CO-DESIGNING the Colorado Innovation Community

OUR FUNDING PARTNERS

The Colorado Health Foundation™

Colorado ACCESS

COLORADO HEALTH ACCESS FUND

THE DENVER FOUNDATION

ROSE COMMUNITY FOUNDATION

Goals for Today

1. Get to know each other and your support team
2. Understand what resources will be available
3. Help us co-design this program and ensure it meets your needs
4. Make sure we connect this to other Colorado efforts
5. Start prioritizing our biggest opportunity & need areas

Today's Agenda

- Learn about Program Partners & CCI through the eyes of CA FQHC
- Get to know each other
- LUNCH & learn
- Ecosystem Mapping
- Understand your needs
- Review timeline
- Next Steps & close

CCI
CENTER FOR CARE INNOVATIONS

20 years of strengthening the safety net

OUR GOAL

CCI strives to build an ecosystem that supports **healthy people and healthy communities.**

WHAT WE DO

CCI transforms health and health care for underserved populations by **inspiring, teaching and spreading innovation** among the organizations that serve them

FOCUS AREAS

1. Population Management
2. Technology Solutions
3. Innovation & Design Thinking
4. Community Centered Care

CCI PROGRAM TEAM

Veenu Aulakh

Juliane Tomlin

Ray Pedden

Angela Liu

Laura Blumenthal

IMPLEMENTATION PARTNERS

Design Thinking
Aspen Labs – Christi Zuber

Leadership & Safety Net
Pete Leibig

EVALUATION PARTNERS

VANTAGE EVALUATION

Laura Sundstrom

Stacie Hanson

Raquel Rubio Rodriguez

PARTICIPATING TEAMS

1. Clinica Family Health
2. Every Child Pediatrics
3. Jefferson Center for Mental Health
4. Melissa Memorial
5. Mental Health Centers of Denver
6. Solvista Health
7. STRIDE Health Center

Goals for our Colorado Innovation Community

1. Build a network of innovation leaders focused on the needs of the underserved in CO
2. Build innovation capabilities
3. Pilot innovative solutions to meet critical needs and spread to others
4. Learn together & share what works with broader community

INNOVATION

Doing something NEW that becomes widely ADOPTED & creates significant VALUE.

PROGRAM OFFERINGS

PROGRAM COMPONENTS

1. Core funding (up to $75,000 for 2 years)
2. Access to seed funding to pilot solutions
3. Training in design thinking (Catalyst program)
4. Hands-on support from technical experts to implement tech solutions
5. Networking with other innovators – learn & get inspired

Funding Support

$75,000 over 2 years +

- Offset staff time spent participating in this program & testing solutions
- Travel costs to attend the program meetings & trainings
- Opportunity to apply for additional funds for specific technology pilots (up to $75K)

Human Centered Design Training

1. Hands-on, phased training over 4-5 months
2. Protected time to apply learning to an applied strategic project
3. Coaching support

Training in Design Thinking

Human-centered design, also known as "design thinking," is an approach to problem solving that is collaborative, creative, and begins by understanding people's needs and experiences.

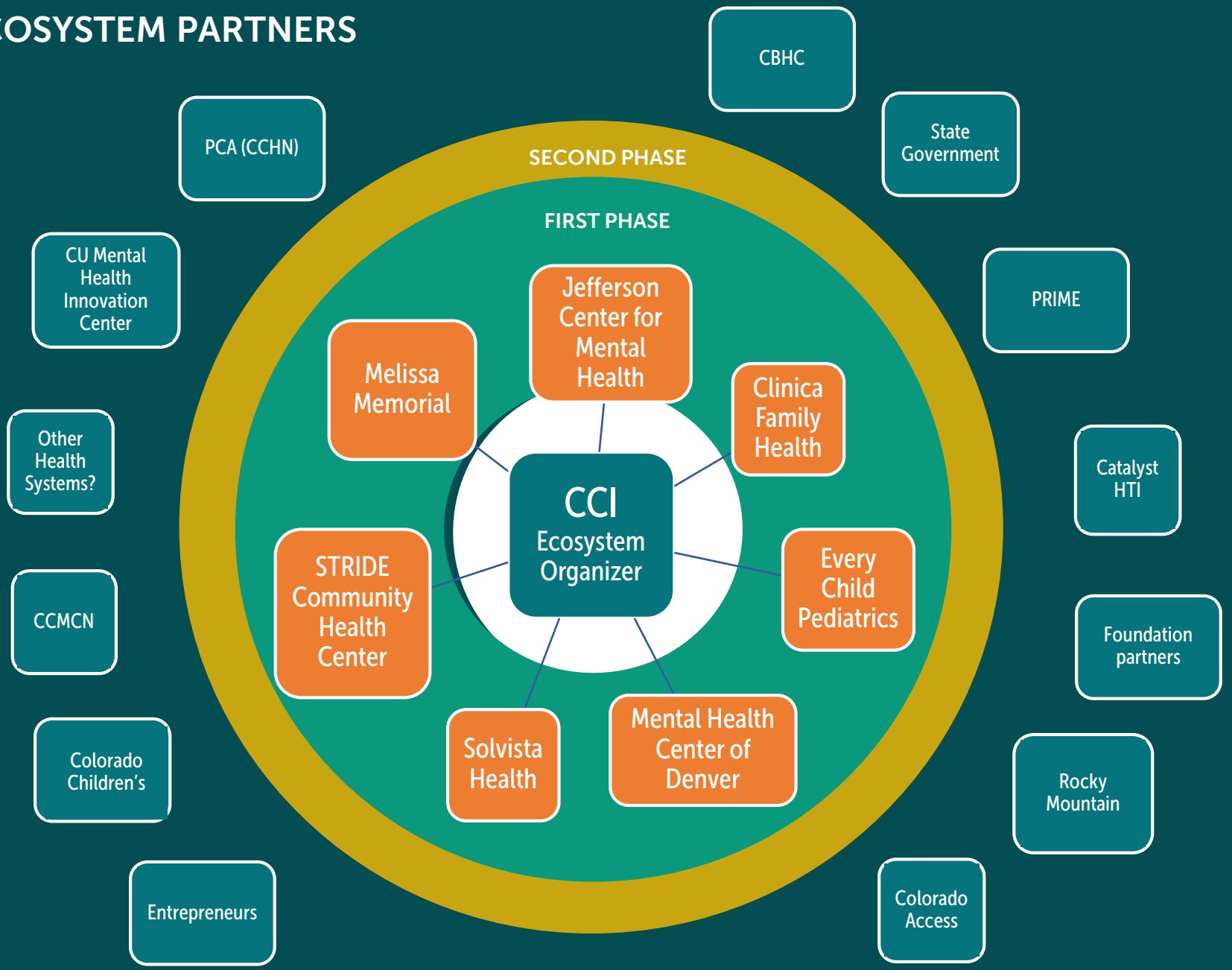
Hands-on Support

- Experts in evaluation of pilots
- Experts in data integration
- Support in vetting technology solutions
- Additional support as defined by cohort

Learning & Sharing with Ecosystem

- 1-2 In-person events / year
- Bi-weekly calls & learning
- Developing & sharing case studies
- What else?

ECOSYSTEM PARTNERS



Our Hopes for You

1. Improve your organization's capacity to practice human-centered innovation & tech adoption
2. Put new skills to practice – identify, prototype, test & refine at LEAST 2 innovative tech solutions
3. Be active contributors to building innovation ecosystem in Colorado
4. Participate in the evaluation activities including sharing outcomes, savings & impact data

CONSIDERATIONS for today

1. Please share today - our goal is to listen & learn
2. Help us name the community – vote or add ideas
3. Make sure to continue to share feedback throughout the day: I Like, I Wish, I Wonder

DEBRA ROSEN

Northeast Valley Health Corporation

a california health+ center

Colorado Innovation Community Co-Design Meeting

Debra Rosen, RN, MPH
Director, Quality and Health Education

June 19, 2019

Agency Overview

Mission

The Mission of Northeast Valley Health Corporation is to provide quality, safe and comprehensive primary healthcare to medically underserved residents of Los Angeles County, particularly in the San Fernando and Santa Clarita Valleys, in a manner that is sensitive to the economic, social, cultural and linguistic needs of the community.

Vision

Northeast Valley Health Corporation will improve the health and well-being of patients and communities, and be an integral part of a system of care that provides healthcare access to all.

Health Care Services

- Primary Care – Adult, Pediatrics and Women's Health
- Dental
- Pharmacy, Radiology, Laboratory (CLIA waived testing)
- Case Management
- Health Education
- Medical Nutrition Therapy (MNT)
- Mental/Behavioral Health
- Medication Therapy Management (MTM)
- Street Medicine
- Medication Assisted Treatment (MAT)





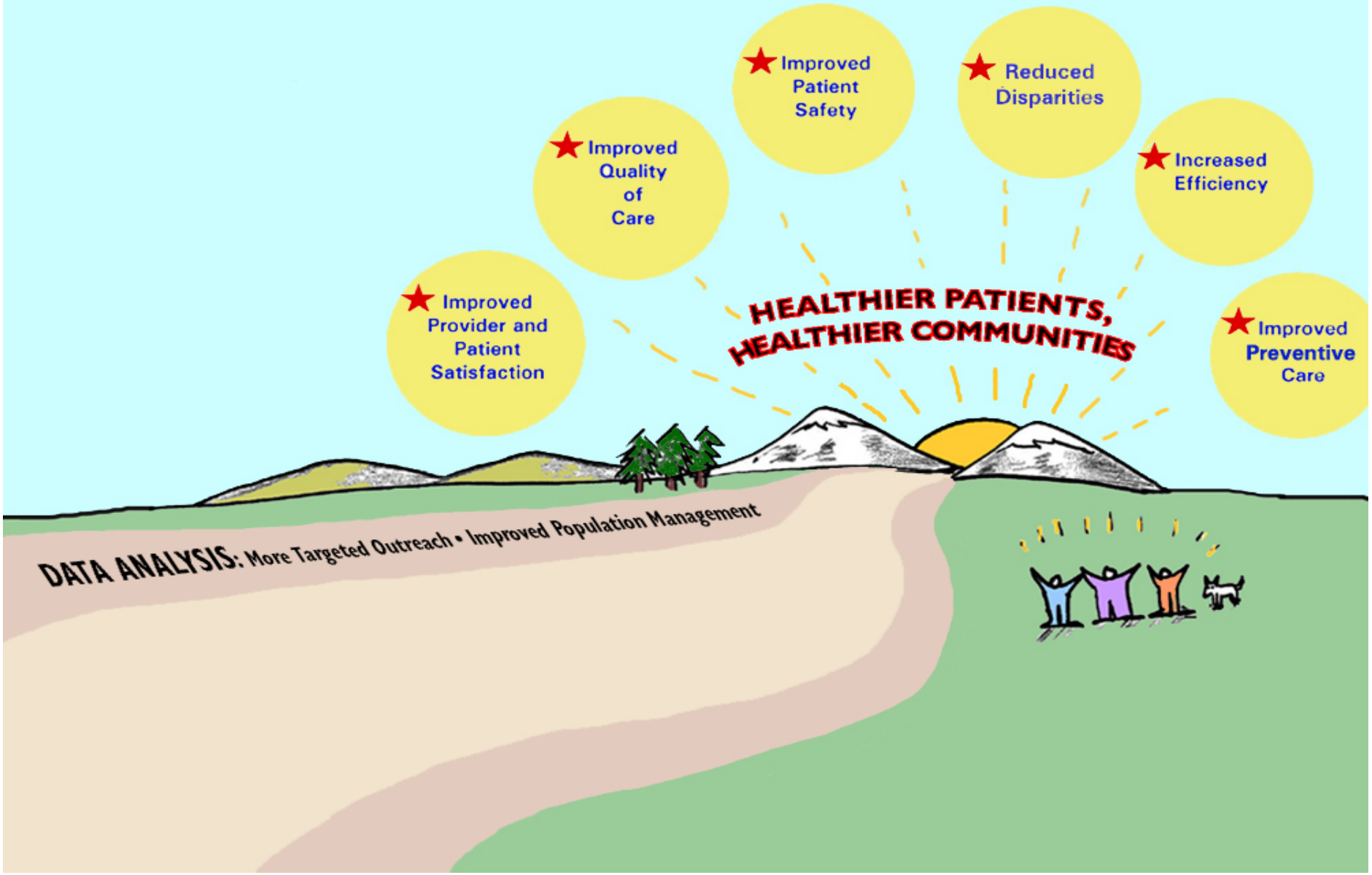

NEVHC Delivery System

- Joint Commission Accredited & Certified as a PCMH
- 15 licensed community clinics (2 more under construction)
  - 8 primary care (5 co-located with WIC)
  - 5 special populations (SBC, HCHP, HIV)
  - 1 Mobile Medical Van
  - 4 Dental (3 co-located with medical/1 stand alone)
- 13 WIC Clinic Sites including co-locations
- 1 Substance Abuse Project Site
- 4 Administrative Locations

Northeast Valley Health Corporation (NEVHC)

- FQHC
- Los Angeles County
- 15 licensed clinic sites
- 326,441 visits in 2018
- 75,924 users/patients in 2018
- 84.1% Latino
- 93% < 200% of FPL
- 77% < 100% of FPL
- 51% ages 0-17; 49% 18 & up
- 19% uninsured

PATHWAY TO HEALTHIER COMMUNITIES



Embarking on this work…

- Principles of Patient-and-Family Centered Care
- Patient and Family Advisory Councils
- Communication Training and Customer Service
- Care Teams
- Patient experience Surveys - Annual CAHPS Survey since 2012, implementing Kiosk Surveys, previously implemented POMS surveys (Pulse One-Minute Survey)
- Engaging Staff through Practice Improvement Teams
- Ongoing efforts to reduce wait time and increase access to same day appointments

NEVHC's Culture of Human Centered Design

Inclusion + Empathy | Collaboration | Starting Small + Learning Fast | Making Things Tangible | Sharing Unfinished Work Early + Often

Improve Efficiency, Quality, Safety and Satisfaction with New Technology

- Automated Appointment Reminders
- Texting to confirm appointments
- Care Message
- OTech
- One-Degree
- E-Consult and Telemedicine
- WIC Participant Education On-Line
- Patient Portal (Access to Medical Record)
- Propeller Health, Omada Health, & more
- Eagle Dream, Roster Management, EDIE (real time notification on ED/Hospital encounter activity)

❖ *Quote from a Patient Advisor….*

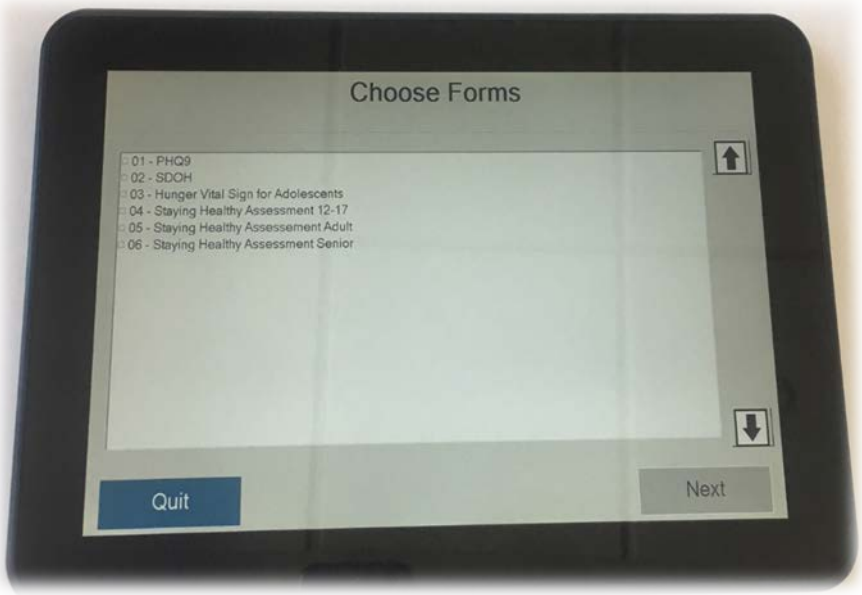
"Technology Supports efficiency, quality and safety, but don't forget the human touch"

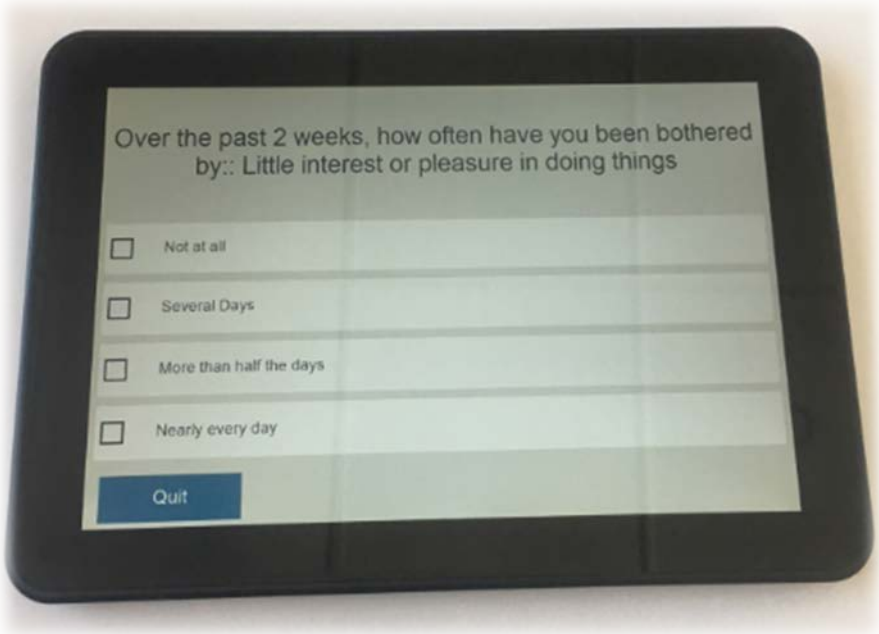
How has CCI helped?

- Creation of a network
- Learn from each other
- Learn from experts
  - Site visits
  - Safety Net Innovation Network
  - Affinity Groups
  - Learn from outside of healthcare

Digitizing Patient Forms

OTECH Deployment





OTECH – Current Use

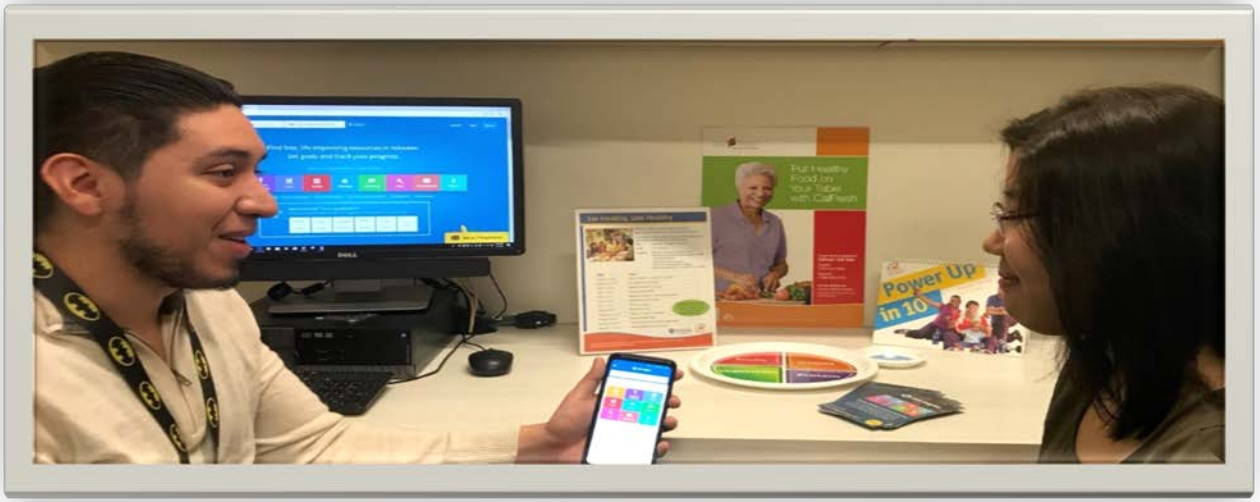
- Patient-facing tablets that interface with EHR (NextGen)
  - Improve efficiency
    - Data available in the EHR at the time of the visit to inform clinical decision-making
  - Decrease cycle time
    - Eliminate transcription and errors, eliminate scanning
  - Add value to the patient visit
    - Complete questionnaires prior to the visit
- Current case use
  - PHQ-9 (Adults, Women's Health, Peds)
  - PRAPARE (Adults)
  - Hunger Vital Sign (Pediatrics 12 – 17)

OTECH – Vision for the future

- Vision for the future
  - Add additional forms to the tablets
    - SBIRT
    - TB Risk Assessment
    - Staying Healthy Assessment
  - Discrete data needed for reporting
  - Add more tablets and spread
  - Start process at registration or at home through portal
  - EHR Clinical Decision support to determine needed forms

SDOH Screening and Referral Using Technology

One Degree Deployment

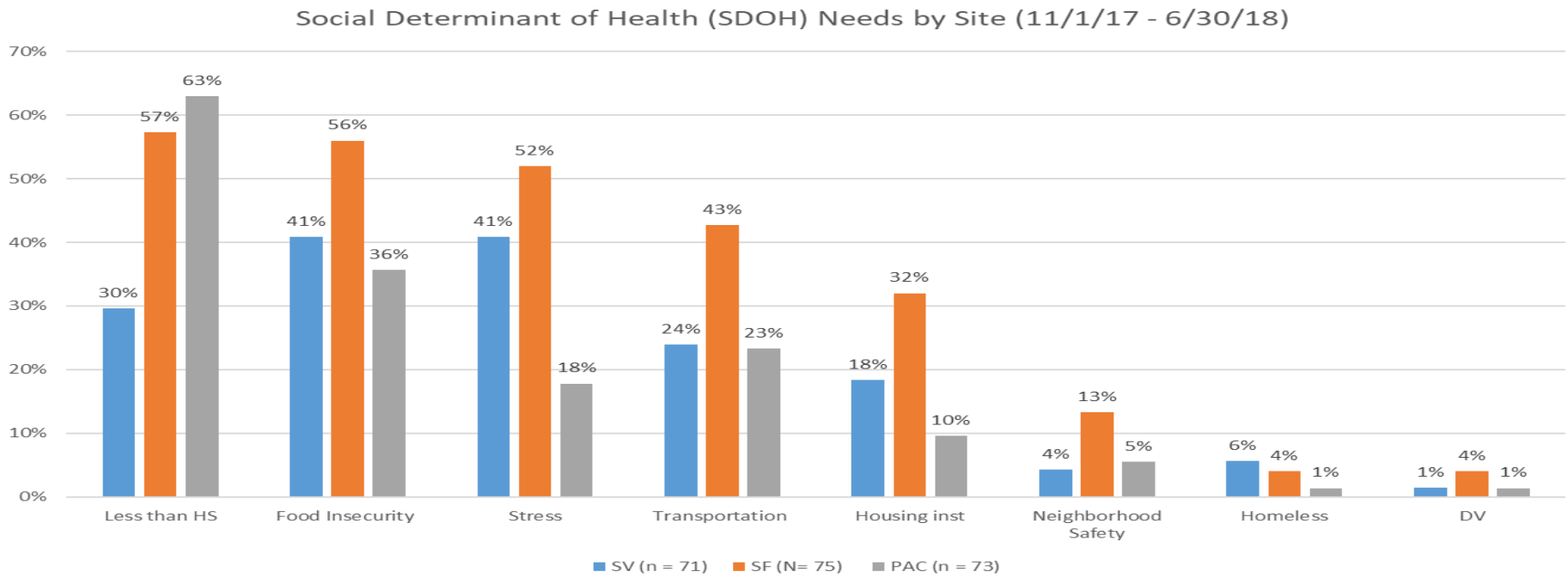


One Degree – Advancing SDOH efforts

- "Yelp" for social services – web-based community resource platform
- Initiate and track social service referrals
  - Text messages
  - E-mails
  - Print out
- Customized resource guides
- General and custom reports

Identified Needs or Barriers and SDoH

- Source: NEVHC



- Source: NHMC, VPH, Providence and HMNMH CHNA 2016
  - Increasing Homelessness
  - Affordable Housing
  - Transportation
  - Crime (including domestic violence and child abuse)
  - Immigration (undocumented persons access to social services)
  - Language barriers

Reaching out to Patients via Text

CareMessage

Wed, Aug 29, 9:46 AM

Hi from NEVHC. Screening for colorectal cancer saves lives. Watch video https://bit.ly/2Jwvlcx Call 818-270-9700 ext# 42046 for info. Reply STOP to end txts

Mon, Oct 15, 4:15 PM

Hi from Northeast Valley clinic. Your Doctor recommends you get a flu shot every year. Call 661-705-2040 to schedule appt & get a flu shot. Text STOP to opt out

Texting – CareMessage + Teletask

- Texting solutions are an efficient and effective way to reach patients outside the walls of the health center
  - Appointment reminders (Teletask)
  - Outreach Messages (CareMessage)
    - Close gaps in care
    - Recruit for health education programs/classes
  - Health Education Programs (CareMessage)
    - Goal Setting, HTN, Asthma, DM

Teletask

CAREMESSAGE

Why we chose text messaging …

- SMS usage is more prevalent in lower income and less educated populations
- Effective way to engage patients in the desired behavior change
  - Appointment attendance
  - Medication adherence
  - Self-care management of disease
- Personalized, automated outreach messages and health education programs
- Bilingual (English/Spanish)
- Under a fifth grade reading level

Thank you!

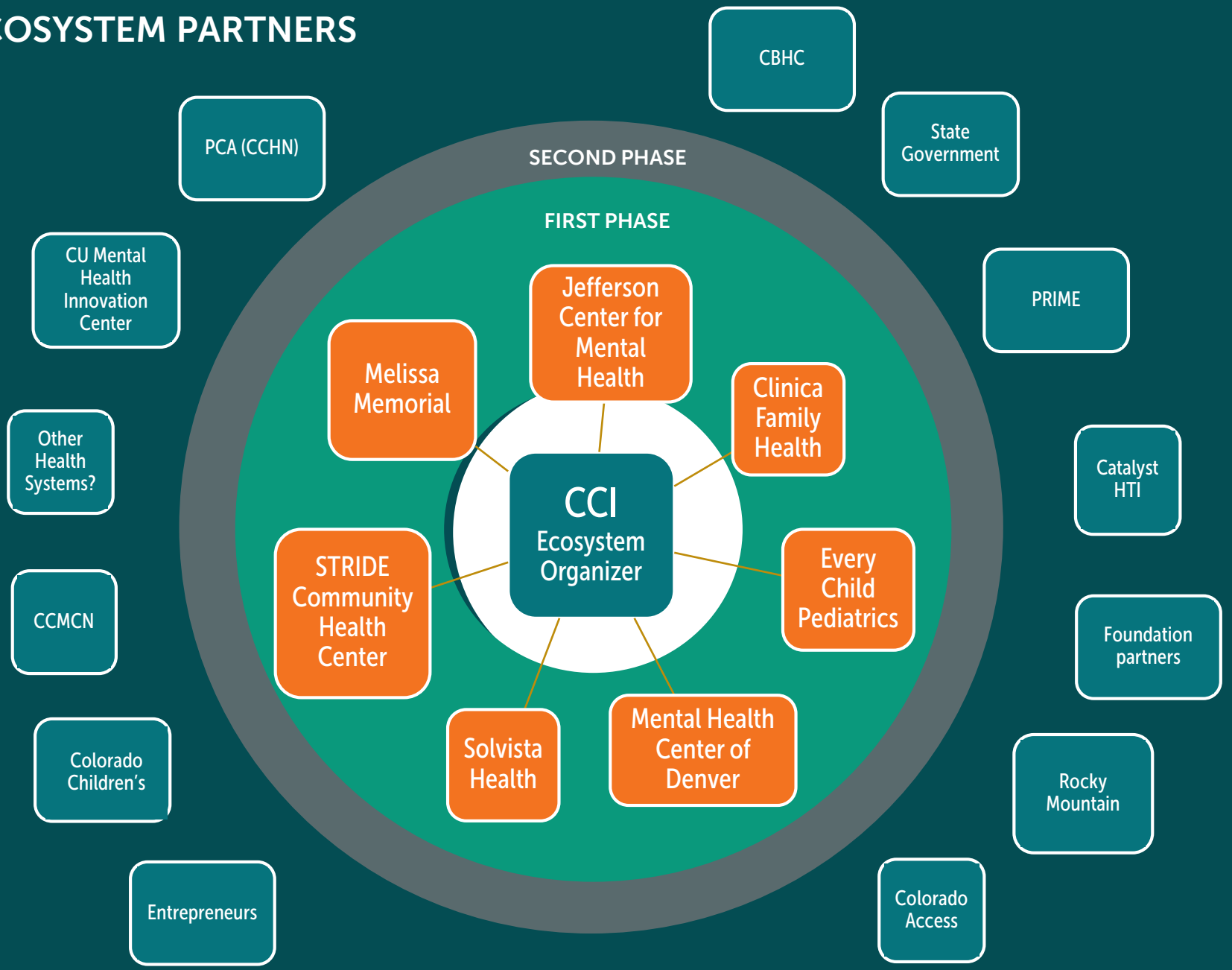
GET TO KNOW YOU

LUNCH & LEARN

1. Catalyst Training
2. California Experience
3. Technology & contracting
4. Evaluation
5. Ecosystem – partnerships

ECOSYSTEM MAPPING

ECOSYSTEM PARTNERS



QUESTIONS TO CONSIDER

- Are we missing any critical partners?
- Who should we not include?
- Within each org, are there specific names?
- What other activities or initiatives should we know about that are focused on innovation & transformation for underserved populations?

UNDERSTANDING NEEDS

NEEDS FROM APPLICATIONS

1. Data Analytics
2. Efficiency of care
3. Patient Engagement
4. Access to Care
5. Coordination & Navigation
6. Intake & enrollment
7. Behavioral health & SUD access

Instructions for Exercise

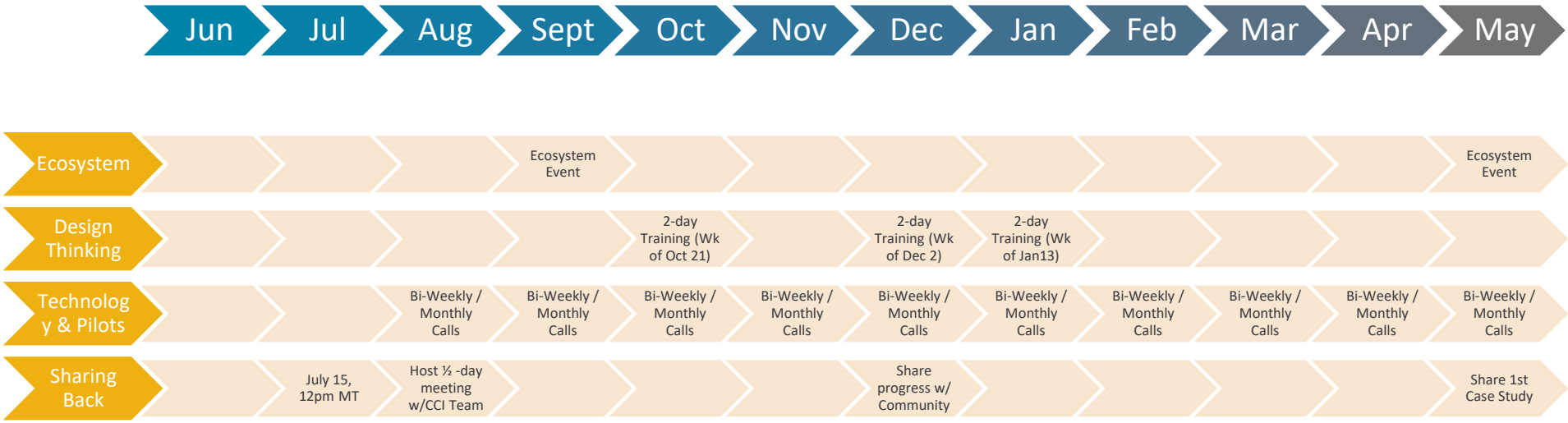
1. Identify 2-4 need areas that resonate with you
2. Add details; Clarify what this means to you and how to make it specific for us to help
3. Use sticky notes to clarify the issues
4. Facilitator will help capture what this “need area” means and where there may be areas to clarify
5. Rotate after 10 minutes

Dot Voting

1. Each person gets 5 dots
2. Can put all on one or spread across
3. Put on specific aspect of needs that resonate

TIMELINE ACTIVITY

Year 1 Timeline *Colorado Innovation Community*



NEXT STEPS

NEXT STEPS

CCI

- Pull together themes & host call on July 15 to review next steps
- Create portal to share all aspects of program

CIC Teams

- HOLD Monday July 15 @ 12pm MT for kick-off call
- Send Juliane any team member contact info
- Respond to request for time for site visits in August

STAY UP-TO-DATE!

Support Portal

In partnership with local funders, the **Colorado Innovation Community** will enable health care safety net organizations to (1) build a more innovative culture and (2) more effectively identify, test, and evaluate innovations with the potential to improve care experiences for low-income Coloradans.

The Colorado Health Foundation™ | Colorado ACCESS | Colorado Health Access Fund | The Denver Foundation | ROSE Community Foundation

Table of Contents

I LIKE, I WISH, I WONDER

I LIKE: What I like about program & the day

I WISH: What I wish could be different

I WONDER: What I wonder about and still need to better understand


VOTE


CCI
CENTER FOR CARE
INNOVATIONS
Thank you! Questions?
Identify 1 person from Leadership team to relay ideas