

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
- Theresa Olander
Consumer Representative
- Elizabeth Schmitt
Consumer Representative
- Mande Seeley
Consumer Representative
- Ken Wilhelm
United Way
- Cris Woodard
Community
Representative
- Regina Sanchez
Crook County Health
Department



March 18, 2021

VIRTUAL

Video Conference Link In Calendar Invite

Conference Line: 1.669.900.6833

Meeting ID: 861.0355.0703#

Passcode: 492445#

- 12:00 – 12:15 **Welcome—Brad Porterfield**
- Public Comment
 - Approval of Meeting Minutes
- 12:15 – 12:30 **Emailed Material and Announcement Questions—All**
- 12:30 – 12:55 **CLAS Standards—Miguel Herrada**
- 12:55 – 1:30 **Process Development: How CAC Manages Emerging Issues—
Gwen Jones & MaCayla Arsenault**

Consent Agenda:
CAC Chair and Vice-Chair Roles and Responsibilities

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

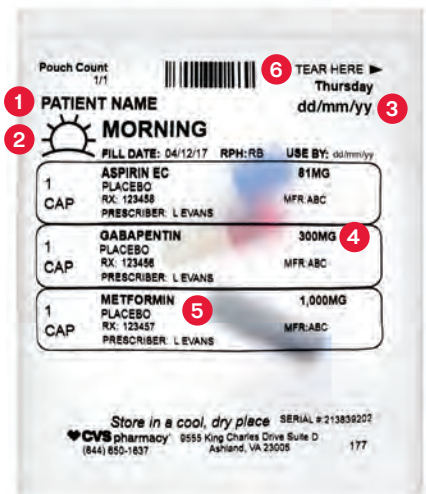
4: Strong support, but will not champion it

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

Here's the inside story.

Inside your convenient dispenser box is a roll of SimpleDose™ packs that follows your daily regimen of maintenance medications. Each pack is labeled with the information you need to stay on your medication schedule.



- 1 Your name
- 2 Icons for time to take
- 3 Date to take
- 4 Dosage strength
- 5 Medicine name & description
- 6 Tear here

Let's get started.

1. Pull the first pack through the opening in the box.
2. Remove the first pack from the roll by tearing from left to right along the perforated line.
REMEMBER: Packs need to be separated first before opening.
3. Open the pack by tearing through the arrow at "TEAR HERE."
Use scissors, if necessary.

Look at all you can do when you manage your SimpleDose™ order online:*

- Add or remove medications from your monthly order
- Approve your next box via the SimpleDose dashboard
- See what's inside your next order
- Track the status of your monthly order
- Enroll into our auto-refill service which allows your order to be shipped automatically each month.**

To learn more, please visit
CVS.com/SimpleDose

We're here for you 24/7.
Call us at 1-800-753-0596.



Your privacy is important to us. CVS Pharmacy® employees are trained regarding the appropriate way to handle your private health information. This document contains confidential and proprietary information belonging to CVS Pharmacy and cannot be reproduced, distributed or printed without written permission from CVS Pharmacy. **11/24/20**

* Some restrictions may apply.

** Not all prescriptions are eligible. Call us for details.



Your SimpleDose™ packs from CVS Pharmacy® are here!

Please review these helpful reminders and answers to common questions.



Your questions, answered.

How are my medications packaged?

Packaging is based on your prescriber's directions. If a specific time of day is indicated, the medication will be packaged, labeled and organized accordingly. If no time is indicated, medication will be slotted into a clinically appropriate time.

Only four medications are allowed per pack. If you take five morning prescriptions, you will receive one morning pack with four medications followed by a second morning pack with a single pill.

It's important to remember that certain medications should not be taken at the exact same time. In these instances, we separate the medications into two different packets.

Can all my medications be included in the SimpleDose™ packs?

Most medications can, but clinical and regulatory guidelines require us to send certain medications in a traditional medication vial. Questions? Contact us at 1-800-753-0596.

What about acute medications?

For medications you only take once or for a short time (e.g. antibiotics), your local CVS Pharmacy® can assist you.

Why can't I receive my SimpleDose prescriptions as 90-day refills?

Due to U.S. clinical and regulatory standards, we can only prepackage medications as a 30-day supply.

Why doesn't my order include all my medications?

Sometimes refill authorizations arrive late from your provider. If needed, you can always fill that medication at a local CVS Pharmacy.

When will my SimpleDose order arrive?

Medications should arrive two days prior to your due date.

How can I track my monthly SimpleDose shipments?

Sign up for UPS My Choice® alerts to see real-time tracking data for orders coming to your home. Soon we'll be able to provide real-time tracking data within your SimpleDose dashboard.



SimpleDose™

Presorted Prescription Packs

Multiple Rx, one easy box.

Manage your Rx with SimpleDose™, presorted Rx packs at no added cost.* Each box contains a 30-day supply, delivered to your home* or local CVS Pharmacy®, all backed by trusted CVS pharmacists.



Presorted Rx Pack



- 1 Name
- 2 Time to take icons
- 3 Date to take
- 4 Dosage strength
- 5 Medication name & description

Getting started is easy.

Speak with the pharmacy team or visit www.CVS.com/SimpleDose to enroll.

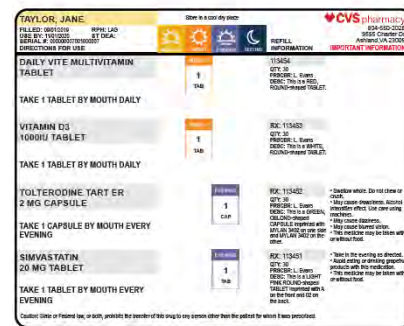
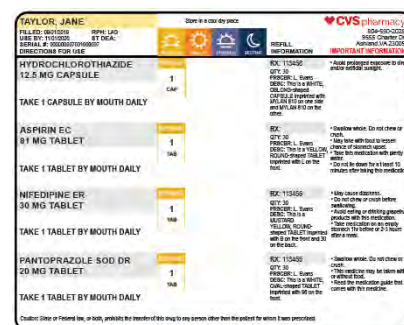


Prescription Schedule

Easier to read. Easier to follow.®

A personalized, color-coded prescription schedule helps patients better manage their medications by knowing exactly what to take, and when.

A prescription schedule is included each month as part of the SimpleDose™ box.



SimpleDose™ Benefits



Rx pre-sorted by dose, date, time.



No added cost to enroll.*



Free home or in-store delivery.*



An easier way to stay on track.



CLAS Standards Culturally and linguistically appropriate services.



1

Using the Culturally and Linguistically Appropriate Services (CLAS) Standards

Today's learning opportunity: How to use CLAS as a tool to
improve Health Equity in our system.

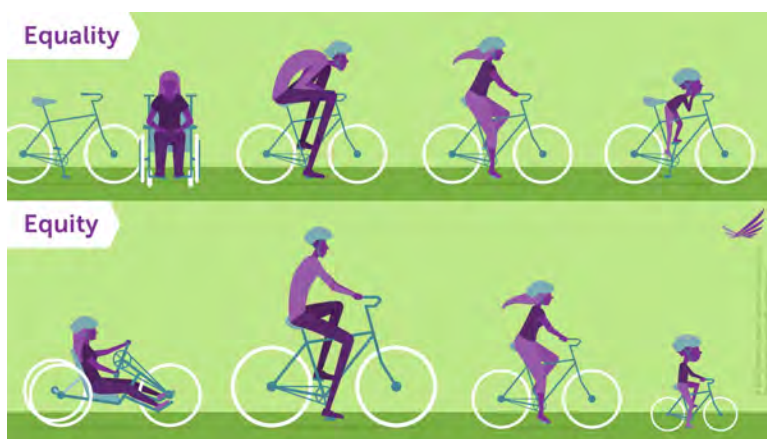
- **The history and context of CLAS**



2

How Are We Already Using CLAS?

• PacificSource



3

The National CLAS Standards

A tool to advance health equity, improve quality, and help eliminate health care disparities.

Standard 1 Commit to high quality care and services by supporting diverse cultural beliefs and communication needs.

- **Standards 2-4** Governance, Leadership and Workforce.
- **Standards 5-8** Communication and Language Assistance.
- **Standards 9-15** Engagement, Continuous Improvement, and Accountability.

Source: www.ThinkCulturalHealth.hhs.gov

4

The National CLAS Standards

Standards 5-8 Communication and Language Assistance.

5- Offer free language support.

6- Tell those you serve that language help is available.

7- Make sure staff have skills in providing language support and avoid using untrained interpreters.

8- Provide easy-to-understand materials for those that you serve in the language and format they use.

6

Activity

Example

Category: Communication and Language Assistance.

Standard 8-Provide easy-to-understand materials for those that you serve in the language and format they understand.

Goal: Make sure materials are available in preferred languages and format.

Action: Review materials and advise the CCO about gaps and opportunities to improve.

9

Practice

- How can CLAS be used to advance health equity?

From the Communication and Language Assistance category, Standard #6 **Tell those you serve that language help is available.**

- Let's discuss how the CAC could support system change in this area.

- *Goal:*
- *Action:*

10



Questions?



11

BLUE Group start on slide 2 & 3

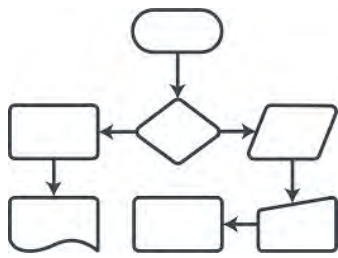
GREEN Group start on slide 4 & 5

Collaborating to Build CAC's Process for Handling Emerging Issues

https://docs.google.com/presentation/d/17nk5Erp15a2e3QTSjaDge9tqvJFJBsE9zg1TA_LdiCY/edit?usp=sharing

How we'll build our process for Handling Emerging Issues (e.g. CCO OHP related issues that come up in meetings)

1. Understand Better - Need, Background, What's currently happening, Visioning for Desired Process
2. Identify Barriers - Identify what might keep us from having a process we want
3. Solutions Thinking - Understand what we need to do, build the process
4. Use Our Newly Developed Process
5. Review and Revise Our New Process As Needed



Today's Plan (30 minutes)

1. Review and Complete Background, Current Method and Desired Method
10 min, Large Group
2. Identify Barriers
15 min, Small Groups
3. Barriers Report Out
5 min, Large Group

Interested in continuing this work outside of monthly meetings?

Background Info

BLUE Group start on slide 2 & 3

GREEN Group start on slide 4 & 5

We need this process because:

- Time it takes to allocate
- Having a process Acknowledges that there are issues
- Direction of how to move forward
- Develop process to member navigate
- Decide how involve do members of the cac want to be (ie. info only, lead the charge, follow up on)
- Issues affect everyone individually. We all have needs
- Without a process issue won't be addressed
- We need accountability to ourselves, our roles as advisory to the board and our communities

We define Emerging Issue as:

- Legislative change or OHA requirement
- All issues and find out how widespread the issues are
- All issues including clients'
- Is it an urgent issue
- Something that has fallen through the cracks and is becoming more of an issue for the consumers

CAC scope for emerging issues are:

- Anything related to the mission of the CA

Organizations that we might escalate issues to are:

Desired Method

BLUE Group start on slide 2 & 3

GREEN Group start on slide 4 & 5

We want the current method to feel:

Current Method

BLUE Group start on slide 2 & 3

GREEN Group start on slide 4 & 5

There is no process to manage Emerging Issues

We hear about Emerging Issues during these parts of the meeting:

Beginning, Announcements, Community Comment, patient story, An action in the minutes

Agenda topic generated

All parts

(Need definition of emerging issue not "that's great to know")

Anecdotally, what generally happens is:

Someone from PS staff or COHC staff volunteers to address or look into issue, might be resolved, no follow up by CAC, sometimes comes up in follow up action agenda items

It gets overlooked. Addressed and then forgotten.

The current method feels:

No closure. Left lingering. Inconsistent. Not knowing if our concerns are important to the ppl we're speaking to. Not knowing if our needs are being addressed

Overloaded we never get to solving the issue, it's always on to the next thing

Desired Method

BLUE Group start on slide 2 & 3

GREEN Group start on slide 4 & 5

We want the desired method to do this:

Feedback loop, be a consistent process

Intentionally Left Blank

Barriers: What blocks us from managing our emerging issues?

BLUE Group start on

GREEN Group start c

Barrier:		
We don't know if the issue is isolated or wide spread		
We don't have enough time to discuss the issue in the meeting		
We don't get follow up, issue is forgotten		
We don't know what or if an issue is urgent		

Barriers: What blocks us from managing our emerging issues?

BLUE Group start on

GREEN Group start c

Barrier:		
We don't know if an issue has been address, or how		
What we do is inconsistent		
We don't get to solving the issue because we're overloaded and rushed to next agenda item		

Barriers: What blocks us from managing our emerging issues?

Eliminate Duplicate Barriers Here

Solutions Thinking: If We... Then We...

Example and Practice

Barrier:	If we..	then..
We don't know if the issue is isolated or wide spread	Ask the responsible party to do research	We'll know if it's isolated or not and we'll know to escalate it
We don't have enough time to discuss the issue in the meeting	Agree on prioritizing time to discuss	We won't feel rushed and be able inform meaningfully on the issue
We don't get follow up, issue is forgotten		



COHC Community Advisory Council

Held virtually via Zoom

February 18, 2021

Present:

Brad Porterfield, Chair, Consumer Representative
Linda Johnson, Community Representative
Mayra Benitez, Consumer Representative
Jolene Greene, Consumer Representative
Larry Kogosvek, Vice Chair, Consumer Representative
Lauren Kustudick, Consumer Representative
Tom Kuhn, Deschutes County Health Services
Theresa Olander, Consumer Representative
Regina Sanchez, Crook County Health Department
Elizabeth Schmitt, Consumer Representative
Mandee Seeley, Consumer Representative
Cris Woodard, Consumer Representative
Ken Wilhelm, United Way of Central Oregon

Absent:

Natalie Chavez, Jefferson County Health
Elaine Knobbs-Seasholtz, Mosaic Medical
Jennifer Little, Klamath County Public Health
Tre Madden, Crook County

Others Present:

MaCayla Arsenault, Central Oregon Health Council
Rebeckah Berry, Central Oregon Health Council
Tania Curiel, Oregon Health Authority
Reanna Downey, PacificSource
Gwen Jones, Central Oregon Health Council
Donna Mills, Central Oregon Health Council
Leslie Neugebauer, PacificSource
Ken Provencher, PacificSource
Kelsey Seymour, Central Oregon Health Council
Kristen Tobias, PacificSource
Jessica Waltman, PacificSource

Introductions

- Introductions were made and Brad Porterfield welcomed all attendees.

Public Comment

- Brad welcomed public comment. Elizabeth Schmitt shared she was having trouble ordering prescriptions through the phone app. Kristen Tobias agreed to help Elizabeth offline.
 - **ACTION**: Kristen will help Elizabeth set up mail order prescriptions offline.

Approval of the Minutes

- Brad asked if Tre Madden has left the CAC. MaCayla notified the CAC that she has reached out to Tre and will report back on his membership status.
- Brad asked why an asterisk appears in the CAC minutes from February. Kelsey Seymour agreed to amend this.
 - **ACTION**: Kelsey will amend the February minutes.
- Linda Johnson motioned to approve the minutes with the aforementioned edits; Ken Wilhelm seconded. All were in favor, the motion passed unanimously.

Patient Story

- Brad shared the Latino Community Association partnered with the Oregon Health and Science University (OHSU) to conduct a focus group with families whose children had special health needs. He shared respondents were very happy with Medicaid and coverage, but shared their poor experiences with providers. He noted many grievances centered on their status as immigrants, or their English language proficiency. He explained these families felt as though their provider did not hear them, even when they had an interpreter, and sometimes felt disrespected. He shared that walking into a clinic, families observed facial expressions and body language that indicated staff was unhappy to see them. He noted that in contrast, families who visited providers in Portland had excellent experiences.

Dental Access and Prescription Mail Order Follow Up

- Kristen Tobias followed up on the question from the previous meeting that prescription deliveries to rural areas are most likely to be delivered by USPS and are considered priority mail. She noted that CAC members mentioned there are no signs advertising mail-order prescriptions in provider clinics. She shared they plan to make providers aware of the benefit and work in signing patients up for it into Electronic Health Records (EHRs).

CCO Grievance and Appeal Process

- Jessica Waltman explained she is a member of PacificSource's Grievance and Appeals (G&A) team. She noted members can submit a complaint about any service or benefit with why they are dissatisfied, and PacificSource will do a root cause analysis to resolve it or minimize its impact. She explained that based on the number of complaints, they are able to assess opportunities for improvement. She noted an anonymous feedback option is in the works.
- Mande Seely shared she had filed a complaint in a mail survey in the past and never received a response from PacificSource. Regina Sanchez explained that if CCO members do not change their address with the Oregon Health Authority (OHA) their mail may not reach them.
- Theresa asked how long the grievance process can take. Jessica explained that most will receive a response within 72 hours to 14 days, but all issues are reviewed within 45 days. Theresa shared she has a grievance pending and has not heard back yet. Jessica agreed to check in on the issue and get back to Theresa through Kristen Tobias.
 - **ACTION:** Jessica will follow up with Theresa through Kristen on the status of Theresa's grievance.
- Reanna Downey and Kristen modeled a scenario call between a member and customer service department filing a complaint.
- Brad asked if grievances can be filed by text. Kristen explained they cannot because of personal health information (PHI) security concerns, but noted it could be explored.

Process Development: How CAC Manages Emerging Issues

- Gwen explained the CAC needs a way to manage issues that are emerging. She shared a continuum of involvement and asked the CAC to react to it. The group indicated they are interested in a collaborative level of involvement. CAC member divided into small groups to discuss collaborative opportunities, and agreed to come back at the next meeting to debrief the result.
 - **ACTION:** MaCayla and Gwen will put items not covered at this meeting on next month's agenda.

Central Oregon Health Council Community Advisory Council Work Plan

Overview: The Community Advisory Council exists to ensure that PacificSource Community Solutions Oregon Health Plan remains responsive to the needs of PSCS OHP member and broad community needs.

The CAC will provide guidance and feedback to the COHC in the following areas:

1. COHC Work Plan
2. Regional Health Improvement Plan
3. Regional Health Assessment
4. Development, implementation and evaluation of innovative initiatives, programs, services and activities

The CAC will assist the COHC through the following roles and activities:

1. Serve as a conduit for residents of each geographic area in the region to ask questions and raise concerns
 2. Identify opportunities to improve population health in the Central Oregon region
 3. Advocate for COHC preventive care practices
 4. Maximize engagement of those enrolled in the Oregon Health Plan ("OHP")
 5. Provide advice to help COHC link the community's medical and non-medical services to overcome barriers to health
 6. Provide a link back to community constituents to aid in achieving the COHC Vision and Guiding Principles
- (excerpts from the COHC CAC Charter)

Workplan:

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	
		Chair and Vice Chair 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	
		Chair and Vice Chair 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	In contact with OHA for consultant assistance	

		Chair and Vice Chair Roles and Responsibilities – draft questions, collect and compile feedback from Board of Director Chairs, CAC Chairs – Review draft, revise.	
February	Consumer Representative Seats	Awaiting OHA consultant assistance	
		Create communication and marketing plan	
		Chair and Vice Chair Roles and Responsibilities - final revisions	
		Create process to address emerging issues	
March	Consumer Representative Seats	Date confirmed to meet with OHA consultant	
		Finalize and operationalize Chair and Vice Chair Roles and Responsibilities.	
		Create process to address emerging issues	
	12.31 Health Related Services: Community Health Projects Grant funding dispersed	Initiate Community Health Projects process	
April	Consumer Representative Seats	Create communication and marketing plan	
		Create process to address emerging issues	
	12.31 Health Related Services: Community Health Projects Grant funding dispersed	Continue Community Health Projects process	

May	Consumer Representative Seats	Create communication and marketing plan	
	12.31 Health Related Services: Community Health Projects Grant funding dispersed	Continue Community Health Projects process	
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.	
	12.31 Health Related Services: Community Health Projects Grant funding dispersed	Continue Community Health Projects process	

July (No Meeting)	Consumer Representative Seats		
August	Consumer Representative Seats		
	12.31 Health Related Services: Community Health Projects Grant funding dispersed	Continue Community Health Projects process	
September	Consumer Representative Seats	Push out press release	
	12.31 Health Related Services: Community Health Projects Grant funding dispersed	Continue Community Health Projects process	
October	Consumer Representative Seats		

	12.31 Health Related Services: Community Health Projects Grant funding dispersed	Continue Community Health Projects process	
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	