





SCAN Health Plan's Company Values

- We do right by our members and clients
- We take pride in what we do
- We push beyond our boundaries
- We express ourselves
- We are agents of change

Goals and Outcomes

Goals

- Provide the materials, skills and techniques necessary to engage and train staff in interacting with senior patients
- Demonstrate methodologies to stimulate critical thinking and creativity
- Model the behaviors and attitudes essential in working with seniors.



Outcomes



- OST trainers will be able to:
 - Deliver and facilitate SCAN
 OST courses to their staff
 - Incorporate training into performance metrics
 - Develop and improve team engagement
 - Demonstrate the communication skills needed to deliver training effectively
 - Identify and implement a variety of education techniques and methodologies.



Agenda

8:15 am – 8:45 am	Breakfast/Registration	
8:45 am – 8:50 am	Opening Remarks	Alex Legaspi
	Pre-conference raffle	Manager, Network Quality
8:50 am – 9:05 am	Guest Speaker	Magda Lenartowicz, MD
		Associate Medical Director
9:05 am – 9:55 am	Workshop: Health Outcomes Survey	Robi Hellman, RN, MSN, CNS
		Director, Health Care Services Education and Training
9:55 am – 10:05 am	Break	
	Raffle	
10:05 am - 10:45 am	Workshop: Health Outcomes Survey	
10:45 am – 11:45 am	Guest Panel	Desert Oasis Health Care
		PrimeCare/ NAMM California
		HealthCare Partners IPA
11:45 pm – 12:30 pm	Lunch	
	Raffle	
12:30 pm – 2:00 pm	Presentation: Health Literacy	Renee McNally
		Health Care Services Trainer
2:00 pm – 2:15 pm	Break	
	Raffle	
2:15 pm – 3:15 pm	Activity: Action Planning	Mike Wallace
		Health Care Informatics 5-Star Trainer
3:15 pm – 3:30 pm	Closing remarks	Riaz Ali
	Final raffle	Chief Marketing Office



Housekeeping

- Wi-Fi
 - Network: Centre
 - Password: realflowers
- Restrooms
- Out of respect for those around you, please be sure your cell phone is on quiet or vibrate
- For your convenience, all conference materials are available online. Please refer to the link below:

https://scanhealthplan.com/providers/train-the-trainer

Post Conference Survey



Office Staff Training Team

Jenny Gonzales-Kongpien	Project Manager, 5 Star
Ngoc Vu	Project Coordinator
Robi Hellman	Director, Health Care Services Education and Training
Renee McNally	Health Care Services Trainer
Mike Wallace	Health Care Informatics 5-Star Trainer





Pre-Conference Raffle

WINNER ANNOUNCEMENT







Magda Lenartowicz, M.D. Associate Medical Director







Improving Health Outcomes Workshop



ICE BREAKER







Learning Objectives

Participants will be able to:

- Communicate with patients about their gaps in care and outcomes.
- Impact patient health outcomes.
- Discuss challenges/barriers to patient access to care.
- Describe how HEDIS measures, HOS and CAHPS surveys impact patient health outcomes.



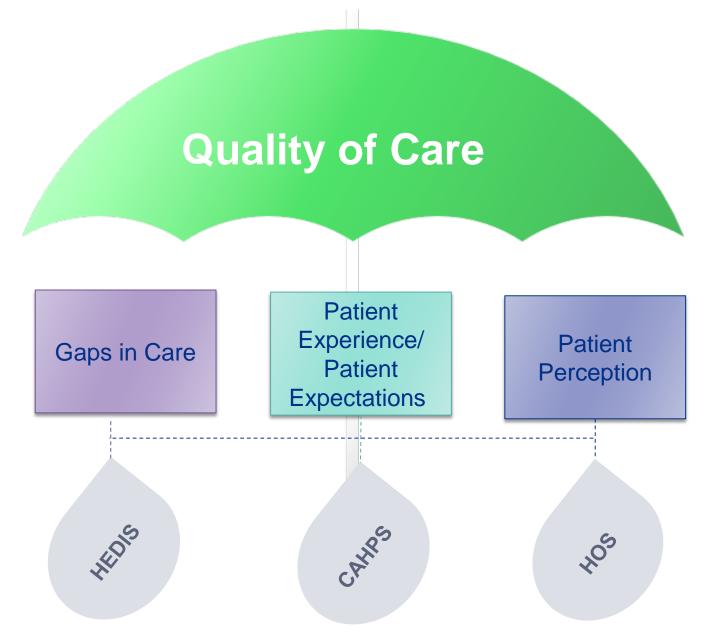


Definitions to Remember

Term	Definition
HEDIS – Healthcare Effectiveness Data and Information Set	One of health care's most widely used performance improvement tools
CAHPS – Consumer Assessment of Healthcare and Provider Systems	Annual survey given to patients about aspects of quality, such as provider communications skills and ease of health care services
HOS – Health Outcomes Survey	Patient-reported outcomes measure used in Medicare managed care. Gathers valid, reliable and clinically meaningful health status data







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Cross-Walking Patient's Health

PATIENT ACTIVATION

PROVIDER

RELATIONSHIP



MENTAL HEALTH

PHYSICAL HEALTH

ACCESS TO CARE

Screen

Assess

Intervene

Follow Up





CASE STUDY: Meet Charlotte







CASE STUDY: Health History and Symptoms

4 Strokes

- Hypertension
- High cholesterol

Osteoarthritis

- Right knee weakened
- Refused knee replacement
- Carpal tunnel in both wrists

2 falls in 12 months

 Walks with shuffled gait

GI bleed

- 2 week hospitalization
- Contracted pneumonia in hospital

Hemoglobin is 8.0

Slight shortness of breath

Severe bruising

On all 4 extremities

Overactive bladder

Severe constipation



CASE STUDY: Medications

- Prescriptions for:
 - Cholesterol
 - Anticoagulant
 - Anti-hypertensive
 - Anti-hypertensive
 - Anti-infective against UTI
 - Overactive bladder
- Quarterly steroid shots to both wrists and right knee

- Over the Counter:
 - Tylenol pain reliever
 - Refuses to take anything stronger
 - Constipation products
 - Daily combination of Miralax, Senna, Senocot, Magnesium citrate and/or probiotics





CASE STUDY: Physical Condition

Personal Care

- Needs stand-by shower assistance
- Has shower chair, but doesn't like it
- Requires help putting on socks and shoes

Daily Living

- Used to host dinners/parties
- Can only do minimal cooking
- Does not have upper body strength to carry heavy items
- Family installed fireman's lockbox for emergencies with DPOA and 5 Wishes

Mobility

- Used a cane until recent hospitalization
- Now reluctantly uses walker
- In-home physical therapy with prescribed daily exercises

Hearing and Vision

- Often can't hear phone when it rings
- Wears aids but doesn't like them
- Blind in left eye
- Limited vision in right eye
- Wears glasses



CASE STUDY: Social Environment

Family

- Married 67 years; widowed for 6 years
 - Traveled with husband every year on long road trips
- 6 children, 15 grandchildren, 6 greatgrandchildren
 - All live out of state, except 1 son
- Has few living family members and friends within the same age
- 90 lb labrador retriever (walked by a dog-walking service)

Physical Status

- Does not drive
- Has a companion 4 days a week
 - ADL assistance, some laundry and cleaning, shopping, doctor appointments



CASE STUDY: Hobbies

- "Olympic-level" shopping
- Reading the newspaper and large-print books daily
- Playing bridge three times a week at a senior center
 - Driven there by her 75-year-old friend
- Talking on the phone
 - Although she can't always hear the conversation
- Watching favorite old movies on TV
 - So much so she has memorized the dialogue







Cross-Walking Patient's Health

PATIENT ACTIVATION

PROVIDER

RELATIONSHIP



MENTAL HEALTH

PHYSICAL HEALTH

ACCESS TO CARE

Screen

Assess

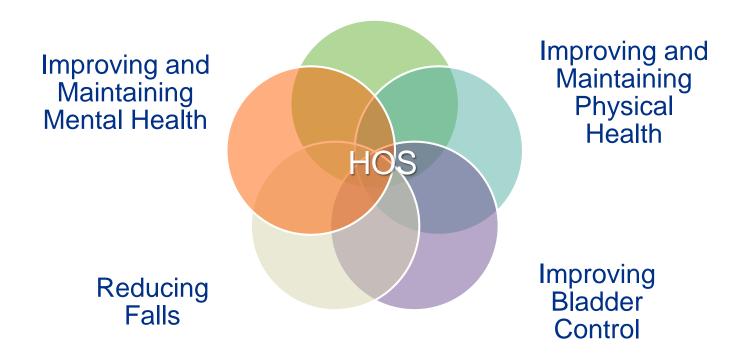
Intervene

Follow Up



HOS Survey

Monitoring Physical Activity







Measure Description	Percent of senior health plan patients who discussed exercise with their doctor and were advised to start, increase, or maintain their physical activity during the year.
Metric	The percentage of sampled Medicare patients 65 years of age or older (denominator) who had a doctor's visit in the past 12 months and who received advice to start, increase or maintain their level exercise or physical activity (numerator).
Question 1	In the past 12 months, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.
Question 2	In the past 12 months, did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.



Challenges

1

2

3





Level Setting Expectations



Challenges	1	
	2	
	3	
Solutions	1	
	2	
	3	

Level Setting Expectations

Activity



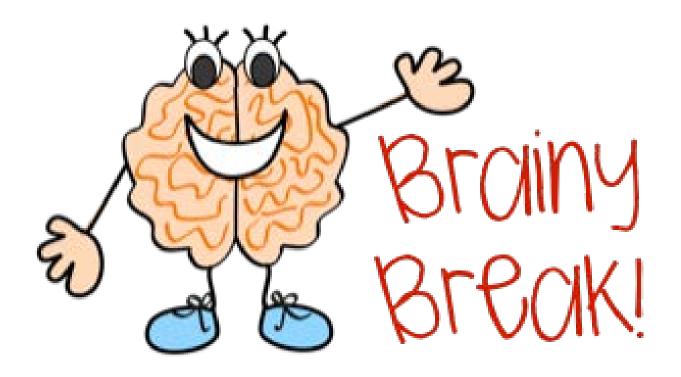


Raffle





BREAK TIME





Let's Make a Deal!







Report Back

Top 3 challenges for each measure based on "patient focus"

Top 3 solutions/ recommendations for each measure based on "patient focus"

How do we level-set patient expectations on their health?





Report Back







Guest Panel

Desert Oasis Healthcare

Catherine Brandon, Manager, Credentialing
Jennifer Ingersoll, Director, Quality Measure Performance



Your Health. Your Life. Our Passion.



Welcome to... DESERT OASIS HEALTHCARE

As a member of the desert community for over 35 years, Desert Oasis Healthcare is dedicated to the health and well-being of our neighbors throughout the Coachella Valley.





Our Heritage

Your Health in Good Hands

- Consists of 9 medical groups in CA
- Serving over 700,000 members; making it one of the largest healthcare organizations in the US
- In addition, HPN also has healthcare organizations in New York, Arizona and possible expansion into Colorado





Your Health, Your Life, Our Passion

Desert Oasis Healthcare

- 1st HPN group established in 1981
- Serves the Coachella Valley and surrounding desert communities
- DOHC consists of a Medical Group and an IPA
- The MG has over 50 employed Primary Care Physicians/Specialist
- The IPA has over 100 Primary Care Providers, over 300 specialists, multiple hospitals and diagnostic centers
- DOHC network serves over 70,000 members/patients
- DOHC Product lines: Medicare, Medicare Advantage, The Exchange, Cal Medi-Connect and Commercial Health plans
- Full Risk IPA ACO: 1 of 6 Pioneer ACO models left with 30,000 Lives



Your Health. Your Life. Our Passion

Our Why: 2014 Survey Results

	Α	В	С	D	E	F	G	Н
	Overall	Overall	Overall	Patient-			Helpful	
	Rating of	PCP	Specialist	Doctor	Patient	Coordination	Office	Health
	Care	Rating	Rating	Interactions	Access	of Care	Staff	Promotion
Desert Oasis Healthcare	57.1%	65.0%	62.2%	71.0%	47.7%	54.6%	66.7%	55.4%
90th Percentile	72.0%	79.0%	79.4%	82.4%	61.9%	67.0%	75.5%	69.2%
Statewide Average	64.6%	71.0%	70.4%	78.0%	54.8%	59.4%	69.1%	62.2%

Desert Oasis Healthcare					
Reported Item	Rating				
Overall Rating of Health Care	2				
Patient-Doctor Interactions	2				
Patient Access	2				
Coordination of Care	2				
Helpful Office Staff	2				
Health Promotion	1				

Room for Improvement!



Your Health, Your Life, Our Passion,

Service Excellence/WOW KICK OFF!

- Motivate Staff Weaving a Culture of WOW!
- Frontline staff developed our 9 Service Excellence Standards
- Language of Caring was adapted to help communicate our caring and support our Service Excellence Standards.









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9 Service Excellence Standards

- Create a personalized, memorable experience
- Make a positive impression
- Follow up and fulfill my promises
- Show respect for everyone
- Be a team player
- Treat others as they want to be treated
- Communicate effectively
- Demonstrate a positive attitude
- Provide a fond farewell







Language of Caring Medical Group Staff: Program Highlights

- 1. Heart-Head-Heart
- 2. The Practice of Presence
- 3. Acknowledging Feelings
- 4. Showing Caring Nonverbally
- 5. Explaining Positive Intent
- 6. The Blameless Apology
- 7. The Gift of Appreciation
- 8. Say It Again with HEART
- 9. Language of Caring: From Good to GREAT





SCAN Office Staff Training for IPA Staff: Program Highlights

- CLEAR & HEAT (Comparable to Language of Caring)
- HOS and CAHPS Survey Measures





OST offered in both MG and IPA Practices

- Senior Sensitivity
- Access
- Medication Adherence
- Falls
- Bladder Incontinence







Barriers Along the Way

Your Health. Your Life. Our Passion

- Handling different types of audience members
- Captivate your audience





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Triple Aim	Heritage Provider Network	Employee Appreciation Week	2007	Helene Ledair	
Standards	Five Star	Olemando Sague MD, FACE	Mission Statement	Employee FAG	
Maggie Deering. RN	Open Ewoliteers	Freel	Language of Corns	Alming for the Stars	
IPA .	HMO	Toresa Hodgars, PhumiD	Access	Edn Jove Found MD	
Department Devotory	Mark Grant	Kay Etsel	Employee Success Program	Lauren Beyeler	

- Staff Buy-In
- -Themed presentations/activities
- -Wall of WOW
- -Service Excellence Standards are 1/3 of annual employee evaluation
- Engaging Patients/Employees
- -Books/Canvas
- -Lemonade Social
- -Patient Experience Day with giveaway





Measuring the Patient Experience:

Medical Group

- Surveys to patients regarding satisfaction with their provider
- WOW Cards
- Happy or Not

IPA

- Surveys to patients regarding satisfaction with their provider
- During Provider/IPA Office Staff Training Survey attendees









Your Health. Your Life. Our Passion.

DESERT CASIS Family Hospice Care Comfort - Care - Compassion
Did we WOW you?
Tell us about your experience:
· · · · · · · · · · · · · · · · · · ·
·
· · · · · · · · · · · · · · · · · · ·
May we contact you to discuss your experience further? Yes No
Your Name
Your Phone Number () Your Email Address:
Thank you for taking time
to comment/recognize an employee and/or process
at Desert Oasis Healthcare/Family Hospice Care
that WOW'd you. If you receive a survey, please take a moment to remember this experience and give your
feedback. The surveys you receive are extremely
Important to the doctors and staff of
Desert Oasis Healthcare/Family Hospice Care.
Please feel free to call DOHC at anytime.
Patient Help Line: 1 (760) 969-6555
Visit us at www.myDOHC.com and see how we
are "Weaving a culture of WOW" just for you!
A
Beaut train Heditorn & Foody Stopios Clare





Your Health. Your Life. Our Passion.



Began our Weaving a Culture of WOW Initiative at





Completed Phase 1 of Language of Caring Increased Overall Patient Experience from



2018



THE STARS:
Target: A

Patient Experience!

HealthCare Partners IPA

Denise Gatewood, Manager, Regional IPA Operations



Patient Experience

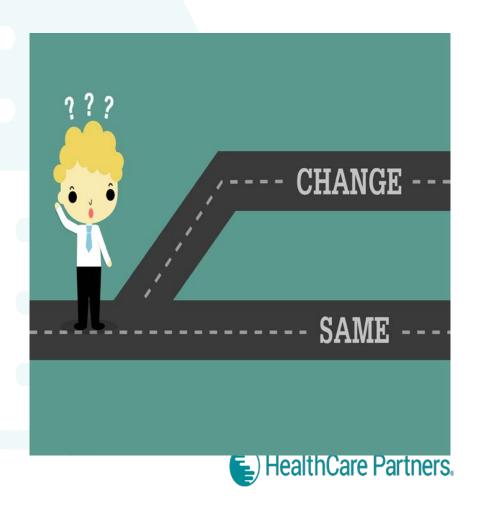




Implementation

- Behavior Change
- Identify your audience; customize trainings
- Implement models for feedback

Keep it simple



Core Processes to Improve Patient Experience

- Shared Agenda
- Patient Rounding
- Physician and Staff Communication Models



Shared Agenda - Customized Patient Care

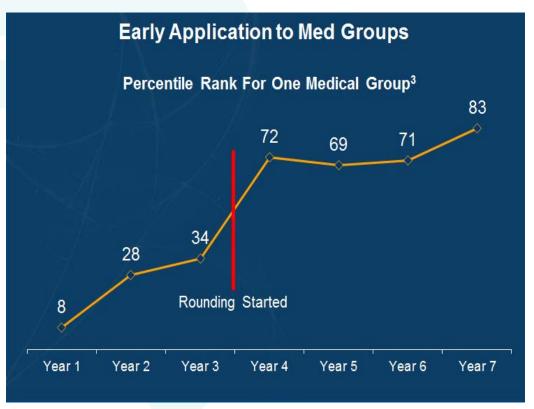
Benefits for the patient, clinician and staff:

- SIMPLE but effective tool
- INDIVIDUALIZES the patient encounter
- Identifies patient needs EARLY in the visit
- Improves EFFICIENCY for the clinician and staff
- Manages patient PRIORITIES
- Enhances patient EXPERIENCE
- Builds patient TRUST and CONFIDENCE in the clinician



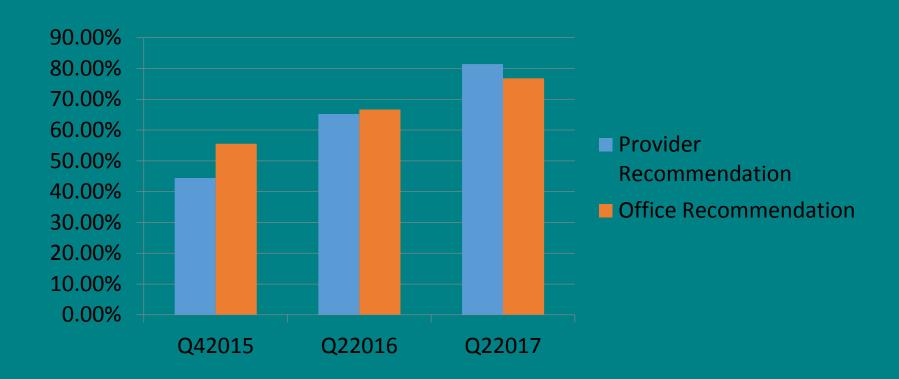
Rounding – Improving Patient Satisfaction

Lessons from Inpatient Nurse Hourly Rounding Across 14 hospitals improved satisfaction by 12% points¹ Large community hospital increased satisfaction by 48% and likelihood to recommend by 25%²





Case Study





NAMM California | PrimeCare

Courtney Nim, QI Coordinator, Quality Improvement



Who We Are

North American Medical Management California, Inc., part of OptumCare®, (NAMM California) develops and manages provider networks. NAMM California clients represent a network of 600+ primary care physicians and 2,000+ specialists.



Organizational Priorities - Member Experience Team

- Multi-Department Team consisting of Quality, Provider Services, Customer Service,
 Marketing, IT, UM, Network Operations, CMO
- Goal to provide resources and initiatives to providers, provider offices and members focused on promoting, improving and sustaining a positive member experience that will ultimately lead to improved member satisfaction scores, member retention, clinical outcomes, efficiency and physician personal satisfaction.
- Review end-to-end process to improve net promoter score+
- Alignment of provider/vendor incentive plans with quality



New Resources & Initiatives

GUIDE TO BETTER HEALTH: Fit for Life WE CARE ABOUT YOUR WELL-BEING AND SAFETY PrimeCare Part of OptumCare* Please take a moment to complete this questionnaire. As a thank you, you will receive a safety tip pamphile for preventing falls & a pair of non-skid socks, which are great for nighttime wear & preventing slides on smooth surfaces. As a thank you, you will receive a safety tip pamphile for preventing slides on smooth surfaces.

Fall Prevention Diet & Exercise Access





Trainings



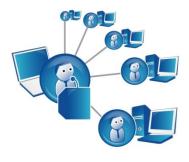


Free Online CME Training

Senior Sensitivity Training



Access & Flow Training



Office Staff Webinars



On-Site Training with Office Staff



Physician Leadership Training

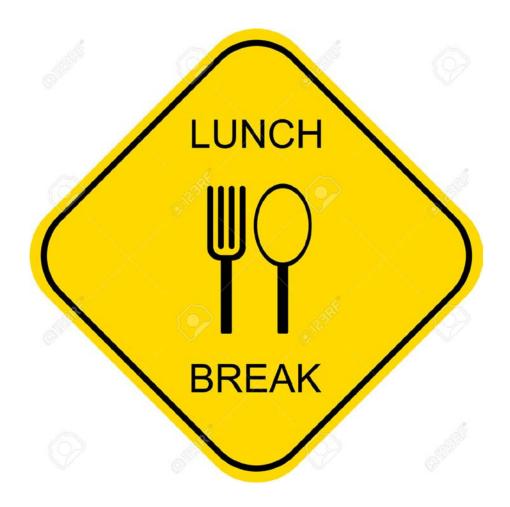


Challenges

- Measuring Impact
- Overall support and buy-in
- Engagement of providers/Competing priorities
- Reinforce training / maintenance







Welcome Back

Office Staff Training - Train the Trainer March 12, 2019

Raffle





ICE BREAKER









"The single biggest problem in communication is the illusion that it has taken place."

George Bernard Shaw

Health Literacy







Program Objectives

Participants will be able to:

- Communicate clearly and effectively with patients.
- Explain the concept of health literacy.
- Describe the impact of low/limited health literacy.
- Identify ways to assess patients to better understand medical information





U.S. Adult Literacy Rates

- 32 million U.S. adults cannot read
- ▶ 50 percent of adults in U.S. read below an eighth-grade level
- 19 percent of high school graduates cannot read
- ▶ 15 percent of adults in the U.S. have reading disorders
- ▶ 46 percent of adults in the U.S. cannot understand prescription bottle labels





Definitions

Term	Definition
Basic (Functional) Literacy	The ability to read, write, speak and compute and solve problems at a basic level
Health Literacy	The ability to obtain, process and understand basic health information and services needed to make appropriate health decisions





Health Literacy Statistics

Older adults find it harder to:

- Use print materials **71%**
- Use documents, such as forms or charts – 80%
- Interpret numbers and do calculations 68%

Some groups have lower literacy on average:

- Men
- People who don't speak
 English as a first
 language
- Adults over 65
- Medicare and Medi-Cal recipients





Adults in California without Basic Literacy Skills

23% of CA population (26,0929,840) is lacking basic prose literacy skills

County	Population	Percentage
Los Angeles	7,206,479	33
Fresno	596,940	27
Orange	2,191,819	26
San Diego	2,144,799	21
San Bernardino	1,296,585	20
Riverside	1,280,162	20
Alameda	1,100,269	19
San Francisco	629,606	18
Santa Clara	1,263,883	16
Ventura	580,222	16
San Mateo	539,763	15
Sacramento	975,882	13
Contra Costa	751,262	12

Red text denotes SCAN counties eligible for Medi-Cal.





A Below-Basic Reader's View

GNINAELC – Ot erussa hgih ecnamrofrep, yllacidoirep naelc eht epat sdaeh dna natspac revenehw uoy eciton na noitalumucca fo tsud dna nworb-der edixo selcitrap. Esu a nottoc baws denetsiom htiw lyporposi lohocla. Eb erus on lohocla sehcuot eht rebbur strap, sa ti sdnet ot yrd dna yllautneve kcarc eht rebbur. Esu a pmad tholc ro egnops ot naelc eht tenibac. A dlim paos, ekil gnihsawhsid tnegreted, lliw pleh evomer esaerg ro lio.





What It Looks Like

GNINAELC – Ot erussa hgih ecnamrofrep, yllacidoirep naelc eht epat sdaeh dna natspac revenehw uoy eciton na noitalumucca fo tsud dna nworb-der edixo selcitrap. Esu a nottoc baws denetsiom htiw lyporposi lohocla. Eb erus on lohocla sehcuot eht rebbur strap, sa ti sdnet ot yrd dna yllautneve kcarc eht rebbur. Esu a pmad tholc ro egnops ot naelc eht tenibac. A dlim paos, ekil gnihsawhsid tnegreted, lliw pleh evomer esaerg ro lio.





The Challenges

Paperwork

 Most difficult challenge for many patients

Patient

Poor Communication

- Language barriers
- Confusing medical terminology

Embarrassment

Prevents patients from:

- Seeking information
- Obtaining access to care

Provider

Awareness

 Providers are more aware of language issues than health literacy obstacles

Awareness Without Training

- Providers aware of issues often aren't trained to deal with them
- Can lead to medical errors

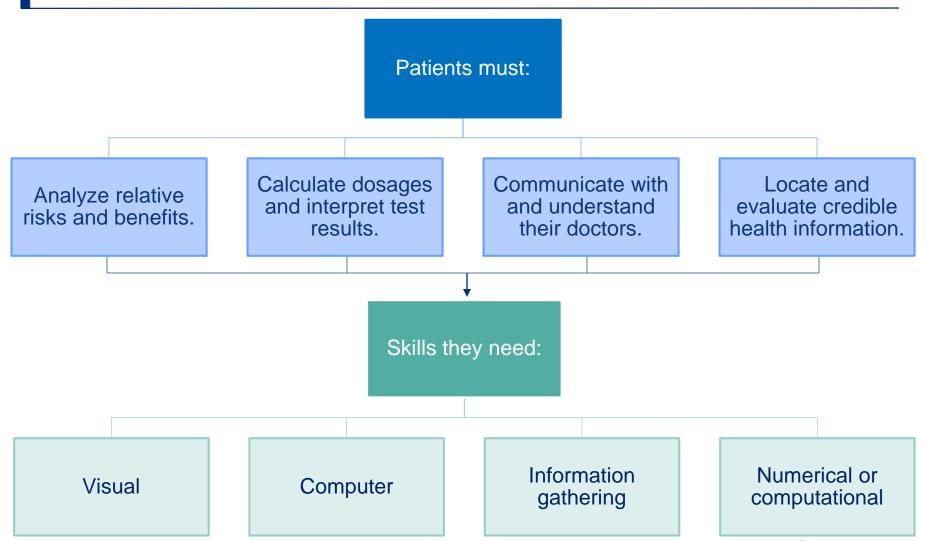
Poor Communication

 Medical jargon, language barriers prevent shared decision making





Patients Need Complex Health Literacy Skills









Stigmas and Shame What are you seeing?



Stigmas and Shame

Feeling not smart enough

Fear of failure

Embarrassment and paralysis

Best kept secret from family, friends and coworkers

Common excuses:

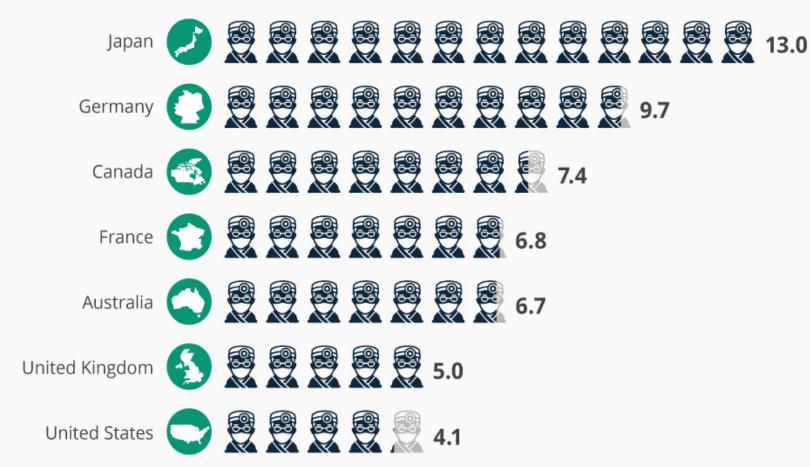
- I forgot my glasses.
- I'll read it at home.
- I want to show it to my spouse.





A World of Difference

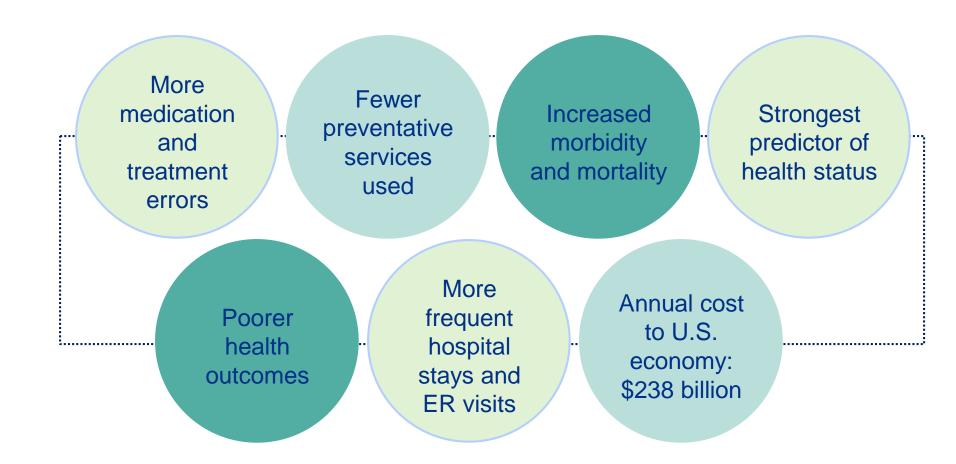
Annual average doctor visits per person in selected countries







Impact of Limited Health Literacy

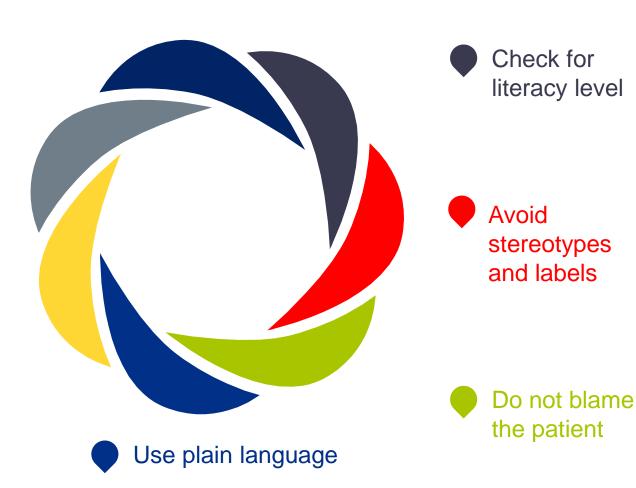






Steps to Improve Health Literacy

- Remember high literacy does not equal high health literacy
- Improve understanding with teach-back techniques
- Introduceinterventions for all literacy levels







Choose Your Words Carefully

What We Say

- Medication
- Originate
- Adverse
- Immunization
- At this point in time
- In the event of
- On a daily basis
- Each and every one
- Close proximity

What We Should Say

- Drug, pill, medicine
- Start, begin
- Bad
- Shot
- Now, today
- When
- Daily, everyday
- Each, all, everyone
- Near, close





Activity









"Kindness is the language which the deaf can hear and the blind can see."

Mark Twain



Age and Understanding



"I never understand what the doctor says when I'm in his office. It's like he's speaking another language. I try to follow what he's saying, but he talks too fast and uses words that mean nothing to me. I don't want him to think I'm stupid...I'm not stupid. I may be old and slow, but I'm not stupid."







Assessing the Elderly Learner Challenges



Assessing the Elderly Learner

Processing the message

Managing multiple messages

Comprehending the abstract

Physical challenges

Psychological considerations

Receptivity to teaching

Value and meaningfulness

Relevance





Clear Communication Is...

...using familiar concepts, words, numbers and images presented in ways that make sense to the people who need the information

Plain Writing Act of 2010

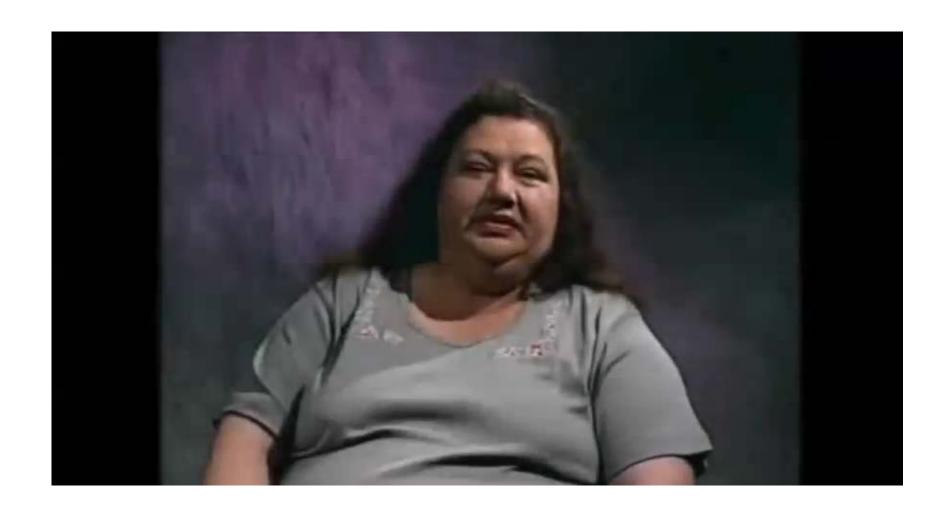
- Plain writing is clear, concise, well-organized and follows other best practices appropriate to the subject and intended audience.
- CMS requirement (eighth-grade)
- DHCS requirement (sixth-grade)

Clear Communication Index

Everyday words for public health communication







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Assisting the Elderly Learner Solutions



What We Can Do

Outreach Strategies

- Innovative multimedia methods
- Peer educators

Educate

- Health literacy trainings
- Adult health literacy education

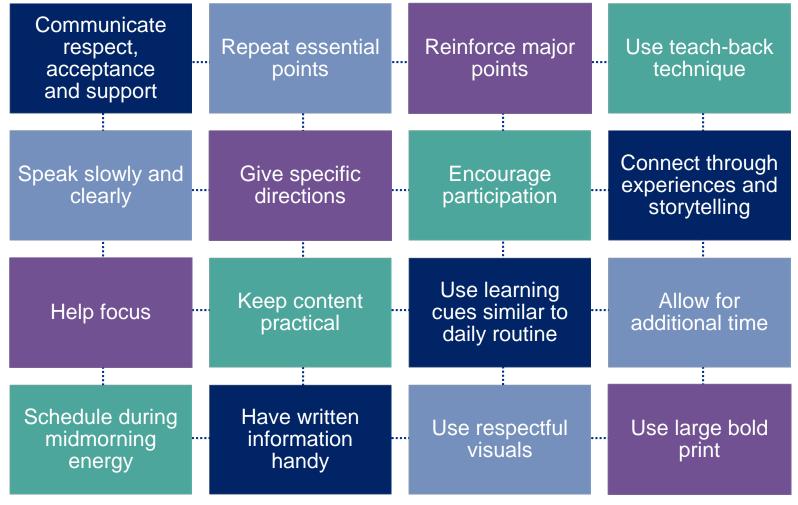
Coaching

- Speak and write in "living room" language
- Use teach-back techniques
- Do the math
- Help our members prepare





Educating the Older Patient







Preparing for a Doctor's Visit

Encourage members to:

- ✓ Make a list of questions.
- ✓ Bring an updated list of all medications.
- Bring copies of recent test results or reports.
- ✓ Ask family or a friend to go along to help if needed.
- Report all symptoms and concerns.
- ✓ Ask the doctor to repeat instructions at the end of the visit
- ✓ Fill out the SCAN "My Doctor's Visit" form available on the SCAN website.
- ✓ Use SCAN Interpreter Services if English is not the member's preferred language.







Adult Health Literacy Education

Los Angeles Library Programs

- Adult literacy—Free one-on-one tutor, minimum of six months
- Limited English Proficiency—Self-guided
- Walk-In Tutoring
- Spanish Literacy

Riverside Library Program

- One-on-One Literacy Tutoring
- English as a Second Language (ESL)

San Bernardino Program

- Adult Basic Education (ABE)
- **ESL**

Orange County Programs (OC Read)

- Walk-in Tutoring
- Adult Basic Literacy Education
- Orange Literacy—ABE and ESL

Many locations include computer and technology skills courses!



Effect of Improved Health Literacy

The Missing Aim



Adapted from graphic by Cardiac Interventions Today





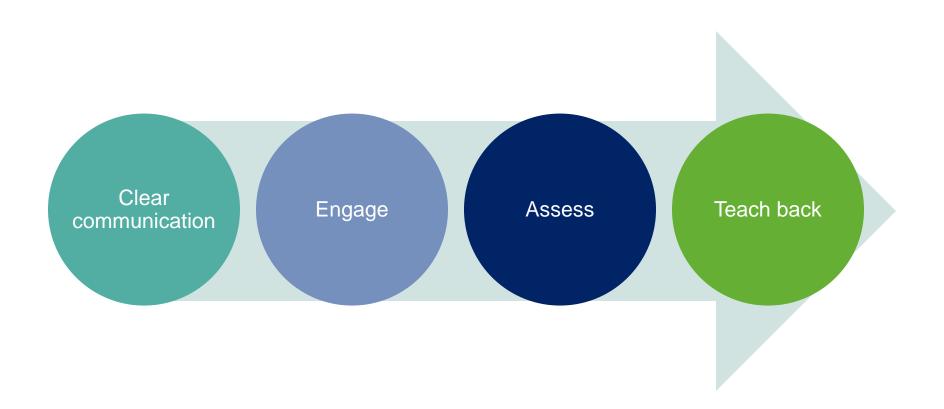
Activity







Summary

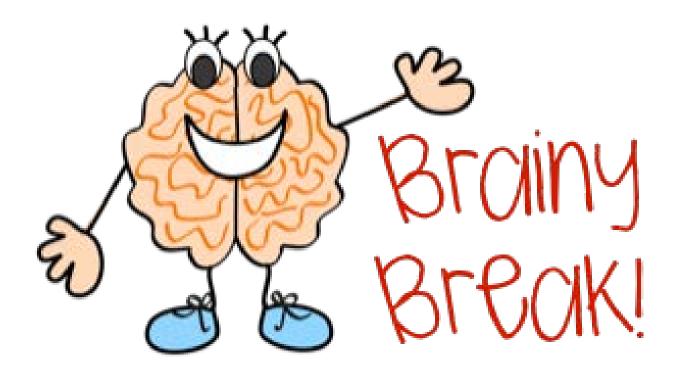








BREAK TIME





Raffle







ICE BREAKER







Action Planning and S.M.A.R.T. Goal Development





Before You Start Planning...

AIM Statement

 SMART Goal of what needs to be accomplished in a specific period of time

Target population

- Office Staff Professionals
- Processes within the office
- Patients (any type of chronic condition or quality measure that needs improvement)

Creating your team

Identify direct and indirect stakeholders

- Decision makers
- Early adopters
- Subject matter experts





Statement of Innovation



- Develop 2 SMART goals
 - Can realistically be implemented in the next 6 months





Elements of S.M.A.R.T. Goals

Specific (What, Why, How)

Simplistically written and clearly define what you are going to do

Measurable/Quantifiable

Tangible evidence to goal attainment

Achievable

Access to appropriate knowledge, skills, and abilities needed

Realistic/ Results Oriented

Measure outcomes, not activities

Time Dated





S.M.A.R.T. Example #1

Develop a training plan to improve staff knowledge and understanding of key health outcomes, as evidenced by staff verbally describing Health Outcome Survey (HOS) questions and related measures by the end of September 2019.

S

- What: Develop a training plan
- Why: Improve staff knowledge
- How: Training, coaching, and workshops

M

 Staff are able to verbally describe the HOS questions and related survey measures

A

 Every two week training sessions / workshops until all staff demonstrate competency

R

- Based on staff availability, hold training session/ workshops every 2 weeks
- Will complete training by 9/2019

П

 Staff will be trained by September 2019





S.M.A.R.T. Example #2

All educators at the IPA groups will be trained and able to deliver the New Patient Onboarding course, by September 2019.

S

- What: IPA educators will be trained
- Why: To ensure patients get onboarded successfully in all IPA groups
- How: Instructor let training, coaching and demonstration

M

 Educators can demonstrate delivery of course

A

 Educators training the IPA groups have the skill set to perform this task

R

 All educator positions are fully staffed and ready for training implementation

ľ

By September 2019





Implementation



Identify stakeholders

Resources

Personnel, time, financial, supplies

Barriers

Staff availability, patient scheduling, time

> Data Accessibility

Overcoming Barriers

Utilize technology, plan ahead, ensure follow through

How do we measure success?







Assessment and Measurement

How do you measure success?

Training attendance

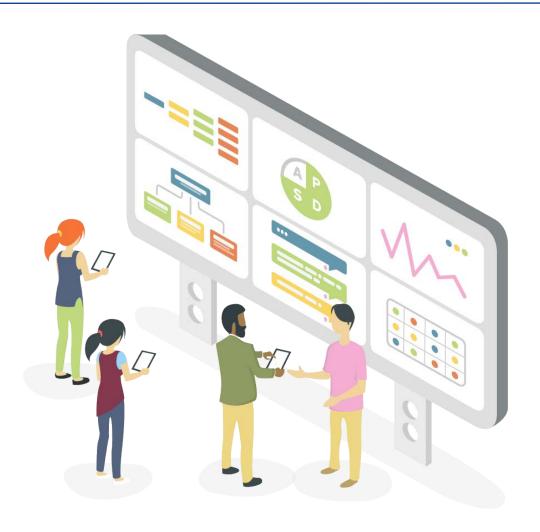
Demonstrated process changes

Use of tools, checklist, etc.



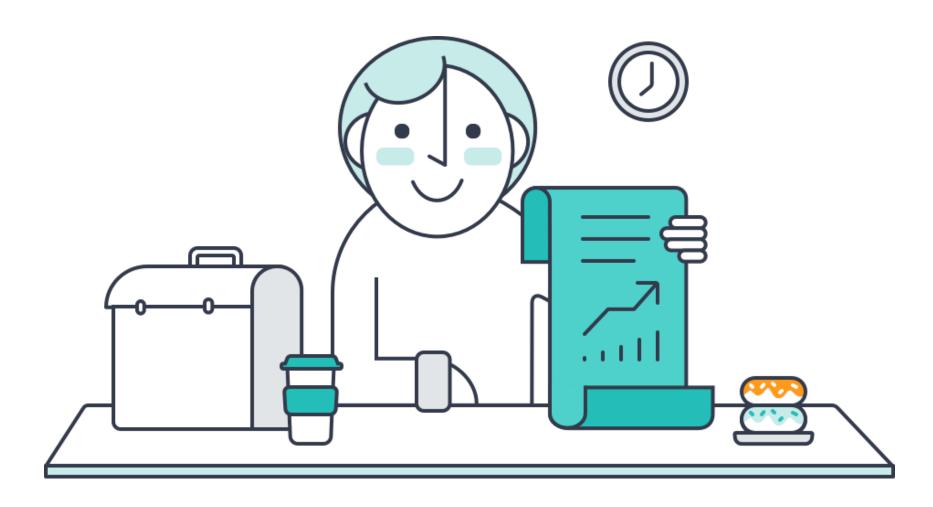


S.M.A.R.T Goal Exercise





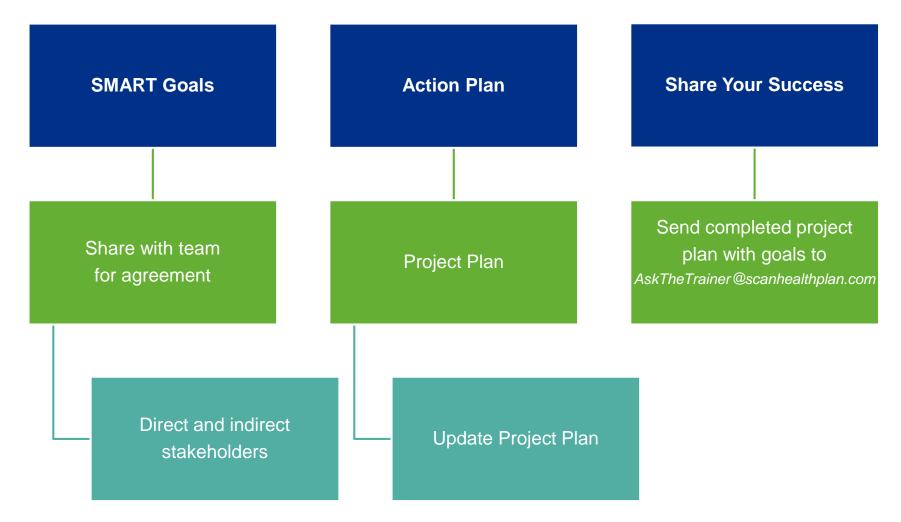
Report Back







Post Conference









Riaz Ali Chief Marketing Executive



Grand Prize Raffle









- Where to find conference materials
 - https://scanhealthplan.com/providers/train-the-trainer
 - Email will be sent with links to conference materials
- QR codes and web links for post conference survey

Questions?

Email us at AsktheTrainer@scanhealthplan.com