

Clinical Advisory Panel (CAP) Meeting Attendance

Date: April 6, 2017

Location: [X] MCMC [] Providence

	Apr 6	Mar 2	Feb 2	Jan 12	Dec 1	Nov 3	Oct 6	Sep 1	Aug 4	Jul 14
VOTING MEMBERS										
Al Barton, Licensed Professional Counselor	^	X	^	^	X	X	X	X	X	P
Alison Little, MD, MPH	^	X	^	^	^	^		^	X	X
Andrew Roof, MPT, Physical Therapy	X	X	X		X		^	X		P
Ashley Danielson, RDH, Advantage Dental	X	^	^	^				X	X	
Doug Grissom, MD, Family Medicine	X	X	X		X	X	X	X		X
Elizabeth Aughney, DDS, Dental	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
Judy Richardson, MD, Family Medicine, Medical Director		X	X	^	X		X	X	X	^
Kim Humann, MD, Psychiatrist	X	X	^	^	X	X	^	X	X	X
Mimi McDonnell, MD, NCPHD	^	X	X		X	X		X	X	X
Nathan Ullrich, MD, Urology, Surgical Specialists						P				
Nicole Pashek, MSN, ARNP, Nurse Practitioners	X	X	X	^		X	X	^		X
Robin Henson, MD, Obstetrics and Gynecology, Medical Director	X	X	^	^	X		X	X	X	
Susan Jepson-Deresta, LCSW, HR School District	X		^	^	X	X		X	X	
Trish Elliott, BSN, Public Health Nursing	X	X	X	^	X	X	X	X	X	X
LIAISONS										
PacificSource, Kristen Dillon, MD	X		X	^		P	X	X		X
OHA, Dustin Zimmerman, Innovator Agent	X		^	^			X	P	X	X
Susan Lowe, CAC Liaison	X	X	X	^	X	X	X	X	X	
EXTENDED MEMBERS										
CGHC, Coco Yackley	X	X	^	^	X	X	X	X	X	X
CGHC, Suzanne Cross		X	X	^	X	X	X	X	X	X
CGHC, Claire Ranit										
CGHC, Leslie Stegeman	X	X		^	X	X				
Deschutes Rim, Sharon DeHart, PA-C		^								X
Kidz Dental Zone, J. Kyle House, DDS			^			X		P^		
Little Shredders Dental, Chris Swisher, DDS, Pediatric Dentist								P		X
MCMC, Gail Bacon	^		X							

MCMC, Mark England, RN		X	X		^	P	X	P	X	
NCPHD, Jeremy Hawkins	X	X			X		X	P	X	
Northwest Pediatrics & Adolescent Medicine, Rich Martin, MD		P	X		^	P	^	P		P
One Community Health, Lisa Sponhauer	X	X			X	X	X	P		
PacificSource, Elke Towey	X	X	X							
PacificSource, Heather Simmons		X	^	^	X		X	P	X	X
PacificSource, Ralph Summers		X			X	P			P	^
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: April 6, 2017

Location: [X] MCMC [] Providence

Agenda Item	Duration, Presenter, and CAP Action Required <ul style="list-style-type: none"> • Advance the Thinking - Make progress on a topic such as defining the problem, grouping ideas into themes, evaluating options. • Obtain Feedback - Seeking feedback and/or suggestions but the presenter does not want the group to decide • Make Decisions - Deciding on a specific item and bringing the topic to closure. • Improve Communication - Strengthen working relationships by sharing feelings or dealing within interpersonal tension. • Build Community - Strengthen the bonds among people who work together and boost morale • Build Capacity – Developing the overall skills of the group • Share Information - An announcement, report or presentation with no decision making, input or advancing the thinking
Welcome & Introductions	Guests included: Molly Johnson, Advantage Dental; Deborah Loy, Capitol Dental
Announcements	<p>Dr. Brooks from the American Cancer Society (ACS) will be coming to the Gorge on May 18th (venue and exact time TBD) to present to Medical Assistant’s (MAs) and Community Health Worker’s on colorectal cancer screening. Continuing Education will be available for MAs.</p> <ul style="list-style-type: none"> ❖ Elke to send along details when known. <p>Aging in the Gorge event: slots still available for CAP members</p> <p>Resignation of Eric Holmes announced</p>
Additions and Deletions Conflicts of Interest Non-Agenda items	Request from Kim Humann to spend time on a Vision for the CAP
Approval of March Minutes	Approved
Recent CGHC Board agenda	Review of summary and next steps from Health Services Summit. <ul style="list-style-type: none"> ❖ Once final edits are made by Coco, CAP will get full document summarizing outcomes of the meeting for selection of future potential topic.
Regional Quality Pool (QIM) Grant document status <ul style="list-style-type: none"> • Clinics • Dental Care Organizations (DCO) 	Kristen Dillon—All quality pool proposals in the packet have been approved and funded. Nearly all money is going into relatively new staff roles in health care. <p>Kristen Dillon/Elizabeth Aughney DCO proposals on QIM oral health money reviewed:</p> <ul style="list-style-type: none"> • Moda/ODS requested a speaker on dental sealants at Mid-Columbia Dental Society • Capitol to add support at One Community Health for sealant program • Advantage request for additional dental hygiene FTE for referrals in Wasco county, esp for Department Human Services (DHS) children.

	CAP approved all 3 proposals.
2016 QIM Status	Elke shared an updated 2016 QIM status as of April 6. The Gorge region will meet at least 11 of the QIM, putting us as 70% of the quality pool. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores could put us at meeting 12 or 13, either of which will result in 80%.
2017 Performance focus area <ul style="list-style-type: none"> • DHS Custody • Emergency Department (ED) Utilization 	<p>Elke shared the current (as of 4/5/7) DHS log, as well as the revised DHS foster parent letter. The foster letter states that DHS allows the foster parent to consent to treatment for the child in custody and grants release of treatment information back to the foster parent. The CAP supported the letter and gave a few suggestions to make consent language more specific.</p> <p>Keshia Bigler presented highlights of an ED Utilization best practice review, as well as an overview of issues and recommendations for the Gorge. There was interest in data on both ED super users and avoidable ER visits. The CAP discussed the need to act may be greater than the need for more data. Specific candidate actions included:</p> <ul style="list-style-type: none"> • The CAP to request the CGHC Board to initiate a program to expand urgent care hours in The Dalles for both walk-ins and established patients. Some dialog regarding whether this should be a free-standing facility or through existing organizations. • Formally encourage Mid-Columbia Medical Center to take on a risk contract with a metric for access. • Request PacificSource to modify the PCP assignment process to only include clinics with adequate urgent care access. • For clinics with limited access, request that the front desk staff refer patients calling in for urgent care to other clinics that have urgent care access. <p>Keshia to include Mental Health (MCCFL) into the Gorge ED workgroup.</p> <ul style="list-style-type: none"> ❖ Next steps: create a smaller work group to draft CAP resolution for recommendations & requests for action to reduce ED utilization. <p>Coco provided a summary of discussion at Technical Advisory Group (TAG) for the Metrics & Scoring Committee. The Effective Contraceptive Use (ECU) metric may change in the future.</p> <ul style="list-style-type: none"> ❖ Coco to resend the previously written CAP letter on the ECU metric for updating.
CAP Sub-group report out <ul style="list-style-type: none"> • Pain and Opiate Treatment Advisory (POTA) 	<p>This topic was deferred to the June CAP meeting.</p> <p>Consideration should be given to sunset the POTA committee if it's no longer needed. Opioid use among the Medicaid population is slowly trending downward.</p>
Finalize Recommendation to Board on 2016 QIM Fund Distribution <ul style="list-style-type: none"> • Allocation approach to qualifying providers • Prioritized list of community-wide 	<p>Seeking recommendation from CAP about state quality pool money at the end of June 2017, based on 2016 performance. Specifically, what should happen with money that goes to providers, and how to allocate the split between providers and other uses. The Board will make the final decision. The Regional Quality Pool Calculator has suggestions for disbursement method of funds. Questions posed by the CAP:</p> <ul style="list-style-type: none"> • What's the best way to include PacificSource in the allocation process given that some of the work is by PacificSource staff specifically? • Review and decide on the allocation across groups (PCP, MH, Dental, Public Health).

	<p>Concern was expressed about taking QIM funds off the top. The CAP was reminded that the money from the quality pool must be spent by PacificSource within 9 months of receipt, though it would be optimal to have funds out by October 2017.</p> <ul style="list-style-type: none"> ❖ Coco to send CAP a revised Quality Pool Calculator to CAP voting members for feedback prior to the next meeting. ❖ Beth/Kim bring discussion and questions to the April Board meeting for final recommendation in May CAP <p>CAP co-chairs requested CAP members to prepare for the May meeting by imagining uses for the quality pool money to support future work of CAP. Kim H started the list with integrating substance abuse, more maternal case management referrals, substance abuse & tobacco interventions for youth</p>
Next Meeting	May 4, 2017 @ Providence, 6-8 pm

Acronyms	
<p>A1C. Specific test for monitoring diabetes ACA. Affordable Care Act ACE. Adverse Childhood Experience ADHD. Attention Deficit Hyperactivity Disorder AGA. Aging in the Gorge Alliance APD. Adults & Peoples with Disabilities AWCV. Adolescent Well Child Visit BMI. Body Mass Index CAHPS. Consumer Assessment of Healthcare Providers and Systems CAWEM, Citizen Alien Waived Emergent Medical CCO. Coordinate Care Organization CGFM. Columbia Gorge Family Medicine CGHC. Columbia Gorge Health Council CHA. Community Health Assessment CHARA. Community Health Advocacy & Research Alliance CHIP. Children’s Health Insurance Programs CHIP. Community Health Improvement Plan CME. Continuing Medical Education CMS. Center of Medicaid Services COIPA. Central Oregon Independent Practice Assoc. CRAFFT. (Adolescent Screening Technique) Car, Relax, Alone, Forget, Friends, Trouble CRC. Colorectal Cancer DCO. Dental Care Organization DHS. Department of Human Services DNR. Do Not Resuscitate DTAP. Vaccine for Diphtheria, Tetanus and Pertussis eCQM. Electronic Clinical Quality Measure ECU. Effective Contraceptive Use ED. Emergency Department EHR. Electronic Health Record EMR. Electronic Medical Record FIT. Fecal Immunochemical Test FP. Foster Parent GGFN. Gorge Grown Food Network GOBHI. Greater Oregon Behavioral Health Inc. HERC. Health Evidence Review Committee</p>	<p>HIE. Health Information Exchange HIT. Health Information Technology HRCHD. Hood River County Health Department HRCPD. Hood River County HTN. Hypertension IIS. Immunization Information System IMMS. Immunizations LARC. Long-acting Reversible Contraceptive MA. Medical Assistant MCCFL. Mid-Columbia Center For Living MCEDD. Mid-Columbia Economic Development District MCHA. Mid-Columbia Housing Authority MLR. Medical Loss Ratio NCPHD. North Central Public Health District NICH. Novel Interventions in Children’s Healthcare OCDC. Oregon Child Development Coalition OCH. One Community Health OHA. Oregon Health Authority OHP. Oregon Health Plan OHPB. Oregon Health Policy Board OHSU. Oregon Health and Science University OKQ. One Key Question ONE. Oregon Eligibility ORPRN. Oregon Rural Practice-Based Research Network OSAA. Oregon School Activities Association PCP. Primary Care Provider PCPCH. Patient-Centered Primary Care Home POLST. Physician Orders for Life-Sustaining Treatment POTA. Pain and Opiate Treatment Advisory QHOC. Quality & Health Outcome Committee QIM. Quality Incentive Measure RWJF. Robert Wood Johnson Foundation SBHC. School-based Health Center SBIRT. Screening, Brief Intervention and Referral for Treatment SBST. STarT Back Screening Tool SNAP. Supplemental Nutrition Assistance Program TANF. Temporary Assistance for Needy Families</p>