Delivery System Transformation (DST) Sub-Committee & Pilot Summary

Sub-Committee Name	Scope	Transformation Plan Element Primary Focus
Health Information Technology (HIT)	This group is working on ways to share information between those involved in the care of patients. For instance, doctors, hospitals, insurance company, clinics, specialists, transportation…	Element #5
Traditional Health Workers (THW)	This group is looking at how THWs are being used right now in Benton, Lincoln, and Linn county. Gathering information on the different types of THWs, and how they can be used to help improve patient care.	Element #6
Training & Education	This group is working on trainings for CCO staff, providers, and partners so they will understand the needs of different cultures, and how health equity (where you live, availability to good food, transportation, sidewalks, parks, safe housing) affects your health.	Element #7
Screening, Brief Intervention & Referral to Treatment (SBIRT)	This group is working on getting providers, doctors, nurses trained on a way to identify patients who are having problems with alcohol or drugs, so they can get the help they need.	Element #1
Quality Initiative – Race & Ethnicity	This project is finding out if we (IHN-CCO) get information that tells us the ethnicity and race of our members. Once we get this information, we will look to see if different members seem to have more illnesses than others and is this connected to ethnicity and/or race.	Element #8
Alternative Payment Methodologies (APMs)	This group is helping look at different ways providers can be paid other than how they are paid right now. It's important to find ways to pay providers because they are helping people with health needs, instead of paying them for the amount of people they see.	Element #3
Community Health Improvement Plan (CHIP)	This group will get Health Impact Area suggestions from the three local CACs and use this information to make suggestions to the Regional CAC. The Regional CAC will approve final suggestions and give to the IHN-CCO. As IHN-CCO comes up with improvement projects, the CAC members will give feedback. **Important to note that this group does not report to the DST. The work does impact the Transformation Plan reporting.*	Element #4
Dental Integration	In Development	

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Pilot County & Name	Brief Description	Transformation Plan Element Primary Focus
Linn County Pilot Hospital To Home (H2H)	This pilot is focused on contacting patients at the Albany Hospital before discharge, and setting up a home visit as well as follow up phone calls. The contact is intended to help connect the patient to their appointments after being discharged from the hospital so that they will get the care they need and be able to stay out of the hospital. This project also works with Linn County Mental Health and Addictions staff in an assessment of patient needs in those areas also. It is for a 30 day time frame after leaving the hospital.	Element #1
Linn County Pilot Mental Health Wellness Literacy Campaign	It is the aim of this pilot to develop an effective communications campaign to: • Increase awareness among primary care providers, community and faith based organizations, and local schools in Linn County, and within IHN-CCO, of the ways they can take action to improve the wellness of people with mental health problems. • Increase awareness among community members and IHN-CCO members of the ways they can improve their own wellness. It looks at a bigger meaning of wellness – emotional, physical, intellectual, environmental, financial, social, spiritual, and occupational.	Element #6
Benton County Pilot Patient Assignment & Engagement	Phase 1: Involves Benton County Health Department, Samaritan Family Medicine, and The Corvallis Clinic. Looking at which patients IHN-CCO shows assigned to a PCP at one of these clinics and whether the clinic shows the same information – that that patient is assigned to them for care. It's important that this matches up, so that when a patient hasn't come in for a long time, or when the patient goes to the ER – that the correct primary care doctor is notified and can contact the patient to check in on their health. Phase 2: Will focus on engaging patients in their own care.	Element #2
Lincoln County Pilot Integration of Mental Health, Addictions, and Primary Care	The work of this pilot is focused on several of the gaps in the availability of comprehensive (full or broad) healthcare in Lincoln County. One goal is for patients to have coordinated (organized) care between physical health and mental health and to engage or involve the patient in their own health and well-being.	Element #2