Corazon de Coastal: Healing the Heart of West Marin

Point Reyes Practice, PHC
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November 4, 2021
Who are we?

- A clinic-to-community partnership born during a global pandemic
- A seedling of a long-standing initiative
- A multidisciplinary team finding its center “outside the walls”
The Challenges

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“I think our staff needs more training. [Caring for survivors is] hard, even for trained staff.”

“We have no visible information to make it a safe space for vulnerable groups…”

“We have a diverse workforce, except for providers…”

We’ve come a long way together…
What Have We Accomplished?

1. Survey of **baseline capacity** and **patient experience**

1. Launch of **clinic-wide resilience initiative**

1. Birth of **Clinic-School Resilience Partnership**

1. Launch of **ACEs screening pilot** within our newest practice sites
Key Insights
Our Desired Future: RBN Y2
Proposed Strategy

Universal ACEs Screening + Linkage

Robust School - Clinic Community Resilience Partnership

Community Investment and Co-Design
What do we risk if we don't proceed?
Our Ask of You:

- Training, retention, and ongoing healing
- Family Advocate co-leadership
- Equitable community-centered design
RBN Grant Year One
Creating our Vision

Marin Community Clinics
Dana Jackson, DO, Pediatrician
Cayenne Bierman, LCSW, Complex Care

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Mitigate Social Determinants of Health to Improve the Health Outcomes of our Patients

Raul: 50yo w/ SUD, homelessness and chronic health conditions

Maria: 18yo pregnant mom with 2yo and FOB fleeing country

“I’m going to fail this family.”
Reactive vs Preventive Care:

• Our current system is reactive to crisis, not preventative. This creates less efficient care.

• Patients come to the clinic with multiple issues at once.

• Providers burn out because they often feel alone and like the problems of their patients are insurmountable in a 15 min visit.

• Families feel like they are not being respected or getting their needs met.
We have excellent Adult Whole Person Care and OB High Risk Care.

• MCC has developed a robust Complex Care department for individuals.

• We have an excellent multidisciplinary OB high-risk program that identifies vulnerable patients and then addresses both medical and psychosocial needs.

• Pediatric providers then try to pick up where the OB team left off, independently trying to navigate a complex system of resources in addition to providing medical care.
RBN Year 2 Plan: Healthy Steps

From Whole Person Care to Whole Family Care.
Whole Person to Whole Family

• The implementation of Healthy Steps will allow MCC to transition from siloed, individual-base care to providing whole-family care.

• Healthy Steps encompasses preventative screenings, early intervention, psychoeducation, resource connection, and emotional support, and will allow MCC to provide proactive (vs reactive) care that addresses the needs of the family unit.

• Building In ... Families and providers will benefit from an integrated model that addresses developmental risk factors at a critically early age – preventing future crisis and improving health outcomes.
Consequences of more-of-the-same...

• Less **Efficient** health care system with lower **Quality** care. Poorer outcomes leading to more costly care.

• Providers will continue to experience burnout, vicarious trauma, and feelings of helplessness in the face of complex, social-ecological issues.

• The cycle of intergenerational trauma/ACES will continue – perpetuating poor health outcomes for many of our most vulnerable children and families.
Our ask from MCC leadership:

• We are purchasing Healthy Steps Training, we need you to invest in training our staff by providing adequate admin time for training.
  • This will increase our Quality of care

• Invest in staffing to cover 2 Healthy Steps Specialists, licensed BH providers.

• Commitment to taking the next step toward Whole Family Care into the future.
  • This can be bolstered by new Partnership reimbursement of dyad care and increased medical coverage for one year post partum.
Thank you for your time!

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Elevating Patient + Staff Voices
Santa Rosa Community Health

Resilient Beginning Team Members:
Dr. Erin Lund, MD, MPH, Family & Addiction Medicine + RBN Team Lead
Dr. Hannah Watson, MD, Family & Addiction Medicine + Clinical Team Lead
Susan Dunlop, RN, Perinatal Services
Mary Finnican, LCSW
Jackie Leon, Senior Clinical Operations Manager
Angelique Sinnott, Medical Assistant
Brenda Beltran, Medical Assistant
Roxana Diaz-Cruz, Medical Assistant
Abigail Ramirez, Medical Assistant
Carin Hewitt, Project Manager

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Our Desired Future

“This is not a one-time activity. This is a culture shift.” ~ Erin Lund, MD, MPH
COVID-19 has created an overall sense of isolation.

Financial constraints mean productivity drives our work.

Staffing shortages mean no one is focused on patient engagement.
Key Insights about our Current State

- Staff is experiencing burn out and morale is low.
- Patient engagement has not been prioritized for many years and its absence prevents us from being truly trauma informed.
- The potential for a culture shift is here if we put time and attention into it.
Eliciting Patient + Staff Experience at Vista

RBN
Year 2 Plan
Benefits of Achieving Our Desired Future

- Enhancing patient experience so that everyone, particularly those with a history of trauma, can feel safe, welcome, and seen.

- Building a workplace culture where staff feel valued, supported, and seen as individuals.

- Creating a trauma informed, strength based, experience for staff and patients.
Challenges or Consequences if We Don’t Move Forward with This Work

• Staff continue to feel burn out and turnover remains high.

• Patients have repeated negative experiences which leads to mistrust and reinforces inequities in care.

• Patients are triggered which leads to protective responses towards staff or others.
What We Need from Vista Leadership to Make it Happen

Commit
- To developing an ongoing process for eliciting patient experience about their care.

Commit
- To developing an ongoing process for eliciting staff experience related to the work environment.

Begin
- with patient journey maps and in-depth staff interviews. Then come together as a team to review and reflect on the experience and determine next steps.
Thank you for your time!

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