



STRATEGIC PLANNING 2009

Westside Health Care Advisory Task Force

V.1

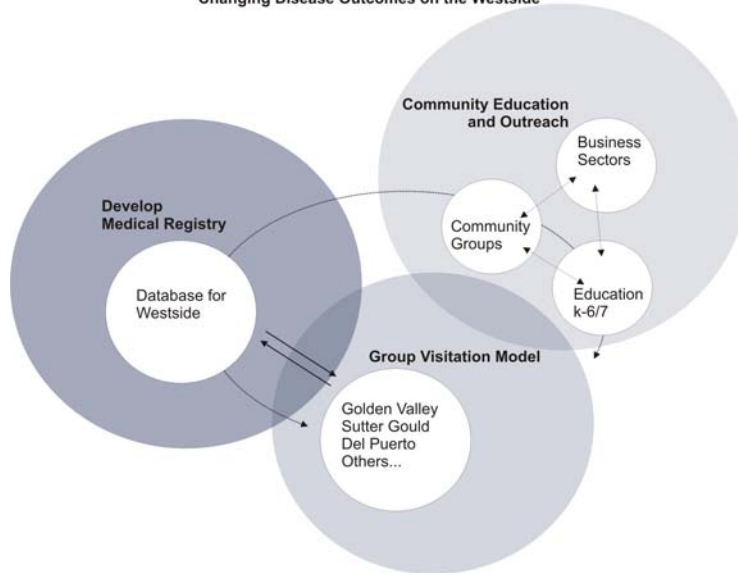
PROCESS

On December 16, 2008 the membership of the Westside Healthcare Advisory Task Force meet in a special planning session to discuss Task Force objectives for calendar year 2009 and beyond. In this meeting three primary objectives were discussed and identified. They are:

- Developing strategies for improved community education and outreach
- Developing a strategy for the deployment of a Medical Registry database for westside residents
- Developing a framework for the development of a group visitation (Medical Home Model) approach to westside healthcare

WESTSIDE HEALTHCARE ADVISORY 2009 Program Objectives

Changing Disease Outcomes on the Westside



On Saturday January 17, 2009 the Task Force met again in Gustine for an extended planning session. This document is the framework born of these planning sessions and is a work in progress.

COMMUNITY EDUCATION AND OUTREACH

The community education and public outreach component seeks collaboration with three sectors of the West Side community:

- Businesses, including Chambers of Commerce and industry associations;
- K-8 public and private educational institutions;
- Community, service, and religious organizations.

The Task Force recognized two major health goals to reach through increased use of these community sector resources:

- Promoting **Wellness** through an enhanced relationship with schools and leaders of businesses of all sizes;
- Improved **Chronic Condition Management** by utilizing the resources of our community, service, and religious organizations.

Wellness is not just the absence of disease or pain. Wellness is a total lifestyle, making healthy choices so one can reach their highest potential. It includes the idea of living a balanced life and avoiding excesses. Paths to wellness include eating a well-balanced diet, exercising regularly, not smoking, avoiding alcohol and substance abuse, and avoiding other negative behaviors (crime, risky sexual behaviors, etc.).

BUSINESS SECTOR

The Task Force will take several approaches to involving businesses. There are large and small businesses throughout the west side; thus different channels of communication must be used to reach them. Sources for compiling contact lists include:

- U.S. Postal Service;
- Local Chambers of Commerce (COCs), which may have postal and e-mail addresses;
- Trade/industry associations (Farm Bureau, almond hullers' association);
- The Internet and Yellow Pages.

What is it the Task Force must promote? Why is "wellness" relevant to business?

- Employee wellness will have a positive impact on productivity:
 - decreased absenteeism due to illness
 - improved on-the-job safety due to less fatigue and less risk of substance abuse
 - "well" employees are likely to have "well" families, and thus won't have to take time off caring for sick or injured children or spouse
- Help identify sources of wellness in the community
 - The Task Force may
 - regularly advertise existing sources of wellness, especially for smaller businesses that may not have the time or resources to do the research and distribute such information to their employees.
 - Alert/promote special events or programs developed through Task Force, healthcare provider, or other community efforts (e.g. weight loss competitions, health fairs, etc.).

Channels for Promotion

- **Quarterly e-mail "blast"** to Chamber of Commerce/businesses from County CEO's office (include media – i.e. Modesto Bee, Patterson Irrigator)
 - Develop e-address roster with assistance from Cities, Chambers and business associations;
 - Develop content for e-newsletter:
 - Chairman's message/Task Force mission
 - Task Force meeting schedule and staff contact information
 - Focus article on healthy living (healthcare partners to rotate this assignment)
 - Healthcare calendar of events
 - Link to community portal
- **Meetings between health experts and business executives**
 - Develop a contact list (with Chamber of Commerce assistance)
 - Prepare an invite letter to meet and greet – discuss the mission of the Task Force and solicit business community input
 - Schedule location, time and presentation materials
 - Hold the meeting and document interested parties and subsequent follow up

- **Large employers promote utilizing their Employee Assistance Programs for healthy lifestyles**
 - Define and Identify large employers on west side
 - Prepare invite letter to meet and discuss their participation in our outreach efforts
 - Schedule meeting, location, time, presentation materials
 - **NOTE:** This may be a deliverable that can be cross-referenced with the general business community outreach activity. If we are diligent in our invitation process we may be able to capture this sector at the larger business outreach meeting.

EDUCATIONAL ORGANIZATIONS

Schools are an excellent channel to promote wellness. Youth are open to positive messages; administrators and teachers may enjoy adding to their curriculum; most parents are appreciative (maybe even helpful) of promoting healthy lifestyles to their children. Long-term wellness promotion by the Task Force may decrease absenteeism, increase average daily attendance at schools and thus school revenues, and involve parents in education.

Who to include in the outreach:

- **School district superintendents**
 - City council members on the Task Force promote its wellness efforts during their quarterly meetings with superintendents.
 - Obtain Quarterly Superintendent meeting schedule
 - Ask for a 20 minute introductory presentation
 - Ask for individual follow up
 - Be prepared to share what we hope to accomplish
 - Develop a realistic outreach strategy for education – process steps for accomplishing our outreach goals
 - Follow up regularly
- **School board members**
 - Obtain regular school board meeting schedule
 - Contact clerk of the various boards for opportunity to speak in public session – information item
 - Prepare presentation message, handouts, specific outreach strategies that we would hope education would assist us with establishing
 - Follow up regularly
- **Parent-Teacher Networks and Associations**
- **School health professionals (nurses, health clerks, P.E. teachers)**

Ideas for wellness promotion:

- **“Biggest Loser” challenge** for schools to compete against each other.
 - This concept may be one of our deliverables shared with both Superintendents and School Board memberships
 - If there is buy in from education...
 - Develop a contest guidebook – including process, teams, scoring, time line/frame
 - Recognition (include local media outlets)

- **Identify other educational-youth programs** to target for health education
 - Again, this component should be included in our “ask” as we approach the education community. Once other education/youth programming is identified, follow the process criteria identified above:
 - Obtain regular meeting schedules
 - Contact leadership(s)
 - Seek opportunity to speak to formal bodies
 - Prepare presentation message, handouts, specific outreach strategies we wish to accomplish

COMMUNITY SERVICE AND RELIGIOUS ORGANIZATIONS

Identify interested community groups who would want to assist with **Wellness Promotion** and **Managing Chronic Conditions**:

- Family Resource Centers
- Churches
- Rotarians, Lions Club, Knights of Columbus, Portuguese-Americans, VFW
- Seniors/Golden Agers/”50 + Club”

Task force health experts, such as county Public Health Department, Healthy Start programs, Del Puerto Health Care District, and Golden Valley Health Centers, meet to collaborate with the organizations’ leaders. Together they align the Task Force mission with the organization’s. Experts and organizations jointly develop ideas that accomplish the goals above.

Community organizations can be involved in important ways:

- Advertise and hold community health education classes at their facilities;
- Take on the “Biggest Loser” challenge for their own members;
- Become a resource for Group Visit locations:
 - Organizations may have large rooms or classrooms to use for Group Visits
 - Community organizations can promote the whole concept of Group Visits and wellness once a group visit takes place at their facility, especially among their members (senior organizations, churches, service clubs). Members say, “Why doesn’t MY doctor do that!”
 - Organizations help the group visit/wellness concept “spill out” to the community
 - Introduce and advance the use of “promotoras” where appropriate.

DEVELOPING A GROUP VISITATION MODEL

A Health and Wellness Home Approach: Your Community Doctor's Office

The Health and Wellness Home Concept Defined

"Your Community Doctor's Office" is a medical care model where an individual or a family will seek and receive basic health services, including preventive care. Participating doctors agree to serve as coordination for needed services outside of their own scope of services, and further to support and actively promote community health & education. Designated Community Doctor's Offices also agree to work collaboratively to promote the expansion of health care services, with a special focus on the underserved in our respective communities."

What is our objective?

- Wellness promotion / healthy lifestyle – community wide
- Managing chronic conditions
- Physicians and Physician groups working collaboratively

Who to include in the outreach:

- We need to create a 2nd tier for participation:
- Dentists
- Medical specialists
- Pharmacists and pharmacies
- Optometrists
- Private physicians
- Clinic and organization based physicians

Channels for Promotion

- **Identify which primary care health care providers are interested** in implementing a standardized/common model.
 - Develop a common statement of definition and purpose
 - Share/present this statement under cover letter from Task Force requesting input and feedback from primary care physicians
 - Schedule face to face discussions with interested physicians
 - Perhaps a common meeting to develop group dialogue
- **Develop a common pledge** – together (Task Force Healthcare experts to facilitate)
 - Time (1 hour per month per provider)
 - Money (\$400,000 grant) \$10 per capita on west side
 - Have providers agree to "conditions of participation"
- **Clarify the vision** of a medical home
 - "Medical home = primary care physician"
 - A place to go when you are not feeling healthy
 - Not just a physical location. (phone, fax, web). Scheduled group sites.
 - A place to go for wellness checks and education, not just the traditional
 - Chronic disease (diabetes, asthma, hypertension) prevalent conditions
 - Address Transportation needs:
 - Meet with County Transportation officials
 - Understand current/existing TR options

- Share/identify exiting TR barriers
- Medication education – folks aren't compliant – this needs to change/improve
- Develop and Communicate a common message - together
- NOTE: Use this common message with education and business partners to assist with outreach and execution
- **After Hours Access** – “Medical home” to direct patients for advice or assistance
 - Example: Nurse advice line (lease from existing providers i.e. Kaiser) = \$ per member per month
 - Schedule 20 community forums to discuss/education when to call vs. 911
 - [Work with community education and outreach group to align this task]
 - Use of local EMT – paramedical access
 - How can we better utilize existing EMT resources?
 - EMT Task Force partners to assist with developing a pilot outreach
 - Seek grant funding to fill gaps
 - Potential best practice exists
 - **Explore creating a west side “call a nurse” program** that citizens/government or a coalition pays for.
 - Task Force sub-committee (healthcare experts) research and develop screening for potential off the shelf best fit examples
 - Develop rural healthcare grant boilerplate language depicting our issues of isolation, etc.
 - Final grant proposals and target grant funding possibilities
 - Identify appropriate Task Force Healthcare entity to act as fiscal agent for grant submission
 - Apply and monitor

DEVELOP A MEDICAL REGISTRY

The Medical Registry Defined

Chronic diseases are placing a growing burden on the health care system in the United States. As a result, provider organizations are seeking new strategies for effectively managing individuals and populations with one or more chronic diseases. One such strategy is to implement computerized disease registries, systems that capture and track key patient information to assist care team members in proactively managing patients with chronic diseases such as asthma and diabetes.

Specifically, they provide:

- Printed patient reports used at the point of care to communicate condition-specific information and prompt physicians and their teams to deliver recommended care.
- Exception reports to identify patients overdue for care or not meeting management goals; and
- Progress reports to provide information about how well individual providers and overall organizations are doing in delivering recommended care to specific patient populations.

What is our objective?

Our objective is to build a coalition of health care providers/organizations and health plans that realize the need to more proactively manage patients with chronic disease who are residents of Stanislaus County and are willing to commit resources to develop and maintain a community wide chronic disease registry.

Who to include in the outreach:

At a minimum we need to engage the following potential stakeholders/partners:

- Stanislaus County Health Services Agency (both FQHC-LA Clinics and Public Health)
- Golden Valley Health Centers
- The Aspen Clinic
- Del Puerto Healthcare District
- Blue Cross
- Health Net
- All Care
- Health Plan of San Joaquin
- Doctors Medical Center
- Memorial Medical Center
- Sutter Gould
- Emmanuel Medical Center
- Oak Valley Hospital
- The Stanislaus Medical Society

Channels for Promotion and Potential Project Timelines:

- Initial promotion via contact letters to key individuals affiliated with each of the above identified potential stakeholders/partners with an enhanced focus on Health Plans – Spring 2009
- Contact local chapters of national disease coalitions (American Diabetes Association as a focus) – Summer 2009
- Host a project information session at a meeting of the Stanislaus Medical Society - Fall 2009
- Provide demonstration of initial HSA Disease Registry to Health Plans – Winter 2010
- Build population managed by Disease Registry and seek positive Modesto Bee article – Spring 2010
- Work with Hospitals and Health Plans requesting them to notify their Diabetic populations of the Disease Registry – Spring 2010
- Work with Golden Valley on collaboration and technical issues for expanding the HSA Disease Registry to their population, seek Demonstration Grant funding – Summer 2010
- Provide pay for performance type measures for pre and post Disease Registry implementation and management of Diabetic patients to Health Plans – Fall 2010
- Expand Disease Registry to include Asthma patients and/or Cardiovascular Disease – Winter 2011
- Explore potential to have HSA host community base Disease Registry and seek financial support from grant sources and local Hospitals and Health Plans – Spring 2011
- Seek expansion of Disease Registry to independent physician offices and potential support of Health Corps for volunteer data entry services – Summer 2011
- Seek performance incentive payments from Health Plans to those physicians who utilize Disease Registry and can substantiate improved patient compliance and outcomes – Fall 2011