MEHAF: Advancing Rural Health System Transformation

Sunrise Health Care Coalition Breakout Session: Governance: SHCC Models the Value of Collaboration

SHCC members, Leaders of Change in Washington County, is a non-profit membership organization comprised of the 5 FQHC’s and the 2 CAH Rural Health Clinics. Utilizing a culture of relationship, we assess needs, review data ie: SCNAPP (Shared Needs Assessment and Planning Process) and brainstorm solutions aimed at improving the population health of our county. Innovations we’ll discuss in this Breakout: Bright Spots in Health Care Hall of Flags Day; Cultural Immersion Downeast experiential for UNE graduate students and Community Circles. Our collegial approach will be described reflecting how SHCC supports each other using examples: CHC Week, recruitment activities, shared best practices, health care training (Opioid Epidemic and Hepatitis C) and others.

Session Objective: Participants will emerge appreciating:

1. The value of solution focused attentive responsive listening (Community Circle)
2. Discern how innovation and authentic cross organizational team work effectively moves change forward

Sunrise Health Care Coalition (SHCC) Members:

- Holly Gartmayer-DeYoung*, President, Sunrise Health Care Coalition and CEO, Eastport Health Care, Inc.
- Marilyn Hughes, Secretary / Treasurer, Sunrise Health Care Coalition and CEO, Regional Medical Center at Lubec
- Lee Umphrey, CEO, Harrington Family Health Center
- Christopher Kennedy, VP Physician Practices, Downeast Community Hospital
- Cori Laplant, CEO, St. Croix Regional Family Health Center
- Theresa Brown*, Director of Patient Management, Calais Regional Medical Services
- Addie Carter, CEO, East Grand Health Center

*Represent SHCC on the Panel

Sunrise Health Care Coalition (SHCC):

1. Historical Overview: SHCC Evolution
   a. How we came to be—members and system priorities of focus [Quality Improvement, Managed Care, 340B Low Cost Drug Program]
   b. Membership change and focus change
   c. Leadership change in Washington County’s health care organizations (2009)
   d. Purposeful Culture Shift towards Collaboration

2. Culture of Collaboration
   a. Building trust and support for each other
   b. Membership change and aligning focuses
   c. Open communication-transparency present, but so is honoring independence and autonomy
d. Overt decision to respect organizational presence and scope of service – we do not practice or operate to compete or supplant services in a community [Example-recent discussion regarding dental services in Machias community-RMCL-EHC-HFHC]

e. Establishing a Memorandum of Collaboration Agreement 2013 (all members have signed)

3. Manifesting Collaboration
   a. Shared Aim-Improve the Healthcare of the citizens of Washington County
   b. Examples of Collaboration
      1. Cultural Immersion Downeast
      2. Represented: Washington County Network, Downeast District Coordinating Council; Downeast Substance Treatment Network
      3. Bright Spots in Washington County
      4. Community Circles
      5. Health Fairs
      6. Sharing Policies
      7. Tangible Examples of Collaboration Activities: Supporting development of services in member organization: ie: EHR transition (SCRFHC: RMCL); Dental Service (RMCL & EHC: SCRFHC); Raise Awareness regarding IBH and or Palliative Care (EHC: all members); Managing Diabetic Patients (Members-share and cross pollinate); Outreach and Enrollment: FQHC members include dedicated time for outreach at the hospitals; Hospital Health Fairs: Invite FQHC members to participate; CRH-Provider / Staff Education: all members invited

8. Brainstorming change strategies: Opioid Epidemic Impact, Chronic Disease Management, Aging in Place, Food Security etc. The SHCC Members reflect a GROWING Circle of colleagues: Sunrise Economic Council; Healthy Acadia: Caring Community Collaborative; Aroostook Mental Health Services; Community Health Counseling Services; Food Pantries; State Representatives

4. Celebrating the Presence of SHCC in Washington County
   a. Annual meeting at the lake
   b. Monthly meetings – rotate sites / conference capability
   c. Standing Agenda-Updates / Sharing; Initiatives / Updates / Feedback; ID Areas of Focus for Priority Action (ie: Opioid Epidemic)

Exercise: Questions to Promote Group Discussion

- Considering Access-Quality-Cost-Patient Satisfaction-Provider/Team Satisfaction:
- Celebrate Bright Spots in Your Community (5 minutes)
- Discern Opportunities to Improve (10 Minutes)
- ID one thing you would change in the Rural Health System in Your Community (5 Min)

Report Out (5 Min)

http://www.maine.gov/dhhs/mecdc/navtabs/data.shtm