# Agenda

# **Delivery System Transformation Committee**

November 11,2023 4:30 – 6:00 pm

Zoom

1.	Welcome and Introductions	Renee Smith, Family Tree Relief Nursery	4:30
2.	Transformation Update	Beck Fox, IHN-CCO	4:40
3.	Closeout Presentation Easy A	Sharna Prasad, SHS	4:45
4.	Training: Data Justice Session 2	Indigenous Health Equity Institute	5:00

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
C00	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
ОНА	Oregon Health Authority
PCP	Primary Care Physician
PCPCH	Patient-Centered Primary Care Home
РМРМ	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**

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Acronym	Project	Sites	Counties	Start	<b>End</b>
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	g 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						
AF	27	RFP Finalization						
May	11	Scoring Exercise						
Ž	25		pansion uests	Pilot Updates				

# KEY

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

	8	CAC U	PDATE	IHN-CCO Health Equity Plan Review			
June	_	0/10 01	DATE	This of the aim Equity Flan Review			
٦	22			LOI DECISIONS			
July	6		CAPACITY BUILDING DECISIONS				
ال	20			Pilot Updates			
	3		SN	MALL RFP DECISIONS			
ب		R	egional P	lanning Council August 10			
August	17	RFP PRESENTATIONS					
	24		RFP PRESENTATIONS				
	31 RFP PRESENTATIONS						
Sept	14	RFP DECISIONS					
Se	28	PSLS	Workgroup Discussion	RFP Recap Discussion			
7	Regional Planning Council October 5						
Octobe	12	HHT		Training: Data Justice with IHEI			
	26	PCPT	Pilot Updates				
Nov	9	EASYA	Training: Data Justice with IHEI				
Dec	7	Sweet Talk	Training: Data Justice with IHEI				

# Minutes Delivery System Transformation Committee (DST)

October 26, 2023 4:30-6:00 pm

Present						
Beck Fox	Alicia Bublitz	Bryn McCornack	Robert Long			
Ailiah Schafer	Andrea Myhre	Cassie McCrea-Bell	Deb Fell-Carlson			
Dick Knowles	Elizabeth Hazelwood	Erin Gudge	Jacob Burwell			
Kami Beard	Kara Warnock	Karen Weiner	Kristty Zamora-Polanco			
Larry Eby	Liv Gifford	Marcy Shanks	Marie Long			
Micah Wong	Michael Couch	Miranda Tasker	Rebekah Fowler			
Roslyn Burmood	Ryan McConnell	Sara Jameson	Shannon Rose			
Stacey Bartholomew	Susan Traschel	Karen Hall				

#### **Transformation Update**

- Reminder for those with pilots due to close out 12/31/2023 to please inform Transformation of decisions to either close out or apply for a time-only extension no later than 11/1/2023.
- Final approval was given by IHN-CCO leadership for the additional \$67,000 needed to fund approved pilots. Formal announcements have been sent out and contracting will begin.

## **Closeout Presentation: Primary Care Physical Therapy**

- Q: You listed a few challenges, but what would you say is your top challenge?
   A: Billing.
- Q: Is there a specific thing that PTs are looking to treat? Or was it to shift the ratio of opioids to PT?
  - A: Looking to give a little bit of information, little bit of education, and help the "direct traffic" so to speak by providing that. A chronic health patient might be better served by mental health services first so that we can better care for that patient.

## Pilot Update - The Health Collective

- Q: When will we get to see the videos?
  - A: We have scripts and storyboards, but we are waiting to film at this point due to mentioned delays.
- Numerous DST members offered collaboration and support for this work, and expressed an eagerness to both see and share this resource. Encouraged that this work is being done by individuals within the age demographic being reached by this pilot.

## <u>Pilot Update – Faith Communities Improving Health</u>

• Q: How are you covering any issues with providing care not in a licensed facility?

#### Minutes

## **Delivery System Transformation Committee (DST)**

October 26, 2023 4:30-6:00 pm

- A: We are actively licensed, but we provide services for free. We are not getting paid. It's awesome for now, but it's not sustainable.
- Q: Do you serve IHN members, and if so, could you contract with IHN to provide those services?
  - A: We are exploring that, but we don't totally know what's possible yet. We're working with Alicia Bublitz a bit on this. We do a lot of referral back and forth with folks like Michael and Sara here at the DST. Part of the difficulty in being reimbursed through IHN-CCO is that seniors may be on Medicare, rather than Medicaid.

## Pilot Update - Ahead of the Curve

No questions, but general kudos for this work from the group.

#### <u>Pilot Update – Amplifying Voices</u>

- Q: Any sense at this point what youth interest is like?
  - A: The local libraries have encouraged us to roll into their existing program, which gives us an existing group of youth to start with. We haven't yet hosted youth open houses, but we are feeling optimistic.

## Pilot Update - Improving Access with THWs

Pilot Update - Peer Wellness Doula Collaboration

# Easy A

DR. SHARNA PRASAD, PT, DPT

# Pilot Summary



Start date Jan 2022- End Date June 30th 2023



Our initial budget was \$202,650



Easy A is an online health curriculum created to support the health of k-12 educators. Easy A has since evolved to include a broader range of professionals who educate and support others



Update of curriculum based on feedback prom previous iterations.

Curriculum implemented with group of educators, with support of a facilitator.

Discovery, Creation, Implementation and Research

# Key Outcomes

# Results of Focus Group:

9 out of 9 participants agreed that asynchronous style of curriculum supported engagement.

9 out of 9 participants reported that their health was supported by engaging with the Easy A curriculum

4 out of 9 participants reported that time constraints limited their participation

 Participants reported that time constraints of people are hard to plan for.

# Learning Experiences

We learnt that the program needed to focus on educators' health and wellbeing rather than learning and teaching geared towards supporting students.

We also learnt that most school districts are not in any position to engage in educators' health at this time.

Implementing a pre-post survey was difficult because participants did not fully complete them. We weren't able to capture some outcomes, however we utilized focus groups to assess outcomes, related to overall experience in the training. Participants limited time, may have accounted for their lack of participation with the survey .

Support of the Delivery System Transformation- IHN was one of the main factors that provided us the most support through our journey.

# Successes

# Professional Diversity of participants.

K-12 educators and health professional from the United Stated and Canada were included in the pilot and they all reported receiving the curriculum positively.



# Partnerships & Collaboration

We have new partnerships with Samaritan Rehab, Recovery Network for Oregon, Sacred Circle in Utah, Albany School district have expressed an interest.

Our pre-pilot partners Monroe school district did not materialize.

Old Mill center for children and families continue to be our collaborators.

# Remaining Challenges

- Understanding how to support people with limited time
  - Suggestions include developing audio files and allowing for efficient use on phones.
  - Having transcripts of the videos available
- Development of an online forum where participants can communicate with each other
  - Facebook group was not a favorable option because of privacy.
  - We are experimenting with Discord
- Having a steady flow of participants.

# Post Pilot Sustainability

Pilot will be sustained. Working team has doubled and we are looking for grant funding mechanisms to continue development. We are also working with a local health group to implement the curriculum for their employees



The program is online and can be disseminated to various area, and groups. We are considering how to replicate the curriculum to reach other groups of people and professionals



The goal is to upscale the project to include a diverse group of health coaches to help increase support for participants.

# Discussion



# IHN-CCO DST Final Report and Evaluation

# Easy A

January 1, 2022 to June 30, 2023

#### **Summary:**

**A.** Easy A will develop an intervention to implement in high schools to teach high school students about pain, opioid/substance misuse and healthy self-care with the support of the teachers and other school staff. Students and teachers will gain an understanding of the biopsychosocial nature of pain and become aware of how the environment and contextual factors play a role in overall health and health management. If successful, Easy A will be replicable in neighboring Lincoln and Linn Counties and the curriculum will be available online for access to teachers all over Oregon and other states.

#### B. Budget:

- Total amount of pilot funds used: \$202,650
- Please list and describe any additional funds used to support the pilot. Click here to enter text.

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

Baseline or Monitoring		Benchmark or Future State	Progress to Date
<b>Current State</b>	Activities		
Development of Easy-A curriculum	Develop with consultants	Face validity met by panel of experts of Trauma informed care, pain, substance misuse etc.	Completed
Training of high school teachers	Implementing of accelerated EASY-A curriculum	Evaluation of training by teachers, to have basis of physical, emotional, and behavioral health education	25 educators participated. 9 attended the Focus group
Baseline assessment of student participants	Issue questionnaire	Students complete baseline questionnaire	Did not do as we moved to focus group
6-week assessment	Issue questionnaire	Students complete mid-point assessment/questionnaire	Did not do as we moved to focus group
12-week assessment	Issue questionnaire	Students' complete outcomes assessment/questionnaire	Did not do as we moved to focus group
Analysis of initial data	Data analysis and reporting	Data is cleaned then analyzed	Completed
2 month follow up of student participants	Issue questionnaire to students	Students complete 2 month follow up questionnaire and have a culture of reduced stigma of substance misuse, compassion for pain and a healthy selfcare of physical, behavioral and mental health	Did not attempt do to shift in analysis
Completion of project with several conference and publications pending	Submit findings to grant agency and, various scholarly outlets	Findings write up	*Presented at the Society of Behavioral Medicine annual Conference *Oregon association of Education school District.

# IHN-CCO DST Final Report and Evaluation

	*OPAT conference-Opioid,
	Pain, and other treatments
	conference.
	*Oregon Occupational
	Therapy conference.
	*Pain Study Group-
	presentation.

#### D. Did your pilot utilize Traditional Health Workers? If so, please fill out the table below:

Type of THW (CHW, Doula, PSS, PWS,	Full time or Part time	Race/Ethnicity	Disability (Yes, No, Unknown)	Preferred Language (English,	Payment Type (FFS, Contract,	Location of THW (Clinic based or
Navigator)				Spanish, Sign Language)	Grant, Direct Employment, APM)	Community based)

## E. 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	None
Number of referrals received from care team for THW services	None

#### F. What were the most important outcomes of the pilot?

- 1. We have created an almost sustainable process for educators to engage in preventable health virtually.
- 2. This pilot has also helped us explore potential for health for health workers in the health and well-being realm.

# G. 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?

This pilot has contributed to the quadruple aim. The group coaching assisted with quality and reliability in dissemination because the coach could implement consistent strategies to promote user engagement. The online presentations helped with the availability. The content helped with improving the awareness of health management for educators and healthcare workers. The next few phases will shift to focusing on helping healthcare workers, which will include content and material to share with their patients. In shifting our focus to healthcare workers, our goal will be to support them in managing their own health and the health of their clients in a holistic manner.

#### H. What has been most successful?

The most successful part of this pilot was the collaboration with the team of healthcare experts and educators in the creation of this curriculum. It was also a very successful experience working with the production team in creating the professional level educational material.

# IHN-CCO DST Final Report and Evaluation

#### I. Were there barriers to success? How were they addressed?

Finding participants was challenging. We had a high school student intern who helped us create email lists of educators and then emailed them. We also used word of mouth to spread awareness about participating.

J. 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.)

The pilot is ready to be scalable for the community and healthcare workers. The success depends on the number of enrollees. As the number of enrollees increases, we can hire health coaches that have lifestyle medicine training. This will help us run multiple cohorts simultaneously.

#### K. Will the activities and their impact continue? If so, how? If not, why?

YES! We have since changed the name of the training program to Easy2Care and we are moving ahead with updating and upscaling the curriculum. We are very excited to see its growth.