

**COHC Community Advisory Council**  
**Deschutes County Building - DeArmond Room**  
**1300 NW Wall St.**  
**Bend, OR 97701**  
**Agenda 12-03-2015**  
**Conference Line: 866.740.1260**  
**Participant Code: 3063523#**

<b>Time</b>	<b>Topic</b>	<b>Action</b>
11:00-11:05	Introduction—Linda McCoy	
11:05-11:35	Regional Health Improvement Plan (RHIP) Update—Jane Smilie & Rebeckah Berry	Discussion
11:35-11:45	Welcome/Public Comment—Linda McCoy <ul style="list-style-type: none"><li>• New member: Malia Ladd</li><li>• New member: Chuck Keers (pending COHC Board approval)</li><li>• Thank you Therese Madrigal</li></ul>	Discussion
11:45-12:05	Summit Report Out—Linda McCoy, Elaine Knobbs, & Elizabeth Schmitt	Discussion
12:05-12:15	CAC Survey Results—MaCayla Arsenault	Discussion
12:15-12:30	Flexible Services Update—Therese Madrigal	Discussion
12:30-12:45	CCO Update— Leslie Neugebauer	Discussion
12:45-1:00	State Update—Cyndi Kallstrom	Discussion

---

# CAC SURVEY RESULTS

## Top 5 lowest scored areas:

**Question 2:** I read the minutes, reports and other materials in advance of our meetings.  
*Avg. Score: 4.1*

**Question 6:** I feel that the COHC and its Board members hear my voice.  
*Avg. Score: 3.3*

**Question 7:** Our committee has adequate resources to support its function.  
*Avg. Score: 2.8*

**Question 8:** I have a clear understanding of the CAC's purpose and goals.  
*Avg. Score: 3.3*

**Question 9:** I have a clear understanding of my role in achieving the CAC's goals.  
*Avg. Score: 3.6*

---

## Top 3 Areas of interest/expertise:

- Chronic Disease
- Mental Health
- Homelessness

## What would help you become a more engaged CAC member?

- Collaboration with other CAC's
- Materials to collect patient stories
- Taking a more balanced approach of both increasing access/services and increased patient accountability
- Need a better understanding of the CAC's role
- Regular follow-ups to ensure the CAC's voice is being heard by Ops/COHC – an acknowledgement of concerns
- Fewer agenda items, more discussion/interaction and small groups such as ITW
- Better understanding of what COHC & CCO are doing
- More direct interaction with COHC ED
- Clear action items and more connection with the Board

Has the COHC provided education and guidance necessary, enabling you to fulfill your role in fulfilling COHC's mission? What information or resources are lacking?

- Effectiveness is unclear
- Appreciation for when Commissioner Baney attends
- Specific requests for action from the Board
- A quarterly report on how the CAC has contributed
- Opportunities to request additional info/training are given
- CAC needs to be better integrated into the COHC/CCO processes
- CAC role is blurry, but this is true across the state
- Need better member representation and accessible materials for members with low literacy

Are you interested in changing the meeting times?

- No/No evenings

Since 2015 is winding down our internal teams are working diligently with providers and practices to improve on the CCO's Quality Incentive Metrics (QIMs) performance so that we can meet our targets on as many as possible. The QIMs are a set of metrics that the CCO is measured on annually to determine the quality of our performance. In 2015 there are 17 metrics that we are diligently working on to meet the targets set by the State. Every year there is a significant amount of money tied to meeting these QIMs, which is why there is so much attention on them. This year there is just over \$10M available to our CCO if we meet at least 12 of the 17 QIMs. If we meet less than 12 we will still receive some of these funds but the amount goes down by just under \$1M for every QIM we don't meet.

Our current 2015 performance suggests that we may not receive a 100% incentive payout from OHA. This is unfortunate because the incentive funds that we receive for our region's QIM performance go back into the community for future investments. Measures that currently appear at risk of not meeting in 2015 include Adolescent Well-Care Visits, SBIRT, Effective Contraceptive Use, and Follow-up after Hospitalization for Mental Illness. Below is some more information about these specific measures.

Adolescent Well-Care Visits mean exactly how they sound; providers and practices attempt to see their adolescent patients for a doctor's visit when they are doing well instead of when they are sick, which is when most people come in to see their doctor. It's typically difficult to get adolescents and their parents to come into the doctor when they aren't sick, which makes this measure difficult, but also may help with future illnesses if they receive this preventive service. Some providers are attempting to call their adolescent patients or their parents to encourage them to come in when they are well and get their flu shot, during flu season, to maximize their visit.

SBIRT stands for Screening, Brief Intervention, and Referral to Treatment for substance use. Providers and practices screen their patients by asking them two questions about alcohol and recreational substance use frequency. If patients answer yes to either question the doctor then asks six more questions about their alcohol and substance use and, depending on their answer, the doctor talks to them about it while they are in the office and then refers them to treatment, if needed. It's important for doctors to provide holistic care to all patients and talk to them about things other than just what they came into the office for, that way the doctor has the full picture of what is going on with the patient so that they can provide them with the right kind of treatment.

The Effective Contraception Use measure is based around a doctor asking their female patients, "Do you want to become pregnant this year?" By asking this question doctors can more fully support women's preventive reproductive health needs and ensure that more pregnancies are wanted, planned, and as healthy as possible. Currently, in Oregon, over half of all births are considered unintended. By asking this question to women who come into the doctor's office the hope is that some of those unintended births can become intended and planned for appropriately.

When an individual is hospitalized in a mental health facility it's very important that they receive follow up care from an outpatient mental health provider after they are discharged. This helps ensure that these individuals are cared for immediately upon their leaving the hospital and engage with a mental health provider that will be able to see them regularly. The target for this Follow Up after Hospitalization for Mental Illness measure is that a follow up appointment occur within seven days of discharge.



**COHC Community Advisory Council**  
**Advantage Dental (Redmond)**  
**11-5-15**

**Present:**

Linda McCoy, Chair, COHC Board Member, Consumer Representative  
Bruce Abernethy, Bend-LaPine School District  
Suzanne Browning, Kemple Memorial Children’s Dental Clinic  
Sean Ferrell, Consumer Representative  
Elaine Knobbs, Vice-Chair, Mosaic Medical  
Nicole Rodrigues, Consumer Representative  
Julie Rychard, Full Access  
Jeffrey White, Consumer Representative  
Ken Wilhelm, United Way of Deschutes County

**Absent:**

Regina Sanchez, Consumer Representative  
Elizabeth Schmitt, Consumer Representative

**Present Staff/Guests:**

MaCayla Arsenault, Central Oregon Health Council  
Miguel Herrada, PacificSource  
Heather Kaiser, Deschutes County Health Services  
Cyndi Kallstrom, Oregon Health Authority  
Chuck Keers, Family Resource Center  
Malia Ladd, NeighborImpact  
Therese Madrigal, PacificSource  
Donna Mills, Central Oregon Health Council  
Leslie Neugebauer, PacificSource  
Mike Shirtcliff, DMD, Advantage Dental  
Nikki Zogg, Advantage Dental

**Introductions**

Linda McCoy called on Malia Ladd to introduce herself as a CAC applicant. Linda and Elaine Knobbs also called on Chuck Keers and Miguel Herrada to introduce themselves to be considered for CAC membership.

**CAC Survey**

Rebeckah Berry distributed a survey to CAC members regarding members’ interests and participation in the CAC.

### **Follow Up to PREDICT Presentation**

Dr. Shirtcliff addressed the various concerns around PREDICT that were mentioned in the October meeting. He emphasized the need for preventative care in oral health. He explained how silver fluoride is relatively inexpensive and stops cavities from progressing.

### **Immunization Proposal Review**

Heather Kaisner provided an overview of the proposal that the Technical Workgroup developed. She explained that AFIX was an evidence-based quality improvement program. The program focuses on providers, since data shows that most parents turn to their providers for immunization information. MaCayla Arsenaault informed the CAC that the next step is to submit the proposal to the Board. A motion was made to endorse the proposal as it was presented. All were in favor.

Bruce Abernethy inquired on the project's budget and Heather directed the group to the amounts listed in the presentation that total \$161,000 over 3 years.

### **Flexible Services Update**

Therese Madrigal reported that the funds are being utilized and are almost gone as the year comes to a close. Advantage Dental applied many of these funds toward dentures. Therese informed that CAC that flexible services will not continue into 2016 and any extra funds leftover at the end of the year will be donated to similar programs in the community.

Therese added that a few CCOs are talking about how they are managing Flexible Services. The take away is that it has been a major quality improvement project, incredibly resource intensive, and would not be sustainable.

Bruce Abernethy expressed that he was hopeful that after evaluation a statement could be made on the impact the program has had on the community. Therese explained that it would be difficult to capture hard numbers.

### **CCO Update**

Leslie Neugebauer informed the CAC that CCO membership is currently around 53,000. OHA wait time for re-enrollment is around 45 minutes. They are implementing a new enrollment system and will put re-enrollment on a hiatus. QIMs were also mentioned in regard to what could potentially be missed.

### **CCO Model Summit**

**ACTION:** Rebeckah will send out action steps from the Rx Summit.

### **Future Meeting (12/03/15)**

The next CAC meeting will be held on 12.03.15 in the DeArmond Room at Deschutes County in Bend.

### **Adjournment**

The meeting was adjourned at 1:00 pm PST.

Respectfully submitted,

---

MaCayla Arsenault, Secretary

**The next meeting will be held on December 3, 2015 in Bend**