

THE WINDOW



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

CMS Innovation Center Projects Led by PRHI, JHF Lowers Hospital Readmissions, Cost of Care; new version of Tomorrow's HealthCare™ Unveiled

Created by the Affordable Care Act in 2010, the Centers for Medicare and Medicaid Services' Innovation Center is a testing ground for new, disruptive service delivery and payment models. Through an ultra-competitive process, organizations are chosen to translate their concepts to the front lines of care in the name of better population health and lower costs.

With its education, training, clinical, and data-crunching skills, the Pittsburgh Regional Health Initiative (PRHI) and Jewish Healthcare Foundation (JHF) were selected to play a leading role in two large-scale hospital readmissions reduction projects: the Primary Care Resource Center (PCRC) and RAVEN (Reduce Avoidable Hospitalizations using Evidence-based interventions for Nursing Facility Residents).

During a PRHI Board meeting on March 15, leaders from those two initiatives showcased project results that demonstrate they're achieving the CMS Innovation Center's aims. PRHI also unveiled its latest version of [Tomorrow's HealthCare™](#)—an online knowledge platform and leadership tool that can accelerate such system-wide improvement.

Chief Medical Officer Keith Kanel, MD, explained how PRHI designed and implemented the PCRC service model at six local

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community hospitals. Through the PCRC Project, PRHI provided local community hospitals with the quality improvement, disease management, and motivational interviewing expertise to offer complex patients one-stop, coordinated outpatient care. The project, which Dr. Kanel directed, focused on patients with chronic obstructive pulmonary disease, acute myocardial infarctions, and/or heart failure.

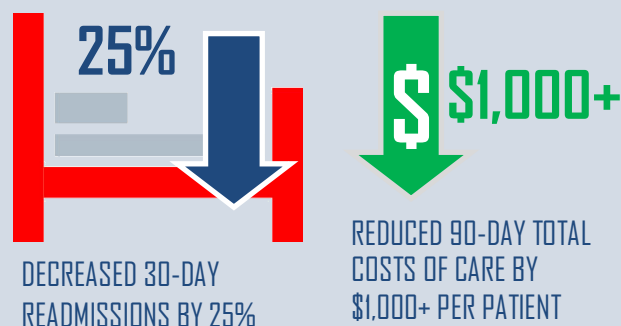
Dr. Kanel said that preliminary outcomes indicate that the PCRCs collectively achieved a 25% reduction in 30-day hospital readmissions, and reduced the 90-day total costs of care by more than \$1,000 per Medicare patient. While the grant phase of the project ended in the fall of 2015, five of the six participating community hospitals have decided to self-fund their PCRCs, he noted.

JHF/PRHI COO/CPO Nancy Zions then offered an overview of RAVEN, an initiative to reduce avoidable hospitalizations among long-stay nursing home residents in 18 long-term care facilities in western Pennsylvania. As the lead education partner for the UPMC-directed RAVEN initiative, JHF provides participating sites with coaching and resources to strengthen frontline workers' clinical, communication and data-collection skills.

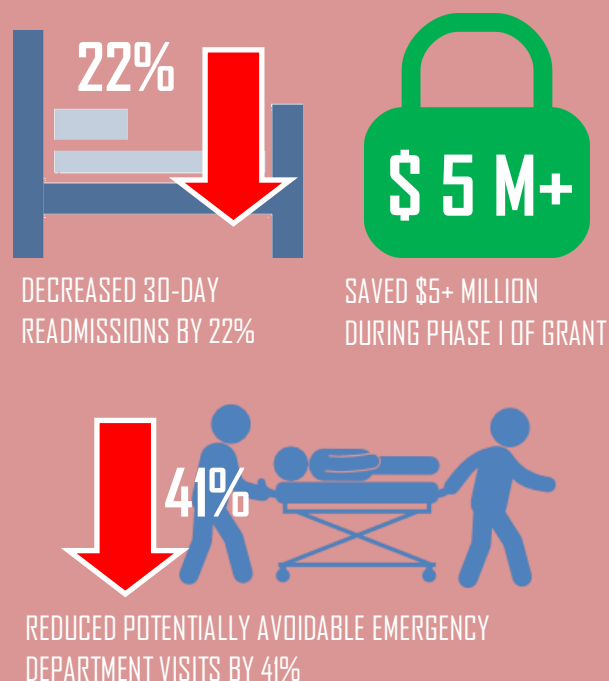
According to a recent CMS report, RAVEN sites in western Pennsylvania lowered all-cause hospitalizations by 21.9%, potentially avoidable hospitalizations by 24.3%, and potentially avoidable emergency department visits by 40.8% (through 2014, compared to baseline data collected in 2012). RAVEN is estimated to have saved more than \$5 million during the first phase of the grant (2013-15). CMS renewed the RAVEN initiative through 2020, and will add payment redesign components to the second phase of the grant. JHF will once again serve as the education lead during phase two.

To close out the meeting, JHF/PRHI Chief Financial Officer Chuck Morrison, JD, CPA, gave a demo of Tomorrow's HealthCare™. He explained that Tomorrow's HealthCare™ enables leaders to achieve high performance and articulate a vision in all units of an organization by collectively working toward goals. The platform accomplishes this through components that support leadership communication,

PCRC PROJECT ACCOMPLISHMENTS



RAVEN PROJECT ACCOMPLISHMENTS



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collaboration, information dissemination, data management, interactive and self-paced learning, and awareness of relevant events.

Morrison said that Tomorrow's HealthCare™ is being used to support organizational alignment, communication, and continuous learning in a variety of settings, including at the Foundation and through the five-state Quality Innovation Network-Quality Improvement Organization project (for more information, see page 11). The Foundation is meeting with leaders in different healthcare settings to better understand their needs and customize the Tomorrow's HealthCare™ platform to achieve organizational goals.

"Health care is so far behind other industries—we keep repeating problems and never solve them once and for all," JHF/PRHI President and CEO Karen Wolk Feinstein, PhD, said during the meeting. "Tomorrow's HealthCare™ is a tool for rapid problem-solving, teamwork, and deep reflection. It allows CEOs to express priorities and increase their visibility to the front line, while also uncovering 'hidden stars' within organizations. This platform moves us into a modern era in health care."



JHF/PRHI Chief Financial Officer Chuck Morrison, JD, CPA, outlines the components of Tomorrow's HealthCare™, the Foundation's online knowledge platform and leadership tool. Tomorrow's HealthCare™ fosters system-wide organizational improvement through components that support leadership communication, collaboration, information dissemination, data management, interactive and self-paced learning, and awareness of relevant events.

RAVEN INITIATIVE MAKING HEADLINES

["CMS report finds RAVEN program reduces local nursing facilities' costs, hospitalizations"](#) (Pittsburgh Business Times)



JHF/PRHI Chief Medical Officer Keith Kanel, MD, and COO/CPO Nancy Zionts highlight the success of two large-scale readmissions reduction projects supported through the Centers for Medicare and Medicaid Services' Innovation Center: the Primary Care Resource Center and RAVEN (Reduce Avoidable Hospitalizations using Evidence-based interventions for Nursing Facility Residents).



HPV Vaccination Champions Share Innovative Strategies for Moving the Needle

JHF furthered its cancer-prevention goals by continuing to build partnerships and facilitate collaboration in the Pittsburgh region and across the commonwealth of Pennsylvania in March.

HPV Vaccination Initiative co-chairs Alan Finkelstein, MD, a family physician and faculty member at the UPMC-Shadyside Family Medicine Residency Program, and Bill Isler, president of the Fred Rogers Company, convened JHF's latest regional HPV advisory committee meeting at the QI²T Center on March 3. The meeting highlighted the work of regional champions who have developed innovative strategies for pediatric and family health practice teams to increase vaccination, engaged the community through targeted outreach and education, and proposed policy updates to increase reporting on HPV vaccination. These included:

- University of Pittsburgh PharmD students Nayanika Basu (also a 2015 JHF summer intern), Kaleen Hayes, Danielle Nichols, and Ingrid Pan developed a [toolkit for education and discussion about HPV on college campuses](#). The toolkit provides a guide for student groups to educate others about the importance of vaccination.
- Tricia Pil, MD, medical director of Children's Community Pediatrics (CCP), presented on CCP's system-wide initiative to increase HPV vaccination across a network of 48 pediatric and adolescent care practices. Participation in the initiative counts toward maintenance of



During the latest HPV Vaccination Initiative advisory meeting, Tricia Pil, MD, medical director of quality and safety for Children's Community Pediatrics (CCP), explains how CCP is using quality improvement tools, parent communication materials, and data-tracking to boost HPV vaccination rates. The HPV Vaccination advisory is co-chaired by Bill Isler, president of the Fred Rogers Company (left) and Alan Finkelstein, MD, a family physician and faculty member at the UPMC-Shadyside Family Medicine Residency Program (center).



University of Pittsburgh PharmD students Nayanika Basu (left) and Danielle Nichols, who are part of a team that developed a toolkit for education and discussion about HPV on college campuses. Basu began developing the toolkit during her internship at JHF during the summer of 2015.

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board certification. CCP's vaccination initiative includes webinars, access to online educational videos, quarterly progress reports, and implementation of three PDSA (Plan, Do, Study, Act) improvement cycles in 2016.

- Bloomfield-Garfield Family Health Center Chief Medical Officer Ann McGaffey, MD, and Nicole Payette, PharmD, presented on the health center's "Sensational HPV Vaccine Trial" (which was also highlighted on pages 14-15 of the [January-February WINDOW](#)). From blanket consent forms for all three recommended HPV vaccination doses (allowing a designated adult other than a parent to accompany a child for vaccination), to vaccination standing orders, to an HPV "prevention pup," Bloomfield-Garfield's efforts engage all members of the clinic team, patients, and parents to create excitement around the HPV vaccine as a cancer prevention tool.
- *You are the Key to Cancer Prevention* webinars and trainings have been conducted under the champion leadership of Brenda Cassidy, DNP, an assistant professor in the University of Pittsburgh School of Nursing's Department of Health Promotion, and Dr. Finkelstein.
- The Allegheny County Health Department is exploring opportunities to improve reporting on HPV vaccination in our region through policy updates.



Bloomfield-Garfield Family Health Center Chief Medical Officer Ann McGaffey, MD (right) and Nicole Payette, PharmD, use everything from in-depth patient and family education to poetry to prize wheels to increase HPV vaccination rates.



JHF's Manager of Lean Healthcare Strategy and Implementation Jen Condel, SCT(ASCP)MT (standing), explains how Lean principles can be used to increase HPV vaccination rates during a meeting with Adagio Health practice managers.

In March, JHF also worked with Adagio Health to increase awareness about HPV vaccination across 15 clinics in the Pittsburgh region. Fifty-eight staff, including nurse practitioners, practice managers, and medical assistants, participated in a *You are the Key to Cancer Prevention* webinar led by Cassidy on

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March 24 to learn about the importance of vaccination, detailed recommendations, and strategies for communicating with patients.

Following the webinar, JHF Quality Improvement Specialist Deborah Murdoch, MPH, Manager of Lean Healthcare Strategy and Implementation Jen Condel, SCT(ASCP)MT, and Program Coordinator Sue Steele met with practice managers on March 29 to provide an orientation to Lean process improvement and its applications for increased vaccination.

In addition to facilitating regional collaborative efforts, JHF participated in the state-wide HPV Working Group meeting, as part of the PA Cancer Control Board's Stakeholder Leadership Team, on March 24. The HPV Working Group stakeholders include the PA Immunization Coalition, the PA Division of Immunizations Gateway Health, and Penn-State Hershey Medical Center, among others. The aim is to coordinate outreach and education efforts, share best practices and materials, and mobilize change across the commonwealth.

Recruitment Open for 2016 Patient Safety Fellowship; Apply by April 25



Members of the 2015 Patient Safety Fellowship.

JHF, PRHI, and Health Careers Futures (HCF) are actively recruiting graduate students in health-related fields for our 2016 Patient Safety Fellowship. Students from diverse healthcare disciplines such as policy, medicine, rehabilitation, public health, management, nursing, social work, health law, engineering and other fields who are interested in improving health care are encouraged to apply.

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The Patient Safety Fellowship is designed to foster the next generation of healthcare leaders through introduction to PRHI's Perfecting Patient CareSM methodology, a Lean-based quality improvement system that seeks to deliver patient-centered, error-free care to every patient, every time. Fellows will also have the opportunity to learn from regional champions for quality improvement who will be honored later this year as winners of the 2016 Fine Awards for Teamwork Excellence in Health Care.

Fellowship sessions will be held in Downtown Pittsburgh on Wednesdays in June and July from 3:00 – 7:00pm (dinner provided). In addition to these sessions, Fellows will participate in on-site observations in various health care settings for several hours in June.

To apply, please submit an [electronic application](#) together with a personal statement, resume, and letter of recommendation **by Monday, April 25th**.

JHF Helps Butler Community Care For, Connect with those Living with Dementia

In the fall of 2015, Quality Improvement Specialists Stacie Bonenberger, MOT, OTR/L, and Anneliese Perry, MS, NHA, engaged more than 150 staff members at Sunnyview Nursing and Rehabilitation Center in three days of training focused on partnering with residents living with dementia—an umbrella term for various cognitive disorders that afflict more than five million Americans currently, and an estimated 14 million by 2050, according to the Alzheimer's Association.

During those training sessions, Sunnyview Community Liaison Deb Monteleone had an epiphany: fellow residents, families who have loved ones living with dementia (both at the facility and in the community), and everyday citizens of Butler could also benefit from learning more about dementia. Monteleone invited Bonenberger and Perry back to start a broader community dialogue at Sunnyview, which is among the facilities participating in the Center for Medicare and Medicaid Innovation-funded RAVEN initiative to reduce avoidable



JHF Quality Improvement Specialists Stacie Bonenberger, MOT, OTR/L, and Anneliese Perry, MS, NHA.

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hospitalizations among nursing home residents.

In February, Bonenberger and Perry returned to kick off Sunnyview's 2016 Adult Education Series. During the interactive session, Bonenberger and Perry discussed how the brain changes as dementia progresses and provided strategies for engaging with people living with dementia. They provided several resources to engage with those living with dementia, including:

- **"We Connect" cards**, developed by the Alzheimer's Association, which can be distributed to businesses to help ensure a positive experience out in the community with a loved one living with dementia.
- **The GEMST[™]: Brain Change Model**, which helps to identify basic characteristics and interests of individuals living with dementia. This model emphasizes that, just as gemstones need different settings and care to show their best characteristics, so do people. GEMST[™] was created by dementia expert Teepa Snow, MS.
- **Know each Person**—a way to help care partners and families remember that a person living with dementia is much more than his or her diagnosis. This philosophy emphasizes a person's routines and habits, life history, emotional status, and sensory status.
- **Steps to the Positive Physical Approach**—a way to shift from "dealing with behaviors" to creating a positive and caring environment.

Fellows Explore Long-Term Care, Hospice, Difficult Conversations, and Caregiver Experiences through Fellowship on Death and Dying

During recent sessions of JHF's Fellowship on Death and Dying, participants discussed long-term care at the Jewish Association on Aging (JAA), hospice and end-of-life conversations at West Penn Hospital, and the experience of families and caregivers at the Good Grief Center. Through the fellowship, 43 graduate students—from 13 disciplines and six local universities—are preparing to have critical conversations about end-of-life care and exploring the medical, social, cultural, and spiritual aspects of end of life.



During a session of the Fellowship on Death & Dying at the Jewish Association on Aging, Karen Feinstein recounts JHF's 25-year commitment to seniors, caregivers, and improving end-of-life care.

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During the long-term care session at the JAA, Karen Feinstein presented an overview of the Foundation before the fellows toured the long-term care unit. After the tour, Mary Anne Foley, RN, MSN, JAA's vice president of Home and Community Services, organized three small group discussions. JAA Director of Rehabilitation Services Phil Ricci, MOT, OTR/L, and Director of Social Services Nicole Morgan facilitated a conversation on long-term care. JAA Hospice Medical Director Stuart Chetlin, MD, Director of Professional Services Joy Rivett, Home Health and Hospice social worker Pearl Averbach, LCSW, and Bereavement Coordinator Jan Kellough discussed hospice. Rabbi Eli Seidman, JAA's director of Pastoral Care, and Dan Leger, RN, of Sivitz Jewish Hospice & Palliative Care (part of the JAA's continuum of senior care), led the spirituality discussion.

During the session at West Penn Hospital, the fellows toured the hospice unit with Lori Marshall, RN, Director of Allegheny Health Network Healthcare@Home, Hospice & Palliative Care; gained real-world insights on having end-of-life conversations with Judith Black, MD, medical director of senior products for AHN and Highmark and Randy Hebert, MD, chief medical officer of AHN Healthcare@Home; and were introduced to tools and technologies that can support advance care planning with Bill Gammie, MHA, president of AHN Healthcare@Home, Home Health, Hospice & Palliative Care.



Bill Gammie, MHA, president of Allegheny Health Network's Healthcare@Home, Home Health, Hospice & Palliative Care program, discusses tools and technologies that support advance care planning.



Randy Hebert, MD, chief medical officer of AHN Healthcare @ Home (center, in blue) and Judith Black, MD, medical director of senior products for AHN and Highmark (to Dr. Hebert's right) recount their experiences in having difficult end-of-life conversations with patients and families.



Anthony J. Turo, executive director of Ursuline Support Services (far left, standing), explains how the Good Grief Center provides bereavement education, resources, and referrals for people of all ages.

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“There was variety in what we saw and plenty of chances for discussion,” one of the fellows commented following the session. “The importance of starting with a person’s values and goals—that lesson really came through for me.”

Later in March, the fellows visited Ursuline Support Services’ Good Grief Center and discussed the experience of family caregivers. Anthony J. Turo, executive director of Ursuline Support Services, explained that the Good Grief Center is the region’s first and only facility dedicated exclusively to bereavement education, resources, and referrals for people of all ages.

Nina Butler, EdD, led a discussion on caregivers’ and family members’ experience with death, dying, and grief. She noted the importance of creating a network of caregiver support to lessen the burden on a single family caregiver. Carol Frazer, LPC, a practice transformation specialist at PRHI, talked with the fellows about strategies to have end-of-life conversations with people when behavioral health issues are present. She also described the importance of self-care practices for healthcare professionals, so that they can manage their own feelings of grief and stress and best serve patients and families.

In early April, the fellows will synthesize their new experiences and skills to create action plans that improve end-of-life education, policy, and attitudes in their programs and communities.

Institute for Clinical Systems Improvement Shares Game Plan for Integrated Primary Care during NRHI Webinar

Through the Center for Medicare and Medicaid Innovation-funded COMPASS (Care of Mental, Physical,

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JHF’S MISSION TO RAISE EXPECTATIONS FOR EOL CARE FEATURED IN THE JEWISH CHRONICLE

[“Celebrating 25 Years of the Jewish Healthcare Foundation: Changing Expectations for Care at the End of Life”](#)

APRIL 16 IS NATIONAL HEALTHCARE DECISIONS DAY

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 National Healthcare Decisions Day (NHDD) provides a platform for individuals to discuss and document their end-of-life care preferences with loved ones and medical professionals. This year, NHDD is on April 16. To learn more, please visit [nhdd.org](#).

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and Substance Use Syndromes) program, the Institute for Clinical Systems Improvement (ICSI) led a nationwide effort to provide integrated care to patients suffering from depression as well as heart disease and/or diabetes in primary care settings. PRHI was among eight implementation partners for COMPASS, which achieved [impressive results](#) for high-risk patients in Pennsylvania.

On March 24, leadership from ICSI explained their strategies for improving patient outcomes, reducing costs, and boosting patient and provider satisfaction through integrated primary care during a Network for Regional Healthcare Improvement (NRHI) webinar. To view an archived recording of the webinar, [click here](#).



Through the Center for Medicare and Medicaid Innovation's Transforming Practice Initiative, NRHI members (including PRHI) are offering technical assistance to clinicians to foster quality improvement, patient engagement, and value-added healthcare spending.

Customized version of Tomorrow's HealthCare™ Opens Lines of Communication, Fosters Quality Improvement across 5-State Network

The Centers for Medicare and Medicaid Services' Quality Innovation Network-Quality Improvement Organization (QIN-QIO) program has lofty ambitions: reduce health disparities, promote chronic disease management, and lower costs across the U.S. by creating learning action networks, which align all healthcare providers and advance best practices.

But how do these learning action networks form, communicate, and grow? How can a nurse looking to vaccinate more seniors against pneumonia in, say, Louisiana, draw inspiration and knowledge from a colleague in Pennsylvania? That's where the My Quality Insights platform, a customized version of PRHI's [Tomorrow's HealthCare™](#) online knowledge network and leadership tool, enters the picture.

As a subcontractor to Quality Insights (a CMS-contracted QIN-QIO), PRHI is providing access to virtual learning opportunities for healthcare providers across the continuum in Pennsylvania, West Virginia, Delaware, New Jersey, and Louisiana.

PRHI's technical and educational team works with Quality Insights and leaders within those five states to

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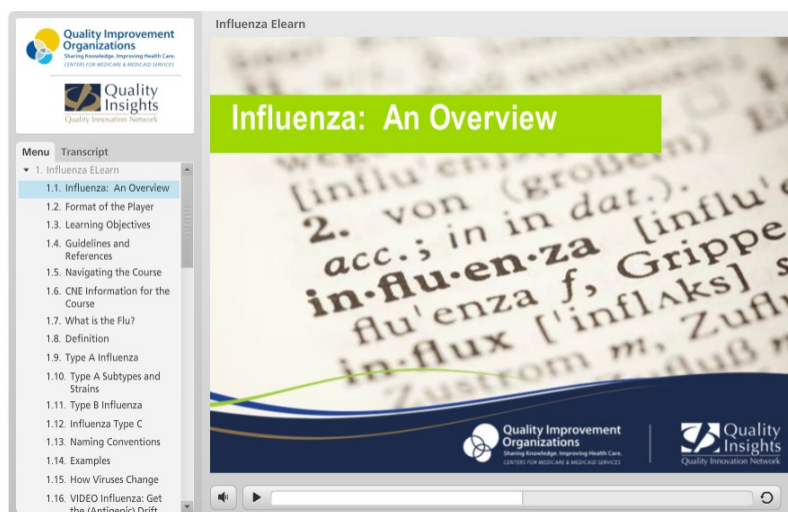
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develop educational courses, resources, and communication channels to further specific goals, or tasks, of the QIN-QIO. These tasks include improving cardiac health, eliminating hospital-acquired infections, promoting care coordination and medication safety, optimizing electronic health record systems, preparing for value-based payment and quality reporting, enhancing nursing home quality, treating congestive heart failure, expanding palliative care options, and boosting adult immunization rates.

Each task has its own “community” on the My Quality Insights platform, where providers working on the task have on-demand access to discussion forums, blogs, educational materials (including those that qualify for continuing nursing education credits), newsletters, and events calendars in one spot.

As QIN-QIO task lead for adult immunizations, Brenda Tincher works to catalyze quality improvement and disseminate knowledge among more than 400 participating clinicians and 200 home health agencies, spread across a wide geographic region. My Quality Insights provides a platform to share best practices and success stories as well as solve problems, from the Jersey Shore to the Bayou.

“PRHI was instrumental in helping me develop my first E-Learn for the immunization community, and to set up the community overall,” Tincher says. “Being able to share the resources that we are adding every day is invaluable, and the continuing education credits offered through My Quality Insights are a huge selling point when we approach clinicians and staff about participating. The blog and discussion forums allow us to see what’s



E-Learns, which participants can access for CNE credits at any time, are part of a customized version of PRHI’s Tomorrow’s HealthCare™ platform that is furthering quality improvement goals across five states.



The customized version of Tomorrow’s HealthCare™ that is being used as part of CMS’ Quality Innovation Network-Quality Improvement Organization (QIN-QIO) program facilitates communication and ongoing learning in a variety of ways.

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working for others working on the task, and to see how it might apply in our particular communities.”

Across all of the QIN-QIO tasks, nearly 700 people are harnessing the educational and communication tools available on My Quality Insights. PRHI’s team continues to work with task leads to enhance the value of each community, including by developing new E-Learn modules that earn educational credits for providers.

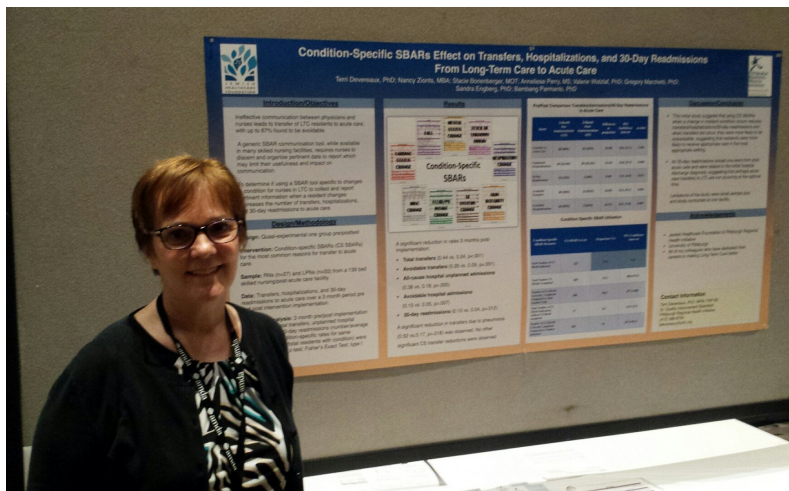
There are currently eight E-Learns that participants can access for CNE credits at any time, focused on the Comprehensive Unit-Based Safety Program, influenza, oral anticoagulants, Central Line-Associated Bloodstream Infections, Catheter-Associated Urinary Tract Infections, Clostridium difficile, value-based payment and quality reporting, and using Condition-Specific SBAR (Situation, Background, Assessment, Recommendation) tools to improve nurse-physician communication. PRHI is currently working on CNE-eligible courses on antimicrobial resistance, palliative care, and patient satisfaction metrics (HCAHPS).

“Our partnership with PRHI has been such a positive experience,” Tincher says. “I’m looking forward to working with them to develop my next E-learn.”

Condition-Specific SBARS Help Nurses and Physicians Speak the Same Language, Improve Patient Outcomes

It’s estimated that one in four hospitalizations of Medicare beneficiaries may be preventable. One potential source of preventable hospital stays is ineffective communication between nurses and physicians, who are clinically trained to assess and deliver information in different ways.

To bridge the nurse-physician communication gap, PRHI Senior Quality Improvement Specialist Terri Devereaux, PhD, MPM, FNP-BC has created Condition-Specific SBAR (Situation, Background, Assessment, Recommendation) tools. CS SBARs allow nurses to collect pertinent information



PRHI Senior Quality Improvement Specialist Terri Devereaux, PhD, MPM, FNP-BC, won first prize in the research category at the AMDA-Society for Long-Term and Post-Acute Care Medicine Conference for her work in creating and implementing Condition-Specific SBAR (Situation, Background, Assessment, Recommendation) tools, which enhance nurse-physician communication and patient outcomes.

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for physicians on conditions that frequently lead to hospitalizations from long-term care facilities, including resident falls as well as changes in mental status, fluid intake, respiratory function, cardiac status, skin integrity, body temperature, and gastrointestinal function.

On March 18, Devereaux showcased how her CS SBARs are reducing transfers, hospitalizations, and 30-day readmissions from long-term care to acute care during a presentation at the annual AMDA—Society for Long-Term and Post-Acute Care Medicine Conference in Orlando, FL. The AMDA conference explores the latest clinical, communication, and policy developments in geriatric medicine. Devereaux's presentation won first prize in the research category at the ADMA conference.

Devereaux explained how her CS SBARs were piloted by registered nurses and licensed practical nurses at Asbury Heights, a 139-bed facility in Mt. Lebanon, PA that provides skilled nursing, memory care, and post-acute care. In

comparing the three-month period before the CS SBARs were implemented and the three months post-implementation, Asbury experienced a statistically significant reduction in total resident transfers to acute care (a 45% decrease), hospital admissions (45%), and 30-day readmissions (69%). When Asbury residents were admitted to the hospital or transferred to acute care, it was less likely to be for a preventable reason. Avoidable transfers declined by 62%, and avoidable admissions fell by 70%.

In addition to Asbury Heights, Devereaux's CS SBARS are being used at all four Kane Regional Centers as well as Ball Pavilion, a skilled nursing and short-stay rehabilitation facility in Erie, PA that has built the nurse-physician communication tool into its electronic medical record system. Nurses can also use CS SBAR data collection tools on Tomorrow's HealthCare™, PRHI's online knowledge platform and leadership tool.

"The CS SBARs were originally designed for long-term care, but wouldn't it be great if we were using this standardized communication tool across the continuum?" says Devereaux, who recently earned her doctorate in Rehabilitation Sciences from the University of Pittsburgh. "That's the ultimate goal."



Devereaux presents at the AMDA- Society for Long-Term and Post-Acute Care Medicine Conference, which explores the latest clinical, communication, and policy developments in geriatric medicine.

GIH Annual Conference Explores Potential of Community Health Workers, Remaining Policy Gaps

In Los Angeles County, community health workers (CHWs) are a critical source of support for the 5% of the patient population that utilizes the most healthcare services. These CHWs, embedded within complex care management teams in primary care, receive training in motivational interviewing, harm reduction, trauma-informed care, and chronic disease management support.

What would it take for our region, and others around the U.S., to reap similar population health benefits from CHWs? That was the subject of a session organized by Nancy Zionts at the 2016 Grantmakers in Health (GIH) Annual Conference, held from March 9-11 in San Diego, CA. More than 650 people—including 200 first-timers—attended the conference.

During the CHW session, Zionts explained the Foundation's plan to create a CHW training and certification model aimed at helping seniors to remain in the community, avoiding unnecessary hospitalizations and institutionalization. She explained that the CHW Champions program is designed to tip the scale in senior care toward a model that emphasizes caregivers, social services, and primary care.

The CHW session also featured presentations from Steve Lesky a program officer for the Cambia Foundation in Oregon, and Clemens Hong, MD, MPH, medical director of community health improvement for the Los Angeles County government.

Lesky focused on creating a sustainable, systems-oriented approach to incorporating CHWs into primary care, and the battle to get CHW positions created. Dr. Hong detailed the competencies and training used to help CHWs partner with complex patients in Los Angeles.

Following those presentations, attendees discussed roles for CHWs, including as navigators, connectors, and information-sharers. There was consensus that CHW training and oversight are key, as is the use of technology and embedding CHWs as a respected member of an interdisciplinary team.



At the 2016 Grantmakers in Health Annual Conference, JHF COO/ CPO Nancy Zionts discusses the Foundation's plans to help vulnerable seniors avoid preventable hospitalizations and institutionalizations through its Community Health Workers (CHW) Champions program. Clemens Hong, MD, MPH, (center), medical director of community health improvement for the Los Angeles County government, and Steve Lesky a program officer for the Cambia Foundation in Oregon, also gave presentations during a GIH session focused on closing policy gaps for CHWs.

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The GIH conference included sessions on gains realized in expanding coverage, testing innovative models of care, and paying for value during the first six years of the Affordable Care Act; using marketing messages to counter advertising campaigns that contribute to the U.S.' growing obesity and diabetes epidemic; responding to the needs of veterans and their families; reducing the negative impacts of guns, specifically targeting suicide; and expanding access to and understanding of palliative care.



Members of the Pennsylvania Health Funders Collaborative, including co-chair Russell Johnson (CEO of the North Penn Community Health Foundation, back row, second from left); Joni Schwager, executive director of the Staunton Farm Foundation (front row, second from left); and Nancy Zions (first row, third from right) met in San Diego to attend the 2016 Grantmakers in Health Annual Conference.

Prior to the start of the GIH Conference, 15 members of the Pennsylvania Health Funders Collaborative (PHFC) gathered to discuss the impending roll-out of Managed Long Term Care Supports and Services (MLTSS) in Pennsylvania, and the role that the PHFC's network of 40 health foundations can play. The shift to MLTSS will have significant impacts on the vulnerable populations served by PHFC members, including seniors, persons with disabilities, veterans, and families.

PHFC members agreed that much will be learned from the southwest region, which will become the first in the commonwealth to implement MLTSS on January 1, 2017. Funders agreed that this is a significant opportunity to build on past outreach and networking efforts, including the roll out of Health Choices in 1997, and the health insurance marketplace.

PHFC can also serve as a clearinghouse for lessons learned from other states that have already implemented MLTSS. The group discussed the potential to pool funds to engage outside expert resources, and will further explore the opportunities and implications of MLTSS during a meeting in Harrisburg in May.

Karen Feinstein Discusses Troubling State of Adolescent Behavioral Health, Vision for Future Prevention and Treatment

The state of behavioral health for adolescents in the U.S. has reached a crisis level. Many adolescents and their families are grappling with issues of mental illness, alcohol and substance use, and self-harm during this critical phase of development. Few teens are accessing treatment, and those that do might not be

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getting the sort of help that allows them to lead fulfilling, productive lives. Locally, treatment outcomes lag behind those seen elsewhere in the state.

JHF, along with community partners, is preparing to spark a community dialogue on adolescent behavioral health and strengthen the prevention and treatment services available to kids and teens in our region by leveraging best-in-class clinical practices, technology, and policy. In March, Karen Feinstein discussed the current state of adolescent behavioral health and her vision of the ideal support system for kids, teens and families during the KDKA-TV Sunday Business Page program.



Karen Feinstein discusses the current, troubling state of adolescent behavioral health with Jon Delano, host of KDKA-TV's Sunday Business Page.

To watch the KDKA Sunday Business Page segment, [visit our YouTube channel](#).

Bruce Block Discusses Key Ingredients of Practice Transformation during AMA Webinar

In a post-Affordable Care Act landscape, increasingly defined by value-based payment and greater accountability for patients' well-being across the care continuum, primary care has emerged as a hub for quality improvement initiatives. Engaged physicians who redesign their practices to promote patient goal-setting and self-management, and to foster connections with other providers and community organizations, will be rewarded with better health outcomes as well as more satisfied staff and patients.

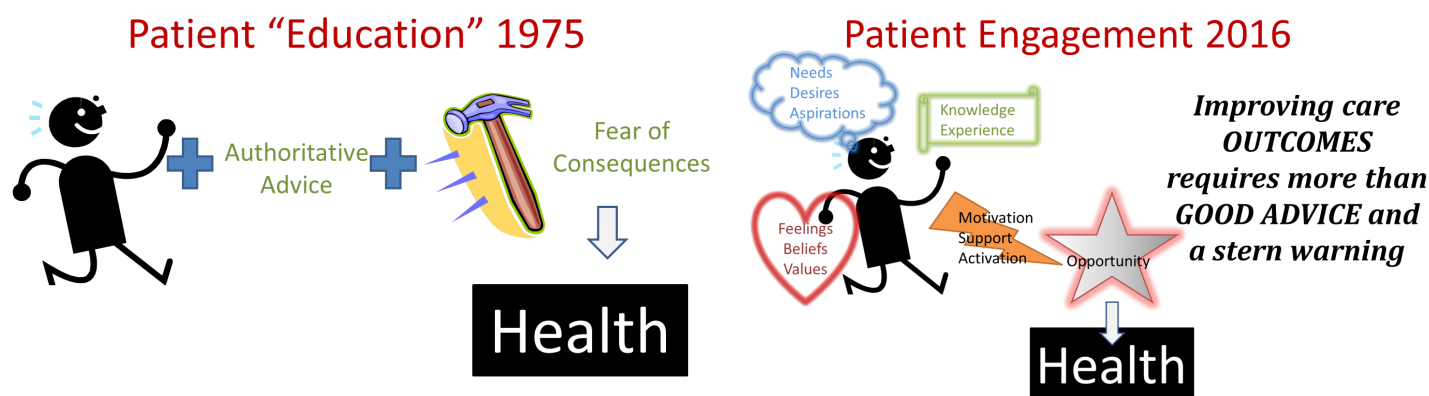
But realizing these gains requires practices to re-think the patient-provider paradigm, clarify and create new roles within primary care teams, and use organizational tools that stimulate systems change and quality improvement. On March 15, PRHI Chief Learning and Informatics Officer Bruce Block, MD, explained the personal, clinical, and business imperatives for physicians to play an active role in redesigning care systems during a webinar for members of the Physician Consortium of Performance Improvement (PCPI®).

Convened by the American Medical Association, the PCPI® is a national, physician-driven initiative to enhance patient health and safety by uncovering best practices and advancing the science of clinical performance measurement and improvement. Representatives from 25 organizations took part in Dr. Block's webinar, during which he also shared key lessons from his 40 years as a primary care physician

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and educator in both rural and urban settings.

Dr. Block explained during that webinar that when he began practicing medicine, physicians often tried to push patients toward better health through authoritative advice and stern warnings. Today, patient engagement has evolved to consider a person's health goals, values, experiences, and knowledge. Providers employ motivational interviewing and behavioral activation techniques to elicit patients' own reasons for making positive changes, and prepare them to manage their health between visits.



Similarly, improving a practice's quality and efficiency starts with connecting to the personal and professional aspirations of healthcare providers, Dr. Block noted. When introducing a QI initiative, for example, it's imperative to involve all members of the primary care team who carry out the day-to-day work, and to use the new profusion of available data to motivate and engage—rather than chastise—staff. Collaborative conversations among care teams can shed light on opportunities to streamline workflows, strengthen coordination, and address social determinants of health.

Dr. Block also explained that quality improvement requires "teaching in context"—building a strategy that identifies the needs of staff and providers, and then offering role-specific education and training tailored to those needs.

"The goal for practices is to create an accountable culture where every team member monitors and assures quality, and to redesign workflow with a vision of desirable outcomes for patients," Dr. Block said. "That goal doesn't happen without motivated, engaged care teams and motivated, engaged patients."

Virtual Senior Center Advisory Working to Connect Seniors, Avoid Isolation



The team working to bring the Virtual Senior Center to Pittsburgh includes (L-R): Daniele Scott, MS, an instructional designer for JHF/PRHI; Daniel Rosen, PhD, MSW (chair of the Virtual Senior Center advisory); Evan Indianer; Jim Osborn, a JHF consultant and project director of the Foundation's senior engagement initiatives; Neil Resnick, MD; Karen Feinstein; and Elizabeth Surma, MPH.

Last winter, JHF approved a grant to bring the Virtual Senior Center—a web-based, touch-screen platform that connects seniors via virtual groups and field trips, social activities, classes, and games—to the Pittsburgh region. The platform, tested and proven effective in New York, builds on the Foundation's 25-year commitment to improving and redefining the golden years for our region's seniors, and helps them avoid the damaging social, emotional, and physical consequences of isolation.

To help ensure the Virtual Senior Center's success in Pittsburgh, JHF has assembled an advisory board for the initiative that features experts in technology, senior services, and caregiving. The advisory includes seven members of JHF's Board: Ilana Diamond, MBA; Evan Indianer; Mildred Morrison, MPM; Neil Resnick, MD; Daniel Rosen, PhD, MSW (chair of the Virtual Senior Center advisory); Pat Siger (also PRHI Board Chair); and Elizabeth Surma, MPH. The Virtual Senior Center project is staffed by Karen Feinstein; Nancy Zions; Jim Osborn, a JHF consultant and project director of the Foundation's senior engagement initiatives; and Daniele Scott, MS, an instructional designer for JHF/PRHI.

The Virtual Senior Center advisory held its first meeting on March 22, during which they



David Dring, executive director of Selfhelp (on screen), provides a demo of the Virtual Senior Center to JHF staff and advisory committee members who are working to bring the technology to seniors in Pittsburgh.

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conducted a demo of the platform with David Dring, executive director of Selfhelp. Selfhelp, a non-profit dedicated to preserving the independence of seniors that was originally founded to support Holocaust survivors, developed the Virtual Senior Center platform.

The advisory also discussed a pilot of the Virtual Senior Center in Pittsburgh, scheduled for later this spring, that will test the technology with more than 50 seniors in a variety of living settings. The project will then be scaled up based on lessons learned from the pilot. Moving forward, the advisory will examine business models, program opportunities, and partnership networks to maximize the value of the Virtual Senior Center in our region.

JHF Data Science Fellowship Kicks off at Pitt

Throughout its 25-year history, JHF has provided seed funding for numerous academic courses to enhance curriculum and prepare young professionals for an ever-evolving healthcare landscape.

The Foundation's latest effort—the JHF Data Science Fellowship at the University of Pittsburgh—kicked off in March, engaging health professionals in medicine, nursing, pharmacy, and public health in an eight-week course that will help them maximize the potential of big data, health analytics, and personalized medicine.

JHF's Robert Ferguson and Serah Iheasirim, MPH, a health researcher and data analyst for the Foundation, are participating in the fellowship. The University of Pittsburgh's Institute for Personalized Medicine, Big Data to Knowledge (BD2K) Center of Excellence, and Schools of the Health Sciences are partners in the fellowship.

NRHI Leadership Discusses Strategies to Grow Network, Deliver Data and Training to Spur Performance Improvement

PRHI is a founding member of the Network for Regional Healthcare Improvement (NRHI), which uses the collective strength of its 35 regional health improvement collaborative members to innovate, achieve the triple aim of improved patient care and population health at lower costs, and leave its footprint on policy analysis and development. Karen Feinstein has served in leadership roles of



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the NRHI board since its inception, and has served on its executive committee since 2011.

On March 3 and 4, Dr. Feinstein traveled to Salt Lake City, Utah, for NRHI executive committee and board meetings to discuss strategies to sustain and grow the alliance of regional health improvement collaboratives, deliver actionable data to healthcare stakeholders, and further CMS' Better Care, Smarter Spending, and Healthier People goals.

During the meetings, members discussed the growth of NRHI's Collaborative Health Network (CHN), a Robert Wood Johnson Foundation-supported peer network where affiliates, community health members, funders, and policy-makers can access resources and share disruptive ideas through live online events. PRHI, for example, has explored [patient activation](#) and [integrated primary care](#) on CHN.

Members received an update on the Center for Healthcare Transparency (CHT), an initiative led by NRHI and the Pacific Business Group on Health (an NRHI member) to provide actionable information on healthcare quality, costs, and utilization to half of the U.S. population by 2020. The CHT will initially focus on orthopedics, primary care, and maternity care metrics, creating standardized decision-making support data that can be used regionally and nationally to further value-based payment and performance improvement.

Leadership also discussed NRHI's role as one of ten Support and Alignment Networks (SAN) established across the country as part of the Center for Medicare and Medicaid Innovation's Transforming Practice Initiative. Through this initiative, NRHI members (including PRHI) are offering technical assistance to clinicians to foster quality improvement, patient engagement, and value-added healthcare spending. PRHI has contributed learning programs on behavioral health integration, reducing unnecessary utilization of healthcare services, deploying motivational interviewing and shared decision-making tools to engage patients, and improving patient safety and quality.

JHF Presents an Update on Community Health Worker Statewide Task Forces at PA Health Workforce Meeting in Harrisburg

On March 24, Robert Ferguson presented an update on statewide task forces that the Foundation has developed to examine policy, employment, and training of Community Health Workers (CHWs) during a Pennsylvania Health Workforce Meeting in Harrisburg.

The task forces were created following the Foundation's [CHW Statewide Policy Summit](#) in Harrisburg in April of 2015, and support JHF's Community Health Worker Champions program. Through the CHW Champions initiative, JHF is developing a curriculum to enhance the skills of CHWs so that they can offer

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at-risk seniors the support needed to avoid preventable hospitalizations and institutionalizations, and stay connected to their neighborhoods, friends, and families.

During the Health Workforce Meeting in Harrisburg, Ferguson explained that the CHW policy taskforce has drafted a recommended common definition of CHWs and a certification policy. The employer taskforce recently surveyed CHW employers to inform an outreach strategy and a CHW toolkit for employers. And the CHW training taskforce is developing recommend core competencies for communication and interpersonal skills; service coordination, community capacity, and advocacy skills; and health literacy, education, and cultural competency skills.

The task forces feature more than 80 private and public, and interested parties can join by contacting Ferguson (Ferguson@jhf.org).



With proper training, certification, and reimbursement policies, community health workers can play an important role in re-balancing senior care from a model based on hospitalizations and institutionalizations to one that more often keeps seniors in their homes and communities.

Behavioral Health Organizations in Allegheny County Prepare to Track Common Measures, Improve Patient Care

PRHI, along with Allegheny HealthChoices, Inc. (ACHI), and the Conference of Allegheny Providers (CAP), is training and coaching local behavioral health organizations to collect, measure, and act on data to improve patient care. On March 23, PRHI held its third education and coaching session with 13 behavioral health organizations that are participating in the Training Center for Outcomes-Based Integration (TCOBI), which is funded by the Staunton Farm Foundation.

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During the latest session at the QI²T Center, Annette Trunzo, PhD, MSW, director of organizational performance for Pressley Ridge, led sessions on creating work processes for measuring outcomes; analyzing, interpreting, and presenting data; and acting on outcomes data to make improvements. Bruce Block and Robert Ferguson facilitated discussions with the behavioral health agencies around selecting common outcome measures and data collection tools for depression and anxiety treatment.



Annette Trunzo, PhD, MSW, director of organizational performance for Pressley Ridge, explains the value of PDSA (Plan, Do, Study, Act) cycles during a training session for behavioral health agencies participating in the Training Center for Outcomes-Based Integration.

To support implementation, data reporting, and feedback, PRHI and AHCI will continue to facilitate monthly collaborative learning calls, and PRHI will provide coaching to each agency through July of 2016. By that point, the goal is for at least five behavioral health agencies participating in TCOBI to be able to track and report at least one common outcome measure.

Community Day School Learning about Genes, Vaccines through JHF-Supported Program

As part of its longstanding commitment to improving community health, JHF in 2014 provided funding to develop curricula and materials to educate middle, high school, and college-aged children and young adults about preventing disease through vaccination and about the implications of Jewish genetic diseases, of which an estimated 25% of Jewish individuals of Ashkenazi heritage are carriers.

Through this grant, the Foundation hired Nina Butler, EdD, and Jonathan Weinkle, MD, to work with Jewish communal agencies to create learning modules that inform decision-making and action about vaccination and genetics within a Jewish context. Community Day School (CDS), a K-8 facility that serves more than 250 children in the Pittsburgh region, is among the spots exploring personal and public health through the Genes and Vaccines program. To learn more about their experiences in the program, please read [CDS' ETON newsletter](#).

In addition to funding and developing the Jewish genetic diseases curricula, JHF also serves as the fiscal agent and is an advisory committee member for [JGenes Pittsburgh](#), which raises awareness about

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Ashkenazi Jewish genetic diseases and provides information and screening to at-risk young adults. JHF Consultant Dodie Roskies, MPH, serves as executive director of JGenes Pittsburgh.



Karen Feinstein, Fellow NBME Members Discuss Evaluating, Supporting Health Professionals

On March 31 and April 1, Karen Feinstein met with fellow members of the National Board of Medical Examiners (NBME) who help determine how health professionals are evaluated, both in the U.S. and internationally. Dr. Feinstein and other select academics, government representatives, licensing professionals, and community stakeholders who comprise the NBME traveled to Philadelphia for the organization's annual meeting.

The NBME is an independent, not-for-profit organization that develops examinations for health professionals. The NBME also provides testing, consultative, and research support to the medical education system, medical

specialty boards, and healthcare organizations both domestically and abroad. In June of 2015, Dr. Feinstein was elected to a four-year term as a member-at-large of the NBME.



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