Spotlight on Michigan's MIECHV Evaluation of a Quality Improvement Collaborative
By Mariel Sparr, PhD
DOHVE TA

Michigan's MIECHV evaluation focused on the process of implementing a Quality Improvement Collaborative (QIC) and outcomes associated with completion of the learning collaborative. This article highlights key evaluation findings as well as challenges and lessons learned. The goal of Michigan's learning collaborative is to support the implementation of high quality, evidence-based programs across Local Implementing Agencies (LIAs).

Background:

One of Michigan's stated goals includes supporting high quality, evidence-based home visiting through implementation of state policy. The MIECHV evaluation supports progress towards this goal by not only testing the outcomes associated with the Quality Improvement Collaborative (QIC) but also assessing how and why a learning collaborative is beneficial in a home visiting context.

A learning collaborative brings practitioners together to study program processes and test improvement strategies. Michigan used the Institute for Healthcare Improvement's (IHI) Collaborative Model for Achieving Breakthrough Improvement to help design their learning collaborative. Michigan's learning collaborative included the following key features:

- Guidance from state home visiting experts on potential improvement strategies
- Introduction to the learning collaborative through a webinar and submission of baseline data
- A series of three learning collaborative meetings addressing two areas of program improvement
- Identification of specific areas of improvement through group consensus
- Incorporation of Plan-Do-Study-Act (PDSA) cycles to document if improvement was achieved

The Michigan Public Health Institute (MPHI) designed and implemented the learning collaborative and the evaluation. The study included 10 LIAs who participated in the learning collaborative. Data were collected through observations, in-depth interviews, surveys, and program administrative records.

Evaluation Findings:

Some key process and outcome evaluation findings for the learning collaborative include:

- **The learning collaborative was implemented as planned with sufficient LIA engagement and satisfaction.** QIC participants provided feedback on each learning session through evaluation surveys. At the end of the first learning session and subsequent sessions, participants agreed that they had the basic knowledge and confidence to engage in PDSA cycles. Participants also agreed that they gained new knowledge on how to use quality improvement strategies to improve program implementation. Participants received technical assistance (TA) in between learning sessions. Most participants indicated that the TA provided met their needs.

- **The learning collaborative supported increased service dosage and duration.** Across five months, LIAs increased the mean percentage of families receiving the expected number of home visits per month from 68 percent to 79 percent. There was also a slight increase in service

duration across five months, from an average of 7.2 months of enrollment at time of exit to 7.9 months.

- **LIAs successfully focused on improving relationships between home visitors and families as a strategy to increase service dosage and duration.** Michigan used the Working Alliance Inventory (WAI) to assess the quality of home visitor family relationships before and after the learning collaborative. Home visitors from LIAs participating in the learning collaborative demonstrated significant increases in scores for shared expectations between themselves and families. There was also a significant increase in bonding scores between home visitors and families.

- **QIC participants expressed many benefits of participating in the learning collaborative, including increased capacity and knowledge of quality improvement strategies.** Participants increased their awareness about their agency, staff roles, and links between processes and outcomes. Staff also felt empowered by new knowledge and skills in using data to quantify and describe program improvement processes and monitor the efficacy of improvement strategies. Most participants indicated that lessons learned from the learning collaborative can be applied across multiple aspects of programming to continue improving program implementation beyond the learning collaborative.

Challenges:

- **It was difficult to establish consensus across program models.** Choosing a specific area of improvement and identifying an improvement target was challenging due to variability in both performance across LIAs and model expectations on specific measures of program implementation. For one of the two improvement topics selected, the collaborative did not reach consensus on the percent improvement they would target. The variability in definitions, measures, and expectations also created challenges in collecting and tracking a common set of indicators.

- **It was challenging to identify data for performance indicators.** QIC participants indicated that it was sometimes a challenge to access agency data on program implementation for quality improvement efforts. Participants often relied on TA in between learning collaborative sessions to help identify potential data sources.

Lessons Learned:

- **The QIC supported hands-on learning, realistic exercises, and information sharing**. Participants uniformly described the hands-on learning experiences and opportunity to share information across LIAs as extremely beneficial. Participants also felt the time allocated to practicing new skills during learning sessions enabled them to successfully implement skills at their agencies.

- **Future efforts may benefit by supporting and simplifying data reporting expectations.** Some participants experienced challenges in accessing data to inform PDSA cycles. Future efforts may benefit from building LIAs' capacity to adequately capture and report on data about program implementation.

For more information about Michigan's MIECHV evaluation, please contact:

Nancy Peeler at peeler@michigan.gov or Julia Heany at jheany@mphi.org