

CCO Community Advisory Council Meeting

Monday, June 2, 2014

12:00 - 2:00 pm

Lane County Youth Services, Carmichael Room

Minutes

Attended: Suzanna Sammis, Dawn Helwig, Tara Deveen, Marianne Malott, Rick Kincaid, L.M. Reese, Eric VanHouten, David Parker, Edelman, Leah

Guests: Terry Coplin (Trillium, Brian Johnson (LCPH/Prevention Program), Danielle (Intern), Kay Metzger (Oregon Health Authority)

Absent: Tony Biglan, Lezlee Craven, Ranae Freeman, Colt Gill, Val Haynes, Roxie Mayfield, Marcela Mendoza, John Radich, ChareneReavis

1. **Call Meeting to Order** – Meeting opened by 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 - Tara Deveen. “What makes you happy?”
 - c. Approve Minutes from April 28, 2014 – Minutes were unanimously approved.
4. **CAP Cardiac Proposal** – Dr. Leon Cytrynbaum. Hospitalist with McKenzie-Willamette Hospital. This is a hot spotting project addressing congestive heart failure where we find the sickest congestive heart failure cardiac patients and focus a lot of resources just on those sickest patients and have reduced costs and better outcomes and healthier patients. Using our software we are able to predict who is going to be the most expensive patients and we found 40 patients that met that criteria. When we look at their care we found that half of them had never seen a cardiologist or don't understand their medications and that their care was not as good as it could be. We designed a process for these patients that we would get them a speciality heart nurse and community health worker who would coordinate with the nurse to help these people along. We have made relationships with the two cardiology groups in town, one with McKenzie Willamette and one with Peace Health and we have a liaison there usually a physician assistant that can always answer questions. When people are really sick or released from the hospital, we go to their homes and make sure they understand their medications, make sure they have seen their cardiologist and have a care plan that is certified as appropriate, make sure they understand what they need to do with their

diet and have someone that they can call. We will see them every 2-4 weeks, some every week or some every 4 weeks. We plan to see visit them at home within 2 days of being discharged from the hospital because most people are confused and don't remember when they get home what their medications are, when to take them, what their discharge instructions were because they were sick in the hospital. We thinks this plan will help to us to see less patients in ER and the hospital and more patients in the clinic, more home health, and more medications and help people get better cardiac health outcomes. We are going to be tracking the patients and monitoring the project for six months and if we can't see that we are changing are improving the patient health outcomes and reducing their costs, then we will have a serious discussion about changing or stopping the project. We promised a minimum 1.7 percent financial return on their investment. David Parker called to entertain a motion to approve this project, L.M Reece carried the motion, Tara Davee seconded it, motion approved.

5. Liaison / Workgroup Reports

- a. **Governing Board** – Report by Tara. Finance report included that Trillium has chosen to hold back 3 million dollars for overpayment from OHA. This is an estimated amount. The reason for this overpayment was that Trillium was paid at a higher rate for single adults when they were added on when actually they were single adults with children, so Trillium was overpaid to much money. We are still waiting to hear exactly how much was overpaid. On May 12, the lease on the new clinic was signed. We need a few more providers. Trillium received a one million dollar state wrap around children's project grant for behavior health services to help children involved with DHS or with special needs that will provide one facilitator per 15 families and that will serve between 100-125.
- b. **Trillium Report** – Report by Terry Coplin. Trillium requested a detailed list of the clients they were overpaid for and dollar amount before they pay back the overpayment. For right now they are putting the estimated amount in reserve until they receive the documentation. Trillium granted approximately a billion dollars in transformation funds and now have a person tracking those funds and should have a report in July about how those investments are going. Trillium is working with cab services and RideSource about transportation issues involved with providing access to care services.
- c. **CAP Report** – Report by Rick. Discussed provider shortage for primary care, psychiatry, and dental. LIPA has been looking at ways that communities and at the state and federal levels can get providers to do their residencys here. Discussed the performance matrix related to the CCO incentive measures, we have received the results back and have improved our score of 11 of 15 measures met to 13.9 of 15 measures met. This qualifies us to receive the full incentive payment as well as a little bit more. There has been a concerted effort to reinvest that money back into the quality framework for the community and Trillium.

6. CAC Committees

- a. **Prevention** – Report by Rick
- b. **Health Equity** - Report by Val.
- c. **Member Engagement** – Report by

- 7. CAC Summit Roundtable** – Report by Leah. Leah thanked everyone who participated in the roundtable. Leah learned how different CCOs are set up. Leah was proud to share what our CCO was. Working Together for Successful Communications and Equity Inclusion workshops were found to be very valuable. Really enjoyed the grant presentations. Rick found the Health Literacy discussion was extremely good as well as the discussions of the challenges of literacy in general. He would like to share this information with providers. It is also important that all CCOs have a unified goal. We will have new members coming on in the fall. Do we want to take some time to discuss the goals for the year and develop a CAC work plan? It is important to recognize what we have done and look at what we still need to accomplish. We need to decide on what our deliverables will be for 2015. It is also important that we learn how to network with other CCOs. It was suggested by Lezlee Craven that we have a retreat for the CAC.

8. Adjourn