Community Advisory Council (CAC)
MINUTES

Date: Monday, September 11, 2017
Location: Center for Health Education, Newport, Oregon

Council representatives and others at the table:
CAC Chair: Ellen Franklin; **Past Chair:** Larry Eby
Benton: Karen Douglas (Liaison), Michael Volpe, Stretch McCain, Tyra Jansson;
Lincoln: Patricia Neal, Richard Sherlock;
Linn: Amelia Wyckhuyse, George Matland (Liaison), Todd Noble;
Local Chairs: Tyra Jansson (Benton), Dick Knowles (Linn), & Paul Virtue (Lincoln);
Presenters: **Kelley Kaiser**, IHN-CCO CEO; **Rebekah Fowler**, CAC Coordinator; **Joell Archibald**, OHA Innovator Agent; **Peter Banwarth**, Regional Health Assessment Epidemiologist; **Bettina Schempf**, Old Mill Center Director; **Cheryl Connell**, Lincoln County Health Director.
Absent: Judy Rinkin, Paul Virtue, Lisa Pierson, Catherine Skiens, & Rebecca Austen

PUBLIC ANNOUNCEMENT SIGN UP

Those wishing to announce an upcoming healthcare event should sign up at this time.

CALL TO ORDER

Larry Eby, Past CAC Chair, called the meeting to order at 1:12.

INTRODUCTIONS, ANNOUNCEMENTS, & APPROVAL OF AGENDA & MINUTES

- Introductions & Welcome to new CAC Rep for Linn County, Todd Noble
  - Invitation to Local meetings: Rebekah Fowler invited the public to attend local advisory committee meetings (a handout with times and locations was available) and encouraged them to participate there and make public comments at the local level.
  - Housekeeping: Restrooms, Acronyms & Glossary
- Chair & representative announcements
  - Appreciation: Larry Eby presented Stretch McCain with a plaque for his five years of service.
- **ACTIONS:** Council approved thepresent *Agenda* and *Meeting Minutes* from previous meeting **(Attachment)** with Dick Knowles name corrected.

PUBLIC ANNOUNCEMENTS

8 members of the community attended the meeting.

Bruce Thomson announced a Health Care forum on the issue of what's next in healthcare in Oregon, featuring House Representative Mitch Greenlick & Benton County Health Department Director

Mitch Anderson. The forum is Sunday Sept 24, 4515 West Hills Road, Corvallis from 3:00-4:30. All are invited.

Betty Johnson said that the Mid-Valley Health Advocates will be working on letting the community know about the outcome of Referendum 301

IHN-CCO UPDATE

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

IHN-CCO is celebrating its 5-year anniversary as a CCO. Kelley Kaiser showed a video message from Dr. Larry Mullins, thinking the CAC for their contribution to the Triple Aim of better health, better care, at lower costs.

InterCommunity Health Network CCO

IHN-CCO
Operations Report
August 2017

IHN-CCO Total Enrollment

As of August 2017 52,812

Benton 11,781
Linn 28,930
Lincoln 12,102

August 2017 signifies the 5 year anniversary of the IHN-CCO! Congratulations to all involved on working together to take care of the members we serve!

Alternative Payment Methodologies: IHN has 21 providers on contracts with Alterative Payment Methods. They're moving the needle on making healthcare payments based on outcomes.

OHA
There have been significant leadership changes at the OHA, the most notable one being that Lynne Saxton has resigned as the Director. As of August 30th, Leslie Clement will be taking over the Health Services Division.

IHN-CCO Just got their Quailty Metrics target numbers from OHA two weeks ago for 2017. There

were no surprises there.

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Issues and actions in Oregon health today
July 21, 2017

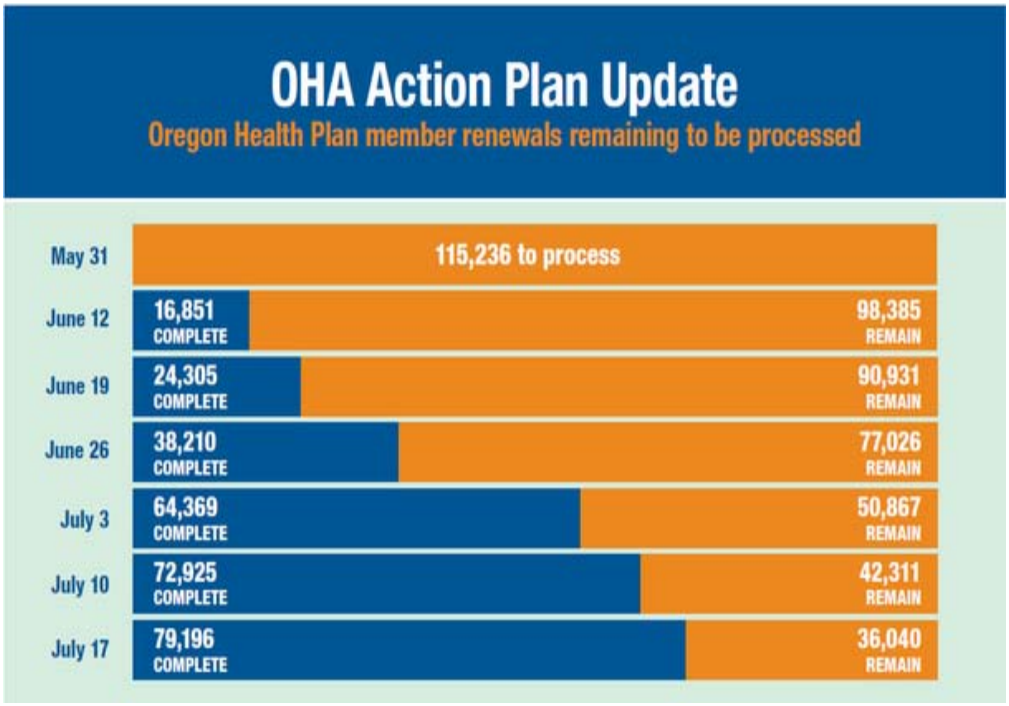
Medicaid action plan on pace for on-time completion

This summer, a team of Oregon Health Authority staff and outside contractors are completing Medicaid eligibility renewals for approximately 115,000 cases previously contained in the Cover Oregon database and other legacy systems. As of mid-July:

- Workers had cleaned up more than 79,000 of the outstanding cases, putting OHA on track to finish the work by the Aug. 31 deadline.

The painstaking work entails verifying whether an adult or child who receives health coverage under Medicaid is still eligible to receive it. OHA eligibility workers must manually transfer case files from outdated or failed databases into the state's new ONE system.

ONE allows Oregon Health Plan members to apply for (and renew) benefits online. OHA and DHS are collaborating on a project to centralize the application process for food stamps, temporary assistance, Medicaid and other benefits in ONE.



Oregon CCOs continue to advance health reform

Oregon's coordinated care organizations continue to advance health system transformation by focusing on better care and better health outcomes while controlling health care costs. That's the takeaway from two recent reports on the performance and stability of CCOs: the Oregon Health System Transformation Quarterly Legislative report and the CCO Metrics report.

Highlights of the CCO Metrics report show continued improvements in a number of key areas, including:

- **Adolescent well-care visits**. CCOs continue to make large strides on this measure, with 15 of 16 CCOs improving in 2016 and 13 achieving their individual improvement target.
- **Effective contraceptive use among women at risk of unintended pregnancy**. A new measure in 2015, the percentage of women ages 18 - 50 who are using an effective contraceptive has increased 19 percent in two years.
- **Developmental screening in the first three years of life.** CCOs continue to make large strides in the percentage of children who are screened for risks of developmental, behavioral, and social delays. In 2011, only 21 percent of young children received an appropriate screening. Since then, the percentage has more than tripled to over 62 percent in 2016.

Read both reports on our website.

Teams advance behavioral health integration

The Behavioral Health Collaborative (BHC) has convened five workgroups to further recommendations that will move the state's behavioral health system to a coordinated care model. The goals are to integrate behavioral health with physical and oral health and to develop minimum standards so all Oregonians receiving behavioral health services will have consistency.

OHA convened the collaborative last summer. The 50-member group includes representatives from peer support services, advocates, counties, behavioral health providers, courts, DHS, CCOs, hospitals, education, law enforcement and representatives from an Oregon Tribe and an urban Indian organization.

The collaborative in March released the Behavioral Health Collaborative Report, which includes recommendations, and a mapping tool that displays interactive information about the state's behavioral health system.

The workgroups began meeting in May and will end in August.

The Governance and Finance Workgroup, a workgroup of the Oregon Health Policy Board, is responsible for:

- Developing guidelines for the development of a single-point of shared accountability;
- Developing guidelines for approval of single plans of shared accountability;
- Identifying the need for OAR (Oregon Administrative Rules) and contract changes; and
- Recommending a financial incentive structure.

The Standards of Care and Competencies Workgroup is facilitated through the Behavioral Health Planner of the Addictions and Mental Health Planning and Advisory Council. This group is responsible for:

- Establishing core competencies;
- Recommending minimum standards for care; and
- Recommending mechanisms for co-management of individuals who require specialty behavioral health care.

The Peer Delivered Services Workgroup is a subcommittee of the Peer Delivered Services (PDS) Core Team. This group is responsible for:

- Developing standards, expectations, and monitoring guidelines for PDS;
- Recommending a standardized training model; and
- Recommending certification for peer supervisors.

The Workforce Workgroup is facilitated through the Behavioral Health Planner of the Addictions and Mental Health Planning and Advisory Council. This group is responsible for recommending standards for a well-trained behavioral health workforce.

The Health Information Technology Oversight Council, a workgroup of the Oregon Health Policy Board, is responsible for recommending how to use technology to integrate care across the behavioral health system.

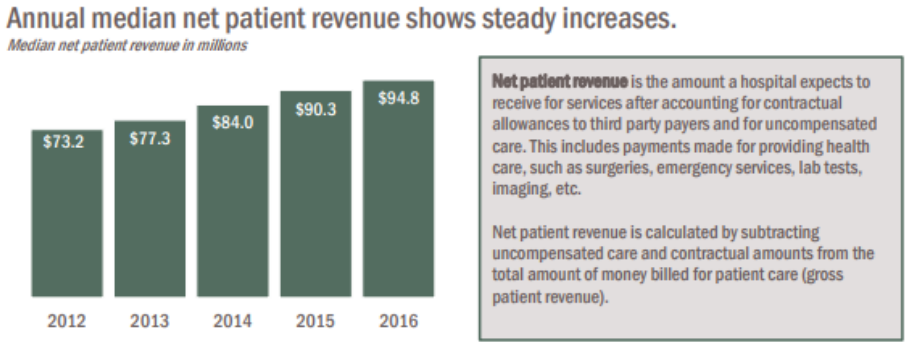
New reports on hospital performance, finances and payments

New reports show the financial condition of Oregon hospitals in 2016, along with their performance on key quality measures. According to these reports:

- **Overall margins for 2016 continue to remain higher** than typically observed before the implementation of the Affordable Care Act (ACA).
- **Net patient revenue increased and charity care remained low** in 2016 after a sharp drop from 2013 to 2014.
- **The fourth quarter of 2016 was financially turbulent** for hospitals with lower operating and total

margins.

Overall, Oregon hospitals remain financially stable.



OHA requires 28 large "DRG" hospitals to submit data on 11 measures or "metrics" that include goals such as reducing health care-associated infections, reducing readmissions of patients after discharge, improving medication safety, improving overall patient experience, and screening for alcohol and substance use. In 2016, hospitals showed improvement on adverse drug events due to opioids, reduced central line-associated blood stream infections (CLABSI) and coordination on patient care with CCOs.

In addition, OHA released the Oregon Hospital Payment Report 2015. The report details the median amounts paid by commercial insurers for the most common inpatient and outpatient procedures that were performed in Oregon hospitals in 2015, as required by SB 900.

- Most procedures show sizable variations in paid amounts, both within and between hospitals.
- Among common outpatient procedures, heart electrophysiology studies were reported to have the highest median paid amount at $36,900.
- Among common inpatient procedures, heart valve replacement surgeries were reported to have the highest median paid amount at $84,700.

Federal health reform remains in flux

Reports from Washington, D.C. about Senate efforts to repeal and replace the Affordable Care Act (ACA) remain fluid. Senate leaders indicate they will vote early the week of Jul. 24. What proposals the Senate will vote on remains uncertain.

This week, the Congressional Budget Office (CBO) scored a Senate proposal to repeal the ACA, as well a modified version of the Better Care Reconciliation Act (BCRA). According to the CBO, the repeal-only bill would result in 32 million Americans losing health coverage by 2026. The revised BCRA would result in 22 million Americans losing health coverage.

OHA and the Department of Consumer and Business Services (DCBS) recently analyzed the impact of BCRA on Oregon. Health policy experts and insurance regulators found the Senate ACA "repeal and replace" proposal would:

- **Reduce health coverage**: Result in 440,000 Oregonians losing health coverage by 2025.
- **Add costs to the State budget**: Shift as much as $6.2 billion in costs from the federal government to the state by 2026.
- **Reduce jobs**: Put as many as 35,000 health care jobs at risk across Oregon.

High Dollar Cases: High Dollar Cases: IHN-CCO has 3 cases over $300,000 as of July, 2017

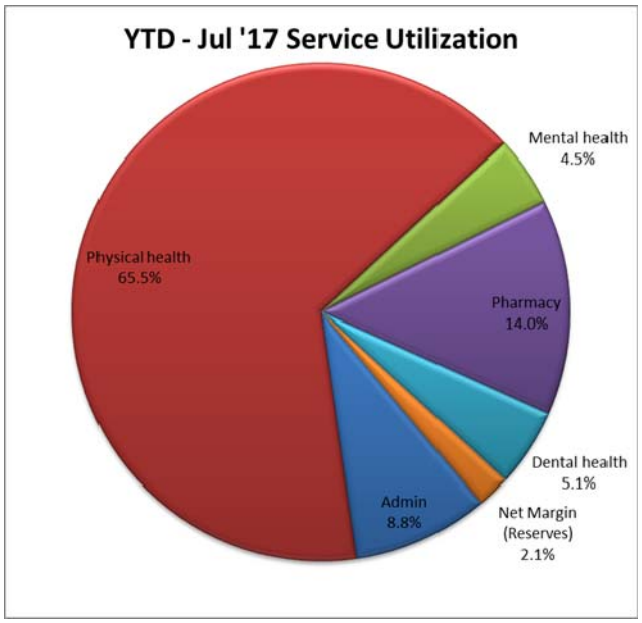
Transformation Update :

a. 2017 Metrics – Our monthly process for checking in with providers on how we are progressing is going well. 2017 Improvement were just released from the OHA.
    a. There are new metrics coming out for 2018, more information to come.
    b. Follow up from the July meeting around:
        i. Smoking Cessation
        ii. PCPCH tiers changes

b. DST – The DST is currently hearing pilot presentations for this RFP round, the goal will be to have the approved pilots for funding available by the end of September.

Issue Brief Updates:

a. Lincoln county – DST meeting accessibility using technology
b. Benton County – Searchable Provider Directory



Smoking cessation quality metric

The DST voted on pilot projects last night. All but two were approved. Now the IHN-CCO Regional Planning Council will receive those proposals for final approval.

Technology Issue Brief Update – There has been great progress on making it possible for people will

smart phones to videoconference in to IHN-CCO meetings held at IHN-CCO facilities.

Searchable Provider Director Issue Brief Update – It has been tested and scheduled to be up and running on the IHN-CCO website in the fall.

OREGON HEALTH AUTHORITY (OHA) UPDATE

Joell Archibald, OHA Innovator Agent, provided a State update which include information on:

The Leadership transition from Lynn Saxton to Patrick Allen at the Oregon Health Authority is interim. He has expressed interest in making that a permanent position. Several (many) other key OHA leadership positions have been vacated. There will be some restructuring. There is some concern about the fact that there are few people left at OHA who have long-term experience memory for the organization's past and vision.

CCO Transformation Plans – Combination of the Transformation Plan and Quality Management Plan into a Transformation Quality Strategy (TQS). Rebekah Fowler expressed concern that the CCOs Community Health Improvement Plans (CHIP) has been for the past 5 years, one of eight "elements" of each CCO's Transformation Plan and that in the new combined TQS, the CHIP is not included as one of the now 13 "components." While there was no intention on the part of the OHA to marginalize the CHIP, Rebekah is concerned that the OHA isn't ensuring that CCOs use their CHIP as a strategic plan, as required by the legislature. She has a phone conference September 12 with Transformation Director, Chris DeMars and several other OHA staff to discuss this issue.

New 2018 Quality metrics will be **Childhood BMI** and Emergency Room use for physical healthcare for people with a severe and persistent mental illness.

COMMUNITY ENGAGEMENT PROJECT EARLY DATA DISCUSSION

Peter Banwarth, Regional Health Assessment Epidemiologist, presented results from Community Engagement interviews analyzed to date (Handout).

These are preliminary results. In depth analysis to come when there's more data. At the time of this analysis there were 59 interviews, 18 were IHN-CCO members. 76 interviews have been conducted.

Dick Knowles talked about Linn Communty Engagement efforts with Spanish speakers.

People seem overall to like and be grateful for their Medicaid benefits.

Rebekah Fowler said that local committees seem ready to meet regionally to discuss the community engagement efforts so far and make changes to the survey, likely to simplify and streamline the process. Rebekah will coordinate a meeting of several local members who have been actively involved in interviewing IHN-CCO members.

IHN-CCO HEALTH EQUITY WORKGROUP

Bettina Schempf, Health Equity Workgroup Co-chair, presented the final version of the workgroup's proposed 5-year strategic work plan. (Handout)

- ACTION: The CAC voted to endorse the Health Equity Workgroup's Strategic Plan.

MOTION: Tyra Jansson moved that the CAC endorse the Health Equity Workgroup's 5 years Strategic plan. Pat seconded. Unanimously approved.

STEPPING UP INITIATIVE

Cheryl Connell, Lincoln County Health Director, presented the county's Stepping Up Initiative, a national initiative to decrease the number of people with mental illness jails. The CAC discussed regional work on this initiative.

Cheryl showed a short video describing the basics of the initiative. In the 1980s, Cheryl Connell was the jail nurse. At that time there were 26 beds, typically housing 40 people. She recalls that it was far more rare in those days to have someone with an untreated mental illness appear at the jail. When it did, this was traumatic for the individual, the staff, and for Cheryl. This left a huge impression on Cheryl. Now the jail is much bigger and 30% of the inmate population have a mental health diagnosis.

Benton and Linn Counties are ahead of Lincoln County in mental health diversion programs. Lincoln can benefit from this experience, also. People who have a mental illness have longer sentences and higher recidivism rates.

Sequential intercept mapping took place with the three counties to strategize next steps. Four workgroups were formed to work on the top four priorities.

LIAISON UPDATES

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

Dick Knowles for George Matland (Linn) The committee has received presentations from CHANCE, Communities Helping Addicts Navigate Change Effectively. Kelley Kaiser will participate at the Linn Committee later this week. Linn has a goal to do community engagement events once a month.

Pat Neal for Rebecca Austen (Lincoln). Some issues have come to the committee's attention. For example, one member's physician referred them to a specialist who doesn't accept Medicaid members. People in Waldport are being referred to Lincoln City for care when that's a very long distance for people without transportation. Providers are retiring, increasing capacity issues. If IHN wants to address Emergency Department use, Pat said they're going to have to increase capacity. Lincoln committee is considering doing an issue brief on provider access.

Karen Douglas (Benton) The Benton committee has become efficient with their two-hour meetings. They have a new member interested in joining the committee. They had a long conversation with Mitch Anderson about the remodeling they're doing at Benton County Health Services. Benton County hired a Behavioral Health Director. The group also is planning for their future work for the coming months.

NEXT CAC MEETING AGENDA ITEMS

Larry Eby & Rebekah Fowler requested agenda items for the future CAC meetings to be scheduled as time permits.
Future presentations include:

- Oral health update
- Updates from feds and the state on changes

MEETING ADJOURNMENT

- Larry Eby adjourned the meeting at 4:00.
- **Next CAC:** Nov 13, 1:00-4:00, Willamette Health Center; 2710 Pacific Blvd SE, Albany, OR; Public Health Conference Room
- **Local Committee Summit:** 8:30-12:30, Nov 13, Albany; This meeting is for members of the three Local Advisory Committees to the CAC.

Meeting minutes approved by the CAC September 11, 2017

Acronyms and Definitions

Acronyms

APM – Alternative Payment Methodology
BLAC – Benton Local Advisory Committee
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
CHAC – Lincoln County Coordinated Healthcare Advisory Committee
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 overseeing 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
LLAC – Linn Local Advisory Committee
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 or a Medical Home
SHS – Samaritan Health Services

Definitions

- ***Addendum:*** something added; *especially* a section added to the original document
- ***Alternative Payment Models*** are a form of payment based, at least in part, on achieving good outcomes rather than just being paid for providing a service (fee-for-service)
- ***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.