
Taking the Monkey Wrench out of Systems Change

Grantees and Contractors Conference 2019

October 30, 2019

Steve White, HPCDP

Kelly Martin, Marion County Health Department

Karen Ard, Deschutes County Health Services



Session objectives:

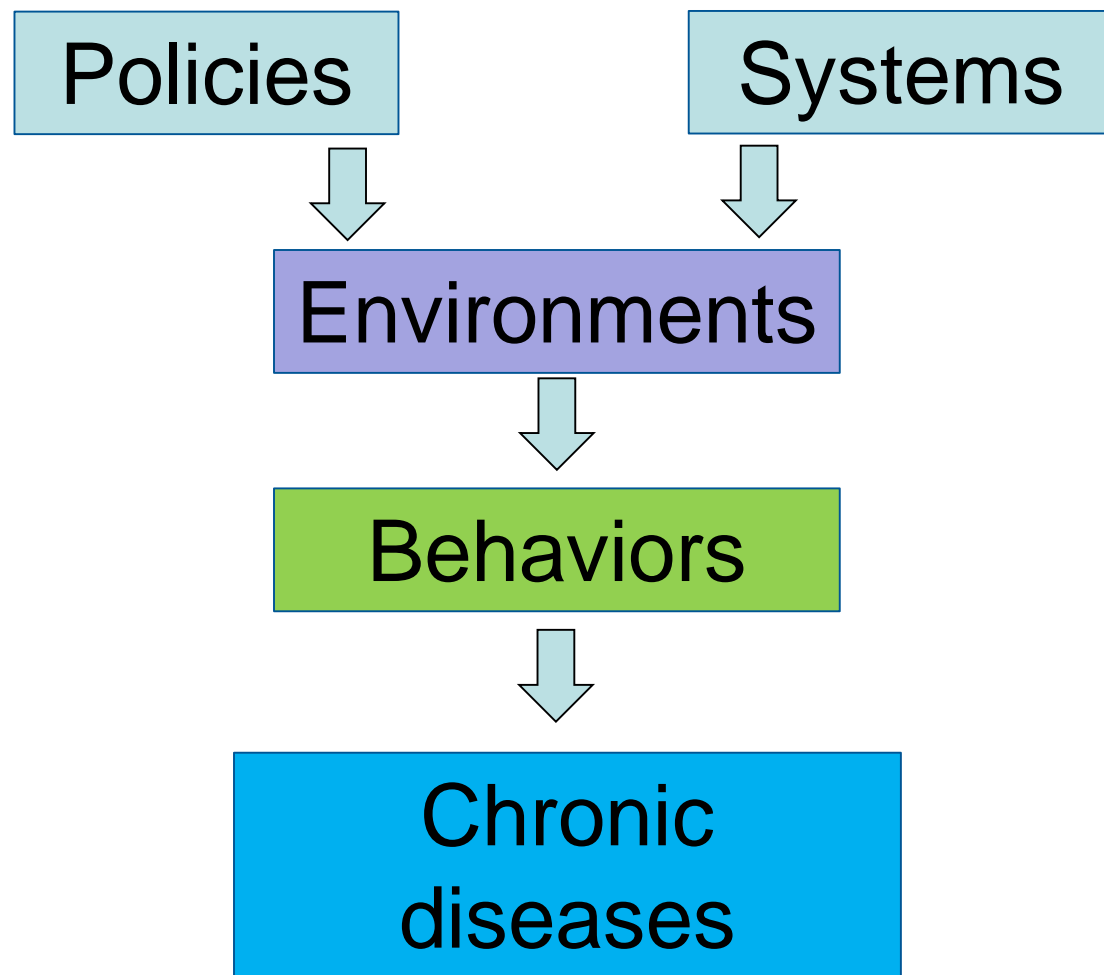
- Participants will become familiar with HPCDP's Systems Change model
- Participants will understand how the systems change model and policy change model overlap and support each other
- Participants will understand how systems and policies have historically contributed to disparities



PSE

Oregon
Health
Authority

Why do PSE?



What **Makes** Us Healthy



What We **Spend** On Being Healthy



Source: Bipartisan Policy Center

Policy Change vs. Systems Change

	POLICY CHANGE	SYSTEMS CHANGE
Definition	Changing laws, regulations, resolutions, ordinances or rules.	Changing the policies, processes, relationships, and power structures, as well as deeply held values and norms within and between organizations.
Settings	Legislatures, government administrations, worksites, schools, health systems	Health care delivery systems, governments, schools, worksites, communities
Examples	TRL, ICAA expansion, health insurance coverage, retail density limitations	Closed-loop referrals, coalitions, clinic workflows

Systems change features.....

Emphasis on **roles**

Often working with partners **outside of your own organization**

Brings together **partners** to align and collaborate on common goals

Offers more **diversity** in approaches

Systems change features.....

Focus on **sustainability and institutionalization** through relationships

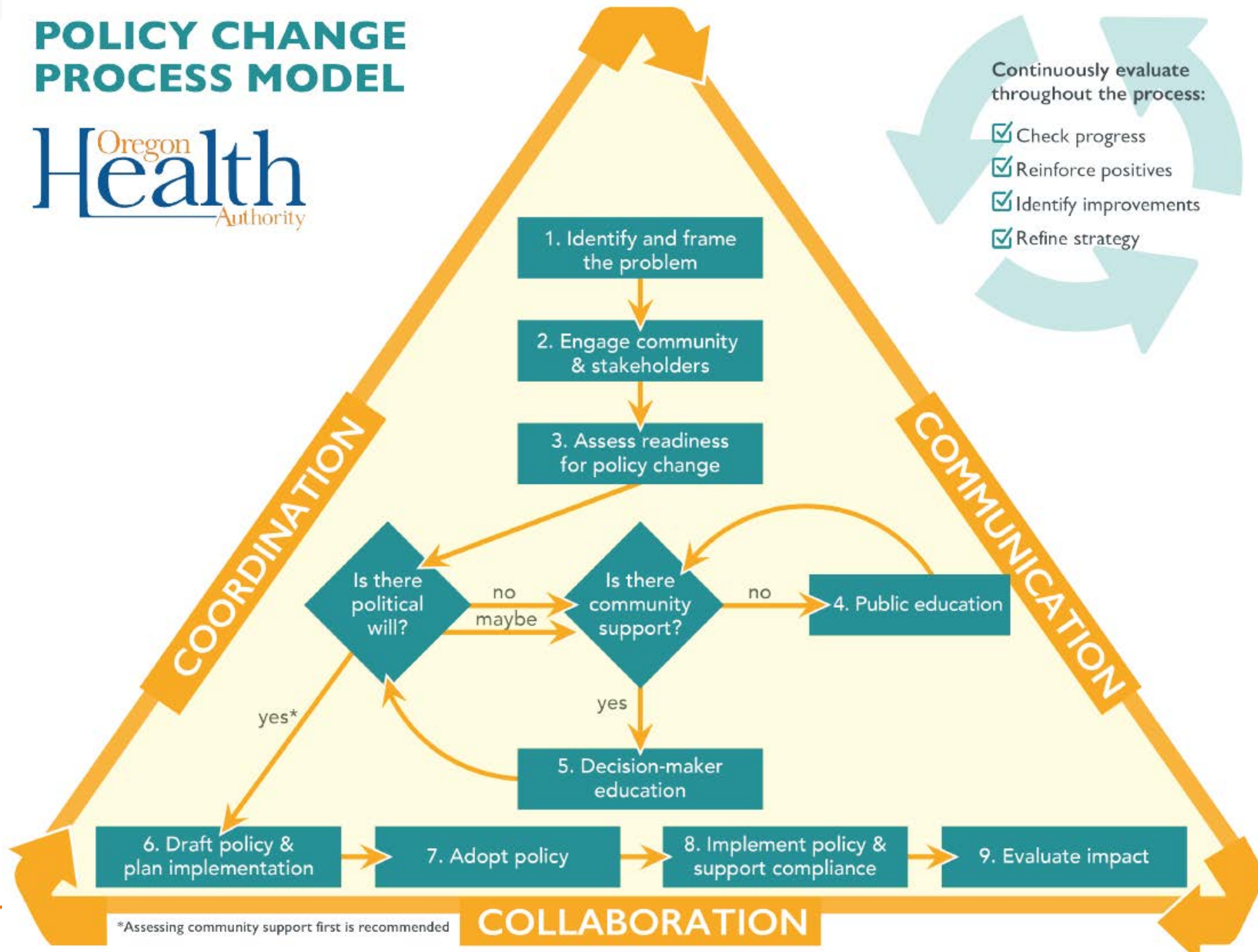
Can impact outcomes in the **absence of a decision making** process

Scalable

Different **measures of success**

Allows for flexibility in **changing contexts**

POLICY CHANGE PROCESS MODEL

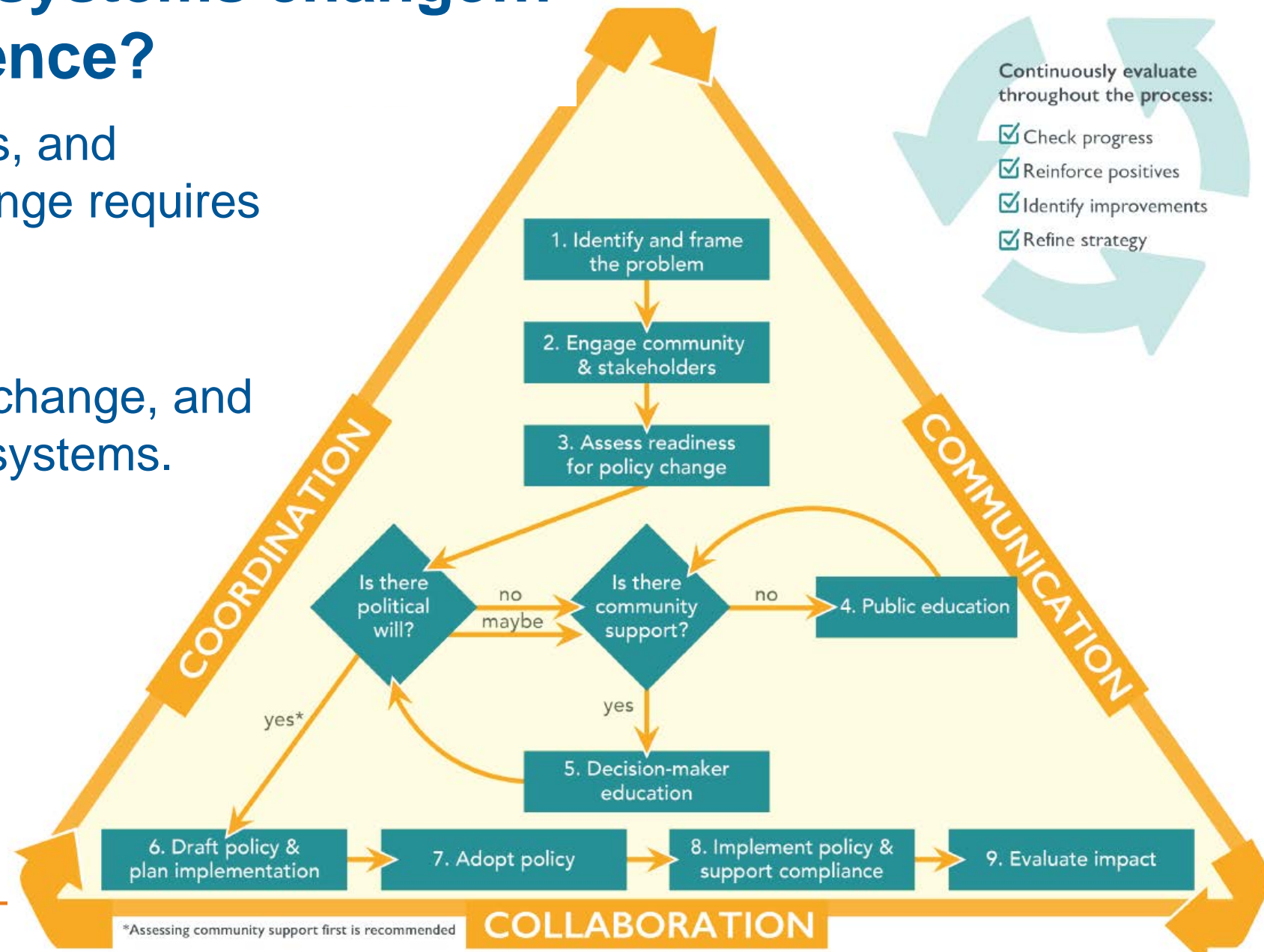


Policy change & systems change... what's the difference?

Policies support systems, and sometimes systems change requires policy change.

Systems support policy change, and policy change relies on systems.

Different outcomes,
different approaches

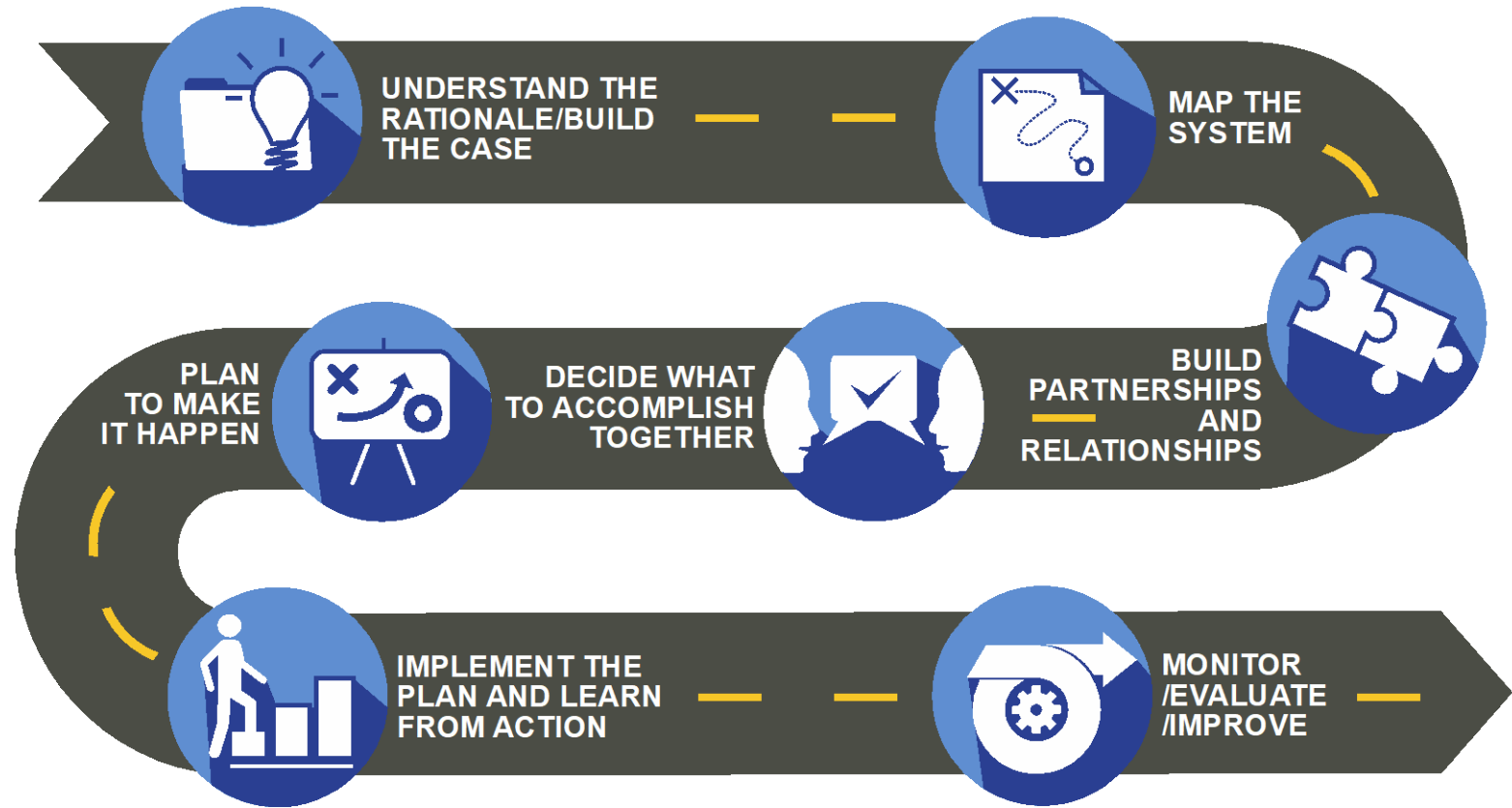


HPCDP Systems Change MODEL

CORE ELEMENTS TO
KEEP IN MIND AT
EVERY STEP

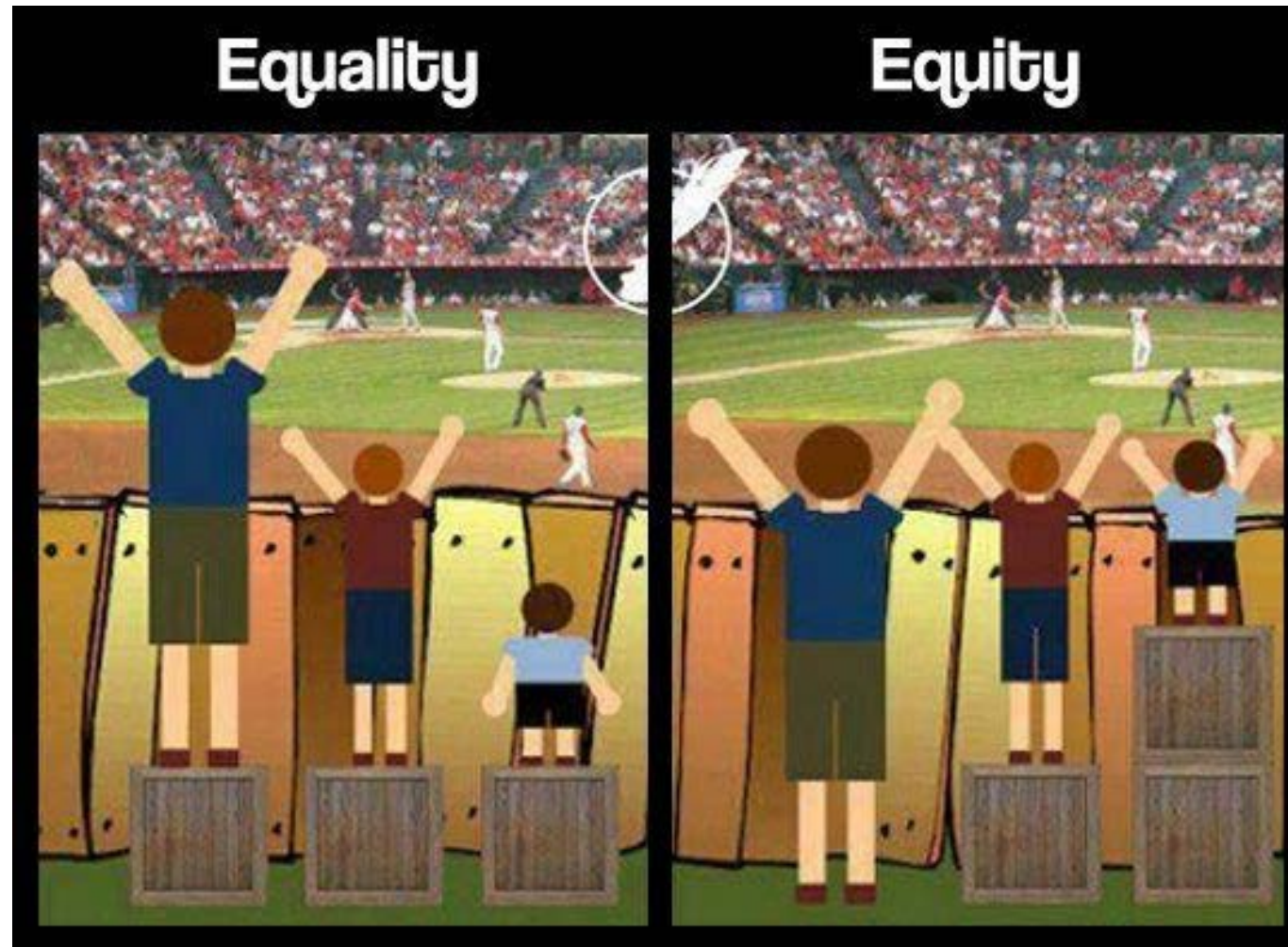
- Clarify roles
- Leverage resources
- Communicate effectively
- Engage leaders and stakeholders
- Navigate cultural differences
- Implement continuous quality improvement (CQI)
- Maintain relationships to continue momentum

Oregon
Health
Authority



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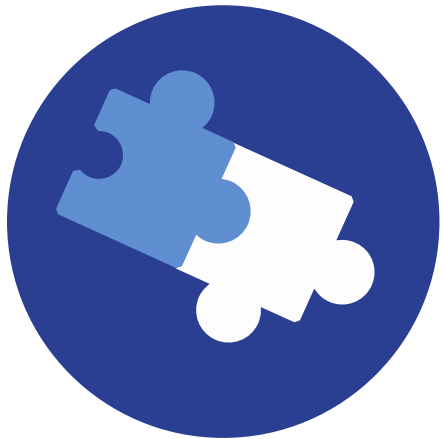
How can systems create or eliminate disparities?



Panel: Systems Change in Oregon

Local Panelists:

- **Karen Ard, MPH**, Tobacco Prevention and Education Program Coordinator, Deschutes County Health Services
- **Kelly Martin, MPH**, Health Educator, Marion County Health & Human Service Prevention Program



Systems Change: Automatic referral to the Quit Line



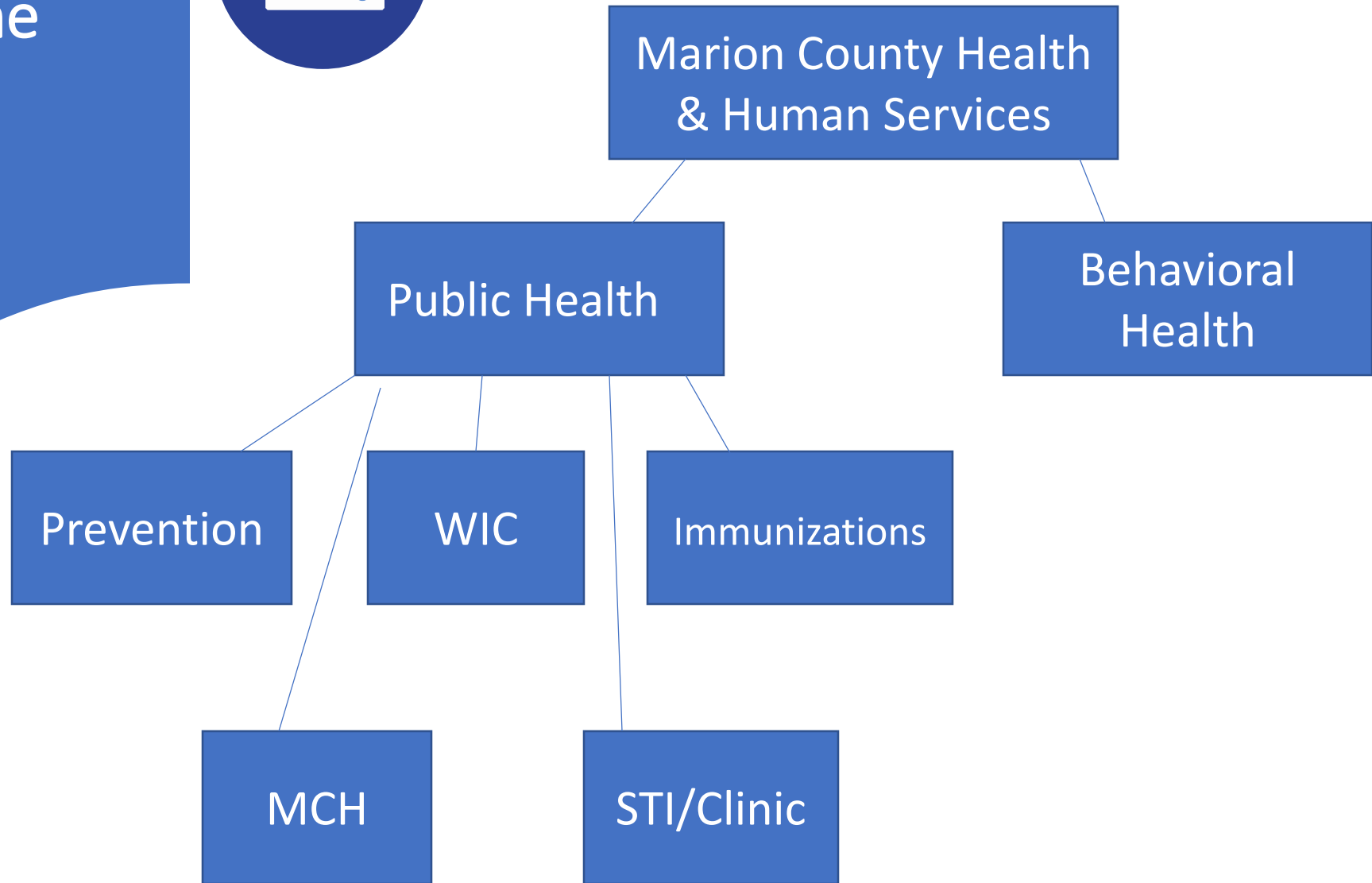
Marion County
OREGON
Health & Human Services

Understanding the Rationale

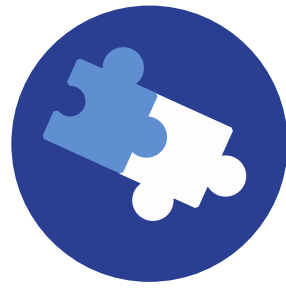


- In Marion County approximately 16% of adults are smokers.
- We know that having a doctor recommendation increases quit rates.
- Auto referral to a Quit line increases that.

Mapping the System



Partnership Engagement



- WIC
- Immunizations program
- Material Child Health
- STI/ Epidemiology department
- Prevention Team
- TB program

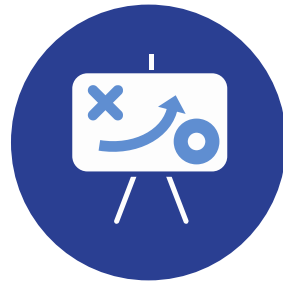
Decide What to Accomplish Together



Goal: To help connect our clients to cessation services

Plan : create a sustainable system of auto referral for the MCHHS clients to get help with cessation.

Plan to Make It Happen



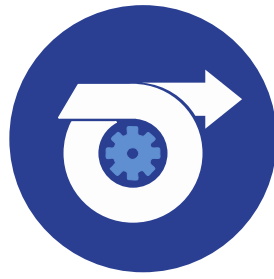
- Met with leadership to get buy in
- Worked with program coordinators to discuss logistics
- Attended team meetings to give overview of Quit Line and gather buy in and find champion.

Implement the Plan and Learn from Action



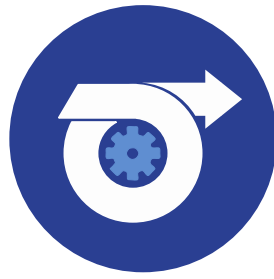
- In Winter 2017 a department wide policy of auto referral to the quit line was adopted.
- Worked with each coordinator to change intake forms and create procedure.
- Attended each team meeting to review policy and answer questions.

Monitor /
Evaluate /
Improve



- Tracked Referrals to the Quit Line (every 6 months)
 - 2016 there were 2 referrals to the Oregon tobacco quit line
 - 2017 there were 21
 - 2018 there were 8
- This work led to collaborating with 2 large health clinic in the area with them also incorporating auto referral processes in their office and tobacco free campuses.

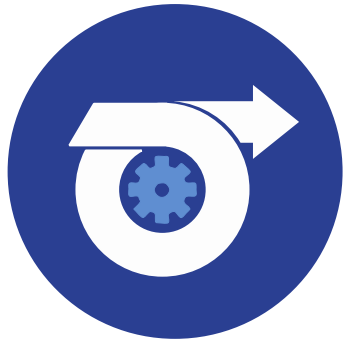
Monitor /
Evaluate /
Improve



Lessons learned:

- Having a champion in each team important
- Periodic reminders are helpful
- Challenges tracking due to no electronic system

In Progress...



- Currently the health department is in the process of getting a new EHR. Having the ability to have closed looped referrals is on the wish list.



- Reaching out to the Behavioral Health Department to implement the referral process.



- Due to staff changes and a new CCO coming this project is on hold until 2020.

Questions?

Thank you!

Kelly Martin, MPH

Health Educator

Marion County Health and Human Services

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eReferrals to the Oregon Tobacco Quit Line Project



Presented by Tom Kuhn and Andrea Ketelhut



UNDERSTAND THE RATIONALE/BUILD THE CASE

- **Research in Wisconsin showed that the percentage of adult tobacco users referred to a quit line service increased from 0.3% to 13.9% once eReferrals were utilized**
- **2017 Quality Incentive Metric (QIM) Measure: Cigarette smoking prevalence**
- **Approximately 15.4% of the Central Oregon adult population use tobacco**
- **Proposal written and approved for \$45,000**



**UNDERSTAND THE
RATIONALE/BUILD
THE CASE**

The Oregon Tobacco Quit Line



01.

Sign Up: We'll get some basic info and enroll you in the program.



02.

Get Help Online

Check out our web-based features to support your quit.



03.

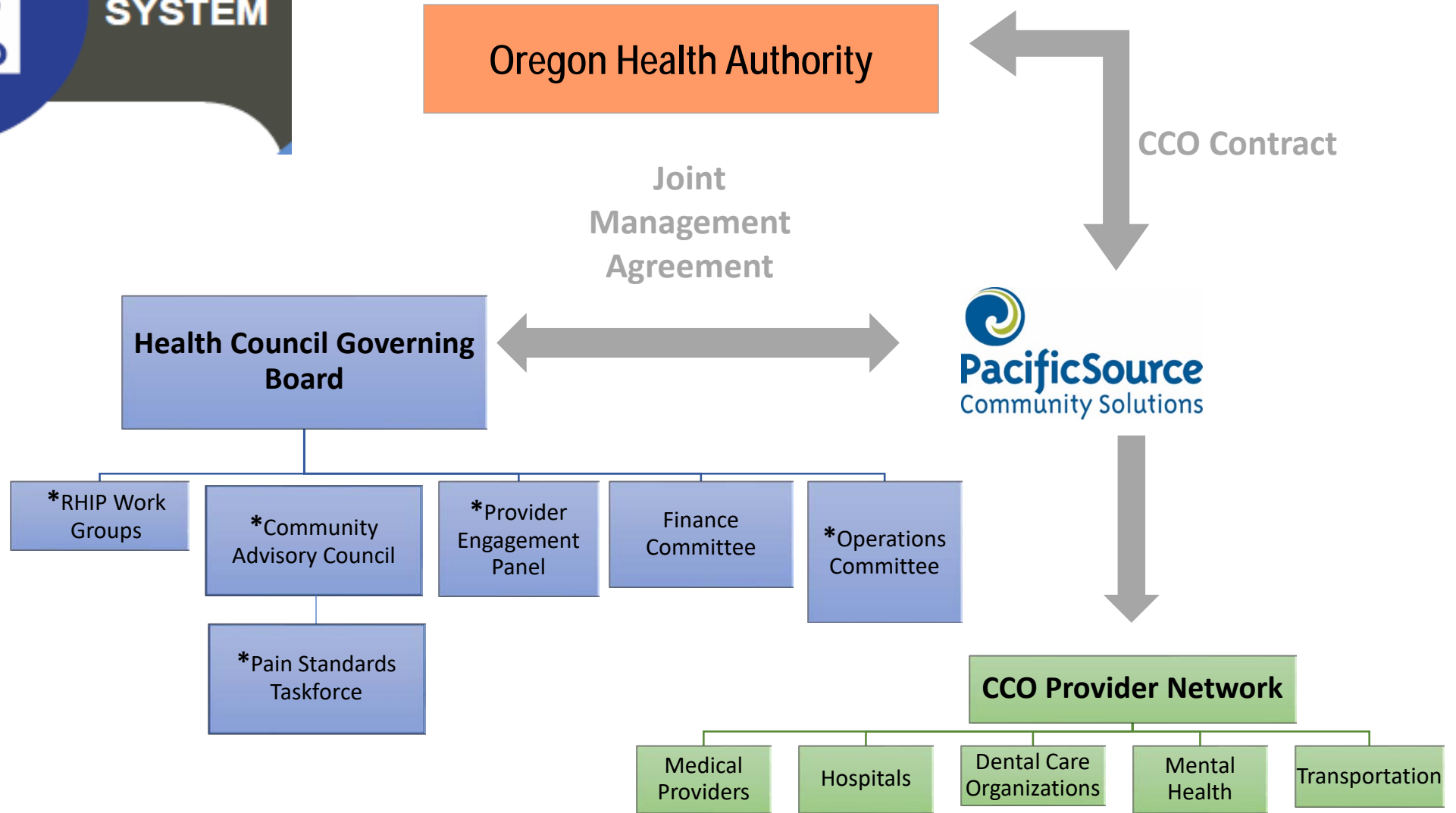
Work With a Coach: Call 1-800-QUIT NOW (1-800-784-8669) to reach a coach. They know what works!

CDC: “Quit Lines are effective, evidence-based tobacco cessation interventions that help tobacco users quit through a variety of service offerings, including counseling, practical information on how to quit, referral to other cessation resources, and mailed self-help materials.



MAP THE SYSTEM

Central Oregon CCO Structure

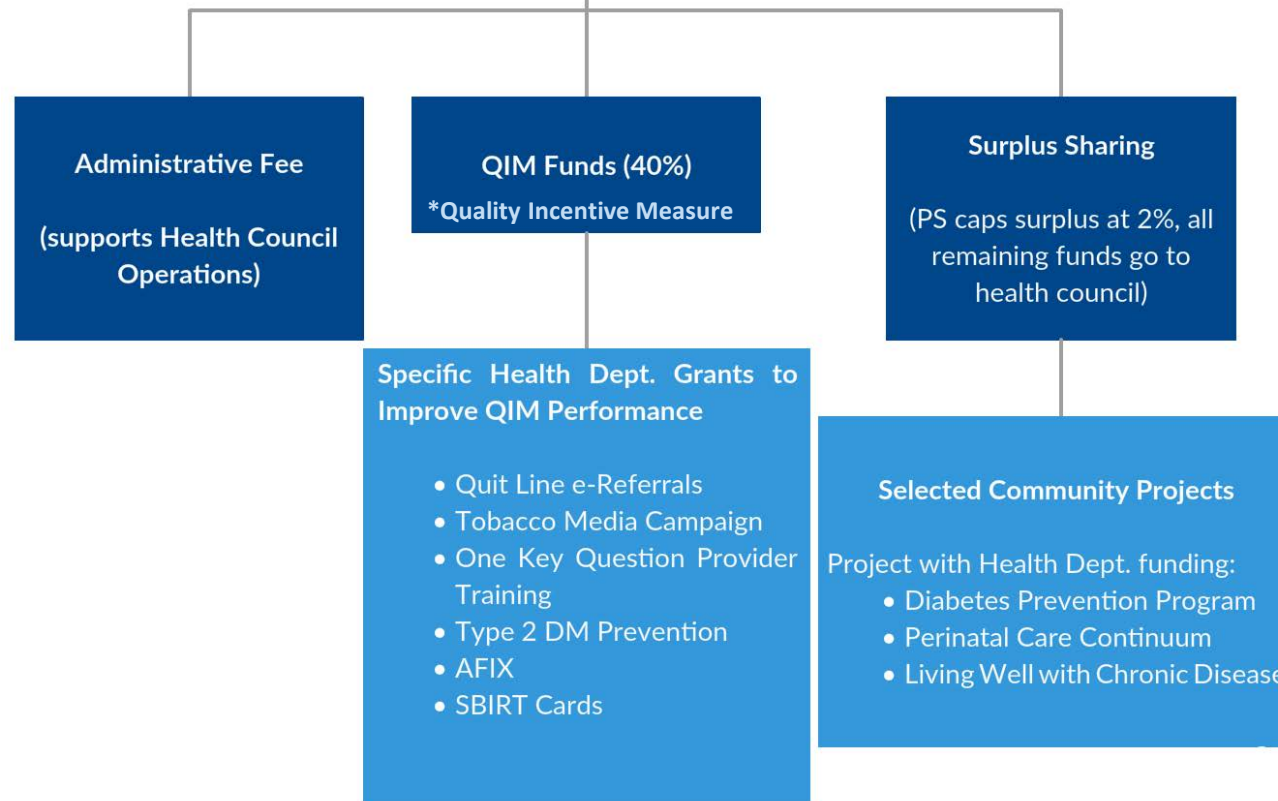


** Health Department Representation
RHIP – Regional Health Improvement Plan*



MAP THE SYSTEM

Financing Structure of CO Health Council



In addition, PS has direct contracts with the HD for family planning, immunizations, and other clinical services.

**BUILD
PARTNERSHIPS
AND
RELATIONSHIPS**



- **PacificSource and Central Oregon Health Council (QIM funding)**
- **OCHIN (the Epic Electronic Health Records provider)**
- **Optum (the contractor for Quit Line Services)**
- **Oregon Health Authority (Quit Line funding source)**
- **Central Oregon Providers: Mosaic Medical, La Pine Community Health Center, Crook County Health Department, and Jefferson County Health Department**

**DECIDE WHAT
TO ACCOMPLISH
TOGETHER**



- **It all began during the Sustainable Relationships for Community Health (SRCH) Grant Institutes in 2015**
- **During brainstorming, increasing electronic referrals to the Oregon Tobacco Quit Line was identified as a possible initiative**

**PLAN
TO MAKE
IT HAPPEN**



- **OHA, OCHIN, & Optum created and signed a Statement of Work (SOW) to outline the project timeline**
- **Working with local provider IT Site Specialists, Deschutes County Health Services staff coordinated implementation & training guidance**
- **OCHIN facilitated the training program by providing a recorded system training and publishing workflows**



**IMPLEMENT THE
PLAN AND LEARN
FROM ACTION**

eReferrals goes live, August 2017!

- **Following several months of intensive IT work, provider training and coordination of system testing for the five organizations, we began utilizing this new electronic system**
- **This bi-directional interface serves as a closed loop referral, making it easier and more useful for providers to submit referrals and receive information back on patient outcomes, improving cessation outcomes**



IMPLEMENT THE PLAN AND LEARN FROM ACTION

- At the Central Oregon clinics where the eReferral functionality was implemented, 208 referrals were made to the Tobacco Quit Line between August 2017 and January 2018
- This is compared to 5 referrals during the same period the prior year
- A 4,000% increase in referrals!
- **Improvement Opportunity:** Of the 208 referrals, only 39 clients accepted the Quit Line services (19%)



IMPLEMENT THE PLAN AND LEARN FROM ACTION

Challenge: Inability to reach clients after eReferral is made

Improvements:

- Include Voicemail Patient Consent in the eReferral form so Quit Line staff can leave messages for patients.
- Include “What to expect next from the Quit Line” on the Epic After Visit Summary (AVS).

In Progress:

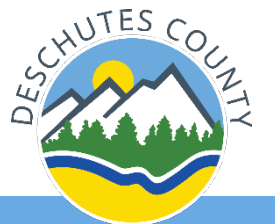
Quit Line enabling text communication with patients. (Dependent solely on capabilities of Optum, currently being considered by Optum and OHA as a future enhancement)





**MONITOR
/EVALUATE
/IMPROVE**

- **Based on lessons learned, provide technical assistance to other counties that would like to make eReferrals possible.**
- **Provide technical assistance to Central Oregon partners to continue to improve eReferrals utilization.**
- **Continue to work with Oregon Health Authority to promote the use of the Quit Line and eReferrals.**
- **Monitor eReferral usage in Central Oregon – DATA.**



Thank you!

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Small group activity

Instructions

- 1) Silently jot down 1-2 examples of strategies in your program plan that could benefit from systems change initiatives.
- 2) In small groups, select one example to workshop.
- 3) Using the System Change Model on the tables, ask questions and discuss together:
 - What activity phase of systems change is this project in? Are the Core Elements in place?
 - How does (or can) the project address equity and involve partners representing people experiencing disparities?
 - What are the next steps? What the “Tools and Resources” would be helpful?
 - Are the previous phases complete, or would circling around strengthen the project?

Be sure to hear from all voices at your table

Thank You!

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What's next?

11:45-1:15 Lunch plenary