

Council Members

- Brad Porterfield, Chair,
Consumer Representative
Latino Community
Association
- Elizabeth Schmitt, Vice-Chair
Consumer Representative
- Mayra Benitez
Consumer Representative
- Conor Carlsen
Consumer Representative
- Natalie Chavez
Jefferson County Health
Department
- Miranda Hill
Klamath County
Representative
- Linda Johnson
Community Representative
- Elaine Knobbs-Seasholtz
Mosaic Medical
- Tom Kuhn
Deschutes County Health
Services
- Theresa Olander
Consumer Representative
- Mandee Seeley
Consumer Representative
- Stacy Shaw
Consumer Representative
- Ken Wilhelm
United Way of Deschutes Co.



April 21, 2022
VIRTUAL

Video Conference Link In Calendar Invite

Conference Line: 1.669.900.6833

Meeting ID: 852 966 546#

Passcode: 400494#

- | | |
|--------------------|---|
| 12:00-12:20 | Welcome – Brad Porterfield (CAC) <ul style="list-style-type: none">• Land Acknowledgement Conor Carlsen• Meeting Practices• Introductions• Welcome New Vice-Chair• Public Comment & Patient Story• Reminder of Joint Board & CAC Meeting• Approval of Meeting Notes – March |
| 12:20-12:30 | CAC Members Small Group Breakout Session |
| 12:30-1:00 | Emerging Issues – DCO Conversation Follow Up – Gwen Jones (COHC) |
| 1:00-1:15 | 2022 Community Health Projects Process – MaCayla Arsenault (COHC) |
| 1:15-1:30 | Value Based Payments – Tricia Wilder (PacificSource) |

Five Finger Voting:

0: No go! Serious concerns

1: Serious reservations, 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

Land Acknowledgement

We recognize and acknowledge the indigenous land on which we live, work, learn, play, and grow. This is the land of the Warm Springs, Wasco, Northern Paiute, Tenino, Klamath, Molalla, and Yahooskin. We acknowledge them as the past, present, and future caretakers of this land. It is on their traditional land where we partner to improve the health and well-being of Central Oregonians. We aspire to be good guests honoring the concept in the Warm Springs culture: "This land is for you to know and live upon and pass on to the children."



Community Advisory Council (CAC) Meeting Changes: What to Expect

We want the CAC to be a warm and welcoming place for all. We want to ensure all CAC members feel comfortable to fully participate and contribute. To do this we are making some adjustments to how our CAC meetings are run. These changes are:

- Making the meetings less institutional and formal to create a warmer and more welcoming atmosphere. Examples are using more plain language, having more conversations and less presentations, and simpler voting instead of motioning.
- Renaming each attendee in Zoom with their role; either a CAC Member, Support Staff, or Guest. This will help easily identify who's who in the virtual space especially for guests and those members who are new.
- Asking all supporting staff from COHC, PacificSource, and the OHA to share why they are attending and what their role is in supporting the Community Advisory Council.
- Inviting all CAC members in attendance to share input during discussions and before decisions are made. We want to prioritizing Consumer Representatives and make sure all voices are heard. Guests in attendance are invited to contribute to the conversation when requested by the CAC Chair or Vice Chair.
- Building relationships between CAC members. We will be setting aside time at each meeting for CAC members to go into a virtual break out room, answer icebreaker questions or chat about anything they'd like.

PATIENT STORY

When I moved back to Oregon in late 2019, I needed to find a Primary Care Provider (PCP). I was referred to one who had some specific experience in areas that I needed/was looking for. This PCP was with Clinic A, about 30 miles from where I live, but I was willing to make that drive for the care I needed. The PCP was great, but towards the end of 2021, they abruptly quit/retired and we were informed via a letter from Clinic A saying they were no longer seeing patients (I think in Oct or Nov).

Clinic A assigned me a PCP within their clinic so my care could continue. Shortly thereafter I was notified by PacificSource (PS) that they had assigned me a new PCP within Clinic A, although it was different from the PCP Clinic A assigned me. I was notified by PS via a letter and I called to inquire about the new provider. I told the rep that I was still looking for a PCP (which I found with Clinic B) that would meet my needs and the PS rep said that was fine, but that I was only allowed to change PCP's twice (I think) a year.

Since PS assigned me a different PCP from what Clinic A assigned, I had to reschedule my appointment so the PCP would be able to see me and get reimbursed (my understanding is that the PCP must be linked to your account or they won't be reimbursed for the care they provide). Having to reschedule wasn't a big deal, and while I appreciate PS being proactive, I would have liked some communication when it came to this decision or PS offering to help find a PCP that would meet my needs and care.

Healthcare is personal. While we try to be as efficient and cost-effective as possible, especially when we are dealing with a large population/customer base, we should do our best to remember that one size does not fit all, but can fit most. We should try to be flexible and understanding of individuals' needs (up to a point) and help guide them through this healthcare journey/maze. I don't know how realistic it is to reach out (call/email) in a situation like this before making a decision, but I think a little conversation between parties can help ease the transition and uncertainty of change such as this.



COHC Community Advisory Council

Held virtually via Zoom

March 17, 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
Linda Johnson, Community Representative
Mandee Seeley, Consumer Representative
Mayra Benitez, Consumer Representative
Miranda Hill, Klamath County Public Health
Stacy Shaw, Consumer Representative
Theresa Olander, Consumer Representative

CAC Members Absent:

Natalie Chavez, Jefferson County Health
Tom Kuhn, Deschutes County Health Services

COHC Staff Present:

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

DCO Representatives Present:

Molly Johnson, Advantage Vice President
Nikki Coe, Advantage Regional Vice President
Nancy Avery, ODS Manager Dental Services
Amy Lawrence, ODS OHP Coordinator
Manu Chaudhry, Capitol Dental Care President
Kristin Soto, Capitol Dental Care General Manager

OHA Representatives Present:

Rebecca Donell, Innovator Agent
Tania Curiel, Regional Outreach Coordinator
Kaz Rafia, Dental Director

PacificSource Representatives Present:

Kristen Tobias, Community Health Coordinator
Tricia Wilder, Director
Buffy Hurtado, Tribal Liaison
Kyle Ash, Dental Director
Heather Simmons, Dental Service Program Manager
Jessica Waltman, Manager Grievance & Appeals

Welcome

- Brad Porterfield welcomed all attendees.

Land Acknowledgement

- Mayra Benitez read the Land Acknowledgement (see March packet for statement).

Guiding Principles & Objectives

- Linda Johnson read the guiding principles and objectives (see March packet for statement).

Introductions

- Kelley Adams led the group introductions.

Small Group Breakout Session

- 10 minutes were set aside at the meeting for CAC members, DCO, OHA, and PacificSource representatives to go into virtual breakout rooms and answer an icebreaker question to get to know each other.

Learning about Each Other's Experiences and Work

- MaCayla Arsenault shared an overview of the meeting format.
- Mande Seeley shared a summary of dental and periodontal barriers faced by OHP members.
- Molly Johnson from Advantage Dental presented a general overview of the Medicaid plan and dental delivery system. Advantage Dental just recently hired a periodontist who will be starting at the end of March. Although this periodontist will be located outside of Central Oregon, teledentistry will be available for evaluations and treatment planning. Onsite care and services will be based on patient needs.
- Amy Lawrence from ODS Community Dental focused on the periodontal services and contributing factors of periodontal disease. ODS has a Perio program in place where the dental provider puts in a request or referral to ODS who then puts together a packet of information for the OHP member with an explanation of benefits, educational flyers, and offers a DCO advocate.
- Manu Chaudhry from Capitol Dental Care shared a personal experience of when he was a child. His family was on Medicaid but did not know how to access medical services. His vision, along with OHA, the DCO's and CCO's, is to change the structure as well as they can with the support of evidence-based dentistry. Manu's presentation started with explaining gum disease and that genetics plays a large role in what each person is predisposed to and that social determinants of health also contributes to gum disease. Manu shared the system barriers that are faced by the DCO's and stated that Capitol Dental Care is sincere and deliberately trying to improve oral health access.

Questions & Answers

- Gwen Jones facilitated the question and answer segment of the meeting.
- Miranda Hill asked the first question to the DCO's: *Why do OHP members have such difficulty being referred to and receiving periodontal care in Central Oregon?*
 - The DCO and OHA representatives explained some of the difficulties.

- Limited benefits applicable to periodontists.
- DCO's have little to no success trying to contract with periodontists in Central Oregon.
- There is only 1 periodontist in Central Oregon that will accept referrals but is out-of-pocket. Therefore, members are referred to a periodontist out of the area.
- Surgical therapy, which is what a periodontist would perform, is not a covered benefit.
- There are only 35 periodontists in the whole state of Oregon (population of 4.2 million people).
- Dental providers work in the parameters of the OHA guidelines that are set by HERC (Health Evidence Review Commission) on what or what is not covered.
- Reimbursement rates for OHP providers are 33-35% range of commercial rates.
- Other questions raised during this discussion were:
 - Why is accessing dental services different from someone who has private/commercial insurance versus OHP? Delays in service could result in more dental issues.
 - Are there tax breaks for dental providers who provide OHP services?
 - How can those of us who are willing to advocate for benefits at the state level get them expanded?
- Manu Chaudhry from Capitol Dental asked the question to CAC: *How can the DCO's communicate better for more awareness, more information, so members know how to navigate the system?*
 - The suggestions from the CAC members are:
 - Integrating organizations, like local colleges, and the community in general is important for overall health. Public health announcements/awareness especially for dental.
 - Health Council, PacificSource, and OHA should put more time and attention into educating members on how to navigate the system.
 - PacificSource confirmed that they have a team who helps members navigate the dental system.
 - DCO navigator or advocate for members.
 - Advantage – sends a welcome letter that outlines care and services. The Care Coordination Team works with members to navigate the system and break down barriers to care. Working towards embedding Community Health Workers into practices.
 - ODS – DCO Advocate provides CCO coordination.
 - Capitol – only deals with Medicaid plan and has a Member Services team to provide care coordination to appropriate services.
 - Provide training to Community Health Workers and others like Family Access Network to advocate and communicate to OHP members.
 - Other questions posed during this discussion were:
 - Who dictates changes to dental benefit coverage?
 - Decisions are made by HERC (Health Evidence Review Commission) around benefit coverages. Email feedback to HERC: HERC.Info@dhsosha.state.or.us

- Who makes the decisions on the reimbursement rates for OHP providers?
How can we advocate?
 - Kaz Rafia from OHA asked that he be contacted directly, and he can direct to the right people. kaz.rafia@dhsosha.state.or.us
- Mande Seeley asked the second question to the DCO's: *What are some of the other possible ways to encourage the system to make changes? What would talking to HERC need to look like? What would going to the state need to look like?*
 - Suggestions from the DCO representatives were:
 - There needs to be more dental representation on HERC.
 - Getting providers appropriate reimbursement.
 - Address the barriers that cause OHP members to miss appointments. Medicaid members with social determinants are more likely to miss appointments versus commercial insurance members. This results in providers losing productivity and they do not get reimbursed for that time.

Closing

- Kelley Adams launched a poll for the participants to evaluate the meeting. The overall consensus was that the meeting was very valuable and most would be willing to collaborate again.
- Brad Porterfield opened it up to anyone who would like to share their thoughts on today's time together.
 - Stacy Shaw asked: Are there federal or state grants available for public health announcements or education to college students to help with navigating the dental system?
 - Kaz Rafia and Rebecca Donell from OHA will look into it to see if there is anything available.
 - Tania Curiel from OHA mentioned that the OHA program to partner with dental plans to provide training for OHP assistors on how to navigate the OHP dental system will continue. It could potentially be expanded to others, like Community Health Workers, to provide cohesive and collaborative training to support the community in navigating the system better.
- Brad thanked everyone for their participation and looks forward to continued conversations.



COMMUNITY ADVISORY COUNCIL (CAC) & DENTAL CARE ORGANIZATION (DCO) CONVERSATION

Who is the CAC?

The Community Advisory Council (CAC) recommends ways to improve health and health care and includes Oregon Health Plan (OHP) members, community representatives, Tribal members, and County government.

Responsibilities of the CAC

- Serve as a path for residents of each geographic area in the region to ask questions and raise concerns
- Identify opportunities to improve population health in Central Oregon
- Advocate for preventative care practices
- Provide advice to help COHC link the community's medical and non-medical services to overcome barriers to health
- Provide a link back to community members to aid in achieving the COHC Vision and Guiding Principles

Purpose

The purpose of the conversation between the Community Advisory Council (CAC) and the Dental Care Organizations (DCO) is to communicate the barriers that consumers are faced with when trying to access dental/periodontal care in Central Oregon. This will give the DCO's the opportunity to respond and share an overview of provider services and their barriers.

Guiding Principles

- Treat all People with Respect, Dignity, and Compassion
- Build Trust through Collaboration and Partnership
- Ask Questions to Understand and Learn
- Work Together to Create Solutions and Reach Goals
- Expect Unfinished Business

Objectives

Relational Objective: Having the opportunity for the CAC and DCO's to cultivate a partnership with the shared goals of collaboration and generating solutions.

Outcome Objective: Determine if the conversation produced an understanding of the barriers faced by consumers and if there will be ongoing discussions to continue progress and potentially initiate policy reform.

DCO Overview Presentation Guidelines

- Each DCO has 5 minutes to share an overview of providing services and the barriers on their side.
- Up to 3 slides can be used during this time period. Avoid jargon and technical terms.

Draft Agenda

Time	Item	Details	Facilitator
Introduction			
12:00-12:10	Welcome	<ul style="list-style-type: none"> Land acknowledgement Relational objective Outcome objective Guiding principles 	Brad Porterfield Linda Johnson
12:10-12:20	Large group introductions	<ul style="list-style-type: none"> Name, pronouns, organization, role 	Kelley Adams
12:20-12:30	Small group introductions	<ul style="list-style-type: none"> Personal 'get to know you' question 	Kelley Adams
Learning about Each Other's Experiences and Work			
12:30-12:35	CAC shares summary of dental and periodontal barriers	<ul style="list-style-type: none"> Prepared Script 	Mandee Seeley Theresa Olander
12:35-12:55	DCOs respond and share overview of providing service and their barriers	<ul style="list-style-type: none"> 5 minutes per DCO - include up to 3 slides 	DCO Reps
12:55-1:00	CAC response to DCO sharing		Open
Question and Answer			
1:00-1:05	CAC Question #1 to DCO's	Why do OHP members have such difficulty being referred to and receiving periodontal care in Central Oregon?	Miranda Hill
1:05-1:15	DCO Response to Question #1		DCO Reps
1:15-1:20	DCO Question #1 to CAC		DCO Reps
1:20-1:30	CAC Response to DCO Question #1		Open
1:30-1:35	CAC Question #2 to DCO's	What makes it hard for some dental providers to accept OHP members? What kind of incentives could you suggest to enhance dentist enrollment as an OHP provider?	Mandee Seeley
1:35-1:45	DCO Response to Question #2		DCO Reps
Closing			
1:45-1:50	Closing Poll & Reflections	<ul style="list-style-type: none"> How valuable was this conversation? Willing to collaborate and problem solve on these? Willing to meet again? Add ideas/suggestions/recommendations for system change in Chat 	Kelley Adams - launch poll
1:50-2:00	Closing Summary and Thanks		Brad Porterfield

List of Barriers that OHP Members Face with Periodontal Care

Communication Inconsistencies

- Dental provider referred to another provider who does not accept OHP
- No response or delayed response from Dental providers for urgent issues
- Had to get PacificSource and management involved to get a call back
- Need to integrate patient knowledge between departments/staff members

Lack of OHP Periodontal Services in Central Oregon

- Have to go to Eugene or Portland for periodontal services
 - Having to miss obligations/work to travel
 - Needing to get childcare for appointment
 - Food, gas, & hotel costs
 - Reimbursement program doesn't cover the entire trip so a lot is out of pocket
 - Rules for reimbursement are stringent
 - Having to go back multiple times for treatment

Dental Services Coverage

- Able to get assessment but not the actual care
- Untreated gum disease can lead to other healthcare issues
 - Example: I need a periodontal cleaning, might not be covered
- OHP only allows a professional cleaning 1x a year even though the American Dental Association recommends every six months
- Not an option to go to an out-of-network dentist or periodontist

Scheduling Appointments

- Long wait times for appointments even in an emergency situation
- Appointments are not scheduled for a long enough time to complete

Community Health Projects Overview

Community-level projects focused on improving population health and health care quality

- Focused on addressing Social Determinants of Health and Equity

What Do Community Health Projects Do?

- Address Social Determinants of Health
- Improve health outcomes
- Reduce health disparities
- Promote the efficient use of resources
- Support the current Regional Health Improvement Plan
- Promote and increase wellness and health activities
- Improve overall community well-being

Community Health Projects Requirements

Projects must:

- Address Social Determinants of Health and Equity
- Align with at least one of the aims/goals of the six Regional Health Improvement Plan focus areas
- Must take place within the geographic area of Crook, Deschutes, Jefferson, and Northern Klamath County and/or the tribal nations of the Confederated Tribes of Warm Springs, Klamath Tribes, or the Cow Creek Band of Umpqua Tribe of Indians.
- Serve OHP members

Community Health Projects Restrictions

Projects cannot be used for:

- Any product or service that can be billed to any health insurance plan (durable medical equipment, screenings, medicines, etc.)
- Rental assistance, house assistance, housing construction, and utilities**
- Project benefitting a single individual or single household
- Projects that don't address Social Determinants of Health and Health Equity
- Projects only serving undocumented community members

CAC & Tribal Involvement

- Directing, tracking, and reviewing SDOH-E spending
- "CCOs must ensure a role for the CAC and Tribes in how HRS CBI spending decisions are made." —Health-Related Services Guide for CCOs
- "...and also identify the role of the CAC and Tribes in determining whether investments are made, and what amount should be invested, in community benefit initiatives." —CCO Contract

Budget

- About \$250,000 yearly
- Must be allocated by December 31st of each year
- Tribal Carve-Out is 25% of Community Benefit Initiative funds
- Community Health Projects include is an umbrella term that includes:
 - Community Benefit Initiative funds
 - May include Quality Incentive Measure (QIM) funds and SHARE funds

	ONLY Request For Proposal (RFP)	Letter Of Interest (LOI) & RFP
What	CAC releases a Request for Proposal (RFP) to solicit applications for grants that meet the Community Health Projects criteria.	CAC releases a request for Letters of Interest (LOI) to ask community partners to submit program ideas. CAC then chooses only some to apply. (2 Steps)
Pros	<ul style="list-style-type: none"> • RFP to funding is >3 months • Application is very detailed 	<ul style="list-style-type: none"> • Short application • Less initial burden on applicant • Less for the workgroup to review • CAC only requests applications from a few they are serious about • Questions from LOI are prepopulated into full application
Cons	<ul style="list-style-type: none"> • Long application • More burdensome to applicants, especially if they are not funded • More content for the CAC to review 	<ul style="list-style-type: none"> • LOI to funding is >4-5 months • Initial decisions are made based only on high-level project overview