

COLLABORATIVE IMPROVEMENT AND INNOVATION NETWORK (CoIIN) TO ADVANCE CARE FOR CHILDREN WITH MEDICAL COMPLEXITY (CMC)

State Team Webinar #1

March 14, 2018 from 12:30- 2:00 PM EDT

Housekeeping & Hellos

- This call is being recorded
- Make sure to mute your phone when you are not speaking
 - Press the “mute” button on your handheld or press *6 to mute and *6 again to unmute
- Please do not put us on hold
- Participation is essential
- Chat box



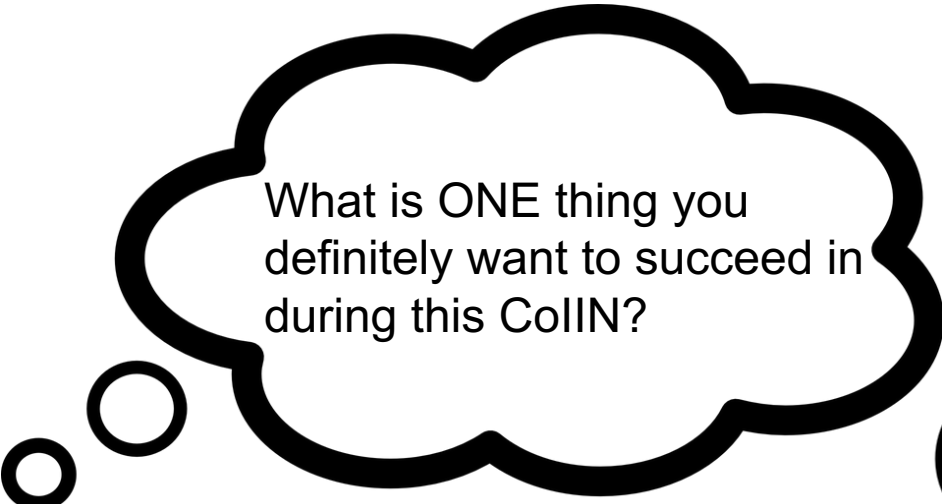
Webinar Objectives

- Provide a description of the QI methods this collaborative will use
- Discuss background and resources for initial state team decision-making
- Discuss essential considerations for project selection
- Describe the components of a robust AIM statement
- Begin identification of your team's CoIIN focus areas




Welcome Polls

Thank you for joining us today!



What is ONE thing you definitely want to succeed in during this CoIN?



What's your favorite thing about springtime?



What is a CoIIN?

Collaborative Improvement and Innovation Network

Is a...

platform and ***methodology***

for participants to engage in *collaborative learning* together

as ***virtual*** 'cyberteams',

around a *common aim*,

applying ***quality improvement*** methods,

to ***spread and scale*** policy and program **innovation**

- which in turn ***accelerates improvement*** in strategies that contribute
to desired ***outcomes***.



CMC CoIIN

The HRSA Maternal and Child Health Bureau has funded this Collaborative Improvement and Innovation Network (CoIIN) to test and spread promising care delivery strategies and payment models for children with medical complexity (CMC). The three-fold goals of the project are to:

- Improve the quality of life for children with medical complexities
- Improve the well-being of their families
- Improve the cost effectiveness of their care



TA and Coaching/TA Categories

- The role of the coach is to provide TA, coaching, training, and connect teams with resources in the following areas:
 - Quality Improvement
 - Measurement
 - Data Analytic Methods & Interpretation of Data
 - Data Collection & Reporting (With the AAP & QIDA)
 - Innovation (with you)
 - Collaboration
 - Project Management
 - Web Platform (shared)



The Triple AIM



Per Capita Cost

IHI *Triple Aim*



Key Elements of System Change

Will to do what it takes to change to a new system

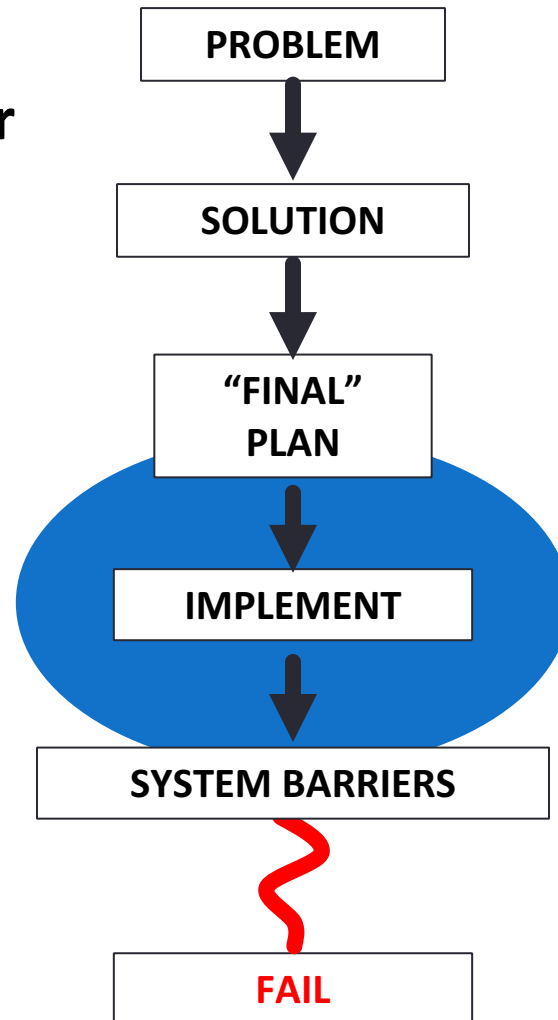
Ideas on which to base the design of the new system

Execution of the changes to the system - follow through and sustainability

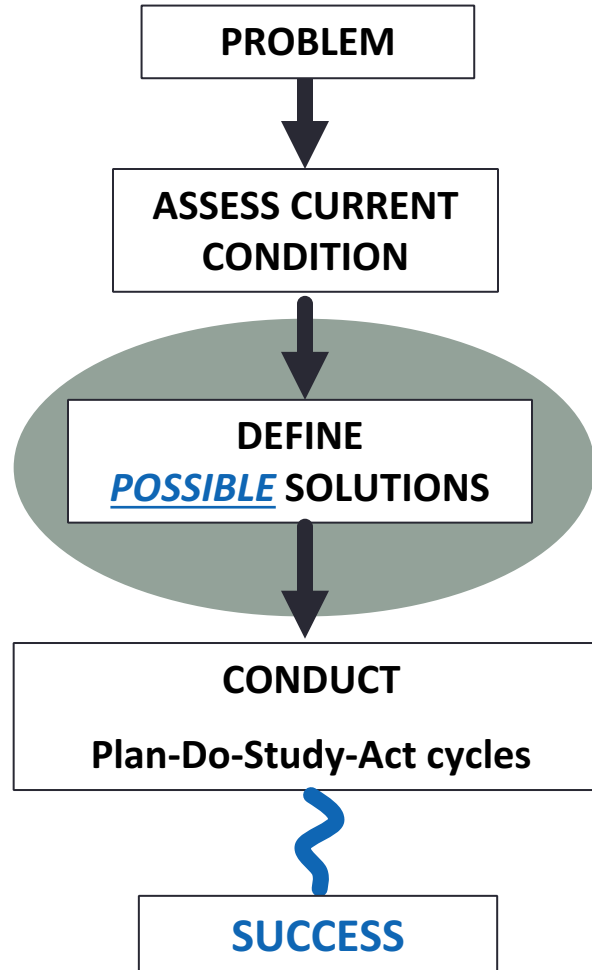


Changing the System: What Usually Happens?

Traditional model for introducing change

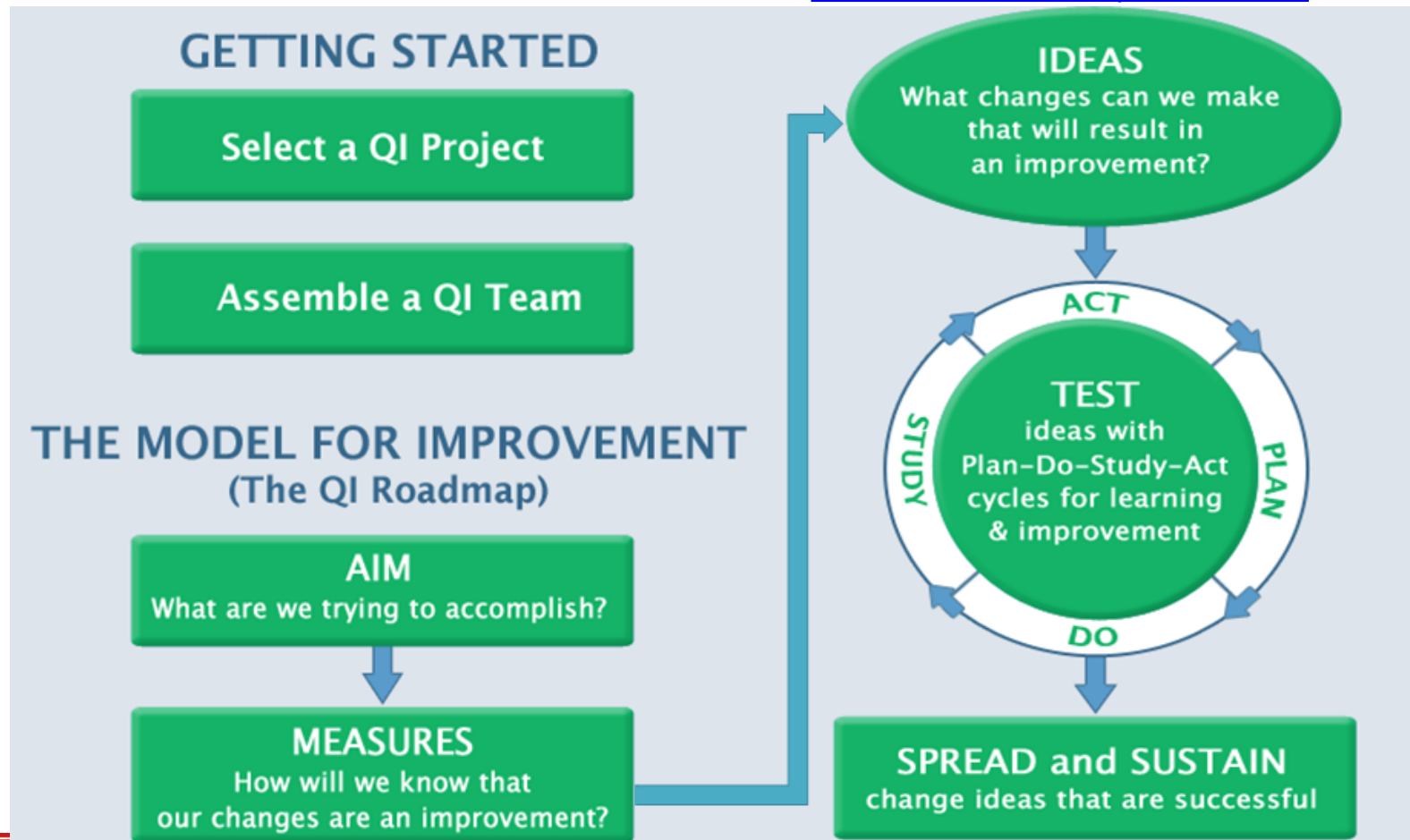


QI Approach to Change



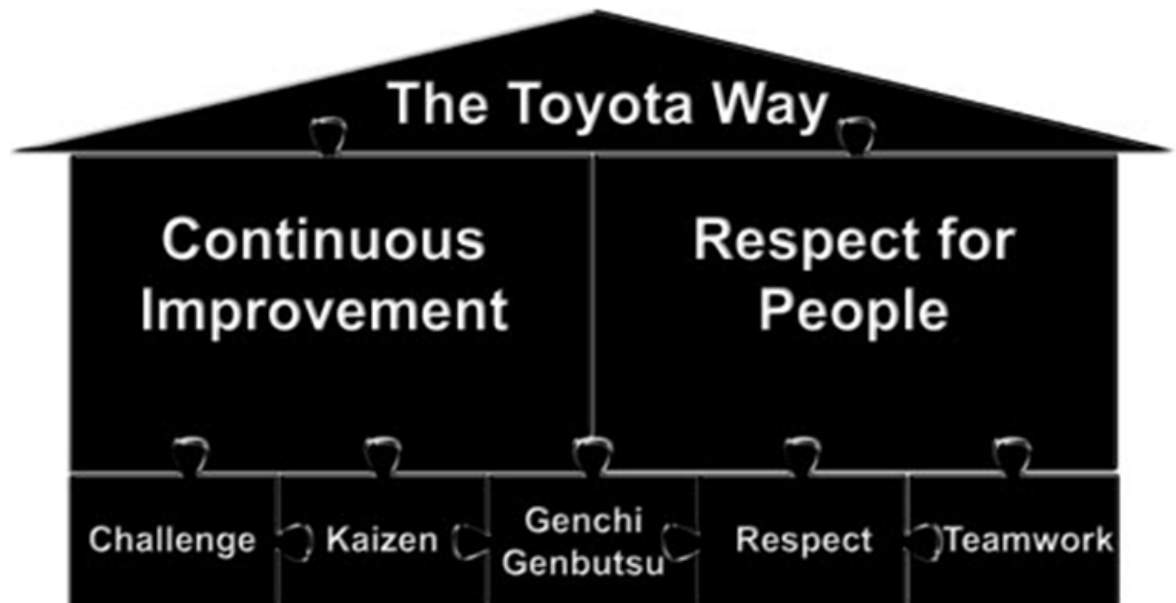
Model for Improvement

Watch a 5-10 minute overview on the [The Model for Improvement](#)



Lean Thinking

- A “pervasive and empowered ***culture*** based on a bias toward the ***systemic, endless elimination of waste*** driven by ***customer expectation.***” (Source: Villanova University, LSSBB course 2010, p.225)
- Watch a 5-10 minute overview on [Lean](#)



What barriers to improvement do you experience or hear?



Background and resources for state team decision- making



Definition of medical complexity

- Consensus based on input from ColIN national advisors, state teams, HRSA partners and other experts
- Baseline definition for use by state teams:
 - Children and youth between ages 1-21 with:
 - Multiple, significant chronic health problems that affect multiple organ systems;
 - Resulting in a) functional limitations and b) high health care need or utilization; and,
 - Often the need for or use of medical technology



Adapted in part from Recognition and Management of Medical Complexity. Dennis Z. Kuo & Amy J. Houtrow, COUNCIL ON CHILDREN WITH DISABILITIES. Pediatrics Dec 2016, 138 (6) e20163021; DOI: 10.1542/peds.2016-3021

Focus area menu for state team projects

- Topic options:
 - Care coordination (including shared plans of care)
 - Transition from the pediatric to adult health care system
 - Access to home care services (including discharge planning, home nursing)
 - Family/patient engagement (including shared decision-making)
 - Innovative community partnerships
 - Care of rural CMC through technology-based tools (telemedicine, virtual care teams, etc.)
 - **Alternative payment methods will be incorporated into each focus area, instead of being a stand-alone topic**



Focus Area Expectations

- Each team will chose at *least 4 focus areas* over the course of the COLLN
- They can be sequential – we suggest you choose one area to start with
- Remember the work you may have already started
- Is there an area where there is definitely a passion factor?



Value-driven decision-making

- What evidence is available to demonstrate that the decision you're making holds meaning for the CoIN-involved cohort of CMC and their families?
- How will you involve CMC and their families in designing, implementing and evaluating the results of the decision?
- How will you consider the potential benefits, burdens and costs associated with the decision?
- Are the benefits, burdens and costs resulting from the decision equitably distributed among stakeholders?
- Does the decision have implications for supporting self-management/self-determination of children and youth with medical complexity over the lifecourse?
- Does it have the potential to reduce inequities in some way?
- How will the decision support transparency and accountability in relation to all your stakeholders?



Tips for selecting a Project

- Identify gaps between desired and actual performance by reviewing existing data
- Review/solicit input from staff/clients - does it have support from both family leaders and providers?
- Choose something that can be accomplished by program end date – think about your scope!
- Consider the following:
 - The **Wow!** Factor (desperately needs improvement)
 - Value for customers
 - Low resistance from staff
 - High support from managers & leaders
 - Ability to attract support or money



Evaluating potential projects



Project Selection Matrix

[illegible]

Team Selection



Assemble a Team

“Teamwork is the fuel that allows common people to attain uncommon results.”

- Andrew Carnegie



Team Selection

- Individual members of the team need to be intentionally placed on the team
- Selecting the right team members is critical to success of your project
- Your goal: create a Team of Champions that can spread your improvements to others



Team Selection

- Review your team composition after you select your project area
- Make sure you have someone knowledgeable about and involved in the process/area of focus
- Cross functional representation
- Select a maximum of 6 people for the core team
- Specific Team Roles
 - QI Team Sponsor (high level leader)
 - QI Team Lead & Co-Team Lead (Project Manager)
 - Process Owner
 - Family member/Youth with medical complexity
 - Local experts/Frontline staff
 - Fresh Perspective



Choosing your Focus Area Specific Team

Your Larger CoIIN Team

- Title V MCH/CSHCN Staff*
- Medicaid Staff*
- Family representative*
- Pediatric primary and specialty care clinicians*
- Children's hospital*
- Youth with medical complexity
- Primary care medical home
- Integrated delivery systems
- Other



For each focus area, think through:

- Who on your larger team should be a part of your core team?
- Who would be a better ad-hoc member?
- Who are you missing (what about your local experts/frontline staff)?

Developing an Aim Statement



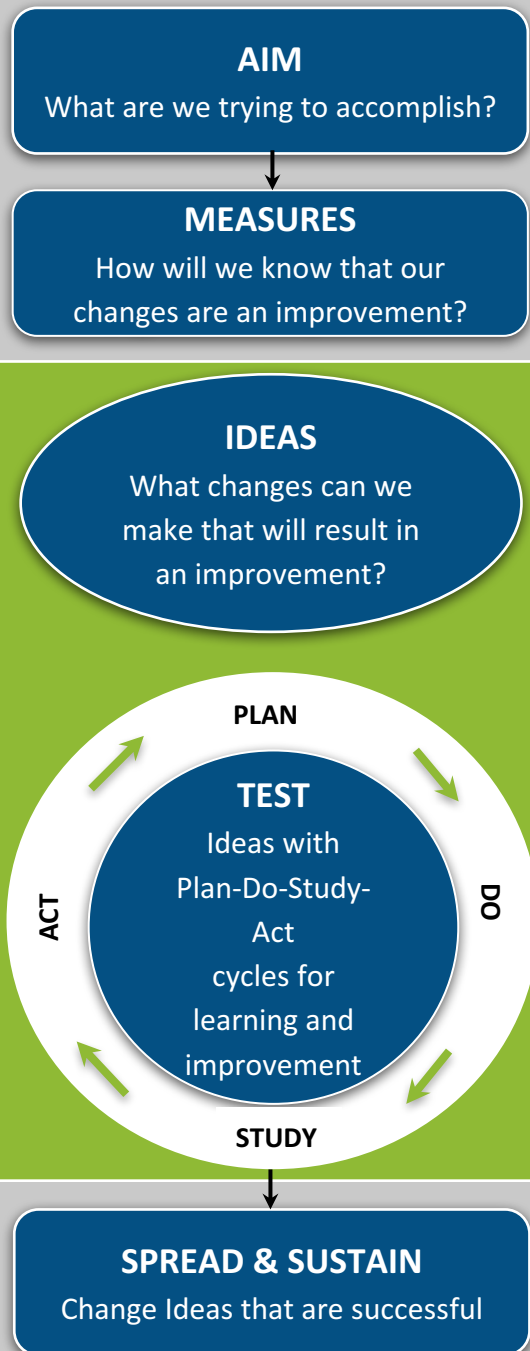
GETTING STARTED

Select a QI Project

Assemble a QI Team



THE MODEL FOR IMPROVEMENT



What Are We Trying to Accomplish? (AIM)

What is an aim statement?

- An explicit statement of the desired outcome that is time specific and measurable

Why do we need aim statements?

- Provides direction & focus
- Establishes alignment
- Acts as a communication tool





Alice speaks to Cheshire Cat,

"Would you tell me, please, which way I ought to go from here?"

"That depends a good deal on where you want to get to," said the Cat.

"I don't much care where --" said Alice.

"Then it doesn't much matter which way you go," said the Cat.

"--- so long as I get somewhere," Alice added as an explanation.

Image and quote from:

Alice's Adventures in Wonderland, Chapter 6

Think About It!

“Some”
*is not a
number*

“Soon”
*is not a
time*

“Hope”
*is not a
plan*

-Don Berwick,
Former President of the Institute for Healthcare Improvement



Your assignment: Create your overarching aim

The overall goal of our children with medical complexity (CMC) CoIIN team is to improve the quality of life for our state's CMC, the wellbeing of their families, and the cost-effectiveness of their care. We will do this by

*a) _____, b) _____,
c) _____, and d) _____.*

Our specific goals are by July 2021 to:

- Increase by 50 percent from baseline the number of CMC in the cohort reporting a single point/locus of management in a patient/family centered medical home.*
- Increase by 50 percent from baseline the number of CMC in the cohort with shared plan of care.*
- Decrease by 25 percent from baseline the number of unscheduled hospitalizations of CMC in the cohort.*
- Increase by 25 percent from baseline the number of families of CMC in the cohort reporting unmet needs are being met*



Your assignment: Draft your focus area specific aim!



Aim Statement Template

We aim to: *(What are we trying to accomplish? Use words like improve, reduce, and increase to identify the overall goal. Make it specific, measurable, achievable, and relevant.)*

because: *(Why is it important? Answer the “so what” question and describe the rationale and reasons to work on this improvement project.)*

for: *(Who is your specific target population/customer?)*

by when: *(specific time frame, i.e., month/year in which you intend to complete the improvement)* _____

We will achieve this by: *(How will you carry out the work and reach your overall aim? Think of the resources at your disposal.)*

Our goals include: *(What are our measurable goals? Think of the key changes you need to make. State them as numeric goals that are specific, measurable, achievable, and relevant.)*

- _____
- _____
- _____



Key Components of an Aim Statement

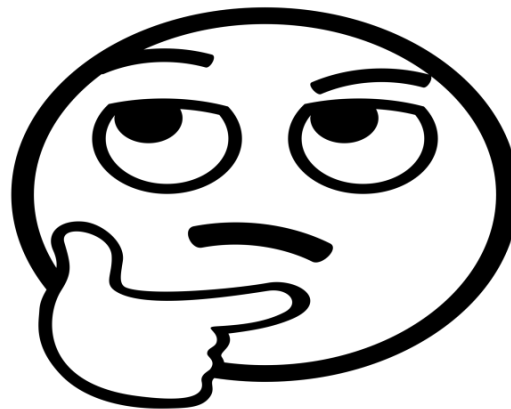
- **What** are we trying to accomplish?
- **Why** is it important?
- **Who** is the specific target population?
- **When** will this be completed?
- **How** will this be carried out?
- **What** is our measurable goal(s)?



Merging the AIM with Your Project

- You have the project - CMC CoIIN
- You have the definition for Children with Medical Complexity
- You have the Focus Areas

NOW WHAT?



The two shall meet....

QI tools to assist your teams

Working with your QI Coach

Consultation with others

Your National Advisory Committee's input



Gaining Consensus

CMC CoIIN Onsite Learning Session

National Headquarters of the AAP

345 Park Boulevard

Itasca, IL 60143

USA



On-Site Logistics

- **When:** April 17 & 18, 2018 (arrive Monday eve or VERY early Tues – 8:00 AM start)
- **Where:** The AAP's headquarters in the Chicago area (345 Park Boulevard, Itasca, IL 60143)
- **Who** should attend?: Your travel team (up to six members, including a family and/or youth representative)
- **How** do I book my travel?:
 - Register at: www.surveymonkey.com/r/LL83TQK
 - Flight: Once you receive an approval e-mail, contact Short Travel to book your flight (1-877-263-2550) and use code "ORD16APRCMC"
 - Hotel: Hotel reservations will be made by BU (Westin Chicago Northwest)
 - Contact Meg with any questions
- **What** do we bring?: A laptop per team if able (and charger!), notepad, your great ideas, your sense of fun & readiness to learn



Closing thoughts and next steps

- **IRB-** please note you will need to consider your institution's IRB process & be prepared to pursue. BU should have their exemption available for you to submit along with yours in the upcoming weeks.
- Upcoming **milestones**: what happens next?
 - Coach calls
 - Team meetings
 - Plan for travel
 - Webinars
- **Evaluation** – please participate!
 - Link: [Take 1 Minute Survey Now! - https://www.surveymonkey.com/r/RB3JW99](https://www.surveymonkey.com/r/RB3JW99)



Thank you!

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Anna Maria Padlan, HRSA Project Officer



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