Community Advisory Council (CAC)
MINUTES draft 1

Date: Monday, March 9, 2015
Location: Tangent Rural Fire District Station

Council Representatives and others at the table:
CAC Chair: Lawrence Eby;
Benton: Joe Zaerr, Lauren Zimbelman, Melissa Marshall (Liaison), Michael Volpe, Richard "Stretch" McCain, Sr.;
Lincoln: Ellen Franklin (Liaison), Patricia Neal;
Linn: Catherine Skiens, Frank Moore, Miao Zhao (Liaison), Paul Virtue;
Local Chairs: Dick Knowles (Linn), Sam Sappington (Benton), Lincoln seat vacant
Presenters: **Kelley Kaiser**, IHN-CCO CEO; **Rebekah Fowler**, CAC Coordinator; **Molly Johnson**, Regional Manager/Community Liaison, Advantage Dental; **Deborah Loy**, Executive Director of Government Programs for Capitol Dental Care; **Bill Bouska**, OHA Innovator Agent
Absent: Hilary Harrison, Betsy Williams, Richard Sherlock

CALL TO ORDER

Larry Eby, CAC Chair, called the meeting to order at 2:00

INTRODUCTIONS, ANNOUNCEMENTS, & APPROVAL OF AGENDA & MINUTES

- Introductions: **What in your growing up years helps you as a member of this committee?**
  - Chair Eby was ill at home as a child and a home health nurse visited him and motivated his mother to make sure that he returned to full health. This impacted his view of what healthcare should be.
  - Dr. Fowler was uninsured as a child and learned what it was like to not have consistent, appropriate healthcare.
  - Representative Zhao immigrated to the U.S. in the 5th grade; her parents didn't know where to go for basic healthcare, so when she was really sick and her mom thought she was losing Miao to fever, Miao woke up from fever and her mother was crying. This impacted how she viewed healthcare and people's abilities to access it.
  - Representative Marshall grew up rurally; her dad's idea of healthcare was "rub some dirt in it."
  - Representative Moore in college got a job in a psych unit as a psych tech and agreed to do vital signs when he didn't know what it was. This was how he became involved in the mental health field, by doing it and eventually going to school to study it.
  - Representative Skiens parents are from Europe; she was the youngest; if a family member got sick, cracked a head open, their mom and grandma took care of it. She ended up helping people too and wasn't very good at it, so this impacted how she viewed people's access to appropriate care.
  - Mr. Knowles' maternal granddad and several members of his family work in healthcare and he became interested that way.
  - Representative Virtue grew up in Midwest, then moved to Germany when 15. The

difference in health coverage from very little to Universal care in Germany impacted how he viewed health care benefits for all.
  - Representative Franklin didn't go to the doctor when young, after college worked at vet clinic and got interested and started at health department in billing and became interested in helping people through this experience.
  - Representative Neal has Celiac disease, which took a long time to diagnose and she had to self-diagnose. When she injured her arm badly, it took a long time to finally find a physician to fix it. Through her health issues, she wanted to be a nurse; however, she wasn't good with blood, then wanted to be a nutritionist. Somehow she worked her way onto a public health advisory committee and became involved with several of those.
  - Representative Volpe grew up healthy and never thought about healthcare. In 1978, he was diagnosed with MS; he still didn't think much about healthcare until he became involved with people with disabilities. As his healthcare needs grew, he became more interested in the disparities caused by not having coverage.
  - Representative Zimbelman grew up with a nurse practitioner mom. She doesn't take that for granted as what a resource her mother is to her, which is something most people don't have.
  - Representative Zaerr only became interested after retirement, a formative experience was when he was young and had what he was told was Rocky Mountain Spotted fever; he was very sick for two weeks, and one week he experienced the sensation of a spinning rocking bed. He knows many people suffer with poor health or illness and are in need of proper care.
  - Representative McCain, growing up his parents were parents on paper, but his sister raised him. His dad traveled as a clinical psychologist. He didn't really know his mom much. His sister died, and his uncle took over when McCain was 9, then his uncle died when he was 13 and he was homeless. He wants to share that experience of being homeless and what that does to health and experience of services.
- Coordinator announcements
  - May 11 CAC & Local Committee CCO Orientation and Update
  - June 3-4 CAC Summit in Sunriver, funding available for all CAC and local committee members.
  - Transformation steering committee pilot decision: All transformation pilots are required to fit within one of the four CHIP Health Impact Areas. The CHIP is being used in prioritization of projects.
- **ACTIONS:** Council approved January meeting minutes; Council approved today's agenda, both by consensus

  January minutes: Page 2, conscious is the wrong word; should be changed to conscience.

PUBLIC COMMENT

Twelve members of the public present.

Amy Roy would like to know why the March 2 public meeting was canceled. There hasn't been a notification and the public was told they would be notified when a new meeting was scheduled. Ms. Kaiser said that the meeting is scheduled for April 20th. There will be a dinner ½ hour before the meeting.

IHN-CCO UPDATE

Kelley Kaiser provided a CCO and a Board of Directors update (handout)

InterCommunity Health Network CCO

Operations Report
February 2015

IHN-CCO Total Enrollment

56,530 as of February 2015, this is a 6% increase over November

Highlights

IHN-CCO is working with OHA to be early adopters in managing Mental Health Residential and Autism services.

IHN-CCO is working closely with The Office of Equity and Inclusion:

State of Oregon Office of Equity and Inclusion

Vision

All people, communities, and cultures co-creating and enjoying a healthy Oregon.

Mission Statement We work with diverse communities to eliminate health care gaps and promote optimal health in Oregon. By connecting people and programs, we can make substantial, measurable progress in improving the health of all Oregonians.

Our Purpose

We help the Oregon Health Authority (OHA) promote equitable health programs and services for people of color, Indian tribal governments, and other multicultural groups. Some of the ways that we make that happen include:

- *Support equal access to employment, increase cultural awareness, and support workforce diversity.*

- *Provide OHA with resources, training, reviews, and technical help.*
- *Partner with county health departments, community-based coalitions and other organizations and provide technical help.*
- *Provide information and collaborative opportunities between government programs, community groups, service providers, and policy makers.*
- *Investigate and provide expertise in addressing issues of discrimination and harassment.*

Get Involved with the Office of Equity and Inclusion!

Traditional Health Workers (THW) Commission
Recruiting Now!

We are currently recruiting for the following THW Commission Seats:

THWs (Community Health Workers, Peer, Navigators, Doulas)

- Filling 1 vacated Two Year Term-Ending Jan 30, 2016
- Filling 2 Three Year Term Positions - Ending Jan 30, 2018

Organizational Representation

- Filling 3 Three Year Term Positions - Ending Jan 30, 2018:

Community College Workforce Development Agency
Oregon Medical Association
Oregon Home Care Commission

Click here for more information and to find the THW Commission application.

Health Equity Policy Committee (HEPC)

The Health Equity Policy Committee aims to proactively explore, develop, evaluate, recommend, and coordinate stakeholder engagement in advancing cross-cutting, cross-community policy improvements to inform State Health Policy Leadership. For more information go to our website or contact Emily Wang by phone: 971-673-2307 or email:Emily.L.Wang@state.or.us

Health Equity Researchers of Oregon (HERO)

HERO is a network of health equity researchers from across the state, working together to inform policy and community-based efforts to improve health in Oregon for culturally diverse communities, while ensuring that policy agendas and community members inform Oregon's research agenda. Researchers are invited to present their findings (preliminary or final) and models at HERO meetings, which are held quarterly.

High Dollar Cases: IHN-CCO has **0** cases over $250,000 as of February 2015.

Quality:

- SHS Perinatal Task Force meeting held January 15, 2015 with key stakeholders. Discussion topics of: Cannabis and Breastfeeding; Cannabis, The Pregnant Woman and her Child; High Sensitivity Drug Panel Testing Screening with SBIRT, 5A's, discussed. Follow up meeting will start to focus on measures of success of program to deliver back to IHN-CCO.
- Performance Improvement Project – ongoing collaboration with Geary Street Clinic and Linn County Mental Health focusing on dual care of individuals with Severe and Persistent Mental Illness. Other primary care clinics want more information after initial results to see if they could operate in a similar way.
- Notifications were sent to adolescents on IHN-CCO who needed an adolescent well care visit in 2014 for the CCO quality metric. SBIRT Screening in this age group also discussed now that the 2015 Incentive Metric has lowered the age down to 15 years of age.
- Education to providers was sent via Office Talk regarding Colorectal Cancer Screening. This is an IHN-CCO Incentive Metric and a participant of a grant through IHN-CCO, utilizing the Healthy Communities Coalition.
- Mental Health Advisory Council discussion of Incentive Metric looking at Follow up after Inpatient Mental Health Admission. Data elements are showing that we are struggling with meeting this metric due to lack of available resources within Lincoln County members.
- New 2015 Metric involving contraceptive counseling and educational for "One Key Question" has been attended by members of the Quality Management Committee on February 10, 2015.
- Assessing children placed in substitute care is going well. Population Health is managing every child individually assuring their assessments are completed. Dental assessments are required for 2015 and we are working with the DCOs (Dental Care Organizations) to manage this detail.
- Chart reviews are being conducted to maximize the capture of services that will count toward CCO metrics that are a hybrid encounter data capture/chart review.

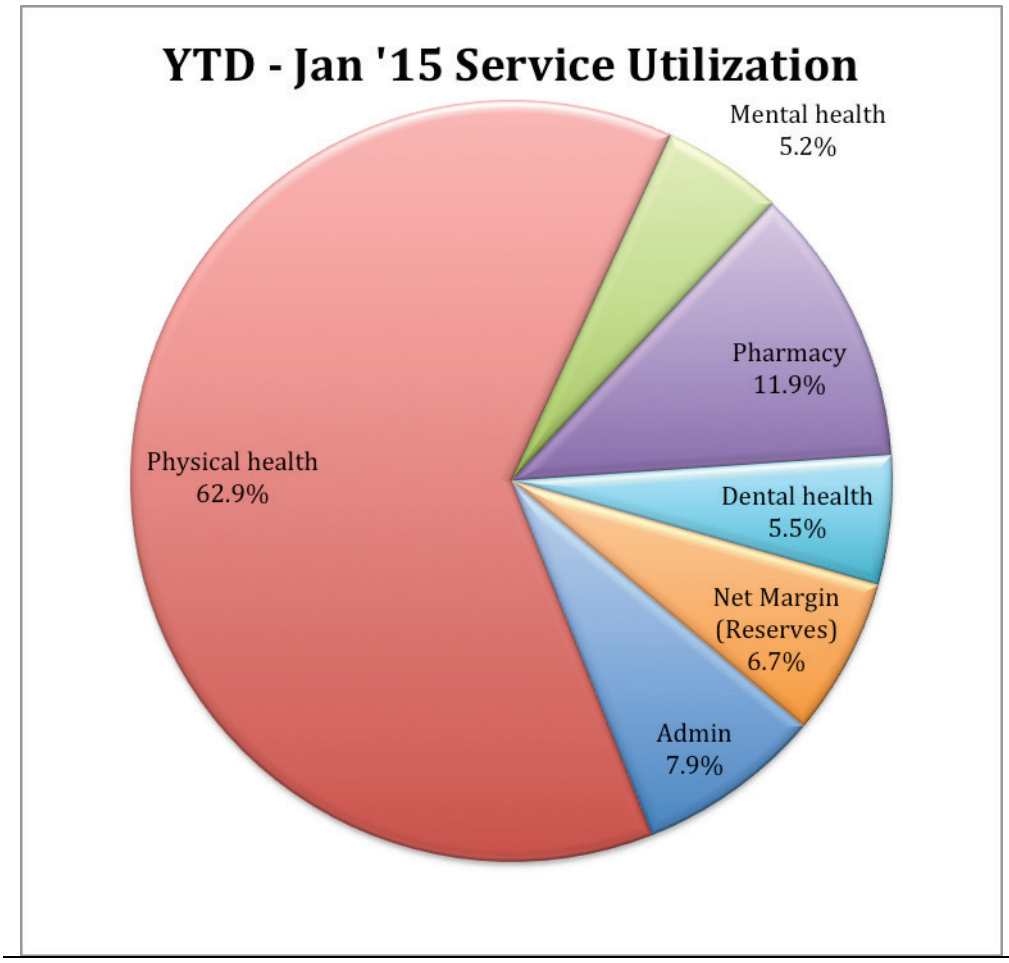
Process Improvement/Community Coordination:

- Applied Behavioral Analysis benefit for children with Autism will be provided by Trillium Family Services (Children's Farm Home). Population Health has kicked off coordination planning meetings with Trillium and will include community partners (schools, DHS child welfare and developmental disabilities) as a next step. Other key IHN-CCO stakeholders have been the Executive team, and the Contracting team headed by Carla Jones.
- We have submitted our letter of interest to the state to become an early adopter of managing adult mental health residential. If approved we would be acting as an Administrative Services Organization (ASO) and manage this benefit with no risk associated. Our community mental health partners have been planning this transition with us for over a year now and we have an agreement as to how we would

operationalize the coordination.

- We are facilitating meetings between Trillium Family Services, the Morrison Center, DHS Child welfare, Community Mental Health to develop a resource for children's crisis respite. Morrison Center is very interested in developing this resource in our community and we are facilitating the coordination model and needs determination for this service. Other invited community partners are Samaritan Child and Adolescent Psychiatry and Mullins Family Foundation.
- We are developing a Secure File Transfer Protocol (SFTP) site for population health to share member information specific to quality projects where we are collaborating with community partners. This is being developed to enhance our collective communication.
- Long Term Care coordination has identified that they have a lack of current information from PCPs. Plan is to connect Long Term Care case managers to PCPCH case managers.
- Flexible spending services were used to fund local aquatics, and SamFit memberships.

Utilization Update:



Enrollment

- Redeterminations were started in October. They did that again in January, but overall the numbers are leveling off at 56K.
- Autism is a new covered benefit, as is mental health residential. The CCO is creating provider network for this.

Representative Franklin asked if mental health residential is separate from detox. Representative Moore and Mr. Mitch Anderson said that it's separate.

Ms. Kaiser reported that the IHN-CCO Board talked about OEI and what they're doing. They received updates on quality improvement and performance projects.

The IHN-CCO Quality Management Committee is talking about the one Key Question Initiative from the CHIP.

*Ms. Kaiser said that she and Dr. Fowler need to coordinate when to get the update out to the CAC.

Representative McCain said that he needs larger print on the updates.

Chair Eby asked Ms. Kaiser to discuss the fact that Samaritan Health Services will be partnering with Stanford Medical Center for tertiary Cancer Care to Corvallis. Telemedicine will be a portion of that, including consulting.

Representative Volpe asked about prescription costs that have gone way up for and some things are no longer covered. One prescription he has was $15-20, now it's $120 per month. Does Ms. Kaiser know what is going on with that? Mr. Volpe said that the price of non-covered pharmacy costs has increased. Ms. Kaiser said she will look into that and will ask to have permission to look at Representative Volpe's record to see what specifically is going on in order to see how that is impacting members in general.

Dr. Sappington had a question about the 3rd page of the CCO update, having to do with adolescent screenings. Ms. Kaiser said the CCO is waiting for the claims data to be made available in order for more information to be available.

DENTAL HEALTH PRESENTATION AND DISCUSSION

Molly Johnson and Deborah Loy, from two of the four regional Dental Care organizations (DCOs) spoke about dental services and integration. Dr. Fowler told the group that Ms. Loy and Ms. Johnson have no way to influence what services are covered and which are not. That is a state level decision. They are here to talk about covered services.

Ms. Johnson: the DCOs have been providing care for a very long time. Everything seems to be working well.

Ms. Loy said that specific to working with this CCO, Capitol contracts with 14 CCOs. This CCO by far is the most actively engaged. Ms. Johnson agreed. One change Ms. Loy pointed out is that, prior to the CCOs, she formerly had one contract, now she has 14 contracts. Ms. Johnson has 16. DCOs have a small staff, so this creates more work.

Ms. Loy thinks that the CAC could be helpful in getting information from members back up to the her and Ms. Johnson. They and the other DCOs are involved in CCO's Delivery System Transformation Steering Committee and its subcommittee and with the Regional Planning Council. Ms. Loy would like to see all the CHIPs have dental as a priority. They would like to be sensitive to the differing needs of the different counties; this something that the CAC could assist with: informing them of differences amongst the counties.

Ms. Johnson reiterated that IHN-CCO is by far the most active in dental. Dr. Sappington asked what active means. Ms. Johnson said that IHN-CCO pushed for a pilot project for an oral and medical health integration, so this pushed all 4 DCOs to work together. Ms. Loy: this CCO has been more formal in addressing dental care integration. This CCO is providing more data, and a big difference is that they hired Eryn Womack as a dental program coordinator to be the point person; this CCO provides more support in that way.

Representative Zhao said the DCOs are involved in the Regional Oral Health Coalition (Benton, Lincoln, and Linn Counties).

Representative Franklin: Is there enough capacity to see everyone? This is a challenge, but Capitol Dental, which is an open model plan, allows any provider interested in seeing CCO members to see them. That alleviates some capacity issues.

Ms. Loy said they are doing a Sweet Home Clinic co-location project. This was expanded to Brownsville and will be also available in Lebanon. This is a project to take services to where people are. They go three times a year to all Head Start programs. They're doing the school sealant program to ensure that children have preventative sealants on their teeth.

Ms. Johnson: in 2014 they opened a clinic in Sweet Home and one in Newport. They have clinics in Newport, Lebanon, Corvallis, Albany, Sweet Home. All clinics see CCO members, in fact, the majority of clients are Medicaid members. Some other clinics don't accept Medicaid, but all Advantage Dental dentists do. (This may be true of Capitol, but it wasn't mentioned during the meeting.)

Ms. Loy: Capitol does have a clinic in Lincoln City but not Newport. They're in all the places Advantage is, otherwise.

Chair Eby; how do you get your clients? Ms. Loy said the CCO does the enrollment process. They don't choose their clients. This is a change from before the CCOs. If the assigned DCO

isn't the best fit for the client, the client can request a change of DCO. IHN helps with that process.

Representative McCain said that whether you are uninsured or insured by Medicaid, you pay the same amount for dentures. Representative Moore said that this is an issue at the State level. Dental plans cannot make changes to the plan. Representative Moore volunteered to meet with Representative McCain and Ms. Johnson about the denture benefit.

Ms. Loy wants to remind people to get the message out that, with the CCOs, all who have OHP benefits, now do have a dental benefit. Don't wait to establish a dental provider. Go in right away to establish a dental care provider. There are in 24-hour call-in numbers.

Chair Eby: how are the DCOs doing at meeting the triple aim? Are the DCOs able to, with their current contract, bring full comprehensive care to all who have the benefit? Ms. Loy said that the medical dental integration pilot is a move toward integrating care. This pilot is meant to focus on the Triple Aim for their patients, but also as a way to create the ability for the DCOs to work together. With the PCPCH model, there are savings for diabetics who have their dental care integrated with their medical, on average, $1800 per patient per year. By creating a communication system for providers, providers will use those networks to help more clients than just those targeted in the pilot. Savings will be put back into improving care.

Ms. Loy: CCO members' ID cards will now have their DCO listed with a phone number. There is also a portal on-line where members can access their care.

Dr. Sappington said that with the expansion of Medicaid eligibility it was anticipated that there would be problems with people getting in to see a dentist. On an anecdotal level, are the DCOs experiencing a wave of new, more difficult cases? Ms. Loy said that in her 20 years at Capitol, that when OHP first came on in early 90s, there was a big wave of high needs cases. Now, with this new expansion, the DCOs had to buy new phone systems and hire more customer service people to handle the increased calls. They are just about up to date with handling the pent up need for the newly OHP insured.

Ms. Loy said that they need to hear success stories on the record because in the future, when the economy is bad, dental is often the first benefit to be cut.

OREGON HEALTH AUTHORITY UPDATE (OHA)

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

Insurance Report – breaks down private and public insurance rates by county for 2012 and 2013

Public Medicaid/Medicare coverage by county:
Benton 30%

Lincoln 57%
Linn 49%

Uninsured by county:
Benton 4.8%
Lincoln 3.8%
Linn 2.1%

Dr. Fowler said it would be useful to have these numbers broken down by race and ethnicity. Mr. Moore agreed.
Representative Zhao: do you have numbers on those who are eligible but choose not to be insured. Mr. Bouska didn't have those numbers in front of him.

Enrollment and redeterminations – letters have been going out telling Medicaid members that they are being given extra time for their redeterminations in order to avoid gaps in coverage.

Coordinated Care Model (CCM)– Where the CCO model is in terms of spreading to Public employees and teachers: There are RFPs out for organizations who would like to provide benefits in a CCM. This doesn't mean that they would have Medicaid or have IHN services. Likely it would go through Moda, Providence, and Kaiser. This is a spread of the model, including the PCPCH model, for example. The State is the biggest provider of healthcare benefits in Oregon. The intention is to bring other types of coverage into a CCM.

Representative Zhao: Care that occurs during a gap in OHP coverage, can that care still be charged to their benefit when they come back onto OHP. Mr. Bouska said that it often is, unless the person waits too long to reapply.

LIAISON UPDATES

(Vice Chair Franklin took over chairing the meeting)

Representative Marshal, Liaison for Benton County said that at the last meeting, the BLAC had an update from Ms. Kaiser. Mainly they worked on identifying outcomes by breaking up into small groups.

Representative Franklin has been away for a family illness, She said that: Dr. Ogden came to speak about the PCPCH work they're doing in northern Lincoln. She is also an Emergency Room doctor.

The Lincoln group has begun work on identifying outcomes for Chronic Disease, which will be outlined in the next agenda item. They asked the CCO for a short list of the top chronic illnesses they believe they could most impact and Dr. Fowler has heard back about that and the group will be discussing that next week. Sandy Minta, IHN-CCO Population Health Director said that,

"The most prevalent diseases are Diabetes, Congestive Heart Failure (CHF) and Chronic Artery Disease (CAD). We are targeting these disease states in our quality improvement projects, so I would be very interested in hearing the CHAC's thoughts. Perhaps we can collaborate. I also think Depression should be on the list, but I don't have the data to support."

Representative Neal would like to see more focus on data.

Representative Miao said that Linn County has met three times since the last CAC meeting. They finalized their charter, Mr. Bouska provided a Quality Metrics update. Jessica Hiddleston is working on a project for engaging community members on their needs and experiences; there will be one meeting in Lebanon and one in Sweet Home. Linn County is working on Access and Maternal and Child Health. They are using Dr. Fowler's template for identifying outcomes. They've gone through 3 of the 4 goals. Next meeting, they should wrap up Access and then move onto Maternal and Child.

Ms. Zhao said that the group discussed the fact that other CCOs don't seem to be as transparent as IHN-CCO. At Representative Skiens last Governor's Commission on Health meeting, they talked about how their CCOs aren't as transparent as they would like them to be. Representative Skiens told the commission that her CCO is open. The meetings are open to the public and Board updates are shared with the CAC and therefore the public. There is some movement afoot to revisit this issue at the legislature.

Bouska said that some CCOs don't have public meetings and don't even publish the names of their CAC members nor Board members.

CHIP: MOVING FROM GOALS TO OUTCOMES & AN UPDATE

- Dr. Fowler summarized the process the local committees are using to identify CHIP outcomes and potential indicators (Attachment).
- Dr. Fowler summarized the local committees' progress on identifying outcomes and the council discussed local committee progress on CHIP outcome identification (Attachment)
- The Communication Coordination Committee prioritized CCO Health system and transformation topics for the CAC to be receiving updates for the next year or so (handout).

There's a need to focus also on short-term goals and long-term goals for Chronic disease, including primary, secondary, and tertiary.

Ms. Kaiser talked about the January 15 CHIP activity status update (Handout) and said that the next update is due later this week and will be sent to the CCC and local committees next.

Dr. Sappington asked about the OSU student health center and the fact that it's listed on the activity update. Ms. Kaiser said that they have reached out to them and have included

CAC REPRESENTIVE COMMENTS

Representative Moore: Democrat Herald had a front-page article on Albany General Hospital and their work to reduce the number of errors. One way they are doing this is to empower patients to take a more active role in their care.

Representative Moore said that Trillium CCO was bought by a Fortune 500 company, Sentine, based out of Missouri. This is something to watch for as we want our CCO system to be regionally based.

Mr. Bouska: Trillium is the only CCO on the Health Insurance Exchange and therefore the only one at this time that could be purchased by a company in this way.

Dr. Eby: The IHN-CCO board talks significantly about how much of a reserve margin is appropriate to be holding, what is too much and what isn't enough reserve.

Representative Neal: is there a minimum or maximum reserve? Mr. Bouska: there is a minimum but not a maximum.

Representative Moore said the counties are working to regionalize Mental Health First Aid trainings. To date, they have conducted 5 adult and 6 youth trainings (trainings for those who work with youth, that is) for a total of about 69, 124 trained respectively.

Representative Moore would like, especially at the local level, to find ways to engage OHP members.

Chair Eby said that Mr. Knowles, Malinda Moore, and Representative Zhao attended a meeting focused on Latinos talking about their healthcare needs, but the meeting didn't really end up being about healthcare. He spoke to Karen Levy Keon of the Linn-Benton Health Equity Alliance. She said she could organize a meeting. Representative Zhao said what stood out to her is that the Hispanic community is interested in mental health. The meeting was in Spanish and translated into English. She could tell that something was being lost in the translation. Mr. Knowles said that it was interesting to experience having to experience translation. Kim Whitley, IHN-CCO Chief Operations Officer was in attendance: Mr. Knowles was reminded by this of how important it is that Kelley Kaiser is present for our CAC meetings.

Representative Marshall: do you have to be a citizen to apply for OHP? Yes. In one family, only the kids may have insurance, or maybe some kids but not some others because they aren't citizens, for example.

Dr. Eby said that Kim Whitley said that in this region, people who show up for care, will get care.

Representative Virtue would like to see a CAC meeting be scheduled after 5:00 p.m. Maybe

in July or September when there's daylight. Representative Volpe agreed. Add this to the to May 11 CAC agenda for discussion.

Mr. Bouska announced that NPR has a daily show on what affects health, such as social determinants of health.

MEETING ADJOURNMENT

Chair Eby adjourned meeting at 5:00

- Next CAC: All day meeting May 11,
    - Oregon Coast Community College, Newport
      400 SE College Way, Community Room 140
      Local Committee members highly encouraged to join the morning training.

Commonly used acronyms

CAC – Community Advisory Council
CCC – Communication Coordination Committee (subcommittee of the CAC)
CCM – Coordinated Care Model
CCO – Coordinated Care Organization (Medicaid services)
CHA – Community Health Assessment
CHIP – Community Health Improvement Plan
CMS – Center for Medicaid/Medicare Services (Federal)
DCO – Dental Care Organization
HIA – Health Impact Area (in the CHIP)
IHN-CCO – InterCommunity Health Network CCO
OHA – Oregon Health Authority (State of Oregon)
OHP – Oregon Health Plan (Medicaid)
PCPCH – Patient Centered Primary Care Home