

**Columbia Pacific Coordinated Care Organization (CPCCO)  
Board of Directors Meeting: June 17, 2019  
Meeting Minutes**



The meeting was held in Tillamook County. Eight of the eleven Board members attended: Bill Baertlein, Jon Betlinski, Sherrie Ford, Eric Hunter, Debbie Morrow, Marlene Putman, Bruin Rugge and Erin Fair-Taylor.

Guests: one guest from the general public attended to participate in the presentations section of the agenda.

The meeting was called to order at 10:01 a.m. with an established quorum. The Consent Agenda was approved by unanimous vote of the Directors present.

**Topics and Action Items**

1. NEMT Retrospective and Prospective. The Board reviewed the history and utilization of rides since 2015, with both Sunset Empire Transit District and Tillamook County Transportation District (TCTD). In July 2018, the management of the benefit transitioned to the latter, with a dedicated focus on managing the benefit as defined by OHA. TCTD is on track to achieve a 27% reduction in rides, while also working to ensure that the number of members accessing the benefit increases, improving access to wheelchair accessible vans, and educating providers, members and the community know on how to access non-urgent and urgent rides. The Board is considering moving the financial risk for NEMT from CPCCO to CareOregon, to achieve scale as well as integrate rides more closely with management of the physical and behavioral health benefits.
2. RFA Financial Requirements and Value Based Payment. The Board reviewed key financial deliverables in the new OHA 2020-24 CCO contract, including required investments in Social Determinants of Health-Health Equity (SDOH-HE), achievement of cost trend targets, improvements in the behavioral health benefit and emphasis on pay for performance. They also reviewed proposed changes in the rate-setting methodology starting in 2020, including new service area factors – yet to be revealed – and moving the Quality Pool payments from a bonus to a 5% withhold of premium. The state will also be requiring CCOs to ensure that 70% of provider payments in 2024 are value-based. The Board also reviewed membership scenarios depending on one vs two CCOs in the three-county area; the Board discussed the financial volatility that can be expected if the risk pool gets too small.
3. Benefit Curriculum: OHP & Me. CPCCO staff presented work that has been underway since 2017 to address a known gap in member, provider and community knowledge about the benefits covered by the Oregon Health Plan. While the audience is ultimately the members, the work focuses on those who help our members navigate the health system, including Assistors, community health workers and DHS staff. The eight-module

curriculum will include several media forms, including videos and written materials, all available on the CPCCO website. The Board discussed the timing, asking that as much of it be available before this fall's Open Enrollment. The Board will decide on a revised proposal and budget in July.

4. Executive Director's Report. This month's report included an overview of the passive enrollment of approximately 1,600 individuals with both Medicare and Medicaid coverage ("Duals") into CPCCO effective July 1<sup>st</sup>, a few OHA-sponsored workgroups with CCOs to ensure appropriate data collection and transmission between the state and CCOs, and an overview of the successful and smooth transition of the behavioral health benefit from GOBHI to CPCCO, via CareOregon, on June 1<sup>st</sup>, 2019.
5. Committee Reports
  - a. The Finance Report included an April 2019 financial performance, including membership, aggregate and sub-capitation revenues and expenses, medical expense trends, monthly operating income, and fund balances for clinical and community investments. In addition, the Board reviewed an updated Finance Committee Charter.
  - b. The Community Report focused on the almost-complete CPCCO 2020-24 Regional Health Improvement Plan (RHIP) in process since 2018, including the goals, objectives, health equity impact and outcome metrics for each of eight focus areas. These areas were determined through review of primary and secondary data, insights from the Community Advisory Councils and communities at large, and in partnership with the three Public Health Departments, two hospitals, and two mental health authorities across our region. The focus areas are: trauma and trauma-informed practices across all sectors of the community; improved access to oral health; improved access to primary care; improved access to behavioral health; housing supports; suicide prevention; enhanced integration with social safety net; and reductions in chronic disease. The RHIP is due to OHA at the end of June, and new CPCCO grants in support of the RHIP focus areas will be solicited at the end of July.
  - c. The Clinical Report provided an in-depth analysis of the ways CPCCO is measuring quality, independent of the Quality Pool 'payout' percentage. While CPCCO will only achieve 60% payout for 2018, staff illustrated CPCCO's targets compared to other CCOs. In fact, CPCCO is performing at or better than many CCOs, despite harder targets, including for ED utilization, depression screening, and management of diabetes and hypertension. An area of improvement for 2019 and beyond is increasing childhood immunization rates. Staff also presented high level workplans for two new areas: Opioid Overdose, and Maternal Child Youth.
6. Presentations. The Board heard about local efforts that CPCCO helped fund or staff, including the two following.
  - a. Tillamook School District #9, Family Resource Coordinator/Center. Based on a decision several years ago to change the culture of the schools to be more trauma-informed, CPCCO was asked to help fund a new position within the

school district to work with at-risk youth and families. Started in 2017, the Family Resource Coordinator has developed a referral process for school staff and others, such as the Public Health Nurse, to refer kids who may be at risk of failure in the schools due to absenteeism or other factors that affect their academic performance. The program has grown to include a resource center and meeting place for the youth themselves, an area for others to offer services, such as the Women's Resource Center, and a new Food Pantry. The program is well integrated into numerous initiatives to improve health across the county.

- b. Tillamook County Wellness (formerly Year of Wellness). Launched in 2016 by the Tillamook County Board of County Commissioners, this is now a sustainable county-wide initiative focused on Type 2 diabetes risk reduction. It operates through five action groups, including health promotion, access to healthy foods, access to physical activity, health screenings, and workplace wellness. Tillamook County Community Health Centers (TCCHC) is the backbone organization.

7. Action Items

- a. By unanimous vote of Directors present, the Board accepted the April 2019 Financial Report and new Finance Committee Charter.

8. General Updates:

- a. Tillamook County completed its Housing Needs Assessment, is hiring its first Housing Coordinator, and looks forward to working with the CCO on housing initiatives.
- b. TCCHC's new mobile clinic is scheduled to arrive on June 28<sup>th</sup> and will be seen out and about the county through the summer months as it ramps up operations.
- c. OHSU's Department of Public Psychiatry is celebrating its 60<sup>th</sup> year of services.

There being no further business to discuss, the meeting adjourned at 1:55 p.m.