



BEGIN: 12:00PM

ADJOURN: 1:30PM

CCO COMMUNITY ADVISORY COUNCIL MEETING

Lane County Mental Health Building, Room 198

October 22nd, 2012

12:00pm-1:30pm

MEETING MINUTES

Members, Staff, and Guests Present

Members

1. David Parker, Chair
2. John Radich, Vice-Chair
3. Susanna Sammis
4. Val Haynes
5. Tara DaVee
6. Nancy Golden
7. Rick Kincade, MD
8. Marcela Mendoza
9. LM Reese
10. Dawn Helwig
11. Lezlee Craven
12. Roxie Mayfield
13. Renae Freeman

Staff

1. Lindsey Adkisson, Lane County Public Health

Guests

1. Terry Coplin, Trillium Community Health Plan
2. Karen Gaffney, Lane County Health & Human Services
3. Jennifer Webster, Lane County Public Health
4. Brian Johnson, Lane County Public Health
5. Debi Farr, Trillium Community Health Plan
6. Christina Herbert, Care provider for Roxie Mayfield
7. Charles Biggs, Care provider for LM Reese
8. Bruce Abel, Trillium Community Health Plan

Members Absent: Tony Biglan, Karen Gillette, Marianne Malott

1. Public Comment (comments attached)

- a. Pat McGillivray, Community Relations Director, Bethel School District

2. Executive Report: Terry Coplin, President/CEO, Trillium Community Health Plan

- a. Terry joined the CAC to discuss the management/supervisory side of the CCO.

- b. Terry showed appreciation to the comments given in the public comment period by Pat McGillivray from Bethel School District and noted that his company has worked with school-based health clinics for years.
- c. He stated that the CCO consolidation process of LIPA & LaneCare members as well as the integration of all staff has gone well overall, despite daily challenges.
- d. Regarding establishing new programs: they need to find a process to sort out what can be funded given the budget constraints.
- e. Terry handed out a visual of CMS support funding (attached) relative to fund deficits and explained that CMS funding is not extra funding but rather intended to off-set the deficit.
- f. He said that the challenge for the CAC will be to figure out how to achieve sustainability, improve access to care, and increase quality given the budget constraints and the CMS shortfall.
- g. How decisions will be made on what to fund will be made public via the website along with Governing Board minutes.
- h. There will be a public meeting in early December.

3. Introductions and Welcome

- a. Introduce new members/staff
 - i. Lindsey introduced the following new CAC members and support staff in Lane County Public Health:
 - 1. Lezlee Craven, CAC Rural Advisory Council representative from Cottage Grove
 - 2. Jennifer Webster, Lane County Public Health – will focus on implementing evidence-based prevention practices for OHP consumers in Lane County; specifically tobacco, obesity, and immunizations.
 - 3. Brian Johnson, Lane County Public Health – is the new epidemiologist for the County and will focus on improving the health status of OHP consumers in Lane County.
- b. “Get to Know You” Activity
 - i. Members that attended the Alternatives Conference in Portland this past month shared the highlights of their experience with the group. Members that attended were Susanna, Tara, LM, and Roxie.
 - ii. LM requested that there be more team building activities as this was a very positive experience for him to get to know other CAC members.
 - iii. Bruce Abel, Trillium (formally LaneCare), challenged CAC members to continue to remind the group about alternatives in health care (ex: peer support).

4. CAC Business

- a. The September minutes were approved by the group.
- b. Group agreements around email/sharing information
 - i. The group agreed that they would create a yahoo group for all articles, events, etc. related to health care that they want to make available as resources for other CAC members. A yahoo group allows members to

- access the articles/information whenever they would rather than receiving multiple emails.
 - ii. If members want to receive reminder emails, there is “digest” option that will be sent out automatically regarding what sort of content is on the site.
 - iii. Roxie has agreed to help set-up/manage this shared space and will work with Lindsey on setting it up.
 - iv. **Ground rules:** The group agreed that items posted on this space should be related to current health topics that concern the community.
- c. Roster
- i. The group also agreed that they can use the roster to email each other if they have time sensitive events.
 - ii. Lindsey will send out the updated roster – ***please review and return edits/changes to her by Friday November 2nd***.
- d. Printed materials
- i. Regarding requests for printed materials, reports, etc. – if there is something a CAC member would like a hard copy of, please give Lindsey 1 week advance notice (minimum).

5. Announcements

- a. RAC update
 - i. Lindsey updated the group that a slate of 9 candidates for the Rural Advisory Council is going to the CCO Board for approval.
 - ii. Candidates come from rural areas all over the County and will also be a majority consumer board.
- b. Roxy mentioned that she had some information for the Prevention workgroup regarding a smoke quit line for home health workers.
- c. LM will be speaking this evening on mind freedom and changing labels – he encouraged members to attend.

6. Governing Board report

- a. Lindsey will be sending the Governing Board minutes out to the whole group as they become public. Therefore, Nancy and LM will only report out at each meeting on what is relevant to the CAC group.
- b. LM mentioned that he has been surprised that the CCO Governing Board has not yet discussed the issue of transportation.
- c. Nancy discussed the advocacy happening on the state level regarding the inclusion of the Dental Care Organizations (DCO) into the CCO by 2014.
- d. There was also discussion at the last Governing Board meeting about how the success of our CCO is reliant on other CCOs – the Board has invited another CCO to spend some time with Trillium to share information and learn from each other.
- e. The Board is also looking at processes – for example, how there can be request for resources from providers. Nancy recommended that CAC members should know these processes so that as members are out in the community, they can explain how to get needs met.

- i. A request was made to add these processes to the website as soon as they are finalized.

7. Dental Petition

- a. Terry Coplin and Karen Gaffney of Lane County H&HS discussed the petition from the Dental Care Organizations (DCOs) to extend the deadline to be integrated into the CCO from 2014 to 2017.
- b. Terry emphasized the inadequate dental coverage for OHP consumers – particularly for children (30,000 on OHP in Lane County).
- c. One of the first request of the Lane County CCO was to improve access to dental care among OHP consumers.
- d. Terry explained that DCOs have pushed back and supported the current process.
- e. Data around quality and access to dental services is lacking as DCOs are not required to submit complaints.
- f. There is a proposal on the table at the state level by the DCOs to amend the administrative rule of the 2014 deadline to integrate dental care into the CCO and to extend the deadline until 2017. This would also prevent the CCOs from contracting to anyone outside of the DCO and could potentially create a DCO monopoly.
- g. There is a hearing on November 14th in Salem and Debi Farr is working on getting people to testify against the proposal and recommend maintaining the 2014 deadline.
- h. **Vote:** The CAC voted in consensus to support advocating for inclusion of the DCO into the CCO as soon as possible.
- i. Nancy questioned what the Governor’s stance on the issue was. Terry said that he hadn’t taken a position.
- j. Lindsey will follow-up with Debi to determine next steps for CAC advocacy.

8. Workgroup Reports

- a. The workgroups reported out on key discussion points from their meetings in October. The workgroups are as follows:
 - i. Health Assessment/Improvement Plan
 - ii. Health Disparities
 - iii. Prevention
- b. Lindsey will send out notes from the workgroup meetings as well as reminders for dates, times, and locations.

9. Next Steps

- a. **Next meeting:** Monday November 26th

10. Adjourn

This meeting location is wheel-chair accessible. Anyone needing special accommodations (deaf or hard of hearing, sign or language translation, large print materials, or other accommodations) please make your request at least 48 hours prior to the meeting. Requests can be made by emailing Lindsey.Adkisson@co.lane.or.us or by calling 541-682-8772.

Attachment 1. Public Comment

Statement to Community Advisory Council, 10.22.12

Pat McGillivray
Community Relations Director
Bethel School District

My name is Pat McGillivray, Community Relations Director for Bethel School District. I am here with Annemarie Hirsch, one of our school district's registered nurses.

We are on the Steering Committee for the Bethel Health Center, which is our district's School-Based Health Center.

Our facility has been open a little more than a year and it's providing affordable, easily accessible, and quality medical services to hundreds of residents in the Bethel area.

Last spring we were happy to write a letter of support to the Oregon Health Authority on behalf of Trillium's application to become our CCO, and today we are eager to be at the table to help determine how School Based Health Centers can be integrated into the CCO model.

We are a small operation in Bethel, especially compared to the likes of PeaceHealth or OMG. We are used to sitting down and working out solutions one-to-one, coming to handshake agreements before we come to signed agreements.

That's why we're here today. At the moment we're running into one roadblock after another in our attempts to get a PCP contract.

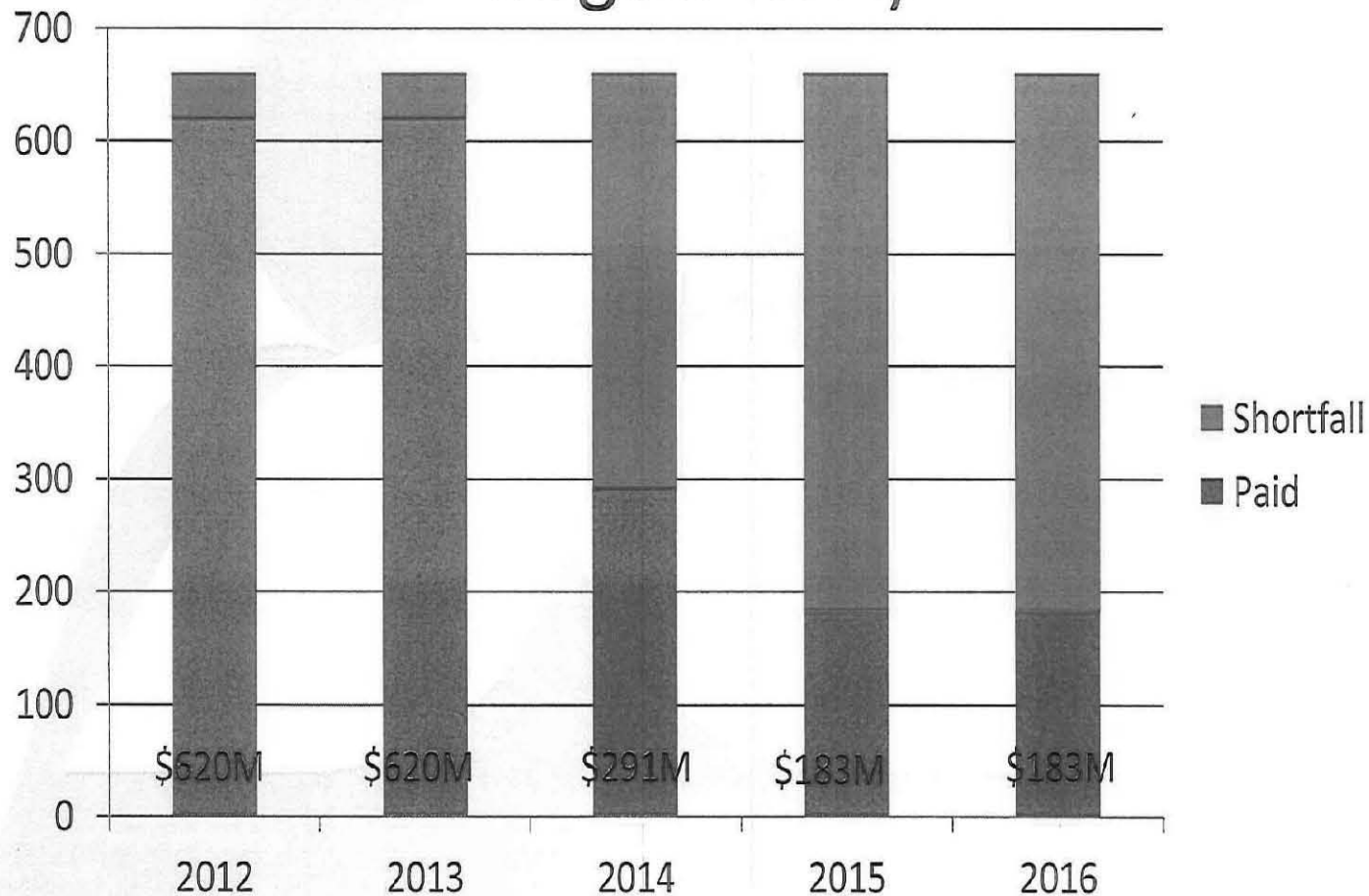
We choose to be optimistic, believing those roadblocks are only appearing because not enough is known about School Based Health Centers...about who we are, what we do, and why we're a valuable member of the health provider community.

While we're optimistic about working toward solutions, we're also concerned that decisions may be made that could make it financially untenable for School Based Health Centers to function in the new model.

So we are asking to be a voice at the table in order that School Based Health Center services, patients, and facilities are not overlooked.

Thank you very much for the work you are doing, and thank you for your time today.

\$1.9B Payout of CMS Supplement Over 5 Years (Assumes Efficiency Targets Met)



Untrended shortfall