Background

The Access to Integrated Care Committee is committed to improving access to quality, affordable, culturally responsive health care across Washington County. The committee is comprised of key partners from across the health care system.

The committee has a network of nearly 70 organizations with approximately 40 stakeholders actively engaged in committee activities. Current members include hospitals, federally qualified health centers, community clinics, coordinated care organizations, community mental health organizations, oral health providers and community-based organizations.

Access to health care emerged as a priority health issue in Washington County because local data show that Washington County has lower levels of adults with health insurance compared to the national average for counties, a low non-physician primary care provider rate and a low level of mental health providers. In the most recent community health needs assessment, 88 percent of interviewed community stakeholders reported access to care as a priority.

Update on the Committee’s Objectives

The committee utilizes a collective impact approach to identify the most effective systems approach to improving access to care. The committee’s goals and objectives are based on best practices, are supported by local data, and are aligned with local planning documents, including community health improvement plans developed by local hospitals and coordinated care organizations.

Objective #1: Assure health insurance coverage to residents of Washington County.

Strategy 1: Integrate School Based Health Centers (SBHCs) into alternative payment methodology.

Progress Report

- Health Share of Oregon formed a regional work group to conduct a utilization analysis of SBHC patients versus those in the same service area and age group that did not visit the SBHC. An initial analysis was conducted using Multnomah County's data. Some preliminary highlights from Multnomah County include:
  - Overall, the SBHC users were a more diverse population demographically than the non-SBHC users.
  - SBHC utilizers had a higher percent of diagnoses across all of the measured chronic conditions, most noticeably obesity.
  - The adolescent well-check percentage was significantly higher in those who received care at the SBHC (note: this data does not indicate where the well check visit was received).
Objective #1: continued

Strategy 2: Support expansion of coverage for undocumented children.

Progress Report
• Oregon Latino Health Coalition presented to the committee about HB 3517 (Cover All Kids), the 2015 legislation to extend health insurance to all children, whether they are documented or not.
• HB 3517 Cover All Kids update: The bill did not move in to the Senate. However, $10 million was allocated to Safety Net Capacity Grants. The money will ensure that children will have access to the primary care services they need.

Objective #2: Increase capacity, connection to and utilization of a health home for newly insured and remaining uninsured in Washington County.

Strategy 1: Develop inventory of current strategies to expand access including identification of barriers to accessing care; and implement strategies to address identified barriers to accessing care.

Progress Report
• Washington County Public Health developed an inventory tool and reporting template to track strategies to expand access to care.
• Developed an Access to Care data report to provide information for local providers and health care system partners to support planning, help identify gap areas and improve current strategies. Report includes primary and secondary data on access to health care in Washington County
• Workgroup formed to use data from access report and inventory to identify next step strategies.
• Washington County Public Health provided safety net providers with $379,000 in funding to provide 4,000 uninsured residents with primary care services.
• In partnership with hospitals and local clinics, Project Access NOW is providing outreach and enrollment to target low-income families to ensure they get access to the care they need; providing donated care to those who remain uninsured and who meet specific income guidelines; and providing premium assistance to help ensure that people who qualify for coverage get enrolled and are able to use their health insurance.
  o Through the outreach and enrollment program, Project Access NOW reached more than 10,000 clients in the region in 2015.

Strategy 2: Improve workforce diversity through support of community health workers (CHWs).

Progress Report
• Oregon Community Health Workers Association joined the Access to Care committee.
• Tuality Health, Oregon Community Health Workers Association, Centro Cultural, El Programa Hispano, and Health Share of Oregon began meeting to discuss expansion of the Warriors of Wellness CHW program in Washington County.
• Kaiser Permanente supported and hosted listening sessions with CHWs to inform next steps in community health improvement planning and to include as part of the 2016 Healthy Columbia Willamette Collaborative (HCWC) Community Health Needs Assessment.

Objective #3: Improve capacity and utilization of behavioral health services (including prevention and early intervention) for underserved populations and eliminate avoidable health gaps and health disparities in Washington County’s behavioral health care system.

Strategy 1: Improve access to culturally competent and appropriate behavioral health services.

Progress Report
• Workgroup formed to identify data needs, specific populations and additional organizations to involve.
• The planning process is underway for the new mental health urgent care center in Washington County. The program design committee and the steering committee have both been formed and are actively engaging with Washington County Behavioral Health.
**Strategy 2:** Support strategies to improve capacity and utilization for behavioral health services for youth.

**Progress Report**
- Developed visual tool to show levels of behavioral health and preventive services available to youth in Washington County in order to identify gaps.

**Objective #4:** Improve capacity and utilization of affordable, preventive and integrated oral health services for underserved populations in Washington County.

**Strategy 1:** Expand access to integrated oral health services through federally qualified health centers and community clinics; expand integrated oral health services in all Washington County school based health centers.

**Progress Report**
- Oregon Oral Health Coalition partnered with schools in Washington County to reach vulnerable populations.
  - Virginia Garcia did screenings and sealants in 21 schools, including six elementary schools.
  - Oregon Health Authority provided oral services to 14 schools.
  - Thirty-five out of the 50 schools where 50-55 percent of the students qualify for free or reduced lunch have been provided with oral health services.

**Strategy 2:** Reach out to pediatric primary care providers about new oral health programs.

**Progress Report**
- Oregon Oral Health Coalition is promoting First Tooth, a program that trains medical providers in a clinical setting on how to implement preventive oral health services for infants and toddlers under the age of five in their current practice. The program follows the evidence-based practice for early childhood cavity prevention (ECCP) and includes training on oral health risk assessments, culturally appropriate anticipatory guidance and fluoride varnish application. The program also provides training on access to dental care, as well as implementation, workflow and billing tips.
  - Washington County Public Health is coordinating a project to strengthen implementation of the First Tooth program in the pediatric and primary care setting. The project will focus on identifying barriers from systems that have been trained but have not implemented First Tooth and building on lessons learned from systems that have successfully implemented First Tooth.

**Objective #5:** Support coordination of mutually reinforcing activities between service providers.

**Strategy 1:** Develop a model to increase access to and utilization of medical homes for at-risk children and families through coordination with Early Learning Washington County.

**Progress Report**
- Identified the Access to Care Committee as a venue for collaborative strategies to advance ELWC objectives:
  - “By December 31, 2016, 52.5% of children on OHP will receive developmental screens before the age of three.” And “By December 31, 2016, 58% of children on OHP will make it to six or more well-child visits by 15 months of age.”
- Incorporated questions in the Healthy Columbia-Willamette Collaborative (HCWC) community health needs assessment (in multiple languages) about barriers that families experience to accessing OHP services and well-child check. These responses will be used to inform the committee’s strategies.

**Strategy 2:** Develop an aligned strategy for addressing “high utilizers” and ambulatory sensitive conditions, including preventive and gate keeping services.

**Progress Report**
- Project Access NOW, in partnership with Providence St. Vincent Medical Center and Kaiser Permanente Westside Medical Center, is implementing the Community Assistance Program to support discharge planners, social workers, and care managers to connect low-income patients to the resources they need for a safe discharge. In 2015, 2,130 Washington County residents were reached through this program.
Health Improvement Goals

1. Increase percent of population with a regular doctor.
2. Increase primary care physicians per 100,000 population.
3. Increase ratio of mental health providers per 100,000 population.
4. Increase adults with some type of health insurance.

Health Insurance Status in Washington County, 2013

Types of Health Care Providers Serving the Population

Data source: Robert Wood Johnson Foundation: 2012 (primary care), 2013 (oral health), 2014 (other healthcare, mental health)

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