



Operations Council

March 28, 2024
11:30 am to 1:00 pm

Virtual Meeting


<https://us02web.zoom.us/j/82062544065?pwd=ZHJvd2JuZUJyQ0wvQTNHaHczaVpYZz09>

1.669.900.6833

Meeting ID: 820 6254 4065

Passcode: 787646

11:30 - 11:45	Welcome, Introductions, Announcements
11:45 – 11:50	Updates: Care transitions for HOP Members—Kat Mastrangelo
11:50 – 12:50	Focused Conversation: Letter sharing Central Oregon experiences— All
12:50 – 1:00	Information Sharing & Next Steps—All



Land Acknowledgment

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 that 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."

COHC Operations Council

Virtual Meeting

Operations Council

Guiding Principles

Shared Focus

We come together to improve the health and well-being of individuals living in various and diverse communities throughout Central Oregon region. We develop agreed-upon actions to solve the issues and keep the needs of our communities as the main focus.

Shared Metrics

We measure progress, process, and outcomes through a shared lens. Success is defined by the issue, those most impacted, and those closest to the work.

Partner with Priority Populations

The individuals living in our diverse Central Oregon communities are the center of our work. We make every effort to include people from every part of the region in our discussions, processes, and decisions.

Collaborate to Solve Complex Issues

Inviting diverse perspectives from throughout the Central Oregon region deepens our shared understanding of complex issues and propels us toward better progress and outcomes. We practice frequent, structured, open communication to build trust, assure shared objectives, and create common motivation. We respect the privacy and sensitivity of information partners share.

Coordinate Collective Efforts

We are made up of diverse partner organizations and individuals with unique strengths, skills, and resources. We coordinate our efforts and use our unique strengths and skills to meet our shared goals.

Learn and Adapt Together

We embrace shared learning and a growth mindset. We create a space that allows for mistakes, failures, second chances, and a celebration of brave attempts. We adjust and apply our learnings to the complex and changing landscape of health and well-being in Central Oregon.



CHARTER: Central Oregon Health Council Operations Council

The Central Oregon Health Council (COHC) was created to improve the well-being of all residents across Central Oregon.

The Operations Council serves as a place to coordinate collective efforts among the Central Oregon Health Council's community partners, committees, workgroups, community members and the Board of Directors.

The Operations Council will address and actively support:

- regional efforts advancing the shared mission and vision of the Central Oregon Health Council
- regional issues escalated from the committees, workgroups, and community partners
- broad, cross-sectoral, regional initiatives

Partners include:

- Organizational leaders who have delegated authority to make operational decisions
- Impacted community members and leaders who have influence to impact change

Partners Roles and Responsibilities:

- Communicate information within their organization, partner organizations and communities
- Provide individual, community and organizational support of agreed upon initiatives and workplans

Definitions:

Partner, Community Partner, Partner Organization. Terms may be interchanged.

Individuals and organizations who purposefully work together within the Central Oregon Health Council (COHC) structure to share information, resources, services and other types of support to understand and address the regional priorities identified by communities throughout the Central Oregon region.

Community can be defined by describing the social and political networks that link individuals, community organizations, and leaders. Some communities fall within geographically mapped physical



COHC Operations Council

Held Virtually via Zoom

February 22, 2024 • 11:30 am–1:00 pm

Members Present

Adam Dickey, Central Oregon Behavioral Health Council
Andrea Ketelhut, BestCare Treatment Services
Gary Allen, Advantage Dental
Heather Kaisner, Deschutes County Health Services
Janice Garceau, Deschutes County Health Services
Jeff Davis, PacificSource
Jennifer Eales, SriPonya
Kat Mastrangelo, Volunteers In Medicine
Kathy Sabatier, Community Member
Katie Plumb, Crook County Health Dept.
Laurie Hill, COPA
Mandee Seeley, Community Representative
Manu Chaudry, Capitol Dental Care
Mary Ann Wren, Advantage Dental
Missy King, ODS Community Dental
Tricia Wilder, PacificSource

COHC Staff

MaCayla Arsenault, Project Manager
Gwen Jones, Project Manager
Avery Grace, Project Manager
Mary Burns, Project Manager
Kelley Adams, Grant Platform Manager
Donna Mills, Interim Executive Director
Camille Smith, Executive Assistant
Bradley Garner, Administrative Assistant

Welcome, Introductions, Announcements

Gwen Jones welcomed the group and facilitated introductions.

- February is Black History Month, we want to invite people to a month-long journey of reflection, empowerment, and celebration as we honor the incredible legacy of the black community.
- Regional Health Improvement Plan (RHIP) Steering Committee is going to look for new members. The purpose of the Steering Committee is to advise the development team in completing the health assessment and improvement plan.
- Progress update on the Regional Health Assessment (RHA) is in later stages, the Central Oregon Health Council is requesting data to better assess our marginalized and less represented communities. The Central Oregon Health Council is requesting reports from communities or community organizations.

Redetermination:

Tricia Wilder presented the February 2024 update on redetermination. Redetermination is the term used for Medicaid re-enrollment. The state of Oregon has about one in three people covered, and regarding redetermination the process is completed for 85% of that population.

- About 1.2 million renewals have been completed with about 15% people losing their benefits and about 85% continuing to keep their benefits.
- Oregon has the second highest renewal rate in the nation.
- The Oregon Health Authority (OHA) received an extension from the Centers for Medicare and Medicaid Services (CMS) to stagger the remaining pending renewals to a later date, from June to September 2024. Final responses on the extension due December 2024 with final closures in February 2025.
- The extension allows extra time to address the non-responses demographic that have not been able to be contacted for redetermination.

Service Care Transitions for Members of Healthier Oregon (OHP Expansion)

Kat Mastrangelo presented concerns about first time OHP struggling with access issues. Ranging concerns for new patient appointments about language barriers, long wait times in general, a more extensive wait in Redmond, and no available patient spaces in Prineville at all. What issues are experienced by providers?

Tricia Wilder pointed to the auto enrollment process for recipients of the Healthier Oregon program. Assurances and education are needed to for people to understand the benefits that come with the program. Some people not knowing what these cards were from the auto enrollment disposed of these cards and had to have them reissued. People do not need a social security number for those benefits.

Kat Mastrangelo discussed an impactful result for these new patients, being that medications patients need can get stuck in requiring a preauthorization, however the preauthorization cannot occur until there is a new patient appointment. Is there an alternative to this process? These appointments are simply months out or not available. Patients sometimes are going up to a year without receiving needed care. How do we best streamline care for patients with high needs?

Information Sharing & Next Steps

Group discussion arose regarding the systematic issues. The public system needs are not able to be met as is. Regulations and barriers impact the ability for providers to provide adequate care.

Reimbursements for Medicaid is not adequate for providers to service these patients. Clinicians do not want to accept significantly lower paying positions beyond the initial incentives to do so.

Overburdened caseloads do not allow for adequate patient care. Take home pay and reimbursements need to be addressed system wide.