A Model of Hospital and Community Collaboration

Office of National Drug Control Policy Webinar
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What we will cover today

1. Introduction to Mass General Hospital and the Center for Community Health Improvement (CCHI)
2. Coalition work
3. Community health needs assessments
4. MGH strategic plan 2014
5. Elements of new substance use disorder initiative
Massachusetts General Hospital

• Founded in 1811
• Harvard teaching hospital
• 1,000 inpatient beds
• 1.7 million outpatient visits
• 26,000 employees
• Largest NIH research center in the US
• 3 community health centers
## We Serve the Most Vulnerable Communities

### Map of Boston Area

![Map of Boston Area](image)

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### Demographic Data

<table>
<thead>
<tr>
<th>Metric</th>
<th>Revere</th>
<th>Chelsea</th>
<th>Charlestown</th>
<th>Boston</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>53,179</td>
<td>36,828</td>
<td>16,439</td>
<td>636,479</td>
</tr>
<tr>
<td>Latino, %</td>
<td>24%</td>
<td>62%</td>
<td>76% White</td>
<td>18% Latino</td>
</tr>
<tr>
<td>Median Income, $</td>
<td>$49,933</td>
<td>$43,919</td>
<td>$76,898</td>
<td>$53,136</td>
</tr>
<tr>
<td>Below poverty, %</td>
<td>16%</td>
<td>25%</td>
<td>17%</td>
<td>21%</td>
</tr>
<tr>
<td>High School Education</td>
<td>20%</td>
<td>37%</td>
<td>13%</td>
<td>15%</td>
</tr>
<tr>
<td>Bachelors Degree or higher</td>
<td>17%</td>
<td>14%</td>
<td>36% Associates or Bachelor’s degree</td>
<td>43%</td>
</tr>
<tr>
<td>Language other than English</td>
<td>46%</td>
<td>69%</td>
<td>19%</td>
<td>36%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau: State and County QuickFacts. 27-Mar-2014
MGH Incorporates Community Health into Mission
Guided by the needs of our patients and their families, we deliver the very best health care in a safe, compassionate environment, we advance that care through innovative research and education, and we improve the health and well-being of the diverse communities we serve.

Today: 31 Initiatives Built
CCHI’s Approach to Community Health Improvement

CDC Health Impact Pyramid

Factors that Affect Health

Examples

- Eat healthy, be physically active
- Rx for high blood pressure, high cholesterol, diabetes
- Immunizations, brief intervention, cessation treatment, colonoscopy
- Fluoridation, trans fat, smoke-free laws, tobacco tax
- Poverty, education, housing, inequality

Check the Tarrant County Public Health Web site to learn more.  http://health.tarrantcounty.com
CCHI’s Community Strategies

- Enhance access to care for vulnerable patients through community health workers
- Promote educational attainment for 650 youth through STEM initiatives
- Function as “backbone organization to 4 multi-sector coalitions working on policy, system and environmental change
How CSAC Formed

- In 2003 rates of substance use related hospitalizations and drug-related deaths among Charlestown residents were 50% higher than Boston overall.
- In 2004 community residents and stakeholders asked MGH for help to address and reduce substance use and its consequences among youth, adults, and families. MGH convened the community and hired a Coalition Director to sustain the work of the community.
**Coalition Structure**

**Staff:**
- 1 MGH staff – Coalition Director
- 1 DFC funded staff
- 2 DON funded staff (from CHNA)

**Community Involvement & Organization:**
- 75 active participants representing 12 sectors of the community focused on 5 bodies of work:
  1. Policy, Environmental and System’s Changes
  2. Navigation to treatment/overdose prevention
  3. Primary Prevention
  4. Access to Care for youth and their families / Family Support Circle
  5. Trauma Informed Care

**CSAC Funding Sources & Utilization**
- **CCHI**: Coalition Operations 43.1%
- **DoN**: Access & Navigation 28.1%
- **DFC**: Prevention 24.8%
- **Philanthropy**: Social Marketing 4.0%
Overview of Coalition Work

**Primary Prevention:**
- Youth groups
- Sticker Shock Campaign
- Evidence-based curriculum
- Parent coffees / Youth lunches
- Social marketing
- Positive alternative activities
- Substance use screening

**Secondary Prevention:**
- Decrease access: Prescription Take Back Days
- Overdose prevention: Narcan distribution
- Navigation/access to treatment: Recovery coaches / Drug Courts
- Decrease stigma: Community events / vigils
- Policy/system changes: School drug policy and legislative advocacy
Benefits of Coalition / Hospital Partnership

Coalition/Community
• Data Collection & Evaluation
• Media/Communication Support
  • Grant Writing
  • Financial Assistance
• Professional Development & Networking
  • Advocacy
• Physician Involvement/Expertise
  • Healthy Communities

Hospital
• Community Information
• Community Partners
• Community Health Needs Assessment
• Community Based Participatory Research
• Prevention / Continuum of Care
  • Advocacy
  • Healthy Communities

When forging a relationship both parties should understand the benefits of working together
Success of Coalition / Hospital Partnership

• *Turn it Around* youth driven social marketing campaign (CCHI communication support) – *Over 40 youth involved.*
  www.facebook.com/turnitaroundcharlestown

• Take Back Days (incorporating MGH Pharmacists) - *Over 1000 prescriptions collected in 2015*

• Botvin LifeSkills Curriculum (DFC funded with MGH Doc partnerships) – Over 500 students per year

• YRBS data collection and analysis (MGHCCHI Evaluation)

• DON dollars supports community staff address community priorities through the coalition
How the CHNA Influenced MGH’s Strategic Plan
Substance Use Identified as Leading Health Concern in All Communities
2012 & 2015 CHNA

<table>
<thead>
<tr>
<th>2015 (2012) CHNA Community Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1737 (2200) Quality of Life Surveys returned</td>
</tr>
<tr>
<td>123 (350) individuals reached through 12 (35) focus groups</td>
</tr>
<tr>
<td>More than 100 (300) people attended community meetings</td>
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Leading Health Concerns
Quality of Life Survey Data
Revere, Chelsea & Charlestown

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>Crime &amp; Violence</th>
<th>Obesity/Poor Diet &amp; Inactivity</th>
<th>Mental Health</th>
<th>Environment</th>
<th>Education</th>
<th>Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>58% (27%)</td>
<td>39% (34%)</td>
<td>17% (17%)</td>
<td>9% (11%)</td>
<td>6% (6%)</td>
<td>5% (5%)</td>
<td>4% (4%)</td>
</tr>
</tbody>
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2015

2012
2012: First Time Community Health Formally Included in Strategic Planning

MGH Strategic Planning Teams

**CLINICAL**
Redesigning the Delivery System for Population Health

**RESEARCH**
Organizing Research for the Greatest Success and Impact

**EDUCATION**
Redefining the Teaching Model to Prepare Trainees for the Changing Health Care Landscape

**COMMUNITY**
Explicitly Linking Community to our Other Missions
Brought CHNA Findings to Strategic Planning Table

• Prompted colleagues in Population Health Management to look at patient data
Substance Use Disorders: High Prevalence and Cost

- 29% of MGH high risk patients have a SUD
- Higher cost
- Higher readmission rates with a SUD diagnosis

Average Direct Patient Cost Considerably Higher for SUD vs. Other Conditions

- COPD: $5,506
- PNA: $6,885
- HF: $6,498
- SUD-MED Only: $9,666

N=2,583 medical and surgical patients (20% homeless); 10/12-10/13
Substance Use Disorders Initiative Leading Clinical Priority of MGH 2014 Strategic Plan

The Boston Globe

Health & wellness

MGH to screen all patients for substance abuse
Querying part of effort to treat addiction
Comprehensive Approach: From Prevention to Chronic Disease Management

- **Inpatient (ACT)**: Multidisciplinary consult team
- **Outpatient**: Enhanced care at health centers
- **Community**: Connection to community providers and recovery support
- **Recovery Coaches**: Span from bedside to community

Bridge Clinic

**Education & Prevention**
MGH Substance Use Initiative Reducing Readmission Rates and Increasing Sobriety

57% and 62% decrease in self-reported ER visits and inpatient admissions

67% increase in number of days abstinent

Wakeman et al, 2015
"If I were anywhere else I would have relapsed by now but I feel very supported here by the addiction team and the medical team. I don't feel stigmatized."

Wakeman et al, 2015
MGH Model for Improving the Health & Wellbeing of the Diverse Communities We Serve

Prevent Illness and Reducing Disparities in the Community

Address Social Determinants through Policy and System Change Education, etc.

Manage the Care of Vulnerable Patient Populations

Focus on Substance Use Disorders and other chronic conditions with coaches, navigators, community health workers

Integrate Community into the Hospital

Executive Committee on Community Health Education Research

Informed by Community Needs Assessments
Contact Information

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