The APG - HealthBegins Social Needs Learning Collaborative Frequently Asked Questions

What is the APG - HealthBegins Social Needs Learning Collaborative?
The business case for moving upstream to address the social drivers of health for high-risk and at-risk patients is getting stronger every day. However, few health care leaders and teams are equipped to transform their systems and practices to address these needs. Working with APG, HealthBegins will launch a second 18-month Social Needs Learning Collaborative (SNLC) cohort for APG members who seek to drive value, quality, and impact by refining their approach to health-related social needs (HRSN), social determinants of health (SDH) and structural determinants. Multidisciplinary teams from each participating APG member organization will receive support to drive value and better care by designing and implementing interventions and partnerships that address patient-level HRSNs, community-level SDH and societal-level structural determinants.

What's the value of the Social Needs Learning Collaborative?
Participating APG members will advance three value propositions by joining this learning collaborative:

- Develop strategies to drive continuous improvement in population health, including improvements in at least one quality measure from the Core Quality Measures Collaborative, by helping to address HRSNs for distinct patient populations.
- Develop a business case for population health interventions that address patient-level HRSNs
- Improve organizational capacity, confidence of clinicians and care teams, and clinical-community partnerships to assess and help address the social drivers of health at all levels - individual HRSNs, community SDH and societal structural determinants.

What are the goals of the learning collaborative?
Working and learning together, the learning collaborative will:

1. Align teams of health care systems and community partners around a shared priority population and priority social need
2. Support the referral networks between health care systems and community partners, and develop sustainable infrastructure for those connections
3. Support continuous learning and improvement in social health by helping peers share and spread emerging best practices, and elevate needs and opportunities to decision makers
4. Address structural drivers of priority social needs, such as redlining in food insecurity

How is the Learning Collaborative structured?
The learning collaborative will launch in January 2021. HealthBegins will perform a semi-structured intake of each team to identify member strategic priorities and operational capacity to address patients' HRSNs and SDH. This will include an assessment of existing priority populations, current KPIs, gaps and opportunities in core quality measure performance, existing social needs programs, and stakeholder relationships. A kick-off webinar will introduce teams to the model and facilitators. Following the kick-off, we will host three in-person Learning Sessions (or virtual workshops) and five virtual Learning Sessions over remaining months.

- Each Learning Session will last from 1 hour (virtual) to 3 hours (in-person/virtual workshop). To keep costs down, we are leveraging existing APG national meetings in May and November for the in-person sessions. Members will be responsible for paying for their own travel and lodging for in-person sessions. In-person sessions may be converted to virtual workshops depending on current public health guidance.

- In between each Learning Session are Action Periods, during which teams will receive individual coaching calls, site visits, and/or technical assistance from HealthBegins coaches and faculty.
- Over the course of the Learning Collaborative, teams will receive support to design and refine their upstream strategy, including a discrete improvement effort (i.e. an Upstream Quality Improvement Campaign) and identifying opportunities to partner with and support community-based partners to advance community- and societal-level social and structural determinants of health.
- The curriculum will be tailored and informed by the intake process as well as ongoing assessments of team learning needs, captured via coaching calls and a dedicated learning needs tracker.

What do participating teams get by joining this learning collaborative?
Using HealthBegins' Upstream Approach and through tailored TA and learning sessions, participating teams will design Upstream Quality Improvement Campaigns, which include identifying:

- priority aims, populations and place (i.e. geographic focus)
- priority social determinants of health and/or HRSNs for priority populations
- potential solutions and partners to improve HRSNs/SDOH for priority populations
- early win opportunities, including a business case for early wins
- a roadmap to achieve early wins using Upstream QI

Each team will also receive guidance and templates to complete their own Upstream QI Project Charter, logic model or driver diagram, clinical workflows for social needs screening & referrals, and custom reports based on HealthBegins' Upstream Capability Assessments at the beginning, middle, and end of the learning collaborative.

Will the learning collaborative help address any quality measures?
Yes. Through the Learning Collaborative, we will support teams to improve one or more quality measures by addressing social needs for patients. The quality measures may include, but not be limited to, one or more of the following:

C-04 Improving or maintaining physical health
C-05 Improving or maintaining mental health
C-15 Diabetes care- blood sugar controlled
C-23 Getting needed care
C-24 Getting appointments and care quickly
C-25 Customer service
C-28 Care coordination
D-10 Medication adherence – diabetes
D-11 Medication adherence – hypertension (RAS)
D-12 Medication adherence - cholesterol

What is the proposed learning collaborative timeline?

Date	Activity
January 2021	Member team intake (including Upstream Capability Assessment)
February 2021	Kick-off webinar
March 2021	Virtual Learning Session
April 2021	Action period with coaching calls and/or TA
May 2021	In-Person Learning Session at APG Annual Conference (may be virtual based on COVID-19 and public health recommendations)

June 2021	Action period with coaching calls, TA and/or site visits
July 2021	Virtual Learning Session
August 2021	Action period with coaching calls, TA and/or site visits
Sept 2021	Virtual Learning Session
Oct 2021	Action period with coaching calls, TA and/or site visits
Nov 2021	In-person Learning Session at APG Colloquium (may be virtual)
Dec 2021	Action period with coaching calls, TA and/or site visits
January 2022	Virtual Learning Session
February 2022	Action period with coaching calls, TA and/or site visits
March 2022	Virtual Learning Session
April 2022	Action period with coaching calls, TA and/or site visits including Upstream Capability Assessment
May 2022	In-person learning session at APG Annual Conference (may be virtual)
June 2022	Project wrap up with APG leadership

This timeline overlaps with the second half of the first cohort of the SNLC. This will allow for the development of additional collaboration, learning and support between SNLC teams at different points in the implementation of their upstream strategies.

How much will this cost per team?
We anticipate that the cost per team will range from $25.5-$30k. Pricing may vary depending on number of teams in the cohort.

# teams per organization	Price per team	Total per organization
1	$30K	$30K
2	$27K (10% discount)	$54K
3	$25.5K (15% discount)	$76.5K

For physician groups/systems interested in including 4 or more teams in this learning collaborative, please contact HealthBegins to discuss alternate pricing and models.

What is the timeline to get started?
Please respond to sara@healthbegins.org by November 1, 2020. To ensure a timely start for all teams together, all contracts need to be signed and payment received by December 31, 2020. The learning collaborative will launch January 2021.

Recommended Composition of Teams for this Learning Collaborative:
Based on our experience, upstream transformation within health care institutions requires well-defined teams, responsible for designing and launching improvement efforts that drive practice and system level transformation. Teams should be multi-disciplinary, have population health performance responsibility, and meet to review progress every 2-3 weeks. Please see below for suggested team roles and responsibilities.

Roles	Suggested responsibilities
Executive Sponsor (at least one per organization)	• Responsible for "green-lighting" and supporting team(s) to participate in the learning collaborative; helping to identify and overcome barriers at the organizational level; and ensuring that teams have adequate time and resources to design and launch at least one improvement effort, which we call an *"Upstream Quality Improvement Campaign*." • Convenes participating team(s) at least once a quarter for progress review. Invited to, but not required to attend, all team meetings.
Clinical Champion (one per team)	• Brings clinical knowledge and expertise to inform and support improvement efforts within at least one practice setting. This individual is well-respected among their peers and can support the campaign with other clinical providers. The clinical champion may also serve as a campaign lead for a team • Participates in team meetings/huddles
Campaign Lead (one per team)	• Responsible for serving as the main point of contact with learning collaborative coaches and faculty. This person has operational responsibility for the ensuring that the team (s) develops a project charter and meets milestones in designing and implementing their Upstream Quality Improvement campaign. • The campaign lead helps ensure that team members are aware of their roles and responsibilities, tracks successes and risks/barriers, and identifies opportunities for tests of change. This person should have a good working knowledge of quality improvement practices as well as the clinical/practice environment where the team's improvement efforts will be deployed. • Helps organize and participates in team meetings/huddles
Care Specialist (at least one per team)	• Have relevant knowledge and responsibility for the population and/or social need being addressed by the improvement campaign (e.g. a clinical pharmacist might be brought in to support a campaign for adult diabetics with food insecurity or case management might be brought for a campaign focused on seniors experiencing homelessness) • Participates in team meetings/huddles
Front-line staff representative (at least one per team)	• Brings on-the-ground expertise in terms of relevant clinic workflows and patient experience (e.g. a Medical Assistant) for the practice setting(s) in which the improvement campaign will be deployed • Participates in team meetings/huddles
Improvement Advisor (can support up to 3 different teams within organization)	• Contributes expertise in improvement methodologies (e.g. PDSA, root cause analysis) and helps teams access and use relevant data, analytics and tools. • Participates in team meetings/huddles
Data/IT Support: (can support up to 3 different teams within one organization)	• Supports the team with data-related activities (e.g. screening, order entry, documentation, and/or referrals) and helps team navigate IT infrastructure-related needs of the campaign (e.g. EHR integration) • Participates in team meetings, at least monthly
Community partner champion (at least one per team, can be the same one throughout organization)	• During the initial design phase, organizations will identify and invite a community partner champion to participate in the improvement campaign. Like the clinical champion, this person brings knowledge and expertise to support and inform the improvement campaign, especially as it relates to clarifying and supporting community partner roles and responsibility. • Participates in team meetings, at least monthly