PHM INITIATIVE

Regional Learning Session

Sonoma County | Santa Rosa, CA | September 16, 2025

Welcome!!

Please sit with your teams at your assigned tables.

TABLES 1 and 2: Alexander Valley Healthcare
TABLE 3: Alliance Medical Center
TABLE 4: Petaluma Health Center
TABLE 5: Santa Rosa Community Health
TABLE 6: Sonoma County Indian Health Project
TABLE 7: Sonoma Valley Community Health Center
TABLE 8: West County Health Centers

Coaches, SMEs, RACs & Guests
PLEASE SIT AT TABLES 9 - 15

We will get started promptly at 9:00 AM

PHM INITIATIVE

Disclosure

None of the planners, presenters, or staff for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Individuals have disclosed independent consultancy ownership, these relationships have been mitigated.

Continuing Education Credits

In support of improving patient care, the Institute for Healthcare Improvement is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

This activity is approved to provide 4.5 credits for physicians, nurses, and Certified Professional in Patient Safety (CPPS) recertification.

JOINTLY ACCREDITED PROVIDER™

INTERPROFESSIONAL CONTINUING EDUCATION

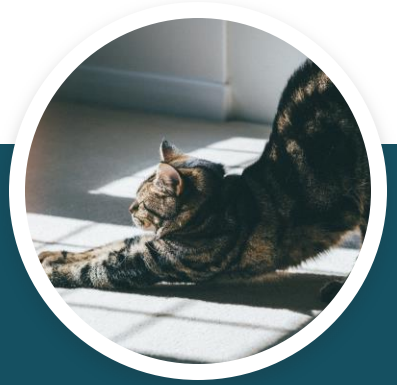
Housekeeping

Restroom

WIFI

@Hyatt_Meeting
Password: HYATTWIFI25

Emergency Preparedness Plan



Take Breaks

Parking Validation

Today's Support Leads

Roseanne Ibarra
She/her

Jackie Nuila
She/her

Nhi Tran
She/her

PHMI Program Team

Eugenia Black
She / Her

Director of Technical Assistance and Practice Transformation & Coach

Joe Lee
He / Him

Senior Manager

Sonoma County Regional Representation

1. Alexander Valley Healthcare
2. Alliance Medical Center
3. Petaluma Health Center
4. Santa Rosa Community Health
5. Sonoma County Indian Health Project
6. Sonoma Valley Community Health Center
7. West County Health Centers

Sonoma County Coaches

Denise Armstorff
She/Her

Lindsay Lozada-Dietz
She/Her

Stacey Moody
She/Her

Lyn Yasumura
She/Her

Agenda

01	**Connection Activity**
02	Supporting, Strengthening and Sustaining the Care Team for Population Health
03	Tools for Tackling the Challenges of Behavioral Health Integration
04	**Lunch**
05	Using Storytelling to Sustain and Spread Your PHM Work
06	**Wrap-Up & Next Steps**

Regional Learning Session Objectives

Regional convenings are designed to build a community of peers, and support CHCs as they share identified promising practices and emerging challenges for population health management.

By the end of this convening, participants will:

1. Build a stronger sense of **community amongst peers** working on PHMI regionally
2. **Apply strategies** that further advance CHC capabilities related to Population Health Management (PHM)
3. **Discuss current and emerging PHM challenges & share promising practices** with their peers
4. Describe actions that support a **foundation of equity & trauma-informed culture** to address disparities in care
5. **Identify** shared goals and available support from PHM stakeholders to strengthen collaboration

Connection Activity

Connection Activity

15 Minutes

Activity Overview

STEP 1: Turn to someone near you (not your usual work buddy if possible).

STEP 2: Use the following prompts to share with your partner (5 minutes each to share):

- **"One strength I bring to my work is…"**
- **"One thing that sustains me in this work is…"**

PHM INITIATIVE

Supporting, Strengthening and Sustaining the Care Team for Population Health

Today's Facilitators

Patricia Mejia

She / Her
SME

Meghan Elliott

She/Her
SME

Session Objectives

Supporting, Strengthening, and Sustaining the Care Team for Population Health

By the end of this session, you will be able to...

1. Identify three best practices of high-performing team-based care that support workforce well-being across the life course
2. Describe organizational strategies that can enhance care team engagement in PHM
3. Develop an action plan to address one strategy that will enhance care team engagement at your health center

PHM INITIATIVE

Organizational Strategies to Support Care Team Workforce Well-being and Engagement

Impact of Turnover Among Care Team Members

Financial Impact

- The annual cost associated with burnout related to turnover and reduced clinical hours is approximately **$7,600 per employed physician** each year.
  - Lost billings for departing providers, recruitment, sign-on bonuses and onboarding costs for replacement providers
- **Approximately $4.6 billion** in costs related to physician turnover and reduced clinical hours are attributable to burnout each year in the U.S.

Care Team Impact

- Increased workload for existing staff; potential shifts in responsibilities that weaken communication and coordination
- Disruptions to patient-provider relationships
- Weakened communication between patient-provider impacting quality of care
- Less stable/fixed and less experienced workforce, potentially increasing the risk of medical errors and negatively impacting patient satisfaction

Maslach C, Jackson SE, Leiter MP. *Maslach Burnout Inventory Manual*. 4th ed. Mind Garden; 2016.
Steger MF, Dik BJ, Duffy RD. Measuring Meaningful Work: The Work and Meaning Inventory (WAMI). *Journal of Career Assessment*. 2012;20(3):322-337. doi:10.1177/1069072711436160
McMurray JE, Linzer M, Konrad TR, Douglas J, Shugerman R, Nelson K. The Work Lives of Women Physicians. Results from the Physician Work Life Study. *Journal of General Internal Medicine*. 2000;15(6):372-380. doi:10.1111/j.1525-1497.2000.im9908009.x

Organizational Culture: Cultivating an Atmosphere for PHM to Thrive

- Leadership vision and commitment
- Alignment of resources
- Communication
- Commitment to continuous improvement
- Collaboration and feedback
- Recognition and appreciation

Leadership: Shared Vision and Goals

Leadership models openness and transparency:

- Sharing information about the "why" behind changes
- Being honest about challenges and uncertainties
- Providing regular updates on progress

Shared goals:

- Ensuring all team members understand and are aligned with common objectives to foster unity and purpose

Workforce Development: Skills, Knowledge and Adaptability

- Ensuring team members have the knowledge and skills to be successful at their role
- Pathways for professional development and growth; upskilling, reskilling
- Increasing resilience to promote adaptability and innovation

Collaboration: Strong Communication

- Improved team cohesion and collaboration
- Enhanced understanding and buy-in for new processes and changes
- Reduced misunderstandings and conflicts
- Increased psychological safety, encouraging staff to voice concerns and ideas
- Better patient outcomes through coordinated care
- Greater employee engagement and job satisfaction

Life Course Perspective

PHM INITIATIVE

Examples of Organizational Strategies Across the Life Course

Onboarding: Health Center Highlights

At the PHMI Statewide Learning Session, health centers noted:

- Developing MA/provider buddies
- Creating more robust onboarding activities with a focus on making the new staff feel part of the team and clearly defining roles
- The important distinction between onboarding and training

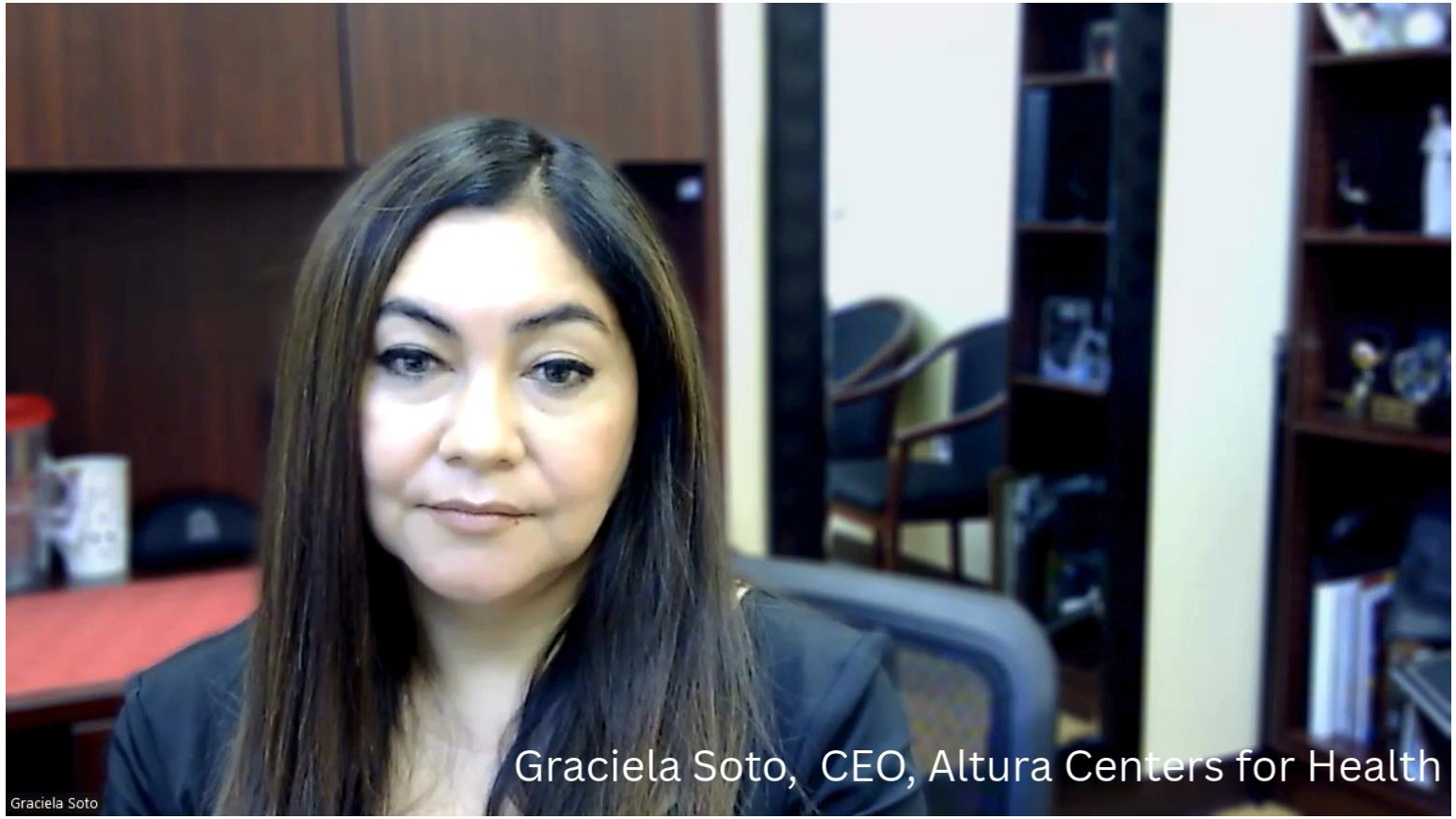
Culture: Health Center Spotlight

Family Health Centers, Inc. (Kentucky)

- **Staff training on trauma-informed approaches**
  - Trauma Informed Care 101: pervasiveness of trauma, ACEs (adverse childhood experiences), the impacts of trauma on health including the neurophysiological consequences and the basic components of trauma-informed care provision
  - Trauma Informed Care 102: impact of vicarious trauma on health center staff; focuses on building resilience, supporting fellow staff and self-protection and self-care strategies
- Initiative championed by the **Culture of Caring Committee**: FHC has a long-standing Culture of Caring Committee
  - Includes representatives from all staff roles and departments
- **Partnered with local youth-serving agency** to redesign their training to better fit health center needs

Professional Growth: Health Center Spotlight

Altura Centers for Health (Tulare, CA)



Appreciation: Health Center Spotlight

Pueblo Community Health Centers (Colorado)

Employee recognition program: *Heart of PCHC*

- Peer nomination of a staff member who exemplifies PCHC's core values
  - Monthly staff meeting devoted to employee recognition is an emotional and joyous interlude, a celebratory moment shared by all staff.
  - Individuals honored report feeling truly valued by their coworkers, which contributes to a boost in morale within their departments.

Milestone anniversary

- Supervisor creates a tribute that is communicated widely via all-staff meetings, social media, and employee newsletter
  - What is a core value that best describes this employee?
  - What do the supervisor and coworkers most appreciate about the person's contributions?
  - What would we (PCHC) miss most if this employee were to leave?

How might we address workforce well-being and engagement across the life course when we think about team-based care?

Embrace a Culture Shift	Establish Efficient Workflows	Promote Effective Communication
Where team members share responsibility for and contribute meaningfully to the health of their patient panel	Establishing efficient workflows with standard processes and team member functions	Through regular team meetings, daily huddles and real-time interaction

How might we...?

Embrace a Culture Shift →

How might we change or enhance our training opportunities, onboarding, professional growth and/or appreciation?

Establish Efficient Workflows →

How might we change or enhance our workplace culture or appreciation?

Promote Effective Communication →

How might we change or enhance any area(s) in the life cycle?

PHM INITIATIVE

Workforce Grand Rounds

Workforce Topic Grand Round Discussions

40 Minutes

Join your Grand Round Table!

Choose a table that relates to your topic area:
Onboarding, Culture/Appreciation, or Professional Growth

At your tables:

Step 1: Share

- One health center will share the area they would like to improve and what they have tried so far.
- Everyone else will listen without interrupting.

Step 2: Ask Questions

- After the team has finished sharing the group can ask any clarifying questions.

Step 3: Brainstorm

- The group brainstorms suggestions/recommendations while the presenting team listens without interrupting. SMEs can also offer suggestions and resources.

Step 4: Choose

- The presenting health center selects one suggestion/recommendation to try.

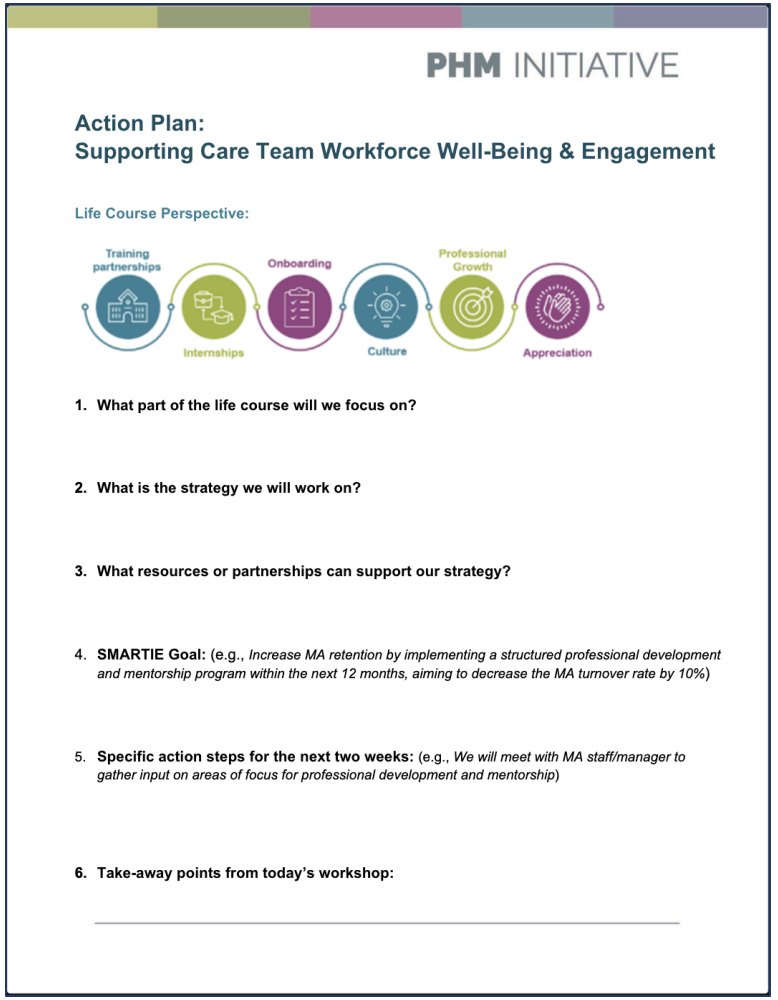
Grand Round Room Assignments

Assigned Room	Room Topic	Facilitators
Dry Creek Main Room	Onboarding	Patricia Mejia
Russian River Valley Ballroom 1	Culture/Appreciation	Jackie Nuila
Russian River Valley Ballroom 2	Professional Growth	Meghan Elliott

Action Planning

15 Minutes

Rejoin your teams and work together to create an action plan!



PHM INITIATIVE

Action Plan:
Supporting Care Team Workforce Well-Being & Engagement

Life Course Perspective:

1. **What part of the life course will we focus on?**

2. **What is the strategy we will work on?**

3. **What resources or partnerships can support our strategy?**

4. **SMARTIE Goal:** (e.g., *Increase MA retention by implementing a structured professional development and mentorship program within the next 12 months, aiming to decrease the MA turnover rate by 10%*)

5. **Specific action steps for the next two weeks:** (e.g., *We will meet with MA staff/manager to gather input on areas of focus for professional development and mentorship*)

6. **Take-away points from today's workshop:**

Group Debrief

As a large group, each health center will choose one of the below to share out:

- What is the care team workforce well-being and engagement strategy we will work on? What part(s) of the life course do we want to focus on?
- What were some of the most promising ideas or strategies shared for addressing these?
- What resources and/or partnerships would support our strategy?

15 Minutes

Resources

General

- Journal article: Caregiving Responsibilities, Organizational Policy, and Burnout Among Primary Care Clinicians and Staff

Communication Skills

- Getting to the Heart: Strengthening Team Communications
- TeamStepps
- Schwartz Rounds

MA Pathways and Upskilling (developed for a 2024 PHMI Regional Learning Session)

- Medical Assistant Landscape Worksheet
- Medical Assistant Competencies and Skills Outline

PHM INITIATIVE

Wellness Moment

Break

15 Minutes

PHM INITIATIVE

Tools for Tackling the Challenges of Behavioral Health Integration

Today's Facilitators

Emma Ansara

She / Her

Behavioral Health SME

***Additional Contributors**: Ben Miller, Behavioral Health SME*

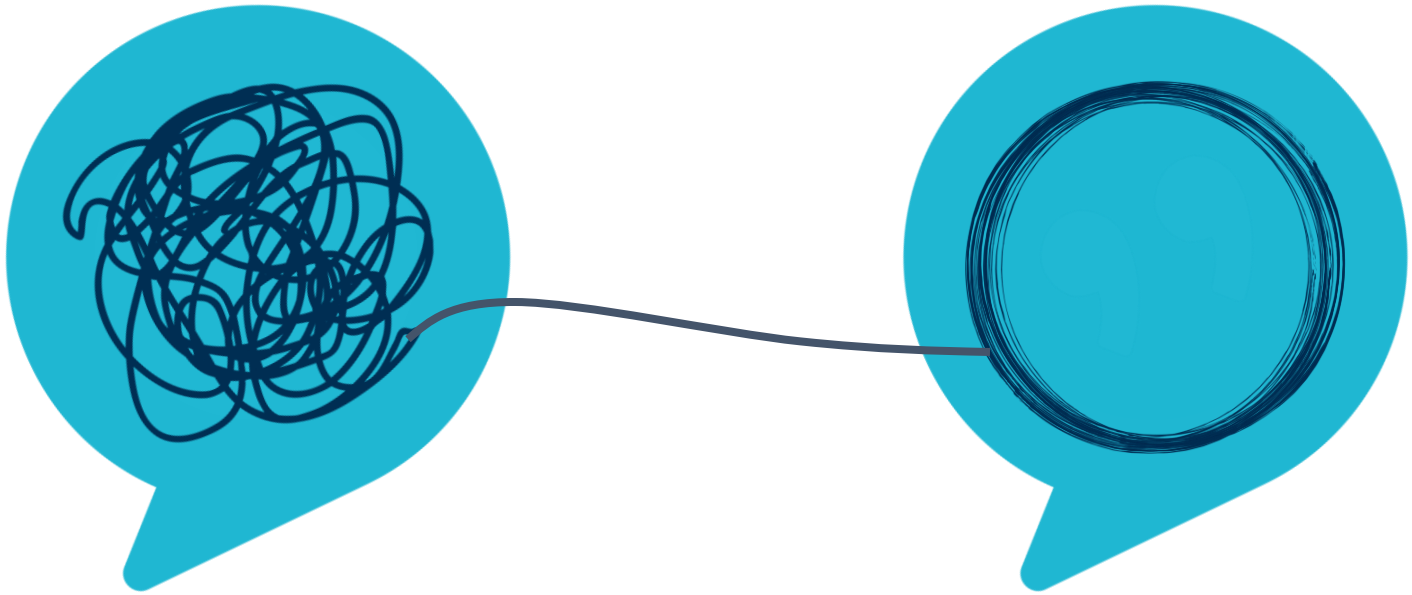
Tools for Behavioral Health Integration

Facilitator: Emma Ansara

Session Objectives

1. Connect PHMI work to broader ideas of behavioral health integration
2. Articulate what helps integration succeed at the team level
3. Plan tools and small changes to test back home

Fragmentation Integration



Why the Shift?

- Reconnecting practice with purpose after significant staff turnover (and among competing demands)
- Supporting real-world implementation through workflows, peer learning and applied tools
- Emphasis on small, actionable steps
- Centering integration as a team-based, not siloed, effort

Lightning Case Share

Maria Jaurez Sanchez, LCSW
Behavioral Health Director

Alliance MEDICAL CENTER Clínica Alianza

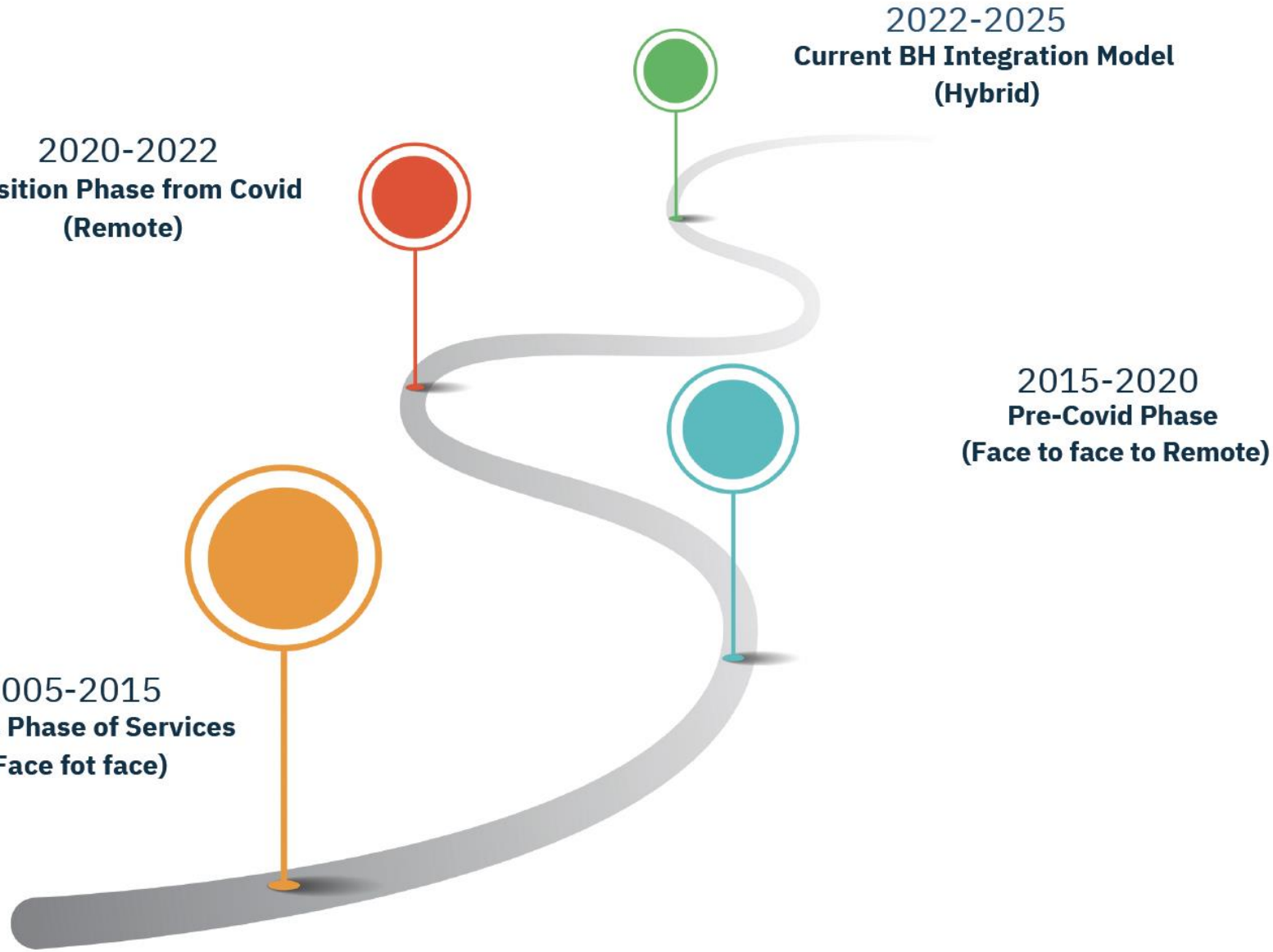
Celebrating 10 years of BH integration!

Alliance
MEDICAL CENTER
CLINICA ALIANZA

Behavioral Health Integration

Presenter: Maria Juarez Sanhez, LCSW|BH Director

Alliance
MEDICAL CENTER
CLINICA ALIANZA



BH INTEGRATION JOURNEY

2005-2015
Initial Phase

In person behavioral health services in medical setting.

- In person warm hand offs (WHO)
  - PCP requested and MA coordinated WHO with BH Coordinator in clinic
- Limited psychiatry service
  - MD (1)
- Individual therapy services
  - LCSW
  - Psychologist

2015-2020
Pre-Covid Phase

In person behavioral health services in medical setting. Transiiton from in person to fully remote BH services.

- In person warm hand offs (WHO)
  - PCP requested and MA coordinated WHO with BH Coordinator in clinic
- Limited psychiatry service
  - MD (2)
- Individual therapy services
  - LCSW (6)
  - Psychologist (2)
  - SUD Counselor (1)
- First BH Director (2015)
- Second BH Director (2018)

2020–2022
Covid Phase

Transition to remote services only.

- Phone or Video warm hand offs (WHO)
  - PCP requested and MA coordinated WHO with BH Coordinator in EHR, Teams or BH extension.
  - BH Coordinator assigned to available BH Provider
- Limited psychiatry service
  - MD (2-3)
- Individual therapy services
  - LCSW (8)
  - Psychologist (1)
- Third BH Director (2022)

2022–2025
Hybrid Phase

Transition to hybrid in person and remote services..

- Phone or Video warm hand offs (WHO)
  - PCP requested and MA coordinated WHO with BH Coordinator in EHR, Teams or BH extension.
  - BH Coordinator assigned to available BH Provider
- Psychiatry service
  - MD (2)
  - PMHNP (1)
- Individual therapy services
  - LCSW (8)
  - Psychologist (1)
- Third BH Director (2022)
- First Associate BH Director (2025)
- First Clinical Supervisor (2) (2025)
- Enhanced Care Management Services
  - Program Manager (1)
  - Supervisors (2)
  - Lead ECM Care Coordinator (1)
  - ECM Care Coordinators (ie. CHWs, MAs, SUN) (6)

Warm Hand Off Workflow

In clinic

Available at Healdsburg and Windsor clinics.

Telehealth

Available. Phone or video call.

Hybrid

Available at Healdsburg and Windsor clinics. Provider in clinic-patient at home and vise-versa.

Contact our BH clinical support team

@Epic Care Message

@Teams Message

@BH Dept. Ext. 0129

Irene Hernandez, BH Supervisor, Noemi Alvarez, BH coordinator & Nuvia Gonzalez, BH Coordinator

Administrative Team

Irene Hernandez
BH Supervisor
Bilingual
Hybrid

Noemi Alvarez
BH Coordinator
Bilingual
Windsor

Nubia Gonzalez
BH Coordinator
Bilingual
Healdsnurg

Maria Juarez Sanchez, LCSW
BH Director
Bilingual
Hybrid

Julia Green, LCSW
Associate BH Director
Bilingual
Remote

Behavioral Health Providers

Nalley Ramirez
Assocaite Marriage
Family Therapist
Bilingual
Healdsburg/Winsdor

Cynthia Matton, LCSW
Hybrid
Healdsburg

Sandra Bernabe, LCSW
Bilingual
Remote

Natalie Ohanyan, LMFT
Bilingual
Remote

Behavioral Health Providers

Stephanie Lechuga,
LCSW
Bilingual
Remote

Sonia Aldape,
LCSW
Bilingual
Remote

Amy Perez,
LCSW
Bilingual
Remote

Willis Smith,
PMHNP
Healdsburg

Behavioral Health Providers

Citlaly Martinez,
AMFT/APCC
Bilingual
Windsor

Omar Cornejo-
Esquivel,
AMFT/APCC
Bilingual
Windsor

Adriana Reyes, USF
MFT Student
Bilingual
Windsor

Eva Escobar, USF
MFT Student
Bilingual
Windsor

Psychiatry and SUD

Dr. Tess Lusher
Psychiatrist
Remote

Dr. Laura Kramer
Psychiatrist
Bilingual
Remote

Bobby Choate CADC II, SUN/ECM Lead Care Coordinator
Healdsburg/Winsdor

Odalis Gonzales
MA/ECM Care Coordinator
Bilingual
Healdsburg

Veronica Santiago
MA
Bilingual
Remote

Enhanced Care Management

Erynn Murray, MA
ECM Program Manager
Healdsburg

Daisy Mayoral
CHW Supervisor
Bilingual
Healdsburg

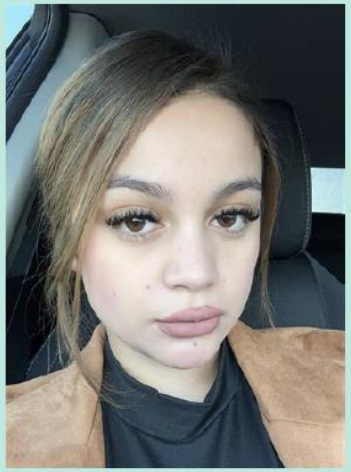
Irene Hernandez
BH Supervisor
Bilingual
Hybrid

Bobby Choate
CADC II, SUN/ECM Lead Care Coordinator
Healdsburg/Winsor

Adilene Avila Estrada
CHW/ECM Care Coordinator
Bilingual
Windsor

Daniella Mejia
CHW/ECM Care Coordinator
Bilingual
Windsor

Enhanced Care Management



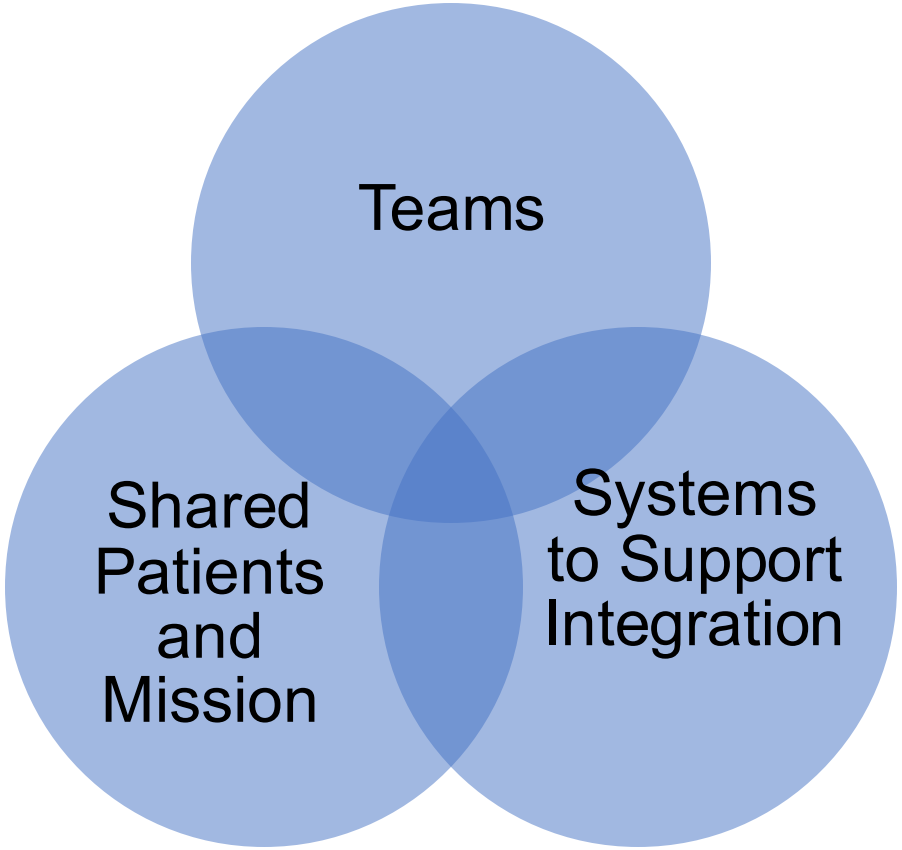
Carmen Palmerin
CHW/ECM Care
Coordinator
Bilingual
Healdsburg

Vanessa Ramirez
MA/ECM Care
Coordinator
Bilingual
Healdsburg

Odalis Gonzales
MA/ECM Care
Coordinator
Bilingual
Healdsburg

Alejandro Palacios
CHW/ECM Care
Coordinator
Bilingual
Windsor

Key Functional Areas of Integration

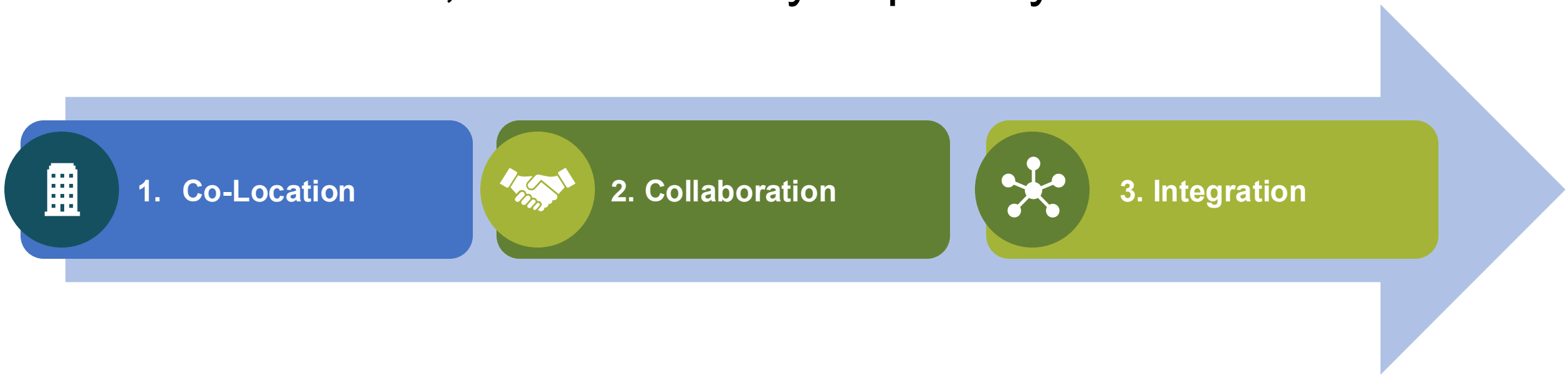


Operationalizing Your Vision

- Approaches to integration vary widely:
  - **Co-location:** BH placed in PC – be careful not to become the "house shrink"
  - **Bidirectional co-location:** PC placed in BH
  - **Collaboration:** Quality of the relationship between providers
    - Frequency of sharing info, joint treatment planning, true biopsychosocial approach
  - **Integration:** BH is a regular part of the care team; no special paperwork or processes are needed to see BH

Show of Hands – 1, 2, or 3

On the continuum of co-location of behavioral health services, where would you place your team?



Building Practice Capacity

Creating a Team-Oriented Practice

- Offer internal practice to the team through tailored trainings
- Consultation/co-management relationships with behavioral health
- Coordinate relationships within medical neighborhood
- Share workflow to foster multidisciplinary teams

Operationalizing Your Vision

Visits

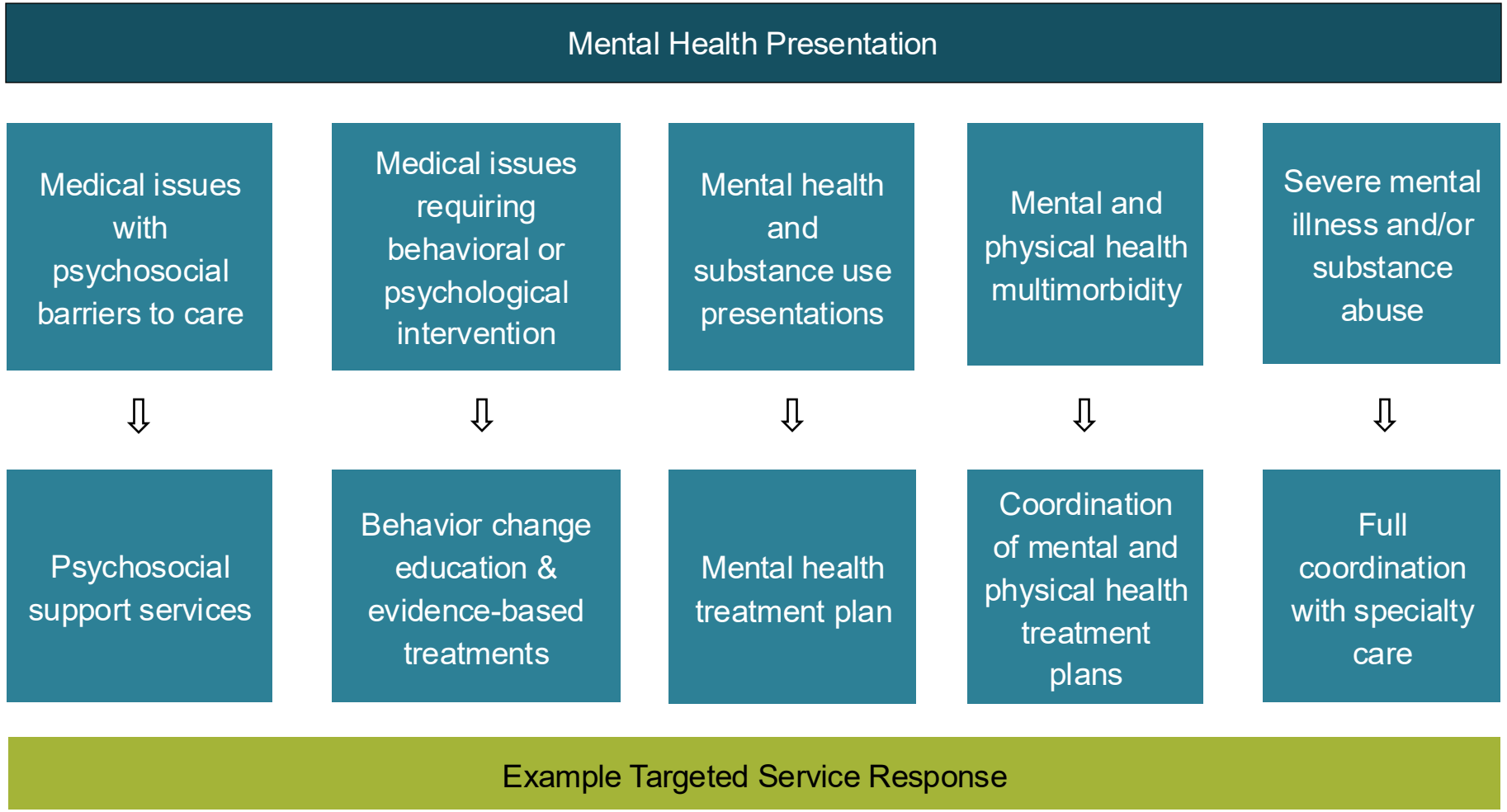
- Align visit length (e.g., 15–30 min) with brief intervention goals and access needs
- Define expected number of follow-ups per patient episode
- Clarify expectations (1:1 care vs. team-based consults with PCPs)
- Reserve flexible BH time for warm handoffs and real-time consults
- Embed these decisions within supervision, training and role expectations

Operationalizing Your Vision

- Maintain easy access to behavioral health care with population health focus
- Shift from "who asks for therapy" to "who needs support" and how can we reach them in early stages of need
- Generalist approach → Be ready to provide brief interventions...

- Depression
- Anxiety
- Obesity
- Pain
- Diabetes
- Headaches
- Hypertension
- Grief
- Sleep
- Stress
- Adjustment to illness

What are the range of behavioral health services offered?



Morning Huddles

Purpose:

- Review the day's schedule
- Strategize on patients needing behavioral health (BH)
- Strengthen team communication and clarify roles

Key Components:

- Schedule a **brief daily huddle** with PCPs, BHCs, RNs, MAs
- Review positive BH screens (PHQ-2/9, GAD-7) flagged in EHR
- Jointly identify patients requiring warm handoffs or follow-up

Benefits:

- Proactively targets integrated care opportunities
- Ensures all team roles are activated and coordinated
- Boosts efficiency and patient-centered teamwork

Mini-Huddles & Warm Handoff Workflows

Mini-Huddles (During the Day)

- Quick (<1 min) updates between PCPs and BHCs
- Happens before or immediately after patient visits
- Facilitates rapid coordination and clarifies next steps
- Especially useful for part-time or mobile BHCs

Warm Handoff Script Highlights:

- PCP introduces: “I’d like to bring in [BHC name], who’s great at…”
- BHC enters seamlessly and briefly reviews patient context
- Conversation transitions to BH care while maintaining continuity

Workflow Considerations:

1. **EHR flags/screens** trigger BH involvement
2. **Brief physical/quick verbal briefing** within the exam room
3. **Clear role handoff**, with the PCP facilitating introduction

Result:

- Smooth, respectful, real-time transition to BH services
- Increased patient trust and engagement in integrated care

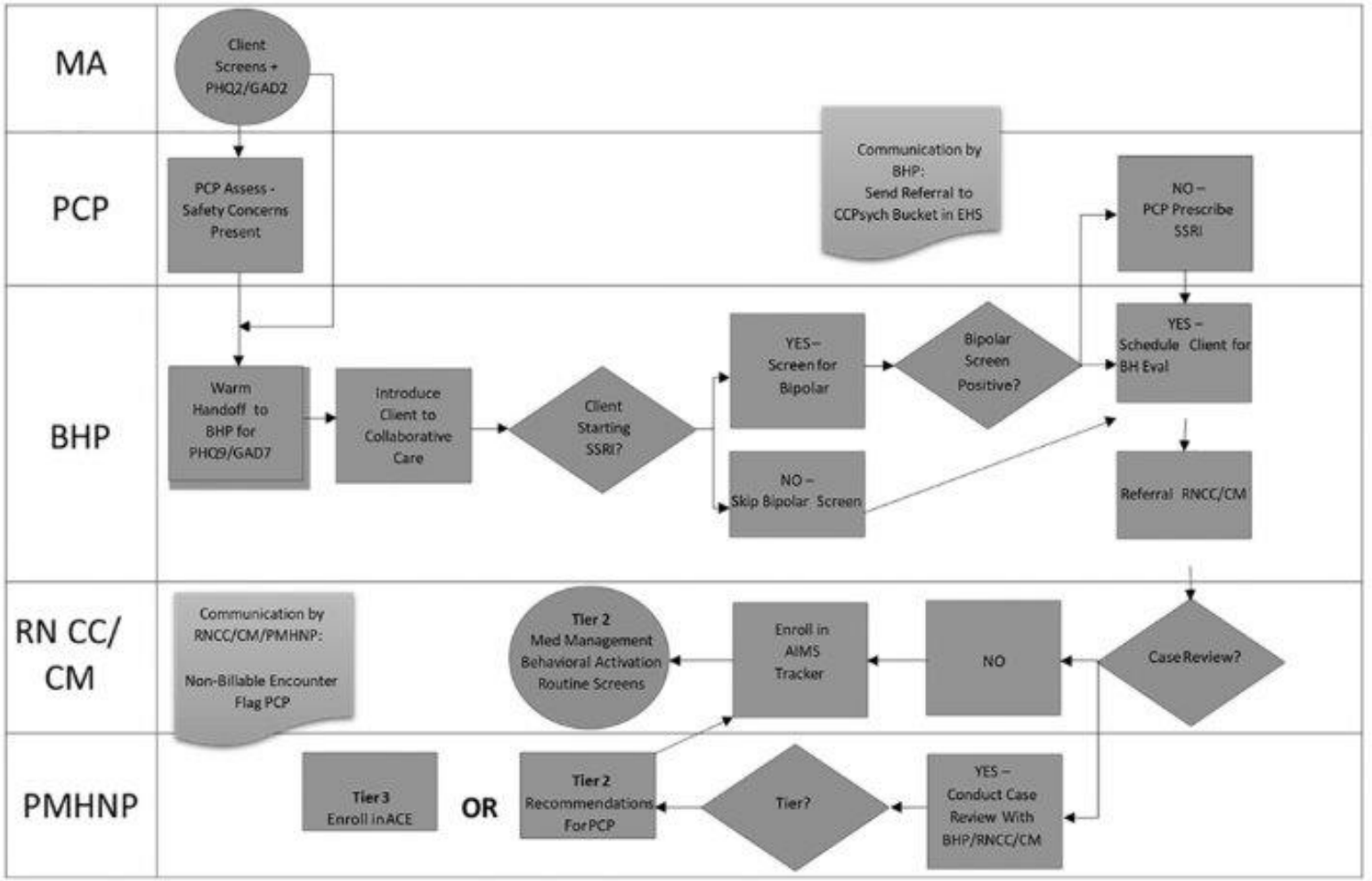
Shows of Hands

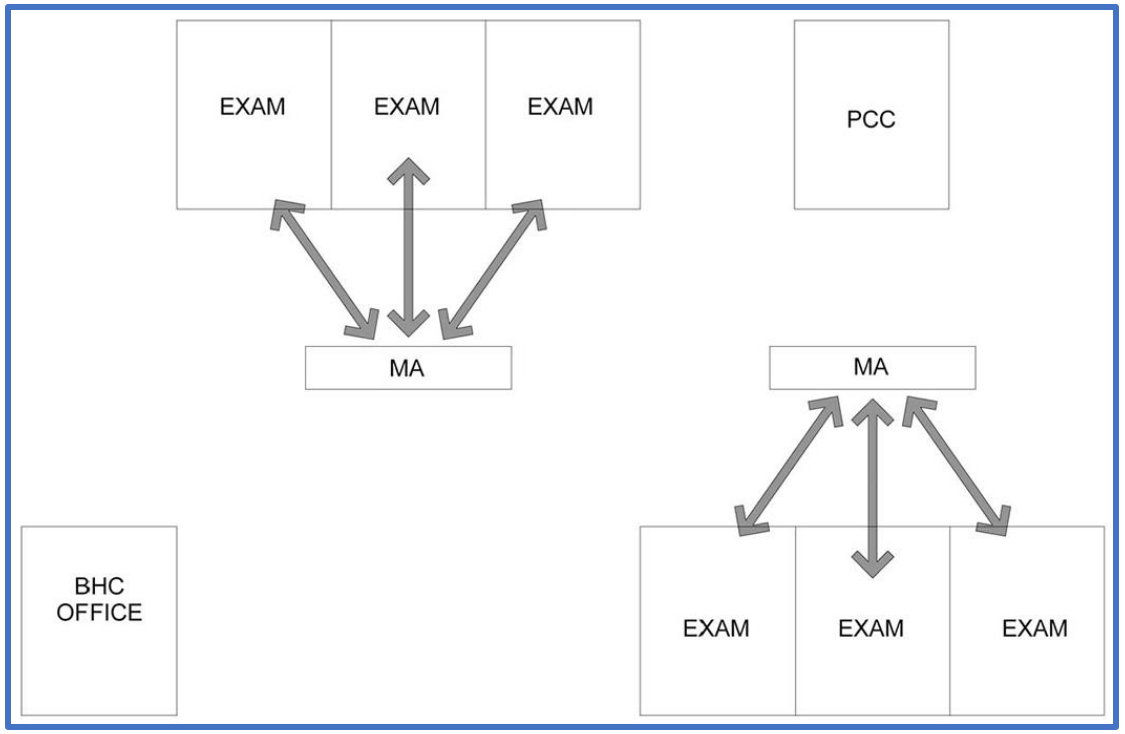
How many of you huddle regularly in teams that include PC and BH staff?

How many of you utilize an approach like a "mini-huddle" to communicate among BH/PC teams members throughout the day?

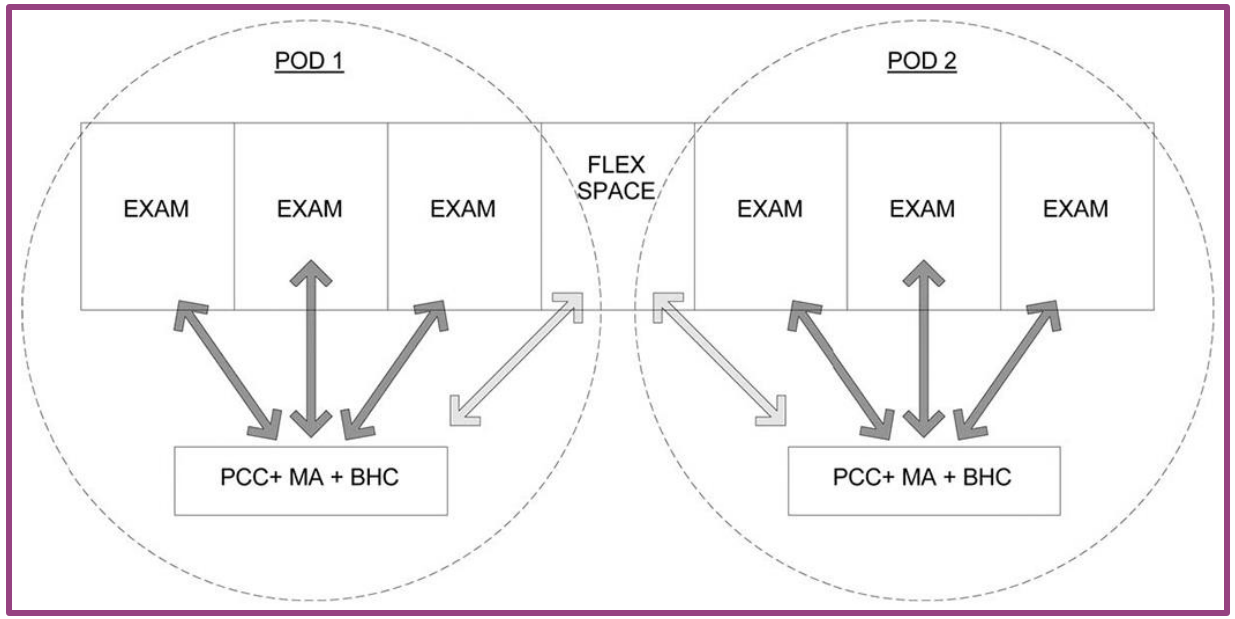
What Integration Looks Like

- Screening → Warm Handoff → Documentation → Follow-up
- Highlight common breakdown points
- PCP, BHP, RN, Front Desk – how do they intersect?





More integration happens in this configuration



Less integration happens in this configuration

Handoff in Action

- Warm handoff script example
- Tips: timely, respectful, efficient

Warm Handoff Script Example

- PCP to PT: “Ms. Lopez, one of the ways our team works together is by connecting patients with someone who’s trained to help with stress, mood, sleep — all the things that affect health, but aren’t always easy to talk about. I’d like you to meet Jordan, our behavioral health clinician.”
- PCP to BH: “Jordan, this is Ms. Lopez. We were talking about how hard it’s been for her to fall asleep and stay asleep since her surgery, and she’s feeling pretty worn down. I thought it would be helpful for you two to connect.”
- BHC to PT: “Thanks, Dr. Chen. Ms. Lopez, it’s really common for pain and life stress to affect sleep and mood. I work with people on quick, practical ways to feel more in control of things like this. If you have a few minutes now, I’d love to hear more about what’s going on.”

Show of Hands

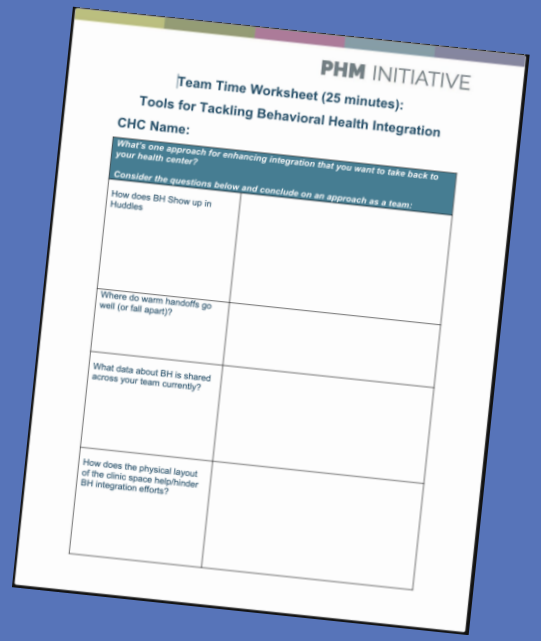
Does your team have scripts to support warm handoffs?

Who has a process for warm handoffs for a hybrid team?

Tools for Operationalizing Your Vision of BH Integration

Huddles (AM & Mini)	Integration Approaches	Scheduling
Physical Layout	Expansion of BH Service Range	Depression Screening Workflow

Team Activity


PHM INITIATIVE

Team Time Worksheet (25 minutes):

Tools for Tackling Behavioral Health Integration

CHC Name:

What's one approach for enhancing integration that you want to take back to your health center?

Consider the questions below and conclude on an approach as a team:

How does BH Show up in Huddles	
Where do warm handoffs go well (or fall apart)?	
What data about BH is shared across your team currently?	
How does the physical layout of the clinic space help/hinder BH integration efforts?	

25 Minutes

Team Activity

Step 1: Assemble with your team.

Step 2: Discuss what integration could look like at your CHC using the discussion questions provided in the worksheet.

- **Main question:** What's one approach for enhancing integration that you want to take back to your health center?
    - **Example:** "We want to develop a protocol for follow-up to PHQ9 results that is standardized."

Pair & Share

Peer Sharing & Feedback

25 Minutes

Activity:
Pair & Share

Purpose: Share your team's ideas, get fresh perspectives and spark new thinking.

Instructions:

- Pair up with your assigned team.
- Take turns sharing what your team discussed during "team time."
- Use the prompts on the worksheet to guide your conversation.
- *When the exercise is concluded, we'll take a break for lunch*

Pair and Share Room Assignments

Assigned Room	CHCs
Dry Creek Valley Main Room	Alexander Valley Team A
	West County
Dry Creek Valley Main Room	Petaluma Health
	Sonoma Valley
Russian River Valley 2 Ballroom	Alexander Valley Team B
	Sonoma County Indian
Russian River Valley 1 Ballroom	Santa Rosa
	Alliance Medical

Wellness Moment

Lunch

- **Served in the Dry Creek Valley Foyer**
- Please connect with Amy Bourmatnov if you have any dietary restrictions.
- Please return to the Main Room by 1:45pm for a group photo! 😊

60 Minutes

PHM INITIATIVE

Using Storytelling to Sustain and Spread Your PHM Work

Today's Facilitators

Stacey Moody

She / Her

PHMI SME

Fiona Donald

She / Her

PHMI SME

Objectives:

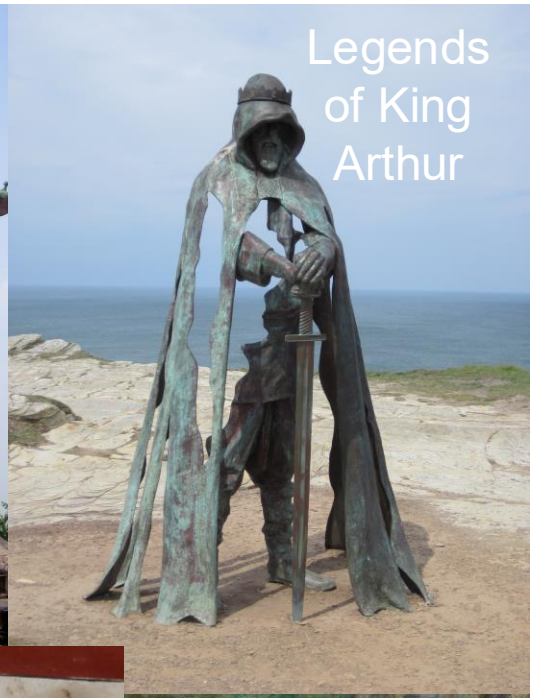
Using Storytelling to Sustain and Spread Your PHM Work

By the end of this session, you will be able to:

1. Describe how storytelling can reinforce and normalize organizational change
2. Apply a simple method to craft a compelling story about the impact of your population health management efforts
3. Begin developing an impact story to share with leadership, care teams, patients, and managed care plans
4. Identify how this story fits into the broader sustainability planning and next steps


Lascaux
Cave


Hanuman

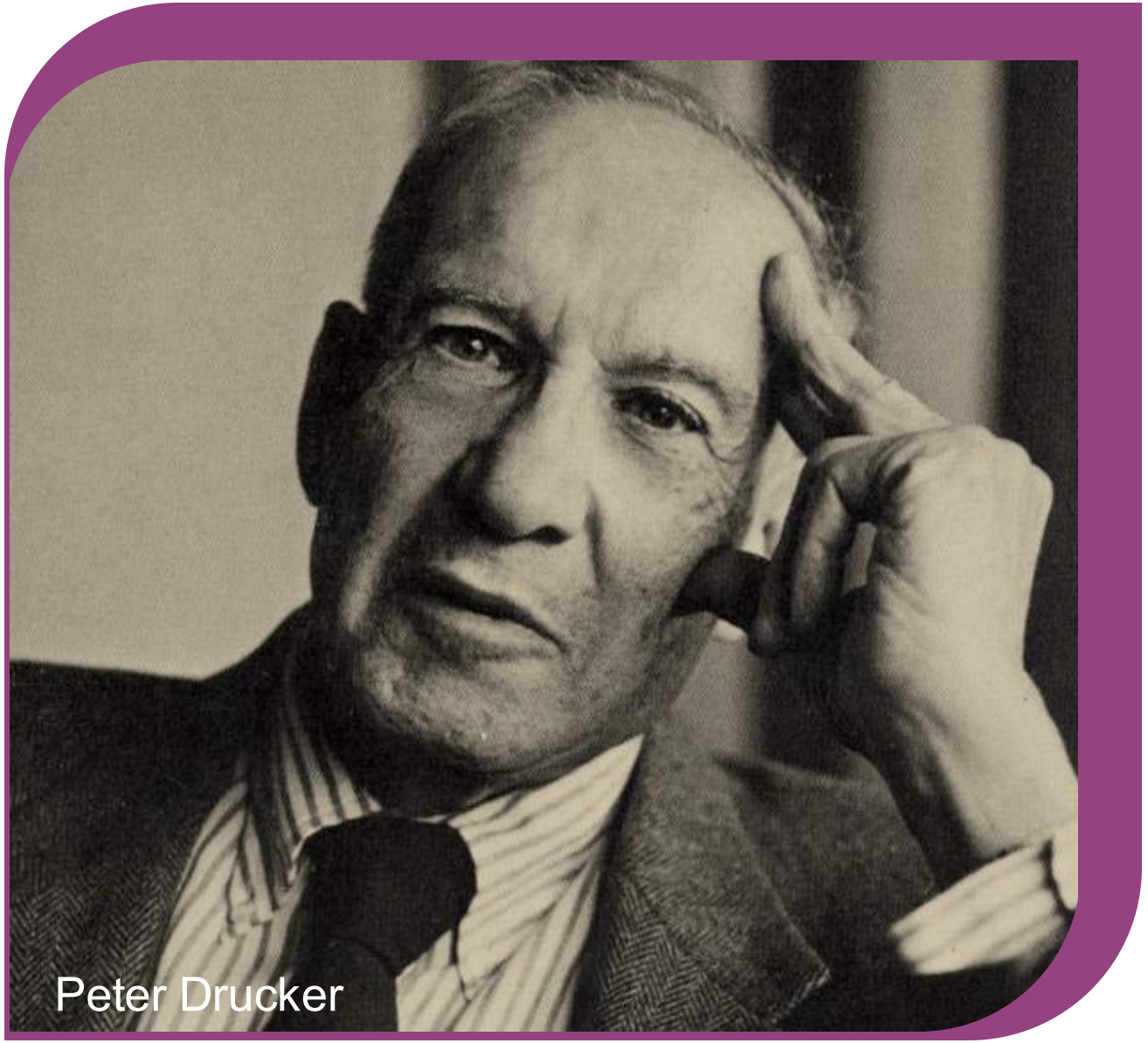

Legends
of King
Arthur

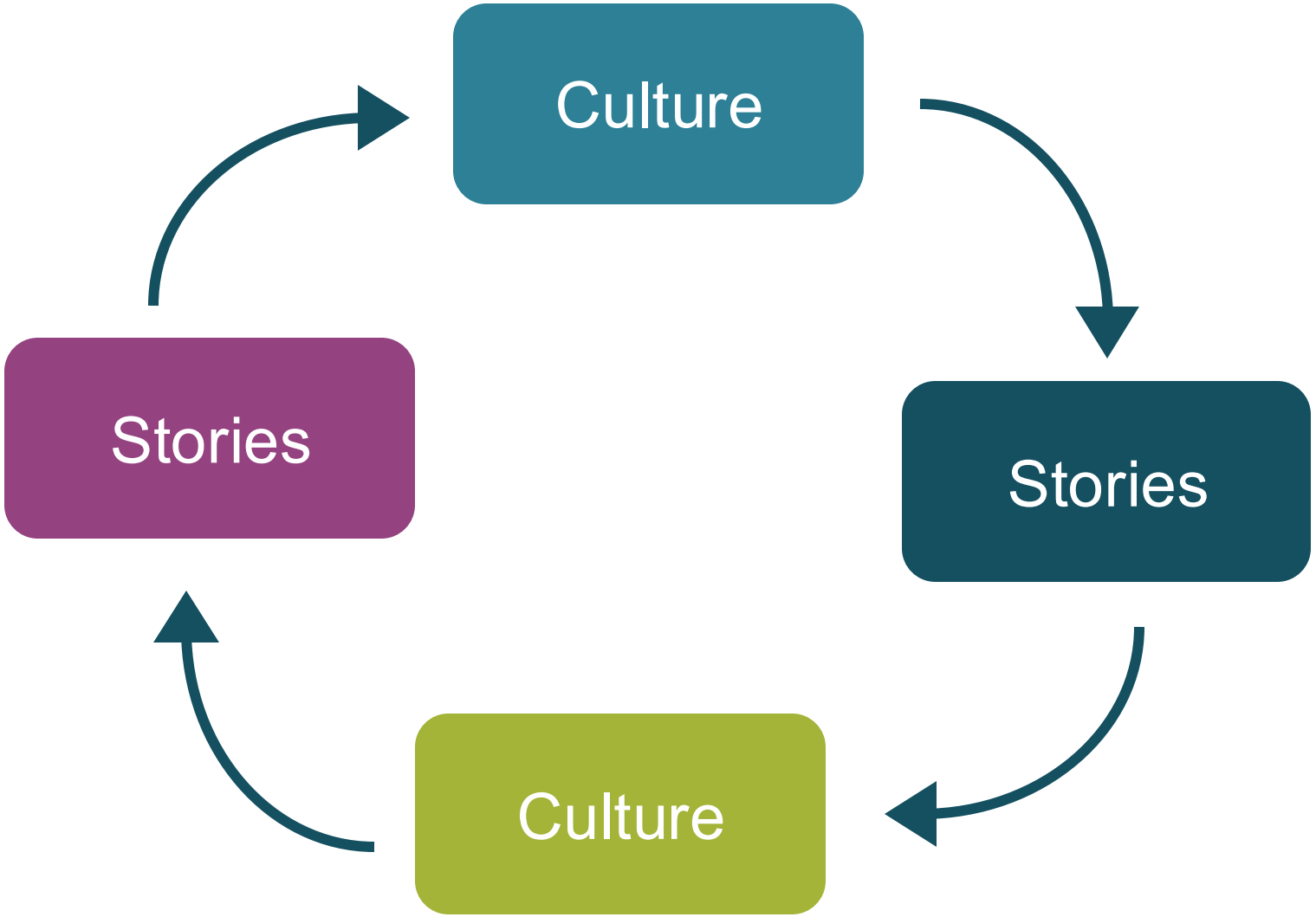

Vine
LinkedIn
Facebook
YouTube
Tumblr
Twitter
Instagram
Google+


Maya Hero Twins


Anansi

“Culture eats strategy for breakfast.”



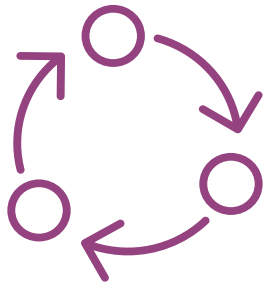

Culture
Stories
Culture
Stories

Why are stories essential for population health?

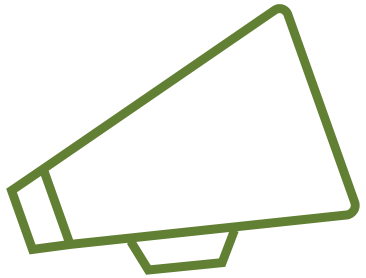
Tell stories to create culture

CLARIFY
what's most worth sustaining

BUILD
buy-in and momentum



AMPLIFY
case for continued support



Learning From the Masters: Pixar

Story Scope

Activity 1: Part I

24 Minutes

Reflect on Key Moments

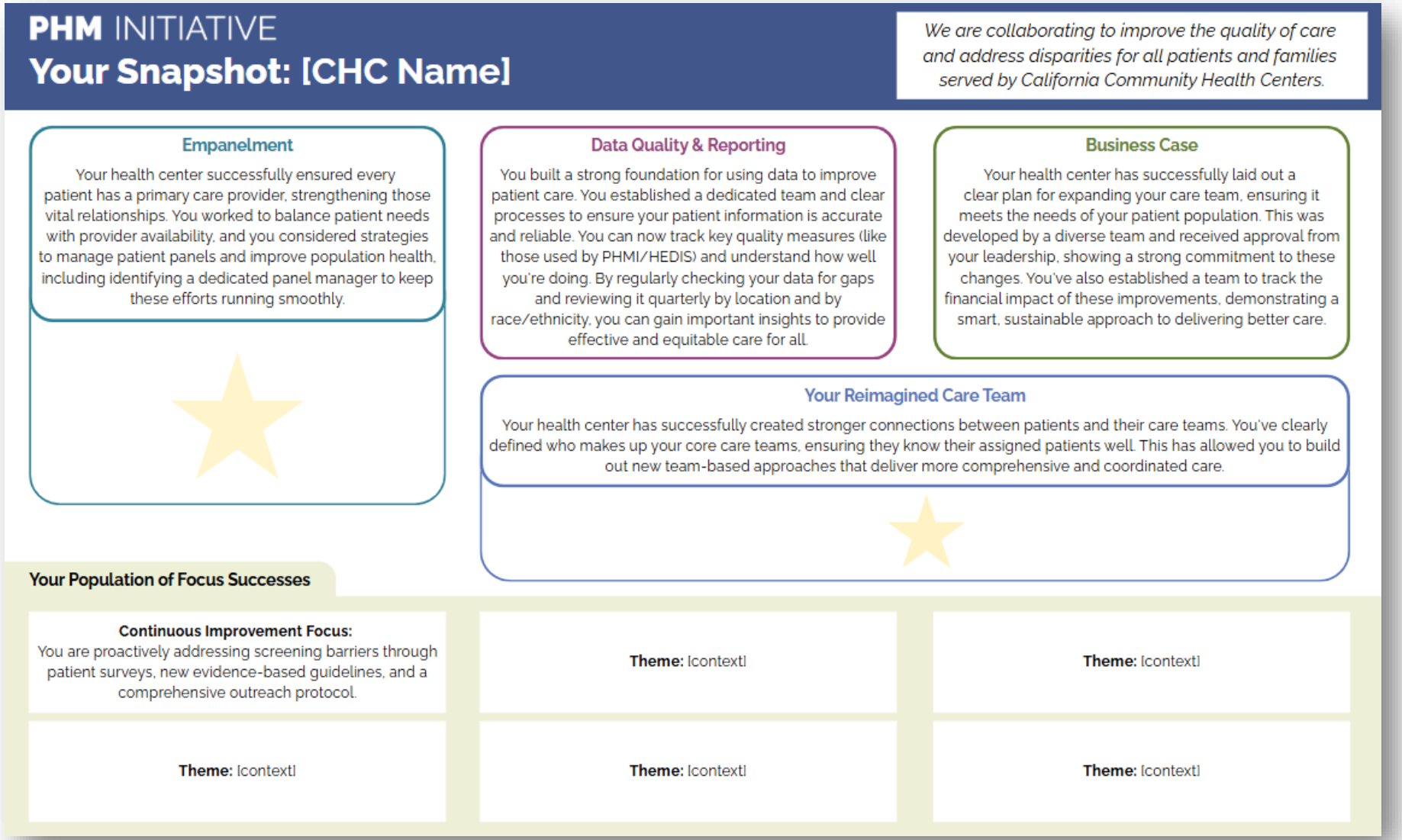
Review your CHC's Snapshot.

- Notice which meaningful **changes in behavior, interactions, collaboration or outcomes** stand out to you.
- Consider both the big milestones and small but powerful shifts.

Select one story idea

- As a team, choose one story idea to develop further.
- It should be authentic, impactful, and make you feel something.

CHC Snapshot



PHM INITIATIVE

Your Snapshot: [CHC Name]

We are collaborating to improve the quality of care and address disparities for all patients and families served by California Community Health Centers.

Empanelment

Your health center successfully ensured every patient has a primary care provider, strengthening those vital relationships. You worked to balance patient needs with provider availability, and you considered strategies to manage patient panels and improve population health, including identifying a dedicated panel manager to keep these efforts running smoothly.

Data Quality & Reporting

You built a strong foundation for using data to improve patient care. You established a dedicated team and clear processes to ensure your patient information is accurate and reliable. You can now track key quality measures (like those used by PHMI/HEDIS) and understand how well you're doing. By regularly checking your data for gaps and reviewing it quarterly by location and by race/ethnicity, you can gain important insights to provide effective and equitable care for all.

Business Case

Your health center has successfully laid out a clear plan for expanding your care team, ensuring it meets the needs of your patient population. This was developed by a diverse team and received approval from your leadership, showing a strong commitment to these changes. You've also established a team to track the financial impact of these improvements, demonstrating a smart, sustainable approach to delivering better care.

Your Reimagined Care Team

Your health center has successfully created stronger connections between patients and their care teams. You've clearly defined who makes up your core care teams, ensuring they know their assigned patients well. This has allowed you to build out new team-based approaches that deliver more comprehensive and coordinated care.

Your Population of Focus Successes

Continuous Improvement Focus:
You are proactively addressing screening barriers through patient surveys, new evidence-based guidelines, and a comprehensive outreach protocol.

Theme: [context]

Theme: [context]

Theme: [context]

Theme: [context]

Theme: [context]

Story Scope

Activity 1: Part II

10 Minutes

Identify Potential Story Ideas

Write down potential story ideas on the sticky notes (one idea per sticky). Use these questions to guide your brainstorm:

1. When we joined this initiative, what was the **health problem** we were trying to solve? What was the **human impact** of the problem?
2. What **meaningful changes in behavior, interactions, collaboration, or outcomes** stand out to you as a result of implementing population health management?
3. What felt like a **breakthrough** or **turning point**?

Bring in the Human Perspective

Activity 2

1. **Identify the Main Character**
2. **Identify their Problem**
3. **Bring in the Human Perspective**
4. **Connect to Impact**

20 Minutes

Share & Reflect

Peer Sharing & Feedback

Activity 3

24 Minutes

Pair Up With Another Team

Share your story idea and why you are excited about this story.

Give & Receive Feedback

- *What resonated most?*
- *What felt unclear or missing?*
- *How could this be tailored for leadership, patients or MCP?*

Story Telling Team Time Room Assignments

Russian River 1 Breakout Room	Dry Creek Main Room	Russian River 2 Breakout Room
Sonoma County Indian Health	Alliance Medical Center	Alexander Valley Healthcare
	Sonoma Valley CHC	West County Health Center
	Petaluma Health Center	
	Santa Rosa Community Health	

Next Steps - Sustainability

You've started a powerful story – now let's plan what comes next.

1 **Develop, Refine, Tailor and Share Your Story**

- Keep using the impact storytelling worksheet to flesh out your story.
- Use the Pixar Story Spine to make it crisp.
- Think about how you can work with your coach to refine your story.
- Discuss how you can use your story to shape resource allocation and organizational commitments.

2 **Identify PHM Approaches To Sustain**

- Work with your coach to identify which PHM strategies and innovations are your priorities.
- Build agreement among your team and leaders about which PHM strategies should be sustained beyond the project.

3 **Develop Your Sustainability Plan**

- Work with your coach to create a sustainability plan using the *Sustainability Planner Tool.*
- Share and discuss the sustainability plan with your health center leaders.

Create a Crisp and Compelling Story

Watch to learn more:
https://www.youtube.com/watch?v=tkWK7QBq6Ik

Next Steps – Story Spine

Use a Story Spine to Tighten Your Narrative

- **"Once upon a time…"**
  (Set the scene – what was the context?)
- **"Every day…"**
  (Describe the usual way things were – the status quo and the problem they were facing.)
- **"But one day…"**
  (What challenge or shift occurred?)
- **"Because of that…"**
  (What action did your team or character take?)
- **"Until finally…"**
  (What changed or was achieved?)
- **"And ever since then…"**
  (What's the lasting impact or insight?)

Closing

Wrap Up & Next Steps

Action Items

1. We've captured all worksheets, shared challenges and promising practices and identified critical areas for support.

2. Coaches and SMEs will follow up with each of you to offer tailored support and guidance on addressing these challenges.

Resources

3

PHMI Portal

Log into the portal to access all the handouts from today's event!

4

CEUs

If you indicated on your registration that you would like to earn CEUs for this event (nursing, physician or CPPS), instructions on how to claim credits will be emailed to you by the end of the week. Participants seeking CEUs will have 30 days from today to claim credits. Please note that you must have an account on ihi.org to receive credits. If you have not yet set one up, please do so before attempting to claim your credits.

PHM INITIATIVE

How did we do?

Please take the next couple of minutes to fill out the evaluation form using the QR code or the form

Note that if you requested to receive CEUs for this event, you can complete this form online as part of the CEU process (you will be asked the same questions).

5 minutes

Closing Remarks

Thank you!