

# Clinical Advisory Panel (CAP) Meeting Attendance

Date: February 2, 2017

Location: [ X ] MCMC [ ] Providence

	Feb 2	Jan 12	Dec 1	Nov 3	Oct 6	Sep 1	Aug 4	Jul 14	Jun 2	May 5
<b>VOTING MEMBERS</b>										
Al Barton, Licensed Professional Counselor	^	^	X	X	X	X	X	P	X	X
Alison Little, MD, MPH	^	^	^	^		^	X	X	^	X
Andrew Roof, MPT, Physical Therapy	X		X		^	X		P		X
Ashley Danielson, RDH, Advantage Dental	^	^				X	X			X
Doug Grissom, MD, Family Medicine	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	X
Nathan Ullrich, MD, Urology, Surgical Specialists				P						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
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	
<b>LIAISONS</b>										
PacificSource, Kristen Dillon, MD	X	^		P	X	X		X	X	^
OHA, Dustin Zimmerman, Innovator Agent	^	^			X	P	X	X	X	X
Susan Lowe, CAC Liaison	X	^	X	X	X	X	X		X	X
<b>EXTENDED MEMBERS</b>										
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										X
CGHC, Leslie Stegeman		^	X	X						
Deschutes Rim, Sharon DeHart, PA-C								X		^
Kidz Dental Zone, J. Kyle House, DDS	^			X		P^			^	X
Little Shredders Dental, Chris Swisher, DDS, Pediatric Dentist						P		X		X
MCMC, Gail Bacon	X									

MCMC, Mark England, RN	X		^	P	X	P	X		X	X
NCPHD, Jeremy Hawkins			X		X	P	X		X	
Northwest Pediatrics & Adolescent Medicine, Rich Martin, MD	X		^	P	^	P		P		
One Community Health, Lisa Sponhauer			X	X	X	P			X	
PacificSource, Elke Towey	X									
PacificSource, Heather Simmons	^	^	X		X	P	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: February 2, 2017

Location: [ X ] MCMC [ ] Providence

Agenda Item	Duration, Presenter, and CAP Action Required
<b>Welcome &amp; Introductions</b>	Guests included: Katy Williams, CGHC <sup>^</sup> ; Tamara Falls, Advantage Dental <sup>^</sup>
<b>Announcements</b>	<p>Kristen announced the deadline for clinics to send their spending plan for 2015 QIM funding is due is Feb 28<sup>th</sup>. She has only heard from 1 clinic thus far. Dustin announced that Sarah Bartelmann will be leaving Oregon Health Authority (OHA) next week.</p> <p>★ He is following up on who the replacement will be for a contact inside OHA working on the QIM's specifically and will let CAP know.</p>
<b>Additions and Deletions Conflicts of Interest Non Agenda items</b>	None
<b>Approval of December &amp; January Minutes</b>	On a motion made and seconded, the December and January meeting minutes were approved.
<b>Recent CGHC Board agenda</b>	<p>Kristen highlighted the Bridges to Health Pathways program presented to the Board. Suzanne summarized a high-level overview of the program. The CAP is interested in information resources for providers that presents a brief overview of the program as well as information on how to get patients referred into Pathways.</p> <p>★ Suzanne will bring back information for clinicians on how to enroll clients into Pathways to the CAP for approval prior to dissemination.</p>
<b>Regional Quality Pool (QIM) Grant document status</b>	Elizabeth Aughney discussed the Dental workgroup's recommendation for their QIM fund allocation. The workgroup suggested that PacificSource hire a dental health coordinator but PacificSource declined hiring a one-year staffed position where responsibility is contractually delegated to DCOs. The Dental workgroup is considering other options. One option is navigation assistance around dental with the goals of: increasing the percentage of pregnant women with a dental visit, improving Department of Human Service (DHS) Custody dental visits for and improving the number of dental sealants.

	<p>The CAP offered various options for supporting work that would improve dental care with at-risk clients. The preferred idea was utilizing in-home services. Kyle feels there is a need to have a centralized area to oversee the work.</p> <ul style="list-style-type: none"> <li>★ Elizabeth Aughney will bring back an updated Dental workgroup proposal to the CAP at the March meeting for how to spend the QIM funding. CAP members are welcome to provide feedback for the proposal to the Dental workgroup members for utilizing services already in place to improve the QIM's.</li> </ul>
<b>Final 2016 QIM Items</b>	<p>Elke Towey, PacificSource QIM Practice Facilitator, reviewed the current standing of the QIM metrics. The following points were made:</p> <ul style="list-style-type: none"> <li>• For Hypertension (HTN), current medical literature is different than the QIM &amp; HEDIES standards for 60+ year old clients. For 60+, in control is 150/90 whereas the QIM &amp; HEDIS metric is still expecting 140/90. This difference may cause some 60+ clients to fail the QIM &amp; HEDIS metric while still meeting good medical care. This difference is currently not enough to determine Pass/FAIL result in the Gorge but remains a point of discussion.</li> <li>• Suggestions were also made for teaching Medical Assistant's about taking blood pressure.</li> <li>• Elke shared a new tracking document for the status on DHS custody exams for medical, dental, and mental health services. A robust discussion emerged and follow-up action items were taken. This new tracking document will be included monthly and Elke will advise the CAP on process improvements to eliminate administrative issues surrounding paperwork for foster parents to seek services for children in their care</li> </ul>
<b>2017 Performance focus area</b> <ul style="list-style-type: none"> <li>• <b>Colon Cancer Screening</b> <ul style="list-style-type: none"> <li>○ <b>Finding the Right FIT update</b></li> </ul> </li> <li>• <b>Immunizations</b></li> </ul>	<p>Suzanne reviewed the research results from the Finding the Right FIT (FTRF) study. The project made recommendations to the community around patient education, clinic workflows and Fecal Immunochemical Test (FIT) kits.</p> <ul style="list-style-type: none"> <li>★ Suzanne will send CAP the FTRF summary including the summary data with photos and discussion, costs and whether specific kits can be tested in clinic or not.</li> </ul> <p>There was a request to discuss some of the updates on immunizations, etc.</p> <ul style="list-style-type: none"> <li>★ Elke will send out some of the data on immunizations.</li> </ul>
<b>Waiver Status</b>	<p>Kristen Dillon reviewed the newly extended Medicaid waiver. Some changes in the new waiver include:</p> <ul style="list-style-type: none"> <li>• Dual eligible members will be auto-assigned to a Coordinated Care Organization (CCO) unless the member opts out</li> <li>• Some more flexibility around flexible funds.</li> </ul> <p>The waiver extension does not include other topics include criminal justice in reach and housing partnerships. Kristen explained that the waiver allows us to run Medicaid as CCOs. The Affordable Care Act (ACA) doubled the populations for CCO's. The question of who will be eligible for Medicaid is part of the larger conversation happening with the new federal administration with many unknowns. Currently, Oregon has 1 million people on Medicaid. For the Gorge region, 25% of the Hood River &amp; Wasco County population is on Medicaid. 15% was on Medicaid prior to the expansion and 10% is part of the expansion population.</p>
<b>Lisa Grant resignation New CAP member recruitment</b>	<p>The group discussed the idea of adding an Emergency Department (ED) physician to the CAP Members. This also led to a discussion about needing to do a deeper dive about ED Utilization. Alison Little encouraged the group to invite Keisha Bigler from PacificSource to come and speak to the CAP about what has worked</p>

	<p>in Central Oregon. There was a request to have a more local level coordination and work group.</p> <ul style="list-style-type: none"> <li>★ The Columbia Gorge Health Council will look at March or April to have Keisha come present to the CAP.</li> </ul> <p>The CAP also expressed appreciation to Lisa Grant for all the work she has done as one of the original physicians around the table.</p> <ul style="list-style-type: none"> <li>★ Mimi requested to look at the schedule of the year and update on the topics for the future.</li> </ul>
<b>Next Meeting</b>	March 2, 2017 @ Providence, 6-8 pm

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