Lane County Coordinated Care Organization (CCO) Community Advisory Council (CAC) Meeting

Remote Meeting via Zoom November 22, 2021 Noon-2pm

PRESENT

CAC Members: Tara DaVee (Trillium OHP representative), Drake Ewbank (PacificSource OHP representative), Val Haynes (Head Start of Lane County), Chris Hanson, DMD (Trillium Clinical Advisory Panel), Silver Mogart (Trillium OHP representative), Michelle Thurston (Trillium OHP representative), Michelle Hankes (ShelterCare), Char Reavis (PacificSource OHP representative), Tannya Devorak (PacificSource OHP representative), Caity Hatteras (Trillium OHP representative), Michele Haga (PacificSource OHP representative), Todd Hamilton (Springfield Public Schools), Everett Bork (PacificSource OHP representative), Carla Tazumal (Lane County Developmental Disability Services), Mary Ann Wren (Advantage Dental), Josephine Williams (PacificSource OHP representative),

Attendees: Kayla Watford (Lane County CCOs, Prevention), Teresa Coppola (Lane County CCOs, Prevention), Jacqueline Moreno (Lane County CCOs, Prevention), Rebecca Donell (Oregon Health Authority), Cindy Fisher (Capitol Dental Care), Adria Godon-Bynum (Lane Community Health Council), Rhonda Busek (Lane Community Health Council), Debi Farr (Trillium Community Health Plan), Robert Phillips (Trillium Community Health Plan, Tribal Liaison), Marissa Lovell (Lane County CCOs, Prevention), Katharine Ryan (PacificSource Community Solutions), Leilani Brewer (PacificSource Community Solutions), Mark Buchholz (PacificSource Community Solutions), Erin McIntyre (Trillium Community Health Plan), Demond Hawkins (Trillium Community Health Plan), Sara Ohrtman (PacificSource Community Solutions), Kellie DeVore (PacificSource Community Solutions), Connie Riffle (PacificSource Community Solutions), Brandie Thielman (Trillium Community Health Plan), Susan Martin (Rural Advisory Committee, Reedsport representative), Sheila Wegener (Oregon Department of Human Services representative), Ana Maria Dudley (Rural Advisory Committee Cottage Grove representative)

I. Welcome and Introductions

Char Reavis (CAC Co-Chair) opened the meeting. CAC members shared their names, pronouns, and affiliations with the group. Guests and staff shared their names, pronouns, and affiliations in the chat.

- **a.** Rhonda Busek introduced new staff member: Adria Godon-Bynum, Lane Community Health Council.
- **b.** Debi Farr introduced new staff member: Demond Hawkins, Trillium Community Health Plan.

- II. Public Comment: There was no public comment.
- III. Pharmacy and Medication Concerns: Char Reavis and Kayla Watford informed the group that this topic was added to the agenda due to the urgency of the situation. The group was asked if they had experienced any challenges with getting their prescriptions filled at the local pharmacies, especially now that Bi-Mart was closing their pharmacies. Everett Bork said he had gone 5 days without a medication. Michelle Thurston said she had to call in her medications about 10 days in advance due to the pharmacies being overwhelmed with Covid vaccinations/testing, and taking over Bi-Mart customers. Silver Mogart mentioned that a relative had experienced 'Covid arm' (inflammation after receiving the Covid vaccination), and had not been able to access help very easily. Drake Ewbank commented on the inability to get a Covid booster shot until late December and that Safeway pharmacy is not answering their phones. Tara DaVee said some brands and dosages are out of stock, causing delays. Char let people know that in Florence, Bi-Mart had closed their pharmacy, Rite Aid had lost their pharmacist and had to close, and Safeway is overwhelmed. She had to go 5 days without a vital medication. Debi Farr said that due to the pharmacies being overwhelmed in Lane County, there is an average 4-day delay in getting medications filled.
 - Trillium contact information (provided by Debi Farr): Lane/Linn/Douglas: 1-541-485-2155, Toll-Free: 877-600-5472, TTY: 711, Fax: 866-703-0958, Complaint Hotline: 1-877-367-1332.
 - PacificSource contact information (provided by Connie Riffle): 503-210-2515 or toll free 800-431-4135. Connie also said there has been a temporary order placed that pharmacies must communicate hours and availability to OHP members. Safeway not answering their phones was mentioned again.

Suggestions for obtaining Covid booster vaccinations included: White Bird is taking walk-ins (Mondays 12-3pm); Nurturely is offering a vaccine clinic on December 1st; Safeway in Springfield is taking walk-ins and may not be as busy during the week; and, the Lane Community Health Council has a calendar where you can find vaccine clinics, including booster shots with Moderna.

https://www.lchealthcouncil.org/pec-events/booster-vaccine-clinic-moderna-lane-events-center/1638266400/

IV. Process: Routine Minutes and other Approvals

- a. Approval of Minutes: Silver Mogart made a motion that the CAC approve the October minutes. Everett Bork seconded the motion. The October minutes were unanimously approved.
- b. Trillium Community Health Plan Innovation Fund (Debi Farr): Debi mentioned that she, Tara DaVee, Michelle Thurston and Caity Hatteras had looked over the 19 requests for grants through the Innovation Fund to discuss a plan for review/scoring. Total grant requests were for more than the \$125k allocated. All of the proposals looked good, so they are going to take the time to thoroughly review each one of them and rank from 1-19. Final recommendations will be shared for approval at the December CAC Winter Celebration meeting.

c. Workgroup/Committee Charters (Kayla Watford):

- i. Summarize proposed revisions: Kayla shared the Prevention Workgroup Charter as an example of the updates being made to each of the CAC committee charters. Staff have been moved to the Roles & Responsibilities section (rather than in the Membership section) to further clarify who are voting members in each committee and workgroup. Decision Path & Authority and the Membership sections were also updated and reviewed.
- ii. CCOs are reviewing updates to Charter language (to be approved by the CAC in January). For now, the CAC Handbook will not include the Committeee/Workgroup Charters, but once approved, the Charters will be made available.

V. Updates

a. Meeting packet materials

- i. OHA updates: Rebecca Donell informed the group that a new Innovator Agent will be working in Lane County, whose name is Senna Towner. Rebecca reminded everyone about the upcoming learning series hosted by OHA's Transformation Center. OHA has also released the final policy concepts for the Medicaid Waiver. These will be the basis for the application to the federal government to focus the Oregon Health Plan on achieving health equity. OHA welcomes feedback on the policy concept papers at any time via email at 115.WaiverRenewal@dhsoha.state.or.us. In December, OHA will conduct a formal public comment period on the waiver application. A full calendar of public meetings is available on the webpage https://www.oregon.gov/oha/hsd/medicaid-policy/pages/waiver-renewal.aspx
- ii. CAC/CAP written updates: Kayla Watford reminded people that the CAC and Clinical Advisory Panel written updates were sent out with the agenda email. There were no questions from the group.

b. Board Updates

- i. Trillium Community Health Plan: Tara DaVee mentioned that the Prevention Plan was approved. Jacob Fox gave a report on the Commons on MLK and the Frequent User Systems Engagement (FUSE) program.
- **ii. Lane Community Health Council:** Tannya Devorak reported that new CAC members were welcomed and the Prevention Plan was approved.

c. CAC Workgroup/Committee actions needing approval

i. Updated CAC application for approval: Kayla Watford shared the Health Equity Committee planning group's efforts to update the CAC application to support committee recruitment. Char Reavis requested that age be listed differently, possibly as a range. Caity Hatteras and Michele Haga volunteered to review the draft application and provide feedback. Trillium Community Health Plan, Lane Community Health Council, and PacificSource Community Solutions will also review.

- **ii. Seeking new members for the Rural Advisory Committee:** Please refer interested individuals to Kayla Watford.
- iii. Upcoming Health Equity Committee Meet & Greet, December 2 from 4pm-5:30pm: Silver Mogart provided an overview of the upcoming Meet & Greet session. Everyone is invited to come and/or invite people from their communities whom they have relationships with to join.

VI. CCO Presentation: Value-Based Payments

a. Katharine Ryan (PacificSource) and Brandie Thielman (Trillium) presented a slide show on Value-Based Payments (VBP). The goal with this type of payment is to improve care and outcomes, as well as to lower cost. Fee for services is the traditional billing for payment. VBP allow providers to offer services that they can't directly bill for through the fee for service model. OHA is moving forward with this type of payment through a slow, year-by-year process of increasing the number of agreements with providers. In addition, increasing agreements with providers in five specialty fields are a target during CCO 2.0 (Behavioral Health, Maternity Care, Hospital Care, Children's Care, and Oral Health Care). There were many questions and some confusion about the VBP model. It was proposed there be additional time made for exploring and understanding this change in payments. See slides in Appendix.

VII. CCO Discussion: Culturally & Linguistically Appropriate Services

Leilani Brewer (PacificSource) and Demond Hawkins (Trillium) presented a slide show on Culturally & Linguistically Appropriate Services (CLAS). Leilani shared that in Plain Language trainings, the first thing they teach you is that writing in plain language is not about "dumbing things down" or having low expectations. Plain language is really the way we speak to each other and that should be reflected in our materials. Things like removing jargon, only including what that person needs to know and spelling out acronyms are some ways to make a document plain language. A question that came up was if materials are evaluated for CLAS *after* being translated into another language and Leilani confirmed that this is done. Other questions can be directed to Leilani.brewer@pacificsource.com

VIII. Winter Celebration: After receiving lots of responses to our Doodle poll for the best date in December to meet, we've landed on holding the Winter Celebration on December 22nd, from noon-2pm (on Zoom). Be prepared to bring snacks and/or lunch meal to share good food and good company.

ACTION ITEMS:

- Debi Farr will bring the list of nominated grantees of the Trillium Innovation Fund to the CAC Winter Celebration meeting in December for approval.
- Kayla will bring the Charters back to the CAC for approval in January.



Value-Based Payments: What does it mean for members?

What are Value-Based Payments (VBPs)?

- The goal of VBPs is better care and lower costs for care.
- Fee for Service = amount of service / VBPs = value of service
- Encourage providers to offer services that they can't directly bill for.
 - ~ Better experience for members and providers ~

Value-Based Payments and CCO 2.0

CCO 2.0 contract includes VBPs in two ways:

- Increasing the number of VBPs offered to providers each year
- Adding types of VBPs in five "Care Delivery Areas"
 - Maternity
 - Behavioral health
 - Hospital
 - Children's care
 - Oral health care

Behavioral Health Integration - PacificSource

- Opportunity: During primary care visits, doctors may find a need to connect members with behavioral health providers. Making that connection is more likely if it can be made right away, in the same office.
- Problem: Under fee for service, clinics can't bill for time that they are not seeing patients, so it is hard to pay for a behavioral health provider to be there when needed.
- Role of VBP: Pays for the availability of a behavioral health provider at the doctors office.
- Discussion: How might this improve care? Are there any possible problems with this structure to support behavioral health integration?

Primary Care VBP - Trillium

- Opportunity: Give primary care physicians more control while reducing barriers to provide better patient care. Offer a financial bonus for high quality outcomes. Ensure necessary care is not withheld and focus on preventative services.
- Problem: Fee for service does not pay primary care doctors for care coordination and better quality.
- Role of VBP: Monthly payment to care for members and quality bonuses.
- Discussion: How might this improve care and lower costs? Are there any possible problems for members in this model?



Culturally and Linguistically Appropriate Service Standards (CLAS)

Today we will look at:

- Main CLAS standard
- Community role in CLAS
- What is Culture?
- What is Health Literacy?
- PacificSource CLAS work
- Trillium CLAS work

National CLAS Main Standard

All healthcare organizations should provide care and services that are:

- Fair
- Easy to understand
- Respectful

National CLAS Main Standard

Keeping the following in mind:

- Diverse cultural health beliefs and practices
- Languages spoken
- Health literacy
- Communication needs

CLAS Framework

<u>Community role:</u> to understand the right to accessible and appropriate health care and to advocate that providers offer it.

- The 15 standards are broken up into 3 sections.
- Find out more by watching this 7-minute video

https://www.youtube.com/watch?v=O6xOLto2t6w

What is Culture?

- Personality
- Inside influences
 - Childhood (religion, class), age, race, ethnicity, gender, sexual identity, ability
- Outside influences
 - Where you live, relationships, parent, income, beliefs, education, interests
- Organizational influences
 - Where you work and your title, union affiliation, work location

What is Health Literacy?

The ability to understand health information to make decisions.

54%

U.S adult population

literacy below 6th grade level



CLAS Across PacificSource: Communication and Language Assistance

- Improving use of plain language
- Native speaker document reviews to improve translations
- Preferred language card and interpreter flyer efforts
- Gender inclusivity

CLAS Across PacificSource: Leadership, Governance and Workforce

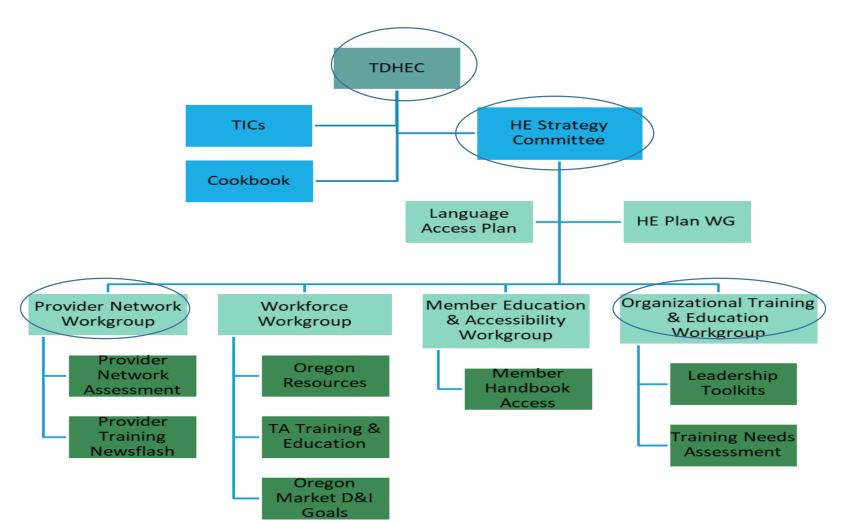
- Dedicated leadership
- DEI Team (includes Tribal Liaison)
- Cultural responsivity and implicit bias training
 - Mandatory for all PacificSource employees
 - Available to all Medicaid providers

CLAS Across PacificSource: Engagement, Improvement and Accountability

- Culturally appropriate grievance & appeals processes
- PacificSource assessment to find opportunities
- Data dashboards
- Regular council, coalition and community partnerships to share feedback on our work

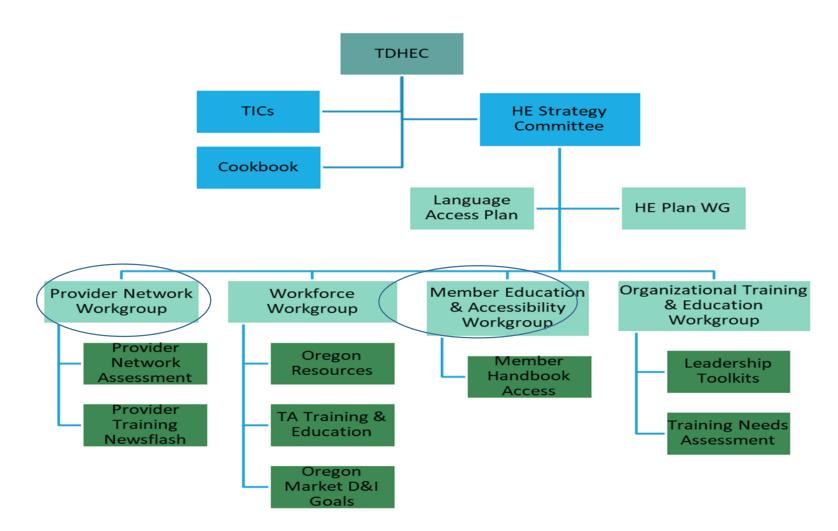
CLAS Across Trillium

Engagement, Continuous Improvement, and Accountability:



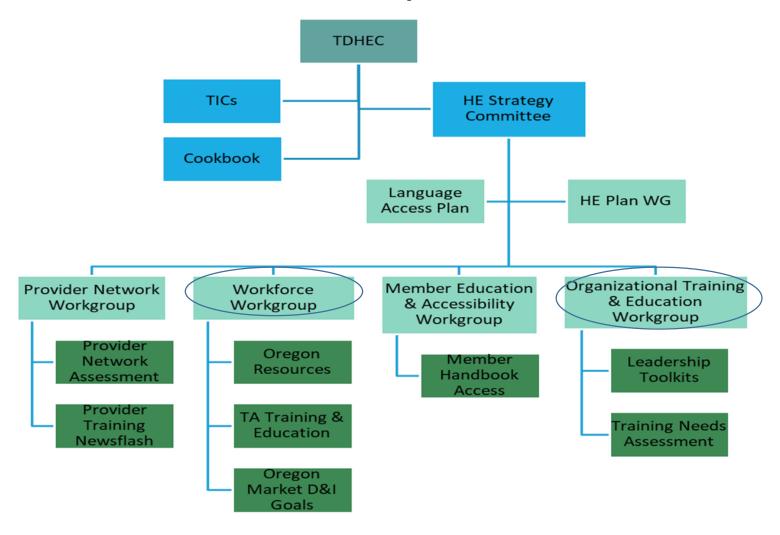
CLAS Across Trillium

Communication and Language Assistance



CLAS Across Trillium

Governance, Leadership, and Workforce



Discussion

 Are these updates helpful? If so, how often do you want these CLAS updates from us?

 What information would be helpful to share with the Health Equity Committee?