

ADOPTING A SHARED FRAMEWORK FOR COMMUNITY COLLABORATION

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Guiding Thoughts for Today's Presentation

“Progress is impossible without change, and those that cannot change their minds cannot change anything.”

George Bernard Shaw

“It is very hard to predict, especially the future.”

Niels Bohr

(also attributed to Yogi Berra)

“Without data you're just another person with an opinion.”

W. Edwards Deming

Disclaimer:

- A consortium by any other name is still a consortium

- con·sor·ti·um

/kən'sôrdēəm,kən'sôrSH(ē)əm/ noun

noun: consortium; plural noun: consortia; plural noun:
consortiums

An association, typically of several business companies.

Synonyms: association, alliance, coalition, union, league,
guild, syndicate, federation, confederation, confederacy,
conglomerate, cooperative, combine, partnership, affiliation,
organization

- So what you call it isn't as important as what it can accomplish

Today's Presentation Objectives

- This presentation will help participants identify and address issues that can guide strategic planning efforts of the consortiums and support consensus development
- Participants will gain information about shaping planning processes so that they can focus on a wide range of factors, community resources, realistically assess needed resources and develop and strengthen partnerships
- The presentation will assist participants in identifying how strategic planning requirements for this project have parallels with effective treatment models. This insight can help guide decisions about needed types of services and expected outcomes
- Participants are encouraged to share the presentation with community stakeholders to guide discussions of preferred next steps

Issues related to the Opioid Epidemic In the Context of Rural Risk Factors and Assets

- This presentation discusses risk issues that are particularly relevant in rural areas and suggest that adoption of a shared framework of understanding addiction, and its driving and restraining factors, can aid consortium alignment and effectiveness
- Opioid addiction and misuse in rural areas has unique features and accessing appropriate care and sustaining recovery is fraught with challenges unique to each community. Risk issues may generalize but addressing them needs to be driven locally
- Combating the opioid epidemic requires communities to adopt new strategies and new partnerships. Fully understanding drivers of opioid misuse, addiction and overdose requires consortiums to engage the entire community

Unique Opioid Risk Factors Impacting Rural Areas

- The presentation will discuss factors impacting the health of populations and the social determinants driving outcomes
- Social determinants of particular relevance to rural areas include:
 - Income, employment, and poverty
 - Educational attainment and literacy
 - Race/ethnicity
 - Sexual orientation/gender identity
 - Health literacy
 - Adequate community infrastructure, which can ensure public safety, allow access to media, and promote wellness
 - Environmental health, including water quality, air quality, and pollution
 - Access to safe and healthy homes, including issues related to energy costs and weatherization needs, lead-based paint, and other safety issues
 - Access to safe and affordable transportation, which can impact both job access and healthcare access. Unsafe transportation, such as vehicles in poor condition, may increase risk of injury.
 - Access to healthy and affordable food
 - Access to healthcare services

A Shared Framework Helps Align Community Efforts

- A framework helps us understand the factors that contribute to an individual's wellness must accommodate more than one aspect of the environment in which the problem was created and in which it will need to be solved
- Shared frameworks help us align each of the participant organizations and other community stakeholders' unique views of the problem and potential solutions, for example the causes of and solutions to addiction may be defined differently by a healthcare organization than by a law enforcement organization
- Shared frameworks help guide the development of a plan to address the problem and engage the community in implementing the best solutions

A Shared Framework is Important to Developing a Strategic Plan

- Effective strategic plans require that the customers of that plan have agreed on the critical success factors for the identified goals and objectives
- Effective consortiums, in order to create an effective strategic plan, need to have a common language and shared perspective of the problems that are to be addressed
- Consortiums, need to be reflective of the **entire** community, including family members and the recovery community, not just certain aspects of the community e.g. healthcare, law enforcement

A Shared Framework is Important to Developing a Strategic Plan (cont.)

- To be reflective of the community, the consortium needs to be reflective of the community from the perspective of the individuals needing help for their addiction
- Approaches to engaging the community through outreach opportunities, town hall meetings and representation within the consortium can be better aligned by embracing a shared framework

Effective Strategic Plans Are Immediately Actionable

- Less is more: The more listed goals and objectives the greater the likelihood that things will get bogged down
- If the current efforts to address the crisis haven't been as effective as desired, doing more of the same thing won't be either
- If the plan doesn't identify a role for all of the stakeholders that can have an impact on the problem then the plan won't be as effective

Effective Strategic Plans Are Immediately Actionable (cont.)

- If these organizations aren't active participants in the planning process, then why will they be invested in embracing the plan?
- If these guidelines are followed, then the implementation plan addresses a role for all these entities and actively engages them, analogous to engaging individuals in need and creating safe environments for them to problem solve and gain needed supports

Making Consortiums As Effective as Possible

- The RCORP goal is described as strengthening the capacity of multi-sector consortiums to address one or more of the following focus areas at the community, county, state, tribal and/or regional levels:
 1. Prevention – reducing the occurrence of opioid addiction among new and at-risk users as well as fatal opioid-related overdoses through community and provider education, and harm reduction measures including the strategic placement of overdose reversing devices, such as naloxone
 2. Treatment – implementing or expanding access to evidence-based practices for opioid use disorder (OUD) treatment, such as medication-assisted treatment (MAT)
 3. Recovery – expanding peer recovery and recovery-oriented systems of care options that help people start and stay in recovery
- It will take all of the above entities and others working together to have an impact within the resources available, and commitments made from all levels of the community to work together to create additional resources and sustainable solutions

Social Determinants of Health

Figure 1
Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

The Benefits of Adopting a Population Health Framework

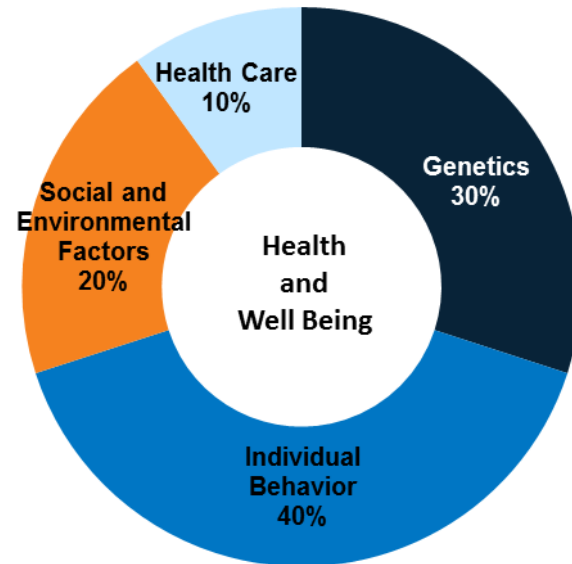
- Population health can be defined broadly as the distribution of health-related risks and outcomes within and across populations
- The US spends a much greater percentage of its GDP on medical care than any other developed country, yet ranks quite low in broad population-level indicators of health status, including life expectancy and infant mortality¹
- There has been an explicit focus on population health within the context of health care improvement and it has increasingly been owned as a healthcare specific issue which is not the best approach
- Medicalization leads to a conflation of “health” and “health care,” giving credence to the fallacy that societal problems having to do with health primarily need health care solutions. This limits community participation in addressing personal, behavioral, and social issues

Population Health and Focus on Social Determinants

- Social determinants drive a greater proportion of healthcare spending than do clinical conditions²
- Behavior is the most important determinant of health status and is attributable to an estimated 70% of healthcare costs
 - The absence positive SDH—such as economic stability, safe neighborhoods, access to education and healthy foods, and social connectedness—are commonly considered to be the cause of 20% to 40% of premature deaths in the country.
 - A recent survey revealed that 68 percent of Americans identified having challenges in at least one SDH risk category
 - Of all patients in the "high risk" segment, 60 percent have never discussed their issues with a provider
- Consistent across payer classes (government-funded versus commercial insurance), the most commonly reported SDH issues were financial insecurity and social isolation.

Not Attending to Social Determinants Can Be Fatal

Figure 2
Impact of Different Factors on Risk of Premature Death



SOURCE: Schroeder, SA. (2007). We Can Do Better — Improving the Health of the American People. *NEJM*. 357:1221-8.



Population Health and Focus on Social Determinants: A Central Framework Theme

- Social determinants include:
 - Race, class, gender, culture, education, employment, housing, community/family supports*, financial* and food security, safety
 - Mitigating against SDH: contact with justice system, serious mental illness, substance abuse, lack of internet access, immigration status
- Addressing social determinants aligns with Trauma Informed Care, Adverse Childhood Experience studies and other models

Population Health and Focus on Social Determinants: A Central Framework Theme (cont.)

- Healthcare organizations and payers largely lack the tools, programs, and community partnerships required to identify and address the patient needs
- There is an exponential relationship between missed medical appointments and increased SDH risk.
- New technologies should be viewed as a way to transform client engagement and interactions outside of formal clinical settings

More on Population Health

- Impacting population health outcomes requires a comprehensive approach combining the efforts of policy, education, treatment, supports and enforcement
- We can think of the efforts to improve population health as requiring both 'upstream or macro' and 'downstream or micro' interventions
- An upstream example could be efforts aimed at increasing affordable housing within gentrifying urban neighborhoods and downstream efforts that provide supportive housing to chronically homeless individuals
- Making a positive impact on social determinants will require cross-organization collaboration and information sharing- something that has proven challenging in the past.

Prevention is Necessary But Not Sufficient For Population Health Models

- Effective prevention initiatives are holistic and comprehensive
- Many prevention models tend to focus on specific age and/or demographic groups
- Consistent with population health approaches, prevention programs need to address policy, education, enforcement and utilize proven interventions and outcome measurement tools
- One of the of the hardest tasks to accomplish for prevention programs is to engage and sustain engagement of ALL of the community partners that can impact change
- The other hardest task for every organization is culture change

The Message We Need to Share About Addiction and Treatment

- Health care provides value only if the individual and family do something different as a result of our interaction with them.
- Our interactions with individuals need to extend beyond formal office or appointment based interactions
 - The value of recovery supports
 - The benefits of client facing technologies

The Message We Need to Share About Addiction and Treatment (cont.)

- Influencing behavior change comes from trusting personal relationships. Trusting relationships are possible after barriers have been removed: time, place, attitude, language, use of medical lingo, style, environment, and so on.
- Patient engagement is personal, customer-driven and respectful.

What Guides Addiction Treatment- and All Healthcare is Essentially a Strategic Plan

- The litmus test for an effective treatment plan is understanding the factors that contribute to success and those that ensure failure
- Regardless of the makeup of your consortium, you need to be familiar with what makes for effective treatment: improvement in health status is largely defined by adopting and sustaining health promoting behavior change

What Guides Addiction Treatment- and All Healthcare is Essentially a Strategic Plan (cont.)

- We can assume that individuals needing addiction treatment have a longer track of multiple attempts to change and may perceive that these efforts reflect a greater record of failure than of success.
- Creating opportunities, however incremental, to experience success incentivizes taking the risks that are needed to change

How Do We Know if Treatment is Working?

How Do We Know The Planning Process is?

- Analogous to treatment plans, having and using real time data is critical to manage the change process
- How will partners arrive at a consensus on needed information and how will it be collected, analyzed, shared and used to support decisions?
- There is nothing about collecting and sharing information across partners that needs to be dismissed or avoided because of privacy laws. All these issues are solvable
- The consortium needs to be clear about expectation that there are aligned and transparent processes for information sharing

Why Do Treatment Plans Fail?

- Ideas?

Why do Treatment Plans Fail?

- Ultimately there are only 2 reasons that they fail:
 1. We've mis-diagnosed the problem
 2. We've asked the client to do something that they can't or won't do

....Meaning that we've mis-diagnosed the problem

- It is critical that all consortium members have this shared frame of reference to set the stage for all members of the treatment community to collect and share relevant outcome results

Making Your Planning Process Effective

- Avoid getting bogged down with a focus on barriers
- Similar to treatment plans, what incremental changes can and will members commit to?
- Arriving at the right 'dosage' for effective consortium strategies
- Avoid backing up
- Have metrics to prove the process is working
- Don't forget the barriers that resistance to culture change creates

Now What?

- Will this information be useful in addressing grantee requirements and next steps?
- How can/will you use it?
- What problems are you trying to solve?
- Are you aware of the ways JBS can help?

References

1. Samantha Artiga and Elizabeth Hinton. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. Kaiser Family Foundation, May 10, 2018 <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>
 2. Tom Sullivan. What Social Determinants of Health Need Next: Personalization, Science and ROI Healthcare IT News, December 10, 2018 <https://www.healthcareitnews.com/news/what-social-determinants-health-need-next-personalization-science-and-roi>
 3. Jeff Lagasse. Social determinants of health pose challenges for most Americans, survey shows. Healthcare Finance News, December 12, 2018 <https://www.healthcarefinancenews.com/news/social-determinants-health-pose-challenges-most-americans-survey-shows>
- For additional references see: <https://www.ruralhealthinfo.org/topics/social-determinants-of-health>

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