

Columbia Pacific CCO  
Clinical Advisory Panel Charter

**Aim:** The Columbia Pacific CCO Clinical Advisory Panel (CAP) provides strategic leadership and direction for clinical transformation work that will help Columbia Pacific CCO achieve the Quadruple Aim.

**Overarching goal:** The CAP will ensure CPCCO's clinical transformation efforts and priorities are strategically aligned with those of its constituent organizations, the CPCCO community advisory council as well as the CPCCO board, and that these efforts have the active support of clinical and executive champions at the highest organizational and community levels.

The CAP is a separate committee of the Columbia Pacific CCO Governance structure, accountable to the CCO Board of Directors.

**Responsibilities:**

- Establish priorities for care transformation based on data, best practice, and provider and user experience and knowledge
- Review, evaluate and/or recommend specific initiatives to meet short and long term Quadruple Aim goals
- Set clinical targets for transformational efforts and oversee progress toward goals
- Promote sharing of best practices, development of community clinical best practice standards, and a practice culture of collaborative learning and continuous improvement.
- Assure achievement of priority clinical metrics, including Core Performance and Quality Incentive Measures, and participate in the development of a monitoring system for CCO performance
- Review and recommend care models, and new incentive and payment methodologies that increasingly reward accountability for improved outcomes
- Participate in identifying opportunities to improve population health in the CCO service area (Clatsop, Columbia, and Tillamook Counties)
- Review and recommend to the CCO Board priority programs for funding by the CCO
- Understand and define integration, and identify opportunities to integrate.
- Identify clinical gaps in care and access based on data in local communities.
- Identify areas for clinician and staff upskilling.
- Identify innovative strategies for workforce recruitment and retention.
- Identify equity gaps and work on opportunities to address them

**CAP Membership:**

The Columbia Pacific CAP should be comprised of individuals across the clinical spectrum, with between 15-17 total members, representing the full 3-county service area of Columbia Pacific CCO. The following are recommended disciplines for CAP membership:

- Physical Medicine Physicians (more than 1)
- Behavioral Health Professionals (more than 1)
- Social services professional (more than 1)
- At least one clinical nurse
- At least one pharmacist
- At least one dentist
- At least one Public Health professional
- At least one Emergency Department/Inpatient Leadership representative

- At least one Quality Improvement professional
- If possible: One addictions specialist

Ideally one member of the CAP is also a member of the CCO Board of Directors. Members will be selected based on direct involvement with the transformation efforts of the Columbia Pacific CCO, upon application. Applications may be submitted at any time, and will be acted upon with openings in the CAP membership. Non-members may attend open meetings of the CAP at any time, as specified below.

Every attempt will be made to have at least one CAP member who is also a member of the PC3 committee (whose role is to operationalize CAP directed strategy).

**Meeting frequency and standards:**

The CAP is staffed by both the Transformation Specialist and Medical Director.

- The CAP will have the following standards:
  - Meet every other month for 2.5 hours, with additional strategic subcommittees in between as needed.
  - The joint CAP-finance committee will continue to meet 2-3 times yearly
- Authorized to convene additional meetings
- Meetings will be open to staff from partner organizations and others by invitation
- CAP members who cannot attend a meeting should delegate their position to another person from their organization
- CPCCO staff will send updates in between CAP meetings so meetings can be largely focused on strategy and discussion

**Quaduple Aim:**



The CAP will use CPCCO clinical strategic buckets to help guide clinical strategy work within the CCO, specifically in the following areas:

- Quality (Metrics, Opioid work etc)
- Access (Primary care and specialty),

- Cost-effective care (High utilizer and high risk patients; hospital costs; utilization/referral patterns etc.)
- Integration (Within clinics with behavioral health and dental, and within the community)
- Clinic infrastructure and medical home
- Information Technology
- Recruitment and retention (provider upskilling and support, overall recruitment strategy, workforce wellness)
- Equity