

# CCO Community Advisory Council Meeting

Monday, June 23, 2014

12:00 - 2:00 pm

Lane County Youth Services, Carmichael Room

## Minutes

**Attended:** L.M. Reese, Tara Davee, Marianne Malott, Andrea Muzikant, Char Reavis, Colt Gill, Val Haynes, Lezlee Craven, Rick Kincaid, David Parker

**Guests:** Sarah Ballini-Ross (Senior & Disabled Services/LCOG); C.A. Baskerville, Michelle Lowery, Jennifer Webster (Lane County Public Health Prevention Program)

**Absent:** Tony Biglan, Dawn Helwig, Roxie Mayfield, Marcela Mendoza, John Radich, Susanna Sammis, Eric Van Houten

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. Everyone shared their favorite summer place.

4. **Liaison / Workgroup Reports**

- a. **Governing Board** – Report by Tara.

**Trillium Overpayment:** There is still a continued need for Trillium to set money aside for the overpaid and still no word on when the money was due. We are waiting for a detailed report to show exactly where Trillium was overpaid. We are not the only CCO affected; all the CCOs were affected in Oregon.

**Update on Trillium’s Four Point Plan** - One of the points in the plan was offering providers \$10 for each new patient that they would add into their practice. As of this meeting, Trillium has paid for around 15,000 new patients.

**New community health clinic** – The new community health clinic, Brookside Clinic, is scheduled to open on August 25, 2014.

**System of Care Meeting** - Going to be held on June 27th from 9 am – 4 pm at Oregon Research Institute (ORI). The meeting is in collaboration between Portland State, DHS, and Trillium to discuss a grant that Trillium received for a children’s wrap around project for working better with children with behavioral health issues, in particular, those children involved with DHS. They will be assessing what resources

- we have and how could we better use them what could we do differently and what services do we wish that we have.
- b. **Trillium Report** – Report by Shannon. We currently have 87,974 members. As of April, we are closed in the physical health member category. We have 9,013 without medical homes. The dental and mental health category has grown by 9,144 members since April 1<sup>st</sup>. These members are from out in the community and most likely don't have physical health care. We just submitted a form to the state asking to open membership for pediatric services. We currently have around 2,400 in the pediatric dental/mental health category. We are able to show a capacity for up to 5,000 children that need these services. We are also open to women that are pregnant. Physicians are willing to see women with Trillium but not the open card because there is such a large difference in payment. The Children and Adolescent Needs (CANS) assessment is rolling into the CCOs on July 1<sup>st</sup>. The CCO will have contracts with providers to do those assessments which will help determine the needs of foster children. Mathematica conducted interviews with our CCO to hear how transformation is happening here.
- Debi - We had a big retreat on Saturday with a broad base of people to talk about access to care issues and create a five year strategic plan. We had a great discussion and everyone who was present was very engaged. We will have a summary of the retreat available soon. Tomorrow night we have one of our community conversations at Springfield City Hall in the council chambers. The invitation was widely broadcasted. Last Friday, Dr. Kincaid, Dr. LUEDTKE, and I did a presentation at the Eugene City Club about access to care issues that will be rebroadcasted on KLTV tonight at 7pm. Tomorrow morning, Terry and Patrice from Trillium will be presenting to the Eugene Chamber of Commerce Board about the access issues and ways that health care might be able to partner with the chamber to strengthen the health care sector to create a better economy.
- c. **CAP Report** – Report by Rick. We have had some discussions around manpower issues as they relate to the clinical community. Incentive and quality matrix and new work with Transfer Med. Assessments are not completed yet. Talked about the presentation on the cardiovascular project. We received an update from Jennifer Webster on the prevention efforts such as the perinatal tobacco cessation efforts and also gave statistics on the good behavior game. Jennifer did a great job presenting the data and how they made some adjustments in the program for better outcomes. It was a very positive report that showed that we can make a difference.
- d. **RAC Report** – Report by Char. Not very many people were at the last meeting. We are trying to increase our membership. We also have been traveling to many rural communities and we feel that we aren't focusing enough on how or if we can help in different communities. We decided to pick a few communities and spend more time working with them. We had difference of opinions of which communities to focus on so we decided to send out a survey to all the RAC members to get all their ideas

since not many people were at the last meeting. We need to decide which communities have the biggest needs. David asked Tara to get a list of needs and successful programs for each city/community to bring to the CAC by the next needs assessment in one year.

- e. **Report of Latino Health Equity Conference** - Report by Marcela. Six members were invited to a one day conference. Focus of the conference was on Latino health. The first presentation was on interventions in the San Antonio sector. The University of Texas decided to use social media to get prevention and health messages out to the Latino community. The second presentation was about health equity in Oregon. The breakout sessions were on papers completed by researchers at Oregon State University. There was a lot of conversation about community health workers vs. health workers. The whole conference was centered on evidence based research.

**5. Trillium Health Equity Report – Patrice Korjenek, Chief Operations Officer and Lucy Zammerelli, Trillium –**

- a. New Data
- b. Trillium Provider Survey

See reports distributed at meeting. State of Oregon CCOs has seventeen CCO Incentive Measures that are indicative of quality of care. When we look at ambulatory care/emergency department use, we want to see a lower number. The Caucasian population did not meet target and it appears that those services are overused by the Caucasian population. In developmental screenings, the Hispanic population was the only population that didn't meet the target. This is concerning because developmental screenings are completed during a Well Child Visit. The Hispanic population data shows that they have a high rate of Well Child Visits compared to other populations but either the development screenings aren't being done during the visit or they aren't being billed for. For diabetic care and cervical cancer screening, the target numbers are very low especially for the American Indian/Alaskan Native population. This means we need to work on getting these numbers up. For chlamydia screenings, most screenings were done most frequently in African Americans and least frequently in Caucasians. This also gives us something to think about. Adolescent immunizations rates high in the Hispanic population which means they are accessing care and getting their children immunization. The lowest rates were in the Caucasian population. The report shows that care is delivered differentially. Trillium is required to keep track of complaints and grievances and report these quarterly to the state. We went back over the past two years over complaints and grievances and looked at the demographics such as age, ethnicity, and English speaking status. They found 43% of the members that complained were between the age of 45 and 64 which is way older than our average member. If someone was complaining on behalf of a child, it was counted as a child. More than half of the complaints were from ages 25-54, the working force. There a very few non Caucasian member complaints which means the Caucasians are the ones complaining. Six percent of Trillium's member population is non English speaking. Almost all

complaints are from Caucasian, English speaking members that are medically complicated. More women are making more complaints than men. So it appears that Trillium's complaint and grievance policy is not well known. More women are making more complaints than men. In cultural linguistic competence and our provider network measure we need some work. As part of the CCO's transformation plan, we are required to analyze and develop where there are gaps in cultural competent care for our members and make sure that our providers do it as well. A provider survey was done on cultural competency and the findings were that cultural or language appropriate materials were not always readily available to patients. Fewer than 1 in 3 medical offices administer satisfaction surveys in any language meaning they don't check member satisfaction at all. They also don't want assistance to train employees on cultural competence. They feel that as long as they hire ethnically diverse staff that they are cultural competent. We need to help providers address health literacy and cultural competency.

**6. Health Equity Committee Presentation - Report by Leah.**

- a. Identifying inequities and their causes
- b. Fishbone exercise
- c. Findings from the focus groups

See presentation handout and fishbone exercise diagram. The committee analyzed the data and identified four areas where there were significant disparities: asthma, diabetes, schizophrenia, and childhood obesity. Childhood obesity had the largest amount of disparity and very good evidence for possible solutions. CAC members paired up and using the fishbone diagram came up with possible causes of a simple problem and shared them with other members. The Health Equity Committee used this same exercise to analyze the data for childhood obesity. Leah shared their findings.

**7. Adjourn**