

Clinical Advisory Panel (CAP) Meeting Attendance

Date: November 3, 2016

Location: [] MCMC [X] Providence

	Nov 3	Oct 6	Sep 1	Aug 4	Jul 14	Jun 2	May 5	Apr 7	Mar 3	Feb 4
VOTING MEMBERS										
Al Barton, Licensed Professional Counselor	X	X	X	X	P	X	X	^	X	X
Alison Little, MD, MPH	^		^	X	X	^	X	^	^	
Andrew Roof, MPT, Physical Therapy		^	X		P		X	^	X	^
Ashley Danielson, RDH, Advantage Dental			X	X			X			
Doug Grissom, MD, Family Medicine	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		P
Eric Holeman, PharmD, Pharmacy, Cancer Committee Liaison	X	X		X	X			X		P
Judy Richardson, MD, Family Medicine, Medical Director		X	X	X	^	^	X	X		X
Kim Humann, MD, Psychiatrist	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		X
Robin Henson, MD, Obstetrics and Gynecology, Medical Director		X	X	X		X	X		X	P
Susan Jepson-Deresta, LCSW, HR School District	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	X
OHA, Dustin Zimmerman, Innovator Agent		X	P	X	X	X	X	X		^P
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									
Deschutes Rim, Sharon DeHart, PA-C					X		^	^		
Kidz Dental Zone, J. Kyle House, DDS	X		P^			^	X		P	^P

Little Shredders Dental, Chris Swisher, DDS, Pediatric Dentist			P		X		X			
May St. Elementary School, Kelly Beard, Principal										
MCMC, Mark England, RN	P	X	P	X		X	X		X	X
NCPHD, Jeremy Hawkins		X	P	X		X				
Northwest Pediatrics & Adolescent Medicine, Rich Martin, MD, Pediatrician	P	^	P		P			P		
One Community Health, Lisa Sponhauer	X	X	P			X		X		
PacificSource, Heather Simmons		X	P	X	X	X	X	X	X	X
PacificSource, Laura Walker				^		^	^		^	^
PacificSource, Maria Hatcliffe, RN, MPH				X			X	X		
PacificSource, Ralph Summers	P			P	^	X	X			^
PacificSource, Trudy Townsend	P^	^	P	X	X				^	X

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

Clinical Advisory Panel (CAP) Meeting Minutes

Date: November 3, 2016

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Agenda Item	Duration, Presenter, and CAP Action Required
Welcome & Introductions & Announcements	Members and guests introduced themselves. Guests included: James McCormack- CGFM & COIPA, Deborah Loy-Capital Dental, Nancy Avery-ODS, Molly Johnson- Advantage Dental, Corina Gabbert-Providence.
Additions and Deletions Conflicts of Interest Non Agenda items	None
Approval of October Minutes	On a motion made and seconded the October minutes were approved.
Recent CGHC Board agenda	Kim reviewed the Board agenda. In particular, she reviewed changes to Columbia Gorge Health Council (CGHC) Board members and Executive Committee members. A suggestion was made that the CAC have authority to make recommendations for the Shared Savings fund to be designated towards Social Determinants of Health. Coco mentioned the Health Trust idea that was approved by the Board to start a pilot share funding program amongst the 2 hospitals and the CGHC.
QIM Progress Update <ul style="list-style-type: none"> • Dental Sealant Performance • Effective Contraceptive Use • Clinical Measures 	<p>Kristen Dillon noted that Elke Towey will be joining PacificSource as the Practice Facilitator for the Gorge. Elke will be meeting with clinical staff quality committee's and helping clinics march through steps needed to improve the clinic's metrics.</p> <p>Kristen reviewed the proposed action plan for making improvements on the 2016 Quality Incentive Measure's (QIM). The group asked the primary care clinics to provide feedback on being able to put some energy into changes that can affect the numbers. Mark England shared that he has put some energy into running the lists of patients with hypertension (HTN) with borderline numbers.</p> <p>Beth suggested educating clinics around checking blood pressures in January.</p> <p>For the diabetes metric, it is important for the clinics to realize that if the clinic's A1C hasn't been checked within a year, it is considered a fail. Elizabeth A. shared that the patients of One Community Health (OCH) are actually coming in but these are the patients that it is hard to move the needle on. She feels OCH can make a difference on hypertension but not diabetes. Kristen asked that Brooke look at patients who might have had a visit but haven't been tested.</p> <p>With regards to the Effective Contraception Use (ECU) metric, clinics can go back and resubmit codes for women that do have EC, especially if it is within 120 days. Claims do still count; however, if the claims are over 120 days, a claim denial letter will be generated. All women are in the denominator for this metric.</p> <p>The metrics will be the same next year but the targets will adjust based on performance.</p> <p>For Childhood Immunizations, it is too late to succeed based on the ages of the children but this is a metric clinics can work on with call backs after the</p>

	<p>new year in order to be successful next year. Accolades were given to OCH for the number of green boxes achieved.</p> <p>Molly Johnson presented on the dental sealant measure. She feels 18 more sealants are needed to meet the measures which mean 122 of the 140 needed have been done.</p>
<p>Finalize Recommendation for QIM Funds</p> <ul style="list-style-type: none"> • Summary • Dental QIMs 	<p>Kim feels like a big piece of information missing to help set priorities is what happened with the funds given out last year. The group asked that those who received funds disclose how the funds were used and share with the group.</p> <p>Recommendations based on the break outs as presented:</p> <ul style="list-style-type: none"> • Lump the column labeled eQCM (electronic Clinical Quality Measures) back into primary care and not call out eQCM clinics separately. • Adjust allocation of Prenatal to include Public Health. 50% allocation to Public Health was suggested. • A suggestion was to consider how many patients are cared for in Primary care versus OB. <p>Kim asked that members continue to give feedback via email and then continue to discuss in the December meeting.</p>
<p>Pain sub-group – Request for CAP support on funding Pain tool kit</p>	<p>Corina Gabbert presented a recommendation from the Pain Advisory group. The idea of this work is based on a book “Explain Pain”. It is a patient education product for clinicians to have a four-hour training and to have resources available to use which are targeted towards patients. Eric feels it is a more individualized program that would work in congruence with what the pain clinics are already doing with pain education. The question for the group is “What is the practicality of the primary care providers being trained and doing this work?” The CAP unanimously decided the Providence Health Care system should come out and tell the CAP more about the program.</p>
<p>Dental Update</p> <ul style="list-style-type: none"> • Dental work group • Access/assignment: nature of the problem and ways forward 	<p>Elizabeth Aughney reviewed information on access to dental care. She noted that as a community there is a dental gap, a prevention gap, a utilization gap and an integration gap. Elizabeth suggested that Primary Care Provider’s (PCP) should recommend patients with diabetes and pregnant women should all have dental visits. She asked if there should be a dental work group with dental expertise but should be expanded as a community problem and not just a dentist problem. She shared a dental report from Oregon Health Authority (OHA).</p> <ul style="list-style-type: none"> ★ Elizabeth to provide link for CAP Medicaid Advisory Committee: Oral Health Work Group results <p>Elizabeth will convene workgroup to create proposal for CAP review. The CAP would like to see work done on integration, access to dental care, shared dental messaging between Primary Care and Dental care and high risk or special care populations.</p>
<p>Next Meeting</p>	<p>December 1, 2016 @ MCMC, 6-8 pm</p>

Acronyms

A1C. Specific test for monitoring diabetes	HIE. Health Information Exchange
ACE. Adverse Childhood Experience	HIT. Health Information Technology
ADHD. Attention Deficit Hyperactivity Disorder	HRCHD. Hood River County Health Department
AGA, Aging in the Gorge Alliance	HTN. Hypertension
AHA, Affordable Care Act	IIS. Immunization Information System
APD. Adults & Peoples with Disabilities	IMMS. Immunizations

AWCV. Adolescent Well Child Visit	MA. Medical Assistant
BMI. Body Mass Index	MCEDD. Mid-Columbia Economic Development District
CAHPS. Consumer Assessment of Healthcare Providers and Systems	MLR. Medical Loss Ratio
CAWEM, Citizen Alien Waived Emergent Medical	NCPHD. North Central Public Health District
CCO. Coordinate Care Organization	NICH. Novel Interventions in Children’s Healthcare
CGFM. Columbia Gorge Family Medicine	OCDC. Oregon Child Development Coalition
CGHC. Columbia Gorge Health Council	OCH. One Community Health
CHA. Community Health Assessment	OHA. Oregon Health Authority
CHARA. Community Health Advocacy & Research Alliance	OHP. Oregon Health Plan
CHIP. Children’s Health Insurance Programs	OHPB. Oregon Health Policy Board
CME. Continuing Medical Education	OHSU. Oregon Health and Science University
CMS. Center of Medicaid Services	OKQ. One Key Question
COIPA. Central Oregon Independent Practice Assoc.	ONE. Oregon Eligibility
CRAFFT. (Adolescent Screening Technique) Car, Relax, Alone, Forget, Friends, Trouble	OSAA. Oregon School Activities Association
CRC. Colorectal Cancer	PCP. Primary Care Provider
DCO. Dental Care Organization	PCPCH. Patient-Centered Primary Care Home
eCQM. Electronic Clinical Quality Measure	POTA. Pain and Opiate Treatment Advisory
ECU. Effective Contraceptive Use	QHOC. Quality & Health Outcome Committee
ED. Emergency Department	QIM. Quality Incentive Measure
EHR. Electronic Health Record	RWJF. Robert Wood Johnson Foundation
FIT. Fecal Immunochemical Test	SBHC. School-based Health Center
GGFN. Gorge Grown Food Network	SBIRT. Screening, Brief Intervention and Referral for Treatment
GOBHI. Greater Oregon Behavioral Health Inc.	SBST. STarT Back Screening Tool
HERC. Health Evidence Review Committee	SNAP. Supplemental Nutrition Assistance Program
	TANF. Temporary Assistance for Needy Families