

Community Advisory Council (CAC)

MINUTES

Date: Monday, January 8, 2018

Location: Sunset Building, Corvallis, Oregon

Council representatives and others at the table:

CAC Chair: Ellen Franklin

Benton: Lisa Pierson, Michael Volpe, Tyra Jansson;

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

Linn: Amelia Wyckhuyse, Catherine Skiens, George Matland (Liaison), Judy Rinkin, 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; **Jenna Bates**, IHN-CCO Transformation Manager; **Kevin Ewanchyna**, IHN-CCO Chief Medical Officer.

Absent: Catherine Skiens, Richard Sherlock

CALL TO ORDER

Ellen Franklin, CAC Chair, called the meeting to order at 1:16

INTRODUCTIONS, ANNOUNCEMENTS, & APPROVAL OF AGENDA & MINUTES

- Meeting purpose & participation and Local Meeting invitation
 - Introductions
 - Housekeeping: Restrooms, acronyms & glossary
 - Chair & representative announcements
 - Coordinator announcements
 - Community Engagement Project: Local Committees may continue with engagement activities and have the option of only asking about residency and OHP insurance status before asking further questions and my then interview only OHP members. Committees may also decide before an event whether to ask only the first core questions or whether to include one or more of the optional questions.
 - **ACTIONS:** Council approved the present *Agenda* and *Meeting Minutes* from previous meeting (**Attachment**)
-

PUBLIC COMMENTS

6 members of the public were present. No one signed up to comment.

IHN-CCO UPDATE

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

IHN-CCO Board met late November. The CCO has its 2018 rates and has signed their contract.

Coverall Kids – is a challenge for the CCOs to take on without much notice. These youths have been put on the Oregon Health Plan Open Card until March 1. The CCOs are pushing back on that date because they don't have the systems in place in order to service this population.

Kelley Kaiser discussed the quality metrics. They are waiting on claims data from the end of last year in order to get updated numbers.

Lisa Pierson said that IHN-CCO members no longer receive free SamFit memberships through Flex Funds. She said this was a great way to improve health in a variety ways, but also for the blood pressure quality metric. She said that she used to go through her provider, who has been told they are no longer using flex funds in that way. Kelley said she would look into that.

Lisa Pierson asked how IHN-CCO educates providers about depression screening. Kelley Kaiser described some incentives that they have in place to encourage screenings.

At the next CAC meeting, Kelley will bring a new dashboard for the CAC to look at data.

Measure 101 is a vote on the special election. The focus is on Medicaid members. The providers, hospitals, and insurers got together and are supporting yes for healthcare. If the measure fails, it will create a 300 million dollar hole for the legislature to fill. It could cause a reduction in coverage or in the number eligible for OHP. There are matching dollars, so every dollar Oregon doesn't spend causes another dollar to be lost from the federal government.

Larry Mullins, President of Samaritan Services, IHN-CCO, and Chair of the IHN-CCO Board has retired and stepped down from that position. He will be working for Samaritan on another project. Doug Boysen has filled his position. Doug has been on the IHN-CCO Board in the past. Ellen Franklin says that Doug is very helpful and accessible in her experiences with him on the IHN-CCO Board.

OREGON HEALTH AUTHORITY (OHA) UPDATE

Joell Archibald, OHA Innovator Agent, provided a state update.

OHA has announced that Dana Hargunani, MD, MPH has accepted the position of OHA

Chief Medical Officer and will begin her service with OHA on January 16th. Dr. Hargunani is a pediatrician and a public health professional who served from the fall of 2011 to 2015 as OHA's Child Health Director.

- OHA has developed a public webpage for all information related to “Medicaid Issues Resolution”. The link for that webpage is:

www.oregon.gov/oha/HSD/OHP/Pages/Medicaid-Issues-Resolution.aspx

- CAC members are invited to participate in a webinar to learn about Traditional Health Workers on January 18th from 1-2 PM. Learn about the roles of Traditional Health Workers (THW) and the THW Commission have in transforming physical health, behavioral health and oral health care with Oregon's Medicaid population. Register at: <https://register.gotowebinar.com/register/694259516169192450>

- Cover All Kids has been re-branded as “OHP Now Covers Me”; the program is now providing full OHP benefits for non-resident children in Oregon. The Oregon Legislature authorized this program via Senate Bill 558. Go to this website to learn more:

www.ohpnowcoversme.org

- A new process called “passive enrollment” to determine OHP eligibility for existing members is beginning within the ONE system. Each OHP member still needs to be re-determined for eligibility once/year. For a percentage of OHP members, the ONE system has the necessary information to determine that a member continues to be eligible for OHP. Those members will receive a letter informing them that no action is necessary and their OHP will continue. Other OHP members will receive letters requesting additional information to be added to what the ONE system has on record before they can be re-determined. The remaining members will receive notification and full re-determination packets by mail to complete to continue their OHP coverage.

- Family Care, one of the 16 CCOs in Oregon, has notified OHA that they will cease services to its 110, 000 OHP members effective January 31st, 2018. Family Care has served OHP members primarily in the three county areas of metropolitan Portland, Oregon. OHP members enrolled with Family Care will transition (based on their address) to Health Share CCO, Willamette Valley Community Health or Yamhill CCO. All OHP members in Family Care should keep their appointments with their providers through the end of the month and will continue to be eligible for OHP services with their new CCO. Check this webpage for the most current information:

<http://www.oregon.gov/oha/HSD/OHP/Pages/fc-transition.aspx>

OHA stands by their rates. The rates have been determined by outside actuaries to be sound.

LIAISON UPDATES

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

Tyra Jansson for Benton County: Karen Douglas was the Liaison and she has

resigned. The BLAC is getting ready for the IHN-CCO Community Health Assessment process to take place in 4 local meetings in the months of January and February.

Dick Knowles for Linn County: Linn didn't meet in December. They are working on the Linn County Community Health Assessment.

Rebecca Austen for Lincoln County: Lincoln County began the IHN-CCO Community Health Assessment. They brainstormed. The Regional Health Assessment team provided a data presentation.

IHN-CCO TRANSFORMATION PRESENTATIONS

Jenna Bates, IHN-CCO Transformation Manager provided updates on the following.

- CAC IHN-CCO Transformation survey follow-up (Handout)
In June 2016, the CAC was surveyed on awareness about the IHN-CCO Transformation efforts and Pilot and about IHN Transformation communications. In November 2017, the CAC was re-surveyed. Jenna discussed the CAC Survey Report December 2017.
- Updated Pilot Project Brief Summaries document (Handout)

Jenna presented an updated Pilot Summary document and pointed out the five newest Pilot projects: Community Doulas, Children's Social Determinants of Health & Adverse Childhood Experiences Screening, Health Equity Summits and Trainings, Peer Wellness Specialist Training, and Regional Health Education Hub. Information about these pilots is available on the IHN-CCO website.

IHN-CCO'S WORK ON REDUCING OPIOID USE

Dr. Kevin Ewanchyna, IHN-CCO Chief Medical Officer presented on the opioid epidemic. He outlined the crisis and briefly described a study explaining some of the reasons for why the United States has seen such an increase in death, dependency, and other problems caused by opioid use. He talked a briefly about the current prescription guidelines and four initiatives, including the Oregon Opioid Initiative. This information is available on the Oregon Health Authority website.

Dr. Ewanchyna talked about the OHA opioid grant projects, the IHN-CCO region is one of the high-burden regions in the state and are therefore eligible for more SAMHSA funds.

Dr. Ewanchyna described the Prescription Drug Monitoring Program (PDMP).

IHN-CCO has an Performance Improvement Project (PIP)and has seen a 10% decline in opioid prescription rates. Pharmacy limits have been put into place this

month. Education was a part of the IHN-CCO PIP.

Dr. E. briefly showed some of the alternative treatments for back pain that are available to IHN-CCO members, such as chiropractic, acupuncture, acupuncture, etc. Oregon will begin to evaluate the success of this.

There was a discussion of flexible funds and alternative care access.

Dr. E. finished his presentation talking about “PainWise” as a way to manage pain. www.painwise.org. Video testimonials are available on the IHN-CCO website. There’s also a Opioid fact sheet available on the website.

“Patients, not addicts” initiative is something to Google for more information. It talks about how people are using opioids, not to get high, but because they became dependent through being prescribed the drug for a medical injury, for example.

NEXT CAC MEETING AGENDA ITEMS

Ellen Franklin & Rebekah Fowler will request agenda items for the future CAC meetings to be scheduled as time permits. Future presentations include:

- Oral health update
- Transformation Report outlining all the Pilot Projects

MEETING ADJOURNMENT

- Ellen Franklin adjourned the meeting at.
- Next CAC: March 12, Center for Health Education, 740 SW 9ths St, Halls A&B

Minutes approved by the CAC March 12, 2018

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
THW – Traditional Health Workers

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.