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Nuka System of Care

Alaska Native People Shaping Health Care

- *SCF - 2011 Baldrige Winner*
- *CEO 2004 McArthur Genius Winner*

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Katherine Gottlieb, MBA

President/CEO

I love working for SCF because I see health care services improved and delivered with the heart of the Alaska Native people. SCF employees strive for the best culturally appropriate quality and effective service there may be offered through this organization.

Winner – McArthur 'Genius' 2004

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Vision

A Native Community that enjoys physical, mental, emotional and spiritual wellness

Mission

Working together with the Native Community to achieve wellness through health and related services

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Commitment to Quality

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Family Wellness

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Customer Ownership










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Customer Control

- If you could own completely your own healthcare system, what would you do –as a customer-owner?
- We had that choice – and chose to fundamentally rethink and redesign every single thing in the entire system.
- We kept the best that modern medicine has to offer and we kept the medical professionals, but we redefined the fundamental understandings, redefined the ‘core concepts’, and changed dramatically the whole system platform.
- Customer Control at both the macro and micro level – shared partnership, commitment to quality, family wellness.

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- Over 25 years of history
- Innovative, relationship based, customer driven systems
- 1,400 staff – 140,000 statewide clients
- 55,000 local clients including 10,000 in over 50 remote villages
- Poorly funded by I.H.S. with minimal increases-2% total/yr – less per capita/yr
- Expanding local population (7%/yr)

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- Medical Services – Primary Care, Women's Health, Pediatrics, Optometry
- Dental
- Behavioral Health – clinics, residential treatments, after-care, youth, elders
- Family Wellness Warriors – abuse and neglect treatment and prevention
- Tribal Doctors and Traditional Services
- Chiropractor, massage, acupuncture

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Why listen to our story

- Evidenced-based generational change reducing family violence
- 50% drop in Urgent Care and ER utilization
- 53% drop in Hospital Admissions
- 65% drop in specialist utilization
- 20% drop in primary care utilization
- 75-90%ile on most HEDIS outcomes and quality
- Childhood immunization rate of 93%
- Diabetes with 50% of HbA1c below 7%
- Employee Turnover rate less than 12% annualized
- Customer and staff overall satisfaction over 90%
- In an urban Alaska Native community with huge challenges

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Our Choice

- The Alaska Native people were given control of the system and we chose to assume the responsibility to rethink our own health care
  - Total Redesign - Change everything
  - Keep the best of Modern Medicine
  - Change the basis to Alaska Native Values and Wisdom of the Elders
  - Put the Customer-Owner in control at all levels of the system

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Personal impact of delivery model philosophy

- Medical School and Residency – cultural shock, personal compromises – self not fully expressed
- Work 1st 15 years – Alaska Native imprint on medical model – improved!
- Last 6 years – more full evolution of rethinking fundamentals of healthcare system based on Native ways – more improvement and more complete personal alignment/comfort

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How to deploy in design…

- Good Diagnosis – now what is the treatment plan??
- Many organizations have nice, community based, health oriented Visions and Missions – but how to ‘change everything’ – not just lip service
- How to have customer ownership become customer driven design – really…

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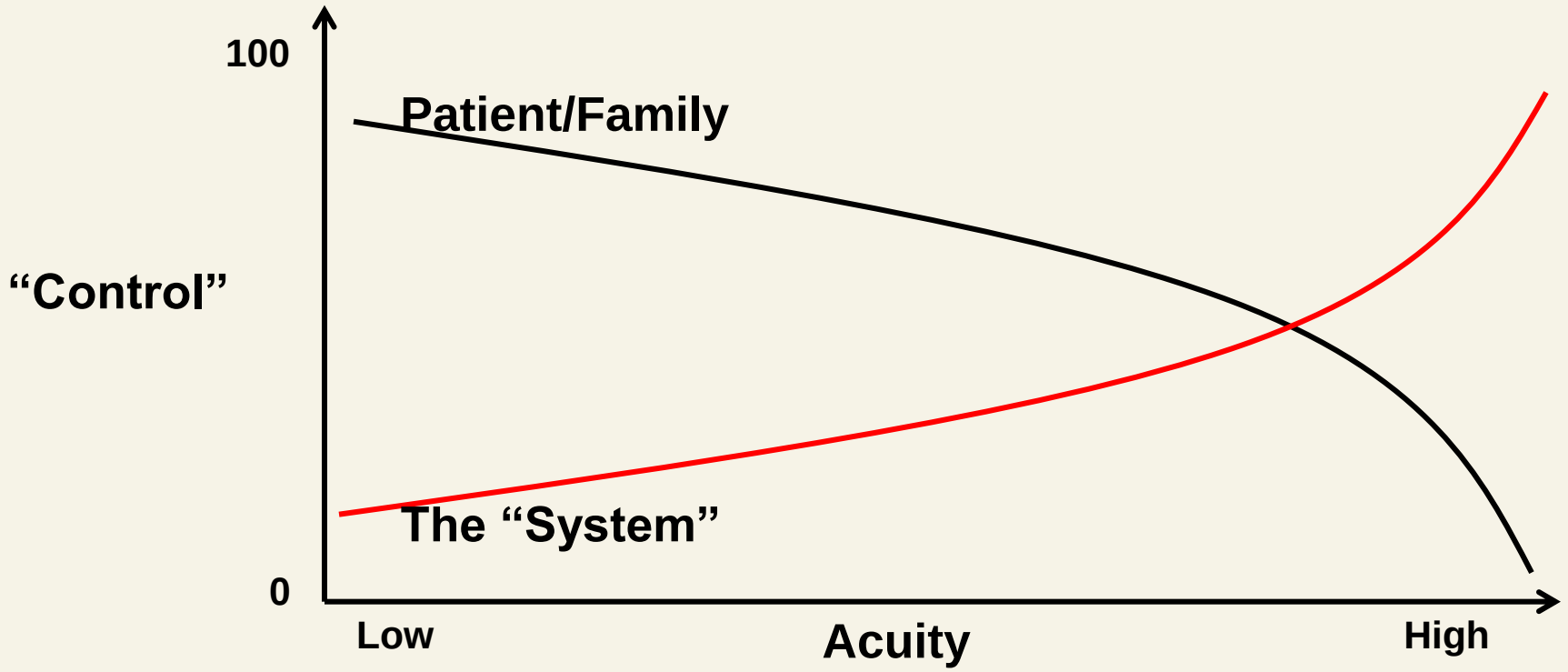
Control: Who really makes the decisions



1. Control – who makes the final decision influencing outcome?
2. Influences – family, friends, co-workers, religion, values, money
3. Real opportunity to influence health costs/outcomes – influence on the choices made – behavioral change
4. Current model – tests, diagnosis, treatment (meds or procedures)

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Hitting the target…

- If you are in a mechanical, manufacturing environment then hitting a target it a matter of throwing a rock – figuring out speed, trajectory, etc.
- If you are in a messy, human, complex, adaptive environment – it is like throwing a bird at a target – it is all about the ‘attractor’
- Medicine throws birds at targets and only thinks about the throwing part…

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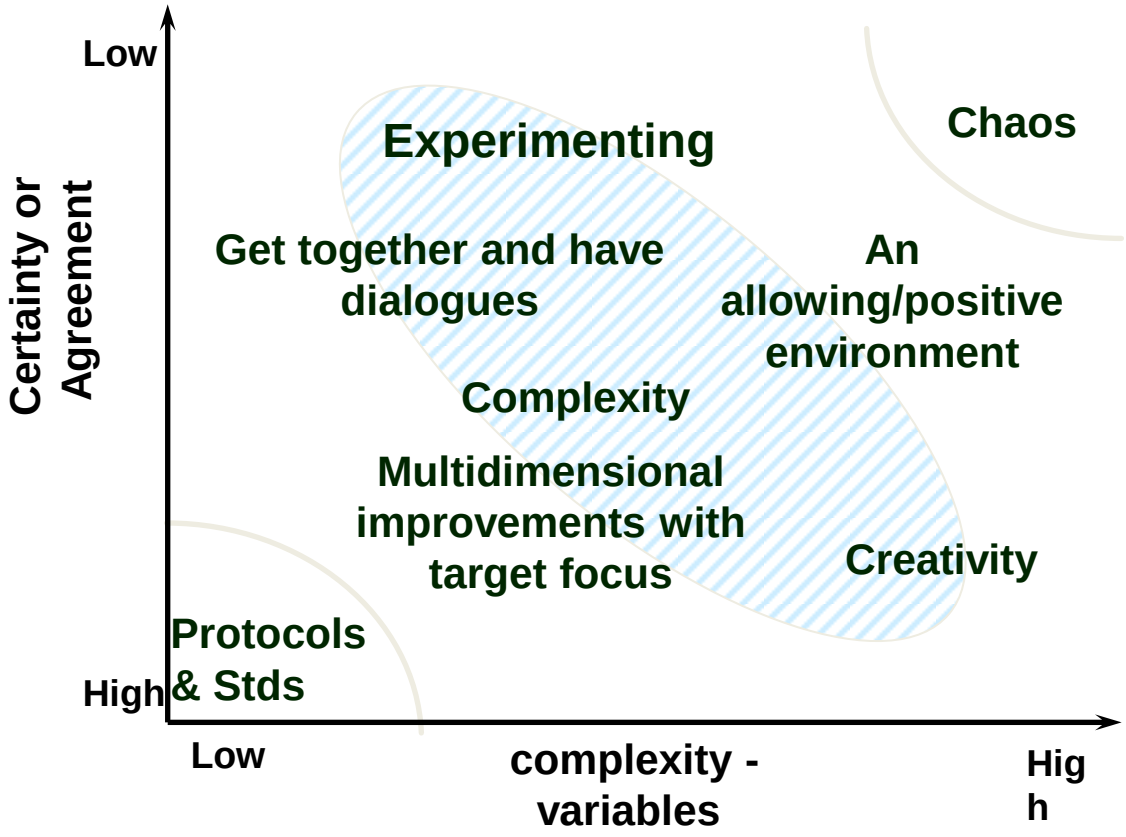
Some simple rules for improvement

complexity diagram



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What we are Taught – Diagnosis, Medications, Procedures

- Medical Care Process – linear, objective
  - Signs and Symptoms – history and PE
  - Leads to Differential Diagnosis
  - Leads to ordering tests for more info
  - Leads to Definitive Diagnosis
  - Results in medications, procedures, and advice
- This is what our work is understood to be, the product of healthcare as we learned it and as we still teach it.

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Reality

- Health is a longitudinal journey
  - Across decades
  - In a social, religious, family context
  - Highly influenced by values, beliefs, habits, and many ‘outside’ voices.
- Office visits are brief, reactive stop-gaps
- Hospitalizations are brief, intense interruptions
- *MUST fix basic, underlying primary care platform first or nothing else will work well*

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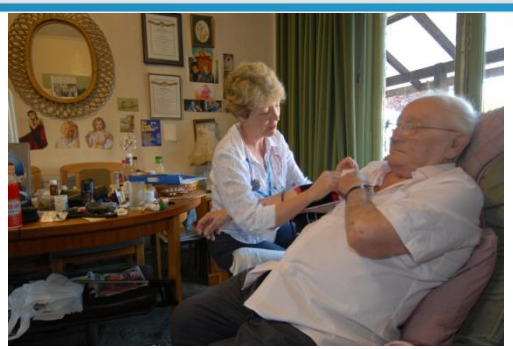
Frank



Frank is a 79 year old widower with Chronic Obstructive Pulmonary Disease (COPD), Heart Failure and Diabetes. He lives alone. Frank is very anxious as he is often very breathless and feels unable to manage. He has phoned the practice of his primary care physician on several occasions requesting a home visit and over the last year he has frequently been taken to the local emergency department, after he has dialled 911. He has been admitted to hospital on 7 occasions in the last year and now keeps a small packed suitcase by his chair.

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Frank's Diagnosis

- COPD
- CHF
- Diabetes
- Frank's Healthcare providers
  - Primary Care, Cardiologist, Pulmonologist, Endocrinologist, Nutritionist, Physical Therapist, Pharmacist, Home Health.

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Realities about Frank

- Frank IS in control
  - Getting and taking meds
  - Using inhalers
  - Eating, sleeping, exercising, socializing
  - Calling 911
- Frank is costing a great deal of money
- Frank is getting worse
- No one ‘knows’ Frank

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Nuka – a different look at Frank

- Primary Diagnosis
  - Anxiety, Loneliness/isolation, insecurity, confusion, dependency, lack of confidence
- Secondary Diagnosis
  - COPD, CHF, Diabetes
- Primary interventions
  - Personal care coordination, integration of care by PCP team, determination of motivators, behavioral based motivational interventions, consolidation of meds/tx.

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SCF Operating Principles

- **R**elationships between the customer-owner, the family, and provider must be fostered and supported
- **E**mphasis on wellness of the whole person, family, and community including; physical mental, emotional, and spiritual wellness
- **L**ocations that are convenient for the customer-owner and create minimal stops for the customer-owner.
- **A**ccess is optimized and waiting times are limited
- **T**ogether with the customer-owner as an active partner
- **I**ntentional whole system design to maximize coordination and minimize duplication

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Operating Principles

- **O**utcome and process measures to continuously evaluate and improve
- **N**ot complicated, but simple and easy to use
- **S**ervices are financially sustainable and viable
- **H**ub of the system is the family
- **I**nterests of the customer-owner drive the system to determine what we do and how we do it
- **P**opulation-based systems and services
- **S**ervices and systems build on the strengths of Alaska Native cultures.

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The SCF Nuka Model

- Defining the purpose – relationship over time
- Understanding complexity science - principles
- Moving from product to service as the fundamental base of entire system
- Optimized primary care with redefined entire system on that ‘new’ backbone/platform
- Customer driven design – reallocation of power and control at every level
- Optimizing messy human relationships

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The Integrated Care Team

- PCP – primary care provider-doc, NP/PA
- Nurse Case Manager
- Case Management Support
- Certified Medical Assistants
- Behaviorists
- Dieticians
- Pharmacist (partially implemented)
- Nurse Midwife (partially implemented)
- Coverage NP/PA/CM's
- Co-located Psych (pending)
- Coders, data entry, etc.
- Front Desk

Some Improvement Specifics

- Advanced Access – appointments when the customer wants – same day primary care
- Max Packing
- Service Agreements
- Behavioral Health Redesign
- Hospitalists in Pediatrics and Internal Medicine
- Bring services to them – BH, Dietician, Pharmacist, Midwife
- Data Mall, Improvement Specialists
- Facility Design

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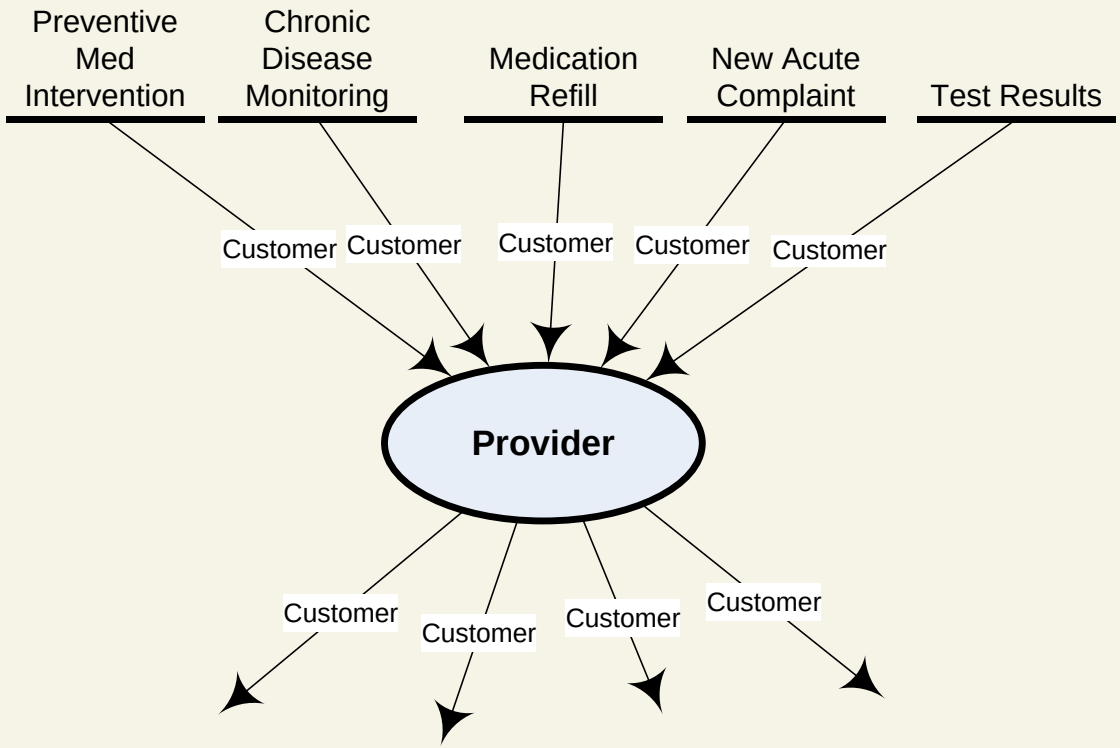
Traditional Methods of Managing Work Flow



Healthcare Support Team

Case Manager

Mental Health Provider

Referral to Specialist after Assessment

Certified Medical Assistant

Dietician

Clinical Pharmacist

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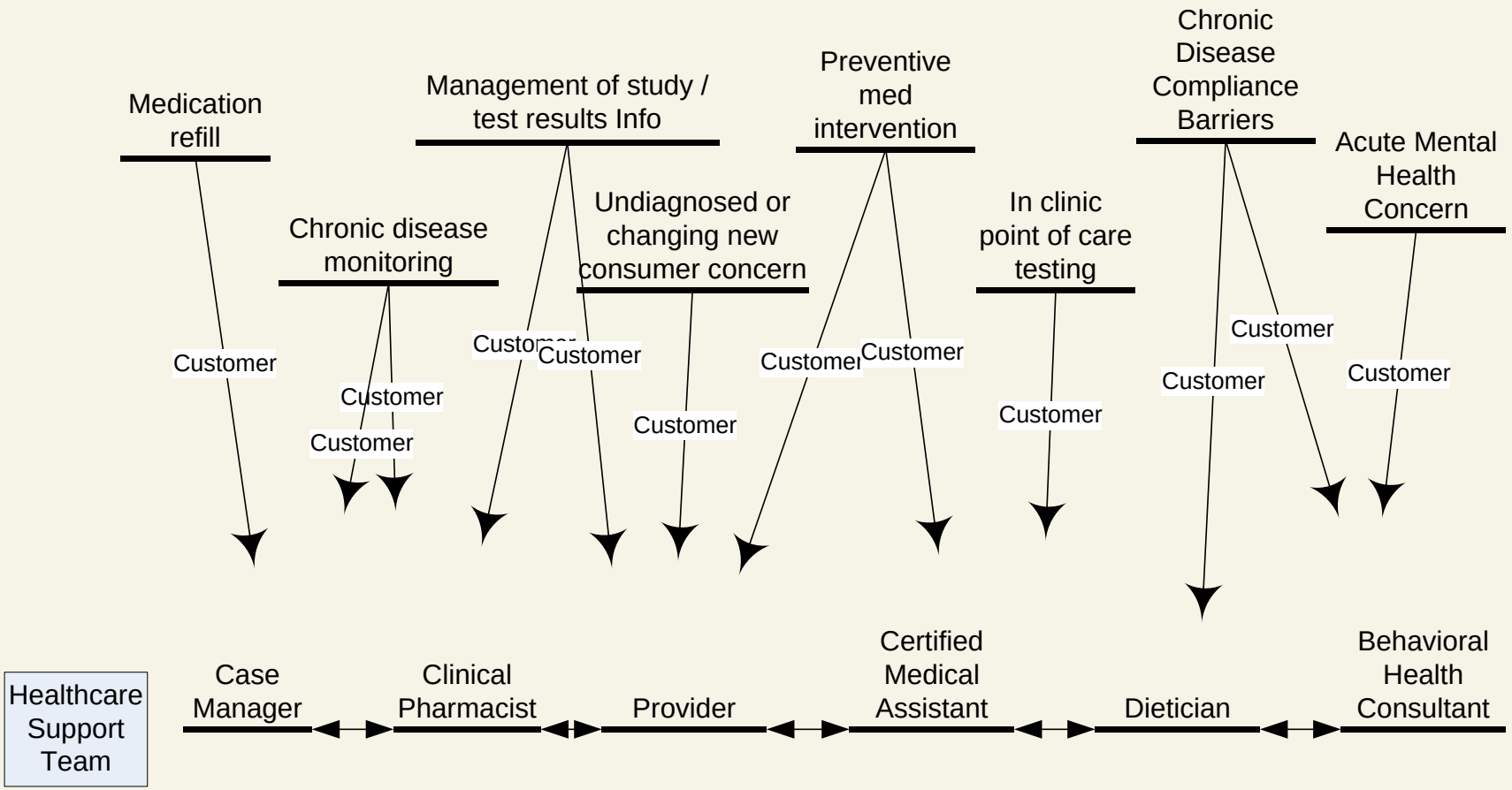
Parallel Work Flow Redesign



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Family Wellness Warriors Initiative

- Goal: To end Domestic Violence Child Sexual Abuse and Child Neglect in this generation
- Objectives:
  - Call out the Warriors
  - Methods to counter and break the silence
  - Restructure systems
  - Establish safe adults and environments
  - Enhance existing resources and develop collaborations

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Core Concepts

- ALL SCF employees – 3 day training – led by CEO and team – re-define the true core skills and priorities – with training – for everyone
- Understand how we impact others by:
  - Understanding your relational style
  - Understanding how your experiences contribute to how you approach others
- Learn how to articulate your story from the heart
  - Understand the power of empathy and compassion for your self and others

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Mentors - Clinical Mentors

- Extensive training and formal mentor system for front desk, CMA's, others in place for some time already
- Now extending to physicians, nurses, other clinical staff - Partially implemented only at present.
- Commitment to extensive training by outside mentoring systems and experts – deeply incorporated into all of SCF over time.
- One mentor for every three clinical staff

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The Elder Program

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The Pathway Home

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Dena A Coy

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WARRIORS

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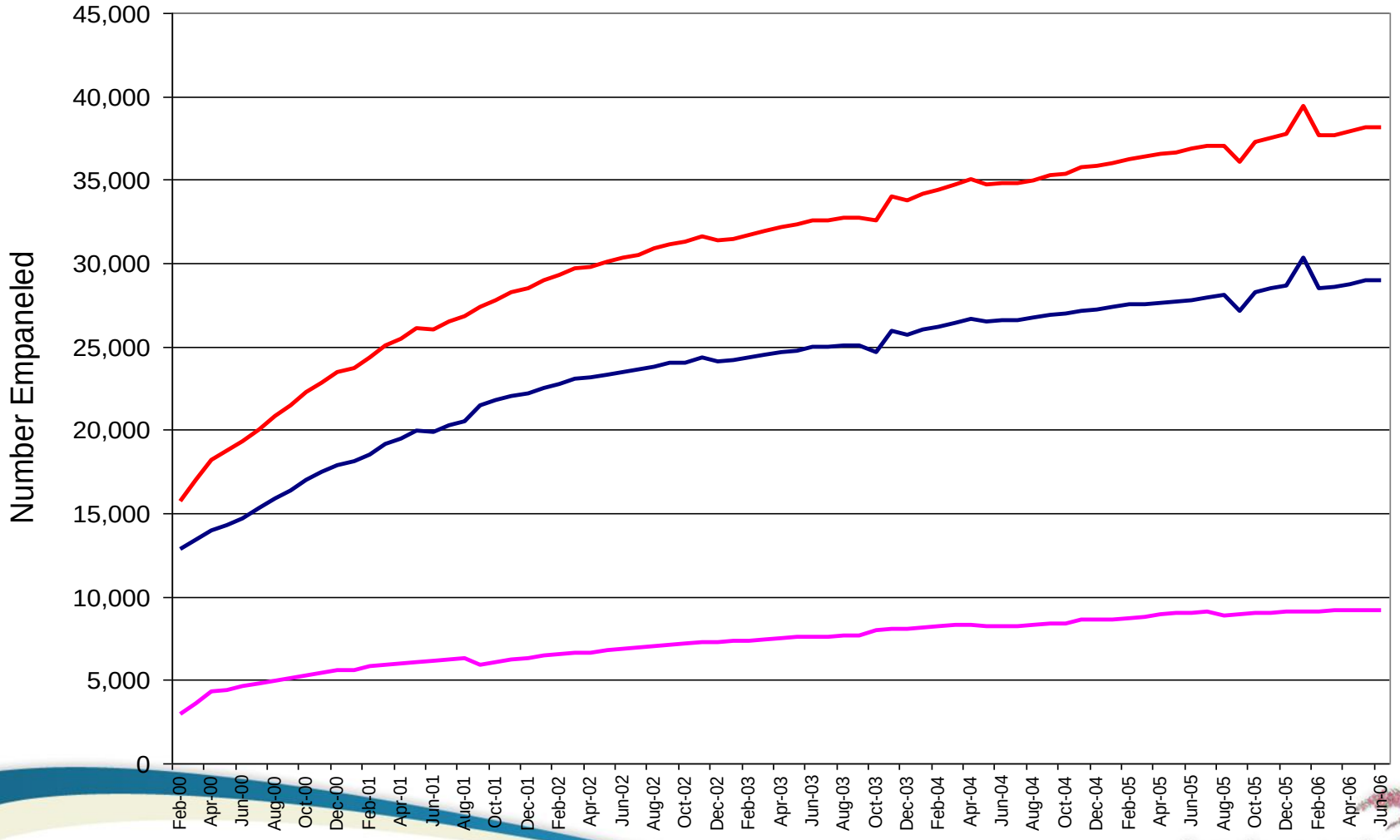
Primary Care Provider Empanelment Project

Patient Enrollment



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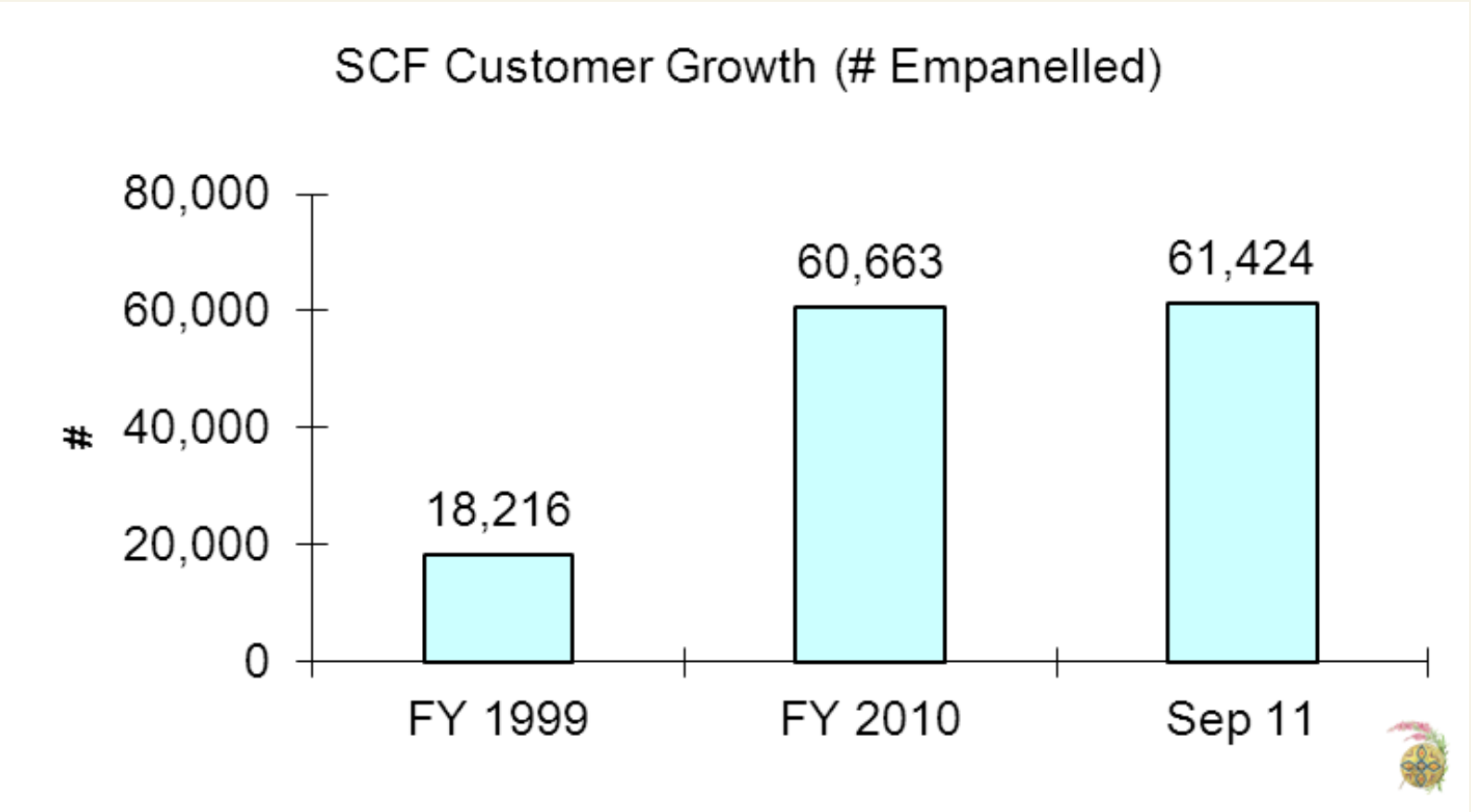
Empanelment



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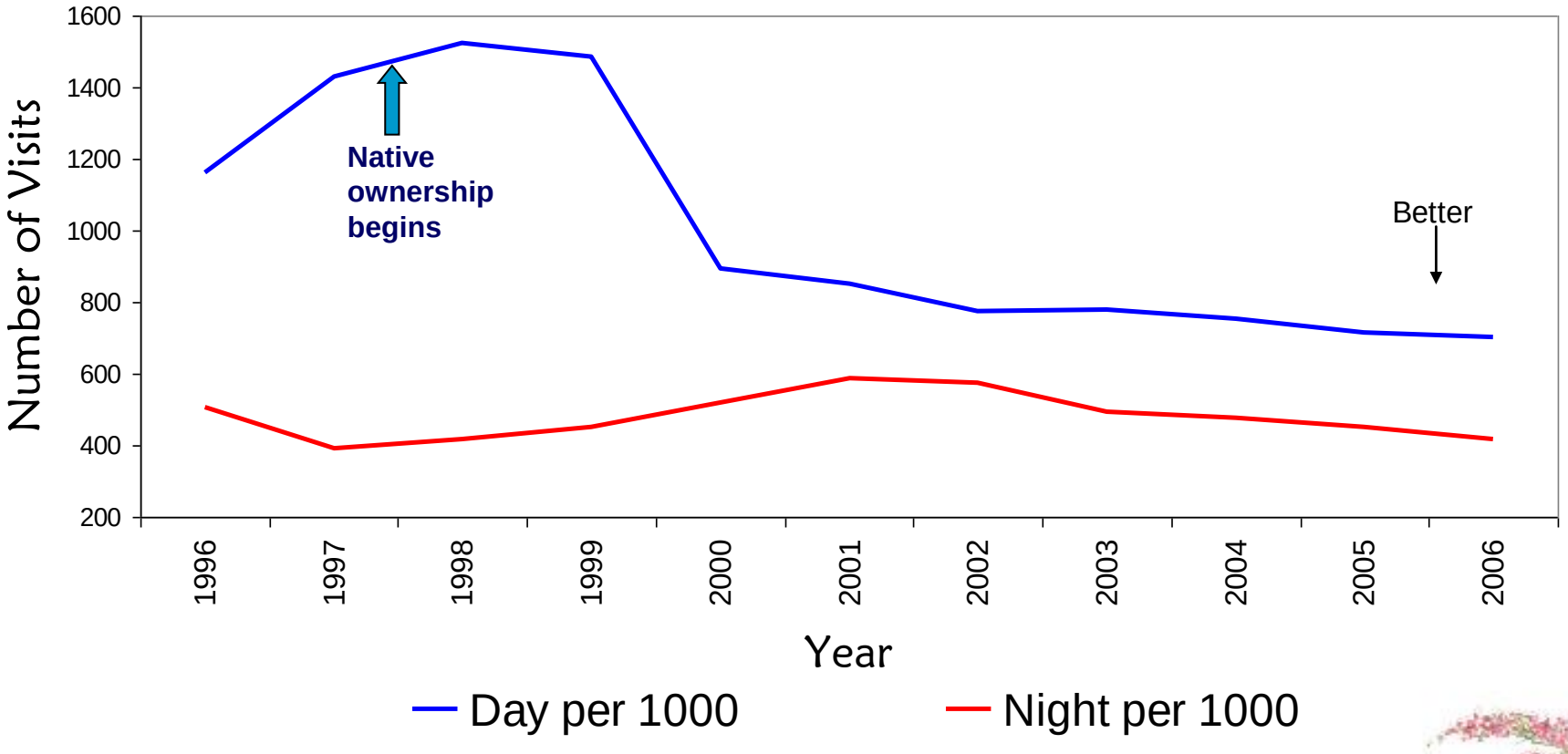
Anchorage Area Patients
Visits to ER/Urgent Care Per 1000



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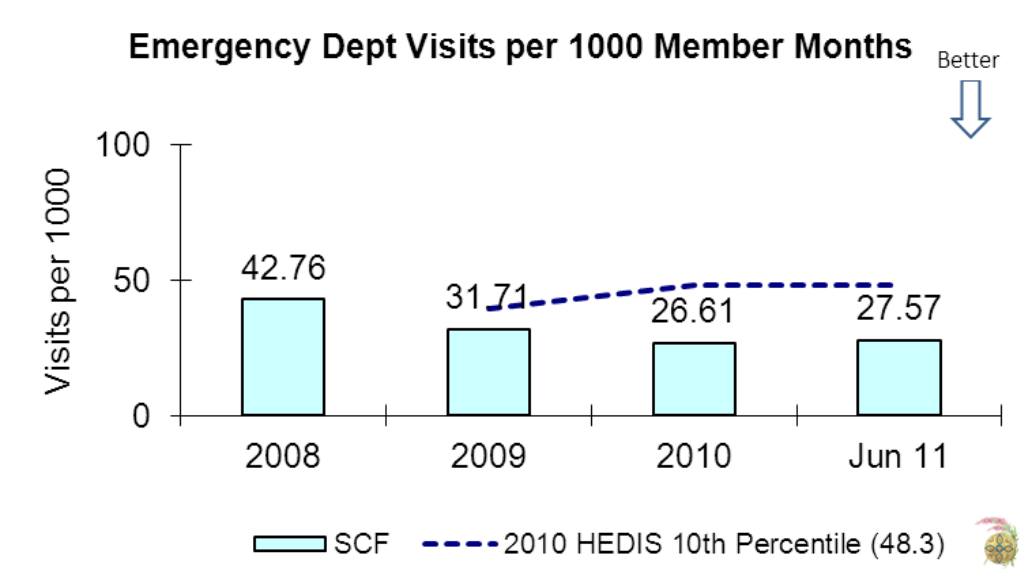
ED Utilization



Beginning in 2008 Benchmarking to HEDIS

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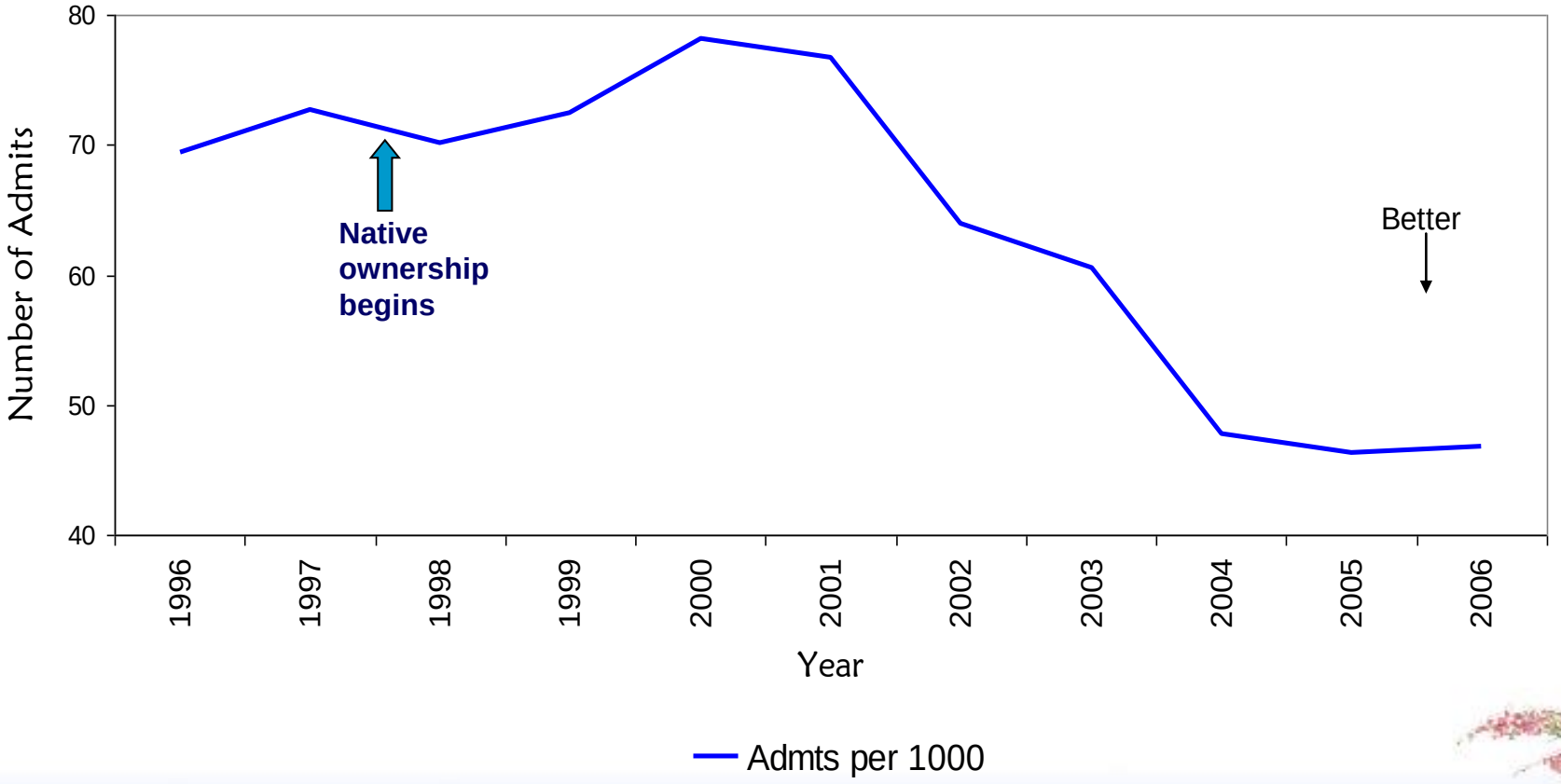
Anchorage Area Patients
Admits per 1000



Excludes Newborns and Delivery Moms
and Length of Stay must be more than 1 day

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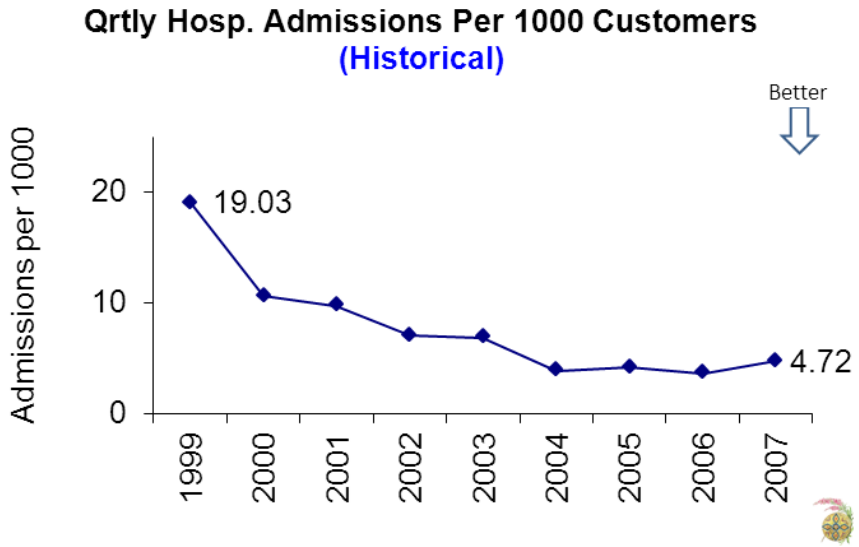
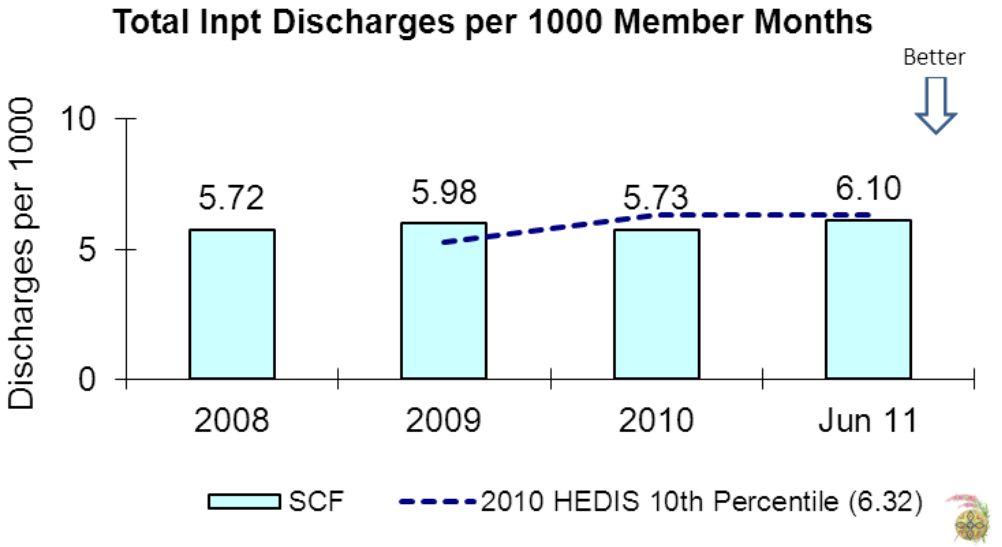
Inpatient Utilization





Beginning in 2008 Benchmarking to HEDIS

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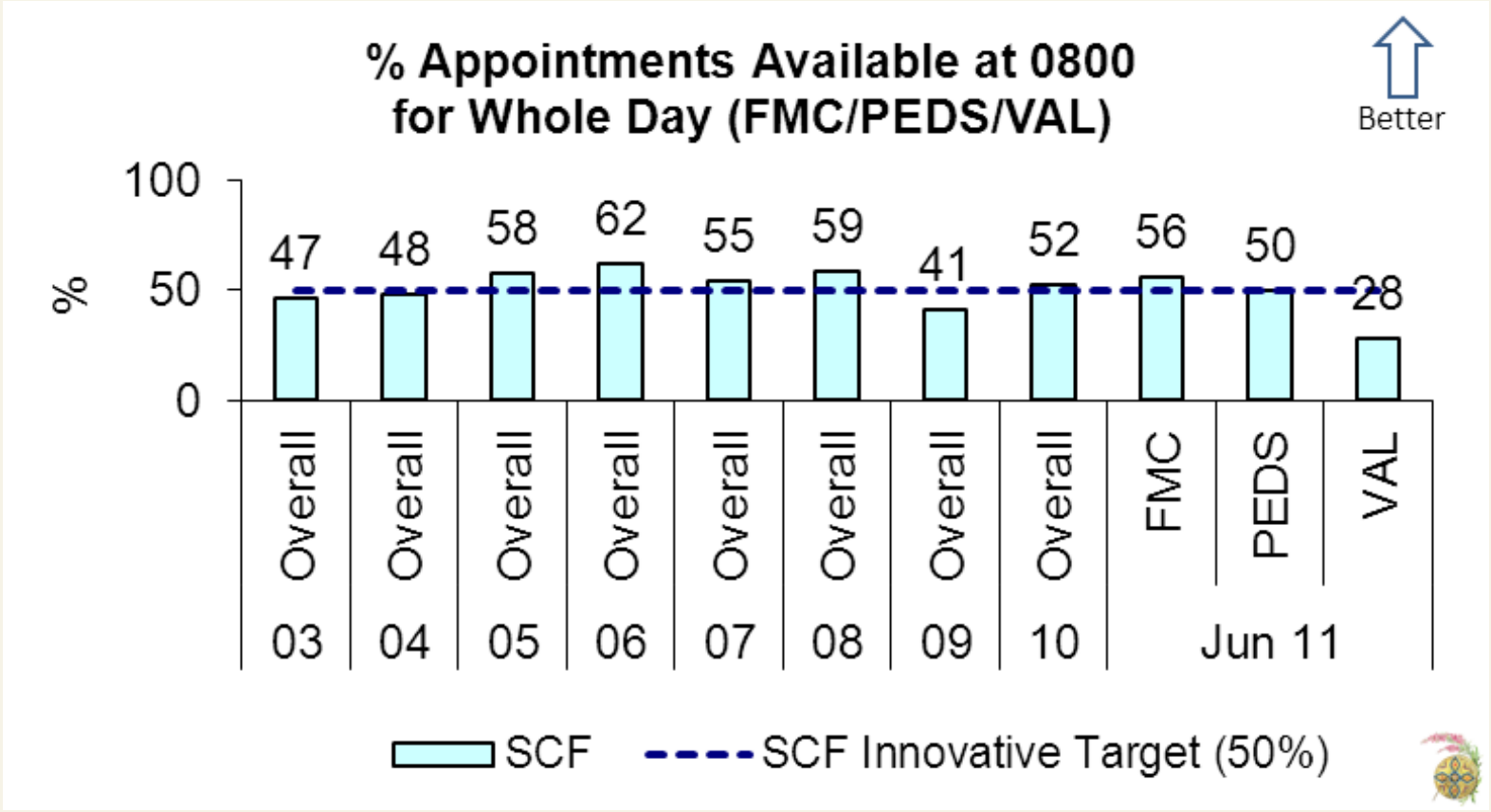
Access to Care



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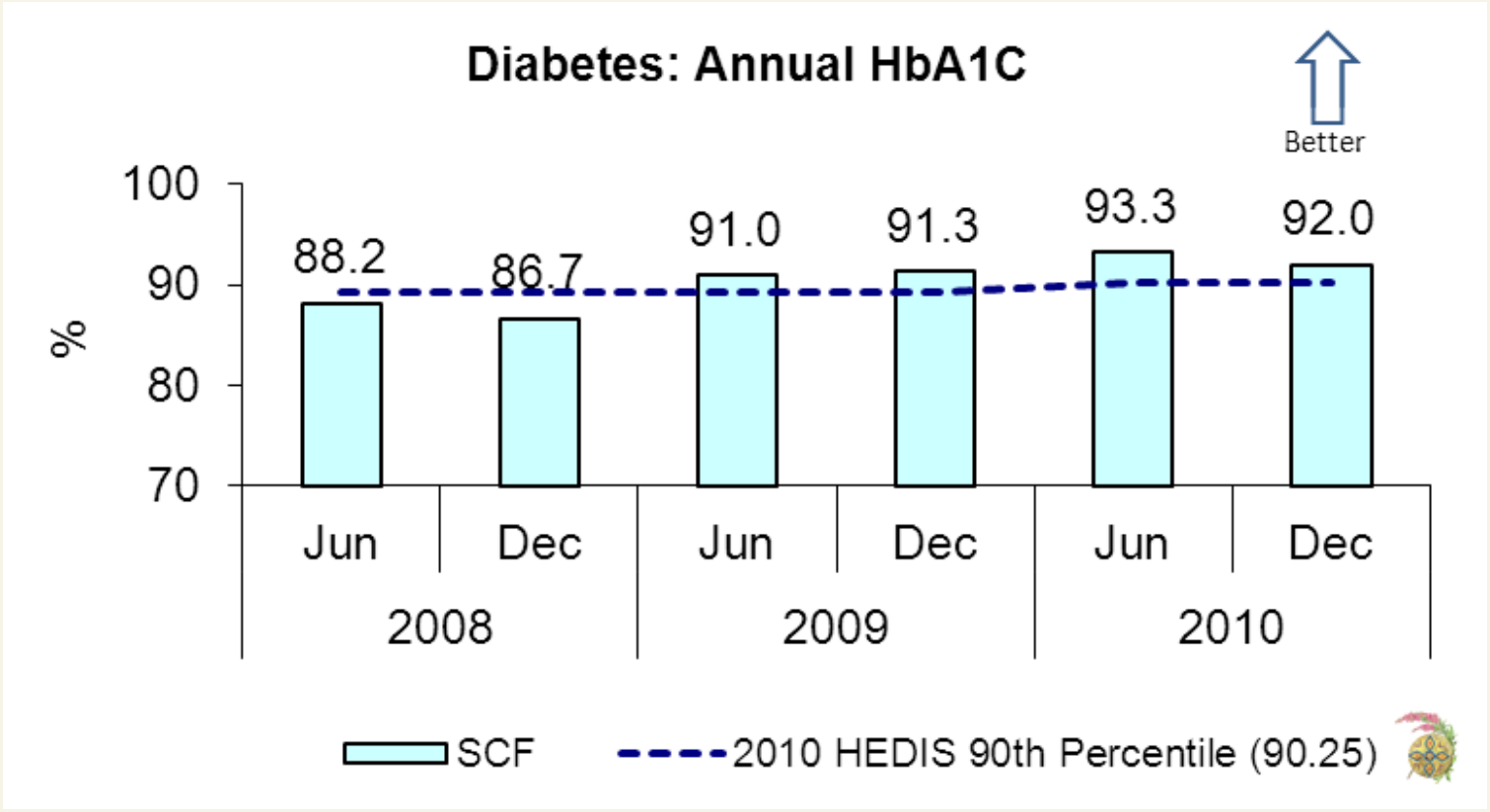
Condition Management



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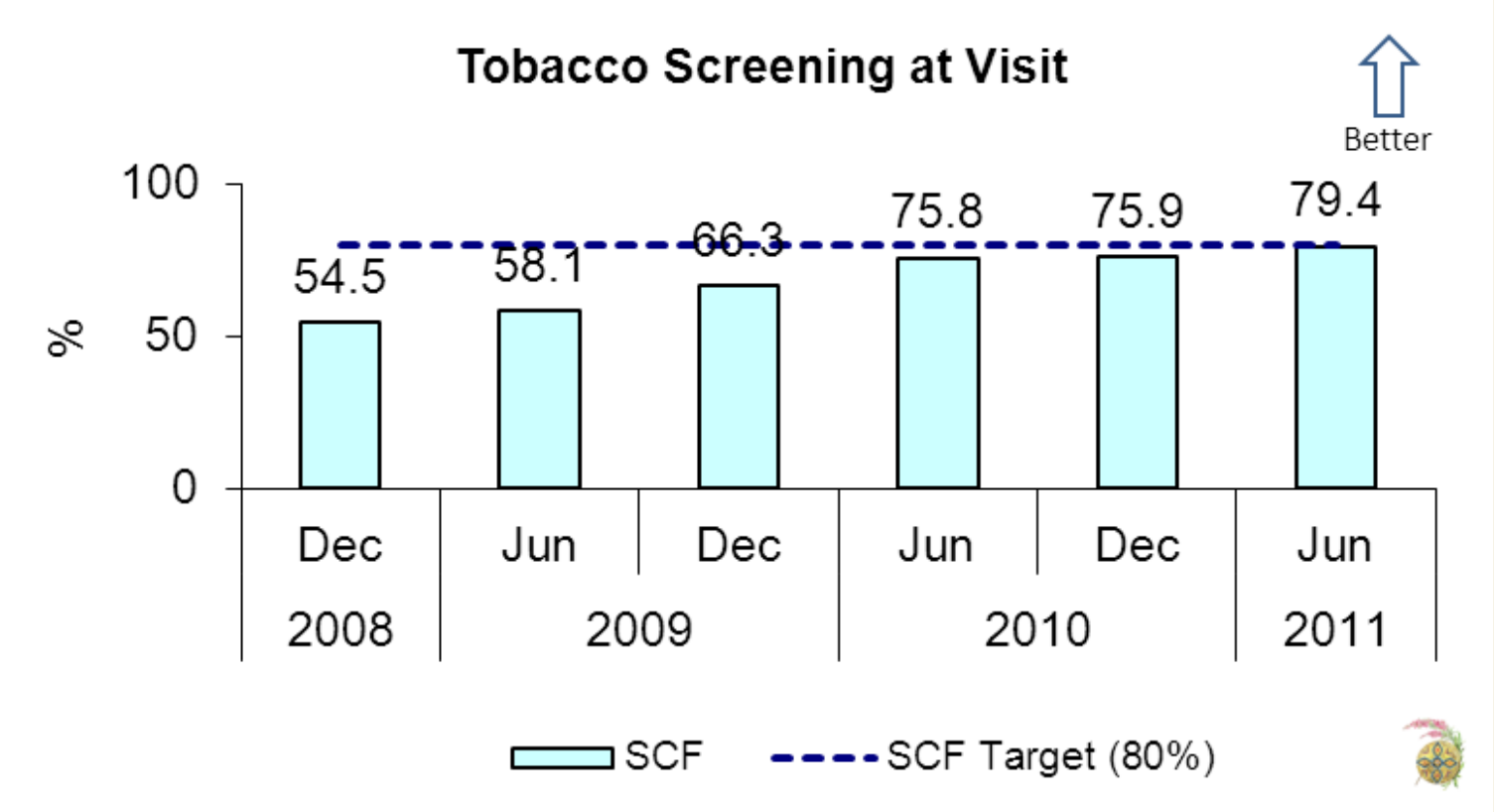
Prevention



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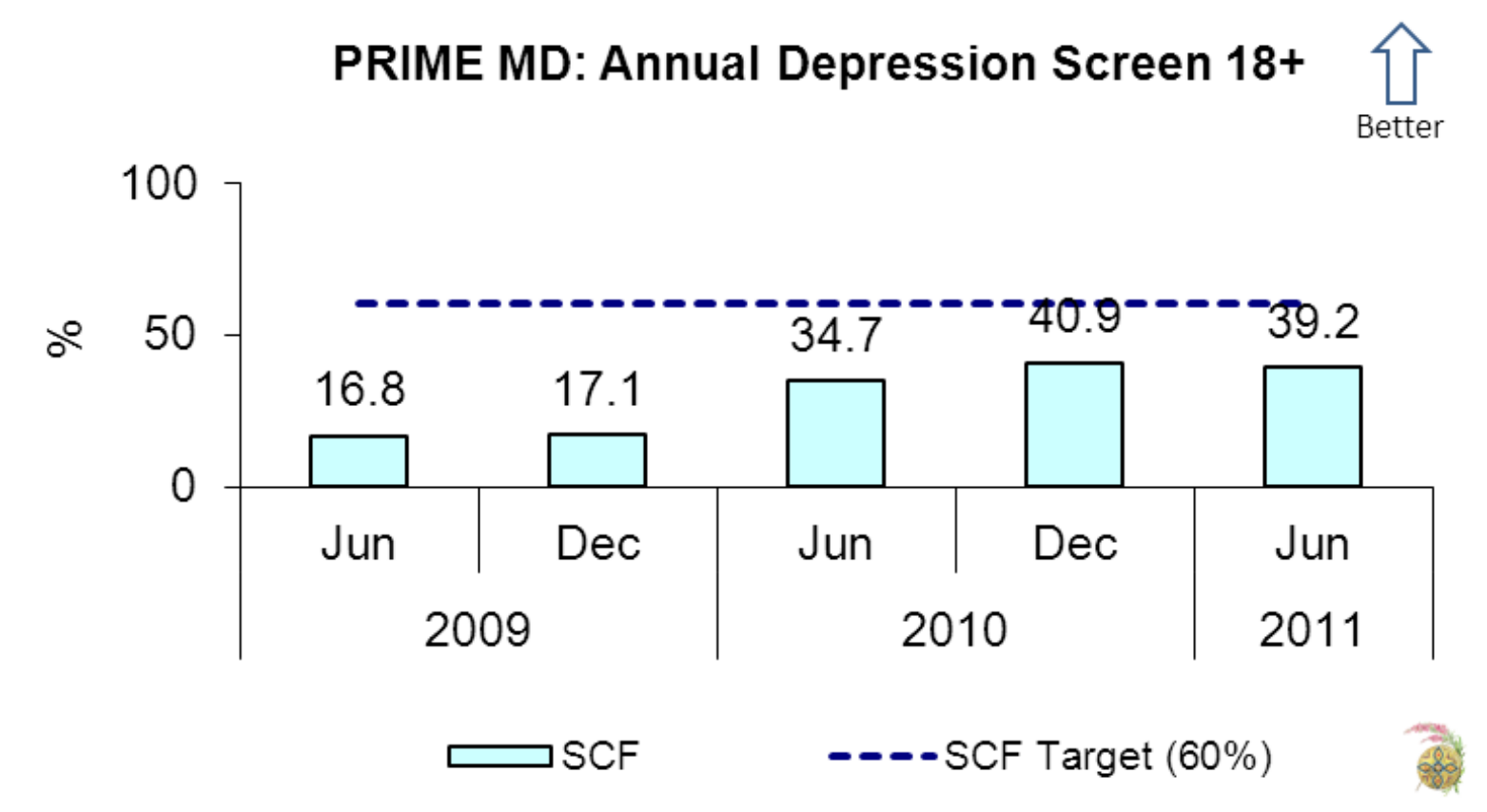
Behavioral Health Integration



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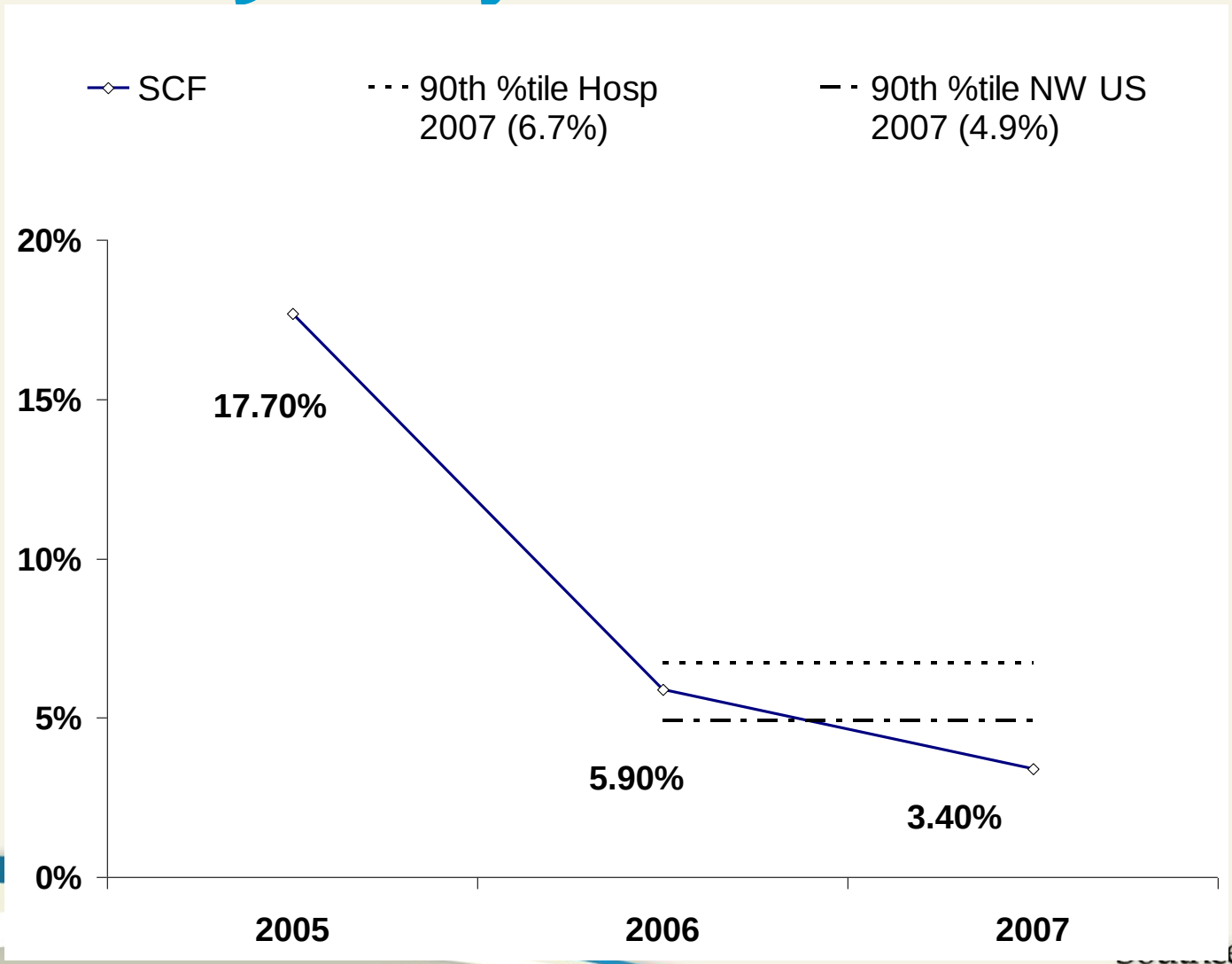
90 Day Staff Turnover



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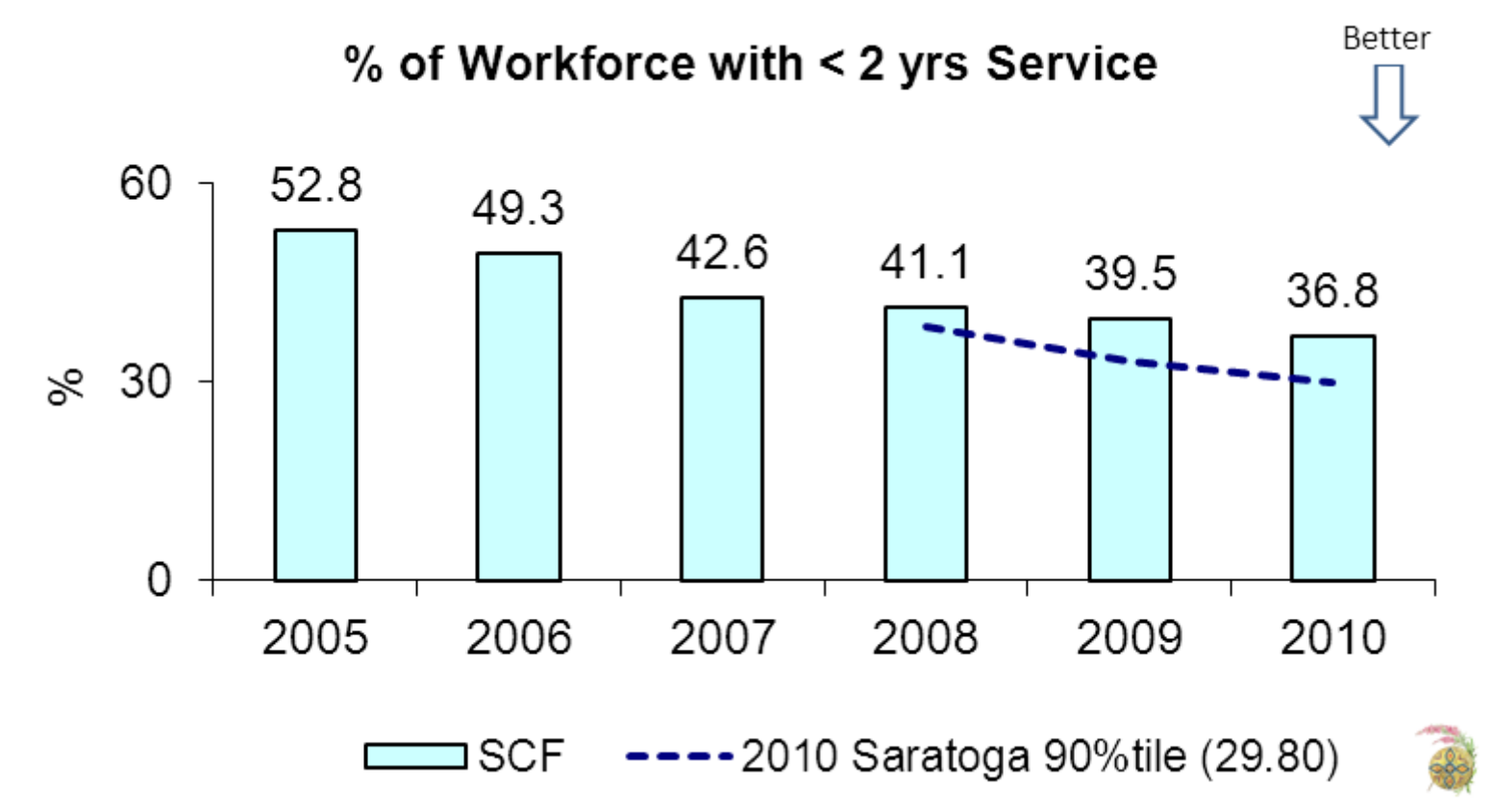
Employee Retention



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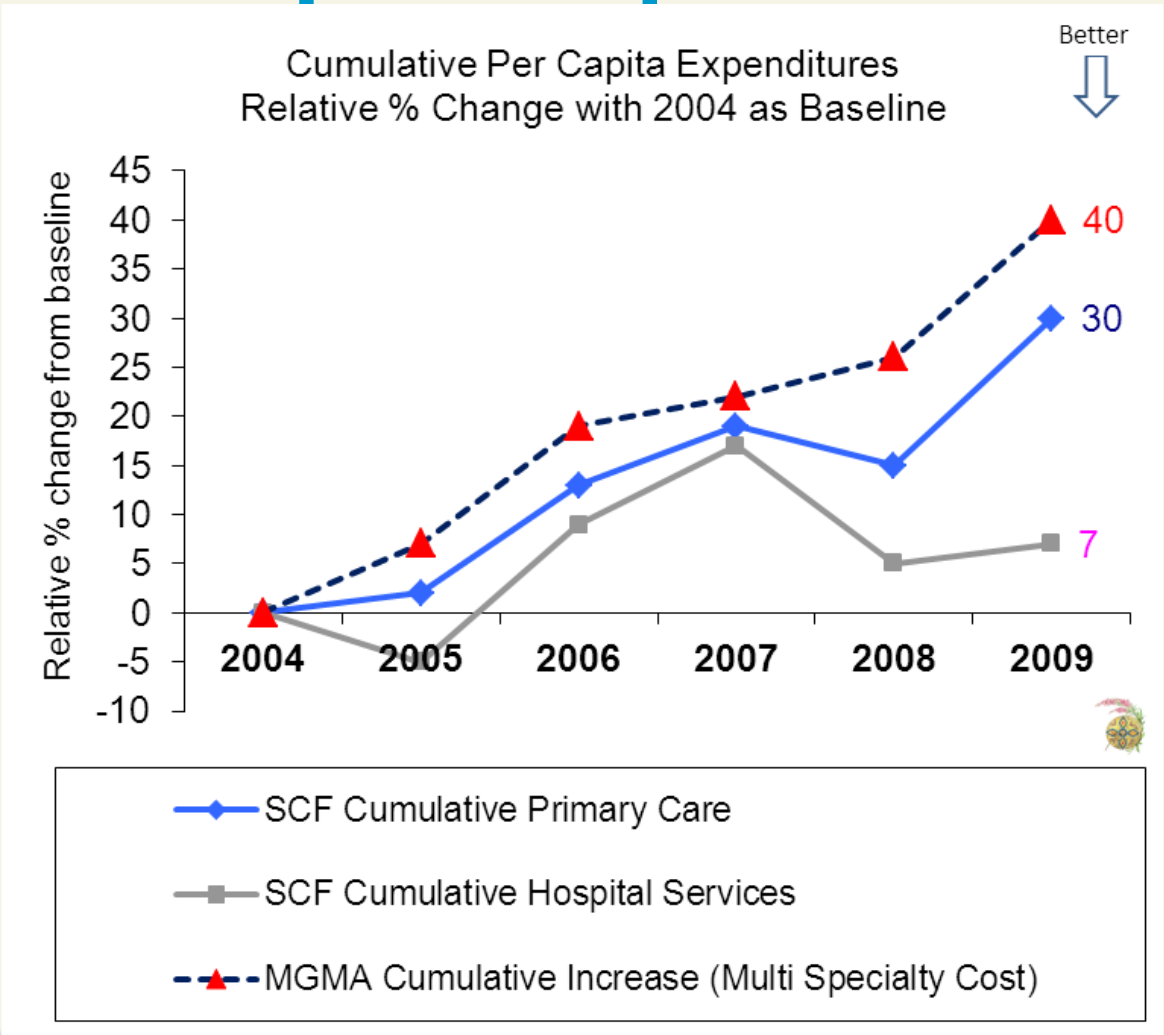
Per Capita Expenditures



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Workforce Development

- Workforce Development
  - Up front training for CMAs and Admin Support
  - Native professional development
  - Hiring Practices – Same Day, behavioral
  - Orientation and Mentoring intentionally
  - Employee Development Center
  - PAP's, Job progressions, career ladders
  - Summer and winter interns

- Key – all staff 'expert' in improvement

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Improvements – Data-Information

- Balanced Scorecards and Dashboards for every department coordinated and connected throughout the organization
- Data walls, Data Mall
- Web based tools: Health information website for customer/owners and employees; committee manager; planning tool; and training center

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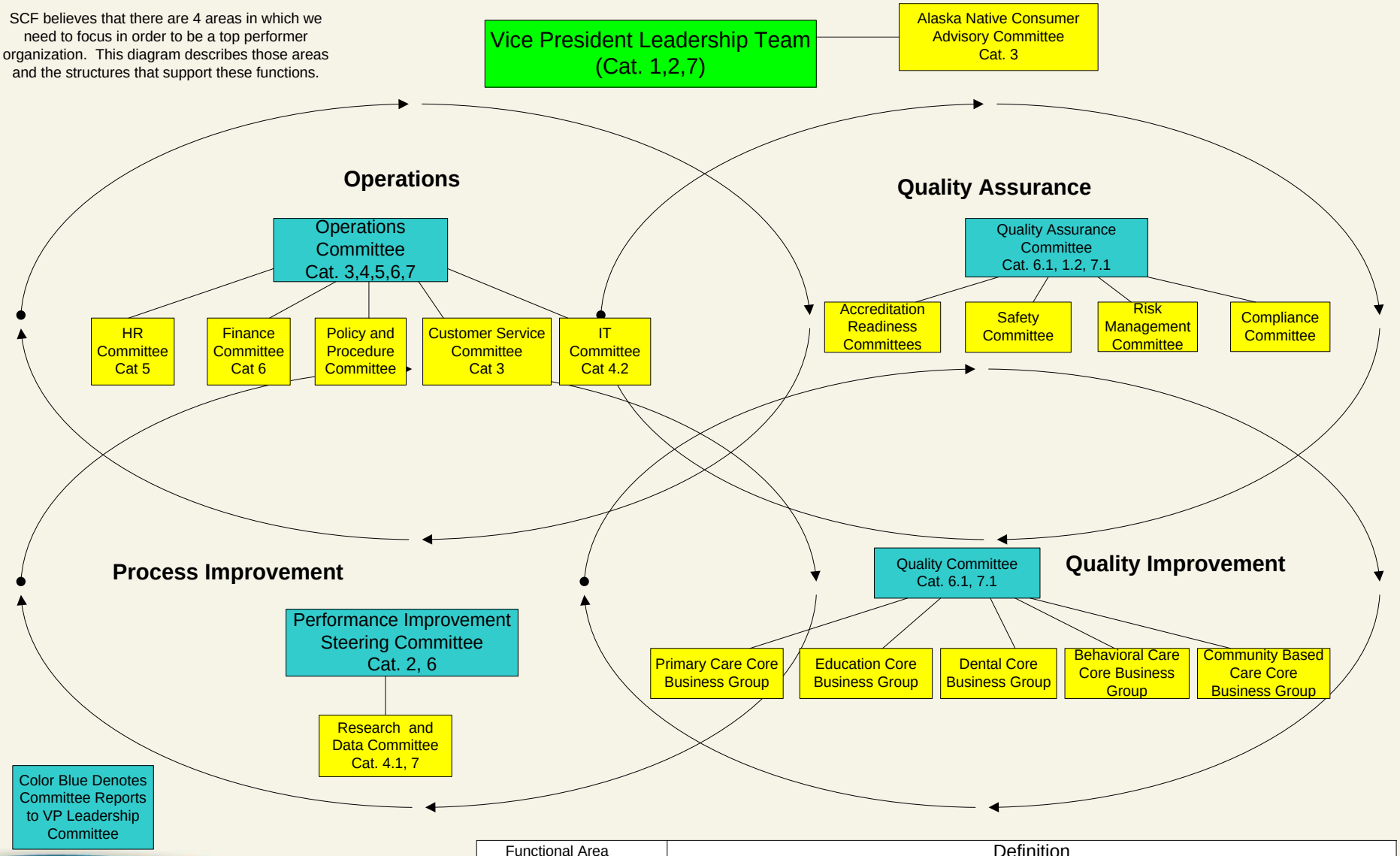
Taking this further….

- What we do now…..
  - Vision, Mission, KP's, Principles lead to….
  - Four Corporate Goals lead to…
  - Corporate Initiatives lead to….
  - Division, committee, dept initiatives lead to…
  - Annual plans lead to…
  - Individual Performance Action Plans….'
  - And all lead to ongoing reporting, dashboards, and scorecards….

Southcentral Foundation Functional Structure

SCF believes that there are 4 areas in which we need to focus in order to be a top performer organization. This diagram describes those areas and the structures that support these functions.



Functional Area	Definition
Operations	Focused on ensuring the effective day to day operations of programs. Includes: HR, Finance, Customer Service, supporting PI, QI and QA, processes and initiatives, and ongoing evaluation of individual and department performance in Ops, PI, QI and QA.
Quality Assurance	Focused on ensuring compliance with standards. Includes: Regulatory compliance (JCAHO, OSHA, HIPAA, PCOT), Patient Safety and Environment of Care, Maintenance of ongoing evaluation of clinical standards and practice, credentialing and licensure, and risk management.
Quality Improvement	Focused on improving the clinical or educational quality of SCF. Includes: Developing, piloting, deploying, and spreading of targeted clinical or educational systems improvements, and education on best practices
Performance Improvement	Focused on improving systems and processes to support programs. Includes process and office redesign.

There is overlap within these areas but it is essential that all 4 functional areas be in balance in order to Achieve Business Excellence

Baldrige Categories are identified:
Category 1 - Leadership
Category 2 - Planning
Category 3 - Customer Focus
Category 4 - Knowledge Management
Category 5 - Staff Focus
Category 6 - Process Management
Category 7 - Performance Results

Us and You - Challenges

- Difficult exploration of applying Operational Principles to non Primary Care clinic locations – at risk populations, targeted programs, etc.
- Provider satisfaction/role accomplishment challenges.
- ***How to create robust improvement culture – tension between best practice spread and continual innovation & creativity***

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At Risk Populations

- Elderly
- Teens
- CMI
- Medically Fragile
- Socially Disintegrated
- 5 year gestation – Preconception to 5yo
- HIV, Diabetes, CHF

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Issues and Questions

- How to build targeted programs for specific high risk populations while honoring Operational Principles of integration, whole person, relationships?
- Balance of efficiency with max-packing and whole person? Working at the top of your license?
- Balance of whole person and targeted specific expertise?

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Primary Care MUST change

- Most failed part of the system – is primary care's fault – quit playing the victim!!
- The entire medical system depends on primary care working well
- Primary care is a set of functions, roles and responsibilities – not a specific medical discipline
- Most Medical Home designs will not transform the system
- Quality, Safety, Cost, Satisfaction, Outcomes – and Health - depend on PC
- Society's well being also depends on PC

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Every patient has a right to…

- Coordinated, integrated, safe, optimized basic health care services
- Individuals who know them who they can rely on to answer questions, advise on care issues, and help navigate the system
- Clear, personalized health plans
- Support in achieving health goals and optimizing medical treatments, including coordinating care across boundaries
- All done building upon values and assets of pt.

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Ultimately primary care…

- Will not be a ‘Medical Home’ (don’t like ‘medical’ or ‘home’) – but a set of functions and relationships built optimally into everyday life.
- Will allow for there to be various ways of providing these functions and relationships and they will continually improve and evolve
- Will focus on the household and the whole person – meeting them where they are – values, locations
- Will be learning entities…

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In their words…

- Customer-owner – *they give me what I and my team have defined I need when, where, and how I want and need it…in a safe, effective, and optimized way…*
- Customer-owner – *they really know me and care about me*
- Customer-owner – *they listen to me, advise me, and support me on my entire health journey*
- Customer-owner – *my questions and concerns are answered, my care is coordinated, my values and goals are what drive my health plans*

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Thank You!

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Quyana	(Central Yup'ik)
Maasee'	(Tanana Athabaskan)
Ana-ba-see	(Koyukon Athabaskan)
Quyanaq	(Inupiaq)
Gunalche'esh	(Tlingit)
Ha'w'aa	(Haida)
Qagaasakung	(Aleut)

Thank You!

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Questions?

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Or log onto our website at www.scf.cc/nuka

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