Tammy Baney, Chair
Executive Director, Central Oregon Intergovernmental Council

Linda Johnson, Vice Chair
Community Representative

Patti Adair, Commissioner
Deschutes County

Eric Alexander
CEO, Partners in Care

Gary Allen, DMD
VP, Advantage Dental

Paul Andrews, EdD
Superintendent, High Desert ESD

Seth Crawford, Commissioner
Crook County

Megan Haase, FNP
CEO, Mosaic Medical

Brad Porterfield, Community Representative, CAC Chair

Divya Sharma, MD
Chief Medical Officer, Central Oregon IPA

Kelly Simmelink
Commissioner, Jefferson County

Iman Simmons, MPH
Senior VP & COO, St. Charles Health System

Justin Sivill
Executive Director, Summit Health

Dan Stevens
EVP, PacificSource

Rick Treleaven, LCSW
Executive Director, BestCare Treatment Services

COHC Virtual Board of Directors Meeting
Thursday, February 10, 2022 • 12:30 pm
Meeting registration: https://bit.ly/2Mkqvit
Dial-in: 1 (669) 900-6833 • Meeting ID: 542 240 567 • Passcode 406760

12:30–12:40 Welcome and Public Comment – Tammy Baney
12:40–12:45 Action Item Update and Consent Agenda........................vote
12:45–12:55 Patient Story – Brad Porterfield/CAC .........................info

GOVERNANCE
12:55–1:00 PacificSource – Erin Fair Taylor ..................................info
1:00–1:05 Governance Committee Members – Linda Johnson ......discussion
1:05–1:35 RHIP Alignment Survey – Linda Johnson .................discussion
Attachment: Board RHIP Alignment Survey Results
1:35–1:50 2022 CCO Performance Metrics – Tricia Wilder ....discussion & vote
Attachment: 2022 CCO Performance Metrics
1:50–2:05 CCO Q4 2021 Performance Metrics – Tricia Wilder ........info
Attachment: Q4 2021 Central Oregon Performance Metrics

LONG-TERM SYSTEMIC CHANGE
2:05–2:10 Legislative Inquiry of Board Members – Donna Mills ......discussion

RHA/RHIP
2:10–2:30 RHIP Report – COHC Staff .....................................info
2:30–2:40 Recruitment Committee Report – Justin Sivill .................info
2:40 Adjourn

Consent Agenda
• January 2022 Board Minutes

Written Reports
• COHC Board Hydraulics
• Executive Director’s Report
• CCO Director Report
• CO QIM Data Through 12.21
• January 2022 CAC Minutes
• February Mini-Grant Reports

The Central Oregon Health Council Board of Directors reserves the right to transition into executive session at any point during the Board meeting.
A meeting of the Board of Directors (the “Board”) of Central Oregon Health Council, an Oregon public benefit corporation (the “Corporation”), was held at 12:30 pm Pacific Standard Time on January 13, 2022, online via Zoom. Notice of the meeting had been sent to all members of the Board in accordance with the Corporation’s bylaws.

Directors Present
Tammy Baney, Chair
Linda Johnson, Vice Chair
Patti Adair
Gary Allen, DMD
Paul Andrews, EdD
Megan Haase, FNP
Brad Porterfield
Divya Sharma, MD
Justin Sivill
Dan Stevens
Rick Treleaven

Directors Absent
Eric Alexander
Seth Crawford
Kelly Simmelink
Iman Simmons

Guests Present
Kelley Adams, Central Oregon Health Council
MaCayla Arsenault, Central Oregon Health Council
Mayra Benitez, Family Resource Center, CAC
Rebeckah Berry, Central Oregon Health Council
Conor Carlsen, Family Resource Center, CAC
Sarah Dobra, OHA
Ms. Baney served as Chair of the meeting and Ms. Smith served as Secretary. Ms. Baney called the meeting to order and announced that a quorum of directors was present, and the meeting, having been duly convened in accordance with the Corporation’s bylaws, was ready to proceed with business.

**WELCOME**
Ms. Baney welcomed all attendees to the meeting and facilitated introductions. She shared some comments about the work of the Health Council as she took up the post of Board Chair.

**PUBLIC COMMENT**
Ms. Baney invited public comment. No public comment was offered.

**CONSENT AGENDA**
The consent agenda included the December meeting minutes and the November COHC financials.

**MOTION TO APPROVE:** Commissioner Adair motioned to approve the consent agenda; Mr. Treleaven seconded. All were in favor and the motion passed unanimously.

**ACTION ITEMS**
Two action items remain open:
- The Executive Director will create a proposal to add two new community representatives to the Board—HOLD pending Strategic Plan work at May Board retreat.
- Ms. Donell will share examples of ways other CCOs are handling the current crises of the pandemic and homelessness as root causes impacting health care and employment. Ms. Baney offered to help address our larger role in confronting these issues.

**CAC Patient Story**

Brad Porterfield shared a story related to chiropractic services. According to feedback from the patient provider, OHA has affirmed for the past three years that chiropractic would be covered but providers have not been reimbursed. We acknowledge the importance of preventive care and the cost savings it brings down the road, and chiropractic is preventive care that can prevent illnesses and pain. The CAC is moving chiropractic coverage through the emerging issues process they established last year. Ms. Baney inquired what the ask was of the Board, and Mr. Porterfield replied that anyone who was interested could reach out to him or the CAC and they would be happy to send what they have in writing on this issue.

Ms. Dobra explained that chiropractic is covered for any OHP member when service is an above-the-line item per Health Evidence Review Commission (HERC) guidelines. If chiropractic treatment would have a therapeutic benefit for a covered condition, it would be covered. Where the condition is not covered, chiropractic would not be and members should receive a Notice of Adverse Determination. Dr. Allen added that the HERC goes through a very involved process to determine what is above or below the line, noting that it was a very impressive process with a great deal of thought put into it, including clinical evidence review and public testimony.

Ms. Tobias shared in the chat that for the Central Oregon CCO, 257.6 members per 1,000 accessed chiropractic services in 2021. In other regions, it was 165 per 1,000 members. Ms. Baney asked that Mr. Porterfield bring back anything he or the CAC learned to the Board.

**2022 CCO Performance Metrics**

The JMA provides that COHC establish and monitor performance metrics to evaluate PacificSource in its role as the CCO. Ms. Wilder presented the 2022 performance metrics, noting that some were removed since last year because they were more process-oriented than performance-related. The 2022 metrics fall into four categories—Quality and Member Experience, CCO 2.0 Requirements, Financial Stability, and Operations—with metrics as follows.

*Quality and Member Experience*

- Meet at least 11 of 14 Quality Incentive Measure targets.
- A gap analysis pertaining to the availability of mental health services will be completed and used to strategize solutions for identified access issues.
A clarification was requested on the first metric about QIM targets: was the goal to achieve 100 percent payout or to meet the target of the metrics? Under the Financial Stability category, the second metric addresses the 100% payout. The Quality metric addresses the targets, and if the state rebases the metrics, meeting the new targets would achieve the goal. A question was asked on the second metric whether the state had published a statewide process improvement plan for mental health services. As the first report is due mid-year, we will have more information in second quarter.

**CCO 2.0 Requirements**

- At least 50 percent of provider contracts are in a value-based payment arrangement (LAN framework category of 2C or higher).
- In partnership with the Oregon Health Care Interpreter Association, train and certify up to 60 culturally and linguistically responsive health care interpreters across PCS-contracted medical interpreter vendors.

Mr. Porterfield asked via chat if the Board could hear what difference the value-based payment arrangement is making in our health care system.

**ACTION:** Ms. Wilder to follow up on obtaining comparative information for value-based payment arrangements.

Ms. Neugebauer shared that PacificSource has a robust training plan for interpreters, but certification is a big issue. Although many people attend the trainings, far fewer get certified. Ms. Wilder added that they have provided incentives for those who do the trainings to become certified.

**Financial Stability**

- Achieve positive net income.
- Achieve at least a 100% quality pool payout (earned in 2022, paid in 2023).

**Operations**

- Closely monitor annual external quality review activities and address any Health Service Advisory Group/OHA inquiries in a timely manner.
- Meet response time of 30 days or less for 100% of appeals and grievances received.

The wording of the second Operations metric was discussed, in that “meet response time” doesn’t necessarily imply action being taken. Ms. Neugebauer confirmed that the contract actually says “resolve” in 30 days. Ms. Wilder will clarify a similar point raised regarding “timely manner” in the first Operations metric.

**2022 CCO Budget**

Ms. Haase explained that the Finance Committee had send the 2022 CCO budget back to PacificSource to provide some option for a budget without a recapture. Mr. Samudio gave a high-
level update, concluding with a comparison of the draft budget originally presented to the Finance Committee showing QIM performance at 70% (which we have historically bettered), the current draft budget with a slightly updated trend, which was approved by the Finance Committee for recommendation to the Board, and two revised scenarios—one showing QIM performance at 100% and the second with 1% claims savings achieved possibly through lower utilization, additional contracting savings, or population health management.

There were no further questions from the Board and Ms. Baney asked for a motion to accept the recommended budget as presented.

MOTION TO APPROVE: Mr. Andrews moved to approve the 2022 CCO budget; Ms. Haase seconded. All were in favor and the motion passed unanimously.

STRATEGIC PLAN UPDATE
Ms. Berry gave a brief update on the COHC Strategic Plan, which the Health Council staff has broken down into six areas to support the plan’s three pillars: creating aligned partnerships, incentivizing better outcomes, engaging regulators, developing data infrastructure, demonstrating effective governance, and addressing inequities. Each of those areas has action plans to further their strategic direction, which are monitored and tracked on a sprawling Gantt chart. There are 44 action plans currently in progress at various stages. Each staff member has their own individual action plan, updated every quarter.

Ms. Berry shared that Governance would present the results of the RHIP alignment survey given to the Board last fall at the February Board meeting. Also in February, Board members will receive a short survey on the Strategic Plan as it pertains to Central Oregon’s current environment. Since the aims of the Strategic Plan were established before the pandemic, much has changed. At the March Board meeting, members will be asked to engage in a facilitated conversation around the strategic plan. A discussion of next steps will occur at the May retreat.

OPERATIONS COUNCIL QIM REPORT
Co-chairs Janice Garceau, director of Deschutes County Behavioral Health, and Emily Salmon, population health director for St. Charles Health System, gave a report on the work of the Operations Council and the QIM workgroup. The aim of Operations, in partnership with healthcare providers, public health, and the CCO, is to keep our region on the path of success in reaching the quality incentive measures. They called out the tremendous help of Therese McIntyre at PacificSource for sharing data in an organized, understandable way and breaking it down in terms of the health impacts on people’s lives. The QIM workgroup includes data analytics and population health staff from various providers and others with responsibilities in operations.

Meetings are used to share information and problem solve the efforts that clinics are making to meet the metrics, as well as discuss fiscal impacts. The meetings are closed, allowing medical groups to
have hard conversations in a safe space. Operations is committed to making data-driven decisions, bringing together the quantitative data with reports from practices and communities about what’s happening on the ground to determine where there are opportunities to use limited resources to achieve their highest impact. The work requires a balance between having collective impact as a community and not creating more work for overtaxed clinics and community providers.

**CAC REPORT**
Mr. Porterfield provided an update on the work of the Community Advisory Council. Membership had changed, with three consumer representatives moving on and three new ones joining: Mayra Benitez, Conor Carlsen, and Stacy Shaw. Three other members joined: Regina Sanchez from Crook County Health Department, Miranda Hill from Klamath County, and Natalie Chavez from Jefferson County Public Health. CAC switched up their meeting culture, making it less Roberts Rules and more informal and conversational. They awarded $687,334 to ten projects through the Community Health Projects funding and were in the process of allocating $61,482 more in residual funds. They created an emerging issues process and were currently working through concerns in the provision of periodontal care, dental care, specifically pediatric, and chiropractic. They were also scheduling a panel discussion for a combined DCO–CAC meeting.

**ADJOURNMENT**
There being no further business to come before the Board, the meeting was adjourned at 2:15 pm Pacific Standard Time.

Respectfully submitted,

______________________
Camille Smith, Secretary
The COHC Board Strategic Plan identifies “Demonstrating Effective Governance” as one of your Strategic Directions. One of the qualities of effective governance is the utilization of the Regional Health Improvement Plan (RHIP) as a shared, regional document.

The RHIP is created to collectively align our communities’ shared health priorities. When your organization adopts and actively advances a RHIP measure, then our communities’ health is improved.

This is a baseline measure for current alignment between organizations represented on the COHC Board of Directors and the RHIP. All results are self-reported.

Alignment with Priority Areas

Organizations Reporting Alignment with at Least One RHIP Priority Area = 100%

Participation in RHIP Workgroups

Number of Organizations with At Least One Regular Participant on At Least One RHIP Workgroup = 85%
ALIGNMENT was interpreted to mean alignment with the organizational strategic plan AND organizational activities.

REGULAR PARTICIPATION is defined as attending a workgroup 50% of the time, on a rolling calendar.

Reporting was dependent on the individual's position within and knowledge of the organization.

There is variation between organizations' reported alignment with RHIP Priority Areas and regular participation in the corresponding RHIP workgroups. For example, an organization might participate in a RHIP Workgroup but did not report alignment. Or an organization might report alignment with the RHIP Priority Areas but not have participation in a RHIP Workgroup.

What does this data mean?

What should be asked about this information?

Now what?
# 2022 CCO Performance Metrics

**Purpose:** Support the Central Oregon Health Council Board of Directors in monitoring key performance standards for the Central Oregon CCO.¹  
*Last Updated: January 26, 2022*

<table>
<thead>
<tr>
<th>Quality &amp; Member Experience</th>
<th>Financial Stability</th>
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<tbody>
<tr>
<td><strong>Objective:</strong> CCO improves care, makes quality care accessible and eliminates health disparities for our members.</td>
<td><strong>Objective:</strong> CCO ends the year with a positive financial position.</td>
</tr>
<tr>
<td><strong>Metric:</strong> Meet at least 11 of 14 Quality Incentive Measure targets to achieve 100% payout.</td>
<td><strong>Metric:</strong> Achieve positive net income.</td>
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<tr>
<td><strong>Metric:</strong> A gap analysis pertaining to the availability of mental health services will be completed and used to strategize solutions for identified access issues.²</td>
<td><strong>Metric:</strong> Achieve at least a 100% Quality Pool payout (earned in 2022, paid in 2023).</td>
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<tr>
<th>CCO 2.0 Requirements</th>
<th>Operations</th>
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<tbody>
<tr>
<td><strong>Objective:</strong> CCO meets all CCO 2.0 contract requirements.</td>
<td><strong>Objective:</strong> CCO monitors and evaluates operations to ensure optimal performance.</td>
</tr>
<tr>
<td><strong>Metric:</strong> At least 50% of provider contracts are in a Value Based Payment arrangement (LAN Framework category of 2C or higher).</td>
<td><strong>Metric:</strong> Closely monitor annual External Quality Review activities and address any Health Services Advisory Group/OHA inquiries according to compliance standards.</td>
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<td><strong>Metric:</strong> In partnership with the Oregon Health Care Interpreter Association train and certify up to 60 culturally and linguistically responsive Health Care Interpreters across PCS-contracted medical interpreter vendors.</td>
<td><strong>Metric:</strong> Meet resolution time of 30 days or less for 100% of appeals and grievances received.</td>
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¹ See JMA, section 3.1.11  
² Related to new statewide Mental Health Service Access Monitoring Performance Improvement Project.
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<thead>
<tr>
<th>QUALITY &amp; MEMBER EXPERIENCE</th>
<th>Notes - Quarter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Incentive Measures (QIMs)</td>
<td>Central Oregon successfully met for 9 out of 11 QIM metrics (excludes the 3 &quot;must pass&quot;). This success was in part thanks to the rebase of 7/14 metrics for the 2021 Measurement Year. As the result of poor performance on two COVID-19 EOT metrics Central Oregon will receive partial payment for QIM metrics.</td>
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<tr>
<td>Metric: Achieve at least 100% bonus payment on QIM measures</td>
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<tr>
<td>Performance Improvement Plans (PIPs)</td>
<td>PCS submitted Q4 PIP reports to OHA on January 31st, despite OHA's offer to postpone reporting until April due to Omicron concerns. All PIPs are on-track: 1) The HPV Focus study to determine vaccination rates in youth ages 9-14 will be rolling into a formal PIP beginning Q1 of 2022. Internal workgroups are scoping possible interventions for 2022. 2) Oral Health During Pregnancy and Early Childhood PIP: Capitol &amp; ODS DCO's exceeded benchmarks in percentage of CCO members who delivered a baby and had a dental visit during their pregnancy (based on global claims data). Advantage decreased by 1.9% from baseline. Advantage and Capitol DCO's exceeded benchmarks in percentage of children ages 1-5 who had a preventative dental visit. ODS DCO decreased by 0.6%. 3) The Social Determinants of Health PIP is retiring to make way for the second statewide PIP as part of the 1115 Substance Use Disorder waiver. PCS will continue to report this work via the TQS. 4) Mental Health Service Access Monitoring Statewide PIP: An internal team is working on a gap analysis to inform future interventions. Next report to the OHA for the statewide PIP is due in July.</td>
</tr>
<tr>
<td>Metric: All projects meet OHA requirements</td>
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| Transformation & Quality Strategy (TQS)                                                  | PCS is completing the final drafts of 2022 proposed TQS projects and preparing for submission in March. This year, the TQS quality team implemented a new peer-review process to ensure proposed projects meet regulatory requirements, are transformative and high-value, and achieve the highest marks utilizing OHA's scoring criteria. |
| Metric: All 2021 projects meet OHA requirements                                           |                                                                                                   |
## CCO 2.0 REQUIREMENTS

<table>
<thead>
<tr>
<th>Value-Based Payment (VBP) Roadmap</th>
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<tr>
<td>Metric: Monitor regional progress towards 70% of payments in a VBP arrangement (Target: 70% of CCO provider payments must be in the form of a VBP by 2024)</td>
<td>Based on 2020 data reported to the OHA as part of the All Payers All Claims Payment Arrangement File, 59% of CCO payments were in VBP arrangements of LAN category 2B and greater. Per 2021 VBP Roadmap requirements, 35% of payments to providers must be 2C or higher. However, due to the pandemic, OHA suspension of the Quality Pool withhold and change to reporting only on the QIMs for Q1 of 2020, OHA has indicated it will allow 2B or higher to meet the thresholds for 2C.</td>
</tr>
<tr>
<td>Metric: Applicable agreements must have meaningful downside risk per OHA requirements</td>
<td>On track.</td>
</tr>
<tr>
<td>Metric: Develop a new VBP in maternity care in 2021 for implementation in 2022</td>
<td>In 2022, the shared risk arrangement between St. Charles, COIPA, Mosaic, the CMHPs, and PCS will include a hospital metric target for prenatal and postpartum care which will match the OHA target (estimated 76.7%).</td>
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### Health Information Technology (HIT) Roadmap

| Metric: Develop regional oversight body to identify tools and strategies for HIT elements such as adoption of Electronic Health Records, Health Information Exchange (HIE), and Community Information Exchange (CIE) | PCS is working with OHA on HIT survey results though these are delayed due to ongoing COVID-19 interruptions to providers. PCS received the survey data on January 31 and processes are underway to understand and evaluate the data. PCS is actively working on continued deployment of Connect Oregon, the community information exchange utilized across the region. |

### SHARE Initiative Funding Stream

<p>| Metric: Ensure the Supporting Health for All Through Reinvestment (SHARE) initiative meets OHA requirements and has timely documented processes in place | FUSE purchased supplies and put together the landlord engagement and retention packet. This packet is provided to landlords and property management companies in an effort to increase existing units available to lease with a housing voucher. As of December 2021, 38 of the 94 (40%) Emergency Housing Vouchers Central Oregon received in July were used to successfully lease a rental. The landlord mitigation fund grew to $25,000 after a RHIP workgroup investment added to that pool of money. FUSE will provide an update on the project to the CCO’s Community Health Coordinator, Kristen Tobias, Q1 of 2022. |</p>
<table>
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<tr>
<th>Required Plans</th>
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<tr>
<td><strong>Metric: Health Equity Plan meets all OHA requirements</strong></td>
<td>PCS' health equity team successfully completed many deliverables in 2021 while other workstreams will continue in 2022. The 2022 Health Equity Plan requirements include one focus area around developing organizational capacity to advance health equity and support meaningful community partnerships. Internal and external meetings are being scheduled to develop and endorse these projects, including with the COHC Boards, CAC, and CODEI. In June 2022, new goals and deliverables for each focus area and strategy will be submitted to OHA in a progress report submission.</td>
</tr>
<tr>
<td><strong>Metric: Traditional Health Worker (THW) Integration &amp; Utilization (I&amp;U) Plan meets all OHA requirements</strong></td>
<td>PCS submitted 2021 I&amp;U plan updates and THW payment grid to OHA on Nov 15. The plan reporting timeframe was Jan-June 30, 2021. OHA feedback is expected by the end of February 2022. 2022 THW work plans are currently being built to align with OHA requirements. Next steps include developing Community Based Organization contracting opportunities list for Q2 2022 execution.</td>
</tr>
<tr>
<td><strong>Metric: Workforce Development Plan meets all OHA requirements</strong></td>
<td>PacificSource awarded 15 Community Health Excellence (CHE) grants to contracted providers across all states and lines of business. The Central Oregon CCO was awarded one CHE grant to Mosaic Medical for: Expanding Colorectal Cancer Screening through Culturally and Linguistically Appropriate Outreach.</td>
</tr>
<tr>
<td><strong>Metric: Comprehensive Behavioral Health Plan (CBHP) meets all OHA requirements</strong></td>
<td>PCS continues to execute upon identified focus areas noted within the original submission of the CBHP. CCO BH Directors continue to convene to discuss opportunities for alignment of CBHP with the RHIP. OHA reported having completed review of CCO CBHP submissions with plans to schedule individual meetings with CCO representatives to discuss CBHP feedback and scoring. In the interim, regional alignment of the CBHP and RHIP continues, leveraging intentional partnership between BHPH and COHC leadership/workgroups.</td>
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<tr>
<th>FINANCIAL STABILITY</th>
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<tbody>
<tr>
<td><strong>Maintain a stable CCO financial position and achieve cost of care targets</strong></td>
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<tr>
<td><strong>Metric: ED utilization for individuals experiencing mental illness (est. 2021 target: 97.3/1,000MM)</strong></td>
<td>Inverse metric (i.e. the lower the better). End of Q2: 70.6/1,000MM</td>
</tr>
<tr>
<td><strong>Metric: 30-day all cause hospital readmission rate (2021 target: 10.5%)</strong></td>
<td>Inverse metric (i.e. the lower the better). Nov 2021: 6.0%</td>
</tr>
</tbody>
</table>
Metric: Meeting or beating the CCO budget

Budget membership for November was 57,567. Actual membership was 67,905. For the eleven months ending November 30, 2021, PCS budgeted 2.57% for net income. Actual net income was 1.35%. Important to note: the JMA shared savings is estimated to be a recapture of $3.7M.

**OPERATIONS**

**Performance against OHA compliance standards**

Metric: Pass external quality activities directed by OHA

All 2021 external quality review audits have been submitted timely to Health Services Advisory Group (HSAG). Topics of focus in 2021 were: 1) Sub-Contractual Relationships and Delegation, 2) Availability of Services, 3) Assurances of Adequate Capacity, 4) Practice Guidelines, 5) Provider Selection and 6) Credentialing and Recredentialing.
- Compliance Monitoring Review - A virtual site visit was conducted in September 2021; final reports and Improvement Plans were received in January 2022 and distributed to all participants.
- Mental Health Parity - Draft and final reports were received in late Nov/early Dec, and we have submitted our Improvement Plans.
- Encounter Data Validation - Successfully submitted; a discrepancy report was received in late November and our responses to the discrepancies identified were submitted to HSAG.

**Enhanced access to care monitoring across physical, behavioral, and dental health care**

Metric: Establish measure set and identify baseline

Completed contract with vendor to outsource Access to care surveys. Surveys are scheduled to begin on 2/1/22.

Metric: Launch new member access to care survey

Metric met for 2021. Surveying continues and contracts have been finalized to continue surveying through 2022.

**Health Equity Plan implementation – Grievances & Appeals (G&A) among underrepresented populations**

Metric: Develop reporting capabilities to stratify G&A data by REALD (target: Q2 2021)

Metric met for 2021.

Metric: Compare G&A general population to “REALD population” data to establish baseline for utilization of G&A process (target: Q3 2021)

Analysis of grievance and appeals rates by Race, Ethnicity, Language, and Disability have been included and distributed to internal teams in the 2021 Medicaid Population Health Assessment.
Central Oregon Health Council
Board Hydraulics

The COHC Board uses a hybrid distributed leadership model.
The Board functions as the Health Council in the boardroom.
COHC staff are the Health Council at work.
The community is the true Health Council, and where the decisions are ultimately made.

The Three Pillars of the Strategic Plan
Governance of the CCO
Long-Term Systemic Change
RHA/RHIP
Central Oregon Health Council  
Executive Director’s Report  
February 10, 2022

- Facilitate PEP meeting
- Facilitate Finance meeting
- Multiple stakeholder/community meetings
- EL Hub as ex-officio member
- EL Hub Investment Steering Committee
- Central Oregon Suicide Prevention Alliance Leadership
- COHIE Board Officer – HIE
- System of Care Executive Team member
- Grant software management
- CCO 2.0 alignment and support and training
- Board Governance Committee support
- Maintain office closure and provide for minimal disruption to staff, committees, workgroups, and community
- Manage Strategic Plan
- Manage monthly bookkeeping oversight
- Local Public Safety Coordinating Council member
- Current American College of Healthcare Executives (ACHE)
- Economic Recovery Plan/CEDS member
- Manage virtual onboarding
- Advisory to OHP (CCO) contract discussions
- Manage community re-entry (Delta/Omicron variants)- **no progress**
- Staff recruitment committee and recruiter hire
- Begin Finance Committee/DEI conversation
- Prepare COHC staff/community for ED transition
- Community Justice team member
- Prepare for May BOD/CAC meeting
- Strategic Plan update for BOD
- Prepping for CBI/HRS migration from PCS to COHC

*Coming up:*
- **Offboarding**
CCO Director Report  
Date: February 2022  
To: The Central Oregon Health Council (COHC) Board of Directors  
Prepared by: Tricia Wilder, Director, Central Oregon CCO  

PACIFICSOURCE COMMUNITY SOLUTIONS (PCS) CENTRAL OREGON CCO UPDATES:  

Quality Incentive Measures (QIMs)  
I. 2021 Performance to Date  
As of December 31st, the Central Oregon CCO is currently on pace to receive 100% of the Quality Pool funds. Nine of eleven metrics are currently being met. Please Note: QIM final payout for 2021 also includes challenge pool and EOT performance. See the Performance Matrix attached.

II. Emergency Outcome Tracking (EOT) COVID-19 Vaccine Measure  
As of December 31, the Central Oregon CCO has met the overall target for the 16+ age group and four of the seven required race/ethnicity groups. Overall performance has surpassed target with a rate of 49.5%, target is 47.4%. The 12-15 year old age band has current performance of 39.6% with a target of 42%.

III. 2022 Social-Emotional Health QIM  
PCS will work with Health Council and early learning partners to mobilize on the new social emotional health QIM for 0-5 year olds in early 2022 in the following ways:  
- Identifying a Cross Sector Community Advisory Body to provide critical input and direction with partnership from Health Council and Early Learning Hubs as regional experts  
- PCS Analytics team is ready to stage Child Health Complexity Data for 0-5 year olds provided by OHA  
- Formalized work plan presentation to external Advisory Body in Q2.

Regional Health Assessment (RHA) & Regional Health Improvement Plan (RHIP) Progress Report  
In June 2021 PCS submitted a RHA/RHIP progress report to the OHA based on 2020 data and information. The annual progress report requests updates in areas such as CAC oversight, level of involvement and meaningful engagement from external organizations (e.g. public health departments, hospitals, tribes), and inclusion and prioritization of health disparities. The Central Oregon CCO received feedback on its progress report in November 2021 with the opportunity to respond and provide additional data to dispute some of the OHA’s findings. PCS received the OHA’s final feedback in January 2022 which included the OHA amending one area that was previously “partially met” and is now “met.” Thank to you our internal and external stakeholders who assisted with this process.

Upcoming Provider Trainings  
Dual Special Needs Plan (DSNP) Model of Care Training  
All providers who care for members who may be on the PacificSource DSNP plan are required to take this training. This brief online on-demand training covers everything providers need to know about care coordination and additional services provided by the plan for these special needs members. PacificSource is required to monitor provider compliance with this training requirement and report on provider participation. If you serve dually covered (Medicare/Medicaid) patients who have special needs, please enroll in this training today! .5 AMA PRA Category 1 Credit available  
https://PacificSource.myabsorb.com?KeyName=DSNPMOC22
Foundations of Trauma Informed Care
The Oregon Health Authority requires CCO staff and contracted providers to participate in training on the Foundations of Trauma Informed Care and the Adverse Childhood Experiences (ACEs) Study. This brief online on-demand training covers the Definition of Trauma and Trauma Informed Care, ACEs and Resilience. This training is available for providers and their staff. Enroll now!
1.0 CME Pending approval
https://PacificSource.myabsorb.com?KeyName=TraumaInformed

Motivational Interviewing: Building a skill-set for patient engagement & activation
Do you ever get frustrated when a patient doesn’t follow-thru on their treatment plan? This training offers insight into patient motivation and new strategies for engaging patients and communication strategies proven to save you time. PacificSource has taken this two-day training and compressed it into online on-demand content so that you can learn at your own pace and apply what you learn as you go. Get started now!
12.0 AMA PRA Category 1 credits available
https://PacificSource.myabsorb.com?KeyName=MotivationalInterviewing

Sex, Sexual Expression and Aging
This course is part of our series offered in partnership with the Oregon Older Adult Behavioral Health Initiative.
February 3, 2022
10:00AM to 12:00PM
2.0 AMA PRA Category 1 Credits available
https://PacificSource.myabsorb.com?KeyName=OHAOABHI

Recognizing & Overcoming Unconscious Bias and ResCUE Model for Cross-Cultural Care
Do you or your staff need access to cultural responsivity training that meets OHA requirements and offers CE? PacificSource is offering online on-demand training for providers for a limited time. Access to these trainings will expire summer 2022. You can find additional information on our website or reach out to training opportunities@pacificsource.com to request access to this incredible training opportunity.
https://communitysolutions.pacificsource.com/Events/Provider/CulturalCompetencyTraining
## Central Oregon CCO 2021 Quality Incentive Metrics data through December 2021

<table>
<thead>
<tr>
<th>Metric</th>
<th>Rate (%)</th>
<th>Target (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood Immunizations</td>
<td>61.5</td>
<td>68.9</td>
</tr>
<tr>
<td>Initiation and Engagement of AOD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiation</td>
<td>35.1</td>
<td>36.3</td>
</tr>
<tr>
<td>Engagement</td>
<td>15.2</td>
<td>9.9</td>
</tr>
<tr>
<td>Oral Evaluation for Diabetics</td>
<td>20.5</td>
<td>17.3</td>
</tr>
<tr>
<td>Well-child Checks for 3-6 yo</td>
<td>67.7</td>
<td>54.6</td>
</tr>
<tr>
<td>Diabetes, Uncontrolled (inverse measure)</td>
<td>28.3</td>
<td>33.3</td>
</tr>
<tr>
<td>Preventative Dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 1-5</td>
<td>43.0</td>
<td>33.7</td>
</tr>
<tr>
<td>Ages 6-14</td>
<td>51.0</td>
<td>43.1</td>
</tr>
<tr>
<td>Adolescent Immunizations</td>
<td>35.0</td>
<td>29.0</td>
</tr>
<tr>
<td>DHS 60</td>
<td>94%</td>
<td>90.0%</td>
</tr>
<tr>
<td>Cigarette Smoking Prevalence (inverse measure)</td>
<td>23.2</td>
<td>26.6%</td>
</tr>
<tr>
<td>Timeliness of Postpartum Care</td>
<td>76.3%</td>
<td>61.3%</td>
</tr>
<tr>
<td>Emergency Department Utilization for members with Mental Illness (inverse measure)</td>
<td>70.6/1,000MM</td>
<td>97.3/1,000MM</td>
</tr>
</tbody>
</table>

### SBIRT, Depression, Health Equity
- Must Pass
- Must Pass – CCO Attestation

#### 2021 CHALLENGE POOL measures
- Above Trend Target by more than 10%
- Above Trend Target by less than 10%
- Below Trend Target by less than 10%
- Below Trend Target by more than 10%
- Not meeting Admin rate or no current target.

#### 2020 CHALLENGE POOL measures
COHC Community Advisory Council
Held virtually via Zoom
January 20, 2022

CAC Members Present:
Brad Porterfield, Chair, Consumer Representative
Conor Carlsen, Consumer Representative
Elaine Knobbs-Seasholtz, Mosaic Medical
Elizabeth Schmitt, Consumer Representative
Ken Wilhelm, United Way of Central Oregon
Mandee Seeley, Consumer Representative
Mayra Benitez, Consumer Representative
Stacy Shaw, Consumer Representative
Theresa Olander, Consumer Representative
Tom Kuhn, Deschutes County Health Services

CAC Members Absent:
Larry Kogosvek, Vice Chair, Consumer Representative
Lauren Kustudick, Consumer Representative
Linda Johnson, Community Representative
Miranda Hill, Klamath County Public Health
Natalie Chavez, Jefferson County Health
Regina Sanchez, Crook County Health Department

COHC Staff Present:
Donna Mills, Central Oregon Health Council
MaCayla Arsenault, Central Oregon Health Council
Gwen Jones, Central Oregon Health Council
Renee Wirth, Central Oregon Health Council
Kelley Adams, Central Oregon Health Council
Camille Smith, Central Oregon Health Council

Support & Guests Present:
Kristen Tobias, PacificSource
Tricia Wilder, PacificSource
Carolyn Black, Oregon Health Insurance Marketplace
Tania Curiel, Oregon Health Authority
Sarah Dobra, Oregon Health Authority
Jessica Waltman, PacificSource
Miguel Herrada, PacificSource
Leilani Brewer, PacificSource
Introductions
- Introductions were made and Brad Porterfield welcomed all attendees.

Land Acknowledgement
- Tom Kuhn read the Land Acknowledgement (see January packet for statement).

Meeting Practices
- Brad Porterfield reviewed the Meeting Practices and how the CAC meetings are meant to be welcoming for all (see January packet).

Public Comment/Patient Story
- Brad welcomed public comment or a patient story.
- Kristen Tobias from PacificSource let the CAC know that Assurance Wireless will no longer be the Oregon LifeLine cell phone provider. You will need to set up a new plan with Access Wireless. Kristen will forward the updated member flyers with this information when available. If you need information on how to change your provider before the flyers are available feel free to contact Kristen.
- No new patient story this month.

Approval of December Meeting Notes
- Brad Porterfield asked the CAC members in attendance to vote on approving the notes from December.
- Elaine Knobbs-Seasholtz asked to add her request for the emerging issue of OHP assisters having long wait times and that she could get a specific story for next month.
  - ACTION ITEM: Kelley to add Elaine’s emerging issue to the December notes and follow-up with a story for February.
- There were no objections to December Meeting Notes so they are approved.

CAC Member Small Group Breakout Session
- Part of the Meeting Practices is to include time for CAC members to get to know each other better. 10 minutes will be set aside at each meeting for CAC members to go into a virtual break out room, answer icebreaker questions or chat about anything they’d like.

Vice-Chair Nominations
- MaCayla Arsenault introduced Elizabeth Schmitt and Regina Sanchez as the Vice-Chair candidates.
- Brad Porterfield took a vote to support broadening the eligibility requirement for the Vice-Chair. All 9 members who attended the meeting voted to approve.
  - ACTION: COHC Staff to change the wording for the requirement of the Vice-Chair.
- Brad Porterfield explained that the vote for Vice-Chair will happen at the January meeting where the 3 nominees will be asked to speak to why they want to be the CAC Vice-Chair.

2021 Community Health Projects Final Decision
• MaCayla Arsenault went over the process of choosing projects that the CAC members would like to invite to fill out the full application and receive the extra funds available. CAC members were asked to pick their top 3 projects prior to the meeting to start the conversation about who should move forward.
• MaCayla asked the members at the meeting to pick a project that most excites them. After much discussion the two projects that will be asked to fill out the full application are: Treehouse Therapies Associates and COCC – Connecting students in need to basic resources.
• Brad Porterfield took a vote on if the members support this decision and all 9 members in attendance voted to approve.
  o **ACTION:** MaCayla Arsenault will email the organizations and invite them to fill out the full application.

**Emerging Issues Follow Up**
• Kristen Tobias and Tricia Wilder of PacificSource and Rebecca Donell from Oregon Health Authority have been having conversations with the 3 Dental Care Organizations and the State Dental Director about having a panel discussion with the CAC around periodontal issues but also other dental concerns (i.e., getting dentists to see toddlers, accessing services, care coordination, how do I get my questions answered, etc.)
• Rebecca Donell expressed that this would be an opportunity to have a really powerful conversation to identify the gaps in the system that are impacting families.
• Brad Porterfield took a 5-finger vote from the CAC members if they support the idea to coordinate a panel discussion with the Dental Care Organizations. All members agree and approve.
• Gwen Jones indicated that this conversation would take place in February or March.
Summary of Results:

- **Friendometry.com** is a relatively new service designed to help solve this problem.
- Friendometry.com is an online resource where parents can go to meet and find other parents who are seeking friends for their children that are in their geographical area.
- The site was previously for those that speak English and is for parents of children ages 2-17.
- It is now available in Spanish.
- This project improved the efficacy and equal access of the service.
- Although the project met some delays, it is now available to those who speak Spanish, which will increase the ability of those that speak Spanish to find friends for their children.
- The project will continue to provide increased access to the Spanish speaking community for years to come.

**Quote:**

“As a provider in the community, I, Dr. Kriz, see the impact that a lack access to services and benefits has on our community. This project has allowed a whole other important part of our community to have adequate user friendly access. This is the start. The next phase of this project will be to put forth more marketing efforts in the Spanish speaking community to increase the benefit of Friendometry. The importance of friendships is universal and by being able to create a new strategy to the community can produce protective factors against mental health challenge in our youth.”
COVID-19 Final Report for Kôr Community Land Trust
“Reaching Underserved Communities with Homeownership Opportunities in the Time of COVID-19”
Reviewed by the Promote Enhanced Physical Health Workgroup

Summary of Results:

- Kôr completed the homeowner selection for its second community, Crescita.
- Outreach efforts included:
  - hiring an Outreach Coordinator with intermediate Spanish-speaking skills, as well as interpreters and translators to ensure all materials and events were equitable for Spanish-speaking households.
  - partnered with Latino Community Association, Family Access network, Council on Aging, NeighborImpact, and Housing Works to provide broad community engagement.
  - developed a low-barrier, online application process in both English and Spanish.
  - held one-on-one information meetings to answer specific homebuyer questions.
- Kôr's outreach efforts resulted in the following attendance:
  - Six public information sessions attracted 95 attendees, including two Spanish-speaking sessions.
  - Received 59 applications for homeownership, with 17% identifying as a Households of Color and Latinx households.
  - Selected 5 homebuyers and 10 back-up buyers through a weighted housing lottery, with 40% of household identifying as Households of Color.

Story:

“I grew up here. My brothers were born at St. Charles where my dad flew airlife and now we are firefighters and health care workers. I want our community to be able to support its helpers so everyone can have what they need. It would mean so much to be able to step into a contributing and caring role by being a homeowner in the community I serve.” - Kôr Homebuyer Applicant
COVID-19 Final Report for Boost Oregon (RHIP)
“COVID-19 Vaccine Information”
Reviewed by the Upstream Prevention Workgroup

Summary of Results:

- Boost Oregon created and distributed fact sheets and buttons in English and Spanish to raise awareness and address common concerns about COVID-19 vaccines.
- The fact sheets provided understandable information regarding how the vaccines work, where to get them, and what to expect after receiving it.
- Our buttons helped normalize vaccine uptake in our community.
- Community members and providers wore the buttons showing others that they themselves took the vaccine and that it is safe and effective.
- These materials fostered a culture of COVID-19 vaccine acceptance in Central Oregon.
- Positive messaging around the COVID-19 vaccines helped to improve attitudes about vaccines in general.
- The buttons were an especially popular component to our project.
- Furthermore, our buttons conveyed generic vaccine acceptance messages and were not specific to COVID-19 vaccines, so they may be used as a steppingstone to promote all types of immunizations.
- Providing the community accurate and understandable information about a new vaccine, such as those for COVID-19, primed community members to be open to learning about other necessary vaccines.

Story:
We work closely with Deschutes County Health Services on many projects. They were one of the recipients of the materials we developed. DCHS began handing out our buttons at one of their vaccination clinics. They went through the supply we gave them in a matter of days because so many people were excited to take a button and proudly display that they had been vaccinated. We supplied them with another round of buttons, and they ended up creating their own to hand out because it was so popular at the community vaccination clinics.