THE POWER OF THE COLLABORATIVE: THE HONORING CHOICES® PACIFIC NORTHWEST CONVENER MODEL

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Objectives

• Describe the leadership strategies used to convene health care organizations and community groups across the region to prioritize advance care planning as a shared call to action and ultimately deliver measurable improvements.

• Discuss the risks and benefits, as well as strategies used to launch 49 teams from 27 health care organizations within a two year period; including recruiting, engaging, supporting, overcoming barriers, and celebrating successes.
In his own words

My thread is longitudinal, non-linear, emotional, filled with contradictions and contradictions. It is the thread that accompanies and guides the patients and families they serve through the sacred process of living until death. It is the thread that integrates my life experiences into a coherent whole. It is within the values and meanings of my story that treatment decisions are made.
Honoring Choices® Pacific Northwest

**Vision:** Everyone will receive care that honors personal values and goals at the end of life.

An initiative to inspire early conversations about the care people want at the end of life.

- **Public**
  Make informed choices about end-of-life care.

- **Health care organizations and community groups**
  Discuss, record and honor end-of-life choices.
The Convener Model

- Brings people and organizations together to address a complex issue.
- Uses influence and authority to call for collaboration.
- Serves as the organizer and administrator of the collaboration.
- Creates a platform for the collaboration.
How did we get here?

A LOOK BACK

Timeline: The Early Years

2013
- Identified need
- Power of the Collaborative

2014
- Workgroup & subcommittee meetings
- Guiding Principles
- Vision
- Strategy
- Governance & oversight structure

2015
- CEO/CMO Leadership Forum
- Contract negotiations
- Hired staff, faculty & fundraising consultant
- Advisory Council
- Early Adopters

2016
- Launched first cohort
- Fundraising
- Statewide AD and education materials

Leadership Engagement
Convener Model Structure

WSHA  
WSMA  
Oversight Committee  
Honoring Choices PNW  
Advisory Council  
Medical Officer Collaborative  
Resources  
Measures  
ADs  

ITERATIVE PROCESS

PROTOTYPE
SHARE

REFINE
GET FEEDBACK
The Convener’s Tasks:

1. Clarify the purpose of the collaborative.
2. Develop a preliminary list of stakeholders and leaders to invite to the table.
3. Secure high-level stakeholder buy-in, as well as intellectual and financial support.

#1 – Clarify the purpose

• Coalesced feedback from our members: physicians and hospitals.
• WSMA and WSHA’s Medical Officer Collaborative articulated the gap and set the initial vision.
• Conceptual buy-in from the WSMA Board, WSMA Foundation Board and WSHA Board.
Why Advance Care Planning?

90%  People say that talking with their loved ones about end-of-life care is important
27%  Have actually done this

82%  People say it’s important to put their wishes in writing
23%  Have actually done this

70%  People prefer to die at home
70%  People die in a long-term care facility or a hospital

8.8x  Increased likelihood of prolonged grief if loved one dies in ICU vs. on hospice
5x   Increased likelihood of PTSD if loved one dies in ICU vs. home with hospice

10 days  Fewer days spent in hospital during last two years if patient participated in ACP

#2 – Identify Stakeholders and Leaders

- Environment scan of WA
  - Pockets of Excellence
  - Content experts
  - Target audience
  - Patient advocates
  - Health care organizations
  - Community groups
  - State agencies
Advisory Council: 30 senior-level stakeholders

- Every major health system
- Large medical groups
- Large and small hospitals
- Medical schools
- Professional associations
- Insurance companies
- County alliances
- State agencies
- POLST Task Force
- Bree Collaborative
- IHI consultant
Structure & Logistics

  – Led by physician chair
  – Staffed by WSHA and WSMA

• Created ad hoc subgroups:
  – Resources
  – Goals and Measures
  – Advance Directive

• Actively engaged stakeholders and sought buy-in.

In the first year:

✔ Developed charter
✔ Established guiding principles
✔ Set the vision
✔ Completed an environment scan
✔ Recommended resource
✔ Identified goals and measures
Guiding Principles

- **Upstream** – have these conversations with healthy adults, before an illness or a crisis
- **Culturally sensitive** – adaptable to diverse communities
- **Sustainable** – continue to provide resources after the initial rollout
- **Aligned** – complement current programs in Washington
- **Standardized** – use evidence-based program to standardize processes
- **Results oriented** – meaningful measures

Ad hoc Resource Subgroup

Evaluated ~15 potential resources against the following criteria:

- What’s included
- Effectiveness
- Culturally sensitive
- Cost
- Implementation readiness
- Ease of implementation
- Sustainability
- Generalizability to multiple types of organizations
- Breadth of target audience
• Why we chose the model:
  – an ongoing process of communication
  – integrated into routine, patient-centered, preventive care
  – systemically supported by workflows, trained professionals, EMRs and communities
#3 – Secure Stakeholder Buy-in and Support

- Ongoing involvement of:
  - WSHA & WSMA Senior Staff
  - WSHA & WSMA Boards
  - Medical Officer Collaborative
- Senior-level representation (i.e. decision-makers) on workgroup/advisory council
- Info sessions for potential partners
- CEO commitment

Statement of Interest

- Outlined expectations of participating organizations and Honoring Choices PNW
- Required CEO’s and project lead’s signatures
The Effect

- 32 teams from 23 health care organizations statewide in 1st cohort.
- Shared vision and messaging to members, clients, community members and patients.
- Content expertise and alignment across efforts locally and nationally.
- Ability to design and pull levers.

First Cohort Sites
ACP Documents and Resources

Convener Model Structure

- WSHA
- WSMA

Oversight Committee

Honoring Choices PNW

Advisory Council
- Resources
- Measures
- ADs

Medical Officer Collaborative
Formal Structure & Fiscal Sponsorship

• WSHA and WSMA signed MOU
  – Established Oversight Committee
  – Delegated key functions
  – Outlined terms of working relationship
  – Set financial obligations

• WSMA Foundation is the fiscal sponsor for Honoring Choices PNW
  – Donations are tax-deductible

Delegation of Key Functions

- Washington State Hospital Association
  - Manage employees and contractors
- WSMA Foundation
  - Manage fiscal sponsorship and accounting
SUSTAINING THE WORK

Leadership, Advisors and Governance

- WSHA
- WSMA
- Oversight Committee
- Honoring Choices PNW
- Advisory Council
- Medical Officer Collaborative
- Resources
- Measures
- ADs
Leadership Engagement Strategies

• Engage at every opportunity
  – Board meetings, annual meetings, leadership forums, 1:1, newsletters, emails
  – Provide updates, seek input, and incorporate suggestions
  – Establish accountability for success

• Equip them to be champions
  – Instilled sense of ownership
  – Talking points, slide decks, materials

Leadership Engagement Strategies

• Celebrate!
  – Make them proud to be a part of Honoring Choices PNW. Never miss an opportunity!
    • Governor’s Proclamation
    • Share the Experience
    • Awards
    • Articles
    • Press Releases
FUNDING MODEL

Financing Model – Philanthropic
Philanthropic Approach

- Raised $5.5 million toward $8 million goal to support the first 7-years budget.
- Offer services at no charge to participating organizations.
- No financial barrier to participate.

Fundraising Keys to Success

- Leadership and organizational engagement
- Buy-in throughout initiative
- Hired fundraising consultant (~24 months)
- CEO engagement from WSHA and WSMA
  - Attend all fundraising “asks” for over $100,000
- Weekly staff/fundraising meetings with work in between
- Fundraising Cabinet with key leaders
LESSONS LEARNED

Challenges and Barriers

• Culture change is hard!
• Building the plane while flying it
• Changing leadership – internally and externally
• Changing landscape in healthcare
• Questioning “how” vs. “what”
Risks and Benefits of the Convener Model

Risks:
• Decision-making took time
• Influence vs. direct within organizations

Benefits:
• Power of the Collaborative
• Trusted associations leading the effort

Risks and Benefits of “Going Big”

Risks:
• Built the plane while flying it
• Sacrificed customization in the interest of efficiency

Benefits:
• Positive peer pressure
• Learning collaborative
Convener’s Checklist

- Identify a need that will benefit from a collaborative approach.
- Verify that the time is right.
- Ensure co-conveners are clear-sighted and in agreement.
- Carefully design initiative and ensure it has sufficient time and resources to generate long-lasting solutions.
- Build necessary bridges and convene key stakeholders.
- Set and communicate the roles, responsibilities and expectations.
- Monitor progress and provide timely feedback and direction.
- Adjust the scope and/or timeline as needed.
- Honor recommendations.
- Be grateful.

Adapted from: CollaborativeLeadersNetwork.org
THE HONORING CHOICES®
PACIFIC NORTHWEST
CONVENER MODEL:
A CLOSER LOOK

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Thank you!