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EASTERN OREGON
COORDINATED CARE
ORGANIZATION

Wheeler County October 29, 2019 5:30 – 7:30 PM, Isobel Edwards Hall, Fossil	
Number of Attendees	32
List of Invitees	<p>The Wheeler County Local Community Advisory distribution list and identified community partners were invited.</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>Invitees:</p> <ul style="list-style-type: none">• Invitees and informational materials were sent to LCAC and community partner contacts. EOCCO sent digital copies of informational materials, including an invite flyer, a frequently asked questions document, and a poster. <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 the Wheeler County News and Wheeler County Local Community Advisory Council Facebook pages.• This information was also circulated on the social media platform LinkedIn.



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	<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 Bend Bulletin, Condon Times-Journal, and Wheeler County News.• Wheeler County News published an article about the meeting: http://wheelercountynews.com/index1.htm
<p>Summary of Public Input</p>	<p>Presenters: Troy Soenen, Sean Jessup, Noah Pietz, and Anne Mitchell.</p> <p>Welcome at 5:45pm</p> <p>Anne Mitchell delivered the Welcome and Introductions. Would like to have more community involvement on the LCAC. If interested, speak with Anne.</p> <p>Troy presentation: Slides: Purpose; Who We Are; LCAC and CAP; Org Chart; EOCCO Administration; EOCCO Current Enrollment</p> <p>Question: How many specifically for Wheeler County? Troy reviewed numbers.</p> <p>Sean presentation: Slides: Where We Have Been CCO 1.0; CCO 1.0 Successes</p> <p>Noah presentation: Slides: The Provider Network Delivery System; Primary Care and PCPCHs (Patient Centered Primary Care Homes); Hospitals; Behavioral Health Providers; Dental Providers; Non Emergent Medical Transportation (NEMT); Specialty Care;</p> <p>Troy presentation: Slides: EOCCO Community Reinvestment Funds; EOCCO Community Investments; Behavioral Health Community Investments; Total Reinvestments</p>



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Anne presentation: Slides: Reinvestment Grant Funds; Where did this money go in my community (Reinvestment funds)? Where did this money go in my community (Transformational grant)?

Sean presentation: Slides: CCO 2.0 - 4 focus areas; Organizational Chart; Committee Structure; Areas of Focus for CCO 2.0; Social Determinants of Health & Health Equity; Community Engagement; Value Based Payment; Health Information Technology; Behavioral Health Integration

Questions:

- Anne: EOCCO members (OHP) Advisory Committee meets and puts together programs. The committee often seeks to prioritize OHP participants, but looks at the whole community. Not only EOCCO is receiving benefits. There is a goal to have 50% EOCCO members on the LCAC. This presents an opportunity for people to have feedback or ask questions, or connect to resources.
 - Jalen: Are you inviting to the LCAC because there is an alternative to OHP?
 - Clarification by Anne: Want to ensure consumers are at the table for planning and decision-making. Have reached the 50% goal! This is important for health.
- Sean: OHA says EOCCO only needs to have one LCAC, but EOCCO made the plan to have one in each of the 12 counties to ensure better representation at the local level.
 - Sean: “For” the community not “to” the community.
- Anne: As Chair, she represents this county at the Regional Community Advisory Council (RCAC).
- Troy: Local input does get to the Board of Directors of EOCCO. Individual OHP members can receive some incentives for attending meetings: mileage, childcare, and a stipend.



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- Kaleen: What about the elder population? Dual enrollment? Is EOCCO working on this?
 - Sean: There is still a premium needing to be paid. However, same partners (MODA & EOCCO) are planning an application to CMS to Medicare Advantage. It will be called “Summit Health” Plan. The consideration is to mirror EOCCO to better tailor services to Medicare population, including people with Long Term Care needs.

Dual Eligibles: January 1, 2019, now auto-enrolled with EOCCO.

- Member question about coverage: How do OHP members go about helping to make sure that services that are needed are actually available? For example: massage therapy must be given by a licensed professional at this time. In order to get treatment in Wheeler County, one has to drive to The Dalles, etc. There are 4 licensed massage therapists between Condon and Fossil; why can't EOCCO pay them? It would be better to stay in the community as well as support local providers.
 - Noah: Clarification for EOCCO members. Tough for some businesses, still looking for specialty providers. They should contact EOCCO.
 - Member Clarification: massage therapists are not covered.
 - Noah: Service and payment is dependent upon specific reasons. Noah needs more details. OHA determines what is covered. More than likely, the massage therapists don't have a contract with EOCCO.
 - Clarification: they are not contracted with EOCCO
 - Noah: Out of Network provider may be possible. LMT may be covered. If told “no,” Noah is the fixer and outreach point.. Noah will meet with the member after the meeting.



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	<ul style="list-style-type: none">• Member comment: For chronic pain sufferers, the driving hours to get to the appointments are so difficult, besides the time spent driving. 1) Getting there and affording the gas is difficult, and then 2) time spent traveling is difficult. More people will come (access the service) if it is provided closer to home. Is there a way to get more specialty providers closer?<ul style="list-style-type: none">○ Sean: local first, then maybe provide by a traveling individual.○ Member comment: None available to go to home for physical therapy. Relying more on drugs than lifestyle changes, etc., because of the distance.○ Sean: they are looking into more options, but will work with local providers first. <p>Meeting ended at 7:00pm</p>
<p>Presentation changes to consider/improve</p>	

Please submit the final meeting agenda with this document.