

## 4) Academic Innovations Collaborative (AIC) – FINALIST

Harvard Medical School Center for Primary Care on behalf of: Atrius Health; Beth Israel Deaconess Medical Center; Boston Children's Hospital; Brigham & Women's Hospital; Cambridge Health Alliance; Massachusetts General Hospital; Mount Auburn Hospital

Andrew Ellner, MD, MSc, Co-director; Harvard Medical School Center for Primary Care; [Andrew\\_Ellner@hms.harvard.edu](mailto:Andrew_Ellner@hms.harvard.edu)  
(please copy [T\\_Mirescu@hms.harvard.edu](mailto:T_Mirescu@hms.harvard.edu))

### PROJECT DESCRIPTION

The Collaborative was launched in 2012 to transform primary care practices through a focus on team-based care, management and prevention of chronic illnesses, management of patients with multiple illnesses, and patient engagement. The initial two-year effort engaged 19 teaching practices from seven Academic Medical Centers (AMCs) across the greater Boston area. The Collaborative design includes monthly webinars, in-person Learning Sessions three times annually, technical assistance with direct coaching tailored to practices' needs, and monthly update reports with individualized feedback. Recognizing engaged leadership as a critical component of successful practice transformation, the Collaborative's offerings also include a variety of opportunities for leader training and engagement: ranging from a Leadership Academy for frontline leaders to leadership presentations at each Learning Session.

Since its launch, the Collaborative has advanced innovation in education and care delivery at its participating practices, which collectively care for roughly 300,000 patients. Key accomplishments include:

- A high-functioning, highly-engaged inter-organizational learning community.
- Fundamental transformation at all participating practices to high-functioning, interdisciplinary clinical teams.
- A process of identifying and proactively addressing the unique needs of patients deemed high-risk or complex.
- Engaged and supportive leadership at all levels.
- Incorporating residents and students into the transformation process as both "agents of change" and care team members.
- A culture of quality, leveraging the Model for Improvement.
- Patient inclusion, partnership, and input on multiple levels.

Following on the success of the first two years of the Collaborative, its current iteration is a patient safety initiative (the Initiative) launched in 2014 in partnership with a regional provider of malpractice insurance. The impact and momentum of the early Collaborative attracted nine additional practices, bringing the total number of participants to 28. The Initiative is an ongoing two-year effort that focuses on patient safety while also continuing the emphasis on improving overall quality of care, and patient and clinician experience.

The aims of the Initiative are to:

- Continue practice transformation towards high-functioning, interdisciplinary teams.
- Prevent missed and delayed diagnoses of colorectal and breast cancer in adults, or to reduce the gap between identification of developmental delay to completion of a referral to Early Intervention for children ages 0–3 years.
- Reduce preventable harm for patients with multiple clinical, behavioral, or psychosocial morbidities.
- Train leaders capable of spreading and facilitating spread.

The Initiative is currently in its final year and is in the process of consolidating lessons and considering strategies to spread the learning from the past three years to other practices beyond the current cohort.

### OUTCOMES ACHIEVED

The Collaborative's leadership partnered with an independent evaluation team drawn from two local academic and research institutions to assess the overall impact of the collaborative through completion of the current Initiative in June 2016. Results to date reflect the following:

- 10% improvement in team dynamics
- 7% improvement in care coordination
- Positive association between improvements in team dynamics and job satisfaction for primary care providers (PCPs), trainees, and staff

Since the inception of the Collaborative, participating practices have completed seven administrations of the Patient-Centered Medical Home Assessment (PCMH-A), developed through the Safety Net Medical Home Initiative (SNMHI). The PCMH-A is based on the eight Change Concepts for Practice Transformation. The results show:

- Continued and sustained improvement in all eight Practice Transformation change concepts

Other patient and provider satisfaction and experience measures are trending positively as well, though final data and statistical analyses are not yet available.

## LESSONS LEARNED

The Collaborative has recognized several strategies that lead to culture changes supportive of continuous and sustained improvement in patient care:

- Actively involve and support leadership at all levels of the organization from the C-suite to the front line.
- Form multidisciplinary improvement teams within clinics that meet regularly to foster ongoing focus on improvement ideas and measurement, and to cultivate a culture of improvement within the broader clinical team.
- Deploy a multifaceted quality improvement strategy that includes dedicated team members, standardization, monitoring, and involvement of patients and the care team.
- Create a framework that encourages accountability and protected time for transformation work within each practice.