

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

The meeting was held in Portland. Sixteen of the twenty Board members attended.

Discussion Topics:

1. November Planning Retreat. The Board discussed the priority work that will guide their discussions for the year. The priorities will generally emerge from the CCO committee work, and will include, among other topics, funds flows and alternative payment options.
2. Community Wellness Investment Funds. The Board heard and decided to fund seven of the eleven applicants who submitted proposals for CCO funding. Grant awards totaled \$57,500, with three finalists from Columbia County, two from Clatsop County and one each from Tillamook County and Reedsport. The Board also adopted the recommendation to postpone further grant awards until after the CCO's Community Advisory Councils have determined their top health improvement priorities, later in the spring of 2014.
3. Transformation Fund Projects. Status updates were provided on the four projects initially detailed for OHA funds: a chronic pain/opiate prescribing initiative starting in Astoria/Seaside; the addition of 6 detox beds in Columbia County; provider training needs, with an initial focus on ASQ screenings; and Healthy Homes assessments for high risk members who have home environment health hazards.
4. Finance update. The Board discussed the current financial reports for the CCO.
5. 2014 Access/Capacity Planning. The Board discussed the enrollment of an additional 1,960 members effective January 1, 2014 and the current capacity constraints for specific clinics that are actively trying to recruit new providers. Only approximately 30% of new members have indicated an existing relationship with primary care.
6. Clinical Advisory Panel update. The CAP Chair highlighted the status of current CAP priorities, including what the CCO is likely to achieve with the 17 Incentive Measure targets.
7. Community Advisory Councils updates. The community health needs assessments and health improvement priorities for each local CAC are being finalized. Three of the four CACs have identified the same priorities: prevention, with a focus on tobacco cessation and obesity; addictions; and mental health, including crisis and suicide prevention.