

Delivery System Transformation (DST) Committee
(Committee of the Regional Planning Council)
Charter
2018

Objective: To build on current resources and partnerships within the tri-county region to outline the process and strategies to support transformation¹ of the delivery system for the Medicaid population. To support, sustain, and spread transformation that supports PCPCHs (Patient-Centered Primary Care Homes) as the foundation of IHN-CCO. To welcome innovative ideas; plan and transparently implement collaborative strategies with a focus on the Medicaid population that align with IHN-CCO goals, described outcomes, and pursue the Triple Aim.

Structure:

- The Committee formally reports to and takes direction from the IHN-CCO Regional Planning Council (RPC)
- The Committee will meet at least monthly and be responsible to develop priorities and identify strategies to facilitate transformation. The Committee will use workgroups and pilots with broad membership to further develop specific healthcare delivery system strategies
- The Transformation Department will be responsible to support Workgroups through historical documentation and helping to connect various pieces together, but does not have the resources to offer clerical support such as agenda creation, minute taking, etc. Workgroups further the strategies recommended by the Committee.
- The Co-Chair(s) will be responsible to report transformation activities and progress to the RPC
- Communications materials will be maintained and available
- DST Workgroups drive the Committee's objectives forward, by convening a smaller group of individuals and organizations with like-objectives

Membership: To include anyone that can positively affect the health outcomes of IHN-CCO members in the tri-county region.

Key Deliverables and Activities:

- Support components of Transformation Quality Strategies (TQS)
 - Through long range planning and short term focused deliverables
 - Effectiveness and sustainability
 - Expand, connect, and demonstrate access to person-centered care with a focus on the Medicaid population
 - Connect social determinants of health and upstream health to the traditional healthcare system
 - Coordinated and integrated care
 - Demonstrate innovation and outcomes in healthcare
- Support new partnerships and linkages
- Identify existing expertise necessary to champion strategies
- Recommend and foster workgroups and pilots to develop and execute strategies and progress toward Transformation
- Recommend system changes or identify gaps to the RPC

- IHN-CCO staff will provide two-way communication for sharing opportunities to add or leverage resources through available grants to keep the Committee informed
- Utilize a trauma informed approachⁱⁱ and health equity lensⁱⁱⁱ while focusing on social determinants of health

Committee Member Responsibilities:

- Commit to developing strategies that strengthen the community system of care
- Two-way communication between member’s area/organization
- Identify additional membership/expertise to join the Committee, workgroups, and pilots to successfully complete objectives of the Committee
- Complete task assignments and share data and information with the Committee
- Attend meetings on a regular basis
- Sign in at each meeting to assist tracking of attendance
- Attend at least five meetings within the last six months to vote

ⁱ 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.

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According to SAMHSA’s 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

ⁱⁱⁱ Health Equity means that everyone has a fair and just opportunity to be as healthy as possible. Health Equity broadens the disparities concept by asking, “Why are some populations at greater risk of illnesses and preventable deaths than others?” This question leads to a deeper analysis and exploration of the causative factors that contribute to disparities. Health equity is achieved when every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. **Equality is not equity. Those with worse health and fewer resources need more efforts expended to improve their health.**