Agenda
Delivery System Transformation Committee

January 6, 2022 4:30 – 6:00 pm

Online Click Here: Click here to join the meeting

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Conference ID: 869 236 043#

Item	Presenter	Time
1. Welcome and Introductions	**Beck Fox,** Olalla Center	**4:30**
2. Transformation Update	**Sadie Peterson,** IHN-CCO	**4:40**
3. DST Calendar, Strategic Planning, and Request for Proposal Overview	**Sadie Peterson,** IHN-CCO	**4:45**
4. DST Charter Review	**Beck Fox,** Olalla Center	**5:00**
5. DST Roles and Responsibilities Review	**Beck Fox,** Olalla Center	**5:40**
6. Wrap Up • Announcements • Next Meeting: January 20, 2022	**Beck Fox,** Olalla Center	**5:55**

Acronym	Meaning
ACEs	Adverse Childhood Experiences
APM	Alternative Payment Methodology
CAC	Community Advisory Council
CCO	Coordinated Care Organization
CEO	Chief Executive Officer
CHIP	Community Health Improvement Plan
CHW	Community Health Worker
COO	Chief Operations Officer
CRC	Colorectal Cancer
DST	Delivery System Transformation Committee
ED	Emergency Department
EHR	Electronic Health Records
ER	Emergency Room
HE	Health Equity
HN	Health Navigator
HRS	Health Related Services
IHN-CCO	InterCommunity Health Network Coordinated Care Organization
LCSW	Licensed Clinical Social Worker
MOU	Memorandum of Understanding
OHA	Oregon Health Authority
PCP	Primary Care Physician
PCPCH	Patient-Centered Primary Care Home
PMPM	Per Member Per Month
PSS	Peer Support Specialist
PWS	Peer Wellness Specialist
RFP	Request for Proposal
RHIC	Regional Health Information Collaborative
RPC	Regional Planning Council
SDoH	Social Determinants of Health
SHP	Samaritan Health Plans
SHS	Samaritan Health Services
SOW	Statement of Work
TI	Trauma Informed
THW	Traditional Health Worker
TQS	Transformation and Quality Strategy
UCC	Universal Care Coordination
VbP	Value Based Payments
WG	Workgroup

Delivery System Transformation (DST) Pilots

Acronym	Project	Sites	Counties	Start	End
BRAVE	Bravery Center	Olalla Center	Lincoln	1/1/20	12/31/21
CCP	CommCard Program	The Arc of Benton County	Benton, Lincoln, Linn	1/1/21	12/31/22
CDP	Community Doula Program	Heart of the Valley Birth & Beyond	Benton, Lincoln, Linn	1/1/21	12/31/22
CSUP	Culture of Supports	North End Senior Solutions	Lincoln	1/1/21	12/31/22
DEC	Disability Equity Center	Disability Equity Center	Benton, Lincoln, Linn	1/1/21	12/31/22
ENLACES	ENLACES	Casa Latinos Unidos	Linn	1/1/21	12/31/21
HHT	Healthy Homes Together	Albany Partnership for Housing, Family Tree Relief Nursery	Linn	1/1/21	12/31/22
HUBV	Hub City Village	Creating Housing Coalition	Linn	1/1/20	12/31/22
HVOST	Hepatitis C Virus Outreach Screening & Treatment	Lincoln County Health and Human Services, Confederated Tribes of the Siletz Indians	Lincoln	1/1/21	12/31/21
IFCW	Integrated Foster Child Wellbeing	Samaritan Health Services	Benton, Lincoln, Linn	1/1/19	12/31/22
LCCOR	Linn County Crisis Outreach Response	Family Assistance and Resource Center Group	Linn	1/1/21	12/31/21
MHHC	Mental Health Home Clinic	Samaritan Health Services, Linn County Mental Health, C.H.A.N.C.E.	Linn	1/1/21	12/31/22
NPSH	Navigation to Permanent Supportive Housing	Lincoln County Sheriff's Office	Lincoln	1/1/20	12/31/22
OBFY	Overcoming Barriers, Foster Youth	CASA-Voices for Children	Benton	10/1/21	12/31/22
POH	Partnership for Oral Health	Capitol Dental Care	Linn	1/1/21	12/31/21
PUENTE	PUENTES: Improving Language Access and Culturally Appropriate Messaging	Casa Latinos Unidos (CLU)	Benton, Linn	10/1/21	12/31/22
SKIL	Skills and Connections to Support Housing	Corvallis Housing First	Benton	1/1/20	12/31/21
WINS	Wellness in Neighborhood Stores	OSU Center for Health Innovation, Linn County Public Health	Linn	1/1/20	12/31/22
WtoS	Wellness to Smiles	Advantage Dental from DentaQuest	Lincoln	1/1/20	12/31/21

IHN-CCO DST Roles and Responsibilities Form

As a member of the InterCommunity Health Network Coordinated Care Organization (IHN-CCO) **Delivery System Transformation Committee** I agree to the following principles:

Adopt and support the objectives of the Delivery System Transformation Committee:

- Improve the health delivery system by bringing the community together.
- Use the collective impact model building on current resources and partnerships.
- Support, sustain, and spread transformational initiatives keeping the PCPCH (Patient-Centered Primary Care Home) as the foundation of IHN-CCO.
- Welcome innovative ideas; plan and implement transparent collaborative strategies that are aligned with IHN-CCO goals and objectives for their members.
- Pursue the Triple/Quadruple Aim (increased access, reduce cost, improve health outcomes, and staff/provider engagement.)

Provide strategic guidance, vision, and oversight for the Committee:

- Commit to developing strategies that strengthen the community.
- Share data and information with the Committee.
- Encourage attendance and participation of the DST workgroups.

Play an active role:

- Participate in the meetings.
- Review materials and be prepared for engaged discussion, active listening, and respectful dialogue.
- Foster and promote the spirit and message of the Committee.
- Identify other partners to join the efforts of the Committee.
- Serve as a vocal champion of the DST's work.

Avoid conflicts of interest:

- Abstain from voting on pilots that I am actively involved in.
- Communicate conflicts of interest that arise to the committee and abstain from voting.
- Always act in the best interests of IHN-CCO members.

Name **Date**

Sign____

Print____

Delivery System Transformation Committee (DST)

(Committee of the Regional Planning Council)

2021 Charter

Objectives:

- Support, promote, and/or positively affect the health outcomes and wellbeing of IHN-CCO members.
- Advance health equity in all Committee projects including pilots & workgroups.
- Improve the health delivery system by engaging and elevating voices that historically have not been heard.
- Using the collective impact[i] model building on current resources and partnerships.
- Support, sustain, and spread transformational[ii] initiatives keeping the PCPCH (Patient-Centered Primary Care Home) as the foundation of IHN-CCO.
- Welcome innovative ideas; plan and implement transparent collaborative strategies that are aligned with IHN-CCO goals and objectives for their members.
- Pursue the Triple/Quadruple Aim.
- Understand the impact of pilots through qualitative and quantitative analysis and evaluation.

Structure:

- The Committee reports to and takes direction from the IHN-CCO Regional Planning Council (RPC). The Co-Chairs are responsible to report to the RPC.
- The Committee meets at least monthly to develop priorities and identify strategies to facilitate transformation.
- The Committee workgroups and pilots have broad membership to further healthcare delivery system strategies.

Membership: Anyone that can support, promote, or positively affect the health outcomes and wellbeing of IHN-CCO members in the tri-county region.

Key Deliverables and Activities:

- Utilize a trauma informed approach[iii] and health equity lens[iv].
- Support components of the Transformation and Quality Strategies (TQS)[v].
- Use data and information to align initiatives.
- Identify champions and support new partnerships and linkages.
- Prioritize the workgroups and pilots that develop and execute strategies to achieve the Committee's goals.
- Align with the Community Advisory Council (CAC) and its Community Health Improvement Plan (CHIP) for priorities.
- Build integrated communication pathways between community agencies, the traditional healthcare system, community health, and PCPCHs.
- Recommend system changes, report gaps and barriers, and provide information to the RPC.

Committee Member Responsibilities:

- Serve as a vocal champion of the DST's work.
- Commit to developing strategies that strengthen the community.
- Identify members to join the Committee, workgroups, and pilots to successfully complete objectives.
- Share data and information with the Committee.
- Attend at least five meetings within the last six months to vote.
- Foster and promote the spirit and message of the Committee.
- Review materials and be prepared for engaged discussion, active listening, and respectful dialogue.

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[i] Collective impact model brings people together in a structed way, to achieve social change. There are five components to the framework: common agenda, shared measurements, mutually reinforcing activities, continuous communication, and backbone support.

[ii] Transformation is defined as keeping the Patient-Centered Primary Care Home (PCPCH) at the center, but includes creating different relationships, community connections, and linkages outside of the traditional health services setting. Includes upstream health and recognizes there are pieces outside of the PCPCH setting that influence an individual's health. Being willing to risk trying something different, even failed projects provide a learning opportunity. Transformation is constantly changing and is not static, has elements of innovation, but is broader and involves system change.

[iii]

According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) concept of a trauma-informed approach, "A program, organization, or system that is trauma-informed:	SAMHSA'S Six Key Principles of a Trauma-Informed Approach:
1. *Realizes* the widespread impact of trauma and understands potential paths for recovery; 2. *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system; 3. *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and 4. Seeks to actively resist *re-traumatization*."	1. Safety 2. Trustworthiness and Transparency 3. Peer support 4. Collaboration and mutuality 5. Empowerment, voice and choice 6. Cultural, Historical, and Gender Issues

[iv] The Committee has adopted the Oregon Health Authority's health equity definition to ensure alignment with IHN-CCO. "Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments, to address:

- The equitable distribution or redistributing of resources and power; and
- Recognizing, reconciling, and rectifying historical and contemporary injustices."

[v] TQS 2021 Components

1. Access: Cultural Considerations
2. Access: Quality and Adequacy of Services
3. Access: Timely
4. Behavioral Health Integration
5. CLAS (Culturally and Linguistically Appropriate Services) Standards
6. Grievance and Appeal System
7. Health Equity: Cultural Responsiveness
8. Health Equity: Data
9. Oral Health Integration
10. PCPCH: Member Enrollment
11. PCPCH: Tier Advancement
12. Serious and Persistent Mental Illness (SPMI)
13. Social Determinants of Health & Equity
14. Special Health Care Needs (SHCN)
15. Utilization Review