

CCO Community Advisory Council Meeting

Monday, February 24, 2014

12:00 - 2:00 pm

Lane County Youth Services, Carmichael Room

Minutes

Attended: Andrea Muzikant, Val Haynes, Roxie Mayfield, Tara Davee, Dawn Helwig, Rick Kincaid, Eric Van Houten, Marcela Mendoza, Char Reavis, David Parker, Leah Edelman, Tony Biglan, Marianne Malott, John Radich, Debi Farr,

Guests: Sarah Ballini-Ross (Senior & Disabled Services); Jose Soto (NAMI)

Absent: Lezlee Craven, Renee Freeman, Colt Gill, L.M. Reese

1. **Call Meeting to Order** – Meeting opened by Chair, David Parker.
2. **Public Comment** – No comment
3. **Introductions and Welcome**
 - a. Introductions – Introductions were made around the table.
 - b. “Get to Know You” activity – What is the most favorite thing that you’re looking forward to in Spring?
4. **CAC Business/Announcements**
 - a. **CAC Annual Report** – Report by Leah. Report distributed
 - b. **CAC Summit** – May 29-30 in Eugene! Report by Leah. Due to our feedback about the CCO summit in December, they are now planning a summit specifically for the CACs to give them the opportunity to learn some skills, what other CACs are doing, learn about what is going on in the CCOs, and do more networking. The whole agenda is not completed, but it will be a two day summit. If anybody has any burning issues or suggestions on what you would like to see on the agenda, please let Leah know. More information will be forthcoming.
 - c. **Transformation Group Phone Conference** - The Transformation Group has a phone conference every month March 5, 3-4 pm room 530 at the Lane County Health and Human Services Building at 151 W. 7th, Eugene. If you would like to participate in the call from home using Skype (need own microphone/headset), please contact Leah.

5. Liaison / Workgroup Reports

- a. **Governing Board** – Report by Tara – Spent most of the time talking about access to care issues and some of the short and long term proposals. A good report on finances.
- b. **CAP Report** – Report by Rick. CAP also spent a lot of time talking about the access to care crisis. We still have eight to nine thousand people that don't have a primary care doctor. Terry presented his four point plan to address this issue. Also discussed the transformation of primary care team model and bringing on a service called Transfer Med that system to look at how you function and optimize in a primary care office and how to be more efficient and maintain a primary care home with tier levels that provides high quality care. Talked about dental care and the problem of dental issues coming into the ER and how to solve this problem. Talked about Behavioral Health Integration to assure we have behavioral health support in the primary care environment.
- c. **RAC Report** – Report by Char. Discussed 2014 meeting sites that they haven't met in yet. We are going to hold meetings in Junction City, Veneta, McKenzie Bridge, Oakridge, Marcola and Mapleton. We decided to have two community meetings. We talked about having the RAC be out engaging the communities and getting member feedback about problems they are facing and to share with the members what is going on in Trillium. We also want to get more community members on the RAC.

6. CAC Committees

- a. **Prevention** – Report by Tony and Rick.
 - i. **Fidelity Discussion** – “Fidelity refers to the degree to which a program is implemented as its developer intended”. Discussed programs and the fidelity of how we implement them. Tony is helping the prevention team understand how to do that. We are going to look at implementing at one clinic at a time and then take what they learn from that clinic and make the program better in the future clinics. Training for providers needs to be in the program budgeting process from the beginning. Need to have regular fidelity checks and surveys to evaluate how the program is working. It is important when you are implementing a new program at a clinic or place that you evaluate what mechanisms or services that are already in place.
- b. **Health Equity** – Report by Val. Had our focus groups last week. Val had to get the food for the groups and found that healthy food is really expensive. The participants were very appreciative that they got to participate and that childcare was provided and felt very empowered. The participants were very appreciative of the healthy

food and were able to take home what was left after the meetings. You can literally get more food eating at McDonalds for a buck than healthy food at the store for the same amount of money. At the next Health Equity meeting we will be compiling the data, looking for trends and making recommendations.

- c. **Member Engagement**: Report by Tara. Group has been talking about how to creatively engage members and need to collect feedback about the barriers and challenges they face regarding their health care. The data they collect will be used to make recommendations
 - i. **Outreach Plan**: Partner with Dept. of Human Services and coordinating with the Self Sufficiency Department caseworkers that provide temporary emergency assistance. We will encourage members to participate in a focus group and reach out to people who aren't able to participate in the focus group by completing a survey. Our first focus group will be at the McKenzie office on Chad Drive. We will be doing both English and Spanish focus groups.
 - ii. **Small group survey evaluation** – Going into housing communities at HACFA and Metropolitan housing complexes. We are looking at barriers that may prevent people from coming to the event such as child care and creative ways to make it a fun event. A copy of the survey was passed out for council members to look over. If the council members have any suggestions for improving the survey, please let us know. We need to keep survey at 3rd-5th grade level. We will be offering incentives to participants such as refreshments and drawings. Make sure the survey goes to CMS (Center for Medicaid Services) for input and approval because some of the clients may have dual coverage through Medicaid/Medicare.

7. Trillium Reports

- a. **Communications/Public Relations Report** – Report by Debi Farr. Shared the member newsletter. We are really interested in engaging the youth members. The newsletter has addressed quality measures, flu shots, FAQs, Quit for Life (smoking) and a maternal smoking program, and transportation benefits that are available to members. Council members really liked the newsletter and the colors they used. If you have any suggestions on the newsletters please email Debi. Later this month, Debi, Leah, and Lezlee will be visiting with the Planned Parenthood Youth Council to find out what is important to youth about their health and their burning issues so we can offer more articles on these issues in the newsletter. Debi shared a video on what Trillim has been using prevention methods for tobacco cessation in Lane County.
- b. **Access to Care Plan** – Report by Terry Coplin. Access to Care is a big issue right now. We have just over 9,000 adults that we are trying to find primary care homes for at this time. We are trying to ensure that new members who have been seeing specialists can continue to see them; if you have something that require urgent care

you can go to urgent care; if you need emergency care, go to the emergency room; we have them covered. The ultimate plan is to for them to have a primary care provider. We currently have 75,000 members enrolled. Twenty thousand have been enrolled since January, most which have not previously had medical coverage, primary care or a medical home for years and years. We are estimating that by the end of the year that we will have over 80,000 members. To get these members into a medical home, we know the long term solution is to get more doctors into the community by recruitment and to setting up residential programs for new providers. A four point plan to how can we get more access right away for new members. First Point: Primary Care providers are stepping up to see more new members in their practices. Trillium will be giving bonuses to these providers by reappropriating funding to help provide these bonuses. Second point proposal is to set up a brand new community health center that could provide primary care for 6,000 new patients by mid to late summer by providing startup costs. Third point: Trillium will offer a half million dollars for a clinic or clinics that would be willing to restructure their practice so they can take additional 5,000 patients. Fourth point, Trillium will offer services from Transfer Med to help practices to improve their practices to provide quality services.

For the March meeting agenda:

The council would like to hear more in depth about what dental coverage is going to be available now and in the future. Give it 1-1/2 hours on the agenda on our next meeting.

8. Adjourn