

Agenda

Delivery System Transformation Committee

April 27, 2023 4:30 – 6:00 pm

Online: [Click here to join the meeting](#)

Phone: [+1 971-254-1254,,455350178#](tel:+19712541254455350178)

- | | | |
|---|---|-------------|
| 1. Welcome and Introductions | Renee Smith , Family Tree Relief Nursery | 4:30 |
| 2. Transformation Update | Beck Fox , IHN-CCO | 4:45 |
| 3. Pilot Proposal Process Overview | Beck Fox , IHN-CCO | 5:10 |
| 4. Pilot Proposal Scoring Criteria | Renee Smith , Family Tree Relief Nursery | 5:30 |
| 5. Adjourn | Renee Smith , Family Tree Relief Nursery | 6:00 |

| 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 and Workgroups

| Acronym | Project | Sites | Counties | Start | End |
|-------------------|--|---|-----------------------|-----------|------------|
| AHEAD | Ahead of the Curve | Olalla Center | Lincoln | 1/1/2023 | 12/31/2023 |
| AMP | Amplifying Voices | SHS ArtsCare Program | Lincoln | 9/1/2022 | 12/31/2023 |
| ARCC | Arcoiris Cultural | Olalla Center | Lincoln | 1/1/2022 | 12/31/2023 |
| CRPS | Culturally Responsive Peer Services | Family Tree Relief Nursery | Benton; Linn | 1/1/2022 | 12/31/2023 |
| CSUP | Culture of Supports | North End Senior Solutions | Lincoln | 1/1/2021 | 12/31/2023 |
| DEC | Disability Equity Center | Disability Equity Center | Benton; Lincoln; Linn | 1/1/2021 | 12/31/2023 |
| EASYA | Easy A | Sol4ce LLC | Benton | 1/1/2022 | 6/30/2023 |
| EOL | End of Life Support | SHS Population Health/CareHub | Benton; Lincoln; Linn | 1/1/2023 | 12/31/2023 |
| FAITH | Faith Communities Engaging Health | Faith Community Health Network | Linn | 1/1/2023 | 12/31/2023 |
| HNS | Health Navigation Station | St. Martin's Episcopal Church | Linn | 9/1/2022 | 12/31/2023 |
| HHT | Healthy Homes Together | Family Tree Relief Nursery | Linn | 1/1/2021 | 6/30/2023 |
| IATHW | Improving Access with THWs | Unity Shelter | Benton | 1/1/2023 | 12/31/2023 |
| IFCW | Integrated Foster Child Wellbeing | Samaritan Health Services | Benton; Lincoln; Linn | 1/1/2019 | 12/31/2023 |
| NAMRX | Namaste Rx | Namaste Rx LLC | Benton; Lincoln; Linn | 1/1/2022 | 12/31/2023 |
| OODC | Overcoming Obstacles to Dental Care | Capitol Dental Care | Benton; Linn | 1/1/2023 | 12/31/2023 |
| PSLS | Pain Science Life Stories | Oregon Pain Science Alliance | Benton; Lincoln; Linn | 1/1/2022 | 6/30/2023 |
| PCPT | Primary Care Physical Therapy | Samaritan Lebanon Community Hospital | Linn | 1/1/2022 | 6/30/2023 |
| PSHR | PSH Respite and Housing Case Management | Corvallis Housing First | Benton | 1/1/2022 | 6/30/2023 |
| PUENTE | PUENTES | Casa Latinos Unidos | Benton; Linn | 1/1/2022 | 12/31/2023 |
| HEALTH | The Health Collective | Lebanon Community Hospital Physical Therapy | Benton; Lincoln; Linn | 9/1/2022 | 12/31/2023 |
| TIAH | Transitioning into a Home | Furniture Share | Benton; Lincoln; Linn | 9/1/2022 | 12/31/2023 |
| WnR | Walk 'n Roll | Newport 60+ Activity Center | Benton; Lincoln; Linn | 9/1/2022 | 12/31/2023 |
| WELLTM | Wellness Care Team | Family Assistance and Resource Center Group | Linn | 1/1/2023 | 12/31/2023 |
| WVC | Women Veterans Cohort | Red Feather Ranch | Benton; Lincoln; Linn | 10/1/2021 | 12/31/2023 |
| DBHS | Decolonizing Behavioral Health Supports | Corvallis Daytime Drop-in Center | Benton; Lincoln; Linn | 1/1/2022 | 12/31/2023 |
| MHHC | Mental Health Home Clinic | Samaritan Medical Group | Linn | 1/1/2021 | 12/31/2023 |
| NPSH | Navigation to Permanent Supportive Housing | Lincoln County Sheriff's Office | Lincoln | 1/1/2020 | 12/31/2023 |
| Workgroups | | | | | |
| COWG | Connect Oregon Workgroup | InterCommunity Health Network CCO | Benton; Lincoln; Linn | 5/1/21 | present |
| HEWG | Health Equity Workgroup | InterCommunity Health Network CCO | Benton; Lincoln; Linn | 5/1/15 | present |
| SDoHWG | Social Determinants of Health Workgroup | InterCommunity Health Network CCO | Benton, Lincoln, Linn | 11/16/17 | present |
| SUSTWG | Sustainability Workgroup | InterCommunity Health Network CCO | Benton; Lincoln; Linn | 1/26/22 | present |
| THWWG | Traditional Health Workers Workgroup | InterCommunity Health Network CCO | Benton; Lincoln; Linn | 5/21/13 | present |

Delivery System Transformation Committee (DST) 2023 Calendar

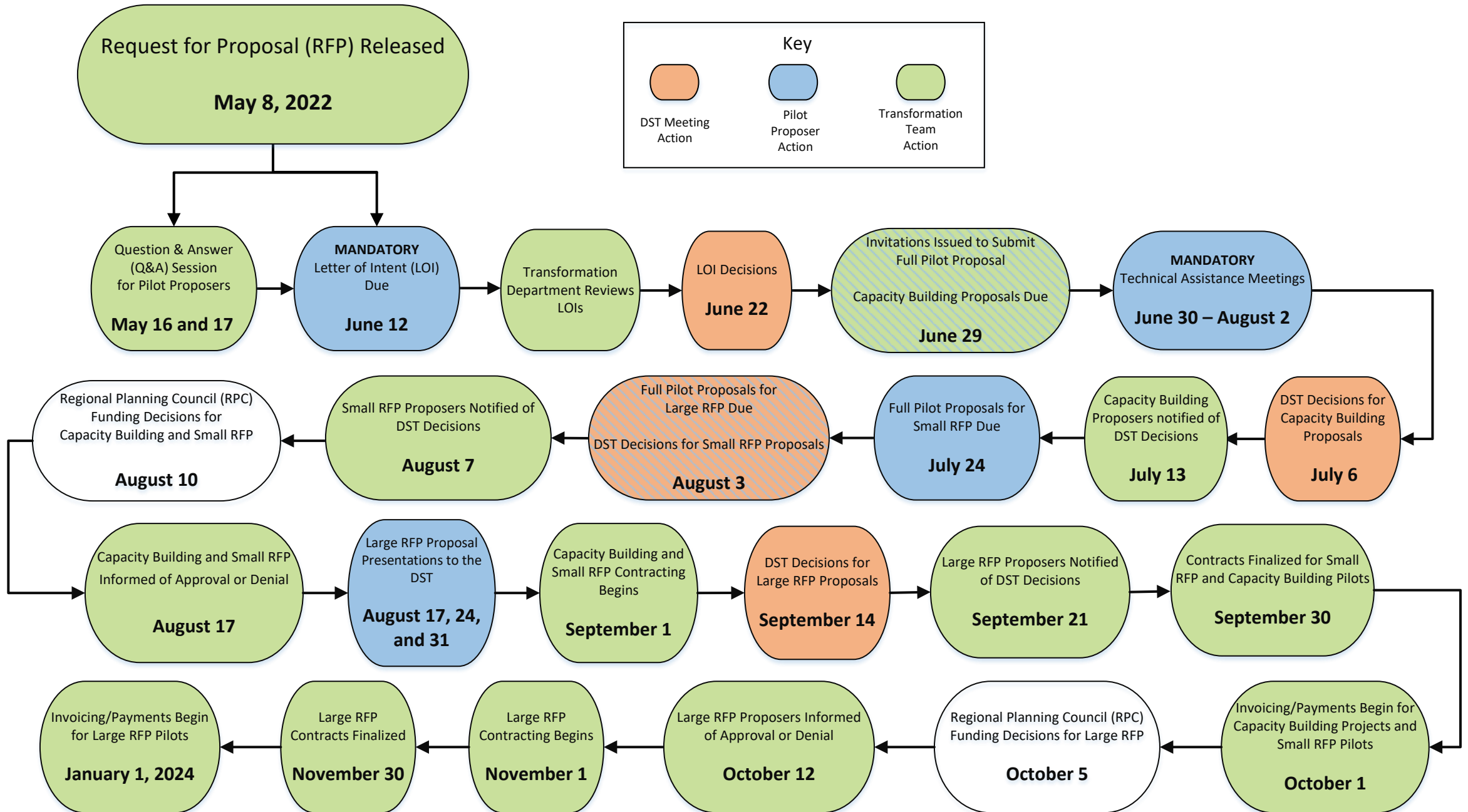
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|-----------------|----|---|---------------|-----------------------------|
| January | 5 | Racial Equity Training | | |
| | 19 | Strategic Planning: Racial Equity Discussion, Charter, and Roles & Responsibilities | | |
| February | 2 | CDP | TTH | Charter Review & Priorities |
| | 16 | CCP | HUBV | Engagement |
| March | 2 | DSDP | PBHT | Engagement |
| | 16 | PEER | OBFY | RFP & Priorities |
| | 30 | WINS | DDDW | RFP & Priorities |
| April | 13 | RFP Documents | | |
| | 27 | RFP Finalization | | |
| May | 11 | Board Update | | |
| | 25 | | Pilot Updates | |

KEY

| |
|----------------------|
| Closeout |
| Request for Proposal |
| Strategic Planning |
| Miscellaneous |
| Training |
| Pilot Updates |
| Workgroup Updates |

| | | | | |
|------------------|----|--|-----------------------------------|-------------------|
| June | 8 | CAC UPDATE | IHN-CCO Health Equity Plan Review | |
| | 22 | LOI DECISIONS | | |
| July | 6 | CAPACITY BUILDING DECISIONS | | |
| | 20 | | Pilot Updates | |
| August | 3 | SMALL RFP DECISIONS | | |
| | | Regional Planning Council August 10 | | |
| | 17 | RFP PRESENTATIONS | | |
| | 24 | RFP PRESENTATIONS | | |
| September | 31 | RFP PRESENTATIONS | | |
| | 14 | RFP DECISIONS | | |
| | 28 | | | Workgroup Updates |
| | | Regional Planning Council October 5 | | |
| October | 12 | | | |
| | 26 | | Pilot Updates | |
| Nov | 9 | | | |
| Dec | 7 | | | |

IHN-CCO DST Request for Proposal Timeline



In compliance with the Americans with Disabilities Act, this document can be made available in alternate formats such as large print, Web-based communications, and other electronic formats. To request an alternate format, please send an e-mail to Transformation@samhealth.org.

InterCommunity Health Network Coordinated Care Organization

Issues the Following Request for Pilot Proposals

Date Issued: May 8, 2023
Issuing Office: IHN-CCO Transformation
Contacts: Beck Fox & Charissa Young-White
transformation@samhealth.org

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INTRODUCTION

InterCommunity Health Network Coordinated Care Organization (IHN-CCO) is committed to improving the health of our communities by building on current resources and partnerships within the tri-county region. IHN-CCO and community partners, through the Delivery System Transformation Committee (DST), welcome innovative ideas and collaborative strategies to ensure all individuals have equal opportunities to be healthy where they are born, live, learn, work, play, worship, and age. IHN-CCO is committed to improving the health of our communities through the Quadruple Aim of reduced costs, better health, improved access, and improved provider and staff satisfaction.

Through embracing the values of equity, inclusion, innovation, respect, and collaboration, the DST envisions a healthcare system rooted in community knowledge, values, and innovation. The DST is committed to fostering an inclusive, engaged, collaborative space where innovative and transformational ideas are shared and supported with the intent of advancing health equity, centering community perspectives, and improving health outcomes for diverse communities across the Benton, Lincoln, and Linn County region.

IHN-CCO and the DST invite interested community partners in Benton, Lincoln, and Linn counties who can positively impact the health and wellbeing of IHN-CCO members to submit pilot proposals that transform the healthcare delivery system.

IHN-CCO and the DST are committed to advancing strategies for health equity as an organization and committee, but are also working to support the development, growth, and sustainability of equity-focused, transformational work throughout the region. It is with this commitment in mind that IHN-CCO and the DST strongly encourage providers, agencies, and community-based organizations working within and for marginalized communities to apply. Additionally, to ensure that committee membership, community partners, and pilot champions are reflective of the communities being served, proposals led by innovative change-makers and leaders within marginalized communities are strongly encouraged. In the pursuit of supporting truly equitable and transformational work, the voices, perspectives, and invaluable lived experiences of the diverse communities of the region are heard, valued, and amplified.

DST Meeting Participation

The Delivery System Transformation Committee (DST) would like to invite proposers or interested parties to attend DST meetings. This is an opportunity to become part of the learning community committed to transformation of the healthcare delivery system. If you would like to participate remotely, please contact IHN-CCO Transformation for instructions. Meetings occur every other Thursday at 4:30 pm. Please visit the [DST Section](#) of www.IHNtogether.org or email transformation@samhealth.org for more information.

DEFINITIONS

Transformation

Transformation is the constant process of change. Encouraging transformation can happen in many ways, such as creating new relationships, community partnerships, and connections outside of the traditional health services setting to improve community health and wellbeing. Transformational pilots look at health and wellbeing from an upstream, prevention point of view, which means trying a different approach and being willing to risk trying something new. Even projects that struggle or fail provide valuable learning opportunities. Transforming systems takes time, and supporting innovative ideas now can lead the way towards a healthier future.

Social Determinants of Health

Social Determinants of Health (SDoH) are “the conditions in which people are born, live, learn, work, play, worship, and age” per Healthy People 2030. These conditions include housing, food, employment, education, and more. SDoH can impact health outcomes in many ways, including determining access and quality of medical care.

Health Equity

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. Health equity is achieved when every person has an equal opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.

EXPECTATIONS OF FUNDED PROJECTS

Progress Reporting: Semi-annual and final reporting may be required. Reporting templates will be provided by IHN-CCO.

DST Presentations: To support learning and guide future direction of transformation efforts, project champions are asked to share updates and lessons learned to the DST committee. Presentations are scheduled during regular DST meetings.

Workgroup Participation: All proposers are encouraged to be involved in and attend a DST workgroup during the funding timeframe. DST workgroups are comprised of individuals working towards a common agenda that help develop and support transformational work efforts. The currently active workgroups are:

- Connect Oregon
- Health Equity
- Social Determinants of Health
- Sustainability
- Traditional Health Workers

SOCIAL DETERMINANTS OF HEALTH & EQUITY

IHN-CCO's Community Advisory Council's (CAC) 2019 Community Health Improvement Plan (CHIP) identified Social Determinants of Health & Equity as a priority area. All proposals must address one or more of the following:

- Increase the percentage of Members who have:
 - Safe, accessible, affordable housing.
 - Access to affordable transportation.
 - Access to healthy food.
- Increase health equity.

The full Community Health Improvement Plan can be accessed [here](#).

CAPACITY BUILDING FUNDS

Capacity building funds are available for any applicant requesting less than \$15,000. New partners to the DST and organizations led by historically marginalized populations will be prioritized. The intention of this funding opportunity is to invite new partners to the table and get to know the DST and/or support their capacity to carry out their work or start a new project. This funding stream does not have the same requirements as the other pilot proposal pathways. **Please refer to the [IHN-CCO DST Capacity Building Requirements](#) for information on how to apply.**

Any applicant applying for the capacity building funds are welcome and encouraged to reach out to transformation@samhealth.org for questions or technical assistance.

PILOT PROPOSALS

Pilot proposals with budgets greater than \$50,000 will be required to fill out and present to the DST an application including a detailed budget, goals and outcomes, and detailed timeline.

Pilot proposals with budgets of \$50,000 or less will be required to fill out a simpler proposal application that will be reviewed by the DST.

Required Letter of Intent

A Letter of Intent (LOI) is required to be considered for funding for both the Large and Small RFPs. Submitting a letter does not commit you to further action. **Applicants for Capacity Building projects do not need to submit an LOI.** The LOI must be completed and submitted no later than **June 12, 2023 at 12:00pm**. The required information is below and should be submitted via the [LOI form](#). Word limits are not required but are to be used a guideline as to the level of information requested.

- Organization, contact, partners, project name.
- Describe your project and how impacts social determinants of health & equity. Include how it is transformational and innovative. (250-500 words)
- How do you expect to improve the health & wellbeing of IHN-CCO members? (100-250 words)

- How will your project promote equity and reduce health disparities for IHN-CCO members? (100-250 words)
- How does this project connect with related activities happening in our region? Which other community organizations are involved with this idea or similar work? Do you plan to collaborate with any other organizations? (250-500 words)
- What is your approximate budget?

The Letter of Intent form can be found at IHNtogether.org/RFP.

Process Overview

The first step is to submit a Letter of Intent (for Large RFP and Small RFP applicants). Selected pilots will be invited to submit a full pilot proposal. Capacity Building applicants do not need to submit an LOI and will submit their full proposals with no further action required. There are three separate pathways, with distinct requirements and timelines, for pilots with a budget of over \$50,000 (Large RFP), those with a budget of \$50,000 or less (Small RFP), and those with a budget of \$15,000 or less (Capacity Building). The goal of creating three distinct pathways is to simplify the process, reduce barriers for newer/smaller organizations, invite and support new partners, and continue to expand equity-driven strategies at the DST.

Technical Assistance

Technical assistance is required for anyone submitting a pilot proposal. Please direct all questions and inquiries to transformation@samhealth.org. IHN-CCO Transformation staff work with proposers to ensure that pilot proposals are aligned with the Request for Proposal.

Please refer to the following documents for more information and instructions:

[IHN-CCO DST Large RFP Requirements](#)

[IHN-CCO DST Small RFP Requirements](#)

IMPORTANT DATES

Below are the requirements and due dates for applicable documents to be delivered to transformation@samhealth.org. For the complete timeline for each funding stream, please click the title.

Capacity Building Proposals:

- Proposal due June 29 (no letter of intent required)
- Technical assistance offered May 8 - June 29

Small RFP:

- Letter of Intent (LOI) due June 12
- Technical assistance required June 12 - July 24

Large RFP:

- Letter of Intent (LOI) due June 12
- Technical assistance required June 12 - August 2
- Presentations to the DST Committee: August 17, 24, or 31

HOW PILOTS ARE CHOSEN

DST committee members carefully review and consider each proposal. The areas of priority below help inform decision-making. Proposals should align with these criteria.

- **Transformational:** The pilot proposal will be transformative, is likely to create system change, and creates opportunities for innovation and new learning.
- **Health Equity:** The pilot proposal has a defined approach for fair opportunities for members to be as healthy as possible. The pilot activities will result improved access of health care, availability of services, and culturally appropriate services.
- **Partnerships and Leadership:** The pilot is led by a prioritized community (communities of color, disabled community, LGBTQIA2S+), a new partner, or is a cross-sector partnership. The pilot emphasizes partnerships and collaboration.
- **Need:** The pilot proposal clearly shows a substantial need for this project and has indicated the demographics of the Medicaid population impacted. The pilot proposal outlines clear goals and measures that will meet that need through improved outcomes.
- **Resource Investment:** The budget is reasonable and appropriate to the work proposed. It is well justified and directly tied to the pilot goals. The pilot looks at health from an upstream perspective and will reduce costs long-term. The pilot has a solid financial plan in place.
- **Replicability:** The pilot proposal has a clearly defined plan to spread lessons learned to new organizations or regions such as rural or urban or a new county in the IHN-CCO community.
- **Depth of Support:** The pilot proposal shows clear and strong depth of sponsoring organization support as well as community backing.

IHN-CCO DST Pilot Proposal Scorecard

Pilot Name:

Amount Requested:

Applicant Organization:

Response Scale (write in box to the right)

See Proposal Scoring Matrix

Disagree

Agree

Strongly Agree



Note: Criteria with (x2) will have their scores doubled. For example, a score of 3 will result in a final score of 6 for that criteria.

| Approach, Significance, and Impact | Score |
|--|-------|
| Transformational (x2): The pilot will be transformative, is likely to create system change, and creates opportunities for innovation and new learning. | 5 |
| Health Equity (x2): The pilot has a defined approach for fair opportunities for members to be as healthy as possible. The pilot activities will result improved access of health care, availability of services, and culturally appropriate services. | 5 |
| Partnerships and Leadership: The pilot is led by a prioritized community (communities of color, disabled community, LGBTQIA2S+), a new partner, or is a cross-sector partnership. The pilot emphasizes partnerships and collaboration. | 5 |
| Need: The proposal clearly shows a substantial need for this pilot and has indicated the demographics of the Medicaid population impacted. The pilot outlines clear goals and measures that will meet that need through improved outcomes. | 5 |
| Resource Investment: The budget is reasonable and appropriate to the work proposed. It is well justified and directly tied to the pilot goals. The pilot looks at health from an upstream perspective and will reduce costs long-term. The pilot has a solid financial plan in place. | 5 |
| Replicability: The pilot has a clearly defined plan to spread lessons learned to new organizations or regions such as rural or urban or a new county in the IHN-CCO community. | 5 |
| Depth of Support: The proposer showed clear and strong depth of sponsoring organization support as well as community backing. | 5 |
| TOTAL PROPOSAL SCORE (of a possible 45) | |
| Comments: | |

IHN-CCO DST Scoring Rubric

Note: Criteria with (x2) will have their scores doubled. For example, a score of 3 will result in a final score of 6 for that criteria.

| | 0 | 1 | 3 | 5 |
|------------------------------------|---|--|--|--|
| Transformation (x2) | Not transformational. Presents no new learning opportunities, does not take a new approach or focus on upstream health. | Transformation is not clearly explained. Does not show a clear focus on upstream health and prevention. | New ideas that could opportunities for learning or involves new partnerships. Has potential to impact upstream health. | Fully developed, innovative ideas that clearly show a focus on upstream health and system transformation, emphasize partnership and collaboration, and present significant learning opportunities. |
| Health Equity (x2) | No health equity plan. | Little context, approach not clear. | Addresses priority population(s) and has a health equity plan in place, but should be more fully developed. | Clear plan that demonstrates understanding and commitment to equity. Activities will result in improved access, availability of services, and are culturally appropriate. |
| Partnerships and Leadership | No partnerships. Not led by a prioritized community, new partner, or cross-sector partnership. | Has partnerships and/or is led by a prioritized community, but partner roles are not clearly defined or do not seem to contribute to transformation or improved health outcomes. | Led by a prioritized community, is a new partner, or is a cross-sector partnership that has the potential to transform the health delivery system and/or provide new learning opportunities. | Led by a prioritized community, is a new partner, or is a cross-sector partnership that is very likely to transform the health delivery system and/or provide new learning opportunities. Strong partnerships and leadership capacity. |
| Need | No need established and demographics not indicated. | Need is not clearly defined but demographics are indicated (or vice versa). Does not clearly indicate how goals will meet the need. | Need and demographics outlined. Goals could more clearly relate to the stated need. | Clear and substantial need, demographics clearly defined, and related to measurable goals. |
| Resource Investment | Budget is unreasonable and inappropriate to the work proposed. No financial plan. | Budget is not well justified and not tied to pilot goals. Financial plan is lacking. Organization does not appear to have capacity needed. | Budget is reasonable, appropriate to the work, and well justified. Potential to reduce costs long-term. Organization appears to have the capacity to carry out the work. | Budget is reasonable, appropriate to the work, and well justified. Directly tied to the pilot goals, exhibits consideration for other funding sources, and is likely to reduce costs long-term. |
| Replicability | No plan for replicability. | Potential to replicate to new organization or regions. | Has a defined plan and is likely to replicate to new organizations or regions. | Clearly defined replicability plan including plans for spreading promising practices to new organizations and regions; likely to spread after DST funding ends. |
| Depth of Support | Does not have potential for community or sponsoring organization support. | Has potential for either community or sponsoring organization support. | Identified community and sponsoring organization support; likely to continue after DST funding ends. | Clearly defined capacity for sponsoring organization and community support to continue after DST funding ends; very likely to continue after DST funding ends. |

IHN-CCO DST Pilot Proposal Scorecard

Pilot Name:

Amount Requested:

Applicant Organization:

Response Scale (write in box to the right)
See Proposal Scoring Matrix

Disagree/not included

Agree

Strongly Agree



| Approach, Significance, and Impact | Score |
|---|--------------|
| Transformational: The pilot will be transformative and creates opportunities for innovation and new learning. | |
| Health Equity: The pilot has a defined approach for fair opportunities for members to be as healthy as possible. | |
| Health Improvement: The pilot holds promise for making a significant improvement in the health or health care of IHN-CCO members. | |
| Improved Access: The pilot activities will result in improved access of healthcare; availability of services, culturally considerate care, and quality and appropriate care to IHN-CCO members. | |
| Need: The proposer has established that there is a substantial need for this pilot and has indicated the demographics of the Medicaid population impacted. | |
| Outcomes: Proposal outcomes and measures are aligned to pilot goals and will be sufficient to evaluate pilot success. The pilot yields measurable outcomes that are new or different. The pilot outcomes are aligned with the Community Health Improvement Plan’s Outcomes and Indicator Concepts. | |
| Total Cost of Care: The pilot will likely result in improvement in the total cost of care for IHN-CCO Members. The pilot targets areas of health care associated with rising costs or provides upstream healthcare that will reduce costs long-term. | |
| Resource Investment: The budget is reasonable and appropriate to the work proposed. It is well justified and directly tied to the pilot goals. The pilot has exhibited consideration for other funding sources. | |
| Priority Areas: The pilot has a new or innovative way to address at least one of the priority areas. | |
| Financial Sustainability: The pilot has a sustainability plan including continued funding and new reimbursement models. The project will likely continue after DST funding ends. | |
| Replicability: The pilot has a clearly defined plan to spread lessons learned to new organizations or regions such as rural or urban or a new county in the IHN-CCO community. | |
| Depth of Support: The proposer showed clear and strong depth of sponsoring organization support as well as community backing. | |
| TOTAL PROPOSAL SCORE (of a possible 120) | |
| Comments: | |

IHN-CCO DST Scoring Rubric

| | 0 | 3 | 5 | 7 | 10 |
|---------------------------------|--|---|--|--|--|
| Transformational | No innovation aspects; strategy has been done in this region or type of organization | Little innovation; potentially to new region | Some innovation | New and innovative; new partnerships among agencies with new strategy for one or more partner | New and innovative strategy for all partners involved |
| Health Equity | No health equity plan | Focus on IHN-CCO members but plan unclear OR does not clearly focus on IHN-CCO members but has a health equity plan | Little context, approach not clear | Clear approach, focus population identified OR plan not clear, but focus population obviously high-risk | Hits high-risk population and outlines plan for health equity approach clearly and effectively |
| Health Improvement | Unlikely to result in improvement in the health or healthcare of IHN-CCO members | May result in improvement in the health or healthcare of IHN-CCO members | Likely to result in improvement in the health or healthcare of IHN-CCO members | Likely to result in significant improvement in the health or healthcare of IHN-CCO members | Will result in significant improvement in the health or health care of IHN-CCO members |
| Improved Access | No improved access for IHN-CCO members | Some improved availability of services, culturally considerate care, or quality and appropriate care | Likely to result in some improved access (availability of services, culturally considerate care, and quality and appropriate care) | Likely to result in improved access (availability of services, culturally considerate care, and quality, appropriate care) | Will result in significantly improved access (availability of services, culturally considerate care, and quality, appropriate care) |
| Need | No need established and demographics not indicated | Need is not clearly defined but demographics are indicated | Need defined, demographics outlined | Need established and demographics of IHN-CCO members clearly defined | Substantial need established and demographics of IHN-CCO clearly defined |
| Outcomes | Outcomes are not aligned with the Community Health Improvement Plan (CHIP) | Outcomes and measures are aligned to the CHIP but not pilot goals | Outcomes and measures are aligned to pilot goals and the CHIP | Outcomes and measures are aligned to pilot goals, the CHIP, and will be sufficient to evaluate pilot success | Outcomes and measures are aligned to pilot goals, the CHIP, will be sufficient to evaluate success, and yields outcomes that are new or different |
| Total Cost of Care | Unlikely to result in improvement of the total cost of care for IHN-CCO members | May result in improvement in the total cost of care for IHN-CCO members | Likely to result in improvement in the total cost of care for IHN-CCO members | Likely to result in significant improvement in the total cost of care for of IHN-CCO members | Will result in significant improvement in the total cost of care for IHN-CCO members |
| Resource Investment | Budget is unreasonable and inappropriate to the work proposed | Budget is not well justified and not tied to pilot goals | Reasonable and appropriate budget | Budget is reasonable, appropriate to the work, and well justified | Budget is reasonable, appropriate to the work, and well justified. Directly tied to the pilot goals; exhibits consideration for other funding sources |
| Priority Area | Does not address any priority area | Addresses priority area somewhat but not clearly defined | Addresses priority area | Clearly addresses priority area | Clearly addresses priority area: either in a new and innovative way or spreads promising practices in that area |
| Financial Sustainability | No financial sustainability plan | Plan not clearly defined | Has a defined plan, potential to sustain | Clearly defined financial sustainability plan; likely to continue after DST funding ends | Clearly defined sustainability plan including continued funding and new reimbursement models; likely to continue after DST funding ends |
| Replicability | No plan for replicability | Plan not clearly defined | Has a defined plan, potential to replicate to new organizations or regions | Clearly defined replicability plan; likely to spread after DST funding ends | Clearly defined replicability plan including plans for spreading promising practices to new organizations and regions; likely to spread after DST funding ends |
| Depth of Support | Does not have potential for community or sponsoring organization support | Has potential for either community or sponsoring organization support | Has potential for community and sponsoring organization support | Clearly defined community and sponsoring organization support; likely to continue after DST funding ends | Clearly defined capacity for sponsoring organization and community support to continue after DST funding ends; very likely to continue after DST funding ends |