

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

**Meeting #1 Summary  
Thursday, August 19, 1-3 p.m.**

Committee members in attendance

Susan King (co-chair)  
David Labby, MD (co-chair)  
Arthur Jaffe, MD  
Bonnie Reagan, MD  
Craig Hostetler, MHP  
Frances Biagioli, MD  
Kara Williams  
Kelly Kennedy  
Kelly Volkmann  
RJ Gillespie, MD  
Regan Gray  
Tom Sinsic, NP  
Warren Griffin, MD  
Colleen Reuland (ex-officio)

Committee members in attendance by phone

Kathi Savicki  
Marilyn Hartzell  
Robert Dannenhoffer, MD

OHA/DHS liaisons in attendance

Molly Emmons  
Tina Kitchin, MD  
Walter Shaffer, MD

OHPR staff in attendance

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

Committee meeting convened by Susan King at 1 p.m. Introductions and welcome completed.

Jeanene Smith, OHPR, gave an overview of the prior work of the Patient Centered Primary Care Home Standards Advisory Committee from the fall of 2009, including the legislative basis and future directions. The committee's task was clarified as reviewing and revising the current Measures from the standpoint of pediatric and family stakeholders.

The committee reviewed and approved the Draft Charter. Particular attention was spent reviewing the scope included in the Charter, including making measures applicably broad to serve the providers and communities throughout Oregon.

A discussion was held regarding the application of the measures. OHPR explained the process is building on base work by the OHA and the Standards Advisory Committee's previous work, including how the measures will define medical homes, allow measurement, and eventually allow incentivization for high quality care for children and families.

Doug Lincoln, OHPR, reviewed the sources for the prior committee work, including NCQA. Current committee materials were reviewed, including the Attribute matrices, and potential sources for pediatric refinement such as the AAP Medical Home statement, 2011 draft NCQA guidelines, and Bright Futures.

#### Discussion of Attribute #1 "Access to Care"

- The committee felt current language of Measure 1 was geared towards in-office appointments, potentially to the exclusion of nontraditional places of care, such as home visits or care provided in a school setting.
- For Measure 2, "After Hours Appointments" members of the committee were concerned rural practices would face difficulty implementing office hours outside of traditional hours. Other committee members felt low income families are frequently limited in terms of time and should be accommodated in a high quality medical home.
- The committee decided to bring back revised language broadening the definition of in-person access to ensure these concerns are met.
- In Measure 5, "Administrative Access," committee members raised feasibility or necessity of having prescription refill requests filled in "48 hours". Committee decided "2 business days" would be more feasible administratively.
- The committee discussed different prescriptions have different acuity levels and agreed to add language to capture this distinction.
- Committee members felt other markers of administrative access are unique to children, for example, immunization records and school physicals. The committee decided to add a Measure 6 to capture the need to track such paperwork requests and ensure they are completed in a timely manner.

The committee felt certain themes which, while integral to excellent care of children and families, were too specific to include in the measure language and will be included in Guiding Principles:

- Children with special health care needs and medically complex children should be able to access a level of care appropriate to their needs, and compensation should reflect these special needs
- Health is an integral part of a child's readiness to learn, and "ready to learn" language should be included
- Adolescent care should ensure appropriate autonomy, including care/interviewing with and without parents in accordance with Oregon statutes, and should respect evolving decision making capacities
- Transition from pediatric to adult care providers, especially for children with chronic conditions, is a unique facet of pediatric care and should be explicitly encouraged

Susan King solicited public comment with no comments made. The schedule for the next 3 meetings was reviewed. Co-chairs King and Labby adjourned the meeting at 3 p.m.