

Clinical Advisory Panel (CAP) Meeting Attendance

Date: June 1, 2017

Location: [X] MCMC [] Providence

	Jun 1	May 4	Apr 6	Mar 2	Feb 2	Jan 12	Dec 1	Nov 3	Oct 6	Sep 1
VOTING MEMBERS										
Al Barton, Licensed Professional Counselor	X	X	^	X	^	^	X	X	X	X
Alison Little, MD, MPH	^	X	^	X	^	^	^	^		^
Andrew Roof, MPT, Physical Therapy		X	X	X	X		X		^	X
Ashley Danielson, RDH, Advantage Dental	X	^	X	^	^	^				X
Doug Grissom, MD, Family Medicine	X		X	X	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	X
Judy Richardson, MD, Family Medicine, Medical Director	X	^		X	X	^	X		X	X
Kim Humann, MD, Psychiatrist	X	X	X	X	^	^	X	X	^	X
Mimi McDonnell, MD, NCPHD	X	X	^	X	X		X	X		X
Nathan Ullrich, MD, Urology, Surgical Specialists		X						P		
Nicole Pashek, MSN, ARNP, Nurse Practitioners	X	^	X	X	X	^		X	X	^
Robin Henson, MD, Obstetrics and Gynecology, Medical Director	X	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	X	X	^	X	X	X	X
LIAISONS										
PacificSource, Kristen Dillon, MD	X	X	X		X	^		P	X	X
OHA, Dustin Zimmerman, Innovator Agent	X	X	X		^	^			X	P
Susan Lowe, CAC Liaison	X	X	X	X	X	^	X	X	X	X
EXTENDED MEMBERS										
Advantage, Molly Johnson	^	X	X					X	X	X
Capitol Dental, Deborah Loy	X		X					X		
CGHC, Coco Yackley	X	X	X	X	^	^	X	X	X	X
CGHC, Suzanne Cross				X	X	^	X	X	X	X
CGHC, Katy Williams	X				X	X	X			
CGHC, Leslie Stegeman	X		X	X		^	X	X		
COIPA, Kim Bangerter	X			X						X
Deschutes Rim, Sharon DeHart, PA-C				^						
Kidz Dental Zone, J. Kyle House, DDS					^			X		P^
Little Shredders Dental, Chris Swisher, DDS, Pediatric Dentist										P

MCMC, Gail Bacon	X		^		X					
MCMC, Mark England, RN				X	X		^	P	X	P
NCPHD, Jeremy Hawkins			X	X			X		X	P
Northwest Pediatrics & Adolescent Medicine, Rich Martin, MD	X			P	X		^	P	^	P
One Community Health, Lisa Sponhauer	X		X	X			X	X	X	P
PacificSource, Elke Towey	X	X	X	X	X					
PacificSource, Heather Simmons		^		X	^	^	X		X	P
PacificSource, Ralph Summers	X	X		X			X	P		
PacificSource, Trudy Townsend					^		X	P^	^	P

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	
Welcome & Introductions	Guests included: Jane Palmer, Knight Cancer Institute; Stevi Bratschie, PacificSource; Jodi Ready, MD, Providence; Sarah Prates, PharmD, Providence
Announcements	Ralph Summers announced PacificSource (PS) is opening a Behavioral Health provider panel to increase choice for members and to enlist help in certain areas. Payment and prior authorizations come directly from PS, no longer from Mid-Columbia Center For Living.
Additions and Deletions Conflicts of Interest Non-Agenda items	None.
Approval of May Minutes	Approved.
Recent CGHC Board agenda	Quality Incentive Measure (QIM) quality funds were discussed; this is a topic further in this agenda. PS has made Flexible Services funds available for Veggie Rx from PCPs. The form is available at primary care clinics with assigned members. The program is funded at \$10,000—continuity will be based on interest. Someone at PS will reach out to clinics on getting started. A request was made for a succinct message for clinicians to generate interest. Use is not tied to any diagnoses.
New CAP Member Application	Jodi Ready, Internal Medicine (IM) physician, submitted her application for CAP membership. Her background and interest was shared. There are two or three spots open, one of which is a primary care position. While the CAP expressed interest in having diversity in disciplines as well as organizations, the consensus is that membership is more about the community at large and patients, not organizations. It was noted that having an Internist will give good perspective, particularly with an increase in dual eligibility. The group unanimously recommended Jodi Ready as a CAP voting member, pending approval by the Board.
Review CGHC Board decisions <ul style="list-style-type: none"> • Final QIM results • Board decision on CAP QIM recommendation • Approval for request for Interpreter training 	<ul style="list-style-type: none"> • Board approved that the ~\$820K 2016 QIM money will be distributed per the calculator. • The remaining amount will be focused on areas of risk. • The Board also approved \$82K for PS to spend on local needs—this amount does not come out of QIM dollars. <ul style="list-style-type: none"> ○ <u>Interpreter Training</u>: Interpreter training is one of the requests from the provider community. The cost to bring a trainer to the area and pay for registration fees is approximately \$15K for 18 students. One of the goals of this training is to push people through the certified Interpreter test, which is difficult. Certified interpreters can bill for interpreting services. The primary audience is contracted agencies. The second tier will be agencies that serve contract agencies but aren't contracted themselves. On a motion made and seconded, the CAP unanimously approved PacificSource to spend approx. \$15K for interpreter training for the Gorge provider community.

	<ul style="list-style-type: none"> ○ <u>24-hour Nurse Line info</u>. Refrigerator magnets for the 24-hour Nurse Line @ \$0.25 each. Plan to spend < \$1,000. ○ <u>PCP Behavioral Health integration consultation support</u>. Kristen will return to the July CAP with a request for funding some contractor time for fidelity assessment visits to Gorge CCO primary care clinics offering team-based integrated behavioral health. This may be in the \$6K-8K range.
<p>Remaining QIM money priorities</p> <ul style="list-style-type: none"> ● Tobacco Cessation ● Pain ● Emergency Room Use in Wasco ● Elder Transitions ● Foster care/Youth psych/Substance 	<p>The following ideas were shared and discussed.</p> <p>Note: The CAP should be prepared to make decisions on these proposals at the July meeting.</p> <ul style="list-style-type: none"> ● Trish Elliott—tobacco cessation proposal to fund a licensed RN at 1.0 FTE for local cessation supports for clients ● Doug Grissom—the Providence Pain Tool Kit is now available for free, but there is associated training that has a cost. Requesting money for four 4-hour trainings and materials. ● Elizabeth Aughney—Emergency Room Use in Wasco County. Looking at expanding hours at One Community Health by adding staff. Money will be used for start-up with the hope of making this sustainable. No formal proposal for this meeting—coming soon. ● Beth Foster—inspired by Tina Castañeres’ talk, not ready to propose, but stated the need for a navigator to assist transitioning elders that are in the crevasse between having the ability to independently deal with issues and qualifying for senior and disability services. This need will increase with the increase of dual eligibles. ● Kim Humann—The CAP should start a substance abuse work group, much like what was done with behavioral health integration. Discussion included training providers and care teams on Motivational Interviewing, Rx use for alcohol abuse, etc. Will need a chair and funds for staff time to get a solid system in place. ● MCCFL would also like to use QIM dollars for foster care, and asked to present at next CAP.
<p>Sunset of Pain & Opiate Treatment Advisory (POTA) workgroup Final report out</p>	<p>Kristen presented on state drug prescribing and use of the Prescription Drug Monitoring Program (PDMP) database. She also reviewed the local performance and highlighted positive trends in reducing opiate prescribing.</p>
<p>2017 QIM Performance status</p> <ul style="list-style-type: none"> ● Department of Human Services (DHS) ● Call outs from existing charts/graphs 	<p>QIM highlights:</p> <ul style="list-style-type: none"> ● 2016 final rates were presented. Clinic-level colorectal cancer screening rates were included, and all but one organization exceeded the target. ● 2017 challenges: <ul style="list-style-type: none"> ○ Childhood immunizations (proactive scheduling is paramount). Mimi mentioned that the North Central Public Health Department received notice that the Hep B vaccination rate at birth for Mid-Columbia Medical Center (MCMC) dipped to ~63%. Judy acknowledged that a recent process change was implemented in EPIC that should resolve the issue ○ Dental sealants (our CCO amongst the lowest rates in the state in 2016) ○ Effective contraceptive use (Elke is working with clinics on potential coding issues).
<p>Next Meeting</p>	<p>July 13, 2017 @ 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	HRCPD. Hood River County Prevention Department
ADHD. Attention Deficit Hyperactivity Disorder	HTN. Hypertension
AGA, Aging in the Gorge Alliance	IIS. Immunization Information System
APD. Adults & Peoples with Disabilities	IMMS. Immunizations
AWCV. Adolescent Well Child Visit	LARC. Long-acting Reversible Contraceptive
BMI. Body Mass Index	MA. Medical Assistant
CAHPS. Consumer Assessment of Healthcare Providers and Systems	MARC. Mobilizing Action for Resilient Communities
CAWEM, Citizen Alien Waived Emergent Medical	MCCFL. Mid-Columbia Center For Living
CCO. Coordinated Care Organization	MCEDD. Mid-Columbia Economic Development District
CGFM. Columbia Gorge Family Medicine	MCHA. Mid-Columbia Housing Authority
CGHC. Columbia Gorge Health Council	MLR. Medical Loss Ratio
CHA. Community Health Assessment	NCPHD. North Central Public Health District
CHARA. Community Health Advocacy & Research Alliance	NEMT. Non-Emergency Medical Transportation
CHIP. Children's Health Insurance Programs	NICH. Novel Interventions in Children's Healthcare
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
eCQM. Electronic Clinical Quality Measure	PCP. Primary Care Provider
ECU. Effective Contraceptive Use	PCPCH. Patient-Centered Primary Care Home
ED. Emergency Department	PDMP. Prescription Drug Monitoring Program
EHR. Electronic Health Record	POLST. Physician Orders for Life-Sustaining Treatment
EMR. Electronic Medical Record	POTA. Pain and Opiate Treatment Advisory
FIT. Fecal Immunochemical Test	QHOC. Quality & Health Outcome Committee
GGFN. Gorge Grown Food Network	QIM. Quality Incentive Measure
GOBHI. Greater Oregon Behavioral Health Inc.	RWJF. Robert Wood Johnson Foundation
HERC. Health Evidence Review Committee	SBHC. School-based Health Center
HIE. Health Information Exchange	SBIRT. Screening, Brief Intervention and Referral for Treatment
	SBST. STarT Back Screening Tool
	SNAP. Supplemental Nutrition Assistance Program
	TANF. Temporary Assistance for Needy Families