

CIN

CONNECTIONS



Fall 2019 Issue:

Improving Care for California's Future

CALIFORNIA
IMPROVEMENT NETWORK:

BETTER IDEAS
for CARE DELIVERY

CONTENTS

2 /

**Reflections from
a CIN Managing
Partner and CHCF**

4 /

**CHHS Sec.
Mark Ghaly and Sen.
Holly J. Mitchell's
Policy Visions for a
Healthier California**

8 /

**David and Goliath:
Building a New Model
for Complex Care**

18 /

**CIN Partners'
Future Goals**

21 /

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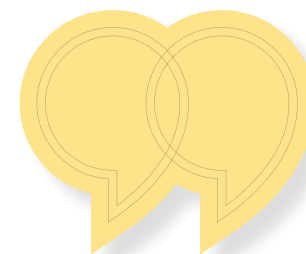
Reflections from a CIN Managing Partner and CHCF



I've led quality improvement efforts for 15 years, working at the intersection of policy and practice. In the early 2000s, I helped purchasers align benefit designs with federal parity laws and translate USPSTF recommendations into meaningful preventive care coverage. A decade later, I helped safety net providers become patient-centered medical homes. As I sat in the September CIN partner meeting, however, I was struck by how often my "help" was reactive, not proactive. Several of my tablemates felt the same twinge, and asked: Why do we wait for policy and regulation to improve? Why do we focus on response instead of readiness? Throughout the day, we challenged each other to unpack these questions and consider what we might do to help ready our teams, organizations, and communities for the inevitable change ahead.

This issue of *CIN Connections* (and the accompanying [video](#)) includes examples, stories, and data points from two of our most visionary leaders in health policy: California Health and Human Services Secretary Mark Ghaly, MD, MPH, and State Senator Holly J. Mitchell. Together, they eloquently and forcefully describe what can be done at the policy level

"...I was struck by how often my "help" was reactive, not proactive. Several of my tablemates felt the same twinge, and asked: Why do we wait for policy and regulation to improve? Why do we focus on response instead of readiness?"



to improve the health of all Californians: ensure coverage for all, improve affordability, integrate care, and focus on *human* services.

Reflections from a CIN Managing Partner and CHCF

“Secretary Ghaly and Senator Mitchell further remind us, that while policymakers at all levels of government set vision, allocate resources, provide incentives, and remove barriers, actual change requires people to work differently — and those people are us.



They challenge us — as providers, system leaders, and community members — to help them lead by providing data to substantiate the problems we see and by suggesting solutions that work. Further, they remind us, that while policy makers at all levels of government set vision, allocate resources, provide incentives, and remove barriers, actual change requires people to work differently — and those people are *us*. Secretary Ghaly and Senator Mitchell reinforce what CIN partners have said from the very beginning: The best ideas for improving care come from the front lines.

One such idea, termed “extreme team care,” was tested in a rural safety net setting, refined for an academic, for-profit medical center, and ultimately spread across the county by CIN Faculty Alan Glaseroff, MD. In this issue, Dr. Glaseroff reflects on what he learned from this experience, including the importance of understanding your audience’s motivations and fears, and the value of co-designing solutions that benefit all.

This issue, the last in the current series, includes examples of CIN partners’ achievements in building provider resilience, assessing and addressing social needs, expanding access to substance use disorder treatment, and

managing total cost of care, as well as partners’ commitments to continue progress on these and other goals.

As we close 2019, and this phase of CIN, I challenge you to think about what the next year might hold and about how you can prepare yourself, your team, and your organization for success. We hope these examples of achievement and progress to come spur you to think in new ways and tackle your most important improvement opportunities.

The next issue of *CIN Connections* will be published in March of 2020 as we launch the next phase of our work together.

Sincerely,

Kathryn E. Phillips, MPH

CIN Managing Partner
Senior Program Officer
California Health Care Foundation

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Policy for a Healthier California: Containing Costs and Addressing Social Needs

Featuring:

Mark Ghaly, MD, MPH

California Health and Human Services Secretary

Holly J. Mitchell

California State Senator

Sunita Mutha, MD

Healthforce Center at UCSF Director

Containing health care costs, protecting vulnerable populations, and addressing social needs that impact health are top priorities for California Health and Human Services Secretary Mark Ghaly and California State Senator Holly J. Mitchell, who spoke at the California Improvement Network partner meeting on September 18. Read five highlights from their conversation and watch the

[full video recording of their discussion](#) to learn more about near-term opportunities and challenges related to the state's policy environment.



Develop a unified financing system

California Health and Human Services will take a serious look at what it means to have a unified financing system, Ghaly said. Single payer concepts around the globe offer



Healthforce Center at UCSF Director Sunita Mutha, MD, left, moderates a conversation among California Health and Human Services Secretary Mark Ghaly, MD, MPH, center, California State Senator Holly J. Mitchell, and California Improvement Network partners.

Policy for a Healthier California: Containing Costs and Addressing Social Needs

some promising examples for how to move forward. “What we’re really trying to look at are unified funding strategies that take some of the things we lament as costs in health care and pivot that to patient care.... This will be, I think, a very exciting conversation in California.”

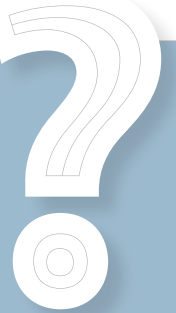
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Move upstream ■ “To hear data like ‘Compton has the highest rate of amputations of anywhere in California,’

takes my breath away,” Mitchell said. We got to that place because of a lack of access to community-based resources, she said.

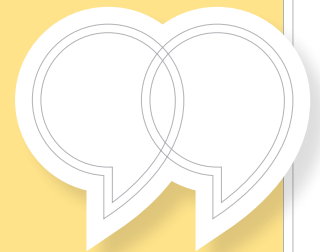
“We don’t solve social determinants within the four walls of a clinic,” Ghaly said. “It will require significant engagement with community partners — both those partners that get big federal dollars, but also those trusted faith-based partners and school partners — to make this work.” These partnerships will need to be part of a business agreement, Ghaly said. “There’s going to be money that flows out of the health system and into the support systems to get people housed and get the kind of case management [they need].”

What Has Your Organization Accomplished Because of CIN?



“CIN very much helped inform L.A. Care’s work on addressing social needs that impact health. The *CIN Connections* publication, in particular, provided ideas about how to best facilitate partnerships with community-based organizations and helped us identify a vendor for software to assess social needs.

Michael Brodsky, MD
CIN Partner, L.A. Care



Policy for a Healthier California: Containing Costs and Addressing Social Needs

3

Sustain programs ■ As chair of the state budget and fiscal review committee, Mitchell is committed to consistent

and sensible funding of social programs. She recognizes that interrupting social programs, even briefly, jeopardizes health. “To acknowledge that California eliminated Denti-Cal is one of the reasons that motivated me to run for office,” Mitchell said. “The time we’ve spent to rebuild the program, get providers back into it . . . that start and stop is really challenging in terms of infrastructure and beneficiaries knowing what services are available.”

During the state’s current economic recovery, lawmakers are preparing for the next possible business cycle contraction and are making a long-term commitment to protect services like Denti-Cal. “Budget actions [should involve] spending sensibly today and saving for the future, but making sure Californians have access to the resources and services that I believe they’re entitled to and health care services are at the top of that list,” Mitchell said.

4

Streamline and simplify ■ “You have to move to simplification,” Ghaly said. Whether it’s reducing the number

of eight codes for Health Homes from the thousands to the hundreds — or shortening the length of regulations and guidance — simplifying processes and reducing administrative burden are essential to the success of these programs.

5

Use the next Medi-Cal waiver as a tool for innovation ■

A “Waiver conversations are exciting [because they] force you to take a step back and say: What are you doing that doesn’t make sense and what do you want to do differently?” Ghaly said. The next waiver may also create opportunities to streamline and simplify Whole Person Care and Health Homes, or to incorporate those programs more deeply into the fabric of the health care system. “When you try to build it into the foundation, you take it from something that’s on the fringe and build it into the fold.”

Policy for a Healthier California: Containing Costs and Addressing Social Needs



WATCH:

Video Recording of California Health and Human Services Secretary Dr. Mark Ghaly and California Senator Holly J. Mitchell



Dr. Mark Ghaly was appointed secretary of the California Health and Human Services Agency by Governor Gavin Newsom in 2019. In

this role, Dr. Ghaly oversees California's largest agency, which includes many departments that are integral to supporting the implementation of the Governor's vision to expand health coverage and access to all Californians. Dr. Ghaly works across state government with county, city, and private sector partners to ensure the most vulnerable Californians have access to the resources and services they need to lead healthy, happy, and productive lives.

Before joining Governor Newsom's team, Dr. Ghaly worked for 15 years in county health leadership roles in San Francisco and Los Angeles. Dr. Ghaly's prior clinical work includes seeing patients in the Los Angeles County Juvenile Detention System and at the Martin Luther King Jr. Outpatient Center Medical Hub that serves children and youth in the Los Angeles Child Welfare System.



Holly J. Mitchell of Los Angeles represents California's 30th Senate District. She has had dozens of bills signed into law focusing on

reforming criminal justice, expanding health care, securing women's reproductive rights, halting the trafficking of minors and reducing the number of children in poverty. She chairs the Senate Budget and Fiscal Review Committee, the Senate Select Committee on Social Determinants of Children's Well-Being, and the Joint Legislative Budget Committee.

Born in Los Angeles, Senator Mitchell is a CORO fellow and UC Riverside alumna. She previously worked as CEO of Crystal Stairs, a child care and family development organization, as well as at the Western Center for Law and Poverty and for the California Senate Health and Human Services Committee.

David and Goliath: Building a Complex Care Success in a Profit-Minded Health Care System

Featuring:

Alan Glaseroff, MD

Adjunct Professor, Medicine,
Primary Care and
Population Health,
Stanford

Alan Glaseroff, MD, a national expert on complex care and patient-centered care, and a long-time friend of the California Improvement Network, spoke at the CIN partners' September 17, 2019 networking dinner in downtown Los Angeles. He told the story of building Stanford Coordinated Care (SCC), a program that he and his wife and practice partner Ann Lindsay, MD, launched in 2012. Although the program has undergone staffing and programmatic changes since their departure, the model and lessons learned

are being spread to health care organizations throughout the country.

Drs. Glaseroff and Lindsay were recruited to create SCC to control costs and improve the health of the employees and dependents of Stanford University and Stanford Health Care. Functioning at this intersection of the health care purchaser, the teaching hospital, and a for-profit health system, SCC was under the microscope from each of these perspectives from its first days.

"In Humboldt, where we practiced for years, and at Stanford, Ann and I were always trying



Alan Glaseroff, MD, and his wife, Ann Lindsay, MD, built Stanford Coordinated Care, which is serving as a model for other programs across the country.

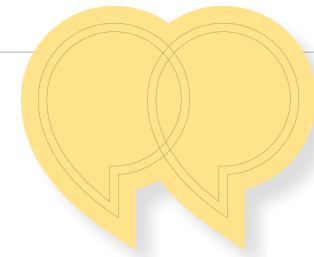
David and Goliath: Building a Complex Care Success in a Profit-Minded Health Care System

FIGURE A
Triple Aim Results

Inpatient Admissions	ER Visits	Patient Experience	HEDIS
-39%	-59%	99th percentile	> 90th percentile

to reinvent primary care. We were two community doctors showing up at Stanford, one of the most fee-for-service-based systems in the Western Hemisphere,” Dr. Glaseroff said. “Our model was extreme team care.”

Starting de novo, SCC was built around evidence of primary care improvement: a robust set of health indicators based on patients’ priorities and self-management goals, patient activation (including its measurement and tracking), and frequent and regular contact between patients and care coordinators. Most care interactions with patients of SCC happened outside of in-person visits, though the practice held half of each day open for drop-in visits and urgent care needs. This care model led to improvements in inpatient admissions, emergency room visits, patient experience and HEDIS (figure A) for the 271 patients who were enrolled in the program for six months or more.



In Humboldt, where we practiced for years, and at Stanford, Ann and I were always trying to reinvent primary care. We were two community doctors showing up at Stanford, one of the most fee-for-service-based systems in the Western Hemisphere. Our model was extreme team care.”

David and Goliath: Building a Complex Care Success in a Profit-Minded Health Care System

Success requires satisfying four audiences

As they built, launched and led SCC, Drs. Glaseroff and Lindsay realized that, for their program to achieve and maintain the support needed to succeed, there were four audiences to satisfy:

1. **The Payer:**

Stanford University administration, HR, and the University Benefits Committee

2. **The Academic Institution:**

Stanford Medical School, the collective expert voice and source of best practices

3. **The Medical Community:**

primary care and specialty providers from whom the program required referrals and co-management of care

4. **The Patients:**

The employees and dependents of Stanford University who were eligible and could benefit from SCC

"Ignore any one of these four at your peril when building a program like this," Dr. Glaseroff said.

AUDIENCE 1:

Funder or payer/health plan

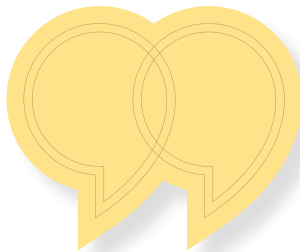
Hospital system executives decided to pursue a new model of care for patients with complex needs when

they saw that Stanford was spending twice as much on health care for its employees and their dependents who received care at Stanford Health Care compared to the cost of care for Stanford employees and dependents who got their care at Kaiser Permanente.

Getting Drs. Glaseroff and Lindsay on campus to build SCC was the first step. SCC had to then prove its worth, particularly to middle managers in the health system who were focused on maximizing income and minimizing expenditures. It then took them a year and a half to see population-level improvement on key clinical quality measures. In the meantime, they were able to hold the budget-watchers at bay through the support of the hospital CEO, COO, and CFO. At the two-year point, they were able to demonstrate 13% cost savings for patients who were part of SCC for six months or more.

David and Goliath: Building a Complex Care Success in a Profit-Minded Health Care System

“Design work starts with listening to people.



AUDIENCE 2:

The organization from which you get resources

and Lindsay found many areas where they needed support and permission to change the status quo. For example, using LabCorp instead of Stanford's own, much more expensive, hospital lab service required extensive advocacy work within the institution. Expanding the role of the medical assistant care coordinators also required a great deal of education and advocacy.

Once SCC was funded, Stanford needed to make room for this new program. In pursuit of their Triple Aim goals, Drs. Glaseroff

AUDIENCE 3:

Provider and clinician colleagues

for those patients who most needed their services. In many cases providers met initial conversations with resistance. A common response was: “Are you telling me I’m doing a bad job caring for my patients?” Dr. Glaseroff advised people in similar positions to meet

SCC needed to join Stanford's ecosystem of primary care providers and specialists in order to take over care

with providers individually. “Do not meet with them in groups,” he said. “Providers can take on a wolf pack mentality.” He and Dr. Lindsay shared lists of eligible patients with providers in their individual meetings, and asked providers whether they were worried about the health of these patients, and if they had other patients they were concerned about who were not on the list.

AUDIENCE 4:

SCC's patients and potential patients

Before enrolling patients in the new program model, Drs. Glaseroff and Lindsay had six months to develop

the program model, seek support from their first three audiences, and hire staff. Given this opportunity to build a program from the ground up, they were informed by human-centered design ([figures B and C](#)). “Design work starts with listening to people,” he said.

David and Goliath: Building a Complex Care Success in a Profit-Minded Health Care System

FIGURE B

Design Thinking as a Structured Problem-Solving Process

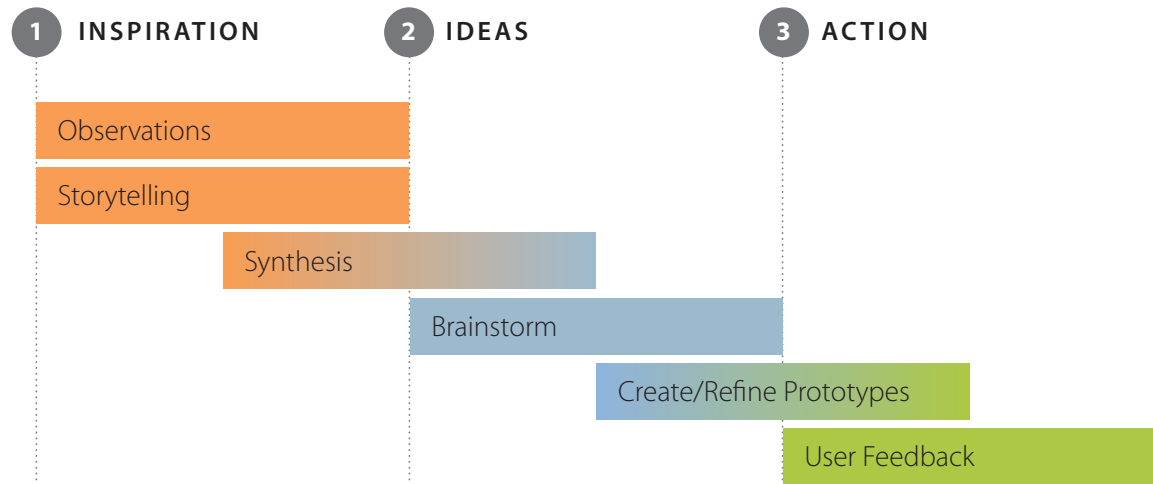


FIGURE C

Seven Elements of Care

FROM	TO
Feeling alone and suspicious	Becoming an empowered patient
Forced to be the organizer	Supported and confident
Feeling studied	Feeling listened to
Facts	Hands-on action
Passed between providers	Creating personal relationships
Stalled	Thriving
Resources intensive	Streamlined

David and Goliath: Building a Complex Care Success in a Profit-Minded Health Care System



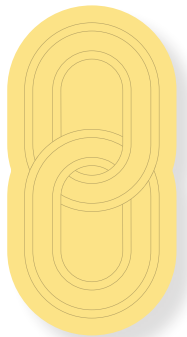
The design process gave the team many of its most important features, including its name, “Coordinated Care,” which their research showed to be the preferred terminology by patients. Promotion of SCC to patients included brand new marketing materials and an engagement process that solicited patients’ values and priorities for their lives and their health care.

Other results of the team’s human-centered design work included the “extreme team care” model where medical assistant “care coordinators” had their own panels of patients and provided the majority of “between-visit” care, in addition to helping establish and follow up on patient action plans. Additionally, the care coordinators managed HEDIS quality

metrics, ordered routine chronic condition prescription refills, managed referrals and authorizations, and scribed during visits in the clinic (allowing the providers to focus on the patient, not the computer).

Many health care systems throughout the state are looking at new models for primary care, and the SCC model has spread to at least 15 additional health care organizations throughout the country.

[Read the AHRQ Case Study and the AMA Steps Forward Module on Intensive Primary Care to get more details and learn how to implement this model at your own organization.](#)



Network Driven Change to Improve Health Care

How Has CIN Changed the Way You Approach Your Work?



"CIN has forced us to ask ourselves as an organization: Are we on the right track and are we chasing the right balls? What new ideas can help us tweak a project or do our jobs better?"

For example, CIN helped my organization look at provider burnout in a holistic way. Prior to the first CIN meeting, we were in the midst of creating a physician mindfulness program to address burnout, but the first CIN meeting gave us a valid evidence-based structure to mitigate burnout. We realized we have to look at our leadership, fix some parts of our electronic health record, look at how we're supporting doctors, and help doctors foster resilience.

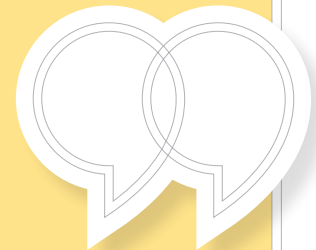
Christine Castano, MD

CIN Managing Partner,
HealthCare Partners Medical Group

"In the past, the California Quality Collaborative was typically focused on commercial providers, and that shifted because of CIN. The network has encouraged us to think more broadly. That was because of who we were hearing from and interacting with at CIN meetings. CIN also helped us build our expertise in substance use disorder work in a way that never would have happened without it.

April Watson, MPH

CIN Managing Partner,
California Quality Collaborative



Snapshots from CIN Partner Meetings 2018-2019

- 1** / CIN partners work in small groups
- 2** / Robin George, MPH, left, and Rev. Floyd Trammell, San Francisco Health Network
- 3** / Erika Robinson, Partnership HealthPlan of California
- 4** / Hunter Gatewood, MSW, left, CIN Program Office, Jessica Thacher, MPH, California Health Care Foundation
- 5** / Catherine Teare, MPP, center, California Health Care Foundation, Giovanna Giuliani, MBA, MPH, right, California Health Care Safety Net Institute
- 6** / Laura Miller, MD, Community Health Center Network



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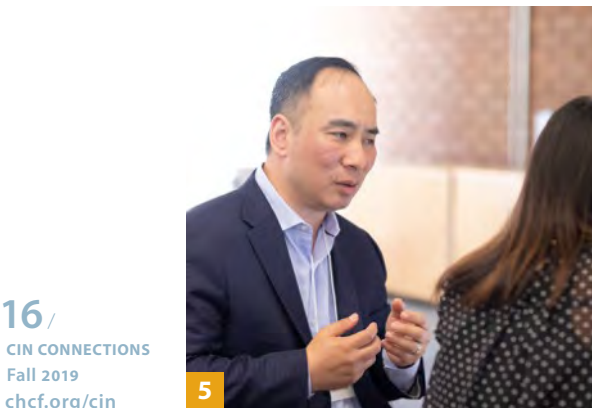
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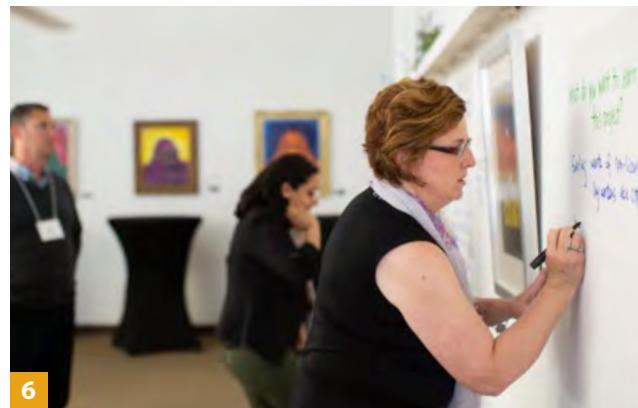
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1 / Christopher Perrone, MPP, left California Health Care Foundation, and Katrina Miller, MD, L.A. Care Health Plan 2 / Kathryn Phillips, MPH, left, California Health Care Foundation, CIN Managing Partner 3 / Danielle Oryn, DO, Redwood Community Health Coalition 4 / Ellen Piernot, MD, MBA, left, and Priti Golechha, MD, Golden Valley Health Centers 5 / Albert Chan, MD, Sutter Health 6 / Bridget Hogan Cole, MPH, Institute for High Quality Care 7 / Robert Moore, MD, MPH, Partnership HealthPlan of California



1 / Lisa Pratt, MD, left, San Francisco Health Network, and Sunita Mutha, MD, Healthforce Center at UCSF. **2** / Amanda Clarke, MPH, right, and Giovanna Giuliani, MD, MPH, California Health Care Safety Net Institute
3 / [from left]: Mickey Trockel, MD, MPH, Stanford Medicine WellMD Center, Lloyd Kuritsky, DO, Sharp Community Medical Group, Alice Chen, MD, MPH, San Francisco Health Network, and Robin George, MPH, San Francisco Health Network



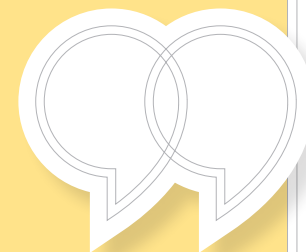
What Has Your Organization Accomplished Because of CIN?



"The September 2018 CIN partner meeting served as a turning point for Golden Valley Health Centers. I was particularly struck by substance use disorder expert Candy Stockton's presentation that focused on approaching and treating substance use disorders as chronic diseases. Later, informed by CIN speakers, we worked to integrate substance use disorder treatment so that it's a part of the care system and not an isolated program that sits separately from the other care people receive. We used the substance use disorder toolkit and other CIN resources to do this work.

Ellen Piernot, MD, MBA

CIN Partner, Golden Valley Health Centers



Partner Goals for CIN Priority Areas



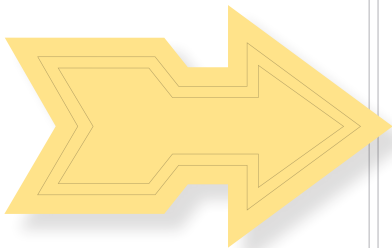
Group activity at the CIN partner meeting on June 5, 2019, in Oakland, California.

As one cycle of CIN comes to an end, CIN partners are continuing the forward momentum of tackling CIN's priority areas. Below are select partners' stated goals and commitments to advance quality improvement innovation.

TOPIC	PARTNER GOALS
<p>1. Making improvements in behavioral health care with an emphasis on cost management</p>	<p>"Increase the capacity of member health centers to provide medication-assisted treatment by facilitating waiver training courses which are required for physicians to prescribe and dispense buprenorphine."</p> <p>Nicole Howard, MPH, CIN Partner, Health Quality Partners</p> <p>"Support provider organizations in developing advanced primary care models, including approaches that address behavioral health needs, social risk factors, and/or high-need patients."</p> <p>April Watson, MPH, CIN Managing Partner, California Quality Collaborative</p>
<p>2. Addressing social needs that impact health with an emphasis on cost management</p>	<p>"Strengthen and broaden support for social needs that impact health to general federally qualified health center population, not just those who qualify for special programs."</p> <p>Laura Miller, MD, CIN Partner, Community Health Center Network</p> <p>"Decrease high-cost care by supporting county work on increasing housing services targeting homeless members."</p> <p>Robert Moore, MD, MPH, CIN Managing Partner, Partnership HealthPlan</p>

Partner Goals for CIN Priority Areas

Visit chcf.org/cin
to access technical
assistance and
resources in each of
CIN's priority areas.



TOPIC	PARTNER GOALS
3. Understanding the fundamentals of managing financial risk and total cost of care	<p>"Ensure that public health care system leaders are prepared to manage the transition when the Medi-Cal waiver ends and to succeed under new, post-waiver policies and programs."</p> <p>Giovanna Giuliani, MBA, MPH, CIN Partner, California Health Care Safety Net Institute</p>
4. Preventing burnout and promoting resilience among providers and staff	<p>"Build a policy for financial support of professional development, and create greater clarity on job roles and career path to increase staff engagement and retention."</p> <p>Michael Rothman, DrPH, CIN Partner, Center for Care Innovations</p>
5. Leading change	<p>"Make our physicians leaders in their own practices as well as leaders for the medical group."</p> <p>Lloyd Kuritsky, DO, CIN Managing Partner, Sharp Medical Group</p> <p>"Provide standards of care, tools, and training that are co-created by leaders, providers, patients, and family members."</p> <p>Michelle Wong, MPH, MPP, CIN Partner, Kaiser Permanente</p>

Looking Forward

We're excited to announce that a new cycle of CIN will launch in early 2020 with new, and continuously improving, programming. The network is slated to focus on the following priority areas in 2020-2021:

- **Leading change and fostering resilience**
The foundation for all improvement efforts
- **Addressing social needs that impact health**
Health begins where people live, work, and play
- **Providing care differently**
New methods, future thinking

CIN will continue to propel action and learning in these areas and will hold its first partner meeting in February 2020. The next issue of *CIN Connections* will be published in March 2020.





Healthforce
Center at UCSF

CIN is a project of the California Health Care Foundation and is managed by Healthforce Center at UCSF.

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Have you tested out any of the quality improvement recommendations or tools included in this issue? Tell us how it went. We are here to answer your questions or connect you to additional resources. Email us at CIN@ucsf.edu.

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