



CCO COMMUNITY ADVISORY COUNCIL MEETING

Monday, July 22, 2013 12:00 – 2:00 Business Meeting

Present: David Parker, Dawn Helwig, Rick Fincade, Colt Gill, Susanna Sammis, Karen Gillete, Val Haynes, Eric Van Houten, Charene Reavis, L.M. Reese, Tara Davee, Roxie Mayfield

Staff: Leah Edelman, Karen Gaffney, Bruce Abel, Debi Farr, Cass Skinner, Kay Metzger, Jennifer Webster

The meeting was called to order at 12:10. There was no public comment. Introductions were made. The “getting to know you activity” was to name a favorite fruit and vegetable. The minutes were approved. There was a request that a copy of the minutes be made available to members at the meeting. Staff agreed to ensure this happened in the future.

Announcements: Susanna announced that August 3rd is the NAMI picnic at Alton Baker Park from 5:00 to 7:00 and everyone is welcome. They are partnering with OFSN and there will be children’s activities.

L.M. reported that Bruce Abel spoke at his Lion’s club meeting and did an excellent job. Terry Coplin is speaking next Wednesday.

Membership: Karen Gaffney explained that CAC terms are for 2 years, which means that if we don’t adjust the terms, we will be replacing the entire committee every 2 years. The leadership team recommends that a percentage of the committee be asked to extend their terms by one year (for a total of 3 years). Other members will, of course, have the opportunity to apply for a second term. Members were asked to fill out the circulated form indicating if they would be willing to serve an extra term. The Leadership team will make the recommendations at the next meeting.

Governing Board report: Colt Gill reported that the Governing Board spent a lot of time considering the obesity proposal. There were many questions, but overall support and it was approved unanimously. There may be additional Transformation money available, possibly \$30 million, but they are still waiting for clarity about how CCO’s could apply or how the funds would be divided between CCO’s. The Governing Board reviewed the CAC/RAC recommendations about the role Trillium would play in the CHIP strategies. While there were questions about what “support”, “partner” and “lead” might mean in practice, they approved and supported the recommendations. They felt it was a useful exercise and helpful to guide them, with the understanding that it would be an ongoing process. Debi Farr gave an update on the Early Learning Hub process and the CCO’s role. Organizations in Lane County, including the

Education Service District (Lane ESD), United Way, Lane County Health and Human Services and others are collaborating on a grant to focus on improving school readiness and success.

Legislative Report: Debi Farr gave a legislative report. House Bill 30, which was the OHA budget, passed and included the first budget increase in nearly a decade. Additionally, 30 million dollars in Transformation funds was included, so each CCO will receive a percentage of that money. Trillium will receive 1.5 to 3 million, based on their grant application – not assured they will get that amount, but hopefully the programs they put forward will be approved. Also included in the budget was \$116 million in Tobacco Master Settlement funds that was dedicated to the Oregon Health Authority and the CCO's. The Provider Tax was re-authorized, which provides much of the revenue needed to fund OHP. This is a tax paid primarily by hospitals. The legislative update is attached.

CAP Report: Rick Kincade reported that the CAP saw a demonstration of the Care Team Connect software, a web based shared care plan where clinics, providers and patients can access information about the patients care plan. CAP members thought it has tremendous potential for helping to coordinate care. There was a request to have the CAC see the demo from the patient's side. Rick will follow up on this. Several care model projects moving forward: spinal program is moving forward; behavioral health integration also moving quickly;

RAC Report: Still looking for members, specifically from Junction City, Veneta, etc. The RAC had two recommendations: 1) if there is additional funding for obesity, consider spending extra money to support obesity programs in rural areas that may not have as much infrastructure and 2) if food safety zones are addressed, be sure to include a robust rural voice in the discussion as it may impact rural communities differently. An invitation to include a RAC person on the Prevention Committee was made. There was some discussion about utilizing technology to make RAC participation easier.

Prevention Team: There is additional funding available for prevention. We need to allocate and use roughly \$400 thousand by the end of the year. The Prevention Committee is forming a proposal and it will be ready for the CAC to vote on at the August meeting.

Moving Forward as the Voice for Members Discussion: Karen Gaffney led this discussion. The CAC is one of the key things that make Trillium different from just an insurance company. The CAC's role is critically important. Now that we have a year under our belt, where do we want to go now, moving forward. How can we be sure that the CAC functions as the voice for members, how can we amplify that voice? Are there issues you want to address, are our committees the right ones or do we need others? Suggestions included:

- Providing more help in navigating services
- Looking at unique populations, either based on diagnosis (ie diabetes) or common needs (i.e. foster parents) and consider support group and focus groups to understand needs/challenges.

- Address the needs of foster kids- educate foster parents regarding Trillium services and medical homes.
- Educate patients about the medical home concept and how to best utilize it.
- Make appropriate care use the easy choice, help educate patients about what to do in medical situations, i.e. when to go to the ER and when to wait. Help patients to self-manage – one resource is Healthwise- TCHP app (from Peace Health)
- Understand the youth population better, access youth voices
- Be clear within the CAC about how we address concerns, how do concerns/ideas get addressed at different levels.
- Create vehicles to really hear from members, i.e. focus groups, community meetings, outreach, etc. Look at using media, direct contact through phone or email, partnering with providers.

Mental Health Primary Care Integration Presentation: Bruce Abel spoke about the efforts to behavioral and physical health in the Trillium system. He spoke about the transformation goals which call for greater integration and discussed the pending proposal to require all care providers to incorporate a behavioral health questionnaire into office visits. There will be a presentation on the complete proposal at the next meeting.

Case Coordination Services Presentation: Heather Glenn and Cathy Malos walked the CAC through the responsibilities of the Community Health Workers. They discussed what kind of patients would benefit from a Community Health Worker. They showed the group a referral form and explained the referral process.

The meeting was adjourned at 2:00