

**Patient Centered Primary Care Home Program  
Pediatric Advisory Committee**

**Meeting #4 Summary  
Thursday, October 7, 2010, 1-3 p.m.  
Portland State Office Building**

Committee members in attendance

Susan King (co-chair)  
Arthur Jaffe, MD  
Bonnie Reagan  
Craig Hostetler  
Frances Biagioli  
Kara Williams  
Kelly Volkmann  
Liz McElhinny  
Marilyn Hartzell  
RJ Gillespie  
Tom Sincic  
Weston Heringer  
Colleen Reuland (ex-officio)

Committee members in attendance by phone

Kathy Savicki  
Robert Dannenhoffer

OHA/DHS liaisons in attendance

Molly Emmons  
Katherine Bradley

OHA/DHS liaisons in attendance by phone

Walter Shaffer

OHPR staff in attendance

Jeanene Smith, MD, MPH  
Doug Lincoln, MD, MPH  
Nicole Merrithew

Members of the public

Sharon Fox, Children's Health Alliance  
Resa Bradeen, MD

Members of the public by phone

Neal Gilbertsen, PhD, Alaska Health and Social Services

The meeting was convened by Susan King at 1 p.m. Welcome and introductions were completed. The minutes of meeting #3 were approved.

The revised attributes and measures 1-6 were reviewed. OHPR staff reviewed changes made. Discussion centered on the following topics:

- Literacy level. Committee members felt that assuring materials in the PCH would be at an appropriate literacy level as an important goal. Committee members recognized the difficulty of operationalizing this in terms of time and finances. NCQA has separate measure on cultural competency and language that could be useful in operationalization. Decided to add as Additional Measures.
- Does every encounter result in a written document? Members felt no evidence exists that health promotion is giving a piece of paper. Many teen patients don't want written materials. Decided to adapt measure language to ensure material is given when needed, wanted, and helpful. In addition reviewing the language and literacy level of materials could be a performance measure improvement.
- Discussed revision of interpreter measure. Emphasized interpreters should be trained, although some committee members opined that non-trained interpreters are appropriate, and that sometimes family members may provide better interpreter services. Decided emphasizing patient choice of interpreter is important.
- Self management. Measures originally very focused on disease specific, chronic disease management. Decided to broaden to include health promotion to emphasize both keeping people healthy, and managing disease once sick. Committee discussed the importance of difference between adults and children in terms of health trajectory. Children in general are healthy and health promotion and developmental guidance are tactics which result in healthy adults. This is different from adults and management of illnesses. In addition return on investment is much faster in adult models compared to children models; this should be brought out in guiding principles. Language to be added to emphasize importance of assessing health, both in this measure and as a comprehensive health assessment. Decided to avoid very specific examples of recommended screening and anticipatory guidance.

#### Guiding Principles

OHPR staff reviewed unique aspects of the pediatric primary care home and guiding principles.

Discussion centered on the following topics:

- Agreed that immunizations are crucial to excellent care and should be provided by a primary care home, but also should be coordinated if provided elsewhere, for example pharmacies.
- Decided against a strict definition of family and that family in the document captures both genetic and non-relational "family".
- Agreed to add more language regarding developmental trajectory to the family unit guiding principle.
- Fee for service reimbursement precludes much of the coordination and behavioral health partnerships that should happen in pediatric primary care homes. This will be addressed in guiding principles.
- Reiterated that many of these changes will require upfront investment, and that many clinics will be able to reach tier 1 measures, albeit with significant effort. The committee again discussed the tension between wide adoption of the model vs. piecemeal demonstration projects.
- Committee felt it important to ensure final document emphasizes flexibility in application.
- Some members raised concern that decreasing inappropriate utilization precludes family choice. Committee discussed tension between family driving all care, and providers feeling pressure to

decrease utilization. Decided best approach would be to develop a co-equal care relationship based on trust to help drive informed, sensitive utilization decisions.

- Implementation should minimize administrative burden to practices trying for NCQA certification in addition to Oregon certification. Will be decided in the next phase.

OHPR staff discussed future directions and potential ideas for implementation in the future. The work will inform the policy board blueprint presentation, presentations to the next governor and future legislature regarding next best steps based on work of the past 1.5 years, and direction the state should take. OHA implementation ideally will be integrated with new purchasing power as a first step towards delivery system change. Efforts should be integrated with enhanced 90/10 Medicaid match, keeping in mind budget shortfalls and neutrality issues. Also CHIPRA grant activities should be structured with an emphasis on aligning efforts.

No public comment was made. The last meeting time will be determined via email. The meeting was adjourned at 3 p.m.