“Integration and Prevention’s Role: The Oz at the End of the Yellow Brick Road”

IPBHC Conference Plenary Panel, New Orleans, November 2019

Begin…at the beginning
Begin…with the end in mind.

Seek to understand…before being understood.

Stephen Covey, The 7 Habits of Highly Effective People, 1989
Dr. Montes – Let’s Integrate Ourselves!

➢ Achieving integrated prevention
➢ Common challenges, barriers?
➢ Recommendations

The Plan
Our Journey
The Panel

- Belinda Biscoe, PhD
- Debby Jones, CPS
- Sharon Montes, MD
- Dallas DeAnne McCance, MPS
- COL (Ret) George Patrin, MD, MHA
Attendee Poll (Puzzle Pieces)
Which Community Sector do you hail from?

- Primary Care Provider Teams
- Behavioral Health
  - Substance Misuse treatment
  - Prevention
  - Mental Health
- Public Health
- Education
- EMS First Responders
- Spiritual Faith-Based
- Business/ Payers
- Others?
Community Collaborative Integrated Approach

What’s Your ‘Circle of Influence?’

Integrate them!

Person (Family)
Healthcare by a Patient-Centered Family-Focused Team

Recognize and Remove (Communication) Silos!
Integration For Prevention
“What’s Your Story?”

Perspectives, Stakeholders, Communities
- Federal
- State
- Local
- Organization
- Employer
- Family

- For-Profit/ Non-Profit
Positive Tomorrows
A Transitional School in Oklahoma City Serving Homeless Children and their Families
Belinda Biscoe, Ph.D.
Founder, 1989
Finding the Prevention OZ at the end of the Yellow Brick Road
November 15, 2019
Integration
Prevention Approach(es)

Integrating Primary and Behavioral Healthcare through the Lens of Prevention

Definition Adapted from Mr. Bill Lofquist, *The Technology of Prevention*

Prevention is an active process of promoting conditions in communities and personal attributes that improve the quality of life and well-being of people.
Integrating Primary and Behavioral Healthcare through the Lens of Prevention

Comprehensive Approach to Addressing the Problem of Homelessness

- Intensive Case Management (individualized wraparound service)
- Social-ecological frameworks, which address interactions between a person and the systems of their environment.

*Oklahoma has the highest rate of students identified as homeless in accordance with its population; with nearly 7 homeless students per 1,000 residents. (Source: 2014-15 data from the National Center for Education Statistics compared to 2015 population data from the Census Bureau).
Integration
Prevention Approach(es)

Integrating Primary and Behavioral Healthcare through the Lens of Prevention
Socio-Ecological Model—Investattention.org
Integrative Medicine
Integrating Behavioral and Physical Health Through the Lens of Prevention

They just don’t know the difference our “creamy center” makes
The Spectrum of Prevention

- Influencing Policy & Legislation
- Changing Organizational Practices
- Fostering Coalitions & Networks
- Educating Providers
- Promoting Community Education
- Strengthening Individual Knowledge & Skills
Prevention Integration: Healthy Ways to Manage Pain

• Acupuncture
• Meditation
• Relaxation Techniques
• Massage Therapy
• Spinal manipulation
• Tai chi and Yoga
• Dietary Supplements
An “Accountable Care Organization?”
Patient-Centered/ Family-Focused/ Inclusive
Always ask…”what’s best for the client, the person (patient)?”

Training/ Education

Military/ VA Practitioners
(DIRECT CARE)
Primary Care Teams
(Continuity)

Community-Network-Public Health

The Patient (Family)
in “Med Home” Center

Non-Military Practitioners
(PURCHASED CARE)
(Non-Network Care)

Specialty Care Services
(Consult)

A Collaborative Community Approach
Integrated (Virtual) Teams

Always ask…”what’s best for the client, the person (patient)?”
An “Accountable Care Organization?”
Patient-Centered/ Family-Focused/ Inclusive
Always ask…”what’s best for the client, the person (patient)?”

Community System of Care - Public Health

A Collaborative Community Approach
Integrated (Virtual) Teams
QUESTIONS?

Challenges
Challenges
Integration, Prevention, and Health Promotion

✓ Staffing
✓ Leadership
✓ Procedures/ Policies
✓ Case Management
✓ Transportation/Logistics
✓ Resources/Productivity
✓ Unforeseen Complications
DoD Challenge = Culture Change!

**Connectedness within a System of Care**

- Continuity: between individuals, families, their Service, Command, the Community (referrals)
- Disconnected Training Programs (Silo’d)
- “Productivity” Model of Healthcare Delivery!
- **Job Protection!**

“Powerful institutional forces fight simpler alternatives to expensive care because those alternatives threaten livelihoods.” Clay Christensen, Harvard Professor
Integration Prevention Approach(es)

Everything is in a state of flux, including the status quo.

- Robert Byrne
Help them see what we can offer
Integrating Primary and Behavioral Healthcare through the Lens of Prevention

Long-Term Outcomes for Families Served by Positive Tomorrows

- Families maintain stable housing employment & income.
- Physical and mental health needs are met.
- Parents demonstrate consistently healthy parenting skills.
- Family lives in safe, violence-free home environment.
- Family has a sense of value, purpose and worth.
- Parents advocate for themselves and their child(ren).
- Parents & child(ren) pursue plan for academic success
- Family achieves family goals.
- Family lives their family values.
Integrating Primary and Behavioral Healthcare through the Lens of Prevention

Family Support Program—Impact Evaluation

This evaluation project seeks to measure the impact of PTFS interventions on each client’s capacity to improve their Self Sufficiency Matrix (SSM) score.

The SSM is an assessment of the parent or guardian’s housing history, economic circumstance, family functioning and additional life domains (Cummings & Brown, 2019). Social Ecological Model

Master’s Thesis: Kelly E. Berger, University of Oklahoma Anne and Henry Zarrow School of Social Work Administration & Community Practice May 6, 2019
Positive Tommorows—Self Sufficiency Scores Those Served and Those Not Served

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Average: 4.5 (Control) vs. 9.6 (Intervention)

Total SSM Scores
Anova: Single Factor

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ANOVA

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Substance Misuse Prevention via Pain Management Integration

- Pain control is important to promote healing and avoid complications
- The capacity to deal with pain is unique for each person
- Both physical and psychological pain need to be considered
- It is best to consider a multimodal treatment plan with Complementary and Alternative Medicine (CAM)

https://www.shatterproof.org/choices-matter
Dr. Montes – Re-Integrate Us!

QUESTIONS?

Recommendations
If you're facing the Right direction, All you need to do is Keep on walking.

Recommendations Lessons Learned
Leading From the Emergent Future

CROSSING the THRESHOLD:
STEPPING into the FIELD of the FUTURE

DOWNLOADING PAST PATTERNS
SUSPENDING
SEEING with FRESH EYES
REDIRECTING
SENSING from the FIELD
LETTING GO

PERFORMING
by OPERATING from the WHOLE
EMBODYING
PROTOTYPING
by LINKING HEAD, HEART, HAND
ENACTING
CRYSTALLIZING
VISION and INTENTION
LETTING COME

PRESENCING
CONNECTING to SOURCE

https://www.presencing.org/images/crossing-the-threshold
PRESENCING and ABSENCING

http://ulablambeth.blogspot.com/2016/03/session-3-presencing-wednesday-30th.html
Practice 21st Century Medicine
“The Fifteen Minute Hour”

- Role of physician - mobilize the patient’s own healing powers
- Physicians must develop advanced communication skills to diagnose and treat patients, not diseases
- Physicians must develop skills to elicit the meaning of the illness… to the patient
- Integrate the mind, body, emotions and spirit

Stuart, Lieberman The Fifteen Minute Hour
Integrating for Prevention
Pillars for Success - A Systems Approach

- **Safer Prescribing**: Increase physician and patient awareness of opioid benefits and risks. Establish *evidence-based practices* for treating pain and behavioral health.

- **Research**: Foster *innovative research* that contributes to improvements in pain management and prevention of substance misuse disorders

- **Education**: Create exceptional *environments for learning* about pain and addiction (schools, places of worship, community clubs and organizations, and workplaces)

- **Stigma Reduction**: *Eliminate the stigma* associated with mental health and addiction through outreach programs and public policy recommendations

- **Harm Reduction**: Provide access to naloxone rescue kits, fentanyl test kits, clean syringes

- **Care for all**: Telehealth for rural communities
Community-Wide Population-Based Culture Change

1. Ask “Who’s your Primary Care Giver?”
   Continuity is King!

2. Integrate Primary and Specialty Care (PCMH)
   Case Management/Care Coordination, Shared Communication

3. Universal (Shared) Screening Processes (with signed Release of Information)

4. Patient-Focused, Family-Driven Same Day Access!

5. (Re)Train Community for HEALTH CARE
   (NOT ‘productivity’)
The Future
Integrating Primary and Behavioral Healthcare through the Lens of Prevention

For the Future

How do we address societal and cultural norms and systemic inequities?

This is the top tier of a socio-ecological model to address population-level outcomes.

*This is the million dollar question.*
We are all searching for hope

We are the reason they can dream again!
“The solution of adult problems tomorrow depends in large measure upon the way our children grow up today”.

Margaret Mead
A Prediction and Admonition

*You are ALL leaders!

“We are, indeed, living in turbulent times. Our world is growing more chaotic and unpredictable…unstable. With a more spiritual leadership focus we will find it easier to recognize our own dysfunction and remain open to internal change in leadership practices.”

Change Agents Unite!

Change agents will lead us out of the past if they have two particular characteristics.

1. **Emotional strength** to support the organization while it deals with anxieties arising from recognition of and unlearning of dysfunctional behaviors previously successful.

2. A **true understanding** of past, present, and future cultural dynamics within the organization.

   Edgar H. Schien, professor at the Sloan School of Management at MIT (Hesselbein, 1996, p65)
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QUESTIONS?