Coalition Partnerships with Healthcare Agencies

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Community Anti-Drug Coalitions of America (CADCA)

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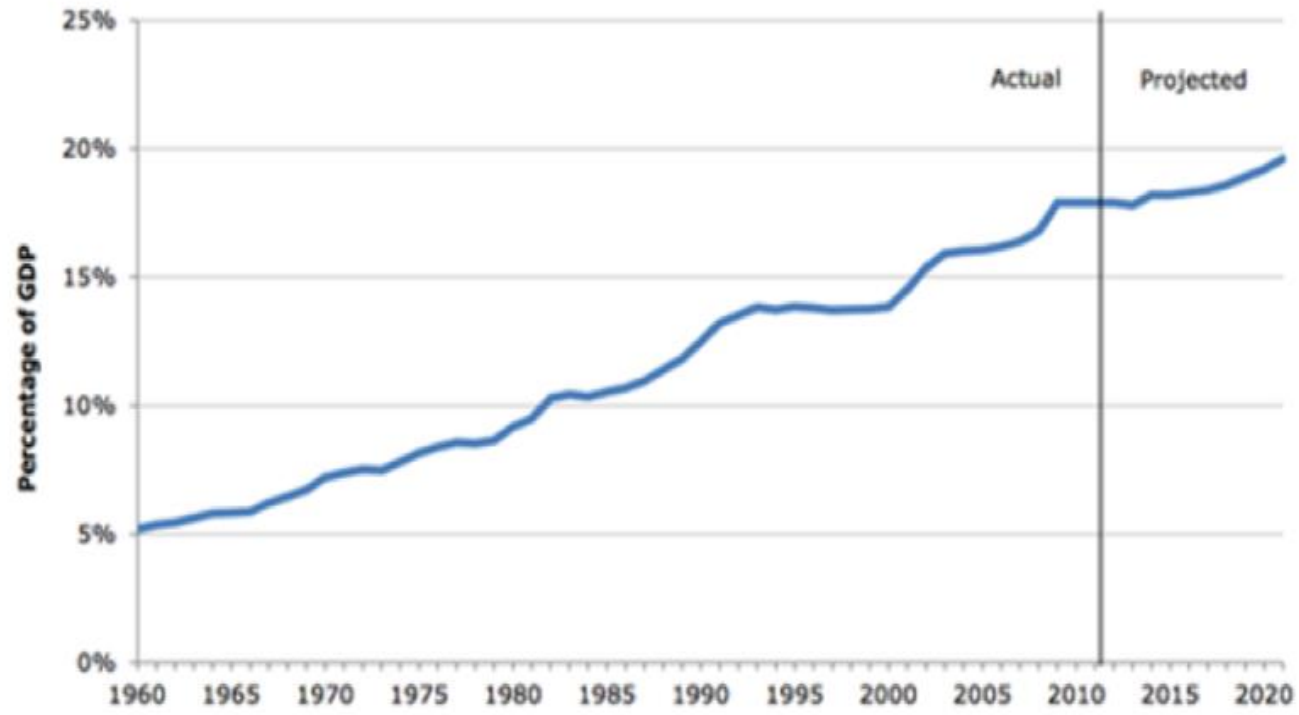
AMA
AMERICAN MEDICAL
ASSOCIATION

The AMA

- Over 200,000 members nationwide
  - M.D.
  - D.O.
- One of the largest lobbying budgets of any organization in the U.S. ($20,000,000)

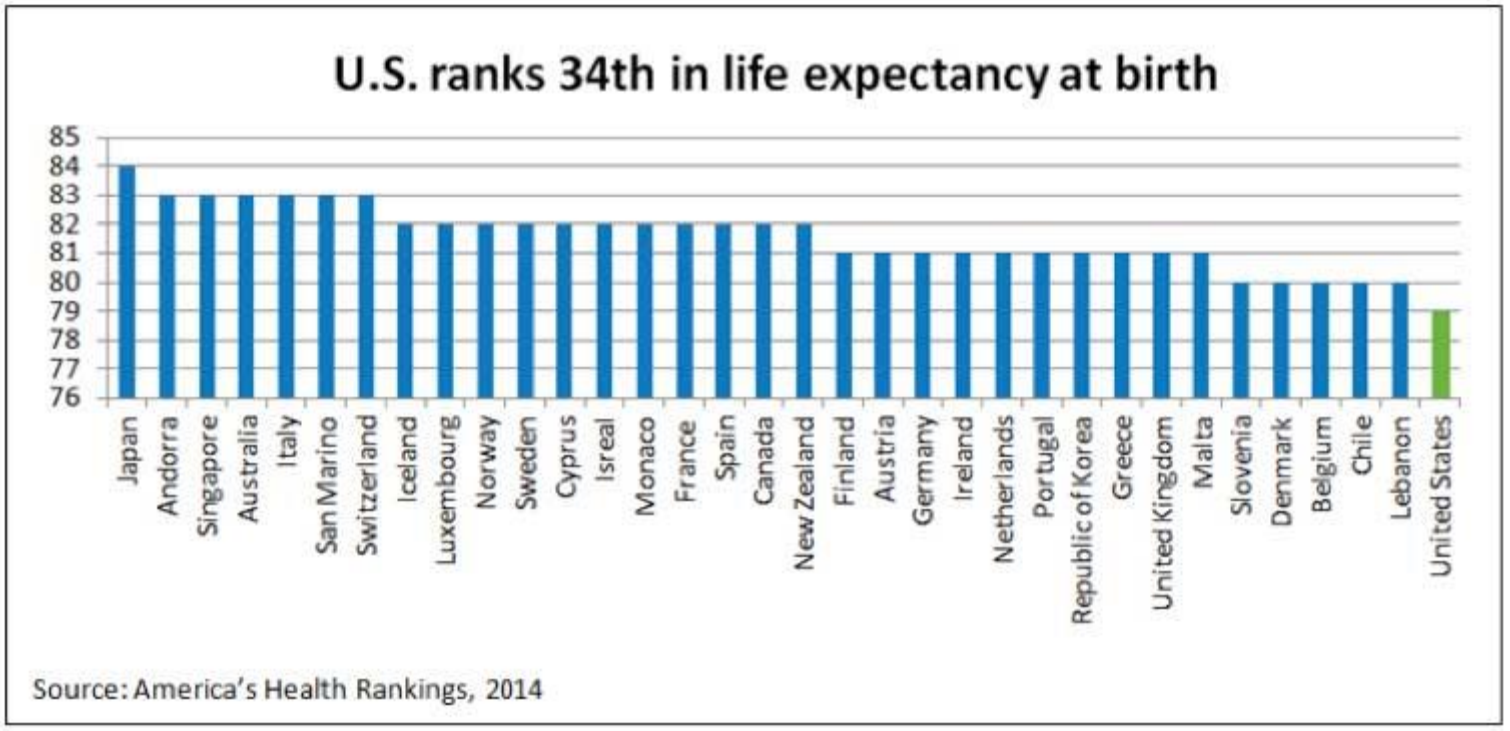
U.S Health Expenditures

Figure 2: U.S. National Health Expenditures as a Share of GDP, 1960-2021



Source: Centers for Medicare and Medicaid Services.

U.S. Health Outcomes



The Evolving Health Care System

The First Era (Yesterday)

- Focused on acute and infectious disease
- Germ Theory
- Medical Care
- Insurance-based financing
- **Reducing Deaths**

Health System 1.0

The Second Era (Today)

- Increasing focus on chronic disease
- Multiple Risk Factors
- Chronic Disease Mgmt & Prevention
- Pre-paid benefits
- **Prolonging Disability free Life**

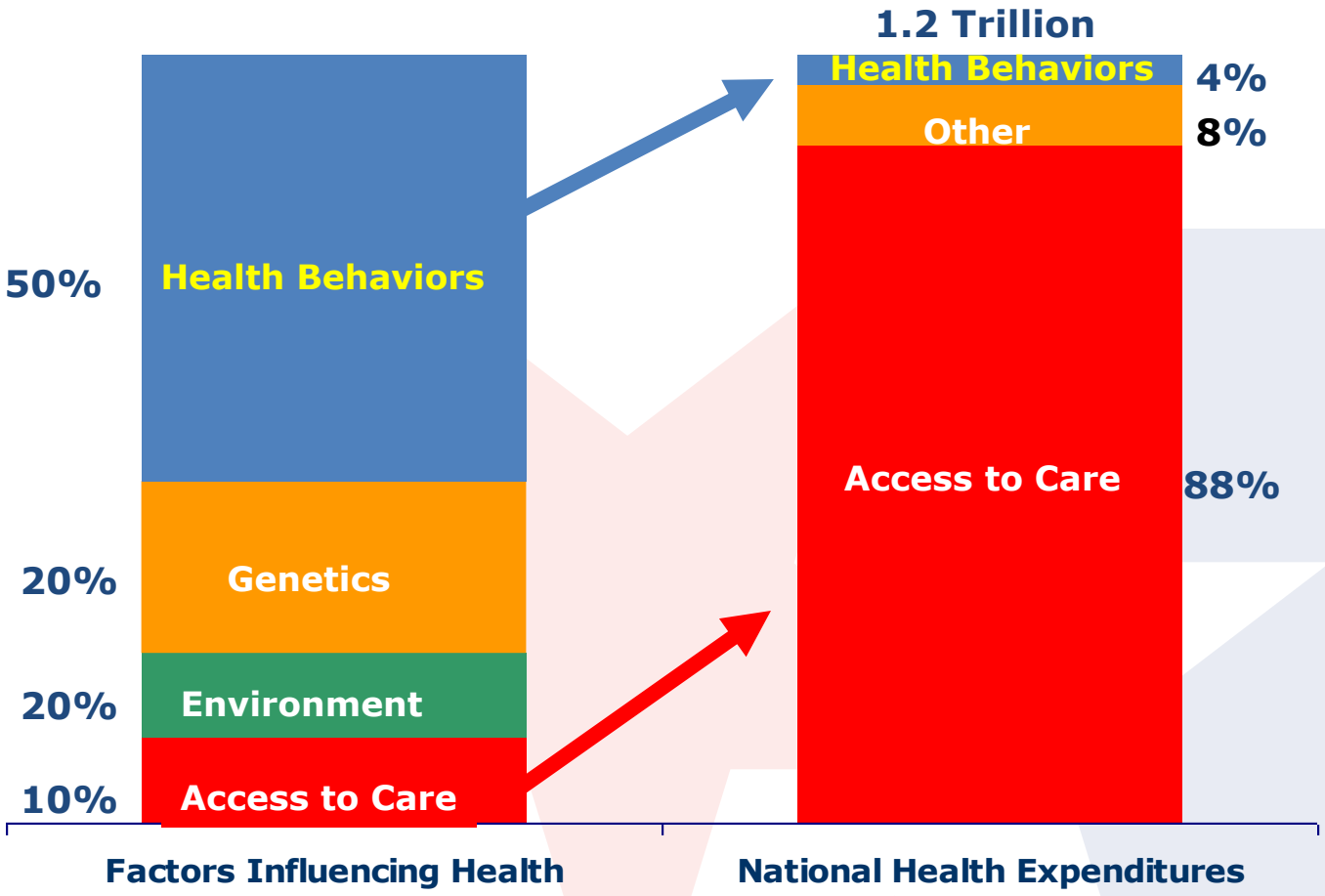
Health System 2.0

The Third Era (Tomorrow)

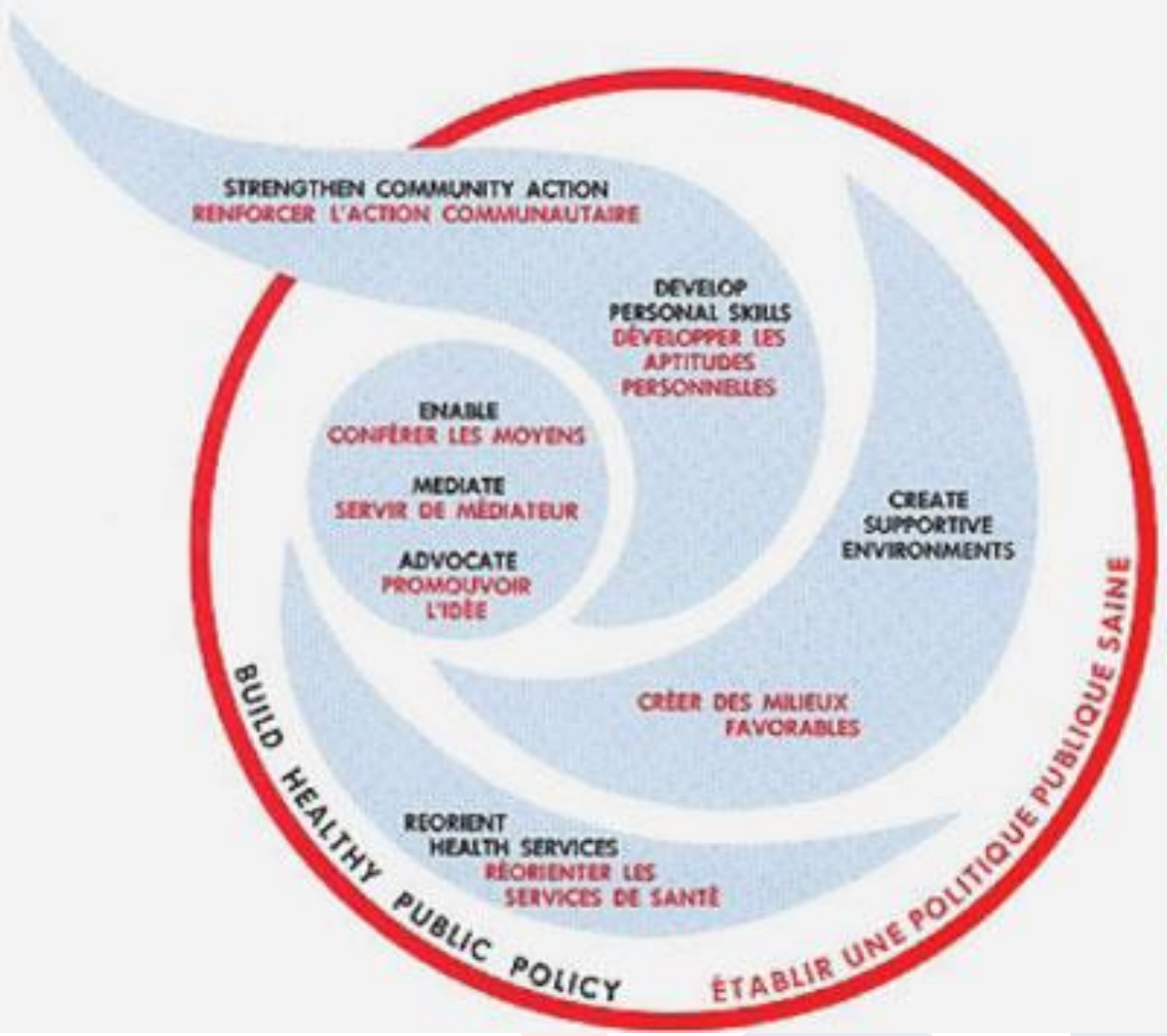
- Increasing focus on achieving optimal health status
- Complex Causal Pathways
- Investing in population-based prevention
- **Producing Optimal Health for All**

Health System 3.0

Current Misalignment in Spending Needs to Be Addressed to Achieve Optimal Health

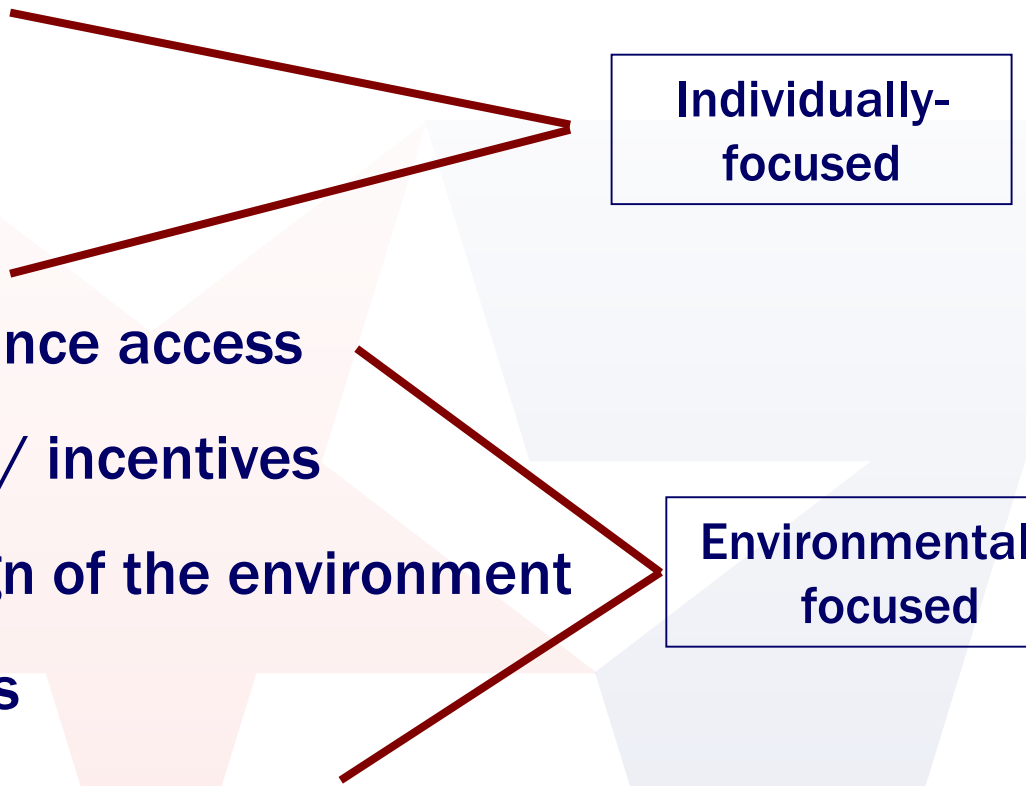


The Community



The Seven Strategies

1. Provide information
2. Build skills
3. Provide social support
4. Reduce barriers / enhance access
5. Change consequences / incentives
6. Alter the physical design of the environment
7. Change policy and rules



CADCA

- Founded in 1992 as a recommendation from the President's Drug Advisory Council.
- Supports a comprehensive, data-driven approach to prevent the use of illicit drugs, underage drinking, youth tobacco use, and medicine abuse.
- Represents more than 5,000 community coalitions nationally and in 22 countries globally.

CADCA'S National Coalition Institute

Established by Congress in 2001 by the
Drug Free Communities (DFC) Support Act

Awarded to CADCA and operationalized in 2002

Celebrates **13 years** of creating effective community anti-drug coalitions!

CADCA's National Coalition Institute

The Institute is "a vehicle for coalition-specific substance abuse prevention, policy development and a center for coalition training, technical assistance, evaluation, research and capacity building."

The Institute is strategically aligned into two functional areas:

- Training, Technical Assistance, & Outreach (TTO)
- Evaluation and Research (E&R)

CADCA Projects

- *Coalitions and Community Health: Integration of Behavioral Health and Primary Care* (2013)- a project in cooperation with the SAMHSA-HRSA Center for Integrated Solutions
- Promoting Medically Assisted Treatment (2017)
- America's Community Coalitions Expanding SBIRT Services (ACCESS) 2017-2019

Coalitions and Community Health

In partnership with HRSA and SAMHSA

Coalitions and Community Health

The Good:

- Emphasizes the role of the community
  - multi-sector partnerships,
  - stakeholder involvement,
  - operationalizing comprehensive plans
- Speaks to the use of data (existing and emerging)
  - CHNA
  - PCMH measures
- Case Studies

Coalitions and Community Health

The Bad:

- Focus of health is still the “four walls”
- A lack of the value proposition of partnering with coalitions (coalitions in service to health care)
- Integration partnership is not equal

Promoting Medically Assisted Treatment

Working across the Continuum of Care

Indivior

Promoting Medically Assisted Treatment

20 Coalitions Funded- a one year project

- With high amounts of overdose
- With a shortage of doctors that are credentialed to provide treatment (eg, ASAM training)
- That have a positive momentum
  - Methadone clinics in the community
  - With some doctors prescribing MAT
  - Market access from an insurance perspective
  - Market access from a media and political environment

Promoting MAT- Objectives

- Educate communities on all of the available MAT / OBOT options and where they can find these services
- Educate all communities on the need for increased access to MAT / OBOT services
- Educate communities on the importance of asking for more MAT / OBOT services to be available in their communities
- Reduce the stigma and discrimination associated with seeking out and receiving MAT / OBOT services
- Get more doctors in more areas waivered to treat opioid abuse

Promoting MAT- the Work

- Pre-Project Launch: Promote the GOAL MAT Academy and recruit interested participants
- Phase #1: Research and recruit trainers, SME's and coalition members to attend the GOAL MAT ACADEMY
- Phase #2: Customized education and training curriculum development
- Phase #3: GOAL MAT Academy

Promoting MAT- the Work (2)

- Phase #4: Technical Support and Progress Monitoring
- Phase #5: Performance Measures, Evaluation and Assessment
- Ongoing Marketing, PR and Communications

Promoting MAT- Phase #1

These areas have been identified as areas

- With high amounts of overdose
- Areas with a shortage of doctors who are waivered to provide treatment
- Areas that have a positive momentum
  - There are methodone clinics in the area
  - There are doctors performing OBOT
  - There is market access from an insurance POV
  - There is market access from a media & political environment

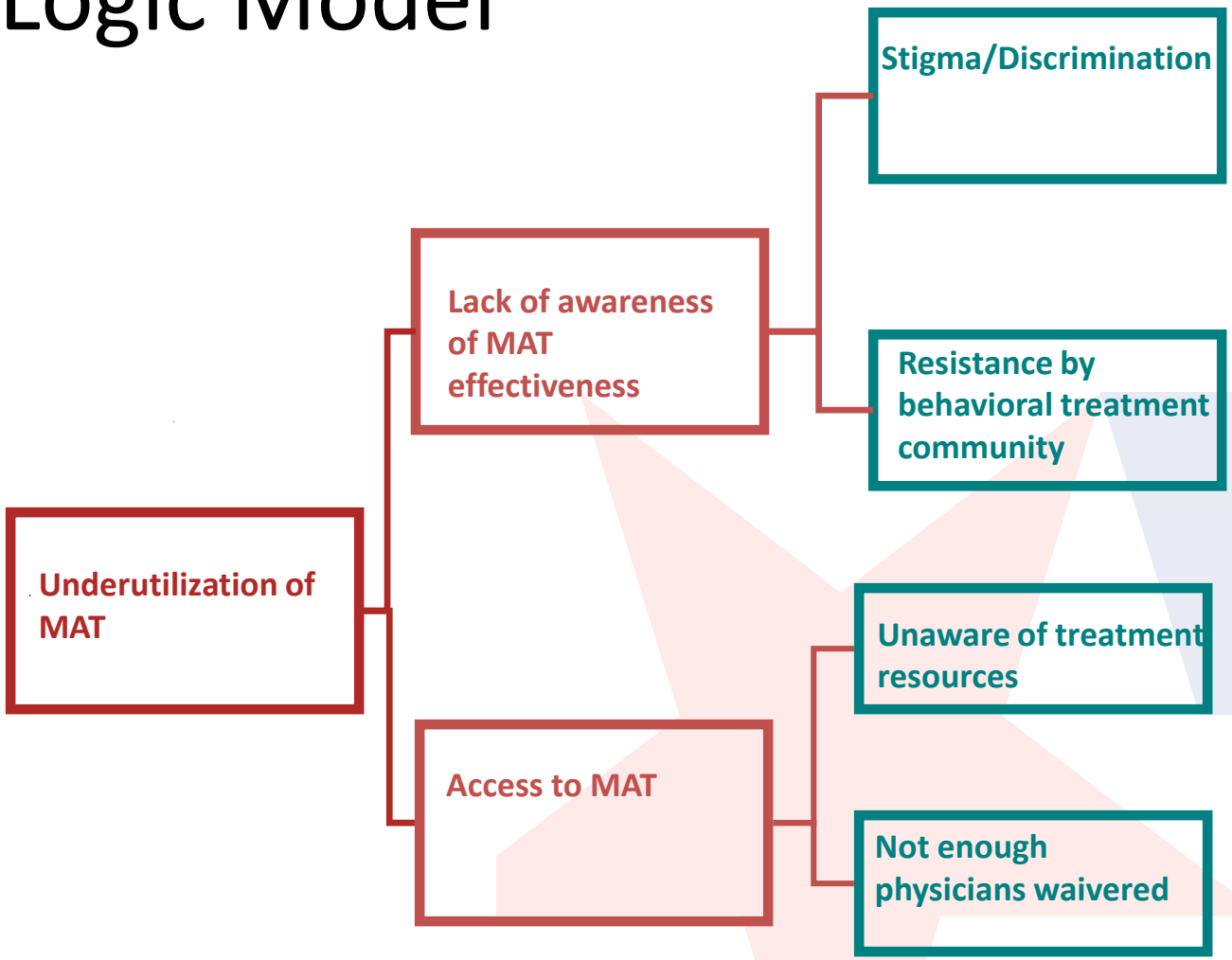
Selected Locations

- Ohio: Youngstown, Akron, Mansfield
- Wilmington, NC
- Indianapolis, IN
- Norfolk, VA
- Memphis, TN
- Buffalo, NY
- Pensacola, FL/Mobile, AL
- Pittsburgh, PA
- Tampa, FL
- Oklahoma: Tulsa, Oklahoma City

Phase #2- Curriculum Development

Logic Model

Phase #3- Training



Local Conditions

- Specific
- Identifiable
- Actionable

Problem Statement

But Why? (Root Causes)

But Why Here? (Local Conditions)

Phase #4- T.A. and Monitoring

- Learn from each other and discuss ideas
- Upload documents for review and obtain feedback from their instructors
- Share documents and links to resources with others
- Coordinate projects, calendars and schedules
- Network with other coalitions and share their success stories
- Make announcements and schedule events

Phase #5- Performance Measures, Evaluation & Assessment

Evaluation & Research team developed performance measures used for final evaluation and reporting, including:

- The number of individuals trained by the "community champions" in their communities
- The number of events hosted to reach these individuals in each community
- The number of Physicians who received information from the community
- The change in knowledge from the community of MAT and OBOT options and where they are available.

America's Community Coalitions Expanding SBIRT Services (ACCESS)

A Project funded by the Conrad Hilton Foundation

Building Safe, Healthy, and Drug Free Communities

CADCA®

SBIRT

Screening, Brief Intervention, and Referral Treatment

SBIRT is an integrated public health approach to the delivery of early intervention and treatment services for people with substance use disorders and those at-risk of developing them.

What SBIRT Does

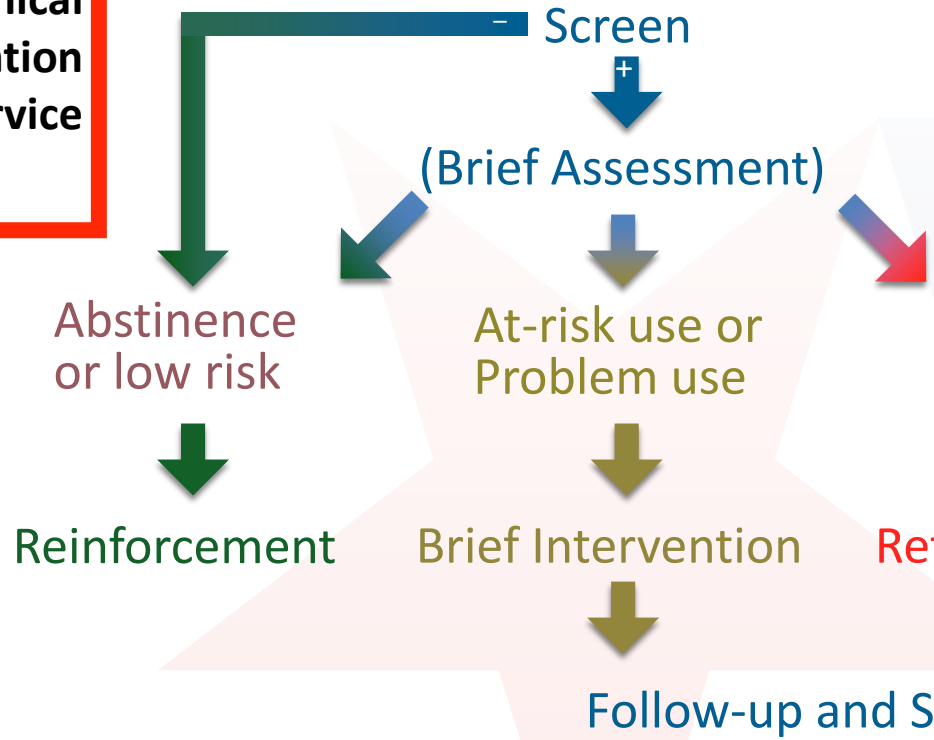
- Integrates a quick conversation with youth in a setting where interaction is already taking place

- Encourages community groups (and healthcare providers) to screen and refer for brief counseling youth who show signs of misuse alcohol or other drugs.

- Improves linkages between general community health care and specialized substance abuse providers to facilitate access to care when needed

SBIRT Overview

A one-on-one clinical prevention service



When delivered universally, a population/ public health intervention

Screening Tool Examples

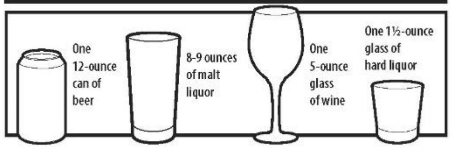
Blood Alcohol Content Screening (or other medical tests such as liver function)

- AUDIT
- ASSIST
- DAST
- CRAFFT
- T-ACE/TWEAK
- 4 or 5 P's

Adolescent Questionnaire

For each question below, put an "X" in the box that is your best answer.

One drink is the same as...



QUESTIONS	YES	NO
1 Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?		
2 Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?		
3 Do you ever use alcohol or drugs while you are alone?		
4 Do you ever forget things you did while using alcohol or drugs?		
5 Do your family or friends ever tell you that you should cut down on your drinking or drug use?		
6 Have you ever gotten into trouble while you were using alcohol or drugs?		

Did you know that for ...

REGULAR BEER		MALT LIQUOR		WINE		HARD LIQUOR*	
12 ounces (one normal can) =	1 drink	12 ounces (one normal can) =	1.5 drinks	5-ounce glass (normal-size glass) =	1 glass	1 shot (1-1/2 ounces) =	1 drink
16 ounces (one tall can) =	1.3 drinks	16 ounces (one tall can) =	2 drinks	25 ounces (one regular-size bottle) =	5 glasses	750 ml (a "fifth") =	17 drinks
40 ounces (screw-top bottle or big can) =	3.3 drinks	40 ounces (screw-top bottle or big can) =	4.5 drinks			1.75 L (a "handle" or "half gallon") =	39 drinks

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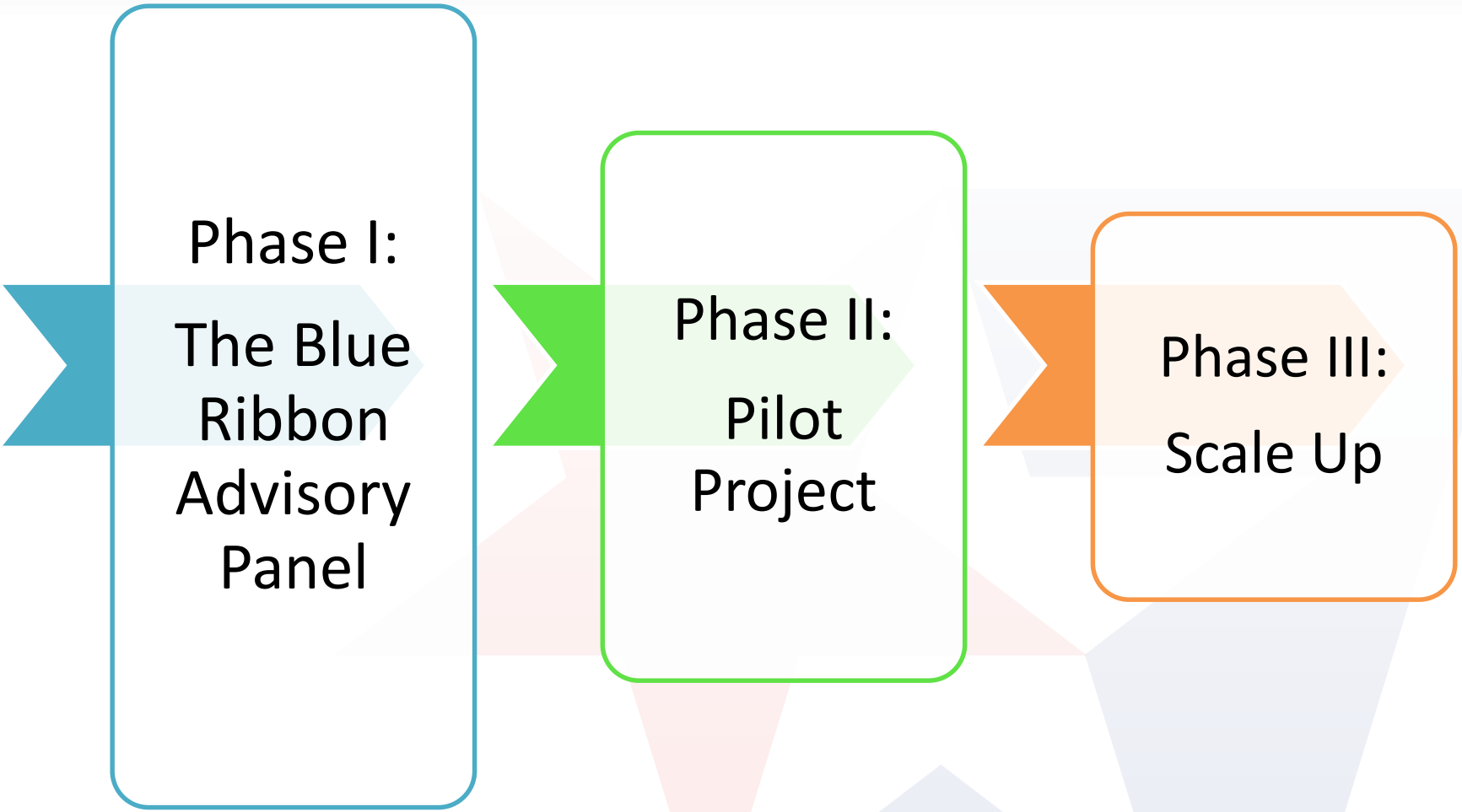
Project ACCESS- Phase 3



Characteristics of Pilot Sites

Coalition Name	Action for Betterment of Commun.	Coastal Communities	GNO Drug Demand Reducation	Gwinnett Coalition	West-Allis Coalition
Coalition Structure	Free Standing	Part of a larger org	Free Standing	Free Standing	Part of a larger org
Age of Coalition	15+ Years	2 years	2 years	20+ Years	5+ years
Population Served	Rural SD	Surburban/ Rural ME	Urban LA	Suburban GA	Suburban WI
Exposure to SBIRT	Strong	Medium	Zero	Zero	Strong
Strongest Partnerships	Sturgis	U. of N. Eng. (OM)	School System	State	Univ. of Wisc (SM)
Most Important Factor	Experience	UNE	Capacity	Experience	Healthcare

Phase 3: Scaling Up

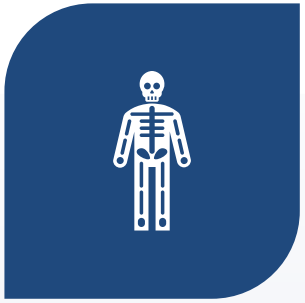
Drug Free Marion County (IN)	United Way Broward County (FL)

Action for Betterment of Commun.	Coastal Communities	GNO Drug Demand Reduction	Gwinnett Coalition	West-Allis Coalition

How?

REWORKING THE PROJECT ACCESS TOOLKIT

WORKSHOP ON SBIRT SERVICES FOR TRAINERS



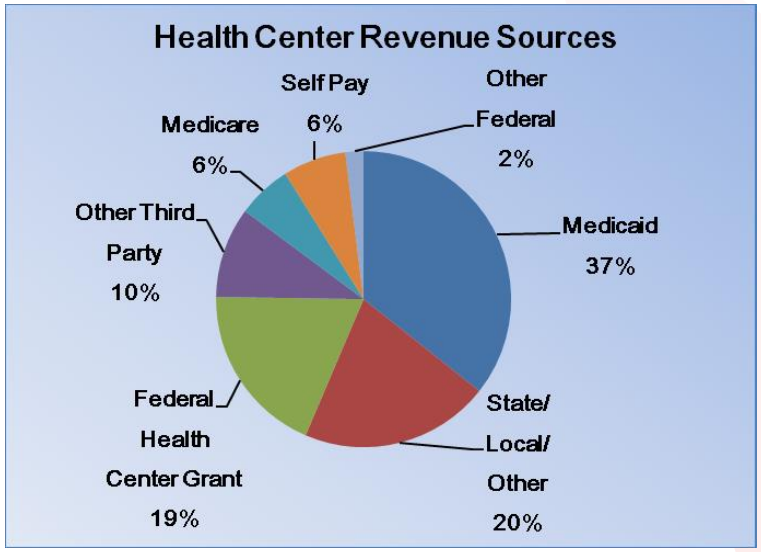
SESSIONS (NLM AND MYTI)

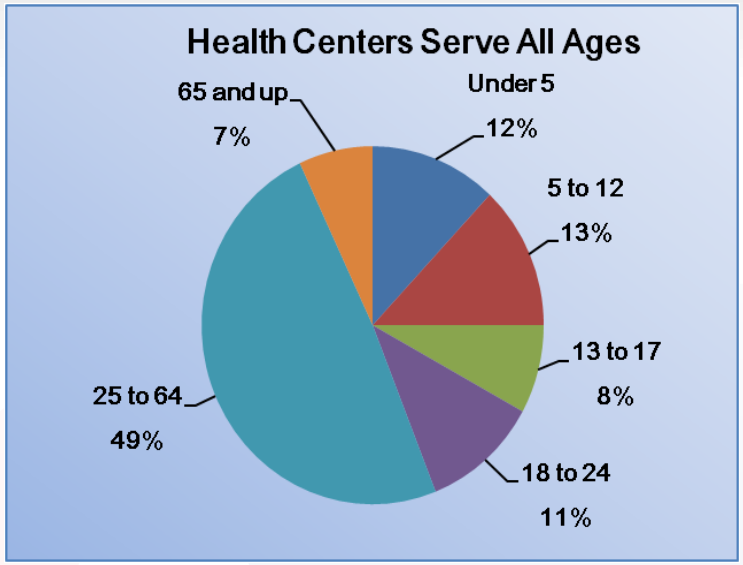
Community Health Centers

- Started in 1965
- Senator Ted Kennedy helped draft the first bill to fund Community Health Centers in 1964
- Expanded to over 1,400 federally supported organizations
- Increase access to primary care
- Reduce barriers due to cost, lack of insurance, and accessibility
- "*Community Health Centers serve as the primary medical home for over 25 million people in 9,800 rural and urban communities across America*"

17.1 Million Patients (1 in 18)

- 92% Below 200% poverty (1 in 6)
- 70% Below 100% poverty (1 in 3)
- 38% Uninsured (1 in 7)
- 934,000 Homeless Individuals
- 834,000 Migrant/Seasonal Farmworkers
- 157,000 Residents of Public Housing





67 Million Patient Visits

- 1,087 Grantees – half rural
- 7,500+ Service Sites

Over 113,000 Staff

- 8,400 Physicians
- 5,100 NPs, PA, & CNMs

Source: Uniformed Data System 2015

CHC Models

- Tin Cup Model
  - Relies on personal relationships
- Hospital Partnership
  - Written contract with a community hospital
- Buy Your Own Subspecialty
  - Health center hires healthcare provider

CHC Models (cont'd)

- Telehealth
  - Relies on communication equipment for Doctor/Pt interaction
- Teaching Community
  - Care is provided by Resident physicians in training
- Integrated System
  - Community Health Center integrated with local government

Community Health Centers

- The Affordable Care Act provides **$11 billion** in funding over the next **5 years** for the operation, expansion, and construction of health centers throughout the Nation.
- **$9.5 billion** is targeted to:
  - Create **new health center sites** in medically underserved areas.
  - **Expand** preventive and primary health care **services**, including oral health, behavioral health, pharmacy, and/or enabling services, at existing health center sites.
- **$1.5 billion** will support major construction and renovation projects at community health centers nationwide.
- This increased funding will **double the number of patients seen** by health centers, making primary health care available for **40 million people**.

Lessons Learned

- The importance of community
- Care “outside the 4 walls”
- Linkages with clinical care
- The value proposition
- Innovation

Clinical Community Linkages

Agency for Healthcare Research and Quality describes clinical-community linkages as:

Linkages which help connect health care providers, community organizations, and public health agencies so they can improve patients access to preventative and chronic care services.

Goals of Clinical-Community Linkages:

- Coordinate healthcare delivery, public health, and community-based activities to promote healthy behavior
- Forming partnerships to fill gaps in needed services
- Promoting patient, family, and community involvement in strategic planning and improvement activities
- Coordination of services at one location or different locations
- Developing ways to refer patients to resources

Health and Health care (or health-care)

So, which is it?

Health care- a noun, but when an adjective….

We have childcare, eldercare… ***healthcare*** (?) as the adjective. Though some insist a hyphen is necessary.

And HEALTH

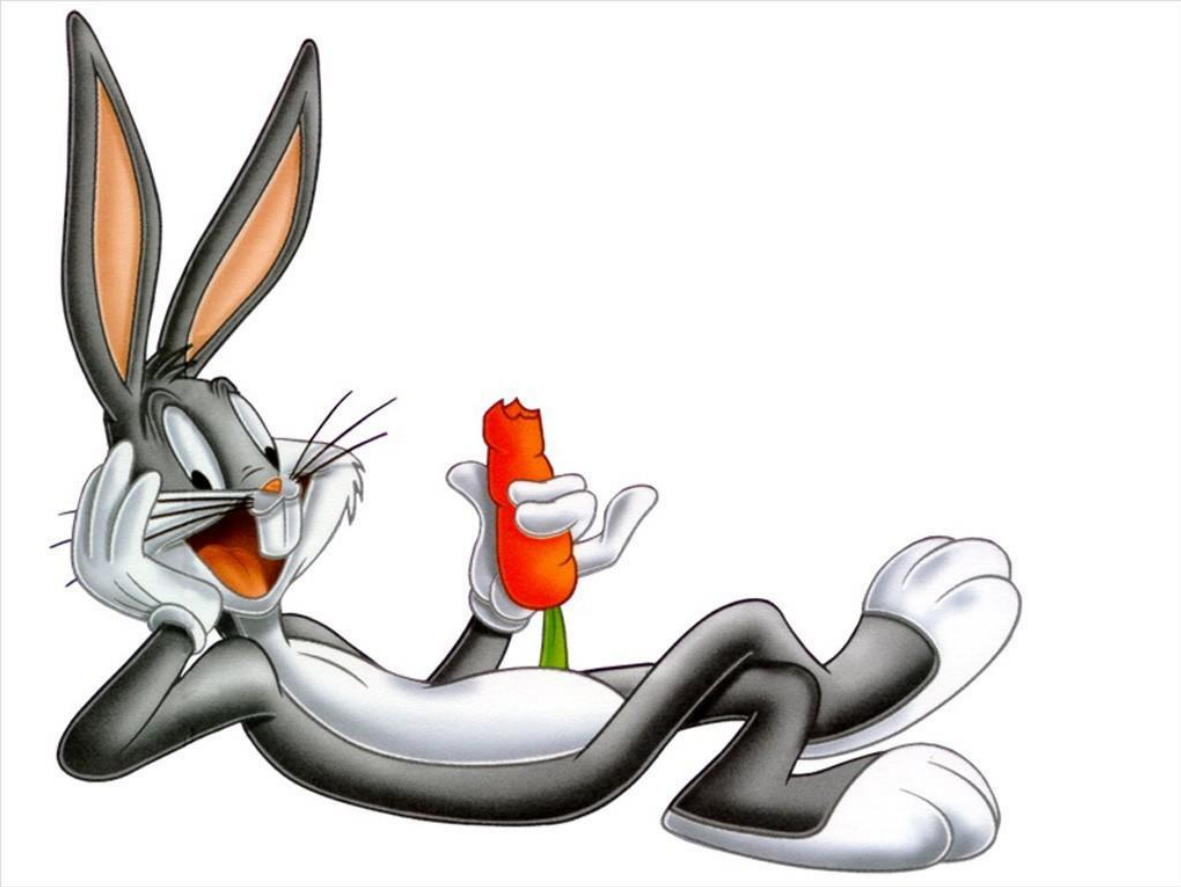
- Public health
- Community health
- Health health….

YOU

Health (cont.)

- Health is:
  - What we eat/ drink (take into ourselves)
  - Where we live
  - How we live
  - Our family and our community

But what about those docs?



Formation

- P.A.- 24-27 months of education (in addition to an undergraduate degree), including practicum experiences
- N.P.- undergraduate degree + R.N. + 1-3 years education
- Community Health Worker- 2-4 years of experience + 1 to 3 months job training

What about those docs?

- Primary Care- Family physician, pediatricians, allergist
- Specialist- ENT, psychiatrist, cardiologist
- Nurses: R.N.s- Most now have an undergraduate degree (and L.P.N.s)- and the registration is usually a part of that degree

Where do we partner?

- Primary care docs- Usually as resource-poor as community organizations
- Emerging workforce elements
- Hospitals seeking to improve community/ population health
- Community health centers (through their BoDs)

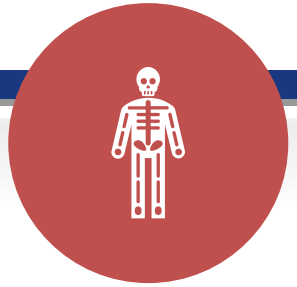
Policy Levers

The Patient Protection and Affordable Care Act

The Comprehensive Addiction Recovery Act

Community health

Legislative Levers



POPULATION HEALTH (YOU)

PROMOTING THE VALUE OF NEW MODELS AND WORKFORCE DEVELOPMENTS ACROSS THE CONTINUUM OF CARE (MAT)

AN EMPHASIS ON PREVENTION (SBIRT)

QUALITY IMPROVEMENT (LATER)

Health Care Transformation

Health Information Technology

Opportunity to expedite analysis of large sets of outcome data

Opportunity for public health to use its surveillance and epidemiology expertise to hold the reformed system

What does surveillance mean in an era where policy and community prevention are central?

Coverage of key preventive services

Mandated coverage of all USPSTF A and B recommendations

Role of health in holding the health care system accountable

Quality Levers

The Patient-Centered Medical Home

al Council on Quality Assurance

Updated every 3

The National Quality Forum

Population Health (means something different for health care)

Questions?