

Columbia Pacific Coordinated Care Organization
Board of Directors Meeting: November 18, 2013
Summary Discussion

The Board held an extended planning and development meeting in St Helens. Sixteen of the twenty Board members were present.

Discussion Topics:

1. Theory of the Health Commons. The Board reviewed and discussed the design principles and guidelines for shared stewardship of the 'health commons' as the essential organizing framework for the CCO's work. Guidelines include, but are not limited to, thinking systemically, aligning plans to community values, finding a trusted convener, establishing shared priorities and recognizing inequities. The Board discussed how these guidelines have been used throughout the past year and how they will frame their collective work going forward.
2. Past Year Accomplishments. In small groups, the Board detailed and reflected on the past year's accomplishments. Among other accomplishments, they chartered and established themselves, a Finance Committee, a Clinical Advisory Panel and five Community Advisory Councils, integrated chemical dependence and mental health benefits under an alternative payment model, developed a Transformation Plan and a Health System Transformation funding proposal, launched an opiate/chronic pain management initiative, created a primary care learning collaborative, are on track with community needs assessments and quality incentives, discussed alternative care and payment models, and developed a financial dashboard to better understand and manage performance. They discussed Columbia Pacific CCO in light of other known CCOs and felt we were where we needed to be in commitment, priorities and staffing.
3. Board Self Assessment. The Board reviewed and discussed their assessment of their individual and collective goals, roles and processes for the CCO work. In small groups, the Board discussed where they are strongest, and where there are opportunities to increase their effectiveness through process changes, further education and training, or just additional time together.
4. 2014 Work and Deliverables. The Board discussed the long list of deliverables that the CCO is accountable to produce over the next year. These include completing milestones as required by the state, as well as work identified by the CCO committees themselves. In small groups, they further discussed the top 3-5 strategic priorities for the CAP, CACs and Finance Committee. These were discussed in light of the impact they each want to have looking over the next several years.
5. Investment Priorities. The Board participated in an activity to determine where they would prioritize investing positive financial margin of the CCO. First order priorities included assuring appropriate restricted reserves for the CCO, and investing in provider incentives and alternative payment models. The second order priorities, once those were taken care of, included capacity building in both the health systems and in the community systems to assure improved health and access to needed services and supports.
6. Leadership Characteristics and CCO Values. The Board discussed the leadership competencies they believed most important to their roles as stewards of the CCO's Health Commons. Among 13 leadership characteristics developed by Franklin Covey, the Board agreed on 5 that would represent the CCO's highest values going forward.

CCO Vision: Creating Health Together

CCO Values: Transparency, Accountability, Honesty, Respect, Commitment