



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

## Integrating Primary Care & Wellness: Sustaining Integrated Care Innovation Community

**Slides for today's webinar will  
be available on the CIHS  
website:**

**[www.integration.samhsa.gov](http://www.integration.samhsa.gov)**

**Under About Us/Innovation Communities**

# Our format...



## Structure

Short comments from experts  
Specifics from their point of view

## Polling You

Every 20-minutes  
Finding the “temperature” of the group

## Asking Questions

Watching for your written questions

## Follow-up and Evaluation

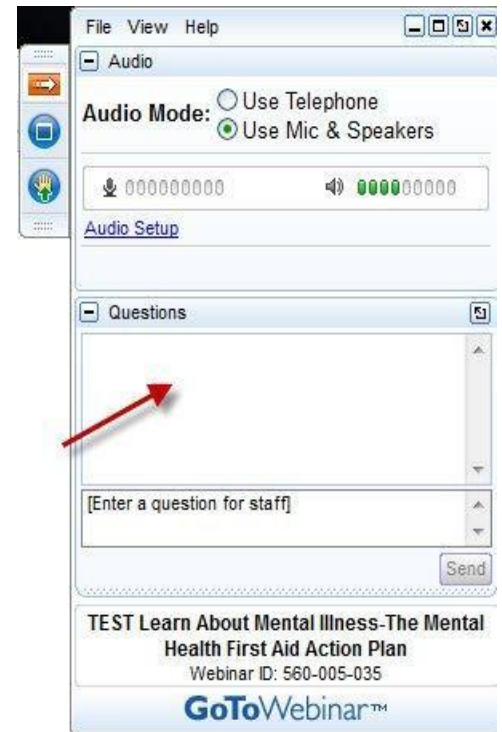
Ask for what YOU want or expect  
Ideas and examples added to the  
AOS Resource Center

# How to ask a question during the webinar



If you dialed in to this webinar on your phone please use the “raise your hand” button and we will open up your lines for you to ask your question to the group. **(left)**

If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. **(right)**



# Overview of Today's Webinar

- Review of the Innovation Community Objectives
- Defining Innovation
- Review the Organizational Self-Assessment Findings
- Developing Your Work Plan
- Wrap-up Questions

# What is an Innovation Community?

- Intensive nine month rapid improvement process
- Distance-learning infrastructure:
  - Webinars
  - Conference Calls
  - List Serve
  - Website
- Subject matter expert & peer-based learning approach

# IC Learning Objectives

- Assess current level of integration including current level of wellness programming (both wellness services & org culture of wellness)
- Develop work plan to achieve 2-3 goals related to one or more areas of sustainability:
  - Wellness Programming
  - Quality Data Capture, Analysis & Use
  - Billing/Cost Analysis

# Innovation...

“Innovation is creating new value &/or capturing value in a new way. Value is the key word, stressing the difference between innovation & invention. The definition is simple, easy to memorize & also good enough to encompass innovation in all the value chain.”

-Victor Fernandes

“Innovation is something new to your business that fills an untapped customer need. Ideally, the innovation builds a new market.”

-Jonathan Rowe

“Having a view of the future landscape of consumer wants & needs – whether known or unarticulated – & developing solutions that grow your business while fulfilling or altering the lifestyle & behavior of your target consumers.”

-Troy Geesaman



# The Forces Affecting Innovation

Forces can help or hinder efforts at innovation

- Industry/Managed Care
- Funding Sources
- Public Policy
- Technology
- Customers
- Accountability Requirements
- Leadership
- Communication

Source: Adapted from "Why Innovation in Health Care Is So Hard"  
Regina E. Herzlinger, May 2006, HBR

<b>Five levels of Innovation Maturity Model</b>					
Adapted from: Terwiesch & Ulrich	<b>Level 1: Reactive</b>	<b>Level 2: Structured</b>	<b>Level 3: In Control</b>	<b>Level 4: Internalized</b>	<b>Level 5: Continuously Improving</b>
<b>People</b>	Individual Champion/ Team Action	Sr. Management Makes Innovation a Priority	Sr. Management defines innovation strategy & use of portfolio planning tools &/or defines selection criteria that favor projects specific to that implement strategy	Company wide use of innovation tools; creation of opportunities is directed toward the strategic objective (as opposed to just the selection); slack time for employees to allow for bottom-up innovation	Continuous dialogue top- down & bottom-up
<b>Process</b>	No formal process exists	Sr. management makes innovation a priority	Innovation activities follow the overall process	Process is consciously designed	Ongoing optimization
<b>Performance Measures</b>	New Practice Implementation Process Measures	New Practice Implementation Process Measures	CQI Measures for All the Phases of Screening/Assessment & Tx	Population Health Measurement of Tx Outcome Targets	Ongoing Measurement & Feedback to Decision Makers on Org. Strategic Measures
<b>Purpose</b>	Response to external shocks/demands	Formalize & structure innovation activities; increase overall innovativeness; focus is on growth	Identify specific opportunities & threats to quickly react to change & to prepare for market changes	Build a robust services array to meet current market needs	Actively seek change & disruption in response to current & future market place needs

# Organizational Self-Assessment (OSA)

## Top Three Priority Areas

### Part One:

- Integration Practice Assessment Tool (IPAT)

### Part Two:

- Wellness Culture & Programming
- Nutrition & Physical Activity
- Tobacco Treatment
- Chronic Disease Self-Management

### Part Three:

- Quality Data Capture, Analysis, & Use

### Part Four:

- Billing/Cost Analysis

# Part One: Standard Framework for Integration

Referral		Co-Located		Integrated	
Key Element: Communication		Key Element: Physical Proximity		Key Element: Practice Change	
Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
<i>Minimal Collaboration</i>	<i>Basic Collaboration at a Distance</i>	<i>Basic Collaboration On-Site</i>	<i>Close Collaboration On-Site with Some System Integration</i>	<i>Close Collaboration Approaching an Integrated Practice</i>	<i>Full Collaboration in a Transformed/ Merged Integrated Practice</i>
Behavioral health, primary care, and other healthcare providers work:					
<b>In separate facilities.</b>	<b>In separate facilities.</b>	<b>In same facility not necessarily same offices.</b>	<b>In same space within the same facility.</b>	<b>In same space within the same facility (some shared space).</b>	<b>In same space within the same facility, sharing all practice space.</b>

# Part One: Integrated Practice Assessment Tool (IPAT) Scores

Please Enter Your IPAT Score:

1. Minimal Collaboration
2. Basic Collaboration at a Distance
3. Basic Collaboration On-Site
4. Close Collaboration with Some Systems Integration
5. Close Collaboration Approaching an Integrated Practice
6. Full Collaboration in a Transformed Integrated Practice

Developed by J. Waxmonsky, A. Auxier,  
P. W. Romero, & B. Heath

# Part Two: Nutrition/Physical Activity

1. We have a system in place to identify disparities associated with access to IH/Wellness Services.
- 2 (tied). All members of the client's primary & behavioral health team play a role in supporting the client's wellness goals.
- 2 (tied). We offer wellness programs that combine nutrition & physical exercise as critical components of the program.
3. We offer evidence-informed, individual &/or group delivered, structured, systematic & curriculum/protocol supported approaches to physical activity & nutrition.

# Part Two: Tobacco

1. We fully involve peers in the role as health mentors, health coaches, &/or co-leaders of tobacco cessation groups & activities.
2. We encourage engagement of family members &/or caregivers in helping to reach clients' tobacco cessation treatment goals.
3. Our organization provides training for all staff on evidence-based tobacco cessation strategies & interventions.

# Part Two: Chronic Disease Self-Management

1. We use a group-delivered & manualized-curriculum supported approach to CDSM.
2. The organization requires the instrumental role of peers as mentors, health coaches, & personal trainers.
3. We have a process to ensure that the CDSM approach is designed to align with the clients' felt needs, concerns, problems, & goals that are associated with managing a chronic health condition.



# Part Three: Quality Data Capture, Analysis, & Use

1. All staff/teams have access to dashboard reports which describe data specific to their job duties including real-time alerts (e.g., alerts if clients present in the emergency room).
2. Our staff/teams have a formal process for sharing Quality/Performance Improvement lessons learned across the organization.
3. All teams are proficient in applying real-time, rapid-cycle quality improvement approaches in response to identified gaps in care or inefficient workflow processes.

## Part Four: Billing/Cost Analysis

1. We have walked through our workflows & identified who, can pay for each step of your process - with your clinical & billing staff at the same time- to understand gaps in billing.
2. We have a business plan for growing our integration business.
3. We are advocating at the state level for the use of key interim codes in our state if they are currently not available.
4. Our current software system accurately counts visits/no shows by service which can be calculated into per provider revenue lost.

# What area will your organization focus on in your Work Plan?

1. Nutrition/Physical Activity
2. Tobacco Cessation Programming
3. Chronic Disease Self-Management
4. Quality Data Capture, Analysis & Use
5. Billing/Cost Analysis

# Linking Your Org. Self Assessment Scores to your IC Work Plan

- The OSA was designed to provide new perspectives on the work you need to do to sustain IH Wellness.
- Unpacking your scores can lead to a clear steps your organization needs to take to develop and execute a work plan.

# Work Plan Development

Every IC member must develop a work plan targeting 1-3 goals that are achievable by August of 2016.

Using a SMART approach to setting goals is a useful approach.



# Common Work Plan Components

- Charge from Leadership
- Goals/Objectives/Action Steps
- Responsible Lead Staff and Supporting Staff
- Measurable Target Outcome(s)/Performance Indicator
- Timeline & Due Date/Completion Date
- Resources Required

# Work Plan

<b>Goal</b> (Big Picture/Long-Term Aim)	<b>Objective</b> (Concrete/Measureable)	<b>Action Steps</b> (Tasks Required to Complete Objective)	<b>Performance Indicator</b> (How you will know the Objective is Done)	<b>(Lead Staff) Assisting Staff</b>	<b>Due Date</b>
1) Break-even or Profitable IH services	1) Assess current profit/loss for IH services	1) Define IH services array 2) Develop costing methodology/Assess past year costs	1) Costing methodology for IH services	1) (Bob B); Katie K; James J	1) March 1, 2016

# Sample Work Plan Elements

1. **Goal:** Profit/loss for the Whatever Wellness Program
2. **Objective1:** Determine availability of Wellness data
3. **Tasks/Action Steps:** Sally R & Fred J to meet with billing specialist and wellness coordinator to identify and collect wellness data
4. **Responsible Lead Staff:** Fred J.
5. **Supporting Staff:** Sally R., Jim J., Erika P.
6. **Performance Indicator/Outcome(s):** Aggregation of wellness related billing and expense data into report describing profit/loss
7. **Due Date/Completion Date:** March 1st
8. **Resources Required:** 3 hrs of IC team staff time; 15 hrs of finance dept. staff time



# Next Steps...

- Define your Sustaining IH Wellness Charge
- Choose/Convene Core Implementation Team
- Develop Your Work Plan
- Looking forward to talking with you!

# Questions/Discussion



# Webinar Schedule

Webinar Number	Date	Time
February #2	Feb. 25	3 – 4pm
March #3	Mar. 31	3 – 4pm
April #4	Apr. 28	3 – 4pm
May #5	May 26	3 – 4pm
June #6	Jun. 30	3 – 4pm
July #7	Jul. 28	3 – 4pm
August #8	Aug. 25	3 – 4pm

# Listserv

Look for updates from:  
sustaining\_integration\_ic

**Thank you for joining us today!**

**Please take a moment to provide feedback by completing the survey at the end of today's webinar.**

If you have additional questions/comments please send them to:

Jeff Capobianco - [jeffc@thenationalcouncil.org](mailto:jeffc@thenationalcouncil.org) and  
Madhana Pandian - [madhanap@thenationalcouncil.org](mailto:madhanap@thenationalcouncil.org)