

Clinical Advisory Panel (CAP) Meeting Attendance

Date: May 2, 2019

Location: [] MCMC [X] Providence

	May 2	Apr 4	Mar 7	Feb 7	Jan 10	Dec 13	Nov 1	Oct 4	Sep 6	Jul 12
VOTING MEMBERS										
Al Barton, Licensed Professional Counselor	X	X	X		X	X	*	X	X	X
Alison Little, MD, MPH		^	^	^			*^	X		^
Andrew Roof, MPT, Physical Therapy	X	X	X	^	X	X		X	X	
Ashley Danielson, RDH, Advantage Dental	X	X		X	X	X		X	^	
Brooke Nicholls, One Community Health	X	X	X	X	P	^	*	^	X	
Elizabeth Aughney, DDS, Dental	X	X	X	^	X	^		X	X	X
Elizabeth Foster, MD, Family Medicine	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	
Mimi McDonell, MD, NCPHD	X	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
Robin Henson, MD		X						X	X	
Samantha Carolla, DO	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	P		*	X	X	X
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	X	X								^
CGHC, Coco Yackley	X		X	^	X	X	*	X	X	X
CGHC, Suzanne Cross			X	X		X	*	X	X	
CGHC, Katy Williams										X
COIPA, Kim Bangerter	X		X				*		X	X
MCMC, Amy Sugg	^	X	^P	X	X			X	X	
Northwest Pediatrics & Adolescent Medicine, Rich Martin, MD	X				X				X	
One Community Health, Lisa Sponhauer								X		
PacificSource, Elke Towey	X	X	X		X	X	*		X	X
PacificSource, Jacob Taylor	X	X	X							
PacificSource, Mike Franz, MD	^									

PacificSource, Ralph Summers					X		*		X	
PacificSource, Trudy Townsend					X	^	*		X	X
Reliance eHealth Collaborative, Dan O'Donoghue	X	X	X		X				X	X
Deschutes Rim Clinic, Sharon DeHart, PA	X									
Capitol, Jennifer Clemens, DDS	X									
Columbia Pain Clinic, Angela Aurit, LCSW	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: May 2, 2019

Time: 6pm – 8pm

Location: MCMC Providence

Agenda Item	Duration, Presenter, and CAP Action Required
Welcome & Introductions	
Announcements	<p>Shared Plan of Care presentation by Dr. Ben Hoffman.</p> <p>Deschutes Rim is taking over a private dental clinic this summer and is currently recruiting for a dental provider.</p> <p>The second Motivational Interviewing class is next week.</p>
Additions and Deletions Conflicts of Interest Non-Agenda items	<p>Al Barton presented agenda. Beth Foster is very excited to see oral health becoming a priority. No conflicts stated.</p>
I. Consent Agenda a. Apr CAP Meeting Minutes b. 2018 QIM Performance	<p>Ashely Danielson made motion to approve the minutes as posted, Brooke seconded, unanimously approved. No further discussion.</p>
II. Oregon Health Plan (OHP) Re-enrollment status	<p>Oregon Health Authority (OHA) is partnering with Department of Human Services (DHS) to make improvements to Medicaid enrollments. The OHP Dashboard shows a greatly improved processing backlog over the past several months. About half of the non-auto-renewals are getting stuck in Fee-for-Service (FFS) for about 15 days. Getting people off FFS as soon as possible will be essential for Coordinated Care Organization (CCO) 2.0 because they are going to need to be reassigned to CCOs. The provider network is often impacted with switching of CCO and Dental Care Organization (DCO).</p> <p>❖ The group agreed to devote some extra time to this topic. Dustin will help facilitate.</p>
III. Dental Workgroup	<p>The dental workgroup began with challenges in getting patient appointments for dental care in Hood River. Suggested approaches included having the OHP assistor contact the DCO case management teams; filing formal complaints/grievances, both with the members' DCOs (if known) and PacificSource; and tracking those providers that are turning away members (the assistor will work with the CCO Program Manager). The DCOs need to understand if providers aren't seeing patients, since that points to a disconnect between lack of access and contractual issues. Dr. Burton also recommended involving the Dental Society to recruit providers to take on patients. Additionally, the CCO Non-Emergency Medical Transportation (NEMT) program can assist with transportation. Capitol has relatively high provider capacity with two new dentists, though there is an assistant shortage. The no-show and reimbursement rates keep private providers from seeing more patients. Pregnant women are high priority. The access workgroup group did not set up a time to meet again. The PacificSource Complaint/Grievance line is 800.431.4135 (TTY 800.735.2900).</p> <p>❖ The CAP would like quarterly updates after the next meeting.</p>

IV. CGHC Board Agenda Review	The Board is interested in understanding how the CCO/CGHC financials work. There will likely be no shared savings this year, due to the rate cut. Financial picture is changing because of the projected deficit this year, and as the shared savings total of about \$8M from 2015 & 2016 is being spent. There is \$5M left unallocated funds for the next 3 years, and we cannot assume another large sum of shared savings. If we keep funding our major initiatives at the current over the next 5 years beyond 2020, that will use up the \$5M. The Board is considering how to reevaluate funding priorities. Stewardship is paramount. Three main priorities for health council: (1) 3-5 years initiatives, e.g., HIE and B2H; (2) on-going support for proven effective program e.g., Veggie Rx; (3) grants to community needs. The lens for decision making is outlined in the CGHC Financial Alignment Criteria: CCO and CGHC priorities (CAP priorities, CAC priorities from CHIP, CGHC mission/vision/values), quadruple aim, and upstream (prevention and integration).
V. CAC Agenda & Report	All topics from the CAC meeting had been previously discussed with the CAP. No new information to present.
VI. PacificSource Updates a. QIM Update b. Oral Health focus activity	Jacob gave a QIM overview. The group then participated in a fishbone diagram activity to outline the components needed for successful oral health services for members with diabetes.
VII. Mid-Columbia Center For Living (MCCFL) – Primary Care Coordination	20 mins. Dr. Patrizio. Obtain Feedback. Guest Dr. Patrizio, new physical health provider at MCCFL, presented on integration of physical into community mental health. He emphasized the importance of a strong partnership between physical and mental health and gave a history of MCCFL Certified Community Behavioral Health Clinics (CCBHC) project.
VIII. Unawarded CAP Funds	Coco shared that there is \$183K of funds allocated to CAP areas but were never awarded to specific organizations. <ul style="list-style-type: none"> ❖ The CAP would like to start off the next meeting with conversation about if and how to repurpose the remaining funds. ❖ Mimi would like to use the \$5K for obesity to buy swim passes for low-income uninsured children. She will present something to the CAP in the next few weeks.
Next Meeting	June 6, 2019 @ MCMC, 6-8 pm

Acronyms	
A1C. Specific test for monitoring diabetes	HVC. Home Visiting Connections
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
CGOHC. Columbia Gorge Oral Health Coalition	OCADSV. Oregon Coalition Against Domestic & Sexual Violence
CHA. Community Health Assessment	OCDC. Oregon Child Development Coalition
CHARA. Community Health Advocacy & Research Alliance	OCF. Oregon Community Foundation
	OCH. One Community Health

CHIP. Children’s Health Insurance Programs	OCHIN. Oregon Community Health Information Network
CHIP. Community Health Improvement Plan	ODS. Oregon Dental Services
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
DSN. Delivery System Network	PHQ. Patient Health Questionnaire
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	SBAR. Situation, Background, Assessment & Recommendation
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
HTN. Hypertension	TANF. Temporary Assistance for Needy Families
	TQS. Transformation and Quality Strategy
	WIC. Women, Infants & Children