Bringing It All Together: The PCI Framework
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

- Policies
- People
- Practices
- Power
- Programs

Context

Connectivity

Content
Visual Display: 4 I’s of PCI Framework

INFORM ↔ IMPROVE
       INFLUENCE ↔ IMPACT
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?
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.
This project is supported by grant number R13HS024884 from the Agency for Healthcare Research and Quality.
**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.
**Context:** Low income neighborhood within Middletown, shelter, SON, SOM, behavioral health providers, and local mental healthcare assets
**Connectivity:**

Disconnects in (1) data; (2) AHPC and local groups; (3) SON and SOM (4) organizational missions

Connections between AHPC and UHC
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**People ↔ Power**

**Already know:**

**Need to learn:**

**Policies ↔ Programs**

**Already know:**

**Need to learn:**

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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.

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**Connectivity:**
- **Disconnected:** (1) data; (2) AHPC and local groups; (3) SON and SOM (4) organizational missions.
- **Connected:** AHPC and UHC

**Already know:**

**Need to learn:**
**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
**People ↔ Power**

**Already know:**

**Need to learn:**

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**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

**Context:** Low income neighborhood within Middletown, shelter, SON, SOM, behavioral health providers, local mental healthcare assets
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Initial Action Ideas

Focus group of patients

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

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.

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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**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 (3 I’s) → SUCCESS
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Academic and clinical partners inform patients and community members about mental health disparities and the initiative to collaboratively address them.

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### 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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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.
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.
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

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.

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.

IMPROVE

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

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.
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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.

**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.

**IMPROVE**

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

**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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