Disclosures

Presenter(s) has no financial interest to disclose.

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Commercial Support was not received for this activity.

Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Describe at least three models of collaboration.
2. Recognize opportunities to develop local collaborations.
3. Identify ways to improve collaborations with consumers at various levels of service
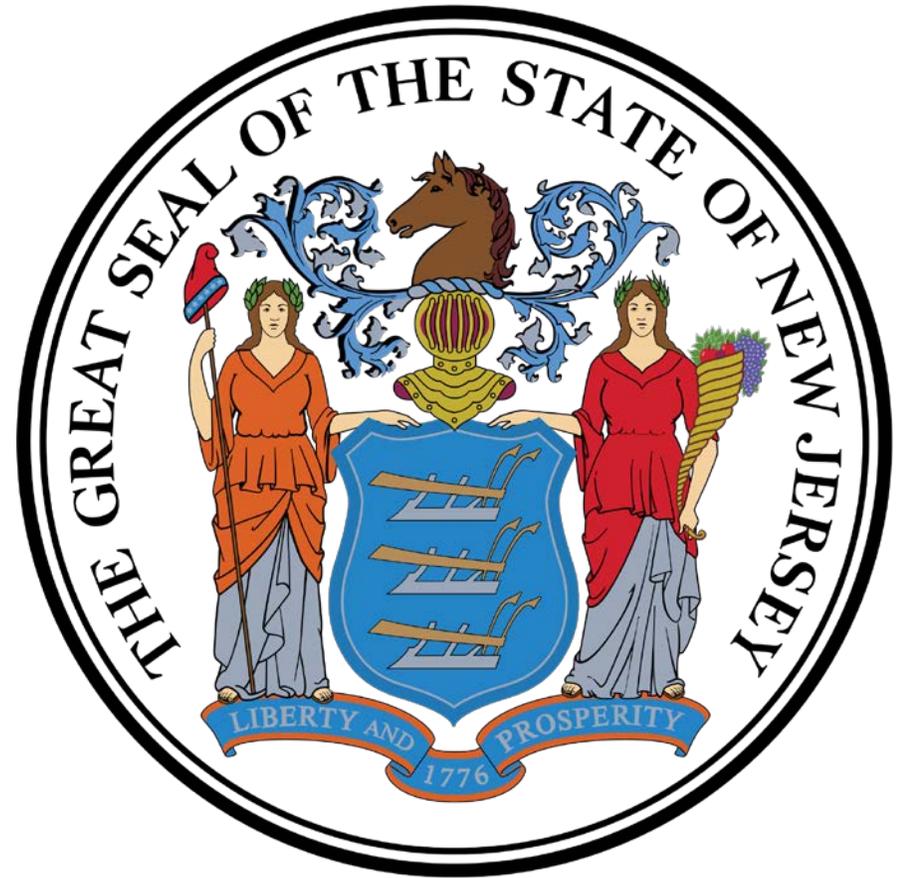
Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

http://ryanwhite.cds.pesgce.com

Setting the Stage for Collaboration

New Jersey fosters a environment of collaboration through leadership and system change.

Overview

- The Marshmallow Game
- The Art of Collaboration
- Examples of Collaboration
- Questions and Closing

AGENDA

The Marshmallow Challenge

Step 1: Form small teams

Step 2: Each team is given a Marshmallow Challenge tool kit

Step 3: Build the largest free standing tower within 18 minutes

Step 4: Debrief with large group

20 sticks of spaghetti   +   one yard tape   +   one yard string   +   one marshmallow

Rules for The Marshmallow Challenge

- Build the **tallest, freestanding** structure (measured from the table top surface to the top of the marshmallow)

- The **entire marshmallow** must be on top

- Use as much or as little of the it - **no other items** are allowed

- You have **18 minutes** to build your tower (touching or supporting the structure at the end will lead to disqualification)

START

TED Talk

Debriefing

What do you think the message of this challenge was?

What were the obstacles you faced?
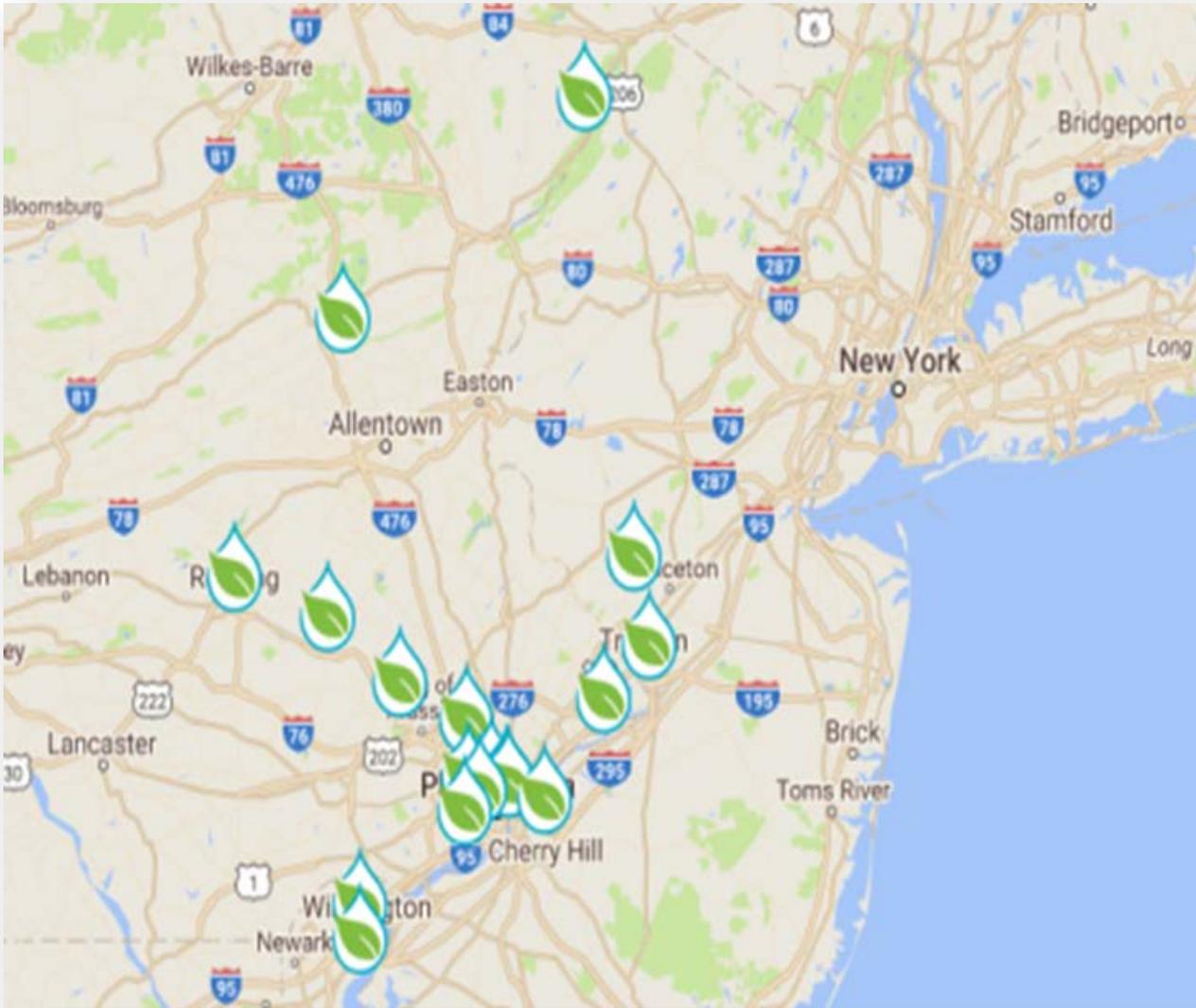
In retrospect, what would you have done differently?

What lessons were learned about collaboration?

Questions or Comments

Regional Collaboration

Alliance for Watershed Education

Teams formed to work on:

Network Development

    -Develop biannual training institutes

    -Evaluation capacity development

Plan And Measure Success (PAMS)

    -Fellowship Program

    -Evaluation activities (shared)

Communications

    -River Days

    -Maps and Passports

    -Art Project

Case Management Coordination

Meet monthly

Case studies

Training as needed or requested

Design assessments and other tools used across sites to help standardize practice and improve program outcomes

Provide additional tips and information on how to access resources

Encourage referral

Encourage data sharing/case conferencing

Discuss concerns about practice systems in play

Consumer Quality Workgroup

Quarterly Meetings

Additional training on leadership (TCQ, BLOC)

Task Oriented

- Review and discuss data
- Review and discuss gaps in service (from consumer and provider perspective)
- Create PDSA's for providers to consider
- Trained other consumers on quality
- Consumer Award for Quality

Questions or Comments

Consumer Collaboration
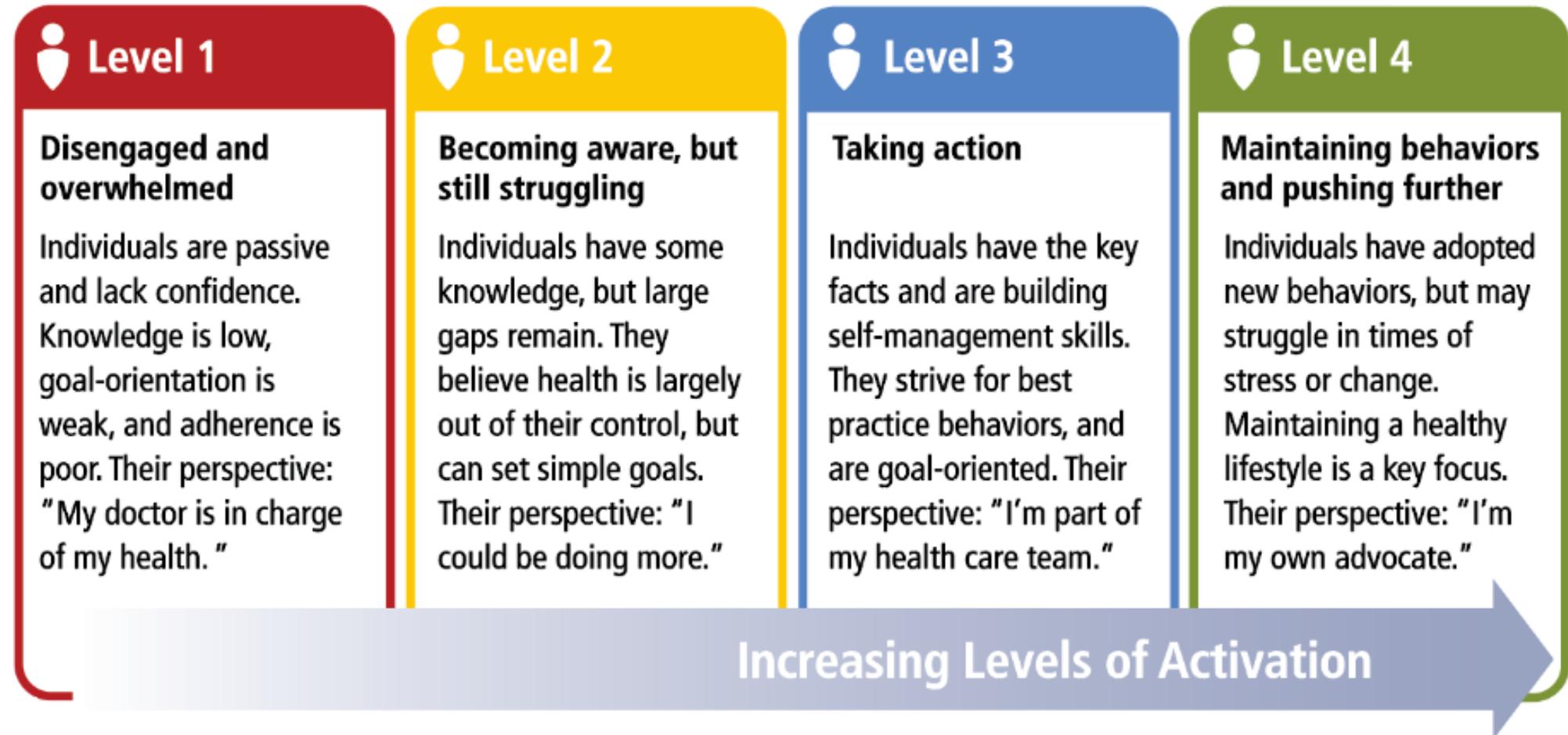
The right consumer for the right collaboration

Why include consumers?

Which Consumers?

Patient Activation

Level 1	Level 2	Level 3	Level 4
Disengaged and overwhelmed	**Becoming aware, but still struggling**	**Taking action**	**Maintaining behaviors and pushing further**
Individuals are passive and lack confidence. Knowledge is low, goal-orientation is weak, and adherence is poor. Their perspective: "My doctor is in charge of my health."	Individuals have some knowledge, but large gaps remain. They believe health is largely out of their control, but can set simple goals. Their perspective: "I could be doing more."	Individuals have the key facts and are building self-management skills. They strive for best practice behaviors, and are goal-oriented. Their perspective: "I'm part of my health care team."	Individuals have adopted new behaviors, but may struggle in times of stress or change. Maintaining a healthy lifestyle is a key focus. Their perspective: "I'm my own advocate."

Increasing Levels of Activation

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Working with Consumers

PATIENT ENGAGEMEN

- Consumers providing feedback

- Clinical and supportive service interactions

- Early phases of activation

- In collaborations
  - Patient screening
  - Patient journey in system
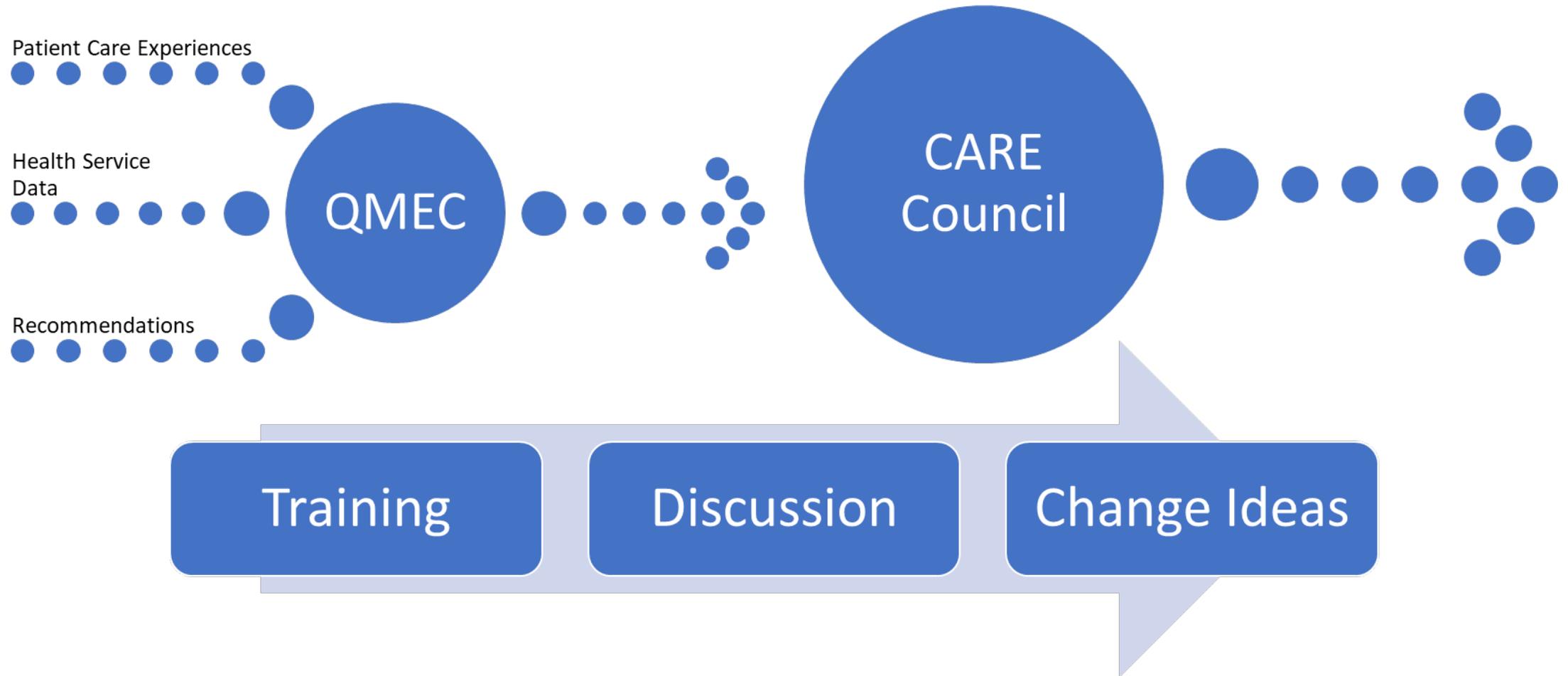 - Discussion of patients and patient interactions

PATIENT INVOLVEMENT

- Consumers providing input and feedback

- CABs / Board of Directors / QM Teams

- Later phases of activation

- In collaborations:
  - Experience evaluation
  - Participation in QI activities
  - Training to assist participation
  - B-HIP team representation

Planning Council Cycles
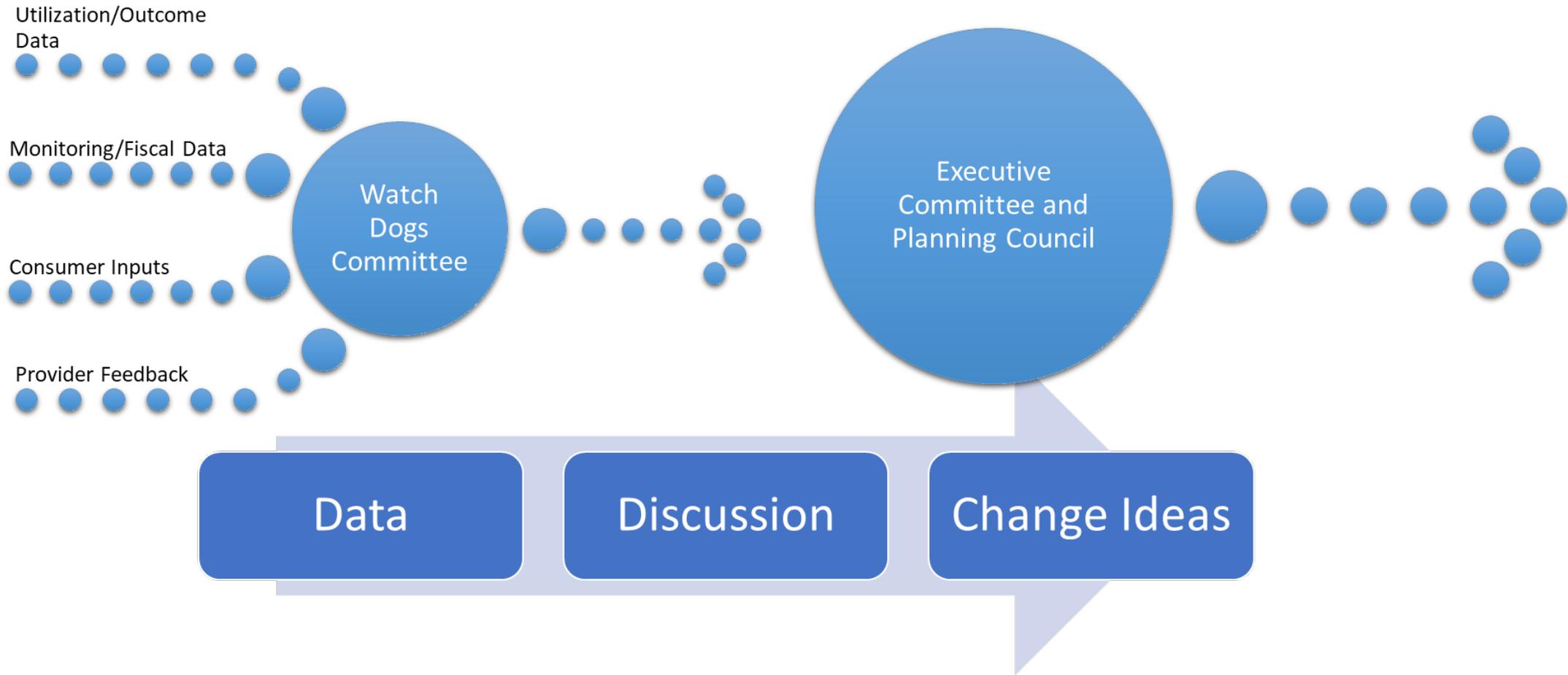
Broader Initiatives

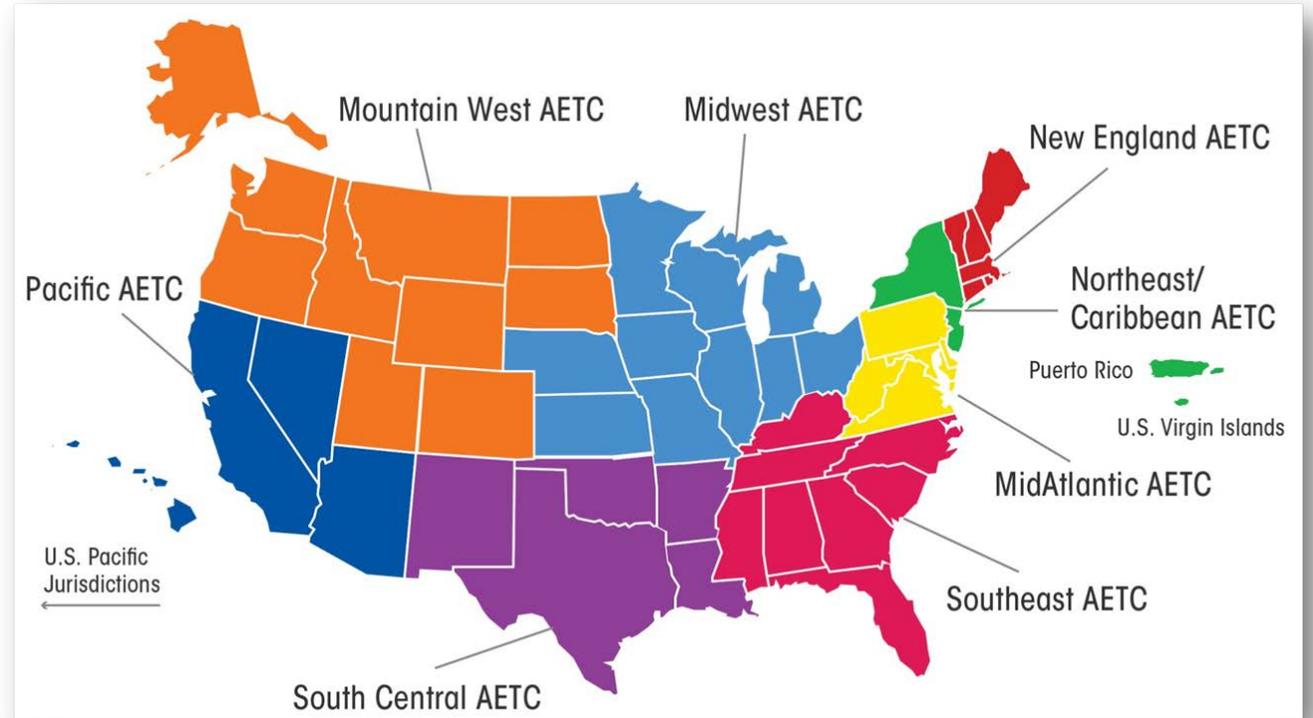# Questions or Comments

Cross-Part Collaboration

AIDS Education and Training Centers

National network of capacity building and training centers

Aimed at improving the HIV provider workforce to better care for Persons Living with HIV and address the HIV epidemic

Networks of regional partners to provide localized training and technical assistance

Facilitating Collaboration

The AETCs can serve as the "Part-less" Part

Can serve as the facilitator and convener for Cross-Part Collaboration

Opportunities now to deepen collaborations with Part A and Part B Recipients bridging to Clinical Providers

New Jersey Cross-Part Collaboration

New Jersey Cross-Part Collaborative (NJ CPC)

- Parts A/B/C/D/F Recipients and Sub-Recipients, Integrated with Part B CQM Committee, includes Community-Based Organizations

New Jersey Community Health Worker Program (NJ CHW)

- Part A/B/C/D/F Recipients and Sub-Recipients aligned with Community-Based Organizations

**New Jersey Behavioral Health and HIV Integration Project (NJ B-HIP)**

- Part A/B/C/D/F Recipients and Sub-Recipients and Community-Based Organizations

Benefits of Cross-Part Collaboration

- Improved Patient and Client Care Experiences

- Improved Provider and Organizational Experiences

- Improved Programmatic and Performance Outcomes

- Leveraging of Resources and Services across Institutions

- Peer Sharing of Best Practices
    - EMR/EHR Structures

- Creates Regional and State Aims and Purpose

- Addresses "Cracks" in the Systems

- Brings Transparency Across Parts and Regions

Lessons Learned – Cross-Part

- Alignment of multiple systems is challenges
  - Definitions and Services
  - Part A/B Collaborations
  - Cross-State Collaboration
- Multiple reporting systems and data collection experiences
- Competing clinical quality management expectations for providers
- Funding structures can drive collaboration
  - Sub-Recipient fears over changes in funding mechanisms
- Part B and Part F play unique roles in regional collaborations
- Community-Based Organizations have a significant role to play
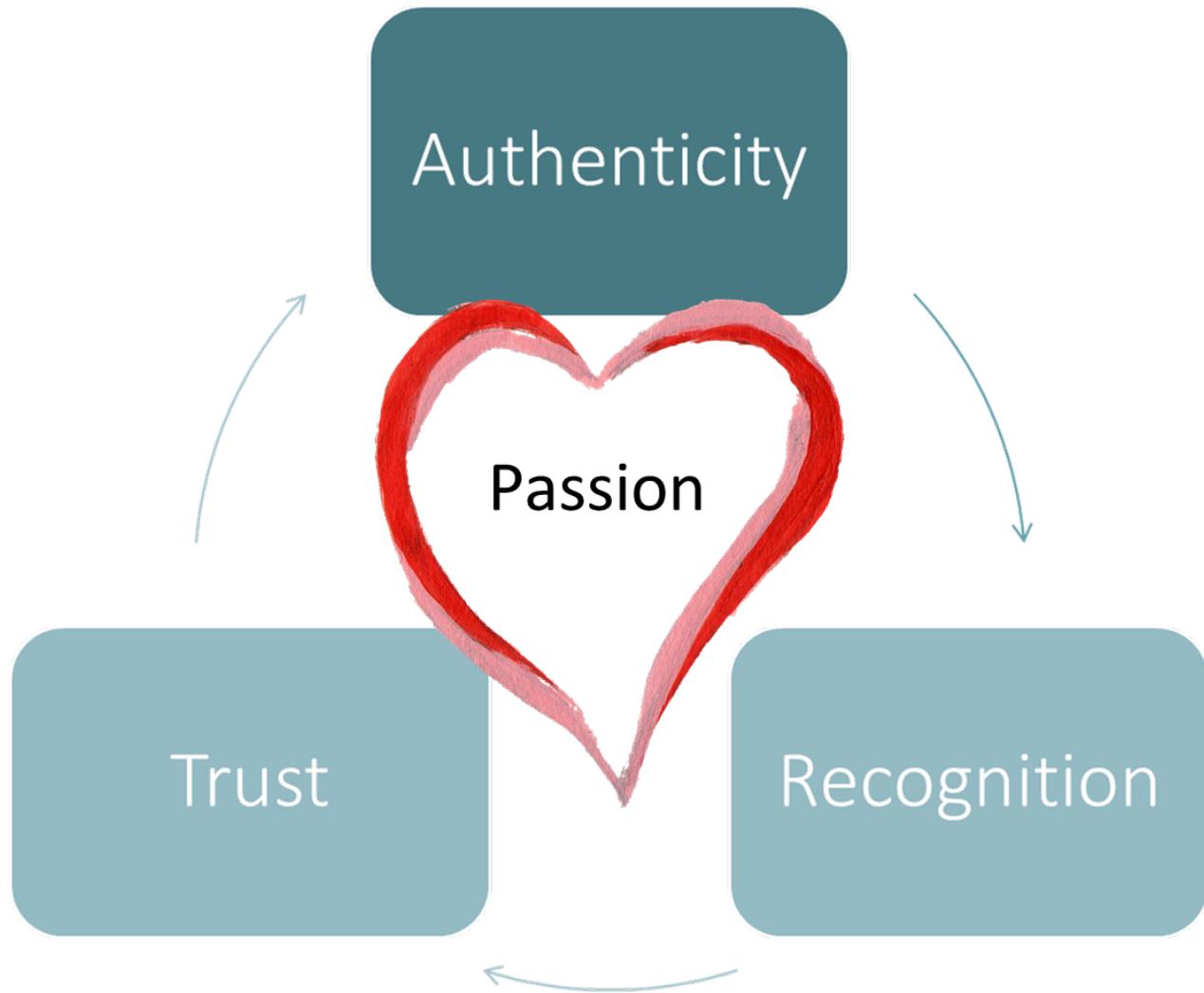
The Art of Collaboration

<u>Authenticity</u> – You are who you say you are

<u>Recognition</u> – knowing that what you are doing is appreciated by others

<u>Trust</u> – I am happy to share with this person/these people

Trust

Trust back

Make joint decisions

Move at a pace that is comfortable for others

Be accountable

Be reasonable

Recognition

Acknowledgement

Thank You!!!

Annual Recognition Event
- Awards for achievements
- Awards for volunteerism and commitment

Nominations for national awards

Letters of recommendation

Promotion within the collaborative

Questions or Comments

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