



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

Agenda: March 9, 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** **Million Hearts Hypertension Control Champion—Dr. Mark Backus**

3. **7:20-7:25** **CVD & the Central Oregon Regional Health Improvement Plan—Dr. Sharma**

4. **7:25-7:50** **QIM Updates: 2015 and 2016—Laura Walker**

5. **7:45-7:50** **DCO Incentive Proposal Background—Heather Simmons**

6. **7:50-7:55** **NEMT Stakeholder Provider Volunteer—Dr. Mann**

7. **7:55-8:00** **Quality & Health Outcomes Committee (QHOC) Monthly Update—Dr. Little & Maria Hatcliffe**

Consent Agenda:

- **Approval of the draft minutes dated February 10, 2016 subject to corrections/legal review**

QIM Funding Status—3/1/16

2013 QIM Performance Fund Investments

Provider/Clinic	Description of Items/Services	Cost	Notes
Weeks Family Medicine	Pt. education materials and training and administration of OKQ for ECU QIM	\$ 11,057.97	Paid
Weeks Family Medicine	Staff training and administrative efforts to get AWCV's completed by end of 2015	\$ 1,100.00	Paid
Mosaic Medical	Administrative costs for quality assurance chart audits and coding for potential resubmission of claims to impact SBIRT and ECU QIMs	\$ 4,000.00	NTE \$4,000; awaiting invoice following completion of work
Deschutes County Health Services	Cigarette smoking cessation advertising on CET buses to encourage utilization of the Tobacco Quit Line	\$ 44,000.00	Awaiting signed LOA
Crook County Public Health	OKQ community provider training for ECU QIM	\$ 37,200.00	Awaiting signed LOA
COPA	SBIRT training for staff and local stakeholders	\$ 7,500.00	Awaiting invoice upon completion of training
Total:		\$104,857.97	

Remaining funds: \$190,493.59

2014 QIM Performance Fund Investments

Proposal Name	Brief Description of Proposal	Entity Submitting	Entity to Receive Funds	Amount Requested	Funding Level	Status
Access Study	Comprehensive access study of all service delivery areas; analyzing qualitative and quantitative data from providers and members	PacificSource	Morpace	\$375,000.00	N/A	Awaiting contract from Morpace; surveying to begin in March 2016
Controlling Hypertension	Staff training for standardization in taking blood pressure measurements; standardized equipment that is linked to the clinic's EMR	PacificSource	Mosaic	\$160,000.00	\$150K-400K	Paid
Jefferson HIE	Safe, secure, and electronic exchange of health information among authorized providers in the health care community for more timely, efficient, and patient-centered care.	PacificSource	JHIE/COHIE	\$2,003,573.00	>\$400K	FC in March/April for further vetting
Immunization Incentives	Incentivizing parents of children under two years old with a package of diapers at each well visit and a \$25 grocery card at the 18 month visit.	La Pine Community Health Clinic	La Pine Community Health Clinic	\$25,000.00	>50K	Awaiting info from Analytics Tool from LPCHC
Total:				\$2,563,573.00		

Remaining funds (assuming proposals above are approved): \$707,589.80

OHP QUALITY AND HEALTH OUTCOMES COMMITTEE (QHOC) FEBRUARY 8, 2016

Meeting Packet: <http://www.oregon.gov/oha/healthplan/ContractorWorkgroupsMeetingMaterials/February%202016>

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
Health Services Updates	<ul style="list-style-type: none"> • Applied Behavioral Analysis Training for CCO's Public Health Update • Behavioral Health Directors Meeting – minutes will now be made available in the QHOC packet • Public Health Update: <ol style="list-style-type: none"> 1. State Health profile reports (leading cause of death) 2. Prescribing/Overdose data 3. Marijuana report 4. The LGBTQ Meaningful Care Conference 5. National Prediabetes Awareness Campaign 6. Immunization Resources • ACTIONLINE – 1-800-223-4044 to support CCO's with questions about the confidentiality of alcohol/drug program records • EPSDT – will be March discussion 	<p>Behavioral Health</p> <p>Health Services</p>	<ul style="list-style-type: none"> • Training in Eugene 3/18/16 8-5 • Linnaea to give brief report to QHOC <ol style="list-style-type: none"> 1. https://public.health.oregon.gov/About/Pages/HealthStatusIndicators.aspx 2. http://public.health.oregon.gov/PreventionWellness/SubstanceUse/Opioids/Pages/data.aspx 3. http://public.health.oregon.gov/PreventionWellness/marijuana/Documents/oha-8509-

			marijuana-report.pdf 4. http://oregonlgbtqhealth.org/mcc 5. See packet for info 6. https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Pages/AFIXResource.aspx
Metrics Update	<ul style="list-style-type: none"> 2015 mid-year CCO metrics dashboard is released on schedule – members are stratified for disability, mental health dx's and members with SPMI 2014 Medicaid Behavioral Risk Factor Surveillance System survey report NO February dashboard d/t ICD10 conversion; and planning to reduce the lag time by 1 month Imms Data from ALERT – quarterly files will be released to CCO's. Site agreement must be completed and returned by 3/25/16. PCPCH enrollment – modified survey related to NCQA-recognized medical homes not also OHA-recognized MAY begin YTD reports for DHS and 7 day F/up 	Analytics BH CQI Health Services	<ul style="list-style-type: none"> http://www.oregon.gov/oha/Metrics/Documents/2015%20Mid-Year%20Report%20-%20Jan%202016.pdf http://www.oregon.gov/oha/analytics/Pages/MBRFS.S.aspx http://www.oregon.gov/oha/analytics/MetricsTAG/A

			LERT%20data%20use%20agreement.pdf
Technical Assistance Prioritization	QHOC participants were polled similarly to phone-in sessions	CQI	
P&T Update	<ul style="list-style-type: none"> Hep C coverage expansion for Stage 2 or greater Report is 100's of pages so link provided 		
HERC Update	<ul style="list-style-type: none"> New naturopath/acupuncturist being approved to HERC Back pain guidelines being retired and new Coverage Guidances being developed: E&M of LBP, Advanced imaging for LBP; Percutaneous Interventions for LBP Caught up on most of the ICD10-related errors in coverage lines; Barrett's esophagus without dysplasia to be moved to covered allowing long-term PPI therapy As of 10/1/16, epidural inj's for LBP not covered. However, if back guidelines approved before then, epidural inj's would not be approved as of that sooner date. Same is true for back surgery only for urgent condition and repeat imaging – approved as of 10/1/16 or sooner. To be reviewed: Otitis media, glucose monitoring, sleep apnea Coverage Guidances will have better naming and search functions Nitrous Oxide use in labor approved – issue will be coding. Proton beam therapy – expert input rec'd; increased coverage for children; benign brain tumors without exclusions <p>Under Review:</p> <ul style="list-style-type: none"> Smoking cessation and elective surgery – still under development Digital Breast Tomosynthesis – upcoming review; many questions related to recommendations for 	CQI Health Services	

	<p>dense breasts? high risk women?</p> <ul style="list-style-type: none"> • Fecal transplants – not currently covered but under review • Genetic testing and anti-depressants – issue is that it can get paid as a diagnostic without review; expensive. Group discussed the possible harms associated with managing meds based on results. • Reducing harms of tobacco during pregnancy/PP • Gastrointestinal motility testing • Timing of LARC/IUD post-partum • US-enhanced catheter directed thrombolysis for PE • Cont' Glu Monitoing • Dementia and Autism 		
Transformation Center: Clinical Innovators Program	<ul style="list-style-type: none"> • 2016-2017 Call for Applications (see packet for eligibility and application) 	Health services	
Topic		Impacted Departments	Action Needed
Statewide CCO Learning Collaborative-NON-OPIOID TREATMENT OPTIONS	<p>3 CCO's reported on their programs:</p> <ul style="list-style-type: none"> • Columbia Pacific: Pain Clinic open to anyone who could benefit but requires a 10 week commitment. 50-60 Col Pac mbrs went through and PHQ9 results dropped by 5.7 points. Transformation Funds used for start-up; after 6 months PMPM case rate contracted with Prov and MODA. • AllCare: Identified high dosage opioid problem; PA process put in place to cap new requests; tapering program with drug-based alternatives. Realized they (Pharmacy) could not just taper and not coordinate with other internal departments (Customer Service, Care Coordination Team) and needed alternative treatment options. Care Coordinator was assigned to assist in accessing programs (Living Well with Chronic Pain, Acupuncture, FQHC's alternative therapies). 	<p>BH</p> <p>CQI</p> <p>Health Services</p> <p>Pharmacy</p>	

	<p>Concerns: Treatment looks different for different individuals; if prescribers don't believe in decreasing meds, won't work. Need education on Pain and Co-Dependence among Physicians and Patients.</p> <ul style="list-style-type: none"> Health Share of OR: Prov Health Plan and Prov Medical Group Provider training before enforcement of opiate guidelines; utilized internal Rehab Dept and BH aligned pain protocol with Rehab; did persistent pain case reviews in ambulatory care clinics. Mbrs had 4 PT visits available; and pain classes/education. Some decrease in ED utilization. 		
QPI WORKGROUP			
Topic	Summary of Discussion	Impacted Departments	Action Needed
QPI Updates	<ul style="list-style-type: none"> On-site EQR for ISCA and for compliance = follow up of last 2 years of recommendations and findings 		
PIP'S	<ul style="list-style-type: none"> Small groups looked at ideas related to AWCV's; ECU; Tobacco; Immunizations. 		



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

February 10, 2016 from 7:00am-8:00am – PacificSource Boardroom

Members Present (In-Person)

Steve Mann, Chair (COIPA and High Lakes Healthcare)
Kyle Mills (Mosaic Medical)
Laura Pennavaria (La Pine Community Health Center)
Dana Perryman (COPA)
Christine Pierson, MD (Mosaic Medical)
Divya Sharma (Mosaic Medical and COIPA)

Members Present (Call-in)

Muriel DeLaVergne-Brown (Crook County Public Health)
Sharity Ludwig (Advantage Dental)
Kim Swanson (St. Charles Medical Group)

Guests Present

Rebeckah Berry (COHC)
Maria Hatcliffe (PacificSource)
Donna Mills (COHC)
David Visiko (DCHS)
Mary Ann Wren (Advantage Dental)

Absent:

David Holloway (Bend Memorial Clinic)
Jennifer Laughlin (St. Charles Health System)
Alison Little (PacificSource)
Rob Ross (St. Charles Medical Group)

Introductions & Updates

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

Suicide Prevention in Primary Care

- Dr. Laura Pennavaria spoke about a high-profile suicide event that took place in a school located in Bend, OR and following this event there was a spike in individuals with suicidal thoughts. She said she felt overwhelmed not knowing how to address

this public health issue. She shared how she met Susan Keys, Ph.D. from OSU-Cascades, Jessica Jacks, Prevention Supervisor of DCHS, and David Visiko of DCHS. Dr. Pennavaria said they spoke about Primary Care and how to address this topic within the PCP environment.

- Dr. Pennavaria shared the development of the workgroup and how it has grown. The workgroup has representatives from all of the major medical groups in the region. The group discovered a resource for addressing suicide risks in rural practices.
- Dr. Pennavaria completed a CME event at St. Charles HS for PCP's and suicide prevention with experts and had a panel discussion on the topic.
- Dr. Pennavaria said that individuals have started to implement these into workflows. She said that suicide has not been thought of as a Primary Care issue and as a result, there has been a lack of training. She wondered how would individuals decide which patients need to be seen by the ER, or other trained personnel.
- Dr. Pennavaria explained that the workgroup is trying to equip PCP's and influence office workflow to address suicide prevention.
- Dr. Pennavaria distributed information packets to attendees in the room.
- **ACTION:** Rebeckah Berry will distribute the information packets to those unable to attend the meeting and for folks on the phone.
- Dr. Pennavaria shared how she feels more comfortable talking about this with patients now. She has found patients will tell an MA "no" while they say "yes" to her when asked about thoughts of suicide. She also explained that it can be a very complicated conversation to have with patients, e.g. firearms, etc.
- Dr. Pennavaria expressed that she worked with Dr. Keys, about how to keep firearm enthusiasts safe when they experience suicidal thoughts.
- Clinics have requested experts visit practices to implement these discussions.
- David Visiko said that another resource the state is offering is an online program called "Cognito." He explained it is a one-hour training, which is a virtual simulation on how to have a conversation with a patient about suicide.
- Dr. Pennavaria pointed out that the more this topic is discussed with the patients, the more comfortable it becomes to have the discussion.
- Dr. Steve Mann questioned if there is a way to do a one-page document of "key questions" to implement asking into a clinic flow.
- Dr. Pennavaria stated that learning how to ask the question is crucial. She expressed that she learned how to ask, "Have you thought about killing yourself?" then learned to ask another way, "Have you thought about harming yourself?" People are sometimes relieved that you are inquiring. She said it's important exhaust all means of how the patient may attempt to go through with a suicide. This helps to get a sense of if the patient has a plan. She shared to really rely heavily on protective factors (e.g. hurting your children, going to hell, etc.).
- Dr. Pennavaria said that the group for the highest risk for suicide is middle-aged white males (loss of job, financial issues, and relationship issues).
- Mr. Visiko would like to create a system of continuity of care for patients.

New QIM Action

- Smoking
 - Dr. Mann stated there have been widespread issues getting clinics to document prevalence of tobacco counseling.
 - Dr. Pennavaria shared that she completes a motivational interview with patients. She explained that patients know smoking is not beneficial. She asks, “Where are you at in wanting to quit smoking?” and depending on where they are, resources are offered.
 - Dr. Mann questioned if the software that other practices are using shows when a smoking screening is due.
 - Kyle Mills replied that the Health Maintenance software does record the date of the last screening.
 - Dr. Christine Pierson stated that the records document the replies to questions the MA asks during check-in. She said that counseling was not documented or coded.
 - Donna Mills asked if the state is recording the claims that a clinic is documenting. Especially with FQHCs, it may only be the primary medical encounter that is being recorded.
 - **ACTION:** Dr. Pierson will check at Mosaic if they are documenting correctly so they are getting credit
 - Someone stated that there could be a link with the diagnosis and the coding so it is billed. We need to verify if the clinics are doing this.
 - **ACTION:** Could someone from PSCS visit each clinic to discuss how this is being captured?
 - Someone asked if this QIM was just for adults.
 - Kyle Mills replied that is for ages thirteen and up.
 - Dr. Dana Perryman shared that at COPA at age thirteen the system is triggered to ask the patient.
 - Muriel DeLaVergne-Brown requested that Donna Mills check with the public health side while checking on FQHCs. She said they assess tobacco during reproductive health visits and even with immunizations.
 - Mr. Mills shared that group classes are single most effective intervention. He said that group cessation classes are 60% more effective than individual counseling.
 - Dr. Perryman shared that there is an upcoming SBIRT training through COPA and others are welcome to participate.
 - **ACTION:** Rebeckah will email the SBIRT training flyer out to the group.
- Immunization
 - Dr. Pennavaria noted that Hep A is excluded; this eases the burden to consider patients up to date.
 - Someone asked how this was being tracked and the answer was that it is tracked through ALERT.
 - Dr. Pierson stated that they do not have ALERT integration into EPIC, which creates a challenge.

- PSCS cannot pull ALERT data so the data updates will be behind as they come from the state.
- Dr. Divya Sharma said a change is needed in family philosophies. She feels that CAC needs to be involved in this.
- Dr. Pennavaria agreed that it is not the knowledge but the belief system that is causing the issue.
- **ACTION:** Rebeckah will send a link for Grand Rounds immunization presentation once it is posted in the archives.
- Maria Hatcliffe replied that a considerable issue is the missed opportunities (e.g. sick visits, and learning how to have the conversation effectively).
- Mr. Mills wondered if they could see which immunizations were missing by drilling down through the PSCS data.
- Ms. Hatcliffe feels that a push for attendance to the fifteen-month visit is critical.

Gap Lists

- Ms. Hatcliffe shared with the group that Gap lists were sent to clinics with less than 500 patients.
- Ms. Hatcliffe said that they want to offer member incentives for clinics who are interested in AWCVs. She stated that she would be connecting with each clinic around this in the near future.
- Dr. Sharma replied that in the Gorge they eliminated offering sports physicals as a community and only offer AWCVs. She said the Center is very interested in helping with this QIM.

QHOC

- Please read the update as there was not the time to review this during the meeting.

Consent Agenda

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