



CPAA Consumer Advisory Committee Meeting

Meeting Summary, 10/24/2017

Support and Backbone Staff: Winfried Danke – *CHOICE*, Justin Wagaman – *CHOICE*, Shannon Linkous – *CHOICE*

In Attendance: Freddy Lessenger – *Lewis County*, Bonnie West – *Lewis County*, Nicole Perkins – *Cowlitz County*, Erin Oly – *Thurston County*, Samuel Silvestro – *Thurston County*, Doug Levvin – *Pacific County*, Mindy Bergen – *Thurston County*, DJ Lindberg – *Thurston County*, Heather Ristow – *Thurston County*, Paul Sweet – *Thurston County*

I. Welcome and Introductions

Winfried welcomed the group to the meeting. Introductions were made around the table. Justin then reviewed the agenda which consisted of learning about the CPAA and Medicaid Transformation Demonstration, establishing a definition of Health Equity for the committee, reviewing and revising the Consumer Advisory Committee Charter, getting an overview of previous consumer feedback, discussing people’s experiences with health disparities and barriers to their health, and a discussion of date, time and location for future meetings. Justin also went over the participation agreement and the need for W-9 documentation. That is needed for people to receive their stipends and mileage compensation, which will be a monthly check that is sent out to committee members. If people have questions about this process, they are encouraged to reach out to Justin Wagaman at wagamanj@crhn.org or (360) 539-7576 ext 120.

II. CPAA Medicaid Transformation Demonstration

Winfried gave an overview of an Accountable Community of Health (ACH). ACHs came about due to all of the different health disparities in the region. They are organizations that try to bring different stakeholders together, including medical providers, behavioral health (BH) providers, health plans, the state health care authority (HCA), schools, social services and more. These entities then work together “accountably” to make health better within the region for everyone.

In 2014, the state said they would give funding to ACHs to work on community-based health improvement projects. When the different stakeholders listed above came together, they talked about the greatest health needs within a community forum. The community forum brought people from all seven counties within the region together to address health needs. The five main areas of focus were established at those early meetings:

1. Access to healthcare services
2. Need for integration amongst providers to avoid overlap of testing and treatment
3. Chronic Disease
4. Treatment for the young generation to prevent need later in life
5. Bettering education to open opportunities for better jobs and therefore steady incomes

About a year ago, the state negotiated a special agreement with the government for a Medicaid waiver that would disperse funding to ACHs, with the promise to save money in healthcare over



time while still increasing the quality of care. This resulted in a funds flow allocation to ACHs within the region to invest flexibly in better health outcomes over the next five years via the Medicaid Transformation Demonstration project. The amount could be upwards of \$70 million over the span of five years across nine ACHs.

The Consumer Advisory Committee's call to action is to provide CPAA with valuable input on the best way these dollars could spend. Some questions to consider:

- What will meet the consumer's needs?
- What kinds of things do we need to invest in to make for better health outcomes overall?

III. Establish a Common Definition for "Health Equity"

Justin led the group in a discussion towards establishing a common definition and understanding of Health Equity. Health equity is important to the Consumer Advisory Committee because we will be asking that participants consider health equity as they think about healthcare needs and give feedback on the different projects being worked on by the CPAA.

The CPAA has previously used a definition of health equity which is listed below and the group was asked to discuss this as a possible definition for the committee:

"Health Equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare.

For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups."

The group discussed two modifiers within the definition of health equity – the difference between the words "fair" and "just". The group discussed this and we landed on the idea that keeping only the word "fair" would really lose the part of the definition that spoke to the importance of justice – that there is a moral component to health equity. "Fair" and "Just" mean that it is both about an equal opportunity and a just opportunity that takes into account the actual needs of the person.

The group went over the health equity hand out, which can be found [here](#). The group looked at a diagram showing that equity and equality were not the same thing, equity being that certain people sometimes need more resources for the same outcome. Justin discussed the importance of bias in undermining equity and briefly mentioned the "implicit bias" test (Project Implicit). People can take the test themselves [here](#).

IV. Review and Revision of the Consumer Advisory Committee Charter

Justin reviewed the charter. The first task of the committee was to revise and/or finalize the charter, which the CPAA Council and Board previously approved. See the draft of the charter [here](#).

The group agreed that these meetings will be open to the public and that the public can participate fully in the meetings. A call in option will be available for people who cannot attend in person.



Committee meetings will take place monthly to ensure input on the project plan for the next several months, but will usually be held quarterly as outlined in the charter. While all consumers are welcome to attend these meetings, Members also agreed that an online space for collaboration would be ideal in addressing group communication outside of meetings. Phone calls or traditional mailings will take place for those who can't easily connect via internet. A committee member moved to add the following to the ground rules: "No final decision should be made regarding the committee without input from every member, or at least the vast majority of members." There was a motion to approve the charter and all agreed to approve it unanimously with the changes listed. The approved charter will be available at the next meeting.

V. Overview of Previous Consumer Feedback

Justin reviewed feedback from CPAA led focus groups held earlier this year. He suggested that committee members think about how similar or different their experiences were from the focus group participants. The focus groups were representative of our region's seven counties, aside from Grays Harbor and Pacific, which were not attended. Themes developed from the focus groups in the following categories:

- Care Coordination: Lack of resources and information
- Bi-Directional Integration of Care: Unable to find mental health services; Paying out of pocket for mental health; Long wait times
- Oral Health: Insurance will not pay for anything dental-related; Enormous wait times for dental procedures on Medicaid; Pulling teeth is all Medicaid *will* cover
- Miscellaneous Themes: Access issues; Transportation problems; Help with chronic care; High medical costs; Inequality of care

For more information and quotes from the focus groups please see the hand out [here](#).

VI. Addressing Health Disparities and Barriers

Justin outlined some ground rules before discussing health barriers and disparities. The ground rules were as follows:

1. There are no wrong answers – we only ask for honesty
2. Please share your views even if they're different from other people's
3. Please be respectful of others' views
4. Speak one at a time – let others finish before you begin to speak
5. Please don't repeat personal information shared by others
6. Speak only for yourself and let others do the same

The following prompting questions were asked of the group as a way to start the discussion about health barriers. What are some of the greatest barriers you have with staying healthy and accessing health care? Is this preventable or not? If it could be prevented, how? Some of the committee's responses are summarized below.

- Spend downs and co-pays are too high



- “Just in the past two months, I’ve owed over \$17,000 with a high spend down of [over \$3000]. I can’t access the care I need or see doctors I need to see.”
- Over-prescription of medications and lack of resources
 - “Medicaid chooses to drug autistic children rather than give them the resources they actually need...like horse therapy, yoga therapy, music lessons, art lessons.”
- Things not being covered (by Medicaid) that should be
 - “...chronic diseases cannot be accurately treated because there are limitations in insurance coverage...”
- Denial of necessary services
 - “I have cataracts and need Lasik, but no healthcare plan pays for that. Does that system require me to go blind? That’s what it looks like right now...”
- No access to providers in a timely manner
 - “I was finally able to get a dental surgery I needed after 53 calls to different providers and eventually getting a referral to an oral surgeon in town, but even then issues of coverage came up. All my insurance would pay for was pulling teeth and nothing else.”
 - “There were three different medical needs amongst myself and my children. We finally found the right care, but the wait time was 18 months. After 13 months, I received a letter in the mail from the provider saying they no longer covered the service we needed.”
- Need for culturally competent providers via cultural trainings
 - “I’m lucky enough to have a PCP who cares about transgender people, but overall there needs to be a competency training for providers across the region.”
- Access to accurate and timely information
 - “...it gets complicated because there are different health plans under the insurance. [Providers] will advertise that they take Medicaid, but they don’t actually accept your health plan, and then they constantly switch which plans they accept. It’s hard to stay with a provider you actually need.”
- Need for more providers – specifically dentists and mental health providers
- No advocates for our care
 - “...we can have an entire staff and building dedicated to tourist attractions and community activities, but no one to back up our healthcare needs or tend to them when we need them.”

VII. Logistics: Date, Time, Location for future meetings

Distribution of a contact list including name, email address, phone number and location will allow members of the group to carpool and connect outside of the meeting. Members present agreed to having a contact list sent out to committee members. Justin will check with members who were not present to see if they are okay with this list also. Justin will send out a survey for people to complete (via survey monkey) to get input on future dates, times, meeting locations and food preferences before making a final decision on any details. All members agreed that different locations in various counties were a good idea, especially if being open to the public.



Stipends are \$45 and members receive mileage compensation. Meetings will be kid-friendly, meaning children may come to the meetings, but parents will be asked to care for their children as needed during the meeting to limit disruption. A request for name place cards at the next meeting came up at adjournment.

VIII. Next Steps & Closing

- Establish a contact list for members to have access to for carpooling and outside communication
- Establish a private share point for committee members to access for easy access to Consumer Advisory Committee information and updates
- Make revisions and updates to Charter and Ground Rules
- Justin will send out a survey regarding future meeting times, dates, locations and food preferences so we can schedule the next meeting.
- Committee chair and Interim chair appointment will happen at a future meeting. Anyone interested in being a committee chair or interim should email Justin (wagamanj@crhn.org).