

State Health Improvement Plan: Chronic Disease Prevention and Self-Management Workgroup

Meeting Minutes: Monday, December 2, 2019, 10:00-11:30 AM, via GoToMeeting

Workgroup Lead:

Stacy Campbell, DPHHS PHSD Chronic Disease Bureau Chief

Workgroup Facilitator:

Anna Bradley, DPHHS PHSIO Plans Coordinator

Workgroup Members Present:

- Biskupiak, BJ
- Cantrell, Karen
- Ellis, Cindia
- Fernandes, Jessie
- House, Melissa
- Jones, Mackenzie
- Juliar, Kris
- Kosednar, Patricia
- Leibrand, Lois
- Merchant, Leah
- Minard, Kris
- Murgel, Sara
- Pedersen, Maja
- Roylance, Colleen
- Schultz, Jamie
- Sullivan, Karen
- White, Jody
- Wier, Lora
- Zanto, Mandi
- Zimmerman, Heather

Welcome and introductions

10:05 to 10:19 AM

Anna Bradley reviewed the agenda for today's call, and then asked attendees to state their name, their organization, and answer the question: "What is one thing that would help you act on the SHIP in between meetings"

Responses included:

- Having a newsletter go out with a summary
- Give specific programs a chance to contribute to the SHIP newsletter
- SHIP newsletter should go out to all lead locals

- Highlight of action items emphasized in meeting minutes
- Place for sharing ideas and collaboration
- Coordination between SHIP and local CHIP's

Data presentation

10:19 to 10:55 AM

We will be providing opportunities to share new data from workgroup members in each meeting in order to add to what we know from the 2017 State Health Assessment and stay current on the most recent trends.

Heather Zimmerman, Epidemiologist (444-2732, hzimmerman@mt.gov) presented data on colorectal cancer screening trends in Montana. Full slides will be shared with meeting minutes.

- Good news:
 - Incidence of colorectal cancer is high generally but is decreasing.
 - Current rate about 36 cases per 100,000 in Montana, mirroring national average.
 - Early diagnosis happens in roughly 38% of cases.
- Bad news:
 - Mortality rate has not lowered significantly even with the decreased incidence.
 - About 13-14 deaths per 100,000 in Montana, mirroring national average.
 - Incidence rate starts to increase very dramatically for both males and females around age 40.
 - Incidence rate among American Indian Montanans is almost two times as high than among white Montanans.
 - Self-reported colorectal cancer screening rates for American Indian Montanans are only 47%, versus 64% in the population as a whole.
- Trends:
 - Decrease of incidence reported of late stage colorectal cancers among males is not significant.
 - Self-reported colorectal cancer screenings were up to 64% in 2018, from 56% in 2012.
- Question and answer session:
 - What is the data gathering process to monitor the progress being made on the colorectal cancer objectives included in the SHIP?
 - All SHIP metric data is collected and published in an annual report. This report has just been compiled for 2019 and will be published in January 2020. Data is compiled from many sources, including in the case of colorectal cancer, BRFSS (Behavioral Risk Factor Surveillance System) and Medicaid claims data.
 - Do the objectives mentioned in the SHIP reflect current baselines?
 - Most of the SHIP data are from 2016 for colorectal cancer.
 - When collecting colorectal cancer data, are data on disabilities collected in addition to data on factors like gender, ethnicity?
 - The data is currently being collected. In the past, screening rates have been significantly lower for adults with disabilities than for the population as a whole.

- Another data source that could be useful for colorectal cancer is Value Based Payment. Medicaid is working with health centers and private providers on some of that work, as well as with some payers, so it could be a subset in the future you could review to see if we are making strides in those groups.
 - Are there other programs that have done similar fact sheets for the tribes related to chronic disease?
 - It can be very difficult to get chronic disease measurement data at the county level. The BRFSS does not often have enough of a sample size to do county level data. It might be possible to get data at a county level for young people from the Youth Risk Behavior Survey, and MTUPP also has an American Indian commercial tobacco fact sheet too.

General updates

10:55 to 11:04 AM

- Karen Sullivan, Butte-Silver Bow Health Department
 - They were able to get out into the high schools and local schools after there was a vaping related fatality in Montana. They used that incident to broach the subject on social media as well as communicate with their electronic billboard.
 - They became an affiliate of Elevate Montana which enabled them to train fifteen people on adverse childhood experiences.
- Jessie Fernandes, Public Health and Safety Department, DPHHS
 - Spoke with Kris Juliar about community health workers after returning from APHA conference. Got lots of great ideas from other state health departments that are doing work with CHW's and how we can have more of those in Montana.
- Kris Minard, Office of Public Instruction
 - They have been doing quite a few student presentations on vaping.
- Mackenzie Jones, Disability and Health Program
 - Grant was awarded to their program to look at making the Diabetes Prevention Program more inclusive and accessible.

Focused strategy conversation

11:04 to 11:25 AM

Clinical Strategy 2: Increase referrals to evidence-based chronic disease prevention and self-management programs.

- The Community Health Services Development Project works with critical access hospitals to convene a community stakeholder group that helps to lead the Community Health Needs Assessment (CHNA) process. Usually within a county or service area a survey goes out to a mix of inpatient and outpatient admissions, and when that data comes back, it is used to create a CHNA and that assessment, along with feedback from the stakeholder group is used to create the hospital's Implementation Plan (IP).
- The System Improvement Office supports similar efforts with Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs).
- The CHNA's are being used to identify communities that make it a high priority to look at mental or behavioral health, which helped to focus the Implementation Plan. In that same vein, the CHNA could be used to look at areas of high risk for certain chronic conditions.

- Montana Hospital Association (MHA) is interested in working on a standardized discharge project. A great start to a plan to reduce readmissions would be to find one region a group of critical access hospitals which would work with the tertiary centers in developing a discharge planning packet. This packet would standardize discharge paperwork and make it familiar looking for patients regardless of what kind of facility they were leaving.
 - Mountain Pacific Quality Health would be interested in this project as well and will reach out—they have access to some community coalitions that might be able to help.
 - Would it be a good idea to tack on transition of care management to the discharge paperwork project?
 - That has not been currently spelled out, but would probably naturally flow from it, and would be a great outcome.
- The Office of Rural Health has developed a new tracker to assist hospitals in tracking and evaluating the Implementation Plans.
 - When considering how to best reach out to support critical access hospitals, ensure the Office of Rural Health has your most up-to-date information about resources you'd like shared for them to help connect hospitals with appropriate resources.
 - Also, review the portal available at <http://healthinfo.montana.edu/morh/chsd/data-hub/index.html>
 - There's a map with the CHNAs and IPs that identify top health priorities for that hospital
 - There is also a Rural Health Initiative webinar series where MORH can highlight various programs or resources that are available or projects that are happening around the state, so feel free to reach out with any tips or topics.

Wrapping up

11:25 to 11:30 AM

- There will be a short survey coming out to evaluate how the first year of implementation with the SHIP has gone, including getting feedback on the meetings.
- Be sure to continue to communicate back to your staff, co-workers, and partners about the SHIP and the conversations we have to share anything you found relevant to your work and help with your planning and networking.