

Minutes

Clinical Advisory Panel Members					
Yutonah Bowes	Northwest Human Services	A	Annie Willems	Pacific Northwest Doulas	A
Dr. Julie Broyhill	Legacy Medical Group, Woodburn	P	Staff		
Dr. Noelle Carroll	Polk County Health Services	P	Justin Hopkins	Willamette Health Council	P
Manu Chaudhry	Capitol Dental Care	P	Stephanie Jensen	Willamette Health Council	P
Dr. Tony Germann	Yakima Valley Farm Workers Clinic	P	Rachel Lakey	Willamette Health Council	E
Lavinia Goto	Northwest Senior & Disability Services	P	Josie Silverman-Méndez	PacificSource	P
Neda Grant	Liberty House	E			
Dr. Matthew Hatler	Salem Pediatric Clinic	P			
Dr. Mark Helm	Childhood Health Associates of Salem	A	Cassandra Vigil	PacificSource	P
Russ Huffman	Salem Health Medical Group	P	Christine House	PacificSource	P
Jacob Johnston	Northwest Human Services – West Salem Clinic	A	Samantha Baker	PacificSource	P
Cydney Nestor	Marion County Health & Human Services	E	Jana Halligan	PacificSource	P
Dr. Jason Phillips	Kaiser Permanente Northwest, Lancaster	P	Ingrid Siadal	PacificSource	P
Dr. Bhavesh Rajani	PacificSource	P			
Katrina Rothenberger	Marion County Health & Human Services	A			
Dr. Bruce Sellers	Neighborhood Dentistry for Kids	P			
Jacqui Umstead	Polk County Health Services	P			

P – present; E – excused; A - absent

Agenda Item	Discussion	Follow-up
Welcome/ Introductions	Dr. Carroll, Co-Chair, called the meeting to order and welcomed everyone. Participants indicated their attendance in the chat.	
Semi-Annual Care Management Report	<p>Intensive Care Coordination (ICC) ICC has a focus on a community type care plan as the member is working with a lot of different agencies. This is contract mandated with a lot of reports and timelines. Automated calling system, called Eliza, if the member agrees to receiving services, they are transferred to the care management team. Eliza calls all who fit the criteria. After the warm handoff from Eliza the care management team completes an assessment of which level of support is needed.</p> <p>Care Management Report This is a new report with a focus on the ICC population. This needs to be approved by the board. Care coordination data, REAL-D, and XXXXX</p> <p>Initial Findings The data reports that were ask from PHA did not exactly match how PS was tracking. An example is screening within 30 days and the numbers were low. After digging into it there were a few causes- Does not count the outreach with Eliza. Working on</p>	

Agenda Item	Discussion	Follow-up
	<p>111 open cases in ICC and tried to engage another 81. There are other care management type programs that have higher engagement than ICC. Most members who qualify for ICC have other agencies and programs they are involved in.</p> <p>Opportunities Needing to relook at who are eligible members for ICC. Explore new outreach strategies Looking to partner with providers Address access to care issues Sharing with OHA of the entire care management story not only ICC.</p> <p>Next Steps Final report will be available on July 31st WHC Board will approve the plan in the August meeting.</p> <p>Questions How has the care management team integrated oral health into conversations for ICC members? Oral health assessment is a part of all care managed models (non-clinical) and further assessments with clinical assessment. A question to add to the assessments would be: Have you lost any teeth due to periodontal disease? What does the coordination look like between the care coordinators and the dental plans? During the follow up meeting the care coordinator asks if they have an appointment for a dentist and then they help the member call and get an appointment. Oral cancer management and assessment looking to getting a member into the health care for an assessment. How aware are PCPs or other providers of ICC? How can the provider help with coordination of care? Care management team reaches out to the PCP office. Over identification might be a possibility. The team finds members who may qualify by combing their data. The prioritized list of members is wide and not the entire population will need/qualify of ICC.</p>	
COVID-19 Vaccine EOT Measure	<p>Working with organizations for culturally specific outreach. 2021 quality pool it is a bonus not a withhold. Gap lists are getting ready to be sent out to providers to be able to do some outreach calls. Data is being pulled – not 100% but thinking it is from ALERT data (vaccine registry)</p>	
CAP Purpose and Priorities	CAP will hold a retreat in November/December 2021 to plan for the upcoming year. Move the meeting towards discussion based.	
Adjourn meeting	Dr. Carroll adjourned the meeting.	