A Model of Hospital and Community Collaboration

Office of National Drug Control Policy Webinar
April 14, 2016

Leslie Aldrich, MPH, Associate Director
Center for Community Health Improvement
What I Will Cover Today

1. Introduction to Mass General Hospital and the Center for Community Health Improvement (CCHI)
2. Value of Coalition Collaborations
3. Community health needs assessments
4. MGH strategic plan 2014
5. Elements of MGH’s 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
Households living below poverty level

Limited English Proficiency, Hispanic population

We Serve the Most Vulnerable Communities
1995 • Community Benefit Program founded

1996 • Assessments conducted
     • Implementation plans in three communities developed
     • First community coalition created

2007 • MGH incorporates Community Health into hospital mission statement
       • Board Committee on Community Health

Today • 3 Main Strategies working on over 30 initiatives
       • Executive Committee on Community Health comprised of hospital leaders
CDC Health Impact Pyramid
Factors that Affect Health

- Smallest Impact
  - Counseling & Education
    - Examples: Eat healthy, be physically active
  - Clinical Interventions
    - Examples: Rx for high blood pressure, high cholesterol, diabetes
  - Long-lasting Protective Interventions
    - Examples: Immunizations, brief intervention, cessation treatment, colonoscopy
  - Changing the Context to make individuals' default decisions healthy
    - Examples: Fluoridation, trans fat, smoke-free laws, tobacco tax
  - Socioeconomic Factors
    - Examples: Poverty, education, housing, inequality

Check the Tarrant County Public Health Web site to learn more. http://health.tarrantcounty.com
CCHI 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
### Collective Impact

| COMMON AGENDA | - Common understanding of the problem  
|              | - Shared vision for change |
| SHARED MEASUREMENT | - Collecting data and measuring results  
|                   | - Shared accountability |
| MUTUALLY REINFORCING ACTIVITIES | - Evidence-based/Evidence-informed approaches  
|                                 | - Coordination through joint plan of action |
| CONTINUOUS COMMUNICATION | - Consistent and open communication  
|                           | - Clear decision making processes  
|                           | - Focus on building trust |
| BACKBONE SUPPORT | - Separate organization(s) with dedicated staff  
<p>|                  | - Resources/skills to convene and coordinate |</p>
<table>
<thead>
<tr>
<th>Six Core Backbone Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guide Vision &amp; Strategy</td>
</tr>
<tr>
<td>Support Aligned Activities</td>
</tr>
<tr>
<td>Establish a Shared Measurement Practices</td>
</tr>
<tr>
<td>Build Public Will</td>
</tr>
<tr>
<td>Advance Policy</td>
</tr>
<tr>
<td>Mobilize Funding</td>
</tr>
</tbody>
</table>
EMS Heroin Overdose Calls by neighborhood, Boston, 2003

How CSAC Was Formed
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
Overview of Coalition Work

Primary Prevention:
• Youth groups
• Sticker Shock Campaign
• Evidence-based curriculum
• Parent coffees / Youth lunches
• Social marketing
• Positive alternative activities and skill building
• 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
Examples 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 Doctor partnerships) – Over 500 students per year

- YRBS data collection and analysis (MGH CCHI Evaluation)

- DON dollars supports community staff address community priorities through the coalition
Long Term Progress

Results: Revere High School Alcohol Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>1997</th>
<th>1999</th>
<th>2001</th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>2009</th>
<th>2011</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever had a drink</td>
<td>77%</td>
<td>80%</td>
<td>83%</td>
<td>81%</td>
<td>78%</td>
<td>73%</td>
<td>62%</td>
<td>60%</td>
<td>71%</td>
</tr>
<tr>
<td>Past 30-day alcohol use</td>
<td>51%</td>
<td>59%</td>
<td>50%</td>
<td>53%</td>
<td>50%</td>
<td>43%</td>
<td>40%</td>
<td>37%</td>
<td>60%</td>
</tr>
<tr>
<td>Past 30-day binge drinking</td>
<td>34%</td>
<td>41%</td>
<td>40%</td>
<td>35%</td>
<td>32%</td>
<td>25%</td>
<td>24%</td>
<td>20%</td>
<td>41%</td>
</tr>
<tr>
<td>Frequent binge drinking</td>
<td>14%</td>
<td>12%</td>
<td>10%</td>
<td>7%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>4%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Source: High School Youth Risk Behavior Survey
Past 30-Day Alcohol Use

Source: High School Youth Risk Behavior Survey
Past 30-Day Marijuana Use

Source: High School Youth Risk Behavior Survey
Opioid Overdose Deaths in Massachusetts: Three-fold Increase 2000 - 2014

Source: Massachusetts Department of Public Health, Data Brief, Aug. 2015.
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
How the CHNA Influenced MGH’s Strategic Plan
Community Health Needs Assessment

2015 (2012) CHNA Community Involvement

1737 (2200) Quality of Life Surveys returned

123 (350) individuals reached through 12 (35) focus groups

More than 100 (300) people attended community meetings

Leading Health Concerns
Quality of Life Survey Data
Revere, Chelsea & Charlestown

More than 20% of Latinos reported worrying that they May Not Have Stable Housing in Next Two Months
2012: First Time Community Health Formally Included in Strategic Plan

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
MGH Readmission Rates are Higher with a Substance Use Disorder Diagnosis

Readmission rates for SUD-PNA, PNA-Gen Med, SUD-COPD, COPD-Gen Med, SUD-HF, and HF-Gen Med are compared. The graph shows that readmission rates are significantly higher for patients with a Substance Use Disorder diagnosis across all conditions compared to those without a SUD diagnosis.
Substance Use Disorders: High Prevalence & 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

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

MGH to screen all patients for substance abuse

Querying part of effort to treat addiction
From Prevention to Chronic Disease Management

Recovery Coaches
Span from bedside to community

Inpatient (ACT)
Multidisciplinary consult team

Outpatient
Enhanced care at health centers

Community
Connection to community providers and recovery support

Bridge Clinic

Education & Prevention
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
Early Successes and Challenges

“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
1. Time, effort and persistence is needed
2. Substance Use Disorders are an increasing concern to our communities
3. Addressing this issue is not work a hospital can do alone
4. Coalition collaboration is a truly effective approach to working with communities and addressing health priorities
5. Aligning community prevention efforts with hospital initiatives (ex. improving access and quality of care) is needed to make the largest health impact
How Coalitions Can Get Started

1. Identify a local non-profit hospital (State Hospital Association, Health Department, IRS, etc.)
2. Build a relationship with your local hospital
3. Find out where the hospital is in its assessment process – get a copy of the latest CHNA report
   1. Study report
   2. Determine how you can help/be part of the process
   3. Look for areas you can work together and support mutual priorities
How Hospitals Can Get Started

- **Build Capacity** - Create / find CH champions
- **Partnership Formation**
  - Initiate or join a multi-sector coalition
- **Community & Hospital Assessment:**
  - Measure for substance use and risk and protective factors in the CHNA
  - Measure policies and practices in hospital that promote health, equity & safety
- **Analyze data** and review with hospital leadership
- **Match evidence-based interventions** to the CHNA - ex. CDC Community Heath Navigator
- **Align** hospital priorities to community priorities.

[Image of a diagram titled "Clinical/Community Population Health Intervention Model"]

[Website link: www.preventioninstitute.org]
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

MGH Model for Improving the Health & Wellbeing of the Diverse Communities we Serve
Leslie Aldrich, MPH
Associate Director
MGH Center for Community Health Improvement
101 Merrimac Street, Suite 603
Boston, MA 02114
www.massgeneral.org/cchi

617-724-6835
laldrich@partners.org