NWX - HHS-AOA-1

Moderator: Lauren Solkowski
September 22, 2016
1:00 pm CT

Coordinator: Welcome and thank you for standing by. All guests will be in a listen-only mode for the duration of today's conference. At the end of today's presentation you will have the opportunity to ask questions. If you'd like to ask a question you may press Star then 1.

This conference is now being recorded. If you have any objections you may disconnect at this time.

I would now like to turn the conference over to Lauren Solkowski. Thank you, you may begin.

Lauren Solkowski: Great thank you so much and good afternoon and welcome everyone. Thank you for joining us today for the Administration for Community Living's Business Acumen Webinar. Today's Webinar is a third of a series that is focusing on quality improvement strategies. and today our session is entitled Strategies to Strengthen Organizational Culture to Drive Performance. Again this is Lauren Solkowski with ACL and I will be facilitating our Webinar today.

For our Webinar today we have invited Matthew Reed along with Abigail Morgan both from Direction Home Akron-Canton. Matt and Abby will be presenting on unique approaches to business and strategic planning using quality improvement strategies including Lean Six Sigma and others.

So before we began with their presentation I have a few housekeeping announcements. So if you could please use the link included in your calendar appointment to get onto the WebEx so that you could not only follow along to the slides as we go through them but also so that you can ask your questions when you have them through the chat function.

If you do not have access to the link that we emailed you, you can also go to www.dotwebex.com, click on the Attend a Meeting button that is located at the top of the page and then from there you can enter the meeting number. The meeting number for today is 662315813.

Again the meeting number for today is 662315813. If you have any other problems getting onto the WebEx please call the WebEx technical support number at 1-866-569-3239. Again that number is 1-866-569-3239.

As our operator had mentioned all of our participants are in a listen-only mode however we do welcome your questions throughout the course of the Webinar and there are two ways that you can ask your question the first of which is through the chat function in WebEx. You can enter your questions. It's located there on the right-hand side of your screen.

We will sort them and then answer them once both of the speakers have finished presenting. And the second way to ask your question will be through the audio line. So again when the time comes for Q&A we well ask the operator to give us instructions as to how to queue up to ask your question.

And then if there aren't any questions or actually if there are questions that we are not able to answer during the actual Webinar you are welcome to email them to me. I have included my email address in the chat box located there in the right-hand side of the Webinar screen.

And also we are recording the Webinar. We will post the slides, the transcript, and the audio of the Webinar on the ACL Web site as well as on the MLTSS Web site. Again both of those links are posted there in the chat box.

Okay so with that I would like to introduce our speakers. First is Matt Reed. Matt is Senior Vice President of Direction Home Akron-Canton with the Area Agency on Aging and Disabilities. He has been with Direction Home for 15 years with roles spanning direct service, quality improvement, strategic planning, provider management, corporate culture and customer service, human resources, elder rights, aging and disability resource networks, care transitions and internal and external communication.

And also with us today is Abigail Morgan. Abby joined Direction Home Akron-Canton in late 2013. She leads a team responsible for managing the network of 250 service providers and the agency's planning functions. Abby collaborates across the agency to identify new program needs and pursues new funding opportunities to support strategic initiatives.

She is a trained facilitator for Organizing for Health and has received certification and Lean for healthcare and is yellow and green belt tested for a Lean Six Sigma. Okay. So thank you again to both of you for joining us today and with that Matt I will turn it over to you.

Matthew Reed: Thank you so much. Good afternoon everyone. At least afternoon where we are on the Eastern side of the nation. As was mentioned Abby and I are going to present today on a couple of different topics that hopefully will come together if we can go to the next slide. Thank you. And I think we can go to the next one.

Couple things, Abby and I first presented this at the National Association of Aging Conference earlier in the summer and had a good time partnering with another AAAs or excuse me another organization's take on quality improvement in their area too from a state perspective. What we're going to present to you today is really going to be our experiences here in an Area Agency on Aging. We cover four counties here in Northeast Ohio, Stark, Wayne, Portage and Summit which include Akron, Canton, as the main kind of urban areas.

The objectives for today's presentation is really to talk about how we've combined two philosophies that are near and dear to our hearts. One is Disney corporate culture or organizational culture principles built on their training formulas and then also lean Six Sigma. And as Lauren had mentioned Abby and I are trained Lean Six Sigma yellow and green belts and so we've been able to work that into the process improvement that we've undergone here as well as roll that up into our planning functions and our corporate culture functions.

We hope that you'll take away tips for using collaborative approaches today so that you can identify partners in the community to meet your needs and we're going to talk a little bit about how we've done that as well. Okay and now with just a little bit of that introduction I like to turn it over to Abby. She's going to give you an idea of our environment and a little bit about what we did to address some of the things we saw and then I'll be back.

Abigail Martin: Thanks Matt. So I think you can go to the next slide Lauren. We do have a lot we want to talk about today. I kind of feel like it's three for the price of one for everyone. As Matt mentioned we do have a strong strategic planning function within the organization but also have a very strong corporate culture program. And so the - really the theme for today's presentation is along the lines of Peter Drucker's famous quote, "Culture eats strategy for breakfast."

We do generally agree with this quote but we sometimes contemplate if it's a chicken and egg problem at Direction Home because we're not quite sure really what comes first for us, culture or strategy. We don't tackle strategic initiatives or strategies without our culture and approach to customer service and our strategy truly drives our improvement to our quality customer service efforts. So we'll be talking a little bit about a lot of those things.

We're going to talk about a recent environmental scan we did to support our strategic planning efforts which were actually just approved by the board last week. So this is kind of hot off the presses for us. We're going to talk a little bit about our efforts to support culture not just at our own AAA but also the development of a joint culture in joint programs across the AAA's in our region and our Joint Quality Improvement program that allows us to address an improved performance in times of change and then what's coming ahead for us.

So if we skip to the next slide past our environment so Slide 6 we looked at our environment and what we felt are the issues that are confronting us and we looked at this a couple of ways but what I'm focusing on here with the slide is really the healthcare trends that are impacting us in the AAA. Health plans and health system mega mergers I know a lot of folks on the phone have relationships with multiple health plans are large health systems and these

mergers really do rock the boat for all of us not only impacting the relationships that we've developed with key staff or internal champions within those systems for us but there's also the outcome of, you know, these mega mergers of healthcare really trying to get to scale to be able to take on some of the changes in healthcare policy.

And as they're trying to figure out their road forward that getting to scale has closed some doors or shifted from doors to windows for us and how we partner with these systems and who's doing what or who wants to build versus buy services that traditionally a AAA could be positioned to offer.

There's an increasing emphasis on social determinants of health or population management but obviously a lot of varying discussion in this space. You know, I have been fortunate enough in my role here to attend a number of different healthcare conferences or clinical provider conferences, conferences on bundled payments, conferences on post-acute care and trends in post-acute care.

And these conferences really are invaluable to kind of understand the language and the programs that the other half of healthcare are putting in place before the community side of healthcare, you know, what are our institutional partners health hospitals doing on their end and how are they talking about these programs and particularly population health management.

And there's not always understanding or agreement around, you know, who it does impact the social determinants of health. You know, are we talking about just public health and immunizations or air quality, you know, when we get into things like falls risk factors and other items that could complicate living situations, socialization? Clearly we know that there is a role for AAAs and long-term services and support providers from that perspective. So there's still

a lot of variation and discussion around this total health management or population health management.

There's an expansion of value based payment models, value-based purchasing, accountable care, patient centered medical homes. Everybody's talking, you know, about all these different models in the demonstrations. And we are certainly seeing within our own programs in our contracts with healthcare payors and partners the number of payments that they do want to make based on value, the percentages that they want to attribute what they're paying to us directly tying to some sort of an outcome.

There's increasing reviews of roles and rules and compliance. There's just a lot of oversight right now with the work that we're doing for vendors and providers that we are the vendors in this space. We are the providers when we're contracting with a healthcare payer or partner. And that's a little bit of a new way to think about ourselves in these roles.

So going onto Slide 7 as a result of looking at all of these things and these issues in our environment certainly we feel urgency to get to that scale of being able to address value for our healthcare payors and to make sure that we're doing it at a price and a scale that works for them and for us. We need to focus our roles to address any conflicts that might arise from our traditional role as a AAA or our traditional programs or contractor grants and any new roles that we might want to take on.

We do see and are seeing how what's happening in a lot of Medicare rules are driving our Medicaid contracts and businesses. Like I said we're starting to see a lot of value-based contracting emphasis with our Medicaid contract looking at paying for outcomes. And I think as we heard a lot at the n4a conference the devil is in the details, how are we analyzing our outcomes, what is in the

contracts that we're trying to negotiate with different payer partners, you know, how are those relationships structured? What's the give and the take relationship like or is it very, you know, one-sided but those details matter and still evolving.

So and we really do find at least within our own region that additional stakeholder engagement is needed to get to scale. And really this relates to our role and our partnership with neighboring AAAs. How can we work together and really bring some cohesiveness around our policies and procedures and our programs?

One really great example of this need is when we met with one of our biggest healthcare partners we partner with a large health plan to provide waiver service coordination and care management for the duals population here in Ohio. And, you know, I remember a meeting where everyone in the room was hearing that the healthcare partners said, we want you to have one program. We want one training program. We want one compliance program here. We want to address quality in one way and we want you to address clinical standards in one way.

And they're talking to three separate AAAs when they're saying that because that's a really heavy lift. So our response to all of this is the strategic partnership we have with our other AAAs we call ourselves in Northeast Ohio Coalition of Area Agencies on Aging and includes our office in Akron-Canton, the Cleveland AAA as well as the AAA in Youngstown.

So our response onto Slide 9. Strategic planning as I mentioned last week, our updated strategic plan was passed by our board after a year and two months effort of looking at our environments and doing an extensive environmental scan, having extensive meetings and discussions with our board with industry

stakeholders our - some of our payer partners with policy experts, people from CMS. And it was really a long road to get here.

But what we came up with were six goals that address these two main points, maintaining and growing our current role and services in our core programs which we would define as front door care management and elder rights as well as taking steps to position ourselves for regional and statewide contracts so that we can continue to expand our work with our AAA network to be able to be competitive for additional opportunities that may come our way in Ohio.

So we did extensive SWOT analysis. We realized that as we were talking about the things that we do we like to focus on things that we like to do. And the first thing that shouts out at us is our Corporate Culture Program. We really have nurtured that program and developed it so that it is something that's important to us. And it's the first thing that we want to work us on and continue to improve and address across our organization.

But we really also identified strategies within our balance scorecard approach so that we are being balanced in addressing our financial needs as well as our quality needs and identified certain gaps particularly in our infrastructure that could be shared or support, you know, scalable activities with say our partnering AAA's such as IT means or IT growth addressing HIPAA rules and requirements, addressing compliance, corporate compliance as well as legal and financial entities or infrastructure that allows us to get to some sort of a shared ability to bill for or negotiate contracts.

Next slide. So this following slide is just kind of the graphic that we like to use to talk about our strategic plan. We already had a very strong mission and vision and values for the organization. And around this last strategic plan effort it really followed on those two blue bars in the middle on how do we

quantify our goals in maintaining our core programs and growing our core programs so that we can continue to meet our mission and serve as many people in the community with high quality, high-value service? Those things, those strategies and those goals are balanced among our core cornerstones that you see at the bottom so we are taking a balanced approach to positioning ourselves for future success.

So at that I'm going to stop. That was a really quick tour of our strategic planning process. But now that, you know, we're moving forward and have been moving forward for quite some time even though that it was just past last week we've been, you know, trying to mobilize efforts for quite a while and so I'm going to turn it over to Matt to talk about those methods that we've used.

Matthew Reed: Thanks Abby. If we can go to Slide 12 one of the ways that we really take our strategic plan and then make it a reality is to build it within an overarching strategy for culture inculcation. And so Abby mentioned the Northeast Ohio Coalition of Area Agencies on Aging. That was designed to be better together. The three AAA's worked very closely here in Northeast Ohio before any sort of formal collaboration due in part to the strong relationships between the three leaders of those organizations.

The partnership grew from joint services such as bidding for health care insurance to these five points you see to the left of Walt Disney's picture there on your slide -- joint culture, training, compliance, quality improvement and business intelligence. Abby mentioned one of our health plans requesting more consistency in their experience and in their members' experience. We felt like this was a really great way to add that consistency to ensure that consistency as well as to get to those price and scale and imperatives that we had in our strategic plan slide previously.

So another thing just kind of mentioned here as far as culture and strategy the relationships to address opportunities and weaknesses really can't be understated - overstated excuse me. So that the real point here is that what we want to do is take what other organizations take for granted, their culture, their partnerships and really over manage those details so that we have control over them rather than them controlling us.

So if we go to the next slide and I'll ask the attendees patients here for a second Lauren's is going to click through a couple different pictures and what you're going to see is that there is a lot going on with corporate culture and organizational culture design right now. All of these different pictures you can just do a quick Google image search for. There's a lot of different ways to really talk about culture. This was really apparent to me at the n4a conference when most of the sessions if not all of them that I went to were - was really had mention culture in some way.

But what I like best is the one that Lauren is going to click on here, maybe one more Lauren. There. So I'm a huge science-fiction fan. That's one of the reasons Abby and I became friends even before she joined us here at Direction Home. This is what culture really is to me. It's the energy field that binds us and surrounds us and pulls us all together.

And so you have these cultures whether you know it or not. And one of the most distinct ways of just communicating culture was it's the way that we do things around here. And you can kind of hear that echoed in probably a lot of your conversations.

So if we move to the next slide talk a little bit of about what our culture looks like. We have actually branded it as our culture of excellence and that is our

purposeful designs that we have in place that stems from our leadership and moves all the way to the frontline staff. One of the reasons why we felt like we had to really explicitly identify and mold our culture is that we as a network are moving into in an unprecedented environment of competition.

Where before area agencies and other community-based organizations has specific roles in the community now we're finding that those roles are not guaranteed that there is competition for those roles. So what you'll find is many in textbook that your competitive advantage stems from your people and that your people really thrive on culture as a way to tell them what they do around here.

So what we did is we here at Akron-Canton started to research corporate culture. I'm also a huge Disney fan and so I knew about the corporate culture initiatives that the Disney Company uses and thought that that would be a very interesting model. Right along the same time as I started to work in human resources and develop some of this our now board chair gave us a book that really detailed how hospitals were using these philosophies to change the way they did service delivery.

So what we have found is that there was a lot of opportunity therefore best practicing and that using those philosophies really helped us to purposely design culture. I like these bullet points at the bottom of the slide that the culture is really by design well-defined and clear to all. That is really important.

And when you talk about culture you talk about those sort of things and you talk about how you build it really depends on your leadership, your mission, your vision and your values. Those are cornerstones of your corporate culture program.

So Lauren I didn't give you a heads up on this one but on Slide 15 we actually have a couple more that we're going to click through. And what I wanted to give you was rather than - and we can hold here for a second. Rather than give you kind of the whole - thank you. But rather than give you the whole kit and caboodle of our culture design what we did in order to really maximize those opportunities for joint collaboration across the Northeast Ohio area we thought let's develop a joint corporate culture program together.

We went to several trainings together as a group of three AAAs sat down and came up with these service standards. And to explain to you what we mean by when we say service standards are these are four explicit standards that really help guide decision-making at all levels of the organization. And I should say organizations because all three area agencies in Northeast Ohio have adapted these as their service standards.

And so as we move across from left to right you'll see that these go in order of your decision-making processes. First we have person centered and you can see some of the explanations of what we mean underneath of that. The next one is health and safety. The third one is providing solutions and the fourth one is lean the we are now going to rebrand as quality improvement.

But then if you click one more time you'll see that the arrow comes across and says that these – this is the way the we make our decisions. We think first how do we make this decision from a person centered perspective? And the interesting thing at least from my perspective is from as a human resource geek is how do you do person centered thought processes from an internal customer perspective?

And so how do I in human resources make my policies and procedures for the employees that I work with how do I make that centered around them because they are my customer. If I don't take care of them then they can't take care of the older adults and people with disabilities in the community that we are here to serve.

So you can see how these sort of things go down a very specific pattern of person centeredness and then health and safety, providing solutions and lean. And this really was a huge effort. I would say it was about eight months of ongoing dialogue between the three area agencies and representatives including the chief operating officers, the chief executive officers and others really to talk about how this manifested. And there was a lot of discussion around this.

On the next slide you'll see that we also then moved from our joint corporate culture construction into our joint training program. We felt like this was needed not just to standardize our processes but also to reduce cost in our operations. We have the three different areas of our joint trainings now across Northeast Ohio. The first is our clinical training.

And Abby mentioned the duels pilot here in Ohio. We are partnering with several different health plans. And each one of those health plans has specific trainings that are required by our - for us to serve their populations. And so we do health plan specific trainings on a rotating basis so that we can ensure that we are giving one training for all staff in Northeast Ohio. We also provide continuing education credits for our licensed social workers and registered nurses.

Those are the two groups of employees that make up the majority of our staff here. We also offer clinical counselor and licensed nursing home

administrator credit so that we feel like the more educated the population is that it's helping the same population we help the better off all of us are.

And then finally we also worked together on a leadership academy. And this academy is facilitated and designed by an outside consultant who works with us to develop the curriculum that we feel like leaders at all levels of the organization need to grow and also work together on a project that they will come together and design to move forward so that they can start to implement those leadership talents and techniques that they've developed. So I'll stop there on the joint training and really talk about the other things that we're doing with the joint processes here at Direction Home.

Abigail Martin: So if we go to the next slide so the Compliance Program so this is another joint program that we have across the three Triple AAAs because we have found, you know, once you get the contract you really have to work to keep it. So it is our check and balance system for really maintaining and monitoring our programs.

We did a very thorough review of all of our contracts, grants, rules and regulations that govern us as an Area Agency on Aging and all of our other functions and developed an internal auditing and monitoring plan to monitor ourselves and our actions against these rules. It's quite extensive, it's something that we do quarterly and it really kind of shines a light on the risks that we have within our organizations to - where things - we have an opportunity to improve or to, you know, address it in an upright fashion.

We have put in place the, you know, eight standard elements of a good corporate compliance program. And that really has kind of helped us to shape what it is to, you know, follow these rules and regulations. That includes designated compliance officer having standard training, having that regular

monitoring plan, having ways to address issues. And so it has really put a focus and resources into HIPAA assessments and risk privacy and security assessments so that we've been able to really truly strengthen our IT resources in – under this program and it directly feeds into our quality improvement program.

So if we turn to the next slide beginning to tie this all together around quality improvement. So we have built this yoga quality improvement program around both the joint culture that went first that Matt talked about our service standards and our compliance program. We, you know, if you're not familiar with it because I - we have always done it within our organization. We've had a strong commitment to Lean and looking at doing, you know, process mapping and taking out waste and unnecessary handouts within our processes to make the work of our employees more efficient.

But quality improvement really goes beyond that. And we wanted this program that we're developing across AAA's to be standard but also to be recognizable to external audiences -- our healthcare payer, our state unit on aging and the Department of Medicaid to understand that they have a formal way to look at, analyze and address quality improvement needs.

So it does have standard program elements which includes a quality improvement committee that includes staff from all three organizations or all three AAAs and reports directly to committees within each AAA's board as well as directly to the CEOs of each of the three AAAs. We have defined performance measures that are organized by those service standards that Matt mentioned earlier under our Joint Cultural Program.

We have quality improvement activities which is the formula by which we investigate and define areas for improvement and then actively pursue,

address and make changes to our processes in order to institutionalize those improvements and that's that standard methodology. We use Lean Six Sigma here and I'll talk a little bit more about that.

The program also has a standard evaluation component to it as well a - it's not mentioned here but standard communications plan. So it includes standard communications that go out to staff as well as standard communications to those that we report to such as our boards and the CEOs. So if you go on to the next slide so talking about what does this look like in our, you know, everyday life? So I wanted to talk about an example of quality improvement in a non-blaming environment.

And sometimes you hear non-blaming, sometimes you hear blameless sometimes you hear joint culture and what we're trying to get at here is that we're not saying that people aren't culpable but that every error, every finding or every, you know, audit is an opportunity for learning and improving the quality of our services.

So we never look at an individual but we look at a process as a whole. And this slide illustrates a good example of that. So what you have in front of you is a sample of our care management dashboards that we currently have. The top set of blue bars is a set of care managers and their current caseload sizes so that immediately there's some transparency off of, you know, what are the caseload sizes for this group of staff that you're looking at. You can obviously see with that second bar that's a new staff member that's coming in that's just beginning to get new cases transferred.

That third bar to the right that's someone who's leaving the program and is starting to transfer cases out. And then those four middle charts are different metrics. These happen to be pay for performance metrics that we have with

this particular health plan. And, you know, we have that kind of standard green for good, red for stop, you know, attention focus attention here. But these are, you know, metrics that we standardly report on performance to staff as well as to our payers. So we're always looking at these numbers.

And in that bottom chart is kind of collectively if we which we do that performance threshold if our performance threshold for any one of these metrics is 95%, you know, what action does a care manager need to take to get to that 95% threshold? So on this chart you want your bars to be low. You want them to be, you know, as low as possible so you don't have any more actions.

And when you're below the axis you're actually performing above 95%. So if you go to the next slide the biggest takeaway of looking at these - this bottom chart - oh, no go back one is the purple bars. This specific metric is for the number of times a transdisciplinary care team meeting is being called for that care manager's caseload. And we have certain requirements on how often does this team need to meet with a member and their care manager? And you can see that it's pretty high across each of the care managers. That's obviously not an individual performance issue. That is a systemic problem.

What it is indicative of is it's just not easy to pull together this transdisciplinary care team. There's no clear and quick way to do so and that's gumming up the system which is driving the performance here or lack of performance. So we're able to, you know, look at data and look for, you know, where are these opportunities to have major impacts in one specific area. And that's really what, you know, this culture of continuous quality improvement is about.

So if you go to the next slide this is the process that we follow across the three Northeast Ohio AAAs to look at these issues. So as I mentioned earlier we subscribe to Lean Six Sigma as our methodology. If folks are familiar to that this process that's mapped out for you here is a very simplified version of the DMAIC process which is Define, Measure, Analyze, Improve and Control.

So we what we have here and is timed out kind of very specifically along this stepwise process is, you know, how do we - we have a method for how do we select our projects? We have a ranking system. When a suggestion for a project comes in we look at several standard criteria to determine is this the time to tackle this project versus another project because we all have limited time and resources.

If it's something that's selected we pull together the team. The team is generally comprised of at least a yellow belt trained QI champion which is kind of your facilitator for the project. They also might be a green belt trained staff member. And then they have team members that each build certain team roles such as a team or a project champion. So that's someone from the team that might not attend all team meetings but will be in charge for implementing any changes to the process.

So that's someone that needs to be kept in the loop all along the way and kind of signing off along on the process and also is kind of your expert in the process that you might be tackling. It could also include staff members that are directly working on the process that you're trying to address and/or staff members that may not be familiar at all with the process and could come at something with fresh eyes.

So then you get into launching your QI project, having your initial team meeting where you're really start to delve into just what is it that you're trying

to solve for and defining the problem. And that's probably one of the most difficult or intensive parts of this process is you really need to have a good strong sense of what are you trying to solve for, what's the problem and not going into the process with predetermined solutions. You have to kind of be open to the fact that perhaps no one has a good solution or perhaps you think you know what the solution is but it's untested so therefore you don't want to put all of your eggs in one basket.

So it's the team spends an awful lot of time on just deciding what is it that we're trying to prove here, what is the outcome we're trying to seek? And we always try and bring that back to the lowest common denominator and that's the impact on the individual. So once that's kind of shaped up we fall into our next phase which is what we call go to (gamba) which means going to where the work is done.

And that's were the group kind of disperses, they put together their data collection plan and they're going to figure out how they're going to track the current performance in this if they don't already have any baseline data. This might be some manual collection. It might be pulling some data from databases if you have it to allow you to then look at, you know, what are you seeing, what are some trends that might help you to identify or define some root causes to - that need to be addressed?

Those root causes are generally how you begin to shape and identify potential solutions that you want to test out. And you start testing that by doing your process mapping. Process mapping in and of itself is also time-consuming and tedious but it really does kind of help everyone gain clarity around A, the complexity of the work that we do.

And there's usually a steady dose of respect that comes along with those that do the work of every day, just get into the details of this is what you have to do to get the job done. But that process mapping is invaluable and allows you to then define how are you are to test some of the solutions that you want to test?

Then you get into your pilot, your review of the pilot, did it go the way that you thought, did you get the results that you wanted to see? Do you think that you could do a little bit better in which case you might bump it back to the process mapping, change some things around develop another pilot and how you're going to monitor it and see if you get any different results there. And this is really built off of PDSA process. So you're doing a PDSA as quickly as you can within this whole framework.

Once you've achieved the results that you think you can expect and see on a regular basis that's how you identify your control plan. And your control plan just is looking at okay once we know what we're going to do going forward this is - these are the results that we want to see. We've tested it. We know we can do it but now you're going to have to bring everybody else along in the agency.

So because, you know, change doesn't happen overnight you need kind of your early warning system to identify what are what are the things that if this plan goes haywire or if people start reverting back to old processes how are you going to detect those things early enough so that you can course correct? And that's your control plan. You need to come up with what are those leading indicators to show when there might be some breaks in the process.

Then the team is responsible for presenting their findings and their recommendations, developing a training plan to inform the rest of the staff

around how the process will go going forward and then you launch your process. So that in a very quick way is our process in a nutshell. We are currently going through all of this right now with that TDCP, that Transdisciplinary Care Team Process across the three AAAs. We're in the process now of also launching a similar project around our afterhours phone coverage.

So we're looking for things where all three AAAs are currently doing practices, experiencing some hiccups and could immediately benefit from some relief there. So this is the process that we're following and continue to test out under that formal quality improvement program. So if we go to the next slide I think we're going to talk a little bit about how we're using some of these tools both in the joint culture joint training and QI to really, you know, achieve the outcome through the relationships which we have with our health plan.

Matthew Reed: So this really is a fun slide because a lot of times what we do is we take for granted all of the different stakeholders individuals and groups that we need to accomplish our mission and our vision. And what we've done is worked into our culture an explicit - and I hope everybody's catching that. I keep using that word. If you take anything from my portion of the presentation please takeaway that culture is an explicit process that you have to sit down and do or else it will grow like weeds in your garden. So you'll have a culture one way or another. The power is in harnessing that culture to get to the goal to get to where you want to be as an organization.

One of the things that we've done is really explicitly define how we build relationships to further our mission and vision. And so - one minute. So one of the ways that we did that is an example that I'll use for this slide is in our Community-based Care Transitions Program, our CCTP. We have 14

hospitals around there that partnered in our program. And the way that we got all of those hospitals to the table and began talking was really started to develop a relationship with the leadership at our regional hospital association. Through that relationship - she actually sat on our board.

And so through her and her leadership and vision she actually got all of the hospitals to one place to listen to our - the opportunities here and really circumvent any sort of competition or feelings of competition between the hospital systems to really get everybody to participate in our CCTP program. It would be like if we would have gone to each of those separately we probably would have had more mixed results than we did. But because we had that unifying relationship that we were successful.

Another example of building relationships to further our mission is in our local accountable care organization. We have actually our President and CEO sits on the board of the accountable care organization and has used that relationship to further our interaction between the two of us so that we can find where we can help them further their missions. We can align our interests and then act on that.

And one of the things that we've done is pilot our intervention for acute care transitions to show the cost savings that the ACO would have if they went with us on an ongoing basis. Another thing is to show that really there is an opportunity to buy these - this service and this expertise from us rather than try to build it internally.

So we're having an interesting time with trying to make those cases. And I think that one of the reasons why we're having such an interesting time is that we really have had to double down on developing sales skills and a mindset which is a complete shift from the traditional AAA mindset that we have had

in the past. Sales strategies and sales skills are not something that's not inherent in what we used to do but it's something that we're having to learn.

An example of this is again with the ACO once the pilot was completed and we have had no contracts signed yet that's not the end of the relationship and that's not the end of the story. We continue to try to grow that relationship, find new ways to partner and not take no for an answer basically which is a tenant of sales whether you're selling cars or you're selling acute care transitions.

Some of the other things that we have down there listed is identifying that data, using data to tell the story of how much our intervention would save, trying to find anywhere there are payers that are going at risk for readmissions and then trying to show them the value add by partnering with us, identifying new opportunities like the CJR bundle which is mandatory in our market and Abby mentioned some of those other payment models and structures that we're trying to identify so that we can build these new partnerships within the - outside of the traditional AAA framework.

So one of the things that we hope to kind of wrap up with and kind of tie into a nice bow for you is some of the large concepts, things like we really are guided by both a planning mindset and a culture mindset. Abby's chicken and egg is perfect because you can't ever do one without the other. You can go ahead and jump to the 24, Slide 24.

We really have to be agile in our delivery and guided by our planning processes. And what I mean by that is we really - the agileness really comes from putting a plan in place but not being so beholden to the plan that you go off on a different direction. Some of the things that we've had to adapt to now really no one could have foresaw five years ago when you were sitting down

to do a AAA strategic plan. So we've had to be agile in our delivery. One of the ways that we've done that is actually created a new committee of our board of directors that does nothing but meet on a regular basis to talk about where our strategic plan is and where it should be going so it's almost like a built in course correction for that plan which we feel really makes it a valid tool and a valuable tool on an ongoing basis rather than something you sit down, you create and then every four years you pull it off the shelf, dust it off and try to make it relevant again.

And another thing I wanted to mention remember that the planning is part of it, the culture is the other part of it. Your culture stems from your mission, your vision, your values and your leadership and it is explicit. So Abby mentioned this list and I'll just kind of go over it again.

In review, you know, we are really at the end of the good old days as we said around here. We are changing a lot of different things of what we do and we have to be able to change with those new expectations. Culture is a way to do that, these explicit processes that we have for quality improvement, training, compliance. Those are the ways that we're going to move forward into this environment.

What do we do well? We need to focus on our roles and Abby mentioned kind of those perceived conflicts and things. But also we needed to think about our role and what we've always done well as organizations and then why have we always done well and how do we use that as the springboard into the future?

Interesting thing is again in the Medicare environment the focus has been on quality improvement and on payment reform. Some of that is moving into the Medicaid environment but we do anticipate seeing the same thing in the Medicaid site as we have in the Medicare site albeit there's probably going to

be a bit of a lag there. So one of my favorites things that I coined in - at the n4a conference was where Abby says the devil is in the details. I will say the deity is in the data. And so there is a beautiful simplicity in finding those problems and then using them to inform your decision-making and again not to be scared of that but to use it in conjunction with your culture and your planning processes to really get to where you need to go.

And then finally on this slide the stakeholder engagement. We really are trying now to be explicit and purposeful in our stakeholder engagement. Identifying the relationships that we need, the resources that those stakeholders need to mobilize on what we all need to do to get done, what we need to get done is really a focus of ours.

And if you go to Slide 25 some of the things that we're doing now to ensure loyalty again, culture is not just about putting platitudes on the wall but it's about building loyalty from your customers whether that's your employees, whether that's the older adults on your programs, the people with disabilities you serve, the caregivers. You're trying to make sure that they are loyal to you as an organization because that's the true measure of if you're doing a really good job.

So some of the things that we've done recently is attended the first ever Disney Expo on Customer Experience which really flushed out three different areas. It was attended by a huge range of organizations. Facebook was there as was a local nonprofit church group that really wanted to focus on the experience of the people using their services.

This one talked about building leadership, about employee engagement and about designing services for quality. We also are moving forward with our Northeast Ohio collaboration on leadership training building out from that

leadership academy and developing a 12 course certification for our current and future leaders that concentrates on supervision, management and leadership skills -- things like budgeting, things like performance evaluations as well as vision and communication -- things like that. And we hope to pilot in early 2017. And stop there and turn it over to - if we go to the next slide Abby will wrap it up and we'll take questions.

Abigail Martin: So ensuring quality from a performance based activities perspective tying back to our strategic plan where, you know, we have six goals, three of them all around maintaining and growing our core programs or our current roles in a competitive environment. And so while we really do have to track our performance in the those traditional programs and identify them in terms of the outcomes that they're having or are we getting paid for the outcomes that our payers are seeking.

And then so kind of you can see a progression in that list of doing assessments on time following our contact and business schedules ranging more towards, you know, some outcomes based reducing ED visits, readmissions, and nursing facility diversions that has both quality and cost impact. So we are, you know, trying to embrace the range of performance-based activity from the traditional now to the more progressive and health outcomes.

You know, we've talked already about our compliance program and that in our culture program really driving our TY efforts. So, you know, I won't repeat but if you go to the next slide which I think is my last slide we are getting there.

So this is a set of some of the dashboards again of where we started with when we started looking at the transdisciplinary care team meeting process. You can see that our trendlines are going in the directions that we want them to go.

You know, when the teams are formed we're seeing a positive trend. When we're - you know, we're seeing a negative trend in the teams that are overdue for a meeting. But, you know, we still feel like there's improvement that we need to find there.

So while we take comfort in looking and monitoring trends over time it's also a reality check to look at how much better can we do? So we're getting there and we're eager to seek more improvement. And that drives us to our last slide.

Matthew Reed: Right so if you go to this one then you'll see we've talked a lot about Disney. Well when you think Disney and you think money you think Scrooge McDuck. Scrooge is telling us to sell, sell, sell, sell and really that's what we're trying to focus on now is shifting our culture building our skill set so that we can start finding markets for our care transition expertise, our care management expertise, our INA front door expertise and also trying to find markets for backward services if not selling to folks at least partnering with so that we can reduce our overhead thereby getting to price and being competitive in the marketplace.

And with that that we've covered a lot of different topics. We've tried to weave through here the narrative of what we've done to try to harness some of these concepts and achieve the outcomes that we want, some of the things that are on our plate right now, some of the things that we're thinking about and planning for. We'd love to hear some of the questions that you have, any comments and things that you're working on and might have. So we'd be happy to stop here and answer any questions.

Lauren Solkowski: Great. Thank you much. So at this time operator if you could please provide instructions for asking a question on the phone that would be great.

Coordinator: Thank you. At this time if you would like to ask a question please press Star then 1 on your phone and record your first and last name clearly when prompted. Once again please press Star and then 1 on your phone and record your first and last name clearly when prompted. One moment for your first question.

Lauren Solkowski: Great, thank you. And so I - while we're waiting for questions to come in on the phone I'll go - we did receive a few in the chat. So the first question and I know this is related to the build versus buy philosophy and I know Abby and Matt both had touched on this but, if you could maybe just expand a bit more on if you found a particular way to convince plans to buy instead?

Matthew Reed: Yes so that's a - an growing sort of dance that we do. And one of the things that I would say is that you have to go back to the data and then make it real in say, you know, if you cost out building from scratch a care transitions model versus, you know, going with us you already have an established result to compare two versus if you build you don't have those established results. You don't know what you're going to get. You know what you getting from us.

And then we show folks the reduction in readmissions with people that use our interventions. We have really good data that we can provide to show what the impact of the interventions are. So first is kind of using data to tell that story. I think secondly is addressing fears and concerns that potential payers have. One of the things that we keep hearing is a lack of control over the program. And so we try to build our approach around trying to address that there is still huge amounts of control from the payers that we, you know, in effort - in essence work for them.

And you can build all sorts of things around that. But really what you're doing is trying to make the case for the expertise that you're buying is a known quality rather than something that you don't have data for.

Abigail Martin: So two specific examples come to mind. We - and I'm not jinxing anything. I'm knocking on wood right now. So we are in sales mode for our acute care transitions program. And we are having much more traction with our smaller hospitals who immediately get it that they don't have the capacity to build or offer in-home visits on their budget or with their staffing resources. So it has been a little bit of a no-brainer for our smaller hospitals that we're negotiating a contract with now.

On the other end of the spectrum we had one of our biggest hospitals that we've had a hugely strong relationship with over the years was recently bought by Cleveland Clinic. And we continue to have staff doing visits and doing assessments in that hospital and have a great relationship with them and also have a great relationship with other Cleveland Clinic facilities. It is a little bit harder to make that build versus buy argument in that and we're still working on that. We haven't gotten no's yet.

From a health plan perspective though a little bit different. They don't necessarily want to build it or buy it. They want to say that it's in our contract. So we actually, you know, we do spend an awful lot of time working with health plans to say, you know, making sure that they have a clear understanding of the services that are within the contract because they're newer to waiver services or waiver service coordination or HCBS and how, you know, we do have innovative ideas for pilots about how we can address population and health outcomes particularly around, you know, doing some pilots with assisted-living providers, doing some pilots around, you know, innovative programs around minor home modifications.

But that's not necessarily something that we already negotiated in our contract or in our capitated payment for care management. So we are constantly having that conversation and have done a number of pilots with health plans on that front. But that's kind of a different context of the build versus buy with our health plan.

Lauren Solkowski: Great, thank you so much. Before we go to the other questions are there any that have come in on the phone?

Coordinator: There are no questions over the phone.

Lauren Solkowski: Okay thanks. Let's see so I think this is another question is asking about and I think this was back one Slide 19 you were - we were looking at a dashboard and they are asking, what is the software that you use to develop this dashboard?

Abigail Martin: So we have - and there are slides on the n4a conference Web site that I believe talk about some of the systems that we use. So I would direct folks to the n4a conference presentation from San Diego to look for that. And Lauren if you want to send them out I…

Lauren Solkowski: Sure.

Abigail Martin: …can point you to those.

Lauren Solkowski: Great.

Abigail Martin: But we so we have had for a number of years within our financial services division of software called PI360 which is a solver product that is a module

based product that's compatible with Excel it's an Excel add on. And so we have been doing our financial reporting and have a data warehouse that's been meeting the needs of our financial and budgeting reports. And it does the forecasting. There's also a planning module. There are - there's a dashboard module and trying to think what else There's the warehouse and then reporting.

So we use that. And then we have been in the process over the last year of building out our data warehouse to accommodate not only our financial data, general letters and et cetera, to our program data, our performance data. So it does now currently have data around our, a couple of our different care management populations.

And we are in the process of trying to expand that to include our telephone system data and front door data for our ERC to look at performance metrics. But that's the beauty of this product is it does allow you to upload either through seamless like FSIS packaging sort of routing that it sucks the data up into the data warehouse. I'm using my technical expertise and but also it allows you to manually push data into the warehouse via Excel if you so like to.

And then you can download it directly into Excel. You can download it using reports or dashboards or you can build your own reports or dashboards in Excel but it'll do the calculation through those standard reporting templates.

Lauren Solkowski: Wonderful, thank you so much. And yes I will definitely I'll go back and share those resources from the n4a conference Web site as well. Okay. Let's see we do have another question. Where did it go? Okay, Abby you had mentioned addressing conflicts earlier on in your presentation. And they're asking, if you have a contract for SHIAP, so for the State Health Insurance

Assistant Program and if you - and if so did you address any conflicts that might arise with Advantage plans?

Abigail Martin: Actually we do not. Ohio…

Lauren Solkowski: Okay.

Abigail Martin: …does the SHIAP program through the Department of Insurance and we do have a couple of Medicare SHIAP certified counselors here. We do not have SHIAP funding.

Lauren Solkowski: Okay. Okay and let's see I think that was all on the chat. So I'll check again with the operator to see if any have come in on the phone.

Coordinator: There are no questions on the phone lines but once again if you have a question please press Star then 1.

Lauren Solkowski: Great, thank you. So we'll give it another minute or two to see if other questions come in. But again thank you both so much for joining us today. It was an excellent presentation.

Abigail Martin: No problem. Thanks for having us.

Matthew Reed: Our pleasure.

Lauren Solkowski: And for those that are on the – I - to let you know again and as a reminder I will be posting or the slides will be posted on the ACO Web site as well as the MLTSS Web site. And I'm happy to share the slides with everyone directly following the Webinar today. And then so I think with that I haven't seen any other questions come in so I will conclude for today and I just

wanted to thank you all both - thank you both again for your presentations. And if you do come up with any questions once we hang up please feel free to email them to me and I will get them over to you Matt and to Abby. So thank you everyone and thank you for joining us and please enjoy the rest of your day.

Abigail Martin: Thank you.

Matthew Reed: Thank you.

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