

Community Advisory Council (CAC)

Minutes DRAFT 1

Date: Monday, March 13, 2017

Location: Newport

Council representatives and others at the table:

CAC Chair: Ellen Franklin;

Benton: Karen Douglas (Liaison), Lisa Pierson, Michael Volpe, Stretch McCain, Tyra Jansson;

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

Linn: Catherine Skiens, Frank Moore;

Local Chairs: Dick Knowles (Linn), Paul Virtue (Lincoln), Joe Zaerr (Benton);

Absent: George Matland, Judy Rinkin; Larry Eby (Past Chair).

Presenters: **Kelley Kaiser**, IHN-CCO CEO; **Joell Archibald**, OHA Innovator Agent; **Rebekah Fowler**, CAC Coordinator; **Christine House Lewis**, Community Outreach Coordinator, PH Tech; **Jenna Bates**, IHN-CCO Transformation Manager; **Peter Banwarth**, Linn, Benton, Lincoln Regional Health Collaborative Epidemiologist

CALL TO ORDER

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

INTRODUCTIONS, ANNOUNCEMENTS, & APPROVAL OF AGENDA & MINUTES

- Introductions & Welcome Tyra Jansson & Joell Archibald
 - **ACTIONS:** Council approved the present *Agenda* and *Meeting Minutes* from previous meeting (**Attachment**)
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PUBLIC COMMENT

12 Members of the public were present.

Gary Lahman expressed concern about cuts to healthcare on the horizon. Gary said that House Bill 2122, among other things, would require all CCOs to be non-profits and would require CCO Board meetings to be public. Gary urged everyone on the council to write the legislature in support of this bill. He suggested that the CAC Chair, who is a director on the IHN-CCO Board, to urge the Board to support House Bill 2122.

IHN-CCO UPDATE

Kelley Kaiser, IHN-CCO CEO, provided an IHN-CCO update document included below



**March 2017 CAC report
Operations Report**

IHN-CCO Total Enrollment

Current membership as of February 2017 - 51,591

Benton 11,492
Linn 28,270
Lincoln 11,829

Highlights:

- **State HIE (Health Information Exchange) Onboarding Program (HOP):**
OHA is planning to launch the new federal funding to accelerate HIE, incentivize cross-organizational HIE, and establish and formalize Oregon’s HIE “network of networks” by supporting Medicaid providers’ connection to HIE entities or other interoperable systems.

This is the first time the Center for Medicaid/Medicare Services is allowing states to leverage 90% federal match to support providers not eligible for meaningful use incentives, such as behavioral health, long-term care, home health, correctional health and substance use treatment providers.

Oregon Health Authority (OHA) has been working with stakeholders to develop a program framework, including criteria for participating HIE entities and prioritization of provider types for inclusion.

As we finalize the program concept and prepare to request funding from CMS, we want your feedback to ensure that the program will support the needs of your CCO and regional provider network.

- **Health Information Technology (IT) Governance:**
OHA has been working with the Oregon Health Leadership Council (OHLC), the Health Information Technology Oversight Council (HITOC) and other stakeholders to develop a governance model that can build off the experience of the public/private EDIE Utility model. The governance model is intended to support connection of existing HIT systems, support statewide health IT solutions, and guide future investments.
 - **IHN-CCO’s Regional Health Information Exchange (RHIC) Update:**
IHN-CCO Has a Health Information Exchange that has been available to providers for over a year. The Health Information Exchange has oversight by those who are
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contributing to the HIE: SHS, Benton County, Corvallis Family Medicine and IHN, in addition to a physician representative, a legal representative, and DHS representing other social services. The IHN-CCO is working with OHA as one of the HIE named in the HIE Onboarding Federal Match opportunity.

- The State's Waiver to continue Medicaid was signed by CMS. There is new language related to Flexible Services. There is an expanded definition to include social determinants of health, clarification that they must be paid from CCO savings and not considered in setting rates, and that flexible services have a link to the MLR formula to allow for development of capitation rates with a profit margin to support them.
- New Innovator Agent for IHN-CCO
OHA paused the hiring of three Innovator Agent positions upon release of the Governor's 2017-19 budget. Recognizing there is a budget gap that will need to be addressed through legislative or agency action, these positions will continue to be on hold until the budget conversations occur and decisions are made at an agency level. OHA has worked out a plan with new assignments for some CCOs while other CCOs will maintain their current Innovator Agent.

IHN-CCO's new innovator agent is Joell Archibald. We will be sharing her with, Columbia Pacific CCO and Yamhill Community Care.

She will work with us on the following:

1. Continue to leverage efficiencies enabled by attending meetings by phone and Skype. The IAs will continue to meet with CCOs in person whenever possible.
2. Clarify priorities for each CCO. CAC work will continue to be priority for all CCOs, as CAC Meetings are a statutory obligation for the IAs. Innovator Agents will attend CAC meetings in person whenever possible. OHA encourages CCOs to make distance technologies available when an Innovator Agent can't be physically present (conference call, Go- To-Meeting or screen share programs, "Skype"/camera technology, etc.).
3. Additional CCO assignments may mean that an IA is not able to commit to extensive time or dedicated days in an assigned CCO office. Physical presence of an IA is to be negotiated between the CCO and their assigned IA with respect for their travel time and having to manage relationships and obligations for the rest of their CCO assignments and state system work. Time in CCO offices may vary from week to week and month to month.

Transformation

Other Transformational topics:

1. Transformation

a. 2016 Metrics update

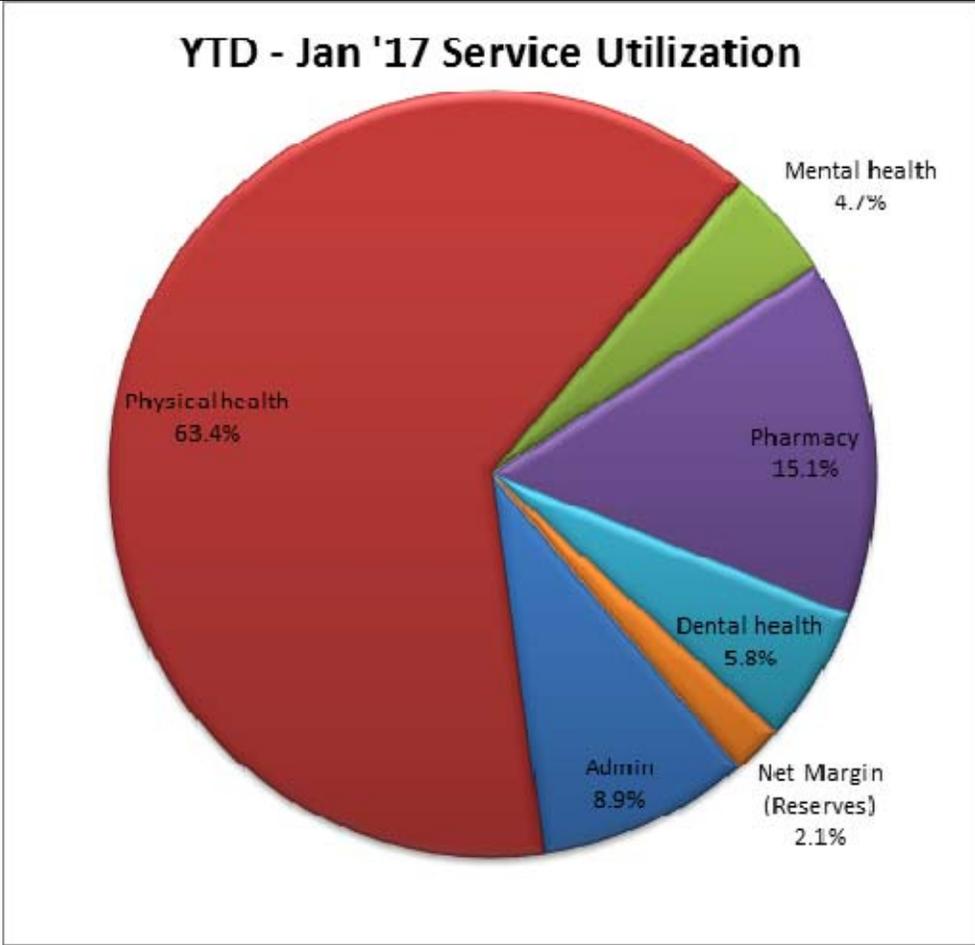
i. Metrics in yellow and red:

- #7 – Prenatal and Postpartum Care – received chart sample on 1/31 (yellow)
- #10 – Ambulatory Care: ER utilization – will not meet this one. It has been noted that most CCOs are struggling to meet this one for 2017
- #15 – Diabetes HbA1c – showing improvements over 2016, but will not meet.

ii. CAHPS – this will be reported in May or June. Information has been sent out to members summarizing the benefits received during 2016.

b. 2017 Metrics – Developing a monthly relation within workflow for providers

DST – Next meeting: Strategic direction and planning for the future of the DST



Lisa Pierson asked about a rate cut made to Benton County Mental Health. Kelley Kaiser, IHN-CCO CEO, said that the Oregon Health Authority lowered the rates for Benton County. IHN-CCO receives the county health department funding from the state and passes the dollars through to the counties.

OREGON HEALTH AUTHORITY (OHA) UPDATE

Joell Archibald, OHA Innovator Agent, provided a state update. After Bill Bouska left his position as the OHA Innovator Agent to IHN-CCO, there were only 6 Innovator Agents covering for 8 Innovator Agent regions. Then there was a hiring freeze. So, OHA added to some Innovator Agents regions, another CCO. IHN-CCO was added to Joell's region, which includes Columbia Pacific CCO and the Yamhill CCO. For those two CCOs, she has 5 CACs to cover, and now with IHN-CCO, she has 9 CACs.

Before becoming an Innovator Agent in 2012, Joell was a Lincoln County Public Health director. She is a Registered Nurse and holds an MBA. Joell believes strongly in Community Engagement and will do her best to attend meetings, both regionally and locally, as possible. She has already begun to work with IHN-CCO, the CAC Coordinator,

and community partners to become better informed about IHN, the CAC, and the CHIP. She has the regional and local advisory committees on her calendar and will attend regional meetings and as many local meetings as possible.

www.95percentoregon.com is the new state website highlighting the successes of the Affordable Care Act and the Coordinated Care Organization model.

The CCO model is working in Oregon and OHA is hoping that this will serve the state well with federal reform that's in the works.

Rebekah will send out Joell's contact information to the CAC and Local Chairs.

CAC REPRESENTIVES: IHN-CCO SERVICES

Paul Virtue said that IHN-CCO Customer service has always been great to work with. When he has issues or concerns, they are receptive and work to find solutions, even creative solutions that his family never would have even considered asking for.

Lisa Pierson said she has a serious concern about mental health service availability. For example, someone was at ED and the hospital called the on-call crisis person repeatedly and never got through. Lisa said that Benton County only has intake 4 hours per week, mid-day. You must have a severe and persistent mental illness that is one of 5 diagnoses. Lisa said that most people are sent to private providers, and they can't get a provider in Benton County, so now this person is a Linn County client.

OREGON HEALTH PLAN ASSISTERS UPDATE

Christine House Lewis, Community Outreach Coordinator with PhTech, outlined some challenges with Oregon Health Plan enrollment and the ways in which assistors can help.

She said that calling the 1-800 number gets a very long hold time. Call an assister instead. She is an assister. They work to enroll people in Oregon Health Plan and will work to expedite mental health related applications.

Oregon's One System for enrolling on OHP online works well when it works, which is most of the time. But it still has times when it doesn't work.

OHA's call center has long wait times. Those wait times will only get longer as customer service contracts with OHA are ending and not being renewed. Some people already have anxiety issues and getting enrolled can cause sleepless nights and increased anxiety, said Christine. She also said that immigrants, even documented immigrants, are afraid to apply for benefits and are applying less due to the travel ban. Children's applications can be processed without parental information.

Frank asked what the state's plan is to sustain assister program. Christine House Lewis believes it is to remain the same for now.

COMMUNITY ENGAGEMENT PROJECT

Rebekah Fowler, CAC Coordinator, presented the Community Engagement Project Plan report and tool-kit (**Attachment**).

Community Engagement Project Plan

IHN-CCO Community Advisory Council

February 18, 2017

CAC Purpose

According to Oregon Senate Bill 1580, the responsibilities of the CAC include, but are not limited to:

- a. Identifying and advocating for preventive care practices to be utilized by the Coordinated Care Organization (CCO);
- b. Overseeing a Community Health Assessment and adopting a Community Health Improvement Plan (CHIP) to serve as a strategic population health and healthcare system service plan for the community served by the IHN-CCO;
- c. Annually publishing a report on the progress of the Community Health Improvement Plan.

Since approving the CAC's 2014 CHIP and its 2016 CHIP Addendum, IHN-CCO consistently uses the CHIP to prioritize all IHN-CCO transformation pilot project funding. IHN also asks for continued input from the CAC (e.g. social determinants of health target recommendations) and is interested in finding other ways to collaborate.

Community Engagement Project

The need to be informed:

While the CAC has always maintained a majority IHN-CCO member representation, there is a continued need for input from a larger number of IHN-CCO members.

For this project, the CAC asks its three local advisory committees to go out into the community, meet IHN-CCO members where they are (e.g., health fairs, county fairs, farmer's markets, etc.) to talk with them about their healthcare experiences, needs, challenges, and suggestions. The CAC and local advisory committees will use that input to better inform their recommendations.

Project history:

This project has its roots in separate efforts by both the Lincoln and Linn local advisory committees. Taking what they learned from those experiences, at a 2015 strategic planning

meeting, the CAC and its local committees created a short list of interview questions they wanted to ask IHN-CCO membership.

A workgroup was then appointed to refine those questions and make a recommendation to the CAC for a final set of interview questions, to be used by all three counties. In January 2016, the workgroup presented their recommendations. The original workgroup's recommendations included three core, and five optional, questions. The CAC adopted the three core questions but was unable to come to an agreement on the optional questions. More work was needed.

Mid-2016, IHN-CCO was awarded a grant to fund an effort to finalize the interview questions, develop a community engagement training for the local committees, and create a protocol and supporting documents for the project. (See attached: Interview form, interview tips, script, etc.) Working with a consultant, a newly appointed, larger Community Engagement Workgroup further refined the interview questions recommended by the first workgroup. In late 2016, these interview questions were adopted by the CAC, and the three trainings were held.

Tool kits:

The newly trained local advisory committees each now have guidelines and a tool kit to use in their community engagement efforts. The tool kit includes a rolling storage case filled with the necessary documents, office supplies, as well as a CAC banner and tablecloth.

Database:

The IHN-CCO Community Advisory Council Coordinator will input data received from Community Engagement Project interviews and will provide narrative and descriptive summaries to the CAC and its stakeholders. ee

Potential project impact:

Information collected and experience gained through this project will or could potentially be used to collaborate with or inform:

- a. The work and focus of the CAC and its local committees
 - b. The IHN-CCO Community Health Assessment (CHA) & CHIP
 - c. County CHAs & CHIPs
 - d. Regional Health Assessment (RHA), LBL RHC
 - e. Board of Directors, IHN-CCO
 - f. Regional Planning Council, IHN-CCO
 - g. Delivery System Transformation Committee, IHN-CCO
 - h. Dental Health Workgroup, IHN-CCO
 - i. Health Equity Workgroup, IHN-CCO
 - j. Traditional Health Worker Workgroup, IHN-CCO
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- k. Quality Management Committee, IHN-CCO
- l. Prioritization of Transformation Pilot Projects, IHN-CCO DST
- m. Strategies for impacting IHN-CCO Quality Incentive Metrics.
- n. IHN-CCO's Community Health Forum (tri-annual CCO public meeting)
- o. Provider and community trainings
- p. Community awareness and education campaigns

Budget:

The CAC Coordinator is working with the Regional Planning Council Management Group to develop a budget and funding process.

Several CAC representatives expressed enthusiasm to get started on engaging the community. Rebecca Austen said that Lincoln County is scheduled to attend an event later this month. Linn County has generated a brainstormed list of potential events to attend to do the community engagement.

Lisa Pierson said that local committee members should be paid for the time they spend on this project, if they're being asked to do it.

Joe Zaerr said that he doesn't think that this is the kind of work he thinks the CAC should be doing.

Paul Virtue said that he has always understood that no one is required to do this community engagement. It's for those who want to do that.

Rebekah Fowler said that no one is being asked to do this community engagement. Rather, the CAC and local committees have been asking to do this type of work for nearly four years now and that this project is a response to that request. The toolkit will be housed at each county health department and people can check it out to use at pre-approved events.

Frank Moore said that all potential events should be run past the Regional Planning Council Management Group (via Rebekah). This enables IHN and the county partners to be aware of where engagement activities might be taking place.

Frank Moore said that if local committees want funding, they should put forward a budget proposal for the Regional Planning Council Management Group to consider.

Rebecca Austen said that she is very excited about this project and ready to get going on it. Several others agreed.

LIAISON UPDATES

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

Benton County: Karen Douglas, BLAC is now meeting once a month on 4th Friday for two hours instead of 3. A BLAC work session is being held, on an as needed basis, the 2nd Friday of the month. The BLAC updated the charter to have an attendance policy.

Lincoln County: Rebecca Austen will be having their first Community Engagement event at a volunteer fair, March 24. Lincoln committee had a couple discussions about IHN-CCO pilot projects and how to get them replicated.

Linn County: Dick Knowles for George Matland. Linn had a presentation from public health on tobacco usage.

2017 CHIP PROGRESS REPORT DATA PLANNING UPDATE

Peter Banwarth, Regional Health Collaborative Epidemiologist, and Rebekah Fowler, CAC Coordinator, presented a draft of the 2017 CHIP Progress Report.

Rebekah and Peter discussed how the CHIP Progress Report was put together as a response to the outcomes and indicators selected by the CAC and its local committees. Rebekah said that since those outcomes and indicators were finalized last spring, there was little time between then and when the CAC needed to vote on a CHIP progress report. Local committee members asked to be given the opportunity to provide feedback this year.

Lisa is interested in having the chart from the BOD report included in the CHIP.

OFF AGENDA DISCUSSION:

- Pat Neal and Joe Zaerr said that OHP members on the local advisory committees should have transportation paid for, stipends. County committees don't have support for copies
 - Frank said that the local committees are the responsibility of the counties. IHN-CCO is not obligated to the local committees. This discussion should take place between the local committees and their health director.
 - Joe Zaerr said that he doesn't think the local committees should be expected to do community engagement.
 - Paul Virtue said that community engagement isn't mandatory. Some people aren't interested or don't have the skill set to do it.
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- Frank suggested that Lisa Pierson and the local advisory committees put in a proposal for a budget. Hang a price tag on it. Frank can't speak for his colleagues, but if the local committees put that together.

The local committees were asked to provide any feedback on the draft CHIP Progress Report to Rebekah by April 7.

TRANSFORMATION UPDATE

Jenna Bates, IHN-CCO Transformation Manager, provided an update

- Assertive Community Treatment (ACT) Grant. Contract isn't yet in place so Jenna could make no detailed announcement at this time. Jenna did handout an information flier on regional work being done on trauma informed care in relation to Adverse Childhood Experience.
 - Transformation Pilot Projects Brief Summary Report - Jenna would like locals to provide feedback via Rebekah by the end of the month. She wants this document to be useful. So, the feedback she's asking for is if there are ways for the document to be more useful. There was general consensus that the Transformation Pilot Projects Brief Summary Report documents put together by the Transformation Department were impressive and would be helpful to the CAC and Local Advisory Committees.
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MEETING ADJOURNMENT

- Ellen Franklin adjourned the meeting at 4:04
 - Next CAC: May 8, Willamette Health Center, 2730 Pacific Blvd SE, Albany
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Acronyms and Definitions

Acronyms

ACT – Assertive Community Treatment

CAC – Community Advisory Council

CCC – Communication Coordination Committee (subcommittee of the CAC)

CCO – Coordinated Care Organization (Medicaid services)

CEAP – Community Engagement Action Plan

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

- **Assertive Community Treatment (ACT)** is a team-based **treatment model** that provides multidisciplinary, flexible treatment and support to people with mental illness 24/7. ACT is based around the idea that people receive better care when their mental health care providers work together.
- **Addendum**: something added; *especially* a section added to the original document
- **CEAP/Community Engagement Action Plan**: A plan for the CAC and local committee members to engage with the community in order to be better informed about the perspectives, experiences, and needs of IHN-CCO members. The plan includes a shared set of questions to be used throughout the region and will include a toolkit for each county.
- **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.
- **Oregon Health Authority**: The state agency tasked with reforming healthcare. It holds contracts with the Coordinated Care Organizations and with Public Health Agencies.
- **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.