

Case Study: Creating Economically-Driven Community Health Models

Background: *The First Curve paradigm has led to a situation in which community health outcomes (including prevention, treatment of population-based conditions, and use of alternative treatments) are increasingly placed in jeopardy. These outcomes can no longer be viewed as separate from mainstream health care treatment if we are to manage the current crises in health care costs, quality, and access.*

Using a Second Curve orientation, DHS is working toward a new model for community health which is economically viable, patient and physician-friendly, and sustainable for hospitals and the wider set of stakeholders with a vested interest in health care.

Our formula has several interdependent elements:

- *Multi-discipline practice groups;*
- *Transforming the role of primary care physicians; and*
- *Creating synergies between the primary care delivery system, mental health care, and community health care networks; and*
- *Integrating and aligning new economic and ethical formulas for supporting and sustaining these elements.*

In the following case, we highlight the third element: creating synergies between the primary care delivery system, mental health care, and community health care networks.

Situation: NAMI (National Association for the Mentally Ill), is a national grassroots organization which supports education, support, research, and advocacy for the mentally ill and their families. The New Hampshire chapter called in Second Curve to help the organization develop a strategic plan for evolving to its next generation. The chapter faced a 50% loss of budget a year ago, due to a complete loss of state funding for its programs. It has rebounded well, through donations and new grant-funded research initiatives. But there is a need to go farther, to maintain the benefits of a small, locally-based, family-oriented agency, while also embracing elements of a more “professional” social service orientation which can bring in grants, foundation support, and development funds to support core educational programs as well as outreach to new constituencies.

Intervention: NAMI felt that Second Curve’s “planning lite” approach would help them come together as a community, take stock of their situation, and align their efforts with a generative Second Curve paradigm. We are collaborating with them on a rapid-cycle planning and learning effort which will have several outcomes:

- Increasing fund raising, grantsmanship, and overall awareness toward a sustainable financial base for NAMI;
- Expanding the organization’s base of expertise, as well as related capacity and infrastructure, in order to best support its members and affiliates;
- Developing an approach and plan for managing the culture change that will come with this new model and plan;

- Building the volunteer infrastructure to maintain and grow the power of NAMI's advocacy work; and
- Enacting a plan that is timely, action-oriented, and iterative.

Interim outcome: outputs and outcomes of this effort will include:

- Immediate gains, in the form of identifiable prototypes and demonstration projects already underway in NAMI New Hampshire;
- Specific opportunities for extending these gains, with internal efforts and through partnering with other health care advocacy groups; and
- A strategic plan “lite” plan which can be used by all NAMI stakeholders, such as Board members, volunteers, and local chapter leaders, to engage others in the work of NAMI. This will consist of a working portfolio of examples, materials, and statements of direction endorsed by the community during the planning “lite” project.

NAMI New Hampshire is on a path toward Second Curve approaches to fostering next-generation innovations in care for the mentally-ill, and in fostering community-based innovations in mental health over the next 3-5 years. In areas such as treatment of depression, chronic conditions, and youth suicide prevention, NAMI is a regional and national leader. But that leadership exists within a “silo” in the broader health care ecology which prevents this work from being incorporated in the family of approaches viewed as “best practice” options by the wider health care community. NAMI needs to reach out to that community, through all of the various intermediaries who work with

children at risk. When this happens, the wider community of practice, and interest, surrounding this area will incorporate the physicians and psychiatrists in a broader, more robust network of support, treatment, and prevention for the mentally ill.

DHS aims to assist NAMI, and others, with this transition toward a community health model that works for all concerned. Meanwhile, we plan to use our presence with physicians and hospitals to encourage a new, more robust role for Primary Care Physicians. We believe the combination will improve cost, quality, and access to care across the board, for a wide range of “normal” as well as chronic and acute health care conditions.