



Provider Engagement Panel
PacificSource Community Solutions – Sparks Conference Room
2965 NE Conners Ave, Bend OR 97701

Agenda: August 10, 2016 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. **7:05-7:35** **PacificSource will work with providers and Health Council committees to develop a measure definition and reporting strategy for access to care – Dr. Mann**
 - Next available appt
 - Wait time
 - No show rate
 - Unnecessary ED visits (could have been taken care of by PCP)
 - Access to insurance/non-OHP

3. **7:35-7:45** **2016 QIM Updates – Laura Walker**

4. **7:45-8:00** **Quality & Health Outcomes Committee (QHOC) Monthly Update – Dr. Little**

Consent Agenda:

- Approval of the draft minutes dated June 8, 2016 subject to corrections/legal review
- RHIR Workgroup Updates

OHP QUALITY AND HEALTH OUTCOMES COMMITTEE (QHOC) JULY 11, 2016

Meeting Packet: https://gallery.mailchimp.com/dccb7a9f7aff441b61f49ef66/files/July_2016_QHOC_Packet.pdf

Other Handouts available here: <http://www.oregon.gov/oha/healthplan/Pages/CCO-Quality-and-Health-Outcomes>

MEDICAL DIRECTOR WORKGROUP

Topic	Summary of Discussion Impacted Departments	Action Needed
Announcements	<ul style="list-style-type: none"> • Parking – map included in packet • NO AUGUST QHOC MTG. • SEPTEMBER QHOC mtg will not be in the same place – it will be across the gravel lot in the Department of Consumer Business Services (DCBS). More information to follow. 	CHANGE in location of QHOC meeting – more information to follow
Public Health Division updates	<p>2015-16 School Immunization and Exemption Data</p> <ul style="list-style-type: none"> • After seeing a decrease in nonmedical exemption rates in 2014-15, nonmedical exemption rates increased slightly in 2015-16. <p>Youth and Young Adult Marijuana Use Education Materials: For Healthcare Providers</p> <ul style="list-style-type: none"> • Materials for use in health care settings that speak to youth and young adults about the health effects of marijuana use. <p>Webinar: Hepatitis C/HIV Co-Infection Treatment Update – July 21, 2016 (11:30-1:00)</p> <ul style="list-style-type: none"> • Review prescribing guidelines for hepatitis C treatment for people living with HIV/AIDS and train prescribing providers to provide hepatitis C care and treatment where patients are living, rather than referring to a metropolitan center for care. 	<p>https://public.health.oregon.gov/PreventionWells/VaccinesImmunization/GettingImmunized/Pages/SchResources.aspx</p> <p>Stacy deAssis Matthews for more information: stacy.d.matthews@state.or.us or (971) 673-0528</p> <p>http://public.health.oregon.gov/PreventionWells/marijuana/Pages/index.aspx (Communication Resources link)</p> <p>https://aetcnec.virtualforum.com/pifidform.cfm?erid=54707&sc=499106&aetccode=98</p> <p>Dayna Morrison (dayna@reg.org)</p>

<p>BH Directors Meeting</p>	<ul style="list-style-type: none"> HSD/OHA leadership has now instead contracted with the Kepro organization to manage oversight/utilization of residential levels of care for adults beginning 7/1/16. Discussion on lack of placements/homes for high needs/traumatized youth and children under DHS custody. 	<p>See page 14 of the packet</p>
<p>Updates</p>	<p>HEP C: Per CMS letter 172 CCOs are to have revised coverage criteria by 7/28/16. Two new drugs and coverage criteria will be reviewed at the September P&T committee meeting.</p> <p>OUT-OF-HOSPITAL BIRTH WORKGROUP: meeting monthly for the next 5 months. Have not yet decided on membership.</p> <p>OHA/CCO Meeting Alignment: Re-evaluating all meetings for purpose, function and scope. Out of scope will be re-directed.</p>	<p>7/28/16: Revised Hep C coverage criteria due</p>
<p>P&T Update</p>	<p>Streamlined Opioid FFS PA and renewal criteria: decreasing the MED to 90; 3 months for authorization; PDMP sign up and usage attestation; and urine screen in the past year. No new opioids to be approved for back pain or migraines. PA in place only for non-preferred products and >90 MED. FFS has 15,000 opioid claims/quarter.</p> <p>7/28/16 agenda is posted.</p> <p>New CCO MD on P&T: Kelly Burnett, Associate Medical Director at AllCare.</p>	<p>See packet pages 15-21 in the packet for the P&T review of Opioid Analgesics PA criteria</p>
<p>HERC</p>	<p>1. SCOPE STATEMENTS: Breast Cancer Screening In Women At Above-Average Risk and Digital Breast Tomosynthesis (3-D Mammography) For Breast Cancer Screening In Average Risk Women</p> <p>2. Skin Substitutes – small changes after public comment. Draft coverage – going to HERC</p> <p>3. Tobacco Cessation during Pregnancy – draft coverage guidance now going to HERC</p> <p>4. LARC timing – there has been lots of public comment</p>	<p>See packet pages 22-23</p> <p>See packet pages 24-26</p> <p>See Table on page 31</p>

<p>Obesity Initiatives</p>	<ul style="list-style-type: none"> • Prevalence increased from 11.2% in 1990 to 26.8% in 2013 • Childhood Obesity- 13% of 11th graders, 11% of 8th graders (2015) • Number two cause of preventable death in Oregon • State and Local Level Actions: HERC Obesity Taskforce; Healthy Communities and leveraging chronic disease prevention resources • Additional Strategies: population interventions, health equity interventions, health systems interventions • Diabetic Prevention Program – leveraging federal resources 	<p>See .ppt beginning on page 34 of the packet</p>
<p>Public Health Modernization Update</p>	<ul style="list-style-type: none"> • HB 2348 (2013) – called for creation of a task force on the future of public health services • Goal is to have foundational programs and capabilities at every authority • House Bill 3100 (2015) resulted from the recommendations • 2017-19 priorities are defined <ul style="list-style-type: none"> ○ Communicable diseases ○ environmental health ○ emergency preparedness ○ health equity ○ population health data ○ public health modernization planning • Regional PH Modernization meetings will be held between September 2016 and January 2017. • Oregon is 46th in nation for per capita spending • There is a 105 million funding gap identified 	<p>See .ppt beginning on page 38 of the packet</p>
<p>Statewide Opioid Prescribing Taskforce</p>	<ul style="list-style-type: none"> • Have met twice so far and have adopted the CDC guidelines as the foundation for opioid prescribing guidelines for ALL prescribers. • Sub Committees are working on: Marijuana and whether guidelines should allow; Communication with providers and with patients; Implementation; and other substantive 	<p>See pages 15-21 for the recommendations on approval criteria</p>

	issues (such as special populations)	
7/1/16 BENEFIT CHANGES: CLINICAL IMPLEMENTATION DISCUSSION		
ABA	<p>Issues related to transfer of ABA benefit to the CCOs?</p> <ul style="list-style-type: none"> • 2 codes listed are covered (per HERC) but not funded (0360T, 0361T) by OHA • Not many kids have transferred over and this could be related to an MMIS issue that occurred over the 4th of July holiday. • The required experience level of the clinician may impact the diagnosis of autism being made in schools where the clinician does not meet criteria 	
Back Condition	<ul style="list-style-type: none"> • One CCO noted therapy capacity issues because they reimburse at a low rate • Fusion – there has been some provider push-back based on the covered conditions that lead to a diagnosis that is not covered for spinal stenosis. HERC is doing additional research into this area. • Clarified that CBT is completely separate from the 30 covered therapy visits. 	
Restoration of Benefits: Oral Health	<ul style="list-style-type: none"> • These dental benefits existed before so are not new but are being restored to the benefit package • The table in the packet outlines the changes • If there is not a claim for previous dentures, how to meet the 10 year requirement for a new set of dentures? Gary from Advantage suggests just asking the member and working from that information. 	See page 56,57 of the packet
LEARNING COLLABORATIVE SESSION		
Topic		Action Needed

Health Transformation Report

- Review of CCO Metrics report published 6/23/16 – State and CCO level performance on 50 metrics in 2015
- Medicaid enrollment increased by 68% since 2013; 0-18 y/o's decreased; 19-35 y/o's increased, as did 36-61 y/o's.
- Metrics and Scoring Committee will become a subcommittee of Health Plan Quality Metrics Committee in 2017.
- Reviewed how CCOs did – see .ppt and/or Transformation report. Outcomes have consistently been improving overall. Key areas include readmissions, COPD/asthma admission rates.
- A1c testing showed small improvement.
- Dental sealants knocked it out of the park, especially being the first year, as did DHS custody.
- ECU showed improvement.
- All CCOs have met target or benchmark for Develop Screening.
- AWCVs have increased but are well below benchmark
- Still needing improvement: Initiation of alcohol/drug treatment, Tobacco users being advised by doctor to quit or to use medication to quit or use alternative therapies.
- Measures were also reviewed by disability, MH diagnoses and SPMI

Discussion Sessions:

- AWCVs by Yamhill Community Care – **SWAG (Student Wellness and Games) nights** have had the biggest impacts and were conducted by clinics themselves. 5% of the AWCVs were performed in one SWAG night event alone. This year they have more clinics participating (7) and they

See page 58-80 including .ppt

	<p>are being conducted in May and July.</p> <ul style="list-style-type: none"> • Colorectal CA screening by Umqua Health Alliance and AllCare Health Plan – <ul style="list-style-type: none"> • Provider Network Advocates go into clinics and help. • Improved access for colonoscopies through a special clinic with provider collaboration – member gets education on the screening at 1 visit and is then scheduled within 1 month. • Outreach calls after FIT tests distributed • Alternative care methodologies • EHRs – many clinics had turned their notifications off • Align efforts with CA Society • March is CRC Awareness month – increase advertising • Gap Lists – are they accurate? Use them for outreach calls. • ED Utilization – <ul style="list-style-type: none"> • CCO uses community health workers (employed by CCO) to follow up on patients with recent ER visit. They have a case load of no more than 30. Can meet the member at the clinic. • Opened a BH primary care site • The 2 biggest clinics have walk-in/acute care visits on schedule • Providers are motivated and competitive (provided list of patients and comparisons to peer clinics) • Opioid prescription through ER has decreased 	
QPI WORKGROUP		
Topic	Summary of Discussion	Action Needed
QPI Updates	<ul style="list-style-type: none"> • New PIP form – use for at least one PIP report this reporting cycle, or can use for all of them. 	

<p>Complaints & Grievances</p>	<ul style="list-style-type: none"> • Ann Brown – role is to handle any complaint and develop processes within the Health Systems Division of OHA. • When complaints arise they are routed back to the CCO as much as possible. Systems for who then records need to be clarified. • CCOs needed assistance with completing reporting forms and T.A. sessions were made available. Next one is in July. • A Workgroup has formed consisting of CCO volunteers and meets monthly. They are working toward reporting tool improvements. Health Insight (formerly Acumentra) would like a participant on the Workgroup. Question about DCO participation as well. • It was suggested that there be some inter-rater reliability testing for how grievance situations are handled/reported. • Flex Services – grievance rights but no appeal rights. Quarterly reports do not have a way to capture these currently. 	
<p>CAHPS</p>	<p>2015 CAHPS Health Plan Survey and Physician Workforce Survey were reviewed and linkages made to QIMs. Matrix and Improvement Strategy recommendation made.</p>	<p>See pages 85-95 for .ppt</p>



**MINUTES OF A MEETING OF
PROVIDER ENGAGEMENT PANEL
CENTRAL OREGON HEALTH COUNCIL**

June 8, 2016, from 7:00 am -8:00 am – PacificSource Boardroom

Members Present (In-Person)

Steve Mann, Chair (COIPA and High Lakes Healthcare)
David Holloway (Bend Memorial Clinic)
Jennifer Laughlin (St. Charles Medical Group)
Alison Little (PacificSource)
Sharity Ludwig (Advantage Dental)
Laura Pennavaria (La Pine Community Health Center)
Rob Ross (St. Charles Medical Group)
Divya Sharma (Mosaic Medical and COIPA)
Kim Swanson (St. Charles Medical Group)

Members Present (Call-in)

Guests Present

Pamela Ferguson (DCHS)
Maria Hatcliffe (PacificSource)
Donna Mills (COHC)
Christina Pierson (Mosaic Medical)
Laura Walker (PacificSource)

Absent:

Gary Allen (Advantage Dental)
Muriel DeLaVergne-Brown (Crook County Public Health)
Dana Perryman (COPA)

Introductions & Updates

- Dr. Steve Mann welcomed all attendees and guests were introduced.
- Dr. Mann presented on the Acute Pain and Tapering of Opioid Use flow charts. He showed how they are a quick reference guide in the assessment and treatment of patients with chronic pain.

- Ms. Maria Hatcliffe thought that might be a good tool to distribute to clinics. Dr. Kim Swanson explained to Ms. Hatcliffe that she could reach out to Ms. Rebeckah Berry to get copies of these flow charts for distribution.

OHA Back Pain Guidelines

- Dr. Alison Little presented the OHA Back Pain Guidelines to be implemented July 1. The new guidelines allow coverage for alternative treatments by PacificSource/OHA. She said they would include four visits to alternative medicine practices, including chiropractor and acupuncture.
- No coverage for independent contractors is available under the new guidelines because the state requires a credentialed provider and/or a contracted clinic with the PacificSource.
- Dr. Kim Swanson discussed the change to the STarT Back Screening Tool as required by the state. She has a meeting today with Dr. Paul Coelho out of Corvallis. He disagrees with the STarT Back Screening Tool, and they are looking at different tools that are better at screening and assessing for pain.
- Dr. Little shared treatments, what was new, and continued coverage. She said OHA will no longer cover fusions and injections.
- Dr. Christina Pierson asked if prior authorizations are still required. Dr. Little replied yes they are, but it would be automatically approved as long as back pain is on the referral and will no longer go through a nurse review.
- Dr. Laura Pennavaria asked about Physical Therapy with the new guidelines.
- Ms. Hatcliffe explained contracting and how that relates to the Physical Therapy clinics.
- Dr. Little shared the new PacificSource Opioid Guidelines. She explained the total opioid dose is now limited to 120 MED with an allowed six months to taper the PT following a taper plan.
- Dr. Divya Sharma asked if this model related to DMAP and she was told that no, it does not.
- Dr. Robert Ross asked about coverage for Tai Chi as an alternative, since exercise helps with pain management. General discussion about Tai Chi and offering it in Central Oregon. It is not currently covered but maybe as we look into the future.
- Dr. Pierson asked for clarification of the definition of back pain. She inquired if this meant the entire spine, neck to hip. Dr. Little said yes. Dr. Pierson asked if the name should be changed from back pain to spine pain.
- A discussion took place about when PacificSource would be presenting this information and the details involved with the presentation.

2016 QIM Updates

- Ms. Laura Walker presented the QIM update.
 - Ms. Walker went over the May 31 update and said that these are almost final for the 2015 surveys. She stated that the June 30 dashboard looked good. Ms. Walker said that 2015 was a great year and there was good collaboration with clinics to get this done and on target.

- Dr. Little spoke about the CAPHS satisfaction of care and where that number originates. She said this number comes from how the health plan responds to patients concerns.
- Ms. Walker showed the 2016 QIMs status as of May 31. She stated that it is showing a lot of red, but this is to be expected, as we have not received all the data. Ms. Walker explained it would improve as the year progresses and COPA should see spikes in rates as claims come in.
- Ms. Walker shared the 2016 CO QIM YTD with quarterly targets. She explained that there are four measures depicted on the bubble graph, SBIRT, Dental Sealants, Adolescent Well Care, and Effective Contraception. Ms. Walker explained the graph shows where the numbers were last year, where they are now, and the orange circles show the targets.
- Ms. Sharity Ludwig said because of the way this QIM was written they sometimes have to do dental sealants multiple times on patients to meet the standard. She asked if CCOs are paying schools to get this data. Ms. Walker said no, we did not pay for data and shared that it was easy to hit this target, we reached 11%, and the goal was 7%.

OMMTAP

- Ms. Donna Mills presented the new Oregon Technical Assistance Program “OMMUTAP” (Oregon Medicaid Meaningful Use Technical Assistance Program). Dr. Sharma asked how this plan would evolve. She also asked if they are targeting clinics to pilot this. Ms. Mills explained how the program works and how it will effect the clinics while being implemented. She shared that they are targeting clinics that need the most help.
- Ms. Mills said this program is at no cost to the clinic and is a two-year program. She said it is designed to help clinics improve their workflow process. The program itself would not be making any changes; they will just be making recommendations based on what they find from observing and evaluating clinics EHR workflow.
- Ms. Ludwig talked about some of the measures, specifically the one that covers smoking cessation. She wanted to know why it is not counted if it comes from a dental provider. She feels that there could be some comparison done using both sets of information to help fill in any gaps. Ms. Ludwig thinks that since it is something implemented in the dental setting that the information should be used. She wondered if cross-checking records to see if the patients screening were completed or not in the physician setting were screened in the dental office. This could help in getting a fuller picture. Dr. Mann agreed with her.
- Dr. Sharma announced that Karen Steinbock’s last day is July 15 and is a huge loss for COIPA.

Quality & Health Outcomes Committee (QHOC) Monthly Update

- Dr. Little presented a summary on the packet handed out to the committee that covered the OHP quality and health outcomes.
 - PH and other Updates
 - Metrics Updates

- Doula program
 - Committee talked about the pros and cons of using a Doula. Currently paid a flat fee of \$75.00 but with the new program the payment is at a higher rate.
- WIC provider toolkit
 - WIC caseloads have decreased.
 - Committee talked about why the numbers were down this year.
 - Someone asked if the word about this service getting out to the community. They went on to ask if it is just the natural flow of having a better economy.
- HERC
 - The update did finalize the smoking cessation requirement for surgery. It is a two-tiered system.
 - LARC is up for public review.
- Primary Care Spending Report
- Back Conditions Benefit
- QPI Updates
- Statewide PIP
- PIP Reporting
- Peer Learning
- PacificSource has accomplished what they had hoped to do with the CCOs.
- Ms. Hatcliffe announced her departure from PacificSource.

Consent Agenda

- Dr. Mann made a motion to accept the draft minutes dated May 11, 2016, and are subject to corrections/legal review.



RHIP Workgroup Updates: July

Behavioral Health: Identification & Awareness (Support: Rebeckah Berry & Steve Strang)

- This group meets the fourth Tuesday of every month from 9-10am and currently has 23 members.
- In July the group reviewed the draft work plan and provided feedback as a team. Currently, a second draft of the plan is being circulated for edits and additions. The work plan will be presented at Operations Council on August 19th. In the coming months, this workgroup will discuss how to implement a four-tiered plan for responding to a variety of positive behavioral health screenings. The group will also try to clearly identify the problem(s) that exist in order to create a clear pathway for referral to specialty care for individuals with Medicaid, Medicare, or private pay insurances.

Behavioral Health: Substance Use and Chronic Pain (Support: Rebeckah Berry & Rick Treleven)

- This group meets the third Wednesday of every month from 4-5pm and currently has 21 members.
- In July the group reviewed a second draft of their work plan. Edits have been made and a final draft of the plan is being circulated for approval from all members of the group. The work plan will be reviewed by Operations Council on August 5th. In the coming months, this group will be defining clear and standardized pathways for patients that display one of four levels of SUD risk within primary care settings. These pathways will be personalized for our region to support providers in offering the best care for their patients.

Cardiovascular Disease—Clinical (Support: Rebeckah Berry)

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 9 members.
- In July this group developed the first draft of their work plan. This draft is being circulated among the members and finalized to be reviewed by Operations Council on August 19th. In the coming months, this group will further develop patient education documents around proper blood pressure procedures and things that raise blood pressure. These documents will be shared broadly with clinics. The group will also discuss e-referrals for the tobacco Quit Line, and potential clinic champion trainings around evidence-based guidelines for blood pressure measurement and treatment.

Diabetes—Clinical (Support: Rebeckah Berry)

- This group meets the second Thursday of every month from 9-10am and currently has 12 members.
- In July this group reviewed their draft work plan and provided input. Edits were made and the final draft is currently being circulated. The work plan will be reviewed by Operations Council on August 5th. In the coming months this group will develop standardized care pathways for four HbA1c categories that are personalized for our region. These pathways will be shared broadly to support care of our population with pre- and type II diabetes.

Cardiovascular Disease & Diabetes—Prevention (Support: MaCayla Arsenault & Channa Lindsay)

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 26 members.
- The workgroup met in July to continue to develop their work plan. Additionally, workgroup decided to develop a subcommittee composed of workgroup members and content experts to collaborate and develop feasible strategies to promote bicycling/active transportation and encourage healthy community design. The work plan will be reviewed by Operations Council on August 5th.

RHIP Workgroup Updates: July

Oral Health (Support: Donna Mills & Suzanne Browning)

- This group meets the third Tuesday of every month from 11-12pm and currently has 19 members.
- The Oral Health workgroup did not meet in July while the leads and a small sub-group worked on their respective work plans. This work plan will be reviewed by Operations Council on August 5th.

Reproductive Health/Maternal Child Health (Support: Donna Mills & Muriel DeLaVergne-Brown)

- This group meets the second Tuesday of every month from 4-5pm and currently has 22 members.
- The workgroup did not meet in July while the leads and a small sub-group worked on their respective work plans. This work plan will be reviewed by Operations Council on August 5th.

Social Determinants of Health

- This group meets the third Friday of every month from 10-11am and currently has 27 members in kindergarten readiness and 26 members in housing.

Education & Health (Support: Donna Mills & Desiree Margo)

- Kindergarten Readiness heard two RHIP presentations and agreed to move into a smaller sub group to complete the work plan due to Operations Council by August 19th.

Housing (Support: Bruce Abernathy & MaCayla Arsenault)

- The workgroup met in July to finalize their workgroup one-page overview and description and continue to develop their work plan. They continue to discuss goals, strategies, responsible parties, target metrics, and timelines. Additionally, the workgroup has decided to develop a housing data inventory in order to get the lay of the land and to use for future projects. Their work plan will be reviewed by Operations Council on August 19th.