



Lane Community Health Council

Lane Community Health Council Board

October 13, 2020

7:00am-9:00am

Virtual Meeting

Minutes

Present: Dr. Steve Allan, Options Counseling and Family Services; Ms. Meredith Nelson, McKenzie Willamette Medical Center; Mr. Ken Provencher, PacificSource; Mr. Ron Hjelm, Community Health Centers; Mr. Tony Scurto, Lane Education Service District; Mr. Kevin Boie, Advantage Dental; Mr. Cliff Hendargo, PeaceHealth Medical Group; Ms. Karen Gaffney, Lane County Health and Human Services; Dr. Karen Weiner, Oregon Medical Group; Ms. Valerie Rapp, McKenzie River Clinic; Mr. John Johnston, Willamette Family Treatment Services.

Absent: Dr. Christine Kollmorgen, Northwest Surgical Specialists; Dr. Pilar Bradshaw, Eugene Pediatrics; Mr. Paul Solomon, Sponsors.

Guests: Ms. Lindsey Hopper, PacificSource; Mr. Brian Laing, PacificSource; Ms. Char Reavis, PacificSource CCO Community Advisory Council; Ms. Cindy Williams, PacificSource CCO Community Advisory Council; Ms. Kate Wells, PacificSource; Ms. Adria Godon-Bynum, PacificSource; Ms. Leah Edelman, Lane County Health and Human Services; Mr. Dustin Zimmerman, Oregon Health Authority.

Public: None.

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

- **Approval of September 8, 2020 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.**

3. Introduction of CAC Members

Dr. Allan introduced PacificSource Lane County CCO Community Advisory Council (CAC) members Ms. Char Reavis and Ms. Cindy Williams. Ms. Reavis and Ms. Williams briefly shared their experience as CAC committee members. Ms. Reavis and Ms. Williams were interviewed by Ms. Busek and Ms. Edelman. Ms. Busek and Ms. Edelman made a recommendation to Dr. Allan (chair) and Ms. Gaffney (co-chair) to approve the appointment of Ms. Reavis and Ms. Williams to the two LCHC Board positions designated for CAC members. **It was moved and seconded to approve the recommendation to appoint Ms. Reavis and Ms. Williams to the two LCHC Board positions designated for CAC members. The motion passed unanimously.**

4. Health Equity Plan

Ms. Wells and Ms. Godon-Bynum presented information on the PacificSource CCO 2.0 Health Equity Plan. Ms. Wells provided an overview of the Health Equity Plan consisting of the plan development process with an emphasis on focus areas that may include a governance role. Ms. Wells provided a brief overview of the Health Equity Plan Deliverables including the eight focus areas of the Health Equity Health Plan. Three focus areas were identified for discussion: 1) Demographic data (REALD) collection and analysis; 2) Meeting CLAS Standards operationally at PacificSource; and 3) Governance adopting and advancing CLAS standards. Ms. Wells further reviewed the process and timeline for the Health Equity Plan. Ms. Godon-Bynum reviewed the Community Engagement process utilized in partnership with Trillium Community Health Plan. Community Listening Sessions were scheduled in Eugene and included physical and behavioral health providers and clinical staff, interpreters, and OHP members or parents of members. Additional Community Listening Sessions were scheduled for the Lane Health Equity Coalition, the Joint Lane County CCO Community Advisory Council, and community service organizations representing diverse cultures, languages and abilities including Centro Latino Americano, Oregon Supported Living Program, and advocates and outreach workers of Lane County.

Ms. Wells provided additional information related to the focus area of demographic data (REALD) collection and analysis. The Board briefly discussed REAL D requirements in relation to COVID-19 testing. Ms. Nelson noted that it is extremely challenging for hospitals to provide data and may affect testing. Ms. Gaffney further noted that the data collection is a requirement and providers will need to find a way to meet the requirement without affecting access. Ms. Nelson further shared that the hospitals for the most part, collect a portion of the data but do not currently collect the data related to details of disability. Ms. Nelson further noted that hospitals face additional challenges in that the specimens for testing arrive without the patient and it can be challenging to get the additional information from “a specimen”. Ms. Nelson inquired if the CCOs could be the data source for the REALD data. It was noted that CCOs have the structure to distribute the data to their provider networks as well as a role in advocacy for both the member and provider impact. Ms. Reavis expressed concern with the amount of time required to enter data and inquired if this would impact member appointments in relation to shorter appointments or less access to appointments. Mr. Hjelm noted that recent experience shared by providers indicated that the process to submit the data took twenty minutes. Dr. Weiner noted that would impact providers’ work. Mr. Boie suggested that this workload could contribute to REALD fatigue through duplication of effort for a single patient by multiple providers. Ms. Gaffney suggested that aggregate data would be helpful to providers in training staff for efficiency and engaging with members. Ms. Nelson inquired as to what the role of LCHC might be. Dr. Allan suggested this would be a conversation for a future Board retreat.

Ms. Wells briefly reviewed operationalization of the Culturally and Linguistically Appropriate Standards (CLAS) by CCOs. Dr. Allan further suggested that Health Equity could be a topic of discussion at a future Board retreat. Ms. Gaffney noted that in LCHC’s role as the governing board for PacificSource Lane County CCO, it will be important to answer the question “why” for the community and message in a meaningful way to the community.

At the conclusion of the presentation, Ms. Gaffney inquired if the Health Equity Plan was intended to be specific to each Health Council and grounded in each community. Ms. Wells responded that the PacificSource Health Equity Plan is scaled across all regions and acknowledged that though there are parts of the plan that are standardized, there will be opportunities to tailor to each CCO.

5. Lane CCO Dashboard

Dr. Allan informed the Board that he, Ms. Gaffney, Mr. Provencher, Mr. Laing and Ms. Busek met to discuss future strategies for LCHC. One of the outcomes of the meeting was to begin

bringing the Lane CCO Dashboard report to the Board on a monthly basis to be reviewed by the Board.

The Board reviewed the Lane CCO Dashboard dated August 2020 included in the meeting packet. Mr. Laing noted that the report does not reflect the increase retroactive rate adjustment or provider stability payments. There continues to be a small steady growth in membership. The Board further reviewed Cost of Care, Access and Utilization, Focus on: Telehealth Running Counts, and Focus on: Telehealth Service Types portions of the Dashboard. It was noted that there was an increase in telehealth claims in April and May with a slow decrease in the months of May, June, July, and August. Ms. Gaffney noted that there has been increased client satisfaction noted as it relates to telehealth based on feedback from patients including decreased transportation and childcare issues. Mr. Laing reported that PacificSource is doing further analysis of current data to assess member experience. Mr. Provencher added that data has been received second hand that indicates increased satisfaction. Mr. Provencher further noted PacificSource would like to support and maintain telehealth as access point for patients when appropriate. Ms. Gaffney commented that in addition to member satisfaction, another factor to focus on is impacts on health and barriers to care. Mr. Provencher suggested that Mr. Laing share data on gaps in care as related to people who did not receive recommended screening services. Mr. Laing further suggested that benchmarking with other CCOs could be an additional data point.

Ms. Reavis inquired what happens when PacificSource is “overbudget” as indicated in the Cost of Care report. Mr. Provencher clarified that as the insurer, PacificSource would be responsible to cover the losses. Mr. Provencher added that this is a unique year with several unknowns and inconsistencies. Because models rely on consistency, the models are not working as expected. Mr. Provencher suggested that caution be used when looking at financials due to uncertainty.

Ms. Reavis further noted that some providers are doing increased telehealth while other providers are doing decreased telehealth and increased in-office visits. Ms. Reavis followed up with the question of whether there is an opportunity for conformity as it relates to access to telehealth. Mr. Provencher shared that PacificSource has received requests from some behavioral health to be able to provide 100% of services virtually. In response to the request, PacificSource is currently developing a policy for safety and access and researching how these types of services can be monitored on a long-term basis.

6. Clinical Advisory Panel

Mr. Johnson reported that the Clinical Advisory Panel met September 30th. Dr. Jocelyn Warren, Lane County Public Health provided an update on COVID-19 and the Flu noting the increased outbreaks and growing concern due to the notable increase in COVID -19 cases. Mr. Johnson further noted that the goal as related to flu vaccinations is to have vaccinations completed by October 31st. The Clinical Advisory Panel further discussed REALD implementation and plan to continue the conversation at the next Clinical Advisory Panel meeting in which Oregon Health Authority staff will be in attendance and providing additional information and guidance.

7. Finance Committee Update

- A. Finance Committee: Mr. Boie reviewed the Lane Community Health Council *Draft* Financial Statement and Supplementary Information for Month Ended August 31, 2020 and for the Period from January 1, 2020 through August 31, 2020. **It was moved and seconded to approve the Lane Community Health Council *Draft* Financial Statement and Supplementary Information for Month Ended August 31, 2020 and for the Period from January 1, 2020 through August 31, 2020 . The motion passed unanimously.**

- B. Community Impact Workgroup: Ms. Nelson reported that the contribution to HIV Alliance for their Needle Exchange Program has been delivered. Ms. Nelson noted the appreciation of HIV Alliance for the contribution. Ms. Nelson further noted that the application for the housing education grant opportunity was sent to invited housing organizations. The applications are due November 2nd. The Community Impact Workgroup will be reviewing applications mid-November with the expectation of having decisions made by end of November/beginning of December.

Ms. Nelson reported that the Community Impact Workgroup discussed potential options for distributions of Community Quality Pool funding for the month of August. The Community Impact Workgroup voted to recommend to the LCHC Board that the August Community Quality Pool funding be combined with the July Community Quality Pool funding to be directed to the housing project. **It was moved and seconded to approve that the August Community Quality Pool funding be combined with the July Community Quality Pool funding to be directed to the housing project . The motion passed unanimously.**

8. Community Advisory Council

Ms. Reavis reported that the Joint Lane County Consumer Advisory Committee (CAC) met September 28th and discussed the Lane County Community Health Improvement Plan. The CAC was divided in two different groups and specifically discussed Strategy 1 of the Community Health Improvement Plan related to supporting economic development that ensures sufficient income and affordability of basic living costs. Ms. Reavis and Ms. Busek noted that the three main themes brought forth by both groups were safety of housing and lack of access to transportation and childcare. Ms. Reavis further reported that the Rural Advisory Council (RAC) met earlier in September and discussed dental issues and concerns regarding filing of complaints with CCOs. These two topics will be addressed at the next RAC meeting.

9. Board Retreat

Dr. Allan briefly discussed the potential of a Board retreat. There was agreement among Board members to schedule a Board retreat. The intent of the retreat will be to identify future strategies and develop ideas for implementation and continuity of strategies. Options for scheduling were discussed including 2 hour blocks in the morning and the afternoon over contiguous days. Ms. Busek will identify potential options and send to Board members for response.

10. Adjournment

There being no further business, meeting was adjourned at 8:55 a.m.

Respectfully submitted



Rhonda J. Busek
Executive Director and Secretary