Welcome!

Jeffrey Brenner, MD | SVP Clinical Redesign | UHC Community & State

Dr. Brenner is the CEO and Chief Clinical Officer of the Clinical Redesign Team. Before joining UHC, Dr. Brenner served as a family physician working in Camden, NJ, where he also founded the Camden Coalition of Healthcare Providers. Dr. Brenner’s and the Coalition’s, innovative work was profiled in the 2011 New Yorker article “The Hot-spots” and on PBS Frontline. In 2013 Dr. Brenner was honored with the MacArthur “Genius” Fellowship for his work, and in 2014 was elected to the Institute of Medicine. He holds a bachelor’s degree in Biology from Vassar College and graduated from Robert Wood Johnson Medical School. He completed his residency with Swedish Family Medicine in Seattle, WA.

Jennifer Frost | Executive Director, Learning, Improvement and Dissemination | Clinical Redesign Team

Jennifer brings over 15 years’ experience in healthcare including federal and state government, nonprofit, and direct care delivery. She holds a Master’s in Public Administration in Health Policy and Health Management and is a certified Project Management Professional. Prior to joining UHC, Jennifer spent nearly a decade in Federal health policy consulting at The Lewin Group, where she led large national contracts for CMS and AHRQ focused on clinical innovation and learning and diffusion. Jennifer is a UHG Culture Ambassador and a dedicated manager who enjoys growing talent and supporting the professional development of our frontline staff who are engaging with our members every day.

Care Philosophy and Practice: Training Series Kickoff

Establishing a Trauma-Informed Environment
## Agenda

- What are Social Determinants of Health
- Why Clinical Culture Training
- Training Overview
- Earning CEU's
Tip of the Iceberg

Health Outcomes
- Disease
- Mental Health
- Access to health care
- Quality
- Safety
- Post-traumatic stress

Social Determinants of Health
- Poverty
- Access to education
- Public safety
- Transportation
- Exposure to crime
- Ration
- Social support

Current Approach to Care

Unemployment & Underemployment
- Insufficient Housing
- Financial Instability
- Limited Transportation
- Fragmented Support System
From The American Healthcare Paradox

Spending on Social and Health Programs by Country (2013)

- U.S. is an extreme outlier in high medical vs. low social services spend

<table>
<thead>
<tr>
<th>Country</th>
<th>Social Expenditure as % of GDP</th>
<th>Health Expenditure as % of GDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>France</td>
<td>25.5</td>
<td>11%</td>
</tr>
<tr>
<td>Finland</td>
<td>30.7</td>
<td>16%</td>
</tr>
<tr>
<td>Denmark</td>
<td>26.8</td>
<td>10%</td>
</tr>
<tr>
<td>Sweden</td>
<td>23.4</td>
<td>15%</td>
</tr>
<tr>
<td>Belgium</td>
<td>20.9</td>
<td>12%</td>
</tr>
<tr>
<td>Austria</td>
<td>18.7</td>
<td>9%</td>
</tr>
<tr>
<td>Italy</td>
<td>15.8</td>
<td>8%</td>
</tr>
<tr>
<td>Spain</td>
<td>10.3</td>
<td>6%</td>
</tr>
<tr>
<td>Greece</td>
<td>9.1</td>
<td>5%</td>
</tr>
<tr>
<td>Portugal</td>
<td>12.8</td>
<td>11%</td>
</tr>
<tr>
<td>Germany</td>
<td>26.6</td>
<td>20%</td>
</tr>
<tr>
<td>Slovenia</td>
<td>11.3</td>
<td>9%</td>
</tr>
<tr>
<td>Japan</td>
<td>2.4</td>
<td>11%</td>
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<tr>
<td>Netherlands</td>
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<td>14%</td>
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<tr>
<td>Ireland</td>
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<td>13%</td>
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<tr>
<td>Norway</td>
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<td>Hungary</td>
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<tr>
<td>United Kingdom</td>
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<td>16%</td>
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<tr>
<td>Luxembourg</td>
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<td>20%</td>
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<tr>
<td>Switzerland</td>
<td>18.7</td>
<td>10%</td>
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<tr>
<td>Czech Republic</td>
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<td>8%</td>
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<tr>
<td>New Zealand</td>
<td>17.8</td>
<td>9%</td>
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<tr>
<td>Iceland</td>
<td>15.2</td>
<td>9%</td>
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<tr>
<td>Slovak Republic</td>
<td>18.3</td>
<td>8%</td>
</tr>
<tr>
<td>Canada</td>
<td>20.5</td>
<td>12%</td>
</tr>
</tbody>
</table>

Source: OECD, CDC, CMS

A Trend Guiding the Need for Change

Spend of Members Experiencing Homelessness Compared to County Averages of All Members in Maricopa County (AZ)

<table>
<thead>
<tr>
<th>Category</th>
<th># of Members</th>
<th>Total ER Visits</th>
<th>Avg. ER Visits</th>
<th>Total Admits</th>
<th>Avg. Admits</th>
<th>Total Paid</th>
<th>Average Paid</th>
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</thead>
<tbody>
<tr>
<td>Not Homeless</td>
<td>305,196</td>
<td>187,433</td>
<td>0.61</td>
<td>50,790</td>
<td>0.17</td>
<td>$1,163,643,237</td>
<td>$3,813</td>
</tr>
<tr>
<td>Homeless (Z59.0)</td>
<td>185</td>
<td>1,008</td>
<td>5.45</td>
<td>195</td>
<td>1.05</td>
<td>$2,230,321</td>
<td>$12,056</td>
</tr>
</tbody>
</table>

Source: UnitedHealthcare, UnitedHealthcare.com, CMS, CDC
Why Clinical Culture Training?
A Shift in How We Deliver Care

- Changing how we deliver and design our services
- New model of care: trauma informed and person-centered
- Improve individual member’s health and overall well-being; decrease utilization and cost
- For all staff, all LOB’s, all UHG business segments – those in member-facing roles and those more behind the scenes

Overview of the Training Process
Training Methodology

Learning Methods
- **Training**: Gaining practical and theoretical knowledge on complex care topics
- **Discussion**: Discussing practices and concepts with others to deepen and solidify understanding
- **Experience**: On the job experience, where theories and knowledge are applied in the field

Opportunities for Learning
- **Training Sessions**: Hub Connect Community
- **OptumHealth Learning Library**: Ongoing on the job Learning Circles

Core Training Components

**Live Training**
- 15 weeks long
- 30 minutes/week of didactic training
- 2 weeks orientations, 13 weeks of topic-driven content
- Includes resources, examples, and practical tips in implementing these practices

**Learning Circles**
- 30 minutes/week
- Immediately following live event
- Small peer group discussion of training content
- Facilitator guide provided

**Virtual Resources**
- **Hub Connect**: virtual learning community with on-demand training materials for the entire curriculum and engagement through blog posts and discussion boards
- **OptumHealth Education**: online learning library of all training curriculum content including CEU accreditation process

On the job application of philosophies and tactics
Virtual Learning Circles

- **What?** Learning circles are small, peer group discussions conducted immediately following each live training event.
- **Why?** To leverage collective wisdom and optimize shared learnings for a group with a common learning objective. Allows for real-time reinforcement of training content and build upon each week’s learnings.
- **When?** Ideally, held immediately following live training sessions; **Mondays at 5:00pm EST**
- **How?** Follow these steps to engage in weekly learning circles:
  1. Identify your Learning Circle
     - Work with your manager to join an existing learning circle or create a learning circle of those in your unit also going through the clinical culture training. (If you are not connected with anyone participating in the training, email Kelly and she will add you to an existing group)
  2. Select your peer leader – facilitates learning circle discussion, using provided facilitator guide
  3. Set up recurring weekly meeting for learning circles (Can be in-person or virtual)

Ground Rules

- Be curious
- Be open
- Be honest
- Refrain from judgement
- Create an all teach/all learn atmosphere

Training Schedule (Session One)

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 28</td>
<td>Training Welcome and Kickoff</td>
<td>Mar 16</td>
<td>Motivational Interviewing 101</td>
</tr>
<tr>
<td>Feb 4</td>
<td>Learning Circle Orientation</td>
<td>Mar 25</td>
<td>Positive Psychology</td>
</tr>
<tr>
<td>Feb 11</td>
<td>Trauma Informed Care 101</td>
<td>Apr 1</td>
<td>Boundaries and Self-care</td>
</tr>
<tr>
<td>Feb 18</td>
<td>Addiction and Recovery</td>
<td>Apr 8</td>
<td>Field Safety (in field)</td>
</tr>
<tr>
<td>Feb 25</td>
<td>Impact of ACEs</td>
<td>Apr 15</td>
<td>De-escalation</td>
</tr>
<tr>
<td>Mar 4</td>
<td>Harm Reduction</td>
<td>Apr 22</td>
<td>Stages of Change</td>
</tr>
<tr>
<td>Mar 11</td>
<td>Power of Personal Narratives</td>
<td>Apr 29</td>
<td>Person Centered Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>May 6</td>
<td>Trauma Informed Care 201</td>
</tr>
</tbody>
</table>

Weekly, Mondays at 4:30 PM EST
Earning CEU’s

- CEUs are available for the 13 content modules as a series (6.5 CEUs total)
  - One pre- and post-test required for the series as a whole
  - OptumHealth Education will save all CEU credit documentation on their website

- Accreditation opportunities include:
  - American Medical Association PRA Category 1 Credit™ by the Accreditation Council for Continuing Medical Education
  - Continuing Nursing Education by the American Nurses Credentialing Center’s Commission on Accreditation
  - Accreditation Council for Pharmacy Education
  - Pharmacy Tech Certification Board
  - Case Manager Certification by the Commission of Case Manager Certification
  - American Board of Social Work Certification and American Psychological Association Certification and National Board for Certified Counselors Certification

Thank you!

Questions?

See you at our next training session on Monday, February 4th at 4:30 PM EST