

Council

- Brad Porterfield, Chair,
Consumer Representative
Latino Community
Association
- Larry Kogovsek, Vice
Chair, Community
Representative
- Mayra Benitez
Consumer Representative
- Natalie Chavez
Jefferson County Health
Department
- Jolene Greene
Consumer Representative
- Linda Johnson
Community
Representative
- Elaine Knobbs-Seasholtz
Mosaic Medical
- Lauren Kustudick
Consumer Representative
- Tom Kuhn
Deschutes County
- Jennifer Little
Klamath County
- Tre Madden
Consumer Representative
- Theresa Olander
Consumer Representative
- Elizabeth Schmitt
Consumer Representative
- Ken Wilhelm
United Way
- Cris Woodard
Community
Representative
- Vicky Ryan
Crook County Health
Department



November 19, 2020

VIRTUAL

Video Conference Link In Calendar Invite

Conference Line: 1.669.900.6833

Meeting ID: 861.0355.0703#

Passcode: 492445#

- | | |
|--------------------|---|
| 5:30 – 5:40 | Welcome—Brad Porterfield <ul style="list-style-type: none">• Public Comment• Approval of Meeting Minutes• Annoucements |
| 5:40 – 5:55 | Unite Us in Central Oregon—Celia Higuera |
| 5:55 – 6:25 | Quality Transformation Strategy 2021—Lindsay Atagi |
| 6:25 – 6:40 | CAC & Board Requests & Communication—Gwen Jones |
| 6:40 – 6:55 | CAC Demographic Data—Gwen Jones |
| 6:55-7:00 | CAC Workplan Follow Up—Gwen Jones |

Five Finger Voting:

0: No go! Serious concerns

1: Serious reservations and prefer to resolve concerns before supporting it

2: Some concerns, but will go along with it

3: Support the idea

4: Strong support, but will not champion it

5: Absolutely, best idea ever, willing to champion it

“The overarching purpose of the CAC is to ensure the COHC remains responsive to consumer and community health needs.”—COHC CAC Charter

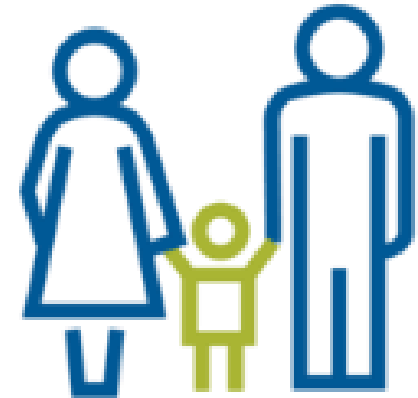
The Central Oregon Health Council encourages persons with disabilities to participate in all programs and activities. This event/location is accessible to people with disabilities. If you need accommodations to make participation possible please call (541) 306-3523 or email macayla.arsenault@cohealthcouncil.org



Transformation and Quality Strategy: 2020-2021

What is a Transformation and Quality Strategy (TQS)?

The TQS is a collection of projects that support safe, affordable, and high-quality care for all PacificSource CCO members.



Goal #1

The CAC and PacificSource partner to talk about what is important to YOU, and how the quality projects can help YOUR community.



Goal #2:

Create projects that meet all of the required 15 topic areas, including topics that matter most to you, like:

**Access:
Getting the
Care that
you need**



**Behavioral
Health
Integration**



**Social
Determinants
of Health**



**Health
Equity**





TQS Spotlight : Access: Getting the Care that you need

- ❑ PacificSource developed a Member Access Survey to help us understand what your experience is like getting the care you need.

How many days
did it take you to
get an
appointment?

Did the clinic's
office hours meet
your need?

Was an
interpreter
available for your
appointment?

Did your provider
spend enough
time with you?



TQS Spotlight: Behavioral Health Integration

- ❑ PacificSource is supporting Behavioral Health Clinicians (BHCs) in primary care offices, and helping with equitable access.

How will this
help me?



- ✓ In-office BHCs help you access care when you need it – often the same day and time as your medical appointment!
- ✓ BHCs can help with physical and behavioral health concerns
Examples include: anxiety, smoking cessation, and healthy eating for diabetes
- ✓ BHCs can help refer you to an outside behavioral health specialist if needed



TQS Spotlight : Social Determinants of Health

- ❑ Social determinants of health are the conditions in which people are born, grow, live, work, and age.
- ❑ PacificSource is working to screen members for social determinants of health needs, and help connect them with resources in their community.



Food



Transportation



Housing



Utilities



TQS Spotlight: Health Equity

- ❑ PacificSource is creating I Speak cards for provider offices, to help members get care in their own language.

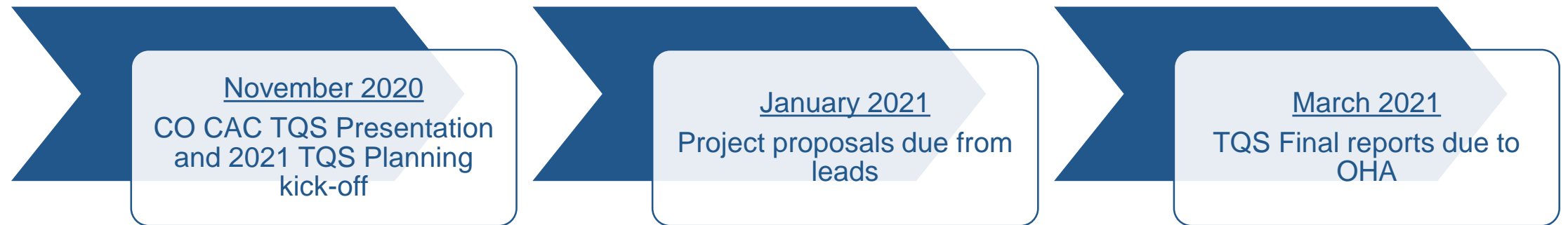


- ✓ Members use the cards to let their providers know what language they speak
- ✓ I Speak cards help providers arrange interpreter services for their patients

TQS 2021 Changes

- ❑ The 2021 TQS planning will kick off in November.
- ❑ Most projects will likely be continued from 2020 into 2021.
- ❑ We have invited our Health Equity and Diversity Liaisons to help us apply an equity lens to our work.
- ❑ Our Community Health Coordinators are joining us in the TQS planning this year to help us better address YOUR needs in TQS projects.
- ❑ Please bring questions or suggestions to Kristen Tobias.

2021 TQS Process Timeline



Questions



Transformation Quality Strategy (TQS) Overview

The TQS is a collection of seven projects that support safe, affordable, and high quality care for all PacificSource CCO members. The Community Advisory Council and the Clinical Advisory Panel play key roles in helping to inform and improve the TQS.

1. Improving Access to Care: Members Getting the Care They Need

An “Access to Care” survey was created and will be sent to members. The goal of this survey is to hear about members’ experience while getting care. It asks questions like:

- “How many days did it take you to get an appointment?”
- “Did the clinic’s office hours meet your need?”
- “Was an interpreter available for your appointment?”
- “Did your provider spend enough time with you?”



2. Behavioral Health Integration

PacificSource is helping Behavioral Health Clinicians (BHCs) partner with primary care providers to give members mental health services. This helps members get mental health and primary care services at the same place. BHCs can help with things like:

- Anxiety
- Smoking support
- Healthy eating for Diabetes
- Connecting to other resources



3. Health Equity

PacificSource is distributing “I Speak” cards. These will help:

- Members let their providers know what language they prefer.
- Allow providers to give services in the member’s preferred language.



4. Grievances and Appeals

PacificSource wants to learn what problems members commonly face and how it affects their care. We are doing this by:

- Keeping track of complaints received by members. This helps us hear our members' concerns and improve our services.
- Keeping an eye on our Non-Emergency Medical Transportation (NEMT) provider to ensure member needs are met. In Marion County and Polk County, our NEMT provider is Logisticare.
- Working with Dental Care Organizations (DCOs) to make sure members get the best care.



5. Oral Health Integration

PacificSource is helping dental providers and primary care providers partner to offer teledentistry. Teledentistry are dental services given to members at their primary care provider's office. This helps:

- The member receive dental care where they also get their primary care.
- Improve health for members with Diabetes.
- Improve communication between primary care providers and dentists.



6. Social Determinants of Health (SDOH)

SDOH are the everyday things that effect people's health. As a CCO, we are interested in learning about our members' Social Determinants of Health (SDOH) needs and helping to connect them to resources that meet their needs:

- Access to healthy foods
- Transportation
- Neighborhood safety
- Having a safe place to sleep at night
- Ability to pay bills



7. Members with Special Care Needs

Members with special care needs include people with multiple health conditions or who live in long-term care facilities. PacificSource is helping by:

- Making it faster for members to see in-network specialists by not requiring their primary care provider to submit a referral to us.
- Connecting members with the right resources to make appointments and get other resources they need.



Draft 1. **Note - Please review for content only.

Central Oregon Health Council
Community Advisory Council
Chairperson Roles and Responsibilities

Description:

With the support of COHC staff, the Chairs of the Community Advisory Council will:

- Facilitate the identification, discussion, and ranking of issues of concern to members.
- Serve on the Board of Directors as full members.
- Inform the Board of Directors on Council recommendations related to....?
- Coordinate the meetings of the CAC to meet the minimum requirements of the most current CCO contract.
- Facilitate and chair any electronic communications and discussions.

Term: (needs to be aligned with CCO requirements)

... # of years

Nominated and elected by

?Prior to serving as chair this person must have served on the CAC for at least 1 year

Two seats

Must be a member of PSCS OHP or a guardian of dependent on PSCP OHP

Desired Personal and Professional Characteristics:

- Ability to listen, analyze, think strategically and creatively, and work well with people individually and in a group.
- Ability to consider multiple viewpoints about controversial issues and to communicate the Community Advisory Council's perspective effectively with members and stakeholders.
- Ability to prepare for, attend, and participate in board and committee meetings (including conference calls), ask questions, take responsibility, follow through on given assignments, and evaluate oneself.
- Willingness to develop certain skills if one does not possess them.
- Honesty; sensitivity to and tolerance of differing views; a friendly, responsive, and patient approach; community-building skills' personal integrity; a developed sense of values; and concern for the Association's development.
- Ability to facilitate discussions face-to-face and through electronic means among diverse partners.

Primary Responsibilities:

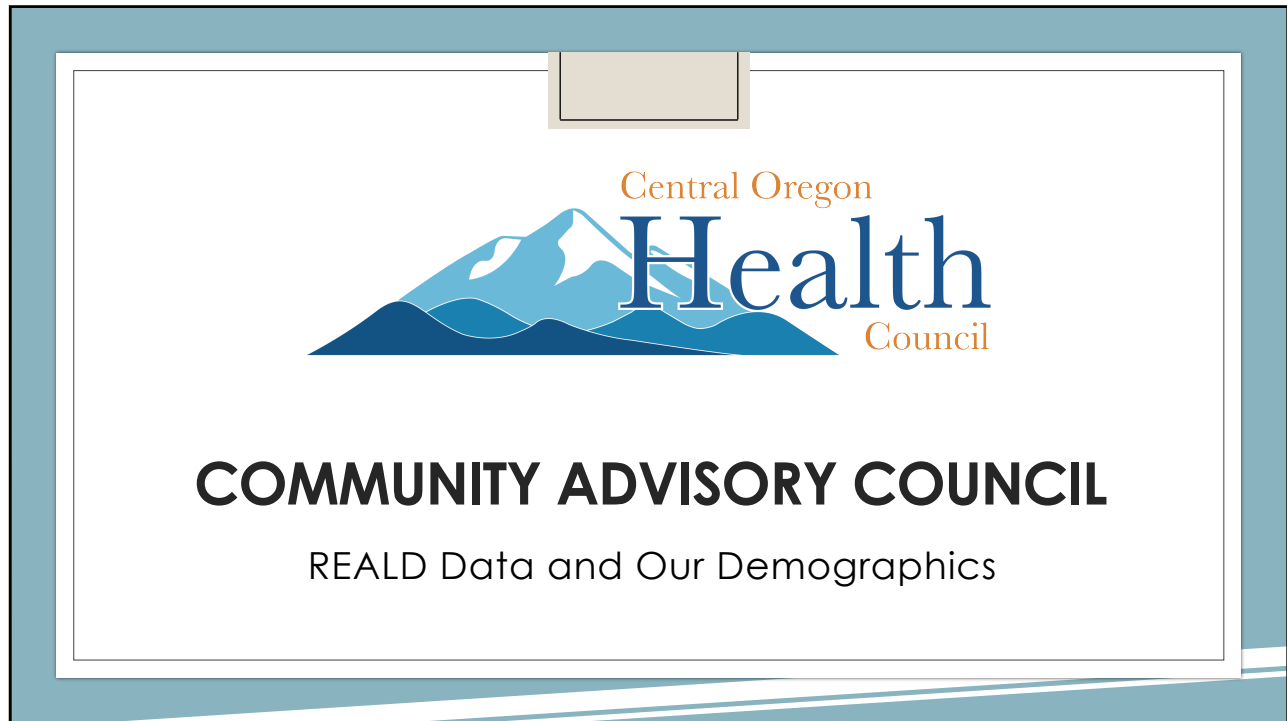
- Attend and participate in all meetings of the Board of Directors.
- Attend and participate in all meetings of the Community Advisory Council.
- Be informed about the CCO and COHC's mission, vision, policies....?
- Assist the Board of Directors in carrying out its fiduciary responsibilities.
- Review agenda and supporting materials prior to CAC meetings.
- Prepare and present information at meetings on behalf of the CAC as needed.
- Serve as the Board of Directors liaison to the Community Advisory Council and prepare and present information at meetings of the Community Advisory Council on behalf of the Board of Directors.
- Serve as the Community Advisory Council liaison to the Board of Directors and prepare and present information at meetings of the Board of Directors on behalf of the Community Advisory Council.
- Support the coordination of the yearly joint meeting between CAC and the Board of Directors.
- Initiate and facilitate communications among the members of the Community Advisory Council throughout the term of office.
- Work with CAC and staff to identify new members of the CAC.

Time Commitment:

?

Resources and Support:

- Stipend and internet or mileage reimbursement is offered for meetings.
- COHC staff support for work related to CAC
- Opportunity to participate in yearly Oregon CCO conference
- CCO/CAC Chair website...here



1

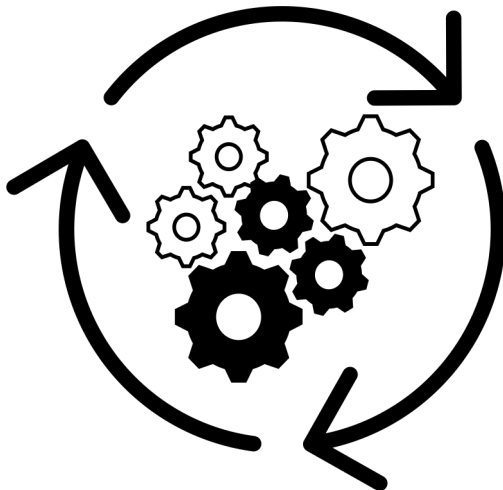
Purpose

- Definitions
- What is REALD data?
- Why is it important?
- How did REALD come into being?
- What are our CCO 2.0 Reporting Commitments?
- Who are we?
- How we compare to the Region?
- What does this mean for us?

2

Definitions

3



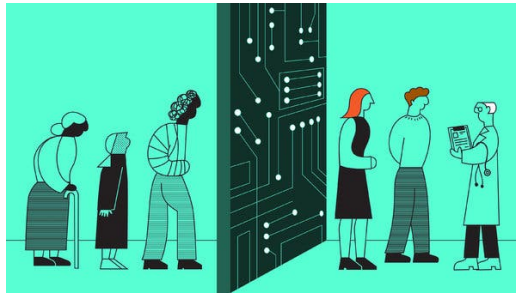
System

An organized collection of parts that work together to reach a goal

- institutions, structures, norms, culture, government, education, health care

4

5



Health Inequity

Systematic differences in the health status of different population groups.

These inequities have significant social and economic costs both to individuals and societies.

(World Health Organization)

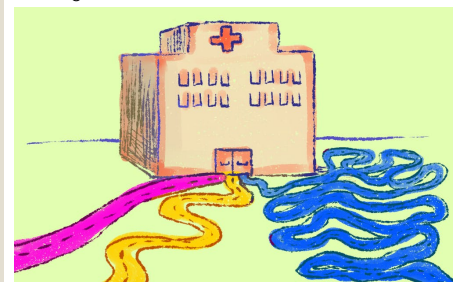
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Health Disparity

A particular type of difference in health that is caused by social, economic, and/or environmental obstacles.

Obstacles are linked to systematic discrimination.

race and ethnicity
 religion
 socioeconomic status
 cognitive, sensory, or physical disability
 age



mental health
 gender
 sexual orientation or gender identity
 geographic location

What is REALD?

7

A set of standardized data and questions.

**Race
Ethnicity
Language
and
Disability**

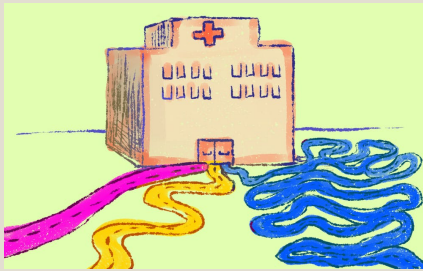
Must be collected by Oregon Health Authority, the Department of Human Services and organizations that work with them.



8

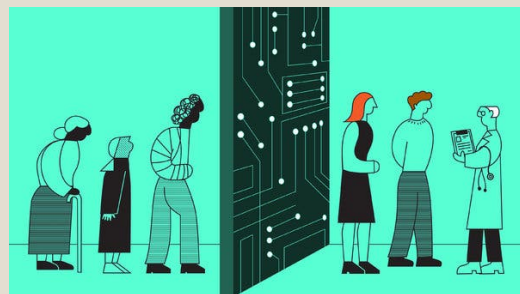
Why is REALD Important?

9



Our historic and current systems cause avoidable health inequities in the lives of certain groups of people.

Our systems cause harm to people by discrimination against people's race, ethnicity, language, ability, gender identity, sexual orientation.



These facts are clearly documented: <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le7721a.pdf>

10

How does REALD help reverse health and social inequities?

11



Identify and change structural social and health barriers imposed on people.



Better understand ALL the people we work with and serve.




Guide how we create services to meet the cultural and accessibility needs of the people we serve.



Guide how we invest our funds to address health inequities.

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Central Oregon
Health
Council

The Community Advisory Council should reflect the experience of the people living in Central Oregon.

Meet federal and state reporting commitments.

13

How did REALD come to be?

14

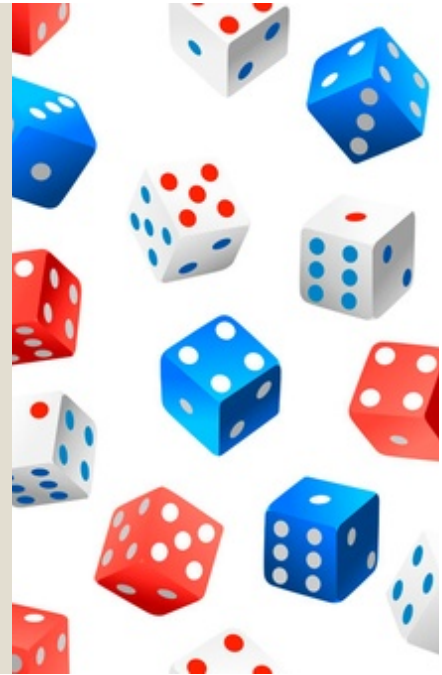
Before 2012...

A version of REALD existed.

Information was not as detailed.

Every organization collected it differently.

Information was impossible to compare.



15

Starting in 2012...

Community organizations led the work to collect more detailed data

- Asian Pacific American Network of Oregon (APANO)
- Oregon Health Equity Alliance (OHEA)



16

In 2013...

The current REALD standards
were developed in partnerships
with:

- Communities
- Researchers
- Based on local, state and national best practices

House Bill (HB) 2134

Oregon Administrative Rules (OARs)
943-070-0000 through 943-070-0070



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What are the CAC's
reporting commitments?

18



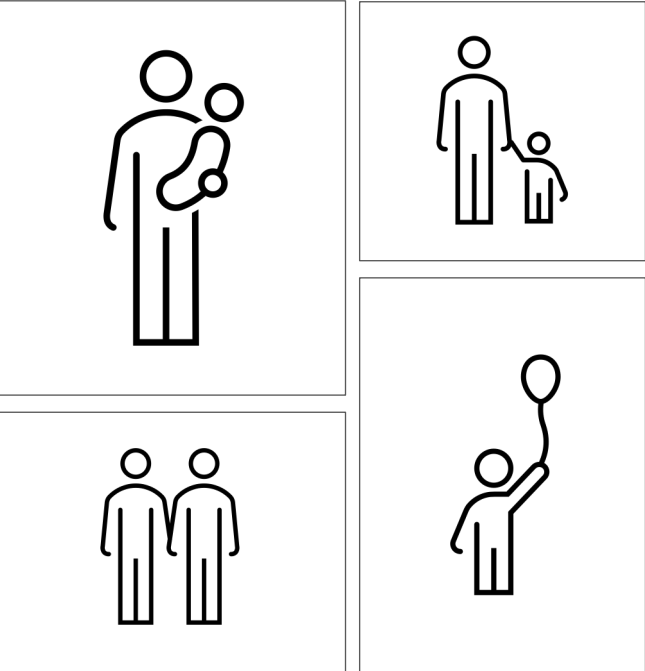
Summer 2021

- REALD
- OHP membership
- Community partnerships
- Tribal partnerships
- Regional demographics
- Other

19

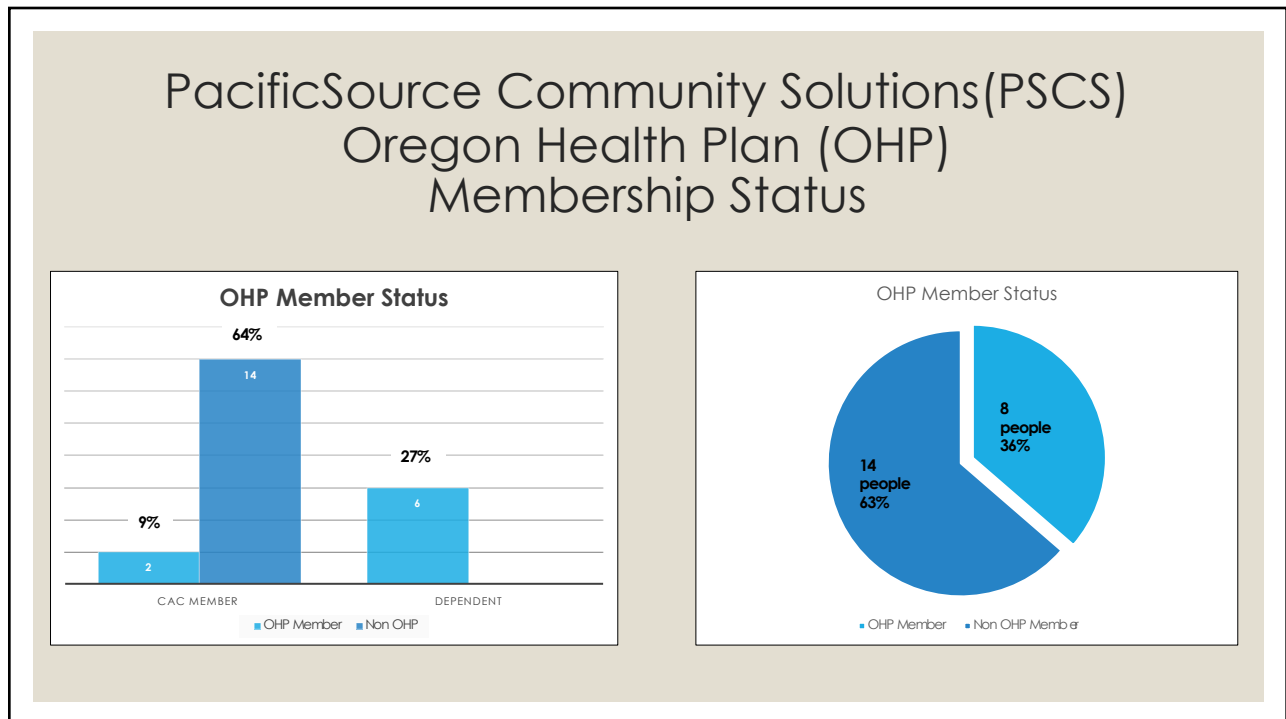
Who are we?

20



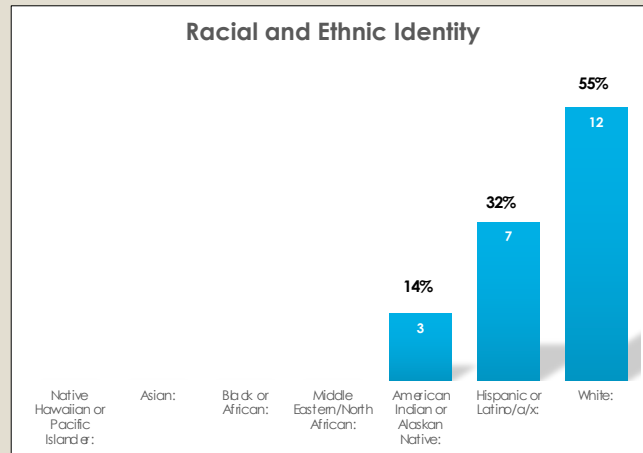
- CAC members and their eligible dependents
- Self-reported

21



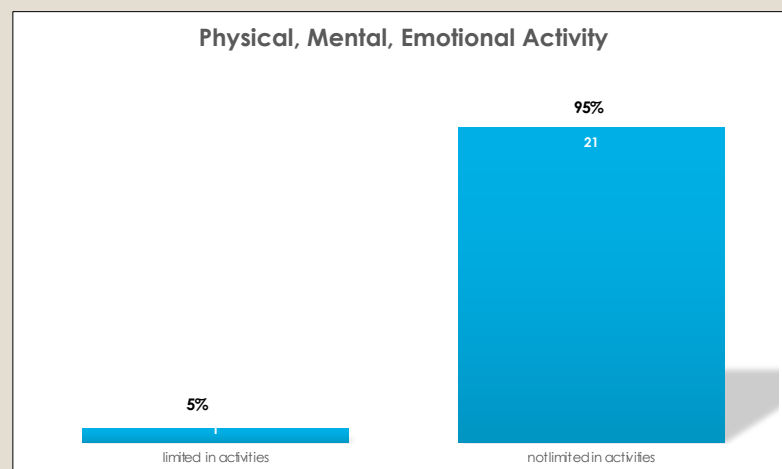
22

Racial and Ethnic Identity



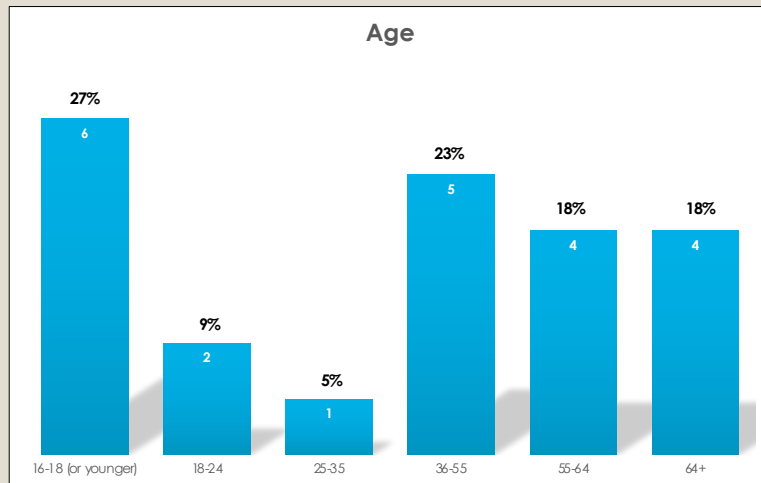
23

Activity



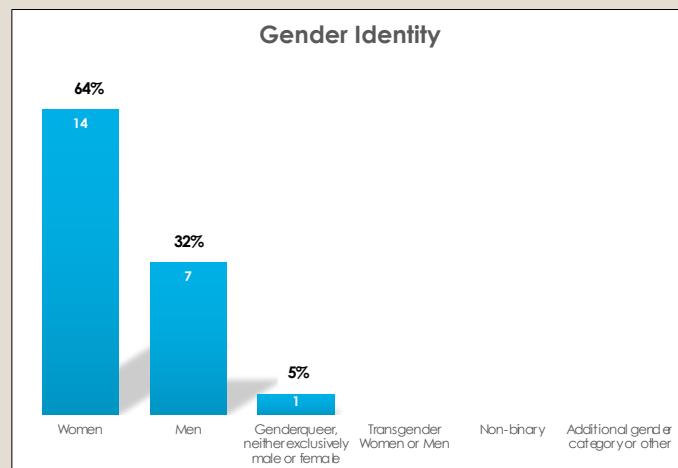
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Age



25

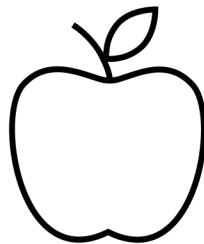
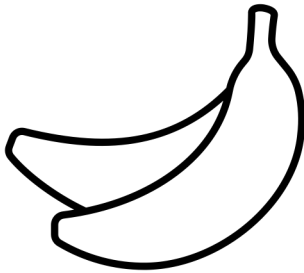
Gender Identity



26

How do we compare to
the region?

27



Central Oregon
Health Data Website

<http://www.centraloregonhealthdata.org/>

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Race:

<http://www.centraaloregonhealthdata.org/demographicdata?id=285505§ionId=940>

Ethnicity:

<http://www.centraaloregonhealthdata.org/demographicdata?id=285505§ionId=941>

Disability:

<http://www.centraaloregonhealthdata.org/indicators/index/view?indicatorId=82&localeTypeId=2> (Adults)

<http://www.centraaloregonhealthdata.org/indicators/index/view?indicatorId=1052&localeTypeId=2> (Children)

Age:

<http://www.centraaloregonhealthdata.org/demographicdata?id=285505§ionId=942>

Sex:

<http://www.centraaloregonhealthdata.org/demographicdata?id=285505§ionId=943>

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What does this mean for us?

30

Central Oregon Health Council Community Advisory Council Work Plan

KEY: CAC = Community Advisory Council PS = PacificSource **Green** = complete. **Yellow** = started. **White** = not started

Date	Deliverable Deadline	Preparation to Meet Future Deliverable	Status
2020			
November	Consumer Representative Seats	Consumer Reps - Update press release and community letter, translate Identify target recruitment communities Seek help from Mosaic, Volunteers in Medicine, Latino Community Association, Habitat for Humanity, CAC members	
	11.30 CAC 2021 Workplan Finalized	CAC workplan – CAC reviews and revises workplan	
		Health Equity Plan – Collect revised application demographics from CAC members. Send Kristen birth dates to check PSCS OHP (PacificSource Community Solutions Oregon Health Plan) membership	
		Health Related Services – grantees notified of grant awards. Finalize reporting spreadsheet CAC debrief about grant process	
		CAC on Board of Director Roles and Responsibilities – draft questions, collect and compile feedback from Board of Director Chairs, CAC Chairs and CAC	
December	Consumer Representative Seats		

	12.1 Health Equity Plan: CAC Demographic Data	Email CAC demographic data to PS	
	12.31 Health Related Services: Community Health Projects Grant funding dispersed	Funding report emailed to PS	
		CAC on Board of Director Roles and Responsibilities – draft questions, collect and compile feedback from Board of Director Chairs, CAC Chairs, compile feedback, create first draft of roles and responsibilities	
2021			
January	Consumer Representative Seats		
		CAC on Board of Director Roles and Responsibilities – draft questions, collect and compile feedback from Board of Director Chairs, CAC Chairs – Review draft, revise.	
February	Consumer Representative Seats	Push out press release	
	2.26 CAC on Board of Director Roles and Responsibilities	Finalize and operationalize CAC on Board of Director Roles and Responsibilities.	
March (no meeting)	Consumer Representative Seats		

April	Consumer Representative Seats		
May	Consumer Representative Seats	Push out press release	
June	Consumer Representative Seats		
	6.30 Annual CAC Demographic Report	Notes from PS– waiting on Oregon Health Authority (OHA) reporting template. Will need to collect by May 2021 for Health Equity team deliverable timeline.	
	6.30 Supporting Health for all through Reinvestment (SHARE) Initiative Spending	Notes from PS – this is very up in the air. We will not know until June of 2021 if we have SHARE money for the CAC to distribute. More to come.....	

	6.30 Community Health Improvement Plan (RHIP) Progress Report	Notes from PS – I am not 100% sure how this is a CAC deliverable, but have asked for more information.	
July	Consumer Representative Seats		
August	Consumer Representative Seats		
September	Consumer Representative Seats	Push out press release	
October	Consumer Representative Seats		

November	Consumer Representative Seats		
December (no meeting)	Consumer Representative Seats		
	12.31 Health Related Services: Community Health Projects Grant funding dispersed	Funding report emailed to PS	



COHC Community Advisory Council

Held virtually via Zoom

October 15, 2020

Present:

Brad Porterfield, Chair, Consumer Representative
Larry Kogosvek, Vice Chair, Consumer Representative
Linda Johnson, Community Representative
Elaine Knobbs-Seasholtz, Mosaic Medical
Tom Kuhn, Deschutes County Health Services
Theresa Olander, Consumer Representative
Elizabeth Schmitt, Consumer Representative
Cris Woodard, Consumer Representative
Ken Wilhelm, United Way of Deschutes County

Absent:

Michael Baker, Jefferson County Health
Elizabeth Batterson, Community Member
Mayra Benitez, Consumer Representative
Jolene Greene, Consumer Representative
Lauren Kustudick, Consumer Representative
Jennifer Little, Klamath County Public Health
Tre Madden, Consumer Representative
Vicky Ryan, Crook County Health Department

Others Present:

MaCayla Arsenault, Central Oregon Health Council
Rebeckah Berry, Central Oregon Health Council
Gwen Jones, Central Oregon Health Council
Donna Mills, Central Oregon Health Council
Leslie Neugebauer, PacificSource
Kristen Tobias, PacificSource
Renee Wirth, COHC
Dustin Zimmerman, OHA

Introductions

- Introductions were made and Brad Porterfield welcomed all attendees.

Public Comment

- Elizabeth Schmitt suggested partially funding projects in order to approve more proposals during the Community Health Projects discussion later.

Approval of the Minutes

- Linda Johnson shared a correction to the minutes, noting she was not present.
 - **ACTION**: MaCayla Arsenault will ask Kelsey Seymour to amend the minutes.
- Brad asked if Mayra was present at the last meeting as well. MaCayla agreed to find out.
 - **ACTION**: MaCayla will find out if Mayra Benitez was present at the last meeting.
- Linda motioned to approve the minutes; Ken Wilhelm seconded. All were in favor, the motion passed unanimously.

Action Item Follow Up

- Kristin Tobias noted she follow up with Theresa McIntyre regarding the wildfire victim access question, and shared the query is resolved.
- MaCayla shared that Kor Community Land Trust has not responded regarding their service area.

Announcements

- MaCayla shared the Central Oregon Health Data website is now live. She explained the site is free to use and a webinar giving a tour of the site is available on Wednesday, November 18th at 9am.
- Brad shared that Elizabeth Batterson has resigned from the CAC because of a schedule conflicts but would like to remain involved as her schedule allows.
- Brad shared Natalie Chavez will be replacing Michael Baker to represent Jefferson County.
- Brad thanked everyone for turning in their applications containing demographic information.
- Brad announced the CAC is actively recruiting consumer members enrolled with PacificSource Community Solutions to join the CAC. Larry asked if we feel we are representing the population of Central Oregon accurately through member diversity. Gwen shared there are gaps in race and language. Linda asked if this will be added to the workplan for the CAC. Gwen noted it will, and more will come on this later on. Brad asked if the diversity results could be shared with the group; Gwen agreed to add it to a future agenda.
 - **ACTION**: Gwen and MaCayla will show the results of the demographic study with the group.
- Brad shared the COHC plans to provide tablets to consumer members who are interested and invited someone to volunteer for a test run.

Community Health Projects Final Decisions

- MaCayla announced final decisions will be made today on the proposals. She shared the ranking data of all the undecided proposals, noting that the highest-ranking proposals can be funded without issue, but there is a three-way tie for where the funding runs out. She proposed having a guided conversation to parse out which of the three, including DAWN's House, REACH, and Hearthside Medicine Family Care, to fund with the remaining money.
- Ken Wilhelm motioned to fund all proposals highlighted in green; Larry seconded. All were in favor, the motion passed unanimously.
- Elizabeth Schmitt commented that REACH spans the most Social Determinants of Health; Ken Wilhelm agreed this was important.
- MaCayla asked the group if they need any clarifications on the proposals in yellow before proceeding; the group confirmed they did not. She asked members to share highlights of each project.
- Therese noted DAWNS House proposal is for a home for women with a criminal record to establish themselves in a position to get hired and transition into independent housing. Larry noted the home will also serve for recovery. Ken noted DAWNS House is working with Meyer Memorial Trust to cover rental costs.
- Brad asked if Hearthside is a for-profit organization. Rebeckah Berry confirmed they are, but noted the project does not create any profit for them. Linda Johnson expressed concern for the purchase of the van as capital, and who would own the van if the project fails. Donna clarified there are no legal concerns with purchasing a vehicle, as the Health Council has done this before. Larry asked if immunizations are covered through insurance; Elaine Knobbs-Seasholz confirmed all flu vaccines are covered for OHP. She explained that in the Hearthside practice there is only one licensed Nurse Practitioner working alone. She noted that Mosaic does this exact same work as this proposal. Linda expressed concern for funding a proposal operating independently from the overall vaccine effort.
- Larry explained the REACH program connects the homeless with basic services, such as obtaining identification cards. Ken noted the proposal is for hiring a part time employee to expand the access to those services.
- MaCayla asked for reactions to all the proposals. Larry shared his amazement at the sheer volume of individuals experiencing homelessness, noting the concern will only be greater when the eviction moratorium ends. Elaine concurred, sharing housing is a priority right now more so than before. Theresa and Linda agreed that expanding the REACH project seems critical.
- Linda noted DAWNS house is a unique program compared to other housing programs and verbally supported funding it.
 - MOTION: Elaine motioned to fund both REACH and DAWNS House; Linda seconded. All were in favor, the motion passed unanimously.

Value Based Payments

- Leslie Neugebauer shared the goal of value-based payments is to reduce the total cost of care while improving quality. She noted this payment model motivates providers to

offer non-billable services. She explained a shared risk arrangement between multiple entities is currently furthering patient-centered primary care homes, behavioral health integration, quality incentive metrics, and hospital quality measures. She noted one outcome of this contracting practice has resulted in 90% of all Medicaid members are assigned to a primary care home that has embedded behavioral health.

- Leslie asked the group what concerns they have for Value Based Payment. Theresa Olander noted that behavioral health integration appointments are brief and can feel rushed.

CAC Workplan

- Gwen Jones shared the CAC Workplan and asked for feedback. Changes were suggested regarding the format, and Linda noted the roles and responsibilities of the board representative should be reviewed by the Governance Committee.