

**Columbia Pacific Coordinated Care Organization**  
**Board of Directors Meeting: June 20, 2016**  
**Summary Discussion**

The meeting was held in Multnomah County. Eleven of the fifteen Board members attended.

Discussion Topics:

1. Nominating Committee Report. The Board adopted a new policy related to the initial term of a Director's service on the Board. The Board also approved the appointment of a new Director: Dr. Jonathan Betlinski.
2. Oral Health and Columbia Pacific. CareOregon's Dental Director presented an overview of the importance of dental integration, the structure of the relationship between CPCCO and each Dental Care Organization (DCO), their utilization and quality metrics, and the priority populations and strategies for CPCCO's oral health improvements.
3. Community Model for Shared Financial Gain and Risk. The Board approved two recommendations from the Finance Committee. The first was to adopt a new three-year model to share upside and downside risk for managing total cost of care for CPCCO members, by county. The second was to approve distribution of funds from 2015 gain share dollars to each county, based on membership, to invest in cost of care improvements in both community and clinical settings.
4. Financial Performance. The Board reviewed April YTD financial performance of the CCO.
5. Community Advisory Council Report. The Board heard a presentation on key morbidity and mortality data comparisons, by county, from 2013 to 2015. The Board reviewed and approved the Community Health Improvement Plan goals, regional partnerships and community program investments, to be submitted as the Annual Update to the state. They also reviewed the current community-based staff and financial resources, and discussed a regional tobacco collaborative as one strategy from CPCCO's Five-Year Strategic Plan.
6. Clinical Advisory Panel Report. The Board received an update on the CCO's achievement of 100% payout of the incentive withhold by the state for 2015. They also reviewed data and work to focus on the highest cost, highest risk members of the CCO, as well as an update on the status of the full set of CAP-recommended projects for opioid prescribing, access improvements, and workforce recruitment and retention.