

FP1: Implications of Person-Centered Care for Research

James W. Mold, MD, MPH

SESSION DESCRIPTION: Most of what we know about patient care comes from research focused on identifying and solving/managing physical and psychological abnormalities, that is research directed and shaped by a problem-oriented approach to care. A person-centered approach to care suggests a different set of research questions, requiring somewhat different methods. In this Forum I will discuss key differences between problem-oriented care and person-centered care and the impact of those differences on research.

SESSION SUMMARY: The Forum will be divided into three sections.

Care Model Differences:

Problem-oriented care is standardized based upon evidence-based guidelines. Patients with the same health problem are expected to receive essentially the same care for that problem absent compelling reasons for exception.

Person-Centered Care is individualized. Patients with the same health problem will often receive different care based upon their unique risk profiles, goals, values, preferences, and resources.

Research Questions:

Problem-Oriented

Population: Patients with same problem (e.g. Hypertension, T2DM, etc.)

Intervention: Well-defined action (diet, drug, device, etc.)

Outcomes: Problem-specific (e.g. BP, CVD events)

Person-Centered

Population: Patients with similar goal (e.g. Life extension, good death, etc.)

Intervention: Care process (wellness visit, health risk appraisal, AD discussion)

Outcomes: Patient-specific (e.g. change in estimated life expectancy, good death based upon patient values/preferences, etc..)

Person-Centered Research Methods:

RCT with individualized or process intervention and goal attainment or individualized outcomes.

N-of-1 studies

Best process studies

W2: Teaching Motivational Interviewing Skills in the Primary Care Practice Setting: Engaging Physicians and Practice Staff

Walter L. Calmbach MD MPH; Alan M. Adelman MD MS

SESSION DESCRIPTION: The purpose of this workshop is to help participants work through the difficulties they can expect when delivering an educational intervention like Motivational Interviewing in the busy practice setting. We will briefly review the principles of Motivational Interviewing and what is known about educational interventions in practice. Participants will work in groups to specify what information will be delivered, shape the message for physicians & staff, & modify the intervention based on feedback.

SESSION SUMMARY: Motivational Interviewing is a powerful tool to help patients achieve healthy behavior change, but teaching Motivational Interviewing skills to physicians and staff in the busy primary care setting can be challenging. While physicians may be comfortable with the "Academic Detailing" approach, many practice staff are not. The purpose of this interactive workshop is to help participants work through the difficulties they can expect when delivering an educational intervention such as Motivational Interviewing in the busy practice setting. We will briefly review the principles of Motivational Interviewing and what is known about educational interventions in practice. Participants will then be asked to work in small groups to specify: 1) what information will be delivered (i.e., of the many complex issues involved in the Motivational Interviewing technique, which ones are most relevant and necessary in the primary care practice setting?); 2) how will the relevant information be modified or shaped to engage both physicians and practice staff?; and 3) how can/will the initial planned educational intervention be modified based on experience with and feedback from participating practices? Each small working group will then report their ideas/conclusions to all participants. The presenters will then collate and summarize these ideas and conclusions, and complete the workshop with a brief summary of "what worked" in the real-world practice setting.

OBJECTIVES: Learning Objectives. At the completion of this workshop, participants will:

- 1) be familiar with the principles of Motivational Interviewing;
- 2) be aware of potential barriers to educational interventions in the busy primary care practice setting;
- 3) be prepared to create a practice-friendly educational intervention that can engage both physicians and practice staff.

AGENDA/TEACHING METHODS: Teaching methods include lecture and small group work as outlined below:

5 minutes Welcome and Introductions

15 minutes Background information about Motivational Interviewing and how it can apply in the primary care practice setting, what is known about educational interventions in the busy primary care practice setting

15 minutes Break-out to discuss
Which elements of Motivational Interviewing do we want to focus on?
What will we do to keep both physicians and staff engaged?
How will we structure each session to
How will we evaluate each session.

10 minutes Small group reports on ideas/conclusions

10 minutes Summarize conclusions of group work,
Brief summary of "what worked" in the real-world setting

5 minutes Wrap-up and evaluations

RELEVANCE STATEMENT: We will assess needs of participants during introductions. We will ask participants to describe their current work in Motivational Interviewing and/or educational interventions and discuss any challenges they are facing. If inexperienced, we will ask participants to describe background/interest and questions they would like addressed during the workshop. Presenters will use participants' responses to modify content and group discussions.

AUDIENCE ENGAGEMENT: After providing brief introductory information on the principles of Motivational Interviewing and educational interventions in the practice setting, participants will break into small groups to develop specifics of the planned educational intervention: What information will be delivered? How will the message be shaped to engage both physicians and practice staff? How can/will the initial intervention plan be modified based on experience with and feedback from participating practices? Each work group will report their ideas/conclusions to all participants. The workshop will conclude with a brief summary of "what worked" in the real-world setting.

EVALUATION: We will ask participants to complete a brief evaluation asking about their level of experience in this area, their level of agreement as to whether the session met its 3 learning objectives, and a brief description of what they would like to see as a next session on this topic.

DISCUSSION/REFLECTION/LESSONS LEARNED: Our experience using an "Academic Detailing" approach to teach 4 key Motivational Interviewing skills to physicians and practice staff in the busy practice setting taught us many valuable lessons. The purpose of this interactive workshop is to help participants anticipate and work through some of the difficulties they can expect to encounter.

RELEVANCE STATEMENT: Motivational Interviewing is a powerful tool to help patients achieve healthy behavior change, but teaching Motivational Interviewing skills to physicians and staff in the busy primary care setting can be challenging. This interactive workshop is designed to help participants work through the difficulties they can expect when delivering an educational intervention such as Motivational Interviewing in the busy practice setting.

W1: Applying Community Organizing to Enhance Community-Based Participatory Research in Health Research

Sarah Brewer, MPA, PhDc; Donald Nease, MD

SESSION DESCRIPTION: This workshop introduces participants to community organizing as an approach to engaging communities in solving problems through shared power and action. We will discuss its potential as a complementary approach to community based participatory research and a solution to some of the common pitfalls of CBPR partnerships and projects. We provide examples of how to incorporate community organizing principles and tools into more traditional CBPR projects to improve process and impact.

SESSION SUMMARY: Community-based participatory research (CBPR) has a long history in health research and health promotion with emphases on addressing community issues through leveling power differences and co-learning among others. Community organizing is a process by which people build power and act in their shared self-interest to address a community issue. Community organizing has a history of success in policy change in sectors of housing, labor, and social justice. Health care and health research could benefit by applying a community organizing lens to approach CBPR. The strategic application of both CBPR principles and the community organizing process may support the development of stronger academic-community relationships, greater collective power for action, and improved ability to influence health policies. This workshop will first introduce community based participatory research approaches and highlight challenges the leaders have encountered with the approach. We will then introduce participants to community organizing as an approach to engaging communities in solving problems through shared power and action. We will discuss its potential as a complementary approach to community based participatory research and a solution to some of the common pitfalls of CBPR partnerships and projects. Finally, we share examples of how the leaders have incorporated community organizing principles and tools into more traditional CBPR projects to improve process and impact of the research. We will engage participants in individual reflection, small group application activities, and large group discussion of the key concepts of community organizing and place them in the context of conducting community-based participatory research around health. Individually, participants will engage in understanding and articulating their own self-interest. In pairs, they will practice the skill of discovering someone else's self-interest in a one-to-one meeting. Then, in small groups and as a large group, leaders will facilitate discussions about applying the core concepts of community organizing (self-interest, power, politics, public action, and critical reflection) in the context of health-focused CBPR. Discussion objectives will be to leave participants with action steps in their own primary care and health systems research.

OBJECTIVES: 1. Participants will gain an understanding of the overlaps and differences in principles and methods between community-based participatory research (CBPR) and community organizing.
2. Participants will learn and practice key community organizing methods
3. Participants will understand how to apply key community organizing methods to address challenges in CBPR and community-engaged health research.

AGENDA/TEACHING METHODS: This session will be highly interactive and will alternate between didactic teaching, modeling of skills, and interactive application through individual, pair and group work. This session will be divided into three segments of approximately 30 minutes each. The first segment will introduce CBPR and community organizing as approaches to community-engaged research and discuss the concept of self-interest. Workshop leaders will model a one-to-one and participants will practice this with a partner. In the second segment, we will explore the community organizing concept of power and utilize small group work to identify existing power and areas to build power. Finally, the third segment will use large group discussion to explore public action for system and policy change and critical reflection in partnerships. This segment will also lead to action steps for participants to take home to their local PBRN or primary care settings.

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EVALUATION: We will begin the session with a quick assessment of prior knowledge of community organizing and CBPR to ensure the workshop builds on the knowledge in the room. In addition, we will model group critical reflection in the final segment of the workshop by having participants evaluate together whether we have met our objectives or if there is further work to be done following the workshop.

DISCUSSION/REFLECTION/LESSONS LEARNED: Workshop leaders will share our own learnings from conducting research using the CBPR approach and the challenges we have encountered using this model. In addition, we will share experiences with community organizing, the potential linkages between these approaches to working in and with community, and ways we have incorporated community organizing to improve our community-engaged work. This workshop builds on our experience presenting a similar previous workshop and will build further conceptual knowledge and skills for others to implement these ideas. Finally, we hope to foster a discussion with participants about the ways other community-engaged models can advance the field community-engaged research toward more impactful and sustainable outcomes in community and practice settings.

RELEVANCE STATEMENT: This workshop will introduce PBRN researchers, patients and other stakeholders to community organizing and guide them to develop additional skills for engagement in the research process, and specifically for overcoming some of the challenges of community-engaged research. Attendees will actively engage in individual and group activities and discussion to learn community organizing concepts and skills to enhance stakeholder engagement in their own PBRN research projects.

W3: Creating connections: practice-based research and the rural physician

Christina M. Hester, PhD, MPH; Edward J. Bujold, MD, FAAFP; Jennifer K. Carroll, MD, MPH

SESSION DESCRIPTION: This workshop will focus forging connections between rural hospitals and their boards, rural physicians, community based residency training programs, PBRNs and others. We believe involving these stakeholders in relevant research that is meaningful to their communities will sustain and engage these stakeholders in ways that will prevent professional and personal isolation among physicians, prevent provider burnout, promote physician retention and provide greater access to care in rural settings.

SESSION SUMMARY: This workshop will provide attendees with the opportunity to engage in the creation of networks of rural hospitals, rural physicians, PBRNs, local community based training programs and research entities to improve the health care of rural America. We would suggest community-based training programs partnering with local PBRNs could become the hub of a wheel. Actively engaging medical students and residents in training in practice improvement research and primary care research during early parts of their training will connect them with resources of great value to them as they move out into the next phase of their professional lives. Forming partnerships with their PBRN academic partners, the staff, physicians, and their residents in training will develop support systems to help them create a researchable idea, collaborate with a team of seasoned researchers, write a collaborative paper, and get help in publishing this paper in peer-reviewed journals. Associations with local PBRNs will also bring these providers in contact with other academic and political institutions where they can make contributions on a national and international level to their specialty and their local communities.

This workshop will be a collaborative effort between all attendees. We know that no individual or small group has the one answer to maintaining access to rural healthcare and stemming the out migration of primary care physicians from rural America. We do believe finding solutions to these problems should be developed locally. What works in one community may not work in another community.

RELEVANCE STATEMENT: When these residents in training then go out into the communities they serve, they will have a whole team behind them helping them service the patients in their respective communities providing the highest quality care available, care which is "cutting edge" and years ahead of their colleagues not involved in these networks. These networks will help prevent personal and professional isolation and prevent physician burnout. These networks will also support rural hospitals and their hospital boards who invest a great deal of money in bringing well trained providers to their respective communities. Hopefully, through networks like this we can help keep rural hospitals open through innovative ideas backed by solid research supported by our local PBRNs.

FP3: "What's the ROI?": Negotiating with health systems to create sustainable community partnerships to address health disparities.

Michael S. Klinkman, MD, MS; Donald E. Nease, MD; Beth A. Careyva, MD

SESSION DESCRIPTION: Solving complex health problems in their community context requires building sustainable partnerships between 'community enterprise' and 'medical enterprise'. This is a complex process. This session explores strategies to engage health systems in developing partnerships, focusing on the return on investment (ROI) to health system and community. Working from presenters' experiences in MI, CO, and PA, participants will explore power mapping, methods to assess ROI, and negotiating strategies.

SESSION SUMMARY: Solving complex biopsychosocial problems in their community context requires durable long-term partnerships that cross current medical, behavioral, and social boundaries. To build these partnerships, the 'community enterprise' and the 'medical enterprise' must commit to work together, agree on goals and priorities, and negotiate roles and responsibilities. This is a complex and fragile process, and the point at which many partnerships fail.

Health care delivery systems are increasingly driven by short-term financial and clinical incentives ("what's the ROI?"), and need to maintain control over an expanding set of care processes. One example is screening for social determinants of health (SDOH). In many communities, health systems are in a position of power, and are implementing 'enterprise solutions' to SDOH screening that do not actively involve the community organizations that will be expected to provide services to those with identified social needs.

In contrast, communities are often motivated by a mix of self-preservation, altruism, and resource scarcity, and must deal with the multiple agendas of a diverse group of community based organizations (CBOs) and stakeholders - all from a position of limited power. It is extremely difficult for isolated CBOs to build effective bidirectional relationships with dominant health systems, but it is also very challenging to bring CBOs together as a 'community enterprise' to effectively partner with health systems.

This panel presentation/workshop will review effective strategies to engage health systems in co-creating community partnerships - focusing on identifying and clarifying the return on investment (ROI) to health system and community. Presenters will review their experiences over several years of work with communities and health systems in Michigan, Colorado, and Pennsylvania in discerning power relationships, building trust, and finding common purpose. Participants will be introduced to the use of power mapping techniques in a facilitator-led group exercise. Presenters and participants will explore the main components in determining ROI for local health systems: partnership costs, clinical costs and revenues, and intangible costs and benefits. Presenters and participants will work through common issues in negotiating relationships with health systems: who to approach at the health system, how to build trust, how to work at multiple levels, maintaining focus on long term, not single project

The session is open to anyone interested in developing long-term community-academic partnerships. Our goal is to build capacity among the community of researchers engaged in work on health disparities and integrated care delivery.