

Clinical Advisory Panel (CAP) Meeting Attendance

Date: October 4, 2018

Location: [X] MCMC [] Providence

	Oct 4	Sep 6	Jul 12	Jun 7	May 3	Apr 5	Mar 1	Feb 1	Jan 11	Dec 7
VOTING MEMBERS										
Al Barton, Licensed Professional Counselor	X	X	X		X	X	X	X	^P	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	^				X	P	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	P	X^	X	X
Jodi Ready, MD, Internal Medicine, Providence	X	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	X									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	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	X	X	^P	^	P		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	X	^
CGHC, Suzanne Cross	X	X		X	P		X	X	X	
CGHC, Katy Williams			X		X	X	X	X	X	P
COIPA, Kim Bangerter		X	X		X	X	X			
Collective Impact Health Specialist, Paul Lindberg									X	
MCMC, Amy Sugg	X	X		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	X		P	
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	
PacificSource, Trudy Townsend		X	X	X	X	X			X	X
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: October 4, 2018

Time: 6pm – 8pm

Location: [X] MCMC [] Providence

Agenda Item	Duration, Presenter, and CAP Action Required
Welcome & Introductions	Guests included: Shellie Campbell, NCPHD; Chelsea Ruder, OHSU; Alicia Swift, Contractor; Gladys Rivera, Providence; Kirah Doerr, NCPHD; David Crawford, CGOHC, A Kidz Dental Zone; Amy Sugg, MCMC
Announcements	<p>Jody announced she has 3 dates in planning for the Motivational Interviewing Training. The trainings will be in 2019 February, May and again in the fall.</p> <p>Coco announced that Sharon Dehart is unable to be here tonight because Sharon is being honored with Hero of the Year award at Oregon Rural Health Organization.</p> <p>Gladys Rivera shared a story regarding a client experiencing concerns with mental health services. Her concern was for clients who are not experiencing what qualifies as a “mental health crisis” but yet are still having concerns and are seeking services. It seems there is a category of mental health issues where people need access urgently but are not presenting under the definition of a crisis. Al shared that MCCFL doesn’t have supported housing for people with mental health issues in our area but perhaps there are supports that could be offered in this case.</p> <p>Trish would like to discuss intake and access. Al, Trish, Suzanne and Gladys will connect after the meeting to brainstorm around the potential services available. Al asked Gladys for the specific information regarding this one case as well.</p>
Additions and Deletions Conflicts of Interest Non-Agenda items	None.
I. Consent Agenda <ul style="list-style-type: none"> • September CAP CAC Meeting Minutes • CGHC Board Meeting Agenda • CAC Meeting Agenda • 2017 QIM Performance • Regional Quality Pool Program Descriptions <ul style="list-style-type: none"> ○ Advantage Dental ○ Deschutes Rim Health Clinic ○ Hood River County Health Department ○ Mid-Columbia Outpatient Clinics ○ Oregon Dental Services ○ Summit Family Medicine 	<p>The CAP September minutes will not be voted upon at this meeting as they did not get sent out ahead of time.</p> <p>The September CAP minutes will be sent out with the October minutes and be voted on during the November meeting.</p> <p>No meeting in September for the Board but Beth shared a general overview about the CGHC Board strategic planning discussions.</p> <p>On a motion made by Mimi and seconded by Robin the Consent Agenda was unanimously approved as presented (without the CAP minutes).</p>
II. PacificSource Updates <ul style="list-style-type: none"> • Practice Coach hire update • QIM Status • Follow up on therapies for children 	<p>Practice Coach Update: Elke announced that Emily Higgins will be starting as the new PS Practice Coach. Elke will be moving into a PS Program Manager role.</p> <p>QIM Status: Elke shared the current status of the QIMs. We are currently at 80%.</p>

	<p>Elke then reviewed the action plans that were listed specifically in the materials sent out ahead of time.</p> <p>Ashley shared that there are many kids who already have their sealants on and functioning. She shared concerns about having enough kids to meet the metric. She is suggesting reaching more 6- year olds by partnering with public health, schools or other organizations that are organizing events. She asked the CAP for assistance in suggesting venues to her.</p> <p>Elke than reviewed a number of the other metrics that were presented in the materials ahead of time.</p> <p>Elke shared that thus far, we met the developmental screening metric at 83.7%.</p> <p>Elke also shared that by 2020 the timeframe to complete the Department of Human Services (DHS) physical and dental metric will be within 30 days instead of 60. Mental health will remain 60 days.</p> <p>Elke shared we are behind trend with the effective contraceptive measure especially with the challenges of bringing on the addition of the 15-17 yr. olds.</p> <p>Elke noted some changes in the metrics for 2019. Postpartum care will be replacing prenatal care as a metric (21-56 days post birth). Kristen shared that this first version of this measure but in future years it will require a visit in addition to requiring 4 evidence-based elements.</p> <p>Lastly, additional measures in the future will be an oral (dental) evaluation of adults with diabetes and Screening, Brief Intervention and Referral for Treatment (SBIRT) from the Electronic Health Record (EHR) rather than a claims-based measure.</p> <p>Follow up on therapies for children:</p> <p>Effective Oct 1, PacificSource (PS) will expand authorization of therapies for children up to age 12. This will be piloted for a year and PS will look at what the costs related are. The CAP requested taking a look at specific costs within 6 months. Kudos were given to PS for being receptive to clinician’s concerns. The group asked if “therapies” could be more clearly defined and also that the change could be written up so that it could be shared with other providers. CAP members agreed to share with interested parties.</p>
<p>III. CAP Priority Updates</p> <ul style="list-style-type: none"> • Review of previous CAP decisions • Final decisions for remaining funds • Status on committed work & next steps 	<p>Review of previous CAP decisions:</p> <p>Al asked the group for input on the CAP process of choosing the CAP priorities.</p> <p>Trish shared she has concerns that the CAP suggested funding a specific proposal that wasn’t an actual proposal at the time. It seemed like an out of sync process. Susan shared that she is concerned about spending \$80K on projects that haven’t really become projects yet. Ashley shared that she felt that when we talk about the sealant metric it is One Community Health (OCH) versus Advantage Dental but she would like the group to look at the work as serving the kids and not as two separate groups working against each other.</p> <p>Suzanne shared input she received after the previous CAP meeting. She shared concerns that came to her were regarding the lack of process, clarity and transparency around proposals that come to the group. Another concern brought to Suzanne was that there had been a verbal expectation that tobacco cessation was going to be covered in years 2 and 3 after the initial proposal and when it was brought to the group last month, that was debated, which seemed unfair. Robin shared she felt the debate was more about the amount that was asked for versus the idea of funding the project</p>

	<p>overall. Mimi shared that she looks forward to direction from the board about whether this group is funded to work specifically on the metrics or health overall.</p> <p>It was proposed that a process for responding to funding requests be developed.</p> <p>Nate suggested looking at data to determine if there are patterns in the results of the metrics to help the group frame energy towards proposals. Nicole restated what she did last month about how big the population is that the CAP should target and feels that it should be towards the most vulnerable population and agrees that the group does need a process.</p> <p>Status on committed work & next steps:</p> <p>The group reviewed the current status on committed activities as outlined: Crisis/ substance abuse- \$50K, Elders- \$50K for GRACE, \$50K for Advanced Directives, Childhood Obesity- \$50K already spent on Swim RX.</p> <p>Re-start recommendations proposed included: Standardized form for requests, Consistency in information requested and expected, be explicit in decisions around funding proposals (partial or specific population to be served). It was also suggested that a specific reporting process be included.</p> <p>Kirah Doerr presented the CAP Tobacco Cessation proposal and questions and conversation followed.</p> <p>Coco presented the project management position that would support work in the three projects plus clinical efforts and oral health integration potentially.</p> <p>A motion was made by Ashley Danielson and seconded by Robin Henson as follows:</p> <p style="padding-left: 40px;">Fund \$92,055 for tobacco for year 2 using current QIM funds with a commitment to fund year 3 for \$96,811 using July 2019 QIM funds. Commit to the first 2 years of Oral Health messaging with \$20,000 for year 1 using current QIM funds and commit an additional \$20,000 for year 2 using July 2019 QIM funds. Commit \$10,000 for Geriatric training videos using July 2019 QIM funds. The remainder balance of current year QIM funds will be put towards funding the project manager. Beth and AI abstained. It was approved unanimously.</p>
Next Meeting	November 1, 2018 @ Providence, 6-8 pm

Acronyms	
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. CAWEM, Citizen Alien Waived Emergent Medical CCO. Coordinated Care Organization CGFM. Columbia Gorge Family Medicine	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 NCPHD. North Central Public Health District NEMT. Non-Emergency Medical Transportation NICH. Novel Interventions in Children’s Healthcare

CGHC. Columbia Gorge Health Council	OCADSV. Oregon Coalition Against Domestic & Sexual Violence
CGOHC. Columbia Gorge Oral Health Coalition	OCDC. Oregon Child Development Coalition
CHA. Community Health Assessment	OCF. Oregon Community Foundation
CHARA. Community Health Advocacy & Research Alliance	OCH. One Community Health
CHIP. Children’s Health Insurance Programs	OHA. Oregon Health Authority
CHIP. Community Health Improvement Plan	OHP. Oregon Health Plan
CLAS. Culturally & Linguistically Appropriate Services	OHPB. Oregon Health Policy Board
CME. Continuing Medical Education	OHSU. Oregon Health and Science University
CMS. Center of Medicaid Services	OKQ. One Key Question
COIPA. Central Oregon Independent Practice Assoc.	ONE. Oregon Eligibility
CRAFFT. (Adolescent Screening Technique) Car, Relax, Alone, Forget, Friends, Trouble	ORPRN. Oregon Rural Practice-Based Research Network
CRC. Colorectal Cancer	OSAA. Oregon School Activities Association
DCO. Dental Care Organization	PCP. Primary Care Provider
DDA. Dual Diagnosis Anonymous	PCPCH. Patient-Centered Primary Care Home
DEI. Diversity, Equity & Inclusion	PDMP. Prescription Drug Monitoring Program
DHS. Department of Human Services	PHRMH. Providence Hood River Memorial Hospital
DNR. Do Not Resuscitate	POLST. Physician Orders for Life-Sustaining Treatment
DTAP. Vaccine for Diphtheria, Tetanus and Pertussis	POTA. Pain and Opiate Treatment Advisory
eQIM. Electronic Clinical Quality Measure	PS. PacificSource
ECHO. Extension for Community Healthcare Outcomes	QHOC. Quality & Health Outcome Committee
ECU. Effective Contraceptive Use	QIM. Quality Incentive Measure
ED. Emergency Department	RFP. Request for Proposal
EHR. Electronic Health Record	ROI. Return on Investment
EMR. Electronic Medical Record	RWJF. Robert Wood Johnson Foundation
EOB. Explanation of Benefits	SBHC. School-based Health Center
FIT. Fecal Immunochemical Test	SBIRT. Screening, Brief Intervention and Referral for Treatment
GGFN. Gorge Grown Food Network	SBST. STarT Back Screening Tool
GOBHI. Greater Oregon Behavioral Health Inc.	SIT. Systems Integration Team
GRACE. Geriatric Resources for Assessment & Care of Elders	SNAP. Supplemental Nutrition Assistance Program
HERC. Health Evidence Review Committee	SPMI. Serious and Persistent Mental Illness
HIE. Health Information Exchange	SUD. Substance Abuse Disorder
HIT. Health Information Technology	TANF. Temporary Assistance for Needy Families
HRCHD. Hood River County Health Department	TQS. Transformation and Quality Strategy
HRCPPD. Hood River County Prevention Department	WIC. Women, Infants & Children