Community Advisory Council (CAC)
MINUTES

Date: Monday, March 14, 2016
Location: Newport, Oregon

Council representatives and others at the table:
CAC Chair: Ellen Franklin; **Past Chair:** Larry Eby
Benton: Hilary Harrison, Karen Caul, Lisa Pierson, Michael Volpe, Stretch McCain, Ruby Kiker;
Lincoln: Patricia Neal, Ellen Franklin (Liaison)
Linn: Catherine Skiens, Frank Moore, George Matland, Miao Zhao (Liaison);
Local Chairs: Dick Knowles (Linn), Ellen Franklin (Liaison; CAC), Sam Sappington (Benton);
Presenters: **Kelley Kaiser**, IHN-CCO CEO; **Rebekah Fowler**, CAC Coordinator; **Bill Bouska**, OHA Innovator Agent; **Ruby Kiker**, Regional Health Assessment Project Coordinator; **Peter Banwarth**, Epidemiologist, Benton County Health Services, **Jessica Deas**, CDC Public Health Associate; Public Health Planner at Benton, Lincoln, and Linn County Health
Absent: Richard Sherlock & Betsy Williams

CALL TO ORDER

Ellen Franklin called the meeting to order at 1:00

PUBLIC COMMENT

15 Members of the public in attendance.

Signe Miller said that the Oregon Family Support Network (OFSN) has four support groups in Lincoln County. They do family education, Mental Health First Aid, Trauma informed care, and peer support as well as Collaborative Problem Solving.

Gary Lahman is a Community Water Flouridation Advocate. He just formed a Political Action Committee (PAC). Newport voted twice in 1962 to fluoridate water. It was stopped in the 1990s. It is now on the ballot for May vote to fluoridate Newport city water. Calgary, Alberta stopped fluoridating 3 years ago; the cavity rate has gone up 30%. Gary had materials available and was there to connect with anyone interested in the vote or in joining the cause.

INTRODUCTIONS, ANNOUNCEMENTS, & APPROVAL OF AGENDA & MINUTES

- **ACTIONS:** Council approved **(Attachments):**
  - Present agenda (Miao 1st, Frank 2nd)
  - November 2015 minutes approved (Frank 1st, Pat 2nd)
  - January 2016 minutes approved. (Stretch 1st, Frank 2nd)

Kelley Kaiser gave the IHN-CCO update
IHN-CCO is moving offices to 2300 Walnut BLVD, as of next Monday.

IHN-CCO Total Enrollment

57,629 as of February 2016 Enrollment is

Highlights

Implementation status report on integration/implementation of the following:

ABA Applied Behavioral Health Analysis – On January 1, 2015, Applied Behavioral Health Analysis became a benefit for OHP, which is a good benefit for people with autism. As of January 2015, CCOs were not ready to integrate this benefit due to limited providers. OHA agreed to delay. As of December 2015, ABA integration into the CCOs has been delayed for one year. After discussion with CCO Leadership a few months ago, integration will occur July 1, 2016. IHN is working with Trillium CCO to develop a provider panel who can deliver this service. IHN is investing in capacity building. This will become a cross the state benefit July 1, 2016. IHN has already taken it on early in order to build capacity.

Dental Benefits: In the 2015 Legislative Session, an expansion of dental benefits was approved as part of the budget. At the time of 2016 rate development, there were questions and concerns related to what benefit had been approved. It was agreed that clarity needed to be agreed upon. The expansion of the dental benefit was not included in the 2016 contracts/rates. Since then, clarity has been given related to the intent of the benefit expansion. At this time, the DCOs have asked that the benefit be implemented as quickly as possible. January 1 is not realistic in that the 2016 rates have already been submitted to CMS. The Expansion of Dental Benefits will be implemented in July 2016 with ABA.

Approved changes to coverage for the treatments of back conditions: At its March 2015 meeting, the Health Evidence Review Commission (HERC) approved changes to coverage for the treatments of back conditions in the Oregon Health Plan (OHP). The changes are based on new evidence, including a bio-psycho-social model designed to help people with back problems resume normal activities. This model will help people manage their pain with less reliance on medication and fewer costly surgeries. At this time, OHA has delayed implementation of the changes in coverage for the treatment of back conditions in order to assess implementation needs and reflect on a timeline for when OHA, with Oregon's coordinated care organizations (CCOs), will be ready to implement. Because these changes represent a number of different treatments and accompanying guidelines for the same set of conditions as a package, OHA will work to identify an implementation timeframe that will allow the entire package to take effect at the same time. In addition, OHA will take additional time to assess the fiscal impact of these changes in order to ensure accuracy in its estimate. A date for implementation has not been identified.

Targeted Case Management: Targeted Case Management (TCM) is included as a part of integrated services into CCOs in the Waiver. CCOs have flexibility about when this is done in that it is noted as included in trend monitoring July 2014 or beyond. CCOs have had conversations with the Counties, and CCOs and have delayed due to the complexity of funding streams and input from CMS as to how we include this in the rates. IHN-CCO recently received guidance from CMS that now we have to discuss internally with ASU and others on how to include in the rates. We will be able to project implementation once additional staff work has been done.

Moving forward: On a forward moving basis, OHA is finalizing a process whereas staff from operations, policy, budget, and actuarial services will meet and identify steps for integration of new

benefits. This process includes the HERC, ASU, Financial, and Health Systems Staff. The process will address provider capacity, rate and budget implications, system changes, rule changes, contract changes, communications, education etc.

1115 Waiver Update: Oregon has been able to provide Medicaid services under the CCO model because of a 5-year federal waiver. OHA hired consultants to interview CCO CEOs to obtain their recommendations as they work to reapply for a new waiver. OHA will provide updates.

High Dollar Cases: IHN-CCO has 0 cases over $250,000 as of February 2016.

Quality Metric report

IHN continues to evaluate the year-end 2015 Metrics, while also focusing on 2016 metrics.

- Two new quality incentive metrics for 2016:
  - The tobacco measure is a bundled measure.
    - 3 elements to this measure ~
      - Meet minimum cessation benefit requirement
      - Submit EHR tobacco prevalence data according to data submission
      - Reducing our prevalence rate
  - Childhood immunization by 2 years old received by all. There will be no credit for opt outs.

- The Electronic Health Record (EHR) Adoption metric is going away in 2016.

Transformation

- IHN-CCO Pilot projects
  - The 2015 3rd Quarter Pilot Summary was provided to the IHN-CCO Regional Planning Council.
  - Prioritizing and planning proactively in 2016 is the goal.
- The threshold of funding success and cutting off failures needs to be determined. Sustainability through APM continues to be discussed.

  Lisa Pierson asked if there might be a chance that IHN would cover gym memberships. IHN will provide a report next time on flexible spending.

CHIP ADDENDUM & PROGRESS REPORT UPDATE

Rebekah Fowler provided updates (Addendum handout)

- **CHIP Addendum**
  - Pilot project Targets selected by DST based on the CHIP Addendum for prioritizing pilot projects (handout). As soon as the CAC's CHIP Addendum was approved by the IHN-CCO Board of Directors, the Delivery System Steering Committee (DST) appointed a workgroup consisting of Kevin Ewanchyna (IHN-CCO Chief Medical Officer), Frank Moore, Rebekah Fowler, and Bill Bouska, Gina Shellhammer (IHN-

CCO, and Jenna Bates (IHN-CCO) to a Pilot Project Target areas workgroup. The group met and created a recommendation based on the Outcomes and Indicators identified in the CHIP Addendum. The DST accepted the recommendations and will be using those to encourage pilot project applications in the recommended areas:

Recommendations for IHN-CCO Pilot Project Target Areas for spring applications:

- **Maternal Health** Increasethe percentage of women of child bearing age who receive early and adequate pre- conception and prenatal care and who connect with appropriate resources throughout their pregnancy. (CHIP MH2 and possible crossover with BH2a, CCO Metric

- **Reduce the rate of unplanned pregnancies.** (CHIP MH1,CCO Metric14) Examples:

    - One Key Question initiatives
    - Referral Pathways to A&D or Mental Health, Dental or other Specialty Care

- **Tobacco Cessation** oReducethe percentage of members who use and/or are exposed to tobacco. (CHIP CD3 with possible crossover with BH3, CCO Metric) Examples:

    - Tobacco cessation interventions that incorporate Behaviorists with Peer Support Specialists.
    - APM for intervention with incentive structure for successful cessation.
    - Targeted outreach and intervention with subpopulations who experience a high rate of tobacco use (i.e. Native Americans, pregnant women, those suffering mental illness or substance use disorder.

- **Health Engagement** Increase the percentage of members who receive care communicated in a way that ensures members can understand and be understood by their care providers and members are effectively engaged in their care. (CHIP AC2a, AC1c, 2015-2017 Transformation Plan Element 7 Trauma Informed Care)

- Examples:

    - Improvement in Trauma Informed Care in the PCPCH
    - Member outreach and engagement in the PCPCH
    - Health literacy in the PCPCH

- Establishing and Refining Referral Pathways - particularly between PCPCH

and Specialty or Community based care. Examples:

- Examination of who transits the referral system vs. who does not and identify and implement best principles for creating/improving follow-up on referrals.
- Develop referral pathway and care coordination when SBIRT or Depression Screening identifies a member needing treatment.

- **Social determinants of health recommendation** requested by DST.
  - Regional Health Assessment Team
- **Health Disparities workgroup** John Lenssen will faciliate a health disparities workgroup strategic planning meeting next month. The goal is to prioritize the workgroups focus and give them direction.

CAC REPRESENTIVES: IHN-CCO & OHA SERVICES

Purpose: CAC representatives have the opportunity to talk about any service related issues they have encountered or are aware of, thus sharing information between counties, the CCO, & OHA.

Lisa Pierson: The Personal Care assistant process for getting someone appointed to care for her daughter was a daunting process. The paperwork process was a challenge. Benton County has been working to help with this process. Bill Bouska is now helping. A personal care assistant assists the CCO member 24 hours per month, assisting with activities of daily living. Mike Volpe asked if this is a duplication of services provided by the Council of Governments. Bill said that the COG has a program, but this is more on the mental health side, which is different from the COG's focus.

Hilary Harrison: Two young people had trouble getting enrolled in OHP. It took 45 days, and only with the help of Bill Bouska, did it get pushed through. Bill said that OHA anticipates that by May it will be a same day enrollment process. Hilary is concerned about those who applied and didn't have her and Bill to assist them, are still waiting for OHP benefits..

Stretch's nephew and his son applied 6 weeks ago and haven't heard back. Bill and Stretch will connect after the meeting to get him connected with an Assistor. George Matland said that there are Health Navigators to assist with this, also. Kelly Volkmann is in charge of the Health Navigator program. She did a great presentation at Linn County and might be willing to present at other local meetings. Health Navigators can assist the community with their applications. The CCO is prohibited from assisting with OHP applications.

REGIONAL HEALTH ASSESSMENT PROJECT UPDATE

Peter Banwarth, Ruby Kiker, & Jessica Deas provided an update on their work to align various regional Community Health Assessments (CHAs) and to develop a data warehouse.

RHA services include drafting reports, educating partners about our region's health, supplying and analyzing data for partners, make public health data accessible to our community, supporting the CAC, coordinating public health data collection.

RHA Report contains 180 pages of context and analysis: 136 tables, figures, and maps, 460 references, over 10,000 data points from 200 datasets.

Focus areas of the report: Demographics, Environment, Social Determinants of health, Access to health care, Disease & injury, Health across the life course.

Regional health insurance providers: 36% Group, 24% OHP, 20% Medicare, 12% unknown, 5% non-group, 3% uninsured.

Percentage of OHP members per county:

RHA team provided data related to each of the five HIAs.

- Percent homeless by county: 4% Linn, 3% Benton, 10% Lincoln, Region 4%, Oregon 3
- Bullying in high school, various reasons including general reasons, physical characteristics, sexual harassment, group of friends, race or ethnicity, sexual orientation. Bullying is higher in middle school.
- Youth depression & self-harming behavior, 32% of 8th graders, 19% reported considering suicide, 11% reported having attempted suicide.
- Adult suicide rates:, higher amongst males, especially seniors.
- Kindergarten readiness based on economic disadvantages, English proficiency, special education, Native American, Hispanic. All show the same self-regulatory behavior, same math scores, but those five disadvantaged students do worse than average for reading.
- Teen smoking: Decreased in 2015 from 2008.
- Diet and exercise rates by county: Lincoln has the highest rate of eating vegetables and fruits, while Linn has the lowest. Physical activity highest in Benton and lowest Lincoln.
- Obesity and overweight: 28% are obese or overweight.
- Teen pregnancy rates are dropping in Hispanic women. Non Hispanic rates are not as high, and are decreasing somewhat, also.
- Income inequality is highest in Benton County 6.3%; Lincoln, Linn, and all of Oregon are around 4.6%. Reducing inequality is more effective in reducing health problems than is increasing incomes.
- Urban/Rural disparities. Lincoln 38% rural, Benton 19% rural, Linn 32% rural.

RHA Report is going to printers this week and will be distributed to partners. PDFs will also be available soon.

COMMUNITY ENGAGEMENT UPDATE

Rebekah Fowler & Frank Moore provided an update on the Oregon Health Authority grant. They are applying for a $30, 000 grant for the purpose of hiring a consultant to assist the CAC in:

1. Finalizing a set of community engagement class, based on best practices.
2. Developing a community engagement plan and strategies

3. Providing a training and set of materials to be used for future trainings.
4. Setting up a database and communication strategy.

A sticking point has been around the term "implementation" and whether community engagement is implementation of the CHIP. As soon as the CCO learns whether the grant was awarded or not, Rebekah or Frank will forward the information.

LIAISON UPDATES

The CAC Liaisons reported on Local Advisory Committee activities since the previous CAC meeting.

Benton Local Advisory Committee: The BLAC i meeting in a new location in downtown Corvallis. County Commissioner Ann Schuster, former BLAC member, talked to the BLAC last month about her first year in office and about how the BLAC could work with her. Joe Zaerr shared a proposal about the social determinants of health. A workgroup is exploring that proposal to bring back to the BLAC.

Lincoln Local Advisory Committee: Bill Hall gave a report on the detox center being worked on in Lincoln. A task force is working on this. Regulations state that it must be in a separate building to keep within the 10-15 bed limit. Homeless Connect occurs once a year as a resource fair where various providers gather to provide services for the homeless. Watched a CAC 101 video from the OHA website. Lauren Bailey, OHA eligibility assistor presented. Next meeting they'll talk about housing. Ruby will be here to talk about data specific to IHN Lincoln county.

Linn Local Advisory Committee: Monica Juarez came to speak and then Kelly Volkmann. Charter changes are being made by the committee. Lebanon has a 2040 visioning process. (Corvallis is also doing this.) Albany has a vision plan on its website. Phil Warnock presented. It was an excellent presentation. He recommends the other counties have this presentation. Ruby Kiker is coming next week to present Regional Health Assessment project data.

OREGON HEALTH AUTHORITY UPDATE (OHA)

Bill Bouska, OHA Innovator Agent, will provided a state update.

An OHA CAC recruitment and Engagement event is being planned for May 24. Each CAC is allowed to send one member to represent at the even. (so that would be four for IHN-CCO). The state is working to create CAC recruitment materials to be used by CACs across the state. Rebekah will send the Save the Date information to each of the CAC Chairs/CoChairs so volunteers can be requested and a representative selected from each local committee.

Legislation passed that allows OHA, If a CCO moves out of an area it had previously been covering, to bring in another CCO to cover that area.

A study is being conducted to be presented at the next legislative session related to increasing the OHP eligibility rate from 138% of the federal poverty rate up to 200%. This would mean that virtually everyone in Oregon would have health insurance of one kind or another.

NEXT CAC MEETING AGENDA ITEMS

Ellen Franklin & Rebekah Fowler requested agenda items for the next CAC meeting.

- An oral health panel is being formed for the next CAC meeting. Regional Strategic Plan is nearly finalized.
- Someone asked if the CCO could provide the number of PCPs and mental health providers per capita for IHN members, broken down by county. Rebekah will ask Kelley Kaiser to provide information.
- Prescription formularies changed as of January 1. Each CCO has the ability to control its own pharmacy benefit.

MEETING ADJOURNMENT

Ellen Franklin adjourned the meeting at

- Next CAC: 1:00-4:00 May 9, 2730 Pacific Blvd SE, Public Health Conference Room – Albany.

Minutes approved by the CAC May 9, 2016.

Acronyms and Definitions

Acronyms

CAC – Community Advisory Council
CCC – Communication Coordination Committee (subcommittee of the CAC)
CCO – Coordinated Care Organization (Medicaid services)
CHA – Community Health Assessment
CHIP – Community Health Improvement Plan
CMS – Center for Medicaid/Medicare Services (Federal)
DCO – Dental Care Organization
DST – Delivery System Transformation Steering Committee, IHN-CCO, tasked with the IHN-CCO Transformation Plan & pilot projects
FQHC – Federally Qualified Health Center
HIA – Health Impact Area (in the CHIP)
IHN-CCO – InterCommunity Health Network CCO
OHA – Oregon Health Authority (State of Oregon, oversees Medicaid)
OHP – Oregon Health Plan (Medicaid)
O&I – Outcomes & Indicators (in the CHIP Addendum)
PCPCH – Patient Centered Primary Care Home

Definitions

- ***Addendum:*** something that is added; *especially* a section added to the main or original document
- ***Health Disparities:*** Differences in access to, or availability of, services is a health disparity. **Health** status **disparities** refer to the differences in rates of disease and disabilities between different groups of people, such as those living in poverty and those who are not.
- ***Epidemiologist:*** a person who studies the patterns, causes, and effects of health and disease conditions in defined populations. It is the cornerstone of public health, and shapes policy decisions and evidence-based practice by identifying risk factors for disease and targets for preventive healthcare.
- ***Indicators***: measurements or data that provide evidence that a certain condition exists or certain results have or have not been achieved. They can be used to track progress.
- ***Liaison:*** a person who helps groups to work together and provide information to each other. CAC liaisons share information between the CAC and a local advisory committee.
- ***Outcomes***: results or changes, including changes in knowledge, awareness, skills opinions, motivation, behavior, decision-making, condition, or status.
- ***Social Determinants of Health:*** the conditions in which people are born, grow, live, work, & age. Examples include availability of resources to meet daily needs (e.g., safe housing and local food markets; access to educational, economic, and job opportunities; healthcare services; quality of education and job training. Some of these the CCO or its partners have the ability to impact.