



MASSACHUSETTS
GENERAL HOSPITAL

CENTER FOR COMMUNITY
HEALTH IMPROVEMENT

A Model of Hospital and Community Collaboration

*Office of National Drug Control Policy Webinar
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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

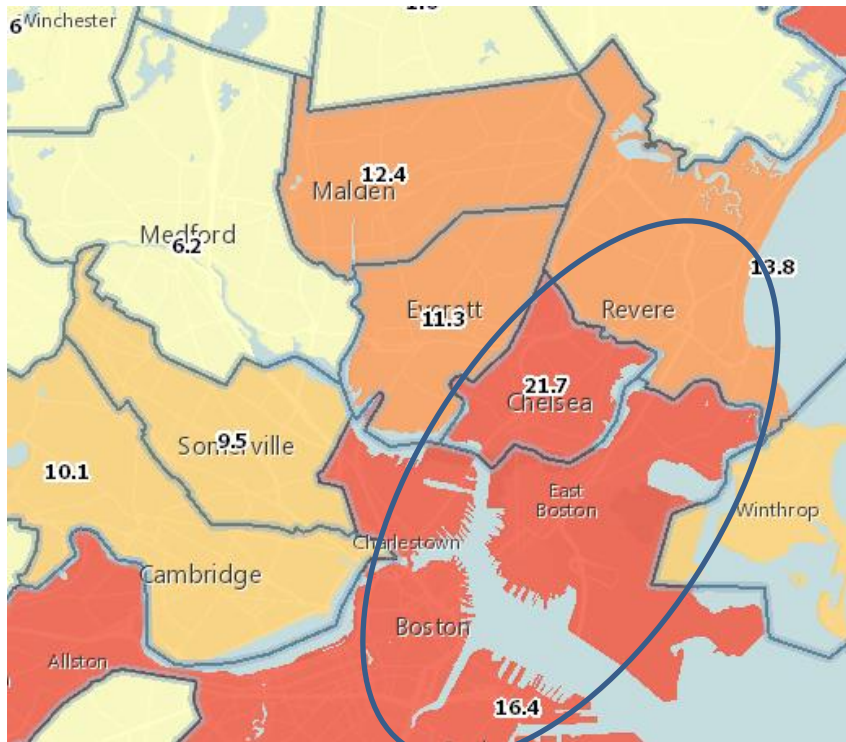


- Founded in 1811
- Harvard teaching hospital
- 1,000 inpatient beds
- 1.7 million outpatient visits
- 26,000 employees
- Largest NIH research center in the US
- 3 community health centers

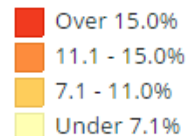


We Serve the Most Vulnerable Communities

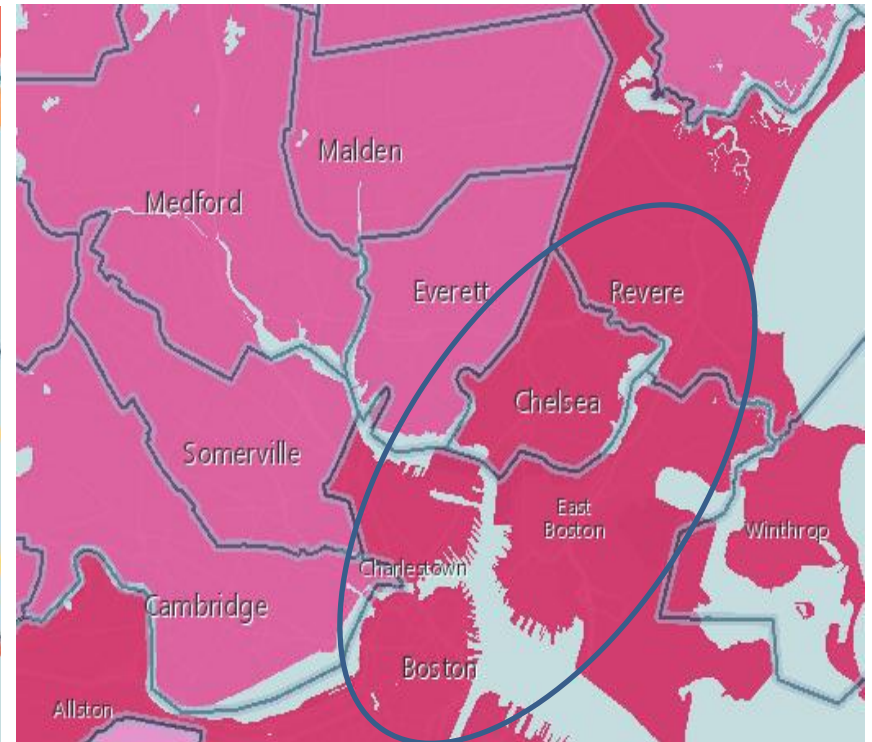
Households living below poverty level



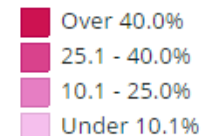
Family Households Living Below the Poverty Level, Percent by Place, ACS 2009-13



Limited English Proficiency, Hispanic population



Population with Limited English Proficiency, Hispanic, Percent by County, ACS 2010-14



CCHI History

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**



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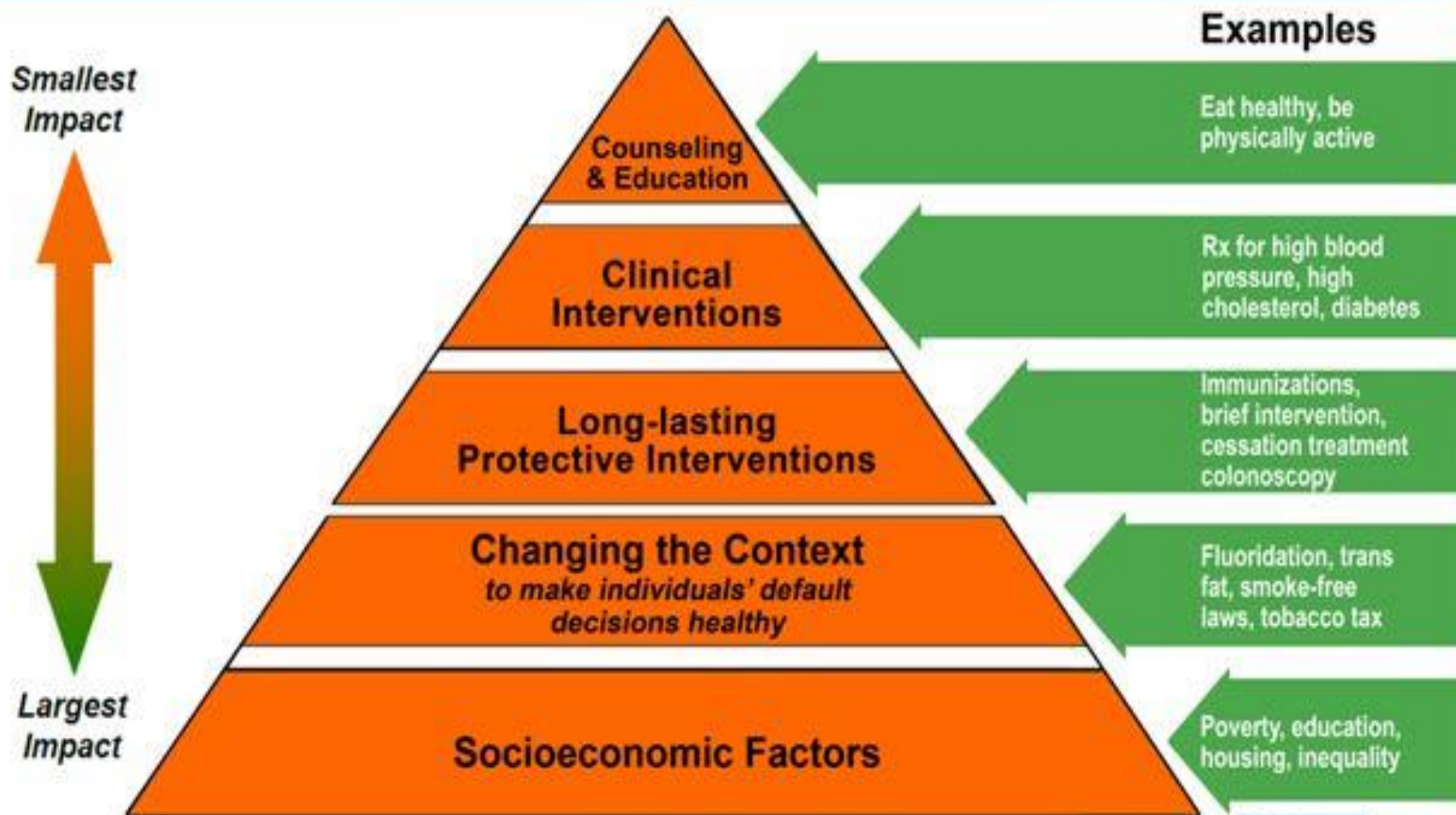
CENTER FOR COMMUNITY
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Today

- **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

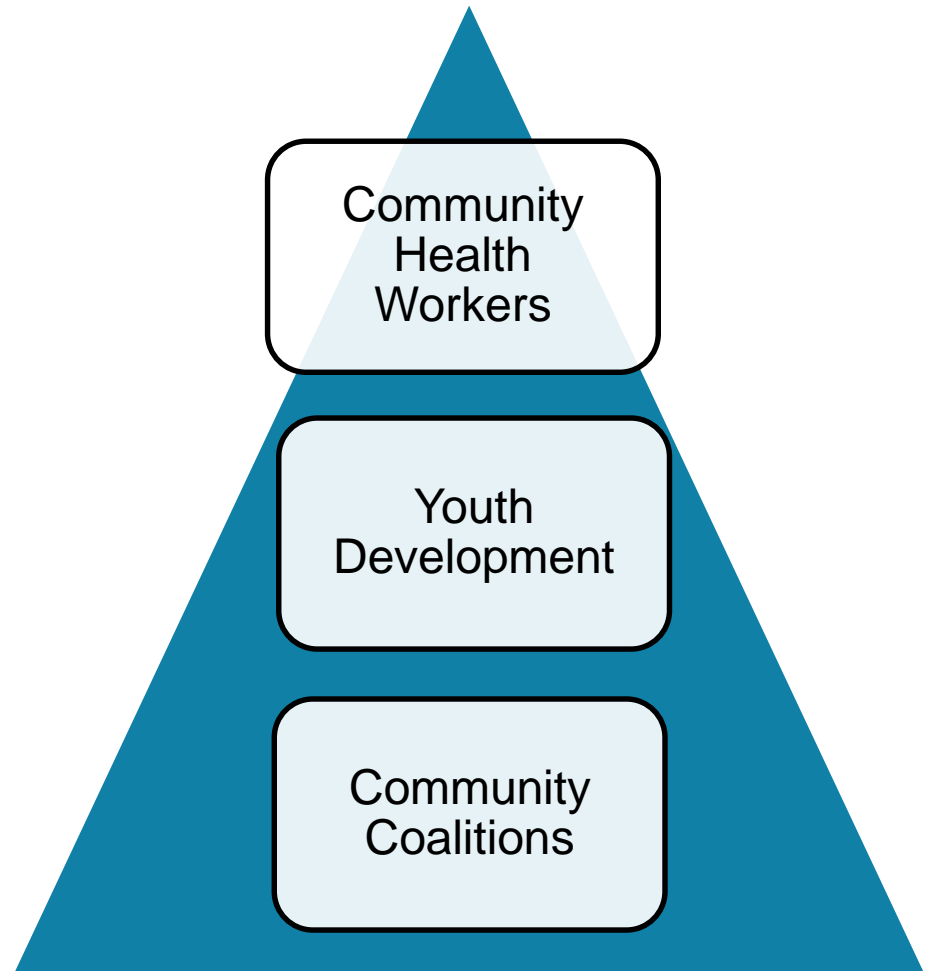


Check the Tarrant County Public Health Web site to learn more.
<http://health.tarrantcounty.com>



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
- Resources/skills to convene and coordinate

Six Core Backbone Functions

Guide Vision & Strategy

Support Aligned Activities

Establish a Shared Measurement Practices

Build Public Will

Advance Policy

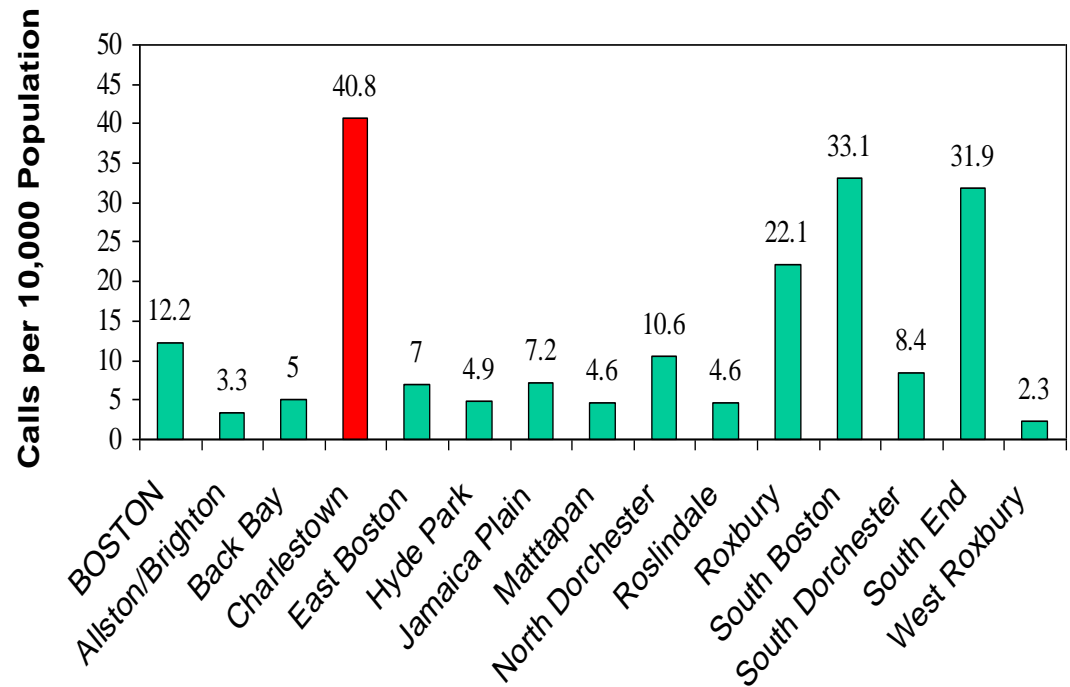
Mobilize Funding



How CSAC Was Formed



EMS Heroin Overdose Calls by neighborhood, Boston, 2003



Coalition Structure

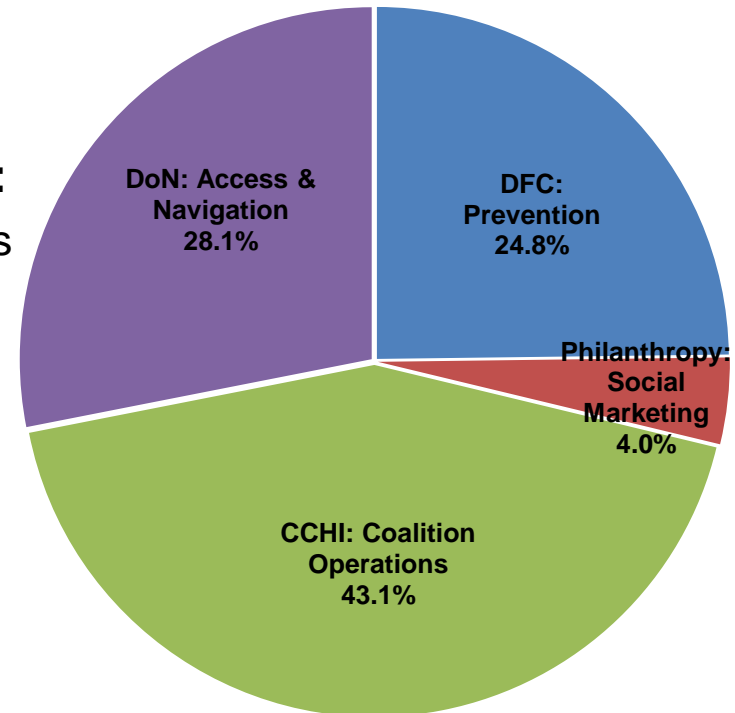
Staff:

- 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



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

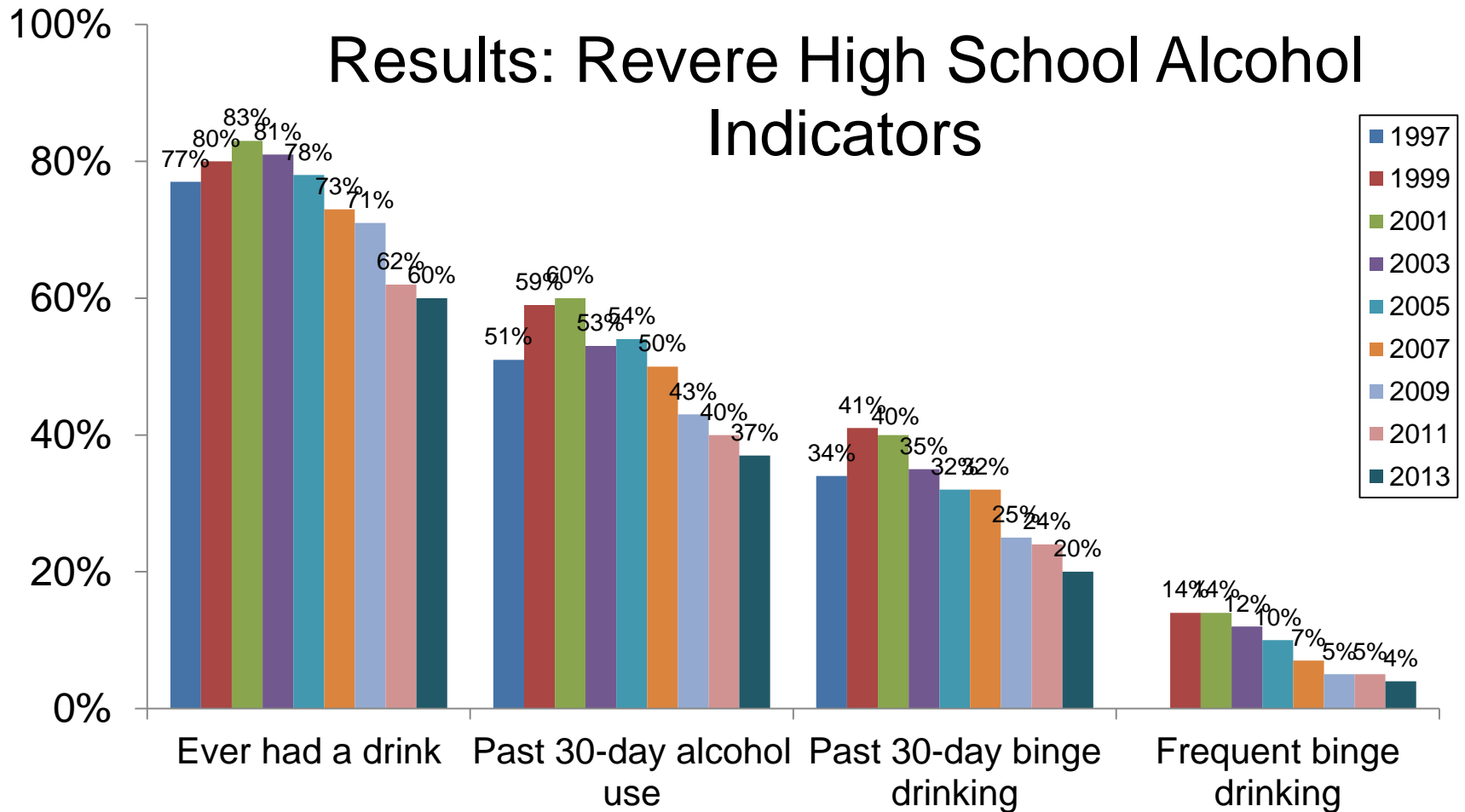


Examples of Coalition/Hospital Partnership

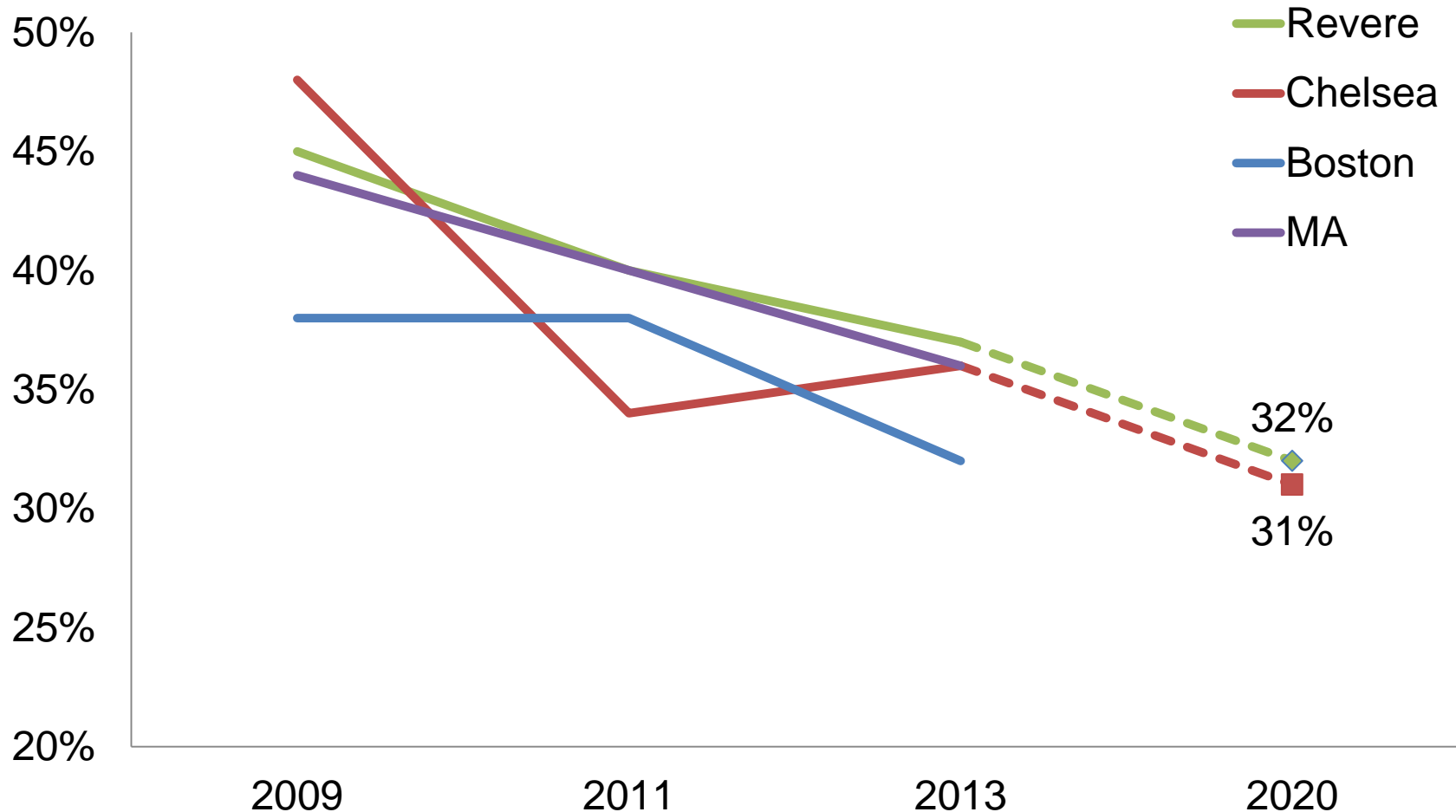
- *Turn it Around* youth driven social marketing campaign (CCHI communication support) – *Over 40 youth involved.*
www.facebook.com/turnitaroundcharlestown
- Take Back Days (incorporating MGH Pharmacists) - *Over 1000 prescriptions collected in 2015*
- Botvin LifeSkills Curriculum (DFC funded with MGH 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



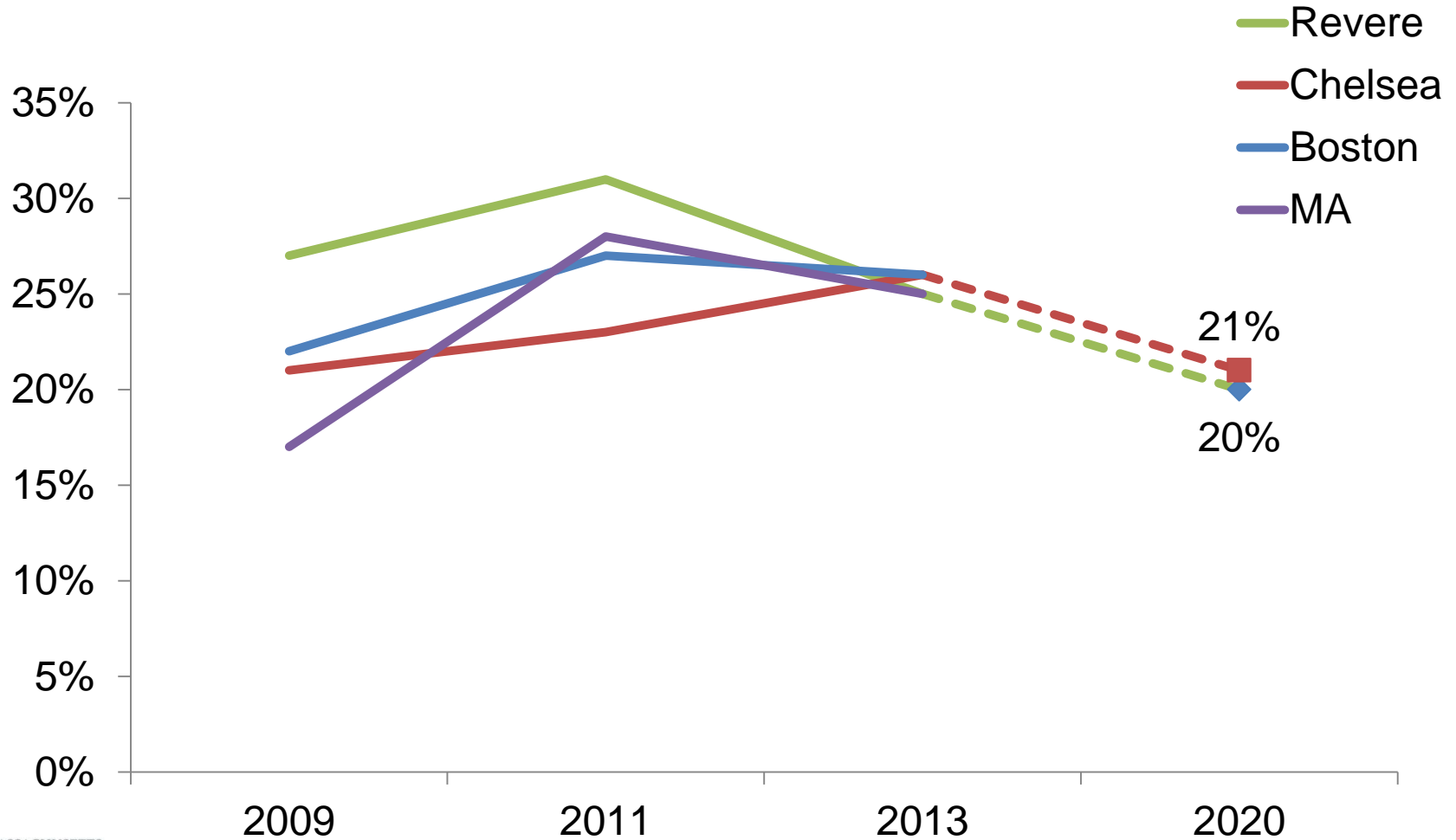
Long Term Progress



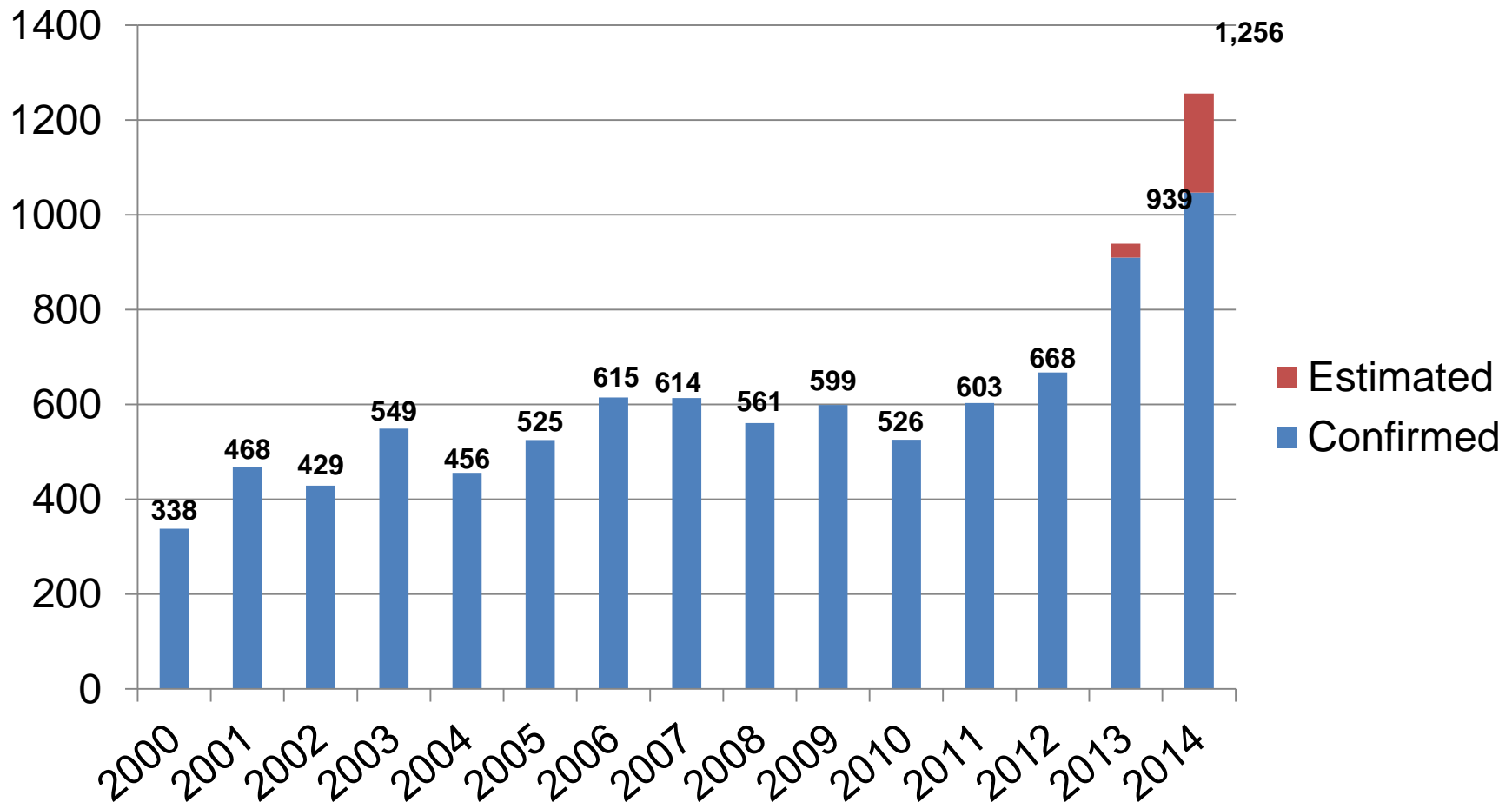
Past 30-Day Alcohol Use



Past 30-Day Marijuana Use



Opioid Overdose Deaths in Massachusetts: Three-fold Increase 2000 - 2014



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

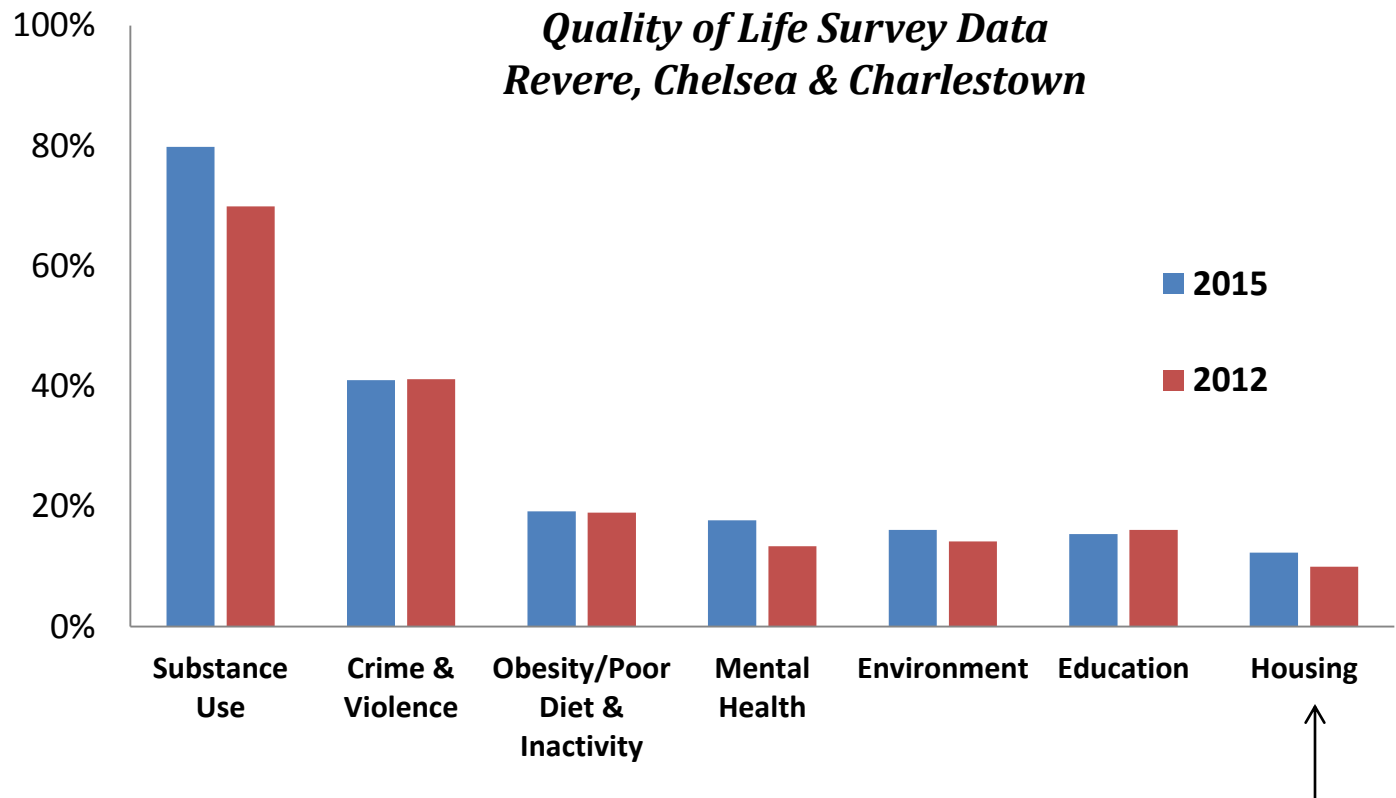
**2015 (2012)
CHNA Community
Involvement**

**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

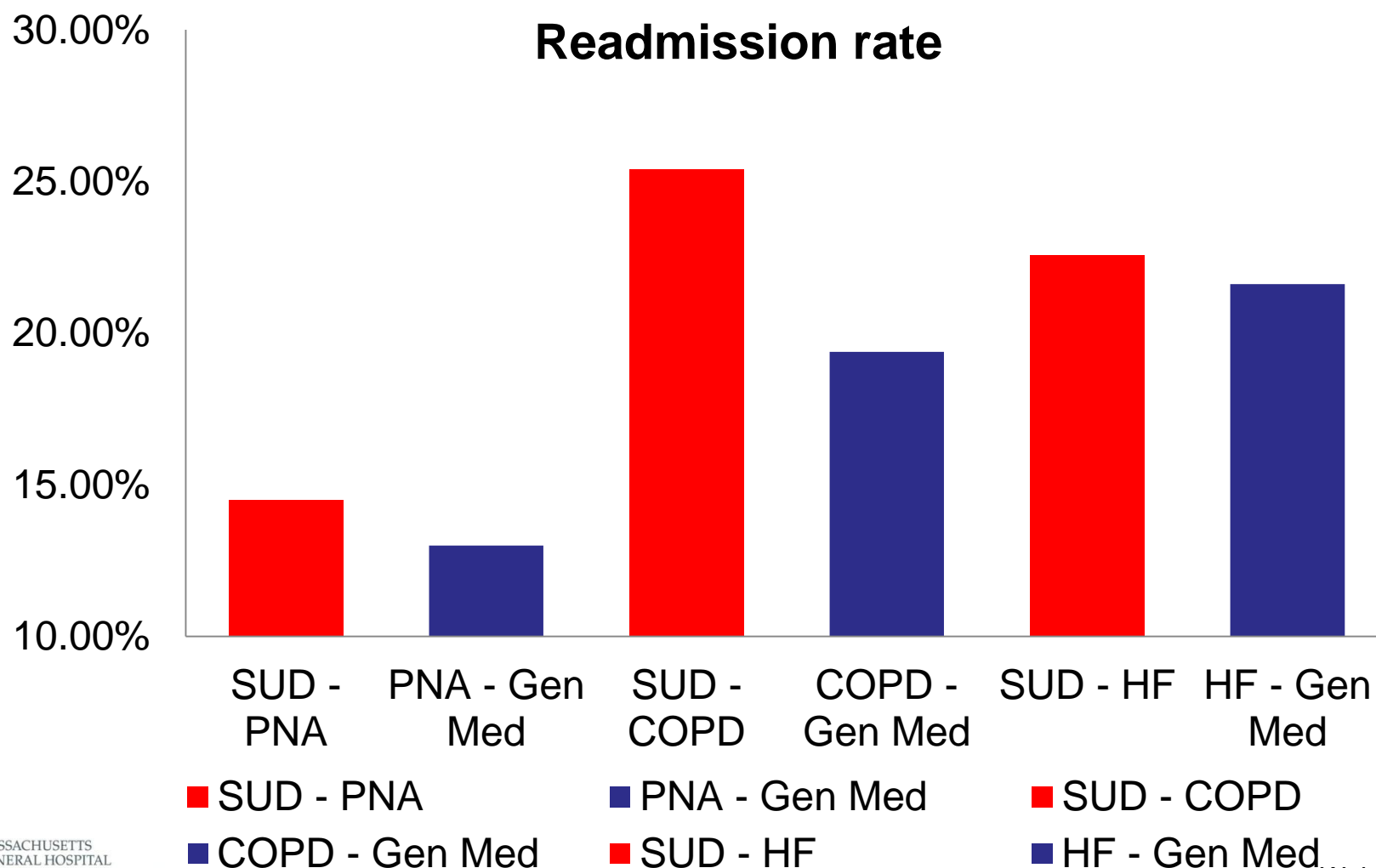
Explicitly Linking Community to our Other Missions

Brought CHNA Findings to Strategic Planning Table

- Prompted colleagues in Population Health Management to look at patient data



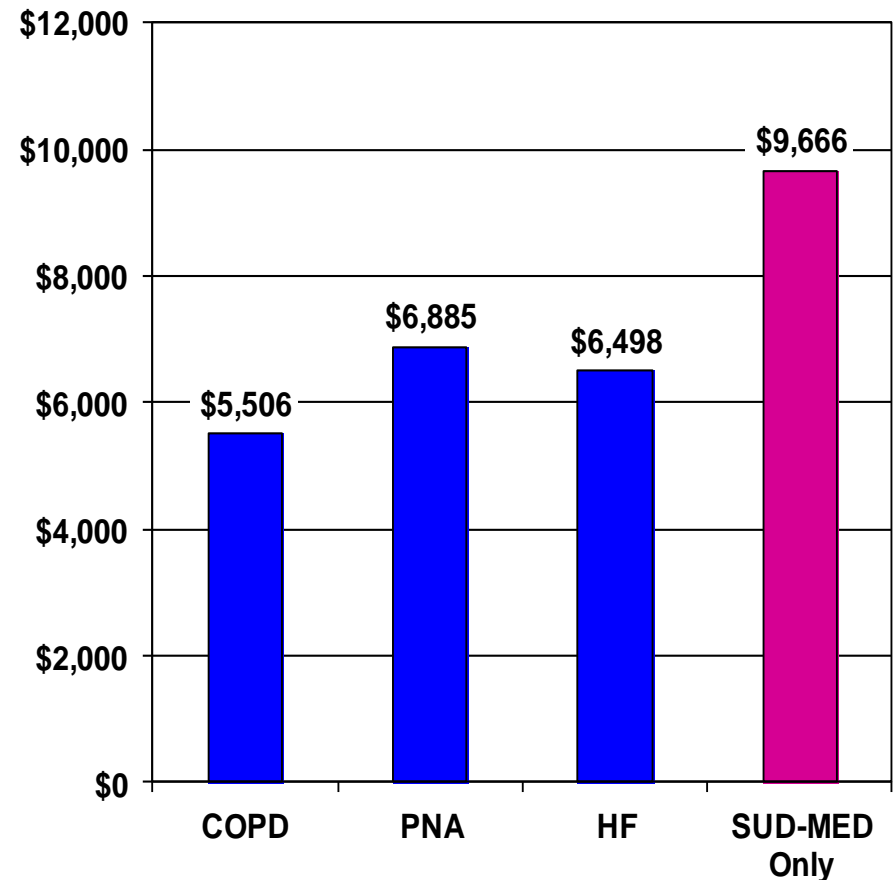
MGH Readmission Rates are Higher with a Substance Use Disorder Diagnosis



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

BOSTON.COM SHOP NEW CAR DEALS

The Boston Globe

Health & wellness

NEWS

METRO

ARTS

BUSINESS

SPORTS

OPINION

POLITICS

LIFESTYLE

FOOD & DINING

HEALTH & WELLNESS

STYLE

TRAVEL

NAMES

COMICS

CROSSWORD

FALL

MGH to screen all patients for substance abuse

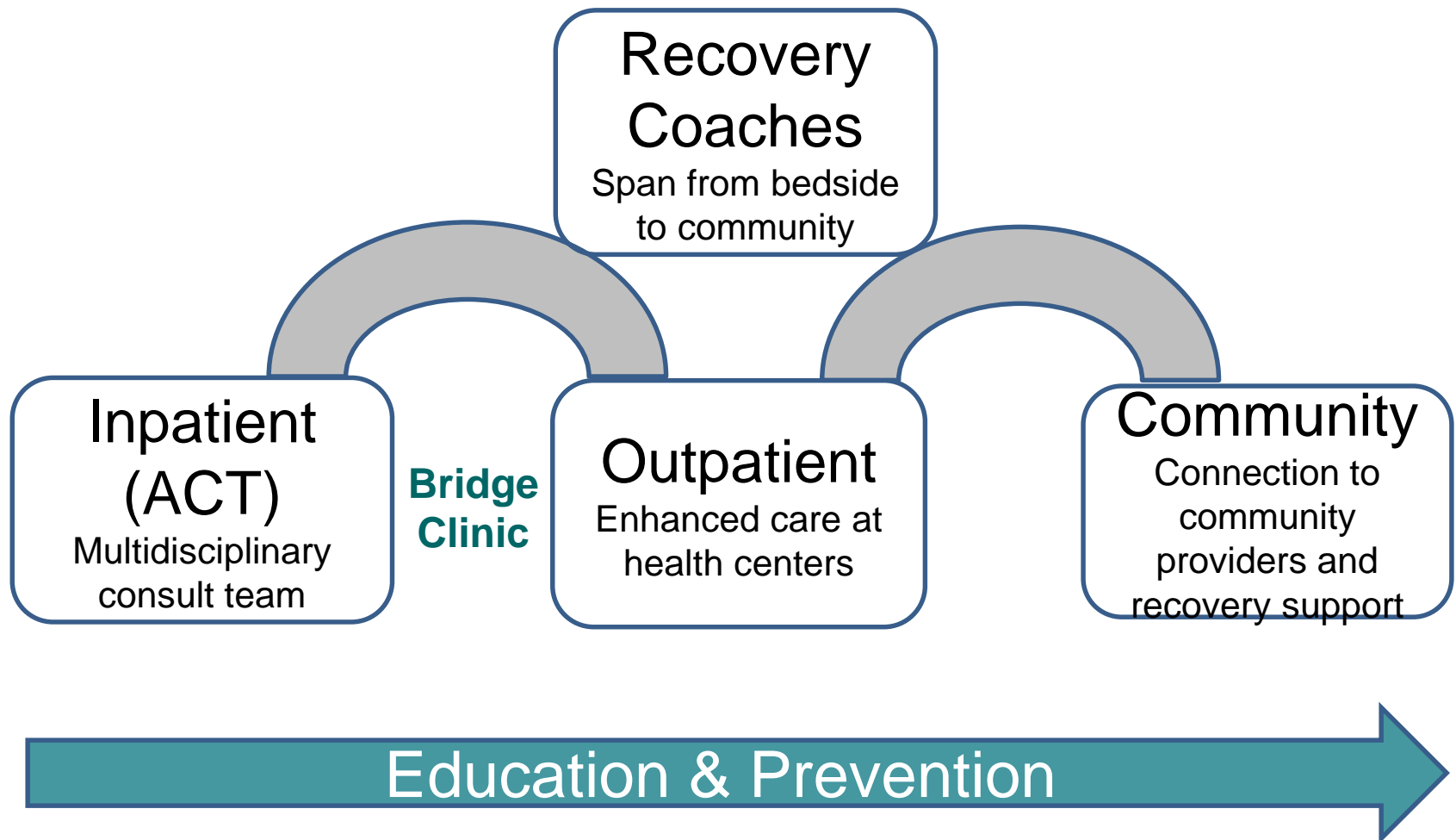
Querying part of effort to treat addiction



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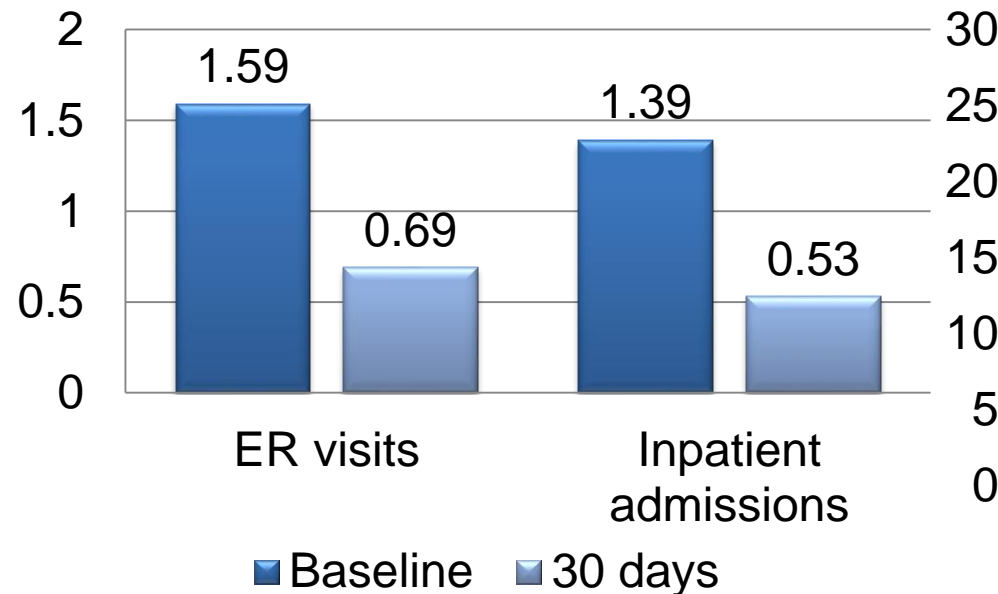


From Prevention to Chronic Disease Management



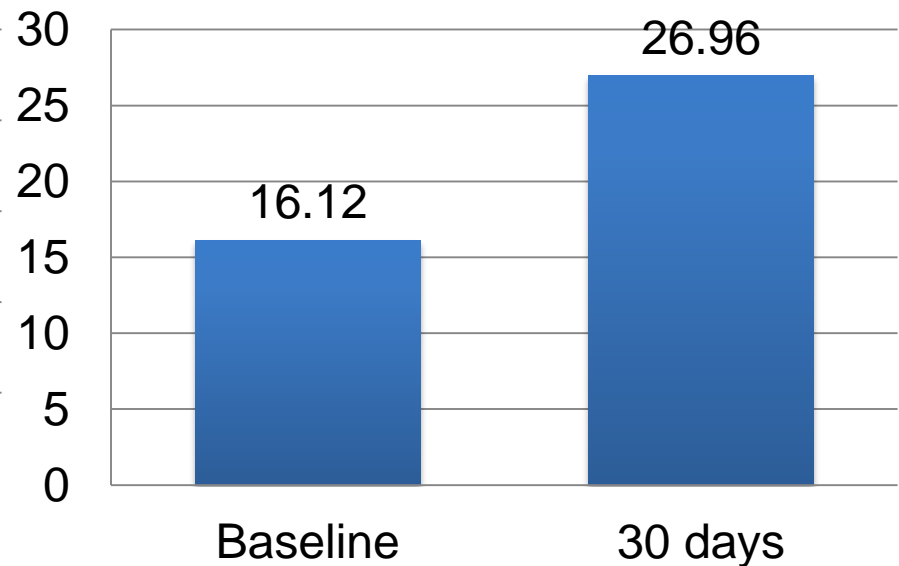
Reducing Readmission Rates and Increasing Sobriety

**Self-reported
utilization**



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

**Self-reported
days abstinent**



**67% increase in number of
days abstinent**

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.”

What We Learned

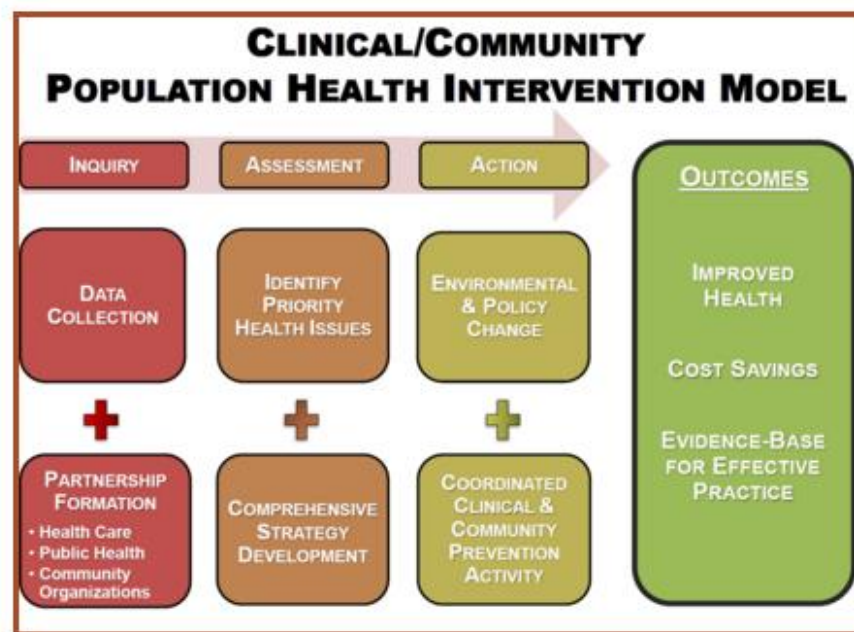
1. Time, effort and persistence is needed
2. Substance Use Disorders are an increasing concern to our communities
3. Addressing this issue is not work a hospital can do alone
4. Coalition collaboration is a truly effective approach to working with communities and addressing health priorities
5. Aligning 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 Health Navigator
- **Align** hospital priorities to community priorities.



www.preventioninstitute.org

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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