

Community Advisory Council (CAC)

MINUTES Draft 1

Date: Monday, September 12, 2016

Location: Center for Health Education, Newport

Council representatives and others at the table:

CAC Chair: Ellen Franklin; **Past Chair:** Larry Eby

Benton: Karen Douglas (Liaison), Lisa Pierson, Stretch McCain;

Lincoln: Patricia Neal, Richard Sherlock; Rebecca Austen (Liaison);

Linn: Frank Moore, George Matland, Judy Rinkin;

Absent: Catherine Skiens, Mike Volpe

Local Chairs: Dick Knowles (Linn)

Presenters: **Kelley Kaiser**, IHN-CCO CEO; **Rebekah Fowler**, CAC Coordinator; **Peter Banwarth**, Regional Health Assessment Epidemiologist

CALL TO ORDER

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

INTRODUCTIONS, ANNOUNCEMENTS, & APPROVAL OF AGENDA & MINUTES

- Introductions & Welcome (Rebecca Austen)
 - Coordinator announcements
 - Innovator Agent changes – Rebekah announced that Bill Bouska is no longer an OHA Innovator Agent and has taken a position at Samaritan Health Plans in the newly created Director of Community Solutions and Government Affairs position. He will not be attending meetings that he attended in the past. He may have occasion to provide legislative updates at some meetings, however. The Innovator Agent job description is being rewritten. OHA has said that it won't post the 4 Innovator jobs until October, so likely we won't have an Innovator Agent before the New Year. Kelley Kaiser will liaison with Rhonda Busek of OHA in the mean time. IHN-CCO told OHA that they do want an Innovator Agent assigned to them as soon as possible.
 - Resignations & New terms – Each year, 1/3 of the CAC's term end on October 31. This year, the terms ending are Pat Neal, Lisa Pierson, Hilary Harrison, and Miao Zhao. Hilary and Miao have resigned. Pat and Lisa are being recommended for reappointment with three year new terms to begin Nov 1.
 - **ACTIONS:** Council approved the present *Agenda* and *Meeting Minutes* from
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previous meeting

PUBLIC COMMENT

5 members of the public were present. None signed up for public comments.

CAC Chair, Ellen Franklin, said that in the future she will preface public comments with the fact that the CAC listens to the public comments but can't necessarily respond during the meeting. Ellen said that she took public comments to the last IHN-CCO Board of Director's meeting. These were well received and Ellen was asked to bring such comments to all the Board meetings.

Frank Moore said that those comments should first be considered through some process before being taken to the Board.

Larry Eby, former CAC Chair, suggested that the ways in which these comments were addressed should be reported back to the CAC.

IHN-CCO UPDATE

Kelley Kaiser, IHN-CCO CEO, provided an IHN-CCO update (**Handout below**)



September 2016 CAC report Operations Report – August 2016

IHN-CCO Total Enrollment

Current members as of August, 2016 - 54,694

Benton	12,072
Linn	29,884
Lincoln	12,738

Highlights:

OHA Behavioral Health Collaborative:

- The Behavioral Health Collaborative is bringing in a consultant and will have a meeting next week. More information should be available following this next meeting. Mitch Anderson, Benton County; and Dr. Caroline Fisher, Samaritan
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Health Services, were both chosen for this statewide group.

OHA DOJ Performance Improvement Plan

- The state has reached a three-year agreement. They have outlined a huge undertaking without funding or staffing availability.
- It was recommend the CCO keep a close watch on contract language and any modifications to funding.
- OHA will send out information Assertive Community Treatment (ACT) that is included in the DOJ Performance Improvement Plan. OHA will be issuing a Request for Grant Proposals (RFGP) for CCOs to develop ACT program infrastructure. The ACT Infrastructure Grants will be one time funding of \$500,000. The funding is intended to develop individual ACT teams, meaning that each grant is intended to provide base funding for one ACT team; CCOs will be allowed to apply for more than one grant to develop multiple teams if feasible within their respective geographical service area. It is anticipated the RFGP will be open by the end of August and awards will be issued on or prior to, October 1, 2016.

Early Learning Hub Updates

- The board authorized pursuing an agreement with Portland-based Vista Logic for data collection regarding Family Connection project. Klint Petersen from IHN-CCO attended the demo to explore whether it could also serve the needs of the RHIC project.
- The board approved a one-year funding proposal (in conjunction with United Way of Benton and Lincoln counties) for a 211 outreach worker to provide local resource/training/support for agencies and organizations wishing to optimize the use of 211 to serve their clients (especially children/families) and the region. The employee will work for 211 but be housed with the Family Connections and Hub staff at LBCC and will serve our three counties.

DHS Structural Reform Update

- There is a new Director and new Deputy Director. DHS is working to change the way business is done within the department. Merging of multiple programs, dismissed personnel, and better communication at the central office are all occurring.
- Marco Benavides of DHS now reports to two individuals. District Managers meeting is scheduled for August 30th and structure at field level will be presented.

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- For the Benton, Lincoln, and Linn County area, Marco has received the approval to hire 4 temp staff that will work after 5:00 pm and weekends with the hard to place children.
 - The state is in a crisis losing 400 beds across the state. Conversations are taking place to address the current crisis and how to prevent in the same occurrence in the future. Cannot wait for the legislature to move.
 - Addressing: Wraparound, System of care, Systemic issues, and Non-auto enrollment of child-welfare
 - In Benton County there are currently 4 offices. Looking into the future, co-locating the four offices along with partners is in the early stages. Dave stated the COG would be interested in further discussion.

Transformation

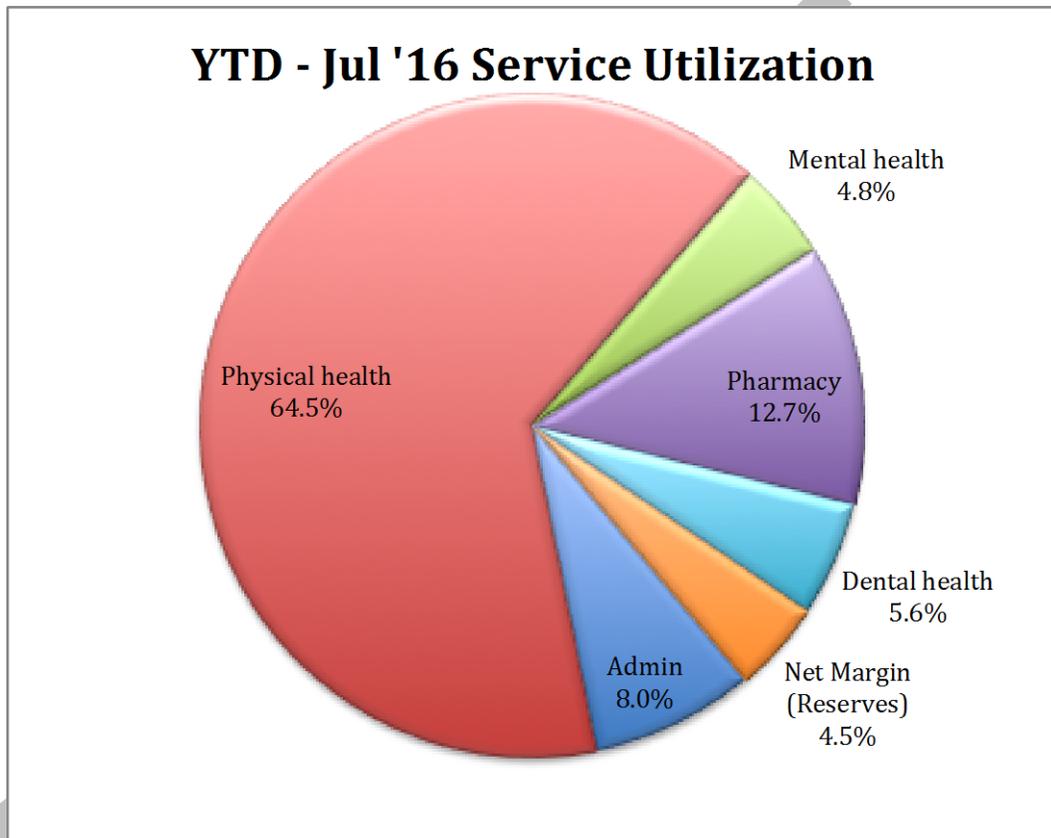
- a. 2016 Metric Update
 - i. The benchmarks for 2016 have been established.
 - ii. The Board was provided a printout of the where we ended for 2015, 2016 year-to-date and 2016 benchmarks.
 - iii. The Diabetes: HbA1c Poor Control – is a challenge. Continue to address. In looking at the numbers, the lower percentage is the better outcome. These are collected through EPIC and OCHIN.
 - iv. 2 new metrics have been added to 2016
 - Childhood Immunization Status
 - Cigarette Smoking Prevalence
 - v. ED Utilization – the majority are during the 8 am to 8 pm timeframe. We will continue to watch.
- b. Quality Dental Metrics Update – Each of the four dental plans gave an update on what they are doing to ensure we meet the two metrics they are part of.
- c. DST:
 - i. 2Q Pilot Summary was posted on the website.
 - ii. The second round RFP process has started. All of the information and instructions can be found on the website. Also offering a Q & A tonight from 4:30-5:30 at the Health Plans building.

CAC Report provided to the IHN-CCO Board of Director

- a. Data planning for the next progress report for the Community Health Improvement Plan (CHIP) due in July 2017. Moving forward on this.
 - b. Training for the CAC on the Community Engagement using grant funds is in the works. Will be using a consultant on defining the questions and best
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approach.

- c. Sustainability within the regional CAC and local CACs is in the forefront.
- d. The Benton County CAC brought in a facilitator to address issues. A set of processes was the outcome that will be laminated into placemats to set out as reminder at each meeting along with the charter. A recommendation was made to Linn and Lincoln Counties as this was a positive experience.



Lisa Pierson asked how many new ACT teams are being proposed in the ACT grant the CCO is applying for. Linn has had ACT for 7 years, Benton for 2-3 years, Lincoln has not yet begun an ACT Team program.

Richard Sherlock said his supervisor at Lincoln County said that they would be starting an ACT Team.

CHIP DATA PLANNING FOR 2017 AND BEYOND

Peter Banwarth, Regional Health Assessment (RHA) Epidemiologist and Rebekah Fowler, CAC Coordinator presented a 2017 data planning update including the types of data available and the data that is being planned for the near and far future.

- Presented the types of data that will be available and included in the 2017 CHIP

Report. The CAC will have the opportunity to provide input (**Attachment**)

Peter outlined the 5 categories of data included in the data planning, which are:

- Oregon Health Authority metrics drawn from IHN-CCO Claims
- Population health data compiled by Regional Health Assessment
- Capacity and usage data reported by community partners
- Survey/questionnaire data gathered from IHN-CCO members
- Electronic Health Records

Peter also explained the concept of “Line of Sight” approach to developing sources of data, which lists steps along the way from the data currently available

Important CHIP Progress Report dates:

- **January 2017 CAC**, Peter Banwarth will return for CHIP data update
- **March 2017 CAC**, draft of CHIP Progress Report presented for feedback.
- **May 2017 CAC**, final draft of CHIP Progress Report presented for adoption
- **July 1, 2016**, OHA publishes the CHIP Progress Report.

CAC REPRESENTIVES: IHN-CCO & OHA SERVICES

- One member reported that it took months to get re-eligibility processed at the Oregon Health Authority. Then, suddenly she got notice that one child’s benefits would be terminated in 4 days.
 - She wonders if IHN-CCO member numbers may be decreasing because people can’t get through. For example, she waited on OHA’s customer services line 118 minutes before being disconnected; she called again and waited 100 minutes and had to hang up herself. She called some other OHA numbers and finally filed a grievance.
 - She says people are waiting as many as 3 hours. Sometimes they learn that their coverage was never at risk.
 - This member said that IHN-CCO customer service is very easy to get a hold of. The issue is getting signed up and remaining signed up.
- One member reported that when she needed a new mental health provider, there was a 2-4 months wait for medication management. That means being without prescribed medications for several months. She said having these prescriptions handled by primary care isn’t working. Kelley Kaiser encouraged this member to call IHN and file a grievance. She said she would.
- One member said that she has been told by providers that as an Oregon Health Plan member, she can only be seen in her county.

IHN-CCO CAC SURVEY RESULTS

Rebekah Fowler, CAC Coordinator, presented the results of IHN’s spring CAC survey and

discussed next steps

In the spring, 29 of 34 CAC and local committee members completed an IHN survey to learn how well they think they know what is happening in CCO transformation. The results are in. The CCO rated highly in the Agree or Strongly Agree with the statements:

- IHN-CCO transforming healthcare in our community
- I am aware of IHN-CCO's pilot projects that try to provide better care, better, health, at lower cost.
- Compared to a year ago, I know more about how IHN-CCO is transforming healthcare.
- IHN-CCO asks the CAC for input
- IHN-CCO uses the CHIP and CHIP Addendum to decide how to transform healthcare

For the Statement, I am satisfied with the information I get from IHN-CCO about Transformation Pilot Projects, scores were not as high, as many people said they neither agreed nor disagreed (10) with that statement, and equal numbers answered agree and disagree (8 each). (1) each also strongly agreed and strongly disagreed.

More than half disagreed with the statement, "Do you get enough information about how the CAC and IHN-CCO are working together for better care, better health, and lower costs.

The CCO is now working on next steps for how to improve these numbers for next year. Their goal is that the CAC will feel better informed of Transformation and on how the CAC's recommendations are being used.

ISSUE BRIEF

Rebecca Austen, Lincoln Liaison, presented along with other Lincoln committee members, an issue brief.

- The Lincoln County Coordinated Healthcare Advisory Committee expressed concern that Lincoln providers are unable to participate fully at IHN-CCO meetings such as the Delivery System Steering Committee (DST). 9 in favor, 1 abstention (Frank Moore).
 - ACTION: CAC vote voted to adopt issue and move forward with it.
 - Kelley Kaiser, IHN-CCO CEO, is taking the lead on this and will update the CAC at the November meeting.
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COMMUNITY ENGAGEMENT ACTION PLAN

Rebekah Fowler updated the CAC on the status of the Oregon Health Authority CHIP Implementation Grant award project. The plan is to have a finalized set of community engagement questions by the end of the year, along with a tool kit, and a training for the local committees in late November (Benton) and Early December (Linn & Lincoln)

Ellen Franklin announced at request for volunteers for a Community Engagement Action

Plan workgroup that will meet once late in September, and once in mid to late October.

LIAISON UPDATES

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

Rebecca Austen & Ellen Franklin – Lincoln County - Lincoln County primarily worked on the Issue Brief described earlier in the meeting. They have decided to compile a list of organizations in Lincoln County that they think may not know about the IHN-CCO Pilot Project funding. They would do this so that those organizations could consider whether or not to apply. Pat Neal said that the meetings have become more effective since the group began doing the Delta/Plus exercise at the end of the meeting, which is a time when they talk about what went well in the meeting, and where there were opportunities to improve for next time.

Dick Knowles – Linn County – Presentation from Signs of Victory Homeless shelter. He said that the LLAC doesn't have a good way to market themselves and needs materials for recruitment.

Karen Douglas – Benton County – Benton held two committee reboots to establish meeting ground rules and processes. This has already helped the group to become more effective. Rebekah, Judy & Deb are putting together a laminated placemat of those processes. This placemat will be used at meetings so that everyone have easy access to their mission, ground rules, brainstorming process, decision making processes, etc.

NEXT CAC MEETING AGENDA ITEMS

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

- Topics requested in the past: Seniors & Disabilities, Pilot Project discussion
- Stretch would like to organize a youth workshop, perhaps Youth MOVE.

MEETING ADJOURNMENT

Ellen Franklin adjourned the meeting at 4:02

- Next CAC: 1:00-4:00 Nov 14, Linn County Public Health, 2730 Pacific Blvd SE, Albany, Public Health Conference Room

Acronyms and Definitions

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)
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.