

Clinical Advisory Panel (CAP) Meeting Attendance

Date: May 4, 2017

Location: [] MCMC [X] Providence

	May 4	Apr 6	Mar 2	Feb 2	Jan 12	Dec 1	Nov 3	Oct 6	Sep 1	Aug 4
VOTING MEMBERS										
Al Barton, Licensed Professional Counselor	X	^	X	^	^	X	X	X	X	X
Alison Little, MD, MPH	X	^	X	^	^	^	^		^	X
Andrew Roof, MPT, Physical Therapy	X	X	X	X		X		^	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
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	X						P			
Nicole Pashek, MSN, ARNP, Nurse Practitioners	^	X	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		X	X
Trish Elliott, BSN, Public Health Nursing	X	X	X	X	^	X	X	X	X	X
LIAISONS										
PacificSource, Kristen Dillon, MD	X	X		X	^		P	X	X	
OHA, Dustin Zimmerman, Innovator Agent	X	X		^	^			X	P	X
Susan Lowe, CAC Liaison	X	X	X	X	^	X	X	X	X	X
EXTENDED MEMBERS										
Advantage, Molly Johnson	X	X					X	X	X	X
CGHC, Coco Yackley	X	X	X	^	^	X	X	X	X	X
CGHC, Suzanne Cross			X	X	^	X	X	X	X	X
CGHC, Claire Ranit										
CGHC, Leslie Stegeman		X	X		^	X	X			
Deschutes Rim, Sharon DeHart, PA-C			^							
Kidz Dental Zone, J. Kyle House, DDS				^			X		P^	
Little Shredders Dental, Chris Swisher, DDS, Pediatric Dentist									P	
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	
One Community Health, Lisa Sponhauer		X	X			X	X	X	P	
PacificSource, Elke Towey	X	X	X	X						
PacificSource, Heather Simmons	^		X	^	^	X		X	P	X
PacificSource, Ralph Summers	X		X			X	P			P
PacificSource, Trudy Townsend				^		X	P^	^	P	X

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

Clinical Advisory Panel (CAP) Meeting Minutes

Date: May 4, 2017

Location: [] MCMC [X] Providence

Agenda Item	Duration, Presenter, and CAP Action Required
Welcome & Introductions	Guests included: Karen Joplin, Columbia Gorge Health Council Board Chair & Hood River County Commissioner District 1; Jennifer Adkins, Providence; Tina Castañares, MD, Aging in the Gorge Alliance; Jodi Ready, MD, Providence
Announcements	<ul style="list-style-type: none"> • The Hood River Health Department Oregon Health Plan (OHP) enrollment assistor grant has been renewed for another year. The assistance can be accessed via the Health Department and Department of Human Services (DHS) both in The Dalles and Hood River and Revell Coy Insurance. • Dr. Brooks from the American Cancer Society (ACS) will be coming to the Gorge on May 18th at Next Door, Inc from 5:30-7 PM to present to Medical Assistants (MAs) and Community Health Workers on colorectal cancer screening. Continuing Education will be available for MAs. Contact Elke Towey for more information. • Quality Incentive Measure (QIM) updates were distributed in meeting materials. DHS remains a continued focus.
Additions and Deletions Conflicts of Interest Non-Agenda items	<ul style="list-style-type: none"> • No conflicts • No additions or deletions
Approval of April Minutes	Approved. <ul style="list-style-type: none"> • The Emergency Department utilization subcommittee still needs to be formed. <ul style="list-style-type: none"> ❖ Elke will follow up with Keshia to lead a Gorge working group. Be sure to include Mid-Columbia Center for Living.
Recent CGHC Board agenda	Briefly reviewed the discussion on legislative matters and clarifying the definition of the Gorge CCO – specifically, “Gorge CCO” both PacificSource Community Solutions and the Columbia Gorge Health Council.
Brainstorming on CAP priorities	A roundtable brainstorm on next set of CAP priorities led to the following list of possible topics. Further discussions will happen to refine the brainstorming list. <ul style="list-style-type: none"> • System-wide integration of addictions treatment inclusive of: <ul style="list-style-type: none"> ○ tobacco cessation’ more support for tobacco cessation services ○ school settings and working with families in home/community settings

	<ul style="list-style-type: none"> ○ dental integration ● Zero suicide ● Emergency Department utilization <ul style="list-style-type: none"> ○ Adding urgent care providers to The Dalles. For example, have other clinics donate hours to staff clinic in The Dalles. ● Treatment of youth with chronic pain and/or opiate addiction ● Elder health including End of life care, Advanced directives including family engagement, ER care of elders, PACE program, Dementia care ● Prepare for dual eligible expansion ● Support for caregivers ● Greater engagement by patients/members prior to getting sick ● Creating a fluid experience for members/patients when accessing MH services across organizations – especially psychiatry ● Obesity reduction work and expansion beyond The Dalles ● Reproductive healthcare access ● Leverage home visiting and community-based case managers and integrate with clinic services (PH, MH, DH) ● Housing – especially for those who are dual diagnosis ● Improved care coordination of test results (labs, rads) ● Screenwise process change impacting access to mammograms. An example of a process change impacting local workflows and negatively impact customer access to services. ● BlueZones intersect; what role could CAP play in clinician voice role? ● Overall Access ● Tai Chi or other similar classes to address mobility ● Collaboration with WA Medicaid ● Physical Therapy benefit ● Diabetes management @ the community level – especially those with disabilities ● Foster family expansion and support <p>The CAP also discussed some criteria on selecting and defining the final focus areas:</p> <ul style="list-style-type: none"> ● Confirm the magnitude of the issue; consider using members to help ● Clearly identify where geographically is the need ● Focus on items where can clinicians make a difference
<p>Finalize Recommendation to Board on 2016 QIM Fund Distribution</p> <ul style="list-style-type: none"> ● List of clinical priorities for the CCO ● Allocate funds for 2016 QIM year 	<p>The 2016 QIM Fund Allocation Proposal was reviewed and discussed. Key discussion points included:</p> <ul style="list-style-type: none"> ● For 2015, 85% of clinic QIM funds went towards supporting clinic staff that are unable to bill for services. ● New timelines from OHA necessitates the movement of 2016 QIM funds from PacificSource to the clinics prior to the end of 2017. ● The CAP acknowledges PacificSource’s contribution to the QIMs and supports a means for setting aside funds while managing the new timelines from OHA. ● The 2016 QIM payout amount will either be 70% or 80%. Final % figures will be known late May and final \$\$ calculations in late June. ● Robust discussion on how to distribute the funds across the QIMs. In 2015, the CAP recommendation was to pay only for QIMs that PASS but that decision was made when the region hit 100%. 2016 is the first time the

	<p>Gorge region will not hit 100% and therefore there is a consequence to paying for only PASS metrics. The CAP explored the endpoints of options including paying for all metrics regardless of PASS/FAIL, paying only for PASS and paying only for FAIL to boost needed improvement. The CAP’s final recommendation was to pay for all QIMs regardless of performance because effort went into all metrics and improvement was seen in all or most cases.</p> <ul style="list-style-type: none"> • The CAP also reviewed the allocation across disciplines for a given QIM. <p>On motion made and seconded, the CAP unanimously agreed to the following recommendation to the Board:</p> <ul style="list-style-type: none"> • PacificSource to be allocated from Shared Savings an amount that equals 10% of final QIM payout. The 10% amount was determined based on PacificSource’s contribution using the Quality Pool Calculator. Using Shared Savings removes the QIM timeline requirement for PacificSource to spend the funds in 6 months. These funds would be used to support local clinic requests. • All remaining QIMs would be allocated an equal amount of money regardless of performance outcome (PASS/FAIL). • The allocation across disciplines for a given QIM remained the same as 2015. • To keep funding stable, the CAP recommends that the total \$\$ amount be kept the same as 2015 – approximately \$820K. • The remaining amount (estimated between 159K-\$299K) to be focused on areas of risk. <p>❖ A process and timeline will be determined for at-risk measure proposals; ideas to be discussed at the next CAP meeting.</p>
Aging in the Gorge Alliance	Dr. Tina Castañares presented information on trends and challenges facing an aging population, and specifics on dual Medicare/Medicaid enrollment.
Next Meeting	June 1, 2017 @ MCMC, 6-8 pm

Acronyms	
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. Coordinated 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	HIE. Health Information Exchange HIT. Health Information Technology HRCHD. Hood River County Health Department HRCPPD. Hood River County Prevention Department HTN. Hypertension IIS. Immunization Information System IMMS. Immunizations LARC. Long-acting Reversible Contraceptive MA. Medical Assistant MARC. Mobilizing Action for Resilient Communities 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

CME. Continuing Medical Education	OHA. Oregon Health Authority
CMS. Center of Medicaid Services	OHP. Oregon Health Plan
COIPA. Central Oregon Independent Practice Assoc.	OHPB. Oregon Health Policy Board
CRAFFT. (Adolescent Screening Technique) Car, Relax, Alone, Forget, Friends, Trouble	OHSU. Oregon Health and Science University
CRC. Colorectal Cancer	OKQ. One Key Question
DCO. Dental Care Organization	ONE. Oregon Eligibility
DHS. Department of Human Services	ORPRN. Oregon Rural Practice-Based Research Network
DNR. Do Not Resuscitate	OSAA. Oregon School Activities Association
DTAP. Vaccine for Diphtheria, Tetanus and Pertussis	PCP. Primary Care Provider
eCQM. Electronic Clinical Quality Measure	PCPCH. Patient-Centered Primary Care Home
ECU. Effective Contraceptive Use	POLST. Physician Orders for Life-Sustaining Treatment
ED. Emergency Department	POTA. Pain and Opiate Treatment Advisory
EHR. Electronic Health Record	QHOC. Quality & Health Outcome Committee
EMR. Electronic Medical Record	QIM. Quality Incentive Measure
FIT. Fecal Immunochemical Test	RWJF. Robert Wood Johnson Foundation
GGFN. Gorge Grown Food Network	SBHC. School-based Health Center
GOBHI. Greater Oregon Behavioral Health Inc.	SBIRT. Screening, Brief Intervention and Referral for Treatment
HERC. Health Evidence Review Committee	SBST. STarT Back Screening Tool
	SNAP. Supplemental Nutrition Assistance Program
	TANF. Temporary Assistance for Needy Families