

OHA Transformation Center's Technical Assistance Bank Projects

Topic	Consultant	Project description
Alternative payment methods	Michael Bailit Consulting	Michael Bailit presented on alternative payment methods to a CCO's APMs subcommittee. The presentation included APM tools, examples of successful implementation and strategies. Michael also met briefly with the subcommittee to advise the CCO more specifically on scope and selection of APMs. A recording of the in-depth APM discussion at the committee meeting is available here: http://www.samhealth.org/healthplans/community/video/Pages/Alternative-Payment-Methods.aspx
Alternative payment methods	Michael Bailit Consulting	Michael Bailit discussed existing alternative payment methods with CCO staff and reviewed relevant documents and data to identify opportunities for new payment methods and improvements to existing payment methods. Michael provided a written report with findings and recommendations.
Alternative payment methods	Michael Bailit Consulting	Michael Bailit will review a CCO's draft financial model documents and provide observations and advice (conference calls twice per month over three months) to enable the CCO to achieve its alternative payment method goals. Michael will also conduct qualitative research in response to ideas generated during the calls.
CAC development	Oregon Public Health Institute: Liz Baxter	Liz Baxter from the Oregon Public Health Institute facilitated a community advisory council meeting with CCO staff leadership to improve member engagement in council activities at the local and regional levels. Through this technical assistance, participants agreed upon tangible strategies to engage OHP members in their CCO's activities.
CAC development	Vanessa Becker	Vanessa Becker planned and facilitated a community advisory council retreat for members to better understand their roles and scope; increase understanding of measuring CHIP success; and establish elements of a 2015 work plan.
CAC development; CHIP development	Oregon Public Health Institute	A consultant from the Oregon Public Health Institute assisted a community advisory council to prioritize findings from a regional health assessment into priority areas in preparation for a joint meeting with their CCO board. Outcomes included a framework for evaluating raw data and a summary report including a final prioritized list.

OHA Transformation Center's Technical Assistance Bank Projects

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CAC development; CHIP development	Vanessa Becker	Vanessa Becker worked with a CCO's CAC leadership to create a greater understanding of how to develop and write a community health improvement plan (CHIP). Vanessa used data from the community health assessment and led the CAC through developing their CHIP. The final product was a draft CHIP for review by the CAC and adoption by the CCO.
CAC development; CHIP implementation	Oregon Public Health Institute	A consultant from the Oregon Public Health Institute facilitated a CAC meeting to 1) help members understand the role of CCOs and CACs, 2) help members understand background on the community health improvement plan (CHIP) and the CAC's role in the community health needs assessment and CHIP, and 3) solicit CAC member input on the CHIP work plan. The consultant helped CCO staff develop methods to evaluate progress of the CHIP work plan and communicate progress to the CAC. The technical assistance provided the CCO staff with 1) methodology to measure CHIP implementation progress, 2) best practices to communicate work plan progress clearly and effectively, and 3) best practices for communicating with the CAC about work plan barriers and a system to seek input from the CAC for refinement.
CAC development; CHIP implementation	Vanessa Becker	Vanessa Becker provided a six-hour retreat for CAC members to celebrate past efforts and to provide an overview of CAC development including roles and responsibilities.
CAC development; member engagement	Institute for Patient- and Family-Centered Care: Mary Minniti	Mary Minniti provided technical assistance to 1) expand opportunities for individuals and families to engage with the CCO staff, the CAC and other community stakeholders to influence policies, programs and practices; and 2) build the capacity of individuals and families to partner with the health care community in the transformation effort. Mary attended a CAC meeting and a steering committee meeting to meet the group and provide a shared training experience. She reviewed existing and new recruitment materials and strategies and provided feedback, and she provided strategy sessions and coaching calls to CAC leadership and an AmeriCorps Vista volunteer.
CAC development; member engagement	Vanessa Becker	Vanessa Becker planned and facilitated a four-hour CAC member retreat to celebrate past CAC work and provide an overview of CAC development (for example, CAC roles and responsibilities).

OHA Transformation Center's Technical Assistance Bank Projects

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CHA development, community-wide visioning	Institute for Patient- and Family-Centered Care: Mary Minniti	Mary Minniti worked with a CCO to prepare the content for a simulcast, community-wide community health assessment visioning event. The goals of the event were to 1) gather community input to create a vision of community health and 2) inform the community of the next steps for the community health assessment (CHA) and community health improvement plan (CHIP). The qualitative data gathered at the community event, along with the values identified as important to the process, will inform the development of the CHA and subsequent CHIP. To ensure that technology and interpretation services were prepared to meet the needs of attendees, Mary met with CCO technical staff and the ASL and Spanish interpreters prior to the event. Mary facilitated the event, compiled the community input data and wrote a summary of the visioning exercise including community feedback and input.
CHIP implementation	Shari Black	Shari Black facilitated a community education series from May through July 2015. The series included facilitated roundtable discussions that focused on how people can work together to strengthen the resources available to support the improvement of health outcomes in the community and the priorities identified in the community health improvement plan.

OHA Transformation Center's Technical Assistance Bank Projects

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CHIP implementation, community health workers	Northeast Oregon Network (NEON): Lisa Ladendorff	The goals of this technical assistance provided by the Northeast Oregon Network were for a CCO to understand the roles, functions and outcomes demonstrated by community health workers (CHWs) in research literature and how to practically implement CHWs into provider and community settings. Additionally, there was a goal for contracted hospitals, clinics and mental health centers to understand the role of CHWs, how to implement CHWs into their settings and understand the CCO's CHW billing policy. To meet the goals, Lisa Ladendorff revised and updated the CCO's literature review on CHW roles, functions and outcomes. Lisa also created a tool for providers and community organizations planning to hire and implement CHWs. The tool is a spreadsheet that calculates budget, caseload and required organizational supports for CHWs based on user inputs. Lisa then developed and presented a webinar, in conjunction with CCO staff, for providers and local community advisory councils to learn about CHW roles and how to implement CHWs in line with the CCO's billing policy. The webinar was recorded for future use by the CCO, providers and local community advisory councils.
CHIP implementation, Pathways Program	Northeast Oregon Network (NEON): Lisa Ladendorff	The Northeast Oregon Network planned and facilitated two day-long sessions to provide a CCO with implementation guidance and lessons learned from adopting a "Pathways Community Hub" to drive improved health outcomes. Goals included a CCO understanding of the business process side and the technical system and evaluation side of the "Pathways Community Hub" implementation. The two-day sessions included in-person meetings with the CCO staff and CAC leadership, as well as resource documents as requested, to ensure both CCO staff and CAC leadership had a clear pathway to an implementation plan for the hub.

OHA Transformation Center's Technical Assistance Bank Projects

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Early learning systems and strategies; primary care transformation; project management	Oregon Public Health Institute	Consultants at the Oregon Public Health Institute facilitated the design of an integrated process for reaching out to all pregnant parents and families with newborns to assess needs for prenatal and parenting education, make appropriate referrals, enable the use and collection of ASQ screening and to leverage and align existing services to create county “hubs” for early learning resources. This project has included gathering key partners to assess interest and potential next steps.
Health equity	Cliff Coleman	Cliff Coleman provided interactive health literacy training to providers from three CCOs over two days. Training objectives included providing the following: <ol style="list-style-type: none"> 1. A clear understanding of health literacy and the barriers that cause low literacy; 2. How to use "teach-back" and “plain language” as strategies to improve patient education and instruction; and 3. An understanding of communities in which providers interact and when to use health literacy and plain language skills (for example, communication materials, technical writing, prescriptions and speaking).
Health equity	Littledeer-Evans Consulting	Sonya Littledeer-Evans worked with a CCO to provide a health equity training as part of the CCO’s healthy equity training series for CCO staff. The two-hour training focused on increasing participant knowledge as it relates to power and privilege in health equity.
Health equity	Littledeer-Evans Consulting	Sonya Littledeer-Evans provided technical assistance in designing a cultural competency training event. She facilitated this training in December 2015 to increase provider knowledge and awareness of cross-cultural communication and dynamics of power and privilege.
Health equity, poverty	Cliff Coleman and Donna Beegle	Cliff Coleman provided medical staff with health literacy skills to improve the level of care provided to Oregon Health Plan (OHP) members. Donna Beegle promoted awareness within the provider community regarding poverty-related issues prevalent amongst OHP members. This topic was intended to enhance communication between OHP members and the provider community.

OHA Transformation Center's Technical Assistance Bank Projects

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Metrics	Center for Evidence-based Policy	A consultant from the Center for Evidence-based Policy met with members of a CCO Delivery Systems Transformation Steering Committee and reviewed the committee process and draft scorecard for evaluating new pilot proposals. The consultant suggested edits to the process and scorecard and provided technical assistance to the committee on the grant award process.
Metrics; program evaluation	Central Oregon Research Coalition; Jackie Shannon, Ph.D.	The Central Oregon Research Coalition provided research design and program evaluation consultation for Transformation Fund projects for two CCOs . In collaboration with project leaders, consultants worked to ensure projects could meet their stated aims by solidifying project goals, developing or sharing validated data collection tools and providing ongoing support. Consultants worked with the CCOs to validate and clean de-identified data sets to ensure they were useful and analyzable; final data sets were matched by the CCO against project-applicable claims data. Consultants also analyzed data sets, writing up methodology and final data reports for each project.
Organizational development; health systems leadership	Ed O'Neil	<p>Ed O'Neil worked with CCO leadership to design and conduct a one-day strategic planning retreat for their Opioid Performance Improvement Plan. This included planning calls, interviews with key stakeholders, program design, program facilitation and report out of recommended actions. The purpose of the retreat was to:</p> <ul style="list-style-type: none"> • Clarify the purpose and goals of the work group • Develop team awareness, structure, roles and culture of the work group • Identify strategic relationship with key stakeholder groups • Refine the “business model” of the work group, including operational relationship to internal and external groups • Develop short-term strategies to advance the work

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Patient- and family-centered engagement	Institute for Patient- and Family-Centered Care: Mary Minniti	The Institute for Patient- and Family-Centered Care provided technical assistance to promote a shared understanding of engagement and how to improve it. CCO leaders received just-in-time recommendations of steps they can take to make member engagement “real.” Consultant Mary Minniti conducted a site visit, attended a CAC meeting and delivered two training sessions to CCO staff and CAC members: “Community Advisory Council Member Engagement: Creating Diverse Partnerships” and “Sustaining Membership and Member Engagement: Creating Partnerships that Build Health and Resilience.”
Program evaluation	Oregon Research Institute – Community Evaluation Services (ORI-CES): Jorge Ramírez García, Ph.D.	The Oregon Research Institute collaborated with a CCO and family- and peer-based service organizations that contract with the CCO to develop an evaluation framework based on the RE-AIM (reach, effectiveness, adoption, implementation and maintenance) model. The final recommended evaluation framework focused on a subset of RE-AIM components, including determining program effectiveness with logic models, defining the population the programs reach and defining how programs are implemented in ways that allow for quality improvement fidelity reviews. Recommendations also included 1) focusing on a continued collaborative approach between the CCO and the contracted organizations and 2) a paradigm shift to include routine evaluation and continuous quality improvements. The institute presented the final recommendations to CCO leadership and recommended the CCO begin piloting the evaluation framework with a contracted organization.