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Baker City November 5, 2019 12:00 – 1:30 PM, Oregon Trail Electric Co-Op	
Number of Attendees	40
List of Invitees	<p>The Baker County Local Community Advisory distribution list and identified community partners were invited.</p> <p>Several of the entities in the list included: Baker County Board of Commissioners, Baker School District, St. Luke’s EOMA, New Directions Northwest, Building Healthy Families, City of Baker, DHS, NEON, Baker County Health Department, Advantage Dental, OSU Extension Office, Saint Alphonsus (Hospital), Eastern Oregon Head Start, Community Connections, Umatilla-Morrow County Head Start, Oregon Health Authority, Malheur Education Service District, Heart and Home Hospice, Ford Family Foundation, Cradle to Career, CCNO.</p> <p>Additional invites were distributed by LCAC members and community partners upon request by EOCCO.</p>
Summary of Outreach Efforts	<p>EOCCO staff and LCAC partners implemented strategic communications efforts specifically developed to share information and drive community engagement regarding the CCO 2.0 community presentation series.</p> <p>Regional Meeting: EOCCO held a preview presentation and discussion regarding the community meeting series at the Region Community Advisory Council meeting in Baker City on September 25, 2019. Attendance at the RCAC was approximately 50 and included not only LCAC representation but also education partners including Early Learning Hubs and Head Start. Informational handouts in English and Spanish were distributed to attendees.</p> <p>Invites/Flyers:</p> <ul style="list-style-type: none">• Invites and informational materials were sent to LCAC and



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	<p>community partner contacts. EOCCO sent digital copies of informational materials, including an invite flyer, a frequently asked questions document, and a poster.</p> <ul style="list-style-type: none">• Flyers distributed to downtown businesses.• Flyers distributed to local primary care offices, the health department, and hospital.• Flyer distribution through the school district's English as a second language program. <p>Website/Social Media:</p> <ul style="list-style-type: none">• A news article about the meeting — including an event registration link — was posted on www.eocco.com on September 26, 2019.• EOCCO website specialists developed meeting registration webpages for each meeting in the 12-county CCO service area. The link to this registration tool was included in outreach materials and was shared with invitees.• An article and registration link were shared in the social media community, including an LCAC Facebook page post. <p>News media:</p> <ul style="list-style-type: none">• EOCCO submitted news releases to outlets throughout the region. Locally, EOCCO submitted press releases to the Baker City Herald and Elkhorn Media Group.• Elkhorn Media Group Radio Ad
<p>Summary of Public Input</p>	<p>Presenters: Jill Boyd, Mina Zarnegin, Kayla Jones, Kevin Campbell, Haley Hueckman</p> <p>EOCCO representatives opened the floor for input and public discussion. The following questions and comments were covered:</p> <p>A slide mentioned three medically managed detox centers for the service area. A participant inquired about their location and advocated for the importance of a facility in Eastern Oregon.</p>



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Kevin Campbell, EOCCO stated that the CCO contracts with those centers. Not all are in the EOCCO area. Pendleton is the only facility. The medical detox license was suspended and fell back to social detox. They have met criteria to regain their license. There will be follow-up around this topic.

Tobacco cessation: A question from Public Health was asked about the process for tobacco cessation referrals.

Multiple agency professionals noted their participation in the program. For instance, Saint Alphonsus is seeing cessation patients. Interest is growing in high demand. Saint Alphonsus will soon bring in a new program with support for group treatment. For individual treatment, directly contacting the professional is the easiest pathway. New Directions staff were also certified. The public can call behavioral health and wellness. Care is being integrated. It would be nice as a community to do forums rotating between the programs.

Jill Boyd, EOCCO, noted we were involved in doing a needs assessments in the community around tobacco cessation. We went to the various providers and did qualitative focus groups to determine where needs were. What bubbled up was to have a local tobacco cessation expert with the ability to see people locally. We have some good baseline data.

Amanda Grove, EOCCO, noted the CAC developed a resource guide which lists providers for tobacco cessation. She has provided this resource for those interested.

A Community Mental Health Program professional noted it is critical that we do not view it as a standalone seminar. It is approached as a standard service. Primary care is where the real change will be seen.

A hospital representative asked for clarity about upcoming EOCCO funding opportunities.



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Grove explained the various upcoming opportunities. LCAC funds are available as a single pot of funds each year. There is a separate decision-making process for this. A subcommittee was established to review proposals from community partners. Following review in November and December, the proposals have to go to the EOCCO subcommittee for the final decision. There are also several opt-in grants. There are additional opportunities with a January deadline, and the field team has sent out grant information. Information is also available at www.eocco.com or via direct email.

Warm line: A community member stressed the importance of the David Romprey Warm Line.

For communities within and near the mountainous regions of Eastern Oregon, winter weather and travel become an issue. Communities become isolated.

She stated: I advocate for this (warm line) and push for this. It's going to create jobs once we finish the training. Also, peer support training is needed for everyone becoming EOCCO. I'd like to see people behind the scenes on staff to be trained equally with the new guidelines. This will be stressful. We challenge each other to look at a problem at a different aspect.

She noted issues with hearing benefits. She would like to see reaching across the aisle and doing follow-ups with people who cannot take part due to hearing or other problems. She raised concerns about benefits not being available under the new guidelines. For geriatric preventive services, there's a gap where people fall through cracks. She would like to see under 2.0 that being addressed. End of life care is also important.

Campbell discussed the warm line's origins. GOBHI co-founded the warm line with Community Counseling Solutions in Wheeler County. The idea was that learned experiences need to have value in people's lives. Too many people have nowhere to go short of calling a crisis line. The idea is having a confidential



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conversation with somebody to express those feelings; someone with lived experiences, rather than being isolated.

The focus of 2.0 on health workers gives a mechanism to pay people with lived experiences and provides care extenders for people who are difficult to recruit in our communities. It also creates jobs in communities that need new industries and jobs. If we're taking services to the people, you can meet with people in your community rather than requiring them to get transportation.

Meeting services: A participant spoke about services being necessary for those with disabilities.

Boyd explained EOCCO has made language services available for communities upon request and included this in registration materials.

Will CCO 2.0 address the Medicaid-Medicare gap?

Campbell discussed the complexities of Medicare and Medicaid. The problem with trying to match up these programs is that Medicaid is the payer of last resort but is more flexible in paying for services. A good example is community health workers and Non-Emergent Medical Transportation.

As owners of the CCO, we have worked with Moda and looked at setting up an Advantage Medicare plan mirroring the EOCCO Medicaid program. The estimate is preparing this by 2021. It would reduce barriers for those who choose it. These programs are still different "critters." So, the challenge is having continuous care regardless of a payer. At our heart we're not an insurance company; we want to be community organizers looking at what approach best meets the needs of members and providers. Campbell cited a case in Fossil where a doctor must deal with dozens of different payer sources. The current system must be simplified based on wellness rather than fixing problems for those who are already sick.



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A participant noted problems with Drug and Alcohol treatment and inability to get services like group therapy and dental on Medicaid or Medicare.

Campbell noted Medicaid is always the payer of last resort. There are multiple Medicaid programs. If you're not enrolled in managed care Medicaid, it's more restrictive than EOCCO managed care. It makes a big difference in people's lives. EOCCO staff offered to help with specifics following the meeting.

Dental services are lacking in Baker City. Is there anything coming our way? We keep talking about Advantage Dental. Where do we send everybody?

Mina Zarnegin, EOCCO, explained: This is an issue we're well aware of and our contracting teams are working towards. As of today, we know ODS is the only operating DCO in the area. There are conversations focusing on this local topic. We need to increase access. If there is feedback about levels to care, we are open to listen.

Paperwork issues:

A community member said the Medicare-Medicaid issue looks different from the member experience, compared to policies on paper. Moda and GOBHI should work better together to share expertise in these policies, she said. Look at coordinated care and paperwork training.

Boyd explained the long-standing partnership between Moda and GOBHI is only getting stronger and better. It can be difficult for different systems to speak with each other. That is part of our internal goals. We are very proud to be working with Moda partners. Within CCO 2.0, the collaboration will get even tighter.

Dental Services:

EOCCO staff said if there are issues with dental care, it's always great to bring that to our attention. You have great EOCCO staff in



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	<p>your community who are a litmus test of where there are service needs.</p> <p>OHP enrollment:</p> <p>We have NEON here. They provide assistance with enrollment. OHP is all year. Service delivery is often different than the enrollment piece. Coordinating is difficult.</p> <p>Origins of the GOBHI-Moda partnership in EOCCO:</p> <p>Campbell stated that when EOCCO was formed, GOBHI was doing business in all 12 counties. There were 4 different health plans. He stated: I'm glad we chose Moda as a partner. They understand the region. They've been doing business here and they were the only fully capitated health plan that extended services to all counties. If it was about the money, you could have captured just the I-84 corridor. EOCCO has the fewest members per square mile of any CCO. Our challenge is being big enough to be solvent but local enough to be relevant. The work you do is the proof in the pudding. Most of the Salem officials thought it wouldn't work. The best way to find agreement is listening to each other and presenting good ideas. Baker County was the first to conduct adolescent well visits in the school system, a quantum change since school physicals. This practice has since taken root across the region.</p> <p>Disabilities Advisory Council:</p> <p>A community member provided flyers and contact information for those interested in participating in this new group.</p>
<p>Presentation changes to consider/improve</p>	<p>Audio: While a microphone was used, some participants noted it was difficult to hear from the back of the room.</p>



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Please submit the final meeting agenda with this document.