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