



Provider Engagement Panel
PacificSource Community Solutions
2965 NE Conners Ave, Bend OR 97701
Twin Lakes North – 1st Floor
February 12, 2020 from 7:00am-8:00am

Virtual Dial-In: Zoom

Join by computer: <https://zoom.us/j/630619272>

Join by phone only: 1-669-900-6833, code: 630619272#

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|------------------|--|
| 7:00-7:05 | Introductions – Divya Sharma <ul style="list-style-type: none">• Approve Consent Agenda |
| 7:05-7:20 | 2020 QIMs – Andrea Ketelhut |
| 7:20-7:35 | QHOC – Alison Little Attachment: QHOC report |
| 7:35-7:45 | Diabetes/Oral Health Letter Endorsement Request – Sharity Ludwig Attachment: Draft Letter |
| 7:45-7:55 | Workforce Development CCO 2.0 – Gretchen Horton-Dunbar Attachment: .ppt |
| 7:55-8:00 | Wrap Up – Divya Sharma |

Consent Agenda:

- Approval of the draft minutes dated December 11, 2019 subject to corrections/legal review

Written Reports:



**MINUTES OF A MEETING OF
THE PROVIDER ENGAGEMENT PANEL OF
CENTRAL OREGON HEALTH COUNCIL
HELD IN THE PACIFICSOURCE BOARDROOM**

December 11, 2019

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 December 11, 2019, in the PacificSource Boardroom 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
Michael Allen, DO
Logan Clausen, MD (call-in)
Matt Clausen, MD
Muriel DeLaVergne-Brown, RN, MPH
Keith Ingulli, PsyD
Alison Little, MD
Jessica Morgan, MD (call-in)
Laura Pennavarria, MD

Members Absent:

Jovanna Casas, PharmD
Sharity Ludwig

Robert Ross, MD

Guests Present:

Donna Mills, Central Oregon Health Council

Leslie Neugebauer, PacificSource

Katie Plumb, Crook County Health Department

Kelsey Seymour, Central Oregon Health Council

Dr. 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 on the phone and around the room.

FINALIZED QIMs

Dr. Little reviewed the QIM results from 2019. Ms. Mills requested that the new QIMs be reviewed at the next meeting.

ACTION: Ms. Mills will add the 2020 QIMs to the next agenda.

TOBACCO PHOTOVOICE REPORT OUT

Ms. Plumb announced that this project, funded by the Cardiovascular Disease Clinical RHIP Workgroup under the COHC, has gotten attention state-wide. She explained that the program both educated youth about tobacco and highlighted tactics of the tobacco industry that market to youth.

QHOC

Dr. Little reviewed the November QHOC minutes. She noted that genetic CPT codes were discussed because they are currently not covered, however, some drugs require genetic testing before they can be prescribed.

CONSENT AGENDA

Dr. Sharma asked for a motion to approve the consent agenda. Dr. Gary Allen motioned, Dr. Little seconded. All were in favor, the motion passed unanimously.

ADJOURNMENT

There being no further business to come before the PEP, the meeting was adjourned at 7:38 am Pacific Standard Time.

Respectfully submitted,

Kelsey Seymour, Secretary

| <p style="text-align: center;">OHA Quality and Health Outcomes Committee (QHOC) January 13, 2020 Webinar or conference line, 1-888-278-0296, code 310477</p> <p>Meeting Packet Agenda QHOC Website Slides</p> | | |
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| <p style="text-align: center;">Clinical Director Workgroup 10:00 a.m. – 12:30 a.m.</p> | | |
| Topic | Summary of Discussion/Impacted Departments | Materials/ Action Items |
| Welcome/ Introductions/ Updates | <p>Presenter: Holly Jo Hodges, Lisa Bui Introductions in the room</p> <p>Update from Lisa: if you did not respond to the email from her sent 11/4/2019 regarding remaining on the QHOC list, then QHOC 2020 meeting series will go to the CCO Innovator Agent.</p> <p>To save time, Holly Jo referred audience to the agenda packet for details on the following:</p> <ul style="list-style-type: none"> • Public Health Update • TC TA Update • HERC Materials • P&T February 2020 Agenda | <p>Pg. 2 Pg. 3-9 Pg. 30-89 Pg. 90-92</p> |
| Performance Based Reward (PBR) & Prometheus | <p>Overview and purpose: Performance Based Rewards are intended to provide</p> <ul style="list-style-type: none"> • Credit for qualified Health Related Services • Goal is to avoid rate slides due to HRS spending • PBR will be built into 2022 rates due, with baseline in 2020 • Prometheus is one component of PBR, intention is it will help bend cost curve by creating better efficiencies • PBR components include: <ul style="list-style-type: none"> ○ Global Medicaid savings drives total available PBR (statewide pool of funds that can be distributed to CCOs based on performance) ○ HRS spending (rewards CCOs with higher HRS investment) ○ Reward CCO efficiency, as measured by Prometheus (see below) ○ Reward CCOs individually based on their cost growth target ○ Quality (must meet QIMs to qualify for additional payment) <p>Presentation and example from the field: Mark Wallace (Colorado)</p> <ul style="list-style-type: none"> • Plan to look at 3 PAC's • Identify PAC's, and gave reports to RAE • Created some hypothesis to identify root causes, and had clinical teams create interventions | <p>Presentation Slides (10-22) Process Measure (23-28) Process Measure and Scoring* Process Measure Action Plan*</p> |

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| | <ul style="list-style-type: none"> Identified C-section rate and came up with a plan Tool to bring others to the table <p>Prometheus: (Demonstration of tool provided) Algorithm that identifies potentially avoidable complications (PAC) associated with an episode of care</p> <p>Example provided: Sepsis is considered 100% avoidable complication of SUD</p> <ul style="list-style-type: none"> CCOs must submit a plan for specific episodes, including: <ul style="list-style-type: none"> Identification of episodes and potential savings Outreach to providers/members Documentation of outcomes/follow up OHA selected default episodes, which are asthma, diabetes and SUD Data will be provided in Tableau Rollout of CCO specific data expected in late January <p>Future Trainings and Meetings</p> <ul style="list-style-type: none"> 4 meetings with finance and OHA to train clinical and finance staff Other user support groups will be held in 2020 <p>CCO Deliverables for Prometheus:</p> <ul style="list-style-type: none"> CCO's will need to provide an action plan in the end of March about Prometheus uses <p>Other</p> <ul style="list-style-type: none"> OHLC did report with Milliman's waste calculator to look at data from Washington on Vitamin D testing and found 47 specific services that were over used Oregon will run data at State level Reports to come | |
| Out of Hospital Birth (OOHB) | <p>Presenters: Dave Inbody</p> <ul style="list-style-type: none"> Previously members were disenrolled from the CCO and had to get prior auth from the OHA. They were then covered by FFS In 2020 (effective 2/1) members requesting OOHB will no longer be disenrolled, and there will be a carve-out for their maternity care instead Standard PMPM will be provided to CCO for provision of non-pregnancy related physical health (NEMT, labs etc.); will not include the maternity extra payment About 200-300 requests a year to OHA, with about half being approved If CCO's take care of a hospital delivery they get maternity extra payment Format may be similar to DHS Kids Unsure of who takes care of OB consult bill Suggestion to carve OOHB from Postpartum incentive measure | Memo (29) |

| Quality and Performance Improvement Session 1:00 p.m. – 3:00 p.m. | | |
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| QPI Intro/updates | Presenters: Jenna Harms, Lisa Bui <ul style="list-style-type: none"> HSAG is holding a webinar on 2/4/20 from 1-2pm about an overview of the External Quality Review (EQR) in 2020: <ul style="list-style-type: none"> 5 member focused standards Key dates DCO's have to have their own PIP's for fee for service clients through OHA. <ul style="list-style-type: none"> OHA may be asking DCO's to work together with CCO's on oral health PIP's | n/a |
| TQS (Transformation and Quality Strategy) Updates | Presenter: Lisa Bui <ul style="list-style-type: none"> General webinar slides and recordings are available on the website "Subcomponents" have been removed from naming conventions Number the projects to make it easier for OHA to follow and track projects Be mindful of continuing numbers from year to year as projects close out Flyers with all webinar info have been posted to share with appropriate staff Refer to Guidance document for naming conventions Value-based payments (VBP) was removed from TQS requirements Second Opinions were removed from TQS requirements TQS office hours are available for leads to call in with questions March 16th deliverables are due for existing CCO's Scoring <ul style="list-style-type: none"> Each component is scored separately, across all projects. Each project will get a separate score Projects that address multiple components will have an average score OHA would like feedback if written assessment and resources are useful Suggestion to help CCO's connect with other CCO's who have similar or unique projects <ul style="list-style-type: none"> This might be added to the resource section of the written assessment Closing out Projects/ continuing old ones <ul style="list-style-type: none"> Be sure to mark the appropriate place on the template to indicate that projects have been closed out Transition from 2019 to 2020 TQS: <ul style="list-style-type: none"> A closing report is not required In background rationale provide a high level description about what informed your decision to close out the project Where you're at, why you chose a new project | TQS Scoring & Overview (93) |

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| | <ul style="list-style-type: none"> Continuing project: provide updates on activities/actions from last year and plans for movement forward (in the community, etc.) <ul style="list-style-type: none"> A general lookback at the prior year CAC feedback if applicable You can send a project example to OHA by 2/21/20 (up to 3 components) to leads. | |
| Statewide PIP Update | <p>Presenters: Lisa Bui</p> <ul style="list-style-type: none"> Study question for 2020 is: “Among opioid naïve who are prescribed opioids decrease the number of patients prescribed >7 day opioid supplied. January 31st deliverable with HSAG email to come. Worksheet will be provided that summarizes all the work completed around the topic. CCO’s are responsible to talk about how they will inform protocol submitted to HSAG based off of worksheet. <ul style="list-style-type: none"> Steps 1 through 6 are due on 1/31/20 Oregon EQR site has validation tool, PIP submission completion form instructions, and other information for guidance No baseline needed for 1/31/20 submission <p>Other 3 PIP’s</p> <ul style="list-style-type: none"> If you want to switch PIPs submit generic PIP form and email, including why you are switching. You can email Lisa for pre-consult before switching, or with questions about filling out the PIP form or if a project warrants a PIP. New CCO’s in new regions, who want to submit new PIPs: <ul style="list-style-type: none"> OHA is working with HSD to determine deadlines and timing No news on all deliverables required yet Send Lisa an email to remind her to follow up with Medicaid office Email Lisa if you need details about how to change PIPs if you need ideas and timing on how to close out You may receive a phone call from Lisa if your PIP needs further review after submitting. New PIP notifications will be reviewed and if you do not hear back, everything is ok. PIPs should be more than operational and lead to quality, or you could receive a call to clarify project On the 11 page CCO deliverables document the PIPs where left out on accident. <p>Other contact details and mailing list</p> <ul style="list-style-type: none"> Innovator agents should be checking to see who should be on the QHOC list Separate quality list – “quality” staff should be included already. Email Lisa with questions | n/a |
| 2020 QPI Session Planning | New topics of discussion for 2020 (bringing in subject matter experts...learning collaborative, best practices, etc.) | n/a |

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| | <ul style="list-style-type: none"> • BHI Integration • SDOH/E • Health Equity • CCO spotlights • Rule changes • Health Related Services • Care plans/ care coordination • MH Parity • HRS and Prometheus • New Measures (Initiation and engagement, SUD ect) * slotted for next month's meeting | |
| Adjourn | | |

Everyone is welcome to the meetings. For questions about accessibility or to request an accommodation, please call 971-304-6236 or write OHA.qualityquestions@dhsosha.state.or.us. Requests should be made at least 48 hours prior to the event. Documents can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request a document in another format or language, please call 971-304-6236 or write OHA.qualityquestions@dhsosha.state.or.us.

As you are aware beginning in 2019, Oral Evaluation for Adults with Diabetes became a CCO incentive metric. In 2019, at the request of the Central Oregon Health Council Provider Engagement Panel, an informational campaign for the community to raise awareness on the connection of oral health and diabetes was developed.

Advantage Dental from DentaQuest took the lead in creation of the materials as existing content had already been developed. Engagement from the Central Oregon Health Council Regional Health Improvement Plan Clinical Diabetes and Oral Health workgroup occurred in the review of the materials to support alignment across disciplines. The workgroups contain members from COIPA, St. Charles, Mosaic, PacificSource, Public Health, and many others.

Accompanied with this letter you will find an oral health kit and a sample of the materials that have been created. In addition, below is an explanation of the developed materials. The ask with this letter is that you will share the information with your organization to support dissemination of the materials to diabetic members to raise the awareness and encourage annual dental visits.

| Document Name: | Intended Audience: | Cobrand: | Intended Use: | Available Languages: |
|--|---------------------|--|---|----------------------|
| <i>The Link Between Oral Health And Diabetes</i> (474BEP_Diabetes-Brochure) | Patient | Yes – Open space on back middle panel – CCO names and phone numbers can be added | Provide an overview of the connection between diabetes and oral health. Information on “Where to go for care locations” on back panel. | English and Spanish |
| <i>Mouth Body Connection</i> (475SEP_08022019_AD_BodyOralHealth-11x17Poster-Patient) | Patient | CCO logo can replace Advantage Dental logo | Requested by non-dental providers to hang in medical rooms, waiting area, etc. | English and Spanish |
| <i>Mouth Body Connection – Provider</i> (476SEP_BodyOralHealth-Provider– 8.5 x 11 flyer) | Non-Dental Provider | CCO logo can replace Advantage Dental logo | Informational piece given to non-dental providers to increase oral health awareness regarding the overall impact oral health has on overall health. | English |
| <i>Mouth Body Connection – Post Card</i> (477IEP_07312019_Diabetes_4x5_Patientv2) | Patient | No | Card version of 475SEP. | English and Spanish |
| <i>Oral Health Tips for Managing Diabetes - Handout</i> (478IEP_07312019_AD_Diabetes_Handout2.0) | Patient | Yes –CCO names and phone numbers can be added at the bottom of the flyer | . To provide to diabetes patients to improve knowledge on diabetes and oral health. (Adapted from IHN Diabetes Medical Integration pilot) | English and Spanish |
| <i>Oral Health Tips for Managing Diabetes – Tips Card</i> (479IEP_08022019_AD_Diabetes_4x5tipscard) | Patient | No | Card version of the 478IEP to place in oral health toothbrush kits to distribute to diabetes members at medical appointments. | English and Spanish |

Materials are ordered through the Central Oregon Health Council by completing the order form at:
www.cohealthcouncil.org/oral_health_diabetes



Shared Learning

CCO 2.0

Workforce Development

February 12, 2020

Meeting Goal

Brainstorm collaborative opportunities to build a more diverse provider workforce in Central Oregon to better meet member needs

Shared Learning Agenda

Central Oregon

- Overview of CCO 2.0 workforce development requirements
- Workforce assessment and proposed strategies review
- Workforce strategy discussion
- Next steps



Workforce Development Requirements

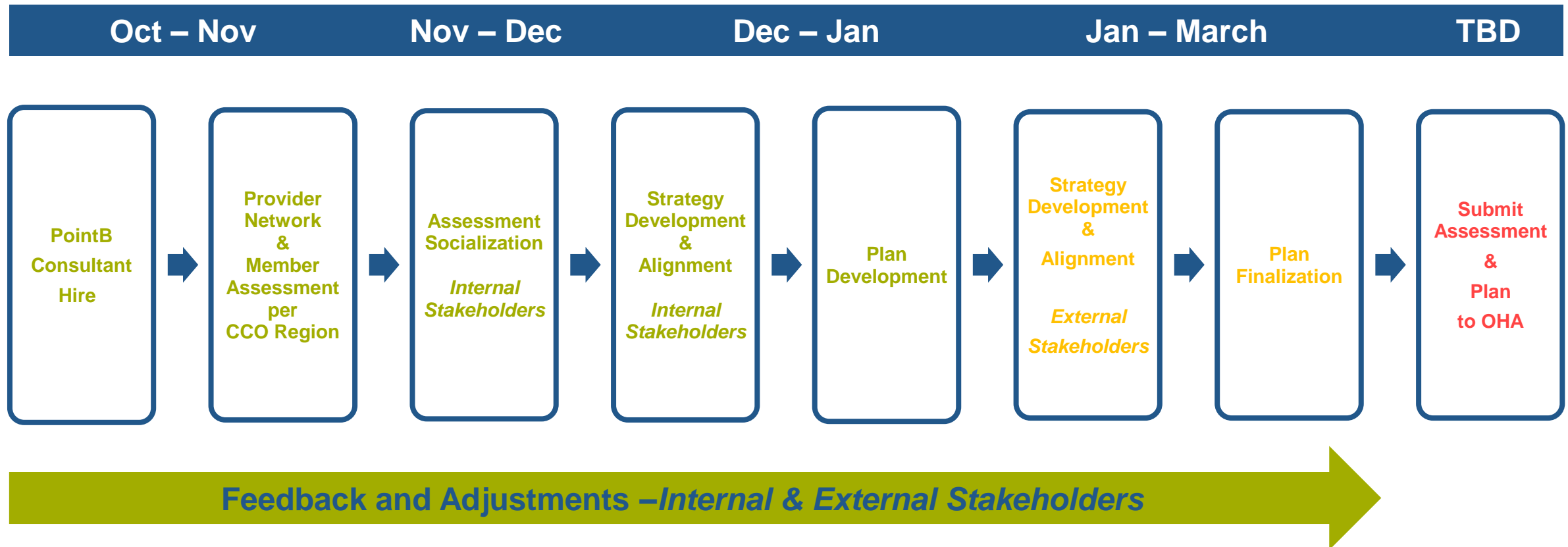
Develop and implement strategies based on an assessment of contracted provider demographics including language and race/ethnicity to meet known and anticipated member needs for oral, behavioral, and physical health care for each CCO 2.0 award region.

Strategies must include but are not limited to:

- Developing and investing in Traditional Health Workers/THWs
- Training providers in culturally and linguistically appropriate care, trauma-informed care, implicit bias, and other CLAS-oriented standards to improve quality of care for members with limited English proficiency and diverse cultural and ethnic backgrounds
- Promoting CLAS-focused service delivery
- Building workforce development strategies and plans in collaboration with local communities and local and State educational resources
- Developing the healthcare workforce pipeline by participating in and facilitating the current and future training for the health professional workforce. This includes encouraging local talent to return to their home areas to practice and supporting health professionals following their initial training

Submit workforce development assessment and plan with baselines, milestones, and timeline to the OHA annually by **TBD**

Workforce Development Approach: 2019-2020



Provider Workforce Assessment and Strategies

| Assessment | Strategies |
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| Limited knowledge of provider competition of trainings that are required by CCO 2.0: Implicit bias, trauma-informed care, CLAS Standards, etc. | <ul style="list-style-type: none"> • Assess provider training status • Develop and launch Implicit Bias training program + CEUs • Develop and launch other provider training program |
| Scarce use of THW by PS providers indicates need to educate providers about benefits of THW and incent them to hire THW to improve member health | <ul style="list-style-type: none"> • Add information about THW services, benefits and reimbursement rates to provider fall workshops, manual, etc. • Solicit grant CHE grant applications that integrate THWs to meet priority member needs including SUDs |
| Limited distribution of registered THWs indicates need to advance THW training and support in prioritized communities based on member health needs | <ul style="list-style-type: none"> • Provide 1-on-1 technical support to THWs interested in registering with OHA THW registry • Facilitate the education and training of THW supervisors in targeted provider groups • Partner with community-based organizations serving priority populations to recruit natural community leaders into THW trainings and offer free or low-cost access to trainings • Assist CBOs in affiliating with provider groups to allow ability to bill for reimbursable services • Work with the OHA THW Commission on developing and advancing best practices on THWs including: <ul style="list-style-type: none"> • Payment models and fee schedules • THW scope and care models • Fund and/or host ongoing THW professional development • Assess feasibility of facilitating development of a THW billing hub per region |

Provider Workforce Assessment and Strategies *cont.*

| Assessment | Strategies |
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| Member and provider demographic data limitations limit ability to prioritize where and how to focus workforce development work | <ul style="list-style-type: none"> • Add provider demographic data questions including race/ethnicity, language, areas of focus, through existing channels: credentialing, provider verification letters, site visits, etc. • Increase efforts to systematically collect REAL+D member data |
| Behavioral health network gaps based on member needs are a top priority | <ul style="list-style-type: none"> • Assess increasing BH provider reimbursement rates to retain and expand BH provider pool • Develop and test provider travel reimbursement program • Collaborate with community partners to identify opportunities to expand BH providers and increase retention |
| <ul style="list-style-type: none"> • Limited use of TeleDoc, including in rural communities • Limited TeleDoc specialty types • Limited tele-dentistry services | <ul style="list-style-type: none"> • Educate providers on TeleDoc services and reimbursement • Explore BH-focused app options • Expand tele-dentistry services in targeted communities |
| <ul style="list-style-type: none"> • In-person translation services are scarce • Limited phone/video contracted vendors • Questions about video/phone translation quality | <ul style="list-style-type: none"> • Assess in-person services and member preference through Medicaid Member Access survey • Increase contracted vendor options for members • Assess vendor translation services; propose improvements |
| <ul style="list-style-type: none"> • Lack of knowledge about established pipeline initiatives • Need to collaborate externally to build provider pipeline development projects with Health Councils, education systems, and community-based organizations | <ul style="list-style-type: none"> • Meet with Health Councils, education systems and CBOs to develop and advance targeted provider pipeline projects • Support or facilitate formation of collaborations and projects |

Discussion



Workforce Strategy Questions

1. What THW strategies might be used that could align with the Regional Health Assessment and Regional Health Improvement Plan?
2. Do you have suggestions for specific quality measures for BH and THW integration efforts?
3. What are the current regional efforts to diversify and expand the provider workforce?
 - a) Do any include encouraging providers to return to their local regions to practice?
 - b) How can PacificSource support or facilitate such work?
 - c) Is there an opportunity to add a workforce development workgroup?
4. Other feedback?

Next Steps

1. Incorporate feedback from Health Plan into workplan
2. Align with and/or develop collaborations to advance workforce development strategies
3. Submit and launch workforce development plan per region
4. Collaborate with and provide workforce development updates to community partners