

# Community Advisory Council (CAC)

## Minutes

Provided by Jeannette Campbell

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**Date:** Monday, March 08, 2021, 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, Deborah Morera;

**Lincoln:** Kärün Virtue, Marci Frederic, Richard Sherlock, Chelsea Allen, Rebecca Austen;

**Linn:** Judy Rinkin, Todd Noble, George Matland, Amelia Wyckhuyse;

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

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

**Presenters:** **Joell Archibald**, OHA Innovator Agent; **Gabriel Parra**, IHN-CCO Chief Strategic Officer, **Bruce Butler**, IHN-CCO CEO. **Bill Bouska**, Government Affairs Director

**Guests:** Larry Eby, Charissa Young-White, Jeannette Campbell,

**Absent:** Deborah Morera, Chelsea Allen, Rebecca Austen, George Matland, Judy Rinkin, Cherity Bloom-Miller

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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
    - Public, please let Rebekah know if you would like to make a public comment
  - **ACTIONS:** Council to approve present agenda and past meeting minutes
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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:

- **QUESTION:** Are OSU students being calculated as the Benton county numbers are about double Linn county numbers. Linn county is higher population. Joelle has question out to get an answer and more understanding of this.
  - **Bill:** I am wondering if any CAC members have experienced the REALD questions in the last couple months? If so, how was that experience? Rebekah suggested we pay attention to this and bring back to the local CAC.
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- Young people have a hard time understanding overall effect and risk.
  - Democrat herald article says Benton county is testing more frequently than other counties.
  - Marci: question about equity. Called Lincoln county to get on list for shot and there was no box to check for any REALD information or LGBTQ. Only for elderly, health, etc.
  - Counties have had to design access points into vaccine before they had the recommendations or OHA charts or knew how much vaccine they will have
  - Appointment mechanisms were put in place before the document was available.
  - Karun: question; in local last week about equity. Especially in urban areas there is huge disparity. Newer technology, faster phones, better internet they have advantage. Percentage of population that would be opposed to vaccine. Is there a plan for government to deal with those issues? There are ongoing efforts to address those who are hesitant to get their vaccine. Used long house and tribal elders as leaders in accepting vaccination and was received well. Number of strategies that OHA is using for vaccine hesitancy. Attitudes have shifted since they started as more people are seeing others around them have minimal side effects. How to get the rest vaccinated.
  - Dick: wanted to come from positive side acknowledging the pharmacy a week ago asked if he got vaccination. Recognized that he was in age group that could get the vaccine now. Bi-Mart was this location. Safeway has given them at least a week longer and they are calling their customers offering the vaccine. Market the positives.
  - Weekly data file of all the members who are getting vaccinated and be able to target those who haven't gotten it.
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## IHN-CCO DATA DASHBOARD

Gabe Parra, IHN-CCO Chief Strategic Officer, presented PowerPoint of IHN Data Dashboard. (See Power Point)

- Enrollment: since March 2020 – today 68,941 members.
  - This is occurring with CCOs across the state as COVID has increased enrollment.
  - Provider calls: quarterly. Volume constant at about 2000 calls a month. Above 80% goal of answering within 30 seconds
  - Member calls: 1800-1900 calls a month. Up and down as result of staffing level issues. Getting this under control and numbers are looking pretty good.
  - Appeals/Grievances: compare similar time periods to each other Jan/Feb 2020 to Jan/Feb 2021. Volume of A&G are down. Overturned appeals are fewer as working to get accurate decision the first time.
  - At next meeting will bring back more complete quarterly data to show more of trends.
  - One quick update and skip overboard report.
  - Provider directory update will happen at next CAC meeting.
  - Lisa really was glad to see the dashboard and Dick agreed and was happy to see information even though the quarter wasn't up. Quarterly is great.
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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.

- There were reports from Bruce, Dr. E.
  - Gabe gave information on SHARE initiative.
  - Update on 1115 waiver and what might be coming up for IHN.
  - Contract restatement
  - Bill Bouska gave update as well.
  - Will provide slides to Rebekah to distribute.
  - Bruce: Able to review year end financials for 2020 at the board meeting.
  - First few months of the year are hard to estimate what the actual financials are as there are claims that we haven't paid yet but think we are going to pay.
  - 2020 as a process in the first few months we were over-estimating our expenses. Being a little too careful. They were more pessimistic than they should have been. then COVID happened and claims coming in dropped by a large amount. Kept paying at steady rate. Increased our reimbursement rate to providers to help make up for cash flow loss the providers were experiencing.
  - Lockdown eased and things went almost back to normal. We were overspending at that point due to increased payment rate. Closed year close to budget.
  - Good combination of skill and luck.
  - Waiver presentation
  - Get rate of hospital under control. Include equity and inclusion.
  - On surface might seem to be conflicting objectives to spend more to do better on equity and inclusion.
  - We are accountable to OHA as a customer. They want more value by a better outcome for members subject to finite dollars that can be spent.
  - Challenge is consumers (member) and purchasers (OHA) are 2 different things.
  - Joelle thought Bruce presentation was spot on.
  - Working on workgroup and they are presenting to health leadership next week.
  - Flexibility with Medicaid opportunities.
  - Potential of impact in the new waiver. Bill raised this issue and it resonated strongly.
  - What does purchaser really want? What do we really like about the current situation as a CCO? We have favorable environment for innovation on how to improve services with strong common thread of addressing inequities in our system. Where we go from here now, with programs that work and make them not just experiments with phases of grant support. How to make these scalable and sustainable in the long run. This is where 1115 waiver comes in and enables state to take things that aren't normally reimbursable by CMS and make it so. Build into the waiver these things to make them permanent going forward.
  - From perspective of CCO is we don't see reducing disparity and having stronger value of income to cost ratio as competing priorities. We see these as same process and equation. Positive feedback loop. If goal is to improve value, you want to
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improve outcome per dollar spent. But if want to have big impact. Have to focus strongly on things that aren't going well.

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## LIAISON UPDATES

- The CAC Liaisons reported on Local Advisory Committee activities since the previous CAC meeting.
- Rebekah has been facilitating these for the last year and they have been more standardized
- All 3 had ombudsman presentation.
- Rebekah Austin – was co-administrator for Lincoln county services and was public health person prior to that. Resignation and last day April 2<sup>nd</sup>. Not able to make this meeting. Was staff person for Lincoln county and was also their liaison. If any updates from
- Benton: standard updates. Deb Moreira (liaison) not able to be here today.
- Dick: CHANCE servicing 3 counties and is going through changes as took over Signs of Victory. See if group can help make transition smooth as possible. Signs of Victory in Linn county has been. New name of shelter is 2<sup>nd</sup> chance shelter. Amelia has taken on responsibilities there. In January. Dr Genie Davis in med school in Lebanon. Linn-Benton health summit full day virtual. Continue to get vaccination updates from Todd and others.
- Passing of Catherine Skiens. Could post memorial plaque in IHN building? Yes. It was handed to administrative assistant at walnut building. Idea came from Catherine's daughter to post this to recognize all the hard work from those who have helped.
- Amelia: 2<sup>nd</sup> chance?
- Karun: notice of adverse benefits determination. Received one in family unit and it was difficult to determine what it was saying. All CCO come into compliance with legal requirements but hadn't met with members to ensure the language was readable and understandable by members as well.
- Rebekah: Danae Craig Walhert was at last meeting and she was going to follow up.

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## BILL BOUSKA – LEGISLATIVE UPDATE

(See Legislative Update document)

- The session started later than normal, around the 28th of June
- COVID uncertainty with how it is going.
- The legislative sessions are really easy to participate in now that it is all meeting virtually. It's easy for people to engage and give feedback to legislators.
  - Democrats have comfortable majority. Republicans have limited ways to stop them. A lot more bills introduced than last legislation.
  - The Senate and House have new leadership and bumps in road with that. From health perspective COVID has changed a lot of things. Financial

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sustainability and program sustainability are difficult.

- Medicaid budget are key issues. Reductions but actively working on fully funding the Medicaid budget.
- Strategy team with Kelley Kaiser and Julie Manning along with Bill Bouska. How we make decisions on what we support? Maintaining access to services and supports. Make sure our funding goes as far as possible. Look at not increasing administrative burden without outcomes, anything that will enhance CCO mode, not change too much, not a big policy change.
  - Cost sustainability and cost growth is huge in the state.
- HB 2081 is healthcare cost growth
- HB 2010 talks about a public option for health insurance. Use tools we have to get more people insured.
- HB 2508 telehealth
- Hope amendments joint resolution 12 is about putting something on ballot next year to put healthcare as a right and it should be accessible.
- Mental health parity bill looking at costs. What can we do about our work force?
- HB 2164 cover all people. Focusing on youth that age out of cover all kids. People whose immigration status doesn't allow them to be covered with Medicaid.
- OHA wanting to get into approval process
- 2469 behavioral health checkups
- Continue work on collecting REALD data
- Have to have work session by end of this month, beginning of April and then we will know which ones will be discussed further.
- Lisa: which bill is IHN opposing. Bill: Around mergers and acquisitions. OHA would run the process of the business side of DOJ and department financial revenue resources. Putting OHA in business around health systems. Who is sponsoring the bill? Driver behind this are the labor unions.

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## NEXT CAC MEETING AGENDA ITEMS

Rebekah Fowler requested agenda items for future CAC meetings.

- Provider directory
- May meeting- CHIP progress report
- Behavioral Health report due by IHN in June? Bring back in July?
- Request to have even representation from each of the county liaisons.

## MEETING ADJOURNMENT

### NEXT CAC MEETING

- Monday, May 10, 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.