Oregon Pediatric Improvement Partnership (OPIP)
Semi-Annual Call with Front-Line Providers

April 7, 2016 @ 7am-8:30am
Phone: 1-866-366-9319
Webinar Site: https://ohsu.adobeconnect.com/opip

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OPIP Mission

• OPIP supports a meaningful, long-term collaboration of stakeholders invested in child health care quality, with the common purpose of improving the health of the children and youth of Oregon.

• OPIP staff and projects are focusing on building health and improving outcomes for children and youth by:
  1) Collaborating in quality improvement activities across the state;
  2) Collaborating in quality measurement activities across the state;
  3) Supporting evidence-guided quality activities in clinical practices;
  4) Incorporating the patient and family voice into quality efforts; and
  5) Informing policies that support optimal health and development for all children and youth.

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Why Are We Having These Semi-Annual Calls for Front-line Practices Invested in Child Health in Oregon?

Provide Updates, Spread Innovation:

• Key part of OPIP’s mission is to support practice-level quality improvement and implementation and to facilitate spread of innovations across the state.
  – **GOAL FOR THIS CALL**: Provide update on key projects so you can let us know if you want more information, and share tools or methods that may be useful

Policy-Level Work:

• A component of OPIP’s mission is focused on informing policies that support optimal health and development for all children and youth.

• A critical component of this work is providing actionable and meaningful information to policymakers that is informed by the front-line.

• Conversely, for the policy-level efforts that we are involved in, provide you with an update and potential implications for front-line practices
  – **GOAL FOR THIS CALL**: Provide updates on key policy-relevant activities

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Agenda for Today’s Call


• **Area #1**: Children and Youth with Special Health Care Needs (CYSHCN)
• **Area #2**: Developmental Screening & Follow-Up
• **Area #3**: Adolescent Preventive Services

Part 2: Update on Key Policy-Level Activities

• Oregon Confidential Communication Request for 2017 & Adolescent Rights to Privacy and Confidentiality (Emily Eman, OHA Adolescent Health)
• Revisions to Patient Centered Primary Care Home Standards for 2017
• Multi-payer Learning Collaborative (SB 231)

Part 3: Opportunities in OPIP

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Asking Questions and Getting Information

• Slides are available to be downloaded, we will also post on our website along with a recording.

• Call line will be muted due to the number of people on the call.

• If you have a question, TYPE the question in the CHAT function on the lower right of the webinar screen.
  – After the call, we will follow-up with you to make sure that we answer the question.
  – If you want more information or want to be kept in the loop on a project, send an email to OPIP@ohsu.edu

• When we get to policy-discussions, we will unmute the call line so people can participate verbally.
Focus Area #1: Children & Youth with Special Health Care Needs

• Overview of project-level activities focused on children and youth with special health care needs

• Highlight of innovative tools related to:
  – Taking into account social complexity when identifying CYSHCN that could benefit from complex care planning
  – Training opportunities for practices
OPIP Learning Curriculum and Practice-Level Support to Increase Access to and Quality of Medical Home

— Working with four sites to enhance and improve care for CYSHCN

Sites Participating in On-Site Coaching and Learning Curriculum Thru December 2016:

Project impacting over 130,000 children*:

1. Kaiser Permanente Northwest (System & Many Practice Sites)
   - N=93,637 paneled to pediatrician. N=115,500 in systems (includes FM)
     - 17,254 pediatric Medicaid patients

2. General Pediatrics at OHSU – Clinic on the Hill (N=6,249 Children)

3. Salem Pediatrics (N=27,504 Children)

4. Pediatric Specialists of Pendleton (N=3,444 Children)

* Active children who have received care in last 2 years.
1. Kaiser Permanente Northwest (System & Many Practice Sites)

- Region-level activities to impact all children enrolled in KPNW
- Initial pilot-level activities in Mt Scott (MTS) and Team Based Care for Complex Care Management, with spread to N=12 clinics across region, including Salem

Three Parts to the Learning Curriculum:

| #1 | Support for Pilot of Complex Care MTS: Developing tools, strategies and care coordination methods |
| #2 | Based on MTS learning, support to develop standardized team-based care tools for CYSHCN that will be spread around KPNW |
| #3 | Develop System-Level Methods to Identify CYSHCN that Would Benefit from Complex Care Management |
System-Level Methods to Identify CYSHCN that Would Benefit from Complex Care Management

- Original panel selected based on cost and medical complexity, manual chart review – weighted social complexity
  - Models used for adults didn’t apply

- OPIP now consulting on models/methods they can use to better identify CYSHCN that can benefit from complex care management AND to assign “acuity” values to the care management needs
  - OPIP conducted lit review and interviews with leaders in the field
  - Reviewed proposed model with project leaders and MTS team and approved in concept
    - Now assessing feasibility
Social Complexity: How Should it be Factored into Risk Assessment and Tiered Care?

Rita Mangione-Smith, MD, MPH
Center of Excellence on Quality of Care Measures for Children with Complex Needs
University of Washington and Seattle Children’s Research Institute
## WA State Medicaid Population

<table>
<thead>
<tr>
<th>Medical complexity (PMCA)</th>
<th>&lt;5 years (N=180,198)</th>
<th>5-17 years (N=325,169)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy (no chronic condition)</td>
<td>84%</td>
<td>79%</td>
</tr>
<tr>
<td>Non-complex chronic</td>
<td>11%</td>
<td>16%</td>
</tr>
<tr>
<td>Complex chronic</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>
# Social Complexity and Emergency Department Visits

<table>
<thead>
<tr>
<th>Social Complexity Risk Factors</th>
<th>Odds Ratio</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parent</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic violence</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Death</td>
<td>1.1</td>
<td>1.0</td>
</tr>
<tr>
<td>Mental health service need</td>
<td>1.2</td>
<td>1.2</td>
</tr>
<tr>
<td>Criminal justice involvement</td>
<td>1.1</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child welfare system involvement</td>
<td>1.1</td>
<td>1.1</td>
</tr>
<tr>
<td>Homelessness</td>
<td>1.1</td>
<td>1.1</td>
</tr>
<tr>
<td>Poverty</td>
<td>1.3</td>
<td>1.3</td>
</tr>
<tr>
<td>Limited English proficiency</td>
<td>1.1</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Child</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health service need</td>
<td>1.2</td>
<td>1.2</td>
</tr>
<tr>
<td>Substance abuse treatment need</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>Juvenile/criminal justice involvement</td>
<td>1.5</td>
<td>1.5</td>
</tr>
</tbody>
</table>

*Significant at p<.0001

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# Social Complexity and Emergency Department Visits

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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1.3</td>
<td>1.2</td>
</tr>
<tr>
<td>2</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>3</td>
<td>1.7</td>
<td>1.7</td>
</tr>
<tr>
<td>4</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td>≥5</td>
<td>2.4</td>
<td>2.4</td>
</tr>
</tbody>
</table>

*Significant at p<.0001
Proposed Stratification Model to Identify CYSHCN

**System-Level Data Used to Identify Potential Children for Complex Care Management**

**Part 1: Medically Complex**
Complex chronic, Non-Complex Chronic. Designed to factor in and prioritize higher costs patients in the “complex”

**Part 2: Socially Complex**
Socially Complex Based on Available System-Level Data Related to Nine Factors Predicative of High Costs

**Using Information from Each of the Three Data Sources:**
Creation of Four Groups of Children with Proposed Levels of Need

**PRIMARY CARE TEAM**
(Includes PCP and Team-Based Care Team Housed at the Primary Care Office)

**Tailored TBC Model**
Specified for Child:
1) Level of Complex Care Needed – Levels 1-4
2) Best Match Care Team Needed (RN, Social Worker, Patient Navigator, PCP)

**Monthly Flag of Patients with a High Cost Event (ER, UC, Hospitalization)**
Source: EDIE

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*For each Part a “Flag” or “Score” will be developed that will be used to create the groups of children, ranked by proposed acuity level, for complex care management. A child may be in one or all three groups.*

*Data Enhanced Over Time to Increase Specificity of System-Level Identification Methods*

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**Part 1:**
Provider Gestalt for All Patients Entered Into Searchable Fields

**Part 2:**
Standardized Screening/Assessments at New Patient Visits and Periodic Well-Visit Checks.

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Part 1: Pediatric Medical Complexity Algorithm (PMCA)

• Developed by a team at Seattle Children’s
  – For children 0 to 18 insured by Washington State Medicaid (WA-Medicaid) and seen at Seattle Children’s Hospital
  – Modification of the Medicaid Chronic Disease Payment System (CDPS)- Some codes added, many more removed to better reflect the population
  – Developed as a way to target and allocate resources- a tool for both identifying high costs and disparities, but also to identify those that would benefit most from enhanced services, such as care coordination

• Categorizes complexity into three categories: Complex Chronic Disease, Non-Complex Chronic Disease, and Without Chronic Disease
  – Takes into account three main factors:
    • Diagnoses
    • Number of body systems impacted
    • Patient utilization
  – The three categories are co-linear with COST (i.e. as complexity increases, so does cost)
Part 2: Social Complexity
Factors Identified in Lit Review
by Mangione-Smith/Arthur Associated with Higher Costs

14 social risk factors:
1. Domestic violence
2. Parent death
3. Parent mental illness
4. Parent criminal justice involvement
5. Child abuse/neglect
6. Homelessness
7. Poverty
8. English Proficiency
9. Child mental illness
10. Child substance abuse
11. Child juvenile or criminal justice involvement
12. Low parental educational attainment
13. Single parent in household
14. Foreign born parent (Not included in model due to co-linearity with LEP)
Part 2: Potentially Searchable Social Complexity Factors in KPNW

1. Poverty:
   • Medicaid, Children's Health program
   • Food insecurity is being put into a mineable field.
   • Transportation Needs

2. Limited English Proficiency: Translator Need
   • Future Item: Language preference to have medical communication

3. Parent MH Service Need: Mental health Dx or Services, Parent Substance Abuse, Addiction Services ➔ Using a blinded code that is a count

4. Criminal Justice for Parents: Yvonne working on this.


6. Homelessness: Adding a question to well-child templates, Flags for provider

7. Child MH Service Need: Flagging both PHQ9 and asked that we add on GAD 7

8. Child Substance Abuse: CRAFFT results of 2 or more

9. Criminal Justice: Add a question for adolescents

10. Truancy/School Attendance: Ask a question for school aged kids

❖ Value of Standing Social Complexity Dashboard That Has Flags for Care Team That Can Be Gathered as Known

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Informing Policymakers & Engaging Systems

• Meetings with representatives within the state and OHA that have data about these risk favors
  o Explaining value of sharing this information
  o Exploring models that fields could be shared with CCOs

• Meetings with CCO and Health Systems about CYSHCN and Complex Care
  o Importance of including social complexity in definition of CYSHCN and potential
  o Importance of social workers and behaviorist on primary care team to do complex care management
  o Importance of factoring this in as they determine populations for APMs
OPIP Support to Front-Line Practices on Care Coordination to Primary Care

Continue work with primary care practices on:

- Identifying CYSHCN
- Care Coordination Methods
  - Pre-Visit Calls
  - Care coordination needs assessments
  - Care plans
  - Referral tracking
  - Coordination with community-based providers
  - Parent partners

Side Note: Elements have a sig. number of points within PCPCH
  - May be important to consider given changing Tier Structure, Inclusion of these concepts in the STAR criteria
Training Opportunities
led by OPIP applicable for Practices

• **Patient-Centered Primary Care Institute Webinars**
  (http://www.pcpcli.org)
  - Referral Coordination: Primary Care & Community-Based Resources 6/21 @ 8-9 am
  - Population Health Management: Children with Special Health Care Needs 8/17 (May be changed to July)

• **Patient-Centered Primary Care Institute In-person Training on Care Coordination for CYSHCN**
  - Half-day training on August 11th in Portland
  - Contact David Ross (rossda@ohsu.edu) if interested

• **Site-Specific Coaching Webinars**
  - Potential for a coaching webinar to practice sites implementing care coordination for CYSHCN
  - Contact David Ross (rossda@ohsu.edu) if interested
Agenda for Today’s Call


- **Area #1**: Children with Special Health Care Needs
- **Area #2**: Developmental Screening – You’ve Screened, Now What
- **Area #3**: Adolescent Preventive Services

Part 2: Update on Key Policy-Level Activities

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Focus Area #2:
Developmental Screening
You’ve Screened, Now What?

- Overview of project-level activities focused on:
  - Developmental Screening
  - Follow-up for children identified at-risk

- Highlight of innovative tools related to:
  - EMR templates related to developmental screening AND follow-up
  - Referring to Early Intervention – what does and doesn’t work
  - Beyond EI – what are the other resources to consider to address child and family needs
OPIP Projects focused on Developmental Screening and Follow-Up

• Support the CHIPRA Core Measure, CCO Incentive Metric of Developmental screening and refinements

• Practice-level support on implementing developmental screening and using claims/documentation aligned with metric

• Working with Yamhill County and will be working in Marion and Polk to improve follow-up for children identified at risk
  – Previous studies showed that 60% of children identified at-risk were NOT referred
    • Of those that did get referred, about 1 and 2 did NOT make it to referral
  – Engaging community-based partners and developing a triage and referral system map to identify the best set of services for children identified at-risk, using the Ages and Stages Questionnaire, and that ensure that services are accessed.
  – Pilot in PCP & Community-Provider Setting
EMR TEMPLATES
Related to Developmental Screening

• OPIP has worked with practices across the country (N=24 states) on implementing developmental screening, and the related billing and documentation requirements aligned with the CHIPRA Core Measures and CCO Incentive metric.

• Working with several practices who contract with Willamette Valley Community Health (WVCH) and use the EMR (NextGen) supported by Willamette Valley Medical Group.

• Worked with WVP to created standardized templates related to:
  o Developmental Screening
    • Includes billing and documentation
    • Follow-up steps, including common referral form
  o Autism Screening
    • Includes billing and documentation
    • Follow-up steps, including common referral form
  o Developmental and Behavioral Summary
    • Summary table across all screens
    • A “growth chart” for development
EMR TEMPLATES: NextGen

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NextGen Template for ASQ

![ASQ Decision Support](image)

Referral recommended if one or more domains are black, or two or more are gray.

Decision support

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### Results to Screening Across Visits

<table>
<thead>
<tr>
<th>Test Date</th>
<th>Screening Name</th>
<th>Comm</th>
<th>Gross Motor</th>
<th>Fine Motor</th>
<th>Prob Solv</th>
<th>Pers Soc</th>
<th>Interpretation</th>
<th>Plan</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/01/2016</td>
<td>9 month</td>
<td>Pass</td>
<td>Borderline</td>
<td>Pass</td>
<td>Pass</td>
<td>Pass</td>
<td>Pass</td>
<td>Results discussed with parent/guardian</td>
<td></td>
</tr>
<tr>
<td>03/18/2016</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02/18/2016</td>
<td>9 month</td>
<td>Borderline</td>
<td>Pass</td>
<td>Fail</td>
<td>Fail</td>
<td>Borderline</td>
<td>Borderline</td>
<td>Retest in 1-2 months</td>
<td>Comments: Refer to: Early Intervention</td>
</tr>
</tbody>
</table>
NextGen Template for PEDS

Result: □ High  □ Moderate □ Low □ No

Referral recommended if result is High or Moderate.

Interpretation: [Input field]

Plan: [Input field]

Refer to: [Input field]

Comments: [Input field]

☐ Administered - results discussed with parent/guardian.

Submit

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Templates in NextGen

Developmental Screenings:
- MCHAT/F: Last done: 02/01/2016
- Details

Screening Tool Results
- Date Of Test: 02/01/2016
- Screening Name: MCHAT
- Results: Fail
- Score: 1
- Scanned Report: Comments: Result

ASQ Results
- Test Date: 02/01/2016
- Screening Name: 24 month
- Comm: Pass
- Gross Motor: Borderline
- Fine Motor: Borderline
- Prob Solve: Pass
- Pers Soc: Borderline
- Interpretation: Fail
- Plan: Refer
- Comments: Results discussed with parent/guardian. Refer to Early Intervention

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# M-CHAT-R/F™ in NextGen

Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F)

1. If you point at something across the room, does your child look at it? (For example, if you point at a toy or animal, does your child look at the toy or animal?)
   - Yes
   - No

2. Have you ever wondered if your child might be deaf?
   - Yes
   - No

3. Does your child play pretend or make-believe? (For example, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)
   - Yes
   - No

4. Does your child like climbing on things? (For example, furniture, playground equipment, or stairs?)
   - Yes
   - No

5. Does your child make unusual finger movements near his or her eyes? (For example, does your child wiggle his or her fingers close to his or her eyes?)
   - Yes
   - No

6. Does your child point with one finger to ask for something or to get help? (For example, pointing to a snack or toy that is out of reach?)
   - Yes
   - No

7. Does your child point with one finger to show you something interesting? (For example, pointing to an airplane in the sky or a big truck on the road?)
   - Yes
   - No

8. Is your child interested in other children? (For example, does your child watch other children, smile at them, or go to them?)
   - Yes
   - No

9. Does your child show you things by bringing them to you or holding them up for you to see - not to get help, but just to share? (For example, showing you a flower, a stuffed animal, or a toy truck?)
   - Yes
   - No

10. Does your child respond when you call his or her name? (For example, does he or she look up, talk, or babble, or stop what he or she is doing when you call his or her name?)
    - Yes
    - No

11. When you smile at your child, does he or she smile back at you?
    - Yes
    - No

12. Does your child get upset by everyday noises? (For example, does your child scream or cry to noise such as a vacuum cleaner or loud music?)
    - Yes
    - No

13. Does your child talk?
    - Yes
    - No

14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her?
    - Yes
    - No

15. Does your child try to copy what you do? (For example, wave bye-bye, clap, or make a funny noise when you do?)
    - Yes
    - No

16. If your turn your head to look at something, does your child look around to see what you are looking at?
    - Yes
    - No

17. Does your child try to get you to watch him or her? (For example, does your child look at you for praise, or say "look" or "watch me")
    - Yes
    - No

18. Does your child understand when you tell him or her to do something? (For example, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket")
    - Yes
    - No

19. If something new happens, does your child look at your face to see how you feel about it? (For example, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?)
    - Yes
    - No

20. Does your child like movement activities? (For example, being swung, or bounced on your knee?)
    - Yes
    - No

Comments: ____________________________

M-CHAT Score: _________

<table>
<thead>
<tr>
<th>Interpretation</th>
<th>Plan</th>
<th>Refer to</th>
</tr>
</thead>
</table>

Administered - results discussed with parent/guardian.

Print Document  Detailed Document  Submit
M-CHAT-R/F™ in NextGen

**SCORING:** ‘No’ responses convert to fail (risk of ASD)

**EXCEPT:** Questions #2, 5, and 12 reverse-scored; ‘yes’ converts to fail.

If a question is completed as a ‘fail’ the form will prompt a ‘Follow-up’ question

1. If you point at something across the room, does your child look at it? (For example, if you point at a toy or animal, does your child look at the toy or animal?)
2. Have you ever wondered if your child might be deaf?

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Clicking on the Follow-up link will prompt the user to answer follow-up questions.

Depending on answer you can click ‘Pass’ or ‘Fail’

As the questions are answered, the MCHAT/R score will calculate at the bottom of the template.
Templates in NextGen

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NextGen Workflow for Referral to EI

Upon selecting Refer to EI in the form, NextGen will **auto populate** the Referral Form (located on the Developmental History tab) to include:

- All demographics (that are documented in chart)
- Provider Name
- Dates
- Concerning screening

Still need to **fill in the following** fields:

- Additional concerns for possible delays
- The information you want BACK from EI
- PARENT SIGNATURE
- PROVIDER SIGNATURE

### Universal Referral Form

<table>
<thead>
<tr>
<th>Field</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Name:</td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian Name:</td>
<td></td>
</tr>
<tr>
<td>Addresses:</td>
<td></td>
</tr>
<tr>
<td>County:</td>
<td></td>
</tr>
<tr>
<td>Primary Language:</td>
<td></td>
</tr>
<tr>
<td>Interpreter Needed:</td>
<td></td>
</tr>
<tr>
<td>Provider Name:</td>
<td></td>
</tr>
<tr>
<td>Dates:</td>
<td></td>
</tr>
<tr>
<td>Concerning screening:</td>
<td></td>
</tr>
<tr>
<td>Additional concerns for possible delays:</td>
<td></td>
</tr>
<tr>
<td>The information you want BACK from EI:</td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian Signature:</td>
<td></td>
</tr>
<tr>
<td>Provider Signature:</td>
<td></td>
</tr>
</tbody>
</table>

---

Please refer to the chart for more detailed information and instructions.
Workflow for Referral to EI

Parent Completes Screening Tool

Provider identifies a concern – wants to refer to EI

Provider/MA prints Referral Form from the Developmental History Form during visit

Parent signs EI referral form AND completes REAL-START study packet before leaving visit

ASQ – MA to make copy of completed screener

MCHAT – Print completed screener from chart

Pass signed referral form AND completed tool to Referral Coord

FAX to EI

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Keys to Referring to Early Intervention

• Use the Universal Referral Form, Ensure the parent signs the FERPA release
  — Statewide, agreed to accept
  — Fax directly to program to get the process started
• Within the Universal Referral Form, Identify WHAT you want to hear back
  — Evaluation summary report indicates not only if they are eligible, but WHAT services they will receive
  — Up to 50% of children may not make to EI for evaluation (risk still needs to be addressed)
  — A portion of children will be evaluated and NOT eligible for services
• Follow-up with parents to answer questions
  — Potential value of following up within 48 hours to answer questions, Parent check in with social network
• Track referral and completion of referral
  — Up to 50% of children may not make to EI for evaluation (risk still needs to be addressed)
  — Particularly important for 2 year olds who you may not see for another year

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## Children Who are “Borderline”:
### Value of the ASQ Activities Sheet

### Activities for Children 24–30 Months Old

<table>
<thead>
<tr>
<th>Activity</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Add actions to your child’s favorite nursery rhymes. Easy action rhymes</strong></td>
<td>Include “Here We Go ‘Round the Mulberry Bush,” “Jack Be Nimble,” “This Is the Way We Wash Our Clothes,” “Ring Around the Rosy,” and “London Bridge.”</td>
</tr>
<tr>
<td><strong>Play Target Toss with a large bucket or box and bean bags or balls.</strong></td>
<td>Help your child count how many she gets in the target. A ball of yarn or rolled-up socks also work well for an indoor target game.</td>
</tr>
<tr>
<td><strong>Wrap tape around one end of a piece of yarn to make it stiff like a needle and put a large knot at the other end.</strong></td>
<td>Have your child string large elbow macaroni, buttons, spoons, or beads. Make an edible necklace out of Cheerios.</td>
</tr>
<tr>
<td><strong>Children at this age love outings.</strong></td>
<td>One special outing can be going to the library. The librarian can help you find appropriate books. Make a special time for reading (like bedtime stories).</td>
</tr>
<tr>
<td><strong>Play a jumping game when you take a walk by jumping over the cracks in the sidewalk.</strong></td>
<td>You may have to hold your child and help him jump over at first.</td>
</tr>
<tr>
<td><strong>Make “sound” containers using plastic Easter eggs or pantyhose eggs.</strong></td>
<td>Fill eggs with noisy objects like sand, beans, or rice and tape the eggs shut. Have two eggs for each sound. Help your child match sounds and put them back in an egg carton together.</td>
</tr>
</tbody>
</table>

**Take time to draw with your child when she wants to get out paper and crayons. Draw large shapes and let your child color them in. Take turns.**

**During sandbox play, try wetting some of the sand. Show your child how to pack the container with the wet sand and turn it over to make sand structures or cakes.**

**Add an old catalog or two to your child’s library. It’s a good “picture” book for naming common objects.**

**Give your child soap, a washcloth, and a dishpan of water.** Let your child wash a “dirty” doll, toy dishes, or doll clothes. It’s good practice for hand washing and drying.

**Children at this age love to pretend and really enjoy it when you can pretend with them. Pretend you are different animals, like a dog or cat. Make animal sounds and actions. Let your child be the pet owner who pets and feeds you.**

**Your child will begin to be able to make choices. Help him choose what to wear each day by giving a choice between two pairs of socks, two shirts, and so forth. Give choices at other times like snack or mealtime (two kinds of drink, cracker, etc.).**

**Enhance listening skills by playing compact discs or cassettes with both slow and fast music. Songs with speed changes are great. Show your child how to move fast or slow with the music.** (You might find children’s cassettes at your local library.)

**Children can find endless uses for boxes.** A box big enough for your child to fit in can become a car. An appliance box with holes cut for windows and a door can become your child’s playhouse. Decorating the boxes with crayons, markers, or paints can be a fun activity to do together.

**Try a new twist to fingerpainting. Use whipping cream on a washable surface (cookie sheet, Formica table). Help your child spread it around and draw pictures with your fingers. Add food coloring to give it some color.**

**Action is an important part of a child’s life. Play a game with a ball where you give directions and your child does the actions, such as “Roll the ball.” Kick, throw, push, bounce, and catch are other good actions. Take turns giving the directions.**

**Make an obstacle course using chairs, pillows, or large cartons.** Tell your child to crawl over, under, through, behind, in front of, or between the objects. Be careful arranging so that the pieces won’t tip and hurt your child.

**Collect little and big things (balls, blocks, plates). Show and describe (big/little) the objects. Ask your child to give you a big ball, then all of the big balls. Do the same for little. Another big/little game is making yourself big by stretching your arms up high and making yourself little by squatting down.**
Focus of Next Call: Potential Resources/Supports

• Babies First Home Visiting
  — Children at Risk, Includes at-risk due to family functioning issues
• CaCoon Home Visiting
  — Medical condition
• Relief nurseries
• Early Learning Hubs
• 211
Agenda for Today’s Call


• **Area #1**: Children with Special Health Care Needs

• **Area #2**: Developmental Screening – You’ve Screened, Now What

• **Area #3**: Adolescent Preventive Services

Part 2: Update on Key Policy-Level Activities

• Oregon Confidential Communication Request for 2017 & Adolescent Rights to Privacy and Confidentiality (Emily Eman, OHA Adolescent Health)

• Revisions to Patient Centered Primary Care Home Standards for 2017

• Multi-payer Learning Collaborative (SB 231)
Focus Area #3:
Adolescent Preventive Services

- Overview of project-level activities focused on adolescent preventive services

- Highlight of innovative tools related to:
  - Educational materials to adolescents about why well-visits are important
Improving Access to and Quality of Adolescent Well-Care

• Supporting practices on implementing care processes related to:
  – Confidentiality/privacy
  – One-on-one time
  – SBIRT
  – Depression screening, follow-up to depression screening

• Project focused on improving the provision of adolescent well-visits at a community-level by leveraging partnerships with School Based Health Centers (SBHCs)
  o Providing on-site training and support to pilot SBHCs \(N=2\)
  o Developing educational materials for adolescents and their parents that provide information about why well-care is important, what to expect, and the unique role SBHCs can play in providing well-child care.
  o Developing and assessing models for enhancing the SBHC’s population management and care coordination with primary care practices.
  o Identifying policy-level improvements that address barriers and incentives identified through the project.
OPIP’s Process of Development of Educational Materials for Youth

Development process:

A. Background review and collection of current educational materials
   • Literature review and online search for existing materials, including what CCOs may be using and the National AAP and Bright Futures.

B. Feedback from youth and stakeholders
   • 5 in-person meetings held with youth to obtain feedback, additional feedback collected via email
   • Oregon Statewide Youth Action Council (SYAC), part of OSBHA
   • SBHC pilot sites: Tigard High SBHC/Virginia Garcia, and Pendleton High SBHC/Umatilla County
   • Youth advisory groups in pilot schools: Tigard’s Student Health Advisory Council (SHAC), and Pendleton’s Gay-Straight Alliance (GSA).
   • OHA Office of Adolescent Health, OSBHA

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Learnings & Feedback from Youth to Inform OPIP’s Development of Educational Materials

**EIGHT Key learnings from youth for OPIP when developing materials:**

1. **Empowering, Partnership Centered**
   - Teens want to be recognized as young adults.
   - Avoid authoritative tones such as “you should...” and words like “child” or “adolescent”
   - Emphasize “collaboration” and “partnership”
   - Promote use of welcoming phrases like “we will never judge you”, and “we will listen to you”

2. **Use of Facts and Statistics, help them see themselves in the statistics**
   - High value on facts and statistics for teen engagement
   - Helps normalize issues, minimize stigmas, promotes awareness
   - When statistics are used, include a follow-up of available options for next steps
   - Top statistics identified by teens: sexual health, mental health, and physical health

3. **Highlight Privacy and Confidentiality**
   - Big concern is that privacy will be breached. Students will avoid services if they are not aware of the SBHC policies and processes, so important to highlight this in the materials

4. **Highlight Billing and Insurance**
   - Addresses questions students may have but are embarrassed to ask based on insurance/financial situation
   - For uninsured: include phrasing that the student will still be seen even without insurance and/or on sliding payment scale
   - For insured: students still appreciate knowing that their insurance will be accepted at the SBHC

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Eight Key learnings from youth for OPIP when developing materials:

5. Describe WHAT they can get – be specific so their specific issue is listed
   - List the types of health services available during a well-care visit
   - Gives a preview for what students can expect ahead of time, and alleviates anxieties of being turned away
   - Key items identified by teens: guidance for healthy relationships, bullying, emotional health and wellness, sexual health, sports physicals

6. Be clear about the location, staff, hours, and contact information
   - Convenience in access to SBHC services huge! Don’t need to worry about transportation or missing school.
   - Decreases student’s overutilization of urgent care/ER or going home when not feeling well
   - Location, phone number, hours of operation, and clinical staff very important
   - Helpful to also include picture of SBHC staff and/or picture of the SBHC building for easy recognition

7. Think about how it looks – and ask a teen how it looks, what makes us want read it
   - Have a balance in amount of text vs blank space: too much text will be skimmed over, but too little will miss important concepts
   - Inclusion of school logos allows students to identify SBHC as part of high school and not an outside entity
   - Consider additional items such as QR codes, or rainbow pride triangle to promote inclusiveness

8. Use multiple mediums and use people – no one approach will work
   - Use various methods and approaches, not just handouts because already flooded with paper
   - Posters, flyers, table tents, health classes, pocket cards, social media, fun props like pencils/stress balls

Do not copy, cite, or reproduce without proper OPIP citation.
Example of SBHC Poster: (Pendleton SBHC)

Contains general information as a first step toward enhancing awareness about the SBHC.

As you become more independent, there is a lot to think about – school, friends, family, body image, self-esteem… What's on your mind matters to us, and our trained staff at Pendleton High School Heath Center are here for you! At the Health Center you can get the same kinds of health services that you get at a regular primary care clinic, and we are conveniently located here at school! Our health providers are specifically trained to work with teens and are available to help you with whatever you need.

**COMMON TOPICS YOU CAN HAVE ADDRESSED:**
- What you want to talk about - our priority is partnering with you
- Emotional health and feelings
- Guidance for healthy relationships
- Bullying
- Health exams and sports physicals
- Drug or alcohol use or experimentation
- Treatment for illness and infections
- Dental and Vision exams
- Immunizations and vaccines

**YOUR PRIVACY IS IMPORTANT**
At the Health Center we have specific policies around confidentiality. For the most part, what you talk about will stay between you and your health provider and will not be shared with your parents or others. If something needs to be shared, we will always talk with you about it first, and work with you on how to do that.

**BILLING & INSURANCE**
No student will be turned away due to ability to pay. We welcome ALL students, and accept most insurance including the Oregon Health Plan. If you don't have insurance, don't worry – we will still see you.

WHERE ARE WE LOCATED?
The Health Center is located at Pendleton High School, on the second floor near the cafeteria.

WHEN ARE WE OPEN?
The Health Center is open during the school year:
Tuesdays, Wednesdays, & Thursdays @ 7:30 am - 3 pm

Trustworthy * Convenient * Confidential

Stop by or call us @ [541] 966-3857

We want to partner with you to provide the best care possible. Make your appointment at the PHS Health Center today!

Follow us on Twitter @phshealth
DID YOU KNOW?

Only 1 in 5 Oregon teens gets an annual check-up, and the odds of having poor physical and mental health in adulthood can be 52% higher for people who don’t receive needed care early in life.

1 in every 3 Oregon teens experienced depression last year, and 1 in 6 seriously considered suicide.

Each year there are 9.5 million new STD infections among young adults.

Teens who start drinking at an earlier age are 4 to 5 times more likely than others to develop alcohol abuse as adults.

That’s why it’s important to have a check-up each year... even when you are NOT sick. From sprained ankles, to feeling stressed, to relationships and even sexual health, confidential services are available to you at the Tigard School Based Health Center (SBHC).

Our Health Center providers are specifically trained and interested in working with teens and they will never judge you. They will listen and help you overcome challenges to become successful and independent both in body and mind.

The Tigard SBHC Clinical Staff Include:
• Nurse Practitioner
• Qualified Mental Health Professional
• Dental Hygienist

WHERE ARE WE LOCATED?
* We are conveniently located here at school, in between the Child Development Center and the Caring Closet.
* We are open during the School Year:
  Monday - Friday @ 8 am - 4:30 pm
* We also accept walk-ins based on availability.

If you have QUESTIONS or want to make an APPOINTMENT, stop by or call us @ (503) 431-5775

Example of AWC Used as Poster:
(Tigard SBHC)

Contains more specific information about the importance of Annual Well Child visits and types of services offered at the SBHC.

COMMON TOPICS ADDRESSED AT A CHECK-UP:
• Your health questions: our priority is to partner with you.
• Emotional health and wellness
• Guidance for healthy relationships
• Bullying
• Health exams and sports physicals
• Weight, diet and overall physical health
• Drug or alcohol use or experimentation
• Sexual health
• Treatment for illness and infections
• Vision exams and hearing screenings
• Immunizations and vaccines
• Dental cleanings

YOUR PRIVACY IS IMPORTANT
At the Tigard SBHC we have specific policies around confidentiality. For the most part, what you talk about will stay between you and your health provider and will not be shared with your parents or others. If something needs to be shared, we will always talk to you first and work with you on how to do that.

BILLING & INSURANCE
No student will ever be turned away due to ability to pay. We welcome all students of the Tigard-Tualatin School District, and accept most insurance including the Oregon Health Plan (Medicaid). If you don’t have insurance, don’t worry, payment can also be made based on what you can afford.

Trustworthy * Convenient * Confidential
Our goal is to partner with you to provide the best care possible.
Make your appointment by the Tigard School Based Health Center at http://virigniacarosi.org/locations/tigard-school-based-health-center/
Examples of Health Facts used in Business Cards

**Tigard School Based Health Center (SBHC)**
Mon - Fri, 8am - 4:30pm
(503) 431-5775
Between the Caring Closet & Child Development Center

We welcome all Tigard/Tualatin School District students, and we will see you even if you don’t have insurance. Our clinical staff include a Nurse Practitioner, Mental Health Professional, & Dental Hygienist.

**Pendleton High School Health Center**
Tues - Thurs, 7:30am - 3pm
(541) 966-3857
We’re on the second floor, near the cafeteria.

We welcome all Pendleton students, and we will still see you even if you don’t have insurance.

Our clinical staff include a Nurse Practitioner, Counselors, Registered Nurse, & Dental Hygienist.

**Have you had your check up yet?**

**COMMON TOPICS**
- Your health questions – we will partner with you
- Emotional health and wellness
- Guidance for healthy relationships
- Bullying
- Health exams and sports physicals
- Weight, diet, and overall physical health
- Drug or alcohol use or experimentation
- Sexual health
- Treatment for illness and infections
- Vision exams and hearing screenings

**Teens who start drinking are 4-5 times more likely to develop alcohol abuse as adults.**

If you have tried alcohol or think you may be drinking too much, we can help! Tigard SBHC staff can help you identify the signs of problematic alcohol use that have lifelong consequences, and strategies you can use to protect your health.

**Each year there are 9.5 million new STD infections among young adults.**

If you are sexually active, you can protect yourself.

Have a private conversation with your Tigard SBHC provider about specific ways to prevent getting an STD or pregnant.

**Only 1 in 5 Oregon teens get an annual check-up.**

Having poor health as an adult can be 52% higher if you don’t get care early in life.

Get a check-up here at school!

You can get a routine check-up at the PHS Health Center that is covered by your insurance. If you don’t have insurance, we will still see you!

**1 in every 3 Oregon teens experienced depression last year, and 1 in 6 seriously considered suicide.**

If you feel that way, staff at the PHS Health Center can help.

We have trained staff who are used to working with teens on how to cope with these feelings.

**1 in 6 teens who start to use marijuana will become addicted. It can impact your memory, perceptions, coordination, and heart rate.**

If you’ve tried marijuana or think you may have problems with drugs or alcohol we can help! Our PHS Health Center staff can help you identify signs of problematic substance use that have lifelong consequences, and strategies to protect your health.

**CALL US OR STOP BY TODAY!**

Follow us on Twitter @PHSHealth
Color-Changing “Mood” Pencils

Mood Pencils

STYLE: FOM

Create an advertising buzz with heat sensitive pencils that change color as your customers write with them. Pencils magically change color and return to normal when they return to room temperature. Custom imprint your company name and logo on this fun pencil and hand them out as a thank you gift to all your customers.

Note: Pencils were ordered from "National Pen" at [http://www.pens.com/pens-cat/writing/mood-pencils/fom](http://www.pens.com/pens-cat/writing/mood-pencils/fom)
Table Tents

SCHEDULE YOUR CHECK-UP TODAY!

It’s important to have a check-up each year, even when you’re not sick. Confidential services are available, and our PHS Health Center providers are trained and interested in working with teens. They will never judge you, and they will listen and help you overcome challenges to become successful both in body and mind.

Pendleton High School Health Center

WE ARE LOCATED:
At Pendleton High School, on the second floor near the cafeteria.

WE ARE OPEN DURING THE SCHOOL YEAR:
Tuesday - Thursday, 7:30am - 3pm

For QUESTIONS or to make an APPOINTMENT, stop by or call us at (541) 966-3887. We welcome ALL Pendleton School District students, and we will still see you even if you don’t have insurance.

Our goal is to PARTNER WITH YOU to provide the best care possible. Take action and make the choice TOWARD A HEALTHY FUTURE!

TRUSTWORTHY • CONVENIENT • CONFIDENTIAL

Follow us on Twitter @PHShealth

DID YOU KNOW?

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If you’ve tried alcohol, or think you may be drinking too much, we can help! Our Tigard SBHC Staff can help you identify signs of problematic alcohol use that have lifelong consequences, and strategies you can use to protect your health.
Next Steps & Opportunity for Practices

• Modifying the materials for a primary care setting
  o Youth in the primary care practice
  o Materials sent to youth
  o Materials sent to parents

• We need youth and parents to interview about materials - and there is something for you!!
  o Practices who help us recruit will get a version of the posters and letter to parents personalized for them
  o Let Colleen Reuland (reulandc@ohsu.edu) know if you are interested

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Agenda for Today’s Call


• **Area #1:** Children with Special Health Care Needs
• **Area #2:** Developmental Screening – You’ve Screened, Now What
• **Area #3:** Adolescent Preventive Services

Part 2: Update on Key Policy-Level Activities

• Oregon Confidential Communication Request for 2017 & Adolescent Rights to Privacy and Confidentiality (Emily Eman, OHA Adolescent Health)
• Revisions to Patient Centered Primary Care Home Standards for 2017
• Multi-payer Learning Collaborative (SB 231)
Protecting Patient Confidentiality: What you Need to Know

Oregon Pediatric Improvement Project Webinar
April 7, 2016

Emily Elman, Reproductive Health Program
Agenda

• Confidentiality: background and implications
• HB 2758: overview of Oregon’s new law
  – What it does
  – What it doesn’t do
• Implementing the law: nuts and bolts
• Supporting your patients
• Available resources
• Questions
Confidentiality Described

- Fundamental principle in health care
- Who is impacted?
  - Adolescents
  - Young adults
  - Dependents on family health insurance policies (children, spouses, domestic partners)
- Privacy concerns around:
  - Mental health
  - Substance use
  - Sexual and reproductive health
  - Experiences of violence
## Implications

### Privacy Problems

Teens are far more likely than older women to cite confidentiality as the reason they are not planning to use their insurance coverage to pay for the care they receive at reproductive health–focused health centers.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 20</td>
<td>31%</td>
</tr>
<tr>
<td>20–29</td>
<td>15%</td>
</tr>
<tr>
<td>30 and over</td>
<td>4%</td>
</tr>
</tbody>
</table>

*Source: reference 5.*

Guttmacher, 2013
The Tangled Landscape

- ACA - upping the ante
- Federal law
  - HIPAA
  - ERISA
  - Title X
- State law and regulations
- Agency/corporate policy
- Professional ethical obligations
- Best practice recommendations
HB 2758: Oregon’s New Law

What the law **DOES**:  
- Requires *commercial* health insurance carriers to permit any member the right to request that protected health information be sent directly to them instead of the person who pays for their health insurance  
- Standardized request form  
- Types of communication covered include:  
  - An explanation of benefits (EOB)  
  - Name and address of provider, description of services provided, or other visit information  
  - Claim denial  
  - A request for additional information about a claim  
  - A notice of a contested claim
HB 2758: Oregon’s New Law

What the law does **NOT** do:

- Apply to patients with Oregon Health Plan (Medicaid).
- Suppress an EOB or other communication. Only redirects it to another location.
- Impact deductible or out-of-pocket maximum amounts.
- Impact communication generated by **providers**.
- Change access to information on online patient portals.
Important Points to Consider and Share

7 Days

30 Days

[Diagram showing a process with 'HEALTH INSURANCE' at the center, connected by arrows to 'Letter' and 'Calendar'.]
Important Points to Consider and Share

Patient should confirm with insurance company that request has been received and processed.

If the confidential communication request has not been processed, information about the visit may be sent to the policy holder.
Insurance Division Website

http://tinyurl.com/ORPatientPrivacy

Patient right to privacy

Oregon law guarantees you the right to have protected health information sent directly to you instead of to the person who pays for your health insurance plan (the primary account holder).

You can have this information shared with you directly through a number of different ways:

- Email
- Telephone
- At a different mailing address

To make this request, complete, sign, and send this form to your insurer. You can send it by mail, fax, or email. Contact your insurance company to find out where to send your form.

Key links

- Information for health care providers
- Links to insurer confidentiality information

Download the Oregon Request for Confidential Communication form

PLEASE NOTE: If you change insurance companies, you must make a new request to the new insurance company. Until your request is processed, your insurance company may continue to send your protected health information to the person who is paying for your health insurance.

What is protected health information?

Protected health information is individually identifiable health information your insurer has or sends out in any form. Confidential communication of protected health insurance covered under this request includes:

- The name and address of a provider, a description of services provided, and other visit information
- An explanation of benefits notice

AGRH, PUBLIC HEALTH DIVISION

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Confidential Communication Request Form

OREGON REQUEST FOR CONFIDENTIAL COMMUNICATION

You have the right to have protected health information sent to you instead of the person who pays for your health insurance plan. You can ask to be contacted:
- At a different mailing address
- By email
- By telephone

To make this request, complete, sign, and send this form to your insurer. You can send it by mail, fax, or email. To find contact information for your health insurance plan, visit http://www.oregon.gov/DCBS/Insurance/help/health/Pages/confidential-communications.aspx.

Please note: It can take up to 30 days from the date your insurer receives your hard-copy request to process it. Requests made by telephone, by email, or over the Internet must be implemented by your insurer within seven days of receipt.

Name of your health insurance company

Your name

Your date of birth

Your insurance member # (if available)

Your insurance group # (if available)

Please tell us how we should contact you. If you mark more than one way, put a "1" next to your first choice, "2" next to your second choice, and so on. Your health plan must contact you through at least one of the communication methods noted below.

☐ Email to the following email address:

☐ U.S. Mail at the address:

☐ Text to the following phone #:

☐ Message through online insurance patient portal

☐ Phone call to the following number:

IMPORTANT! The following two sections MUST be completed:

1. If a communication cannot be sent in the above selected formats, or if you want information by U.S. mail, provide the address below:

2. Is there a phone number or email to use if there are questions regarding this request?

Signature

Date

PLEASE NOTE: If you change insurance companies, you will need to make a new request to the new insurance company. Until your request is processed, the insurance company may continue to send your protected health information to the person who is paying for your health insurance.
Insurance Division Website

http://tinyurl.com/ORPatientPrivacy
Insurance Division Website

Patient right to privacy

Information for health care providers

As a provider of health care, your help advising patients of their right to privacy is essential. In the process of providing care to your patients, you are on the forefront of dealing with issues of privacy and confidentiality. It is critical that you and your clinic staff are aware of the steps to request confidential communication.

To help support your patients, please consider:

- Ensuring all clinic staff are aware that any patient has the right to request confidential communications from their insurance company, and where the form to do so can be found.
- Educating your patients about their rights.
- Adopting clinic processes that aid clients in requesting confidential communication:
  - Have hard-copy versions of the standardized form available at your clinic.
  - Help patients complete each section of the form.
  - Identify where patients need to send the form based on their insurance company and assist them to do so.

Important points to consider and share with patients:

- Confidential communication requests made by mail may take up to 10 days to process.
- Confidential communication requests made by electronic means may take up to 7 days to process.
- It is important that patients confirm with their insurance company that their request has been received and processed. If a patient requests confidential communications and the request has not been fully processed, information about their visit may be sent to the policy holder. In other words, information about their current visit may not be kept confidential, even if they submit a confidential communications request on the day of the visit.

If you have questions or concerns about this process, please contact:

Gayle Woods
Senior Policy Advisor
Oregon Insurance Division
(503) 947-7217
gayle.woods@oregon.gov

Other resources:

- Oregon Request for Confidential Communications
- Oregon Minor Rights: Access and Consent to Health Care: A Resource for Providers, Parents and Educators
- Oregon Minor Rights: Access and Consent to Health Care: A Resource for Providers, Parents and Educators
Insurance Division Website

Patient right to privacy

Oregon law guarantees you the right to have protected health information sent directly to you instead of to the person who pays for your health insurance plan (the primary account holder).

You can have this information shared with you directly through a number of different ways:

- Email
- Telephone
- At a different mailing address

To make this request, complete, sign, and send this form to your insurer. You can send it by mail, fax, or email. Contact your insurance company to find out where to send your form.

Download the Oregon Request for Confidential Communication form.

PLEASE NOTE: If you change insurance companies, you must make a new request to the new insurance company. Until your request is processed, the insurance company may continue to send your protected health information to the person who is paying for your health insurance.

What is protected health information?

Protected health information is individually identifiable health information your insurer has or sends out in any form. Confidential communication of protected health information covered under this request includes:

- The name and address of a provider, a description of services provided, and other visit information
- An explanation of benefits notice
- Information about an appointment

Key links

- Information for health care providers
- Links to insurer confidentiality information
Insurance Division Website

Patient right to privacy

Insurer confidential communications links

Use the links below for more information on confidentiality from health care insurers.

- AllCare Advantage
- AllCare CareSource
- AllCare PEBB
- Atvio
- BridgeSpan OR – Member Site
- CCR Notice
- CCR Form
- Health Net Health Plan
- Kaiser
- LifeWise Health Plan of Oregon
- Moda Health Plan
- PacificSource Health Plans
- Providence
- Regence OR – Member Site
- CCR Notice
- CCR Form
- Samaritan Health Plans
- Trillium Community Health Plan
- UnitedHealthcare Insurance Company
- UnitedHealthcare of Oregon, Inc.
- Zoom+
Supporting Your Patients

- Ensure all clinic staff are aware of and understand the new law.
- Incorporate discussions about confidentiality and the new law throughout the patient’s visit.
- Consider clinic processes to assist patients in requesting confidential communication.
- Have hard-copy versions of the form available throughout the clinic.
Helping Protect Patient Privacy

- Develop/maintain clear clinic policies on confidentiality (including its limits and ways in which to communicate policies to patients)
- Map patient experience to identify gaps where sensitive information could be inadvertently disclosed
- Routinely ask patients how they would like to be contacted
- Understand CCO policies regarding communications to members
Available Resources

- OHA Public Health Division website: https://public.health.oregon.gov/HealthyPeopleFamilies/ReproductiveSexualHealth/Pages/Reproductive-Health-Data-and-Reports.aspx
- Client education poster for clinics in process
- California Keep It Confidential: www.myhealthmyinfo.org
- Confidential and Covered, National Family Planning and Reproductive Health Association (NFPRHA) www.confidentialandcovered.com
Available Resources, cont.

Minor Rights:
Access and Consent to Health Care
A resource for providers, parents and educators

Thank You!

Emily Elman, MPH
Reproductive Health Policy and Research Specialist
emily.l.elman@state.or.us

Liz Thorne, MPH
Adolescent Health Policy and Assessment Specialist
elizabeth.k.thorne@state.or.us
971-673-0377
Patient Centered Primary Care Home Standards

- Updates to the Patient Centered Primary Care Homes (PCPCH) Standards for 2017:
  - What has changed
  - How they are harder
  - There will be five tiers instead of three tiers

- Oregon PCPCH Standards Advisory Committee Website:
  - [http://www.oregon.gov/oha/pcpch/Pages/SAC.aspx](http://www.oregon.gov/oha/pcpch/Pages/SAC.aspx)

Do not copy, cite, or reproduce without proper OPIP citation.
Patient Centered Primary Care Home Standards

• New PCPCH model will be implemented January 2017
  – Updated PCPCH TA Guide will be available summer 2016

• Proposed Revisions for 2017 at a glance:
  – Twelve PCPCH standards revised
  – Total available points will increase to 390 points, instead of 380
  – 11 Must-Pass Standards, instead of 10
  – New Tier structure up to 5-STAR, instead of 3-STAR

• Proposed 2017 revisions to PCPCH model available here:

Do not copy, cite, or reproduce without proper OPIP citation.
Impact to practices for 2016 PCPCH Attestations

- PCPCH practices that are due to reapply in 2016
  - Will be granted extension of their current PCPCH recognition until January 1, 2017.
  - Will need to reapply to the new standards at that time.

- PCPCH practices that request to reapply in 2016 for change in Tier
  - Will only be recognized until January 1, 2017.
  - Will need to reapply to the new standards at that time.

- Practices that apply to be a PCPCH for the first time in 2016:
  - Can apply but will only be recognized until January 1, 2017.
  - Will need to reapply to the new standards at that time.
Revisions to 2017 PCPCH Tier Structure

<table>
<thead>
<tr>
<th>2017 Tier Structure</th>
<th>Point Structure</th>
<th>Additional Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>30 - 60 points</td>
<td>+ All 11 Must Pass Standards</td>
</tr>
<tr>
<td>Tier 2</td>
<td>65 - 125 points</td>
<td>+ All 11 Must Pass Standards</td>
</tr>
<tr>
<td>Tier 3</td>
<td>130 - 250 points</td>
<td>+ All 11 Must Pass Standards</td>
</tr>
<tr>
<td>Tier 4</td>
<td>255 - 390 points</td>
<td>+ All 11 Must Pass Standards</td>
</tr>
<tr>
<td><strong>5 STAR</strong></td>
<td><strong>255 - 390 points</strong></td>
<td>+ All 11 Must Pass Standards + 11 of 13 specified PCPCH measures + Site Visit Verification</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous Tier Structure</th>
<th>Previous Point Structure</th>
<th>Previous Additional Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>30 - 60 points</td>
<td>+ All 10 Must Pass Standards</td>
</tr>
<tr>
<td>Tier 2</td>
<td>65 - 125 points</td>
<td>+ All 10 Must Pass Standards</td>
</tr>
<tr>
<td>Tier 3</td>
<td>130 points or more</td>
<td>+ All 10 Must Pass Standards</td>
</tr>
<tr>
<td><strong>3 STAR</strong></td>
<td>275 points or more</td>
<td>+ All 10 Must Pass Standards + 11 of 13 specified PCPCH measures + Site Visit Verification</td>
</tr>
</tbody>
</table>

Do not copy, cite, or reproduce without proper OPIP citation.
**MUST PASS Standards for 2017**

Practices are required to meet all **11 MUST PASS** standards in the new model:

<table>
<thead>
<tr>
<th>Measure</th>
<th>2017 PCPCH Must Pass Standard</th>
<th>Change from previous MUST PASS requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.C.0</td>
<td>Telephone &amp; Electronic Access</td>
<td>No change</td>
</tr>
<tr>
<td>2.A.0</td>
<td>Performance &amp; Clinical Quality</td>
<td>No change</td>
</tr>
<tr>
<td>3.B.0</td>
<td>Medical Services</td>
<td><strong>Addition of “preventive services”</strong></td>
</tr>
<tr>
<td>3.C.0</td>
<td>Mental Health, Substance Abuse, &amp; Developmental Services</td>
<td><strong>Changed to “and” for inclusion of all three services; Addition of “and processes”</strong></td>
</tr>
<tr>
<td>4.A.0</td>
<td>Personal Clinician Assigned</td>
<td>No change</td>
</tr>
<tr>
<td>4.B.0</td>
<td>Personal Clinician Continuity</td>
<td>No change</td>
</tr>
<tr>
<td>4.C.0</td>
<td>Organization of Clinical Information</td>
<td>No change</td>
</tr>
<tr>
<td>4.E.0</td>
<td>Specialized Care Setting Transitions</td>
<td>No change</td>
</tr>
<tr>
<td>5.F.0</td>
<td>End of Life Planning</td>
<td>No change</td>
</tr>
<tr>
<td>6.A.0</td>
<td>Language / Cultural Interpretation</td>
<td>No change</td>
</tr>
<tr>
<td>6.C.0</td>
<td>Experience of Care</td>
<td><strong>New MUST PASS requirement for 2017</strong></td>
</tr>
</tbody>
</table>
5 STAR Designation for 2017

Practices seeking **5 STAR designation** must also attest to **11 of the 13** PCPCH measures listed below:

<table>
<thead>
<tr>
<th>Measure</th>
<th>2017 PCPCH Measure Title</th>
<th>Changes from 3 STAR requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.B.1</td>
<td>After Hours Access</td>
<td>No change</td>
</tr>
<tr>
<td>2.D.3</td>
<td>Quality Improvement</td>
<td>No change</td>
</tr>
<tr>
<td><strong>3.C.2</strong></td>
<td>Referral Process or <strong>Co-location</strong> with Mental Health, Substance Abuse, <strong>and</strong> Developmental Providers</td>
<td>Added co-location. Now requires “AND”, not “OR”</td>
</tr>
<tr>
<td>3.C.3</td>
<td>Integrated Behavioral Health Services</td>
<td>Used to be Co-location</td>
</tr>
<tr>
<td>4.B.3</td>
<td>Personal Clinician Continuity</td>
<td>No change</td>
</tr>
<tr>
<td><strong>5.C.1</strong></td>
<td>Defined Roles in Care Coordination</td>
<td>Changed from just “responsibility for” CC</td>
</tr>
<tr>
<td>5.C.2</td>
<td>Coordination of Care</td>
<td>No change</td>
</tr>
<tr>
<td>5.C.3</td>
<td>Individualized Care Plan</td>
<td>No change</td>
</tr>
<tr>
<td>5.E.1</td>
<td>Referral Tracking for Specialty Care</td>
<td>No change</td>
</tr>
<tr>
<td>5.E.2</td>
<td>Coordination with Community Service Providers</td>
<td>No change</td>
</tr>
<tr>
<td>5.E.3</td>
<td>Cooperation with Community Service Providers</td>
<td>No change</td>
</tr>
<tr>
<td>6.A.1</td>
<td>Language/Cultural Interpretation</td>
<td>No change</td>
</tr>
<tr>
<td>6.C.2/3</td>
<td>Experience of Care</td>
<td>No change</td>
</tr>
</tbody>
</table>

*Do not copy, cite, or reproduce without proper OPIP citation.*
Feedback and Input to OHA on Proposed Revisions to 2017 PCPCH Standards

• Stakeholders are also invited to provide feedback to OHA on the proposed 2017 revisions:
  – In-person public hearing
    Monday, April 18th @ 11am
    500 Summer Street NE, Room 554
    Salem, OR 97301
  – Written comment to OHA
    No later than Wednesday, April 20th @ 5pm
    Zarie Haverkate: zarie.haverkate@state.or.us and PCPCH@state.or.us

• The PCPCH program can also be contacted at: PCPCH@state.or.us

• Full proposed revisions to 2017 PCPCH model available here:

Do not copy, cite, or reproduce without proper OPIP citation.
12 Revised PCPCH Standards for 2017

- **1C** - Telephone and Electronic Access
- **1E** - Electronic Access
- **1F** - Prescription Refills
- **2A** - Performance & Clinical Quality
- **3A** - Preventive Services
- **3B** - Medical Services
- **3C** - Mental Health, Substance Abuse and Developmental Services
- **3E** - Preventive Services Reminders
- **4G** - Medication Reconciliation
- **5A** - Population Data Management
- **5C** - Complex Care Coordination
- **6C** - Patient Experience of Care

*Do not copy, cite, or reproduce without proper OPIP citation.*
**1C - Telephone and Electronic Access**

- **1C - Telephone and Electronic Access**
  - **1.C.0** - PCPCH provides continuous access to clinical advice by telephone. (0 points - Must Pass)

<table>
<thead>
<tr>
<th>2017 measure that changed:</th>
<th>The change from previous version:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deletion of 1.C.1</td>
<td>For 2017 there is no longer a 1.C.1 measure. In previous standards, there used to be a level 1 option for documentation of telephone encounters into the patient’s medical record, worth 5 points.</td>
</tr>
</tbody>
</table>

*Do not copy, cite, or reproduce without proper OPIP citation.*
1E - Electronic Access

1E - Electronic Access

- **1.E.1** - PCPCH provides patients with an electronic copy of their health information upon request using a method that satisfied either Stage 1 or Stage 2 meaningful use measures. *(5 points)*

<table>
<thead>
<tr>
<th>2017 measure that changed:</th>
<th>The change from previous version:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.E.1</td>
<td>This used to be level 3 measure worth 15 points. This is now a level 1 measure worth 5 points.</td>
</tr>
</tbody>
</table>
# 1F - Prescription Refills

- **1F - Prescription refills**
  - **1.F.2** - PCPCH tracks the time to completion for prescription refills. *(10 points)*
  - **1.F.3** - PCPCH tracks and shows improvement, or meets a benchmark, for time to completion for prescription refills. *(15 points)*

<table>
<thead>
<tr>
<th>2017 measure that changed:</th>
<th>The change from previous version:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.F.2</td>
<td>This used to be a level 1 measure worth 5 points. This is now a level 2 measure worth 10 points.</td>
</tr>
<tr>
<td>1.F.3</td>
<td>This is a new measure. Previously there was no level 3 option.</td>
</tr>
</tbody>
</table>

*Do not copy, cite, or reproduce without proper OPiP citation.*
2A - Performance & Clinical Quality

- **2A.0** - PCPCH one quality metric from core or menu set of PCPCH Quality Measures. (0 points)
- **2A.1** - PCPCH tracks and reports to the OHA two measures from core set and one measure from the menu set of PCPCH Quality Measures. (5 points)
- **2A.2** - PCPCH demonstrates improvement on two measures from the core set and one measure from the menu set of PCPCH Quality Measures. (10 points)
- **2A.3** - PCPCH tracks, reports to the OHA and meets benchmarks on two measures from the core set and one measure from the menu set of PCPCH Quality Measures. (15 points)

<table>
<thead>
<tr>
<th>2017 measure that changed:</th>
<th>The change from previous version:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.A.1</td>
<td>This used to be level 2 measure worth 10 points. It is now a level 1 measure worth 5 points.</td>
</tr>
<tr>
<td>2.A.2</td>
<td>Change in language; Addition of “demonstrates improvement”</td>
</tr>
</tbody>
</table>

*Do not copy, cite, or reproduce without proper OPIP citation.*
3A - Preventive Services

- **3A.1** - PCPCH routinely offers or coordinates recommended preventive services appropriate for your population (i.e. age and gender) based on best available evidence and identifies areas for improvement. (5 points)

- **3A.2** - PCPCH routinely offers or coordinates recommended age and gender appropriate preventive services, and has an improvement strategy in effect to address gaps in preventive services offerings as appropriate for the PCPCH population. (10 points)

- **3A.3** - PCPCH routinely offers or coordinates 90% of all recommended age and gender appropriate preventive services. (15 points)

<table>
<thead>
<tr>
<th>2017 measure that changed:</th>
<th>The change from previous version:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.A.1</td>
<td>Slight revision of language, and addition of “identifies areas for improvement”.</td>
</tr>
</tbody>
</table>

Do not copy, cite, or reproduce without proper OPIP citation.
3B - Medical Services

- 3B.0 - PCPCH reports that it routinely offers all of the following categories of services: Acute care for minor illnesses and injuries; ongoing management of chronic diseases including coordination of care; office-based procedures and diagnostic tests; preventive services; patient education and self-management support. (0 points)

<table>
<thead>
<tr>
<th>2017 measure that changed:</th>
<th>The change from previous version:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.B.0</td>
<td>Addition of “preventive services” in language</td>
</tr>
</tbody>
</table>

Do not copy, cite, or reproduce without proper OPIP citation.
• **3.C – Mental Health, Substance Abuse & Developmental Services**
  
  – **3.C.0** – PCPCH has a screening strategy for mental health, substance use, and developmental conditions, and documents on-site and local referral resources and processes. (0 points)
  
  – **3.C.2** – has a cooperative referral process with specialty mental health, substance abuse, and developmental providers including a mechanism for co-management as needed or is co-located with specialty mental health, substance abuse, and developmental providers. (10 points)
  
  – **3.C.3** - PCPCH provides integrated behavioral health services, including population-based, same-day consultations by behavioral health providers specially trained in assessing and addressing psychological aspects of health conditions. (15 points)

<table>
<thead>
<tr>
<th>2017 measure that changed:</th>
<th>The change from previous version:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.C.0</td>
<td>Slight change in language; addition of “and” &amp; “processes”</td>
</tr>
<tr>
<td>3.C.2</td>
<td>Slight change in language; addition of “and” and the co-location items that were previously in the level 3 measure.</td>
</tr>
<tr>
<td>3.C.3</td>
<td>New measure; old measure was added to level 2</td>
</tr>
</tbody>
</table>

*Do not copy, cite, or reproduce without proper OPIP citation.*
**3E - Preventive Services Reminders**

- **3.E – Preventive Services Reminders**
  - **3.E.1** – PCPCH sends reminders to patients for preventive/ follow-up care using a method that satisfies either Stage 1 or Stage 2 meaningful use measures. *(5 points)*
  - **3.E.2** – PCPCH uses patient information, clinical data, and evidence-based guidelines to generate lists of patients who need reminders and to proactively advise patients/ families/ caregivers and clinicians of needed services and tracks number of unique patients who were sent appropriate reminders. *(10 points)*
  - **3.E.3** – PCPCH uses patient information, clinical data, and evidence-based guidelines to generate lists of patients who need reminders. PCPCH also proactively advises patients/ families/ caregivers and clinicians of needed services, tracks number of unique patients who were sent appropriate reminders, and tracks the completion of those recommended preventive services. *(15 points)*

<table>
<thead>
<tr>
<th>2017 measure that changed:</th>
<th>The change from previous version:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.E.1</td>
<td>This is now a level 1 measure worth 5 points. It used to be a level 3 measure that was worth 15 points.</td>
</tr>
<tr>
<td>3.E.2</td>
<td>New revised measure; previous measure just tracked patient reminders</td>
</tr>
<tr>
<td>3.E.3</td>
<td>New revised measure; previous measure moved to level 1</td>
</tr>
</tbody>
</table>
4G - Medication Reconciliation

• 4.G – Medication Reconciliation
  - 4.G.1 – Upon receipt of a patient from another setting of care or provider of care (transition of care) the PCPCH performs medication reconciliation using a method that satisfies either Stage 1 or Stage 2 meaningful use measures. (5 points)
  - 4.G.2 – PCPCH develops a process, tracks and reports the percentage of patients whose medication regimen is reconciles at each relevant patient encounter. (10 points)
  - 4.G.3 – PCPCH provides Comprehensive Medication Management for appropriate patients and families. (15 points)

<table>
<thead>
<tr>
<th>2017 measure that changed:</th>
<th>The change from previous version:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.G.1</td>
<td>Addition of meaningful use requirements that were in previous level 3 measure worth 15 points. This is now a level 1 measure worth 5 points.</td>
</tr>
<tr>
<td>4.G.2</td>
<td>Addition of language: develops a process and reports findings for each patient encounter.</td>
</tr>
<tr>
<td>4.G.3</td>
<td>New measure; previous measure moved to level 1</td>
</tr>
</tbody>
</table>
5A – Population Data Management

- **5.A.1** - PCPCH demonstrates the ability to identify, aggregate, and display and utilize up-to-date data regarding its patient population, including the identification of sub-populations. (5 points)

- **5.A.2** - PCPCH demonstrates the ability to stratify their population according to the health risk such as special health care needs or health behavior. (10 points)

<table>
<thead>
<tr>
<th>2017 measure that changed:</th>
<th>The change from previous version:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.A.1</td>
<td>Slight change in language, addition of “utilize”, also combines previous measures (5A1a and 5A1b) into one measure.</td>
</tr>
<tr>
<td>5.A.2</td>
<td>New measure; no previous level 2 measure option</td>
</tr>
</tbody>
</table>

*Do not copy, cite, or reproduce without proper OPIP citation.*
5C – Complex Care Coordination

- **5.C.1** - PCPCH demonstrates that members of the health care team have identified roles in care coordination for patients, and tells each patient or family the name of the team member responsible for coordinating his or her care. (5 points)
- **5.C.2** - PCPCH describes and demonstrates its process for identifying and coordinating the care of patients with complex care needs. (10 points)
- **5.C.3** - PCPCH develops an individualized written care plan for patients and families with complex medical or social concerns. This care plan should include at least the following: self-management goals; goals of preventive and chronic illness care; and action plan for exacerbations of chronic illness. (15 points)

### 2017 measure that changed:

<table>
<thead>
<tr>
<th>The change from previous version:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.C.1</strong></td>
</tr>
</tbody>
</table>

*Do not copy, cite, or reproduce without proper OPIP citation.*
**6C – Experience of Care**

- **6.C – Experience of Care**
  - **6.C.0** – PCPCH surveys a sample of its patients and families at least every two years on their experience of care. The patient survey must include questions on access to care, provider or health team communication, coordination of care, and staff helpfulness. The recommended patient experience of care survey is one of the CAHPS survey tools. (0 points – Must Pass)
  - **6.C.2** – PCPCH surveys a sample of its population at least every two years on their experience of care using one of the CAHPS survey tools and demonstrates the utilization of survey data in quality improvement processes. (10 points)
  - **6.C.3** – PCPCH surveys a sample of its population at least every two years on their experience of care using one of the CAHPS survey tools, demonstrates the utilization of survey data in quality improvement process and meets benchmarks on the majority of the domains regarding provider communication, coordination of care, and practice staff helpfulness. (15 points)

<table>
<thead>
<tr>
<th>2017 measure that changed:</th>
<th>The change from previous version:</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.C.0</td>
<td>This is now a MUST PASS requirement, and timeline changed from annually to every 2-years. This used to be a level 1 measure worth 5 points. There is no longer a level 1 measure in its place.</td>
</tr>
<tr>
<td>6.C.2</td>
<td>Slight language change. Timeline modified to every 2-years; addition of demonstrates utilization of survey data in QI.</td>
</tr>
<tr>
<td>6.C.3</td>
<td>Timeline changed to 2-years; addition of demonstrates utilization of survey data in QI.</td>
</tr>
</tbody>
</table>

Do not copy, cite, or reproduce without proper OPIP citation.
OPIP Support to Practices in Using the CAHPS

• OPIP has worked with practices in the past to implement the CAHPS CG and the PCMH version
  – Found this version most meaningful and useful for practices
  – For children, includes stratifier for CYSHCN

• Implementing the CAHPS CG PCMH
  – Most valid/reliable method – Use of vendor and a standardized sample and survey administration
  – That said, not financially feasible for some projects/practices
    – Created version on survey monkey that practices could use to self administer
      – Offering this to practices

• Tools to engage patients to enhance response rate, partnership oriented tone, and that can be used to engage a parent QI partner
  – Offering this to practices
OPIP Support to Practices in Using the CAHPS

Poster to Educate Patients about Survey

Do not copy, cite, or reproduce without proper OPIP citation.
Dear Parent or Guardian,
I am personally inviting you to take a few minutes to complete a survey about your child’s care. The results from this survey will help me understand where we can partner to better meet your child’s needs and provide the best care possible.

Your partnership and feedback is important to me.

Please go to: https://www.surveymonkey.com/jb/BayClinic to complete the survey.

- Your Participation is voluntary and your responses are kept confidential. You will not be asked for your name or your child’s name.
- Bay Clinic will use the survey results to identify what we can do better.
- If you prefer to fill out a paper-based version of the survey, please ask the front desk at today’s visit and we can give you one that you can mail back, or call (541) 269-0333 ext. 400.

Thank you for help.
Sincerely,
Jon Yost, MD

Bay Clinic
A family medical center

Do not copy, cite, or reproduce without proper OPIP citation.
Patients – We need you!

Mid-Willamette Family Medicine values your feedback and wants to hear from you! The providers at Mid-Willamette Family Medicine are working to collect feedback from patients like you. Your feedback is important and it will help us improve our care.

1. **Patients**

   (Fall & Winter 2015)
   **Patients: Give Us Your Feedback by Mail or Online!**
   This winter you may get a confidential survey about your experience at the clinic. Your feedback will be kept private and will not be linked to you or your doctor. You can pick up the survey at the front desk, or online at: [http:// surveymonkey.com/s/MWFM](http://surveymonkey.com/s/MWFM)

2. **Mid-Willamette Family Medicine**

   (Spring 2016)
   **Mid-Willamette Family Medicine: Hear your Feedback!**
   The survey results will help Mid-Willamette Family Medicine learn what is working well and what we can do better improve for our patients.

3. **Mid-Willamette Family Medicine & Patients**

   (Spring & Summer 2016)
   **Mid-Willamette Family Medicine & Patients: Use your Feedback!**
   We will share what we learn from our patients and the specific plans we have to improve our services for you.

Thank you for partnering with us!

---

*Do not copy, cite, or reproduce without proper OPIP citation.*
OPIP Support to Practices in Using the CAHPS

For more information about how OPIP has supported practices in this work, see the following webinar slides:

http://oregon-pip.org/resources/May%202022_CAHPS_FINAL.pdf

Do not copy, cite, or reproduce without proper OPIP citation.
Experience of Care Survey – Options OPIP can Offer

**Basic Package: (adult, child, adult and child)**

- Paper copy of CAHPS CG PCMH child and adult versions (*including Spanish*) with your clinic logo
  - Including 1 or multiple SurveyMonkey links for data entry
- SurveyMonkey link (*looking into creating a Spanish version*) for dispersal on customized postcards (also provided)
- Bi-weekly updates on submission counts
- Summary report that includes basic overall percentages by item, and sorted reports by stratifiers included in the survey (Provider, Clinic Location, etc.)

**Extras- Ala Carte**

- **Pre-Survey** posters and/or postcards to inform patients of upcoming survey administration
- **Post-Survey**
  - Additional analysis including **DOMAIN** scores for use with **PCPCH Standards**
  - Customized results poster highlighting strengths and opportunities for QI

The OPIP Team is working on a fair cost structure to cover staff time, but we are aiming to make it very affordable
Multi-Payer Learning Collaborative (SB 231)

**SB231 Multi-Payer Learning Collaborative**

- Aims to ensure that sufficient resources are allocated to Oregon’s primary care system - was enacted by the 2015 legislature.

- Requires commercial insurers and Coordinated Care Organizations (CCOs) to report the percentage of their total medical expenditures that are directed to primary care.

- The OHA is responsible for reporting results to the legislature during the February 2016 legislative session.

**Learning Collaborative**

- OHA is required to convene a learning collaborative with the purpose of sharing best practices on primary care alternative payment methodologies and initiative alignment.

- It is anticipated that the learning collaborative will meet monthly for 4-6 months beginning in March 2016.

- *Colleen Reuland from OPIP (reulandc@ohsu.edu) is on advisory committee*
Opportunity to Join OPIP

• OPIP Medical Director
  o RJ Gillespie resigning as OPIP’s Medical Director
  o Currently refining the job description (FTE .15-.20)
  o Job will be posted in May/June

• Clinical Advisory Panel
  o Creating a clinical advisory panel of 5-8 people from practices across the state to review and provide input on OPIP projects
  o Quarterly calls set a time that works for the panel
  o Members will receive honoraria to support time

• Let Colleen Reuland know if interested to learn more
  o reulandc@ohsu.edu
  o 503-494-0456
We appreciate you taking the time to join us today

Please don’t hesitate to follow up with any one of us, or email opip@ohsu.edu with any questions or comments.

Next Call is October 6th, 2016 7-8:30 am