Objectives

• Describe the SCF Nuka System of Care and key elements needed to transform a whole system of care.

• Discuss what a mature improvement infrastructure looks like after 12 years of continual creation.

• Consider how the SCF Nuka System of care might be applied in their setting.
Measures of Success

- Utilization
  - 75% decrease in hospital admissions since 1999
  - 71% decrease in hospital days per 1000 since 1999
  - 36% decrease in outpatient visits per 1000 customer-owners

- Clinical quality
  - Level 3 NCQA Patient Centered Medical Home
  - 75 or 90 percentile for HEDIS outcome measures
    - Diabetes
    - Cancer
    - Cardiovascular disease

Measures of Success

- Customer-owner satisfaction
  - Overall 93%

- Employee satisfaction
  - Overall 94%
  - Response rate 83.2%

- Employee Turnover
  - 10.8%

- Baldrige National Quality Award - 2011
Then and Now...

The Alaska Native Medical Center is jointly owned and managed by Southcentral Foundation and the Alaska Native Tribal Health Consortium

Discussion

- Discuss at your table
  - What do you hope you learn today?
Objectives

- To describe the customer-owned and relationship based Southcentral Foundation Nuka System of Care
- To understand a different way of thinking about healthcare
- To answer your questions
1982 - SCF established as a 501(c)(3) nonprofit under the tribal authority of CIRI

1985 - SCF entered into its first self-management contract (dental and optometry), as authorized by the Indian Self-Determination Act

1987 - Assumed more of dental and optometry, and added behavioral health

1994 - Opened the first orthodontic clinic in Alaska for Native children; assumed psychiatric care and family medicine

1998 - Assumed management of the entire primary care system for the region

1999 - Assumed ownership and co-management of services for the Alaska Native Medical Center

Today - 64,000 customer-owners; 1,500 employees; 65+ programs
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

Key Points
Shared Responsibility
Commitment to Quality
Family Wellness
Operational Principles

Relationships between customer-owner, family and provider must be fostered and supported

Emphasis on wellness of the whole person, family and community
(physical, mental, emotional and spiritual wellness)

Locations convenient for customer-owners with minimal stops to get all their needs addressed

Access optimized and waiting times limited

Together with the customer-owner as an active partner

Intentional whole-system design to maximize coordination and minimize duplication

Outcome and process measures continuously evaluated and improved

Not complicated but simple and easy to use

Services financially sustainable and viable

Hub of the system is the family

Interests of customer-owners drive the system to determine what we do and how we do it

Population-based systems and services

Services and systems build on the strengths of Alaska Native cultures

From 1982 to 2013...

- 64,000 Customer-owners
  - 54,000 Anchorage and Valley
  - 10,000 55 villages

- Employees
  - 1982: Fewer than 100
  - 2012: About 1,500 +

- Operating Budget
  - 1982: $3 million
  - FY 2013: $227 million
SCF Programs and Services

- Primary Care Clinics
- Laboratory
- Pediatrics
- Audiology
- Health Education
- McGrath Health Center
- Pharmacy
- Health Information Services
- OB-GYN
- Complementary Medicine
- Nilavena Subregional Clinic
- Radiology
- Empanelment

- Emergency Department
- Home Based Services
- Valley Native Primary Care Center
- Anchorage Service Unit Ops Support
- Optometry

SCF Programs and Services

- Behavioral Health
  - Fireweed
  - PCC
- BURT
- Deen A Yeets
- TRAILS and FASD
- The Pathway Home
- Quyana Clubhouse
- Dena A Coy
  - Residential
  - Outpatient
  - Willa’s Way
- Behavioral Health Service
- McGrath Behavioral Health Clinics

- Therapeutic Family Group Homes
  - Cottonwood
  - Rendezvous
  - Cleveland
- Alaska Womens Recovery Project (AWRP)
- Access To Recovery (ATR)
SCF Programs and Services

- Compliance
- Data Services
- Organizational Development
- Development Center
- Human Resources
- Quality Assurance
- Research
- Nuka Institute

- Tribal Relations and Village Initiatives
- Traditional Healing Clinic
- Planning Grants
- Communications & Public Relations
- RAISE Programs
- Elder Program
- Seattle Office
- Board Support
- Corporate Office Support

SCF Programs and Services

- Dental (ANMC and Fireweed)
- Facilities
- General Counsel
- Information Technology
- Special Assistant Program
- Budget Planning and Management
- Contracts
- Financial Operations
- Patient Accounts
- Payroll
- Reimbursement
Organizational Structures

- Office of the President
  - Divisional structure
- Executive and Tribal Services, Medical Services, Behavioral Health, Resource and Development and Organizational Development and Innovation
  - Line Authority
- Functional committee structure
  - 4 areas of focus to get to high performance
- Operations – effective day to day operations
- Quality Assurance – compliance with standards etc.
- Process Improvement – improving systems and structures
- Quality Improvement – improving clinical and educational services

Primary Care needs changing

- Medical care is too big and too complex with way too many services, agencies, and offerings to be left uncoordinated and without a strong navigator/coordinator role
- Doctor-centric Medical Model primary care has failed – need to rethink everything
- Poor ‘primary care’ = ineffective system
- Current model actually does HARM
Previous Healthcare Fixes - USA

- Limited capability if fundamental platform is not rethought
  - Think like a business, managed care, safety
  - Case Management 2002-2007
  - Then – Six Sigma, TPS, flow, reliability, spread, bundling, P4P, E.H.R
  - Now - PCMH, ACO, Affordable care, single payer

The result of previous fixes

- Medical Model – not questioned
- Each piece of healthcare optimizing their financial position – very sophisticated financially and bankrupting society
- Better, faster, safer version of what we have – no fundamental change
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)

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’
Hitting Target: Rock vs. Bird

Some simple rules for improvement

- Get together and have dialogues
- An allowing/positive environment
- Creativity
- Multidimensional improvements with target focus
- Complexity

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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

Purpose of Primary Care

- We are a Service Industry – NOT a product industry – coaching, teaching, partnering are central – pills and procedures supportive
- Changes what we think we do, who we hire, how we train, how we structure, how we reward, and how entire system is constructed as a system.
- We must optimize relationship – personal, trusting, accountable – minimize barriers
Just Do It... Why not?

- Why not take the best known practices and design a system?
- Why not spread this system everywhere and reap the benefits?
- Why has this not already occurred?
- **Why is this so hard?**

Difficulties

- Unquestioning belief in the medical model and professionalism
- Firm basis in science, technology, industrial manufacturing models, body as physical
- Many people making a whole lot of money in current system – as independent pieces
- Current system allows/supports/rewards independence and entrepreneurial thinking – no common purpose, framework, principles
- Very weak workforce and management theory, knowledge, skill in healthcare
Indian Healthcare Improvement Act

- The Congress of the United States said:
  “from the time of European occupation and colonization through the 20th century policies and practices of the United States caused and/or contributed to the severe health conditions of Indians.”

Indian Self-Determination and Education Assistance Act 1975

- Summary of Congressional Findings:
- Prolonged federal domination of Indian Health Service programs has
  - served to retard rather than enhance progress of Indian people and their communities
  - denied an effective voice in the planning and implementation of programs that respond to the true needs of the people
Indian Self-Determination and Education Assistance Act 1975

Government recognized that:
If the people receiving the health service are involved in the decision making processes, better yet, if they own their own health care – programs and services have a potential for enhancement and the people and their health statistics will improve.

The Drive to Change

- Unfriendly and rude staff
- Guinea pig for new doctors
- Customers waited for everything
  - Long waits for scheduled appointments
  - Four- to six-hour waits common
    Long waits on phone, pharmacy, everywhere
- Inconsistent treatment
- Risky place to go
Everyone Was Frustrated ...

- Customers frustrated – waiting, impersonal, paternalistic, crowded, unfriendly
- Clinical staff frustrated – too many people, not enough time, no personal relationships, too many demands
- Management frustrated – lots of unhappy people, hard to motivate staff, poor financial performance, challenging facilities

Our Choice

- Alaska Native people were given this choice and we chose to assume the responsibility for our own health care
  - Change everything
  - Total redesign
  - With our choices and values
Customer-owner

- Southcentral Foundation uses the term customer-owner instead of:
  - Patient
  - Client
  - Customer

Discussion

- Discuss the following:
  - What are you thinking about what you have heard?
Key Improvements - Leadership

- Our vision
- Shared Responsibility
- Operational Principles
- Core Concepts
- Board of Directors
- Role model
- National, regional and local partners
- Functional Committee Structure

Key Improvements - Strategic Planning

- Mission, Vision and Key Points
- Relationships across the organization
- Customer-owner input
Linkages

EVERYTHING TIES TOGETHER!

Planning Linkages
The Corporate Strategic Plan is linked and communicated all the way through the organization through division, committee, and department annual plans and the employee evaluation system.

Corporate Strategic Plan
(Rolling 3+ yrs)
Includes strategic challenges/advantages, corporate goals & corporate objectives.

Corporate Annual Plan
(1-3 yrs) & Budget Plans
(1 yr)
Includes prioritized initiatives that will begin in the next 12 months.

Annual Plans
(1 qtr – 1 yr)
Includes division, committee & department annual plans.

Quarter Reports
(1 qtr)
Includes division, committee & department annual plans.

Employee Evaluation System
(1 yr)
Includes employee evaluation & employee action plans.
Key Improvements - Customer Focus

- Personal interaction with employees
- Comment cards
- Satisfaction surveys
- SCF website
- Annual Gathering
- 24-hour hotline
- Community gatherings for listening
- Governing board
- Advisory committees
- Focus groups

Key Improvement - Workforce Core Concepts

**Work** together in relationship to learn and grow

**Encourage** understanding

**Listen** with an open mind

**Laugh** and enjoy humor throughout the day

**Notice** the dignity and value of ourselves and others

**Engage** others with compassion

**Share** our stories and our hearts

**Strive** to honor and respect ourselves and others
Key Improvements - Workforce Focus

- Hiring practices
- Learning and development
- Leadership development
- Role of managers
- Employee wellness

Key Improvements - Operations Focus

- Customer-owner in control
- Design of our work processes – team based
- Improvement Model – PDSA and Baldrige
Key Improvements – Operations Focus

- Family Wellness Warriors Initiative
- Traditional Healers – Tribal Doctors
- Complementary Medicine – Chiropractors, Massage Therapists, Acupuncture
- Behavioral Health Redesign
- Facilities and work areas

Key Improvements – Operations Focus

- Microsystem Optimization -teams
  - Primary Care: Physician, RN, Certified Medical Assistant, CM Support, Behaviorist, Dietician, Pharmacist, office redesign
  - Behavioral Health teams: Physician, Master Level Therapist, Case Manager
  - Human Resources teams: HR Generalist and Assistants – Same day service, etc.
- Home Health, Nutaqsiivik, Waiver Care Coordination, Home Visiting Physician
**Key Improvements – Operations Focus**

- Advanced Access – appointments when the customer-owner wants – same day primary care
- Max Packing
- Interdepartmental Service Agreements
- Hospitalists in Pediatrics and Internal Medicine

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**Key Improvements - Data and Measurement**

- Multiple levels
- Mission, Vision, Key Points
- Data experts
- Data and sharing story
- Data Mall
Information to Knowledge

- Challenge – how to go from small, personal practice build on values deeply held, but just known by all involved – to a large system with many programs, multiple locations, and nearly a thousand staff?
- Requires strong and supportive leadership
- Requires creating models, language, structures, processes, diagrams
- Requires redesigning everything
Alternatives to Medical Model

- Escape the tyranny of the provider based one on one office visit
- Move beyond professional centric planning
- Move away from linear, sequential activity to parallel, circular, multidirectional thinking
- Integrated teams where each person works at the top of their license
Health care provider changes

- No longer a hero but a partner
  - Control does not equal compliance
  - Replace blaming with understanding
  - Give customer options, not orders
  - Provide customer with resources
  - Make it simple

Customer-owner changes

- Be active, not passive
- Take responsibility for your health
- Get information about your health
- Ask questions about advice
- Ask for options
Leadership Changes

- Core Concepts – WELLNESS
- Role model
- Willingness to share story
- Willingness to hear story
- Admit mistakes

Then and Now …
Then and Now ...

Discussion

- Discuss the following:
  - What questions do you have?
Customer-Owner Panel

It’s All About Customer-ownership and Relationships
## Thank You!

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