

MEHAF: Advancing Rural Health System Transformation

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

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

Session Objective: Participants will emerge appreciating:

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

Sunrise Health Care Coalition (SHCC) Members:

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

*Represent SHCC on the Panel

Sunrise Health Care Coalition (SHCC)-

1. Historical Overview: SHCC Evolution
 - a. How we came to be—members and system priorities of focus [Quality Improvement, Managed Care, 340B Low Cost Drug Program]
 - b. Membership change and focus change
 - c. Leadership change in Washington County's health care organizations (2009)
 - d. Purposeful Culture Shift towards Collaboration
2. Culture of Collaboration
 - a. Building trust and support for each other
 - b. Membership change and aligning focuses
 - c. Open communication-transparency present, but so is honoring independence and autonomy

- d. Overt decision to respect organizational presence and scope of service – we do not practice or operate to compete or supplant services in a community [Example-recent discussion regarding dental services in Machias community-RMCL-EHC-HFHC]
 - e. Establishing a Memorandum of Collaboration Agreement 2013 (all members have signed)
3. Manifesting Collaboration
 - a. Shared Aim-Improve the Healthcare of the citizens of Washington County
 - b. Examples of Collaboration
 1. Cultural Immersion Downeast
 2. Represented: Washington County Network, Downeast District Coordinating Council; Downeast Substance Treatment Network
 3. Bright Spots in Washington County
 4. Community Circles
 5. Health Fairs
 6. Sharing Policies
 7. Tangible Examples of Collaboration Activities: Supporting development of services in member organization: ie: EHR transition (SCRFHC: RMCL); Dental Service (RMCL & EHC: SCRFHC); Raise Awareness regarding IBH and or Palliative Care (EHC: all members); Managing Diabetic Patients (Members-share and cross pollinate); Outreach and Enrollment: FQHC members include dedicated time for outreach at the hospitals; Hospital Health Fairs: Invite FQHC members to participate; CRH-Provider / Staff Education: all members invited
 8. Brainstorming change strategies: Opioid Epidemic Impact, Chronic Disease Management, Aging in Place, Food Security etc. The SHCC Members reflect a GROWING Circle of colleagues: Sunrise Economic Council; Healthy Acadia: Caring Community Collaborative; Aroostook Mental Health Services; Community Health Counseling Services; Food Pantries; State Representatives
 4. Celebrating the Presence of SHCC in Washington County
 - a. Annual meeting at the lake
 - b. Monthly meetings – rotate sites / conference capability
 - c. Standing Agenda-Updates / Sharing; Initiatives / Updates / Feedback; ID Areas of Focus for Priority Action (ie: Opioid Epidemic)

Exercise: Questions to Promote Group Discussion

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

Report Out (5 Min)

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