The Theoretical Foundation & Application of Whole Person Integrated Care
Training Objectives

As a result of this training, participants will:

1. Become familiar with current concepts related to whole person care and the continuum of comprehensive behavioral healthcare
2. Better understand the disease burden of and contributors to behavioral health problems
3. Become familiar with advances in research that demonstrate contributors to mental health and mental illness
4. Become familiar with key components of a public health approach that promote better outcomes
5. Become familiar with the how the concepts of Whole Person Care form the foundation of the Whole Person Integrated Care (WPIC) model
6. Become familiar with the goals of WPIC and how components of the model advance achievement of the goals
SECTION 1

➢ WHOLE PERSON CARE
➢ CONTINUUM OF BEHAVIORAL HEALTH
➢ DISEASE BURDEN & CONTRIBUTORS TO BEHAVIORAL HEALTH PROBLEMS
➢ RATIONALE FOR & OVERVIEW OF A PUBLIC HEALTH APPROACH
Whole Person Care = Integration of medical + behavioral + public health approaches

- Focuses on helping people become and stay healthy—rather than focusing more narrowly on “managing” diseases or conditions
- Includes, but is not limited to strategies such as integrated care, which have typically focused on integration of healthcare services (hospital, primary care, and specialty services such as behavioral health)
- Expands the concept of integration beyond the health sector to include the broad range of services and approaches now known to positively and negatively impact overall health, reduce health disparities and optimize public and private resources

http://www.jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=14261&lid=3
Scope of the Behavioral Health Problem

- Nearly 1/3 of the disease burden in US, surpassing all other single health conditions
- Nearly double the life time prevalence in US than that of any other industrialized & developing nations
- Data from the World MH Survey: US has the highest prevalence of MI in the world, ranks 2nd in substance use
- MI and SUD represent the most disabling of all health conditions (high prevalence, inadequate access to care, insurance discrimination)
- Median age on onset (14); significant symptoms precede full diagnostic criteria by 2 years, on average there is a 10-year delay in receiving treatment
- Presence of a behavioral health disorder is one of the most powerful predictors of academic failure; negatively influences on occupational achievement, and cause of substantial costs (IOM in 2009 estimated $247 billion related to children and young adults)

The State of Mental Illness

Over the course of a lifetime, around 50% of US adults are likely to be diagnosed with some form of mental illness. The cost, consequence, and prevalence of mental illness is enormous.

**PREVALENCE**

Half of US Adults are likely to be diagnosed with a mental illness in their lifetime.

In a given year, a quarter of US adults suffer from a diagnosable mood disorder.

**THE CONSEQUENCE**

Depression is the leading cause of years lost due to disability.

Of the top 10 causes of disability in the US and other developed countries, 4 are mental disorders.

**THE COST**

Every year $317 billion dollars is spent on treating the 6% of US adults who have serious mental illnesses like major depression and schizophrenia.

24 billion in disability benefits

100 billion in health care expenditures

193 billion in lost earnings

**THE CARE**

In a 12-month period, only 4 in 10 US adults with a mental disorder are receiving treatment from any source (including healthcare).

Only 1 in 10 are receiving minimally adequate care.


By Kyle Hill
# Factors Driving Change

<table>
<thead>
<tr>
<th>Healthcare reform – increased accountability and opportunities for improvement in quality and outcomes in current behavioral health care system</th>
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<tr>
<td>Multi-sectoral research – new information on behavioral health risk factors, and on value and effectiveness of whole-person/public health approaches</td>
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<td>Skyrocketing health care costs and an overwhelmed system</td>
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<tr>
<td>Prevalence and disease burden of behavioral health conditions on individuals and society</td>
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Adoption of public health constructs as viable paradigm to advance Whole Person - Value Driven Care, and Cost Efficiencies
Why is a Public Health Approach Relevant to Behavioral Health?

- "Behavioral health has become a public health crisis. No other public health crises are as widespread or contribute as much to the burden of illness in the U.S. as do behavioral health disorders. By 2020, mental and substance use disorders will surpass all physical diseases worldwide as major causes of disability." (Linda Rosenberg, National Council for Behavioral Health)

- Dramatic rises in health care costs have led to the need for new approaches.

- Health research indicates that understanding the role of social and environmental determinants of health and the use of primary prevention will result in more effective and efficient care.

http://iom.nationalacademies.org/~/media/Files/Activity%20Files/PublicHealth/PrimCarePublicHealth/PCPH-Report-Release-Presentation-03-28-12.pdf
What is a Public Health Approach?

- A public health approach aims to prevent problems from occurring in the first place by *targeting key risk factors or social determinants* and addressing these at a whole of population level (not just at-risk groups). This has been termed an "upstream" approach to prevention.

- The focus of public health intervention is to improve health and quality of life through prevention and treatment of disease and other physical and mental health conditions.

- This is done through surveillance of cases and health indicators, and through *promotion of healthy behaviors*.

- Examples of common public health measures: promotion of hand washing, breastfeeding, delivery of vaccinations for diseases that put the individual and public at risk, prevention of injury through use of seat belts, child car seats, etc.

- *The American Academy of Pediatrics, in a 1993 policy statement, described a new morbidity (broad risk to health), that of social difficulties, behavioral problems, and developmental difficulties in children, youth, and their families.*

  [http://pediatrics.aappublications.org/content/108/5/1227](http://pediatrics.aappublications.org/content/108/5/1227)
Criteria of a public health problem

1. It must place a large burden on society, a burden that is getting larger despite existing control efforts;
2. The burden must be distributed unfairly (i.e., certain segments of the population are unequally affected);
3. Must be evidence that upstream preventive strategies could substantially reduce the burden of the condition; and
4. Such preventive strategies are not yet in place
SECTION 2

CURRENT RESEARCH & HOW IT RELATES TO HEALTH CONTRIBUTORS TO MENTAL HEALTH AND MENTAL ILLNESS

- BRAIN PLASTICITY
- EPIGENETICS
Learning from Research

- Growing research supports effective strategies to *promote healthy development, enhance social and emotional well-being*, and *prevent and reduce* a host of *behavioral health problems* (e.g., brain plasticity)

- New brain imaging techniques are creating rapid advances in knowledge about how the *brain changes with experience* (e.g., epigenetics)

- Advances in neuroscience and the biology of stress provide a compelling rationale for the *inclusion of health promotion and disease prevention as part of an effective behavioral health agenda*. (e.g., toxic stress, ACEs)

Brain Plasticity

- Brain plasticity, also known as neuroplasticity is the brain's ability to change and adapt as a result of experience.

- Up until the 1960s, researchers believed that changes in the brain could only take place during infancy and childhood. By early adulthood, it was believed that the brain's physical structure was mostly permanent.

- Modern research has demonstrated that the brain continues to create new neural pathways and alter existing ones in order to adapt to new experiences, learn new information and create new memories.

http://psychology.about.com/od/biopsychology/f/brain-plasticity.htm
Neu-ro-plas-tic-ity

• Neuroplasticity is re-wiring of brain pathways
• Neurogenesis is growth of new neural networks

1. Beginning of life when the immature brain develops
2. Through adulthood when something new is learned
3. In case of brain injury to compensate for lost functions
Plasticity of the brain

• **Plasticity**: Refers to the brain's ability to reorganise neural pathways throughout the lifespan as a result of experience.

• Put simply: The brain's ability to change with learning.

• There is a change in the internal structure of neurons, notably the synapses &

• Increase in the number of synapses
Epigenetics

We used to believe that our genes determined who we are, how we think and function, and that these were immutable. New research has revealed that *our experiences impact our genes*. Epigenetics is the study of *external mechanisms, experiences, that switch genes on and off*.

- Epigenetics controls genes. Certain circumstances in life can cause genes to be silenced or expressed over time. They can be turned off (becoming dormant) or turned on (becoming active).
- Epigenetics is everywhere. The *positive and/or negative impact* of what we eat, where we live, who we interact with, when we sleep, how we exercise, even aging – can eventually *cause chemical modifications around the genes that will turn those genes on or off over time*.

http://www.livescience.com/37703-epigenetics.html
SECTION 3

UNDERSTANDING A PUBLIC HEALTH APPROACH & HOW IT PROMOTES WHOLE PERSON CARE
Mental Health & Wellness

- Mental health can be understood as: a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community.

- An understanding of mental health as something more than the absence of mental illness has promoted the use of concepts such as positive mental health and wellbeing.

WHO, 2001
Wellness/Well-Being

*Wellness is multidimensional and includes:*

- Social Wellness
- Occupational Wellness
- Spiritual Wellness
- Physical Wellness
- Intellectual Wellness
- Emotional Wellness
- Environmental Wellness
- Financial Wellness
- Mental Wellness
Focusing on mental health can foster:

higher educational achievement

safer & healthier
- families
- schools
- workplaces
- communities

improved relationships

personal dignity

things that support good mental health are:

social inclusion

opportunity for self-determination and control of one’s life

meaningful employment, education, income and housing

The evidence suggests the same things protect against harmful drug and alcohol use, and reduce suicide.

being involved in a variety of activities

having a valued social position

physical and psychological security

Mental Health Promotion

Mental health promotion is a framework that:

- places mental health within a health promotion framework
- views mental health specifically on a continuum, ranging from optimal to minimal
- uses strategies that foster supportive environments and individual strengths and skills, while showing respect for culture, equity, social justice, interconnections, and personal dignity.

Mental health promotion includes strategies to promote the mental well-being of those who are not at risk, those who are at increased risk and those who are experiencing or recovering from mental health problems.


WHO 2004a
Risk and Protective Factors

There have been important advances in establishing a sound evidence base for mental health promotion in recent years.

There is consensus that there are clusters of known risk and protective factors for mental health and there is evidence that interventions can reduce identified risk factors and enhance known protective factors (Mrazek & Haggerty, 1994)
There are *universal protective factors* that promote wellness such as the availability of social support and stress management skills.

- **Due to the focus on symptoms and pathology, our knowledge of protective factors is rarely used for behavioral health promotion.**

- **Employing these kinds of activities should be a part of a behavioral health approach.**

Continuum of Comprehensive Behavioral Healthcare

http://www.samhsa.gov/prevention
Risk and Protective Factors

A public health approach integrates treatment, prevention and promotion. Genetic and environmental variables play a role in the development and manifestation of behavioral health disorders: and because many environmental variables can be acted upon, there are tremendous opportunities for preventing mental and substance use problems by implementing practices that are designed to reduce malleable risk factors and enhance malleable protective factors.

**Prevention**

Mental disorder prevention aims at “reducing incidence, prevalence, recurrence of mental disorders, the time spent with symptoms, or the risk condition for a mental illness, preventing or delaying recurrences and also decreasing the impact of illness in the affected person, their families and the society” Mrazek & Haggerty, 1994

- **Universal prevention** - interventions targeted at the *general public* or to a *whole population group that has not been identified on the basis of increased risk*.
- **Selective prevention** - targets individuals or subgroups of the population whose *risk of developing a mental disorder is significantly higher* than average, as evidenced by biological, psychological or social risk factors.
- **Indicated prevention** - targets people who are identified as *high-risk* - having minimal but detectable signs or symptoms foreshadowing mental disorder or biological markers indicating predisposition for mental disorder but who do not meet diagnostic criteria for disorder at that time. Mrazek & Haggerty, 1994, pp. 22–24

Social Determinants of Health

Social determinants of health (SDOH) are the conditions under which people are born, grow, live, work, and age.  Commission on Social Determinants of Health, 2008

- Refers broadly to *any nonmedical factors influencing health*, including health related knowledge, attitudes, beliefs, or behaviors (e.g., smoking).
- *Have a direct impact on the health* of individuals and populations; also help structure lifestyle choices and behaviors, which interact to produce health or disease.
- Two areas of strong evidence for SDOH: (1) impact of social (dis)advantage over the life course from early childhood experiences to adult health and (2) health of future generations.
- Upstream social determinants influence health at each life stage (childhood health, adult health, family health and well-being), with accumulating social (dis)advantage and health (dis)advantage over time.

https://www.rand.org/content/dam/rand/pubs/working_papers/WR1000/WR1096/RAND_WR1096.pdf
60% of Health Impact Emanates from Behavioral, Environmental & Social Conditions
Maslow Shows Us what this Means

There is a complex interplay of social determinants with health and well-being:

- Unmet needs at the lower levels of the triangle (i.e., physiological, safety, love, and esteem) dominate each individual’s attention, behavior, and views of the future.
- Thus, the ability to engage in one’s overall health and invest in meeting the needs of others (“Self-Actualization”) is dependent upon the degree to which one’s own basic needs are met.
Example of SDOH impact

Laura Gottlieb, MD: “I diagnosed “abdominal pain” when the real problem was hunger; .....I mislabeled the hopelessness of long-term unemployment as depression and the poverty that causes patients to miss pills or appointments as noncompliance. My medical training had not prepared me for this ambush of social circumstance. Real-life obstacles had an enormous impact on my patients’ lives, but because I had neither the skills nor the resources for treating them, I ignored the social context of disease altogether”

Example of SDOH impact

Anderson and colleagues found that low-income mothers perceive their mental health status as a normal response to external stressors like financial instability and social isolation, and they resent being labeled with mental health diagnoses. In their view, this inaccurately suggests that their distress is internally generated. They believe the remedy is improved life conditions, not treatment. Moreover, they are skeptical that helping professionals have sufficient and comparable life experience to understand their situations or a commitment to help them obtain needed support and resources. As one of the mothers put it, “Walk in my shoes for one week. You’ll be depressed too.”

Root Cause Mapping EXERCISE

- Identifying key factors contributing to health problems, identifying methods for addressing these underlying factors and promoting improved outcomes by repeatedly asking “why?” to help identify the “causes of causes,” or the social determinants of the issues.

- Drawing an initial root cause map may be a first step in a more comprehensive process that can include a structured assessment of which root causes appear frequently, which have a higher or lower impact, which agencies or stakeholders might address each identified cause, and which root causes seem feasible to address given resource and political constraints.
**JASON IS IN THE HOSPITAL……….**

<table>
<thead>
<tr>
<th><strong>Why is Jason in the hospital?</strong></th>
<th>Because he has a bad infection in his leg.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>But why does he have an infection?</strong></td>
<td>Because he has a cut on his leg and it got infected.</td>
</tr>
<tr>
<td><strong>But why does he have a cut on his leg?</strong></td>
<td>Because he was playing in the junkyard next to his apartment building and fell on some sharp, jagged steel</td>
</tr>
<tr>
<td><strong>But why was he playing in a junkyard?</strong></td>
<td>Because his neighborhood is kind of run down. A lot of kids play there and there is no one to supervise them.</td>
</tr>
<tr>
<td><strong>But why can’t his parents afford a nicer place to live?</strong></td>
<td>Because his dad is unemployed and his mom is sick.</td>
</tr>
<tr>
<td><strong>But why is his dad unemployed?</strong></td>
<td>Because he doesn’t have much education and he can’t find a job.</td>
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<tr>
<td><strong>But why …?</strong></td>
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</tbody>
</table>
Population Health

Population health focuses on the health of entire populations.

- It encompasses not only health outcomes, but also the health/social determinants that influence these outcomes and the interventions that impact the determinants. Kindig & Stoddart, 2003

- Population health recognizes that “our ZIP code may be more important than our genetic code” in determining overall health status. Marks, 2009

- At best, medical care accounts for only 10 to 15 percent of preventable deaths. Robert Wood Johnson Foundation, 2009

- Other factors exert a powerful influence, including the social, economic, and physical environments in which we live, work, learn, and play; our personal health practices and coping skills; and our early childhood experiences, among others.

- At its most basic, population health management is about paying for value rather than volume, and for quality rather than episodes of care. It moves care upstream—from treating people when they become sick to helping them stay well. http://ahpnet.com/Files/AHP-Whitepaper-PopulationHealth.aspx
Life Course Theory/Perspective

“LCT is based on growing and converging scientific evidence from reproductive health sciences, developmental and neurosciences, and chronic disease research:

- Pathways or Trajectories – Health pathways or trajectories are built – or diminished – over the lifespan. While individual trajectories vary, patterns can be predicted for populations and communities based on social, economic and environmental exposures and experiences. A life course does not reflect a series of discrete steps, but rather an integrated continuum of exposures, experiences and interactions.”

http://mchb.hrsa.gov/lifecourse/rethinkingmchlife-course.pdf
Life Course Theory/Perspective

- “Life course theory (LCT) is a conceptual framework that helps explain health and disease patterns – particularly health disparities – across populations and over time.
- Instead of focusing on differences in health patterns one disease or condition at a time, LCT points to broad social, economic and environmental factors as underlying causes of persistent inequalities in health for a wide range of diseases and conditions across population groups.
- LCT is population focused, and firmly rooted in social determinants and social equity models.”

http://mchb.hrsa.gov/lifecourse/rethinkingmchlifecourse.pdf
Life Course Theory/Perspective

“Early Programming – Early experiences can “program” an individual’s future health and development. This includes prenatal programming (i.e. exposure in utero), as well as intergenerational programming (i.e., the health of the mother prior to conception) that impact the health of the baby and developing child. *Adverse programming can either result directly in a disease or condition, or make an individual more vulnerable or susceptible to developing a disease or condition in the future.*”

http://mchb.hrsa.gov/lifecourse/rethinkingmchlife.pdf

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Life Course Theory/Perspective

- **“Critical or Sensitive Periods”** – While *adverse events and exposures* can have an impact at any point in a person’s life course, the *impact is greatest at specific critical or sensitive periods of development* (e.g., during fetal development, in early childhood, during adolescence, etc.).

- **Cumulative Impact** – Cumulative experiences can also “program” an individual’s future health and development. While individual episodes of stress may have minimal impact in an otherwise positive trajectory, *the cumulative impact of multiple stresses over time may have a profound direct impact on health and development, as well as an indirect impact via associated behavioral or health service seeking changes. (This concept of cumulative impact is also referred to as “weathering”, or “allostatic load”.)*  

http://mchb.hrsa.gov/lifecourse/rethinkingmchlifecourse.pdf
Life Course Theory/Perspective

“Risk and Protective Factors – Throughout the lifespan, protective factors improve health and contribute to healthy development, while risk factors diminish health and make it more difficult to reach full developmental potential. Thus, pathways are changeable. Further, risk and protective factors are not limited to individual behavioral patterns or receipt of medical care and social services, but also include factors related to family, neighborhood, community, and social policy.”

http://mchb.hrsa.gov/lifecourse/rethinkingmchlifecourse.pdf
Life Course Theory/Perspective

- Examples of **protective factors** include, among others: a nurturing family, a safe neighborhood, strong and positive relationships, economic security, access to quality primary care and other health services, and access to high quality schools and early care and education.

- Examples of **risk factors** include, among others: food insecurity, homelessness, living in poverty, unsafe neighborhoods, domestic violence, environmental pollution, inadequate education opportunities, racial discrimination, being born low birthweight, and lack of access to quality health services.

http://mchb.hrsa.gov/lifecourse/rethinkingmchlifecourse.pdf
Figure 2: Developmental tasks across the lifespan

<table>
<thead>
<tr>
<th>Sectors</th>
<th>Major life changes and developmental tasks</th>
<th>Life stages</th>
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<tbody>
<tr>
<td>Community</td>
<td>Being born healthy and normal birthweight</td>
<td>Birth</td>
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<tr>
<td>Workforce</td>
<td>Acquiring language skills</td>
<td>Infancy and toddlerhood</td>
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<tr>
<td>Social</td>
<td>Developing impulse control</td>
<td>Childhood</td>
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<tr>
<td>Relationships</td>
<td>Entering school</td>
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<td>Education</td>
<td>Learning to read and write</td>
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<tr>
<td>Family</td>
<td>Developing social skills</td>
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<td>Entering puberty</td>
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<td>Dating</td>
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<td>Adolescence</td>
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<td>Developing identity and independence</td>
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<td></td>
<td>Leaving home</td>
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<td></td>
<td>Pursuing higher education</td>
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<td>Choosing a vocation</td>
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<td>Finding a partner</td>
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<td>Having children</td>
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<td>Parenting a young child</td>
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<td>Parenting a primary-school child</td>
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<td></td>
<td>Parenting an adolescent</td>
<td>Early adulthood</td>
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<td></td>
<td>Achieving vocational success</td>
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<td></td>
<td>Parenting a child who is leaving home</td>
<td>Adulthood</td>
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<td>Parenting adult children</td>
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<td></td>
<td>Providing care for an ill parent</td>
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<td></td>
<td>Becoming a grandparent</td>
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<td>Retiring from a job</td>
<td>Older adulthood</td>
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<td>Coping with illness or disability</td>
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<td>Providing care for an ill spouse</td>
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<td>Coping with the death of a spouse</td>
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<td>Coping with the death of peers</td>
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<td></td>
<td>Dying</td>
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</table>

Source: Adapted from Mrazek & Haggerty (1994) p. 224, which was adapted from Kellam SG, Branch JD, Agrawal KC, Ensminger ME 1975, Mental Health and Going to School, University of Chicago Press, Chicago.
SECTION 5

THEORY TO PRACTICE:

WHOLE PERSON INTEGRATED CARE
The pivot toward achievement of the Triple, and now the Quadruple Aim requires us to re-envision the components and processes of health delivery.

Integration of research in neuroscience, social epidemiology, public health & the behavioral sciences create new opportunities to advance Whole Person and Value Based Care.

The Whole Person Integrated Care (WPIC) model leverages these advances to create a new model of comprehensive care.
THE QUADRUPLE AIM

Better Care

More Satisfied Members

Lower Total Health Costs

More Satisfied Providers
I hope I don’t have to wait too long....I’m worried about my stomach pains....what if I have an ulcer?

How am I going to get my car fixed?? I’m surprised it made it here...

We’re going to run out of food again.....What am I going to do this time? I’m afraid my son is losing weight and he’s only 2....

Some days I can hardly function.....I feel so alone and tired of trying.
The WPIC model

- Focuses on helping people become & stay healthy—rather than focusing more narrowly on “managing” diseases or conditions;
- Includes, but is not limited to strategies such as integrated care, which has typically focused on integration of healthcare services (hospital, primary care, & specialty services such as behavioral health); and,
- Expands the concept of integration beyond the health sector to include the broad range of services & approaches now known to positively & negatively impact overall health, reduce health disparities & optimize public & private resources.
WPIC reduces the most common barriers to care & advances achievement of the Quadruple Aim by:

- **Increasing awareness** of what can help & where help resides (e.g., treatments, services/resources)
- **Improving access** to that help/care (e.g., ability to get to care, Health Info Technology, outreach)
- **Building personal engagement & trust** required to invest in self-management/risking change through (1) relationship with the Health/Medical Home and (2) Peer to Peer engagement & connectivity in the home community
.....and through access to:

- Tools that promote investment and ability to change/manage health (easy to use tools that are engaging & empowering)
- Resources to address Social Determinants of Health (e.g., ways to get assistance by giving back as a ‘trade’ in a non-stigmatized environment, ways to build social support network in one’s own neighborhood & community)
- Pathways for ongoing communication /support by trusted helpers (Trusted peer helpers who have ‘been there’ & are of the same community, HIT to stay connected & obtain support for positive changes in health management/improvements)
- Increased support & capacity for persons delivering care (training, technical assistance, robust support from community health forums, and peer to peer support opportunities)
WPIC Ingredients

Patient-Centered Medical/Health Home

- **Public Health Approaches**
  - Health promotion for all citizens
  - Prevention & early intervention
  - Population orientation

- **Peer engagement** – support – active care facilitation

- **Individual/family owned resiliency-based Health Plan & Team**

- **Systematic community support infrastructure & resources to support those delivering care**

- **SDOH remedies via community-wide Health Network & Timebanking**

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Tier 1: WPIC Pathway of Care

**Health Promotion & Prevention**
- Medical services
- Peer Engagement & Support
- Strengths Promotion & Needs ID via Wellness Discussion Guide & Process
- Individually generated & owned Health Plan
- Brief Behavioral Health Services

**Assistance with Social Determinants:**
- Routine Individual Completion of
  - Health
  - B Health
  - Quality of Life
  - SDOH Status
- Surveys to Assess & Address Changes in Status

**Portal of Entry for WPIC**
- Identification & Engagement of Health Team Members
- Facilitated Access to Services & Supports
- Warm Handoff to WPIC Care Managers
INFRASTRUCTURE TO ADVANCE, SUPPORT & SUSTAIN WHOLE PERSON INTEGRATED CARE

**Tier 3**
The larger community +
Time Bank to address SDOH

**Tier 2**
A community forum/learning collaborative that links to and supports Tier 1 partners

**Tier 1**
Health Providers moving to best practices with customized support (HUBs, PCPs, etc.)
Tier 2: Advancing the Quadruple Aim

Local Health Forum
Medical Practices, Human Service & Community Partners

Collective Impact Emergence Model
Informed by Data, Research, Lived Experience

POPULATION

SUPPORT

DATA

Seeing resources through a new lens via a collective Vision

Vision is defined by strengths & needs of the Population

Broadening resources, the range of solutions and opportunities through a lens of shared Understanding

Developing the Community’s Health Network

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HEALTH PROMOTION through raising awareness about Health and Wellness via signage, publications and use of de-stigmatizing language related to behavioral health.

General Public

Community Service System (T2)

Health Delivery Practices: Health Homes, PCPs (T1)

Increased Penetration Rate

ADDRESSING SOCIAL DETERMINANTS OF HEALTH

Time Bank

↑ giving back
↑ resiliency
↑ health
↑ social connectivity
↑ community investment in health
↓ isolation
↓ depression
The **Community Health Network** = The Sum of Services + Resources Known to Advance the Wellbeing of each Health Home’s Population X the Number of Health Homes Participating in WPIC

**OUR POPULATION**

**Health Home**

- **Array of community services**
- **Array of informal supports & resources to address Social Determinants**

**Portal of Entry for WPIC**

- **40% Impact on Health**
- **60% Impact on Health**

Partnerships among consumers, their health home & the community shape the range of resources necessary to advance the health and wellbeing of each health home’s unique population.
Time Banks

- Common sense and a growing body of research tell us that having social support networks is essential to achieving & maintaining health. It is also clear that Social Determinants of Health (SDOH) are increasingly understood as a key driver of virtually all aspects of health.

- An approach that can actively create solutions to SDOH challenges is the Time Bank. Timebanking builds social networks of people who give & receive support from each other based upon time as currency, enabling people to share their unique strengths & interests to help others, while at the same time ‘withdrawing’ the resources they need to improve their own wellbeing.

- Time Banks operate all over the world & have grown in number in the US since the Great Recession.
How Does a TimeBank Work?

Stanley gets his TimeDollar statement in the mail:

Stanley joins a TimeBank and lists the services he offers and those he needs.

What will Stanley spend his TimeDollars on next? Watch this Circle!

Stanley goes shopping for Martha and earns two TimeDollars.

Kathy spends her TimeDollars having Stanley rake her yard.

Martha, a TimeBank member, calls for help with grocery shopping.

Stanley spends his TimeDollars having Raoul play music at his party.

Kathy earns TimeDollars cleaning Martha’s house.

Martha knits Roberta a sweater and earns TimeDollars.

Raoul spends his TimeDollars having Roberta help Dustin with his reading.

mckaufman for PBHM 10/2016
Time Banks- Essential Contributors to Improved health

“Evidence from more than 30 years of research suggests a profound relationship between social participation and human health and well-being. People who hold meaningful roles in supportive social contexts live longer, get sick less often, suffer less disability, and recover faster from life-threatening events.” *

“Health organizations like time banks because they believe that time banks make people feel better — and cut the cost of health care. In Richmond, Va., for example, a time bank program to provide social support to people with asthma cut emergency admissions to hospitals and the cost of treating asthma by more than 70 percent.”**

SECTION 6

IMPLEMENTATION:

A PARTNERSHIP WITH EACH HUB, EACH COMMUNITY AND THEIR PCPS
Establishing the Model

Tier 1:

- Assess current level of operations and satisfaction of practitioners in relation to service delivery as baseline. Collaboratively develop customized plan to help the practice build capacity & become engaged in the WPIC model to improve outcomes and practitioner satisfaction.

- Adopt EBP integrated care model as the service delivery approach within the HUBs, i.e., the Collaborative Care model (AIMs Center/U Washington)

- Advance levels integration of physical, behavioral, and SDOH elements within each HUB (the WPIC model)

- Initiate the WPIC Evaluation
Establishing the Model

Tier 2:

- Advance incorporation of the Collective Impact Emergence model within a human services collaborative forum in each County in order to implement the WPIC within the County’s human services array
- Build a population-orientation for the members served by each practice in order to create a stronger sense of ‘home’ in the health/medical home, and to begin shaping services/supports according to the real time needs of members
- Initiate the WPIC Evaluation
Establishing the Model

Tier 3:

- Work toward development of county-wide Health Network
- Use public health promotion strategies to advance WPIC for all citizens
- Facilitate implementation of the county’s Time Bank
- Initiate the WPIC Evaluation
Tier 1

Community Health Home/HUB/s
Primary Care Practice
FQHC

Tier 2

A community forum guided by the Collective Impact model:
- PBHM, local provider network, agencies, organizations, Tier 1 reps, etc.
- 1 forum per county
- Involve, Support & Sustain Tier 1 partners
  - Communication
  - Referral network
  - SDOH resources
  - Feedback loops
  - Population Data Feed to ID gaps
  - Outcomes reporting
  - Peer learning, TA

Tier 3

General public,
The ~ 85% we are not reaching (penetration rate)

Local Government Businesses Foundations/investors

SDOH resources via a Community Time Bank

PR/Social Marketing
Population health
Health promotion
Outreach Etc.

COMMUNITY HEALTH NETWORK

*mckauffman for PBHM 10/2016*
Building Capacity

- 1 Lead WPIC Manager, 3 County-specific WPIC Leads, 3 half-time Time Bank Coordinators (PBMH Staff)
- Establish replicable implementation protocols that incorporate WPIC approaches for sharing among HUBs & community forums
- Connect & promote shared learning and support among practitioners within the HUBs via routine communication strategies (shared protocols, monthly peer to peer calls, etc.)
Building Capacity

➢ Create ongoing feedback loops for sharing emerging evaluation data & lessons learned among HUBs & their community forums

➢ Establish learning collaborative activities within community forums to advance adoption of a culture that will promote development of County Health Networks

➢ Develop strategic connections within each County to promote development of Timebanking
Projected Outcomes

- Lower costs; improved care, clinical outcomes and patient/consumer satisfaction; lower rates of ED visits, increased use of preventative care, higher rates of treatment initiation and completion

- Increased patient/member and practitioner satisfaction, improved quality of life

- Decreased social isolation, improved community participation, reductions in Social Determinants of Health barriers to wellness

- An enhanced delivery system capable of addressing key factors influencing health and defining health outcomes
SECTION 7

THE WPIC EVALUATION
Evaluation is an essential part of planning and implementing a program design. The WPIC evaluation design for implementation is important because it:

- Helps ensure fidelity to the WPC framework from the beginning
- Improves program design and implementation on an ongoing basis
- Assesses activities of implementation to ensure they are as effective as possible
- Helps identify areas of success (in meeting goals/outcomes) and areas needing improvement in order to meet goals/outcomes in a timely fashion so that successes can be supported and replicated, and challenges can be quickly addressed
| Outcome Evaluation (G. Walby Complex Systems Design) | To determine whether there are significant changes on key outcomes and measures of knowledge, attitudes, beliefs or behaviors that can be linked (associated) with components of the WPI-Care program. | Utilize already existing Partners data (ED visits, Hospital re-admissions, Penetration rate, etc.), as well as new surveys for evaluation of WPI-Care (e.g. Wellness Guide, SF-12, PHQ-2, PHQ-9, QOLS and others as determined) linked to specific outcomes TBD collaboratively | Years 2-3, 4 or 5 | To be able to make data supported statements on program activity, participants and benefits
• (i) Evaluation and analysis plan and bi-annual outcome evaluation reports; |

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<th>WHAT WILL BE MEASURED &amp; HOW IS IT RELEVANT?</th>
<th>MEASUREMENT TOOL &amp; PROCESS</th>
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| 1. The Healthy Days Measure is related to self-reported chronic diseases (diabetes, breast cancer, arthritis, hypertension) & their risk factors (body mass index, physical inactivity, smoking status)  
• Measuring HRQOL can help determine the burden of preventable disease, injuries  
• It will help monitor progress in achieving health objectives  
• Analysis of the data can identify subgroups with relatively poor perceived health and help guide interventions to improve their situations and avert more serious consequences. Interpretation and publication of these data can help identify resources based on unmet needs, guide development of strategic plans, and monitor the effectiveness of broad community interventions, i.e., WPIC | Tool: The Healthy Days Measure (a 4 question health related quality of life/HRQOL survey developed by the Center for Disease Control and Prevention) assesses changes in Quality of Life for individual and Population Health  
Process: collect baseline and track changes in perceived physical & mental health over time (every 3 months) |
| 2. The Optum 12-Item Short Form Health Survey (SF-12) captures practical, reliable and valid information about functional health and well-being from the patient’s point of view.  
• It was developed for a multi-year study of individuals with chronic conditions.  
• It is used to measure changes in individual health and well-being, as well as population health and well-being over time, (e.g., mental and physical health status of adults), and to measure the outcomes of health services. | Tool: The SF-12 measures 8 concepts: Physical functioning * Role limitations due to physical health problems * Bodily pain * General Health * Vitality * Social functioning * Role limitations due to emotional problems & MH  
Process: collect baseline and track changes in perceived physical and mental health over time, and outcomes of health services |
Whole Person Integrated Care (WPIC) Evaluation Model
Dr. Gary Walby - Founder/Director - Complex Systems Innovations, LLC

Evaluation is needed to validate the development and implementation process and to assess impact of WPIC. Evaluating the complex interplay of community, organizational and individual factors are essential. This includes evaluating the changes in breadth and depth systemically when moving from Tier 1 through Tier 3, the need to track changes in social determinants of health and to provide a powerful feedback process to ensure detection of obstacles or mission drift as quickly as possible when corrections would be minimally intrusive.

The evaluation model is based in part on the synthesis of information across multiple areas with a primary focus on Collaborative Care, Integrated Care (including Medical Homes), the Quadruple Aim and Collective Impact. This is a unique model that focuses on prevention and intervention from the individual to the community level. The evaluation model will include six components designed to handle the complexity and breadth of the model, four of which are focused primarily on patient and provider levels of engagement, change, impact, and satisfaction. Two other components (developmental evaluation/systems based and collaborative evaluation) are overarching components that interact with the Figure 1 names the components with the Evaluation Component Matrix and the Evaluation by Tier schematic providing additional detail. In Figure 1, black arrows show a strong relationship between the components, dark gray moderate, and light gray a small relationship. Also represented, components will have more or less of a contribution at different Tiers of the WPIC.
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