

1/25/17 Participants

- Alicia Leatherman-OBBO
- Alison Norris-OSU
- Angela Abenaim-OBBO
- Angie Norton-ODH
- Anne Harnish-GRC
- Dushka Crane-GRC
- Jessica Seeberger –Cradle Cincinnati
- Jo Taylor- Cols Public Health
- Karen Hughes-OPQC
- Melissa Federman- Center for Community Solutions
- Teresa Rios-Bishop- OACHC
- Tiffany Krauss- Cols Public Health
- Traci Bell-Thomas- Medicaid

Facilitated by: Jeff Biehl-Clarity Consultancy

Purpose

Primary Drivers

Interventions
(good places to start collaborative work)

**1/25/17:
Revised
Purpose**

To improve awareness of and access to LARC methods in Ohio as a strategy to impact factors associated with infant mortality.

Supply: Improve alignment of provider practice culture and work flow with best practices

Demand: Improve consumer knowledge

Product: Improve access to LARC options

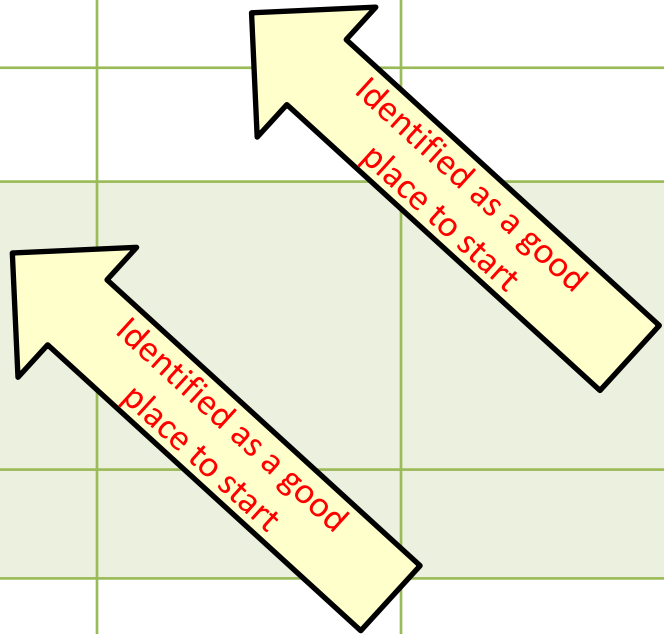
- Common/shared approach, materials, tools
- Comprehensive and scalable practice transformation (training & technical assistance)
- On-demand, on-line training option
- Sponsored by statewide provider associations

- Common/shared approach, materials, tools
 - Multi-tiered that allows customization
 - Tailored to different consumer audiences
 - Culturally, geographically, generationally appropriate
- Common portal on LARC access points

- Streamline prior-authorization requirements across managed care organizations
- Fund up-front cost of stocking LARC methods
- Common/shared policy on protected visit status

Design matrix used to identify good places to start collaborating
1/25/17: X denotes agreement on preferred design approach

Primary Drivers	Interventions	Standardize	Align in Principle	Differ by Design
Supply: Improve alignment of provider practice culture and work flow with best practices	Materials & tools	X		
	Comprehensive and scalable practice transformation (training & technical assistance) process		X	
	On-demand, on-line training option	X		
Demand: Improve consumer knowledge	Multi-tiered that allows customization <ul style="list-style-type: none"> With regional co-branding Regions might start with different audiences Standardized approach includes both content/materials and campaign 	X		
	Common portal on LARC access points	X		
Product: Improve access to LARC options	Streamline prior-authorization requirements across managed care organizations <ul style="list-style-type: none"> Includes coverage and formularies Start with Medicaid MCOs 	X		
	Fund up-front cost of stocking LARC methods	TBD: intent would be to provide assistance with up-front stock at the beginning of the practice transformation process only		
	Policy on protected minor visit status	X		



1/25/17: reflections on measurements

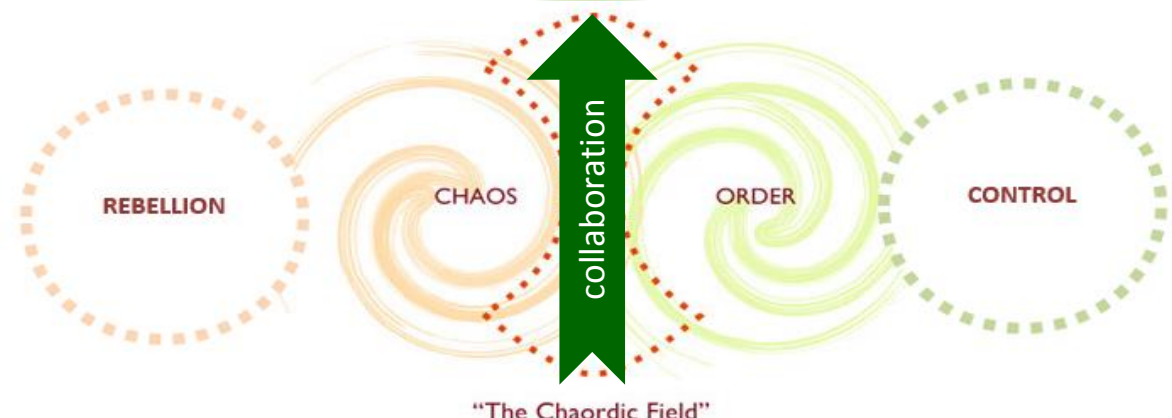
Interventions	What are our key measures of success for interventions identified as good places to start?
<p>Comprehensive and scalable practice transformation (training & technical assistance)</p>	<p>Increased:</p> <ul style="list-style-type: none"><input type="checkbox"/> LARC removal<input type="checkbox"/> Same day insertion<input type="checkbox"/> End-user survey<input type="checkbox"/> Women choosing LARC<input type="checkbox"/> Providers with LARC<input type="checkbox"/> Provider-based counseling<input type="checkbox"/> LARC utilization<input type="checkbox"/> Practice transformation components implemented
<p>Multi-tiered that allows customization</p> <ul style="list-style-type: none">• With regional co-branding• Regions might start with different audiences• Standardized approach includes both content/materials and campaign	<p>Increased:</p> <ul style="list-style-type: none"><input type="checkbox"/> Birth spacing intervals<input type="checkbox"/> Community events<input type="checkbox"/> Youth risk survey/other surveys<input type="checkbox"/> PRAM – awareness on LARC<input type="checkbox"/> Consumers informed about LARC and access<input type="checkbox"/> LARC utilization by region<input type="checkbox"/> Campaign statistics

Attachment D - Collaborative approach used by other groups to get the right things done...

desired impact

Reduce infant mortality by improving awareness of and access to LARC methods in Ohio

process



structure

The Five Conditions of Collaboration	
Common Agenda	All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
Shared Measurement	Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.
Mutually Reinforcing Activities	Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.
Continuous Communication	Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.
Neutral Facilitated Approach	Establish an approach based on neutral design and facilitation to ensure all perspectives are heard in the collaborative process.

1/25/17: What could happen that would enable you to feel fully engaged about LARC Ohio?

- Align with other priorities
- Align partners with similar goals and objectives
- Better define who is involved/engaged with shared expectations
- Address a useful need, avoid duplication
- Shared learning
- Get stuff done – executive – action orientation

1/25/17: What wise next steps should we consider?

- Proceed working on action plans for both areas of focus and securing resources
- From ODH perspective, develop plan of action as early in Q1 as possible for consideration of funding
- Revisit name – LARC Ohio – before launching our work
- Align with ODH’s practice transformation waves (focused on FQHCs) + include private practices
- Leverage campaign materials already developed

- Group agreed to form three work groups focused on shaping initial action plans and work by phone (initial volunteers):
 - Practice transformation (OACHC, Melissa, Jo, Dushka, Alison)
 - Campaign/content (OACHC, Melissa, ODH, Karen, Jessica)
 - Our Structure/5 conditions of collaboration (Melissa, Anne)

- Group agreed to reconvene in-person by end of February to finalize action plans.