

Community Advisory Council (CAC)

MINUTES draft 1

January 14, 2019 Corvallis Library

Council representatives and others at the table:

CAC Chair: Tyra Jansson

Benton: Deborah Morera (Liaison), Lisa Pierson, Michael Volpe;

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

Linn: Amelia Wyckhuysse, Angelic Brower, Catherine Skiens, George Matland (Liaison), Judy Rinkin;

Local Chairs: Tyra Jansson (Benton), Paul Virtue (Lincoln), Dick Knowles (Linn);

Presenters: **Kelley Kaiser**, IHN-CCO Chief Executive Officer; **Rebekah Fowler**, CAC Coordinator; **Joell**

Archibald, OHA Innovator Agent; **Neola Young**, Legacy Health Gender & Sexual Health Educator;

Bill Bouska, IHN-CCO Community Solutions and Government Affairs Director.

Absent: Todd Noble, Angelic Brower

CALL TO ORDER

Tyra Jansson, CAC Chair, called the meeting to order at 1:00.

INTRODUCTIONS, ANNOUNCEMENTS, & APPROVAL OF AGENDA & MINUTES

- **ACTIONS:** Council to approve present *Agenda* and past *Meeting Minutes*
 - Coordinator announcements – The newly approved CAC Charter was distributed; the group welcomed Catherine Skiens, Mike Volpe, and Richard Sherlock back to the CAC, having recently had their terms extended.
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PUBLIC COMMENTS

Eleven members of the public attended. No one signed up for public comments.

IHN-CCO UPDATE

Kelley Kaiser, IHN-CCO CEO, provided an IHN-CCO update (***See Operations Report Jan 2019***)

- IHN-CCO Board Report
 - New pie chart separating alcohol & substance use, mental health, and physical health. Mental Health services that take place in primary care are listed in physical health numbers.
 - IHN-CCO CEO transition
 - Kelley Kaiser, IHN-CCO CEO recently took a new position at Samaritan Health Services as a Senior Vice President and will continue as IHN-CCO CEO until her replacement is hired and the CCO 2.0 application process is complete. In her new position, she will be in charge of integrated service system; alignment between hospitals, physicians, and Samaritan Health
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Plans; Marketing, Human resources, 5 Foundations, Project Management, Government Affairs, and Corporate facilities.

- When asked about the Hospitals' Community Health Needs Assessments and their alignment with the CAC's CHIP, Kelley said that the hospital systems use the same Regional Health Assessment data. Their focus is on prioritizing strategic funding priorities and for community education.
 - CCO 2.0 is working toward aligning strategies for all CHIPs
- Kelley discussed the CCO 2.0 official Requests for referral process and timeline. Information on that can be found at:
<https://www.oregon.gov/oha/OHPB/Pages/CCO-2-0.aspx>
- Catherine Skiens asked how the CAC's CHIP and the message of the community work will be taken to the physicians. Kelley believes that in her new position she will be in a position to do that messaging. Also, the new CEO filling her position will also continue to be at those executive level meetings.
- Paul Virtue mentioned the need to continue integrate care holistically to remove stigma. He suggested that separating out mental health from other types of care may reinforce stigma.
- The CAC discussed the usefulness of the charts provided in the IHN-CCO Board report and Kelley said that she would like to work with the CAC to improve those charts. She suggested that we begin this conversation at the CAC's Communication Coordination Committee meeting. (what kind of information in the Board report would be useful/Charts)

PROVIDER DIRECTORY ISSUE BRIEF UPDATE

Kelley Kaiser presented an update on the IHN-CCO online provider directory (**See Provider Directory feedback spreadsheet**)

Discussion: Much of the CAC feedback is something that IHN is working to address. Kelley outlined that. She said that there are limits to what the online provider directory can do; sometimes a phone call to customer service will be the better option. For example, the directory will not be able to identify providers who only work via referrals. Services to diagnose are always covered, but treatment may not be. This means that physicians may need referrals for some types of appointments and may not for others.

OREGON HEALTH AUTHORITY (OHA) UPDATE

Joell Archibald, OHA Innovator Agent, provided a state update (**See Innovator Report**)

Oregon had the highest rate of hepatitis C related deaths in the country. The state has expanded the number of people treated. Kelley Kaiser said this isn't reflected in the rates and so the CCOs don't have new funding.

There's a process now to provide input into the OHP application process. The public can impact what the application looks like.

GENDER IDENTITY & HEALTH EQUITY PRESENTATION & DISCUSSION

Neola Young, Gender & Sexual Health Educator from Legacy Health, presented on, and lead a discussion about, gender identity and health equity. Topics covered included:

- Why talking about gender healthcare is important
 - 22,000 transgender or gender nonconforming Oregonians
 - 41% will or have attempted suicide.
 - Difficulty accessing healthcare
 - This population is not experiencing equity in healthcare.
 - Concepts and definitions such as gender, sex, gender neutral, gender non-binary
 - Sex – usually determined by anatomical and physiological characteristics (female, male)
 - Gender – innate sense of who you are (man, woman, non-binary)
 - Gender expression – how you present your gender through clothing, hairstyles, accessories, body language.
 - How we capture this information from patients and how we can use it
 - What’s at risk when we don’t respect gender
 - The importance of using preferred names and pronouns. The importance of not forcing people to announce their pronouns but rather given them that option.
 - How some gender nonconforming individuals use they/their pronouns. For example, Neola asks to be referred to by their name or by they/their pronouns, not by he or she/masculine or feminine pronouns.
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LEGISLATIVE UPDATE

Bill Bouska, IHN-CCO Community Solutions and Government Affairs Director, gave an Oregon Legislature update on issues relevant to CCOs and CACs.

OLIS is an online resource for the legislature. You can read the bills or view sessions online, find out when meetings are scheduled, etc. The governor’s recommended budget is available there. <https://olis.leg.state.or.us/liz/2019R1>

The legislature is looking for a 6 year funding approach for Oregon Health Plan. They’re trying to pass. There is a Medicaid gap in funding of over \$950 million. They have a variety of strategies to fill the gap.

NEXT CAC MEETING AGENDA ITEMS

Tyra Jansson & Rebekah Fowler requested agenda items for future CAC meetings, to be scheduled as time permits.

- March CAC – 2019 Community Health Improvement Plan (parking may be an issue, so arrive early and expect to possibly park on the street).
 - July CAC is a joint meeting with the IHN-CCO Board of Directors
 - Bill Bouska Community Solutions portion of the agenda
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- CAC Rep recruitment
 - Legislative report – Bill Bouska
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MEETING ADJOURNMENT

- Tyra Jansson adjourned the meeting at 4:00.
 - Next CAC: March 11, 1:00-4:00, Center for Health Ed., 740 SW 9th St, Newport, Oregon
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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 and its community partners have the ability to impact.