

Columbia Gorge Health Council Clinical Advisory Panel Membership

The Clinical Advisory Panel (CAP) is chartered by the Columbia Gorge Health Council (CGHC) Board of Directors to advise and make recommendations on the strategic direction of the organization. The CAP will review and establish clinical and utilization standards for care for the Columbia Gorge regional Coordinated Care Organization (CCO) made up of Hood River, Sherman, and Wasco Counties. The CAP will ensure best practices by providing oversight and leadership to community integration efforts, quality improvement projects and improvements in the local healthcare system. The CAP will be charged with coordinating the regional health system quality committees and setting strategic community goals to be implemented within each organization involved in the CCO in accordance with the Regional Health Improvement Plan. The CAP will be comprised of not less than 12 and not more than 17 members appointed by the CGHC.

Membership

The members of the Clinical Advisory Panel shall have experience relevant to provision of health care in clinical settings and, where applicable, a direct connection to their organization's quality committee. Members of the CAP shall include”

- Two liaisons (Mental Health Provider and Physical Health Provider) to the Columbia Gorge Health Council Governance Board
- At least one liaison from the Community Advisory Council; and
- Required seats (9) of the CAP include:
 - Three Primary Care Providers (across age continuum)
 - FQHC
 - Behavioral Health
 - Public Health
 - Provider at large
 - Oral Health
 - PS Medical Representative
- 6 – 8 additional voting seats may include (but are not limited to):

Pharmacy	OT/PT/Speech
Long-Term Care	Emergency Medicine
Specialty Care	OB/Gyn
Alternative Medicine/Therapies	Alcohol/Drug Dependency
Hospice/End of Life	
Visiting Health	
Hospitalists	

The Clinical Advisory Panel will meet at least monthly. Each member present at a meeting shall have a right to vote.

Columbia Gorge Health Council Clinical Advisory Panel Membership Application Form

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All interested in applying for the CGHC Clinical Advisory Panel should complete this form and return to:

Columbia Gorge Health Council,
Clinical Advisory Panel
Attn: Trish Elliott
Hood River County Health Department
1109 June Street
Hood River, OR 97031

Please type or print clearly.

First Name	MI	Last Name	Degree
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Organization/Employer (If Applicable)

Clinical Area of Expertise

Telephone	Email Address
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Physical Address

City	ZIP Code	County
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- 1) Please tell us about yourself. Include your background and participation in other community forums, public planning processes, advisory councils, etc. Attach more pages if needed.

2) Please tell us why you want to be on this panel. What will your background or interests offer to the team?

3) If you are currently a member of Medicaid or advocacy committees or councils, please list them below.

4) References: Please list two or three people below who can tell us about what you could contribute to CAP

First Name	MI	Last Name
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Organization/Employer (If Applicable)

Telephone	Email Address
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First Name	MI	Last Name
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Organization/Employer (If Applicable)

Telephone	Email Address
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First Name	MI	Last Name
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Organization/Employer (If Applicable)

Telephone	Email Address
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Race – please circle (optional):

American Indian/Alaska Native
Asian/Pacific Islander
Black
White
Other

Ethnicity (optional):

Hispanic
Non-Hispanic

What percentage of your current patient panel is enrolled in OHP (Please circle)?

None	51 – 75%
<25%	>76%
26 – 50%	

I certify that the statements made by me on this form are true and correct to the best of my knowledge and belief. I agree to serve on the CGHC Clinical Advisory Panel for two years. I will attend and participate in at least eight meetings a year and any other sub-committee meetings as needed. If I am unable to attend, I will notify the CGHC staff prior to the meeting.

Signature of Applicant

Date

Completion of this form does not ensure that you will be selected as a CAP member. CGHC will chose members based on geographic diversity and representation of clinical expertise.

If you are not selected to be a CAP member, may we contact you for participation in other workgroups or sub-committees?

Yes No