Bridging Community Substance Abuse Prevention Coalitions & Health Care Organizations to Promote Population Health

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Outline

- Workshop Objectives
- Introductions
- Purpose and Rationale
- Methods
- Preliminary Findings
- Discussion
Workshop Objectives

1. To provide an overview of a statewide needs assessment to assess feasibility of Health Care Organization and Substance Abuse Prevention Coalitions collaborating to achieve population health

2. To share the preliminary findings:
   - Barriers and facilitators
   - Skills/resources needed
   - Potential models

3. To solicit your ideas, feedback and examples
Who’s In The Room?

- Prevention
- Treatment
- Mental health promotion and treatment
- Primary care practitioners
- Researchers from prevention and treatment
- Educators from schools of social work, psychology, public health and medicine
- Others
North Carolina Coalition Initiative (NCCI)

DHHS

NCCI Coordinating Center
(Wake Forest School of Medicine)
- ECU Regional Training Center
- UNC-Greensboro
- Prevention Provider Organization

CenterPoint (LME/MCO)

Community Anti-Drug Coalitions of America

Funded Coalitions

Statewide Partners
- Faith Works Together
- NC PUDI
- Leading to Change
- Families in Action
- Project Lazarus
- Youth Empowerment Solutions
Conduct a rigorous and systematic assessment to identify:
  - Strengths
  - Gaps
  - Promising interventions

Assess current practices

Identify feasibility and resources
Rationale for the Needs Assessment

With shifts in the financing and organization of health care organizations and systems, increasing numbers of health care organizations have a stake in demonstrating population level improvements in health

Substance abuse prevention coalitions *may* be in a position to partner with these organizations in population health improvement efforts
Background: Changes in the Landscape of Health Care

Changes in Health Care Financing & Organization

- Affordable Care Act (2010)
  - Introduced Measures and Metrics
  - Required Deeper Needs Assessment for Hospitals
  - Formalized Accountable Care Organizations (ACOs)

- General Trends
  - Movement away from fee for service—especially towards various forms of capitation

- Increasing stake in demonstrating population level improvements in health
Health Care Organizations

- Hospitals
- Accountable Care Organizations (ACO)
- Insurers
- Health Departments
- Federally Qualified Health Centers (FQHC)
Health Care Organizations (NC Specific)

Local Management Entity/
Managed Care Organization
Accountable Care Organizations

Basic Idea:
- Refocus from a fee-for-service model to a focus on meeting quality standards (“Volume→Value”)
- Provider Control

Mostly exist under federal statute, and are led by health care providers

Usually focused on primary care, but may include a range of specialties

“Hook” for population health?
- A primary goal of ACOs is to improve quality of care through increased coordination, including a focus on chronic conditions
Health Care Organizations: Potential “Hooks” for focus on Population Health

- Mission of organization to improve health of populations/community
- Move “upstream” to prevent having to treat as many patients who lose money, or for services that generally lose money
- Community Benefit requirement for nonprofit hospitals
- Reduce readmissions
- Quality incentives under capitated payment systems
- Others?
Substance prevention coalitions and other prevention organizations *may* be in a position to partner with these organizations in population health improvement efforts.

Some examples:
- Nonprofit hospitals serving as lead agency for coalitions funded by the federal Drug Free Coalition *
- Prescription drug prevention efforts to improve prescribing practices and increase usage of PDMP
- Collaborating with health departments and hospitals on Community Needs Assessments (CNA)

* Derived from Sue Thau, CADCA, 2015 IOC Symposium presentation
Coalitions – Substance Abuse

Focus
- Single or multiple substances
- Address local conditions using data driven process

Infrastructure
- Non-profit, Task force/ Collaborative
- Multiple organizations from various sectors (school, law enforcement, etc.)

Population Health
- Comprehensive Approach using both individual and environmental approach
- Strategic Prevention Framework
**Focus**

Substance abuse prevention and treatment services

**Infrastructure**

Non-profit or public
behavioral health, mental health, disability service

**Population Health**

Continuum of care approach
Prevention – indicative, selective, universal
20% set aside – environmental strategies
697 Drug-Free Communities Program Grantees for Fiscal Year 2015

- New Mentoring Grantee (20)
- New Grantees (188)
- Mentoring Grantees (3)
- Continuation Grantees (486)

Source: Office of National Drug Control Policy/ Drug Free Communities Support Program
https://www.whitehouse.gov/ondcp/drug-free-communities-support-program
Vision for Substance Abuse Research

HCOs

Coalitions

Population Health
Vision for Substance Abuse Research

HCOs

Coalitions

Population Health
What Do We Already Know?

Definitions of “Population Health” vary dramatically

- Health of current patient population
- Health of specific beneficiary population (e.g., Medicaid)
- Health of everyone in a community, region, state
What do we already know?

**Metrics for measuring performance and impact vary dramatically**

- Teutsch (reported in 2016 IOM report on population health metrics):
  - Proliferation of core metric sets is causing confusion
  - The best measures are the ones that
    - “drive action”
    - “provide the greatest health improvement and contribute to health equity for the total population”
THE METRICS LANDSCAPE

What do we already know?

Health care organizations (sometimes) and community coalitions (often) care about substance abuse— but for different reasons.
Figure 1. Rate of neonatal and maternal hospital stays related to substance use, 2006–2012

Note: Neonatal and maternal stays related to substance use were identified using all-listed conditions. Neonatal and maternal rates were calculated separately based on total neonatal or total maternal stays.

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID) from 38 States, 2006–2012
Compile Sampling Frame

Obtain secondary data

Obtain primary data: Phase 1: Interviews

Obtain primary data – Phase 2: Survey
## Sampling Frame

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<th>Organization Type</th>
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<td>Federally Qualified Health Center</td>
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<td>Health Insurer</td>
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<td>Prevention Provider</td>
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<td>Community Substance Abuse Prevention Coalition</td>
<td>~50</td>
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<tr>
<td>Totals</td>
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Selection Criteria for Interviews

1. Region
2. Organizations
3. Individual Staff

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<td><strong>Totals</strong></td>
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Preliminary Findings
Preliminary Findings – Key Areas

- Priorities
- Metrics
- Initiatives
- Partnerships
Health Care Organizations

- Chronic disease
- Access to quality health care
- Behavioral, physical and mental health
- Trauma education & services
- Reduce readmissions

Coalitions & Prevention Organizations

- Substance use prevention – alcohol, prescription drugs, marijuana
- Environmental & individual approaches

Opioid epidemic

- Social determinants of health (transportation, food deserts)
- Trauma (PP)
- Behavioral and mental health (PP)
Preliminary Results – Extent in which population health is a priority

“I think about what are the elements of what we need to do to be successful. Then we talk about identifying a population and understanding them and then engaging with them. The identify piece is the easiest part which is defined by the payers.”
Preliminary Results – Metrics

Health Care Organizations
- Referrals, treatment
- Pre and post test for educational programs
- Community education plan
- Electronic medical records (EMR)
- Medicaid Claims data

Coalitions & Prevention Organizations
- Key stakeholder data – Law enforcement
- Juvenile justice
- PRIDE survey (youth SU)
- Community survey

- Pre and Post training surveys
- Gap analysis
- Client satisfactory surveys
- Community education plan

- Community health needs assessment
- Hospital/ Emergency department (overdose death)
“For better or worse (the metrics) are driven by the payers on the clinical side and the operations side…in every aspect it is our contract with the payer that determines the metrics…”

Standardizing the community health assessment across counties
Preliminary Results – Initiatives

Health Care Organizations

- Medical Enduring Network Dream (MEND)
- Resilience community programs
- Triple P (Positive Parenting Programs)
- Maternal health/care family planning services
- Mobile crisis services
- Systems of Care
- Coordinated care teams

Coalitions & Prevention Organizations

- Tobacco free initiatives
- Reclaiming futures
- Collaborating for Clients initiative (hospital– food pantry, housing, jobs, healthcare)
- Naloxone /Narcan distribution initiatives
- Improve Prescribing practices
- Screening
- Referral to services (prevention, intervention, treatment, recovery)
  SBIRT

- Collaborating on client services (hospital– food pantry, housing, jobs, healthcare)

Collaborating for Clients initiative (hospital– food pantry, housing, jobs, healthcare)
# Preliminary Results – Partnerships

## Health Care Organizations
- Health departments
- Prevention providers
- Federally Qualified Health Centers (FQHC)
- Coalitions
- Affiliate or local hospitals
- Accountable Care Organizations
- LME/MCO
- Community Care of NC

## Coalitions & Prevention Organizations
- Law enforcement
- Juvenile justice
- Schools
- Heath dept
- LME/MCO
- Variety of community organizations

- Coalitions – host agency /coordination
- Foundations
Preliminary Results: Overarching Themes

Health Care Organizations

- Moving from “Volume” to “Value”
- Discrepancies on “Population Health”
- Slow transition to “Downstream” to “Upstream”
- Partnering vs. “Outsourcing” with Community Groups
- Low Visibility/knowledge of Prevention Providers & Coalitions

Coalitions & Prevention Organizations

- Low Visibility/Credibility
- Low Level of knowledge/understanding of HCOs
- Already doing work focused on population health
Discussion:

- Have you been involved in bridging attempts or efforts?
- What was the focus?
- What were some of the
  - Facilitators?
  - Successes?
  - Challenges/Barriers?
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FIGURE 2-3 County Health Rankings Data Model.
FIGURE 2-4 America’s Health Rankings Framework.
SOURCES: Teutsch presentation, July 30, 2015; United Health Foundation, 2015.

The IOM’s Vital Signs report uses a different framework (IOM, 2015) (see Figure 2-5). One challenge associated with this model, said Teutsch, is that it is difficult to find measures from some of these factors. Another issue is that some of the terms, such as engagement, are not clearly defined.
Categories of Population Health Efforts

- Traditional Clinical Prevention Interventions
- Practice–Based Population Measures
- Total Population Measures
- Community–Level Care Indicators
- Context–Changing Interventions

Traditional Clinical Prevention Interventions

- Annual Influenza Vaccination
- Use of Aspirin for Those with Increased Risk of Cardiovascular Event
- Screening for Tobacco Use
- Screening for Substance Abuse
- Screening for Domestic or Other Violence

Practice-Based Population Measures

- % of Patients with Asthma and Diabetes
- % of Patients who are Overweight
- % of Patients who have had a Colonoscopy (among age- and gender appropriate patients)
- % of Patients with a Newly Diagnosed STD

% of Community Residents with Asthma and Diabetes

% of Community Residents who are Overweight

% of Community Residents who have had a Colonoscopy (among age- and gender-appropriate residents)

% of Community Residents with a Newly Diagnosed STD

Community-Level Care Indicators

- Routine Use of Community Health Workers
- Funding for Smoking–Cessation Groups in the Community
- Funding for Chronic Disease Self-Management Groups in the Community

Context—Changing Interventions

- Financial Contribution to a Pooled Population Health Fund
- Assigned Employee or Funded Position to Work on Community–Level Health Improvement
- Required Annual Meeting with Local Public Health Leadership to Review Public Health Priorities & Develop a Plan to Address Them
