Assessing the Process of Designing a Care Delivery Transformation

Advancing Health Equity
Leading care, payment, and systems transformation

Aligning the Care Transformation with Root Causes

Is the team regularly reviewing and emphasizing the prioritized root causes as they design the care delivery intervention?

- If not, discuss as a team the reasons for this difficulty and identify potential solutions. Potential challenges include, but are not limited to:
  - A lack of trust in the results of the root cause analysis
  - Believing the wrong root causes were prioritized
  - Lack of buy-in from key stakeholders (e.g., to utilize one or more care models that do not address the prioritized root causes)
  - Time constraints imposed by contracted deliverables or pressure from organization leadership
  - Conflicting organization-level priorities

Does the care model "connect the dots" from the prioritized root causes to the necessary behavioral or process changes that are needed to reduce and eliminate the identified inequities?

- What is the logic model for the care transformation?
  - Can you present a rational case for how and why the care will change, how those changes will address the root cause(s), and how the measured disparity will decrease as a result?
    - Describe each step of the process of change and how your model supports each step.
- Consider potential process and work flow changes at all levels and functions of the healthcare system that might address the root causes identified by your team (e.g., policy, organization, care team, individual providers and care team members, patients/members, community-based organizations, etc.).

Has the team drifted toward familiar or comfortable care models rather than those that most directly address the prioritized root causes?

- If so, discuss as a team the reasons for this difficulty and identify potential solutions. Potential challenges include, but are not limited to:
  - Feeling unsure about the ability to design something new "from scratch"
  - Time constraints imposed upon the design process (e.g., pressure from leadership to show progress at a faster rate)
  - Following the path of least resistance or succumbing to inertia (doing what we always do).
  - Failure to partner with patients living with inequities in the design process

Has the team successfully implemented a care transformation model?

- If so, consider creating new or revised immediate, mid-, and long-term goals based on experiences to date.
  - Can the care model be revised to address additional root causes?
  - Can the team plan out a longer-term time horizon to begin tackling highly important, but less feasible, root causes?

Improving Participation in Designing the Care Transformation

Instructions:
Review and discuss the following prompts and use the team's responses to identify next steps.

First, consider if any of the following key stakeholders were left out of the care transformation design process or had less influence than others. Second, describe the level and manner of participation for each group. Then, identify ways that stakeholder groups with comparatively lower involvement could provide their feedback and expertise to review and provide feedback on the care transformation model.

Finally, as the team updates and revises the healthcare transformation, partner with stakeholders who were left out of the initial design process and increase the involvement of stakeholders who had less influence compared to others in earlier stages of the work.

Patients and Community Based Organizations

- Patients living with the health equity focus
- Representatives from community-based organizations serving patients living with the health equity focus

Healthcare Provider Organizations

- Care team members serving patients living with the health equity focus, including, but not limited to: behavioral health specialists, care/case managers, community health workers, medical assistants, nurses/population health nurses, patient service representatives, call center staff pharmacists, and social workers
- Quality improvement specialists
- Administrative staff including finance, coding, and billing team members

Health Plans / Medicaid Managed Care Organizations

- Contracting
- Data analytics
- Finance
- Health Equity and/or Social Drivers of Health
- Population Health
- Provider/Hospital Network Management
- Senior Leadership (e.g., medical director)
- Underwriting/actuarial/compliance

State/District Medicaid Agency

- 1115 waiver/SPA/other waiver teams
- Data Analytics
- Health Equity and/or Social Drivers of Health
- Managed Care Contracting and Oversight
- Population Health
- Quality Improvement
- Senior Leaders (e.g., medical director)
- Team focused on applicable health conditions or issues
- Value-based payment division

Answer the following questions from the perspectives of each key stakeholder/organization/team member. Take a moment to ascertain if all key stakeholders aligned on the answers.

- What are the goals/objectives of the care transformation?

- How has success been defined?
    - How will you know if the care transformation is working?
- Who will be given credit if the care transformation succeeds?
- Whose job performance will be formally evaluated on whether or not the care transformation succeeds? Whose performance will be informally evaluated?
- Who holds the most influence or power over the final design and implementation of the care transformation?
    - If the individuals who hold the most power for design are different from those for implementation, how will each of them assess whether or not the care transformation is working?
        - What variables or factors will they utilize to evaluate the care transformation?
            - Has the team accounted for the variables/factors?