Goals and Structure of the Interconception Care Learning Community (ICC LC)
**Project Goals**

- **The Healthy Start Interconception Care Learning Community (ICC LC) was developed by MCHB to engage all Healthy Start grantees in learning.**

- **ICC LC project goals are to:**
  - Advance the quality and efficacy of Healthy Start interconception care (ICC) components
  - Address identified gaps in the provision of ICC in Healthy Start
  - Develop a toolkit to guide maternal and child health programs with their ICC activities

**Project Leaders of ICC LC**

- **Learning community members**
  - All Healthy Start grantees teams (104 teams)
  - Expert Work Group (20 members)
  - Abt Associates and Johnson Group Consulting
  - MCHB-HRSA Healthy Start staff

- **Healthy Start Grantee Teams**
  - Core is Healthy Start ICC staff leadership
  - Includes other Healthy Start staff, community consortia, and consumers
  - Adds partners from primary care, mental health, public health, WIC, family planning, etc.
ICC LC Learning Collaboratives

- 104 teams organized into 16 learning collaboratives
  - 5-8 teams per learning collaborative

- Each learning collaborative focused on one content topic area and one change concept
  - Teams grouped into learning collaboratives to maximize sharing and learning

- Learning Collaboratives met bimonthly to discuss the process and share information
  - 5 telephone meetings: Introduction, Plan, Do, Study, & Act

- Meetings supported by project team & MCHB

Learning Community and Learning Collaborative Structure for ICC LC
ICC LC Process: Team work

- Healthy Start teams conducted QI work
  - Each team defined an change project for each cycle with specific AIM, CHANGE STATEMENT, and MEASURES.
  - Home team of 10-15 members and traveling team of 5 members.
  - More than 750 individuals participated in team work.

- Each Healthy Start team selected a topic area and a change concept for each cycle
  - Fit with Healthy Start grantee capacity and readiness
  - Doable and measurable in a 9-month time period
Evidence into Improved Community Action through the Interconception Care Learning Community

Healthy Start Interconception Care Learning Community (ICC LC)
Why interconception care focus?

- Interconception care has been one of the nine core components of Healthy Start since 2001.
- All Healthy Start (HS) grantees are required to have an interconception care (ICC) component
- There are evidence-based practices that could be implemented
- Evidence-based content of ICC had not been well defined or operationalized for women
  - Work with infants and toddlers better defined (more clinical guidelines, protocols, screening tools, etc.)

Defining Content: Review of Evidence

- ICC LC Project literature review (Abt Associates and Johnson Group Consulting, March 2009)
- Content of Preconception Care (AJOG Dec. 2008)
- Assessment of first 35 Healthy Start Interconception Care efforts (Johnson Group Consulting, 2007)
- Evaluation of Healthy Start (Abt Associates 2006; Brand, Walker et al., MCHJ, 2010)
## ICC LC Core Content Topics

- Case Management
- Family Planning / Reproductive Health
- Healthy Weight
- Interconception Screening / Assessment
- Maternal Depression
- Primary Care Linkages

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## Using the “Model for Improvement” to Implement ICC LC Change Projects
The Model for Improvement


- **What are we trying to accomplish?**
- **How will we know that a change is Improvement?**
- **What changes can we make that will result in Improvement?**

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**Characteristics of IHI Breakthrough Learning Collaboratives Applied to ICC LC**

- **Bring together teams with similar aims**
  - 102 Healthy Start projects organized into 15 Learning Collaboratives
  - Each learning collaborative focuses on one content area and one change concept with relevant common measures

- **Short-term initiative** (Model recommends 6-15 months)
  - ICC LC uses 9-month time periods

- **Learning Sessions**
  - Face-to-face meetings
  - Learning from peers and from experts (all teach, all learn)
  - Reporting on experience from the action periods

- **Action Periods**
  - Participants implement the PDSA model in between learning sessions


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*Healthy Start Interconception Care Learning Community (ICC LC)*
What’s new about ICC LC?

- Implementing a quality improvement (QI) “learning collaborative” model in all Healthy Start projects
- Applying QI model to improve non-clinical, community-based services
- Translating ICC research to practice

Framework for ICC LC Change

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<th>Strengthening Linkages and Partnerships</th>
<th>Advance use of objective tools and data collection methods</th>
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ICC LC Team & Common Measures

- Teams identify measures to fit their unique change project
- Each team will also use common measures specific to their learning collaborative
- In QI learning collaboratives, teams use common measures to monitor their progress
  - Compare to peers
  - Work toward benchmarks

Topic: Case Management
Change concept: Strengthen Partnerships and Linkages

- **AIM:** Maximize and integrate community resources for care coordination and case management.
  - Grantee Team A aimed through three cycles of ICC LC to increase partnerships and linkages to support case management.
  - They achieved success, including MOUs with the housing authority and a dozen other partners. The result is defined relationships that can support more effective referrals and service linkages for ICC participants in their local community.

- **CHANGE:** To develop relationships with one or more programs such as home visiting, Early Head Start, schools, and other programs providing care coordination and case management to at-risk families with infants and toddlers.

- **MEASURE:** Increase in -
  - number of signed MOUs with other programs and partners by developing formal and/or informal relationships based on common expectations; and
  - an increase in ICC participants’ attendance at consortium meetings.
**Topic: Screening / Assessment**

Change concept: **Advance use of evidence-based tools**

- **AIM:** Assure that Healthy Start ICC participants receive/benefit from evidence-based interconception care assessment.
  - Grantee F aimed to enhance screening in their interconception care component.
  - During Cycle I, identified an appropriate evidence-based tool and used the PDSA process to test.
  - In Cycle II, used PDSA process to test the use of the Spanish version of the tool and the English version with males.
  - In Cycle III, used PDSA process to incorporate the tool into protocols for interconception care.

- **CHANGE:** Adopt and consistently use tools to measure self-esteem or self-efficacy among ICC women participants.

- **MEASURE:**
  - Small tests of change for tool with different populations;
  - Staff training and competency; and
  - Test for integration of tool into care coordination process.

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**Conclusions and Results for the Interconception Care Learning Community**
Healthy Start Interconception Care Learning Community (ICC LC)

Results from the ICC LC first action cycle

- Readiness assessment showed high proportions of individual willingness and organizational readiness.
- Each team identified a change project in one of six topic areas and progressed using PDSA cycle.
- Improvements demonstrated by majority of teams.
- Peer-to-peer learning accelerated over 9 months.
- With adaptations, the Model for Improvement can be implemented on a large scale with case management-oriented public health organizations.

Healthy Start Interconception Care Learning Community (ICC LC)

Results from Cycle One by Topic

- 102 ICC LC Healthy Start teams in Cycle One made progress as follows:
  - 9 instituted new or revised care plans, with case management protocols for referrals and follow up
  - 20 revised protocols for assuring access to family planning
  - 10 implemented a reproductive life planning approach
  - 5 introduced protocols for evidence-based education & health promotion about healthy weight and postpartum weight loss
  - 7 improved BMI measurement and recording
  - 12 implemented evidence-based maternal depression screening, and 6 devised new referral and follow up protocols
  - 14 revised interconception care screening/assessment tools

Healthy Start Interconception Care Learning Community (ICC LC)
Overall Results

- Many accomplishments were reported by 104 ICC LC Healthy Start teams. Most common were increases in:
  - Grantee capacity to use QI
  - Staff knowledge of topics such as family planning, healthy weight, and maternal depression.
  - Use of evidence-based, informed tools (e.g., ICC screening, BMI, depression, reproductive life plans).
  - The number of program participants counseled on family planning, healthy weight, interconception risks, etc.
  - Completed referrals and follow-up by participants through more rigorous and specific staff protocols (e.g., postpartum visits, family planning usage)
  - Strength of linkages and partnerships, visibility in community

Project Team Recommendations

- Related to quality improvement (QI)
  - Continue focus on quality improvement
  - Provide robust TA using varied methods
  - Emphasize measurement and provide TA
  - Encourage peer learning and sharing
  - Increase dissemination opportunities
  - Involve program participants in QI

- Related to interconception care
  - Standardize interconception care components
  - Encourage grantee self-assessment
  - Strengthen ties to community resources (e.g. FQHC)