COHC Community Advisory Council
Advantage Dental
442 SW Umatilla Ave. (Training Room)
Redmond, OR 97756
Agenda 2-5-2015
Conference Line: 1.719.325.2630
Participant Code: 137417#

Time	Topic	Action
11:00-11:10	**Welcome/Public Comment—Linda McCoy**	
11:10-11:15	**Patient Story—Linda McCoy**	Discussion
11:15-12:00	**Epidemiology Training—Nikki Zogg** • Discussion	Discussion
12:00-12:45	**Strategic Planning, Goal # 3—Lindsey Hopper** • Breakdown of Goal # 3 • Discussion—All	Discussion
12:45-1:00	**Flex Funds Update—Therese Madrigal/Jeff White** • Discussion	Discussion

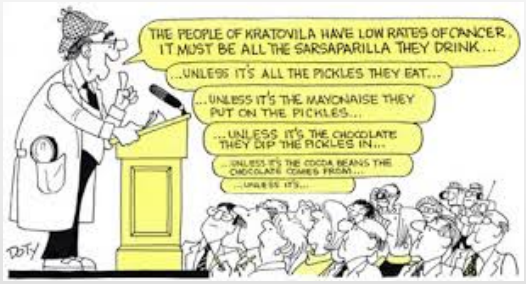
Epidemiology 101

To promote, protect, and restore health

Nikki Zogg, PhD, MPH
nikolez@advantagedental.com

Epidemiology Defined

- *Study* of the *distribution* and *determinants* of health and disease among populations, and the application of such study to prevent and control health problems
  - Study
  - Distribution
  - Determinants



Cualteros, C. I. (n.d.). Epidemiology.; Last, J. M. (2001). A dictionary of epidemiology, 4 ed. Oxford University Press.

Epidemiology Defined

- Health-related states and events
  - Diseases
  - Causes of death
  - Behaviors
- Specified populations
  - Identifiable characteristics

Cualteros, C. I. (n.d.). Epidemiology.; Last, J. M. (2001). A dictionary of epidemiology, 4 ed. Oxford University Press.

Characteristics of Epidemiology

- Epidemiology is:
  - A quantitative basic science built on a working knowledge of probability, statistics, and sound research methods
  - A method of causal reasoning based on developing and testing hypotheses
  - Focuses on groups or communities of persons

Cualteros, C. I. (n.d.). Epidemiology.; Last, J. M. (2001). A dictionary of epidemiology, 4 ed. Oxford University Press.

Advantage Dental proprietary information www.AdvantageDental.com

Components of Epidemiology

- Descriptive Epidemiology
  - Most often used
  - Study of the distribution of disease
    - Person
    - Place
    - Time
  - Uses
    - Evaluate trends in health and make comparisons
    - Health planning
    - Identify problems that need to be studied or addressed (i.e., hypothesis development)

Cualteros, C. I. (n.d.). Epidemiology.; Last, J. M. (2001). A dictionary of epidemiology, 4 ed. Oxford University Press.

Components of Epidemiology

- Analytical Epidemiology
  - Use of epidemiological methods to explain disease occurrence or causal relationships
    - Analyze relationship between two items (i.e., exposure and effect)
    - Hypothesis testing
  - Often used to examine public health practices (e.g., community intervention and programs)

Cualteros, C. I. (n.d.). Epidemiology.; Last, J. M. (2001). A dictionary of epidemiology, 4 ed. Oxford University Press.

Common Terminology

- *Numerator*: the number of people to whom something happened (i.e., they got sick, died, etc.)
- *Denominator*: the population at risk (all the people at risk for the event)
- Rate and Proportion:
  - *Rate*: a measure of the frequency of occurrence of a phenomenon. The use of rates is essential for comparison of experience between populations (e.g., 15 per 1,000)
  - *Proportion*: a type of ratio in which the numerator is included in the denominator often expressed as decimal fraction (0.02), vulgar fraction (1/4) or percentage (43%)

Last, J. M. (2001). A dictionary of epidemiology, 4 ed. Oxford University Press.

Common Terminology

- *Prevalence Rate*: the total number of all individuals who have an attribute or disease at a particular time divided by the population at risk of having the attribute or disease
- *Incidence Rate*: the rate at which new events occur in a population
- *Endemic disease*: the constant presence of a disease or infection agent within a given geographic area or population group
- *Epidemic:* the occurrence in a community or region of cases of an illness, specific health-related behavior, or other health-related events clearly in excess of normal expectancy

Last, J. M. (2001). A dictionary of epidemiology, 4 ed. Oxford University Press.

Advantage Dental proprietary information www.AdvantageDental.com

Common Terminology

- *Statistical Significance:* a mathematical technique to measure whether the results of a study are likely to be true – usually expressed as a *p*-value. The smaller the *p*-value, the less likely it is that the results are due to chance, and are more likely to be true.
- *Morbidity:* any departure from a state of physiological or psychological well-being
- *Mortality:* death
- *Aggregate Data*: data combined from several measurements. When data are aggregated, groups of observation are replaced with summary statistics based on those observations.

Last, J. M. (2001). A dictionary of epidemiology, 4 ed. Oxford University Press.

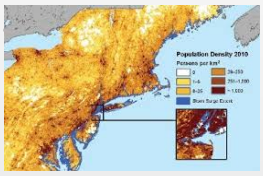
Common Terminology

- *Primary Data*: are collected first-hand through surveys, listening sessions, interviews, and observations
- *Secondary Data*: are collected by another entity or for another purpose
- *Quantitative Data*: data in numerical quantities, such as continuous measurements or counts
- *Qualitative Data*:
  - Observational or information characterized by measurement on a categorical scale
  - Systematic nonnumerical observations (e.g., participant observation or key informants)

Last, J. M. (2001). A dictionary of epidemiology, 4 ed. Oxford University Press.

Data Defined

- Data: the collection of items of information
  - Demographic data
    - Used to determine the population-at-risk
    - Primary source of demographic data is

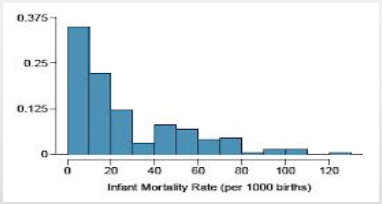


  - Vital statistic data
    - Birth and death data
    - Maintained by the National Center for Health Statistics through contractual agreements with states

Schneider, D. (n.d.). Principles of epidemiology.

Data Defined

- Surveillance data
  - Continuous, systematic collection, analysis and interpretation of health-related data
  - Can serve as an early warning system
  - Document impact of an intervention
  - Monitor and clarify the epidemiology of health problems



World Health Organization. Public health surveillance. Retrieved on January 29, 2015, http://www.who.int/topics/public_health_surveillance/en/

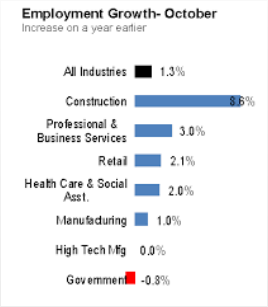
Data Defined

- Health status and behavioral data
  - National Health and Nutrition Surveys
  - National Health Interview Survey
  - U.S. Immunization Survey
  - Registry data
  - Individual or aggregate patient records
  - Behavioral Risk Factor Survey
  - Youth Risk Behavior Survey

Schneider, D. (n.d.). Principles of epidemiology

Data Defined

- Socioeconomic data
  - Consumer Price Index
  - Gross National Product
  - Employment rates
  - Welfare status
  - Inflation rates
  - School attendance records
  - Manufacturing and industrial data



Schneider, D. (n.d.). Principles of epidemiology

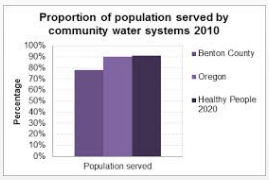
Data Defined

- Utilization data
  - National Ambulatory Medical Care Survey
  - Surveys of Mental Health Facilities
  - Women, Infants, and Children (WIC)
  - Medicaid and Medicare records
  - Health resources data
    - Hospital beds
    - Outpatient facilities (e.g., clinics and specialties)
    - Long-term care facilities/Hospice services
    - Community –based services

Schneider, D. (n.d.). Principles of epidemiology.

Data Defined

- Environmental data
  - Health effect data: data about health conditions and diseases, such as asthma and birth defects
  - Environmental hazard data: data about chemicals or other substances such as carbon monoxide and air pollution in the environment
  - Exposure data: data about amount of a chemical in a person's body, such as lead in blood
  - Other data: data that helps us learn about relationships between exposures and health effects



Centers for Disease Control and Prevention. About tracking program. Retrieved on January 29, 2015, http://ephtracking.cdc.gov/showAbout.action

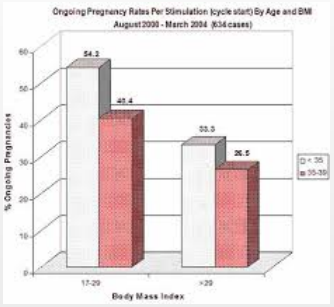
Data Defined

- Workforce data
  - Used to inform and enable stakeholders to respond to emerging health care workforce issues, such as:
    - Current supply of health care personnel
    - Geographic distribution of professions
    - Occupation-wide shortages
    - Age and race distribution
    - Education training
    - Demand by profession
    - Types of practice settings

Minnesota Department of Health. Health workforce. Retrieved on January 29, 2015, http://www.health.state.mn.us/divs/orhpc/workforce/index.html

Data Defined

- Other types of data
  - Clinical data
    - Body Mass Index
    - Blood pressure
    - Presence of signs and/or symptoms
    - Autopsy findings
  - Laboratory data
    - White Blood Cell
    - Hematocrit
    - Cholesterol
    - Lead levels
    - Bacteriology reports



Schneider, D. (n.d.). Principles of epidemiology.

Questions

Central Oregon Health Council

Draft Strategic Plan

2015-2018

Table of Contents

EXECUTIVE SUMMARY

Our Mission: Our Reason for Being

Our mission is to:

- Serve as the community governing board for the CCO; and
- Connect the CCO, patients, providers, Central Oregon, and resources.

Our Vision: Our Place in the World

A healthier Central Oregon.

Our Values: The Ideals We Live By

- Accountability
- Transparency
- Collaboration
- Community
- Excellence
- Leadership

Our Goals

The following goals represent our priorities for the next three years:

1. **Become a high-performing organization**
2. **Broaden our focus and adopt a population health-based approach to address issues in Central Oregon**
3. **Strengthen community engagement and develop a network of effective working partnerships**

Introduction

The Central Oregon Health Council (COHC) is a not-for-profit, tax-exempt public and private community governance entity. We are dedicated to improving the health of the region and oversight of the Medicaid population and the Coordinated Care Organization (CCO). Senate Bill 204 officially created the COHC in 2011 to facilitate collaboration, regional planning, and community governance. The COHC serves as the governing entity over the region's Coordinated Care Organization, PacificSource Community Solutions.

The COHC Board of Directors is made up of the following:

- Mike Ahern, Commissioner, Jefferson County
- Tammy Baney, Chair, Commissioner, Deschutes County
- Ken Fahlgren, Commissioner, Crook County
- Charles Frazier, Finance Committee Chair, Citizen Representative
- Megan Haase, FNP, Mosaic Medical
- Greg Hagfors, Bend Memorial Clinic
- Stephen Mann, DO, Provider Engagement Panel Chair, Central Oregon Independent Practice Association
- Linda McCoy, Community Advisory Council Chair, Citizen Representative
- Dan Stevens, PacificSource Community Solutions
- Hal Sexton, MD, Deschutes County Health Services
- Karen Shepard, St. Charles Health System
- Mike Shirtcliff, DMD, Vice Chair, Advantage Dental

Our Strategic Plan represents the collective work of the Board of Directors of the COHC and the COHC Strategic Planning Committee, and includes input received from our stakeholders via surveys, interviews, and forums. The process was intentional about gathering information from a variety of sources and people who would help provide important insight into the COHC's future direction.

This is the original COHC Strategic Plan to cover the operating years 2015-2018. To ensure this Plan remains fresh and dynamic, it will be updated every year. The COHC Board of Directors will work with COHC committees and other stakeholders to develop work plans and actionable strategies for each goal set forth in this Plan. As the implementation of this Strategic Plan progresses over the next three years, the COHC Board of Directors will annually review and update the Plan to ensure that new and emerging challenges are effectively addressed. We

welcome the views of our stakeholders and look forward to working together to build a healthier Central Oregon.

As a sign of our commitment to the vision outlined in this Plan, the members of the COHC Board of Directors have affixed their signatures below.

[Insert signatures]

Cause to Celebrate: COHC and Partner Accomplishments 2011-2014

As we embark on this planning effort, we want to celebrate the efforts and accomplishments of the COHC and our community partners. This work represents significant investments of time, energy, and passion for change.

Collaboration

- Entities with representatives on the COHC Board of Directors elected to tax themselves and fund strategic initiatives
- The COHC and the CCO, PacificSource Community Solutions, collaborated to disburse Transformation Funds to support community initiatives
- Joint planning in areas such as CCO service integration, the CCO global budget, and community standards for service contracting
- Successful regional performance on the quality incentive measures (QIMs) in 2013
- Transformation Plan and related community initiatives and benchmarks adopted
- The Health Equity Task Force (HETF) gathered community input on service delivery and the COHC began an assessment process to create a region-wide improvement plan
- Successful start-up and sustainability of the three formative initiatives of the COHC: 1) Emergency Department Navigation project with the increased asset of EDIE to support the project; 2) NICU follow-up clinic; and 3) Program for Evaluation of Development and Learning (PEDAL Clinic)

Alternative Payment

- Community partners at operating or financial risk or pursuing alternative payment, incentive, or withhold strategies for managing and delivering care to the Medicaid population in Central Oregon

- COHC Finance Committee and the COHC Board of Directors adopt Alternative Payment Methodology Guidelines and Contracting Principles, including a prevention withhold

Organizational Development

- Unique Central Oregon approach to community governance preserved via Senate Bill 204

- 501(c)(3) status achieved

- Foundational policies adopted

Our Mission: Our Reason for Being

Our mission is to:

- Serve as the community governing board for the CCO; and
- Connect the CCO, patients, providers, Central Oregon, and resources.

Our Vision: Our Place in the World

A healthier Central Oregon.

The Triple Aim and the COHC's Vision

As health care reform has gained momentum, one of the most compelling frameworks to emerge from the national scene is the Institute for Healthcare Improvement's Triple Aim of:

- Better care for individuals;
- Better health for populations; and
- Lower costs through process improvement and innovation.

The Triple Aim is a natural fit with the COHC's vision and values. As a framework, it supports our strategic priority to adopt a population health-based approach to address issues in Central Oregon.

By the Year 2018

We intend for the following statements to describe the COHC by the year 2018:

- The COHC continues to be highly successful in providing quality governance to the CCO. Our scope of service is now broadened, enabling us to take a population health-based approach to address issues across Central Oregon.

- Community partnerships and relationships remain our greatest assets. We operate in a collaborative and community-oriented environment. Excellent partnerships have been established with a variety of businesses in Central Oregon.

- The COHC continues to enjoy secure and stable funding, including funding to support expanded initiatives, programs, and services, as appropriate.

Our Values: The Ideals We Live By

- Accountability. We are individually and collectively responsible for the work we do and for the outcomes of our work.

- Transparency. We value openness and honesty in the governance and operations of the COHC, as well as in our communications about the CCO.

- Collaboration. We believe in working together with others to achieve common goals.

- Community. We are committed to the cultivation of positive relationships between and among the health care, public health, and business community. The impact of our collective work is greater than the sum of its parts. We are better together.

- Excellence. We strive to be the best and work continuously to improve performance and exceed expectations.

- Leadership. We lead by articulating a positive vision for a healthier Central Oregon. We support realization of that vision through carefully planned and well-executed goals, strategies, and actions.

Our Programs and Services

We accomplish our mission in three primary ways:

- Leading discussions between and among community partners, the Oregon Health Authority, providers, and patients.

- Sharing information about the CCO and Medicaid payment reform efforts in a transparent manner.

- Leading and participating in regional planning efforts for Medicaid service delivery and health care transformation.

Our Philosophy, Challenges, Approach, and Proposed Strategies for 2015

Over the next three years, we will face a number of challenges in addressing each of our goals. In order to accomplish these goals, we have clarified our philosophy, described our challenges, designed our approach, and proposed strategies for 2015. This information is set forth below, along with definitions to promote a full understanding of our goals.

Our Goals

The following goals represent our priorities for the next three years:

4. **Become a high-performing organization**
5. **Broaden our focus and adopt a population health-based approach to address issues in Central Oregon**
6. **Strengthen community engagement and develop a network of effective working partnerships**

Goal No. 1: Become a High-Performing Organization

<u>Definition</u>

A high-performing organization has the following characteristics:

- Clearly articulated vision and values
- Clearly defined outcomes and priorities
- A high degree of leadership alignment and accountability
- A strong, adaptive culture
- A skilled and committed workforce
- High-quality decisions
- Excellent leadership and management capabilities
- A strong ability to achieve results
- Achieves results

Our Philosophy

We believe that by adopting this high-performing organizational model, we will be able to provide better services to the CCO and Central Oregon. We will be able to achieve greater efficiency and adaptability, enabling us to optimize the use of resources available. Innovation and change are natural to a high-performing organization, and this will permit us to offer quality, comprehensive services.

Our Challenges

In order to become a high-performing organization, we must be strategic, adaptable, and efficient. As a small organization, heavy workloads can make it difficult to take time to innovate or address challenges creatively. Competing time demands and a variety of skills can also make it difficult for COHC staff and the COHC Board of Directors to resolve challenges as they arise. As a young organization, the COHC does not always use its committee structure as effectively as possible. Ideas, challenges, and solutions are not always addressed in the right committee. The Board of Directors and its committees can be disjointed in focus

and communication. We address these challenges to form a baseline and work to overcome identified challenges.

Our Approach

Our approach to becoming a high-performing organization will be as follows:

- We will actively manage the Coordinated Care Organization global budget and guide integration of services into the Coordinated Care Organization.

- We will hold the COHC and community partners mutually accountable for performance within the Coordinated Care Organization global budget, quality outcomes (including quality incentive metrics), and other indicators.

- We will develop and implement an ongoing training program to build the strength and capacity of the COHC Board of Directors and COHC committees.

- We will commit to developing COHC committees and the committee process in order to ensure we are making the best use of time, expertise, and innovative ideas.

- Define committees, Board, and Executive Director roles, functions, membership, composition, and expectations

- Improve communication between the COHC Board of Directors and the COHC committees

- We will develop skills and capacity to navigate political and sensitive challenges in the appropriate forum and at the appropriate time.

- We will emphasize the training and education of staff.

- We will make effective use of volunteers to support COHC employees, initiatives, and organizational development.

- We will continue to provide focus and clear direction through strategic planning, business planning, and regional planning.

- We will create and capitalize on efficiencies wherever possible in order to eliminate duplication and overlap.

- We will align the COHC's efforts, initiatives, programs, and services with this Strategic Plan and the Regional Health Improvement Plan.

- We will review contracts, the Joint Management Agreement, and enabling documents.

- We will continue to comply with all applicable legislation and fulfill contract requirements, and our business practices will be entirely legal, moral, and ethical.

Our Proposed Strategies for 2015

1. Develop a comprehensive, annual training program for members of the COHC Board of Directors and COHC committees by March 2015. Develop a plan to roll out the training during 2015.

2. Conduct a review of COHC operations, programs, and initiatives by March 2015. Identify any redundancies, duplication of efforts, or overlap with community partners. Respond appropriately.

3. Review all COHC policies and procedures by April 2015. Draft and adopt additional documents as appropriate. Identify potential gaps and weaknesses where additional oversight would be beneficial.

4. Use the review of COHC operations set forth above to consider and define, as appropriate, roles, functions, and expectations for the Board of Directors, COHC committees, and the Executive Director. Link these functions and expectations with CCO work and processes, as appropriate. Consider this a process that will be conducted annually. Create a plan for this work by January 2015.

5. By January 2015, create a plan to improve communication between the COHC Board of Directors and the COHC committees and to improve use of the committee structure.

Goal No. 2: Broaden Our Focus and Adopt a Population Health-Based Approach to Address Issues in Central Oregon

Definition

A population health-based approach means the following:

- Viewing the system of care broadly to include health care, public health, education, transportation, housing, and related industries.
- Considering the health of multiple populations in the region.
- Identifying the strengths and needs of the region.
- Identifying the challenges facing the region.
- Establishing region-wide priorities.
- Planning for integration of services and functions.
- Crafting a community-wide plan for service delivery and integration.

Our Philosophy

We believe we can build on our understanding of the Medicaid population and our work as the governing board for the Coordinated Care Organization to lead, advocate, and collaborate on population health-based approaches and strategies. We recognize that our collective work to reform Medicaid payment and service delivery in Central Oregon does not happen in a vacuum. We believe we can be more successful as a region if we expand our focus beyond Medicaid and address challenges using a population health-based approach. This does not mean we will ignore our responsibilities to Medicaid-based efforts as the governing body of the Coordinated Care Organization; instead, we will frame our work within the system of care as a whole, consider how our Medicaid-related efforts affect others within the system of care, and seek opportunities to address challenges beyond the Medicaid population. We also recognize that success in serving as a governing board and lessons learned in managing the Medicaid global budget in Central Oregon can and should be translated to other populations and initiatives.

Our Challenges

Over the next few years, the population of Central Oregon will grow. There will be increased competition for health care funding in the community. Chronic and more complex diseases are on the rise. This requires a more sophisticated system-wide approach to prevention and treatment. Public expectations of the health system are also expanding, resulting in increased demands and changes to policy. Our budget and staff are limited and we presently focus on the Medicaid population and Medicaid-related reform efforts.

Our Approach

- Design and implement a process to conduct the Regional Health Assessment and draft the Regional Health Improvement Plan that ensures both documents will be landmark guiding documents for the COHC and the region

- Adopt tools for measuring success and impact in implementing the Regional Health Improvement Plan

- Commit to the Regional Health Assessment and Regional Health Improvement Plan and use these documents to guide COHC funding priorities, investment of resources, and service delivery

- Align committee efforts with the Regional Health Improvement Plan

- Seek opportunities for the COHC to include, manage, and govern other services in the region (beyond Medicaid)

- Support the prevention withhold from the CCO global budget and administer the withhold in alignment with the Regional Health Improvement Plan, once the Plan is available

- Design and implement a process to create an overarching integration plan for Medicaid service delivery in the region

- Convene discussions about community expectations for service delivery across the region and the system of care

- Via the Provider Engagement Panel, oversee efforts to establish community-wide pain management standards

- Participate in community-wide assessment of mental health

- Identify key strategies for achieving Triple Aim-driven outcomes that the COHC can collaborate on with community partners

- Collaborate to create a strategic plan for the CCO

- Advocate for policy change, as appropriate

Our Proposed Strategies for 2015

1. By end of October 2014, work with community stakeholders to convene task force to develop community-wide pain management standards and develop rollout plans

2. By end of October 2014, revise the RHA/RHIP process to meet stakeholder needs.

3. Engage community partners and stakeholders in a productive RHA/RHIP process.

4. By November 2014, create a work plan for remaining Transformation Plan deliverables.

5. In 2014, follow the Board-adopted policy for integration of new services into the Medicaid budget.

6. In 2014, administer the prevention withhold, at such time as the withhold is adopted by the Finance Committee.

7. By January 2015, design a process to convene discussions about community expectations and plans for integration and service delivery across the region and the system of care. Implement the process in 2015.

8. By January 2015, collaborate, inform, and contribute to a draft process for strategic planning for the CCO.

9. In early 2015, share the results of the Operations Council community assessment and choose a domain for 2015. Begin crafting the region-wide equity plan.

Goal No. 3: Strengthen Community Engagement and Develop a Network of Effective Working Partnerships

Definition

Strengthening community engagement and developing a network of effective working partnerships requires the COHC to work more closely and collaboratively with community partners and other entities in Central Oregon. The intent of this network of partnerships is to provide a foundation for success in taking a population health-based approach to issues in Central Oregon by capitalizing on the core competencies of each organization involved.

Our Philosophy

We believe that working cooperatively and collaboratively with our community partners and colleagues in communities across Central Oregon will result in better service, more successful initiatives and programs, and a well-rounded approach to community challenges. We believe each organization involved in health care, public health, and service delivery has a unique mandate and capability to fulfill specific health system needs. The dynamic integration of these various organizational competencies will result in better service to Central Oregonians, greater coordination and efficiency, and opportunities for collaboration in new ventures.

Our Challenges

Likely challenges to strengthening community engagement and developing this network of effective working partnerships include:

- Community and provider burnout
- Time
- Commitment from the various partners

- A willingness to participate and commit to change
- Geography
- Finances
- Overcoming traditional roles and mandates, as appropriate and as needed

In addition, some entities in the community perceive that the COHC's focus is solely on the cost of health care delivery and that only the entities with representatives who sit on the COHC Board of Directors benefit from the COHC's work. Lastly, entities in the community are stressed by the challenges posed by health care reform. There are many competing demands on the same organizations in Central Oregon.

Our Approach

Our approach to strengthening community engagement and developing a network of effective working partnerships will be as follows:

- Communicate regularly with the community and our community partners.
- Adopt transparent, timely, and consistent approaches to awarding funds.
- Use consistent methods to share appropriate information in a timely and transparent way.
- Be aware of challenges facing community partners, including those challenges associated with health care payment reform.
- Avoid duplicating work and efforts of other community partners.
- Be sensitive of commitments and do not make unreasonable requests for participation, time, or effort.
- Participate in forums, work groups, and committees throughout Oregon to remain abreast of issues and opportunities.

- Identify and approach content experts, service experts, and potential partners to inform our work and establish cooperative working arrangements.

- Support and encourage a community approach to identify and solve problems.

Our Proposed Strategies for 2015

1. By December 2014, develop a comprehensive communication plan in collaboration with the CCO to share data with the community in a timely, transparent, and useful manner. Implement the plan in 2015. The plan should reference COHC and CCO funded initiatives or programs.

2. Use the review of COHC operations and assess work performed by community partners. Identify any duplication of services and align efforts as appropriate. This work is ongoing throughout 2015.

3. Seek opportunities to capitalize on the competencies and efforts of others to reduce the workload for employees, volunteers, committees, and community partners. This work is ongoing throughout 2015.

4. Work consciously to engage community partners and build new partnerships.

Next Steps

The COHC Board of Directors adopted this Strategic Plan on [insert date]. The COHC committees and COHC staff will convene in the coming months to review this document, create plans to implement the strategies identified above, and report back to the COHC Board of Directors about progress implementing this Plan.

Our Commitment

We at the COHC are committed to achieve the vision and the goals outlined in this document. It is our intent to align all existing activities and programs with the contents of this Plan. In order to achieve our vision, a key element will be ongoing communications and consultations with the stakeholders in our communities and region.

We constantly look to enhance relationships with our community partners to collaborate with them in the process of achieving great success in creating a healthier Central Oregon. We commit to an ongoing process to measure and report progress, and continually improve our business plan to ensure the vision and goals contained in this Plan are achieved. In addition, we will update our strategies during the fall of 2016 and 2017 to ensure this Plan remains a useful guiding tool. At the end of 2018, we intend to celebrate our success in achieving what we have defined in this document.

We would like to thank the following individuals for their contributions to this Strategic Plan and the COHC strategic planning process:

Tammy Baney, Chair, Central Oregon Health Council
MaCayla Claver, Central Oregon Health Council
Megan Haase, Mosaic Medical
Robin Henderson, St. Charles Health System
Sharity Ludwig, Advantage Dental
John Mapes, PacificSource Community Solutions
Linda McCoy, Central Oregon Health Council
Christy McLeod, Bend Memorial Clinic
Zach Pangares, Central Oregon Health Council
Jane Smilie, Deschutes County Health Services
Nikole Zogg, Advantage Dental

COHC Community Advisory Council
Deschutes County (Bend)
1-14-15

Present:
Linda McCoy, Chair, COHC Board Member, BestCare Treatment Services
Angela Kimball, Oregon Health Authority
Elaine Knobbs, Vice-Chair, Mosaic Medical
Jeffrey White, Consumer Representative
Julie Rychard, Full Access
Ken Wilhelm, United Way of Deschutes County
Nicole Rodrigues, Consumer Representative
Suzanne Browning, Kemple Memorial Children's Dental Clinic

Absent:
Bruce Abernethy, Bend-LaPine School District
Diane Fuller, Indian Health Services
Michelle Nein, Consumer Representative
Regina Sanchez, Crook Co. Health Department
Sean Ferrell, National Forest Service

Present Staff/Guests:
Lindsey Hopper, Central Oregon Health Council
Kate Wells, PacificSource
MaCayla Claver, Central Oregon Health Council
Nikki Zogg, Advantage Dental
Therese Madrigal, PacificSource

Public Comment
Time was made for public comment. No public comment was had.

CAC Year in Review
Lindsey Hopper provided a brief reflection of the CAC's work in 2014.

CAC members who attended the CAC Summit in December shared highlights of the meeting. Some of their remarks were:

- Large guest speakers were the best, especially Dr. Don Berwick
- We need a health care system that addresses basic social needs.
- This is a matter of social justice. Stop saying a patient is not compliant.
- "Fail fast, fail forward."

- Some health improvement efforts work against the QIMs. Kindergarten Roundup checkups do not count for Adolescent Well Care Visits.
- The CAC Summit was data light. Lots of early results were trumpeted as big changes in health outcomes. Bending of the cost curve was largely based on a reduction of rates.

Angela Kimball assures the CAC that she takes what she hears forward to OHA. She has provided OHA with an example of Sharity Ludwig's presentation on Everybody Brush! and explained that it is more meaningful and helpful to hear underlying assumptions, results, and how to move forward.

COHC Strategic Planning
Lindsey showed the CAC the draft governance calendar and informed the group that the Board would like one joint meeting. The Board wants a better connection with the CAC.

Lindsey then provided a brief overview of the COHC Strategic Plan including the mission, vision, values and goals. Lindsey also explained that Strategic Plan calls for more committee member training in both content and skills. The CAC came up with a few ides:

- COCC classes
- Advisory Board responsibilities training
- Epidemiology training
- Debate-style CAC panels

Prevention Withhold
Jeff White had a question regarding the COHC Prevention Withhold. Lindsey explained a global budget surplus and the prevention withhold to the CAC. The CAC asked questions and discussed the importance of aligning investments with the Regional Health Improvement Plan (RHIP).

Jeff White motioned that the CAC supports the prevention withhold from the CCO global budget and that the withhold be administered in alignment with the RHIP. The CAC asks, if the Board cannot administer the withhold in alignment with the RHIP, then please provide an explanation to the CAC. All were in favor.

Reenrollment Update
Angela Kimball provided an overview of the letter that the COHC submitted in conjunction with the Central Oregon IPA to Rhonda Busek regarding the challenges OHP patients face when trying to reenroll. Angela said that Suzanne Hoffman, Interim Director of the Transformation Center, has told Angela that she has been diving more into the operational issues and has been pretty responsive.

Elaine Knobbs provided an update on the two recent enrollment events in Central Oregon. Elaine and Suzanne Browning commented that apart from being last minute and disorganized, the bulk of the work was pushed onto the community partners. Angela suggested that the CAC recommend that OHA prioritize successful enrollment and reenrollment for OHP eligible

Oregonians and not to let the bulk of the work land on community partners. Angela agreed to ask OHA what is the future state of the process to enroll/reenroll OHP.

Patient Supportive Services Update
Therese Madrigal and Kate Wells provided an update on the Patient Supportive Service project to the CAC. Therese explained that they have not received as many requests as anticipated. PacificSource is considering opening it up to more provider groups. Therese also commented that it might also be because folks do not know the process.

Future Meeting (02.05.15)
The next CAC meeting will be held on 2.05.15 in Redmond at Advantage Dental (Training Room).

Adjournment
The meeting was adjourned at 2:15 pm PST.

Respectfully submitted,

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MaCayla Claver, Secretary

The next meeting will be held on February 5, 2015 in Redmond