

Clinical Advisory Panel (CAP) Meeting Attendance

Date: December 14, 2017

Location: [X] MCMC [] Providence

	Dec 7	Nov 2	Oct 5	Sep 14	Aug 18 Phone	Jul 13	Jun 1	May 4	Apr 6	Mar 2
VOTING MEMBERS										
Al Barton, Licensed Professional Counselor	X	X	X	X	^	P	X	X	^	X
Alison Little, MD, MPH		^	X		^	^	^	X	^	X
Andrew Roof, MPT, Physical Therapy		X	^	X				X	X	X
Ashley Danielson, RDH, Advantage Dental	X	X		^		^	X	^	X	^
Doug Grissom, MD, Family Medicine		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
Jodi Ready, MD, Internal Medicine, Providence	^	^	X	X		X	X	X		
Judy Richardson, MD, Family Medicine, Medical Director			X		^	X	X	^		X
Kim Humann, MD, Psychiatrist				^P	^	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				X		
Nicole Pashek, MSN, ARNP, Nurse Practitioners	X	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	X	
Trish Elliott, BSN, Public Health Nursing		X	X	X	^	P	X	X	X	X
LIAISONS										
PacificSource, Kristen Dillon, MD	^	X	X		^	^	X	X	X	
OHA, Dustin Zimmerman, Innovator Agent			X		^		X	X	X	
Susan Lowe, CAC Liaison	X	X	X		^	X	X	X	X	X
EXTENDED MEMBERS										
Advantage, Molly Johnson				^			^	X	X	
Capitol Dental, Deborah Loy							X		X	
CGHC, Coco Yackley	^	X	^	X	^	X	X	X	X	X
CGHC, Suzanne Cross		X	X	X	^	X				X
CGHC, Katy Williams	P	X	X		^	X	X			
COIPA, Kim Bangerter		X	X	X			X			X
Deschutes Rim, Sharon DeHart, PA-C										^
Kidz Dental Zone, J. Kyle House, DDS										

Little Shredders Dental, Chris Swisher, DDS, Pediatric Dentist										
MCMC, Gail Bacon	X					X	X		^	
MCMC, Mark England, RN	P	X								X
MCMC, Amy Sugg	X									
NCPHD, Jeremy Hawkins									X	X
Northwest Pediatrics & Adolescent Medicine, Rich Martin, MD		X					X			P
One Community Health, Lisa Sponhauer		X	X				X		X	X
One Community Health, Brooke Nicholls	X	X				X				
PacificSource, Elke Towey	X	X	X	X	^	X	X	X	X	X
PacificSource, Heather Simmons								^		X
PacificSource, Ralph Summers		X	X	X			X	X		X
PacificSource, Trudy Townsend	X	X		X		X				
Providence - Sarah Prates, Pharmacist						X	X			

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

Clinical Advisory Panel (CAP) Meeting Minutes

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Location: [X] MCMC [] Providence

Agenda Item	Duration, Presenter, and CAP Action Required
Welcome & Introductions	
Announcements	None
Additions and Deletions Conflicts of Interest Non-Agenda items	Kristen Dillon mentioned that latest Quality Incentive Measure (QIM) rates show effective contraceptive use as below trend by a very narrow margin. Elke is working with MCMC and Hood River County Health Department on claims.
Consent Agenda <ul style="list-style-type: none"> • November CAP Meeting minutes • Recent CGHC Board agenda • 2017 QIM Performance • Regional Quality Pool applications 	Approved, all in favor.
2017 Electronic Clinical Quality Measure (eCQM) Submission Plan	The 2017 eCQM data submission plan was shared.
Final review and recommendation for the Community Grant proposals	The ratings and prioritization of funding was reviewed. CAP members agreed with the ranking, after discussing options for their recommendation. Everyone felt strongly that the Maupin proposal was very important for the community, even though the cumulative total of the seven projects that were “above the line” exceeded the fund total. Motion by Trish Elliot, with all in favor, none opposed: Recommendation to ask the Board to fund all seven, including the additional amount to make up difference (from \$960K to \$987,880). If Board does not approve additional funds to meet the total, CAP members felt strongly about not cutting the Maupin proposal; they would then recommend reducing the other proposals’ requested funding in order to fund it.
Break-out into 2 sub-groups for in-depth dialog on 2 of the 3 CAP themes <ul style="list-style-type: none"> • Mental health and substance abuse • Obesity 	<p><u>MENTAL HEALTH & SUBSTANCE ABUSE TOPIC:</u></p> <p>Lack of treatment supports identified:</p> <ul style="list-style-type: none"> • No in-patient care • Resources for severely mentally ill <ul style="list-style-type: none"> ○ Emergency Department (ED) and jail primarily used ○ Outpatient services ○ Warming shelter options • No detox centers • Sober living <ul style="list-style-type: none"> ○ Grace House, Freedom House, LaCasa Vida – not enough, doesn’t meet needs adequately • No supported housing • Limited co-occurring mental health services <ul style="list-style-type: none"> ○ From Home Bound or Assisted Living • Limited medically assisted treatment (opioid) <ul style="list-style-type: none"> ○ Water’s Edge, One Community Health • Limited early intervention services

Possible solutions:

- Sobering center
- Robust Alcoholics Anonymous (AA) groups
- Parole and probation counseling support
- Oxford house model
- Drug & alcohol counselors in primary care – dual licensure needed to bill (systemic challenge)
- Family supports
- Provider education about addressing SUD behaviors – Referral and acknowledging issue
- Resiliency, Coping skills, Prevention, Intervention, Treatment Programming
- School-based health center (SBHC) in The Dalles with Behavioral Health (BH) Integration

Stakeholders:

- Addicts with SUD history
- AA & Narcotics Anonymous (NA) leaders
- Schools
- Primary care providers
- Law enforcement
- Emergency department staff

Recommendations for the CGHC:

Small asks

- Offering provider education on referrals and addressing substance use disorder at all visits
- Developing more medication assisted treatment providers in the Gorge
- Family supports – peers doing outreach to family's coping with addiction

Moderate asks

- Embedding substance abuse disorders (SUD) counselors in primary care and school-based health centers (currently only a SBHC in Hood River)
- Assisting or supporting Oxford House models of sober living. Oxford House doesn't offer treatment supports, but is an affordable and safe sober living environment for individuals and families.

Larger asks (most popular with group and most glaring holes in Gorge care system)

- Detoxification Center (both a social and medical model) – currently people have to go to Portland and wait in long lines (first-come, first-served) to get into this service if medically-assisted detox is needed (leaning on staff MDs and RNs to monitor serious dependent patients). There are a few social beds (no MD or RN on staff) in Eastern Oregon which can be scarce and often aren't covered by any insurance outside the Oregon Health Plan (OHP).
- Sobering center with transition or connected supported housing with intensive outpatient. This solution seems to be the direction which will leverage the most change. Obviously, we're talking well in excess of \$500k and possible \$2 million to make a successful impact according to one person who has done this work in Oklahoma. The group suggested perhaps an RFP from the Health Council could be issued to develop a

	<p>partnership between a number of stakeholders including local hospitals, Mid-Columbia Center for Living, law enforcement and the jail to build such a place likely in The Dalles vs. Hood River.</p> <p><u>OBESITY TOPIC:</u></p> <p>CAP Priority</p> <ul style="list-style-type: none"> • Policy work • Focus programs • Focus age group • Evidence • Magic age <p>Notes</p> <ul style="list-style-type: none"> • Individual obesity treatment • Food Environment <ul style="list-style-type: none"> ○ Availability and access ○ Advertising ○ School nutrition • Built Environment <ul style="list-style-type: none"> ○ Safe routes to school ○ Ability to walk ○ Places to play ○ Blue Zone • Family culture • Community Buy-in (lack of character) • Access to physical activities that kids enjoy • Screen Time <p>Childhood Obesity: strategic plan to impart Evidence:</p> <ul style="list-style-type: none"> ○ After school – Youth Fit for Life ○ Family Gardens ○ Pasos para la familia ○ “Fit in Wasco County Coalition” ○ RWJF ○ Oregon Childhood Development Coalition ○ Head Start <p>Target age: 0-5 and 5-12</p> <ul style="list-style-type: none"> • Access to physical activities that kids enjoy • Support after school care + Fit for Life • Support Parks & Rec (Moro County)
<p>Come back together for a brief synopsis of the break-out session dialogs</p>	<p>Ideas from small group discussion were shared. Mental health and substance abuse needs were brainstormed; the challenge will be how to prioritize the broader list by the next CAP meeting. Obesity focus on increased access to activity for ages 5-12; specific strategy needs work. Each group will discuss again at next CAP.</p>
<p>Next Meeting</p>	<p>January 11, 2018 @ Providence, 6-8 pm</p>

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	HRCPPD. Hood River County Prevention Department
ADHD. Attention Deficit Hyperactivity Disorder	HTN. Hypertension
AGA, Aging in the Gorge Alliance	IIS. Immunization Information System
AOC. Association of Oregon Counties	IMMS. Immunizations
APD. Adults & Peoples with Disabilities	LARC. Long-acting Reversible Contraceptive
AWCV. Adolescent Well Child Visit	MA. Medical Assistant
BMI. Body Mass Index	MARC. Mobilizing Action for Resilient Communities
CAHPS. Consumer Assessment of Healthcare Providers and Systemsj	MCCFL. Mid-Columbia Center For Living
CAT. Columbia Area Transit.	MCCOG. Mid-Columbia Council of Governments
CAWEM, Citizen Alien Waived Emergent Medical	MCEDD. Mid-Columbia Economic Development District
CCO. Coordinated Care Organization	MCHA. Mid-Columbia Housing Authority
CGFM. Columbia Gorge Family Medicine	MLR. Medical Loss Ratio
CGHC. Columbia Gorge Health Council	NCPHD. North Central Public Health District
CHA. Community Health Assessment	NEMT. Non-Emergency Medical Transportation
CHARA. Community Health Advocacy & Research Alliance	NICH. Novel Interventions in Children’s Healthcare
CHIP. Children’s Health Insurance Programs	OCADSV. Oregon Coalition Against Domestic & Sexual Violence
CHIP. Community Health Improvement Plan	OCDC. Oregon Child Development Coalition
CME. Continuing Medical Education	OCH. One Community Health
CMS. Center of Medicaid Services	OHA. Oregon Health Authority
COIPA. Central Oregon Independent Practice Assoc.	OHP. Oregon Health Plan
CRAFFT. (Adolescent Screening Technique) Car, Relax, Alone, Forget, Friends, Trouble	OHPB. Oregon Health Policy Board
CRC. Colorectal Cancer	OHSU. Oregon Health and Science University
DCO. Dental Care Organization	OKQ. One Key Question
DHS. Department of Human Services	ONE. Oregon Eligibility
DNR. Do Not Resuscitate	ORPRN. Oregon Rural Practice-Based Research Network
DTAP. Vaccine for Diphtheria, Tetanus and Pertussis	OSAA. Oregon School Activities Association
eQCM. Electronic Clinical Quality Measure	PCP. Primary Care Provider
ECHO. Extension for Community Healthcare Outcomes	PCPCH. Patient-Centered Primary Care Home
ECU. Effective Contraceptive Use	PDMP. Prescription Drug Monitoring Program
ED. Emergency Department	POLST. Physician Orders for Life-Sustaining Treatment
EHR. Electronic Health Record	POTA. Pain and Opiate Treatment Advisory
EMR. Electronic Medical Record	QHOC. Quality & Health Outcome Committee
EOB. Explanation of Benefits	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
HIE. Health Information Exchange	SNAP. Supplemental Nutrition Assistance Program
	SPMI. Serious and Persistent Mental Illness
	SUD. Substance Abuse Disorder
	TANF. Temporary Assistance for Needy Families