

# **BLAC Meeting 1/23**

## **Call to Order - Sam**

- Hilary still out, getting settled in her job

## **Approval of Minutes for December - Sam**

- They were emailed to save trees
- Stretch asked for clarification about insurance companies relationship with CCOs (eg. IHN). The group explained that the comment in the minutes referred to learning that not all CCOs are doing it the same way as Samaritan
- Joe's name was left off list for meeting with Access
- Mike moved to approve minutes, minutes approved
- Amy acknowledged for her hard work on writing up minutes
- Minutes approved

## **Member Comments**

- None

## **BLAC Recruitment Update - Sam**

- Orientation held on Jan 14th
- Open to New and Prospective members on Jan 14th
- Two new applications
- Still 4 openings on 15 member committee
- 2 people recommended (Deborah Morera and Angel, an OHP member)
- The hope is to prioritize OHP members as additional members (currently there are 5/11) There is no requirement to have a certain number of OHP members but the BLAC would like to have min. of 50%
- Sam is no longer an OHP member
- Deborah Morera and Angel were voted in bringing membership up to 13 (brings OHP membership to 6 out of 13)

## **Taking Up Charge for Evaluating Access to Health Care in Benton County - Lauren**

- Handout
- Regional Coordinator
- Looking at bringing together assessment done in all 3 counties

- Looking to be a regional presence despite being located in Benton County
- Looking to gather what data are out there and report back
- Starting to bring together assessments so as not to duplicate
- Looking to identify health disparities
- A large undertaking, long-term
- 1st step - identifying data gaps
- Funded by IHN-CCO and some federal dollars
- Powerpoint presentation
  - Mike requested the presentation be emailed to him

### **CCO CHIP Tracking Report - Rebekah**

- Asked to have status updates (document handed out has that filled in)
- We are tasked with looking at this and assessing if they are taking steps toward achieving the goals
- Sam wants a clearer pic on what pieces of efforts are being taken care of by other people vs what we need to be working on
- Rebekah says we are to report not evaluation. Reporting on what has happened so far on activities also report on (? didn't hear first part
- Look at handout and see what we meant by goals and what the measures are telling us about reaching outcomes.
- report is simply to identify outcomes and report on what CCO/CAC is doing right now
- Report on progress on CHIP`

### **Introductions**

- Absent- Hillary needs more time and won't be able to do the current 4th Friday
- No word from Angel
- Marisabell out of town
- Amy out of town
- Rebekkah will come late

### **Agenda items**

- Kelly Kiaser will be here - will speak for 30 minutes plus question answer session
- Sam proposed we brainstorm questions
- Breakout groups report back- Only Access group met and came up with similar outcomes to the ones (Linn?) county came up with.

## Other items?

- Mike asked if registration is open yet for fsummit. Sam says no but the planning committee is starting to meet
- Stretch we need an updated contact list - Sam says Amy is working on that.

## Discussion:

- March 2 meeting IHN community meeting canceled, but rescheduled. March 9th. CAC meeting in Tangent still on 2p-5p
- Trillium acquisition. Amy had a question national group, for profit acquired them. Original RFP didn't allow for that (didn't exclude but it was a big challenge)  
.Concern about that from others. Betty Johnson wondered how it was legal and questioned qualifications. Sam mentioned Texas didn't embrace medicaid expansion and their new governor isn't either
- Judy - what does change in governor mean for CCOs since it was Kitzhaber's baby. New governor doesn't know about healthcare as much, but Larry Eby said chief of staff does. Sam said he imagines no change. Mike Benneto (sp?) gone so not sure how much institutional knowledge will be retained
- Sam anyone know about legislation coming up Re healthcare reforms?
- Betty progress report on HB 2828 approved by house health care committee and sent to Ways and Means. It requires OHA to do the study themselves. Of 4 possible system (including universal health care) Bill has criteria measuring which one meets needs most closely. Healthcare For All supports the bill.
- Sam said one of the things leading to Kitzhaber leaving is b/c it would derail legislative session. Not sure what are the new legislature's priorities.
- Mike wants to ask about dental access and capacity given historic lack of access (including cost)
- Sam says anecdotally that people are having a hard time getting seen
- Judy wants to know about levels of care: Dr/NP/PAs, urgent care, ER, extended hours? Karen says Newport has walk in - what is that, do we have one and is it different from urgent care. Also what are we doing about extended after hours

being made available.

- Sam - what coordination is being done around extended hours? Mitch says not sure but each practice will have its own business model. What might Kelly Kaiser be noting about what is being tracked and Judy asks are they getting feedback on coordination to see if everyone is going along the same path
- Sam- we talked about inviting back woman describing pilot program to reach out to new members after 60 days to see if they are getting seen but he understands it was abandoned, not sure why. Is there any new thinking or program to reach out to new members. Any tracking of new OHP members that have even been seen? Still trying to get seen within 90 days? Get email from rebekkah re that pilot program? The alternative payment pilot has asked for more funding to increase capacity.
- Joe added that Medicare also has waiting limited by Dr office limit. Kelly may be able to speak to it. Joe says they ask him who his insurer is. OHP member (forgot her name!!) said slots may be backed up for when they can get seen. Mike says his doctor (Dr. Gallant) is more efficient by having assistant take notes also has PA that can do what Dr can do to free up Dr's time. Dr Gallant not associated with Corv clinic or hospital
- OHP member (forget her name) adds that she got guardianship of her kiddo. Took time off to talk on phone to switch him from Medicaid to Medicare (not sure I got that right). Later gets 3 applications. One says he will be canceled on 31st but when she went to pick up his meds, pharmacy said he has no insurance. She was able to get a hold of Disability Services. They helped her out but they are still not sure what happened in the and it only took 3 days to reinstate insurance . Says she can't be only one. What if he had run out of meds? He would have been hospitalized. She appreciated Disability Services for the quick turn around. She was very confused on getting so many applications b/c systems are confusing. How is the information being taken care of? She did reenrollment but now has more applications , and if she is confused others must be.
- Sam says checking in with Kelly Kaiser if efforts under way in pulling together data for report due in May.

### **Rebekkah Announcements**

- March 9th CAC is at 3205 birdfoot Dr from 2-5in tangent DCOs will come to talk dental. March 2 meeting postponed till April. Rebekah will check date. Also

CAC summit this year, she is on the steering committee. It will be held June 3rd and 4th from 11a till the next day at the Sunriver Resort in central oregon. The theme is Engagement of CAC and the community. Joe asks who is it limited to? Rebekah said only CAC members and local members so it will be a smaller meeting than Portland more like Eugene. They are going to try to find a different way to do funding assistance.

### **Mitch updates from Benton County**

- Today is last day for the COO. It looks like there is a good size pool of applicants. Doing work with Mental Health manager to rebuild services for serious mental health issues. The program is going well with the rebuilding of outpatient services. There is more internal work in regards to who is served and how to prioritize internally. More to come on what it will look like. It was discovered that there is a physician interested in providing services. She is being courted to move to Corvallis to add her to specialty integrated team , she will add primary care to team working on mental heal. If she is approved she will start somewhere close to July.
- Mike asks is there a primary care physician now? Mitch says yes but this will expand add to services. Mike continued by asking how many people with these concerns and how many patients in Benton county have to go to other counties for services. Mitch says there has been mixing b/c of CCOs so now can do that reciprocally with other counties. That couldn't be done before because different managed care organizations.

### **Kelly Kaiser spoke:**

- Announced public meeting April 20th at Corvallis library
- Updates:
- regional planning council set up a way for issues to come to regional planning committees. First example, dental CCO advocating for dental services
- Update from the Early Learning Hub - it is still early but important collaboration between learning and healthcare. The CCO is still the backbone
- Pilot programs: how are they being evalutated? CCO has hired analytic FTE been there for a month tanginble feedback of pilot will be at ?? meeting
- DST has taken hiatus on new pilots while to evaluate the first ones.
- Big pilot started: Alternative Payment, started Jan 1st with clinics volunteering to participating. Update in about a month or so. She is excited, it's a big one

- At state level: New governor: doesn't anticipate changes with CCOs. Kitzhaber had a good relationship w CMS to have latitude. She is not sure if the new governor has similar relationship at the federal level .
- Saxon appointed to OHA but not approved because there is a hold on appointments due to the Kitzhaber resignation. Unsettling because it needs stabilization.
- Autism treatment now covered benefit (Applied Behavioral Analysis) as of 1st but it needs help to build a provider base.

### Questions for Kelly:

- Concern about CCO acquired by out of state entity. Committee members weren't aware that was allowed. What are ramifications of company from a state not expanding medicaid.
  - In 2011 when RFP came out it required a CCO letter of intent. It was open to out of state entities. There were none approved but there were some interested. With this acquisition by Sentine (sp??) it will be a different environment at the table because currently everyone else knows everyone. She thinks it will be a big change
  - Dental: Stretch wanted to know about progress on dental services. Kelly said that Advantage Dental is taking the lead on that.
- Any specific bills introduced that we should pay attention?
  - Betty did mention one (see above). Kelly there was a Senate meeting on Tues but that none of the bills were exciting. Shawn Colner (sp??), the policy aide, is staying on . She said we will be informed of important bills.
- Anecdotal reporting re: access capacity. What are Kelly's impressions about emergency room uptick or urgent care clinics. Kelly says the, anecdotally, yes, especially specialists. At the end of 2014 there was an increase in claims. She said she can look for data supporting the anecdotal observations. Sam noticed that at the end of the year people are trying to get seen b/c deductibles are met and new deductibles are coming. Kelly said she hasn't heard about people stocking up, but that Medicaid has no deductible
- The committee had asked Mitch about the length of time to be seen. We were curious about efforts to expand Samaritan after hours. Kelly said she will find out. PCPCHs must have 4 (days?) of extended hours in tier 3.

- Also what about walk in clinics or urgent care? Lincoln and Newport have them and they bill differently but are similar to urgent care. Kelly will look for utilization at each of the levels of care.
  
- Karen pointed out there are open Saturday clinics that could potentially be utilized by OHP members. Kelly said we would have to find a way for the PCPH to offer that because it is hard to keep track if people are going all over the place when the PCPH is tasked with providing the services.
  
- What are the #s for new enrollees or those that were dropped last year? Kelly said there is churn every month and keeping track was put on hold last year because of the chaos. No reminder letters were sent to re establish eligibility. Since October of last year they are trying to get caught up on redetermination. Letters were sent out for those that should have gotten redetermined in first 6 months. There were 5000-6000 people lost, but most got back on. Then July-Oct redeterminations were being done at the end of December and extended to January. They did see a dip but also the numbers are increasing. The numbers are leveling out at 56-57,000. There is no open enrollment for Medicaid.
  
- Charleyne Dahl a pilot to reach out to newly enrolled, was this abandoned? Kelly said no it just didn't continue because it was not doing well. There is not a new pilot a new one but it was folded into alternative payment model pilot. Any data on how many new members got seen? May not be new/old but they are tracking it. getting started on evaluating.
  
- Where do things stand with May CHIP report? Kelly said March 9th data due so we can get it by 15th to evaluate for the report.
  
- Strech we had an original list of to do. Where is list and what has gotten done? He would like hard copy : Kelly doesn't know about the list but pointed to CHIP. Rebekah will look for minutes to check back on that. Possibly on drop box
  
- Kelly also said there will be follow ups on access wait times and tier 3 status and 4hrs at clinic.

### **Rebekkah's presentation**

- Outcomes to goals process
  
- Outlined what the report will look like - see notes page 3

-IHN CCO doesn't have to approve this report but may give feedback

- There is no hard deadline but there is a mid-April target date for outcomes (potential indicators too?) then a CAC workgroup will be appointed

- In regards to Behavioral Health goal

- Healthy people 2020 is a good place to start but keep in mind they will use different definitions and we should shift them to fit our own terms

**Meeting Adjourned**