



Community Advisory Council Minutes

January 21, 2014 at 12:00 p.m.
FamilyCare Second Floor Conference Room
825 NE Multnomah
Portland, OR 97232

Members Present: Jan Tesch, Alicia Atalla-Mei, Duane Westfall, Laura O'Neill, Carmen Cordis, Nick Ocon, Candice Jimenez, Katherine Walker, Kyna Harris, Eric Owens, and Paul Lewis

Members Absent: Deborah Westfall, Richard Jenkins, Chris Murphy, Amber Fay.

Board of Directors Present: Karen Carnahan

Staff Present: Bill Murray, Carol Burgdorf-Lackes, Mary Nolan, Brett Hamilton, Maureen Gaine.

Guests/Other: Dustin Zimmerman (Oregon Health Authority), Chonitia Smith (NAYA).

Welcome/ Introduction: Chair Jan Tesch welcomed The Council members and asked each to introduce themselves and their affiliation since there had been some recent transitions in membership.

Jan Tesch recognized Chair of FamilyCare's Board of Directors, Karen Carnahan, who was in attendance. Tesch also acknowledged that several FamilyCare staff members were in attendance including Bill Murray the COO.

Approval of minutes:
Minutes and agenda were approved.

FamilyCare, Inc. Operation Update: Mary Nolan, Vice-President of Business and Community Development provided an operations update.

Nolan reported that FamilyCare membership grew by 51,000 lives, which is a 40 percent increase, since the January 1st Medicaid expansion. Nolan told The Council that staff was tired but invigorated by the opportunity to serve this expanded population.

Nolan expressed her joy how the increase in membership – and availability of health plan coverage - was a great benefit and opportunity for the well-being of our community. FamilyCare had been preparing and building internal capacity for over a year to serve new members; many of which will be receiving health care insurance

for the first time in their lives. Further, for the first time people will be able to go to the dentist and get prescriptions for needed medications.

Nolan told The Council that the Navigation Services Team had worked through the holidays and on weekends to onboard new members. The Navigation Services Team received over 6,000 calls in the first three weeks of the year.

Laura O'Neill asked if FamilyCare's membership demographics had changed with the expansion. Nolan said, "Yes, our membership is more balanced than before with approximately 50 percent adults and 50 percent children. Before the expansion FamilyCare had a higher percent of children."

O'Neill asked for a further breakdown of the demographics. Carol Burgdorf-Lackes responded that Information Technology staff was working on the final analysis of the demographics. Call volume and hold times went up considerably with the new membership. Burgdorf-Lackes told The Council that Navigation Services is looking for alternative methods to phone communication with existing and new members. IN addition, she reported that Integrated Services was considering developing a webinar to share new member information.

Burgdorf-Lackes then asked The Council, "What is a good way to connect with new members?" The question received several responses including: YouTube, web site video, educational informational information sent to community partners as well as provider offices, posting information in community centers. O'Neill offered that the FamilyCare website was difficult to use and needed work. Kyna Harris suggested having a client (member) portal so that members could make changes such as primary care providers on their own. O'Neill agreed and further suggested that the portal allow members to email questions and concerns directly to FamilyCare staff. Eric Owens said that Kaiser Permanente has a client portal and works very well. Several provided feedback that a webinar might be too cumbersome and not as engaging as the feedback the Council gave.

Nolan suggested that an education/ outreach list be created and split into those who are FamilyCare partners and those who are on communication/ information list.

Briefly Council members suggested places and partners for outreach:

- Portland Park and Recreation: Charles Jordon, Dishman, East Portland
- IRCO
- Somali community
- APANO
- Latino Health Coalition
- Latino Network

Owens asked Nolan, "How really did the roll-out function?" He noted that the media had made it hard to gauge. Nolan asked to hear what Council members had heard.

The question opened up several anecdotal stories from Council members of how things have not gone well with CoverOregon. Nolan noted that if The Council was used as a sample size the roll-out appeared to have its problems. Nolan said that she would contact the Oregon Health Authority to share the experiences Council members had shared.

O'Neill asked, "How many of FamilyCare's members were assigned and how many had selected the FamilyCare Plan?" Bill Murray responded that 70 percent of new members had selected FamilyCare and the remainder 30 percent was assigned.

The Council Timeline 2014: A final draft of this year's FamilyCare Health Improvement Plan will be presented to the Board of Directors on March 18th. There had been concern from The Council that the deadline might be hard to manage. Brett Hamilton suggested and offered a plan timeline.

The Plan time suggested a few benchmarks to meet the deadline. Hamilton noted that the most significant decision was that the target population had to be determined at today's meeting. Then by the following meeting, February 18th, strategies and outcomes were to be defined. Finally, the March 18th meeting would finalize how success was to be measured. Hamilton explained in order to meet with the plan timeline the Plan workgroup would need to meet in between the full Council meetings. Council members accepted the suggested work plan.

Community Health Improvement Plan Development: The Council began with the deliberation of the scope of the plan. The main factor determining the scope was agreeing upon the target population.

Duane Westfall advocated for the expansion of the target population to 30 years old. Westfall commented that some people mature later in life. Chonitia Smith agreed that she had seen many people who have been turned away for services based up their age. Paul Lewis inserted that the intervention is really based upon the amount of resources and the environment. Lewis also asked the rhetorical question, "What does age really mean?"

O'Neill pointed out that one difference is how you communicate to members of each population. Tesch asked Murray what he thought as someone who has been involved in delivering health care for many years.

Murray suggested that there are many different methods for intervention and urged The Council to challenge FamilyCare to take a larger scope.

Nick Ocon appreciated Murray's comment but recommended the need to target interventions with a smaller population first. Then after understanding the 15-25 years old population better to then expand the target population.

The Council voted and passed that the target population would be FamilyCare members 15-25 year old. It was also decided to analyze the population in two split distinct age groups (15-18 years old and 19-25 years old) because strategies and interventions might differ. An amendment was offered that the intention of future Plans is to expand the target population to 26-30 years old in the next iteration of the plan.

Alicia Atalla-Mei and Carmen Cordis then gave an update on the progress the work group had made in developing the draft of the Community Health Improvement Plan. The work group Plan was extensive and quite detailed. Atalla-Mei and Cordis shared that the work group was having difficulty developing a way to operationalize the

plan.

Brett Hamilton thanked the work group for their efforts. He urged The full Council not to get bogged down in the operational details. He asked that they focus on identifying the problem they would like to address, recommend strategies to address the problem and share the vision of what the world would look like if the problem were successfully addressed.

Tesch then asked Dustin Zimmerman, Carnahan, and Murray to provide feedback. Zimmerman suggested envisioning how the Community Health Improvement Plan might be replicated and the scale of the plan be increased if successful.

Carnahan recommended that The Council focus on the strategies of the Plan. She also urged The Council not to worry about how the Plan would be funded. Carnahan told The Council that the funding was a concern of the Board of Directors and implementation was the responsibility of FamilyCare staff.

Finally, Murray recommended focusing on the vision of The Council and the target population and how the Plan could be integrated into the work FamilyCare is already doing. He asked that The Council articulate what they want to see and together with FamilyCare staff if will come together.

Data Review for Target Population: Maureen Gaine was asked by Tesch to provide a high-level data review of measurable metrics for the 15-25 years old FamilyCare population.

One of those metrics is adolescent well-child visit. Analysis of this data prompted several questions and concerns, especially from the foster care parents on The Council:

- Smith: How much follow up is done with children after their adolescent well-child visit? The system is not working for kids in foster care.
- Westfall: Does a new school year trigger a spike in the number of adolescent well-child visits? If so, how do you measure if incentive interventions are really working?

Gaine also shared the emergency room data for the target population. The level was relatively low when compared across the FamilyCare population. However, to make a comparison Gaine presented the high-level of emergency room visits by 26-30 year olds.

O'Neill asked Gaine if the data for the target population had been broken down by mental health visits, physical health visits, and dental visits. Gaine informed The Council it had not yet but that would be the next step.

Smith then asked if FamilyCare could split mental health visits and substance abuse data. Gaine said she would ask the Information Technology staff.

Wrap-Up: O'Neill invited The Council to the annual NAMI Walk Kick-off Luncheon event. The event will be held on Sunday, May 18th, 2014. O'Neill said Washington County NAMI was offering this table free to Council members to show the value they place in the Community Advisory Council and the work being done. O'Neill will send

out more information. Atalla-Mei informed The Council that Lifeworks NW was successful in receiving a Transition Age Youth HUB grant. Lewis informed The Council that he had recently reviewed an understanding suicide prevention program from Washington State.

Meeting Adjourned