Whakakotahi evaluation

Progress report on phase 1 initiatives

Angela Boswell

Dr Sarah Appleton-Dyer

Josie Reynolds

Alanna Soupen

18 December 2017

Contents

1. Introduction
2. Evaluation approach and methods
3. Contribution to effective and increased engagement of the primary care sector
4. Contribution to effective collaboration between the primary care sector and the Commission
5. Increased quality improvement capability among Whakakotahi participants
6. Conclusion
7. Next steps

Summary

This progress report provides formative feedback on the implementation of Whakakotahi based on the evaluation to date conducted between May – November 2017.

Overall, Whakakotahi has been well implemented during its early stages and is making good progress against its intended goals. The initiative is supporting the Commission engagement with the primary care sector and improving quality improvement capability for those involved.

The formative evaluation to date has identified some key considerations for the ongoing delivery and development of the initiative as it grows. These considerations include opportunities for improvement as well as considerations for scaling up the number of local projects involved.

To go directly to the key considerations use this link.

Introduction

The Commission in Primary Care

The Commission is responsible for monitoring and improving the quality and safety of health and disability services and promoting a culture of continuous quality improvement across the whole sector.

While the Commission has led a range of programmes that have supported the development of quality improvement capability within the sector, gains have been made predominantly in the secondary care sector. The Commission does not currently have a high profile in primary care and needs to learn where it is best placed to add value to the primary care sector quality improvement culture.

The Commission's 2015/16 Statement of Performance expectations demonstrated their intentions to increase their focus on primary care, aged residential care and disability services. A Primary Care work programme has been initiated and the Primary Care Expert Advisory Group (PCEAG) was established in 2015/16.

Whakakotahi – Quality improvement challenge

Whakakotahi is one of the Commission's key initiatives in its Primary Care Programme. The initiative aims to increase quality improvement capability in primary care.

Whakakotahi aims to:

1. Increase engagement between the Commission and the primary care sector
2. Increase the quality improvement capability of those involved
3. Contribute towards improved processes leading to improved health outcomes, equity, consumer engagement and integration of those involved.

Whakakotahi programme logic model

The below logic model demonstrates the pathway through which Whakakotahi intends to achieve its goal.

Programme goal: To increase quality improvement capability in primary care by more than 20% (as measured by the average score of the tools, methods and techniques self-assessment) which will contribute towards the long term aims of improving health outcomes, equity, consumer engagement and integration.

Context and need

- It is accepted that successful primary care is key to the future health of the population, reducing inequities and escalating costs.
- Most NZers (95%) are enrolled with a primary health provider.
- The Commission is responsible for health care improvement across the whole sector and intends to increase its focus on primary care and community services, aged residential care and disability services.

Resources and activities

- EOI process and selection of local primary care initiatives using prioritisation criteria developed by the PCEAG. Applicants can submit their own initiatives that are important to them and their enrolled populations but must be aligned to one or more of the priority areas: equity, consumer engagement, integration.
- Reimbursement for participating projects of staff time of up to $6000 excluding GST plus any travel and accommodation costs.
- A project manager and quality improvement advisor will work with the individual initiative teams to support as needed. This will include site visits, regular meetings, quality improvement advice and facilitation.
- Three learning sessions for participating initiative teams for each tranche to facilitate quality improvement capability building, sharing of information and learning, and the formation of natural networks.

Outputs

- Staff in participating projects have attended Whakakotahi QI learning sessions.
- Participating practices have implemented their own QI initiative and tested changes.
- Identification of any initiatives with validity and transferability suitable for wider spread.
- Primary care QI process case studies
- Communications, tools and resources on how to implement QI initiatives across the primary care sector.

Short term outcomes

Outcomes for participating projects:

- Stronger connections with the Commission.
- Stronger relationships and possible partnerships between primary care and the Commission.
- Increase in QI expertise and capability.
- Improved patient outcomes and experience related to specific improvement initiatives.
- Initial benefits towards intended QI goals in the areas of health outcomes, equity, consumer engagement, and integration.

Outcomes for the Commission:

- Collaborative partnerships with participating primary care teams
- Increased understanding of primary health care sector and QI in this context

Long term outcomes

- Stronger connections and engagement between the Commission and the primary care sector
- Stronger engagement and connections across primary care
- Increased primary care sector QI leadership capability and knowledge
- Improved quality of primary health care
- Improved health outcomes, equity, consumer engagement and integration in primary care
- Improved performance against key metrics including contributory and system level measures

Purpose of this report

This report presents the learnings from the first phase of the evaluation of Whakakotahi conducted from May – November 2017. Specifically, this report focuses on the implementation of the Phase 1 Whakakotahi initiatives.

The purpose of this phase of the evaluation is to provide formative feedback to inform the development of Whakakotahi. This includes understanding the successes, challenges and enablers to implementation of the local initiatives and overall quality improvement programme. It will provide insights and considerations to support the ongoing development of Whakakotahi.

This report is not intended to provide summative judgements on the value of the programme as it is still developing.

Evaluation approach and methods

Summary of the evaluation

A mixed methods approach is being used to conduct a process and outcome evaluation of Whakakotahi. The evaluation aims to provide formative feedback in the early stages of Whakakotahi and move towards a summative evaluation in 2019.

Evaluation aim:
To conduct a formative and summative, process and outcome evaluation of Whakakotahi – Primary Care Quality Improvement Challenge

Process objectives:

- Evaluate the implementation of the Whakakotahi initiative.
- Evaluate the implementation of participating primary care quality improvement projects.
- Identify key barriers, enablers and success factors for the implementation of Whakakotahi.
- Identify key barriers, enablers and success factors for the implementation of participating primary care quality improvement projects.
- Identify areas for modifications or improvements to Whakakotahi and the implementation of other quality improvement programmes.
- Share learnings for doing quality improvement projects in primary care.

Outcome objectives:

- Evaluate the effectiveness of Whakakotahi in achieving its intended objectives.
- Evaluate the effectiveness of the participating primary care quality improvement projects in achieving their intended objectives.
- Identify any unintended outcomes of Whakakotahi.
- Identify if Whakakotahi is providing value for money.
- Identify considerations for the sustainability and scalability of Whakakotahi.

Phase	**Design and context**	**Rapid feedback on development and implementation**	**Understanding implementation, progress and spread**	**Summative evaluation**
Methods	Evaluation planning workshop Document review Evaluation framework	Document review Learning session and QI data monitoring (HQSC) Key stakeholder interviews Site visits	Learning session and QI data monitoring (HQSC) Key stakeholder interviews Site visits Online survey	Learning session and QI data monitoring (HQSC) Key stakeholder interviews Site visits Online survey Mixed methods data integration

Evaluation questions

The evaluation will address five key areas with related evaluation questions. This progress report starts to address the first three.

1. Contribution to effective and increased engagement of the primary care sector

- How has the primary care sector been engaged in Whakakotahi?
- How effective has this approach been?
- How has the engagement approach and activities supported equitable awareness and engagement across the primary care sector?
- How widely across the primary care sector are people aware of Whakakotahi?
- How could this approach be improved?

2. Contribution to effective collaboration between the primary care sector and the Commission

- How has the Commission's ability to work with primary care improved?
- How have the Commission and the primary care sector worked together?
- Who has been involved from the sector and from the Commission?
- How effective has this collaboration been?
- How could this approach be improved?

Evaluation questions continued

3. Increased quality improvement capability among Whakakotahi participants

- To what extent has the project supported an increase in QI capability among participants?
- How equitably have the QI capability changes been distributed across the primary care sector?
- What activities have supported this increase in capability?
- Which of these activities, if any, appear to be the most successful?
- What are the existing barriers to developing QI capability?
- What else would support improvements in QI capability?
- How does the Whakakotahi programme align to and/or complement the Quality Improvement Facilitators (QIF) course?

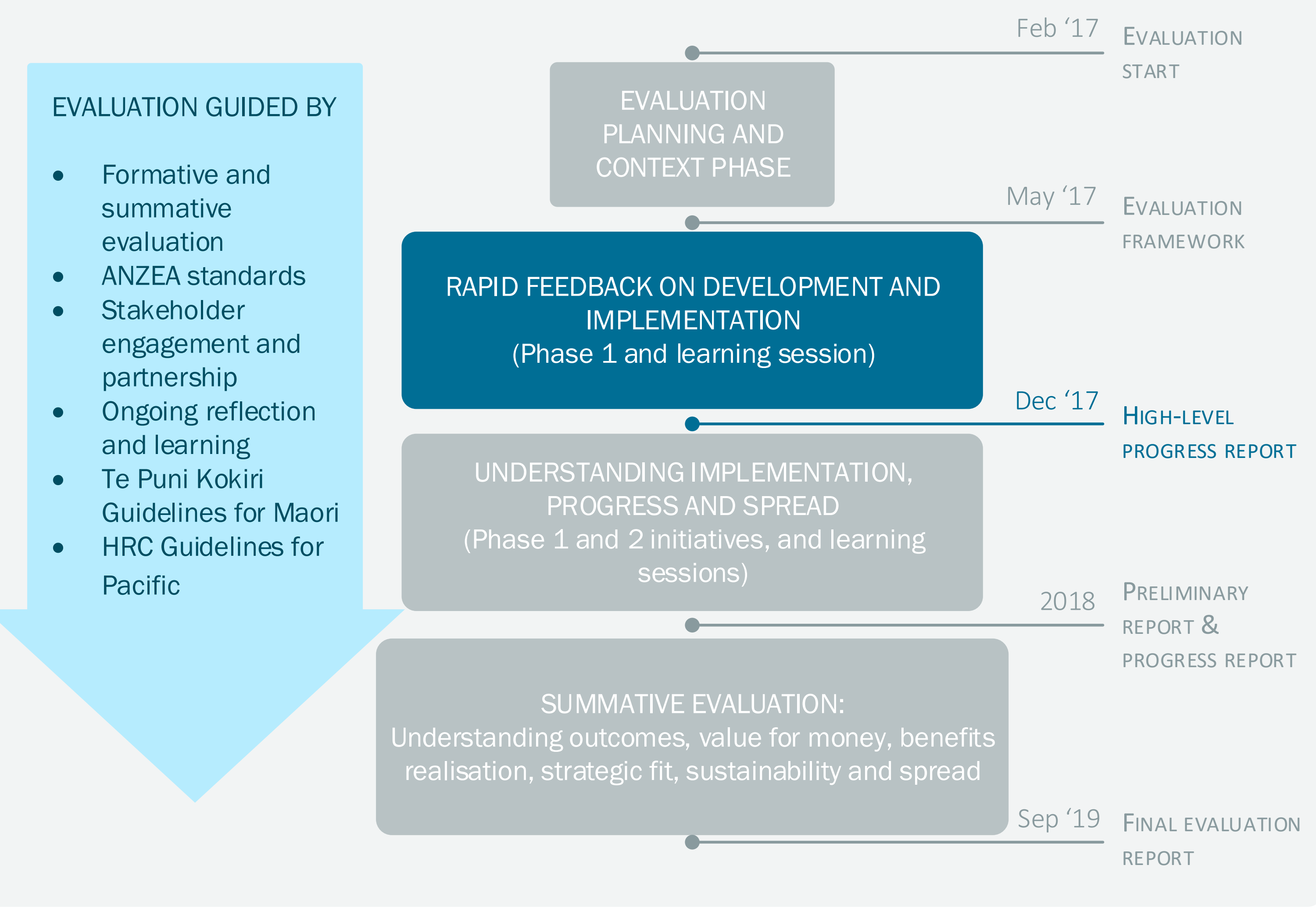
4. Improvements in health outcomes and potential contribution to longer term outcomes of equity, integration and consumer engagement in participating practices

5. Understanding Whakakotahi through the Commission’s evaluation framework

Current phase and methods

This progress report presents the findings from the first phase of the evaluation of Whakakotahi. Within this phase the following methods were conducted:

- Document review
- Interviews with EOI applicants
- Three site visits
- Learning session survey and quality improvement data monitoring (HQSC)
- Regular meetings with the Whakakotahi project team



Contribution to effective and increased engagement of the primary care sector

Small improvements mean a lot as GPs see diabetes through patients' eyes

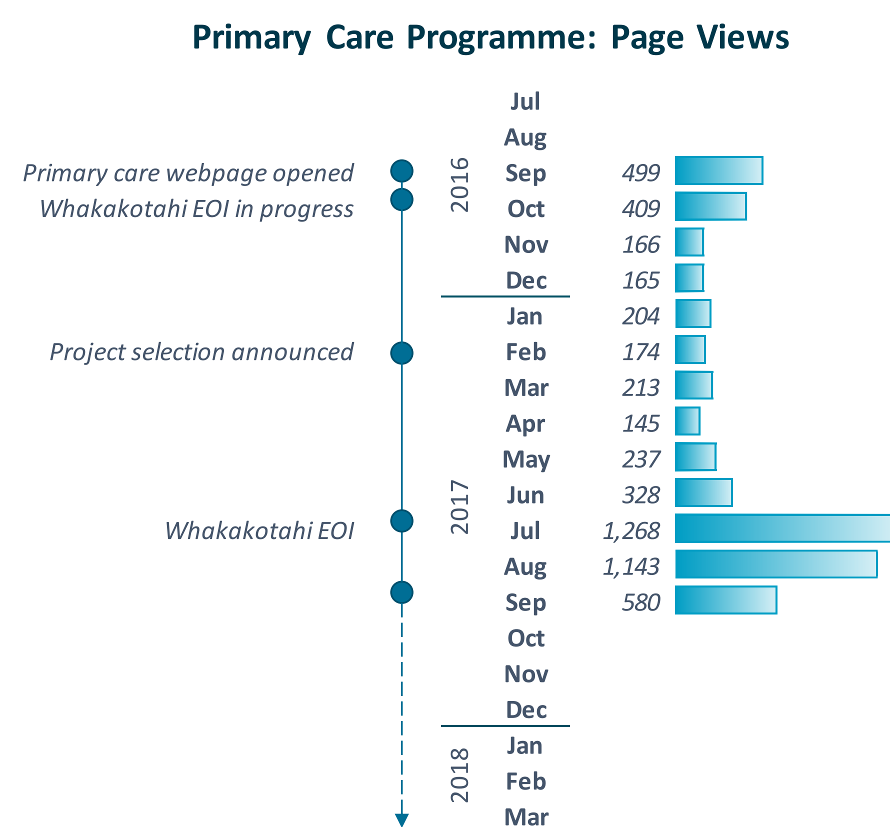
Virginia McMillan

All team members know the key actions to be taken at every step with a new diagnosis of diabetes

Whakakotahi is increasing the level of engagement with the primary care sector

One of the aims of Whakakotahi was to increase engagement between the Commission and the primary care sector. Findings from the evaluation indicate that Whakakotahi is contributing to increased engagement with the primary sector:

- The Expression of Interest process in 2017 for Whakakotahi phase 2 initiatives attracted 22 applications – 6 more than in 2016.
- Webpage views for the primary care programme have a sharp peak during the EOI stage. Although there is only 13 months of data on page views, the trend is increasing with 580 views in September 2017 compared to 499 in September 2016.
- Whakakotahi news and initiatives are being shared in a range of forums beyond the Commission website including the NZ Doctor and relevant conferences and meetings.



Expression of Interest process

The aim was for an increasing number of EOI applications each year to demonstrate increasing primary care sector interest in Whakakotahi. This aim was achieved with an additional 6 applications received in 2017.

There was an increased focus on the pharmacy sector in 2017 and this was rewarded with 6 responses from pharmacy organisations.

As the programme develops, primary care stakeholders noted a range of positives and challenges of the EOI process. It should be noted that some perceived the large investment required to engage in the EOI process challenged engagement from smaller and Māori teams. However, the 2017 EOI still received applications from these teams.

Positives from the process

For some the EOI was a catalyst to think about how to better support their communities. For others, it was an opportunity to support a project they already wanted to do.

EOI process made respondents think about the QI process that would be involved in a project e.g. patient engagement.

The electronic process – no need to send in any hard copy documents.

Commission staff very responsive to emails during the process.

Challenges from the EOI

Response required a large investment of time and effort within challenging timeframes.

Lack of clarity about Whakakotahi – some were unsure what they would get if successful.

Challenging template with repetitive headings and lack of clarity on the level of detail and supporting data required.

Coordination of multiple stakeholder calendars in the second stage of the EOI.

Considerations for improvement – Expressions of Interest

Increased follow up after the EOI

Acknowledge the effort and work in proposals. For those that were unsuccessful, is there any other support that can be offered, resources to connect with or reciprocal relationships that can be developed?

Celebrate successes

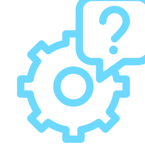
Make successes more visible. Celebrate the proposals that were successful and then communicate the benefits they received from it.

Improve the EOI template

To give clearer guidance on what was required and where to put the effort, have less repetitive headings, be more printer friendly, and have more space for the information required.

Earlier mentoring and advice to support proposal development

There was a lot of work done before feedback was received. Earlier mentoring and advice could be provided through easily accessible personal contact. Or the first stage proposal could be a briefer version on which feedback is provided.



Review the requirement for PHO involvement

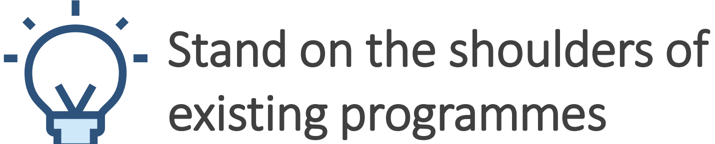
Quality improvement capability in primary care goes beyond PHOs and for some, their involvement may pose a challenge to involvement or innovation.

These considerations for improving the EOI process draw from feedback on the 2016 process. Since then, the process was refined for the 2017 EOI.

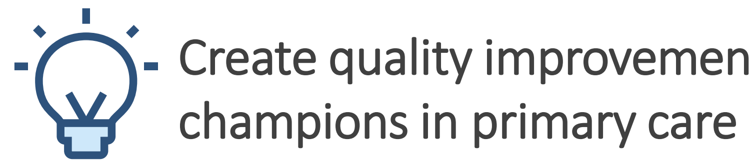
Feedback will be sought from 2017 EOI applicants to identify the ongoing developments and any additional considerations that arise.

Opportunities for improvement – Sector awareness and engagement

Feedback from interviews at site visits and with 2016 EOI applicants described opportunities to further leverage Whakakotahi in engaging with primary care:



Stakeholders talked about the need to raise awareness of the Commission and Whakakotahi. They talked about needing to be in front of people to get their attention and the opportunity to use existing primary care programmes and forums they are already engaged with.



Stakeholders talked about celebrating successes and the opportunity for Whakakotahi to recognise leaders in quality improvement. Giving status to quality improvement champions would support engagement with quality improvement activities.

"People get bombarded, clinics get bombarded with emails after email after email, and nobody really reads them… I don't know whether emails are enough. I think probably if you had, maybe if they worked alongside Ko Awatea Safety and Practice – something like that where you've got clinics already involved in those programmes… And they have people coming, guest speakers talking. Maybe if they had someone from the Health Quality & Safety Commission come in and say 'we're actually running this initiative.'"

- Primary care stakeholder

Contribution to effective collaboration between the primary care sector and the Commission

Current ways of working together

Project teams involved in Whakakotahi work together with the Commission through a range of methods for the period June to September 2017:

Learning Session

Teams are meeting or exceeding the target of having at least four team members attend learning sessions.

On-site learning

Teams are meeting or exceeding the target of having at least 90% of their team present at on-site learning sessions. Some are using this opportunity to include consumers.

Teleconferences

Two of the teams have attended each monthly teleconference. The other team has lower engagement, attending two of five teleconferences.

Monthly reporting

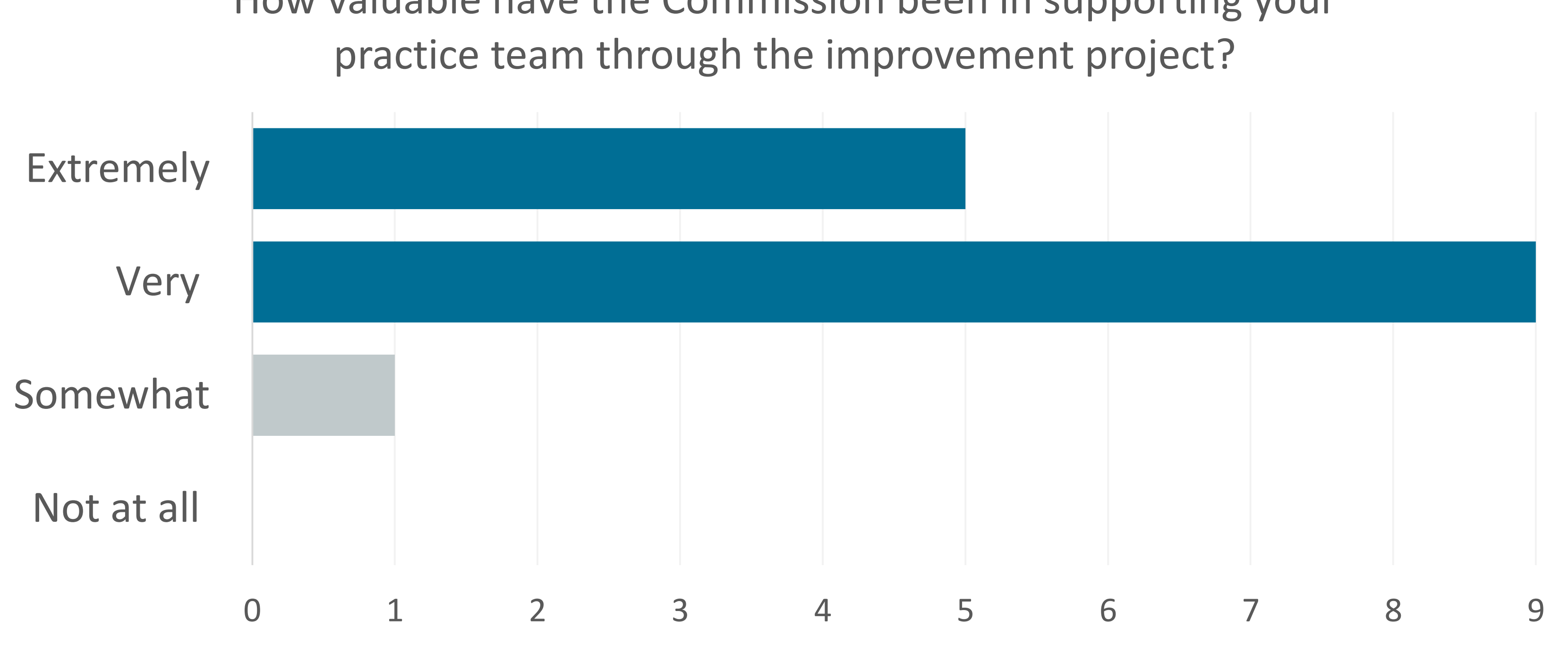
All teams have submitted four reports. Although one team needed to submit three monthly reports in September to catch up with their reporting requirements.

Phone / Email

Teams have been engaging with the Whakakotahi project team with average contacts per month ranging from six to 9.5 across teams.

Perceived effectiveness of collaboration

Overall, participants found the support from the Commission to be effective with 14 of the 15 learning session 1 participants rating the support from the Commission as either very or extremely valuable.



Perceived effectiveness of collaboration

While all methods had their merits; the on-site learning were perceived to be the most valuable support from the Commission.

> *"I don't know how well it sticks, but each time somebody comes out of it [on-site learning session] and says 'oh, that was really cool, I finally got it.'"*
>
> *- Project team leader*

Learning Session

Teams had mixed feelings about the coming together and sharing as part of a formal learning session. Presentations that were particularly valued included equity and consumer engagement.

On-site learning

Teams perceived this as the most valuable method for learning. Teams found the exercises helpful and learning relevant to their projects and challenges.

Teleconferences

Teams found the teleconferences to be less valuable for learning from each other and a less comfortable place to share their successes and challenges.

Monthly reporting

One team found it difficult to report when they had not formally documented progress. Other teams found reporting improved when they could align the reporting through the QIF course and Whakakotahi.

Phone / Email

Teams were complimentary towards the level of expertise and accessibility of the quality improvement advisor and project team.

Opportunities for improvement

Evaluation site visits identified a number of considerations for ongoing improvement in the way the Commission collaborates with participating teams:

The different methods of engaging resulted in repetition in terms of sharing their progress. The combination of all methods of engagement was not highly valued. The Commission could consider allowing flexibility to engage and report in the ways preferred by each team as long as the Commission receives the information they need.

The QIF course was considered a valuable inclusion to support the development of quality improvement skills. However, different participants had different thoughts on the best way to integrate this work with Whakakotahi – concurrent engagement resulted in a large workload but there were some efficiencies and crossover. It would be good to have reporting requirements clearly matched with those of Whakakotahi from the start.

One-on-one support was considered the most valuable form of learning support. There is a need to consider how scalable this will be once more projects are involved in Whakakotahi and the role that tools such as QI Life could play in increasing efficiencies.

Understanding context is key to effective collaboration

The importance of two way learning in the collaborative relationship with the Commission was highlighted. It was particularly important for the Commission to learn and understand the local context of each project team from the start of Whakakotahi.

The site visits indicated that it was important to understand contextual factors that impacted on their abilities to engage in different ways, including:

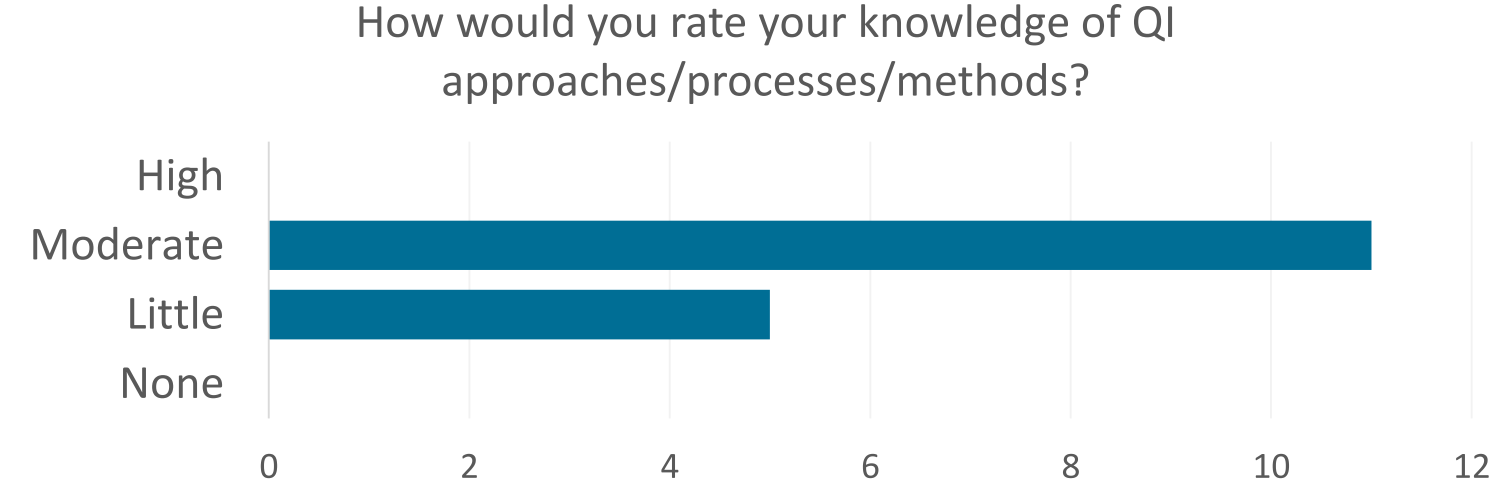
- Cultural differences
- Levels of capacity
- Patient population
- Practice environment

There is a balance between spending enough time to understand the local context so the Commission can engage in ways that best suit each project team and respecting the time invested by the team members. The Commission should invest this time early and it may involve engaging cultural or other advisors to understand how people are already engaging and support appropriate engagement strategies across the different project teams.

Increased quality improvement capability among Whakakotahi participants

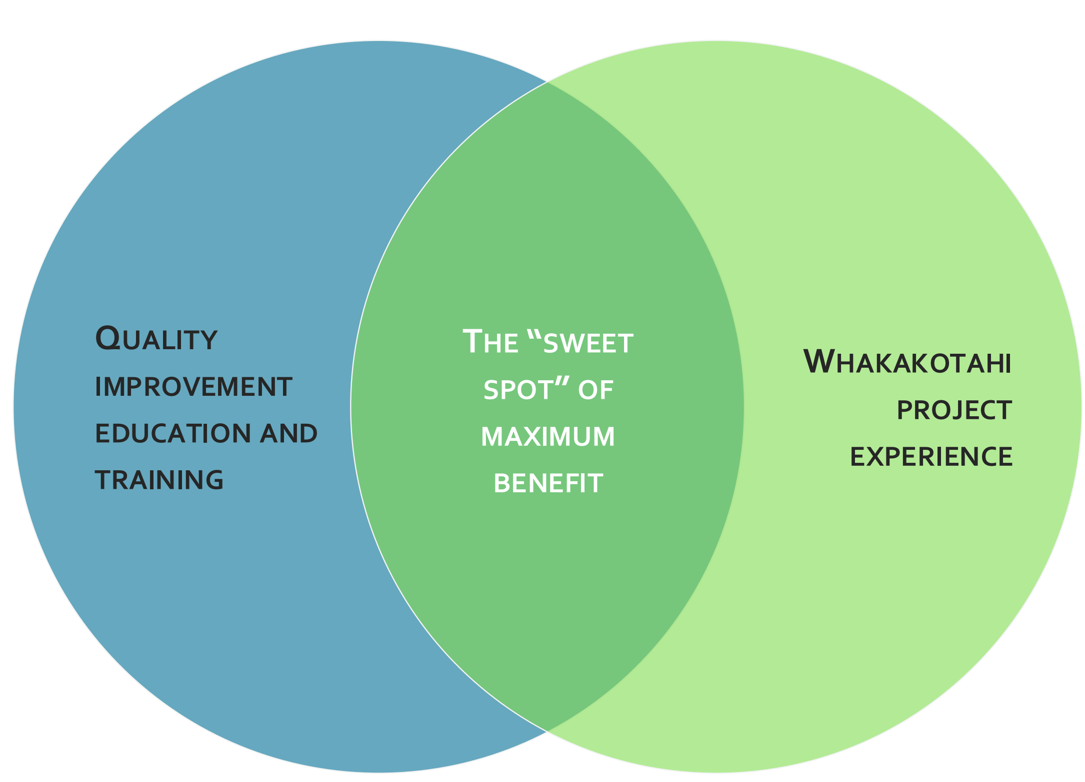
Participants report increased QI capability

Participants at learning session 1 rated themselves as having either little (5) or moderate (11) quality improvement knowledge. This question will be asked again at subsequent learning sessions to track change.



During evaluation site visits, team members indicated that they felt they had learnt more about quality improvement theory, skills, tools, and gained some experience. Many reported that they felt they would use these skills and tools again when faced with quality improvement topics, even if they did not follow the whole methodology.

What is supporting increasing QI capability?



The evaluation site visits demonstrated the "sweet spot" for supporting an increase in QI capability involved both formal education and training combined with project experience.

A number of barriers and enablers were identified to applying the quality improvement methods learnt within their Whakakotahi projects. These are identified and discussed in the rest of this section.

Key barriers and enablers to applying QI skills to local projects

At learning session 1, the following key enablers and barriers to applying the quality improvement methods for this improvement project within their practice. The site visits provided further detail into specific factors which influenced the local experiences and implementation of their local projects.

Key Enablers		Key Barriers	
Mix of skills & roles involved in the project team	12	14	Lack of time available for QI activities
Good engagement from the practice team on this project	12	4	Level of QI experience
Leadership / support at a management level	11	4	Insufficent staff resource involved in the project
Supportive team culture	10	3	Level of QI knowledge
Good engagement from your PHO on this project	10	1	Unsupportive team culture
Level of QI knowledge	9	1	Poor engagement from your PHO in this project
Level of QI experience	6		

Team leadership and management

Project management was a large role crucial to the implementation of all local Whakakotahi projects. During the evaluation site visits, a number of factors that supported the project management of different projects were identified:

- Sharing the role of project management between two co-leaders.

“I think the thing is just having co-leaders is really useful. Because it’s really hard, so having two people doing it is best. Two brains and two sets of energy.”

- Having a dedicated project manager whose role included time allocated to the management of quality improvement.

“I’ve been allocated time and so my boss has said that for each of his team there’s going to be three major projects… So he’s mindful of this being one of my key projects.”

- Having a project manager located with the practice and involved with the activities of the team.

“I knew it was going to be challenging… the fact that the location I was in here and I wasn’t in the clinic everyday. And it was going to be a lot of virtual get together sort of thing.”

Capacity for project activities

Capacity factors were noted commonly as key barriers in the survey and available resource were reinforced as key challenges during the evaluation site visits.

These challenges were often discussed in terms of the large additional workload staff were taking on to complete their projects. It was noted that local Whakakotahi projects were being implemented on the back of the goodwill of the people involved.

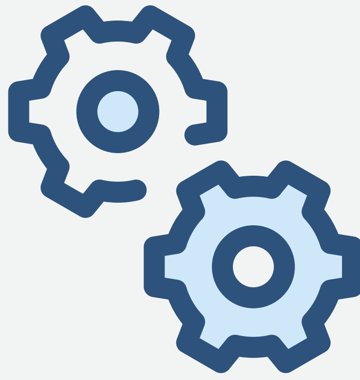
Participants talked about how the backfill funding through Whakakotahi did not cover much of the time required. It supported them to attend the learning sessions but did not cover backfill for their time working on their local projects. For example, one team kept a log of their participation hours and had spent 220 hours across the team for the period February to June 2017. Another team talked of the number of estimated days project management added to their workload:

> *"So [team member] and I are probably spending two days each a week on this project, and we were busy before. So if I add on two days of this to that, it's really, really hard. I mean I think it's worthwhile, but I'm not sure this is where the funding should come from for it - because currently it's coming out of our resources."*
>
> *- Project leader*

Understanding and managing project scope

During the evaluation site visits, team members often discussed the challenge of managing the scope of their local projects:

- Most people did not fully appreciate the size of their projects and workloads that they were taking on before becoming involved with Whakakotahi.
- While there was enthusiasm to test a number of change ideas, these needed to be managed to ensure they had capacity to implement them.
- One project team managed the boundaries of their project by parking ideas for a “phase 2”.

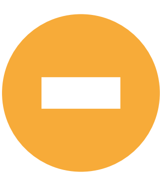


Role of the DHB in local projects

Comparing the different experiences and feedback from different project teams (one with DHB participation and two without) across the evaluation site visits provided insight into the advantages and disadvantages of having DHB involvement in a primary care quality improvement challenge project team:

Supported capacity and capability of the team by having a DHB funded quality improvement coordinator managing the project.

Supported integration across secondary and primary care which was particularly valuable for a QI project that spanned both sectors.



Provided less opportunity for primary care based team members to get hands on experience applying their new QI skills, as the DHB staff had dedicated time for this work.

Role of the PHOs

All three phase 1 projects had PHO members as part of their local project teams with different levels of project management responsibility. During the evaluation site visits, most stakeholders talked about the contributions from the PHO members in terms of their individual expertise and dedication the same as they did for any other project member.

One project talked about the crucial role of their PHO in supporting their project. The PHO made modifications to their IT and data infrastructure and added prompts into their practice management system. The high level of contribution to the project from PHO resources was enabled by the support of PHO clinical director and their influence within the PHO.

An intended outcome of PHO involvement is to support increased spread and scale of successful projects. Future stages of the evaluation will explore the spread and scale of initiatives and the role that the PHO involved played in supporting this process. However, the changes to IT infrastructure that is used across the PHO is an early indication of the role that could be played for some projects.

Conclusions

Conclusions

Overall, Whakakotahi has been well implemented during its early stages and is making good progress against its intended goals. The initiative is supporting Commission engagement with the primary care sector and improving quality improvement capability for those involved.

The formative evaluation to date has identified some key considerations for the ongoing delivery and development of this initiative as it grows. These considerations include opportunities for improvement as well as considerations for scaling up the number of local projects involved.

These considerations are presented and then followed by the next steps.

Key considerations

Improving the experience of engagement for primary care:

- Continue to review and refine the EOI process as the first point of engagement with Whakakotahi.
- Ensure potential projects have a clear understanding of the workload involved in Whakakotahi. This includes informing potential projects of the time commitment required and how much can feasibly be covered by the level of financial support available. It is also worth noting the benefits of the non-financial support that is invested in by the Commission in terms of professional development and support that strengthen this work and future projects.
- Allowing for greater flexibility in the processes used to engage with the Commission's Whakakotahi team. There is value in considering the local organisational context and team member capability when engaging teams as there is "no one size fits all" approach.

Key considerations

Supporting capacity and capability when scaling up Whakakotahi:

- Learnings from phase one initiatives suggest that the most valuable support comes from providing tailored support that is relevant to their local contexts and project goals.
- Time, capacity and capability are key challenges to implementing local projects. Support from leadership across primary care is likely to be important for ongoing engagement.
  - For example, opportunities to include DHB or PHO quality improvement advisors in Whakakotahi to strengthen the available support offered to local teams could be explored.
- Consider the value of all the engagement processes, particularly the teleconferences, and whether they are fit for purpose as Whakakotahi grows.

Key considerations

Understanding the priorities of Whakakotahi goals and project factors that support these:

- Selection of projects focused on the evaluation criteria of equity, consumer engagement, and integration which align with the strategic priorities of the Commission. The potential for Whakakotahi to increase the project team's quality improvement capability could also be considered in selection criteria.
- There are likely to be trade-offs in Whakakotahi's ability to support increasing equity, development of QI capability, and roll-out of scalable initiatives.

Next steps

The Whakakotahi Evaluation Framework will be reviewed and refined at the start of 2018 to ensure it remain fit-for-purpose to evaluate the value of Whakakotahi as it develops.

The next phase of the evaluation will then explore the implementation of Whakakotahi phase 2 initiatives as well as following the progress and spread of phase 1 initiatives to identify changes in practice and outcomes.

When reviewing the evaluation framework, feedback from a couple of members of the Primary Care Expert Advisory Group also highlighted the importance of continuing to understand the role and contribution of Whakakotahi in improving equity for patients (n=19). This could relate to both the projects being supported by the Commission, as well as the role and value of improvement science methods.