Incorporating evaluation and program improvement strategies to increase quality of integrated care implementation

- Sharon Rachel, MA, MPH, Deputy Director, Kennedy-Satcher Center for Mental Health Equity at Morehouse School of Medicine
Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.
Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2018

Slides and handouts are also available on the mobile app.
Learning Objectives

At the conclusion of this session, the participant will be able to:

• List the components of the Integrated Care Leadership Program.
• Identify tools that can be used to assess readiness for integrated care.
• Discuss their own readiness for an innovation in the organization.


Learning Assessment

• A learning assessment is required for CE credit.
• A question and answer period will be conducted at the end of this presentation.
Incorporating evaluation and program improvement strategies to increase quality of integrated care implementation

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Collaborative Family Healthcare Association’s 20th Annual Conference

October 20, 2018
Agenda

1. The Integrated Care Leadership Program (ICLP)
   Program Components

2. Introduction to readiness
   R=MC² model

3. Readiness for integrated care
   Readiness for Integrated Care Questionnaire
   Activity-specific Readiness Tool

4. Put learning into practice
   How does readiness apply to your work?
   Complete “readiness thinking” worksheet

5. Questions/Comments
The Integrated Care Leadership Program (ICLP)

Kennedy-Satcher Center for Mental Health Equity
Integrated Care Leadership Program

- Learning collaborative/community of practice
- Program components:
  - Online training curriculum: transformative leadership, essentials for practice change & improvement, sustainability
  - Technical assistance and coaching
  - Monthly webinars
  - Site visits
  - Innovation awards for select sites
- Program evaluation: evaluated process and outcomes
ICLP Participants

2016
• 11 sites, 5 states
• 7 Georgia-based
• 10 urban, 1 rural
• 5 FQHCs, 2 public non-profit, 2 private non-profit, 1 for-profit, 1 “other”
• 7 completed (64%)

2017
• 8 sites, 7 states
• 2 Georgia-based
• 4 urban, 3 rural, 1 “other”
• 1 FQHC, 2 public non-profit, 3 private non-profit, 2 “other”
• 100% completed
Introduction to Readiness

R=MC²
Readiness is like cooking
Readiness is... the extent to which an entity is both willing (motivation) and able (capacity) to implement an innovation - a program, practice, or policy (like integrated care) - that is new to that setting.

Readiness is critical for quality implementation.
Readiness = Motivation \times \text{Capacity (Innovation-Specific)} \times \text{Capacity (General)}
## Defining Readiness

### Motivation
- Relative Advantage
- Compatibility
- Simplicity
- Ability to Pilot
- Observability
- Priority

### Innovation-Specific Capacity
- Innovation-specific knowledge & skills
- Champion
- Supportive climate
- Inter-organizational relationships

### General Capacity
- Culture
- Climate
- Innovativeness
- Resource utilization
- Leadership
- Internal operations
- Staff capacity
R=MC^2 Defining Features

- Readiness is viewed on a continuum, rather than dichotomously as “ready or not.”
- Readiness is dynamic: Readiness fluctuates over time.
- R=MC^2 is part of a comprehensive planning, implementation, and evaluation approach. It is not just a precursor to implementation, but is also necessary for quality implementation throughout the lifespan of implementation.
Readiness for Integrated Care

Tools for assessing readiness
Readiness for Integrated Care Questionnaire (RICQ)

- Customized to measure readiness for integrated care
- 82 items measuring the subcomponents and components of readiness
- See Scott et al., 2017
Readiness for Integrated Care Questionnaire (RICQ)

Relative Advantage

Motivation

1. Integrated care is better than other processes we are currently using in our practice to meet the needs of our patients.
2. Integrated care is better than other processes we have considered using in our practice.
3. Integrated care represents an advance over other methods that are already available for our practice.
4. Integrated care fits well with other initiatives in our practice.
5. Integrated care will help us meet the needs of our patients.
6. Integrated care is timely given the current needs of our patients.
7. Integrated care fits well with the culture and values of our patients.
8. In our practice, integrated care is simple and easy to implement.
9. There are so many components to integrated care that it is hard to understand all of the pieces.
10. The complexity of integrated care will make it difficult to put this project into place.

7 = Strongly Agree; 6 = Agree; 5 = Slightly Agree; 4 = Neither Agree or Disagree; 3 = Slightly Disagree 2 = Disagree; 1 = Strongly Disagree
Use of RICQ in ICLP

- One-on-one feedback provided by readiness team after assessment
- Discussion surrounded strengths, areas for improvements, and change over time
- Practices encouraged to discuss areas for improvement with ICLP coaches
RICQ - Sample Report

Scores on compatibility are relatively high (= strength)

Scores on complexity are relatively low (= area for improvement)
RICQ – Scores over time, by practice

<table>
<thead>
<tr>
<th>Practice Code</th>
<th>W1 Mean</th>
<th>W2 Mean</th>
<th>W1 to W2 Change</th>
<th>p</th>
<th>W3 Mean</th>
<th>W2 to W3 Change</th>
<th>p</th>
<th>Overall (W1 to W3) Change</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice B</td>
<td>5.44</td>
<td>6.10</td>
<td>0.66</td>
<td>0.41</td>
<td>5.53</td>
<td>-0.57</td>
<td>0.46</td>
<td>0.09</td>
<td>0.90</td>
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<td>Practice C</td>
<td>5.66</td>
<td>5.44</td>
<td>-0.22</td>
<td>0.78</td>
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<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Practice D</td>
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<td>5.66</td>
<td>-0.19</td>
<td>0.64</td>
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<td>0.35</td>
<td>-0.63</td>
<td>0.07</td>
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<tr>
<td>Practice E</td>
<td>5.71</td>
<td>6.23</td>
<td>0.52</td>
<td>0.1</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Practice F</td>
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<td>5.21</td>
<td>-0.45</td>
<td>0.13</td>
<td>5.31</td>
<td>0.10</td>
<td>0.6</td>
<td>-0.35</td>
<td>0.13</td>
</tr>
<tr>
<td>Practice G</td>
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<td>5.60</td>
<td>0.42</td>
<td>0.41</td>
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<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Practice H</td>
<td>7.00</td>
<td>5.84</td>
<td>-1.16</td>
<td>0.14</td>
<td>5.64</td>
<td>-0.20</td>
<td>0.78</td>
<td>-1.36</td>
<td>0.02*</td>
</tr>
<tr>
<td>Practice J</td>
<td>4.81</td>
<td>5.72</td>
<td>0.91</td>
<td>0.19</td>
<td>4.98</td>
<td>-0.74</td>
<td>0.22</td>
<td>0.17</td>
<td>0.74</td>
</tr>
</tbody>
</table>

*p < .05. **p < .01. Significant positive (green) and negative (red) changes
Activity-specific Readiness for Integrated Care
Activity-specific Readiness for Integrated Care

RICQ

Integrated Care

Activity-specific Readiness Tool (ART)

Activity-specific Readiness Tool (ART)

Activity-specific Readiness Tool (ART)
Integration with Quality Improvement

Plan -> Do -> Study -> ART -> Act
Developing the ART

- We sought to assess the readiness for these activities that comprise a larger/broader innovation.
- Using the R=MC² framework, we focused on the innovation-specific components of **motivation** and **innovation-specific capacities**.
- We created between one and three items that corresponded to the subcomponents of these readiness components.
## ART Example

<table>
<thead>
<tr>
<th>Subcomponent (Component)</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Innovation Specific Knowledge and Skills (I)</td>
<td>We have the knowledge and skills we need to train staff and residents on how to use the PHQ 9 and PHQ 2.</td>
</tr>
<tr>
<td>Inter-Organizational Relationships (O)</td>
<td>We collaborate with other units within our organization to help us understand and implement training staff and residents on how to use the PHQ 9 and PHQ 2.</td>
</tr>
<tr>
<td>Relative Advantage (M)</td>
<td>Training staff and residents on how to use the PHQ 9 and PHQ 2 is a better method than we have used or considered using to increase rates of depression screening.</td>
</tr>
<tr>
<td>Observability (O)</td>
<td>We see how training staff and residents on how to use the PHQ 9 and PHQ 2 can help us integrate healthcare in our practice soon.</td>
</tr>
<tr>
<td>Program Champion (I)</td>
<td>We have an influential person at our practice who clearly communicates the needs and benefits of training staff and residents on how to use the PHQ 9 and PHQ 2.</td>
</tr>
<tr>
<td>Supportive Climate (I)</td>
<td>We have the right people on our team to carry out training staff and residents on how to use the PHQ 9 and PHQ 2.</td>
</tr>
<tr>
<td>Compatibility/Alignment (M)</td>
<td>Training staff and residents on how to use the PHQ 9 and PHQ 2 fits well with how our practice operates.</td>
</tr>
</tbody>
</table>
Administering, Analyzing, and Using the ART

- Administered via online survey platform
- Scores averaged within organizations
- Individualized report created for each activity at each site
- Results used in coaching/TA
Practice X’s Activity Specific Readiness Results

Your organizational readiness to train staff and residents on how to use the PQ9-9 and PQ9-2

What is this report?

It will help you understand how ready your site is to train staff and residents on how to use the PQ9-9 and PQ9-2. It is the activity chosen to augment to an improvement project with Phase 1 of the ART: Step 1 (Identification) steps 1-3 (identify the PQ9-9 and PQ9-2). The results will identify strengths and areas for improvement for training staff and residents on how to use the PQ9-9 and PQ9-2.

What is Activity Specific Readiness? 

Readiness is how willing (motivated) and able (capable) an organization is for implementing a new program, policy, or practice. When thinking about a specific activity like training staff and residents on how to use the PQ9-9 and PQ9-2, you are often part of a larger project (like a new program) that requires you to make improvements to two components of readiness:

1. How willing the organization is to train staff and residents on how to use the PQ9-9 and PQ9-2.
2. Does your practice have the knowledge and skills needed to train staff and residents on how to use the PQ9-9 and PQ9-2.

How to use this report:

You should consider these results as you plan for future PQD cycles related to this activity.

1. Look at which components and issues are low or high in Table 1. Check out the subcomponents definitions in the Appendix on page 26. Knowing which subcomponents are low or high provides a more complete picture of your practice’s readiness to make improvements on building or maintaining readiness.

2. Use this report as part of your 5-day plan, then decide how you need to make additional improvements with your next PQD cycle. Your IUPP coach and members of the readiness team can help you navigate this process based on readiness scores.

Summary of Practice X’s readiness to train staff and residents on how to use the PQ9-9 and PQ9-2:

The scores in Table 1 show average scores on each box of the ART for every site that responded to your activities (if people at a site rated 1, they were low readiness to 5 very high readiness). Overall, your practice scored highest in Innovation Specific Knowledge and Skills, which is a sub component of Innovation Specifics. You may need to focus more focused on Ability to Pilot, which is a sub component of Motivation. The areas that are lower, synergize with your teams to determine how these could be improved in future iterations of your PQD cycles. The high scoring elements can be used as leverage to increase your organizational readiness.

Table 1: ART Average Scores Ranked

<table>
<thead>
<tr>
<th>Component</th>
<th>Item</th>
<th>Average Score (1-5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Innovation Specific Knowledge and Skills</td>
<td>We have the knowledge and skills to train staff and residents on how to use the PQ9-9 and PQ9-2.</td>
<td>4.50</td>
</tr>
<tr>
<td>Inter</td>
<td>Organizational Relationships</td>
<td>We collaborate with other units within our organization to help us understand and implement training staff and residents on how to use the PQ9-9 and PQ9-2.</td>
</tr>
<tr>
<td>Relative Advantage</td>
<td>Training staff and residents on how to use the PQ9-9 and PQ9-2 is a better method than we have used or considered using to increase rates of organizational readiness.</td>
<td>5.00</td>
</tr>
<tr>
<td>Observability</td>
<td>We see how training staff and residents on how to use the PQ9-9 and PQ9-2 can help in implementing healthcare in our practice context.</td>
<td>5.00</td>
</tr>
<tr>
<td>Program Champion</td>
<td>We have an influential person at our practice who clearly communicates the need and benefits of training staff and residents on how to use the PQ9-9 and PQ9-2.</td>
<td>5.00</td>
</tr>
<tr>
<td>Supportive Climate</td>
<td>We support the people on our team to carry out training staff and residents on how to use the PQ9-9 and PQ9-2.</td>
<td>5.00</td>
</tr>
<tr>
<td>Compatibility/ Alignment</td>
<td>Training staff and residents on how to use the PQ9-9 and PQ9-2 is well with how our practice operates.</td>
<td>5.00</td>
</tr>
<tr>
<td>Supportive Climate</td>
<td>Our leadership is engaged and supportive of training staff and residents on how to use the PQ9-9 and PQ9-2.</td>
<td>5.00</td>
</tr>
</tbody>
</table>

What’s next?

What questions do you have about this report? Make a list to discuss with the ICLP Readiness Team during your next one on one meeting. Detail the work you have done. Here is your report handy during that call.

Future Readiness Assessments: Healthcare organizations can be dynamic, with changes in staff and leadership capacity, availability of resources, organizational culture, etc. These changes can influence your organization’s readiness for integrated care activities. We will be assessing your organization’s readiness periodically to see how it rates with participating in the ICLP. We will provide you with reports like this one to show how readiness is changing. Expect another comprehensive readiness survey in October, 2021.

Credits

Prepared to the Readiness Team: Alex Wandroff, PhD, Victor Steel, PhD, and Tina Kavac
Date: 08/27/21
Question: Contact Tina Kavac at tina.kavac@ubc.ca

Considerations for Building Organizational Readiness

There is no one right way to build readiness. It depends on your context and what your team is willing and able to work on. There are some ideas of how to proceed.

For the lower scoring items, consider the following questions:

1. What is the most important area for your practice to focus on?
2. What is the easiest area for your practice to work on improving?
3. What is the most difficult area for your practice to work on improving?
4. What are the major barriers to improvement?
5. What, if any, steps in the list cases as a response to you?
6. After considering the questions above, what areas make the most sense for you and your team to focus on? How does this align with current improvement efforts taking place in your practice?

Also, look for areas that aren’t very low or very high - these could be the easiest to change in the long term.

Strategies: If talking together identified key discrepancies or a lot of debate about certain items, select just one or two to focus on to work. Choose the areas that seem feasible and important. Work with your ICLP coaches and the readiness team to come up with an action plan to improve that area, leveraging the areas where you are strong.
Readiness and the ICLP

- **2016 cohort (12-months)**
  - Readiness for integrated care measured with the RICQ every 6 months
- **2017 cohort (6-months)**
  - Readiness for integrated care measured with the RICQ at baseline and completion
  - Readiness for activities measured with the ART at midpoint
Sample Timeline from 6-month cohort

1. Administer
2. Report
3. One-on-one feedback
4. Identify area(s) for improvement

Test of change

1. Administer
2. Report
3. One-on-one feedback
4. Identify action steps for improvement

Test of change

1. Administer
2. Report
3. One-on-one feedback
4. Reflect on change over time
Learning Into Practice

How does readiness apply to you?
Activity Goals

1. Consider something new that your organization is working to implement
2. Complete the ”readiness thinking” worksheet as we review the subcomponents of readiness in detail
3. Pair and share – share with a partner what challenges and strengths you noticed related to readiness
4. Several participants will be asked to share how readiness influences implementation at their organization
Considerations

● What challenges to readiness are apparent in your setting?
● In which domains is your organization strong in readiness?
● How can “readiness thinking” be useful across different settings?
Revisiting Activity Goals

1. Consider something new that your organization is working to implement
2. Complete the “readiness thinking” worksheet as we review the subcomponents of readiness in detail
3. Pair and share – share with a partner what challenges and strengths you noticed related to readiness
4. Several participants will be asked to share how readiness influences implementation at their organization
Overview

1. The Integrated Care Leadership Program (ICLP) provided training and TA for practices that aimed to integrate care.
2. The R=MC\(^2\) model of readiness delineates elements of motivation and capacity that are critical for quality implementation.
3. Readiness for integrated care has been evaluated with the RICQ and ART, and integrated with coaching and quality improvement.
4. Readiness can be applied to any context – including your workplace.
Thank you!

Any comments or questions?

You can contact me at srachel@msm.edu
References

Please complete the **2 brief** session evaluations:

1) Paper form given to you
2) Online form in CFHA Mobile app

Session #: **G1**

Primary Presenter: **Shepardson**