

Clinical Advisory Panel (CAP) Meeting Attendance

Date: June 6, 2019

Location: [X] MCMC [] Providence

	Jun 6	May 2	Apr 4	Mar 7	Feb 7	Jan 10	Dec 13	Nov 1	Oct 4	Sep 6
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	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			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
Samantha Carolla, DO	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	^		^	^P	X	P		*	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							
Capitol, Jennifer Clemens, DDS		X								
CGHC, Coco Yackley	X	X		X	^	X	X	*	X	X
CGHC, Suzanne Cross				X	X		X	*	X	X
CGHC, Amy Schlappi	X									
COIPA, Kim Bangerter	X	X		X				*		X
Columbia Pain Clinic, Angela Aurit, LCSW		X								
Deschutes Rim Clinic, Sharon DeHart, PA	X	X								
MCMC, Amy Sugg	X	^	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	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

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: June 6, 2019

Time: 6pm – 8pm

Location: [X] MCMC [] Providence

Agenda Item	Duration, Presenter, and CAP Action Required												
Welcome & Introductions	<p>Al Barton welcomed the group. Voting members, liaisons, and extended members in the room and on the phone introduced themselves.</p> <p>Guests included: Fritz Bachman – Wasco County Sheriff’s Office, Jennifer Zimmerman – Mid-Columbia Medical Center</p>												
Announcements	<p>Robin Henson has resigned her position as a CAP Voting Member.</p> <p>Kristen Dillon announced her resignation from PacificSource. She will be leaving her position in early September.</p> <p>Al Barton introduced Amy Schlappi, the new CAP & CGHC Project Staff Contractor. She will be providing dedicated project management support for CAP projects, Regional Quality Pool, Community Health Assessment and Community Grants.</p> <p>Mimi McDonell announced that the Active RX/ Summer Swim RX 2019 has been met with enthusiasm from the community.</p> <ul style="list-style-type: none"> • All Family Swim Passes available to members in The Dalles have been claimed. Remaining passes will only be provided to members with qualifying diagnosis. • Family Swim Passes without qualifying diagnosis are still available to members who live in Hood River. • To increase participation in the program in Hood River, communication was sent to schools. Continued efforts will be made to engage Upper Valley schools. • Any advertising that can be done by members regarding the program would be appreciated. • Funding breakdown as shown in below diagram. <div style="text-align: center;"> <h2 style="color: #76b82a;">Funding Breakdown</h2> <table border="1" style="margin-left: auto; margin-right: auto;"> <caption>Funding Breakdown Data</caption> <thead> <tr> <th>Program</th> <th>The Dalles</th> <th>Hood River</th> </tr> </thead> <tbody> <tr> <td>Summer Swim Rx</td> <td>120</td> <td>35</td> </tr> <tr> <td>Active Rx Pac Source</td> <td>120</td> <td>0</td> </tr> <tr> <td>Active Rx CAP Funds</td> <td>50</td> <td>0</td> </tr> </tbody> </table> </div>	Program	The Dalles	Hood River	Summer Swim Rx	120	35	Active Rx Pac Source	120	0	Active Rx CAP Funds	50	0
Program	The Dalles	Hood River											
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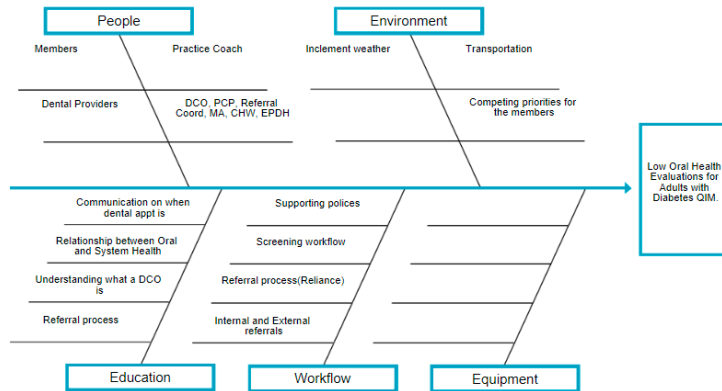
Additions and Deletions Conflicts of Interest Non-Agenda items	No non-agenda items were added by members.
I. Consent Agenda a. May CAP Meeting Minutes b. Complaints & Grievances c. Dental Access Workgroup notes d. 2018 QIM Performance	On a motion made by Mimi McDonell and seconded by Susan Lowe, the CAP unanimously approved the Consent Agenda as presented.
II. CAC Agenda and report	<p>Susan Lowe summarized the May CAC meeting with the following highlights:</p> <ul style="list-style-type: none"> • Working on getting to 10 consumer members. There are currently 4 consumer members. • Exploring a joint CAC and CAP meeting. <p>Coco Yackley shared that budget was approved to add simultaneous Spanish translation during CAC meetings. The goal is to encourage additional participation from the Spanish speaking population.</p>
III. PacificSource updates a. QHOC Update b. QIM Update	<p>Alison Little summarized recent Quality and Health Outcome Committee (QHOC) and Health Evidence Review Committee (HERC) meetings.</p> <ul style="list-style-type: none"> ❖ Meeting minutes with pertinent information highlighted will be shared by Coco Yackley to the CAP group. <p>Alison Little shared that preventative care for diabetics is covered and billable. Some providers would like more information on how to do that.</p> <ul style="list-style-type: none"> ❖ Coco Yackley will get relevant names to Alison Little. <p>Jacob Taylor shared current Quality Incentive Measure (QIM) status with the following highlighted:</p> <ul style="list-style-type: none"> • Working with Dental Care Organization’s (DCO) to create stronger relationships and to understand what activities are being implemented around certain measures. Beth Foster described issues of 3 DCO’s trying to understand how to improve measures. Lindsay Hopper and Bruce Burton are leading a workgroup to address this. Elizabeth Aughney requested to be part of committee. Coco Yackley asked everyone to email her specific questions and concerns. Lindsay will need these to bring relevant folks to the table and understand scope.

Template: Cause and Effect Diagram

Team: CAP Meeting 5/2

Project: Oral Health Evaluation for Adults with Diabetes

- 1) Input the effect you'd like to influence.
- 2) Input categories of causes for the effect (or keep the classic five).
- 3) Input causes within each category.



- Childhood immunization rates are improving. Current rates are good for this time of year and very close to target. The year target will be met based on current trend.
- Emergency Department and Mental Illness measures are not as exciting. Neither measure is meeting target. Current status may be related to weather. Mid-Columbia Medical Center (MCMC) individually is improving. Beth Foster points out that this highlights how sick the community is.
- As a whole, the providers are failing the Oral Health Evaluation for diabetic patients measure, however providers still have the remainder of the year to improve. Oregon Dental Services (ODS) is working at double the pace as Capitol Dental and Advantage Dental. Jacob Taylor will work with primary care and DCO's. It appears that some members get care in Mexico. Jacob Taylor to research whether services delivered in Mexico count towards metric and documentation required.

IV. CGHC Board Agenda Review

Al Barton shared that Coco Yackley is now able to sign checks to increase efficiency of CGHC daily operations.

Coco Yackley shared the financial summary of the CGHC highlighting the following:

- Savings and QIM money invested back into community (grants, CAP priorities and board strategic investments).
- Over 3.5 years CGHC has invested 8 million dollars into the community.
- If any monies left in the global budget at the end of the year, it will be added to Shared Savings. Susan Lowe would like to have more shared communication about the different projects and the scope of each so that no 2 projects are conducting same work.

Board approved CAP recommendation for Regional Quality pool allocation:

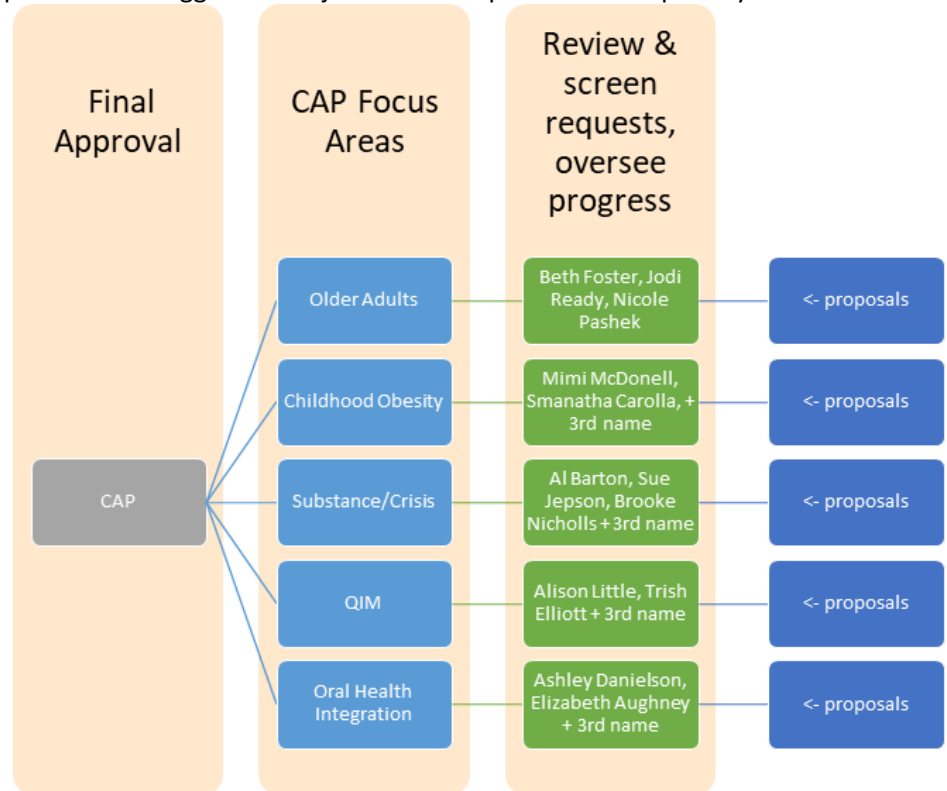
- ❖ CGHC Staff will have documents for Regional Quality Pool sent to clinics in July.

Al Barton provided an update on Crisis/Substance abuse. Working on helping contractor answer clarifying questions. Community is ready.

V. Upcoming Quality Incentive Measure (QIM) funds and allocations

Beth Foster did a round table asking CAP Members to share their thoughts regarding the budget allocation for the \$450,000 that has not yet been allocated to projects.

Coco Yackley suggested creating workgroups for each CAP priority. 3 to 4 subject matter experts would be selected for each. Diagram below illustrates process and suggested subject matter experts for each priority:



- There was general consensus to establish small work groups for the Focus areas with up to 3 subject matter experts per group.
- Judy Richardson asked for an approved evaluation framework that workgroups could use to approve or reject a project and criteria for allocating funds across Focus groups. Beth Foster recommended the Board evaluation tool (CGHC Financial Criteria DRAFT Ver 1.9a) and several CAP members requested the criteria used for the Community Grants process (CGHC Grant Process, Scoring Grid for Funding Committee).
- ❖ Coco Yackley will email relevant documents to the group. The timing or timeline of the work groups still needs to be approved. Beth Foster suggested allocating pots of money to each group.
- Mimi McDonell asked if substance abuse is broad or focused. Coco Yackley stated area is not focused but project currently approved is focused. Sue Jepson wants an update on feasibility. There should be suggestions on what to do in community for substance abuse by August.
- Samantha Carolla has mixed feelings on advanced directives. She feels it is not focused and not sure what is included in. She would like to know how it will be used in the community as she has worked with several patients who do not understand it.
- Elizabeth Aughney would like \$40,000 for oral health integration. Coco Yackley suggested that insurance enrollment could be added into oral

	<p>health outreach. Oral Health integration will reduce amount of repetitive services to same patients. Elizabeth Aughney believes oral health integration and childhood obesity needs are evidence based and have been under represented in the past. Due to being underrepresented in the past, oral health and childhood obesity should be eligible to receive available funds.</p> <ul style="list-style-type: none"> • Al Barton questioned how exactly the dedicated project management monies will be spent from 2019. The 2018 dedicated project management funds will be used for 2019. 2019 funds are available to be used for a different project. • Trish Elliot requested that the Maternal Child Health Workgroup be revived as an occasional topic for the CAP to review. While not a CAP Focus Area specifically, the CAP was amenable for a cadence of updates. • Beth Foster would like to make it a goal for the July CAP meeting to allocate money to each Focus group.
Next Meeting	July 11, 2019 @ Providence, 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
CHIP. Children’s Health Insurance Programs	OCH. One Community Health
CHIP. Community Health Improvement Plan	OCHIN. Oregon Community Health Information Network
CLAS. Culturally & Linguistically Appropriate Services	ODS. Oregon Dental Services
CME. Continuing Medical Education	OHA. Oregon Health Authority
CMS. Center of Medicaid Services	OHP. Oregon Health Plan
COIPA. Central Oregon Independent Practice Assoc.	OHPB. Oregon Health Policy Board
CRAFFT. (Adolescent Screening Technique) Car, Relax, Alone, Forget, Friends, Trouble	OHSU. Oregon Health and Science University
CRC. Colorectal Cancer	OKQ. One Key Question
DCO. Dental Care Organization	ONE. Oregon Eligibility
DDA. Dual Diagnosis Anonymous	ORPRN. Oregon Rural Practice-Based Research Network
DEI. Diversity, Equity & Inclusion	OSAA. Oregon School Activities Association
DHS. Department of Human Services	PCP. Primary Care Provider
DNR. Do Not Resuscitate	PCPCH. Patient-Centered Primary Care Home
DSN. Delivery System Network	PDMP. Prescription Drug Monitoring Program
DTAP. Vaccine for Diphtheria, Tetanus and Pertussis	PHQ. Patient Health Questionnaire
eCQM. Electronic Clinical Quality Measure	PHRMH. Providence Hood River Memorial Hospital
ECHO. Extension for Community Healthcare Outcomes	POLST. Physician Orders for Life-Sustaining Treatment
ECU. Effective Contraceptive Use	POTA. Pain and Opiate Treatment Advisory
ED. Emergency Department	PS. PacificSource
EHR. Electronic Health Record	QHOC. Quality & Health Outcome Committee
EMR. Electronic Medical Record	QIM. Quality Incentive Measure
EOB. Explanation of Benefits	RFP. Request for Proposal
FIT. Fecal Immunochemical Test	ROI. Return on Investment
GGFN. Gorge Grown Food Network	RWJF. Robert Wood Johnson Foundation
GOBHI. Greater Oregon Behavioral Health Inc.	SBAR. Situation, Background, Assessment & Recommendation
GRACE. Geriatric Resources for Assessment & Care of Elders	SBHC. School-based Health Center
HERC. Health Evidence Review Committee	SBIRT. Screening, Brief Intervention and Referral for Treatment
HIE. Health Information Exchange	SBST. STarT Back Screening Tool
HIT. Health Information Technology	SIT. Systems Integration Team
HRCHD. Hood River County Health Department	SNAP. Supplemental Nutrition Assistance Program
HRCPD. Hood River County Prevention Department	SPMI. Serious and Persistent Mental Illness
HTN. Hypertension	SUD. Substance Abuse Disorder
	TANF. Temporary Assistance for Needy Families
	TQS. Transformation and Quality Strategy
	WIC. Women, Infants & Children