Community Advisory Council (CAC)
MINUTES draft 2

Date: Monday, May 9, 2016
Location: Willamette Health Center, Linn County Public Health Conference Room

Council representatives and others at the table:
CAC Chair: Ellen Franklin; **Past Chair:** Larry Eby
Benton: Hilary Harrison, Karen Caul, Lisa Pierson, Ruby Kiker; Stretch McCain;
Lincoln: Pat Neal, Richard Sherlock; Ellen Franklin (Liaison);
Linn: Catherine Skiens, Frank Moore, George Matland, Judy Rinkin,
Local Chairs: Dick Knowles (Linn), Sam Sappington (Benton);
Absent: Mike Volpe, Miao Zhao, Rebecca Austen
Presenters: **Kelley Kaiser**, IHN-CCO CEO; **Rebekah Fowler**, CAC Coordinator; **Jenna Bates**, Transformation Manager, IHN-CCO; **JoAnn Miller** Community Health Promotion Director, Samaritan Health Services; **Britny Chandler**, Dental Program Clinical Coordinator, IHN-CCO

CALL TO ORDER

Ellen Franklin, CAC Chair, called the meeting to order at 1:05

INTRODUCTIONS, ANNOUNCEMENTS, & APPROVAL OF AGENDA & MINUTES

- Ellen Franklin welcomed newly appointed representative, Judy Rinkin for Linn County and announced appointment of Rebecca Austen for Lincoln.
- IHN-CCO announcement, Jenna Bates: CAC & Local Committee survey
  - CHIP & CHIP Addendum are part of the transformation plan. Jenna oversees the two-year transformation plans. In an effort to ensure that the CAC has the information it needs about the work of the CCO, the CCO would like CAC and local committee members to complete a survey. They will also be asking about how people want to receive information from the CCO.
  - Survey will be sent out with one week to complete it. It's anonymous. Next year they'll retest to see if people have a better understanding of the transformation plan
- Coordinator announcement
  - OHA Community Engagement grant: We are still waiting to hear whether the CCO will receive this funding.
- **ACTIONS:** Council approved present *Agenda* (Frank Moore 1st, Pat Neal 2nd) and *March Meeting Minutes* (Pat Neal 1st, Karen Caul 2nd)

PUBLIC COMMENT

12 members of the public attended. No one signed up to make a public comment.

IHN-CCO UPDATE

Kelley Kaiser, IHN-CCO CEO, provided an IHN-CCO update

April 2016 CAC report
Operations Report – March 2016

IHN-CCO Total Enrollment

As of March 2016		57,345
Benton	12,800	
Linn		31,129
Lincoln		13,416

Highlights

OHA News and Information:

Oregon's waiver: Proposed renewal and amendments to Oregon's 1115 Demonstration Waiver with the Centers for Medicare and Medicaid Services

Building on the foundation of Oregon's Health System Transformation, furthering progress through lessons learned and success to-date: Public input being accepted through May 16

The planning process has begun for renewal of Oregon's Medicaid Demonstration with the Centers for Medicare and Medicaid Services (CMS). That waiver allows for Oregon's health system transformation.

Oregon's current demonstration waiver, approved in 2012, has helped transform the delivery system to one of coordinated care, with 16 coordinated care organizations (CCOs) now delivering the vast majority of physical, oral and behavioral health services to Oregon Health Plan (OHP) members. Today approximately 90 percent of OHP members are enrolled in CCOs. The combination of the waiver and Oregon's expansion of Medicaid eligibility under the Affordable Care Act has led to remarkable results:

Oregon is committed not only to continuing on course with the gains it has made, but also to renewing this demonstration and taking it to the next level through targeted modifications to the waiver. Oregon will continue this demonstration's coordinated care model and will expand in key areas—such as the integration of behavioral health and a deeper focus on improving social determinants of health—all while maintaining a sustainable growth rate for health care

costs. Oregon will build on the lessons learned and take transformation to the next level.

You can learn more about Oregon's waiver here: www.oregon.gov/oha/OHPB/Pages/health-reform/cms-waiver.aspx

IHN-CCO Executive staff along with Mitch Anderson and Frank Moore met with Lynne Saxton, Director, OHA and Jeremy Vandehey, Senior Policy Advisor to the Governor March 30th as part of their discovery tour "to spend some time hearing from you about innovations, the successes and challenges you've had, and what you see on the horizon over the next year or two." This meeting went very well and offered us a chance to tell our story.

Oregon Waiver draft application is finished and available. Rebekah Fowler, CAC Coordinator, has sent out the CAC Communication Coordination Committee the link to that application so that committee members may provide public input.

Quality Metric report:

IHN continues to evaluate the year-end 2015 as it relates to the Metrics. They are also focusing on the 2016 metrics.

- For 2015 IHN is confident that they can meet 12 of the metrics. They need to meet 13 out of the 17 to earn back full incentive dollars.
  - To meet the 13 metrics, IHN must meet the two Patient satisfaction metrics that are part of an OHA survey. The survey was done in March/April of this year. IHN will have a sense of where they are on those measures in June.
- IHN has started tracking the 2016 measures and is working with the providers to create better reporting for them to do outreach to their members.
  - Two measures 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 Updates:

2016 Requirements

Pilot proposals must address at least one of the Eight Elements of Transformation + 1 CHIP Area. While any proposal meeting the requirements outlined will be considered, the DST is

especially interested in funding projects that align with the Targeted Strategies for 2016 DST Proposals, as follows:

Pilot proposal evaluation criteria
IHN-CCO is committed to improving the health of our communities by coordinating health initiatives, seeking efficiencies through coordinating services and sharing infrastructure, and engaging all stakeholders in a regional effort to steer local health services and systems toward meeting the Triple Aim of improving health; better access, better outcomes; at lower cost.

Pilot proposals must address at least one of the Eight Elements of Transformation plus one CHIP Area. We are interested in testing innovative methods of transforming the healthcare system through pilot projects that focus on the **Eight Elements of Transformation as defined by the OHA**:

1. Developing and implementing a health care delivery model that integrates mental health and physical health care and addictions, and dental health, when dental services are included. This plan must specifically address the needs of individuals with severe and persistent mental illness.
2. Continuing implementation and development of PCPCH.
3. Implementing consistent alternative payment methodologies that align payment with health outcomes.
4. Preparing a strategy for developing Contractor's Community Health Assessment and adopting an annual Community Health Improvement Plan consistent with 2012 Oregon Laws, Ch. 8 (Enrolled SB 1580), Section 13.
5. Developing electronic health records; health information exchange; and meaningful use.
6. Assuring communications, outreach, Member engagement, and services are tailored to cultural, health literacy, and linguistic needs.
7. Assuring provider network and staff ability to meet cultural diverse needs of community (cultural competence training, provider composition reflects Member diversity, nontraditional health care workers composition reflects Member diversity).
8. Developing a quality improvement plan focused on eliminating racial, ethnic and linguistic disparities in access, quality of care, experience of care, and outcomes.

Beyond addressing the Eight Elements of Transformation, the IHN is further committed to addressing areas of local need identified by our Community Health Improvement Plan:

1. Access to Healthcare

2. Behavioral Health
3. Chronic Disease Prevention and Management
4. Child Health
5. Maternal Health

Additional evaluation considerations include:

- Need: There is substantial need for this project.
- Transformational: The project is innovative and transformative.
- Expertise: The project leadership and staff have the skills and experience necessary.
- Improves health care: The project is likely to improve the health or health care for IHN-CCO members.
- State Metrics: This project will likely to result in an improvement in one or more state metrics.
- Collaborative: This project brings together previously unrelated organizations and/or resources.
- Sustainable: The project's sustainability plan is adequate and results and methods are likely to be shared.
- Replicable: This project is likely to be sustained and/or replicated.
- Reduces Costs: The project will lead to reduced healthcare costs.
- Resources: The budget is reasonable, appropriate, well-justified and directly tied to the goals.

Target strategies for 2016

Proposals will not be limited to the areas indicated below; however, by their identification; we hope to reach out to community agencies and providers to encourage proposals that can positively impact these specific areas of need in our community.

1. Maternal Health

   ○ Increase the percentage of women of childbearing age who receive early and adequate pre-conception and prenatal care and who connect with appropriate resources throughout their pregnancy.
   ○ Reduce the rate of unplanned pregnancies.

   Examples:

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

2. Tobacco Cessation: Reduce the percentage of members who use and/or are exposed to tobacco.

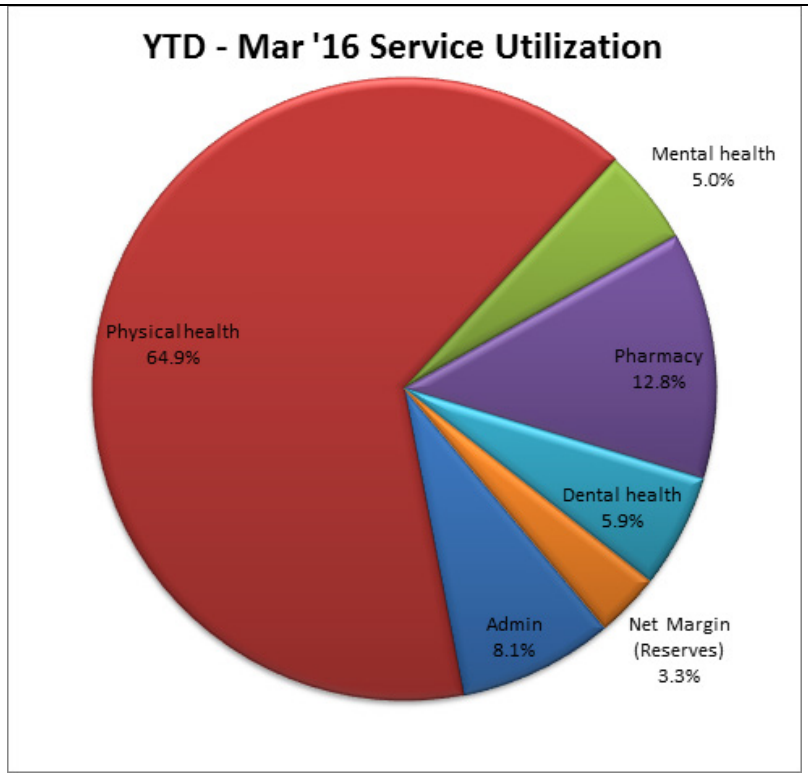
   Examples:
   - Tobacco cessation interventions that incorporate Behaviorists with Peer Support Specialists.
   - APM for intervention with incentive structure for successful cessation.
   - Targeted outreach and intervention with subpopulations who experience a high rate of tobacco use (i.e. Native Americans,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

3. 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.

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

4. Establishing and Refining Referral Pathways: particularly between PCPCH and Specialty or Community based care.

Examples:
- Examination of who transits the referral system versus. 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.



ORAL HEALTH PRESENTATION AND DISCUSSION

JoAnn Miller, Community Health Promotion Director, Samaritan Health Services & Britny Chandler, Dental Program Clinical Coordinator, IHN-CCO; presented on oral health issues for this region and the connection between oral health and overall wellbeing.

JoAnn Miller works with 5 hospitals. She is working on how to improve the oral health outcomes for the region. Britney Chandler works for IHN as an oral health educator, going out to the community and events such as this.

Regional Oral Health Coalition is open membership, all are welcome and the committee would appreciate additional CAC representation.

Presenters encourage oral health to be a primary focus in the CHIP and in planning. In 2008, adult dental benefits were cut and the system is to this day dealing with the consequences of that.

Each local oral health coalition has more than 30 members; the regional group has 18 active members.

CHIP Takeaway: What would the presenters, if they had their choice, see in strategic planning such as the CHIP? Working with our DCOs to do co-location. Also Education & Intervention

CAC REPRESENTIVES: IHN-CCO, OHA, & COMMUNITY PARTNER SERVICES

Lisa Pierson said that the CCO missed its metric on ER utilization. She suggests that a major reason people end up in the ER is for mental health crisis because there's not enough access. The provider rates are so low that one specific provider who wants to be on the OHP panel is unwilling to accept the rate. Kelley Kaiser continues to be willing to meet with this provider. Frank Moore said it is inappropriate, at the CAC meeting, to discuss setting rates for one specific provider.

OHA expects to be caught up by July with OHP applications. Kelley can send out that report for Rebekah to send out to the group.

CHIP PROGRESS REPORT

Rebekah Fowler, CAC Coordinator, presented the 2016 CHIP Progress Report.

Much of the discussion was related to questions around the data that's not available, and about creating processes in this next year for gathering more data to fill in what's missing in this first report. This year, there was only 2 months to gather the data after the Outcomes & Indicators were finalized. Rebekah will move forward with developing processes and sources with the IHN-CCO Regional Planning Council Management Group so that we have more and better data sooner. However, overall, the Council was pleased with seeing so much data in this report already.

Amendments to the CHIP: Addition of language around Peer Delivered Services that this is an incomplete picture. Also, Rebekah will add language in the introduction about the fact that the CAC will have more of an ability to provide an evaluation of the data in future reports as CHIP Progress Report 2017 will compare 2016 data to 2017 data.

ACTION: Motion to approve the draft CHIP Progress Report (Frank 1st, George 2nd), with revisions brought up at this meeting.
ACTION:

DETERMINANTS OF HEALTH RECOMMENDATION

Rebekah Fowler presented the Communication Coordination Committee's proposed Determinants of Health (DoH) recommendation. IHN-CCO's Delivery System Transformation Committee (DST) asked the CAC to provide a recommendation for which DoHs to target as priority in the second round of pilot project applications

Proposed Determinants of Health (DoH) Recommendation
Community Health Improvement Plan Addendum
May 5, 2016

2016 IHN-CCO Pilot Project Funding

The IHN-CCO Delivery System Transformation Committee (DST) has released the first of two 2016 requests for proposals (RFPs). As in the past, all projects funded must fit within one of the eight elements[i] of the CCO's Transformation Plan, as well as within one of the Community Health Improvement Plan's (CHIP) Health Impact Areas.

First 2016 RFP
In addition to the above requirements, the DST used the 2016 CHIP Addendum outcomes and indicators to "identify gaps in current transformation efforts" in selecting target areas for their first round of 2016 RFPs.

Second 2016 RFP
The DST requested that the CAC provide determinants of health (DoH) recommendations to target transformational projects for the second round of 2016 RFPs. **Determinants of health** are "the range of personal, social, economic, and environmental factors that influence health status.[ii]

In studying the CHIP Addendum—developed by the dedicated work of the CAC and its Local Advisory Committees—the Regional Health Assessment Team identified four standout determinants of health within the document. These were taken to the Communication Coordination Committee for discussion and fine-tuning.

Proposed Determinants of Health recommendation:

- **Childhood & family trauma** (as relates to resiliency, trauma-informed care, etc.)
- **Cultural inequalities or diversity** (related to age, education, gender, gender identity or orientation, race/ethnicity, etc.)
- **Nutrition & physical activity**
- **Safe and affordable housing**

Lisa Pierson - There is a need for funds to assist people who are barely getting by and have a sudden acute need for funds in order to not go over the tipping point, spiraling into losing a job and/or becoming homeless, for example. It was acknowledged that there is a need for this, but it's not in the CHIP and, while would potentially prevent health issues in the community, it's outside the scope of our CHIP.

ACTION: Adoption vote on the proposed recommendation to the DST: The CAC voted to adopt

the recommendation (Hilary Harrison1st, Judy Rinkin 2nd). Two abstained, (Frank Moore & Stretch McCain).

NEXT CAC MEETING AGENDA ITEMS

- Topics requested in the past: Prescription formularies, **transportation**
- OHA CHIP Implementation Grant application: Community Engagement
- Lisa Pierson is interested in learning the number of members per PCP and per mental health provider. Rebekah will ask Kelley Kaiser for them.
- Mental Health Provider Access Discussion
- Dave Toler Seniors & Disabilities Director presentation (2nd)

LIAISON UPDATE

Discussions ran over and the Council was unable to receive the Liaison updates.

MEETING ADJOURNMENT

Ellen Franklin adjourned the meeting at 4:03.

- Next CAC: 1:00-4:00 July 11, 4077 SW Research Way, Sunset Bldg., Corvallis

Acronyms and Definitions

Acronyms

CAC – Community Advisory Council
CCC – Communication Coordination Committee (subcommittee of the CAC)
CCO – Coordinated Care Organization (Medicaid services)
CEO – Chief Executive Officer
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
SHS – Samaritan Health Services

Definitions

- ***Addendum:*** something added; *especially* a section added to the original document
- ***Determinants of health*** are "the range of personal, social, economic, and environmental factors that influence health status.
- ***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.
- ***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.
- ***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.

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[i] (1) Integration of care, (2) Development and implementation of Patient Centered Primary Care Homes, (3) Alternative Payment Methodologies, (4) CHIP, (5) Electronic Health Records, (6) Assuring communications, outreach, member engagement, and services are tailored to cultural, health literacy, and linguistic needs, (7) Assuring that the culturally diverse needs of Members are met, (8) Developing a quality improvement plan focused on eliminating racial, ethnic, and linguistic disparities

[ii] www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health, retrieved May 5, 2016