

Design Care Delivery Transformation

Updated June 2024

Housekeeping

- // Please mute yourself when not speaking
- // Use the “raise hand” feature or send questions and comments any time via the chat
- // Take breaks if you need to
- // Pair your computer and phone, if connected separately:
 - Right click your image
 - Select “merge audio”
 - Select your phone number

Accountable Spaces Framework

- // Do not interrupt others.
- // Listen actively, instead of waiting to speak.
- // Be mindful of your total talk time and resist the urge to add “sprinkles” to a perfectly good conversation sundae.
- // Give everyone a chance to speak, without unnecessary pressure.
- // Words and tone matter. Be mindful of the impact of your words, not just your intent.
- // We are all learning, and we will make mistakes from time to time. If you said something offensive or problematic, apologize for your actions or words -- not for someone feeling insulted by them.

Accountable Spaces Framework

- // Recognize and embrace friction. Constructive conflict can often lead to substantive change.
- // Give credit where credit is due. If you are echoing someone's previously stated idea, give them appropriate acknowledgment. If you notice others aren't receiving the credit they are due, speak up and highlight their work.
- // Speak for yourself using "I" statements. Do not take ownership of others' lived experiences.
- // Create meaningful opportunities for those belonging to communities that have historically been most impacted to share their experiences.
- // Address racial inequities head on and call out racism when it happens.

Learning Objectives

By the end of this session, you should be able to:

1. Identify potential care delivery transformations through application of the root cause analysis and prioritization matrix.
2. Explore how levels, strategies, and modes can be used to design a care delivery transformation.
3. Apply a RCA and the levels/strategies/modes framework to a case study, and design relevant care delivery transformations.
4. Identify practical issues that can hinder implementation of a care delivery transformation.

Learning Objective 1:

Identify potential care delivery transformations through application of the root cause analysis and prioritization matrix



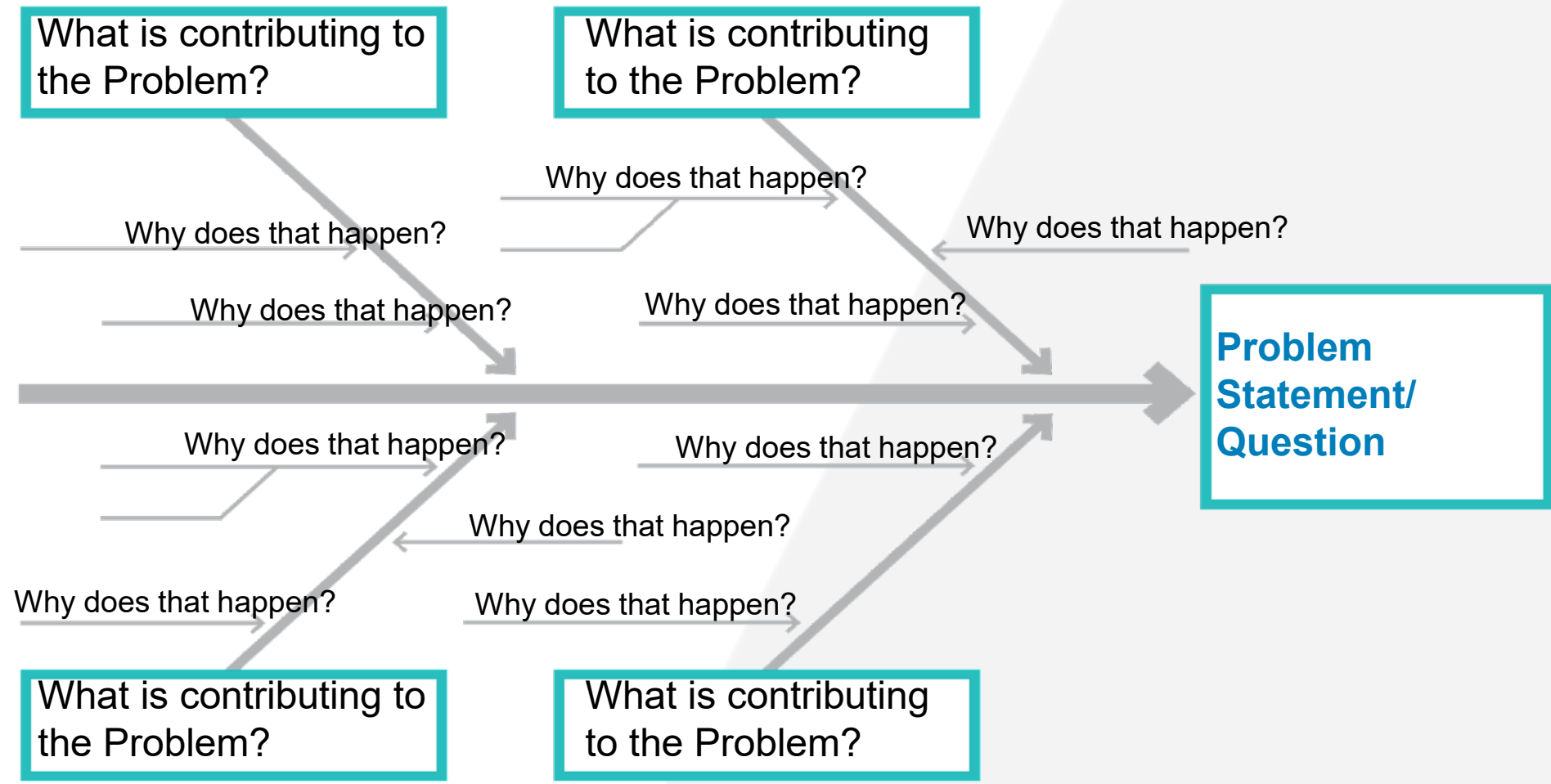
What is a root cause analysis with an equity lens?

A method that helps determine the most basic, underlying, fundamental, or deepest reason for a condition, behavior, or outcome. An RCA with an equity lens:

- // illuminates why a particular health or healthcare inequity exists among the member populations you serve.
- // relies on asking questions that reflect the role of structural racism in creating and maintaining inequities.
- // drives the design of the care delivery transformation.



Root Cause Analysis





Priority Matrix

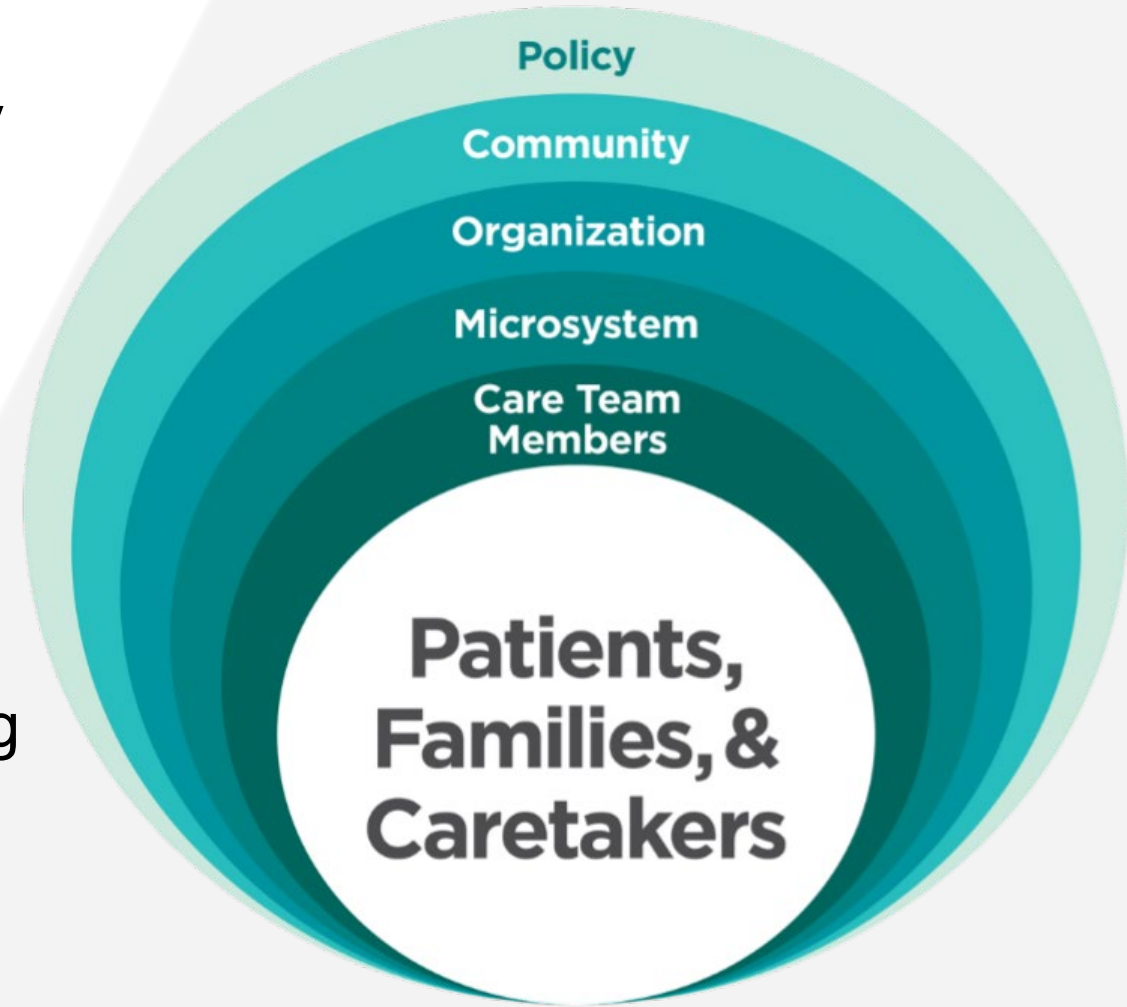
Which of our root causes are...	very important.	less Important.
very feasible to address.		
less feasible to address.		

Learning Objective 2:

Explore how levels, strategies, and modes can be used to design a care delivery transformation

Levels

- Levels are the people or entities immediately and directly affected by the care delivery transformation.
- Care delivery transformations may impact multiple levels.
- It is likely that your intervention design will take some unexpected twists and turns along the way. A detailed plan can articulate the ideal path the intervention will follow.



Strategies

- // Strategies are tactics your team will use for designing your care delivery transformation.
 - Care delivery transformations may use multiple strategies
 - Strategies can be designed for different stakeholders and can operate at different levels
 - One strategy can aim to do many things



Strategies can aim to do many things...

// Engage the community

- Church- or school-based care delivery
- Coalition building and community advocacy

// Deliver education and training

- Cultural competency and training
- Disease self-management training

// Restructure the care team

- Reassigning duties and tasks among patient-facing staff
- Employing new staff such as patient navigators, community health workers, peer recovery specialists, or social workers

// Provide financial incentives

- Bonuses or salary increases for meeting performance benchmarks or improving outcomes

// Provide reminders and feedback

- Follow up phone calls
- Take home health maintenance plan

// Enhance language and literacy services

- Increase interpreter access
- Collect data on patients' preferred language

// Increase access to testing and screening

- Free screening opportunities
- Screening and treating in the same visit
- Self-administered and take-home testing

// Provide psychological support

- Using motivational interviewing techniques
- Employing harm and risk reduction strategies

For more information, see: [Recommendations for Designing Equity-Focused Care Delivery Transformations](#)

Strategies for Healthcare Organizations and Community-Based Organizations

- Healthcare orgs and CBOs are most often working directly with patients and members to deliver services
- Strategies these stakeholders can use to transform care delivery may include:

Strategy	Level
Delivering different services, or the same services differently	Patients, families, and caretakers
Changing who is part of the care team, or what responsibilities certain care team members have	Care team members
Changing practice-wide or system-wide policy to help incentivize, encourage, or require behavior change	Microsystem Organization



Strategies for Managed Care Organizations (MCOs)

MCOs are most often contracting with (1) healthcare providers and (2) state Medicaid agencies; may also work directly with members for activities such as care management

// Strategies for MCOs to support care delivery transformation include:

- Contract requirements & VBP models with providers
 - VBP programs, quality improvement strategies, care management partnerships
- Partnership and payment for CBO activities
- Contract requirements and VBP model requirements from the state
 - VBP strategies, quality strategies, care management requirements

// Leveraging flexibilities, like value-added services, to expand reimbursement



Strategies for State Medicaid Agencies

State Medicaid agencies are most often contracting with MCOs; they are often setting broad goals and parameters for MCOs and provider organizations

// Strategies for State Medicaid agencies to support care delivery transformation include:

- Contract requirements and VBP model requirements for MCOs
 - VBP program parameters, quality strategies, withholds, auto-assignment
- Rate-setting and covered services
 - Increasing Medicaid rates, covering new services

// Provider-facing VBP programs



Modes of Delivery

Modes are how the care delivery transformation will be implemented.

// Examples of modes:

- Delivering new training at an in-person staff retreat
- Delivering ongoing training through a webinar
- Sharing health information through a flyer or printed tool
- Checking-in with patients using telehealth

Putting It Together

Chart A: Level, Strategy, Mode (Community)

Level	Strategy	Mode
Community	Providing psychological support	In-person meetings
Community	Deliver education and training	Print materials

Chart B: Level, Strategy, Mode (Care Team Members)

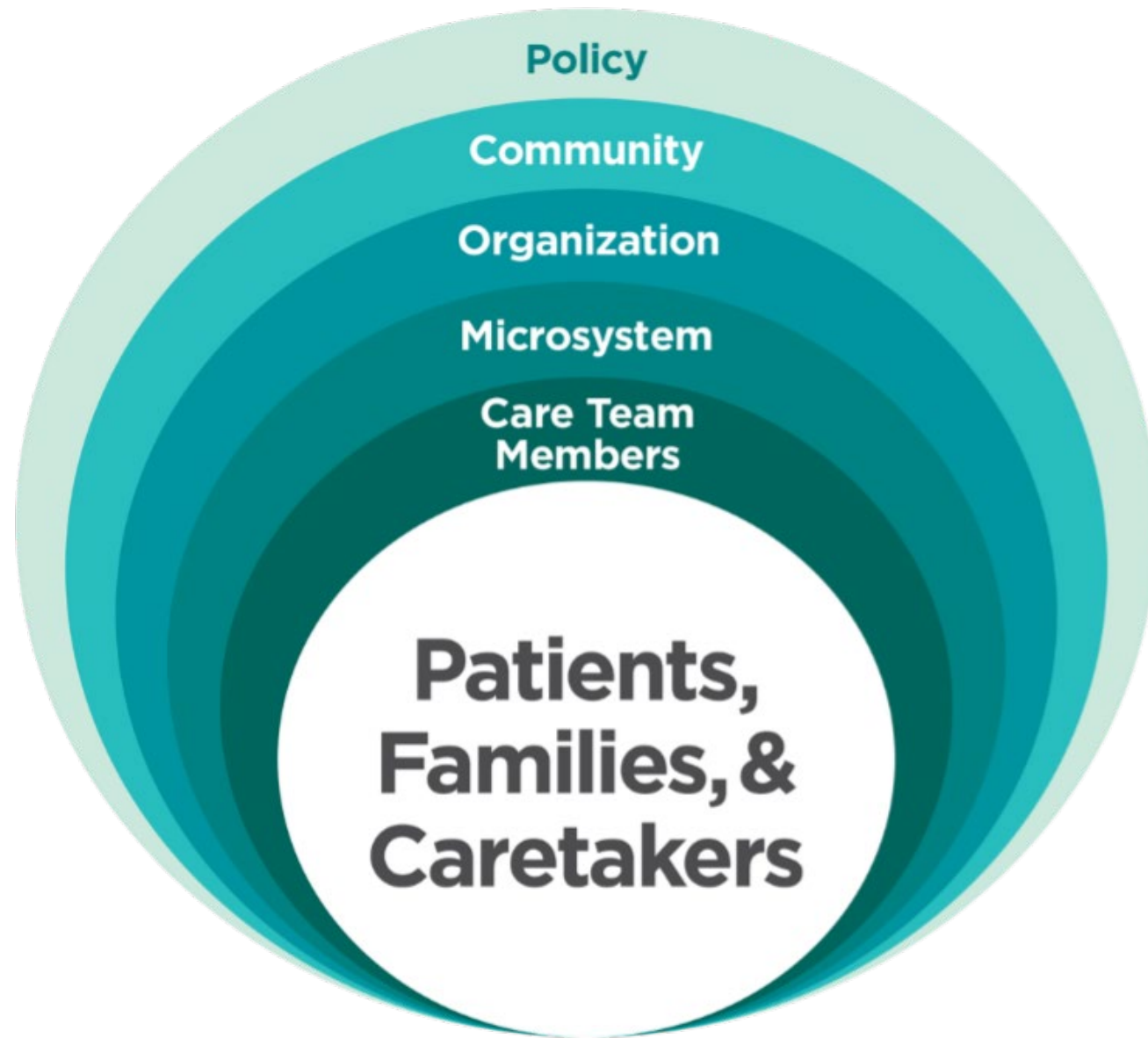
Level	Strategy	Mode
Care Team Members	Giving reminders and feedback	In-person meetings
Care Team Members	Pay for performance incentives	Information technology (e.g. EHR)

Key Takeaways

- // Care delivery transformation consists of levels (who is being impacted); strategies (what tactics are being used); and modes (how strategies are implemented)
- // To address the multiple causes of inequities, care delivery transformation should be multifaceted, addressing multiple levels, using multiple strategies and modes
- // The root cause analysis should inform decisions around what levels, strategies, and modes make sense to address a given health inequity

Learning Objective 3:

Apply an RCA and the levels/strategies/modes framework to a case study, and design relevant care delivery transformations



One root cause can potentially be addressed at multiple levels of the health system.



Breathe Easy Activity - Presenter Notes

While preparing your presentation:

- Choose 1 or 2 or 3 Breathe Easy scenarios to use in the engagement activity below. You may also reference AHE's Gold Standard slides.

Engagement Activity:

Break participants into small groups (ideally 3-4 ppl) and ask them to pretend they are devising a healthcare intervention for the main character in the scenario. Before they begin, start with a discussion on the role narrative can play in generating interventions and solutions (see scenario instructions).

- What role do you think narrative can play in creating innovative approaches to healthcare at the community, system, or policy levels?
- What would a priority matrix for this character/scenario look like?
- To what extent would you take into account racial, societal, and familial pressures? What problems might arise from your decision?
- How would you design an intervention(s) for this scenario? Think through the levels, strategies, and modes of each intervention?
- How could this intervention be beneficial to the larger community? Which specific communities could be positively impacted?

This activity should take 20-30 minutes. Save 5-10 min for full group discussion and feedback. Save 10 minutes to present the final slides in this deck and do Q&A.

Learning Objective 4:

Identify practical issues that can hinder implementation of a care delivery transformation



Barriers Happen: Common Issues in Implementing Interventions (1/2)

/ An intervention may not improve quality or decrease disparities

- Potential response:
 - Revisit the RCA. Bring in outside team members who might have a fresh perspective

/ Policy & incentives at your organization or partners organizations may not reflect the desires and concerns of the community

- Potential response:
 - Create opportunities to garner and listen to feedback from a wider range of community members

/ Capacity, resources, time, and competing priorities may all create barriers

- Potential response:
 - Tie the intervention to existing priority activities and consider new ways to gain buy-in and commitment of time and resources from leadership



Barriers Happen: Common Issues in Implementing Interventions (2/2)

/ (In)visible Roadblocks in Organizational Culture

- Potential response:
 - Re-evaluate your organizational culture using an equity lens either with an internal DEI team or an external partner. Are there imbalances and inconsistencies among power sharing, team dynamics, or reward structures that could be impacting the effort your team puts toward implementing the intervention?

/ Team members and/or community members aren't on board

- Potential response:
 - The knowledge and beliefs your team and the community it serves have about the intervention will directly impact its success. Take the temperature regarding attitudes toward your intervention early and often so you can address misgivings, clear up misconceptions, and ensure transparency.

Discussion and Wrap Up



Discussion

- // In small groups of 3 or 4, discuss an intervention, large or small, your team did in the recent past. What worked? What didn't?
- // Looking back, how would you apply any one of the topics we discussed today to that intervention? How might it have impacted your intervention?

Thank you!