

# THE WINDOW: BEST OF 2015



## Inside this issue

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

### JHF Celebrates 25 Years of Creating Healthier Communities (September 2015)

On September 1, the Jewish Healthcare Foundation (JHF) celebrated its 25th anniversary as a force for better health and health care in Pittsburgh, Pennsylvania, the U.S., and beyond. Key players who transformed JHF from its creation with the sale of Montefiore Hospital into an organization that combines grant making with education, research, and advocacy reflected on the Foundation's impact.

JHF has distributed \$101 million in grants over the years, including \$60 million dedicated to improving the health and well-being of the Jewish community. The Foundation has also brought in an additional \$101 million in grants from outside sources, which has allowed JHF to emerge as a collaborator, convener, and catalyst for healthcare reform. An army for the healthcare revolution, 9,000 strong across four continents, has learned the Foundation's methods for delivering high-quality, safe, and compassionate care.

The Foundation began as a blank slate, its mission continually evolving, noted current JHF Board Chair Nancy Rackoff while addressing the 90 board members past and present, community partners, and elected officials who attended the celebration. "It would have been impossible back then to predict that JHF would serve as a model for healthcare improvement for consumers, providers, and policy makers around the globe,"

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Rackoff said. “The initiatives have been infinitely bold and insanelly inspirational—a reflection and signature of its incredible leader, Karen, and her tireless and equally inspired staff. As prior chairs would attest, it’s a matter of holding on for dear life on this incredible journey that is JHF.”

JHF’s leader since its inception almost didn’t take the job. An activist at heart who came of age during the Civil Rights movement, Karen Wolk Feinstein, PhD, had no

desire to merely hand out grants. She credits the late Sholom Comay, a civic leader in Pittsburgh and past president of the American Jewish Committee, for offering her a different perspective.



(Left to Right): JHF Board Chair Nancy L. Rackoff; Stephen Halpern, Jewish Association on Aging board chair and past JHF board chair; Patricia L. Siger, Pittsburgh Regional Health Initiative board chair and past JHF board chair; past JHF board chair Farrell Rubenstein; JHF vice chair David Ehrenwerth; JHF life trustee Dick Simon; and JHF President and CEO Karen Wolk Feinstein, PhD.



Nancy Rackoff welcomes 90 board members past and present, community partners, and elected officials who gathered at the QI<sup>2</sup>T Center on September 1 to celebrate the Jewish Healthcare Foundation’s 25th anniversary.

“Sholom invited me to lunch at Common Plea, and told me that I would be crazy not to take the job,” Dr. Feinstein recalled. “He said it was an amazing opportunity to start something from scratch, to infuse activism into health care. I owe a debt of gratitude to Sholom.”

Two other longtime partners addressed the crowd: Dick Simon, who has served continuously in leadership positions between Montefiore Hospital and JHF for 63 years, and current JHF Board Vice Chair David Ehrenwerth.

Simon reflected on the importance of preserving Montefiore Hospital’s origins following its sale, which he, his wife Nancy, and other supporters helped do by raising funds for the Montefiore Historical Corridor. Simon thanked JHF leadership for preserving Montefiore’s legacy of fostering better health and opportunity for all community members.

“Ultimately, there was collaboration that lead to the creation of this wonderful organization,”

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Ehrenwerth said. “I have been delighted to be a part of it, and I can’t wait to see what happens next.”

The JHF 25th anniversary celebration is a tribute to the determination and permanency of Pittsburgh’s Jewish community, Dr. Feinstein said during her closing remarks.

“My great-great aunt Helen was one of the founders of Montefiore when that was the right thing to do for our community,” Dr. Feinstein said. “My dad was treasurer, my brother was on the board, and I was a candy-striper. It has been a privilege to work with you as we made the transition from a very distinguished teaching hospital to a healthcare foundation. We’re a resilient community, and we move with the times. But it’s wonderful how we stay together and support one another. On to the next 25.”

## JHF’S 25TH ANNIVERSARY MAKING HEADLINES

[“On 25th anniversary, Jewish Healthcare Foundation putting new focus on personal health”](#) (Pittsburgh Post-Gazette)

[“JHF steps into spotlight for a job well done”](#) (The Jewish Chronicle)



Nancy Zionts hands out JHF bingo cards, featuring spaces with milestone moments in the Foundation’s history that were celebrated during the day’s festivities.



(L-R): Elliott Oshry, a member of Ketchum Advertising’s senior management team and a JHF Board member; JHF Board member Neil Resnick, MD, Thomas Detre Professor and chief of the Division of Geriatric Medicine and Gerontology at the University of Pittsburgh and UPMC; Rep. Dan Frankel, member of the Pennsylvania House of Representatives for the 23rd District and an HCF Board member; and JHF Board member Steven D. Irwin.



(L-R): Debra L. Caplan, MBA, current secretary of the JHF Board and retired senior vice president of Allegheny General Hospital and West Penn Hospital; Mildred Morrison, MPM, administrator of the Allegheny County Department of Human Services’ Area Agency on Aging (AAA) and a JHF Board Member; Bob Nelkin, president and CPO of the United Way of Allegheny County; Nancy L. Rackoff; Patricia L. Siger; and Donald Fischer, MD, MBA, senior vice president of health affairs and chief medical officer for Highmark and a PRHI Board member.



David Ehrenwerth discusses the collaboration that led to the birth of JHF, and the continuation of Montefiore’s legacy of innovation and compassion.

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## JHF's 25th Anniversary Celebration Includes UK Trip (June 2015)

*Time flies. Virtue alone remains.* That motto is inscribed on the blue-and-gold, chiming clock at the front of a synagogue that Sir Moses Montefiore built on the grounds of his seaside estate in Ramsgate, England. A titan of business and industry, Montefiore devoted his life to helping the poor, the sick, and the oppressed, traveling abroad to give a voice to persecuted Jews.

Pittsburgh's Montefiore Hospital, established more than a century ago as a haven for the Jewish community and an innovation hub cutting across lines of race, gender, and religion, bears his name. The sale of that hospital 25 years ago established the Jewish Healthcare Foundation (JHF), which carries on Sir Moses' legacy through grant-making, education, research, and activism.

In late June, JHF leadership and distinguished guests traced the origins of Montefiore's humanitarianism during a 10-day trip to the UK. During the journey, the JHF delegation also attended and presented at the 2015 International Health Conference and participated in a medical tour of London and Wales for cross-cultural learning.

Karen Feinstein delivered the opening plenary address at the [International Health Conference](#) at St. Hugh's College in Oxford, England. Dr. Feinstein discussed the United States' 20-year revolution in quality improvement, signified by regional health improvement collaboratives (RHICs) like the Pittsburgh Regional Health Initiative (PRHI) and culminating with the passage of the Affordable Care Act (ACA). RHICs, Dr. Feinstein noted, serve as catalysts for change by demonstrating the impact of



Inside Montefiore Synagogue, built in 1833 on the grounds of Sir Moses Montefiore's estate in Ramsgate, Kent, England.



Karen Wolk Feinstein delivers the opening plenary address at the 2015 International Health Conference. Dr. Feinstein noted that regional health improvement collaboratives, like PRHI, drive the U.S. towards delivering safer, higher-quality care.

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services and system requirements essential to achieve the triple aim of better health, better care, and reduced costs. Bedrocks of the ACA—including testing new models of care, strengthening the healthcare workforce, and integrating IT into the daily workflow—have funded PRHI’s agenda for the past five years.

JHF delegates led many of the conference’s breakout sessions, sharing their and the Foundation’s work to realize the triple aim. Dr. Feinstein also explored the age of the activated patient—an informed, motivated healthcare consumer who consults digital health information and partners with providers to make decisions. She noted that activated patients, enabled by technological breakthroughs and cost-conscious due to increasingly common high-deductible health plans, have the potential to improve outcomes and decrease expenses by choosing wisely their lifestyle, diet, provider, and health interventions.

JHF COO/CPO Nancy Zionts discussed JHF’s 25-year commitment to seniors and its [Closure](#) initiative to raise expectations for end-of-life care. PRHI Chief Learning and Informatics Officer Bruce Block, MD, discussed how the organization supports primary care practice transformation by providing coaching and training on medical home concepts, elevating the role of clinical assistants, integrating behavioral and physical health services, and developing a quality improvement culture.

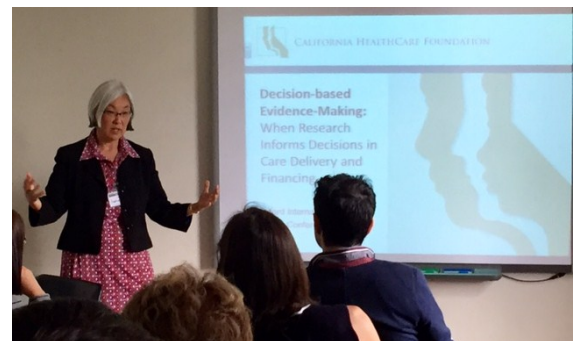
JHF Director of Government Grants and Policy Robert Ferguson recounted the Foundation’s experience in implementing and evaluating evidence-based mental and physical health care management through initiatives including [Partners in Integrated Care](#) (PIC) and [COMPASS](#) (Care of Mental, Physical and Substance Use Syndromes). Dodie Roskies, MPH, a JHF consultant and director of [JGenes Pittsburgh](#), discussed western Pennsylvania’s efforts to



During the 2015 International Health Conference, Nancy Zionts outlines the physical, emotional, and financial consequences of not proactively discussing end-of-life treatment decisions.



Stuart Altman explores pressing healthcare policy issues during the 2015 International Health Conference.



Sophia Chang discusses the need to accelerate new, evidence-based breakthroughs in health care from labs to the front lines.

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increase awareness of preventable genetic diseases through education, counseling, and screening sessions.



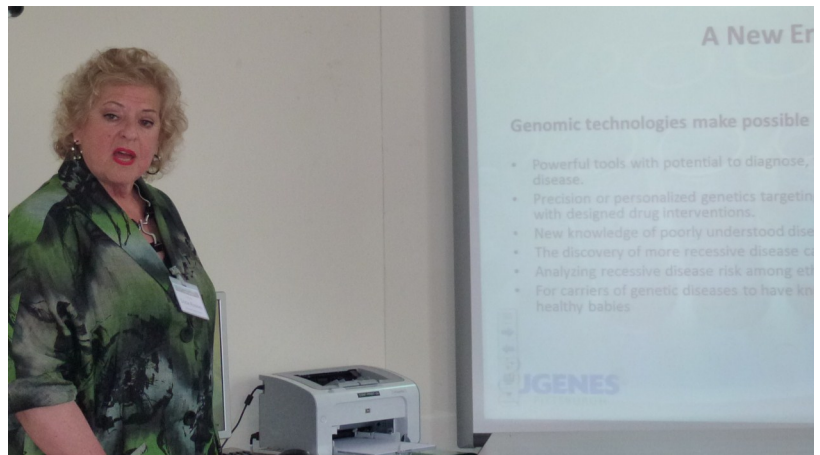
At the 2015 International Health Conference, Donald Fischer discusses how partnerships between health plans, employers, and providers can decrease variation in care quality and overutilization of treatments not proven to help patients.



Bruce Block describes the key ingredients of practice transformation—including a quality improvement culture, engaged leadership, and team-based care.



Robert Ferguson shares what it takes to deliver high-quality, integrated primary care.



Dodie Roskies describes a new era of genetics and western Pennsylvania's efforts to increase awareness of genetic diseases through education, counseling, and screening.

Stuart Altman, PhD, the Sol C. Chaikin Professor of National Health Policy at Brandeis University's Heller School for Social Policy and Management, presented his take on front-burner healthcare issues, including differences in health status among demographics and the need to engage healthcare professionals in research and policy development. Donald Fischer, MD, MBA, senior vice president of health affairs and chief medical officer for Highmark, discussed the role of partnerships between health plans, employers, and providers in decreasing variation in care quality and focusing on proven, effective treatments. Sophia

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Chang, MD, MPH, vice president of programs for the California HealthCare Foundation, shared California's initiatives to quickly translate research on palliative care and telemedicine to the front lines.

During the International Health conference, JHF staff and Elizabeth Mitchell, president and CEO of the Network for Regional Healthcare Improvement (NRHI), discussed fostering innovation and shared knowledge with Gary Ford, MD, CEO of the Oxford Academic Health Science Network (AHSN). AHSN harnesses the collective wisdom of its academic, business, and health service members to get proven research adopted into practice.

JHF Consultant Susan Elster, PhD, also attended the Evaluation London 2015 Conference, which explored the role of organizational culture and structure in evaluating and spreading best practices and policies.

Following the conferences, the JHF delegation engaged with a number of organizations and individuals who share the Foundation and Sir Moses Montefiore's commitment to community well-being. In London, the group met with Professor Sir Michael G. Marmot, PhD, MPH, director of the UCL Institute for Health Equity. Dr. Marmot has studied health inequities and the social determinants of health for more than 35 years. He noted that improving population health requires far more than medical fixes—it also requires robust, accessible childhood care and education; gainful employment; stable housing; low-crime communities; and a culture that embraces diet and exercise. Compared to other developed countries, the U.S. invests little in such social care.

JHF also visited Ellen Nolte, PhD, hub coordinator at the European Observatory on Health Systems and Policies and an honorary professor at the London School of Hygiene & Tropical Medicine. Dr. Nolte benchmarks international health systems at the Observatory. Nigel Edwards, CEO of the Nuffield Trust (an independent health research and policy organization), said that there's an emphasis on integrating specialty care into primary care. While competition is dwindling in the U.S. due to marketplace



Part of JHF's delegation visits the Royal College of Physicians (L-R, first row): Bruce Block; Marian Block, MD, a retired physician; Sophia Chang; Susan L. Greenspan, MD, professor of medicine at the University of Pittsburgh and director of the Bone Health Program at Magee-Womens Hospital of UPMC; (L-R, second row) Bernard J. Bernacki, DO, MPH, a practicing primary care physician and trustee of the JHF and PRHI boards; Donald Fischer; Karen Hacker, MD, MPH, director of the Allegheny County Health Department and a PRHI board member; Neil Resnick, MD, the Thomas Detre professor of medicine and chief of Geriatrics at the University of Pittsburgh and UPMC; and David J. Levenson, MD, a practicing nephrologist, chief of the Renal Division and vice-chair of medicine at UPMC Shadyside Hospital, and professor at the University of Pittsburgh School of Medicine.

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consolidation, England's National Health Service (NHS) has decentralized and wants to increase competition. NHS believes that a more competitive healthcare environment improves performance. Sir Andrew Dillon, CEO of the National Institute for Health and Clinical Excellence (NICE), explained how his organization works to improve public health and social care by developing evidence-based guidelines for practitioners and performance benchmarks. The Health Foundation, led by CEO Jennifer Dixon, MD, showcased its work as the largest QI-focused foundation in England.

In Wales, JHF learned about a community health workers curriculum developed by the University of South Wales. Sally Britton, RN, a senior lecturer in the Faculty of Life Sciences and Education, explained the university's degree in Community Health and Well-Being, which emphasizes developing interpersonal communication skills and delivering home and community-based interventions, designed to prevent avoidable hospitalizations and institutionalizations.

The JHF delegation met with leadership of the 1,000LivesPlus Project, an initiative to build sustainable communities and promote physical and mental wellness in Wales involving health boards, trusts, universities, charitable organizations, and business. Earlier on, leadership from the Bevan Commission, an impartial advisory group to the Welsh government, outlined the tenets of "prudent healthcare." Bevan Commission Chair Sir Mansel Aylward and Director Dylan Jones noted that prudent care emphasizes shared respect and decision making between healthcare consumers and providers, and delivering care that is proven to help patients. Marcus Longley, PhD, professor of applied health policy at the University of South Wales and director of the Welsh Institute for Health and Social Care, is a champion of prudent care.



(L-R): Dodie Roskies; Karen Feinstein; Diasmer Bloe, formerly director of special projects for Health Careers Futures and currently a program director at the Salzburg Global Seminar; Nancy Zionts; and Robert Ferguson.



JHF meets with John Wyn Owen, chair of the University of Wales, and Sir Mansel Aylward, chair of the Bevan Commission. The Bevan Commission promotes health and health services in Wales.

"During our visits in Wales and England, we repeatedly heard that the next big thing in transforming population health isn't tinkering with delivery or payment systems," Dr. Feinstein says. "It's the emergence of a social movement that emphasizes personal responsibility for health. There's a focus on

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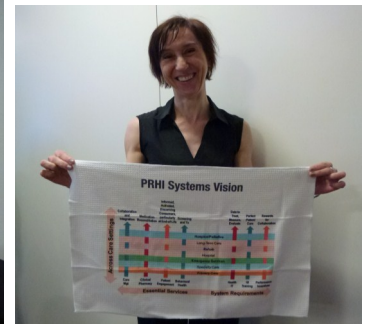
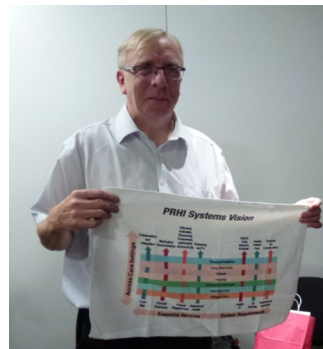
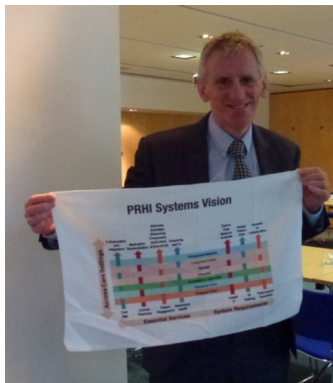
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creating health, rather than providing more medical care.”

*Time flies. Virtue alone remains* —it’s a fitting motto as JHF celebrates its silver anniversary, and looks forward to new partnerships and programs to achieve longer lives and better health during the next 25 years.



The JHF delegation visits the Temple of Peace & Health, established in 1938 as a gift from Lord David Davies to the Welsh People. Lord Davies sought to link health and international relations.



Some of the leading voices in UK health received PRHI’s version of the Terrible Towel—our Systems Vision for a safe, reliable, high-quality healthcare system (L-R): Sir Andrew Dillon; Jennifer Dixon; Nigel Edwards; and Ellen Nolte.

## **Karen Feinstein Honored as a 2015 Pittsburger of the Year (November-December 2015)**

Karen Feinstein has been selected as a 2015 Pittsburger of the Year by Pittsburgh Magazine. For 30 years, Pittsburgh Magazine has honored individuals who have made positive, indelible contributions to

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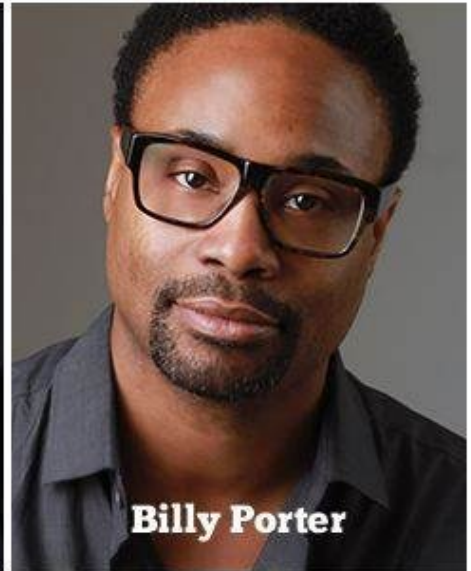
our region. In addition to Dr. Feinstein, Morgan O'Brien (chair of the Allegheny Conference on Community Development as well as president and CEO of Peoples Natural Gas) and Tony Award-winning performer Billy Porter were recognized as 2015 Pittsburghers of the Year.

"This year, we honor Karen Feinstein for shepherding the Jewish Healthcare Foundation from its creation through its 25-year evolution into a national voice for patient safety and health care quality—and her own role at the forefront of major social movements to reform health care in Pittsburgh and beyond," Pittsburgh Magazine wrote in a press release announcing the winners.

On January 14, there was a reception held at the Rivers Casino Ballroom to honor the 2015 Pittsburghers of the Year.



Photo credit: Pittsburgh Magazine



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## PRHI Celebrates Success, Sustainability of the Primary Care Resource Center Project (October 2015)

“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 QI<sup>2</sup>T 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.”

Aspinall shared Gretchen’s story during an October 29 event at the QI<sup>2</sup>T 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.

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



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.



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

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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 Pepper, 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."

## COMPASS Care of Body, Mind to Continue in Pennsylvania

June 2015 concluded the grant phase for [COMPASS](#) (Care of Mental, Physical and Substance Use Syndromes) by CMS' Center for Medicare and Medicaid Innovation. But COMPASS, a collaborative care management model to treat behavioral and physical health conditions in primary care settings, will continue at all three participating medical groups in Pennsylvania: Saint Vincent Healthcare Partners, Excela Health Medical Group, and Premier Medical Associates.

Between July 2012 and June 2015, PRHI served as one of eight implementation partners in the COMPASS consortium,

which was led by the Institute for Clinical Systems Improvement (ICSI). Among the eight implementation partners, the PRHI-led COMPASS cohort in Pennsylvania enrolled the second-highest number of patients with active depression plus sub-optimally managed cardiovascular disease and/or diabetes (740).

Among Pennsylvania patients enrolled COMPASS for at least four months, 72% significantly improved their depression and 28% achieved depression remission. Fifty-nine percent of those patients now have an A1C (blood glucose level) of less than eight, compared to 42% at baseline. And 60% are controlling



Patty Rennels, RN, care manager at Excela Health Medical Group, says that systematic case reviews involving consulting psychiatrists and medical consultants help Excela deliver integrated physical and behavioral health care. Also pictured is Robert Ferguson, who served as the Pennsylvania site director for COMPASS.

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previously high blood pressure.

For the medical groups participating in Pennsylvania, COMPASS demonstrated the value of care management.

“As our health system moves from volume to value, we feel the care manager programs will play a vital role,” says Eric Schwab, director of operations for primary care at Excela Health Medical Group. Sam Reynolds, MD, who served as medical director of population health at Saint Vincent Healthcare Partners during COMPASS and is now the chief quality officer of Allegheny Health Network, reflects: “When I think about where we are today with five care managers and an accountable care organization (ACO), it’s clear that COMPASS has been a catalyst. It has been part of our evolution to a population health mindset, and it has allowed us to identify at-risk populations and then deploy proactive resources. We don’t just wait for the phone to ring.”

COMPASS care teams also stressed the importance of systematic case reviews (SCR), a process in which care managers, a consulting psychiatrist, and a medical consultant discuss new, challenging cases as well as patients who are not improving as expected.

“SCRs are the key to our success,” says Patty Rennels, RN, care manager at Excela Health Medical Group. “They allow us to focus on complex cases, spot changes, and use our collective wisdom. The psychiatrist provides good recommendations and ideas on how to talk with folks about treatment options. For me personally, I learned a lot about medications and behavioral health diagnoses. Patients felt like COMPASS was a lifeline, and that I was a direct line to their doctor.”



(L-R): Saint Vincent Healthcare Partners Medical Assistant Jennifer Holsinger ; Sam Reynolds, MD, medical director of population health at Saint Vincent during COMPASS and current chief quality officer of Allegheny Health Network; and Care Manager Kelly Baker, RN.

PRHI trainers and coaches provided coaching and individualized feedback on COMPASS’ core processes and skills. Learning new communication skills, such as [motivational interviewing](#), is an ongoing journey for COMPASS partners—but a rewarding one that ultimately equips patients with the resources and tools needed to manage their health.

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“I’m always trying to ask the right questions and learn how to elicit behavior change from patients,” Rennels says. “We want to be a trusted partner and a source of encouragement.”

After June, the Saint Vincent team will apply the chronic care management infrastructure they developed in COMPASS to focus on high-risk patients with multiple chronic conditions in their ACO. The Premier team will continue depression care as part of their ongoing patient care coordinator and patient-centered medical home programs. And Excelsa is planning to hire more care managers for their residency practices.

PRHI has implemented and disseminated evidence-based behavioral healthcare models in primary care for the past six years, and COMPASS has reinforced the organization’s main lessons learned. Successfully treating body and mind in primary care requires physician and administrative leadership, health IT systems that support collaborative care management, a data-driven quality improvement method that permeates the entire organization, training followed by supervision and coaching, and a payment method that supports the service delivery process.

“Moving forward, PRHI will fold collaborative care management into our ongoing practice transformation programs and facilitate learning between primary care and behavioral health organizations,” says Robert Ferguson, the Pennsylvania site director for COMPASS. “We also look forward to opportunities to partner with behavioral health centers on organizational development, quality improvement, and measurement.”

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## **New Grant: A Virtual Senior Center: Transforming Lives of Vulnerable, Homebound Elders in Pittsburgh (December 2015)**

There are approximately 211,000 older adults (age 65+) in Allegheny County, and about 35,000 of those seniors are at risk for becoming isolated—a scenario that can damage physical and mental health, diminish quality of life, and even lead to premature death. To prevent isolation among seniors who are homebound due to physical limitations or caregiving responsibilities, JHF has partnered with technology

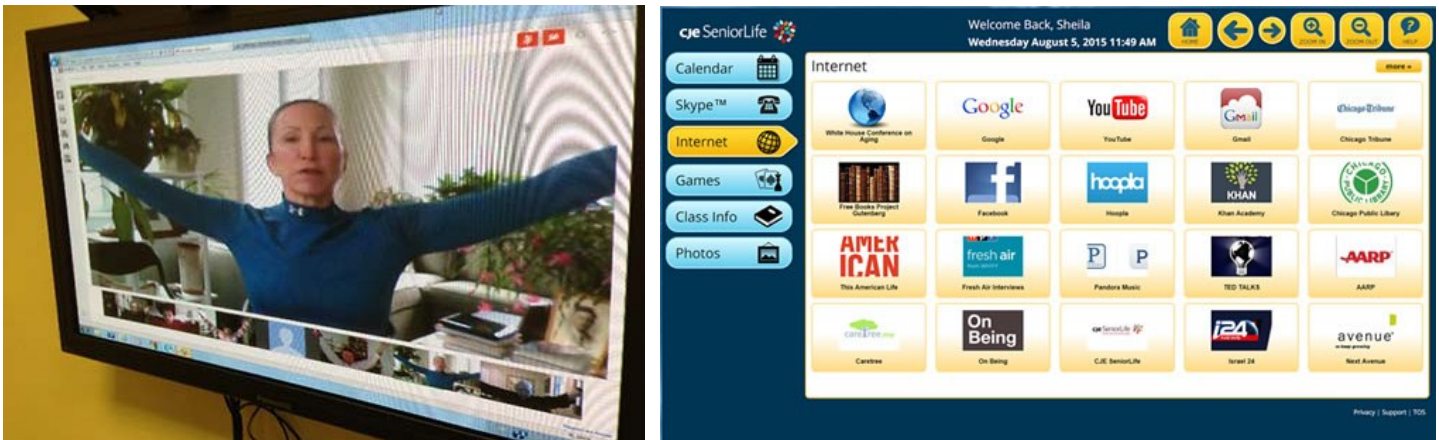
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experts and local elderly-serving organizations to bring the Virtual Senior Center to Pittsburgh.

The Virtual Senior Center is a web-based, touch-screen platform that allows seniors to interact via virtual groups and field trips, social activities, classes, and games. The Virtual Senior Center was developed by Selfhelp, a nonprofit organization dedicated to preserving the independence of seniors that was originally founded to support Holocaust survivors. The platform has been tested and proven effective in New York, with the majority of the 200-plus elders using the Virtual Senior Center reporting improved quality of life and health status. JHF, which is providing up to \$240,000 for the Virtual Senior Center in 2016 and 2017, will remain closely involved in the development and expansion of the platform locally.



From taking yoga classes to touring museums to playing chess with friends, homebound older adults can stay connected through the Virtual Senior Center (Photo credit: Virtual Senior Center).

“The Virtual Senior Center builds on the Foundation’s 25-year commitment to improving—and redefining—the golden years for our region’s seniors,” says Karen Feinstein. “Imagine the ability, from your living room, to become immersed in world class opera and ballet at Lincoln Center, talk to the curator at the Metropolitan Museum of Art, or explore the National Mall. The Virtual Senior Center delivers these experiences, and thousands of other enrichment opportunities, to seniors. They’re not passively staring at a screen—they’re engaging in life, staying socially connected, and making new memories.”

JHF, in partnership with Selfhelp and the Jewish Association on Aging (JAA), will conduct a pilot with around 100 Virtual Senior Center participants in common areas and individual units in assisted living, rehabilitation, and personal care facilities, providing training to participants as well as staff who can facilitate the platform’s use. The pilot phase will also engage the JAA’s AgeWell partners. JHF will develop a coalition of organizations, such as the United Way, Allegheny County Area Agency on Aging, and Carnegie Mellon University’s Quality of Life Technology Center, to expand the Virtual Senior Center’s reach in the Pittsburgh region. JHF will also look to develop partnerships with cultural institutions, such

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as the Carnegie Museums, Heinz History Center and the Pittsburgh Cultural Trust, to increase the breadth of content available to seniors.

“This past summer,” Dr. Feinstein says, “JHF hosted more than 70 consumer advocates, medical providers, philanthropists, technology experts, and economists to study the DNA of past successful social health movements and develop strategies to activate consumers around population health issues, including improving quality of life for frail seniors. During this event in support of our Center for Health Information Activation (CHIA), participants articulated a vision in which all seniors are valued, active, and engaged. The Virtual Senior Center brings us closer to achieving that vision. We want to partner with organizations that want to bring this amazing tool to more of our region’s elderly.”

## **New Grant: Where Hope Lives: A Program to Identify and Treat Perinatal Depression (December 2015)**

Perinatal depression affects many women, infants, and families during and after pregnancy, and can significantly interfere with infant attachment, maternal health and ability to function, and family dynamics. Yet this condition, which refers to depression experienced during pregnancy and up to one year post-partum, is often undetected, untreated, and under-reported. Women often do not seek care because of the stigma surrounding depression; the lack of screening, awareness, and diagnosis; an inability to access timely psychiatric resources; and the lack of care models that do not require mother and baby to be separated.

To better support women in this high-risk but historically underserved population, Allegheny Health Network (AHN) is working to create a new community service for perinatal depression which includes state-of-the-art screening tools, an innovative treatment model that keeps mother and baby together while also including fathers and extended family, and a broad education campaign to increase public awareness of the condition and engage providers. JHF will provide \$150,000 in startup funding for the program in 2016 for staff, operations, and testing of the perinatal depression service model.



Katherine L. Wisner, MD, is part of Allegheny Health Network’s expanded perinatal depression program.

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JHF's grant is part of a larger investment by AHN and other private funders (including the Alexis Joy Foundation and the Staunton Farm Foundation) to build out and sustain the perinatal depression program. The project builds on the findings of a JHF-supported study on perinatal depression conducted by RAND in 2012, which emphasized the importance of screening, referral to treatment, and services in addressing the condition. Perinatal depression was also one of the population health issues explored during the foundation's CHIA event this past summer.

AHN's program will screen parents for depression risk prenatally, in pediatric offices, and during the post-partum period. At-risk parents will be referred to behavioral health treatment or to other community supports, and babies with difficult attachment will be referred to developmental specialists. The program will focus on perinatal depression treatment options that emphasize the mother-baby relationship, involve fathers and significant others, and provide integrated services in both hospital and outpatient settings. Katherine Wisner, MD, an internationally recognized expert in perinatal depression, will serve as a consultant for the program.

"Undiagnosed or untreated perinatal depression can have a devastating long-term impact on mothers, babies, families, and communities" Dr. Feinstein says. "This program has the potential to transform the model of care for perinatal depression, enhance quality of life, and de-stigmatize a treatable condition that touches so many lives, yet remains an often-overlooked public health crisis."

## **New Grant: Adolescent Health Initiative: Creating Messages that Promote Positive Health Behaviors (September 2015)**

JHF will provide funding and staff resources for a multi-year initiative designed to engage local organizations and youth in developing communications, messages and programs to promote healthy behaviors. The Foundation is currently meeting with leaders in the adolescent health community (including those in public health, academia, and medicine) to determine how best to leverage their expertise and resources, and discuss grant proposals for the initiative. JHF will provide grants to local community organizations who develop creative strategies for engaging teens as well as the friends, family, schools, and neighborhood leaders who influence them.

### **JHF'S NEW GRANTS MAKING HEADLINES**

["Six initiatives funded with \\$1.3M in JHF grants"](#) (Pittsburgh Business Times)

["In a switch, JHF funding \\$500,000 for teen health"](#) (NEXTpittsburgh)

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“Adolescence is a time of self-discovery and experimentation, and also a period where health habits can become ingrained,” says JHF Senior Quality Improvement Specialist Terri Devereaux, .MPM, FNP-BC “Behavior patterns established during those teenage years— including nutrition, physical activity, alcohol, tobacco, and drug consumption, and sexual behaviors—help determine a person’s health status and risk for developing chronic diseases in adulthood. Our goal is to motivate teens to take control of their health—to realize that they have the power to make wise choices each day that will pay off for years to come.”

The first grant funded under the initiative will be provided to the Allegheny County Health Department, which will engage 15 individuals between the ages of 13-19 to serve as leaders in community health improvement as part of the Live Well Allegheny Teen Corps. Selected teens will develop and deliver messages to youth in the Pittsburgh region to help them cultivate lifelong, health-promoting habits. The teens will receive an orientation to public health, communication, and health campaigns, and will then identify pressing health issues facing their peers. They will have the opportunity to partner with SHIFT Communications, a public relations firm, to craft their health messages and develop a plan to reach mass audiences. Additional adolescent health grants will be announced in the months to come.

## **New Grant: Community Health Workers: Better Serving Our Community’s Seniors (March 2015)**

The Foundation has funded a number of educational/Champions programs to strengthen the effectiveness of the health workforce: Physician Champions, Nurse Navigators, Pharmacy Agents for Change, EMS Quality Leaders, Long Term Care and MA/LPN Champions. These Champions pursue projects to improve quality in their own domains.

The grant approved by the JHF Board of Trustees will support JHF’s newest Champions program—the Community Health Worker (CHW) Champions to enhance the skills of CHWs to improve the care for community-dwelling seniors.

JHF perceives CHWs as a vital component of the U.S. healthcare system, improving population health and lowering healthcare costs by reducing emergency room visits, hospitalizations, and institutionalizations. They also free clinical team members to practice at the top of their license.

“By 2050,” says Karen Feinstein, “the number of people who are over the age of 65 will be almost double what it was in 2012; and the possibility of seniors and their substantial healthcare needs overwhelming hospitals, nursing homes, and the elderly’s own middle-aged children or other family caregivers is very


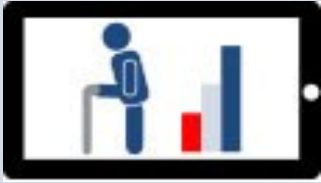

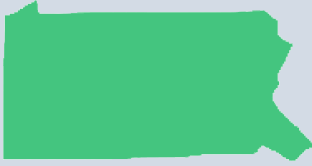
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real.

“There is tremendous opportunity to use CHWs to help slow the rate of age-related decline in vulnerable seniors by ensuring that they have the resources they need as they age in place – including connections to community resources and help with navigating the healthcare system when necessary.”

## COMMUNITY HEALTH WORKERS CHAMPIONS

	DEVELOP A STANDARDIZED TRAINING CURRICULUM & SERVICE DELIVERY MODEL TO ENHANCE CHWS' SKILLS, HELP SENIORS AGE IN PLACE		USE PREDICTIVE MODELING TO IDENTIFY FACTORS THAT LEAD TO HOSPITAL & NURSING HOME ADMISSIONS FOR SENIORS
	PILOT-TEST TRAINING CURRICULUM & SERVICE DELIVERY MODEL IN LOCAL COMMUNITIES		SUBMIT FOUNDATION'S CHW MODEL TO PA DEPARTMENT OF HEALTH FOR STATEWIDE ADOPTION

The first phase of the grant began following a statewide invitation-only Summit on CHWs that JHF held in April 2015 in Harrisburg, PA, the goal of which was to outline elements of a standardized CHW training curriculum, certification, and reimbursement. Then, JHF created an advisory group of experts in senior services, first to identify the factors that predict hospital and nursing home admissions for seniors, and second, to develop a competency-based CHW training curriculum and service delivery model focused on preventing hospitalizations and avoidable institutionalization.

### **REACH Earns No-Cost Extension from ONC-HIT, Expands Work into Behavioral Health Integration (April 2015)**

Five years ago, the Office of the National Coordinator for Health IT (ONC-HIT) entrusted PRHI to guide primary care practices and federally qualified health centers implementing electronic health records and working toward meaningful use. But PRHI's [Regional Extension and Assistance Center for Health Information Technology](#) (REACH) team has achieved much more, helping long-term care facilities go

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digital and [transforming practices](#) by enhancing patients' care access, self-management skills, and connections to crucial non-medical services that influence health.

The REACH team's footprint in western Pennsylvania will expand even further through a recent one-year, no-cost extension awarded by ONC-HIT. PRHI is the only regional contractor in Pennsylvania to earn a no-cost extension through the spring of 2016.



PRHI's REACH team, led by Chief Learning and Informatics Officer Bruce Block, MD, provides assistance with EHRs, trains practices in patient-centered medical home concepts, and works to elevate medical assistants to the top of their licensure.

REACH will continue to provide assistance with EHRs, train practices in patient-centered medical home concepts, and work to elevate medical assistants to the top of their licensure. But the REACH team's medical record work is entering a more advanced stage, says Dr. Bruce Block, PRHI's Chief Learning and Informatics Officer.

"We're increasingly helping practices move from EHR implementation to using their system to improve care," Dr. Block says. "For example, identifying a diabetic patient who hasn't been to the office in six months and re-engaging them. It's about mining data from the medical record and applying it for quality improvement."

The REACH team will also now work with practices on behavioral health integration, training providers to identify patients with mental health and substance use issues that often exacerbate physical conditions. PRHI will call upon its training and coaching experiences gained through the multi-state [Partners in Integrated Care](#) (PIC) and [COMPASS](#) (Care of Mental, Physical, and Substance Use Syndromes) projects.

"Those initiatives prepared us to help practices deliver integrated care, and make connections outside of the office so patients are linked with social and behavioral health services," Dr. Block says. "All of these concepts are essential to the medical home model. They emphasize the notion that health happens between visits."

## **JHF Hosts Pittsburgh Leaders to Spark Patient Activation Movement, Improve Population Health (July-August 2015)**

On July 15, some of Pittsburgh's leading voices in health and consumer engagement stepped to the front

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of a full-capacity QI<sup>2</sup>T Center and made their social media pitch to prevent cancer through HPV vaccination.

“4,000 women die from HPV-related cervical cancer each year,” one said, flashing a hand-made sign with the hash tag *#NotMyDaughter*.

“Over 60% of eligible children are not vaccinated against HPV,” noted another, raising a *#NotMyPatient* banner.

The grand finale: “Each year, there are more than one million HPV-related illnesses that could progress into cancers.” *#WeCanDoBetter*.

That was just one of a half-dozen campaigns crafted to spark a patient activation movement in Pittsburgh—and beyond. JHF invited more than 70 medical providers, consumer advocates, policy-makers, economists, and tech experts to study the DNA of past high-impact social health movements and then create their own strategies for consumer activation.

Participants focused on six population health topics identified as priority issues by JHF: becoming head of your healthcare team, building community housing options for frail seniors, coping with post-partum depression, increasing uptake of the cancer-preventing HPV vaccine, managing the risk of developing



(L-R): JHF Board member Bern Bernacki, DO, MPH; Anne Nagy, from the Allegheny County Health Department; Amy Hart, president and CEO of Center for Hearing and Deaf Services; Kim Evert, CEO of Planned Parenthood of Western Pennsylvania; and Ellen Beckjord, director of Population Health Program Design and Engagement Optimization at UPMC Health Plan pitch their social media strategy to convey the urgency of getting kids and young teens protected with the cancer-preventing HPV vaccine.



PRHI Director of Education and Coaching (at podium) facilitates a talk-back session among the 70-plus health and consumer engagement leaders gathered at the QI<sup>2</sup>T Center on July 15. The groups identified key attributes to sparking a patient activation movement, including strong leadership, conveying a sense of urgency around the health issue, and including all stakeholders in the conversation.

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Fred Sherman, MD, from Children's Hospital of Pittsburgh of UPMC and Sheila Fine, founder and board chair of LEAD Pittsburgh, share a laugh while taking part in a strategy session centered on strengthening support for mothers coping with postpartum depression.

breast or ovarian cancer, and promoting healthy eating habits, especially among those at risk for heart disease or diabetes.

From advocating for better HIV/AIDS treatment to increasing breast cancer awareness to getting young adults to buckle up in the car, past social movements have galvanized large-scale population health improvements, Karen Feinstein noted while welcoming guests to the event. The key is to motivate consumers to take control of their health—something today's tech-savvy, information-seeking patients are increasingly doing.

“We have a new kind of patient seeking a medical partnership, rather than a quick fix,” Dr. Feinstein said. “When patients are engaged in their care, we achieve better outcomes at a lower cost. Our goal is to not only help patients utilize the unprecedented amount of health information available today, but also to speak up about how the health system and their communities at large can help them reach their goals.”

The event also featured a TED Talk-style presentation by Alan Weil, editor-in-chief of *Health Affairs*, on the role of activated patients in a rapidly changing U.S. healthcare system. Traditional roadblocks to consumer engagement are breaking down, with clinical education emphasizing patient-provider communication, technology democratizing health information, and new payment models emphasizing

health outcomes that are best achieved through medical partnerships. But the consumer activation movement will only thrive if the healthcare system recognizes that there is no one-size-fits-all approach to helping patients meet their health goals.

“My most despised phrase in health care is the non-compliant patient,” Weil said. “Apple doesn’t have a department of non-compliant iPad users. They take as a given that we have different assumptions, knowledge,

## JHF'S PATIENT ACTIVATION EVENT MAKING HEADLINES

[“Getting the message out on HPV vaccinations”](#) (Pittsburgh Post-Gazette)

[“Time is now for taking control of your own health decisions”](#) (The Jewish Chronicle)

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and experiences, and they engineer to meet our differences. The cornerstone of patient activation is demanding a healthcare system that is similarly engineered to account for our differences.”

JHF is already actively involved in developing multi-stakeholder solutions to the six population health problems examined on July 15. Those efforts include the Foundation’s HPV Vaccination Initiative and Center for Health Information Activation (CHIA), which provides communication tools and skill-building for providers, consumers, and families, as well as guidance on finding and assessing health information, creative health apps, online communities, and other tools and services. Multidisciplinary graduate students who participate in the 2015 Salk Fellowship will also honed in on these six problem areas.

The creativity unleashed on July 15 will serve as a catalyst for community action around those six population health issues, and will guide JHF’s future grant-making efforts.



JHF President and CEO Karen Feinstein explains that the Foundation’s agenda now focuses on supporting meaningful, goal-oriented partnerships between the health system and consumers.

Karen Feinstein with *Health Affairs* Editor-in-Chief Alan Weil, who discussed the role of activated patients in a changing healthcare landscape during JHF’s July 15 event at the QI<sup>2</sup>T Center.

“The groups delved into the root causes of these problems, and considered the levers that they could pull to change behavior,” Dr. Feinstein said. “This event provided great ideas for advancing solutions to health problems, and also built a sense of community and identification.”

With the playbook for patient activation developed in Pittsburgh, JHF is prepared to help other communities removed their longstanding barriers to better health.

“If lots of people did this,” Dr. Feinstein said, “we could spark a movement across the country—one that

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finally makes the U.S. a leader in population health.”



(L-R): Ray Baum, a partner at Pepper Hamilton LLP; Harriet Baum, from the United Way of Allegheny County; Larry Stern, a JHF Board member; and Dodie Roskies, a JHF consultant and director of JGenes Pittsburgh were among the leaders who helped shape a social health movement in Pittsburgh.



Participants at the patient activation event took part in a stretching/meditation session in the Q12T Center's Japanese Garden, and learned more about how they can connect with Pittsburgh's rivers and trails from Venture Outdoors.

## Inaugural Fellowship on Death and Dying Concludes with Students Crafting Plans to Change Education, Policy, Culture around End-of-Life (March 2015)

The Jewish Healthcare Foundation's and Health Careers Futures' inaugural *Fellowship on Dying & Dying: The Elephant in the Room* came to a successful conclusion on March 30, resulting in several community action plans and an engaged network of alumni Fellows.

The Fellowship, modeled after JHF's [Closure](#) Community Conversations and curriculum, provided an opportunity for 20 graduate and doctoral students to confront end-of-life issues that they will face in their careers—issues they are rarely exposed to in their programs.



Rabbi Ron Symons, director of Lifelong Learning and director of Tikkun Olam at the Center for Jewish Social Justice, and JHF Consultant Nina Butler, EdD, describe the various ways families cope with grief during a fellowship session at the Good Grief Center.

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Over the course of six sessions from January through March, the Fellows explored the many medical, legal, social, cultural-familial, and spiritual aspects of death and dying through facilitated conversations and tours of long-term service and support centers. The sessions occurred at the QI<sup>2</sup>T Center, Allegheny General Hospital, Children's Hospital of Pittsburgh of UPMC, Family Hospice Inpatient Center—Canterbury, and the Ursuline Support Services' Good Grief Center for Bereavement Support. Core Fellowship faculty included JHF Consultants Jonathan Weinkle, MD and Tamara Sacks, MD; Nancy Zionts; and Robert Ferguson.

In March, the Fellows visited Family Hospice and Palliative Care at UPMC Canterbury Place to discuss community resources and options at end of life, met at the Good Grief Center to discuss caregivers' and family members' experiences with death, dying, and grief, and then convened at the QI<sup>2</sup>T Center to create community action plans that enhance end-of-life care.

At Family Hospice and Palliative Care, the Fellows learned that hospice is a philosophy, not just an insurance benefit, and is normally where the patient is. They also discussed the different levels of long-term services and supports available as well as barriers to accessing them, including funding gaps and reimbursement challenges. The session was led by Family Hospice & Palliative Care Co-Chief Medical Officer Chris Hughes, MD; Inpatient Unit Supervisor Amy Jacobs, RN; and Denise Stahl, MSN, executive director of the UPMC Palliative and Supportive Institute.

At the Good Grief Center, Fellows shared and listened to stories about the various ways that families cope with grief, and how to support informal family caregivers in addition to patients. The session was facilitated by JHF Consultant Nina Butler, EdD; Diana Hardy, MSCP NCC, LPC, director and clinical instructor of Good Grief Center for Bereavement Support; Rabbi Ron Symons, director of Lifelong Learning and director of Tikkun Olam at the Center for Jewish Social Justice; and Anthony Turo, executive director of Ursuline Support Services.

Butler explained that “the end of life is learning about life” and described how she organizes the community around caregivers and families who need help through action groups, websites, and

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## **INAUGURAL FELLOWSHIP ON DEATH & DYING SESSIONS**

- 1. Introduction & Overview of Death and Dying:** QI<sup>2</sup>T Center
- 2. Advanced Care Planning & Legal Aspects of Death and Dying:** Allegheny General Hospital
- 3. Ethical & Spiritual Aspects of Death and Dying:** Children's Hospital of Pittsburgh
- 4. Community Resources & Options at EOL:** Family Hospice Inpatient Center Canterbury – Lawrenceville
- 5. Caregivers' & Family Members' Experience with Death, Dying, and Grief:** Good Grief Center for Bereavement Support
- 6. Community Action Plans:** QI<sup>2</sup>T Center

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resources. The group also discussed the importance of understanding that people grieve differently in different ways. Nancy Zionts encouraged Fellows to begin developing their own networks in different communities and explained that the overall goal is not just the health of the patient, but also the health of those left behind.



During the finale of the Fellowship on Death and Dying, JHF COO/CPO Nancy Zionts leads a discussion on end-of-life issues that Fellows encountered.



JHF Director of Government Grants and Policy Robert Ferguson describes how palliative care improves quality of life throughout the treatment cycle of terminally ill patients.

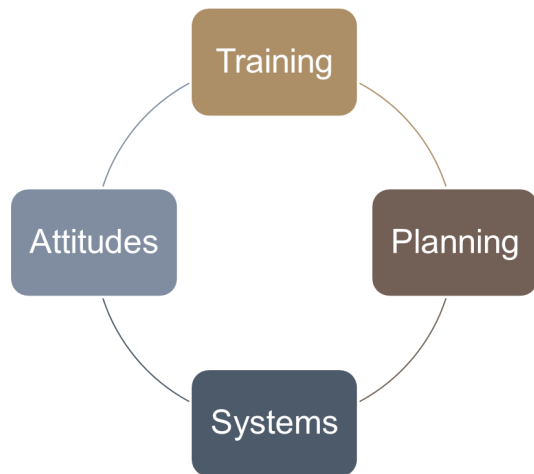
In response to the end-of-life challenges that they witnessed, the Fellows crafted plans to change education, policy, and attitudes in their programs and communities. The action plans unveiled during the Fellowship finale included:

- Creating system defaults and yearly routines to help people use advance care plans as “living” documents
- Providing training on advance care planning conversations with patients as part of students’ core curricula
- Creating an end-of-life resource guidebook for incoming healthcare students
- Developing advance care planning centers in the community, where people can engage in conversations about end-of-life topics and access resources

During the closing remarks, Nancy provided ways for the Fellows to continue their engagement with JHF in order to implement these actions plans and stay connected with one another. In their evaluations, the Fellows indicated that they placed a high degree of importance and confidence in implementing these plans.

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Fellows identified four major components in creating a patient-and-family-centric model for end-of-life care.



Guided by Jonathan Weinkle, MD (center), Fellows develop community action plans to change education, policy, and attitudes about end-of-life care.

## Pittsburgh Striving to Prevent HPV-Related Cancers (June 2015)

JHF hosted a meeting of its [HPV Vaccination Initiative](#) advisory committee at the QI<sup>2</sup>T Center on June 17, showcasing a tapestry of outreach activities to prevent HPV-related cancers and new immunization data demonstrating why such efforts are critically needed in Pittsburgh and across the country.

JHF, with funding support from the U.S. Department of Health and Human Services and the Office of the Assistant Secretary for Health, is providing a grant to Macedonia FACE (Family and Community Enrichment Center) for HPV vaccination outreach activities. During the advisory meeting, Macedonia FACE Executive Director Trisha Gadson shared her Hill District-based organization's strategies for engaging families. In July and August, Macedonia FACE will sponsor two community health fairs at the Hill House Association, where an expected 300-plus people at each event can learn more from providers about the three-dose HPV vaccine. The vaccine is recommended for boys ages 11-21 and girls ages 11-26, is covered by insurance or the federal Vaccines



Trisha Gadson (far right), executive director of Macedonia FACE, explains how her organization will engage the community about HPV vaccination through health fairs and film screenings.

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for Children program, and can reduce the risk of developing HPV-related cervical, vaginal, vulvar, anal, throat, and penile cancers by up to 99%.

Macedonia FACE will also sponsor a community event at the Hill House's Kauffman Center featuring a screening of "Someone you Love: The HPV Epidemic," a film that documents the hardships of women touched by HPV-related cancer. As a service provider, Macedonia FACE learns about the health status of each child at intake and is working HPV vaccination questions into the organization's workflow.

The Women & Girls Foundation (WGF) unveiled results from its teen survey on HPV, which showed that 41% percent of respondents did not know what HPV was, and only 14% knew that the virus could cause cancer. Once teens are aware of the virus' dangers, they're receptive to the message that the HPV vaccine prevents certain cancers. WGF also recapped the teen Twitter chat it hosted with iTwixie during Cervical Cancer Awareness Month in January, which resulted in more than 325 Tweets. The most shared message? "Communication is key to breaking down the stigma of HPV." During the fall, WGF will sponsor a video challenge in which young adults compete to craft the most powerful HPV vaccination message.

Eileen Lane, co-chair of [Grandmother Power](#), gave an update on how the grass-roots group is educating and activating people in their communities to prevent HPV-related cancers. People can become involved in a variety of ways with the support of JHF's HPV Vaccination Initiative team, from attending health fairs to scheduling an education session at their place of worship to sponsoring a screening of "Someone you Love: The HPV Epidemic."

Katie Horowitz, president of education for Planned Parenthood of Western Pennsylvania (PPWP), said that more than 230 students in the Pittsburgh region have engaged in PPWP's customized HPV education curriculum for middle and high school students. The curriculum deploys games, group discussions, and



As part of JHF's HPV Vaccination Initiative, the Women & Girls Foundation is sponsoring a video challenge in which young adults compete to craft the most powerful cancer prevention message.

## JHF'S HPV VACCINATION ACTIVATION INITIATIVE MAKING HEADLINES

["JHF supports preventing HPV-related cancer across Pittsburgh region"](#) (Allegheny County Medical Society Bulletin)

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multimedia learning to inform students about vaccines and immunity, how HPV attacks and mutates cells, how the virus is spread, and how the HPV vaccine can help protect them from cancer and genital warts. PPWP will present the HPV curriculum to more schools and community programs this fall, and plans to reach more than 1,700 students overall.

Our partners are also working to reach the “catch up” group—college-aged men up to age 21 and women up to age 26 who haven’t yet been vaccinated. The University of Pittsburgh School of Pharmacy developed a student survey on the barriers to HPV vaccination, which will be used to design communications materials and residence hall education sessions. JHF summer intern Nayanika Basu, a Pitt pharmacy student, is developing an outreach toolkit for college students at other local universities.

JHF’s HPV Vaccination Initiative Coordinator, Sue Steele, noted that Manchester Academic Charter School will hold HPV vaccination clinics for students in partnership with American HealthCare Group, a Pittsburgh-based company that provides preventive services to schools and communities. Additionally, Pittsburgh Public Schools recently mailed 1,500 copies of HPV Vaccination Initiative brochures to the parents of children starting seventh grade. Haley Roberts, a Foundation summer intern studying health policy at Carnegie Mellon University, is working on a tool kit for middle and high schools that would provide them with a suite of options, from hosting HPV education sessions to setting up vaccination clinics. JHF also continues to reach families through health fairs, including events this past month in East Liberty, Homewood, and McKeesport.

## HPV VACCINATION IN PITTSBURGH: WE’VE GOT WORK TO DO

JHF has compiled HPV vaccination data from three health insurers (Gateway, Highmark, and UPMC) on teens in the Pittsburgh metropolitan statistical area.



GIRLS AGE 14-17

50%

25%



BOYS AGE 14-17

37%

17%

JHF has broken down vaccination rates into seven regions in Pittsburgh, and is partnering with neighborhood groups—from community organizations to churches and synagogues to schools—to boost those unacceptably low marks.

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## JHF partners with Highmark, UPMC for AIDS Free Pittsburgh Initiative (November-December 2015)

On December 1—World AIDS Day— leadership from JHF joined several other local agencies for a press conference at the City-County Building, Downtown, to launch an initiative designed to eliminate new AIDS diagnoses in Allegheny County and reduce new HIV infections by 75% within five years.

Influenced by successful programs in New York, San Francisco, and Washington State, the AIDS Free Pittsburgh initiative will engage partners from JHF, the Allegheny County Health Department (ACHD), Allegheny Health Network, the City of Pittsburgh HIV commission, Community Human Services, the HIV/AIDS Regional Collaborative, Macedonia F.A.C.E., Pittsburgh AIDS Task Force, the University of Pittsburgh, and UPMC.

Only one other county in the U.S. has taken on the challenge of eliminating new AIDS diagnoses within the next five years.

“Seventy-four percent of people living with HIV/AIDS in this region, live in Allegheny County,” said ACHD Director Karen Hacker, MD, MPH, during the press conference.

“That is why the County is making a concentrated and unique effort to tackle HIV/AIDS. Today, with our partners, we are proud to take on the challenge of becoming AIDS free by 2020.”

The AIDS Free Pittsburgh initiative will deploy a two-track approach to accomplish its ambitions. One track will focus on identifying HIV-positive individuals who are currently undiagnosed and linking them



Allegheny County Executive Rich Fitzgerald and Karen Hacker, MD, MPH, director of the Allegheny County Health Department, announce the AIDS Free Pittsburgh initiative to eliminate new AIDS diagnoses in Allegheny County and reduce new HIV infections by 75% by 2020.



Richard Smith, MSW, HIV/AIDS program director for JHF (back row, center), was among those recognized by Pittsburgh City Council following the launch of the AIDS Free Pittsburgh initiative.

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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 Pre-exposure prophylaxis (PrEP). PrEP is a preventive, daily pill that can lower the risk of getting an HIV infection by up to 92% if taken consistently, according to the Centers for Disease Control and Prevention.

JHF will serve as the fiscal agent for the initiative, which in 2016 will focus on engaging providers and members to expand HIV testing, increasing PrEP awareness and accessibility, providing community education, obtaining baseline measures to track progress, and building partnerships regional and state leaders.

“In our region, we pull partners together to get things done,” said Allegheny County Executive Rich Fitzgerald during the press conference. “With true collaboration—between the county, city, health organizations, and universities—this is a goal that I know we can reach.”

Fitzgerald declared World AIDS Day in Allegheny County, and noted that the City-County Building would be illuminated red that evening in honor of the occasion. During a Pittsburgh City Council meeting following the press conference, Council President Bruce Kraus declared World AIDS Day in Pittsburgh.

“The City of Pittsburgh does hereby commend and celebrate the various health services organizations who have come together to lead the AIDS Free Pittsburgh effort and pledges our partnership and support to their goals,” Councilman Kraus said. “It is the will of the Council that all city residents and organizations join us in the fight against HIV/AIDS.”



City Council President Bruce Kraus declares World AIDS Day in Pittsburgh and reads a proclamation commending partners in the AIDS Free Pittsburgh initiative.

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## Latest Partnership Between PRHI, Quality Insights Improving Care in Five States (July-August 2015)

PRHI and Quality Insights have partnered to strengthen the capacity of primary care practices through PA REACH and help consumers make informed choices on doctors, hospitals, and healthcare providers through the Qualified Entity program.

On the one-year anniversary of their latest venture, leadership from PRHI and Quality Insights met at the QI<sup>2</sup>T Center to take stock of their progress in catalyzing quality improvement for providers across five states participating in the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) contract, supported by the Centers for Medicare and Medicaid Services (CMS).

PRHI and Quality Insights (a CMS-contracted QIN-QIO) are working together to reduce health disparities, promote chronic disease management, and lower costs in Pennsylvania, West Virginia, Delaware, New Jersey, and Louisiana. As a subcontractor to Quality Insights, PRHI is providing access to virtual learning opportunities for workers at all levels through [Tomorrow's HealthCare™ \(THC\)](#), PRHI's online knowledge network.



(L-R): Sven Berg, MD, MPH, chief medical officer for Quality Insights; PRHI Chief Medical Officer Keith Kanel, MD; Karen Feinstein; Nancy Zions; Quality Insights Chief Administrative Officer David Lambert; Quality Insights CEO John Wiesendanger, MHA; Quality Insights Chief Information Officer Aaron Spurlock; Bruce Block; and Quality Insights Chief Financial Officer Kathleen Merrill meet at the QI<sup>2</sup>T Center to discuss progress in advancing quality improvement across five states participating in the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) contract.

PRHI developed a customized version of THC to help participating practices, hospitals, and nursing homes achieve the highest levels of quality. It features training and education offerings to support QIN-QIO project goals related to cardiac health, diabetes care, health IT, long-term care, hospital-acquired infections, care coordination, and value-based quality reporting. David Lambert, chief administrative officer for Quality Insights, thanked PRHI staff during the meeting for continually developing new content and responding to the needs of providers who have joined QIN-QIO program.

“We view Quality Insights as a go-to partner for efforts related to quality and safety,” Karen Feinstein

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says. “We have interests that are aligned as well as complementary skills that we can deploy on a range of projects. Our relationship continues to grow.”

## **RAVEN Leadership Day Highlights QI Strategies, Communication and Clinical Tools to Elevate Nursing Home Care (September 2015)**

On September 30, JHF’s long-term care team joined leadership from local skilled nursing facilities, the University of Pittsburgh Medical Center (UPMC), and Robert Morris University for the third annual RAVEN Education Leadership Day. Through the [RAVEN initiative](#), JHF is providing in-depth quality improvement, skills enhancement, and palliative care training to frontline staff to reduce avoidable hospitalizations among long-stay (100-plus days) residents at 19 nursing facilities in western Pennsylvania.

Nearly 70 nursing home administrators, directors of nursing, and other champions for quality gathered to network, strategize, and showcase how they’re applying skills and tools acquired through the RAVEN project to enhance resident care.

The Leadership Day featured a presentation on palliative care by Bob Arnold, MD, medical director of UPMC’s Palliative and Supportive Institute, as well as a roundtable discussion with Russ McDaid (president and COO of the Pennsylvania Healthcare Association/Center for Assisted Living Management) and Ron Barth (president and CEO of LeadingAge PA). Nancy Zionts facilitated the discussion. Participants also visited resource tables to learn more about RAVEN’s education, pharmacy, and telemedicine components, and perused nearly two dozen posters that explained team-based quality improvement projects. JHF Quality Improvement Specialist Anneliese Perry led the poster session.

Many participants emphasized the importance of guidance and performance-improving strategies offered by JHF’s long-term care team, demonstrating ways they used Lean-based [Perfecting Patient Care<sup>SM</sup>](#) training, INTERACT (Interventions to Reduce Acute Care Transfers), and condition-specific SBARs

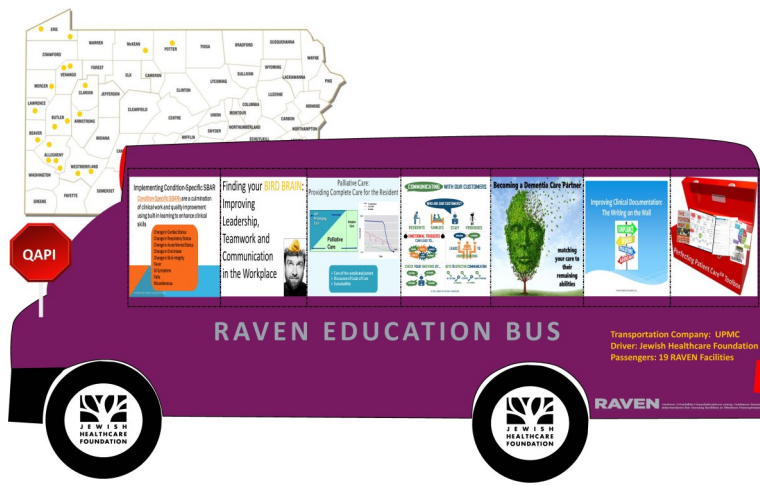


JHF’s long-term care team at RAVEN Leadership Day (L-R): Nancy Zionts; Quality Improvement Specialists Stacie Bonenberger, MOT, OTR/L and Anneliese Perry; Senior Quality Improvement Specialist Terri Devereaux, MPM, FNP-BC; and Consultants Tamara Sacks, MD, and Neil Dermody, JD, MPA.

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(Situation, Background, Assessment, Recommendation) to meet RAVEN's goals.



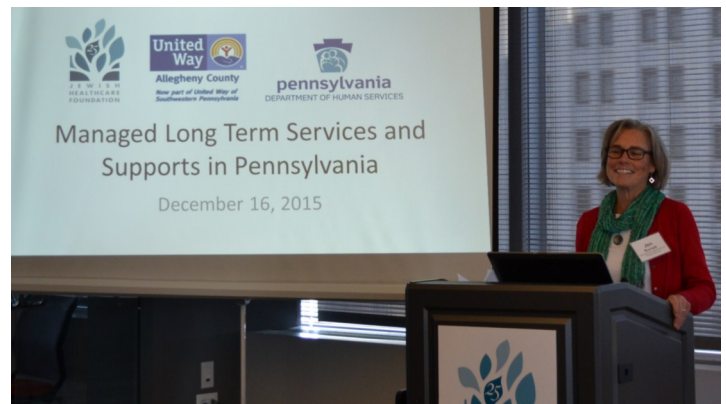
During the education leadership event, JHF's long-term care team shared the many ways that RAVEN participants can get on board with the initiative. JHF showcased its RAVEN education offerings related to teamwork and communication, palliative care, and clinical improvement, among other items.

RAVEN is entering its fourth and final year of funding provided by CMS, but the initiative could continue through 2020. CMS recently announced a potential second phase of RAVEN that will focus on testing whether a new payment model for nursing homes and providers, coupled with existing educational and quality improvement efforts, will further reduce avoidable hospitalizations, improve care quality, and lower combined Medicare and Medicaid spending. UPMC, the RAVEN enhanced care and coordination provider for which JHF serves as a subcontractor, has been invited to participate in phase two of the initiative.

## JHF Hosts Community Meeting to Ensure Smooth Rollout of Managed Long-Term Services and Supports in Southwestern PA (November-December 2015)

Pennsylvania has committed to increasing opportunities for older residents and individuals with physical disabilities to remain in community settings, living as independently as possible. In support of this mission, the Governor has directed the Departments of Human Services and Aging to develop a plan to implement a Managed Long-Term Services and Supports (MLTSS) program, which delivers long-term services and supports through capitated Medicaid managed care programs.

The new MLTSS model, called Community HealthChoices (CHC), will be rolled out first in Western Pennsylvania in 2016, with enrollment and services effective January 1, 2017. On December 16,



Jen Burnett, deputy secretary of the PA Department of Human Services' Office of Long-Term Living, gives an overview of the new Community HealthChoices program for managed long-term services and supports during a stakeholder meeting.

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JHF hosted a meeting with regional MLTSS stakeholders to create a CHC network and help ensure that this shift realizes its full potential to expand home and community-based services, improve care coordination, and ultimately improve health outcomes for elderly and disabled Pennsylvanians.

“The Commonwealth made a wise choice to start Community HealthChoices here,” Karen Feinstein said while welcoming more than 90 people representing service providers, community organizations, and consumer advocacy groups to the QI<sup>2</sup>T Center. “We have partnered with many of you on Health Insurance Marketplace enrollment efforts, and got the job done. The outpouring of participation here today shows that our region can once again come together for maximum outreach, enrollment, and effectiveness of Community HealthChoices.”

Bob Nelkin, president and CEO of the United Way of Allegheny County, noted that implementing MLTSS requires engaging a broader network than just medical personnel.



More than 90 people representing service providers, community organizations, and consumer advocacy groups attended the planning meeting for managed long-term services and supports in Southwestern PA.

“We’ll create the supports to get the best outcomes for individuals, families, and the whole community,” Nelkin said. “When we come together, we win.”

Jen Burnett, deputy secretary of the PA Department of Human Services’ Office of Long-Term Living, presented an overview of CHC. Burnett explained that the program aims to enhance opportunities for community living, strengthen service coordination, enhance quality and accountability, and advance program innovation.

She noted that the transition to CHC will include continuity of care provisions to mitigate service interruptions. Selected managed care organizations must meet rigorous quality management standards

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that include annual provider profiling, engaging in performance improvement projects, obtaining nationally-recognized accreditation, and cooperating with an external quality review organization designated by the Commonwealth.

Burnett said that she is working with Area Agencies on Aging (AAAs) and organizations serving disabled individuals on outreach, so that consumers and loved ones hear about CHC early on in the process and can be involved in the development of the program.

“There’s so much community involvement to get this right, and a growing body of research on what’s working in other states,” Burnett said. “We’re learning from their experiences in a robust way.”

Paul Saucier, director of integrated care systems for Truven Health Analytics, then highlighted the potential benefits of and best practices in delivering MLTSS. Saucier noted that 22 states have implemented MLTSS programs as of December 2015, and that more than one million consumers nationwide now use MLTSS. That represents nearly a quarter of all users of long-term services and supports.

Research indicates that MLTSS are associated with increased use of home and community-based services, fewer long-term nursing home stays, fewer hospitalizations, and better health outcomes, including a decrease in the rate of functional loss and lower mortality. States that have successfully implemented MLTSS, Saucier noted, have engaged stakeholders early and continuously, measured performance, cultivated long-term relationships with contractors, and adapted to local conditions.

Attendees also learned more about one existing MLTSS program that has adapted to local conditions: LIFE (Living Independence For the Elderly) Pittsburgh. Joann Gago, CEO of LIFE Pittsburgh, explained that participants have access to an interdisciplinary care team (including physicians, nurses, social



Karen Feinstein and Bob Nelkin, president and CEO of the United Way of Allegheny County.



(L-R): Joann Gago, CEO of LIFE Pittsburgh; Mildred Morrison, administrator of the Allegheny County AAA; Paul Saucier, director of integrated care systems for Truven Health Analytics; and Brenda Dare, an advocate from Tri-County Patriots for Independent Living.

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workers, dieticians, therapists, and personal care workers) at LIFE's four health centers and at home. LIFE Pittsburgh provides meals, daily activities, home services, and transportation, and never relinquishes care of the person.

Mildred Morrison, administrator of the Allegheny County AAA, gave an overview of how her organization informs and assists older adults. The AAA serves as an advocate for seniors receiving long-term services and supports, helps consumers transition from nursing home to community settings, and forges relationships with clergy, pharmacists, and hospital discharge workers to ensure seniors have a network of care.

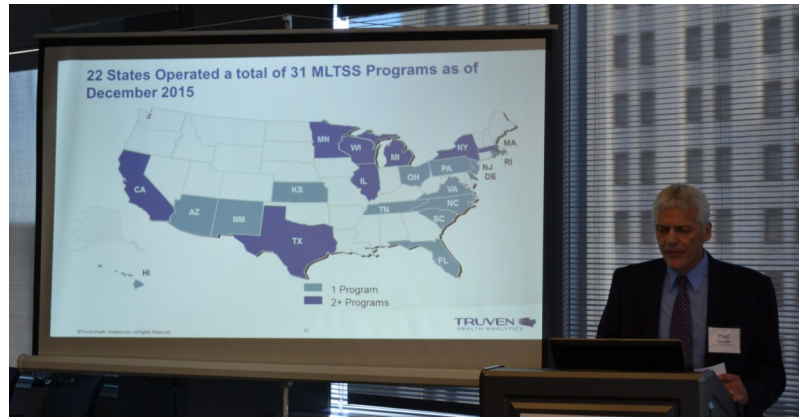
Brenda Dare, from Tri-County Patriots for Independent Living (TRIPL), then demonstrated how her organization serves more than 850 individuals and families in Fayette, Greene, and Washington Counties. Dare said TRIPL is a proud independent living agitator and problem-solver for people of all ages, providing nursing home transition support, skills training, and peer support.

Nancy Zions then facilitated a brainstorming session to uncover the principles and partnerships necessary to successfully roll out CHC. Attendees stressed the need to engage non-medical providers such as caregivers, faith-based groups, libraries, transportation services, and the media. They also noted the importance of providing consumer-directed services, and bolstering the healthcare workforce to deliver quality outcomes.

"Ensuring that Southwestern Pennsylvania has a strong MLTSS system is mission critical work," Zions said. "Our job isn't finished today, or on January 1, 2017. With your continued support, we can implement this successfully and serve as a model for the rest of the state."

## Salk Fellows Showcase Strategies to Ignite a Consumer Health Movement (November-December 2015)

Over the past two months, the 32 students participating in the 2015 Jonas Salk Fellowship confronted



Paul Saucier presents a map of states that have implemented managed long-term services and supports, which are associated with increased use of home and community-based services and better health outcomes.

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urgent population health challenges and designed strategies to spark a consumer health movement. The fellows, hailing from 13 disciplines and eight local universities, engaged with topic experts who encouraged them to view these opportunities to improve community health through the problem-solving lenses of advocacy and activism, crisis management, predictive modeling, and disruptive innovation.

During the Salk Fellowship finale at the QI<sup>2</sup>T Center on December 3, students unveiled their plans to activate consumers around boosting uptake of the cancer-preventing HPV vaccine, improving community housing options for seniors, de-stigmatizing perinatal depression, promoting healthy eating options, putting teens on a path to lifelong health, and working towards an AIDS-free Pittsburgh. Many of these problems were also the focus of the Foundation's [Igniting a Consumer Health Activation Movement](#) event in July.

"It's time to move the needle on our deplorable population health indicators," said Karen Feinstein while welcoming guests to the finale. "The Salk Fellowship aims to move beyond incremental change and create tomorrow's health leaders—leaders who can see dysfunction, instill a sense of urgency in others, and deploy rapid problem-solving skills to generate creative and exciting solutions. It is one of our [three fellowships](#) that are creating the army of the revolution."

The army of the revolution came well-equipped. The fellows examining HPV designed a social media-centric campaign stressing the cancer-preventing aspects of the vaccine, complemented by partnerships with health providers to send mobile vaccination vans to schools. The senior living group sought to re-



JHF President and CEO Karen Wolk Feinstein, PhD, welcomes guest to the final session of the Jonas Salk Fellowship at the QI<sup>2</sup>T Center.



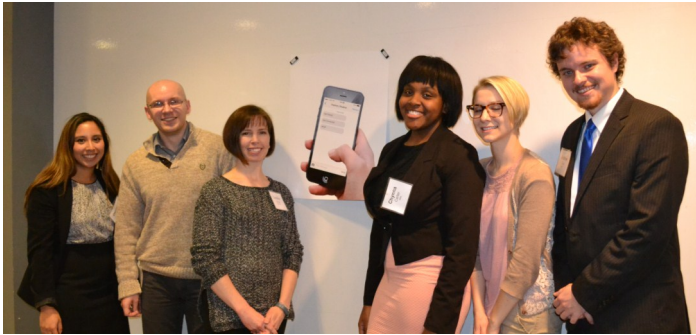
(L-R): Sally Jo Snyder, director of Advocacy and Consumer Engagement for the Consumer Health Coalition; John Mahoney, MD, associate dean for Medical Education at the University of Pittsburgh; Dan Shoenthal, MS, senior director of Product Management for UPMC Enterprises; and Erin Dalton, MS, deputy director of the Allegheny County Department of Human Services' Office of Data Analysis, Research and Evaluation.

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frame discussion of our aging population— referring to those age 65+ as a silver reservoir rather than a more dire-sounding silver tsunami— and proposed partnering students in social work and nursing with elderly residents to help them remain in their homes and communities.



The Jonas Salk fellows present posters as part of their communications campaign around population health problems. The perinatal depression group (second photo, left-hand side) won a prize for being selected as the fan favorite.

Fellows studying perinatal depression sought to engage affected celebrities to bring out of the shadows a condition that affects an estimated one in seven new mothers. The adolescent health group created TIPSE (Teens in Pittsburgh Self-Care Encyclopedia), a social platform to enhance peer-to-peer interaction and spread information on harm reduction. TIPSE would feature daily, anonymous polling questions on risky behaviors, and would then direct targeted information, treatment, and support groups based on users' answers.

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The healthy eating group devised the “Hungry Games,” a game-based platform where college-aged students could engage friends in nutritional or physical competitions, and earn prizes ranging from free protein bars to FitBits to gym memberships. The AIDS group sought to overcome stigma and promote HIV testing through Positive 2 Positive, an app that would connect patients to local resources, e-libraries, and local HIV-positive peers who are successfully managing their health.

During the finale, fellows received feedback on their consumer activation proposals from experts in each of the four problem-solving lenses: Erin Dalton, MS, deputy director of the Allegheny County Department of Human Services’ Office of Data Analysis, Research and Evaluation (predictive modeling); John Mahoney, MD, associate dean for Medical Education at the University of Pittsburgh (crisis management); Dan Shoenthal, MS, senior director of Product Management for UPMC Enterprises (disruptive innovation); and Sally Jo Snyder, director of Advocacy and Consumer Engagement for the Consumer Health Coalition (advocacy and activism).

In addition to the problem-solving lens panelists, the Salk fellows also heard from experts in the population health problems that they examined: Sonya Borrero, MD, MS, director of the Center for Women’s Health Research and Innovation at the University of Pittsburgh (HPV vaccination); Jess Netto, MSW, director of youth programs, and Daphne Beers, MSW, a therapeutic intervention specialist, Community Human Services (adolescents’ risky behaviors); Mary Kathryn Poole, MPH, program director of Let’s Move Pittsburgh (healthy eating); Kerry Reynolds, PhD, a behavioral/social scientist for RAND Pittsburgh (perinatal depression); Richard Smith, MSW, HIV/AIDS program manager for JHF (AIDS Free Pittsburgh); and JHF COO/CPO Nancy Zions (senior living options).

## **MAI Statewide Learning Session Shows Web of Relationships, Services Needed to Reach Lost-to-Care Patients (October 2015)**

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.

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

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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 QI<sup>2</sup>T 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.

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



## **JHF Summit Moves Pennsylvania Closer To Establishing Statewide Integration of Community Health Workers into Primary Care Teams (April 2015)**

Rosie is 82 years old. She still lives in her own home on the Northside of Pittsburgh. Last year she was admitted to the hospital eight times with diabetes-related complications. Frank is 94, and still in reasonably good health, though he is getting out less and less. Frank can't recall the last time he even went to the doctor.

Both Rosie and Frank are the target of JHF's newest Champions program—Community Health Workers Champions—which will focus on helping manage the health of seniors and, ultimately, prevent unnecessary hospitalizations and nursing home admissions, and support family caregivers.

The Community Health Workers Champions program is one component of JHF's efforts to establish a statewide training, certification, and payment model for community health workers.

Across the globe, community health workers (CHWs) help nations, regions, and communities meet their goals for health and well-being. As trusted individuals with a deep understanding of the communities in which they reside and serve, CHWs can help improve health outcomes for community members as they help reduce system costs for health care by facilitating care coordination, improving self-management, and linking patients to community-based services that address both medical and social determinants of health.

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Here in the U.S., the Affordable Care Act (ACA) and the Centers for Medicare and Medicaid Services have created a number of opportunities to expand the use of CHWs as a means of helping to alleviate a primary care system overburdened by the vast numbers of people suffering from chronic lifestyle-related diseases (like diabetes, COPD, and congestive heart failure), the growing number of elderly (who are disproportionately “high healthcare utilizers”), and a growing number of newly insured individuals. Of significant interest to the Foundation is the funding of multiple demonstration projects across the U.S. aimed at proving the value and impact of CHWs in improving population health. A number of states have taken steps to implement policies in order to build capacity for an integrated and sustainable CHW workforce.

Despite a number of prestigious CHW programs in Pennsylvania, the state has not yet created a statewide policy infrastructure in support of CHWs. JHF is working to change that.

In October, the Foundation worked with The Network for Excellence in Health Innovation (NEHI) to convene a CHW summit in Washington, D.C., the purpose of which was to glean information and best practices from national experts to inform the development of a strategy to advance the CHW workforce in Pennsylvania.

On April 22, JHF convened a second CHW summit focused on training, certification, and reimbursement policies for CHWs in Harrisburg, PA. The summit featured regional CHW programs, including the Penn Center for Community Health Workers and the Camden Coalition of Healthcare Providers, as well as experts from other states who shared their experiences with enacting training, certification, and reimbursement policies for CHWs.



JHF President and CEO Karen Wolk Feinstein, PhD, welcomes CHW Summit guests.

Karen Wolk Feinstein opened the Summit. Dr. Feinstein had recently attended a global health conference in South Africa, where many of the presentations focused on the use of CHWs, and then toured several villages where she saw firsthand the tremendous impact CHWs have on population health.

“What I saw,” noted Dr. Feinstein, “demonstrated the vast potential of CHWs as one part of a solution to our healthcare challenges here in the U.S. The impact that these workers have on population health is undeniable. HIV-positive individuals in Rwanda are more compliant with HIV treatment than HIV-

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positive individuals are here in Pennsylvania. Maternal health workers focusing on prenatal care and childbirth recorded zero deaths among participating women and delivered almost 1,400 healthy babies in Lesotho, where the lifetime risk of maternal death is 1 in 62. They help villagers overcome obstacles to health and provide much needed basic health services in areas where the closest physician might be 25 miles away. And a lot more.”

Jason Turi, RN, MPH, associate clinical director at the Camden Coalition of Healthcare Providers (CCHP), along with CCHP community health worker Sharine Eliza and Jill Feldstein, MPA, director of the Penn Center for Community Health Workers, made up the first panel on CHW programs.

They spoke about how CHWs are deployed within their organizations. Eliza, who grew up in the West Indies, provided a frontline perspective, noting that community health work is in her DNA, “when the community is sick, we all come together,” she said.

Reacting to their presentations were David Kelley, MD, chief medical officer at the Pennsylvania Department of Human Services’ Office of Medical Assistance Programs; Eric Berman, DO, regional chief medical officer at AmeriHealth Caritas Family of Companies; and John Lovelace, MS, president of *UPMC for You*, UPMC Health Plan. PRHI’s Chief Medical Informatics and Learning Officer Bruce Block, MD, moderated the panel.

Kelley provided valuable insight on the State’s role, while Berman and Lovelace talked about how they are deploying CHWs. Both panelists and respondents talked about metrics, payment systems, training, and intervention targets.

The second panel, moderated by Carl Rush, MRP, director of the Project on CHW Policy and Practice at



CHW Program panelists (L to R) Jill Feldstein, Penn Center for Community Health Workers, and Sharine Eliza and Jason Turi of the Camden Coalition of Healthcare Providers.



CHW Program panelists respondents (L to R): David Kelley, PA Department of Human Services; Eric Berman, AmeriHealth Caritas Family of Companies; and John Lovelace, UPMC Health Plan.



CHW Policy panelists (L to R): Commander Thomas Pryor, U.S. Public Health Service, CMMI; Beverly MacCarty, Texas Department of State Health Services; and Gail Hirsch, Massachusetts Department of Public Health.

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the Institute for Health Policy at the University of Texas School of Public Health, included Commander Thomas Pryor, U.S. Public Health Service, Center for Medicare and Medicaid Innovation; Gail Hirsch, MEd, director of the Office of Community Health Workers at the Massachusetts Department of Public Health; and Beverly MacCarty, MA, coordinator of the Maternal and Child Health program of the Texas Department of State Health Services. Tomas Aguilar, director, Bureau of Health Promotion and Risk Reduction, Pennsylvania Department of Health, responded.



CHW Program panel moderator, Bruce Block, waits on respondents to answer his question about metrics.



Policy panelist respondent Tomas Aguilar, PA Department of Health



Policy panel moderator Carl Rush, University of Texas



A very engaged audience took the opportunity to ask lots of questions of our panelists, responders, and moderators.



JHF's COO & CPO Nancy Zions (L) and Karen Feinstein (R) with member of the Pennsylvania Health Funders Collaborative, including Ann Torregrossa, executive director (fourth from right)

Massachusetts and Texas have two of the most robust public programs. "I email Bev a lot," noted Hirsch. In Massachusetts, there is a state-supported Community Health Workers Association, which has a seat on the State's Public Health Council. They also have a Board of Certification, led in part by CHWs, that is creating a state certification program and establishing training standards. In Texas, there is not a statewide CHW association, but a number of independent CHW associations across the State. The Department of State Health Services created a CHW training and certification program.

Ultimately, it will be up to the Commonwealth to formalize how CHWs will be integrated into

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Pennsylvania's healthcare system.

Our next step: JHF will create an advisory group of experts in senior services—those involved in home-and-community based care as well as those from the clinical healthcare sector—who will work with the Foundation to incorporate learnings, including findings from CMS demonstration projects, in order to outline elements of a standardized CHW training curriculum, certification, and reimbursement mechanism to promote the use of CHWs in the Commonwealth's healthcare and social service systems.

The advisory will also be key in identifying the factors that predict hospital and nursing home admissions for seniors, and in developing a competency-based CHW training curriculum and service delivery model focused on preventing hospitalizations and avoidable institutionalization for community-dwelling seniors. The training curriculum and service delivery model JHF develops for the CHW Champions Program will be pilot-tested as a two-year demonstration with select local agencies.

“Once the model and curriculum are refined based on that pilot phase,” noted Robert Ferguson, “JHF will submit this CHW model for statewide adoption.”

## **JGenesPgh, Magee-Womens Hospital Host Symposium to Educate Community about Jewish Genetic Diseases, Proactively Fight Breast and HPV-Related Cancers (March 2015)**

On March 8, more than 100 men and women—from teens to great grandmothers—gathered at Magee-Womens Hospital of UPMC for a free symposium, “I Inherited What??? You and Your Genes: The Explosive New World of Genetics,” that provided education on Jewish genetic diseases as well as the importance of early intervention in preventing breast cancer and Human Papillomavirus (HPV)-related cancers.



(L-R) Dodie Roskies, MPH, a Foundation consultant and director of JGenesPgh, moderates a panel featuring Kara Levine, MS, LCGC, a genetic counselor for GeneDx ; Rachel Golden, education ambassador of Bright Pink; Sue Steele, program coordinator of the Foundation's HPV vaccination initiative; and David N. Finegold, MD, professor of Pediatrics and Human Genetics at the University of Pittsburgh School of Medicine.

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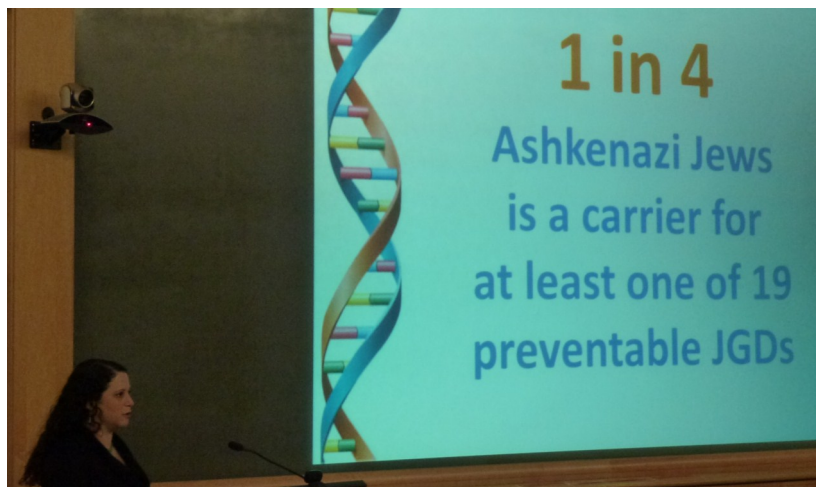


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JHF Consultant and [JGenesPgh](#) Director Dodie Roskies, MPH, organized the event and also moderated a panel discussion. JHF serves as the fiscal agent and is an advisory committee member for JGenesPgh, which raises awareness about Ashkenazi Jewish genetic diseases and provides information and screening to at-risk young adults. The program was launched with funding from JHF as well as The Pittsburgh Foundation and the Lawrence and Rebecca Stern Family Foundation (which serves as an ongoing funder).

Approximately a quarter of Jewish individuals are a carrier for at least one of a number of preventable Jewish genetic diseases. Attendees, including some newly-diagnosed individuals and others considering getting tested for the first time, learned more through presentations and a panel discussion featuring Kara Levine, MS, LCGC, a genetic counselor for GeneDx; David N. Finegold, MD, professor of Pediatrics and Human Genetics at the University of Pittsburgh School of Medicine; Harold C. Wiesenfeld, MD, Obstetrics and Gynecology at Magee-Womens and director of Pitt's Division of Reproductive Infectious Diseases; Sue Steele, program coordinator of the Foundation's HPV vaccination initiative; and Rachel Golden, education ambassador of Bright Pink.

Levine emphasized that the best time for parents to be screened for Jewish genetic diseases is before conception. She called efforts to increase awareness of and screenings for Jewish genetic diseases a great success story. Thanks to the work of Roskies, Jewish genetic screenings are covered by both UPMC and



Kara Levine describes the critical importance of getting screened for Jewish genetic diseases.



Genetic counselor Carina Perilman (left) and Dodie Roskies meet with Michael Feinberg and Molly Smooke during a community screening event held on March 31 at the Hillel-Jewish University Center.

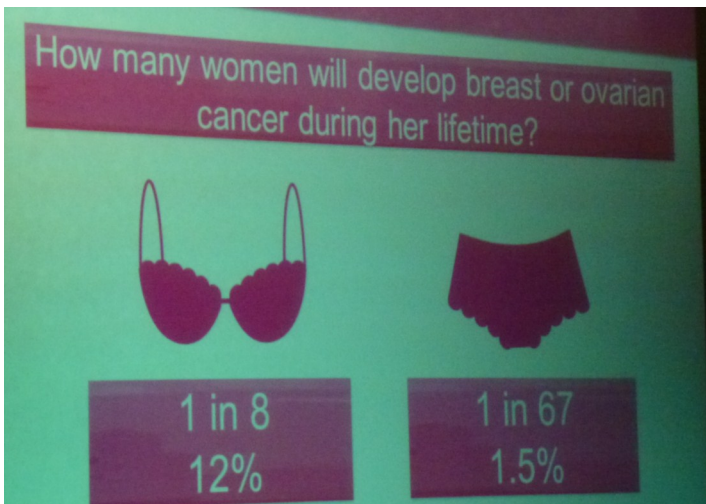
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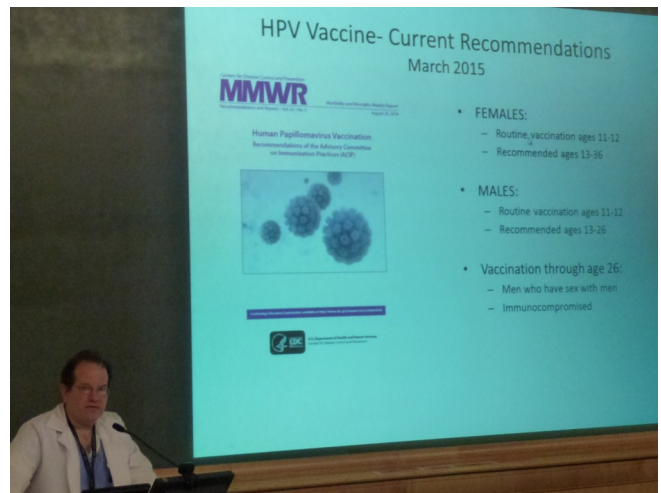
Highmark insurance plans.

Dr. Finegold said we're "in the midst of a revolution" in Jewish genetic screenings. Next-generation sequencing provides a wealth of data that can empower patients, allowing them to become experts in their own genes, but he stressed the need to match public knowledge with technological advances.

Dr. Wiesenfeld discussed the importance of boys and girls getting vaccinated against HPV, which is responsible for around 90% of cervical cancers as well as lesser numbers of vaginal, vulvar, anal, throat, and penile cancers. The vaccine reduces the risk of developing HPV-related cancers by 99%, Dr. Wiesenfeld noted—and it's recommended for boys ages 11-21 and girls ages 11-26. The Gardasil 9 vaccine, recently approved by the Food and Drug Administration, could prevent even more cancer cases because it protects boys and girls from nine strains of HPV (a previous version of Gardasil protects against four strains; the other available vaccine, Cervarix, protects against the two strains that cause 70% of cervical cancers).



Through educational workshops, online risk assessment tools, and outreach, Bright Pink raises awareness among young women about the importance of prevention and early detection of breast and ovarian cancers.



Harold C. Wiesenfeld, MD, Obstetrics and Gynecology at Magee-Womens and director of Pitt's Division of Reproductive Infectious Diseases, explains that the HPV vaccine is recommended for boys ages 11-21 and girls ages 11-26 and prevents 99% of HPV-related cancers.

Sue Steele then spoke about how local, grass-roots grandmothers are raising awareness about the HPV vaccine and helping prevent cancer by joining Grandmother Power. As part of a larger, JHF-led initiative to boost HPV vaccination rates, grandmothers are hosting community events to educate and activate their neighbors.

Golden explained how Bright Pink empowers women to be advocates for their own health through

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“Brighten Up” educational workshops and a new Assess Your Risk online tool. Both the workshops and the tool are designed to raise awareness, particularly among the 52 million women in the U.S. between the ages of 18-45, about the importance of prevention and early detection of breast and ovarian cancers. Patients who know their family history and risk factors, Golden said, can take proactive steps to preserve health.

## Celebrating 25 Years of the Jewish Healthcare Foundation

Responding to the Needs of Disadvantaged Jewish Households



JHF helped establish the Squared Hill Health Center, which has provided quality and affordable medical, behavioral, and social services for a decade.

CEO Karen Wolf-Felstein, PhD, learned that President Bush was looking for ways to serve the uninsured. Dr. Felstein, an early founder of a Neighborhood Health Center during the War on Poverty, suggested expanding the funding available for federally qualified health centers (FQHCs).

the Squared Hill Health Center (SHHC).

Since opening in 2008, SHHC has physically expanded once and is bustling at the same a second time. It serves a population from more than 25 countries and cultures. SHHC staff speaks multiple languages and transition services are available, which has made SHHC a home to Pittsburgh's growing community of international immigrants and refugees.

When, a few months later, the House announced that additional funding was available, JHF staff thought that this gave the Foundation an opportunity to address the needs of low-income households in the spirit of Montefiore Hospital, which once had two community health centers located in Hazelwood and Greenfield.

In addition to comprehensive primary care, SHHC provides behavioral health services, dental care, case management, and access to supportive services. It has added mobile services, and is known for best practices on the local, state, and national levels. With an infusion of recent federal funding, SHHC has opened another clinic in Bloomwood.

what was then called the Kosher Food Super Pantry. Today, the renamed Squared Hill Community Food Pantry continues to distribute kosher food to hundreds of families and individuals who live with the threat of hunger in the heart of the Jewish community and throughout the 15017 zip code.

Reflecting on the outcome, Chuck Cohen, president of the JHF board when SHHC was launched, says, "We created an infrastructure for realizing the noble mission of the former Montefiore Hospital neighborhood health clinic. The Squared Hill Health Center was launched with generous donations of district JHF values, aimed at quality, and financial start-up capital."

More than 50 years ago, the Jewish Healthcare Foundation (JHF) understood that poverty was a reality in the Jewish community. A JHF survey revealed that at least one in ten households had incomes that would qualify them for at least partial Food Stamp benefits – a finding supported by other communal studies. It became clear that access to food and affordable health care were real issues for the Jewish community.

The pantry, a program of Jewish Family & Children's Service, is open to those of all religions and backgrounds, including immigrants, the elderly (half of the pantry's users are seniors), and the working poor. The small staff, together with many dedicated volunteers, also provides social support services for families in need.

Over the next year, this monthly series, marking JHF's 25th anniversary, gives us a chance to remember, take stock, express gratitude, and celebrate successes.

Squared Hill Community Food Pantry

At a 2001 meeting at the White House, JHF President and

CPD Nancy Zlotoff to develop the complex plan required to open what would be called

Over the next year, this monthly series, marking JHF's 25th anniversary, gives us a chance to remember, take stock, express gratitude, and celebrate successes.

In the mid-1990s, Rainbow Kitchin – an organization providing food and other services to low-income households in the broader community – approached JHF to ask for help in meeting the food needs of newly-arrived immigrants from the former Soviet Union, many of whom were Jewish. At the time, there were 300 food pantries in Allegheny County, but none addressed Jewish dietary needs. In response, JHF developed a strategic plan and then made a grant in 1998 to establish



Thanks to the contributions of dedicated staff and volunteers, the JHF developed Squared Hill Community Food Pantry provides nutritious meals and social support services to families in need. Photo credit: Squared Hill Community Food Pantry

Next Month: JHF's efforts to improve public health

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