

Clinical Advisory Panel (CAP) Meeting Attendance

Date: July 12, 2018

Location: [] MCMC [X] Providence

	Jul 12	Jun 7	May 3	Apr 5	Mar 1	Feb 1	Jan 11	Dec 7	Nov 2	Oct 5
VOTING MEMBERS										
Al Barton, Licensed Professional Counselor	X		X	X	X	X	^P	X	X	X
Alison Little, MD, MPH	^	X	X	X	X	^			^	X
Andrew Roof, MPT, Physical Therapy		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	X
Elizabeth Foster, MD, Family Medicine	X	X	X	X	P	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		
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
LIAISONS										
PacificSource, Kristen Dillon, MD	X	X	^P	^	P		X	^	X	X
OHA, Dustin Zimmerman, Innovator Agent	X	X		X	X		X			X
Susan Lowe, CAC Liaison	X	X	X	X	X	X	X	X	X	X
EXTENDED MEMBERS										
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
CGHC, Katy Williams	X		X	X	X	X	X	P	X	X
COIPA, Kim Bangerter	X		X	X	X				X	X
Collective Impact Health Specialist, Paul Lindberg							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	X
PacificSource, Ralph Summers		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	

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

Clinical Advisory Panel (CAP) Meeting Minutes

Date: July 12, 2018 Time: 6pm – 8pm

Location: [] MCMC [X] Providence

Agenda Item	Duration, Presenter, and CAP Action Required
Welcome & Introductions	<p>Guests: Stevi Bratschie, PacificSource; Heather Simmons, PacificSource; Sharon DeHart, Deschutes Rim; Shellie Campbell, North Central Public Health District (NCPHD); Kirah Doerr, NCPHD; Jeremy Hawkins, NCPHD; Chelsea Ruder, Oregon Health Science University (OHSU); Laura McKeane, AllCare Coordinated Care Organization (CCO); Karen Shimade, Oregon Oral Health Coalition</p>
Announcements	<p>NCPHD is offering communicable disease training available for HIV. The training is free of charge, includes Continuing Medical Education (CME) and a meal. The training can be tailored to address local needs and can be for both physical and dental health providers. Trish made a request for PrEP (pre-exposure prophylaxis) training. (Update given by Jeremy Hawkins, NCPHD.)</p> <p>The Oregon Prescription Drug Monitoring Program (PDMP) Database Integration Phase I go-live is on track for late summer for EPIC organizations (OHSU, OCHIN, and Providence). Vendor Apriss is also working with Central Oregon Independent Practice Association (COIPA) for an EClinicalWorks system go-live in Phase II. This will allow providers to be able to check the PDMP database directly from the provider’s Electronic Medical Records (EMR). (Update given by Elke Towey.)</p> <p>Oregon Rural Practice-Based Research Network (ORPRN) is looking for 5 practices to participate in best practice research on how to do advanced directives with patients—multiple approaches are going to be studied. The team is looking for one more clinic to participate. Jodi Ready expressed interest, and Susan Lowe will get her connected. (Update given by Susan Lowe.)</p> <p>Chelsea Ruder introduced herself as the community research liaison in the Gorge. Her role is to help build research capacity in the Gorge, and to connect agencies to academic partners (OHSU, CORE, etc.). She will send information to Coco for distribution to the group. She can be contacted at ruderc@ohsu.edu.</p>
Additions and Deletions Conflicts of Interest Non-Agenda items	None.
I. Consent Agenda <ul style="list-style-type: none"> • June CAP Meeting Minutes • CGHC Board Meeting Agenda • CAC Meeting Agenda • 2017 QIM Performance • Regional Quality Pool applications 	<p>Al commented about the joint Board and CAC meeting. Feedback was very positive. Beth praised the popular education modality employed to illustrate the barriers of access to service by members. She noted that “access challenges” are much greater than what providers observe within their own clinics.</p> <p>Mimi made a motion to approve the Consent Agenda, Trish seconded. All approved.</p>

<p>II. PacificSource Updates</p> <ul style="list-style-type: none"> • QIM Status • Pre-authorization decisions 	<p>Elke reviewed that status of all the Quality Incentive Measures (QIM) year-to-date.</p> <p>Kristen shared PacificSource’s (PS) decision making process for authorization of health services, which is to pay for services that are “above the line” (those on Oregon Health Plan’s (OHP) prioritized list of covered services). Unlike some CCOs, PS has a system in place to determine whether a particular service is above or below the line, and generally follows the OHP guideline in the interest of stewardship of limited Medicaid resources. Generally, services that are “below the line” are those that the Health Evidence Review Commission deems either minimally effective, or the condition has limited health impact. It was noted that the care to get to a diagnosis is always covered, but the subsequent diagnosed condition must be covered for further payment. There is an appeals process for denials, and the “lockout” period for Primary Care Provider (PCP) denials is one month in case there is a need to reassess. Data showing the types and frequencies of denials was shared; the most common denials are for Physical Therapy/Occupational Therapy/Speech therapies.</p> <p>For consideration by the CAP: Do we want to pay for certain below-the-line medical treatments instead of funding other non-healthcare services (e.g., Veggie Rx, etc.)? What are our community priorities? The group discussed specific areas that were based on early interventions and treatments that would improve overall Quality of Life. The group listed out:</p> <ol style="list-style-type: none"> 1. For children between 1 and 5 years of age, therapies should be considered to help prevent worsening of conditions with time; 2. For adults, dermatological conditions (e.g., severe acne, hidradenitis because of comorbidities) 3. Non-covered hernias. <p>❖ The group requested that Kristen, Alison Little and Trey Rigert make some recommendations on key below-the-line service.</p>
<p>III. CAP Focus Area Discussion</p> <ul style="list-style-type: none"> ○ Expanding to include 2 additional topics ○ Oral Health Integration ○ QIMs/Clinical. Tobacco Cessation ○ Review discussions and confirm decisions for Sept CAP meeting 	<p>Currently the three CAP focus areas are older adults, childhood obesity, and Crisis/Substance Abuse Services. The CAP co-chairs suggested the addition of two focus areas: 1) oral health integration and 2) cross-organizational efforts for new or difficult QIMs.</p> <p>Elizabeth Aughney made request for the CAP to financially support oral health as a focus area for the next 2-3 years. Representatives of the CAP, Board and CAC could contribute to the selection of specific oral health projects. She is asking for money to be held while decisions are made on those projects.</p> <p>Kirah presented the work she has done for the smoking cessation grant. She is requesting additional funding for years 2 and 3.</p> <p>There was brief discussion about diabetes as another focus.</p> <p>❖ Coco will get diabetes info from Chelsea Ruder and send along to the group.</p>

	Priorities will be selected at next meeting in September. Chelsea Ruder noted that she has access to evidence-based literature, and to contact her if anyone has a need.
Next Meeting	*No meeting in August September 6, 2018 @ Providence, 6-8 pm

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
eQIM. 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