## Project Description / Purpose

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| **Project Name:** | *Williams Family Medicine – The Phoenix Dream Center Integration* |
| **Clinic:** | *Williams Family Medicine* |
| **Process:** | *Health Equity Improvement* |
| **TIP 2.0 Process Milestone:** | *None* |
| **Project Description / Purpose** | |
| *Summary of Phoenix Dream Center and Williams Family Medical Initiative*  *The Phoenix Dream Center is a comprehensive 300 resident 1200 person a year boarding home*  *providing shelter, support, and rehabilitation services to individuals in need, including victims of*  *human trafficking, those struggling with addiction, and the homeless. They have direct ties to*  *homeland security and the FBI, and are sponsored by major organizations in Arizona including The*  *Phoenix Suns, Phoenix Childrens hospital, and Dignity Health. The Williams Family Medical*  *Initiative, operating within the Dream Center, is dedicated to providing holistic, patient-centered*  *healthcare services to this diverse and vulnerable population. Williams Family Medicine is taking*  *over behavioral health services for The Phoenix Dream Center. Our First initiative is integrating*  *community feedback and addressing social determinants of health, the initiative seeks to deliver*  *equitable and effective medical care and mental health care, promoting long-term health and well-*  *being for all residents; billing ahcccs for services and creating a successful model for other*  *behavioral health organizations that utilizing medical practices to perform these services and take*  *care of their medical services. This model is the future of this industry.* | |

## Project Overview

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| **Problem Summary:** | *Problem or Performance Gap*  *The Phoenix Dream Center clinic, part of the Williams Family Medical*  *Initiative, is currently facing a significant performance gap in terms of*  *patient engagement, recalcitrant treatment options, and satisfaction and*  *billing issues related to behavioral health. Many residents feel*  *disconnected from the clinic, leading to low utilization of healthcare*  *services and trust issues. The dream center is also unable to perform*  *behavioral health services, finally turning this over to Williams Family*  *Medicine. This disengagement is often due to a lack of trust, perceived*  *cultural insensitivity, and a historical lack of community involvement in*  *healthcare decisions within the patient population. Consequently, there are*  *noticeable disparities in health outcomes among the community, often*  *linked to unaddressed social determinants of health such as housing*  *instability, food insecurity, and limited access to healthcare education; lack of staff and inadequate/ineffective billing also causes a financial*  *strain on the phoenix dream centers 300 residents.*  *Impact on Staff*  *Increased Burnout: Clinic staff experience high levels of frustration and*  *burnout due to inefficiencies and the inability to meet the diverse*  *needs of patients effectively.*  *Strained Relationships: The lack of a structured feedback mechanism*  *means that staff are often unaware of patient concerns until they*  *escalate, leading to strained staff-patient relationships.*  *Operational Inefficiencies: Staff spend considerable time managing*  *avoidable issues that arise from poor patient engagement and*  *unaddressed social needs, detracting from direct patient care activities.*  *Under paid staff*  *Impact on Patients*  *Low Trust and Engagement: Patients feel underserved and neglected,*  *exacerbating distrust in the healthcare system. This results in lower*  *clinic attendance and poorer health outcomes.*  *Health Disparities: The lack of tailored healthcare services and*  *insufficient attention to social determinants of health contribute to*  *significant disparities in health outcomes within the community.*  *Underutilization of Services: Due to the negative perception and lack of*  *trust, many residents underutilize the available healthcare services,*  *which can lead to worsening health conditions and preventable hospital*  *visits.*  *Leaving the Dream center and turning back to addiction*  *By addressing these issues through the establishment of a Community*  *Advisory Board and integrating community feedback into clinic*  *operations, Williams Family Medicine and the Phoenix Dream Center*  *clinic aims to bridge these gaps, improving both staff satisfaction and*  *patient health outcomes and successfully billing for behavioral health*  *services.* |
| **Desired Outcome(s):** | *1. Increased Patient Trust and Engagement: By actively involving the*  *community in decision-making processes through the advisory board,*  *the clinic aims to rebuild trust and enhance patient engagement with*  *healthcare services.*  *2. Reduction in Health Disparities: The project seeks to identify and*  *address social determinants of health that contribute to disparities,*  *ensuring all residents have equitable access to healthcare and support*  *services.*  *Project Charter*  *3. Improved Staff Morale and Efficiency: Streamlined processes for*  *collecting and acting on patient feedback will help reduce staff burnout*  *by making their work more efficient and fulfilling. This includes*  *providing staff with the tools and training needed to address the holistic*  *needs of their patients.*  *4. Tailored and Effective Healthcare Services: This includes Physical and*  *Mental Health. The clinic will be able to adapt its services based on*  *real-time feedback from the community, ensuring that care is*  *personalized and meets the specific needs of the Dream Center*  *residents.*  *5. Enhanced Community Health Outcomes: By addressing both the*  *medical and social needs of the community, the project aims to*  *improve overall health outcomes, reduce preventable hospital visits,*  *and enhance the quality of life for residents.*  *6. Sustainable Community Engagement: Establishing a community*  *advisory board will create a lasting platform for continuous community*  *involvement and feedback, ensuring that the clinic remains responsive*  *to the evolving needs of the residents.*  *7. Data-Driven Decision Making: The project will generate valuable data*  *that can be used to inform future healthcare strategies and initiatives,*  *leading to continuous improvement in patient care and clinic*  *operations.*  *8. Successful billing of behavioral health*  *The Major desired outcome is effective mental*  *and physical services being provided to the*  *dream centers residents.* |
| **Benefits:** | *Expected Results*  *The project is expected to result in increased patient trust and satisfaction,*  *reduced health disparities, improved staff morale and efficiency, and more*  *tailored healthcare services. It will also foster sustainable community*  *engagement and provide valuable data for continuous improvement.*  *Additionally, this initiative aims to enhance the overall quality of life for*  *residents by addressing both medical and social needs.* |

## Timeline

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|  | **Description of Task and Completion Dates** |
| **Task 1** | *Expected Results*  *The project is expected to result in increased patient trust and satisfaction,*  *reduced health disparities, improved staff morale and efficiency, and more*  *tailored healthcare services. It will also foster sustainable community*  *engagement and provide valuable data for continuous improvement.*  *Additionally, this initiative aims to enhance the overall quality of life for*  *residents by addressing both medical and social needs.* |
| **Task 2** | *Planned Completion Date: August 5, 2024*  * Conduct Initial Training and Orientation*  * Task: Provide training and orientation for advisory board members on their roles,*  *responsibilities, and objectives.*  * Planned Completion Date: August 15, 2024*  * Set Up Communication Channels* |
| **Task 3** | *Planned Completion Date: August 25, 2024*  * Hold First Advisory Board Meeting*  * Task: Conduct the inaugural advisory board meeting to discuss objectives, gather initial*  *feedback, and set priorities.*  * Planned Completion Date: August 31, 2024*  * Implement Feedback Mechanisms* |
| **Task 4** | *Planned Completion Date: September 10, 2024*  * Integrate Feedback into Clinic Operations*  * Task: Begin incorporating community feedback into clinic processes and services, making*  *adjustments as necessary.*  * Planned Completion Date: September 20, 2024*  *Project Charter*  * Monitor and Evaluate Progress* |
| **Task 5** | *Planned Completion Date: Ongoing, with initial evaluation by October 31, 2024*  * Report Outcomes and Adjust Strategies*  * Task: Document the outcomes of the project, share with stakeholders, and adjust strategies*  *based on findings.*  * Planned Completion Date: November 15, 2024*  * Sustain and Scale Community Engagement* |

\* Add new rows as needed.

## Project Scope

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| **In Scope Project Objectives** |
| *The project aims to establish a Community Advisory Board at the Dream Center/ Williams Family*  *Medicine clinic to actively engage residents in healthcare decisions. This includes conducting monthly*  *meetings, implementing structured feedback mechanisms like surveys and focus groups, and enhancing*  *health equity by addressing social determinants of health. Additionally, the project seeks to streamline*  *communication channels to ensure transparent and continuous dialogue between the clinic and the*  *community, and to monitor and evaluate the impact of these initiatives regularly. We aim to measure our*  *effectiveness at taking over physical and medical mental health of the dream centers patients.* |
| **Out of Scope Project Objectives or Activities** |
| *This project will not include the overhaul of the entire clinic’s IT infrastructure, major renovations of*  *physical facilities, but may result in te development of new medical and mental health treatment*  *protocols to fit billing. Additionally, it will not address external healthcare policies or insurance reform but*  *may assist in guiding it. This project will not involve activities beyond the immediate scope of community*  *engagement and feedback integration specific to the Dream Center residents.* |

## Project Team

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| **Team Lead:** | Kim Briggs | **Project Champion:** | Kim Briggs |
| **Process Owner:** | Kim Briggs | **Process Manager:** | Kim Briggs |

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| **Stakeholders** | | | |
| **Stakeholder** | **Title** | **Department** | **Organization** |
| Kim Briggs | Kim Briggs | Kim Briggs | Kim Briggs |
| Kim Briggs | Kim Briggs | Kim Briggs | Kim Briggs |
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| **Project Team Members** | |  |
| **Name** | **Team Role** |  |
| Kim Briggs | Kim Briggs |  |
| Kim Briggs | Kim Briggs |  |
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## Signatures

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| **Process Owner** |  |
| **Project Champion** |  |
| **Team Leader** |  |