



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

Agenda: May 11, 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. **7:05-7:25**      **Early Learning Hub Overview – Hillary Saraceno and Brenda Comini**
  
3. **7:25-7:50**      **QIM Reporting Unveiling – Laura Walker**
  
4. **7:50-8:00**      **Quality & Health Outcomes Committee (QHOC) Monthly Update – Dr. Little**

**Consent Agenda:**

- **Approval of the draft minutes dated April 13, 2016 subject to corrections/legal review**
- **RHIP Workgroup Updates**

## OHP QUALITY AND HEALTH OUTCOMES COMMITTEE (QHOC) 4/11/2015

**Meeting Packet:** [https://gallery.mailchimp.com/dccb7a9f7aff441b61f49ef66/files/QHOC\\_Draft\\_Agenda\\_April\\_2016](https://gallery.mailchimp.com/dccb7a9f7aff441b61f49ef66/files/QHOC_Draft_Agenda_April_2016)

**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
<b>Updates</b>	<p><b>Public Health:</b></p> <ul style="list-style-type: none"> <li>• New Early Childhood Systems Alignment webpage</li> <li>• MCH Section updated Early Childhood Developmental Screening page</li> <li>• Medicare Coverage for the National Diabetes Prevention Program</li> </ul> <p><b>Policy and Analytics transformation Center:</b></p> <ul style="list-style-type: none"> <li>• Now accepting applications! <b>Oregon Clinical Innovation Fellows 2016-2017</b></li> </ul> <p><b>BH Directors Meeting minutes</b> – see packet pg. 13</p> <ul style="list-style-type: none"> <li>• Children’s Residential Treatment availability</li> <li>• Model Agreement to ensure continuity of care for high need youth transitioning between CCOs</li> <li>• Gender Dysphoria: Qualifications of involved Mental Health provider</li> <li>• CCBHC Update: Rollout process continuing</li> <li>• Behavioral Health Billing and Procedure Codes</li> </ul>	ALL	<p><a href="http://public.health.oregon.gov/HealthyPeopleFamilies/Babies/HealthScreening/ABCD/Pages/early_childhood_systems.aspx">http://public.health.oregon.gov/HealthyPeopleFamilies/Babies/HealthScreening/ABCD/Pages/early_childhood_systems.aspx</a></p> <p><a href="http://public.health.oregon.gov/HealthyPeopleFamilies/Babies/HealthScreening/ABCD/Pages/index.aspx">http://public.health.oregon.gov/HealthyPeopleFamilies/Babies/HealthScreening/ABCD/Pages/index.aspx</a></p> <p><a href="http://www.cdc.gov/diabetes/prevention">www.cdc.gov/diabetes/prevention</a></p> <p><a href="http://www.oregon.gov/oha/Transformation-Center/Pages/Council-Clinical-Innovators.aspx">http://www.oregon.gov/oha/Transformation-Center/Pages/Council-Clinical-Innovators.aspx</a></p>

<b>P&amp;T Meeting</b>	<ul style="list-style-type: none"> <li>• See the web site for agenda/minutes</li> <li>• Key mentioned items: <ul style="list-style-type: none"> <li>○ compounded drugs – adding data integrity edits (QL, generally allowed \$ amounts, minimum of 2 ingredients)</li> <li>○ OTC multivitamin products – PA instituted Aug 2014, has saved over \$200K</li> <li>○ Initiated PA on non-preferred calcium and Vit D products</li> <li>○ opioid reversal agents – QL of 2; Evzio is non-preferred</li> </ul> </li> </ul>	BH  Health services  Pharmacy	<a href="http://pharmacy.oregonstate.edu/drug-policy/oregon-pharmacy-therapeutics-committee/meetings-agenda">http://pharmacy.oregonstate.edu/drug-policy/oregon-pharmacy-therapeutics-committee/meetings-agenda</a>
<b>Psychotropic Meds Prescribing for children</b>	<p><b>Concerning GAO Report in 2009 showed:</b></p> <ul style="list-style-type: none"> <li>• Atypical antipsychotic use in children increased by 65%</li> <li>• Unique pts increased by 35%</li> <li>• 4% of Medicaid youth and 20% of youth in foster care receiving psychotropics</li> <li>• High rates for off label indications</li> <li>• High rates of polypharmacy in foster youth</li> </ul> <p><b>OR 1 of 16 states</b> asked to provide data about prescribing.  <b>DHS and CCOs must assure</b> required assessments and reviews.  <b>Common Themes:</b></p> <ul style="list-style-type: none"> <li>• Kids impacted by trauma</li> <li>• Aggression and sleep disorders</li> <li>• Ped bipolar over dx'd</li> <li>• Once meds started, no re-eval</li> <li>• Meds Rx'd before non-med tx</li> <li>• Records don't follow kids (foster care)</li> </ul> <p><b>PIP Goals for OR:</b></p> <ul style="list-style-type: none"> <li>• Improve consent process</li> <li>• Increase collaboration</li> <li>• Follow best practices</li> </ul>	BH  Health Services	

	<ul style="list-style-type: none"> <li>• Reduce use of meds</li> <li>• Reduce polypharmacy</li> </ul> <p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>• <u>Inform</u> Youth in foster care; foster parents; DHS staff; and providers.</li> <li>• Clinical practice: dashboards to providers and CCO <ul style="list-style-type: none"> <li>○ Polypharmacy</li> <li>○ &gt; 2 meds same class</li> <li>○ Antipsych without metabolic monitoring</li> <li>○ &gt; 1 antipsych</li> <li>○ Antipsych &gt; 6 months</li> <li>○ Any psych drug other than stimulants if under age 6</li> </ul> </li> <li>•</li> <li>• Oversight <ul style="list-style-type: none"> <li>○ PA any new antipsych or antipsych for children &lt; 6</li> <li>○ OPAL K guidelines on web site after OPAL K calls for peer review</li> </ul> </li> <li>• Consent – child, foster parent</li> </ul>		
<b>HERC Update</b>	<p><b>Prioritized List updated format</b> – can now search by key words and a history of Coverage Guidances is provided</p> <p><b>Biennial Review Changes:</b></p> <ol style="list-style-type: none"> <li>1. Newborn lines – mergers and adds</li> <li>2. Diaphragmatic hernia – move to Line 172 Complicated Hernias; Line 385 will be just esophagitis and GERD</li> <li>3. Intracranial Stenting line changes (intracranial balloon dilation not covered)</li> <li>4. Gender dysphoria – laser hair removal added; add pelvic PT; tobacco cessation – required only for vaginoplasty.</li> <li>5. Pectus excavatum and pectus caravatum added to a funded line –</li> </ol>	<p>BH</p> <p>Health Services</p> <p>Pharmacy</p>	

	<p>guideline needs refining</p> <p>6. Autism and therapies issue – no decision</p> <p>7. Skin substitutes not in effect yet</p> <p>8. Metabolic and Bariatric Surgery – Obesity Task Force recommends <u>expanding coverage</u>; allow some <u>re-surgeries</u>; <u>banding still under review</u>; <u>devices excluded</u> form coverage. Issue re: required classes being fee-for-service and CCO had to correct the practice to be part of the <u>global fee</u>. Considering removal of requirement for Center of Excellence. Counseling – recommend multidisciplinary team approach; if wt loss can continue another 6 months and up to 12. Behavioral interventions – effective interventions defined. Parents must be targeted for children up to age 12.</p> <p>9. Reviewing the process for removal of items from the List</p> <p>10. <b>Back Conditions</b> implementation delay – <b>(Later announced that roll out is set for July 1, 2016)</b></p>		
<p><b>BH Crisis Presentation</b></p>	<ul style="list-style-type: none"> <li>• See .ppt in packet pgs. 69-75</li> <li>• Reviewed mental health crisis services and highlighted models for care.</li> </ul> <p><b>Community Services</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Assertive Community Treatment</a></li> </ul> <p><b>Early Intervention/Pre-Crisis:</b></p> <ul style="list-style-type: none"> <li>• David Romprey Warmline that is Adult Peer operated: 1-800-698-2392</li> </ul> <p>Mental Health First Aid – “CPR” for MH issues: <a href="http://mhfaoregon.org/">http://mhfaoregon.org/</a></p> <p><b>Crisis First Access</b></p> <ul style="list-style-type: none"> <li>• Crisis lines</li> <li>• Mobile crisis</li> </ul>	<p>BH</p> <p>CQI</p> <p>Health Services</p>	

	<p><b>Community Crisis Placements</b></p> <ul style="list-style-type: none"> <li>Living Room Model – alternative to ED setting</li> </ul> <p><b>ED</b></p> <ul style="list-style-type: none"> <li>Open milieu for dedicated Emergency Psychiatric services in Alameda Co, CA; divert 75% with 25% admission to acute care.</li> </ul> <p><b>PEER services</b> – effective in crisis situations at any of the levels</p>		
<b>EPSDT and Mental Health Parity</b>	<ul style="list-style-type: none"> <li>Ongoing debate about how mental health parity laws apply to OHP and whether EPSDT statutes prevent limitation of the benefit package for mental health services</li> <li>Various statutes and regulations contradictory</li> <li>DOJ opinion issued to HERC stated limitation of therapies based on guideline note 6 does not violate MH parity laws</li> <li>HERC director disagrees, and has asked for another opinion.</li> </ul>		
<b>Back Condition Workgroup Update</b>	<ul style="list-style-type: none"> <li>New back line goes into effect 7/1/16</li> <li>Workgroup has met once, two more meetings scheduled</li> <li>Anna Stern and Kevin Ewanchyna are medical director representatives for the opiate prescribing workgroup.</li> </ul>	<p>CQI</p> <p>BH</p> <p>Health Services</p> <p>Pharmacy</p>	

<b>Announcements</b>	<ul style="list-style-type: none"> <li>• FREE Medication-Assisted Treatment of Opioid Use Disorder Pocket Guide available from SAMHSA</li> <li>• 5<sup>th</sup> Annual 'A Thoughtful Approach to Pain Management' in Medford, OR</li> <li>• Study to help pharmacists improve the safe use of opioid pain relievers. <ul style="list-style-type: none"> <li>· Are you a practicing physician, nurse practitioner, or physician assistant</li> <li>· Do you regularly prescribe opioid analgesics for patients with acute and chronic pain</li> </ul>           If you answered YES to these questions, you may be eligible to participate in a study to help pharmacists improve the use of opioid pain relievers.         </li> </ul>	CQI BH Health Services	<a href="http://store.samhsa.gov/product/Medication-Assisted-Treatment-of-Opioid-Use-Disorder-Pocket-Guide/Most-Popular/SMA16-4892PG?sortByValue=4">http://store.samhsa.gov/product/Medication-Assisted-Treatment-of-Opioid-Use-Disorder-Pocket-Guide/Most-Popular/SMA16-4892PG?sortByValue=4</a>  <a href="http://cmetracker.net/ASANTE/">http://cmetracker.net/ASANTE/</a>  Study info: Call 503-382-3971 Lead Investigator: Daniel Hartung, Oregon State University / Oregon Health & Science University College of Pharmacy 2730 SW Moody Ave, CL5CP Portland, OR 97201 OHSU Study Number: 15008
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Topic	M.A.T.	Impacted Departments	Action Needed
<b>Statewide CCO Learning Collaborative - Medication Assisted Treatment (MAT)</b>	Despite having one of the highest opioid problems in the country, <b>Oregon is in the bottom 20% for having opioid agonist treatment in the country.</b> <b>How can we increase access to services?</b> <ul style="list-style-type: none"> <li>• 3 medications: methadone, buprenorphine, naltrexone (oral and ER inj)</li> <li>• <u>Low dose</u> buprenorphine less effective than methadone, but no difference in outcomes when buprenorphine was &gt;7mg/day.</li> <li>• Detox ALONE does not work for retention. Maintenance treatment requires 6 months-1 year for 75% abstinence at 1 year.</li> </ul> <b>Best practices:</b> <ol style="list-style-type: none"> <li>1. Rapid access to MAT</li> </ol>	CQI BH Health Services Pharmacy	See packet for .ppt.  OBIC: <a href="https://apha.confex.com/apha/132am/techprogram/paper_86227.htm">https://apha.confex.com/apha/132am/techprogram/paper_86227.htm</a>

2. Providing appropriate med for the pt.
3. Vertical integration of levels of addiction care
4. Recovery by any means; incorporate peers
5. Ability to also manage pts. With complex medical illness; addictions treatment more like healthcare.

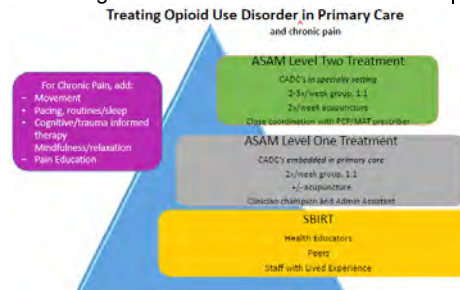
Enduring adaptation produced by established behaviors  
**Opioid use disorder criteria may be different for pain patients on chronic opioids**

- For the illicit user
  - Procurement behaviors
- For the patient with pain – much more complex
  - Continuous opioid therapy may prevent opioid seeking
  - Memory of pain, pain relief and possibly also euphoria
  - Even if the opioid seeking appears as seeking pain relief, it becomes an adaptation that is difficult to reverse
  - It is hard to distinguish between drug seeking and relief seeking

Reference: Cui et al. How addiction (chronic) diagnosis challenges opioid treatment pain with opioids. JGIM. 2014;29(12):1511-1517.

**Building Capacity for MAT in Primary Care:**

1. Enhanced Hub and Spoke model
2. Screening for Risk:



**OREGON Distribution Programs:**

- OR is on the lower end of offerings
- 15 Opioid Treatment Programs that dispense medications; 1 is in Bend.
- 11,000 present with Opioid Use Disorder, which is 2<sup>nd</sup> only to ETOH (14,5000).

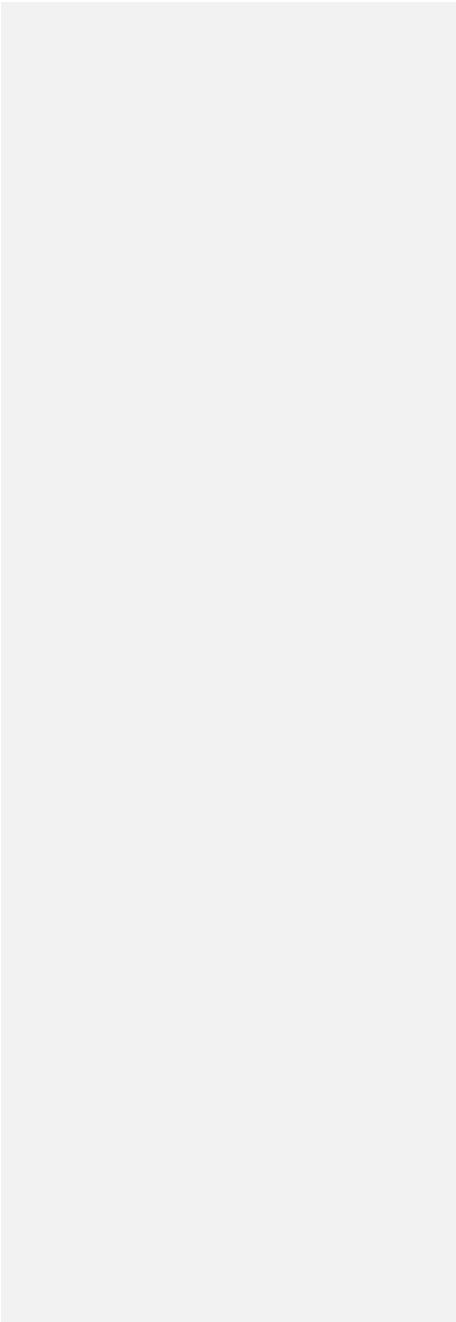
Alison Little 4/19/2016 3:55 PM

**Comment [1]:** number doesn't make sense; I wrote down 11% and 14%, but not sure i am correct



	<ul style="list-style-type: none"> <li>Pharmacists can now prescribe naloxone to the pt. (but would not be covered for family member)</li> <li>Corrections and Drug Court collaborations; after incarceration overdose deaths happen within the 1<sup>st</sup> 3 months of release.</li> <li>On the horizon – PA's and ARNPs to be able to Rx.</li> </ul>		
<b>QPI WORKGROUP</b>			
<b>Topic</b>	<b>Summary of Discussion</b>	<b>Impacted Departments</b>	<b>Action Needed</b>
<b>QPI Updates</b>	<ul style="list-style-type: none"> <li>Metrics and Scoring needs new members – apply by May 2016</li> <li>May will be a deep dive on Back Pain</li> <li>PIP reports due end of April 2016</li> <li>2017 – deliverables re: PIPs will be included in the CCO's spreadsheet.</li> </ul>	ALL	
<b>OEI Equity and Inclusion Coaches (World Café format?)</b>	<ul style="list-style-type: none"> <li>Technical assistance is offered through OEI and this TA is separate from the CCO's TA bank.</li> </ul>	Community Development	<a href="http://www.oregon.gov/OHA/oei/pages/index.aspx">http://www.oregon.gov/OHA/oei/pages/index.aspx</a>
<b>Quarterly Complaints Report</b>	<ul style="list-style-type: none"> <li>What happens to complaints reports at OHA? OHP Data and Reports site provides summary data.</li> <li>Jan 2016 complaint webinar was followed by an increase in complaints reporting.</li> <li>Workgroup will have initial mtg in the next few weeks.</li> <li>Proposed: changes would only be made at the beginning of the data collection year and no more until the next year.</li> <li>Training is still needed for CCOs for consistency in reporting a complaint.</li> </ul>	CQI G&A	<a href="http://www.oregon.gov/oha/healthplan/Pages/reports.aspx">http://www.oregon.gov/oha/healthplan/Pages/reports.aspx</a>
<b>PDSA reporting for PIPs</b>	Several tools were reviewed. None are perfect but nobody likes the one that is most currently being used by some CCOs. Some inclination	CQI	

	toward the IHI tool (PDSA Worksheet for Testing Change). Key elements that are needed include: <ul style="list-style-type: none"><li>• Background</li><li>• Aim</li><li>• Outcome Measure</li><li>• Interventions or Focus (for that Qtr)</li><li>• Analysis</li><li>• Plans/Activities</li></ul>		
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**MINUTES OF A MEETING OF  
PROVIDER ENGAGEMENT PANEL  
CENTRAL OREGON HEALTH COUNCIL**

**April 13, 2016, from 7:00 am -8:00 am – PacificSource Suite 210 (2<sup>nd</sup> Floor)**

**Members Present (In-Person)**

Steve Mann, Chair (COIPA and High Lakes Healthcare)  
Muriel DeLaVergne-Brown (Crook County Public Health)  
Alison Little (PacificSource)  
Sharity Ludwig (Advantage Dental)  
Laura Pennavaria (La Pine Community Health Center)  
Divya Sharma (Mosaic Medical and COIPA)  
Kim Swanson (St. Charles Medical Group)

**Members Present (Call-in)**

**Guests Present**

Gary Allen (Advantage Dental)  
Brenda Comini (WEBCO)  
Pamela Ferguson (DCHS)  
Hart Law  
Donna Mills (COHC)  
Katie Noah  
Karen Nolan (Moda Health)  
Christine Pierson, MD (Mosaic Medical)  
Hillary Saraceno (DCHS)  
Mike Shirtcliff (Advantage Dental)  
Heather Simmons (PacificSource)  
Tom Tucker  
Mary Ann Wren (Advantage Dental)

**Absent:**

David Holloway (Bend Memorial Clinic)  
Jennifer Laughlin (St. Charles Medical Group)  
Dana Perryman (COPA)  
Rob Ross (St. Charles Medical Group)

## **Introductions & Updates**

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

## **DCO Incentive Payment Proposals**

- Ms. MaryAnn Wren gave a presentation on the alternative payment methodologies and incentives.
- Ms. Wren shared that the proposed metrics would help promote shared PacificSource and DCO aims for care and outcomes. This would also promote shared success on QIMs.
- She mentioned the upcoming contract amendment and the associated goals.

## **Early Learning Hub Overview**

- Ms. Hillary Saraceno and Ms. Brenda Comini shared a presentation on the Early Learning Hub. The goals are to offer collaborative, effective, and accessible services to infants and children through the age of eight. The program is to assist at-risk, low-income, rural under-resourced communities, and those with disabilities, cultural, and linguistic needs.
- Offering family-centered care to identify and prioritize needs and solutions with respect and support.
- Nineteen existing regional plans and initiatives could be utilized within the program to assist families and help reach our goals.

## **RHIP Workgroup Updates**

- In the interest of time, Ms. Mills directed the attendees to refer to the written report included in their packet.

## **Quality & Health Outcomes (QHOC) Monthly Update**

- Dr. Little shared an update on the QHOC.

## **Consent Agenda**

- Dr. Mann made a motion to accept the draft minutes dated March 9, 2016, and are subject to corrections/legal review.

## RHIP Workgroup Updates: April

### Behavioral Health: Identification & Awareness

- This group meets the fourth Tuesday of every month from 9-10am and currently has 19 members.
- In April, the group reviewed SBIRT/CRAFFT trends from Central Oregon OHP data and discussed the strategies that are currently being implemented to encourage these screenings. In May, the group will discuss the minimum standards required for integration of Behavioral Health Consultants (BHCs) into primary care settings, as well as the potential changes for coding and billing of these positions. A discussion will also occur around the new mental health prevention and promotion grant that Deschutes County Health Services received. The group hopes to support the next steps of this grant with their expertise. Finally, in May the group will begin discussing how to raise awareness around normalizing perceptions of accessing behavioral health resources throughout our communities.

### Behavioral Health: Substance Use and Chronic Pain

- This group meets the third Wednesday of every month from 4-5pm and currently has 16 members.
- During the April meeting, the group reviewed a model presented around successful referral pathways for individuals with substance use disorders (SUDs). They reviewed the SUD resource list for providers and a wallet resource card for the community. These items will be updated and disseminated throughout the community within the next month. In May, the group will discuss what percentage of income is billable for a peer support specialist, and will come up with a list of questions around peer support specialist or recovery mentor integration into primary care. In May, the group plans to discuss the second and third health indicators in greater detail to fully form their work plan.

### Cardiovascular Disease

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 16 members.
- During the April meeting, representatives from school and after school programs informed the group about the variety of physical activity opportunities they provided. The group listened to anecdotal stories from fellow community members of the barriers to participating in after school activities. In May, the group plans to discuss and decide on a strategy to increase adolescent physical activity rates in the region.

### Diabetes

- This group meets the second Thursday of every month from 9-10am and currently has 19 members.
- The group is still developing a comprehensive list of pre-diabetes and diabetes programs throughout the region. This list will help to identify gaps and focus efforts. These resources will be used to create a list of opportunities for providers and organizations to refer their clients to throughout Central Oregon. The group is also beginning to discuss how to integrate their efforts to offer more comprehensive support around Diabetes for our community.

## RHIP Workgroup Updates: April

### Oral Health

- This group meets the third Tuesday of every month from 11-12pm and currently has 16 members.
- The group is completing a gap analysis and prioritizing their strategies using the Spectrum exercise. A “Launch” PSA presentation will be given at the May meeting.

### Reproductive Health/Maternal Child Health

- This group meets the second Tuesday of every month from 4-5pm and currently has 18 members.
- Members are currently vetting three Perinatal Care models. Review of first trimester visits not captured for credit revealed an opportunity to adjust coding to reflect credit. This will be a standing item on the agenda. An AFIX presentation is set for the May meeting.

### Social Determinants of Health

- This group meets the third Friday of every month from 10-11am and currently has 26 members in kindergarten readiness and 22 members in housing.

### Education & Health

- April’s meeting was spent reviewing Kindergarten Readiness data in our region. Exercise/homework defining domains and strategies of current programs set for next meeting.

### Housing

- April’s meeting was spent vetting current projects and deciding on criteria to be included in their work plan. A sub-group of the team is meeting before the next meeting to flesh out the work plan in more detail.