everyone know what a Medical Home is and why we need one. The Medical Home materials, which were revised based upon focus group feedback, will roll-out in January 2015.
- Surveys – Community Assessment Survey is on-going and can be accessed at <https://www.surveymonkey.com/s/WCWCommunity>
- Free and Low-Cost Resource Guide – The survey of current resource providers has been completed and ICI is updating the resource guide based upon the results of the survey. The revised resource guide will roll-out in January 2015.
- Website Launch – A “soft” launch was made in late November with the “hard” launch occurring after about 3,000 Community Assessment survey cards were handed out at the Bartlesville Christmas parade on 6 December 2014. Visit the site to learn more about WCWI, CHIOs, and our Workgroups <http://www.wcwiok.org/> . Thank you to Nancy Warring for her assistance in creation of the website.
- Focus Groups – In February 2015, focus groups will be held for the CHIO Sector Representatives, the WCWI Workgroups, our Primary Care Providers, and the Free and Low-Cost Healthcare Resource Guide Providers. Information gleaned from the focus groups will be used, in conjunction with all survey results, to guide the WCWI goals, objectives, and activities for the next five years.

### WCWI Workgroup Highlights for 2014

- **Access to Health Care** – Roseanne Shveima – The Medical Home Focus Group was very informational and assisted in creation of the Medical Home awareness materials. Access to Healthcare member participated in Christmas parade and sported the new WCWI sweatshirts.
- **Casa Hispana** – Mili Cappelletti – In 2014, Casa served 1,600 clients by providing interpreters, translation, jobs, access to doctors, and transportation. In collaboration with JPMC, WCWI, and some local insurance agencies, an Affordable Care Act enrollment workshop was held and served 25 families. Through support of a local corporation, an incentive program provided 75 used laptops for low-income Hispanic children. Monica Reynolds from Parents As Teachers provided welcome baskets to new babies and information on available services to the new parents. Ms. Karen Kerr of Literary Services collaborates with Casa to offer English as a Second Language and citizenship classes to Hispanic individuals every Tuesday and Wednesday night. Casa sponsored a dental screening clinic with OU Dental Hygiene Clinic and 52 individuals were screened.
- **Church Women United Car Repair Project** -- Nancy Neuen – Multiple studies have concluded that lack of transportation continues to be one of the most significant barriers to individuals becoming self-sufficient. In 2005, WCWI and Church Women United partnered to develop a Car Repair Project that assists low income individuals with transportation needs such as car repair, car insurance, and car tags. Additionally, car repair clinics are offered and made possible by several church volunteers from Disciples Christian Church and Adams Boulevard Church of Christ. The clinics developed into a partnership with the Automotive Services Department at Tri County Technology Center. In 2010 through 2012 a total of \$16,063 was provided to serve 110 individuals; in 2013, \$6,971 was provided to serve 42 individuals; and in 2014, \$9,420.66 was provided for an average of \$188.44 per client. Screening for the program is completed through the Washington County Health Department and CONCERN. The car repair project is supported through generous donations from: Disciples Christian Church; individual church members; women’s groups; Conoco Phillips matching program; Jane Phillips Society; St. Luke’s Mission’s Fund; Monterey Little Mexico; First Presbyterian Women; East Cross Women; the Gordon Grant Memorial Fund; and many individuals.
- **Family Promise of Washington County** -- Amy Mabry – Family Promise is excited to serve homeless families in our community. Awareness is increasing; a lot of people do not want to acknowledge that problem exists in B’ville. Thirteen host congregations are needed and 10 churches have currently made such commitments with each church agreeing house a family housed in the church for one week. The Day Center will be open at Anchor House in 2015 for showers, laundry, assistance with employment, and case management. For transportation, Family Promise needs

two vans; they have one van now and may have another one to serve 14 people. Family Promise is in need of volunteers and fundraising assistance.

- **Preventative Health Partnership** -- Nancy Warring and Dawn Lundwall – PHP promotes safe and healthy lifestyles. Through a \$20,000 *Healthy Communities Grant* from TSET funds, PHP installed seven bike racks, seventeen signs that promote sharing the road with bikes and cars, and one billboard. *FlowCo*, a community fitness program for walking and running, held two sessions for 10 weeks meeting two times per week. FlowCo ends with a 5K event somewhere in the area. During the Spring session, 178 individuals participated and during the Fall session, 148 individuals participated. The program operates on a point system through which participants earn t-shirts. The program also offers a clinical education program. JPMC has taken the program and Dawn Lundwall, Manager of Wellness Services for Jane Phillips Medical Center, coordinates the program. The 6<sup>th</sup> annual *Walk to School Day* was held community wide with eight public schools participating. A total of over 3,000 children participated with 2,300 walking from home and 700+ participating in some alternate walking activities. *Project Fit America* is a non-profit national organization that works with local agencies promoting healthy activities for children. This program received a \$17,800 commitment from the Dewey Elementary and Jane Phillips Elementary Schools who applied for grants. Project Fit America reviews grants and determines where project will be successful. PHP installed \$6,000 worth of *pathfinder signage* including directional and mile markers. PHP members attended P66, CoPh, Truity, and JPMC *health fairs*. The PHP is involved in a potential project with the American Planning Association. The Centers for Disease Control and Prevention (CDC) announced on September 25 the awardees of a highly competitive set of grants, and the American Planning Association is among that select group. APA has been awarded \$3 million in funding to advance community-based strategies to improve health and prevent chronic disease, under the CDC program *National Implementation and Dissemination for Chronic Disease Prevention*. APA's initiative will focus on improving the capacity of planning and public health professionals, and will be implemented in partnership with the American Public Health Association (APHA). Three-quarters of these funds will support sub-recipients made up of local and/or state coalitions anchored by APA Chapters and APHA state affiliates. The remaining 25% of funds will support APA and APHA to develop and disseminate technical assistance and manage sub-recipients. Sub-recipients will be selected from a Request for Proposal (RFP) process. Coalitions will be required to implement policy, systems, and environment (PSE)[1] improvements to address at least one of the four main determinants of chronic disease: inactivity, unhealthy diet, smoking/tobacco, and lack of access to care. CDC is excited to launch this project and work with members across the country as they collaborate with APHA to build a healthier future. The purpose of this memo is to provide introductory information to APA chapters about the upcoming funding opportunity. APA anticipates releasing a RFP in November, pending coordination with and approvals by CDC. A few details to note as you prepare for the RFP and begin to reach out to your APHA colleagues and other potential partners. Grant applicants will represent existing and emerging coalitions and must include both an APA chapter and an APHA state affiliate. Coalitions are encouraged to include other stakeholders, such as local governments, hospital systems, community groups, other professional organizations working on health issues, etc. Projects will cover two years of activity. If future funding is approved, a second group of sub-recipients will be selected next year. You are encouraged to use the funding to leverage other health-related initiatives or funding opportunities in your states that support the goals of the project. APA & APHA will support sub-recipients with training, education, web and social media, and other technical assistance to develop and enhance cross-disciplinary initiatives. In the short-term, we are committed to the following outcomes: 1) Increased messaging by APA, APHA, and sub-recipients on the importance of PSE improvements; 2) Increased stakeholder awareness of how planning decisions are made and where to address and implement health in the planning process; and 3) Increased community capacity to implement PSE improvements. Strategies for proposals must address at least one or more of the following determinants of chronic disease: 1) Inactivity: Increase opportunities for physical activity; 2) Unhealthy diet: Improve access to nutritious food; 3) Tobacco: Decrease exposure to and use of tobacco and nicotine products; and 4) Lack of access to preventive care: increase access to health care. In addition, health equity and improving opportunities for living a healthy life are central to the goals of this project. As you begin to formulate ideas, keep health equity in mind. Finally, health assessment and the use of data will be key. You must define the geographic area or areas that will be served by the coalition and include a rationale for choosing those areas. If your organization does not have such data, APA recommends partnering with an organization that does or using a tool such as the Community Commons to identify and illustrate target geographic areas most in need of intervention. You must also describe the chronic disease burden within the targeted area(s) and the total number of people that will be reached by proposed strategies
- **Project Prom** -- Rhonda Nix – Project Prom began with a closet of prom dresses at Grace Church, the dresses multiplied and were moved to Presbyterian Church, then to East Bartlesville Christian Church. Last year, 67 girls and 36 boys were helped. Bartlesville Beauty College opened up on Saturday and provided 36 girls with hairstyling, nails, and make-up. One boy from Pawhuska was living in the light house in B'ville and was invited to Barnsdall prom, a

local church member provided money for tux. The young man had to apply for job was concerned about being able to attend prom, he was counselled to tell the employer the situation during the interview and explain he would be willing to work additional hours before or after the prom if he was allowed to attend. The young man was also told to pray about the situation. The young man was hired and when he encountered the Project Prom volunteer he said: "That prayer thing worked." It is stories like this that show how much more than prom attire is provided by Project Prom. If you would like to donate dresses or tuxes you may drop them off at Archer's Cleaners and Rhonda will pick them up after they have been cleaned. A Life Skills class is offered on Wednesday nights and the teacher helps Rhonda go through dresses. Recently, 52 dresses were picked up. If you would like to "adopt a boy" for \$70 this will provide a tux.

- **Washington County Affordable Housing Coalition** -- Eric Jakel – The Housing Coalition received 2014 grants from Bartlesville Regional United Way to assist in repairing homes which are in code violation. A Tool Lending Library is being established to make home repairs a lot easier for those who cannot afford tools needed to renovate their homes. The Housing Coalition promotes building of new affordable homes, addresses maintaining homes currently in place, and researches resources needed to establish a housing authority.
- **Washington County Anti-Drug Network** – No Report Provided
- **Washington County Association for Mental Health** -- Kim Hill -- The Association for Mental Health has continued to work to promote and assist in developing and coordinating programs to improve behavioral health outcomes in Washington County. A primary focus for the past few years has been to provide behavioral health services in our schools. WCAMH has continued to work on this venture and have therapists placed in several schools in Washington County. Another goal for our community is to provide local, low-cost continuing education for our behavioral health professionals. We were able to provide Ethics training in June and are providing another next Friday, 19 December 2014 at 1:00 PM hosted by the Anchor House.
- **Washington County Suicide Prevention Coalition** Sherry Franks – WCSPC continues to offer QPR training and are looking for host sites and working to get schools more involved. Grief support meetings are held the first Thursday of the month. The Suicide Prevention Summit was held in September and was a success. WCSPC is always looking for volunteers and sponsors for the event. WCSPC is raising money for a magnetic sign for the chair person's car to raise awareness. Stella Shoff and M'Liss Jenkins presented at the Turning Point Conference in Midwest City and were well received. The AHRQ suicide/depression screening project was very successful and will continue to receive support from the WCWI members.
- **Washington County Transportation Coalition** -- Lee Stephens – The CityRide Circuit is in the 3<sup>rd</sup> year of a 2-year pilot project. The pilot project went well and needs sustained funding. A lot of barriers, such as support of city council members, have been encountered. The CityRide Circuit has funding is available for the first two months of 2015 and costs \$4,000 per month to run program. Chris Zeilinger, Transportation Consultant with Community Transportation Association of America, reviewed our current transportation system and provided great information; his official report should be available later this month. Mr. Zeilinger stated that a city our size should have a bus system. He indicated that 1,000 rides per month are good; however, within a matter of months we could serve 93,000 rides per month if the system is expanded. The CityRide Circuit has a six month window for sustainability. The Transportation Coalition has worked on ideas such as a petition, sales tax, special interest groups, and private funding. CityRide Circuit also needs assistance finding drivers which is a new issue.

**Conclusions:** Health and public health is all of us! Without transportation or housing how can one be healthy.

**Action items:** Survey Activity Team: Mili Cappelletti, Sherry Franks, and Kim Hill will assist in distributing and collecting Community Assessment survey. Donations: Tools are needed for the lending library sponsored by the Housing Coalition. Basic Health Kits are needed for Access to Healthcare projects. Bus Drivers: Please contact M'Liss Jenkins if you know of someone who would like a part-time job driving the bus.

**Person responsible:**  
All WCWI Members

**Deadline:**  
On-going

<b>05</b>	Sustainability	Sheree L. Hukill
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**Discussion:** An application for the *Monroe E. Trout Premiere Care Award* was submitted in July 2014 and winners will be notified during December 2014. An application for the *Robert Woods Johnson Culture of Health Prize* was submitted in September 2014. We were notified on 17 October 2014 that we were not selected to advance to Phase II of the competition. We have been utilizing RWJF webinars and Roadmaps to Health Action Center for ideas and promising practices in hopes we can apply again next year. An application for the *2015 HRSA Outreach Grant* was submitted on 11 November 2014 and we will be notified of award status in May 2015. WCWI will begin the *Agency for Healthcare Research and Quality funded project* with Dr. James Mold in early 2015, WCWI will monitor health information technology including the types and number of health information technology implemented, expanded or strengthened for the health information exchange, patient/disease registry, and telehealth/telemedicine, as applicable. WCWI will continue negotiations with Terrie Fritz, LCSW, Clinical Instructor and Director of the Center for Social Work and Health with University of Oklahoma for the Care Coordination Referral System project. Dr. Woods has shared an opportunity for area clinics to participate in an *Agency for Healthcare Research and Quality funded Grant: Reducing Risk of Cardiovascular Events*

**Conclusions:** We will continue to seek funding and collaboration opportunities.

<b>Action items:</b> Follow-up with Terrie Fritz of OU regarding Care Coordination Referral System project. Connect practices interested in the Reducing Risk of Cardiovascular Events grant with Drs. Woods and Mold.	<b>Person responsible:</b> M'Liss Jenkins and Sheree L. Hukill	<b>Deadline:</b> ASAP
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<b>05</b>	Wrap Up and Action Plans	Bob Walker & Penny L. Pricer
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**Discussion:** Thanks for attending the meeting hanging in to the very end. The work done by each one of you is so important to the community and we value each of you!

**CHIO Sector Representatives Present – Thirteen of Twenty Were Present indicating a quorum**

Present	Business	Sherri Wilt
Present	Children	Lori Moynihan, RN
Absent	Elderly	Mike Fogle
Present	Faith	Roger Alexander
Present	Higher Education	Deb Cook, RN (Secretary/Treasurer)
Present	Hospital	Bob Walker (President)
Absent	Law Enforcement	Kevin Ickleberry
Present	Legal	Sheree L. Hukill, JD
Absent	Media	Emily Droege
Present	Mental Health	Charles Danley
Present	Minority Populations	Milagros Cappelletti
Present	Nonprofit	Jody Burch
Present	OK Turning Point	Fauzia Khan, MD
Present	Primary Care	Dr. Michael Woods, MD (Vice-President)
Absent	Public Health	Renee Wantland
Absent	Schools	Kerry Ickleberry
Present	Social Services	Sam Westfall
Present	Technology	Charles Moll
Absent	Tribal	Melissa Pitts Johnson
Absent	Volunteer	Ellen Conn, RN

**Reducing Cardiovascular Risk Factors  
(Low-Dose Aspirin, BP Control, Statins, Smoking Cessation)  
2/1/2015 – 7/31/2017**

Assuming that we receive the grant, you can expect the following things to happen:

Immediately

1. If you don't have an electronic health record (EHR) and want help with implementation, we will connect you with the Health Information Technology Regional Extension Center.
2. If you have an EHR but are not yet connected to a health information exchange (HIE) and want help with implementation, we will connect you with an HIE provider for assistance.

February - March, 2015

1. We will let you know whether we will be doing the project and whether you will be able to participate based upon your having implemented an EHR, the status of your HIE connection, and the total number of practices wanting to participate.
2. If you need additional help with your EHR or HIE connectivity, we will try to provide it.

May – July, 2015

1. We will send a research assistant out to your practice to discuss the project in greater detail, ask you to sign consent forms for participation if still interested, and have you and some of your staff complete some baseline surveys. This will take about 30 minutes of time for 1 clinician and 2 of your staff, for which we will reimburse the practice.
2. If you need additional help with your EHR or HIE connectivity, we will try to provide it.
3. We will let you know when your practice will begin to receive quality improvement support from our academic detailers, practice enhancement assistants, and HIT consultants.

August, 2015 – April, 2016

1. We will arrange a date/time with you when we can send a primary care clinician to your practice to discuss current guidelines and make suggestions regarding cardiovascular risk reduction and to help you decide what you want to do to improve your management of them. This discussion will take about 60 minutes and will involve 1 or more clinicians and 2 or more of your staff. This will be repeated 6 months later.
2. We will provide you with a practice enhancement assistant (PEA) to help you to implement any changes you decide to make in your processes of care. PEAs are OU employees with at least some graduate school education who have received training in primary care and quality improvement. Your PEA will be able to come out to the practice almost every week to work with you and your staff under your direction in ways that you think will be helpful.
3. We will provide you with a baseline and monthly report of how your practice is performing with regard to management of patients at risk for cardiovascular events, so you can see if you are improving risk factor management.
4. The PEA may review a sample of your records to check the accuracy of the automated reports generated from the HIE. The project will be approved by the OUHSC Institutional Review Board, which will also approve a HIPAA Waiver.
5. Toward the end of this time period, we will arrange a time for 1 clinician and 2 staff to complete a final set of surveys. This will take 30 minutes and we will reimburse the practice.

May, 2015

1. Six months after you have completed the surveys, we will arrange a time for 1 clinician and 2 staff to complete another set of surveys. This will take about 30 minutes for which we will reimburse the practice.

## Quality Improvement Support

### Benefits to Clinicians/Practices

1. Feedback on performance at baseline and every month for one year
2. Comparisons of performance to other clinicians/practices in the project
3. Updates on latest evidence and guidelines
4. Clinical Decision Support Tools (e.g. algorithms, one-pagers, summaries)
5. Hints from and opportunities to interact with high performing clinicians/practices
6. A Practice Enhancement Assistant 4 hours per week for one year in practice to help with this and any other quality-related initiatives you assign to them
7. Instruction about proper coding for maximum reimbursement (smoking, PQRS)
8. Credit for up to 2 ABFM or ABIM Maintenance of Certification Part IV Modules
9. Up to 40 units of CME credits through AAFP, ACP, AMA, and the OUHSC College of Nursing
10. Assistance with HIE connectivity through MyHealth and/or Continuity of Care Oklahoma
11. Assistance developing electronically-generated quality reports from your EHR and HIE
12. Help with documentation for Meaningful Use Stage 2 and 3 requirements
13. Opportunities to contribute to communitywide healthcare improvement initiatives

### Requirements of Clinicians/Practices

1. Review performance reports
2. Meet for 1 hour with an academic detailer at baseline and 6 months to develop a preliminary quality improvement plan
3. Meet with a PEA 2-3 times per month to help you review/update QI strategies (PDSA cycles)
4. Have your staff help the PEA access patient records in order to assess performance monthly for one year if necessary. (Hopefully this won't be necessary.)
5. Utilize our IT consultants, if needed, to link electronic record to an HIE (e.g. provide vendor information; explain where certain information is recorded in record, etc.)

## Project Evaluation (Research Component)

### Benefits to Clinicians/Practices

1. If the project is successful at improving patient care and outcomes, it will improve the probability of future funding for similar types of assistance.
2. Development of electronic data capture and reporting through the HIEs will increase your capacity to engage in continuous quality improvement

### Requirements of Clinicians/Practices

Note: All of these evaluation-related activities will be reimbursed at the rate of \$150/hour for clinicians and \$50/hour for staff.

1. Complete a 30-minute questionnaire at baseline, 12 months, and 18 months
2. Help your PEA to gain access to patient records for performance assessments every 3 months for 18 months if necessary to gather accurate information on certain risk factors.