

Clinical Advisory Panel (CAP) Meeting Attendance

Date: April 5, 2018

Location: [X] MCMC [] Providence

	Apr 5	Mar 1	Feb 1	Jan 11	Dec 7	Nov 2	Oct 5	Sep 14	Aug 18 Phone	Jul 13
VOTING MEMBERS										
Al Barton, Licensed Professional Counselor	X	X	X	^P	X	X	X	X	^	P
Alison Little, MD, MPH	X	X	^			^	X		^	^
Andrew Roof, MPT, Physical Therapy	X		X			X	^	X		
Ashley Danielson, RDH, Advantage Dental	X	P	X	X	X	X		^		^
Doug Grissom, MD, Family Medicine		X		X		X	X			
Elizabeth Aughney, DDS, Dental	^	X	X		^	X	X	^	^	X
Elizabeth Foster, MD, Family Medicine	X	P	X^	X	X	X	X	X	^	
Jodi Ready, MD, Internal Medicine, Providence	X		X	X	^	^	X	X		X
Judy Richardson, MD, Family Medicine, Medical Director	X	X	X	^			X		^	X
Mimi McDonell, MD, NCPHD	X	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	X	X	X	X		
Robin Henson, MD, Obstetrics and Gynecology, Medical Director	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	^	P
LIAISONS										
PacificSource, Kristen Dillon, MD	^	P		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								^		
CGHC, Coco Yackley	X	X	X	X	^	X	^	X	^	X
CGHC, Suzanne Cross		X	X	X		X	X	X	^	X
CGHC, Katy Williams	X	X	X	X	P	X	X		^	X
COIPA, Kim Bangerter	X	X				X	X	X		
Collective Impact Health Specialist, Paul Lindberg				X				X		X
MCMC, Amy Sugg	X	X	X							
MCMC, Gail Bacon				X	X					X

Northwest Pediatrics & Adolescent Medicine, Rich Martin, MD						X				
One Community Health, Lisa Sponhauer	X	X		P		X	X			
One Community Health, Brooke Nicholls	X	X	X	X	X	X				X
PacificSource, Elke Towey	X	X	X	X	X	X	X	X	^	X
PacificSource, Ralph Summers		X	X	X		X	X	X		
PacificSource, Trudy Townsend	X			X	X	X		X		X
Providence, Sarah Prates, Pharmacist										X
Reliance eHealth Collaborative, Dan O'Donoghue			X	X		X	X			

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

Clinical Advisory Panel (CAP) Meeting Minutes

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Agenda Item	Duration, Presenter, and CAP Action Required
Welcome & Introductions	Guests included: Sharon DeHart
Announcements	Ashley Danielson will be going on maternity leave, returning August. Dustin Zimmerman announced the CCO 2.0 discussion in The Dalles on April 21 st —OHA is seeking input on new contracts for 2020.
Additions and Deletions Conflicts of Interest Non-Agenda items	None
Consent Agenda <ul style="list-style-type: none"> • March CAP Meeting minutes • Recent CGHC Board agenda • 2017 QIM Performance • Regional Quality Pool applications 	Minutes were unanimously approved.
Statewide & Regional Prescribing of Controlled Medications Status Update and Discussion of Co-Prescribing Intervention	<p>Kristen Dillon shared summary on page 9 of materials. Noted that PacificSource (PS), Oregon Health Authority (OHA), and the Prescription Drug Monitoring Program (PDMP) database is showing the same outcomes of decreasing numbers of opiate prescribing. PS has a pain standards task force who looks at the issue in depth—next area of concern is co-prescribing of opiates and benzodiazepines. Letters will be sent to providers of patients/members that show change to drug coverage for those with >120 MED (morphine equivalent dose) and/or co-prescriptions. Older adults are particularly at risk with co-prescribing. An exclusion to palliative care patients was noted. The maximum MED will be going down eventually. Any feedback to PS regarding the letter should be sent within the week.</p> <ul style="list-style-type: none"> ❖ A copy of letter will be sent to CAP members in email. CAP members to reply with changes to Alison Little.
Finalize RFPs <ol style="list-style-type: none"> 1. Sobering Center 2. Elders 3. Advance Directives 	<p>The three Request for Proposals (RFPs) were reviewed. The deadline date for response for all three was originally June 15, 2018, but a decision was made to separate the RFP on Elders to a later date to be determined once the RFP is complete. Once proposals are received, there will be a period of time to answer questions. All questions will be centrally published through e-mail to the proposal review committee.</p> <p>The group agreed that all proposals should include information on dollars available to execute the work, e.g., “proposals should not exceed...” or “funding for the project is approximately...”</p> <p>Discussion specific to each RFP:</p> <ol style="list-style-type: none"> 1. Sobering Center: Al shared the RFP with the group. The RFP is seeking a feasibility study on the development of a sobering and/or crisis center in the Gorge. Al will be point for responding to questions that come in via email. Working with health care and justice functions is one addition for

	<p>the RFP. Justice representatives should also be on the review committee.</p> <ol style="list-style-type: none"> 2. Two topics of discussion for Elders <ol style="list-style-type: none"> a. Care for Transitioning Older Adults: The RFP is still in draft form—it is not ready to go out. The scope of the RFP is for Group Facilitation and Project Plan Development for Implementing a Pilot Study of an adapted version of the GRACE Model. The pilot study concept is similar to studies Oregon Rural Practice-Based Research Network (ORPRN) has conducted in the region. b. A second aspect of the Elder work is geriatric training for providers. Beth is seeking cost information from Dr. Elizabeth Eckstrom, Professor and Director of Geriatrics at OHSU. Original idea included video about audios recording are more portable and much less expensive. Kristen will also promote geriatric topics through Extension for Community Healthcare Outcomes (ECHO)- something the Gorge has already funded. 3. Advance Directives (AD): How to do AD for all adults (generally aimed at age 50+)? What about 30-year-olds having that conversation with their parents? The RFP will address all ages, with funding up to \$59K. This RFP is ready to post.
<p>Board discussion of supporting workgroups</p>	<p>Board feedback was reviewed.</p>
<p>QIMs</p> <ul style="list-style-type: none"> • Focus on 2 of challenging QIMs • Regional Quality Pool distribution for 2017 	<p>Discussion on two challenging QIMs: prenatal visits and effective contraceptive use (ECU). Prenatal visits were late in large part because of women presenting late to care. Elke is going to look at chart audit data and report back on rates by clinic, if/how Oregon Health Plan (OHP) enrollment affected getting into care, and possibly if/how incarceration affected timely care (external data source on the latter). For ECU, a main challenge in 2017 was documenting surveillance; claims resubmissions resulted in increased rates, though this was burdensome. Working gap lists and careful monitoring of claims are ways to ensure “hits.” Patients with OHA-listed permanent exclusions (hysterectomies, tubal ligations) will not appear on the gap lists; however, patients on the gap lists with these exclusions should continue to have surveillance codes on claims.</p> <p>Definitions and process shared for both Quality Incentive Measures (QIM) Funds and Shared Savings.</p> <p>Suggestion that Childhood Obesity should be included as one of the top priorities. A question was asked if there is a way of introducing new work interest(s) to the group; the CAP would review and modify the focused list of priorities as needed.</p> <p>Conversation will continue at Board level to get CAP a funding track for coming years. Feedback or updates from those already funded (e.g., tobacco cessation) is requested.</p>
<p>Next Meeting</p>	<p>May 3, 2018 @ Providence, 6-8 pm</p>

Acronyms

A1C. Specific test for monitoring diabetes	HTN. Hypertension
ACA. Affordable Care Act	IIS. Immunization Information System
ACE. Adverse Childhood Experience	IMMS. Immunizations
ADHD. Attention Deficit Hyperactivity Disorder	LARC. Long-acting Reversible Contraceptive
AGA, Aging in the Gorge Alliance	LUBA. Land Use Board of Appeals
AOC. Association of Oregon Counties	MA. Medical Assistant
APD. Adults & Peoples with Disabilities	MARC. Mobilizing Action for Resilient Communities
AWCV. Adolescent Well Child Visit	MCCFL. Mid-Columbia Center For Living
BMI. Body Mass Index	MCCOG. Mid-Columbia Council of Governments
CAHPS. Consumer Assessment of Healthcare Providers and Systems	MCEDD. Mid-Columbia Economic Development District
CAT. Columbia Area Transit.	MCHA. Mid-Columbia Housing Authority
CAWEM, Citizen Alien Waived Emergent Medical	MLR. Medical Loss Ratio
CCO. Coordinated Care Organization	NCPHD. North Central Public Health District
CGFM. Columbia Gorge Family Medicine	NEMT. Non-Emergency Medical Transportation
CGHC. Columbia Gorge Health Council	NICH. Novel Interventions in Children’s Healthcare
CHA. Community Health Assessment	OCADSV. Oregon Coalition Against Domestic & Sexual Violence
CHARA. Community Health Advocacy & Research Alliance	OCDC. Oregon Child Development Coalition
CHIP. Children’s Health Insurance Programs	OCF. Oregon Community Foundation
CHIP. Community Health Improvement Plan	OCH. One Community Health
CLAS. Culturally & Linguistically Appropriate Services	OHA. Oregon Health Authority
CME. Continuing Medical Education	OHP. Oregon Health Plan
CMS. Center of Medicaid Services	OHPB. Oregon Health Policy Board
COIPA. Central Oregon Independent Practice Assoc.	OHSU. Oregon Health and Science University
CRAFFT. (Adolescent Screening Technique) Car, Relax, Alone, Forget, Friends, Trouble	OKQ. One Key Question
CRC. Colorectal Cancer	ONE. Oregon Eligibility
DCO. Dental Care Organization	ORPRN. Oregon Rural Practice-Based Research Network
DHS. Department of Human Services	OSAA. Oregon School Activities Association
DNR. Do Not Resuscitate	PCP. Primary Care Provider
DTAP. Vaccine for Diphtheria, Tetanus and Pertussis	PCPCH. Patient-Centered Primary Care Home
eCQM. Electronic Clinical Quality Measure	PDMP. Prescription Drug Monitoring Program
ECHO. Extension for Community Healthcare Outcomes	POLST. Physician Orders for Life-Sustaining Treatment
ECU. Effective Contraceptive Use	POTA. Pain and Opiate Treatment Advisory
ED. Emergency Department	PS. PacificSource
EHR. Electronic Health Record	QHOC. Quality & Health Outcome Committee
EMR. Electronic Medical Record	QIM. Quality Incentive Measure
EOB. Explanation of Benefits	RFP. Request for Proposal
FIT. Fecal Immunochemical Test	ROI. Return on Investment
GGFN. Gorge Grown Food Network	RWJF. Robert Wood Johnson Foundation
GOBHI. Greater Oregon Behavioral Health Inc.	SBHC. School-based Health Center
GRACE. Geriatric Resources for Assessment & Care of Elders	SBIRT. Screening, Brief Intervention and Referral for Treatment
HERC. Health Evidence Review Committee	SBST. STarT Back Screening Tool
HIE. Health Information Exchange	SIT. Systems Integration Team
HIT. Health Information Technology	SNAP. Supplemental Nutrition Assistance Program
HRCHD. Hood River County Health Department	SPMI. Serious and Persistent Mental Illness
HRCPD. Hood River County Prevention Department	SUD. Substance Abuse Disorder
	TANF. Temporary Assistance for Needy Families
	TQS. Transformation and Quality Strategy
	WIC. Women, Infants & Children