

The presentation will begin shortly.

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History of the Prize

In 1986, the Foster G. McGaw Prize was created to recognize hospitals that have distinguished themselves through efforts to improve the health and well-being of everyone in their communities.

Winners and finalists of this award are celebrated because they show us how people working together in hospitals and communities can enrich the environment in which they live.

Each year, this \$100,000 prize is awarded to a healthcare organization that provides innovative programs that significantly improve the health and well-being of its community. This year marks the award's 30th anniversary.



About Foster G. McGaw

Foster G. McGaw was born on March 7, 1897. He attended the Northwestern University School of Commerce. In 1922, Mr. McGaw founded the American Hospital Supply Corporation, later merged Baxter International, Inc.

By establishing strict ethical guidelines for selling to hospitals and insisting on a high level of quality and service, Mr. McGaw shaped the hospital supply industry and helped create the standards under which it operates today.

Mr. McGaw received numerous awards, citations, and honorary degrees. He is renowned for his philanthropic activities, including major gifts to establish medical centers and nursing programs.



Sponsors

The American Hospital Association is a not-for-profit association of health care provider organizations committed to health improvement in their communities. The AHA is the national advocate for nearly 5,000 hospitals, health care systems, networks, other providers of care.

Founded in 1898, AHA provides education for health care leaders and is a source of information on health care issues and trends.

For more information, visit the AHA web site at www.aha.org.



Sponsors

The **Baxter International Foundation**, the philanthropic arm of Baxter International Inc., helps organizations expand access to health care in the United States and around the world.

Baxter International Inc. and its subsidiaries assist health care professionals and their patients with the treatment of complex medical conditions, including cancer, hemophilia, immune disorders, kidney disease and trauma.

The company applies its expertise in medical devices, pharmaceuticals and biotechnology to make a meaningful difference in patients' lives.

For more information, please visit www.baxter.com.



Sponsors

Founded in 1944, the **Health Research & Educational Trust** (HRET) is a private, not-for-profit organization involved in research, education and demonstration programs addressing health management and policy issues.

An affiliate of the American Hospital Association, HRET collaborates with healthcare, government, academic, business and community organizations across the United States to conduct research and disseminate findings that shape the future of healthcare.

For more information about HRET, visit www.hret.org



2015 Winner

Massachusetts General Hospital (MGH) in Boston received the 2015 Foster G. McGaw Prize for Excellence in Community Service.

The Prize recognizes and honors MGH's broad-based efforts to partner with underserved local communities to improve health. Stand-out programs include comprehensive initiative to address the state's opioid epidemic, as well as programs targeting obesity and improving access to healthcare for the state's most vulnerable populations.



Fostering Collaboration in Population Health through Community Coalitions

American Hospital Association June 20, 2016

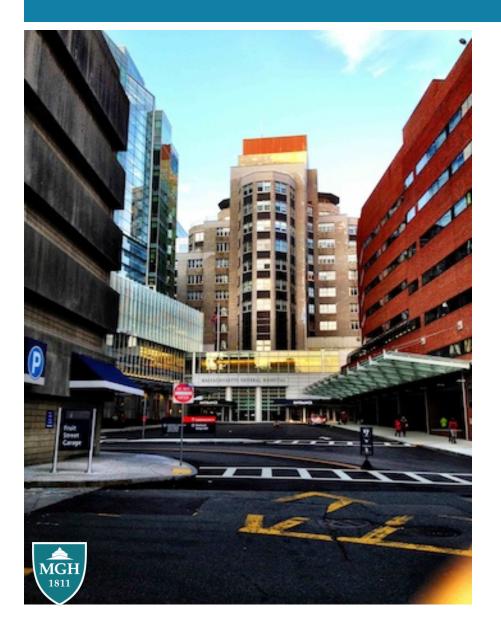
Joan Quinlan, MPA, Vice President of Community Health Leslie Aldrich, MPH, Associate Director, MGH Center for Community Health Improvement

What We Will Cover Today

- Introduction to Mass General Hospital and the Center for Community Health Improvement (CCHI)
- 2. Our work in the community
- 3. Value & examples of coalition collaborations
- 4. The influence of community on patient care
- Partnering with Population Health Management MGH Strategic Plan
- Elements of MGH's new substance use disorder initiative
- 7. Lessons learned and how to get started



Massachusetts General Hospital



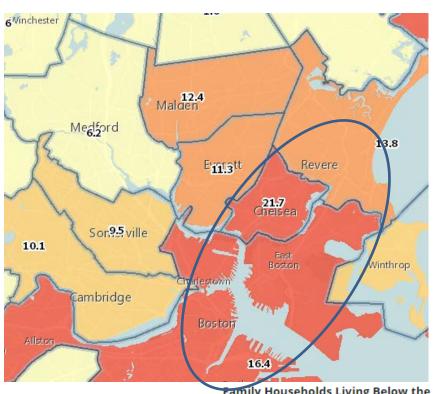
- Founded in 1811
- Harvard teaching hospital
- 1,000 inpatient beds
- 1.7 million outpatient visits
- 26,000 employees
- Largest NIH research center in the US
- 3 community health centers

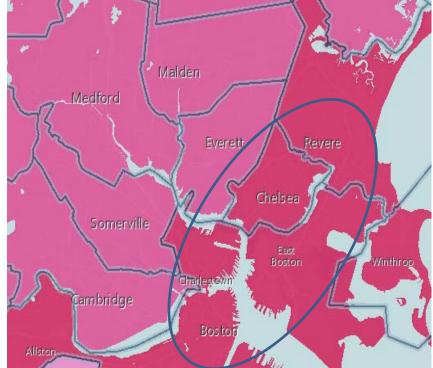


MGH Has Community Health Centers in Vulnerable Communities

Households living below poverty level

Limited English Proficiency, Hispanic population





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

Over 15.0% 11.1 - 15.0% 7.1 - 11.0% Under 7.1% Population with Limited English
Proficiency, Hispanic, Percent by
County, ACS 2010-14

Over 40.0% 25.1 - 40.0% 10.1 - 25.0% Under 10.1%



Evolution of Community Health at MGH

Founded to care for the sick poor; "When in distress, every man becomes our neighbor"

MGH opens first community health center in

Charlestown with four more to follow

1995 MGH Center for Community Health

Improvement founded in response to MA

Attorney General community benefit guidelines

2007 MGH adds community health to the mission;

board committee on community health

formed; clinical departments engaged



Evolution of Community Health at MGH

Affordable Care Act requires community health needs assessments every 3 years;

CCHI conducts

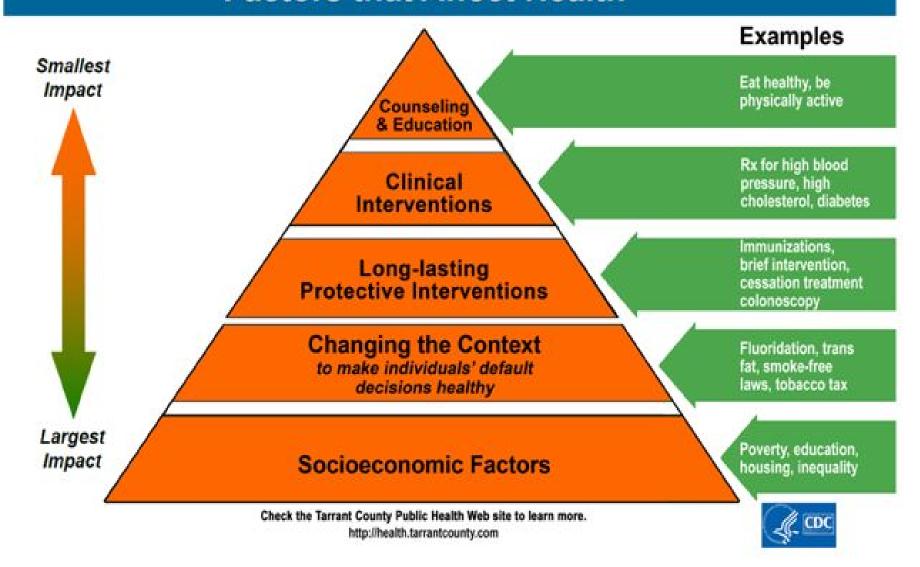
2011 MGH wins Spencer Foreman Award for community service (AAMC)

2014 MGH Strategic Plan

- Community health needs assessment informed new initiative on substance use disorders
- Executive Committee on Community Health (ECOCH) formed

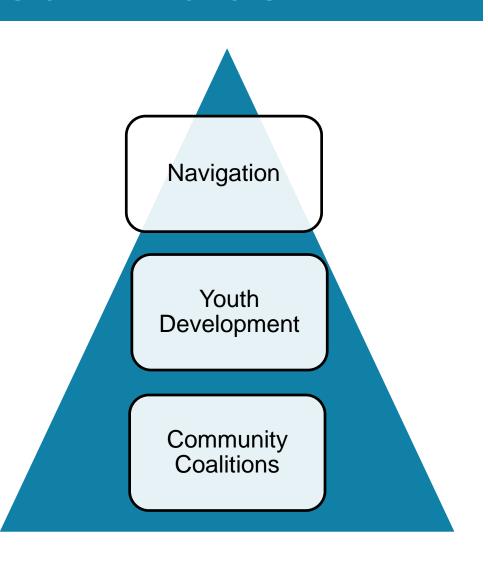


CDC Health Impact Pyramid Factors that Affect Health



CCHI Strategies: Addressing Social Determinants at All Levels

- Individual Enhance access to care for vulnerable patients through community health workers
- Population Promote educational attainment for youth through STEM initiatives
- Community Function as "backbone organization to 4 multi-sector coalitions working on policy, system and environmental change

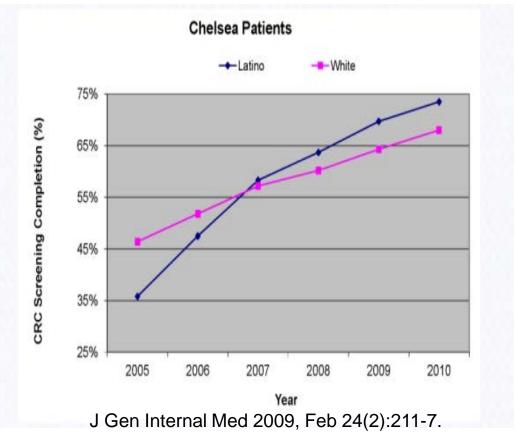




Access to Care for Vulnerable Populations

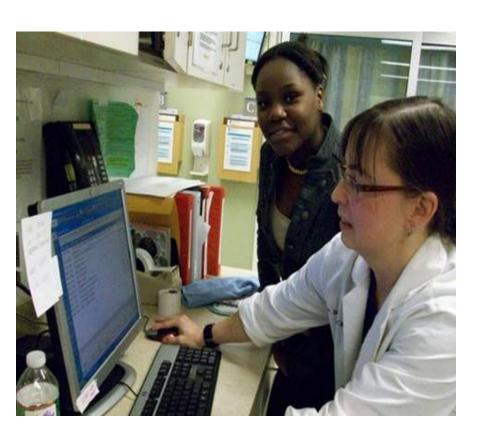
- Community health workers
- Cancer Navigators
- Home visitors
- Violence advocates
- Recovery coaches
- Refugee health coordinators

Colorectal cancer screening results of navigator program





Promote Educational Attainment of Youth Grades 3 - College

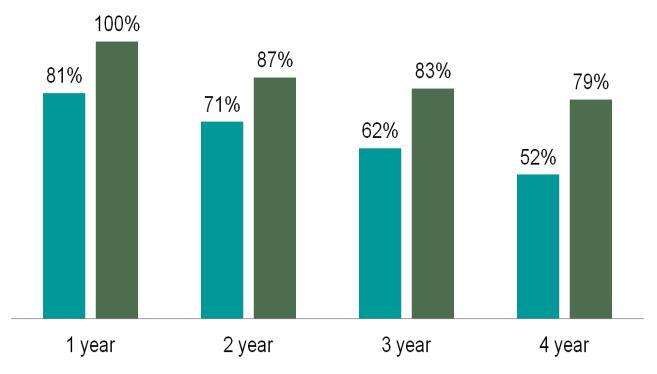


- 1000 youth served in FY'15
- 450+ MGH staff participate
- First class just graduated from college



College Persistence High for MGH Students

■BPS c/o 2007 ■MGH c/o 2012



87%
persisting in college
(compared to 49% from BPS after 6 years)



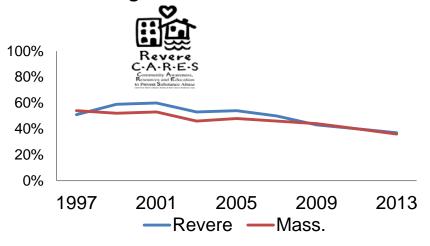
Working on Prevention through Community Coalitions



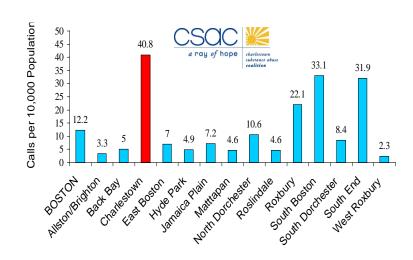


Why Coalitions Were Formed

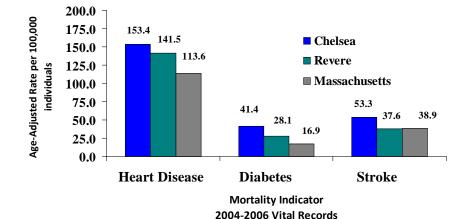
Drank Alcohol in Past 30 Days High School YRBS 1997-2013



EMS Heroin Overdose Calls by Boston Neighborhood, 2003



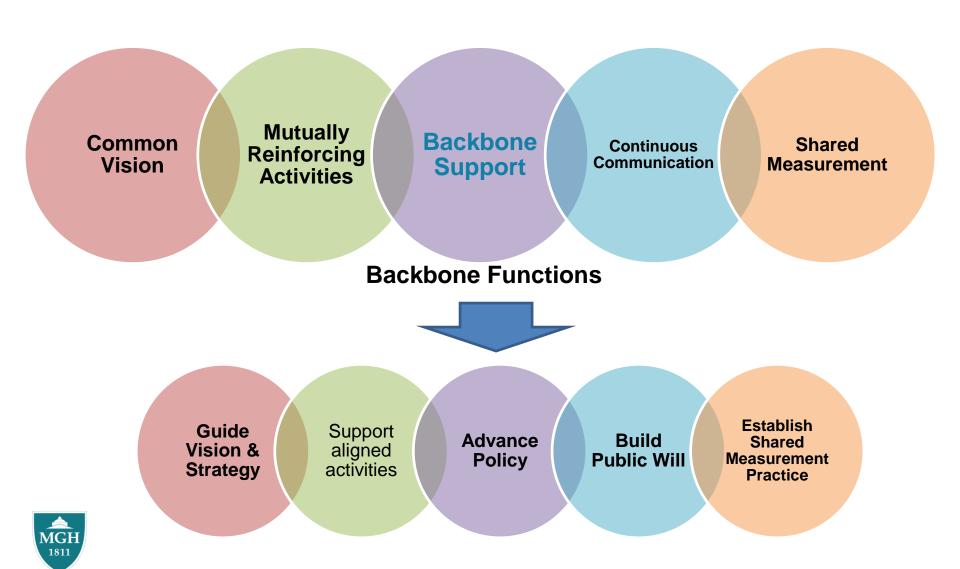








Collective Impact & Backbone Functions



Coalition Structure Example

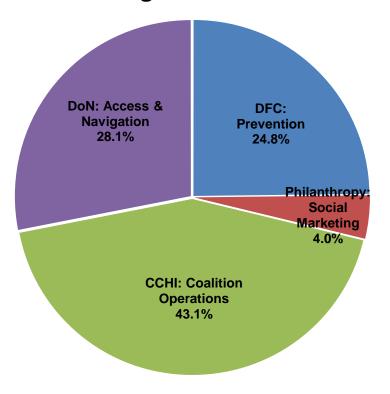
Staff:

- 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:
 - 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









Coalitions To Prevent Substance Use

Prevention & Harm Reduction

- Alternative Activities & Skill Building: Youth Groups, Parent Coffees,
- Education & Social marketing
- Evidence-based curriculum: Botvin LifeSkills
- Policy/system changes: School drug policy and legislative advocacy
- Decrease access: Prescription Take Back Days; Sticker Shock Campaigns
- Overdose Prevention: Narcan distribution
- Navigation/access to treatment:
 Recovery coaches / Drug Courts
- Decrease stigma: Community events / vigils







Community Reality





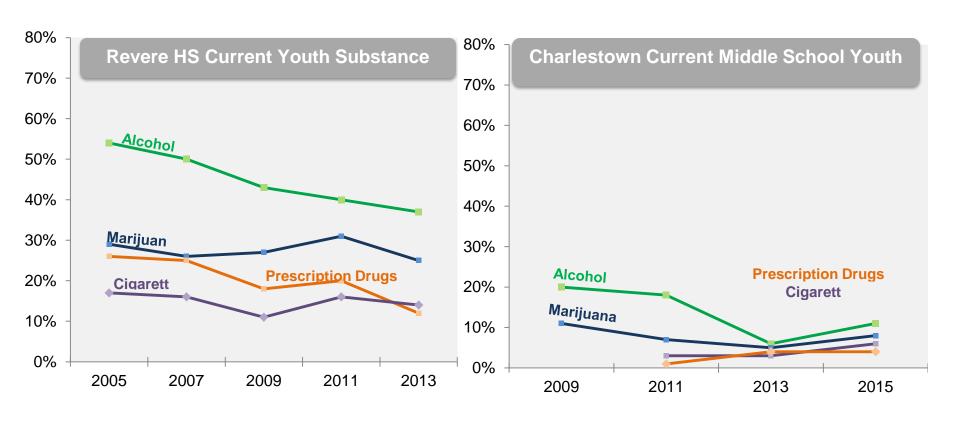
Community Change





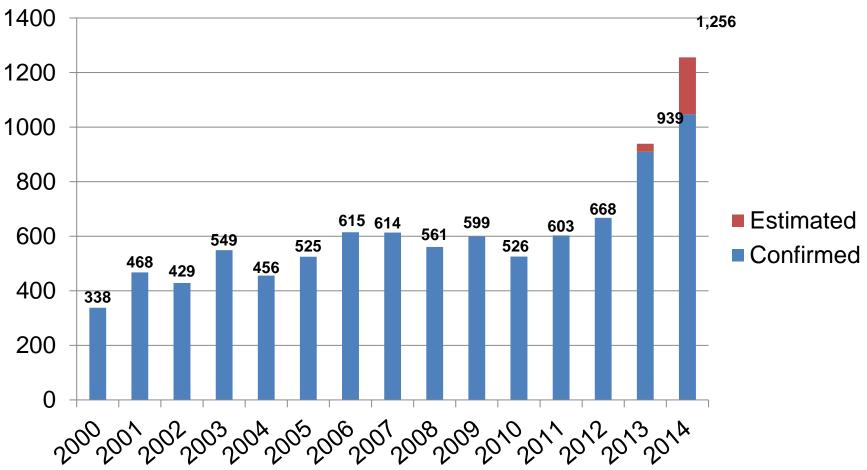


Reducing Youth Substance Use





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





Coalitions Promoting Healthy Eating Active Living

Promote Healthy Living

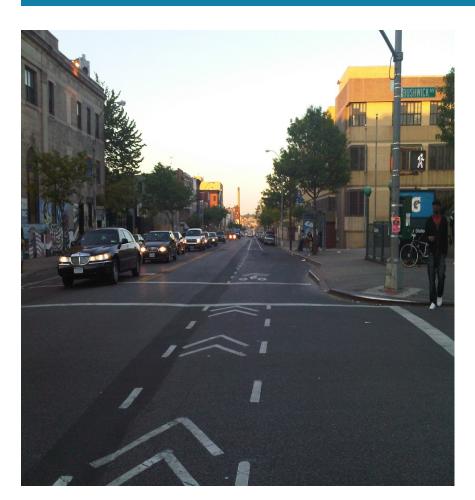
- Advocate to change the physical environment walking trails, bike lanes, clean-up of local parks, etc.
- Advocate to change the food environment farmers markets, healthy school food, community gardens, etc.







Changing the Environment







5% Average increase in reported physical activity among high school students in Chelsea and Revere since 2011

Chelsea Corner Store Connection

In partnership with Anne Thorndike, MD

Before

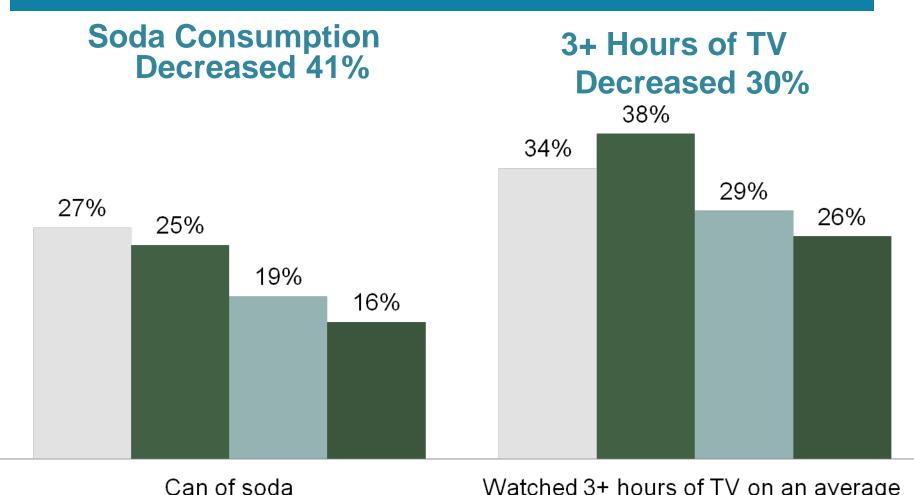


After





Reduction in Unhealthy Behaviors





Watched 3+ hours of TV on an average school day

■2007 ■2009 ■2011 ■2013

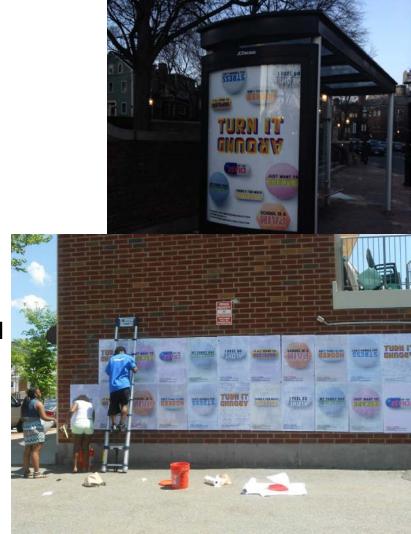
Source: Revere High School YRBS 2007-2013

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



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





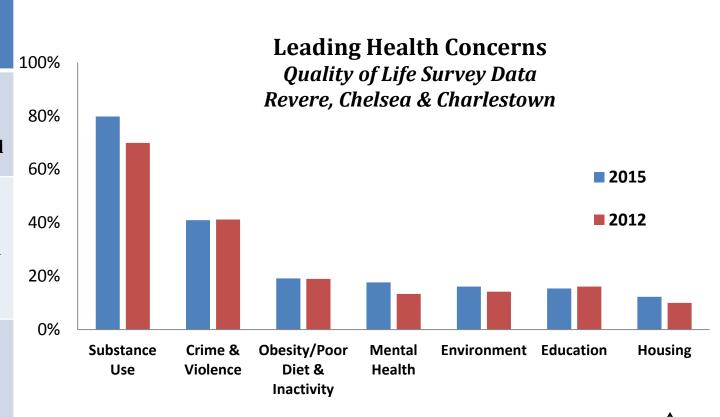
Community Health Needs Assessment



1737 (2200) Quality of Life Surveys returned

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

More than 100 (300) people attended community meetings







2012: First Time Community Health Formally Included in Strategic Plan

MGH Strategic Planning Teams

CLINICAL

Redesigning the Delivery
System for Population
Health

EDUCATION

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

RESEARCH

Organizing Research for the Greatest Success and Impact

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

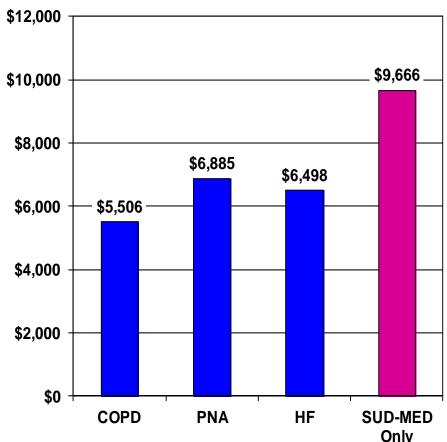




Substance Use Disorders: High Prevalence & Cost

- 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



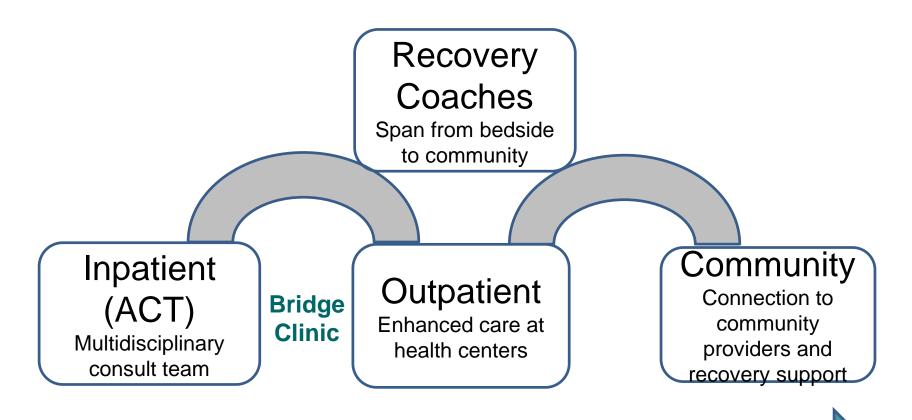


Substance Use Disorder Initiative Leading Clinical Priority of MGH 2014 Strategic Plan





From Prevention to Chronic Disease Management

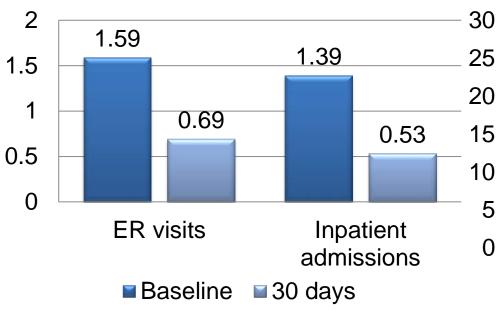


Education & Prevention



Reducing Readmission Rates and Increasing Sobriety

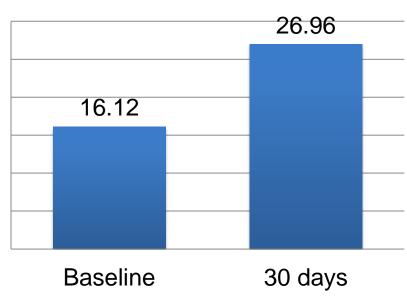
Self-reported utilization



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

MGH

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."



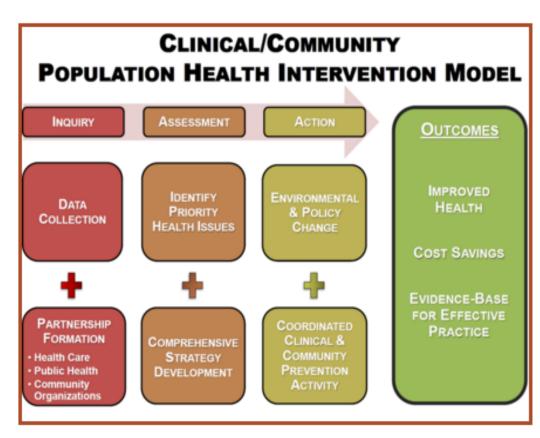
What We Have Learned

- 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
- Aligning community prevention efforts with hospital initiatives (ex. improving access and quality of care) is needed to make the largest health impact



How Hospitals Can Get Started

- Build Capacity community champions
- Partnership Formation
- Community & Hospital Assessment:
 - Measure SDH
 - 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
- 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

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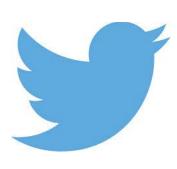
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