



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

Agenda: June 14, 2017 from 7:00am-8:00am

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

1. **7:00-7:10** **Introductions & Updates/New Pharmacy Rep - Divya**
Approve consent agenda
2. **7:10-7:15** **Pharmacy presentation – Jovanna Casas**
3. **7:15-7:35** **High Desert Food & Farm Alliance – Marielle Gold**
4. **7:35-7:50** **QIM proposal – Ashley Zigler**
5. **7:50-8:00** **QHOC updates – Dr. Alison Little**
Attachment: QHOC Report

Consent Agenda:

- Approval of the draft minutes dated April 8, 2017 subject to corrections/legal review
- RHIP Workgroup Updates



**MINUTES OF A MEETING OF
THE PROVIDER ENGAGEMENT PANEL OF
CENTRAL OREGON HEALTH COUNCIL
HELD AT PACIFICSOURCE
2965 CONNERS AVENUE, BEND, OREGON**

April 12, 2017

A meeting of the Provider Engagement Panel (the **“PEP”**) of Central Oregon Health Council, an Oregon public benefit corporation (the **“Corporation”**), was held at 7:00 a.m. Pacific Standard Time on April 12, 2017, at PacificSource in Bend, Oregon. Notice of the meeting had been sent to all members of the Panel in accordance with the Corporation’s bylaws.

Members Present:

Divya Sharma, MD, Chair

Gary Allen, DMD

Muriel DeLaVergne-Brown

Alison Little, MD

Sharity Ludwig

Laura Pennavaria, MD

Christine Pierson, MD

Kim Swanson, PhD

Members Absent:

Malia Ladd, MS

Jennifer Laughlin, MD

Dana Perryman, MD

Robert Ross, MD

Guests Present:

Kelsey Seymour, Central Oregon Health Council

Shiela Stewart, COIPA

Gina Bianco, Reliant eHealth Collaborative

Dr. Divya Sharma served as Chair of the meeting and Ms. Seymour served as Secretary of the meeting. Dr. Sharma called the meeting to order and announced that a quorum of directors was present and the meeting, having been duly convened in accordance with the Corporation's bylaws, was ready to proceed with business.

WELCOME

Dr. Sharma welcomed all attendees to the meeting. Introductions were made around the room.

APPROVE CHARTER

Dr. Sharma asked members to review and approve the PEP charter.

MOTION TO APPROVE: Ms. DeLaVergne-Brown motioned to approve the PEP charter, and Dr. Swanson seconded. The charter was unanimously approved.

RELIANT HEALTH INFORMATION EXCHANGE UPDATE

Ms. Bianco shared that Reliant eHealth Collaborative began as the Jefferson Health Information exchange (JHIE), but recently changed their name. She noted that Reliant already works with several practices in the area and public health to implement Electronic Health Records (EHRs), and they are in the process of building a Behavioral Health connection that supports a consent model for patients in substance use treatment and dental. She shared that Reliant is finalizing agreements with many clinics (COPA, Mosaic, Quest, LaPine, High Lakes) and hopes to begin agreements with BMC and CORA.

Ms. Bianco shared a scenario of a patient who has authorized consent for their substance use information, and outlined the rules and agreements process patients will go through. She shared that providers can elect to receive alerts for specific patients.

Dr. Sharma asked how clinics using paper consent forms and records will be able to have their information included in the EHR system. Ms. Bianco explained that paper records cannot be included in the EHR. Dr. Sharma asked if patient encounter data might be included even if the records are on paper. Ms. Bianco shared that some electronic connection would be required to capture encounters, and it may be possible to do so through billing or scheduling systems. Ms. DeLaVergne-Brown shared that one issue she has seen with the scheduling part of the EHR system is confidentiality between teens and parents regarding family planning.

Ms. Bianco confirmed that the EHR is “single sign-on” to the EHR and Prescription Drug Monitoring Program (PDMP).

Dr. Pierson asked if any home health or hospice programs will be incorporated. Ms. Bianco explained that there are a few involved in southern Oregon, but not in Central Oregon. The group agreed that most of those programs likely keep paper records.

Ms. Bianco shared that Reliant is able to connect with most major EHR platforms, and is expected to go live in 6 weeks. The PEP agreed they would like to hear an update presentation from Ms. Bianco in 3 months.

ACTION: Ms. Mills will include time on the July agenda for Ms. Bianco to give an updated presentation on Reliant.

2015-2016 QIM UPDATE

Ms. Stewart shared that the 2016 results show so far that all QIM measures were met except ED utilization, and it is not likely that one will pass. She noted that currently the region has close to 80% QIM success, and in order to reach 100% both of the CAHPs survey measures need to be met. The results of those will be available in May or June. She noted that the electronic measures for hypertension and diabetes were not met.

QHOC UPDATES

Dr. Little noted that the legislative update is out of date, and directed the PEP to the packet to read the HERC update due to a lack of time.

APPROVE CONSENT AGENDA

Dr. Sharma asked for a motion to approve the February and March meeting minutes.

MOTION TO APPROVE: Dr. Pennavaria motioned to approve the minutes, and Dr. Little seconded. The motion was unanimously approved.

ADJOURNMENT

There being no further business to come before the PEP, the meeting was adjourned at 8:01 am Pacific Standard Time.

Respectfully submitted,

Kelsey Seymour, Secretary

DRAFT

RHIP Workgroup Updates: May

Behavioral Health: Identification & Awareness (Support: Rebeckah Berry, Rick Treleaven & Nikki Lemmon)

- This group meets the fourth Tuesday of every month from 8:15-9:30am and currently has 21 members.
- In May, the group continued their A3 process around creating a common response matrix that clinics could adopt, including physician intervention, BHC intervention, short-term behavioral health intervention, and referral to specialty behavioral health.

Behavioral Health: Substance Use and Chronic Pain (Support: Rebeckah Berry, Rick Treleaven & Mike Franz)

- This group meets the third Wednesday of every month from 3:45-5pm and currently has 23 members.
- In May, the group began reviewing and evaluating how to measure their metrics for the Substance Use & Chronic Pain area of focus. Once this group completes this process, they will begin their A3 (likely in July) around making SUD engagement services available at hospitals and primary care clinics.

Cardiovascular Disease—Clinical (Support: Rebeckah Berry & Shiela Stewart)

- This group meets the fourth Tuesday of every month from 3:45-5pm and currently has 10 members.
- In May, this workgroup continued their A3 around promoting/saturating SmokeFree Oregon cessation and prevention campaigns in Central Oregon.

Diabetes—Clinical (Support: Rebeckah Berry & Therese McIntyre)

- This group meets the second Thursday of every month from 9-10:30am and currently has 14 members.
- In May, this workgroup continued their A3 around implementing community-wide standards for the prevention and treatment of type 2 diabetes.

CVD & Diabetes: Prevention (Support: MaCayla Arsenault, Sarah Worthington, & Steve Strang)

- This group meets the fourth Tuesday of every month from 3:30-5pm and currently has 26 members.
- In May, this workgroup reviewed updated data for their metrics and continued their A3 around removing barriers for students participating in physical activities. Next month they will continue with their gap analysis, but have determined their first step is to build relationships and partnerships with schools.

RHIP Workgroup Updates: May

Oral Health (Support: Donna Mills & Mary Ann Wren)

- This group meets the third Tuesday of every month from 11-12pm and currently has 23 members.
- The Oral Health Workgroup participated in a prioritizing exercise to narrow the experiments as defined Box 6 of their A3. Next meeting steps will begin to move to action and prepare the A3 for the Operations Council.

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 a presentation on the Perinatal Care Continuum proposal funded by the COHC last year. A robust conversation followed on the successes of the program. Next month the group will begin to prioritize work around the action steps they want to embark on next.

Social Determinants of Health

- This group meets the third Friday of every month from 10:30-11:30am and currently has 26 members in Kindergarten Readiness and 37 members in Housing.

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

- The Kindergarten Readiness workgroup participated in a census building exercise – revealing three priority areas to begin A3s on: Access to Integrated Services, Literacy, and Social and Emotional Support. Next steps include articulating the aim statements within the sub-groups.

Housing (Support: Bruce Abernethy & MaCayla Arsenault)

- In May, the workgroup reviewed and refined their drafted A3 around addressing the problem that Central Oregon communities do not have a comprehensive understanding of the current housing/homelessness needs which results in missed opportunities for additional funding, unaligned efforts, and a lack of commitment to act. In their gap analysis, they decided to start with completing a Housing Needs Assessment.

OHA QUALITY AND HEALTH OUTCOMES COMMITTEE (QHOC) MAY, 2017

Meeting Packet: [Here](#)

Additional Handouts: <http://www.oregon.gov/oha/hpa/csi/Pages/Quality-and-Health-Outcomes-Committee.aspx>

CLINICAL DIRECTOR WORKGROUP

| Topic | Summary of Discussion Impacted Departments | Action Needed |
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| <u>Welcome/Announcements</u> | <ul style="list-style-type: none">• Metrics Updates:<ul style="list-style-type: none">○ Health Plan Quality Metrics Committee Meeting: discussing CCO Incentive measures○ Metrics and Scoring Committee: Meeting next Friday to discuss 2018 measures○ Taking nominations for the metrics and scoring committee | |
| <u>Legislative Update</u> | <ul style="list-style-type: none">• Presenter: Brian Nieuburt<ul style="list-style-type: none">○ Chamber deadline cut total number of Bills in half○ HB 2015: Bill to increase reimbursement for Douglas○ HB 2122: Bill relating to coordinated care organizations: by 2023, requires CCOs to be community-based nonprofit organizations, to have membership of governing body that reflects local control and to distribute at least 80 percent of payments to providers using alternative payment methods, and etc.○ Shift in attention to the budget | |

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| | <ul style="list-style-type: none"> ▪ OHA budget may be included in budget talks | |
| QHOC Meeting Planning | <ul style="list-style-type: none"> • Presenters: Mark Bradshaw & Kim Wentz • Discussion to include more time for Medical Directors during QHOC Meeting <ul style="list-style-type: none"> ○ Consensus: Medical Directors meeting will begin every other month starting June 12, 2017 at 9:00am on the 2nd Monday of the month. ○ The QHOC meeting will be from 10:00am-12:30pm • QHOC will not meet in July this year. | <ul style="list-style-type: none"> • Submit two MD representative names per CCO to Dr. Kim Wentz. • Outlook appointments with details of location and call-in information will be sent to representatives. |
| <u>Oral Health Metrics Report</u> | <ul style="list-style-type: none"> • Presenter: Amanda Peden, Office of Health Policy • Presentation Overview: oral health and the coordinated care model; key findings from metrics report; featured measures for QHOC: preventive care for adults & children, oral health for people with diabetes, f/u after dental-related ED visits, oral health assessments in primary care • Oral health was added into the global CCO budget in 2014 • Key Findings from Metrics Report (does not include FFS data): <ul style="list-style-type: none"> ○ Provider to population ratio: only 2/5 serve Medicaid patients ○ Oral health utilization: adult CCO Members utilize dental services at lower rates than children | <ul style="list-style-type: none"> • Is the report showing a lower percentage of dental services provided by a medical provider due to the claims flowing through the dental organization? • The dental portion of a patient visit could be rolled into the overall medical code, and not captured separately. Is this occurring for PS? |

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| | <ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Adults less likely to have a regular dentists ○ 1/5 adults receive a preventive service ○ 50% of children receive a preventive service ○ Disparities: members who identify as Hawaiian/Pacific Islander receive services at lower rates • PS Gorge is only serving 1/10 adults for preventive services, lowest rate compared to other CCOs • Dental care for members with diabetes: 24.1% in mid-2016 received an oral health evaluation • F/U within 30 days after ED visit for non-traumatic dental reasons: PS CO & Gorge is at the lowest end of range, 10% below CCO average • Dental ED visits overall are higher than the national average • PS is behind in integrating dental care within the Primary Care setting <ul style="list-style-type: none"> ○ Only .2% of oral health assessments for adults in 2016 were done by a medical practitioner in CO, and 0% in the Gorge. • AllCare Health Plan has the highest percentage of PCP oral health assessments- how accomplished? <ul style="list-style-type: none"> ○ Lot of provider buy-in; completed 2 hour training; f/u engaged with providing oral health assessments to 0-6 year olds; ○ Reach out to pediatricians to train providers | |
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| | <ul style="list-style-type: none"> • Is the report showing a lower percentage of medical provider services b/c the claims flow through the dental organization? <ul style="list-style-type: none"> ○ Are claims not being captured for oral health assessments performed by a medical practitioner? (FQHCs tend to not submit a code for this service) • Transformation Center will have new resources available about the importance of dental care and the inclusion of dental services as part of their health coverage, available to CCOs for distribution. | |
| <p><u>HERC Update</u></p> | <p>Presenter: Cat Livingston/Ariel Smits</p> <p>Evidence-Based Guidelines Subcommittee:</p> <ul style="list-style-type: none"> • Upcoming Topics: <ul style="list-style-type: none"> ○ Multisector Interventions for Prevention of Unintended Pregnancies (initial review will be delayed until September); ○ Opportunistic Salpingectomy for Ovarian Cancer Prevention; ○ Urine Drug Testing; ○ Planned Out-of-Hospital Birth; ○ CardioMems for Heart Failure Monitoring; ○ Recurrent Otitis Media; ○ Gastrointestinal Motility Tests • Epidural steroid injections for low back pain: <ul style="list-style-type: none"> ○ Sub-group analysis done to determine effectiveness of ESIs ○ Even in a clearly defined population, did not find support for treatment | |

- Going to value-based benefits subcommittee
- Corticoid steroids will be on the unfunded line (on lower back pain line)

Health Technology Assessment Subcommittee:

- Upcoming topics:
 - Colon Cancer Screening Modalities;
 - Gene Expression Profiling for Prostate and Breast Cancer;
 - Acellular Dermal Matrix for Breast Reconstruction;
 - Prostatic Urethral Lifts for Treatment of Benign Prostatic Hypertrophy;
 - Hepatic Artery Infusion Pump Chemotherapy;
 - Sacral Nerve Stimulation;
 - Genetic Testing of Thyroid Nodules

- Breast Cancer Screening for women at above average risk: annual screening mammography and MRI are recommended, not for dense breasts
- Continuous Glucose Monitoring: recommended for adults with type 1 diabetes; slight expansion of current coverage; open for public comment

Value-based Benefits Subcommittee

- Prioritized list
 - 2 new lines (marginally effective interventions, non-effective interventions)
 - Will include link to meeting minutes where the topic was discussed

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| | <ul style="list-style-type: none"> ○ Includes CPT codes (but not ICD10 codes) ○ Experimental is on line 662 <ul style="list-style-type: none"> ▪ Definition will be Insufficient evidence for efficacy ○ May meeting: reviewing back guidelines ● Oral Advisory Meeting is in June ● Next full HERC meeting May 18 | |
| <u>Public Health Guiding Principles- Feedback Needed</u> | <ul style="list-style-type: none"> ● Presenter: Sara Beaudrault ● Building collaboration between public health and the health care sector: <ul style="list-style-type: none"> ○ 3 Guiding Principles ○ 7 strategies that align with the principles ● This set of guiding principles is a tool that professionals can use to build collaborations between public health and the health care sector. | <ul style="list-style-type: none"> ● The Public Health Division is seeking input from QHOC members on the <u>“Guiding Principles for Public Health and Health Care Collaboration”</u> document that was discussed at the May QHOC meeting. This document is intended to be a tool that public health and health care professionals can use to build effective partnerships. Please send your feedback and questions to <u>PublicHealth.Policy@state.or.us</u>. |
| LEARNING COLLABORATIVE SESSION | | |
| Topic | | Action Needed |
| <u>Trauma Informed Care</u> | <ul style="list-style-type: none"> ● Presenter: Mandy Davis, ED of Trauma Informed Oregon ● Reviewing OHA’s trauma informed policy and interested in receiving feedback on the process ● Trauma Informed Oregon: Mandy Davis, ED: <ul style="list-style-type: none"> ○ A program, organization, or system that is trauma informed: realizes the widespread impact of trauma | <ul style="list-style-type: none"> ● How does PS bring TIC internally to its employees and how do we support this work externally with our community partners/providers/clinics? ● How does a CCO convince upper management of the importance of TIC? ● What resources are needed to support our TIC efforts? |

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| | <p>and understands paths for recovery</p> <ul style="list-style-type: none"> ○ Recognizes the signs and symptoms of trauma in clients, families, staff, and other involved with the system ○ Responds by fully integrating knowledge about trauma into policies, procedures, and practices ○ Resists re-traumatization <ul style="list-style-type: none"> ● <u>Trauma specific</u>: interventions with individuals, families or groups ● <u>Trauma Informed</u>: how an agency is using information about trauma to guide policy, procedure, and practice ● The service system is often re-activating trauma ● NEAR Science <ul style="list-style-type: none"> ○ Neurobiology ○ Epigenetics ○ Adverse childhood experiences ○ Resilience ● OR happenings: developing resources available to the community ● Standards of Practice for Trauma Informed Care: <ul style="list-style-type: none"> ○ Cross-walked with OHA Policy and SAMHSA's Concept of Trauma and Guidance ○ Meant as a qualitative tool ○ 5 standards: <ul style="list-style-type: none"> ▪ Physical environment and safety, service delivery, agency commitment, workforce development, systems | |
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| | change and monitoring | |
| QUALITY AND PERFORMANCE IMPROVEMENT SESSION | | |
| Topic | Summary of Discussion | Action Needed |
| Welcome/ General Updates | <ul style="list-style-type: none"> Presenters: Jennifer Johnstun and Lisa Bui | |
| QAPI F/U Q&A, Next Steps | <ul style="list-style-type: none"> Presenter: Allison Tonge May 26th: CCOs deadline to revise and re-submit QAPI Scoring on final review: 0-3 scale High score 41, low score 14 out of a total of a possible 51 FWA Policy: report out on QAPI on how implemented, gaps identified, review of the actual Policy Goals and objectives of each CCO differ from the transformation plan, quality measures, and PIPs May 26th review: look at contract on quality strategy for criteria, look at integration efforts OHA is recording and holding onto QAPI evaluation, but not submitting to CMS or submitting scores, unless requested | <ul style="list-style-type: none"> Revise and resubmit QAPI to OHA by May 26th |
| <u>Quality & Transformation Strategy 2018: Progress Update</u> | <ul style="list-style-type: none"> Presenter: Lisa Bui 2018 CCO Contract language has been updated: Link has been updated CCOs will receive updated CCO contract language shortly 2018 CCO contract meeting review: May 18th March 16th: future due date for QAPI and Transformation Plan report Template, FAQ, data dictionary will be defined before October 31st | <ul style="list-style-type: none"> Next contract meeting is May 18th in Salem |

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| | <ul style="list-style-type: none"> • Transformation plan topics, CFR, and contract language is all being reviewed and considered as part of the new template for the QAPI • October 31st: documents will be available on the OHA website • Ex K: Transformation Plan will be removed; these components will be rolled into Ex B Section 9 Quality Section | |
| <p><u>Statewide PIP Measurement:</u> -LC F/U -3rd Yr. Discussion</p> | <ul style="list-style-type: none"> • There may be another metric in addition to MED on statewide PIP • PDMP: request for aggregate data by CCO- not currently allowable • Bill in Senate: will allow access to PDMP to MD and Pharmacy Directors at the CCO • OHA is changing to 50 and 90 MED starting Jan 1, 2018. | <ul style="list-style-type: none"> • Discuss what additional metric PS would like to see for Opioid PIP <ul style="list-style-type: none"> ○ Suggestion: Benzo + Opiates ○ Measure would be a prevalence measure of co-prescribing • Do we want to change the denominator for the current metric? |