



Work Session Minutes May 15th, 2024

In Attendance:

- | | | |
|--------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|
| <input checked="" type="checkbox"/> Hammad Qadir, MD | <input checked="" type="checkbox"/> Dacey Brooke, MD | <input checked="" type="checkbox"/> Wallace Webster, MD |
| <input checked="" type="checkbox"/> Paavani Atluri, MD | <input checked="" type="checkbox"/> Charles Toledo, MD | <input checked="" type="checkbox"/> Jeffrey Lang |
| <input checked="" type="checkbox"/> Mike Rowley | <input checked="" type="checkbox"/> Molly Johnson | <input checked="" type="checkbox"/> Gregory Brigham, PhD |
| <input checked="" type="checkbox"/> Brian Moore | <input checked="" type="checkbox"/> Linet Samson | <input checked="" type="checkbox"/> David Rupkalvis |
| <input checked="" type="checkbox"/> Jason Bell, MD | <input checked="" type="checkbox"/> Matt Vorderstrasse | |
| <input checked="" type="checkbox"/> Andrea Zamora | <input type="checkbox"/> | |

Guest: Bevin Ankrom(OHA); Katie Gonzalez, (public guest),

Staff Attendees:

Ben Messner, CEO; Chris Hogan, CFO; Anna Warner, Executive Program Director; Samyukta Vendrathi, COO; Mike Hale, CCO; Ben Sachdeva, Senior Financial Analyst; Erica Tesdahl-Hubbard, CITO/IT; Wendy Haack, CMO; Evelyn Bryant, Executive Administrative Coordinator; Doris Kiragu, Equity Policy Analyst; Amanda McCarthy, Director of Social Determinants of Health Quality; Naomi Brazille, Quality and Risk Adjustment Manager

Work Session called to order at 7:02 A.M. by Dr. Wallace Webster for the purpose of discussion, but no action upon the Committee updates, including discussion of confidential and proprietary information constituting trade secrets under ORS 192.345.

Quorum established 7:00 am.

Meeting Minutes:

- Dr. Wallace Webster presented the meeting minutes from March 20th, 2024, Work Session.
 - Meeting Minutes review with no change noted.
- ❖ **MOTION:** Motion made by Jeffrey Lang to approve March 20th, 2024, meeting minutes and seconded by Dr. Jason Bell.
- ❖ **VOTE:** Unanimous approval. (End 7:02 A.M.)

Financials:

- Ben S. begins by presenting the Advanced Health Financial summary for March 2024 Vs. March 2023.

**Western Oregon Advanced Health, LLC.
March 31, 2024 and March 31, 2023**

	<u>March '24</u>	<u>March '23</u>
ASSETS		
Cash and cash equivalents	\$ 8,167,714	\$ 2,341,932
Restricted Reserve	7,460,521	7,397,258
Cash Suspense	49,104	(6,598)
Investments	4,127,359	3,544,314
Physical Health Receivable	1,033,415	1,681,652
Quality Pool Receivable	6,794,450	7,705,942
Accrued Interest Receivable	83,235	84,014
Accounts Receivable, net (Related party)	1,942	82,391
Other assets	219,418	129,333
Total Assets	\$ 28,236,064	\$ 22,982,679
LIABILITIES AND EQUITY		
Liabilities		
Accounts Payable	210,556	180,806
DOCS Management Admin Payable	22,597	17,500
Dental Health Payable	2,922	3,617
HRA Payable	-	-
MCO Payable	1,264,601	1,058,131
Mental Health Payable	449	3,010
Other Accrued Expenses	1,000,403	1,316,071
Payroll and Related Liabilities	\$ 165,774	\$ 236,304
Physical Health Payable	362,332	369,820
QDP Payable	3,901,909	15,827
Quality Pool	6,659,179	7,551,823
Capital Share Obligation	470,000	739,000
VBP Payable	350,002	320,117
Dividends Payable	-	-
Total Liabilities	14,410,724	11,812,027
Equity		
Southwest Oregon IPA	7,776,794	6,422,940
North Bend Medical Center	1,296,132	1,070,490
Coos County	1,296,132	1,070,490
Advantage Dental	777,679	642,294
Bay Area Hospital	648,066	535,245
Coquille Valley Hospital	518,453	428,196
Bay Clinic	259,226	214,098
ADAPT	194,420	160,573
South Coast Orthopedic Associates	194,420	160,573
Dividends Declared	-	-
Prior Period Adjustment	-	-
Retained earnings	100,005	333,765
Capital Gain (loss)	764,013	131,987
Total stockholders' equity	13,825,340	11,170,652
TOTAL LIABILITIES AND EQUITY	\$ 28,236,064	\$ 22,982,679

Key Financial Indicators

	YTD 2024 CCO Total	YTD 2023 CCO Total
Current Ratio	1.96	1.95
Days Cash On Hand	732	591
Debt to Net Assets Ratio	104.2%	105.7%
Return on Net Assets	2.0%	9.8%
Adjusted Member Service Ratio	96.6%	97.4%
Administrative Cost Ratio	3.1%	1.8%
Operating Margin percent	0.2%	0.8%

- ❖ **MOTION:** Motion made by Matthew Vorderstrasse to approve Financials for March 2024 Vs. March 2023 and seconded by Dr. Charles Toledo.
- ❖ **VOTE:** Unanimous approval. (End 7:13 A.M.)

Public Meeting

- No Public Comment was made at this meeting, so we move on to the next agenda item.

Transformation and Quality Strategy

- Naomi Brazille takes a moment to introduce herself as the new Quality and Risk Adjustment Manger and states that she and Amanda McCarthy, Director of Social Determinants of Health will be aiding her in presenting when need be.
- Amanda McCarthy greets the Board and states that they have expanded bandwidth in a lot of areas and Naomi comes to us with years of experience in the CCO realm and has lent that experience to really improving some processes around Transformation and Quality Strategy (TQS). She states that she will highlight the background and the changes of the transformation and quality strategy outlined in the Board document here:



May 2024

BOARD ACTION ITEM:

Advanced Health 2024 Transformation and Quality Strategy (TQS)

Background:

- The Transformation and Quality Strategy (TQS) is designed to showcase CCO health care system transformation efforts by aligning with quality improvement initiatives and community priorities.
- Public document, posted online: <https://www.oregon.gov/oha/HPA/ds-1c/Pages/Transformation-Quality-Strategy.aspx>

Required Components

Each of the following components must be addressed through a project or program that includes a quality assessment and performance improvement plan.

1. Behavioral Health Integration
 2. CLAS Standards
 3. Health Equity – Cultural Responsiveness
 4. Oral Health Integration
 5. PCPCH – Member Enrollment
 6. PCPCH - Tier Advancement
 7. Special Health Care Needs – FBDE
 8. Special Health Care Needs – Non-Dual
 9. Serious and Persistent Mental Illness (SPMI)
-
- The transformation and quality strategy is designed to showcase the CCO healthcare system transformation efforts and it is designed to intersect with the quality improvement initiatives in our community that align with our priorities outlined by our community partners and the work we do.
 - One can see that there are a number of required components. There are nine of them and one of the changes that we experienced in 2024 was that four of those components were removed. They removed Grievance and Appeal System; Health Equity Data, Utilization Review, and Social Determinants of Health and Equity.

Changes in 2024:

- Three components were removed from the TQS to reduce the duplication of reporting. The components removed are: Grievance and appeal system, Health equity data, Utilization review, and Social determinants of health and equity.
- The due date for the submission of TQS was changed from 2/1 to 7/15.

Alignment with other initiatives

- Performance Improvement Projects (PIPs)
 - Statewide PIP: Behavioral Health Access
 - Statewide PIP: Initiation, Engagement and Treatment of Alcohol and Other Drug Use Disorder
 - Oral Evaluations for Adults with Diabetes (retiring in 2024)
 - Meaningful Language Access
 - Community Health Assessment (CHA)
 - Community Health Improvement Plan (CHIP)
 - Quality Incentive Measures
 - State Performance Measures
 - Health Equity Plan and annual Health Equity Assessment
 - Health Information Technology Roadmap
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- Another things to note is that Oregon Health Authority right now is in a big push to align deliverables because there is a number of redundancies in the process and some things are reported in multiple deliverables. So through that process they removed components and then extended that submission date.
 - She continues by saying that initially for years, the transformation and quality strategy was actually due in March and now it has been extended to July and so that gives them a little bit more time to hone in on those components and make sure that the projects that we are highlighting really speak to those components and meet the needs of the report and shine the best light on the work that we do at the CCO with our community and partners.
 - Naomi takes over and continues the presentation and states that OHA does determine what the nine components are that we are including in our TQS for this year. Most of these projects are continued on from 2023, so with the interest of time she won't go into too much detail, and hope the Board had some time to review this document prior to the meeting. However she will highlight a couple of the projects that she believes are a good representations of the work they do.



May 2024

Action Needed: Review and vote on approval of the 2024 Transformation and Quality Strategy.

Summary:

The Oregon Health Authority recognizes that the programs and projects included in each CCO's TQS are a showcase of current CCO work addressing TQS components that aim to make significant movement in health system transformation. Additionally, OHA recognizes that **the work highlighted in the TQS is not a comprehensive catalogue or full representation of the CCO's body of work addressing each component.** CCOs are understood to be continuing other work that ensures the CCO is meeting all OAR, CFR, and CCO contract requirements.

Projects/Programs to be included in 2024 TQS

- 1. Medical Shelter Program (continued)
 - a. In collaboration with the SHARE initiative, Investment in units at Coalbank Village an extension of The Devereux Center.
 - b. Collaboration with BAH discharge planning, Advanced Health ICC team and The Devereux Center.
 - c. Ensure all residents complete a Health Risk Assessment and PRAPARE assessment.
 - d. REACH metrics and monitoring outcomes.

Components Addressed:
8. Special Health Care Needs – Non-Dual

- 2. Oral Health Care Members Ages 0 -5 (new)
 - a. Facilitate 1st Tooth training for the PCP offices.
 - b. Monthly progress reports and gap lists for both primary care providers and the dental care organization.
 - c. Monitor utilization of routine oral health services.

Components Addressed:
4. Oral Health Integration

- 3. Initiation and Engagement in Alcohol or Drug Treatment (continued)
 - a. Identifying SUD in primary care through screening.
 - b. ANTECEDENT project.
 - c. Integrated Behavioral Health to bridge the gap between SUD diagnosis and treatment in primary care.
 - d. Collaboration with the Coos/Curry Behavioral Health Hub

Components Addressed:
1. Behavioral Health Integration

- 4. Improve Language Services Access (continued)
 - a. Improve CCO's ability to track and report data to OHA (quarterly data requirement).
 - b. Provide education on OHA's healthcare provider language proficiency testing.

Components Addressed:
2. CLAS Standards
3. Health Equity – Cultural Responsiveness



May 2024

- c. Contract with a language vendor that can provide OHA Qualified and Certified interpreters.
- d. Collaboration with internal analytics to identify and utilize data sources that help identify members with interpreter needs.

- 5. Roadmap to Expand Behavioral Health Integration and Access (continued)
 - a. Improve access to behavioral health providers by expanding network and providing direct access
 - b. Monitor SPMI population's access and utilization of services. Analyze by REALD and SOGI.
 - c. Additional focus on the behavioral health CCO Quality Metrics.

Components Addressed:
9. Serious and Persistent Mental Illness (SPMI)

6. PCPCH: Member Assignment and Tier Advancement (continued)
 - a. Offer technical assistance for clinics interested in becoming PCPCH recognized (Southern Coos, Curry Health Network).
 - b. PMPM payments for higher tier advancement.
 - c. Facilitate and support QJ projects and data reporting initiatives that support PCPCH standard.

Components Addressed:

5. PCPCH – Member Enrollment
6. PCPCH - Tier Advancement

7. Dual Eligible- Special Health Care Needs (continued)
 - a. Overview of expanded ICC services to Medicare Advantage members.
 - b. Establishing frequent IDT meetings with ICC, Aging and People with Disability, and Regence Medicare Advantage.
 - c. Aging and People with Disability- shared care plans through Activate Care.
 - d. Identify the top medical conditions for the LTSS population and ensure a comprehensive assessment is done based on the members complex health condition.
 - e. Establish a cohort within PointClick Care for LTSS members and utilize this cohort to monitor inpatient hospital utilization.

Components Addressed

7. Special Health Care Needs – FBDE

Recommended Action by Staff: Approve Transformation and Quality Strategy projects to be included in the annual report to OHA.

- She states that her favorite project to work on is the medical shelter program also known as the Coal Bank Village, it is a really great example of the CCO using braided funding, HRSN and Share, to maximize our efforts. This program is able to help homeless people to reduce their inpatient and ER admissions.
- In 2023, they were able to get 57% of the residents into transitional housing when they exited that village.
- She moves on to talk about the new project in the Oral Health Integration category. They are closing out their former PIP, which was for adults with diabetes, oral exams for them and are replacing it with a new project that really is in alignment with that kindergarten readiness measure. So, they are going to be focusing on ages 0-5 and they are going to facilitate first tooth training in the PCP offices. Currently Advantage Dental does the fluoride varnish in the offices and if the PCP's were able to provide that service, that would allow Advantage Dental to focus on other dental services. She concludes saying that they are really excited about this new project and thinks it will be a nice complement to the kindergarten readiness measure.
- She moves on and states that these nine projects are all continued from 2023 except for the dental project. She states that in hopes of the Board having reviewed these documents already that they are able to lend Board approval to the TQS as it is required by OHA to have the Board review and approve their quality strategy for the year. She asks the Board if anyone has any questions.

Discussion

- Dr. Webster inquires if the Oral Health Care Initiative was directed from the state or is that at a local level in that transition?

- Naomi answers that they are required to have a topic of oral health. The actual component to address it is chosen by the CCO and it was actually chosen in collaboration with OHS transformational staff Lisa Bowie. They discussed closing out the old project and if this one would be an appropriate replacement and she did approve them choosing this as their new project.
- Matthew Vorderstrasse, Curry County CAC Member inputs that he enjoys seeing the amount of connections that they are having into different programs within the community such as Coalbank Village and Devereux Center.
- Ben M. adds on saying that the Devereux Center has significantly improved, and in the last couple of years have done a really good job collecting data and doing the most with the resources that they have.
- With that Naomi states that they will need a yearly approval for their Transformation Quality Strategy.
- Dr. Webster asks the Board if he can have a motion to approve:

- ❖ **MOTION:** Motion made by Dr. Jason Bell to approve the 2024 Transformation and Quality Strategy and seconded by Matthew Vorderstrasse.
- ❖ **VOTE:** Unanimous approval. (End 7:24 A.M.)

Quality Assurance Work Plan

- Amanda McCarthy, Director of Social Determinants of Health transitions to present on the Quality Assurance Process and Improvement Work Plan.



BOARD ACTION ITEM:

Approval of the 2024 Quality Assurance and Performance Improvement (QAPI) Workplan

Background: Each year, in accordance with Advanced Health's Quality Assurance Program requirements, the Quality Assurance and Performance Improvement (QAPI) Workplan undergoes a thorough review and evaluation by the board. This ensures ongoing suitability, adequacy, and effectiveness in meeting the standards set forth by the Oregon Health Authority and aligning with Advanced Health's goals and objectives.

- She reminds the Board that this was sent out as a summary document as well as a very in depth line item detailed list that Naomi put together. She begins by stating that she will highlight the background of this and then Naomi will talk about some of the summary and the highlights.

- The QAPI is a requirement of the state and it basically highlights their ongoing sustainability and adequacy and effectiveness in meeting standards and that includes their quality metrics, process improvement projects and any work that they are doing to really highlight the quality aspect of the work that they do.
- They've had a little bit of a history with QAPI. It was their main document for a while and then the transformation and quality strategy came around and it then became an attachment. So it is now back more in the forefront and it definitely is a road map to the work that they plan to do and it highlights the successes and barriers in the work that they have done. So, it is a little bit of a retrospective and future planning. It is a great document to guide the work they are doing. With that Amanda gives the floor to Naomi.
- Naomi states that this year's work plan did have over one hundred lines of action items, and reads through QAPI Workplan Summary:



BOARD ACTION ITEM:

Approval of the 2024 Quality Assurance and Performance Improvement (QAPI) Workplan

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QAPI Workplan Summary: The workplan encompasses various domains related to quality improvement (QI) programs, clinical outcomes, patient feedback, staff satisfaction, population health management, and CCO quality measures. Key activities include conducting annual QAPI impact analyses, updating the quality improvement workplan and QI program document, providing quarterly reports on performance improvement projects, updating policies and procedures, and submitting appeals and grievances reports.

Other significant tasks involve reviewing medical records' adequacy, updating evidence-based clinical practice guidelines, and addressing health equity through annual reviews of cultural and linguistic services programs. Additionally, the plan includes initiatives to improve patient feedback collection, enhance cultural competency among service providers, and implement staff engagement surveys.

Efforts toward population health management include building metrics dashboards for providers, granting online access to Tableau dashboards, and assessing care plans for members with special health care needs. There's a focus on reducing over/underutilization of services and improving hospital utilization, particularly in emergency departments.

The workplan also encompasses activities related to CCO quality measures, behavioral health programs, kindergarten readiness initiatives, care coordination, Performance Improvement Projects (PIPs), and community health assessment and improvement planning.

- After reading through the document she states that she and Amanda are here to obtain Board approval for this plan and ask that the Board review the document that has the details in it. With that she asks the Board if they have any questions.





Discussion:

- Dr. Webster asks if the document is produced annually?
- Naomi answers that it is a document that CCO's are required to keep on an annual basis. She created that document based off of other work plans she'd seen in a previous position and is re-adding items for 2025 as they are completed. So, it will be a living document.
- Ben M. inputs that yes, you replace ones when you complete them, and new ones come up. They scrutinize it pretty heavily at the state and determine if we are doing alright.
- Dr. Webster asks if the document exists publicly or is accessible publicly?
- Ben M. and Naomi answer yes. They do get posted publicly by the state on their page.
- With that Dr. Webster proceeds to ask for a motion to approve this document.
- ❖ MOTION: Motion made by Dr. Charles Toledo to approve the 2024 QAPI Workplan and seconded by Matthew Vorderstrasse.
- ❖ VOTE: Unanimous approval. (End 7:30 A.M.)

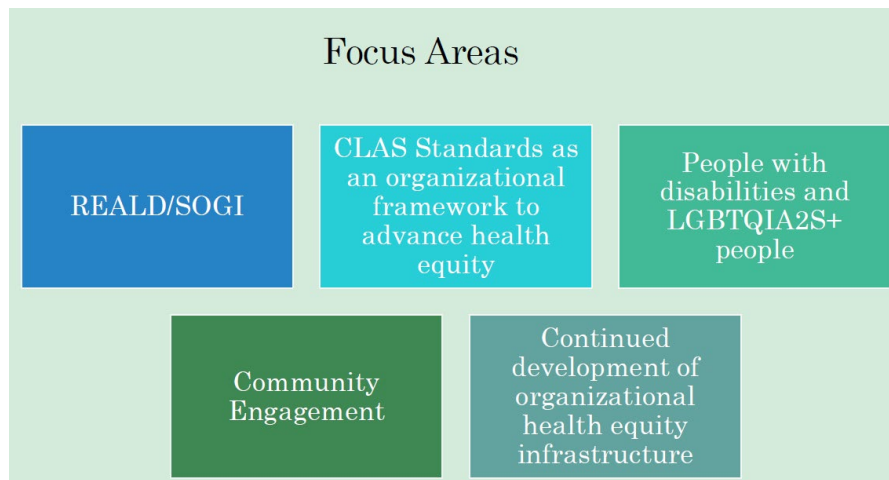
Health Equity

- Ben M. provides an introduction stating that the Health Equity Plan is a little bit newer than the other ones in recent years due to an increased focus from OHA and their health equity plan to eliminate health disparities. With that he hands the floor over to Doris, Equity Policy Analyst.
- Doris takes a moment to introduce herself. She then states that she will be discussing the 2024 framework which is different from the 2023 framework from the previous years. Each year OHA gives us revisions and changes and as Amanda has previously stated, OHA is trying its best to minimize duplications.
- Doris goes through her presentation slides:

Why should we care about this framework and focus areas?

 <p>Tracks members satisfaction and retention</p> <p>By understanding and addressing the diverse needs of our members, we enhance satisfaction, loyalty and retention.</p>	 <p>Increase employee engagement and productivity</p> <p>A culture of inclusion fosters higher levels of employee engagement, leading to increased productivity, efficiency and ultimately, greater profitability.</p>	 <p>Mitigation of risk and cost reduction</p> <p>Proactively addressing health equity issues helps mitigate reputational risks and negative publicity.</p>	 <p>Framework offers inside view of relationship with community partners</p> <p>Sponsorships of events Financial support for community partners' initiatives that work to decrease and ultimately eliminate health inequities.</p>
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- This framework tracks members satisfaction and retention, increases employee engagement and productivity, mitigates risk and cost reduction. It also offers an inside view of relationships and community partners. Alongside the TQS, this is a great framework to see the trends with our members, to note what's working and what's not working, and any positive feedback from our members.
- Focus Areas:



- **REALD/SOGI**

REALD/SOGI

Integrating REALD (Race, Ethnicity, Language, Disability) data into our reporting processes.

Partnership with Reliance HIE (Health Information Exchange) and UniteUs offer demographic statistics that guide us in tailoring our services to every member's unique journey.

- Accuracy
- Reliability
- Trust

From 2022 to 2023 there was a 2% increase in data collection survey participation.


Collecting SOGI (Sexual Orientation and Gender Identity) data.

In the 4th quarter of 2023, qualitative data was collected from listening sessions with the queer community on their interactions with providers. More listening sessions will take place in 2024.

- Respect
- Understanding

4 Ongoing goal : All internal reporting dashboards will include REALD data which will track trends.

- For REALD, Advanced Health continues to work with Reliance and Unite Us to collect demographic statistics that guide us in tailoring each members journey and there has been a



positive trend of members completing that survey. With that survey they are able to get reliable and accurate information of our members, and in turn members trust that if they say they need for example Spanish materials, they will receive Spanish materials. So they're not just collecting the data and doing nothing with it. SOGI was introduced in last year's framework and since the fourth quarter of 2023, they held a listening session with the queer community, where they gave them feedback on providers that respect them, value them and understand them and providers are open minded to learning the things that they don't know. There was feedback of folks who said that they were the ones teaching their providers on how to better attend to them, although they did not like being in the teacher position, they did like the end result of that provider being more inclusive to them. Their ongoing goal is to have all reporting dashboards include REALD data. Regarding SOGI, they will continue collecting qualitative data from listening sessions. Later this year they hope to have a strong sign up sheet from folks who attend the PRIDE events in Coos and Curry County.

CLAS Standards as an organization framework to advance health equity.


CLAS Standards as an organizational framework to advance health equity

CLAS (Culturally and Linguistically Appropriate Services)

Theme 1: Governance, Leadership, and Workforce

- Equity Policy Analyst leads an interdepartmental workgroup, CLAS Champions. In the process of creating a CLAS 5-year plan.
- Annual CLAS trainings on Litmos and Governor's Interagency Council on Health Disparities supported by Washington State Board of Health.
- Advanced Health sponsored the local annual Diversity Equity and Inclusion (DEI) conference in 2023. 24% of Advanced Health staff attended a 10% increase from 2022.

Ongoing strategy: Embed CLAS standards in all aspects of the organization

- In regard to CLAS Champions, it is a workgroup made up of managers who are at the forefront of distributing information about CLAS. Right now they are in the process of creating a plan and that will be discussed further in the coming weeks because she just broke ground on it and there are annual CLAS trainings and one of the new trainings is from the Washington State Board of Health website. These trainings include activities such as the privilege walk which is a walk where there are activities that ask you questions such as, "Did you grow up in a two
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- parent household” if you did that’s a privilege. “Did you go to a state university or an outside of state university”. And so individuals are able to view how much privilege they have due to their upbringing. Advanced Health continues to sponsor the DEI conference. There was a 10% increase from 2022 of staff who attended the DEI Conference in 2023, and also an increase for 2024

Communication and Language Assistance:

CLAS Standards as an organizational framework to advance health equity cont.

CLAS (Culturally and Linguistically Appropriate Services)

Theme 2: Communication and Language Assistance

- Member Services department
 - Continues to promote the availability of cost-free, in-person and virtual qualified healthcare interpreter services.
 - There are no language groups (in Advanced Health’s service area) that meet the definition of a “prevalent language” however, Advanced Health makes Spanish language materials available.
 - Customer Services’ commitment is about empowering members to voice their needs and preferences, ensuring every interaction is meaningful and accessible.
- 2024 HEP framework will include the number of scholarships in 2023 to providers who enrolled their staff in training courses to become HCIs.

New Goal: Survey clinics on their utilization of their in-house health care interpreter services.

- The member services department continues to promote cost free in person and virtual qualified healthcare interpreter services. Although we don’t have a large enough demographic to meet the definition of a prevalent language, they still have Spanish materials and Spanish resources available for members who do speak Spanish because Member Services department wants to empower members to voice their needs in any and every way possible. In 2024 there was an increase of health care interpreter scholarships and they received feedback from their provider staff who are at the end of their journey to becoming qualified healthcare interpreters.
- Ben M. inputs that those individuals are hard to come by and those certified individuals are very valuable and they have been trying very hard to increase those numbers as they are very valuable.
- Doris inputs that they share and advertise the scholarship, but it is also time management. A lot of providers staff don’t have it on their schedule to handle trainings, so they are trying to adjust as best they can to accommodate them.

Engagement, Continuous Improvement and Accountability:

CLAS Standards as an organizational framework to advance health equity cont.

CLAS (Culturally and Linguistically Appropriate Services)

Theme 3: Engagement, Continuous Improvement and Accountability

- Member Engagement and Education Committee (MEEC)
 - At forefront of translating member-facing documents, providing resources and fostering dialogue with Advanced Health members.

Ongoing strategy: Increase participation from members with limited English proficiency and diverse cultural backgrounds.

- Doris explains that in the MEEC committee some members have shared their barriers as to why they cannot join. However, right now their biggest barrier is the workforce. Due to inconsistent work, they're not able to be consistent with MEEC.
- **People with Disabilities and LGBTQIA2S+**

People with disabilities and LGBTQIA2S+ people

People with disabilities

System of Care (SOC) is a philosophy based on cross system collaboration that supports youth and families who have complex and significant behavioural and mental health needs.

Care Coordination (CC) program offers services to members that have been identified as having Special Health Care Needs (SHCN)

Advanced Health continues to sponsor Mental Health First Aid and Safe Zone trainings to staff who provide coordination of member healthcare.

Ongoing strategy: Work with Advanced Health Provider Network and the community to gather additional information, offer trainings and gather data on these populations.

LGBTQIA2S+ people

Advanced Health sponsors events such as Pride parade and supports local LGBTQIA2S+ youth initiatives which offers safe spaces, advocacy for the well-being of all individuals regardless of sexual orientation or gender identity.

Equity and inclusion is a continuous evolution and supporting folks in these spaces allows Advanced Health members to feel valued and respected.

- Doris adds that in wanting Advanced Health members to feel valued and respected they will continue to hold listening sessions and they're working with South Coast Oregon Pride to get as much feedback from people as possible, so hopefully they'll get stronger updates later this year.

Community Engagement

- Advanced Health meets monthly with its two Community Advisory Councils (CAC), Coos and Curry which are comprised of a total of 36 members. Through monthly meetings, conversations of health needs for underserved populations and required actions occur.
- Advanced Health is actively involved in supporting community initiatives that drive positive change.
 - Providing financial support for Adverse Childhood Experiences (ACEs) trainings
 - Partnership with local RHEC (Regional Health Equity Coalition), South Coast Equity Coalition that serves Coos and Curry counties
 - Sponsor annual Diversity Equity Inclusion (DEI) conference
 - Sponsor Pride parades (Coos and Curry counties)
 - Advanced Health staff have attended data justice trainings held by RHEC

Ongoing strategy: Enhance community engagement participation by providing alternate methods for accessing meeting resources and increasing information accessibility. Resulting in members being empowered to drive change.

Continued Development of Organizational Health Equity Infrastructure:

Continued development of organizational health equity infrastructure

- Data collection and assessment
 - Enhancement of employee needs by participation of REALD data collection across all employee, board, and committee members
 - Responses offer insight into our workforce diversity and identify areas for improvement.
- Ongoing staff training
 - Reinforcement of our commitment to equity and inclusion at every level of the organization.
- Provider training
 - Advanced Health continues to offer Continuing Education Units (CEU)-accredited trainings for provider network.
 - The aim is to equip healthcare professionals with the necessary skills to effectively engage with diverse individuals and address healthcare disparities.

Ongoing goals: Continue the collection of REALD data and other employee focused surveys and trainings to further evaluate diversity and equity amongst staff, positions and departments. Additionally, continue and increase the amount of CEU provider trainings available.

Ongoing strategy: Continued REALD data collection and employee equity assessment survey and employee benefits evaluation.

- Doris concludes saying that some of the goals and strategies have changed since last week when the presentation was created because they are in the middle of working on this

- framework and on this report, so to keep that in mind. She continues to say that for anyone who is interested in looking at the previous goals and strategies, from previous frameworks you can find those on our website the 2023 and 2022 version. Her goal is to keep updating that page just so everyone can see where we've been and where we're going and it's good to be able to track trends and this framework. Overall this allows that inside perspective of our members and it's important to understand what the grassroots folks are doing and what the grassroots folks are being told by our members and if there's any pivoting that's required, then we can do that from this framework. She asks the Board if there are any questions?

Discussion:


- Dr. Webster asks how providers are notified of these educational events?
- Doris answers that they reach out to them via email.
- Anna replies saying that their provider relations folks will send out that information.
- Ben M. concludes to say that he appreciates all the hard work from Doris, and that they have gained a lot by having her here.
- Dr. Webster asks if they will get updates as the goals change?
- Doris replies yes.
- Anna also replies yes and states that they can provide the final plan and when that's completed it will be posted.

Proposed motion: Accept the
2024 Health Equity Plan
Framework as presented.

- ❖ MOTION: Motion made by Matthew Vorderstrasse to approve the 2024 Health Equity Plan Framework and seconded by Greg Brigham, PHD.
- ❖ VOTE: Unanimous approval. (End 7:51 A.M.)

Network Monitoring Discussion

- Ben M. states that what they are trying to show here is just the real shift and oversight that's required directly by the CCO. He believes it will have a positive impact, but they're going to



have to change. We are going to have to shift focus a big portion on this Board into making sure that we're providing oversight as required. So, this is a change and this is what OHA is working on. They have work groups in every different level and this is going to briefly touch on it because there's not complete information yet as this is very much a development of by the state. They'll be getting into it more in months to come and will have to develop plans to meet this requirement. With that he hands the floor over to Anna.

SWOIPA BOARD OF DIRECTORS

BOARD DISCUSSION ITEM:

Network Adequacy Standards and Monitoring Requirements


Background: Federal and State regulations require CCOs to maintain an adequate network of appropriate health care providers to ensure all covered services are available and accessible to members. The Oregon Health Authority has defined these Network Adequacy Standards in Oregon Administrative Rule (OAR) 410-141-3515.

Link to OAR 410-141-3515:

<https://secure.sos.state.or.us/oard/view.action?ruleNumber=410-141-3515>

CCOs shall maintain and monitor a network of participating providers that is sufficient in number, provider type, and geographic distribution to ensure adequate service capacity and availability to provide timely access to medically appropriate and culturally responsive covered services to both current members and those the CCO anticipates shall become members.

Network Adequacy Standards in this rule include:

- Time and Distance – 95% of CCO members must be able to reach providers within a specified driving time or distance. E.g. 95% of members must have a PCP within 30 minutes or 20 miles, and an OB/GYN within 75 minutes or 60 miles.
 - Timely Access – Members must be able to schedule appointments within specified time framed. E.g. Urgent care physical health within 72 hours and well care within four weeks.
 - Language Access – Certified or qualified interpreter services for all covered services.
 - ADA Accessibility
 - Appointment wait time and rescheduling
 - And more!
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- Anna states that this is more information for the Board, to help get everyone oriented to this area of focus that they are seeing at the state level and possibly also an area of focus at the federal level from CMS. As Ben mentioned it will be a positive development for us as well.
 - She provides some background and notes that she has provided a link in this document that takes you directly to the Oregon Administrative Rule that deals with network adequacy standards for CCO's. Some version of this rule has been around since CCO's have been around. It has changed pretty significantly in 2024 and that's part of what she wants to talk about.
 - She provides a brief summary of some of the items that are in this administrative rule, and she states that for more detailed information, the link is there. She continues on to say that in this rule there are a number of different standards that are spelled out where there are requirements that we need to meet for our network as a CCO and then there's a number of different ways that we are expected to monitor that network to meet those adequacy
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- standards. She clarifies that when she is talking about CCO network adequacy she is talking about all of our services such as physical health, pharmacy, behavioral health, substance use, dental and NEMT, all of the services that we offer as a CCO and new this year of course is the health related social needs services as well. So, all covered services are included in this.
- They have a set of time and distance standards and this is the part that changed pretty significantly in 2024, where there used to be an urban standard that was drive time of 30 minutes of 30 miles to the nearest healthcare provider, and there was a rural time and distance that was 60 minutes and 60 miles. That has now changed to different tiers of provider types, different specialties and different distances and drive that go along with that. There is a lot of detail in the rule and they are currently working to build all of those details into our time and distance monitoring process.
- There is also timely access standards and that is the time from when a member calls for an appointment to when they're able to get scheduled. So, there's different times for different provider types, again different types of appointments to make sure that members can get access to their provider to get to their appointment in a timely fashion.
- There's language access requirements which are around that certified interpreter having translated materials available, ADA accessibility and those kinds of things. There are standards around appointment wait times and rescheduling and that appointment wait time is when a member arrives at the healthcare provider office to when they're seen, so timely access as per scheduling appointments and then the wait time when they're actually in the office waiting for their appointment and more. She didn't list some of the more specific standards that are in there, as there are some very specific ones related to some behavioral health services as well.
- She goes on to talk about Network Monitoring Requirements:

Network Monitoring Requirements in this rule include:

- Expected utilization of services based on anticipated enrollment and health care needs
 - Number and types of providers required to furnish contracted services
 - Provider to Member ratios
 - Availability of telemedicine
 - Provider panel status (accepting new patients)
 - Provider/clinic operational hours
 - Behavioral Health access
 - Interpreter utilization
 - Specific services for priority populations
 - Plus, direct monitoring of items listed above.
- In addition to measuring time and distance and measuring timely access, they have some activities that they need to show that they are able to do, such as looking at our anticipated membership or anticipated utilization so that we're able to plan for future needs and also to make sure that members are utilizing services and that they have access to the services that are available to them. Next, looking at provider to member ratios; telemedicine; operation hours of clinics and providers so that members have access to after hours appointments and

- things like that; whether providers are accepting new patients or not; Do we have open or closed panels? A number of different things, she moves on the next page:

Summary: In 2023 and 2024, OHA has increased its focus on all Network Adequacy standards and ensuring adequate monitoring of all requirements.

1. In 2023, the process for reporting a Material Change in a CCO's contracted network was updated and formalized by OHA. A Material Change is a change in the network that:
 - a. Changes where 5% or more of members receive services; or
 - b. Involves the only provider or group of providers of a specialty service; or
 - c. Affects a CCO's ability to meet Network Adequacy Standards, including loss of a provider or provider group.
2. Beginning in 2023, OHA began providing detailed analysis and feedback for the routine quarterly provider network reports submitted by CCOs.
3. In 2023 OHA contracted with Health Services Advisory Group (HSAG) to conduct a secret shopper survey of PCP offices and a revealed shopper survey of behavioral health offices. They sampled providers from the CCOs routine quarterly provider network reports and attempted to verify:
 - a. Whether the office could be reached or responded to voicemail
 - b. Whether the office accepted OHP and the CCO
 - c. Whether the office was accepting new patients
 - d. Whether the office offered an appointment
 - e. Whether the scheduling options for appointments met Timely Access Standards
4. In January 2024, OHA required CCOs to review results of the secret/revealed shopper surveys and make corrections to any errors present in the Provider Directory available to Members.
5. In January 2024, a significantly revised Network Adequacy OAR went into effect, and included more detailed and revised requirements for Time and Distance in particular. That OAR is linked and summarized above.
6. In March 2024, OHA held a workgroup session to discuss CCO enrollment to develop a process for CCOs to request capacity increases as well as to plan for possible CCO enrollment closures in counties that are over capacity.
7. In May 2024, OHA is asking for CCO participation in a workgroup to develop recommendations to respond to recent high-profile facility closures across the state.

Additional context for consideration:

- Advanced Health has contracted with:
 - Advantage Dental to provide a dental network and manage services
 - SWOIPA to provide a physical and behavioral health network and manage services
 - Bay Cities Brokerage to provide a transportation network and manage services
 - DOCS to administer Health-Related Social Needs benefits
- Where the network does not meet requirements, there must be action taken to address the gaps and ensure access and availability of services.
- Network Adequacy Standards will be a major factor in the next cycle of CCO contract procurement, and potentially in controlling CCO enrollment as soon as 2024.

- Anna states that the numbered items listed are kind of a timeline of some of the different activities, different deliverables, different reports and different kinds of feedback that they've been receiving from OHA and some of the workgroups they've seen develop, to really highlight this progression.
- She refers to the first item on the page above about how CCO's report a material change in the network. There has always been a kind of provision that we need to report a material change, it however wasn't well defined and now it is well defined. OHA has formalized a process for how a CCO would do that, so there is something that we of course need to be monitoring for. Do we have material change that would trigger this reporting requirement to OHA and with that reporting requirement comes a plan for how to mitigate any potential negative effects to our network.

- She moves on to talk about some of the ones near the bottom of the page. Some of the workgroups that are coming back state that OHA has been looking at CCO enrollment numbers compared to network adequacy numbers. They are looking for more quantitative data. They want to be able to put numbers to network adequacy requirements and use those numbers to help determine what a reasonable enrollment level should be at a CCO. So, there has been discussion at OHA and some of the work groups about using those network adequacy numbers to cap CCO enrollment. It has been unclear what that would mean for some of the rural CCO's, those that have limited options for growing provider networks. That was still in discussion and she hasn't heard anything further at this time from OHA about what that would mean for capping CCO enrollments in some of those situations.
- Anna states that she does foresee that this focus on data driven network adequacy monitoring being a big part of the upcoming CCO contracting cycle. She believes it's important for us to understand those requirements and to be thinking about ways that we can expand access to services where we do have gaps in our network due to our location and availability of providers in the communities that we serve. She moves on to the next document:

Current reporting and monitoring processes:

1. Semi-Annual Provider Capacity report submitted to OHA
2. Annual Delivery System Network report submitted to OHA and reviewed by HSAG
3. Annual provider to member ratios
4. Monthly Provider Directory updates
5. Monthly PCP and PCD capacity and panel status monitoring
6. Annual Time and Distance monitoring – currently undergoing revision to incorporate new 2024 requirements and to occur more frequently
7. Quarterly Timely Access monitoring by compliance department
8. Annual ADA compliance monitoring by compliance department
9. Quarterly Language Access monitoring by quality department
10. Behavioral Health access monitored by quality department and Behavioral Health director
11. Monthly enrollment and overall service utilization monitored by finance department


2023 Findings from HSAG review of the Annual Delivery System Network (DSN) Report:

1. The CCO should describe and/or demonstrate how information collected in monitoring provider panel status is used to inform network adequacy decision-making.
2. The CCO should clearly describe or demonstrate how it uses collected and reported telehealth utilization data to inform network adequacy decision-making (e.g., comparison of telehealth utilization across different provider specialties or member demographics at quarterly intervals, etc.)
3. The CCO should assess the availability of physical accessibility accommodations across its network (e.g., via information collected at credentialing/recredentialing) and provide aggregate data to relevant staff, departments, or committees to help inform network adequacy decision-making (e.g., assessing the percentage of PCPs within its network that meet ADA requirements).

- Here she states that they have a number of different ways that they are currently monitoring and reporting on different aspects of these network adequacy requirements. She points out that she has

- eleven of them listed in the document above. Many of them but not all of these are contractual deliverables that we send to OHA monthly, quarterly and annually. A few of them we monitor just internally through our compliance department or some of the other committees that we have as well.
- In the 2023 Findings from HSAG review of the Annual Delivery System Network Report what she wanted to point out there is that we're able to show that we have the data and that we're collecting the information, but what was missing from these pieces of our report was how are we using that information? How are we tying that information that we've gathered back to how we make decisions about our network or how we manage access to services for members? So, that's really the piece that we're focusing on this year and wanted to bring to the Board's attention to be able to garner more involvement and help connect all of these different pieces that are listed above and a few other pieces that we'll be adding this year.
- She concludes saying that that really is their goal and intention this year is to gather more of those pieces together, connect them more clearly and be able to offer that information and status updates here at the Board level.
- Ben M. inputs that the reason we have so many healthcare partners on this Board is everybody's participating and contributing services providers. This adds another layer to it. They've talked about in CCO 2.0 that Advanced Health had to be somebody, compliance-wise, but now this is another layer on top of that. Usually when they would turn in their reports, they'd just show their great data collection and great report writing and always pass, however that's not good enough anymore. Now they'll say that ratio doesn't hit our standard. Now they say for any area that you're deficient you have to get an exception from the state and include those exceptions in your report and see if OHA will give you a pass and that pass is only good for 12 months. Their intention is that you'll fix that gap which is different for the way that we have been set up, because Advanced Health has never truly participated in different recruiting fund programs and had typically left it those individuals to apply to those funds.
- Ben M. continues to say that Advanced Health has been hands off but now Advanced Health has to apply that oversight and require either SWOIPA or however it might be to fill those gaps. They are going to have to make sure that the Board's involved in the management of that process and the oversight. He believes that this is going to be a big shift in some of the work that they do. Hopefully to the benefit of our members because that is the goal.
- Anna adds on to say that it will mean a more active role for the CCO in managing that with our contractors with SWOIPA and with Advantage Dental. They will be expected to take a more active role in closing some of those gaps in specialty care and in ratios of the number of providers to members.
- Ben M. states that it will be a good shift. There's a lot of experience on this Board and these requirements are still coming out every day so they are still trying to formulate their entire response to bring back to the Board, but wanted to keep the Board aware and to stay up to speed. Ben asks the Board if they have any questions?

Discussion

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- Dr. Webster comments that this is certainly interesting and certainly an area that will challenge us in a rural location.
 - Ben M. inputs that there are limitations in the way that they can approach this and the way that they can spend their dollars so that will require careful consideration.
 - Dr. Webster concludes saying that the last topic is going to be very interesting going forward and definitely thinks it's important to have Board oversight and information about areas that we are deficient in or struggling with. With that he thanks everyone, and the meeting concludes.

The work session was adjourned by common consensus at 8:10 A.M with no further business to be discussed.

Respectfully submitted by,

Jason Bell MD
Secretary/Treasurer

JB/eb 05152024

