



Provider Engagement Panel  
PacificSource Community Solutions  
2965 NE Conners Ave, Bend OR 97701  
Twin Lakes North – 1<sup>st</sup> Floor  
March 11, 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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| <b>7:00-7:05</b> | <b>Introductions – Divya Sharma</b> <ul style="list-style-type: none"><li>• Approve Consent Agenda</li></ul> |
| <b>7:05-7:20</b> | <b>QHOC – Alison Little</b><br><i>Attachment: QHOC report Feb/Mar</i>  |
| <b>7:20-7:45</b> | <b>2020 QIMs – Andrea Ketelhut</b><br><i>Continued from February</i>   |
| <b>7:45-7:55</b> | <b>ECHO Prioritization – Divya Sharma</b><br><i>Attachment: Questionnaire</i>                                |
| <b>7:55-8:00</b> | <b>Wrap Up – Divya Sharma</b>  |

**Consent Agenda:**

- Approval of the draft minutes dated February 12<sup>th</sup>, 2020 subject to corrections/legal review
- Diabetes/Oral Health Letter Endorsement

**Written Reports:**



**MINUTES OF A MEETING OF  
THE PROVIDER ENGAGEMENT PANEL OF  
CENTRAL OREGON HEALTH COUNCIL  
HELD AT PACIFICSOURCE IN TWIN LAKES NORTH**

**February 12, 2020**

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 February 12, 2020, at PacificSource in the Twin Lakes North room 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 (call-in)

Michael Allen, DO

Logan Clausen, MD (call-in)

Matt Clausen, MD (call-in)

Muriel DeLaVergne-Brown, RN, MPH

Keith Ingulli, PsyD

Alison Little, MD

Sharity Ludwig

Jessica Morgan, MD

Laura Pennavarria, MD

Members Absent: Jovanna Casas, PharmD

Robert Ross, MD

Guests Present: Gretchen Horton-Dunbar, PacificSource

Andrea Ketelhut, PacificSource

Donna Mills, Central Oregon Health Council

Bhavesh Rajani, PacificSource

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.

## **2020 QIMs**

Ms. Ketelhut reviewed 2019 Quality Incentive Metric (QIM) final performance. She introduced the new measures included for 2020. The group discussed the adolescent immunizations metric, noting that giving an HPV vaccination by a child's 13<sup>th</sup> birthday could prove challenging. Dr. Logan Clausen noted that patient's parents are less resistant if the vaccination series is started young, nearer to age 9, but that not all insurances cover the vaccine until age 11. Dr. Sharma asked her to identify those insurance companies that do not cover it before age 11 and bring a list to the Panel. Ms. DeLaVergne-Brown suggested engaging the Youth Advisory Councils (YACs) from the schools in the discussion. Dr. Matthew Clausen suggested that HPV vaccinations might be more effectively offered by dentists because of their direct connection to oral cancer prevention. Dr. Gary Allen and Ms. Ludwig noted the cost-prohibitive nature of keeping vaccinations onsite at dental clinics, especially in rural areas, and noted the administrative burden would be immense.

The group agreed to delay the discussion of the last new QIM, Initiation and Engagement for substance abuse, until the next meeting.

ACTION: Dr. Logan Clausen will bring a list of insurance companies that do not cover HPV vaccinations for children under age 11.

#### **DIABETES/ORAL HEALTH LETTER OF ENDORSEMENT REQUEST**

Ms. Ludwig asked the Panel to review the materials assembled by the Diabetes Clinical workgroup demonstrating the connection between oral health and diabetes care. Dr. Sharma asked members to review the materials and prepare for endorsement at the next meeting.

ACTION: Ms. Seymour will send the materials to Panel members for review via email.

#### **WORKFORCE DEVELOPMENT**

Ms. Horton-Dunbar explained that CCO 2.0 will require PacificSource Community Solutions (PCS) to participate in workforce development efforts throughout the region and across areas of specialty. She noted that PCS' assessment revealed a high need for Traditional Health Workers, such as Peer Support Specialists and Community Health Workers. The Panel made suggestions about how PCS might effectively participate in workforce developments that are already underway.

ACTION: The PEP agreed to invite Ms. Horton-Dunbar back for further discussion about how these efforts might align with the Regional Health Improvement Plan.

#### **CONSENT AGENDA**

Dr. Sharma asked for a motion to approve the consent agenda. Ms. DeLaVergne-Brown motioned, Dr. Michael Allen 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 7:08 am Pacific Standard Time.

Respectfully submitted,

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Kelsey Seymour, Secretary



Dear Central Oregon Clinic Leadership,

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

Advantage Dental from DentaQuest took the lead in creation of campaign materials, as they possessed existing content. Engagement from the Central Oregon Health Council Regional Health Improvement Plan Clinical Diabetes and Oral Health workgroups occurred in the review of the materials to support alignment across disciplines. The workgroups contain members from COIPA, St. Charles, Mosaic, PacificSource, local public health offices, 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 for each of the developed materials. Our request is that you will share this 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:	Co-brand:	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](http://www.cohealthcouncil.org/oral_health_diabetes)

The Central Oregon Health Council Provider Engagement Panel endorses the materials outlined in this letter. Our membership includes medical, behavioral, and oral health leaders from PacificSource, Advantage Dental, St. Charles, Mosaic Medical, Central Oregon Pediatrics Associates, La Pine Community Health Center, Central Oregon Independent Practice Association, and public health. We hope you'll join us in our efforts to make a healthier Central Oregon.

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Divya Sharma, MD  
Chair, Provider Engagement Panel

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Donna Mills  
Executive Director, Central Oregon Health Council

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

	<ul style="list-style-type: none"> <li>Identified C-section rate and came up with a plan</li> <li>Tool to bring others to the table</li> </ul> <p><b>Prometheus:</b> (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"> <li>CCOs must submit a plan for specific episodes, including: <ul style="list-style-type: none"> <li>Identification of episodes and potential savings</li> <li>Outreach to providers/members</li> <li>Documentation of outcomes/follow up</li> <li>OHA selected default episodes, which are asthma, diabetes and SUD</li> </ul> </li> <li>Data will be provided in Tableau</li> <li>Rollout of CCO specific data expected in late January</li> </ul> <p><b>Future Trainings and Meetings</b></p> <ul style="list-style-type: none"> <li>4 meetings with finance and OHA to train clinical and finance staff</li> <li>Other user support groups will be held in 2020</li> </ul> <p><b>CCO Deliverables for Prometheus:</b></p> <ul style="list-style-type: none"> <li>CCO's will need to provide an action plan in the end of March about Prometheus uses</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>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</li> <li>Oregon will run data at State level</li> <li>Reports to come</li> </ul>	
<b>Out of Hospital Birth (OOHB)</b>	<p>Presenters: <b>Dave Inbody</b></p> <ul style="list-style-type: none"> <li>Previously members were disenrolled from the CCO and had to get prior auth from the OHA. They were then covered by FFS</li> <li>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</li> <li>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</li> <li>About 200-300 requests a year to OHA, with about half being approved</li> <li>If CCO's take care of a hospital delivery they get maternity extra payment</li> <li>Format may be similar to DHS Kids</li> <li>Unsure of who takes care of OB consult bill</li> <li>Suggestion to carve OOHB from Postpartum incentive measure</li> </ul>	Memo (29)



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

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

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

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](mailto: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](mailto:OHA.qualityquestions@dhsosha.state.or.us).

<p>OHA Quality and Health Outcomes Committee (QHOC)  <b>February 10, 2020</b>  Webinar or conference line, 1-888-278-0296, code 310477</p> <p><a href="#">Meeting Packet</a>  <a href="#">Agenda</a>  <a href="#">QHOC Website</a>  <a href="#">Slides</a></p>		
<p><b>Clinical Director Workgroup</b>  10:00 a.m. – 12:30 a.m.</p>		
Topic	Summary of Discussion/Impacted Departments	Materials/ Action Items
<b>Welcome/ Introductions/ Updates</b>	<p><b>Presenter: Holly Jo Hodges, Lisa Bui</b></p> <ul style="list-style-type: none"> <li>• Introductions in the room</li> <li>• To save time, Holly Jo referred audience to the agenda packet for details on the following:</li> <li>• Public Health Modernization: Funding allocated to local public health for interventions to address communicable diseases. <ul style="list-style-type: none"> <li>◦ Some CCO's have developed partnerships to prevent communicable diseases</li> </ul> </li> <li>• Opioid tapering guidelines to be released soon.</li> <li>• The change in how home births are reimbursed has been delayed. OHA is continuing to consider the impact to the post-partum QIM by not disenrolling the member. More information will be provided in March.</li> </ul>	Pgs. 3&4
<b>HIT Strategic Updates</b>	<p><b>Presenter: Susan Otter, Health Information Technology Oversight Council (HITOC)</b></p> <ul style="list-style-type: none"> <li>• Current state of HIT reform has informed EMR through Meaningful Use Program, Edie platform adoption, and CCO Incentives</li> <li>• Five year strategic plan includes: <ul style="list-style-type: none"> <li>◦ Sharing patient information across the care team</li> <li>◦ Using data for system improvements</li> <li>◦ Patients Accessing their own records</li> <li>◦ Supporting Social Determinants of Health</li> <li>◦ Value-based payments</li> <li>◦ Behavioral Health and HIT</li> </ul> </li> <li>• 6 Listening Sessions will take place throughout April, and written comment can be submitted. <ul style="list-style-type: none"> <li>◦ Listening sessions will be held on topics such as oral Health Integration, CCO listening session, and behavioral health listening session</li> <li>◦ See slides for dates and times of listening sessions.</li> </ul> </li> <li>• A retreat will be held in June to look at feedback, and a final review will happen in December from the Health Policy board.</li> <li>• Trillium and IHN have Community Information Exchanges (CIE)</li> </ul>	Pgs. 11-18

<p><b>Health Evidence Review Commission (HERC)</b></p>	<p><b>Presenter: Cat Livingston and Ariel Smits</b></p> <ul style="list-style-type: none"> <li>• Bone marrow transplant for Sickle Cell patients <ul style="list-style-type: none"> <li>◦ If HLA matches, it should be covered; if not, wait for complication. Will assess financial impact by sending to actuary, the earliest this would take effect is 10/1/20. They will also be reviewing beta-thalassemia</li> </ul> </li> <li>• Compression Stocking coverage is in a “grey area” <ul style="list-style-type: none"> <li>◦ Currently non-covered; will be adding for non-healing ulcers, bleeding, cellulitis (ATL)</li> <li>◦ Little evidence to support effectiveness</li> </ul> </li> <li>• Vitamin D Testing changes <ul style="list-style-type: none"> <li>◦ Private insurers are no longer covering it.</li> <li>◦ Removing from diagnostic file, pairing it with specific lines based on OHLC recommendations</li> </ul> </li> <li>• Yoga and acupuncture for PTSD – little evidence to support coverage</li> <li>• Tens unit all on line 660</li> <li>• Fetal meningomyelocele repair added</li> <li>• Spinal cord stimulator guidelines revised</li> <li>• Yttrium 90 mapping procedure changes <ul style="list-style-type: none"> <li>◦ Pretreating with embolization no longer a covered practice</li> <li>◦ Providers can talk with OHSU for questions</li> </ul> </li> <li>• Impella heart pump: covered with stipulations</li> <li>• Out of Hospital Birth: first round of public comments have been reviewed, and there will be another round of public comments</li> <li>• Multi-sector interventions for improving colorectal cancer screening will be considered at an April meeting</li> </ul> <p><b>Topics in development:</b></p> <ul style="list-style-type: none"> <li>• MRI for knee</li> <li>• Female genital mutilation repair (currently unfunded) <ul style="list-style-type: none"> <li>◦ Guidelines should emphasize repair only</li> </ul> </li> <li>• Spinal injections for diagnostic reasons</li> <li>• Zio patch</li> <li>• Pre-op testing</li> <li>• Acupuncture for cancer patients: indication that is reduces opioid dependency</li> <li>• Biannual review topics: <ul style="list-style-type: none"> <li>◦ Back lines, chronic pancreatitis, fecal incompetence, FB in nose and ear, sinusitis, psoriasis, adult FTT, dysfunction lines, bone grafts, peripheral nerve ablation</li> </ul> </li> </ul>	<p>Pgs.: 19-40</p>
<p><b>P&amp;T</b></p>	<p><b>Presenter: Roger Citron</b> (Quick review and reference to slides.)</p> <ul style="list-style-type: none"> <li>• Antifungal class update – no changes</li> <li>• Anticoagulants – no changes</li> <li>• Rifamycin – non-preferred</li> <li>• Amikacin – non-preferred PA criteria</li> <li>• Class review for Gaucher’s Disease <ul style="list-style-type: none"> <li>◦ miglustat – non-preferred</li> <li>◦ taliglucerase preferred</li> </ul> </li> <li>• Amifampridine</li> </ul>	<p>Pgs: 41-48</p>

	<ul style="list-style-type: none"> <li>○ Amifampridine (Ruzurgi) preferred</li> <li>• Cholic Acid: non preferred</li> <li>• Remove PA for MAT in opioid use disorder products <ul style="list-style-type: none"> <li>○ Still have QL in place – Sublocade preferred.</li> <li>○ Bunavail – voluntary non-preferred</li> </ul> </li> <li>• Antidepressant use in kids – safety edit for younger than FDA age (GP, new start)</li> <li>• Dupilumab: <ul style="list-style-type: none"> <li>○ PA for nasal polyposis</li> </ul> </li> </ul> <p>Future Meetings:</p> <ul style="list-style-type: none"> <li>• February P&amp;T Committee will be held on first Thursday of even numbered months</li> </ul>	
<b>Kindergarten Readiness Learning Collaborative</b>	<p><b>Presenters: Dana Hagunani, Sara Kleinschmidt (OHA);</b></p> <p>Development of metrics:</p> <ul style="list-style-type: none"> <li>• Workgroup of community and providers developed measures and focused on: <ul style="list-style-type: none"> <li>○ Determining health sectors role</li> <li>○ Defining measures</li> <li>○ Conceptual Framework and identifying gaps</li> <li>○ Measurement Strategy and framework broken down by populations (children, parents, and special needs)</li> </ul> </li> <li>• Centering Family Voices focus groups were conducted by PSU to get feedback from parents and family stakeholders about health sectors role.</li> <li>• 2 measures were recommended and adopted for 2020 <ul style="list-style-type: none"> <li>○ Well Child 3-6ys old</li> <li>○ Preventative Dental visits 1-5 yrs. and 6-14 yrs.</li> </ul> </li> <li>• 2 measures are still in development <ul style="list-style-type: none"> <li>○ Attestation for social and emotional wellness</li> <li>○ Follow up to Developmental Screening</li> </ul> </li> </ul> <p><b>Presentation: Andrea Ketelhut, Theresa McIntyre (PSCS)</b></p> <ul style="list-style-type: none"> <li>• Working with community providers to promote best practices <ul style="list-style-type: none"> <li>○ Monthly meetings with providers</li> <li>○ Quarterly all provider meetings</li> <li>○ Monthly gap lists</li> <li>○ Assist with EHR Reporting</li> <li>○ Research best practices/host community workshops</li> </ul> </li> </ul> <p><b>Presentation: Courtney Whidden-Rivera, Kali Paine (EOCCO)</b></p> <ul style="list-style-type: none"> <li>• Child Wellness Mailing Campaign <ul style="list-style-type: none"> <li>○ Comprehensive patient education tied to all measures</li> <li>○ Different mailing strategy campaign depending on age</li> </ul> </li> <li>• Interactive voice response <ul style="list-style-type: none"> <li>○ Immunizations and well child visits</li> <li>○ Automated calls</li> </ul> </li> <li>• Clinic education and support <ul style="list-style-type: none"> <li>○ Provider progress reports</li> <li>○ Clinic visits and trainings</li> <li>○ Fliers</li> <li>○ Encourage collaboration</li> </ul> </li> </ul>	<p>Pgs: 49- 76</p>

<b>Quality and Performance Improvement Session</b> 1:00 p.m. – 3:00 p.m.		
<b>QPI Intro/updates</b>	<b>Presenters: Jenna Harms, Lisa Bui</b>	n/a
<b>TQS (Transformation and Quality Strategy) Updates</b>	<b>Presenter: Lisa Bui</b> <ul style="list-style-type: none"> <li>• All TA webinars have been posted</li> <li>• If you would like to have a project reviewed send it by 2/21/20 to Lisa.</li> <li>• TQS office hours are in affect for further questions</li> <li>• Updated health equity examples have been posted</li> <li>• Make sure that the Background and Rationale sections are thorough</li> <li>• No 2019 final update is due</li> </ul>	n/a
<b>CCO Performance Improvement Projects</b>	<b>Presenters: Lisa Bui</b> <ul style="list-style-type: none"> <li>• Review of PIP topics on slides</li> <li>• PIPs should be rapid cycle projects</li> <li>• They can support QIMs</li> <li>• HSAG reviews PIPS to determine TA that might be needed based on topics <ul style="list-style-type: none"> <li>◦ PIPs are not validated and scored</li> </ul> </li> <li>• Focus studies are “more exploratory” and more time is allowed to develop interventions and “Plan.”</li> <li>• Read CMS PIP protocol.</li> <li>• Lisa should be emailing forms from previous regions to new regions.</li> </ul> <b>Q/A:</b> <ul style="list-style-type: none"> <li>• New CCO PIP deliverables? <ul style="list-style-type: none"> <li>▪ Lisa said she received email about deliverables for new CCO’s and it was forwarded and will be reviewed.</li> </ul> </li> <li>• Can you have more than 1 focus study (and for new CCO’s)? <ul style="list-style-type: none"> <li>▪ TBD</li> </ul> </li> <li>• Updating PIP Notification form with new CCO’s and all focus areas? <ul style="list-style-type: none"> <li>▪ It will be updated and posted.</li> </ul> </li> <li>• How to end a PIP? <ul style="list-style-type: none"> <li>▪ No closing form. In progress report, check status of “abandon or adopt...”</li> </ul> </li> </ul> <b>Discussion about new topics for PIPs among CCO’s:</b> <ul style="list-style-type: none"> <li>• Diabetes and Oral Health <ul style="list-style-type: none"> <li>◦ Using gap lists to provide to both dental and PCP providers</li> <li>◦ Using data in Prometheus</li> </ul> </li> <li>• Diabetes Controlled HBA1C: <ul style="list-style-type: none"> <li>◦ Self-management program</li> <li>◦ Glucose monitoring support</li> </ul> </li> <li>• Initiation and Engagement: (HealthShare, AllCare) <ul style="list-style-type: none"> <li>◦ Creating logic models</li> <li>◦ Community work groups</li> <li>◦ LEAN trainings for providers</li> </ul> </li> </ul>	Pgs: 76-83

	<ul style="list-style-type: none"> <li>○ Kaiser 4 day event with Advanced Health</li> <li>○ Behavioral Health, SUD and PCP community collaboratives</li> <li>○ Mediated Assisted Treatment focused</li> <li>○ Identifying levels of engagement (low, medium, high) <ul style="list-style-type: none"> <li>▪ Assess barriers to scripts</li> </ul> </li> <li>○ Creating task force</li> <li>○ Reduce alcohol abuse</li> <li>○ Site visits and provider education</li> <li>• SDOH <ul style="list-style-type: none"> <li>○ Housing assistance focused (UNITUS)</li> <li>○ ORPRN and AHC</li> <li>○ Collaboration with Early Learning Hub and Service Int, Team</li> <li>○ HRS Funds</li> <li>○ Closed loop referrals</li> </ul> </li> <li>• Immunizations <ul style="list-style-type: none"> <li>○ Promote VFC clinic certifications</li> </ul> </li> </ul>	
<b>New Items on the floor</b>	n/a	n/a
<b>Adjourn</b>		

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](mailto: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](mailto:OHA.qualityquestions@dhsosha.state.or.us).





# New 2020 Medicaid Quality Incentive Metrics

Review and Workflow Ideas  
Central Oregon



# Today's Agenda

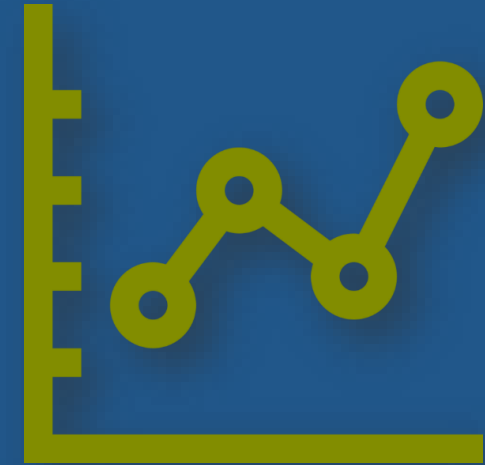
- ✓ Change to postpartum metric specifications
- ✓ New 2020 QIMS – Workflows and Impact
  - Well Child Checks 3-6 year old
  - Adolescent Immunizations
  - Preventive Dental (1-5 year olds and 6-14 year olds)
  - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

# Your PacificSource Quality, Risk Adjustment, Population Health and Pharmacy Team

- Andrea Ketelhut, Quality Incentive Measure Program Manager
- Chelsea Hammers, Population Health Manager
- Tanya Nason, Traditional Health Worker Liaison
- Sabrina Stuart, Risk Adjustment Coding Manager
- Therese McIntyre, Population Health Strategist
- Ryan Daven, Behavioral Health Population Health Manager
- Tim Hughes, Director of Risk Assessment
- Annie Gottfried, Quality Performance Coach

# 2020 Medicaid Quality Incentive Metrics

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# 2020 OHA Measure Set

\* notates new measures

## Preventive Measures:

- Well child checks
- Adolescent immunizations (HPV) may be a challenge

### 2020 Measure Set

Well Child Checks (3-6 year olds)\*

Childhood Immunizations

Adolescent Immunizations\*

Depression Screening and Follow-up

Postpartum Care

ED Utilization amongst members with Mental Illness

SBIRT

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment\*

Cigarette Prevalence

Diabetes Poor Control

Assessments for Children in DHS Care – 60 days

Oral Evaluations for members with Diabetes

Preventative Dental (1-5 year olds and 6-14 year olds)\*

## Behavioral Health

- Remains a strong focus
- One new measure

## Oral Health

- One new measure
- Stronger member education

<https://www.oregon.gov/oha/HPA/ANALYTICS/COMetrics/2020-CCO-incentive-measures.pdf>

# Review of New Measure Specifications

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- Postpartum Metric Specification Change
- Well Child Checks 3-6 year old
- Adolescent Immunizations
- Preventative Dental (1-5 year olds and 6-14 year olds)
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)



# General Resources

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- OHA Transformation Center – [Transformationcenter.org](https://transformationcenter.org)
- American Academy of Pediatrics – [AAP.org](https://aap.org)
- Boost Oregon – [BoostOregon.org](https://boostoregon.org)
- *You call the shots* - [cdc.gov/vaccines/ed/youcalltheshots.html](https://cdc.gov/vaccines/ed/youcalltheshots.html)
- Immunization Quality Improvement for Providers Program – [IQIP](#)
- American Dental Association – [MouthHealthy.org](https://mouthhealthy.org)
- SAMHSA - Substance Abuse and Mental Health Services – [SAMHSA.gov](https://samhsa.gov)
- New PacificSource DCO FAQ coming soon!





# Postpartum Metric Changes

- ✓ Postpartum visit to an OB/GYN or other prenatal care practitioner, or PCP on **or between 7 and 84 days after delivery (was 21-56 days)**
- ✓ Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and *one* of the following:
  - Pelvic exam
  - Evaluation of weight, BP, breasts and abdomen
    - Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component
  - Notation of postpartum care, including, but not limited to:
    - Notation of “postpartum care,” “PP care,” “PP check,” “6-week check.”
    - A preprinted “Postpartum Care” form in which information was documented during the visit
  - Perineal or cesarean incision/wound check.
  - Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders
  - Glucose screening for women with gestational diabetes
  - Documentation of any of the following topics:
    - Infant care or breastfeeding.
    - Resumption of intercourse, birth spacing or family planning
    - Sleep/fatigue.
    - Resumption of physical activity and attainment of healthy weight





# Well Child Visits for 3-6 year olds

- **General Description:** The percentage of members 3-6 years of age who had one or more well-child visits with a PCP **during** the measurement year.
- **Numerator:** At least one well-child visit (well-care value set) with a PCP during the measurement year **not** DOB.
- **Denominator:** Eligible population as of December 31 of measurement year
- **Gap Closure:** Claims based (well-care value set)
- **Continuous enrollment:** The measurement year
- **Allowable gap:** No more than one gap of up to 45 days



# Well Child Visits for 3-6 year olds – Workflow ideas



- ✓ Early identification utilizing EHR population health tools
- ✓ EHR recalls for this population
- ✓ Utilize NCQA coding tips to actively reflect care rendered
- ✓ Never miss an opportunity to perform a Well-Child exam. Well-Child exams can be performed during sick visits if appropriate

# Well Child Visits for 3-6 year olds – Workflow ideas *cont.*

- ✓ Educate staff to schedule visits within the guideline time frame
- ✓ Visits to school-based clinics with practitioners whom the organization would consider PCPs may be counted if documentation of a Well-Child exam is available in the medical record
- ✓ Refer to the *American Academy of Pediatrics Guidelines for Health Supervision and Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents* for more information



# Well Child Visits for 3-6 year olds – *Coding*

Source	Codes	Visit Type
CPT	99381-99385,99391-99395, 99461	Well-Care
ICD-10	Z00.121	Encounter for routine child health check with abnormal findings
ICD-10	Z00.129	Encounter for routine child health check without abnormal findings
ICD-10	Z00.8	Encounter for other general examination

# Well Child Visits for 3-6 year olds - Baseline

## Central Oregon

CCO	NUM	DEN	RATE	2020 Benchmark	Estimated Target
Central Oregon	2576	3652	70.5	78.5	73.5

# Immunizations for Adolescents (IMA)

- **General Description:** The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one dose of Tdap vaccine and have completed the HPV vaccine series by their 13<sup>th</sup> birthday
- **Numerator:** Received all three vaccinations with a date of service on or between the child's 9<sup>th</sup> and 13<sup>th</sup> birthday
  - ✓ Meningococcal: 11<sup>th</sup>-13<sup>th</sup> birthday
  - ✓ Tdap: 10<sup>th</sup>-13<sup>th</sup> birthday
  - ✓ HPV: 9<sup>th</sup> -13<sup>th</sup> birthday
- **Denominator:** Eligible population as of the member's 13<sup>th</sup> birthday
- **Gap Closure:** Claims based (vaccination CPT codes) and Alert Data
- **Continuous enrollment:** 12 months prior to the member's 13<sup>th</sup> birthday
- **Allowable gap:** No more than one gap of up to 45 days





# Immunizations for Adolescents (IMA)

- **Potential Workflow Changes/Impacts**

- ✓ Early identification utilizing EHR population health tools of children turning 9 early in 2020
- ✓ Set EHR recalls for this population based on AWCVs
- ✓ Potential identification based on missing immunization
- ✓ Additional parent education of the value of the yearly physical/check-up and the value of the immunizations
  - HPV – cancer prevention, vaccine will not cause promiscuity
  - Meningococcal vaccine - important for the pre-teen years as they are at higher risk in this age group – they share everything with their friends!)
- ✓ Consider a community event - provide AWCV, immunizations, and complete sports forms

# Immunizations for Adolescents (IMA)

- **Potential Workflow Changes/Impacts**

- ✓ Utilize NCQA coding tips to actively reflect care rendered
- ✓ Educate staff on vaccine hesitancy and develop talking points
- ✓ Outreach parents to schedule their child's vaccination appointments
- ✓ Administer vaccinations during already scheduled appointments
- ✓ Educate parents on vaccinations, their side effects and perceived links to autism
- ✓ Provide educational materials on the diseases the vaccines prevent



# Immunizations for Adolescents (IMA) - Baseline

## Central Oregon

CCO	NUM	DEN	RATE	2020 Benchmark	Estimated Target
Central Oregon	557	1946	28.6	40.4	31.6

# Preventative Dental – 1-5 and 6-14 years old

- **General Description:** The percentage of members 1-14 years of age who had at least one dental visit during the measurement year.
- **Numerator:** One or more dental visits with a dental practitioner during the measurement year. Any visit with a dental practitioner during the measurement year meets criteria.
- **Denominator:** The eligible population
- **Gap Closure:** Claims based
- **Continuous enrollment:** The measurement year
- **Allowable gap:** No more than one gap of up to 45 days
- **Ages:** 1-14 years as of December 31 of the measurement year

# Preventative Dental – 1 - 5 and 6 - 14 year olds

## – *Why it's important*



- About 1 of 5 (20%) children aged 5 to 11 years have at least one untreated decayed tooth.<sup>1</sup>
- 1 of 7 (13%) adolescents aged 12 to 19 years have at least one untreated decayed tooth.<sup>1</sup>
- Children aged 5 to 19 years from low-income families are twice as likely (25%) to have cavities, compared with children from higher-income households (11%).<sup>1</sup>

# Preventative Dental – 1-5 and 6-14 year olds

- **Potential Workflow Changes/Impacts**

- ✓ Care coordination
- ✓ Refer patients to dentists and track
- ✓ Routine parent/child education during visits – *Does your child have a regular dentist? Have they been seen this year?*
- ✓ Consider tele-dentistry
- ✓ Provide educational information to patients



# Preventative Dental – 1-5 and 6-14 year olds- Baseline

## Central Oregon

Age group	NUM	DEN	RATE	2020 Benchmark	Estimated Target
1-5	2750	6017	45.7	46.3	46.3
6-14	5709	9238	61.8	68.8	68.8

# Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

- **General Description:** The percentage of adolescents and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:
  - ✓ *Initiation of AOD Treatment.* The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis
  - ✓ *Engagement of AOD Treatment.* The percentage of members who initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit
- **Numerator:**
  - ✓ If the index episode was an inpatient discharge, the inpatient stay is considered initiation of treatment and the member is compliant
  - ✓ If the index episode was not an inpatient discharge, the member must initiate treatment on the index episode start date (IESD) or in the 13 days after the IESD
  - ✓ Claims based measure
- **Denominator:** Eligible population

# Central Oregon Population IET Metric Baseline Data – 2019

Substance Use Disorder	Total Newly Diagnosed	Number Initiated Treatment	Number Engaged Treatment	Rate Initiated Treatment	Rate Engaged Treatment	Estimated Initiated Target	Estimated Engagement Target
All SUD Types	1826	785	350	43.1%	19.2%	46.0%	18.5%

# Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

- **Potential Workflow Changes/Impacts**

- ✓ Schedule the initial AOD treatment within 14 days of diagnosis
- ✓ Arrange two additional visits within 34 days after the initial treatment visit
- ✓ Refer and track patient's progress
- ✓ Provide strong follow-up workflows and procedures
- ✓ Provide robust care coordination
- ✓ Utilize PreManage
- ✓ Expand telehealth offerings (a phone call can count for both initiation and engagement)
- ✓ Increase Medication Assisted Treatment (MAT) capacity



# Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

- **Potential Workflow Changes/Impacts**

- ✓ Conduct screening/initiate MAT at the index appointment, when recommended by a provider
- ✓ Use Motivational Interviewing to engage patients in treatment
- ✓ Provide or link patients to peer support
- ✓ Train staff on brief intervention and availability of local resources/supports for AOD
- ✓ Screen for and where possible mitigate SDoH

# Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) – *Coding*



Guide in your packet today

# Questions

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## Oregon ECHO Network Prioritized List of Topics

**Directions:** Please rank your organization's top 10 choices, with **1** indicating the top choice and **10** indicating the lowest choice.

**Your organization's name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_ Adult Psychiatry

\_\_\_ Antimicrobial Stewardship in Hospital Care (*new*)

\_\_\_ Child Psychiatry

\_\_\_ Community Health Worker (*new*)

\_\_\_ Coordinating Whole Care of Foster Children (*new*)

\_\_\_ Dementia 360

\_\_\_ Dermatology in Primary Care (*new*)

\_\_\_ Geriatric Behavioral Health in an Age-friendly Health System

\_\_\_ Hepatitis C and Liver Care

\_\_\_ Infectious Disease Prevention: Connecting Primary Care & Public Health (*new*)

\_\_\_ Integrated Behavioral Health for Pediatric Populations

\_\_\_ LGBTQ (*new*)

\_\_\_ Pain Management and Substance Use Disorders Dental

\_\_\_ Parkinson's Disease



## Oregon ECHO Network Prioritized List of Topics

\_\_\_ Perinatal Health (*new*)

\_\_\_ Prison Peer Education Project (*new*)

\_\_\_ Rheumatology (*new*)

\_\_\_ Team-based Care for Diabetes Management

\_\_\_ Trauma Informed Primary Care (*new*)

**Write in ECHO topic(s):** \_\_\_\_\_