Community Advisory Council (CAC)
MINUTES

Date: Monday, November 14, 2016
Location: Willamette Health Center, Linn Public Health, Albany

Council representatives and others at the table:
CAC Chair: Ellen Franklin; **Past Chair:** Larry Eby
Benton: Karen Douglas (Liaison), Lisa Pierson, Michael Volpe, Stretch McCain;
Lincoln: Paul Virtue, Patricia Neal, Richard Sherlock; Rebecca Austen (Liaison);
Linn: Frank Moore, George Matland (Liaison), Judy Rinkin;
Local Chairs: Dick Knowles (Linn), Paul Virtue (Lincoln), Joe Zaerr (Benton);
Absent: Catherine Skiens
Presenters: **Kelley Kaiser**, IHN-CCO CEO; **Rebekah Fowler**, CAC Coordinator; **Jenna Bates,** IHN-CCO Transformation Manager; **Cynthia Solie**, Community Engagement Action Plan trainer

CALL TO ORDER

Ellen Franklin, CAC Chair, called the meeting to order at 1:03.

INTRODUCTIONS, ANNOUNCEMENTS, & APPROVAL OF AGENDA & MINUTES

- Introductions & Welcome (Paul Virtue)
  - Housekeeping
- Chair & representative announcements
- Coordinator announcements
  - CAC reappointments: Pat Neal & Lisa Pierson
  - New Liaison, Linn County: George Matland
  - 2016 Progress Report – OHA accepted the report with no changes.
  - 2017 CAC Master Schedule **(Attachment)**
  - Joe Zaerr, new BLAC Chair; Lisa Pierson Vice-chair. Paul Virtue & Gary Lahman are new Lincoln Local Advisory Committee co-chairs. Paul will attend CCC meetings and fill that position on the CAC along with his CAC Representative duties.
- **ACTIONS:** Council approved present *Agenda* and September *Meeting Minutes* from previous meeting **(Attachment).**

PUBLIC COMMENT

14 Members of the public were present.

Betty Johnson, Benton County, is interested in the implementation of the CHIP. She's also interested in the Samaritan Health Plans expansion. She would like to know if the IHN-CCO CHIP and/or the CAC were consulted with regard to the Samaritan Health Plans expansion. Kelley Kaiser said that they were not.

IHN-CCO UPDATE

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

InterCommunity Health Network CCO

November 2016 CAC report

Operations Report

IHN-CCO Total Enrollment

As of October 2016	53,764
Benton	11,881
Linn	29,374
Lincoln	12,509

Discussion: Kelley said that enrollment is now down to about 50,000. Some of the expansion population has been falling off the plan. This is a statewide issue and no one knows exactly why this is happening or if those members will be returning)

Lisa Pierson said that when she was reenrolled, she was put on Open Card and as of November is back on IHN-CCO. This was good information for Kelley to hear as a potential reasons why numbers dropped off.

Highlights

OREGON WAIVER

Proposal on Increasing Use of Health-Related Services and Value-Based Payments and Incorporating Quality and Efficiency into Rate Development

September Update

Four Proposals Included in Waiver:

1. Include the costs of health-related services (i.e., flexible services and community benefit initiatives) in the medical portion of CCOs' capitated rate
2. Implement a 3-year rolling average Medical Loss Ratio requirement. Insurance companies cannot get below 80%. The waiver complicates and the state is looking at this. (IHN is close to 90%)

3. Require CCOs to enter into value-based payment (VBP) arrangements with network providers

4. Implement a CCO performance incentive program

They are still waiting to hear about approval of the waiver, which is a 5 year waiver.

Transformation

OHA – Oregon Health Authority releases first quarterly legislative report on health system transformation in Oregon

SALEM – While Oregon's health system has undergone major changes, a broad array of measures show the state's health reform strategy has increased health coverage, improved health outcomes and contained health care costs in the state's Medicaid program, according to a new report. The Oregon Health Authority's "Oregon's Health System Transformation Quarterly Legislative Report" also shows that coordinated care organizations (CCOs) – health plans that serve most Oregon Health Plan members and key parts of Oregon's health reform strategy – are financially stable, with operating margins remaining healthy even as the state has adjusted rates.

OHA will present the report today at a meeting of the Oregon Health Policy Board.

"Across the nation, Oregon's innovative approach to health reform is being watched closely as a model for providing better care, achieving better outcomes and holding down costs," Oregon Health Authority Director Lynne Saxton said. "We encourage Oregon to review its effort and investment to date as we consider how to proceed on health system transformation into the future."

Oregon Health Plan grows to more than 1 million members

In 2012, Oregon launched major changes to its health care system. It established 16 CCOs across the state to deliver more-coordinated and flexible care to improve the quality of care, achieve better outcomes and hold down costs for Oregon Health Plan (OHP) members. In addition, Oregon expanded OHP coverage through its implementation of the federal Affordable Care Act (ACA) in 2014.

The report found that OHP's enrollment has changed dramatically in the past three years:

Enrollment: Oregon Health Plan supports more than 1 million Oregonians – more than one in four people.

- **Increase in adult enrollment**: OHP now covers more adults (60 percent) than children (40 percent). Prior to the ACA, OHP covered more children.
- **Most OHP members are served through CCOs**: Nearly nine out of 10 OHP members are enrolled in a CCO.

Oregon health reform controls costs while maintaining CCO financial health

Through Oregon's dramatic changes in health reform, the state has held Medicaid costs to a promised 3.4 percent per-capita annual growth rate – saving $1.3 billion in state and federal dollars from 2013 to 2016. Oregon's growth is below the 4.4 to 5.4 percent Medicaid increase other states are experiencing.

Over the past three years, on average CCOs remained financially healthy. In 2013, the aggregate operating margin for Oregon's 16 CCOs was 3 percent with a system-wide consolidated margin of $44.6 million. Total margin increased in 2014 to $234.8 million with a consolidated operating margin of over 7 percent, as CCOs experienced a surge in enrollment due to the ACA expansion population. The state based 2014 rates on projected utilization. However, the population turned out to be younger and healthier than expected. In 2015, OHA adjusted the rates paid to CCOs, based on actual OHP member experience data – total consolidated margin for 2015 was $215.3 million with a consolidated operating margin of 5 percent across the 16 CCOs.

Coordinated care organizations (CCOs) currently have contracts that expire at the end of 2018. The Oregon Health Policy Board is in the process of holding listening sessions across the state to discuss the future of Oregon's CCOs and to gather public input about how they deliver services to Oregon's most vulnerable citizens.

OHA's "Oregon's Health System Transformation Quarterly Legislative Report" also covers: Oregon Health Plan demographics, CCO performance on quality metrics, member satisfaction, health disparities, finance, patient-centered primary care homes, evaluations, local governance, and eligibility and enrollment. You can read the quarterly report on the OHA website at http://www.oregon.gov/oha/analytics/Documents/LegislativeReport_Q1_2016.pdf.

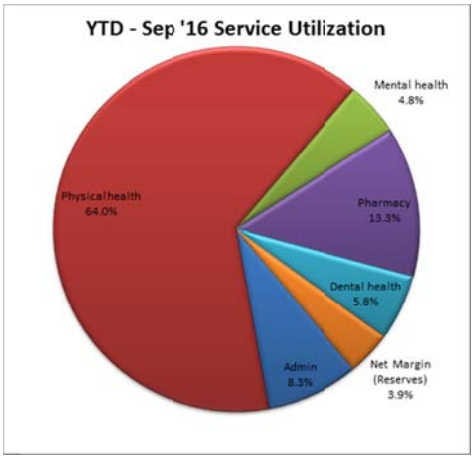
Other Transformational topics:

1. **Stepping Up Initiative:**
   - The Stepping Up initiative is a joint partnership with the National Association of Counties, The American Psychiatric Association Foundation and the Council of State Governments Justice Center. The initiative is designed to rally national, state and local leaders around the goal of reducing the number of people with mental illnesses and substance use disorders in our jails.
   - Commissioner Bill Hall of Lincoln County is taking the lead in the tri-county region and attended the training in Washington D.C. earlier this year. He is committed to developing a plan for our region, bringing on board our hospitals, law enforcement, mental health professionals and community partners to provide wraparound services.
   - Those with mental illness have longer stays in the jail system. This is not the appropriate environment for them, and the jail system is inefficient in meeting their needs.
   - Our Counties will be connecting to further the conversation on moving forward.
2. **Youth Suicide**
   a. The State has some dollars for this, but has not given the counties time to put anything together. Staff has been asked to look at this and see what is possible.
3. **Early Learning Hub**

a. Ages & Stages Questionnaire (ASQ) follow up to the provider training: 3 coastal clinics participated.
b. Four months prior to the training they had 23 ASQs; 4 months after they had 209
c. Referrals: 4 month before they had 7; 4 months after they had 22.
d. The clinics are seeing significant benefits.
    a) The next step would be to have provider training in Linn and Benton Counties. EL Hub as submitted a proposal and it has been accepted.
e. **Pollywog** (new tagline: Prepared parents, Healthy families)
    a) This is the prenatal integration pilot providing childbirth classes, access to care sooner than later, continued services following the birth.
    b) Albany is the first pilot site and is located at LBCC.
f. Progress on the website and branding continues with weekly meetings.

4. Innovator Agent update

a. Innovator agent for IHN is to be posted Friday, October 21st. Bill Bouska will be on the interview panel representing IHN. The new Innovator Agent is anticipated to participate at CAC meetings. This is written into the legislation.



ISSUE BRIEF FOLLOWUP

Kelley Kaiser, IHN-CCO CEO, updated the CAC on the status of the Issue Brief adopted by the CAC at the September meeting **(Attachment).**

IHN staff is working with Lincoln County to look at the best location for telecommunication technology to be located. There will be improved technology, it's just a matter of planning it.

Stretch McCain said that he's having trouble getting his hands on paper copies of the OHP application to distribute to people he meets. Lisa Pierson said that it's hard to find them in Benton County.

Sara Ballini-Ross, Oregon Cascades West Council of Governments said that they are available at all

three of their locations:

Albany Office - M–F, 8 am to 5pm
General Administration; AAMPO – Suite 205; Senior and Disability Services; Technology Services; Community and Economic Development
1400 Queen Ave SE, Suite 205A
Albany, OR 97322
541-967-8720
541-967-6123

Corvallis Office - M–F, 8 am to 5pm; closed noon-1 pm daily

CAMPO; Senior and Disability *Services; Benton County Veterans Services*
301 SW 4th Street, Suite 140
Corvallis, OR 97333
541-758-1595
541-758-3127

Toledo Office - M–F, 8 am to 5pm
Senior and Disability Services
203 North Main Street
Toledo, OR 97391
541-336-2289

IHN-CCO CAC SURVEY RESULTS

Jenna Bates, IHN-CCO Transformation Manager outlined their new communication strategy **(Handout).**

Communication to the CAC on IHN-CCO Pilot Projects

IHN-CCO would like a systematic way to share information about Transformation efforts occurring in Benton, Lincoln, and Linn Counties.

1. New Pilots:
    a. Once pilots are approved, the CAC will receive information about the new projects.
    b. Document will introduce the pilot and include information organized by areas important to the CAC.

2. Pilot Updates:
    a. Document will include all pilots and provide key information about what is currently going on.
    b. Will list pilots by CHIP areas, county location, budget, and goals.

3. Completed Pilots
    a. Close out document listing all the pilots that ended during the year.
    b. Will include information such as what the key findings are.

4. Transformation Plan
    a. A tool used to guide and measure health system goals.
    b. 2015-2017 plan, including progress reports.

What	When	Where can I find it?
New Pilot Summary Document	1-2 times per year	IHN-CCO Website CAC Coordinator regional CAC meetings
Pilot Update Documents	Ongoing	
Completed Pilot Summary Document	1 time per year	
2015-2017 Transformation Plan	Ongoing	

Please note: all materials are available in print form by request.

Lisa Pierson asked if information about whether a pilot will continue after it has closed out will be included. Jenna will take this back to the team to see how to include that information, as it becomes available.

Kelley Kaiser said many pilots that are sustainable are becoming so because they become billable.

Rebecca Austen asked who is looking at the big picture. Jenna said that the DST does a strategic planning meeting every January when they set their goals.

Joe Zaerr said that it would be good to add evaluations to the summaries of the completed projects. Jenna Bates is looking at how to include that for the future, as that it a work in progress for the Transformation Dept.

CAC REPRESENTIVES: IHN-CCO & OHA SERVICES

Lisa Pierson said that there are significant issues around the OHP renewal process with the Oregon Health Authority. In her case, she submitted paperwork 6 or more weeks in advance and the OHA didn't even look at it until the date her coverage was to expire. Because there was an error in the application completed by a health navigator, her application was kicked back out and then a provider sent her a bill. Lisa Pierson spent 15 hours working with an OHA quality assurance person and the OHA ombudswoman to get this sorted out. Most OP members wouldn't know how to do that, nor should it take that long. In working with Lisa, OHA became aware of a 6-week backlog they had on processing re-eligibility applications.

Mike Volpe said it's an ongoing challenge for IHN consumers to find primary care physicians. Mike's

PCP retired and Mike is still working with his retired doctor to get a PCP. Rebekah Fowler suggested he call IHN customer service and report back on how that goes.

One member said that his daughter has expanding white spots on her brain. There isn't a pediatric neurologist in the region to look at the scans. She was eventually sent to a local neurologist who said he wouldn't read the scans (outside is ability). It took a long process to get a referral to Portland. Meanwhile, she may be getting a lot sicker. She now has a referral, but it took too long to get one.

Paul Virtue saw a new PCP in Lincoln County and was impressed with the Waldport Clinic in terms of integration and people working at the top of their license.

Pat Neal believes IHN should keep lists of providers who will see adults, children, etc. who see certain specialty services so it's easier for patients to find providers who provide the specific services they seek.

LIAISON UPDATES

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

George Matland (Linn) asked Dick Knowles to do the update, as George was just elected. Dick was at the OHA listening meeting in Eugene. CACs there were complaining about the lack of respect they receive as a CAC and the lack of impact of their work. Dick believes this CCO is doing a better job with the CAC than some other CCOs.

The Linn Committee is concerned that the new Innovator Agent should also attend the Local Advisory Committee meetings.

Karen Douglas (Benton) said talked about the recent election of Joe Zaerr as Chair and Lisa Pierson as Vice-chair. She said the BLAC is finalizing their placemats. Sam Sappington said that Xan Augerot was elected as commissioner to replace Jay Dixon January 1, 2017.

Rebecca Austen (Lincoln) two co-chairs, Paul Virtue & Gary Lahman were elected.
Rebecca was asked to bring forward two issues to the CAC.

- The Lincoln Committee asks IHN-CCO to reconsider financial help for the Local Advisory committees, in the form of stipends & mileage reimbursement. They have heard that Linn County, for example, is getting some assistance in the form of a minutes taker.
    - Frank Moore, Linn County Health Administrator, said that IHN isn't responsible for the local committees. They are wholly the responsibility of the counties and it is the decision of each county how they will support the local committees.
    - Lisa Pierson said that the locals are required in the CAC Charter.
    - Frank Moore said that the CCO isn't required to have local commitees.
    - Rebekah Fowler said that this issue will come before the Regional Planning Council

Management Group before the end of the year and she will report back.

- The other issue the Lincoln Local Advisory committee wanted to bring forward was that they had a great IHN-CCO Community Conversation last month and it took weeks for the video to be up on the website. They request that they be put up sooner in order to maintain the momentum of the local committee in sharing the information.

COMMUNITY ENGAGEMENT ACTION PLAN (CEAP)

Rebekah Fowler, CAC Coordinator; and Cynthia Solie, the CEAP trainer presented the final questions for the CEAP and provide and overview of next steps for the training. **(Attachment & Handout)**.

1-3 are the core questions:

1. What do you like about your healthcare?
2. What would you improve about your healthcare?
3. Do you have any other comments or suggestions? (Always the final question)

4-7 are questions to be used when longer interviews are possible:

4. What, if anything, would help you follow your healthcare providers' recommendations?
5. What do you think would help you better understand your health insurance benefits?
6. What, if anything, makes it hard to make or keep appointments?
7. What is on your getting healthy wish list?
3. Final question: Do you have any other comments or suggestions?

ACTION: The CAC voted to adopt the questions: Paul Virtue motion, Karen second. 10 yay, 1 abstained (McCain).

Cynthia Solie, CEAP trainer, outlined the plan for the Local Advisory Committee trainings to take place Dec 2 in Corvallis, Dec 8 in Newport, Dec 9 in Albany. Rebekah will forward this information to the Communication Coordination Committee and ask people to RSVP. All regional CAC members are eligible for mileage reimbursement, and those eligible for a stipend may request one also. Anyone can go to any of the trainings.

NEXT CAC MEETING AGENDA ITEMS

Ellen Franklin requested agenda items for the future CAC meetings

- Stretch said that he wants to do a youth summit and that he had mentioned this at the end of the last CAC meeting. Rebekah said that if he wants to get traction on an initiative, he needs to get the Benton Local Advisory Committee behind it and have the group bring it to the CAC. He is also welcome to talk to Rebekah Fowler about how to move forward.

- Meeting Adjournment
- Ellen Franklin adjourned the meeting at 3:00.
- Next CAC: 1:00-4:00 January 9, 2017, 4077 SW Research Way, Sunset Bldg, Sunset Room

Minutes approved by CAC March 13, 2017

Acronyms and Definitions

Acronyms

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

- ***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.
- ***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.