On December 3, 2019, Community Medical Centers (CMC) and Livingston Community Health (LCH) hosted PHASE teams from four different organizations: One Community Health, Elica Community Health, Sonoma County Indian Health Project, and CommuniCare. The day was structured with a morning site visit to one of the two host sites followed by a debrief session at a separate event site. There were eight attendees from PHASE teams who attended the debrief session, and six people filled out the evaluation survey (four who visited CMC and two who visited LCH). This is a **response rate of 75%**, similar to other post-event surveys organized by CCI.

**Respondents had an overwhelmingly positive experience**; no respondents selected that their day was poor, fair, or good. There was no substantial difference in responses by site visited. Three respondents said their experience was very good, and three respondents said their experience was excellent (data not shown). Similarly, respondents thought the day was a valuable use of their time. No respondent chose neutral or disagree to any of the below statements about the value of different components of the day (see figure). A slight differentiator among statements is that the agreement about making connections with other grantees was less strong than for other statements.

All respondents reported that the **most valuable part of the day** was **learning best practices from others** or the bidirectional sharing that occurred. The three respondents who commented on how to improve the site visit’s effectiveness each wrote about wanting more detail, e.g., hearing from additional perspectives, or diving deeper into logistics of implementation. These three respondents all attended the CMC site visit. There were two respondents who provided suggestions for the debrief session, and each comment was about increasing interaction between grantees. One was about allowing multiple people to present for each site visit group to hear different take-aways and the other wanted more interaction with the participants who visited the other site. That individual also commented, however, that participants “did a pretty good job of cross-pollinating on our own.”

The most valuable part of the day was … “consulting with other sites, engaging / asking questions, and learning about their best practices & challenges.”

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| **Community Medical Centers** |  | Participants saw: Quality improvement infrastructure; diabetes group medical visits; SDOH screening tool |
|  | 88,000 patients\* |
|  | 21 primary care clinics |  | A-ha moments: |
|  |  | * All staff attend PDSA Bootcamp at least once; some staff, e.g., clinic managers, are encouraged to attend annually.
* Data transparency helps spur improvement. Additionally, keeping the end-user in mind and/or asking for feedback when creating dashboards leads to higher utilization later.
* CMC created punch cards with a spot for each main topic covered in the diabetes group class. This a) helped them know which patients had received which education, and b) acted as the proof of completion of the program so that the patient could be entered into a raffle for prizes and be presented with a certificate of completion.
* The group medical visits are run by a health educator, and the provider (in this case, a diabetes specialist NP) holds the time on their schedule to see patients from the group visit during that time. Having a provider see a patient individually (i.e., pulling them out of the group medical visit) allows the visit to be reimbursable.
* The full PRAPARE tool (assessment for SDOH) is long, and shortening it & adding icons increased completion rates
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| **Livingston Community Health** |  | Participants saw: SMBP program |
|  | 19,000 patients\* |  | A-ha moments: |
|  | 6 primary care clinics |  |  | * Everyone plays a role in health coaching (RN, LVN, MA, care/wellness coordinator). Leadership supported health coaching training for many individuals.
* While the SMBP visits were RN-led, the RNs would do other duties when not doing SMBP visits; they would schedule just a few per day.
* Some BP cuffs are able to be programmed to take multiple measures within a few minutes and take the average so as to get better data.
* Health plans can be key partners in funding BP cuffs or reimbursing for them.
* Intentional QI strategy that focuses on doing a few things well pays off in the long-run because it builds skills without overwhelming staff.
* Transparent data at the provider level requires building a culture of trust and focusing on improvement
* targetbp.org has many resources for SMBP programs
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