



Provider Engagement Panel
PacificSource Community Solutions – Board Room 4th Floor
2965 NE Conners Ave, Bend OR 97701

Agenda: September 14, 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. **7:05-7:20** **High need population by geographic region– Leslie Neugebauer**
Attachment: .ppt presentation

3. **7:20-7:40** **2016 QIM Updates – Laura Walker**

4. **7:40-8:00** **COHC Regional Health Improvement Resources funded proposals – Donna Mills**

Consent Agenda:

- Approval of the draft minutes dated August 10, 2016 subject to corrections/legal review
- RHIR Workgroup Updates

Strategies for High Needs Populations by Geographic Region

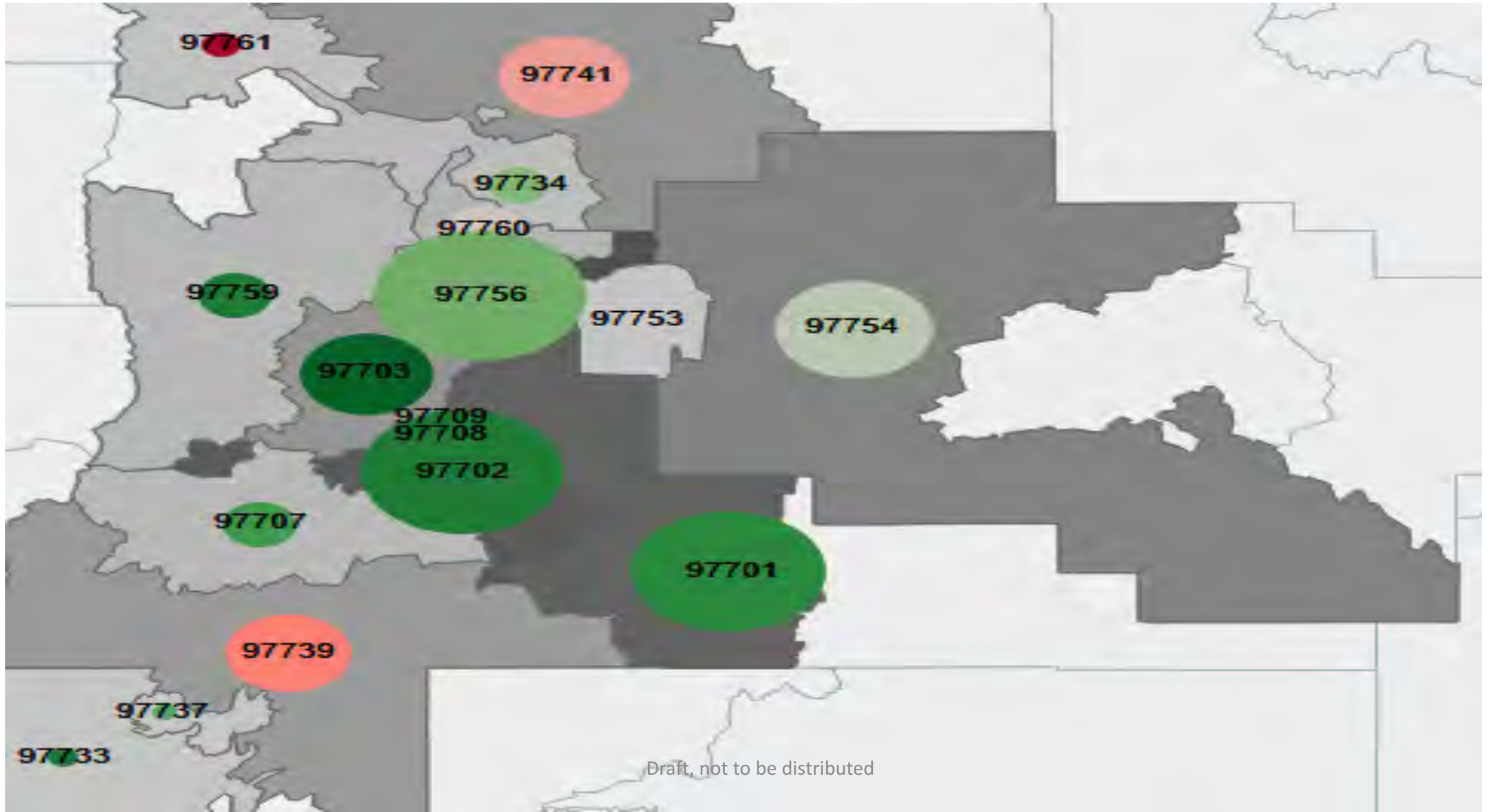
September 2016

Context

Transformation Area 4: Regional Health Assessment and Regional Health Improvement Plan

- How Benchmark will be measured (Baseline to July 31,2017)- Formulation strategies to bring services closer to high need/opportunity areas, or “hot spots” Achievement of stated goal; documentation of Process.
- Milestone(s) to be achieved as of July 31,2016- CCO develops capability to report on cost, quality and utilization patterns by geography. Reports completed and presented to COHC.
- Benchmark to be achieved as of July 31,2017- COHC/CCO develops and implements at least one initiative targeted to areas of high needs or opportunity as identified by analytics. Evaluation metrics established and initiative begins implementation by July of 2017.

Diabetes



Diabetes codes

The threshold criteria for **Diabetes** is (approximately):

MEET ONE OF THE FOLLOWING CRITERIA IN 12 MONTH LOOKBACK:

- 3 Rx fills of different drugs or 1 refill of same drug (from NCQA list of NDCs for diabetes Rx)
- 3 professional claims for diabetes in primary or secondary Dx position
- 2 outpatient claims for diabetes in primary or secondary Dx position
- 1 inpatient admission for diabetes in primary or secondary Dx position

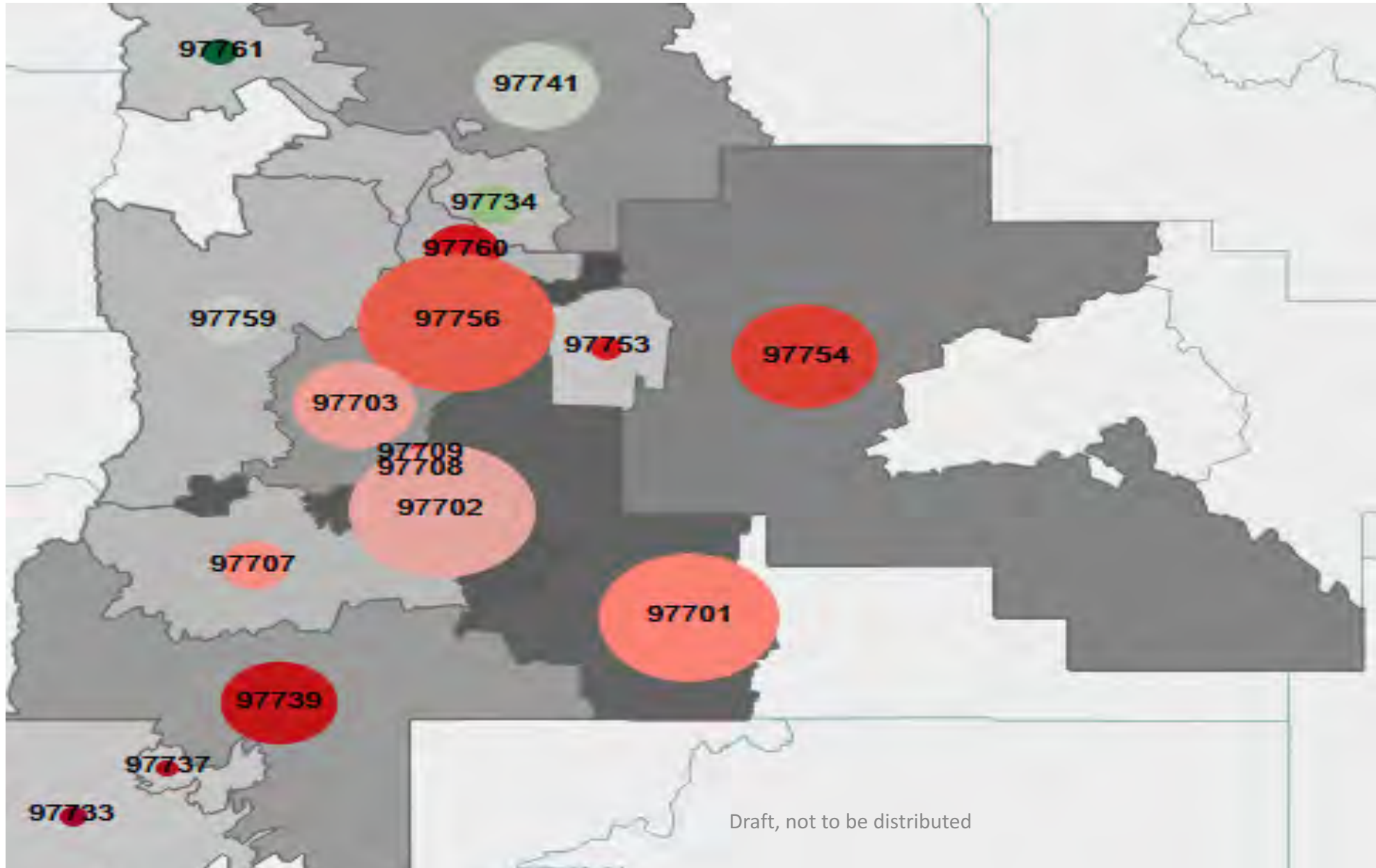
Claims ID flagging criteria:

- Has a Diabetes Dx Code:
- If first 3 digits of primary or secondary ICD10 in ('E10','E11','E13','O24')
- Or if primary Dx or secondary Dx first 3 digits ICD9 in ('250') or first 4 digits in ('3572','3620')
- Or if Dx 1 thru 4 ICD9 ('36641','64800','64801','64802','64803','64804')
- Or has a procedure code:
- 'G0108','G0109','J1815','J1817'
- Or has a DRG of:
- '637','638','639'
- Or Rx claim is on NDC list of Diabetes medications for NCQA

Diabetes

- 97761 (Warm Springs) 336 members/5.1%
- 97741 (Madras) 3,844 members/3.4%
- 97739 (La Pine) 3,497 members/3.5%

Depression



Draft, not to be distributed

Depression codes

Depression codes:

-ICD 10: If primary Dx or Dx2 are in this code set: if first 3 digits are ('F32','F33') or first 4 digits are ('F251','F313','F314','F315','F341') or first 5 digits are ('F4321','F4323','F0631','F0632','F3175','F3176')

-ICD 9: If primary Dx or Dx2 are in this code set: first 3 digits = '311' or first 4 digits are ('2962','2963','2980','3004','3091')

-If a prescription is filled that has NDC code on the HEDIS/NCQA list for depression

The threshold criteria for **Depression** is:

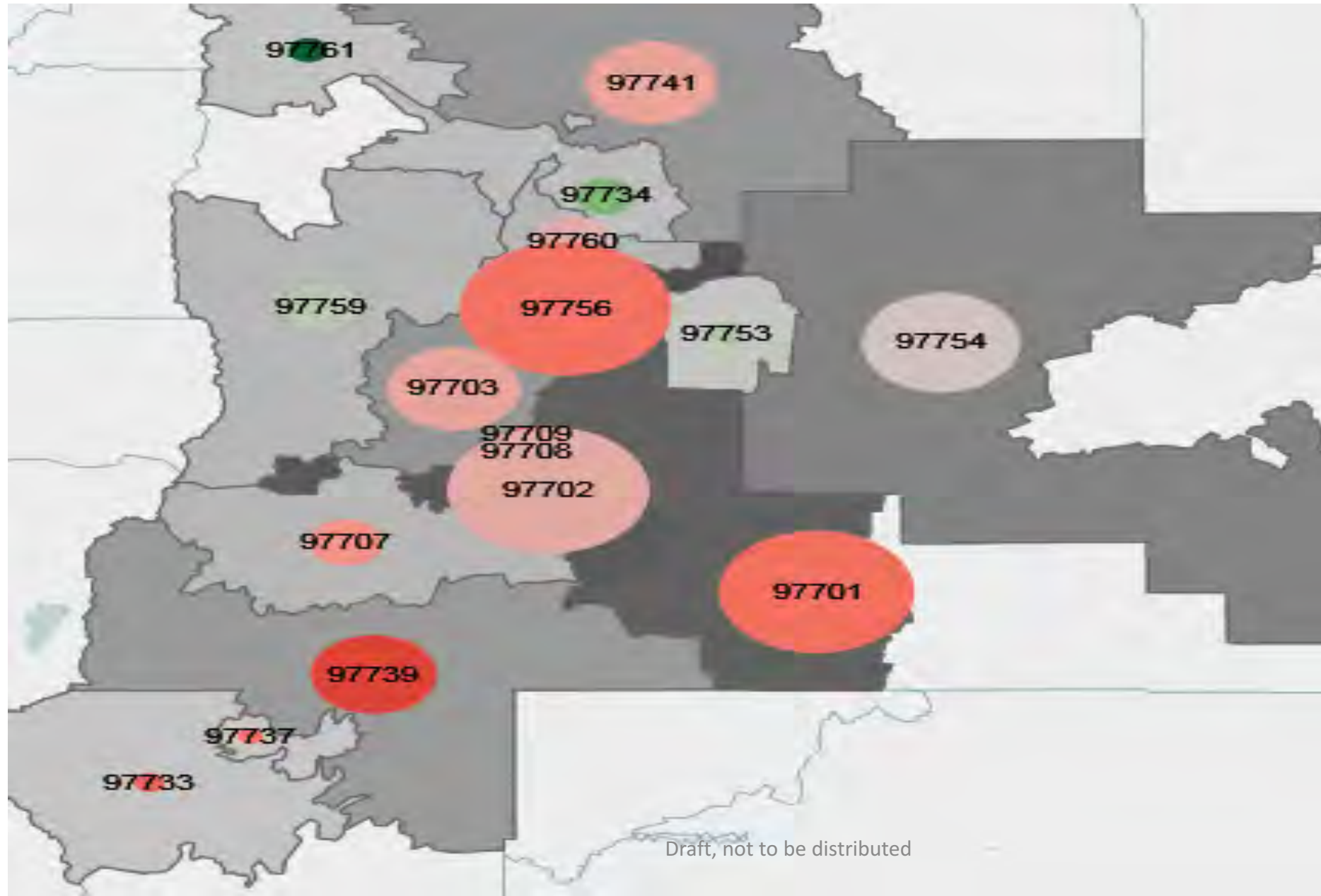
MEET ONE OF THE FOLLOWING CRITERIA IN 12 MONTH LOOKBACK:

- 3 Rx fills of different drugs or 1 refill of same drug (from NCQA list of NDCs for depression Rx)
- 3 professional claims for depression in primary or secondary Dx position
- 2 outpatient claims for depression in primary or secondary Dx position
- 1 inpatient admission for depression in primary or secondary Dx position

Depression

- 97760 (Terrebonne) 1425 members/14.9%
- 97753 (Powell Butte) 257 members/14.8%
- 97754 (Prineville) 5496 members/ 14%
- 97739 (La Pine)3497 members/15.8%
- 97737 (Gilchrist) 131 members/ 16.8%
- 97733 (Crescent Lake) 193 members/17.6%

Severe & Persistent Mental Illness (SPMI)



SPMI codes

The threshold criteria for SPMI & SPMI not including Depression Dx Codes are:

-MEET ONE OF THE FOLLOWING CRITERIA IN 12 MONTH LOOKBACK:

- 3 professional claims for depression in primary or secondary Dx position
- 2 outpatient claims for depression in primary or secondary Dx position
- 1 inpatient admission for depression in primary or secondary Dx position

OHA definition of SPMI: INCLUDES ANXIETY DISORDER, PERSONALITY DISORDER, MAJOR DEPRESSION, AND SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS. Flagged as "Any SPMI" by OHA, members must have 2+ instances of any of the qualifying diagnosis codes in the past 36 months and be 18+ years of age. Diagnosis codes include: 295xx, 297.3, 298.8, 298.9, 300.3, 309.81, 301.22, 301.83, 296xx.

SPMI

- 97756 (Redmond) 9968 members/5.4%
- 97701 (Bend) 8417 members/5.5%
- 97739 (La Pine) 3497 members/6.2%
- 97737 (Gilchrist) 131 members/5.3%
- 97733 (Crescent Lake) 193 members/5.7%

Recommendations

To meet our July 2017 Benchmark- *Identify at least one initiative targeted to areas of high need or opportunity as identified by analytics.*

Diabetes-Focus on Jefferson County and Warm Springs

- Bringing Services out to rural areas, work with community partners and clinics.
- Jefferson County: Diabetes Prevention Program (DPP) and Latino Living Well at Mosaic (all pre-diabetic patients are eligible).

Depression and or SPMI- Focus on South Deschutes County

- Behavioral self referral effective April 2016.
- Integrated Behavioral Health at PCPCHs to increase access and treatment options.
- La Pine and Gilchrist School Based Health Centers with Behavioral Health appointments available.
- Deschutes County Behavioral Health in La Pine is open Monday-Thursday 7:30am to 6pm; two prescribers available for telemedicine, one for child and one for adults.

Questions?

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RHIR Proposal Summaries for Website

OSU Cascades Student Health & Wellness Promotion

The goal of the project is to promote student health and wellness through increased access to services and wellness education opportunities. To accomplish this, a full-time Health Advisor will help students coordinate and navigate already existing community resources and health care services in Central Oregon. This project will also implement health and wellness education and outreach activities. The education and outreach portion of this project will include creating a student advisory group to utilize student-driven outreach. One of the ways the success of this project will be assessed is through the annual implementation of the National College Health Assessment Survey that will be used to collect data on a variety of student health concerns.

Pfeifer and Associates SUD Housing in Bend

This is a project developed by Pfeifer and Associates (PA) to house homeless individuals in Bend who suffer from Substance Use Disorders (SUD). For this project, PA will purchase a two-bedroom duplex in Bend to house individuals with SUD for 30 years. PA is already partnered with Housing Works to provide services to individuals and families in recovery living in Housing Works' properties.

Pfeifer and Associates SUD Housing in La Pine

This is a project developed by Pfeifer and Associates (PA) to house homeless individuals in La Pine who suffer from Substance Use Disorders (SUD). For this project PA will purchase a three-bedroom duplex in La Pine to house individuals with SUD for 30 years. PA is already partnered with Housing Works to provide services to individuals and families in recovery living in Housing Works' properties. PA has also partnered with La Pine Community Health Center to identify the population that can benefit from the project.

Vern Patrick Community School

The Vern Patrick Community School Project was created in 2010 with the mission to provide quality education to every child, regardless of their living situation. This project focuses on addressing obstacles such as family dynamics, poverty, language barriers, and other Adverse Childhood Experiences (ACES) to improve the education and development of children in these difficult situations. This program achieves its goals by providing enrichment opportunities, educational experiences, and social support and assistance to the children and their families.

Kids Club of Jefferson County Transportation

Kids Club is a year-round program for high-risk school-aged children in Jefferson County. Kids Club is a before and after school program that runs year round. The mission of Kids Club is to provide enrichment activities and opportunities for children and learn important life skills in a safe environment that will help them to reach their full potential. Kids Club will be purchasing a bus to

provide transportation in order for children to participate in additional enrichment and wellness activities. Having available transportation will increase the participation in these activities and will in turn improve the health and well-being of the children.

Head Start Mental Health Support Services

The Mental Health Support Services project, created by Neighbor Impact, will create a wrap-around support system for children who experience complex trauma. This program will be implemented in all of the Head Start classrooms in Deschutes and Crook counties. The Head Start program will provide these children support from specialized staff. The project's primary goal is to create and implement a support system for children whose complex trauma interferes with their ability to learn.

Pacific Crest Affordable Housing Asimeth 315

Pacific Crest Affordable Housing is constructing 50 affordable housing units called "Asimeth 315" in Northwest Crossing on Bend's west side. The multi-family complex will accommodate single and small households with 36 one-bedroom units and 14 two-bedroom units. Thirteen units will be reserved for senior citizens (age 55+). All of the units will be exclusively rented to low- and very-low-income households. Rents will range approximately from \$336 to \$672 per month with all utilities included. Rent will be determined by household size and income level to ensure affordability. The project will also include resident services that focus on health and access to healthcare. These services will include immunization clinics, healthcare navigation, physical and mental health screenings, referrals, and more. The building will also include a fitness room, a walking/jogging path, raised-bed community gardens, and bicycles available to residents.



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

August 10, 2016, from 7:00 am - 8:00 am – PacificSource Sparks Lake Room

Members Present (In-Person)

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

Members Present (Call-in)

Muriel DeLaVergne-Brown (Crook County Public Health)

Guests Present

Donna Mills (COHC)
Kelsey Seymour (COHC)
Laura Walker (PacificSource)
Pamela Ferguson (Deschutes County Health Services)
Laura Walker (PacificSource)

Absent:

Wil Berry (Deschutes County Behavioral Health)
Jennifer Laughlin (St. Charles Medical Group)
Kim Swanson (St. Charles Medical Group)

Introductions & Updates

- Dr. Mann welcomed all attendees and guests were introduced.

Measuring and Defining a Reporting Strategy for Access to Care – Dr. Mann

- Dr. Mann asked the group to brainstorm ideas on how to measure access to care across the region. The metric should address the following areas: no-show rate,

third next available visit, wait time, unnecessary ED visits, and access to insurance / non-OHP.

- Dr. Pennavaria noted that access to care should be measured by appointment type, because for shorter appointments she is always able to see her patients sooner than for longer appointments.
- Dr. Pierson noted that there should be a distinction between new and established patient visits.
- Dr. Sharma noted that not all clinics have the ability to pull access-related reports in the same way, and that part of the difficulty in creating a metric each clinic can track involves the clinics' access to tracking resources.
- Ms. Ludwig suggested that access to physical health should be measured differently than dental health, due to appointment length.
- Ms. DeLaVergne-Brown noted that patients in Prineville are opting to visit the ER instead of wait for a PC appointment because there is no Urgent Care in their area, and that those visits will affect this metric. Dr. Mann added that Madras is similar.
- Dr. Perryman noted that pediatrics should be its own category because it is different from adult care. She also said part of the problem with this measure is that when patients do not get the time slot they desire, they opt to go to the ER instead.
- Dr. Pierson asked if part of this measure should be to determine the reasonability of acute visits. Dr. Pennavaria suggested that "well" visits should not be compared with acute.
- Dr. Mann summarized the three areas the group suggested should be measured separately:
 - Non-emergent ED ?
 - New Patient Visits
 - Third Next by site
- Dr. Pierson suggested that another factor should be who the patient gets an appointment with; getting in to see a nurse is always faster than seeing a PCP.
- Dr. Pennavaria suggested that the findings of this metric should be compared to other regions in Oregon.

2016 QIM Updates – Laura Walker

- Ms. Walker presented the QIM Updates handout. She noted that targets were either nearly met or exceeded in the areas of Adolescent Well Care visits, Dental Sealants, Effective Contraception, and Screenings.
- Ms. Ludwig mentioned that Advantage Dental Dentists are being held to a standard to do sealants on at least one 6 to 14 year old per day. Ms. Ludwig noted that Kemple Memorial Dental Clinic is performing sealants, particularly on students, and the data for those is not being captured.
- Ms. Walker discussed the effective contraception measure, saying that they are not seeing clinics using the diagnosis codes to capture birth control type. Dr. Pennavaria mentioned that there are two factors of contraception not included in the coding: abstinence, and wife of a vasectomized husband. Dr. Sharma suggested that patients could fill out a form at the start of their visit indicating their birth control use, and

this method could ensure that every patient is being asked and make it easier on staff to use the coding.

Quality & Health Outcomes Committee (QHOC) Monthly Update – Dr. Little

- Dr. Little reviewed the QHOC document with the group. She noted that the Committee has adopted the 90 MED level as their safe prescribing criteria, and will no longer be prescribing opioids to patients with migraines and back pain.

Consent Agenda

- Dr. Mann made a motion to accept the draft minutes dated April 13, 2016, and are subject to correction/legal review.

RHIP Workgroup Updates: August

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

- This group meets the fourth Tuesday of every month from 8:15-9:15am and currently has 23 members.
- In August the group finalized their living work plan and presented it to the Operations Council on August 19th. Their plan was reviewed and Ops provided input with minor edits. At the August meeting, the group reviewed information about JHIE and PacificSource's APM BH Integration Grant. Members of the group will be providing expertise for the MindYourMind regional campaign in the next two months. The group will discuss peer navigators and outcomes of the access study in September.

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 August the group finalized their living work plan and presented it to Operations Council on August 5th; they reviewed the plan and provided input. At their August meeting, the group began defining clear and standardized pathways for patients that display substance use risk within primary care settings. Once finalized, these algorithms will be shared throughout the region.

Cardiovascular Disease—Clinical (Support: Rebeckah Berry)

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 9 members.
- In August the group finalized their living work plan and presented it to Operations Council on August 19th. Their plan was reviewed and Ops provided input. This group is developing/finalizing patient education documents around proper blood pressure procedures and things that raise blood pressure. These documents will be shared broadly with clinics. In August the group discussed the value of the "5 A's" or "2 A's and R" as a standard in clinics to support blood pressure control.

Diabetes—Clinical (Support: Rebeckah Berry)

- This group meets the second Thursday of every month from 9-10am and currently has 12 members.
- In August the group finalized their living work plan and presented it to Operations Council on August 5th. Their plan was reviewed and Ops provided input. During their August meeting, the group developed a first draft of a pathway/algorithm for assertively addressing Pre-Diabetes in a primary care setting. This group will finalize this pathway in September and share it region-wide.

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

- This group meets the fourth Tuesday of every month from 3:30-5pm and currently has 26 members.
- On August 5th, Ops reviewed the living work plan. Revisions were requested and a second review will occur in October. In August, the workgroup met to hone in on the focus and direction of their workgroup. They decided their workgroup would focus on physical inactivity, overweight/obesity, tobacco use, and unhealthy diet. This next meeting they will participate in a consensus workshop to develop preliminary strategies to address physical inactivity and unhealthy diet. They also listened to and provided feedback on Crook County School District's RHIR proposal to purchase new PE equipment for Crooked River Elementary for school and after school activities.

RHIP Workgroup Updates: August

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 Ops Council reviewed the living work plan and provided input on August 5th. At the workgroup meeting, they heard a presentation from Kemple Clinic. The discussion was robust with several observations and recommendations shared. A small group of participants are meeting in a sub-group to discuss tweaks to the presentation and further collaborations. The group reviewed the current draft of their living work plan and decided that next steps would include a brainstorming session at our next meeting, as well as extending their meetings by one hour to allow for stream of creativity towards prioritizing initiatives.

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 Reproductive/Maternal Child Health workgroup heard more feedback from the CCO around prenatal coding. Protocols and coding is in the finalization stage as a laminated card for providers is developed. The draft of their living work plan was also discussed and input from the Ops Council, reviewed at on August 5th, was shared with the group. Next steps are to review the gaps in the work plan and decide whether a proposal will be forthcoming.

Social Determinants of Health

- This group meets the third Friday of every month from 10-11:30am and currently has 27 members in kindergarten readiness and 26 members in housing.

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

- The Kindergarten Readiness workgroup dedicated their entire meeting (now 1.5 hours) to their living work plan. The main focus of the meeting was to incorporate the recommendations made by the Ops Council made on August 19th, as well as, incorporate additional information from new stakeholders. Next steps include a subset group to flesh out the newest input. Other subsets of the group are focusing on gathering data to establish either baselines or proxies.

Housing (Support: Bruce Abernathy & MaCayla Arsenault)

- The Ops Council reviewed the living work plan and provided input on August 19th. In August, the workgroup met to finalize their SDH Housing Workgroup Overview document, an informative one-pager that outlines the purpose and focus of their work. They also went over each goal in their work plan, clearly defined and discussed the activities and strategies to address the respective goal, and develop subcommittees to work on each goal. The workgroup then listened and provided feedback on Bethlehem Inn's RHIR proposal to construct a new family residential unit and service hub.