

# Community Advisory Council (CAC)

## MINUTES

---

**Date:** Monday, November 13, 2017

**Location:** 2730 Pacific Blvd SE, Albany

---

***Council representatives and others at the table:***

**CAC Chair:** Ellen Franklin; **Past Chair:** Larry Eby

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

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

**Linn:** Amelia Wyckhuysse, 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

**Absent:** Catherine Skiens

---

### CALL TO ORDER

Ellen Franklin, CAC Chair, called the meeting to order at 1:02 p.m.

---

### INTRODUCTIONS, ANNOUNCEMENTS, & APPROVAL OF AGENDA & MINUTES

- Coordinator announcement
    - OHA 2017 CHIP Progress Acceptance letter
  - **ACTIONS:** Council approved the present *Agenda* and *Meeting Minutes* from previous meeting.
- 

### PUBLIC COMMENTS

Seven members of the public were present. No one signed up to make a public comment. Ellen Franklin, CAC Chair, announced that the CAC is reinstating Public Comments. The CAC will accept public comments at each of their six annual meetings, where local committees may take up the issue for further discussion and possible action.

---

### IHN-CCO UPDATE

Kelley Kaiser, IHN-CCO CEO, provided the following IHN-CCO update:

**IHN-CCO  
Operations Report  
November 2017**

**IHN-CCO Total Enrollment**

As of October 2017 53,559

Benton11,741

---

---

Linn	29,514
Lincoln	12,304

## **HIGHLIGHTS**

### **Oregon Health Authority (OHA)**

The Oregon Health Authority (OHA) released final 2018 Coordinated Care Organization (CCO) rates on September 8, 2017

**Reimbursement Review:** The CCO program has demonstrated improved quality and care coordination while holding down medical costs. However, starting in 2015, OHA has observed that some CCOs have experienced significantly higher expenditure growth than other CCOs, leading OHA to explore the drivers of that growth.

In some cases, the increases were due to factors such as rising pharmacy and rural hospital costs and the impact of redeterminations, which are outside a CCO's control

**Improved Administrative Efficiency:** In December 2016, the Governor's proposed budget was released with key reductions related to the CCO program. In the budget, the Governor proposed a reduction in administrative costs for CCOs, and the final legislatively approved budget was approved at a 2.7% general fund increase over the biennium.

Finally, we note that several new programs – Cover All Kids, Qualified Directed Payments, and major third-party liability (TPL) transition – are all scheduled to be implemented January 1, 2018. We recognize that implementation of these three programs will require significant operational effort by both OHA and CCOs. Cover All Kids and Qualified Directed Payments are both required to be implemented on January 1, 2018, and OHA committed to transition the major TPL population from fee-for-service to CCOs during the 2018 contract period. To ensure a successful implementation of all three programs, we have decided to delay the transition of the major TPL population to CCOs until later in 2018.

### **Rate update:**

OHA has worked closely with CCOs and its outside actuary, Optumas, to ensure that the rate development process is rigorous, equitable, and collaborative and that it complies with all Centers for Medicare and Medicaid Services (CMS) requirements. As a result, CMS has approved the actuarial soundness of Oregon's CCO rates for the past 3 years. However, stakeholders have raised questions and concerns about certain elements of the methodology, and we believe it's important to take steps to review these concerns. At this time, we are temporarily pausing the 2018 rate development process to add two important independent reviews of the CCO rate development methodology:

1. **Independent actuarial review:** OHA intends to contract with an independent Medicaid-qualified actuary to review the current 2018 rate development methodology. The outside actuary will also be tasked with recommending changes
-

---

to correct any material issues in the current as-executed methodology. If at all possible, we will seek a qualified firm that does not serve the state or Oregon’s 16 CCOs. If we cannot identify a qualified firm that is free of these prior business relationships, we will manage any potential conflicts appropriately and transparently.

2. **Independent regulatory review:** Similarly, OHA intends to contract with an outside firm to review our rate development methodology against current CMS regulations and Oregon’s 1115 waiver to validate our compliance. The independent firm will recommend changes, if needed.

**Ballot Measure 101:**

December 27-29 – Voter’s Pamphlets Mailed  
January 2 – Voter Registration Deadline  
December 26 – January 3 – Ballots Mailed  
January 18 – Last Day to mail in Ballots  
January 23 – Election Day

Kelley Kaiser explained that the CCOs are supporting Ballot Measure 101, which would tax hospitals in order to continue funding Oregon Health Plan at the current level. A Yes vote is a Yes for Healthcare.

High Dollar Cases: IHN-CCO has 4 cases over \$300,000 as of October, 2017

**TRANSFORMATION**

**Transformation Update :**

- a. 2017 Metrics – Our monthly process for checking in with providers on how we are progressing is going well. We continue to focus on Adolescent Well Child visits, Effective Contraceptive use, and getting DHS kids into providers within the first 60 days of enrollment.
- b. The IHN-CCO Delivery System Transformation Steering Committee – The DST has approved the current round of pilots for funding:
  - Children’s SDoH and ACE Screening \$28,512
  - Community Doula Program \$189,740
  - Peer Support Wellness Training \$118,680
  - Regional Health Education Hub \$390,014
  - Tri-County Health Equity Summits and Trainings \$99,850
  - Veggie Rx – Lincoln County \$85,192

---

**TRANSFORMATION PLAN**

In the new 2018 contract, CCO’s Transformation requirements are changing from the 8 elements of Transformation to the below:

**2018 Transformation and Quality Strategy (TQS)\***

Per CCO contract, CCOs will continue to move health transformation forward to meet the Triple Aim. TQS was developed to support (1) sharing of CCOs’ best practices; (2) innovation and quality through standardized improvement methods, and (3) state monitoring of CCOs’ progress. Where applicable, integrating the work of health transformation with the federally required quality elements will lead CCOs adopting synergistic activities. This synergy will lead to reduction in duplicative activities, alignment of CCO priorities, and enhanced innovation supported by targeted activities. CCOs will annually submit a Transformation and Quality Strategy (TQS).

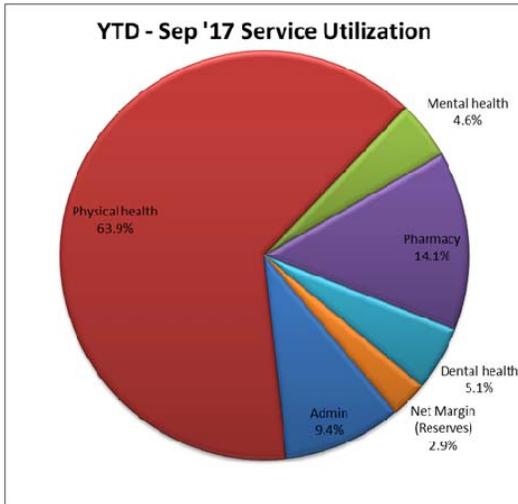
**Transformation and Quality Strategy Areas:**

1a.	Access: Availability of services	6a.	Health Information Technology: Health Information Exchange
1b.	Access: Cultural Considerations	6b.	Health Information Technology: Analytics
1c.	Access: Quality and Appropriateness of Care Furnished to all Members	6d.	Health Information Technology: Patient Engagement
1d.	Access: Second Opinions	7	Integration of Care (physical, behavioral and dental health care)
1e.	Access: Timely	8	Patient-Centered Primary Care Home (PCPCH)
2	CLAS Standards and Provider Network	9	Severe and Persistent Mental Illness (SPMI)
3	Complaints and Grievances	10	Social Determinants of Health
4	Fraud, Waste and Abuse	11	Special Health Care Needs (SHCN)
5a.	Health Equity: Data	12	Utilization Review
5b.	Health Equity: Cultural Competency	13	Value-based Payment Models

**Issue Brief Updates:**

- a. **Technology Issue Brief – DST meeting accessibility using technology.** IHN has made progress on moving forward. The Endeavor Conference room in Corvallis is now connected to Newport at the Community Health Education Center. Issues with sound quality are being resolved. Also, the DST that meets regarding Pilot Project Proposals and recommendations meets 4:30-6:00, which is after the Newport site is closed. So, IHN is trouble shooting how to keep it open for that meeting every other week.
- b. The Searchable Provider Directory has been in beta testing. Several CAC reps have tested it, amongst others, and IHN is moving forward on using that feedback to move forward on putting the new directory on the website.

Someone asked about dental care organizations going forward. IHN-CCO will continue to contract with the current four Dental Care Organizations in 2018.



---

## OREGON HEALTH AUTHORITY (OHA) UPDATE

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

Patrick Allen (the newly appointed OHA Director) and the Oregon Health Policy Board have extended existing CCO's contracts through 2019. This provides time for planning and review of each CCO's history of performance from 2013-2018 and to prepare an application or certification process for future CCO contracts. The application and decision process will occur during 2019 and new CCO contracts will go into effect for 2020-2025.

Based on the Oregon Health Policy Board's Action Plan and direction from the Governor, there will be future focus on social determinants of health and health equity, increased value and pay for performance, improving the behavioral health system, and maintaining a sustainable rate of cost growth.

Oregon Housing and Community Services (OHCS) has released a new Statewide Housing Plan that will help with strategic investments related to housing in Oregon. OHCS is conducting 30+ Outreach sessions around the state to get feedback on the Housing Plan.

Cover All Kids will provide full OHP benefits for non-resident children in Oregon beginning January 1<sup>st</sup>, 2018. The Oregon Legislature authorized this program via Senate Bill 558 using State General Funds, with the bill being signed into law by Governor Kate Brown at the end of the 2017 Legislative Session. Cover All Kids is expected to affect more than 15,000 children and teens in households up to 300% of the Federal Poverty Level (FPL). Community partners are doing outreach and are working with families to enroll children now.

CCOs and Community Advisory Councils will be responsible for completing a new Community Health Assessment (CHA) during 2018 and submitting a new Community Health Improvement Plan (CHIP) at the end of June of 2019. There will be a webinar hosted by the Transformation Center on November 21<sup>st</sup> from 12-1 PM to orient CAC members to the CHA/CHIP process, present successful models of completing a CHA/CHIP and how CAC members can participate in the process.

---

OHA's Public Health Division recently completed listening sessions throughout the state to discuss a new State Health Assessment (SHA). The SHA will inform the new State Health Improvement Plan (SHIP).

OHA has created a landing page for all oral health policy work. This page includes links to reports and data, oral health initiatives, and partners and resources.

CCOs are concluding their final efforts on their 2017 Quality Pool Metrics. CCOs have 4.25% of their actual payments held to fund the Quality Pool; their achievements determine the actual amount they receive for each year. The 2017 Quality Pool Estimates have been released and are posted

A variety of Technical Assistance opportunities have been shared with CCOs to support them in achieving metrics. Some examples include Immunization TA, the ED-Mental Illness Disparity Metric, and Effective Contraceptive Use. Oral Health Integration TA Webinars are being planned for January-March of 2018. Needs Assessment Calls are have been held or are scheduled related to the Controlling High Blood Pressure Metric, Adolescent Well Visits for 18-25year olds, and Patient Centered Primary Care Homes. OHA desires to support CCO success by sharing effective strategies, best practices and innovative approaches.

The State has overpaid the 16 CCOs by 74 million, 10 of which has been paid back. OHA will potentially need the CCOs to pay back the overpayment or else their rates may change. At this time, IHN doesn't know what their share is, but OHA has been very good about communication. This makes it challenging to budget. OHA is hoping to notify the CCOs by December of what will need to be done.

---

## IHN-CCO TRANSFORMATION CAC SURVEY FOLLOW-UP

Jenna Bates, IHN-CCO Transformation Manager, provided an update on the IHN-CCO follow-up CAC survey.

The CAC and Local Committees were asked to do a survey 18 months ago, asking how well the CAC and Local Committees perceive that they know about how the CHIP impacts the work of the CCO and how they would like information communicated to them. IHN Transformation is asking the CAC and Local Committees to do this follow-up survey in order to inform the CCO as to whether the CAC and Local Committees feel better informed now than they did 18 months ago. In that time, the CCO has created a variety of ways to better share information with the CAC.

Rebekah Fowler, CAC Coordinator, will forward a link to that survey to the Local Chairs and ask them to forward it to the local committees. The survey will be open for 1 week. Jenna would like to return in January to report on the results of this second survey.

---

## UPDATED CHARTER

---

---

Rebekah Fowler, CAC Coordinator, presented the updated CAC Charter, which included the addition of House Bill

- ACTION: CAC Charter adoption vote: Paul Virtue made the motion to adopt the amended charter. Karen Douglas seconded. The motion carried unanimously.

---

BREAK: FIVE YEAR CAC ANNIVERSARY CELEBRATION

---

## LIAISON UPDATES

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

**Dick Knowles (Linn)** Dick Knowles and Catherine Skiens were reelected Chair and Vice-chair of the Linn Local Advisory Committees. George Matland was reelected Liaison. Sweet Home is developing its own CHIP. Dick is talking to Tyra Jansson about how to connect to that CHIP.

Amelia Wyckhuyse is working with a man at CHANCE who is a caregiver for IHN members. He said he's been losing clients because his clients are losing their benefits. So, Amelia had him write up his issues, which ended up being 3 pages of his experiences, which Amelia brought to the Linn meeting. The Linn Committee will look further at it.

George Matland said they opened a new shelter with 93 new beds. They're working on getting the shelter outfitted with the furniture needed. He's working on a detox facility and a commercial kitchen. They do needle exchange, hygiene center, and other services for those experiencing homelessness.

**Karen Douglas (Benton)** Benton's meeting focused on Cynthia Solie's Local Committee prep. Mitch Anderson provided an update about the move that Benton County will be making during construction.

**Paul Virtue (Lincoln)** The Lincoln Committee discussed a Waldport Facebook discussion thread discussing healthcare issues. A couple dozen people participated in that discussion on Facebook. This is a way to hear from the community, although some may be IHN, some may not. The group is working on an Access to Care Issue Brief that they hope to bring to the January CAC meeting.

---

## COMMUNITY ENGAGEMENT PROJECT DISCUSSION AND PLANNING

Ellen Franklin asked for input on the Community Engagement project and requested volunteers for a workgroup to be tasked with updating the project.

---

Rebekah Fowler said that each Local Advisory Committee has \$500 funding allocated to

---

---

them each year, to be administered through their County Staff CAC representative, which is currently Rebecca Austen (Lincoln), Tyra Jansson (Benton), and Todd Noble (Linn). So far, only Benton has requested their funds. A policy for how to use these funds has previously been shared with the Communication Coordination Committee.

When the CAC discussed the Community Engagement project, it was generally agreed that the local committees have all stopped doing outreach. The committees would like to see the data collected so far in order to move forward. They'd like to know how many events have been attended. Rebekah Fowler pointed out that the data was shared at that last CAC meeting, and it can be shared again. There have been some problems analyzing the data using survey monkey. Tyra said she could share the raw data with the Local committees.

Some questions asked were How long should we do this? How many should we do? When will we be done?

Dick Knowles has heard some Local Committee members from another local committee say that they feel that they shouldn't be conducting the surveys with non-IHN members anymore. Dick thinks it's important to interview everyone because we can look at the difference in answers between IHN members and people with other insurance. Larry Eby, Past CAC Chair, agreed.

Paul Virtue said that the grant for this project was for IHN, to look at IHN member experiences. Rebecca Austen said that it's not a good use of time to interview non-IHN members since we have no ability to impact non-IHN member services.

Judy Rinkin said that we needed Spanish speaking interviewers.

People are getting frustrated with the length of the interviews, meanwhile people were walking past who they could have been interviewed.

Rebecca Austen would like to see the Community Engagement Project Plan that Frank Moore put together. She said that we should be working on that plan.

Mike Volpe thinks the surveys should be for OHP members only.

Richard Sherlock thinks the project purpose was also supposed to be a way to get OHP members interested in attending Local Advisory Committees.

Lisa Pierson would like to see Benton Local Advisory Committee do the surveys at the DHS office, now that DHS is accepting OHP applications.

Marisabel Gouvenor, a member of the Benton Local Advisory Committee was asked to speak. Marisabel said that to get Spanish people to answer the survey, they speak differently to someone in Spanish than when they speak to someone in English. The people she spoke to in Spanish during the survey seemed surprised they were even being

---

---

asked the question. They are happy to have insurance.

Paul suggested that we survey Local Committee members to ask their perspective. He suggested that the Local Chairs could come up with questions to survey all the Local Advisory Committee members on the purpose.

Local Committee Chairs will put together a survey of the Local Committees. Paul would like a Workgroup meeting to happen the day of the Jan 8 CAC meeting. The Local Chairs and the CAC Chair will communicate about this via email. Rebekah Fowler will furnish them with the Community Engagement Project Plan to see if the Committees can move forward in the meantime.

---

## NEXT CAC MEETING AGENDA ITEMS

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

- Oral health update
- Community Engagement Project
- Transformation CAC Survey Follow-up with Jenna Bates.

---

## MEETING ADJOURNMENT

- Ellen Franklin adjourned the meeting at 3:25.
- **Next CAC:** January 8, 4077 SW Research Way, Sunset Room, Corvallis

---

*Meeting minutes approved by the CAC January 8, 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

## 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.