

Charting a Course for Community-Partnered Health Improvement Research: Lessons Learned From the Duke Experience

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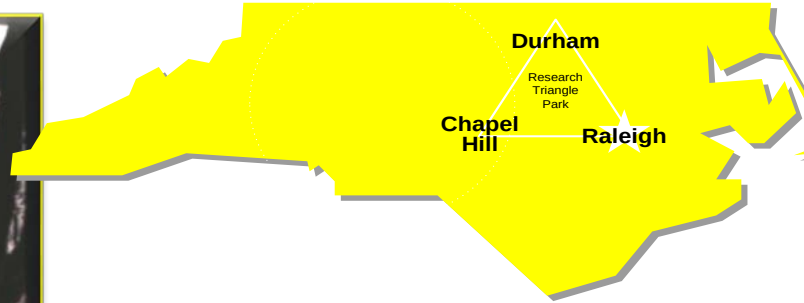
Department of Community and Family Medicine

Duke Medicine

**Advancing Health Through Community-Engaged
Research: Successful and Emerging Approaches
Symposium**

New Brunswick, NJ March 31, 2015

Durham, North Carolina



The Durham Way...

A Strong History of Collaboration



Our Process for Community Engagement

- Community needs and stakeholders determine the services to be developed
- Programs are overseen by steering committees composed of community stakeholders, partner organizations, faculty and staff
- Programs focus on populations facing health disparities
- Programs are designed to be financially stable
- Programs are rigorously evaluated

Key components of interventions...

- **Determine what services can be most effectively provided where, when, how, and by whom**
 - What are the health needs and strengths of our diverse communities?
 - How do we reorganize services to improve outcomes, building on local resources?
 - What are the number, mix, skill sets, and locations of those providers in an efficient system?
- **Data driven - local disease burden, utilization, costs, opportunities, and resources (including geo-mapping)**
- **Iterative Cost/Benefit with appropriate economic and health metrics**
- **Requires a team approach connected by robust information systems**

Approach to estimating cost impacts...

- **Include programmatic costs**
- **Need for local models, reflecting local use, strengths**
 - How do we deal with the diversity of systems/programs and community contexts?
- **What is the timeframe to assess...**
 - benefits of disease prevention,
 - evolving health behaviors,
 - lifestyle changes potentially passed from one generation to the next?
- **What ancillary costs and benefits do we include in our estimate, e.g. workplace productivity?**

Key Focus Areas

- Clinical care closer to patients: [Community, school and workplace.](#)
- Clinical care maximizing the skills of licensed professionals: [Advance Practice Provider, Registered Dietician, Pharm D, Social Worker, and Occupational Therapist.](#)
- Clinical and Population Health Services (utilizing skills of non-licensed professionals and new kinds of skills): [Community Health Organizers, Community Health Workers, CNAs, and CMAs.](#)
- Populations facing health disparities.
- “Non-wealth” communities.
- The “Invisibles”
- Capacity building
- Integration of community and clinical.
- Approach: Community engagement, data driven, sustainability.

A Few Examples of Collaborative Clinical Services

Neighborhood Clinics (3)

School-Based Health Centers (6)

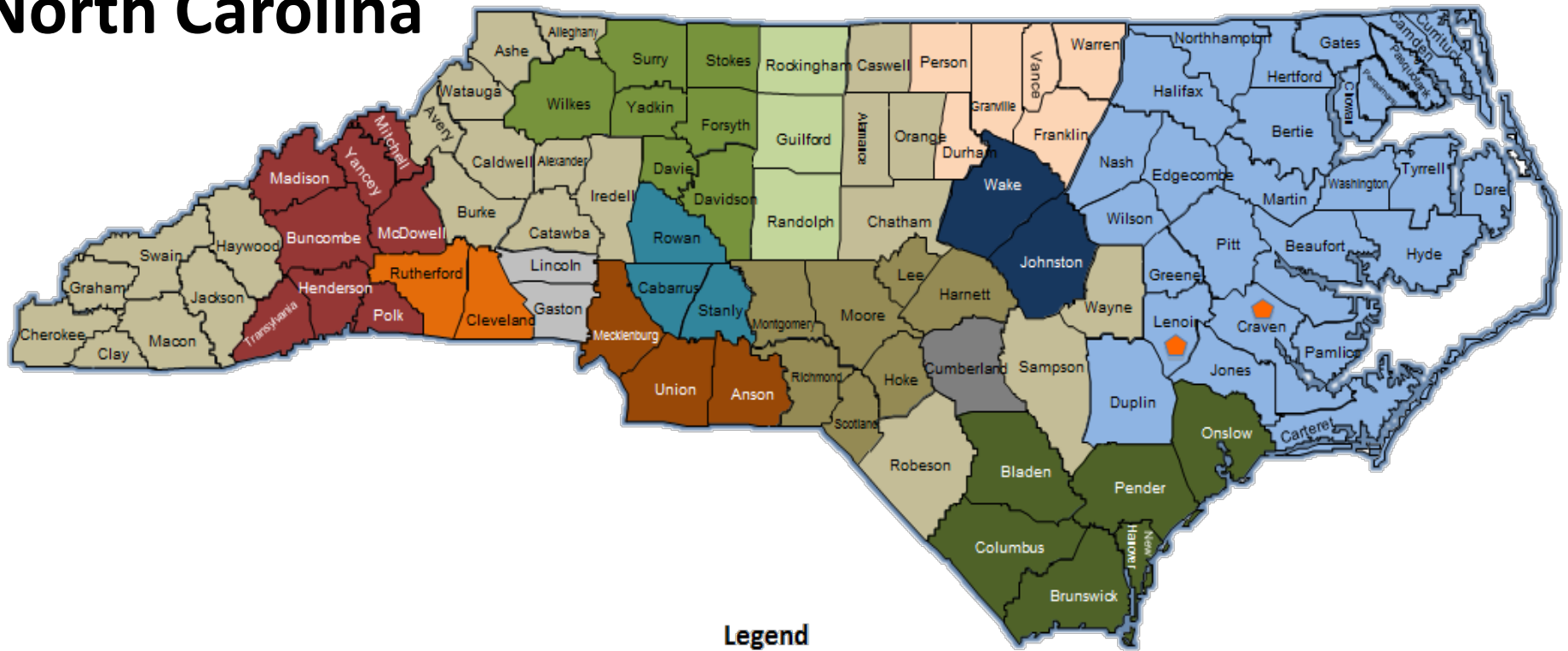
In Home Care for Elderly and Disabled (13 buildings)



Child Health Assessment & Prevention Program (CHAPP)

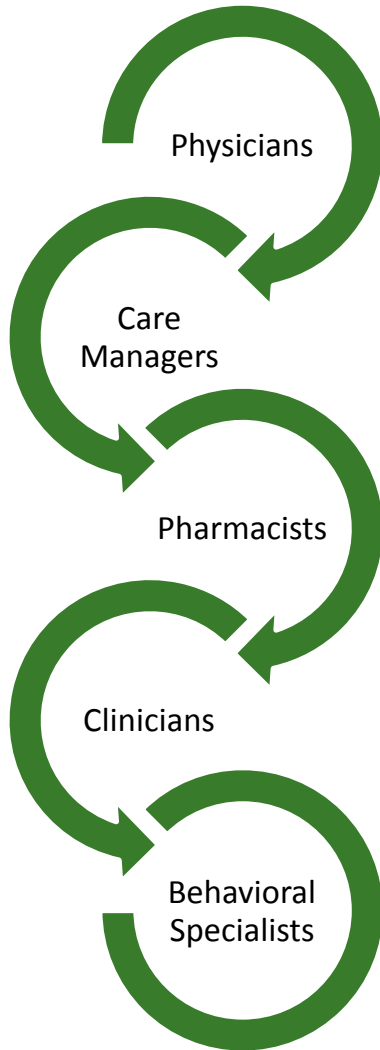
- **5 Elementary Schools:** Glenn, George Watts, Oak Grove, E.K. Powe and Merrick Moore
- **Key Competencies:**
 - oEnhanced Role Nurse
 - oCertified Immunization Site

Collaborative Care Management: Community Care of North Carolina



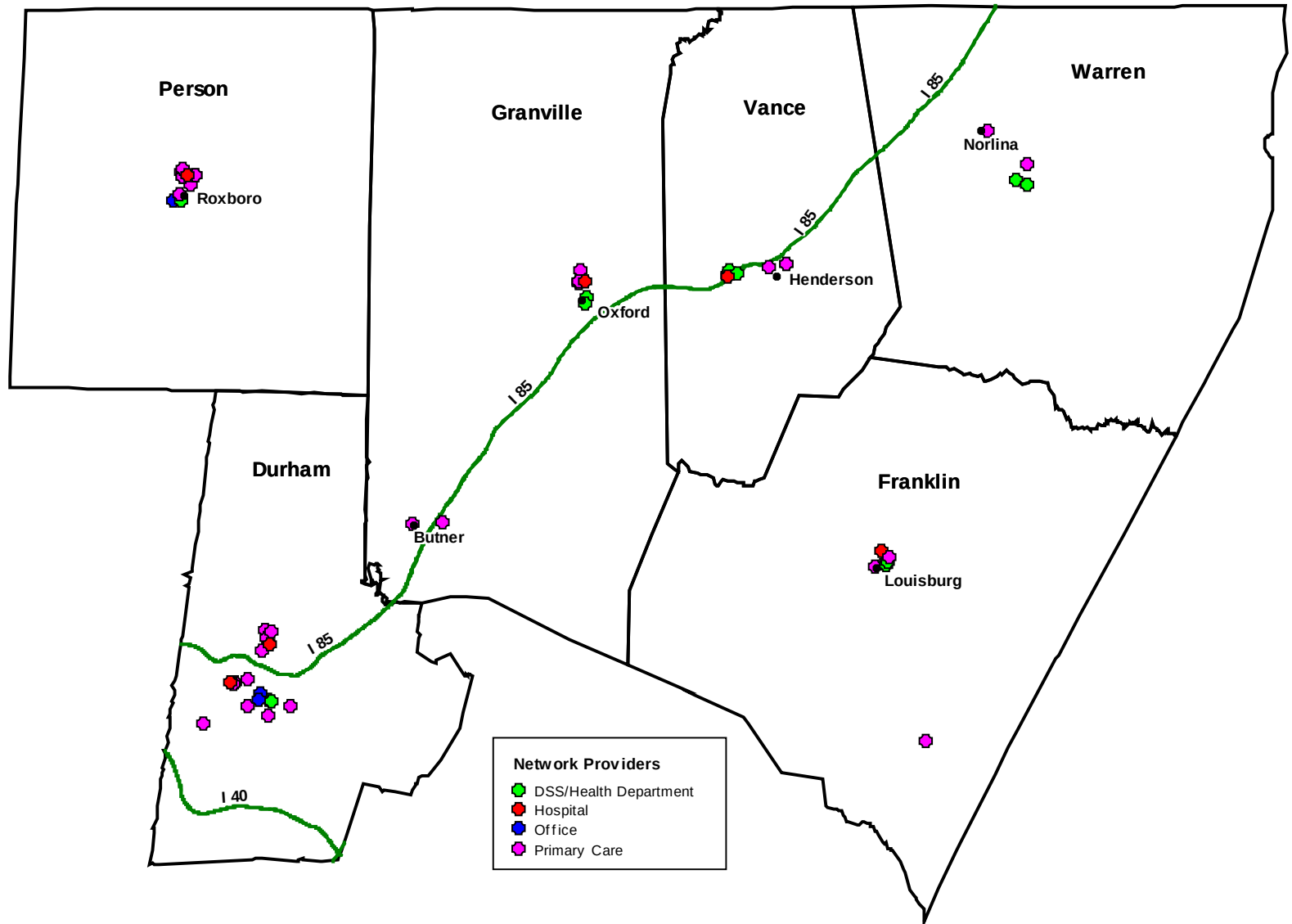
Legend

- AccessCare Network Sites
- AccessCare Network Counties
- Community Care of Western North Carolina
- Community Care of the Lower Cape Fear
- Carolina Collaborative Community Care
- Community Care of Wake and Johnston Counties
- Community Care Partners of Greater Mecklenburg
- Carolina Community Health Partnership
- Community Care Plan of Eastern Carolina
- Community Health Partners
- Northern Piedmont Community Care
- Northwest Community Care
- Partnership for Community Care
- Community Care of the Sandhills
- Community Care of Southern Piedmont

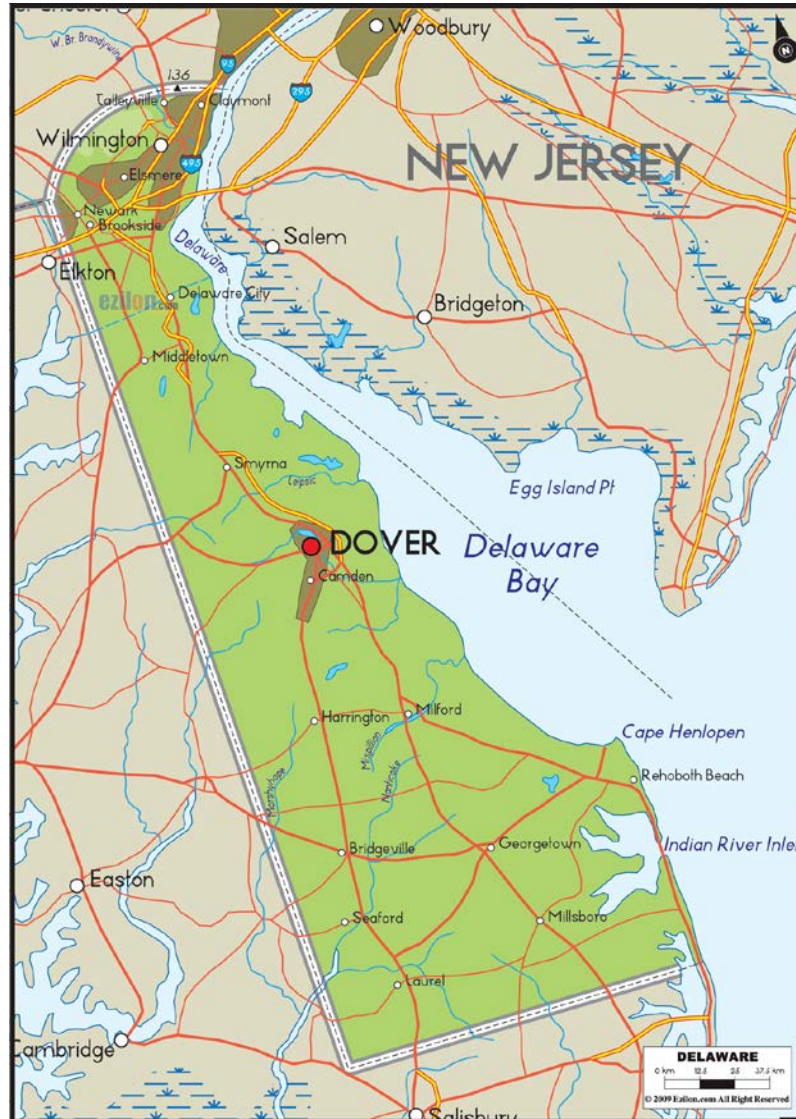


- 14 networks cover all 100 NC counties
- Networks develop local solutions to community health issues
- Multi-disciplinary team works at “top of licenses”
- Now including community pharmacists under CMMI grant

Northern Piedmont Community Care Counties



Size of Delaware



Uniqueness

- Embedded inside large Health System
 - Enhances bi-communications
 - EMR access and documentation
 - Access to Hospital and Ambulatory leadership
 - Opportunities to create institutional change to improve provider and patient experience
- Tertiary hospital
 - Available pool of experts
 - Added duties - referrals out to other networks
- Multi-disciplinary team
- Ability to nudge system to go outside its walls and engage community partners
- Community partners more receptive to collaboration
 - Shared staff with DSS and ABH

NPCC Services

- Population Health Management
- Care Management
 - Chronic /Disease Care Management
 - Transitional Care Management
 - Complex Care Management
 - Care Coordination
- Network and infrastructure development
- PCMH support
- Analytics and Decision Support
- PHARMACeHOME

HOMEBASE

- APP/SW/MedPsych MD
- Transportation to Clinic
- Home Visits
- 80%

“Familiar Faces” Patient Scenarios

- Inconsistent management of pain condition
- Inconsistent utilization of health care providers
- No health care provider/Too many health care providers
- Convenience/Financial/Cannot be turned away
- Limitations
- Psycho-social-environmental determinants of health (housing, poverty, violence, etc.)

Alliance FF Cost Impact

Estimated 2012 Cost to:	
Mental Health *	\$540,000
Durham County Jail	\$232,750
EMS	\$74,869
Fire	\$89,010
Law Enforcement	\$93,603
TOTAL	\$1,030,232

**similar 12-month period*

Health System & Agency Collaboration: Durham Crisis Collaborative

- Duke University Health Systems
 - Emergency Medicine
 - Compliance
 - Hospital Administration
 - Community Health
 - Social Work
 - Care Management
 - Primary Care
 - Psychiatry
 - Hospitalist
 - Duke Regional Hospital
- Durham Police Department
- Durham Fire Department
- Durham County EMS
- Durham County Attorney's office
- Central Regional Hospital
- Durham Center Access
- Alliance Behavioral Healthcare
- Lincoln Community Health Center
- Housing For New Hope
- Criminal Justice Resource Center
- City of Durham Homeless Services Advisory committee
- City of Durham Neighborhood Improvement Services
- Project Access Durham County

So far....

- NPCC/ABH LCSW in Duke ED
- Common Consent Form
- Police protocols and training
- Labs at DCA not ED
- 85% reduction-1st year

Collaborative Care Management: LATCH

Local Access to Coordinated Health Care (LATCH):

- Decreases in Hospitalizations
- Decreases in Emergency Department Visits
- Increases in Primary Care Utilization
- Increases in Specialty Care Utilization
- Care Management for Project Access of Durham County
- Outreach and Education About Health Insurance Exchange



Durham County Health Priorities

Previous Health Priorities

- Obesity and chronic illness
- Access to medical care
- Mental health and substance abuse
- HIV and sexually transmitted infections
- Injury prevention
- Teen pregnancy
- Infant mortality

Health Priorities 2012-2015

- Obesity and chronic illness
- Access to medical and **dental care**
- Mental health and substance abuse
- HIV and sexually transmitted infections
- **Poverty**
- **Education**

Questions That Guide Our Work...

- How do we shift from unmanaged care to strategies for community health improvement and community capacity building ?
- Can we incorporate lessons learned from our environmental scan of the other major hospitals community benefit strategies?
 - How are other hospitals addressing poverty and other social determinants of health?
 - How are we already addressing poverty and other social determinants of health, but not recognizing and leveraging those efforts in a systematic and strategic way?
- How does DUHS systematically address socially complex patients outside its walls?
- Within each strategic domain: Quality and Patient Safety, Customer, Work Culture, and Finance and Growth, can there be objectives/tactics that emphasize a broader “Outside the Walls” impact?
 - What are the internal and external infrastructures that carry out the work with shared accountability to meet agreed upon metrics?

Mental Health and Substance Abuse

Prescription Drugs...



Opioid Safety Task Force



- Policy for addressing chronic pain in the ED
 - Patient Education
 - Provider Education
 - Standardized pain management agreement
 - Prescriber enrollment in the North Carolina Controlled Substance Reporting System
 - Provision of Naloxone Rescue Kits
-
- Adherence to the NC Medical Board Pain Management Guidelines
 - Standardized documentation flowsheets and templates in EMR

Prescriber Education

- **Opioid Safety module for all new trainees**
- **Pain management module for all new trainees**
- **Pain management CME for APP's and MD's**
- **Exploring innovative options-weekly webinars, “Office hours” for curbside pain specialty consultation**
- **Interactive presentations at Grand Rounds, practice Meetings, divisional meetings, etc.**
- **Maestro data on Rx volume to direct efforts**

Opioid Dependence Treatment

NDC 12496-1208-1
1 sublingual film

8 mg/2 mg 

Suboxone[®]
(buprenorphine and naloxone) sublingual film
8 mg/2 mg

Rx only

Children who accidentally take SUBOXONE will
need emergency medical care. Keep SUBOXONE
out of the reach of children.

suboxone.com

From the Health Systems Learning Group's Presentation at the Health Forum/AHA Leadership Summit – July 27, 2013...

Culture Shift



- From “Individual” to “Complex People in Socially Complex Communities”
- From bearing the load alone to collaborative, cross-sector solutions
- From certitude to curiosity

The Practical Playbook

*A cornerstone of the next transformation of health,
in which primary care and public health groups work
collaboratively to achieve population health improvement.*

www.practicalplaybook.org



How Can The Practical Playbook Help?

HOW CAN THE PRACTICAL PLAYBOOK HELP WITH YOUR INTEGRATION PROJECT?



LEARN

Explore what integration is, what it is not, and the value of working together.

[The Principles of Integration ▶](#)

[The Value of Working Together ▶](#)



DO

Start an integrative project or move your project forward with guidance and tools.

[The Stages of Integration ▶](#)

[Topics for Your Project ▶](#)



SHARE

See how communities across the country are working together to improve population health.

[Success Stories ▶](#)

[Connect with Others ▶](#)



PRACTICAL PLAYBOOK®
Public Health. Primary Care. Together.™

Phase I

- Guided by a National Advisory Committee
- Launched in March 2014
- Quick Stats
 - 100,000 page views
 - Over 16,000 unique users
 - 25,000 sessions
 - 34% Return Users



PRACTICAL PLAYBOOK®
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Phase II

- December 2014 to November 2017
- Response to the interest / need from the field
- Phase II Major Work Products