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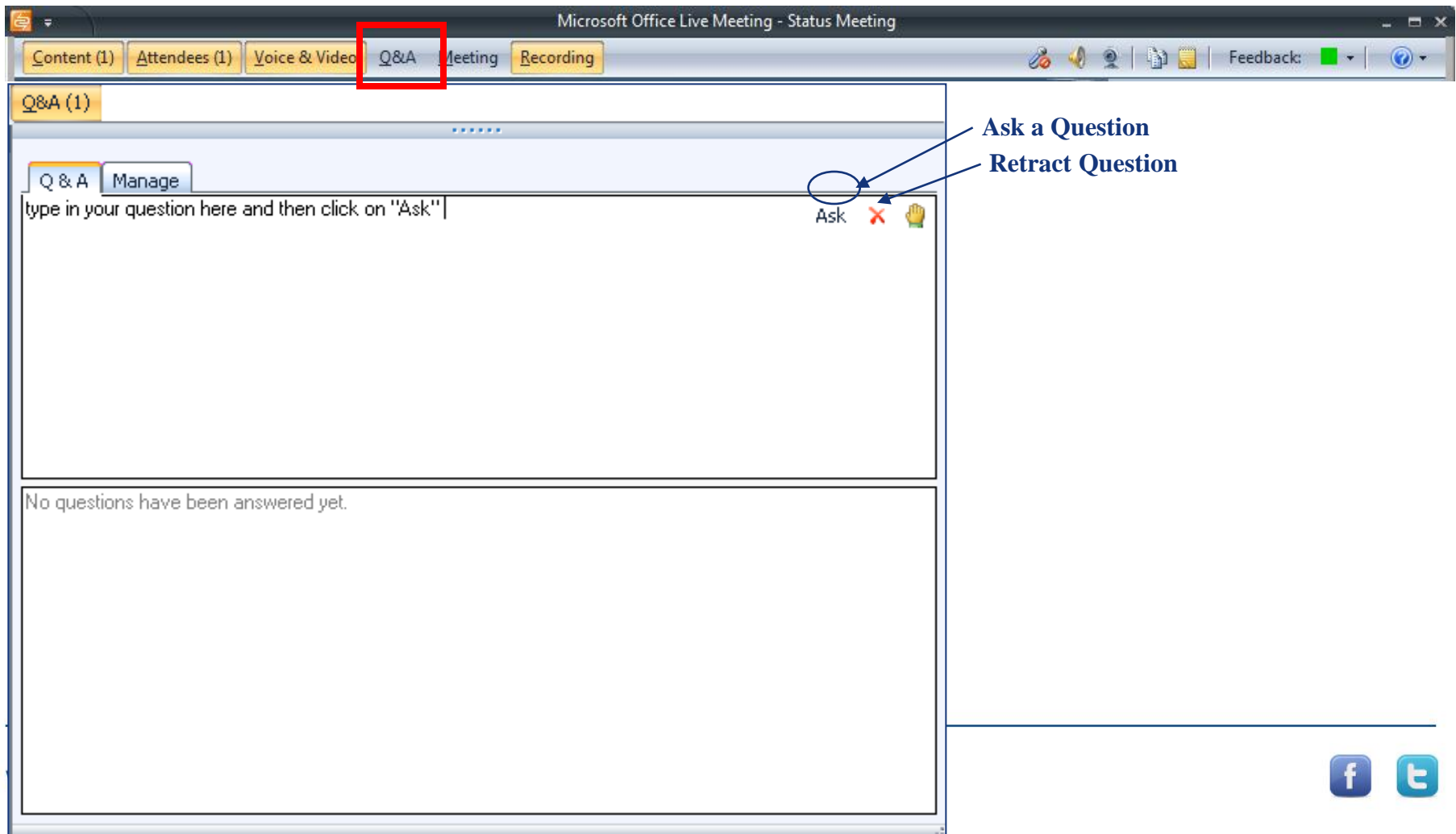
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Linkage Lab Academy: Outcomes and Lessons Learned
May 4, 2015

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Our Vision and Mission

Our Vision

A society where older adults can access health and supportive services of their choosing to meet their needs.

Our Mission

To advance a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence.

LinkageLab

Cohort 1

- January 1, 2013 – December 31, 2014
- 6 Community Based Organizations
- Statewide
- $934,687

Cohort 2

- April 1, 2015 – September 30, 2016
- 6 Community Based Organizations
- Duals Pilot Counties
- $455,275

The Program

Seminars – "Mini –MBA"
Technical Assistance
Infrastructure and Staff Support (Cohort 1)
Evaluation

External Evaluation Objectives

Objective 1. Assess organizations' accomplishment of key Linkage Lab (LL) tasks and objectives during the program period.

Objective 2. Assess principal outcomes at the program participant and organizational levels during the program period.

Objective 3. Identify facilitators, barriers, and strategies to applying LL skills, implementing desired tasks, and achieving positive outcomes during the program period.

Objective 4. Assess principal program components and processes.

Mixed Quantitative/Qualitative Methods

- Secondary analysis of technical assistance (TA) providers' organizational progress tools

- Surveys

- Participant and TA provider interviews

- Review of organizations' final presentations

- Large-group facilitated discussion

1. To what extent did CBOs achieve key LL process objectives?

- Process objectives for organizations:
  1. Understand the market
  2. Understand competitors
  3. Design model/service
  4. Understand cost of care delivery and develop rate structure/ROI
  5. Identify potential clients
  6. Undertake business development and marketing
  7. Identify need for collaborative partners and develop approach
  8. Develop infrastructure to operationalize service delivery model
  9. Develop contract and contingency plan

- By the end of Quarter 6, each objective was, on average, over 85% complete.

2.1. How did participants' skills change?

- Statistically significant increase for **every skill**:
  - From retrospective pre to midpoint ($p < 0.01$)
  - From retrospective pre to program end ($p < 0.05$ or $p < 0.01$)

Skill to assess gaps & needs in your organization's operations infrastructure (n=18)

- 4.2
- 5.6
- 6.1

■ Pre-Program (Retrospective) ■ Program Midpoint ■ Program End
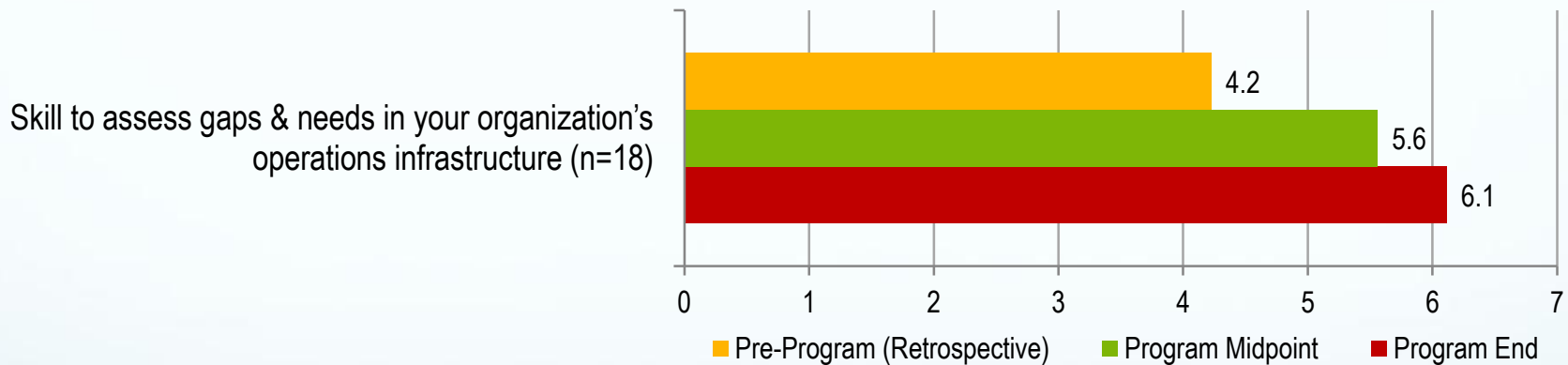
2.2. Was skills application due to LL and/or other factors?

- At program end, the majority of participants reported that skills application was the result of **both the LL and other factors**

2.3. What organizational outcomes were achieved?

New contracts and business agreements with healthcare and managed care providers (as of Dec. 2014)

Signed Since Jan. 2013		Subset In Implementation		Estimated # of Patients/Clients to Be Served in 2015
#	Counties	#	Counties	
27	• Alameda • Los Angeles • Marin • San Diego • San Francisco • San Mateo • Santa Clara • Ventura	20	• Los Angeles • Marin • San Francisco • San Mateo • Santa Clara • Ventura	16,250

2.3. What organizational outcomes were achieved?

- **Major infrastructure changes**

  - **Organizational re-design and/or staffing changes**

    - Leadership team is now "structured differently," "thinking differently", and has "greater confidence about their business-related structures and processes."

  - **IT changes, including acquisition or customization of EHR systems**

    - Increased organizational capacity to conduct operations and evaluate programming.

2.3. What organizational outcomes were achieved?

- **Changes in program/service range, quality, and reach**

  - Addition or elimination of a program

  - Streamlining of program processes/procedures

  - Increase in service hours

  - Increase in referrals

2.3. What organizational outcomes were achieved?

- **Existence of service outcome data**

  - Some organizations did not have outcome data previously.

  - Data are being used to evaluate programs and services.

2.3. What organizational outcomes were achieved?

- **Organizational mindset**

  - Greater assertiveness: Tell payers/providers what services they can offer and what they do especially well

  - Greater confidence: "We feel we can run with the big boys."

2.3. What organizational outcomes were achieved?

- **External contributions and validation**

  - Conference presentations on LL-related activities and accomplishments

  - Mentoring other organizations on how to enter into contracts with healthcare payers/providers

  - Increased external validation
    - Formal accreditation for services
    - Perceived as "experts" and "trusted partners" in LTSS by payers/providers and other organizations

2.3. What organizational outcomes were achieved?

- **Applying LL learnings and tools to other aspects of organizational work**

  - Quality improvement efforts

  - Operational policy changes

3.1. What factors facilitated skills application and outcome achievement?

- **Internal (Organizational)**

  - Opportunity for teams to work together at LL seminars, **outside the office**

  - Alignment of LL tasks/objectives with other organizational initiatives

> **"Many of the skills applied had direct relevant value to strategy planning and execution as well as internal oversight of operations. For instance, we incorporated the RCA [root cause analysis] in our operational policies…."**
>
> --LL Participant

3.1. What factors facilitated skills application and outcome achievement?

- **Internal (Organizational) – *continued***

  - Smaller organizational size
    - Likelihood of simpler processes and structures
    - More frequent direct contact among project team members
    - Greater opportunities to apply range of skills in daily work
    - Potentially more crucial role of LL in organizational success

  - Larger organizational size
    - More developed infrastructure
    - Greater breadth of relevant experience across staff

3.1. What factors facilitated skills application and outcome achievement?

- **External**

  ▪ New pressures and opportunities from the healthcare market

  > **"The current programming that we operate is at risk in the new environment if we don't establish partnerships with health plans...."** --LL Participant
  >
  > **"[Dual demonstration counties' timelines] have incentivized health plans to work more with LTSS providers."** --LL Participant

3.2. What barriers hindered skills application and outcome achievement?

- **Internal (Organizational)**
  - Lack of time / "fire-fighting"
  - Specialization of staff roles
  - Lack of crucial infrastructure
  - Lack of funds to support operations while waiting for patient/client volume to rise under new contracts
  - Organizational processes and culture

> **"[I]nconsistent buy-in and commitment to implementation of new ideas at the senior level have impacted effectiveness."** -
> -LL Participant

3.2. What barriers hindered skills application and outcome achievement?

- **External**

  - Difficulty negotiating with potential healthcare and managed care partners

  - "Getting the business" once contracts are signed

> **"Externally, health plans and hospitals are not yet clear how CBOs demonstrate a value factor…."** --LL Participant
>
> **"[P]lans are nervous about expense of LTSS and are concerned about bottom line—not yet open to taking risks of paying for services that promote wellness and prevention of decline."** --LL Participant

3.3. How could external barriers be addressed by organizations?

- **Participant recommendations**

  - Devote attention to effective communication with payers/providers

  - Establish an initial partnership and demonstrate its value

  - Conduct ongoing evaluation to make the case for program/service value

4.1. How appropriate were LL components and processes for organizational needs?

- Seminars, technical assistance activities, and infrastructure grants were praised for accessibility and utility.

- LL maintained participant engagement over 2 years, but engagement appeared to wane somewhat in Year 2.

- Participants highly valued interactions with peers in other organizations and wanted the LL to provide more opportunities for dialogue.

4.2. How can the LL be improved?

1. Shorten program length and front-load (in Year 1) as much seminar content as possible.

2. Use e-learning only as a crucial supplement—but not as a replacement—for program seminars.

3. Make seminar slidesets, handouts, and other materials (e.g., supplemental readings) available for review between seminars, but require few if any additional homework assignments.

4. Provide a menu of TA services to participants up front, and allow greater flexibility to schedule TA sessions when needed.

4.2. How can the LL be improved?

5. Maintain the flexibility of infrastructure grants.

6. Encourage whole-team involvement in LL tasks (vs. allowing the bulk of the work to fall to 1-2 team members).

7. Take steps to facilitate more dialogue between LL organizations.

8. Find feasible ways to support and receive updates from alumni.

Methodological Limitations and Strengths

- Limitations
  - Small sample size
  - Potential biases and recall challenges
  - No comparison group

- Strengths
  - Relatively high survey response rates
  - Use of multiple data sources to triangulate findings

Next Steps for Evaluation: Linkage Lab 2

- Similar methodology and tools but addition of participant true baseline survey

- Cohort 1 (24-month program) and Cohort 2 (18-month program) to be compared, as feasible

- **Questions?**

- **Comments?**

Thank you for your participation!