Transformation Plan Initial Progress Report
InterCommunity Health Network Coordinated Care Organization
January 2014

Transformation Area 1: Integration of Care

Benchmark 1	**Hospital to Home (H2H) Care Transition Pilot:** Evaluate Member needs for mental health and chemical dependency services, with an emphasis on services for Members with serious and persistent mental illness, as well as physical health related needs upon discharge. Data reports support that H2H, mental health and alcohol and drug intervention as a package provide a more comprehensive intervention and reduce hospital readmission rates for the same diagnosis in a 30 day period.
How Benchmark will be measured (Baseline to July 1, 2015)	• Number of Members assessed. • Care coordination of additional services through Linn County. • Develop and report on readmission data.
Milestone(s) to be achieved as of July 1, 2014	• Contractor ensures that policy, procedure, data systems and coordination operational for all aspects of the H2H Care Transition Pilot. • Contractor ensures that 40% of eligible Members participate in H2H Care Transition Pilot; of those Members, 75% will not readmit to inpatient for the same diagnosis within 30 days.
Benchmark to be achieved as of July 1, 2015	• Contractor attains 8% increase over Baseline in Member participation in H2H Care Transition Pilot. Baseline and method of calculation to be determined and mutually agreed upon between Contractor and OHA. • Contractor attains 10% decrease from Baseline in H2H Care Transition Pilot Members' readmission rates to inpatient for same diagnosis within 30 days. Baseline and method of calculation to be determined and mutually agreed upon between Contractor and OHA.

1a.) Please describe the actions taken or being taken to achieve milestones and/or benchmarks in this transformation area. For each activity, describe the outcome and any associated process improvements.

	Activity (Action taken or being taken to achieve milestones or benchmarks)	Outcome to Date	Process Improvements
1.	To date, we have had 116 total participants; with 39 participants being IHN-CCO/Dual eligibles.	• 7% readmit overall with same diagnosis. • IHN-CCO reduced readmits 36 times under this pilot. • Average cost of each readmit is $10,000. • 36 x $10,000 = $360,000 potential savings.	• Meeting with hospital staff quarterly. • Contacting discharge planners weekly to problem solve issues and increase referrals and care coordination.
2.	Monthly meetings are held with Mental Health (MH), Alcohol and Drug (AD), IHN-CCO, and Senior and Disability Services Staff (SDS).	• Discussions about increasing MH/AD referrals. • Discussing complexity of patient needs.	• MH and AD staff attended quarterly hospital meetings. • SDS staff trained in SBIRT by IHN-CCO staff person.
3.	Increased care coordination between H2H, community resources and programs, Patient Centered Primary Care Homes (PCPCHs), and IHN-CCO staff.	• Joint meetings to discuss complexities and how to create stronger multidisciplinary teams amongst partners.	• Developed PCP notification form for H2H participants. • Reduced duplication of efforts. • Increased care coordination of member needs and resources. • Developing follow-up action plan with PCPCHs and IHN-CCO case management for H2H participants.
4.	Medication review and reconciliation.	• 90% of H2H participants had some level of medication discrepancy.	• Discussed with hospitals, the need for discharge medication supplies. • Improved home visit risk

		• Increased contact with pharmacies. • Increased referrals for transportation funds, in home services, etc.	assessment and care coordination efforts and referrals
5.	Increased engagement and activation of members around their chronic illness and physician communication.	• All participants review red flags of their chronic illness and what led to their hospitalization.	• Partnering with Samaritan Lebanon Community Hospital and Samaritan Albany General Hospital (SAGH) to use CHF calendars produced by SAGH program & reinforce with patients. • Increased distribution of scales to patients.

1b.) Please describe any barriers to achieving your milestones and/or benchmarks in this Transformation Area.

- Low referral periods related to hospital staff turn-over, changes and workload.

1c.) Describe any strategies you have developed to overcome these barriers and identify any ways in which you have worked with OHA (including through your Innovator Agent or the learning collaborative) to develop these alternate strategies.

- Problem solved by increasing H2H coach visits with hospital staff to foster relationships and educate on the importance of the H2H pilot.
- New Innovator Agent hired at SDS, attending meetings with H2H staff and hospitals.

1d.) How was the Community Advisory Council involved in the activities for this transformation area?

- Reported through IHN-CCO information sharing.

1e.) How was the CAC informed of the outcomes for activities in this transformation area?

- The IHN-CCO Transformation Manager presented an informational update to the CAC at the October 14, 2013 Regional CAC Meeting.
- The presentation included explanations and updates for each sub-committee and pilot project currently operating to support the 8 Transformation Areas.

- A question/answer/feedback time was also provided.

Transformation Area 2: PCPCH

Benchmark 2.1	**Patient Assignment and Engagement Pilot – Phase 1** Use pilot sites panel of Members as a focus group to assess Emergency Department (ED) utilization and identify opportunities to enhance appropriateness of ED utilization.
How Benchmark will be measured (Baseline to July 1, 2015)	• Through analysis of claims data, demonstrated decrease in inappropriate utilization of ED.
Milestone to be achieved as of July 1, 2014	• Contractor develops data reports identifying Members who have utilized the ED more than six times in the prior year or for non-emergency purposes.
Benchmark to be achieved as of July 1, 2015	• Contractor ensures that Members will be redirected to the PCPCH; Contractor attains a reduction in ER usage by this group of Members by a measurement factor of 20%

1a.) Please describe the actions taken or being taken to achieve milestones and/or benchmarks in this transformation area. For each activity, describe the outcome and any associated process improvements.

	Activity (Action taken or being taken to achieve milestones or benchmarks)	Outcome to Date	Process Improvements
1.	Map the desired process for patient assignment, identify key strategies for improvement, and identify desired outcome & metrics.	• Established baseline for matching PCP assignment between pilot sites & IHN-CCO. • Baseline PCP discrepancy was 4%, 36%, & 24% for the 3 pilot sites.	• Established criteria for initial assignment when member does **not** select a PCP. They include: 1) If a member was previously on OHP within the last 3 years, they will be reassigned to previous PCP.

			2) Match the member to the closest open PCP in their area of residence.
2.	Establish and test a web portal that allows pilot clinics to see current PCP assignments, identify newly assigned members to the pilot clinic, and support the ability for members to change PCP at the pilot clinic site.	• Web portal has been designed.	• Web portal is in the test phase.
3.	Establish and test an engagement strategy for newly assigned IHN-CCO members.	• Awaiting report data to benchmark the current length of time for new members from enrollment to first visit. • Awaiting report data to list what type of first visit (Emergency Department, Urgent Care, or PCP).	• We are piloting that the pilot clinic will reach out to the newly enrolled IHN-CCO member for an engagement visit by an RN Care Coordinator within two weeks of PCP assignment to that clinic. • The visit will include obtaining a health history, brief risk assessment and screening, and an introduction to the medical home, including encouragement to call the PCP first for non-emergencies. • We are piloting these engagement strategy efforts to assist in reducing Emergency Department utilization.
4.	Begin data collection process to identify members who have utilized the Emergency Department more than six times in the prior year for non-emergency purposes.	• Data report is in development process.	• Priority has been given to strengthen the assignment process as a foundation from which to build an approach for PCP's to participate in interventions to reduce Emergency Department utilization for non-emergency conditions.
5.	The initial process map for Emergency Department utilization has been drafted.		

1b.) Please describe any barriers to achieving your milestones and/or benchmarks in this Transformation Area.

- There were no significant barriers that prevented the project from moving forward.
- The primary challenge was the ability to move forward in a timely manner due to staffing and reporting capacity constraints.

1c.) Describe any strategies you have developed to overcome these barriers. Identify any ways in which you have worked with OHA (including through your Innovator Agent or the learning collaborative) to develop these alternate strategies.

- The gaps in staffing and reporting capacity were identified and addressed internally.

1d.) How was the Community Advisory Council involved in the activities for this transformation area?

- The Pilot Project Coordinator attended a Benton County Community Advisory Committee meeting to gain input regarding the assignment matching criteria and input regarding the initial engagement visit.
- Their suggestions were incorporated into the development of the test strategies.

1e.) How was the CAC informed of the outcomes for activities in this transformation area?

- The IHN-CCO Transformation Manager presented an informational update to the CAC at the October 14, 2013 Regional CAC meeting.
- The presentation included explanations and updates for each sub-committee and pilot project currently operating to support the 8 Transformation Areas.
- A question/answer/feedback time was also provided.

Transformation Area 2: PCPCH

Benchmark 2.2	**Integration of Mental Health, Addictions and Primary Care Pilot – Phase 1** Improve access to Behavioral/Mental Health Services
How Benchmark will be measured (Baseline to July 1, 2015)	Contractor will measure the length of time from identification of Member need for behavioral or mental health services to the time when the Member is seen for an appointment.

Milestone to be achieved as of July 1, 2014	• Contractor establishes a Baseline from the time the Member with a need for behavioral or mental health services or with severe and persistent mental illness is identified to the time of actual implementation of services. • Contractor develops mechanism to record and report monthly on pilot progress.
Benchmark to be achieved as of July 1, 2015	• Contractor achieves improved timelines to access services over the course of the pilot for Members with severe and persistent mental illness.

1a.) Please describe the actions taken or being taken to achieve milestones and/or benchmarks in this transformation area. For each activity, describe the outcome and any associated process improvements.

	Activity (Action taken or being taken to achieve milestones or benchmarks)	Outcome to Date	Process Improvements
1.	Metrics established and data spreadsheet established.	• Built	• Improved metrics.
2.	Data coordinator role defined.	• Seeking administrative approval	• Project staffing in process.
3.	Recruitment for Phase I providers has been processed.	• Hire date 03/01/2014	• Improving access.
4.	Phase II of the project was developed and approved.	• Approved 01/2014	• Improving access.

1b.) Please describe any barriers to achieving your milestones and/or benchmarks in this Transformation Area.

- Challenged by delay in approval of data coordinator role, now proceeding.

- Change in providing staffing in Newport, new recruitment proceeding.

1c.) Describe any strategies you have developed to overcome these barriers. Identify any ways in which you have worked with OHA (including through your Innovator Agent or the learning collaborative) to develop these alternate strategies.

- Worked with administration to increase speed of recruitment efforts.
- Worked with project team to develop increased access with Phase II.

1d.) How was the Community Advisory Council involved in the activities for this transformation area?

- The pilot committee has reviewed the CAC's report and their focus of increased access to Behavioral Health.

1e.) How was the CAC informed of the outcomes for activities in this transformation area?

- The IHN-CCO Transformation Manager presented an informational update to the CAC at the October 14, 2013 Regional CAC meeting.
- The presentation included explanations and updates for each sub-committee and pilot project currently operating to support the 8 Transformation Areas.
- A question/answer/feedback time was also provided.

Transformation Area 3: Alternative Payment Methodologies

Benchmark 3	Develop a performance based reimbursement model which pays Samaritan Health Services (SHS) Participating Providers a quality bonus for achieving or exceeding identified Benchmarks, and a model that reimburses SHS specialist Participating Providers through bundled payments for specific types of services rendered.
How Benchmark will be measured (Baseline to July 1, 2015)	• Contractor will use known and measured Health Plan Employer Data and Information Set (HEDIS) Benchmarks to establish a Baseline. • Contractor will measure claims data before and after implementation of the bundled payments.
Milestone to be achieved as of July 1, 2014	• Contractor implements the bundled payment software and begins bundling payment to a small set of SHS specialist Participating Providers.
Benchmark to be achieved as of July 1, 2015	• Contractor compares utilization data on related services from Participating Providers who are not included in the model to those that are being bundled.

	• Contractor begins working on non-SHS Participating Provider contracts to implement performance based reimbursement.

1a.) Please describe the actions taken or being taken to achieve milestones and/or benchmarks in this transformation area. For each activity, describe the outcome and any associated process improvements.

Activity (Action taken or being taken to achieve milestones or benchmarks)		Outcome to Date	Process Improvements
1.	IHN-CCO has formed an Alternative Payment Methodology (APM) Committee to become community experts in alternative payments, and to approve proposals for alternative payment models within the community.	• The committee meets monthly, and is proving value.	• The committee will continue to define its scope, and is looking forward to reviewing progress reports.
2.	IHN-CCO is in negotiations with at least five contracted providers to implement an alternative quality contract.	• Currently developing baseline data with three provider clinics	• Working to develop reports that are meaningful, and that allow us to move forward with contract details, verbiage, and expectations.
3.	Analyzed data for implementing a bundled payment for specific heart episodes.	• It was determined that the effectiveness of a bundle is based on the # of providers contracted for the bundled methodology.	• Work with contractors through the Alternative Payment Methodology Committee, and through other avenues to encourage more providers to contract accordingly.
4.	Met with Trizetto, our health information system vendor, and reviewed a statement of work.	• Determined that the cost savings and impact to the provider was enough to pursue purchasing software	• Continue to determine other means of bundled contract reimbursement models outside of implementing software.

1b.) Please describe any barriers to achieving your milestones and/or benchmarks in this Transformation Area.

Barriers and Challenges have included:

- Proving the value of a bundled payment to the community and to providers.
- The high cost of implementing software to support bundled payments.
- Obtaining baseline data per contractor, and the complexities of mining the data.
- Getting providers to share risk.

1c.) Describe any strategies you have developed to overcome these barriers. Identify any ways in which you have worked with OHA (including through your Innovator Agent or the learning collaborative) to develop these alternate strategies.

- The IHN-CCO OHA Innovator Agent is a member of the Alternative Payment Methodologies Committee, and consistently provides resources and feedback on working models.
- Developing a bundled payment pilot, outside of the software purchase, to provide outcomes to further test the value in our community. These results will be shared with the Alternative Payment Methodologies Committee.
- Researching other possibilities to implement bundled payment logic.
- Hiring a resource that has responsibilities specific to extracting and analyzing data to help determine alternative payment contracts.

1d.) How was the Community Advisory Council involved in the activities for this transformation area?

- The CAC has been involved through their participation on the Delivery Systems Transformation Committee. The APM Committee reports directly to this Committee.

1e.) How was the CAC informed of the outcomes for activities in this transformation area?

- The IHN-CCO Transformation Manager presented an informational update to the CAC at the October 14, 2013 Regional CAC Meeting.
- The presentation included explanations and updates for each sub-committee and pilot project currently operating to support the 8 Transformation Areas.
- A question/answer/feedback time was also provided.

Transformation Area 4: Community Health Assessment and Community Health Improvement Plan

Benchmark 4	Collaboration with local public health and mental health authorities, professionally and culturally diverse community based organization, hospital systems(s), the Contractor Community Advisory Council (CAC) and Community partners and stakeholders to prepare strategies for development of a shared health assessment and improvement plan that serves as a strategic population health and health care system service plan for the Communities served by Contractor
How Benchmark will be measured (Baseline to July 1, 2015)	• Use the information gathered from Community participants to determine the strategic issues that must be addressed in order to reach Contractor vision. • Specify goals, objectives, strategies, budget and leadership for the strategic issues identified. • Describe the scope of the activities, services and responsibilities that Contractor considers upon implementation of the shared health assessment and improvement plan.
Milestone to be achieved as of July 1, 2014	• Contractor completes Community Health Assessment Plan (CHIP).
Benchmark to be achieved as of July 1, 2015	• Contractor measures health improvement against the Baseline and reports the results of its health improvement efforts to the Community.

1a.) Please describe the actions taken or being taken to achieve milestones and/or benchmarks in this transformation area. For each activity, describe the outcome and any associated process improvements.

	Activity (Action taken or being taken to achieve milestones or benchmarks)	Outcome to Date	Process Improvements
1.	IHN-CCO, the three County Health Departments, and the Council of Government, with input from the CAC, hired a full time CAC Coordinator to support the work of the CAC and its	• The local committees to the CAC (which include 6-7 regional CAC representatives) have	

	three county advisory committees.	worked diligently to provide input to the Regional CAC. • This allows for more depth and breadth of community input.	
2.	Beginning in May 2013, members of the three county advisory committees to the CAC worked independently to identify 3-4 Health Impact Areas to recommend as a focus for the IHN-CCO CHIP.	• Each county submitted their recommendations to the CAC Chair by Sept 13, 2013	• Feedback was received that the process felt rushed by the fact that the CHIP must be submitted by July 1, 2014. • The CAC would like to have a county specific dashboard developed that includes high utilization data for physical, behavioral, and dental health services. • A plan is underway to work on developing this dashboard.
3.	A CAC CHIP workgroup, with equal representation from each county, worked to create a single set of recommendations to send to the CAC. The product of this was a Health Impact Area (HIA) Recommendation document that identified 4 HIAs (Access to Care, Behavioral Health, Chronic Disease, and Maternal & Perinatal Health) with 45 recommendations within the 4 health impact areas.	• The CHIP workgroup submitted a Health Impact Area Recommendation document to the CAC which was adopted and given to IHN-CCO in October 2013.	• Feedback was received that the process felt rushed by the fact that the CHIP must be submitted by July 1, 2014. • The CAC would like to have a county specific dashboard developed that includes high utilization data for physical, behavioral, and dental health services. • A plan is underway to work on developing this dashboard.
4.	On December 17, 2013 IHN-CCO, in collaboration with the County Health Administrators, presented a Health Impact	• This initial strategy was generally well received by	• Feedback was received that the process felt rushed by the fact that

	Area (HIA) Response Grid packet to the CAC. This represented a beginning strategy for addressing the HIAs and a move from the CHA to the CHIP process. The local committees to the CAC were asked to provide feedback to IHN-CCO on how well the Response Grid packet addressed the HIAs.	the CAC, with the understanding that they need more time to consider it and provide feedback.	the CHIP must be submitted by July 1, 2014.
5.	The first week of January 2014, the local committees met and provided written feedback on the HIA Response Grid packet to the CAC for discussion at the January 13, 2014 CAC meeting.		• Feedback was received that the process continues to feel rushed.
6.	January 13, 2014 the CAC, the local committee Chairs, the IHN-CCO CEO, and the County Health Administrators met to discuss the CAC's feedback (as informed by the county committees) to the Response Grid Packet. IHN-CCO asked the CAC to provide a prioritized list of 1-3 recommendations per Health Impact Area to the CCO by the March 3, 2014 CAC meeting.	• The CCO's response to the Health Impact Area was generally well received. • The CAC recommended that the CCO and county partners work to refine the Response Grid Packet. • This work is in process.	
7.	A CAC CHIP workgroup was formed which will be attended also by the OHA Innovator Agent and the IHN-CCO CEO. Once the CHIP workgroup makes its recommendations and they are accepted by the CAC, the CCO and county partners will work to identify appropriate strategies and measures to address the CAC's CHIP goals.	• Five CHIP workgroup meetings have been scheduled and a rough list of prioritization criteria has been developed and will be considered at the first meeting.	

1b.) Please describe any barriers to achieving your milestones and/or benchmarks in this Transformation Area.

- **Data:** Due to time constraints and limited access to mental health utilization data and dental utilization data, there was not time for the CAC to request a county specific dashboard that would include highest utilization for physical, behavioral and dental health services. The CAC's CHA and CHIP process therefore relied on the counties' CHA's and CHIP's which were not OHP member specific.

- **Health Disparities:** The CAC, IHN-CCO, and Linn, Benton, and Lincoln counties are working to develop a plan for how to address those health disparities which were not full addressed in the county CHA's and CHIP's.

- **State guidance:** OHA has allowed the CCO's and CAC's great flexibility in their CHA and CHIP processes. Flexibility is valuable for regional success; however the IHN-CCO CAC often expresses a need for more state guidance on the CHA and CHIP process. The CAC encourages the State to balance flexibility and guidance in proper proportion.

1c.) Describe any strategies you have developed to overcome these barriers. Identify any ways in which you have worked with OHA (including through your Innovator Agent or the learning collaborative) to develop these alternate strategies.

- **Data:** A plan is underway to work on developing a dashboard for the CAC to review on a regular basis.

- **Health Disparities:** The CAC has developed a Values Statement that they expect to adopt and it includes a focus on health equality. Also, the IHN-CCO AmeriCorps VISTA volunteer is working for the CCO and the counties to:

    - Serve as a bridge between IHN-CCO and minority community based organizations to strengthen assessment and planning efforts that promote health equity in the region.

    - Support efforts to collate and align available CHA data to identify health disparities in the region.

    - Support efforts to compare state, county, and IHN-CCO member data to identify health disparities and areas of improvement.

    - Summarize and distribute comparison data to regional CAC and other key stakeholder groups.

- The CAC works closely with the OHA Innovator Agent. Several local and regional members participate in the Transformation Center group site, the Learning Collaborative, and many attended the CCO Summit. Also, the Transformation Center provided Liz Baxter's time and expertise for a Strategic Planning meeting in the fall of 2013 and a follow-up training planned for spring 2014. However, more data and guidance is needed from OHA on what is a very technical process.

1d.) How was the Community Advisory Council involved in the activities for this transformation area?

- The CAC has been involved in all aspects of overseeing the CHA and developing the CHIP.

1e.) How was the CAC informed of the outcomes for activities in this transformation area?

- The CAC has been involved in all aspects of overseeing the CHA and developing the CHIP.

Transformation Area 5: EHR, HIE and meaningful use

Benchmark 5.1	Contractor agrees to participate in OHA's upcoming process to assess the next phase of statewide Health Information Exchange (HIE) development (including assessing the scope, financing, and governance of statewide HIE services). In particular, Contractor will make appropriate executive and staff resources available for an interview with an OHA consultant, and will participate in brief stakeholder workgroup meetings if requested by OHA. After the OHA process concludes and the next phase of statewide HIE services are defined, Contractor will update this HIE component of its transformation plan at the next update cycle.
How Benchmark will be measured (Baseline to July 1, 2015)	
Milestone to be achieved as of July 1, 2014	
Benchmark to be achieved as of July 1, 2015	
Benchmark 5.2	Development and implementation of Electronic Health Records structure, policy and workflows to support an electronically accessible Care Plan for all Participating Providers involved in a Members care.
How Benchmark will be measured (Baseline to July 1, 2015)	• Utilization of chosen Electronic Health Records structure by Participating Providers in the care of Members
Milestone to be achieved as of July 1, 2014	• Contractor develops roadmap for implementing Health Information Technology (HIT) in its Service Area. • Contractor gives access to case management staff to evaluate and educate Participating Providers.

	• Contractor pilots Epic Care Link usage between Contractor and a select Participating Provider panel.
Benchmark to be achieved as of July 1, 2015	• Contractor establishes a shared Electronic Health Record system for Participating Providers and partners to access in its Service Area, to enable a "community care plan".

1a.) Please describe the actions taken or being taken to achieve milestones and/or benchmarks in this transformation area. For each activity, describe the outcome and any associated process improvements.

	Activity (Action taken or being taken to achieve milestones or benchmarks)	Outcome to Date	Process Improvements
1.	IHN-CCO implemented a community wide Health Information Technology (HIT) Workgroup.	• The HIT Workgroup has met twice a month for the past year.	
2.	IHN-CCO HIT Workgroup worked with outside consultants to help develop clear achievable roadmap.	• This work will transition into a foundation element of the RFI deliverable of our Transformation Fund.	
3.	We have been working to push Epic Care Link out to participating providers.	• Several providers have started using the product.	• We need to assess who is currently not using and focus our efforts on assisting those providers.
4.	We are developing a plan for Case Managers to educate providers on ways to access available information.	• All IHN-CCO Case Managers have been trained and use the product. • We are now in the initial stages of developing a process to	

		work with providers on an ongoing basis.	

1b.) Please describe any barriers to achieving your milestones and/or benchmarks in this Transformation Area.

- n/a

1c.) Describe any strategies you have developed to overcome these barriers. Identify any ways in which you have worked with OHA (including through your Innovator Agent or the learning collaborative) to develop these alternate strategies.

- n/a

1d.) How was the Community Advisory Council involved in the activities for this transformation area?

- The CAC has been involved through their participation on the Delivery Systems Transformation Committee. The HIT Workgroup reports directly to this Committee.

1e.) How was the CAC informed of the outcomes for activities in this transformation area?

- The IHN-CCO Transformation Manager presented an informational update to the CAC at the October 14, 2013 Regional CAC Meeting.
- The presentation included explanations and updates for each sub-committee and pilot project currently operating to support the 8 Transformation Areas.
- A question/answer/feedback time was also provided.

Transformation Area 6: Communications, Outreach and Member Engagement

Benchmark 6	**Mental Wellness Literacy Campaign Pilot:** Increase awareness amongst Primary Care Providers (PCP), community and faith-based organizations, and local schools in Linn County, and the Contractor organization as a whole, of the ways all parties can take action to improve the wellness of people with mental health problems.

How Benchmark will be measured (Baseline to July 1, 2015)	• Focus groups comprised of community and faith-based organizations, educators, Contractor staff, and PCP's. • Member, stakeholder, and local resident surveys.
Milestone to be achieved as of July 1, 2014	• Contractor offers an online learning and resource center in multiple languages. • Contractor offers Community education campaign in culturally and linguistically appropriate ways. • Contractor targets an education campaign for community and faith-based organization, and local schools.
Benchmark to be achieved as of July 1, 2015	• Contractor ensures that 100% of Contractor staff and PCPs are aware of the online learning and resource center and have knowledge of its purpose. • Contractor ensures that participants in focus groups indicate awareness of the community education campaign and knowledge of its purpose through a measurement tool. • Contractor ensures that 35% of those surveyed indicate awareness of the community education campaign and knowledge of its purpose.

1a.) Please describe the actions taken or being taken to achieve milestones and/or benchmarks in this transformation area. For each activity, describe the outcome and any associated process improvements.

	Activity (Action taken or being taken to achieve milestones or benchmarks)	Outcome to Date	Process Improvements
1.	Continuing content development for the Online Learning and Resource Center. Results of baseline survey and focus groups may inform content areas needed for online center.	• Baseline Community Survey and Stakeholder Focus Groups were completed in December 2013 by a marketing research firm.	• Determined that a benchmark of 100% awareness of online center would include measurement of employee and PCP visits to website.
2.	Marketing research firm hired to conduct survey and	• Report of Baseline	

	focus groups. Community education campaign baseline survey conducted of members, stakeholders, and local residents (400 in 3-county region) October – November 2013. Stakeholder focus groups (9 focus groups, 3 in each county) conducted October – November 2013.	Community Survey and Stakeholder Focus Groups were completed in December 2013 by marketing research firm.	
3.	Lead agency for media campaign was hired to develop creative concepts and messaging in alignment with survey and focus group results. Community education media campaign proposal to be presented to Project Team by vendor in January 2014, incorporating results of survey and focus groups. Timeline for campaign elements developed.	• Media campaign plan near finalization.	
4.	School and faith-based education campaigns are in development. Expanded scope of existing substance abuse Youth Council, with representatives from each of 8 high schools, to include focus on mental health promotion and suicide prevention. Planning initiated for Mental Health Awareness Month, with presentations completed or planned with partners - Albany Human Resources Committee (November 2013, January 2014) and Linn Mental Health Advisory Board (January 2014). Planning initiated for youth suicide prevention	• Youth Council poster distributed to local high schools in November 2013.	

	community training, in partnership with Linn Together Community Prevention Coalition		

1b.) Please describe any barriers to achieving your milestones and/or benchmarks in this Transformation Area.

- Although we are making progress in developing content areas for the Online Learning & Resource Center, we have not yet identified a vendor for creating a website for that content.
- Late start-up on some work items due to contracting or hiring.

1c.) Describe any strategies you have developed to overcome these barriers. Identify any ways in which you have worked with OHA (including through your Innovator Agent or the learning collaborative) to develop these alternate strategies.

- As content is developed for the Online Learning & Resource Center, options for actual website development will become clearer.

1d.) How was the Community Advisory Council involved in the activities for this transformation area?

- The CAC will be involved with the community education campaign, suggesting content for the Online Learning and Resource Center, and developing a plan for observance of Mental Health Awareness Month.

1e.) How was the CAC informed of the outcomes for activities in this transformation area?

- The IHN-CCO Transformation Manager presented an informational update to the CAC at the October 14, 2013 Regional CAC Meeting.
- The presentation included explanations and updates for each sub-committee and pilot project currently operating to support the 8 Transformation Areas.
- A question/answer/feedback time was also provided.

Transformation Area 7: Meeting the culturally diverse needs of Members

Benchmark 7	Contractor staff and Participating Providers receive annual trainings that focus on but are not limited to health equity, health literacy, cultural competence, cross-cultural communication, working with non-traditional health care

	workers in clinical teams, diversity, and cultivating a diverse workforce.
How Benchmark will be measured (Baseline to July 1, 2015)	• Training process is developed. • New employees receiving trainings within 6 months of hire. • All employees receiving trainings on an annual basis.
Milestone to be achieved as of July 1, 2014	• Contractor develops a process for delivery and documentation of training. • Contractor ensures that identified staff and Participating Providers have received trainings focused on topics identified in this Benchmark.
Benchmark to be achieved as of July 1, 2015	• Contractor ensures that 100% of Contractor employees and Participating Providers have completed annual trainings that assist in assuring that the culturally diverse needs of Members are met.

1a.) Please describe the actions taken or being taken to achieve milestones and/or benchmarks in this transformation area. For each activity, describe the outcome and any associated process improvements.

	Activity (Action taken or being taken to achieve milestones or benchmarks)	Outcome to Date	Process Improvements
1.	Reviewed current training offerings from various organizations.	• Many good programs but challenging to integrate.	
2.	Looked at Cornerstone as a way to deliver and track trainings.	• After assessment, possibly could work but may not be the best option.	• Would require purchasing and usage for implementation and tracking.
3.	Reviewed training at OSU.	• n/a	
4.	Evaluating current Samaritan Health Services provider trainings which include Samaritan Health Plan Operations contracted Primary Care Providers in Benton, Lincoln, and Linn counties. These PCP's were	• Committee review provided feedback that many of these trainings are adequate to meeting our goals.	• Will be meeting with the Samaritan Health Plan Operations staff person who is responsible for overseeing this provider education. • Discussions to include expanding the

	sent the "2013 Health Care Professional Education Program" with a completion deadline of December 31, 2014. Trainings were delivered in web-based form and self-learning modules. Topics include: • Credentialing • Medical Record Documentation • Advanced Health Care Directives • Seclusion and Restraint • Appeals • Care Coordination • Cultural Competency in Health Care • Health Literacy • Healthy Communication between a Health Care Provider and Patient • Performance Metrics • Health Care Delivery Systems Transformation • ICD-10 Preparedness • Health Care Professional Communication • Fraud, Waste, and Abuse • General Compliance • Model of Care – Special Needs Plan (SNP)	• Discussions included avoiding duplication and further time burdens on provider staff.	current program to include CCO staff, feasibility of tracking, and training coordination.

1b.) Please describe any barriers to achieving your milestones and/or benchmarks in this Transformation Area.

- Challenges identified include implementation of tracking and on-going maintenance.

1c.) Describe any strategies you have developed to overcome these barriers. Identify any ways in which you have worked with OHA (including through your Innovator Agent or the learning collaborative) to develop these alternate strategies.

- Further research and development is currently in progress.

1d.) How was the Community Advisory Council involved in the activities for this transformation area?

- The CAC has been involved through their participation on the Delivery Systems Transformation Committee. The Training and Education Workgroup reports directly to this Committee.

1e.) How was the CAC informed of the outcomes for activities in this transformation area?

- The IHN-CCO Transformation Manager presented an informational update to the CAC at the October 14, 2013 Regional CAC Meeting.
- The presentation included explanations and updates for each sub-committee and pilot project currently operating to support the 8 Transformation Areas.
- A question/answer/feedback time was also provided.

Transformation Area 8: Eliminating racial, ethnic and linguistic disparities

Benchmark 8	Contractor will document the ethnicity data of its Members and will identify if there are any disparities in access based on ethnicity.
How Benchmark will be measured (Baseline to July 1, 2015)	• Baseline – No data to date. • Contractor researches and documents the ethnicity of its Members.
Milestone to be achieved as of July 1, 2014	• Contractor gathers Member ethnicity data either from state data or by contacting its Members.
Benchmark to be achieved as of July 1, 2015	• Contractor identifies any disparity in access based on ethnicity.

1a.) Please describe the actions taken or being taken to achieve milestones and/or benchmarks in this transformation area. For each activity, describe the outcome and any associated process improvements.

Activity (Action taken or being taken to achieve milestones or benchmarks)		Outcome to Date	Process Improvements
1.	Research on race and ethnicity has been completed.	• IHN-CCO identified codes provided by the state through the	• IHN-CCO identified that Hispanic and non-Hispanic ethnicity categories are provided by the state.

		enrollment file.	
2.	Developing a report to obtain race and ethnicity data on all members from IHN-CCO's enrollment system.	Report development is in process.	

1b.) Please describe any barriers to achieving your milestones and/or benchmarks in this Transformation Area.

- The primary challenge was the ability to move forward in a timely manner due to report development constraints.

1c.) Describe any strategies you have developed to overcome these barriers. Identify any ways in which you have worked with OHA (including through your Innovator Agent or the learning collaborative) to develop these alternate strategies.

- IHN-CCO is now investigating contracting with an external report writing agency to meet its increasing demands for data and reports.

1d.) How was the Community Advisory Council involved in the activities for this transformation area?

- The CAC coordinator is a member of the Race and Ethnicity sub-committee. This individual reports to the CAC and brings their recommendations to the Race and Ethnicity sub-committee.
- An update is also provided to the Transformation Manager every two weeks for reporting to the Delivery Systems Transformation committee.

1e.) How was the CAC informed of the outcomes for activities in this transformation area?

- The IHN-CCO Transformation Manager presented an informational update to the CAC at the October 14, 2013 Regional CAC Meeting.
- The presentation included explanations and updates for each sub-committee and pilot project currently operating to support the 8 Transformation Areas.
- A question/answer/feedback time was also provided.

Please send your completed Transformation Plan Initial Progress Report to the CCO Contract Administrator, David Fisher (DAVID.H.FISCHER@dhsoha.state.or.us) by no later than 5:00 pm on Friday, January 31, 2014.