



Home Visiting Collaborative Improvement and Innovation Network 2.0: Scaling Tested Improvement

HV CoIIN 2.0 brings together Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program awardees and local implementing agencies (LIAs) to engage in collaborative learning, rapid testing for improvement, sharing of best practices, scaling of tested interventions, and building of continuous quality improvement (CQI) capacity.

The Background

Since 2013, the Health Resources and Services Administration (HRSA), through a cooperative agreement with Education Development Center, Inc., has implemented collaborative improvement and innovation networks (CoIINs) using the Institute for Healthcare Improvement (IHI)'s *Breakthrough Series* (BTS) Collaborative to accelerate improvements in select process and outcome measures for children and families within the MIECHV Program. HV CoIIN 2.0 continues to build on the success of [HV CoIIN 1.0](#) by **scaling improvements** in previously tested topic areas to additional awardees and LIAs.

Building on the work of HV CoIIN 1.0, which established several of these conditions (clear aims, proven ideas, and a measurement system), HV CoIIN 2.0 supports awardees and LIAs in building and fostering the remaining conditions.

What Can We Accomplish Through Scale?

Through three consecutive cohorts, HV CoIIN 2.0 aims to build a movement and capability for ongoing learning that improves maternal and child health outcomes for families in home visiting by engaging 25 MIECHV awardees and 250 LIAs to scale improvements and meet aims in identified topics by 2022.

What is Scale?

Overcoming the infrastructure issues that arise as successful changes are spread for results at the system level. Essentially, it means getting what we know works to everyone who could benefit from it.

What Do We Need to Achieve Scale?

Several conditions must be in place in order to achieve scale:

- Leadership commitment
- Teams with high will
- Clear and ambitious aims
- Proven ideas
- A measurement system
- A process for refinement in response to learning during implementation
- The capacity to develop and execute a plan to communicate and implement the proven ideas

In Cohort 1, HV CoIIN 2.0 worked with 5 MIECHV awardees and 54 LIAs to achieve the following SMART aims:

- **85%** of women who screen positive for depression and access services report a 25% reduction in symptoms in 12 weeks from first service contact
- **80%** of children with an identified developmental or behavioral concern receive targeted developmental promotion and support in a timely manner, including an appropriate combination of home visitor-delivered developmental promotion, community services, and/or Part B/C services

Many Ways to Scale

There are several documented methods for achieving scale. With guidance from scale experts, HV CoIIN 2.0 identified two scale methods that are most applicable to the home visiting infrastructure and the interventions that teams would be scaling:

1. The BTS Collaborative, developed by IHI, is a highly structured method for bringing a number of sites together to close

defined gaps in practice. This method couples group learning with immediate action in order to accelerate implementation.

2. The Extension Agency method, pioneered by the U.S. Department of Agriculture, relies on respected individuals who travel from site to site to share new innovations, troubleshoot challenges, harvest best practices, and cross-pollinate ideas between sites.

Through individualized coaching and comprehensive HV CoIIN 2.0 resources, MIECHV awardees selected the scale method most appropriate for their state, considering conditions such as current infrastructure, number of participating teams, target audience characteristics, and available resources.

Supporting Awardees

HV CoIIN 2.0 is proven to help awardees lead large-scale improvements in home visiting services. Supports offered through HV CoIIN 2.0 include the following:

- Group and individual teaching and coaching from nationally renowned faculty experts in CQI practices, scale methods, and content areas
- A Family Leadership Coach to help maintain strong partnerships with families
- A suite of easy-to-use online resources, including key driver diagrams and gold-standard “Plan, Do, Study, Act” (PDSA) packages and measurement templates, to assist participants in getting started with CQI efforts, maintaining their gains, and engaging in scale efforts
- An easy-to-use and customizable data portal that provides real-time run charts and supports virtual PDSA coaching
- A network of peers to share bright spots, troubleshoot challenges, and steal shamelessly from peers
- CQI training supports, including a virtual BTS College facilitated by IHI and EDC and six online modules on the Model for Improvement
- Access to tailored resources to support awardee efforts, including customized timelines, worksheets to assess local conditions and select a scale method, and Learning Session agendas and PowerPoint slides

Lessons Learned from Cohort 1

- Provide early and intensive support, particularly around collection and use of monthly data for monitoring and improvement, is critical

For More Information: <http://hv-coiin.edc.org> or email us at hvcoiin2.0@edc.org to learn more

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UF4MC26525, Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

- Establish clear expectations for participation from the start
- Start small (though this may not be necessary for all LIAs)
- Regularly share learnings across LIAs



Improvements

Awardees made great strides in achieving our aims. HV CoIIN 2.0's achievements are outlined below.

Maternal Depression

Who: 4 MIECHV awardees and 48 LIAs

Outcomes

- **91%** of mothers screened for depression at time of enrollment (shifted 10-point baseline from 89%)
- **71%** of mothers who screen positive accepted referrals to treatment (shifted 10-point baseline from 64 %)
- **65%** of mothers who accept referrals received treatment (shifted 10-point baseline from 56%)
- **82%** of women who screen positive and access services report a 25% reduction in symptoms (shifted 10-point baseline from 65%)

Developmental Promotion, Early Detection, and Linkage to Services

Who: 1 MIECHV awardee 6 LIAs

Outcomes

- **95%** of home visitors provide developmental surveillance on every home visit
- **79%** of children are screened
- **80%** of home visitors provide developmental promotion
- **78%** of children screening positive and referred to services receive a timely combination of services, up from 33% at baseline.