Columbia Pacific Coordinated Care Organization (CPCCO)
Board Annual Planning Retreat: November 18, 2019
Meeting Minutes

The meeting was held in Multnomah County. Ten of twelve Board members attended: Nancy Avery, Bill Baertlein (phone), Jon Betlinski, Pam Cooper (phone), Sherrie Ford, Eric Hunter, Marlene Putman (phone), Bruin Rugge, Erin Fair-Taylor and Nicole Williams (phone).

The annual planning retreat was called to order at 8:39 a.m. with an established quorum.

Board Business
As this was not a public meeting, the following Board business was discussed, and will be approved as part of the consent agenda at the January 21, 2020 Board of Directors Meeting.

1. Minutes of the October 21, 2019 Board of Directors meeting.
2. September 2019 YTD Financial Report.
3. 2020 Forecast and Operating Budget.

2019 Year in Review
Accomplishments: Board and staff summarized top accomplishments over the past year, including but not limited to: planning and funding the new CODA clinic in Seaside; focus on addictions treatment; completed CCO 2.0 RFA with CPCCO as the sole CCO in the region; successful transition of the Behavioral Health benefit; extensive OHP member engagement and narrative stories to inform the new CPCCO health needs assessment and Regional Health Improvement Plan; year-over-year management of medical expense trends within the state's global budget; achievement of a quorum at every Board meeting despite governance disruption; investment in policy-level work to improve community health; and new dental initiatives, including access improvements with a co-located dental van.

Strategic Initiatives
Staff provided an overview of the twenty-one Strategic Initiatives for the CCO over the next five years, consistent with the Regional Health Improvement Plan (RHIP) and other community priorities. These included a deep-dive on the eight initiatives currently in process: benefit curriculum – OHP & Me – to be launched in early 2020; Community Trauma Informed Multi-Sector Network in Clatsop and Columbia counties; clinical equity/cultural responsiveness plan; Opioid Use Disorder/Prescribing; Maternal Child Youth plan; OHP & Me: pediatric oral health in primary care; and care coordination for complex members. There are an additional twelve initiatives in planning and one, Health Information Technology, still to be scheduled.

Board Strategic Plan
Staff shared an update on the work to date to advance the work of the Board strategic plan, as well as status of metrics achievement for each of the plan focus areas: Social Determinants of Health (SDOH), Equity, Health Integration, Clinical Excellence and Value-Based Payments. The Board was asked to evaluate whether the Plan's strategies continue to be aligned and on-track with the other CCO work. There were several areas where the Board asked for follow-up at the January Board meeting: proposed

SMART measures for SDOH; process measure for care coordination/integration; and baseline vs improvement targets for clinical excellence.

The Board also reviewed the evolution of the intent and structure of the work to advance the community risk share model, and approved the collective impact approach of the model, consistent with the RHIP, and the opportunity to leverage other funds to advance and sustain the work.

Investing in Our Future

Value-Based Payments (VBP)

The Board learned details behind OHA's movement from production-based provider payments to value-based payments; all CCOs are expected to have 74% or more of their provider payments as VBPs by 2024. VBPs will be required for primary care, hospital, children's health, behavioral health, maternity, oral health and pharmacy. We need to consider the implications of payer mix on VBP effectiveness (e.g. we are only 10% of the payor mix), as well as relative size of the care categories for CPCCO vs other regions. The board discussed the kind of additional technical assistance that CareOregon/CPCCO staff will need to provide to help clinics and others adjust to bee successful in this new VBP payment environment.

Health Related Services (HRS) and Social Determinants of Health (SDOH)

The Board was provided an overview of new requirements from OHA regarding how CCOs invest in addressing social determinants of health, and the evolving role of CCOs from the state's perspective. This included an overview of spending categories: direct member service costs (claims), quality improvement, administration, HRS and SDOH-E. While the state has very specific definitions of what constitutes HRS spending, the definition of SDOH is very loose and high level; the state has acknowledged there is a great deal of overlap between the two. In addition, the state is very prescriptive about reporting CCO spending. The good news is that the types of investing that CPCCO has made over the years are entirely consistent with new state requirements. In addition to how CCOs need to invest surplus earnings, the state is also imposing financial penalties for exceeding the statewide Rate of Growth.

The Board then reviewed the current framework for community/clinical investment, and a proposed new framework, given new state requirements matched to the priority health improvement areas listed in the CPCCO Regional Health Improvement Plan. In addition, they discussed a continuum of options for CCO investments in housing and housing supports.

The Board discussed several questions with the new framework, including: are the proposed percent allocations enough to get things done and make the desired improvements; can we revisit the framework over time; what happens if we fund an initiative that is defunded in the future; and what kinds of CPCCO staff and supports would be needed to help local organizations be successful ?

The Board also started to brainstorm a list of criteria for success for potential intensive resourcing for housing, including: investing in order to mitigate future costs; parameters for moving quickly on market opportunities; maximum CCP financial exposure; liquidity of investments; and county-specific priorities and infrastructure needs.

Based on the framework and housing discussions, the Board requested the following:

1) Bring a specific concept paper to the Board to allow informed review of the model(s);
2) Review options for new supports, such as an asset manager;
3) Look at clinical integration opportunities in housing development; and
4) Work with the Finance Committee for Board guidance in the above.

January Board Meeting Preview

Open Meetings

In preparation for doing anything different in January, the Board again considered changing the current process for meeting the CCO open meetings requirements. The Board agreed to retain the current process for assuring appropriate public input into Board actions of significance, while also assuring appropriate flexibility to manage any specific meeting agenda. In addition, the Board requested a process to include CPCCO CAC members in Board meetings, as well as a process to assure appropriate community subject matter expertise in specific Board meeting topics.

Board Committees

The Board reviewed the committee assignments for Equity, Finance, Network & Quality and Nominating Committees. Meeting invitations for 2020 will be sent to appropriate Board members in the next few weeks.

Wrap-up and Meeting Evaluation

The Board and staff provided perspective on what worked well and needed improvement. High level takeaways included: great meeting and materials preparation; preference for Board members to attend in person; focus on highest strategic and big picture issues, including financial; mix of presentation and interaction/moving around; presentation of concepts to mull over without pressure to make an immediate decision; and consideration of meeting in a new venue.

There being no further business to discuss, the Annual Board Planning Retreat adjourned at 3:29 p.m.