Welcome

1. Introductions
2. Agenda for the day
3. Learning objectives
4. Check In
Learning Objectives

• Define effective drivers of system transformation in support of community health and wellbeing

• Explore methods of creating learning organizations that mobilize effectively at the point of care

• Debate the critical elements of the effective health care system of the future

What is a Check In

▪ Powerful tool used to kick off dialogue

▪ Each participant in the dialogues has an opportunity to speak for a moment about what they are thinking or feeling while others listen in silence

▪ Time to “check into” the dialogue

▪ Uses at beginning, end or at difficult times during a dialogue
Check In

- At your table:
  - Tell us about you, your role and your organization
  - What is it that you need to set aside to be fully present today?

- Time: 5 minutes

Patient Voice and Involvement
How do you listen?

1. Do you have a patient representative on your board of directors?
2. Do you do at least 5 focus groups per year?
3. Do you regularly survey your patient population?
4. Do you have a community advisory board?

Which one most closely reflects your method?
Southcentral Foundation Fast Facts

- Incorporated in 1982
- Serving 65,000 Customer-owners
  - 55,000 Anchorage and Valley
  - 10,000 55+ villages
- Employees
  - 1987: 24 staff
  - 2015: About 1,850

We provide primary care services and 80+ programs and departments, such as:
- Dental
- Behavioral health
- Optometry
- Complementary medicine
- Traditional Healing
- RAISE program
- Administrative Support Training
- Family Wellness Warriors Initiative

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
Government recognized

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.

Alaska Native people chose to assume responsibility
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
Goals

- 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
Leadership Principles

- Operate from the strength of Alaska Native cultures and traditions of leadership.
- Will stand in the gap to achieve the Mission and build alignment for the Vision.
- Nurture an environment of trust with policy-structured strategic planning that encourages buy-in, systematic growth and change.
- Encourage honest communication for the ownership of responsible calculated risk taking.
- Respect the growth of customer-owner’s children’s children who will drive initiatives and improvements that last the next 100 years.
- Share personal life story, listen and be transparent to create a family atmosphere while maintaining accountability.
- Hedge people in creating a safe environment where spiritual, ethical and personal beliefs are honored.
- Improve for the future by learning from the past, give away credit and celebrate achievements.
- Practice and encouraging self-improvement believing there is good in every person while balancing the journey of life.

Ask the Community

- Governing board
- Advisory committees
- Elders Council
- Annual Gatherings
- 24-hour hotline
- Personal interactions
- Customer/Owners
- Satisfaction surveys and comment cards
- Employee survey and satisfaction surveys
- Employee interactions (over 55% C/Os)
Customer Ownership

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 Target: Rock vs. Bird

Unfriendly and rude staff
Guinea Pig for new doctors
Customer-owners waited for everything
  - Long waits for scheduled appointments
  - 4 to 6 hour waits in ER/Urgent Care common
  - Long waits on phone, pharmacy, everywhere
Little customer input, not used in planning
Too much uncaring and inconsistent treatment
Risky place to go for customer-owners
Alaska Native people said...

- Access to their own Primary Care Provider
- Cleaner and better facilities
- Culturally appropriate care
- Traditional Healers
- Acupuncture
- Massage Therapy
- Direct input to redesigning healthcare

Customer-owner changes

- Actively involved in partnership with your Primary Care Provider
- Take responsibility for your health
- Get information about your health
- Ask questions about advice
- Ask for options
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

Key Improvement
Same day access to a Primary Care Provider
Created Primary Care Teams- MD, RN, CMA, Admin
Monitoring for culturally appropriate care
Improvements in waiting times
Behavioral health redesign / Learning Circles
SCF Changed Everything
Infrastructure

- Executive Leadership
- Human Resource Redesign
- IT and Data Malls
- Measuring Outputs
- Finance
- Compliance-Legal

Professor Jason Leitch
National Clinical Director
Scottish Government
@jasonleitch
Macro level
“Providing care that is responsive to individual personal preferences, needs and values and assuring that patient values guide all clinical decisions”

‘...millions of individual care encounters that are consistently person-centred, clinically effective and safe, for every person, all the time.’

OUR VOICE
Working together to improve health and social care