

IDS Advisory Committee
Meeting Minutes
April 09, 2012

Present:

Cary Moller, CAPS	Rod Calkins, MCHD
Christina McCollum, CAPS	Scott Richards, MCHD
Debby Davis, Options	Steve Allan, Options
Dwight Bowles, CAPS	Terry Dethrow, NPC
Janice Veenhuizen, VMH	Tim Markwell, NPC
Kathleen Boyle, VMH	Tim McGee, ESCTC
Marcus Berglund, CCS	Tim Murphy, BRS
Paul Logan, NWHS	

Absent: Donna Waller, ESCTC Geoff Heatherington, PCMH, Sandy Stewart, MCHD

Guest:

I. Announcements and Introductions

- New Perspectives has a new full time therapist named Joel Lampert.
- Valley Mental Health has 2 new therapists. 1 is full time and one is .75 FTE. They have 1 new prescriber and a new case manager.
- Tim McGee passed out tulips for everyone present at today's meeting.
- Cary made an announcement regarding an anticipated reduction in capitation.
 - The reduction is anticipated to be approximately 10%
 - The current outpatient supplement will be reduced to 6%
 - Need to keep a payment structure that will work across Marion and Polk counties. A question was raised regarding currently enrolled clients who come from Yamhill, Linn and Tillamook once the new CCO is formed..
- Christina McCollum will be contacting each agency regarding credentialing questions for CCO application.
 - There are 18 questions for all providers
 - Providers need to define capacity
- CCO Letters of intent for Marion County
 - There were 6 Agencies that submitted letters of intent
 - Willamette Valley Community Health
 - Kaiser wanted to cover certain Zip Codes
 - Care Oregon – about 10,000 covered lives

- ODS – 20,000 lives in Marion County that are not currently covered. They have had talks with Salem Hospital.
- There were two national agencies that submitted letters
 - United Healthcare
 - Missouri
- Application is due by April 30th
- By May 15, 2012, the CCO financial applications are due.

II. Review Minutes

III. CCO – Discussion/Updates

Governance

- The Legal Counsel representatives have been meeting on a regular basis
- There is a draft of an operating agreement for a limited liability company
 - Counties cannot invest in private companies so consideration for their role is underway and will likely be held out in a special manner.
- Looking at 1 member 1 vote for all parties at the table. With a 19 item document that would need a super majority vote of the members at monetary risk
 - They would need 70% and 1 of the 2 counties votes to pass any of the 19 items.
- Governance Board created 2 new committees
 - HLT for health information
 - Data/Finance

Clinical

- There are 5 sub committees
 - Primary Care Health Homes
 - Patient Activation
 - Transitions across Levels of Care
 - Community Health Assessment
 - IT
- Two Councils
 - Community Advisory Council
 - 20 people – 11 of which are community
 - 4 families w/OHP children
 - 3 senior/disabled
 - Chronic disease
 - Youth
 - 2 Adults with Mental Health and/or Substance abuse
 - 9 seats for representatives of the community and government
 - Public Health
 - Early Childhood
 - Faith Based that sponsors a community free clinic
 - Child Welfare

- Community mental health and chemical dependency
 - County Commissioner
 - Rural Health/Latino Representation
 - Medical Society
 - This committee will be in charge of publishing the annual report, conducting the community health assessment, and advocating for preventive practices.
 - Clinical Advisory Panel
 - Doing Quality Improvement work
 - Clinical Best Practice
 - Development and Analysis of Data
 - Provider communications
 - Promoting a system wide approach to care coordination
 - Both Councils will report to the Governance Board
- Provider Survey
- Should be coming out by Survey Monkey
 - It will be emailed to the IDS Advisory Contacts
 - Everyone in the agencies needs to receive the survey.

IV. PCPCH – Presentation on Behavioral Health Role – Paul

- Enhanced Access
 - Modified Open access
 - Quick care one visit
 - Extended Hours
- Patient empowerment
 - All patients know who there providers are and providers know their patients
 - Care teams
 - Care Coordinators
- PCPCH needs to have lots of behavioral health integration
 - NWHS has a behavioral integration specialist
 - Warm hand off from PCP to behaviorist
 - 30 mins average – can come back for a few visits
 - Not a mental health diagnosis
 - Can send referral to mental health
 - Billing on medical side
- Running a hotline
- 211
- 340B drug pricing programs
- Dental services
- Enabling services
 - Definition
 - Education, transportation, ect.

- 3 tiers
 - All have the same qualifications, but at different levels of achievement
 - State trained eligibility workers
 - Sliding fee
 - Cultural competence

V. Flexibility within LOC Budgets

- Reports
 - January to current there has been about a 4% increase in enrolled clients
 - Access reports have added
 - calls logged
 - appointments offered
 - reported appointments
- Flexibility to spend money on a level basis instead of an individual basis.
 - The claims system, the way it is set up, cannot handle the flexibility we need.
 - There are a few options to achieve our goals
 - Option 1 – Zero the max dollar amount
 - No governor in place
 - Option 2 – Pre determined amount for all levels
 - Might think you have more money than you really do
 - Option 3 – Add funds per individual case
 - Will continue this conversation at future meetings.

Next Meeting May 14, 2012
Minutes by Janette Cotton