

Clinical Advisory Panel (CAP) Meeting Attendance

Date: September 6, 2018

Location: [] MCMC [X] Providence

	Sep 6	Jul 12	Jun 7	May 3	Apr 5	Mar 1	Feb 1	Jan 11	Dec 7	Nov 2
VOTING MEMBERS										
Al Barton, Licensed Professional Counselor	X	X		X	X	X	X	^P	X	X
Alison Little, MD, MPH		^	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		^	X
Elizabeth Foster, MD, Family Medicine	X	X	X	X	X	P	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			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	^P	^	P		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	X
EXTENDED MEMBERS										
Advantage, Molly Johnson		^	^P							
CGHC, Coco Yackley	X	X	X	X	X	X	X	X	^	X
CGHC, Suzanne Cross	X		X	P		X	X	X		X
CGHC, Katy Williams		X		X	X	X	X	X	P	X
COIPA, Kim Bangerter	X	X		X	X	X				X
Collective Impact Health Specialist, Paul Lindberg								X		
MCMC, Amy Sugg	X		X		X	X	X			
MCMC, Gail Bacon								X	X	
Northwest Pediatrics & Adolescent Medicine, Rich Martin, MD	X									X
One Community Health, Lisa Sponhauer				X	X	X		P		X
One Community Health, Brooke Nicholls	X		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
PacificSource, Trudy Townsend	X	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: September 6, 2018

Time: 6pm – 8pm

Location: [] MCMC [X] Providence

Agenda Item	Duration, Presenter, and CAP Action Required
Welcome & Introductions	The CAP and guests introduced themselves Guests included: Kirah Doerr, NCPHD; Shellie Campbell, NCPHD; Angelica Ogden, Pacific University; Joshua Schirripa, Deschutes Rim; Sharon DeHart, Deschutes Rim
Announcements	Mimi announced that on Sept 18 th at noon at Grand Rounds, she will be presenting on Childhood Obesity. The presentation will be videotaped and available for viewing via Central Oregon Independent Practice Association (COIPA). Coco announced Oregon Health Authority (OHA) is sending out Mental Health Services Improvement Program (MHSIP) survey for those who have mental health diagnosis and have received treatment twice within the last year. The survey will go to adults, youth and parents of youth. At least 1200 surveys are expected to go out to CCO members or parents of CCO members. The CAP was requested to please encourage people to return the survey as the results will provide a lot of data on mental health services.
Additions and Deletions Conflicts of Interest Non-Agenda items	No additions/ deletions. No conflicts of interest. No non-agenda items.
I. Consent Agenda <ul style="list-style-type: none">• July CAP Meeting Minutes• CGHC Board Meeting Agenda• CAC Meeting Agenda• 2017 QIM Performance	No Board meeting Andy Roof made a motion to accept the consent agenda and Mimi McDonnell seconded. Unanimously approved.
II. PacificSource Updates <ul style="list-style-type: none">• QIM Status• Health Equity Background and funding ask• Follow-up on Expanding Covered Services	QIM Status Elke Towey reviewed the “Christmas tree”. CG CCO is currently on trend to meet 12 targets. Elke feels particularly confident about the dental sealant measure. Ashley shared that as of July Advantage Dental was at 9% but Ashley plans to attend a large number of schools in The Dalles and Dufur for “sealant day” as well as at Dr. Stanbury’s office. Advantage Dental is also sending out postcards to kids. There are also Saturday and after-hours sealant days for kids who are unable to be reached through the schools. Elke also encouraged clinics to bring back in diabetics for more testing as Elke feels the Gorge CCO is close to meeting the metric (7 patients away). The third measure of discussion was the Emergency Department (ED) Utilization of people with mental illness. There was concern that highest numerator for ED utilizations was by members who were unassigned. Elke also reminded everyone that the prenatal target will go away but there will be a post-partum measure in its place. Health Equity Background and funding ask- Suzanne Cross shared that there is work organizing in the region around a health equity regional plan to include an assessment of what is already going on around health equity, what are organizations requirements and then what are the gaps towards moving forward towards diversity, equity and inclusion (DEI). A workgroup has been chosen by the National Academy of Medicine for support towards the regional plan. The hope at the end of the spring is to have a cross sector

	<p>collaborative working towards meeting the needs of education, policy and tools to improve DEI.</p> <p>Trudy Townsend presented the CAP a proposal for approval on the funding that the board allocated to PacificSource for special projects. She asked for funding for health care interpreter training and health equity training with a not to exceed amount of \$45,000.</p> <p>The CAP really wanted the cost and the process of taking the interpreter exam (\$175) to be a part of the course process.</p> <p>Mimi made the motion and Sue seconded to approve the \$45,000 as presented.</p> <p>Follow-up on Expanding Authorized Services</p> <p>Kristen Dillon is following the request to suggest spending funds on expanded services not currently being authorized or covered. She presented two areas where expanded services might bring significant benefit and asked the group to make some suggestions around whether they concur with this recommendation clinically, with the final decision about implementation dependent on PacificSource regulatory and operational review. The first was to cover therapy for all eligible children linked to pediatric developmental diagnosis. The second was to pay for hernia surgery in adults if considered medically necessary by a treating surgeon.</p> <p>Pediatric therapy discussion: Andy Roof shared that his partners stated that the age should at least go to age 7 but that the real issue is expanding the diagnosis for which therapy is covered. The diagnosis of autism may never come, but developmental delays can greatly improve with the correct early services prior to age 7.</p> <p>Sue Jepson made a motion (Robin Henson seconded) to endorse deciding on the upper limit being elementary age (up to age 12). The motion was unanimously approved. The group also suggested taking a deeper look at the diagnosis that are above the coverage line.</p> <p>In the same motion the CAP endorsed covering hernia surgery and that too, was unanimously approved. Kristen Dillon and Alison Little will move this forward for operational and compliance review and report back to CAP.</p>
<p>III. CAP Priority Updates</p> <ul style="list-style-type: none"> • Brief update on the Focus Areas <ul style="list-style-type: none"> ○ Swim Rx ○ Elders ○ Crisis/Substance • Re-visit topics from last meeting <ul style="list-style-type: none"> ○ Final topic areas ○ Proposals ○ Budget 	<p>Al Barton lead the group in the discussion regarding finalizing the list of CAP Priorities. Trish suggested adding Tobacco Cessation to the list and wanted to make sure that tobacco cessation was included on the Quality Incentive Measure (QIM) focus area. Trish and Beth also suggested that Prenatal care is also a high priority regardless of whether it is a QIM or not.</p> <p>The group grappled with the purpose of the list and understanding of what it might limit the CAP to. There was a request that the list be revisited at a specific cadence. Coco suggested the May timeline would be a good time to revisit because of a good understanding of what the QIM funding amounts are. Kristen suggested letting the list sit for a minimum of 18 months. Jodi Ready made a motion and Robin Henson seconded to approve five CAP priorities with a revisit in 2020. The five priorities are: 1) Crisis/Substance Abuse; 2) Elders; 3) Childhood Obesity; 4) QIM/Clinical focus areas and 5) Oral Health Integration</p> <p>Mimi presented the results from the summer Swim Rx program. The Primary Care Provider (PCP) needed to agree that the child/ family were in need of exercise and then would prescribe the Sumer Swim Rx voucher. A total of 54 vouchers were redeemed (44 at North Wasco Co, 10 at Hood River aquatic center). Mid-Columbia Medical Center (MCMC) Peds gave out</p>

24 vouchers. It was mentioned that One Community Health declined to participate in the program because of Health Insurance Portability & Accountability Act (HIPAA) issues and therefore did not give out vouchers. A survey was done on family's participating in the program. Overall, barriers, activity level and satisfaction were measured about the program.

Al Barton shared that his review committee received one applicant for the community study on the feasibility of the crisis abuse substance abuse center. CGHC will be moving forward with that consultant, Coraggio Group. Coco asked if the CAP had concerns with going forward with the one proposal versus having another applicant apply. Susan asked for a copy of the proposal.

- Coco will send the proposal to Susan

Beth made a motion to move forward with the proposal. No vote was made.

Beth shared that Advanced Directive proposals came in and the workgroup will be meeting again to review the proposals and choose. Also, Beth mentioned that the Geriatric trainings and presentations (3 different topics) will be available to view as a video and live. (The trainings and/or presentations) will be at Grand Rounds at Providence but also Beth asked if (the trainings and/or presentations) could be presented at Deschutes and at MCMC later on in the year and that video's will be available throughout the year. Nicole will follow up with Katie Kelly at MCMC to see if this is an option. Sharon Dehart agreed to share at Deschutes.

Jodi shared that the workgroup received two proposals for the Geriatric Resources for Assessment & Care of Elders (GRACE) model facilitation and that the workgroup was really interested in the local partnership that proposed the work and really seemed interested and experienced in the work itself. Jodi requested Coco to confirm references and move forward with the contract for the work.

Coco then reviewed the budget allocation for the CAP priorities (\$400K), the remaining unallocated funds and possibilities for the remainder of the funds.

Elizabeth A. shared that the oral health coalition didn't get their grant but that the oral health coalition would need the \$40K to be able to participate in an oral health messaging campaign for the next three years.

Beth (Robin seconded) moved to fund the project manager position at \$80k total cost. Coco suggested day-to-day supervision from herself which was unanimously approved.

The group was unaware of cost of the geriatric trainings, so no decision was made.

Kirah responded to questions by the CAP around why the tobacco cessation grant costs increased \$12K.

Trish and Susan felt that the funding for the tobacco grant needs to continue since it is something that the CAP funded the first year with an expectation that it would get funded as a three-year project.

Elizabeth was asked what the oral health coalition needed to get started and she stated \$20k.

There was a suggestion to fund the tobacco cessation program at \$90K and the oral messaging work at \$20K.

	The CAP recommended doing both tobacco cessation program and the oral messaging work and asked both parties to come back with various budget options and specific line items in those budgets.
Next Meeting	October 4, 2018 @ MCMC, 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
DDA. Dual Diagnosis Anonymous	OSAA. Oregon School Activities Association
DEI. Diversity, Equity & Inclusion	PCP. Primary Care Provider
DHS. Department of Human Services	PCPCH. Patient-Centered Primary Care Home
DNR. Do Not Resuscitate	PDMP. Prescription Drug Monitoring Program
DTAP. Vaccine for Diphtheria, Tetanus and Pertussis	PHRMH. Providence Hood River Memorial Hospital
eCQM. 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
HRCPD. Hood River County Prevention Department	TANF. Temporary Assistance for Needy Families
	TQS. Transformation and Quality Strategy
	WIC. Women, Infants & Children

