

Columbia Pacific Coordinated Care Organization
Board of Directors Meeting: September 16, 2013
Summary Discussion

The meeting was held in Clatsop County. Thirteen of the twenty Board members were present.

Discussion Topics:

1. CCO Communications. The Board was updated on several communications materials now available to inform others of what the CCO is and what it is working on. These include an annotated powerpoint presentation for general audiences on the background and current work of the CCO and a leave-behind for any audience or location, including how to get more information about the CCO. Members of the Board and staff will be asked to present the information as requests are made by the public.
2. ACA and 2014 Expansion. The Board heard an overview of the eligibility changes and affected populations as of 2014. These included general projections as well as specific projections for Columbia Pacific. There are numerous implications of the Medicaid expansion for the CCO, including how to manage the pent-up demand from adults who may have been uninsured for years, especially for preventive medical services, mental health and dental services. Columbia Pacific already has provider shortages in various communities, which will be made more severe with new members who need care.
3. Community Advisory Councils. The Regional Community Advisory Council for the CCO, made up of representatives of each of the four local Councils, has formed and is preparing its work plan. The local Councils are all currently reviewing secondary data as well as collecting primary data via community surveys meant to ensure broad sampling from across the service area, not just the cities where the Councils meet. The surveys are available in English and Spanish, in paper form and via the Columbia Pacific CCO website. The community engagement process includes having public meetings in each county in October.
4. Clinical Advisory Panel (CAP). The CAP is launching several important pieces of work, including an initiative to reduce inappropriate opiate prescribing for chronic pain; opiate dependence is a major problem across the CCO. The initiative is planned to start in the greater Astoria community and roll-out to the rest of the CCO in 2014. The CAP is also working on processes to assure improvements in clinical quality, improve rates of developmental screening for young children, and improve timely access to prenatal care and service.
5. OHA's Transformation Funds. The Board agreed on the three priority areas to receive funds from the state's \$1.4 million grant to Columbia Pacific CCO. These areas are: clinical interventions and improvements informed by the work of Columbia Pacific's CAP; PCPCH and bi-directional Medical Home capacity building, provider training and infrastructure improvements for both the primary care and behavioral health clinics in the CCO's service area; and community development and partnerships to wrap around clinical capacity building. The Board will decide the list of possible projects to submit to the state in October.
6. Finance update. The Board discussed the current financial reports for the CCO.