Moving Clinics Upstream
August 13, 2019 Kickoff Webinar
Webinar Reminders

1. Everyone is unmuted.
   - Press *6 to mute yourself and *7 to unmute.

2. Remember to chat in questions!

3. Webinar is being recorded and slides will be sent out to those that attended.
CCI Team

Megan O’Brien, Senior Program Manager
Veenu Aulakh, President
Diana Nguyen, Senior Program Coordinator
We want to hear from you!

- Explain the **what we have in mind** for the Moving Clinics Upstream program;
- **Get your input** in order to tweak the curriculum and program activities based on what you needed to be successful.
Today’s Agenda

- Welcome, Who is CCI?, and Intros (5 mins)
- Program Background (5 mins)
- Planned Overview & Highlights (15 mins)
- Guiding Questions & Feedback (25 minutes)
- Next Steps & Closing (10 mins)
  - September 26 session
Feedback Questions

What do you have questions about or need clarifications?

What are you most excited about & think would be most helpful to your organization? What would make this opportunity even better?

Who do you want to hear from? What’s going on in LA that we should know about? What’s the biggest challenges you are facing doing this work well?
Ways to Give Feedback

1. Jot down on **sticky notes** or on pieces of paper along the way.

2. Wait until the feedback portion of the webinar and **unmute yourself** to ask a question.

3. Chat your questions into the **chat box**.

4. **Email me** at mobrien@careinnovations.org.
About CCI
What We Do Today

CCI transforms care for underserved populations by inspiring, teaching, and spreading innovation among organizations serving patients.

Build Capabilities

Catalyze Innovation

Spread Solutions That Work
100% significant or some positive impact on job-related skills and capabilities

97% significant or some positive impact on connections with others doing similar work

94% significant or some positive impact on my organizations’ system of care
Core Focus Areas

1. Population Management
2. Innovation & Design Thinking
3. Technology Solutions
4. Community-Centered Care
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1. Population Management
2. Innovation & Design Thinking
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4. Community-Centered Care
Introductions
Cedars-Sinai, Community Benefit Giving Office (CBGO)

Erin Jackson-Ward, Senior Program Officer

Nicholas Bloom, Program Officer
MCU Cohort: Food Insecurity

**Altamed:** Integrate learnings on practice of upstream clinical care into our health systems, incorporating social emotional determinants of health into every practice for our pediatric population.

**APLA Health & Wellness:** Advance food security among low-income persons living with HIV.

**Behavioral Health Services:** Gain more knowledge on food insecurity and how to eliminate this within the historically underserved community.

**Clinica Ms. Oscar Romero:** Reduce mobility mortality type 2 diabetes in a high risk marginalized ethnic population and to reduce the disparity of a chronic illness compared to other community populations.

**LA LGBT Center:** Address food insecurity for our patients by developing a sustainable intervention and providing staff the tools to implement the intervention.

**St. Johns:** Learn how to integrate this program into our various clinic sites.
Eisner Health: Increase its capacity to collect and analyze SDOH data, while developing and piloting interventions to address food insecurity among our community in a strategic, patient-centric way.

Kheir Center: Better understand the transit difficulties affecting our patients and use that knowledge to expand our transportation assistance programming.

Planned Parenthood Pasadena & San Gabriel Valley: Pilot integrating mental screening, coordinated referral, and telehealth visits at one health center.

T.H.E. Clinic: Create and implement transportation solutions for our patients.
What We Heard From You

• Learn from other grantees & collaborate with other organizations
• Increase my knowledge to improve food security and self management skills for clients
• Learn about food insecurity in Los Angeles County
• Learning how to address food insecurity at a systems level
• Learn how to adopt upstream care into clinical practice
• Learning more about patients' transportation needs and barriers, and addressing them through targeted interventions
• Learning new strategies for rolling out organizational changes
• Creating services to support our patients
Program Background
“Why not make medicine an instrument of social change?”
Changing Environment

1. Complex challenges require going beyond the walls of health centers (Social Needs, Trauma, Opioids)

2. Understanding that “we” can’t do it alone. Partnerships are critical to address the wellbeing and whole health of patients.

3. Field is moving toward more systematic and data-driven approaches addressing individual patient social needs (PRAPARE, ERH Integration, Data Sharing)
ROOTS Program & Cohort

In 2017 & in partnership with BSCF, CCI ran a 12 month innovation collaborative focused on the role of clinics in addressing the social determinants of health.

1. Asian Health Services
2. LAC+USC Medical Center, Primary Care Adult Clinics
3. LifeLong Medical Care
4. Northeast Valley Health Corporation
5. Petaluma Health Center Inc.
6. St. John’s Well Child and Family Center
7. West County Health Centers
Case Studies

Case Study: Screening Youth for Food Insecurity at Northeast Valley Health Corporation

MAR 27, 2019 • CENTER FOR CARE INNOVATIONS

Northeast Valley Health Corporation focused on screening and referring for food insecurity, a top social risk for its patient population, in patients 12 through 17 years of age at two of its clinical...

Roles Outside Of Traditional Systems

In 2017, AHS joined a learning collaborative to help it gather the necessary data, build innovative partnerships, and develop long-term solutions to address the upstream factors harming the health of its community.

Asian Health Services

Asian Health Services (AHS) is a federally-qualified health center headquartered in Oakland, Calif., that provides medical, mental, and dental health care to more than 28,000 patients in English and more than 14 Asian languages. Addressing the social and environmental needs of patients and the wider Oakland community has been a core part of its mission and identity since its founding in 1974. Its advocacy work, for instance, contributed to safer crosswalks in the busy urban streets of Oakland Chinatown and the California Healthy Nail Salon Bill, which helps protect the health of nail salon workers.

Project Team

The ROOTS project team included the Director of Community Health and Research, the HIV Program Manager, the Community Services Manager, a Research Assistant, and a Research Intern.

https://www.careinnovations.org/community-centered-care/
What We Learned: Core Elements of This Work

- Leadership perspective on social needs
- Establishing system for assessing social needs
- Using data from social needs assessments
- Linking patients to social needs resources
- Closing the loop on referrals for social needs
- Strengthening partnerships
Program Overview
Moving Clinics Upstream

In partnership with Cedars-Sinai, CCI is launching an 18 month learning community to support 10 clinics in Los Angeles in building capabilities needed to assess for and address social needs, with an emphasis on food insecurity & transportation.
Key Objectives

- Build and sustain internal systems, referral processes, and effective partnerships to increase your capacity to assess for and address social needs.
- By using a human-centered design process, build mindsets & capabilities to address other social needs beyond food insecurity and transportation.
- Accelerate your individual progress by learning and sharing successes and challenges alongside your peers.
- Identify and develop resources, tools, and lessons to share with the larger safety net health care community.
Grants of up to $75,000 from Cedars-Sinai

Program Support & Delivery

- Individual Priority Project
- In-Person Sessions & Workshops
- Site Visits
- Coaching

- Toolkits & Resources
- Access to Technical Experts
- Virtual learning
- Metrics Support
- Peer Learning Community
Program Support

Can be used to:

• Offset staff time spent participating in this program & leading change efforts at your organization;
• Travel costs to attend the program’s in-person convenings and site visits;
• Other associated project costs included in your budget proposal.

$75,000 over 2 years
Program Support

4 In-Person Sessions + Virtual Sessions

1. Session #1: September 26, 2019
2. Session #2: March 2020
3. Session #3: August 2020
4. Session #4: February 2021

*All sessions will most likely be held on Cedars-Sinai’s campus.

Webinars will be a mix of content & idea sharing
Program Support

Coaching Support

- Helps with *troubleshooting* and assists teams in advancing work
- Monitors your *experience* of the program
- Connects you with *additional resources* and informs CCI of additional needs
- Provide support & guidance on implementing social needs programs, based on experience
Program Support

Visits to exemplar orgs.

• Intended to inspire teams and provide guidance for work in the program

• Location pending; 1 will most likely occur in California & the other on the East Coast

• Expect to send up to 2 team members per site visit
Other Program Support

Individual Priority Project

- Toolkits & Resources
- Access to Technical Experts
- Metrics Support
- Peer Learning Community
Feedback Questions

What do you have questions about or need clarifications?

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**Remote Support**

- **Coaching:** Monthly Team Calls
  - As needed

**In-Person**

- **Session #1**
  - Sept 26, 2019
  - Los Angeles
- **Site Visits**
  - January 2020
- **Session #2**
  - March 2020
  - Los Angeles
- **Session #3**
  - August 2020
  - Los Angeles
- **Site Visits**
  - Oct.-Nov. 2020
- **Session #4**
  - February 2021
  - Los Angeles

**Evaluation Activities**

- **Baseline Assessment**
  - Sept 2019
- **Project Charter & Metrics**
  - November 2019
- **Program Feedback Survey**
  - March 2020
- **Program Feedback Survey**
  - August 2020
- **Endline Assessment & Case Studies**
  - Feb 2021

Surveys to gauge satisfaction with sessions, webinars, TA, etc.
Feedback Questions

What do you have questions about or need clarifications?

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Program Phases

**Phase 1**
- **September 2019-December 2019**
- Build your team
- Assess your organizations’ strengths and opportunities
- Develop a better understanding of the problem
- Make a plan to measure what’s working & your impact
- Identify opportunities to strengthen leadership and staff buy-in
- Assess current partnerships and relationships to address food insecurity or transportation

**Phase 2**
- **January 2020-August 2020**
- Engage patients & community members
- Establishing and/or strengthening your organizations systems for assessing SDOH
- Using SDOH data to inform both internal care decisions and linking patients to referrals and resources
- Collecting data needed to measure the impact of efforts
- Closing the loop on external referrals to address SDOH

**Phase 3**
- **September 2020-February 2021**
- Work to address any gaps in referrals or partnerships, and building new ones where needed
- Document internal workflows and protocols to strengthen clinic infrastructure to respond to SDOH
- Document impact of targeted efforts on patients and their families
- Communicate & spread lessons within clinics and across the field
Phase 1: Building Your Foundation

September 2019-December 2019

- Build your team
- Assess your organizations’ strengths and opportunities
- Develop a better understanding of the problem
- Make a plan to measure what’s working & your impact
- Identify opportunities to strengthen leadership and staff buy-in
- Assess current partnerships and relationships to address food insecurity or transportation
Phase 2: Testing & Implementing Your Ideas

January 2020-August 2020

• Engage patients & community members
• Establishing and/or strengthening your organizations systems for assessing SDOH
• Using SDOH data to inform both internal care decisions and linking patients to referrals and resources
• Collecting data needed to measure the impact of efforts
• Closing the loop on external referrals to address SDOH
Phase 3: Deepening Capabilities & Expanding Partnerships

September 2020-February 2021

- Work to address any gaps in referrals or partnerships, and building new ones where needed
- Document internal workflows and protocols to strengthen clinic infrastructure to respond to SDOH
- Document impact of targeted efforts on patients and their families
- Communicate & spread lessons within clinics and across the field
Human-centered design, also known as a “design thinking,” is an approach to problem solving that is collaborative, creative, and begins by understanding people’s needs and experiences.
Feedback Questions

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Ask & Expectations

Asks

• Come into the program *open-minded* & willing to *modify your proposed solution*.

• Be willing to *share your wins & challenges* with your peers & CCI.

• Be willing to *co-design* the program with us, sharing what’s working & what could be better.

• *Don’t ghost*: if something isn’t working for your team, let us know. We want this program to work for you.

Expectations

• Establish a *core team* that will provide continuity throughout the 18-month program.

• Participate in the *in-person & virtual sessions*.

• Complete a baseline & endpoint *assessment*.

• Provide program feedback via *surveys and interviews* as needed.

• Develop *case studies* based on the evolution of your work.
Guiding Questions
Feedback Questions

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Who do you want to hear from? What's going on in LA that we should know about? What's the biggest challenges you are facing doing this work well?
Next Steps & Closing
Location & Details

When/Where

- Thursday, September 26 from 9am-5pm
- Cedars-Sinai Accelerator
- Register at: https://www.eventbrite.com/e/moving-clinics-upstream-session-1-tickets-66388899987

Who Should Attend

- Each organization should plan to send the core team participating in the MCU program
- Due to the size of the cohort, we are asking that each organization limit their attendance to 6 team members.
To-Do’s

CCI
- Post the recording and webinar slides on CCI portal
- Send out a registration and agenda for the September meeting
- Send out link to the portal

MCU Teams
- Confirm team roster with Diana (if you haven’t already!)
- Register to attend Sept session in EventBrite by August 23
- Send team selfie to Diana by September 9
- Bookmark the MCU portal page once you receive the link
- Be open and excited to share with your peers!
Welcome, Participants!

This site is a support center for your team. Find program updates, resources, and community contact information. For more information about Moving Clinics Upstream, please visit the program page.

https://www.careinnovations.org/moving-clinics-upstream-portal/
Thank You!

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Please fill out the post webinar survey!

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