

PROVIDER ENGAGEMENT PANEL CHARTER AND SCOPE OF WORK

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Overview

The Provider Engagement Panel (PEP), formerly known as the Clinical Advisory Panel, is a committee housed within the Central Oregon Health Council (COHC) and governed by the COHC's Bylaws.

Purpose

The purpose of the Provider Engagement Panel (PEP) is to support the COHC and its work in the following ways:

- Engage providers in the work of the COHC;
- Consider matters at the direction of the COHC;
- Review and evaluate projects from a clinical perspective;
- Provide the clinical perspective on transformation work;
- Coordinate quality committees and set strategic goals in accordance with the Regional Health Improvement Plan (RHIP);
- Establish community standards and utilization standards;
- Provide the clinical perspective necessary to promote integration consistent with COHC goals; and
- Serve as a forum for provider perspectives, collaboration, and information exchange.

Scope of Work

Because the PEP is a COHC committee governed by COHC Bylaws, the scope of the PEP's work is determined by the COHC. As a result, the PEP's scope of work may change from time to time. The COHC has asked the PEP to perform the following work on an ongoing basis:

- Review strategic initiatives from a clinical perspective;
- Review Transformation Fund projects from a clinical perspective, including evaluation plans;
- Solicit provider feedback on projects currently operating in the community;
- Promote and facilitate systems integration and transformation;
- Establish standards and goals for the local health care system in concert with the RHIP;
- Share provider findings and observations between PEP members and with the broader community; and
- Communicate findings, conclusions, and recommendations to the COHC.

PEP Meetings

The PEP's work may be carried out by email, surveys, webinar, telephone, or in-person meetings, which shall be scheduled on an as-needed basis. Pursuant to the COHC Bylaws, actions by the PEP as a committee may be taken in person or in writing and are subject to quorum requirements. Meetings shall have a specific focus and identified outcomes. Meeting minutes shall be taken and made available. PEP meetings shall be scheduled in early mornings or early evenings to avoid conflicts with clinic schedules and office hours. The COHC respects and appreciates the time commitment of its PEP volunteers.

From time to time, at the direction of the COHC Board of Directors, the PEP may elect to hold clinical community meetings or public forums that are open to clinicians and the general public in order to solicit feedback on a particular issue or proposal. Observations, findings, and recommendations from such meetings or forums shall be shared with the COHC Board of Directors.

Work Groups

The PEP may create work groups to carry out its work as necessary from time to time.

Deliverables

After each meeting of the PEP, the COHC Executive Director shall produce a written report and make the report available to the COHC Board of Directors. The written report may be used for the following purposes:

- At the direction of the COHC Board of Directors, to provide clinical insight into a strategic initiative or other project;
- To share observations or findings from the provider community;
- To contribute to the RHA/RHIP process;
- To highlight clinical needs or concerns; and
- To aid the COHC Board of Directors in making funding decisions.

The PEP Chair shall provide written or verbal updates at COHC Board of Directors meetings upon request.

At the end of each calendar year, COHC staff may prepare a yearly report of PEP activities, if any, to share with the COHC Board of Directors.

Membership Requirements

Pursuant to the COHC Bylaws, the PEP shall have at least 12 and not more than 17 members. All members of the PEP shall be appointed by and serve at the pleasure of the COHC Board of Directors.

Members of PEP shall have direct experience relevant to the provision of health care in clinical settings and, where applicable, a direct connection to their organization's quality committee.

Members of the PEP shall include:

- At least one liaison from the COHC Operating Council;
- At least one liaison from the COHC Community Advisory Council; and
- Representatives from organizations or industries serving the OHP population.
 - Such representatives may include:
 - Federally Qualified Health Centers
 - Oral health
 - Rural clinics
 - Central Oregon Independent Practice Association
 - PacificSource
 - Hospitals (including critical access)
 - Long-term care
 - Specialty therapies
 - Alternative medicine
 - Obstetrics
 - Pediatrics
 - Specialty care
 - Behavioral health
 - Public health
 - Pharmacy

Resources Available

The following resources are available to the PEP and any PEP committees:

- COHC staff;
- Catering for in-person meetings;
- Conference phone line and webinar support; and
- Data gathered by COHC staff to aid in review and evaluation.