



Provider Engagement Panel
PacificSource Community Solutions – Boardroom
2965 NE Conners Ave, Bend OR 97701

Agenda: September 9, 2015 from 7:00am-8:00am

Call-In Number: 866-740-1260
7-Digit Access Code: 3063523

1. **7:00-7:05** **Introductions & Updates – All**

2. **7:05-7:45** **QIM Update & Discussion – Maria Hatcliffe**

3. **7:45-8:00** **Quality & Health Outcomes Committee (QHOC) Monthly Update & Pain Management Visit FAQ Update – Dr. Little**

Consent Agenda:

- **None**

August QHOC Summary

Health Services Updates (formerly MAP)

1. Translation/Interpretation Services: Policies have been implemented to assure that CCOs are compliant with the Department of Justice memo. The memo outlines what is required of the CCO (such as NOT using family members to interpret and at what level services need to be provided). Two trainings were scheduled.
2. Operationalization of HERC Policies - A new "OPS" committee has formed to help with operationalization of HERC guidances.
3. There has been significant restructuring of the department, with departures of a number of long-term staff including Chris Barber, Ralph Summers and Jeanine Smith. They are recruiting for a new director; in the meantime, Rhonda Buesek and Karen Wheeler will fill in. Request was made for organizational chart to be distributed at next QHOC meeting, as well as department mission and vision.

State-wide Performance Improvement Project

It was previously decided to select a measure pertaining to opiates. Health Systems has since narrowed it down to three options.

- % of patients on > 120 MED per day
- % of patients with overlapping prescriptions for benzodiazepines and opiates
- % of patients, previously naïve to opiates, who become chronic users

There was no group consensus. Survey monkey was to be sent out to all CCOs for voting.

PH Division Updates:

1. New Community Preventive Services Task Force Recommendations – recommends the Diabetes Prevention Program (combined diet and exercise programs are effective for those at high risk for, or newly diagnoses with, diabetes).
2. Viral Hepatitis Outreach – Public Health Division is encouraging physicians to comply with CDC recommendation for screening all adults born between 1945 and 1965 for Hepatitis C.

HERC Update

1. New CCO Medical Director needed to fill a position on the HERC Evidence-based Guidelines Subcommittee
2. Out-of-hospital birth Coverage Guidance still under review:
 - They are considering how to manage the risk assessment process for women who elect not to be screened.

- For the most part, women who elect home birth will be disenrolled and covered on FFS, since CCOs generally do not contract with providers who don't carry liability insurance.
 - Discussion about operationalization of the new home birth coverage rules; there is continued lack of clarity about how to manage a woman who has opted for home birth, been disenrolled in order to to access a home birth provider, then becomes too high risk to continue. Point was made that CCOs should not be forced to take patient back until after delivery. HS will provide additional operational guidance at a subsequent meeting.
3. PICO model is being employed for new and updated coverage guidances - defines a clinical question in terms of the population, intervention, comparators and outcomes to help focus the literature search. HERC will answer these questions and there will be a 7 day public comment period. Current guidances being reviewed:
- a. ADHD Treatment in Children
 - b. Coronary Artery Calcium Scoring
 - c. Carotid Endarterectomy
 - d. Coronary CT Angiography
 - e. Cervical CA Screening
 - f. Continuous Blood Glucose Monitoring
 - g. Diagnosis of Sleep Apnea (adults)
 - h. Induction of Labor
 - i. Breast MRI for Breast CA diagnosis
 - j. Neuroimaging for HA
 - k. PET for Breast CA Staging/Surveillance
 - l. Recurrent Acute Otitis Media
 - m. Self-monitoring of Blood Glucose
 - n. Vertebroplasty, Kyphoplasty and Sacroplasty.
4. Items to be discussed at August meeting:
- a. Hypnotherapy
 - b. Optic Neuritis
 - c. Steroid Injections for trochanteric bursitis
 - d. Exhaled nitrous oxide for asthma
 - e. New guideline for nasal repair
 - f. Perforations of the ear drum
 - g. CGM – clarified that the requirement for hypoglycemia pertains to current, not distant
 - h. Acute peripheral nerve injury - will extend eval/treatment up to 1 year since often wait 3 months before initiating.
 - i. Botox for migraines will have its own Guideline Note since MD administers and has specific CPT code.
5. Gender Dysphoria – Lengthy discussion:

- Who should prescribe puberty suppression hormone?? If pediatric endocrinologist, there may be access issues; would consultation then suffice? Medical directors believed that consultation was sufficient
- Age of consent an issue (currently 15 y/o). Fox News has highlighted this issue; minimal age for surgery is being re-evaluated, considering increasing to age 18
- Qualified changed to Licensed Medical Professional for mental health assessment
- 2 letters needed (MD or PhD) - question surfaced regarding whether for confirming dx or for psychological assessment of fitness for surgery?
- Considering surgical codes (penile prosthesis? Failure of medical therapy required for breast implants?
- State is considering contracting for out-of-state services so individual CCO's would not have to. OHSU hiring a surgeon; WA State uses San Francisco providers.

Metrics Update

- 2016 Metrics selection:
 - Retire EHR
 - Add Childhood Immunization Status
 - Add Tobacco Prevalence
- Benchmarks and Challenge Pool measures to be selected at 9/18/15 mtg
- 2015 chart review guidance for the colorectal cancer screening, prenatal, and postpartum care measures finalized and available online

P&T Committee Update

- Looking for interested physicians to fill positions
- OPAL-K (OR Prescriber's Line for Kids) available for consult for pediatric SSRI in kids < 5 y/o.
- Adopted new pediatric PA criteria for codeine
- Committee felt Leuprolide Hormone Therapy should be prescribed only by pediatric endocrinologist
- HIV Class – moved to voluntary formulary with no PA and no co-pays
- Intranasal allergy inhalers – fluticasone selected as preferred; no PA required

Presentation about clinical provider burnout

PacificSource Community Solutions (Medicaid) Pain Management Visits FAQ

1. What is Pain Management and how have we covered it in the past?

PacificSource Community Solutions has allowed four office visits to a variety of specialists to address pain management without review or considering whether the patient's diagnosis is covered under the Oregon Health Plan (OHP). The prior medical director made this decision two years ago.

2. What is changing?

We will no longer be automatically approving pain management visits without review. Many diagnoses for which these visits have been allowed are not covered under OHP (below the line). In addition, pain management per se is not a covered benefit under the OHP. Therefore, we have been paying for services for which the Coordinated Care Organization (CCO) does not receive funding from the state.

3. When is this changing?

- Review of all requests for pain management for diagnosis and appropriateness will begin July 27, 2015.
- Approved visits in place July 27, 2015 will be honored until the end of 2015.

4. Why is it changing?

- We have been unable to show significant benefit to our members from this policy.
- We are striving for greater alignment with our provider partners, who do not allow these visits.

5. What is the new process?

On or after July 27, 2015, a referral should be made from the member's PCP to PacificSource (via InTouch) requesting one visit to the pain specialist. The visit will be approved regardless of submitted code to allow for establishment of the diagnosis. If additional visits are needed, the specialist may request for an exception request via our preapproval process. The additional requests will be subject to the member's benefit coverage and medical necessity.

6. What can you offer your patients?

- A broad range of services will remain covered for patients with diagnoses above the line.
- Chemical dependency treatment remains available.
- We will consider, *on an exception basis*, specific pain management services for below the line conditions, given the limits of the benefit package.
- On January 1, 2016, the Prioritized List will change significantly with regard to back pain. Acute and chronic low back pain will be in the funded region of the list, regardless of whether the patient has radiculopathy. We will send additional information on these changes once finalized.

Please contact your PacificSource Provider Service Representative with questions related to this process.