

# Community Advisory Council (CAC)

## Minutes

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**Date:** Monday, January 11, 2020, video or phone options

**Time:** 1:00 p.m. – 4:00 p.m.

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

**Facilitator:** Rebekah Fowler

**CAC Chair:** Tyra Jansson

**Benton:** Lisa Pierson, Michael Volpe;

**Lincoln:** Kärün Virtue, Marci Frederic, Richard Sherlock;

**Linn:** Judy Rinkin, Todd Noble;

**Confederated Tribes of Siletz Indians:** Cherity Bloom-Miller

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

**Presenters:** **Joell Archibald**, OHA Innovator Agent; **Dr. Kevin Ewanchyna**, Chief Medical Officer, IHN-CCO; **Gabriel Parra**, IHN-CCO Chief Strategic Officer, **Bruce Butler**, IHN-CCO CEO.

**Absent:** Deborah Morera (Liaison), Chelsea Allen, Rebecca Austen (Liaison), Amelia Wyckhuys, George Matland (Liaison), Tyra Jansson (Benton),

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## 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
    - Public, please let Rebekah know if you would like to make a public comment
  - **ACTIONS:** Council to approve present agenda and past meeting minutes
  - CAC Representative announcements
  - Coordinator announcement
    - CAC Rep recognition of Catherine Skiens
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## PUBLIC COMMENTS

None

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## OREGON HEALTH AUTHORITY (OHA) UPDATE

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

Main Discussion points:

- As of Friday, January 15, Benton will be at high risk status and Lincoln and Linn will be at extreme risk.
  - School districts are no longer required to follow the county risk status.
  - Cherity Bloom-Miller with the Confederated Tribes of Siletz Indians is one of the
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27 chosen members for the COVID-19 Vaccine Advisory Committee.

- Tobacco tax revenue: 90% to Oregon Health Plan (OHP) and 10% to public health

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## COVID-19 VACCINATION UPDATE

Dr. Kevin Ewanchyna, IHN-CCO Chief Medical Officer, updated the CAC on the current status of COVID-19 vaccinations. (*See COVID Immunizations PowerPoint the second one sent*)

Main Discussion Points:

- You cannot get COVID from the COVID vaccine.
- When getting to the 1c category there will be reach out from primary care doctors and from the CCOs.
- Veterans and military personnel will receive vaccinations from federal.

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## IHN-CCO DATA DASHBOARD

Gabe Parra, IHN-CCO Chief Strategic Officer, discussed the development of a data dashboard and proposed some data points that might be included. CAC representatives provided input.

- Data points: calls from members and providers; grievances and appeals; and enrollment. Looking at years of data.
- Since March 13, about 13.5% growth in membership.
- Currently IHN-CCO has 67,019 members.

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## IHN-CCO BOARD OF DIRECTORS REPORT

Gabe Parra, IHN-CCO Chief Strategic Officer, provided an update on the most recent IHN-CCO Board of Directors meeting.

- Staffing changes, continuing to recruitment for a new Chief Operating Officer (COO).
- Compliance Officer is continuing for recruitment with good progress.
- Michelle Crawford the IT Director left the organization.
- Pharmacy Director, Nana Ama Kuffour.
- Behavioral Health Director, Sheryl Fisher. Sheryl's first day is tomorrow, January 12, 2021.

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## LIAISON UPDATES

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

Benton: System of care presentation from Jennifer Schwartz

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Lincoln: Oral health update from Britny Chandler

Linn: Developmental Disabilities services have been moved to the Public Health offices on Waverly. Environmental services moved. Public Health moved to Addictions and Mental Health conference room

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## NEXT CAC MEETING AGENDA ITEMS

Rebekah Fowler requested agenda items for future CAC meetings.

- Provider directory
  - May meeting- CHIP
  - Remote meeting most likely through 2021.
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## MEETING ADJOURNMENT

### NEXT CAC MEETING

- Monday, March 8, 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

**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.