

Living Well Network Strategic Planning Meeting Notes
March 4, 2009, 3:00-7:00 pm
Bend, Oregon

Participants

Allyson Smith, Wasco-Sherman County Health Department
Ann Way, Lincoln County Health and Human Services
April Rautio, Oregon DHS - Public Health Division
Audrey Sienkiewicz, Oregon DHS - Public Health Division
Ben Gleason, Mid-Rogue IPA
Bernadette Maziarski, OSU Extension Services
Beverly Cridland, PeaceHealth Gerontology Unit
Bob Skinner, Benton County Health Department
Brenda Johnson, Deschutes County Health Department
Cara Biddlecom, Oregon DHS - Public Health Division
Carole Kment, Samaritan Health Services
Catherine Phelps, Klamath Community College
Chad Cheriell, Portland State University
Chally Kruse, ATRIO Health Plans
Debbie Waring, Northwest Parish Nurse Ministries
Doris Lilly, Bend Senior Center
Graciela Molina-Dacker, Benton County Health Department
Jane Moore, Oregon DHS – Public Health Division
Janna Lierwergen, Silverton Hospital
Jennifer Mead, Oregon DHS – Seniors and People with Disabilities
Judy Russell, Samaritan Health Services
Julia Lager-Mesulam, OHSU Partnership Project
Karen Davis, St. Charles Medical Center
Karen Light-DesRosier, OHSU
Kylie Meiner, Oregon DHS – Public Health Division
Laura Saddler, Oregon DHS – Public Health Division
Linda Graham, Tuality Healthcare
Lisa Nielson, OHSU Center for Women’s Health
Luci Longoria, Oregon DHS – Public Health Division
Marty Fobes, Benton County Health Department
Nancy Whitelaw, National Council on Aging
Patricia Parsons, Benton County Health Department
Patricia Schoonmaker, Oregon DHS – Public Health Division
Patricia Schultz, Harney County Hospice
Patty Meagher, Samaritan Health Services
Pinky Beymer, Confederated Tribes of Warm Springs
Roberta Miller, Central Oregon Council on Aging
Rosa Rodriguez, Mosaic Medical
Sarah Bartelmann, Oregon DHS – Public Health Division
Siobhan Case, National Council on Aging
Summer Boslaugh, Oregon Health Care Quality Corporation
Susan McCreedy, Deschutes County Health Department

Accomplishments and Learning

Partnerships

- Re-establishing and meeting Klamath Falls trainers
- I have expanded the weekly plan in my work with families
- Able to be part of the Positive Living Well Workshop in Eugene
- Meeting other Living Well program leaders and other master trainers
- It feels great to help others learn to be better self managers
- Coordinating is better as a team rather than trying to do it all alone
- Got hospital buy in
- We actually got MD referrals to our workshops!
- Prepared local public health agencies for additional support to be given to local CDSMP
- Succeeded in selling chronic disease focus to our health department administration
- Collaborating across counties (Lincoln, Benton ,Linn)
- Convinced employer of value of CDSMP work time to develop program in the community
- Physician referrals are increasing 66 to date
- Through partnership did workshops in locations other than our own clinic

Program expansion

- Offered class for 7 elderly women in Monroe, a small rural community 20 miles from Corvallis
- Facilitated first Positive Wellness class at HIV Alliance in Eugene
- Provided the first ever experience for all persons living with HIV to be in the same room with other persons living with HIV
- Managed with help to do a 6 week session with 26 attendees
- Found a job I truly love and love the participants
- Brought clients from HIV case management into a support group via the Wellness class
- Did at least 12-14 classes in 1.5 years.
- Pulled together PLWH into one group to take the class
- Planned program for homeless
- Class organized in small (420 pop.) community
- Expansion of program to Clackamas and Douglas Counties
- Served double the number of people than last year
- Increasing numbers of workshops offered including in the pm

Leader support, participants, and training

- We have 16 faith based community nurses and health ministers trained as Living Well leaders in different areas of the state
- Participated in 3 trainings in English
- Learned to relax as a leader

- Regional training centers
- Overcoming self doubts and easing group participation
- Helped with 1 leader training
- Give the participants the feeling that I am also a person living with a chronic illness and no different than them
- Coordinated one Tomando training
- Found humor to be helpful
- Helped facilitate 2 PSMP workshops in a semi-rural county
- Our participant group in the PSMP went on to form their own support group when the class ended
- More leaders have been trained in Linn and Benton Counties
- Witnessed changes in participants from first class and last class. People opened up.
- I take better of my chronic disease when I am leading a workshop
- Trained more leaders and doing more classes...word is getting out
- Actually doing my first leaders training
- Three meetings a year of our leaders team continue to praise, evaluate and train at our meetings
- Forming of a TEAM of leaders in our county
- Good people don't always make good leaders
- My accomplishment was to finish the training 2 weeks ago. At first I had doubts about the course because I was just thrown into it by my organization. By attending this meeting or network today it feels good to be here.
- Conducted leader training-had a great time
- Had 3 HIV clients complete the leader training to become PSMP peer leaders
- Had 6 repeat participants in our second class
- Held leader meeting for Lane County
- Fed our participants yummy food
- Used volunteer leaders for the first time

Program infrastructure

- Planning tools for Fidelity Question and Answer
- Finding new strategies and planning their implementation
- Regularly scheduled workshops in spite of losing money
- Increasing provider awareness and support
- Disease registry developed by our IT department
- Remembering that volunteers are volunteers!
- Established the Living Well Network
- Making statewide marketing materials that can be adapted for individual programs
- Getting books and supplies to support the programs statewide
- Coming to the annual forum

- Recruited additional state staff support for statewide CDSMP
- Learned more about strategies for reimbursement to support sustainability
- Quality and Fidelity checklist
- Developed referral Rx pad and distributed
- Started to understand what Living Well is
- Kept program alive at organization, conducted 2 Leader trainings
- Found resources to get training in Douglas County and trained 13 leaders
- Having a statewide coordinator and increasing numbers of local/regional coordinators.
- Increasing national interest in program support from federal agencies and Medicare
- Got grant funding for a fabulous full-time state level coordinator and part time administrator
- Brand and Marketing materials
- After grant period expired Samaritan hired me as a Living Well program coordinator
- Secured funding for our program
- Partnered/submitted a large grant for program sustainability
- Annual data reports and county reports

One-year Goals and Activities

Living Well Network

Goal 1: Define Network membership including expectations, roles, resources, benefits, structure

Activities:

1. Convene committee to undertake definition of roles and expectations. (Measure- definition completed)- **16 dots**

Goal 2: Increase capacity of coordinators and Master Trainers to support local programs.

Activities:

1. Facilitate goal setting locally/regionally (# of programs, leaders, Master Trainers, participants)- **15 dots**
2. Collaborate to create call agendas
3. Increase participation in conference calls by 50%

Goal 3: Increase number of statewide partners and coordinate efforts

Activities:

1. Identify key stakeholders and opportunities- **9 dots**
2. Prioritize key partnerships- **9 dots**
3. Promote program to partners- **7 dots**
4. Promote resources of partners to Network membership- **1 dot**

(Measure: Number of formal and informal partnerships established, define contribution of partner orgs, increase in program publicity)

Marketing and Recruitment Workgroup

Goal 1: Access and Awareness of Marketing Materials

Activities:

1. Identify all active coordinators (Cara and April)—**1 dot**
2. Survey coordinators to determine if materials are being used and if they are useful-**13 dots**
3. Introduce marketing materials at all new leader trainings and leader meetings-**12 dots**
4. 2010 Forum-hold a marketing and recruitment session- **1 dot**
5. Partnerships- Leaders to identify new partners and coordinators to identify local networks -**1 dot**

Goal 2: Improve Retention and Recruitment of Workshop Participants

Activities:

1. Identify resources to cover the cost of incentives- **2 dots**
2. Develop a screening tool to determine participant's readiness/stages of change
3. Develop tips for recruitment and retention- **15 dots**
4. Develop tools for program facilitation for leaders (training)- **6 dots**
5. Develop tips for how to leverage the media- **4 dots**
6. Develop tool to determine reasons why participants drop out (partner with Quality Assurance and Fidelity Workgroup)

Goal 3: Increase Access to Leader Trainings for Living Well, Tomando Control and PSMP throughout Oregon

Activities:

1. Regional trainings coordination- **11- dots**
2. Identify gaps where leaders/programs are not available- **5 dots**
3. Target trainings to above identified areas- **3 dots**
4. Submit abstracts/present at state and regional conferences- **4 dots**

Partnerships:

Animal clubs/fraternal organizations, senior centers, rec centers, Chambers, AIDS service organizations, Latino Health Assoc., OHCA, senior and disabled services, Area Agency on Aging, managed care facilities, retirement centers, VA, parish nurses, community clinics, faith-based organizations, PT clinics, clinician networks, community service, holistic medicine, organizations/civic, Mosaic, Oregon Alliance

Reimbursement Workgroup

Goal 1: Develop reimbursement Tool Box

Activities:

1. Identify existing local, state, and national reimbursement systems. –**3 dots**
2. Create materials translating best practices for funders
 - Develop the Business Case for funders) - **9 dots**
 - Develop ROI, business plan, and convincing arguments - **8 dots**
 - May include “how to sell the program” talking points, a white paper, etc...
 - Identify commonalities across funders (including health systems, foundations, employers, etc)
 - Focus messaging around health and return-on-investment outcomes
3. Review existing data collection systems and evaluate uniformity and appropriateness. Make it available for use. – **8 dots**

Questions:

- Is this the right data? What else do we need?
- How can we present data in a way that is meaningful to funders?
- Is data meaningful (program participant vs. outcomes)
- What else do we need?

Goal 2: Fee Structure

Activities:

1. Figure out how much program costs (compared to other programs) and identify a range of program costs. – **17 dots**
 - a. Survey programs across the state using cost calculators
 - b. Review AOA data on program costs
 - c. Look at health department budget development
 - d. Mock up sample budget for program costs

Goal 3: Identify Stakeholders

Activities:

Step 1: Survey the Network to identify decision makers/key stakeholders around funding and reimbursement systems - **5 dots**

Step 2: Compare survey results, leverage connections, and build relationships that support goals- **12 dots**

Note: The dots were hard to define between these 2 activities

Quality Assurance and Fidelity Workgroup

Goal 1: 50% use Fidelity Checklist

Activities:

1. Finalize drafts- **1 dot**
2. Get Fidelity Checklist ready to share with everyone- **4 dots**
3. Share examples of successful use of Fidelity Checklist - **3 dots**
4. Provide resources/references for outcomes of sample Fidelity Check- **9 dots**
5. Get pilot sites- **3 dots**
6. Develop incentives to use it
7. Call programs to check in about using Fidelity Check and encourage use- **2 dots**
8. Provide mentoring on using FC- **6 dots**
9. Programs use it/local champions
(Who—Q/A Workgroup and local champions)

Goal 2: Share Fidelity Checklist Results with Key Partners/Stakeholders

Activities:

1. Talk to Reimbursement Workgroup about what data on QA funders/insurers might need- **5 dots**
2. Report retention to demonstrate fidelity - **6 dots**
3. Talk to payers re: what they want to see re: Q/A- **4 dots**

Goal 3: Develop MT Fidelity Checklist

Activities:

1. Finalize draft (Bev and Carole) – **13 dots**
2. Review draft by Q/A workgroup
3. Follow Goal 1 activities to pilot and encourage use

Goal 4: Add Q/A Tools to LW Website

Activities:

1. Finalize Fidelity Checklist tools- Q/A Workgroup- **11 dots**
2. Select additional QA tools that may be helpful to programs - Q/A Workgroup
3. Post tools- State Living Well Program
4. Present at next year's Forum- **2 dots**