



KAISER PERMANENTE®

PHASE

PREVENTING HEART ATTACKS
& STROKES EVERY DAY



Toward Equity in Hypertension Care

PHASE Grantee Convening

November 29, 2018

Oakland, CA



KAISER PERMANENTE®

in the community



CENTER FOR COMMUNITY HEALTH AND EVALUATION

www.cche.org

Preventing Heart Attacks and Strokes Everyday (PHASE) is an evidence-based, population health management program and clinical protocol that, when followed, reduces heart attacks and strokes.

Developed by Kaiser Permanente in 2002, PHASE has helped reduce heart attacks and strokes among Kaiser Permanente members who were at risk. With funding and the expertise of their physicians, Kaiser

Permanente has been sharing PHASE with community clinics and public hospitals since 2006.

kp.org/phase

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Agenda

8:30 – 9:00	Breakfast & Registration
9:00 – 9:20	Welcome, Warm Up and Overview of the Day
9:20 – 10:00	“Recognize, Prioritize, Mobilize: What Health Care Organizations Can Do to Address Disparities” Alyce Adams, PhD, Kaiser Permanente Division of Research
10:00 – 10:30	From the Field: Two Organizations and Their Journey Toward Equity Ellen Chen, MD, San Francisco Health Network & Joseph Young, MD, Kaiser Permanente
10:30 – 10:45	Reflections on the Equity Roadmap
10:45 – 11:00	Refresh & Stretch
11:00 – 11:15	Fifteen Minutes of PHASE Fame Culturally Humble, Appropriate, and Respectful: Kaiser Permanente’s Specialty Blood Pressure Clinic for African-American Patients Nailah Thompson, MD, MPH, Kaiser Permanente
11:15 – 12:15	Building Capacity Block-by-Block Peer sharing around the 5 Building Blocks of PHASE led by the Center for Community Health & Evaluation
12:15 – 12:30	Fifteen Minutes of PHASE Fame Creating a Diabetes Care Playbook: Our QI Journey Brandon Bettencourt, RN, Chapa-De Indian Health
12:30 – 1:30	Nourishment, Networking & New Ideas
1:30 – 3:00	Workshops <ol style="list-style-type: none">The Empathy Effect: Countering Bias to Improve Health Outcomes Michele Nanchoff, PhD, RPsych, Institute for Healthcare Communication

2. **Building Community Partnerships for Hypertension Outreach**

Chris Chirinos, Center for Excellence in Primary Care at UCSF, with Kenji Taylor, MD, UCSF, and local barbers from the Cut Hypertension Program

3. **Structural Determinants of Health: Examining and Addressing the Forces behind Inequity**

Ariana Thompson-Lastad, Josh Neff, Structural Competency Working Group

3:00 – 3:15

Refresh and Stretch

3:15 – 3:45

Team Activity: Toward Equity in Our Organization: Action Planning Session

3:45 – 4:00

News from Your Support Partners, Closing & Evaluations

Participating Organizations

Consortia

Community Health Center Network (CHCN)
Community Health Partnership (CHP)
Redwood Community Health Coalition (RCHC)
San Francisco Community Clinic Consortium (SFCCC)

Public Hospital Systems

Alameda Health System (AHS)
San Francisco Health Network (SFHN)
San Joaquin General Hospital (SJGH)

San Mateo Medical Center (SMMC)
Santa Clara Valley Health & Hospital System (SCVHHS)

Health Centers

Camarena Health
Chapa-De Indian Health
Community Medical Centers
Elica Health Centers
Golden Valley Health Centers (GVHC)
Livingston Community Health
One Community Health
Sacramento Native American Health Center (SNAHC)
Valley Health Team (VHT)

Your Nametag:

Your Guide to the Day

We've packed a lot of important information on your nametag:






This is your table number:
You'll be seated with your
team for most of the day.

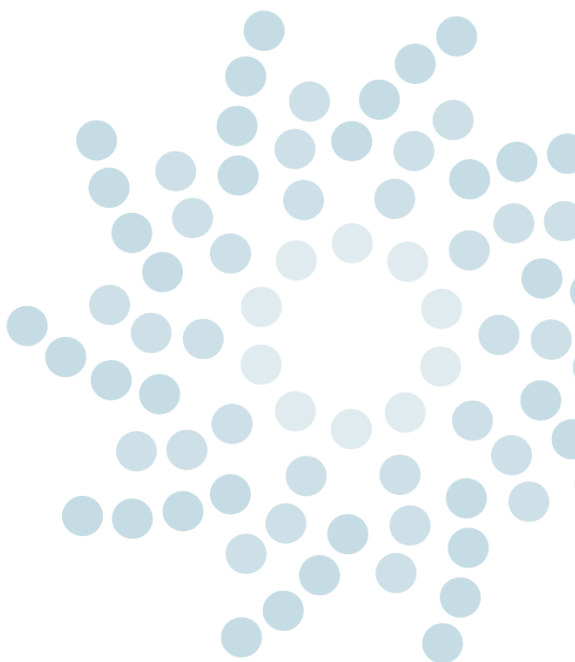
This letter represents which Building Block table
you'll work on at during this discussion activity:

- LD: Leadership
- QI: Quality Improvement
- DD: Data-Driven Decision Making
- TM: Team-Based Care
- PM: Panel & Population Management

This symbol indicates your workshop assignment:

-  Building Community Partnerships
-  The Empathy Effect
-  Structural Determinants of Health

Morning Speakers



KEYNOTE SPEAKER

Recognize, Prioritize, Mobilize: What Health Care Organizations Can Do to Address Disparities

Alyce S. Adams, PhD



Research Scientist II and Associate Director, Health Care Delivery and Policy, Kaiser Permanente Division of Research, Northern California



Alyce Adams investigates the underuse of clinically effective medications to treat common chronic conditions. She works to demonstrate how this is a critical,

modifiable determinant of persistent healthcare disparities. Her studies show that barriers to adherence are present at the patient, provider, healthcare system, and policy levels. She emphasizes the potential of intentional stakeholder engagement to enhance our understanding of the contexts of these disparities and how to address them.

Prior to joining the Division of Research in 2008, Dr. Adams was on faculty at Harvard Medical School, where she received awards from Harvard and the Agency for Healthcare Research and Quality for her mentorship of graduate students and fellows.

Dr. Adams holds both a PhD in Health Policy and an MPP from Harvard University. She is a standing member of the Health Services Organization and Delivery Study Section at NIH.

From the Field: Two Organizations & Their Journeys Toward Equity

Ellen Chen, MD

Primary Care Director of
Population Health & Quality,
San Francisco
Health Network



Ellen Chen is passionate about improving primary care systems for diverse and low-income populations.

She serves as Primary Care Director of Population Health and Quality, promoting practice transformation to improve clinical quality and patient experience across 14 clinics within the San Francisco Health Network, the delivery arm of the San Francisco Department of Public Health.



Previously, she has served as Center Director of Silver Avenue Family Health Center and as the Associate Director of the UCSF Center of Excellence in Primary Care, where she co-led QI initiatives and research projects focusing on health coaching and served as core faculty training family medicine residents.

Dr. Chen is a graduate of Swarthmore College and Harvard Medical School. Her training includes a family medicine residency, chief residency, and faculty development fellowship at UCSF and the California HealthCare Leadership Fellowship.

Joseph D. Young, MD

Kaiser Permanente Northern California



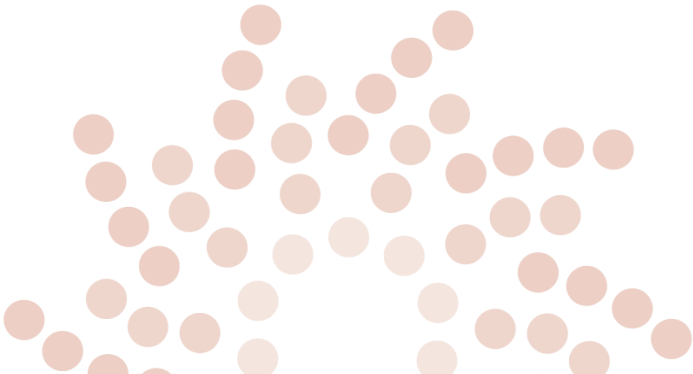
Joe Young is the Kaiser Permanente Northern California Clinical Lead for Hypertension, a PHASE Physician Lead, and the Clinical Lead for Hypertension for the Care Management Institute, a national KP organization whose mission is to disseminate evidence-based best practices across the organization.



He maintains a primary care practice at KP's Oakland Medical Center, where he has cared for his panel of patients for 27 years, and serves as the Assistant Physician in Chief for Quality for KP's Oakland and Richmond Medical Centers.

Dr. Young received his B.A. in Molecular Biology and Near Eastern Studies from UC Berkeley and his medical degree from UCLA. He did his residency at Santa Clara Valley Medical Center.

For his contributions to cardiovascular risk reduction, Dr. Young has received TPMG's Sidney R. Garfield Exceptional Contribution Award and an American Stroke Association Stroke Hero Award.



Reflections on the Equity Roadmap

Use this page to jot down some notes about this morning's talks and discussions. Write down what you shared for Q1, and talk with a partner about Q2 and Q3.

- 1. Where is your organization in the "Recognize, Prioritize, Mobilize" roadmap?**
- 2. What would you tell your colleagues who weren't here about what you just heard?**
- 3. What information do you need to know to take your next step toward equity?**

Fifteen Minutes of PHASE Fame

Nailah Thompson, DO, MPH

Kaiser Permanente



Nailah Thompson is a Kaiser Permanente primary care physician and one of two Clinical Hypertension Specialists in Kaiser Permanente's East Bay region. She also serves as the Program Director of the Internal Medicine Health Disparities and Health Equity track at the Oakland Medical Center and is Oakland's site director for the KP Internal Medicine Community Medicine Health Disparities Fellowship.



In 2015, Dr. Thompson started a Specialty Blood Pressure Clinic at the Oakland Medical Center as a service to KP Black/African American patients in the East Bay with poorly controlled hypertension. This clinic is dedicated to improving blood pressure control in the Black/African American community and to addressing and eliminating the disparities that exist in hypertension control.

A Bay Area native, Dr. Thompson received her B.A. in Biology from the University of San Diego and her osteopathic medical degree from the University of Health Sciences in Kansas City, Missouri. She completed her residency at the Alameda County Medical Center, where she served as Chief Resident. Dr. Thompson completed a Preventive Medicine Fellowship at the New York City Department of Health and received her MPH from Columbia University. She was designated a Specialist in Clinical Hypertension by the American Society of Hypertension Specialists Program in 2014.

Brandon Bettencourt, RN

Director of Quality Improvement,
Chapa-De Indian Health



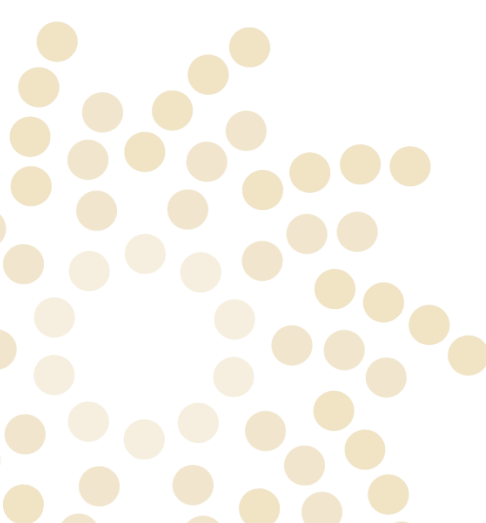
Brandon Bettencourt is Director of Quality Improvement at Chapa-De Indian Health, which operates clinics in Auburn and Grass Valley.



Though a resident of Northern California for most of his life, Brandon began his healthcare career in Seattle. After completing his bachelor's degree in biology at Cal State Chico, Brandon had moved to Seattle to help a friend start a meat company.

When he decided he didn't want to spend the rest of his life selling meat, he became an EMT. That work led Brandon to pursue a nursing program at a community college, work as a nurse at Seattle's Crisis Solutions Center, and receive his bachelor's degree in nursing from Cal State Chico.

Brandon has been serving American Indians and people with low incomes at Chapa-De since 2015, when he joined the organization as a Diabetes Case Manager. He has been their Director of Quality Improvement since 2016.





BUILDING BLOCKS OF PHASE ACTIVITY

Building Capacity Block by Block

Activity Directions

You are seated at a table that highlights one of the five PHASE Building Block domains:

- Leadership
- Quality Improvement
- Data-Driven Decision Making
- Team-Based Care
- Panel & Population Management

Part 1 (25 minutes): Assign a note-taker and a spokesperson for your group. Using the Building Capacity Block by Block activity sheet, discuss the Building Block domain data with your group, using the reflective questions provided. Note-taker should document key points of the discussion on the note-taking guide provided.

Part 2 (20 minutes): Spokesperson for each table shares with the larger group a key takeaway from the group discussion. (Approximately 2 minutes per table.)



Reflective Questions



1. What have been your team's successes and/or "Bright Spots"? What has helped you to be successful?
2. What has your team struggled with or where have you failed? Failure is the fuel for success! What have you learned from your "Fabulous Flops"?
3. Which strategies do you think are contributing most to improvements in blood pressure control?



Afternoon Workshops

Please see the symbol indicated on your nametag for your assigned workshop.



Building Community Partnerships for Hypertension Outreach



The Empathy Effect: Countering Bias to Improve Health Outcomes



Structural Determinants of Health: Examining and Addressing the Forces Behind Inequity



Building Community Partnerships for Hypertension Outreach

Workshop Description

It's often necessary to go beyond the four walls of the clinic to reach patients most at risk for heart disease where they are—in our communities—especially as part of the pursuit for equity in hypertension care.

This workshop will discuss the topic of community partnerships within the context of the fascinating Cut Hypertension Program, which brings blood pressure screenings to African-American barbershops. Barbers are trained to be health coaches to identify clients who have hypertension or other medical/mental health concerns, and then refer them to health care services.

Workshop faculty includes Chris Chirinos from CEPC along with the Cut Hypertension Program's founder, Dr. Kenji Taylor from UCSF Family Medicine, and Yusef Wright of Benny Adem Grooming Parlor, one of the barbers bringing this program to life.

The workshop will discuss:

- What does it take to build a community program?
- What are the critical success factors for building trust?
- How can we support our community partners in building skills (e.g., BP measurement, key health coaching skills)?
- What kind of training needs to occur?

Speaker Bios



Kenji Taylor, MD

Family & Community Medicine, UCSF



Kenji attended medical school at the University of Pennsylvania, where

he developed a passion for addressing health disparities, social justice, and community medicine in West Philadelphia.

As a medical student, he developed the Cut Hypertension program, a blood pressure screening, education, and referral program based in African American barbershops. He has since spread the work to Atlanta and the Bay Area.

As a chief resident in family medicine at UCSF, he is excited about exploring the potential for innovative care models and technology in the community to improve access for underserved populations through the Cut Hypertension Program. He is also interested in HIV primary care, mentoring black men of color in medicine and medical education.



Chris Chirinos

Program Manager for Practice Coaching and Training, Center for Excellence in Primary Care



Chris manages CEPC's practice coaching and training team and serves as a practice coach and master trainer

for CEPC's health coaching curriculum. She also served as the project manager in an endeavor to take CEPC's in-person health coaching training into an online format.

Prior to her current role, Chris served as a COPD health coach for a CEPC randomized control trial study. She has served underrepresented populations in primary care settings for over 20 years and has health-coached patients with a myriad of chronic conditions for the last 7 years.

Prior to joining UCSF, Chris ran her own tutoring company for 17 years. Chris holds an undergraduate degree in molecular and cell biology with an emphasis in neurobiology from the University of California, Berkeley. She is currently pursuing a medical degree.



Yusef Wright

Barbershop
Proprietor, Adem
Grooming Parlor



My instructor in
Barber School told
me the day you
stop learning is the

day you should quit. He had an eloquent way of speaking about life through the context of barbering. To me, he exemplified the best of what this trade has to offer. Respect for the craft, love for the shop, the willingness to share and educate, and the paramount value placed on the relationship between patron and provider; never overlooking the smallest of details.

I acquired as many qualities as I could while under his guidance and strive daily to hone my craft and self. I believe that care, that respect, that meticulousness, and the value placed on the client experience is what shapes me as a Barber. Every single time, I give the best I have to offer.

The Empathy Effect: Countering Bias to Improve Health Outcomes



Workshop Description

Trusting relationships between the entire healthcare team and our patients are essential for effective care. Yet, in our work, as in all human interactions, people hold ideas and feelings about others that may inadvertently involve judgment, demonstrate stigma, and reflect bias—all of which are especially harmful to vulnerable populations, and can lead to inequities.

We all have judgments, and we can learn to mitigate them. An evidence-based effective way to do this? Empathy.

This workshop teaches strategies for recognizing and countering triggers of judgment, and specific skills for conveying empathy. By applying the straightforward skills from this workshop to everyday interactions, staff can reduce the risk of bias, provide more equitable care, and increase patient adherence and satisfaction.

Furthermore, when staff use skills that convey empathy, they experience fewer “difficult” interactions and report greater job satisfaction, which can increase retention and decrease burnout.

Speaker Bio

Michele Nanchoff, PhD, RPsych

Senior Trainer, Institute for
Healthcare Communication

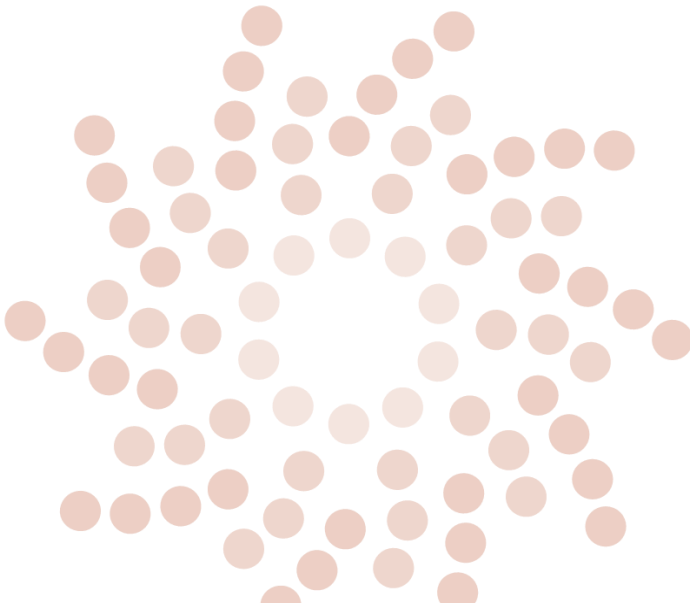


Michele Nanchoff is a psychologist, marriage and family therapist, and nurse. She operates a counselling and consulting practice in Calgary, Canada.



Bringing over 30 years of experience in mental health and counselling in primary care, tertiary care, and ambulatory care settings, she also provides coaching to physicians and other health professionals to improve their communication skills.

Dr. Nanchoff is a senior trainer for the Institute for Health Care Communication. She conducts workshops and courses in clinician-patient communication throughout Canada and the U.S. In addition, Dr. Nanchoff holds an adjunct faculty appointment with the Department of Family Medicine at the University of Calgary.



Structural Determinants of Health: Examining and Addressing the Forces Behind Inequity



Workshop Description

Why do health disparities exist? How do we move toward equity in our work? This workshop will go beyond the common behavioral, cultural, and biological explanations of health disparities to analyze the structural forces behind inequity.

How do policies, economics, and institutions produce and perpetuate health disparities and social inequities in categories including race, class, gender, and sexuality? Recognizing the impact of these social structures on patients, providers, and care organizations is essential for caring for the populations we serve, and a necessary step toward equity.

In this workshop by the Structural Competency Working Group—composed of clinicians, scholars, public health professionals, students, educators, and community members—participants will:

- Identify key concepts of social structures and patient health
- Analyze and discuss a clinical case study to gain tangible skills for identifying structural forces affecting particular patient populations
- Explore the difference between social and structural determinants of health
- Ideate and articulate strategies to respond to the influences of structures in and beyond healthcare settings

Speaker Bios



Ariana Thompson-Lastad

Trainer, Structural Competency
Working Group

Postdoctoral Fellow, Osher Center
for Integrative Medicine

...

Ariana holds a PhD in sociology from UCSF and worked for 5 years as a health educator and diabetes care coordinator in a Bay Area community health center. Her research focuses on health disparities, group medical visits, chronic pain, and access to integrative medicine.



Josh Neff

Co-Founder, Co-Coordinator,
Structural Competency
Working Group

...

Josh earned his master's degree from the UC Berkeley-UCSF Joint Medical Program, where he focused on medical anthropology, and will receive an MD from the UCSF School of Medicine in Spring 2019. Before starting medical training, Josh led backpacking trips with teens and worked as a whitewater rafting guide. He also served as a Health Coach at Highland Hospital, an HIV Test Counselor at the Berkeley Free Clinic, and a medical scribe in the at San Francisco General Hospital.

The **Structural Competency Working Group** (structcomp.org) is comprised of clinicians, scholars, public health professionals, students, educators, and other community members. Founded in 2014, our goal is to help promote the training of health professionals in structural competency. We develop and disseminate open-use structural competency curricula.

Action Planning

Testing Changes for Equity Using Plan-Do-Study-Act (PDSA)



Use the Team Time Equity PDSA Worksheet to help you plan next steps after this convening. We recommend using PDSA cycles (described below) to test changes for equity.

Aim: Describe the aim of this project.
What is your measurable goal?

Note: If you already have defined disparities reduction goal(s) in your organization, pick one of those.

Every aim will require multiple smaller tests of change:

Plan	List the tasks needed to set up this test of change, who is responsible, and when & where it will be done. Predict what will happen and document what measures you will use to determine if the prediction is correct.
Do	Describe what actually happened when you ran the test (include surprises).
Study	Describe the measured results and how they compared to the predictions.
Act	Describe what modifications to the plan will be made for the next cycle from what you learned.

What's Next?

Onboarding Playbook

Check out the latest version of our Onboarding Playbook, found at careinnovations.org/phasesupport/onboarding/

Hear from the PHASE Community

FOR PHASE TEAM LEADS

Whether called a project manager, QI lead or team lead, this staff member organizes and supports the day-to-day activities that move the needle on PHASE measures. Learn about this essential role from team leads, as well as team members who benefit from their organizational skills.



FOR LEADERS

Support from Senior leadership is a critical success factor for organizations engaging in CVD risk reduction. Hear what program participants have to say about the ways in which leaders have supported and leveraged their PHASE work.



FOR MEMBERS OF THE CARE TEAM

Each care team member – physicians, nurses, medical assistants, pharmacists, care coordinators and front office staff – plays a role in preventing heart attacks and strokes. Hear about the roles and responsibilities of each team member as they “share the care” to improve patient health.



This version has been upgraded to include the voices of champions from our PHASE community. The web-based Playbook is intended to be a role-based, one-stop shop for introducing new staff to PHASE.

We’ve updated the sections to include short videos that bring these actions to life. Our thanks to members of the PHASE community for providing real-world perspectives on the organizational alignment needed to prevent heart attacks and strokes every day.



CFI Year-End Reflection Report

Due January 2, 2019

The CFI Year-End Reflection is intended to help you reflect on progress, lessons learned, and outcomes achieved relative to one's initial goals. It also will serve as your annual narrative grant report to Kaiser Permanente (along with a budget report) and be used in CCHE's evaluation activities.



The CFI Year-End Reflection Form will be sent to your team lead by the end of November. Learn more and submit your report at careinnovations.org/phase-cfi-yr-submission/.

Sneak Peek: Spring 2019 Events

Dates to be announced...

Events to come in the new year include:



In-Person Convening



Peer Learning Site Visits

Stay tuned for more information!

Notes

Attendee Directory

1. Alyce Adams

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2. Anuit Albahar

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Thanks for spending the day with us!

