



## Lane Community Health Council

Lane Community Health Council Board

November 10, 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; Dr. Christine Kollmorgen, Northwest Surgical Specialists; Dr. Pilar Bradshaw, Eugene Pediatrics; Mr. Paul Solomon, Sponsors; Ms. Char Reavis, PacificSource Consumer Advisory Council; Ms. Cindy Williams, PacificSource Consumer Advisory Council.

**Absent:** None

**Guests:** Ms. Lindsey Hopper, PacificSource; Mr. Brian Laing, PacificSource; Ms. Leah Edelman, Lane County Health and Human Services; Mr. Dustin Zimmerman, Oregon Health Authority; Ms. Trudy Townsend, PacificSource.

**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 October 13, 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. Update on Board Retreat

Ms. Busek reported that Ms. Diana Bianco has agreed to facilitate the Board retreat scheduled for January 5, 2021 through January 8, 2021. Ms. Busek will be working with Ms. Bianco on the agenda for the retreat. Ms. Busek asked LCHC Board members to share potential discussion topics for the Board retreat. The following topics were suggested:

- Work to reconnect the LCHC Board to current work and identify main actions to take in the community in 2021.
- Take an inventory of community partners to assist in creation of a Community Information Exchange.
- Work with the healthcare community to identify those areas to “shore up”. Consider creative ways to recruit and retain.
- Reflect on working together in new virtual environment.

- Consider effectiveness of current work. Identify metrics to measure success and how to move dial.
- Consider ways for the LCHC Board as the CCO Governing body to become more effective and strategic; able to drive solutions.
- Consider a plan for Board members to attend a CAC meeting to meet CAC members.
- Board training.
- Future work in coordinating with other CCOs.
- Look at partnerships in the community – increase coordination.

#### 4. Training Requirements

Ms. Townsend presented a review of CCO 2.0 training requirements. Priorities identified as part of CCO 2.0 include Behavioral Health and Health Integration efforts; Social Determinants of Health and Equity; Value-Based Provider Payments; Health Information Technology and Health Information Exchange; and Meaningful Community Engagement with CCO members, health care providers, and stakeholders. Ms. Townsend reported that as it relates to Health Equity, PacificSource CCOs must train Governing Boards (Health Councils), PacificSource Leadership, and PacificSource Staff. As a part of training, CCOs must require the Provider Network, the Provider Network staff and subcontractors to access cultural responsiveness and implicit bias training that complies with OHA requirements. Ms. Townsend further reported that Health Equity Training should include the following components:

- Implicit bias training;
- Cultural responsiveness;
- Language access;
- CLAS Standards;
- Real+D Data;
- Universal access and accessibility;
- Health Literacy.

Ms. Townsend reiterated that OHA requires CCOs to report on trainings provided and providers must report on trainings completed. Currently, PacificSource is building the infrastructure of a Training and Facilitation program with the goal of “moving the dial on SDOH and Health Equity and Behavioral Health”. Ms. Townsend reported that Year #1 will include building an infrastructure for training and meeting CCO 2.0 requirements. Year#2 will include perfecting processes, assessing training needs, developing community partnerships, meeting requirements and expanding learning. Year #3 will include increasing complexity of training, deepening of learning outcomes, and improving impact measurement. Mr. Hjelm inquired as to how PacificSource might coordinate with Trillium Community Health Plan as both CCOs have the same requirements for the same provider community. Ms. Townsend noted that Year #1 was focused on infrastructure and further noted that there is more work to do in coordinating with Trillium Community Health Plan and other CCOs in the State. She reported that providers can utilize other training opportunities to meet the training requirement. Ms. Townsend noted that PacificSource would accept other trainings acquired through other sources. Ms. Townsend further discussed available opportunities for the Health Council to use training as a strategy including: implementation of strategic plans; re-investment of funding to support community/regional initiatives; addressing regional concerns; and monitoring data to identify trends, educate partners, and drive change. Ms. Townsend completed the presentation with information regarding trainings for Cultural Responsiveness and Implicit Bias. Both trainings will be required for LCHC Board members. Ms. Townsend will work with Ms. Busek to facilitate training of Lane Community Health Council Board members and to collect information from Board members who have already completed the identified trainings.

## 5. Lane CCO Dashboard

The Board reviewed the Lane CCO Dashboard dated October 2020 included in the meeting packet. Mr. Laing noted total current membership for PacificSource Lane County CCO is 68,707 with approximately 65% adults. Telehealth services continue to grow with over 154,000 telehealth claims paid with the majority being behavioral health related. Over 20,000 CCO members have received at least one telehealth service. Telehealth, though highly utilized, is starting to decrease in utilization. Mr. Laing reviewed the Cost of Care data reflective of cost of care through the end of August. As noted previously, the retroactive rate adjustment and provider stability payments are not reflected in the cost of care data. The provider stability payments will flow into expenses and claims data at the bottom of the report. Mr. Laing further reviewed the cost of care in relation to budget. It was noted that when compared to other PacificSource CCOs, PacificSource Lane County CCO has an older population with average age of 42.5 years compared to 41 years in other CCOs. Lane County CCO has a slighter higher rate of diabetes of 4.7% when compared with other CCOs' rate of 4.4%. A similar higher rate for asthma of 3.0% was noted for Lane County CCO when compared to a rate of 2.0% for other CCOs. Emergency care pmpm costs for Lane County CCO were \$28.72 when compared to rate of \$17.00 for other CCOs. It was similarly noted in inpatient care pmpm cost of \$66.00 when compared to other CCOs at \$45.00. Lane County CCO pmpm cost for mental illness was \$51.70 when compared to others CCOs' cost of \$39.11.

Mr. Laing reported he is currently working with Lane County Medical Director Dr. Mark Buchholz to look at other comparison data including hospital readmission rates and access and utilization to identify care gaps related to preventative care and screenings. Mr. Laing asked the Board if there were other areas and questions they would like addressed. Mr. Solomon inquired if there was any indication as to why the pmpm numbers are higher than other CCOs. Mr. Laing reported that he is working further with Dr. Buchholz to further review experience and drivers. Mr. Hendargo inquired if the use rate per 1000 was also higher or was it comparable to other CCOs? Mr. Laing noted the use rate is relatively similar. Ms. Reavis inquired if the reason for the higher emergency room utilization in Lane County was known. Ms. Reavis further noted that several rural areas do not have urgent cares and if that could be the cause. Mr. Laing responded that staff is currently analyzing emergency utilization data with the goal of identifying strategies to address. Mr. Provencher added that data can take 6 months in normal times to stabilize. With COVID-19, it could take longer for the data to stabilize due to deferred care and other effects of COVID-19. Dr. Allan inquired if the cost of care data was the same as medical loss ratio or net of administrative cost ~ is the goal to have 90% MLR? Mr. Provencher responded that the goal would be to have the MLR in the range of 90%. Mr. Provencher further noted that retroactive rate increase is not included in this data and reminded the Board of the caveats from the earlier conversation.

## 6. Clinical Advisory Panel

Mr. Johnson reported that the Clinical Advisory Panel continues to address Social Determinants of Health. A presentation by OHA and Unite Us is scheduled for November 18<sup>th</sup>. A meeting has been scheduled for December 16<sup>th</sup> of the Joint CAP with PacificSource and Trillium Community Health Plan. Three members from each CCO's respective Clinical Advisory Panel have been identified to participate. The first two items to discuss are COVID-10 and REAL D.

## 7. Finance Committee Update

- A. Finance Committee: Mr. Boie reported that the Finance Committee is developing a proposed budget for approval by the Board at the December meeting. Mr. Boie reviewed the Lane Community Health Council *Draft* Financial Statement and Supplementary Information for Month Ended September 30, 2020 and for the Period from January 1, 2020

through September 30, 2020. **It was moved and seconded to approve the Lane Community Health Council *Draft* Financial Statement and Supplementary Information for Month Ended September 30, 2020 and for the Period from January 1, 2020 through September 30, 2020 . The motion passed unanimously.**

- B. Flexible Services Budget Request: Ms. Busek reported that a request was submitted to the LCHC Finance Committee at their October meeting for approval for PacificSource to spend at a variance of \$15,000.00 for flexible services due to increased request for flexible services due to the wildfires. The Finance Committee discussed the request and agreed to recommend that PacificSource be allowed to spend at a variance of \$15,000.00 for flexible services. Ms. Busek further noted that the intent was to bring the request to the October LCHC Board meeting but due to agenda length, the request was not presented. Because of the need to have the funding, Dr. Allan and Ms. Busek worked with Mr. Laing and gave preliminary approval for the funding until the discussion could occur at the November Board meeting. **It was moved and seconded to approve the recommendation to approve PacificSource's request to spend at a variance of \$15,000 for flexible services. The motion passed unanimously.**
- C. Community Impact Workgroup: Ms. Nelson reported that the workgroup will meet November 12<sup>th</sup> to make decisions regarding the applications for the Housing Project. Ms. Nelson will report back at the December meeting. Ms. Busek reported that Ms. Nelson and she were invited to attend a tour of the McKenzie River Area scheduled for Saturday, November 14<sup>th</sup>.

#### **8. Community Advisory Council**

Ms. Reavis reported that the Joint Lane County Consumer Advisory Committee (CAC) met October 26<sup>th</sup> and discussed access to oral health services. This discussion also occurred at the Rural Advisory Council (RAC). The discussion included access issues related to pediatric oral health services. The CAC further discussed the grievance process which will be discussed at the next RAC and CAC meetings. Ms. Reavis noted that she had discussed the 2020 CBI funds as it related to the housing project and HIV Alliance. The CAC did not have concerns.

Ms. Reavis presented the CAC charter for approval by the LCHC Board. **It was moved and seconded to approve CAC charter as presented. The motion passed unanimously**

#### **9. Adjournment**

Ms. Busek requested that Board members reach out if they have any other suggestions related to possible topics for the Board retreat. Mr. Hjelm requested an update on the expectations of OHA as it relates to Value Based Payment benchmarks and possible delays to reporting or changes in benchmarking. Ms. Hopper reported that there were minor changes. Mr. Provencher briefly discussed the workgroup that was convened to respond to SB 889. SB 889 was passed to limit the rate of growth of healthcare costs. One of outcomes of the workgroup is a recommendation to accelerate the transition to value based payments across lines of business.

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

Respectfully submitted



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Rhonda J. Busek  
Executive Director and Secretary