



# **HPOE *Live!***

## **2015 Webinar Series**

# **The presentation will begin shortly.**

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MASSACHUSETTS  
GENERAL HOSPITAL

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CENTER FOR COMMUNITY  
HEALTH IMPROVEMENT

# How a Community Health Needs Assessment Influenced a Hospital Strategic Plan

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Association for Community Health Improvement 2015

# What we will cover today

1. Introduction to Mass General Hospital and the Center for Community Health Improvement
2. Community health needs assessment 2012
3. MGH strategic plan 2014
4. Elements of new substance use disorder initiative
5. Lessons learned/Challenges



# Massachusetts General Hospital

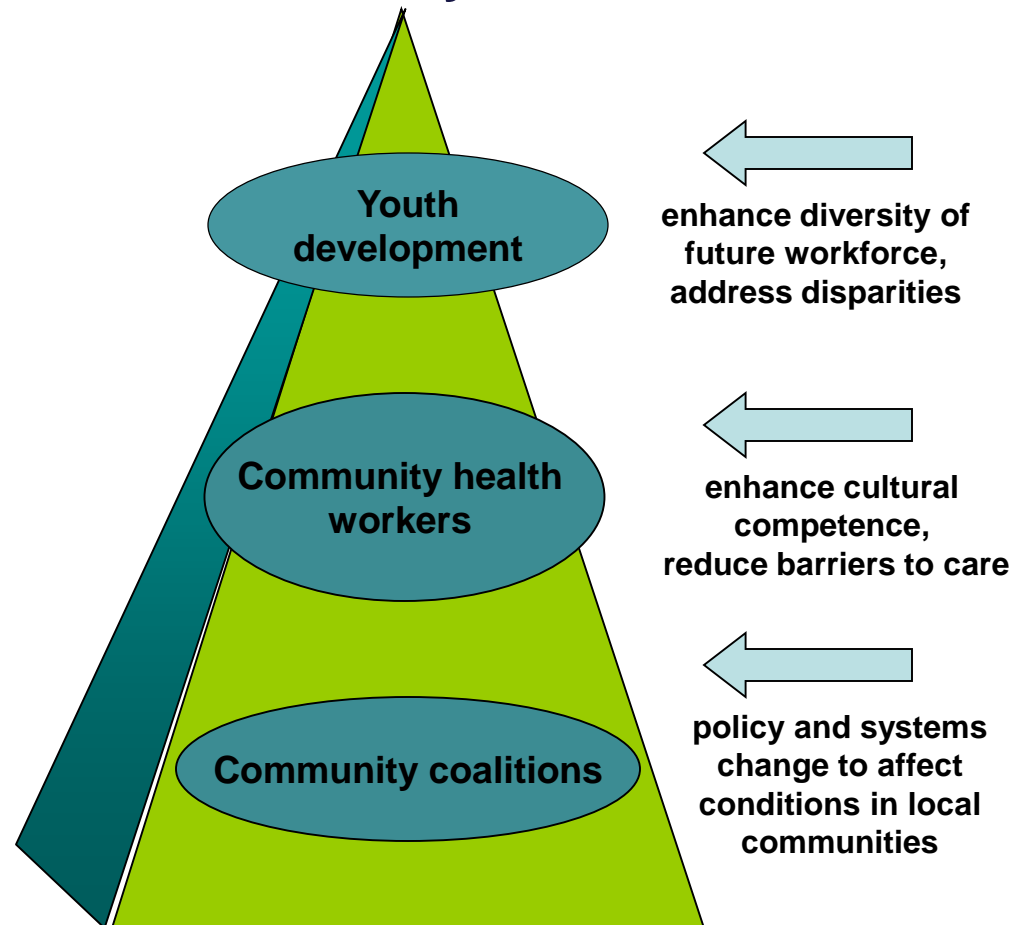


- Founded in 1811
- Harvard teaching hospital
- 1,000 inpatient beds
- 1.7 million outpatient visits
- 26,000 employees
- Largest NIH research center in the US
- 3 community health centers



# CCHI Founded in 1995: Snapshot 20 Years Later

## CCHI Version of Health Impact Pyramid



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



# Backbone Org to Multi-sector Coalitions

## Policy, Systems & Environmental Change

### Primary Prevention: Alcohol, tobacco, etc.

- Youth led tobacco bans
- Liquor licenses
- Sticker Shock
- Evidence-based curriculum
- Parent coffees
- Social marketing for parents and youth
- Positive alternative youth activities



# Backbone Org to Multi-sector Coalitions

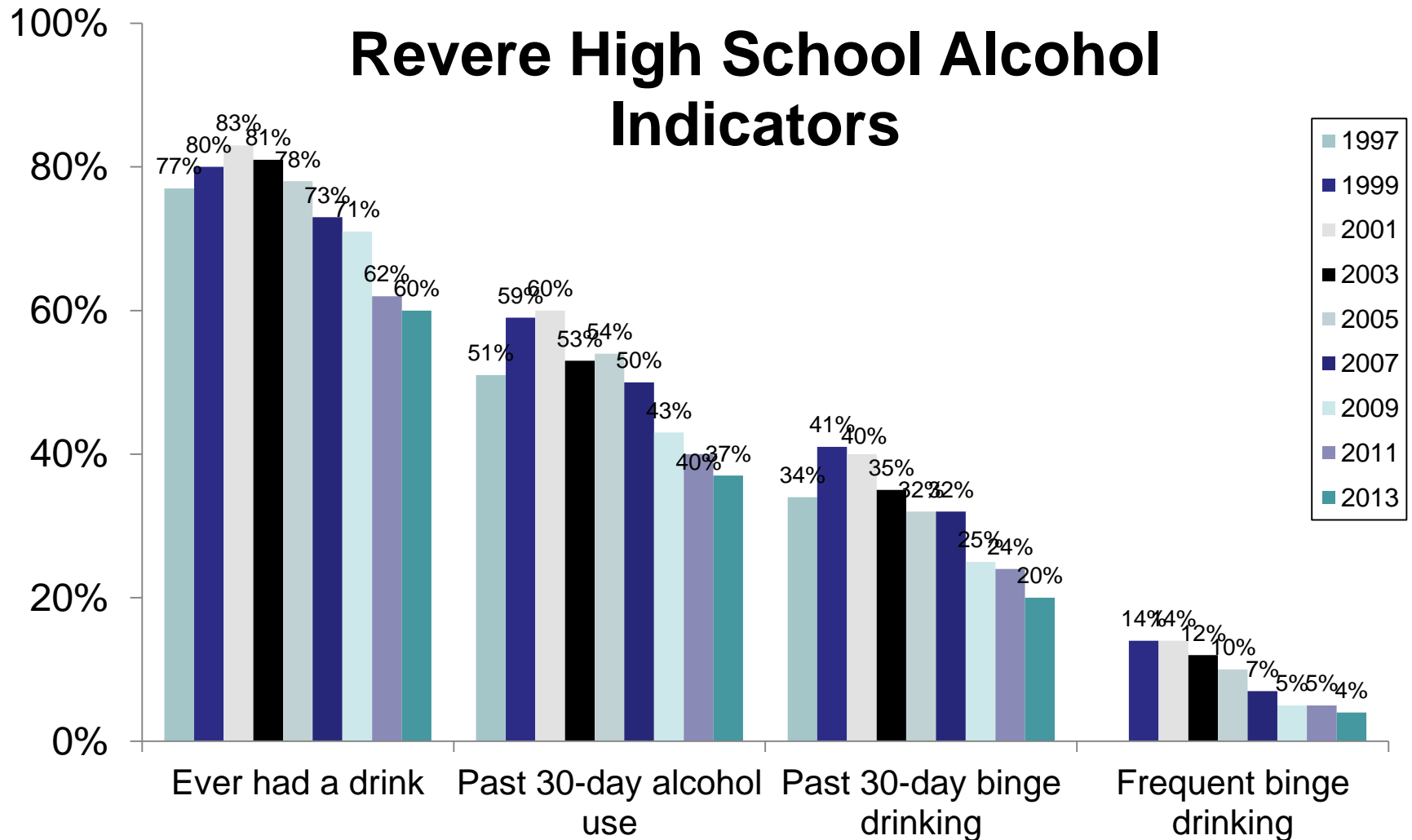
## Policy, Systems & Environmental Change

### Secondary Prevention: Opioids and Heroin

- Prescription Take Back
- Overdose prevention:  
Narcan distribution
- Recovery coaches
- Drug courts
- Memorials



# Results of Coalition Work to Reducing Youth Substance Use

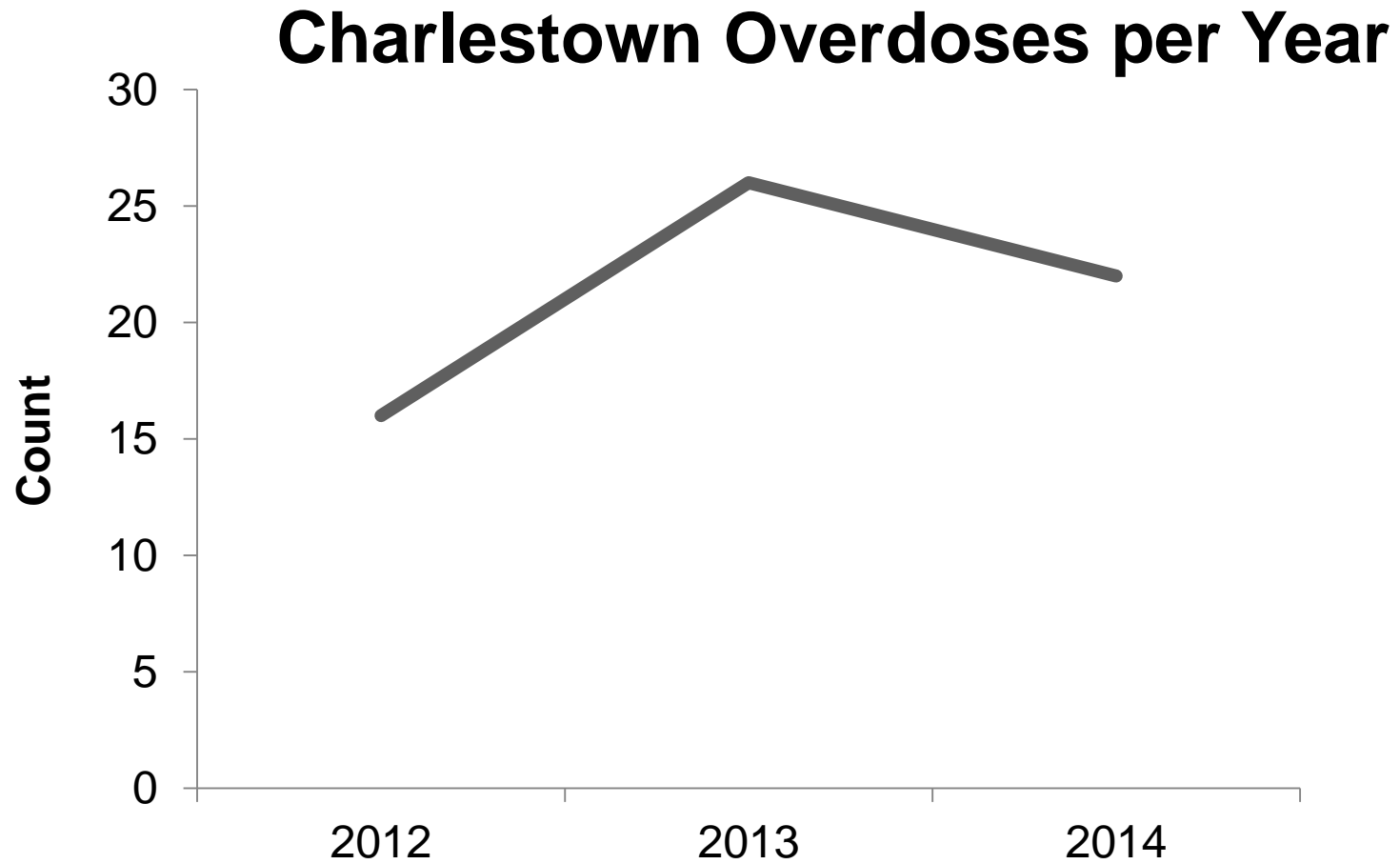


Source: 1997-2013 Revere High School YRBS

Note: The 2013 high school response rate (63%) was lower than in past years and may not be representative of the population



# Results of Coalition Work to Reduce Substance Use



# Changing the Food and Physical Environments



Early results:  
**5% increase in physical  
activity among teens in  
Revere**

# Promoting Educational Attainment for Youth



**659 youth**  
served in FY'14  
(42% increase since  
FY'12)

**424 MGH  
Volunteers**

Early results:  
**82% persisting  
in college**  
(compared to 49%  
from BPS after 6  
years)



10 year longitudinal study with UMass Boston Donahue Institute



### Strategy #3:

# Access to Care for Vulnerable Populations



# Reorganizing Community Health Workers to Align with Population Health

- Identify patient needs as part of medical home/care team
- Sets goals with patient
- Establish milestones along the way
- Measure outcome





# MGH Incorporates Community Health into Mission in 2007

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.*



# Community Health Integrated Into Hospital's Governance Structure

- Community Health Committee of the MGH Board of Trustees (2012)



**Patty Ribakoff**



**Colette Phillips**

*MGH Trustees and Co-Chairs of the  
Community Health Committee*

# 2012 Community Health Needs Assessments

- **Community Forums**
  - 300 people
- **Quality of Life Survey**
  - 4 languages
  - 2200
- **Focus Groups**
  - 35 groups, more than 350 residents
- **Public Health Data**

**MAPP: Mobilizing for Action through Planning and Partnerships:**



# Assessments Guided by Multi-sector Community Committees



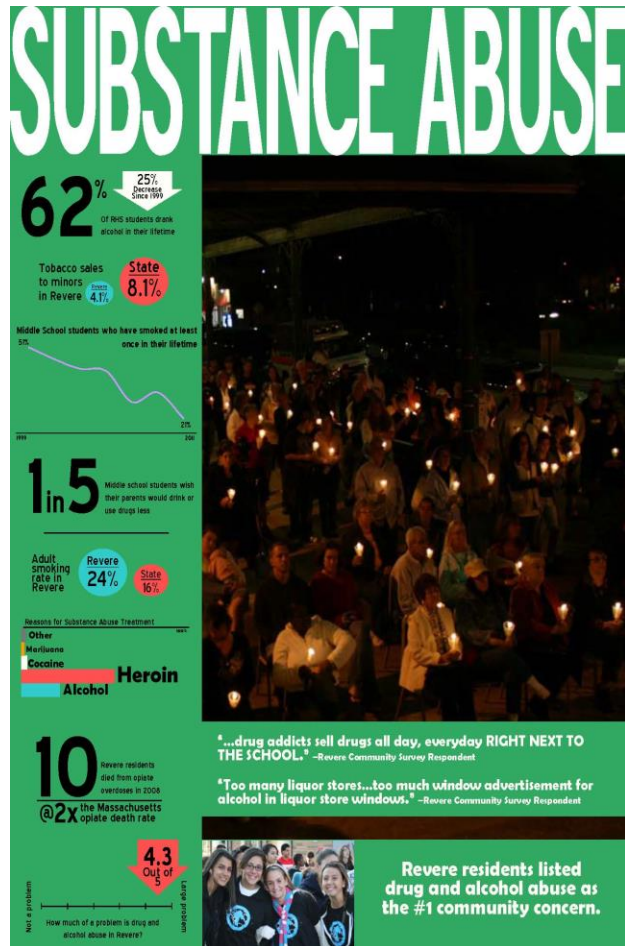
**Revere CARES Assessment Committee**  
**January, 2012**



## ***Sectors to include:***

1. Government
2. Medical/Emergency Services
3. Education
4. Criminal Justice
5. Environment
6. Faith
7. Business
8. Philanthropy
9. Social Services
10. Behavioral Health
11. Community: Civic and Neighborhood groups
12. Residents

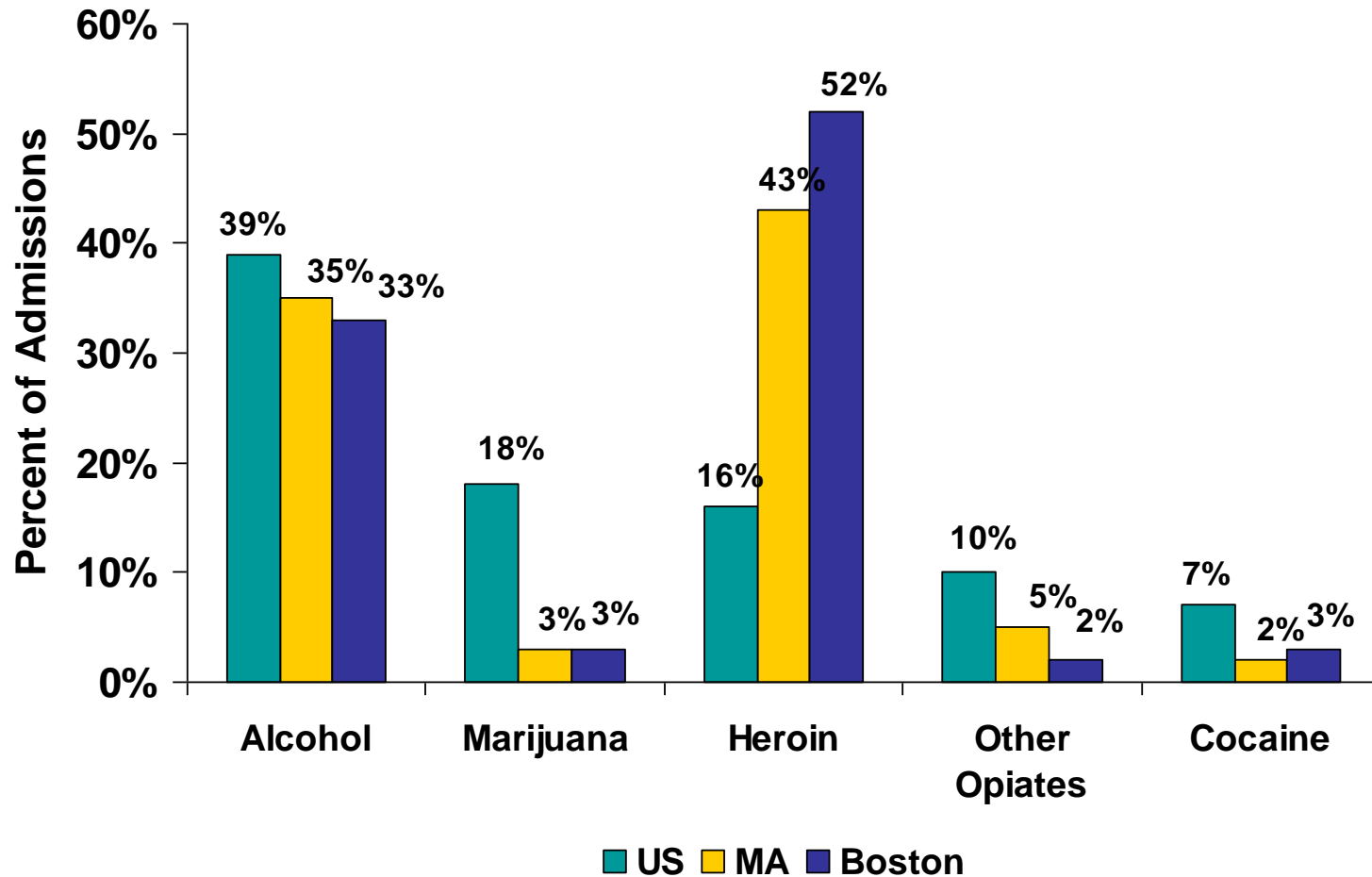
# Top Four Assessment Priorities





# Massachusetts Treatment Admissions Primary Substance

## 2012

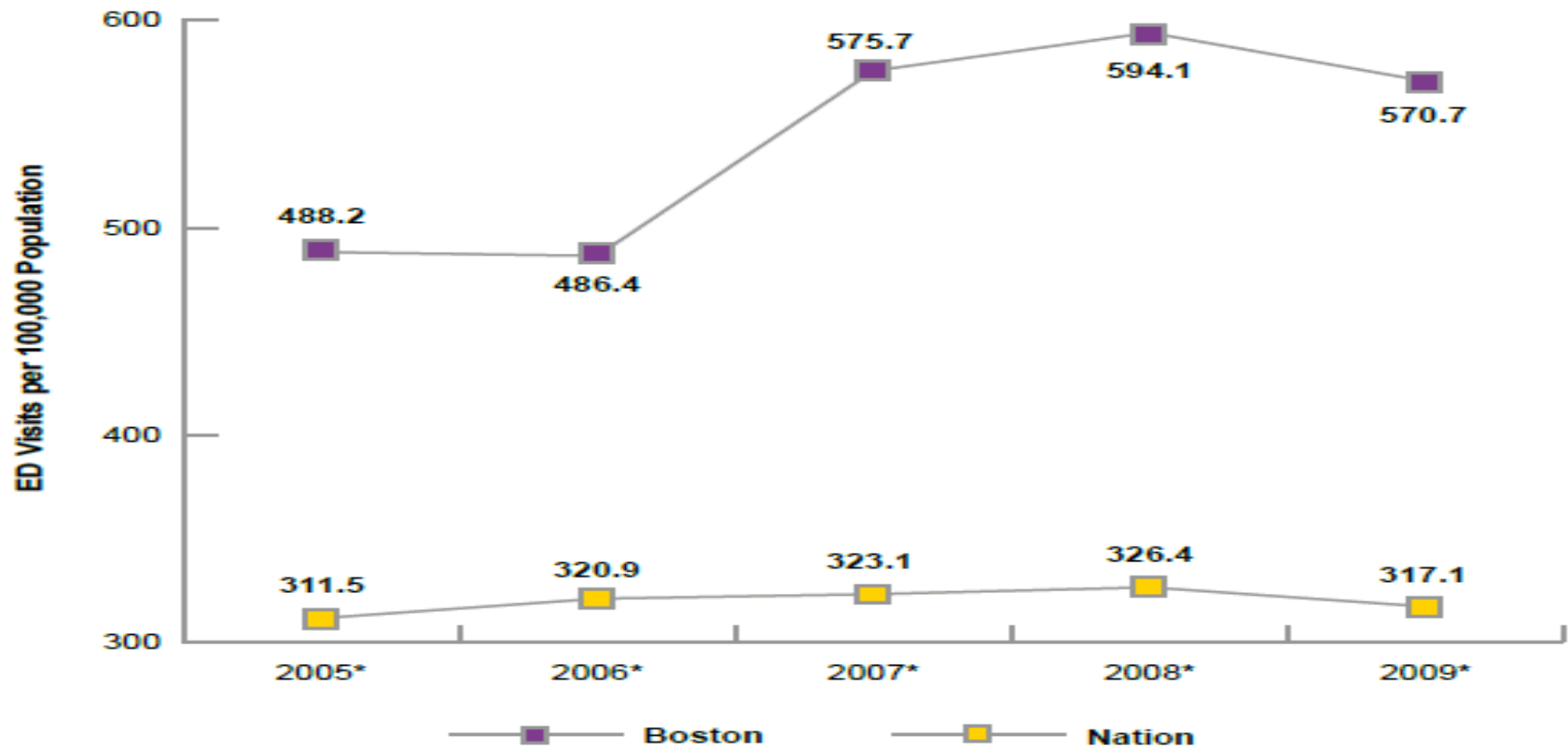


US Data Source: SAMHSA: **Treatment Episode Data Set (TEDS)**

MA Data Sources: MA Bureau of Substance Abuse Services

# ED Visits Illicit Drug Use Boston Vs. The Nation

**Figure 4. Trends in the Rates of Emergency Department (ED) Visits Involving Illicit Drugs: Boston vs. the Nation, 2005 to 2009**



\*The difference between Boston and the Nation was statistically significant at the .05 level.

Source: 2005 to 2009 estimates from the 2009 SAMHSA Drug Abuse Warning Network (DAWN).

# Created Position: CCHI Medical Director of Substance Use Disorders



- Dr. Sarah Wakeman

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

## **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**



# Charge to Community Strategic Planning Committee:

**How can the (local) community mission be more explicitly linked to the other missions, to strengthen/enhance them?**

- How can we better integrate, and enable bidirectional learning between community and our other missions?
  - In particular, for population health management
- How should we focus our community efforts: e.g., focus on a limited number of community issues with community input?
- How should the community mission be organized/structured?



# Brought CHNA Findings to Strategic Planning Table

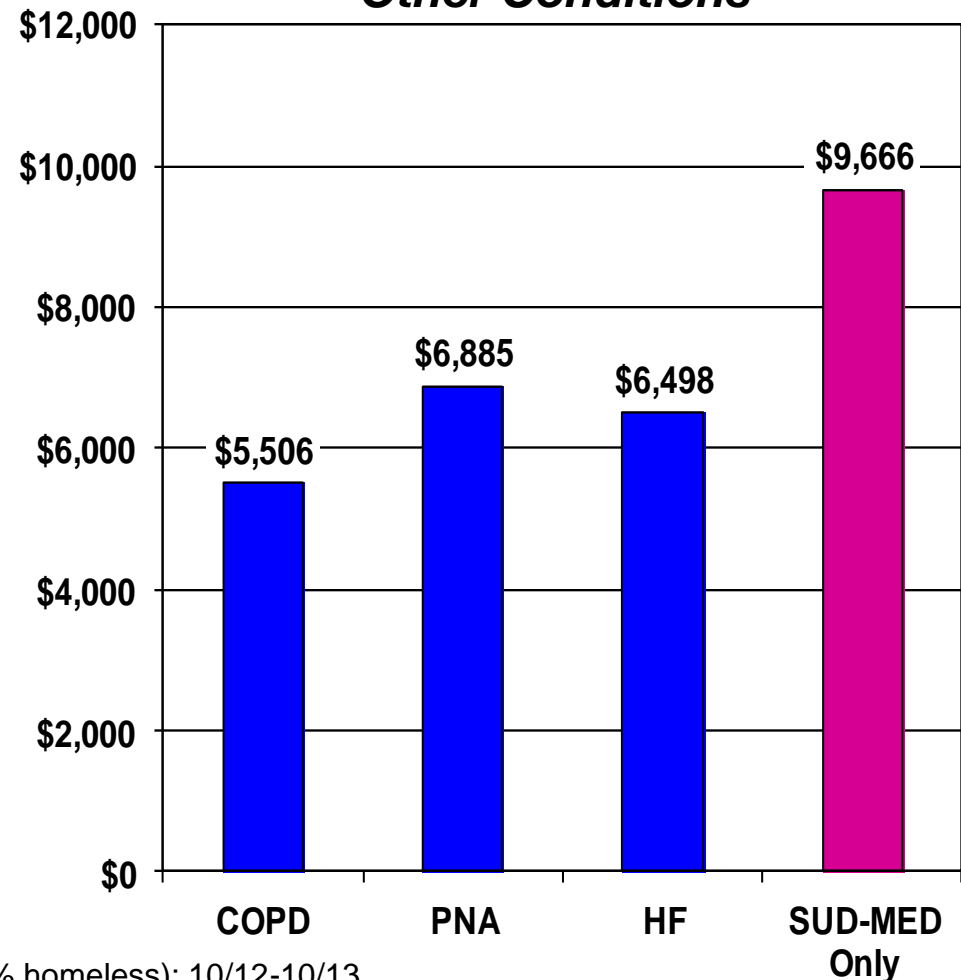
- Prompted Colleagues in Population Health Management to look at patient data



# Substance Use Disorders: High Prevalence and Cost

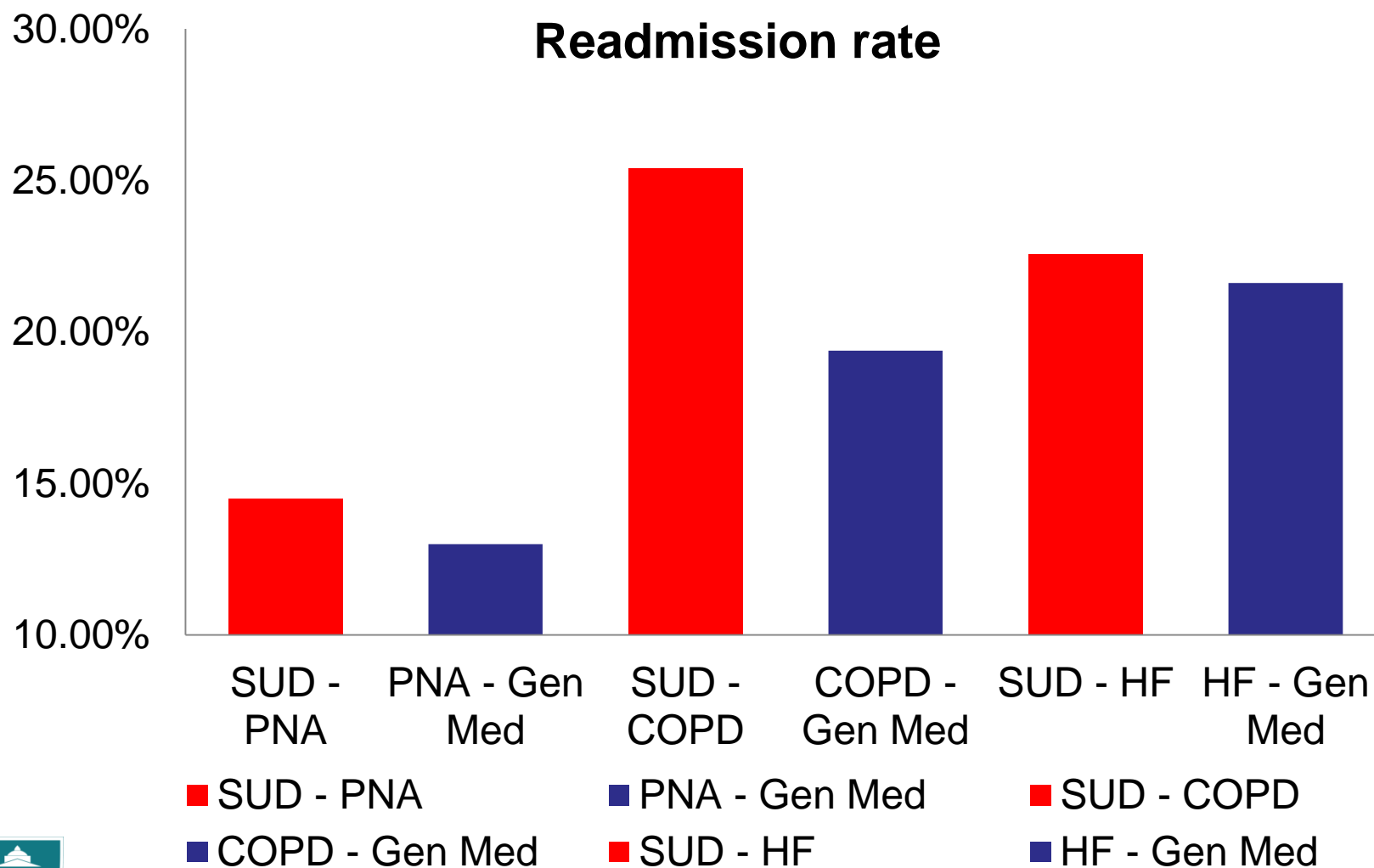
- 29% of MGH high risk patients have a SUD
- Higher cost

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



N=2,583 medical and surgical patients (20% homeless); 10/12-10/13

# MGH Readmission Rates are Higher with a Substance Use Disorder Diagnosis



# Comprehensive new initiative on substance use disorders 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



34



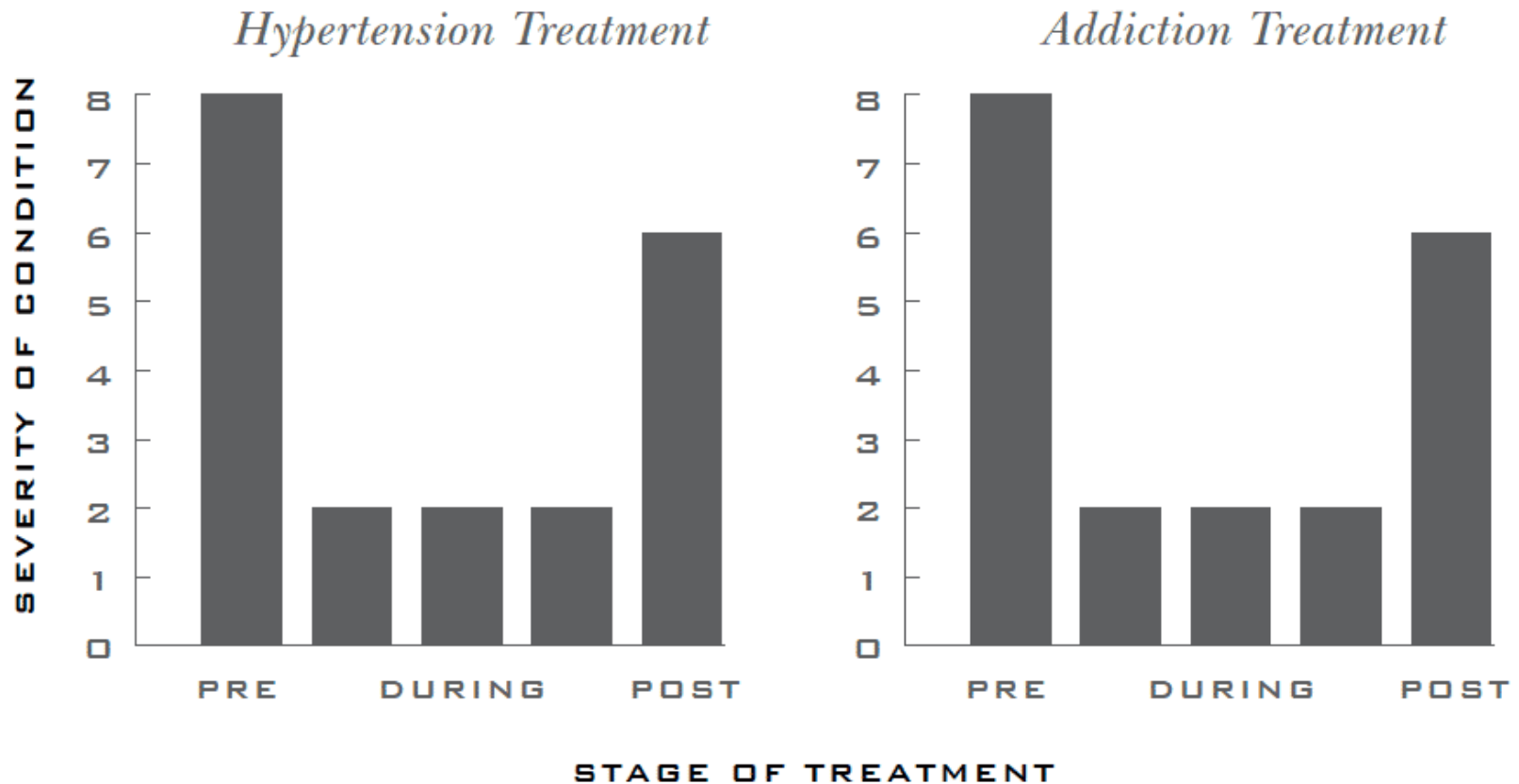
# From Managing Acute Medical Complications of Addiction to Chronic Disease Management

- Primary, chronic brain disease characterized by compulsive drug seeking and use *despite harmful consequences*
- Involves cycles of relapse and remission
- Without treatment addiction is progressive and can result in disability or premature death
- Need to address stigma and shame.

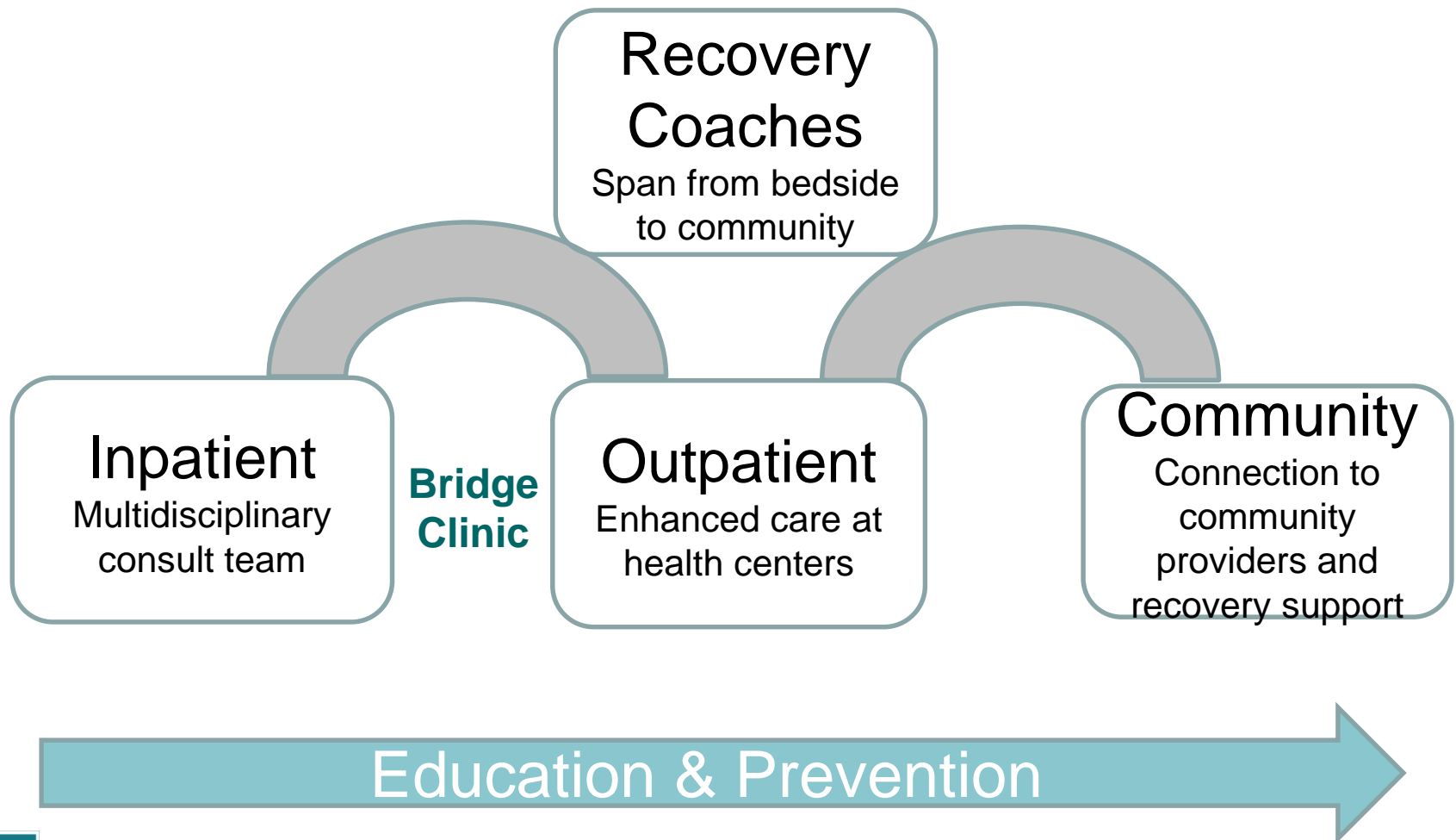


# A Treatable Disease

WHY IS ADDICTION TREATMENT EVALUATED DIFFERENTLY?  
BOTH REQUIRE ONGOING CARE

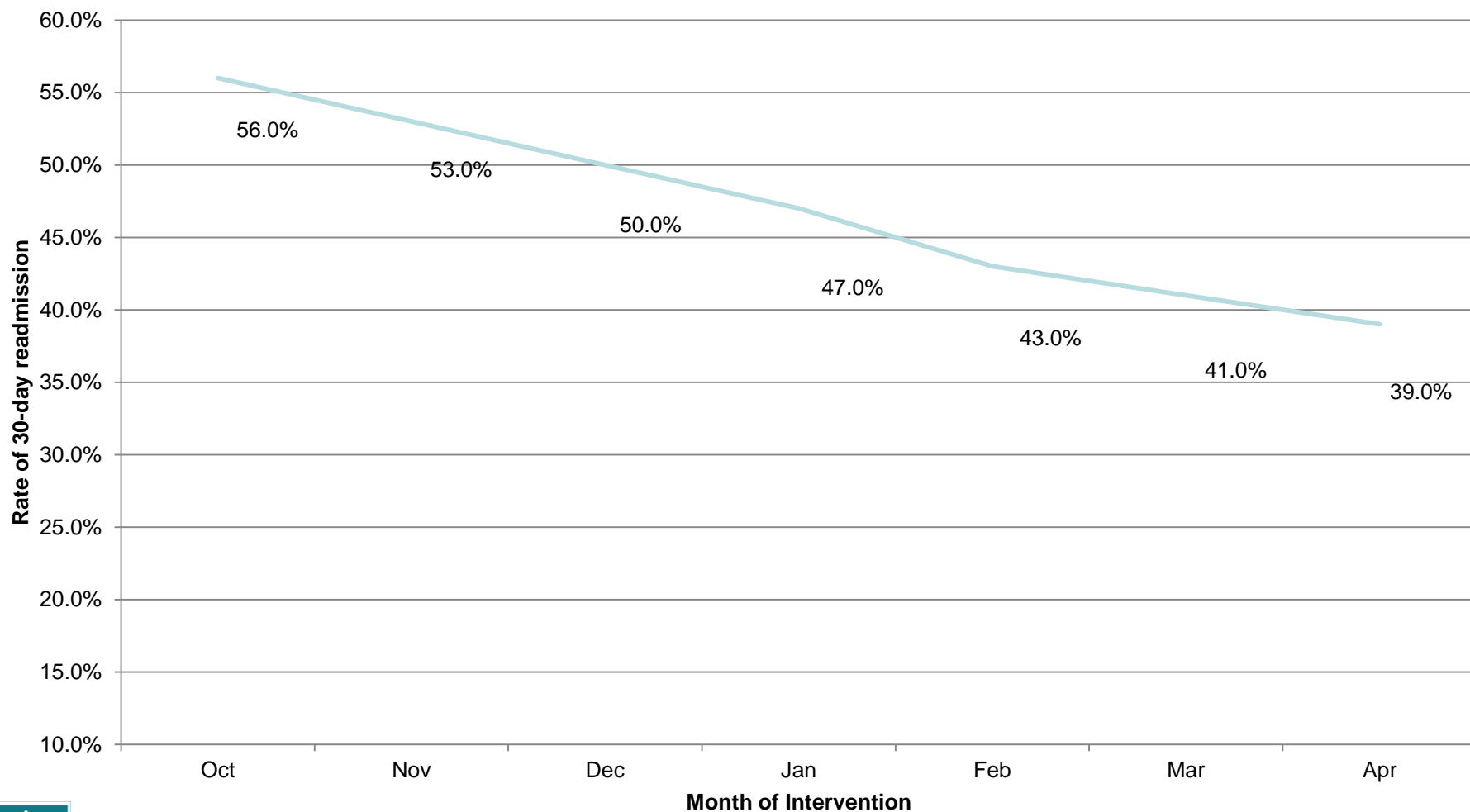


# Comprehensive Approach: From Prevention to Chronic Disease Management



# 30-Day Readmission Rate Post-Intervention for Patients Receiving ACT Consult\*

9/29/14-4/30/15 – Preliminary – Not to be published



\*PHS definition of 30-day readmission excludes AMA, short-term care, hospice, and expire discharge dispositions.

# Recommendations Not Prioritized: Obesity



Family healthy weight clinics

Registry

Health coaches

Training/learning  
collaborative for providers

Prevention: improve food  
and physical community  
environment



# Recommendations Not Prioritize: Education



## Phase I (Years 1 & 2)

- Create a shared definition of community health and raise awareness

## Phase II (Years 3 & 5)

- Build skills to address social determinants
- Deliver training tailored to departments



# Integrate Community Researchers into Research Management Structure



Create community researcher group to represent and advocate

Make funding resources available

Create web-based list of researchers/studies

Recognize and celebrate through media and events

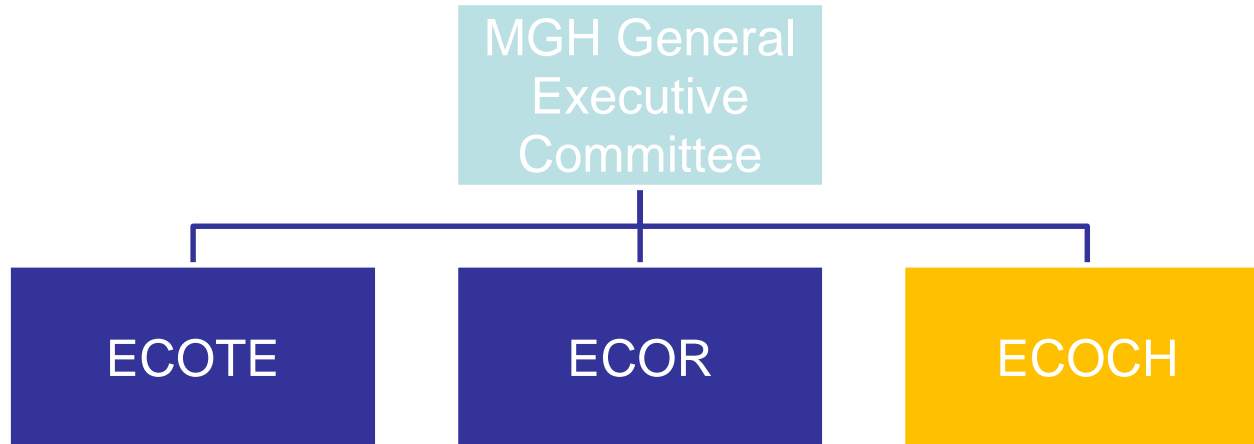




# MGH Strategic Plan

## Other Recommendations Approved

### Executive Committee on Community Health



### VP of Community Health



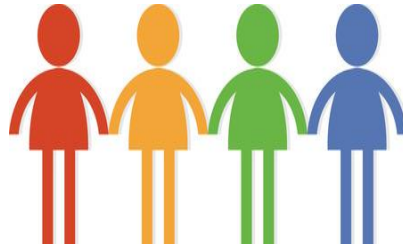
# MGH Model for Improving the Health & Wellbeing of the Diverse Communities We Serve

**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  
Obesity with  
coaches, navigators,  
community health  
workers**

**Integrate  
Community into the  
Hospital**



**Executive Committee  
on Community  
Health  
Education  
Research**

**Informed by Community Needs Assessments**

# Lessons Learned/Challenges

- Find the “sweet spot”
- Partnerships with clinicians essential
- Hard work and preparation lead to “luck”
- Bring everyone to the table early
- Challenge to keep community-based prevention on the agenda
- Changing culture of the institution
- Letting go – it is not a CCHI initiative, it is a hospital initiative

# Contact Information

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<https://www.surveymonkey.com/r/hpoe-webinar-7-16-15>

# Digital and Social Media Presence

## With Hospitals in Pursuit of Excellence's Digital and Mobile editions you can:

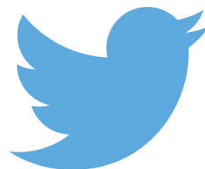
- Navigate easily throughout the issue via embedded search tools located within the top navigation bar
- Download the guides, read offline and print
- Share information with others through email and social networking sites
- Keyword search of current and past guides quickly and easily
- Bookmark pages for future reference



## Important topics covered in the digital and mobile editions include:

- Behavioral health
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- Reducing health care disparities
- Reducing avoidable readmissions
- Managing variation in care
- Implementing electronic health records
- Improving quality and efficiency
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- Others

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*July 15th, 2015*



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# ACHI News



- The theme for our March 2016 National Conference in Baltimore is “From Health Care to Healthy Communities.”
  - Check back the first week of August for information about how to submit a presentation proposal.
  - Registration will open November 1, 2015
- Stay up to date by following us on Twitter **@communityhlth** or join our LinkedIn or Facebook groups