

## MINUTES

Coordinated Care Organization Community Advisory Councils  
Remote meeting via Zoom

January 25, 2021  
12:00 p.m.

PRESENT: Dr. Mark Buchholz, Rhonda Busek, Amanda Cobb, Carrie Copeland, Wendee Crofoot, Tara DaVee, Tannya Devorak, Leah Edelman, Drake Ewbank, Debi Farr, Adria Godon-Bynum, Michelle Hankes, Ronald Harper, Caitlynn Hatteras, Nat Jacobs, Dron Jones, Dr. Richard Kincaid, Roxie Mayfield, Brandy McLaughlin, Silver Mogart, Jacqueline Moreno, Leslie Neugebauer, Chris Parra, Heather Pehaim, Robert Phillips, Tina Potter, Ken Provencher, Chare Reavis, Dr. Liz Stover, Carla Tazumal, Linda Thompson-Mann, Michelle Thurston, Jessica Waltman, Levi Welbourne, Cindy Williams, Lucy Zammerali.

### **I. Welcome and Introductions**

Ms. Hatteras opened the meeting at 12:06 p.m. Introductions were made.

### **II. Committee Updates**

#### **a. Prevention**

Ms. Moreno reported that the Prevention Work Group started conversations related to Tobacco and childhood obesity including a childhood obesity survey which they were planning. The Prevention Work Group discussed supporting work in the community to prevent childhood obesity. Ms. Moreno shared that the food security request for proposal (RFP) had gone live.

#### **b. PacificSource CAP**

Dr. Stover reported that PacificSource CAP met in January and discussed the 2021 workplan with a focus on behavioral health. There was also a presentation of the Lane County Community Health Improvement Plan.

#### **c. Trillium CAP**

Dr. Kincaid reported that the Trillium CAP discussion mainly focused on the COVID-19 response. Dr. Luedtke discussed Lane County's response to COVID-19 and other infectious diseases (Mosquito diseases, sexually transmitted diseases, etc.).

### **III. Transformation Center**

Nat Jacobs said that the Oregon Health Authority's Transformation Center provided technical assistance to support coordinated care organizations. Nat agreed to send more information to Ms. Edelman to share with the Committee.

#### **IV. CCO Updates**

##### **a. Trillium**

Ms. Hatteras reported that the Board voted and approved Lane County Community Health Improvement Plan. Jennifer Webster would present the full CHIP at the February Board meeting. Ms. Hatteras shared that Nova would no longer be contracted with Trillium as a primary provider in rural communities. This would affect around 1,500 Trillium members. People were being reassigned and transportation was being provided to appointments. Ms. Hatteras stated that urgent care would be available at the G Street clinic.

Ms. DaVee was confused on if they were still using Nova Health locally. Ms. Farr replied that they would no longer be recommending Nova Health as a primary physician in rural areas. She added that they had never done that in metro areas. Ms. Thurston added that many of her neighbors who were seniors or disabled lost access to primary care at Nova. Ms. Thurston further noted that Trillium jumped in and quickly contacted everyone and made sure they were able to transition to another provider. She said that many were feeling relieved and appreciated the support.

##### **b. Lane Community Health Council**

Ms. Busek shared that they had a joint meeting with CAC members and the Lane Community Health Council Board at the December Board meeting. Ms. Busek asked present members of the CAC who attended the Board meeting to share any thoughts they had about the meeting.

- Ms. Devorak noted she was pleased with what the Board had been doing and was hopeful because everyone really listened to what she had to say. She voiced her concerns regarding when a legal resident should get benefits and why it took five years to get full coverage.
- Ms. Reavis thought it was good having CAC members present at the meeting. It helped to share different perspectives. She mentioned that they had their board retreat and came up with their 2021 goals. They also had a presentation from Jennifer Webster and approved the Lane County Community Health Improvement Plan.
- Mr. Ewbank noted that there was an imbalance with client populations now that there were two CCO providers in the area. He wondered if the CCO providers would try to innovate in new ways to attract membership. Ms. Farr told him that with the Oregon Health Plan the CCOs had specific contracts with OHA. There was a new Share Initiative which would require CCOs to invest a percentage of the previous year's reserves in social determinates of health investments. Trillium had always made those investments, so there would not be too many changes for them. Ms. Busek noted that the Health Council would be working closely with PacificSource as it related to the Share Initiative. Mr. Ewbank further noted that provider contracts became an advertising mechanism. Some people had to change providers because the services they needed were not available from their provider. Ms. Farr said that they continued to explore the relationships with services that they did not have.

#### **V. Vaccine Roll-Out Plan**

Dr. Kincaid said that they were almost at one year of having COVID-19 in the United States. As of Friday, there were a little over 8,663 cases in Lane County. 18,256 people in Group 1a got the vaccination. He shared that over the weekend 3,500 additional people got vaccines. This meant that the total number of people with potential immunity was up to 7.3% of the population.

Dr. Kincaid noted that people needed to get vaccinated, continue to wear masks, social distance, and get tested. He said that there were two mRNA vaccines currently out from Pfizer and Moderna. Both vaccines had appeared to have a good effectiveness even at combating the new strains of COVID-19. There were

two other vaccines going into phase three trails in the next few weeks from Astra-Zeneca and Johnson and Johnson. Dr. Kincaid described how the virus worked in the body..

Vaccination group 1b would be based on age and coordinated by Public Health. Educators, childcare workers, those over 65, and other groups will likely be added. The vaccinations would be given out at pharmacies, doctor's offices, and mass vaccination sites. Neither vaccine have been approved for children yet because they do not have data on how they are affected. Pfizer can go to someone 16 or older; Moderna, 18 or older.

Ms. Busek noted that someone in the chat had asked if someone needed an appointment for the vaccination stations at the Fairgrounds. Dr. Kincaid was unsure where the vaccination sites would be. Announcements would be made for each group. If someone fell into group 1a or 1b they could reach out and get information on where to go. He said that a sign-up mechanism would be created at some point.

Ms. Busek inquired into if rural areas were being included in the mass vaccinations. Dr. Kincaid responded that they were and had a plan to partner with local agencies in those communities. One issue was that they needed to know how many vaccines were needed

Ms. Busek asked if the vaccine group descriptions could be shared with the CAC. Dr. Kincaid said that the chart was available on the OHA website and just detailed phase 1a and 1b.

## **VI. Complaint and Grievance Discussion**

Ms. Edelman said that they were having this discussion as there had been lots of concerns around the subject. The issue came down to CCOs having to use complaint data to make improvements and consumers having problems with the process.

Mr. Welbourne, RN BSN, manager in Trillium's Grievance and Appeals department, stated that a grievance was a complaint about any care or service that Trillium gave. It could be concerning a ride they got, a customer service issue, or an issue with a doctor. A complaint could be made by making a phone call, going onto the Trillium website, or sending in a letter.

When someone makes a complaint, the complaint is sent to the Grievance department. The Grievance department then investigates the claim by requesting records and asking questions. Trillium looks for solutions based on information included in the complaint. Mr. Welbourne said that they might ask a Trillium case manager or others to help. They then look for patterns of problems that other members might have had. He stated that Trillium would solve complaints or reach out and ask for more time within five days of the complaint being made. It might take them up to 30 days to resolve if they needed more time to request records or ask questions. Once done, Trillium would write a letter telling the member about what they found during the investigation.

Mr. Welbourne emphasized that member privacy was very important. Trillium and doctor or person involved could not act against the member for filing a complaint. He shared that Trillium would not tell anyone about the complaint unless the member asked them to.

Ms. Waltman said that a lot of what Mr. Welbourne shared was the same way PacificSource Lane County CCO handled complaints and grievances. She emphasized that the complaint could be about anything that dissatisfied the member. Complaints were important because it helps them improve.

Ms. Waltman asked what CAC members thought would help improve the system and make it less intimidating for members.

Ms. Reavis noted that things were more difficult in rural areas because everyone knew each other. She wondered if there was some type of alternative option was available. One idea would be if CCOs collected data on the most common complaints and addressed the most common complaints in a newsletter communication that would keep people up to date. This would let people know that the CCO was aware of the issue and making a change. Ms. Reavis asked if members were supposed to go to their provider's to complain or straight to the CCO. Ms. Waltman told her they could go directly to the CCO. Mr. Welbourne agreed and added that by going directly to the CCO they could partner with the member and keep them updated through the investigation.

Ms. Parra inquired into if there were alternative ways of filling an appeal besides what they had mentioned. Ms. Waltman responded that complaints could be made via phone, mail, email, or via the CCO website. They were working on finding new ways to make a complaint that would include anonymous feedback. Mr. Welbourne agreed and emphasized that informing the CCO of the issue was the most important aspect. This way they could make changes to address it, even if they did not know who the member complaining was.

Ms. Edelman asked if someone could make a complaint in another language if they needed to. Ms. Waltman replied that if someone reaches out over the phone, they could immediately connect with a translator who could help. The same can be done with a written complaint. She said that these services were always available. Mr. Welbourne said that those options were available at Trillium as well.

Ms. Hatteras wanted to know if complainants were kept private and not brought up to poorly effect the client. Ms. Waltman stated that if someone did not want to give their member information that was fine. She said that the CCO needed that information to fill out the report and monitor the complaint process. This was a state requirement. If someone was unwilling, they would do what they could but could not keep the person updated on the complaint process. Mr. Welbourne said that they did anonymous complaints, but they liked to know who it was so they could keep them updated and follow-up if they had any other questions.

Ms. Reavis stated that access was a big issue at this time. Someone might only see their provider once a year, and making a complaint makes it harder to find someone new. She said that people needed support in finding a new doctor quickly. This was also an issue in smaller communities where there were only a few doctors' offices. Mr. Welbourne told her that they did what they could to support people. They worked as fast as they could to reassign someone and address the issue.

Nat Jacobs like that suggestion of having more anonymous mechanisms for feedback. They asked if there was anything like that that currently existed and could be used in rural communities. Mr. Welbourne told them that they had anonymous complaints as an option. Online forms were available on their website and any identifying information could be left off. Ms. Waltman said that they were exploring anonymous feedback options available on the website. If someone called and did not want to share information, then they still took in the complaint.

Ms. Reavis said that there was a period when you applied for the Oregon Health Plan before it got to the CCO. People would think that they were covered even when they were not because the information was still being processed. She said that it created a problem where they had to spend a lot of time getting bounced around between departments and organizations. Ms. Reavis wanted to know how long it took for them to get put into the system. Ms. Waltman wanted to have someone come and talk to the CAC about the process. Ms. Edelman said that she would add it to the list of topics. Ms. Busek thought they should also get someone from OHA, as well as from the CCOs.

Mr. Ewbank asked what the CCOs thought constructive side of their complaint process was. He asked if they would talk to the person the complaint was made against or if they just fired them. Ms. Waltman replied that their ability to forge relationships was an important part of the process and allowed them to have learning opportunities. Mr. Ewbank asked if there was a follow up educational process where people learned about such things as gender identities and racial issues. Ms. Waltman said that PacificSource was focused in 2021 on educating their team and updating materials. Ms. Godon-Bynum said that last year they rolled out trainings on implicit bias and LGBT+. These were recorded webinars and were available to view as well as live trainings.

Ms. Parra noted she had went to the doctor with her mother, who was almost completely deaf. She said that there were many instances in which her mother was excluded at her own appointment. Ms. Parra said that people wanted to maintain their independence and thought more training on this issue could help. She noted that once she pointed out issues to providers they did better. Mr. Welbourne said that partnerships were very important when it came to training and learning about issues in the community.

Ms. Hatteras noted that sometimes people did not make a complaint because they were worn down by the issues that already happened. If someone did not think the system would help, they would feel like it was a waste of time. Ms. Thurston agreed and said that many people worried about if it was worth the complaint if they lost their doctor. She said that CCOs sending letters saying how long the process would take and that their complaint was being investigated would help. If you make a call and never hear anything back it might feel like nothing was done.

Ms. Devorak wanted to see more doctors of color in the system.

Ms. Thurston wanted there to be more trainings on everything, including hearing impaired individuals, LGBTQIA+, Latinx, seniors, and disabled individuals. Ms. DeVee wanted trauma informed care to be included as well. Ms. Pehaim from Trillium said that in the last year they had everyone take a trauma informed care training.

Ms. Edelman said that they were running out of time and would need to talk more about potential solutions at a later meeting.

## **VII. Adjournment**

Ms. Hatteras adjourned the meeting at 2:04 p.m.

*(Minutes recorded by Lydia Dysart)*