



Spring 2020 Issue:

Foundations for Health



BETTER IDEAS
for CARE DELIVERY

CONTENTS

2 /

**Reflections from a
CIN Managing Partner**

4 /

**Resilient Leadership
in Action: Three
Tips from ACCESS CEO**

7 /

**Three Lessons
Learned on Building
Partnerships**

11 /

**Advice from the Front
Lines of Community-
Based Health Care**

15 /

**Roadmap for CIN in
2020-21**

Reflections from a CIN Managing Partner

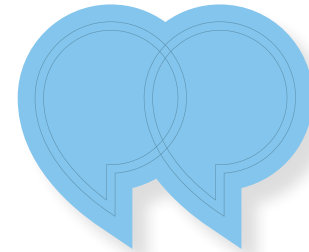


Kicking off the new California Improvement Network (CIN) cycle with our first partner meeting in 2020 feels simultaneously futuristic and evocative of the old adage that hindsight is 20/20, how we are able to evaluate things more clearly while looking back on decisions and choices we have already made.

Both characteristics thread through our new CIN priority areas for learning and action in the 2020-2021 cycle.

We started conversations about building resilient leadership and addressing social needs that impact health, providing a space to evaluate what we've been doing and have others share perspectives that will allow us to approach the challenges we face with new vision and clarity. Given our global realities responding to COVID-19, this new vision and clarity take on an urgent significance.

In this issue of *CIN Connections*, we hear from Donna Thompson, chief executive officer (CEO) of Access Community Health Network (ACCESS), about how she stays resilient in the face of adversity, and how ACCESS makes strategic decisions around social needs interventions. Pooja Mittal, medical director at



What stands out for me from this first meeting is how we've managed to collectively create a safe environment to share our struggles and challenges, as well as our successes, while bringing new members into the conversation."

Reflections from a CIN Managing Partner

“Having a space for deep, honest conversation among diverse members representing health plans, medical groups, health centers, and integrated care systems amongst others, is part of what helps us grow both professionally and personally.”



Health Net, shares her learnings from navigating a difficult partnership between a health plan and a community-based organization (CBO) to improve birth outcomes.

As for our third, more futuristic priority of providing care differently, with a focus on leveraging artificial/augmented intelligence (AI) to deliver enhanced care, we recognize this will be a leap — and that’s a good thing. We believe that CIN members can and should be positioned to push the edge, to collaboratively discuss, ideate, and explore. And while integrating AI into our work may feel far ahead in terms of where some of us are now, this is partly what keeps CIN relevant and unique. We’re not just solving today’s problems, but anticipating and collectively planning for what the health workforce could look like beyond our immediate concerns and future.

What stands out for me from this first meeting is how we’ve managed to collectively create a safe environment to share our struggles and challenges, as well as our successes, while bringing new members into the conversation. CIN is a space where we can get granular and share authentically about our experience: it’s not about the glossy version of how things happened.

It’s remarkable how important it is for leaders like Donna and Pooja to stay optimistic, even when it’s hard. This optimism — bolstered by an understanding that relationships are vital to tackling complex work — is essential for helping resilient leaders navigate adversity. That’s why places like CIN matter so much, and the connections made here are so important. Having a space for deep, honest conversation among diverse members representing health plans, medical groups, health centers, and integrated care systems amongst others, is part of what helps us grow both professionally and personally. We all need to be replenished to stay resilient and focused on our goal of improving health for all Californians.

Sincerely,

Sunita Mutha, MD, FACP

CIN Managing Partner and Director of
Healthforce Center at UCSF

[Sign
up
here.](#)

Join CIN to get the latest quality improvement resources, tips, and tools delivered straight to your inbox.

Resilient Leadership in Action: Three Tips from ACCESS CEO

Featuring:

Donna Thompson, RN, MS

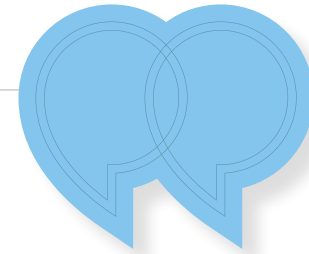
ACCESS CEO

S

tepping into the role of CEO of ACCESS after her predecessor's unexpected death in 2004, Donna Thompson found herself confronting the organization's \$28.5 million debt. ACCESS, one of the nation's largest networks of federally qualified health centers (FQHCs), provides care to nearly 175,000 Chicago-area residents in the area's most underserved communities. In her 25 years with ACCESS, Thompson has overseen significant organizational changes, including implementation of the Affordable Care Act, the transition to managed care, and a massive capital campaign. She has kept the organization focused on its mission and purpose while navigating rapid expansion and new partnerships. Thompson shared some of the lessons learned over the course of her career with CIN partners. Here are some of the highlights:

Know Your Story and How It Fuels Your Work

Reflecting on resiliency, Thompson noted, "It's about your own lived experience and how you are able to get through it and continue to move ahead," as well as learning from what



It's important that you know why you do what you do. For me, it's all about trying to be a voice for those that, many times, don't have a voice."

others have overcome and how they navigate difficult obstacles. Relating these personal stories and life experiences to our work can be a powerful driver to spur compassion and connection with others, as well as to accelerate change.

While on rounds at a health center, Thompson met a mother who was unwilling to seek treatment for breast cancer because the expense would be too costly for her family to

Resilient Leadership in Action: Three Tips from ACCESS CEO

“What you’re doing here with CIN is a form of coaching. You’re able to express yourself and you’re also able to stretch.”



bear. Drawing parallels between the hardship caused by her own grandmother’s premature death (due in part to a lack of early medical intervention) to that of the young immigrant mother and her family, Thompson was moved to act on their behalf, and made the case to local legislators that no woman should miss out on treatment due to lack of insurance. This advocacy served as a catalyst for local communities of women of color to organize, eventually securing state funding for free or low-cost breast cancer screenings for uninsured and underinsured Illinois residents.

In reflecting on why she has made this her mission, Thompson said, “It’s important that you know why you do what you do. For me, it’s all about trying to be a voice for those that, many times, don’t have a voice.”

2 Invest in Yourself

How do you have the energy to take on the unknown?

You invest in yourself – for the long run. Thompson shared how she improves and protects herself as an active practice.

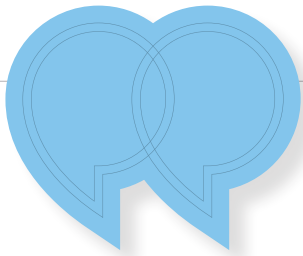
She underscored that coaching is an important investment in personal and professional growth. Coaching has helped her lead more effectively and given her the space and time

to develop her own personal goals. For example, coaching was pivotal in preparing Thompson for her current role as CEO. From her vantage point as the then Chief Operating Officer, she understood the business and had deep institutional knowledge. Her coach helped her understand the difference between this position and what she’d need to lead as CEO, and to develop and articulate the strategic vision necessary to successfully step into her new role.

During her talk, Thompson highlighted the value of participating in CIN and encouraged partners to take advantage of the safe space to talk candidly about issues they’re facing in their work and work together to find solutions. “What you’re doing here with CIN is a form of coaching. You’re able to express yourself and you’re also able to stretch,” noted Thompson.

Investing in yourself can also mean NOT doing something. Don’t make others’ urgency your own. Thompson advised implementing a 24-hour (minimum) rule to follow up with someone, and suggested replying, “I’ll get back to you” to anyone with an urgent request. It’s important to know your limitations and not take on new commitments if you don’t have the capacity to fulfill them, and to remember that “no” is a legitimate answer to a request.

Resilient Leadership in Action: Three Tips from ACCESS CEO



Having a plan, a vision, and a strategy isn't a dunk shot. It takes time. It takes attention. It takes commitment."

To ensure she gets a break, Thompson always plans her next vacation and books it on the last day of her current vacation. She encourages her team to do the same. "Get in the discipline of calendaring your time for you. Once you have the discipline — the same discipline you have for work-life commitments — you'd be surprised how much that investment can do for you."

3 Staying in the Game

At the end of the day, Thompson noted that resilience is about leaders who say, "I'm still in the game."

"Many times, it can be lonely. Many times, you just don't have the answer." For 13 years, she included solving ACCESS' debt on her annual performance goals so that it would stay in front of her and keep her accountable. "When it's a marathon instead of a sprint, you have to adjust your pace accordingly to avoid burning out. Everything was a strategy. Everything was a chess move. Everything was around alignment, timing, and making sure we didn't disrupt the whole apple cart" in order to accomplish what she had set out to achieve.

"Having a plan, a vision, and a strategy isn't a dunk shot. It takes time. It takes attention.

It takes commitment." Committing to your long-term success allows you to take advantage of opportunities that wouldn't otherwise materialize. "Timing and alignment are everything. You've got to understand your organization, but you've also got to understand your team's capacity. I've worked on deals that didn't align for 10 or 15 years. Sometimes they weren't ready, sometimes I wasn't ready, but when it came together, and it was right, it was like magic."

Donna Thompson, RN, MS



Under her leadership, ACCESS became one of the largest FQHCs in the country, as well as the largest provider of

Medicaid and Medicare managed primary health care in Illinois. Thompson is also a co-founder of the Metropolitan Chicago Breast Cancer Task Force.

Three Lessons Learned on Building Partnerships

Featuring:

Pooja Mittal, DO

Medical Director, HealthNet

As the child of a community physician in Ventura, California, Dr. Pooja Mittal saw the health inequities of migrant communities firsthand. She specifically remembers her mother coming home from the clinic after a tough week of attending numerous women who had suffered miscarriages “because they had just sprayed the fields.”

As the mother of three daughters — all pre-term following complicated pregnancies — birth outcomes and health equity hold both deep personal and professional meaning for Dr. Mittal. Given the opportunity to focus on improving birth outcomes for vulnerable populations in her capacity as a medical director for Health Net, she felt committed to make a difference.

Doula Program for African American Women in Los Angeles County

The maternal and infant mortality rate for African American women in Los Angeles County is significantly higher than that for any other demographic. To address this disparity, Dr. Mittal and her Health Net colleagues investigated what they, as a health plan, could do to support pregnant women.

After reviewing evidence on the relationship between cumulative stress and poor birth outcomes, Health Net developed a pilot program to provide 150 African American women on Medi-Cal with a community-based doula for prenatal, birth, and postpartum support. This pilot program was designed to generate data to support doula care as a health plan benefit, advocate for doula coverage and payment, and provide culturally appropriate care in order to improve birth experiences, reduce interventions, and improve birth outcomes.

Health Net entered into the partnership with the following objectives:

- **To improve outcomes for African American women and babies.**
- **To provide sustainable employment for community-based doulas.**
- **To uplift African American leaders working in maternal health, including the doulas, their supervisors, and other community partners.**
- **To use the results of the pilot to catalyze other organizations to invest in community-based doulas.**

Three Lessons Learned on Building Partnerships

Health Net and CBO Partnership: From Start to Finish

To build the program, the Health Net team focused on:

IDENTIFYING PARTNERS

- Building and leveraging existing relationships in the community
- Contracting with an established Los Angeles-based CBO already involved in doula care with strong ties to the community

INITIAL PROGRAM SETUP

- Establishing processes and protocols for how the health plan and CBO would work together prior to launching the pilot

SUPPORTING THE PROGRAM

- Building in a clear data collection strategy based on digital applications by Maternity Neighborhood Inc.
- Building relationships in the community

While the program had a strong foundation and high level of community engagement, it became clear early on that the CBO partner was unable to deliver the program Health Net had envisioned.

Following consultation with and support from leaders in the community, the difficult decision was made to discontinue the partnership and pivot to a grant-based model with a local nonprofit organization led by doula. This new structure allowed for the doula to make decisions and carry out their work as they saw fit, as was originally intended. This shift unfortunately resulted in less funding for the remaining clients, as well as disruptions to the initial cohort and the data that would be used to assess the pilot's viability.

Three Lessons Learned on Building Partnerships

Lessons Learned

Dr. Mittal shared these learned lessons on how to build successful partnerships between health plans and CBOs:

1

Start planning together

- Commit to building the vision together and ensure that there is full alignment and documentation of the mission and intent of the program and partnership.
- Take the time to truly get to know one another.

2

Set ground rules

- Clarify all roles and responsibilities at the outset of program development.
- Consider joint orientations and trainings.

3

Share in decision-making

- Stay flexible and connected as decision-making scenarios arise.
- Create clear venues for discussion and mutual feedback to ensure everyone is present at the table.

Three Lessons Learned on Building Partnerships

She also reflected on the need to take the following steps:

- Be explicit about the health plan's commitment to yield power and support the CBO in order to develop an effective partnership.
- Connect with community leaders to identify the right CBO that fits the full scope of the project.
- Invest and build in time for two-way communication.
- Share opportunities for dissemination.

Silver Linings

This project demonstrated that, while there are challenges, there are great benefits in forging local partnerships to support social needs, many which may play out beyond the scope of the initial pilot. Dr. Mittal noted that the doula program pilot played a role in sparking a movement in Los Angeles County to support doula care. Notably, Los Angeles County used the project to demonstrate feasibility and secure Medicaid draw-down funds and has already enrolled almost 50 clients for doula care.

Several other projects have launched since this initial collaboration, including the National Health Law Center's (AB 2258) efforts to pilot a three-year full-spectrum doula care program for pregnant and postpartum Medi-Cal beneficiaries across 14 counties.

While the transition to a grant-based model was not seamless for Health Net, the care provided was fully in line with the intent and goals of providing culturally appropriate care throughout the pilot. The program ultimately served 36 women with demonstrable success; Of the women who gave birth in the time period of the project, 17 of the 18 were vaginal births, with 1 caesarian-section twin birth.

Pooja Mittal, DO



Medical Director,
HealthNet

Adjunct Clinical
Associate
Professor,
Stanford School
of Medicine

Perinatal HIV Expert Consultant, Clinicians
Consultation Center, University of California,
San Francisco

Advice from the Front Lines of Community-Based Health Care

Featuring:

Donna Thompson, RN, MS

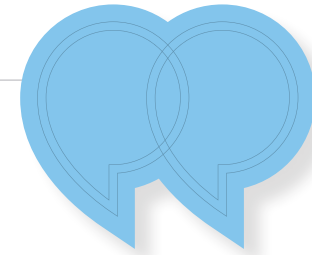
ACCESS CEO

Driven by the foundational question, “How do we protect our community’s most valuable assets: our patients?,” Donna Thompson spoke about some of the obstacles, successes, and lessons learned from nearly 30 years of working on the front lines of community-based health care.

Have a Strategic Plan and Stay Disciplined

At ACCESS, Thompson sees the strategic plan as the organization’s roadmap, serving as the foundation for setting future direction. Leadership includes and informs all 900 staff members through a CEO huddle conducted by teleconference every six weeks, an active employee portal, and an annual all-staff business meeting.

She noted that it takes time to translate a strategic plan into a working operational plan, which requires close collaboration with senior leaders to develop realistic timelines for multi-year projects. Thompson shared that she wants her leaders to “do more than think about the tasks,” recognizing that how leaders approach complexity and inspire and encourage their teams along the way are just as important.



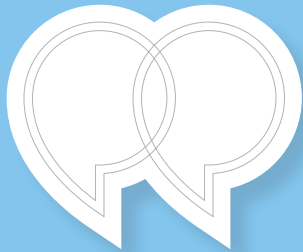
How do we protect our community’s most valuable assets: our patients?”

Building and Leveraging Effective Partnerships

The key to ACCESS’ success working with Chicago communities is their focus on long-term, sustainable relationships. With deep connections to local community partners and organizations cultivated over time, ACCESS operates a vast network of 34 FQHCs that provide care and support services both within their centers and ‘beyond their walls.’

Thompson reflected that there is an art and science to building relationships because “it’s not the same in every community.” Looking back at the long history ACCESS has with

Advice from the Front Lines of Community-Based Health Care



Everyone has a self-interest and personal perspective, and you need to understand what those are in order to help best meet their needs.”

faith-based organizations, she noted that it takes time to foster relationships and that it's not about reaching out “when you need something” or to showcase “look what I can do for you,” but rather building mutual trust in figuring out how to work together as partners.

It's critical to recognize the importance of listening to the communities we work in to build both trust and a mutual commitment to improving lives. Thompson shared a story about a community ACCESS was planning to start working in. At the time, people in this community lived in fear of roaming wild dogs previously used in organized, illegal dogfighting. While outsiders wouldn't think of

wild dogs as being a top public health issue, for members of this community they were. ACCESS recognized that before they could even begin to engage the community in broader discussions about health care needs they had to resolve a problem that left many residents fearful and homebound. “Everyone has a self-interest and personal perspective, and you need to understand what those are in order to help best meet their needs.”

Start Small and Refine

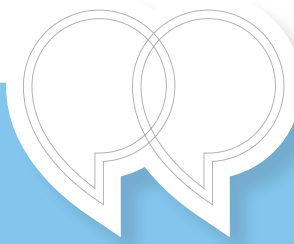
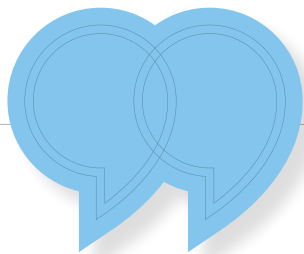
ACCESSING HEALTHY FOOD

Beginning with a small pilot program to provide greater access to fresh food allowed



Advice from the Front Lines of Community-Based Health Care

“When you are building solutions to address social needs, it’s critical that the evaluation and data reporting elements are bolted into your system so that you can make sound business decisions.



“...expand on who is considered part of the team...”

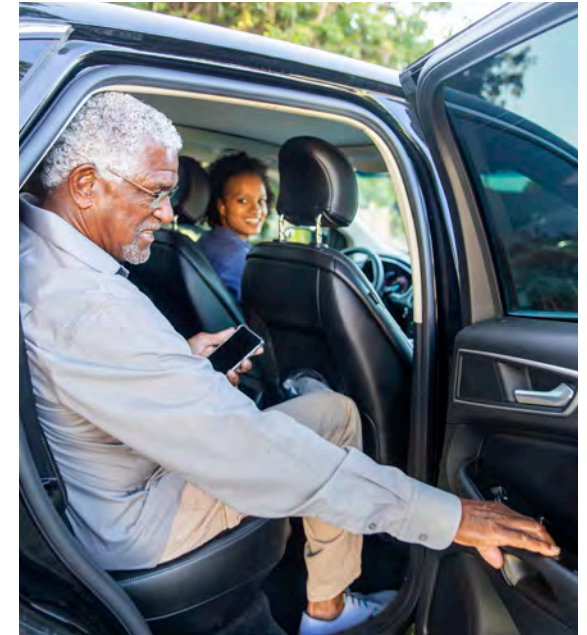
the leadership at ACCESS to “get our arms around it so we could figure out what was working and what we needed to work on.” This pilot ultimately translated into more than 85,000 household members getting fresh food through a successful partnership between ACCESS and the Greater Chicago Food Depository, a local food bank, using their mobile fresh produce trucks.

Part of the challenge was to identify populations experiencing the most food insecurity, and to understand how patients themselves defined and understood food insecurity in order to develop effective screening questions. These efforts included additional work to address the impact food insecurity had on staff. This holistic approach to food insecurity is integrated into ACCESS’ care delivery model.

Working in a community partnership to address social needs such as food insecurity requires leadership to “expand on who is considered part of the team,” as those entities — such as fresh food truck drivers — who are often closest to patients and have knowledge and insights into patients’ day-to-day realities and needs, may fall outside formal organizational structure.

TRANSPORTATION FOR HEALTH

In answering the question, “What would it look like if transportation was never a barrier to care?” ACCESS successfully piloted a



Advice from the Front Lines of Community-Based Health Care



“...it’s not just about what we are doing, but how we are doing it...”

transportation program in partnership with a Lyft health partner. The pilot’s intent was to address patient pain points, including long wait times, multiple pick-ups, and car services that would not go into certain Chicago neighborhoods.

To address the pilot’s sizable expenses, ACCESS used data analysis to identify ways to decrease costs and improve reporting capabilities, resulting in refined practices that included limits on: hours of availability, distance of rides, and number of rides per patient.

Thompson added, “When you are building solutions to address social needs, it’s critical that the evaluation and data reporting elements are bolted into your system so that you can make sound business decisions.”

Next Steps: Thinking Beyond the Walls

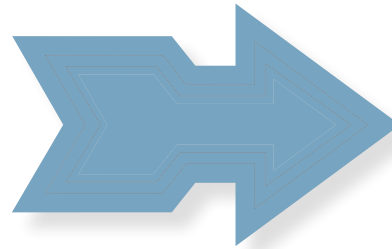
As ACCESS looks at how to holistically map out the patient experience in support of its vision for the future, the organization’s leaders are unified in the belief that care starts wherever the patient is. This translates to reimagining the environment of care both within and outside the health centers’ walls.

ACCESS is in the process of redesigning its health centers to ensure care is delivered in a comfortable, home-like environment. ACCESS has also invested in extending care out into the community via care coordinators who conduct home visits. Community-based partners and nimble care team members support the total health of ACCESS’ patient population.

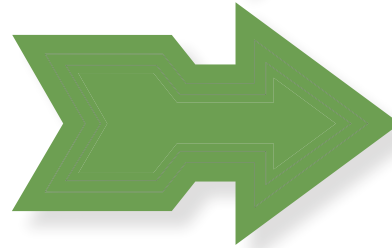
Thompson acknowledged that addressing social needs is critical, but takes patience, as it’s a long game. Making sure the right infrastructure and partnerships are in place is essential because “it’s not just about what we are doing, but how we are doing it” that allows ACCESS to support the total health of their communities.

A Roadmap for CIN in 2020-21

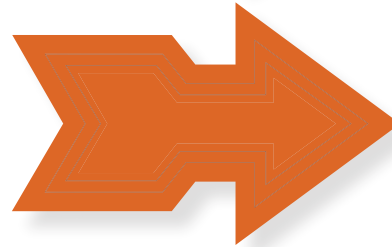
CIN is fueled by the energy and innovations of its partners and member organizations. Through a collaborative design process with CIN partners over the last several months, the network has identified three priority areas for learning and action in 2020-21:



Resilient Leadership with a focus on cultivating a culture of wellness, shared processes, and engaged leadership to create organizational alignment.



Addressing Social Needs that Impact Health by determining which needs and populations to prioritize for specific interventions, supporting staff to effectively address these needs, partnering effectively with CBOs, and aligning with Cal-AIM.



Providing Care Differently through augmented and virtual reality mechanisms to support behavioral health care, as well as using artificial intelligence to provide alternative primary care.

These priorities reflect CIN's commitment to provide timely and useful knowledge, enabling quality improvement leaders to learn and incorporate leading-edge practices and concepts into improvement efforts. Over the coming two years, CIN will provide technical assistance, programming, resources, and activities to support advancements in these areas. **The CIN roadmap is dynamic and responsive. As the COVID-19 crisis ramps up in 2020, CIN is adapting its content and approaches to be maximally attentive to the needs of partners and members.**

A Roadmap for CIN in 2020-21

Priority area

Resilient leadership

Addressing social needs that impact health

Providing care differently

CIN activities

- Practical tools and resources for building resilience and leading change in self, teams, and organizations
- Inspirational ideas to motivate and sustain teams, and reduce burnout, through change efforts
- Opportunities to strengthen the CIN network

- Support (e.g., technical assistance, grants) to advance Social Determinants of Health (SDOH) pilots and programs
- Access to expert advice and guidance on leading edge SDOH practices (e.g., strategy, increasing internal capacity, building partnerships)

- Exposure to emerging primary and behavioral health care models; with a focus on those that leverage artificial/augmented intelligence and augmented/virtual reality to deliver enhanced care, increase capacity, and reduce cost

CIN goals

Establish and maintain a network of strong, resilient health care leaders and organizations able to drive continuous improvement efforts

Understand, create, and implement effective methods for addressing all factors that influence health and well-being

Improve care outcomes, increase access and reduce costs by reconsidering and expanding the modes, methods, sites, and the roles within the health care workforce

A Roadmap for CIN in 2020-21



1 / Erika Robinson, left, from Partnership HealthPlan and Jess Thacher, right, from California Health Care Foundation. **2** / Paula Jamison, left, AltaMed Health Services Corporation; Michael Rothman, middle, Center for Care Innovations; and Danielle Oryn, right, from the Redwood Community Health Coalition. **3** / Sarita Mohanty, left, & Michelle Wong, right, both from Kaiser **4** / Jose Ordonez, California Quality Collaborative **5** / Dr. Pooja Mittal from Health Net in conversation

A Roadmap for CIN in 2020-21



[Sign up here.](#)

Join CIN to get the latest quality improvement resources, tips, and tools delivered straight to your inbox.

- 6** / Kathryn Phillips from the California Health Care Foundation presents programming overview.
- 4** / Donna Thompson, CEO of ACCESS, during her keynote presentation on resilient leadership.
- 8** / Giovanna Giuliani, left, from California Health Care Safety Net Institute talks with Sunita Mutha, MD, right, Healthforce Center at UCSF.



CIN is a project of the California Health Care Foundation and is managed by Healthforce Center at UCSF.

Join Us

[Sign up here.](#)

Join CIN to get the latest quality improvement resources, events, tips, and tools delivered straight to your inbox.

Have you tested out any of the quality improvement recommendations or tools included in this issue? Tell us how it went. We are here to answer your questions or connect you to additional resources. Email us at CIN@ucsf.edu.

Contact Us

HEALTHFORCE CENTER AT UCSF:

3333 California St., Suite 410, San Francisco, CA 94143
(415) 476-8181 ■ CIN@ucsf.edu

Copyright © 2020 California Health Care Foundation, Healthforce Center at UCSF