

Regional Community Advisory Council (CAC)

MINUTES

Date: Monday, January 13, 2014

Time: 2:00 p.m. – 5:00 p.m.

Location: Sunset Building, Corvallis

Council Representatives:

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

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

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

Others on the Agenda: Kelley Kaiser, IHN-CCO CEO; Mitch Anderson, Benton County Health Director; Cheryl Connell, Lincoln Co. Health & Human Services Director; Frank Moore, Linn County Public Health Administrator; Bill Bouska, Oregon Health Authority (OHA) Innovator Agent; Rebekah Fowler, CAC Coordinator; Local Committee Chairs – Dick Knowles, Tara Gaitaud, Jackie Stankey, & Malinda Moore

Absent: Troy Hudson, Lance Kropf, & Summer Vestal

CALL TO ORDER

Chair Eby called the meeting to order at 2:10.

INTRODUCTIONS, ANNOUNCEMENTS, & APPROVAL OF AGENDA & MINUTES

- Chair announcements: Dr. Eby explained that the Public Comments are at the beginning of the meeting so that the CAC's discussion is informed by the public's input.
 - ACTION: Council unanimously approved present agenda and meeting minutes from the December 17th meeting (Representatives Moore & McCain).
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PUBLIC COMMENT

26 Members of the public attended. None made comments.

OREGON HEALTH AUTHORITY (OHA) UPDATE

Bill Bouska, OHA Innovator Agent, talked about how the eight Innovator Agent positions were established to assist the CCO and the communities and the CAC toward moving forward on transforming health care. OHA is looking to transform also to assist the CCOs in their missions. The Transformation Center was established within OHA for this purpose because, in order to transform the system of care, the state must change and remove barriers to changes wherever possible and necessary.

Quality Incentive Metrics: That quarterly update is due out this week and will be available on the OHA website.

CAC Steering Committee: Representative Karen Stephenson will be serving on the state CAC Steering Committee, which will serve to guide the Transformation Center on CAC issues. The first task will be

giving input on the planning of a CAC Summit to be held this spring.

January 1 was a fairly remarkable day. That day about 150,000 Oregonians got new health insurance that they did not have before and enrollment is still open so there will be more. Mr. Bouska said that this process doesn't take place through CoverOregon. That's something different. Many of these people were fast-tracked through SNAP (Foodstamps) eligibility.

Kelley Kaiser, IHN-CCO CEO said that IHN-CCO had expected 4000 new enrollees by Jan 1 and it looks like it was closer to 7000. They are expecting another 10,000 this year for IHN-CCO.

Mr. Bouska said that the biggest focus of CACs around the state is their Community Health Assessment (CHA) and their Community Health Improvement Plan (CHIP). Groups all over the state are working closely with their CCO to gather information for the CHA. The CAC provides valuable community and member input on the healthcare system. So far, this CAC has been in the assessment phase. Now, it's moving into the improvement plan phase of the work. This is the stage where the CAC is putting the bones on the skeleton. The CHIP is due by July 1. That is a contract requirement. Also, it needs to be updated yearly. That is also in the contract.

Mr. Bouska read the legislative language stating that the CAC is to **oversee** a Community Health Assessment and **adopt** a Community Health Improvement Plan.

Representative Moore said that OHP went from disability-based eligibility to disability or income-based eligibility. We'll be seeing more people released from prison on OHP. He also said that the counties have been working on their CHAs and CHIPs since before the CAC was formed (except Lincoln). The CHIP we adopt will come from those early efforts. It may be new to the CAC but its part of a process that the counties have been working on for years.

Mr. Bouska said that the OHP benefit has changed from the limited Standard Benefit that, as of January 1, has gone away. Now all OHP members will have the better benefits of OHP Plus.

Ms. Kaiser said that the Healthy Kids program went away as of Jan 1 and now those who are eligible for OHP will be included in OHP.

Representative Davis asked when do dual eligible seniors come into IHN. Ms. Kaiser indicated that they've always been on OHP.

VICE-CHAIR UPDATES

Vice Chair Zaerr (Benton) said the committee had a special meeting to respond to the CCO document, discussed the CAC's relationship to the CCO and provided a two page written document as feedback on the CCO's HIA Response Grid packet.

Vice Chair Davis (Lincoln) said he gave a 30-minute presentation of the CCOs to a group of business people. Others were presenting on the Affordable Care Act (ACA) and CoverOregon. With regard to the HIA Response Grid, the Lincoln local committee saw many things they liked. The overall reaction of the CHAC was frustration and confusion and has a recommendation that the format of the grid be

changed so that the CHAC can give a more complete and helpful response. Representative Harrison asked about how many members the CHAC has. About 23 and most of them were there. It's an open group.

Representative Moore filled in as Linn County Vice Chair since there is a vacancy. He said the committee worked a little on the Values Statement but mostly looked at the HIA recommendation document and the CCO Response Grid and focused particularly on the Kelley Kaiser's cover letter. They noted that there is a lot of alignment with what the CAC has been focusing on and what the CCO has begun working on and saw this as a positive. They had a long conversation about the grid as a beginning place that's incomplete and will need to be filled out more fully. Representative Moore, who is also the Linn County Public Health Administrator, described the process for how the counties independently filled the HIA response grid in, primarily that they had only a week to do the work. He liked the way Benton filled it out. He heard that Benton liked some of the ways Linn County's grid was filled out.

Representative Moore recognized that Linn has a couple of openings on the CAC and is working on having a full Linn delegation by March.

COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) DISCUSSION

Larry Eby and Rebekah Fowler lead a CHIP discussion by the CAC, the IHN-CCO CEO, the County Health Administrators, the OHA Innovator Agent and the local committee Chairs.

Dr. Eby said that there is a need for a CHIP workgroup and as the meeting progresses to be thinking about your role in the CHIP process.

Dr. Eby said that he invited the Chairs of the local committees to be a part of the CHIP discussion. Representative Zaerr said that we have to be careful when we invite non-CAC representatives to be included in CAC discussions. He said that he thinks it is appropriate for those present today to participate, but that the group should be careful about preserving their own ability to discuss issues fully.

Representative Davis agreed that we should be careful and is glad that Ms. Stankey is here but we must be careful of diluting the CAC. He wonders why the County Health Administrators are here and what their role is.

Ms. Kaiser responded that as we have changed the system of care, the CCO is now a network of partnerships that includes the counties. The CCO cannot do the work of transforming and providing care to OHP members alone and doesn't want to do it alone. Bringing the counties here is necessary to help bring in pieces of care and transformation that the CCO doesn't have. We're all in this together. It's not about taking sides. It's about what are we going to do to improve the system. To be successful, we must collaborate and expect the answers to come from a variety of locations within the region.

Representative Moore disagreed with Davis and Zaerr. Lincoln CHAC allows all comers to their meeting. He believes the Chairs and Administrators should be here and that the CAC needs and should value community input.

This issue will be on the agenda for the follow-up training in April with Liz Baxter.

The CAC provided feedback on how well the CCO's HIA Response Grid packet addressed the HIA Recommendations.

The Response Grid Packet includes two main parts to consider: The Cover Letter and the Grid. Representative Moore said that when he compares the HIA recommendation document to the cover letter, that it addresses them all in a preliminary way, which is what should be expected at this point.

Linn County liked the strengths of the three different county inputs and talked a bit about how the grid was put together.

Representative Moore said that the next step is to look at prioritizing the Health Impact Area recommendations and narrowing it to something that can be done this first year.

Representative Stephenson said that sometimes when we ask for something, the answer will be no. There are various projects that aren't in the scope of the CCO. Sometimes the answer is that the CCO can't change the licensing of dental hygienists, but there needs to be a way for the CCO, or someone who is bringing the issue forward, to be linked with someone from the state so that the issue doesn't fall off the table. Then at a certain point it should be decided at the CAC level whether or not a specific recommendation should be made to the CCO.

Representative Sherlock said that this is an important issue that we should talk about in the future but now we should focus on the CAC's feedback to the CCO on their Response Grid packet. He said that a positive he saw is that there are a number of pilot projects that will test new ideas that can be rolled out in other counties if they work.

Ms. Stankey said that we presented the recommendations for health impact areas. It's good that the CCO has begun to respond to those recommendations. It helps us to begin to see ourselves as a region.

Representative Davis sees it as good that all three counties came up with the four areas independently and that the CCO is responding to those priorities and are in alignment with those ideas.

Representative Sherlock said that over time we'd like to see new projects but that he understands that at first the strategies will be those that have recently begun.

Representative Zaerr is interested in the Patient Engagement Pilot project and learning how that project defines Patient Engagement. Ms. Kaiser asked questions about the type of information he would like to have, and mostly it is just the definition of Patient engagement and how it is measured.

Representative Powell said that when the HIA recommendation Workgroup first stepped into that room in Toledo, they didn't know if they should narrow the recommendations down to only some of the recommendations but instead decided to include all of the them. This means that only some recommendations can be addressed right away.

Chair Eby thinks it was a positive that the CCO listened to us and responded appropriately in a limited

amount of time.

Representative Stephenson liked that what the CAC reported as being needed was included in the Justice Department report and seeing that we're in alignment with what they said was important.

Representative Davis said that it's important to hear what the CCO is but that it is the CAC's job is to identify the gaps and come up with a plan for how to address those gaps. He expects that the CCO will say something about what cannot be immediately addressed and how it plans to eventually address the issues.

Representative Davis said that Lincoln local committee believes the document needs to be better organized to include each HIA, what is currently being done, and new projects for the future.

Ms. Stankey said that Lincoln is at a disadvantage because they don't yet have a CHIP.

Representative Stephenson asked how this conversation contributes to the CHIP.

Representative Moore said we're going to have to figure out a way to refine this document that leads us to the next step. Maybe we have A-M recommendations, but we will have to choose priorities for the short term, medium term, and long term.

Representative Davis agreed that all recommendations won't be addressed the first year but we should hear how they plan to address them x, y, and z years.

Representative Skeins wants to see more partners and Samaritan included in the grid. She talked about how the different approaches that each county used was a great opportunity to see those and to use that as a way to bring the counties into alignment. No one wants the counties to be the same, but they do need to be moving in the same direction.

Representative Franklin said it was difficult to see where the gaps are when the CCO gave so many different documents rather than one grid with everything on it.

Ms. Kaiser said that the CCO's Regional Planning Council would discuss that this week.

Powell likes the preliminary response as a good response. Yes, it is fragmented and needs additions, but it's a good start.

Representative Harrison said the CHIP is a Strategic Plan. Does Ms. Kaiser think that the CAC hit the mark or that we missed something? We are relying on the CCO to give us a structure. There is a need for attention to the metrics and how we'll measure the changes so we will know what to say in the annual report.

Ms. Kaiser said that it was a positive that the CAC's HIA recommendations were in line with what the CCO is working on, that the HIA recommendations were a great place for the CHIP to start.

Representative Marshall said that this format is a good start but she agrees that a CHIP workgroup could get into more detail and fine tune the recommendations.

Mitch Anderson said that the part he thinks is missing is the prioritization of the recommendations. He pointed out that while the HIA grid needs to be improved and changed, it could crumble by its own weight if we include too much in there. The CCO and the counties need a prioritization in order to create an understandable response.

Representative Stephenson pointed out that Community Health Assessments (CHAs) are broad and CHIPs are more focused, including the County CHAs and CHIPs, and she sees that the CAC's CHA (the HIA recommendations) is broad and now the CHIP should be more focused.

Dr. Fowler introduced the **CHIP Outline** and pointed out that the CAC will adopt a CHIP on May 12 rather than March 3. She said that the CHIP Workgroup would work to prioritize the HIA recommendations by the March 3 meeting, and then the CCO would work until mid-April on coming up with measurable goals and matching those with appropriate strategies and plans for meeting those goals. A high level outline of the CHIP was also introduced and it was pointed out that the task of the CHIP workgroup would be in the area of number 7 of the Outline, coming up with general goals for the CHIP.

Dr. Eby announced that he would be appointing a CHIP Workgroup and requested that people take time to think about the commitment and email him if they are interested in serving. The CHIP workgroup will meet weekly for two hours via video or teleconference between Lincoln and Linn Counties and will include two representatives from each county.

Representative Stephenson asked if this would be a regional CAC or local committee members.

Representative Davis said that the workgroup should continue to receive feedback from the local committees.

Representative Moore disagreed. He said that at some point the input has to stop so the group can take what it has and work with that to create a recommendation with the information we have right now.

Representative McCain recommends that each county take an area and then bring this all together at the end. KIS Keep it simple. He thought that would be most simple, but several disagreed. Representative Moore said that one group has to look at the whole picture across all the areas or else entire populations of people might be left out or overemphasized.

Representative Moore said that this CHIP is like a dissertation and at some point we have to write this and stop.

Representative Franklin what appreciates Stephenson said about the CHA being broader and the CHIP being more narrow. The CHIP workgroup's work will be to narrow from the assessment to the plan.

What does the CCO need from the CAC? Ms. Kaiser said that the CHIP workgroup, using the CHIP outline number 7, should narrow the focus down to 1-3 goals per Health Impact Area.

Mr. Bouska said that we have to narrow down and prioritize those recommendations and then those will go into the grid. We need to narrow because if we have 50 priorities then you have zero priorities.

Chair. Eby urged the OHP members to volunteer for the CHIP workgroup.

Representative Munoz said that sometimes those who speak a lot should sometimes take a step back and let others speak. It can be intimidating to raise your hand when others are talking so much.

Representative Moore said there are CHIPS for the Early Learning Council, for each hospital, the counties, and the CAC, and these will eventually need to become aligned.

Mr. Knowles said when he looked at the grid, he saw that they had three different ways of looking at the problem. It reminds me of how each county came together with the HIAs.

AGENDA FOR NEXT COUNCIL MEETING

Chair Eby solicited agenda items for the next CAC meeting.

MEETING ADJOURNMENT

Dr. Eby adjourned the meeting at 5:00.

- **Next CAC meeting is March 3, 2-5:00** College of Osteopathic Medicine of the Northwest (COMP-NW) **200 Mullins Dr., Lebanon**
 - Dr. Fowler said she is working to get a tour of the COMP-NW medical school set up, which would take place just before the meeting for those CAC Representatives who are interested and able to attend. More information is to follow, as she knows more.
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