

Clinical Advisory Panel (CAP) Meeting Attendance

Date: December 1, 2016

Location: [X] MCMC [] Providence

	Dec 1	Nov 3	Oct 6	Sep 1	Aug 4	Jul 14	Jun 2	May 5	Apr 7	Mar 3
VOTING MEMBERS										
Al Barton, Licensed Professional Counselor	X	X	X	X	X	P	X	X	^	X
Alison Little, MD, MPH	^	^		^	X	X	^	X	^	^
Andrew Roof, MPT, Physical Therapy	X		^	X		P		X	^	X
Ashley Danielson, RDH, Advantage Dental				X	X			X		
Doug Grissom, MD, Family Medicine	X	X	X	X		X		X		
Elizabeth Aughney, DDS, Dental	X	X		X	X	X	X	X	^	X
Elizabeth Foster, MD, Family Medicine	X	X	X	X	X	X	X	X	X	
Eric Holeman, PharmD, Pharmacy, Cancer Committee Liaison	X	X	X		X	X			X	
Judy Richardson, MD, Family Medicine, Medical Director	X		X	X	X	^	^	X	X	
Kim Humann, MD, Psychiatrist	X	X	^	X	X	X	X	X		X
Lisa Grant, MD, Neurology, Medical Specialty Care				X	^			X		X
Mimi McDonnell, MD, NCPHD	X	X		X	X	X	X	X	X	X
Nathan Ullrich, MD, Urology, Surgical Specialists		P						X		X
Nicole Pashek, MSN, ARNP, Nurse Practitioners		X	X	^		X			X	
Robin Henson, MD, Obstetrics and Gynecology, Medical Director	X		X	X	X		X	X		X
Susan Jepson-Deresta, LCSW, HR School District	X	X		X	X					
Trish Elliott, BSN, Public Health Nursing	X	X	X	X	X	X	X		X	X
LIAISONS										
PacificSource, Kristen Dillon, MD		P	X	X		X	X	^	X	X
OHA, Dustin Zimmerman, Innovator Agent			X	P	X	X	X	X	X	
Susan Lowe, CAC Liaison	X	X	X	X	X		X	X	X	X
EXTENDED MEMBERS										
CGHC, Coco Yackley	X	X	X	X	X	X	X	X	X	X
CGHC, Suzanne Cross	X	X	X	X	X	X	X		X	X
CGHC, Claire Ranit								X	X	
CGHC, Leslie Stegeman	X	X								
Deschutes Rim, Sharon DeHart, PA-C						X		^	^	
Kidz Dental Zone, J. Kyle House, DDS		X		P^			^	X		P

Little Shredders Dental, Chris Swisher, DDS, Pediatric Dentist				P		X		X		
MCMC, Mark England, RN	^	P	X	P	X		X	X		X
NCPHD, Jeremy Hawkins	X		X	P	X		X			
Northwest Pediatrics & Adolescent Medicine, Rich Martin, MD	^	P	^	P		P			P	
One Community Health, Lisa Sponhauer	X	X	X	P			X		X	
PacificSource, Heather Simmons	X		X	P	X	X	X	X	X	X
PacificSource, Ralph Summers	X	P			P	^	X	X		
PacificSource, Trudy Townsend	X	P^	^	P	X	X				^

X –in the room; ^ - on the phone; P – partial attendance

Clinical Advisory Panel (CAP) Meeting Minutes

Date: December 1, 2016

Location: [X] MCMC [] Providence

Agenda Item	Duration, Presenter, and CAP Action Required
Welcome & Introductions & Announcements	New guests include: Katy Williams- CGHC Bridges to Health HUB Coordinator, Gail Bacon- MCMC, Emma Peiris- OHSU
Additions and Deletions Conflicts of Interest Non Agenda items	None
Approval of November Minutes	On a motion made and seconded, the November minutes were approved unanimously.
Recent CGHC Board agenda	No Board meeting in November to review.
PacificSource Updates <ul style="list-style-type: none"> • QHOC updates • Specific QIM progress updates 	<p>Alison Little gave a QHOC update discussing materials since September. Of note, she shared that 2017 Challenge Pool Measures have been finalized:</p> <ul style="list-style-type: none"> • Effective Contraceptive Use (replaces Diabetes: HbA1c), • Developmental Screening, • Depression Screening, • SBIRT. <p>New performance metric for hospitals with regards to opioid prescribing called Incentive Measure Program for DRG hospitals in Oregon. To qualify for payment, hospitals would have to report on all three parts of the measure, but reduce the total average morphine equivalent strength by 1% from the baseline. This measure is for hospitals - not CCO's:</p> <ul style="list-style-type: none"> • Average number of pills per opioid Rx in the ED • Total average morphine equivalent dose, strength per prescription written in the ED, • Percent of ED visits that result in an opioid Rx, Contingency for Year 4 (if pay-for-performance required): <ul style="list-style-type: none"> ★ Alison will send more information regarding the possible 2018 health equity measure out for consideration. <p>Kristen Dillon reviewed specific QIM progress updates. There was a suggestion to change how the request to not share the data is expressed. It is free to be shared within CCO contacted entities. Of note the state reevaluated the childhood immunization measure on November 30th. Our new target is 79% which is the equivalent of 12 children.</p> <ul style="list-style-type: none"> ★ For clinical measures, the care teams need to use the same lists that the IT team uses to send for the QIM. Some EHRs allow for different approaches to generate lists and they may have different results. ★ MCOC, OCH and Providence to follow-up up on their specific immunizations. <p>There were some suggestions for strategies for 2017:</p> <ul style="list-style-type: none"> ★ As of January, there is a new CPT code for SBIRT. Clinics should make sure providers and IT are aware of change effective Jan 1, 2017

	<ul style="list-style-type: none"> ★ Trish recommended clinics suggesting to parents the recommended earliest age for immunizations rather than the latest age. ★ There was a request for PacificSource to send out AWCV letters in January and possibly in their birthday month. There was lots of discussion around possible ways to increase AWCV's. ★ Sue Jepson will contact both high schools to get in touch with the advisors for the Health Media Clubs to discuss possible outreach activities.
<p>Finalize recommendation for QIM Funds</p>	<p>The CAP discussed briefly the reports sent in by the clinics regarding how their previous QIM payments were utilized. Overall, positive feedback from the CAP about the reports provided and special shout out to Summit Family Medicine on a very well-written report.</p> <p>Kristen reviewed the “regional quality pool calculator”. It was clarified that when specific metrics weren’t met in the future- there would be no funds attributed to those metrics.</p> <p>There was a three-part motion made, seconded and approved:</p> <ol style="list-style-type: none"> 1. The calculator framework was approved. The specific percentage breakouts for 2015 QIMs was approved. However, the CAP wants to re-evaluate the percentage breakouts for 2016 & 2017 in early 2017 to ensure alignment of Gorge CCO values versus being measured only on the state QIM's. 2. For the Dental funds, the dental workgroup would form a recommendation to the CAP on how to distribute the dental QIM funds. The CAP's direction to the dental workgroup is to utilize the funds in a way that has clear local benefit. 3. For CAHPS satisfaction with care, this is a measure of PacificSource Health Plan customer service. Two options were discussed – Option A: set aside for non-eligible organizations to access or Option B: set to \$0 and redistribute. Decision from the CAP is to apply \$0 to this metric and redistribute the money evenly. <p>Alison voted “no” to the third part of the motion because she preferred Option A. She feels it is important to value the work of others who are ineligible for the QIM payouts using the calculator but who did contribute to the work. The proposal from the CAP is to request from the Board the ability to utilize the \$40,000 of unallocated from 2013+2014 QIMs to serve this purpose.</p> <p>There was a clarification that all clinics that have members assigned to them benefit from the QIM measurement payments.</p> <p>Coco reviewed the process of the distribution of the money. There will be forms used for the clinics to complete in order to get their funding from PacificSource. The goal of the form is to outline what the intention is on behalf of the organization for the use of the funds.</p>
<p>Patient-Centered Primary Care Home (PCPCH) Changes for 2017</p>	<p>Kristen Dillon asked the group what their intention was for applying for certification for PCPCH. To stay at Tier 3, clinics will need to add surveying patients on experience at the end of two years otherwise they will fall back to Tier 0. Care coordination services, integrated behavioral health and team based care are the three big changes for the new regulations.</p> <ul style="list-style-type: none"> ★ Coco to check into possible “shared” approaches for customer surveys.

Meeting feedback	<p>What went well: we got through the agenda, well organized presentations, everyone participated, attendance was high, good amount of allotted time to discuss, appreciation for members to acknowledge good versus perfect, appreciation for the organizations getting their input back, appreciation for motion made.</p> <p>Opportunities for improvement: QHOC presentations are very dense in content – would like to try focusing on a few targeted topics in lieu of brief overview of all material, PS to regroup clinics appropriately.</p>
Next Meeting	January 12, 2017 @ Providence, 6-8 pm

Acronyms	
<p>A1C. Specific test for monitoring diabetes</p> <p>ACE. Adverse Childhood Experience</p> <p>ADHD. Attention Deficit Hyperactivity Disorder</p> <p>AGA, Aging in the Gorge Alliance</p> <p>AHA, Affordable Care Act</p> <p>APD. Adults & Peoples with Disabilities</p> <p>AWCV. Adolescent Well Child Visit</p> <p>BMI. Body Mass Index</p> <p>CAHPS. Consumer Assessment of Healthcare Providers and Systems</p> <p>CAWEM, Citizen Alien Waived Emergent Medical</p> <p>CCO. Coordinate Care Organization</p> <p>CGFM. Columbia Gorge Family Medicine</p> <p>CGHC. Columbia Gorge Health Council</p> <p>CHA. Community Health Assessment</p> <p>CHARA. Community Health Advocacy & Research Alliance</p> <p>CHIP. Children’s Health Insurance Programs</p> <p>CHIP. Community Health Improvement Plan</p> <p>CME. Continuing Medical Education</p> <p>CMS. Center of Medicaid Services</p> <p>COIPA. Central Oregon Independent Practice Assoc.</p> <p>CRAFFT. (Adolescent Screening Technique) Car, Relax, Alone, Forget, Friends, Trouble</p> <p>CRC. Colorectal Cancer</p> <p>DCO. Dental Care Organization</p> <p>eCQM. Electronic Clinical Quality Measure</p> <p>ECU. Effective Contraceptive Use</p> <p>ED. Emergency Department</p> <p>EHR. Electronic Health Record</p> <p>FIT. Fecal Immunochemical Test</p> <p>GGFN. Gorge Grown Food Network</p> <p>GOBHI. Greater Oregon Behavioral Health Inc.</p> <p>HERC. Health Evidence Review Committee</p> <p>HIE. Health Information Exchange</p>	<p>HIT. Health Information Technology</p> <p>HRCHD. Hood River County Health Department</p> <p>HRCPD. Hood River County</p> <p>HTN. Hypertension</p> <p>IIS. Immunization Information System</p> <p>IMMS. Immunizations</p> <p>MA. Medical Assistant</p> <p>MCCFL. Mid-Columbia Center For Living</p> <p>MCEDD. Mid-Columbia Economic Development District</p> <p>MCHA. Mid-Columbia Housing Authority</p> <p>MLR. Medical Loss Ratio</p> <p>NCPHD. North Central Public Health District</p> <p>NICH. Novel Interventions in Children’s Healthcare</p> <p>OCDC. Oregon Child Development Coalition</p> <p>OCH. One Community Health</p> <p>OHA. Oregon Health Authority</p> <p>OHP. Oregon Health Plan</p> <p>OHPB. Oregon Health Policy Board</p> <p>OHSU. Oregon Health and Science University</p> <p>OKQ. One Key Question</p> <p>ONE. Oregon Eligibility</p> <p>ORPRN. Oregon Rural Practice-Based Research Network</p> <p>OSAA. Oregon School Activities Association</p> <p>PCP. Primary Care Provider</p> <p>PCPCH. Patient-Centered Primary Care Home</p> <p>POTA. Pain and Opiate Treatment Advisory</p> <p>QHOC. Quality & Health Outcome Committee</p> <p>QIM. Quality Incentive Measure</p> <p>RWJF. Robert Wood Johnson Foundation</p> <p>SBHC. School-based Health Center</p> <p>SBIRT. Screening, Brief Intervention and Referral for Treatment</p> <p>SBST. STarT Back Screening Tool</p> <p>SNAP. Supplemental Nutrition Assistance Program</p> <p>TANF. Temporary Assistance for Needy Families</p>