



Lane Community Health Council

Lane Community Health Council Board

June 11, 2024

7:00am-9:00am

Hybrid Meeting

Minutes

Present: Dr. Patrick Luedtke, Lane County Health, and Human Services; Ms. Isis Barone, Community Advisory Council; Mr. David Butler, McKenzie Willamette Medical Center; Ms. Tannya Devorak, Community Advisory Council; Ms. Eve Gray, Lane County Health, and Human Services; Dr. Lana Gee-Gott, Northwest Medical Homes; Ms. Lindsey Hopper, PacificSource; Ms. Molly Johnson, Advantage Dental; Ms. Jamie Louie-Smith, Heritage Bank; Ms. Melanie Maples, Willamette Family Inc.; Mr. Tony Scurto, Lane Education Service District; Dr. Robin Virgin, PeaceHealth Medical Group; Mr. Chad Westphal, Looking Glass

Absent: Dr. Catherine York, Northwest Surgical Specialists; Ms. Ali Canino, South Lane Mental Health

Staff: Ms. Rhonda Busek, Lane Community Health Council; Ms. Suzy Kropf, Lane Community Health Council; Ms. Lauriene Madrigal, Lane Community Health Council

Guests: Dr. Mark Buchholz, PacificSource; Ms. Kellie DeVore, PacificSource; Ms. Sadie Baratta, Lane County Health & Human Services

I. Call to Order, Welcome & Introductions, Public Comment

Dr. Luedtke called the meeting to order at 7:00 am.

Public Comment: There was no public comment.

July 9, 2024, Meeting: A motion was moved and seconded to approve canceling the July 9 Board meeting for summer break. The motion passed unanimously.

II. Consent Agenda

Dr. Luedtke presented the consent agenda including the following actions. **A motion was moved and seconded to approve the consent agenda. The motion passed unanimously.**

- **Approval of May 14, 2024, Minutes Lane Community Health Council Board:** No questions or discussion.
- **LCHC Financials:** No questions or discussion.
- **CCO Director Report:** No questions or discussion.

II. Finance Committee Update

Ms. Louie-Smith presented the LCHC Finance and Compliance charter. A recommendation was made to add PacificSource's Chief Compliance Officer as a nonvoting member of the committee. An additional revision to the scope of work includes regular compliance and oversight of Fraud, Waste, and Abuse (FWA). **A motion**

was moved and seconded to approve the updated Finance Committee Charter. The motion passed unanimously.

Ms. DeVore presented the PacificSource financials report, which included a year-to-date operating gain of \$3.7M, ahead of the budgeted loss of \$2.7M. The financial figures include 42.7M of positive adjustments related to prior year. There is nothing reserved for large cases with no reinsurance recovery. She then presented the March 2024 Financial Results – Gross Dollar Basis, Per Member Per Month (PMPM) Basis, and the Claims Expense – Accrued & IBNR, as well as the prior year adjustments to 2024 financials. She further noted that at year end, a margin of 10% was applied to IBNR. This margin accounts for the estimated number of unknown claims. The margin dollars are excluded in the calculations for the JMA and provider risk settlements since those calculations use actual claims for the incurred periods with specific paid through dates. Ms. DeVore reviewed the Trailing 12 Months Results, Withholds, Membership, JMA, and Emergency Department and Inpatient Admit Trends. She noted that membership changes have been in part due to the HOP expansion in July. The board expressed interest in learning more about relevant dates for HOP. Ms. DeVore said she would bring back this information. She also noted that the 2024 JMA calculations are currently at a recapture of \$1.8M, and that the estimated shared savings for 2023 financials continue to be finalized (estimated to be \$7M).

Ms. DeVore presented Medicaid and CCO Funds and the Lane Community Health Council. She provided an overview of the funding stream under management by LCHC, and noted the goal of providing tools for success as evidenced by funding decisions that maximize a return on investment, impact community conditions that support Medicaid Members and positively supports CCO MLR and rate setting. To-date, LCHC has made over \$68M in community and provider investments. All funds originate as public dollars. PCS and LCHC have responsibility to be positive stewards of these funds. Ms. DeVore shared the overarching goals of CCO Investments, which aims to improve health, lower costs, better care, and sustainable cost growth. She emphasized the importance of documenting and reporting on investments that maximizes the use of funds and opportunity for future investments. Ms. DeVore reminded the Board of the CCO Organizational Structure Community Governance Model. She then presented the Funds Flow of the CCO Global Budget, which includes Health Council operating costs, contracts and PacificSource administration, PacificSource margin of 2%, the SHARE Initiative, and Shared Savings. The Health Council Operating costs are 0.325% of the payment PCS receives monthly from the OHA to maintain the governing body, CAC, and CHA/CHP work. Health Council Funds for Investment include the Community Benefit Initiative (set in the CCO Budget, expended per OHA-HRS-CBI Guidelines), the Quality Pool (derived by the CCO meeting Quality Incentive Metrics), SDOH-E portion of Quality Pool, and Shared Savings. It was noted that shared savings are unique to the PCS Model. It is realized when CCO Contract funds received exceed required expenditures and a 2% Margin for PCS. At least 75% of expenditures shall be spent on Activities that Improve Health Care Quality and align with Medical Loss Ratio (MLR) requirements, per prior LCHC Board approval. Ms. DeVore then reviewed more detail for MLR, noting that CCOs are required to rebate the difference back to the OHA and are required to meet an 85% threshold. She concluded by presenting the overview of LCHC investments to-date, importance of meaningful investments, stewardship of public funds, and positive financial results for

the CCO. The board then discussed ways to utilize community health data and the expertise of the CAC to identify ways to move the triple aim forward.

III. Nominating Committee

Mr. Butler presented Nominations for Lane Community Health Council Board Position and Finance Committee positions. Mr. Butler and Ms. Busek thanked Ms. Gray for her service on the Finance Committee.

- **Lane Community Health Council Board Member, PCP/Multispecialty, Oregon Medical Group Optum:** Oregon Medical Group Optum would like to recommend Dr. Philip Capp to assume the position currently held by Dr. Lakhani. **A motion was moved and seconded to approve Dr. Philip Capp for the OMG-Optum position. The motion passed unanimously.**
- **PacificSource Chief Compliance Officer (non-voting), Lane Community Health Council Finance Committee:** Ms. Kristi Kernutt, PacificSource Chief Compliance Officer has applied. **A motion was moved and seconded to approve Ms. Kristi Kernutt for the Finance Committee. Ms. Hopper abstained from the vote due to her employment with PacificSource. The motion passed.**
- **Healthcare Industry Compliance Expertise, Lane Community Health Council Finance Committee:** Ms. Lisa Nichols, Quality and Compliance Manager at Lane County Health and Human Services has applied. **A motion was moved and seconded to approve Ms. Lisa Nichols for the Finance Committee Healthcare Industry Compliance Expertise position. The motion passed unanimously.**
- **Lane Community Health Council Board Member, Lane Community Health Council Finance Committee:** Mr. Chad Westphal, COO Looking Glass, has applied. **A motion was moved and seconded to approve Mr. Chad Westphal for the LCHC Finance Committee position. The motion passed unanimously.**

IV. Shared Savings Update and Follow-up

Ms. Busek shared an update that KEZI has highlighted recent Shared Savings investments including the food insecurity investments with Food for Lane County and Upper Willamette Soil and Water Conservation District, and the investment with Bushnell University. LCHC is beginning to get more name recognition in the community due to these media highlights and is receiving inquiries. Additional work around disaster emergencies has emerged which includes coordination with St. Vincent de Paul, 211, and Catholic Community Services. Consultant Katrina Van Dis has also been invited to share the food security work at the state level.

V. Community Impact Committee

Mr. Scurto shared that the CIC met on Friday to discuss investments for the remainder of 2024. The CIC reviewed the results of the CAC survey and recommended areas of focus, which included youth behavioral health, specifically substance use prevention. The CIC proposes focusing funding areas on Youth Behavioral Health for remainder of the year. Youth is defined as up to age 25, in part due to impacts from the Covid-19 pandemic. The focus will include prevention and culturally responsive services. Ms. Busek noted that \$15M has been spent on the other three priorities (Food Security, Housing, and Healthcare Workforce). Staff are considering combining CBI and SDOH-E QIM investments for a youth behavioral health grant cycle. CBI funds total \$405,000. SDOH-E QIM funds have not yet been confirmed.

Ms. Busek added that she was contacted by Volunteers in Medicine. They are seeking \$300,000 by August. A question was raised if VIM has asked LCHC for a specific amount. Ms. Busek responded that they have not. A further question was raised regarding the process for off schedule funding requests. Ms. Busek clarified that to-date, these requests have come to the Board for consideration. Ms. Devorak commented on the value of VIM in serving underserved communities, specifically those without legal status. Ms. Hopper stated that it is critical that the investment have the potential to benefit current members, further noting that this is a consistent challenge with VIM in other PCS markets. Ms. Gray stated that as Covid-19 funds leave the community, there are many organizations at risk of closing, and it is important to have an equitable and strategy-informed process. Ms. Louie-Smith asked if this investment would come from Shared Savings or from LCHC reserves. Ms. Busek clarified that it would be a board decision, but likely one-off requests would come out of reserves as it would not meet the criteria for other funding. Ms. Louie-Smith suggested a policy be developed for one-off investments. Mr. Westphal added the importance of vetting a sustainability plan. Mr. Butler agreed. Ms. Busek thanked the board for their feedback and shared that a one-off investment policy will be brought to the August meeting for review. Dr. Luedtke stated that if VIM would like to submit a proposal for consideration, the board could review it at the August meeting.

The board further discussed needs in the community and consideration for the Youth Behavioral Health focus area proposal. Ms. DeVore noted that investments in SUDs prevention cannot be for covered services. The board discussed other areas of need, including pharmacy closures, housing security for seniors (as recommended by the CAC), and sex trafficking prevention for youth.

A motion was moved and seconded to approve Youth Behavioral Health, including substance use prevention, as the focus area for the CBI and SDOH-E QIM investments for 2024 through an RFP process. The motion passed unanimously.

VI. Community Advisory Council

Ms. Baratta shared the CAC update, which included an update on CAC recruitment efforts. She thanked everyone who joined the CAC celebration, which included presentations from community partners who have received funds from the CCOs and LCHC. She then shared information about upcoming CHA visioning sessions that are being held in the community. She shared the request for Board approval of the CAC charter. Updates were made to the purpose statement, roles and responsibilities, operating principles, including an updated attendance section and conflict resolution section (with supplemental policies), CAC staff accountability, CAC membership and terms process. A question was asked about the reason for changing the purpose statement. Ms. Kropf clarified that the change was made to align language with guidance materials from OHA, and that the scope of work has not changed for the CAC. **A motion was moved and seconded to approve the updated CAC charter. The motion passed unanimously.**

Ms. Baratta further noted that the Board packet contains updates on the CAC's subcommittee work. She also shared that in alignment with the Community Health

Assessment, the CAC and the Prevention Workgroup approved a funding reallocation of ~\$62,000 from the Prevention budget to support this phase of the CHA work. The CHA is on track to be completed by December.

VII. Clinical Advisory Panel

Dr. Virgin reported that the CAP received information at their last meeting regarding the Board's distribution of Shared Savings. The CAP also had dialogue about trauma-informed care, SUDs services, and ongoing improvement efforts in Quality Improvement Metrics performance. CAP agrees that they would like to invest in addiction prevention in the future. Well Child Visits and Immunizations continue to be metrics with opportunities to improve. 2024 is anticipated to be a difficult year for access. She further noted that the workforce shortage is affecting the dental specialty as well as primary care. Dr. Virgin discussed opportunities with the board, including school-based health services for families. Ms. Gray shared that the school-based dental services are very successful for reaching youth in need of preventive dental care. Ms. Barone shared her recent experience in delayed care due to PCP changes. She shared that her experience in systems navigation allowed her to get care, but many in the community do not know how to advocate for themselves and fall through the cracks. A question was raised about residency program development. Ms. Busek shared that the proposal is still in process.

III. Adjournment

Dr. Luedtke noted to the board to expect Ms. Busek's evaluation by email.

There being no further business, the meeting was adjourned at 8:52 am.

Respectfully submitted,



Suzy Kropf (she, her)
Community Health Program Manager
Lane Community Health Council