

Breast Health Task Force Meeting Notes, April 17, 2008



Facilitators: Gail Brownmiller (Komen), Elizabeth Steiner (OHSU)
Recorder: TeriLynn Leu (OPCC)
Attendees: Lisa Regan-Vienop (OHSU BHEP), Angela Weaver-Roebuck (OODH), Patricia Schoonmaker (OPCC), Sara Beth Weiner (WoWDHEC), Elvin Yuen (OBCCP), Alissa Green (CIS), Marjorie McGee (WoWDHEC), Jeanne McClellan (ILR)
 📞 Amelia Mainard (NARA), Cynthia Tinsley (Breast Friends), Brad Hall & Kelleen Bernard (Acumentra), Nancy Magathan (Columbia Memorial Hospital)

Handouts: April 17, 208 agenda, March 20, 2008 Meeting Minutes,

Agenda Item	Discussion Points	Outcome/Follow-Up
Welcome and Introduction	Welcome to Kathy Strunk who will be the new person for Ellen Boggs Note – no interpreter- need to coordinate for each meeting	<ul style="list-style-type: none"> ☐ Get plan for interpreter to ensure coverage at each meeting (OHSU, WoWDHEC and OPCC)
Updates	<p>BCCP (Elvin)- CDC program data submission is done! The data for the last 12 years needs to be sent in. The data for the last year needed to be cleaned to make sure that all the fields were done and that the data was complete. The CDC is most interested in the last 6 months. They do this so they can look at trends. There are 2 new Komen funded temporary positions open in the program. First is a project coordinator, which will work with a person from OIS one day a week to assist with the database. The second is a training coordinator. They have had a lot of interviews but no one right fit – yet. They also got \$75,000 for web services and \$50,000 from Komen for service. Knowledge of the program is spreading and there has been a huge increase in services/claims.</p> <p>Right To Know (Angela)- working on CDC plan and choosing a rural location for the fall launch. Nancy in Astoria and Rhonda in Lincoln City are the two communities being considered. The kickoff will have to consider what is available and what is not in that area. There are pros and cons of each area. In Astoria, Nancy has strong connections with BCCP; she also has a good infrastructure through the hospital and the community. The cons are that the outreach for women with disabilities is limited. Nancy can obtain a list of disability resources for the hospital. The pros for Newport are that there is an active community and good connections including strong connections to the tribe. The cons are the lack of participation in BCCP. Rhonda is trying to navigate through city issues. Both communities were not sure of the number of women with mobility issues. Both have a connection with a spa/beauty salon to do a “pretty in pink” type kick off. Both have a connection with Relay for Life and both are excited and want to participate! Data indicates that Lincoln County lower screening and high cancer rates, and a higher number of lower socioeconomic status people. Transportation to the events needs to be considered. Both counties have a bus/shuttle service, but may not be accessible to all area. ILR has a specific grant for Astoria. The Steps Project was discussed. (http://www.ilr.org/programs.shtml) This program helps home care workers and the disabled work together constructively and this may be a resource to look to. The kick off event for Portland and the rural area need to be reflective of the area so may need to be set up differently. Need to think of making systems are in place in the area in order to support the program and the needs of the people it’s intended to serve. Astoria MS society sends out a monthly letter of 50 people or so but not sure of the level of disability. Nancy is working on getting further contacts. Rural communities tend to work with people they know personally. The expectation will be women with a wide variety of disabilities, thus the event needs to be open to all women with physical disabilities. The timeline is that in March 31, 2009 the program needs to be done, but like to have the kickoff before October. More community organizing needs to take place. Try to recruit the community to do some organizing. Need to do proactive thinking for year 3. An option to consider it to connect the metro event with the Women with Disabilities</p>	<ul style="list-style-type: none"> ☐ Jean to get transportation contacts in Astoria

	Health Equity coalition (WoWDHEC) community health workers	
Discussion	<p>Reaching Rural Oregon/Outreach to Rural Health Care Providers-An option presented to the group is to consider reaching rural health care providers in Oregon through the annual Rural Health Conference in September. We will need to decide what information to submit for the packets. Suggestion to possibly do a survey to find out what rural providers need and want. Need to find out what mechanisms work such infrastructure, what networks are in place that works? Need to determine what we can accomplish by September. It is good to integrate into something that is already established. The conference is 3 days and in Bend (location rotates) Need to think of other ways to reach rural women. Elizabeth offered to submit articles for Oregon Physician Magazine. Providers want tools and resources, such as breast health basics Elizabeth has a jeopardy style game that is a PowerPoint that she would be willing to share. Possibly provide information packets on jump dives and/or CD's.</p> <p>Use Komen Grantees as resources</p>	
Mammography screening in the Medicare Population	<p>Acumentra, presented by Brad Hall and Kelleen Bernard). The Center for Medicare and Medicaid Services (CMS) will begin a new prevention focus in August 2008, it is a 3-year program. It is a quality improvement program to increase screening rates for breast and colorectal cancer and immunization/flu vaccines for the Medicare population. It is designed to improve mammography rates and other screenings. Acumentra is implementing – DOCIT – Doctor Office Information Technology. This is a program the implements electronic health records (EHR) in clinics. There are 5 Independent Physician Associations (IPAs) clinics that are rolling out the DOCIT program: Central Oregon, Lane County, Mid Rogue, Mid Valley and Portland. This enables the doctors to have access to accurate and timely data. It takes a while to the doctors to use to it. There is a national effort to have every state move to this form of record keeping. Oregon is progressive in electronic records, 54% of doctors in Oregon use them and nationally the average is 23%, Consultation, tools, resources and work are provided by Acumentra. The goal is to have follow-up after the patient leaves the doctors office, such as a plan or screening reminders. Another part of the EHR is that a reminder can go to the doctor when he sees the patient and remind the patient that it's time for a certain screening. Health plans may help with follow up letters as well. Clinics report monthly to Acumentra. This new CMS prevention initiative will have a control group of clinics that are getting limited information, tools and care management training in order to test the effectiveness of the interventions.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Elvin is interested in discussing client documentation with Brad <input type="checkbox"/> Is there baseline data available?
Member Updates	<p>Lisa and Elvin are the new Co-Chairs – CONGRATULATIONS!! Nominations included Kristin Akinson (ACS) and Nancy Magathan, who both politely declined due to their current workload. Acumentra has a Relay for Life Team!</p> <p>OPCC will launch its got polyps? Campaign on April 22nd at Legacy Health System. Watch the website for the media kits and materials.</p>	
Next Meeting	<p>Thursday, May 22, 2008, 8:00 – 9:30am at Portland State Office Building, # 705</p> <p>Note- this date was changed from May 15th, the regularly scheduled third Thursday.</p>	