



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

Agenda: October 11, 2017 from 7:00am-8:00am

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

1. **7:00-7:05**      **Introductions - Divya**
  - **Approve Consent Agenda**
2. **7:05-7:30**      **ECHO Presentation (Dial-In) – Maggie McLain McDonnell & Ron Stock**
  - **Attachment**
3. **7:30-7:50**      **Reliance HIE Update (Dial-In) – Erick Maddox**
4. **7:50-8:00**      **QHOC Report – Alison Little**

**Consent Agenda:**

- **Approval of the draft minutes dated September 12, 2017 subject to corrections/legal review**

**Written Reports:**

- **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**

**September 13, 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 September 13, 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:**

Gary Allen, DMD (call-in)

Muriel DeLaVergne-Brown

Alison Little, MD

Sharity Ludwig (call-in)

Jessica Morgan, MD

Laura Pennavaria, MD

Dana Perryman, MD

Robert Ross, MD

**Members Absent:**

Divya Sharma, MD, Chair

Jovanna Casas, PharmD

Jennifer Laughlin, MD

Christine Pierson, MD

Lacey Sheppard, LCSW

Guests Present:

Donna Mills, Central Oregon Health Council

Kelsey Seymour, Central Oregon Health Council

Ms. Mills served as Chair of the meeting and Ms. Seymour served as Secretary of the meeting. Ms. Mills 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**

Ms. Mills welcomed all attendees to the meeting. Introductions were made around the room.

#### **APPROVAL OF THE CONSENT AGENDA**

Ms. Mills asked members to review and approve the consent agenda, which included the July minutes and accepting Ms. Sheppard as the Behavioral Health Representative.

**MOTION TO APPROVE:** Ms. Muriel DeLaVergne-Brown motioned to approve the consent agenda, and Dr. Pennavaria seconded. The consent agenda was unanimously approved.

#### **AWCC AND SPORTS PHYSICALS**

Dr. Pennavaria explained that there is an ongoing discussion regarding Adolescent Well Care Checks (AWCC) and Sports Physicals because the QIM Incentivizes AWCC and a desire to endorse best practices. She shared that The Center had approached her, asking if St. Charles physicians could participate in The Center's annual free sports physical day, and she declined, and expressed her concerns and those concerns she had heard in the medical community. She noted that The Center is willing to collaborate with the PEP on this topic.

Dr. Pennavaria shared that one issue of this discussion is that the schools rely on free sports physical events so that their students can participate in sports regardless of their parents' ability to take them to a private appointment. She noted that the object of these discussions is to find a model that

works well for everyone: the schools, the students and parents, and the clinics, to convert more sports physicals into AWCCs.

It was noted that some students, due to disengagement with healthcare and transportation barriers, can only be reached by providers who go to the schools. The group suggested doing AWCCs inside School Based Health Centers (SBHCs) for those schools that have them. Dr. Morgan asked if there is a way to track the number of children without a recent AWCC, and if sport physical forms from free events make it back to the PCPs. Ms. Mills shared that the Operations Council has an idea about giving a presentation in a health class and offering students extra credit for bringing their insurance card and knowing the name of their PCP.

The Panel agreed that a workgroup should be formed to brainstorm potential solutions to this issue. Dr. Little suggested that athletic directors from schools be asked to participate. Ms. DeLaVergne-Brown agreed to ask school nurses about participating.

Ms. Mills suggested asking clinics to agree to a several week block for students to receive AWCCs annually in the weeks before school starts. Dr. Ross asked if AWCCs could be linked to immunizations to encourage parents to bring their children in for visits. Dr. Little expressed concern for linking immunizations to AWCCs due to the stigma.

Dr. Pennavaria asked the group to please share the names of individuals passionate and knowledgeable about this topic to be included in the workgroup. Dr. Little volunteered to participate. Dr. Pennavaria offered to draft an email describing the problem of AWCC vs. Sports Physicals that can be shared to interested parties.

**ACTION:** Ms. DeLaVergne-Brown will ask school nurses at schools in Prineville about participating in the workgroup.

**ACTION:** Dr. Pennavaria will draft a message outlining the issue to be shared with interested parties.

## **QHOC UPDATES**

Dr. Little shared that for the first time specific medications may be included as “above or below the line”, and one of those would be Spinraza, an expensive drug known to be ineffective for the treatment of Multiple Sclerosis.

Dr. Pennavaria shared that there is a transgender task force; a pediatric psychologist working on transgender issues and creating awareness. Ms. Mills shared that Planned Parenthood will begin offering trans services in January.

Dr. Little shared that OHA received funding to increase PDMP use among oral health providers. She noted that some QIMs are changing for 2018, one of which is the addition of Child Obesity Prevention. Dr. Pennavaria asked Dr. Perryman if she believes this measure will help the issue of obesity in children. Dr. Perryman explained that obesity is a challenging conversation with parents because the responsibility lies upon them, and they do not always have the means to feed their children healthy foods.

Dr. Little shared that coverage has been extended to women with increased risk of breast cancer. Dr. Pennavaria asked for the definition of increased risk in this case. Dr. Little noted that coverage has been approved for orthodontia for specific individuals, and there will be a discussion regarding coverage for dental implants, though coverage for those would not be available until 2020. Dr. Little shared that a new guideline is being written that Medication Assisted Treatment will be offered or made available through referral for inpatient rehab. Dr. Pennavaria noted that this will be a difficult implementation for both rehab facilities and the providers who care for these patients after their inpatient treatment ends.

**ACTION:** Dr. Little will share the definition of increased risk regarding women at risk for breast cancer with Dr. Pennavaria.

#### **ADJOURNMENT**

There being no further business to come before the PEP, the meeting was adjourned at 7:49 am Pacific Standard Time.

Respectfully submitted,

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Kelsey Seymour, Secretary

# Oregon ECHO Network

## Overview

Oregon is in the process of building a statewide utility for Project ECHO® (Extension for Community Healthcare Outcomes) programming and support services. This tele-mentoring education model was originally developed at University of New Mexico to build the capacity of primary care clinicians and clinical teams to manage health conditions that they typically refer to specialty care. Using a simple webcam, specialists connect to a group of clinicians in interactive video sessions to share evidence-based approaches to manage complex conditions.



Project ECHO sessions typically last one hour, and include a 15 minute practical, process-oriented didactic presentation by a specialist, followed by case-based learning with specialists and peers. All cases are de-identified and the primary care clinician maintains responsibility for care of any patients that are discussed. The Project ECHO model is distinct from telemedicine in which specialists manage patients remotely.

## Oregon ECHO Network Programming and Services

The Oregon ECHO Network will provide program offerings determined by a collaborative group of stakeholders. Below is a list of services that the Oregon ECHO Network will provide to support network-sponsored programming and the expansion of ECHO offerings throughout the state.

- **Technical assistance/resource library:** Support the development of new ECHO programming within Oregon and supplement training provided by University of New Mexico
- **Participant engagement and recruitment:**
  - In-person and remote **outreach** to share the ECHO method and opportunities to participate
  - Create and manage a **comprehensive statewide participant database** to track current and potential participants
  - Conduct an **annual needs assessment** for ECHO programming, as well as work with Office of Rural Health and other partners to assess need
  - Ongoing **participant email communication** regarding session learning objectives, resource sharing
- **Centralized communications:** Website, calendar of opportunities, e-newsletter
- **Curriculum development support:**
  - **Recruitment and engagement with specialist faculty** to create and deliver ECHO programming
  - **Coordinate curriculum planning** and scheduling with faculty as well as other logistics
- **IT support:** Deliver in-person and remote technology orientation sessions and provide session IT support
- **Continuing Medical Education Credits and Maintenance of Certification:** Accredit programming offerings, manage CME and MOC, certificates of completion, and other participant incentives
- **Program evaluation:** Quantitative: pre-post program evaluations, and individual session evaluations; Qualitative: focus groups and individual interviews



- **Grant writing:** Solicit available research grant funding
- **Engagement with national and international hubs:** Share and engage with national partners; publish ECHO findings

## Benefits

Subscribing healthcare organizations will benefit from lower cost programming through a collaborative effort than what they could offer individually.

Each subscribing organization will receive:

- Comprehensive support for current or new ECHO programming provided by the network (e.g. curriculum development, participant recruitment, IT support)
- A seat on the network's governing board to:
  - Create the bylaws and governance structure
  - Determine the programming supported by the network
- Spaces or "spokes" in ECHO programming for individual clinicians, clinical practice teams, or other learners
- CME and MOC for clinicians
- Opportunity to purchase additional spokes for ECHO programming



## Network Infrastructure

The Oregon ECHO Network will be a statewide utility for ECHO programming. For a **one-time initiation fee and annual fee**, a coalition of subscribing healthcare organizations will each hold a seat on the governing board and determine programming supported by the network. Additionally, organizations will receive spaces, or "spokes", for clinicians and/or clinical teams to access ECHO programming. It is through this collective, coordinated approach that participating organizations will receive a broader variety of ECHO programs at a lower cost than they could achieve individually.

The statewide Oregon ECHO Network will be housed at **Oregon Rural Practice-based Research Network (ORPRN)**. Established at Oregon Health & Science University in 2002, ORPRN has worked with nearly 300 primary care clinics across the State of Oregon in the last year alone and worked with numerous research organizations nationwide on research and quality improvement initiatives.

### For more information contact:

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## **RHIP Workgroup Updates: September**

### **Behavioral Health: Identification & Awareness (Support: Rebeckah Berry & Nikki Lemmon)**

- This group meets the fourth Tuesday of every month from 8:15-9:15am and currently has 18 members.
- In September, the group continued their A3 process with the aim of identifying and engaging 100% of individuals in Central Oregon that have a behavioral health need, and ensuring an effective and timely response. The group completed a gap analysis in box 4, then created and vetted a draft survey which will be sent out to primary care, women's health, school based health centers, and Indian Health Service to collect baseline data that will be used as a starting measurement for their work plan.

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

- This group meets the third Wednesday of every month from 3:45-5pm and currently has 23 members.
- In September, the group continued their A3 process with the aim of all Central Oregonians with a substance use disorder that enter the hospital will receive engagement, treatment, or harm reductions services. The group finalized initial state and target state metric boxes, and will design a survey for the hospital to gather baseline data to be used as a starting measurement for their work plan. In addition, the group began a gap analysis in box 4

### **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 September this group continued their work on their first A3 around asking, engaging, and providing services/support to decrease youth tobacco use in Central Oregon.

### **Diabetes—Clinical (Support: Rebeckah Berry & Shiela Stewart)**

- This group meets the second Thursday of every month from 9-10:30am and currently has 12 members.
- In September this workgroup completed a draft of their A3 which they will finalize at their October meeting and present to Ops on October 20<sup>th</sup>. The group also reviewed COIPA survey results asking clinics if they have or want Point of Care testing machines – the results concluded that a need exists and this strategy will be included in their Box 6 experiments. The group also edited a survey to measure the dissemination and usefulness of the prediabetes materials developed earlier this year.

### **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 13 members.
- In September this workgroup completed boxes 5-8 of their A3, and are planning a pilot to establish a referral system for providers to prescribe physical activity to youth. They will be presenting their A3 to Ops on October 20<sup>th</sup>.



## **RHIP Workgroup Updates: August**

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

- This group meets the third Tuesday of every month from 11-12pm and currently has 24 members.
- In September the OH WG met and continued their discussion around the two proposals submitted from Kemple Clinic and Advantage Dental. The discussion concluded and a motion was made to approve the Kemple clinic proposal for one year (\$50k). The A3 surrounding sealants is before the Operations Council on 10/6/17. Next month, after Ops review, the workgroup will move into the implementation stage of their A3.

### **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.
- In September the RMCH workgroup met in September and continued their work on the A3 relative to 'unintended pregnancies'. A presentation was given on the program of the Regional Immunization Rate Improvement project, known as AFIX. The up-to-date immunization rate for 24 month olds improved an average of 7% among participating clinics after the first year of participation. The group committed to bringing data to the next meeting that can/could inform, unintended pregnancies by age bracket, to support pilot projects.

### **Social Determinants of Health**

- This group meets the third Friday of every month from 10:30-11:30am and currently has 27 members in Kindergarten Readiness and 24 members in Housing.

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

- In September the HE group (formerly Kindergarten Readiness) met in September and heard a presentation from Friends of the Children. The A3 surrounding social and emotional supports was reviewed by the Operations Council on September 1<sup>st</sup> and ready for specific tactics to meet their aim. The workgroup discussed and reviewed the proposal and a motion was made to approve and fund the proposal (\$75k). Next steps include a meeting with the COHC Quality Manager.

#### **Housing (Support: Bruce Abernethy & MaCayla Arsenault)**

- In September the Housing workgroup discussed proposals for their Box 6 experiments intending to help meet the aims of their data & chronic homelessness stabilization A3s.