Community Engagement When the Community is Hard to Define

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THE MACARTHUR INITIATIVE ON depression & Primary Care AT DARTMOUTH & DUKE

NORRIS COTTON CANCER CENTER | a component of DARTMOUTH-HITCHCOCK MEDICAL CENTER

Community participatory research

- Defining the community
- Project examples
- Thoughts

NORTH AMERICAN PRIMARY CARE RESEARCH GROUP

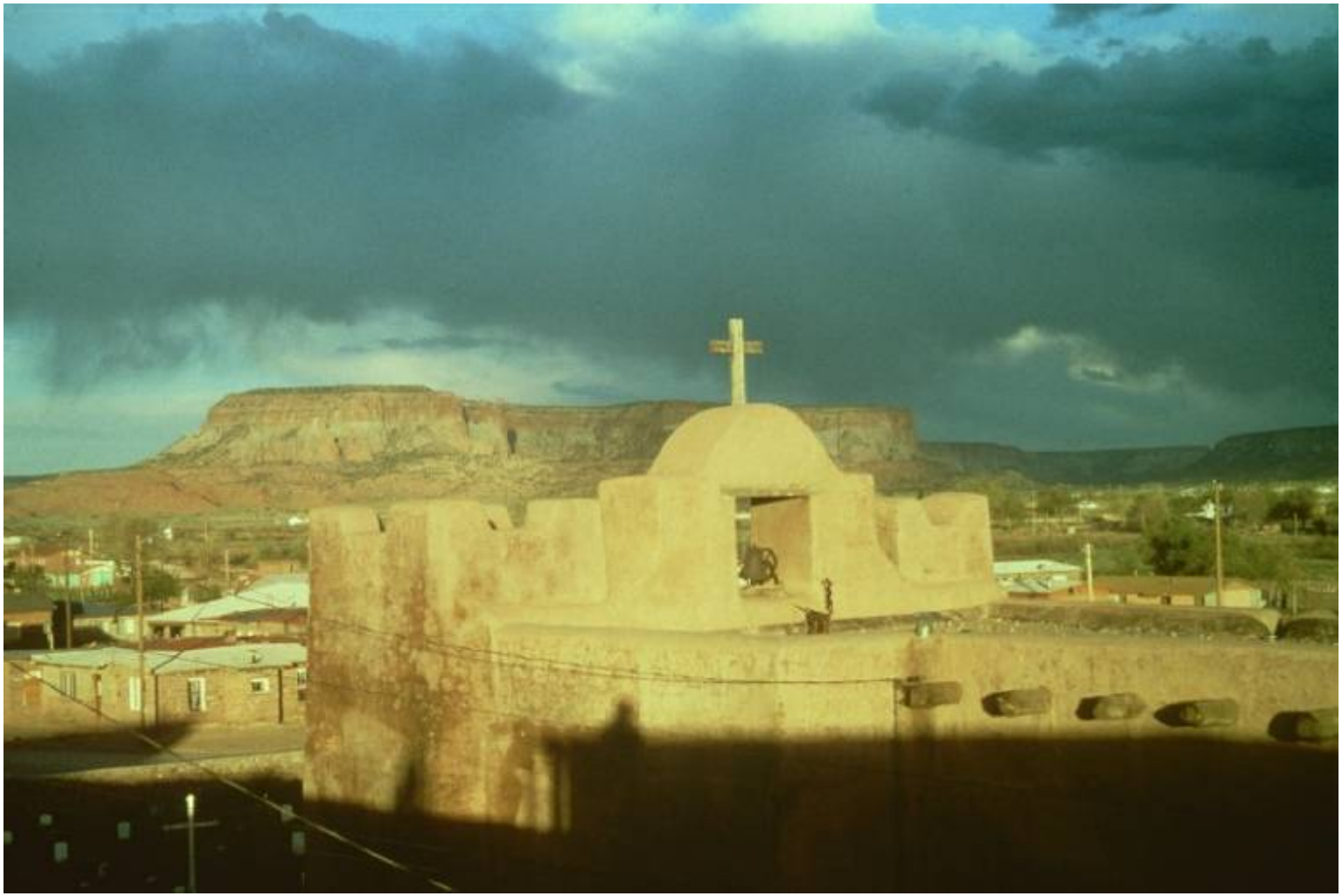
Responsible Research with Communities: Participatory Research in Primary Care

“Community--

Any group of individuals

sharing a common interest”

ZUNI COMPREHENSIVE
COMMUNITY HEALTH
CENTER



Zuni-Ramah IHS Hospital
ALLEN J. DIETRICH, M.D.
Zuni-Ramah IHS Hospital
WILLIAM GREEN, M.D.
Zuni-Ramah IHS Hospital
ARDIS L. OLSON, M.D.

- Political and Cultural Factors in Achieving Continuity with a Primary Care Provider at an Indian Health Service Hospital.

  - Dietrich AJ, Olson AL. *Public Health Reports,1981;96(5):398-403.*

The Cancer Prevention in Community Practice Project

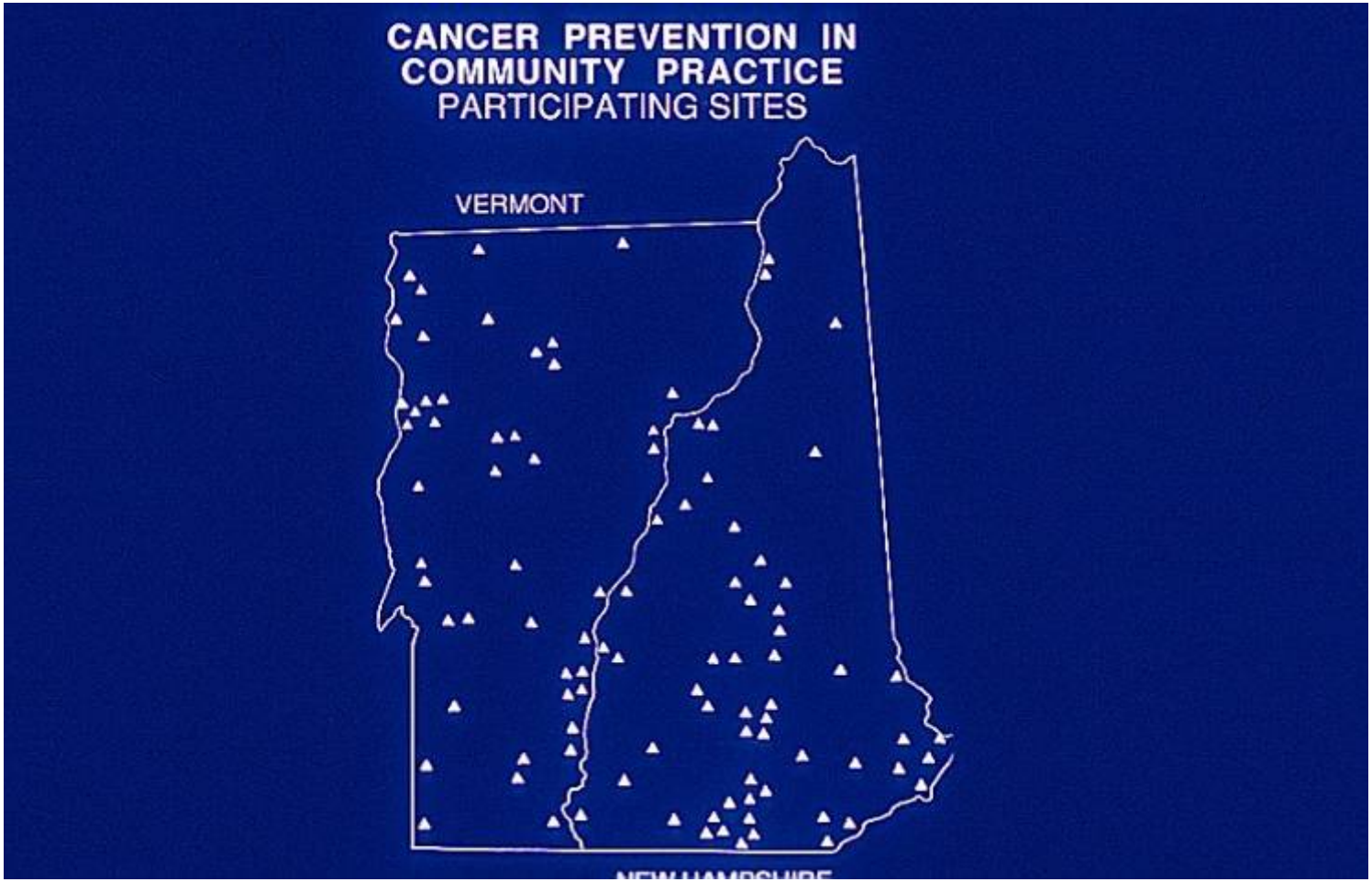
- NCI funded RCT
- Cancer screening
- CME vs. office system vs. control
- Paper flow sheet, staff help, routines
- 98 community practices

Example 2:

Rural Primary Care Practices
as the Community

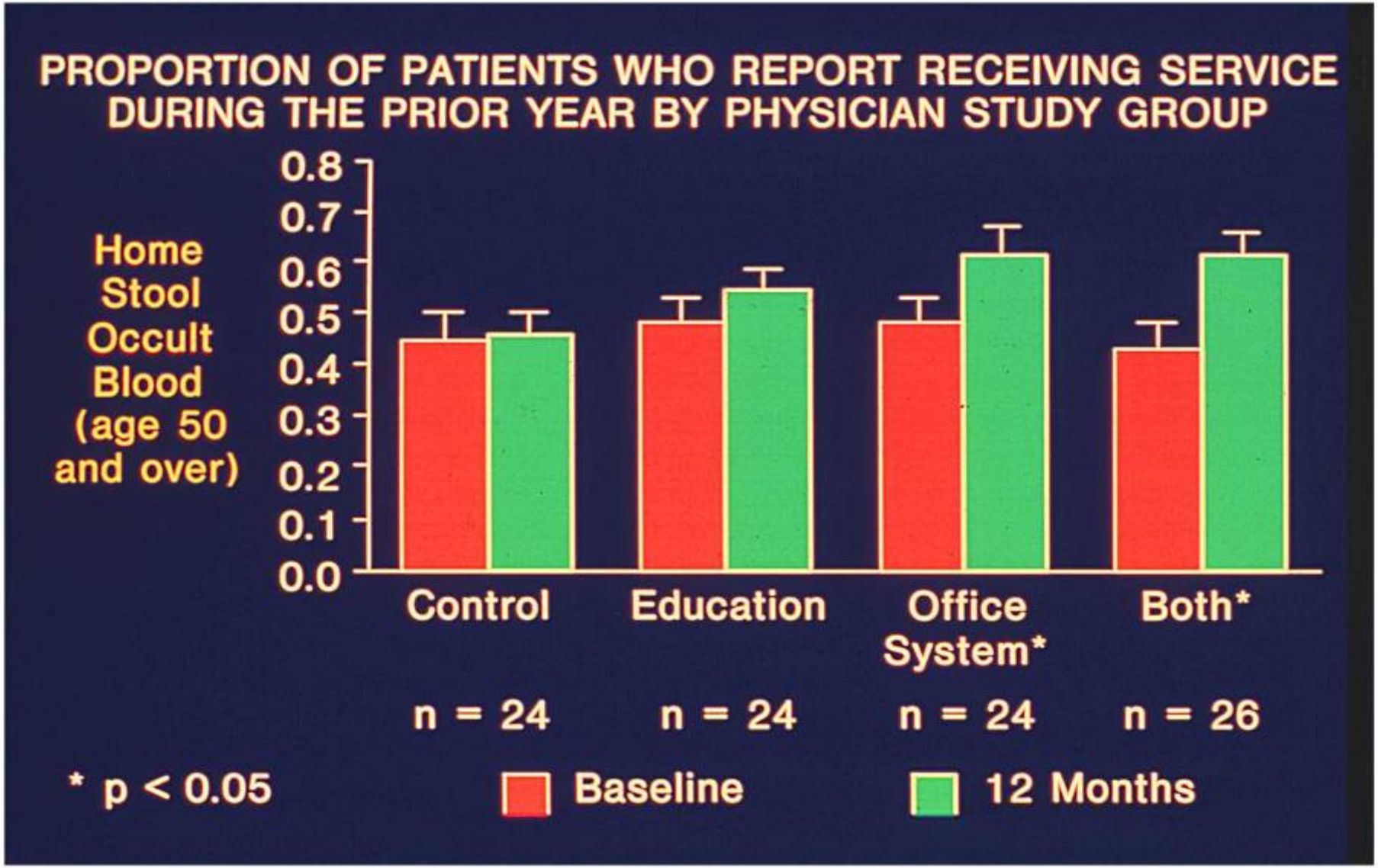
27 HAMPTON ROAD

Dartmouth COOP and Friends



An Office System

Routines, responsibilities and tools to accomplish a task.

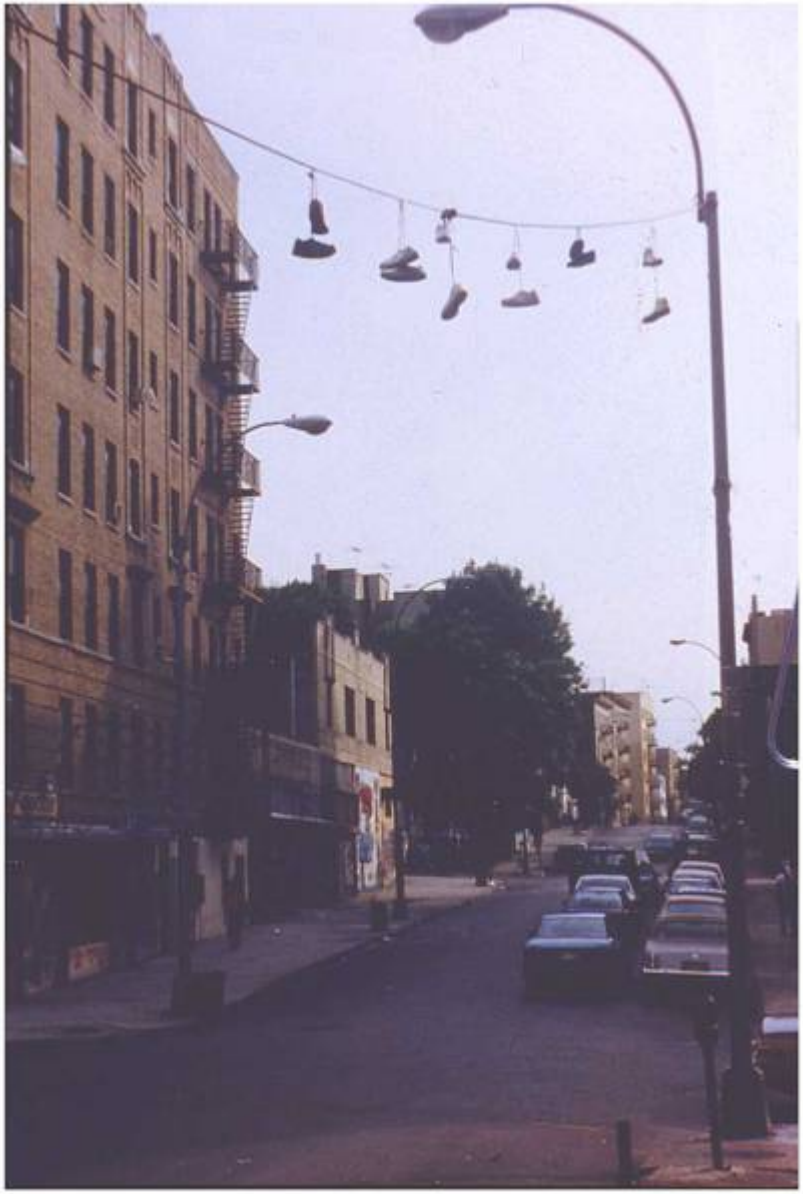

PROPORTION OF PATIENTS WHO REPORT RECEIVING SERVICE DURING THE PRIOR YEAR BY PHYSICIAN STUDY GROUP
Home Stool Occult Blood (age 50 and over)
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0.0
Control
Education
Office System*
Both*
n = 24
n = 24
n = 24
n = 26
* p < 0.05
Baseline
12 Months

Results

- Office system improved 6 of 8 services
- Most services improved by 25-33%
- Oversight, not ignorance
- Office system, facilitation
- Office as community

Examples 3 and 4:

Urban Health Centers



CHC CCP

- 60 Community Health Centers in NYC
- Clinical Directors Network
- Office system

5
CHILDRENS HEALTH
CUDADO DE SALUD PARA NIÑOS
عيادة الأطفال
兒 童 健 康
ПЕДИАТРИЧЕСКОЕ ОТДЕЛЕНИЕ

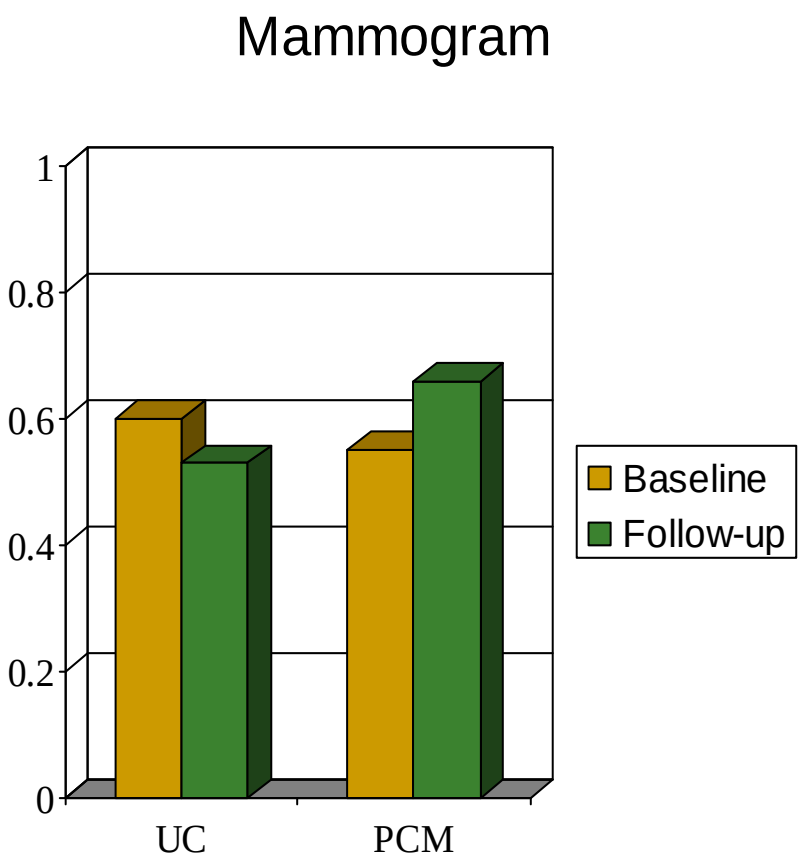
Results

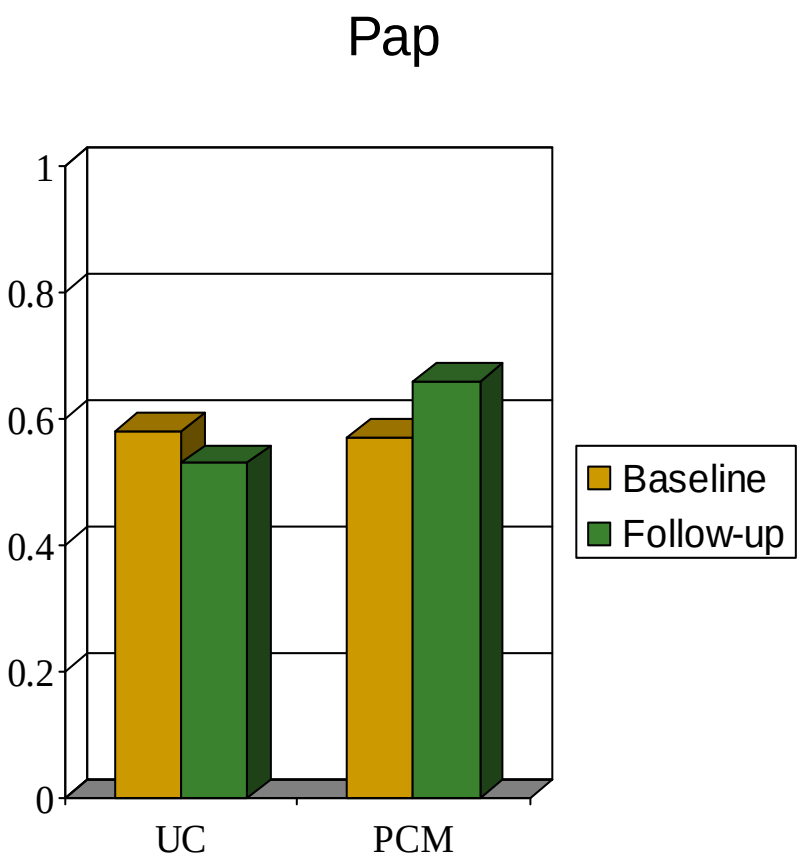
- Overall, no change
- Leadership stability an issue
- Office communities
- We over-reached!

NYC Prevention Care Manager Project

- CDN, CHCs
- Women, 50-69 years of age
- Overdue for screening
  - Breast
  - Cervix
  - Colon
- Brief culturally tailored telephone support (PCM)

Proportion Up-to-date by Test (n=1406)





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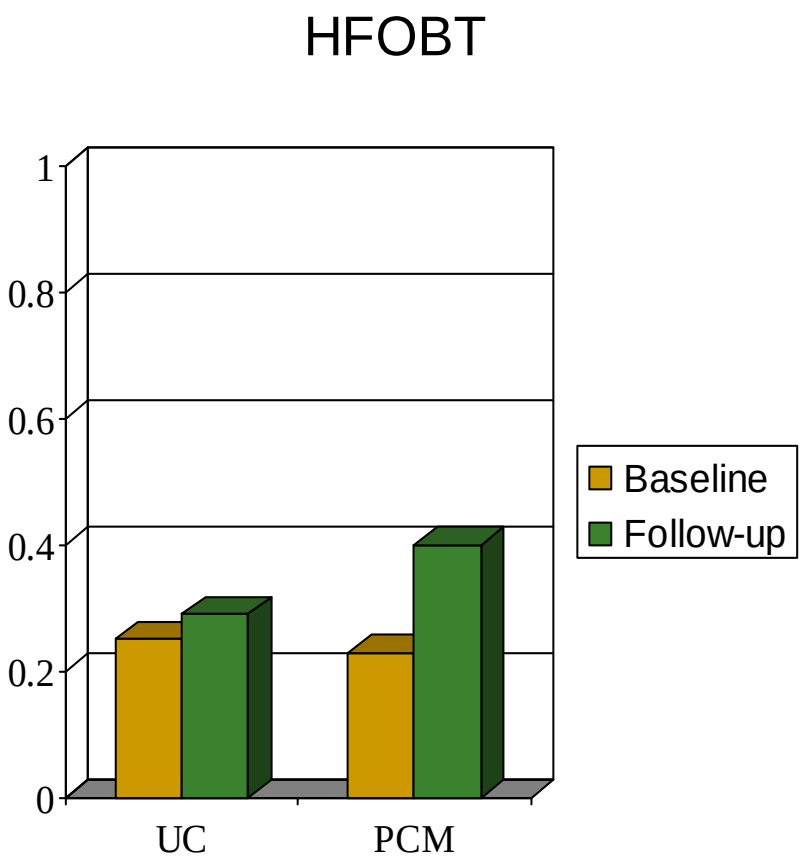
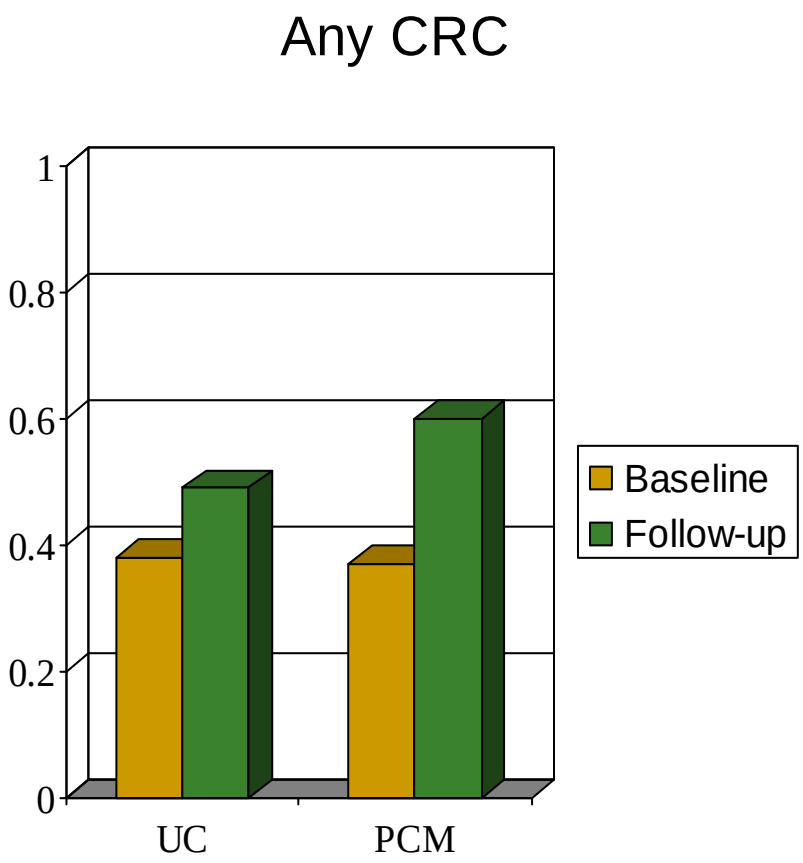




New Steps PCM

- NCI dissemination supplement in Medicaid Managed Care
- New RCT

Example 5:

Health Care Organizations

- Large groups
- Insurance plans
- Others with QI support

RESPECT-Depression Project

Re-

Engineering

Systems for the

Primary

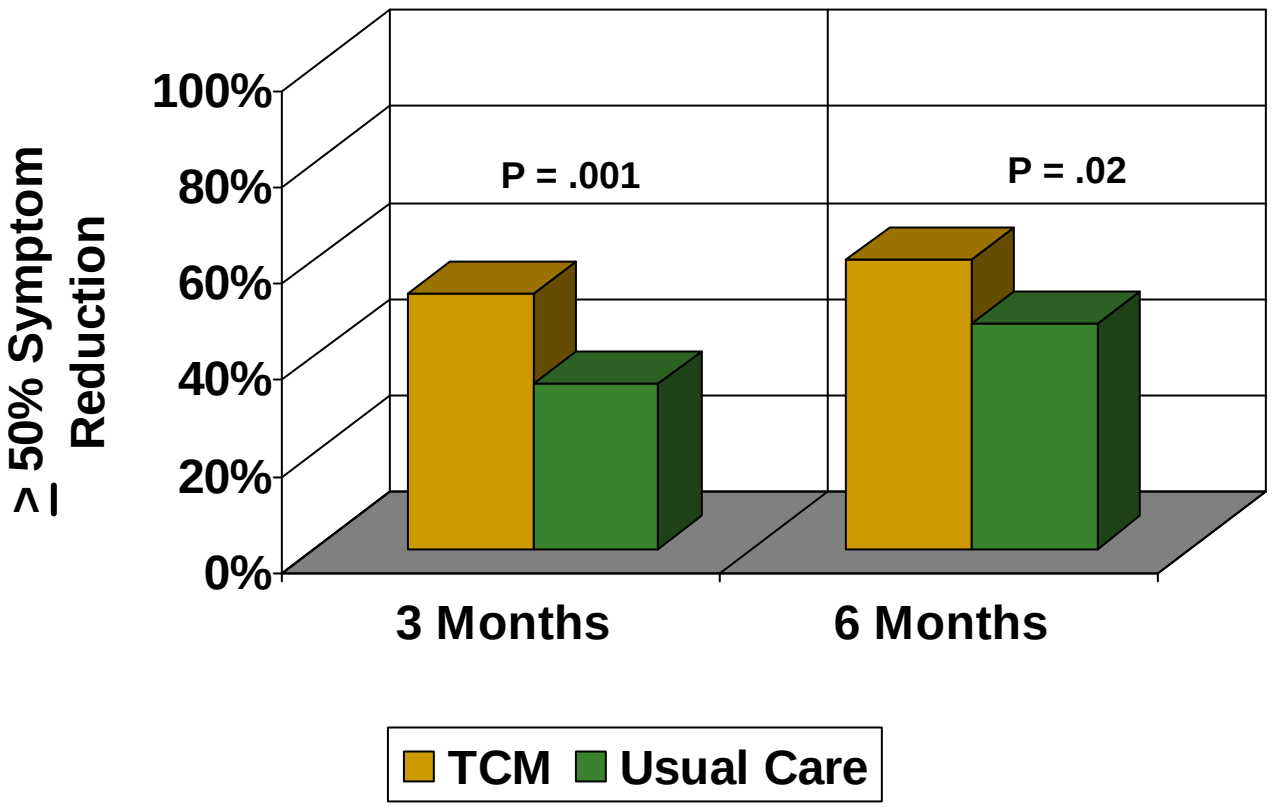
Care

Treatment of Depression

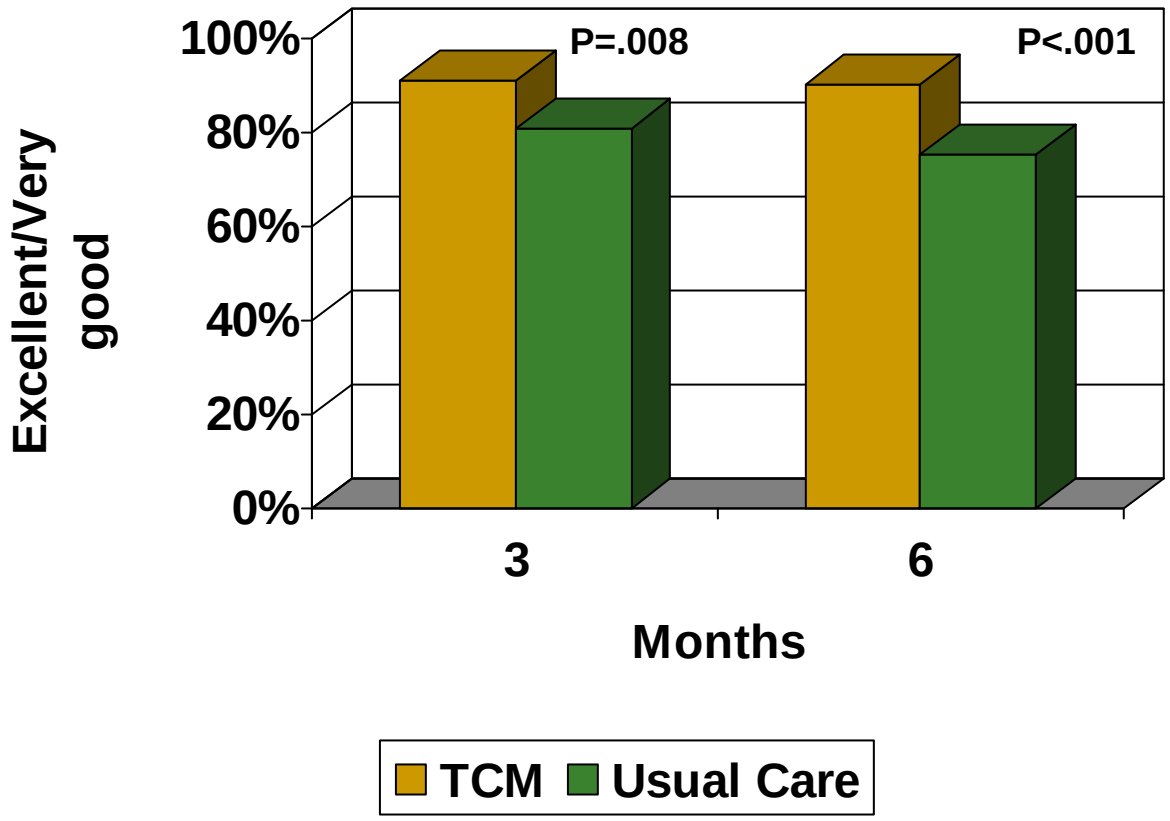
Phase Two

- Design: RCT
- Setting: 60 practices
- Subjects: Adults with MDD/dysthymia
- Intervention:
  - Turn key TCM (process of care)
  - QI/office system supported by parent organization
    - (process of change)

Depression Response



Quality Of Depression Care



Example 6:

The US Military

Re-engineering Systems for Primary Care
Treatment of Depression and PTSD

Post-Deployment Background

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 JULY 1, 2004 VOL. 351 NO. 1

Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care

Charles W. Hoge, M.D., Carl A. Castro, Ph.D., Stephen C. Messer, Ph.D., Dennis McGurk, Ph.D., Dave I. Cotting, Ph.D., and Robert L. Koffman, M.D., M.P.H.

Mental Health Conditions Are Common

Depression.....15%

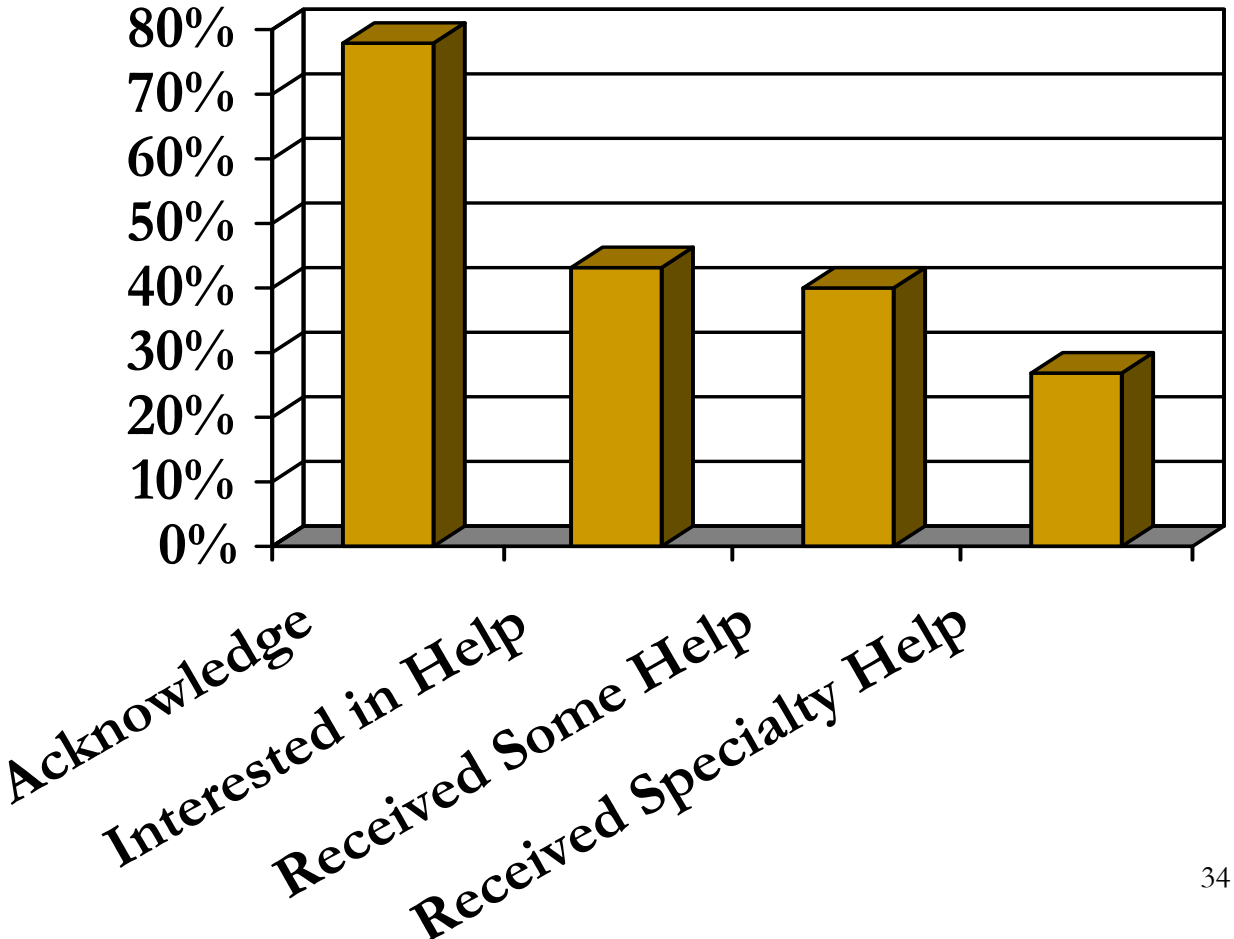
Anxiety.....18%

PTSD.....18%

Any of these....28%

Post-Deployment
Gap between need and service

- Of those 20% of soldiers screening positive for a moderate to severe MH disorder:



Barriers to Mental Health Help

- Stigma
- Concern about effects on career
- Difficulty scheduling
- Do not trust or believe in mental health professionals

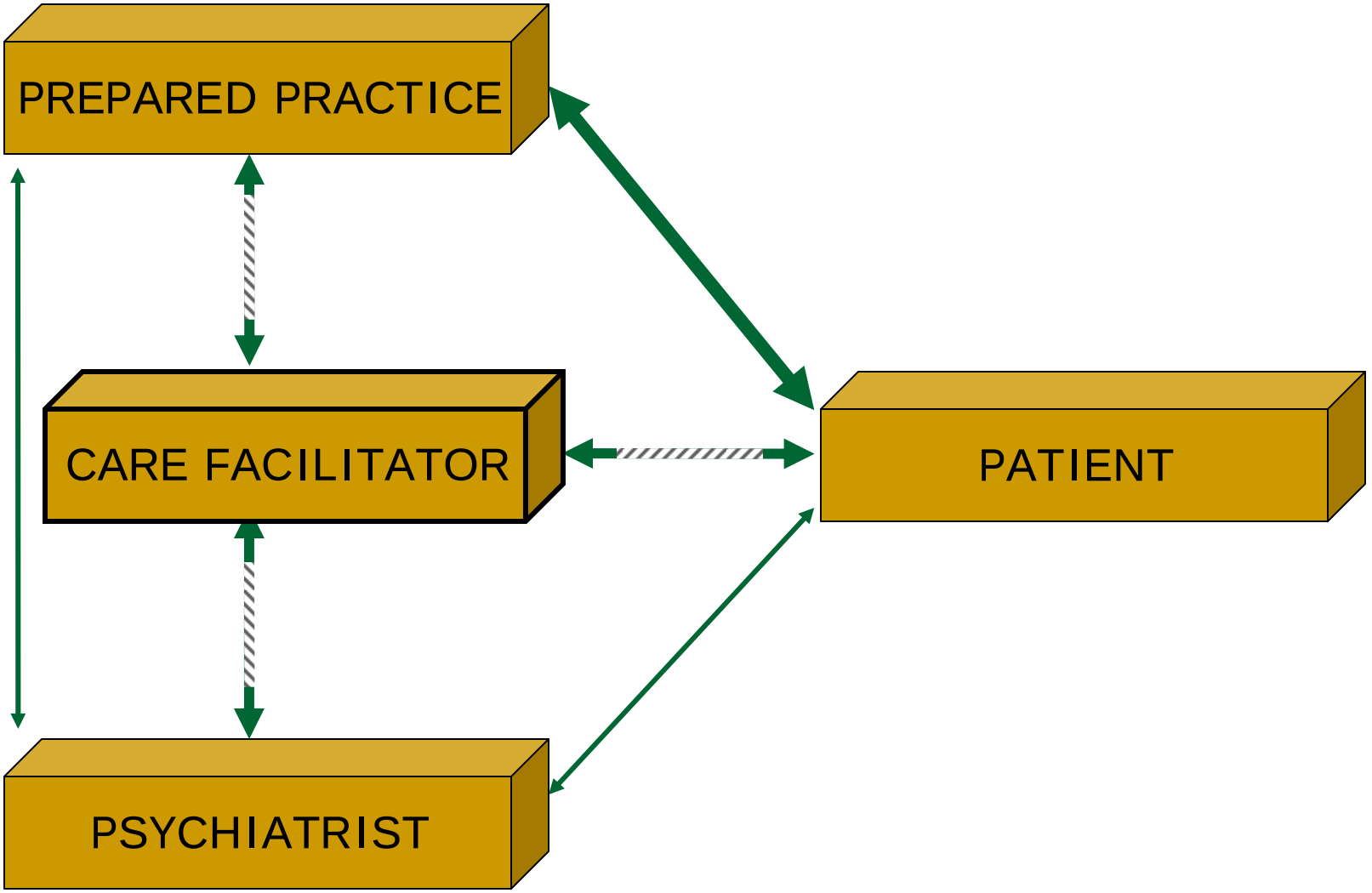
Challenges of Primary Care Treatment

- Patients not recognized / diagnosed
- Patients do not continue treatment
- Management contact too infrequent
- Clinicians do not adjust treatment to achieve remission

Aims

- To routinely screen for depression and PTSD for all sick call visits
- To begin treatment in primary care for those who need and accept it
- To augment treatment through telephone support and behavioral health specialist oversight

Three Component Model (3CM)



Overview of 3CM Care Process

- Screening as a routine
- Assessing screen positives
- For those with a potential diagnosis
  - Assess suicide risk
  - Relevant history
  - Share diagnosis with soldier
- Role of families
- Use new resources
  - Tools
  - Care facilitation
  - Informal psychiatric advice

RESPECT-Mil

Routine Office Visit Screening Form

Over the LAST 2 WEEKS, have you been bothered by

Feeling down, depressed, or hopeless……...Yes No

Little interest or pleasure in doing things…….Yes No

PHQ9 Symptom Checklist

1. Over the <u>last two weeks</u> have you been bothered by the following problems?

	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
a. Little interest or pleasure in doing things	☐	☐	☐	☐
b. Feeling down, depressed, or hopeless	☐	☐	☐	☐
c. Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
d. Feeling tired or having little energy	☐	☐	☐	☐
e. Poor appetite or overeating	☐	☐	☐	☐
f. Feeling bad about yourself, or that you are a failure . . .	☐	☐	☐	☐
g. Trouble concentrating on things, such as reading . . .	☐	☐	☐	☐
h. Moving or speaking so slowly . . .	☐	☐	☐	☐
i. Thoughts that you would be better off dead . . .	☐	☐	☐	☐
Subtotals:				
TOTAL:				

2. ... how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat Difficult	Very Difficult	Extremely Difficult
☐	☐	☐	☐

Experience and Challenges

- Practice as community
- Heath care organization as community
- PBRN/Health care organization community
- Military post support group as community

Thoughts

- informal vs formal principles
- “side” communities
- leaving something behind