

Models for Changing Practice

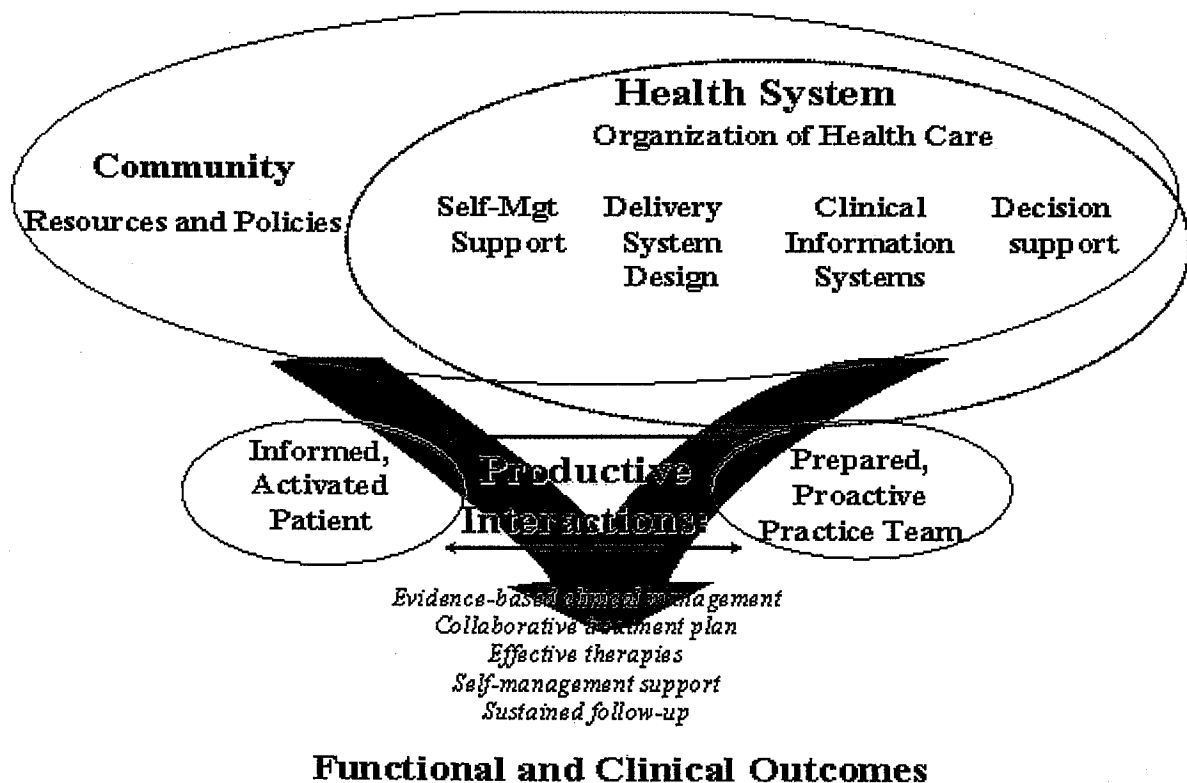
Planned Care Model

Knowing what you should do and actually being able to consistently do it has proven to be a challenge in today's busy practices. So part of every collaborative is a "change package", which is designed by the experts to help teams eliminate the gap. These ideas guide participants to focus on key areas that have been demonstrated to create positive change.

Improving chronic illness care requires a transformation of health care—from a system that is essentially reactive to one that is proactive and focused on keeping people as healthy as possible. This model identifies 6 major categories that must be addressed to achieve substantial change:

1. The health care organization
2. Community resources and policies
3. Self-management support
4. Decision support
5. Delivery system design
6. Clinical information systems

These components interact with each other as depicted in the schematic.



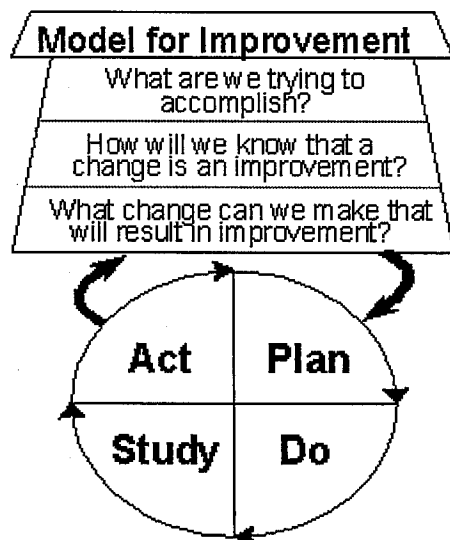
Acknowledgements:

Improving Chronic Illness Care, a national program of the Robert Wood Johnson Foundation, MacColl Institute, Seattle, WA

More about Care Model Change Concepts can be found at <http://www.improvingchroniccare.org/change/model/components.html>

Model for Improvement

While the Planned care Model describes what elements must be in place in a system of care for people with chronic illness, The Improvement Model defines how to test and implement changes in a fast and efficient way. The Improvement Model consists of three fundamental questions and a Plan-Do-Study-Act cycle to test and implement changes in real work settings. An aim is a written statement summarizing what a team hopes to achieve. It helps to focus on specific actions to implement the Care Model, to define which patients and providers will participate, and to include time-specific, measurable goals. Changes are then "tested". Teams then choose the changes that seem most promising and test them in their specific practice settings with their specific patient population. The PDSA cycle is a "trial and learning" method to test changes quickly to see how they work. The completion of each PDSA cycle leads directly into the start of the next cycle and uses the new knowledge to plan the next test. The team continues to link PDSA cycles, refining the change until it is ready for broader implementation (transformational change).

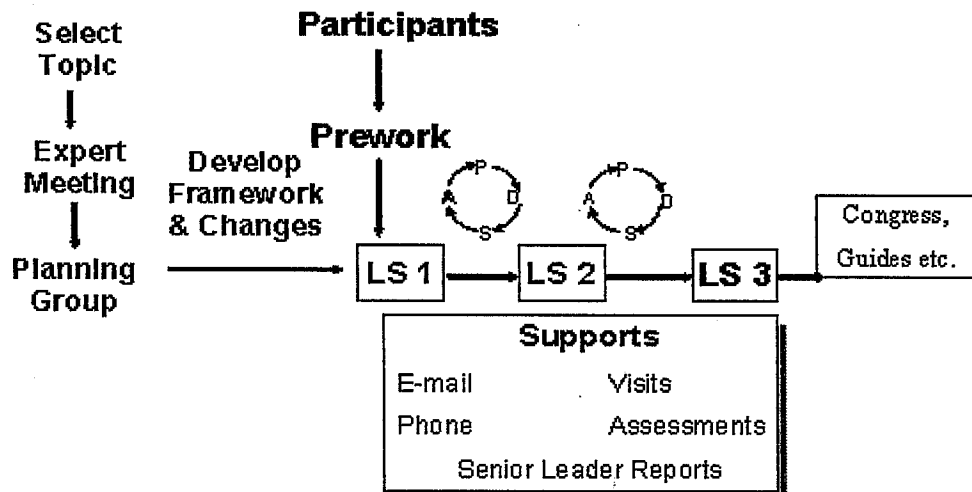


More about the applications of the Model for Improvement can be found at <http://www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove/>

Learning Model

The "ideas" come from a variety of sources that appeal to adult learners. The Learning Model adopted by the Institute for Healthcare Improvement (IHI) uses a process of pre-work, learning and action periods designed to effect organizational change.

(3-6 month time frame)



HDC bring health center teams together for 12 months of intensive learning from experts and each other. Representatives from each team attend three interactive two-day Learning sessions. The Action Periods take place between the Learning Sessions. During these periods, the teams try out changes and collect data to measure the impact of the changes. Monthly reports are submitted and reviewed by experienced cluster experts, who provide coaching. Support is provided by conference calls, site visits, and an email listserv.

Used together, these three models have a proven track record of leveraging healthcare improvements that have helped hundreds of thousands of patients across the nation.