Welcome!

2017 Health Summit

reimagine HEALTH

La Crosse Medical Health Science CONSORTIUM

Logistics/Acknowledgements

- Health Summit Planning Committee
  - Matthew Bersagel Braley – Viterbo University
  - Dan Duquette - UW-La Crosse
  - Lori Freit-Hammes – Mayo Clinic Health System
  - Robert Lynn – Gundersen Health System
  - Aaron Rasch – Western Technical College
  - Brenda Rooney - Gundersen Health System
  - Joanne Sandvick - La Crosse Medical Health Science Consortium
  - Paula Silha - La Crosse County Health Department
  - Vanessa Southworth - Family & Children's Center
  - Teri Wildt – Mayo Clinic Health System
- Population Health Committee
  - Liz Evans– Great Rivers United Way
  - Matthew Bersagel Braley – Viterbo University
  - Dan Duquette – UW-La Crosse
  - Lori Freit-Hammes – Mayo Clinic Health System
  - Betty Jorgenson – Mayo Clinic Health System
  - Catherine Kolkmeier – La Crosse Medical Health Science Consortium
  - Barbara Krieg– Western Technical College
  - Jen Rombalski – La Crosse County Health Department
  - Brenda Rooney - Gundersen Health System
  - Joanne Sandvick – La Crosse Medical Health Science Consortium
  - Paula Silha – La Crosse County Health Department

La Crosse Medical Health Science Consortium

La Crosse Medical Health Science Consortium - Partnership

- Formed in 1993
- Partners:
  - Gundersen Health System
  - Mayo Clinic Health System
  - University of Wisconsin – La Crosse
  - Viterbo University
  - Western Technical College
  - School District of La Crosse and La Crosse County Health Department added in 2009
- Population Health Committee formed in 2005

La Crosse Medical Health Science Consortium

Summit History - 2009

Seeking interest on further collaborations

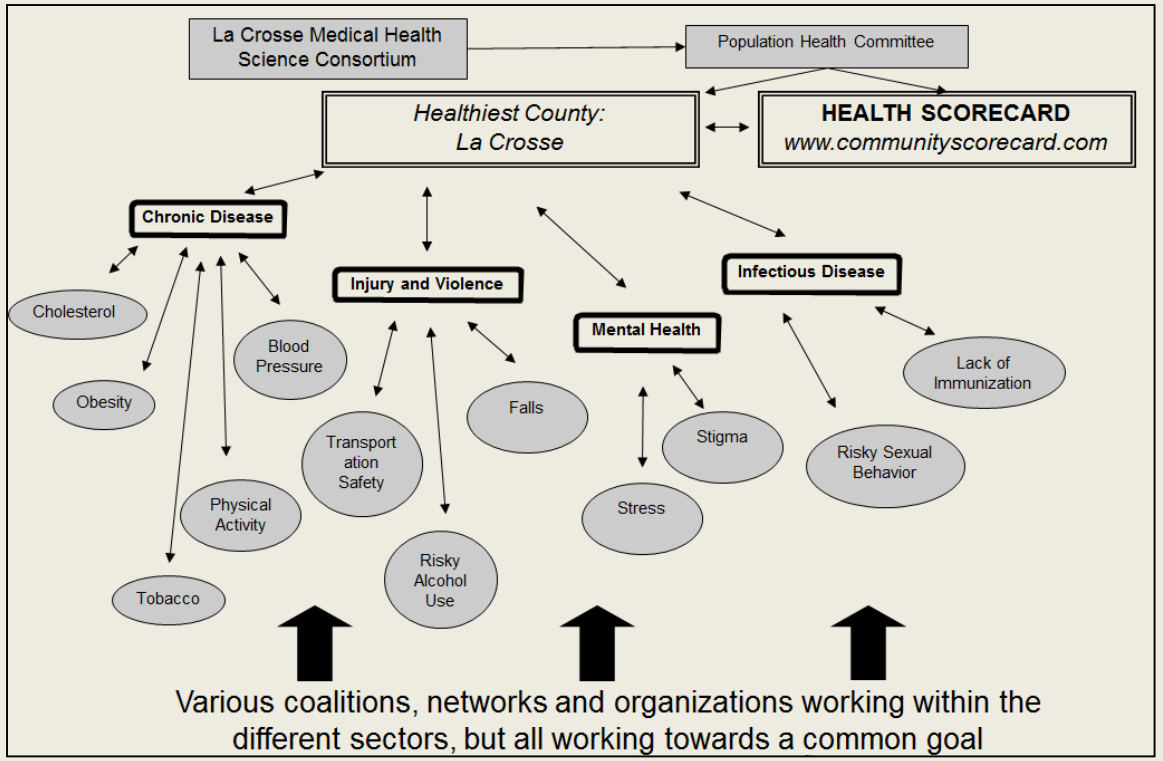
Align initiatives towards same goal

La Crosse Medical Health Science Consortium

Summit 2010

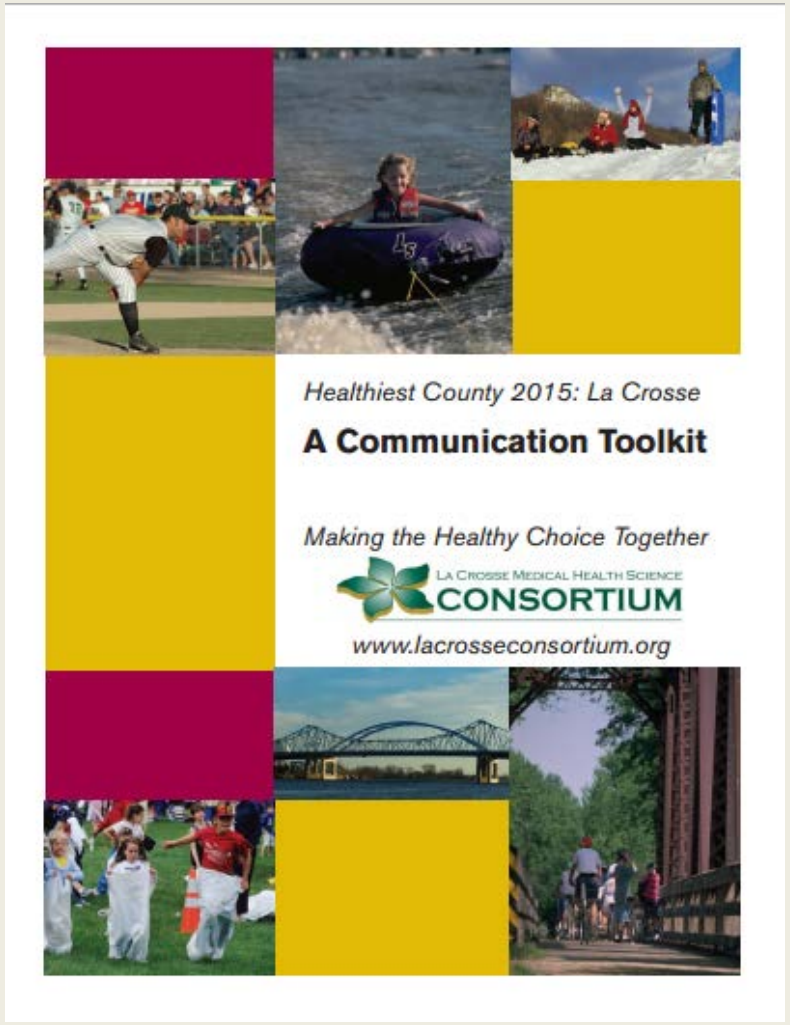
Shared the plan

“Health in all Policy”



LA CROSSE MEDICAL HEALTH SCIENCE CONSORTIUM

Summit 2011



"Making the healthier choice together"

Communication

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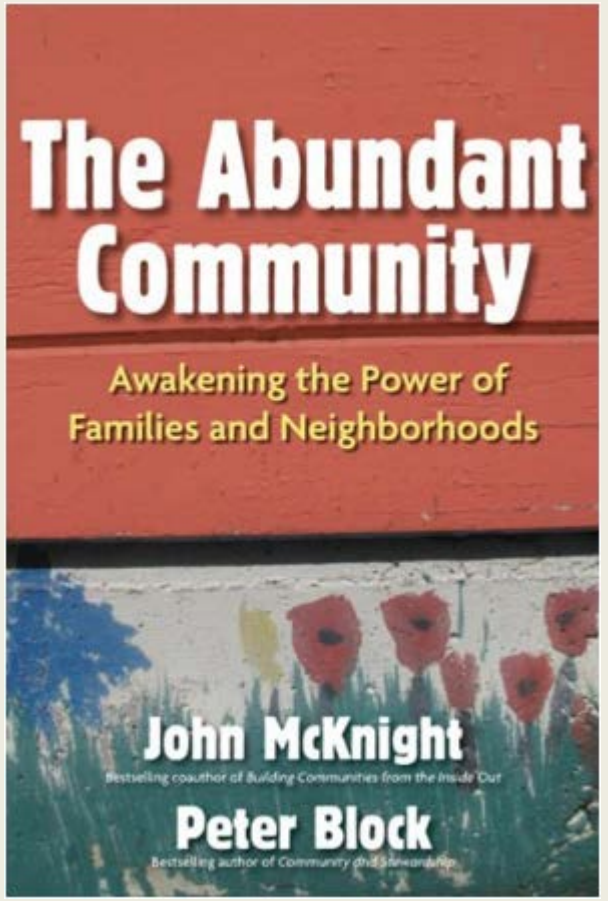
Summit 2012

"Awakening the Power in Our Community"



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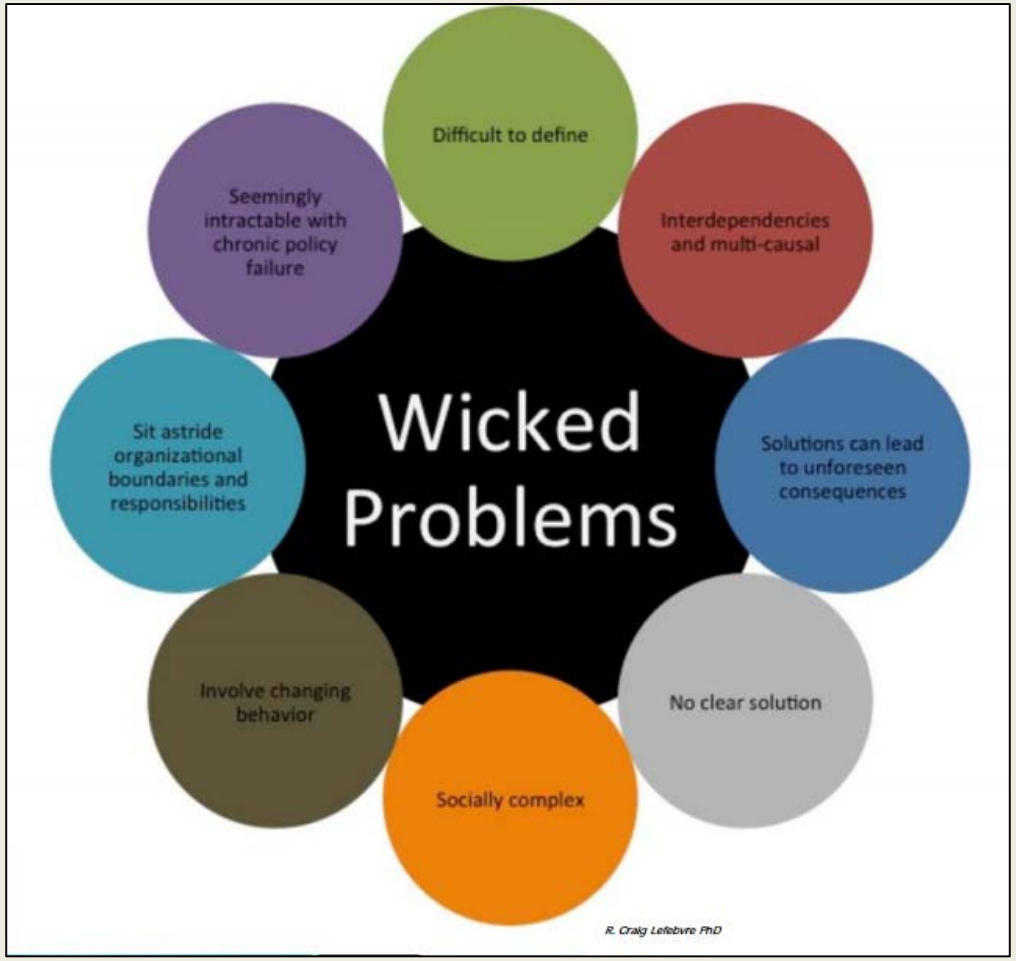
Summit 2013



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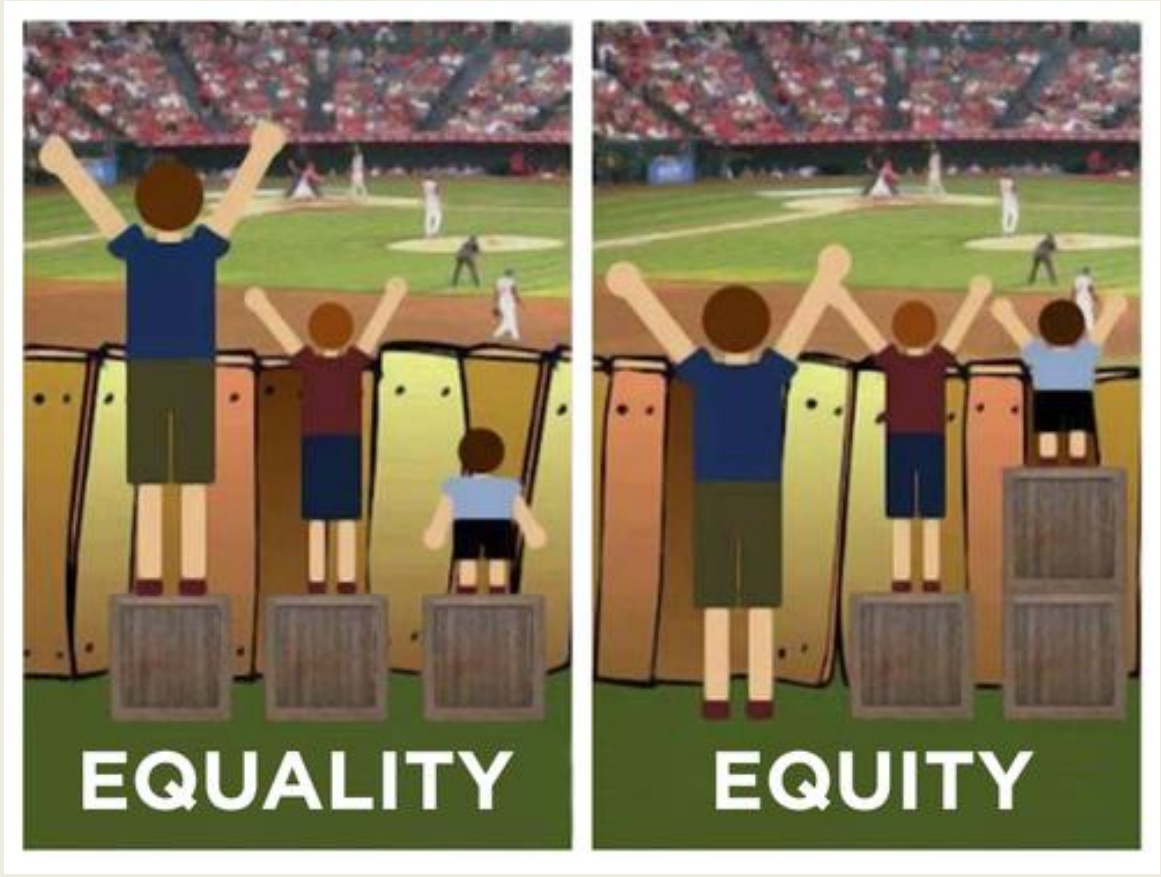
Summit 2014



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Summit 2015

Building a Culture of Health

Adverse Childhood Experiences (ACES)

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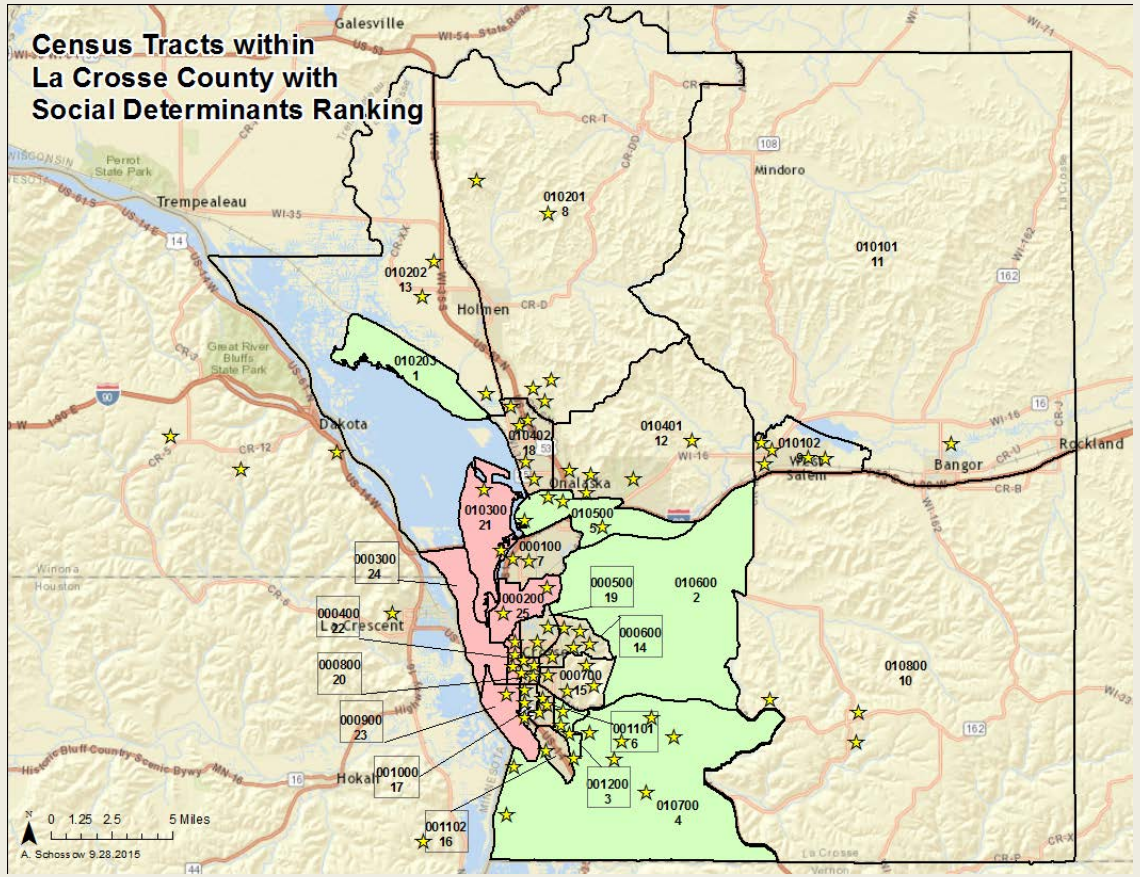
Summit 2016



Pink Zones

reimagine HEALTH

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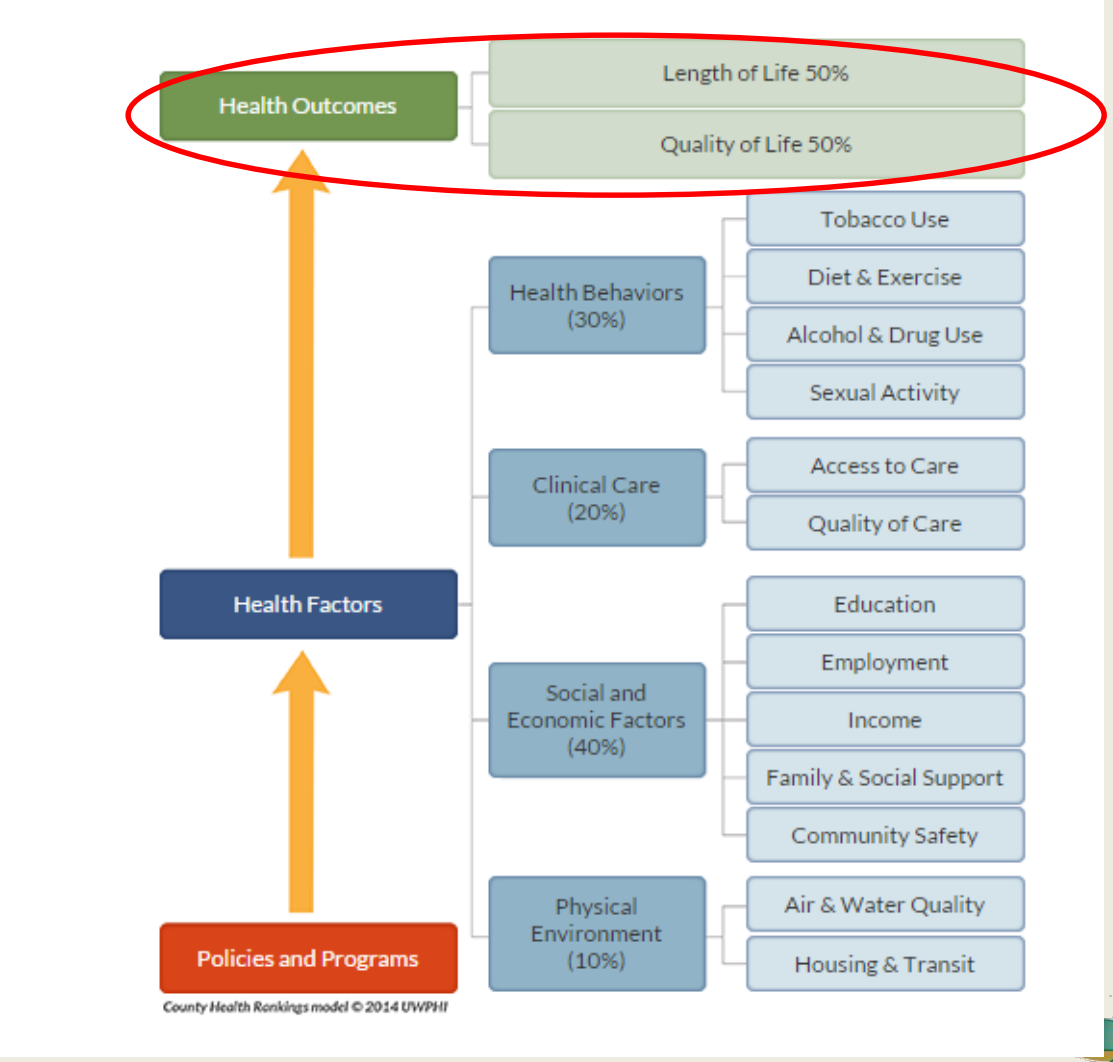
County Health Rankings Model



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La Crosse County Rankings out of 72 counties in WI

Measure	2011	2012	2013	2014	2015	2016	2017
Health Outcomes	22	23	21	19	19	15	16

County Health Rankings & Roadmaps University of Wisconsin Population Health Institute. http://www.countyhealthrankings.org/

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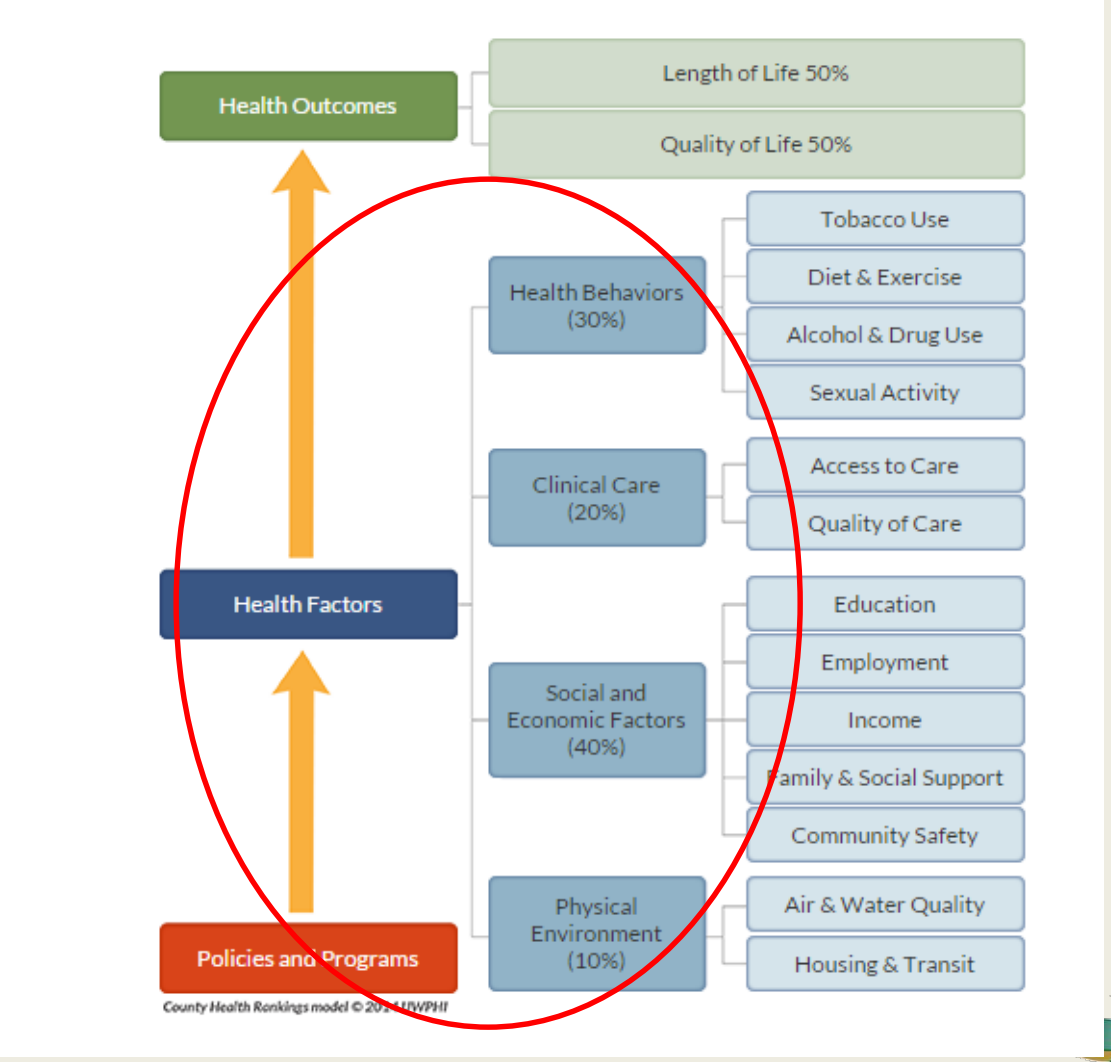
County Health Rankings Model



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La Crosse County Health Factor Rankings out of 72 counties in WI

Measure	2011	2012	2013	2014	2015	2016	2017
Health Factors	**4**	**4**	**4**	**3**	**3**	**6**	**6**
Health Behaviors	8	5	4	6	4	**13**	**16**
Clinical Care	1	2	3	2	2	**2**	**2**
Social & Economic	11	9	10	8	7	**7**	**8**
Physical Environment	21	50	60	38	36	**53**	**48**

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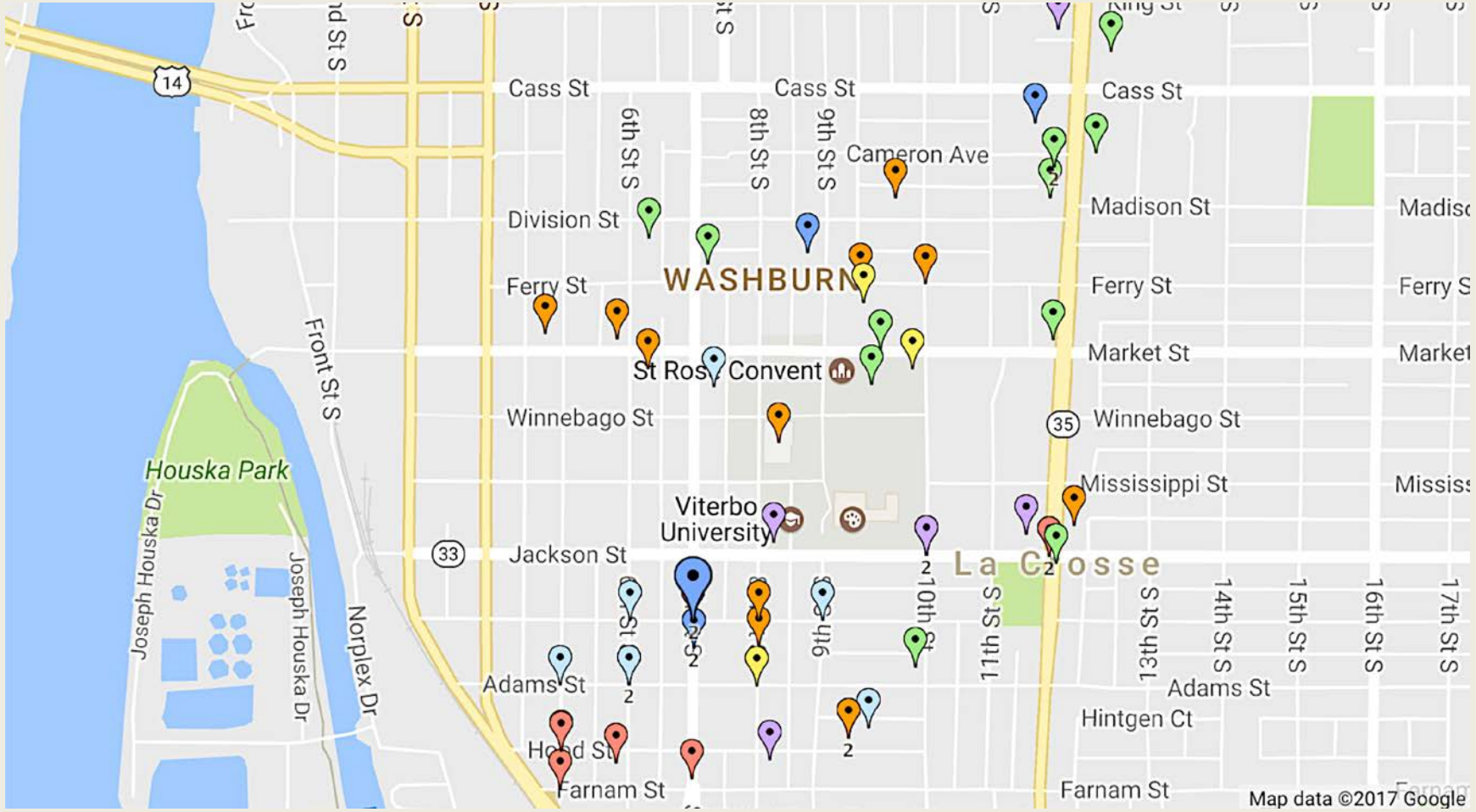
What We Need Is Here

La Crosse Medical Health Science Consortium

What We Need Is Here



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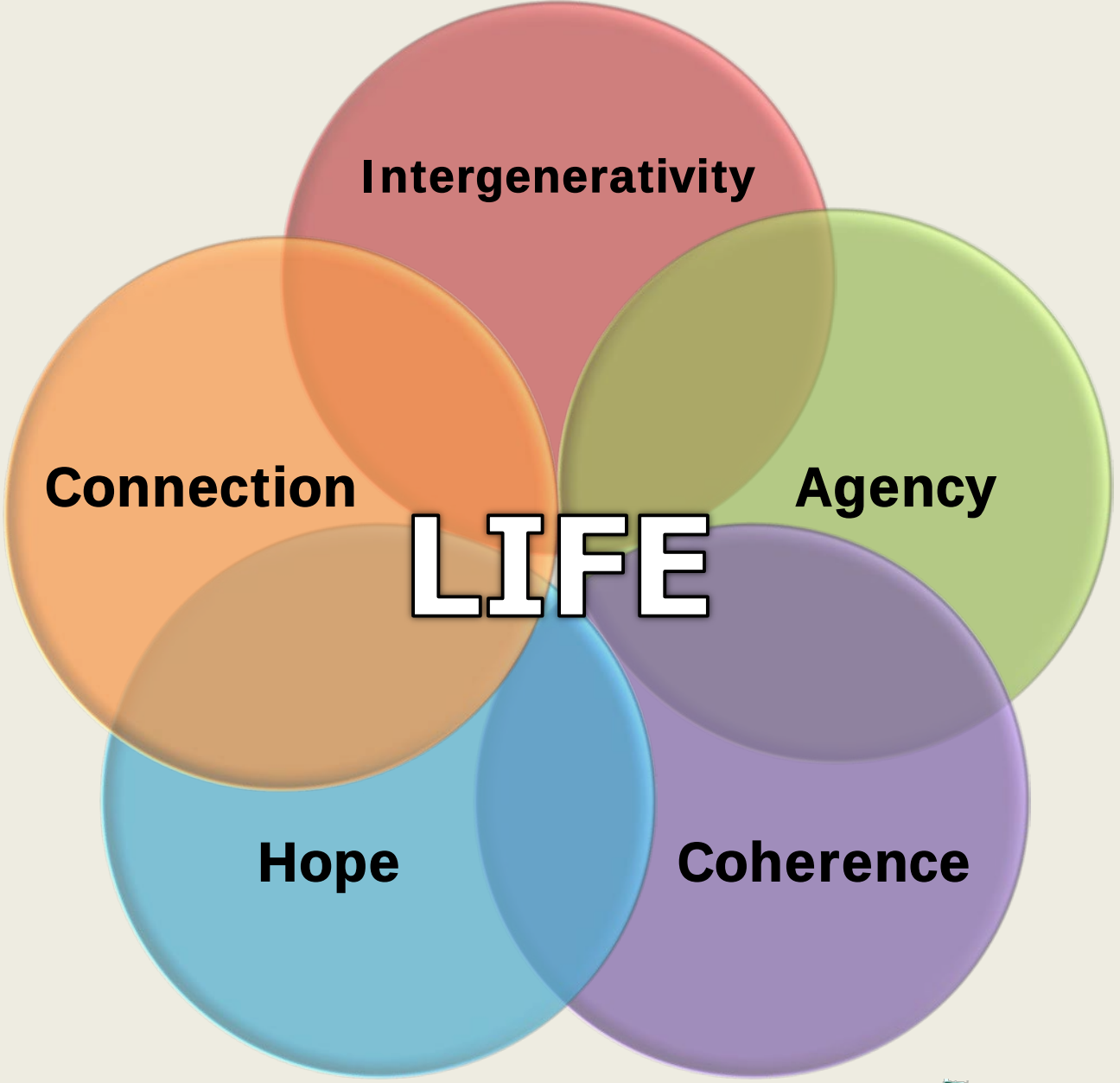
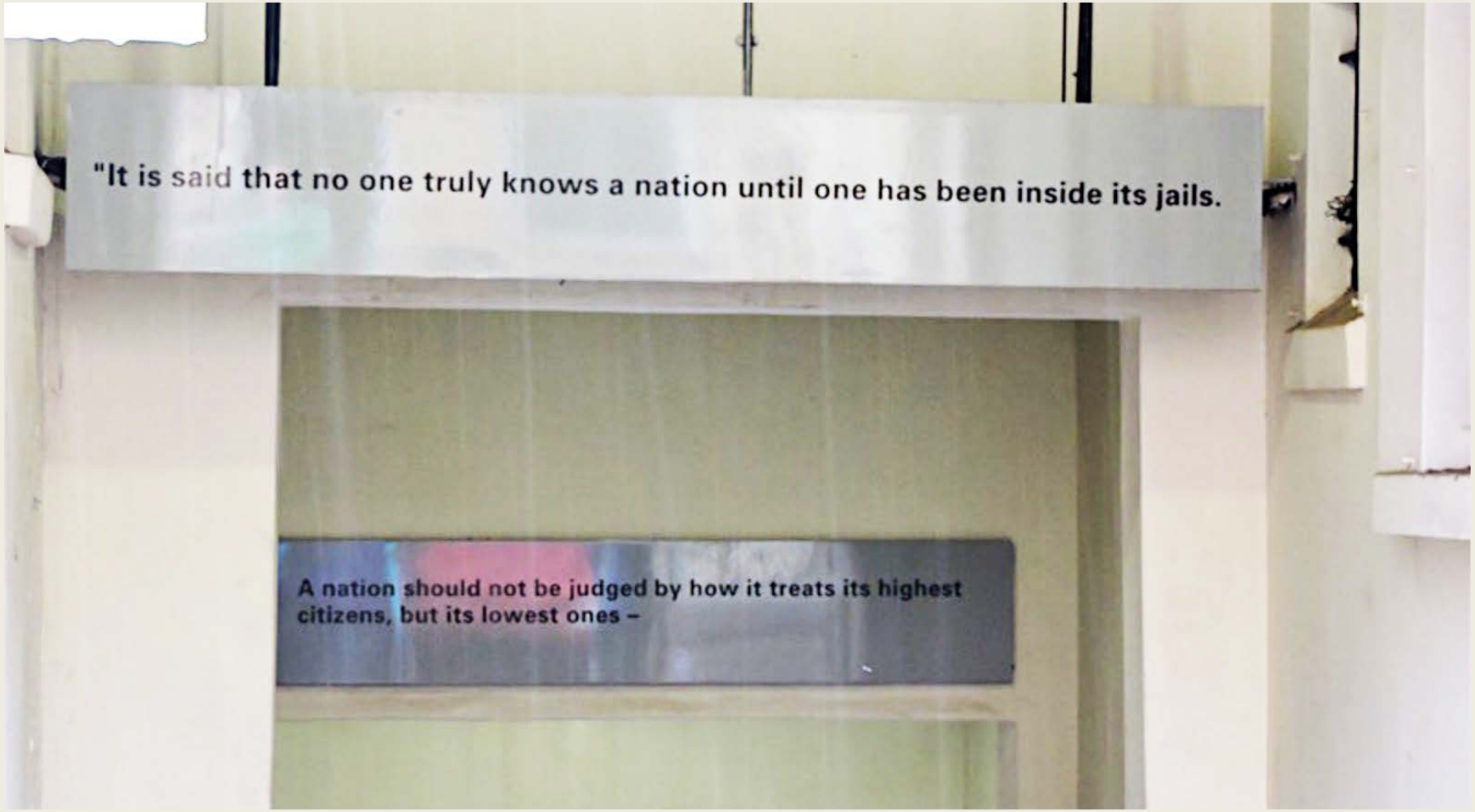


Leading Causes of Life™

La Crosse Medical Health Science Consortium

COHERENCE



La Crosse Medical Health Science Consortium

COHERENCE

La Crosse Medical Health Science Consortium

AGENCY

La Crosse Medical Health Science Consortium

INTERGENERATIVITY

La Crosse Medical Health Science Consortium

CONNECTION

La Crosse Medical Health Science Consortium

HOPE

"The immensely powerful capacity to **IMAGINE** something new and to devise new ways to **bring it into being** marks our live as **HUMAN** and not merely biological."

~ Gary Gunderson and Jim Cochrane

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ENTROPY TO ENSEMBLE

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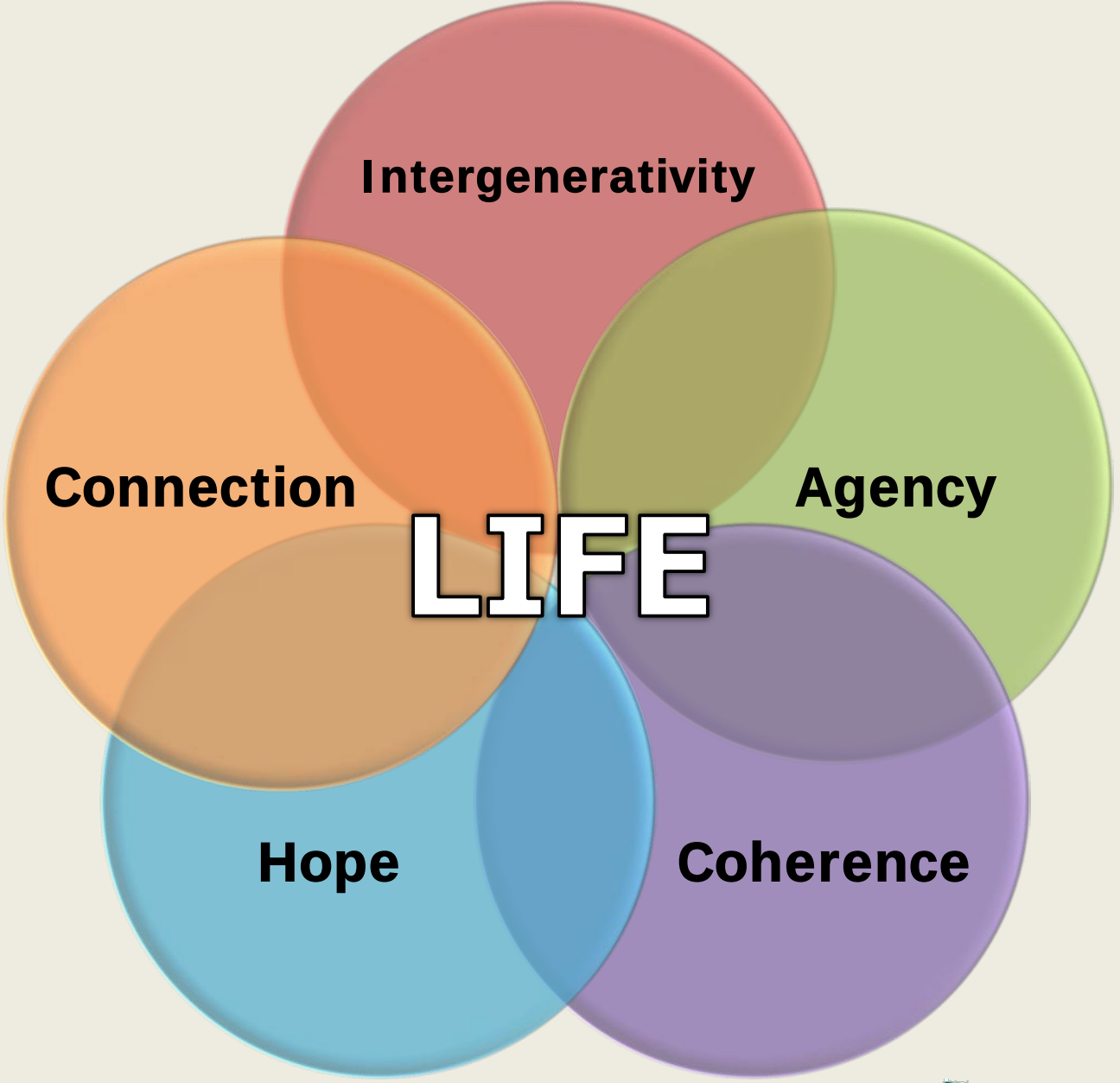

Leading Causes of Life™

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Table Activity

Write down an example of at least one area in your life that connects back to one of the LCL

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Coherence

The many ways:

- We make sense of life
- Life makes sense to us
- We see our life journey as intelligible and neither wholly random nor victim to inexplicable forces

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Western Technical College
THE ESSENTIAL EXPERIENCE

Project PROVEN

La Crosse Medical Health Science Consortium

Western Technical College
THE ESSENTIAL EXPERIENCE

Community Partnerships

- La Crosse County Jail
- La Crosse County Justice Support Services
- WI DOC
- Workforce Connections
- YWCA
- Attic Corrections
- CouleeCap

HEALTH SCIENCE
RTIUM

Western Technical College
THE ESSENTIAL EXPERIENCE

Education

- GED
- Credit courses

Employment

- Career Pathways
- Meaningful

ALTH SCIENCE
RTIUM

Western Technical College
THE ESSENTIAL EXPERIENCE

PROVEN Ideology

- Strengths perspective
- Empowerment
- Cognitive Behavior Skill Development

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Western Technical College
THE ESSENTIAL EXPERIENCE

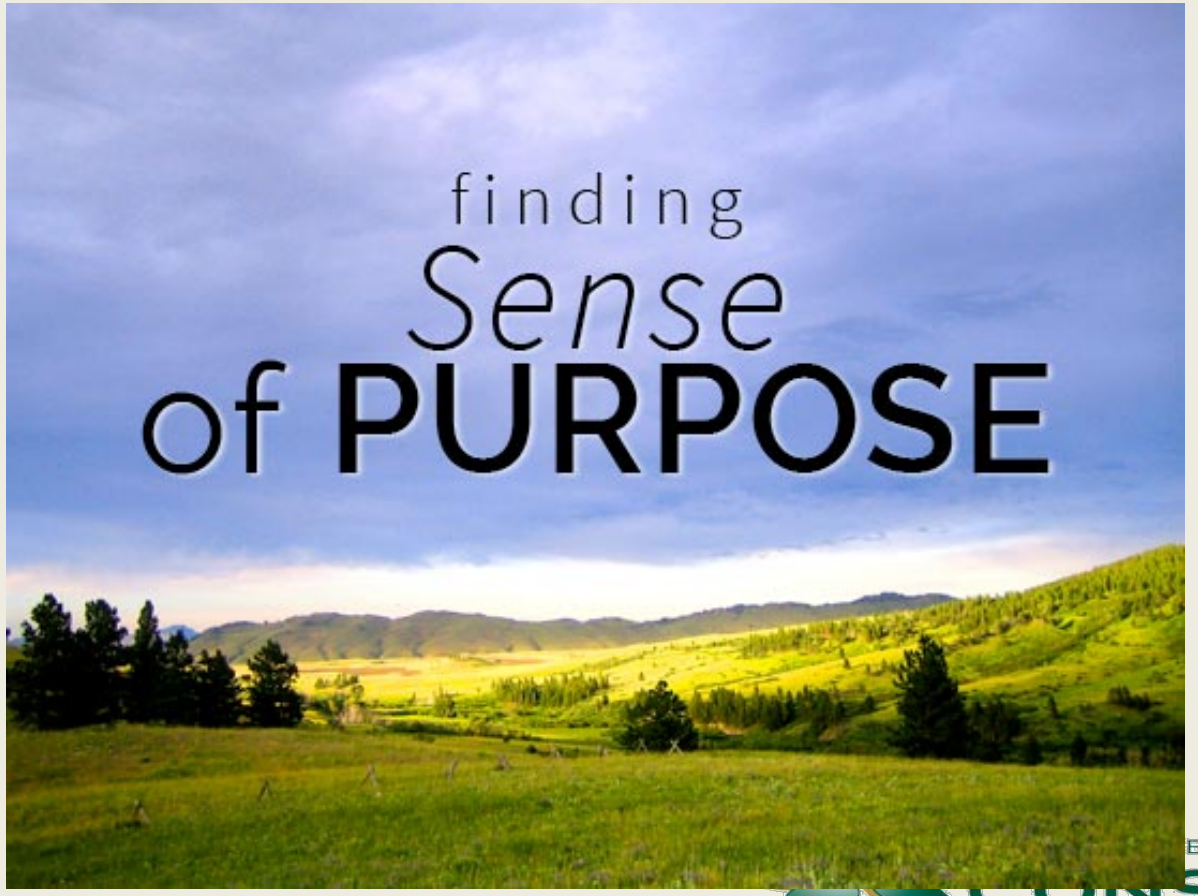
Video

Jordan Holter: A non-linear path to success

MEDICAL HEALTH SCIENCE CONSORTIUM

Western Technical College
THE ESSENTIAL EXPERIENCE

Stories



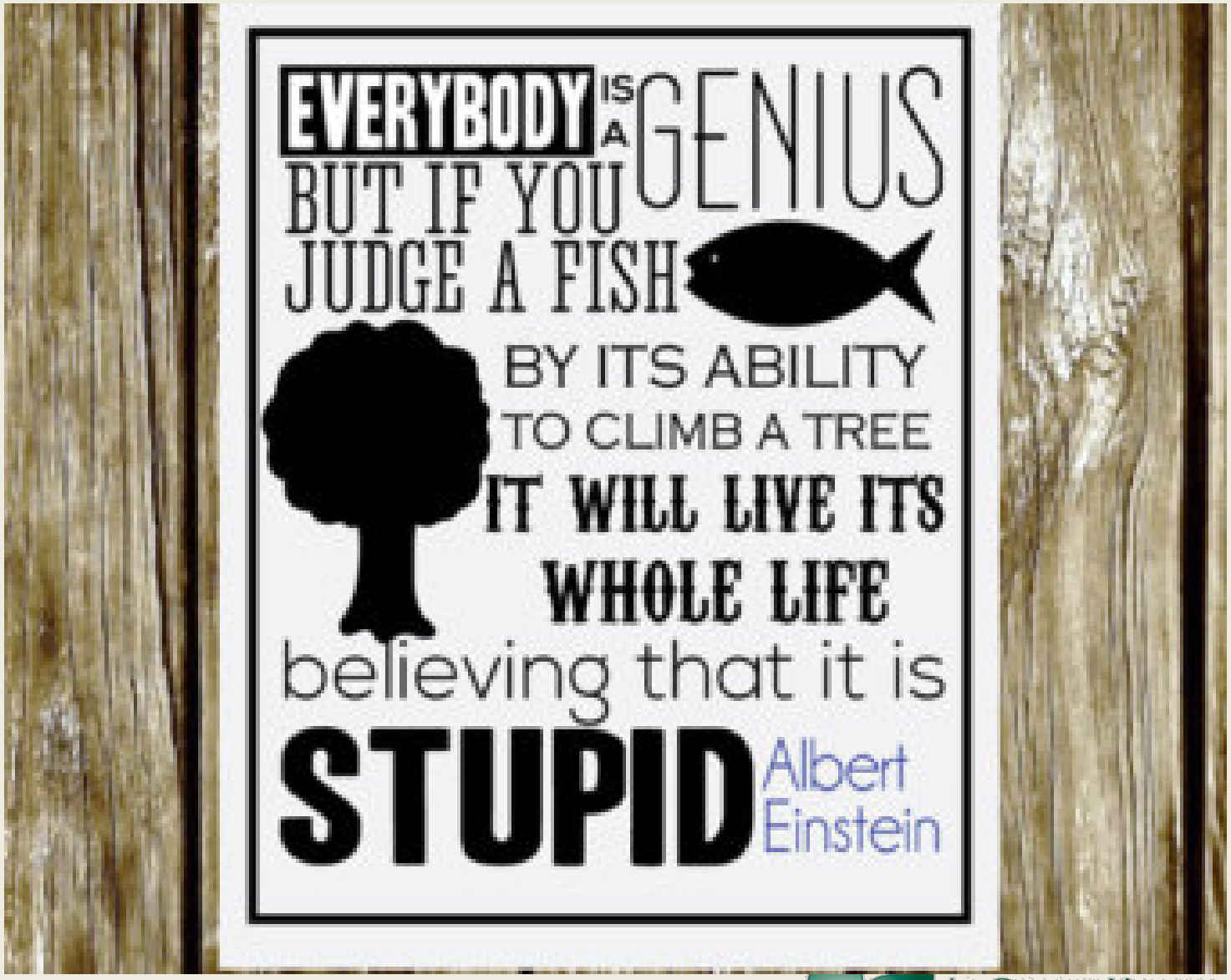
EDICAL HEALTH SCIENCE
CONSORTIUM

Western Technical College
THE ESSENTIAL EXPERIENCE

Stories

HEALTH SCIENCE
RTIUM

Western Technical College
THE ESSENTIAL EXPERIENCE



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Agency

Sometimes agency is the only cause of life you have to work with.

- Life may be incoherent; you may be disconnected, but you still can get up in the morning and move.
- It’s a fundamental capacity to choose to move toward life.
- It’s not resisting death, it’s an expression of a seeking of life.
- It’s a positive choosing.

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15 minute break

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Intergenerativity

Passing wisdom up and down through the generations:

- Quality of knowing our relationship to those who have come before us and those after us who will benefit from our life.
- It’s concern for those beyond our family.

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La Crosse Collaborative to End Homelessness

Franciscan Sisters of Perpetual Adoration

Addressing Chronic Homelessness in La Crosse

April 7, 2017

Kim Cable, Couleecap

Mary Jacobson, Catholic Charities

Key Players

Design Team

- Combination of front-line and senior staff who work with persons who are homeless
- Intimate knowledge of current systems
- Ready to innovate and improve the system

Leadership Team

- Community leaders and influencers committed to “clear the path” on policy, resources, and buy-in
- Ready to support the Design Team
- Support changes to ensure sustainability of gains

La Crosse Collaborative to End Homelessness

- The organizational “home” for this and future initiatives

Franciscan Sisters of Perpetual Adoration

- Community conveners; the “heart” of this community-wide effort

Facilitation Team (Erin Healy Consulting)

- Co-design, launch, facilitate collaborative efforts to end homelessness
- Share/transfer expertise re: rapid cycle systems change and improvement
- Sponsored by Gundersen Office of Population Health

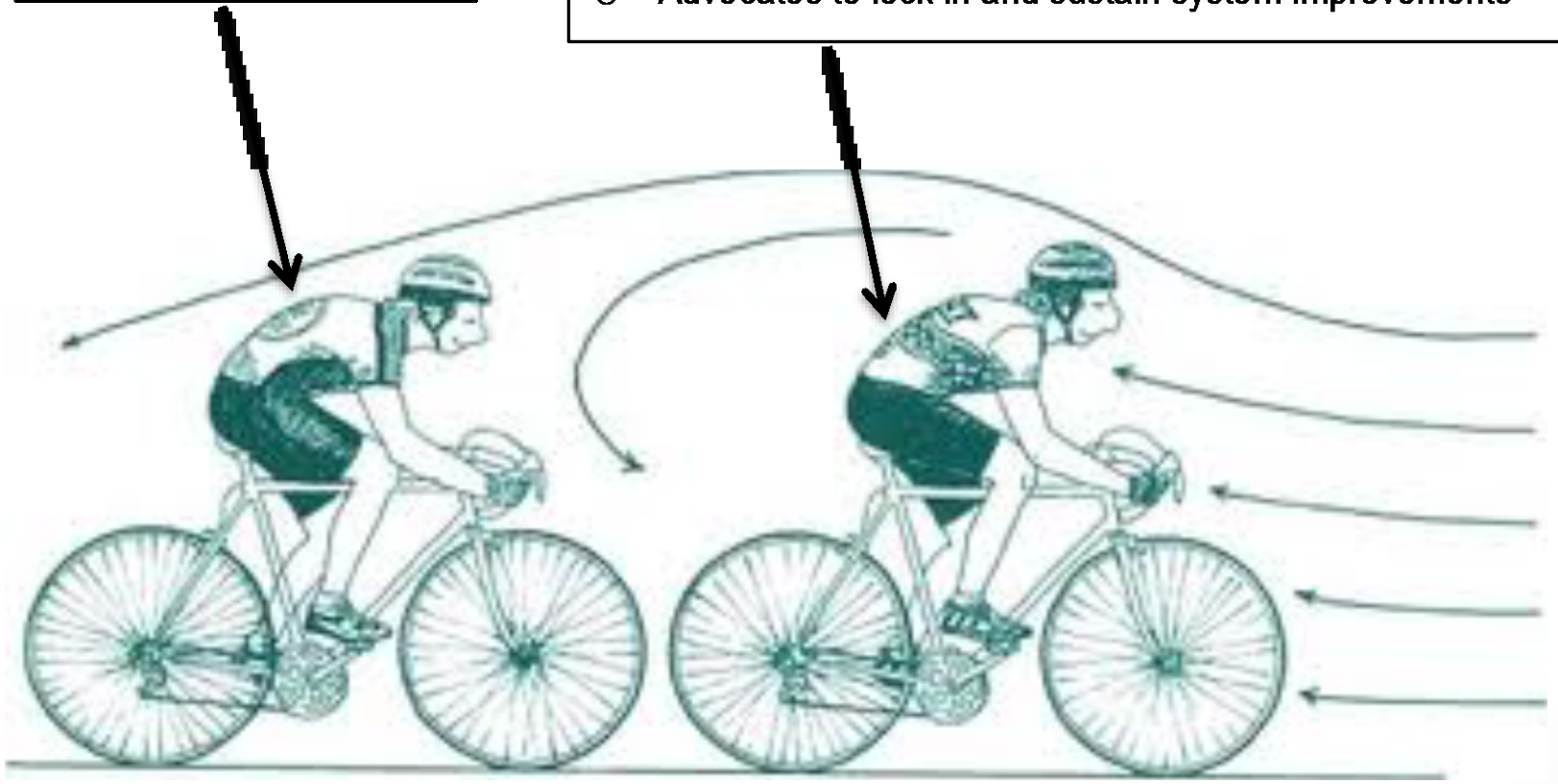
Team Dynamics

Design Team

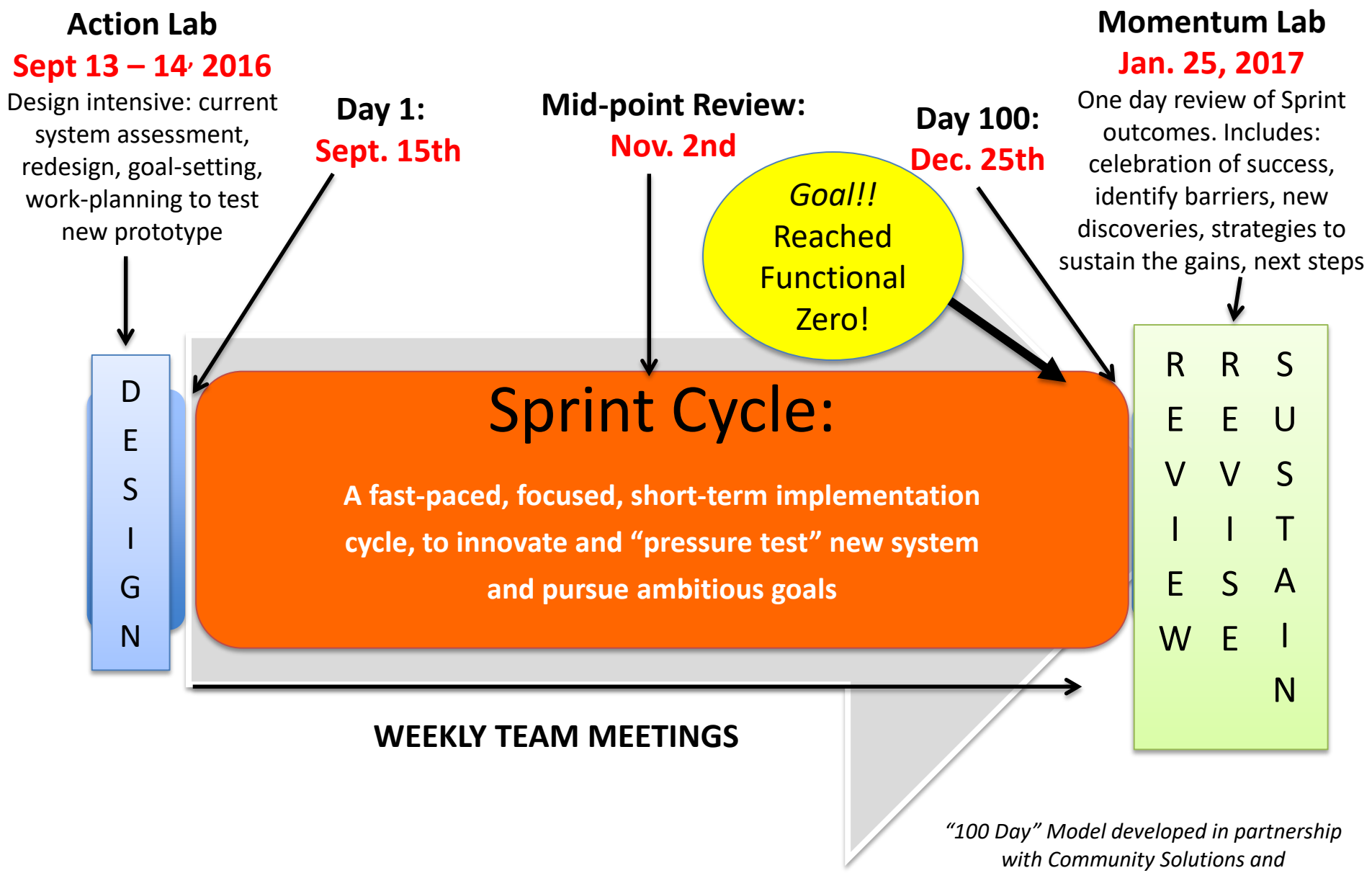
- Needs to focus energy on designing and implementing a new system

Leadership Team

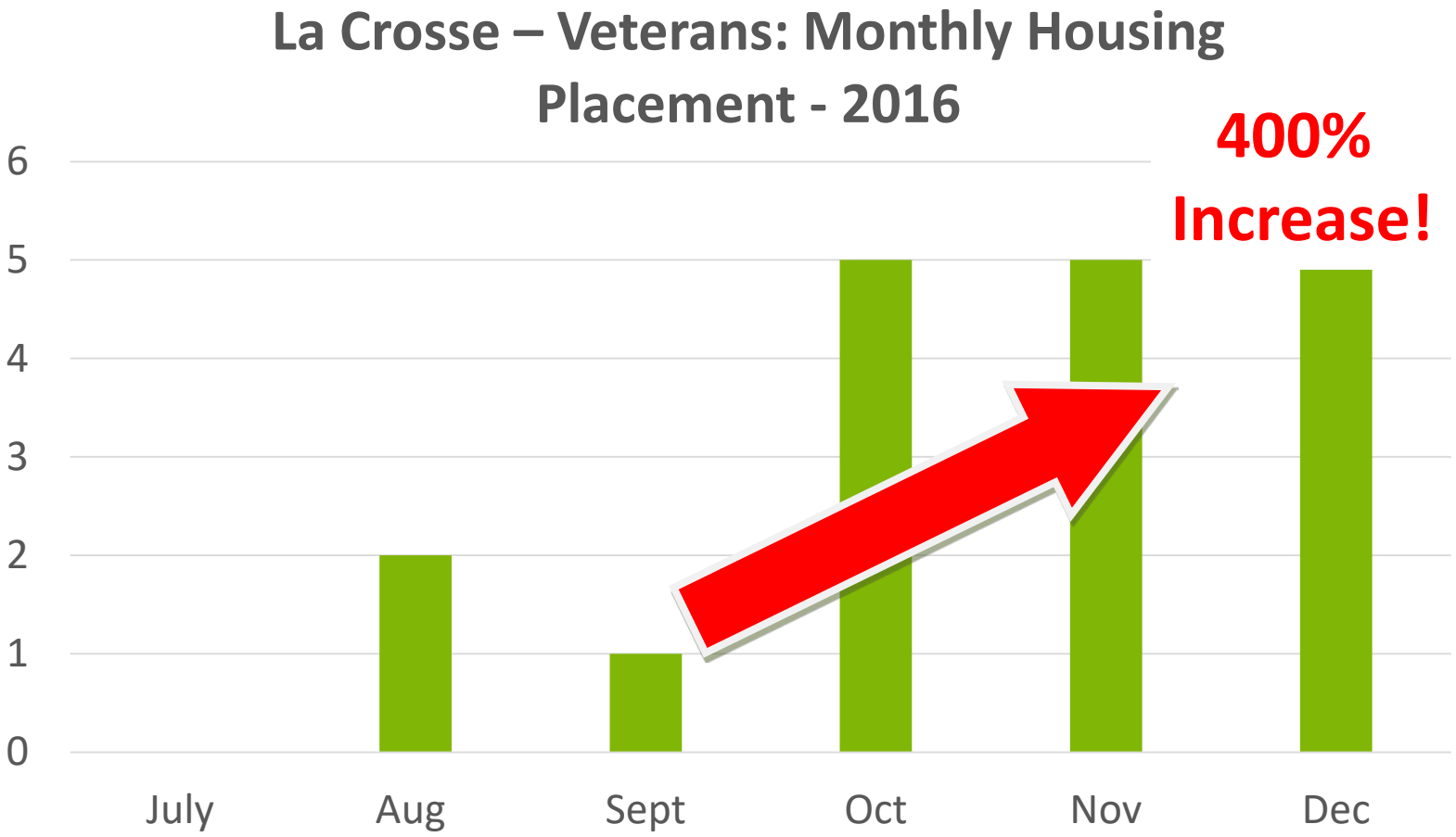
- Deflects counter-productive forces (politics, media, naysayers) to ease path for Design Team
- Puts their own credibility and reputation on the line
- Empowers Design Team
- Not in it for the glory; wants spotlight on Design Team
- Advocates to lock in and sustain system improvements



FIRST CYCLE: Ending Veteran Homelessness in the City of La Crosse

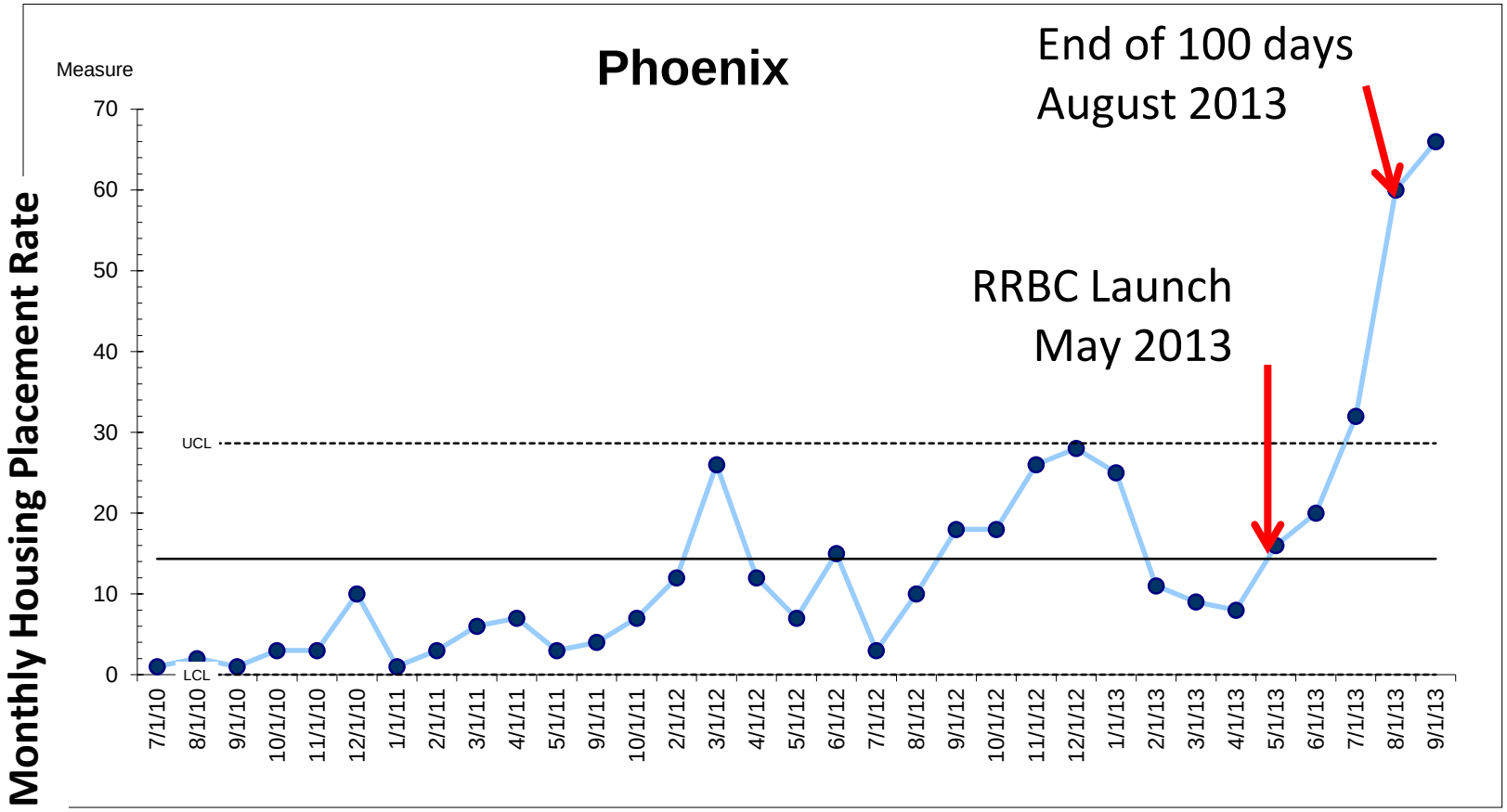


"100 Day" Model developed in partnership with Community Solutions and the Rapid Results Institute



Total Housed During 100 Day Sprint: **16!**

This is What Improvement Looks Like



**A partnership of Community Solutions and the Rapid Results Institute*

COMMUNITY SOLUTIONS

rapid results institute

Functional Zero: anyone experiencing a housing crisis will be back in stable housing w/in 30 days

Functional Zero?	# Current Homeless		Monthly Housing Placement Rate
		>	
		<	

What Works -

Unprecedented Collaboration:

- System Leadership
- Rapid Cycle Innovation, Iteration, Improvement
- Audacious Goals!

Housing First

- ✓ For *high needs:* low/no barrier to entry
- ✓ Supportive services
- ✓ Permanent (no program-imposed
- ✓ time-limit)

Prevention and Rapid Rehousing

- ✓ Early warning system
- ✓ RR for *moderate needs*

Coordinated Entry

- ✓ If no CE, cannot prioritize based on need
- ✓ By Name list – know who's out there

Know Your Data

- ✓ Performance Metrics
- ✓ Shared goal – clear, measurable, time-bound
- ✓ Data for improvement, not judgment
- ✓ Transparency

It’s about the SYSTEM

To reach and sustain Functional Zero, you must have a system that measures (at minimum):

- Real-time data on currently homeless (by name, de-duplicated)
- Inflow rate
- Outflow rate
- Monthly Housing Placement
- ALL housing inventory
- Universal Assessment (for Prioritization, Triage, Matching)
- Average # of days-in-process

THIS NEXT CYCLE: Addressing Chronic Homelessness

Action Lab
April 19th
Design intensive: data review, goal-setting, redesign, work-planning to test new prototype

Day 1:
April 20th

Mid-point Review:
Early June

Day 100:
July 28th

Momentum Lab
August 2017
One day review of Sprint outcomes. Includes: celebration of success, identify barriers, new discoveries, strategies to sustain the gains, next steps

"100 Day" Model developed in partnership with Community Solutions and the Rapid Results Institute

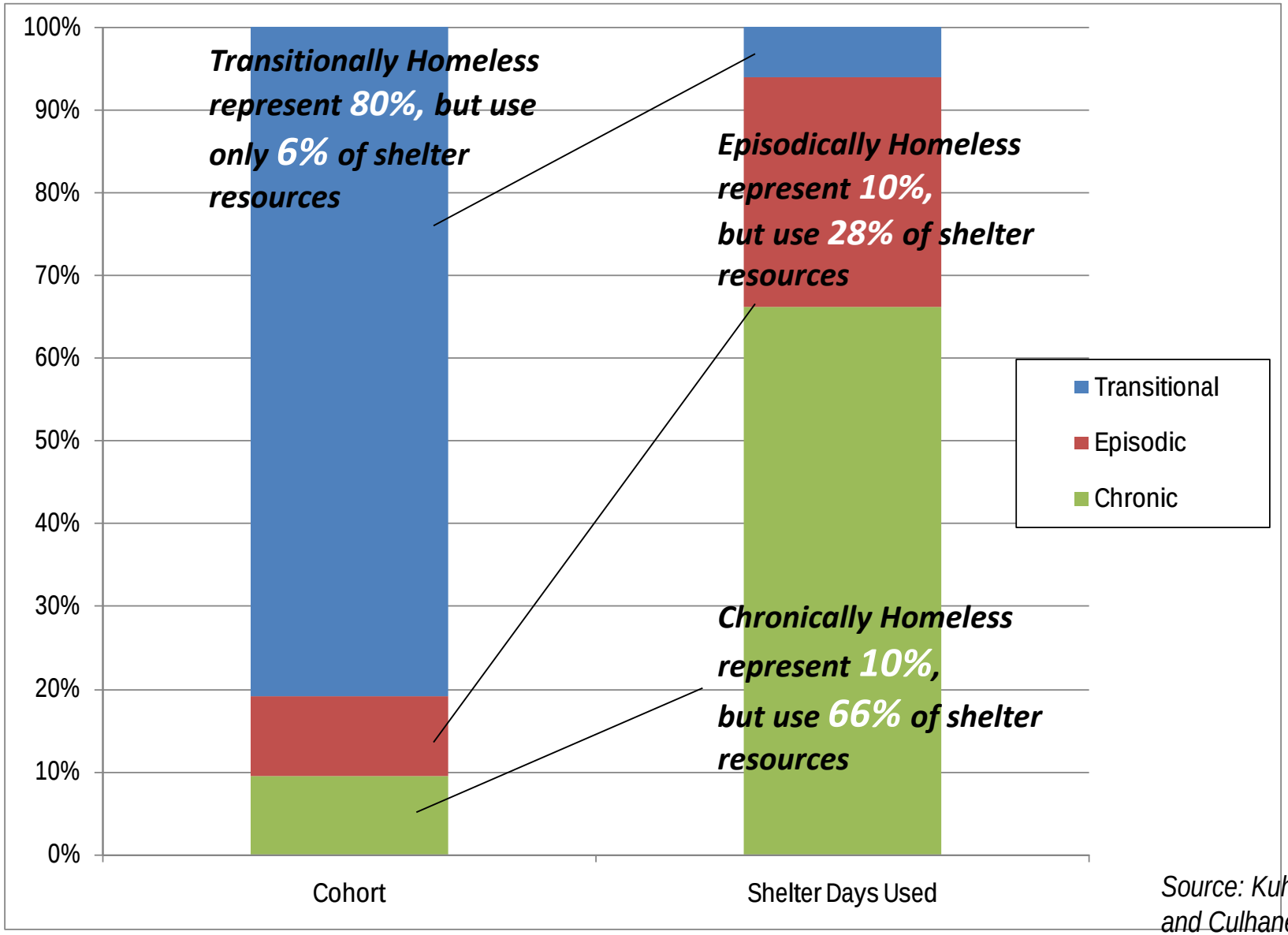
Chronic Homelessness – HUD definition

- A homeless individual with a disability who:
  1. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; **and**
  2. Has been homeless continuously for at least 12 months or on at least 4 separate occasions, separated by at least 7 days, in the last 3 years where the combined occasions must total at least 12 months

- Chronic, or long-term, homelessness is a life threatening condition that shaves an average of 27 years off a person's life.

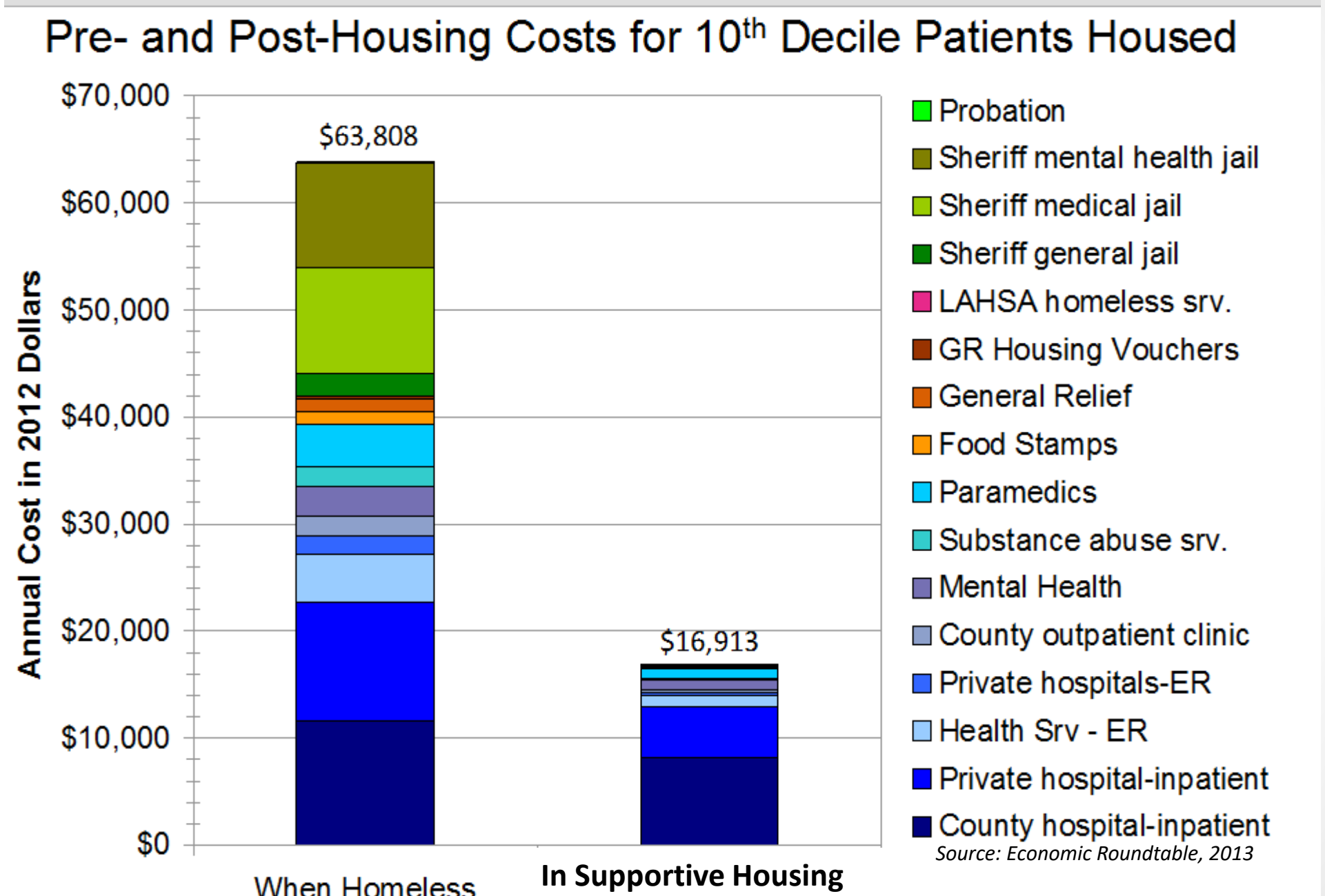
- *WHY FOCUS ON THE CHRONICALLY HOMELESS?*

Importance of Housing First & Prioritization



Source: Kuhn and Culhane

Saving Lives *and* Public Dollars



Source: Economic Roundtable, 2013

Human Costs

Community Solutions

Community Solutions

Community Solutions

Community Solutions

Breaking News…!

- March 30, 2017: Bergen County, New Jersey is the first community in America to END CHRONIC HOMELESSNESS
- More than six months at functional zero. Hard proof that with smarter data, improved collaboration, and a refusal to fail, an **end to homelessness is possible**.
- Bergen's leaders have built a **command center model** that can identify and respond to any person who falls into homelessness in near real time.
- There is no reason why La Crosse cannot forge the same path –and ultimately achieve an end to ALL homelessness

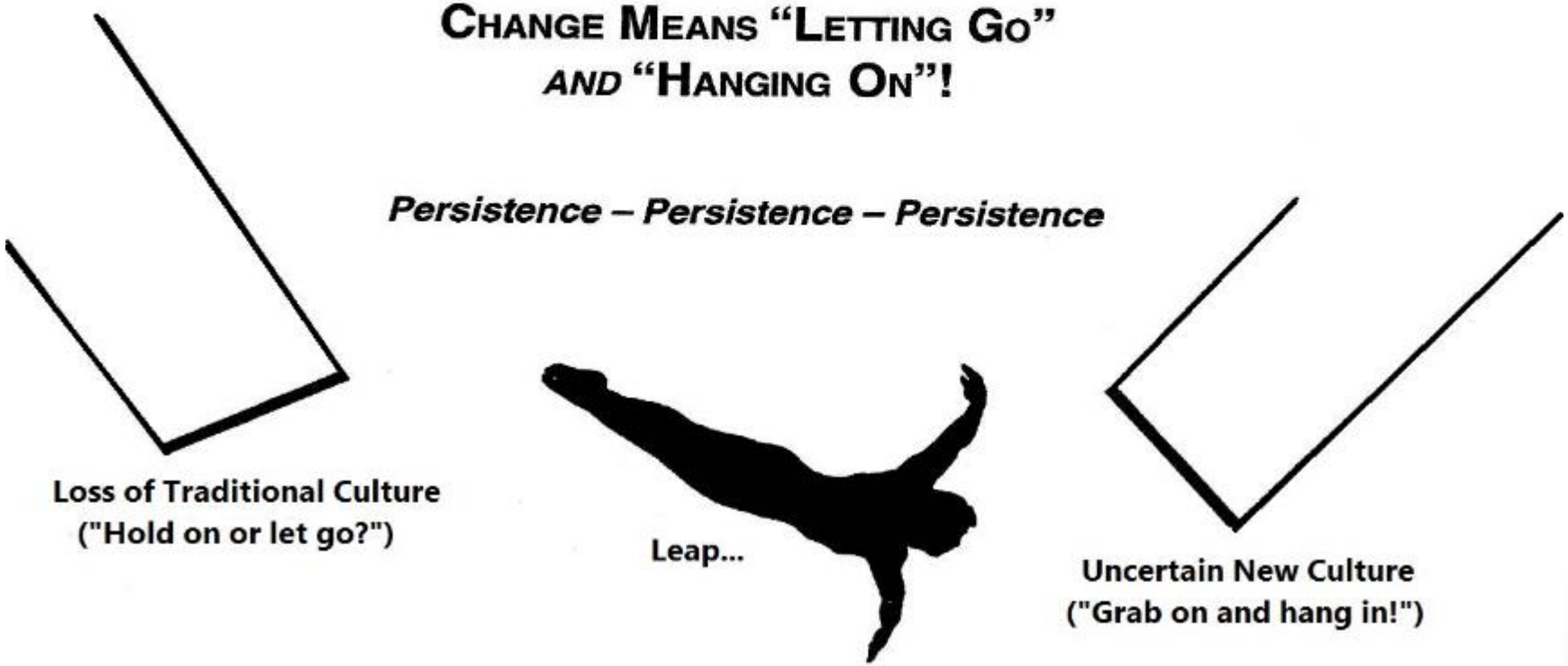
My other promise to you….

The Rollercoaster Of Change℠
The Only Process To Know

(It is natural, normal...this Cycle of Change)

Change Means "Letting Go"
and "Hanging On"!

Persistence – Persistence – Persistence



If organizations in La Crosse take action together
as a coordinated team, with one shared goal,
we WILL reach functional zero
on ALL Homelessness

Thank you for your commitment to this Team and your community!

Kim Cable, Housing and Community Services Director
Couleecap, Inc.
608-787-9890
kim.cable@couleecap.org

Mary Jacobson, Assistant Executive Director
Catholic Charities
608-519-8060
mjacobson@cclse.org

Table Activity

Review coherence, agency, and generativity.

How do they align with both your personal and work life?

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Connection

As human beings we find life through:

- Complex social relationships and connections to one another
- Building communities of various kinds that enable us to adapt to changing threats and opportunities

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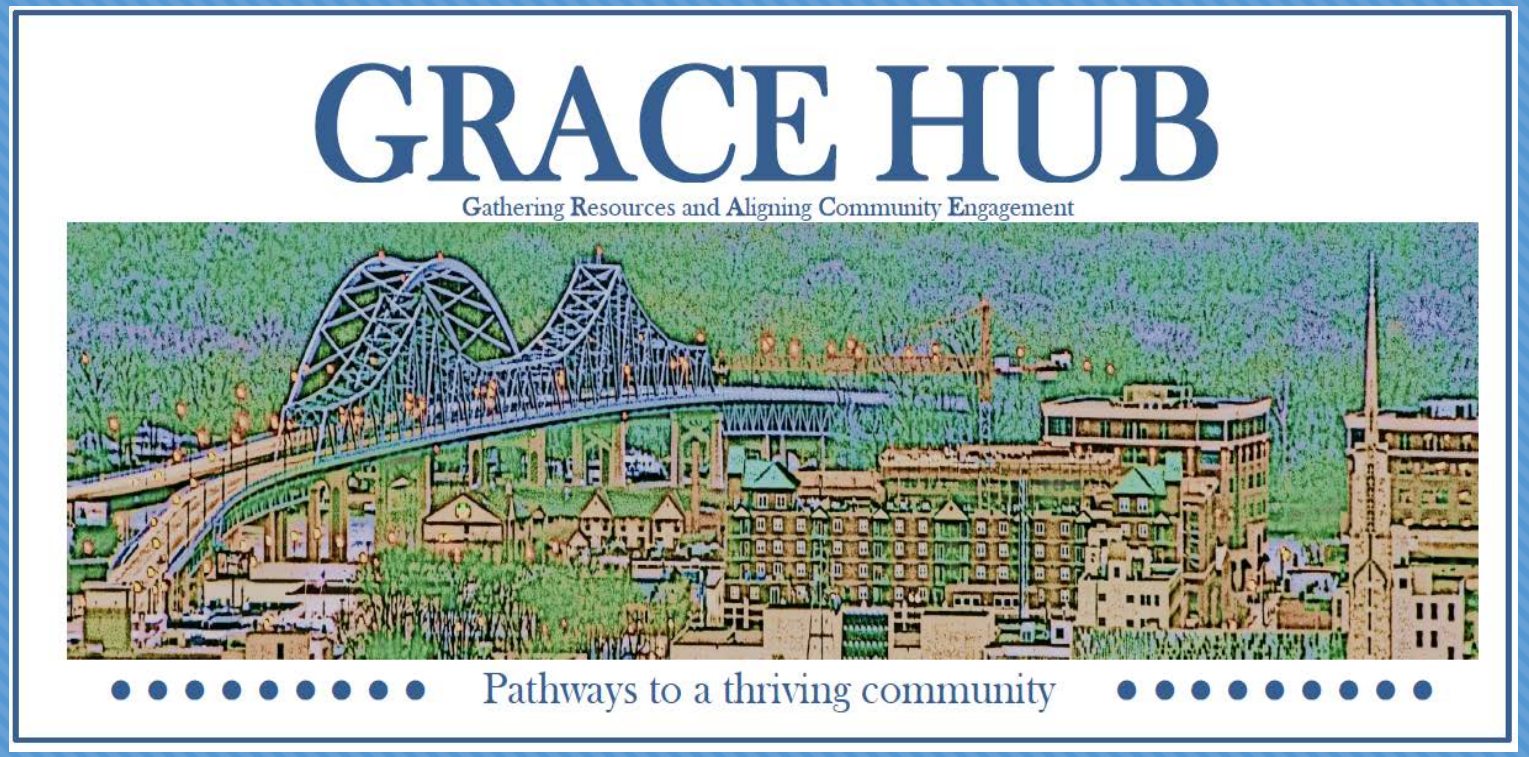
Gathering Resources and Aligning Community Engagement



Pathways Community HUB in La Crosse County, Wisconsin

An Innovative Community Systems Change

Great Rivers United Way

La Crosse Area Family Collaborative
Empowered Families. Thriving Neighborhoods

LA CROSSE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN 2016-2021

Public Health

Priority Area #3 – Social Determinants

GOAL: To create social and physical environments that promote good health for all.

PERFORMANCE MEASURES How We Will Know We are Making a Difference

OBJECTIVE	INDICATORS OR MEASURES (LIST SOURCE) **Indicators are the data trends. They are not intended to be measures of success.*
By December 31, 2021, assure that a system exists that connects people in need to available resources in La Crosse County.	Percent of adults 18 years and over who report not receiving sufficient social-emotional support (BRFSS) Community perception of health, safety, education, quality of life, and economic aspects as well as access to care (COMPASS) Calls for resources related to social determinants. (211 Call Data)

ALIGNMENT

LCHD CHA	Healthiest Wisconsin 2020	Healthy People 2020
Social Determinants was rated as the third highest concern in the La Crosse County Health Department Community Health Assessment which included data from the COMPASS NOW 2015 survey, key informant interviews, community forums, and community leader rankings.	Health Literacy Objective 2: By 2020, increase effective communication so that individuals, organizations, and communities can access, understand, share, and act on health information and services.	(AHS-6.1) Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.

OBJECTIVE: By December 31, 2021, assure that a system exists that connects people in need to available resources.

BACKGROUND ON STRATEGY

Source: What Works for Health (http://www.countyhealthrankings.org/policies/social-service-integration) - County Health Rankings and Roadmaps (webinar: http://www.countyhealthrankings.org/webinars/rankings-action-exploring-community%E2%80%99s-innovative-social-service-model)

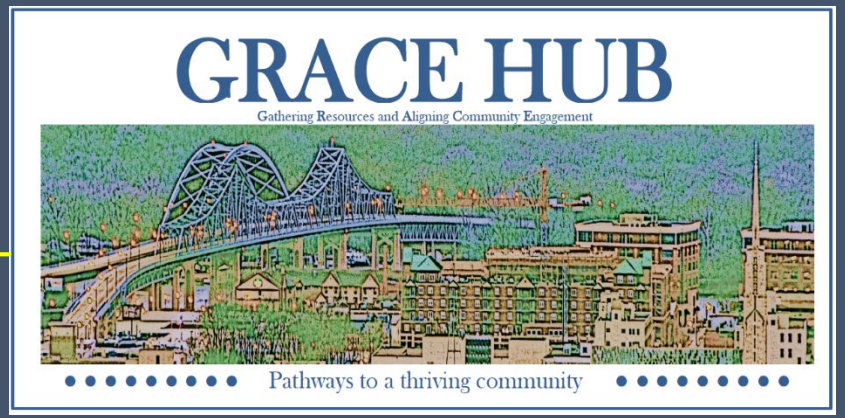
Evidence Base or Promising Practice (List link/source): Promising Practice - Community Hub Model

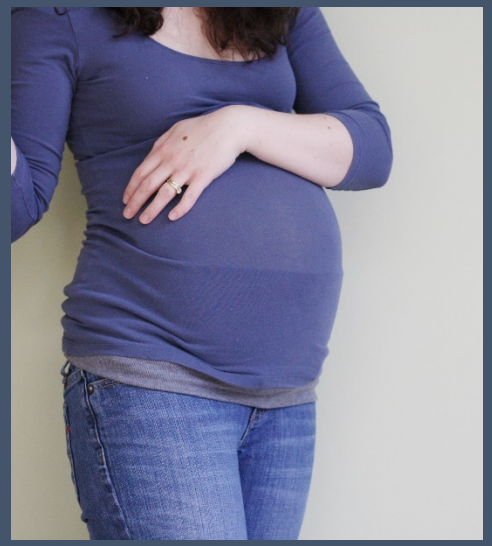
Policy Change (Y/N) and list policy/link to policy): Yes, Policies to be determined as implementation of system change occurs

Contributing factors and causes (include behavioral risk factors, environmental, social-economic factors, health status disparities, and health equity and health risk population): Those with lower socioeconomic status experience disproportionate health disparities that may stem from unequal access to resources. (LCHD CHA – Access to Care and Social Determinants)

Change Statement

GRACE Hub will implement a system to bridge the gap between health care delivery and the social service sector for cost savings, improved population health outcomes, and increased client experience and engagement.





One Community Care Coordinator for the Entire Family

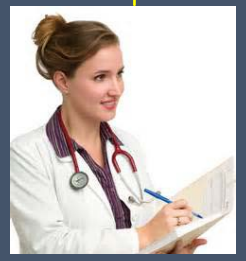
HUB

Same Process for All Agencies:

- intake/assessment
- regular home visits to complete pathways

Agency A

Agency B



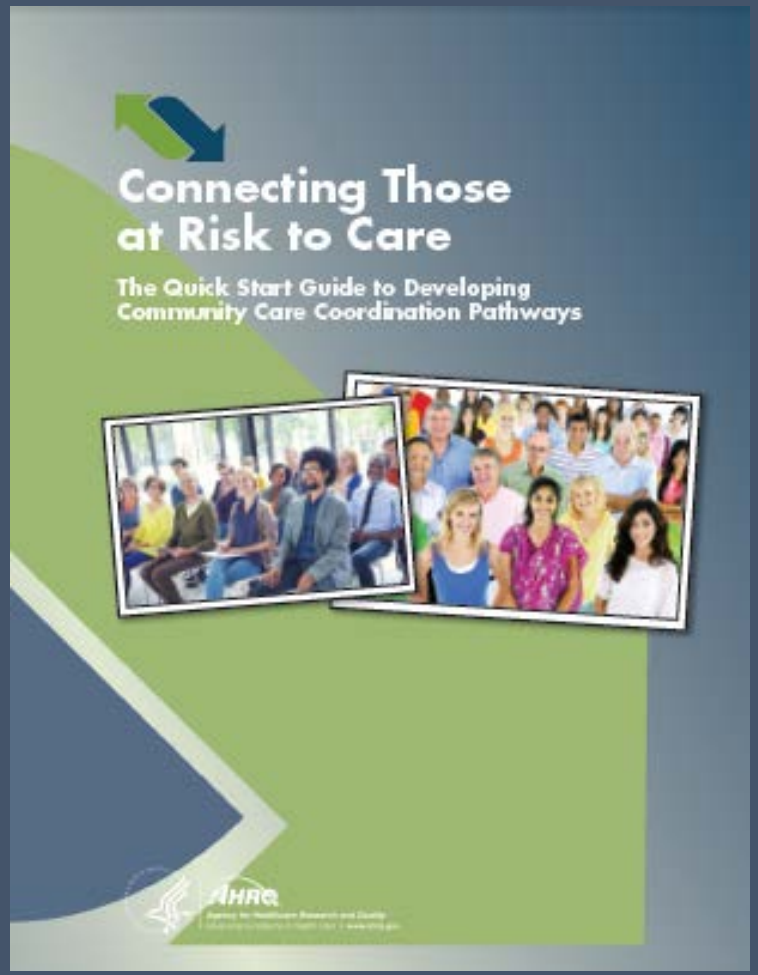
Agency C

Agency D

Agency E

Background

The HUB model was first developed by the Community Health Access Project in Mansfield, Ohio.



Foundation of the HUB Model

An evidence-based, accountable care coordination delivery system designed to:

Find

- Comprehensive Risk Assessment

Treat

- Assign Pathways

Measure

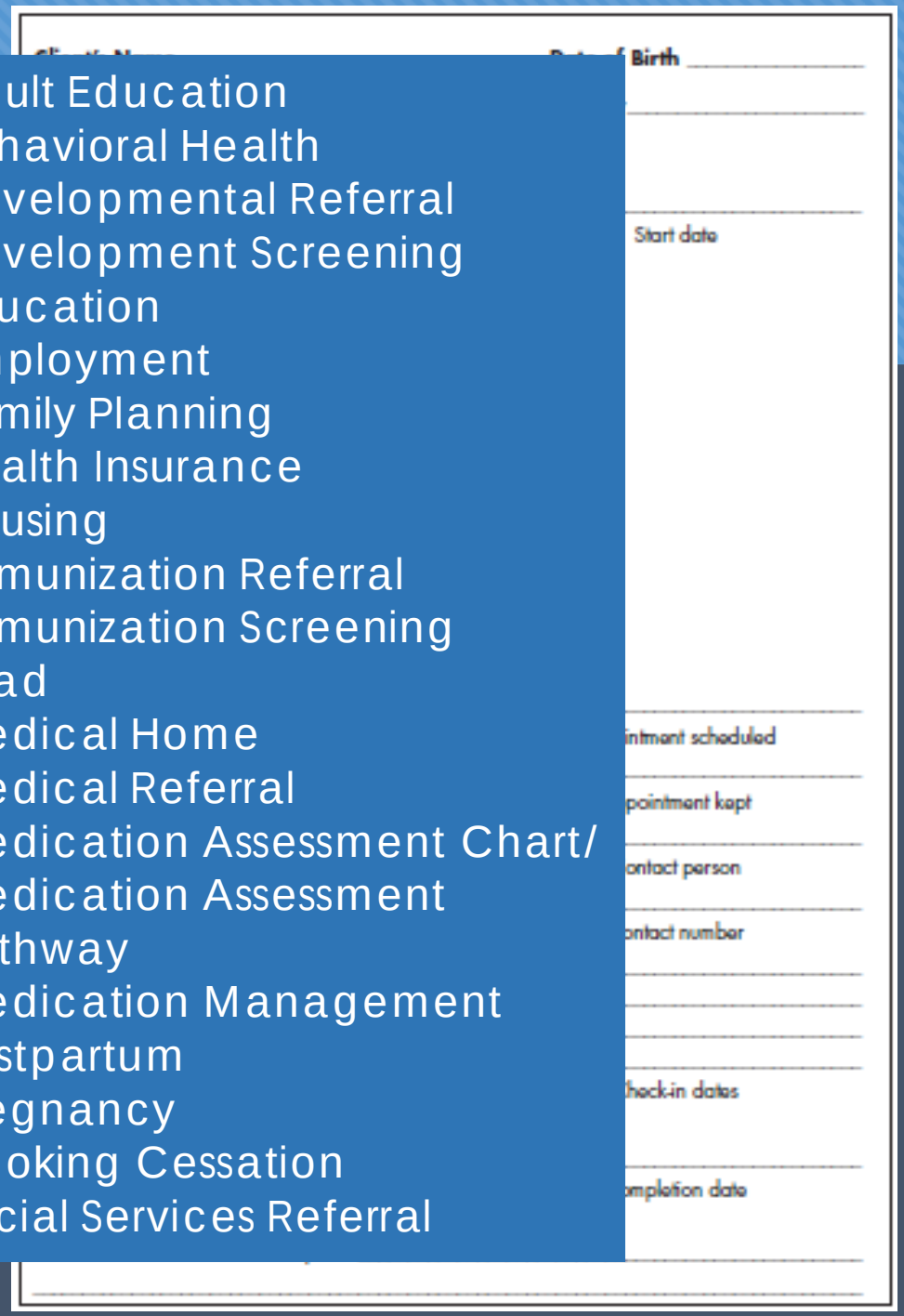
- Track Results (Connections to Care)

TREAT

Pathways

- Each Risk = Pathway
- 20 Standard Pathways
- Finished Pathway = Outcome Achieved (Risk Factor Reduced/Eliminated) & Payment
- If outcome not achieved = Incomplete Pathway

- Adult Education
- Behavioral Health
- Developmental Referral
- Development Screening
- Education
- Employment
- Family Planning
- Health Insurance
- Housing
- Immunization Referral
- Immunization Screening
- Lead
- Medical Home
- Medical Referral
- Medication Assessment Chart/ Medication Assessment Pathway
- Medication Management
- Postpartum
- Pregnancy
- Smoking Cessation
- Social Services Referral

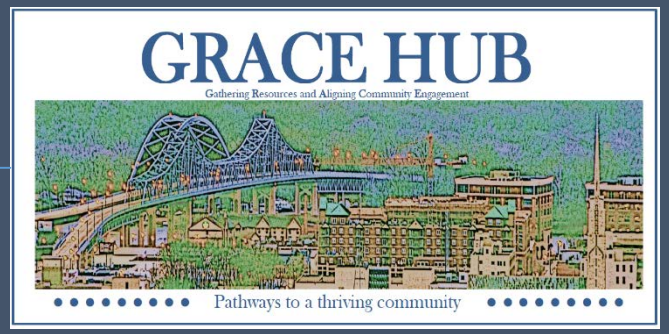


Infrastructure/Governance of Hub

Great Rivers United Way

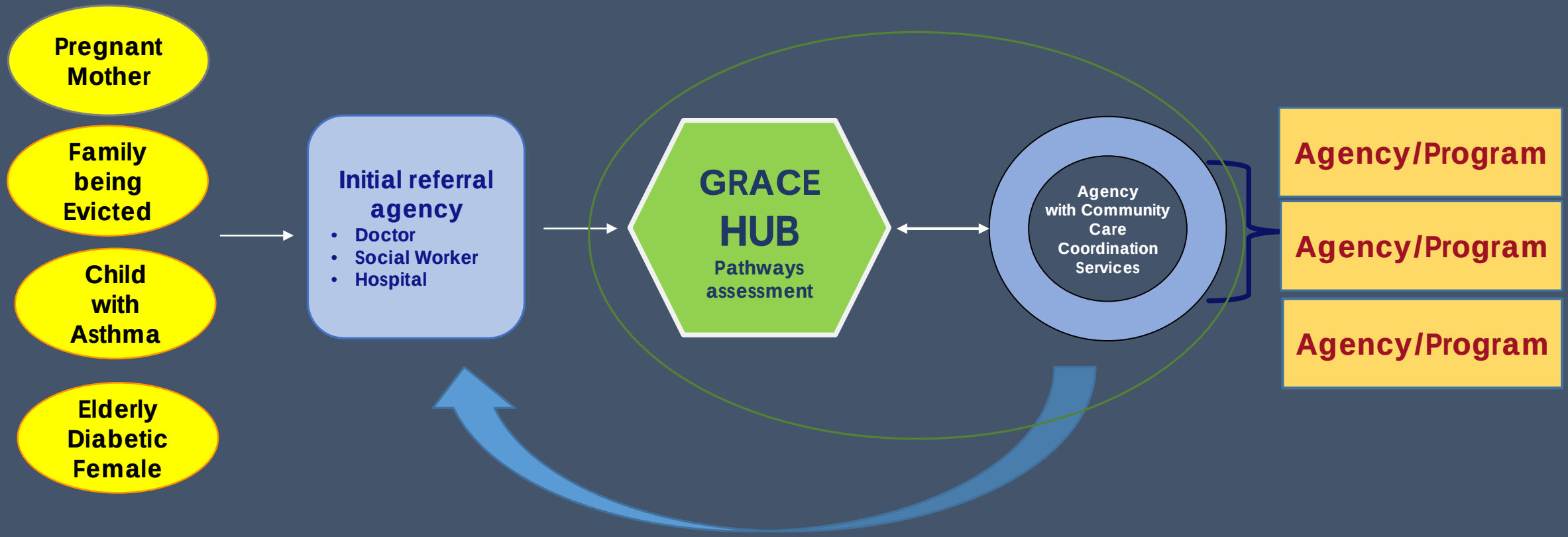
Director
1.0 FTE

Resource Specialist
0.5 FTE



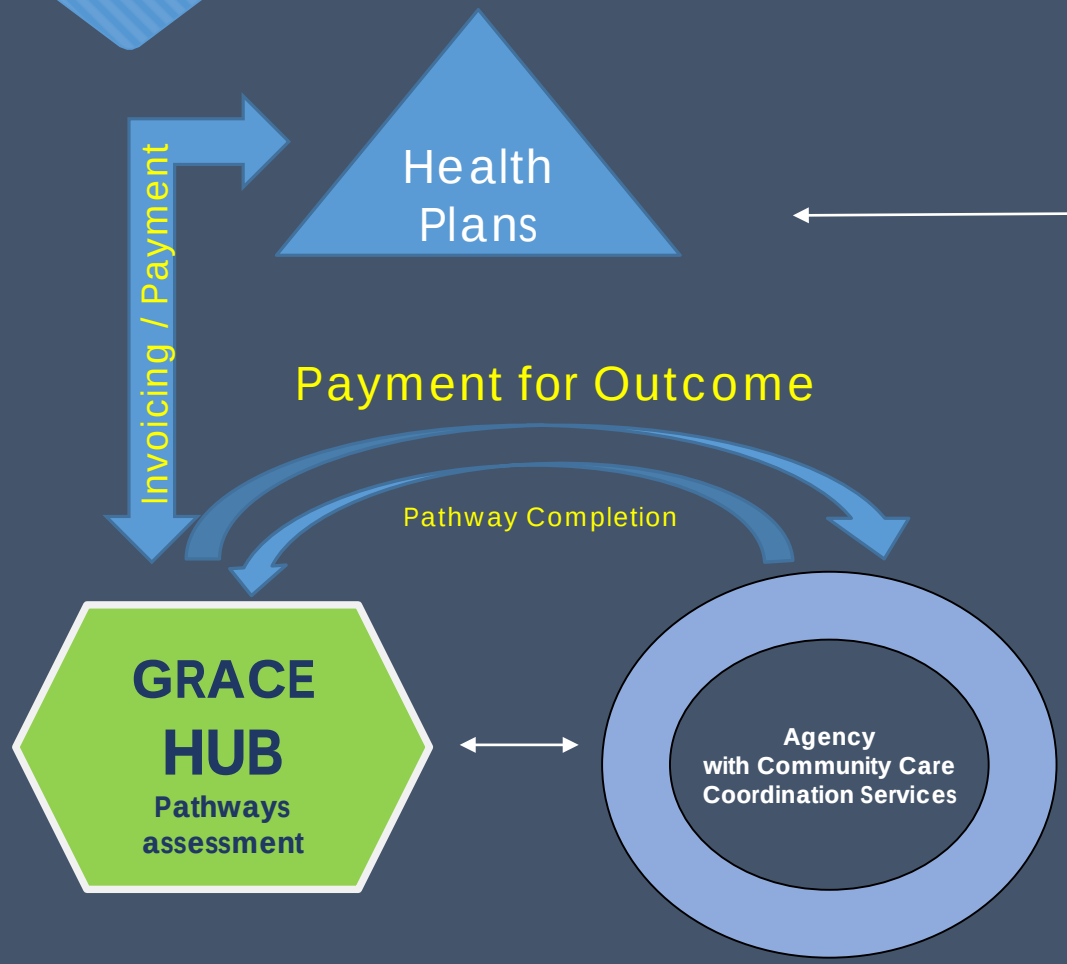
Community Advisory Board

GRACE HUB Flow



Sustainability~

Pathway Reimbursement/Braided Funding



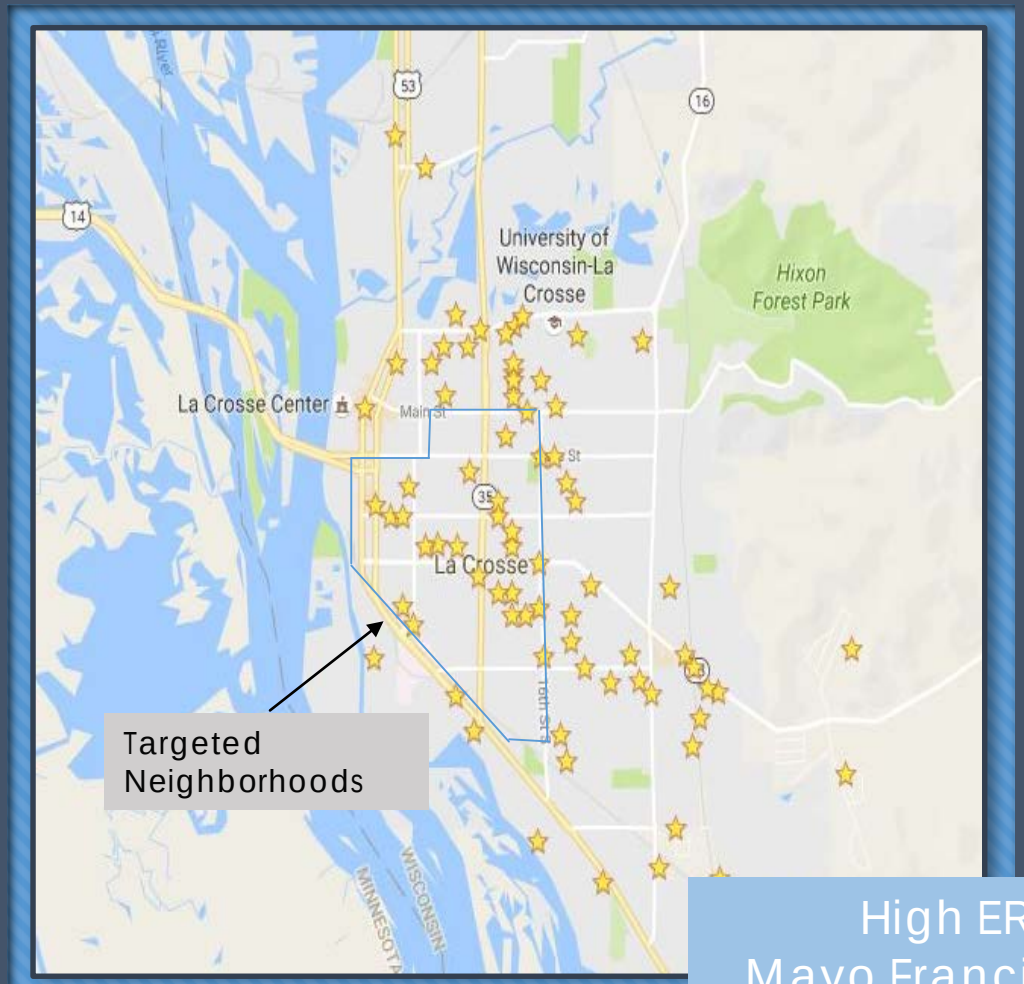
Long Term & Sustainable Funding

- Health Plans and others pay for completed pathways
- Hub takes % for sustainability
- Remaining goes to agencies for care coordination service (new revenue source)

Indicator for Success

High Emergency Room Usage:

Current data indicates range of 18-67 ER visits from 1/1/15-7/31/16 for highest users



High ER Utilization – Mayo Franciscan Healthcare

What Does Success Look Like?

Emergency Room Diversion

Potential Cost Savings Example
1/1/16-6/30/16
135 users with 377 visits*

377 visits x $1,233 (national average ER visit cost)=$464,841
135 users x $265 (assessment/2 pathways)=$35,775

If decrease visits by 50% with GRACE Hub=
Cost Savings of $268,196
or $536K per Year

*Data from Mayo is for Self Pay EUCC Patients

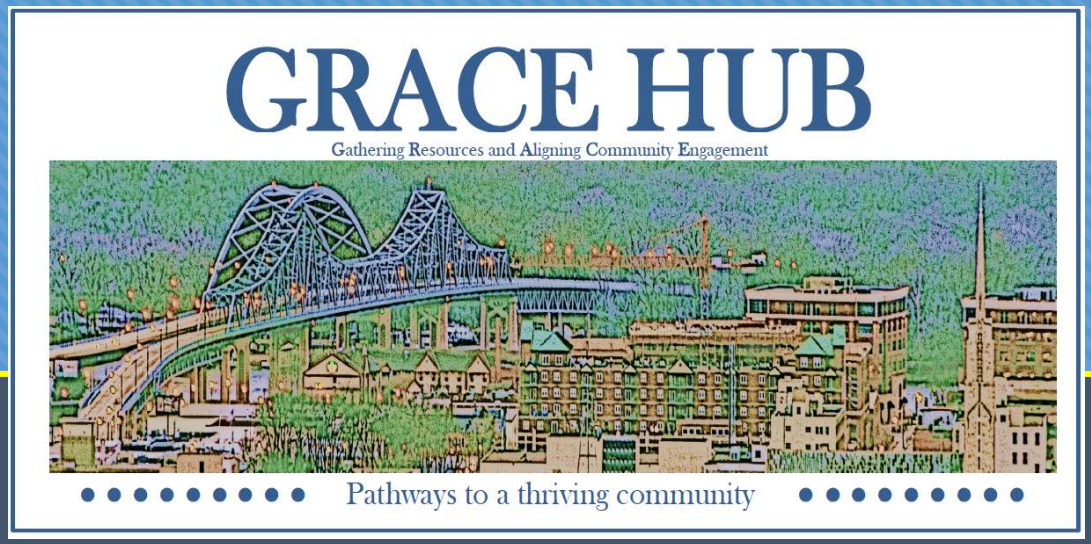
Opportunity Cost:

1 Emergency Room Visit

≥

1 Month's Rent

Summary



- Removes silos and fragmentation
- Uses existing community resources, medical and social, more efficiently and effectively
- Focuses on common metrics to identify and track risks (risk reduction)
- Holistic community care coordination – one for whole family
- Pays for outcomes (pathways) = sustainability
- Owned by the community

"Successful change is about having the right partners working on the right thing at the right time."

~Nelson

County of La Crosse Wisconsin 1851

United Way
Great Rivers United Way

St. Clare Health Mission

La Crosse Area Family Collaborative
Empowered Families. Thriving Neighborhoods.

Table Activity

Where do you find community in unexpected places?

La Crosse Medical Health Science Consortium

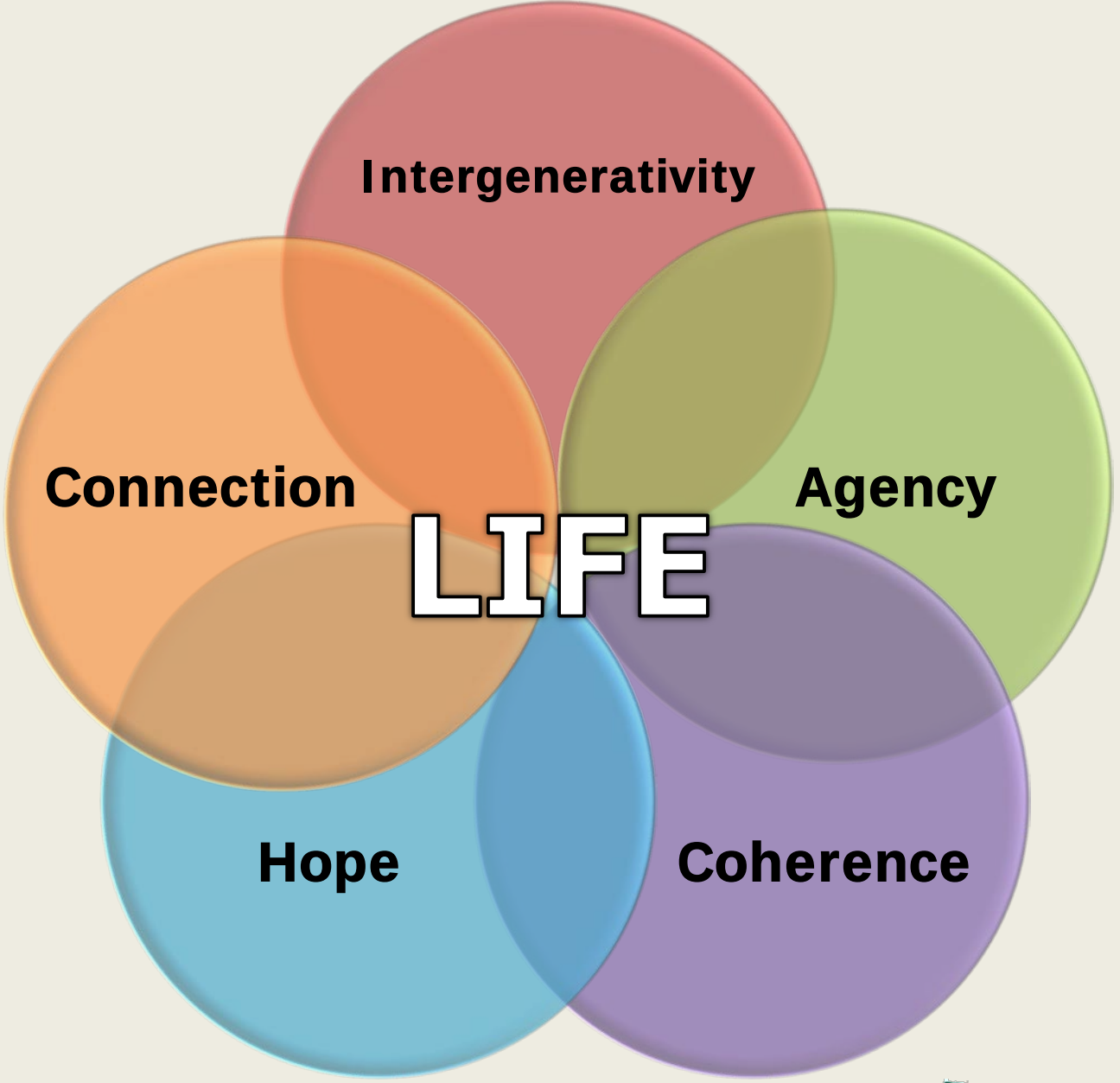
Hope

Hope in the deepest sense is not optimism or wishful thinking. It is about:

- Imagining a different, healthier future
- Finding the energy to do something to try to bring that future into being
- Thinking and acting forward

If we can see a positive future this nurtures the life force to make it happen.

La Crosse Medical Health Science Consortium



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Thank you!

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