

Clinical Advisory Panel (CAP) Meeting Attendance

Date: January 10, 2019

Location: [] MCMC [X] Providence

	Jan 10	Dec 13	Nov 1	Oct 4	Sep 6	Jul 12	Jun 7	May 3	Apr 5	Mar 1
VOTING MEMBERS										
Al Barton, Licensed Professional Counselor	X	X	*	X	X	X		X	X	X
Alison Little, MD, MPH			*^	X		^	X	X	X	X
Andrew Roof, MPT, Physical Therapy	X	X		X	X		X		X	
Ashley Danielson, RDH, Advantage Dental	X	X		X	^				X	P
Elizabeth Aughney, DDS, Dental	X	^		X	X	X	X	X	^	X
Elizabeth Foster, MD, Family Medicine		X		X	X	X	X	X	X	P
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
Nathan Ullrich, MD, Urology, Surgical Specialists				X						
Nicole Pashek, MSN, ARNP, Nurse Practitioners	X	X	*	X	X	X	X	X	X	X
Robin Henson, MD				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	X
LIAISONS										
PacificSource, Kristen Dillon, MD	P		*	X	X	X	X	^P	^	P
OHA, Dustin Zimmerman, Innovator Agent	X	X	*	X		X	X		X	X
Susan Lowe, CAC Liaison	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		X	P		X
CGHC, Katy Williams						X		X	X	X
COIPA, Kim Bangerter			*		X	X		X	X	X
MCMC, Amy Sugg	X			X	X		X		X	X
Northwest Pediatrics & Adolescent Medicine, Rich Martin, MD	X				X					
One Community Health, Lisa Sponhauer				X				X	X	X
One Community Health, Brooke Nicholls	P	^	*	^	X		X	X	X	X
PacificSource, Elke Towey	X	X	*		X	X	X	X	X	X
PacificSource, Ralph Summers	X		*		X		X	X		X
PacificSource, Trudy Townsend	X	^	*		X	X	X	X	X	

Reliance eHealth Collaborative, Dan O'Donoghue	X				X	X	X	X		
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X –in the room; ^ - on the phone; P – partial attendance

*Nov 2018 meeting cancelled due to not enough voting members present for a quorum.

Clinical Advisory Panel (CAP) Meeting Minutes

Date: January 10, 2019

Time: 6pm – 8pm

Location: [] MCMC [X] Providence

Agenda Item	Duration, Presenter, and CAP Action Required
Welcome & Introductions	Al Barton welcomed the group and shared that Dr. Foster was unable to attend the meeting. Guests in the room included: Shellie Campbell, NCPHD; Samantha Carolla, DO, OCH; Sharon DeHart, Deschutes Rim; Teri Vann, Keeping Families Together and Chair of 4 Rivers Early Learning Hub; Chelsea Ruder, OHSU; Teri Thalsofer, NCPHD; Christa Rude, 4 Rivers Early Learning Hub; Christy Kimmna, Deschutes Rim
Announcements	Sharon DeHart announced that a local option to participate in the COIPA annual meeting. Interested people need to contact Sharon Dehart directly. Jodi Ready announced the scheduling of two separate two-day Motivational Interviewing Trainings available to provider teams. Dates are Feb 28/March 1st (9am-5pm both days) and May 9 th (11am-8pm)/10th(9am-5pm).
Additions and Deletions Conflicts of Interest Non-Agenda items	Mimi McDonnell requested the chair to provide an update on the Decision Tool sub-committee of the Board. Al Barton agreed to add to the end of the meeting.
I. Consent Agenda a. Sept Dec CAP Meeting Minutes b. CGHC Board Meeting Agenda c. CAC Meeting Agenda d. 2018 QIM Performance e. Regional Quality Pool Proposals	On a motion made by Mimi McDonnell and seconded by Trish Elliott, the consent agenda was approved with the correction that the CAP meeting minutes heading should say December and not September.
II. PacificSource Updates a. QIM Update b. Transformation & Quality Strategy (TQS) Overview c. The Family Network	Elke Towey highlighted that 2018 QIM performance has improved to show projections of 100% payout at this time. She emphasized that <i>Effective Contraceptive Use and Dental Sealants are meeting the <u>trend</u></i> but not the final target yet. Trudy Townsend summarized the components of the Transformation and Quality Strategy (TQS) and explained that the TQS is an annual deliverable to the OHA, to showcase current CCO work addressing TQS components that aim to make significant movement in health system transformation. She also announced to the group the opportunity to participate in an open forum the following morning on the TQS for those with more questions. The Family Network is a partnership of the 4 Rivers Early Learning Hub, Hood River County Health Department and North Central Public Health District. The presentation to the Clinical Advisory Panel was to garner endorsement for Universal referral for all pregnancies to The Family Network and engagement of the Practice Coach to help with workflows to achieve higher levels of referrals. The discussion points from the conversation highlighted: <ul style="list-style-type: none">• The range of infant, pregnant parent and family assists and supports are numerous and, in many cases, are under-utilized by families in the Gorge

	<ul style="list-style-type: none"> • The under-utilization of WIC by low income families is particularly troubling and is the result of few referrals to Public Health and is easy to remedy • These family and pregnancy assists are broad and there is something for every family regardless of economic or social circumstances • The bevy of services are continuously updating and changing which makes it impractical for every family-based provider to be aware of all the options • The Family Network (a partnership of Public Health and Early Learning Hub) is now available to provide a single referral for pregnant parents and families with small children <p>On a motion made by Susan Lowe and seconded by Mimi McDonnell, the CAP unanimously endorsed a change in standard protocols in the Gorge to have all practicing providers refer all pregnancies to The Family Network as the default option in the same manner as other clinic instructions shared at the first pre-natal visit.</p> <p>On a motion made by Mimi McDonnell and seconded by Susan Lowe, the CAP approved engagement of the Practice Coach to work with each clinic to incorporate workflow changes that can use Reliance eReferrals where possible and support tracking and measuring by The Family Network.</p>
<p>III. Community Health Assessment for 2019</p>	<p>Coco Yackley and Susan Lowe provided a brief refresher on the Regional Community Health Assessment (CHA).</p> <ul style="list-style-type: none"> • This is the 3rd round of operating a collaborative CHA • This 3rd cycle includes 15 cohort organizations who will contribute cash and in-kind donations to the process and the final document • Two new members have joined: Advantage Dental and SW Accountable Communities of Health (SWACH) – the CCO in Washington • The CHA includes a Consumer Survey component plus data from Cross-sector Collaboration Survey; Healthy Teen Survey; ER Utilization; Public Health Data; QIM & Utilization Rates; CAHPS & MHSIP survey data; Partner Data & Insights; Reliance & EMR data <p>Historically, the CAP has had limited engagement in the Community Health Assessment work and this discussion was to raise awareness and to seek feedback from CAP members on both scope and content of the CHA. Coco will email the detailed outline to the CAP for their comments and suggestions.</p>
<p>IV. CAP Priority Update – Crisis & Substance Use</p> <p>a. Status</p> <p>b. Questions to CAP: Reports and summaries</p> <p>i. Does the CAP want to see everything?</p> <p>ii. Does this apply to all grants?</p>	<p>Al Barton summarized the initial work of the Crisis and Substance Use team. The co-sponsors are Sherriff English & Larry Kahl, COO for MCMC. The Coraggio Group is the contracted consultant and the first work session was held. The topic of Crisis and Substance Use needs in the community are not new and several previous efforts and work products are being gathered to minimize unnecessary duplication. Each of the CAP priorities along with previously approved grants will generate and a varying degree of reports, data and summaries. The CAP requested to have easy access to the information in a manner that allows each member to peruse all or some based on their own interests. Coco will provide set up a method for project documentation. In addition, project teams will be notified that reports will be shared widely unless the content contains sensitive information.</p>

Acronyms

A1C. Specific test for monitoring diabetes	HTN. Hypertension
ACA. Affordable Care Act	HVC. Home Visiting Connections
ACE. Adverse Childhood Experience	IIS. Immunization Information System
ADHD. Attention Deficit Hyperactivity Disorder	IMMS. Immunizations
AGA, Aging in the Gorge Alliance	LARC. Long-acting Reversible Contraceptive
AOC. Association of Oregon Counties	LUBA. Land Use Board of Appeals
APD. Adults & Peoples with Disabilities	MA. Medical Assistant
AWCV. Adolescent Well Child Visit	MARC. Mobilizing Action for Resilient Communities
BMI. Body Mass Index	MCCFL. Mid-Columbia Center For Living
CAHPS. Consumer Assessment of Healthcare Providers and Systems	MCCOG. Mid-Columbia Council of Governments
CAT. Columbia Area Transit.	MCEDD. Mid-Columbia Economic Development District
CAWEM, Citizen Alien Waived Emergent Medical	MCHA. Mid-Columbia Housing Authority
CCO. Coordinated Care Organization	MLR. Medical Loss Ratio
CGFM. Columbia Gorge Family Medicine	NCPHD. North Central Public Health District
CGHC. Columbia Gorge Health Council	NEMT. Non-Emergency Medical Transportation
CGOHC. Columbia Gorge Oral Health Coalition	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
HRCPPD. Hood River County Prevention Department	TANF. Temporary Assistance for Needy Families
	TQS. Transformation and Quality Strategy
	WIC. Women, Infants & Children