

Regional Community Advisory Council (CAC)

MINUTES

Date: Monday, June 10, 2013
Time: 3 p.m. – 5 p.m.
Location: Western Title Building, Room 207

Council Representatives:

Benton: Joe Zaerr, Richard McCain Sr., Rocío Muñoz, Sara Williams,;

Lincoln: Chandler Davis, Ellen Franklin, Richard Sherlock;

Linn: Catherine Skiens, Frank Moore, Kaire Downin, Lance Kropf, Larry Eby (CAC Chair);

Others on the Agenda: Rebekah Fowler, CAC Coordinator; Kelley Kaiser, CEO IHN-CCO

Absent: **Benton:** Karen Stephenson, Michael Volpe, Zeth Owen; **Lincoln:** Kila Nueveha-Brown, Mike Powell, Troy Hudson; **Linn:** Summer Vestal

CALL TO ORDER

Chandler Davis, Regional CAC Vice-chair for Lincoln County called the meeting to order at 3:03

Announcements: CAC Chair, Dr. Eby, is ill and asked Lincoln Vice-chair, Chandler Davis, to fill in for him. Tomorrow's public IHN-CCO meeting announced to be in Benton County. The next one after that will be in Lincoln County in September. This one will be videotaped and available on the IHN-CCO website at <http://www.samhealth.org/healthplans>.

APPROVAL OF AGENDA & MINUTES

ACTION: Council unanimously approved Agenda with the following changes:

- the agenda listing of Sara Williams as representing Linn is incorrect and should be Benton.
- addition of a IHN-CCO update from CEO Kelley Kaiser
- removal of Dr. Patton-Lopez from agenda. She will update at August meeting.

ACTION: Council unanimously approved agenda and meeting minutes from previous meeting. (Attachment 1) with the following changes:

- Public speaker's name in April was Pat Crozier, not Pat Krosher.
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PUBLIC COMMENT

Members of the public who spoke (8 present): Gerald Stanley, Chair of the Lincoln County Mental Health Advisory Committee introduced himself. Pat Neal was introduced as Chair of the Lincoln County Coordinated Health Care Advisory Committee. She gave a brief update that they have approved a mission statement and elected a Chair, Co-Chair, and Secretary. They are looking to move forward on working on the CHA, for which the county will have a draft by July 15 and a final version by August 15.

IHN-CCO UPDATE

IHN-CCO CEO Kelley Kaiser presented an IHN-CCO Governing Board (GB) update of what they discussed at their last meeting in April. This update will be a standing agenda item for all regional CAC meetings.

- Currently enrollment as of May is 36,000 members.
 - About 2,400 were mental health only.
 - There is a lot of focus at the state level on Primary Care Homes. The GB spoke about ways of supporting those at their last meeting.
 - **The 17 Quality metrics** that the CCO will be evaluated on were released. And IHN-CCO's measurements were pretty good in most areas, particularly in the areas of 1) Follow-up after hospitalization for mental illness, Primary Care Home Enrollment.
 - These metrics were chosen by the Federal government in order for Oregon to receive transformation funds. Eventually IHN will come to the CAC to ask for feedback on that.
 - **Primary Care Medical Homes:** Ms. Kaiser gave a brief description of a Primary Care Medical Homes, which are not actually physical locations, but are a wrap-around of services to a patient so that they receive physical, mental, chemical dependency, and eventually dental and vision care in a coordinated way.
 - At the GB, Dr. Eby gave a **CAC update** around the council structure. The IHN-CCO Transformation Plan was discussed at the Governing Board. There are 4 Projects and 8 Plans for the Transformation Plan.
 - There was an update given by Dr. Ewanchyna on the **Mental Health Advisory Council** (MHAC) and how IHN-CCO will fold mental health into the CCO. In the past it has been with Mental Health Organizations. Dr. Ewanchyna also spoke about his work training providers in **Health Literacy**. There are also Process improvements which focus on clinical areas. There is also a focus on wellness and member engagement.
 - Ms. Kaiser also presented a **Financial break-down**. For every OHP dollar received by IHN-CCO from the state, it is currently spent as follows: 63% physical, 12% mental health, just under 16% pharmacy, 6.4% for admin, Net margin of 2%, which is required for solvency.
 - **Outpatient Chemical Dependency** is currently under physical health. There is a way to break out the chemical dependency numbers from physical health. Ms. Kaiser will work to get the council those numbers.
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- As a pilot project, IHN-CCO will have **Non-emergent Transportation** folded into the CCO. A lot of CCOs weren't ready, but IHN-CCO, through the Council of Governments, is able to pilot this. The dollars will therefore go through the CCO rather than the State as of July 1, 2013
 - The state will also be including Alcohol and Drug Residential funding into the CCO. These funds will go through IHN-CCO rather than through the state as of July 1.
 - Representative Sherlock pointed out that there is no residential detox in Lincoln County and that it's hard enough to get people to go to it when it's local. It's too difficult to send people to Benton County.
 - IHN-CCO has submitted a letter of intent to bring dental health into the CCO plan as of October 1, 2013. They have been working diligently with four providers to be ready for this.
 - Representative Davis asked the relative proportion of public versus private funds being spent. Ms. Kaiser stated that it includes the infrastructure that has been built up over the last 18 years includes public and private funds, and IHN-CCO doesn't break them apart. However, currently all revenues coming to the IHN-CCO are from the state. But it is supported by the IHN-CCO infrastructure.
 - Representative Moore said that our region wouldn't have been able to start without this infrastructure and it's premature to look to IHN-CCO to be able to have a break-out of the public versus private funds. Maybe once we have the delivery system in place for 4-5 years, then maybe it could be broken out at that time.
 - Representative Davis asked about House Bill 3309. Ms. Kaiser and Representative Moore explained that this bill proposes that the state could arbitrarily remove the IHN-CCO board of Directors members without input from the CCO. As a CCO, we are opposed to this. The IHN Board of Directors has already has state filed bylaws that they go by and this would be in direct conflict with the bylaws and would be financially impossible.

PRESENTATION AND DISCUSSION: COUNCIL COMMUNICATION STRUCTURE AND THE IHN-CCO COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

Rebekah Fowler, CAC Coordinator, outlined the relationship between the CAC and the local advisory committees with regard to:

- the IHN-CCO Community Health Improvement Plan (CHIP): Transformation Plan Benchmark 4 (see Transformation Plan Benchmark 4 document)
- future projects proposed by the IHN-CCO to the regional CAC. Examples were public relations projects and Quality Improvement projects.
- future projects proposed by local committee(s). Examples were workgroup requests from local committees to the regional CAC.
- future projects proposed by the CAC to the IHN-CCO or to the Local committees.

Dr. Fowler presented her proposed CHIP Project Plan for achieving Benchmark 4 of the Transformation Plan (IHN-CCO CHIP).

For the IHN-CCO CHIP (see IHN-CCO CHIP Structure document). The regional CAC will request that the local committees look at their Community Health Assessment and Community Health Improvement Plans and prioritize 3-4 Health Impact areas to recommend to the regional CAC by mid-September as areas of focus for the IHN-CCO to improve health outcomes. Examples might be tobacco cessation, Obesity, Access to Care, Diabetes, Depression, Residential Detox, Primary Care Home Access, etc.

The regional CAC will consider all 9-12 recommended Health Impact focus areas and look for themes across the region and select 3-6 Health Impact areas for a regional IHN-CCO CHIP.

The regional CAC will then request that the local committees focus on recommending to them specific projects and strategies or plans for how IHN-CCO can improve health outcomes in those 3-6 areas. IHN-CCO will need to be very involved in this part of operationalizing the process and in making recommendations to the CAC for their consideration. This will become the CHIP that is recommended to the Governing Board by mid-March 2014 for publication by July 1, 2014.

ACTION: CAC made formal request of local committees to do the work proposed in the Project Plan, according to the schedule, and to make the requested recommendations to the CAC.

ACTION: Adopt Project Plan. Unanimously passed. Formal request to Local committees unanimously approved.

VICE-CHAIR UPDATES

Three local Vice-Chairs, (Chandler Davis, Kaire Downin, and Joe Zaerr) provided updates on where local committees are in terms of formation and next steps.

Joe Zaerr, Benton: Benton has been meeting bi-monthly since January and immediately named themselves the **Benton Local Advisory Committee (BLAC)**. They are limited to 15 members. They have a Chair, a Vice Chair, a co-Chair, and a secretary. They have a time of public comment. They has members from health Services, one from LBCC, one from the Benton County Health Services, and OHP members. They would like more diversity and more OHP members. Last meeting all BLAC members present volunteered to one of two work groups. 1) to accumulate the various ideas that all the members bring of impact areas to focus on. 2) They'll also look at the CHIP. They meet every 2nd and 4th Friday from 11-1 at the Sunset Building on Research Way.

Chandler Davis, Lincoln: Lincoln county's local CAC committee is called the **Lincoln County Coordinated Health Care Advisory Committee (CHAC)**. The Lincoln county CHA is underway, so the local committee will be able to work with Lincoln county and the other agencies on that process. There are currently 22 people on the LCAC. Membership is open

and they have a doctor, nurses, Samaritan Health, and OHP members. They would like more OHP members. Pat Neal is the Chair. Linda Molino is the Co-Chair. They have a secretary to take the minutes. They have been looking at the county Wisconsin rankings.

Kaire Downin, Linn: The Linn County Local CAC. About 20 members ranging from Mental Health, Health Equity Alliance, Western University, Midwives, OHP members. They have been meeting monthly for several months and are becoming acquainted. They've all been given the CAC Charter, the LINN CHIP, the Linn CHA, and information on the CCO. They've been asked to review those documents. Ready to move forward on the CHA and CHIP.

MEETING FREQUENCY AND SCHEDULE

The regional CAC will meet every other second Monday of the month from 3-5 and sometimes from 2-5:00. Special meetings may be called in between months for trainings or to make timely recommendations.

Motion to meet second Monday of every other month from 3:00-5:00 p.m. The next meetings will be Aug 12, Oct 14, December 9. They may revisit at sometime soon and choose to do quarterly meetings, as much of the work is being done at the local level.

Future issue to discuss: If the Executive Committee makes a decision, does it need to be reaffirmed by the Regional CAC? Housekeeping decisions, can they be made by the Executive Committee.

There was a request for a list of transportation options. Someone suggested carpooling.

Extra time:

Representative McCain's mileage reimbursement took 24 working days. The goal is within two weeks, said Ms. Kaiser and IHN-CCO will work on that.

Oregon Health Authority Innovator Agent, Bill Bouska, asked how the Council and local committees will prioritize the health impact areas. Tobacco is an important issue, but is there already a lot of momentum behind that already? What is the cost of that? It should be about what's important to the community, what the values of the group are.

Representative Davis said that Lincoln is open to suggestions. Representative Franklin said that we haven't really talked about this, but she hopes that there will be some obvious criteria. Representative Downin said that when she was looking at the Transformation Plan and all that it covers, she wondered if we don't have to include those areas in the IHN-CCO CHIP. Ms. Kaiser said that we would want more focus on the important areas, including those in the Transformation Plan, so don't not include them. Representative Zaerr said that prioritization is a topic on the BLAC agenda for this Friday and all are invited for the discussion.

Representative Zaerr talked about the Lund Report. Diane Lund doesn't pay herself. The money she gets all goes to hiring reporters. Her back is to the wall and she's likely to stop providing this service if we don't step up. The Lund Report is the only place that Oregon Health information is being covered and her articles are top notch, unbiased, and dependable. We should donate if we want this work to continue.

Representative Moore would like to list some future agenda items, such as the glossary and attendance. He believes this work should be done by representatives and not by the CAC Coordinator. It is suggested that this be put on the next agenda.

MEETING ADJOURNMENT

The next regional CAC meeting will be in Benton County on August 12.

Representative Davis adjourned meeting at 4:55 p.m.
