

**EASTERN OREGON COORDINATED CARE ORGANIZATION  
SHERMAN COUNTY COMMITTEE ADVISORY COUNCIL MEETING  
MEETING MINUTES**

Thursday, August 1, 2019  
Sherman County OSU Extension Office  
Moro, Oregon

**Members Present:** Amber Degrange, Ashley Danielson, Cindy Brown, Mike Smith (phone-in), Tom McCoy, Kristen Slatt

**Members Absent:** Amy Asher, Teri Thalhofer, Caitlin Blagg

**Guests Present:** Marci McMurphy, Neil Friedrich, Paul McGinnis

**Local County Coordinator:** Ursula Schaefer

The meeting was called to order by Tom McCoy at 3:00 PM.

Introductions were made.

Minutes by: Ursula Schaefer

**Additions to the Agenda:**

- Virtual Dental Home Update was added under Other Business
- LCAC Membership was added under Other Business
- LCAC Member Updates was added under Other Business

**Summary of Actions Taken**

- Motion moved by Ashley Danielson and seconded by Tom McCoy to approve June meeting minutes. Motion passed.

**Reports & Updates:**

**Approval of Minutes**

- Minutes for June, 6th 2019 were approved. (No meeting in July)

### **Progress on Meeting Clinic Needs Update:**

- Noah Pietz, rep from MODA continues to send weekly updates on the status of EOCCO and getting more local health services contracted. We are still waiting for several offices to review the contracts they sent over. No new services have been added since the last LCAC meeting.
- Some providers have turned down the invitation; but it is worth noting that some of these clinics/providers don't currently accept OHP at all. Eg: Hood River Chiropractic.
- There is also the possibility that the invitation letters aren't reaching the appropriate staff people. Dr. LeBreton informed Ashley that Debbie Kiemeg would be the contact person for Mid-Columbia Vision. Ashley will forward this info to Noah. Mid-Columbia Vision *does* take OHP, but did not respond to invitation letter.
- Cascade Eye Center was on the list and they have an ophthalmologist, which means our Medicaid pop now has access to cataract surgery.
- In regards to Providence HR- There are currently a low number of OHP folks going to Providence and because of this they do not want to participate. Services ARE available, just aren't under contract. Patients want to go there, but EOCCO, without a contract, pays a DMAP rate to Providence, so it is not in the Hospitals' interest to join. (All hospitals, unless they are a "critical access hospital" are eating losses on Medicaid population.) Caitlyn and Noah have been in touch about this.
  - We would like to get confirmation of this from Noah: Is some kind of authorization required to send a patient from Sherman Co to Providence? Is the hospital rejecting accepting these people because the hospital is paid DMAP? Noah will be here at OSU Ext. bldg. on August 15<sup>th</sup>.
  - We also want clarification from Caitlyn about whether patients need some sort of approval before sending to Providence.
- Sherman Co. Medicaid pop. is currently being referred to OHSU for dermatology because MCMC lost their dermatologists. Sherman Co. transit is making trips to Portland. Bend also has dermatologists available for Medicaid population.

**Frontier Veggie Rx:**

- Processing vouchers and getting them out in time has been improved this year.
- First progress report for this round was submitted on July 15<sup>th</sup>. Statements shared by families with Teddy in Gilliam Co. included
  - ✓ That they couldn't wait for the second grant opportunity and
  - ✓ That they haven't been eating as much fresh fruit & veg since the previous grant ran out.
- Barriers identified: Sherman Co. didn't identify any specific barriers, but recognize that they need to continue to spread the word about the program so that more people can participate. Harney and Wheeler shared notes of barriers they encountered.
- Monthly reports are required of subscribers.
  - Our submitted report includes the total number of individuals:
    - ✓ seen
    - ✓ screened
    - ✓ number of positive screens
    - ✓ number of new prescriptions
    - ✓ number of refill prescriptions
    - ✓ Average household size
  - New prescribers, all 3 counties: 310 individuals
  - Refill prescriptions, all 3 counties: 188
- Harney Co has been collecting blood pressure, height, weight, & BMI. They will use this data to illustrate how this program really does affect people's health in a positive way and reduces medical costs.
- The grant application stated that GOBHI was putting in \$89,000- which includes wages and a 10% admin cost. Other orgs. are involved with the total budget for the program around \$100,000+
- EOCCO has put in a grant with USDA that would be for Medicaid members only- it would enable Harney Co. to participate year round, and expand to Grant & Malheur counties.
- Redemption rates are high: 96% !

### June 2019 EOCCO Progress Report – Sherman County Summary

- 345 members in Sherman County as of 6/1/19. Eastern Oregon (EOCCO?) population has increased significantly in the past year. 47,000 → 50,000
- Paul will check for accuracy on enrollment numbers. We want to make sure we are claiming the highest # of members.
- First report is out for 2019. Some areas have already met the target rate: Developmental Screening (0-36mo) and Emergency Department Utilization. Systems and workflow are in place to meet this.
- Value based payment as part of the CCO 2.0 is going to be increased and based on this methodology. Mike had a vote in front of him, so that payment methods for individual clinic performance can be done.
  - This will decrease the per-member per-month rate. Sherman as a 3-star clinic is paid \$21 per member/month w/ 246 people assigned. With a shift to value-based payments, this number will go down and more will depend upon whether people assigned to the clinic are meeting these measures over time.
  - Looks like the recommendation from subcommittee is that board will approve it. Grant work has been done -votes are coming in.
- MED roster: (re: Paul's sheet from last month's meeting) Not a measure but info for clinics. Identifies % of EOCCO members who were prescribed an opioid prescription equal to or greater than 120 Morphine equivalents doses (MED's). This is a benchmark for opioids- looking for an overall reduction.
- Est PCP care: Identifies patients who have not had a visit with their PCP. In 2018, EOCCO members- 119 of 369+/- members received NO primary care. Of these members that didn't receive primary care, 89 were assigned to the Sherman Co clinic. Trying to get clinics ready for a value based payment instead of per member per month payment. 119 more people need to go for primary care in order to meet the 75%. Clinic needs to do outreach to get these people in for preventative services.

- 25-44 year old's represent almost 50% of the people who don't see their PCP in Sherman Co. In Gilliam the age range was 5-14 year old's - more concerning since this age group tends to need more services.

### **2020 Incentive Measure Changes:**

- Big changes: OHA has reduced the number of incentive measures down to 13 – some of the newly retired measures were being met in Sherman Co. “Weight assessment/nutrition and activity counseling” was removed after only about a year.
- We think we will need to meet 11 of the 13 measures to get 100% of our withhold back. We did get 100% back in 2018, which represented \$12.5 million dollars.
- Smaller clinics may encounter barriers to meeting these measures simply because people are choosing to go to Pendleton, etc. for these services.

**Clarification needed: Do the visits still “count” when they are done by a provider in another location?** We do lose the local business regardless of meeting the measure.

- Sherman Co. LCAC will be eligible for \$27,833 for next year. We were working on the weight control & nutrition measure, which has been removed. Board of directors for Frontier Veggie RX picked reducing HbA1c as the target for their program- which is why they have been measuring height/weight & BMI.
- We've been promoting “Well Care” visits as opposed to Sports Physicals.
- Rather than doing developmental screens- they now want a “Kindergarten readiness/Well child visit.” -we don't know how they are measuring this yet. Schools are doing the readiness- conducting this within 90 days. We do have the scores for Sherman Co. kids - which areas were met and which were not - letters/numbers, social/emotional development, etc.
- We *don't* know how a clinician should be able to test for kindergarten readiness.
  - Screening does identify needs, but in itself does not make a child more prepared for K. If the referrals and services are not in place to follow through with treatment/intervention, screening does not equal readiness.

- We asked OHA why the change and what data we should see changed. In terms of developmental screens- these were *supposed* to lead to greater kindergarten readiness.
- #9 SBIRT: Screening and brief intervention for treatment of alcohol/drug abuse. (measuring what the provider does) This was a measure before and now is back. How is this different from #8: Initiation, engagement and referral to treatment for drug and alcohol use? (measuring what actions the individual takes)  
Over time, as this measure has changed, they have asked different questions.
  - Before: How many people at your clinic smoke?
  - After: How many can you get to quit smoking?

### **Age/Gender/ZipCode Clinic Assignments for Sherman**

- If you are trying to target a population, we can get this info for any age group that are members, or were members at one point in time

### **LCAC Administrative Funds**

- EOCCO put this together based on what the OHA told us on their review of our application. Teri will create drafts of both documents that will need approval.
- It's due at the end of Sep. but since we meet on 9/5, we will need to make a decision at September meeting. We will be voting on this.
- Jessie at NCPHD has been compliant with all requirements of "2.0"
- EOCCO needs to post to the website: community health assessment, community health plan, monthly agendas and minutes. Meeting date, location and time is also posted to website.
- Agenda needs to include: "Public input / open comments"
- Potential for Gilliam County to utilize the same LCAC coordinator.
- What is our current \$\$ balance? Tom will ask Debbie. This is the money that pays NCPHD, and is also used to pay rent for the food bank.

**Other Business:****Virtual Dental Home Update**

- Legal agreement is in final stages with Sherman County Medical Clinic
- Virtual dental home services will begin in September, one Wednesday per month. Caitlin chose the 2<sup>nd</sup> Wed. Will also be seeing patients in Arlington.
- Only for EOCCO members who are assigned to Advantage Dental Plan- about 80% of our local members.
- We will look into being able to accept cash payments, but will not happen yet.
- Advantage will make phone calls and schedule patients -no burden on clinic.
- Metric # 5 from 2020 measure set: “Oral evaluation for adults with diabetes”- these people need a code that is billed out by a dentist. Advantage and the clinic will work together to funnel diabetic patients to Ashley to try to move the target on this measure.
- Services will also be offered to all school aged kids under the age of 14, in an opt-out basis. Kids with advantage and kids without. Ages 0-5 can come to the clinic as well.
- Mailer will be sent out to all assigned to Advantage informing them of this new service.
- Sherman and Gilliam Co. have many non-utilizers. When phone # isn't updated in OHP portal they are hard to reach- about 60% of phone #'s not working.
- In Wasco Co. with E-reliance referral system, contact info is usually updated because of visits to their PCP.

**LCAC Membership:**

- Attendance to September meeting is highly encouraged to all members and guests.
- Low membership at LCAC is a concern. No consumer members. We have done mailings and can do more.
- Clinic is not participating in CAC. Clinic has 66% of our members. We need to have some communication with the clinic if the CAC is to be effective.
- Community outreach vs. clinic outreach – are we doing both?

- Recommendation from EOCCO board is to put into contract starting April 2020- if you are part of the patient centered primary care home payment method- you need to send a rep to your local CAC meeting. Has not yet been approved.
- Participant engagement seems to be a challenge everywhere – Wallowa Co. has chosen to hold 2 different meetings- 4 meetings/ year with members and separate meeting with stakeholders.
- OHA created a strategy booklet for recruitment called “Community Engagement Best Practices” EOCCO was used as an example, but we still need to improve.
- Can we look into other ways of measuring consumer involvement?
  - Questionnaire, survey? (membership is defined in legislation and not in administrative rules, so this may be a barrier)
- LCAC needs a new chairman if Hayli is no longer a member. Tom will continue to be Vice Chairman. Paul will reach out to Hayli regarding her status as a member.
- Barb Seatter is no longer with MCCFL. LCAC would like to invite Al Barton, interim Exec Director, to LCAC meetings until a permanent person is hired for his position. Tom will send an invitation email to Al.

### **LCAC Member Updates:**

#### **Update from Kristen Slatt**

- Active Rx: Working with providers, Pacific Source and Columbia Gorge Health Council to “prescribe” pool passes this summer for uninsured or Pacific Source members.
- Youth Fit for Life program – exercise, goal setting.
- BMI data collection in HR county- all K-5 children.
- Kristen is a new member of LCAC and will be attending regular meetings.

#### **Update from Mike Smith:**

- Children’s Diversity Center in the city of Wasco -still going forward.
- EOCCO Board is going well.

**Update from Amber:**

- Swim Bus: Sherman County and Sherman Co. Prevention sends kids on the swim bus to Goldendale. 89 kids registered. 54% are OHP members.
- We need a pool here, locally. Big disappointment that the CAHPS measure was removed. It was my goal to have this be a partnership with GOBHI or EOCCO for this process.
- Part of OHAs assessment of our application was that this year they want to see us with EOCCO business cards- an organization with people in it. It used to be you were either a MODA employee or a GOBHI employee. Details to come.
- It's not GOBHI funding things under the rubric of EOCCO anymore. If it's going to happen, it will be through the board of directors of EOCCO.
- Long range cost of a pool is very high.

**Next Meeting:**

Date: Thursday, September 5th, 2019 at 3:00pm  
Location: OSU Extension Office-Sherman County  
Moro, Oregon

Meeting adjourned at 4:22 p.m.