









Malcolm Baldrige











# **Customer Ownership**



























# **Operational Principles**

- R elationships between customer-owner, family and provider must be fostered and supported
- **E mphasis** on wellness of the whole person, family and community (physical, mental, emotional and spiritual wellness)
- ocations convenient for customer-owners with minimal stops to get all their needs addressed
- A ccess optimized and waiting times limited
- ogether with the customer-owner as an active partner
- **ntentional** whole-system design to maximize coordination and minimize duplication
- Outcome and process measures continuously evaluated and improved
- Not complicated but simple and easy to use
- **S** ervices financially sustainable and viable
- **H ub** of the system is the family
- nterests of customer-owners drive the system to determine what we do and how we do it
- P opulation-Based systems and services
- **Services** and systems build on the strengths of Alaska Native cultures





# **Core Concepts**

- Work together in relationship to learn and grow
- E ncourage understanding
- Listen with an open mind
- L augh and enjoy humor throughout the day
- Notice the dignity and value of ourselves and others
- E ngage others with compassion
- **S hare** our stories and our hearts
- 5 trive to honor and respect ourselves and others





### **Objectives**

- Understand the Southcentral Foundation Nuka System of Care
- Understand the Use of Screening in the Medical Home Model
- Understand Perinatal Screening and Interventions for Health Behavior Change





#### **SCF Medical Home**

- Integrated Care Model in a Medical Home
  - Providers- MD, NP, PA, BHC, Dietitians, Pharmacist
  - Case Managers- RN
  - Certified Medical Assistant
  - Case Management Support
  - Administrative Support

- Other Campus services:
  - Health Education
  - Nutaqsiivik
  - Family Health Resources
  - Behavioral Health: Behavioral Urgent Response, Four Directions, Dena a Coy, MAT (Naltrexone/Vivitrol/Suboxone), Learning Circles





### **Behavioral Health Consultants**

#### Behavioral Health Consultant (BHC):

- 16 BHCs in PCC, 5 BHCs in Pediatrics, 5 in Valley Native Primary Care Center (VNPCC)
- MSW or MS in Counseling Psychology (most are licensed LCSW or LPC)

#### What do BHC's do?

- Screening, assessment, brief intervention, education and follow-up/monitoring for patients experiencing mental/medical health issues and life stresses
- Joint visits and care conferences with provider teams for complex cases
- Consultation and education to providers and case managers on behavioral health issues
- Provide psycho-educational to aid in treatment and understanding
- Consultation with specialists, referral for longer term therapeutic interventions





### **Routine Screenings for All**

- ASQ 2 m/o-5y/o (Pediatrics-: ASQ SE at 18 m/o) at WCC
- SDQ 6y/o 17y/o annually
- PRIME MD (PHQ-9) 18y/o + annually
- CRAFFT 11y/o 17y/o annually
- SBIRT 18y/o + annually





#### **CRAFFT**

- Recommended by American Academy Pediatrics
- Mnemonic acronym of first letters of key words in the six screening questions.
- Annually for 11 y/o 17 y/o (valid through 21 years old)
- Self-administered provided to family/teen at check-in





### The CRAFFT Screening Questions Please answer all questions honestly: your answers will be kept confidential

#### Dart A

Part B		No	Yes		_
•	len in a CAR driven by someone ) who was "high" or had been ugs?			<b>-</b> -	u red to
2. Do you ever use all better about yourse	lcohol or drugs to RELAX, feel elf, or fit in?			<b>←</b>	A3), er B6 N.
3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?				-	
Do you ever FORG alcohol or drugs?	SET things you did while using			<b>←</b>	
5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?				-	
Have you ever gotten into TROUBLE while you were using alcohol or drugs?      should cut down on your drinking or drug use?				- ←	J
	Have you ever gotten into TROUBLE while you were using alcohol or drugs?			╛	

### **CRAFFT** data

- How many seen yearly
  - January 2016 Dec 2015, average of 83 per month
  - Increase in July, August, September associated with school physical time
- How many positive
  - Average of 7 of those 83 administered are positive
- How many receive intervention
  - Average of 30 received an intervention (intervention includes screenings, too)





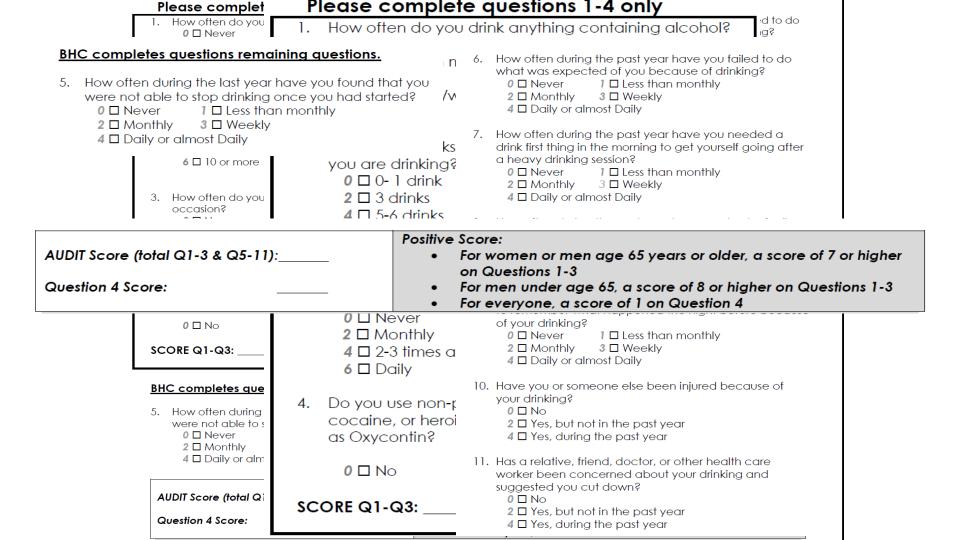
#### **SBIRT**

#### Screening, Brief Intervention, Referral and Brief Therapy

- Began as a partnership between SCF and CITC in 2004
- Grant with goal of providing access and linkages to treatment and services
- Proactive approach/Early Intervention
- Customer-Owner driven and voluntary







### **SBIRT Data**





## PRIME-MD (PHQ-9) Depression Screen

- Administered yearly by CMAs during check in or BHCs
- In national primary care research, more than half of outpatient medical visits are for somatic complaints, which are often associated with depression and anxiety
- Value in treating mental health as equally important part of overall health





		Less than 2 days 3 to 6 days 7 to 11 days	Greater	than 12 days							
OR T	if 2 or greater on 1 and/or 2 continue below										
L	3.	Do you have trouble sleeping? Do you find yourself having									
		trouble falling asleep, or staying asleep? Are you sleeping									
		too much, or not enough?	0	1	2	3					
	4.	Do you feel your energy has decreased, that you are tired									
uesti		more than you used to be?	0	1	2	3					
	5.	Have you had a decrease - or an increase in your appetite?									
				TOTAL SCORE							
		me, using the scale, how difficult									
nave these problems been for you? (at work, getting											
long wi	ith o	ther people, family, and children)?	Not at all	Somewhat	Very	Extremely					
							_				
		yoursen jumping nom one uning to anomer: can a stay	_			_					
		focused on reading or a TV show?	0	1	2	3					
	8.		·	1	2	3					
	8.	focused on reading or a TV show?	·	1	2	3					
	8.	focused on reading or a TV show?  Do you feel you have slowed down, that you don't get as much	·	_	2	_					
	8.	focused on reading or a TV show?  Do you feel you have slowed down, that you don't get as much done in a day? Or are you just the opposite. Do you feel			_						

Not at all Somewhat Very Extremely

along with other people, family, and children)?

#### **BHC Intervention**

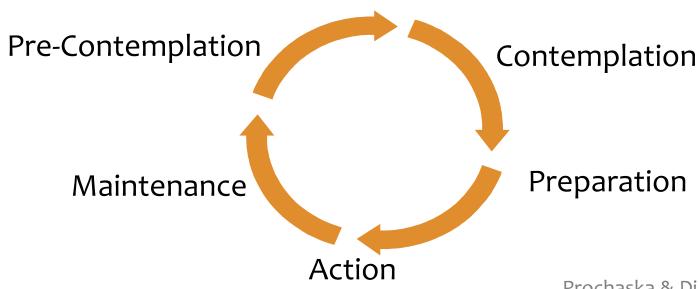
- The BHC briefly discusses with the client their screening and results, gives brief psychoeducation as related to their mental and physical health.
- Brief intervention is considered 1-5 sessions
- Goal: Harm Reduction!





# **Stages of Change**

Assess readiness to change



Prochaska & DiClemente, 1986





# **Motivational Interviewing**

#### **Provider must:**

- Respect autonomy of patients and their choices
- Take readiness to change into account
- Acknowledge ambivalence
- Allow patient to select target

Educate

**Customer-Owner:** 

- Is active decision-maker
- Must believe they be successful in behavior change





### **Perinatal Care Philosophy**

- Pregnancy and new parenting as best time to make changes in health in your life
- Falls in line with our number one SCF Goal: Reduce the rate of domestic violence, child abuse and neglect
- Some other goals include reducing rates of suicide, obesity, and substance abuse and improving management of CVD and diabetes





### **Resistance or Non-Adherence?**

- Getting curious... what may be behind that?
- Generational Trauma
- Adverse Childhood Experiences
- Epigenetics





### Preconception

- STD checks ,+SBIRT in women , Plan B, negative pregnancy tests, SDQ
- Focus on feelings about pregnancy/birth control, DV, mental health
- Opportunities:
  - To identify hx of mood disorder, trauma history
  - To use Motivational Interviewing for behavior change (especially nicotine, marijuana, even caffeine)
  - To set goals for self/relationship/or parenting



### **Positive Pregnancy Intervention**

- History
  - No structured intervention/assessment first trimester
  - Missing important time to make changes

Alcohol/drugs

Relationships

Making decisions about pregnancy

Start preparing for parenting

• What about Preconception?





# **BHC Contact at Pregnancy Screen**

#### Positive Pregnancy Screening BHC Visit

- 1) How are you feeling about being pregnant? (options)
- 2) Pregnancy history
  - (Gravida- # of pregnancies, Para- # of live births) (TAB=therapeutic abortion(choice), SAB=spontaneous abortion (miscarriage)
    - \*First pregnancy? Hx miscarriage? Past pregnancy/birth experiences? Past breastfeeding experiences?
    - \*Review LMP/EDD (as a double-check measure) (LMP=last menstrual period, EDD=estimated due date)





# **BHC Contact at Pregnancy Screen**

#### Positive Pregnancy Screening BHC Visit

- 3) Safety
  - -Domestic Violence? (When you and your partner fight, what does that look like? Leaving & pregnancy most dangerous times, lethality assessment or safety plan as needed. \*Don't ask these questions if partner is in the room\*)
  - -Drugs/Alcohol/Caffeine/Nicotine?
  - -Mental Health (hx postpartum depression/perinatal mood disorder or anything else?)
  - -Social Supports? Hx OCS involvement?
  - -On Meds?



# **BHC Contact at Pregnancy Screen**

#### Positive Pregnancy Screening BHC Visit

- 4) Resources
  - -WIC/Food Stamps/Denali Kid Care/Housing
  - -Dietitian, Health Ed?
  - -Nutaq referral
- 5) Next Steps

Referred to integrated midwifery team

PCP/CM team will call within 2 days to review meds

Review +Pregnancy Packet, including picking up folic acid at pharmacy

Encourage any f/u or questions with their PCP



#### **Prenatal Interview**

- Conducted by integrated midwife case manager
- Started to create bridge for prenatal team and take burden off of 1<sup>st</sup> prenatal appointment
- Screens chart and looks at past appointments/patterns
  - Have they seen a BHC? Unsure how many have already but finds it helpful when they have
  - will co-schedule with BHC during this interview if risk factors appear
  - Most helpful for substance use treatment resources





### **Lactation Support**

- Importance for attachment/bonding, health, decrease in abuse/neglect
- Intervention during prenatal care
- Great breastfeeding initiation rates at ANMC d/c from Mother Baby Unit





### **Nutaqsivik Nurse Family Partnership**

- Referral by 28 weeks, involved w/family up until child is 2 y/o
- Home visiting RN's, often IBCLC's or lactation educators
- Structured evidence based curriculum
- Support's SCF goals/vision/mission
- Includes BHC/Clinician on team
- Intensive work with mom, child, and family system





### **Postpartum Opportunities**

- Importance of Screening, when and where?
- Tools to use PRIME MD vs Edinburgh Depression Screen
- Integrated Pediatrics, WCC





## **Snuggle Time**

- Identified lack of support for new parents, similar groups very successful at other hospitals
- Run by Lactation Consultant with support from BHC team
- Goals- increase social support for new parents, value in peer advice, increase # of mom's sustaining breastfeeding, decrease # of unnecessary ER/PCC visits





### **Snuggle Time Content**

- Sign in (document in baby's chart)
- Check-in
- Songs, baby sign, books
- Baby massage and baby food making demonstrations
- Open conversation around: return to work, travel, common parenting anxieties and worry, sleep and self-care (including exercise/birth control), Anticipatory guidance around SIDS/SBS





### **Well Child Visits**

- Ages & Stages Questionnaire (2 m/o- 5y/o)
- Implemented in Peds originally to increase utilization and prevention
- State of Alaska became involved with ABCD Screening Academy
- BHCs and Anticipatory Guidance
- Broader developmental questions/concerns from family
- Identify behavior problems early and preventative parenting





### **Opportunity for Discussion**

- What of these processes are you already doing?
- Which do you want to start in your agency?
- Barriers or challenges?
- What are we missing?





### **Review**

- SCF model
- Preconception Interventions
- Pregnancy Interventions and Resources
- Postpartum and Parenting Interventions and Resources





### **Thank You!**

Qaĝaasakung

Quyanaq

'Awa'ahdah

Aleut

Inupiaq

Eyak Jávada

Mahsi'

Igamsiqanaghhalek

Háw'aa

Haida

Gwich'in Athabascan

T'oyaxsm

Gunalchéesh

Quyana

Tsimshian

Siberian Yupik

Tlingit

Yup'ik **Tsin'aen** 

Quyanaa

Chin'an

Ahtna Athabascan

Alutiiq

Dena'ina Athabascan



