

# Clinical Advisory Panel (CAP) Meeting Attendance

Date: June 7, 2018

Location: [ X ] MCMC [ ] Providence

	Jun 7	May 3	Apr 5	Mar 1	Feb 1	Jan 11	Dec 7	Nov 2	Oct 5	Sep 14
<b>VOTING MEMBERS</b>										
Al Barton, Licensed Professional Counselor		X	X	X	X	^P	X	X	X	X
Alison Little, MD, MPH	X	X	X	X	^			^	X	
Andrew Roof, MPT, Physical Therapy	X		X		X			X	^	X
Ashley Danielson, RDH, Advantage Dental			X	P	X	X	X	X		^
Elizabeth Aughney, DDS, Dental	X	X	^	X	X		^	X	X	^
Elizabeth Foster, MD, Family Medicine	X	X	X	P	X^	X	X	X	X	X
Jodi Ready, MD, Internal Medicine, Providence	X	X	X		X	X	^	^	X	X
Judy Richardson, MD, Family Medicine, Medical Director	X	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	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
Trish Elliott, BSN, Public Health Nursing	X	X	X	X		X		X	X	X
<b>LIAISONS</b>										
PacificSource, Kristen Dillon, MD	X	^P	^	P		X	^	X	X	
OHA, Dustin Zimmerman, Innovator Agent	X		X	X		X			X	
Susan Lowe, CAC Liaison	X	X	X	X	X	X	X	X	X	
<b>EXTENDED MEMBERS</b>										
Advantage, Molly Johnson	^P									^
CGHC, Coco Yackley	X	X	X	X	X	X	^	X	^	X
CGHC, Suzanne Cross	X	P		X	X	X		X	X	X
CGHC, Katy Williams		X	X	X	X	X	P	X	X	
COIPA, Kim Bangerter		X	X	X				X	X	X
Collective Impact Health Specialist, Paul Lindberg						X				X
MCMC, Amy Sugg	X		X	X	X					
MCMC, Gail Bacon						X	X			
Northwest Pediatrics & Adolescent Medicine, Rich Martin, MD								X		
One Community Health, Lisa Sponhauer		X	X	X		P		X	X	
One Community Health, Brooke Nicholls	X	X	X	X	X	X	X	X		

PacificSource, Elke Towey	X	X	X	X	X	X	X	X	X	X
PacificSource, Ralph Summers	X	X		X	X	X		X	X	X
PacificSource, Trudy Townsend	X	X	X			X	X	X		X
Providence, Sarah Prates, Pharmacist										
Reliance eHealth Collaborative, Dan O'Donoghue	X	X			X	X		X	X	

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

# Clinical Advisory Panel (CAP) Meeting Minutes

Date: June 7, 2018

Time: 6pm – 8pm

Location: [ X ] MCMC [ ] Providence

Agenda Item	Duration, Presenter, and CAP Action Required
<b>Welcome &amp; Introductions</b>	Guests: Scott Baker- North Central Public Health District, Kirah Doerr- North Central Public Health District, Erin Fitzpatrick- PacificSource
<b>Announcements</b>	None
<b>Additions and Deletions Conflicts of Interest Non-Agenda items</b>	None
<b>I. Consent Agenda</b> <ul style="list-style-type: none"> <li>• <b>May CAP Meeting Minutes</b></li> <li>• <b>CGHC Board Meeting Agenda</b></li> <li>• <b>CAC Meeting Agenda</b></li> <li>• <b>2017 QIM Performance</b></li> <li>• <b>Regional Quality Pool applications</b></li> </ul>	On a motion made and seconded, the CAP consent agenda was approved unanimously.
<b>II. Mid-Columbia Outpatient Clinics (MCOC) Adolescent Well Care Swag event</b>	<p>Linda Compton from Mid-Columbia Outpatient Clinics (MCOC) shared an event that MCOC recently put on with the goal of getting teens in for Adolescent Well Child Visits. MCOC was able to see 42 teens in just a few hours and felt it was successful enough that they plan to do it again in August before school starts. MCOC learned it was important to:</p> <ul style="list-style-type: none"> <li>• schedule ahead of time (even though sometimes people came in at the wrong time)</li> <li>• scrub the charts ahead of time.</li> <li>• provide a separate area for immunizations, screenings</li> <li>• connect teens to behavioral health when needed.</li> </ul> <p>MCOC played loud music, decorated, and overall made it a welcoming environment for teens. Overall, they felt it was very successful.</p>
<b>III. PacificSource Updates</b> <ul style="list-style-type: none"> <li>• <b>Review of the PacificSource Health Risk Assessment</b></li> <li>• <b>Member gaps in enrollment</b></li> <li>• <b>QIM upcoming work plans</b></li> </ul>	<p><b>Review of the PacificSource Health Risk Assessment</b></p> <p>-Erin Fitzpatrick from PacificSource (PS) reviewed via phone the regulatory requirement to provide a Health Risk Assessment (HRA) to all new Medicaid and Medicare members within 90 days of enrollment. Erin explained that HRA's are mailed out upon enrollment and if not returned within a certain amount of time, are sent out again. Return rates are at 18%.</p> <ul style="list-style-type: none"> <li>• Susan L asked if patients are engaged in the process of rolling it out. Erin said that PS plans to bring it to the committees with our members.</li> <li>• Beth F asked if the information gathered will be shared with the Primary Care Providers.</li> </ul> <p><b>Member gaps in enrollment</b></p> <p>-Kristen Dillon explained how member gaps exist when it comes to enrollment and why it is a problem. Some people get kicked off onto open card and PS nor Oregon Health Authority (OHA) doesn't necessarily know why. Kristen shared the data for the Gorge both at a group level and per clinic. Of the members who get kicked off, 5% are due to an administrative issue but 20% have a gap that Kristen feels could have been prevented. Beth asked if clinics could get paid by the health plan for enrollment assisters.</p>

	<p>Kristen shared that unfortunately, that PacificSource is not permitted to fund enrollment assistors. However, she suggests hiring enrollment assistors as a good way to prevent gaps in insurance coverage in our community which is not good for anyone, especially our members.</p> <p><b>Quality Incentive Measure (QIM) upcoming work plans</b></p> <p>-Elke Towey shared that the 2018 claim based QIMs are looking good thus far and gave a shout out to MCMC staff who have done a tremendous amount of work on manual queries in the MCMC system thus finding positive results. Elke will be working with clinics that aren't reaching performance targets on a specific QIM to develop collaborative work plans that will formalize a process for improvement.</p>
<p><b>IV. CAP Priority Updates</b></p> <ul style="list-style-type: none"> <li>• <b>Status on 3 established priorities</b> <ul style="list-style-type: none"> <li>○ <b>Childhood Obesity – sign letter of support</b></li> <li>○ <b>Request for Proposals published</b></li> <li>○ <b>Elders update</b></li> </ul> </li> <li>• <b>Other Candidate Priorities</b> <ul style="list-style-type: none"> <li>○ <b>Candidate themes</b></li> <li>○ <b>Veggie RX</b></li> </ul> </li> </ul>	<p><b>Status on 3 established priorities</b></p> <p>-Beth Foster shared that the Board is waiting on the childhood obesity coalition to come up with a work plan.</p> <ul style="list-style-type: none"> <li>○ Coco has the Letter of Support signature page the CAP agreed to put forth for the grant Dr. Alex Foster is applying for.</li> <li>○ Applications are being accepted for the 3 RFP's until July 20<sup>th</sup>. Beth would like to have the CAP help the CGHC Board understand why it is important to put significant funds towards the 3 CAP priority areas.</li> <li>○ Beth is working on a plan for education components completed by Dr. Eckstrom around issues facing the elderly.</li> </ul> <p><b>Other Candidate priorities</b></p> <p>Coco reviewed the QIM and CAP funds and the process by which these funds came to the Coordinated Care Organization (CCO).</p> <ul style="list-style-type: none"> <li>• On a motion made and seconded, the CAP unanimously approved to designate all the incoming challenge pool funds into the Non-Competitive Grant Pool.</li> </ul> <p><b>Regional Quality Pool Calculator:</b> Coco shared the current process for the calculator and that the public health departments are doing a tremendous amount of work with the Department of Human Services (DHS) custody metric through Bridges to Health. The metric went up to 98% in 2017.</p> <ul style="list-style-type: none"> <li>• On a motion made and seconded, the CAP unanimously approved to change the DHS metric to include the public health departments and divide the metric by 4.</li> </ul> <p>Mimi M asked that Mid-Columbia Center for Living (MCCFL) and public health be considered for the tobacco metric. Coco shared that for 2017 the definition of the metric is only counting prevalence (those who use tobacco and are noted as such at a Primary Care Provider (PCP) visit). However, including MCCFL and Public Health should be considered for 2018 when the metric definition includes improving tobacco rates.</p> <p>Teri T from North Central Public Health District (NCPHD) shared about the impact of public health on many other metrics such as prenatal care, dental sealants, immunizations, tobacco and developmental screening. Teri shared that public health does a lot of population health work and contributes in many ways to these QIMs.</p> <p>The CAP noticed that there was an error in the calculator presented and in fact, in years prior, the prenatal care measure was divided 50% for public health, 35% for OB/GYN and 15% for PCP's.</p>

	<ul style="list-style-type: none"> <li>• A correction will be made in the calculator for 2017 QIMS to represent public health as getting 50% of the prenatal care QIM. The calculator sent out with the materials incorrectly, left that out.</li> </ul> <p>Teri and Trish shared that the health departments do a lot of developmental screenings and send them to PCP offices where often the screenings are then repeated, creating a duplication of services. The health departments will continue work groups outside of the CAP to hopefully improve this situation as they have in Marion-Polk County.</p> <p>Judy R mentioned that she hopes if Public Health is included in prenatal care measure then they will also be included in the accountability.</p> <p><b>Funds for PS for clinic needs:</b></p> <p>Coco asked for a CAP decision to allocate up to 10% of the non-competitive grant amount from shared savings in the same manner as 2016</p> <ul style="list-style-type: none"> <li>• On a motion made and seconded, the CAP unanimously approved to allocate up to 10% of the non-competitive grant amount to PS from shared savings with CAP oversight using the same decision process used for 2016 QIMs.</li> </ul> <p><b>CAP focus areas (\$400k):</b></p> <p>Coco reviewed the focus areas plus additional focus areas that the CAP has discussed. Coco asked if the CAP wanted to settle on additional focus areas besides the three. The CAP wasn't ready at this time to make a decision.</p> <p><b>Swim Rx proposal:</b></p> <p>Mimi M and Judy B presented the proposal for Swim Rx. Scott from Wasco Co Parks and Rec shared how excited he is about the cross partnership to feed both parks and rec as well as parks and rec to feed kids to primary care. Judy B suggested that the CAP consider the Community Health Improvement Plan (CHIP) priorities as the CAP sets their priorities. Beth feels the 3 priorities are being driven by strategical clinical thinking and the CHIP is driving the CAC work. Beth also felt the planning was not the place for last minute proposals. There was confusion for the group as to whether the proposal would be considered under the already attributed \$400K. Coco shared that the Board would still need to approve the spending. The group then decided to continue work on the residual of the \$400K at the July meeting.</p> <ul style="list-style-type: none"> <li>• On a motion made and seconded the CAP unanimously agreed to approve the \$50,000 Swim Rx proposal to the Board for approval as part of the \$400K CAP proposal funds.</li> </ul>
<b>Next Meeting</b>	July 12, 2018 @ Providence, 6-8 pm

<b>Acronyms</b>	
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 AOC. Association of Oregon Counties APD. Adults & Peoples with Disabilities AWCV. Adolescent Well Child Visit BMI. Body Mass Index CAHPS. Consumer Assessment of Healthcare Providers and Systems CAT. Columbia Area Transit.	HTN. Hypertension IIS. Immunization Information System IMMS. Immunizations LARC. Long-acting Reversible Contraceptive LUBA. Land Use Board of Appeals MA. Medical Assistant MARC. Mobilizing Action for Resilient Communities MCCFL. Mid-Columbia Center For Living MCCOG. Mid-Columbia Council of Governments MCEDD. Mid-Columbia Economic Development District MCHA. Mid-Columbia Housing Authority MLR. Medical Loss Ratio

CAWEM, Citizen Alien Waived Emergent Medical	NCPHD. North Central Public Health District
CCO. Coordinated Care Organization	NEMT. Non-Emergency Medical Transportation
CGFM. Columbia Gorge Family Medicine	NICH. Novel Interventions in Children’s Healthcare
CGHC. Columbia Gorge Health Council	OCADSV. Oregon Coalition Against Domestic & Sexual Violence
CHA. Community Health Assessment	OCDC. Oregon Child Development Coalition
CHARA. Community Health Advocacy & Research Alliance	OCF. Oregon Community Foundation
CHIP. Children’s Health Insurance Programs	OCH. One Community Health
CHIP. Community Health Improvement Plan	OHA. Oregon Health Authority
CLAS. Culturally & Linguistically Appropriate Services	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
CRAFFT. (Adolescent Screening Technique) Car, Relax, Alone, Forget, Friends, Trouble	ONE. Oregon Eligibility
CRC. Colorectal Cancer	ORPRN. Oregon Rural Practice-Based Research Network
DCO. Dental Care Organization	OSAA. Oregon School Activities Association
DHS. Department of Human Services	PCP. Primary Care Provider
DNR. Do Not Resuscitate	PCPCH. Patient-Centered Primary Care Home
DTAP. Vaccine for Diphtheria, Tetanus and Pertussis	PDMP. Prescription Drug Monitoring Program
eQM. Electronic Clinical Quality Measure	POLST. Physician Orders for Life-Sustaining Treatment
ECHO. Extension for Community Healthcare Outcomes	POTA. Pain and Opiate Treatment Advisory
ECU. Effective Contraceptive Use	PS. PacificSource
ED. Emergency Department	QHOC. Quality & Health Outcome Committee
EHR. Electronic Health Record	QIM. Quality Incentive Measure
EMR. Electronic Medical Record	RFP. Request for Proposal
EOB. Explanation of Benefits	ROI. Return on Investment
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
GRACE. Geriatric Resources for Assessment & Care of Elders	SBST. STarT Back Screening Tool
HERC. Health Evidence Review Committee	SIT. Systems Integration Team
HIE. Health Information Exchange	SNAP. Supplemental Nutrition Assistance Program
HIT. Health Information Technology	SPMI. Serious and Persistent Mental Illness
HRCHD. Hood River County Health Department	SUD. Substance Abuse Disorder
HRCPPD. Hood River County Prevention Department	TANF. Temporary Assistance for Needy Families
	TQS. Transformation and Quality Strategy
	WIC. Women, Infants & Children