

# Regional Community Advisory Council (CAC)

## MINUTES

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*Date:* Monday, July 14, 2014

*Location:* Sunset Building, Corvallis, Oregon

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*Present:*

**CAC Chair:** Lawrence Eby (by phone);

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

**Lincoln:** ~~Betsy Williams~~, Ellen Franklin, Patricia Neal, Richard Sherlock;

**Linn:** Catherine Skiens, Frank Moore (*pro tem* Chair), Miao Zhao, Paul Virtue, ~~Summer Vestal~~;

**Local Chairs:** Hilary Harrison, Jackie Stankey, Richard Knowles

**Others on the Agenda:** Kelley Kaiser, IHN-CCO CEO; Rebekah Fowler, CAC Coordinator; Bill Bouska, Oregon Health Authority (OHA) Innovator Agent

**Absent:** Betsy Williams, Summer Vestal

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### CALL TO ORDER

Frank Moore, *pro tem* Chair, called the meeting to order at 2:00.

- Larry Eby, CAC Chair, is out of State
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### INTRODUCTIONS, ANNOUNCEMENTS, & APPROVAL OF AGENDA & MINUTES

- Introductions, including newly appointed CAC Representative from Lincoln County, Pat Neal.
  - Representative announcements
  - Coordinator announcements: Lance Kropf (Linn) resigned from CAC.
  - **ACTIONS:** Council approved (consensus) agenda and meeting minutes (Consensus) from previous meeting (Attachment: meeting minutes).
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## PUBLIC COMMENTS

*Members of the public present: 19. Each introduced themselves.*

Denise Cardinali Pediatric Nurse talked about childhood injuries caused by not being in a car seat. She submitted public testimony and is interested in having a budget for a Nationally Certified Child Passenger Safety Technician injury prevention program. She expressed the need for healthcare organizations to commit to staff time. If we're serious about preventing injury, we must be providing education and checks on car seat installation; DHS needs trained staff. Programs cannot rely on volunteers only. The Benton County program is barely surviving. She is trying to get a Linn program up and going. She doesn't know what's going on in Lincoln. Chair Moore asked Ms. Cardinali to forward a final draft of her written testimony to the CAC Coordinator so it could be shared with the CAC Representatives.

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## IHN-CCO UPDATE

Kelley Kaiser, IHN-CCO CEO, provided a CCO and Board of Directors' June meeting update (*Handout*).

Enrollment has grown to just over 53K as of June (which is about the same as was reported at the May CAC meeting). The majority is enrolled in mental, dental, and physical health. That growth has leveled out.

Cover Oregon: A lot of effort put into that which didn't work out as the State hoped. They are now working on how to do eligibility through the Federal Exchange by October.

The state is looking at how to cover State employees (PEBB) and employees of the education system (OEBS) using the CCO model. This doesn't mean they'll be IHN-CCO members but rather that they will use the same model the CCOs use, such as a transformation plan and quality metrics, etc.

### **Questions:**

Someone asked about the dental benefit and if there is news there. Ms. Kaiser said that, since taking over this benefit October 2013, the CCO hasn't had an increase in grievances. However, all four Dental Care Organizations (DCOs) have just gone live with all 16 CCOs, which is an enormous undertaking. The DCOs will begin more active participation in the IHN-CCO meetings this month.

Transportation: Representative Harrison has heard issues with Lincoln folks not being able to get rides. Ms. Kaiser said that complaints are the most effective way to track how well things are going, and so far there hasn't been an increase. Representative Harrison said some people just don't feel that they can call. Ms. Kaiser and Representative Moore encourage people to call for rides because this is the only way the system can know the need

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and make a response.

Representative Zaerr asked if there are any issues the CCO needs help from the CAC on. Ms. Kaiser believes issues will arise and said that the monitoring and reporting on the CHIP is the primary task. She said that the CCO and the Board of the CCO are very appreciative of the hard work and professional CHIP produced by the CAC for the CCO.

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## IHN-CCO TRANSFORMATION PLAN UPDATE

Ms. Kaiser covered some highlights of the IHN-CCO Transformation Plan Milestone report turned in to the OHA before its July 1, 2014 deadline. Every CCO is required to have a Transformation Plan containing 8 elements and to report on this plan annually. One of the Elements is the CHIP. Also included in the Transformation Plan are pilot projects, of which there are several in progress and others, which are in line to be approved.

**Hospital to Home** is a pilot to reduce the number of unnecessary readmissions to the hospital. It has reduced readmissions from 17% to 10%. They are expanding that project to two more hospitals.

**Mental Health Literacy** campaign pilot is spreading the message that health has 8 elements and isn't just physical.

The CHIP is an element of the Transformation Plan that the CCO is very proud of.

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## OREGON HEALTH AUTHORITY UPDATE

Bill Bouska, OHA Innovator Agent, provided an update on the CCO Quality Incentive Metrics.

A couple things that are different about Oregon CCOs. The CCO model itself is different, but the CCO model is based on outcomes. There are 33 metrics that are reported to the Feds. Under Oregon's Health Transformation, about half of those are metrics that the CCOs have a chance to earn back some money based on their performance.

Quality pool information on page 5 describes how CCOs could earn back 100% of their incentive funds. If there were funds left over, they could tap into challenge funds.

The report will include data on race and ethnicity

Page 9: 11 of 16 CCOs earned 100% of their dollars back. Three earned 80% back and 1 earned 70% of the funds back.

Page 13: Overall, all CCOs improved on:

- Emergency Dept. Utilization.
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- Developmental screenings
- Early elective delivery
- Electronic Health Record adoption
- Patient Centered Primary Care Home Enrollment

Representative Franklin wonders how the State will share information about how some CCOs met or surpassed 100% while others reached only 70%. Who is analyzing it and how will they share that information and what is the State's methodology?

Mr. Bouska said the Transformation Center is asking those questions of the CCO Medical Directors. They have a Learning Collaborative to share that information and try to help each other with idea sharing to achieve their goals.

Page 11: If IHN-CCO had met one more metric (12 instead of 11.9), it would have earned 100% of the incentive funds instead of just 80%. If IHN-CCO had met 12 metrics instead of 11.9, it would have made all the difference on their incentive payment.

Representative Moore said that the smaller CCOs were less likely to meet 100% of their metrics. Is there a way the Transformation Center can address that issue, he asked of Bill Bouska, through a methodology that is more sensitive and reflective of actual performance? Bill said that OHA is looking at the metrics and how to update them. They are gathering input from stakeholders on this issue.

One metric that they didn't do as well on is Early Childhood screenings, which it's believed that those are occurring at a higher rate than is reported. One of the challenges of the early childhood developmental screening is that multiple agencies are conducting the screenings so there is redundancy, but also there are those getting screenings which are improperly coded (in terms of the limits of the Quality metric, but not in terms of payment) and therefore not counted toward the quality metric.

Representative Moore asked if there are metrics that the OHA is held accountable to the Feds that the CCOs aren't. Mr. Bouska said that there are 16 state metrics that are listed after the 17 incentive metrics. There are 33 metrics overall.

Mr. Bouska said that a lot of time was put into how the metrics were developed. In the past months, they have requested and received feedback about how to update the incentive metrics for 2015.

Representative Harrison wonders how the CCOs feel about their performance. So many reached 100% that is it possible the bar was set too low? There was no answer for that, but Mr. Bouska said that the bar would rise on all the metrics every year.

Representative Volpe said that Dual Eligibles incur the highest costs. Were they looked at separately for the incentive metrics? Mr. Bouska said that they are not looked at separately.

Mr. Knowles asked why race and ethnicity satisfaction wasn't included in the report. Bouska said that OHA wasn't able to do that in time for this report based on the survey tool they

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had.

QUALITY METRICS report from IHN explains some of the ways they are addressing the incentive metrics and how to meet them. Ms. Kaiser provided a handout and noted that the Samaritan Marketing Department rounded up 11.9 to 12, so Kelley manually corrected that because if the CCO had reached 12 rather than 11.9 on the report, they would have received 104% of the incentive funds rather than 84%.

Ms. Kaiser talked about the Pediatric Clinic Proof-of-Concept (pilot). This is one of the ways the CCO will be addressing some of the metrics and making improvements.

Representative Marshall asked about Open Card members (Individuals who would normally be IHN-CCO members but who are, for one reason or another, covered directly by the State). Ms. Kaiser is philosophically opposed to keeping people on open card because the CCO model is meant to coordinate care. Also, if the state is responsible for the most challenging cases, there's less incentive for CCOs to be effective and to transform their system.

Mr. Bouska passed out a save the date for the CCO Summit in December, which is Dec 3-4. Refer to the report for more details. It's available at [health.oregon.gov](http://health.oregon.gov)

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## CAC EDUCATION & TRAINING

Rebekah Fowler, CAC Coordinator, solicited ideas from CAC representatives for topics they would like to learn more about that would benefit them in their work.

### Local and Regional

- Representative Zaerr believes the CAC needs to take a step back and establish trust and to get acquainted; we should get to know each other. One or two meetings where we just socialize.
    - Representative Muñoz liked the exercise we did during the training to identify our different work styles. She thought that was a good way to further know ourselves and each other.
  - Team building opportunities
  - Representative Harrison invites local community members and providers to come to local meetings to inform and educate them on particular topics.
    - Might be something around a transformation element or a pilot program.
  - Cultural Competence, we all need to learn more about that.
  - Power and privilege, Health Equity Alliance,
  - The concept of working with differences and cultural diversity.
  - Health Equity and Health Disparities
  - Transportation, Phil Warnock
  - The Aging and Disability Resource Connection works to assist people in finding resources at the COG
  - Discussion of the process for the next OHA report for the next CHIP.
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- Timeline developed?
  - CAC purpose and next steps for the CHIP.
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## MEETING ADJOURNMENT

Frank Moore adjourned the meeting at approximately 4:00.

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### **Acronyms**

**CAC** – Community Advisory Council

**CHA** – Community Health Assessment

**CHIP** – Community Health Improvement Plan

**CCO** – Coordinated Care Organization

**IHN-CCO** – InterCommunity Health Network CCO

**OHA** – Oregon Health Authority

Minutes approved by the CAC September 8, 2014