



**Provider Engagement Panel**  
**February 10, 2021 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)
- 7:05-7:20**      **Workforce Development Cont. – Gretchen Horton-Dunbar**
- 7:20-7:45**      **Integrated Care for Kids Cooperative – OPIP**
- 7:45-7:58**      **Vaccine Update – Rob Ross (subgroup members)**
- 7:58-8:00**      **Wrap Up – Divya Sharma**

**Consent Agenda:**

- Approval of the draft minutes dated January 13, 2021 subject to corrections/legal review
- Charter

**Written Reports:**

- January QHOC Report



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

**January 13, 2021**

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 January 13, 2021, 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:

Gary Allen, DMD

Michael Allen, DO

Logan Clausen, MD

Matt Clausen, MD

Muriel DeLaVergne-Brown, RN, MPH

Emily Harvey, MD

Keith Ingulli, PsyD

Alison Little, MD

Sharity Ludwig

Jessica Morgan, MD

Laura Pennavaria, MD

Robert Ross, MD

Divya Sharma, MD, Chair

Members Absent: Carey Allen, MD

Guests Present: Donna Mills, Central Oregon Health Council

Gretchen-Horton Dunbar, 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.

#### **QHOC**

Dr. Little shared the HERC clarified issues for acupuncture around SUD, and that there is a potential for lowering the age range of preventive colonoscopies. She noted that there was no meeting in December meeting of the HERC, and that hernias are to be discussed in March.

Dr. Little shared the QHOC heard a presentation from Dr. Dave Inbody about the waitlist for the Oregon State Hospital becoming the responsibility of the CCO's, noting it is unclear to her how this will improve the waiting list.

Dr. Sharma announced she has been appointed by Governor Kate Brown to the Medicaid advisory committee for the next two years, and offered to share regular updates with the PEP as the meetings take place.

#### **WORKFORCE DEVELOPMENT**

Ms. Horton-Dunbar explained provider workforce development is in the 2021 contract between PacificSource and OHA. She noted the requirements must be reported on annually, and will include a review of how the demographics of providers compare to those of patients. She shared the

assessment so far has revealed inadequate numbers of Traditional Health Workers (THWs) including health navigators and doulas.

Ms. Horton-Dunbar shared the assessment shows adequate access to oral health and behavioral health providers. Dr. Gary Allen asked if the prevalence of disease is being measured in the assessment compared to the availability of providers; Ms. Horton-Dunbar agreed to include it. She asked who else she should be consulting on the subject of workforce development. Dr. Sharma asked Ms. Horton Dunbar to return at the February meeting for further discussion.

**ACTION:** Ms. Horton-Dunbar will include the prevalence of oral health disease compared to the availability of providers in the assessment.

**ACTION:** Ms. Mills will invite Ms. Horton Dunbar to the February meeting to continue the discussion on workforce development.

#### **VACCINE UPDATE**

Ms. DeLaVergne-Brown shared the federal government announced that teachers and adults over 80 years of age will begin receiving vaccines shortly. Dr. Logan Clausen noted this announcement has come precisely when the 1a group begins returning for their booster vaccine. She added there's a financial sustainability concern for administering so many vaccines without charging an admin fee. Dr. Ross offered to share the St. Charles and Deschutes County vaccine clinic volunteer sign-up link with the PEP.

#### **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

## **PROVIDER ENGAGEMENT PANEL CHARTER AND SCOPE OF WORK**

Prepared on April 15, 2014 by Lindsey Hopper

Prepared on February 10, 2017 by Donna Mills

Prepared on December 7, 2020

### Overview

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

### Purpose

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

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

### Scope of Work

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

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

## PEP Meetings

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

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

## Work Groups

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

## Deliverables

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

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

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

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

## Membership Requirements

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

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

Members of the PEP ~~may shall~~ include:

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

### Resources Available

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

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

OHA Quality and Health Outcomes Committee (QHOC)  
**January 11, 2021**  
 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
<b>Welcome/ Introductions/ Updates</b>	<ul style="list-style-type: none"> <li>• See webinar list for attendees.</li> </ul>	Pgs. 1-5
<b>Covid-19 Updates</b>	<p><b>Presenter: Rex Larson and Dawn Mautner</b></p> <ul style="list-style-type: none"> <li>• Hospitals are making significant progress distributing vaccines to healthcare personnel.             <ul style="list-style-type: none"> <li>○ Hospital capacity presently is holding following initial holiday surge.</li> </ul> </li> <li>• Around 225,000 vaccines have been delivered across the state.             <ul style="list-style-type: none"> <li>○ 104,000 doses have been given or (40% of the allocation have been administered.)</li> </ul> </li> <li>• 595 people have been fully vaccinated in Oregon.             <ul style="list-style-type: none"> <li>○ 60,463 have taken at least 1 dose with the series in progress.</li> </ul> </li> <li>• Skilled Nursing Facilities (SNF) should begin receiving-vaccines by the end of the week.</li> <li>• Local Public Health Associations (LPHA's) are partnering to coordinate with EMS and First Responders.</li> <li>• Allocation to Tribal Health Centers is underway.</li> <li>• Phase 1 for vaccine distribution is being broadened to pharmacy programs and Long Term Care (LTC) sites.             <ul style="list-style-type: none"> <li>○ LTC's will need 20,000 doses a week for the next 4 weeks.</li> </ul> </li> <li>• Vaccine Advisory Committee (VAC) has been formed composed of 27 members of underrepresented and disproportionately effected communities.             <ul style="list-style-type: none"> <li>○ Committee is tasked with developing recommendations to provide Governor Brown about communication with priority groups.</li> <li>○ Reviewing data on COVID-19 and immunization inequities.</li> <li>○ Using ethical principles to create the vaccine sequencing plan for phase 1b, 1c, and 1d.</li> <li>○ The committee does not have scope to make decisions about allocation and distribution.</li> </ul> </li> <li>• OHA has launched a coordinated communication and social media campaign.</li> <li>• Dashboards being developed to monitor the number of providers' enrolled, county level data, number of people being</li> </ul>	Pgs. 6-30



	<p>vaccinated.</p> <ul style="list-style-type: none"> <li>○ Refusal rates for the viruses can't be tracked.</li> <li>● <b>CCO Opportunities:</b> <ul style="list-style-type: none"> <li>○ Reach out to clinics to understand where they are in the vaccine process.</li> <li>○ Coordinate with LPHA's.</li> <li>○ Create member lists for prioritization (segmented by age, chronic health conditions, and residential settings) to share with providers and relevant partners.</li> <li>○ Offer clerical support.</li> <li>○ Tracking how many providers have signed up.</li> <li>○ Being knowledgeable about vaccine data in their respective CCO area.</li> <li>○ Promoting social media strategies.</li> </ul> </li> </ul>	
<p><b>P&amp;T Updates</b></p>	<p><b>Presenter: Roger Citron</b></p> <ul style="list-style-type: none"> <li>● December Committee approved recommendations.</li> <li>● SUD – no changes to PDL after review.</li> <li>● Antiemetics – no changes to PDL.</li> <li>● Sedative Class – non preferred <ul style="list-style-type: none"> <li>○ Melatonin –recommend making changes to open access for children up to 18 years</li> <li>○ If CMS approves melatonin, it will be approved.</li> </ul> </li> <li>● Tepezza – non-preferred and PA criteria implemented.</li> <li>● Gout Class – no changes, but PA criteria was updated. <ul style="list-style-type: none"> <li>○ 10 tabs no PA for outbreak per 180 days</li> <li>○ Colcrys preferred</li> </ul> </li> <li>● Evrysdi (Risdiplam) – non-preferred and PA criteria implemented. <ul style="list-style-type: none"> <li>○ .</li> </ul> </li> <li>● Oxervate—non-preferred, and PA criteria proposed.</li> <li>● Calcitonin Gene-related Peptides (CGRP) inhibitors <ul style="list-style-type: none"> <li>○ Ajovy – preferred with PA criteria</li> </ul> </li> <li>● Oncology Policy updates <ul style="list-style-type: none"> <li>○ added Gavreto to table 1</li> <li>○ 1 new agent added</li> </ul> </li> <li>● New indication for Ellipta</li> <li>● Trelogy- updated PA criteria</li> <li>● Inflammatory skin conditions- revised PA criteria <ul style="list-style-type: none"> <li>○ GN 21 – revised criteria for all to match GN 21</li> </ul> </li> <li>● Drug discontinuation Case Management (CM) <ul style="list-style-type: none"> <li>○ Sending lists to CM for gaps in therapy.</li> <li>○ CM proposal – gaps in therapy for high-risk maintenance.</li> <li>○ More than 14 day gap after for 3 months.</li> </ul> </li> <li>● Consults for antipsychotics in children: <ul style="list-style-type: none"> <li>○ Referrals to OPAL-K in long-term treatment.</li> <li>○ Review all members &lt;10 years on long-term treatment and prescribed multiple meds, and reach out to providers.</li> <li>○ 44% made the consult.</li> </ul> </li> <li>● Next P&amp;T meeting Feb 4<sup>th</sup></li> </ul>	<p>Pgs. 32-47</p>

<p><b>HERC Updates</b></p>	<p><b>Presenter: Ariel Smits</b></p> <ul style="list-style-type: none"> <li>• New codes have been created for AstraZeneca vaccine. <ul style="list-style-type: none"> <li>○ Codes have been approved and released (Line 3) on 12/17/20 and were sent to CCO Medical Directors.</li> <li>○ 91302 –Oxford vector vaccine <ul style="list-style-type: none"> <li>▪ 0021A – first dose immunization administered</li> <li>▪ 0022A second dose administered</li> </ul> </li> <li>○ C9803 –outpatient hospital clinic visit for Covid-19</li> <li>○ 87428 –infection agent detection by immunoassay.</li> </ul> </li> <li>• New additional Covid-19 ICD-10 codes. <ul style="list-style-type: none"> <li>○ Z11.52 –screening encounter for Covid-19</li> <li>○ Z20.822- Contact with suspected exposure to Covid-19.</li> <li>○ Z86.16 – Personal history of Covid-19.</li> <li>○ M35.81-multi system inflammatory syndrome</li> <li>○ M35.89 –other specified systemic involvement of connective tissue.</li> <li>○ J12.82 – pneumonia due to corona virus 2019.</li> </ul> </li> <li>• CCO should open up all Covid codes as soon as possible. <ul style="list-style-type: none"> <li>○ All line placements will be available in next Prioritized list.</li> </ul> </li> <li>• January 21<sup>st</sup> meeting will be reviewing uncomplicated hernias, uterine polyps, and Panniculectomy.</li> <li>• January VBBS/HERC Meeting: <ul style="list-style-type: none"> <li>○ Acupuncture is only covered for SUD as a part of a wider treatment plan E.g. with MAT etc.</li> <li>○ Evidence does not support spinal fusion <b>with</b> artificial disc replacement.</li> <li>○ Expanded carrier screenings for genetic tests is covered.</li> <li>○ Prostate cancer: Updating coverage for localized treatment</li> <li>○ Cystatin – FDA requirement prior to a drug for MS-proposal to cover, open as dx.</li> <li>○ Reviewing 2021 HCPC codes.</li> <li>○ Biofeedback currently being reviewed for coverage.</li> </ul> </li> <li>• EGBS Updates and other topics: <ul style="list-style-type: none"> <li>○ Discussions on MRI knee is not moving forward</li> <li>○ Oscillation devices will be discussed</li> <li>○ Bariatric surgery pre consult for nutrition will be discussed</li> <li>○ Platelets for diabetic lower extremity non-healing wounds will be discussed in May 2021.</li> </ul> </li> <li>• Failure to thrive –please send feedback/input to HERC email.</li> <li>• Screening codes – send feedback/input to HERC email</li> </ul>	<p>Pgs. 48-58</p>
<p><b>State Health Improvement Plan (SHIP)</b></p>	<p><b>Presenter: Christy Hudson</b></p> <ul style="list-style-type: none"> <li>• 2020-2014 need plan launched. “Healthier Together Oregon”</li> <li>• Broader (upstream) effort to inform policy, priorities, and investments for OHA and other state agencies</li> <li>• Purpose and scope of SHIP <ul style="list-style-type: none"> <li>○ Inform Community Health Improvement plan (CHIP)</li> <li>○ Address unjust disparities</li> <li>○ Requirement for equitable recovery from Covid-19</li> </ul> </li> <li>• Priorities (Institutional Bias, Adversity, Access to equitable</li> </ul>	<p>Pgs. 59 -68</p>

	<p>preventive health)</p> <ul style="list-style-type: none"> <li>• Implementation areas – Equity and justice, healthy communities, Housing and Food, Behavioral Health, Healthy families, Healthy Youth, workforce development, technology and health.</li> <li>• Next steps in implementation: <ul style="list-style-type: none"> <li>○ Reform CORE group for implementation.</li> <li>○ Reform PartnerSHIP</li> <li>○ Identify collaborative opportunities</li> <li>○ Inform OHA Strategic Plan and identify strategies that OHA is responsible for.</li> <li>○ Identify strategy “champions” to move actions forward</li> </ul> </li> <li>• Lisa will circle-back at follow-up email for CCO involvement.</li> </ul>	
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<b>Quality and Performance Improvement Session</b> 1:00 p.m. – 3:00 p.m.		
<b>2021 Contract Deliverable and expectations</b>	<p><b>Presenter: Veronica Guerra and Cheryl Henning.</b></p> <ul style="list-style-type: none"> <li>• TQS and Prometheus <ul style="list-style-type: none"> <li>○ If CCO’s are planning to use Prometheus as part of their TQA Utilization Review project, then they have to submit it through the 2021 TQS submission and the Prometheus Action Plan.</li> <li>○ If CCO’s have questions about TQS project components, they can attend office house and ask for an OHA SME to attend the following scheduled office hours to answer questions.</li> </ul> </li> <li>• A <a href="#">memo</a> with a list of all CCO QI 2021 deliverables was sent to CCO’s to notify CCO’s of new review processes and guidance documents for deliverables. <ul style="list-style-type: none"> <li>○ Memo and details are available on OHA’s website.</li> </ul> </li> <li>• Guidance documents are being created for several deliverables and OHA will begin to review deliverables after submission and provide feedback for changes needed to deliverables. <ul style="list-style-type: none"> <li>○ The review process is intended to support CCO’s accountability framework.</li> <li>○ Formal reports will be sent back to CCO’s stating whether they meet requirements or not.</li> </ul> </li> <li>• Review process was discussed at CCO Ops meeting in 2019.</li> <li>• Guidance and review criteria for deliverables will be sent out 30 days in advance of deliverables.</li> <li>• A survey monkey was sent out for the annual P4P report. For more information look on CCO’s contract page, and email to get access to the survey link.</li> <li>• Delivery System Network (DSN) report review was sent out to CCO’s to resolve findings prior to next submission.</li> <li>• SOC Steering Committee – the template was changed and can be found on contract webpage.</li> <li>• OHA will take over HSAG feedback in 2021 and create review criteria.</li> <li>• FWA report had submissions corrected in 2021.</li> </ul>	No slides

	<ul style="list-style-type: none"> <li>• Grievance and Appeals log had revised evaluation criteria.</li> <li>• NEMT has been issued a template.</li> <li>• CCO P&amp;P will be reviewed by HSAG and an evaluation tool is being created.</li> <li>• IIBHT- if the program is up and running CCO’s submit 2 progress reports.</li> <li>• Definitions between “HIE Network” and “HIE Exchange” – CCO’s need to answer questions per CMS definition.</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).