

As a Steering Committee Member of the **Delivery System Transformation Committee** I agree to:

- **Adopt and support** the goal of Delivery System Transformation
  - To build on current resources and partnerships within the three county region to outline the process and strategies to support transformation of the delivery system. To welcome innovative ideas, plan and transparently implement collaborative strategies that align with CCO goals & described outcomes, and pursue the Triple Aim.
  
- **Provide strategic guidance, vision, and oversight** for the Delivery System Transformation including:
  - **Developing and refining the Common Agenda for change**, including the problem, goal(s), and guiding principles.
  - **Using data** to inform strategy development learning.
  - **Tracking progress of the work** using agreed-upon indicators at Steering Committee and Working Group levels.
  - **Making connections between Working Groups** to ensure coordination and efficiency.
  - **Interacting with the IHN-CCO** on strategy, community engagement, and shared measurement.
  
- **Provide leadership** by:
  - **Considering how my own organization** or those in my network can align to the Common Agenda.
  - **Serving as a vocal champion** of the collective impact effort in the community.
  
- **Play an active role** by:
  - **Participating in-person** at the regularly scheduled meetings (every 2 weeks).
  - **Reviewing pre-read materials** prior to meetings and coming prepared for engaged discussion, active listening, and respectful dialogue.
  - **Committing to year-long membership** of the Steering Committee.
  
- **Avoid Conflicts of Interest** by:
  - **Abstaining from voting** on pilots that I'm actively involved in.
  - **Communicating** conflicts of interest that arise to the committee and abstaining from voting on those issues.
  - **Always acting** in the best interests of IHN-CCO members.

**Please see the back of this form.**

**Please describe how you will be able to take back the information heard at the DST and use it to affect the health outcomes of IHN-CCO members?**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Organization: \_\_\_\_\_