The SCF Nuka Model of Care:

Customer Driven - Community Owned

Donna Galbreath MD
Douglas Eby MD MPH

Southcentral Foundation

Why listen to our story

- Evidenced-based generational change reducing family violence
- 50% drop in Urgent Care and ER utilization
- 53% drop in Hospital Admissions
- 65% drop in specialist utilization
- 20% drop in primary care utilization
- 75-90%ile on most HEDIS outcomes and quality
- Childhood immunization rate of 93%
- Diabetes with 50% of HbA1c below 7%
- Employee Turnover rate less than 12% annualized
- Customer and staff overall satisfaction over 90%
- In an urban Alaska Native community with huge challenges

Southcentral Foundation

Key Points

- **Shared Responsibility**

  We value working together with the individual, the family, and the community. We strive to honor the dignity of every individual. We see the journey to wellness being traveled in shared responsibility and partnership with those for whom we provide services.

- **Commitment to Quality**

  We strive to provide the best services for the Native Community. We employ fully qualified staff in all positions and we commit ourselves to recruiting and training Native staff to meet this need. We structure our organization to optimize the skills and contributions of our staff.

- **Family Wellness**

  We value the family as the heart of the Native Community. We work to promote wellness that goes beyond absence of illness and prevention of disease. We encourage physical, mental, social, spiritual and economic wellness in the individual, the family, the community, and the world in which we live.

Southcentral Foundation

SCF Operating Principles

- **R**elationships between the customer-owner, the family, and provider must be fostered and supported
- **E**mphasis on wellness of the whole person, family, and community including; physical mental, emotional, and spiritual wellness
- **L**ocations that are convenient for the customer-owner and create minimal stops for the customer-owner.
- **A**ccess is optimized and waiting times are limited
- **T**ogether with the customer-owner as an active partner
- **I**ntentional whole system design to maximize coordination and minimize duplication

Southcentral Foundation

Operating Principles

- **O**utcome and process measures to continuously evaluate and improve
- **N**ot complicated, but simple and easy to use
- **S**ervices are financially sustainable and viable
- **H**ub of the system is the family
- **I**nterests of the customer-owner drive the system to determine what we do and how we do it
- **P**opulation-based systems and services
- **S**ervices and systems build on the strengths of Alaska Native cultures.

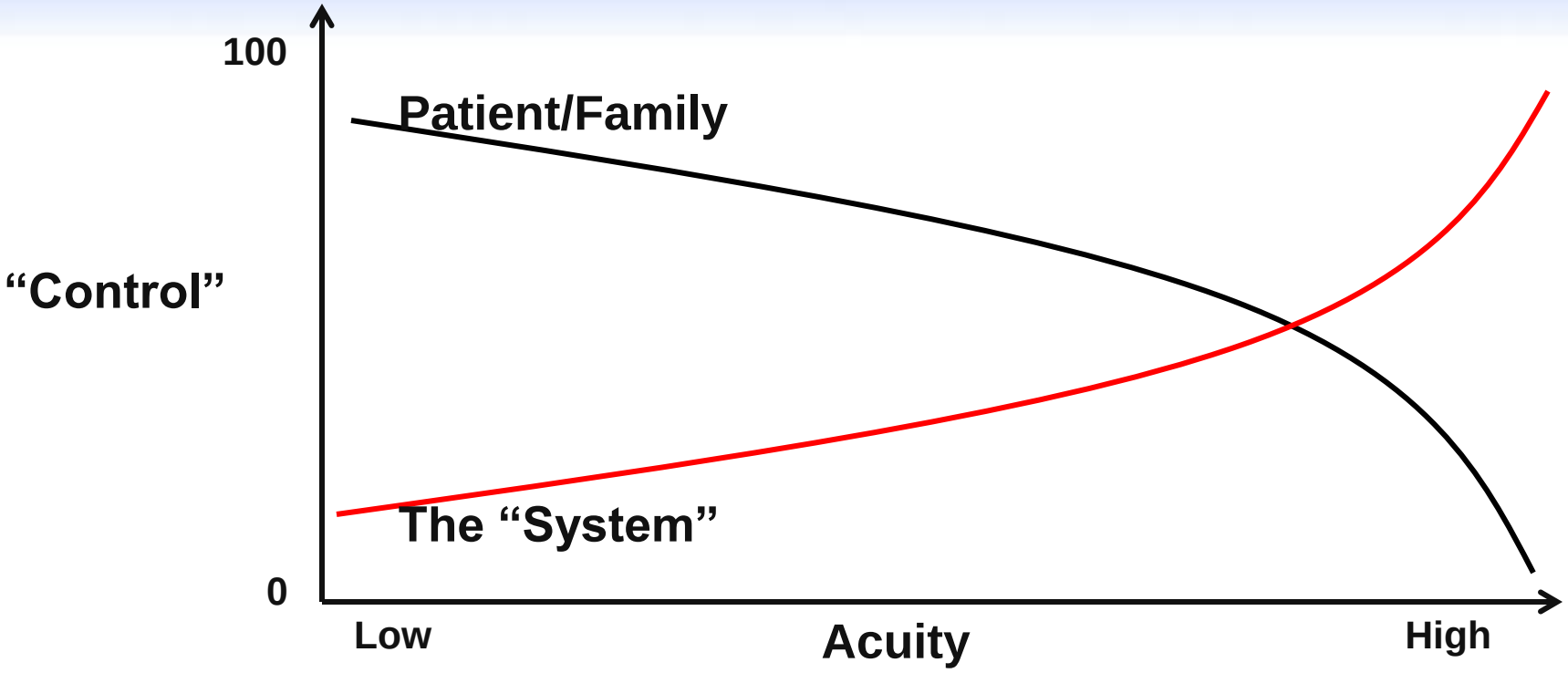
Southcentral Foundation

How to deploy in design…

- Good Diagnosis – now what is the treatment plan??
- Many organizations have nice, community based, health oriented Visions and Missions – but how to ‘change everything’ – not just lip service
- How to have customer ownership become customer driven design – really…

Southcentral Foundation

Control: 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)

Southcentral Foundation

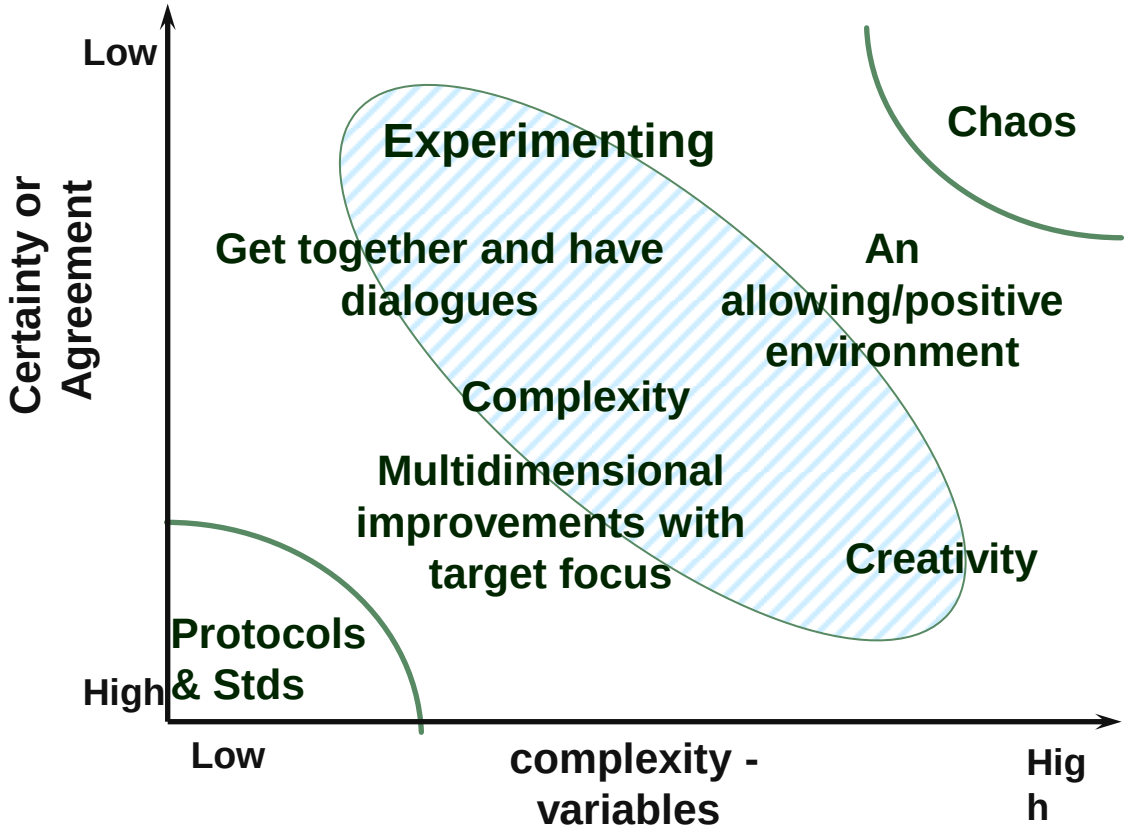
Hitting the target…

- 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’
- Medicine throws birds at targets and only thinks about the throwing part…

Southcentral Foundation

Some simple rules for improvement

complexity diagram



Southcentral Foundation

What we are Taught – Diagnosis, Medications, Procedures

- Medical Care Process – linear, objective
  - Signs and Symptoms – history and PE
  - Leads to Differential Diagnosis
  - Leads to ordering tests for more info
  - Leads to Definitive Diagnosis
  - Results in medications, procedures, and advice
- This is what our work is understood to be, the product of healthcare as we learned it and as we still teach it.

Southcentral Foundation

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*

Southcentral Foundation

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

Southcentral Foundation

Reality

- Healthcare has several ‘platforms’
  - ICU/ER/OR – high tech, linear, mechanical
  - Procedures – linear, mechanical
  - Consultative – time limited, acute issue focused
  - Longitudinal relationship over time – chronic conditions, outpatient, residential, behavioral health, primary care
- One size does not fit all – first two are product, manufacturing efforts – second two are service and knowledge efforts primarily

Southcentral Foundation

Current Popular ‘Solutions’

- Six Sigma/Lean
- Pay for Performance
- Baldrige
- Self Care
- Medical Home
- Accountable Care Organizations
- Patient Safety Movement

-- All are useful, but limited capability if fundamental platform not rethought

Southcentral Foundation

Frank

Frank is a 79 year old widower with Chronic Obstructive Pulmonary Disease (COPD), Heart Failure and Diabetes. He lives alone. Frank is very anxious as he is often very breathless and feels unable to manage. He has phoned the practice of his primary care physician on several occasions requesting a home visit and over the last year he has frequently been taken to the local emergency department, after he has dialled 911. He has been admitted to hospital on 7 occasions in the last year and now keeps a small packed suitcase by his chair.

Southcentral Foundation

Frank's Diagnosis

- COPD
- CHF
- Diabetes

- Frank's Healthcare providers
  - Primary Care, Cardiologist, Pulmonologist, Endocrinologist, Nutritionist, Physical Therapist, Pharmacist, Home Health.

Southcentral Foundation

Realities about Frank

- Frank IS in control
  - Getting and taking meds
  - Using inhalers
  - Eating, sleeping, exercising, socializing
  - Calling 911
- Frank is costing a great deal of money
- Frank is getting worse
- No one ‘knows’ Frank

Southcentral Foundation

Nuka – a different look at Frank

- Primary Diagnosis
  - Anxiety, Loneliness/isolation, insecurity, confusion, dependency, lack of confidence
- Secondary Diagnosis
  - COPD, CHF, Diabetes
- Primary interventions
  - Personal care coordination, integration of care by PCP team, determination of motivators, behavioral based motivational interventions, consolidation of meds/tx.

Southcentral Foundation

Health System Design

How would you organize these components to produce optimal outcomes, and why?

Draw a diagram that shows them all in relationship to each other as an intentionally defined system.

Southcentral Foundation

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 - brief, reactive stop-gaps
- Hospitalizations - brief, intense interruptions
- *MUST fix basic, underlying primary care platform first or nothing else will work well*

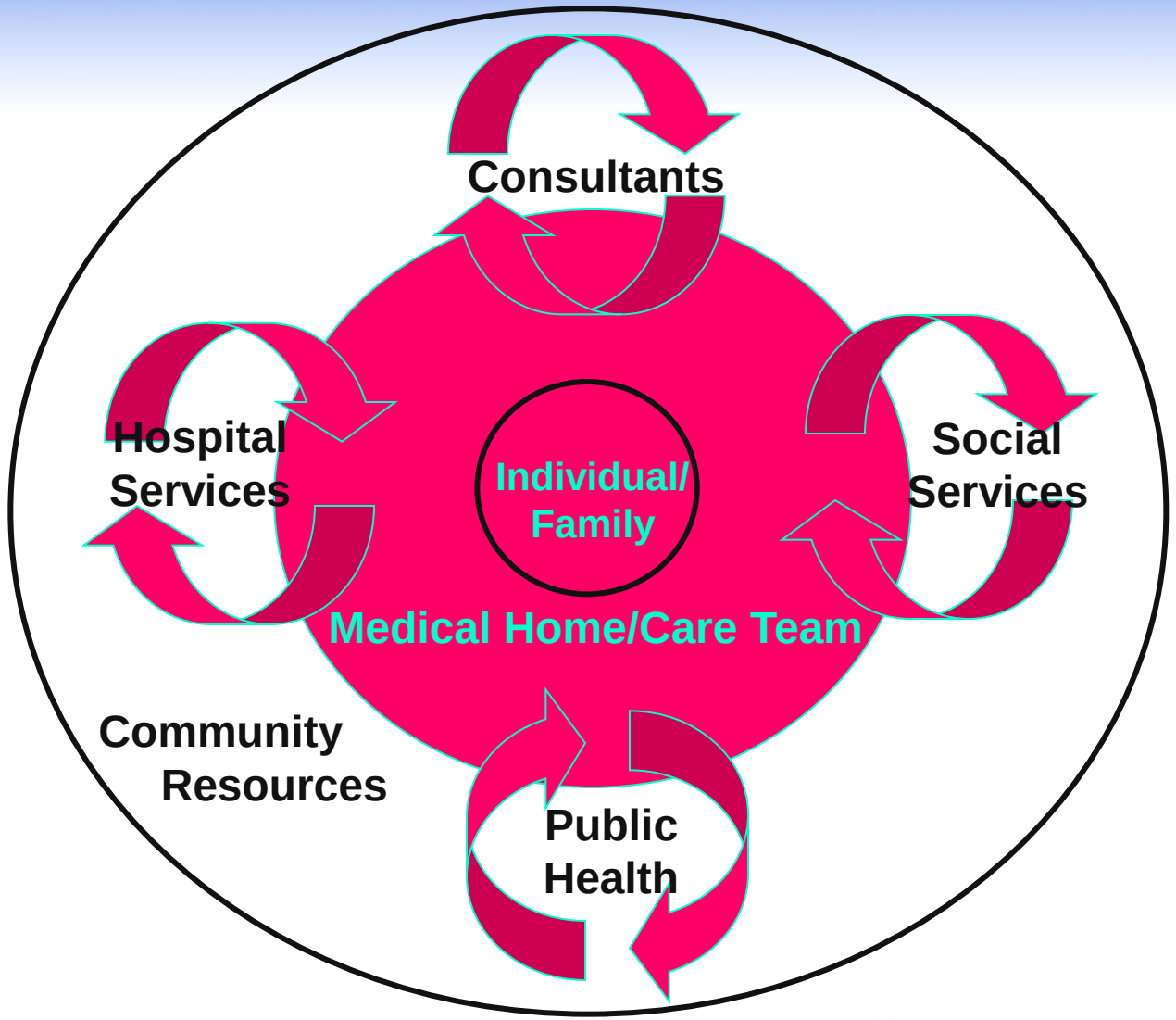
Southcentral Foundation

Rethinking the basic platform

- If the goal is population health over time
- The major variables we can affect relate to chronic conditions, habits, choices, optimizing impact of treatments.
- Then…the backbone **MUST be effective, longitudinal, personal coaching, teaching, supporting, coordinating relationship**.
- Office visits, procedures, hospitalization become episodes of care only.

Southcentral Foundation

Evidence-Based Health System Design



Note: The "Medical Home" is likely not the "primary care" that we currently have.

© The Trust for Healthcare Excellence's Better Health Initiative

Southcentral Foundation

The SCF Nuka Model

- Defining the purpose – relationship over time
- Understanding complexity science - principles
- Moving from product to service as the fundamental base of entire system
- Optimized primary care with redefined entire system on that ‘new’ backbone/platform
- Customer driven design – reallocation of power and control at every level
- Optimizing messy human relationships

Southcentral Foundation

Some of our Improvements

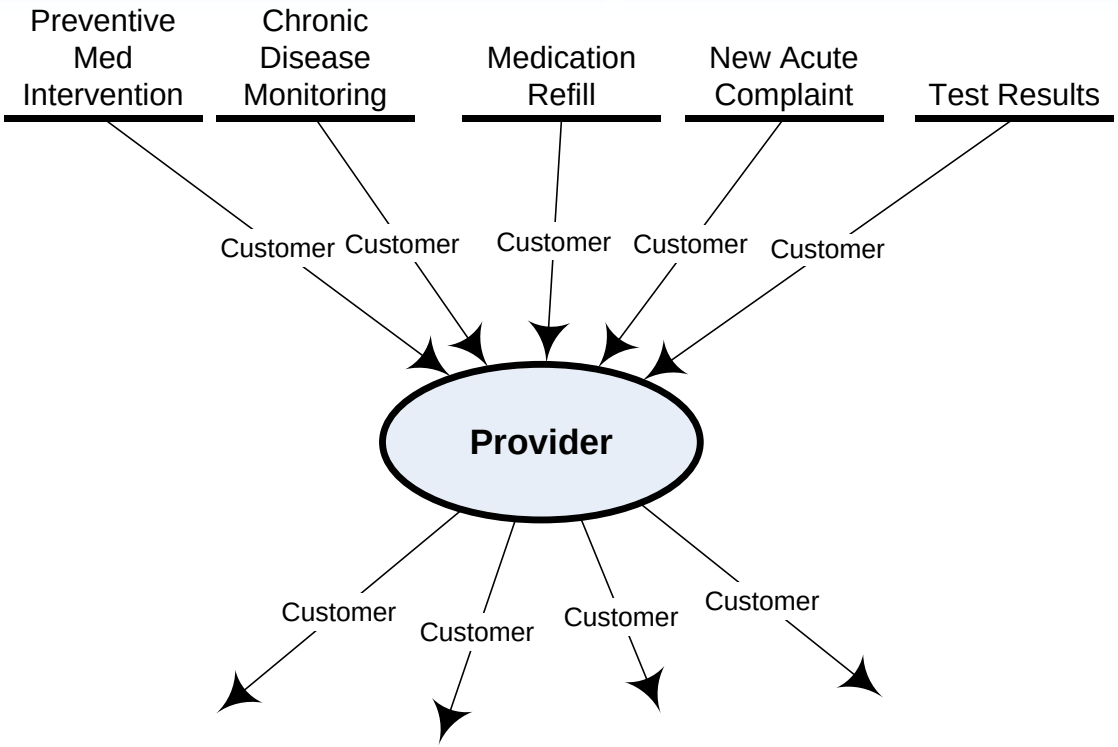
- Microsystem Optimization -teams
  - Primary Care: Physician, RN, Certified Medical Assistant, CM Support, Behaviorist, Dietician, Pharmacist, office redesign
  - Behavioral Health: Physician, Master Level Therapist, Case Manager
  - Human Resources: HR Generalist and Assistants – Same day service, etc.
- Behavioral Health Consultants
- Standardize and spread improvement processes and tools - structural
- Massive investment in workforce and improvement capability

Southcentral Foundation

The Integrated Care Team

- PCP – primary care provider-doc, NP/PA
- Nurse Case Manager
- Case Management Support
- Certified Medical Assistants
- Behaviorists
- Dieticians
- Pharmacist (partially implemented)
- Nurse Midwife (partially implemented)
- Coverage NP/PA/CM's
- Co-located Psych (pending)
- Coders, data entry, etc.
- Front Desk

Traditional Methods of Managing Work Flow



Healthcare Support Team

Case Manager

Mental Health Provider

Referral to Specialist after Assessment

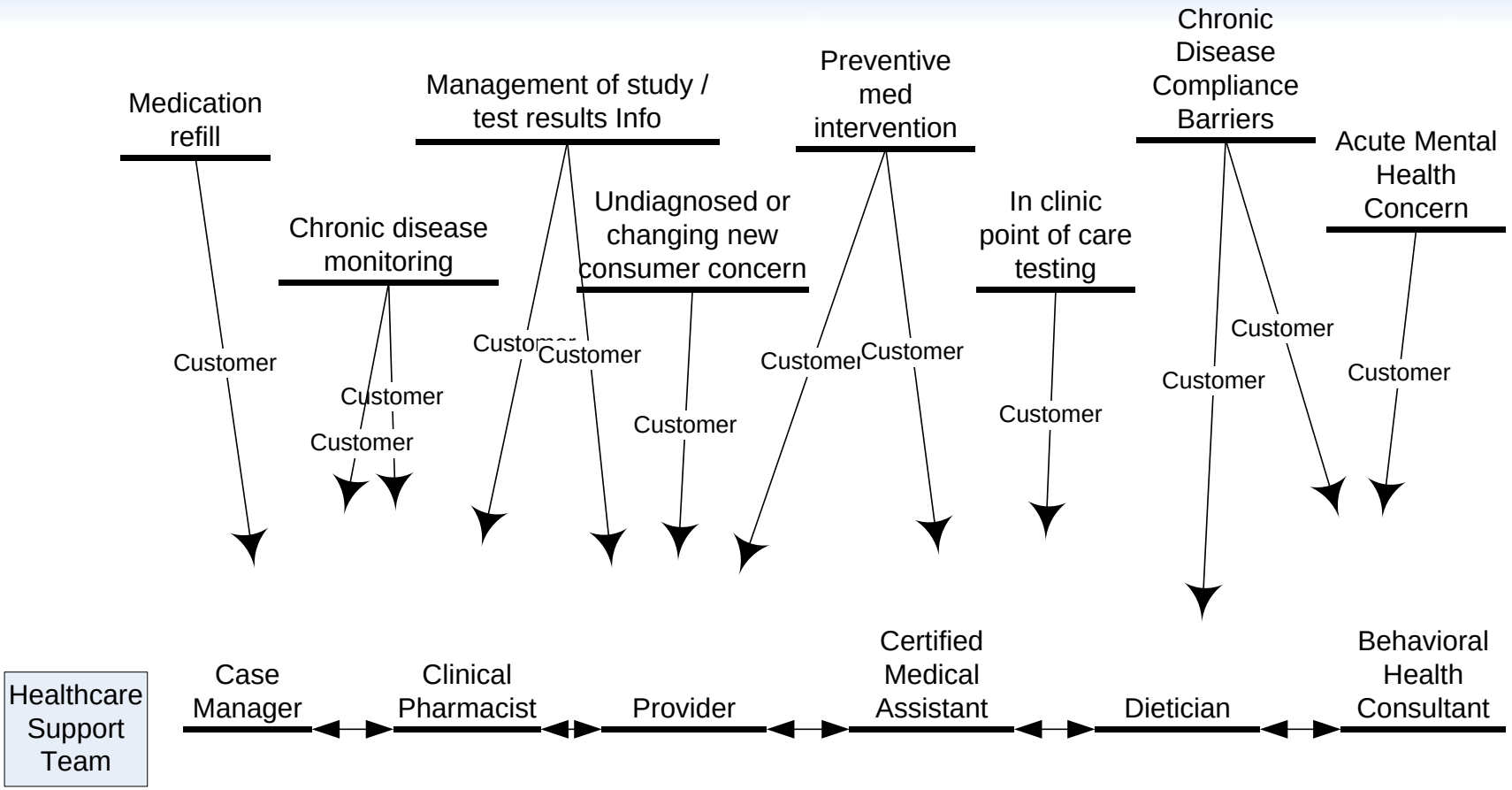
Certified Medical Assistant

Dietician

Clinical Pharmacist

Southcentral Foundation

Parallel Work Flow Redesign



Southcentral Foundation

Some Improvement Specifics

- Advanced Access – appointments when the customer wants – same day primary care
- Max Packing
- Service Agreements
- Behavioral Health Redesign
- Hospitalists in Pediatrics and Internal Medicine
- Bring services to them – BH, Dietician, Pharmacist, Midwife
- Data Mall, Improvement Specialists
- Facility Design

Southcentral Foundation

Family Wellness Warriors Initiative

- Goal: To end Domestic Violence Child Sexual Abuse and Child Neglect in this generation
- Objectives:
  - Call out the Warriors
  - Methods to counter and break the silence
  - Restructure systems
  - Establish safe adults and environments
  - Enhance existing resources and develop collaborations

Southcentral Foundation

Core Concepts

- ALL SCF employees
- Understand how we impact others by:
  - Understanding your relational style
  - Understanding how your experiences contribute to how you approach others
- Learn how to articulate your story from the heart
  - Understand the power of empathy and compassion for your self and others

Southcentral Foundation

Clinical Mentors

- Partially implemented only – physician, nurse, etc. mentors
- Commitment to full, deep training by outside mentoring systems and experts.
- One mentor for every three clinical staff

Southcentral Foundation

Customer Ownership:

What does it mean?

- Customer Governance
- Customer-owners in senior management and all levels of management
- Interpret into structural designs
- Workforce reflective of community
- Clinical relationship based on dignity, respect and trust
- Support customer's plan for health
- Evaluate success based on customer perspective and values

Southcentral Foundation

Improvements – Data-Information

- Balanced Scorecards and Dashboards for every department coordinated and connected throughout the organization
- Data walls, Data Mall – unblinded, benchmarked continually updated, eliminates need for registries, more important than Electronic Health Record
- Web based tools: Health information website for customer/owners and employees; committee manager; planning tool; and training center

Southcentral Foundation

Taking this further….

- What we do now…..
  - Vision, Mission, KP's, Principles lead to….
  - Four Corporate Goals lead to…
  - Corporate Initiatives lead to….
  - Division, committee, dept initiatives lead to…
  - Annual plans lead to…
  - Individual Performance Action Plans….'
  - And all lead to ongoing reporting, dashboards, and scorecards….

Southcentral Foundation

Disparities - Cultural Competency

- Fundamental Flaw
  - System has not changed – inherent values conflict between medical model and people
  - Culture competency is still just a veneer applied to a health system that is based on values that are in fundamental conflict with the cultures in the communities being served.
  - In order to truly be Culturally Competent MUST put culture in the center/core and add services to it – not the other way around
  - This only happens with customer control – macro and microsystem levels

Southcentral Foundation

Cultural Competency

- True cultural competency
  - Staff make-up is representative of community – phone, front desk, professionals
  - Leadership are from the community – Board, executives, managers
  - When, where, how, and by whom services are delivered are mostly determined by the individual and family receiving them
  - Self & family care is central but supported
  - Individual and family define goals/success

Southcentral Foundation

Words matter

- Patient – full of historical baggage
- Patient compliance, non-compliance, adherence – judgmental, demeaning
- Guilt, Shame, Harassment as usual motivators
- Techno-lingo – medical-ese – all over
- Impersonal labeling – diagnosis, number
- Arbitrary labeling – diagnosis – BP, gluc, chol
- MUST move to asset based, partnering, supporting, respectful words, models, and structures

Southcentral Foundation

Nuka Model – System Components

1. Changed Philosophy
2. Expanded ‘Medical Home’ Platform
3. Integrated Care Team Members and Roles
4. Workforce Emphasis
5. FWWI, Core Concepts
6. Use of Data
7. Functional Structure
8. Tools, Methods, Cascade, Planning
9. Deep Listening, Cultural competency
10. Traditional Healing/Complementary Medicine
11. Facility Design

Southcentral Foundation

Nuka Model – summary

1. Relationships – trusting personal partnerships
2. Customer Driven – Alaska Native values
3. Same Day Access
4. Max Packing
5. Working at the top of your license in team
6. Service Agreements
7. Job Progressions, Career Ladders, Mentoring
8. Giving Story, Receiving Story
9. Accountable Performance
10. Putting services into culture
11. Asset Based positive approaches
12. Operational Principles

Southcentral Foundation

Primary Care MUST change

- Most failed part of the system – is primary care's fault – quit playing the victim!!
- The entire medical system depends on primary care working well
- Primary care is a set of functions, roles and responsibilities – not a specific medical discipline
- Most Medical Home designs will not transform the system
- Quality, Safety, Cost, Satisfaction, Outcomes – and Health - depend on PC
- Society's well being also depends on PC

Southcentral Foundation

Every patient has a right to…

- Coordinated, integrated, safe, optimized basic health care services
- Individuals who know them who they can rely on to answer questions, advise on care issues, and help navigate the system
- Clear, personalized health plans
- Support in achieving health goals and optimizing medical treatments, including coordinating care across boundaries
- All done building upon values and assets of pt.

Southcentral Foundation

Ultimately primary care – and all of healthcare - must…

- Be customer driven and community controlled
- Have the ability to meet the individual where they are – in terms of self care, family care, values, culture, education, literacy level, social complexity.
- Have the ability to identify motivators, values, impediments to change.
- Have the ability to motivate, inspire, inform, organize, listen, partner.

Southcentral Foundation

Ultimately primary care…

- Will not be a ‘Medical Home’ – but a set of functions and relationships built optimally into everyday life.
- Will allow for there to be various ways of providing these functions and relationships and they will continually improve and evolve
- Will focus on the household and the whole person – meeting them where they are – values, locations
- Will be learning entities…

Southcentral Foundation

Remember…

- THEY ARE in control already – we just have to build around this reality
- We are a service industry across our base, especially in primary care
- We only have hope in team based approaches – or v. small pt. panels (not scalable?)
- Longitudinal relationship only works with unimpeded access – time, place, language, attitude, culture, gender, etc.
- They must define and ‘own’ the goals, success, what is of value – macro and micro

Southcentral Foundation