Running Psychologically-informed services in the South of England... and Houston, Texas
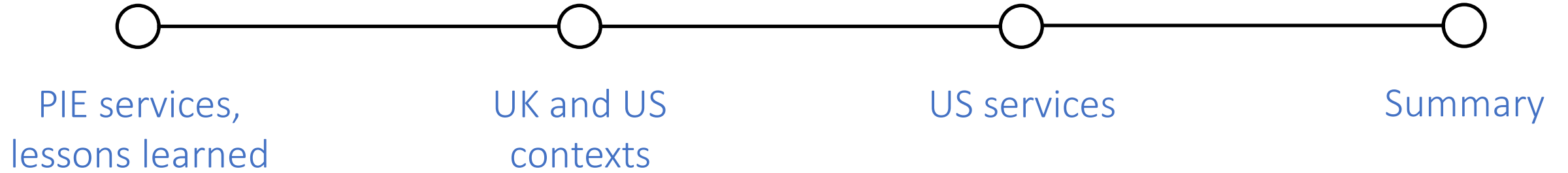
Nick Maguire
Associate Professor in Clinical Psychology,
University of Southampton

Karina Christiansen
Spirende
Visiting lecturer, University of Southampton

David Buck
Associate Dean for Community Health
Houston College of Medicine

presentation
agenda

PIE services, lessons learned   UK and US contexts   US services   Summary

PIE services (South of England)
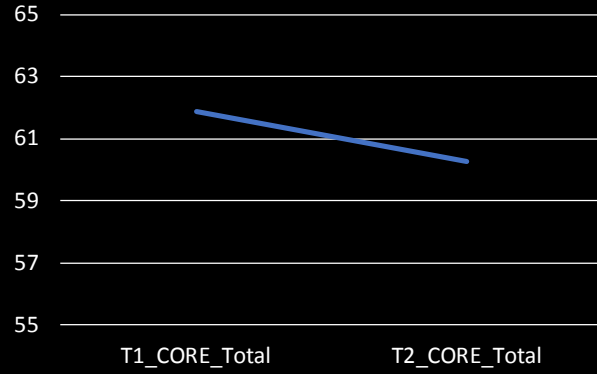
- MHCLG funded
  - Basingstoke and Deane
    - Individual and group therapy, engagement work
    - Training for Housing Officers
    - Reflective practice
    - Peer mentorship service
    - Outreach support
    - Building a community approach
- MHCLG (RSI) funded
  - Basingstoke, Winchester, Aldershot
    - Training in PIE approaches, hoarding
    - Individual therapy, engagement work
    - Reflective practice
    - Peer mentorship services
- PHE funded
  - Portsmouth
    - Training in PIE approaches, attachment
    - Individual and group therapy
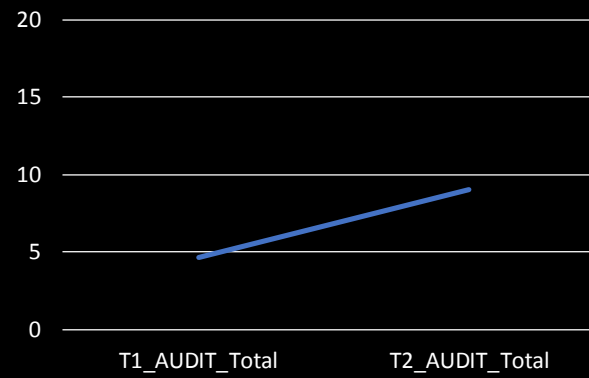   - Community and service engagement

PIE services

- Houston Homeless Healthcare
  - Training in values-based engagement
  - Reflective practice
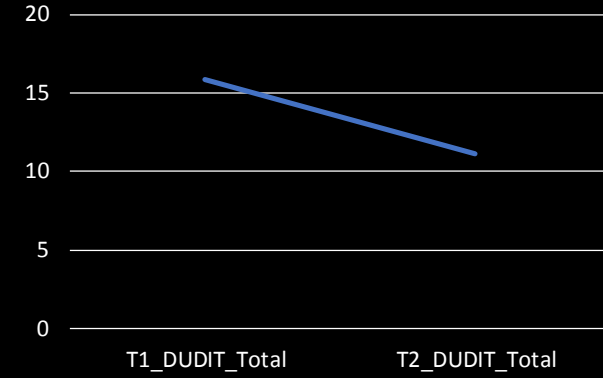 - Evaluation

Outcomes
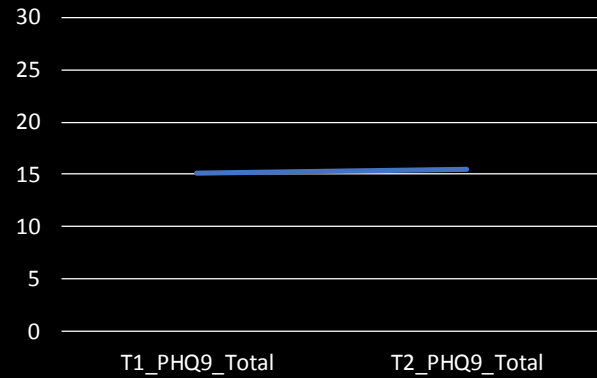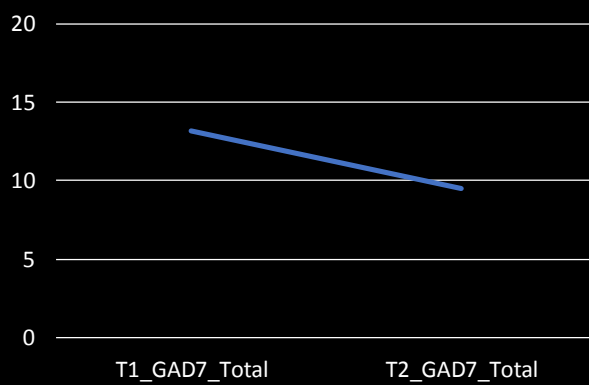
Emotion dysregulation

91	
90	
89	
88	
87	
86	
85	
84	

T1_DERS_Total   T2_DERS_Total

Impulsivity

16
14
12
10
8
6
4
2
0

T1_i7_Total   T2_i7_Total

Working alliance

42
40
38
36
34
32
30
28

T1_WAI_Total   T2_WAI_Total

Resilience

8
7
6
5
4
3
2
1
0

T1_CDRISC_Total   T2_CDRISC_Total
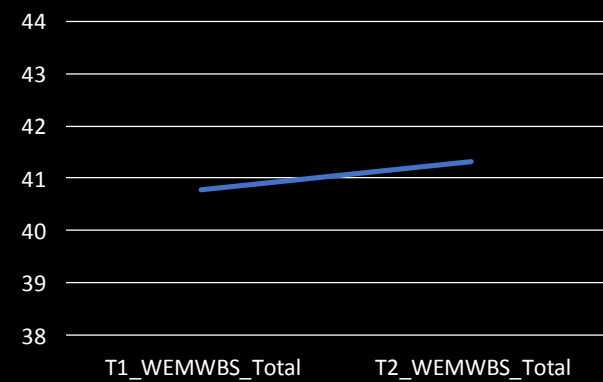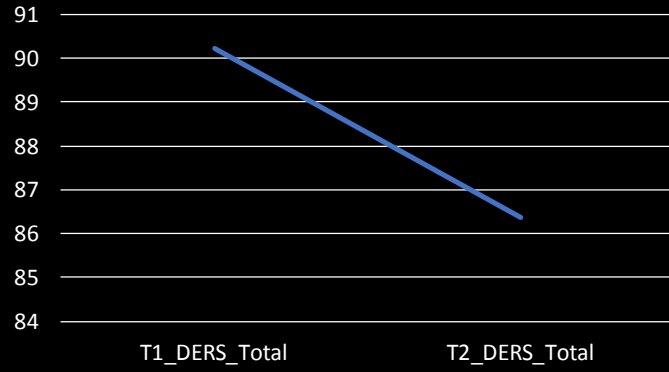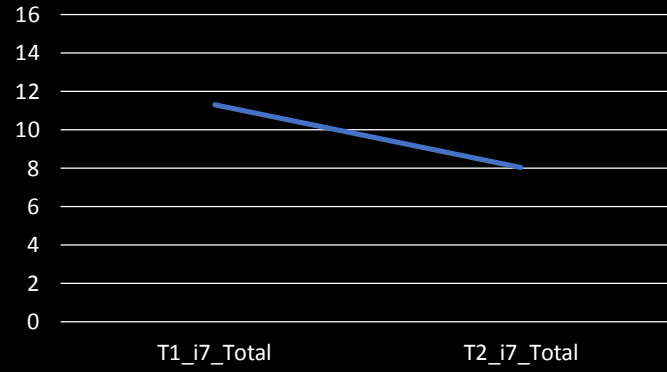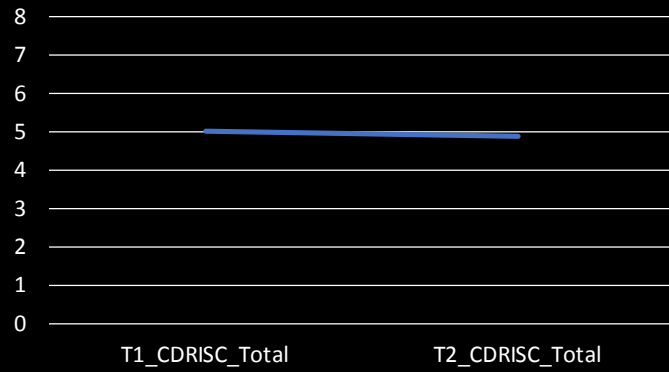
Lessons learned

- Engagement depends on physical environment
- Time!
  - Play scrabble.
- Not everybody can be engaged. And we keep trying.
- Responsibility for data collection
  - Meaningful behaviours
  - Qualitative data – why?
- Lack of change is hard for all
- Peer mentorship is efficient and effective

Complexity.

Community solution to a community problem

US and UK healthcare contexts

- Provide very different challenges
- UK – Universal care free at point of delivery (at the moment).
- US – Insurance-based, managed care
  - Texas – 25% population uninsured

Understanding the problem:
(global level) OECD countries with stronger built-in safety nets
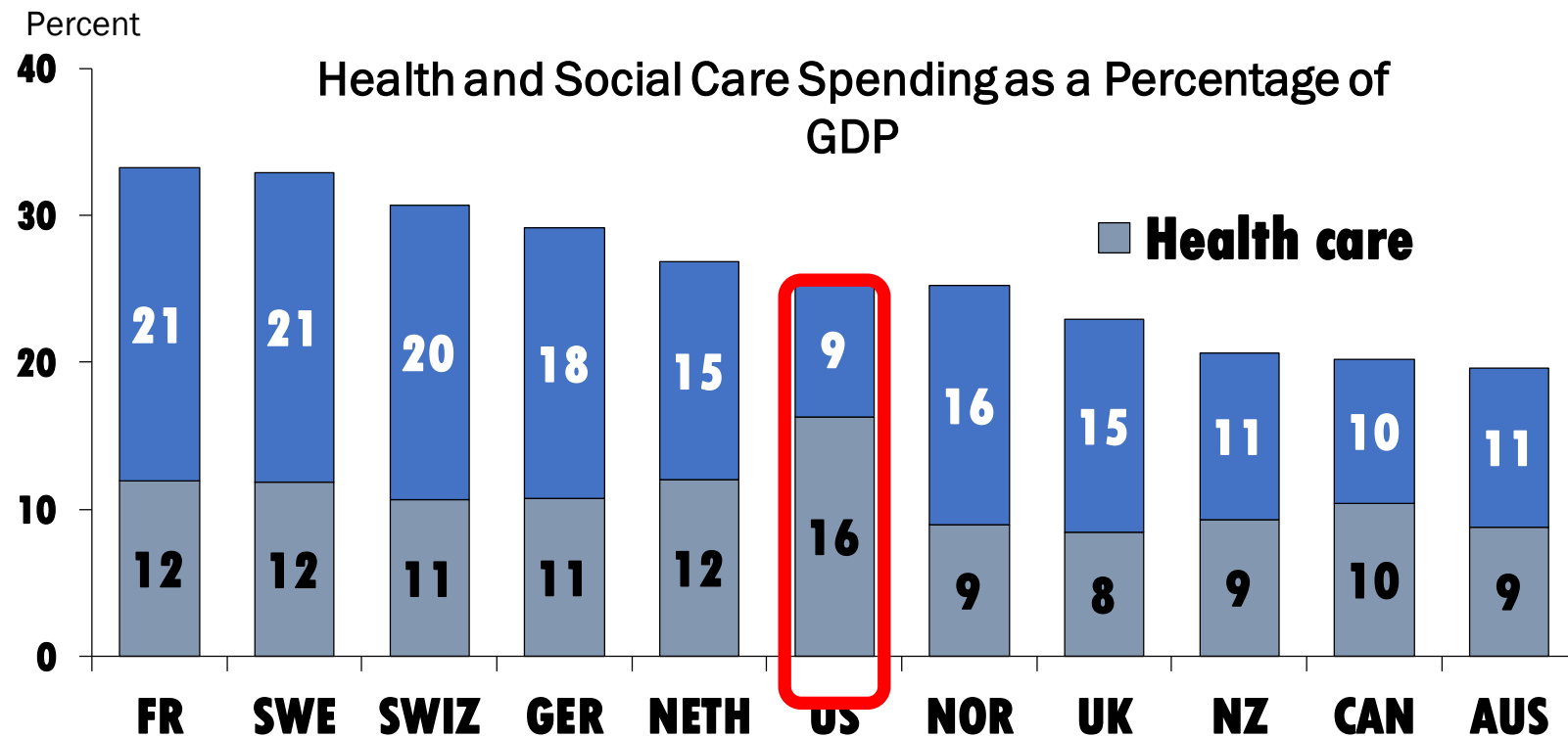
Health and Social Care Spending as a Percentage of GDP

Percent

Health care

Country	Health care	Social care
FR	12	21
SWE	12	21
SWIZ	11	20
GER	11	18
NETH	12	15
US	16	9
NOR	9	16
UK	8	15
NZ	9	11
CAN	10	10
AUS	9	11

The COMMONWEALTH FUND

causes of poor health for complex patients (global level) OECD countries with stronger built-in safety nets

Select Population Health Outcomes and Risk Factors

	Life exp. at birth, 2013[a]	Infant mortality, per 1,000 live births, 2013[a]	Percent of pop. age 65+ with two or more chronic conditions, 2014[b]	Obesity rate (BMI>30), 2013[a,c]	Percent of pop. (age 15+) who are daily smokers, 2013[a]	Percent of pop. age 65+
Australia	82.2	3.6	54	28.3[e]	12.8	14.4
Canada	81.5[e]	4.8[e]	56	25.8	14.9	15.2
Denmark	80.4	3.5	—	14.2	17.0	17.8
France	82.3	3.6	43	14.5[d]	24.1[d]	17.7
Germany	80.9	3.3	49	23.6	20.9	21.1
Japan	83.4	2.1	—	3.7	19.3	25.1
Netherlands	81.4	3.8	46	11.8	18.5	16.8
New Zealand	81.4	5.2[e]	37	30.6	15.5	14.2
Norway	81.8	2.4	43	10.0[d]	15.0	15.6
Sweden	82.0	2.7	42	11.7	10.7	19.0
Switzerland	82.9	3.9	44	10.3[d]	20.4[d]	17.3
United Kingdom	81.1	3.8	33	24.9	20.0[d]	17.1
United States	78.8	6.1[e]	68	35.3[d]	13.7	14.1
OECD median	81.2	3.5	—	28.3	18.9	17.0

12

The COMMONWEALTH FUND

Performing SDOH Screening/Referral*

- **System-wide** (solid line)
- **Large portion of system** (dashed line)
- **Partial** (dotted line)

Left column (diamonds):
Homeplate (seniors)
Health Hubs
Medical Legal Partnership
Community Health Hub
Community Resources Centers
CMS AHC

EHR / system boxes (blue):
HHD
Houston Methodist
HCPH
Baylor
UT Physicians
Harris Health
UH Med
MHHS
UT Health
TX Children's

EHR vendor ovals (yellow/blue):
Hope
Legacy
Partners in Primary Care
Un-known
ECW
Centricity
Epic
NextGen
Cerner

Greater Houston Health Connect

Bottom blue boxes:
The Harris Center
CHC
Molina
Humana
Houston Recovery Center
HHSC

Center:
PCIC

Top right:
Aunt Bertha
Unite Us (?)
Signify (?)
Health Leads
Welnity — API

HFD-EMS, HPD, Harris Health System, HMIS, Harris County Jail
Veterans services
2-1-1 : >4000 services
~900 food programs
SNAP/WIC
[x] partner programs
C3: (12 providers of mental/ behavioral health/ social svcs)

Right purple boxes with ovals:
Combined Arms — Sales force
United Way — iCarol
Houston Food Bank — Link2 Feed
Baker Ripley — RTZ
Network of Behavioral Health Providers — Eccovia

How do we solve this?
A collaborative model of care

Interrelated needs require an integrated response

Shared data and communication

Behavioral

Medical

Social

Need

Response

Individual
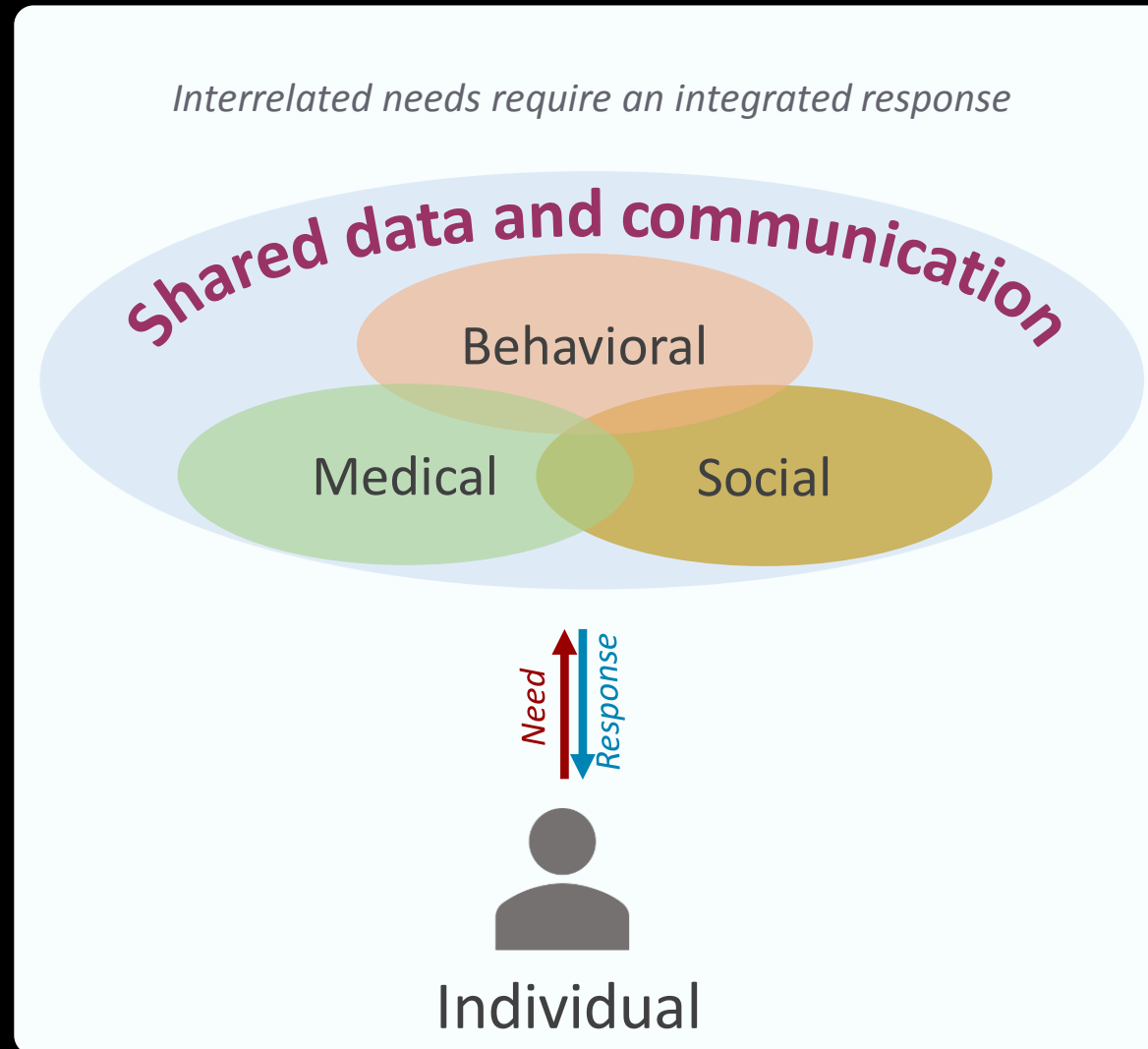
'If you think competition is hard, try collaboration'.

'It's relationships, relationships, relationships. All the governance structures and technical things in the world are great, but if people don't have an aspirational intent to work together, it doesn't really matter what you write down'

Richard Murray, CE Kings Fund

Care coordination *across* existing social and medical agencies

Client Values Centered
Care Coordination

UCCP **Unified Care Continuum Platform**

○ **Desktop** ○ **Touch Enabled** **Welcome** **Kallol Mahata**
[Log Out]

Dashboard | Calendar | Demographics | Assessments ▼ | Planning Care | Care Plan | Visits and Tracking ▼ | Forms and Documents ▼ | Reports ▼ | Actions ▼

Monica > Planning Care

Monica Sanchez 61Y, Hispanic, Female

Who or what is important to Monica: My Son; My Dog; My neighbor Sally; food security

What would Monica like to be doing: I like to take my pet on regular walks; Have dinner on Sunday with Sally; Take care of my son; eating 3 times a day

What program is Monica enrolled in: Unified Care Plan

Monica's care team members: Vict...; Andrea Link; John Star; Markisa Holmes;

Who or what is important to Monica (Values) ⑦

What would Monica like to be doing? (Aspirations) ⑦

What gets in Monica's way? (Barriers) ⑦

Add

Type: personal | Unmapped	Type: system | Unmapped	Type: system | Unmapped	Type: system | Unmapped
Lacks cell phone	Lacks access to reliable transportation	Difficulty accessing appropriate medical care	Limited financial resources
☑ Active? ☐ Has been overcome?	☑ Active? ☐ Has been overcome?	☑ Active? ☐ Has been overcome?	☑ Active? ☐ Has been overcome?
Readiness to change: 7	Readiness to change: N/A	Readiness to change: N/A	Readiness to change: N/A
Edit Delete	Edit Delete	Edit Delete	Edit Delete
1 goal(s) created	1 goal(s) created	4 goal(s) created	1 goal(s) created
Create Goal	Create Goal	Create Goal	Create Goal

Outcomes

Houston evaluation: Patient Level

- Collaboration to decide on relevant outcomes and valid assessments
    - Social functioning   →   DLA 20
    - Stages of change   →   URICA
    - Working alliance   →   WAI
    - General mental health   →   GHQ

    - Wellbeing Questions to assess:
        - Hopelessness
        - Values
        - Engagement with healthcare

Mary Ann Liebert, Inc. publishers

Population Health Management, Ahead of Print |

Values-Based Interventions in Patient Engagement for Those with Complex Needs

Stephanie L. Barker, Nick J. Maguire, Sophiya Das, Victoria Bryant, Kallol Mahata, and David S. Buck

Published Online: 10 Sep 2019 | https://doi.org/10.1089/pop.2019.0084

Evaluation: Staff Outcomes

Quotes from Interviews:

"…looking at it from the clients perspective of values…how it's in service of these values, what function does it serve? This way is more pointed, it's, you know, more thought provoking for the clients" Interview #12

"To me it was an equalising experience" Interview #4
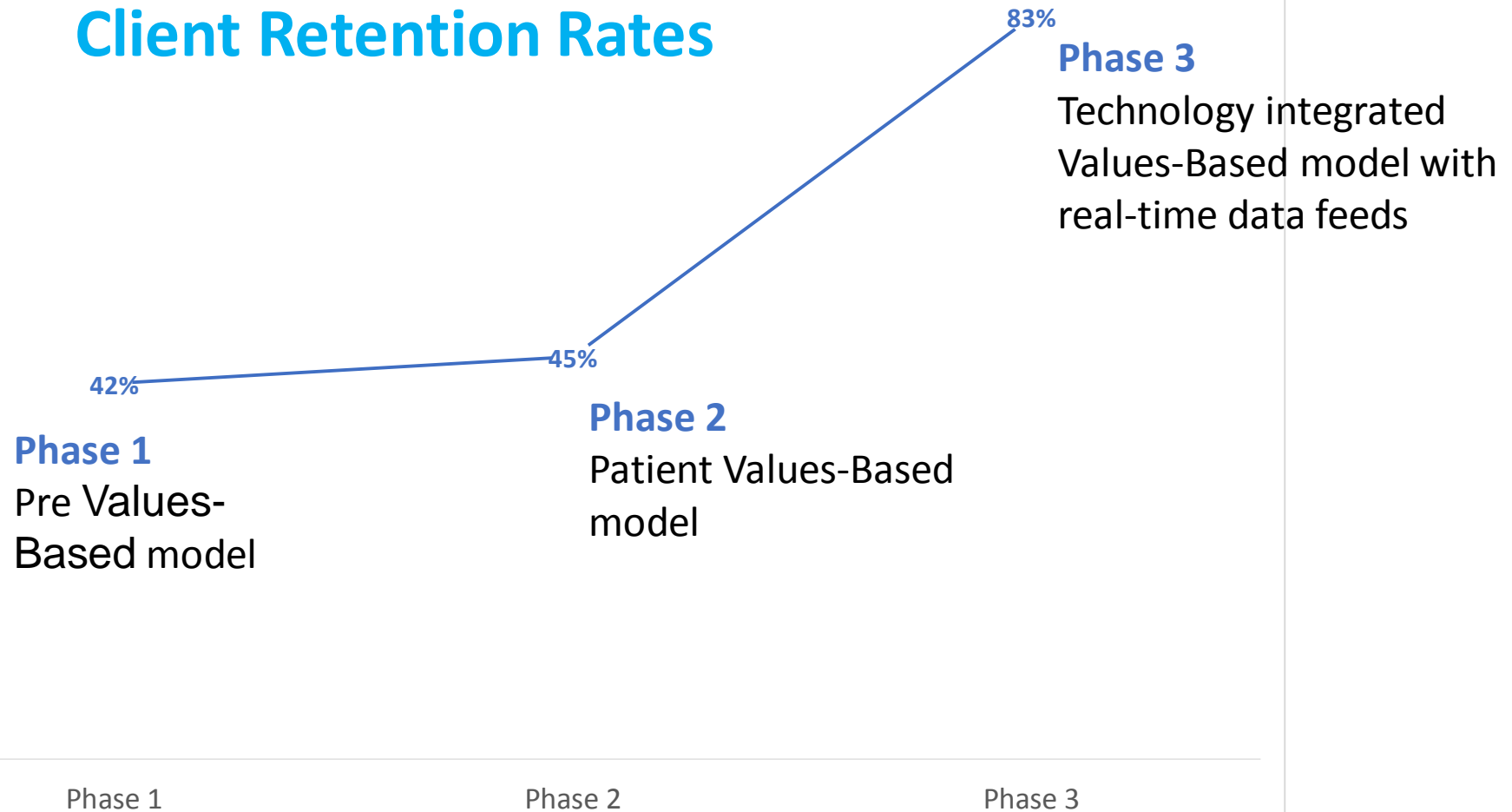
"It changed the way I viewed behaviour." Interview #10

"When I approached the reflective practice with a problem and I…don't think there is a solution and, and there was always a solution" Interview #13

Burnout & Effective Working:

- Lower rates of burnout over time
- Increased feelings of effective working
- Results are not significant, but trending (because of low participant numbers)

Outcomes
across phases

Client Retention Rates

83%

Phase 3
Technology integrated
Values-Based model with
real-time data feeds

45%

Phase 2
Patient Values-Based
model

42%

Phase 1
Pre Values-
Based model

Phase 1   Phase 2   Phase 3

Intervention: A PIE approach

Six key areas:

1. Developing a coherent and useful psychological framework
2. The physical environment and social spaces
3. Staff training and support
4. Managing relationships
5. Evaluation of outcomes
6. Organisations, systems and structures
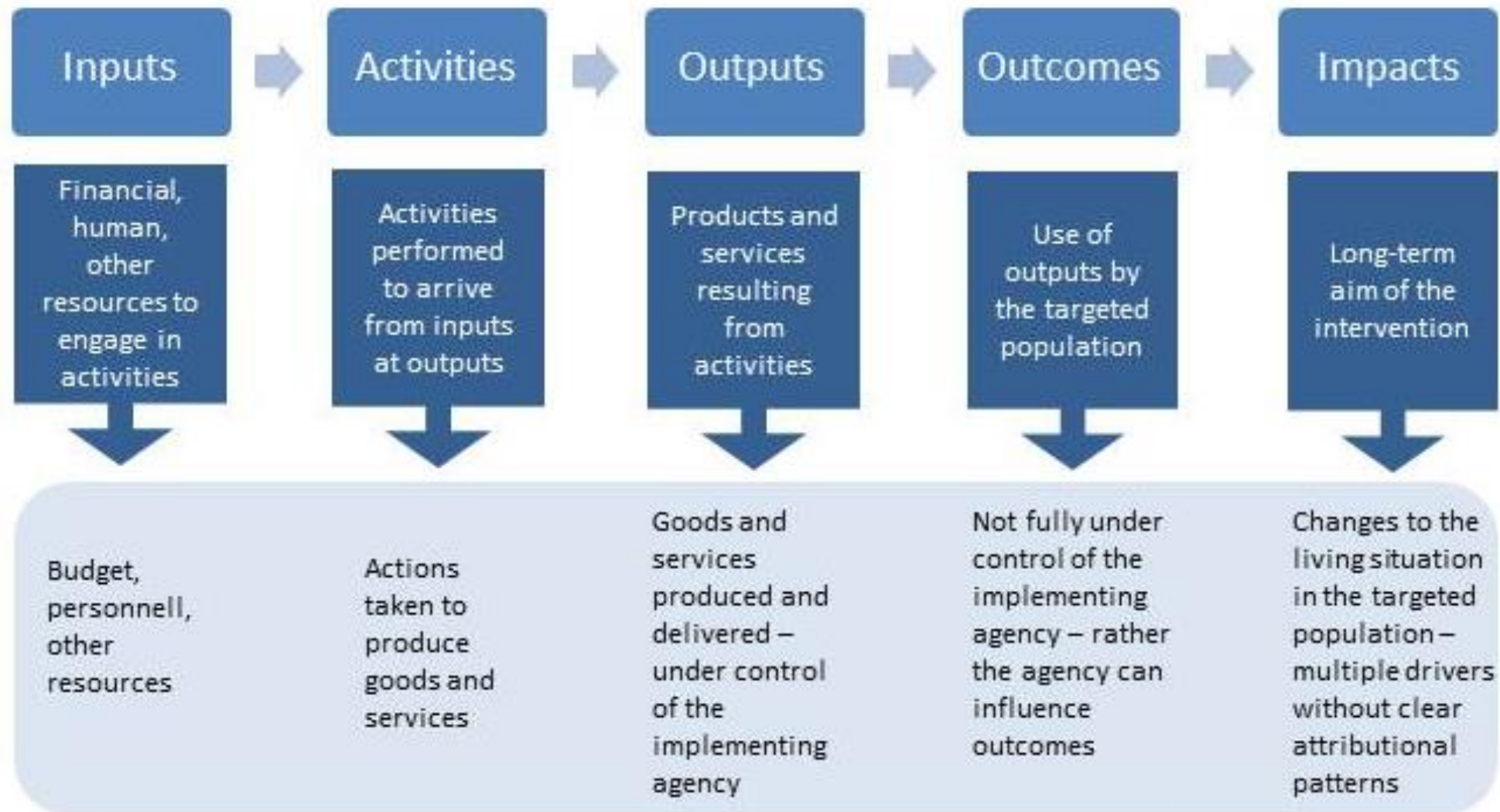- Clarity of values

Lessons learned

- Sustainability and scalability
- Training in theory and practice
  - In person
  - Online
  - 'Train the trainer'
- 'Apprenticeship model'
  - Learn – do – learn
- Reflection to enable learning through practice
- Digitise delivery and evaluation

Funding

- Key to success is funding from Govt
  - MHCLG, PHE

- Tender documents important
- Clarity of outcomes
- 'Proof of concept'
- Use logic model useful

Inputs	Activities	Outputs	Outcomes	Impacts
Financial, human, other resources to engage in activities	Activities performed to arrive from inputs at outputs	Products and services resulting from activities	Use of outputs by the targeted population	Long-term aim of the intervention
Budget, personnell, other resources	Actions taken to produce goods and services	Goods and services produced and delivered – under control of the implementing agency	Not fully under control of the implementing agency – rather the agency can influence outcomes	Changes to the living situation in the targeted population – multiple drivers without clear attributional patterns

Influencing

- Use data to provide solutions for people with problems
- Publication strategy
- Local, national may be different
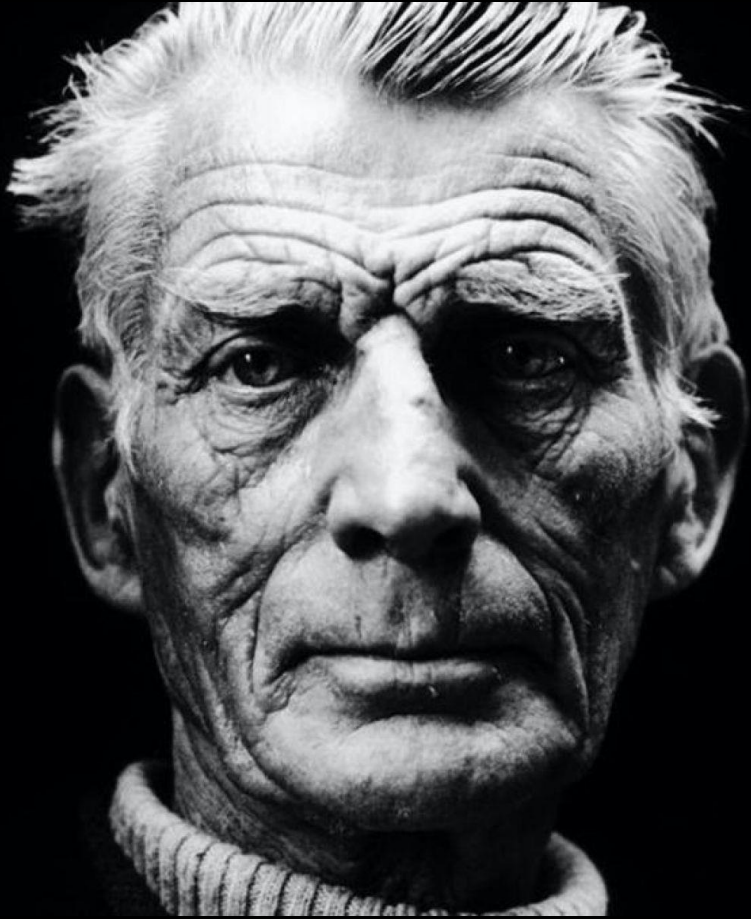
Ever tried. Ever failed.
No matter.
Try again. Fail again.

Fail better.

Samuel Beckett, Author (1906 – 1989)

Thank you

Nick.Maguire@soton.ac.uk
spirende@outlook.com
dsbuck@uh.edu