

# Community Advisory Council (CAC)

## MINUTES

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*Date:* Monday, March 9, 2020

*Time:* 1:00 p.m. – 4:00 p.m.

*Location:* Newport, Oregon

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

**CAC Chair:** Tyra Jansson

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

**Lincoln:** Chelsea Allen, Kärün Virtue, Rebecca Austen (Liaison), Richard Sherlock;

**Linn:** Amelia Wyckhuysse, Catherine Skiens, George Matland (Liaison), Judy Rinkin, Todd Noble;

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

**Presenters:** **Gabriel Parra**, IHN-CCO Chief Strategy Officer; **Linda Lang**, IHN-CCO Medical Management Director; **Joell Archibald**, OHA Innovator Agent; **Justin Hopkins**, IHN-CCO Behavioral Health Director; **Bill Bouska**, IHN-CCO Government Affairs and Community Solutions Director; **Rebekah Fowler**, CAC Coordinator

Absent: Deborah Morera, Catherine Skiens, Judy Rinkin, Todd Noble

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### PUBLIC COMMENT SIGN-UP

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### CALL TO ORDER

Tyra Jansson, CAC Chair, called the meeting to order at 1:03.

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

- Introductions
  - Meeting participation and invitation to Local Advisory Committee meetings
    - Introductions
  - **ACTIONS:** Council approved present agenda (Amelia, Mike) and past meeting minutes (Lisa, Chelsea)
  - Chair & CAC Representative announcements: none
  - Coordinator announcements
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## PUBLIC COMMENTS

8 members of the public were present. No one signed up to make a comment.

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## IHN-CCO UPDATE

Gabriel Parra, IHN-CCO Chief Strategy Officer, provided an IHN-CCO update.

IHN-CCO is looking at how to keep operations running if there is a need for schools to close for the Corona virus, for example, or if there are other quarantines or widespread illness. Technology is one challenge, such as ensuring patient confidentiality.

IHN-CCO is largely through the CCO 2.0 implementation phase, many of which had to be in place by Jan 1 of this year. There are a few more due by the end of April, many of which are done.

Question & discussion: What is the plan for the CAC's input into the Community Benefits Initiative? Lincoln County wants to be involved in this. It's expensive for Lincoln County to attend meetings in the valley. They are understaffed for attending meetings, plus many staff are paid by grants that won't pay for that type of travel.

Lincoln County's ability to participate in meetings in the valley is limited. Rebecca Austen said that this is a problem that needs to be resolved. She said there are likely many strategies to resolve this. Not being in the room, puts people at a disadvantage. Lincoln County staff computers don't have cameras and it's difficult to know who is speaking on speaker phone, for example.

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## CARE MANAGEMENT FOR DUAL ELIGIBLE MEMBERS

Linda Lang, IHN-CCO Medical Management Director, discussed care management for members who are on both Medicaid (IHN-CCO) and Medicare, also known as Dual Eligible. (**See Care Management for Dual Eligible Members presentation document**).

Model of Care plan for delivering integrated care management to members with special needs.

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## OREGON HEALTH AUTHORITY (OHA) UPDATE

Joell Archibald, OHA Innovator Agent, provided a state update (See Innovator Agent Update document).

Declaring a state of emergency is a way of freeing up and making available resources. That is why Oregon declared a state of emergency for the Corona virus CORVID 19. Declaring a state of emergency allows commercial labs to begin testing for the virus. There is minimal capacity to test. The appetite to test is far above the capacity and therefore testing must be prioritized.

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The State department of education issued recommendations for what to do if they have a positive result in one of their populations, including shutting down learning environments as a last resort. Organizations of all kinds should have contingency plans for how to conduct business remotely and to identify essential staff.

Joell emphasized that people should get their information from the OHA [website](#) [www.oregon.gov](http://www.oregon.gov) and Center for Disease control [website](#) [www.cdc.gov](http://www.cdc.gov). There is a lot of misinformation out there on other websites and the media.

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## LIAISON UPDATES

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

**Benton County:** They are reexamining the IHN-CCO provider directory issue and ensuring that members are aware of their vision benefit, particularly ages 0-18.

**Lincoln County:** Lincoln's meetings are focusing on Social Determinants of Health at each of their meetings. They began with housing. Commissioner Hall and Paul Villaescusa attended. A priority needed for Lincoln County is permanent temporary shelters.

**Linn County:** Their committee is focusing on access to care and the possibility of same day appointments.

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## BEHAVIORAL HEALTH UPDATE

Justin Hopkins, IHN-CCO Behavioral Health Director, talked a bit about himself and his new role and discussed behavioral health-related changes to the CCO contract.

The new CCO behavioral health contract is Exhibit M. It has the highest level of requirements of any area in the contract. They are waiting on OHA to learn more about the set of metrics they will be required to meet and track.

Behavioral Health Integration is a major component of the requirements. There several models of integration that IHN-CCO is working.

There is new funding for Intensive In-home Behavioral Health Services for youth and family. It involves supports to keep kids in the home and preventing the need to live away from home.

System of Care structure in IHN-CCO at the practice level (at each county). That's the best time to get the subject matter experts involved.

Trauma informed care and building community resilience is an important element.

Initiatives – monthly Behavioral Health Quality Committee

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This group is focusing on assessing needs and addressing this through policy change and improvement planning. They are waiting on OHA's metrics to be released before implementing value-based payment models.

Richard Sherlock said that Peer Support Specialists are an important part of the continuum of care. Justin agrees 100%.

Robust discussion about patients being turned away from hospitals in Lebanon & Albany when they present with a behavioral health issue. Gabe and Justin said they will look into this. The group would like a report back on what they find.

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## LEGISLATIVE UPDATE

Bill Bouska, IHN-CCO Government Affairs and Community Solutions Director, provided a legislative update so the CAC can be better informed about potential health related changes in the law.

The 2020 legislative short session ended two weeks early because the Republicans refused to attend the session. Three bills were passed through the sessions at a cost of \$500k. A lot of funding left on the table because the session ended early.

Parks & Rec bill in Happy Valley, a students who have concussions bill, and a special surcharge for special car license plates.

A special session will be called.

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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.

- May meeting CAC will vote to adopt 2020 CHIP Progress Report
  - Health Related Services progress report on IHN-CCO policies and procedures (Linda Lang).
  - July – Dr. Ewanchyna, Chief Medical Officer, to talk about provider recruitment, engagement, and sustainability.
  - November Transformation Quality Strategy update may be useful, must see Sept report to decide.
  - Vision benefit, ensuring that members who have the benefit are aware of it.
  - IHN-update
    - Hospital response to behavioral health at emergency department - report back from discussion today.
    - New OHA metrics, particularly behavioral health
    - Corona virus update
  - Further conversation
  - Potentially a CAC retreat in July
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## MEETING ADJOURNMENT

- Tyra Jansson adjourned the meeting at 3:45.
  - May 11, 2020; 1:00-4:00; Willamette Health Center, Albany, Oregon
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## Acronyms and Definitions

### Acronyms

**APM** – Alternative Payment Methodology, also known as a Value Based Payment

**BLAC** – Benton Local Advisory Committee

**CAC** – Community Advisory Council

**CCC** – Communication Coordination Committee (subcommittee of the CAC)

**CCO** – Coordinated Care Organization (Medicaid services)

**CCO 2.0** – The application process to earn a CCO contract for 2020-2024; also the new requirements on CCOs

**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 systems 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

**SHP** – Samaritan Health Plans (Medicaid, Medicare, Employee insurance, and Commercial insurance)

**SHS** – Samaritan Health Services (Hospitals and providers)

### Definitions

- **Alternative Payment Models (APM)** 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).
- **CCO 2.0** is the application to be a CCO in 2020-2024. IHN-CCO's contract with the State ends after 2019; IHN applied to continue being a CCO. Contracts to be awarded summer 2019.
- **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 are 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 (SDoH)** are the conditions in which people are born, grow, live, work, & age. They include availability of resources to meet daily needs. The CAC's CHIP has specifically identified the SDoH of **Housing, Transportation, and Food Access** as priorities for IHN-CCO and its community partners to focus improvement efforts.