

CCO Community Advisory Council Meeting

Monday, January 27, 2014

12:00 - 2:00 pm

Lane County Youth Services, Carmichael Room

Minutes

Attended: Tara Davee, Lezlee Craven, Charene Reavis, David Parker, L.M. Reese, Rick Kirkpatrick, Andrea Muzikant, Eric Van Houten, Roxie Mayfield, Marianne Malott, Val Haynes, Colt Gill, Leah Edelmann

Guests: Bob Renggli, Aaron Monnig

Absent: Tony Biglan, Dawn Helwig, Richard Kincaid, Marcela Mendoza, John Radich, Renae Freeman, Jessica Rice, Susanna Sammis

1. **Call Meeting to Order** – Meeting opened by Chair, David Parker.
2. **Public Comment** – No comment
3. **Introductions and Welcome**
 - a. Introductions – Introductions were made around the table.
 - b. “Get to Know You” activity – Are you a cat or dog lover and if you are, why?
4. **CAC Business/Announcements**
 - a. Approval of minutes – no approval of minutes.
 - b. Trillium Conflict of Interest Forms – Distributed and members asked to fill out and turn back into Leah.
 - c. CHIP Name Ranking – No report.
 - d. CAC Annual Report – No report.
5. **Liaison / Workgroup Reports**
 - a. Governing Board – Report by Shannon – Leah reported that L.M. Reese, who is our CAC representative to the Governing Board, is no longer able to fulfill that obligation. The meetings are at 7 a.m. on the 2nd Monday of every month at Trillium. We have had one nomination of Tara Davee to serve in this role. If anyone else is interested in serving as the CAC representative, please speak up. Char Reavis made the motion to elect Tara Davee to the the CAC representative to the Governing Board. Colt Gill seconded. Motion carried.

b. **Trillium Report:** Report by Shannon.

Dental Care:

At the last meeting, Trillium brought in a couple of dental care organizations that joined Trillium and discussed what they are doing in providing dental care. Updated member handbook to include dental information.

Cover Oregon:

- 72,677 signed up
- 18,421 increase from last month: 54,256
- 3,646 signed up through Cover Oregon or OHP eligibility
- 13,600 don't have plan or provider
- many people who are eligible that haven't signed up yet.

Member Care is triaging phone calls:

- ask the caller if they have another PCP that they have seen in the past
- if the member has prescriptions that need to be filled
- call Cover Oregon (541) 485-2155 for assistance

Both senators and legislators know that we are in a medically underserved crisis situation in Lane County. The Federal Poverty Level changed this year which made more people eligible for coverage.

Transportation to Medical Appointments:

Transportation brochures were mailed out with the client ID cards.

- Many people don't know they have this benefit.
- All of the OHP clients have some kind of medical transportation benefits.

New member newsletter:

New member newsletter has been sent out. Shannon will go over it at the next meeting and explain the articles that they are required to provide. Also the CAC's suggestions influenced this last issue.

Other news:

Our Tobacco Prevention Program made national news on National Public Radio (NPR). Oregon Public Broadcasting (OPB) did a radio interview on the Good Behavior Game. NPR heard the broadcast and was interested in why a health plan would be interested in investing in primary prevention. Colt Gill did the interview for OPB; Terry Coplin, Trillium CEO, and Jennifer Webster from the Lane County Prevention Program did the NPR interview.

Trillium recently filmed a public relations video for legislators and leaders in the state and to share with other CCO's on the innovative things other specific CCO's are doing.

c. **CAP Report** – Report by Rick.

Clinical Advisory Council met January 9 and worked on:

- quality piece of the performance matrix and having reliable quality performance particularly in secondary screening to find disease and depression;
- reviewed and made recommendations to improve that performance;
- discussed the primary care provider shortage in our area and commissioned a group to address what the issues are, how we can recruit primary care providers and nurse practitioners to our community, and how do we keep them here. We also are looking at residency program options because most doctors stay where they were trained. Both hospitals are looking into the possibility of having residency programs. These programs are very expensive and labor intensive.
- discussed programs that are going to be started around spinal and cardiovascular care.

d. **RAC Report** – Report by Char.

VERB Summer Scorecard Program:

Discussed how we can recruit applicants in our community to run the VERB Summer Scorecard programs. The request for proposals will be issued in February. The RAC has also identified some criteria that they want to be considered when applications are evaluated.

Member Engagement:

We are planning out all the meetings for 2014 and identifying where they will be held. We will meet once each in Veneta, Oakridge, McKenzie Bridge/Blue River and Junction City.

We will advertise the meetings and invite Trillium members to attend. We will use newspapers, as well as, asking organizations (like HACSA, DHS, etc.) to help us spread the word.

The first part of each meeting will feature some sort of information/education for Trillium members.

We are considering working with Trillium to host two rural community meetings this year for Trillium members.

We are hoping to conduct some informal focus groups and/or surveys around the use of health care. We will do this in cooperation with HACSA and other housing groups, and with DHS.

6. CAC Committees

a. **Prevention** – Report by Leah. Focusing on the programs that have been implemented and looking at the next phase which is evaluation. They are taking a look the data that we are getting back, analyzing it, and see if changes need to be made or adjusted to make the programs more successful. Also looking at the Tobacco Cessation for Pregnant Women looking at ways to increase participation in the program. We don't have enough women participating, but where they are participating, it is very successful. We need to protect the fidelity of the programs by having someone overseeing the details to make sure that we are following the evidence based practice and the data is real and we are getting the outcomes that we want. Fifteen percent of the budget of the program should be used in protecting the fidelity of the program.

b. **Health Equity** – Report by Val. No report.

c. **Member Engagement and Outreach:**

We are going to partner with housing groups (HACSA, Metropolitan Housing) and with DSHS to hold focus groups in order to gather information about:

- barriers members face when trying to use their healthcare
- what members want to know about their healthcare, and
- how members would like to receive information.

“Armchair Advisors”:

We are going to recruit Trillium members who may not want to be CAC members or go to meetings, but who would be willing to give feedback. For example, they could review written material or website information and give us feedback.

Website:

We will work with Trillium to create member friendly and informative website pages.

Member Issues:

We are reviewing Trillium grievance data to identify issues and continuing to work on issues like concerns around durable medical supplies.

7. Health Equity: Unnatural Causes Video and Discussion

8. Adjourn