Bringing It All Together:

The PCI Framework

AAMC **AHEAD**
Accelerating Health Equity,
Advancing through Discovery

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Bringing Concepts Together
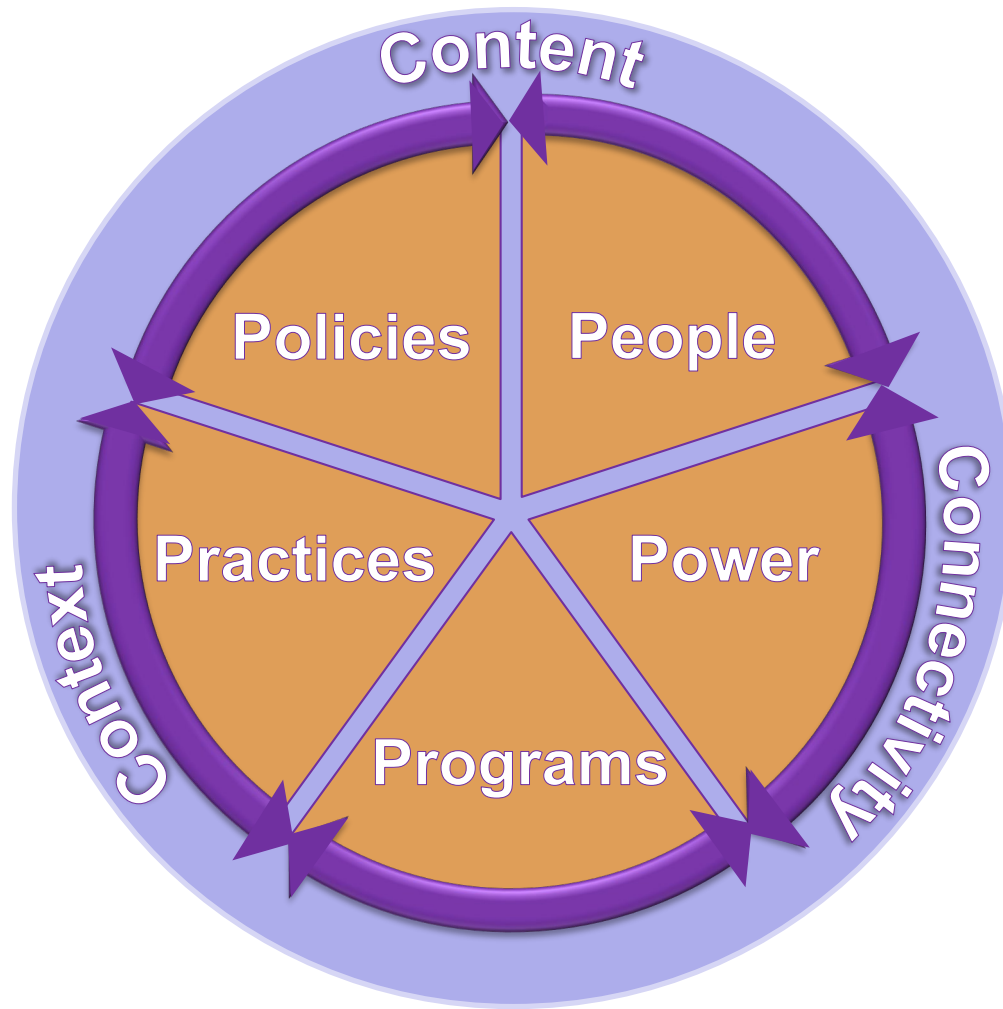
Results-based management

- Long-term goals (results for beneficiaries)

Adaptive management

- Actions – Evaluation – Adaptation Cycles
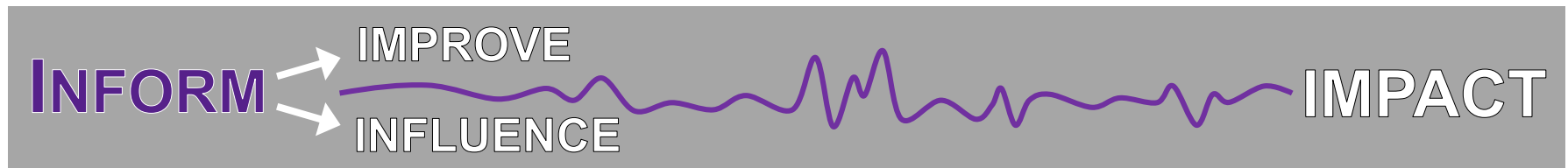 - Intermediate outcomes (actions linked to results)

Visual Display: 5 P's and 3 C's of PCI Framework

Visual Display: 4 I's of PCI Framework

Action–Evaluation–Adaptation Cycle Template

Impact (Long Term Goal)

Intermediate Process Outcome (for an Action-Evaluation-Adaptation cycle)

Template Directions:

1. **Initial Action Column:** Fill in the ideas that the partnership has brainstormed related to the intermediate process outcome.
2. **3 P's (Policies, Practices, Programs) Column:** Enter highlights from discussion of 3P's as it relates to each activity listed in the first column.
3. **2 P's (People, Power) Column:** Enter highlights from discussion of 2P's as it relates to each activity listed in the first column.
4. **Revised Actions Column:** Select an activity in the first column that seems promising to pursue. Restate it with modifications based on 5 P's analysis.

Complete the Success, Inform, Influence, and improve columns only for the row showing activity you are going to pursue.

5. **Success Column:** Identify what you hope will be the result of engaging in the revised activity.
6. **Inform Column:** Identify information to share with those involved in the activity as well as what information you want to obtain from them.
7. **Influence Column:** In what ways do you want to influence those involved and how will you know if it happened?
8. **Improve Column:** What improvements do you already have in mind that participants could act on and how will you know if it happened?
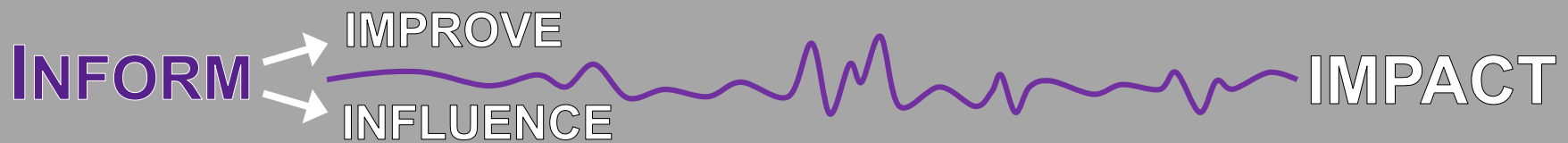
Action–Evaluation–Adaptation Cycle Template

MAIDAN

Impact = Long Term Goal: In five years, achieve at least three years of a downward trend in the racial and economic gaps in self-reported access to mental health care without decreasing self-reported access for white and upper income Middletowners.

Intermediate Process Outcome (for an Action-Evaluation-Adaptation cycle): Within 1 year, and with input from a broad array of stakeholders including patients and their families develop a patient-centered, unified mental health screening and referral data collection system that is better able to identify inequities and suggest action.

INFORM → IMPROVE / INFLUENCE → IMPACT

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Policies

Practices ⟷ **Programs**
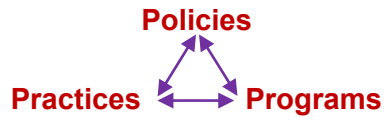
Already know:

Need to learn:

Content:

People ⟷ **Power**

Already know:
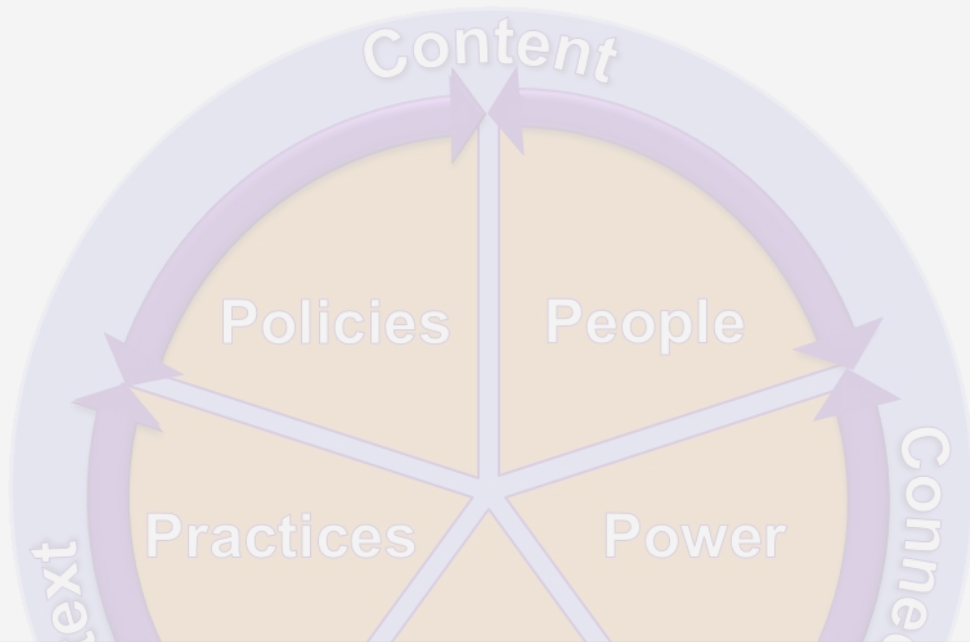
Need to learn:

Context:

Connectivity:

AAMC

Content: Within one year, and with input from a broad array of stakeholders including patients and their families, develop a patient-centered, unified mental health screening and referral data collection system that is better able to identify inequities and suggest action.

Practices

Power

Practices

Already k

Need to l

Context

Practices

Power

Programs

Connectivity

Context:

Connectivity:

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Content

Policies   People

Practices   Power

Context: Low income neighborhood within Middletown, shelter, SON, SOM, behavioral health providers, and local mental healthcare assets

Context:

Connectivity:

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Content:

Content

Policies   People

Practices   Power

Connectivity:
Disconnects in (1) data; (2) AHPC and local groups; (3) SON and SOM (4) organizational missions
Connections between AHPC and UHC

Context:

Connectivity:
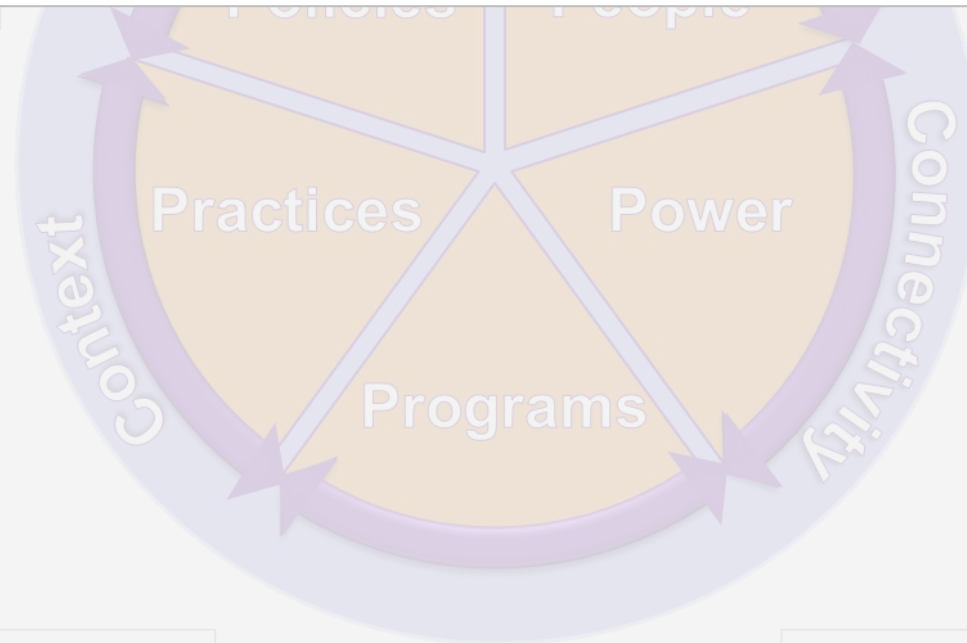
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Policies

Practices ⟷ **Programs**

Already know:

Need to learn:

Content: Within one year, and with input from a broad array of stakeholders including patients and their families, develop a patient-centered, unified mental health screening and referral data collection system that is better able to identify inequities and suggest action.

People ⟷ **Power**

Already know:

Need to learn:

Content

Policies

People

Practices

Power

Context

Connectivity

Programs

Context: Low income neighborhood within Middletown, shelter, SON, SOM, behavioral health providers, and local mental healthcare assets
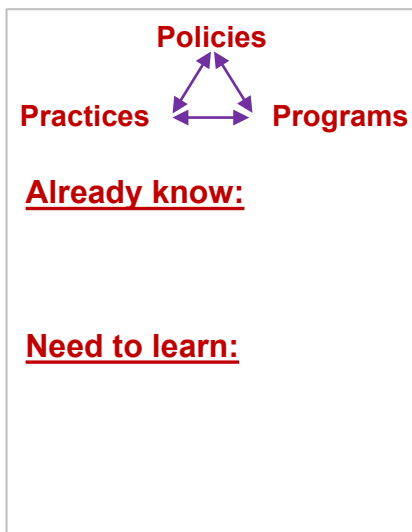
Connectivity:
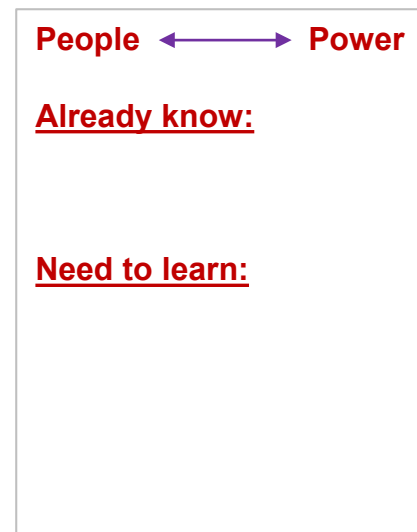Disconnects: (1) data; (2) AHPC and local groups; (3) SON and SOM (4) organizational missions.
Connections: AHPC and UHC

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Initial Action Ideas: MAIDAN

Initial Action Ideas	3 P's (Policies, Practices, Programs)	2 P's (People, Power)	Revised Actions	Success	Inform	Influence	Improve
Conduct a focus group of patients **Sub-Steps:** • Develop protocol • Secure IRB approval • Identify patients • Determine incentives • Outline logistics (time, location, child care, etc.)	Learn important views on practices and programs and fit with culture of patients. Explore institutional policies and practices (IRB, merit and promotion, etc.) around team community-partnered science and team science.	Attend to patients' power position relative to other groups. Attend to SON / SOM power dynamics. Attend to "competition" between community-based organizations.	Rethink focus group facilitator; possibly multiple parties in focus groups; multiple focus groups. Bring in the experts and site leaders with attention to power dynamics. Treat all sub-steps as learning opportunities for partnership and stakeholders.	Input from patient and community stakeholders results in: (1) A prototype patient-centered data collection system that better identifies inequities and suggest actions. (2) Ideas for how to test prototype system	Focus group participants inform academic partners about important matters related to P's and C's relevant to mental health screening and referral. Academic and clinical partners inform patients and community members about mental health disparities and the initiative to collaboratively address them.	Patients and community members are more willing to engage in development, testing, and evaluation of new mental health screening and referral practices. Academic and clinical partners are more willing to incorporate patient and community feedback into their mental health screening and referral practices.	Patient, community, academic and clinical stakeholders collaborate to increase validity, alignment, and utility of learner-led mental health screening data collected in community settings.
Cross walk screening data and processes to identify areas of misalignment.							
Map current mental health referral processes and outcomes.							

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Initial Action Ideas: MAIDAN

Intermediate Process Outcome (for an Action-Evaluation-Adaptation cycle): Within 1 year, and with input from a broad array of stakeholders including patients and their families develop a patient-centered, unified mental health screening and referral data collection system that is better able to identify inequities and suggest action.
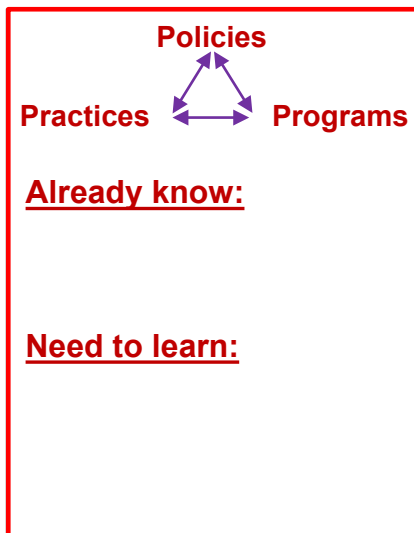
Initial Action Ideas

Conduct a focus group of patients

Sub-Steps:
- Develop protocol
- Secure IRB approval
- Identify patients
- Determine incentives
- Outline logistics (time, location, child care, etc.)

Cross walk screening data and processes to identify areas of misalignment

Map current mental health referral processes and outcomes

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Policies

Practices **Programs**

Already know:

Need to learn:

Content: Within one year, and with input from a broad array of stakeholders including patients and their families, develop a patient-centered, unified mental health screening and referral data collection system that is better able to identify inequities and suggest action.

People ⟷ **Power**

Already know:

Need to learn:

Context: Low income neighborhood within Middletown, shelter, SON, SOM, behavioral health providers, and local mental healthcare assets

Connectivity:
Disconnects: (1) data; (2) AHPC and local groups; (3) SON and SOM (4) organizational missions.
Connections: AHPC and UHC

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Policies

Practices   **Programs**

Already know:

Disconnects

- Among data systems
- Between AHPC and local groups' screening practices and policies and their referrals
- SON and SOM data collection practices
- Organizational missions

Need to learn:

Policies

- Data systems
- Roles of community members in research
- Data sharing

Programs

- SON and SOM community programs

Practices

- Meetings among people working with data
- Use of data for decision making

...tivity:
...s in (1) data; (2) between AHPC and local
...organizational missions; (4) SON and SOM
...s between AHPC and UHC

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Policies

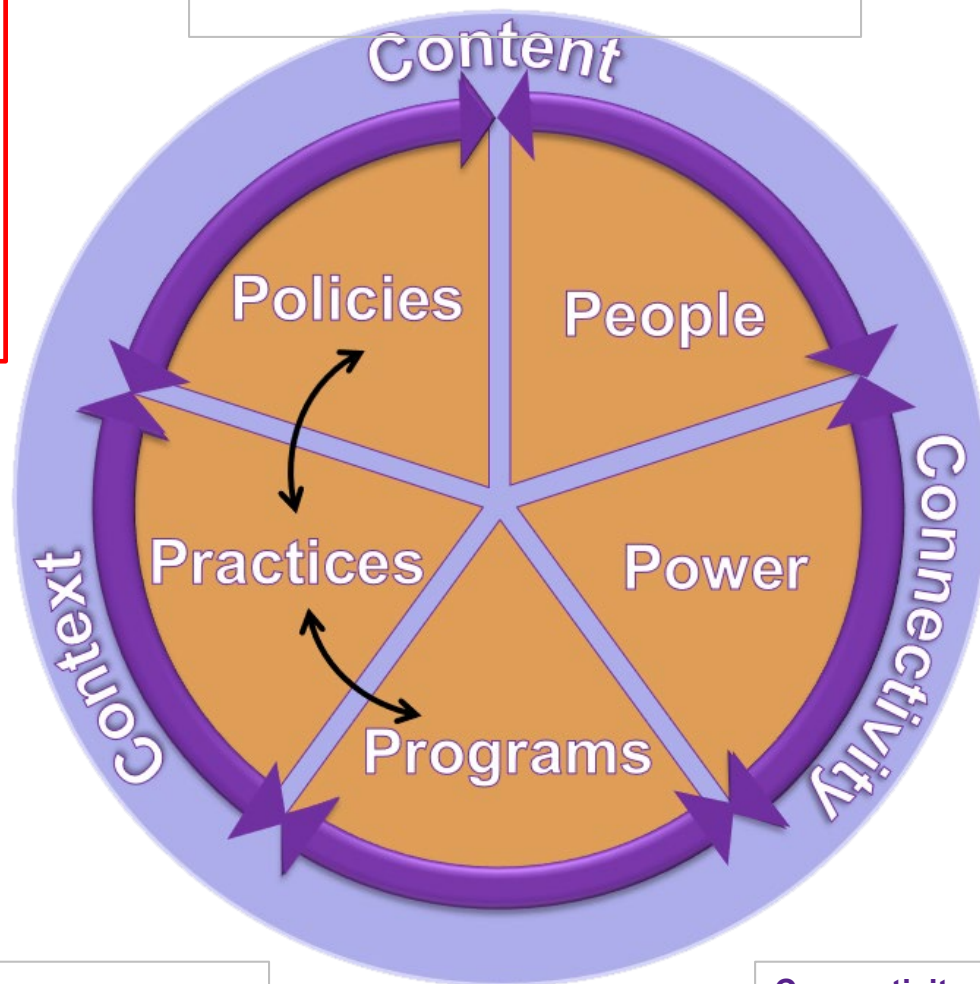**Practices** ⟷ **Programs**

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Disconnects: (1) data; (2) AHPC and local groups; (3) SON and SOM (4) organizational missions.
Connections: AHPC and UHC

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People ⟷ Power

Already know:

- Community has little power in AHPC, UHC decision-making
- Police power over homeless
- Power dynamics between SON and SOM
- "Competition" between CBOs for resources

Need to learn:

- Who are informal opinion leaders in all organizations
- Who controls data access, use

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Initial Action Ideas: MAIDAN
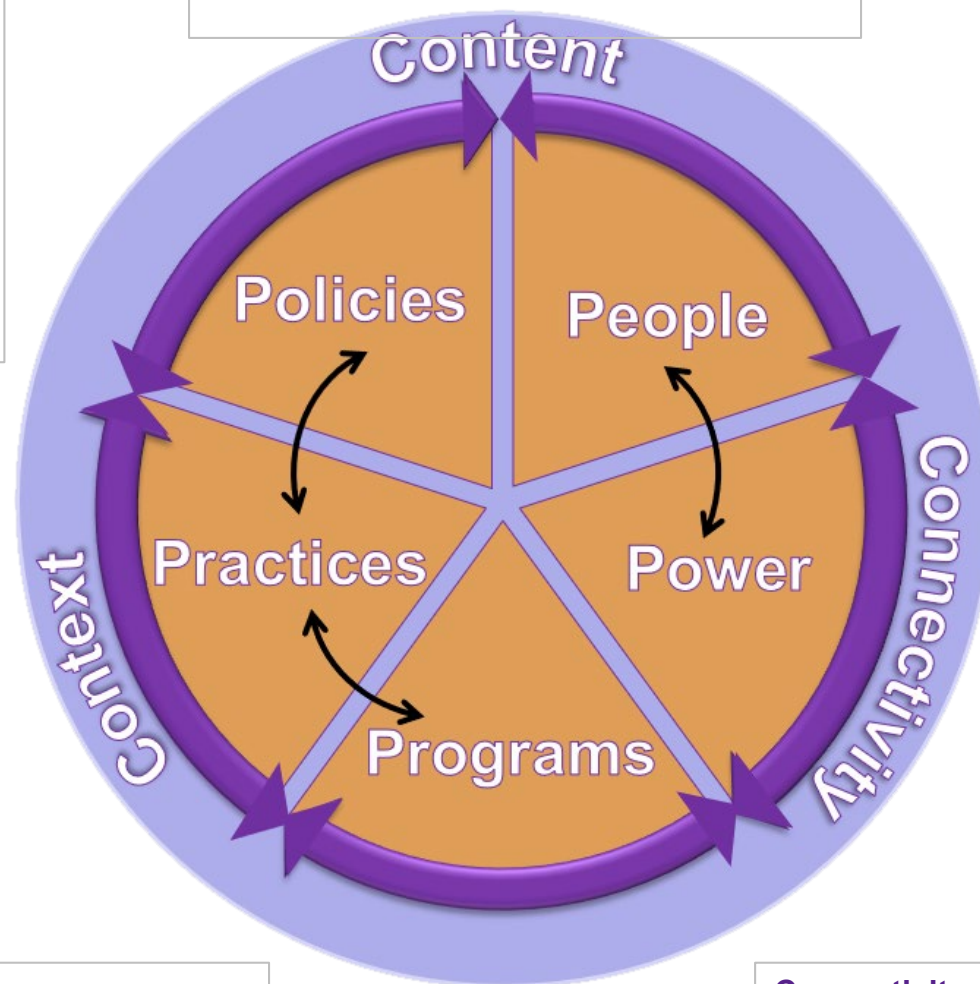
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Initial Action Ideas
Conduct a focus group of patients
Cross walk screening data and processes to identify areas of misalignment
Map current mental health referral processes and outcomes

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Action–Evaluation–Adaptation Cycle Template

Initial Action Ideas	3 P's (Policies, Practices, Programs)	2 P's (People, Power)	Revised Actions	Success	Inform	Influence	Improve
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Action–Evaluation–Adaptation Cycle Template

3 P's (Policies, Practices, Programs)	2 P's (People, Power)
Will provide important views on practices and programs and fit with culture of patients. Will also need to explore institutional policies and practices (IRB, merit and promotion, etc.) around team community-partnered science and team science.	Attend to patients' power position relative to other groups Attend to SON / SOM power dynamics. Attend to "competition" between community-based organizations.

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Action–Evaluation–Adaptation Cycle Template

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Action–Evaluation–Adaptation Cycle Template

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Revised Actions

Rethink focus group facilitator; possibly multiple parties in focus groups; multiple focus groups.

Bring in the experts and site leaders with attention to power dynamics.

Treat all sub-steps as learning opportunities for partnership and stakeholders.

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Action–Evaluation–Adaptation Cycle Template

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Success

Input from patient and community stakeholders results in:
(1) A prototype patient-centered data collection system that better identifies inequities and suggest actions.
(2) Ideas for how to test the prototype system.

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Action–Evaluation–Adaptation Cycle Template

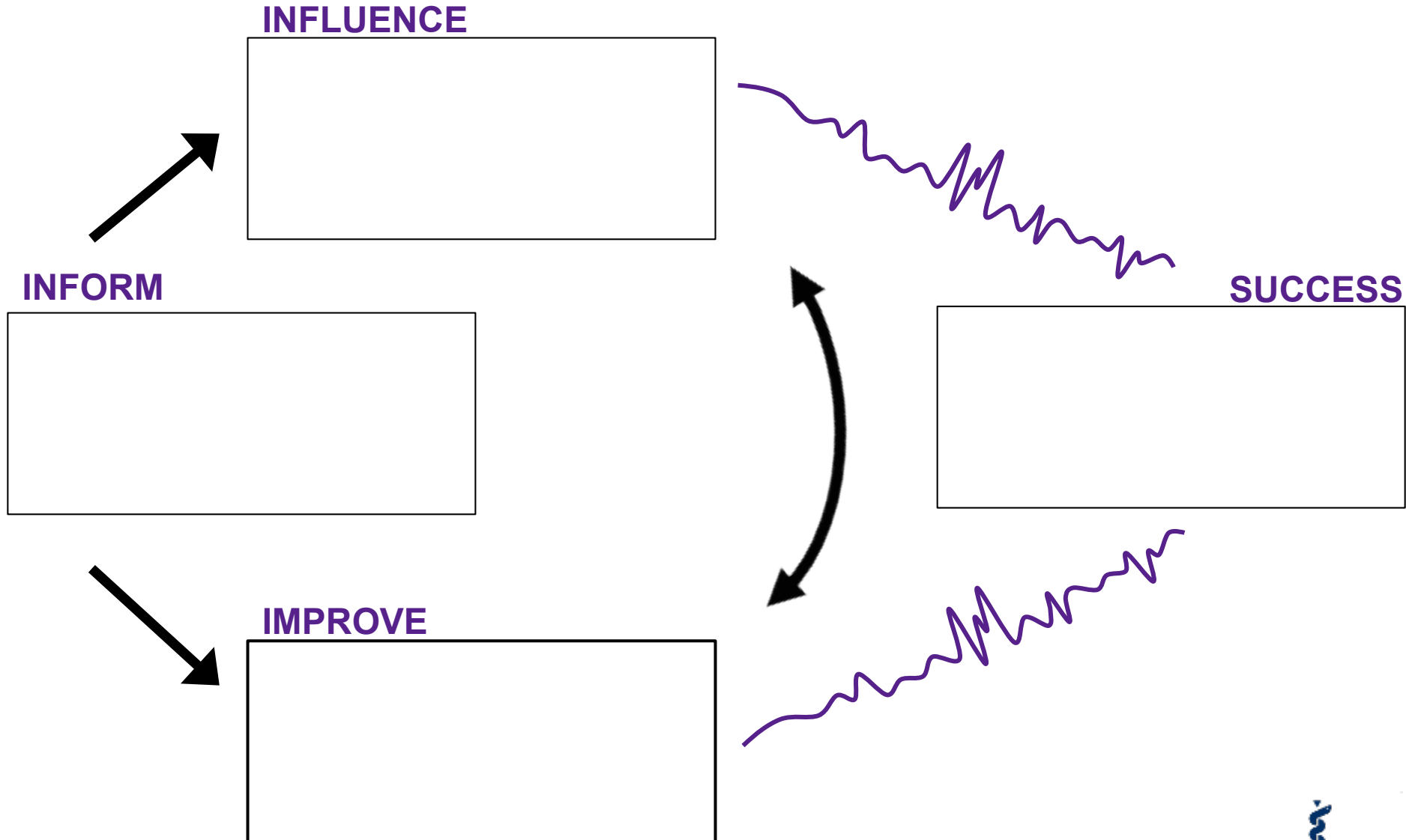| Initial Action Ideas	3 P's (Policies, Practices, Programs)	2 P's (People, Power)	Revised Actions	Success	Inform	Influence	Improve
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Action–Evaluation–Adaptation (3 I's) → SUCCESS

INFLUENCE

INFORM

IMPROVE

SUCCESS

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Action–Evaluation–Adaptation Cycle Template

Success	Inform	Influence	Improve
Input from patient and community stakeholders result in (1) a prototype patient-centered data collection system that better identifies inequities and suggest action (2) ideas for how to test prototype system			ient, community, demic and ical stakeholders laborate to rease validity, nment, and ity of learner-led ntal health eening data lected in mmunity settings

Inform

Focus group participants inform academic partners about important matters related to P's and C's relevant to mental health screening and referral.

Academic and clinical partners inform patients and community members about mental health disparities and the initiative to collaboratively address them.

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Action–Evaluation–Adaptation Cycle Template

Success	Inform	Influence	Improve

Input from patient and community stakeholders result in (1) a prototype patient-centered data collection system that better identifies inequities and suggest action (2) ideas for how to test prototype system

Influence

Patients and community members are more willing to engage in developing, testing, and evaluating new mental health screening and referral practices.

Academic and clinical partners are more willing to incorporate patient and community feedback into their mental health screening and referral practices.

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...disparities and the initiative to collaboratively address them.

...into their mental health screening and referral practices.

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Action–Evaluation–Adaptation Cycle Template

Success	Inform	Influence	Improve
Input from patient and community stakeholders result in (1) a prototype patient-centered data collection system that better identifies inequities and suggest actions (2) ideas for how to test prototype system			

Improve

Patient, community, academic and clinical stakeholders collaborate to increase validity, alignment, and utility of learner-led mental health screening data collected in community settings.

disparities and the initiative to collaboratively address them.

into their mental health screening and referral practices.

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Action–Evaluation–Adaptation (3 I's)

INFORM

Focus Group

Participants → Academic Partners: The P's and C's relevant to mental health screening and referral.

Academic Partners → Participants: The existing mental health disparities and the initiative to collaboratively address them.

METRICS

Review of the focus group transcripts reveals:

(1) Participants made suggestions for potential new community partners and ways to make the screening questions and process more accessible and patient centered.

(2) Patient knowledge of mental health inequities has increased.

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Action–Evaluation–Adaptation (3 I's)

INFLUENCE

Patients and Community Members: More willing to engage in development, testing, and evaluation of new mental health practices.
Academic Partners: More willing to incorporate patient and community feedback into mental health practices.

METRICS

(1) Community groups have invited the MAIDAN team to local gatherings to further raise awareness and involvement.

(2) Other academic partners have inquired about MAIDAN's process and its applicability to their own work.

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Action–Evaluation–Adaptation (3 I's)

IMPROVE

All Stakeholders:
Collaborate to increase validity, alignment, and utility of screening data collected in by learners in community settings.

METRICS

(1) New focus group identified partners are brought on board.

(2) Suggested changes to an aligned screening tool and process are implemented when feasible.

(3) It has become markedly easier to get additional patient and community feedback due to increased communication and trust.

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Action–Evaluation–Adaptation (3 I's) → SUCCESS

INFLUENCE

Short-Term Evaluation Activities

Patients and Community Members: More willing to engage in development, testing, and evaluation of new mental health practices.
Academic Partners: More willing to incorporate patient and community feedback into mental health practices.

INFORM

Focus Group
Participants → Academic Partners: The P's and C's relevant to mental health screening and referral.
Academic Partners → Participants: The existing mental health disparities and the initiative to collaboratively address them.

Short-Term Evaluation Activities

SUCCESS

Interim Success
Input from patient and community stakeholders results in:
(1) A prototype patient-centered data collection system that better identifies inequities and suggest actions.
(2) Ideas for how to test the prototype system.

IMPROVE

Short-Term Evaluation Activities

All Stakeholders: Collaborate to increase validity, alignment, and utility of screening data collected in by learners in community settings.

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Action–Evaluation–Adaptation (3 I's) → IMPACT

INFLUENCE

Patients and Community Members: More willing to engage in development, testing, and evaluation of new mental health practices.

Academic Partners: More willing to incorporate patient and community feedback into mental health practices.

Short-Term Evaluation Activities

Long-Term Evaluation Activities

INFORM

Focus Group

Participants → Academic Partners: The P's and C's relevant to mental health screening and referral.

Academic Partners → Participants: The existing mental health disparities and initiative to collaboratively address them.

Long-Term Evaluation Activities

IMPACT

Long-Term SMART Goal:
In five-years, achieve at least three years of a downward trend in the racial and economic gaps in self-reported access to mental health care without decreasing self-reported access for white and upper income Middletowners.

Short-Term Evaluation Activities

IMPROVE

All Stakeholders: Collaborate to increase validity, alignment, and utility of screening data collected in by learners in community settings.

Long-Term Evaluation Activities

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Action–Evaluation–Adaptation (3 I's) → IMPACT

IMPACT

Long-Term SMART Goal:
In five-years, achieve at least three years of a downward trend in the racial and economic gaps in self-reported access to mental health care without decreasing self-reported access for white and upper income Middletowners.

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