



# Going Beyond Clinical Walls: Sharing Knowledge and Using Data to Build Common Ground



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*This paper is the second in a series of communications and tools inviting clinicians, clinical staff and administrators to connect with community partners and resources for effective problem-solving. This series is designed to help you identify next practical steps to move forward. Other resources in the series can be found at [www.icsi.org/beyondclinicalwalls](http://www.icsi.org/beyondclinicalwalls).*

**Many clinicians today** are looking for ways to more effectively care for patients with complex behavioral, environmental, and other social factors that contribute to illness or hinder wellness. In one example that may resonate, a family practice physician saw a patient with insomnia. By asking whether she felt safe at home, the physician learned that she had three locks on her front door and two locks on her back door. Further discussions revealed that the patient's experience with community violence and her hypervigilance were contributing to her insomnia. While the clinician believed that mindfulness training could be a valuable therapeutic recommendation, she didn't have anything immediately available to offer. She wished she had access to a list of community resources at her fingertips, so she could offer the patient additional options.

As this example illustrates, clinicians are often asked to solve problems that are outside their control. If health is inextricably tied to the places where we live, work, play and learn, how can clinicians and public health practitioners reach outside of their walls to share information with each other to address the larger picture? How do we harness the power of shared information to work together to identify needs, set common goals, and forge connections that can help prevent disease before it occurs and improve the health of those who are sick?

Christa Getchell, president of the Park Nicollet Foundation, said that the decision to share data was based on a shared philosophy of "We are better when we are 'we.'" She also noted the importance of having a burning platform—in this case, gaps in mental health care.

## Sharing Knowledge and Data at the Community/System Level

One common system-level type of information sharing can occur through the community health needs assessment, a requirement of non-profit hospitals\* that helps define the geography they serve, identify top health needs and determine possible interventions.

It is becoming more common for hospitals and their community partners in the same service area to work together on these assessments, avoiding fragmented strategies, duplication of efforts, and unmet needs.

## Information Sharing Uncovers Mental Health Services Gaps

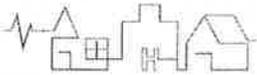
Rather than acting separately on their community health needs assessments, the foundations of two systems in the Minneapolis-St. Paul area—Park Nicollet Health Services and Fairview Health Services—decided to share assessment results, realizing there was opportunity to not only save time and expense, but also be more effective in their approach to improving the health of their community. During an informal conversation, the organizations' leaders discussed the multiple initiatives underway to address mental health needs, and recognized that these uncoordinated efforts would result in overlap and inefficiency. They knew this was a top community need for both systems, and agreed that working together they could be more effective.

To begin their collaboration, the foundations convened a group that included community stakeholders and learned that the Greater Twin Cities United Way was examining the relationship between geography, income and health in order to best meet the community's social and health services needs. When United Way leaders heard that the community health needs assessments had identified mental health as a key community issue, they agreed with the foundations' leaders to share their respective information to better understand the situation and explore possible solutions together.

The hospitals worked through required procedures to share their de-identified aggregated admission data with United Way, which showed where admitted patients lived. Greater Twin Cities United Way provided a list of mental health and social services programs in the region drawn from its 211 database.

By combining these data, they created overlay maps of acute care, mental health and social services facilities within these areas. The maps revealed 'mental health care service gaps'—areas lacking mental health services—in the second and third ring suburbs of Minneapolis. The data also validated the belief that there is a shortage of psychiatrists and psychologists in the identified areas.

\*The Affordable Care Act requires that non-profit hospitals complete community health needs assessments.



### Next Steps: Tackling the Issue Together

The parties are now working to address gaps in care and better target their resources, and the health care systems are more aware of the mental health and social services available to their patients.

Mia Hoagberg, interim president of the Fairview Foundation, said Fairview was already aware of the general health care needs in a suburb close to one of its hospitals, but had not focused as much on mental health. After sharing the mapping data with senior leaders in charge of mental health services, “the combined data helped us assess how mental health care will fit into our 2015 plans and where we want to focus resources,” she said.

The information convinced Park Nicollet to plan its next community clinic in one of the identified suburbs. “Sharing data really helped us to get to that point,” Getchell noted.

Both foundations and Greater Twin Cities United Way are using the information to help determine where to focus their grant efforts. “Mental health services fall into our ‘safety net’ category,”

*“Sharing learned knowledge is step one in improving efficiency and patient care.”*

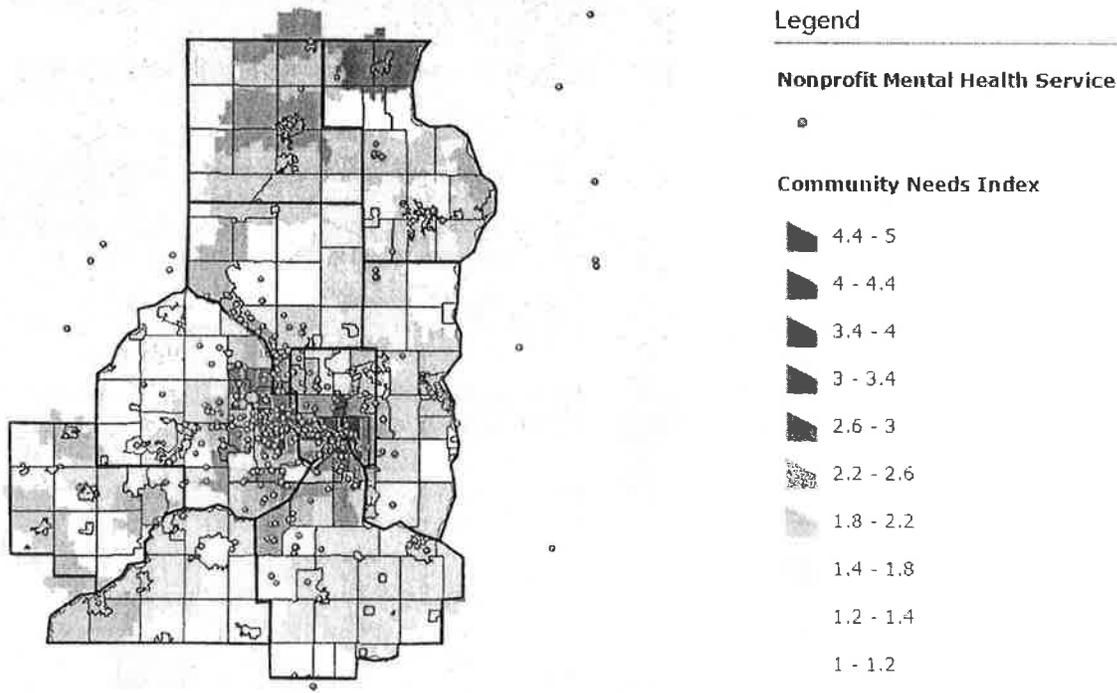
Rita Cortese, MD, Park Nicollet family medicine physician and medical director for school-based clinics

said Alana Wright, director of Greater Twin Cities United Way’s Empowering Healthy Lives area. “In our next grant round, we’ll definitely be considering these areas of greatest need.”

The group also learned that the issue is not just insufficient mental health resources, but a lack of knowledge about available resources to not only treat mental illness but also address its contributing factors. They are exploring how to make the United Way’s 211 database and other community resources available virtually so that all area non-profits can more easily access them to support mental health-related needs. The health care systems are also considering adding similar resource lists to their electronic health records (EHRs) in several pilot clinics.

## Data Mapping Reveals Services Gap

This graphic depicts the Community Needs Index map compiled by zip code for the nine-county Twin Cities metro area, overlaid with available mental health services. This is one of several overlay maps created by the Greater Twin Cities United Way using data supplied by the foundations of Fairview Health Services and Park Nicollet Health Services, along with programs and services from its 211 database. The Community Needs Index is a standardized index of community health needs that combines variables such as access to care, local economic trends, poverty, and insurance.



Data Source: Dignity Health and Truven Health Analytics



