



Provider Engagement Panel
December 9, 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#
775506

- 7:00-7:05** **Introductions – Divya Sharma**
- Approve Consent Agenda
 - Action Item Review (Kelsey)
- 7:05-7:15** **QHOC – Alison Little**
Attachment: QHOC report November
- 7:15-7:35** **Traditional Health Worker reporting requirement – Tanya Nason**
- 7:35-7:55** **Accelerated Integrated Care – Diane, Christina, Kate, Dawn**
- 7:55-8:00** **Wrap Up – Divya Sharma**

Consent Agenda:

- Approval of the draft minutes dated November 11, 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**

November 11, 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 November 11, 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
- Emily Harvey, MD
- Keith Ingulli, PsyD
- Alison Little, MD
- Sharity Ludwig
- Jessica Morgan, MD
- Laura Pennavaria, MD
- Robert Ross, MD

Members Absent: Muriel DeLaVergne-Brown, RN, MPH

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. 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.

CONSENT AGENDA

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

QHOC

Dr. Little shared that amalgams are no longer recommended for pregnant women. Dr. Gary Allen noted that is an opinion guideline that will be left up to clinician discretion. Dr. Little noted COVID clinic adaptation strategies were discussed such as the consistent reassurance of patients and messaging from reception staff.

Dr. Logan Clausen shared that drive-thru vaccinations pose significant problems regarding safe vaccine storage, logistics, staff time, and more. Dr. Morgan confirmed High Lakes' drive through immunization clinic has encountered all of these difficulties.

IMMUNIZATION RATES DURING PANDEMIC

Ms. McIntyre suggested the Panel might be willing to take actions in support of raising immunization rates. Dr. Logan Clausen noted that the COVID-19 pandemic has raised public concern for vaccine safety and approval. Dr. Morgan noted that the concerns are generating from a new population of patients who previously showed no concern for vaccines. Dr. Logan Clausen noted that concerns center on how vaccines are approved, any potential political influence, and whether a rush could be inappropriate or harmful. Ms. McIntyre suggested Boost Oregon, a parent-led organization serving vaccine-hesitant families, might be the right voice to reach this newly concerned audience.

The group decided to form a subgroup for a public campaign on vaccinations.

ACTION: Ms. Seymour will schedule a time for the vaccinations subgroup to meet.

PROMETHEUS

Dr. Little explained that Prometheus is a health analytics tool that identifies potentially avoidable complications in health care, and that Oregon is focused on those involving asthma, diabetes, and substance use disorder. She noted that PacificSource will be sending action plans to patients with asthma. Dr. Matthew Clausen asked if the action plan is also being sent to the patient's primary care provider. Dr. Little agreed that it can be, noting that the patient's action plan instructs them to consult their provider about the plan.

ADJOURNMENT

There being no further business to come before the PEP, the meeting was adjourned at 7:55 am Pacific Standard Time.

Respectfully submitted,

Kelsey Seymour, Secretary

OHA Quality and Health Outcomes Committee (QHOC)

November 9, 2020

Webinar or conference line, 1-888-278-0296, code 310477

[Meeting Packet](#)

[Agenda](#)

[QHOC Website](#)

[Slides](#)

Clinical Director Workgroup

10:00 a.m. – 12:00

Topic	Summary of Discussion/Impacted Departments	Materials/ Action Items
Welcome/ Introductions/ Updates	<p>Presenters; Holly Joe Hodges, Lisa Bui</p> <ul style="list-style-type: none"> • CCO DPP contacts still needed from CCO’s. • QHOC member list needs to be updated with clinical lead for medical, behavioral, oral health, and quality. <ul style="list-style-type: none"> ○ List is used for direct emails and voting purposes. • Meetings will be held through GoToWebinar unless there is a learning collaborative. Learning Collaboratives are held through Zoom. 	Pgs. 1-6
Covid-19 Updates	<p>Presenters: Kassie Clark, Rachel Henry-Curans</p> <p>State is hitting record increases in cases, with almost 1,000 cases reported in a single day.</p> <ul style="list-style-type: none"> ○ Increase in cases from metro areas. ○ 20% rise in hospitalizations. • Governors press release on Friday. <ul style="list-style-type: none"> ○ Two week pause in counties with highest cases. (Marion, Umatilla, Malheur) ○ Limiting social gatherings • Testing capacity will be expanded to 10,000 tests per day with a focus on testing in priority populations. <ul style="list-style-type: none"> ○ Latinex, MSFW, AA, developmental disabilities and homeless populations. • State is supporting several testing codes: (schools, care facilities, and community events) • Funding structure for 1/2021 is still uncertain. • Discussion :How are CCO’s working with LPHA and supporting testing in communities: <ul style="list-style-type: none"> ○ Marion Polk: <ul style="list-style-type: none"> ▪ Getting tests to homeless and finding temporary housing. ▪ Outreach testing efforts and coordinating follow-up. ▪ Communing and bringing people together. ○ Health Share: <ul style="list-style-type: none"> ▪ Uplifting culturally specific testing. ▪ Some confusion with LPHA about paying for testing. ○ Columbia Pacific: <ul style="list-style-type: none"> ▪ Partnered with public health regarding housing. ▪ Flu vaccine outreach and prepping for when 	Pgs. 8- 11

	<p>Covid-19 vaccine comes.</p> <ul style="list-style-type: none"> ▪ Fear of false negatives and rapid testing accuracies. ▪ Communication with testing outcomes. <ul style="list-style-type: none"> • CCO's could benefit with having more data. 	
HERC Updates	<p>Presenters: Ariel Smits</p> <ul style="list-style-type: none"> • Multiple new CPT codes came (COVID and flu mixed testing codes). <ul style="list-style-type: none"> ○ New COVID diagnostic codes that have been effective since October: ○ 87636. 87637. 87811 ○ Removed age restriction on antibody testing • Chronic opioid guideline conversation coming up – will clarify that tapering is not required • Oral Health Advisory Panel (OHAP) updates. <ul style="list-style-type: none"> ○ Dental implant placement is not covered, but removal of dental implants in cases of complications is covered. ○ Amalgam guidelines are being removed to allow for more provider preference. • Genetics Advisory Panel (GAP) updates: <ul style="list-style-type: none"> ○ Whole genome testing to be discussed. ○ Expanded carrier screening for pregnant members. ○ Expanding non-invasive prenatal testing to all pregnant women, not just high risk • Behavioral Health Advisory Panel (BHAP) updates: <ul style="list-style-type: none"> ○ Review neuropsychological testing guidelines ○ Repetitive transcranial magnetic guidelines ○ Review cognitive rehabilitation guidelines • Upcoming HERC topics: <ul style="list-style-type: none"> ○ Hernia coverage ○ Acupuncture for SUD –covered but not under acupuncture guidelines. ○ Clarify coverage for opioid induced constipation. ○ Biofeedback ○ Prostate cancer related issues ○ Hybrid artificial disc replacement with fusion 	Pgs. 12-18
P&T Updates	<p>Presenter: Roger Citron</p> <ul style="list-style-type: none"> • Atopic dermatitis <ul style="list-style-type: none"> ○ No changes to PMPDP • Asthma/COPD <ul style="list-style-type: none"> ○ Turdoza non preferred ○ Airduo, Anoro Ellipta, and Stiiolto preferred • Antiepileptic class updates <ul style="list-style-type: none"> ○ Fenfluramine non-preferred • Antacids: Proton pump inhibitors and H2 receptors <ul style="list-style-type: none"> ○ Make famotidine complete chew tablets, Aciphex, Dexilant, Prevacid, DR capsules, and Pylera, and combo pack preferred. • PPI PA clarification to help clarify durations of therapy • Parkinson's disease class updates: <ul style="list-style-type: none"> ○ Anti-Parkinson's agent PA criteria to ensure safe and appropriate use of new agents. 	Pgs. 21-33

	<ul style="list-style-type: none"> ○ Amantadine capsules and tablets preferred • Biologics <ul style="list-style-type: none"> ○ - PA criteria updated to reflect indications for the targeted immune modular agents. ○ Secukinumab non-preferred • Modafinil evaluation: <ul style="list-style-type: none"> ○ Recommend modifying PA criteria to prevent inappropriate use during pregnancy. • Bipolar drug- use evaluation (DUE): <ul style="list-style-type: none"> ○ Recommend review of patients who have increased hospitalizations. ○ Committee supported prioritized patients with three or more ED visits over 6 months for psychiatric reasons. • Oncology updates: <ul style="list-style-type: none"> ○ Antineoplastic agents to table 1 PA criteria. • Orphan drugs updates: <ul style="list-style-type: none"> ○ PA criteria to support medically appropriate use of Givlaari and Recovi. • Next P&T Committee meeting is on 12/3/20. 	
<p>BH Topics</p> <p>IIBH, OSH, ABA</p>	<p>Presenters: Chelsea Holcomb (IIBHT), Jon Collins (OSH), Tamara McNatt (ABA)</p> <ul style="list-style-type: none"> • Intensive In-home Behavioral Health Treatment (IIBHT) <ul style="list-style-type: none"> ○ Minimum 4 hours of planned intensive services and crisis response in-home. ○ Inclusive and accessible care- foster youth, respite care, shelter care, and homeless youth. ○ Youth at immediate risk of psych hospitalization or removal from home are eligible. ○ Youth with severe mental health conditions and children with special health needs (substance abuse, developmental needs). ○ Children’s continuum of care • Wraparound is a care coordination model as IIBHT is about treatment – this is required in addition to IIBHT • Discussion about providers of this service – there are currently 2 in the state, 15 more pending. <ul style="list-style-type: none"> ○ Billed with code H0023 – reimbursed at \$3000 PMPM • IIBHT Learning Collaborative is held every other Friday through the end of the year. • OHSU will be providing training, evaluation, and technical assistance support to IIBHT providers and CCO’s. <ul style="list-style-type: none"> ○ Self-Reported outcome data (Hope scale, Ohio, and Entry and transition data. ○ Support through REDcap ○ Provider and regional reports • Oregon State Hospital Discharges (OSH) <ul style="list-style-type: none"> ○ CCO’s to work with discharge planning for patients admitted to the State Hospital. 	<p>Pgs. 34-56</p>
<p>Prescription drug monitoring program</p>	<p>Presenter: John McIlveen</p> <ul style="list-style-type: none"> • Opioid Prescribing trends <ul style="list-style-type: none"> ○ Increase in heroin overdoses 	<p>Pg. 57</p>

(PDMP)	<ul style="list-style-type: none"> ○ Increase in synthetic opiates (other than methadone) ○ Decrease in high dose >90 MME ○ Overdose deaths fluctuating and increasing since COVID ● PDMP queries initially decreased then picked up after March/April. 	
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Quality and Performance Improvement Session 1:00 p.m. – 3:00 p.m.		
Prometheus and Quality Connections	<p>Presenter: Will Clark</p> <p>Training recording can be found online at QHOC website.</p> <ul style="list-style-type: none"> ● Q&A document is also posted to QHOC. ● If CCO’s want more access to tool, they can email the Actuarial Services team. <ul style="list-style-type: none"> ○ OHA may look into getting additional licensees. ● Connecting Prometheus action plans to other CCO quality deliverables: <ul style="list-style-type: none"> ○ As part of 2021 TQS Component for Utilization Review, CCO’s can submit projects that also follow the Prometheus Final Report guidance. <ul style="list-style-type: none"> ▪ Submission will be reviewed by OHA ○ If CCO’s want to have a PIP that utilizes the Prometheus tool, they can submit that in a PIP Notification and await a review for more direction before proceeding. <ul style="list-style-type: none"> ▪ More details to come 	Pg. 58-60
Statewide PIP Discussions	<p>Presenter: Lisa Bui</p> <ul style="list-style-type: none"> ● Non State-wide PIPs: <ul style="list-style-type: none"> ○ PIP peer learning will take place in future QIP sessions. ○ Focus on best practices or new topics among CCO’s. ○ HSAG is reviewing October PIP submissions to see where technical assistance is needed. ○ Lisa will be setting up TA calls for late November/Early December. ● Statewide PIP topic: <ul style="list-style-type: none"> ○ Acute PIP topic will not continue. ○ New topic will be around behavioral health access <ul style="list-style-type: none"> ▪ Aligns with CCO 2.0 and 2020-2024 State Health Improvement Plan. ○ No reporting due 1/2021. ● OHA hopes to have topic more refined and define measures by July 2021. ● CCO’s will be sent out survey monkey about PIP topics. <ul style="list-style-type: none"> ○ Future discussion to occur at QPI sessions. 	Pgs. 62-74
CCO Incentive Metric TA	<ul style="list-style-type: none"> ● Review and discussion about talking points and FAQ developed for Meaningful Language Access measure. <ul style="list-style-type: none"> ○ Draft of FAQ and talking points will be provided to 	n/a

<ul style="list-style-type: none"> • Language Access 	<p>CCO's.</p> <ul style="list-style-type: none"> • Metric Requirements: <ul style="list-style-type: none"> ○ CCO's are required to report member level data across their network of providers. • Why it's important to members? <ul style="list-style-type: none"> ○ Increase accountability for provider systems and CCO's to provide quality interpreter services. • Working with qualified certified interpreters. <ul style="list-style-type: none"> ○ Can bilingual providers interpret services? Only if they are trained to do so. • CCO and provider specific data needed. • Credential tracking is not required until 2022. • If we use 3rd party service vendor, does that count toward the measure? <ul style="list-style-type: none"> ○ Yes, if the interpreter meets the definition of quality and the intent of the measure to provide meaningful access. • How to verify in an interpreter is OHA certified and qualified? <ul style="list-style-type: none"> ○ All approved HCI's should have a badge with their credentials. 	
<p>Adjourn</p>		

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.