



# Going Beyond Clinical Walls: Solving Complex Problems

*This paper is the first in a series of communications and tools inviting clinicians, clinical staff and administrators to connect with community partners and resources for effective problem-solving. This series is designed to help you identify next practical steps to move forward. Companion pieces to this paper include a video, a table of real-life examples and conversation guide found at [www.icsi.org/beyondclinicalwalls](http://www.icsi.org/beyondclinicalwalls).*

**Every day, clinicians** focus on providing the best care to patients, but their interactions may be limited by only a partial view into their patients' challenges. In fact, only 20 percent of what influences the health of a group of patients is related to access and quality of health care. The other 80 percent—commonly known as the social determinants of health—is found in patients' behaviors, socioeconomic conditions and other factors that are often challenging to address in clinical visits. For patients and families with complex health issues (e.g., chronic disease, substance abuse, mental health issues), effectively managing care is increasingly complex. While every community has a unique mix of health care challenges and systems, working with resources beyond clinical walls is key to treating patients with complex problems—and can lead to more effective care and better health.

## **A community's challenge:**

At Chippewa County-Montevideo Hospital and Medical Clinics (CCMH) in Montevideo, Minn., clinicians and administrators were faced with the challenge of screening and enrolling patients in a primary care substance use program on alcohol abuse developed with the model of Screening, Brief Intervention and Referral to Treatment (SBIRT).<sup>1,2</sup> In particular, clinicians struggled with the task of screening people they personally knew, worrying that patients could perceive the subject as intrusive or offensive, or that screening would lead to social stigma.

## **What information would help with the needed change?**

CCMH clinicians and administrators questioned whether the community—and their own clinicians—were ready to address behavioral health together. CCMH discussed improvements to their screening techniques with their partners, and decided they needed more information to understand substance misuse from the community's perspective—which required data from sources outside their walls.

**The survey revealed that area residents were not only aware of mental health and alcohol use concerns...but they were also ready to address them.**

## **What data and partnerships were needed to better understand the issue?**

With the help of the Institute for Clinical Systems Improvement (ICSI), CCMH surveyed residents of a four-county area to gauge awareness and invite opinions around substance use, mental health issues and tobacco use. The survey was accompanied by data from the Center for Rural Policy and Development on motor vehicle fatalities and injuries, driving while intoxicated (DWI) arrests and associated costs to the county—information designed to demonstrate that substance use affects communities as well as individuals.

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*"The survey let people know that our clinics are thinking about these conditions, and helped all of us be more open about discussing them."*

Nick Krueger, MD, CCMH family medical physician

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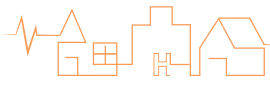
## **How did inviting community input benefit the patients and residents?**

The survey revealed that area residents were not only aware of mental health and substance use concerns, especially around alcohol misuse, but they were also ready to address them. CCMH learned that their new approach to alcohol misuse, as well as their mental health and tobacco efforts, did indeed fit their patients' needs and readiness.

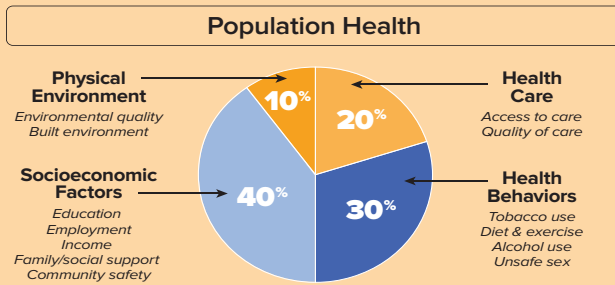
The survey and related local media coverage also raised community awareness of the problem. CCMH started a conversation with other community leaders—schools, businesses, public health, politicians, police and media. The group continues to meet monthly to work on this and other issues that could benefit the community. Mark Paulson, CCMH administrator, said, "The survey provided the impetus to come together to better support residents with these conditions in our community. It made it easier for residents to discuss their substance use and/or depression when they saw their doctor." The survey, the results and the visibility of the problem made it more acceptable for residents to discuss this shared concern not only at clinic visits, but also with other community partners.

<sup>1</sup> CCMH implemented its screening program with Partners in Integrated Care (PIC). More information is available at <http://www.prhi.org/initiatives/pic>.

<sup>2</sup> U.S. Preventive Services Task Force. Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse. Available at: <http://www.uspreventiveservicestaskforce.org/uspstf/uspdrin.htm>. 2013



## Social Determinants of Health



Source: Analysis and adaptation from the University of Wisconsin Population Health Institute's *County Health Rankings* model ©2010, <http://www.countyhealthrankings.org/about-project/background>

### How did this connection with the community benefit the clinicians?

In the 16 months prior to the release of survey results, CCMH had screened only 97 patients for substance use as part of a healthy lifestyle questionnaire, and none were identified as eligible for a brief intervention. In the six months following the survey, 870 people were screened, with 9 percent identified as eligible for intervention—a dramatic increase. CCMH continues to work to increase screening for substance use and to incorporate new research to appropriately focus their efforts inside and outside their clinic walls.<sup>3</sup>

### How do expanded partnerships benefit us all?

The Montevideo story illustrates how a health care practice can go outside its walls to find better answers for its patients. CCMH has improved its integration of behavioral health with medical care and created new community care partnerships.

Exploring other behavioral, social, economic and environmental factors—or the social determinants of health (diagram)—can increase identification of problems and help reinforce better health.

Some ways that health care practices today are starting to expand their effectiveness and influence include:

- Working with local partners (e.g., the public health department, other hospitals) on joint community benefit assessments
- Connecting to and building relationships with social and behavioral health community services for referrals to help manage the multiple needs of their complex patients
- Establishing pathways for health care clinicians to link patients to basic resources such as food and heat

- Reviewing local data such as county-based health rankings ([www.countyhealthrankings.org](http://www.countyhealthrankings.org)) and collaborating to address key issues
- Partnering on ways to help their patients stay healthy outside of health care visits (e.g., local walking clubs, “Take it Outside” campaigns for smoking)
- Working with community health workers, public health nurses or other community organizations on home visits for assessment and education
- Supporting community and faith-based programs that increase healthy social networks within a community
- Supporting policies for walkable communities, healthy food alternatives and other community wellness initiatives

(See examples found at [www.icsi.org/beyondclinicalwalls](http://www.icsi.org/beyondclinicalwalls).)

Examining social factors beyond health care can require a leap of faith, and most clinicians, clinical staff and administrators are wary of adding tasks to their already full plates. But new conversations and community connections may increase not only clinicians’ effectiveness, but also their capacity for problem-solving.

As Peg Schumacher, CCMH clinic administrator, says, “This makes our efforts sustainable because it’s not only on a few people’s shoulders. The community has ownership and a sense of pride in the work, and together we can keep our efforts going.”

In a time of major changes to the health care delivery and payment systems, connecting clinical work to community partners and resources brings a sense of renewal and hope for the challenges ahead. Going beyond clinical walls to solve complex problems is a prescription for success.

*How can you start or further conversation(s) inside clinical walls about the opportunities? When and how can you involve possible community partners? Find additional resources at [www.icsi.org/beyondclinicalwalls](http://www.icsi.org/beyondclinicalwalls).*

## Questions to Explore in a Health Care Practice

When have we interacted with the community to solve a clinical problem(s)?

What are some current problems that would benefit from community involvement?

What relationships do we have with potential community partners, and how could we build on them and/or create new relationships to be more effective in our work?

<sup>3</sup> Saitz R, Palfai TPA, Cheng DB, et al. Screening and brief intervention for drug use in primary care: the ASPIRE randomized clinical trial. *JAMA* 2014;312:502-13.

### About the Institute for Clinical Systems Improvement

The Institute for Clinical Systems Improvement (ICSI) is a non-profit collaboration of medical groups, hospitals, non-profit health plans, purchasers and consumers with a mission to accelerate improvement in the value of health care delivered to the populations we serve. For more information visit [www.icsi.org](http://www.icsi.org). Follow ICSI on Twitter @icsiorg.

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