

Regional Community Advisory Council (CAC)

MINUTES Final

Date: **Monday, August 12, 2013; 2:30 – 5 p.m.**

Location: Sunset Building, Corvallis, Oregon

Council Representatives Present:

Benton: Joe Zaerr, Karen Stephenson, Michael Volpe, Richard McCain, Sr., Rocío Muñoz;

Lincoln: Chandler Davis, Ellen Franklin, Michael Powell, Richard Sherlock;

Linn: Catherine Skiens, Frank Moore, Lance Kropf, Lawrence Eby (CAC Chair);

Others on the Agenda:

Kelley Kaiser, IHN-CCO CEO; Rebekah Fowler, CAC Coordinator; Megan Patton-López, Benton Co. Epidemiologist

CALL TO ORDER

Larry Eby, Regional CAC Chair called the meeting to order at 2:40

PUBLIC COMMENT (18)

18 in attendance, two signed up for public comment.

Chris Foulke of Benton county talked about the benefits of Vitamin C and the fact that many are deficient. He also addressed electrical grid pollution and its impact on health. Representative Sherlock said that Health Services should consider this issue. Representative Davis pointed out that the Lincoln local advisory committee has a member who is knowledgeable about and advocates strongly for environmental health.

Amy Roy of Benton County announced that Mid-Valley Health Advocates are hosting a presentation Aug 20 at the Corvallis Library from 6:30-8:30 on the topic of Cover Oregon, the new insurance exchange.

APPROVAL OF AGENDA & MINUTES

ACTION: Council approved present agenda unanimously.

ACTION: Council approved June 2013 meeting minutes. (Attachment 1). Approved minutes with change of “they” to Board of Directors in the section on page 3 regarding Bill 3309

IHN-CCO UPDATE

Kelley Kaiser, IHN-CCO CEO, provided a CCO update.

- A) Overall enrollment** as of June 30, 2013 is at 36,696 or 95%.
- B) The Health Policy Board is meeting regularly.** The board is forming a Coordinated Care Model Alignment work group tasked with recommending strategies for expanding the coordinated care model to PEBB, OEBC and Cover Oregon's qualified health plans. Expanding the model will help Oregon move closer to its goal of providing better health, better care and lower costs to all Oregonians.
- C) CMS Guidance for Enhanced Primary Care Provider Payments:** Additional guidance has been received from CMS regarding Enhanced Primary CP Payments. Providers who qualify will need to apply on the OHA website by September 30th. The feds have put through a PCP bump, additional dollars to states to pay PCPs who provide care to Medicaid patient so they are paid at the Medicare level.
- D) Early Learning HUB Demonstration Project:** In early 2012, Linn, Benton and Lincoln Counties, at the direction of the Boards of Commissioners of those counties appointed and convened a work group to explore the anticipated opportunity to apply as a regional hub. The Organizations and stakeholders participating in the work group initially were four representatives from each county, including at least one representative from the education system in each county, health and human service representatives and former Commission on Children and Families representatives. Ms. Kaiser pointed out that Representative Moore has been a leader in this since its inception.
- Representative Moore added that the Hub's summit is occurring today and he was there until this meeting. Kim Whitley is still there. Benton and Linn are in the Hub, but Lincoln is still considering their options regarding which Hub to join. Early Learning and CCO will work together. Leadership includes Frank Moore, Jerri Wolfe, Susan Wadell, & Kim Whitley. Dr. Eby encouraged all to attend at least one meeting of the Early Learning Council.
- E) The IHN-CCO had its 1 Year Anniversary August 1st.** A celebration is forthcoming.
- F) Update on Transformation Plan: Pilot Summaries**
- 1) Hospital to Home (Linn Pilot)**
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This pilot is based at Samaritan Albany General Hospital and is under the guidance of the Senior and Disability Services team for Oregon Cascades West Council of Governments (OCWCOG).

- It provides a transition coach who visits the patient within 48 hours of discharge, and then keeps in touch by phone over the next three weeks.
- Hospital staff refers patients who could benefit from the program; the patient must agree to participate.
- Outcomes will be measured to see if this pilot reduces hospital readmissions. This is an opportunity for better care at a lower cost and with improved health outcomes.

2) Patient Assignment and Engagement (Benton Pilot)

This pilot is working to develop technical and data infrastructure for Primary Care Provider (PCP) assignment so that all parties (The patient, the PCP, and the CCO all know who the correct PCP is).

Once PCP assignment is in place, the pilot will begin to:

- Manage Emergency Department utilization
- Coordinate care for individuals on controlled substances
- Consider other patient engagement strategies for the future.

3) Behavioral Health Integration (Lincoln Pilot)

This pilot includes placement of psychologists/behavioral health specialists at least half time in Primary Care Patient Centered Home (PCPCH).

- Providers will focus on prompt acute/short term diagnostic and treatment services within the medical home.
- Member data will be analyzed to understand the impact.

4) Mental Health Literacy Campaign (Linn Pilot)

This is a pilot for an online learning and resource center for PCPs and IHN-CCO staff to promote understanding of the relationship between physical and mental health.

It includes community education campaigns to promote greater understanding of wellness.

G) Update on new services integration:

1) Non Emergent Transportation

IHN-CCO went live with Non Emergent Medical Transportation July 1st with no issues or incidents. This work is done in partnership with Oregon Cascade West Council of Governments.

2) Chemical dependency Residential services is folding into Global Budget

IHN-CCO went live with Chemical Dependency Residential July 1st with no issues or incidents. Representative Davis said that he has heard good things about the CCO's efforts, specifically around Michael Oyster's work.

3) Dental Services

IHN-CCO is continuing to work with the 4 DCOs to move toward an October 1 go live date. The Goal is that all four providers will be rolling into the CCO October 1. However, due to new requirements by the Oregon Health Authority to have signed contracts in place sooner than expected this may have to be pushed out. One provider may be more dominant in a particular area, but all four providers are in all three counties.

4) Mental Health Integration

IHN-CCO continues to work with each county directly to establish contracts for managing the Mental Health population going forward.

H) Ms. Kaiser, as promised at the last meeting, provided a service utilization update:

June 2013 – Year to Date Service Utilization

- Physical health - 64.5%
- Mental Health - 12.2%
- Pharmacy - 15.6%
- Admin - 6.4%
- Net Margin (reserves) - 1.3%

Representative Davis asked about breaking the chemical dependency data out from physical health. Ms. Kaiser said that they are working on this complex issue. With the residential treatment pilot, that data will become available separately, but it's a longer term task to break out all of it, particularly as their baselines are based on chemical dependency being part of physical health.

VICE-CHAIR UPDATES: LOCAL COMMITTEE PROGRESS REPORT

Benton County: Joe Zaerr said the BLAC has identified 10 possible Health Impact Areas (HIAs) and is looking at how to prioritize 3-4 to recommend to the CAC. The BLAC is on track for meeting the Sept 13 deadline. Dr. Fowler added (at the end of the meeting) that Representative Zeth Owen has tendered his formal resignation from the CAC. There are two regional CAC openings from Benton county, both OHP member representatives. Applications are available on the IHN website, or people can contact her, the CAC Coordinator.

Lincoln County: Chandler Davis said that Lincoln County through the work of Julia Young-

Lorion, with help from Megan Patton-Lopez, is ready to present their CHA this week. Lincoln County welcomes any county member to be on their committee. They have brainstormed HIAs and are on track to meet the Sept 13 deadline. Representative Powell said that it is difficult to get Oregon Health Plan members to show up for meetings and presentations. They have a particular set of barriers to attending meetings.

Linn County: Representative Skein for Vice-chair Kaire Downin. Linn has also identified 10 HIAs for the CHIP and has 4 workgroups to choose their 3-4 HIAs to recommend to the CAC. They are on track and have a lot of enthusiasm. Representative Moore said that Linn's process has been helped out by the work of Benton and Lincoln Counties. He said that the CAC Coordinator's role in sharing process across the counties has been instrumental in forwarding the process and creating enthusiasm.

CAC COMMUNICATION COORDINATION WORKGROUP (CCW)

CAC Chair, Larry Eby described the structure and purpose of the CCW. It is composed of himself (CAC Chair), the three Vice-chairs, and the three local committee Chairs or Co-chairs. This is not a power group but rather a communication facilitation workgroup to assist the Coordinator and Chair in organizing the three unique county processes into one final product for the CCO. They meet next on August 28.

HEALTH IMPROVEMENT AREAS: CHIP WORKGROUP

CAC Chair, Larry Eby, described the proposed process for how the CAC will choose its Health Impact Areas (between Sept 13 & October 14) from the recommendations they receive from the three local committees. He calls for a CHIP Workgroup consisting of three CAC reps from each county to take the 9-12 recommendations and create a proposed recommendation for the regional CAC's next meeting. The local committees are requested to forward three names after their next local meetings. Representative Stephenson suggested that the workgroup should plan on one long meeting. Dr. Eby said that he and Dr. Fowler had discussed this and were in agreement on that, also.

Representative Davis emphasized the importance of the fact that it is the regional CAC that will make the final recommendation to IHN-CCO. Several representatives agreed that the final decision is that of the regional CAC, but with input from the local committees.

Representative Moore recommended that this CHIP Workgroup create a whitepaper for each HIA to recommend to IHN-CCO. This will be discussed at the August 28 CCW meeting.

PRESENTATION: DATA

Megan Patton-López, Benton County Epidemiologist, who provided the Community Health Assessment (CHA) & Community Health Improvement Plan (CHIP) training May 14, 2013 presented a data update.

Dr. Patton-Lopez presented a table of data that's available for IHN-CCO members, including age distribution by county. More than half are children.

OHA Innovator Agent, Bill Bouska, is also working to get data specific to IHN-CCO members.

How do we know that a CHA is representative of our OHP members? We haven't surveyed them. We can only use the data sources that the county has at the county level.

OHP member's health is impacted by their family, their neighborhood, their county.

OHP Member Health Status is impacted by:

Clinical care influences about 10-20%

Health behavior is about 20-30%

Social Economic Factors is about 30-40%

Physical environment is about 10-20%.

Dr. Patton-Lopez said that as the CAC does their work, keep in mind the kind of data you would like to see in the future, and get those requests to the counties and the CCO so they might begin gathering or accessing that data.

Representative Muñoz said that counties can work to do non-traditional methods of gathering information on OHP members including focus groups, surveys, Health Navigator interviews of OHP members, etc.

Representative Moore asked if there would be a position paper or white paper written for the 3-6 HIAs to recommend to the CCO. He said there's some expert help in this room including Dr. Patton-Lopez and Sara & Erin from Linn County.

AGENDA FOR NEXT COUNCIL MEETING

Larry solicited agenda items and reviewed action items for the next CAC meeting.

Select final HIAs to recommend to IHN-CCO.

Representative Moore motioned that we schedule CAC meetings the second Monday of every other month from 2:00-5:00, knowing that often we'll get done earlier than that.

Representative Powell seconded and it was unanimously passed.

ACTION: CAC will meet the 2nd Monday of every other month from 2-5 p.m. as of October 14.

MEETING ADJOURNMENT

Dr. Eby adjourned the meeting at 5:08.

Next regional meeting will be October 14 in Linn County, location TBD.

Minutes approved by vote of the CAC Oct 14, 2013