

Future of CHESS:

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Dhavan Shah-

I'm really excited about the potential that we're finding in, what I'd call expression effects, and what I mean by that is, in a lot of the research we've done, and a lot of research being done in cancer communication, the focus has been on the reception of information, providing people with information, and then looking at the effect it has on them. What we've been looking at recently are the effects of expression, and what happens when you put people together in groups and they get to share their ideas through social media platforms, what kind of impact does that have on them? And it turns out, in some respects, it appears the effect might actually be stronger than the reception effects. Being the person who's composing your thoughts, and putting them down, and this is reminiscent of Pennebaker's work in diary writing, but I think really extending that into the cancer communication realm.

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Jay Ford-

To me I see that, an opportunity for the Center is we continue to move towards becoming maybe the process improvement entity for individuals in the public health arena. So that not only includes substance abuse treatment agencies, maybe mental health agencies, but as we're beginning to see, to explore I find it really exciting, how do we help individuals with, that are aging, maybe how do we help public health organizations change and improve, and so it seems like we are positioning ourselves to have a great opportunity to help these public health organizations help really figure out how to change and how to improve the services that they provide for their customers.

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Tom Mosgaller-

Well I think the vision of the CHESS/NIATx Center here at the UW is to become a premiere, well known organization nationally as a place people come for three things that I think we've worked real hard to become fairly good at. One is that, one of those is our commitment to change management and the use of process improvement and large scale change methods in order to help organizations address changes that they are trying to make happen in their organization. And our NIATx process improvement methods have demonstrated to be very effective nationally and we went from working with about 35 agencies originally to over 25 hundred now and are now moving into other fields beyond addiction treatment, into mental health, public health, aging and disabilities and other areas of, what I would call, health and

human services. I think another thing we worked on very hard is the collaborative emphasis. We really have, as a learning model, built up our strength in terms of helping people do collaboratives, and that we don't just work with one agency at a time, but the learning that happens among agencies, together, so that they can effectively address the things by learning together, as they always say, "a rising ship, a rising tide raises all ships" and this could really be helpful in that kind of case. And then the third element is our commitment to technology and the use of computer based and smart phone based technologies that can really enhance and take a lot of things that are done manually now and reduce the complexity by putting it into a technology base that can expedite and reduce error in the ability to do handoffs and other things critical to people's care. And I think at the core of all of that is our basic theme, which is that no one should have to suffer twice. Once because they have a chronic disease that's debilitating, and then secondly because they can't get the care they need when they want it, where they want it, and how they need it, and I think that's where we can do better than anybody else, is to support agencies in doing that. And what excites me today is the fact that we've been able to take this from the platform of addiction treatment, thanks to the Robert Wood Johnson Foundation's work with us, and then, now begin to move it in to other fields in an integrated way so that public health and homelessness, and HIV AIDS, and drug courts, and aging and disability areas, all of which are integrated in various ways, will have a common approach to how we do change management, use collaboratives, that I would dream that someday will be across those different disciplines, and to be able to produce technologies to support all those fields to be more effective.

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Meg Wise-

I wrote a grant which I should be hearing about soon. To do that with pe--, to helping people make more active decisions about dialysis that is becoming a very, that population is going to mushroom in the next decade. It's an end stage renal disease, it is the consequence of diabetes, which is increasing in the population of aging, of obesity, and of hypertension and there is really very much better technolo--, treatments out there, but only about seven percent of people are using them and what they require is that people, you know, learn to use dialysis machines at home and they're very simple to use, but there's been a big barrier between people being able to use these and going into a 60 year old, or a 50 year old technology, which is a thrice weekly in center dialysis. Now can you imagine if your kidneys can only work three times a week, but that's what these people are going through and there's just so many complications with that and a lot of depression, loss of social roll, people end up impoverished. And so, even now, Medicare and the National Kidney Foundation are really recommending much more shared dialysis decision making and so I think this is an area where patients really can benefit a lot from the kind of work that we do at CHESS and as well as actually a nephrologist that may not have those skills. The whole notion of training physicians to, you know, develop relationships with patients and basically see them or give patients a lot of autonomy is not something that a nephrologist

have benefited from, as have oncologists. So I see this as a kind of a new population that I personally am really passionate about serving, and I think that the Center both from the CHES and the NIATx side could possibly, you know, that the knowledge and skills and the resources that we have already developed could really be tailored to this population, which I think is in great need.

Kim Johnson-

Let's think about the cost of healthcare and how it's growing exponentially and that frightens people. We have an aging population, we already have healthcare costs rising, and there's a real need to figure out, how do we continue to better serve people but contain costs and that really, so there's the opportunity for us, because really the two, two very important needs for doing that are changing how the systems function, improving-- bringing that process improvement across healthcare systems, and looking at what, what can we do, what can be done with technology that's now done by humans, what can be-- make-- be done that's more efficient that way, and how can we help people do more self-care, self-management, using technology. So there-- what we're doing is really critical to improving the healthcare system and reducing costs.

Todd Molfenter-

I mean if you look at what we've been at the Center, we've really been a place where people go to get new ideas, and they really want to come, they come here to learn from us, new ideas, and they really want to see what kind of demonstration projects we're doing and what kind of, just, different things we're investigating. And so, I think as we look to the future, I think there's going to be a lot of things we can do around, sort of, our core belief that no one should suffer twice. And so with that, we're going to start looking more at you know, how are systems, how are system's designed and delivered and, you know, a lot of our traditional work has been, you know, incremental changes around those. Particularly within NIATx, you know, looking at how can we get people into services better, how can we keep them in services better, and how can we, you know, eliminate that "suffer twice" issue where, you know, people you know, really run into services where they're very difficult to either access or to engage in. And I think we're going to go from, sort of, these incremental changes to larger changes as we start looking at, you know, some of basic redesign, or structural changes that'll happen because of healthcare reform, and because of the introduction of technology. So when people begin to say, "well we really need technology to help coordinate healthcare, to help people self-manage their healthcare, to help family members get engaged in healthcare," and I think that we are really in a great position to do that.

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Colleen Heinkel-

I know another question is, you know, what makes us more, what makes us excited about what we're doing, what projects or areas, and I have to say that there isn't one project in the bunch that I'm not excited about because I think they all, at their very core, they talk, or they get right at the, right at the heart of large challenges that this country faces. So, I think, if I had to choose one right now, our newest one, perhaps the aging a place project that we may be launching, really takes, it will take all of the things we have learned so far plus some of the knowledge that we've gained disseminating to large stakeholders, as well as creating whole new ways of approaching large communities, this will take all of us to do, and that's what's very exciting. But beyond that project, I know that the next project will be just as exciting, because at the very core of it, again, is this sense of what needs to, what needs to be solved, where are the challenges, where are people hurting? And, so, I think what excites me even more than the projects is the fact that this Center exists, that a number of creative minds and compassionate hearts, come together to be able to answer these challenges that the nation has and maybe even internationally answer some of these questions, that may be a path that we go to, once we get the national part down. But, I think that the fact that this place exists, that this group exists, and that we continue, continue to collect great and innovative minds and compassionate hearts is a miracle to me, and that's what excites me the most about the Center.