

Southcentral Foundation's Nuka System of Care

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Objectives

- What Full Scale Community-Driven Healthcare system design looks like – and current ongoing efforts
- How to build Passionate, Energized, Aligned Workforce
- How to Create a true 'Learning Organization' with capability for continual change

HealthCare System 'Units'

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Continuum of Services

1. Social Support Services
2. Primary Care
3. Centers of Excellence – Specialists
4. Inpatient Acute Care - Hospitals
5. Post Acute Care – Skilled Nursing Facility, Assisted Living, etc.

****Many good examples in the world – but few for Primary Care –
and PC is often small individual scattered low capable practices**

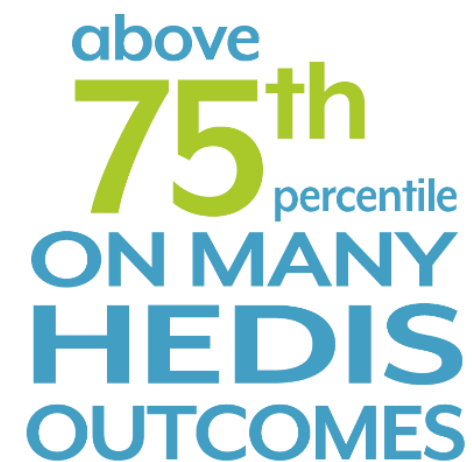
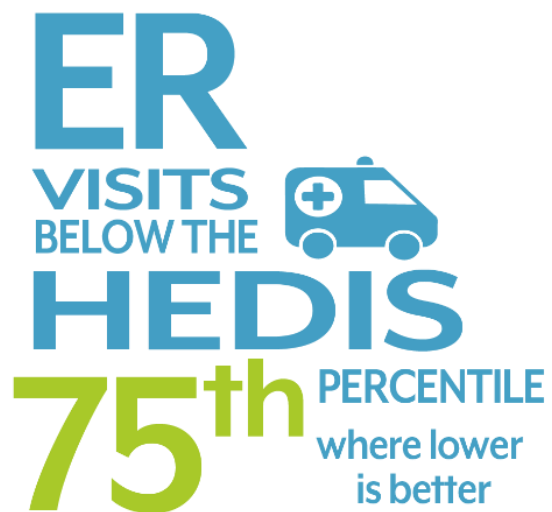
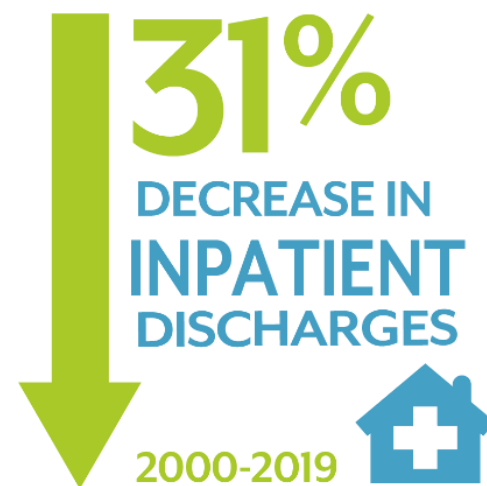
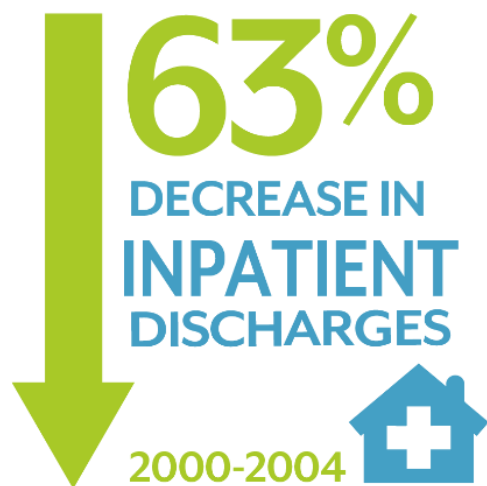
The Medical Model

- Set in a specific culture and context - full of specific biases, paternalism and negative personal judging.
- What is illness vs. 'Moral Failing' vs. personal choice? Who gets to decide? Who treats (medical, clerical, social service, family)?
- Medical Model
 - Body as machine made up of parts -- each part to be optimized – discipline specific best practices
 - Centers of Excellence, subspecialists – all controlling money and process
 - You must come to our 'temples' and follow our rules – get naked and sit on cold vinyl in an exam room
 - Diagnosis – Treatment Plan - Noncompliant

What We All Know Works

- The ability to partner with a trusted person who helps coordinate and navigate across the system.
- The ability for the 'first touch' location to capably manage most issues
- Merging 'usual medical' and behavioral health capability
- Vertical Integration - community, primary care, and specialty services
- Immediacy – quick access with little delay or wait – Smart Phones
- Building on what people are willing to do
- Full Population Sized Services across the system

Why listen to our story





**Alaska Native people chose
to assume responsibility**



We Changed Everything



How Would You Do Healthcare?

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Some Options

- Centers of Excellence Medical Model
 - Disease/Condition Specific Centers
 - Age and Gender Centric Designs
 - Specialist Efficiency and Effectiveness Paramount
- Whole Person – Whole Family/Household - Relationships
 - Highly Capable Hub for Medical, Behavioral, Social issues - Everyone
 - Powerful All-Inclusive Care Coordination
- Community Based Maximally - Consumer Convenience
 - Everything in the Home or Schools or Community Centers
 - Place Centered Design

Community Driven

- We Chose the Powerful Hub Option (option 2)
 - Medical, Behavioral, Social – all ages – everyone
 - Community wants Medical Miracles and Personal Care
- Advantages of Community Driven Design
 - More likely to be outcome and cost effective
 - Strong emphasis on context, culture, values, journey
 - Protects against Changing Political Winds
 - Optimizes System, Care Coordination, Relationships, Shared Responsibility, Lived Experiences

Community - Top Needs



1993

Domestic Violence
Child Abuse
Child Neglect
Behavioral Health
Addictions

2018

Alcohol, Drug, and Tobacco
Oral Health
Behavioral Health
Food, Nutrition, and Obesity
Cardiovascular Health and Heart Disease

Vision

A Native Community that enjoys physical, mental, emotional and spiritual wellness



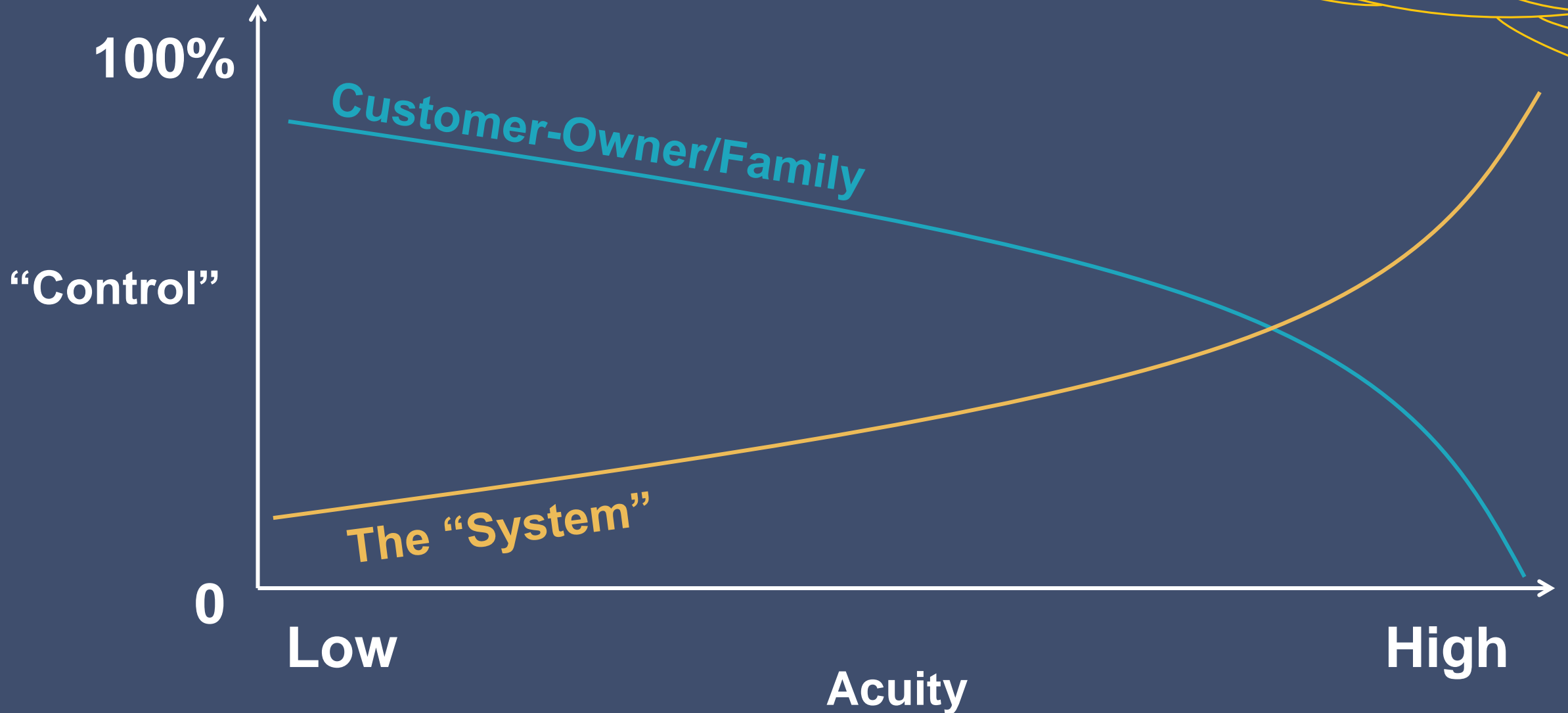
Mission

Working together with the Native Community to achieve wellness through health and related services



Customer-Ownership

Who really makes the decisions?



Using the Voice of the Customer to Drive Improvement *



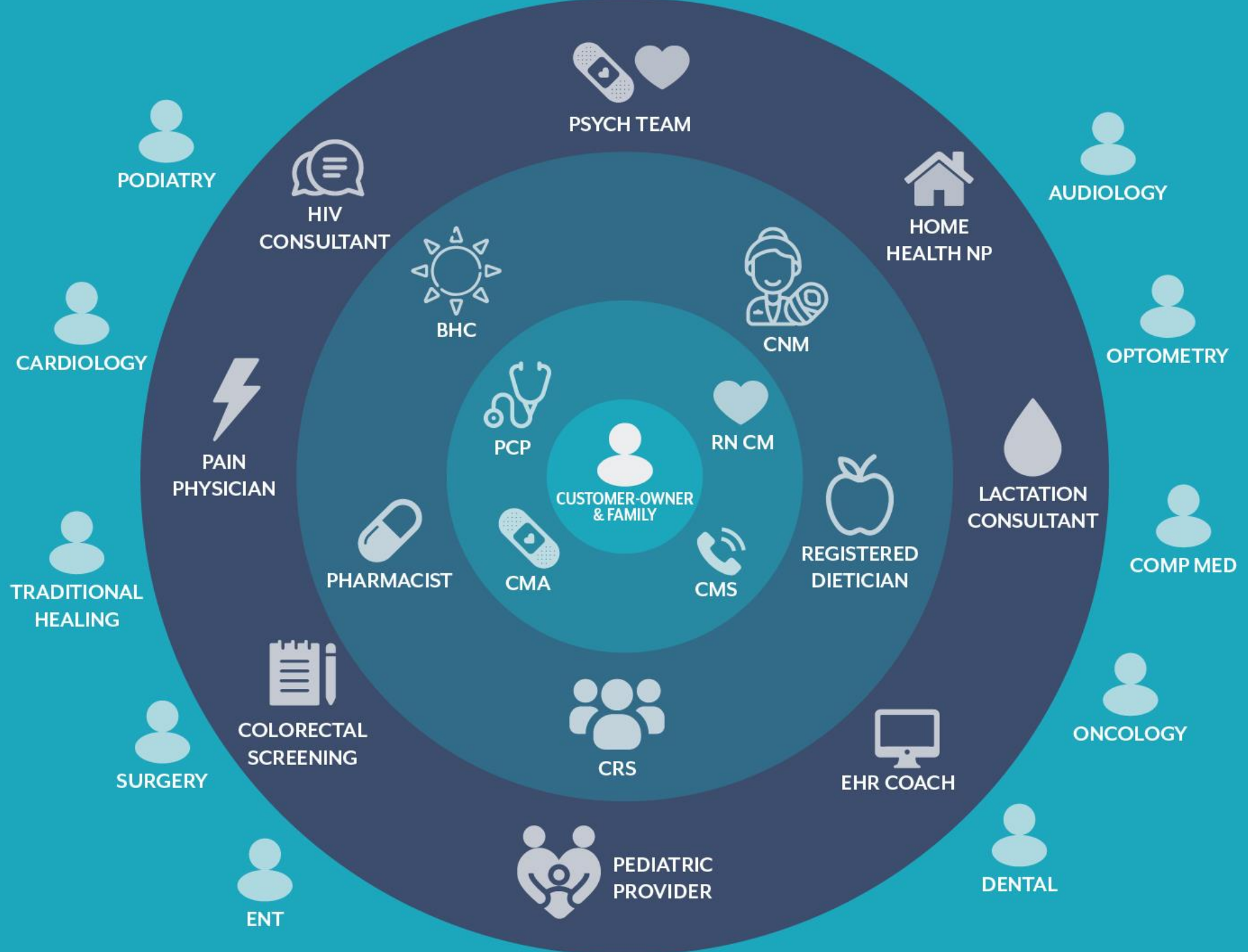
CUSTOMERS



EMPLOYEES

Operational Principles

- R** Relationships between customer-owners, family and provider must be fostered and supported
- E** Emphasis on wellness of the whole person, family and community (physical, mental, emotional and spiritual wellness)
- L** Locations convenient for customer-owners with minimal stops to get all their needs addressed
- A** Access optimized and waiting times limited
- T** Together with the customer-owner as an active partner
- I** Intentional whole-system design to maximize coordination and minimize duplication
- O** Outcome and process measures continuously evaluated and improved
- N** Not complicated but simple and easy to use
- S** Services financially sustainable and viable
- H** Hub of the system is the family
- I** Interests of customer-owners drive the system to determine what we do and how we do it
- P** Population-Based system and services
- S** Services and systems build on the strengths of Alaska Native cultures



Care Team Ratios



1,100-1,400 Empaneled
Customer-Owners

Integrated Care Clinic Team

2 Behavioral Health
Consultants

1 Pharmacist

1 Registered Dietitian

1 Certified Nurse
Midwife

2 Coverage Physician
Assistants/Nurse
Practitioners

6
Primary
Care Teams



Integrated Care Teams

Bring Experts to PCP Team

- Beh. Health, Nutrition, HIV, Diabetes
- Chronic Pain Physician, Psychologist, PT
- Adult and Pediatric Complexity Specialists (IM, Peds)
- Aging Well In Place Physician/Palliative Care
- Psychiatrists - Addictions – Med Asst Treatment
- Home Visiting Providers and Nurses
- Midwives – Pregnancy - Lactation
- Community Resource – Social Work – Community Connection



Providers and Customer-Owners in Shared Responsibility

Find the Balance

- Pulling in Key Specialists – high volume, high frustration areas (BH, Pain, Addictions, Peds, HIV, Psychiatry, Pharmacy, Midwife, Dietician, Soc S.)
 - VS sending people to other locations for specialists
 - VS pulling in even more specialties – too many/too much
- Behavioral Health – Cognitive Behavioral Therapy Behaviorists in Primary Care
 - VS co-located psychotherapists
 - VS sending people away for anything remotely BH/Addictn

Always Full Population Scale

- Primary Care – Medical, Behavioral, Soc Svces
- Full Range of Outpt and Residential BH, Crisis BH, Detox, Addictions Programs
- Full Range of Rehabilitation – PT, OT, SLP, Chiropractor, Massage, Acupuncture – TBI, Cardio, Pulm, Onc, Dialysis – Adult and Pediatric
- Dental/Oral Health
- Adult and Peds Medical, Adult and Peds Surgical
- Optometry, Audiology, Pharm, Lab, Rad, etc.

Impact – Chronic Conditions

- Medical Model drives up costs with poor outcomes
 - Segmentation of people into organs and diseases leads to too many visits, tests, meds, equipment, hospitalizations
 - Built entirely around the convenience of the professionals and their financial optimization – exacerbated by inserting a third party in the middle – resulting in the OFFICE VISIT
- Therefore, it is IMPERATIVE to move away from the professional centric, highly segmented current model – to control cost and improve health – and leverage Shared Responsibility

The Office Visit must be replaced as central

Continuum of Behavioral Health Care

Substance Use Treatment

- Dena A Coy
- Four Directions Anchorage
- Four Directions Valley
- SCF Detox Program

Youth

- TRAILS
- The Pathway Home

Adult Intensive Services

- Quyana Clubhouse
- Intensive Case Management

Integrated Services

- BHC's
- Primary Care Behavioral Health

Crisis / Supportive

- Behavioral Urgent Response Team

Rural

- Behavioral Health Aides
- Community Health Centers

Outpatient Behavioral Health Services

- Behavioral Health Fireweed
- Adult Outpatient - 999
- Child and Family Development Services
- Children and Family Services 2
- VNPPC Behavioral Health

Ending Generational Trauma

- The ACES Study is a now well-known set of statistics 'proving' the critical importance of the context within which children grow
- The 'nest' (home, family) within which the life is created and grows determines pretty much everything about the health of the child
- Physical, mental, nutritional, intellectual
- What is healthcare's role?



Behavioral Health Redesign Learning Circles

Current Projects

- Pediatric integration fully. Aging Well Initiative
- New Generations – parenting, parent partners, prenatal
- Chronic pain management, addictions, rehab of all types
- Access balance – async/video/text/email/in-person
- Behavioral Crisis Capability – immediate, short term residential
- Same day access for Detox and Outpatient Addictions Services
- Dental at population health with full range of services (over 100 chairs)
- Sub specialist collaboration – all ages

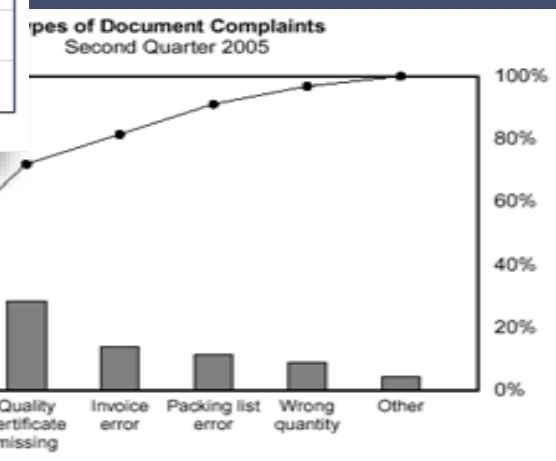
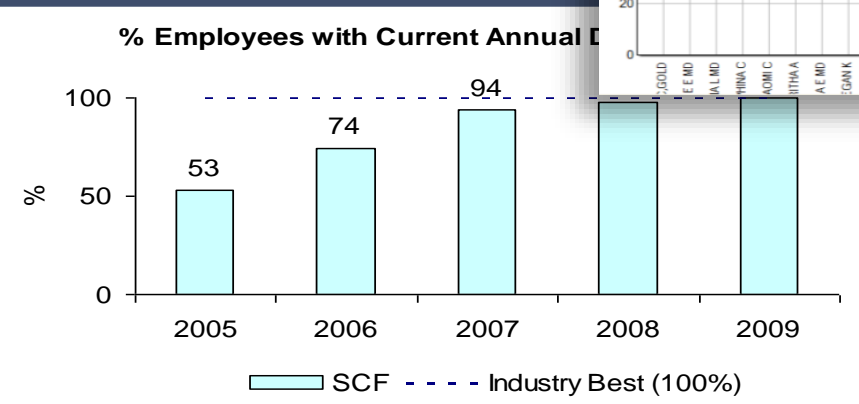
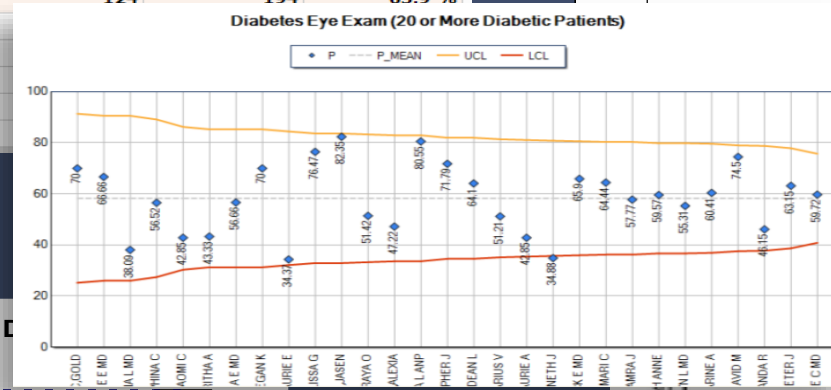
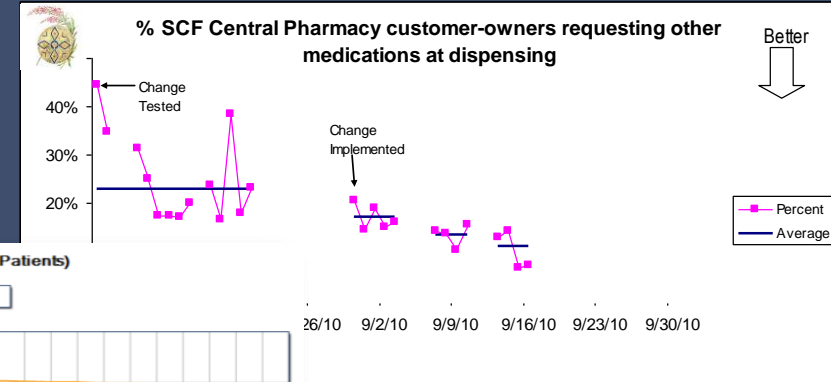
NOTICE – decrease office visits & physician centrality overall

Energized Passionate Workforce

- Hire for Fit – Behavioral Based Interviewing
- Core Concepts – Self Awareness, Communication, Team, Story
- Leaders as Facilitators – Leadership Pathways
- Link Everything
- Every decision based on Operational Principles
- De-office Everyone – Team Optimization – Relationships – No Nurses Stations – No Physician Offices
- Development Center
- Celebrate and Recognize – No Individual Pay for Performance

Data and Information Management

Team	Provider	Numerator	Denominator	% Screened
		696	1194	58.3 %
		660	1104	59.8 %
1 East		79	157	50.3 %
1 West		89	160	55.6 %
2 East		123	210	58.6 %
2 West		111	176	63.1 %
3 East		134	207	64.7 %
3 West		124	194	63.9 %
	JAMES, DAVID M			
	KANTOR, LINDA L ANP			
	LINFIELD, JANA L			
	NORRIS, KENNETH J			
	WRIGHT, TAMRA J			



True Learning Organization

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- About 50 Improvement Advisors and Specialists
- Planning Cascade/Linkages – Initiatives – Work Plans – PDP
- Innovation and Improvement as Core Competency
- Development Center – over 150 courses
- Operational Principles – consistency despite decentralized project creation
- Project Charters – Executive Sponsors – Annual Planning Tool
- Data Mall – Dashboards – Scorecards
- Continual Consumer Voice in Dozens of Ways

We Continue to Ask the Community

Governing Board

Advisory Committees

Elder Council

Annual Gatherings

24-Hour Hotline

Personal Interactions

Customer-Owner Workforce

Satisfaction Surveys and
Comment Cards

Employee Survey

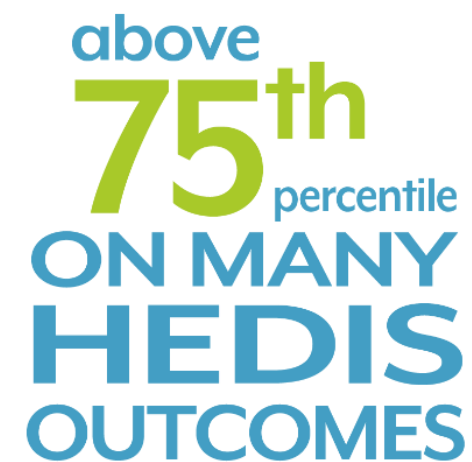
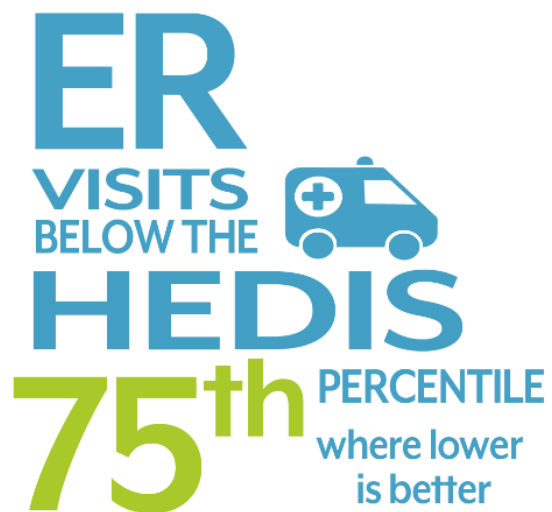
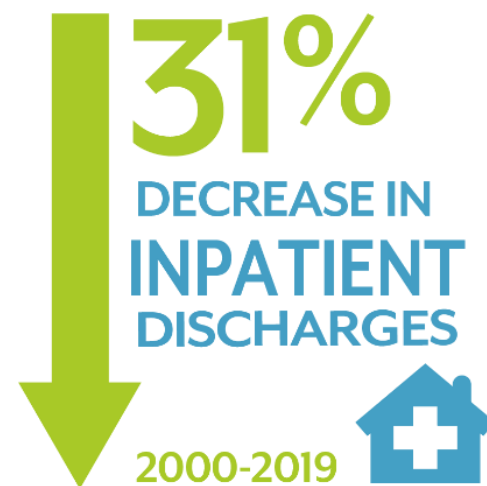
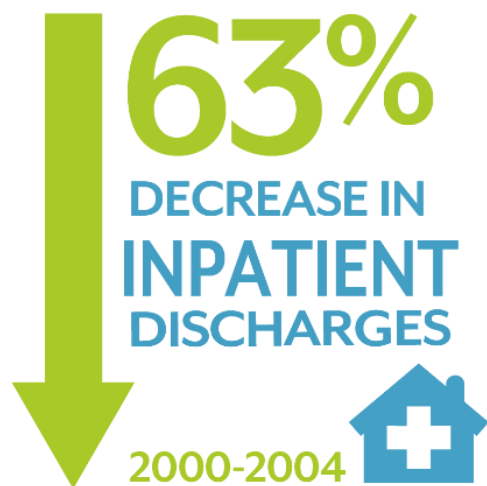
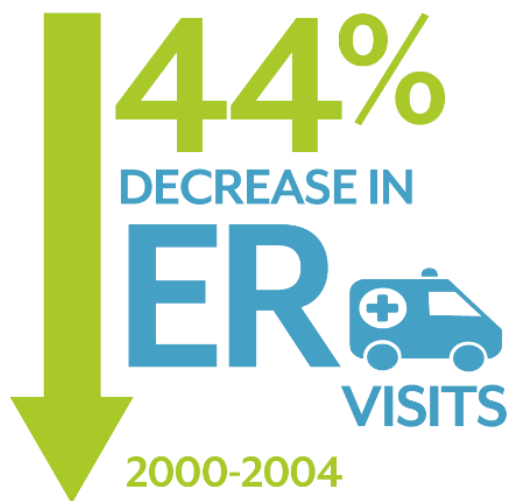
Employee Interactions (Over 55%
are Customer-Owners)

*Nothing about me without me
When, Where and How THEY want it*

Nuka Design - Structural

- Super Powerful Same Day Access Primary Care – any modality
- Full merge of basic behavioral, medical and social services in Primary Care hub
- Full Population Scale Specialty Medical, Specialty Behavioral, Rehabilitation, Addictions, Ancillary and Support programs
- Become a highly capable Learning Organization
- Massive investments in Workforce/Infrastructure
- Continual Community Conversation – Feedback - Testing

Why listen to our story



Qaġaasakung

Aleut

Quyanaa

Alutiiq

Quyanaq

Inupiaq

AwA'ahdah

Eyak

Mahsi'

Gwich'in Athabascan

Igamsiqanaghalek

Siberian Yupik

Háw'aa

Haida

Quyana

Yup'ik

T'oyaxsm

Tsimshian

Gunalchéesh

Tlingit

Tsin'aen

Ahtna Athabascan

Chin'an

Dena'ina Athabascan

Thank you!