

# Linking Public Health with Care Delivery Through Communication and Collaboration

Melissa Marshall, MBA

August 4th, 2010



**ICSI**

Transforming Health Care Through Collaboration

# Objectives

After listening to today's presentation participants will be able to:

- Describe who ICSI is and its purpose
- Identify tips to help with communication within a health care setting
- State ways to integrate clinical and community interventions
- List resources available from health plans and large health care providers related to chronic disease prevention

# Who Is ICSI

- A non-profit collaboration of 60 medical groups & hospital systems
- Sponsored by six health plans
- Established in 1993 by Mayo Clinic, HealthPartners and Park Nicollet
- Brings together diverse groups to transform the health care system so that it delivers patient-centered and value-driven care

# Mission

The mission of our collaboration is to champion the cause of health care quality and to accelerate improvement in the value of the health care we deliver.

# Vision

ICSI will be a collaboration that is deemed essential by its members for their improvement of health care and deemed essential by our community as a trusted voice for quality in health care.



# Cultivating Quality

A down-to-earth approach to improving health care

# Communication

# Communication

**1** : an act or instance of transmitting □

**2 a** : information **communicated** **b** : a verbal or written message □

**3 a** : a process by which information is exchanged between individuals through a common system of symbols, signs, or behavior <the function of pheromones in insect communication>; *also* : exchange of information **b** : personal rapport <a lack of communication between old and young persons> □

**4 plural a** : a system (as of telephones) for **communicating** **b** : a system of routes for moving troops, supplies, and vehicles **c** : personnel engaged in **communicating** □ **5 plural but sing or plural in constr a** : a technique for expressing ideas effectively (as in speech) **b** : the technology of the transmission of information (as by print or telecommunication)

-<http://www.merriam-webster.com/>



# Communication and Change

The objective of communication in a change effort is to influence people to think and act in accordance with the new direction

-- Dan Cohen

The Heart of Change Field Guide



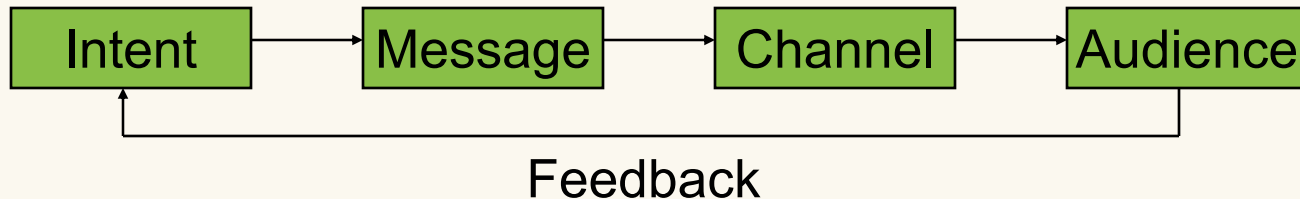
# The Change Roadmap Q4: Communication

Purpose: Provide change participants with *information* they need:

- Awareness
- Knowledge
- Action

Meet the needs of the individuals to promote engagement

Process:



# Steps for Change Communication

- Create awareness of the problem and open people to the possibility of a new future
- Engage in continuous dialogue
- Enroll participants in the change effort

# Tactics for Creating Awareness

- Develop a compelling story
- Keep it simple
- Use metaphors and analogies
- Link everyday business activities and decision with the vision of the change
- Use many different forums
- Make it multidirectional
- Build linkages to initiative

# Modes of Communication

- Storytelling
- Face-to-face conversations
- Dialogue
- Written
- Technology



# Communication Plan

Use the following chart to build your communication plan for (change):

Audience (Who)	Intent (Why)	Message (What)	Channel(s) (How)	Timing (When)	Feedback (How well)

# Communication Review

- Analyze your audience
- Identify your intent
- Outline your message
- State the idea clearly and succinctly
- Inform + engage = commitment
- Execute and debrief with team
- Collect feedback

# Communication Tips/Messaging Platform

## Rational Benefits

- SHIP is dedicated to encouraging all medical professionals to be proactive about sharing the facts about obesity and tobacco and offering ways to encourage healthy living. Research has shown that **patients are more likely to check out a resource that a health care provider has personally referred them to.**
- SHIP is dedicated to the idea that early referral and intervention allows for a great number of patients to **integrate into “preventative mode”** care, which over time will alleviate the need for costly restorative care delivery.
- SHIP encourages health care providers and community leaders to develop a structured and well-organized strategy for communication, which will lead health care providers and community leaders to an **effective system of referral of patients.**

# Communication Tips/Messaging Platform

## Rational Benefits (Cont.)

- Community-based programs when offered in a group format, encourage peer interactions and socialization that can help counteract feelings of depression and isolation (2003).
- Health care providers cannot be given the sole responsibility for effecting lifestyle changes among their patients. Community networks, social environments, along with policy, systems and environmental changes also must play a part in patient care (2008).
- Health-promotion and disability-prevention programs in a community senior center have been proven to be feasible and effective (1998).

# Communication Tips/Messaging Platform

## Rational Benefits (Cont.)

- Health education may lead to significant benefits, including a reduction in cost, of patients suffering from chronic arthritis (1993).
- Weight loss in community-based programs can be favorably compared to those programs which can be intense and expensive based in a clinical setting (1993).

# Communication Tips/Messaging Platform

## **Emotional Rewards (More powerful than Rational Benefits)**

- Passion to deliver best care
- Successfully using their professional skills/training
- Financial success
- Stature/recognition
- Clinic survival/success
- Removal of difficulties/frustrations
- Life balance
- Being productive at work/not being overburdened

# Engaging Physicians

# Kubler-Ross Grief Model Losses

- Financial security
- Status & prestige
- Independent clinical decision making
- Independent clinical resource allocation
- Small group practices
- Freedom of location
- Freedom of specialty
- Physician collegiality
- Doctor/patient relationship
- Autonomy
- Power in governance

# Differences between Administrators And Clinicians

## Administrators

Proactive planners

Work well with groups

Delayed gratification

Identify with organization

Establish rules

Multidisciplinary

Long time frame

Institutional prerogative

Influence

Hospital: community asset

## Clinicians

Reactive

Work well 1:1

Quick gratification

Identify with profession

Resent rules

Specialists

Short time frame

Individual prerogative

Control

Hospital: work shop

# What Do Doctors Want?

- Respect
- Control
- Money
- Protection of individual prerogative

# Physicians Are Not All the Same

- Primary care MDs are relationship oriented
- Radiologists are technology oriented
- Pathologists/internists are intellectual
- Surgeons are action oriented and fix things
- Neurosurgeons, CT surgeons want control

What motivates some MDs will not motivate other MDs

# Importance of Team

The way a team plays as a whole determines its success. You may have the greatest bunch of individual stars in the world, but if they don't play together, the club won't be worth a dime.

-Babe Ruth



# **Integrate Clinical and Community Interventions**

# ICSI Primary Prevention of Chronic Disease Guideline

Systematically Integrate Clinical and Community Interventions for Optimal Follow-up

- Health care systems, medical groups & providers coordinate community resources and programs
- Community based programs support, reinforce and provide access to resources

# ICSI Primary Prevention of Chronic Disease Guideline

Systems to support follow up and support:

- Provider approval and support of community-level interventions
- Systems for collection of patient-centered clinical information
- Integration of risk assessment information
- Integrate into decision support
- Include documentation of lifestyle vital signs in medical record

# **Resources Available**

# ICSI Primary Prevention of Chronic Disease Guideline

Implementation Summary Sheet	Doctors & Clinics	Health Plans	Community			Other
			Work Sites	Government Policy	Schools	
Smoking cessation	<ul style="list-style-type: none"> <li>• 5-A approach */**</li> <li>• Pharmacologic support */**</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone contact */**</li> <li>• Financial incentives/ financial disincentives</li> </ul>	<ul style="list-style-type: none"> <li>• Smoke free worksites *</li> <li>• Financial incentives</li> </ul>	<ul style="list-style-type: none"> <li>• Tobacco taxes */**</li> <li>• Public smoking bans*</li> <li>• Regulate tobacco products</li> </ul>	<ul style="list-style-type: none"> <li>• Education on smoking risks</li> </ul>	<ul style="list-style-type: none"> <li>• Accurate Internet information and support</li> </ul>
Healthy eating	<ul style="list-style-type: none"> <li>• Brief assessment</li> <li>• Brief counseling */intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone coach</li> <li>• Payers cover nutrition counseling</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy food options on-site</li> <li>• High prices for unhealthy food</li> <li>• Change vending food options</li> </ul>	<ul style="list-style-type: none"> <li>• Tax unhealthy foods</li> <li>• Subsidize healthy foods</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy food choices promoted</li> <li>• Unhealthy food choices (pop) limited</li> </ul>	<ul style="list-style-type: none"> <li>• Accurate Internet information and support</li> </ul>
Physical activity	<ul style="list-style-type: none"> <li>• Brief assessment</li> <li>• Brief office intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone coach */financial incentives</li> </ul>	<ul style="list-style-type: none"> <li>• Exercise facilities on-site</li> <li>• Time for activity on job</li> </ul>	<ul style="list-style-type: none"> <li>• Consumer exercise facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Effective physical activity programs</li> </ul>	<ul style="list-style-type: none"> <li>• Accurate Internet information and support</li> </ul>
Alcohol use	<ul style="list-style-type: none"> <li>• Brief assessment</li> <li>• Brief office * intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Member education</li> <li>• Provider education</li> </ul>	<ul style="list-style-type: none"> <li>• Policy for social events</li> <li>• Education</li> <li>• Facilitate referral and counseling</li> <li>• Encourage AA</li> </ul>	<ul style="list-style-type: none"> <li>• Public education</li> <li>• Taxes</li> <li>• Marketing and availability</li> </ul>	<ul style="list-style-type: none"> <li>• Education</li> <li>• Management of social events</li> <li>• Individual assessment and counseling</li> </ul>	<ul style="list-style-type: none"> <li>• Accurate Internet information and support</li> </ul>

\* Copyright © 2010 by ICSI effectiveness

\*\* = Evidence of cost effectiveness

See resource table in the Support for Implementation section for more resources.

# ICSI Primary Prevention of Chronic Disease Guideline

## Appendix E – Guideline Implementation Tool

This tool is to be used to foster discussion around the components of the guideline (physical activity, nutrition, tobacco use, and hazardous and harmful drinking/alcohol) and as a means to measure patient success/barriers around these components.

### Individual Guideline Component Survey

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date of office visit: \_\_\_\_\_

1. I routinely eat fruits, vegetables, whole grains and low-fat dairy products  
\_\_\_\_\_ **YES**                      \_\_\_\_\_ **NO**
2. I routinely limit total fat, especially saturated fat, trans fats and cholesterol  
\_\_\_\_\_ **YES**                      \_\_\_\_\_ **NO**
3. I limit foods with added sugars and caloric carbonated beverages  
\_\_\_\_\_ **YES**                      \_\_\_\_\_ **NO**



# Collaboration

# Collaboration

**1** : to work jointly with others or together especially in an intellectual endeavor □

**2** : to cooperate with or willingly assist an enemy of one's country and especially an occupying force □

**3** : to cooperate with an agency or instrumentality with which one is not immediately connected

-<http://www.merriamwebster.com/>



# Partnership Requires Negotiation

- You can compete: win/lose
- You can accommodate: lose/win
- You can collaborate: win/win
- You can comprise: lose/lose

# Collaboration Is Everything



Coming together is a beginning.

Keeping together is progress.

Working together is success.

- Henry Ford

# Summary

## Communication

- awareness, knowledge and action
- target the emotional rewards

## Integration

- develop systems and processes to support the change

## Resources

- coordinate community and health system resources

# Questions?



# Questions?

**Thank you.**

Melissa.marshall@icsi.org | 952-814-7074 |



**ICSI**

Transforming Health Care Through Collaboration