



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Applying the Continuous Quality Improvement Process to Our PBHCI Initiative

Presenters:

Who we are

- Native American Health Center
- Oakland, Richmond, and San Francisco, CA
- Cohort 5
- Population served – California Bay Area Native Population and other under-served populations in the Bay Area.
- Integration model– drew from the AIMS model. Key components: medical care coordination, warm handoffs, and panel management

Our Focus

Our goal: Introduce care coordination that would decrease barriers to care, provide new services, and foster greater communication between providers.

The improvement effort: to design and launch a care coordination workflow that worked *within* the existing medical, behavioral health, and fiscal workflows.

Our Focus

A workflow clarified how a new program would function within an existing system.

→ Buy-in, Efficiency, Effectiveness, Member-centered care, and Collaboration

Our Improvement plan

- Key steps we employed in our improvement plan
 - Defining a need
 - Developing a role
 - Garnering timid support
 - Tackling the nitty gritty
 - Garnering more support
 - Refining the nitty gritty
 - And repeat.

Defining a need

Medical Clinic Manager

Clinical Staff: MAs, Nursing Staff, Providers

Organizing the improvement team

7D Site Director

Director of Community Wellness Department

Director of Registration, Billing, Collections

Clinical Director of Behavioral Health

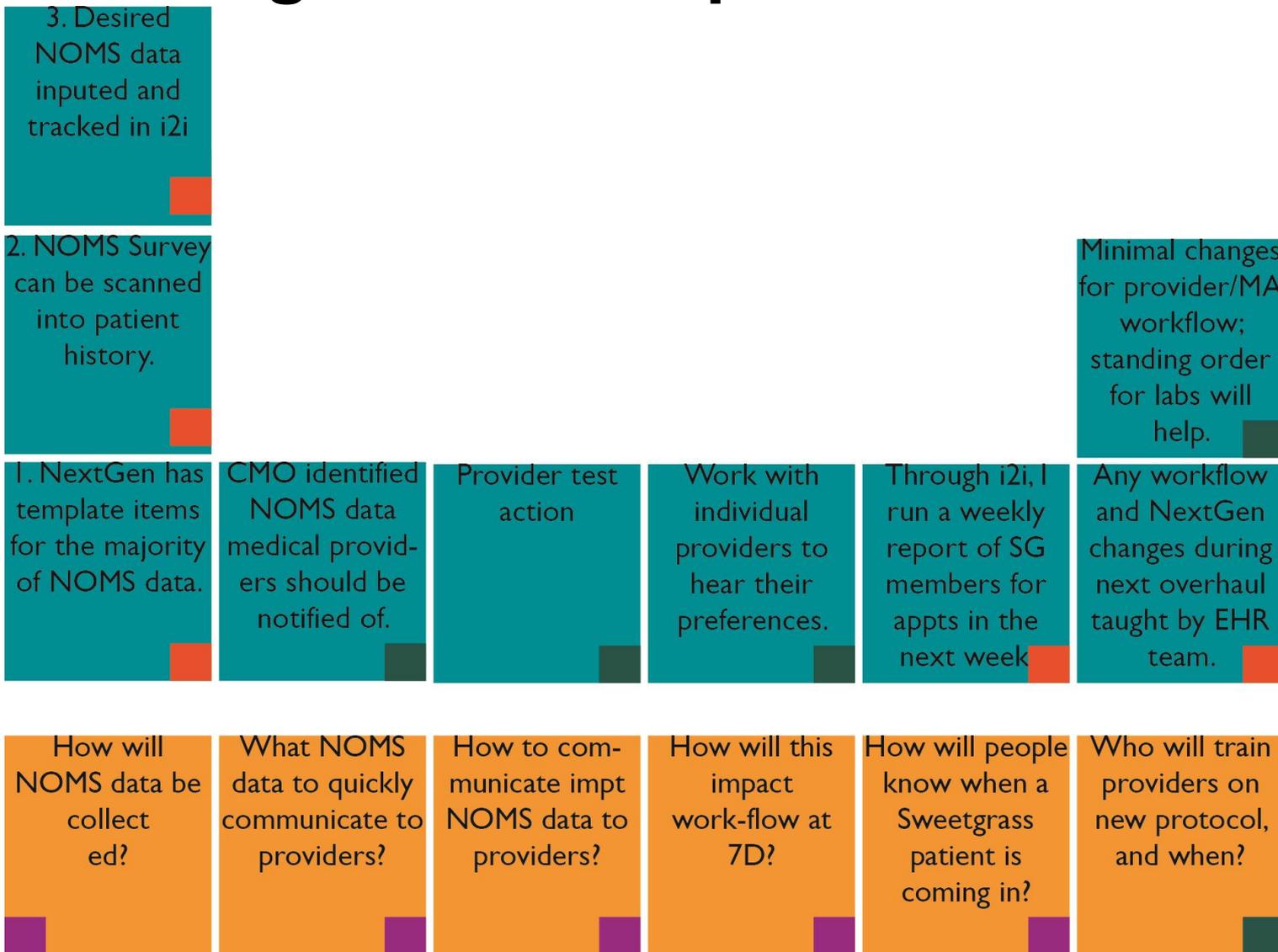
CMO

Program Manager of Data and Evaluation

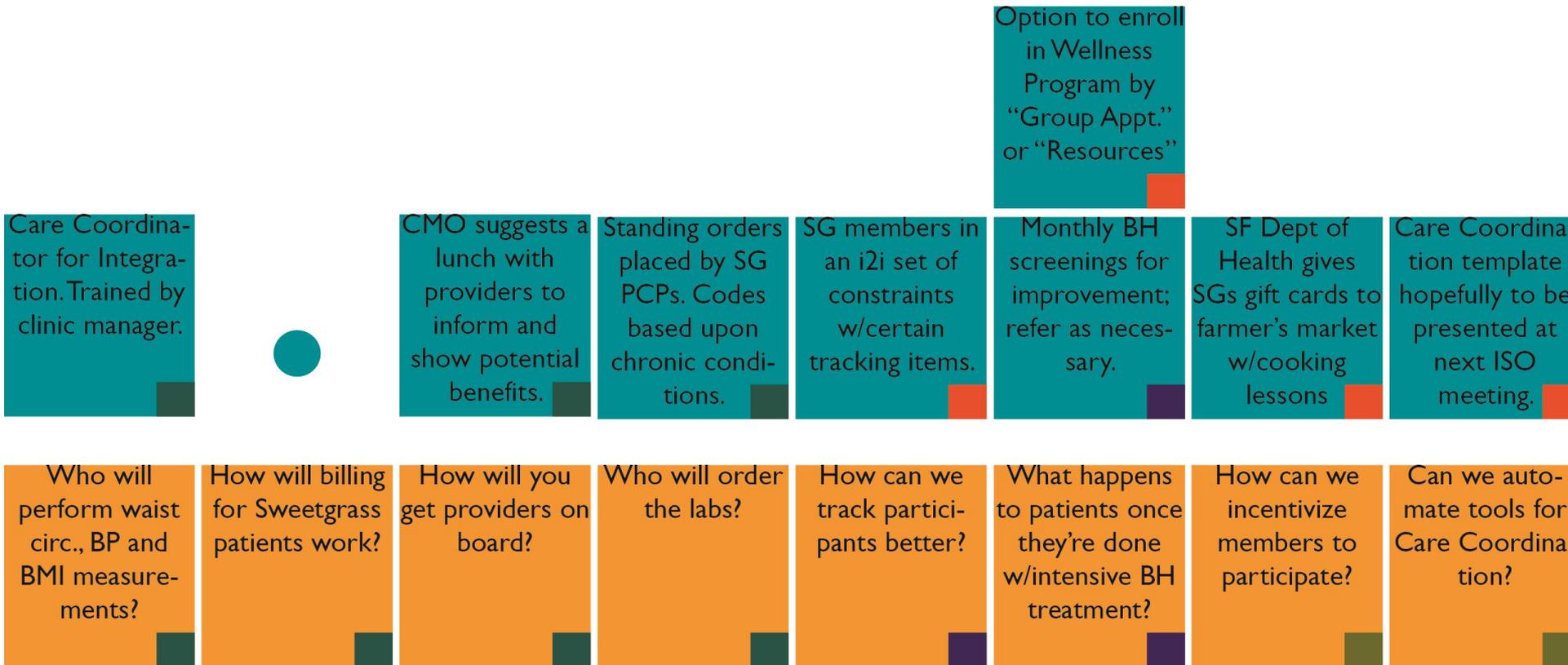
Member Services Director

Integration Manager

Working with the improvement team

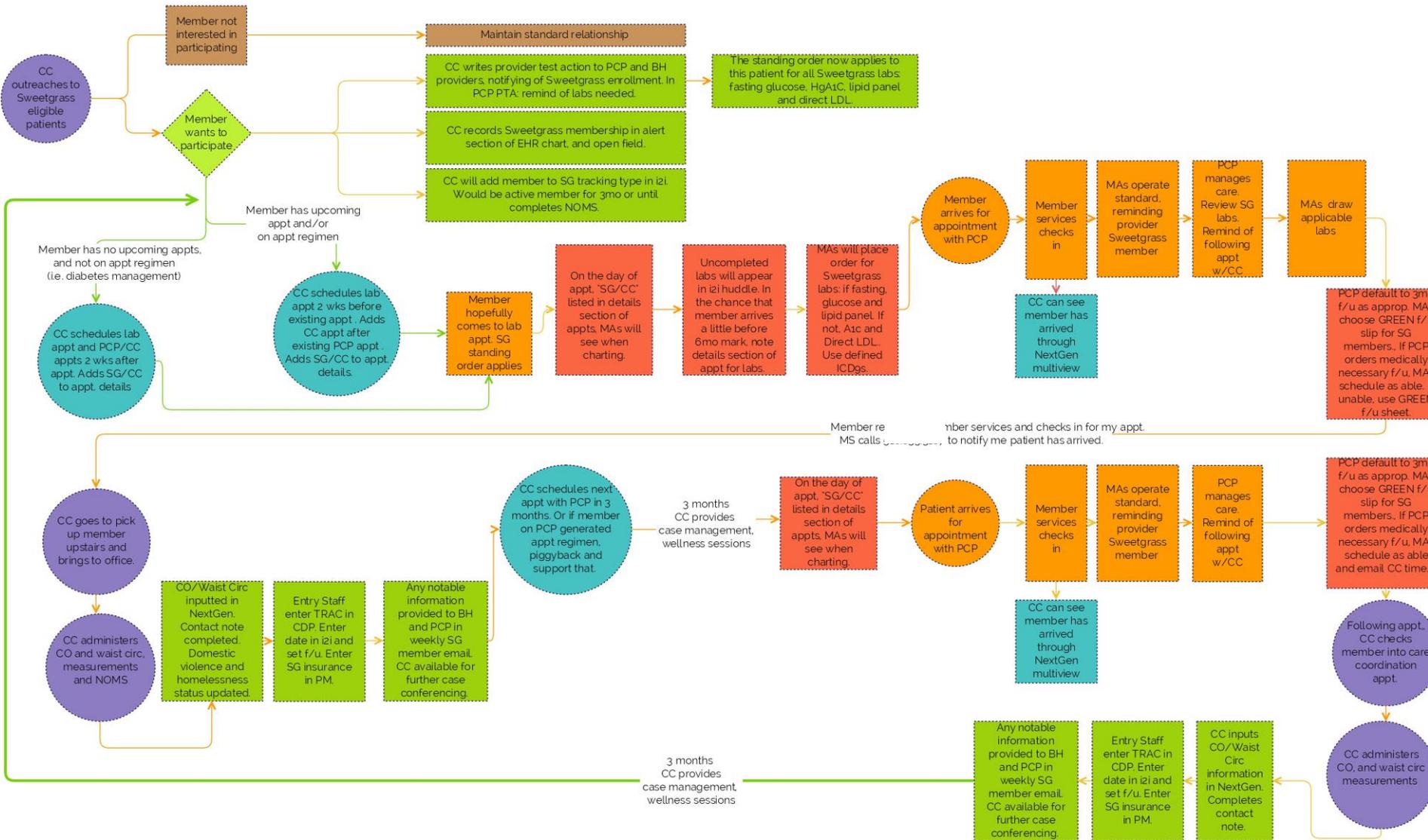


Working with the improvement team



Our Improvement plan

- Our time frame
 - April-May: gathering and grappling with information
 - May-June: garnering support
 - June: soft launch
 - July: learning from our mistakes
 - July on: adjusting accordingly and moving ahead



Our Improvement plan

- Barriers and challenges
 - Diverse priorities amongst stakeholders
 - Different levels of investment
 - Fear of change
 - Generating trust
 - Face time with key players
 - Predicting vs understanding patient needs
 - Learning on the job

Our Improvement plan

- Addressing those challenges
 - Understanding and catering to conflicting interests
 - Addressing concerns specifically
 - Eagerness to engage with and solve problems
 - Quick implementation of solutions
 - Building partnerships by producing results

Impact of our improvement strategies

- Referrals to care coordinator
- Greater staff understanding of member needs
- Staff feeling more supported
- Members feeling more supported
- Greater member engagement

Sustaining improvements

- New care coordinator hired in fall 2015
- Pod planning now incorporates care coordination
- Recognition of importance of care coordination on administrative and direct care levels
- 7D ownership of care coordination

Lessons learned

- Understand the system within which you're working
- Gather feedback at every stage
- Be approachable for concerns
- Thoughtfully engage with problems and clearly articulate solutions
- Being member-centered will guide your decision-making
- You can't predict everything