Malheur County November 19, 2019 12:00 PM – 2:00 PM (MDT), Treasure Valley Community College, Ontario	
Number of Attendees	**46** Attendees represented various community entities, including Valley Family Health Care, Malheur Federal Credit Union, Snake River Pediatrics, Lifeways, Oregon BHF, OCDC, Saint Alphonsus Medical Center, Malheur County, etc.
List of Invitees	The Malheur County Local Community Advisory distribution list and identified community partners were invited. Additional invites were distributed by LCAC members and community partners upon request by EOCCO.
Summary of Outreach Efforts	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. **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. **Invites/Flyers:** • Invites 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. • Flyers were distributed in the community.

	Website/Social Media: • 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. **Community groups:** • EOCCO and LCAC Staff presented information in Malheur Matters and the Malheur County Local Community Advisory Council Facebook page. • Information shared at the Malheur Community Service (MCS) meeting, Farm Workers Resource group, and the Malheur Community Partner Collaborative. • Distribution to all in the MCS distribution list. **News media:** • EOCCO submitted news releases to media outlets throughout the region. Locally, EOCCO submitted press releases to the Ontario Argus Observer and the Malheur Enterprise. • An article was published in the Argus Observer (print and online) on Nov. 12, 2019: https://www.argusobserver.com/news/entity-seeks-input-on-health-care-from-public-during-upcoming/article_ab49f5b2-057b-11ea-957e-83db0e772900.html. A second event listing was published in the Argus on Nov. 17, 2019.

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3 THINGS ABOUT TODAY

CITY OF FRUITLAND

City Council OKs recount on bond

3 things to know about Monday's meeting

GRIFFIN HEWITT
The Argus Observer

FRUITLAND

A bevy of topics...

including the recently failed bond for Fruitland City Hall, were covered at the City Council meeting on Monday night.

The following is a breakdown of some the items that were addressed.

1.) The issue of the Fruitland city bond failure to pass by a total of five individual ballots was revisited, and a

SEE RECOUNT | PAGE A3

What's next
On Thursday, Council orders attorney to draft letter regarding wastewater issue.

This undated public domain image shows Arches National Park at dusk.

1 "Excelsior!" A year ago today, comic book fans the world over mourned the loss of Stan Lee when he died. The creative mind behind many of Marvel Comics' most well-known characters, including The Avengers, X-Men and Spider-Man, served as the executive producer of many of the Marvel Comics Universe movies in addition to countless cameo appearances, according to Britannica.

2 On this day in 1971, Arches National Park in eastern Utah was established. The area, a desert landscape full of sandstone formations. Prior to becoming a national park, the region had previously

VETERANS DAY

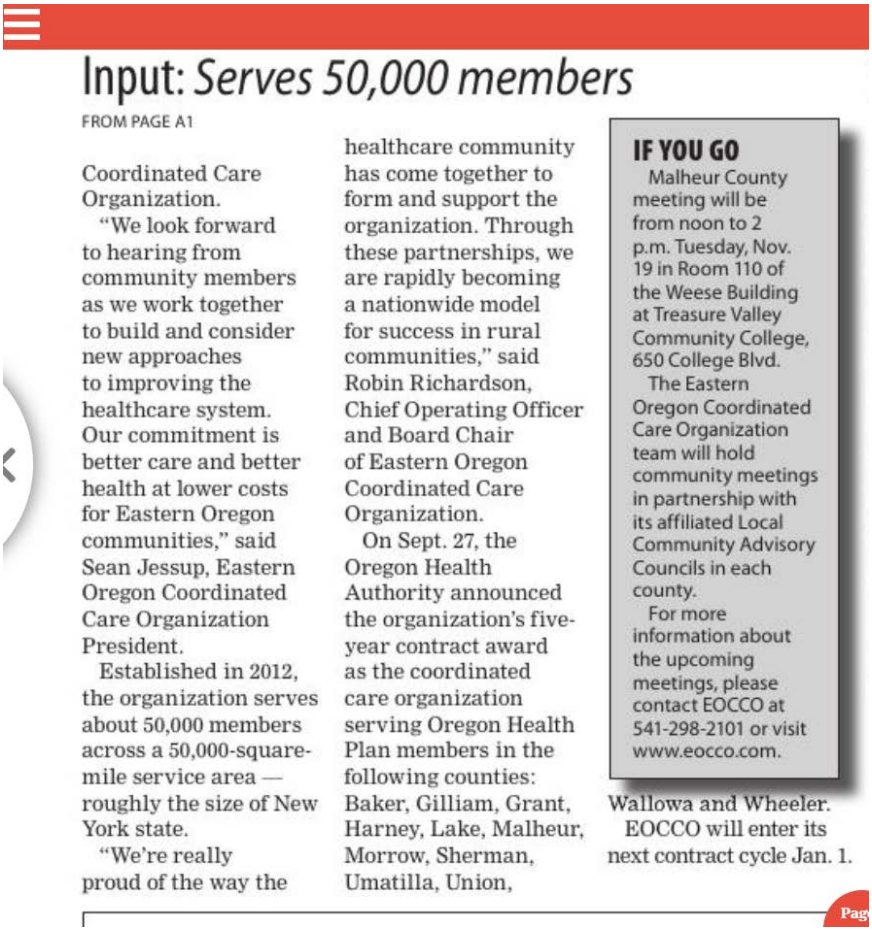
EASTERN OREGON COORDINATED CARE ORGANIZATION

Entity seeks input on health care

Public urged to help shape local future

ONTARIO

Eastern Oregon Coordinated Care Organization will hold community meetings in

	 Input: *Serves 50,000 members* FROM PAGE A1 Coordinated Care Organization. "We look forward to hearing from community members as we work together to build and consider new approaches to improving the healthcare system. Our commitment is better care and better health at lower costs for Eastern Oregon communities," said Sean Jessup, Eastern Oregon Coordinated Care Organization President. Established in 2012, the organization serves about 50,000 members across a 50,000-square-mile service area — roughly the size of New York state. "We're really proud of the way the healthcare community has come together to form and support the organization. Through these partnerships, we are rapidly becoming a nationwide model for success in rural communities," said Robin Richardson, Chief Operating Officer and Board Chair of Eastern Oregon Coordinated Care Organization. On Sept. 27, the Oregon Health Authority announced the organization's five-year contract award as the coordinated care organization serving Oregon Health Plan members in the following counties: Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa and Wheeler. EOCCO will enter its next contract cycle Jan. 1. **IF YOU GO** Malheur County meeting will be from noon to 2 p.m. Tuesday, Nov. 19 in Room 110 of the Weese Building at Treasure Valley Community College, 650 College Blvd. The Eastern Oregon Coordinated Care Organization team will hold community meetings in partnership with its affiliated Local Community Advisory Councils in each county. For more information about the upcoming meetings, please contact EOCCO at 541-298-2101 or visit www.eocco.com. Pag *Above, screenshots from the Argus's Nov. 12 edition.*
Summary of Public Input	Presenters: Amanda Grove, Kevin Campbell, Sean Jessup, Noah Pietz, Karina Carbajal (LCAC Chair). EOCCO representatives opened the floor for input and public discussion. The following questions and comments were covered: **Questions/comments:** A local Oregon Health Plan assister provided three questions.

	What is the easiest way for a member to change their dental plan? Noah Pietz, EOCCO, explained they can contact EOCCO medical customer service and advise they want to change their plan. That is for changing DCOs. If they are already assigned to ODS, they can call the other dental office. The participant stated a co-worker spent two hours on phone calls going back and forth between EOCCO customer service and the dental plan. Pietz explained this process should not take such an amount of time and offered to resolve the issue. He provides oversight for customer service and can take member calls. **When will community partners be able to see what dental plan a client has?** The participant discussed Medicaid Management Information System (MMIS) and an option that was formerly available. She stated: Sometimes we have to call or refer to important numbers. It was easier to just give them a print out. Where will that pop up for assisters? EOCCO staff explained that for MMIS, the state would be involved. Estela Gomez, OHA, offered to look into the MMIS question. **Will clients be able to choose their dental coverage at the time of OHP coverage?** The participant said the lack of Advantage Dental providers creates a barrier because there is only one Advantage provider in

	Ontario. The waiting leads some to choose their dental provider. Either that or bring in more Advantage providers. Sean Jessup, EOCCO, and Pietz explained: The issue is when a member gets to the CCO, it gets to that next layer – member gets assigned. In communities with multiple DCOs, we could potentially add a question initially. Member packets with a sign up option or other resources could be considered. The assister said multiple clients have had an issue with dental coverage automatically being changed, seemingly due to factors like an address change. EOCCO staff offered to look into examples as this is an unusual result. The LCAC Chair noted she is an assister and has seen this dynamic frequently — trying to help people make that phone call and the requests are being denied. It's a barrier to access of care when people cannot get in. One member lived blocks away from a dental provider and his requests were denied. In the appeals process, they found out they were just putting in complaints. **A leader at Valley Family Healthcare asked about the behavioral health plan tied to CCO 2.0.** She stated: I appreciated the discussion about breaking down stigma and bringing services to people where they are. Could you speak more to the behavioral health planning that needs to occur before March 2021, what processes will look like, and how we can be more engaged in that planning? Kevin Campbell, EOCCO: I think that it represents a real opportunity for communities and behavioral health providers to talk about the new paradigm we're in. Ability to access basic Behavioral Health services in primary care services and vice versa.

	The planning effort itself is just the beginning of a discussion. We just went through the CHA and CHP. Communities have prioritized behavioral health (as indicated in the organizational chart slide). There is awareness of a goal to improve access/care. That is a long way from where we were 5-6 years ago. OHP previously operated as a carve-out and moved to carve-in through Gob. Kitzhaber's vision of CCOs. We must think about whole-person integrated care, and care extenders operating to keep people well. The CACs will have a big voice/role in the plan. I don't know if the plan in March will be a perfect plan, but it has to be focused on a single system per county and bringing from the county level up to the region. **We should expect our CCO to take leadership in creating those Behavioral Health plans?** Campbell: Expect it will be in the CAC agendas soon and the LCACs will engaged. **The number of providers in the area: We have lists of complaints from our clients. But when you get it down to it, and it's not the insurance problem, there is a lack of providers in our county. What are your plans in regards to that? Any incentives to bringing providers to an area?** Campbell discussed the workforce element. The provider community is not getting any younger. Northeast Oregon Area Health Education Center (AHEC) brought providers and students out to communities. OHSU shifted their focus away from this. However, AHEC just received a grant for nurse and telehealth training. Those are examples of finding the win-win. We are seeing care extenders take on a different role than 10 years ago. That has to be on the behavioral health side as well as physical

	health. Tele-dentistry is working in Arlington where a professional comes into an office, X-rays get sent away, and the treatment plan gets worked on. This work is done in their community rather than outside. Children are getting preventive dentistry. I don't see a magic bullet to suddenly have a bunch of new doctors and providers. We have to figure out strategies to support the provider community well and make practicing medicine an enjoyable profession. We've come a fair ways. Jessup: I also don't see silver bullet. It is not only an EOCCO problem. A State of Oregon problem. Many provider partners we work with have positions to fill but no one to fill the job. Earlier on, the idea of incentives was to look at extended hours, additional access points, etc. It created some opportunities for access points but a lack of providers. Looked at community health workers and types of non-clinical positions. It is a concern; we've seen a lot of communities with practices purchased by larger systems. In some ways that is positive, but it's still the issue of not enough providers. Campbell: We do have a workforce plan. **A participant asked about transparency in specialist information.** What about increased transparency across the state about who the specialists are? Many office staff are spending time trying to research providers to refer patients out to. Waste of staff time. Is there any way to increase transparency? Jessup: EOCCO does have a provider directory and a search on the website. It shows only contracted providers (doesn't include OHSU). This does take some work. We work with OHSU to say how do we do this?

	We are revamping the directory as part of the CCO 2.0 process. If there are some specific provider topics, connect to Noah. **The dental piece; the directory doesn't state certain things.** Jessup explained we must be fed information. It only gets to us after connecting with providers. He agreed that is a problem; some providers do not know they are contracted with EOCCO. Some are not aware they take Oregon Medicaid by contract. **Would this case be appropriate to call case manager from Moda?** Pietz explained those professionals are available too. A local professional stated: In some complex cases that providers cannot do, you can request a complex case review from Moda. We can always help them. We work together, put our heads together for different doctors in order to try to find somebody. **A participant asked about Value-Based Payments.** I liked your road map which showed how we progressed from 2013. If you're looking at your growth projection in VBP, are there tools a health organization can use for long term planning to help us look at meeting our goals? You provided some history. Is there some of that available in the future? Jessup explained: Through CMS, there is a Local Area Network outlining what a VBP is and how it fits. In CCO and clinical advisory panel work, we try to outline what are the VBP model concepts each year? Working with providers and practices. Sometimes we have a menu of options to choose from. It is the basis we use before contracting (HCP LAN).

	Can anybody request a provider directory? Jessup: Yes, it's on the website. You can also request a print-out. We must do a provider workforce report required by CCO 2.0. Starting this conversation, being asked: what do we have? Get the lay of the land, trying to build out what resource needs are. **A healthcare professional identified challenges with payment models and member participation.** In medical school, you are never trained on how you get paid. You are trained on taking care of the patient. I spend the majority of my days working with providers sorting out complications and helping them. It's too complicated to serve patients. When people are well, they don't think about going to the doctor or doing a wellness visit/dental. We need some ideas on how to get there. We've done our health fairs, we've done education, and I still feel there's a huge barrier there. We have made a serious effort to get members to be LCAC members. They come to a few meetings but do not want to continue. Honesty from participants is challenging, as the LCAC hears different stories than providers do. People also have a fear about security and data breaches with their personal information. Share what other community successes are? Campbell: We are fortunate having 400+ LCAC members, however we're fortunate that for every member who attends there is another person in the crowd at the meeting. Not uncommon to see 20-25 people at meetings. Some strategies I have seen: physically connecting with one person, committing them to come with you to 3 meetings. Work with that person, get the relationship going and the listen. I've seen that work in smaller counties and it is one person at a time. You have succeeded in the personal relationship piece. Provide food. The welcoming

	environments talking about arcane stuff is not always exciting. It is difficult. Jessup: Getting engagement and accessing care: On average in any given county, there are about 35% of people who don't get any services. As we get data to manage businesses we can see where utilization is happening. We have improved that number. Incrementally, we are seeing that engagement is happening through work that is being done. Through wellness fairs, etc. In terms of primary care, prevention is important. For folks just going to the ED, establish a relationship with a CHW. There's still a long way to go but there has been progress made. **Is there anything on the website (questionnaire) for clients who have concerns and don't have time to go the meeting? Can they mail out to EOCCO?** Jessup discussed available complaint and appeal processes. We have a spot on the website for LCACs and engagement. Using the LCAC as a vehicle can help pass along the information to the CCO. Campbell: We could create some links to info at EOCCO.com, such as some email addresses for staff. Break that down into comments or another pathway. Separate this from the complaint/grievance process. Comment: Anonymity will bring some voices out. Some people don't come to the LCAC because they feel there is no end result. They complain at each place and nothing ever happens. These people have been beat down by the system and they want to see an outcome. A blank form doesn't necessarily do anything.

	Campbell recognized the achievements of the local innovator agent with OHA. She has been our innovator agent since day one and has advocated for Eastern Oregon. Gomez stated: EOCCO leads the other 15 CCOs in many areas. I appreciate working for EOCCO very much. Kelley Butler, EOCCO, made an announcement about Eastern Oregon Opioid Solutions and delivery of narcan/naloxone training that is available in the community through EOCCO. She is reaching out to the community. Workforce piece: With SUD providers, some grant money we received to do these trainings can be used in hiring and recruitment support. For agencies that are interested, we can consult and help you do that.
Presentation changes to consider/improve	

Please submit the final meeting agenda with this document.