Agenda Delivery System Transformation Committee

September 28, 2023 4:30 – 6:00 pm

Zoom

1.	Welcome and Introductions	Renee Smith, Family Tree Relief Nursery	
2.	Transformation Update	Beck Fox, IHN-CCO	4:45
3.	Closeout Presentation Pain Science Life Stories	Rolly Kinney, Oregon Pain Science Alliance	4:50
4.	Workgroup Updates and Discussion	Renee Smith, Family Tree Relief Nursery	5:05
5.	RFP Recap Discussion	Renee Smith, Family Tree Relief Nursery	5:20
6.	Wrap Up	Renee Smith, Family Tree Relief Nursery	

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
DBHS	Decolonizing Behavioral Health Supports	Corvallis Daytime Drop-in Center	Benton; Lincoln; Linn	1/1/2022	12/31/2024
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	12/31/2024
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
HEALTH	The Health Collective	Lebanon Community Hospital Physical Therapy	Benton; Lincoln; Linn	9/1/2022	12/31/2023
HNS	Health Navigation Station	St. Martin's Episcopal Church	Linn	9/1/2022	12/31/2023
HUBV	Hub City Village 2	Creating Housing Coalition	Linn	7/1/2023	12/31/2024
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
MHHC	Mental Health Home Clinic	Samaritan Medical Group	Linn	1/1/2021	12/31/2024
NAMRX	Namaste Rx	Namaste Rx LLC	Benton; Lincoln; Linn	1/1/2022	12/31/2023
NPSH	Navigation to Permanent Supportive Housing	Lincoln County Sheriff's Office	Lincoln	1/1/2020	12/31/2023
OODC	Overcoming Obstacles to Dental Care	Capitol Dental Care	Benton; Linn	1/1/2023	12/31/2024
PUENTE	PUENTES	Casa Latinos Unidos	Benton; Linn	1/1/2022	12/31/2023
TIAH	Transitioning into a Home	Furniture Share	Benton; Lincoln; Linn	9/1/2022	12/31/2024
WELLTM	Wellness Care Team	Family Assistance and Resource Center Group	Linn	1/1/2023	12/31/2023
WnR	Walk 'n Roll	Newport 60+ Activity Center	Benton; Lincoln; Linn	9/1/2022	12/31/2023
WVC	Women Veterans Cohort	Red Feather Ranch	Benton; Lincoln; Linn	10/1/2021	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

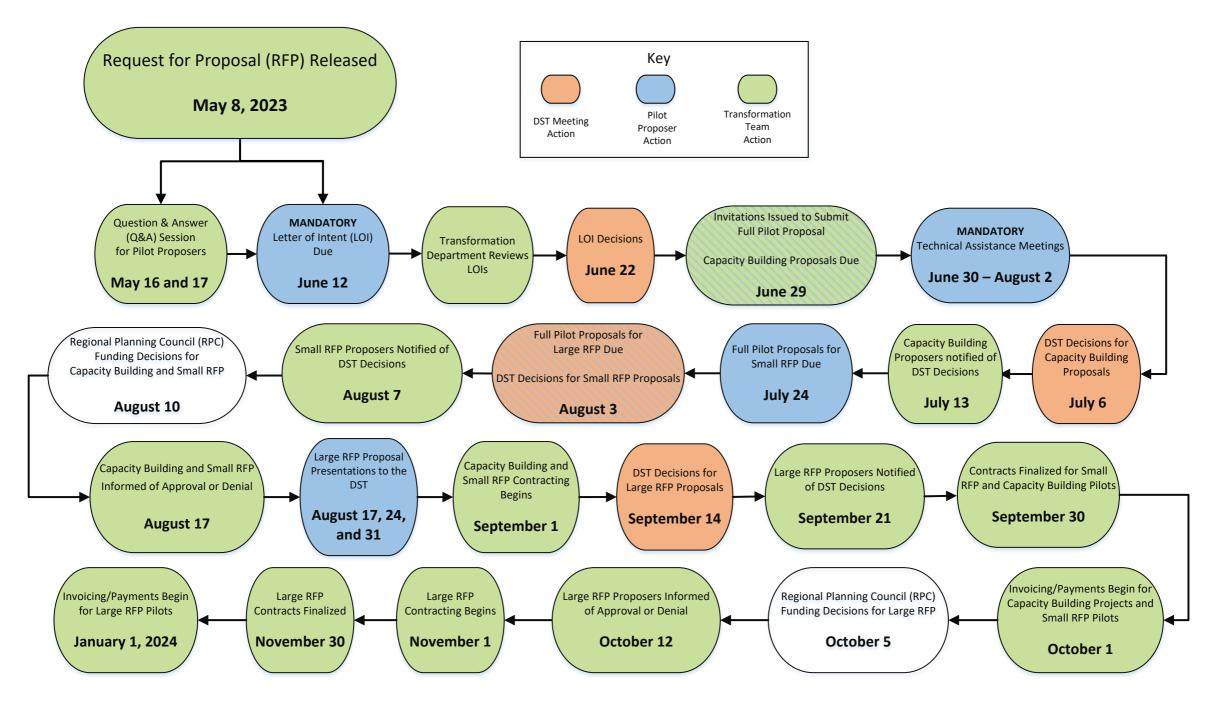
Delivery System Transformation Committee (DST) 2023 Calendar

lary	5		F	Racial Equity Training			
January	19	St	Strategic Planning: Racial Equity Discussion, Charter, and Roles & Responsibilities				
February	2	CDP	TTH	Charter Review & Priorities			
Febr	16	CCP	HUBV	Engagement			
	2	DSDP	PBHT	Engagement			
March	16	PEER	OBFY	RFP & Priorities			
	30	WINS	DDDW	RFP & Priorities			
April	13	RFP Discussion					
Αp	27	RFP Finalization					
May	11	Scoring Exercise					
Ž	25 Pilot Expansion Requests			Pilot Updates			

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

e e	8	CAC U	PDATE	IHN-CCO Health Equity Plan Review			
June	22		LOI DECISIONS				
July	6		CAPACITY BUILDING DECISIONS				
חר	20	Pilot Updates					
	3		SN	MALL RFP DECISIONS			
.		R	egional P	lanning Council August 10			
August	17		RFP PRESENTATIONS				
	24		RFP PRESENTATIONS				
	31	RFP PRESENTATIONS					
Sept	14	4 RFP DECISIONS					
Se	28	PSLS	Workgroup Discussion	RFP Recap Discussion			
	Regional Planning Council October 5						
Octobe	12						
	26			Pilot Updates			
Nov	9						
Dec	7						

IHN-CCO DST Request for Proposal Timeline



Minutes Delivery System Transformation Committee (DST)

September 14, 2023 4:30-6:00 pm

Present					
		Charissa Young-	Allison Hobgood		
Beck Fox	Alicia Bublitz	White			
Renee Smith	Annie McDonald	Cole Ray	Dick Knowles		
Elizabeth		Jason			
Hazlewood	Erin Gudge	Christensen	Rolly Kinney		
Karen Hall	Karen Weiner	Michael Couch	Rebekah Fowler		
Sara Jameson	Shannon Rose	Susan Trachsel	Trichelle Christensen		
Larry Eby	Kristty Zamora-Polanco	Paulina Kaiser	Stacey Bartholomew		
LeAnne Trask					

Transformation Update

Review of voters, process, and budget. 14 voters present and able to vote.

Small Request for Proposal Decisions: 14 Voters Present

Approved: Public Health Hub, Nurturing Fathers' Wellbeing, Street Medicine.

Denied: ArroyoSalud: Decision-Making Environmental Contaminants

Large Request for Proposal Decisions: 12 Voters Present

Approved: Bilingual McKinney-Vento Advocates, Emergency Winter Shelter Program, Positive Outcomes for LGBTQ+ Youth, Young Adult Cohort Housing, Affordable Housing Resident Services, Healthy Eating Children's Cookbook, Sleep Trailer Safe Shelter, Food for Many.

Denied: Improving Access to Quality Education, Asset Mapping Project.

IHN-CCO DST Large RFP Scoring Results

Budget	Pilot	Yes	No	Abstain
\$78,697	Bilingual McKinney-Vento Advocates	12	0	0
\$150,000	Emergency Winter Shelter Program	12	0	0
\$150,000	Positive outcomes for LGBTQ+ Youth	10	1	1
\$149,860	Young Adult Cohort Housing	10	1	1
\$150,000	Affordable Housing Resident Services	8	2	2
\$125,845	Healthy Eating Children's Cookbook	8	3	1
\$120,000	Sleep Trailer Safe Shelter	6	4	2
\$87,286	Food for Many	6	4	2
\$96,295	Asset Mapping Project	2	9	1
\$150,000	Improving Access to Quality Education	1	11	0

IHN-CCO DST Small RFP Scoring Results

Budget	Pilot	Yes	No	Abstain
\$49,923	Nurturing Fathers Wellbeing	13	0	1
\$49,920	Public Health Hub	13	1	0
\$27,868	Street Medicine Team	12	2	0
\$49,394	ArroyoSalud: Decision-making Environmental Contaminants	2	11	1

Pain Science Life Stories

ROLLY KINNEY, PRESIDENT
OREGON PAIN SCIENCE ALLIANCE, INC

Pilot Summary



January 2022 through June 2023



\$50,000



A user-friendly website for IHN members to find how others mastered their Chronic pain.



Record the life stories of individuals who have mastered their pain, curate the stories for accessibility and build the website.

Recorded and curated 29 stories.

Key Outcomes

 Built the PSLS user-friendly website.

•Recently recorded a 300+% increase in website users,

Learning Experiences

Developing the story curation process was a long iterative effort, involving many attempts. The key factor was analysis of the story transcript.

There is no direct evidence that our efforts to promote the website and public recording sessions through the Samaritan clinics was effective.

The key factor to getting through difficult phases was the committed perseverance of our volumeter team.

Developed our user-friendly website.

Successes

- Recorded 29 stories
- Developed an efficient story curation process.



Partnerships & Collaboration

Samaritan clinic coordinators in Lincoln City, Newport, Corvallis, Albany and Lebanon became our most direct link to IHN members.

The Oregon Pain Summit is our most effective source for new content and story tellers.

Remaining Challenges

- Targeting IHN members to promote the PSLS website as a resource in their search for relief from chronic pain.
- Determining when an IHN member engages the PSLS website and their choices for healthcare after that engagement.
- Obtaining a presence on the IHN Together website.

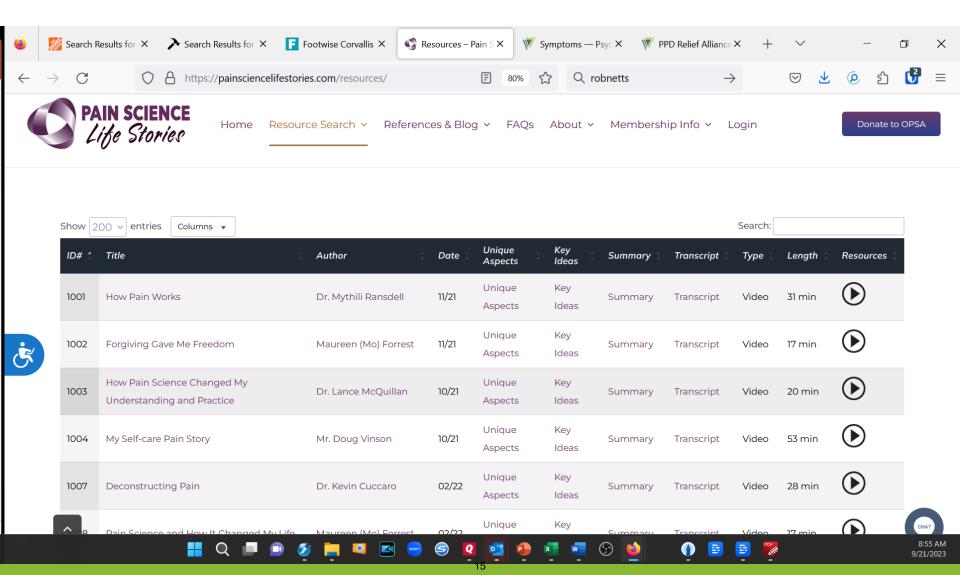
Post Pilot Sustainability

The website is reasonably complete, the volunteer team is in-place and we continue to seek additional volunteers.

Our curation process is documented and transferable.

The website is scalable to add many more stories

Discussion



Pain Science Life Stories January 1, 2022 to June 30, 2023

Summary:

Pain Science Life Stories will develop a system to capture high-quality, edited video of the stories of health care workers whose practices are based on the BioPsychoSocial model and the stories of people whose lives have been changed by understanding Pain Science and the BioPsychoSocial model. The primary goal is to transform society's understanding of pain and improve pain care options and outcomes; and to offer individuals, families and communities hope and choices by promoting education relating to pain science, the emergent construction of pain experiences and the potential for deconstruction of pain experiences with a primary focus on the merits of self-management and empowerment strategies in the transformation process. If successful, OPSA will continue to collaborate with IHN-CCO entities to provide current access information to the evolving Pain Science Life Stories and will sustain the Story sessions in the future.

A. Budget:

- Total amount of pilot funds used: As of June 30, 2023, \$38,035 used
- Please list and describe any additional funds used to support the pilot.
 No additional funding was used to support the pilot.

B. Provide a brief summary of the goals, measures, activities, and results and complete the grid below.

Baseline or Current State	Monitoring Activities	Benchmark or Future State	Progress to Date
Add Lincoln County to	OPSA Education	Adding Lincoln County to	Because Covid closures
venues/life story speakers for	Committee to	rotating roster for monthly	precluded public
eight monthly OPSA	coordinate venues,	community education	meetings to hear and
community education sessions	speakers for Corvallis,	events provides IHN-CCO	record stories, all in-
(held September thru May) for	Albany,	members and clinicians, and	person venues were
promotion to tri-county IHN-	Newport/Lincoln City,	others in addition to the	deleted. The public
CCO members and other	Lebanon/Sweet	Linn and Benton County	recording sessions
interested individuals through	Home. OPSA	area, access to networking	were virtual on Zoom,
clinicians. Stories share learned	Committee and other	with peers and health	so IHN members could
tools and self-care for chronic	volunteers post flyers	professionals who are using	easily connect from
pain based on current pain	and contact clinicians	pain science in their	any county.
science.	in tri-county area,	practice.	
	focusing on primary		
	care clinicians who		
	may serve IHNCCO		
	members.		
Purchase video and streaming	Videographer	To create a library of high-	The need for video
equipment, editing software.	establish needed	quality recordings of	cameras and streaming
OPSA has had to borrow	equipment and	individual and healthcare	equipment were
equipment to create video for	software specs and	professional life stories	eliminated with the
past meetings. Video quality	procedures.	suitable for website	change to Zoom , but
and sound has been marginal			the laptop computer
and editing the video time			was purchased to
consuming.			produce and edit the
			video files for the
			website format.

Develop and maintain website Receive professional Live stream and record/edit Each public recording to share recorded personal estimates to develop high-quality video of session was live stories from professionals who website, and for community education streamed. The PSLS events and conferences for use pain science in their hosting service. Also website was developed explore in-house website use. This website and accessible to IHN practice, and the pain experience of their patients development of same library provides accessible members beginning in and other individuals who use video and Spanish September 2022. through hosting pain science tools to overcome service offering basic translation to IHN-CCO During the project web templates. persistent pain. Each members and others for period **24 new stories** community meeting event will review. We will monitor were recorded, and also be live streamed to reach number of visitors to **24 stories curated** to those who cannot or may not website and will work to provide User-friendly wish to attend live sessions. determine a method that search features. Six does not violate HIPAA to be additional stories are in able to count IHN-CCO the curation process members from general and will be added this public. We hope the IHNsummer. We realized CCO may be able to give curated Spanish was direction on this task. beyond our reach, even with IA, so was not attempted. We explored various Create survey to query session **OPSA Education OPSA Education Committee** survey consultants and participants about Committee develop maintain and refine survey understanding of their pain survey with input using input from IHN-CCO options, but the experience before and after from OPSA members, members and others inability to identify participating in community compile then analyze **IHN-CCO** members attending community meetings and conferences. data to determine meetings, in person or via precludes easily live stream. Include effect on IHN-CCO capturing their community outcomes. checkboxes for community participation or Continue to refine member vs clinician. measuring the benefit survey as more data is they perceived receiving. received. We intend to add a login feature that will capture demographic data from those who sign in but will not be able to identify IHN-CCO members. During Covid, about one third of Oregonians were OHP members. We intend to explore the possibility of arranging a link to PSLS for IHN-CCO members on the ihntogether.org website.

OPSA and collaborators present mini conferences (approx 4 hours), each with multiple speakers, to IHN-CCO members/participants and other interested individuals in the community.	Have a mini conference at each of four sites: Albany, Corvallis, Lebanon/Sweet Home, Newport/Lincoln City to introduce OPSA and pain science to communities. Ask for pre-signup, at no charge to participants, to determine interest ahead of conference.	Collaborate and coordinate with Kevin Cuccaro, Straight Shot Health; Tina Corey, LCSW-Kaiser Permanente; Sharna Prasad, Samaritan Health Lebanon MAPS; Marble Jar self-help support group. Continue to explore new collaborations through networking with attendees.	In-person conferences were deleted due to Covid restrictions, and all public sessions were on Zoom. Clinic coordinators at the four SHS hospitals and our other collaborators distributed flyers for each public session and for the PSLS website access.
Order promotional pens/tablets with OPSA logo for conference distribution	OPSA Education Committee select and order	For promotion of OPSA website	This effort was deleted because there were no in-person events.
Design and print material to promote OPSA community meetings to PCPs and their IHN-CCO patients and all interested individuals.	OPSA Education Committee and other OPSA Volunteers	Community meeting dates, venues, and speaker info using individual, flyers.	Flyers for each public session and the PSLS website were provided to all collaborators.
Design and print material to promote OPSA conferences to PCPs and their IHN-CCO patients and all interested individuals.	OPSA Education Committee and other OPSA Volunteers	Conference venues, and speaker info using individual, flyers.	Flyers for each public session and the PSLS website were provided to all collaborators.
Distribute OPSA promotional materials to clinicians for introducing pain science selfcare to IHN-CCO and other patients; and to local retailers, libraries, fraternal organizations, for public display.	OPSA Education Committee and other OPSA Volunteers	After original promotion, periodically check that promotional material is still prominent and easily available	Flyers for each public session and the PSLS website were provided to all collaborators.
Advertise in local areas through radio, newspaper, and public access media channels to reach IHN-CCO members who may use these services.	OPSA Education Committee	Targeting Albany, Corvallis, Lincoln City, Newport, Lebanon, and Sweet Home	An initial purchase of local advertising revealed it was not a cost-effective means, so was not repeated.

C. Did your pilot utilize Traditional Health Workers? If so, please fill out the table below: [No]

Type of	Full time or	Race/Ethnicity	Disability	Preferred	Payment	Location of
THW (CHW,	Part time		(Yes, No,	Language	Type (FFS,	THW (Clinic
Doula, PSS,			Unknown)	(English,	Contract,	based or

PWS,		Spanish, Sign	Grant, Direct	Community
Navigator)		Spanish, Sign Language)	Employment,	based)
			APM)	

D. Did your pilot receive referrals for THW services? If so, please fill out the table below:

Number of referrals received from members for THW services	
Number of referrals received from care team for THW services	

E. What were the most important outcomes of the pilot?

Public access to multiple stories by community members of their journey discovering pain science-based concepts for self-management of persistent pain, which is usually not related to tissue damage. Every person has a unique story linking the contributing factors with their persistent pain and identifies actions only they can take to change their pain experiences. The more stories a person hears, the more likely some of the concepts and factors others found useful, will also make sense to them, and they will begin to change their pain experiences.

We developed a **curation process** intended to make an individual's search for concepts that make sense to them and bypass stories less likely to resonate.

F. How has the pilot contributed to Triple Aim of improving health; increasing quality, reliability, and availability of care; and lowering or containing the cost of care?

We always preface our public sessions with the reminder that we are not a health organization and are not offering diagnosis, treatment, or cure for any disease or condition. We advise anyone to always consult and work with their personal health care professional when needed. However, the existing medical model is not effective with persistent pain, but when individuals learn how pain is generated in the body and realize others have found relief or lessening of chronic pain by using pain science techniques, they relieve the formal healthcare system of unproductive efforts.

G. What has been most successful?

Finding a website designer for this project who understands what it is like to experience chronic pain. Their own pain journey brought ideas for website display and usefulness. The designer is an expert in Search Engine Optimization (SEO) and continually maintains the website to be as high as possible in responses to global User searches.

We have also developed an efficient **story curation process** that provides a User with potential answers to their search criteria during their search process.

The **Zoom platform** has enabled Healthcare professionals in various time zones to become part of the Alliance archive.

H. Were there barriers to success? How were they addressed?

A continuing challenge is **finding local speakers** for our monthly Community Event Pain Science Life Stories series that we can video and provide on our website. This has forced us to think "outside the box" looking for videos that have been published by well-known pain science researchers that we can share that others may not be familiar with. Using Zoom vs. the original live venues we anticipated, has given us the opportunity to have several speakers from other states and countries.

Access to the PSLS website probably is not a barrier to members who have a **mobile phone** in their family. However, several psychological barriers exist for most members. First, relatively few members will seek better understanding of the cause of persistent pain unless they have persistent pain, so the potentially receptive audience probably is half or less of the actual membership. That is true for any ailment, but persistent pain is more common than most other ailments. Second, the most trusted route to a persistent pain remedy probably is through encounters with IHN-CCO clinics and services, but pain science-based remedies for persistent pain were not included in the past training and practice for most healthcare workers. That will change slowly overall, because Oregon recently added the continuing education requirement for healthcare workers to at least gain an introductory level of understanding of pain science. Third, it's very challenging for a worker to change practice concepts, which probably will need a critical mass of providers choosing to embrace the newer model, and that may only begin after pain science is a regular part of the healthcare curriculum. Sending our flyers through the SHS clinics potentially exposed both workers and clients to the availability of pain science remedies. Fourth, persistent pain is associated with an individual's unique history, so the remedies are unique to each individual and only an individual can identify the steps that make sense to them. The PSLS website is designed to aid the User in finding those stories they think might make sense to them.

Accurately **measuring the change in pain** experienced by member Users is a challenge because HIPPA limits our access to individual's healthcare history. We intend to add website features to obtain individual responses to the stories but are reluctant to ask Users to identify their membership in IHN-CCO. However, if it becomes possible to include a PSLS link on ihntogether.org then measurement of member experiences might be possible.

- I. How readily would the pilot be scalable or replicable? Describe cautions and considerations when considering scaling, or replicating the Pilot. (i.e. Success dependent on personality/skills set, or activities appropriate under certain conditions like size, target population, etc.)
 - Yes, the website is **easily scaled upward to add more stories**. The identification of storytellers, curation of their stories, and promotion of the website is done by a limited number of volunteers, but more volunteers for these tasks can be trained.
 - The effort to find and collaborate with a **storyteller** is quite variable, probably in the range of 3 or more effort hours per story. Recording, curating, and publishing a **story** requires 10 to 20 effort hours.
 - The PSLS archive is currently in English but could be **expanded to other languages** by two possible means: a) by translating and over dubbing the verbal transcript in another language or b) making the original story recordings of speakers in another language. The first requires cultural translators and curators to make initially English stories 'live' in another language, and the second probably requires the storyteller and the curator to be fluent in the language. Either approach will require the hosting website to be revised to 'live' in whatever language is used.
- J. Will the activities and their impact continue? If so, how? If not, why?

The Oregon Pain Science Alliance will maintain the PSLS website indefinitely and will continually add new stories to the archive. Our metrics have shown that each time we add new stories to the website traffic increases. The minimum cost to maintain the website is about \$2000 annually. We have about \$12,000 remaining of the pilot funds which will sustain operation for about 5 years with no added features or for perhaps 2 or 3 years including planned new features. We are searching for options to provide a level of income to continue to add new features indefinitely.

The story archive is expected to increase as new stories are included. Their **impact** will be dependent on the number of Users attracted to the site. We are exploring web resource options to increase our exposure, particularly the possibility of getting a PSLS link in the **IHN-CCO webpage** and finding ways to encourage members to actively use the IHN-CCO webpages.