

Reimagined Care Case Study: Building a Care Delivery Model at TRUST Health Center

May 2017

Project Snapshot

Aim: Apply human-centered innovation (HCI) principles to creating a new care delivery model.

Process: Trained TRUST staff in HCI and established TRUST Partners, a group of patients that provided input and feedback on elements of the new model.

Contributors: TRUST leadership and staff, TRUST Partners, Center for Care Innovations (CCI).

Solutions: In partnership with staff and patients, primarily through TRUST Partners, the team tested and implemented a number of services and operational processes for their care model. Examples include: a pre-registration approach, behavioral health integration processes, content and scheduling for group visits, Lyft rides for patients, and information and amenities for the waiting room.

Key accomplishments: Established infrastructure for partnering with staff and patients (through TRUST Partners) and built a culture of innovation and learning in the clinic.

Next steps: Continue to build care delivery model using HCI approach for engaging staff and patients, developing ideas, and testing solutions to continue to improve all patients' experiences.

The Reimagined Care Challenge

The Center for Care Innovations (CCI) implemented a one-year program for five grantees in the health care safety net to practice human-centered innovation (HCI) to develop innovative solutions to reimagine how care should be delivered under value-based payment. HCI is an iterative process that applies design principles and tools to addressing a problem or challenge.

Grantees were expected to use an HCI approach to complete a project during the program in which their teams would explore, design, and pilot an innovative solution to a strategic opportunity. Grantees received training and resources throughout the program to help complete their projects. Blue

Shield of California Foundation funded the program, with some additional funding from Kaiser Permanente.

Reimagine Care consisted of:

- Grantee funding
- Coaching calls with CCI staff
- 3 Swap Meet webinars
- 2 in-person convenings
- Online resources & tools for HCI
- Tailored coaching support from an innovation & design expert

LifeLong TRUST Health Center

TRUST Health Center is located in downtown Oakland, California. It is affiliated with LifeLong Medical Care, a nonprofit organization that helps provide access to health and social services in Alameda, Contra Costa, and Marin Counties. TRUST opened its doors in November 2015 and serves adults with disabling conditions and histories of homelessness. The health center partners with multiple government and nonprofit organizations to support patients' overall health and well-being, including establishing or maintaining stable housing and developing strong support networks. TRUST aims to be a health center

where patients are “accepted, welcomed, and valued by people who know them.” As of early 2017, the health center had about 530 active patients and 17 staff members.

TRUST established a core team of leaders with both operational and clinical responsibilities to lead the effort to develop a care delivery model. They quickly trained all staff in HCI principles and established systems to facilitate additional staff engagement and ownership over the effort.

The Innovation Journey: Building a New Care Delivery Model

Innovation opportunity: TRUST had only been open for three months when they started the Reimagined Care program and their goal was to apply HCI principles and approaches to creating a new value-based care delivery model that addresses their patients’ medical and nonmedical needs. Since the health center was just launching, there was an opportunity for the program and the HCI approach to influence processes in several areas of clinic operations, including decision making, work flow, and patient experience.

Building systems for partnering

A key element of HCI includes building partnerships with the people who are affected by the innovation work in order to meaningfully engage them in generating ideas and providing feedback throughout the project. With CCI’s support, the team established structures to meaningfully engage both patients and TRUST staff in ongoing efforts to build and test elements of their care delivery model. Team members reported these structures for partnering and involving all parts of the health center in project work have emerged as “core values” that are being integrated into TRUST’s organizational culture.

“The structure that CCI shared with us and having a way to bring in everyone’s views, not just patients but all of the staff...Having them feel like they are part of the process [has been] really valuable.”



TRUST Partners meeting

Partnering with patients

Early on in their innovation journey, TRUST established the TRUST Partners—a group of about eight patients who meet monthly to give the health center feedback and weigh in on how it was doing. Several project team members reported forming the patient group was a key accomplishment of their participation in the project, highlighting the value of obtaining feedback from consumers and indicating that the group would likely continue beyond the program period.

TRUST Partners provided input on ideas and approaches for the health center’s care delivery model and also generated new ideas for consideration and testing. The TRUST team engaged the Partners in co-design sessions and both clinic staff and the patients themselves reported that input from TRUST Partners factored into the decision-making process at the clinic. When discussing the value the Partners bring to the clinic, one team member said: “Nobody [e.g., funders] can really argue with you when you

bring in consumers and ask them about how we should be running the clinic.” Specific recommendations that originated with the TRUST Partners included:

- Placing a patient suggestion box in the lobby to collect ideas from patients while they wait.
- Posting clinic rules in the waiting area where everyone can see them when they walk in.
- Creating a patient care liaison position to greet and monitor patients in the waiting room, as well as provide support and connection to other services and resources.

“TRUST Partners have been awesome at informing our processes. [Their] input has been really helpful. [It’s] an amazing facet to this clinic.”

The Partners also provided input on changes to the waiting area and potential group classes (e.g., smoking cessation group, exercise group, substance use group), including content and scheduling for maximum attendance (e.g., frequency of meeting, making sure that two classes do not occur at the same time).

Partnering with staff

The project team at TRUST focused on engaging all staff to get them excited about the HCI process and the innovation work that was contributing to development of the care delivery model. TRUST had all their staff trained in HCI at the beginning of the program. The clinic also used grant dollars to provide financial incentives for all of the staff to increase participation in innovation work and to foster the staff’s ownership of innovation activities at the clinic. Staff also took on a leadership role in documenting their innovation experience on a journey map and provided feedback on processes and operations that were part of the new care delivery model.



TRUST staff during HCI training

In addition, the TRUST team reported an “a-ha moment” when they applied their learnings and the HCI

approach to their clinic’s quality improvement (QI) requirements. All of their staff are mandated to dedicate 10 percent of their time to QI or employee improvement. The team reported that the HCI framework made quality and process improvement accessible to all staff and “helped them to understand...why it’s important to have an improvement mindset versus just doing the work.” In addition, CCI helped them identify qualitative data they could capture to show the QI work they were doing.



TRUST Journey Map

Building a care delivery model using HCI

TRUST's goal for Reimagined Care was to use HCI to design their care delivery model. However, the health center was also balancing external expectations and requirements related to their model, including from other funders. Early elements of the model needed to be developed more quickly than originally anticipated, and the team realized that it was not feasible to use a HCI process for everything related to the model. However, the project team continued to use HCI principles and approaches where possible to generate ideas, solicit feedback, and prototype and test solutions related to the model.

Understanding patient needs and potential solutions

TRUST began by working to better understand how their patients prioritize their needs and what services the health center could provide to help address those needs. In addition to talking to TRUST staff and patients, team members also visited other institutions that serve similar patient populations to see how services are provided elsewhere. With coaching support from CCI, the team at TRUST synthesized what they learned from patients, staff, and site visits into key themes to drive their efforts throughout the program. Themes included:

“Flexibility and ease of access, data driven decisions, conveniences and perks, and creating a safe environment where ‘I’m accepted, welcomed, and valued by people who know me.’”

Testing solutions: Prototyping and piloting

TRUST prioritized rapid testing of some of the simpler ideas that arose from early input and brainstorming. Early testing helped the team hone their HCI skills before running rapid tests on bigger, more complex elements of their care delivery model. In partnership with staff and patients, primarily through TRUST Partners, the team successfully tested and implemented a number of services and processes for their care model over the program period. One of the team members reported that *“quite a few of the innovations we made are now part of how we do our work.”* Many of these activities focus on the patient experience and the themes of *conveniences and perks* for patients and *creating a safe environment* for both patients and clinic staff. Some examples are described in the table below.

	Solution (service, process)	Outcome (outcome, lessons learned)
TRUST operational changes	TRUST Partners	<i>Implemented.</i> An advisory group of patients meet monthly to provide insights and feedback on clinic operations and projects. Considered a key outcome of the program and likely to continue.
	Behavioral health contracts	<i>Implemented.</i> The team pilot tested a process where patients who act out at the clinic enter a contract or agreement with TRUST that enforces acceptable behavior and outlines how the patients cannot use certain amenities or benefits for a period of time due to their behavior. As a result of the process, TRUST has never had to kick a patient out of the clinic.
	Integrated behavioral health process	<i>Implementation in process.</i> The team pilot tested a process where new patients coming in for a behavioral health issue see a clinical social worker directly, instead of having to see the nurse practitioner first. This allowed patients to have their primary health concern addressed in their first visit. Patients and staff liked the approach and thought it worked, but the clinic only had one social worker, so it could not be fully implemented. TRUST has since hired another social worker, bringing back the process and working on fully implementing it.
	Group visits (content, process, recruitment)	<i>Testing in process.</i> TRUST has a variety of group sessions and classes offered to patients (e.g., art therapy, meditation, mindfulness, housing workshop, exercise & nutrition, smoking cessation). They continue to test new offerings, recruitment strategies, and scheduling changes to try to maximize participation. For example, they tested offering gift cards to group attendees, which had a small positive effect on attendance.
	Registration process	<i>Pilot test discontinued.</i> TRUST was exploring ways to have patients complete new patient registration prior to their first visit, since the process can be lengthy and pre-registration allows more time in the first visit to be dedicated to patient care. TRUST would also benefit from receiving information, such as health histories, in advance to effectively prepare. The team tested working with county advocates (the referral source of most of TRUST’s patients) to work with the patients on pre-registration. However, the approach did not work because it was too time consuming for advocates. TRUST now encourages patients to complete and submit in their registration in advance, but it is not required.
Patient experience support	Patient liaison position	<i>Implemented.</i> TRUST Partners recommended this position to help keep the waiting room running—welcome patients, answer questions, enforce the clinic ground rules, and provide connection to clinic resources.
	Clothing closet	<i>Implemented.</i> The health center accepts clothing donations and makes them available to patients.
	Hair club for men	<i>Implemented.</i> Occurs twice per month and provides basic hair services (i.e., haircuts and trims). This is an example of a service suggested by patients.

Lyft rides for patients	<i>Implemented.</i> TRUST used grant funds to provide Lyft rides (rideshare program) to patients who needed transportation either to the health center or to other services (e.g., specialty care). Staff reported that this service was successful in helping their patients engage with care and TRUST is looking for funding to continue providing this service after the grant.
Patient suggestion box	<i>Testing in process.</i> A suggestion box was placed in the waiting area for patients to submit recommendations to health center staff. The staff now engage TRUST Partners in reviewing the suggestions and helping the clinic respond to issues raised by patients through this feedback channel.
Posting clinic rules	<i>Testing in process.</i> Clinic ground rules were printed on a large poster and mounted next to the waiting area entrance as a reminder for patients to behave safely and treat others with respect. Staff reported they have received some positive feedback, but it is still unclear how much patients notice the poster.

Lessons learned: Implementing human-centered innovation

TRUST started Reimagined Care with an ambitious goal of designing their care delivery model. The team encountered challenges when aligning the timelines and expectations for designing the clinic’s care model with the requirements of participating in the program. Over time, they focused their efforts on learning and applying HCI to “instill HCI as a value and part of [TRUST’s] culture.” Key elements that influenced TRUST’s success in the program included:

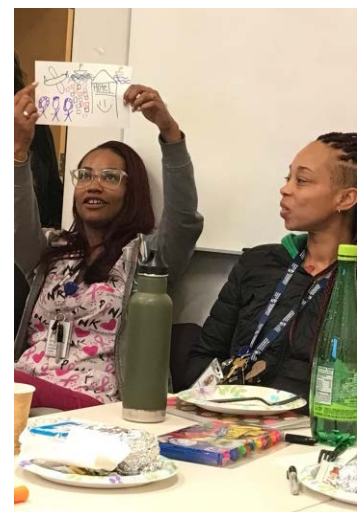
Coaching and support from CCI. TRUST leveraged in-person coaching and support to engage all of its staff in HCI activities and build the clinic’s internal capacity to apply HCI principles and approaches to their work.

“[We] focused on [HCI] as a skill set that we could bring to everything.”

Synergy between the HCI approach and TRUST’s organizational focus on providing supportive behavioral health services. Given the high levels of trauma experienced by TRUST’s patient population, the clinic has relatively robust behavioral health services. However, at the beginning this work, many of the health center’s staff had no formal training in behavioral health. Using HCI to design the clinic’s care model complemented TRUST’s culture of employing an empathic approach to care delivery and provided training and support for staff to design clinic processes and services that focus on the patient experience — “thinking about it from their shoes.”

Focus on meaningful partnership with patients. HCI’s focus on meaningful partnerships expanded how TRUST was engaging with patients through the development of the TRUST Partners. As discussed above, the Partners played a critical role in providing a structure for generating ideas and feedback and influenced many of the care delivery elements that were implemented through the program.

A key challenge that the TRUST team encountered was **leadership turnover and transition.** Several of the core team members leading the



Memorable Moment Activity

model development and the HCI work left TRUST or transitioned to new roles during the program. TRUST’s ability to successfully mitigate these transitions will be critical to ensure that their innovation journey is part of institutional memory and that organizational HCI capacity is maintained.

At the end of the program, TRUST staff and TRUST Partners celebrated their efforts to reimagine what care could look like for people experiencing homelessness and reflected on their progress towards their goal of making patients feel accepted, welcomed, and valued. Partners reported on the tremendous impact that the clinic has had on their individual lives with personal stories of overcoming homelessness. As one Partner shared, *“Before coming [to TRUST], I had lived in my car for 10 years. Now I have my own apartment.”*

TRUST’s work on designing innovative care for their patients is ongoing—they continue to build their care delivery model and HCI provides a framework and approach for engaging staff and patients, developing ideas, and testing solutions to continue to improve all patients’ experiences and outcomes.



TRUST Reimagined Care Reflection Celebration