BRIDGING THE DISSEMINATION GAP: BUILDING A STAKEHOLDER-INFORMED LEARNING STRATEGY
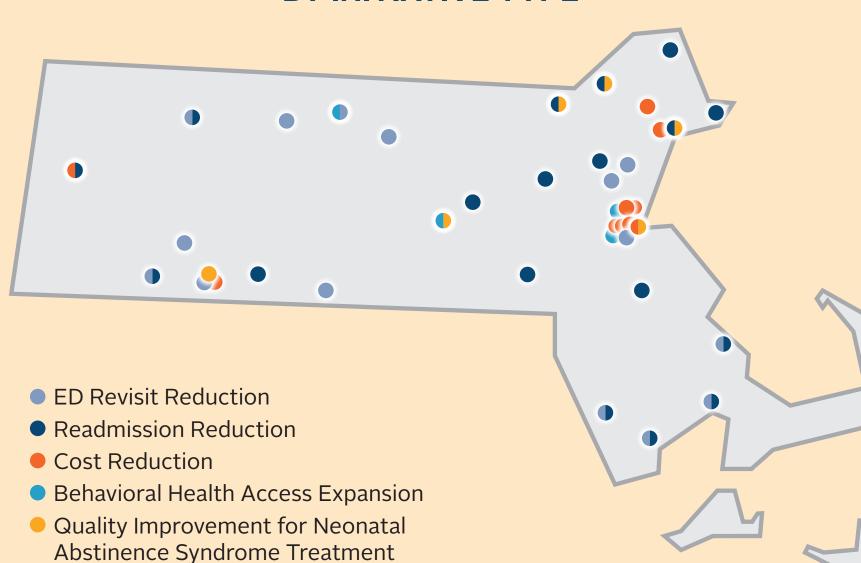
LAUREN H. MELBY, MBA, MPP, LOUISE L. SÉCORDEL, MBA, KATHERINE SHEA BARRETT, MPH, KATHLEEN A. CONNOLLY, MSW, LICSW

MASSACHUSETTS HEALTH POLICY COMMISSION

INTRODUCTION

The Massachusetts Health Policy Commission (HPC) is an independent state agency that develops policy to reduce health care cost growth and improve the quality of patient care. With the goal of a transparent, accountable, and innovative healthcare system, the HPC promotes care delivery transformation through provider certification and grant programs. The HPC certifies patient centered medical homes (PCMHs) and accountable care organizations (ACOs) that meet established criteria, and supports care delivery initiatives through the Community Hospital Acceleration, Revitalization, and Transformation (CHART) Investment Program, the Health Care Innovation Investment (HCII) Program, and a forthcoming grant program that will focus on increasing access to behavioral health services and addressing the social determinants of health. The over $80 million invested across 45 initiatives and counting is generating a large and growing body of lessons learned; the insights emerging from the HPC's work with providers in these programs are actionable, but uptake depends on thoughtful, organized diffusion. Consequently, the HPC led a qualitative research and stakeholder engagement process to develop a proactive learning and dissemination strategy. This approach to spreading care delivery innovation may be of value to healthcare leaders and grant makers who wish to maximize the impact of their initiatives.

We conducted a limited literature review to identify known dissemination best practices in healthcare. Four key tactics emerged:

- Approach dissemination as a communication process, with both push and pull strategies.
- Target learning materials and opportunities by understanding audience groups, needs, and competing demands.
- Repeat consistent messages through multiple channels that foster dialogue.
- Distribute messages through networks of people and organizations to make connections and maximize impact.

Results informed our stakeholder engagement process, whereby we sought to better understand the interests and needs of our audience regarding our care delivery transformation programs.

HPC CHART AND HCII INVESTMENT PROGRAMS BY INITIATIVE TYPE

- ED Revisit Reduction
- Readmission Reduction
- Cost Reduction
- Behavioral Health Access Expansion
- Quality Improvement for Neonatal Abstinence Syndrome Treatment

OBJECTIVES

HPC LEARNING AND DISSEMINATION GOALS

1. To curate and share practical approaches, effective models, sustainable practices, and lessons learned with providers, payers, state government agencies, and policymakers.

2. To become a trusted source for market participants and other stakeholders to find practical information to achieve the triple aim.

Convene & Partner → Learn → Share → Engage → BETTER CARE / BETTER HEALTH / LOWER COST

Influence actions on a topic or problem; engage to achieve mutual goals.

Health System Transformation

METHODS

In April 2017, we distributed a survey to 447 recipients across Massachusetts—the majority representing providers and provider organizations—to understand which components of our programs most interest stakeholders and how they wish to learn. The survey was comprised of a combination of multiple choice, Likert scale, and open-ended questions regarding care delivery transformation subjects and preferred resource modes. We conducted eight expert interviews to gather further information about best practices in dissemination.

FINDINGS

Survey respondents represented medical providers **(57%)**, academia and research **(12%)**, behavioral health providers **(11%)**, government, policy, and advocacy **(11%)**, health plans **(8%)**, and health IT **(2%)**, with the majority holding management or leadership positions **(69%)**. We received 65 complete responses. We interviewed eight subject matter experts, including representatives from grant-making foundations, healthcare consultant firms, and provider organizations.

57% represent medical providers • **11%** represent behavioral health providers • **69%** hold management or leadership positions • **14%** hold patient-facing roles

1 WHAT DO OUR STAKEHOLDERS WISH TO LEARN?

Stakeholders are interested in a broad range of care delivery transformation topics; notably, care delivery programs that address behavioral health (BH) and social determinants of health (SDH). Interest in these main themes spans across settings and organizational levels, from local facility operations to system-level strategic planning.

- Stakeholder interests are broad and fluid, but BH and SDH are priorities across all survey respondents:
  - Programs to address BH **(89%)**
  - Programs to address SDH **(86%)**
  - Coordinating care across the continuum **(86%)**
  - Care management for patients with BH conditions **(84%)**
  - Integration of BH providers within primary care practices **(84%)**
  - Evidence-based decision support for BH conditions **(84%)**

- Respondents indicated that they want to learn more about how to structure reimbursement and community partnerships to better address BH and SDH:

"The problem isn't that the populations we serve are low socio-economic in range; the problem is that the interventions require investments that are not possible at current reimbursement rates from payer sources."
– **Community Health Center Executive**

"How meaningful [is] the relationship with community partners, and how [does one] measure the effectiveness of these relationships? Is there accountability to the health of the population by cross-continuum providers?"
– **Hospital Clinician**

PROCESS

Literature review | Survey | Stakeholder engagement

| 2017 | February | March | April | May | June | July |

RESULTS: Practical and actionable

Shared learning opportunities • Tools and resources • One pagers • Infographics • Publications

2 HOW DO OUR STAKEHOLDERS WANT TO LEARN?

Stakeholders prefer to receive information through multiple modes, ranging from peer-to-peer learning to applied tools.

- Peer-to-peer conversations **(84%)** and practical tools and technical resources **(77%)** are considered to be very useful in planning and implementing care delivery redesign projects across all survey respondents.

- Useful channels to receive this information include workshops, websites, and peer-to-peer learning collaboratives.

"We learn from those who already implemented a process or program [in terms of] how they did it and what the results were. Conferences are useful if they are [attended] by the people who actually do the work."
– **Community Health Center Executive**

Stakeholders agree that the most useful resources are those that are practical and succinct.

- Providers and provider organizations in particular find the most value in information that is:
  - Actionable, practical, and timely
  - Adaptable to community need and local context
  - Reinforced by evidence

- Key resource attributes across all survey responses include:
  - Concise summaries of lessons learned and recommendations
  - Concrete templates and processes that can be adapted to a program
  - Background context on the organizational structure, service model, and patient target population(s) of the implementing organization

"[The] key is to link the right amount of time to the topic and provide really useful information and not a lot of fluff."
– **ACO Executive**

"It helps to hear what did not work and why, which is often not in a publication. [For what did work,] the rationale behind why the tools worked is helpful: what was their hypothesis and how did the tools work relative to their initial hypothesis?"
– **Hospital Executive**

3 WHAT BEST PRACTICES SHOULD THE HPC ADOPT FOR ITS LEARNING AND DISSEMINATION STRATEGY?

The HPC should implement a strategy that:

- Is responsive to the ever-evolving needs of the field
- Employs a layered approach to information sharing
- Focuses efforts on practicable, actionable learning opportunities and resources

Subject matter experts in health policy and grant making noted:

"We learned that we have to be more flexible and nimble in what we disseminate because we can't know ahead of time what [learnings] will be generated."

"What are the 3–4 key recommendations? Simple, clear, compelling. Paint the big picture: don't lose the story frame in all the technical. People learn from the story."

"We've learned from our stakeholders that there's value in a 'layered approach.' Give them the blog, the fact sheet, the at-a-glance program matrix, and then something that dives deeper. Start with initial information that [you] can get out quickly, and then [introduce] more expansive analysis down the road."

LIMITATIONS

Convenience sampling was used for survey distribution in an effort to reach a range of healthcare sectors; as such, our survey results are not a statistically accurate representation of all Massachusetts stakeholders interested in or implementing health care delivery transformation. Survey items were also internally developed and customized for the purpose of this project. The eight expert stakeholder interviews were not recorded nor transcribed; instead, summary notes were typed during the interviews. This project was not intended to be a rigorous study, but rather an intentional process for collecting stakeholder feedback to guide and inform a dissemination strategy.

IMPLICATIONS

- **APPETITE FOR LEARNING IS BROAD.** Those implementing complex care or population health management initiatives are eager to learn from other similar initiatives: what works, what doesn't work, and why. Uptake of promising practices and lessons learned is dependent upon the content and format of what is shared.

- **ASK THE AUDIENCE.** The process of developing a stakeholder-informed learning and dissemination strategy provides necessary insight in to the needs of stakeholders relating to adopting, adapting, and scaling promising practices and enables funders to develop targeted, timely, and actionable learning materials and events.

- **INCORPORATE LAYERS.** Those administering or funding complex care or population health management initiatives should consider maximizing impact through a multi-layered approach to dissemination, focusing attention on items that are practical, applicable, and grounded in, at minimum, observational evidence.

- **PLAN FOR FLEXIBILITY.** Similarly, flexibility in what is shared when is important. Learning materials and opportunities should be timely, relevant, and responsive to the changing needs of stakeholders.

CONTACT

Health Policy Commission
HPC-Info@state.ma.us
www.mass.gov/HPC

Lauren Melby, *Program Manager*
Learning and Dissemination
Health Policy Commission
Lauren.Melby@state.ma.us

Louise Sécordel, *Program Associate*
Learning and Dissemination
Health Policy Commission
Louise.Secordel@state.ma.us