

Umatilla County LCAC Meeting Minutes

DATE 8/12/2016	ST ANTHONY HOSPITAL PENDLETON, OREGON LOCATION
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MEETING CALLED BY	Catie Brenaman, LCAC Chair
CALLED TO ORDER	Catie Brenaman
ADJOURNED	Catie Brenaman
NOTE TAKER	Charlotte Dudley
ATTENDEES	Mary Ann Wren, Cathy Wamsley, Bobbi Fine Hayden, Kevin Campbell, Troy Soenen, Kris Boler, Kasi Werner, Jennifer Hook, Heidi Ziegler, Sherrie Winks, Juli Gregory, Irish Howard, Carol Johnson, Jessica McKay, Angie Treadwell, Janet Jones, Alisha Southwick, Rod Harwood, John Adams (guest), Rebecca Gardner, Susan Montgomery, Jeff Williams, Jill Boyd, Greg Miller, Darrin Umberger, Aimee Herbert, Amy Ashton Williams

Old Business and Announcements
 Motion to accept July minutes and then a second by Juli Gregory. Minutes approved August 24th at 5 pm- Jeff Williams- EOCIL is having an open house diner for the community to showcase supports developed for the LGBT community and others.
 August 25th Yellowhawk Tribal Health Center is having a groundbreaking ceremony.

DISCUSSION	<p>What are we hearing in the community?</p> <p>Complaints about long waits time when people are calling for OHP enrollment. People are not receiving renewal letters for the OHP benefits. Jessica tried to call and assist a client who needed to be placed on the urgent list. The client was twice told that she needs to reapply. She needed coverage for medication for her children. Issues were not resolved.</p> <p>Bobbi also mentioned that she has trouble as well. People are unable to get their questions answered over the phone and are very confused and concerned over their coverage. There is a call center in Baker with questions. In Umatilla County, DHS received money to hire an application assister 2 days a month located in Heppner. This is happening in October and the person is co-located in DHS.</p> <p>PHTech has no more funding to be application assisters. Bobbi mentioned that she was able to find assistance at the Mirasol clinic.</p> <p>There are still problems getting patients assigned to doctors. People may have a reputation and it can make it difficult to get accepted in a clinic, Jeff/EOCIL mentioned that he knows of several patients who are getting denied by PCPCHs because their medical needs are too complicated.</p> <p>Another issue is provider recruitment and retention. This is not just an issue for OHP members but for everyone. Sometimes people are forced to use their ER because they do not have a provider. There is a lack of geriatric specialists too. Marisol is losing two providers.</p> <p>Catie wanted to make a list of priorities to look at our funds- how can we use the funds that are coming our way to help providers with retention and engagement? How do we support folks knowing what's out there. Carol mentioned that dollars are needed to help support providers. Juli said that</p>
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	<p>there are dollars available but one of the things that we know to be important is that spending time with the provider but we also need to support the spouse that is moving into a new community. Jill mentioned that the work should start while med students are in school. Julie and Angie talked about the things that are other issues such as time and clinic systems. Kevin says we need a cohesive plan for retention and recruitment and a lot of funds are unspent and we are looking at new ideas. One problem is poaching own people in rural communities. Sherrie mentioned that as a nurse she is always receiving recruitment information that includes sign on bonuses from other nearby areas. Greg said they are looking at what incentives work.</p>
	<p>New Business: Preventative Care activities- Family Health and Fitness day Sept 24- resource fair to get people connected- prenatal- older adult. Several health screenings will be offered. Oct 14th Town hall for health and wellness- at Umatilla High School from 10-1 Dec 1st- What to do when your child gets sick health classes Chronic disease management and diabetes Sept 30th- I can – What to do class in Milton Freewater Sept 10 and 11 at OCDC-Casey vision van is going to be at center to offer free vision exam. They are hoping to get coupons to help pay for lenses. Sept 9th- Casey vision van will be at Columbia River Oct 14th- Behavioral Health and Education Summit in Hermiston</p> <p>The dental learning lab is almost complete. It has been held in Hermiston, McNary, and Milton Freewater. Marisol health fair and Lifeways has also had it.</p> <p>Kevin mentioned that Stanfield school district is taking the Mental Health First Aid class and 100% staff is attending. Contact Eric Rust at GOBHI 541 298 2101 if interested.</p> <p>Tobacco conversations- promoting quit line, supporting policies, and supporting PCPCHH.- Janet would like to come back and talk with LCAC</p>
	<p>Troy- Incentive Measures Troy asked how you collect the information of all of the good things. Juli emails all of the information out to people. The Coalition has a Facebook page and the Hospital developed a Facebook page. Public Health puts it on the website. One thing LCAC members can do is share the information in the community. The different Coalitions are located in different communities.</p> <p>It wasn't that long ago that the Affordable Care act passed- from 2012 up until now more people have coverage. The main job of the LCAC is to share issues and exchange information but ultimately you have to organize yourself to help make changes. The diagram gives you a visual of how CCO is set up. The state of OR made a deal with CMS for 1.9 dollars. The deal included being organized as a group to come together to share what the local group can do together. OHA received the federal money, there are 16 CCOs around the state and based on the number of patients in your service area you get dollars, the CCO is set up in part that communities give communities dollars so that instead of waiting for people to get care or get sick they developed the incentive measures. One incentive measure is tobacco- so collectively how can we come</p>

together to make a difference in tobacco use? We have 17 metrics that were created by a group of experts- part of the CCO success is measured in how the CCO meets these measures.

You can look at different components of the health care system- there are certain pieces that if you put them all together and you can get you population to do these things- you can get a healthy community.

One thing that is unique to EOCCO is that money is given to LCACs- you can bring community members together to identify a problem, develop some strategies and then implement something. It is not perfect but better than where we were 5 years ago.

Catie asked what z codes are- are they actually billable codes. They are not stand alone but are billable.

There are 17 measures. What can we strategically influence these measures? Some measures are hard to impact because they are based on the medical care and coding and billing. Tobacco and ASQ (Ages and Stages Questionnaire) are two that may be influenced by the LCAC. Can we do ASQs at the Family Health and Fitness day and have a provider available and also maybe contracting a provider with Head Start? Juli mentioned one potential issue, in Hermiston there are not enough pediatricians but Juli is trying to work on getting training for office staff and others and then getting providers on board. Juli is working with Nora Zimmerman /GOBHI to get the trainings to the community. Having the community support so that providers know resources and supports available for parents if a referral is needed is important. What is a creative way to look at the incentive? ASQs were developed for parent to do but the system only counts when it is done by a provider. Rebecca asked if it would work for educators to complete the ASQ with the family and ask the parents to share it with the medical provider.

Kevin- concept is for a global budget but the ASQ is the tip of the iceberg and need to move to person centered primary care homes. If Head Start is doing the ASQ then sending it with parent may not work. We need to start using the PCPCH with high expectations- so provider should be at the table, ought to have a mechanized system to transmit valuable information to PCPCH, PCPCH should know about the trauma that a person may have experienced. The ASQ ought to be the easiest way to get that information to the provider.

Rod asked if the Clinical Advisory Panel plays a part in developing the mechanism.

Angie and Rebecca mentioned that Head Start is talking with children's medical providers all of the time and there is value in the conversations.

Greg agreed that the primary care home is a valuable piece. The providers do a lot more with the ASQ- social determinants, development and trauma. Greg would be concerned if things like SBIRT and ASQ don't stay close to PCPC because of all that they do. Lane county had a successful tobacco program.

Kevin said that we need to create a relationship where PCPCH thinks of partners as care extenders such as Head Start. Our highest needs kids get over assessed and underserved leaving parents frustrated and parents not helped and we are looking for a quick fix. Kris would like to extend that sentiment to older adults. Sherrie feels that problems that families face is the parents working and have limited time. School based health centers are a good

resource in Hermiston and Pendleton. Alisha-one area partnering with PCPCH and SBHC and that it is important to meet clients where they are at. An issue is that the SBHC providers may not be the designated PCPCH.

Carol asked if there is a mechanism for SBHC to work with parents. Yes.

Chris asked if there is a possibility of LCAC representative at the local level.

Troy passed out a diagram and the measurements. The definitions have the EOCCO logo but come from the state. The report card is complex- why are there only 8 measurers on the report card- they have identified these 8 measures as possible impacted by LCAC- tobacco could be added. This does not include clinic measures. This year's targets are not yet finalized. For every incentive met, the EOCCO receives dollars. The EOCCO then flow back to the LCACs. Rod pointed out that the ER use lower is better. This is claims data so some of the measures will be low at the beginning of the year. Kevin- each year they raise the bar. Dental sealants were at 7% now at 17%. This is the funds that are withheld and then if you meet 13 of 17 you get all of your funds back. If we miss a metric it costs 2 million.

Greg- 1.9 billion was given but the state is in the process of reapplying and the federal government may also increase the benchmarks

EOCCO 48,000 members across the 12 counties. Umatilla County has about 24,000 or about half of the population of the CCO. The bigger the community the harder to coordinate care. Funding helps deal with social determinants of health. Transformation has to be happening now. Kevin mentioned that Umatilla was so close. We missed colorectal cancer screening by 11 patients. The next standing agenda item is what we can do to move the incentive.

New Business: John Adams- Eastern Oregon healthy Living Alliance (EOHLA)

EOHLA is reaching out to all of the LCACs- You have some great ideas. A dollar amount helps but there is not enough funds. The health priorities were developed .Mental health is one of our priorities in Umatilla County and mental health was also prioritized by every county. Obesity and chronic disease management are also shared goals. There are several Community Health Improvement Plans (CHIPS) done by several different agencies. The varied timelines for when CHIPS were due was a problem.

EOHLA was developed as a regional fund raising collaboration. In April of 2014, EOHLA identified regional health priorities. John shared EOHLA's guiding principle-We have to raise funds the work is critical to the success of community involvement. New approaches to health care shift focus from sick care to prevention, addressing social determinant of health, coordinating integrated care, new payment methodology, and system navigation. Your Plan is your vision for better community health. The region needs to be collaborating with all resources outside of the EOCCO. EOHLA is a nonprofit that can identify six health priorities, early childhood health, mental health, community health workers, oral health, public health integration, public health, and LCAC skill development. By Laws say that EOHLA should have one member from each of the EOCCO LCACs.

EOHLA is partnering with Advantage Dental to provide services for children in schools. Working with schools in Malheur, Baker and Grant counties. Fund raising for dental learning lab and volunteers. Mental Health First Aid for teachers and law enforcement across the region Umatilla, Lake, Morrow and Grant, Union and Harney counties. A Knight Cancer grant for Sherman Gilliam Wheeler counties is helping to identify best practices for increasing Colorectal Cancer screenings in communities.

Board members meet monthly remotely and the face to face meeting four times a year. Ultimately the board members should be familiar with the grant programs and the deliverables and contribute expertise. Kevin described one value of EOHLA is that the EOCCO is entirely Medicaid

funds. We are not allowed to spend Medicaid money on non-Medicaid members- but we want to impact community health, EOHLA helps raise funds from charitable resources so that we can improve the health for everyone regardless of the payer source. Cathy and Juli expressed interest. Cathy and Juli are going to the next meeting together. Angie makes a motion that Juli and Cathy go to the next EOHLA meeting. Catie seconded and the group approved.

DISCUSSION	<p>Catie shared the budget for the LCAC operating funds that will be available in September 2016. Budget- \$10,000 is operating funds Healthy meals- \$200 Meeting support and supplies-\$5000 Translator for language assistance \$100 Health and wellness media support \$1000 EOCCO/OHP membership engagement activities FTE</p> <p>Cathy made a motion to approve the budget. Angie seconded and the group approved</p>
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New Business: Elect Vice Chair for the Umatilla LCAC

DISCUSSION	<p>Juli nominated Jeff Williams and Sherrie seconded. The group approved Jeff Williams as Vice Chair. OHPB wants to use the LCAC as a town hall meeting but our next one is in Milton Freewater- the group agreed to hold the next two meetings in Hermiston and that the Oct meeting will be the town hall and LCAC meeting. Friday Oct 7th- the meeting for OHPB and LCAC in Hermiston. Troy suggested that the next LCAC meeting should be used to do a little planning before the Oct meeting The next LCAC meeting in Sept will happen in Hermiston and also Oct in Hermiston. The Morrow County LCAC should be invited.</p>
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
<ul style="list-style-type: none"> Add a standing agenda item after what are we hearing from consumers- add how can we impact the Incentives and community health 	LCAC members	ongoing
<ul style="list-style-type: none"> Receive update from Juli and Cathy about EOHLA and make an appointment to the EOHLA Board 	LCAC members	9/9/16
<ul style="list-style-type: none"> Discuss October town hall and invite Morrow LCAC 	LCAC members	Completed 9/1/16
<ul style="list-style-type: none"> 		

**Next meeting- September 9, 2016
 Good Shepherd Hospital
 Hermiston, Oregon**