



Lane Community Health Council

Lane Community Health Council Board

June 14, 2022

7:00am-9:00am

Virtual Meeting

Minutes

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

Absent: Ms. Meredith Nelson, McKenzie Willamette Medical Center; Dr. Kevin Modeste, Northwest Surgical Specialists.

Guests: Dr. Mark Buchholz, PacificSource; Ms. Kari Patterson, 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; Mr. Awab Al-Rawe, Oregon Health Authority.

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 7:06 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 May 10, 2022 Minutes Lane Community Health Council Board Meeting and Approval of May 10, 2022 Annual Meeting Minutes:**

Dr. Allan presented the minutes from the previous LCHC Board Meeting and LCHC Annual Meeting for review and approval. **It was moved and seconded to approve both sets of minutes as presented. The motion passed unanimously.**

- **LCHC Financials:** No questions or discussion.
- **CCO Director Report:** No questions or discussion.

3. Finance Committee Update

Ms. Erin Fair Taylor briefly discussed the Cost of Care Report in development that will address overall costs and utilization of PacificSource Lane County CCO. The LCHC Finance Committee has begun to discuss the data and are looking for opportunities to engage in better outcomes and management of costs. PacificSource staff will continue to work with the LCHC Finance Committee and will start to work with the Clinical Advisory Panel as it relates to clinical

outcomes and evidence-based practices. It is expected that recommendations may emerge from both discussions.

4. Follow-up LCHC Strategic Planning –CCO Governance

The LCHC Board members participated in a Board Competency Evaluation Process prior to the June LCHC Board meeting. Ms. Busek noted the evaluation process consisted of the Competency Survey, compilation of the data and identification of deltas between data points related to importance of competency to Board, how strong is the board as a body in these areas and strength of individual members in these areas.

In discussing the most important competencies to the LCHC Board, the following observations were made:

- Unexpected that Healthcare Transformation and Public Health were lower on the ranking of importance because both competencies could be considered to be part of the role of the LCHC Board in relation to the Quadruple Aim and being a vehicle for population health activities.
- Expected that Health Equity, Community Focus and Development, and Social Determinants of Health were included in top competencies.
- Data does not limit or obligate focus of the LCHC Board.

In discussing the current competencies of the LCHC Board as a governing body, the following observations were made:

- Governance emerged as top competency of the LCHC Board as a body. Oversight was noted most important competency to the Board.
- Challenging to consider full concept of healthcare as it relates to each competency.
- Suggested to consider larger view of population in relation to healthcare and identify areas to focus.
- Is the LCHC Board driving the CCO in the appropriate direction?
- Consider getting input from the community including those with relationships to CCO either as consumer, provider, or community organization.
- Important to engage the Community Advisory Council.
- Opportunity to engage with consumers and community organizations as it relates to Community Focus and Development, Social Determinants of Health, and Healthcare Transformation. Utilize consumer voice.
- Accountable Care Act (ACA) changed the delivery of primary care. Previous models of care were driven by sick patients. New models of care related to ACA created different mindset with focus on patient wellness and population health.
- Transformation of healthcare focuses on continued success of ACA.
- Social Determinants of Health (SDOH) are huge driver of cost of care and unwellness. To continue transformation, need to remain focused on SDOH.
- Healthcare transformation is currently driven by those organizations that can financially incentivize provider performance. This LCHC Board has limited ability and limited dollars.
- Acknowledgment that the Board has a role as a “connector” in the community~ connect the dots to support community needs. The LCHC Board is the “middle body” of multiple driving forces and can be connector of driving forces.
- Focus on learnings and what LCHC Board can do better.
- Alignment and leveraging of role of LCHC Board as Governing Body.
- Get specific about transformation and challenge PacificSource to partner in and support identified changes.

In discussing the current competencies of the LCHC Board members as individuals , the following observations were made:

- Use shared learnings to promote competencies.
- Review areas of competency and identify areas for capacity development.
- Utilize lived experience of LCHC Board members – share successes/failures as it relates to discussions.
- Consider Health Equity – are we asking the right questions of both consumers and providers?

Proposed Next Steps:

Ms. Busek will create a plan that will:

- Look at current Board competencies and consider when recruiting for open Board member positions. Identify areas to strengthen Board.
- Consider and Identify opportunities for Board trainings through shared learnings.
- Find ways to expand and include learnings in Board orientations.
- Move forward on process to fill Rural Position.

5. Future Meetings

- July/August meeting: Ms. Busek will survey Board members to determine whether the July or August Board meeting will be cancelled for Summer Break.
- Virtual/In Person/Hybrid: Ms. Busek will work with PacificSource to schedule future board meetings beginning with the September 2022 Board meeting as an in person/hybrid meeting.

6. Community Advisory Council

Ms. Reavis reported on the current activities of the Community Advisory Council as noted below.

- The CAC members are meeting with the Lane County CCO Prevention Team to share their experiences serving on the CAC and to reflect on the impacts the CAC's Health Promotion and Prevention efforts have had on our community. Impact stories are being captured to inform Lane County's 10-year anniversary report. Member feedback will also help support staff in improving CAC member experiences overall.
- At the May CAC meeting:
 - An overview of the Healthier Oregon plan.
 - The Federal Public Health COVID-19 emergency declaration has been extended until October.
 - A summary of Lane County's annual Community Health Improvement Plan Progress Report was provided. The full report will be made available to the CAC in June and will be posted publicly to Trillium and Lane Community Health Council's websites once approved by OHA.
- Brief updates from the CAC's Workgroup and Committee efforts:
 - Prevention Workgroup: Presentation of LaneKids' implementation of the Triple P Positive Parenting Program.
 - Rural Advisory Committee: No proposals were received in response to the RFP for the South Lane Mobile Crisis Response pilot project. Lane County Health and Human Services will work with the community and other funders to develop a vendor to provide these services in South Lane. The initial planning group will be invited to explore next steps in early July.
 - Member Engagement Committee: Conversations to date have focused on overall access and rural barriers to non-emergent medical transportation (the CCOs top reported

grievance area). The CCOs shared current actions they are taking in response to NEMT-related grievances and welcomed the CAC's continued engagement in solutions.

- Board members were encouraged to prioritize at least one CAC meeting per year to learn about the important work the CAC is doing to inform the CCO and Health Council's efforts.

7. Clinical Advisory Panel

Mr. Johnston reported that the Clinical Advisory Panel (CAP) met in May. The CAP is currently recruiting for two new members. The final 2021 Quality Metrics were reviewed. A presentation regarding an introduction to the Statewide Performance Improvement Project was provided. The CAP is currently recruiting for membership on the Workforce Committee. In response to a request from the LCHC Board, the CAP began conversations related to patient engagement.

8. Adjournment

There being no further business, the meeting was adjourned at 8:25am.

Respectfully submitted

A handwritten signature in blue ink that reads "Rhonda J. Busek". The signature is written in a cursive, flowing style. Below the signature is a horizontal line.

Rhonda J. Busek
Executive Director and Secretary