

PROGRAM GUIDE

CONSENSUS BUILDING FORUM: PRIORITIES IN HEALTHCARE DELIVERY IN EASTERN MONTANA

June 2, 2011, Noon - 5pm
Miles City Community College Room 106
Miles City, Montana

Presented by



Global Health Equity Foundation



Co-Sponsored by



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Declaration of Consensus March 3, 2011 **Addendum**

WELCOME

On behalf of Global Health Equity Foundation and Holy Rosary Healthcare Foundation, I welcome you to the second *Consensus Building Forum: Priorities in Healthcare Delivery in Eastern Montana*.

This event is the direct result of a highly interactive first Forum, held in March 2011. During that event, almost 50 healthcare providers, administrators and community leaders came together to share their experiences, contribute their observations and share their insights into the healthcare challenges faced by communities throughout Eastern Montana. The collaborative spirit and mutual respect that each person demonstrated for the other made for an immensely successful Consensus Building Forum. We are looking forward to continuing the discussions and preparing to take the next big steps toward coordinated action.

The Consensus Building Forum is a live, interactive, collaborative model for connecting healthcare practitioners, health leaders and health experts for the purpose of sharing knowledge and producing potential solutions that can improve equitable access to healthcare – especially to treatment, education, and preventive services. The strategies and solutions produced by the discussion groups will inform a useful roadmap for any institution, organization or individual who is committed to improving healthcare outcomes for the people in Eastern Montana.

We are eager to learn from your experience, so please give us your feedback by filling out the enclosed questionnaire. We look forward to seeing you again, or meeting you for the first time.

Tayeb Al-Hafez, MD

Founder & President

Global Health Equity Foundation

INTRODUCTION

The goal of the Consensus Building Forum is to produce a useful roadmap for improving healthcare delivery in Eastern Montana; to build relationships and foster collaboration among regional and local providers, networks and organizations; and to empower community leaders with tools to overcome the challenges their communities face today.

There are five discussion groups, each assigned a topic that was discussed in the first Forum. The members of your discussion group represent a wealth of knowledge, expertise and experience. There will be continuity from the first Forum in terms of the topic, however participants may or may not be assigned to the same discussion group. Participants are encouraged to share their unique perspective to the discussion even if their expertise is not specific to the main topic. This methodology brings this wealth of knowledge and insight to light, allowing for the sharing of perspectives and informed opinions in a setting that fosters meaningful discussion.

CONSENSUS BUILDING

The concept of building consensus encompasses the understanding of critical issues, agreement on the definitions of terms, developing practical solutions and adaptation of those solutions to a particular context. Consensus Building across fields of expertise and practice is essential to taking the important steps required to achieve long lasting, positive change in healthcare delivery systems.

HOW THE FORUM WORKS

1. Discussion Groups

Each discussion group will have approximately 1 hour for discussion and additional time for drafting a formal Declaration of Consensus. It is expected there will be ten people per group.

Each discussion group is moderated by a Group Facilitator who is responsible for guiding the group towards Consensus Building in the allotted time frame. The Group Facilitator and a Subject Matter Expert work together to encourage interactive dialogue. The discussion time is divided into two parts, the first to explore and prioritize the critical issues that affect or are influenced by the main topic. The second part of the discussion has the group focus on strategies for addressing these issues and developing practical solutions. As a member of a discussion group, you are encouraged to actively participate in the dialogue. Your contribution may include medical narratives from your clinical experience, knowledge of scientific data from trials and studies, or a history of healthcare policy and its impact on a population.

The five Discussion Groups are:

1. Group One: Access to Health Education/Health Care/Preventive Services
2. Group Two: Challenges Facing Healthcare Providers
3. Group Three: Mental Illness and Behavioral Health
4. Group Four: Health Management of the Aging Population
5. Group Five: Technology & Multimedia

2. Discussion Topics

The main discussion topics have been carried over from the first Forum. As a participant you may raise points about critical issues pertinent to your group's topic, explore the nature of these critical issues and work towards an understanding of the context and implications these issues bear on affected communities. The Group Facilitator will keep the group focused and will ask you to prioritize the critical issues raised. With everyone's contribution, the group is ready to consider strategies and propose solutions.

3. Declaration of Consensus

At the end of the discussion, the Group Facilitator summarizes the discussion and drafts a Declaration of Consensus for the group. Participants sign their respective Declaration. All five Declarations will be compiled into a single Declaration of Consensus and will be publicly available online.

AFTER THE FORUM

This is an outline of events that will occur after the conclusion of the Forum:

- All Forum participants are requested to complete the Survey included in this guide.
- The Declaration of Consensus will be disseminated to all of the Forum participants.
- The Declaration of Consensus will be disseminated to media outlets, public health organizations and public-interest organizations. We welcome your suggestions for other recipients.
- Outcomes from each discussion group will be reviewed for overlap and synergy. A compiled list of all actionable items and solutions will be made for review in collaboration with the Group Facilitators.
- All Forum participants are encouraged to continue engagement with the Group Facilitators to follow the progress made on the proposed solutions.
- Everyone is encouraged to continue their involvement with post-Forum activities, such as building partnerships, coordinating meetings, hosting workshops, etc. Please contact either Dr. Al-Hafez or Jackie Muri.
- Everyone is encouraged to share their experience with their colleagues and respective organizations.
- All Forum documents will be available online. You will continue to receive email communication from us concerning this and future Forums.

CONTACT INFORMATION

Dr. Tayeb Al-Hafez, Founder & President	Jackie Muri, Director
Global Health Equity Foundation	Holy Rosary Healthcare Foundation
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AGENDA

Time	Activity
11:45 - 12:15 pm	Registration & Lunch
12:15 - 12:30 pm	Welcome & Introduction
12:30 - 1:15 pm	Keynote presentation
1:15 pm	Discussion Groups commence
1:15 – 2:15 pm	Discussion, Part I
2:15 - 2:30 pm	Break
2:30 - 3:10 pm	Discussion, Part II
3:10 – 3:20 pm	Discussion Groups draft a Declaration of Consensus
3:20 – 3:25 pm	Discussion Groups end / Break
3:25 – 4:25 pm	Group Facilitators present the outcomes from each group
4:25 - 4:55 pm	Open discussion
4:55 - 5 pm	Consensus Building Forum Closing
5:00 pm	Q&A Session with Keynote speaker

NOTES

Survey - Page 1

Your Name (optional):

Affiliation:

Thank you for your participation in **Consensus Building Forum: Priorities in Healthcare Delivery for Eastern Montana**. We would greatly appreciate your input on the Forum and request that you take a few minutes to answer the questions below. Please provide additional comments for as many questions as you can.

1. WHAT WAS YOUR ROLE IN THE FORUM?	2. WHICH DISCUSSION GROUP DID YOU JOIN?
<input type="checkbox"/> Group Facilitator	<input type="checkbox"/> Group One: Access to Health Education/Health Care/Preventive Services
<input type="checkbox"/> Subject Matter Expert	<input type="checkbox"/> Group Two: Challenges Facing Healthcare Providers
<input type="checkbox"/> Discussion Group Participant	<input type="checkbox"/> Group Three: Mental Illness and Behavioral Health
	<input type="checkbox"/> Group Four: Health Management of the Aging Population
	<input type="checkbox"/> Group Five: Technology & Multimedia

3. DID YOU PARTICIPATE IN THE MARCH FORUM? IF YES, DID YOU PARTICIPATE IN THE SAME DISCUSSION GROUP OR A DIFFERENT GROUP?

4. DO YOU THINK THE CONSENSUS BUILDING FORUM IS AN EFFECTIVE WAY TO APPROACH HEALTHCARE CHALLENGES AND DEVELOP SOLUTIONS? WOULD YOU RECOMMEND IT TO YOUR COLLEAGUES?

5. DO YOU FEEL THAT THE DECLARATION OF CONSENSUS REACHED BY YOUR GROUP WILL HAVE AN IMPACT OUTSIDE THE FORUM?

6. DO YOU AGREE THAT THE DISCUSSION TOPICS AS A WHOLE WERE RELEVANT TO THE ISSUES FACED BY COMMUNITIES, ESPECIALLY RURAL COMMUNITIES, PROVIDERS AND PUBLIC HEALTH SYSTEMS IN EASTERN MONTANA?

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Your Name (optional):

Affiliation:

7. WHAT TOPICS WOULD YOU SUGGEST FOR FUTURE FORUMS?

8. WAS THE TWO-PART FORMAT FOR YOUR DISCUSSION GROUP EFFECTIVE? PLEASE COMMENT.

9. WAS THE SIZE OF YOUR DISCUSSION GROUP BENEFICIAL TO THE DISCUSSION? WOULD YOU SUGGEST ADDING OR SUBTRACTING GROUP PARTICIPANTS?

10. WAS THE INFORMATION PRESENTED IN THE KEYNOTE PRESENTATION RELEVANT? IF YES, CAN YOU PROVIDE AN EXAMPLE HOW THE TECHNOLOGY CAN BE APPLIED?

11. WOULD YOU LIKE TO PARTICIPATE IN ANOTHER FORUM IN THE FUTURE? IF SO, IN WHICH ROLE WOULD YOU LIKE TO PARTICIPATE?

12. PLEASE INSERT ADDITIONAL COMMENTS HERE.

A DECLARATION OF CONSENSUS

CONSENSUS BUILDING FORUM: PRIORITIES IN HEALTHCARE DELIVERY IN EASTERN MONTANA

March 3, 2011
Miles City, Montana

Conducted by



Global Health Equity Foundation



Co-Sponsored by



Consensus Building Forum:
“Priorities in Healthcare Delivery in Eastern Montana”
March 2011

For the Benefit of Populations in Eastern Montana

On March 3, 2011, five groups of local healthcare providers, healthcare administrators, and community leaders representing organizations and populations from Eastern Montana convened a Consensus Building Forum. Each group explored a major issue in healthcare, addressed a wide range of topics, investigated the causes, and proposed solutions.

The groups sought to build consensus on how to approach the challenges and opportunities this topic offers to healthcare providers and their communities.

Each group dedicated their time to a meaningful dialogue that demonstrated the knowledge and expertise each participant had to offer. The results of their work will be shared with healthcare organizations and community organizations in Eastern Montana. The goal is for the participants to implement their proposed solutions and evaluate their impact. There will be a second forum on June 2nd to follow up on the groups and further explore the challenging topics identified during this forum.

~ Declaration of Consensus ~

March 3, 2011

Consensus Building Forum: “Priorities in Healthcare Delivery in Eastern Montana”

For the Benefit of Populations in Eastern Montana:

Chronic Diseases

A Summary:

Since resources are limited and often finite, they must be directed to target those adverse behaviors that have a high cost associated with them. Since all non-profit healthcare providers are required to develop a “Community Needs Assessment” as a part of their Form 990 requirements, this document should be used to address how to attack chronic health issues in a community. It should be used to create an “asset assessment,” that is, identifying and mapping community assets. These assets extend beyond the established healthcare institutions: it should include exercise and fitness facilities, healthy cooking education opportunities, children’s programs, the amount and type of fresh produce at the grocery store, location of walking trails, playgrounds, etc.

Since many of the behaviors that cause chronic conditions are culturally-related, it will be difficult to modify the ingrained behavior. Using the community needs assessment and the asset assessment, a community-specific plan can be developed using a number of methods such as:

- Addressing chronic health issues with much younger children
- Offering lunch-and-learn sessions that present education in a casual conversational manner which heightens awareness without sounding too technical
- Collaborating with public health departments, community health centers, government officials (city & county), clergy, etc.
- Working with insurance companies to provide financial incentives, such as reductions in deductibles for participation in multi-faceted wellness programs
- Identifying areas where municipal improvements (such as walking trails) might benefit the community
- Use targeted communications that are contextual and timely, applying specific knowledge to specific populations and being proactive with that specific population.

Our Declaration of Consensus:

Addressing chronic diseases involves addressing behavior modification of patients which involves focusing on the root cause of the disease. Since the root cause is often preventable, largely at younger ages, providers must learn to practice preventative and wellness medicine. We need to adopt the mentality that our patients must have the ability to experience a healthy and functioning life, not necessarily to simply experience an absence of disease. Achieving this goal will require a community wide effort. In the future, a healthcare system will be defined by the resources available in the entire community, not just at the local hospital campus.

Group Facilitator: David Espeland, CEO, Fallon Medical Complex, Baker

Discussion Group Participants:

Joe Whalen

Mayor, City of Miles City

Carleen Gaub, PA-C

Ken Homan, PhD

Sister of Charity of Leavenworth Health System

Paul Lewis

Holy Rosary Healthcare

Kim Wheadon, RN

Mary Biancalana, MS, CMTPT, LMT

MYO Pain Relief Centers

~ Declaration of Consensus ~

March 3, 2011

Consensus Building Forum: “Priorities in Healthcare Delivery in Eastern Montana”

For the Benefit of Populations in Eastern Montana:

Mental Illness and Behavioral Health

A Summary:

Our goal was to identify the primary indicators for mental illness, discuss the stigma attached to depression, identify other sources of mental illness and the resources we have to address them, and finally, to discuss the existing resources and the opportunities we have to improve them.

We proposed these solutions:

- Broad-based educational campaign: school-based curricula; work-based; extension centers; PSA's
- Develop local support groups like NAMI Montana
- Create scalable community crisis centers - based upon the Billings model
- Utilize and coordinate existing resources and assets
- Develop teams of primary care providers that work with psychiatrists and pharmacists

Our Declaration of Consensus:

Cultural and social stigmas of mental illness and emotional problems are significant barriers for access and treatment. Widespread educational programs are needed to remove the stigmas and improve treatment. While geography and isolation are challenges, we do have many more resources than we realize.

Group Facilitator: Paul Cook, MD, MBA, CPA, CEO, Rocky Mountain Health Network, Billings

Discussion Group Participants:

Carla Bichler
Custer County Community Health Center

Sharla Helland
Business Manager, DEAP

Kent Doughty
Synaptic Healthcare

Chris Reinhard

Vicky Stephens
John Tester Representative

Peter Gollnow
Synaptic Healthcare

Dee Holley
Riverstone Health

~ Declaration of Consensus ~

March 3, 2011

Consensus Building Forum: “Priorities in Healthcare Delivery in Eastern Montana”

For the Benefit of Populations in Eastern Montana:

Access to Health Education/Health Care/Preventive Services

A Summary:

Our approach in the discussion was to: identify barriers to seeking routine healthcare, identify and prioritize the issues associated with those barriers, determine what we can affect and what we cannot, and identify next steps. The things that we can affect have to do with education, raising awareness and engaging segments of the population, such as seniors.

We came up with a list of solutions that can be easily implemented with existing resources in our health networks:

- Age appropriate education and culturally appropriate education
- Mobile healthcare providers
- Staff education
- Improve communication with our communities:
 - Public Service Announcements
 - Increased news coverage
 - The Internet - a healthcare website for the people
 - TV programming via the Midrivers community channel
 - Zip code appropriate mailings
 - Insert a message on utility providers' statement
- An Eastern Montana Regional Healthcare Directory - identifies services and what they do, shares stories
- Revamp of health fair process
- Open Houses of healthcare facilities
- Coordinate healthcare events across the region
- More community events

Our Declaration of Consensus:

We agreed there are many barriers to seeking healthcare in our communities and that it is important for people to become more aware of existing healthcare and community services. We identified these barriers: Geography, Economics, Cultural, Health Education, Awareness, Communication, Federal funding constraints, and Recruiting. Within each of these is a subset of challenges that enforce the barriers.

Group Facilitator: Chris Hopkins, MBA, VP Strategy and Business Development
Montana Health Network, Miles City

Discussion Group Participants:

Kaaren Rizor

Executive Director, Ashland Community Health Center

Sharon Wilcox

Director, Community Health Center

Karla Elder

Nursing Program Director, MCC

Paul Wheeler, PA

Fallon Medical Complex

Tish Guldborg

McCone County Health Center

Traci Shell

Blue Cross Blue Shield

~ Declaration of Consensus ~

March 3, 2011

Consensus Building Forum: “Priorities in Healthcare Delivery in Eastern Montana”

For the Benefit of Populations in Eastern Montana:

Health Management of the Aging Population

A Summary:

We focused on how to overcome our aging population’s limited access to care and how they can overcome the cycles of decreased health, which take years to develop. We decided to address these issues from a regional perspective, identifying existing resources and opportunities for improving access to healthcare and health management.

We proposed these solutions:

- Support active prevention and screening programs for lifelong health and education
- Promote social inclusion and communication with the aging population, encouraging family/friend support, and utilizing programs such as Retired and Senior Volunteer Program (RSVP)
- Increase home / in-home care / monitoring, utilizing tele-medicine technology (for example)
- Map appropriate services - showing what is available and where to find services - collaborating with other facilities such as the Office of Rural Health, Montana Rural Healthcare Performance Improvement Network (PIN), and Montana Health Network

Our Declaration of Consensus:

The challenges faced by our aging populations are many, including: disparity of care, geography, limited local services, lack of transportation, no or limited familial support, healthcare costs, limited in-home care, and Long Term Care insurance. These challenges are intensified by the fact these populations suffer from cycles of decreased health. We need to address the acceptance of End-of-Life Management.

Group Facilitator: Jackie Muri, CGPA, MSL
Director, Business Development, Strategy & Foundation, Holy Rosary Healthcare

Discussion Group Participants:

Chris Lieb, MD

Internal Medicine, Holy Rosary Healthcare

Mark Bichler

Extended Care Administrator, Holy Rosary Healthcare

Susan Ahrens

Clinic Administrator, Holy Rosary Healthcare

Dolly Howell

Board Member, Custer County Community Health Center

Ron Leonardi, MS, CMTPT

Myofascial Therapies Center

Sue Howe

Regional Program Officer, Community Services Bureau

~ Declaration of Consensus ~

March 3, 2011

Consensus Building Forum: “Priorities in Healthcare Delivery in Eastern Montana”

For the Benefit of Populations in Eastern Montana:

Challenges Facing Healthcare Providers

A Summary:

Our agenda included several topics for discussion, including: tele-health, relationships between communities and tertiary centers to assist providers, medical models for home healthcare, the work environment for providers, recruitment and retention of quality providers, and the role of mid-level providers to provide assistance in meeting the demand for healthcare services in rural and frontier communities.

We propose these solutions:

- Address mid-level providers and how they meet the demand and their needs
- Lobby for reimbursement for Telemedicine
- Avoid duplications of credentialing
- Use tele-medicine to treat in remote areas
- Meet with mid-level providers and expose recruits to the rotations
- Create umbrellas to help all with malpractice costs
- Tele-medicine hookups with Holy Rosary Healthcare and remote sites
- Form an Orthopedic Cooperative Agreement (for example) to avoid an absence of available providers

Our Declaration of Consensus:

There are different types of hospitals and healthcare service providers in the region - not all are the same. The CEO's and health leaders of these organizations should come together to discuss and work towards better coordination. To better serve rural and frontier communities, we should take advantage of tele-medicine.

Group Facilitator: Ron Webb, MBA, MHA, CEO, Holy Rosary Healthcare, Miles City

Discussion Group Participants:

Kathy Sparr

Holy Rosary Healthcare

Ryan Tooke

CEO, Rosebud Healthcare Center

J. T. Korkow

Denny Rehberg Representative

Jeanie Mentikov, PA-C

Riverstone Health

Dale Diede, PA

Dahl Memorial Healthcare Association

Nancy Rosaaen

Administrator, Circle/McCone County Health Center

Cindra Stahl

MSU AHEC Office of Rural Health