Wilder Research

Minnesota's Health Care Home Initiative

Integrating best practices into collaborative learning methods

Minnesota's Health Care Home Initiative is part of the ground-breaking health reform legislation passed in May of 2008. A "health care home," is an approach to primary care in which primary care providers, families, and patients work in partnership to improve health and quality of life for individuals, especially those with chronic health conditions and disabilities.

The Minnesota Departments of Health and Human Services contracted with Wilder Research and two consultants, Susanne Salem-Schatz, Sc.D. and Jane Taylor, Ed.D., in the field of quality improvement in health care settings, to review and evaluate collaborative learning methods in order to develop recommendations for best practices related to collaborative learning of health care home concepts.

These researchers reviewed literature and interviewed 33 nationally recognized experts on health care home collaborative learning implementation or on collaborative learning in other settings. Most experts adhered to the Institute for Healthcare Improvement's model for a learning collaborative, and recommended collaborative learning as a reliable vehicle to accomplish results. The strategies they identified are supported by the literature, although due to the newness of this concept, comparative effectiveness among strategies is limited.

Recommendations

As multiple respondents mentioned, Minnesota is a national leader in developing health care home approaches that focus on the patient. We recommend that state leaders hold fast to Minnesota's principles of Health Care Home in order to continue this leadership.

The development of Minnesota's Health Care Home Initiative involves transforming complex systems. It is not a short-term commitment, but takes time to make incremental changes. Based on the literature scan, interviews with experts, and knowledge of the field, 11 key recommendations are made.

The full report outlines key findings from the literature review and expert interviews, and includes important detail about these recommendations. The recommendations are summarized below in four theme areas:

Engage stakeholders and leadership

1. Prioritize patient and family involvement

It is important to stress that without patient and family involvement, there is no health care home model. Our research findings fully support Minnesota's Health Care Home legislation requiring patient and family involvement.

Patients and family members on teams accelerate the testing of innovative ideas and the implementation of improvements. In addition, patients and family members help overcome political barriers in the practice setting, the larger health care system, and the community.

- Prioritize patient and family involvement including core concepts such as those defined by the Institute for Family-Centered Care.
- Offer guidance to teams on how to recruit, orient, and work with patient and family partners.

2. Ensure ongoing state leadership for the Health Care Home initiative

The Minnesota Departments of Health and Human Services should be the coordinating bodies for statewide and regional health care home work to ensure that Minnesota's Health Care Home adhere to the state's philosophy, principles, and values.

continued

3. Engage leadership

Experts agree that it is essential to develop and support Health Care Home leadership at the systems level, support clinic administrative leadership for Health Care Home implementation, and develop clinician leadership among Health Care Home teams.

- Form a Steering Committee among key constituents. This group reviews progress of teams involved in the Learning Collaborative as well as evaluation results. They inform their constituents about Health Care Home implementation and offer additional learning and sharing opportunities.
- Engage clinic or practice leadership. The focus is on three components: 1) ways in which health care home implementation is strategic to the practice; 2) ways in which these administrative leaders help facilitate successful health care home teams by dedicating adequate resources; and 3) ways in which administrative leaders can be engaged in the teams' progress by reviewing periodic results.
- Engage clinicians. Clinicians are key to supporting innovation among the teams. There is a need for specific training, support, and follow-up to help clinicians develop the skills to support their team's efforts and to best use the contributions made by patient and family partners.

Select a learning method

4. Incorporate principles of successful adult learning

It is important to incorporate differing learning styles into the overall planning of the learning activities. Although face-to-face learning is regarded as the best approach for initiating health care home implementation, this learning can involve many types of interactions. It is important to prepare a mix of expert training, appropriate curriculum, written materials, and allow for plenty of time for less structured peer-to-peer learning activities.

Learning styles are an essential consideration when designing other types of learning platforms such as conference calls, webinars, web-based curriculum modules, "how-to" guides, and website resources.

- Ensure that learning sessions include time for the teams to explore and adapt learning to their local context.
- Create generous opportunities for teams to learn from each other.
- Allow for customized learning so that teams can access the resources and materials they need when they are ready (e.g., recording conference calls, webinars).

5. Use of a change package framework

Create a Health Care Home "change package" framework as a logical way to organize and sequence changes for improvement. This change package will provide a written step-by-step "how to" guide for teams to use to test practical changes.

6. Develop Learning Collaborative sessions based on lessons learned nationally and locally

- Staff a Health Care Home project group for the Learning Collaborative. This group is responsible for the Learning Collaborative and other training that supports certification for Health Care Home. This project group works with experts, as needed, to design the Learning Collaborative.
- Select co-chairs for Learning Collaborative planning: One who represents patient and family partners and one who represents providers.
- Team membership. Team composition should include patients/family members, clinicians, and care coordinators, at a minimum, as well as nurses, office staff, and office managers.
- Meeting format. We recommend incorporating the traditional Institute for Healthcare Improvement style of a learning vollaborative. This includes face-to-face meetings for optimal collaborative learning and increasing motivation to improve.
- Plan for mixed learning methods. While this research supports face-to-face learning sessions as a critical component, we believe that in some cases it will be important to examine benefits and limitations of self-directed learning, virtual learning methods, and conference calls. It is recommended that when other learning methods, such as on-line learning, are used, they are combined with at least one face-to-face meeting each year.
- Collect baseline information in order to measure team progress on Health Care Home implementation.

- Capitalize on the expertise of experienced teams and existing infrastructures. The enthusiasm of experienced teams can help practices facing challenges to overcome barriers to Health Care Home implementation. In addition, existing expertise, infrastructure, and programs should be used to support the Learning Collaboratives.
- Recruit early successful health care home teams as mentors to new teams and to be used as expert faculty at Collaborative Learning sessions.

7. Develop learning materials

- Create a "how to" guide that includes: the change package, practical examples of how to make changes, worksheets and sample documents used by experienced practices, and sample data collection and reporting forms.
- Build a web site for housing materials including curriculum, educational sessions, resources, "how to" guides, sample forms, work products, stories, and lessons learned from practices.
- Develop on-line, self-directed learning modules for each component of Health Care Home implementation.
- Develop learning tracks for providers, care coordinators, patient partners, and clinical administrative leaders.

8. Provide technical assistance or team facilitation

- Seek out and develop regional technical assistance facilitators, such as those based on agricultural "extension" models, to use as improvement advisors. These regionally-based field agents can also serve as advisors to regional collaboratives, as needed.

Other planning and logistical considerations

9. Geographic considerations: regional offerings

- Decentralize Health Care Home learning communities to geographical regions. Develop a regional strategy for Health Care Home that includes face-to-face learning sessions and subsequent conference calls and webinars based on geographical location.
- Consider housing technical assistance facilitators in each geographic region.
- Take advantage of times when clinics and practices gather for other reasons to offer Health Care Home learning opportunities.

Evaluating progress

10. Use data

Data is an important component of Health Care Home as well as Learning Collaborative implementation. It allows teams, administrators, and planners to evaluate whether improvement gains are realistic and sustainable.

- Use the project group, steering committee, and other key systems leaders to help develop a practical and logical set of measures for Health Care Home teams.
- There should be a differentiation between data used by teams to measure progress and data used by the steering committee to evaluate outcomes.
- In working with teams, promote the benefits and usefulness of collecting data.

11. Understand the importance of culture change.

- Be patient with culture change, it takes time. The shift in hierarchy between the patient and family and the provider and care team are part of transformative culture change.

Next steps

1. Form an initial planning team including advisors with experience with adult learning, particularly in health care.
2. Based on the information learned in this review, design a model based on the particular needs of Minnesota's system.
3. Develop a budget based on the scope of the initial implementation phase.
4. Involve a larger group of stakeholders as a steering committee: include patients/family members, practitioners, and payers.
5. Conduct baseline assessments of practices involved.

Resources

Listed below are a few of the key resources used in the literature review:

Ayers, L. R., Beyea, S. C., Godfrey, M. M., Harper, D. C., Nelson, E. C., & Batalden, P. B. (2005). Quality improvement learning collaboratives. *Quality Management in Health Care, 14*(4), 234-247.

Boushon, B., Provost, L., Gagnon, J., & Carver, P. (2006). Using a virtual breakthrough series collaborative to improve access in primary care. *Joint Commission Journal on Quality and Patient Safety, 32*(10), 573-584.

Leape, L. L., Kabcenell, A. I., Gandhi, T. K., Carver, P., Nolan, T. W., & Berwick, D. M. (2000). Reducing adverse drug events: Lessons from a breakthrough series collaborative. *Joint Commission Journal on Quality and Patient Safety, 26*(6), 321-331.

Mills, P. D., & Weeks, W. B. (2004). Characteristics of successful quality improvement teams: Lessons from five collaborative projects in the VHA. *Joint Commission Journal on Quality and Patient Safety, 30*(3), 152-162.

Nutting, P. A., Miller, W. L., Crabtree, B. F., Jaén, C. R., Stewart, E. E., & Stange, K. C. (2009). Initial lessons from the first national demonstration project on practice transformation to a patient-centered medical home. *Annals of Family Medicine, 7*(3), 254-260.

Ovretveit, J., Bate, P., Cleary, P., Cretin, S., Gustafson, D., McInnes, K., et al. (2002a). Quality collaboratives: Lessons from research. *Quality and Safety in Health Care, 11*(4), 345.

Wilson, T., Berwick, D. M., & Cleary, P. D. (2003). What do collaborative improvement projects do? Experience from seven countries. *Joint Commission Journal on Quality and Patient Safety, 29*(2), 85-93.

About the authors. . .

Wilder Research is one of the nation's largest nonprofit research and evaluation groups dedicated to the field of human services, conducting research for more than 100 nonprofit and government organizations nationally.

Michelle Decker Gerrard, M.Ed., Research Scientist, has worked for over 15 years as an evaluator. She led the evaluation of the Minnesota Department of Health's Medical Home Initiative for Children with Special Health Needs. Michelle has a master's degree in education, with a focus on risk and prevention, from Harvard Graduate School of Education.

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Susanne Salem-Schatz, Sc.D., independent consultant in quality HealthCare Quality Initiatives, has worked with health care organizations individually, as well as through learning collaborative-style quality improvement initiatives, including the Center for Health Care Strategies to develop the methodology for the Best Clinical and Administrative Practices learning collaboratives for Medicaid managed care organizations. Currently she is working with the Robert Wood Johnson Foundation on the science of quality improvement research and evaluation strategies.

Jane Taylor, Ed.D, Improvement Advisor and Learning Designer, and a former hospital CEO and healthcare executive, designs and supports learning collaboratives and innovations projects by providing expertise in improvement approaches and measurement. She has advised numerous collaboratives for the Institute for Healthcare Improvement and the National Initiative for Children's Healthcare Quality. Jane has an MBA, MHA and Ed.D.

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For more information
This summary presents highlights of the *Integrating best practices into collaborative learning methods for Health Care Home providers*. This report and other reports on related topics are available at www.wilderresearch.org.
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