Preliminary Results - objective 3

"Building Collaborative Models for Workplace Managed Care Substance Abuse Prevention: A CSAP FORUM"

October 13 - 15, 1999
Xerox Document University
Leesburg, Virginia

Objective 3

Identifying Products That Involve Collaboration

(and processes of Support)

Preliminary Results

"Building Collaborative Models for Workplace Managed Care Substance Abuse Prevention and Early Intervention: A CSAP FORUM"

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OVERVIEW

This presentation summarizes the results of a collaborative forum conducted by the Center for Substance Abuse Prevention (CSAP) - Workplace Managed Care (WMC) project.

The forum's purpose was to identify strategies for workplaces, managed care organizations, researchers and practitioners to collaborate to improve substance abuse prevention and early intervention programs and strategies for employees and their families (covered lives).

Over twenty participants were selected to attend as representatives of diverse constituencies. The forum contained several objectives and tasks.

This report provides results of one of those tasks (Objective 3).

OUTLINE

OVERALL GOAL OF FORUM | HOW CAN WE COLLABORATE IN OUR EFFORTS TO APPLY SCIENTIFIC FINDINGS TO IMPROVE SUBSTANCE ABUSE PREVENTION AND EARLY INTERVENTION AMONG EMPLOYEES AND THEIR FAMILIES (COVERED LIVES)?

Primary & Behavioral Health Care

Work sites - Organizations

Collaboration

Research - Utilization

Providers - EAPs
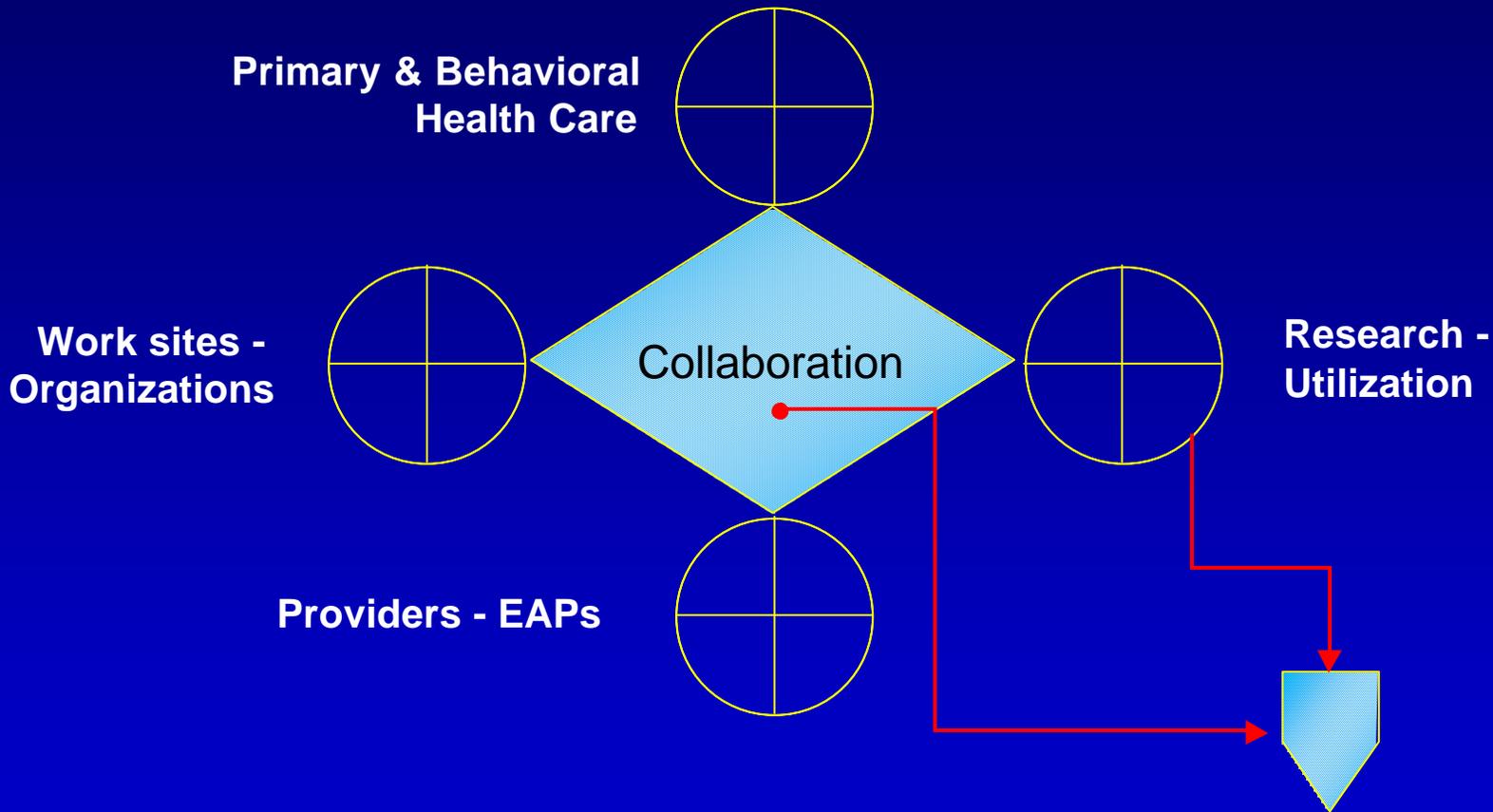
OBJECTIVE OF FOCUS IN THIS REPORT | IDENTIFY PRODUCTS YOU CAN USE TO IMPROVE PREVENTION STRATEGIES IN YOUR WORK

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INTRODUCTION

- **FORUM GOAL:** to dialogue on how to better collaborate to improve, conduct and apply research related to substance abuse prevention and early intervention in the field of workplace managed care

- **REPRESENTATION:** Over twenty professionals brought together representing different interests

  - ◆ Primary and Behavioral Health Care (Managed Care)
  - ◆ Employee Assistance Professionals (EAPs)
  - ◆ Providers (workplace, counseling, community)
  - ◆ Benefits consultants
  - ◆ Academics/Researchers (from field of workplace substance abuse)
  - ◆ Managers of research organizations
  - ◆ Organizational scientists

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Introduction - 2

- In preparation for the forum, participants identified issues that would need to be addressed to improve collaboration (collected in 14 participant perspectives).

- At the forum, participants were tasked with identifying products that would facilitate effective collaboration.

- Participants were asked: *What specific product or set of products would you like to have as a result of addressing research questions?*" [These products can include anything --- such as sets of information, prevention strategies, outcome data, performance guidelines)

- This report summarizes and integrates the products identified.

* Prior to working on this task, participants had already prioritized research questions they thought were critical for workplace substance abuse prevention

Method of this report

14 Perspective Summaries

(prior to forum)

Forum Activity (Objective 3)

Discover Commonalities

Review and synthesis of above
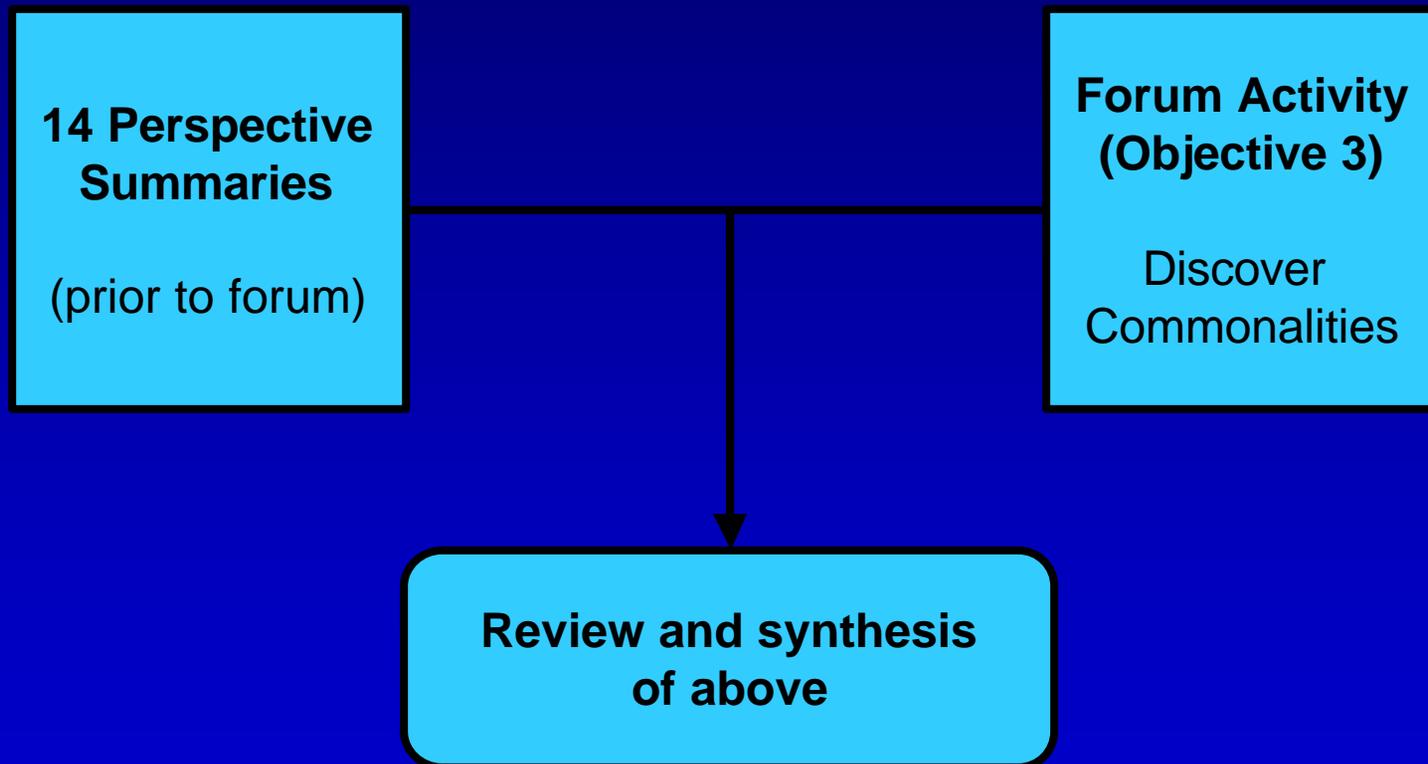
14 Perspective Summaries

(prior to forum)

These summaries indicate the diversity of viewpoints represented at the forum.

Prior to the forum, many participants stated an interest in knowing what works, and for whom. They expressed a need to document both existing findings and existing research alliances.

Issues ranged across a diverse set of key players; for example:

Providers - What incentives will lead them to use strategies once we know what works?

Employees - How can we reduce stigmatization associated with getting help?

MCOs - How well are MCOs managing practice/ clinical guidelines? Does this impact prevention?

Employers - How is the changing nature of work moderating prevention opportunity/effectiveness?

Participant Perspectives
(independent summaries)

- Prior to the forum participants identified key issues that could be addressed with collaboration, including:

- **Identify** what already works

- **Identify** aspects of the work environment that facilitate or hinder prevention and early intervention effectiveness

- **Identify** mechanisms (process) through which prevention & early intervention works

- **Identify** mechanisms for reaching at risk populations

- **Address** biases/stigmatization surrounding SA prevention

- **Address** corporate short-term view

- **Identify** existing research alliances

- **Build consensus** (MCO-employers) to help institutionalize prevention

- **Identify** and build resources necessary to conduct research

- **Align** research with MCO to help MCO "tell a better story" of quality

- **Identify** incentives providers use to develop or change services

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Participant Perspectives
(Sampling of quotes-1)

Through outreach, the needs of workplaces, EAPs and MCOs could be identified and consolidated by CSAP… with plans to engage the research community: (1) long-term multi-site issues could be publicized and placed for competitive bid, and (2) immediate research could be administered by contracting organizations

The overall advantage of collaboration is the generation and implementation of practice guidelines to help improve the quality and efficiency of promoting health

Workplace managed care must take responsibility for setting clinical objectives and managing the vendors to ensure that employees and their families are obtaining appropriate care

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Participant Perspectives
(Sampling of quotes-2)

Many workers are employed in establishments with only a few employees,…There is also a growing trend among some occu-pations for individuals to telecommute…Additionally, it appears that prevention programs in the workplace may be effective in reducing risk factors of family members … Without an understanding of the above factors it is difficult to develop targeted prevention programs

Many consultants recommend benefit designs and programs for substance abuse prevention and early intervention without any knowledge of effective services. It would help to develop materials highlighting what kinds of programs could be instituted in the workplace to reduce the impact of substance use, both for unidentified users as well as employees and their families who have already received services.

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Participant Perspectives
(Sampling of quotes-3)

Welfare reform will bring new workers into the workforce, many for the first time, are these workers different from other new entrants into the workforce? If yes, how are they different and what does this mean for substance abuse prevention?

Research that validates substance abuse screening instruments which are brief and reliable, available in the public domain, and for use with new technologies (Internet, IVR, automated voice response systems) is crucial

Differences in time-line is critical. Managed care works very quickly in response to rapid changes in the environment, the converse is true for researchers.

**Forum Activity
(Objective 3)**

Discover
Commonalities

Objective 3 of the forum read:

"To discover the commonalities on which forum members can agree for workplaces, MCOs/ MBHOs, EAPs, researchers, and others working in WMC substance abuse prevention and early intervention."

Specifically, participants worked in break-out groups to identify <u>a specific product or set of products they would like to have as a result of addressing the basic research questions they brought with them to the forum.</u>

The following pages list the various products that diverse groups suggested. Interestingly, there were several products that at least two groups identified as important for collaboration..

DISCOVERING COMMONALITIES
(RESULTS FROM FORUM ACTIVITY)

PRODUCT OVERVIEW - 1

1 - A workplace managed care <u>training</u> in stigma reduction

2 - A workplace managed care <u>training</u> for helping worker's prevent adolescent substance abuse

3 - A <u>matrix</u> or <u>modular</u> set of programs that fit (piggy-

back) into 1) different organizational contexts,

2) existing promotion activities, and are 3) user defined

4 - A program that starts within the workplace's <u>community</u> and works with providers/referral networks

5 - A training/program that enhances <u>PCP referral</u>

Discovering Commonalities
(Results from Forum Activity)

PRODUCT OVERVIEW - 2

6 - A <u>study</u> assessing different ways <u>substance abuse providers are integrated</u> into health care settings (including community settings, minorities, females)

7 - Better utilization and secondary analysis of existing <u>national data sets</u>

8 - A <u>study</u> of different <u>screening tools</u> for at risk employees and their families.

9 - A <u>study</u> of "marginal" workers (temporary, seasonal, people in and out of the labor force)

10 - An <u>information guide</u> on drug-testing effectiveness as a prevention versus an intervention strategy

Identifying Products That Involve Collaboration

INITIAL SYNTHESIS

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PRODUCT 1

ESTABLISH A WAREHOUSE OF KNOWLEDGE ON PREVENTION STRATEGIES & OUTCOMES

- Participants indicated a need to know what prevention strategies work and for whom under what situations
- The first product would be a knowledge matrix that synthesized four dimensions related to AOD prevention:
  - Types of prevention strategies (e.g., health promotion)
  - Types of outcomes these services yield
  - Types of work populations and occupations receiving service
  - Types of work sites (e.g., size, presence of unions, industry)
- This matrix would serve three major functions
  - disseminate/market what is already known (social marketing)
  - help to identify gaps in knowledge
  - strategize areas requiring future collaboration
- We would also develop knowledge about prevention effectiveness and moderators of effectiveness

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PRODUCT 1 - SCHEMATIC TO WAREHOUSE KNOWLEDGE ON RELATIONSHIP BETWEEN PREVENTION & OUTCOMES

Types of Work Sites
(e.g., size, unions)

HELP TO IDENTIFY GAPS IN OUR KNOWLEDGE & GUIDE FUTURE COLLABORATION

Types of outcomes
(e.g., client, organizational)

Types of Work Populations & Occupations
(e.g., gender, safety sensitive, part-time)

?

?

MODERATORS

x y z

I
II

A
B
C

1
2
3

EFFECTIVENESS

DISSEMINATE WHAT IS ALREADY KNOWN

Types of Service Prevention Strategies
(e.g., extant health promotion, HR orientation)

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IDEAL PRODUCT: SERVICE A YIELDS OUTCOME 2 FOR POPULATION II IN ORGANIZATION X

UNIVERSAL TRAINING TO REDUCE STIGMA
(ASSOCIATED WITH AOD PREVENTION)

- Participants felt that stigma reduction was key to prevention, indicating stigma existed in employers, providers, and coworkers as well as among those needing services
- This product would integrate research efforts and have 2 parts
  - Short-term development of training and its continued improvement
  - Development of a prediction model assessing transfer of training
- The training itself would be universal such that it could stand alone or adapted to work, family, and medical contexts, e.g.:
  - Help with adolescents at home
  - In context of health life style (health promotion)
  - Address physician (PCP) use of screening devices
  - Delivered in context of diversity and community
  - Provide messages to supervisors and employees
- The prediction model would focus on how the training might influence current practices and organizational decision-making

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PRODUCT 2 - UNIVERSAL TRAINING TO REDUCE STIGMA WITH SUBSTANCE ABUSE & INCREASE HELP-SEEKING FOR PROBLEMS (DEVELOP PREDICTION MODEL)

HELPING WITH ADOLESCENTS AT HOME
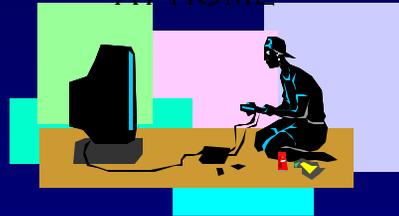
IN CONTEXT OF HEALTHY LIFE STYLE

CAN BE STAND-ALONE OR WITH HEALTH PROMOTION

MOTIVATE PHYSICIAN TO USE

1

AOD STIGMA HELP

AVOIDANCE

Applies all types organizations

Adapt to:
- work
- family
-medical

Health-risk appraisal + self-care

ENHANCE COMMUNITY REFERRAL

2 Incorporates prediction model for influencing practice & organizational decision-making
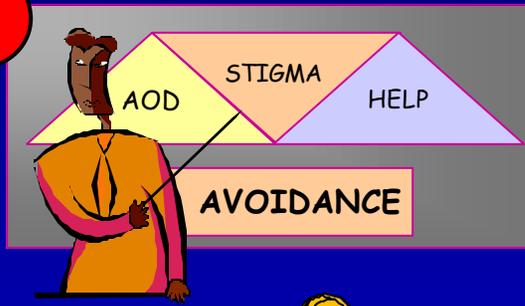
MESSAGES TO SUPERVISORS & EMPLOYEES

ADAPTABLE MESSAGES [USE VS. ABSTINENCE, LESS USE OR MODERATION]

IN CONTEXT OF DIVERSITY AND COMMUNITY

1 DEVELOP TRAINING

2 ASSESS TRANSFER (PREDICTION MODEL)

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CSAP Clearinghouse

- Participants felt that some sort of clearinghouse should provide Information about prevention products/services
- This clearinghouse would serve as framework for separate functions:
  - **Technical assistance** to organizations, communities, and researchers looking to improve both prevention and linkages for collaboration opportunities *(e.g., help to implement stigma training)*
  - **Matching services** that align researchers with workplaces, providers, communities
  - **Assessment** of utilization and dissemination *(e.g., link with Product 1)*
  - Consult to facilitate **knowledge sharing** at local-community levels
- The clearinghouse would fund PILOT PROJECTS that targets only collaborative strategies (i.e. research+managed care+workplaces)
- To insure relevance of research in pilot projects, they would integrate measures (and adapt guidelines) used in the managed care industry

PRODUCT 3 -

CSAP CLEARINGHOUSE THAT
A) PROVIDES INFORMATION, PRODUCTS, ASSISTANCE;
B) HELPS MATCH WORK SITES, NEEDS, PREVENTION SERVICES, RESEARCH
C) GATHERS DATA TO ASSESS UTILIZATION, DIFFUSION EFFICACY, AND
D) EMBEDDED WITHIN LOCAL COMMUNITIES

See Product 1

AOD STIGMA HELP

AVOIDANCE
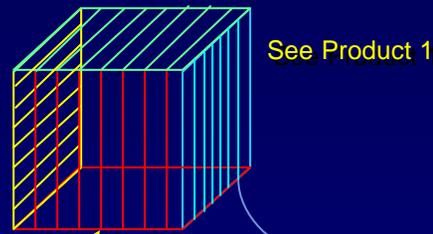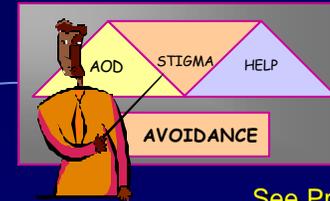
See Product 2

MATCHING SERVICES

TECHNICAL ASSISTANCE

CSAP

B

A
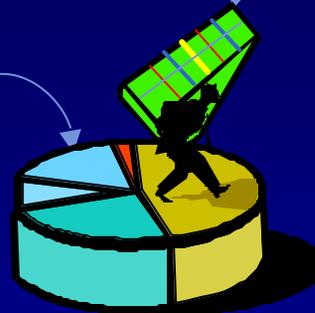
PILOT PROJECTS

INTEGRATE MEASURES USED IN HEALTH CARE INDUSTRY THROUGHOUT THIS PROCESS [E.G. NCQA]

ASSESS UTILIZATION - DISSEMINATION

TO WORKPLACES

TO PROVIDERS, MCOS. EAPS

TO COMMUNITIES

C

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D KNOWLEDGE SHARING (COMMUNITY-BASED)

Support Functions of Clearinghouse

- Must have three support Functions:

    – Marketing & dissemination of clearing house information to all users and potential users

    – A mechanism that a) helps insure the information is used and b) assesses transfer (e.g., how key decision-makers -MCO, employers - respond to the information?

    – Sensitivity to standards/measures used in the healthcare industry

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