



# Lane Community Health Council

## Lane Community Health Council Board

December 8, 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. Tannya Comparte, PacificSource Community Advisory Council; Mr. Drake Ewbank, PacificSource Community Advisory Council; Ms. Wendee Crofoot, PacificSource Community Advisory Council; Ms. Lindsey Hopper, PacificSource; Mr. Brian Laing, PacificSource; Ms. Leah Edelman, Lane County Health and Human Services; Ms. Gretchen Horton-Dunbar, PacificSource; Ms. Diana Bianco, Artemis Consulting; Ms. Stephanie Jennings, Abode Community Consulting.

**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

#### o Approval of November 10, 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. Lane CCO Dashboard

The Board reviewed the Lane CCO Dashboard dated November 2020 included in the meeting packet. Mr. Laing noted total current membership for PacificSource Lane County CCO is 69,575 as of December 8, 2020. Mr. Laing reviewed Telehealth Service Running Counts. Mr. Laing noted that though telehealth utilization is showing decreases in utilization as patients are beginning to utilize in-office visits, there is close to 170,000 unique claims for telehealth with approximately 70% being behavioral health. Mr. Laing review the Cost of Care data noting that the retroactive rate adjustment and provider stability payments are not reflected in the individual data points for medical, dental and pharmacy but are incorporated into total expenses. Mr. Laing noted that Lane County CCO continues to be over budget at this time and acknowledged that the retroactive rate adjustment will impact the total expenses favorably. Mr. Hendargo inquired as to timing of the

retroactive rate adjustment. Ms. Hopper reported that the retroactive rate adjustment payments for Quarters 1, 2, and 3 will be included with the monthly capitation payments for October, November and December with Quarter 3 being processed first. Mr. Laing reviewed Access and Utilization and noted that Lane CCO has had a slight decrease in Emergency Department utilization. Mr. Laing further reviewed the Lane CCO in comparison to other PacificSource CCOs noting that the Lane CCO is in line with Central Oregon CCO and the Columbia Gorge CCO in relation to length of stay; readmission rates are slightly higher than other CCOs; and Emergency Department utilization is very similar.

#### 4. Workforce Development

Ms. Horton-Dunbar presented information related to provider workforce development CCO contract requirements including assessment of provider capacity and demographics; assessment of member demographics; development and implementation of an action plan to meet member needs for oral, behavioral and physical health care that is culturally and linguistically appropriate for the Lane CCO region. A workforce development assessment and plan with baselines, milestones, and timelines is due to the Oregon Health Authority annually beginning January 2021.

Ms. Horton-Dunbar further described PacificSource's timeline and approach for this work as noted below:

Sept-Oct 2020:	Conduct Provider Workforce Development Assessment
Oct-Nov 2020:	Assessment Socialization
Nov 2020	Action Plan Development and Alignment (internal)
Dec 2020:	Assessment and Action Plan Socialization (External)
Dec 2020:	Action Plan Finalization
Jan 2021:	Submit Assessment and Action Plan to OHA

Ms. Horton-Dunbar noted that this is an iterative process for both internal and external stakeholders throughout the timeline. Ms. Horton-Dunbar reviewed identified assessment data sources. Provider assessments were done to evaluate network adequacy and capacity; Language, Race/Ethnicity and Gender; and data gaps. Member Assessments were done to evaluate Language and Gender; Race and Ethnicity; and data gaps. Ms. Horton-Dunbar further discussed Lane County Member Disease Prevalence of Depression, SPMI, SUDs, Diabetes and Asthma. She reviewed data related to chronic conditions, birth rates, behavioral health, and health disparities. Ms. Horton-Dunbar reviewed the Action Plan Priorities including assessments and strategies. Ms. Gaffney inquired if the presentation was specific to Lane County CCO or was it related to all PacificSource CCOs. Ms. Horton-Dunbar noted that a full assessment has not been done of the Lane County Region. The presented report is a plan for PacificSource CCOs overall. Ms. Horton-Dunbar noted that PacificSource is looking to collaborate with the Health Councils in each region and identify what actions could be added to the plan specific to each region.

Ms. Horton-Dunbar concluded her presentation by calling out the "Top 5 Takeaways":

1. Improve the collection of member REALD data and provider demographic data, especially race/ethnicity and language.
2. Expand member access to Hispanic/Latino and/or Spanish speaking providers, particularly for Behavioral Health Services.
3. Identify and/or develop provider workforce pipeline projects in collaboration with community partners.
4. Develop provider training projects that improve the delivery of culturally and linguistically appropriate care.
5. Advance strategies that improve access to certified/qualified traditional health workers and healthcare interpreters.

Ms. Horton-Dunbar inquired if a Provider Workforce Development committee or subcommittee could be created with the goal of selecting and collaboratively implementing at least one partnership pipeline. Dr. Bradshaw noted the need for children's behavioral health providers and requested that those types of providers be considered in addition to Traditional Health Workers in terms of workforce as a priority. Ms. Horton-Dunbar agreed with Dr. Bradshaw regarding the need for behavioral health providers. Dr. Bradshaw further noted that the University of Oregon could be a partner in this work. Ms. Comparte noted the need for bilingual providers. Ms. Horton-Dunbar noted that PacificSource is looking at recruitment strategies related to bilingual providers to increase access. Ms. Horton-Dunbar further noted that PacificSource wants to focus on interpreters having more training in relation to behavioral health. Ms. Gaffney noted an underscoring of the huge need for children's behavioral health providers and bilingual and bicultural providers. Ms. Gaffney further offered that the County would be interested in helping develop a pipeline related to these topics. Ms. Reavis noted the need for a focus on the rural areas and the lack of access to providers. Ms. Busek noted the next steps will be further discussed by the Lane Community Health Council Board.

## 5. Clinical Advisory Panel

Mr. Johnston reported the Clinical Advisory Council and invited guests will be participating in an Unite Us demonstration on Tuesday, December 15<sup>th</sup>. Mr. Johnston further noted that the first Joint Clinical Advisory Panel meeting (CAP) with PacificSource Lane County CCO and Trillium Community Health Plan is scheduled for Wednesday, December 16<sup>th</sup>.

## 6. Finance Committee Update

- A. Jones and Roth Draft October Report: Mr. Boie reviewed the Lane Community Health Council *Draft* Financial Statement and Supplementary Information for Month Ended October 31, 2020 and for the Period from January 1, 2020 through October 31, 2020 and supporting information. Mr. Boie reminded the committee that the July and August QIM funds have been previously approved to be "buckled" with CBI funds designated for the Housing Education project. **It was moved and seconded to approve the Lane Community Health Council *Draft* Financial Statement and Supplementary Information for Month Ended October 31, 2020 and for the Period from January 1, 2020 through October 31, 2020. The motion passed unanimously.**
- B. 2021 Lane Community Health Council Budget: Mr. Boie and Ms. Busek reviewed the 2021 Lane Community Health Council budget. **It was moved and seconded to approve the 2021 Lane Community Health Council Budget as presented. The motion passed unanimously.**
- C. 2021 Lane County CCO Budget: Mr. Boie reported that the Finance Committee reviewed the 2021 Lane County CCO Budget. After discussion, it was agreed that more information including narrative, assumptions, and differences between 2020 and 2021 would provide more complete and clarifying information. The 2021 CCO Budget package with narrative, assumptions, and differences between 2020 and 2021 will be presented at the January LCHC Board meeting.
- D. Community Impact Workgroup: Ms. Nelson noted that the Community Impact Workgroup made a recommendation that was approved by the Finance Committee to recommend that the Lane Community Health Council Board approve the September 2020 Community QIM payment to be included in the funding for the Housing Education awards and buckled with the CBI funds. **It was moved and seconded to approve that the September QIM funds to be added to the funding for the Housing Education project. Mr. Solomon abstained from the vote due to conflict of interest due to Sponsors being an awardee of grant dollars. Ms. Reavis abstained from the vote due**

**to conflict of interest due to Homes for Good being an awardee of grant dollars The recommendation was approved with the abstention of Mr. Solomon and Ms. Reavis.**

Ms. Nelson reported that the Community Impact Workgroup received eight Housing Education applications. The workgroup did a detailed review of the applications. Ms. Nelson reviewed the summary of the scoring process and resulting scores. The workgroup made a recommendation to the Finance Committee for approval of the awards as presented. The Finance Committee approved the recommendation of awards for approval of the Board as follows:

Cornerstone Housing	\$60,000
Dev NW	\$60,000
Homes for Good	\$60,000
Laurel Hill	\$25,000
Siuslaw Outreach	\$15,000
Sponsors	\$60,000
Square One	\$15,000
St. Vincent De Paul	\$60,000
Stipends	\$1268.75
Total Funds	\$356,268.75

Ms. Busek introduced Ms. Stephanie Jennings, Abode Community Consulting who will be consulting for the Housing Education Community Collaborative. The committee further discussed the community collaborative that will be associated with the housing education project. Ms. Busek noted that the stipends recommended above would be for organizations who did not submit applications but would be valuable partners in the Community Collaborative. **It was moved and seconded to recommend approval of the awards and stipends as recommended by the Finance Committee. Mr. Solomon abstained from the vote due to conflict of interest due to Sponsors being an awardee of grant dollars. Ms. Reavis abstained from the vote due to conflict of interest due to Homes for Good being an awardee of grant dollars. The recommendation was approved with the abstention of Mr. Solomon and Ms. Reavis.**

Ms. Nelson further noted the workgroup discussed the October QIM funding. A recommendation was made by the Community Impact Workgroup that was approved by the Finance Committee to recommend approval by the Lane Community Health Council Board that the October QIM funding be directed to purchase \$50 gift cards through United Way to be distributed through Family Resource Centers associated with the school districts and the remainder of the funds be directed to Food for Lane County to purchase ethnic

foods to be included in food boxes for identified ethnic populations. **It was moved and seconded that the October QIM funding be directed to purchase \$50 gift cards through United Way to be distributed through Family Resource Centers associated with the school districts and the remainder of the funds be directed to Food for Lane County to purchase ethnic foods to be included in food boxes for identified ethnic populations. Mr. Scurto abstained from the vote due to conflict of interest with involvement of the School Districts. The recommendation was approved with the abstention of Mr. Scurto.**

#### **7. Community Advisory Council**

Ms. Reavis reported that the CAC met in November with a focus on the CCO Health Equity Report presented by both CCOs. Ms. Reavis further reported that Ms. Zammarelli presented the Community Resiliency Toolkit and website. Ms. Reavis noted that Ms. Busek worked on the toolkit with other members of the community. The CAC suggested that a link of this tool kit be included on the CCO Health Plan applications for members.

#### **8. Board Retreat Discussion/Update**

Ms. Busek introduced Ms. Bianco as the facilitator for the upcoming Board Retreat in January. Ms. Busek further introduced Ms. Cindy Williams, Ms. Char Reavis, Ms. Tannya Comparte, Mr. Drake Ewbank, and Ms. Wendee Crofoot of the PacificSource Community Advisory Council who are in attendance for a discussion with the Board as it relates to Strategic Planning.

Ideas shared to be considered during the Board Retreat included:

- A. Availability of translation services and bilingual services. Members who speak English should be able to request translation services to confirm mutual understanding.
- B. Consideration of insurance timelines for eligibility. There are current timelines before immigrants can apply for insurance coverage outside CAWEM that can be barriers to accessing prevention care.
- C. Translation of communication from organizations can be confusing and unhelpful and create barriers for the understanding of different dialects.
- D. Challenges for providers to get authorizations for services.
- E. Quality assurance and performance improvement are different. Quality control processes should be done by outside entities – consider consumers as part of process. Obtain authentic, unfiltered feedback from users of the services.
- F. Community-based care needs to be less expensive and more preventative which may not sit well with current billing/coding systems but could have a positive impact on consumer health.
- G. Use traditional health workers to serve as buffer to find populations underserved and parts of the population that are not able to navigate services well. Give the system a human face.
- H. Create incentives for members such as gym memberships for individuals who complete a Diabetes Class.
- I. If you want to make a difference – find providers who share the desire to make a difference.
- J. Peer support specialists to assist with individuals with diabetes. Assist with exercise, going for walks.
- K. Consider training behavioral health professionals in diabetes.
- L. Continue providing telehealth due to high rate of COVID-19 and after. Ensuring that healthcare providers who check patients in, confirm access to smartphone and computers to allow telehealth.
- M. Consider COVID burnout of consumer members. Encourage members to stay safe.

- N. PacificSource communication can be confusing with multiple use of the term "PCP". There are other examples of communications that can be made more understandable.
- O. Consider how translators/interpreters are being offered for telehealth and in person visits during COVID. With COVID, there are limitations to who can attend an appointment or hospital visit with a member.

**9. Adjournment**

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