# UMPQUA HEALTH CONNECTION

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#### COORDINATED CARE REMINDER

# **Supporting LTSS and SHCN Populations**

When treating patients with complex conditions, proactive care coordination plays a vital role in promoting timely interventions, preventing avoidable hospitalizations, and supporting long-term health outcomes.

Under the Oregon Administrative Rules (OARs), all coordinated care organizations (CCOs) are required to provide specific care coordination services for the populations they serve.

# Umpqua Health Alliance (UHA) fully aligns with these standards, offering targeted support for two critical groups:

- Members receiving long-term services and supports (LTSS), as defined in OAR 410-141-3500
- Members with special health care needs (SHCN), as defined in OAR 410-120-0000

When a member is identified as LTSS and/or SHCN, UHA's Care Coordination team conducts a prompt, comprehensive assessment tailored to the member's medical and functional status. This ensures that chronic or acute conditions requiring treatment or monitoring are identified early and addressed effectively.

# Care coordination services for these members include:

- Development of an individualized care plan that addresses both current and potential health needs
- Ongoing reassessment to adapt the plan as the member's health evolves
- Interdisciplinary team (IDT)
   meetings with the member, their
   care team, and other relevant
   stakeholders—either as outlined in
   the care plan or within 14 days of a
   care transition (e.g., changes in level
   of care, setting, or care episode)

#### How you can help:

If your clinic or practice identifies a member who may qualify as LTSS or SHCN, please connect with the UHA Care Coordination team.

We are committed to ensuring no member falls through the cracks when it comes to integrated care.

Contact our team to initiate an IDT meeting or to discuss coordination support for your patients:



Care Coordination Umpqua Health 541-229-4842

HEALTH-RELATED SOCIAL NEEDS (HRSN)

# **Provider Guidance and Review Timelines**

Social determinants such as housing instability, food insecurity and unsafe living environments significantly impact health outcomes.

As clinical partners, your engagement in identifying and referring members for Health-Related Social Needs (HRSN) supports is critical to our shared goals of whole-person care.

Below is an overview of current review timelines and documentation requirements to help your practice streamline HRSN-related referrals and improve access for eligible members.

#### **Housing Supports**

- Rent and Utilities: Due to high demand, review times for rent and utility assistance currently range from 30 to 90 days. To help expedite decisions, please submit a fully completed request form along with all required documentation. Encourage members to continue making payments if they are able during the review process.
- Home Modification or Remediation:

  These requests also require 30 to 90
  days for review. Before processing, our
  community partners assist members with
  developing the required scope of work
  documentation.

#### **Climate Supports**

 Most requests are reviewed within 14 days of receiving a complete application. Missing documentation may cause delays. Once approved, allow up to 30 days for delivery of items.

#### **Nutrition Supports**

- Nutrition Education: Requests are generally reviewed within 14 days. Missing documentation may extend the timeline.
- Medically Tailored Meals: These requests require an initial nutrition care plan completed by a registered dietitian or primary care provider. Once a complete request is submitted, review typically occurs within 14 days. Approved meals are usually delivered within 30 days.

#### **Request Forms and Resources**

Request forms are frequently updated in accordance with Oregon Health Authority (OHA) guidance.

To ensure timely processing, always use the most recent forms, available under the Health-Related Social Needs (HRSN) Benefits section at <a href="https://www.umpquahealth.com/mem-bers/benefits-programs/health-related-so-cial-needs">www.umpquahealth.com/mem-bers/benefits-programs/health-related-so-cial-needs</a>

#### DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT

# **Available Through Oregon Wellness Network**

The Oregon Wellness Network (OWN) offers Diabetes Self-Management Education and Support (DSMES) for members with diabetes and related conditions. This evidence-based program equips participants with practical tools and education to improve glycemic control, enhance self-efficacy, and reduce complications.

Program components include:

- Living Well with Diabetes: A group workshop focused on self-management strategies, nutrition, physical activity, and medication adherence
- **Medical Nutrition Therapy:** One-on-one consultations with a registered dietitian
- Individual Diabetes Education:
   Personalized sessions with a certified diabetes educator

Providers can refer eligible patients using the online referral form: <a href="https://hipaa.jotform.com/223126536395155">https://hipaa.jotform.com/223126536395155</a>

#### **Resources for Your Patients**

- **DSMES Program Flyer:** www. umpquahealth.com/wp-content/ uploads/2025/07/DSMES-English.pdf
- Food Hero Diabetes-Friendly Recipes: www.umpquahealth.com/wp-content/ uploads/2025/07/Food-Hero-Diabetes-Friendly-Recipes English.pdf
- Food Hero Nutrition Classes: www. umpquahealth.com/wp-content/ uploads/2025/07/Food-Hero-Classes English.pdf
- Connect with Food Hero: www. umpquahealth.com/wp-content/ uploads/2025/07/Connect-with-Food-Hero.pdf



#### PHARMACY PRIOR AUTHORIZATION

# **Key Submission Guidelines for Providers**

To support timely access to medication and reduce administrative delays, Umpqua Health Alliance (UHA) has outlined key requirements for submitting pharmacy prior authorizations (PAs).

A complete list of covered medications is available in the Drug List and Prior Authorization section of our website.

#### **Submission Requirements**

All pharmacy PA requests must be submitted directly by the provider's office. Third-party submissions from platforms like CoverMyMeds are not accepted and will be dismissed.

UHA recommends using the Community Integration Manager (CIM) to submit, track and manage PAs. CIM streamlines the process by reducing paperwork and enabling direct communication with UHA's Member Services, Prior Authorization and Claims teams.

CIM access is required for all innetwork providers. To enroll, email <a href="mailto:PriorAuthorizations@umpquahealth.com">PriorAuthorizations@umpquahealth.com</a>.

# **Complete Submissions Prevent Delays** Include:

- Member name, UHA ID, date of birth
- Prescriber name, NPI, office contact, phone, fax
- Drug name, strength, dosage form, directions, quantity per day
- Duration of therapy
- Primary ICD-10 code
- Relevant chart notes or lab results

Incomplete requests are placed in the Additional Information queue and held for up to 72 hours before dismissal.

#### **Use the Correct Form**

- Medical benefit (e.g., infusions, injections): Professionally Administered Drug (PAD) PA form
- Pharmacy benefit: Medication PA form

Forms and the UHA drug list are available at: umpquahealth.com/pharmacy-services

Contact our team for PA assistance at <a href="https://www.uHPharmacyServices@umpquahealth.com"><u>UHPharmacyServices@umpquahealth.com</u></a>.

#### **THW CONNECTIONS CORNER**

#### TRADITIONAL HEALTH WORKERS

# **Spotlight: Chriset Palenshus**

Chriset Palenshus is a full-spectrum doula who has served Douglas County residents for the last three years. Like many traditional health workers (THWs), she provides critical support to individuals during vulnerable transitions, particularly during pregnancy, birth, and the postpartum period.

She is drawn to this work because it's accessible to those who want to care for their community.

"My clients have expressed so much gratitude, and I know how helpful having perinatal support would have been for me during the birth of my child," Chriset shared. "It is such a critical time that requires so much tending, and I love that I can be a part of that."

Chriset also sees a persistent gap in awareness and calls on providers to help bridge it.

"I don't think families know they can access our services and what our services are," she said. "I would like to see the providers encourage clients to get a doula. The evidence shows the outcomes are drastically improved with an independent doula. I would like to see every pregnant person who wants more support to have one. Everyone deserves all the support they need."

When asked what makes her effective in her role, Chriset replied:

"I speak truth to power and have a strong yet grounded personality. I have lived experience and a big heart."



Chriset Palenshus
Full-Spectrum Doula

Her advice to those considering the field:

"Do it! Get a mentor who has been doing it, and work with them to go through the process. Even if you work independently, you'll benefit from collaborating with others doing similar work."

#### **Why This Matters for Providers**

Doulas and other THWs are important extensions of the care team. Providers can help by:

- Educating patients about available perinatal support
- Referring interested patients to doula services
- Encouraging collaboration between clinical and nonclinical care partners
- When providers and THWs work in tandem, patient outcomes and satisfaction improve.

### THW CONNECTIONS CORNER

**COMMUNITY HEALTH WORKERS** 

# Lead Rural Curriculum Development

Community health workers (CHWs) across Douglas, Coos and Curry counties are leading an initiative to develop a locally tailored CHW foundational training curriculum. The goal is to strengthen CHW capacity to support members more effectively, particularly in rural care settings where access and continuity can be more challenging.

Multnomah County has shared its curriculum framework, which will serve as the foundation for this adaptation. A regional CHW-led workgroup will oversee the redesign to ensure the training reflects the realities of rural health systems and community needs.

As the CHW workforce expands, this initiative will support closer integration with clinical care teams. Providers may see improved alignment between CHWs and care coordination efforts, especially in serving members with complex needs or barriers to care.

The workgroup will define curriculum content, establish training processes, prepare the Oregon Health Authority (OHA) submission, and assist with tracking certification and renewal requirements.

If a CHW in your clinic or network is interested in participating, or if you'd like more information, contact UHA THW Liaison Andrea Brown at abrown@umpquahealth.com.



#### **CME FOR THEE**

**END-OF-LIFE** 

# **Doula Training**

The eight-week End-of-Life Doula Training is part of the Oregon Rural End-of-Life Doula Initiative. This professional development opportunity is open to residents of the following rural counties: Jackson, Josephine, Douglas, Morrow, Gilliam, Wheeler, Baker and Malheur.

#### **Program Highlights:**

- No tuition for selected applicants, thanks to support from the Wheeler Foundation
- Participants will learn the doula model of care, develop support plans for individuals with serious or terminal illness, and connect with other trainees statewide
- Time commitment is 6–10 hours per week, including self-study and virtual Zoom sessions protocols
- Strategies to support adherence and longterm engagement



#### **Led by Peaceful Presence Project**

#### **Important Dates:**

- Application deadline: Sept. 1, 2025
- Notification of acceptance: Week of Sept. 8, 2025

To view the full curriculum and apply, visit the Peaceful Presence Project professional training page at: <a href="https://www.thepeacefulpresenceproject.org/doulatraining">www.thepeacefulpresenceproject.org/doulatraining</a>

For questions, contact: <u>info@</u> thepeacefulpresenceproject.org

### **CME FOR THEE**

PHARMACOTHERAPY FOR ALCOHOL USE DISORDER

# Best Practices and Clinical Strategies

This two-hour, interactive online module helps prescribing providers improve outcomes for patients with alcohol use disorder (AUD) by integrating FDA-approved medications into treatment plans.

Designed for outpatient and inpatient prescribers, this course covers:

- FDA-approved medications for AUD, including mechanisms of action, efficacy, and safety profiles
- Patient-specific considerations for medication selection
- Initiation, monitoring, and adjustment protocols
- Strategies to support adherence and longterm engagement

**Target audience:** Prescribing providers in outpatient or inpatient settings

**Time commitment:** Approximately two hours, self-paced

**Accreditation:** Meets ACGME competencies in patient care, medical knowledge, professionalism, and systems-based practice

To access the course, visit:

<a href="https://learning.pcss-maud.org/products/">https://learning.pcss-maud.org/products/</a>

pharmacotherapy-for-alcohol-use-disorder-bestpractices-and-clinical-strategies?referral=AMA

<a href="https://products/">Pharm bestprac</a>



### **CLINICAL CORNER**



**NEJM JOURNAL WATCH** 

# As-Needed Albuterol/Budesonide for Mild Asthma

About one-third of severe asthma exacerbations occur in patients with "mild" asthma. In alignment with this, Global Initiative for Asthma (GINA) guidelines recommend that all patients with asthma, regardless of severity, use an inhaled corticosteroid (ICS) plus beta-agonist for as-needed "rescue" treatment.

In this manufacturer-sponsored study, 2,500 adults were randomized to receive:

- As-needed albuterol/budesonide (180 μg/160 μg in a single inhaler, two puffs per dose—marketed as AIRSUPRA)
- **Albuterol alone** (180 μg), for up to 52 weeks

Most participants were previously using only as-needed albuterol. Over 12 to 52 weeks of follow-up:

- 5% of patients in the albuterol/ budesonide group had severe exacerbations vs. 9% in the albuterol-alone group
- The albuterol/budesonide group had less than half the total exposure to systemic glucocorticoids (mean, 23 mg vs. 62 mg per year)

#### **Comment (from Dr. Amrol):**

"We should no longer tell patients to use plain albuterol. Ideally, all patients with asthma should use ICS/ formoterol as their rescue inhaler and as part of their maintenance and reliever therapy. Patients with milder asthma who don't require daily maintenance treatment and who don't have access to ICS/formoterol should be offered albuterol/ICS (ideally in a single inhaler or in two separate inhalers) for as-needed treatment. However, cost and insurance coverage will often dictate what we're able to prescribe to any given patient."

#### **Source:**

LaForce C et al. As-needed albuterol-budesonide in mild asthma. N Engl J Med 2025 May 19; [e-pub]. (https://doi.org/10.1056/NEJMoa2504544)

#### **COMMUNITY ANNOUNCEMENTS**

#### UMPQUA HEALTH ALLIANCE

# **Health Care Interpreter Registry**

Accurate and timely interpreter access is essential to delivering safe, equitable, and compliant care.

In addition to the statewide Health Care Interpreter (HCI) Registry, providers in Douglas County now have access to a localized interpreter dashboard that streamlines access to interpreters serving our region.

This localized dashboard includes Oregonqualified and certified interpreters who have confirmed their availability to accept referrals in Douglas County. It also provides helpful scheduling logistics, including:

- Service type (virtual or in-person)
- Availability
- Minimum notice requirements

Several Douglas County clinics also employ in-house HCIs who may be available to support direct care teams.

#### **Interpreter Resources**

- **Douglas County Interpreter Dashboard:** View local interpreter availability
- Statewide HCI Registry: Search Oregon's certified interpreter database

We recommend bookmarking these resources and sharing it with staff who schedule or coordinate interpreter services.

Consistent use of qualified interpreters supports Oregon Health Authority (OHA) compliance and improves health outcomes.



Building Tomorrow *Together* 

BACK TO BASH SCHOOL BASH

Join us for a free, familyfriendly celebration!

# **FEATURING:**

- Raffle prizes
- Free food
- Free sports physicals
- Cost-free youth vaccines
- Free hair cuts
- Community resources
- Extracurricular spotlights
- Free backpacks & bike helmets



21st aug / 3PM-7PM
SOUTH UMPQUA HIGH SCHOOL













umpquahealth.com/b ack-to-school-bash/



OPEN TO ALL Construimos el mañana juntos

FIESTA DE REGRESO A LA ESCUELA

Participe con nosotros de una celebración gratuita y familiar.

# **PRESENTAMOS:**

- Premios de rifa
- Comida gratis
- Exámenes físicos para deportes gratuitos
- Vacunas para jóvenes sin costo
- Cortes de pelo gratis
- Recursos comunitarios
- Actividades extracurriculares destacadas
- Mochilas y cascos para bicicleta gratis



21 de ago. / 3 p. m. a 7 p. m.
SOUTH UMPQUA HIGH SCHOOL













umpquahealth.com/b ack-to-school-bash/



TODOS SON

**BIENVENIDOS** 

Estudiantes, familias y miembros de la

#### **NETWORK NEWS**

UMPQUA HEALTH ALLIANCE

# **Network Changes**

The following providers have been added or removed from the Umpqua Health Alliance network:



Need Help?
<u>For Providers</u>

Umpqua Health Alliance
umpquahealth.com/providers

#### + Added

- Judy Black, MD Evergreen Family Medicine, Harvard | March 7, 2025
- Cassandre Cressal, PMHNP Evergreen Family Medicine, Edenbower | September 22, 2025
- Jeramie Daniel Goodell, CRM Adapt Integrated Health Care | June 2, 2025
- Kiana Lynn Hendrix, QMHA Adapt Integrated Health Care | May 27, 2025

#### - Termed

- Kristine Lynn Fitts, CSWA, QMHP-R –
   Adapt Integrated Health Care | July 16, 2025
- Connie Ann Grice, QMHP-R Adapt
   Integrated Health Care | August 1, 2025
- April Marie Flamion, PCC(Primary Care Case Manger) – Adapt Integrated Health Care | July 21, 2025
- Dawn Renae Rarick, QMHA-I Adapt Integrated Health Care | July 21, 2025
- Brenda Butterfield, QMHA-I Adapt
   Integrated Health Care | August 6, 2025
- Joanne O'Brien, MD PeaceHealth | July 9, 2025
- Logan Nash Gull Roseburg Foot and Ankle Specialist | June 28, 2025





#### Who can receive services?



- Any family with a newborn or baby under 3 months old is eligible for Family Connects services.
- All families are accepted including bereaved, foster, and adoptive families
- Private insurances and Oregon Health Plan are required to cover the service and families will not be charged for any service provided.

#### What we do



- Infant health assessment including vitals, physical assessment, and weights and measurements.
- Post partum health assessment including blood pressure, vitals,
   questionarries about nutrition, bleeding, and any post partum warning signs
- Post partum mood disorder screening, substance use screening, and interpersonal violence screening.
- Feeding help either breast or bottle feeding
- Answer parent's questions
- Provide referrals to other community supports parents might need
- All families receive an initial Welcome Bag with sleep sack, books, infant thermometer, handouts, and other newborn items they may need.

### Who provides the service?



- UCAN provides Family Connects using qualified Registered Nurses that are trained in breastfeeding support, infant care, and post partum health.
- All Registered Nurses participate in regular continuing education and are supervised on a regular basis.

#### How to refer

- Online at ucancap.org/referral/
- Email or Fax a CORE form to 1-541-804-7234
- Call 541-440-3622



### **NETWORK NEWS**

UMPQUA HEALTH ALLIANCE

# Social Determinants of Health Clinical & Community Partner Collaborative

Umpqua Health Alliance (UHA) invites clinical and community partners to participate in our Biannual Social Determinants of Health (SDoH) Clinical and Community Partner Collaborative.

This interactive virtual event brings together teams involved in social needs screening and referral processes. It's an opportunity to share insights, strengthen partnerships and develop strategies to improve SDoH outcomes across the region.

We encourage organizations to attend as teams. Group participation supports workflow alignment, shared learning, and more effective implementation of SDoH initiatives.



# Led by Umpqua Health Alliance

Social Determinants of Health (SDoH)

Thursday, Nov. 6 | 12 PM - 1:30 PM (Virtual Meeting)



Register & Reserve Your Spot!

**Umpqua Health Alliance** *umpquahealth.com* 

For more information:

Umpqua Health Alliance
Quality Improvement
UHQualityImprovement@umpquahealth.com

# **DENTAL DIGEST**

DOUGLAS PUBLIC HEALTH NETWORK

# Hepatitis C: A Curable Infection Still a Priority in Douglas County

Hepatitis C (HCV), a bloodborne virus that can lead to serious liver damage, remains a public health priority in Oregon. Although most infections can now be cured with 8–12 weeks of oral medication, many Oregonians are unaware they are infected or face barriers to accessing care.

#### The CDC recommends:

- One-time screening for all adults aged 18 and older
- Screening during every pregnancy, regardless of risk
- Routine testing for individuals with ongoing risk, such as injection drug use

While Douglas County has not experienced a recent increase in reported hepatitis C cases, statewide data show ongoing transmission—particularly among younger adults and people who inject drugs. Early diagnosis and treatment are key to preventing complications and reducing the risk of spread.

Direct-acting antiviral (DAA) medications have significantly improved hepatitis C treatment, offering cure rates of over 95%. The Oregon Health Authority supports expanded access to screening and treatment, especially in primary care settings.



Despite treatment advancements, challenges remain. Stigma, limited access to specialty care, and system navigation barriers can prevent patients from getting the care they need. Oregon's simplified treatment model empowers primary care providers to prescribe HCV medications, expanding access in rural areas like Douglas County.

#### Providers are encouraged to:

- Include HCV screening in routine adult care
- Treat or refer patients upon diagnosis
- Support harm reduction services, including syringe service programs

Through sustained attention and local engagement, Douglas County can contribute to Oregon's goal of eliminating hepatitis C.

For questions regarding these updates, please contact Provider Relations at UHNProviderServices@umpquahealth.com.

# **DENTAL DIGEST**

#### ADVANTAGE DENTAL

# Tips for Maintaining a Healthy Mouth During Pregnancy

Pregnancy and its associated hormonal and bodily changes can alter your body's chemistry, which may affect your oral health. The good news is you and your dentist can successfully navigate these concerns. Follow these tips to maintain good oral health throughout your pregnancy.

#### Can You Go To the Dentist While Pregnant?

Notify your dentist and schedule an appointment for a checkup as soon as you know you're pregnant.

Dental x-rays are safe during any stage of pregnancy. If the dentist recommends routine x-rays, rest assured, they will place a lead apron over your abdomen for your and your developing baby's safety.

It's best to complete any cleanings or necessary treatments by the end of your second trimester as it can be more difficult to lie back on a dental chair for an extended period of time during the third trimester.

# Managing Morning Sickness to Maintain Oral Health

If you have morning sickness, your teeth are exposed to stomach acids that can wear away tooth structure - avoid toothbrushing immediately after and instead rinse with a diluted solution of 1 cup water and 1 tsp baking soda to neutralize the acid.

# Advantage **Dental**+

# How To Manage Dry Mouth During Pregnancy

Hormone changes during pregnancy can cause a decrease in saliva flow, which can cause an uncomfortable condition called dry mouth (xerostomia). Without enough saliva to wash away bits of food and debris, the chances of plaque buildup and cavities can increase which in turn can lead to gum disease and cavities.

# Here's a few easy solutions to relieve pregnancy dry mouth:

- Stay hydrated drink plenty of water.
- Suck on crushed ice or small ice cubes.
- Chew sugar-free gum or suck on sugarfree hard candies to stimulate saliva flow.
- Run a humidifier in your room while you sleep to increase air moisture.
- Maintain your regular oral health routine – brush twice daily with fluoride toothpaste and floss once a day. It's more important than ever to practice good oral health habits when pregnant.
- Eat a healthy diet. Limit snacking between meals and eating sugary foods.

#### Read the full article:

https://www.advantagedental.com/blog/can-you-go-to-the-dentist-while-pregnant



#### For more information:

Advantage Dental (866) 268-9631 advantagedental.com



# **THANK YOU**

Thank you for reading our Monthly Provider Newsletter. Utilize this as a resource — your success is vital to the health and well-being of our members.



Questions and suggestions regarding a specific topic: Contact, **Dr. Douglas Carr** at <u>dcarr@umpquahealth.com</u>

More information about the newsletter: Contact, **Alexis Cole** at <u>acole@umpquahealth.com</u>







