

Clinical Advisory Panel (CAP) Meeting Attendance

Date: September 1, 2016

Location: [] MCMC [X] Providence

	Sep 1	Aug 4	Jul 14	Jun 2	May 5	Apr 7	Mar 3	Feb 4	Jan 7	Dec 3
VOTING MEMBERS										
Al Barton, Licensed Professional Counselor	X	X	P	X	X	^	X	X	X	^
Alison Little, MD, MPH	^	X	X	^	X	^	^		X	^
Andrew Roof, MPT, Physical Therapy	X		P		X	^	X	^	X	X
Ashley Danielson, RDH, Advantage Dental	X	X			X					
Doug Grissom, MD, Family Medicine	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		P	P	X
Eric Holeman, PharmD, Pharmacy, Cancer Committee Liaison		X	X			X		P		
Judy Richardson, MD, Family Medicine, Medical Director	X	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	^	X	
Mimi McDonnell, MD, NCPHD	X	X	X	X	X	X	X	X	X	
Nathan Ullrich, MD, Urology, Surgical Specialists					X		X		P	
Nicole Pashek, MSN, ARNP, Nurse Practitioners	^		X			X		X	^	
Robin Henson, MD, Obstetrics and Gynecology, Medical Director	X	X		X	X		X	P	P	^P
Susan Jepson-Deresta, LCSW, HR School District	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	^	X	X	X	X	^
OHA, Dustin Zimmerman, Innovator Agent	P	X	X	X	X	X		^P	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	^
CGHC, Suzanne Cross	X	X	X	X		X	X	X	X	X
CGHC, Claire Ranit					X	X				
Deschutes Rim, Sharon DeHart, PA-C			X		^	^			^	
Kidz Dental Zone, J. Kyle House, DDS	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		X	X		X	X		X
NCPHD, Jeremy Hawkins	P	X		X						
Northwest Pediatrics & Adolescent Medicine, Rich Martin, MD, Pediatrician	P		P			P				^P
One Community Health, Lisa Sponhauer	P			X		X				
PacificSource, Heather Simmons	P	X	X	X	X	X	X	X	X	
PacificSource, Laura Walker		^		^	^		^	^		
PacificSource, Maria Hatcliffe, RN, MPH		X			X	X				^
PacificSource, Ralph Summers		P	^	X	X			^	X	X
PacificSource, Trudy Townsend	P	X	X				^	X	X	^

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

Clinical Advisory Panel (CAP) Meeting Minutes

Date: September 1, 2016

Location: [] MCMC [X] Providence

Agenda Item	Duration, Presenter, and CAP Action Required
Welcome & Introductions & Announcements	Guests: Leslie Stegeman, CGHC CHA Analyst; Paul Lindberg, Collective Impact Specialist; Dillon Melady, NCPHD; Molly Johnson, Advantage Dental; Kim Bangerter, COIPA
Additions and Deletions Conflicts of Interest Non Agenda items	Mimi McDonnell and Trish Elliott requested an addition to the agenda for CAP Letters of Support Trish requested a CAP executive session to be added to the agenda.
Approval of August Minutes	On a motion made and seconded, the CAP unanimously approved the August minutes.
Recent CGHC Board agenda	Kim reviewed the CGHC Board agenda. Kim discussed a presentation given by Veggie Rx participants. She hopes this information will come to the CAP in the future. Kim noted the Board also discussed priorities for how funds would be spent. She shared that she expects the Quality Incentive Metric (QIM) spending will be coming to the CAP for recommendations. Beth gave an overview of the various sources of funds available and how the funds have been spent in the past.
PacificSource Updates <ul style="list-style-type: none"> • QIM Status <ul style="list-style-type: none"> ○ Walk through Diabetes, Hypertension, Dental Sealants, Adolescent Well Child Visits, Effective Contraceptive Use & New Smoking Metric ○ For each metric: current performance, identify who needs to take action, and what volume change is needed 	<p>Coco reviewed the QIM format and data.</p> <p><u>Adolescent Well Child Visits (AWCV):</u> This population includes ages 12-21 who have been enrolled in the Oregon Health Plan (OHP) consecutively for the last 12 months. With continued effort, it is possible we can meet this metric.</p> <p><u>Screening, Brief Intervention & Referral for Treatment (SBIRT):</u> The issue at MCMC has been resolved. Billing was not processing \$0 claims causing all SBIRT codes to not be sent with claims submission. This correction is expected to address the metric performance.</p> <p><u>Childhood Immunization:</u> The metric includes all the children who turned two during this year.</p> <p><u>Dental Sealants:</u> Capitol Dental (One Community Health) is doing very well. Ashley shared that she is working on improving the metric at Advantage Dental. She has been at a number of school registrations. This year, she received a huge increase in gaining consents on sealants at the schools in The Dalles because she was physically present and spoke to parents. Kyle House expressed concern that the metric is challenging to meet because kids with sealants already placed don't move off the denominator. Heather discussed the school sealant program and the new certification program to require these programs to become certified. She mentioned there are other factors that play into why a child's sealants wouldn't be tracked in our system such as moving into the area.</p> <p><u>Developmental screening:</u> This metric should pass this year but will be watched for possible downward trending, Children turning 1, 2 or 3 years old - claims based reviewed by the Primary Care Provider (PCP). ASQ is the community</p>

norm but a provider wanting to do another screen can check with Kristen to make sure it is on the list of approved screens.

Effective Contraceptive Use:

Trending in good direction. Both Public Health departments bill directly to PacificSource which yields more accurate and timely data. This year will be more challenging because Oregon Health Authority (OHA) is limiting the ability to do a look back on claims to no more than four months. The denominator is eligible women based on age.

High Blood Pressure:

The metric is people already diagnosed with high blood pressure and needs to move about ~65 people. There was a discussion about the difference between the old HTN recommendation and the new one. OHA will not be able to adjust the metric for this year but may do it for next year. The group discussed possible clinical interventions in future years (e.g. working with Medical Assistant's to recheck when high) if the metric is not met.

Screening for clinical depression and follow up plan:

Moving in the right direction.

Diabetes:

Performance so far is getting worse than last year. Beth recommended that the CAP process the metrics available and think about the funding for QIM's and how to spend the funding to aid in making differences for years to come. She asked that the clinicians communicate with their clinics the importance of the metrics and how the metrics sound to possibly make a difference within the next three months.

CRC screening:

Given the current situation, it seems that as clinics continue to offer Fecal Immunochemical Testing (FIT) the metric may be in the green for this year.

Prenatal Care Visits:

The metric includes women who need to be in for prenatal care within their first trimester or within 40 days of getting on OHP. Because the bar has been raised, there are limited options for making this measure.

Action items:

PacificSource will:

- ★ Send AWCV Letters to teens and adults 21 and under.
- ★ Work with the schools in the spring to synchronize messaging around AWCV's
- ★ Confirm gap lists are being sent to clinics for metrics (AWCV & Immunizations)
- ★ Evaluate possibility of similar letter approach for ECU (re-call women of the appropriate age group in ECU who have been absent for more than 2 years)
- ★ Kristen and Coco can let clinics know how many specific patients are needed to move the HTN results on

Molly Johnson (Advantage)

- ★ Molly will bring status on sealants placed at schools in The Dalles to the November CAP meeting.

Revisit CAP Manifesto	<p>Beth led a brief discussion regarding the CAP Manifesto. Beth reviewed the previous process of how the QIM money was distributed in the past and the importance of future performance.</p> <ul style="list-style-type: none"> ★ Coco to send the CAP voting members the previous version of the Manifesto. CAP members send feedback to Coco in advance for review and discussion at the October meeting. ★ The CAP requested members send Coco information on what their organization has done with the previous QIM funds received.
Letters of Support requests	<p>Mimi requested a CAP letter of support for a Tier 2 Knight Cancer grant working on evidence-based strategies for youth who use tobacco particularly around vaping and use of e-cigarettes. Trish requested a CAP letter of support for a Tier 3 Knight Cancer grant used to keep the work going within the clinics.</p> <p>On a motion made and seconded, the CAP unanimously approved both letters of support.</p>
Executive Session	<p>The CAP voting members had a discussion about process of the group.</p> <ul style="list-style-type: none"> ★ Coco will resend the CAP charter and bylaws.
Meeting Closing	<p>Elizabeth ran a discussion on what went well in the meeting and what might need to change:</p> <p>What went well:</p> <ul style="list-style-type: none"> ○ Data ○ Focus ○ A chance to have executive session ○ Ashley’s dental discussion ○ Focus on action items ○ Having visual aids for action items <p>What might need to change:</p> <ul style="list-style-type: none"> ○ Don’t lose sight on the problems/ versus meeting metrics ○ Continue to bring discussion back to clear action items ○ Limiting acronyms/ pronouns
Next Meeting	October 6, 2016 @ Mid-Columbia Medical Center, 6-8 pm

Acronyms

ADHD. Attention Deficit Hyperactivity Disorder	GOBHI. Greater Oregon Behavioral Health Inc.
AGA, Aging in the Gorge Alliance	HERC. Health Evidence Review Committee
AHA, Affordable Care Act	HIE. Health Information Exchange
APD. Adults & Peoples with Disabilities	HIT. Health Information Technology
AWCV. Adolescent Well Child Visit	HRCHD. Hood River County Health Department
BMI. Body Mass Index	IIS. Immunization Information System
CAHPS. Consumer Assessment of Healthcare Providers and Systems	IMMS. Immunizations
CAWEM, Citizen Alien Waived Emergent Medical	MA. Medical Assistant
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	OHA. Oregon Health Authority
CHIP. Children’s Health Insurance Programs	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
	ONE. OregoN Eligibility
	OSAA. Oregon School Activities Association

CRAFFT. (Adolescent Screening Technique) Car, Relax, Alone,
Forget, Friends, Trouble
CRC. Colorectal Cancer
DCO. Dental Care Organization
ECU. Effective Contraceptive Use
ED. Emergency Department
EHR. Electronic Health Record
FIT. Fecal Immunochemical Test
GGFN. Gorge Grown Food Network

PCP. Primary Care Provider
POTA. Pain and Opiate Treatment Advisory
QHOC. Quality & Health Outcome Committee
QIM. Quality Incentive Measure
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