

Regional Community Advisory Council (CAC)

MINUTES

Date: Tuesday, Dec 17, 2013
Time: 1:00 p.m. – 4:00 p.m.
Location: Lincoln County Court House
Address: 225 W Olive St; Newport, Oregon

Council Representatives:

Benton: Hilary Harrison, Karen Stephenson, Michael Volpe, Melissa Marshall, R. “Stretch” McCain Sr., Rocío Muñoz (phone);

Lincoln: Chandler Davis, Ellen Franklin, Richard Sherlock;

Linn: Catherine Skiens (phone), Frank Moore, Lawrence Eby (CAC Chair),

Others on the Agenda: Kelley Kaiser, IHN-CCO CEO; Rebekah Fowler, CAC Coordinator; Mitch Anderson, Benton County Health Director; Frank Moore, Linn County Public Health Administrator; Bill Bouska, Oregon Health Authority Innovator Agent

Absent: Troy Hudson, Lance Kropf, Joe Zaerr, Summer Vestal; Michael Powell

CALL TO ORDER

Larry Eby, Regional CAC Chair, called the meeting to order at 1:13.

INTRODUCTIONS, ANNOUNCEMENTS, & APPROVAL OF AGENDA & MINUTES

- Introductions
 - Chair announcements
 - CAC Representatives Kila Nuveha-Brown of Lincoln County and Kaire Downin of Linn County have resigned.
 - Hilary Harrison and Melissa Marshall of Benton County have been appointed to the CAC by the IHN-CCO Board of Directors and were welcomed to the council.
 - VISTA Volunteer Introduction: Ramon Martinez.
 - ACTION: Council approved today’s agenda and meeting minutes from previous meeting (Attachment 1).
 - Third paragraph, second page Lincoln County: They don’t advise the other committees. The other committees advise them.
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PUBLIC COMMENT

Three members of the public signed up. 17 in attendance.

Patricia Neal of the CAC's Lincoln Committee (and many other committees) said that the HIAs were selected by Lincoln County for all of the community even beyond IHN-CCO members. When the CHIP is put together, the local committees need to know how much money can be put to improvement projects. She would like to know if eventually the CCOs will have something to do with Mental Health Supportive Housing.

- Representative Davis agreed that while the CCO is responsible for IHN-CCO members, we hope the recommendations will be guidelines for improving health for all in Lincoln County.
- Representative Franklin asked Ms. Neal if she meant residential treatment homes. Ms. Neal said yes, and also Supportive and Supported Housing. She said that they are only allowed to have 10% of their residents with mental health diagnoses.
- Representative Moore said that the counties can help provide her with information. He agreed that Linn County's local committee has a responsibility to the whole community.
- Kelley Kaiser, IHN-CCO CEO said that yes, the mental health residential benefit will come under the CCO and she believes that treatment homes will be under this benefit but the state had postponed it from January 2014 to July 2014.

Karen Wright, Parish Nurse and CAC Lincoln Committee member coordinates faith community nurses and said that they do what Health Navigators do. They are registered nurses who emphasize health and wellness in the community. She wants people to be aware that they are also working in Benton, Lincoln, and Linn Counties.

Betty Johnson of Mid-Valley Health Advocates would like an opportunity to comment at the end of the meeting rather than at the beginning of the meeting so public can respond to things that occur during the meeting. She sees the Health Impact Areas Recommendations as positive work and looks forward to the Community Health Improvement Plan that develops.

IHN-CCO UPDATE

Kelley Kaiser, IHN-CCO CEO, provided a CCO update. She gave out a handout. She talked about the December CCO Summit in Portland and directed people to the Transformation Center website to get information and presentations there.

Ms. Kaiser said that 4,000 of the possible 16,000 new enrollees have already enrolled in IHN-CCO. The Governor expects 100,000 across the state.

Quality metrics data comes from claims records. The CCO is working hard on those.

Representative Davis asked how many new IHN-CCO members we can expect. 16K. There are currently 37K total in IHN-CCO.

There was a discussion of electronic records and how the CCO and state are working to create a system. The IHN-CCO was awarded a \$1.6 million Transformation Fund by OHA. This grant will be used to develop a Regional Health Information Collaborative. The CCO is working through the contract details with OHA and finalizing a timeline for development of the collaborative. Representative Moore pointed out that it is a very big task and that while 1.6 million sounds like a lot, it is a drop in the bucket for getting this started.

Representative Volpe asked about capacity and if the CCO is working on making sure there are providers. Ms. Kaiser said they are and that one question they're trying to answer is who of the new members already have doctors. Other ways they are addressing capacity is the through Patient Centered Primary Care Medical Home model and by building a medical school. They are also working with providers to increase the number of Medicaid they will accept.

OREGON HEALTH AUTHORITY (OHA) UPDATE

Mr. Bouska, OHA Innovator Agent, talked about OHA's expectations of the CCOs.

Handout of a short list of what is expected. There is also an over 200 page contract that the CCO follows. The items on the handout are largely around Transformation. Mr. Bouska is willing to return to discuss any of the items on the list in further detail as this was only a 10 minute presentation of the:

Short List of Oregon Health Authority Expectations for the CCO.

1. Implement a Coordinated Care Model to achieve the Triple Aim.
 2. Operate on a Global Budget within a fixed rate of growth.
 3. Develop and implement a Transformation Plan.
 4. Develop and operate a new Governance structure including Board, Community Advisory Council, and Clinical Advisory Panel.
 5. Organize a regional system of services from three separate managed care systems of care into one CCO.
 6. Integrate benefits, services, and special risk groups that were previously paid
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directly by the state or not enrolled in managed care.

7. Prepare for Medicaid expansion population and increase to OHP Plus benefit for all new members and members who were previously on OHP Standard. IHN-CCO can expect approximately 8500 new members in 2014.
8. Achieve 17 Quality Incentive Metrics.
9. Develop a Memorandum of Understanding with Long Term Care system and the Community Mental Health Authority. Develop partnerships with other community service partners including Public Health.
10. Develop a Community Health Improvement Plan and provide annual reports.
11. Develop Performance Improvement Projects, one statewide (co-occurring Schizophrenia and Diabetes) and 3 CCO level projects.
12. Develop Alternative Payment Methodologies.
13. Develop a system of Traditional Health Workers.
14. Implement Patient Centered Primary Care Homes.
15. Focus on social determinants of health and health disparities in the region.
16. Develop Transformation Fund projects.
17. Implement Flexible Services.
18. Organize a system of Health Information Technology.
19. Submit encounter data and reports in a timely manner.
20. Transform system of care while being held to aspects of traditional Medicaid and the previous system.

The Triple Aim is a nationwide goal, but Oregon is doing this in a unique way and it's an experiment that the CCO must trail blaze this path.

Representative Sherlock talked about the importance of preventative care methods improving health over a lifetime and decreasing costs. He asked if the CCO is working on that. Mr. Bouska said they are, that this is a particular focus.

COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) UPDATE

Kelley Kaiser, IHN-CCO CEO, joined by the two County Health Administrators—Mitch Anderson, Benton & Representative Moore, Linn— presented an update of the CCO’s initial strategy to address the CAC’s Health Impact Area Recommendations document.

Local Chairs were invited to participate (Dick Knowles & Malinda Moore (Linn), Jackie Stankey (Lincoln), and Representative Hilary Harrison (Benton). Ms. Kaiser handed out the response to the Health Impact Areas, which is a culmination of information from the CCO, the Counties, and the Oregon Cascade West Council of Governments. They are waiting to hear from the Dental plans. And they need further response from the physical health side.

Ms. Kaiser and the County Health Administrators said that a Community Health Improvement Plan is just that, a community plan. The CCO can’t do it alone. It coordinates it with all the County partners.

Mr. Anderson said that IHN-CCO includes everyone in the region who provides Medicaid funded care, including Public Health, Mental Health, Dental, physical / medical health providers, etc. A lot of community and provider work began before the CAC was formed. Lincoln County got to do their Community Health Assessment (CHA) after the CAC was formed, so the local committee had input on that. Benton and Linn already had their CHIPs and CHAs done, so the CAC’s local committees had to do catch up to see what had already been done.

Mr. Anderson said that an important role of the CCO and of the CHIP is “to get the entire system rolling in the same direction.” The CHIP must be grounded in what is currently being done. Benton just completed a three year Strategic Plan that had about 90 different activities that they are working on. Mr. Anderson tried to put as many of those into the Health Impact Area (HIA) Response Grid that were related to the HIAs as possible. Many fell into Access to Care.

The packet includes:

- A three page cover letter with some specific responses to the HIA document
- The Transformation Plan Summary
- The Delivery System Transformation Steering Committee (DST) Subcommittees Scope Summary
- The DST Subcommittee list and Pilot Summary
- An abbreviated Quality Metrics dashboard
- The IHN-CCO Health Impact Area Response Grid.

Representative Moore drew attention back to Mr. Bouska’s list of OHA requirements of the CCO and said how overwhelming it is what we’re taking on. The State doesn’t have

a grand scheme. They tell the CCOs to slug it out at the local level. We have to put this all in perspective. Number 10 is the CHIP.

Rep. Moore reiterated that the local committees did the work of the HIA. With the 2-3 monthly meetings in each county, with all the workgroups, that thousands of hours went in at the local level. The counties share many similarities but are also different. Local committees are there to keep us informed at that local level.

Representative Moore is impressed with the IHN-CCO response. He had no idea the CCO would be this far along with it. Yet, this is only a beginning. Representative Moore brought the ORS that outlines the CCO requirements for a CAC and the CHIP. While the work occurs at the local level and with the CAC, ownership of the CHIP is by IHN-CCO.

Representative Moore pointed out that there is no new money on the table. All of this change in the CHIP and for all the transformation that Mr. Bouska presented in his list has to take place without new funds. When we're talking about new improvement plans, we would have to shift funds from some services. We have to maintain services while moving in this new direction

Representative Davis read from the HIA Introduction on the preventative care practices. He emphasized the words "oversee" and "advocate." He stated that the CAC is here to question the CCO. The CAC is not to be a rubber stamp.

Dr. Eby pointed out that, while the CAC has a variety of responsibilities, the current discussion is at the level of hearing the CCO response to the HIAs and asking about that. That's our focus for this discussion. Dr. Eby asked the CAC if, with this HIA response packet, are we moving in the right direction? What are our next steps?

Ms. Jackie Stankey asked about the Home to Hospital pilot, who is making the home visits? Ms Kaiser said it's a nurse. It's a model that can be adjusted to the needs of the individual patient. Multiple visits are possible as needed and care is coordinated.

Ms. Kaiser pointed out that all the CCO projects in the packet are"" and that the CAC can have input into them. As Rep. Moore said, there are no new funds. All of these projects are new in Ms. Kaiser's perception. These are new projects geared toward transforming care and meeting the Triple Aim.

Representative Harrison likes the Benton's focus in the response grid on the changes that they are focusing on. She would like to see the Lincoln and Linn portions focus not on what they are status quo doing, but the focus on the changes they are making. Ms. Stankey said Lincoln still has to do its CHIP. Malinda Moore said she's hearing about new things that are not on the grid. Mental Health First Aid, for example.

Representative Moore said we should invite project managers to come tell us about new projects.

Representative Stephenson said that when this is all done, we need to identify the gaps. Ms. Kaiser said that she will need the CAC to do that. Representative Moore said that this will also be a County responsibility, as he spent part of a Sunday completing the Linn portion of the grid and there wasn't time to complete it.

Representative Moore asked what are we taking back to the local committees. Ms. Kaiser asked that, before the January 13 CAC meeting, that the local committees discuss the Packet she gave out, most particularly the HIA Response Grid in back, and look for gaps in terms of the response to the HIAs. Then, the regional CAC will return to discuss this at the January 13 meeting.

Representative Davis said that we have to transform the system. We can't do that without making changes and innovating. We must abandon projects that aren't working. There must be new projects. The CAC must be involved in the CHIP process. Ms. Kaiser agreed.

Mr. Anderson said that, for systems to be rolling in the same direction, the IHN-CCO must match the local CHIPS and cannot be disconnected from them. They all have to be moving in the same direction.

Representative Stephenson said that in the future we should formally acknowledge and adopt the local CHAs and CHIPS. Representative Stephenson will put together language for this for the CAC to consider before the next meeting.

Representative Stephenson has been working on how each of the Quality Metrics fit within the HIA. She shared this document with Ms. Kaiser who complimented it and said that she would like a copy for comparison with the CCO's own documents.

Dr. Eby asked if the CAC is satisfied with the direction presented by the CCO and county partners. Many affirmed that they are. He asked if anyone was disappointed. No one said that they were. Many said that they were not.

BREAK

NOVEMBER 25 STRATEGIC PLANNING MEETING: NEXT STEPS:

- Issue Brief update (Representative Franklin)
 - Rep Franklin worked on the Issue Brief from Mr. Bouska's document, then the Charter Workgroup worked on it some more when she was unable to attend.
 - Representative Moore said that the Issue Brief is a way to prioritize issues, it creates a way to communicate effectively and efficiently, and that we make decisions as an advisory body rather than as individuals. It's not meant to be a barrier but rather a tool to improve efficient and effective communication.
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- Representative Davis asked if it's an impediment.
 - Representatives Moore, Franklin, and Stephenson talked about how the local committees could use the tool to assist community members. Community members wouldn't be expected to fill out a form. Rather, if something a community member brought up rose to the level that the local committee wanted the CAC to address it, they would forward the form. And the CAC could consider it and communicate it to the CCO, if they so choose.
 - Values Statement – Linn County wrote a values statement for the CAC to consider for adoption.
 - Charter Workgroup (Representative Franklin, Representative Moore, & Mike Volpe)
 - Definition of roles duties
 - Communication flow between CAC and IHN-CCO
 - Reply-all email policy for regional CAC
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VICE-CHAIR UPDATES

Representative Harrison for (Vice-Chair Joe Zaerr) the Benton local committee has five new members and they've had new training around healthcare transformation

Vice-chair Davis said that his initial response to the response to the HIA document was that they wanted more answers.

Representative Eby for former Vice-Chair Downin who resigned. Linn needs a new Vice Chair. Larry talked to Ms. Downin for an hour and regrets that she resigned but she had a very full life and many priorities.

CCO SUMMIT DISCUSSION

Dec. 5th Oregon Health Authority CCO Summit attendees shared some thoughts about this event. Local Committee Chairs attended and were welcome to be part of this discussion.

Ms. Stankey was impressed by how well it was organized. It was too short. She said that someone quoted that "Vision without execution is a hallucination." There was a lot of talk about transformation, but can we say we're going to do all these things that were talked about there?

Mr. Knowles was disappointed that there were 600 participants and only 130 were CAC representatives (There were actually only 300 participants after the Key Note and CCO panel discussion). It felt like folks were talking to the Choir. He would have liked to have seen a higher number of CAC representatives.

Ms. Moore enjoyed hearing what all the different CCOs were doing and the collaboration that is occurring. One CCO realized that the Head Start teachers weren't talking to kindergarten teachers. The CCO got them talking.

Representative Stephenson appreciated that there was a grant to pay for the expenses.

Ms. Stankey was interested in the telemedicine presentation and the great potential there is with that to reach people in remote places or where there aren't enough providers.

Representative Harrison liked hearing from the Governor and to see all the CEOs of the CCOs.

Mr. Bouska saw it as a time for the CCOs to celebrate and share what they have accomplished in the past year. The Transformation Center is planning to have a CAC Summit in the spring

Ms. Johnson liked the CEOs with the Governor. She liked that format.

Representative Sherlock liked the information sharing and found the meeting informative.

AGENDA FOR NEXT COUNCIL MEETING

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

For the next meeting, there will be an update on the Charter, the CHIP, and the Issue Brief

Mr. Eby opened up the discussion for the last few extra minutes and Ms. Neal said that there is a need to educate the OHP members to take responsibility for their care.

Representative Stephenson cautioned that we should be careful how we talk about OHP members and not make them sound different from or lessor than other people.

There was a discussion around a need to have patients and providers working in partnership. The patient is an expert on their own life and needs and all of us need to take responsibility for our wellness and healthcare.

MEETING ADJOURNMENT

Dr. Eby adjourned meeting at 4:00.

- Next CAC meeting is Jan 13, 2-5:00, Sunset Bldg, 4077 Research Way, Corvallis
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