

LEARNING COLLABORATIVES

WHAT



Learning Collaboratives assemble groups of organizations, teams, or providers with the goal of implementing a new intervention and/or improving outcomes.

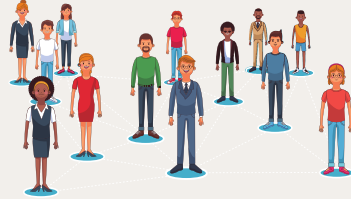
Participant **activities may include:**

- Shared learning and problem-solving
- Expert topical didactics
- Collecting and reporting on common metrics
- Conducting rapid change cycles

WHO

INTENDED FOR

Multidisciplinary teams composed of service providers and leaders from multiple sites who perceive common benefits to a peer-to-peer expert-facilitated organizational change endeavor.



CONDUCTED BY

Expert purveyors in:

1. process improvement, implementation support, or technical assistance;
2. presentations on didactic information and pragmatic experience;
3. engaging systems leaders who might provide time, funding, logistical support, and assistance with data information systems across teams or organizations

HOW

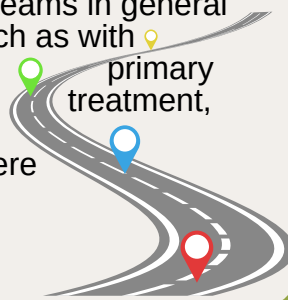
Scheduled interactions of a predetermined frequency and duration, typically monthly or quarterly meetings for 18-24 months. Duration may vary based on complexity of the topic, available time and funding, and requisites for common metrics. **Meetings occur through varied modalities of interaction** (in person, videoconference, phone, text, virtual communication platforms, email).

In-person meetings may be optimal for **building trusting relationships** and creating a sense of community, virtual collaboratives are increasingly common, especially among organizations dispersed geographically. Between-meeting activities including emails, listservs, conference calls, facilitation, and didactic webinars are typical.



WHERE

Often used for complex interventions supported by multidisciplinary teams in general and behavioral healthcare - such as with integrated behavioral health in primary care, medications for addiction treatment, or assertive community treatment for persons with severe mental illnesses.



CONSIDERATIONS

Variants such as **learning networks or learning communities may be deployed** when the evidence for the innovation is less robust, resources limited, or provider motivation and time more variable. Input from diverse partners to review language access, translation of materials, and attention to cultural adaptations should all be considered.



MORE INFORMATION

Key citation:

- [Learning Collaboratives: A Strategy for Quality Improvement & Implementation in Behavioral Health](#)

Illustrative application:

- [The IPS Supported Employment Learning Collaborative](#)

EXTERNAL FACILITATION

WHAT



External Facilitation, also termed **coaching**, **mentoring**, or **consulting**, engages an expert from outside an organization or system to help solve a problem, reduce variation, and/or improve outcomes.

Activities may include:

1. engaging and motivating individuals involved including leadership and frontline staff;
2. presenting evidence for a new innovation;
3. training staff;
4. educating patients;
5. providing/brokering content expertise;
6. modeling integration of the innovation

WHO

INTENDED FOR

Multidisciplinary staff teams from within and across organizations or individual service providers, who perceive the need for external expertise to effect the desired change.



CONDUCTED BY

Experts in content such as:

1. experienced clinicians, innovation (EBP) developers, and/or researchers;
2. expert purveyors in implementation support, technical assistance, process improvement;
3. experts in both content and process.

HOW

Scheduled interactions of a predetermined duration (e.g., 6-24 months), or until target goals are achieved and stabilized. Frequency of meetings may be more intensive initially and tapered over time, as **sustainment of the new innovation becomes routine** practice to internal members.

Meetings occur through varied modalities of interaction (in-person, videoconference, phone, text, virtual communication platforms, email).

Necessary resources may encompass time (and travel) for facilitators, time (and travel) for staff meetings, training materials such as purchasing cost of manuals or toolkits, and sometimes data collection tools and procedures.



WHERE

External facilitation has been **found effective in supporting implementation of highly complex innovations** such those requiring multiple staff or teams, new staff or new roles and processes, and require very different methods or workflows from those currently being used.



CONSIDERATIONS

The **external facilitator must consider whether the innovation may require adaptation**. Considerations include the potential fit with the organization, its service providers, and especially the individuals being served. Balancing core functions of the practice with any modifications must be approached with respect for relative fidelity. Input from diverse partners to review language access, translation of materials, and **attention to cultural adaptations** should all be considered.

MORE INFORMATION

Key citation:

- [Implementation Facilitation Manual](#)

Illustrative application:

- [Implementing Motivational Interviewing to Address Organizational Goals](#)

NIATX ORGANIZATIONAL CHANGE MODEL

WHAT



NIATx is an organizational change model designed to **improve organizational performance** and **increase implementation outcomes**. The model is based on four evidence-based organizational/administrative change practices.

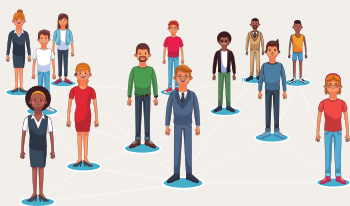
Evidence-based activities include:

1. **Executive Sponsorship**: An executive leader personally supports practice implementation.
2. **Customer Focus**: Adapt the practice to satisfy important customer needs within local setting, while maintaining core fidelity.
3. **Change Leader**: Drives change, earns buy-in, and streamlines workflows.
4. **PDSA Cycles**: Employ Plan-Do-Study-Act to pilot and tweak the practice, aligning it with organizational processes.

WHO

INTENDED FOR

Anyone responsible for leading **implementation or organizational change** efforts.



CONDUCTED BY

Co-designers of the change process:

- 1) Diverse representation of team members
- 2) Diverse set of customers impacted by the change
- 3) A change leader to facilitate the change team
- 4) Ideally, an external coach to provide guidance

HOW

NIATx Model integrity is enhanced by using a **change leader** experienced with or trained in the NIATx methods and a **change team** that seeks customer perspectives.

Change projects can last from 4 weeks to 4 months, depending on the change complexity and resistance. **Teams meet** through newly scheduled or existing meetings.

Resources primarily rely on the time needed for the change leader and team to conduct NIATx activities. Efforts are encouraged to be budget-neutral or budget-reducing to enhance sustainability.



WHERE

The utilization of evidence-based practices within the NIATx Model makes it generalizable. A unique competency of the model is its use in **improving processes that have multiple steps**, such as hand-offs between levels of care.



CONSIDERATIONS

Commonly used tools are

- Patient walkthrough to understand the patient experience.
- Nominal-group techniques to brainstorm ideas and get team member input.
- Flowcharting to understand process improvement opportunities.
- Use of SMART goals to direct and quantify change efforts.

MORE INFORMATION

Key citation:

- More information about the NIATx model can be found at <https://niatx.wisc.edu/>

Illustrative application:

- [NIATx Promising Practices](#)