Clinical Advisory Panel (CAP) Meeting Attendance

Date: February 7, 2019 Location: [X] MCMC [ ] Providence

	Feb 7	Jan 10	Dec 13	Nov 1	Oct 4	Sep 6	Jul 12	Jun 7	May 3	Apr 5
VOTING MEMBERS										
Al Barton, Licensed Professional Counselor		X	X	*	X	X	X		X	X
Alison Little, MD, MPH	^			*^	X		^	X	X	X
Andrew Roof, MPT, Physical Therapy	^	X	X		X	X		X		X
Ashley Danielson, RDH, Advantage Dental	X	X	X		X	^				X
Elizabeth Aughney, DDS, Dental	^	X	^		X	X	X	X	X	^
Elizabeth Foster, MD, Family Medicine	X		X		X	X	X	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
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
Susan Jepson-Deresta, LCSW, HR School District	^	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	P		*	X	X	X	X	^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
CGHC, Suzanne Cross	X		X	*	X	X		X	P	
CGHC, Katy Williams							X		X	X
COIPA, Kim Bangerter				*		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
One Community Health, Brooke Nicholls	X	P	^	*	^	X		X	X	X
PacificSource, Elke Towey		X	X	*		X	X	X	X	X
PacificSource, Ralph Summers		X		*		X		X	X	
PacificSource, Trudy Townsend		X	^	*		X	X	X	X	X

Reliance eHealth Collaborative, Dan O’Donoghue		X				X	X	X	X	

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: February 7, 2019 Time: 6pm – 8pm Location: [X] MCMC [ ] Providence

Agenda Item	Duration, Presenter, and CAP Action Required
Welcome & Introductions	On the phone: Alicia Swift- Consultant, Jacob Taylor- PS Practice Coach. Guests: Lindsay Miller - Consultant on Elders Work, Samantha Carolla, DO
Announcements	Suzanne made an announcement about the Outreach Event last week for the Homeless Connections event and thanked Nicole Pashek for her services offered there. She also noted that a CAC member, sent out an email thanking all who participated and said that there was widespread feelings of respect and dignity and support felt from all who attended.
Additions and Deletions **Conflicts of Interest** **Non-Agenda items**	Brief update from CAC added
I. Consent Agenda **a. Jan CAP Meeting Minutes** **b. CAC Meeting Agenda** **c. 2018 QIM Performance**	Dr. Mimi McDonell made a motion (Ashley Danielson seconded) to approve the Consent Agenda, unanimously approved. Beth asked to pull the CAC Report out of the Consent Agenda and that it remain a standing agenda item.
II. CGHC Board Agenda review	Dr. Beth Foster shared that the Board is looking at organizational structure having existed for five years now and making sure CGHC is set up for success going forward. The Board is also looking for strategic plan for funding and looking at how other processes such as CAP priorities will fall into the funding plan. Mimi shared that the Board is also looking at how to fund the position of an Executive Director and Beth shared that the Board is still working to figure this out.
III. CAC Review	Susan Lowe shared that the Consumer Survey for the Community Health Assessment including Plain Language review has been approved by the CAC members. The survey will now go for translation and then Plain Language expertise again. Trish added that additional data will be included into the overall Health Assessment and that she feels the process has improved with each iteration.
IV. CAP Membership Update **a. New CAP Member – Samantha Carolla, DO**	Ashley Danielson made a motion (Dr. Judy Richardson seconded) to approve Dr. Samantha Carolla's application to the CAP, unanimously approved.
V. Elders Update **VI. GRACE Model status**	Materials for the Elders Update were emailed out to those on the phone immediately prior to the presentation and handed out to those in the room. Lindsay Miller reviewed the process that the workgroup had gone through to assess the model and status of healthcare for older adults in the two counties including projections of the population for the Gorge in comparison to national data. Andy Roof encouraged that Rehab Services be included in the list of services for Elders. Susan Lowe asked if we were specifically talking about dual eligible and Lindsay shared we weren't. Susan asked why we were talking about others who aren't dual eligible. There was then discussion about how a three-year pilot program would be funded. At this point there is no commitment on how the program would get funded. Lindsay shared that the workgroup reviewed 6 other models and returned to the GRACE model as it allowed the most flexibility and met their desired criteria. GRACE support team is made up of a Nurse Practitioner, Masters

	Level Social Worker and Community Health Worker. The interdisciplinary team also includes a geriatrician, pharmacist and mental health liaison. She suggested core team should be based in the primary care home. Lindsay asked for input from the group: -Susan L. asked if it could serve medically fragile under 65 as well. Lindsay felt the model was very adaptable. -Nicole P. felt that there is so much fragmentation of services and the goal is the right service at the right time and coordinating the services during the gaps. - Mimi M. asked if the workgroup looked at when the right times to screen people for this program? Transitions of care, referrals from providers, family referrals were discussed. - Amy Sugg asked if there is a model that would allow people to pay for the services. - Ashley D. asked about dental for Medicare and why it wasn't covered. -Suzanne Cross shared that an indirect benefit of the program is collecting data on where the gaps are in community and health services and then using data driven decision making to look at larger systems transformation issues. -Brooke Nicholls shared concerns about capacity. -Beth suggested possible sources of funding are hospitals, Medicare advantage programs. -Beth asked that any opinions about where the team should be housed email her or Lindsay. The group felt the direct access to the Electronical Medical Record (EMR) is vital as well as relationships with the primary care team. Next steps for Lindsay and team are direct contacts and meetings for the purpose of information gathering.
VII. PacificSource Updates **a. CCO 2.0** **b. New Practice Coach**	Dr. Kristen Dillon shared that CGHC wrote a letter of support for PacificSource to remain the Coordinated Care Organization (CCO). Kristen shared about the limitations of communication with Oregon Health Authority (OHA) and maintaining fidelity to the application process. She feels workforce, member engagement, Social Determinants of Health, Health Equity and maintaining low costs are the main themes of CCO 2.0 Jacob Taylor will be the new PacificSource Practice Coach starting on Monday.
VIII. 2019 QIM Measures	Elke Towey reviewed the 2018 final metrics at 200% payout. She encouraged providers to chart effective contraceptive use at the time of the visit because it is a tremendous amount of work to do it after the fact. She encouraged clinics to consider a fun Adolescent Well Visit (AWCV) Event like Mid-Columbia Medical Center (MCMC) did last spring. The diabetes metric was successful in part because of all the work that MCMC has done. Elke asked Amy S to share about some of the work MCMC has done. Amy S. shared that providers have engaged in working on lists of specific incoming patients with uncontrolled diabetes. They have used Swim RX, medication changes, nutrition counseling as ways to work with the patients and start early in the year. Elke than shared about estimated targets for 2019 QIMS. -Oral Health for Diabetic Patients- The group had a discussion about dental care and referrals between primary care and dental. Screening, Brief Intervention and Referral for Treatment (SBIRT) - what counts is a brief screen with a negative result or a full screen. Leaves

	preference for whether to do a brief screen prior to a full screen but the brief screen only counts if it is negative. Depression screening- Patient Health Questionnaire (PHQ) 9 is no longer the acceptable as a follow up to PHQ-2. Follow up to positive initial screening must also be captured as structured data. Clarification: this is only for NEW diagnosis of depression not previously diagnosed. The follow up may be additional evaluation, suicide risk assessment, referral to a specialty provider, pharmacological intervention, or other follow up interventions for treatment and diagnosis of depression. -Beth suggested collective learning about how EMRs are creating structure in EMRs to address this Quality Incentive Measure (QIM). -Kristen shared that OCHIN also might be able to offer assistance to smaller clinics. Prenatal Visits: visits must occur between 21 and 56 days post-partum.
IX. Additional Items	-Trish asked Dustin when the enrollment process is moving back from Department of Human Services (DHS) to OHA. Dustin wasn't sure when it was happening exactly but that it is. -The group talked about the challenges on the state side with regards to redetermination. -Jodi and Suzanne shared that there are 29 people signed up for the Motivational Interviewing Training on Feb 28th and 12 signed up for May 9th. -Beth asked about Interpreter and Health Equity trainings. Kristen shared that Trudy is working on them but that they are on hold until the summer.
Next Meeting	March 7, 2019 @ 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
CGHC. Columbia Gorge Health Council
CGOHC. Columbia Gorge Oral Health Coalition
CHA. Community Health Assessment
CHARA. Community Health Advocacy & Research Alliance
CHIP. Children's Health Insurance Programs
CHIP. Community Health Improvement Plan
CLAS. Culturally & Linguistically Appropriate Services
CME. Continuing Medical Education
CMS. Center of Medicaid Services
COIPA. Central Oregon Independent Practice Assoc.
CRAFFT. (Adolescent Screening Technique) Car, Relax, Alone, Forget, Friends, Trouble
CRC. Colorectal Cancer
HTN. Hypertension
HVC. Home Visiting Connections
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
OCADSV. Oregon Coalition Against Domestic & Sexual Violence
OCDC. Oregon Child Development Coalition
OCF. Oregon Community Foundation
OCH. One Community Health
OCHIN. Oregon Community Health Information Network
OHA. Oregon Health Authority
OHP. Oregon Health Plan
OHPB. Oregon Health Policy Board
OHSU. Oregon Health and Science University
OKQ. One Key Question
ONE. OregoN Eligibility
ORPRN. Oregon Rural Practice-Based Research Network

DCO. Dental Care Organization
DDA. Dual Diagnosis Anonymous
DEI. Diversity, Equity & Inclusion
DHS. Department of Human Services
DNR. Do Not Resuscitate
DTAP. Vaccine for Diphtheria, Tetanus and Pertussis
eCQM. Electronic Clinical Quality Measure
ECHO. Extension for Community Healthcare Outcomes
ECU. Effective Contraceptive Use
ED. Emergency Department
EHR. Electronic Health Record
EMR. Electronic Medical Record
EOB. Explanation of Benefits
FIT. Fecal Immunochemical Test
GGFN. Gorge Grown Food Network
GOBHI. Greater Oregon Behavioral Health Inc.
GRACE. Geriatric Resources for Assessment & Care of Elders
HERC. Health Evidence Review Committee
HIE. Health Information Exchange
HIT. Health Information Technology
HRCHD. Hood River County Health Department
HRCPD. Hood River County Prevention Department
OSAA. Oregon School Activities Association
PCP. Primary Care Provider
PCPCH. Patient-Centered Primary Care Home
PDMP. Prescription Drug Monitoring Program
PHQ. Patient Health Questionnaire
PHRMH. Providence Hood River Memorial Hospital
POLST. Physician Orders for Life-Sustaining Treatment
POTA. Pain and Opiate Treatment Advisory
PS. PacificSource
QHOC. Quality & Health Outcome Committee
QIM. Quality Incentive Measure
RFP. Request for Proposal
ROI. Return on Investment
RWJF. Robert Wood Johnson Foundation
SBHC. School-based Health Center
SBIRT. Screening, Brief Intervention and Referral for Treatment
SBST. STarT Back Screening Tool
SIT. Systems Integration Team
SNAP. Supplemental Nutrition Assistance Program
SPMI. Serious and Persistent Mental Illness
SUD. Substance Abuse Disorder
TANF. Temporary Assistance for Needy Families
TQS. Transformation and Quality Strategy
WIC. Women, Infants & Children