

Healthy Start Interconception Care Learning Community

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Goals and Structure of the Interconception Care Learning Community (ICC LC)



Healthy Start Interconception Care Learning Community (ICC LC)



Project Goals

- **The Healthy Start Interconception Care Learning Community (ICC LC) was developed by MCHB to engage all Healthy Start grantees in learning.**
- **ICC LC project goals are to:**
 - Advance the quality and efficacy of Healthy Start interconception care (ICC) components
 - Address identified gaps in the provision of ICC in Healthy Start
 - Develop a toolkit to guide maternal and child health programs with their ICC activities



Healthy Start Interconception Care Learning Community (ICC LC)



Project Leaders of ICC LC

- **Learning community members**
 - All Healthy Start grantees teams (104 teams)
 - Expert Work Group (20 members)
 - Abt Associates and Johnson Group Consulting
 - MCHB-HRSA Healthy Start staff
- **Healthy Start Grantee Teams**
 - Core is Healthy Start ICC staff leadership
 - Includes other Healthy Start staff, community consortia, and consumers
 - Adds partners from primary care, mental health, public health, WIC, family planning, etc.



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ICC LC Learning Collaboratives

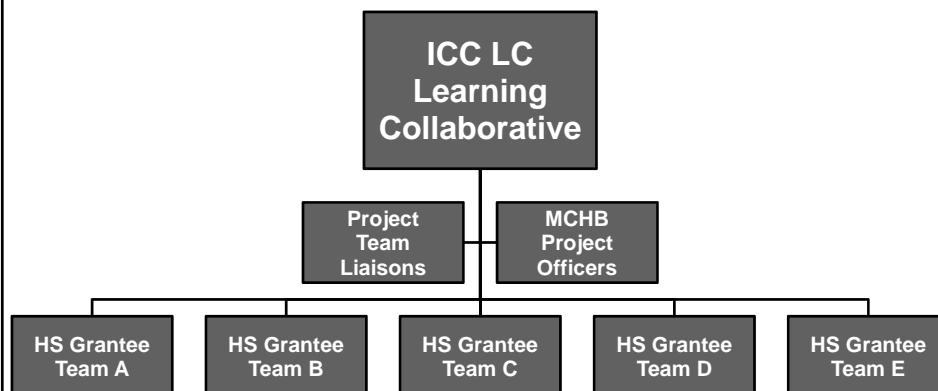
- **104 teams organized into 16 learning collaboratives**
 - 5-8 teams per learning collaborative
- **Each learning collaborative focused on one content topic area and one change concept**
 - Teams grouped into learning collaboratives to maximize sharing and learning
- **Learning Collaboratives met bimonthly to discuss the process and share information**
 - 5 telephone meetings: Introduction, Plan, Do, Study, & Act
- **Meetings supported by project team & MCHB**



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Learning Community and Learning Collaborative Structure for ICC LC



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ICC LC Process: Team work

❖ Healthy Start teams conducted QI work

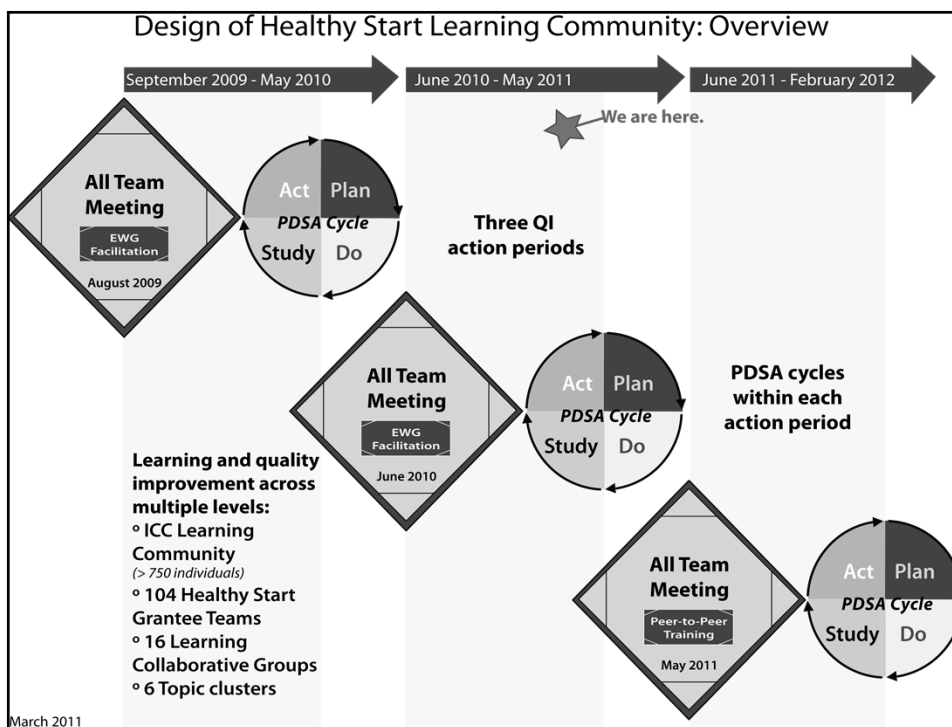
- Each team defined an change project for each cycle with specific AIM, CHANGE STATEMENT, and MEASURES.
- Home team of 10-15 members and traveling team of 5 members.
- More than 750 individuals participated in team work.

❖ Each Healthy Start team selected a topic area and a change concept for each cycle

- Fit with Healthy Start grantee capacity and readiness
- Doable and measurable in a 9-month time period



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The screenshot shows a web browser window displaying the Interception Care Learning Community website. The page is titled "FP2 Learning Collaborative" and features a "FP2 Group Discussion" section. A table lists a post titled "DRAFT meeting minutes from 10-27-09" with 0 replies, 0 messages, and 5 views. The website includes a navigation menu on the left, a search bar, and a "Links" section on the right.

**Evidence into Improved
Community Action
through the
Interception Care
Learning Community**

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Why interconception care focus?

- Interconception care has been one of the nine core components of Healthy Start since 2001.
- All Healthy Start (HS) grantees are required to have an interconception care (ICC) component
- There are evidence-based practices that could be implemented
- Evidence-based content of ICC had not been well defined or operationalized for women
 - Work with infants and toddlers better defined (more clinical guidelines, protocols, screening tools, etc.)



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Defining Content: Review of Evidence

- **ICC LC Project literature review** (Abt Associates and Johnson Group Consulting, March 2009)
- **Content of Preconception Care** (AJOG Dec. 2008)
- **Assessment of first 35 Healthy Start Interconception Care efforts** (Johnson Group Consulting, 2007)
- **Evaluation of Healthy Start** (Abt Associates 2006; Brand, Walker et al., MCHJ, 2010)



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ICC LC Core Content Topics

- **Case Management**
- **Family Planning / Reproductive Health**
- **Healthy Weight**
- **Interconception Screening / Assessment**
- **Maternal Depression**
- **Primary Care Linkages**



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Using the “Model for Improvement” to Implement ICC LC Change Projects

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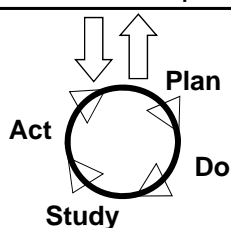
The Model for Improvement

The Improvement Guide, 1996 Jossey-Bass

What are we
trying to
accomplish?

How will we know that a
change is Improvement?

What changes can we make
that will result in Improvement?



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Characteristics of IHI Breakthrough Learning Collaboratives Applied to ICC LC

- **Bring together teams with similar aims**
 - 102 Healthy Start projects organized into 15 Learning Collaboratives
 - Each learning collaborative focuses on one content area and one change concept with relevant common measures
- **Short-term initiative** (Model recommends 6-15 months)
 - ICC LC uses 9-month time periods
- **Learning Sessions**
 - Face-to-face meetings
 - Learning from peers and from experts (all teach, all learn)
 - Reporting on experience from the action periods
- **Action Periods**
 - Participants implement the PDSA model in between learning sessions

The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003. (www.IHI.org)



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What's new about ICC LC?

- Implementing a quality improvement (QI) “learning collaborative” model in all Healthy Start projects
- Applying QI model to improve non-clinical, community-based services
- Translating ICC research to practice



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Framework for ICC LC Change

	Strengthening Linkages and Partnerships	Advance use of objective tools and data collection methods	Improve Healthy Start staff skills and protocols
Case Management			
ICC Screening Assessment			
Family Planning/ Reproductive Health			
Primary Care Linkages			
Maternal Depression			
Healthy Weight			

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ICC LC Team & Common Measures

- **Teams identify measures to fit their unique change project**
- **Each team will also use common measures specific to their learning collaborative**
- **In QI learning collaboratives, teams use common measures to monitor their progress**
 - Compare to peers
 - Work toward benchmarks



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Topic: **Case Management**

Change concept: **Strengthen Partnerships and Linkages**

- **AIM:** *Maximize and integrate community resources for care coordination and case management.*
 - Grantee Team A aimed through three cycles of ICC LC to increase partnerships and linkages to support case management.
 - They achieved success, including MOUs with the housing authority and a dozen other partners. The result is defined relationships that can support more effective referrals and service linkages for ICC participants in their local community.
- **CHANGE:** To develop relationships with one or more programs such as home visiting, Early Head Start, schools, and other programs providing care coordination and case management to at-risk families with infants and toddlers.
- **MEASURE:** Increase in -
 - number of signed MOUs with other programs and partners by developing formal and/or informal relationships based on common expectations; and
 - an increase in ICC participants' attendance at consortium meetings.



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Topic: Screening / Assessment

Change concept: **Advance use of evidence-based tools**

- **AIM:** *Assure that Healthy Start ICC participants receive/ benefit from evidence-based interconception care assessment.*
 - Grantee F aimed to enhance screening in their interconception care component.
 - During Cycle I, identified an appropriate evidence-based tool and used the PDSA process to test.
 - In Cycle II, used PDSA process to test the use of the Spanish version of the tool and the English version with males.
 - In Cycle III, used PDSA process to incorporate the tool into protocols for interconception care.
- **CHANGE:** **Adopt and consistently use tools to measure self-esteem or self-efficacy among ICC women participants.**
- **MEASURE:**
 - Small tests of change for tool with different populations;
 - Staff training and competency; and
 - Test for integration of tool into care coordination process.



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Conclusions and Results for the Interconception Care Learning Community

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Results from the ICC LC first action cycle

- Readiness assessment showed high proportions of individual willingness and organizational readiness.
- Each team identified a change project in one of six topic areas and progressed using PDSA cycle.
- Improvements demonstrated by majority of teams.
- Peer-to-peer learning accelerated over 9 months.
- With adaptations, the Model for Improvement can be implemented on a large scale with case management-oriented public health organizations



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Results from Cycle One by Topic

❖ 102 ICC LC Healthy Start teams in Cycle One made progress as follows:

- 9 instituted new or revised care plans, with case management protocols for referrals and follow up
- 20 revised protocols for assuring access to family planning
- 10 implemented a reproductive life planning approach
- 5 introduced protocols for evidence-based education & health promotion about healthy weight and postpartum weight loss
- 7 improved BMI measurement and recording
- 12 implemented evidence-based maternal depression screening, and 6 devised new referral and follow up protocols
- 14 revised interconception care screening/assessment tools



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Overall Results

- ❖ **Many accomplishments were reported by 104 ICC LC Healthy Start teams. Most common were increases in:**
 - **Grantee capacity to use QI**
 - **Staff knowledge** of topics such as family planning, healthy weight, and maternal depression.
 - Use of evidence-based, informed **tools** (e.g., ICC screening, BMI, depression, reproductive life plans).
 - The number of program **participants counseled** on family planning, healthy weight, interconception risks, etc.
 - **Completed referrals and follow-up** by participants through more rigorous and specific staff protocols (e.g., postpartum visits, family planning usage)
 - Strength of **linkages and partnerships**, visibility in community



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Project Team Recommendations

- ❖ **Related to quality improvement (QI)**
 - **Continue focus on quality improvement**
 - **Provide robust TA using varied methods**
 - **Emphasize measurement and provide TA**
 - **Encourage peer learning and sharing**
 - **Increase dissemination opportunities**
 - **Involve program participants in QI**
- ❖ **Related to interconception care**
 - **Standardize interconception care components**
 - **Encourage grantee self-assessment**
 - **Strengthen ties to community resources (e.g. FQHC)**



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