



COHC Community Advisory Council
MidState Electric – Community Room
16755 Finley Butte Road
La Pine, OR 97739
Agenda 10.06.16
Conference Line: 866.740.1260
Participant Code: 3063523#

Time	Topic	Action
11:00-11:05	Welcome/Public Comment—Linda McCoy	
11:05-11:15	Welcome new CAC applicant—Linda McCoy	Discussion
11:15-11:45	Approved RHIR Proposals—Donna Mills	Discussion
11:45-11:50	CCO Update—Molly Taroli	Discussion
11:50-12:20	New Member Handbook—Molly Taroli • Benefits & Services	Discussion Input
12:20-12:30	COHC Board Update—Linda McCoy	Discussion
12:30-12:40	OHA Update—Cyndi Kallstrom	Discussion
12:40-1:00	RHIP Workgroup Update—All	Discussion

Funded Initiatives

The projects below have been awarded funding by the Central Oregon Health Council (COHC) to improve the overall health of Central Oregonians. COHC funds projects whose outcomes align with the Regional Health Improvement Plan ([RHIP](#))*. All submitted proposals are reviewed by the respective [RHIP workgroup](#), the Regional Health Improvement Resources Committee (RHIR), and COHC [Board of Directors](#).

If you are interested in applying for funding for a project that aligns with the RHIP, applications are available for download [here](#).

**Effective October 2016, the Central Oregon Health Council (COHC) will not be reviewing new proposals focused on the housing pillar of the Regional Health Improvement Plan (RHIP). To date, the COHC has invested 54% of funding to housing initiatives. The RHIP has seven areas of impact for our region, and COHC strives to encourage and support initiatives in all of these areas to increase health and quality of life for all of our communities. Proposals related to housing may still be submitted, but will not be reviewed by the committee until further notice.*

OSU Cascades Student Health & Wellness Promotion

The goal of the project is to promote student health and wellness through increased access to services and wellness education opportunities. To accomplish this, a full-time Health Advisor will help students coordinate and navigate already existing community resources and health care services in Central Oregon. This project will also implement health and wellness education and outreach activities. The education and outreach portion of this project will include creating a student advisory group to utilize student-driven outreach. One of the ways the success of this project will be assessed is through the annual implementation of the National College Health Assessment Survey that will be used to collect data on a variety of student health concerns.

Pfeifer and Associates SUD Housing in Bend

This is a project developed by Pfeifer and Associates (PA) to house homeless individuals in Bend who suffer from Substance Use Disorders (SUD). For this project, PA will purchase a two-bedroom duplex in Bend to house individuals with SUD for 30 years. PA is already partnered with Housing Works to provide services to individuals and families in recovery living in Housing Works' properties.

Pfeifer and Associates SUD Housing in La Pine

This is a project developed by Pfeifer and Associates (PA) to house homeless individuals in La Pine who suffer from Substance Use Disorders (SUD). For this project PA will purchase a three-bedroom duplex in La Pine to house individuals with SUD for 30 years. PA is already partnered with Housing Works to provide services to individuals and families in recovery living in Housing Works' properties. PA has also partnered with La Pine Community Health Center to identify the population that can benefit from the project.

Vern Patrick Community School

The Vern Patrick Community School Project was created in 2010 with the mission to provide quality education to every child, regardless of their living situation. This project focuses on addressing obstacles such as family dynamics, poverty, language barriers, and other Adverse Childhood Experiences (ACES) to improve the education and development of children in these difficult situations. This program achieves its goals by providing enrichment opportunities, educational experiences, and social support and assistance to the children and their families.

Kids Club of Jefferson County Transportation

Kids Club is a year-round program for high-risk school-aged children in Jefferson County. Kids Club is a before and after school program that runs year round. The mission of Kids Club is to provide enrichment activities and opportunities for children and learn important life skills in a safe environment that will help them to reach their full potential. Kids Club will be purchasing a bus to provide transportation in order for children to participate in additional enrichment and wellness activities. Having available transportation will increase the participation in these activities and will in turn improve the health and well-being of the children.

Head Start Mental Health Support Services

The Mental Health Support Services project, created by Neighbor Impact, will create a wrap-around support system for children who experience complex trauma. This program will be implemented in all of the Head Start classrooms in Deschutes and Crook counties. The Head Start program will provide these children support from specialized staff. The project's primary goal is to create and implement a support system for children whose complex trauma interferes with their ability to learn.

Pacific Crest Affordable Housing Asimeth 315

Pacific Crest Affordable Housing is constructing 50 affordable housing units called "Asimeth 315" in Northwest Crossing on Bend's west side. The multi-family complex will accommodate single

and small households with 36 one-bedroom units and 14 two-bedroom units. Thirteen units will be reserved for senior citizens (age 55+). All of the units will be exclusively rented to low- and very-low-income households. Rents will range approximately from \$336 to \$672 per month with all utilities included. Rent will be determined by household size and income level to ensure affordability. The project will also include resident services that focus on health and access to healthcare. These services will include immunization clinics, healthcare navigation, physical and mental health screenings, referrals, and more. The building will also include a fitness room, a walking/jogging path, raised-bed community gardens, and bicycles available to residents.

Diabetes Prevention Program

The goal of the Central Oregon Diabetes Prevention Program (DPP) is to reduce the risk of developing type 2 diabetes and cardiovascular disease in high-risk individual in Central Oregon. This is accomplished through a coordinated intensive lifestyle intervention that leads to weight loss and increased physical activity. The program is lead by Deschutes County Health Services.

Perinatal Care Continuum

The Perinatal Care Continuum (PCC) serves Central Oregon's prenatal and postnatal high-risk families. PCC's funding will serve 240 prenatal patients region-wide, expand care coordination support embedded in local obstetric clinics, and hire a regional coordinator and prenatal screener for Redmond and Madras clinic locations. The goal of the project is to reduce the incidence of low-birth-weight babies and create efficiency in the health system for prenatal patients.

Bethlehem Inn

The Bethlehem Inn has provided temporary housing for homeless individuals and families in Central Oregon since 1999. To expand their efforts, they are constructing a new building that will double the number of family units and add a commercial kitchen as well as administrative space to their facility. Residents of Bethlehem Inn are provided not only with shelter and meals, but a vast array of health, housing, and social services intended to improve lives and prevent further homelessness.

Benefits and Services

Prioritized List of Services

As an OHP member, your benefits are based on a list of services. Your conditions and treatments are covered if they are on this list.

You can view the list of covered diseases and conditions. This list is called the Prioritized List of Health Services. It is online at: www.Oregon.gov/oha/herc/Pages/PrioritizedList.aspx.

The diseases and conditions below the cut-off are not usually covered by OHP. These are called "below-the-line" conditions. Something that is below-the-line could be covered if you also have a condition that is above-the-line that could get better if your below-the-line condition is treated.

OHP covers services for finding out what's wrong. This includes diagnosing a condition that is not covered. If a doctor's diagnosis or the treatment is not covered, OHP will not pay for any more services for that condition.

If you have a condition that is below-the-line, OHP will only pay for treatment if it is directly related to another condition that is covered. Your doctor will know if this applies to you.

IMPORTANT: OHP does not cover everything. Some services (like surgeries and some medical equipment) that are 'Above-the-Line' must meet certain requirements to be covered.

Pre-Approval

Some services need to be approved by the plan before you get them. This is called pre-approval. In most cases you need to see a contracted or in-network provider for these services.

You can find out if you need pre-approval by calling customer service or by visiting www.CommunitySolutions.PacificSource.com.

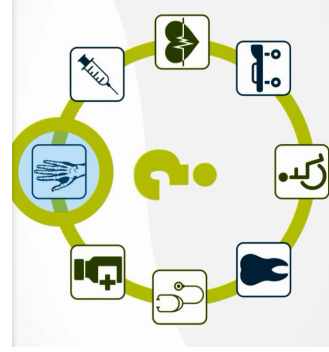
Specialty Care

Specialty care is when you receive care from a specialist. Specialists focus on specific areas of medicine. Some examples are:

- Cardiology for heart diseases
- Orthopedics for bone and joint problems
- Pulmonology for lung diseases

If you and your PCP decide you should see a specialist, your PCP will give you a referral. You must have a referral to see most specialists.

You can see some specialists without a referral. See the section, "Specialist Care and Referrals."



on page 13.

Lab Tests, X-Rays and Other Procedures

PacificSource pays for these services if your provider orders them. You can get these done in your provider's office or in a hospital outpatient department.

Some services need to be approved in advanced. MRIs, PET scans and nuclear heart testing are the most common. Call us or visit our website to find out which other services need pre-approval.

Hospital Care

If you need care at a hospital, your PCP or specialist will arrange it. These services may be covered for treatment of a covered illness or

Benefits and Services

days after a covered hospital stay. If you are also eligible for Medicare, Medicare may cover additional Skilled Nursing Facility care.

Services must be approved in advance by PacificSource.

Hearing Services

If you need hearing services, your PCP will give you a referral. PacificSource pays for hearing tests, hearing aids and batteries. There are some restrictions and limitations.

In a 12-month period, you're eligible for:

- A basic hearing test
- A comprehensive hearing test
- A hearing aid evaluation
- An electroacoustic evaluation for hearing aid monaural
- An electroacoustic evaluation for hearing aid binaural
- A pure tone hearing (threshold) test; air and bone.

Hearing aids need to be approved in advance by PacificSource.

Adults: If you meet coverage requirements, you may be covered for a single hearing aid every five years. If you have vision limitations and meet coverage requirements, you may be eligible for up to two hearing aids.

Children under age 20: If you meet coverage requirements, you may be covered for one hearing aid for each ear every three years.

We cover up to 60 batteries per year. To be covered, you need to meet the hearing aid coverage requirements.

Vision Care

Benefits for members who are age 20 or younger:

- There is no limit to coverage of eye exams and new glasses if they are medically necessary. For example, if you have a change in your vision where you need new

injury. Services must be approved in advance by PacificSource.

Family Planning

Family planning is a service to prevent or delay a pregnancy. A number of family planning services are covered by PacificSource. They include:

- Woman's annual exam
- Birth control education and counseling
- Contraceptive supplies, such as patches, birth control pills and intrauterine devices (IUDs)
- Emergency contraception (the "morning after" pill)
- Sterilization (tubal ligations and vasectomies) when performed by a contracted PacificSource provider.
- Radiology services (imaging)
- Laboratory testing

IMPORTANT: Hysterectomies are not covered as a part of family planning.

Related services that are also covered include:

- Pap tests
- Pregnancy tests
- Screening and counseling for sexually transmitted diseases (STDs), including AIDS and HIV
- Abortions (Contact OHA (formerly DMAP) at (503) 945-5772, toll-free at (800) 527-5772 or TTY/TDD 711 for more information).

Medical and surgical procedures may only be covered when performed by a contracted provider.

Skilled Nursing Facility Care

A skilled nursing facility is where you go temporarily if you need rehabilitation and care after being in the hospital.

Skilled nursing may be covered for up to 20

glasses. Medical necessity is decided by your PCP or other health care provider.

- The Oregon Health Plan will pay for contact lenses for only a few conditions.

Benefits for pregnant members age 21 or older:

Eye exams and new glasses are covered every 24 months. (Glasses with a prescription equal to or less than +/- .25 diopters in both eyes are not covered).

Benefits for members who are not pregnant and age 21 and older.

Eye exams and glasses are only covered if you have an eye injury or have been diagnosed with one of the following medical conditions:

- Aphakia
- Pseudoaphakia
- Congenital Aphakia
- Keratoconus
- Congenital Cataracts
- Corneal Transplant

If you have an eye injury or have been diagnosed with one of the conditions listed above, eye exams and glasses are covered every 24 months.

IMPORTANT: We will pay for basic glasses, but if you want to buy more expensive glasses, you will need to pay the full price. We can't pay the difference between the cost of basic glasses and the cost of more expensive glasses.

If you have an eye injury or infection, call your PCP. Your PCP may refer you to a specialist. Services and treatment may need to be approved in advance.

Intensive Care Coordination Services (ICCS)

This was formerly called Exceptional Needs Care Coordinator Services (ENCC).

Intensive Care Coordination Services can help you if you are disabled, or if you have:

- Multiple chronic conditions
 - High health care needs
 - Special health care needs
- ICCS helps PacificSource members who are older or have special needs or disabilities to:
- Understand how PacificSource works
 - Find a provider who can help with special health care needs
 - Get a timely appointment with your PCP, specialist or other health care provider
 - Obtain equipment, supplies or services
 - Coordinate care among your doctors, other providers, community support agencies and social service agencies.

Call us and we will help put you in touch with a PacificSource staff member who is specially trained to meet your particular need.

Get Help Finding Care

There may be times when you need help getting the right care. Your primary care team may have people specially trained to do this. These people are called Care Coordinators, Community Health Workers, Peer Wellness Specialists, and Personal Health Navigators.

We want to help you reach your health goals. Please call our Customer Service team. We can help you find someone to help.

- (541) 382-5920 local
- (800) 431-4135 toll-free
- (800) 735-2900 TTY

Services Not Covered by PacificSource Community Solutions

This is a list of some of the services that are not covered for any member under the Oregon Health Plan. You may be able to pay for some of these services yourself. Please contact Customer Service if you want to receive a complete list of these services.

- Buy-ups (to "buy-up" means you get an item that is not covered by OHP or the plan

by paying the difference between the item the plan covers and a more expensive, non-covered model).

- Circumcisions.
- Cosmetic services.
- Determined not medically or dentally appropriate.
- Determined not to significantly improve the basic health of the member.
- Immunizations (shots) for foreign travel.
- Most incontinence items, including creams, salves, lotions, barriers (liquid, spray, wipes, powder, paste), devices, or other skin care products.
- Lifts (barrier-free ceiling track, chair, mechanism, stairs, or van).
- Most personal comfort or convenience items such as hot tubs, treadmills, whirlpools, Band-Aids and bandages, tape, positioning chairs, humidifiers, exercise equipment, cleansers, medical alert bracelets, thermometers, etc.
- Self-help programs (like Alcoholics Anonymous).
- Services received outside the United States including Mexico and Canada.
- Services that are considered experimental or investigational.
- Services that need to be approved in advance by PacificSource Community Solutions, and were not pre-approved.
- Services to help you get pregnant or for treatment of sexual dysfunction, including impotence.
- Services covered by other responsible parties (like workers compensation, car insurance, and other coverage).
- Treatment for conditions that are not covered by OHP ('Below the Line.')
- Weight loss programs (like Nutrisystem®, Weight Watchers®, and other similar programs).

You may choose to receive non-covered services. However, you will have to pay for them. Before receiving any non-covered service, you and your provider must agree in

writing that you will pay for the service. PacificSource Community Solutions covers prescription drugs for conditions paid for by the Oregon Health Plan. Family planning drugs, some over-the-counter products, and some devices are also covered.

Pharmacy Benefit

Pharmacy Benefit

Formulary

PacificSource uses a formulary. A formulary is a list of drugs that are covered by PacificSource. Pharmacists and doctors decide which drugs should be in the formulary.

The formulary may change. Sometimes we add, remove or change the coverage requirements on drugs. If we take a drug off the formulary or add restrictions to a drug that you are taking, we will tell you before it happens.

If you are a new member, please call us to find out if the drugs you take are on the formulary or have special coverage restrictions.

If you want a copy of the formulary or have questions, call Customer Service. You can see the formulary online at CommunitySolutions. PacificSource.com

Coverage Limitations

These drugs are not covered:

- Drugs not listed in the formulary.
- Drugs used to treat conditions that are not covered by the Oregon Health Plan. (Examples include fibromyalgia, allergic rhinitis and acne).
- Drugs used for cosmetic purposes.
- Drugs that are not approved by the U.S. Food and Drug Administration (FDA).
- Drugs that have little or poor scientific evidence to support their use.
- Drugs that are being studied and are not approved for your disease or condition. A drug may be approved by the FDA for use with one or more conditions but not approved for other conditions.

Some drugs in the formulary have requirements or limits on coverage. These may include:

- Using generic drugs when they are available
- Prior authorization
- Age restrictions
- Quantity limits

We don't pay for all prescriptions. Most drugs that people take for mental illness are paid by OHA. They are not listed on our formulary. They may have a co-pay. Call customer service for help.

All medications for covered conditions require a prescription from your primary care provider (PCP), behavioral health provider, or specialist.

Getting Your Prescriptions

PacificSource works with a network of pharmacies. These include most pharmacy chains. If you need a prescription outside of Oregon, call Customer Service. We'll tell you if there is a network pharmacy near you.

When you pick up your prescription, please show the pharmacist your PacificSource Member ID card. The pharmacy will know where to send the bill.

PacificSource also covers some over-the-counter (OTC) drugs. These are listed in the formulary. You still need a prescription from your provider before PacificSource can pay for an OTC drug.

If you can't see your provider before you run out of a medication you are currently taking, you can ask for a temporary exception. Please have your provider call our Pharmacy Services Department: (541) 330-4999 or toll-free at (888) 437-7728. They can also send this to us on our website. CommunitySolutions.PacificSource.com.

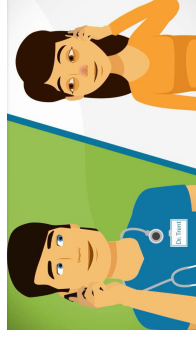
How to Team up With Your Provider

Providers are encouraged to prescribe drugs that are on our formulary list. Drugs that are not on the formulary are called "non-formulary." Those drugs are not covered unless PacificSource gives an exception.

If your provider feels you should get a drug that is not on the list, he or she may ask for pre-approval. The request must tell us why other medications are not a good choice for you. Once we review the request, we will tell you

and your provider in writing of our decision. If it is approved, you will be able to fill the prescription or a similar drug that is on the drug formulary. If it is denied, you can appeal the denial and ask us to change our decision.

If a drug you take is not covered or it has special restrictions, please ask your provider to submit a request along with your medical records. They can do this online at communitysolutions.pacificsource.com. The provider can call our Pharmacy Services Department: (541) 330-4999 or toll-free at (888) 437-7728 with any questions.



Benefits Chart

The benefits chart lists the services our plan covers. These services are subject to your eligibility for OHP, pre-approval requirements, and where your condition ranks on the Prioritized List of Health Services (page 24). Some services need to be approved in advance (pre-approved) by PacificSource Community Solutions.

Call Customer Service if you need more information about which services are covered and if they need to be approved in advance (pre-approved). They can also help you find out if your service has been approved.

Unless otherwise noted, you must see a PacificSource Community Solutions network provider for these services. They also need to be medically necessary. The condition(s) and treatment must be on the OHP Prioritized List, which can be found at www.Oregon.Gov/OHA/Healthplan/pages/priorlist.aspx.

Covered Service	Benefit Limitation
Behavioral Health	The county health department will coordinate your care. Please see pages 16-18 for more information. You do not need a referral. We cover: <ul style="list-style-type: none"> • Case management • Consultations • Emergency services • Evaluations and assessments • Hospitalization • Medication management • Programs to help with daily and community living • Psychiatric residential and day treatment • Counseling • In-home family services.
Mental Health	
Drug and Alcohol Treatment	We cover: <ul style="list-style-type: none"> • Office visits and treatment • Detoxification services (when medically necessary)
Children's Care (for members age 20 and younger)	Your baby has medical coverage until his or her first birthday, even if you are no longer eligible for OHP.
Newborn Care	Certain immunizations are covered for children and adults. Immunizations for travel are not covered. Some immunizations need to be approved in advance. You can see any provider that accepts your PacificSource Community Solutions member ID card for this service. You do not need a referral.
Immunizations & Vaccines (shots)	

Benefits Chart

Eye Care and Eyeglasses	See pages 25-26 for more information. We cover visits to your child's PCP for: <ul style="list-style-type: none"> • Dental referrals • Exams • Health Education • Hearing and vision tests • Immunizations (shots) • Nutrition information From birth to age 2, your child is covered for 7 visits. From age 2 to 18, your child is covered for one visit a year.
Well-Child Visits	
Dental	See page 19-21 for more information.
Exams, X-rays, Cleanings	
Emergency and Urgent/Hospital Care	We cover ambulance services for one-way transportation during emergencies only.
Ambulance	We cover emergency care within the United States.
Emergency Room Visits	Services must be approved in advance by PacificSource. This service may be covered if it is approved for treatment of a covered illness or injury.
Surgery	Urgent care services are covered 24-hours a day, 7 days a week, at home or if you are traveling outside the service area.
Urgent Care Visits	Urgent care services do not require pre-approval.
Family Planning	
Annual Exam	
Birth Control Education	
Laboratory Tests	
Medical and Surgical Procedures	
Prescriptions and Supplies	
Radiology (Imaging) Services	
Hearing	See page 25 for more information.
Hearing Exams	
Hearing Aids	See page 25 for more information.
Maternity Services	
Prenatal Visits	
Labor and Delivery	
Care after childbirth	See page 23 for more information.
Newborn Coverage	

Covered Service	Benefit Limitation
Other Medical Care and Services	
Alternative Care	Examples include: acupuncture, chiropractic care and naturopathy. You need a referral from your doctor for naturopathy. Services must be approved in advance by PacificSource. This service may be covered if it is approved for treatment of a covered illness or injury.
Office Procedures	Examples include: steroid injections, laparoscopies, varicose vein treatments. Services must be approved in advance. This service may be covered if it is approved for treatment of a covered illness or injury.
Diagnostic Services	We cover lab and x-ray services when your PCP or treating specialist orders them. Some exams, such as MRIs and PET scans, need to be approved in advance.
Home Health Care	Examples include: home health aide services, occupational therapy, physical therapy, skilled nursing, speech therapy. Services must be approved in advance. This service may be covered if it is approved for treatment of a covered illness or injury.
Immunizations	Certain immunizations (shots) are covered like flu and preventive shots. Please call Customer Service if you have questions on which shots are covered. They are not covered for travel or employment purposes. You can see any provider that accepts your ID card for this service. You do not need to be referred by your primary care provider (PCP).
Primary Care Provider (PCP) Visits	Some treatments at your PCP's office must be approved in advance. Annual physicals are covered once per year for all ages. Physical therapy must be approved in advance. Initial evaluations and re-evaluations do not require pre-approval, but are limited to: <ul style="list-style-type: none"> Up to 2 initial evaluations in a 12-month period Up to 4 re-evaluation services in a 12-month period This service may be covered if it is approved for treatment of a covered illness or injury.
Dialysis	You do not need a referral or pre-approval for this service.

Skilled Nursing Facility	If you are eligible and your need is medically necessary, then you are covered for up to 20 days following a covered hospitalization. If you are eligible for Medicare, then you may be covered for additional days. Services must be approved in advance. This service may be covered if it is approved for treatment of a covered illness or injury.
Specialty Care (Office Visits & Clinics)	You must be referred by your PCP to see a specialist, unless it is for women's routine, preventive healthcare or maternity services. Services must be approved in advance by PacificSource. This service may be covered if it is approved for treatment of a covered illness or injury.
Speech Therapy	The following services do not require pre-approval: <ul style="list-style-type: none"> Up to 2 evaluations of speech/language in a 12-month period Up to 2 evaluations for dysphagia (difficulty swallowing) in a 12-month period Up to 4 re-evaluations in a 12-month period One evaluation for speech-generating/augmentative communication system or device in a 12-month period. Services must be approved in advance. These services may be covered if it is approved for treatment of a covered illness or injury (except for the exceptions listed above).
Prescription Drugs	See page 28-29 for more information
Preventive Care	See page 28-29 for more information
Colon Cancer Screening	
Mammograms (Baseline)	
Mammograms (Screening)	
Pap Tests, Pelvic Exams and Clinical Breast Exams	
Physical Exams	
Well-Child Care	See page 22 for more information.

Covered Service	Benefit Limitations
Other Covered Care, Services & Programs	Covered by the Oregon Health Plan. Please call OHP Customer Service for more information and bill OHA, not PacificSource Community Solutions. The following services are covered when performed by a licensed physician or psychologist: <ul style="list-style-type: none"> • The medical confirmation of the terminal condition; • The two visits in which the member makes the verbal request; • The visit when the member makes the written request; • The visit when the prescription is written; • Counseling appointments; and • Medication/ Dispensing.
Death With Dignity	The following are some examples of DME covered without PacificSource's approval in advance: <ul style="list-style-type: none"> • Oxygen and oxygen equipment/supplies; • Diabetic supplies, such as glucose test strips (subject to quantity limits) with prescription. Some equipment and supplies need to be approved in advance. Please call Customer Service to find out which items need approval in advance. See Exclusions Section on pages 26-27 for a list of items that are NOT covered. DME may be covered if it is approved for treatment of a covered illness or injury.
Durable Medical Equipment (DME) and Supplies	Services may include: nursing, medical social services or physician services. Covered when the following criteria are met: <ul style="list-style-type: none"> • Services are reasonable and necessary for managing pain and discomfort caused by the terminal illness and related conditions. • The member chooses hospice care. • A plan of care that includes hospice needs to be established before the services are provided • The member's doctor must sign a statement that the member is terminally ill. Hospice Services should be billed to PacificSource Community Solutions. If the member is a resident of a Nursing Facility, the Nursing Facility should bill the Division of Medical Assistance Programs.
Hospice	

Intensive Care Coordination Services (ICCS)	See pages 26 for more information.
Intensive Community Based Treatment and Support Services (ICTS)	See page 17 for more information.
Interpreter Services	See page 12 for more information.
Rides to Healthcare Appointments	See page 12 for more information.
Stop Smoking/Tobacco Cessation Services	See page 22 for more information.



COHC Community Advisory Council
Deschutes Forest Service (Aspen Ponderosa Room)
Bend, Oregon
09.01.16

Present:

Linda McCoy, Chair, Consumer Representative
Sean Ferrell, Consumer Representative
Larry Kogovsek, Consumer Representative
Elaine Knobbs-Seasholtz, Vice-Chair, Mosaic Medical
Nicole Rodrigues, Consumer Representative
Julie Rychard, Full Access High Desert
Elizabeth Schmitt, Consumer Representative
Jeffrey White, Consumer Representative
Ken Wilhelm, United Way of Deschutes County

Absent:

Bruce Abernethy, Bend-LaPine School District
Suzanne Browning, Kemple Memorial Children's Dental Clinic
Malia Ladd, Consumer Representative

Present Staff/Guests:

MaCayla Arsenault, Central Oregon Health Council
Diana Bianco, Artemis Consulting
Cyndi Kallstrom, Oregon Health Authority
Donna Mills, Central Oregon Health Council
Leslie Neugebauer, PacificSource
Mylum O'Shinn, Member of the Community
Tara Luis, Member of the Community
Kelsey Seymour, Central Oregon Health Council
Zeke Smith, Oregon Health Policy Board (Chair)

Introductions

Introductions were made, and Diana Bianco welcomed all attendees and reviewed the agenda. She explained that attendees would gather in small groups to discuss and respond to questions presented by the Oregon Health Policy Board (OHPB).

Background, Purpose and Goals – Zeke Smith

Zeke Smith provided a brief oral history of Coordinated Care Organizations (CCO's) and explained that this meeting was intended to elicit feedback and ideas from community members

and OHP users regarding the quality and coverage of care by the CCO. This feedback would contribute to changes in legislature and contracts with CCOs in 2018.

Discussion Session

Questions and Feedback

Question: What CCO services work well, and what could be improved?

Responses most notably included:

- CMS rules put barriers on flexible services
- Enrolling and determining eligibility are difficult processes and assistors are grant funded.
- There is a desire to include natural and homeopathic services
- Behavioral Health (BH) services are lacking in referrals

Question: Does dental care and mental health care feel connected with primary care? Why or why not?

Responses most notably included:

- Not only do Primary Care Physicians (PCP) often fail to inquire about BH and Oral Health, but also patients do not come with the expectation that their PCP will ask.
- The BH screening process lacks standardization

Question: Are OHP members' needs being met? Are culturally appropriate services available?

Responses most notably included:

- OHP patients face discrimination by appointment scheduling staff
- Those suffering from homelessness, disabilities, and Alzheimer's also face discrimination
- Spanish-speaking patients often find it difficult to get ahold of a bilingual staff member

Question: Do you know how to give input to your local CCO? Do you know who the decision-makers are? Should CCO members be locally based?

Responses most notably included:

- Rural communities need their own voices and should be represented locally
- Input from consumers is generally not elicited by decision-makers
- CCO members desire the CCO to be more transparent

Closing

Zeke noted that the input provided in this meeting would become part of a report of recommendations for future CCO contracts. He invited guests to share the online survey version with OHP users and community members who were not present at the meeting.

Adjournment

The meeting was adjourned at 1:30 pm PST.

Respectfully submitted,

Kelsey Seymour, Secretary

The next meeting will be held on October 6, 2016 in LaPine, Oregon.

RHIP Workgroup Updates: September

Behavioral Health: Identification & Awareness (Support: Rebeckah Berry & Steve Strang)

- This group meets the fourth Tuesday of every month from 8:15-9:15am and currently has 22 members.
- In September the group learned about the roles of peer navigators/recovery mentors within the overall structure of behavioral health services in our region. Members of the group also discussed the behavioral health components of the Access Study. In October the group will begin discussions around how to track referrals to treatment with follow-ups back to primary care.

Behavioral Health: Substance Use and Chronic Pain (Support: Rebeckah Berry & Rick Treleven)

- This group meets the third Wednesday of every month from 4-5pm and currently has 25 members.
- In September the group further defined clear and standardized pathways for patients that display substance use risk within primary care settings. Once finalized, this algorithm and resources will be shared throughout the region. In September, organizations volunteered to pilot expedited referrals to treatment. A sub-group will be meeting to work out specifics of these pilot efforts. This group is also developing and supporting strategies to increase MAT in primary care settings outside of Bend.

Cardiovascular Disease—Clinical (Support: Rebeckah Berry)

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 11 members.
- In September this group came close to finalizing patient education documents around proper blood pressure procedures and things that raise blood pressure. These documents will be shared broadly with clinics during October. The group also discussed the value of the “5 A’s” or “2 A’s and R” as a standard in clinics to support blood pressure control, discussed the upcoming e-referral pilot for the Tobacco Quit Line, and provided input on a blood pressure control education proposal.

Diabetes—Clinical (Support: Rebeckah Berry & Megan Bielemeier)

- This group meets the second Thursday of every month from 9-10am and currently has 12 members.
- In September the group reviewed and made edits to the first draft of a pathway/algorithm for assertively addressing Pre-Diabetes within a primary care setting. Final edits have been made to this algorithm and steps to share this and supporting resources are being outlined for our region. The group also submitted a Grand Rounds presentation on Pre-Diabetes. This submission was approved by the CME committee and the presentation is currently being scheduled for early 2017.

Cardiovascular Disease & Diabetes—Prevention (Support: MaCayla Arsenault & Channa Lindsay)

- This group meets the fourth Tuesday of every month from 3:30-5pm and currently has 25 members.
- In September, the workgroup went through a consensus workshop to agree on broad strategies addressing physical inactivity. They decided on promoting school based physical activity (P.A.), increasing affordable P.A. programs, promoting a built environment that facilitates P.A., increasing active modes of transportation, integrating P.A. in community events, incentivizing P.A., and engaging clinical support. They also started this process around nutrition and will finish this exercise next month. In the coming months they will be drilling down on implementing specific strategies.

RHIP Workgroup Updates: September

Oral Health (Support: Donna Mills & Suzanne Browning)

- This group meets the third Tuesday of every month from 11-12pm and currently has 23 members.
- The workgroup reviewed the living workplan as a matter of course. This will be a recurring exercise to affirm direction and accurate reporting up to the Ops Council. A 'fishbone diagram' exercise was executed around the Prevention Goal of Keeping Children Cavity Free. This exercise will enable the workgroup to prioritize next action steps. An identical process for the Clinical Goal of Improving Oral Health for Pre-Post Natal Women, will be done at the October meeting.

Reproductive Health/Maternal Child Health (Support: Donna Mills & Muriel DeLaVergne-Brown)

- This group meets the second Tuesday of every month from 4-5pm and currently has 22 members.
- The workgroup heard a report from PacificSource on a Prenatal Coding pilot that is taking place in a few local clinics. The group discussed the funding of the Perinatal Care Continuum project. They reviewed the living workplan and made suggestions for minor additions. The group is reviewing the plan individually this month so that more additions can be made and finalized at the October meeting.

Social Determinants of Health

- This group meets the third Friday of every month from 10-11:30am and currently has 28 members in Kindergarten Readiness and 27 members in Housing.

Education & Health (Support: Donna Mills & Desiree Margo)

- The workgroup reviewed the living workplan as a matter of course. This will be a recurring exercise to affirm direction and accurate reporting up to the Ops Council. The group discussed vision and recommendations for next actions steps. Three primary focuses emerged: ACE's, data as a proxy for Kindergarten Readiness in all three counties, and aligning with DHS to establish a working relationship to keep kids from entering the foster care system. The group will review heat maps and a draft workflow outline at the October meeting.

Housing (Support: Bruce Abernathy & MaCayla Arsenault)

- In September, the housing subcommittee provided an update on what data they were available to collect and what they still needed. The workgroup will use this data compilation to inform their work moving forward. The workgroup also decided to provide support when appropriate to Bend 2030's project of increasing workforce housing and COIC's project of developing a regional housing consortium and expansion of the regional public transit system. Don Senecal presented his RHIR proposal on expanding services of Jericho Road's Housing Assistance Program.