Healthy Start Collaborative Improvement and Innovation Network

CoIN Plenary: HS Convention
September 27, 2016
Collaborative Improvement and Innovation Network:

- A community of programs focused on impacting infant mortality through innovation and improvement processes.

The goal of the HS CoIIN is to strengthen Healthy Start (HS) services and systems, by promoting implementation of standardized evidence-based approaches to core elements of the HS program. (*Program level improvement and innovation*)

The HS CoIIN is a partnership of Healthy Start grantees dedicated to strengthening Healthy Start services and systems.

The HS CoIIN functions as an Expert Panel on behalf of Healthy Start Grantees.
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<thead>
<tr>
<th>Healthy Start Program</th>
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<tr>
<td>Alameda County Healthy Start</td>
<td>Healthy Start Brooklyn</td>
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<td>Baltimore City Healthy Start, Inc.</td>
<td>Healthy Start New Orleans</td>
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<td>Birmingham Healthy Start Plus, Inc.</td>
<td>Healthy Start Inc. Pittsburgh</td>
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<td>Boston Healthy Start Initiative</td>
<td>Midwest Healthy Start Initiative</td>
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<td>California Border Healthy Start</td>
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Building a Stronger Healthy Start Program Through Standardization

Identify components of the Healthy Start Program for standardizing across the HS community.

Promote implementation of the standardized components across the HS community.
Why Standardize Healthy Start?
Provides a consistent, predictable, and replicable experience for Healthy Start participants designed to achieve positive health outcomes.

Initial Priorities for Standardization

Screening Tools
Screening Tools and Processes:
Ensure comprehensive and consistent assessment of participants’ needs.

Data Collection
Data collection and integration with 3Ps:
Standardize data collection (including benchmarks) and reporting to support monitoring and evaluation.

Care Coordination
Care coordination and case management:
Define components and best practices of care coordination and case management.

Standardization
Where Are We Now?

Screening Tools

**Developed by:** HS CoILN  
**For use:** Healthy Start programs in screening participants  
**Purpose:** Screening, Care Coordination  
**Opportunity:** Screening tools could serve dual purpose to capture data required to inform benchmark data reporting. Paper screening tools could be automated by aligning data reporting for national evaluation with intake process.

- **Healthy Start Benchmark Reporting (20+1)**  
- **Federal Healthy Start Monitoring + Evaluation (3Ps)**  
- **DGIS Performance Measures**  
- **Comprehensive Participant Screening at a Local Level to Inform Care Coordination**  
- **Local Quality Assessment and Improvement**
Standardization is an ambitious endeavor, with many potential barriers such as need for technology and lack of resources that are difficult for one person to influence/impact/change

BUT

Each of us can foster the adoption of standardization within our own programs or across other Healthy Start programs by serving as Ambassadors for this initiative.

Help colleagues understand the importance of standardization

- to deliver consistent quality services for participants
- to validate Healthy Start by demonstrating impact of Healthy Start on participants
- to advance Healthy Start by providing data that can drive program level improvements
- to sustain Healthy Start by demonstrating positive participant outcomes
Questions for Healthy Start CoILIN
Closing
Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality

Healthy Start Convention
Zandra Levesque, MPH
Associate Project Director
National Institute for Children’s Health Quality (NICHQ)

September 28th 2016
What is a CoIN?

• A CoIN, or Collaborative Innovation Network, has been described as a team of self-motivated people with a collective vision, enabled by the Web to collaborate in achieving a common goal by sharing ideas, information, and work.¹

• Key Elements of a CoIN
  – Being a "cyber-team" (i.e. most CoIN work will be distance-based);
  – Innovation comes through rapid and on-going communication across all levels;
  – Work in patterns characterized by meritocracy, transparency, and openness to contributions from everyone.

• Adapted to reflect focus on both innovation and improvement yielding a Collaborative Improvement & Innovation Network (CoIIN) to Reduce Infant Mortality.

**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*. 
Infant Mortality Collaborative Improvement & Innovation Network (IM CoINN)

- Fosters collaboration, cooperation and openness with diverse stakeholders
- Catalyzes work through highly motivated volunteers
- Enhances value of data to inform state strategy
- Emphasizes attention on infant mortality at state level
- Enhances productivity through a state-driven approach
- Builds will and support among state leaders
**Collective Impact:**

1. Common Agenda
2. Mutually Reinforcing Activities
3. Shared Measurement
4. Continuous Communication
5. Backbone Support
National Infant Mortality ColIN

Common Agenda:
More first (+++) birthdays
Learning Networks
(n= number of states)

- **Improve Safe Sleep Practices**
  (n = 40)

- **Reduce smoking** before, during and/or after pregnancy
  (n = 24)

- **Pre & Interconception Care**
  Promote optimal women’s health before, after and in between pregnancies during Postpartum Visits & Adolescent Well Visits
  (n = 31)

- **Social Determinants of Health**
  Incorporating evidence-based policies/programs & place-based strategies to improve equity in birth outcomes
  (n = 19)

- **Prevent Pre and Early Term Births**
  (n = 24)

- **Risk Appropriate Perinatal Care (Perinatal Regionalization)**
  Increase the delivery of higher-risk infants and mothers at appropriate level facilities
  (n = 12)
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## Infant Mortality (IM) CoIIN & Healthy Start Common Priorities

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IM CoIIN one-year extension

- MCHB has funded NICHQ to continue this work in order to sustain the current infrastructure that supports state and jurisdictional teams engaged in the Infant Mortality CoIIN

- The LN aims were scheduled to be completed by July of 2016, the extension moves the “finish line” to July of 2017

- CoIIN remains voluntary and its purpose will still be to serve as a resource to states in their ongoing efforts to reduce infant mortality

- Strongly encourage states to continue to focus on the work in progress in the LN they are currently participating in. If state has achieved LN aim, we suggest the team plan to continue ongoing efforts to assure these improvements are sustained
Where are we in the process?

Learning Session 1
- Discuss and prioritize data capacity drivers
- Develop jurisdiction-specific aims
- Identify areas for improvement & innovation

Monthly Learning Network Calls
- Dedicated time to gather new ideas and learn new methods
- Regional coaching and exchanges to promote progress

Learning Session 2
- Get Methods
- Get Started – small tests of change

Learning Session 3
- Get better at methods
- Get a “stride”
- Test & implement changes

Learning Session 4
- Celebrate successes
- Get ready to sustain and spread!

Action Period:
Teams to take what they learned, continually identify areas for innovation and/or improvement, build connections, and test changes on a small scale.

Currently in Action Period 3

EXTENDED THROUGH JULY 2017
Infant Mortality CoIIN Engagement

**What does the IM CoIIN offer?**

- **Online Community (CoLab)**
- **Virtual Learning Sessions & Thematic Webinars**
- **In-person Meeting, July 2015**
- **Data Dashboard to Track Progress**
- **Monthly Learning Network Calls**
- **Technical Assistance (TA) from QI Advisors & SMEs**
Join the Community!!

Sign up to receive newsletters and access the IM CoIN Collaboratory (CoLAB)

Questions or comments? Email CoIN@NICHQ.org
After completing this course, you will be able to:

- Describe the necessary ingredients for improvement
- Identify the components of an aim statement
- Write an aim statement
- Describe the three types of improvement measures
- Describe the use of run charts in improvement
- Understand the components of a run chart and the information it provides
- Describe the types of changes that result in improvement
- Follow the steps in a Plan-Do-Study-Act cycle to test a change
- Describe the key components of an implementation strategy
- Describe the Breakthrough Series learning collaborative framework for spread

SUSTAINABILITY TOOLS

QUALITY IMPROVEMENT 101
Sustainability Tools

INFANT MORTALITY CoIIN PREVENTION TOOLKIT
Ways to Engage

• Connect with your State’s IM CoIIN team
  • *Invite to your CAN, or join their networks!!*

• Join live/view recorded IM CoIIN webinars
  – *Quality improvement, PDSA cycles, culture of quality*
  – *Content specific*
  – *Data!*

• Present innovations happening in your community to a national audience

• Become a pilot site and test change ideas at the local level
IM CoIIN Points of Contact

• State MCH Directors/IM CoIIN Coordinators

• NICHQ: CoIIN@NICHQ.org

• HRSA Maternal and Child Health Bureau
  – Ms. Vanessa Lee, IM CoIIN Coordinator, VLee1@hrsa.gov
HOME VISITING COLLABORATIVE IMPROVEMENT AND INNOVATION NETWORK (HV COIIN)

Leandra Olson, MPH, CPH
Maternal & Child Health Bureau, Health Resources & Services Administration, U.S. Department of Health & Human Services

HRSA
www.HV-CoIIN.edc.org

EDC Learning transforms lives.
Project Partners

A 3-Year Cooperative Agreement between The Maternal and Child Health Bureau’s (MCHB) Division of Home Visiting and Early Childhood Systems and Education Development Center, Inc.

**Start Up:** September, 2013-May, 2014

**Phase I:** May 2014 – August, 2015 (15 months)

**Phase II:** September, 2015- August, 2016 (12 months)

**Phase III:** Extension for Dissemination and Spread- September 1, 2016-August 31, 2017
The Breakthrough Series as the HV CoIIN Framework

Select Topic
Recruit Faculty

Enroll Participants

Prework

Develop Framework and Changes

LS1: Learning Session
AP: Action Period
P-D-S-A: Plan-Do-Study-Act

Supports:
Email • Visits • Phone Conferences • Monthly Team Reports • Assessment

Summative Congresses and Publications

LS1 → LS2 → LS3 → AP1 → AP2 → AP3
3 Improvement Topics Identified

Gap Exists and Evidence-based Practice is Known

Alleviating Maternal Depression (MD)
Increase identification, referral, and receipt of service.

Developmental Surveillance and Screening (DSS)
Strengthen the process of developmental surveillance and screening, intentional support, referral and follow-up.

Breastfeeding (BF)
Increase initiation and duration.
Innovation Topic Identified

Family Engagement (FE)

- Motivational Interviewing
- Incentives
- Texting
- Service plans
- Interviews
- Parent Groups
- Meeting outside of home
- Call Reminders
- Interpersonal Skills

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What are we Trying to Accomplish?

**Breastfeeding**
Increase by 20% from baseline the % of women exclusively breastfeeding at 3 months and 6 months.

**Maternal Depression**
85% of women who screen positive for depression and access services will report a 25% reduction in symptoms in 12 weeks (from first service contact)

**Developmental Surveillance and Screening**
Increase by 25% from baseline the % of children with developmental or behavioral concerns receiving identified services in a timely manner.

**Family Engagement**
To increase by 25% the average proportion of expected in-person contacts between home visitor and family that are completed.

Set during review of research and data- where are we and where can we “stretch” during this collaborative?
We developed a HV CoIIN “Playbook” for each topic

Charters

Key Driver Diagrams

Change Packages

Measurement System

Helping Teams with “Why, What and “How”
Participants Enrolled

12 MIECHV Grantees

Arkansas
Florida
Georgia
Michigan
New Jersey
Ohio
Rhode Island
South Carolina
Virginia
Wisconsin
Pennsylvania
*Indiana (Phase 2 state)

33 implementing agencies,
- using 6 evidence-based models
Our Results and Lessons Learned
We have touched many families with this work:

Phase 1: 2,914 families
Phase 2: 3,538 families

Mother who completed an in-home maternal depression prevention program through the HV CoIIN
We have accomplished many tests of change directly related to improving our practices in home visiting:

Phase 1: 783 PDSAs
Phase 2: 406 PDSAs
Over 95% of families are being asked about their child’s development at every home visit! (Aim met)

Over 80% of children are being screened at regular intervals (Aim met)

Over 80% of children with identified needs are getting linked and access to support
**Change Example - You can do it!**

**Goal:** To increase developmental surveillance at every home visit

**How:** Add a sticker to the HV’s log to remind them to ask about parents’ concerns about their child’s development, learning or behavior

After some adaptation of the original question it was successful with a 20% increase in surveillance rates!
Maternal Depression

1. Over 90% of moms are screened.

2. Over 80% of moms at risk accept a referral to services.

3. Over 70% of moms accepting referral get an evidence-based service contact.

We are starting to see a reliable rate of mom’s with improved symptoms!

% of moms being screened

% women who accessed EB services w/ 25% improvement in symptoms w/in 3 months of service contact

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EDC Learning transforms lives.
Examples of What is Working

• Depression Screener identified
• Protocol/process for screening in place
• Motivational Interviewing to discuss results and referral w/ families
• Rescreening for moms not attaining referral
• In house stress reduction for moms (Mothers and Babies)

For more information on what works for Developmental Promotion, early detection and linkage, maternal depression, breastfeeding and family engagement visit our website at:

http://hv-coiin.edc.org
“CQI gave us the opportunity to serve our clients more efficiently” - Home visitor
What is Next

- Publications
- Playbooks
- Spread Strategy
Visit the HV CoIIN website and find one new idea!

http://hv-coiin.edc.org
Available HV CoIIN Resources

Current “playbooks,” articles and information located:

http://hv-coiin.edc.org

National Dissemination of findings in the Winter of 2016

For more information contact: Mary Mackrain at mmackrain@edc.org