



**Provider Engagement Panel**  
**March 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

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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 Report – Alison Little</b><br>Attachment: QHOC report  |
| <b>7:15-7:30</b> | <b>2019 JMA BH \$\$ Investment – Mike Franz</b>  |
| <b>7:30-7:55</b> | <b>CLAS – Miguel Angel Herrada</b><br>Attachment: Presentation   |
| <b>7:55-8:00</b> | <b>Vaccine Update – Rob Ross (subgroup members)</b>  |
| <b>8:00-8:05</b> | <b>Wrap Up – Divya Sharma</b>  |

**Consent Agenda:**

- Approval of the draft minutes dated February 10, 2021 subject to corrections/legal review
- Charter

**Written Reports:**



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

**February 10, 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 February 10, 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:**

Divya Sharma, MD, Chair

Gary Allen, DMD

Michael Allen, DO

Muriel DeLaVergne-Brown, RN, MPH

Emily Harvey, MD

Alison Little, MD

Sharity Ludwig

Laura Pennavaria, MD

Robert Ross, MD

**Members Absent:**

Carey Allen, MD

Logan Clausen, MD

Matt Clausen, MD

Keith Ingulli, PsyD

Jessica Morgan, MD

Guests Present:

Donna Mills, Central Oregon Health Council

Gretchen-Horton Dunbar, PacificSource

Kelsey Seymour, Central Oregon Health Council

Dustin Stilwell, OPIP

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.

#### **WORKFORCE DEVELOPMENT**

Ms. Horton-Dunbar reviewed the takeaways from the regional assessment on workforce development presented last month. She asked the committee what opportunities existed to incorporate workforce development into the COHC's work, and what projects may already be underway.

Ms. Mills asked if East Cascade Works has been contacted on their workforce diversity project. Ms. Horton-Dunbar agrees to find out. Dr. Gary Allen notes a nationwide and statewide shortage in dental assistants. Ms. Horton-Dunbar shares that Ms. Heather Simmons will be connecting with DCOs about efforts in dental workforce.

#### **INTEGRATED CARE FOR KIDS (INCK) COOPERATIVE**

Ms. Reuland explained that OPIP is a statewide organization focused on improving the health of children by bringing together clinical and non-clinical partners. She noted that high medical complexity in children often compounds high social complexity. She suggested that intersecting data between social struggles and medical complexity, children whose conditions present high cost to the system could be identified early and supported by prevention.

## **VACCINE UPDATE**

Ms. DeLaVergne-Brown shared Crook County Health Department has begun vaccinating individuals over the age of 80 at the fairgrounds, and that soon they will know 3 weeks in advance how much vaccine is due to the area. Dr. Ross shared the fairgrounds is operating with minimal staff and offering boosters only until additional doses come in. The clinics discussed the difficulty of operating vaccine clinics without knowing far in advance how many doses are due.

Ms. DeLaVergne-Brown shared some Bend-area Walgreens will be receiving a few doses. The groups wondered whether they could recommend patients visit those pharmacies. Dr. Sharma agreed to find out.

**ACTION:** Dr. Sharma will learn more about the availability of Walgreens vaccines.

## **ADJOURNMENT**

There being no further business to come before the PEP, the meeting was adjourned at 8:00 am Pacific Standard Time.

Respectfully submitted,

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Kelsey Seymour, Secretary

<p>OHA Quality and Health Outcomes Committee (QHOC)  <b>February 8, 2021</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 align="center"><b>Clinical Director Workgroup</b>  10:00 a.m. – 12:00</p>		
Topic	Summary of Discussion/Impacted Departments	Materials/ Action Items
<b>Welcome/ Introductions/ Updates</b>	<p><b><u>Presenter: Holly Joe Hodges</u></b></p> <ul style="list-style-type: none"> <li>• See attendee list</li> </ul>	Pgs. 1-5
<b>Covid-19 Updates</b>	<p><b><u>Presenter: Rex Larson</u></b></p> <ul style="list-style-type: none"> <li>• 2 new vaccines expected to be approved and distributed in coming months. <ul style="list-style-type: none"> <li>○ Johnson and Johnson due in March/April</li> <li>○ AstraZeneca due in April/May</li> </ul> </li> <li>• Moderna supply has improved.</li> <li>• 80% of healthcare providers have been vaccinated.</li> <li>• Oregon is doing well compared to other states.</li> <li>• OHA is working on a state pharmacy plan to extend on site vaccinations in congregate care facilities not included in the federal program.</li> <li>• OHA is currently operating at distribution phase 1-B. <ul style="list-style-type: none"> <li>○ People 80 and older scheduled beginning the week of February 8, 2021.</li> <li>○ Followed by 5 year age cohorts in over next few weeks.</li> <li>○ Teachers are also being consecutively vaccinated starting last week.</li> </ul> </li> <li>• 696, 100 doses have been delivered to all sites. <ul style="list-style-type: none"> <li>○ 365,317 first doses have been administered.</li> <li>○ 88, 118 second dose have been administered.</li> </ul> </li> <li>• An estimated 75% of phase 1 recipients have received their first dose. <ul style="list-style-type: none"> <li>○ 4 out of 5 older Oregonians in phase 1B should be vaccinated by May, including 65+ and teachers.</li> <li>○ 60% of educators are expected to be vaccinated in next two weeks.</li> </ul> </li> <li>• OHA is working with Local Public Health agencies (LPHA's) to inform allocation of vaccines to priority populations.</li> <li>• <u>Discussion and Questions from CCO's:</u></li> <li>• Q: Does OHA continue to recommend quarantining after being vaccinated. <ul style="list-style-type: none"> <li>○ A: Continuing to quarantine post vaccines will help keep numbers down. It's a matter of balancing risks/benefits.</li> <li>○ Vaccines provide 95% protection and can help decreases transmitting the virus.</li> </ul> </li> <li>• Uptake/refusal is not being tracked due to lack of data available.</li> </ul>	Pgs. 6-21

	<ul style="list-style-type: none"> <li>80% of Oregonians have indicated interest in getting the vaccine. <ul style="list-style-type: none"> <li>○ Approximately 20% of hospital workers have refused the vaccine.</li> </ul> </li> <li>• Q: Are there reported issues with people no-showing for second dose their second dose? – <ul style="list-style-type: none"> <li>○ A: Second dose uptake is looking good overall. No anticipated issues.</li> <li>○ Extending time between doses may help efficacy. <ul style="list-style-type: none"> <li>▪ 2<sup>nd</sup> dose of Pfizer was 65% at week 3, and 95% at week ???</li> <li>▪ Moderna – 50% week at 4 and 91% at week 6.</li> </ul> </li> </ul> </li> <li>• Vaccine hesitancy questions will be addressed at next QHOC.</li> <li>• 211 is offering assistance to those who need it.</li> <li>• Suggestion to use data systems available through OHA and connect them with LPHA's to help determine which patients are due for vaccinations for outreach.</li> <li>• State pharmacies and mobile vans are helping outreach.</li> <li>• Q: Should there be one point of contact at CCO's for COVID? <ul style="list-style-type: none"> <li>○ A; OHA is using the Medical Director list.</li> <li>○ 65+ Toolkit was sent to CCO's.</li> </ul> </li> <li>• Dr. Jeff McWilliams is the Medical Director of KEPRO.</li> </ul>	
<b>HERC Updates</b>	<p><b><u>Presenter: Ariel Smits</u></b></p> <ul style="list-style-type: none"> <li>• COVID-19 codes were provided at last meeting.</li> <li>• Two new CPT codes have been added. See the Preventative Services line 3, 622 for updates. <ul style="list-style-type: none"> <li>○ 91303</li> <li>○ 0031A</li> </ul> </li> <li>• All future new COVID-19 codes will be put on next available list for reference under Guidelines note 106.</li> <li>• The prioritized list was published 2/1/2021. This included all new COVID-19 codes and guideline changes.</li> <li>• Next list will be available in October.</li> <li>• 2021 HCPCS codes were not available in time for February meeting.</li> <li>• <u>January VBBS/HERC meeting discussions:</u> <ul style="list-style-type: none"> <li>○ 2021 biannual review for inguinal hernias coverage expanded to those with pain/ADL limitations.</li> <li>○ Acupuncture line added for SUD</li> <li>○ New line for uterine polyps to be updated in 2022.</li> <li>○ No coverage for panniculectomy.</li> <li>○ Added coverage for Cystatin C and biofeedback.</li> </ul> </li> <li>• Clarified past decisions on following topics. <ul style="list-style-type: none"> <li>○ Stereotactic body radiation is off CNS lines</li> <li>○ Artificial hearts –considered experimental</li> <li>○ Removing genetic testing and ethnicity based clauses. <ul style="list-style-type: none"> <li>▪ Make list less ethnicity blind.</li> </ul> </li> </ul> </li> <li>• <u>March VBBS topics:</u></li> <li>• Discuss coding specifications and moving all into existing guidelines or making new ones. <ul style="list-style-type: none"> <li>○ Weight loss prior to bariatric surgery is not required. Consultation with a nutritionist about effects after surgery is recommended.</li> </ul> </li> </ul>	Pgs. 22-31

	<ul style="list-style-type: none"> <li>○ Oncotype dx for prostate cancer remains uncovered</li> <li>○ Osteochondritis of knee – adding procedure codes</li> <li>○ Cardiac PET- not covered and no indication for use to diagnose amyloidosis.</li> <li>• <u>EGBS Updates and new topics:</u> <ul style="list-style-type: none"> <li>○ Deep brain stimulation for epilepsy will be reviewed in April</li> <li>○ Colon cancer screening moved to age 45.</li> <li>○ Platelet plasma for diabetics reviewed in May.</li> <li>○ PANS/PANDAS scope is out for public comment</li> </ul> </li> </ul>	
<b>BH Topics</b>	<p><b><u>Presenter: Tamara McNatt</u></b></p> <ul style="list-style-type: none"> <li>• Codes were added in 2019.</li> <li>• Discussion about questions asked at last meeting. <ul style="list-style-type: none"> <li>○ Lisa Bui is supposed to be sending out full questions and answers to CCO's.</li> </ul> </li> <li>• Q: Using improvement targets as part of service planning? <ul style="list-style-type: none"> <li>○ A: OHA is reviewing processes as part of planning for 5 year review.</li> </ul> </li> <li>• Q: Direction of telehealth and ABA limitations? <ul style="list-style-type: none"> <li>○ A: Gt modifier is available for billing and was approved through public health emergency.</li> <li>○ Using only an audio method is not recommended by OHA. Appropriateness of telehealth as part of ABA services should be determined by providers.</li> </ul> </li> <li>• Q: Are out-of-state providers allowed? <ul style="list-style-type: none"> <li>○ A: Yes, though public health emergency, but they must be out of a brick and mortar clinic and reviewed on case by case basis.</li> </ul> </li> <li>• Q: Timeframe limits? <ul style="list-style-type: none"> <li>○ A: ABA requires a prior authorization managed by KEPRO.</li> </ul> </li> </ul>	Pg. 32
<b>QPI Updates</b>	<p><b><u>Presenter: Lisa Bui</u></b></p> <ul style="list-style-type: none"> <li>• CMS Oral health Affinity group is going to be launched, and will include improvement in preventive dental metric. <ul style="list-style-type: none"> <li>○ Free classes offered to CCO through IHI Open School.</li> <li>○ Statewide effort between CCO's.</li> <li>○ Contact Sara.e.wetherson@dhsosha.state.or.us</li> </ul> </li> <li>• TQS March deliverable is due to OHA March 15<sup>th</sup>. <ul style="list-style-type: none"> <li>○ The Progress Report requirement is waived and an addendum was sent to TQS leads.</li> <li>○ Instead of completing a separate progress report, OHA changed the template to include a section for the “prior year analysis.”</li> <li>○ CCO's should use “monitoring tables” to report on progress achieved over time.</li> </ul> </li> <li>• If you hold a DSNP contract, there were requirements within the TQS Guidance Document. <ul style="list-style-type: none"> <li>○ DSNP requirements were waived and a notice will be coming soon.</li> </ul> </li> <li>• <u>Statewide PIP updates:</u> <ul style="list-style-type: none"> <li>○ Discussion around the design phase (selecting target population and measures) will start in fall of 2021, and</li> </ul> </li> </ul>	Pg. 33

	<p>CCO's will be involved in discussions.</p> <ul style="list-style-type: none"> <li>○ No deliverable is due to for the State-wide PIP at this time.</li> <li>• <u>2021 EQR Activities</u> <ul style="list-style-type: none"> <li>○ Lisa Bui created a calendar with dates when site visits will occur that will be sent to CCO's.</li> <li>○ Lisa Bui is supposed to update slides and send them out with more information.</li> </ul> </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>	<ul style="list-style-type: none"> <li>• No extended QPI Session.</li> </ul>	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).





**CLAS Standards**  
Culturally and linguistically appropriate  
services.



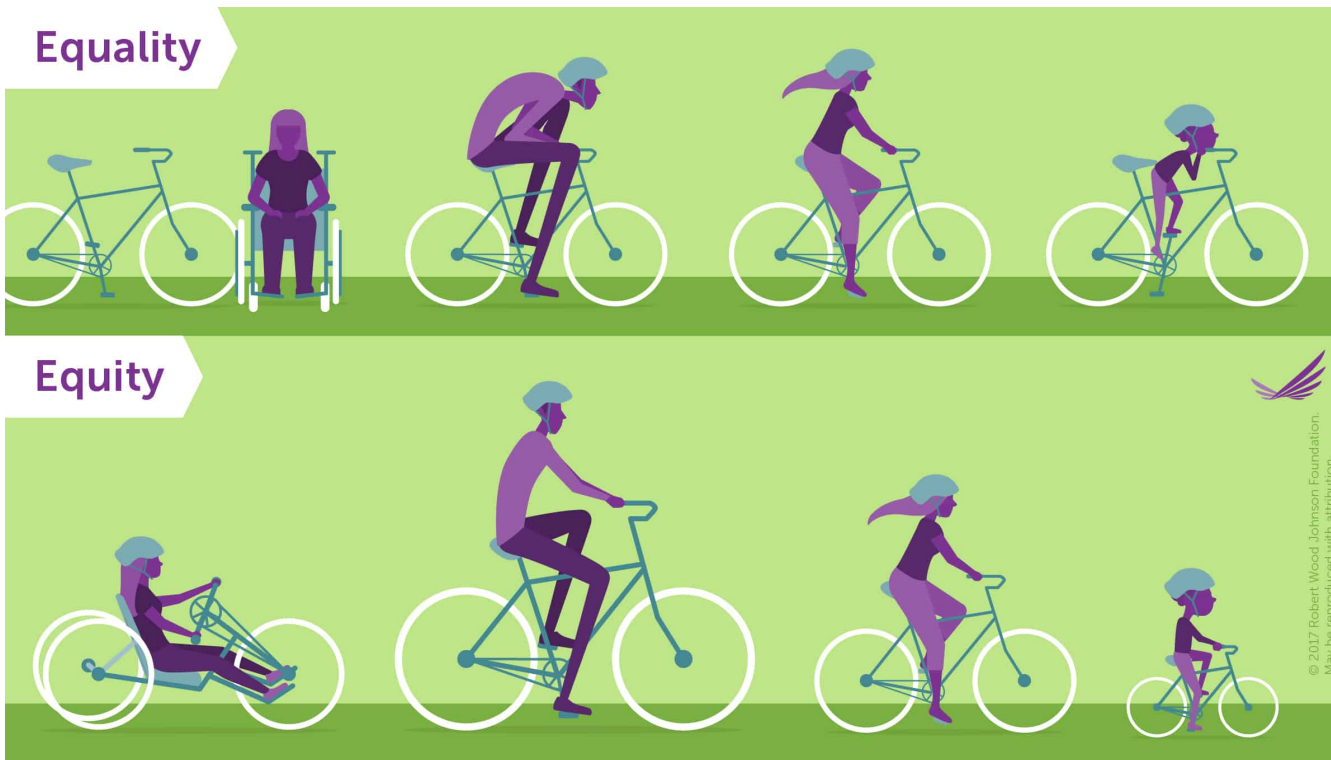
# Using the Culturally and Linguistically Appropriate Services (CLAS) Standards

**Today's learning opportunity:** How to use CLAS as a tool to improve Health Equity in our system.

- **The history and context of CLAS**



# How Are We Already Using CLAS?



# The National CLAS Standards

**A tool to advance health equity, improve quality, and help eliminate health care disparities.**

**Standard 1** Commit to high quality care and services by supporting diverse cultural beliefs and communication needs.

- **Standards 2-4** Governance, Leadership and Workforce.
- **Standards 5-8** Communication and Language Assistance.
- **Standards 9-15** Engagement, Continuous Improvement, and Accountability.

Source: [www.ThinkCulturalHealth.hhs.gov](http://www.ThinkCulturalHealth.hhs.gov)



# The National CLAS Standards

## Standards 2-4 Governance, Leadership and Workforce.

- 2- Have a diverse governance, leadership and staff that promotes CLAS with their policies, practices, and resources.
- 3- Recruit and support leaders and staff that are responsive to the diverse communities they serve.
- 4- Maintain ongoing training for leaders and staff on CLAS.



# The National CLAS Standards

## Standards 5-8 Communication and Language Assistance.

- 5- Offer free language support.
- 6- Tell those you serve that language help is available.
- 7- Make sure staff have skills in providing language support and avoid using untrained interpreters.
- 8- Provide easy-to-understand materials for those that you serve in the language and format they use.

# Practice Example

## How can CLAS be used to advance health equity?

Category: Engagement, Continuous Improvement, and Accountability

Standard #11-Collect accurate data about the people you serve, and use it to help measure progress on your goals.

- Let's discuss how the PAC could support system change in this area.
  - *Goal: To have a clear picture of who our community is and opportunities to improve health outcomes.*
  - *Action: Request regular updates and presentations from the CCO on collected data to ensure progress is being made on relevant goals.*



## Activity

### How can CLAS be used to advance health equity?

Category: Communication and Language Assistance.  
Standard 8-Provide easy-to-understand materials for those that you serve in the language and format they understand.

*Goal:*

*Action:*





## Questions to consider:

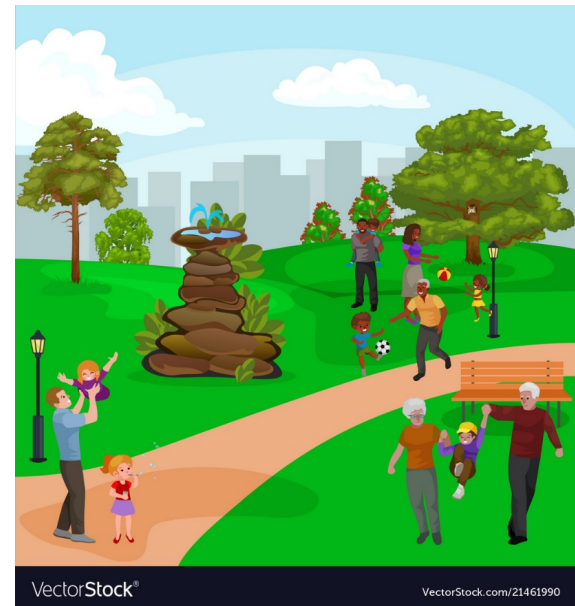
**Do we need/have a policy to achieve this?** Rules, regulations, and priorities that guide your work and others' actions

**Do we have the right practices?** Activities, procedures, guidelines, or informal shared habits that guide your work.

**How do Resources Flow?** Money, people, knowledge, information or infrastructure are allocated and distributed.

# Wrap up

- This is the first step
- Continual process to use the CLAS standards
- What are some ways you can continue to ensure CLAS is part of the fabric of the CAC?





# Questions?