

Community Advisory Council (CAC)

MINUTES

Date: Monday, July 9, 2018

Location: 4077 SW Research Way, Corvallis, Oregon

Council representatives and others at the table:

CAC Vice-chair: Tyra Jansson

Benton: Deborah Morera, Lisa Pierson, Michael Volpe, Tyra Jansson;

Lincoln: Paul Virtue, Patricia Neal, Richard Sherlock;

Linn: Amelia Wyckhuyse, Angelic Brower, 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; **Kevin Ewanchyna**, IHN-CCO Chief Medical Officer

Absent: Ellen Franklin George Matland (Linn), Todd Noble (Linn), Paul Virtue (middle of meeting)

CALL TO ORDER

Tyra Jansson, CAC Vice-chair, called the meeting to order at 1:18.

INTRODUCTIONS, ANNOUNCEMENTS, & APPROVAL OF AGENDA & MINUTES

- Meeting purpose
 - Participation and Local meeting invitation
 - Introductions
 - Housekeeping: Restrooms; acronyms & glossary
 - Chair & representative announcements
 - Coordinator announcements
 - Ellen Franklin, CAC Chair, returns from leave of absence July 24th.
 - **ACTIONS:** Council approved present *Agenda* (1st & 2nd Neal, Pierson) and *Meeting Minutes* from previous meeting (1st & 2nd Wyckhuyse, Virtue).
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PUBLIC COMMENTS

Six members of the public were present. None signed up to comment.

IHN-CCO UPDATE

Kelley Kaiser, IHN-CCO CEO, provided an IHN-CCO update. See June Operations Report for details. Main discussion points were:

Utilization graphs format on page 6 of the Operations report has been updated. The CAC has been asking for Alcohol and Substance Use broken out of the Physical Health category for reporting purposes. This is a starting place for this reporting. IHN is working to improve this

reporting. Dental isn't part of this reporting. That is done separately. That can be brought separately for future reporting

Lisa Pierson asked if Outpatient should be such a high percentage of the utilization. Kelley Kaiser said that if we had looked at these numbers over the past years, outpatient spending was much higher.

Lisa Pierson asked what is IHN's role in ensuring that there are enough mental health services across the region. Kelley said that when the CCOs began, it was made clear to them from the State that CCOs should work with the existing delivery system (counties) for mental health. Bottom line, it's the CCO's obligation to do that in partnership with their community partners.

Kelley suggested that the CAC should invite the County Health Administrators to talk about their approach to their mental health delivery system and on ensuring that there is equity across the region.

OREGON HEALTH AUTHORITY (OHA) UPDATE

Joell Archibald, OHA Innovator Agent, provided a state update. See July 9, 2018 Innovator Agent Report for details.

LIAISON UPDATES

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

Dick Knowles for Linn County: They have had presentations from the Early Learning Hub, from Britny Chandler of IHN-CCO and two representatives from the dental care organizations, and Britny will be returning this week to present some Linn County IHN-CCCO member oral health data.

Rebekah Fowler for Lincoln County: Jeff Blackford & Amelia Wyckhuyse presented on CHANCE (Community Helping Addicts Negotiating Change Effectively) history in our region and their launch in Newport.

- Britny Chandler, IHN-CCO Dental Clinical Program Coordinator is attending local meetings and is able to provide updates and answer question.
- The Lincoln local committee meets again this Wednesday when Kristi Collins and Lynn Hall will present on the Linn Benton Lincoln Early Learning Hub.

Tyra Jansson for Benton County: People involved with the IHN-CCO funded Veggie Rx Pilot project will be coming this week to talk about that program. The BLAC is working on gathering feedback on the IHN-CCO Provider Directory to provide back to IHN-CCO. BLAC is also working on recruitment for new membership.

IHN-CCO QUALITY MANAGEMENT

Dr. Kevin Ewanchyna (pronounced *ee-wan-chin-ah*), Chief Medical Officer provided updates on:

1) IHN-CCO 2017 OHA Quality Incentive Metric performance Dr. Ewanchyna talked about:

- The history of the metrics.
- Financial incentive to meet the metrics in order to meet the triple aim of improving health, improving care, and reducing costs.
- What it takes to meet the metrics.
- Information about the quality metrics is publically available www.oregon.gov.
- IHN-CCO, in collaboration with many community partners, met the 2017 quality metrics and was awarded \$12.43 million, plus a bonus of \$145,000 for meeting the challenge metrics.

2) IHN-CCO Member Grievances – Dr. Ewanchyna talked about:

- There were significant increases in both grievances and appeals 2016 versus 2017: 119 in 2016 and 447 in 2017
 - IHN-CCO changed their definitions of grievances in order to get feedback to increase processes.
 - Appeal rates increased slightly in 2017.
 - Percentage of grievances by category: Interaction with plan/provider 31% Quality of Care 21%, Access 19%, Consumer rights 14%, Quality of Service 8%, billing issues 2%, other 5%.
 - Changes in opioid prescriptions increased grievance rates.
 - Appeals overturn rate is 40.6%, very similar to other Oregon CCOs.
 - IHN-CCO customer services representatives have been trained to listen for certain emotions/frustrations and certain language and forward that call to a grievance level. This has increased the grievance rate.
 - Paul Virtue said that the frontline staff is very good in recognizing the importance of the complaint.
 - Lisa Pierson agreed that the IHN-CCO Customer Service staff is great, but the letters of explanation are poorly written and the person who calls to talk about it, don't know the situation and can't address concerns/questions.
 - Dr. E. said that he is also frustrated by the letter and how they are written and is working with the State to figure out how to be in compliance with what the Feds require be in the letter.
 - Mike Volpe is using MyChart within Samaritan Health Services users and finds that very useful. It includes all of the provider's notes. It's available to all.
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NEXT CAC MEETING AGENDA ITEMS

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

- 2019 CHIP update, September
 - IHN-CCO Provider Directory feedback
 - County Health Administrators panel discussion about mental health delivery system
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MEETING ADJOURNMENT

- Tyra Jansson adjourned the meeting at 3:38
 - Next CAC: September 10, 1:00-4:00; Center for Health Education; 740 SW 9th St, Halls A&B, Newport
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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)

CEO – Chief Executive Officer

CHA – Community Health Assessment

CHAC – Lincoln 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)

PCPCH – Patient Centered Primary Care Home or a Medical Home

SDoH – Social Determinants of Health

SHS – Samaritan Health Services

Definitions

- **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.