People First
HEALTH COLLECTIVE

HUMANIZING HEALTH CARE: PEOPLE FIRST

INTRODUCTION

The systems that deliver our health and social care cause are largely unequipped to address the most pressing health problems of our time: inequity, emotional trauma, poverty, complex care needs, racism and discrimination. As our systems have evolved, they have become transactional models of care delivery, often causing unintended suffering to all people in the care continuum who deliver the care and those we serve.

People First Health Collective exists to transform systems to always put people first. We believe this builds relationship-centered systems, empowering the context in which all true and sustaining healing occurs. We bring a depth of over 100 combined years in catalyzing change. We do this by research, facilitation and support in the deep, transformative work of developing relationship-centered practices.

We are a diverse group of experienced professionals united by a passion for humanizing health care for everyone. We bring with us a wide range of backgrounds and expertise, and are motivated by a core set of people-centered principles and practices that guide our approach to working with organizations and communities. People First Health Collective is co-led by:

- **Mary Rainwater**
- **Jennifer Brya & Karen Linkings from Desert Vista Consulting**
- **Kori Joneson & Steph Sharma from Symbio Strategies**
- **Elizabeth Morrison from EM Consulting**
- **Holly Huges from Behavioral Health Consult**

OUR COLLECTIVE SYSTEM CHALLENGES

We aspire to foster the creation of human-centered care systems amid constraints to funding, resources, capacity, access, and time. We begin each collaboration with a clear understanding of the current challenges faced by healthcare systems in the United States, challenges including but certainly not limited to the following eight areas:

i. **'Mission Gap**' between core values we aspire to & how our workplaces feel to employees, creating a decrease in purpose, engagement, and trust.

ii. Health care professional **burnout**, low morale & disengagement, all of which compromise quality of care for patients & personal human costs to professionals.

iii. Recruitment & **retention** challenges for all types of healthcare positions & disciplines, resulting in poor access, lack of care continuity & reactive hiring.

iv. **Wounded relationships** between healthcare staff & patients, demonstrated through 'widget-making' practices, employee incivility & judgment.

v. **Burdensome policies** & practices that dehumanize care at most touchpoints.

vi. **Siloed departments** & systems that create a lack of empathy & understanding between different fields, leading to poor health outcomes.

vii. **Inequities** in health care access, social supports, & resources that manifest in disparities, decreased life expectancy & quality of life for marginalized groups.

viii. Rapidly shifting & **uncertain political landscapes**, including perpetual challenges to the ACA and MediCare.

OPPORTUNITY AREAS FOR IMPACT

As most of us have likely have experienced, challenges can be catalysts for transformative change. This experience heartens us, and allows us to see difficult realities listed above, as unprecedented opportunities. There are five main areas that stand out to our team:

i. Belief that relationship-centered care is a necessary foundation of all care, at all levels of health care systems. Empathic relationships are the container in which healing, help or change of any kind occurs.
ii. Employee experience and engagement have moved onto the healthcare radar as fundamental & driving aspect of effective health care.
iii. The rapidly changing environment requires nimble responses with new ways of conceptualizing health care. We now see intellectual, creative & innovative resources in the field.
iv. Shared understanding that individual healthcare needs go beyond the four walls of traditional health care providers. This has generated focused attention on health inequity, especially by ethnicity, socio economic status, and zip code.
v. Movement towards new payment models & reimbursement structures has paved some ground toward aligning financial incentives with quality outcomes.

BUILDING AROUND THE OPPORTUNITIES

Three ways we align the work we engage in with these opportunities:

INTEGRATING INTO ORGANIZATIONS, SYSTEMS AND COMMUNITIES

We co-design, develop, and implement behavioral health services, structured around a whole-person care model. Integrating sufficient behavioral health services within medical settings is one of the fastest and most effective ways to increase health care provider job satisfaction, improve staff and patient experience, improve clinical outcomes, and enhance the practice of relationship-centered care.

ENHANCING EMPATHIC ORGANIZATIONAL CULTURE

We work in a variety of ways with organizations to foster the development of empathic cultures. To determine areas of strength and limitations around existing empathic practices and to help build shared goals around empathic care, we facilitate conversations with leaders, patients, community members and healthcare staff. We design large-scale learning and development experiences to promote the practice of empathy within organizations and to counter its opposites (bias, judgment, and stigma). We help healthcare entities assess, understand, and develop strategies to enhance wellbeing and engagement of employees and patients. We also assess the physical environment of care and implement evidenced-based changes to improve patient experience and engagement through environmental empathy.

DEVELOPING AN ALIGNED ENTITY-DRIVEN SYSTEMS APPROACH TO ALL INITIATIVES

We also help organizations to align their practices with each other and with the larger mission of the organization. Developing a compelling, understandable framework creates clarity for everyone involved, helps to ensure that initiatives do not compete with each other for time and resources, and provides a context in which organizations can make difficult decisions. Aligning initiatives within this larger framework helps to ensure that the good work of the organization is built upon, and not undermined or lost, and also holds the organization accountable to living human-based practices that honor all people involved.

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ENSURING ALIGNMENT

CORE PRINCIPLES GUIDE OUR DECISION-FRAMING

We operate from two fundamental core principles that unify our team. These values brought us together to work in and for organizations that have similar aspirations. These principles of human-based care are applicable to practical day-to-day interactions in healthcare, as well as to the structural realm in an industry challenged by methods that serve to dehumanize the care we seek to provide and support others to provide, on a daily basis.

CORE PRINCIPLE: DISSOLVING THE DIVISION BETWEEN US AND THEM

> *We strive to dissolve the divide between "us" and "them" while honoring and attending to differences. We practice this discipline through curious eliciting, listening, and hearing in order to better shape our thinking in how we design and support services, facilities, practices and interactions and relationships.*

One of the principles at the center of our work is striving to dissolve the division between "us" (the consultants, the providers, the doers) and "them" (the patients, the members, the community members we serve). The "us/them" divide is expressed almost universally in healthcare: through our language when we talk about the provider-patient dyad when we discuss employee-patient work, when we talk about "those" with substance use disorders, opioid addictions, mental health conditions, chronic pain or homelessness.

This division manifests in myriad mission statements that talk about doing for "patients" or "community members" and that employ action words such as "impact" or "intervention" signifying one thing (us) acting on another (them). It is apparent in physical healthcare spaces that provide separate bathrooms for "patients" and for "employees" and that use security doors to divide the waiting room from where employees work.

The division between us and them may seem innocuous, and may even have good motives behind it. Most of "us" were acculturated in nonprofit settings that stressed our mission to help "the poor" and the "underserved." The focus on others is in many ways borne out of a service-minded ethic. Even the term "patient-centered" was intended to relentlessly focus on patient's experience within the "us" system, as opposed to prioritizing the system itself.

The primary problem with this divide however, is that it leads to "othering." Our words shape our beliefs and actions. When we divide ourselves from "them," it becomes increasingly easy to believe that there are significant and meaningful differences between us. Subsequently, we divorce our professional actions from our

own experience as people. When we divide ourselves from others, we create fertile ground for unexamined implicit and explicit bias to take hold in our actions and decisions. It is one of the reasons that for years we believed, despite good evidence to the contrary, that “our patients” didn’t use the internet, that those without stable housing didn’t have cell phones, that most of our patients had very low literacy, or that our patients had low behavioral health needs.

This division also allows us to ignore the fact that any system that is inefficient, ineffective or poorly designed for patients is also bad for us as employees. If we know that fluorescent overhead lighting is stressful for patients, we also know it is stressful for us, as we work under it for 8 hours a day. If we come to understand that barring cell phone use infantilizes our patients, we then can understand that barring cell phone use for our staff does the same. When we do not invite patients to share with us their true concerns, including unsafe neighborhoods, their son’s anxiety, or their own worrisome alcohol use, we more easily ignore that our employees may need help with these things too. When we focus exclusively on patients’ problems and the exclusion of their strengths, we usually do the same with employees.

This division also leads us to ignore the fact that “patient,” “provider,” and “employee” are just roles, not types of people. All of us who work in healthcare are also patients somewhere, and community members, and family members of those receiving health care. When we think of “us and them,” the labels tend to be static, and they let us forget that we are all whole people who occupy multiple, changing roles.

Of course it is true that there is no homogenous “we,” that we all have different histories, families, ethnicities, ages, and life experiences. We must be conscientious that in our striving to dissolve the division between us and them, we do not go too far the other way. When we generalize our own experience to be true for others, we may not seem them as unique, whole people, and we might not be able to understand why someone might need a prescription for Tylenol, why seemingly healthy young people feel it impossible to work, or why someone might hide the truth about their substance use from their doctor. Striving for a ‘we’ approach includes curiosity and efforts to understand others differences.

CORE PRINCIPLE: BEHAVIORAL HEALTH, IN THE BROADEST SENSE

> *To encompass an individual’s emotional and spiritual life, culture and unique experiences along with their physical self, means that we are broadly defining behavioral health.*

When we hear the term “behavioral health,” most of us think of mental health conditions—those that can be diagnosed and treated—like depression or anxiety disorders. It may be that we think of behavioral health in a

broader sense, encompassing substance use disorders, particularly those that are diagnosable and treatable. In these definitions, integration of behavioral health means the integration of providers who can diagnose and treat mental health and substance abuse conditions.

When we reframe the definition of behavioral health, we aim for one that encompasses everything that effects someone's health. To not only include traditional mental health conditions and substance use disorders, but also health behaviors, the actions we take on a daily basis that impact our health, sometimes for better and sometimes for worse. Staying up until midnight working on the Electronic Health record and getting an average of only 6 hours of sleep a night may not be a mental health or substance use disorder, but it is a behavior that most likely impacts health and wellbeing. The same is true of exercise, diet and relationships we take part in.

Additionally, because our beliefs are deeply intertwined with our actions, behavioral health as we conceive it also includes thoughts, preferences, opinions and beliefs—including our spiritual beliefs—that we use to make meaning of the world and of our own lives. It is also shaped by our culture, our history and experiences. The way we think about mental health and our behaviors around the use of substances are influenced by our individual, family, and cultural experiences and conditioning. Cultural practices and beliefs often deeply influence the way individuals and communities think about and access behavioral health services.

Only when behavioral health is defined this way, do we begin to understand that integration of behavioral health in medical settings is a dramatic, culture-transforming undertaking—not an event, or even a series of events, but instead a cultural evolution that brings humanity into each and every part of what we call health care delivery. In this way, integrating behavioral health can be revolutionary. It can mean that we begin to ask people their beliefs about the medications that are prescribed, about their social connectedness, and their spiritual practices. It can mean that we consider the "waiting" room a place where treatment is occurring, and design it accordingly. It can mean recognizing that we are in relationship with people in their role as patients, and the relationship can be a healthy, reciprocal, partnership.

KEY PRACTICES

Four key practices lie at the heart of the work we do with our partners to co-create humanizing processes and outcomes for the communities they serve. While the principles serve as guiding tenets for our team, the practices enable our team to deliver consistent, co-created work with our partner client teams and within our core teams. Practices ensure we support our implementation with measurable impact.

THE PRACTICE OF PARALLEL PROCESS I

We believe that the "how" in our approach has a direct relationship to the outcomes we reach. We believe that the process of working toward an outcome can and should be its own outcome: what we do is what we get. If we are helping an organization improve their relationship with patients in order to decrease no-shows and increase activation, it is important that we engage in our relationship with the organization and its employees in a way that prioritizes their engagement and activation. In an initiative to improve safety in an organization, we know we must focus on enhancing a culture of emotional safety in which people can disclose mistakes and concerns without fear of judgment or reprisal, a culture where striving for perfection is not rewarded, and failure is not punished. To this end, we strive to engage with our clients in the same way our clients want to engage with their patients.

THE PRACTICE OF ENHANCING STRENGTHS II

We believe that working from strengths, both ours and those of our clients and their leaders, is more valuable, effective, and respectful than focusing on or trying to fix limitations. At this stage, we aren't going to dramatically change the makeup of our strengths and limitations, and the more energy we put into doing so, the more energy we drain from building on strengths. This means that if an organization has a very skillful, effective, and robust HR department, it might make more sense to work with their department to facilitate employee engagement strategies, and elevate their department to lead all experience work. If an organization has a nascent HR department, it might make sense to look elsewhere for who and how that work will be led. This practice of building on strengths can be applied across all facets of an organization, within a clinical practice or relationship, and even into work with communities.

THE PRACTICE OF INNOVATION AND FORWARD MOVEMENT III

We believe in prioritizing curiosity, innovation, and moving forward with something new and unknown, even when success is not guaranteed. We understand and embrace rigorous data analysis, use of evidence-based practices, and emerging and promising practices in our work. We also recognize that sometimes organizations, communities, or individuals are working in uncharted territory. Sometimes what works or is effective in one organizational setting, community or relationship experience is not appropriate or effective in another. Sometimes there simply is no "road map." In these instances, vanguards are needed to take risks, to try out new approaches and help pave the way for new approaches. This requires risk taking and creating a culture of trust that embraces and tolerates failure as fundamental to advancing progress within an organization or community collaboration.

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THE PRACTICE OF STRIVING FOR EQUITY, HEALTH EQUITY AND SOCIAL JUSTICE IV

We believe that reality is complex and that inequities exist across our society. Understanding the social determinants of health and behavioral health is an important part of our practice. Socio-economic conditions, sexual orientation and gender identify, race, gender and others factors deeply impact health care access, quality of care, health outcomes and health status. We live in a world of "ism's" and biases, both implicit and explicit, which impact access to economic resources, opportunities, and power. No work to effectively reduce disparities and promote equity can proceed without a fundamental acknowledgement of these challenges and gaps that currently exist. We believe the diversity that exists in our society is an asset and will add value to a community, an organization or a social network, and we work to engage and build upon that diversity in our approaches.

IDEATE WITH US

CONNECT AND CO-CREATE

We'd love to talk to you! We deeply value connections with others working in the field, and welcome dialogue about the principles and practices in this paper. If you are interested in hearing more about our work with other organizations and institutions we would be happy to share this as well.

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