# Columbia Pacific CCO Strategic Plan
# 2019 – 2021

**Mission**
Partnering for healthy members and community well-being.

**Vision**
Helping those in need reach their highest potential by providing services that support their social, emotional and physical health.

**Values**
Transparency
Honesty
Accountability
Respect
Commitment

## Organization Goals

| 1. SDoH, Prevention and Health Promotion | 2. Equity | 3. Health Integration | 4. Clinical Excellence | 5. Value-Based Payments |
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| Defined: CPCCO invests in interventions to address Social Determinants of Health consistent with member-identified priorities in the CHIP. | **Defined:** CPCCO reduces health disparities by building culturally-responsive networks and services within and across our communities. | **Defined:** CPCCO builds and supports a team of health providers working with patients, families and communities to provide holistic services for defined populations. | **Defined:** CPCCO provides actionable data, emerging evidence, leadership and learning collaboratives to advance clinical excellence across the health system. | **Defined:** CPCCO ensures financial stewardship of its scarce resources by sharing risk with and aligning provider incentives for prevention and evidence-based clinical outcomes. |
| **Strategies** | | | | |
| Empower and continue to professionalize CACs in their advisory role to the Board, and as liaisons between CPCCO and broader community health initiatives. | Direct CCO staff to investigate specific populations likely to suffer health disparities and inequities including, but not limited to, chronically mentally ill adults and disabled children. | Identify and import best practices for service integration between clinical and community supports (e.g. child welfare). | Monitor and invest in access improvements for specific clinical services. Specific services (e.g. SUD/MAT, dental, specialty, primary care) will be prioritized by county, community, CCO needs. | Review/approve ROI on NEMT re-investment opportunities. |
| Invest in community prevention, including strategies such community health workers, nutrition supports or nurse home visiting. Invest in key stakeholders and organizational partners that demonstrate readiness, leverage and capability. | Establish a new Board of Directors Equity Committee to: build out the CPCCO Equity Plan, BOD/staff trainings, and CCO point of contact for equity. | Approve CPCCO pilot or model in 2019 for greater accountability of the Behavioral Health benefit. | Make necessary investments to achieve annual 100% quality payout. | Approve community risk share model for each county for 2020. |
| Invest in community-identified priorities included in the 2020-24 CHIP. | Require CAP and CACs to integrate culturally responsive workforce initiatives into their respective annual work plans. | Prioritize funding to enhance health navigators and/or integrated regional care teams within the region. | Support CAP and clinics to build and/or retain workforce, including emerging workforce (such as CHWs) to address rising clinical needs. | Approve APMs for non-claims based care models/providers (e.g. peer supports, CHWs). |
| Request staff to create a plan for investing in community-based innovations to address SDoH. | Require new CAC membership demographic and reporting requirements be included in CAC 2019 workplan. | Propose pilot or model to the state in 2019 to get ahead of new requirements, such as taking on risk for state hospitalization | Invest in expanding Behavioral Health access across the continuum of care within the region. | Further incentivize hospital systems to prioritize ambulatory and primary care. |
| Board designate priority investment focus areas, in synergy with non-CCO investments in SDoH. | Require BOD Nominating Committee to address OHP representation on CPCCO Board. | | Invest in CAP-identified clinical initiatives, evidence-based and population health programs (e.g. palliative care). | Support and allocate resources to explore community-based alternatives to Oregon State Hospital. |
| **Measures** | | | | |
| 1. PMPY total investment | 1. % increase in interpreted visits | 1. Cost of care by RAE | 1. Access and engagement/penetration targets | 1. NEMT PMPM actual to budget |
| 2. CAC Best Practices implemented | 2. Baseline disparities data and improvement targets set for identified priority populations | 2. BOD quarterly dashboard, including MBR by RAE | 2. % metrics achieved | 2. County total cost of care targets |
| 3. Shared community health investment priorities identified | | 3. #/% members touched by care models | 3. BH/SUD penetration rate | |