Community Advisory Council (CAC)
MINUTES

Date: Monday, July 13, 2015
Location: Corvallis-Benton County Public Library, Main Meeting Room

Council Representatives and others at the table:
CAC Chair: Lawrence Eby;
Benton: Hilary Harrison, Joe Zaerr, Lauren Zimbelman, Michael Volpe, Richard "Stretch" McCain, Sr;
Lincoln: Ellen Franklin (Liaison, Vice-chair), Patricia Neal, Richard Sherlock;
Linn: Catherine Skiens, Frank Moore, Miao Zhao (Liaison);
Local Chairs: Dick Knowles (Linn), Ellen Franklin (Liaison);
Presenters: **Kelley Kaiser**, IHN-CCO CEO; **Rebekah Fowler**, CAC Coordinator; **Bill Bouska**, OHA Innovator Agent; **Lauren Zimbelman**, Regional Health Assessment Coordinator, and **Jessica Deas**, Public Health Planner; **Peter Banwarth**, Benton County intern/soon-to-be epidemiologist
Absent: Paul Virtue, Betsy Williams,

CALL TO ORDER

Larry Eby, CAC Chair, called the meeting to order at 5:30

INTRODUCTIONS, ANNOUNCEMENTS, & APPROVAL OF AGENDA & MINUTES

- Introductions: Dr. Eby asked representatives to share a major health experience that was very exciting or meaningful to them.
- **ACTIONS:** Council approved present *Agenda*.
- Previous meeting minutes supplied in the packet were not the correct ones, so the CAC will look at those at the next meeting and approve those then.

PUBLIC COMMENT

Ten members of the public were present, two signed up to speak.

Christine House of OHA, Regional Outreach Coordinator, announced that OHA is working to hire more Assistors to work on signing eligible people up for OHA. They're partnering with the counties on this. They will be doing a homeless outreach event in late August in Lincoln County. They'll be offering a lunch, free hygiene supplies, and answer questions about OHP. They had an event in Linn county, an OHP application fair, but only 8 people showed up. They will be holding monthly fairs in each county. If anyone has ideas for people interested in being certified as an Assistor, please let her know.

Lisa Pierson, Benton County resident, is a parent of three children, two of whom are IHN members. The 22 year old has moved on from the DD program because he scored one point above the maximum. One daughter has been put into the psychiatric care twice this year. The other sister has been impacted by this. She receives a flurry of IHN cards for her family. She hopes that will change and settle down.

Her daughter goes to Oregon City for care and appreciates the flexibility, but she would like IHN to provide more services here in the area. Her daughter is also in a day program in Dallas, which is excellent, but

something is needed in this area. Farm Home doesn't provide the same types of services. Ms. Pierson said she's having a lot of trouble with non-emergent transportation/ride-line. It's inflexible. Need an on-line method of signing up.

Representative Zaerr said it took him half a day to get someone signed up that he was trying to help apply for Oregon Health Plan (OHP)benefits. NOTE: IHN provides healthcare coverage for OHP members in Benton, Lincoln, and Linn Counties.

Representative Moore said that Christine House is a good resource for working to get people signed up or OHP benefits

Representative Harrison said that if Ms. Pierson is here saying these things, it's a tip of iceberg issue impacting many.

Kelley Kaiser said she'll take this message back to non-emergent care. She also said that it is well-known that there aren't enough residential treatment services in the region.

Chair Eby said that we're an advisory council and don't have executive power, but we heard Ms. Pierson and share her concerns.

Ms. Pierson appreciates having a place to be heard and to share her experiences.

IHN-CCO UPDATE: 2014 INCENTIVE METRICS FINAL REPORT

Dr. Eby lead a discussion of the CAC with Kelley Kaiser, IHN-CCO CEO, and Bill Bouska, Oregon Health Authority Innovator Agent, on the recent incentive metrics report.

The June IHN-CCO Board of Directors meeting was cancelled so there wasn't any update.

The CAC is missing some of the first page of the IHN-CCO Metric Analysis, so Representative Moore wrote it up on the white board.

The CCO had about 8 million held-back. They lost out on about 3 million, so the CCO is not happy about that and working diligently to ensure the metrics are met for 2015. Someone noted that we are already 6 months into 2015.

Ms. Kaiser went over the IHN-CCO Metric Analysis

IHN-CCO INCENTIVE METRIC ANALYSIS 2015

The Oregon Health Authority released the 2014 Metric report on June 24th, 2015. Within this report it shows that IHN–CCO met 9.9 of the 17 metrics. This results in IHN-CCO receiving 62% of its quality pool distribution, which is **$5,310,493.**

In order to receive 100% of the incentive dollars each CCO needed to meet the improvement target, not

necessarily the benchmark for at least 12 of the 17 metrics. IHN-CCO missed this by 2.1 metrics. Had IHN-CCO seen 4 more members on one metric and 16 more on another metric then the sliding scale for PCP enrollment would have been met and we would have received 100% of the dollars.

Of the 7 metrics that we did not meet***, 4 improved over last year.***
There is one additional Core performance metric that has no financial incentive, CAHPS: Health Status. This measure is the percentage of members who report their overall health as excellent or very good.

IHN-CCO had the greatest improvement in this metric, more than any other CCO and has the highest rate, surpassing the Benchmark. This supports our population health approach focusing on coordination, collaboration and transformation.

Although we do not believe that this report reflects the overall status of our CCO or all the hard work that has happened, we do recognize that we have some work to do and have a plan in place to address these metrics for the coming year.

Results

Below is a summary of each metric and the steps in place to address.

	2014	2013	Actions
Depression Follow-Up	Met	Met	Maintain IHN-CCO Technology Plan approved by State
Diabetes Control	Met	Met	Maintain IHN-CCO Technology Plan approved by State
Early Elective Delivery	Met	Met	Hospital-driven data tracked by OAHHS and The Joint Commission
Electronic Health Records Adoption	Met	Met	Part of Meaningful Use; involved with SHS Meaningful Use Task Force
Follow up for children with ADHD Meds	Met	Met	
Hypertension Control	Met	Met	Maintain IHN-CCO Technology Plan approved by State
PCPCH Enrollment	Met	Met	Sliding scale, goal of 100%
Mental and Physical Health Assessments for DHS Children	Met	Did not meet	Maintain communications with DHS caseworkers to alert as soon as added to our CCO so that coordination of assessments can be performed. Maintain strong alliance with County departments. Continue education of internal customer service to create workarounds regarding foster parents and ability to change PCPs to have a physical health assessment and urgent care option.
Prenatal/Postpartum Care	Met	Met	HEDIS specs/chart review
Colorectal Cancer Screening	Met	Did not meet	Remedial: Supplement long-term strategy with FIT test for eligible patients in 2014 as a viable alternative to ensure greater patient participation. Ongoing: Continue with provider education and standardized testing with proper documentation and capture in EMR; member/patient mail-outs of FIT test.

CAHPS Access to Care *	Did not meet	Met	**Improved .1% over 2013**. Remedial: Use population health analytics to identify where members are residing and ensure appropriate clinic assignment. Ongoing: Continue with development and use of different models of care, Alternative Payment Methodologies based on access, access to care team vs. physician, and primary care incentives.
CAHPS Satisfaction with Care from Health Plan *	Did not meet	Met	Declined 3.3% over 2013. Remedial: Increase customer service staffing levels by 30% to meet surge in membership; expand customer service training for new dental benefits; develop new member onboarding program. Ongoing: Continue to monitor staffing levels, provide standardized training and testing, and ensure ongoing communications with primary care clinics.
Adolescent Well Care Visits *	Did not meet	Did not meet	**Improved by 2.1% over 2013.** Remedial: Improve access, leveraging clinics with after-hours access so that healthy adolescents do not have to take time away from school (evenings, weekends); work with State to recognize code capture from other sources outside of clinics, e.g., school-based health care; work with primary care clinics to provide incentives and annual reminders for member participation.
Follow-up Inpatient Mental Health *	Did not meet	Did not meet	Declined by 1.4% over 2013. Remedial: Leverage mental health NPs for follow up; increase Lincoln County recruiting/resources; continue to expand mental health services; implement Alternative Payment Methodologies for Mental Health services; work with State to allow Telemedicine for follow-up
SBIRT (Screening, Brief Intervention, Referral for Treatment) *	Did not meet	Did not meet	**Improved 2.8% over 2013**. Remedial: Leverage behaviorists on primary care teams; change clinic flow process change to facilitate screenings; make coding changes to EMR to support screening; focus on Brief Interventions for positive screens – screens alone do not count.
Developmental Screening by 36 months of age *	Did not meet	Met	**Improved 2% over 2013**. Remedial: Focus on standardized and appropriate coding; challenge State on need to be done in clinics – alternatively could be provided in schools, preschool/daycare, and involve Early Learning Hub; leverage IT to build appropriate codes in EMR
Ambulatory ER Visits *	Did not meet	Met	Increased by .6% over 2013 (decline is better). Remedial: Regional educational strategy regarding inappropriate use of ER; coordination of Health Plan and Primary Care resources to target high utilizers; and Alternate Payment Methodologies focused on maintaining access to primary care. Ongoing: Primary Care Recruiting

* Driven by availability of access in our region, which is our greatest challenge. Nearly 60, 000 people living in Benton, Lincoln and Linn counties are Medicaid members — that's 1 in 4 persons.

The incentive money that the CCOs don't earn back is put into a challenge pool. Those CCOs who did meet their metrics get a portion of. This is why some CCOs received more than 100%.

Ms. Kaiser said the two *Consumer Assessment of Healthcare Providers and Systems* (*CAHPS*) Access to Care & CAHPS Satisfaction results were a surprise because IHN met those before and didn't have any

information/data on the 2014 survey results until receiving the state's final report.

Access to Adolescents Well Care Visits did improve by 2.1% but it didn't improve enough to meet their improvement target.

IHN recently sent reminder cards out to families to have their well-care adolescent visits. Mr. Bouska said all the CCOs are struggling with this one. Ms. Kaiser has heard from a member that her pediatrician tells her to only have a well care visit for her kids every two years. So, there is mixed messaging occurring and IHN is following up on this.

Representative Volpe asked if all CCOs had similar enrollment increases. Ms. Kaiser said that she hasn't seen the exact numbers but has been told that all have had similar percentages of enrollment increases.

Despite the fact that "warm hand-offs" are the ideal for follow-up to inpatient mental health, Warm hand-offs didn't count for follow-up inpatient mental health in 2014. This hurt IHN's ability to meet the metric. This is being measured differently this year.

Dr. Fowler asked if this was the metric that two counties met the metric, but one did not. It is. Benton and Linn met the metric. Lincoln didn't, so the CCO didn't. Mr. Moore said this is a metric the counties have more responsibility in meeting than IHN. Benton and Linn are reaching out the Lincoln to try to work something out.

Representative Neal Do the hospitals notify the counties that someone is leaving the psychiatric hospital? Representative Moore said that yes, they do for Medicaid.

IHN is working to create a dashboard for 2015 to keep track of how they are doing through-out the year, for those metrics they have access to data. There is a lag in the claims data, so feedback can take time.

Dr. Eby asked if healthcare reform is causing stress in the region and causing loss of physicians. Ms. Kaiser said that net the region is losing providers (more lost than gained). This can be attributed to a lot of things because there are a lot of changes happening. The CCO is working to create supports for the physicians such as traditional health workers, to assist with the work.

Mr. Bouska: Oregon is banking on the PCPCH model to assist in the success in CCOs. IHN has 97% enrollment, the highest in the State. He stressed that the Quality metrics are only one source of evaluation. There are other ways to evaluate the CCO.

Representative Harrison asked how IHN did on all 33 metrics overall. Mr. Bouska didn't have the answer for that at this time.

OREGON HEALTH AUTHORITY UPDATE (OHA)

Bill Bouska, OHA Innovator Agent, provided a state update

Redermination process for OHP eligibility.

It's normal for some people to come off of OHP. But it's important that people be helped with getting on OHP and stay on OHP whenever they're eligible. It's a complicated process and people need assistance.

OHA Restructuring

- OHA has known it needed to restructure to match the new delivery system in the way they're asking the CCOs do.
    - 32 OHA management personnel were laid-off July 8, 2015
    - The Divison of Medicaid Assistance Programs (DMAP) & Addictions and Mental Health Services(AMH) are integrating into Health Services (possible name). 18 functional areas are restructuring into 7 structural areas.

Needs are changing. DMAP and AMH were set up to manage a large fee-for-service program. That need is changing.

LIAISON UPDATES

The CAC Liaisons provided updates on Local Advisory Committee activities since the previous CAC meeting. Since the Benton Local Advisory Committee doesn't currently have a liaison, and since the Chair is out of town, Hilary Harrison, a BLAC member, provided the update.

Representative Harrison (Benton) said that they've continued to work on outcomes and indicators and are getting close to being done.

They have 12 of 15 positions filled.

They were concerned about the Quality metrics and 7 of them got together for a special meeting to look at that report.

Representative Franklin (Lincoln) said their local committee, the Lincoln Coordinated Healthcare Advisory Committee (CHAC) met in May and June. In May they struggled with people coming in and out of the committee, so they had a discussion about their focus and came up with two focus areas: Community engagement and the tasks they've been given on the CHA and CHIP. They will focus on that at the Aug 5 meeting.

Representative Zhao (Linn) said the Linn Local Advisory Committee (LLAC) continues to meet twice a month. A lot of work has been continuing on the identification of Outcomes and Indicators. They're close to finishing that.

Trauma-informed America is something that the LLAC is very interested in considering as a community outreach topic. They're thinking about having an information session on that and inviting the community to attend.

REGIONAL HEALTH ASSESSMENT (RHA) PROJECT UPDATE

Lauren Zimbelman, Regional Health Assessment Coordinator; Jessica Deas, Public Health Planner; and Peter Banwarth, Benton County intern/soon-to-be epidemiologist, provided a project update and answered questions.

The project is working on putting together a Community Health Assessment template which includes three parts. 1) County CHAs, 2) A data warehouse; and 3) understanding project team, partnerships, and processes.

The RHA Template will include:

1) Regional Health Assessment Document:
- The principle product of the regional health assessment
- A published document provided to the community, the region, and our partners
- Readable narrative, analysis, and visuals to provide a detailed understanding of the health of our region and communities

2) Data Warehouse
- A centralized warehouse containing all the data included in the Regional Health Assessment
- Includes demographic information, health indicators, statistical information, and access instructions
- Information sourced from a wide set of databases

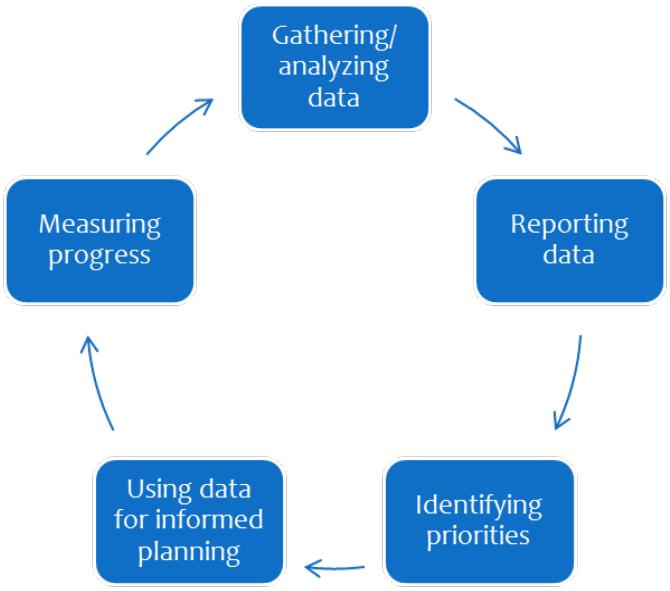
3) Project team, partnerships, and processes
- Developing expertise in-house and relationships with knowledgeable partners
- Collaborating with our region and community
- Ensuring quality and replicability of the document and data warehouse

The document is regionally focused, but there are places where the data is very different such as demographics. How do demographics differ IHN?

IHN data is more of a year-two goal to be able to find ways to access it.

The process began with reading the county CHAs.

Cycle of Assessment



The Regional Health Assessment Document Template Chapters will include:

- Introduction and Overview
  - Frameworks to guide the health assessment
- People
  - Demographics
  - Diversity
- Environment
  - Natural resources
  - Environmental influences on health
- Opportunities for Health
  - Socioeconomic indicators
  - Health disparities
- Access to Health Care
  - Cost barriers and insurance coverage
  - Health care services
- Healthy Living Indicators
  - Maternal and infant health
  - Mental and physical health
  - Disease prevention and substance abuse treatment
- Disease and Injury
  - Leading causes of death
  - Chronic and communicable diseases
- Conclusion and Appendices

Data Sources

U.S. Census Bureau
- Demographic information
- Socioeconomic indicators

State of Oregon
- Education
- Environmental factors
- Maternal and infant health

Linn, Benton, and Lincoln Counties
- Chronic disease
- Access to health care
- Mental health

- Substance abuse treatment

Non-governmental organizations

- Education
- Homelessness
- Access to health care
- Health care policy updates

Representative Franklin thinks this is a smart way to do this in a structured and long-term way.

With regard to OHP, Year two will be looking at what OHP data the project can get now versus what can they can build in over time. Looking for gaps will be a focus, also.

Representative Moore believes this work is crucial to assisting service administrators meeting the demands of a variety planning documents and assessments they're required to produce.

COMMUNITY ENGAGEMENT

CAC and Local Committee Chairs discussed the need for community engagement planning and a discussion of next steps for local committees to begin planning this work

- Build on Linn's work on Community Conversations?

Linn held two community Conversations that were not well attended. They decided that meeting people one-on-one is more effective.

Linn would like to find ways to go to where members are to connect with them.

Representative Zaerr said that Betty Johnson has offered to assist with this. He thinks it might be good to build a team at the county level to engage the community.

Representative Moore said the questions should be aligned across the counties. Engagement could occur differently across counties, but the questions should be the same. Jessica Hiddleston has developed a set of questions that could be shared across the counties.

Representative Neal said that someone from Centro De Ayuda said that in the Latino community, they don't focus on prevention.

Representative Moore said that prevention in mental health hasn't been a focus in any community.

Dr. Eby cautioned the group on making assumptions about any community or meeting with them with preconceived notions of what they might generally do or think.

Representative Franklin said the Lincoln committee has begun thinking about this as being a need to go where members are rather than asking them to come to us.

Chair Eby said that it sounds like they want to start at the local level.

Representative Moore said we should use something consistent across the counties. What about having a 30 minute meeting before the CAC meeting as an opportunity for OHP members to talk about their services?

Dr. Fowler said that IHN-CCO is looking to change the format of their Public Meetings and is interested in working with Local Committees to the CAC. Valerie Fulleton, Communication Coordinator for IHN, will begin coming to Local committee meetings

- Next steps? Mr. Knowles will send the Community Conversations five questions to Dr. Fowler to be shared so the local committees can begin working on ideas for methods of asking those questions.

CAC REPRESENTIVE COMMENTS

Linn and Lincoln are having CCO celebrations in late July and August.

NEXT CAC MEETING AGENDA ITEMS

- September CAC and Local Committees Strategic Planning Meeting
- Community engagement and outreach

MEETING ADJOURNMENT

Larry Eby will adjourned the meeting at 8:32.

- Next CAC: Sept 14, Strategic Planning Meeting & CAC meeting; 9:00-5:00, Linn County (TBD)

Minutes approved by CAC September 14, 2015

Acronyms
AMH – Addictions and Mental Health Services
BLAC – Benton Local Advisory Committee to the CAC
CAC – Community Advisory Council
CAHPS – Consumer
CCC – Communication Coordination Committee (subcommittee of the CAC)
CCO – Coordinated Care Organization (Medicaid services)
CHA – Community Health Assessment
CHAC – Coordinated Healthcare Advisory Committee to the CAC, Lincoln County
CHIP – Community Health Improvement Plan
CMS – Center for Medicaid/Medicare Services (Federal)
DCO – Dental Care Organization
DMAP – Division of Medicaid Assistance Programs(of OHA)
FQHC – Federally Qualified Health Center
HIA – Health Impact Area (in the CHIP)
IHN-CCO – InterCommunity Health Network CCO
LLAC – Linn Local Advisory Committee to the CAC
OHA – Oregon Health Authority (State of Oregon)
OHP – Oregon Health Plan (Medicaid)
PCPCH – Patient Centered Primary Care Home

RHA – Regional Health Assessment Project

Approved by the CAC September 14, 2015