

Community Advisory Council (CAC)

AGENDA

Monday, November 9, 2020 by video or phone

Council representatives and others at the table:

Facilitator: Rebekah Fowler

CAC Chair: Tyra Jansson

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

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

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

Confederated Tribes of Siletz Indians: Cherity Bloom-Miller

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

Presenters: **Joell Archibald**, OHA Innovator Agent; **Gabriel Parra**, IHN-CCO Chief Strategic Officer; **Ryan Vogt**, Cascade Wests Council of Governments (COG) Executive Director;

Danny Magaña, COG Rideline Supervisor; **Charissa Young-White**, IHN-CCO Transformation Project Manager; **Stephanie Jensen**, IHN-CCO Community Engagement Program Manager; **Bill Bouska**, IHN-CCO Government Affairs Director.

Absent: Deb Morera, Marci Frederic, Rebecca Austen, Judy Rinkin, & Cherity Bloom-Miller

INTRODUCTIONS, ANNOUNCEMENTS, & APPROVAL OF AGENDA & MINUTES

Rebekah Fowler, CAC Coordinator, lead the group through the following items:

- Invitation to Local Committee meetings
 - Housekeeping: Mute/unmute; Turn taking, Acronyms & Glossary
 - Roll call & welcome new CAC representatives
 - CAC Representatives, presenters, & Local Advisory Committee chairs
 - **ACTIONS:** Council approved the present agenda and past meeting minutes
 - CAC Representative announcements
 - Coordinator announcements
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PUBLIC COMMENTS

None

OREGON HEALTH AUTHORITY (OHA) UPDATE

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

Main Discussion points:

- Hospital capacity: nationally there are talks about rationing hospital resources including Utah. Oregon is not yet at the rationing space but there is thoughts for planning for when/if this becomes an issue.
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- ‘Twindemic’ (incidence of flu and COVID-19) puts more pressure in ICUs (intensive care units) and hospital beds.
 - Relationship between Oregon State University opening and increased COVID-19 cases.
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IHN-CCO STRATEGY DISCUSSION

Gabe Parra, IHN-CCO Chief Strategic Officer, talked with about, and asked for input on the future of IHN-CCO.

Main Discussion points:

- Customer service experience is difficult remotely.
 - IHN-CCO is looking at a member experience group that will address issues that are not grievances.
 - Post-operation experience: recovery expectations was not laid out by the hospital at all and there was no follow up from the doctor/clinic.
 - IHN-CCO would like to be more of an advocate for care (coordinated care).
 - Funding and impacts of the Affordable Care Act (ACA).
 - Hotels for the homeless in wintertime.
 - Lack of warming stations and shelters. C.H.A.N.C.E. does have a program for medical professional to come and provide care where they are.
 - Use he CAC’s Community Health Improvement Plan (CHIP) as a lens when looking at these issues.
 - Look at expanding the pilots and/or continuing pilots that have been successful in the region.
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TRANSPORTATION

Ryan Vogt, Cascade Wests Council of Governments (COG) Executive Director, and Danny Magaña, COG Rideline Supervisor, talked about IHN-CCO member transportation services.

Main Discussion points:

- How is Rideline handling the pandemic?
 - Social distancing, sanitizing in between rides, and face coverings.
 - Avoiding sharing rides and if necessary, will use a larger vehicle.
 - Ridership went down by 50% at the beginning of the pandemic but is now picking back up. Vehicle availability has gone down due to the lack of work available but should be picking back up.
 - Mileage reimbursement is also an option for members.
 - Are non-traditional rides covered?
 - As they are not covered services, it would depend on legislation or OHA in order to implement these.
 - IHN-CCO and COG did do a pilot (not DST) called the Well Care Program that provided rides to members for social needs.
 - Are public transit tickets covered?
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- There is a program for public transit funding.
 - Lyft and Uber are not contracted drivers with Rideline due to OHA regulations.
 - Training requirements for Rideline are much higher than Lyft and Uber including CPR training and other specific trainings.
 - Is Uber Health an option in this region?
 - This was discussed at the Workgroup level within IHN-CCO but currently it seems that Uber Health is not in our region.
 - More information to come on this.
 - What is the biggest challenge in providing good service to IHN-CCO members?
 - Pre-pandemic, the biggest issue was member education and what is covered and what is not.
 - The work by health navigators and others to educate members on these benefits has improved this is issue.
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SHARE INITIATIVE

Charissa Young-White, IHN-CCO Transformation Program Manager, provided a SHARE Initiative update and requested input (*Supporting Health for All Through Reinvestment (SHARE) Initiative* (See SHARE document).

Main Discussion points:

- General appreciation for the plan.
- Want to make sure that DevNW and other housing agencies will be part of the conversation.
 - IHN-CCO wants this to be an inclusive, regional, and coordinated effort.
- Cold weather centers – SHARE initiative might not be the ideal funding source as the funding is not known until January 2021. There are conversations happening outside of the SHARE initiative for the cold weather shelters.
- First time home buyers; young families are unable to find housing.
- Rental assistance to stay in their housing (rent moratorium expires).
- Community Services Consortium (CSC) has funds that must be distributed by end of December around housing support. Rebekah to send out information to the CAC.

For more info: <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/SHARE.aspx>

IHN-CCO EQUITY AND INCLUSION PLAN

Charissa Young-White, IHN-CCO Transformation Program Manager and Stephanie Jensen, IHN-CCO Community Engagement Program Manager, provided and Equity and Inclusion update and requested input (See Equity & Inclusion Plan document).

Main Discussion points:

- Conversation around the language on the use of “appropriate” before names and pronouns (slide 2). Preferred is not the right way to designate pronouns. People’s pronouns just are and using preferred or words like appropriate call out trans people
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as having to make the extra effort to inform others of their pronouns or gender.

- Specific call out that under Member Education and Accessibility, this is addressing the member handbook, not the provider directory.
 - The provider directory is a concern for IHN-CCO, and this is being addressed through different means.

LIAISON UPDATES

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

Benton: Has had presentations on System of Care (SOC) and Behavioral Health.

Lincoln: Impact of wildfires has been high. Missed meeting due to the election.

Linn: Presentations included from the county on the mental health system.

LEGISLATIVE UPDATE

Bill Bouska, IHN-CCO Government Affairs and Community Solutions Director, provided a legislative update.

- Tobacco tax passed – this provides funding for healthcare in part.
- Republicans did well in the House and Senate.
- Senator in Lincoln County flipped to Republican.
- Statewide seats including Attorney General and Secretary of State are 100% Democrat.
- Presidential election will be impactful to healthcare. The Supreme Court will be considering the legality of the ACA.

NEXT CAC MEETING AGENDA ITEMS

Rebekah Fowler requested agenda items for future CAC meetings.

- Health Related Services progress report on IHN-CCO policies and procedures.
- Discussion about the provider directory.

MEETING ADJOURNMENT

NEXT CAC MEETING

- Monday, Jan 11, 2021; 1:00-4:00 by video/phone

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 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
SHARE – Supporting Health for All Through REinvestment
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.
- **Equity:** The guarantee of fair treatment, access, opportunity, and advancement for all while striving to identify and eliminate barriers that have prevented the full participation of some groups. The principle of equity acknowledges that there are historically under-served and under-represented populations and that fairness regarding these unbalanced conditions is needed to assist equality in the provision of effective opportunities to all groups.
- **Health disparities:** Differences in access to, or availability of, service
- **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.
- **Inclusion:** Authentically bringing traditionally excluded individuals and/or groups into processes, activities, and decision/policy making in a way that shares power and ensures equal access to opportunities and resources.

- **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.
- **SHARE Initiative:** Supporting Health for All Through Reinvestment Initiative comes from a legislative requirement for CCOs to invest some of their profits back into their communities on services to address health inequities and the social determinants of health and equity.
- **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.