

Meeting Minutes

Eastern Oregon Coordinated Care Organization

Wheeler County Local Community Advisory Council

Thursday, Jan. 24, 2019, 5:00 – 7:00 PM

Jeanne E. Burch Building, 401 Fourth St., Fossil, OR 97830

LCAC Attendance: Anne Mitchell, WC LCAC Co-Chair & Eastern Oregon Healthy Living Alliance; Candy Humphreys, WC LCAC Co-Chair & Frontier CASA; Susan Moore, WC LCAC & Asher Community Health Center; Ellie Bray, WC LCAC; Colleen Grayson, WC LCAC; Matthew Davis, Coordinator, WC LCAC; Crystal Rey, WCLCAC; Rick Schaffer, WC LCAC & Wheeler County Commissioner; Brandy Hornbrook, WC LCAC; Breanna Skeem, WC LCAC;

Guests: Troy Soenen, Greater Oregon Behavioral Health Inc. and Eastern Oregon Coordinated Care Organization; Linda Philbrick, Fossil Resident; Farrell Fox, Healthy Families of Oregon; Mary Ann Wren, Advantage Dental (via telephone)

Introductions: Members and guests introduced themselves and what interests or organizations they represent. Anne welcomed Crystal Rey and Commissioner Schaffer to the group as this was their first WC LCAC meeting.

Approval of Dec. Minutes:

MOTION: Anne **MOVED** to **APPROVE** the meeting minutes for the November WC LCAC meeting as presented.

SECOND: Breanna seconded the motion.

Candy asked if there was further discussion. Hearing none, she called for the vote.

VOTE: Ayes 10 - Nays 0

Candy declared the MOTION APPROVED

Annual Member Orientation: Troy conducted the annual member orientation which was supplemented by an accompanying powerpoint slideshow.

Troy explained his role as EOCCO liaison to the Wheeler, Umatilla and Morrow County LCACs. He presented a brief professional history highlighting his 20 year body of work in Oregon healthcare services. This includes substantial resource appropriation and allocation work with rural clinics, federally qualified health centers and critical access hospitals while at OHSU's Office of Rural Health. Troy was involved in the successful effort to get Asher Health Clinic federally qualified.

- 1) Troy explained Medicaid as a health insurance program for low-income individuals and families who meet certain eligibility requirements. Medicaid started in 1965 and is funded jointly by states and the federal government. It is overseen by the federal Centers for Medicare & Medicaid and operated by the Oregon Health Authority at the state level. Coordinated Care Organizations (like EOCCO) deliver the services on a local level.
- 2) The Affordable Care Act was signed into law on March 23, 2010. It is the most significant update of the American health system since Medicaid and Medicare were passed in 1965. Key features of the ACA include; cost-free preventive services, healthcare coverage for millions who were previously uninsured, public health improvement programs, and improvement of community health centers. The 1115 waiver allows Oregon greater local control of its Medicaid delivery system. Under 1115 authority, a state may obtain approval for experimental, pilot, or demonstration projects that promote the objectives of the Medicaid and CHIP programs.
- 3) A Coordinated Care Organization (CCO) is a health care network of all types of providers working together in their local communities to deliver patient-centric care for people on the Oregon Health Plan (Medicaid). CCOs financially integrate and provide coordinated care, including; physical health, behavioral health (mental health and addiction services), dental health and social services.
- 4) The Eastern Oregon Coordinated Care Organization serves the largest geographic area of any CCO in the state and one of the smallest patient populations. Wheeler County, as of the 2017 census, had 289 OHP consumers comprising 19.5% of the county's total population. Candy stated that Wheeler County had to fight to be included in the EOCCO rather than a less culturally and geographically appropriate CCO. Troy confirmed that the quinquennial application required of the CCO's by the state requesting particular coverage areas is due this year.

- 5) The organizational structure of the EOCCO was discussed. Owners, including GOBHI, MODA, several hospitals and clinics were identified. The Board of Directors oversight function was briefly discussed. The Regional Community Advisory Council was described as the vehicle by which Local CACs get information to the Board of Directors. The Clinical Advisory Council reviews clinical issues and incentive measures. Different partners and their roles in providing coordinated and integrated care were explained as having evolved over time during program development and implementation. These partners include: dental health organizations; early learning hubs; EOHLA (fundraising arm for regional projects) and others. Anne identified as the Wheeler County representative on the EOHLA board.
- 6) Incentive Measures were defined as targets for community health improvements identified by research and reviewed by the Clinical Advisory Council. Successfully designing and implementing programs that improve these measures can result in increased funding for those programs being allocated. These measures are identified as having the potential to increase overall community health, thereby reducing the cost of healthcare delivery via Medicaid.
- 7) Oregon Revised Statute [\(ORS\) 414.627](#) describes the responsibilities of CACs. These include: identifying and advocating for preventive care practices to be used by the CCO; overseeing a community health assessment (CHA); adopting a community health improvement plan (CHIP) to serve as a strategic plan for addressing health disparities and meeting health needs of the communities in the service area; annually publishing a report on the progress of the CHIP. The LCAC charter provides details of LCAC operations, procedures and guiding principles.
- 8) Troy defined Community Health Assessments (CHAs) as the process of collecting, analyzing and interpreting information regarding the service area (Wheeler County) to identify local health assets and health needs. This data collection process involves working with community partners (hospitals, public health, mental health, dental, etc.). The CAC must oversee the production of an updated CHA every five years. Wheeler County LCAC must provide this oversight in 2019. EOCCO will assist with primary (directly from the community) and secondary (governmental) data collection. CHAs include not just raw data but also how that data is perceived within a community.
- 9) CHA information is used to formulate a Community Health Plan (CHP). The CHP is a plan that helps communities prioritize focus areas the community should focus on to make local health and health system improvements. LCACs are required to submit an annual report on the progress of the CHP.

- 10) Troy played a [video](#) which discusses Social Determinants of Health and asserts that health is determined by an interconnected set of factors which have not necessarily been traditionally seen as determinative of health. Focusing just on medical care is a narrow focus which will lead to deficient results. In order to achieve better health on a societal level structural inequities should be addressed. Transportation, housing, daycare and economic development were identified as playing often unseen roles in health during a brief group discussion.

- 11) The 2019 CHA is required to include a plan to address social determinants of health and health inequities. Anne brought up that the dollars spent by the LCAC on behalf of the CCO are to be expended for the benefit of Medicaid consumers but that we try to include the community as a whole whenever possible. Troy concurred that the dollars must be spent to benefit OHP consumers but hoped that things working for this subset of the population could catch on and lift the entire community. He pointed out that Medicare and private insurance use similar measures to determine cost and that if something works within a Medicaid population it may also be effective at addressing analogous health problems within other subsets.

- 12) Ways to increase the WC LCACs effectiveness as a group were presented. These include: understanding the basic requirements of the CAC and help fulfill them; recognizing individual roles within the CAC, and the function of the CAC group within the CCO; being creative and bringing new ideas to the table; working together to help the CAC function efficiently; a shared commitment to community service; seeking new ways to become a high-impact group; asking questions and listen to learn.

- 13) Ongoing GOBHI projects were discussed, including data management projects centered on data tracking around incentive measures and patient care.

CHA Data and Focus Group Reports: Troy passed out CHA Data sheets and a Focus Group Report from a 2017 focus group meeting. It was decided that this information would be digested by WC LCAC members on their own time and discussed further at the February Meeting.

Action Plan & Timeline: The action plan and timeline was presented as represented below:

January 2019	Continue presenting individual focus group report to all 12 LCAC's
February 2019	Deliver and present updated CHA quantitative data reports to each LCAC

February 26, 2019	*Special meeting*Save RCAC date as an extra meeting time. Review data and provide input for annual report.
March-April, 2019	Work with all 12 LCAC's on prioritization of data
April 23, 2019	RCAC meeting to work on prioritization of data for annual report and regional CHP completion
May 2019	Complete prioritization of CHP for all 12 LCAC's
May 2019	LCAC's must review and adopt CHP in meeting minutes.
June 25, 2019	RCAC approves annual report and documents in meeting minutes
June 30, 2019	Complete final edits and submit CHA and CHP to Oregon Health Authority

Candy asked if community meetings in each town (Fossil, Spray, Mitchell) and mailed surveys would be necessary to do again in order to produce an updated CHA. Troy suggested using the existing CHA data and combining it with new data sources to create an updated assessment. Matt asked if there was a hard date for adoption of the CHP by WC LCAC. Troy pointed out that the schedule calls for that action by the May meeting at the latest. The current [CHA](#) & [CHP](#) are available in hardcopy form in the member binders and digitally on EOCCO's website.

Election of Officers:

MOTION: Ellie MOVED to TABLE the election of officers until the February meeting to allow for Candy, Anne and herself to finish up ongoing financial work regarding the CHIP Phase II grant.

SECOND: Matt seconded the motion.

VOTE: Ayes 9; Nays 0

Candy declared the MOTION CARRIED

Update on Frontier Veggie Rx Grant Application: Matt stated that he had communicated with Marci McMurphy of GOBHI who is preparing the application. WC LCAC has submitted the required paperwork and the process is going well. Marci is structuring the application to allow

for the Frontier Veggie Rx Program to grow in Wheeler County. The WC LCAC will be able to add prescribers post-submission and these prescribers can be either organizations or individuals so long as they are approved by the Council.

Structuring of the Restart Scholarship Program: Ellie presented the recommendations of the Sub-Committee on the Restart Scholarship Program as follows:

Restart Scholarships may be awarded to OHP or EOCCO members who;

- (1) **are participating in the VeggieRx program**
- (2) **fill out a scholarship application**
 - (a) **WC LCAC shall design and approve an application for the Restart Scholarship Program**
- (3) **demonstrate health needs**
 - (a) **Program administrator shall develop a questionnaire to determine symptom severity.**
- (4) **demonstrate motivation to change**
 - (a) **Program administrator shall develop a questionnaire to determine motivation to change.**

Matt asked whether the LCAC would be responsible for making any judgement calls rating or assigning priority to a patient's level of need over those of another. Ellie and Susan clarified that Alicia would be using that information to determine whether or not an applicant would be likely to benefit from the Restart Program in her judgement. Having met that standard, an applicant would be approved for the Restart Scholarship Program.

MOTION: Matt **MOVED** to **ADOPT** the criteria for the Restart Scholarship Program applicants as presented by the sub-committee.

SECOND: Breanna seconded the motion.

VOTE: Ayes **9**; Nays **0**

Candy declared the MOTION CARRIED.

New Business: Ellie shared that the Wheeler County Food Pantry conducts food distribution the 3rd Tuesday of every month from 9:00 AM - 12:00 PM at the Isobel Edwards Hall. Eligibility is determined by income level. They have asked to for help getting the word out to areas beyond Fossil. Ellie planned to design a Facebook Post for the WC LCAC page in order to help distribute this information. There is also a free produce distribution service in the area. There was a brief debate as to days and times of this distribution. Ellie said she would find that information and bring it to the group.

Scheduling of Next Meeting: The next WC LCAC meeting was set for **Tuesday, February 19th from 5:00 - 7:00 pm** at the **Jeanne E. Burch Building, 401 Fourth St., Fossil, OR 97830.**

Candy declared the MEETING ADJOURNED