



Live Healthy OC

Transforming Orange County's Community Clinic System: Creating True Community Health and Wellness

Overview of Initiative

In 2014, a partnership was formed between the Health Funders Partnership of Orange County, UC Irvine School of Medicine, the Samuelli Foundation, the Susan Samuelli Center for Integrative Medicine (SSCIM), and the Coalition of Orange County Community Health Centers (Coalition) to launch an initiative to strengthen the healthcare delivery system and improve health outcomes for the underserved. The initiative, *Live Healthy OC*, aims to transform the culture, practice and care delivery models of the seven participating clinics, serving the underserved, from a disease-based management model to a sustainable prevention and wellness model through the implementation of integrative health practices.

Objectives

1. Improve knowledge and skills of CHC providers and staff in foundational elements of Health and Wellness and the optimal use of Integrative modalities to be able to deliver effective, compassionate, patient-centered health and wellness care. (Providers)
2. Increase access to Integrative resources and ancillary providers currently not accessible to economically disadvantaged communities. (Patients)

Clinic Transformation Learning Cohorts

The initiative supports the education and transformation of a network of clinics that form two cohorts:

Cohort 1 (January 2016 – December 31, 2017)

- ❖ Center for Comprehensive Care & Diagnosis of Inherited Blood Disorders (CIBD)
- ❖ Children's Hospital of Orange County, Orange Primary Care Clinic (CHOC)
- ❖ North OC Regional Health Foundation (NOCRHF)
- ❖ Serve the People Community Health Center (STP)
- ❖ Southland Integrated Services (formerly Vietnamese Community of Orange County, Inc.)

Cohort 2 (June 2017 – December 31, 2018)

- ❖ Families Together of Orange County (FTOC)
- ❖ Korean Community Services (KCS)

Cohort 1 and 2 clinics together serve over 33,000 patients, 68% of which are Medi-Cal recipients. Approximately 53% of these patients are above 100% of the federal poverty level.

Community of Collaborative Learning

The first quarterly clinic meeting of 2017 was held on February 10. All clinics were represented and the focus of the discussion was on the transformation/implementation project process and the available resources provided by the LHOC Initiative to support the work. The second clinic quarterly meeting of 2017 was held on May 19. This was the first quarterly meeting that included clinics from both Cohorts 1 and 2. At this meeting Cohort 1 clinics provided updates on their project implementation progress and more specifically with GMVs. The meeting was structured to have more of an open discussion and Q&A about GMVs. Cohort 1 clinics shared their challenges and successes, as well as patient stories regarding how the changes to their model of care has positively impacted patients. This format provided the type of shared learning environment for all, and especially for Cohort 2 clinics.

Clinic Projects

Cohort 1

Site	Process Improvement Project activity	Goal	Direct impact measures
CHOC	Pediatric and Family Wellness Group	Develop healthy lifestyles habits and health behavior change among patients and their families	<ul style="list-style-type: none"> • Healthy lifestyle (diet and exercise), knowledge and behaviors*
CIBD	Patient Empowerment and Healthy Lifestyles Group	Foster collaboration with patients to provide integrative health services and reduce health disparities for patients with blood disorders.	<ul style="list-style-type: none"> • Improvement in patient-defined health outcome (MyMOP2)* • Health behaviors*
Serve the People	Diabetes and Weight Management Group Medical Visits	Shift from a traditional model of patient care to a new team-based integrative health model.	<ul style="list-style-type: none"> • Change in HbA1c • Weight loss • Health behaviors* • Medication concerns*
Southland (formerly VNCOC)	Wellness Series Group Medical Visits	Expand the capacity of our providers and specialists to reach more patients than with traditional one-on-one consultations in order to address chronic condition management needs and enhance overall patient wellness	<ul style="list-style-type: none"> • Improvement in patient-defined health outcome (MyMOP2)* • Achievement of personalized SMART goals

NOCRHF – Currently undergoing organizational leadership change and project implementation work temporarily on pause. Once resumed, project will develop and expand: 1) group medical visits for chronic disease management; 2) organic herb and Zen garden for botanical remedies, stress reduction, and demonstration of gardening in small, urban spaces; and 3) exercise classes (Zumba and/or yoga).

Evaluation and Outcomes

Patient Outcomes

Patient outcomes are being characterized in terms of *direct impact* (i.e. changes in outcomes experienced directly by individuals participating in the Process Improvement Project activities) and in terms of *global impact* (i.e. changes in behaviors or health outcomes experienced by the clinic's population at large, whether or not they directly participated in the Project activities).

Direct Impact

Direct impact measures have been defined separately for each of the participating sites, because the foci of their Process Improvement Projects differ from site to site. Direct impact measures for each site were selected based on goals and “aims” defined for the Project in collaboration with the LHOC team. Four of the five sites have defined goals for their process improvement activities. One site, following a leadership change, is still actively developing their process improvement project and goals in collaboration with the LHOC team. Each of the four sites have a goal along with an identified set of process and outcome measures to assess the *direct impact* of the Process Improvement Project activities on the patients who actually participate in those activities.

Global Impact

The LHOC clinics have shown enthusiasm to consider approaches to evaluate the *global impact* of the LHOC Implementation Projects—the “spillover effects” of the Projects that may influence the behaviors and outcomes of the broader clinic population beyond those who directly participate in the groups and classes. We hypothesize that, by communicating clinic-wide “norms” for positive behavior change and whole-person wellness through advertising Project activities, and modeling of wellness-promoting behaviors by clinic staff and patients who participate in Project activities, the Projects may positively influence attitudes and behaviors in patients who do not directly participate in the Project activities. If so, the total impact of the Projects may be greater than just the direct impacts on the participating patients, and may be measurable. Strategies to assess this global impact are being discussed among the project sites during the Professional Learning Community activities.