

Healthcare and Homelessness

All Pilot Sites - Call #4

Welcome

Our Agenda

1. Introductions and welcome
2. Using PDSA cycles to test change ideas
3. Team time: Brainstorming PDSAs
4. Wrap-up and next steps

Introductions



Catherine Mather
Project Director



Aleya Martin
Sr. Project Manager



Lauran Hardin
Faculty Coach



Catherine Craig
Faculty Coach

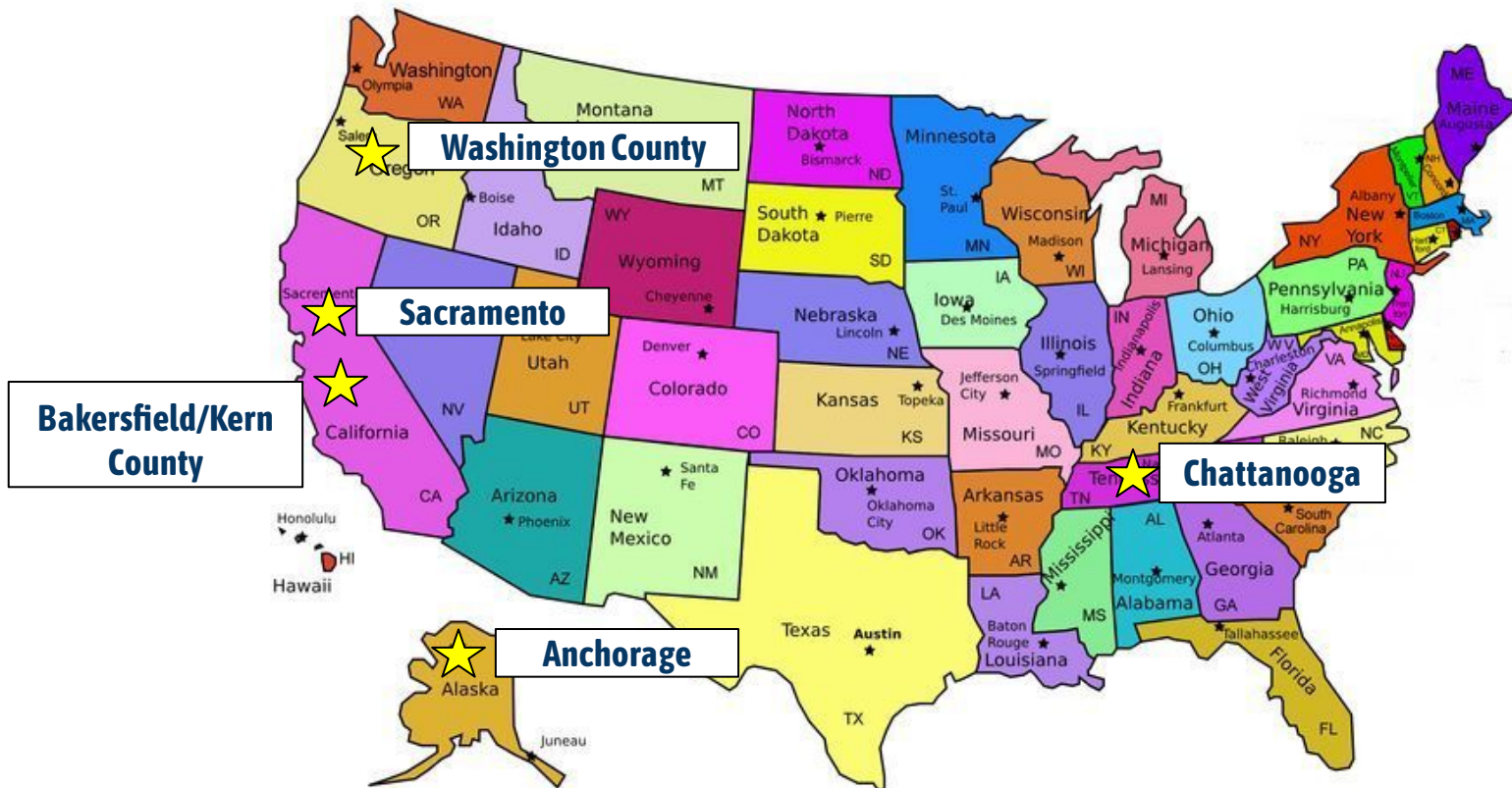


Anna Bialik
Improvement Advisor



Meg Arsenault
Senior Manager

Participating Pilot Teams



Introductions: Chat Waterfall

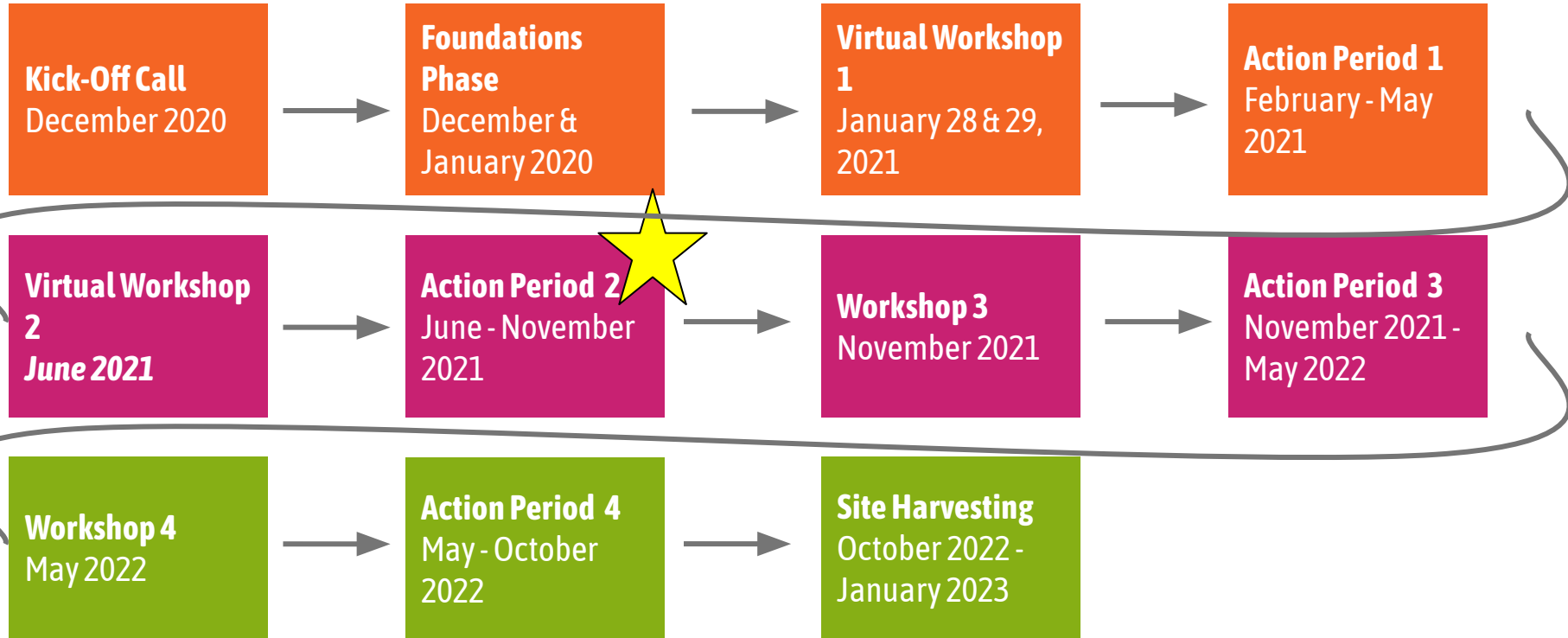
Please chat in:

- Name
- Community
- Organization
- Favorite school supply

Our Aim

Over the course of this 2 year Pilot initiative, pilot teams will have made measurable progress toward ending chronic homelessness, with a focus on building racially equitable systems.

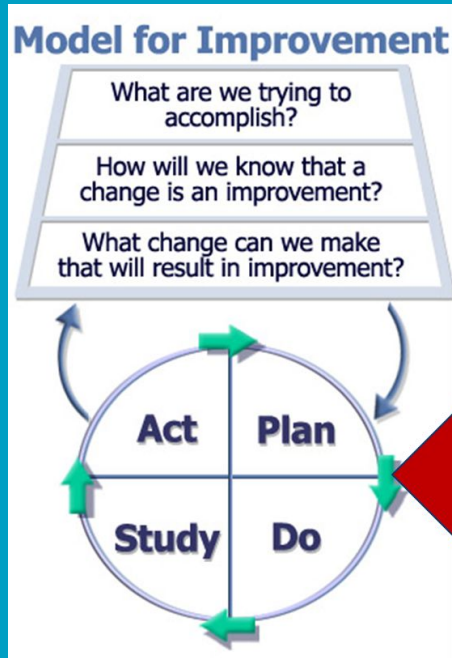
Our Journey Together in the Pilot



Using PDSAs to test change ideas

PDSA

Three Questions and A cycle



Why Test?

- Increase the belief that the *change will result in improvement*
- *Predict* how much improvement can be expected from the change
- Learn how to *adapt the change* to conditions in the local environment
- *Evaluate* costs and side-effects of the change
- *Minimize resistance* upon implementation



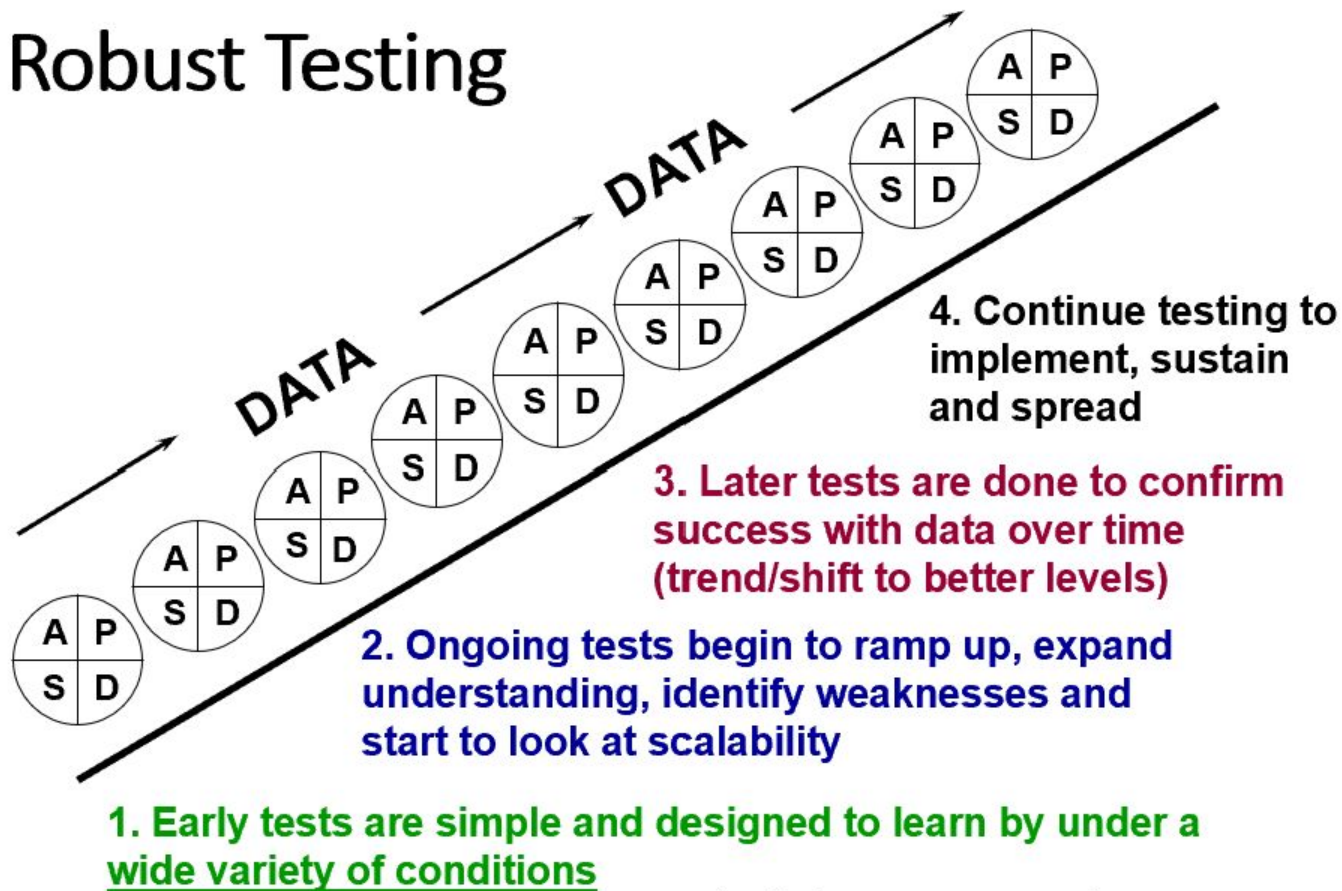
The PDSA Cycle for Learning and Improvement



Adapted from The Improvement Guide, API, by R. Lloyd, 2012



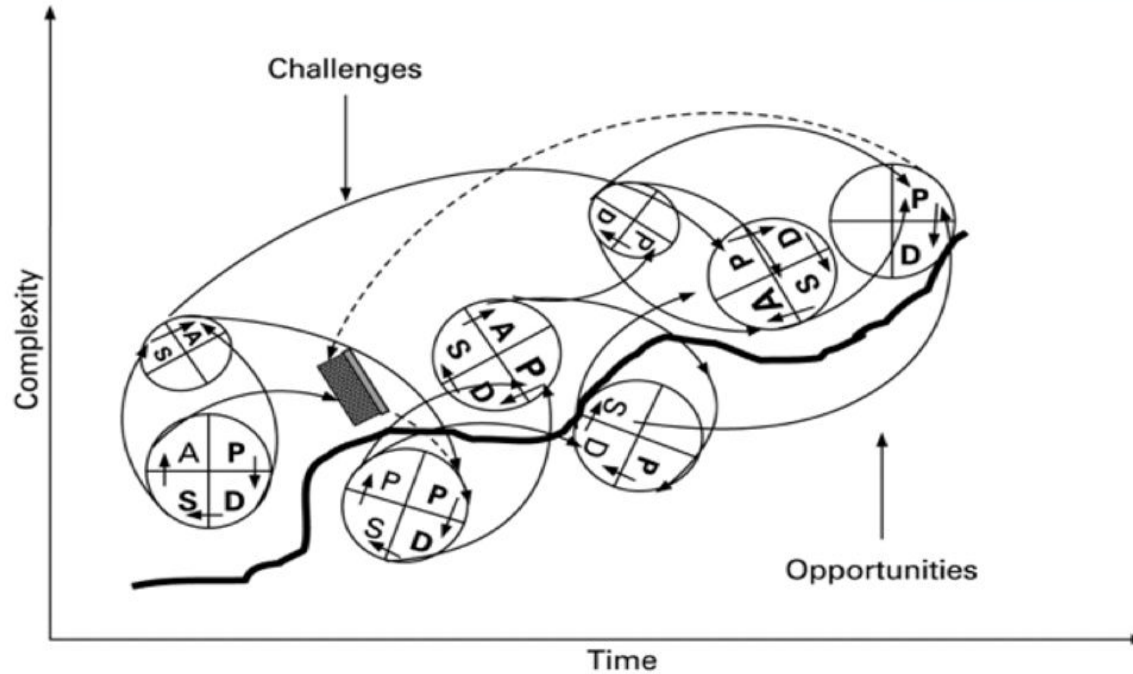
Robust Testing



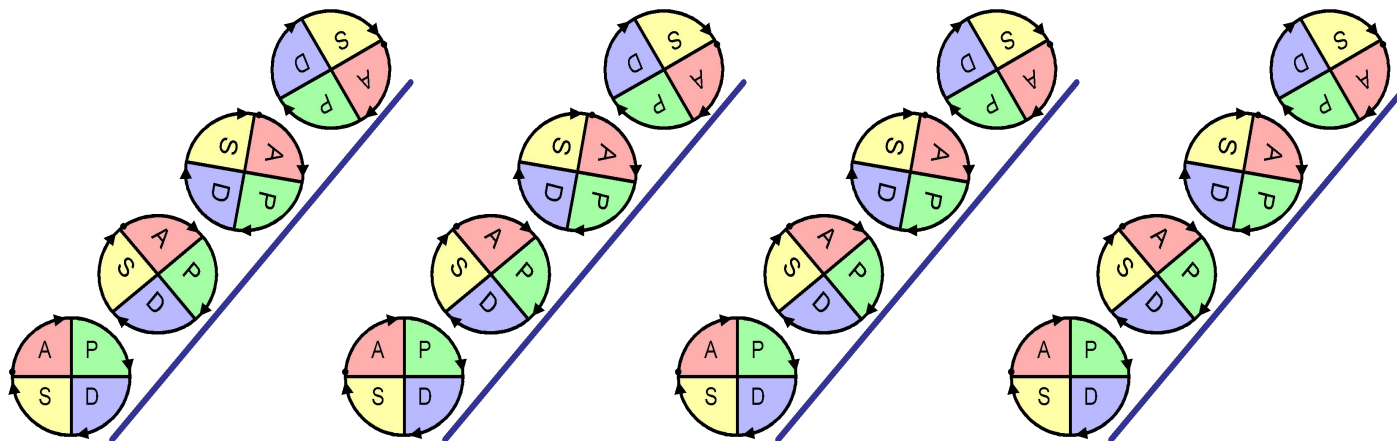
Adapted by from: IHI Improvement Coach
Professional Development Program. Fall 2017



Live experience is often messy (adopt, *adapt*, *abandon*)



Work in parallel on multiple change ideas



**Commitment: New
CoC/Health Care Case
Conferencing
Infrastructure**

**Housing Placements:
Identify & develop
process to address
bottlenecks in housing
placements**

**Inflow: Connect
at-risk
individuals with
diversion/preve
ntion resources**

**Governance:
Explore how health
systems & CoCs
can connect
measurement
systems**

Adapted from: IHI Improvement Coach Professional Development Program



PURPOSE: Health care organizations will make a meaningful, measurable, and transformative contribution to end chronic homelessness across a community with a focus on building racially equitable systems.

COMMITMENT:
Build Sustained Belief in and Commitment to Ending Chronic Homelessness at the Population Level

WITHIN THE HEALTH SYSTEM

- Establish this work as a strategic priority that aligns to a broader journey towards population health and well-being and an "anchor mission" for the health system in the community
- Identify and engage key internal leaders to champion the effort and sustain their belief in the goal and the path to achieving it
- Identify and articulate the levers and roles for the health system to address homelessness, from physical and mental health services to community benefit and relations in order to believe in the opportunity and obligation
- Build a case using relevant data that resonates with health system leaders and links ending chronic homelessness to health, cost, and quality outcomes

TOGETHER WITH THE COMMUNITY

- Create and sustain buy in for shared population level aim, timeline and measurement framework
- Build trust and partnership with housing/homeless system partners, relevant government actors as well as key mainstream agencies
- Develop, tap into and/or refine existing ongoing community-wide communications strategy and infrastructure
- Build a case using relevant data that resonates with health system leaders and links ending chronic homelessness to health, cost, and quality outcomes

GOVERNANCE:
Establish shared language and mechanisms for collaboration, measurement and governance

WITHIN THE HEALTH SYSTEM

- Establish clear internal oversight, project management, measurement, and reporting structure from line staff to leadership that includes internal measures to align and integrate efforts
- Identify leaders at different levels of the health system who will engage in internal and external efforts
- Reframe how people experiencing homelessness are perceived, treated and talked about within the health system at all levels
- Develop and implement a longitudinal internal communications strategy and infrastructure that builds and sustains will for local, regional and national health system staff

TOGETHER WITH THE COMMUNITY

- Build capacity and capability to partner with people with lived experience as key stakeholders in the improvement process
- Work with cross-sector stakeholders (including public health) to map assets and levers for the most appropriate role for health care
- Use population needs and community assets data to create and pursue a common policy platform on the local/regional level
- Commit to the shared goal of ending chronic homelessness and create a path toward achieving it
- Create clear and simple language and shared definitions for key terms and concepts across sectors
- Tap into and add to governance and decision-making mechanisms that align with existing coordinated efforts to end homelessness

HOUSING PLACEMENTS:
Increase housing placements and retention rates for those experiencing chronic homelessness

WITHIN THE HEALTH SYSTEM

- Understand and optimize the health system's role in the identification to housing placement process so that people don't fall through the cracks between steps in the process
- Invest organizational funds in housing unit and subsidy gaps for high utilizers of the health system
- Focus organizational assets (funds, people, infrastructure, policies etc) to fill community-wide service and provider gaps

TOGETHER WITH THE COMMUNITY

- Engage in improvement of the identification to housing placement process
- Develop data-sharing mechanisms to target and prioritize high utilizers of the health care system that are on the By-Name list
- Identify and close community-wide housing unit and subsidy gaps
- Identify and close community-wide service and provider capacity gaps

FINANCING:
Establish and build upon financial mechanisms aligned to reducing and ending chronic homelessness

WITHIN THE HEALTH SYSTEM

- Map current funding mechanisms for care delivery within the health system to identify ways to fund coordinated service delivery and fill provider gaps (e.g., 1115 Medicaid Waiver, MSSP participation)
- Develop internal policy and practice to align allocation of Community Benefit, foundation, and/or Corporate Social Responsibility funds
- Track organizational investments against monthly metrics for reducing, ending or sustaining an end to chronic homelessness
- Quantify and project financial value to the institution associated with savings (productivity, utilization, resources) for achieving the aim

TOGETHER WITH THE COMMUNITY

- Build, tap into, refine and/or add to the community-wide mechanism for multi-stakeholder flexible funding to incentivize achieving and sustaining an end to chronic homelessness
- Quantify the economic and social value of getting to and sustaining an end to homelessness across the community
- Develop and implement strategies/tools to support reinvestment/reallocation of cost savings into upstream solutions

INFLOW:
Prevent the inflow of individuals into chronic homelessness

WITHIN THE HEALTH SYSTEM

- Invest organizational funds in housing, services and/or navigation gaps for patients at risk of experiencing homelessness
- Improve early identification and support of patients at risk of homelessness to reduce their inflow into homelessness

TOGETHER WITH THE COMMUNITY

- Understand and overcome barriers (e.g. privacy barriers) to data-sharing across housing & homelessness and health care systems
- Work with key community partners in building an "At Risk" list and data/measurement infrastructure
- Identify and close community-wide service, provider capacity, housing units and subsidy gaps
- Create an integrated pathway to connect at-risk individuals with diversion/prevention resources
- Identify, understand and work to eliminate institutional and systems barriers (including structural racism)

Eliminate Waste

1. Eliminate things that are not used
2. Eliminate multiple entry
3. Reduce or eliminate overkill
4. Reduce controls on the system
5. Recycle or reuse
6. Use substitution
7. Reduce classifications
8. Remove intermediaries
9. Match the amount to the need
10. Use Sampling
11. Change targets or set points

Improve Work Flow

12. Synchronize
13. Schedule into multiple processes
14. Minimize handoffs
15. Move steps in the process close together
16. Find and remove bottlenecks
17. Use automation
18. Smooth workflow
19. Do tasks in parallel
20. Consider people as in the same system
21. Use multiple processing units
22. Adjust to peak demand

Optimize Inventory

23. Match inventory to predicted demand
24. Use pull systems
25. Reduce choice of features
26. Reduce multiple brands of the same item

Change the Work Environment

27. Give people access to information
28. Use Proper Measurements
29. Take Care of basics
30. Reduce de-motivating aspects of pay system
31. Conduct training
32. Implement cross-training
33. Invest more resources in improvement
34. Focus on core process and purpose
35. Share risks
36. Emphasize natural and logical consequences
37. Develop alliances/cooperative relationships

Enhance the Producer /Customer Relationship

38. Listen to customers
39. Coach customer to use product/service
40. Focus on the outcome to a customer
41. Use a coordinator
42. Reach agreement on expectations
43. Outsource for "Free"
44. Optimize level of inspection
45. Work with suppliers

Manage Time

46. Reduce setup or startup time
47. Set up timing to use discounts

Manage Variation

51. Standardization (Create a Formal Process)
52. Stop tampering
53. Develop operational definitions
54. Improve predictions
55. Develop contingency plans
56. Sort product into grades
57. Desensitize
58. Exploit variation

Design Systems to avoid mistakes

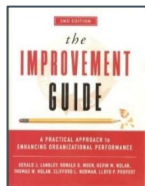
59. Use reminders
60. Use differentiation
61. Use constraints
62. Use affordances

Focus on the product or service

63. Mass customize
64. Offer product/service anytime
65. Offer product/service anyplace
66. Emphasize intangibles
67. Influence or take advantage of fashion trends
68. Reduce the number of components
- 69.
- 70.
- 71.
- 72.

Change Concepts and Related Ideas

Source: *The Improvement Guide*, Langley, Nolan, Nolan, Norman and Provost, Jossey-Bass, 2009, p.357.



Seven Go-to Change Concepts for Communities

- Change concepts that might be helpful to eliminate waste, improve workflow, and improve the relationship with the customer or client:
 1. Eliminate things that don't add value for the customer/client
 2. Minimize handoffs
 3. Find and remove bottlenecks
 4. Do tasks in parallel
 5. Coach clients to use the service
 6. Create a formal process (standardization)
 7. Implement cross-training

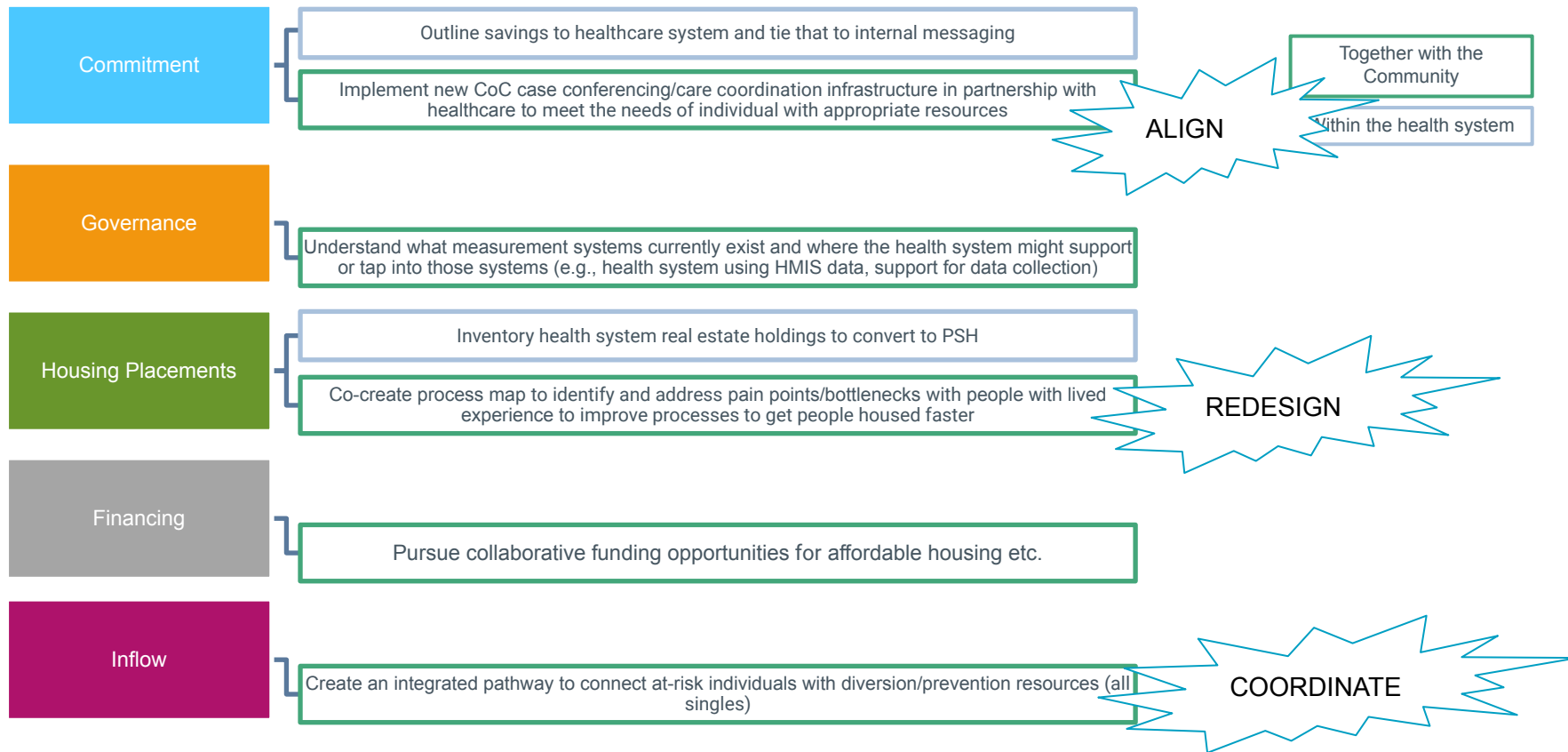


Sample Project Portfolio

Overall Pilot Team Aim:

Reduce chronic homelessness by 75% from May baseline by Dec 31, 2022, with a focus on building racially equitable systems

Outcome Measure: # of active chroniC homeless



Activity ≠ Change

Is *NOT* a change:

(but may be a necessary preliminary task)

- Planning
- Having a meeting
- Educating staff
- Creating a protocol
- Assigning responsibility

Is a change:

- Use a new form
- Use the form on the next 10 cases
- New outreach process

For each change idea, you should have an explicit prediction of how it will impact the outcome.

Team time: Brainstorming!

21

Change Concept	Specific Ideas to Test	Theories and Predictions as to How or Why This Idea Will Make Progress Toward the Aim
	1. 2. 3. 4.	
	5. 6. 7. 8.	
	9. 10. 11. 12.	

Consider...

- What specific ideas and related concepts will achieve the aim?
- What theories and predictions can you make about how these change concepts and ideas will lead to improvement?

Guidance for Testing a Change

A test of change should answer a specific question!

A test of change requires a **theory** and a **prediction!**

Test on a small scale and collect **data over time.**

Build knowledge **sequentially** with multiple PDSA cycles for each change idea.

Include a **wide range of conditions** in the sequence of tests.

Don't confuse a **task** with a **test!**



To Be Considered a Real Test Requires ALL Steps in PDSA

P: The test was planned, including a **plan** for collecting qualitative or quantitative data. The test includes a prediction of what will happen.

D: The plan was carried out (**done**) and the data were collected.

S: Time was set aside to analyze the data and **study** the results.

A: **Action** was based on what was learned. Decide...

Again—repeat / Adapt & run another cycle / Adopt / Abandon

PDSAs – KEY POINTS

Cannot be
too small

One PDSA
will almost
always
lead to
another

Help you to
be
thorough &
systematic

Help you
learn from
your work

Can
produce
rapid
results

The background features a stylized illustration. At the top, a light blue sky contains a sun with rays and several white, puffy clouds. Below the sky, there are stylized buildings in shades of grey and blue. The overall aesthetic is clean and modern.

**“What tests can we
complete by next Tuesday?”**

Closing

Important Dates

- **September 29, 2:00pm - 3:00pm ET / 11:00am - 12:00pm PT/10 am - 11 am AKT**
All Pilot Site Call
- **Pilot Site Team Coaching calls continue**
 - Anchorage: 4th Thursday of the month 10 - 11:30 AKT
 - Bakersfield: 4th Monday of the month 10:30 am - 12 pm PT
 - Chattanooga: 4th Monday 12 -1:30 ET
 - Sacramento: 3rd Wednesday of the month 9 - 10:30 am PT
 - Washington Co.: 3rd MOnday of the month 11 am - 12:30 pm PT
 -
- **November 2021: Date TBD**
Workshop 3

Questions

Faculty Coaches

- Washington County, Bakersfield, Anchorage
 - **Lauran Hardin** (IHI)
lhardin@camdenhealth.org
 - **Anna Bialik** (BFZ)
abialik@community.solutions
- Sacramento, Chattanooga
 - **Catherine Craig** (IHI)
catmcraig@gmail.com
 - **Anna Bialik** (BFZ)
abialik@community.solutions

General

- **Catherine Mather** (IHI)
cmather@ihi.org
- **Meg Arsenault** (Community Solutions/BFZ)
marsenault@community.solutions

The background is a stylized illustration. It features a light blue sky with several large, soft, white and pinkish clouds. In the upper center, a bright orange sun is partially obscured by a cloud, with thin yellow rays emanating from it. In the bottom right corner, there are stylized, geometric shapes representing buildings in shades of grey and blue. The overall style is clean and modern.

Thank You