

Community Advisory Council (CAC)

MINUTES Draft 1

Date: Monday, May 10, 2020

Time: 1:00 p.m. – 4:00 p.m.

Council representatives and others at the table:

Facilitator: Rebekah Fowler

CAC Chair: Tyra Jansson

Benton: Janie Tebeau, Michael Volpe, Tyra Jansson

Lincoln: Kärün Virtue, Richard Sherlock

Linn: Judy Rinkin, Todd Noble

Confederated Tribes of Siletz Indians:

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

Presenters: Joell Archibald, OHA Innovator Agent; IHN-CCO; Bruce Butler, IHN-CCO CEO;

Gabriel Parra, IHN-CCO Chief Strategic Officer; Charissa Young-White, Transformation Program Manager; Bill Bouska, IHN-CCO Government Affairs Director.

Annette Fowler; Suzanne Hoffman

Absent: Lisa Pierson (Benton), Chelsea Allen (Lincoln), Marci Frederic (Liaison - Lincoln), Amelia Wyckhuyse (Linn), George Matland (Liaison - Linn), Cherity Bloom-Miller (Confederated Tribes of Siletz Indians)

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/hand raise, Acronyms & Glossary
 - Roll call & welcome Janie Tebeau, newly appointed Benton CAC rep
 - CAC Representatives, presenters, & local advisory committee chairs
 - **ACTION:** The council approved the present agenda and past meeting minutes via consensus
 - 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 Innovator Agent Report for details*).

Main Discussion points:

- Governor does not intend to use Extreme risk for rest of pandemic.
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- Oregon labs are testing for variants across Oregon by region.
 - There are more variants. Variants keep the virus circulating, make it difficult to address, but the measures are the same and vaccination will protect us from variants too.
 - Oregon has reached point where demand could be less than supply. Need to build demand for vaccine and confidence to get vaccine. Going to send vaccines to PCP offices to encourage more to get vaccine. Can give Pfizer vaccine to 16 and older. May be able to give to 12 and older. Challenge is how to convince their parents. It is unknown how will this play out for middle and high school kids.
 - Elementary age is another category to think about in terms of vulnerability to COVID.
 - Booster shots could be a manufacturing and distribution challenge.
 - OHA is working with leaders of Latin population to increase vaccinations.
 - Some Latin population are being asked for ID, copay, and English only when going to walk-in clinics.
 - Working with transit systems to remove barriers to access to vaccine sites.
 - Medicaid has federal waiver requirement. Need to demonstrate outcomes would be improved by waiver request.
 - Quality pool metrics with COVID it wasn't possible for CCOs to make these goals in 2020.
 - 2021 is still expected to be a full improvement and measurement year from 2019.
 - CCOs have shared process improvement and metric improvement are still difficult with the COVID.
 - Does anyone have information about the church COVID outbreak in Albany? There has been a lot of resistance at some churches.
 - Linn county has offered to do vaccine clinics at church locations.
 - Albany has 35% vaccinated.
 - Pope has made a moral statement about getting vaccine so they may reach out to the catholic church.
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IHN-CCO UPDATE

Bruce Butler & Gabe Parra, IHN-CCO Chief Executive Officer and Chief Strategy Officer, provided an update:

- Newly filled IHN-CCO leadership position(s)
 - Introduction of Annette Fowler as new Chief Operating Officer for IHN-CCO.
 - Rebekah offered to do CAC orientation for Annette.
 - IHN-CCO data dashboard (**see data dashboard document**)
 - IHN-CCO enrollment over 70000 members today.
 - IHN-CCO provider calls continue to perform well, and response times are good. Volumes are increasing.
 - Member calls have improved. Added 2 new pharmacy customer service reps contributing to improvement.
 - Appeals and grievances – overall number of IHN grievances has fallen.
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- Continue to make sure members are aware of this process.
 - Karun: question about grievance process. Some consumers feel that what they get back seems incomplete. It is perceived that the organization doesn't want to acknowledge that they might be responsible for something and trying to avoid litigation.
 - Gabe says legal council doesn't change language that is in the appeal and grievance responses.
 - Difficult for consumers to understand relationship within health plans, Samaritan providers, etc. If member is not clear they should reach out. Passionate about consumers having voices in this forum and others.
 - Grievance could seem like such a formal process that people are discouraged. There could be a middle ground for interactive and engaging with members.
 - OHA Ombudsman
 - How all of these processes impact OHA getting all of their dollars back. Validating every consumer voice but in a way that makes it good for organization and not detrimental to organization success.
 - Not tied to incentive dollars anymore but it is part of the overall.
 - **ACTION:** Will want to revisit grievances and appeals for discussion in future meeting. Rebekah to add to future agenda.
 - **Pilot Project request for proposals (RFP) (Charissa Young-White) (See DST Pilot Project RFP presentation)**
 - Chose these priority areas.
 - Open to programs that focus on one of the areas and doesn't have to meet all of the areas.
 - Broad RFP process
 - Requirements: Letter of intent due 5/31/21 at 8am.
 - **ACTION:** Charissa will move the due date to Wednesday June 2. This applies to the SHARE initiative as well.
 - RFP published 5/11/21 on IHNTogether site.
 - Releasing another that will use the same Letter of Intent.
 - Internally IHN-CCO will look at these and get them to the right place.
 - Building relationships is a core goal of DST
 - Start with the CHIP program and it is the foundation of the discussion.
 - Access, SDOH and Equity
 - Simpler and shorter application process for those asking for under \$50,000 and can have access to funds within 2021.
 - How much or when funding amount will be known? Just heard from OHA in last week with estimated incentive metric would be, but it will be out soon.
 - Amount for Transformation is only a percentage of revenue
 - Applications due early July or end of June.
 - **Provider Directory update**
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- This was not discussed.
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CHIP PROGRESS REPORT

Rebekah Fowler, CAC Coordinator, presented a draft of the 2021 IHN-CCO Community Health Improvement Plan (CHIP) Progress Report, received feedback, and asked, the CAC to vote to adopt.

Major discussion points included:

- Over \$20 million in funds so far
- Worked with original health assessment team to input the data into different visuals.
- Moving pieces
- In local advisory committees would look at the data and make some small adjustments as needed.
- Today is to make sure there are no major errors or something missing.
- It's good to see actual numbers/data in areas that were lacking data before.

ACTION: The CAC voted to adopt the 2021 CHIP Progress Report.

Tyra made motion; Karun seconded. If no Nay or abstain comment, then will count vote as yay. Approved by consensus.

LIAISON UPDATES

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

Benton:

- Benton Local Advisory Committee meeting was canceled. Nothing to report beyond SHARE Initiative presentation the previous month.

Lincoln:

- Karun brought up that in the local meeting that there were 2 members that had interactions with Ride Line and were questioned as to why they needed a ride outside of their local area for services. The reasons were related to a traumatic experience with a provider. The questions asked by Rideline were highly personal and the members felt upset about it
 - **ACTION:** Danae Wahlert is going to follow up on this from that meeting.
 - Sharing in local meeting was re-traumatizing as additional questions were asked with good intentions. Some of the same questions are asked which increases the trauma. How is the grievance process trauma informed when it is about trauma?
 - Charissa aware of 3 of the items being talked about. Encourage to use grievance process. She has taken on role of following the member throughout the process to make sure they don't have to re-tell their story and be re-traumatized. Worked out with manager of appeals and grievance. Working with Non-emergent Medical Transportation and Rideline. A lot of training happening on trauma informed.
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- There is active work going on behind the scenes and this is taken seriously.
 - Had a presentation and discussion transgender affirming healthcare provider from Beck Fox (formerly Johnson) of the Bravery center
 - Share initiative RFP priorities.

Linn:

- SHARE initiative.
- Going to have presentation on harm reduction.
- East Linn theme going through presentations and discussions is important for rural Linn county.
- Dick's audio not working. Dick typed in the chat "I actually don't have anything for the Liaison report except for Amelia's decision to be Vice Chair."

Continued discussion

- Gabe asked if there is something IHN-CCO could do to encourage vaccine hesitant people and to reach them.
- He asked advice on how to get them information, anything that would be helpful. Karun stated it was helpful when Dr. Ewanchyna presented on how the MRNA works. How the new vaccine uses the protein model. Maybe borrowing the video models and pushing out to the members. Distinct from vaccines we are using in general. We have general anti-vaxxers, but this shows the science behind it.
- At the national level the information is not always consistent.
- Engaging onsite clinics at faith group locations could increase use in a positive way.
- FDA just approved 12 and up.
- Some counties get stickers.
- There was appreciation for the vaccination clinic at the Beavs Spring game last Saturday.

LEGISLATIVE UPDATE

Bill Bouska, IHN-CCO Government Affairs Director, provided an update on the Oregon legislative session.

- Samaritan Health Services is sending around the mobile clinic to communities to get the vaccination out to smaller areas. Need community leaders that could talk about getting the vaccine could encourage people. Hard to reach populations.
 - Samaritan Health Services Legislative Strategy Team approaches as whole health system. Deadline calendar is moving slow. May 19 revenue forecast and then job starts to pass biennial budget.
 - There is an old law on the books that said lab results had to be held for 7 days, but this new bill removes that delay.
 - Mergers and acquisition bill would get OHA involved during business transactions.
 - Working on amendment language on some of the bills to ensure they work and that there are trained providers such as interpreters.
 - 988 behavioral health crisis system. Already being implemented and will be live in the summer. Will be a policy bill done now but will need funding behind it to
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ensure there is enough mobile crisis system in the state.

- 3.4 % healthcare cost growth target for CCOs.
 - Funding the Medicaid program; need to do health equity and social determinants of health.
 - Development of next 1115 waiver
 - Services for people under Civil Commitment. State hospital stopped accepting patients and went from about 300 to 15.
 - Other health related bills that were not just CCO related.
 - HB 2337 (racism is a public health crisis) is in House Rules and actively being amended to reduce the fiscal impact. It is seen as a leadership priority and has a good chance of getting through the process. Bill has the amendment language if anyone is interested.
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SHARE INITIATIVE

Charissa Young-White, IHN-CCO Transformation Program Manager, presented a draft of the Supporting Health for All through RE-investment (SHARE) Request for Proposals (RFP). **(ACTION)**

- This RFP includes priorities for funding services to address social determinant of health and foster equity.

Major discussion points included:

- Brought to each of the local advisory committees and we will vote on this today.
 - Identified the highest priority of spending should be on Housing such as for incarceration discharge, inpatient discharge, etc.
 - CAC and local advisory committees have been heavily involved in process.
 - Equity statement for IHN-CCO
 - Ensuring people have a safe housing option to be discharged to.
 - Projects that come to DST should be new partnership and new options.
 - SHARE is based on investment and evidence-based practices.
 - Regional coordination of housing efforts to reduce duplication and assess where gaps are and support all housing programs in our region.
 - CHIP is requirement of OHA for CCO
 - Increase number of members who have affordable housing.
 - Increase health equity.
 - Look at housing and how that affects people.
 - Trans members need housing that is safe for them.
 - May have proposals for this.
 - Rural communities, COVID effects, eviction/rent moratorium.
 - Transitional housing.
 - Housing, health equity, and social determinants of health definitions.
 - RFP announced/released 5/11/21.
 - Letter of intent due 6/2/2021.
 - If the proposal is innovative it would go to DST, if not then it would go to the SHARE initiative.
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- Tyra is excited to hear more focused on evidence based. How is this going to be shown in proposals or evaluated. What is process for evaluating this? IHN-CCO will review the return on investment. Based on what is happening in region. If it was in place, how would it effect our members. Not just focused on dollar amount but will be evaluated as well. In early stages. Analytics department will be looking at as well. Will reach out to the proposers if something is a little out of the norm. Will pull in experts from housing as well.
 - What are the impacts down the road? Building infrastructure that might not serve members for a while.

ACTION: The CAC voted to approve the SHARE Initiative RPF priorities. Need approval from CAC to send this out. Tyra makes motion to approve draft of the SHARE Proposal RFP. Second motion from Janie. Voted by consensus. No nay. Accepted as approved.

NEXT CAC MEETING AGENDA ITEMS

Rebekah Fowler requested agenda items for future CAC meetings.

- SHARE Initiative update on approved projects (July) IHN-CCO Internally approved projects 20-30 minutes requested to allow for feedback.
- Behavioral Health Plan (Sept) with Sheryl Fisher on IHN-CCO Health Plan behavioral health.
- Provider Directory updates

MEETING ADJOURNMENT

Adjourned 3:18

NEXT CAC MEETING

- Monday, July 12, 2021; 1:00-4:00 by video/phone
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Acronyms and Definitions

Acronyms

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

BIPOC – Black, Indigenous, & People of Color (The nine separate Confederated Tribes of Oregon have expressed a preference for the term *Communities of Color and Tribes*)

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

COO – Chief Operations Officer

CSO – Chief Strategy 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 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 second CCO contract with OHA beginning 2020-2024.
- **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, services.
- **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.