

April 2015

THE WINDOW



A round-up of JHF news, events, milestones, publications, and more.

April JHF Summit Moves Pennsylvania Closer To Establishing Statewide Integration of Community Health Workers into Primary Care Teams

Rosie is 82 years old. She still lives in her own home on the Northside of Pittsburgh. Last year she was admitted to the hospital eight times with diabetes-related complications. Frank is 94, and still in reasonably good health, though he is getting out less and less. Frank can't recall the last time he even went to the doctor.

Both Rosie and Frank are the target of JHF's newest Champions program—Community Health Workers Champions—which will focus on helping manage the health of seniors and, ultimately, prevent unnecessary hospitalizations and nursing home admissions, and support family caregivers.

The Community Health Workers Champions program is one component of JHF's efforts to establish a statewide training, certification, and payment model for community health workers.

Across the globe, community health workers (CHWs) help nations, regions, and communities meet their goals for health and well-being. As trusted individuals with a deep understanding of the communities in which they reside and serve, CHWs can help improve health outcomes for community members as they help reduce system costs for health care by facilitating care coordination, improving self-management, and

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linking patients to community-based services that address both medical and social determinants of health.

Here in the U.S., the Affordable Care Act (ACA) and the Centers for Medicare and Medicaid Services have created a number of opportunities to expand the use of CHWs as a means of helping to alleviate a primary care system overburdened by the vast numbers of people suffering from chronic lifestyle-related diseases (like diabetes, COPD, and congestive heart failure), the growing number of elderly (who are disproportionately “high healthcare utilizers”), and a growing number of newly insured individuals. Of significant interest to the Foundation is the funding of multiple demonstration projects across the U.S. aimed at proving the value and impact of CHWs in improving population health. A number of states have taken steps to implement policies in order to build capacity for an integrated and sustainable CHW workforce.

Despite a number of prestigious CHW programs in Pennsylvania, the state has not yet created a statewide policy infrastructure in support of CHWs. JHF is working to change that.

In October, the Foundation worked with The Network for Excellence in Health Innovation (NEHI) to convene a CHW summit in Washington, D.C., the purpose of which was to glean information and best practices from national experts to inform the development of a strategy to advance the CHW workforce in Pennsylvania.

On April 22, JHF convened a second CHW summit focused on training, certification, and reimbursement policies for CHWs in Harrisburg, PA. The summit featured regional CHW programs, including the Penn Center for Community Health Workers and the Camden Coalition of Healthcare Providers, as well as experts from



JHF President and CEO Karen Wolk Feinstein, PhD, welcomes CHW Summit guests.

other states who shared their experiences with enacting training, certification, and reimbursement policies for CHWs.

JHF President and CEO Karen Wolk Feinstein, PhD, opened the Summit. Dr. Feinstein had recently attended a global health conference in South Africa, where many of the presentations focused on the use of CHWs, and then toured several villages where she saw firsthand the tremendous impact CHWs have on population health.

“What I saw,” noted Dr. Feinstein, “demonstrated the vast potential of CHWs as one part of a solution to our healthcare challenges here in the U.S. The impact that these workers have on population health is undeniable. HIV-positive individuals in Rwanda are more compliant with HIV treatment than HIV-positive individuals are here in Pennsylvania. Maternal health workers focusing on prenatal care and childbirth recorded zero deaths among participating women and delivered almost 1,400 healthy babies

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in Lesotho, where the lifetime risk of maternal death is 1 in 62. They help villagers overcome obstacles to health and provide much needed basic health services in areas where the closest physician might be 25 miles away. And a lot more.”

Jason Turi, RN, MPH, associate clinical director at the Camden Coalition of Healthcare Providers (CCHP), along with CCHP community health worker Sharine Eliza and Jill Feldstein, MPA, director of the Penn Center for Community Health Workers, made up the first panel on CHW programs.

They spoke about how CHWs are deployed within their organizations. Eliza, who grew up in the West Indies, provided a frontline perspective, noting that community health work is in her DNA, “when the community is sick, we all come together,” she said.

Reacting to their presentations were David Kelley, MD, chief medical officer at the Pennsylvania Department of Human Services’ Office of Medical Assistance Programs; Eric Berman, DO, regional chief medical officer at AmeriHealth Caritas Family of Companies; and John Lovelace, MS, president of *UPMC for You*, UPMC Health Plan. PRHI’s Chief Medical Informatics and Learning Officer Bruce Block, MD, moderated the panel.

Kelley provided valuable insight on the State’s role, while Berman and Lovelace talked about how they are deploying CHWs. Both panelists and respondents talked about metrics, payment systems, training, and intervention targets.

The second panel, moderated by Carl Rush, MRP, director of the Project on CHW Policy and Practice at the Institute for Health Policy at the University of Texas School of Public Health, included Commander Thomas Pryor, U.S. Public Health Service, Center for Medicare and Medicaid Innovation; Gail Hirsch, MEd, director of the Office of Community Health Workers at the Massachusetts Department of Public Health; and Beverly MacCarty, MA, coordinator of the Maternal and Child Health program of the Texas Department of State Health Services. Tomas Aguilar, director, Bureau of Health Promotion and Risk Reduction, Pennsylvania Department of Health, responded.

Massachusetts and Texas have two of the most robust public programs. “I email Bev a lot,” noted Hirsch.



CHW Program panelists (L to R) Jill Feldstein, Penn Center for Community Health Workers, and Sharine Eliza and Jason Turi of the Camden Coalition of Healthcare Providers.



CHW Program panelists respondents (L to R): David Kelley, PA Department of Human Services; Eric Berman, AmeriHealth Caritas Family of Companies; and John Lovelace, UPMC Health Plan.



CHW Policy panelists (L to R): Commander Thomas Pryor, U.S. Public Health Service, CMMI; Beverly MacCarty, Texas Department of State Health Services; and Gail Hirsch, Massachusetts Department of Public Health.

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In Massachusetts, there is a state-supported Community Health Workers Association, which has a seat on the State's Public Health Council. They also have a Board of Certification, led in part by CHWs, that is creating a state certification program and establishing training standards. In Texas, there is not a statewide CHW association, but a number of independent CHW associations across the State. The Department of State Health Services created a CHW training and certification program.

Ultimately, it will be up to the Commonwealth to formalize how CHWs will be integrated into Pennsylvania's healthcare system.

Our next step: JHF will create an advisory group of experts in senior services—those involved in home- and-community based care as well as those from the clinical healthcare sector—who will work with the Foundation to incorporate learnings, including findings from CMS demonstration projects, in order to outline elements of a standardized CHW training curriculum, certification, and reimbursement mechanism to promote the use of CHWs in the Commonwealth's healthcare and social service systems.

The advisory will also be key in identifying the factors that predict hospital and nursing home admissions for seniors, and in developing a competency-based CHW training curriculum and service delivery model focused on preventing hospitalizations and avoidable institutionalization for community-dwelling seniors. The training curriculum and service delivery model JHF develops for the CHW Champions Program will be pilot-tested as a two-year demonstration with select local agencies.

"Once the model and curriculum are refined based on that pilot phase," noted Dr. Feinstein, "JHF will submit this CHW model for statewide adoption."



CHW Program panel moderator, Bruce Block, waits on



Policy panelist respondent Tomas Aguilar, PA Department of Health



Policy panel moderator Carl Rush, University of Texas



A very engaged audience took the opportunity to ask lots of questions of our panelists, responders, and moderators.



JHF's COO & CPO Nancy Zionts (L) and Karen Feinstein (R) with member of the Pennsylvania Health Funders Collaborative, including Ann Torregrossa, executive director (fourth from right)

Fellows Showcase Apps to Activate Healthcare Consumers, Help them Choose Wisely during QI²T Health Innovators Fellowship Finale

Carrie is stressed out. She looks after her elderly father, who's on ten different medications that he doesn't always remember to take. He suffers from neuropathy, which throws off his balance and increases his risk of falling, and he struggles to explain what ails him to his doctors. What can Carrie—and America's 66 million informal caregivers like her—do?

There's an app for that, developed by an interdisciplinary group of graduate students participating in this year's QI²T Health Innovators Fellowship. Beginning in January, 30 fellows with backgrounds in health science, business, design, computer science, and engineering partnered with clinical and entrepreneurial mentors to develop concepts for IT products that activate consumers and promote wise healthcare choices. On April 14, six teams of fellows pitched their products to an expert panel of entrepreneurs, clinicians, and consumer advocates for the opportunity to win a \$5,000 prize.

CareSupport took home the prize and a “fan favorite” award by showing how their app offers caregivers (like “Carrie”) reliable information and resources to manage medications, prevent falls, assess changes in mental and physical status, communicate with care recipients and providers, and reduce anxiety. CareSupport's suite of tools could improve quality of life for caregivers and their loved ones while also reducing costly, preventable hospital stays and institutionalizations.

The QI²T Fellows pitched other promising products to inform and activate consumers, including Bactivate (an education, health tracking, and communication app for workers suffering from lower back pain), DynaMeds (a cost comparison tool for medications), fraudMEnot (a phone device to root out medical scams aimed at seniors), InformMe (an app to promote informed consent by educating patients



(L-R): Matthew Niesslein; Lavina Kenkre; mentors Jan Pringle, PhD, University of Pittsburgh and Dr. Neil Busis, UPMC; Michael Arnold Mages; and Laura MazurkeWicz, RN, take home both the pitch competition and fan favorite awards for their CareSupport app.



Allegheny County Executive Rich Fitzgerald encourages the QI²T Fellows to continue developing their patient activation apps — and to do so in Pittsburgh.

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about diagnoses as well as treatment options, risks, and success rates), and Snooz (a platform to increase CPAP adherence for sleep apnea through educational games, mask selection tips, and troubleshooting/support forums).

The days of the passive patient are long gone, Karen Feinstein noted while addressing the fellows. Tech-savvy consumers expect to partner with providers and chart their own health journey.

“We used to have this belief that there’s a magical doctor to make you healthy, a magical pill to cure ailments, and a magical surgeon if the other two fail,” Dr. Feinstein said. “But the bottom line is, you own your health. Every day, you make choices about what you eat, whether you exercise, whom you go to for care, and how you learn about symptoms, treatments, and prevention. The products created through the QI²T Fellowship will help consumers sift through the deluge of health information and inspire them to take ownership of their health.”



(L-R): Reverend Sally Jo Snyder, director of Advocacy and Consumer Engagement for the Consumer Health Coalition; Mark Roberts, MD, professor and chair, Department of Health Policy and Management, Graduate School of Public Health and Professor of Medicine, Industrial Engineering and Clinical and Translational Science, University of Pittsburgh; Bryan Kaplan, senior vice president of technology for Intermedix Corporation; and Ilana Diamond, managing director of AlphaLab Gear evaluate students’ product pitches during the QI²T Fellowship finale.



Debra Lam, chief innovation and performance officer for the City of Pittsburgh, explains how public-private partnerships make the region a technological lab.

Debra Lam, chief innovation and performance officer for the City of Pittsburgh, and Allegheny County Executive Rich Fitzgerald also addressed the fellows. Lam described how universities, non-profits, and government work together to support information transparency and patient decision-making through initiatives like the Regional Data Resource Center. Fitzgerald made a pitch of his own to the fellows.

“Stay here when you’re done with school,” Fitzgerald said. “You are the new Pittsburgh –you embody the young, entrepreneurial spirit that has taken this region back to prominence. When you visit Lawrenceville, East Liberty, the South Side, the Strip District – all of these neighborhoods are coming back because of the kind of innovation showcased here tonight. We’d love for you to continue developing these products and technologies as Pittsburghers.”

2015 QI²T FELLOWSHIP MENTORS

DANIEL BISHOP, QUALARIS

NEIL BUSIS, MD, UPMC

LYNN BRUSCO, CMU

RICK CANCELLIERE, TREATSPACE

FRANK CIVITARESE, DO, PREFERRED
PRIMARY CARE PHYSICIANS

EVAN FACHER, PhD, PITT

ALAN HIRSCHMAN, PhD, PITT

DAVID LEVENSON, MD, RENAL
ENDOCRINE ASSOCIATION

JOHN S. MAIER, MD, PhD, PITT

LARRY MILLER, INNOVATION WORKS

JAN PRINGLE, PhD, PITT

ERIC RODRIGUEZ, MD, UPMC

RALPH SCHMELTZ, MD, ENDOCRINE
METABOLIC CONSULTANTS

TERRANCE STARZ, MD, UPMC

COMPASS: How Champions are Creating Sustainability

The big question that looms over every PRHI project is, “Is it sustainable?”

The [COMPASS](#) (Care of Mental, Physical, and Substance Use Syndromes) initiative is approaching the end of the Center for Medicare and Medicaid Innovation (CMMI)’s grant period on June 30. Over the past three years, PRHI has partnered with Excelsa Health, Premier Medical Associates, and Saint Vincent Health System to identify and engage patients with active depression and sub-optimally managed diabetes or

cardiovascular disease in COMPASS care, which integrates psychiatrists, as consultants to the primary care team, and care managers into a collaborative care management model. They have enrolled more than 730 patients—the second highest enrollment count among the eight COMPASS implementation groups across the country.

Among those enrolled for at least four months:

- 72% have significantly improved their depression
- 28% achieved depression remission
- 59% now have an A1c (level of blood glucose; the primary test used for diabetes management) less than 8, and



PRHI facilitates a quality improvement workshop at Premier Medical Associates in April of 2015.

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- 60% now have a blood pressure (measure for hypertension) below 140/90 who initially had an elevated blood pressure.

Everyone is asking, “What’s next?” The common response is not whether COMPASS collaborative care management will continue, but how it will continue based on lessons learned and best practices.

Premier Medical Associates effectively innovates while balancing opportunities with evidence-based approaches. Their approach to COMPASS is no different.

Premier’s Chief Operating Officer, Joanne Wall, and Director of Value Based Care, James Costlow, MD, are continually connecting daily work to organizational outcomes. That’s why PRHI is working with these leaders to promote COMPASS’ sustainability by building champions from within.



Beth Vrbanic (left), RN, and Amy Schultz, RN, PCCs, are sharing COMPASS resources and identifying process improvement opportunities at Premier Medical Associates.

PRHI Director of Education and Coaching Mark Valenti is leading this effort by conducting ongoing [Perfecting Patient CareSM](#) (PPC) quality improvement and [motivational interviewing](#) (MI) workshops for Premier’s leadership and practice teams. He is also working in the field with care coordinators Amy Schultz, RN, and Beth Vrbanic, RN, who were identified as champions by their supervisor.

As champions, Amy and Beth share COMPASS resources with their fellow care coordinators and identify improvement opportunities. For quality improvement, Beth and Mark review operational and clinical data and work through root cause analyses.

Similarly, Amy, who was previously trained in motivational interviewing by Mark, not only utilizes her MI skills in her work with patients, but is now developing coaching skills to help fellow care coordinators adopt motivational interviewing.

With Mark’s guidance, Premier is using a modified Motivational Interviewing Treatment Integrity (MITI) scale to assess the care coordinators’ ability to listen for “change talk” during patient conversations and guide patients toward behavior change.

As June 30 approaches, the PRHI team is transferring its coaching and quality improvement skills to the internal champions, so they continue to innovate into the future.

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PRHI, Quality Insights Officially Sign QIN-QIO Contract; Newly-Launched Version of Tomorrow's HealthCare™ Supports Virtual Learning across 5 States

A nurse in New Jersey wants advice on how to prevent resident falls. A Pennsylvania physician seeks self-management resources for Ms. Jones, who's overwhelmed by her recent diabetes diagnosis. A rural practice in Louisiana wants to improve patient outreach by crunching medical record data.

These healthcare professionals can turn on-demand to a special version of [Tomorrow's HealthCare™](#), PRHI's online knowledge network, designed to catalyze quality improvement for providers across five states participating in a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) project supported by the Centers for Medicare and Medicaid Services (CMS).

PRHI is partnering with Quality Insights (a CMS-contracted QIN-QIO) to reduce health disparities, promote chronic disease management, and lower costs in Pennsylvania, West Virginia, Delaware, New Jersey, and Louisiana. As a subcontractor of Quality Insights, PRHI is providing access to virtual learning opportunities for workers at all levels through THC.

PRHI and Quality Insights officially signed their five-year, multi-million dollar contract in April. QIN-QIO participants now have access to THC's suite of Lean-based [Perfecting Patient Care™](#) training and educational/training opportunities that support project goals related to cardiac health, diabetes care, health IT, long-term care, hospital-acquired infections, care coordination, and value-based quality reporting.

The new version of THC features "My QI Communities" dedicated to each of those project goals, where providers can access resources, news, and upcoming events, as well as share best practices and pool the wisdom of the crowds through a blog and forum. Teams from PRHI and Quality Insights meet regularly to develop new content and resources for the growing number of providers who are joining the QIN-QIO contract.



The version of Tomorrow's HealthCare™ designed for the QIN-QIO project features "QI Communities" tailored to project goals, where participants can access resources, news, and upcoming events, and share successes and challenges through a forum.

Inhaler Training Course Boosts PCRC Staff Confidence, Ensures Smooth Care Transitions for COPD Patients

A dozen new inhaler products have recently hit the market, complicating life for COPD patients and providers alike. With these medications frequently prescribed upon discharge, patients may be left trying to learn how to use them by themselves at home. That lack of expert, in-hospital education helps explain why an estimated 31% of patients demonstrate improper inhaler dosing techniques —and why people with chronic conditions like COPD are often re-hospitalized.

To ensure that COPD patients can confidently, effectively use their inhalers, PRHI has developed an inhaler training course for more than 30 nurses, pharmacists, and respiratory therapists participating in the [Primary Care Resource Center](#) (PCRC) project. In March and April, staff from the six PCRC hospitals committed to reducing readmissions and enhancing care transitions received new tools and strategies to educate complex patients about using their inhalers.

During three-hour training sessions held at Butler Health System, Conemaugh Memorial Medical Center, Monongahela Valley Hospital (the PCRC pilot site), and Wheeling Hospital, PCRC staff engaged in group and personal training, took on the patient perspective during role-playing exercises, and received a training manual as well as a kit of placebo inhalers so patients can learn about their prescribed device before discharge. The sessions were led by pulmonologist Brian Carlin, MD; Monongahela Valley Hospital Care Manager Susan Campus, RN; and PRHI Quality Improvement Specialist Glenn Thomas, RN.

The standardized training program furthers one of the PCRC project's key tenets: that every COPD patient admitted to the hospital receives inhaler training and a teach-back assessment before shifting to another care setting. The training also helps PCRC staff master new devices, enabling them to better help their patients: 86% of those who participated said that their knowledge of the inhalers increased or held stable.

In early June, PRHI Chief Medical Officer and PCRC Project Director Keith Kanel, MD, and the PCRC team will share with a their techniques for creating a standardized inhaler training program across multiple health systems with a national audience at the COPD Foundation's COPD9usa conference in Chicago, IL. During an additional four other presentations at the conference, the PCRC team will also share success stories in engaging patients, integrating pharmacists into care teams, reducing hospital readmissions, and



As part of PRHI's new inhaler training course, more than 30 nurses, pharmacists, and respiratory therapists received a kit of placebo inhalers so their patients are comfortable using the devices before discharge.

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PRHI Quality Improvement Specialist Glenn Thomas, RN, and Indiana Regional Medical Center Care Coordinator Barbara Detwiler, RN, engage in a role-playing session during the inhaler training course.

creating a multidisciplinary COPD clinical pathway.

“Within the PCRCs, our goal is to create an integrated team that will transform care in their communities,” says Dr. Kanel. “The inhaler training course bolsters care managers’ confidence, and helps ensure that patients have everything they need to thrive outside of the hospital.”

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PRHI Leadership Invited to the COPD Foundation’s 2nd Readmissions Summit

By conducting original research and expanding community hospitals’ ability to coordinate treatment for patients with chronic diseases, PRHI’s PCRC team has gained national attention for its work in reducing COPD-related readmissions. On March 26 and 27, JHF and PRHI Board Member Larry Stern and Keith Kanel were invited to collaborate with national investigators at the 2nd COPD Readmissions Summit in Washington, DC.



PRHI Board Member Larry Stern (left) and Chief Medical Officer Keith Kanel, MD, the PCRC project director, at the 2nd COPD Readmissions Summit in Washington, DC.

Sponsored by the COPD Foundation, the Readmissions Summit brought together nearly 200 physicians, scientists, nurses, pharmacists, therapists, and patients to review new developments in COPD care and plan a path forward.

PRHI has a longstanding partnership with the COPD Foundation, which provided customized training and spirometers to PCRC staff in the fall of 2013. Currently, the two organizations are working together to launch the Patient-Powered Research Network (PPRN), a federally-funded initiative to enroll 75,000

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patients from across the country in a COPD registry so they can communicate directly with experts in the field, discover clinical trials, and participate in an online learning collaborative.

To connect some of the 6,000-plus patients enrolled in the PCRCs with the PPRN database, Dr. Kanel hosted a webinar on March 12 with leadership from the six PCRC hospital sites in Pennsylvania and West Virginia (Butler Health System, Conemaugh Memorial Medical System, Indiana Regional Medical Center, Sharon Regional Health System, Uniontown Hospital, and Wheeling Hospital).

REACH Earns No-Cost Extension from ONC-HIT, Expands Work into Behavioral Health Integration



Five years ago, the Office of the National Coordinator for Health IT (ONC-HIT) entrusted PRHI to guide primary care practices and federally qualified health centers implementing electronic health records and working toward meaningful use. But PRHI's [Regional Extension and Assistance Center for Health Information Technology](#) (REACH) team has achieved much more, helping long-term care facilities go digital and [transforming practices](#) by enhancing patients' care access, self-management skills, and connections to crucial non-medical services that influence health.



PRHI's REACH team, led by Chief Learning and Informatics Officer Bruce Block, MD, provides assistance with EHRs, trains practices in patient-centered medical home concepts, and works to elevate medical assistants to the top of their licensure.

The REACH team's footprint in western Pennsylvania will expand even further through a recent one-year, no-cost extension awarded by ONC-HIT. PRHI is the only regional contractor in Pennsylvania to earn a no-cost extension through the spring of 2016.

REACH will continue to provide assistance with EHRs, train practices in patient-centered medical home concepts, and work to elevate medical assistants to the top of their licensure. But the REACH team's medical record work is entering a more advanced stage, says Dr. Bruce Block, PRHI's Chief Learning and Informatics Officer.

"We're increasingly helping practices move from EHR implementation to using their system to improve care," Dr. Block says. "For example, identifying a diabetic patient who hasn't been to the office in six months and re-engaging them. It's about mining data from the medical record and applying it for quality improvement."

The REACH team will also now work with practices on behavioral health integration, training providers to identify patients with mental

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health and substance use issues that often exacerbate physical conditions. PRHI will call upon its training and coaching experiences gained through the multi-state [Partners in Integrated Care](#) (PIC) and [COMPASS](#) (Care of Mental, Physical, and Substance Use Syndromes) projects.

“Those initiatives prepared us to help practices deliver integrated care, and make connections outside of the office so patients are linked with social and behavioral health services,” Dr. Block says. “All of these concepts are essential to the medical home model. They emphasize the notion that health happens between visits.”

Karen Feinstein Talks Transformative Role of Regional Health Improvement Collaboratives, New Patient-Provider Relationship at CMU Summit on US-China Innovation and Entrepreneurship

When Karen Feinstein visited the Toyota museum in Nagoya, Japan, she expected to find a tribute to past products and projects. Instead, she discovered a forward-thinking example of the system-wide Lean thinking that has made the company a leader in quality, safety, and value —and has inspired training, coaching, and new models of care at the Pittsburgh Regional Health Initiative.

“It’s a museum of the future,” Dr. Feinstein said while presenting at the 2015 Carnegie Mellon University Summit on US-China Innovation and Entrepreneurship on April 25. “Self-driving vehicles that pick up people on-demand, cars with sensors so they can’t crash. Toyota harnesses technology, and anticipates. The same thing is going to happen in health care—technology is going to transform when, where, and how we deliver care.”



(L-R): John Vu, director of CMU’s masters-level Biotechnology Innovation and Computation program and a retired chief engineer and technical fellow for The Boeing Company, moderates a panel discussion on how IT is re-shaping the world during the 2015 Summit on US-China Innovation and Entrepreneurship. Panelists include JHF President and CEO Karen Feinstein; David Lu, vice president of Business Solutions Development and Technology Development for AT&T Services, Inc.; Jerome Pesenti, vice president of Core Technology for IBM Watson; Xiaoliang Wei, co-founder of SmartStudy and SmartPigai; and Kevin Yin, chief technology officer of Cisco Research & Development Center in Greater China.

Dr. Feinstein explained how Regional Health Improvement Collaboratives like PRHI are fostering tech-centered transformation during “IT reSHAPEs the World,” a panel discussion at the CMU Summit featuring thought leaders in using IT to educate, activate, and improve quality of life. The IT panel was part of the two-day CMU Summit, which brought business leaders, investors, and entrepreneurs from the U.S. and China together to forge partnerships that stimulate the economy on both sides of the Pacific.

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Despite spending twice as much on health care than any other developed country, the U.S. lags behind in key measures of population health, Dr. Feinstein noted. That's because the U.S. has traditionally delivered care in the wrong settings, to the wrong patients, at the wrong time. RHICs like PRHI are changing that, experimenting with models that focus on prevention and integrated physical and behavioral health.

"Much like Toyota now focuses on preventing crashes, rather than keeping people safe in the event of a crash, we're focused on strengthening primary care and keeping people healthy so they never enter the hospital," Dr. Feinstein said.

The IT panel also featured David Lu, vice president of Business Solutions Development and Technology

Development for AT&T Services, Inc.; Jerome Pesenti, vice president of Core Technology for IBM Watson; Xiaoliang Wei, co-founder of SmartStudy and SmartPigai; and Kevin Yin, chief technology officer of Cisco Research & Development Center in Greater China. John Vu, director of CMU's masters-level Biotechnology Innovation and Computation program and a retired chief engineer and technical fellow for The Boeing Company, served as moderator.

Lu discussed AT&T's Domain 2.0 Services Design, a cloud computing and data storage initiative to support business collaboration. Pesenti showcased IBM's Watson Developer Cloud, which taps into Watson's cognitive computing power to analyze reams of data and provide information that fuels the creation of decision-making apps. Wei explained that SmartStudy and SmartPigai form a virtual education platform that analyzes users' responses and behavior to offer customized learning experiences. Yin said that Moore's Law – the concept that processing power doubles every two years – is now outdated, with the "double engines" of computers and networks driving even faster gains.

Such tech breakthroughs support a new era of engaged healthcare consumers, Dr. Feinstein noted, and influenced the development of PRHI's [Center for Health Information Activation](#) (CHIA).

"Today's patients have access to unprecedented amounts of health data," she said. "They're concerned about quality and cost, and they're taking responsibility for their own health. They don't rely upon



Karen Feinstein explains how Regional Health Improvement Collaboratives like PRHI foster tech-centered transformation during the 2015 Carnegie Mellon University Summit on US-China Innovation and Entrepreneurship on April 25.

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doctors exclusively—they go straight to Watson for diagnoses and treatment options. Patients see doctors as partners on their quest for better health. Initiatives like CHIA help consumers contextualize new technology and information, and support this new patient-provider relationship.”

Film Screening, Q&A Support Campaign to End HPV Epidemic

“Someone You Love: The HPV Epidemic” is a film that documents the hardships of five women touched by human papillomavirus (HPV)-related cancer —how the virus ravaged their health, personal relationships, and body image. On April 25, JHF partnered with Planned Parent of Western Pennsylvania (PPWP) for a screening event to educate the community on how vaccination can prevent our adolescents and young adults from enduring similar struggles by protecting them against HPV-related cancers.

The screening was held at Row House Cinema in Lawrenceville, followed by a panel discussion and Q&A with local HPV experts and individuals affected by the virus. The event furthered JHF’s campaign to eradicate preventable HPV-related cancers by boosting uptake rates of the HPV vaccine.



(L-R): JHF COO/CPO Nancy Zionts moderates a panel discussion and Q&A on the HPV virus featuring Frederic Lumiere, director of “Someone You Love: The HPV Epidemic”; Planned Parenthood volunteer Audrey Baldwin; Richard Guido, MD, professor in the Department of Obstetrics, Gynecology and Reproductive Sciences,

The panel, moderated by Nancy Zionts, featured Audrey Baldwin, a young student and Planned Parenthood volunteer whose mother passed away from cervical cancer; David A. Clump, MD, PhD, a radiation oncologist at UPMC Shadyside Radiation Oncology; Richard Guido, MD, professor in the Department of Obstetrics, Gynecology and Reproductive Sciences, Division of Gynecologic Specialties at Magee-Womens Research Institute and Foundation; and film director Frederic Lumiere.

Lumiere said that he was “shocked into making the film” when he learned that HPV-

related cancers can be prevented by vaccination. Dr. Guido provided an overview of the three-dose HPV vaccine, which is covered by insurance or the federal Vaccines for Children program. The vaccine is recommended for boys ages 11-21 and girls ages 11-26, and can reduce the risk of developing HPV-

HPV VACCINATION INITIATIVE MAKING HEADLINES

[“Letter to the Editor: Get Your Kids Vaccinated Against HPV”](#) (Pittsburgh Post-Gazette)

[“Grandmother Power Throws Weight Behind HPV Vaccination Effort”](#) (Pittsburgh Tribune-Review)

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related cervical, vaginal, vulvar, anal, back-of-the-throat, and penile cancers by up to 99%.

Baldwin told the audience that no one else should have to go through the pain that her mother and family have experienced. She hopes for a future without HPV-related cancers.

If you are interested in hosting a film screening of your own, please contact HPV Program Coordinator Sue Steele at 412-586-6710 or steele@jhf.org.

Closure Continues in Harrisburg to Promote Statewide End-of-Life Policy Change

Since October of 2014, more than 60 medical professionals, clergy, social workers, academics, policy-makers, and community advocates in Harrisburg have participated in [Closure](#) sessions to enhance end-of-life care in their local communities. Now, the Harrisburg group is working to ensure that patients and families across Pennsylvania have their desired end-of-life experience.

Harrisburg completed the six-session *Closure* series in March, but the group held a first-ever seventh session on April 20 focused on advancing state-wide policy on palliative and end-of-life care. The group invited Nancy Zionts to provide an overview of successful initiatives in other states and weigh in on policy recommendations developed as part of the group's Closure community action plan.

Zionts organized and moderated a panel discussion on the recommendations along with David Kelley, MD, MPA, chief medical officer for the Pennsylvania Department of Human Services; Judith Black, MD, MHA, medical director for senior markets at Highmark and an executive committee member of the National Physician Orders for Life-Sustaining Treatment (POLST) Paradigm Task Force; and Ann Torregrossa, executive director of the Pennsylvania Health Funders Collaborative. Harrisburg philanthropist Bob Haigh facilitated the panel discussion.

The Harrisburg group's policy recommendations included promoting the



(L-R): David Kelley, MD, MPA, chief medical officer for the Pennsylvania Department of Human Services; Ann Torregrossa, executive director of the Pennsylvania Health Funders Collaborative; and Nancy Zionts discuss policies that could enhance end-of life care. Philanthropist Bob Haigh facilitated the panel discussion, which also included (not pictured) Judith Black, MD, MHA, medical director for senior markets at Highmark and an executive committee member of the National POLST Paradigm Task Force.

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use of POLST forms to document treatment preferences of seriously ill patients, encouraging pain management and palliative care, and transforming medical education so that burgeoning healthcare professionals are equipped to confront end-of-life issues. The Harrisburg group will continue meeting to advance their end-of-life priorities.

“While all of the panelists agreed that changing medical education is crucial, we challenged the Harrisburg group to not stop there,” Zions says. “Any graduate student who may care for those dealing with a life-threatening or life-limiting illness—including those in nursing, pharmacy, and social work — should learn how to facilitate these conversations. That interdisciplinary approach is a key component of our new Fellowship on Death and Dying. We feel that there should also be continuing education opportunities for providers, so professionals are updating their learning about patient-centered end-of-life care throughout their careers.”

JHF Facilitates Care Planning Conversations on National Healthcare Decisions Day

National Healthcare Decisions Day provides a platform for individuals to discuss and document their end-of-life care preferences with loved ones and medical professionals. JHF promotes advance care planning and end-of-life conversations year-round through its *Closure* education, planning, and outreach program, leadership of the Coalition for Quality at the End of Life (CQEL), and educator role in the RAVEN skilled nursing initiative. But on April 16, Foundation staff devoted time to help their colleagues engage in



As part of National Healthcare Decisions Day on April 16, JHF staff hold “office hours” to discuss advance care planning and end-of-life treatment with their colleagues.



From brochures to creative nonfiction to Physician Orders for Life-Sustaining Treatment forms, JHF staff offered a variety of resources to stimulate care planning discussions.

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difficult, yet paramount talks on the need to set in writing desired medical treatments and a designated healthcare decision-maker in the event of a life-limiting illness resulting in the inability to make healthcare decisions for yourself.

Nancy Zionts moderates Panel on Improving End-of-Life Care during 2015 JFilm Festival

As part of its 2015 Film Festival, JFilm featured a screening of *Farewell Party* at the Manor Theater on April 19. The movie examines the very sensitive and controversial issue of assisted suicide, with a group of senior citizens taking matters into their own hands when a friend is being kept alive against his wishes. Although JHF did not sponsor the screening, Nancy Zionts was invited to moderate a panel discussion following the movie with experts in end-of-life and palliative care who spotlighted shortcomings in the current system and identified improvement opportunities.

The expert panel featured Dr. Bob Arnold, medical director of UPMC's Palliative and Supportive Institute and a professor of medicine at the University of Pittsburgh's Division of General Internal Medicine; Rabbi Eli Seidman, director of pastoral care at the Jewish Association on Aging; and Dr. Arvind Venkat, vice chair of Research and Faculty Academic Affairs at Allegheny Health Network's Department of Emergency Medicine and ethics consultant for Allegheny General Hospital. The panel unanimously agreed that there are a variety of ways to better serve patients and families who are confronted with a life-limiting illness.



During the 2015 JFilm Festival, (L-R) Nancy Zionts; Dr. Bob Arnold, medical director of UPMC's Palliative and Supportive Institute and a professor of medicine at the University of Pittsburgh's Division of General Internal Medicine; Rabbi Eli Seidman, director of pastoral care at the Jewish Association on Aging; and Dr. Arvind Venkat, vice chair of Research and Faculty Academic Affairs at Allegheny Health Network's Department of Emergency Medicine and ethics consultant for Allegheny General Hospital take part in a panel discussion on palliative and end-of-life care.

National Holocaust Remembrance Ceremony at Community Day School

The legacy of anti-Semitism —and the healing power of community—is imbued in each of the 6 million soda pop tabs that form the “Keeping Tabs on the Holocaust” sculpture at Community Day School (CDS) in Squirrel Hill. Those tabs, representing lives lost in the Holocaust, were collected by CDS students, faculty, parents, and community members over nearly two decades. Through the support of numerous partners, including a leadership gift from JHF, the Star-of-David-shaped memorial at the corner of Forward Avenue and Beechwood Boulevard is meant to impress upon visitors the scope, scale, and tragedy of the Holocaust.

During Yom Hashoah (Holocaust Remembrance Day) on April 16, CDS held an outdoor ceremony at the Keeping Tabs sculpture featuring music, prayer readings, a candle-lighting service, and a keynote address by Holocaust survivor Moshe Baran.

JHF’s gift, which enabled the project to break ground and build additional support toward its eventual completion, is marked by a “gathering space” for visitors to the memorial. Over the years, Nancy Zionts (former CDS board chair) and Pat Siger (former co-chair of the pop tab project and current PRHI board chair) played leadership roles in ensuring that future generations have a space to learn about and honor those who perished in the Holocaust.



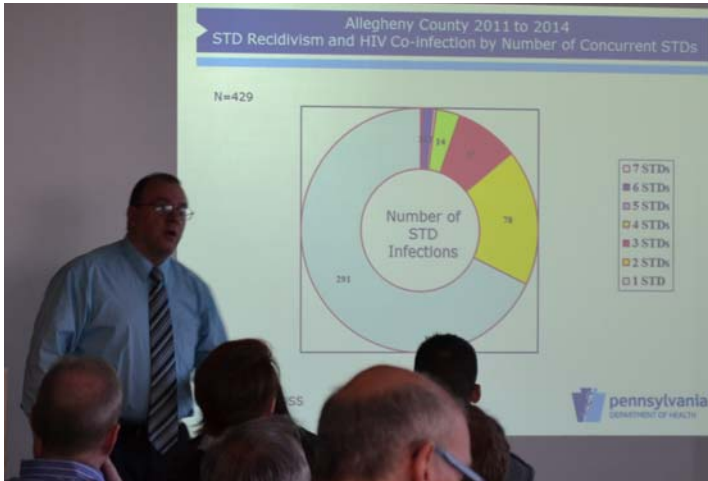
Bill Walter (at the podium) addresses the crowd during a Holocaust Remembrance Day ceremony at Community Day School on April 16. Walter played an integral role in creating the “Keeping Tabs on the Holocaust” sculpture, challenging his students to honor those who perished by collecting the six million pop tabs that now fill the monument’s glass blocks.



JHF’s support of the “Keeping Tabs” initiative includes a gathering space for visitors to the memorial.

Regional HIV Collaborative Working to Eliminate Care Gaps, Missed Chances to Treat Co-Infected Clients

The Foundation hosted the fifth Regional HIV Collaborative meeting at the QI2T Center on April 1, gathering 30-plus stakeholders committed to strengthening HIV services in southwestern Pennsylvania. AIDS service providers, officials from the county and state health departments, clinicians, and researchers discussed coordinating services for clients co-infected with a sexually-transmitted disease, shifting care from clinics to neighborhoods, and ensuring that clients have a voice in the Collaborative.



Steve Kowalewski, a senior public health advisor from the Pennsylvania Department of Health's Tuberculosis/STD Division, tells HIV Collaborative members that Pittsburgh has the infrastructure and engaged leadership to develop a response plan to the rising number of HIV-positive individuals who are co-infected with an STD.

JHF formed and facilitates the Collaborative, a partnership between more than 15 provider, consumer, and community activist groups. During the meeting, two representatives from the Pennsylvania Department of Health—Kenneth McGarvey, director of the HIV/AIDS Division and Steve Kowalewski, a senior public health advisor from the Tuberculosis/STD Division—demonstrated the importance of eliminating missed opportunities to treat co-infected clients.

Three-quarters of those who tested positive for HIV in Allegheny County between 2011-14 also had a sexually-transmitted disease, McGarvey and Kowalewski noted. When HIV-positive individuals are co-infected with an STD, their risk of transmitting HIV increases fivefold. McGarvey and

Kowalewski said that the Pittsburgh region has the concentration of cases, infrastructure, and engaged leadership to develop a response plan that can be used across the Commonwealth. To eliminate missed treatment opportunities, stakeholders should work to reduce barriers to care, increase access to Allegheny County Health Department services, and educate the community—particularly HIV-positive youth who account for a disproportionate percentage of STD cases.

Mike Hellman, vice president of ALPHA Pittsburgh, then discussed strategies to engage consumers in the Collaborative. In addition to tapping existing consumer networks from organizations including Open Door, PERSAD, the Pitt Men's Study, and Project Silk, the Collaborative plans to solicit feedback through town hall meetings, patient surveys, and social media.

SNAP Healthy Eating Program Coming to Pittsburgh; Henry L. Hillman Foundation and JHF Provide Supporting Funds

Supplemental Nutrition Assistance Program (SNAP) participants in the Pittsburgh region will have greater purchasing power for fruits and vegetables thanks to a federally-funded pilot project designed to encourage healthy eating. Once implemented in the first year of the three-year program, Pittsburgh's SNAP users will receive an additional \$2 in "Food Bucks" for fresh produce for every \$5 they spend at certain farmer's markets as part of the U.S. Department of Agriculture's new Food Insecurity Nutrition Incentive (FINI) program.



The USDA recently announced a total of \$31.5 million in [FINI grants](#), which will support SNAP healthy eating initiatives in 26 states. The Food Trust, a Philadelphia-based organization, received a \$500,000 grant for a three-year, community based-project that expands its Food Bucks program to Pittsburgh through a partnership with Just Harvest, Henry L. Hillman Foundation, and JHF. JHF is providing small grants over the three-year period to support the local Food Bucks program.

Delegate Assembly Supports Education, Screening for Jewish Genetic Diseases

The Jewish Federation of Greater Pittsburgh held its semi-annual Delegate Assembly on April 27, gathering stakeholders to establish and advance crucial public advocacy efforts within the Jewish community. During the meeting, the Delegate Assembly approved a resolution to promote appropriate



education and pre-conception screening for the growing list of preventable Jewish genetic diseases. The community resolution was sponsored by JHF, Hillel Jewish University Center of Pittsburgh, and the Jewish Community Center of Greater Pittsburgh.

Nearly a quarter of Jewish individuals are a carrier for at least one Jewish genetic disease. JHF serves as the fiscal agent and is an advisory committee member for [JGenesPgh](#), which raises awareness about Ashkenazi Jewish genetic diseases and provides information and screening to at-risk young adults. JHF Consultant Dodie Roskies, MPH, serves as executive director of JGenesPgh.

JHF Recognized as Champion for Health Insurance Coverage by CMS

JHF, along with many community partners, [has strived](#) to connect uninsured individuals and families in our region with affordable health insurance plans through the Health Insurance Marketplace. In

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recognition of JHF's health insurance enrollment efforts, the Centers for Medicare and Medicaid Services (CMS) recently recognized the Foundation as a Champion for Coverage.

The Foundation has served as a connecting point for local agencies offering complementary outreach and enrollment assistance. With support from The Pittsburgh Foundation, Highmark Foundation, The Heinz Endowments, JHF, and Staunton Farm Foundation, JHF provided almost \$150,000 in mini-grants to support enrollment outreach efforts of organizations such as the United Way of Allegheny County (UWAC) and the Consumer Health Coalition (CHC) for key shared resources, including the hiring of UWAC's Harriet Baum as a community enrollment coordinator. Through initiatives like these, more than 318,000 Pennsylvanians gained health insurance coverage through the marketplace during the first open enrollment period (October 2013 to March 2014), and more than 472,000 signed up for coverage during the second enrollment period (November 2014 to February 2015).



Nancy Zionts facilitates a community meeting with local market outreach and enrollment partners.



Nancy Zionts (far right) discussed JHF's 25-year history of grant-making with Lancaster Osteopathic Health Foundation Executive Director Anna Kennedy (next to Nancy) and trustees.

Nancy Zionts Shares JHF's History, Community Impact in Lancaster

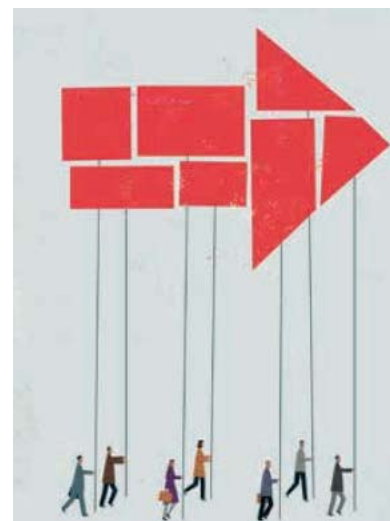
On April 20, Nancy Zionts was invited to discuss JHF's 25-year history in grant-making and creating community-wide opportunities with board members and staff from the Lancaster Osteopathic Health Foundation. Created in 1999 with assets from the sale of the Community Hospital of Lancaster, the Lancaster Osteopathic Health Foundation is dedicated to providing advancement opportunities for healthcare professionals and strengthening behavioral health services for children.

JHF-Supported Geriatric Care Initiative Featured in American Journal of Health-System Pharmacy

The April edition of the American Journal Health-System Pharmacy features UPMC St. Margaret's Pharmacist Collaborative Practice Model (PPCM), an initiative to provide continuous medication management for geriatric patients across inpatient, outpatient, and senior campus settings.

The PPCM aims to eliminate medication-related errors associated with care transitions by integrating pharmacists into interdisciplinary teams that include physicians, nurses, mental health specialists, and social workers. Each geriatric patient has a designated pharmacist-physician pair in both inpatient and outpatient settings, who share information on the patient's history and medications in the event of a care transition.

The collaborative practice model is being evaluated by UPMC St. Margaret's Pharmacist-led Interventions on Transitions of Seniors (PIVOTS) team, which received funding from JHF as well as the American Society of Health-System Pharmacists Research and Education Foundation and the Pennsylvania Pharmacists Educational Foundation.



JHF Hosts Eisenhower Fellow Focused on Strengthening Saudi Arabian Primary Care

As director of business relations for Bupa Arabia, Saudia Arabia's largest health insurer, Fehr Nazer is taking on the challenge of creating outpatient clinics for obstetrics, pediatrics, family medicine, dental care, and diabetes treatment that offer greater access and quality. On April 21, the 2015 Eisenhower Fellow met with Dr. Bruce Block at the JHF office as part of a U.S. trip to learn more about the key elements of high-quality primary care.



During his trip, Nazer also met with the cardiac ICU team at Forbes Regional Hospital and toured Indiana Regional Medical Center, one of the sites participating in PRHI's PCRC project.

Debra L. Caplan Honored by Pittsburgh City Council for Distinguished Career, Devotion to the Community

Longtime JHF Board of Trustees Secretary and Health Careers Futures Board member Debra L. Caplan recently announced her retirement after 27 years in senior leadership positions at West Penn Allegheny

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Health System and Allegheny Health Network. In honor of Debra's commitment to healthcare excellence and the community, Pittsburgh City Council issued a proclamation declaring that April 2015 was Debra L. Caplan Month. We at JHF congratulate Deb on her distinguished career and continued work with JHF, HCF, and the many other organizations in which she plays leadership roles.

Debra L. Caplan (center) is honored by Pittsburgh City Council for her commitment to healthcare excellence and the community.



PRHI Receives PCRC Project Funding Extension

PRHI received approval from the Centers for Medicare and Medicaid Services for a no-cost extension for the Primary Care Resource Center Project, enabling PRHI to continue to take unused project funding and extend grant-funded PCRC project support for our PCRC hospital partners into the fall.

As of the last reporting period, ending March 30, 2015, PCRC staff had engaged more than 10,000 target disease—chronic obstructive pulmonary disease (COPD), heart failure (HF), and acute myocardial infarction (AMI)—admissions. The combined COPD/HF/AMI 30-day all-cause readmission rate was 4.1% lower than the like quarter one year earlier, and the 30-day all-cause emergency department visit rate had fallen 8.2%.

“Our PCRC hospital partners are thrilled about this, as is PRHI,” says PCRC Project Director Keith Kanel. “The no-cost extension enables us to preserve nearly \$1.5 million in grant funding to sustain the PCRC project into 2015; to continue the PCRC protocols in our Pennsylvania and West Virginia hospitals. It also give us the opportunity to further explore the positive impact we have been seeing since late 2014, and refine elements of the project to make it even better.”

The PCRC serves to improve the transitions of care from hospital to outpatient care for target patient populations at risk for high readmissions, ensuring they continue to get the education and support they need in order to keep them from returning to the hospital. Patients with COPD, HF, and AMI account for the three most frequent causes for readmission to PCRC hospitals within 30 days.