

Lane Community Health Council

Friday, May 17, 2019

2:30-4:30

Minutes for Regular Meeting

Directors Present:

Dr. Steve Allan, Options Counseling and Family Services; Mr. Kevin Boie, Advantage Dental; Mr. Ken Provencher, PacificSource; Mr. John Johnston, Willamette Family Treatment Services; Dr. Karen Weiner, Oregon Medical Group; Ms. Valerie Rapp, McKenzie River Clinic (via phone); Ms. Meredith Nelson, McKenzie Willamette; Mr. Paul Solomon, Sponsors Inc.

Absent:

Mr. Ron Hjelm, Community Health Centers; Mr. Tony Scurto, Lane Education Service District; Dr. Jason Tavakolian, Slocum Center for Orthopedics and Sports Medicine

Guests:

Dr. Pilar Bradshaw, Eugene Pediatrics; Mr. Dave DeValk, MASS/NWHP; Mr. Mark Shalvarjian, Capitol Dental (via phone); Mr. Cliff Hendargo, PeaceHealth (via phone); Ms. Karen Gaffney, Lane County; Ms. Marian Blankenship, PacificSource; Ms. Lindsey Hoper, PacificSource (via phone); Ms. Leslie Neugebauer, PacificSource; and Ms. Linda Martin, PacificSource.

Legal Counsel:

Mr. Lance LeFever, Thorp, Purdy, Jewett et al

1. Call to Order, Introductions and Welcome

Dr. Allan called the meeting to order at 2:33 p.m. Introductions were made around the room.

2. Approve Today's Agenda

Dr. Allan reviewed the items on today's agenda, no changes were requested. The discussion on the JMA will be moved earlier in the meeting to accommodate Mr. LeFever's schedule. Ms. Gaffney asked for clarification regarding her participation on the Council, and Dr. Allan clarified that she is not a voting member but welcomed to attend the meeting.

3. Approve Minutes of April 8, 2019 from Lane Community Health Council

A motion was duly made and seconded to approve the minutes as presented.

4. New Council Member Adoption

Dr. Allan noted that Dr. Pilar Bradshaw has been recommended for Council appointment and Ms. Blankenship reported that there had been significant vetting on the appointment with members of the Council in advance of the meeting today. Dr. Bradshaw provided the Council with a brief biographical on her experience and involvement in the community noting her current appointment to the NW Health Partners Council as well. **A motion was duly made and seconded to appoint Dr. Bradshaw to the Lane Community Health Council.**

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5. Progress and Timeline

Ms. Blankenship provided a brief review of the structure of the Health Council and its relation with PacificSource through the development of the joint management agreement. She noted the purview of the Council is to ensure good follow through between the community advisory council and the clinical advisory council. Ms. Blankenship also reviewed accomplishments to date including the convening of the Council, adoption of articles of incorporation and bylaws and identification of the selection committee members. She reviewed key dates for the next several months including the time period of April 23-July 17 when the JMA Work Group, Mr. LeFever and PacificSource Legal Counsel will work to bring forward a final JMA. She noted that the State will issue their intent to award CCO contracts on or around July 9th and that documents pertaining to the readiness will be due to the State on August 1st, including proof that a health council governing Council has been formed. Mr. Provencher also noted that PacificSource has developed an internal implementation plan that outlines preparation that the company will need to perform prior to award notices and in some cases will require a significant amount of work.

6. Joint Management Agreement

Mr. LeFever reported that Kristi Kernutt, Legal Counsel for PacificSource, provided him with a draft of the JMA on April 30th and apologized for a delayed review but that he anticipates completing the review next week. He noted the potential conflict of Mr. Provencher's membership on the Council, given his role of CEO of PacificSource, but that he will work with Ms. Kernutt to determine if there are any changes to make and will copy Dr. Alan on his correspondence. Once a final version of the JMA is prepared, Mr. LeFever will bring it back to the Council for their approval. Mr. Provencher noted that he will recuse himself from that vote and any conversation the Council deems relevant if necessary.

Mr. LeFever also reported that he had reviewed prior minutes and bylaws of the Council and that he will send copies of the signed bylaws to the Council for records.

It was noted that Dr. Allan, Mr. Hjelm and Mr. Johnston currently sit on the JMA workgroup, but that it would be reasonable to accept additional members if there was interest. Ms. Blankenship reported that the workgroup has met once already and is scheduled to meet again on July 11 but additional members may help increase the likelihood of quorum so that an earlier meeting could be scheduled. She also noted there is some urgency in convening the workgroup so that feedback can be provided to Mr. LeFever and Ms. Kernutt. Mr. LeFever noted that his comments on the draft should be completed by next week so that he can collaborate further with Ms. Kernutt prior to a final version being offered to the workgroup for their review and recommendations. He also reminded the Council that they are the final approving body of the JMA and not the workgroup. Ms. Nelson, Mr. Solomon and Mr. Boie all agreed to participate in the workgroup, schedules permitting, and Ms. Blankenship stated she would look to tentatively schedule some meetings in June, pending the completion of the draft by Mr. LeFever. She will also ensure new members of the workgroup receive the JMA in its current form.

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7. Education: COO 2.0 Funding Requirements

Ms. Blankenship introduced Ms. Neugebauer, the Director of PacificSource CCO in Central Oregon, who used PowerPoint to provide the Council with an overview funding requirements for the CCO. Ms. Neugebauer reviewed new requirements for the quality pool under CCO 2.0 noting the biggest change from current is quality pool funds will be a withhold from rates versus a bonus. She noted there is no expectation that the method for managing the quality pool funds will change, but further discussions will take place later in the year. She also reviewed the methodology for distributing the earnings to providers, social determinants of health partners, public health partners and other non-clinical partners, noting that a plan to evaluate contributions will be developed as reporting will be required to show how they connect to the distributions of funds. At Mr. Provencher's request, Ms. Neugebauer also reviewed the flow of quality pool funds from Oregon Health Authority (OHA) to the CCO's in Central Oregon and Columbia Gorge, noting that in Central Oregon, 60% of the funds from OHA go back into global funds and 40% go into community funds to be used for grants in the community. She then discussed the potential distribution of payout funds including global budget, provider payments, SDOH-HE partners (which is a required element), and CCO projects for quality improvement activities (i.e. large provider training, fit kits for colorectal cancer screening) and noted that in Central Oregon the decisions on distribution are made jointly between the CCO and the Health Council. She also provided more information on the requirements surrounding Social Determinants of Health and Health Equity (SDOH-HE) including that it will require a portion of the annual net income or reserves to be designated for this funding stream (but that amount has not been set yet), that the spending must be in one of four areas (economic stability, neighborhood and built environment, education or social and community health), that it must include housing supports, that a plan must be submitted to the OHA in advance for approval, it must include an evaluation plan and it must involve the Community Advisory Council. She noted that while the OHA has not determined the amount yet, Central Oregon CCO has determined that 1% of annual CCO revenue will be designated towards SDOH-HE. The Council discussed this including where budget funds would come from and that ultimately it is up to the Health Council to determine.

Ms. Neugebauer then discussed requirements surrounding health related services, reporting that there are two areas of focus; flexible services which are specific to the individual members and related to a medical condition, and community benefit initiatives (CBI), which is new for 2020 and requires funds to be in the current year health care budget, must have clinical value and efficiency measures, must reduce avoidable health care services, must involve the Community Advisory Council in the process and will have an annual report to the OHA of itemized health related services spending and evidence of return on investment. She noted this process is much more prescriptive than current practice and requires more decision making on the part of the Community Advisory Council.

Ms. Neugebauer then referred the Council to decisions that they will be required to make by majority vote, including how to apportion quality pool funds, the process for payout for SDOH-HE activity and ensuring it meets OHA requirements, and determining the percentage of revenue to that will be designated for community benefit initiatives. She noted that ideally decisions should

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be solidified by the end of the year as the implementation plan for SDOH-HE needs to be submitted to OHA in the February-March timeframe and having them on the same timeline is preferred. The Council also discussed the possibility of appointing a Finance Committee to help with these decisions and that it might be a future consideration. Mr. Provencher also added that if awarded the CCO in Lane County, PacificSource is committed to building a staff dedicated to the CCO, including a Director, who will assist the Council.

8. Other Business

Ms. Blankenship referred members to the list of potential educational content for Council meetings for the next year and a half and noted she hopes to compile a comprehensive list of topics that may help with development. The Council discussed the list, including that collaborative discussions regarding expectations for the CCO is another opportunity for the Council, being thoughtful about Provider engagement will be an important factor for the CCO's success, and that the Health Council is tasked with communicating a transformational CCO to the community rather than the transactional CCO it has been. Ms. Neugebauer added that Council meetings are public in both Central Oregon and the Gorge and recommended consideration of the same approach in Lane County.

Ms. Blankenship noted that scheduling a standing meeting with the group was unsuccessful, so meetings on June 3 and July 17 have been scheduled and that another attempt towards identifying a standing meeting would be forthcoming.

9. Adjournment

There being no further business, the meeting was adjourned at 4:05 p.m.

Respectfully Submitted, Linda Martin



Steve Allan, Secretary