Home Visiting Collaborative Improvement and Innovation Network 1.0 (HV CoIIN)

Program Description

The Health Resources and Services Administration (HRSA), through a cooperative agreement with Education Development Center, Inc., has implemented the first national initiative using the Breakthrough Series approach to accelerate improvements in select process and outcome measures that reflect positive health and well-being for children and families within Maternal, Infant and Early Childhood Home Visiting (MIECHV).

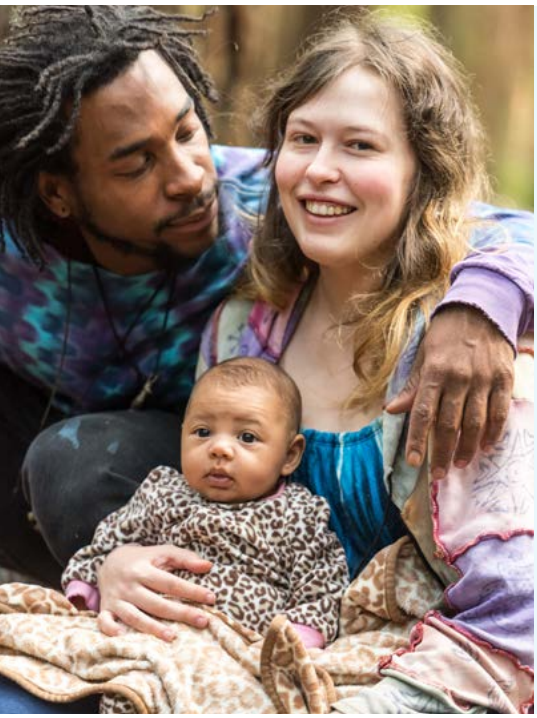
HV CoIIN 1.0: September 2013–August 2017
HV CoIIN 2.0: September 2017–August 2022

This improvement project targeted four program outcomes that respond to benchmark performance standards legislatively mandated for the MIECHV:

1) improve rates of initiation and duration of exclusive breastfeeding,
2) improve developmental promotion, early detection of developmental risk and delay, and early intervention,
3) improve screening, referral, and access to treatment for maternal depression, and
4) improve family recruitment, engagement, and retention in home visiting programs.

HVCoIIN 2.0
Home Visiting Collaboration Improvement and Innovation Network

EDC Learning transforms lives.



Who are the participants?

The Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN 1.0) brought together teams from local home visiting service agencies across 12 awardees to support collaborative learning, rapid testing for improvement, and sharing of best practices, using the Breakthrough Series model to conduct small tests of change (known as Plan-Do-Study-Act cycles) to adapt evidence-based practices to local contexts. Teams integrated Continuous Quality Improvement (CQI) methodologies into their existing evidence-based home visiting programs to (1) disseminate evidence-based practices that are known to work, (2) innovate, (3) achieve results faster, (4) build leaders of quality improvement in home visiting, and (5) demonstrate the effectiveness of home visiting in large-scale implementation. HV CoIIN 1.0 tracked individual agency's progress, using standardized outcomes and process measures for each target area. Each agency reported on these measures monthly as they tested and adapted the recommended changes.

> ***The HV CoIIN experience has helped us grow a culture of change in our site. CQI has been embedded in our day-to-day operations and used any time we see the need for improvement or adjustments in our practice, policies and procedures.***

OUTCOMES OF HV COIIN 1.0

Below are the results from the onset of HV COIIN 1.0 to the end of the collaborative cycle (August 2017), after testing and refining theory and measures between a 15-month collaborative and a second, subsequent 12-month collaborative.

Breastfeeding

a) Improvement in the overall SMART Aim of 3-month exclusive breast-feeding rates, from 10% to 13.5%

b) Improvement of home visitors trained in infant feeding and lactation, from 50% to 95%

c) Improvement in breastfeeding intention rates, from 50% to 63%

d) Improvement in breastfeeding initiation rates, from 47% to 61%

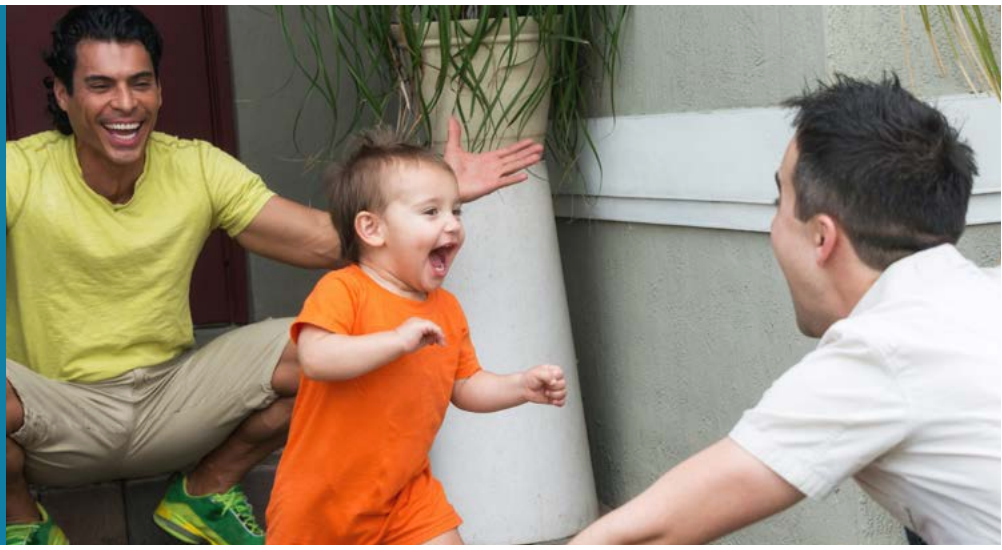
Developmental Promotion, Early Detection, and Early Intervention

a) Improvement in overall SMART Aim of children with an identified developmental or behavioral concern receiving targeted developmental promotion and support in a timely manner, from 67% to 83%

b) Improvement in developmental surveillance rates, from 73% to 96%

c) Improvement in developmental screening rates, from 70% to 88%

> ***The CoIIN experience has brought the team closer together. It created a common goal that the team was able to problem solve and work through together.***



Maternal Depression

a) Some agencies met a very ambitious SMART Aim: 85% of women who screen positive for depression and access services will report a 25% reduction in symptoms in 12 weeks

b) At the collaborative level, across all teams participating, there was improvement in this SMART Aim outcome, from 51% to 60%

c) Improvement in maternal depression screening rates, from 84% to 96%

d) Improvement in mothers accepting a referral to evidence-based treatment, from 45% to 72%

e) Improvement in access to treatment, from 42% to 66%

Family Engagement

The evidence is less robust for this topic area, for which promising practices still need to be tested for further learning. However, through testing of innovative interventions, lessons were learned about how to increase home visit completion, improve enrollment to meet expected service capacity, and improve family engagement and retention in home visiting. These results will be used to further refine a sound theory of change and measures to run a Breakthrough Series Collaborative during HV CoIIN 2.0.

KEY LESSONS

Five key lessons about how to do innovation and continuous quality improvement within a public health network—successes

1) Build in time to test measures with a cadre of teams before collaborative start-up to, (1) ensure the measures are effective and useful to stakeholders and to (2) provide models of how to collect the data from those doing the work on the ground.

2) Provide group coaching for teams working across similar drivers to share learning and to build peer-to-peer relationships that can be sustained past the collaborative.

3) Involve leaders (e.g. HV CoIIN state quality improvement experts) in key roles to build their enthusiasm and to ensure later scale and spread, for example, ask key leaders to provide teaching and coaching at learning sessions, ask leaders to co-facilitate a portion of a topic call to provide a case study or teaching, etc.

4) Use data transparently to show progress and to model use of data for improvement. At the collaborative level, track and discuss monthly the % of data turned in, data errors, data improvement, etc. At the team level encourage teams to share their individual data that they track during a test as they present their PDSAs on topic calls making the link to their testing and improvement.

5) Test your own internal processes to create timely communication loops for data and PDSA feedback from Improvement advisor to participants. For example, in the HV CoIIN, we originally had faculty review and also provide feedback on teams PDSAs, this often created a delay in getting results back due to busy faculty schedules. Now Improvement advisors provide the feedback and faculty can review in real time with teams and call out ideas or accomplishments via a list serve.

REFLECTIONS

Five key reflections about how to do innovation and continuous quality improvement within a public health network

1) Be careful about asking teams to take on too much too soon. Give intentional thought to the expertise and needs of front line team participants (e.g. building in time for heavy quality improvement teaching and support in the 1st 3-6 months).

2) Be careful about tackling too many topics. In the HV CoIIN we landed on 4 topics for improvement which is really equivalent to running 4 collaboratives that need adequate Improvement advisor, project director, faculty and administrative time allocated to them.

3) Be careful of creating too much reliance on core staff/ "experts." Build in opportunities for peer-to-peer learning, bring in state leaders to coach their teams with improvement advising help if needed to help build internal capacity, use teams as experts on topic calls to co-facilitate teaching with faculty when you can, etc. Growing participants as "experts" can avoid any unintentional top down hierarchy.

4) If using the Breakthrough Series, be careful of using consultants or staff without ample expertise who need to "learn on the job." Ensure you have experts in the model for improvement with strong QI expertise. BTS collaboratives move fast and participants often need very hands on and specific support related to building PDSAs, ramps, run charts, etc. Teams need someone who can answer their questions with assurance and simplicity vs sending them to an article or report to find out more information.

5) Remember the human factor. Participants are often engaging in high stress work and although their passion for improvement is high, any new requirements can be overwhelming. Asking for stakeholder feedback in decision making, making changes based on their feedback and working in time for fun and laughter on topic calls and in learning sessions is paramount for creating a positive and supportive climate for the work.

NEXT STEPS: HV COIIN 2.0

The results and lessons learned within HV CoIIN 1.0 are creating national interest in the CQI approach within the home visiting field, generated by excitement among national experts, home visiting model developers, state and agency participants and families about the measurable gains achieved.

HV CoIIN 2.0, a five-year cooperative agreement (September 1, 2017, through August 31, 2022) between HRSA and Education Development Center, Inc., will build on the work of the first HV CoIIN to scale tested interventions across 45% of federal home visiting awardees and within 43% of local implementing agencies by spreading the culture and practice of CQI in home visiting through scale-up of the established best-practices from the original topic areas and by creating and testing toolkits for new content areas through the Breakthrough Series Collaborative approach.

Supporting these efforts will be extensive virtual training and coaching for awardees in (1) CQI methodology and (2) running their own Breakthrough Series Collaborative. This effort will build a sustainable infrastructure to maintain the gains developed throughout the project.

Education Development Center, Inc., will work closely with renowned quality improvement and content experts from Brigham and Women's Hospital, Shift Consulting, The Billions Institute, Institute for Health Care Improvement, and Associates for Process Improvement.

FREQUENTLY ASKED QUESTIONS AND ANSWERS

What are some of the benefits to using a Breakthrough Series Collaborative Improvement and Innovation Network Approach in public health?

From our experience with the HV CoIIN,

- CoIINs are ideal for addressing seemingly intractable issues quickly.
- Changes are sustained and integrated into day-to-day practice and policy-changes are tested to the level of full implementation and become part of policy and practice.
- CoIINs are cost-effective—multiple teams participate in each CoIIN experience and can be mentors for scale up to additional teams and communities.
- CoIINs can be replicated in other locations- the framework leads to tested changes and playbooks that can be taken on by new teams with ease.
- CoIINs build CQI expertise that teams can apply on their own to other issues- building leaders that use data to inform practice improvement more broadly and widely.

FREQUENTLY ASKED QUESTIONS AND ANSWERS

Why do you think the BTS CoIIN Approach has been so effective for home visiting?

- Willing partners join CoIINs because they have a common challenge and are motivated to find a solution.
- The framework provides a clear process for achieving an aim.
- CoIINs use an all teach, all learn philosophy so everyone is an expert and part of the work and data is shared and analyzed transparently so all are part of the solution.
- CoIINs integrate training and coaching on CQI and this is critical for success as many in the public health field do not have deep experience or support in CQI work to build capacity of front-line teams.
- CoIINs incorporate an element of social exchange within and between teams helping them establish peer support and a feeling that they are "not in this alone."
- CoIIN teams work from and with the best evidence.

> ***"The PDSA cycles allowed us to quickly determine the effectiveness of the processes we were implementing. It was good to know if something didn't work, because we didn't invest a lot of time, that we could abandon it. It was a wonderful experience to work together nationally to come up with solutions and "steal shamelessly". It was inspiring to be working collaboratively rather than competing.***

FOR MORE INFORMATION
Visit the HV CoIIN website at http://hv-coiin.edc.org/.

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