HealthierHere 2019 Strategies in Action

HealthierHere seeks to improve how our health system meets people's needs – addressing underlying barriers to health and wellness, and increasing access to high quality, culturally relevant behavioral and physical care. In 2019 we launched the implementation phase of our work. With our partners, we led, fostered and fueled a dynamic portfolio of strategies to better understand and meet community needs, strengthen infrastructure, build and enhance cross-sector partnerships, and test partner-driven solutions for systemwide challenges.

Lead with Equity

in planning, implementation and evaluation, guided by the communities and people we serve.

Equity Training

Engaged 100+ clinical partners, Governing Board and staff in an 8-hour training led by the SEED Collaborative. Examined how racism presents itself in the healthcare delivery system and provided useful framework, language and tools to improve understanding and deliver care in more equitable and culturally relevant ways.

Equity Measures

Collaboratively developed and selected equity measures to inform decisions and evaluate success.

Indigenous Nations Committee

Established the Indigenous Nations Committee (INC) as a formal committee of the Board. The INC will help determine HealthierHere priorities, authentically engage American Indian, Alaska Native and Indigenous (AI/AN/I) voices in decision making, and co-design projects using culturally attuned and community-led approaches.

At its launch meeting, the Committee explored what "In Good Health" means for AI/AN/I people.

Community Voice Listening Project

Captured and shared actionable insights into how consumers experience health care in diverse communities, elevating voices not usually heard.

2700+ Surveys
collected by 34 organizations in 40 different communities

Community Grants Alumni continue to meet regularly to collaborate on addressing health care challenges in community.

Reconvened initial cohort of partners to share learnings from the process and results. Co-developed a poster in 14 languages to further community conversations and inform efforts.

Launched new cohort of 16 additional grantee organizations to reach more communities.

Strengthen Foundational Infrastructure

through training, technical assistance and practice coaching.

Value-Based Payment Academy

Supported 17 Behavioral Health Agencies' (BHAs') completion of a 10-month program including a stretch project, learning and coaching on population health, risk stratification and quality improvement.

Collective Ambulatory Implementation and Optimization

Provided 28 BHAs and 3 Federally Qualified Health Centers (FQHCs) with training and practice coaching on Collective Ambulatory, a software platform that notifies providers when their patients visit an Emergency Department (ED).

Partner Learning Webinars Hosted 7 webinars to share best practices, subject matter expertise, and new learnings with clinical and community partners.

"HealthierHere's support enabled us to sustain and develop Collective Ambulatory as well as invest in a Nurse Care Manager role to bridge organizational silos."
NAVOS

Multi-Visit Patient Care

Partnered with the Washington State Hospital Association to share the MVP Method for reducing readmissions and improving care for Multi-Visit Patients.

Organization & Site Progress

Developed reporting and site visit system to monitor and support process improvements related to population health, care integration & equity.

Whole Person Care Integration

Provided 7 BHAs, 3 FQHCs, and 4 hospitals with UW AIMS Center training, technical assistance, and practice coaching tailored to their needs.

Co-Design System-Wide Tools

to enable cross-sector coordination and whole person, integrated care.

Community Information Exchange (CIE)

Led exploration and early-stage planning for a Community Information Exchange in King County to facilitate data-sharing across sectors and enable bi-directional closed-loop referrals:

- Convened a series of stakeholder meetings to assess interest and explore opportunities to build and launch a CIE in King County, resulting in a shared vision statement and consensus to move forward.
- Researched and shared knowledge from regions across the country that have pioneered the CIE concept.
- Laid the groundwork for governance and infrastructure through cross-sector workgroups focused on network development, legal framework and data and technology solutions.

Learning Collaborative Sessions

Organized 20+ interactive meetings attended by BHAs, FQHCs, hospitals and MCOs to identify needs, share learnings and co-design solutions to specific problems.

Shared Care Plan Workgroup

In response to partners' calls for a single interoperable platform to enable coordinated, patient-centered care, launched a cross-sector workgroup to create guidelines, standards, specifications and a blueprint for implementation.

Care Coordination Co-Design Collaborative

Enlisted more than 80 representatives from nearly 50 organizations to collaborate on planning for care management and coordination. In a series of ongoing meetings, participants identified challenges and opportunities, developed potential strategies and system-wide tools, outlined priorities and shared efforts already underway.

Co-led the launch of a Statewide Care Coordination Platform Standards Workgroup

Building Bridges Collaborative Training

Brought community and clinical partners together for a day-long conference on building foundations for successful cross-sector partnerships, featuring world-leading experts Dr. Pritpal Tamber and Lori Peterson.

Catalyze and Test Innovations

by seed funding rapid tests of cross-sector innovations to improve outcomes.

Shared Care Plan Launch

Kicked off test of best practices and workflows with Sound Mental Health, Harborview Medical Center and Evergreen Treatment Services. Developed a toolkit in partnership with the Shared Care Plan Workgroup to capture lessons learned.

Whole Person, Integrated Care

Evaluated and selected seven proposals engaging 11 Practice Partners in implementing innovative care models to coordinate mental and physical health care for individuals with severe mental illness and co-occurring medical conditions.

Asthma Home Visit Model

Partnered with Public Health – Seattle and King County to promote training for and implementation of the Community Health Worker Asthma Home Visit Model in and around our region.

Medication Assisted Treatment

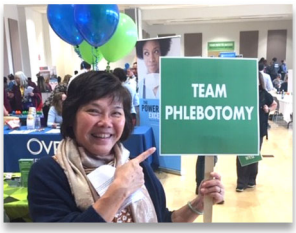
Country Doctor Community Health Centers and Public Health – Seattle & King County increased access to Medication Assisted Treatment (MAT) via innovative programs connecting people who begin MAT in jails or EDs with community-based treatment to support their recovery after discharge.

Reducing Avoidable ED Visits via Community Paramedicine

Supported Seattle Fire Department and Seattle Aging and Disability Services in efforts to scale and streamline their Mobile Integrated Health program. This innovative approach provides immediate response and patient-centered wrap-around supports to individuals who contact 911 but do not need to go to the Emergency Department (ED).

"Chart Your Way to a Healthcare Career" Event

Co-sponsored and helped staff a new Health Industry Leadership Table event, which brought over 500 middle and high school students together with healthcare professionals to learn about opportunities and encourage their interest in healthcare careers.



Learn more about HealthierHere's collaborative innovations and work to improve health equity at HealthierHere.org