10th Annual Conference on the Science of Dissemination and Implementation in Health
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Community Participatory Research to Enhance Multisector Collaboration, Accelerate Alignment, and Reduce Policy Cycle Time to Advance the Culture of Health Using Data Visualization

William Riley, PhD
Michael S. Shafer, PhD
George Runger, PhD

ASU College of Health Solutions

ARIZONA STATE UNIVERSITY

Stove-piping of Health & Social Services

Improve Health

Maintain Public Safety

Improve Healthcare

Cost Containment

Ensure Justice

Maximize Independence

Reduce Incarceration

Make Affordable Housing Available

= Goal Mis-Alignment

OUR GOAL

DEMONSTRATE THAT MULTISECTOR INTER-OPERABILITY CAN BE ACHIEVED BETWEEN SILOED INFORMATION SYSTEMS.

ASSESS THE IMPACT OF THESE INTEGRATED INFORMATION SYSTEMS USING DATA VISUALIZATION TO INFORM POLICY MAKERS TO ACCELERATE ALIGNMENT, ENHANCE COLLABORATION, AND REDUCE POLICY CYCLE TIME .

Multi-Systems Involvement

**All Medicaid Claimants in Maricopa County
SFY 2015, n = 326,678**

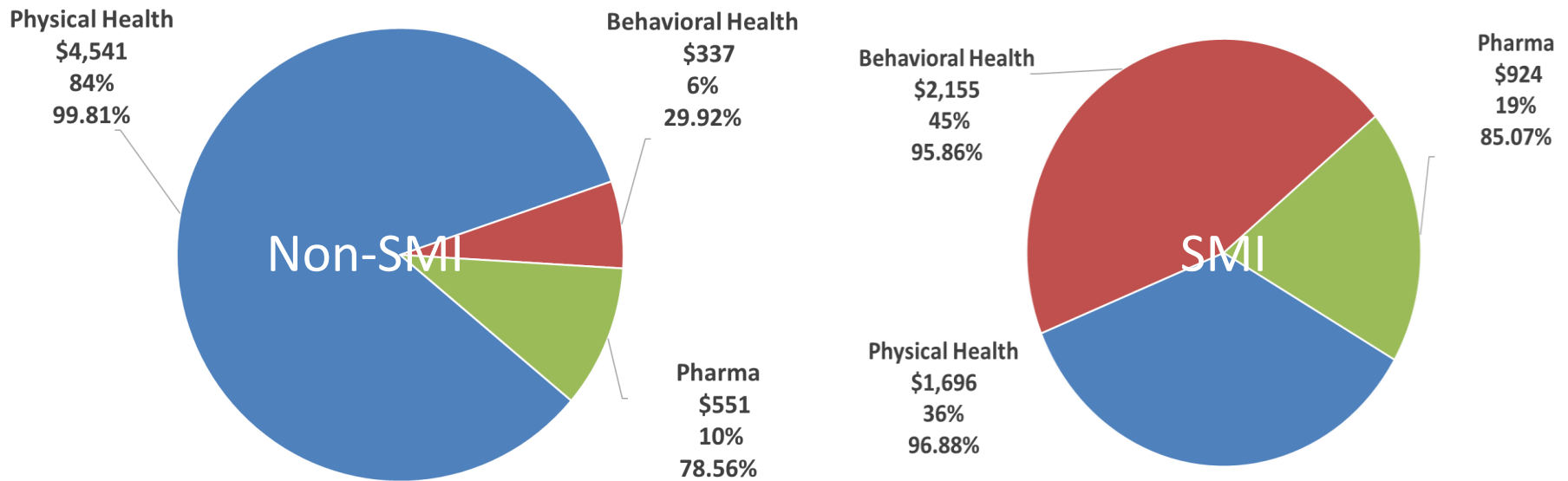|	Non-SMI claimants %	SMI claimants %
Emergency Department	67.51%	49.23%
Inpatient	46.03%	26.85%
Jail Bookings	n/a	8.51%
Probation	.88%	8.47%
HMIS	n/a	n/a

FOUR AIMS

AIM 1: To create an *INTEGRATION QUOTIENT* for every individual enrolled in the RBHA network as SMI, GMHSA, or children.

The *INTEGRATION QUOTIENT* will express the total Medicaid claims on an individual, the relative proportion of those claims on behavioral health versus physical health services, and the composition of service procedures.

Integration Quotient =
∑ BH Claims/(BH claims + PH claims)

Physical Health
$4,541
84%
99.81%

Behavioral Health
$337
6%
29.92%

Non-SMI

Pharma
$551
10%
78.56%

Behavioral Health
$2,155
45%
95.86%

Pharma
$924
19%
85.07%

SMI

Physical Health
$1,696
36%
96.88%

median value per claim
% of total claims
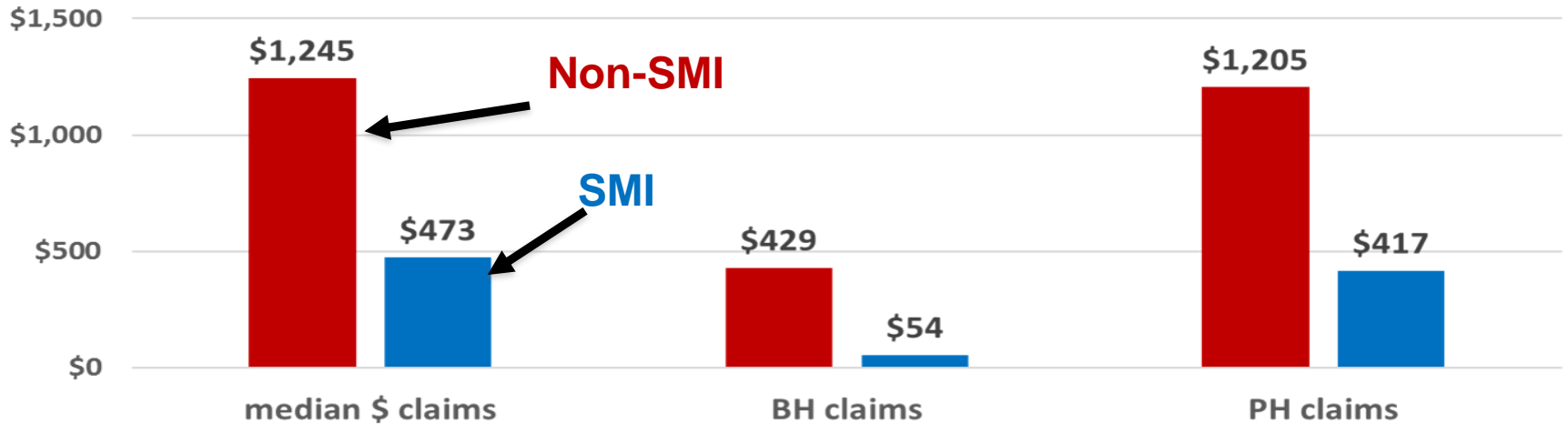**% of sample w/ ≥ 1 claim**

FOUR AIMS

AIM 2: To develop predictive models of psychiatric and general hospitalization based upon behavioral health and med/surg service utilization patterns observed prior to and following periods of hospitalization.

✓ Focused analysis on high cost/high utilizers
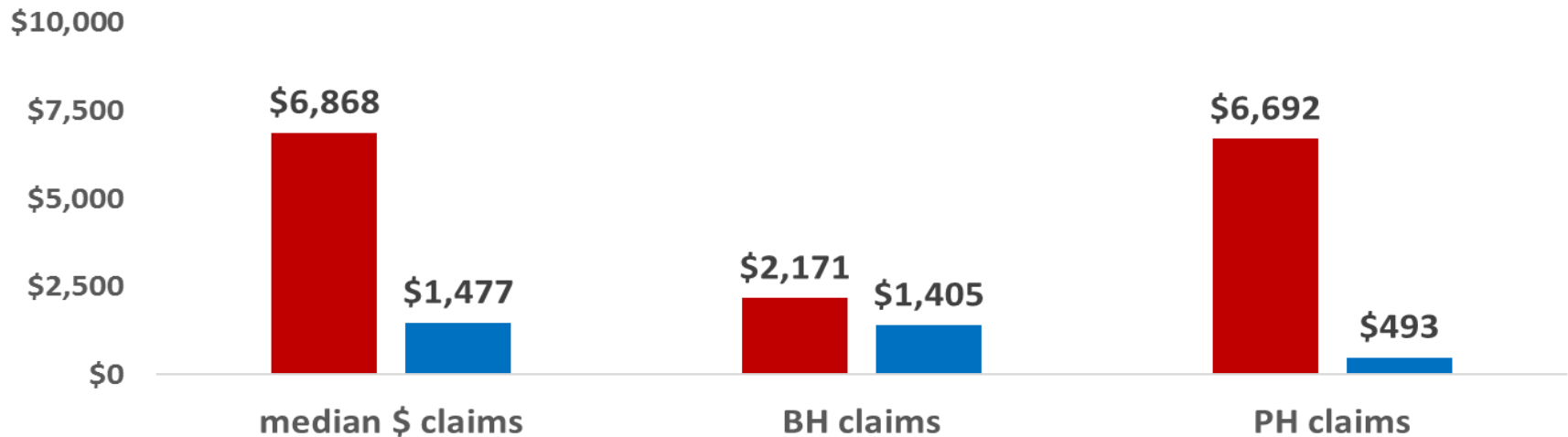✓ Analysis of pre- and post-hospitalization service patterns

FOUR AIMS

AIM 3: To develop predictive models of criminal justice systems involvement based upon behavioral health and med/surg service utilization patterns observed prior to, during, and following periods of CJ system involvement.

- ✓ Focused analysis on high utilizers
- ✓ Analysis of pre- and post-booking service patterns
- ✓ Analysis of concurrent service patterns (probation & behavioral health services)
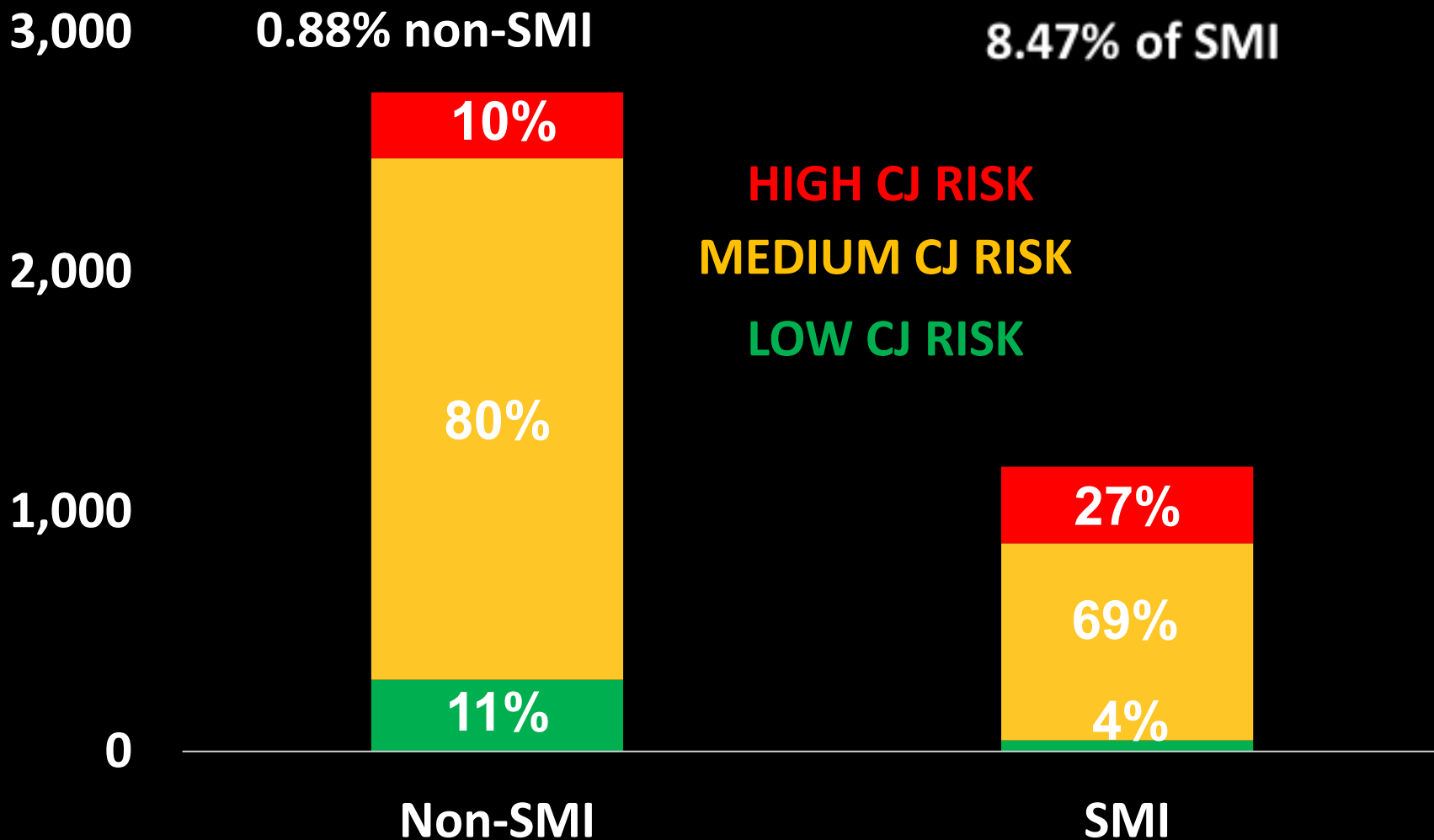
Criminal Justice Systems Involvement – Jail Bookings

Arrests/Booking (smi *only*)					
	mean	median	max	rates per 1,000	%
pre-study period	1.6	1	11	103	10.28%
study period	1.48	1	10	86	8.51%
post study period	2.07	1	16	149	14.89%

Criminal Justice Systems Involvement – Probation Risk Assessments

FOUR AIMS

AIM 4: To transform our proof of concept analyses into visualizations that facilitate evidence-informed and actionable dialogue and decision-making between multi-sector policy-makers that can lead to a culture of health for Medicaid enrolled individuals experiencing behavioral health issues.

ASU Decision Theater