Community Advisory Council (CAC)
MINUTES

Date: Monday, July 11, 2016
Location: Sunset Building, Corvallis

Council representatives and others at the table:
CAC Chair: Ellen Franklin; **Past Chair:**
Benton: Hilary Harrison, Lisa Pierson, Mike Volpe;
Lincoln: Patricia Neal, Richard Sherlock; Ellen Franklin (Liaison);
Linn: Catherine Skiens, George Matland, Judy Rinkin, Miao Zhao (Liaison);
Local Chairs: Dick Knowles (Linn), Sam Sappington (Benton);
Presenters: **Kelley Kaiser**, IHN-CCO CEO; **Rebekah Fowler**, CAC Coordinator; **Phil Warnock**, Community and Economic Director, Oregon Cascades West Council of Governments (COG); & **Brenda Mainord**, Program Manager, COG.
Absent: Rebecca Austen, Stretch McCain, Frank Moore, Ruby Kiker, Karen Douglas, Larry Eby

CALL TO ORDER

Ellen Franklin, CAC Chair, called the meeting to order at 1:00.

INTRODUCTIONS, ANNOUNCEMENTS, & APPROVAL OF AGENDA & MINUTES

- Introductions (Karen Douglas)
  - Housekeeping meeting packets, acronyms, restrooms, food
- Chair & representative announcements
- Coordinator announcements
  - Determinants of Health training, hopefully before Sept
  - Determinants of Health recommendation will be discussed at the next Delivery System Transformation meeting along with the Health Disparities Workgroup recommendation.
- **ACTIONS:** Council to approve present *Agenda* (Pat, Hilary) and *Meeting Minutes* from previous meeting (Hilary, Lisa) **(Attachment)**

PUBLIC COMMENT

11 members of the public were present. Three signed up for public comment

Denise Cardinali of Benton County cited child injury statistics demonstrating the importance of pediatric injury prevention and the prevalence of improper use of car seats. In a recent check in Benton County, 95% of the car seats checked were improperly installed, and motor vehicle collisions are the leading or sometimes 2nd highest cause of child death. She said that last year Samaritan Health sponsored a car seat technician certification course. She stated that this was good, but it isn't enough. There need to be more events. She said asked who is responsible for pediatric injury prevention in the IHN region. She said that she personally will "no longer 'own' child passenger safety." She is willing to partner. She cannot do a pilot project or apply for one, but she would be willing to collaborate on one if one was brought to her.

Mike Huntington of Benton County asked the CAC to take a lead on working to make IHN Board of

Director's meetings public and held jointly with the CAC and that the finances be made public. He said he has already told this to IHN and to elected officials, and now he enlists the help of the CAC to make this happen.

Gary Lahman of Lincoln County said that he would like more transparency around the pilot project proposal process. He noted that the most recent pilot projects to be approved by the DST, there was only one small project for Lincoln County and he wondered why that was.

IHN-CCO UPDATE

Kelley Kaiser, IHN-CCO CEO, provided the IHN-CCO update:

July 2016 CAC report

Operations Report – June 2016

IHN-CCO Total Enrollment

As of May 2016		57,258
Benton	12,790	
Linn		31,136
Lincoln		13,331

Enrollment numbers are remaining level

OHA News and Information:

- **Action steps to better integrate behavioral health**

  This summer, IHN is launching OHA's Behavioral Health Design Team–a stakeholder group that will chart the course for excellence and sustainability in behavioral health services across the different systems that serve consumers.

  Starting July 1, 2016, the team will:

  - **Review and analyze qualitative and quantitative data** developed over the past year through efforts such as the Behavioral Health Town Halls, the Behavioral Health Mapping Tool, our partnership with the United States Department of Justice, a special report produced by Oregon State University and other information.
  - **Re-conceptualize and design an achievable plan** that defines the policy, financing, and infrastructure needs to modernize Oregon's behavioral health system.
  - **Produce recommendations** for the Legislature by late fall 2016.

  Team members will be experts in mental health, addictions, prevention, wellness promotion, education, housing, senior services, peer services, culturally specific health services, children and youth, corrections and public safety, disability services and health disparities.

  Members will be appointed to the design team, based on a statement of interest. (Application forms will be posted on the OHA website by June 1.) Members will serve through Feb 2017.

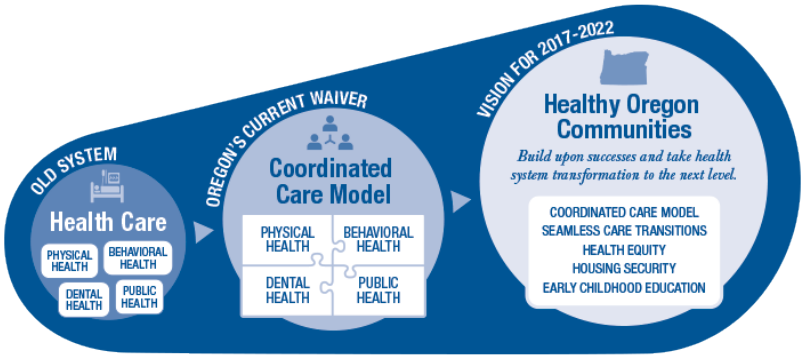
  IHN's goal is to improve outcomes for people with behavioral health problems consistent with the triple aim: better health, better care and lower costs—not just in our behavioral health system, but for law enforcement, school systems, cities and counties, too.

- **Oregon's new waiver tackles social factors to improve health**

  Earlier this month, Oregon became one of the first states in the nation to tackle housing as a health care issue. In a new Medicaid waiver proposal, IHN is seeking approval to use federal dollars to address housing needs for people with health problems.

  Affordable housing is hard to find in many Oregon communities. Your options are even scarcer if your family is economically vulnerable, or if you have special needs. Yet, finding a good place to live isn't just a financial or quality-of-life issue. Housing is vital to your health. Poor housing can increase your risk of disease. Safe, clean and stable housing can improve your physical and emotional well-being.

  Oregon's existing waiver was granted in 2012. Since its implementation, Oregon's Medicaid program has been successful in meeting our goals of better care and a slower rise in health care costs. For example, hospital readmissions, emergency department visits, and avoidable hospitalizations have decreased. Preventive screenings for children and people with chronic conditions have increased. OHA currently projects a cumulative savings of $8.6 billion from 2013 through 2022 due to health system transformation.



  States must renew their Medicaid waivers every five years (Oregon must renew its current waiver by June 2017). Under our current draft waiver application, we want to:

  - **Improve the integration of physical, behavioral, and oral health care** through updated performance incentives.
  - **Improve health outcomes and reduce disparities** by addressing housing and other social determinants of health.
  - **Hold down expenditures** through an integrated global budget that controls costs at a sustainable 3.4 percent growth rate.
  - **Continue to expand** the coordinated care model for the 1.1 million members on the Oregon Health Plan, as well as in OEBB, PEBB and in other markets.

  Governor Brown's health policy advisor Jeremy Vandehey and OHA's state Medicaid director Lori Coyner are leading the development of Oregon's waiver renewal and have met with more than 75 stakeholder groups and tribal governments so far.

  There's still time to share your input. You can share your priorities in this brief survey (share your input by **June 1**). Your efforts will inform our state's waiver, our discussions with the federal government and our broader strategies to improve the health and well-being of all Oregonians.

- **Overview of Comprehensive Primary Care Plus (CPC+)**

  The Center for Medicare Medicaid Services (CMS) has developed a new primary care provider

payment model CPC+, to take the place of the previous attempt at paying for performance through the Comprehensive Primary Care Initiative (CPCI) program. The program will span 5 years, beginning 1/1/17. CMS will first sign MOU's with payers in 20 regions. CMS will not provide additional funds for the payers. CMS will select 5,000 Primary Care Clinics to enter into the payment program with CMS. In addition to transitioning to a performance-based model, the program goal is to align payment models across all payers for the primary care clinics. CMS is looking for regions that are in alignment as payers and where enough provider participation supports payer alignment for all products, Medicare, Medicaid, and Commercial products.

Oregon Health Sciences University's (OHSU) Center for Evidence-Based Research has formed a workgroup of payers in Oregon that have interest in applying for Comprehensive Primary Care Model+ (CPC+) recognition. The workgroup has conducted the following actions:

1. Developed an aligned vision for success
2. Developed principles to guide their common work on CPC+ initiative and in payment reform across the State of Oregon.
3. Developed Shared Messages on concerns and thoughts about CPC+ in Oregon
4. Developed a draft application for use by all Oregon payers

Given that there are no new dollars that come with this program, IHN-CCO did not apply as a Plan but providers can still apply and collaborate with other plans to add additional dollars to the local delivery system.

- **2015 Quality Metrics**

  IHN-CCO met the minimum necessary metrics to receive our 107% of their incentive of our quality dollars **$10,938,166. We also met 4 of the challenge pool measures for an additional $77,006. In the end we will receive $11,015,172.** We continue to focus on the 2016 metrics.

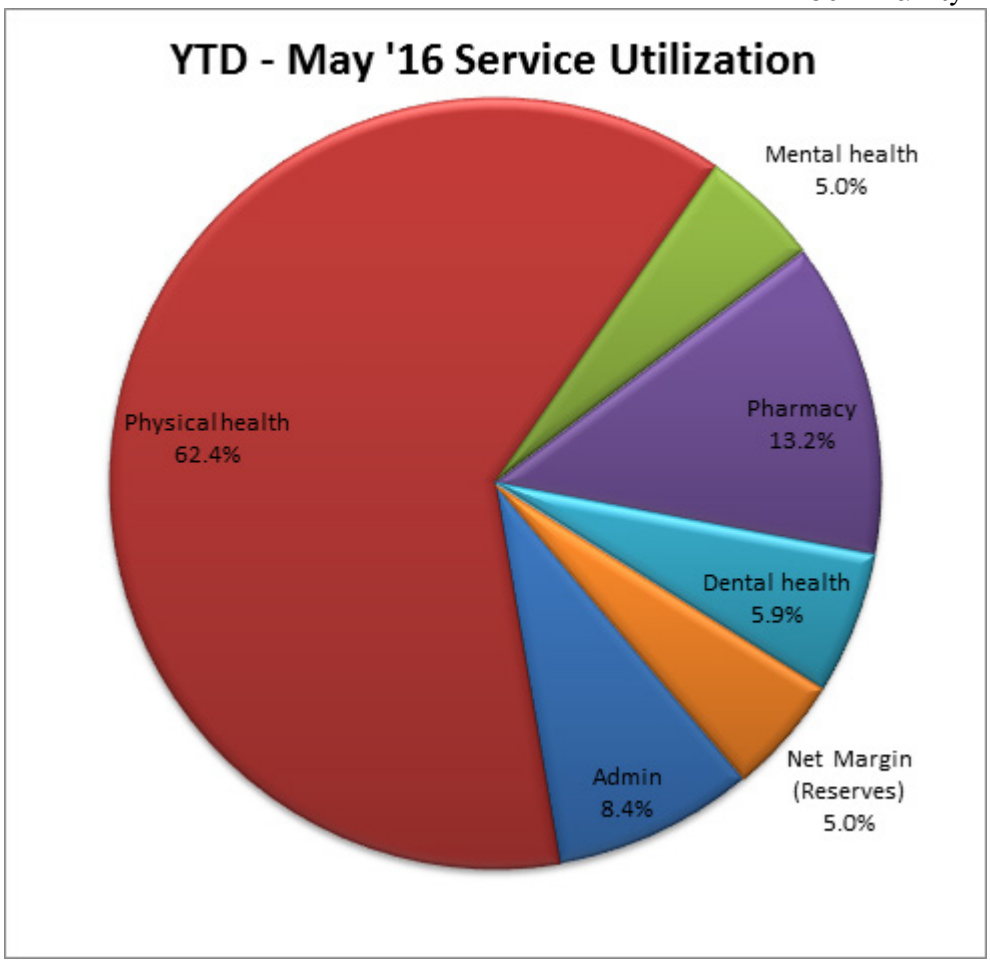
- **2017 Rate Process** has begun.
  We continue to meet with OHA and their actuarial consults, Optumus, to understand the technical changes and timing.

High Dollar Cases:

- IHN-CCO has 2 cases that have reached $250,000 as of May 2016

Lisa Pierson said that the CCO missed meeting its goal for member satisfaction with access to care. She also asked if the CCO is considering increasing reimbursement rates. Kelley Kaiser said that the state isn't giving CCO's extra money for that. Lisa pointed out that only 5% of the budget is going to mental health. Perhaps funds could be moved from pilots to behavioral health. Sam asked what efforts are being made to bring more providers into the network. Kelley said that the funds for pilots came from providers agreeing to take a small reduction in reimbursement rates to create a pool of funds for to innovate the system. Kelley said the CCO is willing to work with anyone who is credentialed and willing to join. They don't actively recruit. It was suggested that this issue be put on a future CAC agenda.

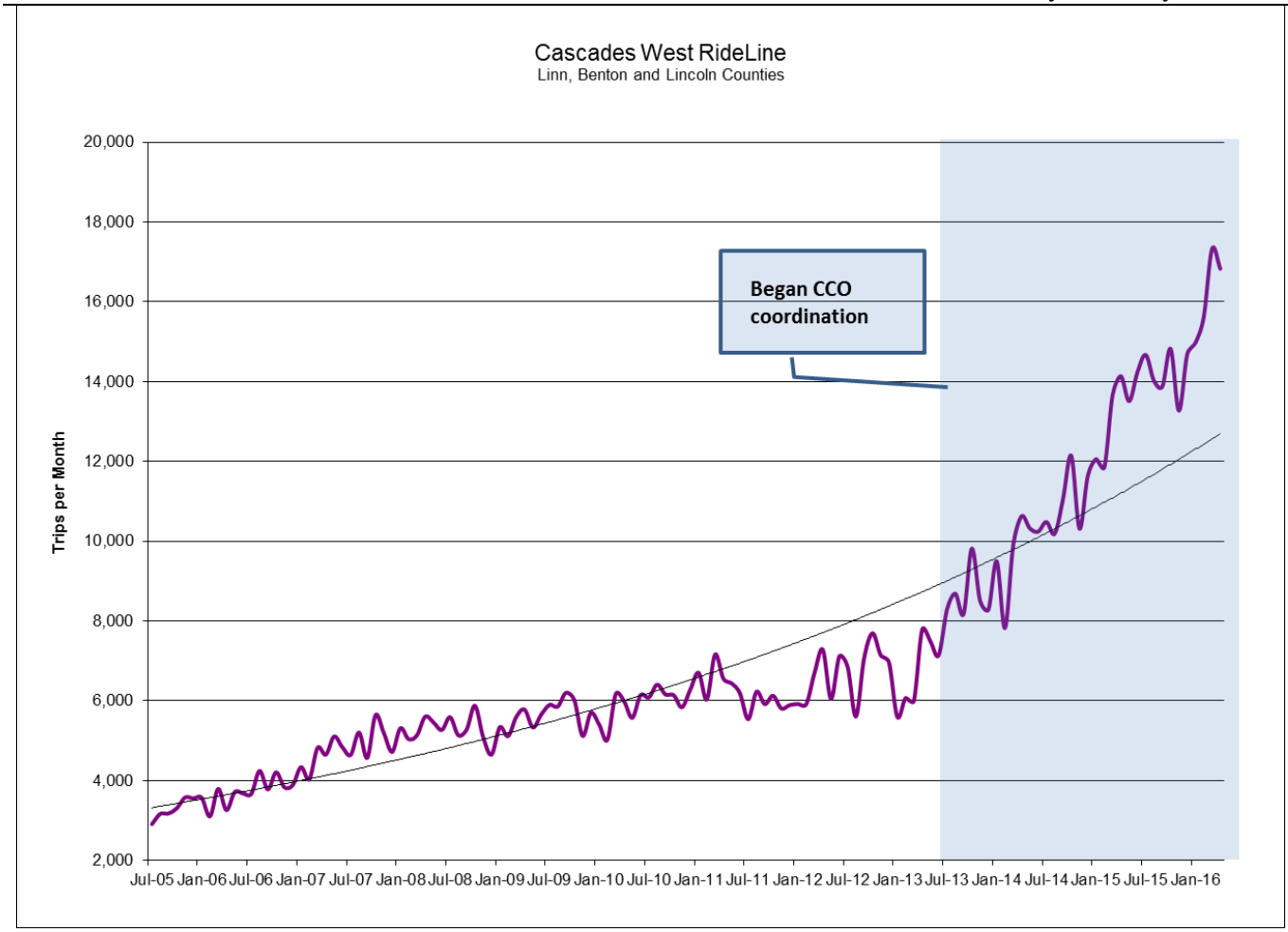
Incentive funds will primarily go back to providers who helped meet the metrics. A small portion of it will go to more pilot projects. In the past, those funds have come from the providers taking a voluntary decrease in reimbursement rates in order to create a pool of funds.



NON-EMERGENT TRANSPORTATION PRESENTATION & DISCUSSION

Phil Warnock & Brenda Mainord, Oregon Cascades West Council of Governments, presented an overview of the current status of non-emergent transportation, including challenges and plans.

They are currently coordinating approximately 17,000 rides per month, whereas in 2005 the highest number per month was 5900. They have worked hard on coordination of rides to increase capacity.



They started with 9 contracted providers in 2005 and currently have 27. See handout next:

- The Mission and Goal of RideLine is to provide broader and better transportation access and service to InterCommunity Health Network - Coordinated Care Organization (IHN-CCO) and Oregon Health Plan (OHP) Clients by:
  - Increasing transportation availability
  - Enhancing service quality
  - Improving cost effectiveness
  - Simplifying access to transportation for clients
  - Maximizing the use of current transportation resources *(shared rides, mileage reimbursement)*

- Inter-Community Health Network, Coordinated Care Organization / Oregon Health Plan Membership Eligibility Numbers run between **62,000-68,000** per month.

- **RideLine Statistics then and now**

	2005	**2016**
Contracted providers	9	27
Number of vehicles	17-20	65 +
Average daily trips	150	500+
Average trips booked per month	5,800	15-16,000
Average incoming calls per month	1,000	8,900

- Staffing — 4 full-time — 4 part time, 3 ¾ and 7 full time

- **Mileage, Meals and Lodging, Reimbursement Program**
  - Providing that criteria is met and clients can, or have someone who can, drive to medical appointments can get reimbursed at $.25 per mile. Approximately 633 cards have been issued. The COG is able to order cards directly online as we get requests and run an upload of funds each week.

- **Pilot projects**
  - Member Coordination – screening and intake process
  - Mobility Management – initial mobility assessments and rescreening
  - Technology Enhancement – Call recording
  - BikeShare – travel options, infrastructure, vendor, developing policy and protocol
  - Evidence Based Transportation –Transportation to workshops and classes not currently covered in allowed costs. I.E. Chronic Disease Self-management Classes and Tomando Control *(This is the companion program to Living Well with Chronic Conditions in Spanish.)*
  - Provider Audio Video Equipment – Install audio/video equipment on vehicles. Used for service reviews/training and incident reporting.
  - Transportation Training – Provide training for RideLine and other transport providers servicing IHN members such as transit, paratransit, volunteers, and Non-emergent Transportation (NEMT). Training could include Mental Health First Aid, Dementia Capable, Compassion fatigue, Trauma Informed Care, blood borne pathogens, and passenger assistance & sensitivity.
  - Web Development – Online forms and Web requests would be more efficient for mileage reimbursements & authorizations, and would save members & call center time.
  - Members Satisfaction Program – survey of members on NEMT services

In the past, riders surveyed said that they heard about ride-line from another member. Now, when surveyed they say they heard about it from their provider, which is a great improvement.

PedalCorvallis pilot project (not a DST pilot, a transportation collaboration pilot) launched June 30. Two free hours per trip for IHN members, then $3 per hour after that. The first 50 IHN members to sign up get a free bike helmet.

Hilary Harrison asked about barriers to reimbursement to IHN members, particularly foster parents who are given less than 24 hours notice by OHSU for appointments for children. Phil said that for all their riders, it's working well for 90%, ok for 5%, and not as well for 5% who have complex issues. He has

worked with Lisa Pierson and continues to get input from her.

Phil said that they work individually with members to authorize rides that weren't preauthorized because of short notice from providers. Phil encouraged Hilary to hook those parents up with him to work through issues. Lisa Pierson discusses a spreadsheet she made where she has had 35 appointments for her two high needs kids in the past 3 months, 10 of which were to Portland. That's a lot to coordinated. Her time is limited so that she can't talk individually for 30 minutes for several of those rides.

Lisa Pierson said that with the increase in rider usage, the brokerage continues to rely on phone calls during business hours, which just isn't sufficient. People are limited in the amount of time they can spend making phone calls during business hours. Phil Warnock said that improvements in on-line requests are underway.

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.

An OHP member representative brought up a mental health care coordination problem related to transitioning from Old Mill to the adult system. The CAC Coordinator will follow-up to see if someone can address this system level issue.

> Bill Bouska encouraged the member to call IHN-CCO customer service to request help with navigation assistance. Members should be looking to IHN to assist with care coordination and system navigation.

An OHP member representative expressed concerned that some of expensive prescriptions won't paid from one month to the next. There's inconsistency from month to month. Rebekah pointed out that this issue has been waiting to be put on a CAC agenda and this is a reminder that it needs to be top of the wait list for a future CAC Agenda.

An OHP member representative has three adult children on OHP. One child has knee problems and got very good service at the Albany ER for a scheduled appointment on a Saturday. Someone is doing something creative to bring waitlist times down.

CHIP PROGRESS REPORT

Rebekah Fowler, CAC Coordinator, updated the CAC on the status of data planning for the 2017 CHIP Progress Report

- Final 2016 CHIP Progress Report document (handout)
- The CHIP Progress Report adopted by the CAC at the last meeting was approved by the Regional Planning Council and will be presented next month to the Board of Directors.

- Rebekah Fowler, Kelley Kaiser, Frank Moore, and the Regional Health Assessment team are moving forward on planning data for the 2017 CHIP Progress Report.

    - The timeline at this point is to present next year's CHIP Progress Report to the CAC at the

March 2017 meeting to provide time for feedback and evaluation to be included in the Progress Report in time for the CAC's adoption of the report at the May 2017 meeting.

LIAISON UPDATES

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

Sam Sappington for Karen Douglas (Benton) BLAC Reboot, Cynthia Solie worked with the committee twice to work on processes, mission statement, etc. and they had a presentation from Dave Toler on Seniors and Disabilities services provided by the Council of Governments.

Dick Knowles (Linn) LLAC is asking each of its members to do a brief presentation over the past and future few months so that everyone is familiar with other members' work. Linn County has provided a minutes taker to the LLAC. Now they group is planning to look at the Issue Brief format and consider getting behind an issue or two.

Ellen Franklin (Lincoln) Lincoln is working on figuring out what their next steps are. They have come up with three goals: Communication with CCO members, Take action on issues that come from the BH Townhall, the RHA report, and on the CHIP to get behind; and recruiting new members. At their last meeting, Brandy Helmsley from Oregon Family Support Network did an excellent. Bill Bouska provided a useful update on the Quality Incentive Metrics. Pat added that the Quality Incentive Metrics report is short on behavioral health information. Also, she pointed out that with the national shortage of mental health providers.

COMMUNITY ENGAGEMENT ACTION PLAN GRANT AWARD.

Rebekah Fowler updated the CAC on the current status of the OHA CHIP Implementation Grant application

OHA CHIP Implementation Grant
Community Engagement Action Plan
2016

The grant funds will enable IHN-CCO to recruit and retain a consultant with extensive experience in community engagement strategies to coordinate and facilitate the development of the regional Community Engagement Action Plan. Oversight of the consultant will be provided by a small "steering committee" comprised by the CAC Chair, a member of the IHN-CCO Regional Planning Council Management Group, and the CAC Coordinator.

Grant Activities

1. Refine and finalize a set of community engagement questions to be recommended to the larger body of the CAC and the IHN-CCO Regional Planning Council approval/adoption.

2. Utilize consultant expertise; CCO and local government leadership will establish a consistent regional

community engagement strategy and an implementation plan that spans the IHN-CCO region.

3. Provide regional and local CAC members an opportunity to participate in training focused on the implementation of an appropriate, community sensitive engagement strategy.

4. Establish a data collection strategy specific to this project, reflective of the unique needs and demands of our local communities that individually and collectively constitute the IHN-CCO region.

5. Recommend a communication plan to the IHN-CCO for reporting findings derived from the Community Engagement Action Plan to our respective communities, local government leaders and stakeholders.

6. Submit a mid-point and final report to our stakeholders and to IHN-CCO Leadership, Board of Directors, and local government leadership.

Anticipated Results

1. Development of a regional (Benton, Lincoln, & Linn counties) Community Engagement Action Plan by December 31, 2016.

2. Deliver an IHN-CCO approved **Community Engagement Action Plan** to the IHN-CCO CAC and it local committees by December 31, 2016.

OHA CAC ENGAGEMENT CONFERENCE UPDATE

Ellen Franklin, Sam Sappington, & Rebekah Fowler shared highlights from the Oregon Health Authority CAC Engagement conference held May 24 in Eugene. Video and audio public service announcements (PSA) are available for each committee and the council in both English and Spanish. These PSAs are for the purposes of recruiting people to the CAC or a local committee. Other recruitment materials that may be made available by OHA are business card and flier templates.

OREGON HEALTH AUTHORITY (OHA) UPDATE

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

Bill Bouska found the comments earlier about the lack of behavioral health emphasis in the quality and state metrics. There is a task force being formed at the state level to look into this. This is the Behavioral Health Design team mentioned in Kelley Kaiser's IHN report earlier today. Oregon Behavioral Health Profiles https://www.oregon.gov/oha/amh/Pages/bh_mapping.aspx

Quality Metrics are an important part of the agreement between the state and the CCO for measuring outcomes and moving toward alternative payment methodologies. The report is out for 2015, as discussed by Kelley Kaiser in her report today. Bill talked about how to read the report, and can provide more detailed coverage of the report at the local advisory committee meetings, as requested.

NEXT CAC MEETING AGENDA ITEMS

Rebekah Fowler requested agenda items for future CAC meetings

- September agenda full. Dave Toler, Council of Governments Seniors and Disabilities Director will present; and the results of IHN-CCO's CAC survey will be presented and discussed.
- Topics requested in the past: Prescription formularies
- Access and recruitment of new providers should be added to a future agenda.

MEETING ADJOURNMENT

Ellen Franklin adjourned the meeting at

- Next CAC meeting & a Social Determinants of Health Training: Sept 12, **8:30 a.m.-4:00 p.m**. Center for Health Education, 740 SW 9th St, Halls B&C, Newport

Minutes approved by the CAC September 12, 2016

Acronyms and Definitions

Acronyms

CAC – Community Advisory Council
CCC – Communication Coordination Committee (subcommittee of the CAC)
CCO – Coordinated Care Organization (Medicaid services)
COG – Oregon Cascades West Council of Governments
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.
- ***Non-emergent (non-emergency) transportation***: Medicaid non-emergency medical transportation a benefit for IHN-CCO members who need to get to and from medical services but have no means of transportation.
- ***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.