

# MICHIGAN ACTION LEARNING NETWORK (ALN) PRIMARY & BEHAVIORAL HEALTH INTEGRATION FOR CHILDREN & FAMILIES

Practice Brief 2

July 2014

## COMMUNITY ACTION & ANALYTICS GUIDE



The Action Learning Network (ALN) was formed in 2013 by five Michigan communities with the intent of identifying strategic action around primary/behavioral health care integration for children. Members of the ALN are either currently funded by or have been recipients of federal system of care grants for children with serious emotional challenges.

This practice brief is focused on data analytics and is the second in a series aimed at documenting the efforts of ALN communities toward integration. *Practice Brief 1: Opportunities and Challenges* (August 2013) is available at [http://cfs.cbcs.usf.edu/\\_docs/publications/MichiganALN/MI-ALN-PB1.pdf](http://cfs.cbcs.usf.edu/_docs/publications/MichiganALN/MI-ALN-PB1.pdf)

For more information on the ALN and upcoming activities, please contact: Matt Wojack, [wojack@ceicmh.org](mailto:wojack@ceicmh.org).

### GETTING STARTED ON INTEGRATION

There has been much activity in recent years promoting the integration of primary and behavioral healthcare. Much of this work, however, has focused exclusively on adult populations. Integration issues for children and families are different and warrant exploration specifically around issues relevant to children, youth, and families. ALN partners identified three factors as critical to the planning and implementation of healthcare integration specifically for children:

1. **Recognition that there are both challenges and vast opportunities** for healthcare integration for children with behavioral health needs;
2. **Understanding the importance of primary and behavioral health partners** undertaking integration initiatives together through the use of existing or new infrastructures;
3. **Valuing the demonstration of results** for integration initiatives using evidence derived from data analytics.

Although local healthcare integration may vary in focus and scope, ALN members believe that there are key actions that communities can use to mobilize and organize their efforts.

### TRIPLE AIM

The ALN used the Institute for Healthcare Improvement's Triple Aim ([www.ihl.org](http://www.ihl.org)) as a guiding principle for integration because this approach focuses simultaneously on improvement in three dimensions of healthcare:

1. Quality and satisfaction;
2. Improved health of populations;
3. Reduced cost of care.

Using Triple Aim helps address local need in the context of all levels of the system. Although ALN members recognize that attending to all three of these dimensions at once is a tall order, they believe that the wellbeing of our children and families and our communities can best be accomplished using this approach.

### DATA ANALYTICS

**DATA** = qualitative and quantitative information used for reasoning, discussion, or calculation.

**ANALYTICS** = the discovery and communication of meaningful patterns in data.

Data analytics can be used to describe an environment, optimize action, improve outcomes. The ALN recognizes that to be most valuable, data analytics must be driven by clarity about actions that support community innovation in primary and behavioral healthcare integration for children.

### WHAT IS "THE GUIDE?"

The Community Action and Analytics Guide is intended for use by primary and behavioral health partnerships as a framework for informed action. The guide prompts users to take specific key actions, supported by relevant data, to optimize integration efforts. For each key action, the guide highlights relevant data, the location of these data, and processes for analyzing and applying findings.

### THE 7 KEY ACTIONS:

1. Through a partnership among primary care and community behavioral health leaders, **select a specific childhood physical health condition** that offers significant opportunity for quality, satisfaction, and cost improvement.
2. **Clearly establish the connection between behavioral and physical health** for the identified physical health condition in childhood and throughout the developmental trajectory.
3. For your community, which could be a specific county, region, or state, **describe the population affected by the condition**, beginning with the demographics of the overall child population and including indicators such as the percentage of children in poverty.

4. **Describe the context for the specific population** of focus and physical and behavioral health condition, such as the current providers of care, their locations, and the delivery structures.
5. **Identify the evidence-based and emerging interventions and strategies** that could improve the quality of care for the specific population of focus and health condition.
6. **Select measures that will assess changes** in quality, satisfaction, and cost resulting from the chosen strategy.
7. **Promote the specific integration strategy** based on the considerations made in key actions 1 through 6.

## STRUCTURE OF THE GUIDE

Key Actions – The key actions needed to undertake a quality improvement initiative		
<b>Data Needed</b> Data that supports taking a key action	<b>Data Sources</b> Location of the data that supports a key action	<b>Analytics</b> The methodology for analyzing and using the data; supportive processes

## ALN LOCAL HEALTHCARE INTEGRATION EFFORTS

Integration efforts vary significantly in focus and scope. The projects described below provide examples of work that is underway:

**Clinton-Eaton-Ingham (CEI) Community Mental Health Authority:** Partnering with primary care providers to develop strategies for children with asthma in three pediatric clinics: Sparrow Health System Family Practice, Michigan State University Pediatrics, and an Ingham County Child Health Clinic. Childhood obesity will also be addressed in Ingham County.

**Kalamazoo Community Mental Health and Substance Abuse Services:** Managing a partnership of multiple stakeholders to address neonatal abstinence syndrome; three workgroups are public education and training, care coordination, and clinical care.

**Network 180 (Kent County):** Partnering with DeVos Children’s Hospital, Medicaid Health Plans, and emergency care physicians to review children’s emergency hospitalizations and address length of stay issues for children that have a behavioral health need.

**Saginaw County Community Mental Health Authority:** Partnering with Health Delivery, Inc., a community health center, to develop wellness strategies for children with asthma and obesity diagnoses, and providing mental health consultation in two pediatric offices.

**Wayne County Community Mental Health Authority:** Partnering with the Wayne County Children’s Healthcare Access Program to consider expanding current behavioral and primary care integration initiatives for children. Partnering with the Wayne County Children’s Healthcare Access Program and The Children’s Center to consider expanding current behavioral and primary care integration initiatives for children.

## HOW ARE ALN MEMBERS USING THE GUIDE?

ALN members have recently begun using the guide. Several communities are using the guide where it will lead to the highest return on the effort required for the process, such as giving partners a shared starting place (“getting on the same page”). One community is using the guide to structure conversations about asthma as a specific health condition with three emerging community partnerships. These partners recently began exploring increased integration of pediatric behavioral and primary health care in the community. All partners have found the guide useful for this purpose.

## FEEDBACK

### ALN MEMBER FEEDBACK ON USING THE GUIDE (SO FAR)

- *The guide helps define a population of focus and provide parameters to specific strategies and actions that are undertaken.*
- *Assessing data on prevalence of the identified health condition has been very useful. It has been a new experience for a community mental health organization to look at prevalence of a physical health condition in a population that they serve.*
- *Using prevalence data takes decisions about population of focus out of the realm of “gut feeling” or “intuition” and into the realm of data-based realities.*
- *If prevalence data is not available about a population of interest, consider other criteria such as the cost of their health conditions or outcomes that are not improving.*
- *Carefully consider how to use the guide to sharpen focus and scope of work to avoid conversations that become so expansive that progress is delayed.*
- *Use the guide to stay on top of what is working and drill down to specific questions and information to enhance what is working.*
- *With initiatives already underway or newly emerging, our communities are “moving trains.” The guide is organized as a sequential set of actions, BUT, you may begin to use the guide at any step and cycle back to maintain common understanding and commitment from all partners.*
- *The guide can be used to modify strategies over time to strengthen results.*
- *Completing the steps for a specific Key Action does not necessarily create resolution, but it does define the scope of our work more clearly and help us keep our focus.*

## SHARING THE GUIDE

As efforts to integrate primary and behavioral healthcare for children take place across the US, we hope to learn from other communities doing this work. The ALN’s Community Action and Analytics Guide is a way to support our initiatives as well as help us share experiences and achieve the Triple Aim.

Visit [http://cfs.cbcs.usf.edu/\\_docs/publications/MichiganALN/analyticsguide.pdf](http://cfs.cbcs.usf.edu/_docs/publications/MichiganALN/analyticsguide.pdf) to view and download the *Community Action and Analytics Guide* for your use. We look forward to feedback on your use of the guide and sharing results in the future.



## ABOUT THIS BRIEF

*This Practice Brief was developed by the Michigan Action Learning Network on integration of primary and behavioral healthcare for children and families with support from the Department of Child and Family Studies, University of South Florida. ALN meetings were co-facilitated by Sharon Hodges (USF) and Suzanne Miel-Uken (Miel-Uken Associates).*