

	<p>- Adult Immunizations (new) – Medical condition based immunizations are updated, MD states this is positive, allowing clinicians to understand better when immunizations are contraindicated. Per Jessica, challenge is that some of the vaccines aren't covered or office doesn't have them, and then patients are sent elsewhere, and they may not end up getting the vaccine. MD states challenge can be storage, cost, etc. for providers in keeping some of the vacs in stock.</p> <p>- Prenatal Care (new) – Emphasis on pre-conception care/counseling. MD does not like format of the guideline, too much text and not easily readable. Per CM Jessica, asked about if Zika is included, per MD this is mentioned in the adult screening guideline, not the prenatal one. CM Jennifer Grote, asked if depression screening is included, which it is. Per Dr. Giese, COA has worked on looking at data and found positive correlation between more prenatal visits one has, the less likely to have preterm birth (leveling off at 10 visits). Guideline range is 7-11 visits, and she feels 7 may be low for our populations.</p> <p>Motion approve all three above guidelines: motion to endorse by Ann K, seconded by Mark F</p> <p>- Pediatric Health Maintenance (existing) – Per Dr. W, table has not changed in years. Now recommending an HIV test across the board for adolescents. Committee member Lara D asked about trauma screening, TW states some providers are adopting this model. AAP has not come out and firmly recommended this. Committee member (Lara D), asks about partner violence screening. TW points out the issue that if it is positive, provider must then have resources to follow up, and again, AAP has not firmly recommended this as routine practice of care, although again some practices are moving in that direction. Dr. G also points out the broad category of psych social screening that does exist in the guideline may cover some of these social determinants of health things., CM Lara D encourages COA to add social determinants of health screens to guidelines. CM Jessica points out that often quality measures do go above and beyond the guideline, which can be confusing for providers, would be good if guidelines were aligned with payment and quality measures.</p> <p>- Pediatric Immunizations (new) – Updates to newborn Hep C, HPV, and some medical conditions with immunizations, meningitis, reminder that colleges sometimes require the meningitis vaccine to live in dorms. Current legislation pending to make it easier to opt out of vacs. Committee input is that COA as a health organization should strongly support full vaccination schedules.</p> <p>- Influenza Vaccination (new) – see above discussion on pediatric immunizations</p> <p>Motion to approve 3 pediatric: Wesley S motioned to approve, seconded by Lara D</p> <p>Action Items/Responsible Party</p> <ul style="list-style-type: none"> • Update guidelines on COA website • Notify providers of updated guidelines in next provider bulletin
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Old Business

<p>Agenda Item #1</p> <p>Provide more info on state sub committee meetings (Mark)</p>	<p>Notes</p> <p>State new claims payment system, new pharm benefit vendor, new call center, new data warehouse and analytics system. Providers having trouble being paid. Members pharm benefit issues. State working with PIAC, with "command center" meetings, to solve these issues. Provider payment issues improving. Mark reports state does not seem to be working on member issues, and wants to know who they would talk to (RCCO). Patrick reports RCCO members are calling with these issues, customer service calls are up, and our people are able to deal with these issues. COA RCCO provides direct intervention when needed and when we are able on these member issues. The committee expresses appreciation for Mark's voice to the state on these issues on behalf of members.</p> <p>Mark notes COA "rocks".</p> <p>Mark reports commonalities to discussions within QPAC and state sub-committees including best practices, single source of "truth" or common database, (COA strongest in data analytics), data sharing, holistic input</p>
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	<p>Recommendations</p> <p>Any information we or support COA RCCO can give to Mark to pass on to state as a voice of a member, Patrick is willing to take that on.</p> <p>If any committee member has member interaction, encourage them to call us, rather than the state, so we can intervene directly.</p> <p>CHP (Janet) can share best practices in dealing with pharm benefit issues, as they have a lot of experience in this as well</p> <p>Mark can also reach out to Claudine for member support.</p> <p>RCCO to review our support systems and communications for members on these issues</p> <p>Action Items/Responsible Party</p> <p>None</p>
New Business	
<p>Agenda Item #3</p> <p>Postpartum Performance Improvement Successes</p>	<p>Presentation by Dr. Mark Wallace “What About the 4th Trimester”</p> <p>Aggressive care management found to improve number of women coming in for post partum care. Integrated community supports, all in the same office. 100% contact with women when they deliver. Challenge in sharing the care management plan. More women delivering with primary care provider, so continuity is better (residency programs working on this). CM Janet asked about family practice, do they become the pediatrician also, sometimes this does happen, but this is coordinated if it is different from the primary care doc. Public health community shares info with RCCO so transitions easier.</p> <p>Committee discussion: New KPI prenatal visit in first trimester, Per MD their region used to be low in this, and identified a challenge of getting a free pregnancy test. Began walk in clinic to get free pregnancy tests, allowing her to get on Medicaid sooner and into prenatal care. Getting women on to Medicaid early is key, (presumptive eligibility). Per Ann K the warm hand off, transition and single practitioner are the base of a hearty coordination of care. Per J Grote, they are doing baby visit but not post partum, they struggle to impart the medical importance of this to moms. Diactic visits (mom brings in baby and then mom’s visit is done at same time) is offering some success in improving this number and resulting in better hand offs and transitions of care.</p> <p>Recommendations</p> <p>None</p> <p>Action Items/Responsible Party</p> <p>None</p>
<p>Agenda Item #4</p> <p>Future Member Advisory Board structure</p>	<p>Presentation by Claudine McDonald Postponed to next meeting</p> <p>Recommendations</p> <p>Tabled</p> <p>Action Items/Responsible Party</p> <p>Tabled</p>
Next Meeting: August 1, 2017	