



Lane Community Health Council

Lane Community Health Council Board

April 12, 2022

7:00am-9:00am

Virtual Meeting

Minutes

Present: Dr. Steve Allan, Options Counseling and Family Services; Ms. Kristin Soto, Capitol Dental Care; Mr. Cliff Hendargo, PeaceHealth Medical Group; Mr. John Johnston, Willamette Family Treatment Services; Ms. Char Reavis, PacificSource Community Advisory Council; Ms. Tannya Devorak, PacificSource Community Advisory Council; Dr. Pilar Bradshaw, Eugene Pediatrics; Mr. Tony Scurto, Lane Education Service District; Ms. Meredith Nelson, McKenzie Willamette Medical Center; Ms. Eve Gray, Lane County Health and Human Services; Dr. Patrick Luedtke, Lane County Health and Human Services; Dr. Vipul Lakhani, Oregon Medical Group.

Absent: Mr. Ken Provencher, PacificSource; Ms. Jenny Dail, Orchid Health; Dr. Kevin Modeste, Northwest Surgical Specialists.

Guests: Dr. Mark Buchholz, PacificSource; Ms. Kellie DeVore, PacificSource; Ms. Erin Fair Taylor, PacificSource; Ms. Leslie Neugebauer, PacificSource; Ms. Katharine Ryan, PacificSource; Ms. Kayla Watford, Lane County Health and Human Services; Ms. Senna Towner, Oregon Health Authority; Ms. Jacqueline Moreno, Lane County Health and Human Services; Ms. Cheryl Cohen, PacificSource.

Staff: Ms. Rhonda Busek, Lane Community Health Council; Ms. Adria Godon-Bynum, Lane Community Health Council.

1. Call to Order, Introductions and Welcome, Public Comment

Dr. Allan called the meeting to order at 7:05 a.m. Introductions were made. There was no public comment.

2. Consent Agenda

The consent agenda was moved and approved with the following actions:

- **Approval of March 8, 2022 Minutes Lane Community Health Council Board Meeting:** Dr. Allan presented the minutes from the previous meeting for review and approval. **It was moved and seconded to approve the minutes as presented. The motion passed unanimously.**
- **LCHC Financials:** No questions or discussion.
- **Housing Collaborative Final Report:** No questions or discussion.
- **Final Funding Recommendation SPMI Workgroup revised:** No questions or discussions.
- **CCO Director Report:** No questions or discussion.
- **REAL D Dashboard:** No questions or discussion.
- **CCO Dashboard Report:** No questions or discussion.

3. Nominating Committee Update

Dr. Bradshaw reported that the Nominating Committee approved the following recommendations to be made to the Lane Community Health Council (LCHC) Board for approval.

- **Oregon Medical Group Position:** Dr. Weiner resigned from the LCHC Board April 1, 2022. Dr. Bradshaw recommended approval of Dr. Vipul Lakhani's appointment to the

Lane Community Health Council Board to replace Dr. Weiner. **After discussion, it was moved and seconded to approve the appointment of Dr. Lakhani to the Lane Community Health Council Board. The motion passed unanimously.**

- **Community Position (Rural Health):** Dr. Bradshaw recommended removal of Jenny Dail from the Lane Community Health Council Board. **After discussion, it was moved and seconded to approve the removal of Ms. Jenny Dail from the Lane Community Health Council Board. The motion passed unanimously.**
- **LCHC Vice Chair Position:** Dr. Bradshaw recommended approval of Dr. Patrick Luedtke to the vice-chair officer position on the Lane Community Health Council Board. **After discussion, it was moved and seconded to approve the appointment of Dr. Patrick Luedtke as Vice Chair of the Lane Community Health Council Community Board. The motion passed unanimously.**
- **LCHC Finance Committee:** Dr. Bradshaw recommended approval of appointment of Ms. Eve Gray to the LCHC Finance Committee. **After discussion, it was moved and seconded to approve the appointment of Ms. Gray to the Lane Community Health Council Finance Committee. The motion passed unanimously.**

4. Finance Committee Update

- A. **2021 QIM Distribution:** Mr. Hendargo presented the final 2021 QIM Distribution recommendation. The recommendation included the following components:
1. Equal weighting for each metric. Each metric achieved will receive one point. Any metric not achieved will receive 0.5 points.
 2. Adopt revised percentages as proposed by Clinical Advisory Panel.
 3. Further distribution will be considered by provider type:
 - i. Primary Care will use member assignments for final distribution.
 - ii. Oral Health will use member assignment for final distribution.
 - iii. Behavioral Health will use claims count for final distribution.
 - iv. OBG/Specialty will use claims count for final distribution.
 - v. Public Health will be a single distribution.
 4. Total funds are estimated to be \$14,000,000.00.
 - i. Distribution of total funds:
 1. Health Council 10%
 2. Prevention Program 9%
 3. Provider 81%

It was moved and seconded to approve the QIM Distribution proposal as presented.

The motion passed unanimously.

- B. **PacificSource Financials:** Ms. Erin Fair Taylor presented the PacificSource Lane CCO Finance Report dated January 31, 2022. This report was created by PacificSource Analytics Team to provide contextual commentary and information that will provide for strategic input from Board members.

Ms. Fair Taylor noted the January Financials report a year to date operating income of \$24K behind the budgeted amount of \$1.1M. This includes \$2.7M of positive adjustments related to 2021. In January 2022, the CCO incurred nearly \$1.8M of Covid-19 related expenses for treatment and testing. There was \$428K reserved for large cases this month.

Ms. Fair Taylor reviewed the PMPM Basis information and Claims Expense between Paid/Accrued and IBNR. Ms. Fair Taylor reviewed the Trailing 12 Month report and Withholds Report. Most withholds and incentives estimates for 2022 are not reflected in these financials as contracts are still being set-up. The February financials will include an estimate. The Membership report was reviewed. It was noted that the increase in membership month over month was less dramatic than previously and uninsured individuals were at an all-time low. The

Public Health Emergency ended the middle of January and the redetermination process is expected to begin in September. OHA is developing a plan related to the staging of redeterminations in which individuals with higher needs will be completed later in process to allow time to plan for transitions.

Ms. Fair Taylor reported that the 2022 JMA shared savings as of January is currently estimated to be a future recapture of \$934K.

5. PacificSource Workforce Development Plan

Ms. Cheryl Cohen, PacificSource Provider Workforce Development Program Manager presented information on PacificSource Workforce Development Plan and activities. Workforce priorities are focusing on culturally and linguistically responsive care and behavioral health. Ms. Cohen reviewed REAL-D Member Demographics acknowledging that 20% of members are reported as “unknown” in relation to primary race and ethnicity is unknown for 44% of members. Twenty-five percent of kids are BIPOC compared to 16% of adults. Membership is close to evenly split between Male and Female and data does not capture individuals who are non-binary or transgender. Ms. Cohen noted that SOGI (Sexual Orientation and Gender and Identity Demographics) are being added to REAL-D standards and is anticipated to be recognized in the next CCO contract. House Bill (HB) 3159 creates a statewide registry that will be recognized as REAL-D+ SOGI demographics. Ms. Cohen further reviewed the top four chronic behavioral health conditions to include depression, SPMI, SPMI without major depression and substance use disorder. More than half of members having a physical health condition also have comorbid depression, SPMI or substance use disorder. Ms. Cohen further reported that Behavioral Health Utilization is drastically lower among members who speak languages other than English. Across every risk category, Spanish-speakers have significantly less Behavioral Health visits than English speakers. There are also differences in telehealth utilization where Spanish-speakers have lower utilization. There was increased access to behavioral health services which led to increased utilization for English-speakers with little to no increase in the use of Behavioral Health Services for Spanish-speakers.

Ms. Cohen further shared information on provider demographics. Overall, PacificSource and other CCOs lack data on provider demographics. The combined healthcare workforce is largely white and not reflective of local demographics particularly for behavioral health providers where 90% identify as white. There will be continued focus on diversity of the healthcare workforce. Ms. Cohen briefly discussed pandemic impacts on the workforce. Behavioral health providers and nurses have significant attrition and workforce shortages with limited behavioral health providers coming through pipeline to replace those providers who are leaving.

Ms. Cohen discussed the 2022 Lane County Workforce Development Priorities include language, culture, and behavioral health. Priority #1 is focused on healthcare interpreters. Interpreter services are offered two ways – through contracted vendors or through providers who have staff that speak the target language. PacificSource is funding training and certification for up to 60 culturally and linguistically Health Care Interpreters. PacificSource is building a healthcare interpreter training and certification training program that will be housed within PacificSource. Priority #2 is focused on Traditional Health Workers. PacificSource is prioritizing participants who reflect cultural and linguistic diversity of the population. PacificSource will also be implementing new payment models including: Advancing PCPCH funding incentives for CHW integration within the PCPCH Tier 3.5 and launch community-based THW programmatic payment. Priority #3 is focused on Behavioral Health. This will include stabilizing and supporting the behavioral health workforce. Two examples of workforce development in Lane County: 1) BIPOC youth Behavioral Health/Healthcare Pathways Project ~ increase BIPOC representation in the Healthcare/Behavioral Health field through a program that embeds BIPOC mentorship, financial assistance, youth cohort support groups and clear pathways to LCC led by Lane ESD; and 2) proposing rule change to the OHA that would allow community colleges to train and provide career pathways for QMHA certification led by Lane Community Health Council.

Dr. Bradshaw emphasized the importance of the Behavioral Health Crisis noting that Peace Health has lost all of their child psychiatrists. Patients were sent letters to go back to PCP. Unfortunately, several patients are on antipsychotics which require careful management.

Dr. Lahkani requested an explanation of what a Traditional Health Worker (THW) is and does. Ms. Cohen shared that THWs include professionals who have life experience from cultural groups or lived experience including birth doulas, Community Health Workers, Peer Support Specialists, PWS Peer Wellness Navigator. Certification is obtained through Office of Equity and Inclusion and tend to be more culturally and linguistically diverse than other provider types.

Ms. Busek reviewed the work related to the HOWTO grant which included a focus on ethnic and culturally specific populations. The grant included the addition of a Medical Assistant Cohort every year for three years at Lane Community College and an additional Cohort every year for three years for Centro Latin's Community Health Worker program.

Ms. Gray echoed Dr. Bradshaw's concern. The Behavioral Health System is not only in crisis but the crises within the system are more acute and deepening. Lane County is finding that the current Fee For Service reimbursement model is not adequate to reimburse current providers. This particular population takes a long time to stabilize and does not necessarily progress nor does it have a mix of low and high acuity to balance higher acuity cases. Ms. Gray further suggested that we consider the level of high acuity providers are taking care of as it relates to current reimbursement models in a way that could address burnout. Lane County is currently planning for a crisis stabilization center and will be employing 100 behavioral health workers. Ms. Gray noted that currently, increased funding for behavioral housing will be coming to Lane County for Permanent Supportive Housing and Residential Housing.

Ms. Reavis asked when recruiting for providers for Lane County, is housing a deterrent? Dr. Luedtke noted that providers generally settle in Seattle, San Francisco and San Diego as it relates to the West Coast. Housing costs may not be an issue for providers but might be in other healthcare professions. Dr. Luedtke further noted the shortage of Medical Assistants since Pioneer Pacific College closed and as a result, providers are now seeing sign-on bonuses for Medical Assistants. Dr. Luedtke noted that a community group has been working with Lane Community College to address the Medical Assistant shortage. As a result, one cohort was recently added in the past year for the Medical Assistant Program. Ms. Devorak suggested considering offering temporary Visas to increase ethnic and cultural individuals to train for the workforce.

6. Follow-up Strategic Planning 2022 (Community Focus)

Ms. Busek reviewed the discussion of the LCHC Board Retreat and discussed the following actions related to the 2022 Strategic Planning: Community Focus.

- Co-lead and support the Lane County Community Advisory Council (CAC): How do we strengthen the Board's relationship with the CAC? The Board briefly discussed Board member attendance at the CAC and to continue to engage with LCHC Board members Char Reavis and Tannya Devorak, members of the CAC.
- Continue to convene Youth Behavioral Health Collaborative. Continue to work with current grant awardees and focus on identification of pressing problems.
- Continue participation in Crisis Center/Rural Mobile Crisis Response for Adult Behavioral Health.
- Continue to partner in Live Health Lane as it relates to Community Health Assessment and Community Health Improvement Plan. Continue to identify ways to engage the Board in activities.
- Continue to support development and formalization of the Housing Coalition.

7. Community Advisory Council (CAC)

Ms. Devorak presented the following updates for the Community Advisory Council (CAC):

- In March, guests from the CAC's Rural Advisory Committee and Live Healthy Lane's Steering Committee and Core Team were invited to sit in on the CAC meeting as an opportunity for shared learning around two topics: pharmacy/prescription access and Lane County's Community Health Improvement Plan.
- The CAC engaged in continued discussion about pharmacy and prescription access challenges across Lane County. The Oregon Health Authority and both CCO Pharmacy Directors joined the meeting to share what is currently being done to address access and communications challenges.
- Jennifer Webster, Lane County Public Health's Epidemiologist, presented an overview of the 2021-25 Community Health Improvement Plan and the indicators that Lane County will use to measure progress on the CHP priority areas.
- Live Healthy Lane's Steering Committee is currently working to develop a CHP community engagement plan which we will include future engagement with the LCHC Board around CHP implementation.
- Ms. Devorak reminded Board members to attend an upcoming CAC meeting, held on the fourth Monday of each month from noon to 2pm. Please RSVP with Rhonda Busek.

8. Clinical Advisory Panel

Mr. Johnston reported that the Clinical Advisory Panel (CAP) met March 16th. Ms. Jamie Cosci, PacificSource, provided information related to the PacificSource Community Solutions Care Coordination Plan. Programs that are available for OHP members as part of the Care Coordination Plan were discussed. Providers may refer patients to these programs. Ms. Cosci offered to provide information to offices via direct mail to offices or to attend provider office staff meeting. The final report will include three major components: Care Coordination data, Real-D data, and the Narrative and will be presented to the CAP in the future.

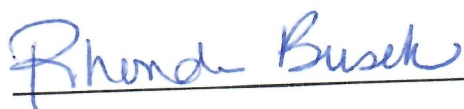
Mr. Johnston reported that Lane County staff provided a presentation and overview of the Crisis Stabilization Center Project. Highlights from the gap analysis, project timeline and the next states of the project were discussed.

Mr. Johnston reported the CAP reviewed the Quality Metrics Distribution Matrix approved earlier in the meeting. Dr. Steve Allan highlighted that behavioral health providers were instrumental in achieving several of the physical health measures. In light of this, the QIM Workgroup requested that the CAP re-review the proposal that had been revised to be inclusive of behavioral health providers role in achieving several of the physical health measures. The revised proposal was approved by the CAP.

9. Adjournment

There being no further business, meeting was adjourned at 8:45am for an Executive Board Session.

Respectfully submitted



Rhonda J. Busek
Executive Director and Secretary