

Agenda

Delivery System Transformation Committee

February 17, 2022 4:30 – 6:00 pm

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

Phone: +1 971-254-1254

Conference ID: 869 236 043#

1. Welcome and Introductions	Beck Fox , Olalla Center	4:30
2. Transformation Update <ul style="list-style-type: none">Finalize Charter and Roles and Responsibilities	Melissa Isavoran , IHN-CCO	4:40
3. Pilot Close Out: Hepatitis C Virus Outreach Screening & Treatment	Isabelle Cisco , Lincoln County Health and Human Services	4:50
4. Pilot Close Out: Wellness to Smiles	Molly Johnson, Mary Ann Wren, KayLynne Todd , Advantage Dental	5:10
5. Strategic Planning: Update and History of the Committee	Charissa Young-White , IHN-CCO	5:30
6. Partnerships and Stakeholders	Beck Fox , Olalla Center	5:40
7. Wrap Up <ul style="list-style-type: none">AnnouncementsNext Meeting: March 3, 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 and Workgroups

Acronym	Project	Sites	Counties	Start	End
ARCC	Arcoiris Cultural	Olalla Center	Lincoln	1/1/22	12/31/22
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
CRPS	Culturally Responsive Peer Services	Family Tree Relief Nursery	Benton, Linn	1/1/22	12/31/22
CSUP	Culture of Supports	North End Senior Solutions	Lincoln	1/1/21	12/31/22
DBHS	Decolonizing Behavioral Health Supports	Corvallis Daytime Drop-in Center	Benton, Lincoln, Linn	1/1/22	12/31/22
DDDW	Developing a Diverse Dental Workforce	Capitol Dental Group P.C.	Benton, Linn	1/1/22	12/31/22
DEC	Disability Equity Center	Disability Equity Center	Benton, Lincoln, Linn	1/1/21	12/31/22
DSDP	Depression Screenings in Dental Practices	Advantage Dental Services	Benton, Lincoln, Linn	4/1/22	12/31/22
EASYA	Easy A	Old Mill Center for Children and Families	Benton	1/1/22	6/30/23
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
IFCW	Integrated Foster Child Wellbeing	Samaritan Health Services	Benton, Lincoln, Linn	1/1/19	12/31/22
MHHC	Mental Health Home Clinic	SHS, Linn County Mental Health, C.H.A.N.C.E.	Linn	1/1/21	12/31/22
NAMRX	Namaste Rx	Namaste Rx LLC	Benton, Lincoln, Linn	2/1/22	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
PBHT	Pathfinder Behavioral Health Transformation	Pathfinder Clubhouse	Benton, Lincoln, Linn	1/1/22	12/31/22
PCPT	Primary Care Physical Therapy	Lebanon Community Hospital	Linn	1/1/22	12/31/22
PEERC	Peer Enhanced Emergency Response	C.H.A.N.C.E.	Linn	1/1/22	12/31/22
PSHR	PSH Respite and Housing Case Management	Corvallis Housing First	Benton	1/1/22	6/30/23
PSLS	Pain Science Life Stories	Oregon Pain Science Alliance	Benton, Lincoln, Linn	1/1/22	6/30/23
PUENTE	PUENTES: Improving Language Access and Culturally Appropriate Messaging	Casa Latinos Unidos	Benton, Linn	10/1/21	12/31/22
TTH	Therapeutic Treatment Homes	Greater Oregon Behavioral Health Inc.	Benton, Lincoln, Linn	1/1/22	12/31/22
WINS	Wellness in Neighborhood Stores	OSU, Linn County Public Health	Linn	1/1/20	12/31/22
WVC	Women Veterans Cohort	Red Feather Ranch	Benton, Lincoln, Linn	10/1/21	12/31/22
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) 2022 Calendar

January	6	Strategic Planning: Overview and Charter			
	20	Strategic Planning: Roles and Responsibilities			
February	3	POH	Strategic Planning: Priority Areas/Message of DST		
	17	HVOST	WtoS	Strategic Planning: DST History/Stakeholders	
March	3	BRAVE	ENLACES	Strategic Planning: Workgroups	
	17	LCCOR	Strategic Planning: Pilots through the Ages		
	31		Strategic Planning: Request for Proposal (RFP)		
April	14	RFP Decisions			
	28				Workgroup Updates
May	12				
	26	Board Update			

June	9	Pilot Updates			
	23	Pilot Updates			
July	7	Board Update	Proposal Presentations/ Discussion and Scoring		
	21	Proposal Presentations/Discussion and Scoring			
August	4	Proposal Presentations/Discussion and Scoring			
	11	Proposal Presentations/Discussion and Scoring			
		TENTATIVE Regional Planning Council for Pilot Final Approval			
September	1				
	15	Oregon Center for Health Innovation			
	29	Workgroup Updates			
October		TENTATIVE Regional Planning Council for Pilot Final Approval			
	13	Oregon Center for Health Innovation			
	27				
Nov	10	Oregon Center for Health Innovation			
Dec	8				

KEY

Tentative closeout	Booked closeout
Tentative RFP	Booked RFP
Tentative strategic planning	Booked strategic planning
Tentative miscellaneous	Booked miscellaneous
Tentative training	Booked training
Tentative update	Booked update
Tentative workgroup	Booked workgroup

Minutes
Delivery System Transformation Committee (DST)

February 3, 2022 4:30-6:00 pm

Microsoft Teams (Online)

Present			
Chair: <i>not present</i>	Alicia Bublitz	Britny Chandler	Charissa Young-White
Chris Folden	Karen Hall	Danae Wahlert	Deb Fell-Carlson
Danny Magana	Elizabeth Hazlewood	Emma Chavez	Jay Yedziniak
Melissa Cheyney	Roslyn Burmood	Dick Knowles	Kristty Zamora-Polanco
Jeannette Campbell	Jude Lubeck	Karen Burger	Christian Moller-Anderson
Kevin Ewanchyna	Larry Eby	Linda Mann	Marci Howard
Marie Laper	Melissa Isavoran	Paige Jenkins	Paige Jenkins
Paulina Kaiser	Rolly Kinney	Shannon Rose	Stacey Bartholomew
Gabriel Parra	Jan Molnar-Fitzgerald		

Transformation Update

- Need to obtain information for all Traditional Health Workers (THWs) that IHN-CCO works with/contracts with. IHN-CCO will be including THWs in the provider directory, so this does require regularly updated information.
- IHN-CCO is planning on posting job positions soon and will update everyone what positions are and when they are posted.
- The Oregon Health Authority (OHA) has implemented a kindergarten readiness metric for 2022 for all CCOs.
- The budget for DST pilots is being finalized and we hope to have that information to everyone by the next DST meeting.

Pilot Close Out: Partnership for Oral Health

- See PowerPoint attached.
- Discussion:
 - Traditional Health Workers feel confident in their knowledge and ability to support members with oral health, the focus on providing resources to THWs has been beneficial.
 - Sustainability and contracting for THWs continues to be developed.

Request for Proposal Priority Areas Discussion

See posted PowerPoint slides.

IHN-CCO themed out the discussion points from the previous meetings into the following areas:

- Addressing environmental trauma
- Addressing technology disparities
- Oral health integration
- Reengaging the community in personal health and community resources
- Rural community impact

The above themes and 2021 priority areas were crosswalked to the IHN-CCO Community Advisory Council's (CAC's) Community Health Improvement Plan (CHIP) areas. See slides.

Minutes

Delivery System Transformation Committee (DST)

February 3, 2022 4:30-6:00 pm

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Discussion:

- Often higher-level themes allow for more innovative pilots to come forward.
- Group similar areas such as aligning the 2021 areas regarding behavioral health as examples of Addressing Environment Trauma.
 - Include reduction of wait times for mental health services.
- The Committee, via consensus, agrees that with the above changes, the priority areas should be used moving forward. IHN-CCO will bring back the changes next meeting.

Fostering the Message & the Spirit of the DST

The lightbulb is a “wordcloud” based on conversations the Committee had in past strategic planning.

Additional suggested themes or words:

- Compassion, care, caregiving
 - The focus of this theme is on providers of care, such as reduction of burnout and staff support.
 - Remove “triple” and have “quadruple/quintuple aim”. The Triple Aim is outdated and is no longer being used as a frame of reference for the Committee in the Charter or Roles and Responsibilities document.
- Integration
- Opportunity
- Solutions

The Committee agrees via consensus that with these changes, this captures the spirit and the message of the DST.

Choices in Childbirth- Community Doula Program

- Over the summer a film crew came to Oregon to put together several short films to highlight the work that doulas were doing.
- These videos include regional doulas and IHN-CCO members served by the Community Doula Program.
- www.Everymothercounts.org/choicesinchildbirth
- The idea is that there will be a QR code in every CVS store in America that will be places near pregnancy related items and birthing people can scan the code to learn about the impact the doulas can make.
- “If only we knew how to take care of each other”- a line from one of the short chapters created that was watched. It is such an important thing to remember and work towards getting back to.
 - This connects with the DST profoundly as it relates directly back to the conversation on the spirit of the DST.

Delivery System Transformation Committee (DST)

(Committee of the Regional Planning Council)

2022 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 impactⁱ model building on current resources and partnerships.
- Support, sustain, and spread transformationalⁱⁱ initiatives through **system transformation**.
- **Ensure the PCPCH (Patient-Centered Primary Care Home) and Community-Based Health Initiatives are included as key foundational pieces 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 Quadruple Aim: improving patient experience, improving the health of populations, preventing provider and staff burnout, and reducing the per capita cost of health care.**
- Understand the impact of pilots through qualitative and quantitative analysis and evaluation.
- **The DST understands and seeks innovative proposals to impact the conditions in which individuals can achieve optimal health. Primary health care is an important individual foundation for health; the DST seeks to impact systems broader than clinical careⁱⁱⁱ.**

Structure:

- The Committee reports to and takes direction from the IHN-CCO Regional Planning Council (RPC). The Co-Chairs are responsible for reporting 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^{iv} and health equity lens^v.
- Support components of the Transformation and Quality Strategies (TQS)^{vi}.
- 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), its Community Health Improvement Plan (CHIP), and the State Health Improvement Plan (SHIP) priority areas.**
- 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.
- **Fifty percent participation measuring from the end of the previous year's voting period to encompass the spirit and commitment of the DST.**
- Foster and promote the spirit and message of the Committee.
- Review materials and be prepared for engaged discussion, active listening, and respectful dialogue.

i Collective impact model brings people together in a structured 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 [A Framework for Public Health Action: The Health Impact Pyramid \(nih.gov\)](#)

iv

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:
<ol style="list-style-type: none"> 1. <i>Realizes</i> the widespread impact of trauma and understands potential paths for recovery; 2. <i>Recognizes</i> the signs and symptoms of trauma in clients, families, staff, and others involved with the system; 3. <i>Responds</i> by fully integrating knowledge about trauma into policies, procedures, and practices; and 4. Seeks to actively resist <i>re-traumatization</i>." 	<ol style="list-style-type: none"> 1. Safety 2. Trustworthiness and Transparency 3. Peer support 4. Collaboration and mutuality 5. Empowerment, voice and choice 6. Cultural, Historical, and Gender Issues

v 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."

vii TQS 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

IHN-CCO DST Roles and Responsibilities Form

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

Adopt and support the objectives of the DST:

- 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 model building on current resources and partnerships.
- Support, sustain, and spread transformational initiatives through **system transformation**.
- **Ensure the PCPCH (Patient-Centered Primary Care Home) and Community-Based Health Initiatives are included as key foundational pieces 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 Quadruple Aim: improving patient experience, improving the health of populations, preventing provider and staff burnout, and reducing the per capita cost of health care.**
- Understand the impact of pilots through qualitative and quantitative analysis and evaluation.
- **The DST understands and seeks innovative proposals to impact the conditions in which individuals can achieve optimal health. Primary health care is an important individual foundation for health; the DST seeks to impact systems broader than clinical care.**

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.
 - **A member must attend at least fifty percent of meetings measuring from the end of the previous year's voting period to vote on funding recommendations or proposals.**
- Review materials and be prepared for engaged discussion, active listening, and respectful dialogue.
- Foster and promote the spirit and message of the Committee.
- Identify members to join the Committee, workgroups, and pilots to successfully complete objectives.
- 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 _____