



**Provider Engagement Panel**  
**November 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#

Passcode: 775506

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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><li>• Action Item Review (Kelsey)</li></ul> |
| <b>7:05-7:15</b> | <b>QHOC – Alison Little</b><br><i>Attachment: QHOC report October</i>  |
| <b>7:15-7:35</b> | <b>Immunization rates and strategies – Therese MacIntyre</b>   |
| <b>7:35-7:55</b> | <b>Promethius – Alison Little</b><br><i>Attachment: .ppt presentation</i>  |
| <b>7:55-8:00</b> | <b>Wrap Up – Divya Sharma</b>  |

**Consent Agenda:**

- Approval of the draft minutes dated October 14, 2020 subject to corrections/legal review

**Written Reports:**



**MINUTES OF A MEETING OF  
THE PROVIDER ENGAGEMENT PANEL OF  
CENTRAL OREGON HEALTH COUNCIL  
HELD VIRTUALLY VIA ZOOM**

**October 14, 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 October 14, 2020, virtually via Zoom. 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  
Matt Clausen, MD  
Muriel DeLaVergne-Brown, RN, MPH  
Keith Ingulli, PsyD  
Alison Little, MD  
Jessica Morgan, MD

**Members Absent:**

Sharity Ludwig  
Laura Pennavaria, MD  
Robert Ross, MD

Guests Present:

Jess Jacks, Deschutes County Health Services

Therese McIntyre, PacificSource

Donna Mills, Central Oregon Health Council

Kelsey Seymour, Central Oregon Health Council

Sarah Worthington, Deschutes County Health Services

Dr. Sharma served as Chair of the meeting and Ms. Mills 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.

#### **CONSENT AGENDA**

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

#### **ACTION ITEM FOLLOW UP**

Dr. Sharma noted that prenatal patients appear to be waiting until the last minute to deliver, which has resulted in several emergent deliveries in the Prineville ED. She said no statistically relevant increases have occurred in home births.

Dr. Matt Clausen shared that prenatal visit rates are stable, so a public campaign on the safety of the hospital for prenatal care and delivery is not necessary.

#### **QHOC**

Dr. Little shared the QHOC heard a report on low value care commissioned by the Oregon Health Leadership Council which report on all waste in health care and low-benefit procedures. She noted the report represented half a billion in costs statewide across Medicaid, Medicare and commercial. She explained the report aligns with the intent of Prometheus, however, Prometheus is for Medicaid only

and contains older data than that outlined in this report. She noted the PacificSource analytics department is searching now for areas of impact relevant to this region.

Dr. Little announced the telemedicine benefits are now permanent that were put in place temporarily in response to the pandemic. She noted COVID antibody testing is never covered unless a child hospitalized. She shared edits have been made to the back pain guidelines regarding pilates, massage, spinal injections, and the wording around opioids.

Dr. Little shared a presentation was given on Flu Season and Vaccines, noting the effort is focused on getting flu vaccines given in advance of a COVID vaccine due to capacity with personnel.

#### **DIABETES PREVENTION PROGRAM**

Ms. Worthington shared the Prevent Diabetes program is a non-prescriptive 16-week class for individuals at risk of developing diabetes, and in Central Oregon reduces the cost of care annually by close to \$1M. She noted participants are mostly female, ages 50-79, and billing is in place for all sites offering the course in Central Oregon. She explained the billing does not cover the cost of the program, and thanked the PEP for their funding of the program last month.

#### **IMMUNIZATION RATES DURING PANDEMIC**

Ms. McIntyre shared that child immunizations are lower all around than this time last year, particularly the MMR for ages 2 & 9. She noted children ages 5-9 who are caught up on all immunizations are down by over 35% from last year.

Ms. McIntyre suggested the PEP support a toolkit for providers to use on social media and online, and encouraging the use of drive-thru immunization formats.

Dr. Logan Clausen suggested additional education on the safety of the COVID-19 vaccines, explaining to patients how important it is to get one and how vigorously tested they are to instill confidence. She added that the logistics of drive-thru vaccinations are complex and contain significant issues.

Dr. Sharma noted the time, and asked to continue this discussion at next month's meeting first thing.

**ACTION:** Ms. Mills will put immunizations at the top of the next meeting's agenda.

#### **ADJOURNMENT**

There being no further business to come before the PEP, the meeting was adjourned at 8:02 am Pacific Standard Time.

Respectfully submitted,

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Kelsey Seymour, Secretary

DRAFT

<p>OHA Quality and Health Outcomes Committee (QHOC)  <b>October 12, 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. – 12:00</p>		
Topic	Summary of Discussion/Impacted Departments	Materials/slides
<b>Welcome/ Introductions/ Updates</b>	<p><b>Presenters: Holly Joe Hodges, Lisa Bui</b></p> <ul style="list-style-type: none"> <li>Prometheus CCO training will be held on Monday October 26<sup>th</sup> from 9am -12:30.</li> <li>Lisa will be sending out articles prior to Prometheus training, and asks that CCO's review them prior to training.</li> <li>SB698 'SMART bill' will require prescription directions to be provided in member's language of choice upon request. <ul style="list-style-type: none"> <li>14 languages for all Oregonians</li> <li>Emphasis on patients with limited language proficiency.</li> </ul> </li> <li>National Diabetes Prevention Program (DPP) Medicaid evaluation survey will be sent to CCO's. <ul style="list-style-type: none"> <li><b>CCO's need to send Lisa a point of contact for who should receive survey by Friday October 23<sup>rd</sup>.</b></li> </ul> </li> </ul>	Pgs. 1-7
<b>Covid-19/Wildfire Updates</b>	<p><b>Presenters: Dana Hargunani, Dawn Mautner</b></p> <ul style="list-style-type: none"> <li>Highest number of <u>daily</u> new cases reported (approximately 400 cases), and an upward trend in positive test results.</li> <li>600 total deaths reported so far.</li> <li>Latest modeling indicates an expected increase in cases.</li> <li>Social gatherings have been identified as drivers of new transmissions.</li> <li>Change in testing guidance posted to OHA. <ul style="list-style-type: none"> <li>Test all contacts of cases even if they're asymptomatic.</li> </ul> </li> <li>Zip codes may be looked at for school metrics rather than county level information.</li> <li>Wildfire situation has improved, but left statewide damage. <ul style="list-style-type: none"> <li>9 confirmed dead</li> <li>1 million acres burned</li> <li>4000 homes destroyed.</li> </ul> </li> <li>FEMA is offering support.</li> </ul>	Pg. 8
<b>BH Topics</b>	<p><b>Presenters: Dave Inbody, Chelsea Holcomb</b></p> <ul style="list-style-type: none"> <li>New added BH services to CCO contract starting January 2021: <ul style="list-style-type: none"> <li>Financial Responsibility for Oregon State Hospital Waitlist</li> <li>Wraparound capacity</li> <li>Intensive In-home Behavioral Health</li> </ul> </li> <li>OHA will be releasing an implementation plan for new CCO requirements, which will include an introductory phase, development, and communication.</li> </ul>	Pgs. 9-14

HERC Update	<p><b>Presenter: Ariel Smits</b></p> <ul style="list-style-type: none"> <li>• Most CPT codes that came out in early September were approved.</li> <li>• HCPC's will be reviewed in November.</li> <li>• GN 173 entries have been completed.</li> <li>• Hysterectomy at time of Salpingo-oophorectomy for women with BRCA1 approved.</li> <li>• Magnetoencephalography before epilepsy surgery is covered.</li> <li>• Allergy testing is only covered when it is related to a covered line. <ul style="list-style-type: none"> <li>○ Example: anaphylaxis, asthma, or severe eczema</li> <li>○ New guideline for peanut allergy</li> </ul> </li> <li>• Multisector interventions for cancer screening. <ul style="list-style-type: none"> <li>○ Evidence review noted more interventions are better.</li> </ul> </li> <li>• Guideline was created for dental implant removal.</li> <li>• Dental amalgam conversations to be left up to dentists.</li> <li>• November Topics: <ul style="list-style-type: none"> <li>○ Finalize CPT codes</li> <li>○ Review HCPC codes</li> <li>○ Home intraoperative monitoring for glaucoma</li> <li>○ Nerve allograft</li> <li>○ Local treatments for prostate cancer</li> </ul> </li> <li>• GAP topic: <ul style="list-style-type: none"> <li>○ Genetic CPT codes</li> <li>○ Whole genome sequencing.</li> <li>○ Whole exome sequencing</li> <li>○ Expanded carrier screening</li> <li>○ Non-invasive prenatal screening</li> </ul> </li> <li>• BHAP November upcoming topics: <ul style="list-style-type: none"> <li>○ Telehealth and MH/SUD</li> <li>○ Neuropsychological testing guideline</li> <li>○ Repetitive transcranial magnetic stimulation</li> <li>○ Cognitive rehabilitation guidelines</li> </ul> </li> </ul>	Pgs. 15-20
Immunization Collaborative	<p><b>Presenter: Stacy Matthews</b></p> <ul style="list-style-type: none"> <li>• 4 million people included in the 2019/2020 school year. <ul style="list-style-type: none"> <li>○ 700,000 children in school and child care.</li> <li>○ 3,600 programs where immunizations were required</li> </ul> </li> <li>• Vast majority of vaccine exemptions are non-medical.</li> <li>• Exemption rate for immunizations initially increased in prior years, then exemption rate dropped after parents were required to have some education on vaccinations.</li> <li>• Unintended consequences of Covid-19 has led to a reduction in access to care.</li> <li>• VFC providers surveyed in April reported: <ul style="list-style-type: none"> <li>○ Most practices initially limited access to routine care, but continued to see infants.</li> <li>○ Some practices shut down during the pandemic.</li> <li>○ Some practices stopped immunizing.</li> </ul> </li> <li>• Parents are reluctant to bring children for non-urgent reasons back to clinics.</li> <li>• Immunizations are still required for school.</li> <li>• Clinic strategies to improve immunizations</li> </ul>	Pgs. 23-87

	<ul style="list-style-type: none"> <li>○ Provide early notification to families missing documentation.</li> <li>○ Let families know where and how to get vaccines this year.</li> <li>○ Decrease the peak of immunizations services this winter by spreading demand throughout the fall.</li> <li>○ Use school required vaccines as an opportunity to give all recommended vaccines, including influenza.</li> <li>● Immunization data and rates: <ul style="list-style-type: none"> <li>○ Rotavirus, MMR, and DTAP started to catch up in the summer months, but dropped off again.</li> <li>○ HPV and flu vaccines have started to catch up.</li> <li>○ Most CCO's met the benchmark with immunizations in 2019.</li> <li>○ Due to the 12 month enrollment criteria for immunizations, data is not complete for the new CCO's yet. So, full projections on the actual effect that the pandemic has had on immunizations is still uncertain.</li> <li>○ Total anticipated recovery needed through end of the year is still unknown.</li> <li>○ Significant drop in rates between 2019 and 2020.</li> </ul> </li> <li>● Covid-19 clinic adaptation strategies: <ul style="list-style-type: none"> <li>○ Drive through clinics.</li> <li>○ Well-child checks (WCC) are foundational.</li> <li>○ WCC recalls, with constant pervasive messaging.</li> <li>○ Provide constant reassurance.</li> <li>○ Receptionist messaging is key to success.</li> <li>○ Recall for all immunizations (including HPV 2<sup>nd</sup> dose).</li> <li>○ Have an immunization champion in the clinic who can run reports and handle outreach.</li> <li>○ Adding phone notes for touch points.</li> <li>○ MA's went to parking lot to provide immunizations in the car. Set up scenario in the parking lot and practice</li> <li>○ Schedule anyone anywhere.</li> </ul> </li> <li>● Dr. Sharleen Matthieu from East Portland Pediatrics shared her <a href="#">clinic workflow video</a>.</li> <li>● Get the right people involved and buy-in, gain expert input, and don't forget to practice.</li> <li>● Highlights from beak-out sessions (4 separate). <ul style="list-style-type: none"> <li>○ 2021 Adolescent immunizations will be a challenge measure in the quality pool.</li> <li>○ Advantage health is working on similar Covid-19 adaptation strategies.</li> <li>○ Schools have plans to bring kids back in-person in February. Schools are looking for consistency.</li> <li>○ Multisector convening around innovative strategies.</li> <li>○ Use social media campaigns</li> <li>○ Utilize flu vaccination clinics.</li> <li>○ RAVE (Rural adolescence vaccine enterprise) has had success engaging pediatricians in the work.</li> <li>○ Have immunization workgroups, and include OHA transformation agent.</li> <li>○ OHA transformation agent may be help with technical</li> </ul> </li> </ul>	
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	assistance for VFC certification. <ul style="list-style-type: none"> <li>○ SWAG nights - with student wellness events, public health partnership, games and events.</li> </ul>	
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<b>Quality and Performance Improvement Session</b> 1:00 p.m. – 3:00 p.m.		
<b>QPI Intro/updates</b>	<b>Presenter: Lisa Bui</b>	Materials/slides
<b>Initiation and Engagement and Health Equity Metrics</b>	<u><b>IET fishbone and barriers exercise</b></u> <ul style="list-style-type: none"> <li>• Precontemplation vs. awareness of conditions</li> <li>• Social support</li> <li>• Cultural needs, SDOH. Stigma</li> <li>• Lack of care coordination</li> <li>• Coding confusion</li> <li>• 42 CFR data limitations</li> <li>• Referral workflows</li> <li>• Access and Provider capacity</li> <li>• Lack of provider education about alcohol abuse or provider comfort (Theresa will share PS info with Lisa about our webinar)</li> </ul> <u><b>Health Equity and Language Access measure fishbone barriers:</b></u> <ul style="list-style-type: none"> <li>• Limited data available</li> <li>• Provider workforce and language</li> <li>• If patients can't get find an interpreter in Oregon they have to go out of state.</li> <li>• Lack of certified and qualified interpreters</li> <li>• Member preference vs provider reference</li> </ul> <ul style="list-style-type: none"> <li>• Lisa will send out a copy of the completed fishbone diagrams.</li> </ul>	Pgs. 102-104
<b>TQS Updates</b>	<ul style="list-style-type: none"> <li>• 2021 TQS changes             <ul style="list-style-type: none"> <li>○ TQS written assessment will be posted publicly.</li> <li>○ Split PCPCH into 2 separate project components.</li> <li>○ Changed template and split background and rationale to add a section for "prior year's assessment."</li> <li>○ Removed CCO Governance section.</li> <li>○ No progress report due in 2021 and in future years.</li> <li>○ TQS scoring criteria has been updated and posted.</li> <li>○ Include quality committee documents with TQS Submission.</li> <li>○ Webinar series are posted, and will be happening through the fall.</li> </ul> </li> <li>• November Topics             <ul style="list-style-type: none"> <li>○ CCO new PIPS discussion</li> <li>○ Statewide PIP update</li> </ul> </li> </ul>	Pgs. 88-101
<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).



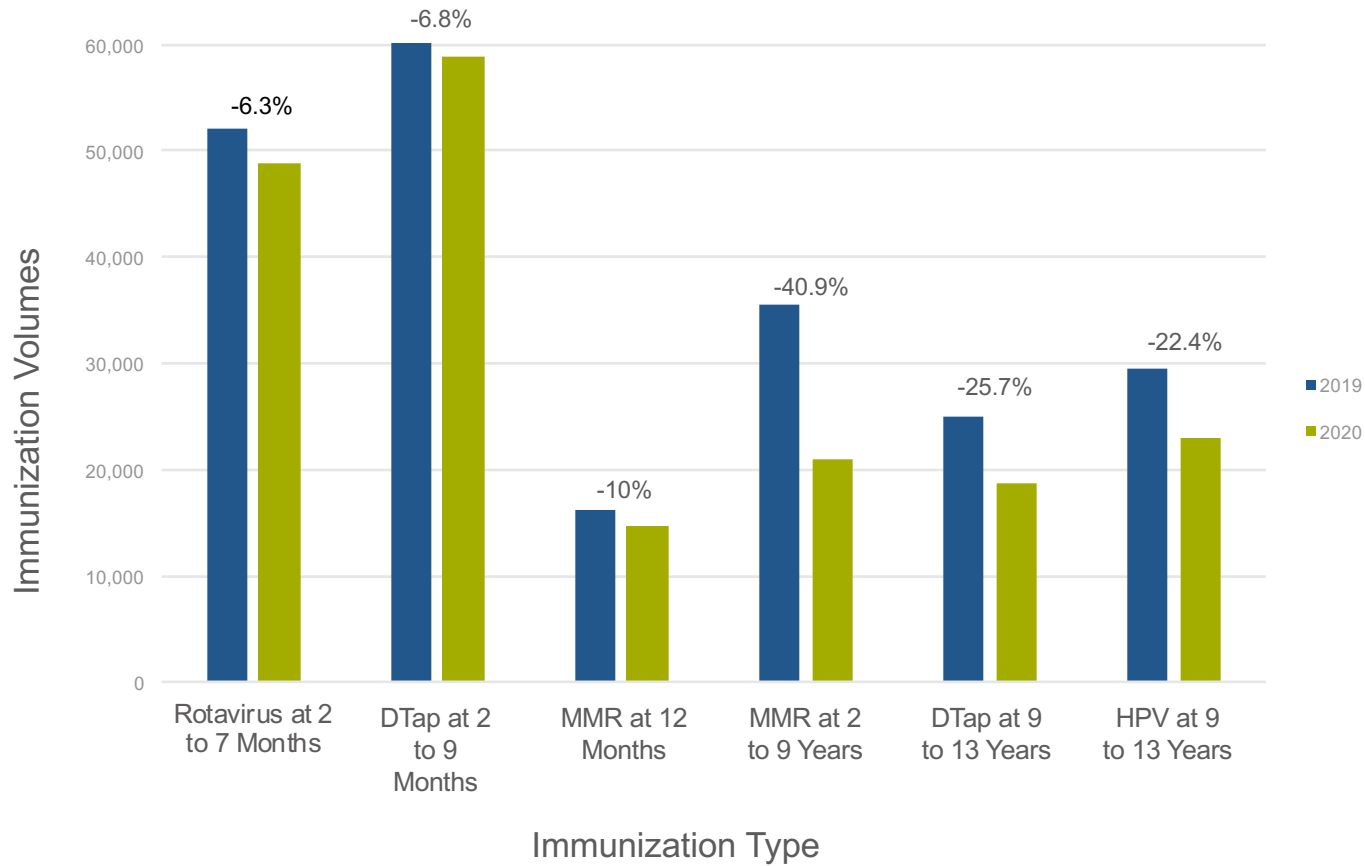
## Immunization Rates in Central Oregon – COVID-19

Therese McIntyre

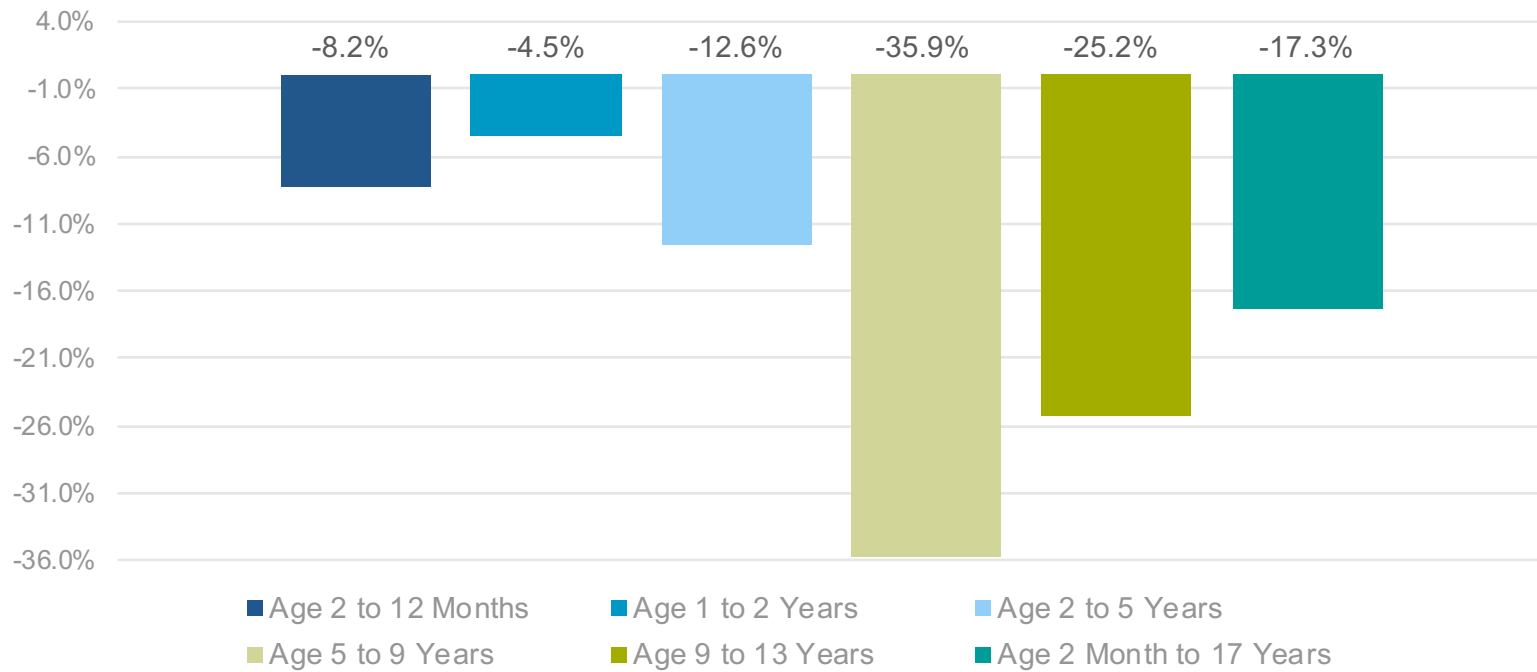


# Oregon

Oregon Child Immunization Indicators  
2020 vs 2019 Immunization Volumes  
January-July



# Central Oregon – Immunization Visits May – June Percentage Decrease 2019-2020 by Age Group



# CDC Vaccination Recommendations During the Pandemic

- Ensuring immunization services are maintained or reinitiated is essential for protecting individuals and communities from vaccine-preventable diseases and outbreaks and reducing the burden of respiratory illness during the upcoming influenza season.
- **CDC Guidelines** - <https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

# CDC Vaccination Recommendations During the Pandemic *(cont.)*

- Routine vaccination is an essential preventive care service for children, adolescents, and adults (including pregnant women) that should not be delayed because of the COVID-19 pandemic
- Assess the vaccination status of all patients at each visit to avoid missed opportunities for vaccination and ensure timely vaccine catch-up.
- All vaccines due or overdue should be administered according to the recommended [CDC immunization schedules](#) during that visit, unless a specific contraindication exists

# Vaccination Recommendations During the Pandemic

## *Children and Adolescents*

- Children and adolescents: Healthcare providers should identify children who have missed well-child visits and/or recommended vaccinations and contact parents to schedule in-person appointments, starting with newborns, infants and children up to 24 months, young children, and extending through adolescence.
- Additional guidance is available for the prevention of mother-to-child transmission of hepatitis B during COVID-19-related disruptions.



# Vaccination Recommendations During the **Pandemic**

## *Pregnant Women and Adults*

- *Pregnant women*: If recommended maternal vaccines (tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) and influenza) has been delayed because of reduced in-person prenatal care visits, pregnant women should be scheduled for follow-up and receive vaccinations during the next in-person appointment.
- *Adults*: Healthcare providers, whether they administer vaccines or not, should take steps to ensure that their patients continue to receive vaccines according to the [Standards for Adult Immunization Practice](#).
  - Older adults and adults with underlying medical conditions are particularly at increased risk for preventable disease and complications if vaccination is deferred

# Vaccination Recommendations During the Pandemic

## *InFluenza*

- Annual influenza vaccination is *recommended for all persons age 6 months and older* to decrease morbidity and mortality caused by influenza.
- Healthcare providers should consult current [influenza vaccine recommendations](#) for guidance around the timing of administration and use of specific vaccines.

# Providing Influenza Vaccines

- During the COVID-19 pandemic, reducing the overall burden of respiratory illnesses is important to protect vulnerable populations at risk for severe illness, the healthcare system, and other critical infrastructure.
- Healthcare providers should use every opportunity during the influenza vaccination season to administer influenza vaccines to all eligible persons, including:
  - **Essential workers:** Healthcare personnel, including nursing home, long-term care facility, and pharmacy staff, and other critical infrastructure workforce
  - **Persons at increased risk for severe illness from COVID-19:** Including adults age 65 years and older, residents in a nursing home or long-term care facility, persons of all ages with certain underlying medical conditions.
  - Members of certain racial/ethnic minority groups
  - **Persons at high risk for influenza complications:** Including infants and young children, children with neurologic conditions, pregnant women, adults age 65 years and older, and other persons with certain underlying medical conditions

# Providing Vaccines during the Pandemic

- CDC Guidance has been developed for the administration of vaccines at
  - [Pharmacies](#)
  - [Temporary, off-site, or satellite clinics](#)
  - [Mass influenza vaccination clinics](#).
- Other approaches to vaccination during the COVID-19 pandemic may include:
  - Drive-through immunization services at fixed sites
  - Curbside clinics
  - Mobile outreach units
  - Home visits

# Providing Vaccines during the Pandemic

*(cont.)*

- Limiting the overall number of attendees at any given time, particularly for populations at increased risk for severe illness from COVID-19.
- Setting up a unidirectional site flow with signs, ropes, or other measures to direct site traffic and ensure physical distancing between patients.
- When feasible, arranging a separate vaccination area or separate hours for persons at increased risk for severe illness from COVID-19, such as older adults and persons with underlying medical conditions.
- Selecting a space large enough to ensure a minimum distance of 6 feet between patients in line or in waiting areas for vaccination, between vaccination stations, and in post-vaccination monitoring areas

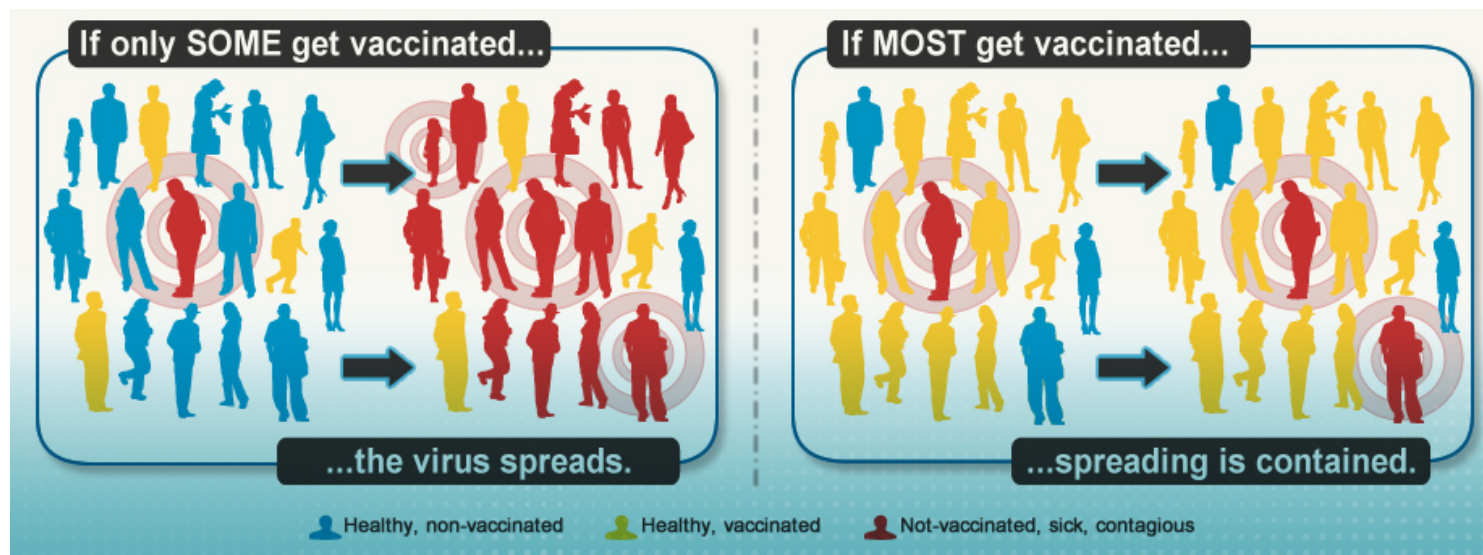
# Resources for Encouraging Vaccinations During the Pandemic

## Social Media Posts



# Resources for Encouraging Vaccinations During the Pandemic

## Social Media Posts *(cont.)*



# Resources for Encouraging Vaccinations During the Pandemic

## Social Media Posts *(cont.)*





# Resources for Encouraging Vaccinations During the Pandemic

## Web Feature and Videos

### Web Feature

<https://www.cdc.gov/vaccines/parents/why-vaccinate/well-child-visits.html>

### Videos

*From a Public Health Physician:*

<https://www.youtube.com/watch?v=Pu8zooveHtl&feature=youtu.be>

*From a Pediatrician: Vaccinations: What to Expect During Your Visit*

<https://www.youtube.com/watch?v=-xHUzPKP0BA&feature=youtu.be>

# Resources for Encouraging Vaccinations During the Pandemic

## Websites

[Vaccine Education Center](#)

[American Academy of Pediatrics](#) – Resources for parents and providers

[Centers for Disease Control](#) – Staying on Track

[Boost Oregon](#) – Parent and Provider Workshops

[Immunizations Coalition Network](#)

## Possible Actions for the Council

- Distribute a toolkit to providers:
  - Social media and website graphics to clinics for placement on their websites
  - CDC guidance checklist and encourage drive through or other vaccine modalities
  - Revise and include existing start-up guide
- Place flags and/or banners in public spaces on the importance of staying up-to-date on vaccines and getting the flu vaccine in Madras, Prineville, Redmond and Bend
- Place advertisements in local newspapers across Central Oregon and our local newscast

## Possible Actions for the Council

- Host a webinar on setting up a successful alternative modality vaccine service (La Clinica, La Pine)
- Help coordinate vaccine events at local schools during meal pick-ups
  - Enlist local paramedics/public health departments for the work
- Send a press release to local media and help coordinate local providers for quotes/appearances

# Questions

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# Prometheus 2020

## Action plan

# Prometheus

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- Prometheus is a healthcare analytics tool that shows us costs associated with potentially avoidable complications (PACs).
- The OHA's Prometheus Process Measure challenges CCOs to leverage the Prometheus tool to identify actionable opportunity areas where we can implement meaningful interventions.
- The OHA has selected three episodes as recommended initial focus areas: Asthma, Diabetes, and Substance Use Disorder. These episodes were chosen for their significant contributions to state-wide costs and their broad impacts on Oregon's population.

# Prometheus Project: Asthma

- The Asthma Episode type ranks as the 10<sup>th</sup> highest episode category for Central Oregon CCO in terms of potentially avoidable complication costs. Moreover, 22.4% of Asthma costs are classified as PAC costs, which is higher than the overall CCO Aggregate Prometheus PAC % listed at 16.7%.
- Group level performance available in the provider comparison tool shows that providers with the highest Asthma PAC costs are typically the providers with the most assigned members. The Prometheus Action Plan for Asthma does not include targeting specific providers for education at this time, although that may be a strategy for further consideration in future action plans.
- The Prometheus User Group identified Asthma Management Education as an actionable intervention strategy. Our team will create an Asthma action plan and an introduction letter to send to all adult and pediatric Medicaid members identified as having an Asthma diagnosis.



# Prometheus Project: Diabetes

- The Diabetes Episode type ranks as the 3rd highest episode category for Central Oregon CCO in terms of potentially avoidable complications. Moreover, 24.3% of Diabetes costs are classified as PAC, which is higher than the overall CCO Aggregate Prometheus PAC % listed at 16.7%.•
- The Prometheus User Group identified provider education on periodontal care for diabetics as an actionable intervention strategy. Multiple studies have shown periodontal care for members with Diabetes to have a positive correlation with improved glycemic control and some avoidable costs.•
- The Prometheus Diabetes Workgroup has developed a strategy to create educational materials on the importance of dental care for diabetic members. These resources will be offered to providers with the highest PAC dollars associated with Diabetes. In addition, there will be a member newsletter that focuses on oral health and dental screenings.

# Prometheus Project: Substance Use Disorder

- Substance Use Disorder ranks as the top highest episode category for Central Oregon CCO for potentially avoidable complication costs. Moreover, 41.7% of SUD costs are classified as PAC, which is higher than the overall CCO Aggregate Prometheus PAC % listed at 16.7%. Alcohol abuse is the highest specified SUD episode subtype by PAC dollars in the Central Oregon CCO.
- The Prometheus User Group identified provider education on medication-assisted treatment (MAT) for Alcohol Use Disorder as an actionable intervention strategy. Current evidence shows that MAT is underutilized in treating alcohol use disorder, and the workgroup believes promoting this treatment could reduce PAC costs.
- PacificSource is developing a provider education webinar for the use of MAT for patients with alcohol use disorders. All Primary Care Provider groups who have assigned CCO membership will be invited to webinar offerings. Through these efforts, the group seeks to lower the overall medical costs and potentially avoidable complications of SUD's most costly episode subtypes.

# 2020 Prometheus Timeline

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# Questions?

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Contact:

Michelle Zuiderweg  
Quality Improvement Coordinator  
[Michelle.Zuiderweg@PacificSource.com](mailto:Michelle.Zuiderweg@PacificSource.com)

