October 2015

The Window

A round-up of JHF news, events, milestones, publications, and more.

Inside this issue

Ninth Annual PA Health Funders Collaborative Meeting Focuses on Health Systems Transformation to Improve Community Health

The network of 40 foundations that comprise the Pennsylvania Health Funders Collaborative (PHFC) met in Harrisburg on October 19 and 20 to consider transformative health system ideas and to discuss the role of philanthropy in health policy.

PHFC is co-chaired by Jewish Healthcare Foundation (JHF) President and CEO Karen Wolk Feinstein, PhD, and Russell Johnson, president and CEO of the North Penn Community Health Foundation. Ann Torregrossa, former director of the Pennsylvania Governor's Office of Health Care Reform during the Rendell Administration, serves as PHFC executive director.

During PHFC's ninth annual meeting, Dr. Feinstein shared JHF's work to ignite a movement around several population health issues. She described how JHF's Consumer Health Information Activation event on July 15 helped mobilize the Pittsburgh community around population health issues, unleashing their creativity and expertise to create health campaigns that resonate with consumers. Dr. Feinstein noted that PHFC could apply a similar approach to empower consumers around healthy eating habits among those at risk for heart disease or diabetes, perinatal depression, and cancer-preventing human papillomavirus (HPV) vaccination in communities across Pennsylvania.

Jewish Healthcare Foundation

Pittsburgh Regional Health Initiative
Spreading Quality, Containing Costs.

Health Careers Futures

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Across the state, the Get Healthy Philly program is also mobilizing the community by making the healthy choice the easy choice. Cheryl Bettigole, MD, MPH, division director of Chronic Disease Prevention at the Philadelphia Department of Public Health, explained how Get Healthy Philly promotes healthy decisions through a multi-pronged program that includes media messaging, new policies and legislation, smoking cessation services, school programs, city planning, and healthy food availability and affordability programs.

Members of the PHFC, a network of foundations from across Pennsylvania who work at the intersection of health philanthropy and policy.

Rob Houston, MBA, MPP, senior program officer for the Center for Health Care Strategies, presented the vision of Totally Accountable Care Organizations (TACOs), which aim to integrate physical, social, behavioral, long-term care, and public health services in communities (for more information, see page 7). Houston noted how some healthcare delivery systems across the country—Camden Coalition (New Jersey), Health Share of Oregon, and Hennepin Health (Minnesota) among them—are embracing total accountable care.

JHF President and CEO Karen Wolk Feinstein, PhD, engages PHFC members in a conversation about sparking a consumer health movement across the Commonwealth. Dr. Feinstein is co-chair of the PHFC.

Stuart Altman, PhD, MA, Sol C. Chaikin Professor of National Health Policy at The Heller School for Social Policy and Management, joined the funders via Skype to discuss the Massachusetts Health Policy Commission, which he chairs. The Commission monitors spending trends and encourages payers and providers to stay within spending limits.

Daniel Polsky, PhD, MPP, executive director of the Leonard Davis Institute of Health Economics (LDI), presented "East Meets West: Using Big Data to Improve Community Health." Dr. Polsky described several

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big data projects at Penn LDI. These include developing tools to identify in-network physicians for narrow network insurance plans, using new social media tools to gain insights on population health behaviors and outcomes, and mapping primary care providers relative to need in Philadelphia neighborhoods.

Following Dr. Polsky's presentation, JHF/Pittsburgh Regional Health Initiative (PRHI) Chief Medical Officer Keith Kanel, MD, presented the Foundation's plan for using data to identify positive deviants in healthcare, observe and document why they're the best, and disseminate the "secret sauce" of the highest performers to raise quality across the community (for more information see page 14).

Lauren S. Hughes, MD, MPH, MSc, deputy secretary for innovation at the Pennsylvania Department of Health and Robert Ferguson, JHF director of government grants and policy.

Towards the end of the second day, Jen Burnett, deputy secretary of the Office of Long-Term Living at the Pennsylvania Department of Human Services, updated funders about the Commonwealth's plans to implement Medicaid Managed Long-Term Services and Supports through Community HealthChoices. Following Burnett's presentation, Lauren S. Hughes, MD, MPH, MSc, deputy secretary for Innovation at the Pennsylvania Department of Health, presented the State's Health Innovation in Pennsylvania (HIP) plan. Torregrossa reflected on PHFC's 2015 accomplishments, including the impact of the Medicaid expansion report that PHFC commissioned. A PHFC member noted: "Without PHFC, we would still be working on our own in silos. PHFC opens the door for working at the intersections of health philanthropy and policy. This is irreplaceable. Building off of PHFC's actions, we can create sustainable change in Pennsylvania."

Jen Burnett, director of the Pennsylvania Department of Human Services' Office of Long-Term Living.

Cheryl Bettigole, MD, MPH, director for Chronic Disease Prevention at the Philadelphia Department of Public Health.

PRHI Celebrates Success, Sustainability of the Primary Care Resource Center Project

"Gretchen" is a fixture in the Butler community. Despite having Chronic Obstructive Pulmonary Disease (COPD), she cruises to doctor's appointments and the grocery store on her scooter. And no, she doesn't need any help with those bags, thanks. She loves her apartment, and couldn't imagine living elsewhere.

But as Gretchen's COPD symptoms worsened, she became a fixture at Butler Health System, experiencing several hospital admissions and re-admissions. She felt powerless lying in the hospital bed.

That's when Terri Aspinall, RN, a nurse care manager with Butler Health System, approached Gretchen about enrolling in Butler's Primary Care Resource Center (PCRC). Aspinall explained that the PCRC would surround Gretchen with a team – featuring a nurse care manager, clinical pharmacist, her physician, and other specialists – committed to keeping her out of the hospital, and on her scooter. They would help her better understand her disease and her medications, and offer strategies and other supports to manage symptoms. After some coaxing, Gretchen agreed.

Staff from community hospitals and PRHI who partnered for the Primary Care Resource Center Project pose for a group shot during a celebration event at the QI²T Center on October 29. The PCRCs coordinate care and prevent avoidable hospital readmissions for patients with complex diseases.

Aspinall discovered that Gretchen relied on public transportation for long trips and when the weather was bad. Her oxygen tanks were cumbersome, so she didn't always take enough to get through the afternoon safely. Gretchen was also recently discharged with a nebulizer, but didn't know how to use it.

Butler's PCRC team worked to provide Gretchen with a portable oxygen concentrator (which weighs less than a traditional oxygen tank, and doesn't need refilling), and taught her how to use the nebulizer to inhale her medication. The PCRC team visited Gretchen at home occasionally, and called her to ensure she

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was following an action plan designed to avoid preventable hospital readmissions.

"Today, she's wheeling up and down her neighborhood and going through the Dunkin Donuts drive-through on her scooter," Aspinall said. "We worked to meet the goals of this feisty, strong-minded woman."

Keith Kanel, MD, PCRC project director and PRHI chief medical officer, with Conemaugh Memorial Medical Center team members (L-R): Dave Soflarsky, RN; Director of Quality Heidi Garland; Meghan Bolinger, PharmD; Amber Fink, pharmacy technician; Carrie Green, RN; Nancy Kozuch, RN; Marcia Slisz, RN; Julie Miller, RN; and Cassandra Smith, administrative assistant.

Aspinall shared Gretchen's story during an October 29 event at the QI2T Center designed to celebrate the success of all six community hospitals who have partnered with PRHI over the past three years as part of the PCRC project. Through the Center for Medicare and Medicaid Initiative (CMMI)-funded project, PRHI has equipped participating hospitals with quality improvement, advanced disease management, and motivational interviewing training so they can offer one-stop, coordinated outpatient care to complex patients suffering from COPD, acute myocardial infarction, and/or heart failure.

From Indiana Regional Medical Center (L-R): Leanne Coleman, administrative assistant; Barb Detwiler, RN; Laura Muchesko, PharmD; Donna Scanlon, RN; and Beth Small, RN.

Through August of 2015, the PCRC sites had enrolled nearly 8,500 unique patients in the program, conducted more than 2,300 home visits, and made more than 32,700 follow-up phone calls. Through the efforts of the 51 PCRC staff as well as PRHI's coaching and training, the sites collectively lowered 90-day readmissions by 14.2% among enrolled patients during the most recent quarter, compared to the first quarter of the program. During the first 90 days following discharge, the PCRCs generated more than $1,000 in post-acute savings per patient.

"Through the PCRC Project, the triple aim was realized – better health care, better healthcare experiences, and lower costs," said PCRC Project Director Keith Kanel, MD, to the team members from Butler Health System, Conemaugh Memorial Medical Center, Indiana Regional Medical Center, Monongahela Valley Hospital (the PCRC pilot site), Sharon Regional Health System, and Wheeling

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Hospital who attended the October 29 event. "Together, we developed a proven care system for your community's most complex patients. It's a better way to connect patients with their primary care physicians, and positions your hospitals for population health management and payment reform."

The PCRC teams and hospitals were recognized for their commitment to innovation and patient care during the event, receiving commemorative plaques. PRHI consultant Brian Carlin, MD, chair of the National Lung Health Education Program; Jen Condel, PRHI manager of Lean Healthcare Strategy and Implementation; PRHI Consultant Susan Elster, PhD; PRHI Consultant Toni Fera, PharmD; PRHI Grants Manager Scott Frost; Serah Iheasirim, MPH, PRHI Health Researcher and Data Analyst; PRHI Consultant Emily Stahl; and PCRC Project Manager Glenn Thomas, RN, MHA, CCHP; and PRHI Director of Education and Coaching Mark Valenti were also recognized for their contributions to the project.

Dr. Kanel noted that the PCRC Project was one of 107 initiatives funded through CMS' Health Care Innovation Awards program, out of more than 3,000 applications submitted. The PCRC Project distinguished itself from other readmissions reductions efforts by emphasizing the role of community hospitals in supporting strong primary care, establishing nurses and pharmacists as critical healthcare team members performing at the top of their licenses, partnering with the COPD Foundation and the American Heart Association on disease-specific training, and focusing on the discharge process.

The PCRC teams follow a six-step, "perfect discharge bundle" to prevent avoidable readmissions: they see a patient as soon as possible following a hospital admission, provide 30 minutes of bedside education, review medications, create a discharge action plan, notify the

From Butler Health System (L-R): Terri Aspinall, RN; Tim Kunkle, PharmD; Cherrie Peffer, administrative assistant; and Erin Stewart, RN.

From Monongahela Valley Hospital: Deborah Holman, RN, and Sharon Nash, RN.

From Wheeling Hospital: Lynn Kolenich, RN.

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patient's primary care provider, and make a follow-up phone call within 72 hours of discharge.

"Because of you," Thomas told attendees, "patients are living longer and with better quality of life."

While the CMS grant phase for the project concluded in October of 2015, five of the six community hospitals have decided to continue running their PCRCs. That investment by hospitals demonstrates the value and sustainability of the PCRC model, Dr. Kanel pointed out.
"You are so far ahead of other community hospitals because of the work that you have put in so far," Dr. Kanel said. "We have created a framework for you to be innovators. "Today is the day we give you the keys to your PCRCs to drive into the future."

Total Accountable Care: Coming to a Neighborhood near You

For years, JHF has studied initiatives nationwide that seek to improve health outcomes for complex patients while also lowering costs—initiatives that could finally make the U.S. a leader in population health, and position the country for the dawning era of value-based payment.

Karen Feinstein welcomes more than 65 healthcare, human service, and behavioral health providers as well as consumer advocates, insurers, and philanthropists gathered on October 8 for the "Total Accountable Care: Disruption and Innovation" event, held at the QI²T Center.

Could TACOs be the long-sought after solution?

Across the U.S., there's a burgeoning movement surrounding Total Accountable Care Organizations (TACOs), which wrap physical, behavioral, social, and long-term care services together and tie payment to quality outcomes and the total cost of care. During a special PRHI Board meeting on October 7 and a community event on October 8, JHF and The Forbes Funds hosted one of the nation's leading voices on total accountable care, showcased two promising models from central Pennsylvania, and provided an update on a local, TACO-like initiative that's set to launch in 2016.

"Pittsburghers don't always like to be at the forefront," Karen Feinstein said while welcoming more than 65 healthcare, human service, and behavioral health providers as well as consumer advocates, insurers, and philanthropists who attended the community event on October 8. "But other communities in the U.S. are already embracing this new approach to wellness, providing needed support at every stage of the life

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cycle. Those of you gathered here today can make total accountable care a reality in our region."

Tricia McGinnis, vice president of programs at the Center for Health Care Strategies (CHCS), offered national perspective on total accountable care. CHCS is a non-profit health policy center that aims to improve the health of low-income Americans by enhancing access to coverage and services, advancing care delivery and payment reform, and integrating physical, behavioral, and social services. McGinnis works primarily with state Medicaid agencies, health plans, and providers to advance value-based payment strategies.

"High-quality, coordinated care at the lowest cost isn't rewarded under current payment models," McGinnis said during the community event. "There's a focus on medical interventions, rather than the root cause of why the patient is unwell in the first place. That makes it difficult to understand the behavioral and social circumstances that drive health, and understand the total cost of care."

(L-R): PRHI Chief Learning and Informatics Officer Bruce Block, MD, moderates a discussion on achieving the total accountable care vision of integrated medical, behavioral, and social services in the Pittsburgh region, with panelists Tricia McGinnis, vice president of programs at the Center for Health Care Strategies; Les Duncan, VP of Accountable Care Initiatives for River Health ACO; and John C. Wood, MD, MBA, FAAFP, medical director of Lancaster General Community Care Collaborative and Lancaster General Health Physicians.

But McGinnis sees changes occurring in U.S. healthcare system, with the traditional facility-based, fee-for-service model evolving into a community-oriented one where providers communicate across care settings and share responsibility for patient outcomes and cost. Accountable Care Organizations (ACOs) hold provider networks responsible for all care costs, with payments tied to achieving quality benchmarks. TACOs, McGinnis said, take the ACO concept to the next level.

"TACOs are an integrated, whole-person service model," McGinnis said. "They include primary care, specialties, hospitals, mental health, substance use, and oral health, with connections to skilled nursing and home health. The model also looks outside the healthcare walls to bring in relevant social services that already exist in communities, but aren't well-coordinated."

Such comprehensive accountable care initiatives are built upon trust and a common purpose, and should

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be adapted based on community assets and needs, McGinnis noted.

Attendees also learned more about two groups that are tailoring accountable care concepts to suit their populations in central Pennsylvania: River Health Accountable Care Organization (RHACO) and Lancaster General Health.

Les Duncan, vice president of Accountable Care Initiatives for RHACO, explained that his organization is responsible for more than 33,000 Medicare beneficiaries, and features 70-plus primary care practice locations, three federally qualified health centers, and two health systems with multiple non-acute components.

Jay Costa, Jr., State Senator from the 43rd District and a PRHI Board member, with PRHI Board Chair Patricia L. Siger, a consultant for the United Way of Allegheny County.

Duncan said that RHACO includes a care coordination program that is patient-driven, with beneficiaries deciding which medical, social, or financial issues that they want to address. RHACO offers patients medication reconciliation, disease management tools, and personalized preventive interventions focused on diet and exercise. Nurse care managers make frequent home visits, sometimes working up a sweat with patients at exercise classes or helping them pick out healthy snacks at the grocery store.

"We're trying to create an organization that is high-touch, hands-on, innovative, and disruptive," Duncan said. "That requires a one-to-one understanding of patients' needs, so we can improve health and wellness."

John C. Wood, MD, MBA, FAAFP, medical director of Lancaster General Health Physicians and its ACO (Lancaster General Community Care Collaborative), said that the ACO is responsible for about 85,000 patients, including those covered through Medicare, Medicare Advantage, Medicaid, commercial plans, and dual eligibles. Its Care Connections program, which focuses on high- risk populations, is a critical component of the ACO's success.

Care Connections offers an interdisciplinary, transitional primary care home that serves patients who have two or more medical problems and behavioral health challenges, and have been hospitalized multiple times over the past year.

Lancaster General Health conducted community asset mapping before launching Care Connections in

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2013, which helped surround patients with a comprehensive suite of services. A patient's Care Connections team may include a physician, patient navigator, case management nurse, social service liaison (funded by the county), clinical counselor, clinical pharmacist, and medical assistant, as well as an attorney and even a faith-based leader upon request.

The Care Connections program partners with the United Way on a medical-legal project, and also works with affordable housing and meal service organizations to address barriers that prevent patients from managing their physical and behavioral health. That holistic approach has led to a 65% decrease in hospitalizations for Care Connections patients compared to the baseline, a 14% decrease in ED visits, and a 72% drop in patient days spent in the hospital.

"Ultimately, we're giving patients days back in their homes, where they're much happier," Dr. Wood said.

Kate Dewey (far right), president of The Forbes Funds, explains iCount, a treatment model that will soon enhance care for complex patients in local communities by tying together primary care, behavioral health, and social services.

Kate Dewey, president of The Forbes Funds, capped off the event by giving an update on a iCount, which is a local treatment model for patients suffering from congestive heart failure, COPD, kidney failure, diabetes, and behavioral health problems. The model creates local service "clusters" for these complex patients, featuring a strong primary care provider as well as social and behavioral health agencies.

The idea, Dewey said, is to ensure coordination and continuity in care among all service partners so that patients can better manage their conditions, remain in their homes and neighborhoods, and avoid unnecessary hospital admissions and readmissions.

Next year, iCount is expected to be piloted in the Squirrel Hill/Oakland corridor as well as the North Side, with about 25 patients participating in each neighborhood, Dewey noted.

"We will rely on talented agencies—the cream of the crop in the community—to provide patients with consistent contact, transport, explanations of medications and appropriate nutrition, among other items," Dewey said. "The iCount vision is the essence of recovery, offering a new path and hope to seriously ill patients. It's a matter of will to make this happen."

Latest Health 2.0 Showcases Technology to Improve, De-stigmatize Behavioral Health Services

John, a local college student, is a few beers into his Friday night. The keg is beckoning, but so is his smart phone.

(L-R): Karen Feinstein; Allegheny County Health Department Director Karen Hacker, MD, MPH; Janet McCall, executive director of Contemporary Craft; and Christine Fulton.

John checks his phone: *Hey, it's the TRAC (Texting to Reduce Alcohol Consumption) research team checking in. Remember, you set a goal to limit your drinking to no more than five drinks on any occasion this weekend. Are you still willing to stick to that goal today?*

He is. *Great Choice!*, his phone buzzes back approvingly. *You'll be rewarded by feeling better in the morning.*

Many young adults are indeed feeling better in the morning after using the TRAC text messaging system, developed by Brian Suffoletto, MD, an assistant professor of emergency medicine at the University of Pittsburgh. Dr. Suffoletto's research has found that 18-24 year-olds are less likely to binge drink if they respond to text messages that assess their drinking habits and then receive customized feedback, including messages on the consequences of drinking, protective drinking strategies, and goal-setting.

Breann Farrier, a 2015 JHF summer intern who is pursuing her MSW degree at the University of Pittsburgh, and Deborah Rudoy check out "Memento Mori," a work by the artist Swoon that is part of Contemporary Craft's "Mindful: Exploring Mental Health Through Art" exhibit.

The TRAC system was just one of the disruptive behavioral health technology solutions on display during the latest Health 2.0 meeting, held on October 1 at Contemporary Craft in the Strip District. The service providers, entrepreneurs, designers, and funders gathered also got a glimpse of how internet support groups, cognitive behavioral therapy programs, and moderated

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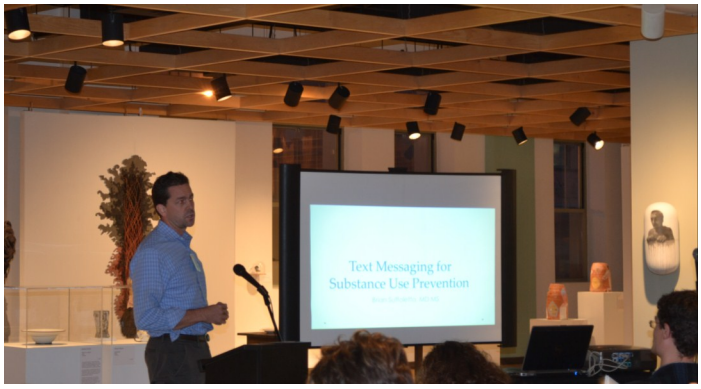
social media sites can illuminate and de-stigmatize behavioral health challenges.

Attendees also explored Contemporary Craft's "Mindful: Exploring Mental Health through Art" exhibit. This mixed-media experience offers people the chance to encounter and understand mental health issues —which an estimated one-in-four Americans struggle with in a given year—through the lens of contemporary craft.

Two local behavioral health leaders kicked off the event by outlining challenges and opportunities in the Pittsburgh region. Brandi Phillips, CEO of Allegheny HealthChoices, Inc, explained how her non -profit organization provides contractual oversight to the behavioral health Medicaid managed care program in Allegheny County.

Phillips shared her ideal behavioral health care system, founded upon the tenets of access (timely, trauma-informed and culturally-sensitive treatment); stability (committed, reliable staff); safeguards (patient privacy, and adequate funding steams for services); and hope (the ability to find meaningful work and social connections). Behavioral and physical health services could become more integrated, Phillips noted, by developing common outcome measures and identifying high-risk patients through predictive modeling.

Joni Schwager, executive director of the Staunton Farm Foundation, noted that there is no health without mental health. Her organization supports those living with mental illness and substance abuse disorders by advancing best practices through grant making in southwestern Pennsylvania.



Brian Suffoletto, MD, assistant professor of emergency medicine at the University of Pittsburgh, explains a text messaging system that he developed to curb binge drinking among young adults.

Joni Schwager, executive director of the Staunton Farm Foundation, describes the crucial — yet often neglected — connection between behavioral and physical health.

Allegheny HealthChoices, Inc. CEO Brandi Phillips describes behavioral health needs in Allegheny County, and the role that quality medical and social services play in promoting whole-person health.

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Recently, the Staunton Farm Foundation provided support to establish the Training Center for Outcomes -Based Integration, a partnership between JHF, Allegheny HealthChoices, and the Conference of Allegheny Providers that will help behavioral health providers with information technology, performance measurement and analysis, and quality improvement.

Ana Radovic, MD, MSc, assistant professor of Pediatrics at Children's Hospital of Pittsburgh of UPMC, features the SOVA (Supporting our Valued Adolescents) project, which allows young people and parents to learn about depression and anxiety and treatment through separate online forums moderated by a therapist.

In addition to Dr. Suffoletto, two other local health IT innovators shared ways that they are supporting patients and families struggling with behavioral health issues. Ana Radovic-Stakic, MD, MSc, assistant professor of Pediatrics at the University of Pittsburgh School of Medicine, featured the SOVA (Supporting our Valued Adolescents) project. SOVA allows young people and parents to anonymously learn about depression and anxiety and treatment through separate online forums, which are moderated by a therapist. By offering peer support and vetted information, SOVA aims to reach the more than 60% of teens with depression who do not seek treatment.

Bruce Rollman, MD, MPH, professor of Medicine, Psychiatry, and Biomedical Informatics and Director of the Center for Behavioral Health and Smart Technology at the University of Pittsburgh, showcases his National Institute of Mental Health-funded internet support group for treating mood and anxiety disorders.

Bruce Rollman, MD, MPH, professor of Medicine, Psychiatry, and Biomedical Informatics and Clinical and Translational Science and Director of the Center for Behavioral Health and Smart Technology at the University of Pittsburgh, shared his *Beating the Blues* computerized cognitive behavioral therapy system. Beating the Blues helps those suffering from depression and anxiety understand their symptoms and develop personalized coping strategies through weekly online treatment sessions. What patients share remains private, except for progress reports received by care managers or physicians who offer an initial referral into the program.

"The conversations won't close at the end of this event," said Robert Ferguson, JHF's director of government grants and policy and an organizer for the Foundation-supported Health 2.0 events. "We'll be in touch with those who want to take the next steps in changing the culture around behavioral health in our community."

PRHI's New Positive Deviance Initiative to Study High Performers, Spread Quality across Region

Vincentian de Marillac is a center for excellence in keeping residents safe. The skilled nursing facility, part of Vincentian Collaborative System's network of senior care communities, is the only long-term care facility in Allegheny County to achieve a five-star rating in preventing resident falls with a major injury in four consecutive quarters, according to CMS Nursing Home Compare data.

What are the critical components of Vincentian de Marillac's success? How can other organizations in the region learn, and replicate, their best practices? Through its new Positive Deviance Initiative, PRHI's quality improvement specialists are about to go sleuthing at local, high-performing long-term care facilities like Vincentian de Marillac, as well as at hospitals and medical groups.

The PRHI initiative is founded upon the "positive deviant" concept—that quality improvement can spread rapidly by studying the habits of excellent organizations, distilling elements that drive high performance, and disseminating those findings to peer organizations. PRHI will identify such all-stars locally through data analysis, and conduct thorough observations at those sites to learn their playbook for safe, reliable, and high-quality care. Then, PRHI will partner with other local organizations to implement that playbook and measure the results.

Leadership from Vincentian Collaborative System (VCS), a non-profit health and human service coordinator for three senior communities in the Pittsburgh region, and PRHI meet on October 14 to discuss PRHI's new positive deviance initiative. Through the initiative, PRHI will identify local high-performing healthcare organizations, study their best practices, and share and implement those practices with other organizations. Pictured (L-R): VCS President and CEO Raymond Washburn; COO Susan Lewandowski, NHA; Director of Quality/Risk Management Louanne Plank; Clinical Reimbursements Manager Lisa Barnhart, RN; and PRHI Quality Improvement Specialists Stacie Bonenberger, MOT, OTR/L and Anneliese Perry; Manager of Lean Healthcare Strategy and Implementation Jennifer Condel; and Chief Medical Officer Keith Kanel, MD.

"The positive deviant approach has numerous built-in advantages," says Dr. Kanel, who is leading the initiative. "It's high-speed, low-cost quality improvement. It engages all levels of an organization. It avoids the trial and error of new care models, and it's customized for the healthcare environment in western Pennsylvania. Best practices don't need to be designed—they already exist. We want to understand and share real-life solutions that are already adjusted for patient preferences, workforce, business priorities, and the local culture."

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With healthcare payment incentives increasingly rewarding performance over volume, the Positive Deviance Initiative is launching as data-driven quality improvement becomes even more of an organizational imperative, Dr. Kanel notes.

"Traditionally, 'big data' and quality improvement have been two trains, on two different tracks," Dr. Kanel says. "But that's changing, with Medicare tying payments to quality, and the emergence of other efforts such as readmissions penalties, pay-for-performance, and value-based purchasing. This is a moment in time when those two tracks begin merging."

To identify positive deviants, PRHI will mine high-caliber data sources including those from Nursing Home Compare, Hospital Compare, and the Pennsylvania Health Care Cost Containment Council.

"For this initiative to work, the data sources have to be unimpeachable," Dr. Kanel says. "That's why we're starting with nursing homes. Facilities are mandated to report, there's rich set of quality metrics, and they're publicly available."

The Positive Deviance Initiative kicked off on October 14, when Dr. Kanel, PRHI Quality Improvement Specialists Stacie Bonenberger, MOT, and Anneliese Perry, and Manager of Lean Healthcare Strategy and Implementation Jennifer Condel met with leadership from Vincentian Collaborative System, including Clinical Reimbursements Manager Lisa Barnhart, RN; COO Susan Lewandowski, NHA; Director of Quality/ Risk Management Louanne Plank; and President and CEO Raymond Washburn.

"Vincentian was the first place we reached out to for this initiative, and they were incredibly excited," Dr. Kanel says. "They wanted to share their best practices because they want to have our fresh eyes enter their environment. They see it as a great opportunity to not only help the community, but also learn about themselves and get even better."

Bonenberger, Condel, and Perry will return to Vincentian de Marillac in November to uncover the factors that make the facility a leader in preventing falls. The PRHI team will focus on conducting interviews and observations, and mapping out processes that create value.

PRHI will launch similar projects at local hospitals in the winter of 2015, and medical groups in the spring of 2016. PRHI will disseminate common elements of high-performing through specialty societies for the target groups, and its own communications channels such as the Center for Health Information Activation and Tomorrow's HealthCare™, PRHI's online knowledge network. It is also exploring partnerships with the Pennsylvania Department of Health, regional business groups and insurers, academic institutions, and Area Agencies on Aging, among others.

"We've got many organizations interested in raising the bar, and they're looking to PRHI as a resource for

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quality improvement," Dr. Kanel says. "That's a role that PRHI has played over the years in western Pennsylvania. Our reputation and existing relationships position us to do something radically new, and positive deviance is a radically new approach."

Karen Feinstein Re-Elected as NRHI At-Large Executive Committee Member

Karen Feinstein was recently re-elected as an at-large executive committee member of the Network for Regional Healthcare Improvement (NRHI). NRHI uses the collective strength of its more than 30 regional health improvement collaborative members to innovate, achieve the triple aim of improved patient care and population health at lower costs, and leave its footprint on policy analysis and development. Dr. Feinstein has served in leadership roles of the NRHI board since its inception, and has served on its executive committee since 2011. PRHI is a founding member of the network.

Nancy Zionts Discusses Role of Advocacy, New Care Models in Aging Well at GIA Conference

The U.S. is experiencing a silver tsunami, with the population of seniors (age 65 and older) climbing past 43 million and projected to rise to 84 million by 2050, according to the U.S. Census Bureau. But, as Grantmakers in Aging (GIA)'s 2015 Annual Conference recently demonstrated, this tsunami need not lead to a cycle of despair.

During the GIH's "Soaring into the Future: Seeking New Horizons in Aging and Philanthropy" conference, held in Washington, DC from October 28-30, funders from across the country showcased projects and partnerships that are bolstering seniors' community-based living options, social connections, and base of supporters.

JHF COO/CPO Nancy Zionts helped design and gave a presentation during a session that addressed philanthropy's role in helping seniors age well in the community. The session honed in on ways that existing community assets and new healthcare workforce roles can improve home-and-community-based services for seniors, and prevent avoidable hospitalizations and institutionalizations. Greg DiDomenico, president and CEO of the Community Memorial Foundation; Robyn Golden, director of health and aging at the Rush University Medical Center; and Brian Myers, program officer for the Empire Health

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Foundation, also presented.

Zionts highlighted JHF's Community Health Worker (CHW) Champions program, which will enhance the skills of area CHWs to improve care and outcomes for community-dwelling seniors. Zionts explained that the Champions program will address the training, certification, and reimbursement of CHWs, to maximize the impact of this underutilized sector of the healthcare workforce. The program will also use predictive modeling to identify local seniors who are at greatest risk for hospital and nursing home admissions that could be prevented through community-based interventions.

(L-R): Greg DiDomenico, president and CEO of the Community Memorial Foundation; Louis Starman, MSW, LSW, director of social services for Aging Care Connections; Nancy Zionts; Robyn Golden, director of health and aging at the Rush University Medical Center; and Brian Myers, program officer for the Empire Health Foundation .

The GIA conference session on home-and-community-based services is especially timely for Pennsylvania, as the Department of Human Services and Department of Aging will phase in managed long -term services and supports (MLTSS) in the Commonwealth by 2017. MLTSS aim to improve care coordination and provide seniors and individuals with disabilities with the resources they need to live safely in the community.

"It's imperative for us to learn everything we can between now and 2017, so that Pennsylvania has the support and infrastructure in place to make home-and-community-based senior living options safe, accessible, and high-quality," says Zionts, who met with foundations representing states that have already implemented MLTSS to learn their best practices. "Once these promising new models are activated, we need to make sure that seniors don't fall through the cracks."

During a second session at the conference, Zionts led a roundtable discussion on the role of local funders in supporting advocacy and leadership development for advocacy. Zionts recounted JHF's 25-year history of advocacy, including initiatives to strengthen the continuum of care for seniors, support their families and caregivers, and emphasize the autonomy of seniors and loved ones on end-of-life matters through its *Closure* program.

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"JHF believes in funding advocacy because many seniors and the organizations that serve them don't have the capacity to look at underlying policy issues that can be so supportive when done well, and so detrimental when done poorly," Zionts says. "There's a real need for local funders to get involved, because decisions that are made at a national level often require the input and experience of organizations knowledgeable about how they will play out on the ground."

The roundtable also featured Gretchen E. Alkema, PhD, LCSW, vice president of policy and communications for the SCAN Foundation; Renee Markus Hodin, JD, director of the Voices for Better Health Project at Community Catalyst; Sara Kay, head of advocacy and health equity programs for The Atlantic Philanthropies; and Harold Alan Pincus, MD, professor and vice chair of the Department of Psychiatry at the Columbia University College of Physicians and Surgeons, as well as director of the Health and Aging Policy Fellows program.

The Health and Aging Policy Fellows program selects promising young leaders in senior health from across the U.S. to work on a federal policy project, develop multidisciplinary networks, and work closely with those currently shaping guidelines and laws that affect seniors. JHF's board has funded the opportunity for JHF's Robert Ferguson to participate in this program.

"The Foundation also recognizes the importance of cultivating the next generation of advocates for seniors," says Zionts, who is a longstanding member of the GIA Fellows Committee. Each year, the committee identifies outstanding graduate and post-doctoral students interested in forging a career in aging and offers them the opportunity to attend the annual conference.

Keith Kanel, Fellow Transparency Innovators Shape National Data Network to Support Sound Healthcare Decisions

On October 8-9, Keith Kanel joined 29 other experts in managing, analyzing, and reporting healthcare data to discuss what it takes to provide patients, providers, and purchasers across the U.S. with the information needed to make value-based healthcare choices. Dr. Kanel represented PRHI at the invite-only Transparency Innovators Forum in San Francisco, CA, which laid the groundwork for the nascent Center for Healthcare Transparency (CHT).

Through a coordinated, public-private network of 20-40 data reporting agencies, the CHT aims to provide actionable information on healthcare quality, cost, outcomes, and utilization to half of the U.S. population by 2020. To achieve that vision, the CHT is recruiting regional health improvement collaboratives, providers, health plans, purchasers, business groups, and other multi-stakeholder or public organizations

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that present data to their communities.

The CHT is led by NRHI and the Pacific Business Group on Health, a member of NRHI's nationwide alliance of regional health improvement collaboratives. The Laura and John Arnold Foundation is providing funding for the planning phase. Pacific Business Group on Health CEO David Lansky, PhD, serves as principal investigator for the CHT.

"The CHT," Dr. Kanel notes, "has the potential to leverage local expertise and scale it so that people across the country can choose the right healthcare services, at the right time."

PRHI Chief Medical Officer Keith Kanel, MD, and David Lansky, PhD, CEO of the Pacific Business Group on Health and principal investigator for the newly-established Center for Healthcare Transparency (CHT). Dr. Kanel and Dr. Lansky were among those invited to the Transparency Innovators Forum in San Francisco, CA, to strategize on how the CHT can build a national network capable of providing actionable information on healthcare quality, cost, outcomes, and utilization.

During the Transparency Innovators Forum, Dr. Kanel and others focused on identifying the resources, partnerships, and infrastructure needed to support the CHT, which will launch in January of 2016. The central theme? Health care is local, and healthcare data is local.

"Benchmarks in the Northeast are very different from benchmarks in California, and they should be analyzed separately," Dr. Kanel says. "Things like risk adjustment should be done separately. We also discussed how data should be a two-way street—those collecting data should listen to those providing the clinical services being measured, as well as other stakeholders. What do individual consumers, or the business community, need to make purchasing decisions? What do federal payers need to cover appropriate populations better? If we want to know what's important to measure, we have to ask."

The CHT could further several existing initiatives at PRHI, including efforts to create actionable reports for consumers as part of PRHI's Center for Healthcare Information Activation. PRHI is currently engaging organizations to participate in the CHT initiative, with the goal of becoming the data source for practices in western Pennsylvania and possibly beyond.

"We're ready to share our stakeholder engagement skills and our quality improvement methods with the rest of the consortium," Dr. Kanel says. "We want to do this for our region, but we can't do it alone—we would need input from the health plans and state government."

Strategic Collaborative Meeting Shows Stakeholders Working toward an AIDS-Free Pittsburgh through Education, Outreach, and a Little Voguing

As stakeholder involvement in the Regional HIV Strategic Collaborative increases, so does the opportunity for members to share accomplishments in improving the quality of HIV/AIDS services available in southwestern Pennsylvania. During the latest collaborative meeting at Rodef Shalom on October 9, healthcare providers, consumers, health department representatives, and researchers learned more about a promising program to address climbing HIV infection rates among youth—and an initiative to make new AIDS diagnoses in Allegheny County a thing of the past by 2020.

Richard Smith (back, left), HIV/AIDS program director for JHF, and Bethany Blackburn, program administrator for Pittsburgh AIDS Center for Treatment, explain how partners are working to eliminate new AIDS diagnoses in Allegheny County by 2020 by linking HIV-positive individuals to treatment services and reaching out to at-risk populations.

Staff from Project Silk, an HIV prevention and care initiative, explained how they reach out to primarily young black and Latino men who have sex with men and transgender individuals, and their sexual partners in the Pittsburgh region. Project Silk, funded as a demonstration project by the Centers for Disease Control and Prevention, offers on-site STD/HIV testing, sexual health education, skills-based programming developed by young people engaged in the program, peer mentoring, and links to medical care and social services. From Facebook posts on the benefits of Pre-exposure prophylaxis (PrEP) treatment (which can reduce the risk of HIV infection by up to 92% for at-risk individuals who consistently take the medication) to holding "house balls" where groups compete to see who has more rhythm on the dance floor and runway, Project Silk engages youth through a variety of social channels.

(L-R): Community Human Services (CHS) Sexual Health Support Specialist Dalen Hooks, Therapeutic Intervention Specialist Daphne Beers, and Director of Youth Programs Jess Netto present Project Silk, a CHS-run HIV prevention and care initiative.

In the summer of 2015, Project Silk was chosen by the National Alliance of State & Territorial AIDS Directors (NASTAD) as one of the top five projects nationwide in engaging young black men who have sex

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with men. Project Silk is also featured as part of NASTAD's Center for Engaging Black Men Who Have Sex with Men across the Care Continuum. The center, in partnership with the Health Resources and Services Administration, will identify the best models of HIV/AIDS care and prevention across the U.S. for this target population.

The collaborative meeting also featured a presentation by JHF's HIV/AIDS Program Manager Richard Smith, MSW, and Bethany Blackburn, program administrator for the Pittsburgh AIDS Center for Treatment, on the AIDS Free Pittsburgh Initiative. By 2020, the initiative aims to eliminate new AIDS diagnoses in Allegheny County, and reduce the rate of new HIV/AIDS infections by 75% (from nearly 140 new infections per year currently to less than 40).

The initiative has formed a steering committee that includes leadership from JHF, the Allegheny County Health Department, local HIV/AIDS and human service providers, medical providers, and academic institutions. The steering committee is in the process of hiring a program manager for AIDS Free Pittsburgh, which will deploy a two-track approach to accomplish its ambitions by 2020.

One track will focus on identifying HIV-positive individuals who are currently undiagnosed and linking them to medical care, to decrease the chances that they develop an AIDS diagnosis. The second track will engage those at risk of developing HIV by providing education on how the virus is transmitted, promoting routine screening for HIV in medical settings, and increasing access to and awareness of PrEP treatment.

Similar initiatives have been proven effective in areas such as San Francisco, New York State, and Washington State, Smith and Blackburn pointed out. And Allegheny County, which has the second-highest number of new HIV diagnoses and cumulative number of people living with HIV/AIDS among all counties in Pennsylvania, is a prime candidate to take advantage of new prevention tools and outreach strategies.

AIDS Free Pittsburgh will formally announce its launch on December 1, which is World AIDS Day.

MAI Statewide Learning Session Shows Web of Relationships, Services Needed to Reach Lost-to-Care Patients

For one outreach worker from an agency participating in JHF's Minority Aids Initiative (MAI), her relationship with some clients spans decades. She has known these men and women, born HIV-positive, since they were in diapers or starting school. At some point, they became "lost to care," no longer receiving the medical services necessary to manage their condition and lower their risk of transmitting HIV.

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But through MAI, the outreach worker is re-connecting them to care and ensuring they have the necessary stability in other aspects of their lives—housing, food, transportation, employment—to improve their health. She makes sure her clients make it to appointments, even if it means hopping on a bus or walking with them to a clinic.

"Their success is our success," the outreach worker said during the latest statewide MAI collaborative learning session, hosted by JHF at the QI²T Center on October 27-28. "Our hard work paid off because they're able to live their lives and not be defined by their illness."

That was just one triumph shared during the learning session, which featured two-dozen participants from the 12 AIDS service organizations currently partnering with the Foundation through MAI. They gathered to identify process improvement tools, client engagement strategies, and partnerships that can make their lost-to-care outreach programs sustainable years into the future.

MAI outreach workers tailor interventions to diverse populations and unique agency settings, including hospital-based clinics, community organizations, and the prison system. During the learning session, the outreach workers learned more about using data to track clients' progress, mapping out the steps involved in outreach to streamline their work, developing self-care strategies to avoid burnout or compassion fatigue, and considering new ways that they can collaboratively meet clients' needs.

In small groups, MAI outreach workers from various agencies sketched a map of the organizations with which they coordinate care, embracing the Halloween theme by connecting those medical and social services with black pipe-cleaner spiders and tangled webs. They also discussed how they could latch on to the outreach ideas and community knowledge of other MAI participants.

"JHF brings us together, and breaks down some of the siloes that used to exist between agencies," another participant said during the learning session. "It has been wonderful to make connections with people

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from all over the state. We can continue reaching out to learn even more from one another—we want to expand the web."

Salk Fellows Explore Innovative Solutions to Persistent Population Health Problems with Experts in the Field

During the four Jonas Salk Fellowship sessions in October, the 35 multidisciplinary graduate students participating were introduced to the problem-solving lenses that they will use to tackle population health issues and spark a consumer health movement. Regional experts presented key principles and strategies related to advocacy and activism, crisis management, predictive modeling, and disruptive innovation.

Advocacy and Activism (October 8)

Tricia McGinnis from the Center for Health Care Strategies presented an aspirational vision for integrated physical, behavioral, and social services: Totally Accountable Care Organizations.

Sally Jo Snyder, director of Advocacy and Consumer Engagement at the Consumer Health Coalition, introduced advocacy and activism key concepts and worked with Fellows to develop strategies for igniting a consumer health movement in each of their selected topics.

Crisis Management (October 15)

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Keith Morse, emergency management specialist from the Allegheny County Department of Emergency Services, provided insights on how crisis management strategies for mobilizing a community could be applied to population health. Fellows had an opportunity to visit the Allegheny County Emergency Operations Center and see first-hand how key stakeholders develop a coordinated response to crises.

Sally Jo Snyder (second from left), director of Advocacy and Consumer Engagement at the Consumer Health Coalition, discusses the role of advocacy and activism in solving population health issues with the Jonas Salk Fellows.

Predictive Modeling (October 22)

Tim Casey, chief information officer at Allegheny HealthChoices, Inc., and Hasan Guclu, senior scientist from the Public Health Dynamics Laboratory at University of Pittsburgh, explained predictive modeling as a tool used for decision-making that examines the drivers of complex systems that impact public health outcomes.

Keith Morse, emergency management specialist from the Allegheny County Department of Emergency Services, explains the county's crisis management strategies.

Disruptive Innovation (October 29)

Lynn Brusco, executive director of the Carnegie Mellon University's Disruptive Health Technology Institute (DHTI), explained how the institute fosters relationships between academia, public, and private organizations to create game-changing technology products.

During each session, Fellows worked in teams to identify opportunities to apply each problem-solving lens to selected population health problems. Building on the Foundation's public health efforts and momentum from the July 15 Center for Health Information Activation event, Fellows are exploring innovative strategies for increased HPV vaccination to prevent cancer, new housing models for seniors, linkage to care for HIV-positive individuals, avoidance of risky behaviors among adolescents, improved nutrition for those at-risk of cardiovascular disease and diabetes, and perinatal depression.

During the final session on December 3 from 4-7 PM, the Fellows will demonstrate how they applied

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what they learned by presenting strategies to address each of the population health problems.

PRHI Promotes Health Behavior Changes Across Care Settings at Seamless Transitions Conference

During the Third Annual Seamless Transitions Across the Care Continuum Conference, PRHI Director of Education and Coaching Mark Valenti asked the 200-plus physicians, pharmacists, nurses, and administrators in attendance about their greatest challenges in helping patients successfully shift from one setting to another. Some mentioned patients not taking their medications, or missing follow-up appointments. Others cited diabetics with a sweet tooth, or congestive heart failure patients who don't diligently monitor their weight.

While the onus for successful care transitions is a shared endeavor, it certainly helps if patients are engaged in making health-promoting choices. During a presentation at the conference in De Pere, WI on October 13 and 14, Valenti explained how the collaborative conversation style of motivational interviewing (MI) can uncover patients' intrinsic reasons for making healthy choices, and set them on a path toward meeting their wellness goals.

During his presentation, Valenti outlined the four fundamental processes of MI. There's Engaging, which entails getting to know the patient and their values. Next comes Focusing, or establishing a patient-provider partnership with two-way communication. The third step is Evoking, which means eliciting the patient's own perspective on and knowledge of their health conditions. Finally, when patients have built the case for healthy behavior change and are ready to make it happen in tandem with providers, you have reached the Planning phase.

Following the conference, Valenti conducted a full day of MI workshops for primary care providers and hospital staff from Prevea Health, a multi-specialty clinic based in Green Bay, WI which sponsored the Seamless Transitions Across the Care Continuum Conference. Jody Weisse, RN, MSN, Prevea Health's quality initiatives coordinator, set up the workshops after learning about PRHI's approach to motivational interviewing at the Wisconsin Collaborative for Healthcare Quality's 2015 Statewide Quality Improvement Event in June.

"In terms of care management and care transitions, motivating patients is becoming more and more

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difficult but necessary," Weisse says. "Mark's approach to MI training is very engaging and practical. We're discussing asking Mark to come back next year to provide additional training for our providers. It's a great fit for our staff."

PRHI offers MI training sessions both within healthcare settings and at its downtown offices. Training sessions may be supplemented by onsite coaching and observation, which helps to reinforce and hone learned skills. For more information, contact Mark Valenti (mvalenti@prhi.org) or visit PRHI's events page (prhi.org/events).

JHF-Supported Strategic Health Resource Center Launches, Charts Course to Strengthen Care for Jewish Community

In 2014, JHF provided a grant to support the Strategic Health Resource Center (SHRC), an initiative of the Jewish Federations of North America that formally launched in September of 2015. The SHRC is a research and policy development hub, serving as an advocate and influencer for the Jewish community to ensure high-quality, accessible, and culturally competent care.

(L-R): Michael Marcus, older adults program manager at The Harry and Jeanette Weinberg Foundation; Nancy Zionts; Shelly Galvin, program officer at the Mt. Sinai Health Care Foundation; and Mt. Sinai Health Care Foundation President Mitchell Balk.

On October 28, Nancy Zionts and fellow members of the SHRC's Advisory Council held its inaugural meeting in Washington, DC to shape the center's strategic vision and priorities for 2016 and beyond. The Advisory Council is especially focused on potential legislation and regulation related to Medicaid, Medicare, and the Affordable Care Act, as well as strengthening the continuum of services available to the Jewish community, from children's and family agencies to long-term care facilities and home health organizations.

JHF Co-Sponsors Evening with Leading Figure in Israeli Health Care

On October 28, JHF and the Israel Healthcare Foundation proudly co-sponsored a community conversation with Michael Sherf, MD, deputy CEO and head of hospitals of Israel's Clalit Health Services.

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Clalit is the largest of Israel's four health maintenance organizations, serving more than half of the country's residents via hospitals, primary care and specialty clinics, geriatric and long-term care facilities, physiotherapy centers, and mental health clinics. JHF has a longstanding relationship with Clalit, partnering with the organization on several quality initiatives and learning exchanges.

Michael Sherf, MD, deputy CEO and head of hospitals of Israel's Clalit Health Services

During the event, held in the Elsie Hilliard Hillman Conference Room at WQED-TV's studios in Oakland, Dr. Sherf discussed how Clalit hospitals received the highest ratings on the first-ever Health Ministry survey of care in Israel. He also described the differences in health care between the U.S. and Israel, where the population lives longer despite the country devoting less than half as much of its gross domestic product to health spending compared to the U.S. Earlier in the day, Dr. Sherf met with staff at the QI²T Center to discuss the Israeli healthcare experience and learn more about ongoing JHF projects.

PRHI Helps Providers Boost Health Literacy at PA Association of Community Health Centers Conference

Health literacy, or the ability to obtain, process, and understand health information to make appropriate decisions, can be the difference between patients achieving their wellness goals or ending up at the emergency department. It's a major challenge, with the U.S. Department of Health and Human Services estimating that more than a third of Americans have basic or below-basic health literacy skills.

On October 7, Mark Valenti explained how providers can promote health literacy among patients —and help them become more engaged in their care —at the Pennsylvania Association of Community Health Centers (PACHC) 2015 Annual Conference and Clinical Summit in Lancaster, PA. Health center administrators, physicians, nurses, and care managers gathered for the conference attended Valenti's presentation, entitled "Patient Activation: The Role of Health Literacy."

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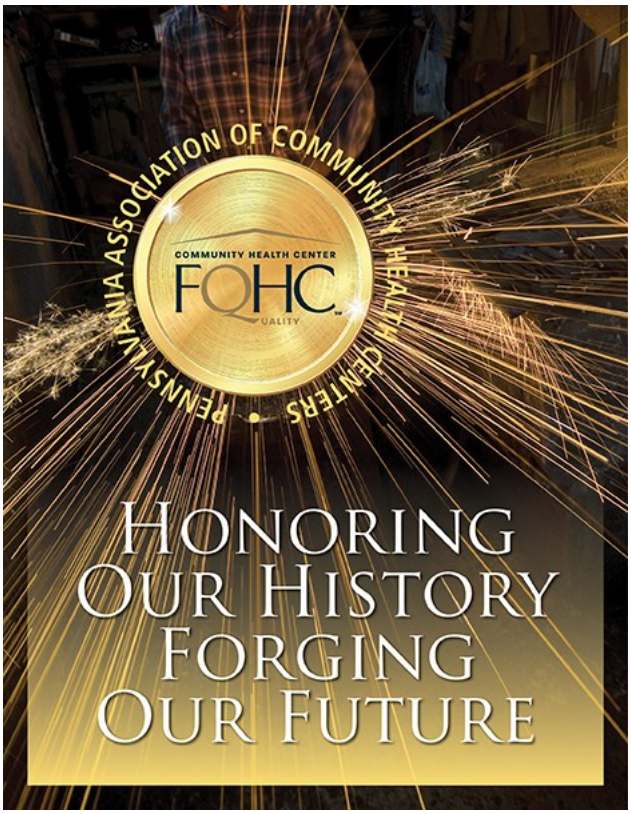
During his PACHC presentation, Valenti offered several recommendations to support health literacy among patients. When communicating with patients, providers should use plain, everyday language and avoid medical jargon—there's no need to tell someone that they have arterial hypertension, when high blood pressure is more commonly understood. They should also relay health information in manageable, bite-sized pieces, and be cognizant that health literacy extends to being able to comprehend nutrition labels and how a health insurance deductible works.



Providers can also support health literacy skills by looking for clinical "red flags—signs that the patient is confused. Is the patient staying silent, furrowing his brow, or fidgeting? It could indicate that the patient and provider aren't on the same page. To gauge whether patients comprehend health information, providers can ask them to repeat back what they have been discussing, and explain how it relates to managing their health.

"Assessing health literacy is a critical component of 2014 Patient Centered Medical Home standards," says Valenti, who also gave a presentation at the conference on using Screening, Brief Intervention, and Referral to Treatment (SBIRT) tools to identify and reduce unhealthy alcohol and substance use. "Health literacy is far more than just whether patients can read information. It's translating that information into action that ultimately enhances their health."

PRHI offers health literacy workshops for interested healthcare providers and organizations. For more information, contact Mark Valenti (mvalenti@prhi.org).

JHF Partnering with Practices, Health Department, Medical Society, Pitt to Boost HPV Vaccination Rates

After crunching numbers to identify local neighborhoods with the lowest HPV vaccination rates and developing provider outreach strategies (see pages 18-20 of September's WINDOW for more

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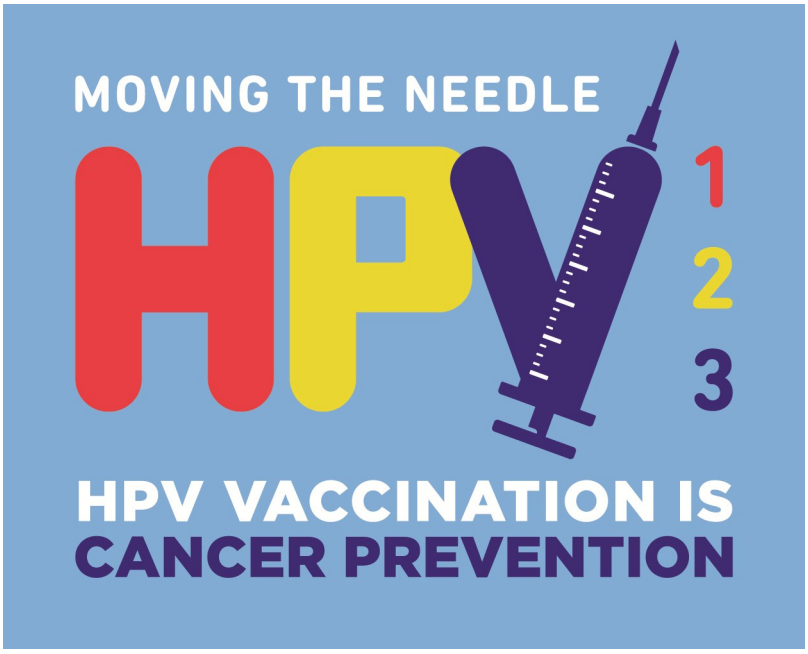

information), JHF is now meeting with practices in Gibsonia, Oakmont, Plum/ Monroeville/Penn Hills, McKeesport, and McKees Rocks to prevent more kids and young adults from cancer. And the Foundation is spreading the word with the help of public health, physicians, health systems, and health plans, among others.

In October, the Foundation's HPV Vaccination Initiative team met with pediatricians in the Monroeville and Penn Hills region to discuss their vaccination rates, and ways that JHF can partner with them to increase awareness and uptake of the vaccine, which can reduce the risk of developing HPV-related cervical, vaginal, vulvar, anal, throat, and penile cancers by up to 99%. The HPV vaccine is approved for boys ages 9-21 and girls ages 9-26, and is covered by insurance or the federal Vaccines for Children program. JHF is ready to support practices through staff training, quality improvement assistance, and guided talking points for providers to parents on HPV vaccination.

Additionally, JHF has mailed a pair of letters to doctors and practice managers in the five high-priority neighborhoods to explain the urgency of recommending the cancer-preventing vaccine. The letters are signed by: Karen Hacker, MD, MPH, director of the Allegheny County Health Department; John P. Williams, MD, president of the Allegheny County Medical Society; Joseph Aracri, DO, FAAP, system Chair of Pediatrics at Allegheny Health Network; Donald R. Fischer, MD, MBA, senior vice president of Health Affairs and Chief Medical Officer of Highmark, Inc.; Elizabeth Miller, MD, PhD chief of the Division of Adolescent and Young Adult Medicine at Children's Hospital of Pittsburgh of UPMC; Loren H. Roth, MD, MPH, senior advisor for quality at UPMC Health Plan; Jonas T. Johnson, MD, distinguished service professor and chairman of the University of Pittsburgh School of Medicine's Department of Otolaryngology; and David H. Perlmutter, MD, the Vira I. Heinz Endowed Chairman of Pediatrics at the University of Pittsburgh School of Medicine; and Nancy E. Davidson, MD, director of the University of Pittsburgh Cancer Institute. The letters have already been sent to more than 25 practices in low-vaccination neighborhoods.

Karen Feinstein, Other NBME Members Working to Inject Consumer Voice into Initiatives

Karen Feinstein was recently elected to a four-year term as a member-at-large of the National Board of Medical Examiners (NBME), a non-profit organization that develops exams for health professionals and lends research expertise to graduate medical educators, medical specialty boards, and other healthcare organizations in the U.S. and abroad.

On October 27, Dr. Feinstein and fellow members of the NBME's Public Stakeholders Committee met in Philadelphia to ensure that the needs of healthcare consumers and their advocates are at the heart of the organization's public health initiatives and professional assessments.

During the meeting, committee members focused on ways that the NBME can maximize its impact on high-priority public health topics, including addressing healthcare disparities, improving all healthcare professionals' knowledge and communications skills around end-of-life care, and supporting shared decision-making between patients and providers.

Karen Feinstein Talks Blending Public Health, Social Work Together with Pitt's Evans Fellows

From civil rights to anti-poverty to women's initiatives, Karen Feinstein's formative years were defined by social movements. Those early experiences compelled her to weave social work and public health together during her career, and have informed JHF's efforts over the years as it has tackled topics including senior care, women's heart health, and childhood vaccinations.

JHF Intern Dana Heilman (right), pictured here facilitating a group discussion among Minority Aids Initiative partners, is also a member of Pitt's Evans Fellowship program for leaders in public health and social work.

On October 23, Dr. Feinstein shared her educational and career experiences with University of Pittsburgh students who are also determined to improve community health through social action. Dr. Feinstein was a guest speaker as part of the Pitt

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School of Social Work/Graduate School of Public Health's "Leadership in Public Health Social Work" seminar series.

Dr. Feinstein spoke with a select group of joint Master of Social Work/Master of Public Health students who have been selected for Pitt's Juanita C. Evans Fellowship Program. The Evans Fellows, who are focusing on a community organizing/social action track, are cultivating their leadership skills through field placements at local organizations—including JHF. During a year-long internship, Evans Fellow Dana Heilman is supporting the JHF's HPV Vaccination Initiative as well as the Foundation's work to enhance services and treatment for HIV-positive individuals.

PA POLST Coalition Working to Support Advanced Care, End-of-Life Conversations across Commonwealth

On October 15, members of the PA POLST (Physician Orders for Life-Sustaining Treatment) Coalition met in Hershey, PA to outline strategies for ensuring that providers across Pennsylvania have the educational and technological support to help patients and their loved ones translate care preferences into medical orders.

The coalition represents health systems and collaboratives from across Pennsylvania who have a vested interest in supporting and strengthening PA POLST, the Commonwealth's endorsed program to help seriously ill patients indicate the treatment they want or do not want to receive in a medical crisis. As the coordinator for PA POLST, JHF offers education and resources to patients, families, and their healthcare providers.

During the meeting, PA POLST Coordinator and JHF Consultant Marian Kemp led a discussion on how the group's POLST curriculum could more fully meet the needs of providers. In response, the POLST course will be modified to include program implementation, facilitator training, and train-the-trainer sections, each of which could be offered for Continuing Medical Education and Continuing Education Unit credits. The revised course should be available by the second quarter of 2016. Nancy Zionts, who sits on the coalition steering committee, stressed the continuing, statewide need for POLST outreach funding.

The group also discussed challenges that health systems encounter in documenting POLST and advance

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care planning decisions in their electronic medical records. In addition to sharing solutions across the coalition, attendees expressed interest in holding a statewide webinar on an electronic POLST system, recently piloted in Oregon, that is compatible with EMRs. They also viewed "POLST: Doing it Better," a new video produced in Oregon which serves as an educational tool for healthcare providers to learn about best practices in using POLST.

For more information on PA POLST, please visit the Closure website (http://closure.org/for-the-healthcare-professional/polst) or contact Marian Kemp at: papolst@verizon.net

JHF Partnering with Dementia Care Leader Teepa Snow

One of the greatest threats to families and healthcare systems is the growing number of individuals with dementia. The World Health Organization (WHO) estimates that nearly 48 million people around the globe currently suffer from the disease that degrades memory, behavior, and judgment, and that total will nearly triple by 2050.

JHF Quality Improvement Specialist Stacie Bonenberger (right), MOT, is training to become certified in a nationally renowned dementia care curriculum developed by Teepa Snow (left), MS.

In the absence of a cure, aging services providers and families are seeking ways to mitigate the effects of the disease and care for those affected. Toward that end, in an effort to disseminate dementia care best practice, JHF has partnered with one of America's leading educators on dementia: Teepa Snow, MS.

On October 21-22, JHF's Stacie Bonenberger attended a training session in Ontario, Canada, to continue her path toward becoming a certified trainer in Snow's Positive Approach to Care™ method. Bonenberger is already applying her newly-acquired dementia awareness and knowledge to the RAVEN (Reduce Avoidable hospitalizations using Evidence-based interventions for Nursing facilities in Western Pennsylvania) initiative.

In the RAVEN initiative, JHF is working with UPMC Aging Institute and other operating partners to work with 19 nursing facilities in western Pennsylvania to reduce avoidable readmissions through improving resident outcomes, smoothing transitions of care, and strengthening the clinical and communication

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skills of frontline workers.

JHF also plans to bring Snow's dementia care concepts and training to regional and state long-term care providers through a partnership with the Three Rivers Workforce Investment Board, and to others who care for seniors as our region rolls out Managed Long-Term Services and Support programs in 2017.

JHF Sponsors Evening Highlighting Challenges of Aging Caregivers during ReelAbilities Pittsburgh Film Festival

JHF was a proud sponsor of the third annual ReelAbilities Pittsburgh Film Festival, which celebrates the stories and artistic contributions of people with disabilities through award-winning movies, live concerts, and community forums. ReelAbilities launched in New York in 2007 and was brought to Pittsburgh in 2013 thanks to a partnership between JFilm and the FISA Foundation, which strives to improve quality of life for women, girls, and disabled individuals in southwestern Pennsylvania.

(L-R): Kathryn Spitz Cohan, executive director of JFilm Pittsburgh; Sophie Sartain, director and producer of Mimi and Dona; and United Way of Allegheny County President and CEO Bob Nelkin.

During this year's ReelAbilities Pittsburgh Film Festival, JHF sponsored a screening of *Mimi and Dona* on October 26 at Rodef Shalom. The film depicts the relationship between 92-year-old Mimi and her daughter Dona, who has an intellectual disability. Described as "unflinching as it is beautiful" by The New York Times, *Mimi and Dona* highlights the struggles of seniors who serve as caregivers for those with intellectual and physical disabilities.

In her introduction of the film on behalf of JHF, Nancy Zionts observed that the Americans with Disabilities Act and JHF are both celebrating their 25th anniversaries this year. JHF has focused on issues of the elderly and special needs since its creation. One of the Foundation's goals has been to maximize the independence of all community members, and assuring the availability of support for people to remain safely in the community, avoiding institutionalization where possible and desirable. Zionts said that Pennsylvania and the Pittsburgh region are about to embark on a brand new experiment: Managed Long

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Term Services and Supports for the elderly and the disabled.

“As we seek to develop networks to address their needs,” Zionts said, “my hope is that this film raises awareness of and empathy toward the issues that these families face."

Mimi and Dona will premiere on PBS on November 23rd.

Following the film, United Way of Allegheny County President and CEO Bob Nelkin led a discussion with Sophie Sartain, director and producer of *Mimi and Dona*. He stressed the need for advocacy on behalf of services for those in our community and their caregivers.

JHF Hosts Experts in Women’s Health, Perinatal Depression

On July 15, JHF hosted an event with many of Pittsburgh’s leaders in health, policy, technology, and public engagement to spark a spark consumer activation movement around high-priority population health issues, including perinatal depression. Those gathered stressed the need to de-stigmatize an issue that affects an estimated 9-16% of women (according to the American Psychological Association), and to create a treatment model that identifies symptoms early, triages immediately, and engages mothers’ circles of influence.

Katherine L. Wisner, MD, the Norman and Helen Asher Professor of Psychiatry and Behavioral Sciences at Northwestern University’s Feinberg School of Medicine.

On October 23, JHF continued the conversation on supporting mothers in need by meeting with two leaders in women’s health: Deborah Linhart, MHA, vice president of Women’s Health Initiatives at Allegheny Health Network, and Katherine L. Wisner, MD, the Norman and Helen Asher Professor of Psychiatry and Behavioral Sciences at Northwestern University’s Feinberg School of Medicine.

At AHN, Linhart oversees women’s health care services and education across primary care practices, outpatient clinics, and hospitals. A principal investigator for several National Institute of Mental Health grants, Dr. Wisner is an internationally-renowned expert in treating women’s mood disorders occurring during pregnancy and the postpartum period.

October: Patient-Centered Care Awareness Month

October marked Patient-Centered Care Awareness Month, an initiative organized by Planetree, a nonprofit organization that coined the term "patient-centered" health care 40 years ago. This year's awareness month focused on challenging patients and families to "venture bravely into a dialogue about how engaging differently with each other can transform the healthcare experience – and outcomes." Planetree has shared a number of resources in support of that challenge, from 50 Ways to Be A Brave Patient to a downloadable wallet medication card to questions to ask your doctor about patient-centered care.

JHF/PRHI is currently incorporating ideas from its July 15 patient activation event to prepare for the launch of *Own Your Own Health Pennsylvania*, an initiative that empower consumers to select high-quality providers and become active participants their own care. The Foundation applauds Planetree's efforts to activate healthcare consumers.

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