Prevention and Wellness Trust Fund Kick-off Meeting
March 13, 2014

Cheryl Bartlett, RN
Commissioner
Massachusetts Department of Public Health

CONGRATULATIONS!

Prevention and Wellness Trust Fund, Chapter 224 of the Acts of 2012

- **The purpose of the PWTF is:**
  - to reduce rates of the most prevalent and preventable health conditions, and substance abuse;
  - to increase healthy behaviors;
  - to increase the adoption of workplace-based wellness;
  - to address health disparities;
  - to develop a stronger evidence-base of effective prevention programming.

Legislated guidance for *evaluating* PWTF effectiveness

- Reduction in the prevalence of preventable health conditions;

- Reduction in health care costs or the growth in health care cost trends;

- Assessment of which groups benefitted from any reduction.

YOU are funded to –

- **Implement** evidence-based, data-driven programs, in *both* community and clinical settings

- **Develop** the evidence-base and become models for the state and the nation

Use electronic linkages:

- Connecting healthcare services with community-based, individual behavior support services

- Enabling communities to expand access to services

Patrick Administration and Key Legislators

Governor Deval Patrick

Secretary John Polanowicz and Dr. Ann Hwang

Senate President Therese Murray

Speaker Robert DeLeo

Senate President Pro Tempore Richard Moore

Assistant Senate Majority Leader Harriette Chandler

Representative Jason Lewis

Chairs, Public Health: Senator John Keenan and Representative
Jeffrey Sanchez

Chairs, Ways and Means: Senator Stephen Brewer,
Representative Brian Dempsey

Chairs, Joint Committee on Health Care Financing,
Senator James Walsh, Representative Steve Walsh

Key Stakeholders and Supporters

- The Massachusetts Public Health Association

- The Massachusetts Health Council

- American Heart Association

- Tobacco Free Massachusetts

- Health Care for All

- Massachusetts Association of Health Boards

- Boston Public Health Commission

Prevention and Wellness Advisory Board

- 17 member board (14 gubernatorial appointments)
- The Board makes recommendations to the Commissioner on:
  - Administration and allocation of PWTF
  - Establishment of criteria
  - Performance evaluation
  - Annual progress report to the legislature
- The Advisory Board met 3 times to guide vision of the PWTF and review the development of the RFR

DPH Staff Led by:

Tom Land, Carlene Pavlos, Lea Susan Ojamaa and Bonnie Andrews

- identified preventable health conditions with the potential for short term return on investment;
- developed guiding principles and a vision for implementing the Trust

External Expert Teams

Selection Process

20 Applications submitted

Technical and Expert Reviews

9 selected for funding

- Reviewers included DPH staff and representatives from American Heart Association, Massachusetts Public Health Association, Massachusetts Municipal Association and Prevention and Wellness Advisory Board

The Grantees

- Holyoke Health Center, Inc
- City of Worcester
- Boston Public Health Commission (North Dorchester and Roxbury)
- City of Lynn
- Manet Community Health Center, Inc. (Quincy and Weymouth)
- Barnstable County Department of Human Services (Barnstable, Mashpee, Falmouth, Bourne)
- New Bedford Health Department (New Bedford and Fall River)
- Town of Hudson (Framingham, Hudson, Marlborough, Northborough)
- Berkshire Medical Center (Berkshire County)
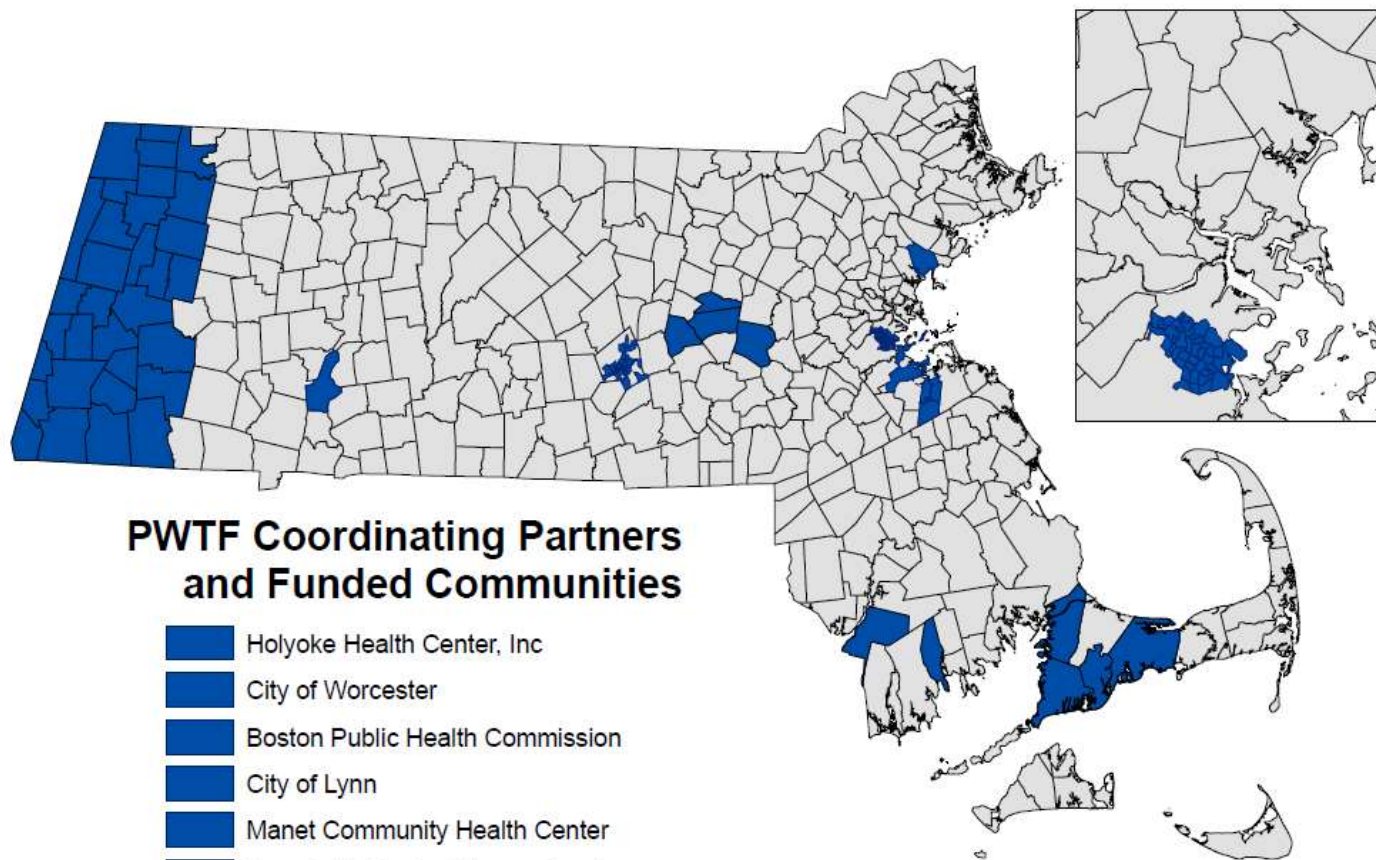
**PWTF Coordinating Partners
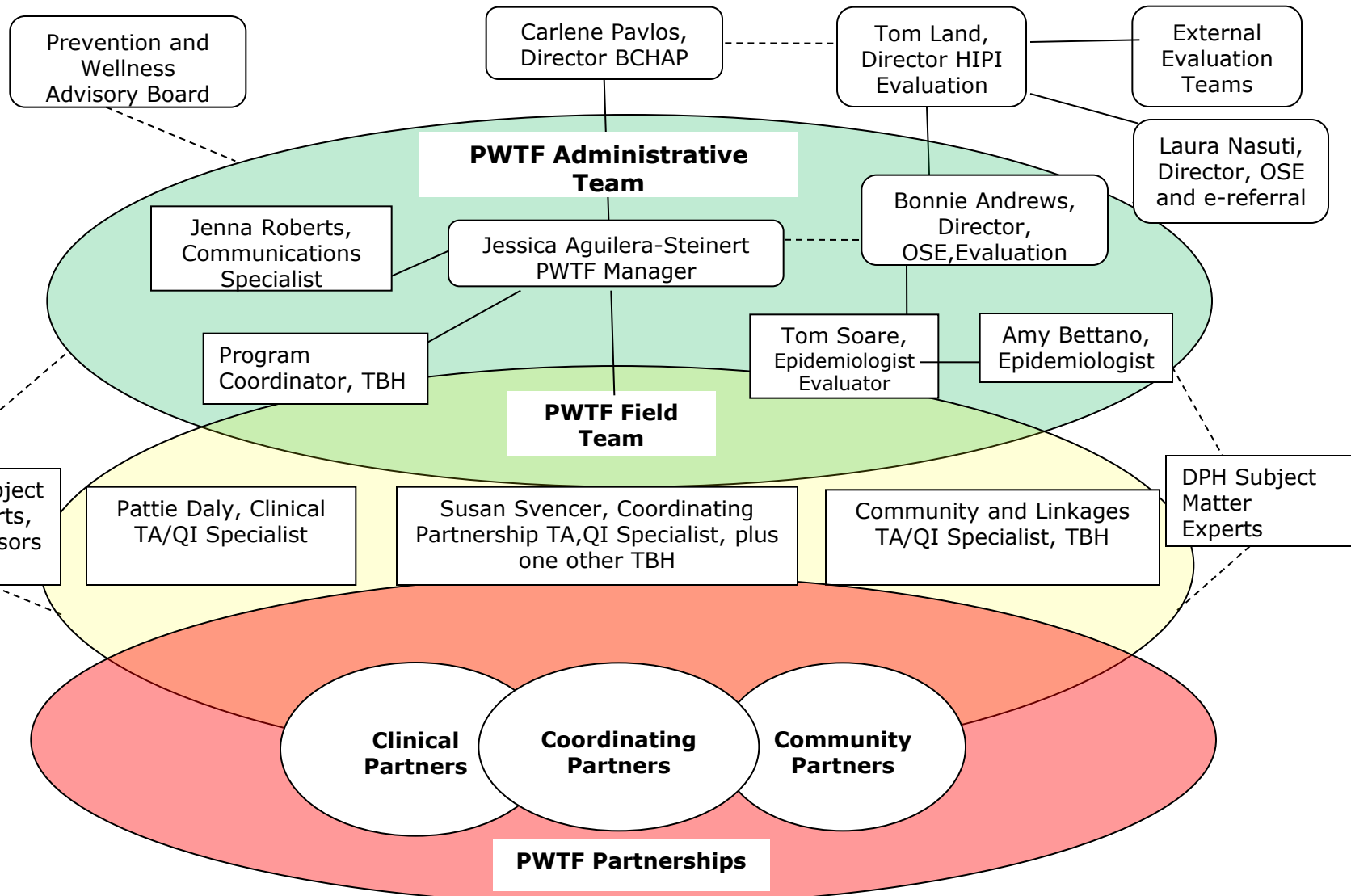and Funded Communities**

- Holyoke Health Center, Inc
- City of Worcester
- Boston Public Health Commission
- City of Lynn
- Manet Community Health Center
- Barnstable Dept of Human Services
- New Bedford/Fall River
- Town of Hudson
- Berkshire Medical Center
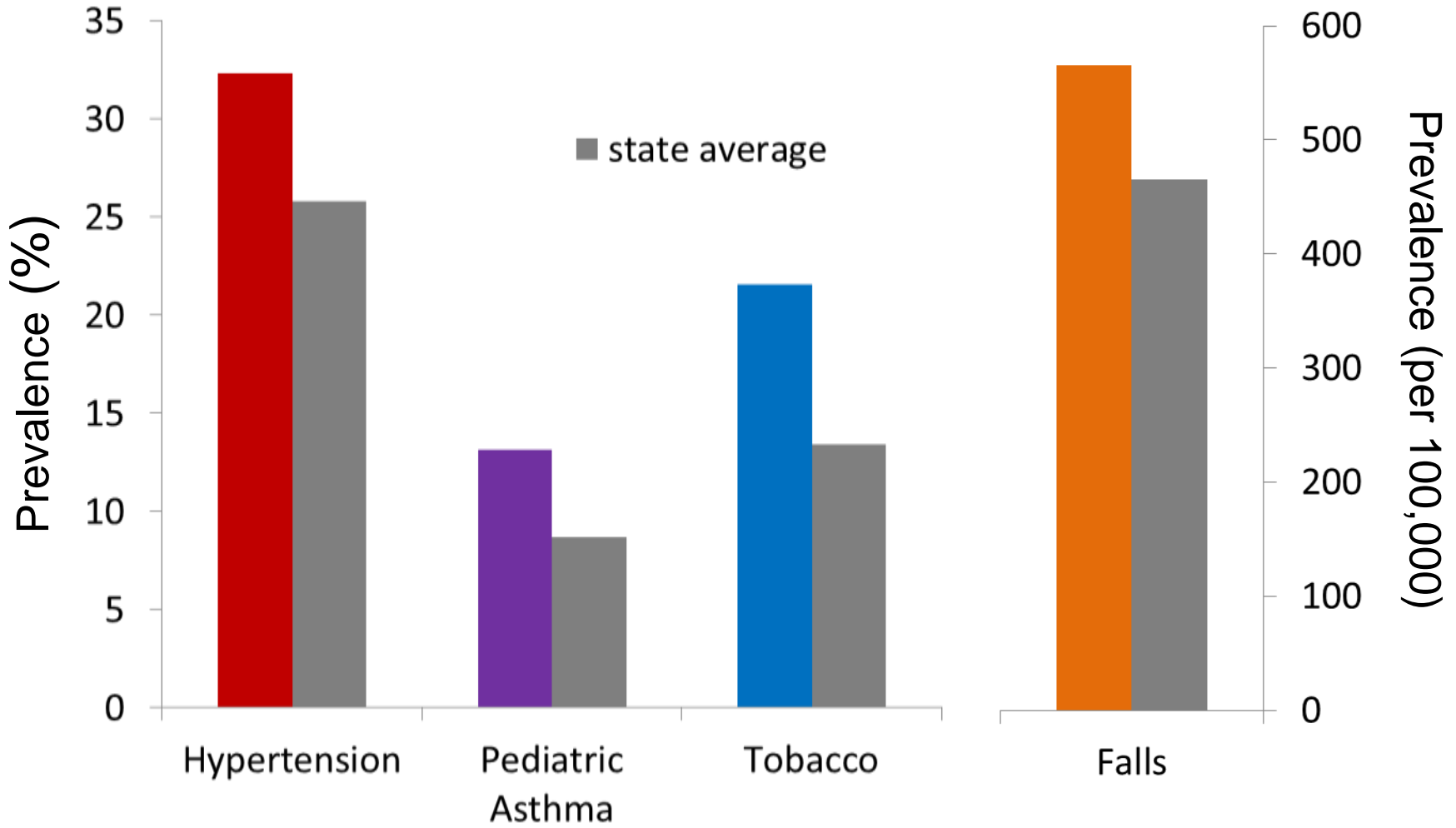
Introductions, Coordination, and Collaboration

Jessica Aguilera-Steinert, MSW, LICSW

Program Manager

Prevention and Wellness Trust Fund

Massachusetts Department of Public Health

CONGRATULATIONS AGAIN!

Commonwealth of Massachusetts
Department of Public Health

Helping People Lead Healthy Lives In Healthy Communities

Prevention and Wellness Advisory Board

Carlene Pavlos, Director BCHAP

Tom Land, Director HIPI Evaluation

External Evaluation Teams

Laura Nasuti, Director, OSE and e-referral

PWTF Administrative Team

Jenna Roberts, Communications Specialist

Jessica Aguilera-Steinert PWTF Manager

Bonnie Andrews, Director, OSE, Evaluation

Program Coordinator, TBH

Tom Soare, Epidemiologist Evaluator

Amy Bettano, Epidemiologist

PWTF Field Team

External Subject Matter Experts, Faculty Advisors

Pattie Daly, Clinical TA/QI Specialist

Susan Svencer, Coordinating Partnership TA,QI Specialist, plus one other TBH

Community and Linkages TA/QI Specialist, TBH

DPH Subject Matter Experts

Clinical Partners

Coordinating Partners

Community Partners

PWTF Partnerships

Who you are

- **Barnstable County**
- **Berkshire Medical Center**
- **Boston Public Health Center**
- **Holyoke Health Center**
- **City of Lynn**

- **Manet Community Health Center**
- **New Bedford Health Department**
- **Town of Hudson**
- **City of Worcester**

Proposed Health Conditions

Coordinating Partner	Tobacco	Hypertension	Pediatric Asthma	Falls in Older Adults	Other Conditions
Barnstable County Health Dept.		X		X	Diabetes
Berkshire Med. Center	X	X		X	Diabetes
BPHC		X	X	X	
Holyoke Health Center	X	X	X		Obesity, Oral health
City of Lynn	X	X	X	X	
Manet CHC	X	X		X	Substance Abuse
New Bedford Health Dept.	X	X	X	X	Substance Abuse
Town of Hudson	X	X	X	X	
City of Worcester		X	X	X	

Two Cohorts Established

Capacity Building:

- Cohort 1 = 6 months

- Cohort 2 = 10 months

❖ Both groups receive $250,000 for capacity building

❖ Must meet the same benchmarks to move to implementation

Governance and Infrastructure

- Role of the coordinating partner is to coordinate

- Partnership is a collaboration and coordination

- Establishing your partnership is step one

 - Governance board, including attendees, meeting schedule, communications, etc.

- All decisions are joint decisions

Collaboration

Connect

Collaborate

Communicate

Contribute

What do we mean?

- Differing perspectives with a shared goal
- Shared values
- Creating trust
- Positive change

Facilitate sharing

— with one another *and* between DPH – grantees

— formal and informal sharing
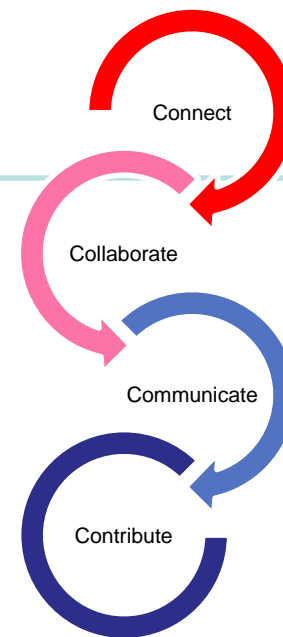
Communication to Foster Collaboration

- Regular e-newletters
- Monthly site visits
- Monthly Technical Assistance Conference Calls
- SharePoint
- Quarterly Learning Sessions

Action Item Form

Capture near-term to-do's

Indicate areas where you'd like assistance

MA Department of Public Health

"The mission of the Massachusetts Department of Public Health is to prevent illness, injury, and premature death, to assure access to high quality public health and health care services, and to promote wellness and health equity for all people in the Commonwealth."

**Madeleine Biondolillo, MD
DPH Associate Commissioner**

*Institute for Healthcare Improvement
Collaborative Model for Breakthrough Improvement*

Breakthrough Series Model
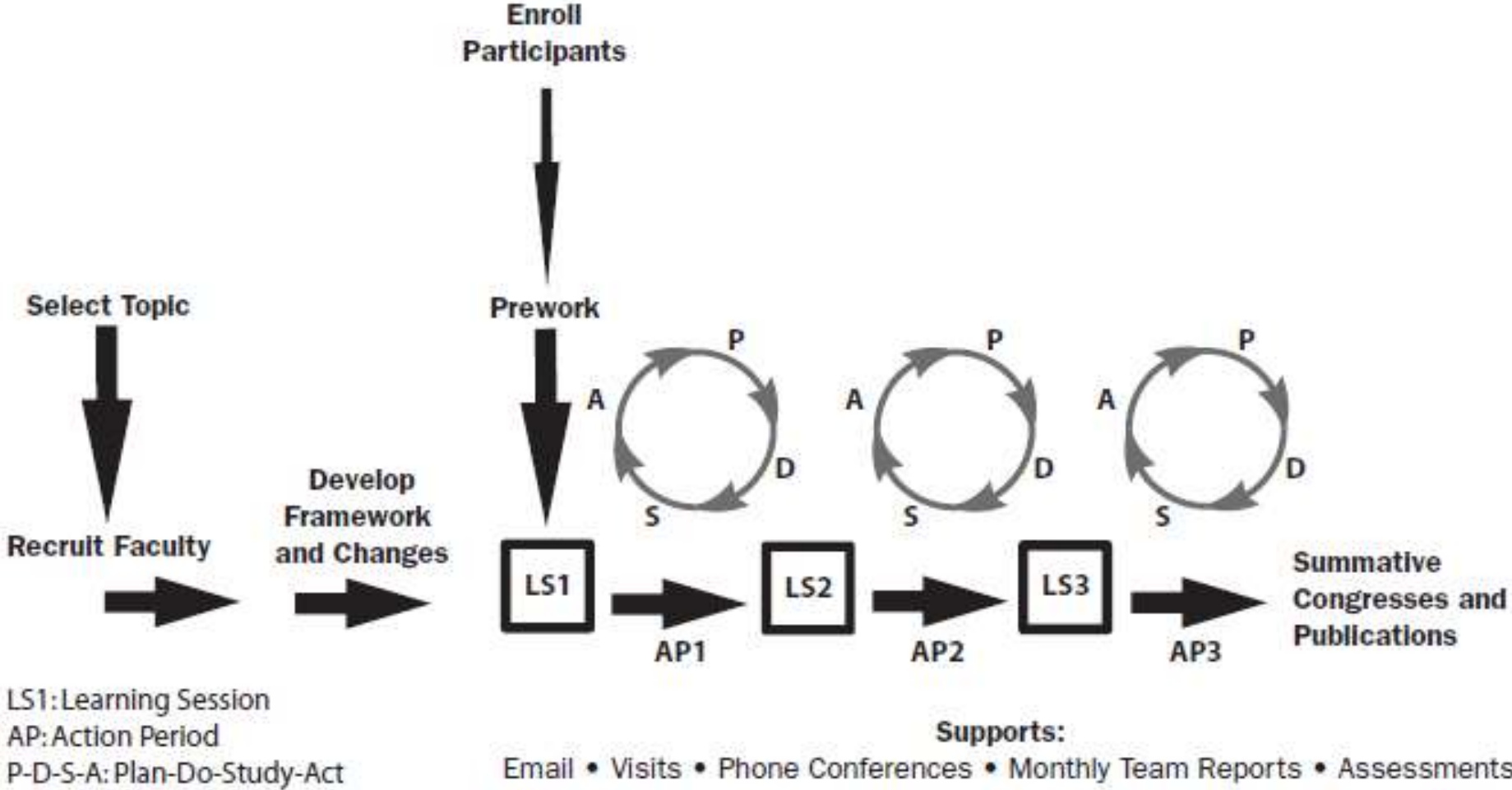
LS1: Learning Session
AP: Action Period
P-D-S-A: Plan-Do-Study-Act

Supports:
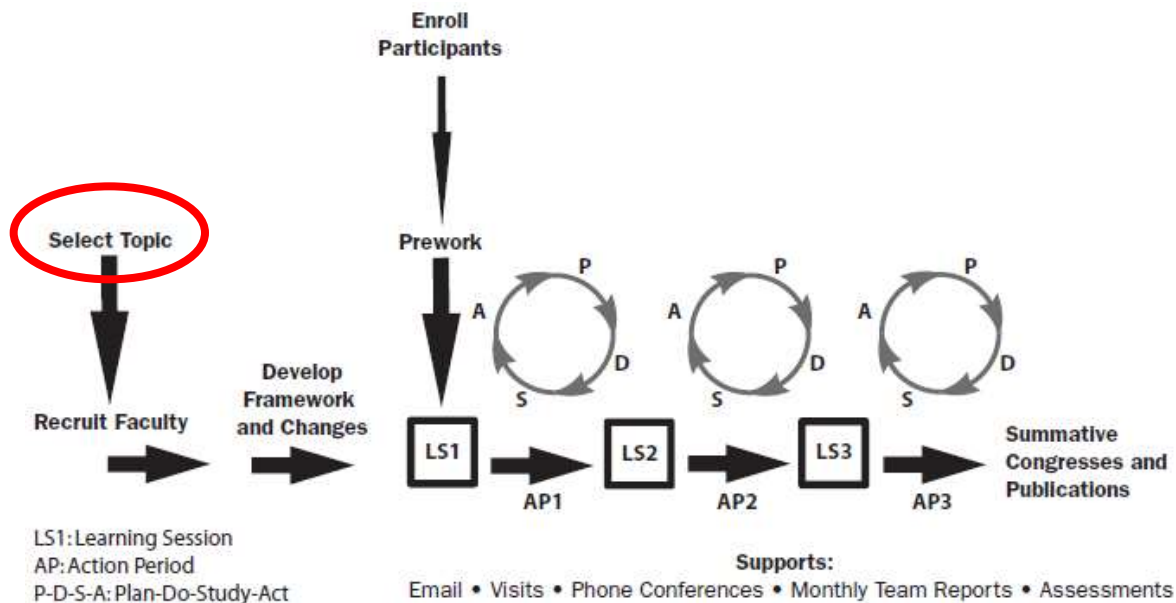Email • Visits • Phone Conferences • Monthly Team Reports • Assessments

"If I had to reduce my message for management to just a few words, I'd say it all had to do with reducing variation."
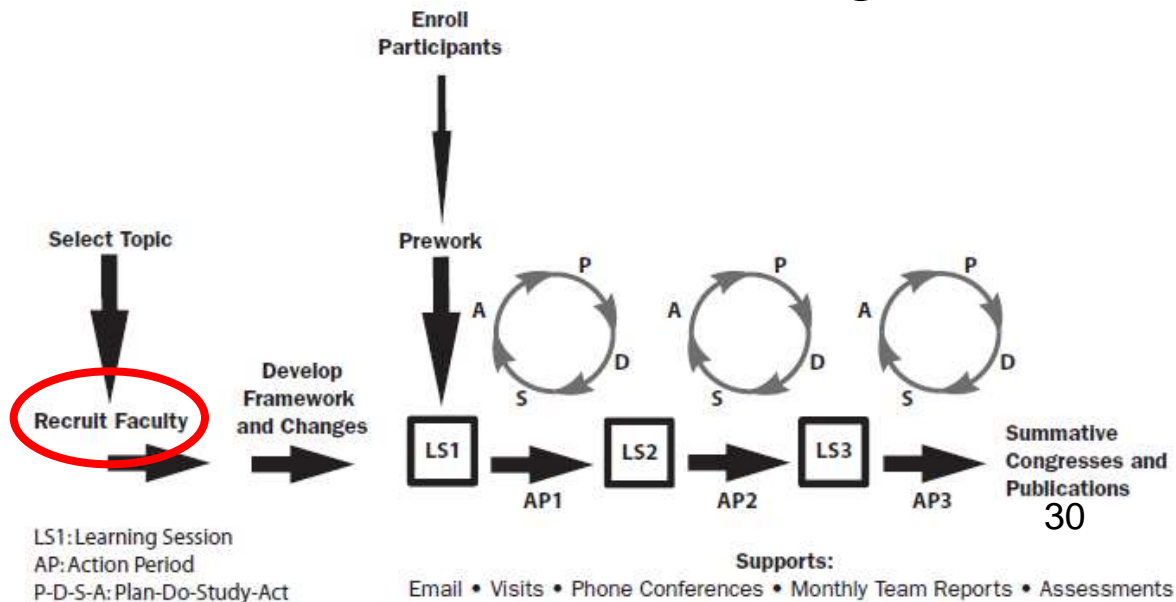
W. Edwards Deming
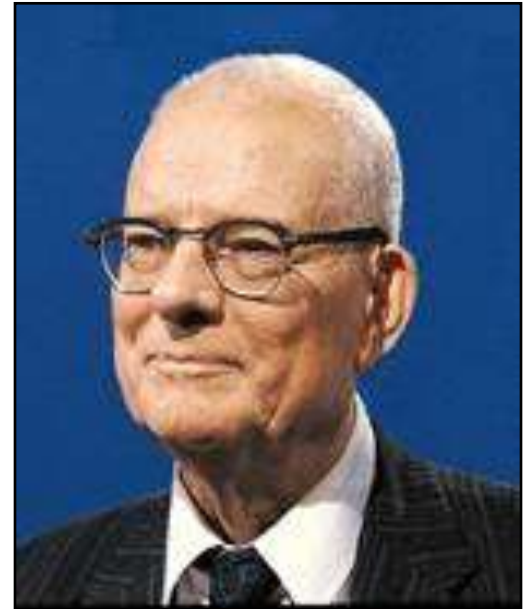
Topic Selection

- A burning platform for change
- Existing knowledge but poor implementation
- Current defects profoundly affect patients

Expert Panel of Faculty

- Select 5-15 experts: subject matter experts, varied disciplines and clinicians w experience

- Lead expert serves as collaborative leader for other faculty to coach the teams

- Responsible for aims, measures and change package

Enroll Participants

Select Topic

Prework

Recruit Faculty

Develop Framework and Changes

LS1 → AP1 → LS2 → AP2 → LS3 → AP3 → Summative Congresses and Publications

LS1: Learning Session
AP: Action Period
P-D-S-A: Plan-Do-Study-Act

Supports:
Email • Visits • Phone Conferences • Monthly Team Reports • Assessments

30

Change Package

- Collection of work areas and tested ideas
- Playbook or guide for teams
- Detailed enough to be helpful
- Not a perfect recipe book

Patient Safety and Clinical Pharmacy Services Collaborative (PSPC)
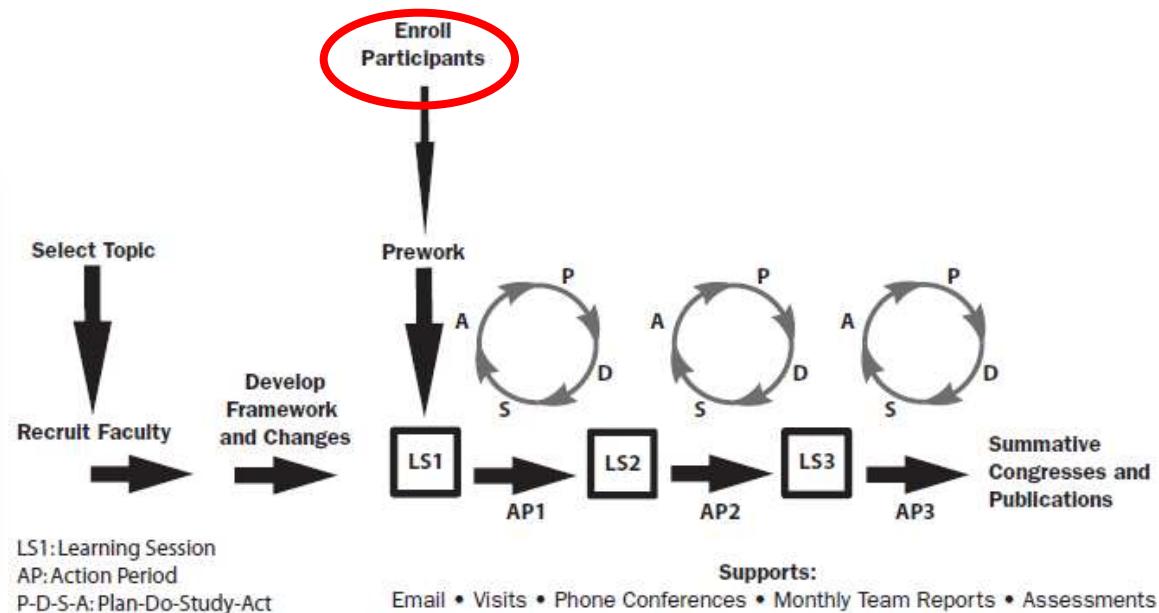
Change Package

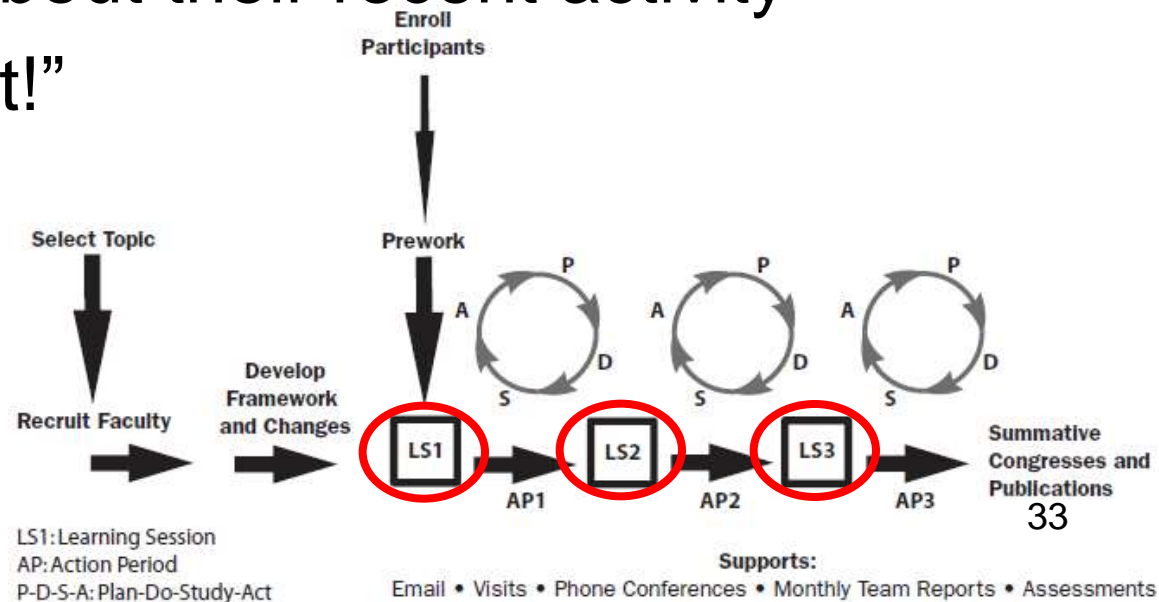**October 2012**

Table of Contents

31

Teams Enroll in Collaborative

- Multidisciplinary teams
- Senior leader identified to provide sponsorship
- Participate in pre-work conference calls
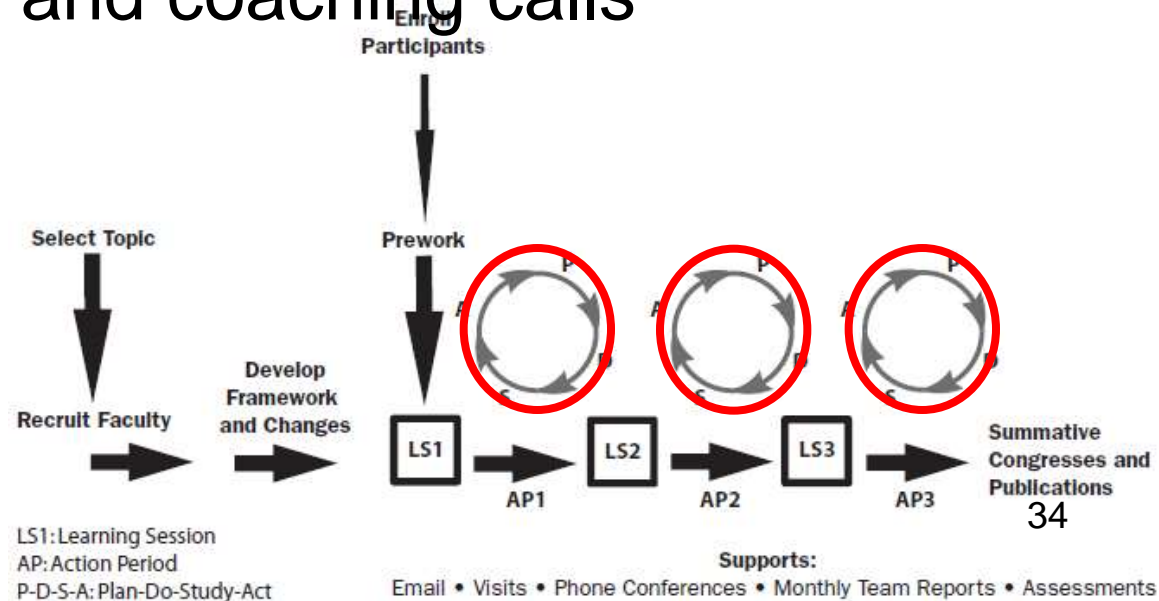- Create a charter with roles and expectations

Learning Sessions

- Traditionally face-to-face meetings (quarterly)
- Representative(s) from each team attend
- Faculty highlight sections of change package and increase improvement teaching
- Teams present about their recent activity
  - "how I solved it!"

Enroll Participants

Select Topic

Prework

Develop Framework and Changes

Recruit Faculty

P A D S

LS1   LS2   LS3

AP1   AP2   AP3

Summative Congresses and Publications

LS1: Learning Session
AP: Action Period
P-D-S-A: Plan-Do-Study-Act

Supports:
Email • Visits • Phone Conferences • Monthly Team Reports • Assessments
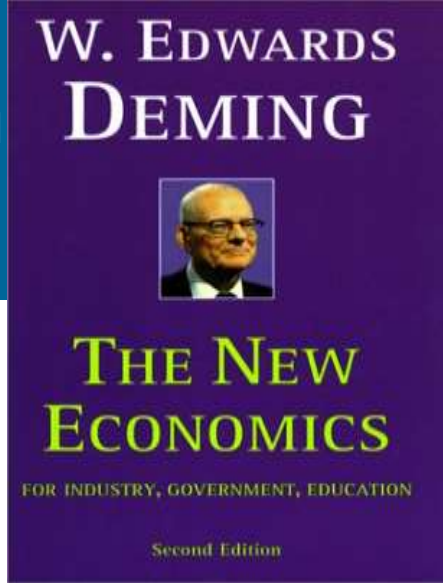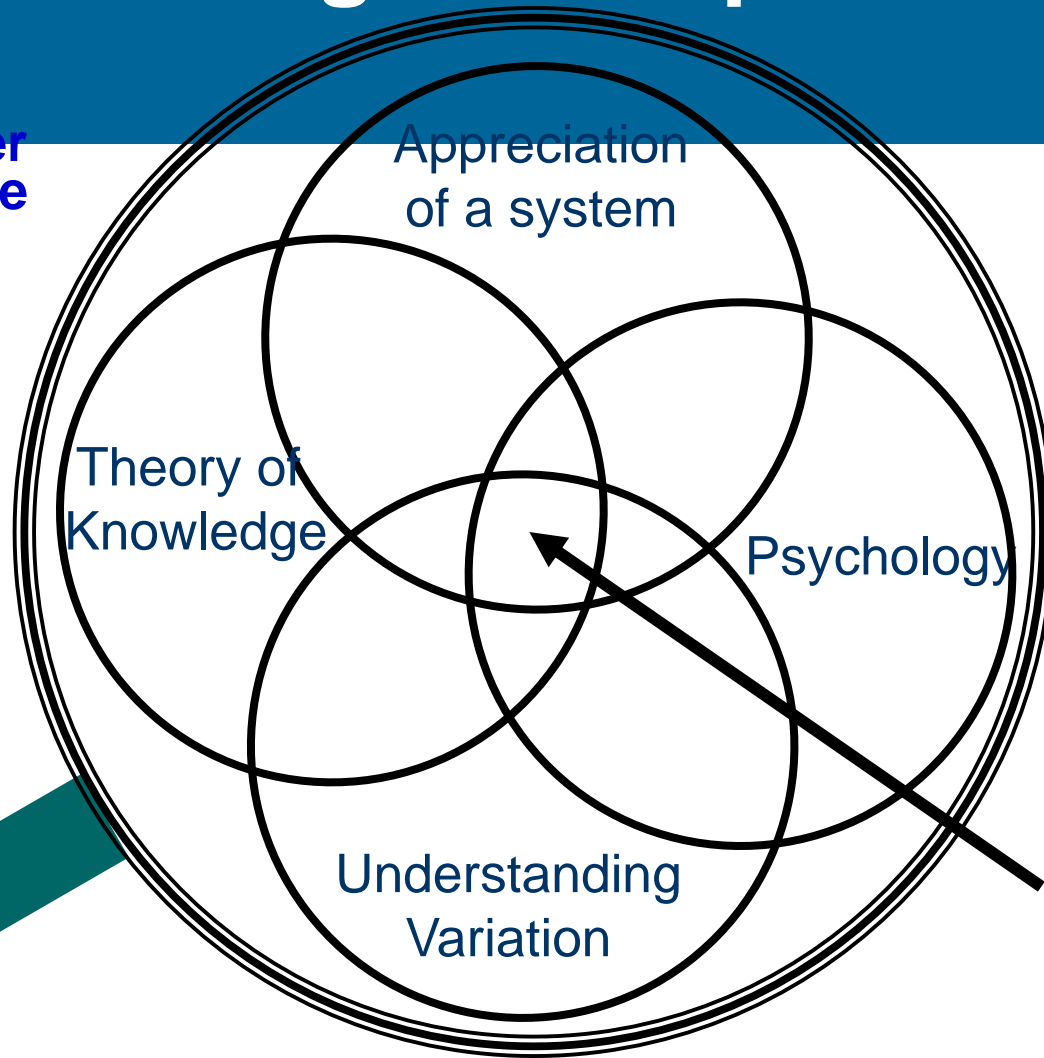
Action Periods

- Between Learning Sessions
- Test and implement changes in local setting
- Collect data
- Submit monthly progress reports
- Monthly webinars and coaching calls

Enroll Participants

Select Topic

Prework

Develop Framework and Changes

Recruit Faculty

LS1 → LS2 → LS3 → Summative Congresses and Publications

AP1   AP2   AP3

LS1: Learning Session
AP: Action Period
P-D-S-A: Plan-Do-Study-Act

Supports:
Email • Visits • Phone Conferences • Monthly Team Reports • Assessments

34

Knowledge for Improvement

Subject matter Knowledge

Appreciation of a system

Theory of Knowledge

Psychology

Understanding Variation

Values

Knowledge for Improvement

W. EDWARDS DEMING

THE NEW ECONOMICS

FOR INDUSTRY, GOVERNMENT, EDUCATION
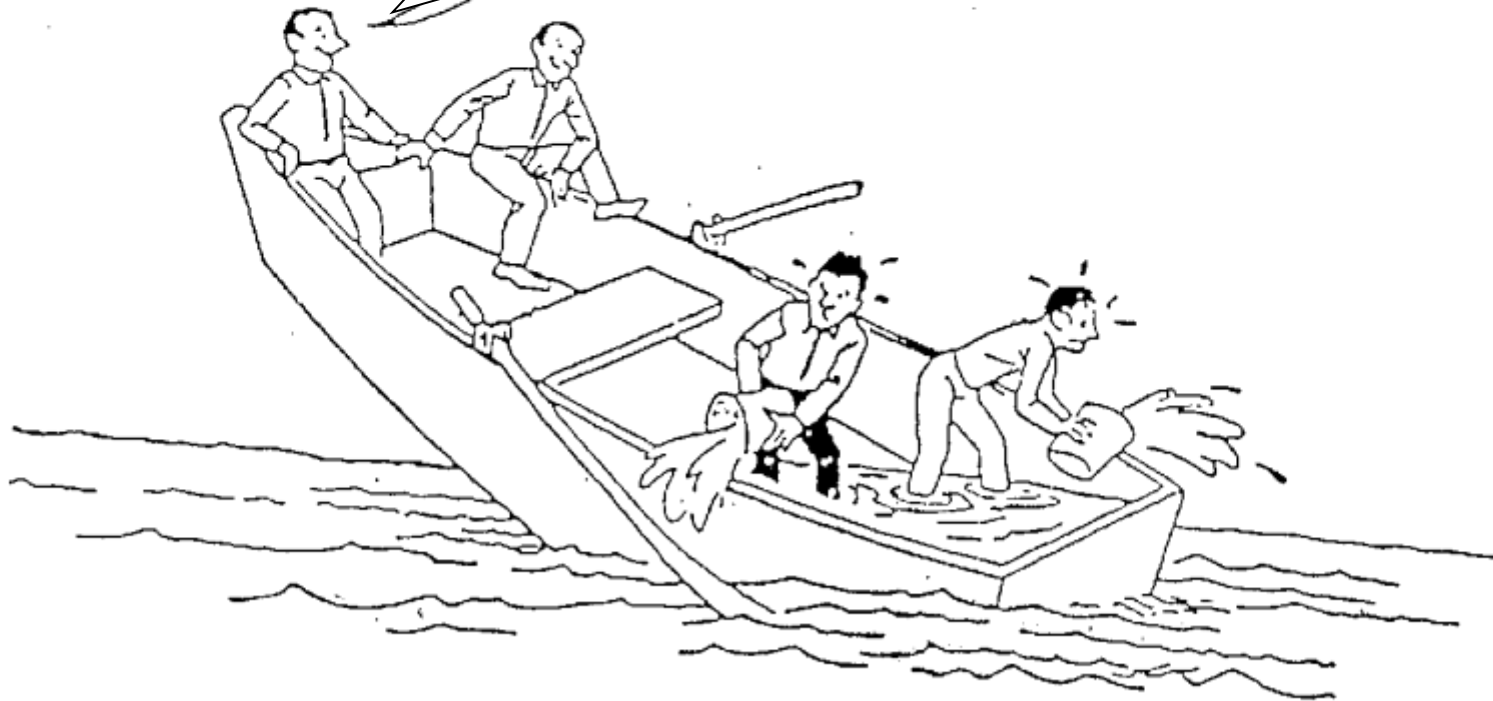
Second Edition

Understanding Systems

- What is a system?
  - System = a collection of processes working together to produce a defined output

- "Every system is perfectly designed to achieve the results it gets"
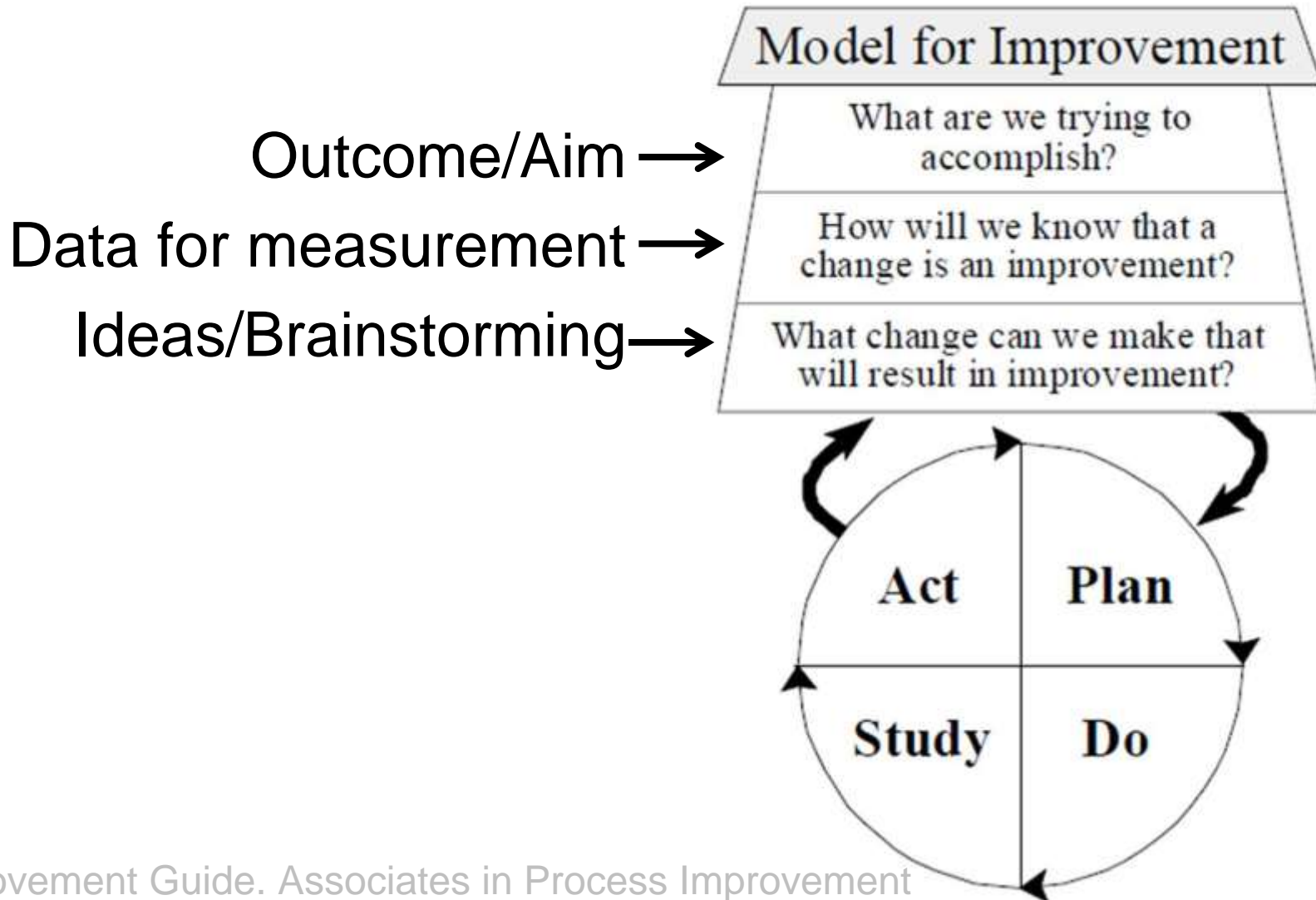 - » Paul Batalden

Understanding Systems

- How is a process different from a system?

- Can we brainstorm some of the processes which make up the systems we work within?

Complete each of the steps in this process

NO

Step 1:
Pick a number
from 3 to 9

Step 2:
Multiply your
number by 9

Step 3:
Add 12 to the
number from step 2

Do
you have
a 2-digit
Number?

YES

Step 4:
Add your 2
digits together

Step 5:
Divide # from step 4
by 3 to get a 1
digit number

Step 6:
Convert your
Number to a letter:
1=A   2=B   3=C
4=D   5=E   6=F
7=G   8=H   9 = I

Step 7:
Write down the
name of a city
that begins with
your letter

Step 8:
Go to the next
Letter: A to B,
B to C, C to D,
etc.

Step 9:
Write down the name
of an animal (not bird,
fish, or insect) that
begins with your letter
from Step 8

Step 10:
Write down
the color of
your
animal

Output:

Color_____

Animal_____

City_____

Model for Improvement

Outcome/Aim →

Data for measurement →

Ideas/Brainstorming →

Setting Aims

- Should be impossible within the current framework of how our system functions

Should embody these key elements

- Ambitious

- Measurable

- Time Limited

- Very Specific

Setting an Aim

- First answering the Question
  - "What are you trying to accomplish?"

- Appreciation of the destination
  - Take advantage of these questions
  - "How much?"
  - "By when?"

Langley et. al.

Example Aim – What do you think?

- We will improve our follow up rate with patients who may have an abnormal result.

- By July 2014, we will deliver 99% of consult notes to patients within 36 hours of receiving them from the specialist.

Process Map Analysis

- Time – How long?

- Space – Where did the step take place?

- Human Resources – Who did it?

- Geography – How far is the journey?

- Financial Resources – What is the cost and to whom?

Process Map Analysis

- How many steps are in the process?

- Examine the order of the steps in the process – are they ideally placed?

- How many transfers occur in the process?

- Where do delays occur in the process?

- Can you identify known bottlenecks in the process?

Process Mapping – Understanding Bottlenecks

- How fast will grains of sand run through this bottle?

500 grains/30 secs

270 grains/30 secs

170 grains/30 secs
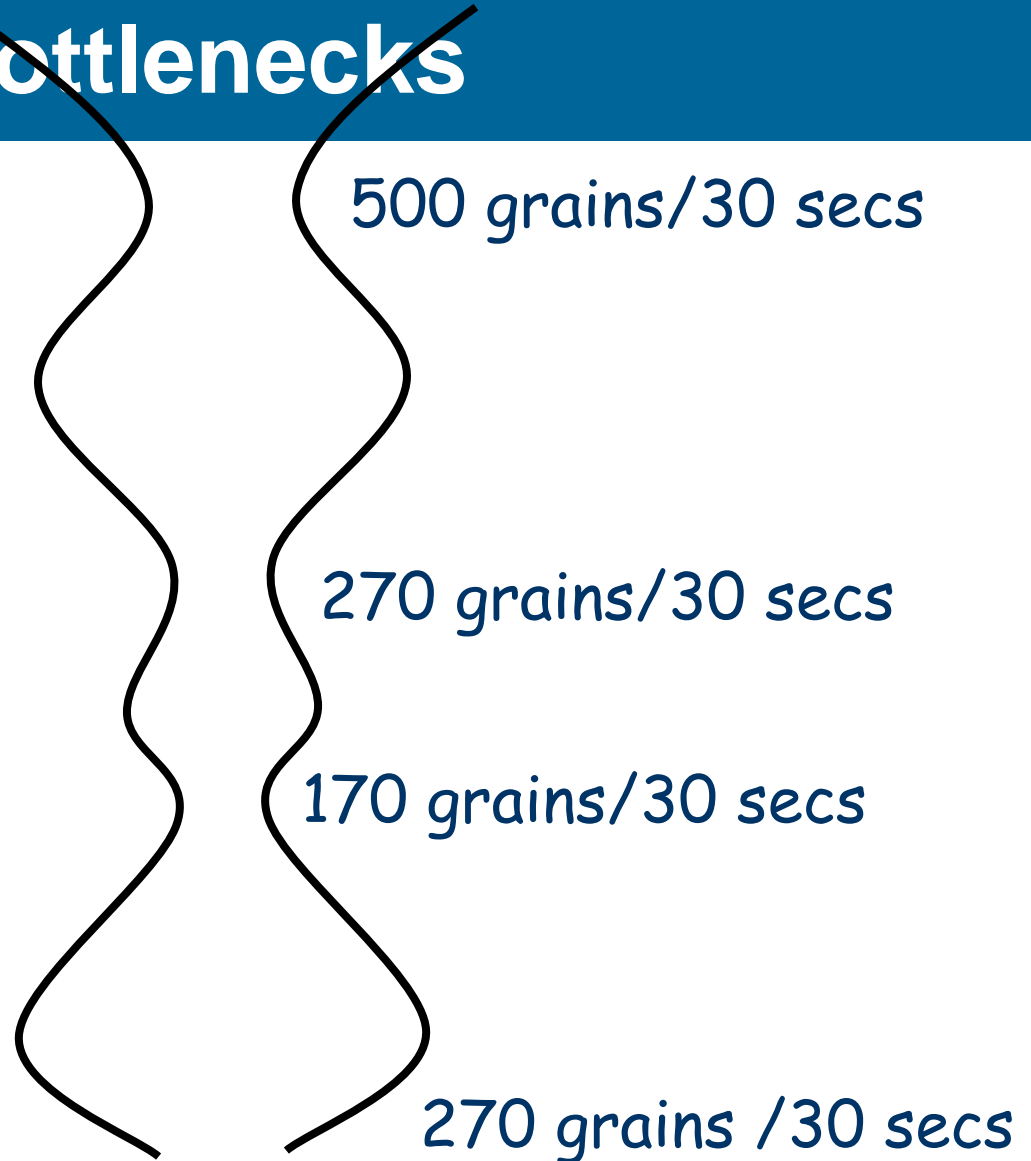
270 grains /30 secs

Process Mapping – Understanding Bottlenecks

- The answer is: 170 grains/30 secs

500/30 secs

270/30 secs

170/30 secs

270/30 secs
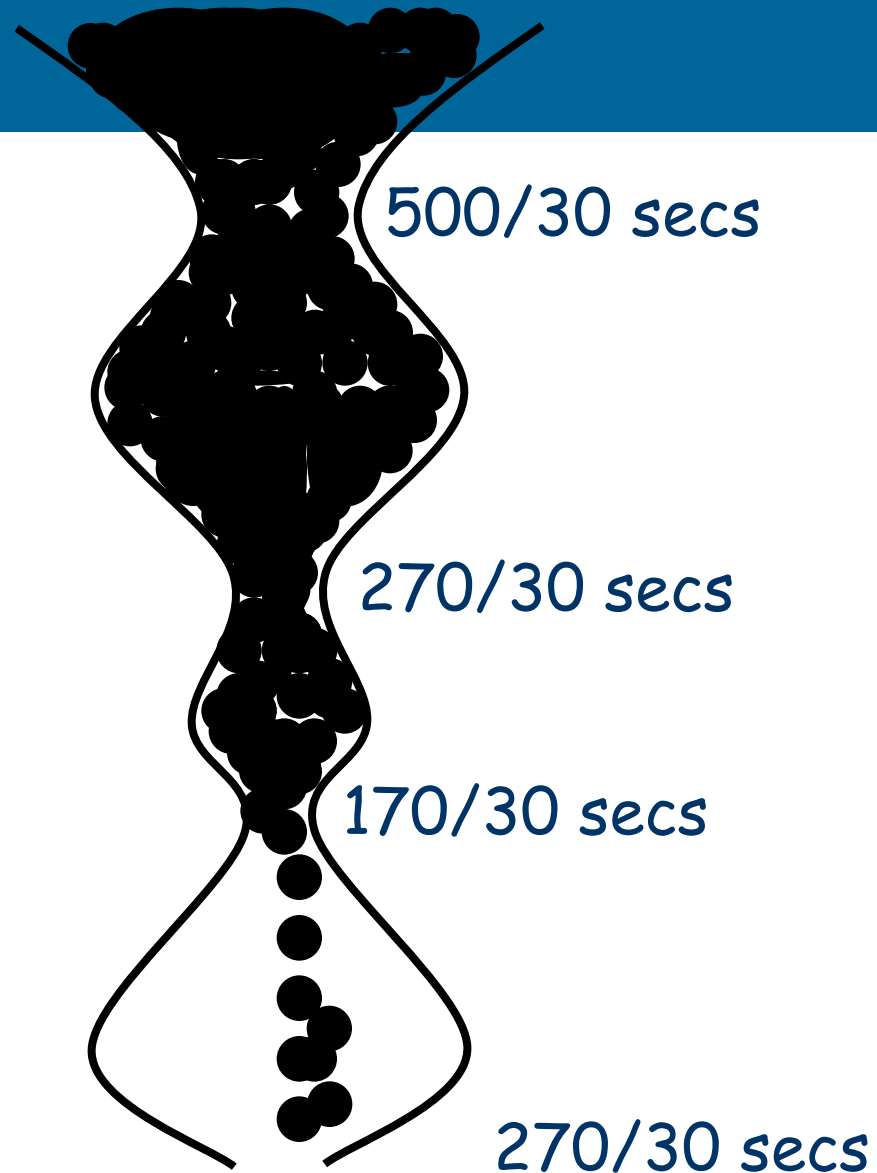
Process Mapping – Managing Bottlenecks

- Stop sending work to the bottleneck

- Ensure there are no delays at the bottleneck

- Make sure the bottleneck is occupied only by work which is causing the constraint

- Shorten the time it takes the constraint to complete its task (increase throughput)

- Increase capacity at the bottleneck

Process Measure Summary

- Measure the success of <u>each step</u> in a process of care

- Every step can be measured with <u>a count</u> in participation

- <u>Reveal high leverage steps</u> were we are currently facing gaps or the process is failing

Measurement: Improvement and Research

Aspect	Improvement		Research
Philosophy of Science	Scientific method		
Aim	Improvement of care		New knowledge
Principles for design	Build knowledge sequentially Collect data over time Include a wide range of conditions in the tests		
Design & Analysis	Time Series (Run charts or Shewhart control charts)		Hypothesis, statistical tests (t-test, F-test, chi square), p-values
Bias	Acceptable consistent bias		Design to eliminate bias
Sample size	Just enough data		Just in case data
Confidentiality of the data	Data used only by those involved in the improvement		Research subjects' identities' protected

Three types of Measures

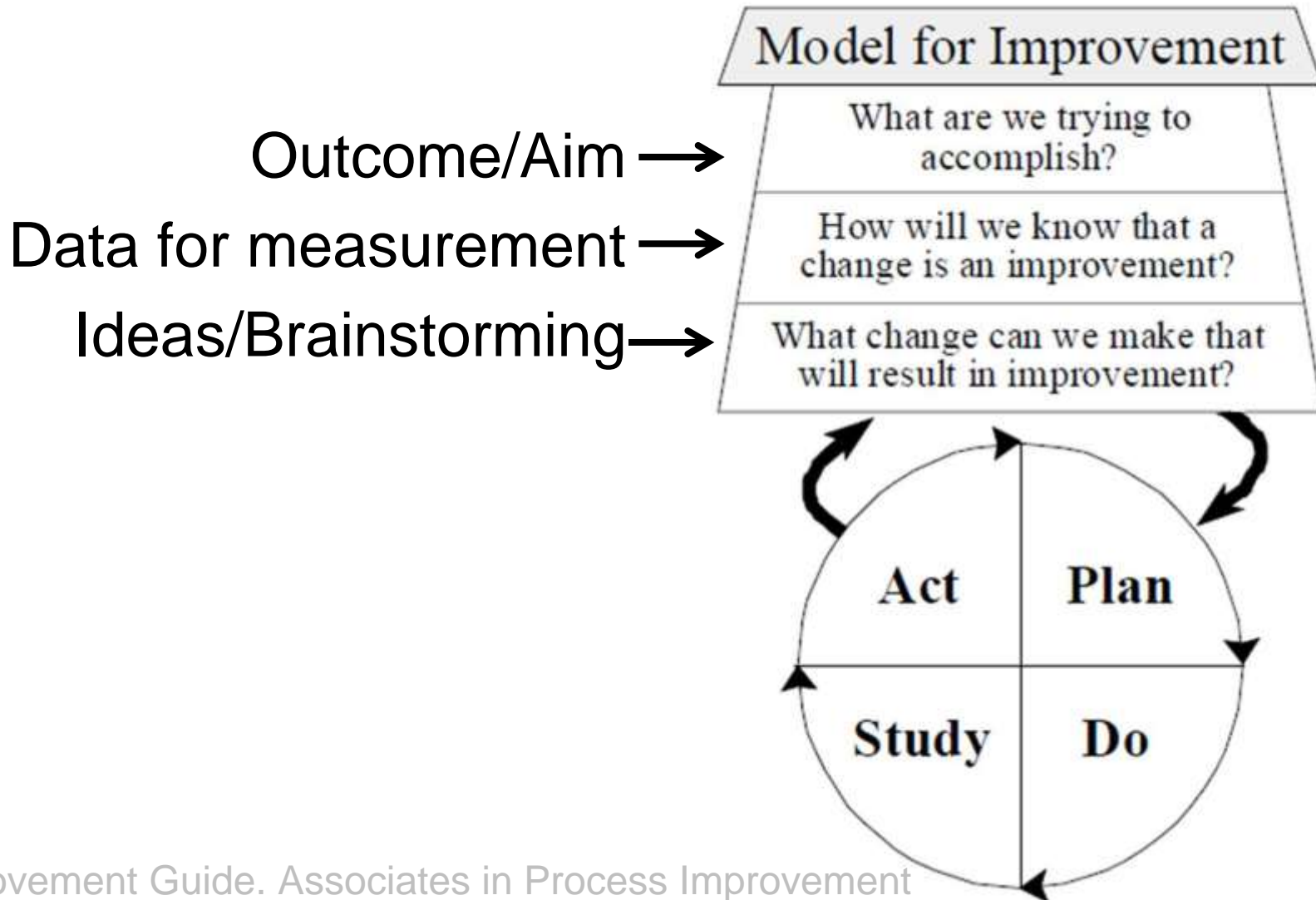- Outcome Measures

- Process Measures

- Balance Measures

Outcome Measures

- How do we define outcome measures?

- Deming described these measures as the "voice of the customer"

- What are some of the outcome measures for your work?

Process and Balance Measures

- How do we define process and balance measures?

- For Deming these measures were also described as the "voice of the system"

- What are some of the process and balance measures for your work?

Model for Improvement

Outcome/Aim →

Data for measurement →

Ideas/Brainstorming →

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act | Plan
Study | Do

QI Process = Mantra

1. Develop a clear and directive Aim statement
2. Create a Process Map
3. Identify and Track Process Measures (Data)
4. Analyse data to find areas for improvement
5. Improvement tools to generate change ideas
6. Test changes to the system (PDSA)
7. Continuous Improvement through repetition

Ongoing Cycles of Improvement

- Each test of change results in learning
- Test grow in size and scope with confidence
  - Number of patients affected by a change increases as riskiness of test decreases
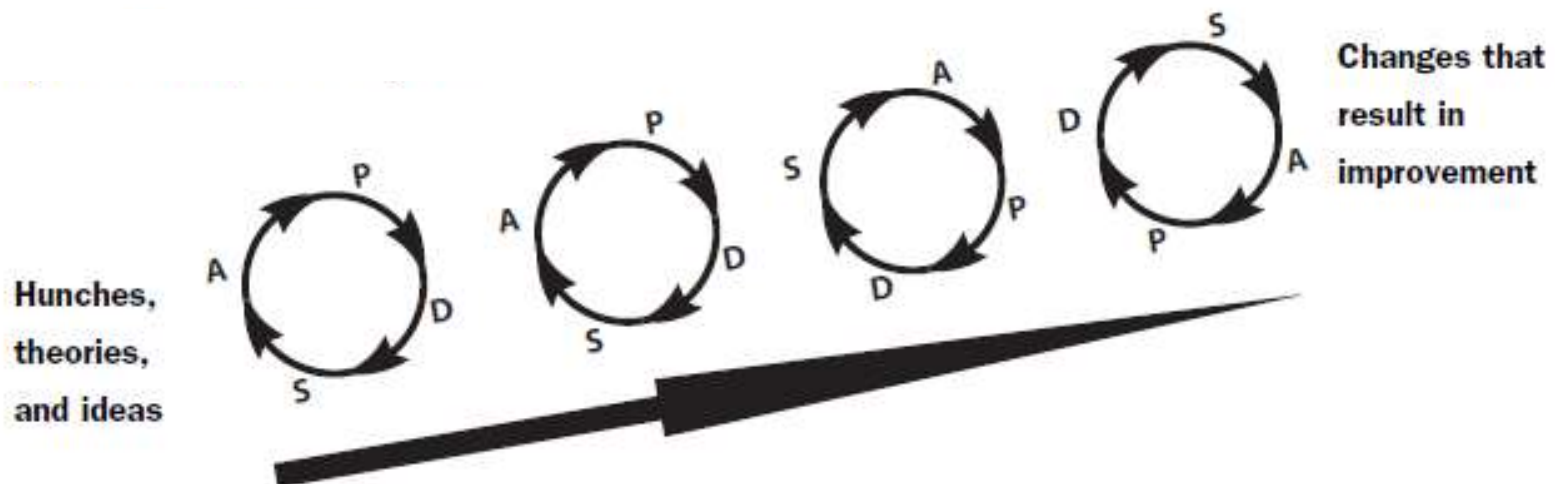
Final Meeting and Publication

- After the final learning session, many collaboratives work to present/publish results
- Strongest evidence links clear changes with data.
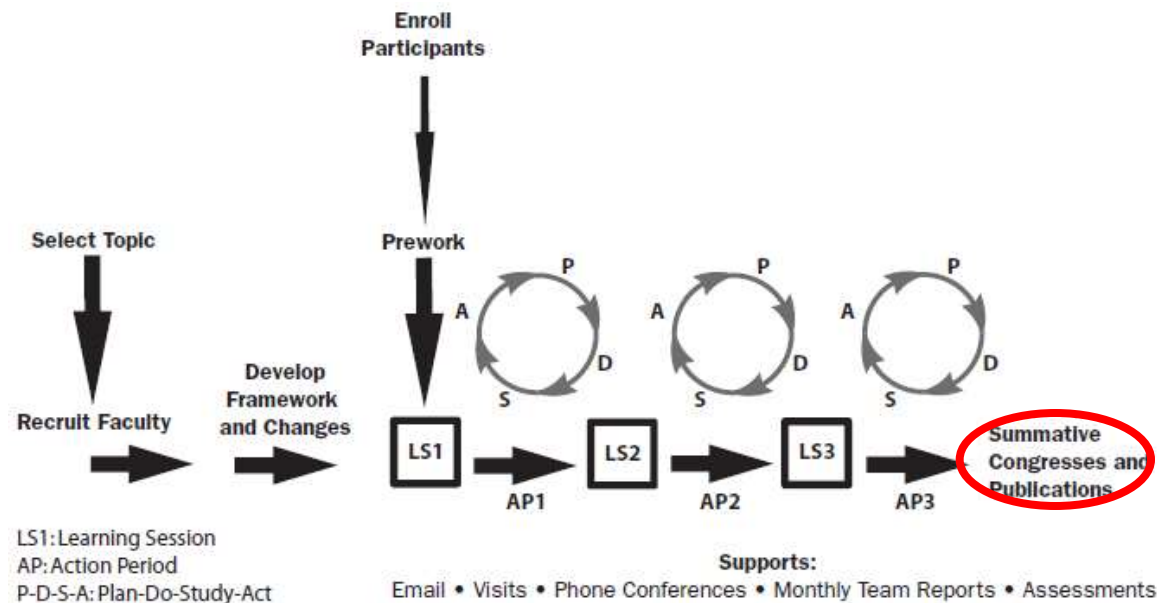
Characteristics of Successful Collaboratives

- Clear aim for all teams to work towards
- Define change package with accessible concepts
- Data clearly identified and reported regularly
- Leadership must endorse and support testing
  - Remove barriers as they arise
- Faculty that encourage rapid testing

In Data We Trust

Data (n): a collection of facts from which conclusions may be drawn

Trust (n): certainty based on past experience

Tom Land

PWTF Goals

A Broken Record??

- Reduction in prevalence of preventable health conditions

- Reduction in health care costs and/or growth in health care cost trends
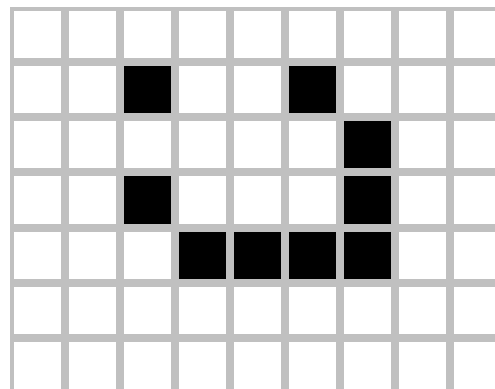
a moving target

PWTF Overview

Community: policy, systems, and environmental changes improving access to opportunities for healthy behaviors

Community-Clinical Linkages: improving access to high-quality preventive and chronic care services and promoting healthy behavior

Clinical: policy and systems changes improving quality and coordination of care

Evaluation Mission

- Know <u>whether</u> it worked
    - Assess the impact of PWTF policies and interventions

- Know <u>how</u> it worked
    - Gather sufficient information to develop a roadmap for future grantees

The Measurement Problem

- 9 Service Areas

- 3 Domains (community, clinical, community-clinical linkage)

- More than a dozen intervention types

- Measures should change with movement from capacity building to intervention

PWTF Interventions
A Partial List

Tobacco	QI in Clinical Settings
Tobacco	Clinical Decision Support Systems
Tobacco	Promoting Smoke Free Environments
Hypertension	QI in Clinical Settings
Hypertension	Self-Measured Blood Pressure Monitoring w/ Add'l Support
Hypertension	Chronic Disease Self-Management Programs
Pediatric Asthma	Asthma Self-Management in Primary Care
Pediatric Asthma	Care Management for High-Risk Asthma Patients
Pediatric Asthma	Comprehensive School-Based and Day Care Education Programs
Pediatric Asthma	Home-Based Multi-Trigger, Multi-Component Intervention
Falls Among Older Adults	Comprehensive Clinical Multi-Factorial Fall Risk Assessment
Falls Among Older Adults	Home Safety Assessment and Modification for Falls Prevention

Time to Pause

Evaluation Planning Partners

In addition to DPH staff, we have called upon:

UMASS Center for Health Policy Research

Harvard Catalyst

John Snow Incorporated / Northeastern University

UMASS Health Geography Lab

Rethinking the Elements

How can we increase the chances that all partners are successful?

1. What are the strongest interventions?

2. How do we measure progress?

What are the **Strongest** Interventions

- ## What do we mean strong?
  - – Most effective implementation
  - – Largest clinical impact
  - – Greatest return on investment
  - – Most sustainable

- ## Engage internal and external experts

Accepting and Combining Advice

Internal Experts

(Department of Public Health)

- Understand literature and data availability
- Practical programmatic experience
- Knowledge of PWTF service areas and partners

External Experts

(organized by Harvard Catalyst)

- Wide array of national experts
- State of the art intervention background
- Strong grounding in outcome measurement

R.O.I. Approach

(Advocates for Human Potential)

- Focus on return on investment
- "Fundability"

How Do We Measure Progress...Along a Continuum

1. Process

2. Improvement

3. Outcome
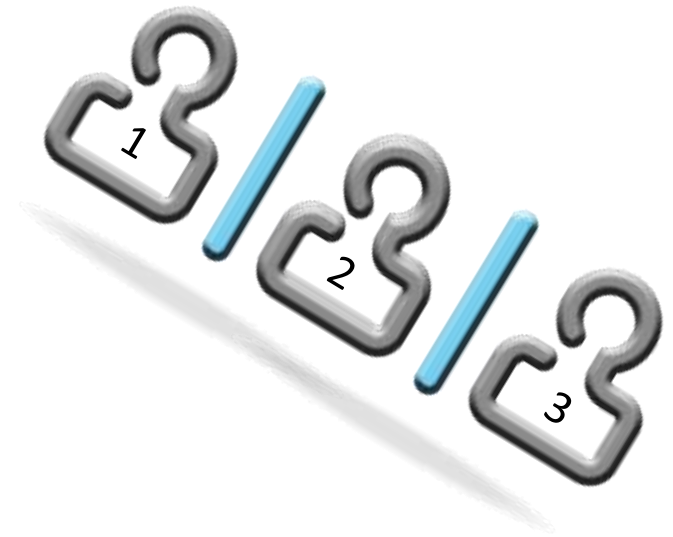
PWTF Conceptual Framework

Clinical

Community

Linkage

DRAFT Framework
QI Measures

Clinical

Assessing of Work Flows & Guidelines

Implementing Clinical Improvements

Measuring Process & Clinical Improvement

Linkage

- Define referral elements
- Alter EHR
- Export data and reports

- Continuous Quality Improvement

Community

Measuring Participation & Policies

Implementing Behavioral Supports & Policies

Scanning Behavioral Supports & Policies

73
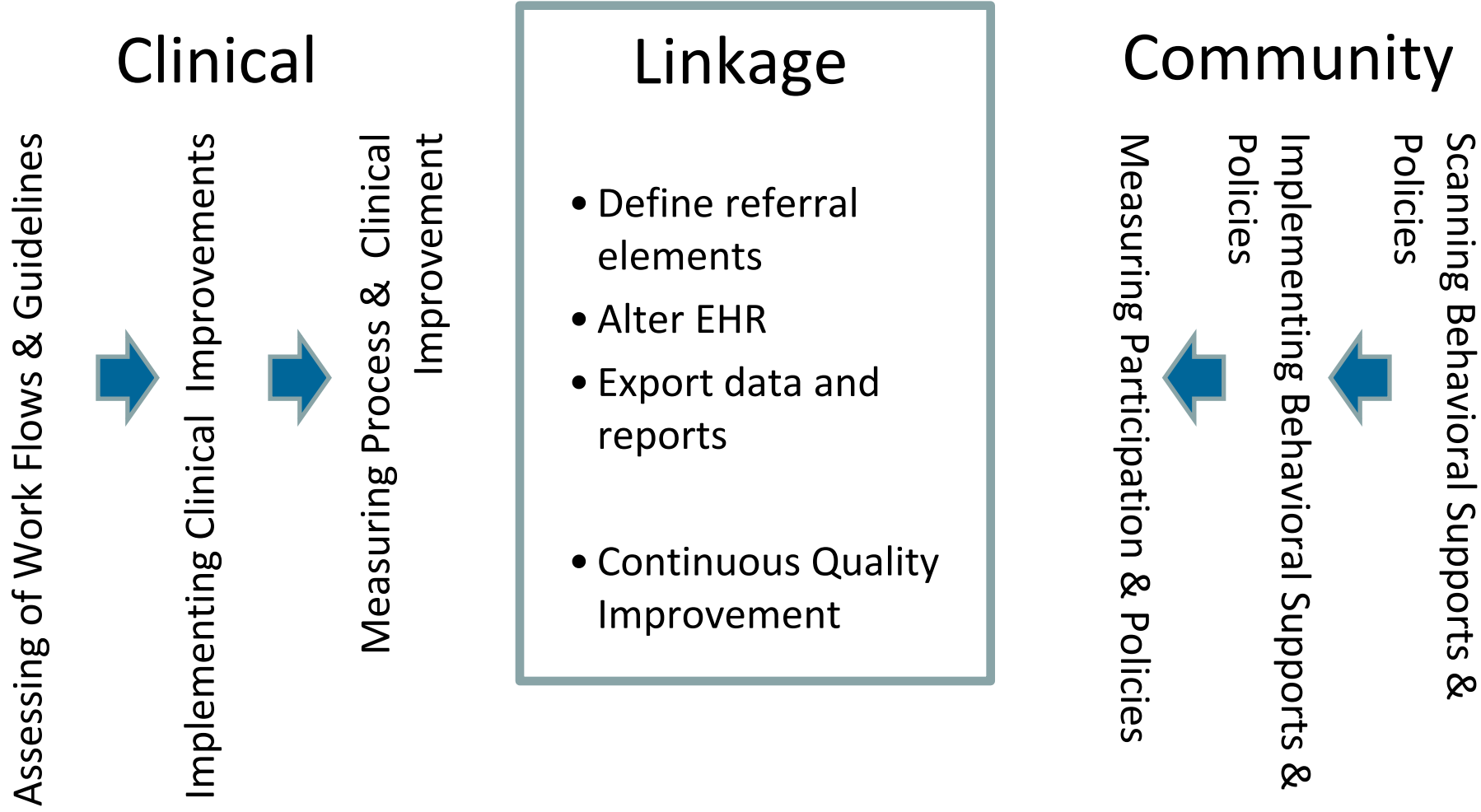
Successful Partnership Infrastructure Model

- Joint Values
  - Completed strategic plan

- Governance
  - Created partnership organization chart

- Operations and Staffing
  - Developed job descriptions and performance measures

- Communication
  - Surveys completed and submitted to DPH

- Work Plan
  - Data sharing agreements signed

SME Summit: March 28

Convene national experts to discuss measurement of PWTF priority health conditions.

- Agree to conceptual framework
- Review strength of interventions
- Determine measures
  - Process
  - Progress (QI)
  - Outcome
- Develop data collection tools and data storage infrastructure to support QI process

In Summary…..

In data we trust

Data (n): a collection of facts from which conclusions may be drawn

Trust (n): certainty based on past experience

!!!

Thanks!

Survey Background

- All coordinating partners

- Check list - current resources/plans

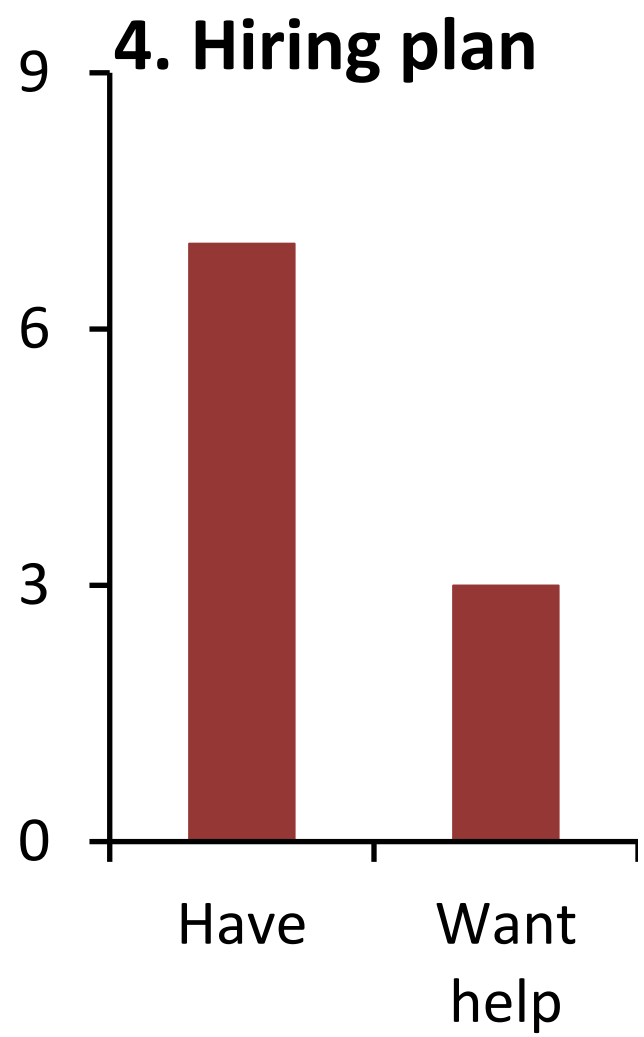- Questions on quality improvement (QI) experience, preferred support from DPH, barriers
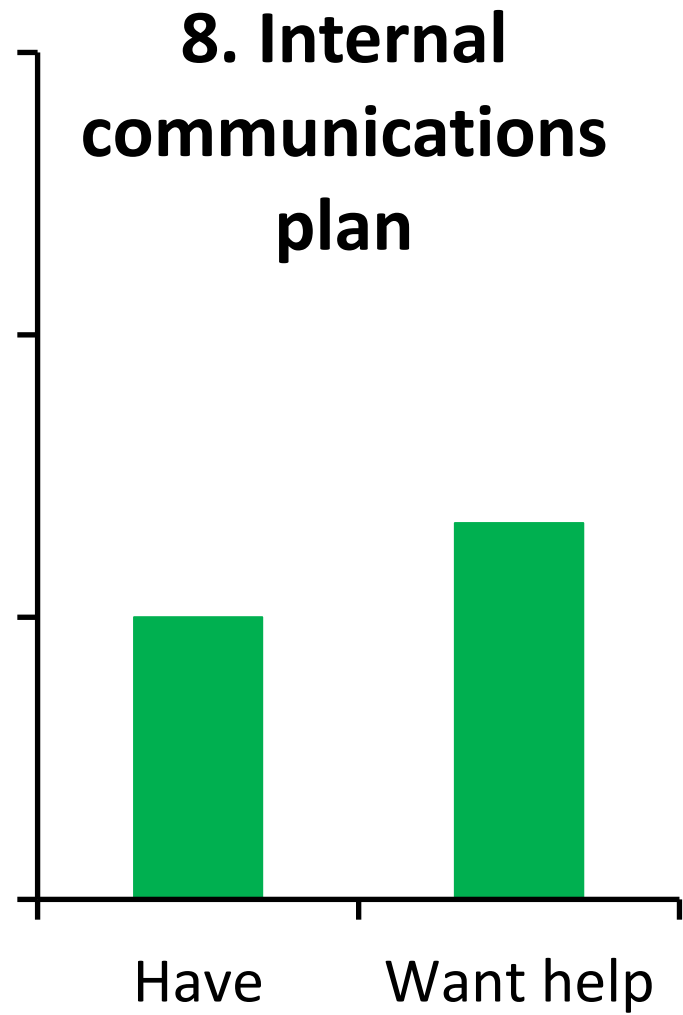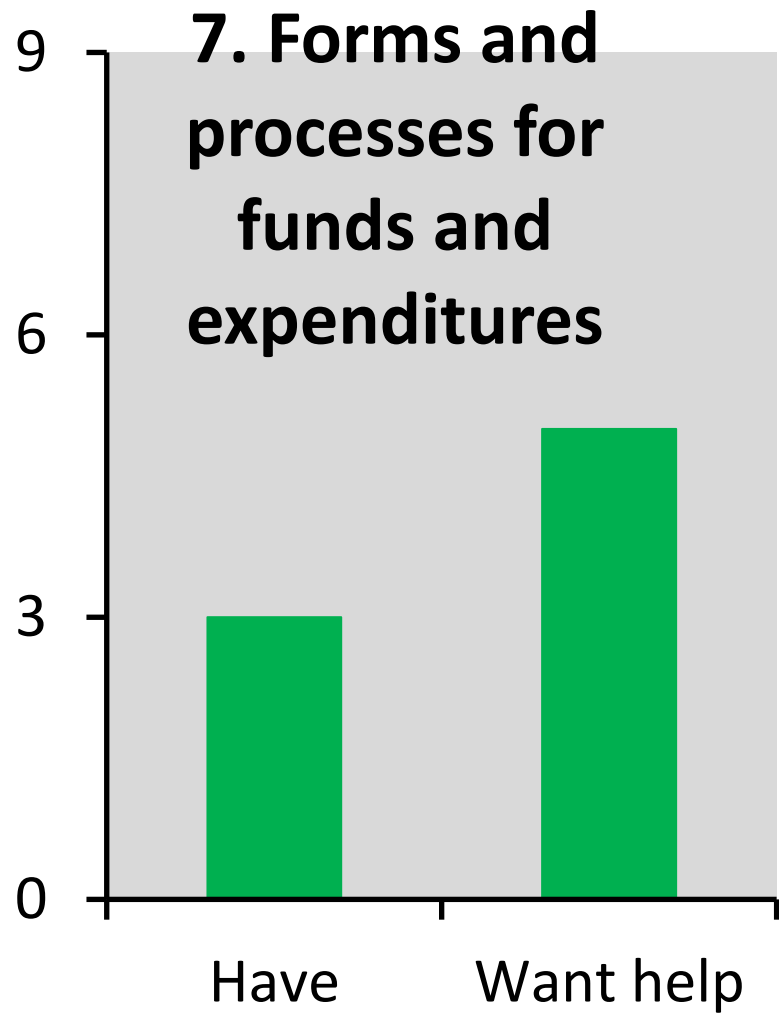
- Open-ended solicitation of concerns

Results: Relationships and Materials

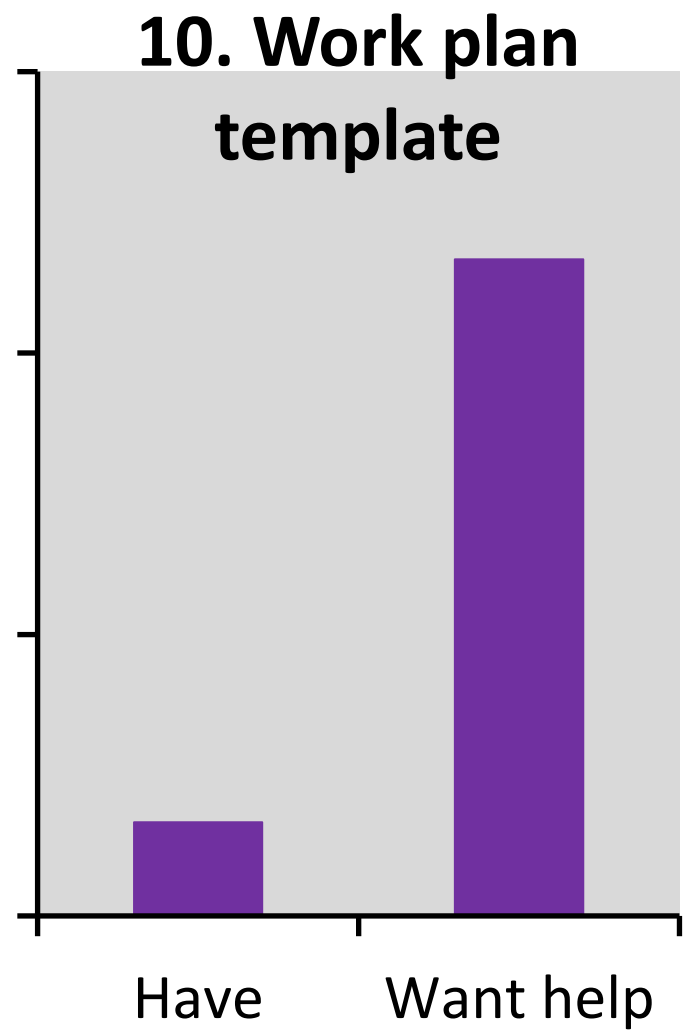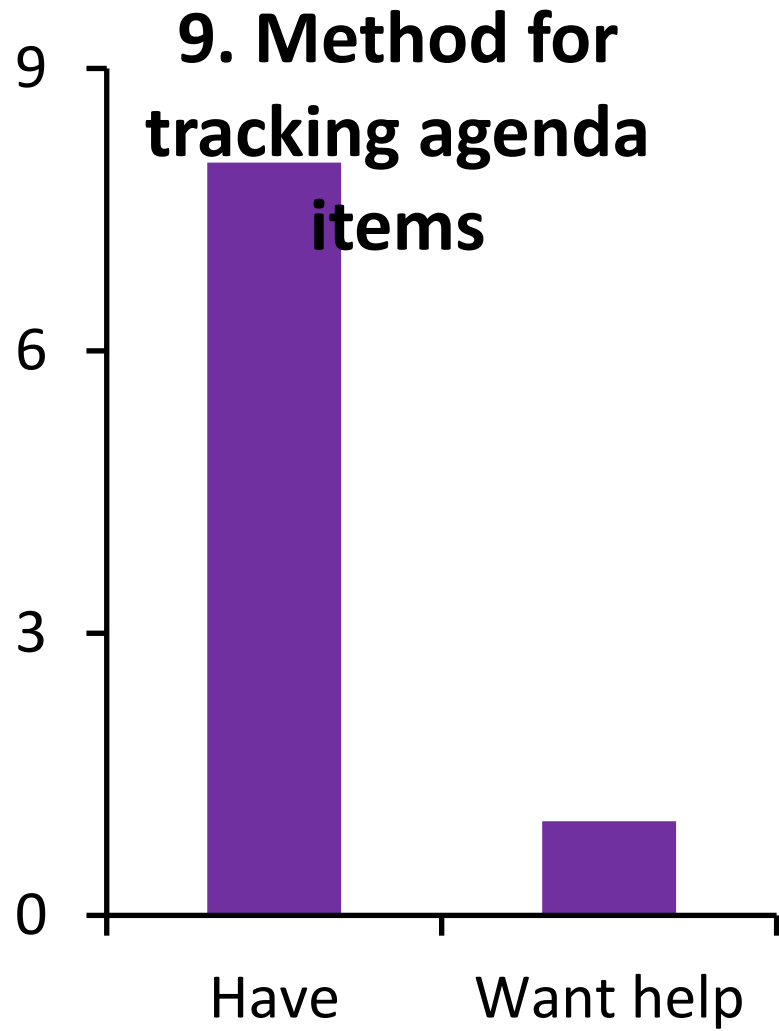**Rate your current relationships with partner organizations**

Bar chart:
- Excellent: 6
- Good: 3
- Fair: 0
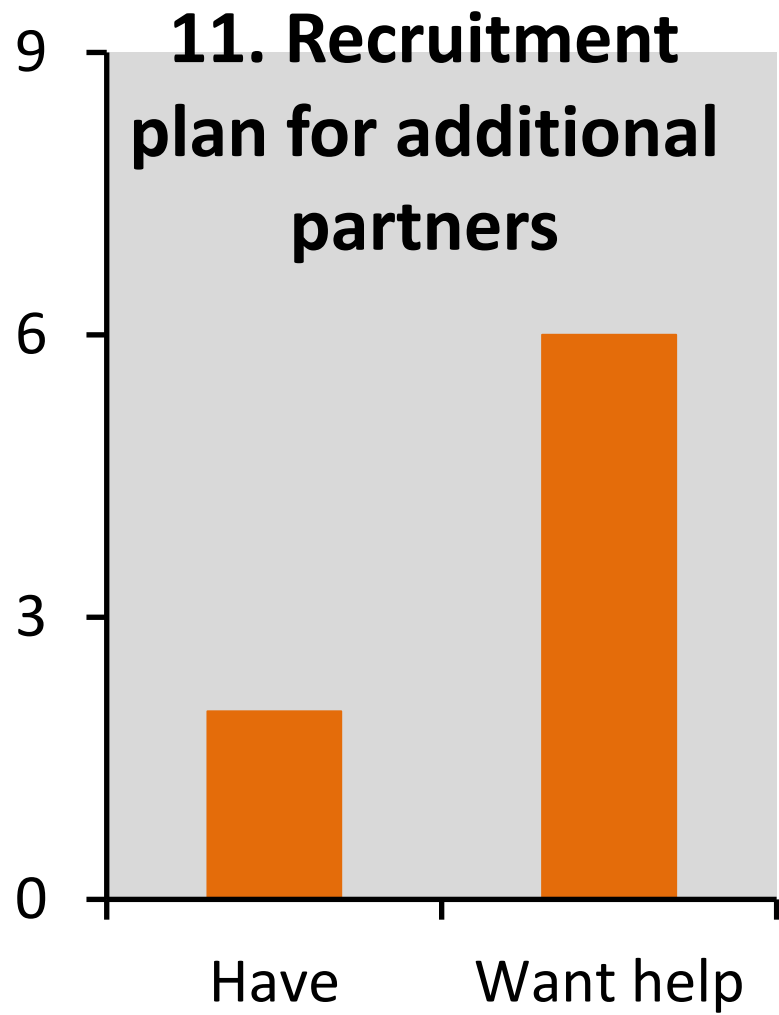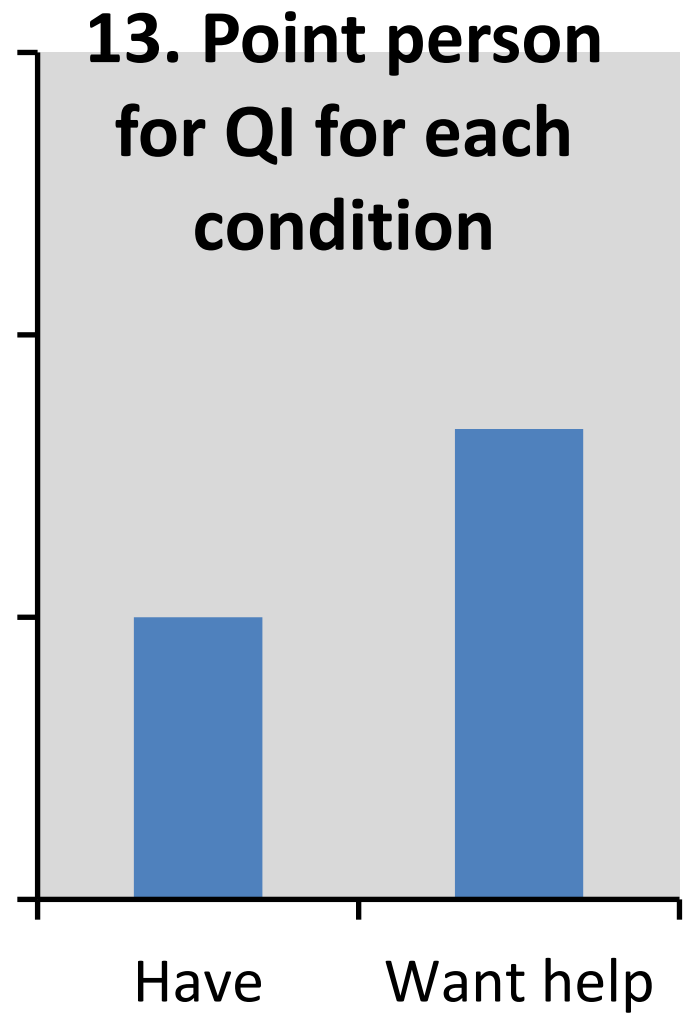- Poor: 0
- NA: 0

Y-axis: 0, 3, 6, 9

7. Forms and processes for funds and expenditures

8. Internal communications plan
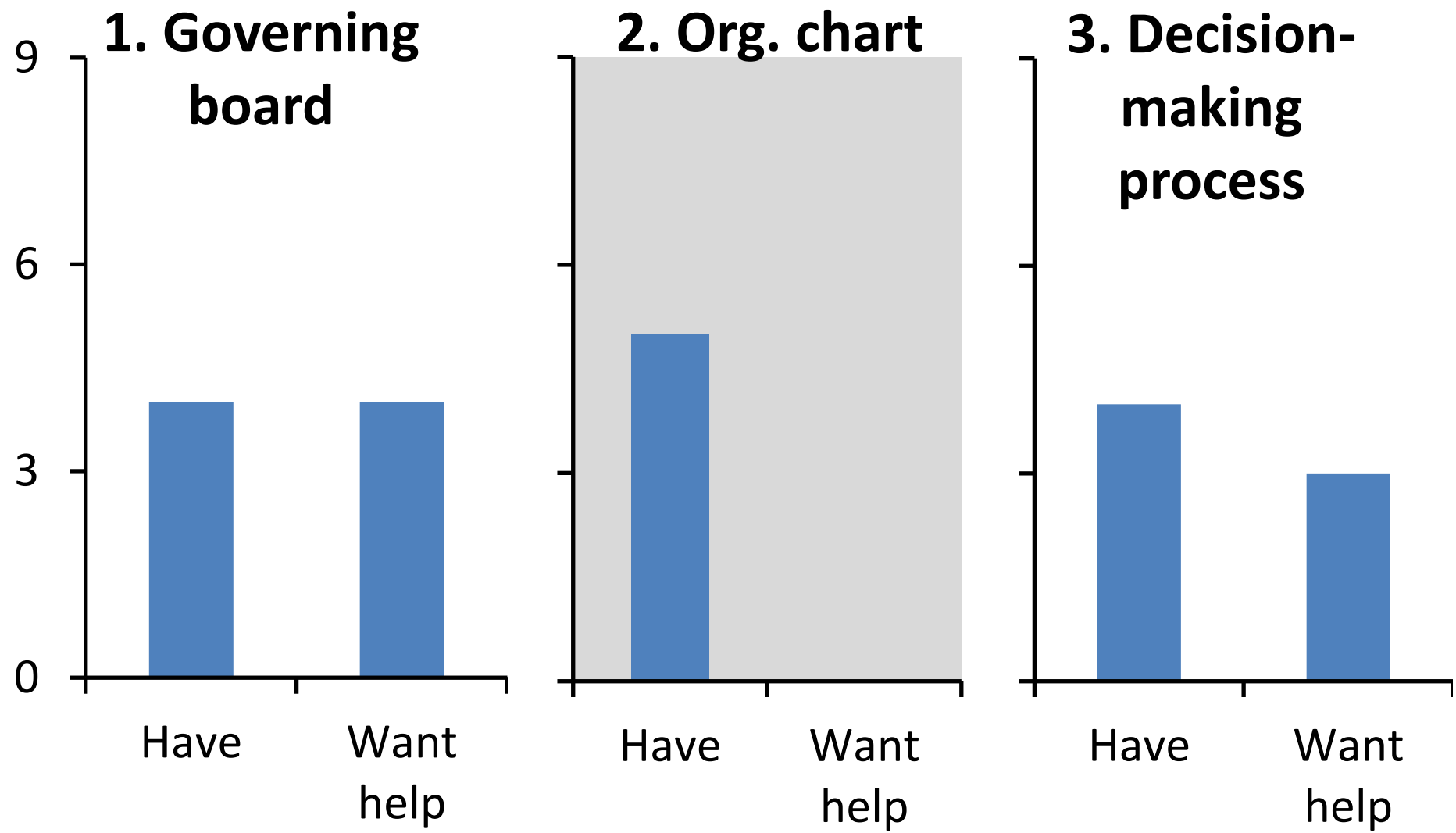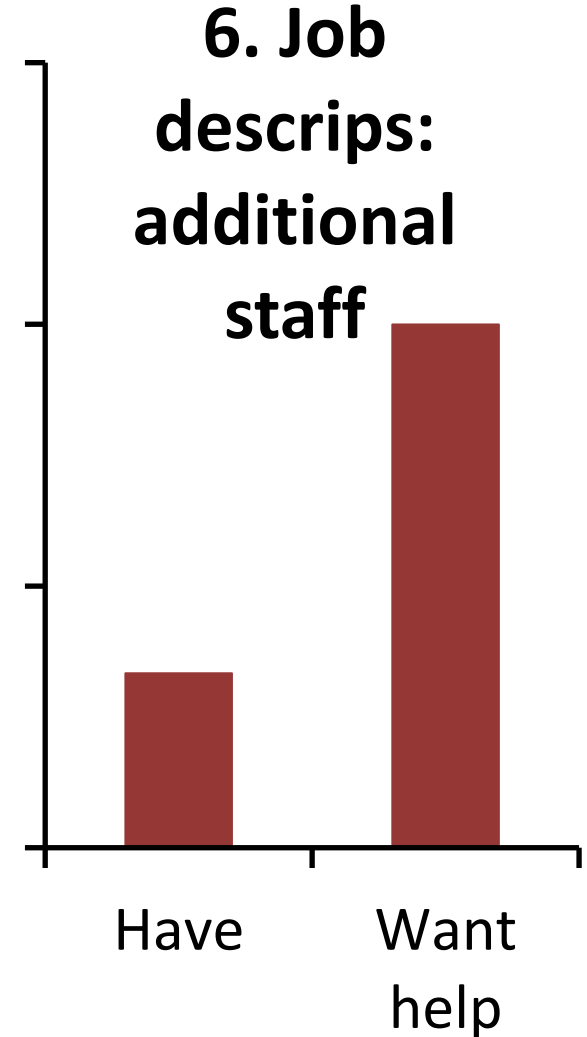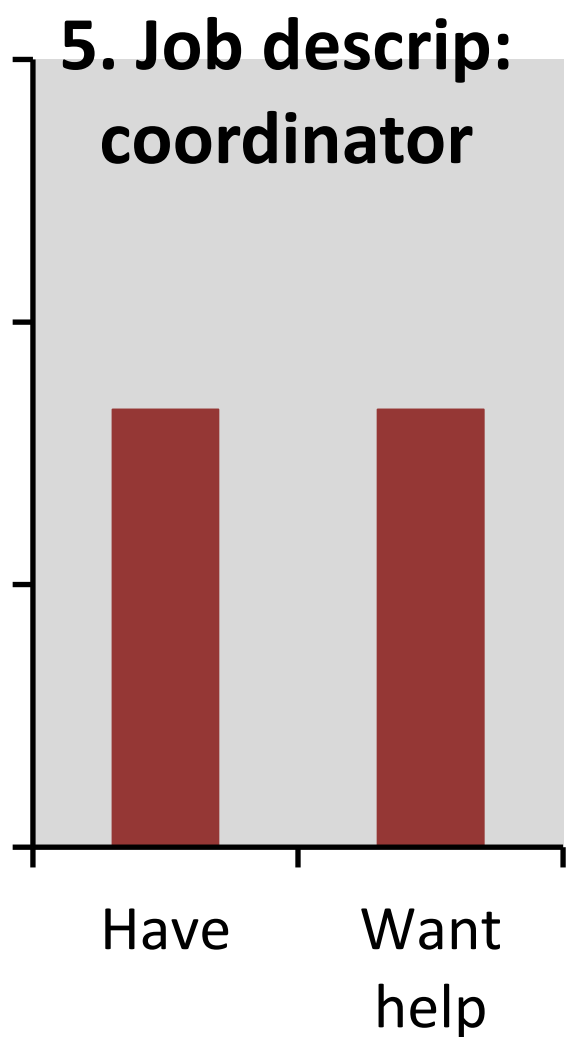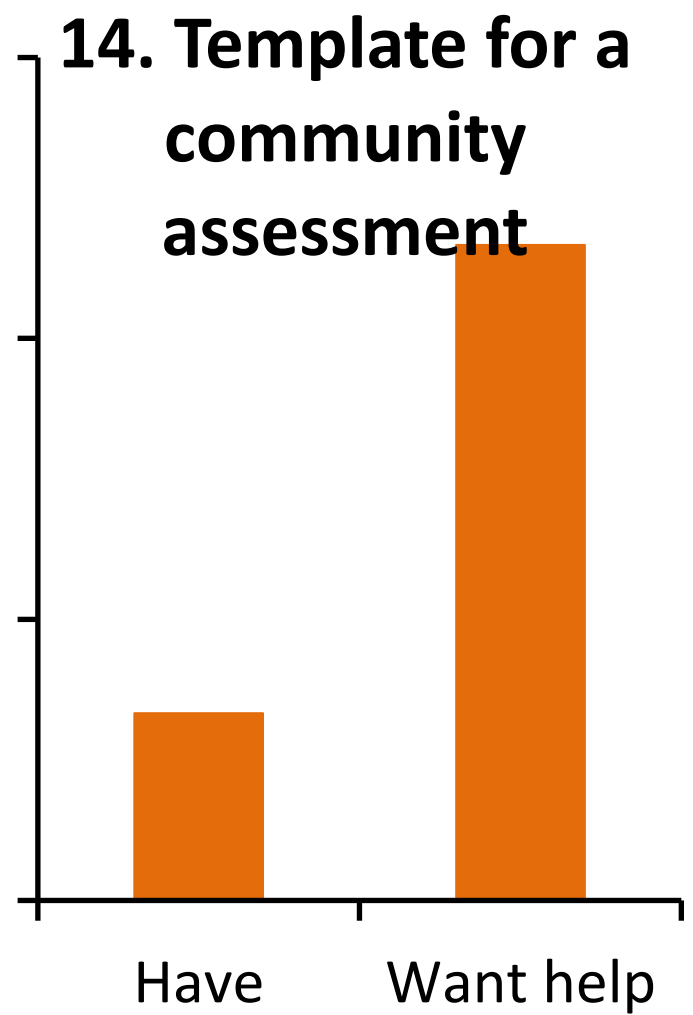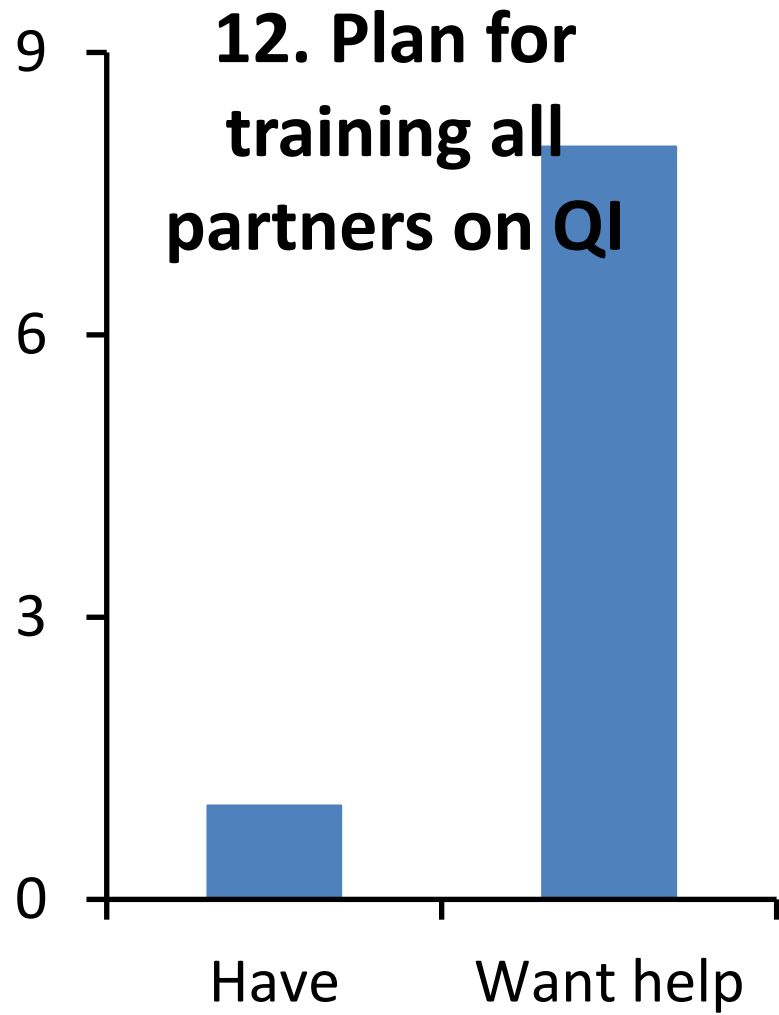
Results: Materials
(e-Referral)
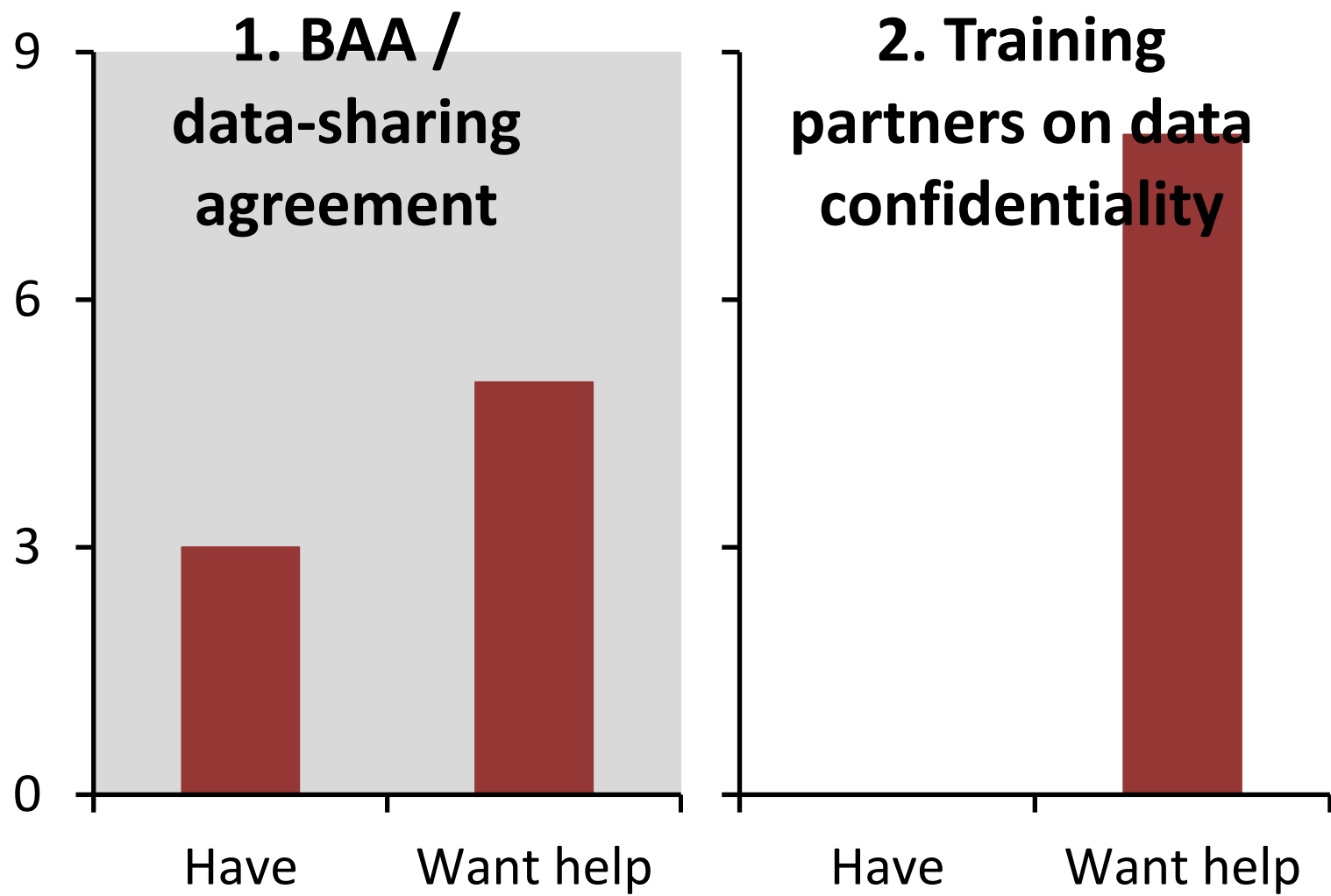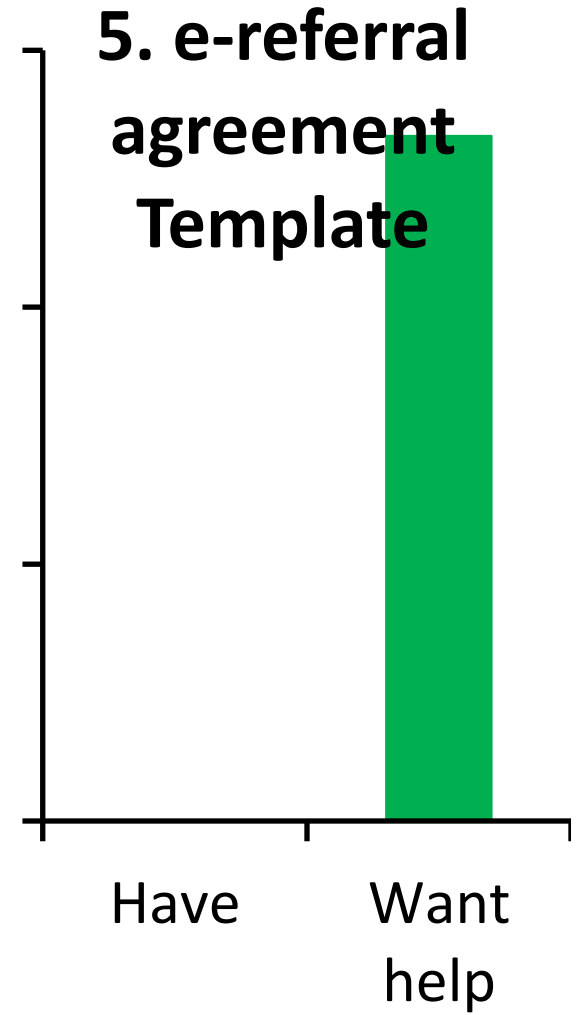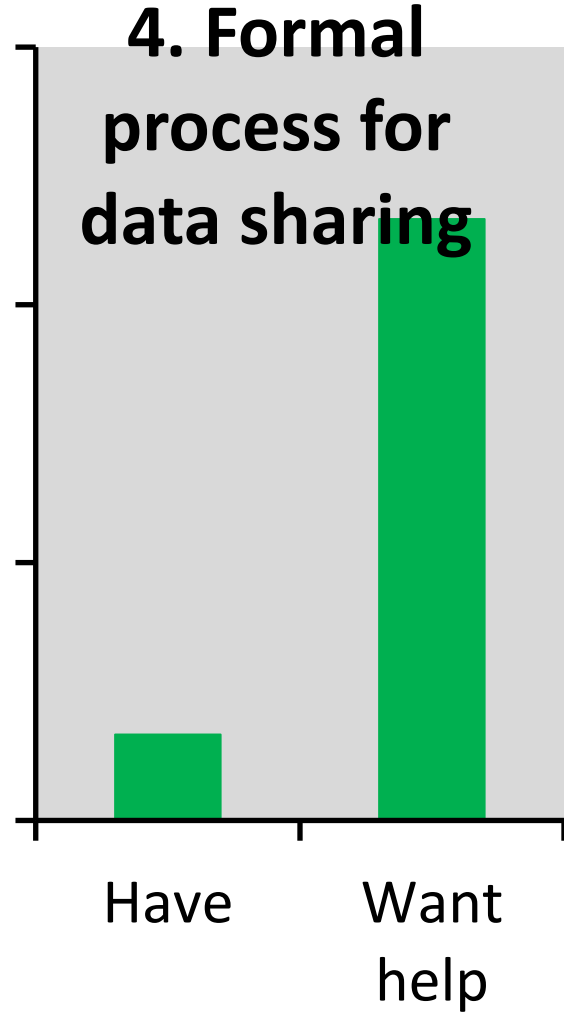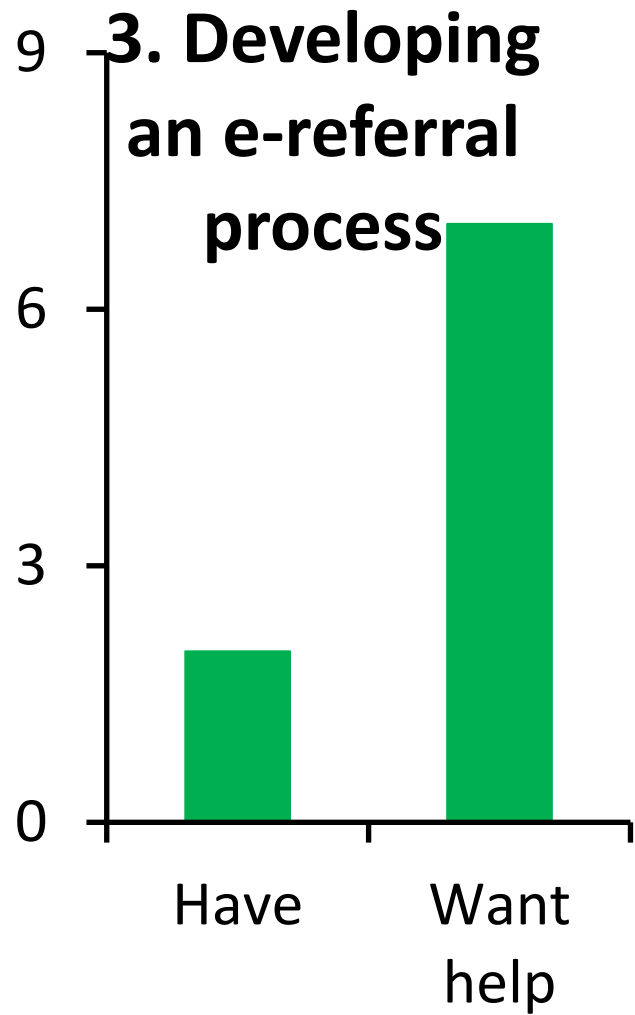
Results: Experience, Barriers, Challenges

Experience with Quality Improvement (QI)
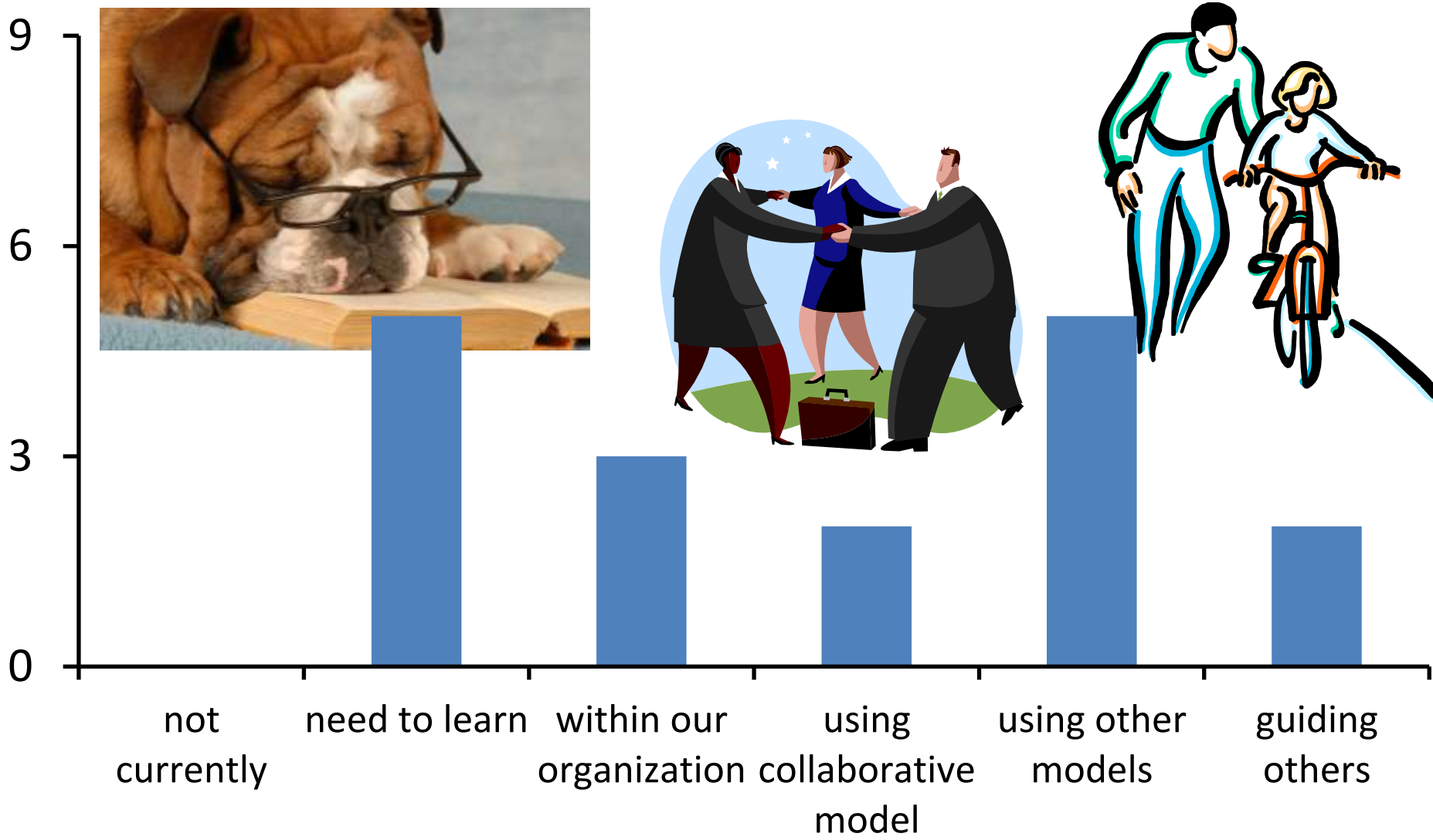
Helpfulness of Resources

Biggest Challenge (by average rank)

1. Time it takes to attend meetings

2. Time it takes to review data/plan QI initiatives

3. Need for additional training

4. Other*

5. Lack of support/buy in from providers/management

   * - Coordination; lack of past collaboration

Results: Open-ended concerns

- e-Referral

- communication within partnership

- recruiting additional partners

- community assessment/environmental scan/asset mapping

- budget/billing instructions

- reporting requirements

Survey Part 2

- all partner organizations

- assess:

  - best practices

  - QI in clinical settings, EMR functionality

  - capabilities for sending and receiving data

  - infrastructure

Action Item Sheet

❑ governance structure?

❑ organizational chart?

❑ decision-making process?

❑ internal communications plan?

❑ environmental scan/asset map?

❑ plan to recruit additional partners?

RESOURCES, RESOURCES, WE LOVE RESOURCES!

Jenna Roberts

Prevention and Wellness Trust Fund
Massachusetts Department of Public Health

Phase I-
Partnership Capacity Building

"Alone we can do so little;

together we can do so much."

- Helen Keller

How to Use the Resources

➢DPH will develop, update and provide templates, tools, and resources throughout grant period

➢Use as is, augment or utilize your own tools — provided it meets contract condition requirements

➢Temporary Sharepoint site with these resources

➢Launch comprehensive Sharepoint site for all partners to access

GOAL to provide an easy-to-access online library of tools, resources and research to help all partners:

1. **build and enhance partnership infrastructure** to ensure collaboration and contribution of all partners
2. **develop a strategic framework** to establish shared mission, vision and values of the partnership
3. **craft a strategic plan and workplan** to outline goals, objectives and tasks to accomplish mission
4. **inspire discussions and decision making processes** to facilitate achievement of partnership, its goals, including all contract conditions

DOCUMENT #1

**Prevention & Wellness Trust Fund
Successful Partnership Infrastructure Model**

Joint Values

Governance

Operations & Staffing

Communication

Work Plan

PWTF Documents for Review

DOCUMENT #2
Prevention & Wellness Trust Fund
Scope of Services

DOCUMENT #3
Prevention & Wellness Trust Fund
Contract Conditions

THESE DOCUMENTS WERE GIVEN TO THE COORDINATING PARTNER AS PART OF THE CONTRACT PACKAGE

THESE ARE DIFFERENT FOR COHORT 1 AND COHORT 2

STEP 1: Build your partnership
- review your contract conditions
- establish the governing structure
- begin first steps of strategic planning

Vision, Mission, Values

"Teamwork is the ability to work together toward a common vision.

The ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results." —Andrew Carnegie

Goals-Based Strategic Planning Framework

These templates are meant to serve as resources and tools that can be edited and augmented to be most useful to you. Organizations are not required to use these templates but are encouraged to use resources that best meet the needs of the overal l partnership. If you have other tools and resources that you are using to guide your partnership planning and development, please forward to DPH as a resource that we can add to the toolbox for all partnerships to review and potentially utilize. Thank you!

When defining your vision, mission and values, consider both Phase I--Capacity Building--which is focused on Building an effective collaborative team/partnership, as well as, Phase II--Implementation--which is focusod on increasing health outcomes with underserved communities

Vision
-for the future you want to create for the community you wish to impact.

Mission
-how you will make your vision a reality.

Values
-identiry 4-6 beliefs and/or core principles that drive the priorities of the partnership.
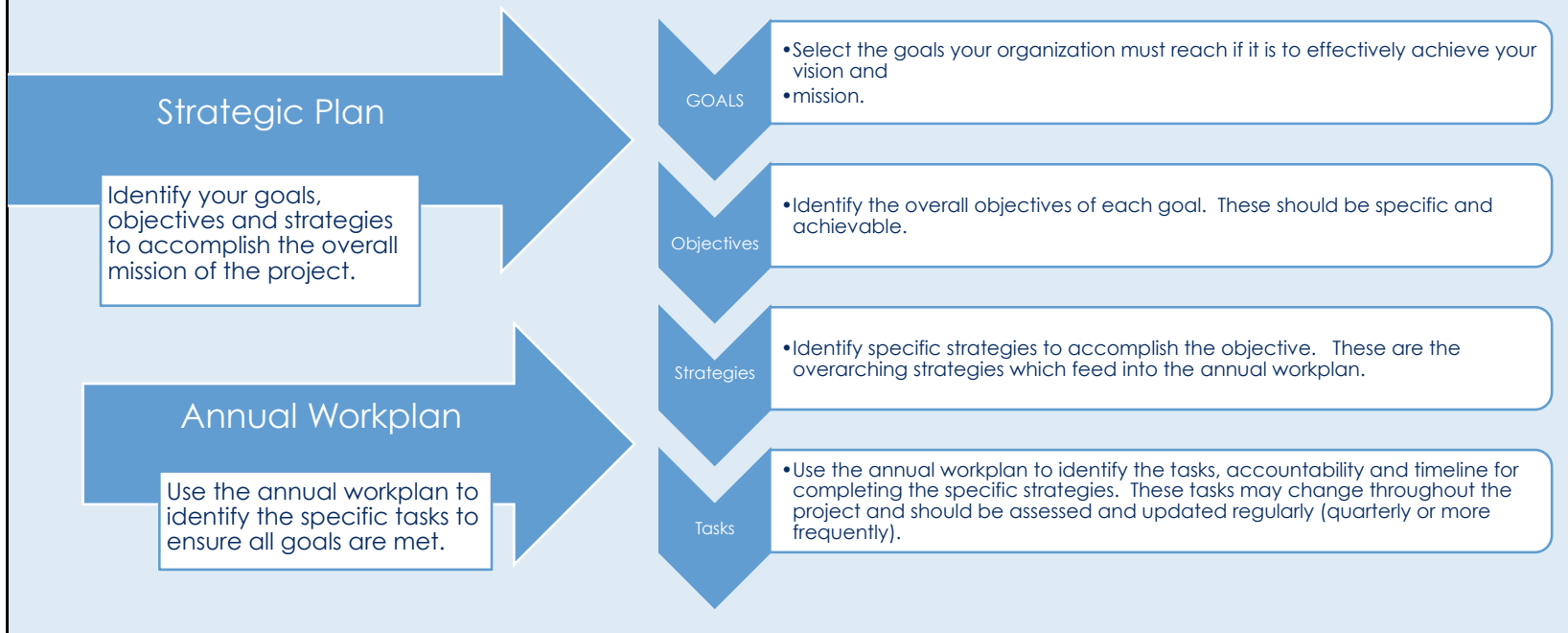
Simple example:

Our vision is a community where _____.

To bring that vision into reality, we will
_____ for _____ in the _____ region / county / city / etc.

Strategic Plan

Identify your goals, objectives and strategies to accomplish the overall mission of the project.

Annual Workplan

Use the annual workplan to identify the specific tasks to ensure all goals are met.

GOALS
- Select the goals your organization must reach if it is to effectively achieve your vision and
- mission.

Objectives
- Identify the overall objectives of each goal. These should be specific and achievable.

Strategies
- Identify specific strategies to accomplish the objective. These are the overarching strategies which feed into the annual workplan.

Tasks
- Use the annual workplan to identify the tasks, accountability and timeline for completing the specific strategies. These tasks may change throughout the project and should be assessed and updated regularly (quarterly or more frequently).

PWTF [Partnership] Strategic Plan

Phase I-Capacity Building March 2014-August 2014

Goals	Objectives/Benchmarks	Strategies
A. Build Partnership Infrastructure	1. Establish communication protocols and points of contact	a. Complete contact information form for partners/DPH use b. Develop an internal (partners) and external (community) communications plan using the DPH template as a guide c. Complete surveys to assess partnership d. e.
	2. Develop partnership framework and governance	a. Convene all partners to determine governing team/board; decision making process, by-laws, meeting schedule b. Create an overarching partnership org chart c. Develop vision and mission statements d. e.
	3. Determine roles and responsibilities of project leadership and staff	a. Participation, level of effort and role for each partner is determined by capacity, resources, alignment with conditions/population and ability b. Examine leadership and process for building organizational buy-in c. Create organizational charts by agency listing all staff/contractors on this project and expected time commitment on this project d. Cooriondating partner documents payment processes / required paperwork and shares with all partners e.
	4. Develop six-month capacity building workplan for Phase I	a. Draft workplan outlining clear and measurable goals, objectives, strategies, tasks and accountability b. Ensure all partners roles, responsibilities and deliverables are included in the workplan c. d. e.

Using the contract conditions as the initial inputs for the strategic plan, partnerships can
develop additional goals, objectives and strategies for capacity building.

SAMPLE WORKPLAN TEMPLATE

These templates are meant to serve as resources and tools that can be edited and augmented to be most useful to you. Organizations are not required to use these templates but are encouraged to use resources that best meet the needs of the overall partnership. If you have other tools and resources that you are using to guide your partnership planning and development, please forward to DPH as a resource that we can add to the toolbox for all partnerships to review and potentially utilize. Thank you!

Items from the strategic plan are prepopulated on this spreadsheet

PWTF [Partnership] Capacity-Building Workplan

Goal	Objective	Strategy	Target Date	Tasks	Team Member(s) Responsible	Timeline	Key Collaborators / Stakeholders
A. Build Partnership Infrastructure	1. Establish communication protocols and points of contact	a. Complete contact information form for partners/DPH use	24-Mar-14				
		b. Develop an internal (partners) and external (community) communications plan using the DPH template as a guide	1-Apr-14				
		c. Complete surveys to assess partnership					
		d.					
		e.					

Goals, objectives and strategies are automatically populated into this spreadsheet. Use this workplan to define tasks, people on the project and timelines.

We will continue having lots of meetings until we find out why no work is getting done.

someecards
user card

GOALS:

- Clear agendas, responsibilities and outcomes before team meetings
- Communications plan to help define and prioritize
- Efficient and effective

THIS IS NOT THE GOAL!

[Partnership] Intra-Communications Plan and Team Meetings Schedule

Partnership Team Meetings

Initiative	Purpose	Lead/Coordinator	Structure	Location	Day	Time	Recurrence	Attendees	Materials to Produce before/after	Format
Project Team Meetings with Partners	Review status of the project with the team.		In person						Agenda	E-mailed to this team
			Conference Call						Meeting Minutes	E-mailed to this team
									Project Timeline	E-mailed to this team
Clinical Partners Team Meetings	Review status of the project with the team.		In person				Weekly		Agenda	E-mailed to this team
			Conference Call						Meeting Minutes	E-mailed to this team
									Project Timeline	E-mailed to this team
Community Partners Team Meetings	Review status of the project with the team.		In person				Weekly		Agenda	E-mailed to this team
			Conference Call						Meeting Minutes	E-mailed to this team
									Project Timeline	E-mailed to this team

Governing Team/Board Meetings

Initiative	Purpose	Lead/Coordinator	Structure	Location	Day	Time	Recurrence	Attendees	Materials to Produce before/after	Format
Project Team Meetings with Partners	Review status of the project with the team.		In person						Agenda	E-mailed to this team
			Conference Call						Meeting Minutes with Action Items	E-mailed to all members of the partnership
									Project Timeline	E-mailed to this team

Team Meetings with DPH

Initiative	Purpose	Lead/Coordinator	Structure	Location	Day	Time	Recurrence	Attendees	Materials to Produce before/after	Format
Project Team Meetings with DPH TA/ QI coach	Review status of the project	Project Manager	- Face to Face - Conference Call				Weekly	- Project Team	- Agenda - Meeting Minutes - Project Schedule	Sharepoint

One-Time Meetings

Initiative	Purpose	Lead/Coordinator	Structure	Location	Day	Time	Recurrence	Attendees	Deliverable	Format
Kickoff Meeting	Introduce the project team and the project. Review project objectives, expectations, and next steps.	DPH Team	In person	Leominster, MA	3/13/14	8:30-4:30	Once	Key Partner Personnel from all orgs	Agenda	E-mailed
								DPH Team and Subject Matter Experts	Resources and materials for future action items	Hard copy and Sharepoint
								Legislators and external stakeholders	Meeting Minutes	Sharepoint

IN MONEY WE RELY

$ The first payment voucher will be signed and returned to me today to submit for payment.

$ First payment will be 50% of your capacity building budget.

$ Future payments will be made quarterly.

$ These are not cost reimbursement contracts but the coordinating partner is required to complete quarterly expenditure reports.

$ We will review the specific requirements for record keeping and completing quarterly expenditure report (QERs) at the first site visit.

Coordinating Partner Responsibilities

- **Completing and submitting quarterly expenditure reports**

- **Issuing payments** to all partners

- **Establishing any processes** for requesting payment or tracking expenses and paperwork

If you need advice or assistance in establishing a protocol,
we would be happy to give guidance.

Email Jenna and the PWTF Team with questions or suggestions about these materials, communication resources or payments.

Unless someone like you cares a whole awful lot, nothing is going to get better. It's not.
~Dr. Seuss

Upcoming Site Visits

Susan Svencer

Prevention and Wellness Trust Fund
Massachusetts Department of Public Health

First Site Visit

- **Who:** Governing Board, DPH Team

- **What:** Detailed review of plans

- **Where:** Onsite at grantee's

- **When:** Cohort 1 in early April; Cohort 2 in late April / early May

  - ~10 am – 3 pm

Agenda sent week before — customized

Second Site Visit

- **Who:** Broader partnership, DPH Field Team
- **What:** TBD
- **Where:** Onsite at grantee's
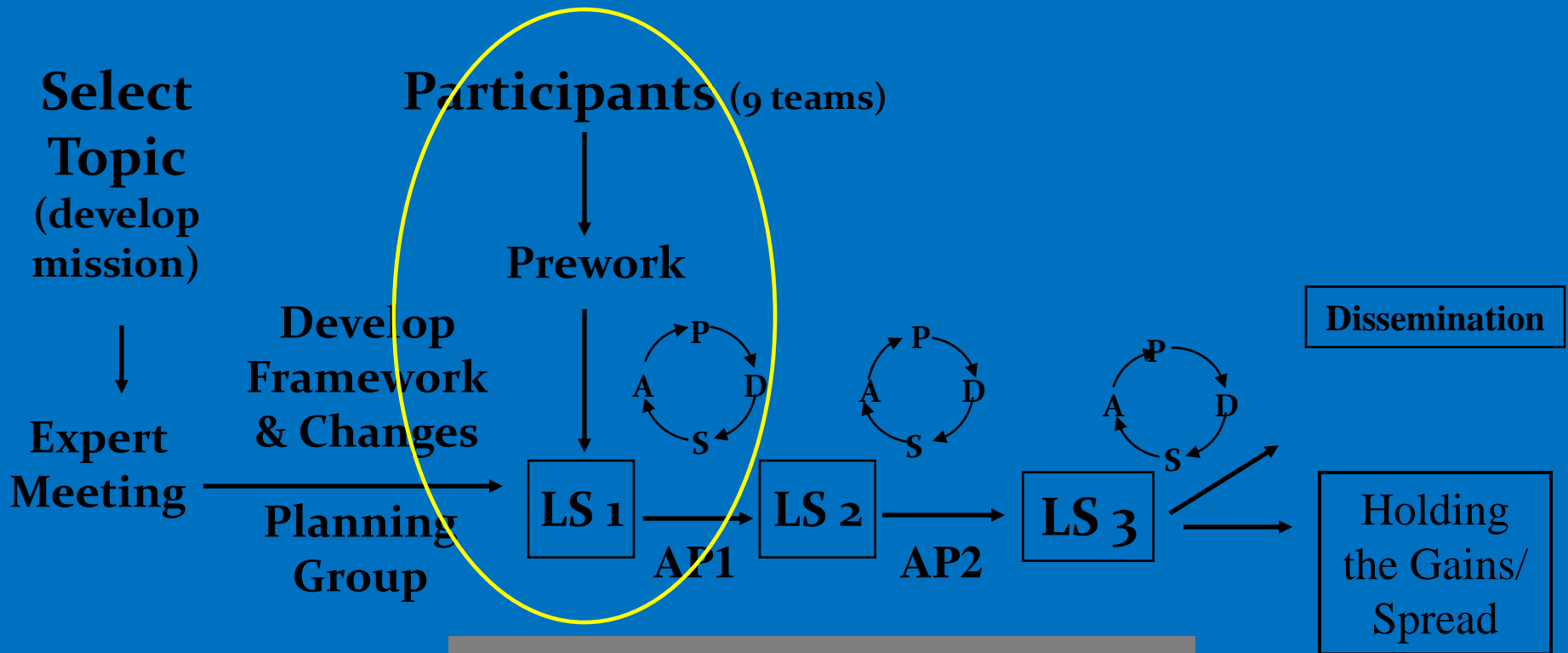- **When:** Early June

MA PWTF
Learning Collaborative

Select Topic (develop mission)

Participants (9 teams)

Prework

Develop Framework & Changes

Expert Meeting

Planning Group

Dissemination

P — D — S — A (cycle)

LS 1

AP1

LS 2

AP2

LS 3

Holding the Gains/ Spread

LS – Learning Session

AP – Action Period

Supports

Email (listserv)   Monthly Phone Calls

TA Visits   Monthly Team Reports

MA PWTF
Learning Collaborative

Select Topic (develop mission)

Participants (9 teams)

Develop Framework & Changes

Prework

Dissemination

Expert Meeting

Planning Group

P — D — S — A (PDSA cycle)

LS 1 → AP1 → **LS 2** → AP2 → **LS 3** →

Holding the Gains/ Spread
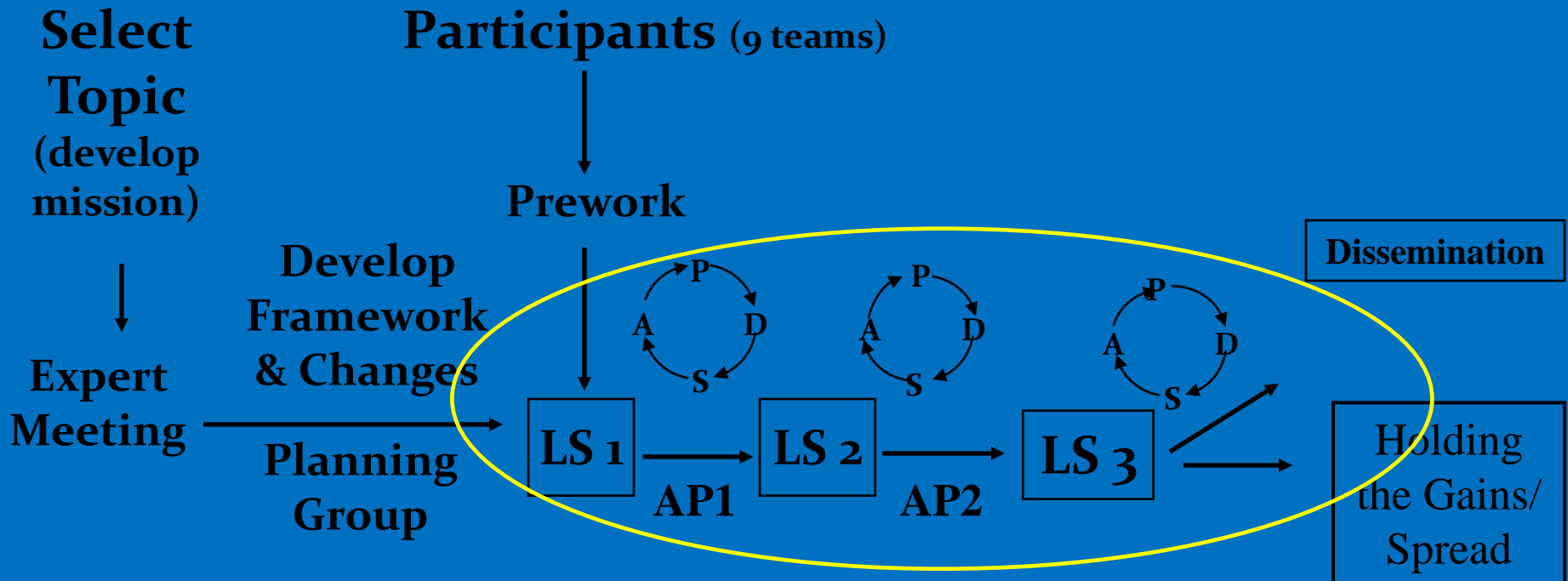
LS – Learning Session

AP – Action Period

Supports

Email (listserv)   Monthly Phone Calls

TA Visits   Monthly Team Reports

Learning Sessions

Please hold these dates for full day Learning Sessions

- ➤ 6/3/2014 - DoubleTree Westboro
- ➤ 9/11/2014 - Location TBD
- ➤ 12/2/2014 - DoubleTree Westboro
- ➤ March 2014- Date and location TBD

Webinars

4th Thursday of each month

➢ **Thu, Mar 27, 2014 12:00 noon –1:00 PM EDT**

   Topic: TBD

➢ **Thu, Apr 24, 2014 12:00 noon –1:00 PM EDT**

   Topic: e-Referral demo

➢ **Thu, May 22, 2014 12:00 noon- 1:00 PM EDT**

   Topic: TBD

Cohort 1 conference call:

Thursday, March 20, 2014 12:00 noon - 12:45 PM EDT

Topic: Contract Discussion

THANK YOU!

http://www.youtube.com/watch?v=StTqXEQ2I-Y