

Engaging Communities

Five Regional QIOs



In 2012, the Centers for Medicare and Medicaid Services (CMS) awarded a Special Innovation Project (SIP) to Telligen (then the Colorado Foundation for Medical Care) to use data to build community capacity to improve health. SIPs are typically two-year health care quality improvement projects that align with CMS’s quality strategy goals and are expected to generate a significant impact if successfully scaled. ReThink Health and Telligen worked in the five regions listed below (through their respective state quality improvement organizations—QIOs) to explore innovative ways to improve health and health care and lower costs for Medicaid beneficiaries. The project’s goal was to help the communities and their QIOs learn how they could work together to address local health challenges such as residents with multiple chronic diseases, amputation and diabetes care, inefficiency, health care disparities, and high costs associated with low quality care.

ReThink Health worked with Telligen to design and offer a comprehensive community engagement and coaching program that would support QIO teams. The new program incorporated a set of strategies including:

- An eight-week, web-based learning program focused on developing leadership practices
- Weekly leadership coaching meetings with the QIO teams
- Site visits by ReThink Health coaches
- A two-day leadership workshop at the Quality Net Conference

The project, detailed by community below, resulted in the creation of nine coalitions involving hundreds of stakeholders. The vast majority of participants agreed that their ability to lead change at the local level had significantly improved over the two years of the project. Many developed and launched community-based projects for the first time, engaged new stakeholders in nontraditional ways, and reached new insights on how community engagement can contribute to healthcare quality improvement.

They also reported significant positive effects resulting from shifting to a community focus, changing the thinking and actions within their organizations and their communities, launching rapid-cycle improvement projects that involve the community in finding solutions, and using new metrics to track collaboration and engagement.

The project also had an impact on national policy. Citing this project and the ReThink Health pilot program that preceded it as examples of best practices, CMS directed the technical assistance network that serves all Medicare and Medicaid providers to include community engagement strategies in its overall approach to improvement and innovation.

RETHINKING THE REGIONAL SYSTEMS FOR HEALTH

The Delmarva Foundation for Medical Care (Baltimore, Maryland)

The Delmarva Foundation for Medical Care (DFMC) addressed chronic diseases among residents of the region who were eligible for both Medicare and Medicaid. With coaching from ReThink Health, DFMC worked directly with the community to launch the Healthy Eating Leading Partnerships with Seniors (HELPS) project. This partnership increased access to health education and wellness resources for seniors with multiple chronic diseases. DFMC and the community also created a coalition of stakeholders to coordinate an expansion of services and resources to improve chronic disease outcomes. The coalition established two “one-stop service centers” and facilitated the delivery of nutritious food from the Real Food Farms Mobile Market and Baltimore City Health Department Virtual Supermarket Program.

Texas Medical Foundation Health Quality Institute (Houston, Texas)

The Texas Medical Foundation (TMF) focused on high costs and inefficiency among its community’s long-term acute care hospitals. TMF’s meetings enabled the community to examine how it could collaboratively address: (1) hospital admissions and readmissions criteria among different providers; (2) coordination among providers; and (3) patient understanding about the benefits associated with alternative sources of care.

eQHealth Solutions (Monroe, Louisiana)

eQHealth examined the high costs associated with poor-quality care among patients with congestive heart failure and/or chronic obstructive pulmonary disease, as well as the high rate of hospital readmissions among patients eligible for both Medicare and Medicaid. eQHealth convened a series of community meetings with a range of stakeholders to jointly identify the causes of high readmission rates in the region. eQHealth also organized “Resources on the River,” an annual health-and-wellness fair, which was planned and implemented by a local steering committee.

Arkansas Foundation for Medical Care (State of Arkansas)

The Arkansas Foundation for Medical Care (AFMC) addressed ways to improve care transitions and reduce high hospital readmission rates among residents in the Arkansas

Delta region who are eligible for both Medicare and Medicaid. The AFMC project team organized a local coalition called “Delta Act,” which includes health care professionals, local coalitions, civic leaders, health professions schools, patients, representatives, and faith-based organizations. The growing coalition has approximately 35 members now working to improve regional care.

West Virginia Medical Institute (State of West Virginia)

The West Virginia Medical Institute (WVMI) examined ways to improve care transitions to reduce hospital readmission rates. ReThink Health worked with WVMI to develop a successful coalition-building effort in the region. In five communities, WVMI has launched and supported local coalitions consisting of quality improvement directors, case-management directors, chief nursing officers, nursing managers, medical directors, home health administrators, skilled nursing facility providers, community service providers, and hospice providers. The coalition has focused its work on patients with depression.

**“With ReThink Health, it’s about relationships.
It’s about the public narrative, the one-on-one.
In health care, it’s not hard to find out what needs to
be done—the challenge is getting people to do it,
understanding what motivates people, and engaging
on a values basis.”**

—Team participant measuring success, and more.

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