



CCI

CENTER FOR CARE
INNOVATIONS



2013 Final Evaluation Report

Findings by White Mountain Research Associates

Table of Contents

Section	Page
Background.....	3
Evaluation Findings.....	4
Feedback from Catalysts on Training	4
Pre/post Innovation Skills Assessment.....	5
Catalysts and Systemic Change Around Innovation	7
Catalysts' Reports of Support Received from Sponsors	9
Sponsors'/Peers' Observations of Catalyst Innovation Activities	11
Concluding Remarks	13

The Catalyst program is a project by the Center for Care Innovations in partnership with:



Catalyst is supported by:



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Background

The Catalyst program, a joint effort of the Center for Care Innovations (CCI) and the Innovation Consultancy at Kaiser Permanente, was modeled after a similar program developed by Intuit¹, and provides participants with the knowledge and skills to help their own organizations build an innovation culture and lead a variety of innovation efforts within their own organizations to improve health care delivery. The Catalyst program is an important part of CCI's innovation portfolio, with a goal of "...training change agents or 'igniters' within the safety net to drive transformation within their organizations—to spark innovation and inspire people to take action," according to Roza Do, Program Coordinator for Innovations at CCI. "With health care reform, there is competition to be the clinic of choice, and so there is a lot more emphasis on how to make patient-centered health care system. Also, with health care reform, there are a lot of changing laws and regulations to push people to care about costs in way they haven't thought about before. There are a lot of new drivers...that it's important to think about doing things differently, since the current way isn't enough anymore", adds Veenu Aulakh, Executive Director of CCI.

"The Catalyst program is important for a number of reasons. First, these are people who are working in resource-constrained environments and often working with some of the most challenging people in the state. They are newly energized to do things differently, think differently. Our hope is that through this, it will get the entire organization to think differently, be more open to taking risks, and see the power of applying these methods to problems they've been looking at the same way but now with a new lens. The hope is that there will be new ideas and innovations developed out of this Catalyst program that will not only work within their organizations, but that can be spread to others. It's also important for others to see the power of being able to take this way of thinking and apply it to some of the most challenging problems in the state."

—Veenu Aulakh, Executive Director,

The 2014 Catalyst program RFA was released May 2014² and the new curriculum will build upon the 2013 program pilot. Innovation Catalysts attend a 3-day training and networking session in September in the Bay Area. The training is led by innovation experts from The Innovation Consultancy at Kaiser, gravitytank, ChoicePoint Consulting, and CCI. Additional innovation and design experts provide Catalysts with hands-on learning. The training also gives Catalysts a chance to network and work closely with other Catalysts to identify opportunities for co-leading projects. A follow-up facilitation skills training is held 1-2 months

¹ Martin RL. The innovationcatalysts. Harvard Business Review. June 2011.

² http://www.careinnovations.org/uploads/Innovation_Catalyst_Program_RFP_2014.pdf

later to help participants deepen their role as Catalysts and learn techniques to more effectively drive change within their organizations. After the training period, Catalysts apply their innovation skills to projects at their own organizations. They also receive ongoing support from coaches and peers and have access to www.wearecatalysts.org, an online portal/community where Catalysts can support each other and receive advice from coaches. The portal also "...creates a space where people can help each other, gain an opportunity where Catalysts can practice their skills...and build a social connection...where we can create a more cohesive community," adds Roza Do. At the end of the fellowship, Catalysts attend an Innovation Fair and participate in a "Gallery Session," where they each have an opportunity to share their work, answer questions, receive feedback, network with other Catalysts, and identify opportunities for future collaboration.

Each participating organization receives a \$10,000 grant to offset staff time and travel costs over the six-month period to participate in Innovation Catalyst activities throughout California. Catalysts at each organization also have a sponsor (their director, boss, or other organizational leader), who is expected to provide internal support for the Catalyst's activities, including a 15% time commitment of the Catalyst to his/her innovation training and activities. Sponsors attend an orientation program to better understand the role of the Catalyst in their organization and expectations of sponsors during the Catalyst fellowship.

"To be trained as a change agent within a health care organization, with the skills and the confidence to be able to not only lead innovation projects within their organizations and push projects beyond traditional incremental improvement, but to help people think and do things differently every day to solve challenging problems in health care."
 –Roza Do, Innovation Program Coordinator, CCI

In 2013, 22 Catalysts were accepted into the program—14 from eight safety net organizations and 8 from three Kaiser Permanente locations:

- Hill Country Community Health & Wellness Center
- Kaiser Permanente - Greater Southern Alameda Area (GSAA)
- Kaiser Permanente - Los Angeles Medical Center (LAMC)
- Kaiser Permanente - South Bay Medical Center
- LADHS Olive View-UCLA Medical Center
- Petaluma Health Center
- Riverside County Health System
- San Francisco Public Health Department/SF General Hospital

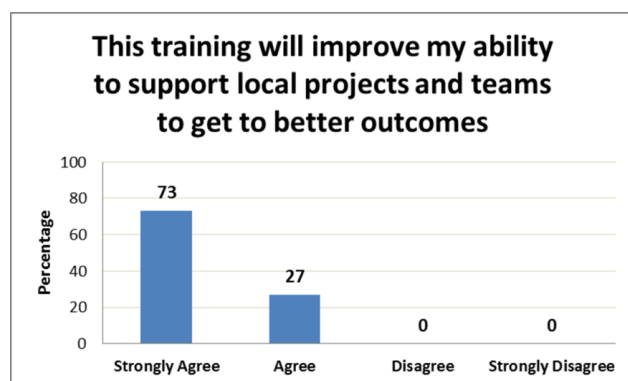
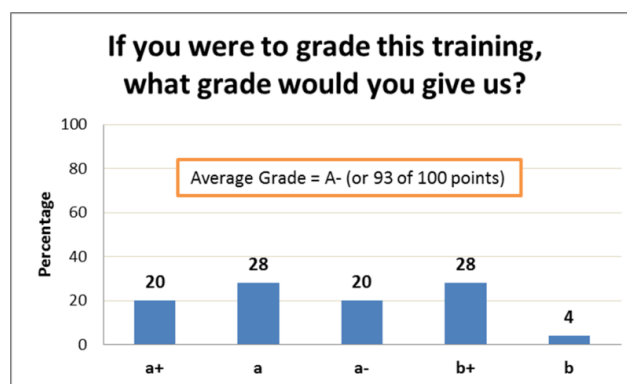
- San Joaquin General Hospital
- San Mateo Medical Center
- West County Health Centers

White Mountain Research Associates, LLC, is working with CCI staff to evaluate the lessons learned from the launch of the 2013 Catalyst pilot program with continued evaluation of the 2014 Catalyst cohort. The evaluation includes 3 basic components to document “what a Catalyst knows” and “what a Catalyst does”: (1) feedback from Catalysts on the initial training; (2) pre/post innovation skills assessment to document changes in Catalysts’ skills over time; and, (3) evidence of how Catalysts are bringing about more systemic changes within their organizations around innovation, based on feedback from them, their sponsors, and their peers. The following section provides a summary of these three evaluation activities for the 2013 Catalyst pilot.

EVALUATION FINDINGS

Feedback from Catalysts on Training

At the completion of their 3-day training program in the Fall 2013, Catalysts completed a survey about the most and least valuable aspects of the training program, the most useful tactics learned, and any improvements to the training they would recommend. Catalysts gave the overall training an “A-” and 92% of participants thought the training would make a great or tremendous difference in the way they did their job. About three-quarters of Catalysts strongly agreed that the training would improve their ability to support local projects to get better outcomes.



The most useful aspects of the Catalyst training as reported by Catalysts included networking, interaction, and energy among Catalysts; the hands-on, participatory nature of the training; and how the training empowered and inspired them. There were two aspects of the training that Catalysts thought could be improved: the “posse” and the dense schedule (i.e., they needed more breaks).

Additional training opportunities as reported by the Catalysts as a follow-up to their initial training include applying and practicing with the innovation tools and a facilitation skills session or workshop. The knowledge/tactics that Catalysts reported they were most likely to use in their job included 3-part observations, the journey map, and the value curve.

When asked about how the overall training program could be improved, Catalysts offered the following four suggestions:

- Better introduction of Catalysts and other participants at start of meeting
- Introduce portal upfront
- Meet again for deeper level training
- More breaks, food and movement during training

“It was very exciting to be in that setting. We were all people who wanted to be there, who were excited about what we were going to learn. But, at the same time it was humbling. Even though I’ve been through design training, I realized how difficult it is to articulate what design thinking really is, and how difficult sometimes it is to glean the kind of learning that you get from these methods that we learned about. That was a little bit intimidating. But it also came around such that it was encouraging because we realized that all you need to do is to be engaged, and enthused, and motivated, and you can get a lot out of this [training].”

– George Su, Associate Professor of Medicine, UCSF

Pre/Post Innovation Skills Assessment

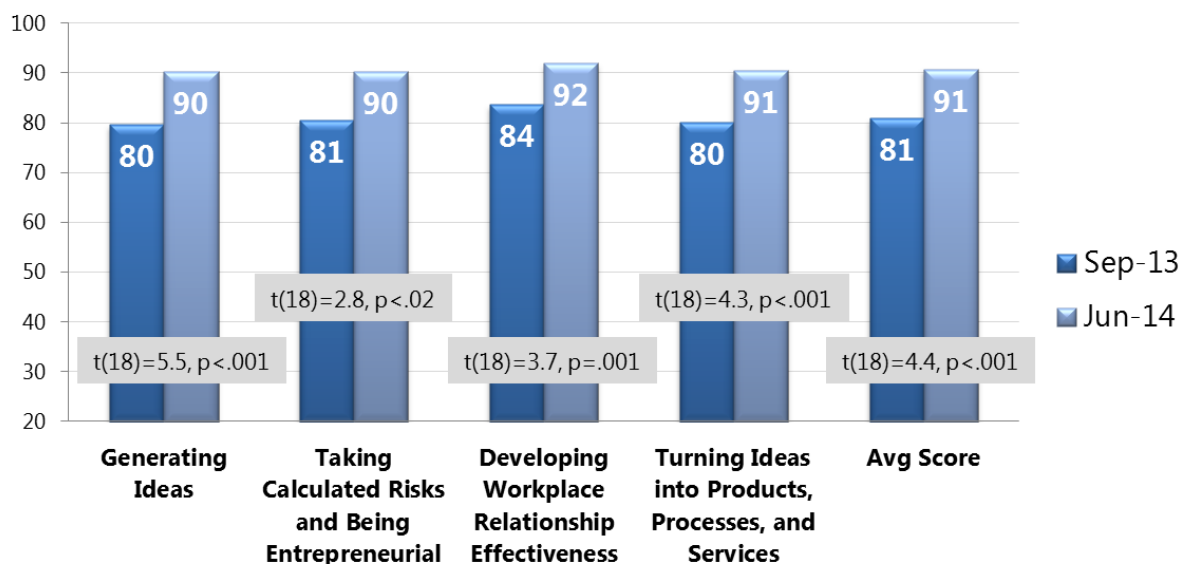
Each Catalyst was given a baseline skills assessment on innovation in September 2013 and then a follow-up assessment in June 2014. The survey was modified from the [IBSA Workforce Innovation Survey Tool](#) and gives individuals the opportunity to self-assess innovation capability across four “pillars” critical to innovation success:



- Pillar One: Generating ideas
- Pillar Two: Taking calculated risks and being entrepreneurial
- Pillar Three: Developing workplace relationship effectiveness
- Pillar four: Implementing (Turning ideas into products)

This instrument was used to document changes in innovation skills in the group as a whole, over time, and also can be used to identify areas of need for individual Catalysts through their interaction with coaches. Catalysts significantly improved their skill level across all four pillars of innovation. Catalysts as a group scored the highest on "developing workplace relationship effectiveness" and lowest on "generating ideas" at both baseline and follow-up, although the differences in scores across all innovation pillars were fairly minimal (i.e., difference of only 2 points across innovation areas at follow-up).

Significant Improvements in Catalyst Innovation Skills Self-Assessment - September 2013 to June 2014



Notes: Scores are standardized to 100; based on an 86% (19/22) response rate to follow-up skills assessment; all paired t-tests for change indicated statistically significant improvements with $p < .02$ across all domains (2-tailed)

In addition to individual scores, short summaries of strengths and development needs were documented for each Catalyst at baseline. A list of selected strengths and needs follows, as self-identified by Catalysts:

Catalyst top strengths	Catalyst top development needs
<ul style="list-style-type: none"> • Goal-oriented • Organized • Cheerleader • Perfectionist • Persistent • Team player • Great people and communication skills • Continuous improvement • Desire to constantly evolve and improve • Workplace relationship effectiveness • Change management skills • Recognizing terrain • Turning ideas into practice • Supporting and brainstorming • Generating ideas 	<ul style="list-style-type: none"> • Relationship building • Timid when it comes to confrontation • Listening • Perfectionist • Confidence when challenged • Leadership skills • Navigating complex workplace politics • Time management • Being more open to change • Better able to measure success • Communication • Coaching, encouraging & supporting others • Generating Ideas • Workplace relationship effectiveness • Risk taking

Strengths reported by some Catalysts were reported by other Catalysts as development challenges. This provides an opportunity for Catalysts to network, share strengths, and build upon weaknesses with each other – and also provides an opportunity for the coaches working with the Catalysts over the course of their training to focus on these needs, and assist CCI and KPI in identifying other experts and resources for further skills development among this initial cohort of Catalysts.



Catalysts and Systemic Change Around Innovation

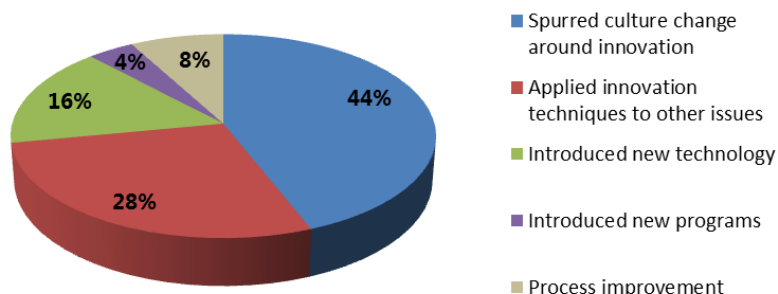
Although still early in the process, we asked Catalysts as part of their 9-month follow-up skills assessment to report on activities they led at their own organizations, which may have sparked changes around the use of innovation tools, resources, and techniques. These could range from activities as simple as applying innovation tools to new projects to evidence of more sustainable change. We also documented further evidence of systemic changes reported

by Catalysts based on a qualitative review of video-taped interviews with Catalysts conducted by gravitytank. Finally, we asked Catalyst sponsors and peers to tell us about changes they have directly observed in their organizations as a result of Catalyst innovation activities.

Based on responses from the Catalysts, we were able to identify the following types of systemic change. These are early signs that Catalysts are indeed making inroads at their institutions across a continuum of change activities around innovation:

- Spurred culture change around innovation
- Applied innovation techniques to other issues
- Introduced new technology
- Introduced new programs
- Process improvement

Types of Systemic Change Reported by Catalysts



“It’s the turning point...it’s a perfect opportunity for us to step out of the box and look at ourselves and say, ‘How do you think we should do this? How can we make this work? How can we make this a wonderful patient-centered medical home that staff would like to come to, as well.’”

–Rhonda Polzin, Nurse Manager, Outpatient Clinics, LADHS Olive View-UCLA Medical Center

Below are verbatim responses from Catalysts on their activity in each of these change areas:

Spurred culture change around innovation

- “Through a series of innovative ideas presented to Olive View’s Ambulatory Care Council, the culture of innovation has begun to sink in. This began two years ago when I presented the idea for a group diabetes clinic. There was much skepticism. After that became a success, three other group clinics have started: post-discharge heart failure, contraception, breastfeeding. These have had a much easier time getting approval, as the demonstration of innovation value has sunk in.”
- “Our medical center is now serious about investing in infrastructure to do more of this type of work. We’ve also convinced leadership to begin projects with the “users” perspective, which was hardly done before.”
- “Simply by letting people know that you are ‘allowed’ to think differently inspires organizational change.”

Applied innovation techniques to other issues

- “We include brain storm session around specific clinic issues at least monthly. I encourage everyone to carry post-it notes and a sharpie to make notes on new ideas and bring them to me.”
- “We have used those techniques on projects such as revising how we order TB sputum tests and recent proposals, such as introducing telephone visits in lieu of in-person visits (when appropriate), which received rapid approval.”
- “In the implementation of the Patient Centered Medical Home for the Primary Care clinics I brought the innovation skills and techniques to help implement the new model into the clinics. Working together we can come up with the ideal clinic with perspectives from all team members.”

Introduced new technology

- “We have been working on implementing video visits for our rural communities.”
- “...Create a website and smartphone tool for chronic disease...”
- “Creation of an automated request system for staff to generate and track operational requests using a project management tool.”
- “Initiated use of iPad with Verizon Wireless for Nurse visits in the patient home (with video conferencing to provider).”

Introduced new programs

- “I've helped to implement a Pain Clinic embedded within our Family Care Department at the hospital.”

Process Improvement

- “I've been allowed the opportunity to revamp the Referral Management system at Riverside County Health System. This has been a very challenging process. I've had the pleasure of working with key individuals in different departments of the referral process to brainstorm and create a workable electronic system for improved coordination and tracking of referrals.”
- “Over the last year my role has evolved from consultant to Administrator of Transforming Care Delivery, my primary focus is operationalizing and spreading work that focuses on patient centered care that is based in primary care. The overall approach has taken from best practices without the industry and was developed through research of our organizational practices and external organizations.”

Catalysts' Reports of Support Received from Sponsors

Catalysts' supervisors/sponsors play a critical role in the ability of the Catalyst to carve out time for innovation activities. During the orientation presentation, sponsors gain a better

understanding of the added value of having Catalysts lead internal projects around user experience, develop creative solutions to problems, or accelerate program development through rapid experimentation with ideas. So, we asked Catalysts to describe in their own words the types of support they received from their sponsors during their fellowship. Staff at CCI and Kaiser were looking for more involved support by the sponsor and wanted to know *“What is it that makes the Catalyst feel supported in this endeavor?”*—support that goes beyond simply providing time for the Catalyst to attend training sessions.

We analyzed the self-reports from Catalysts and grouped their responses into the following categories based on the level of support they reported:

Minimal Support (8 responses)

- Allows time off for innovation activities
- Supportive of work (in a generic sense)

Sample verbatim response: *“Allowed me to take time off to go to the trainings and to conduct meetings in a different way”*

Moderate Support (3 responses)

- Applies innovation skills regularly
- Allows time off for innovation activities beyond CCI/KP curriculum

Sample verbatim response: *“[My sponsor] has been really supportive in allowing me time away from the clinic to attend or lead training. She also has allowed me the flexibility of trying tools & techniques in our staff meeting, as well as approved funding for converting a storage closet into a huddle room.”*

Strong Support (7 responses)

- Encourages development of innovation programs
- Plays proactive role in innovation development
- Provides guidance and advice
- Fully supportive champion

Sample verbatim response: *“My supervisor...provided tremendous support and guidance for me. He has encouraged me to use the skills that I had learned through the Catalyst Program and gave me the authority to try innovations in our clinic and residency program with his full support.”*

Of the eighteen Catalysts responding to this question, about half of the responses fell into the minimally supportive category. Three Catalysts reported a moderate level of support and over one-third of the Catalysts reported strong support from their sponsors. It may be useful to revisit this over a longer timeframe to see if these support levels change and what kind of

impact it might have on a Catalyst's ability to spark cultural change in innovation development.

Sponsors'/Peers' Observations of Catalyst Innovation Activities

As described above, we also asked Catalyst sponsors and peers to give their perspectives on any changes they have directly observed in their organizations as a result of Catalyst innovation activities. Although responses from sponsors and peers were low, the stories they shared with us reflect those of the Catalysts and spanned across the five types of systemic changes around innovation documented by this evaluation. The stories recounted by sponsors and peers fall into the types of systemic change around innovation as identified for Catalysts, with specific examples noted under each type of change:

Spurred culture change around innovation

- Held a one-day ideation workshop
- Created multidisciplinary innovation team along with staff training sessions
- Manager and physician training around Human Centered Design
- Introduced “new language” that team members have begun to use when communicating with each other

Applied innovation techniques to other issues

- Used empathy mapping for patient care experience
- Used a jam session to obtain patient feedback
- Used empathy maps and problem-statement matrices to help clinic care teams identify their patient needs
- Initiated a mobility dialogue between rehab specialists and nursing staff

Introduced new technology

- Considered biometric devices for patient monitoring at home
- Roll out of iPads for electronic health record

Introduced new programs

- Created/edited our local Bed Exercises which play on the hospital television system

- Co-led multiple innovation sessions which have gone from an initial general challenge to specific pilots
- Works closely with Innovations/Operations Team to implement new projects

Process improvement

- Used a journey map for redesigning a pre-admission center
- Streamlined cumbersome record review process
- Used innovation tools to improve patient care experience in the hospital
- Used innovation tools to redesign patient calls
- Used innovation tools to improve medication refills
- Improved the workflow of targeted dental procedures

“[The Catalyst] is a core member of our innovation team. She has co-developed and co-led multiple innovation training programs for managers and physicians. She has co-led multiple innovation sessions, which have gone from an initial general challenge to specific pilots. As a member of the core team she has had considerable input into our teams charter, goals and innovation processes. Through all this work she is helping change our organization's culture over time.”
– 2013 Catalyst Sponsor

As we found with self-reports from Catalysts, the responses from sponsors, although limited, also appear to reflect the notion of strong support of Catalyst activities that go beyond simply giving them time off for innovation activities. As one sponsor described, *“She has been given many opportunities to work on innovation projects, function as a leader within our innovation team, teach innovation theory (Human Centered Design) and practice techniques utilized in the various phases of innovation work. As the administrative lead over innovation, I have strongly supported her innovation work, given feedback on performance, encouraged her participation in numerous projects, and enabled her to get involved in projects outside of our medical center.”*

Only one sponsor provided feedback on additional resources that might be helpful in supporting the training and activities of the Catalyst—although this suggestion may be helpful for future programming for all Catalysts. This sponsor suggested “ongoing skills development including training and feedback” and added, “Ideally this could be accomplished through site visits where someone from the Innovation Consultancy observes, makes recommendations, provides feedback — coaches — them during different phases of innovation projects that [they are] working on.”

Concluding Remarks

These evaluation findings will be used for input into the development of the 2014 Catalyst program. Moving forward, it is likely that we will continue to seek input using these three evaluation strategies in order to document “what a Catalyst knows” and “what a Catalyst does” – at least for the 2014 Catalyst cohort. CCI staff is also interested in conducting one more longer-term follow-up (18 months) innovation skills assessment with the 2013 pilot cohort to document changes, if any, in innovation skill levels, as well as continued activities to change organizational culture around innovation. Finally, the evaluation strategy moving forward also will include a component to assess the added value of the grant that organizations with Catalysts can apply for, further testing and implementing a compelling idea over an 8-month period. We will document the success of sites in implementing, sustaining, and possibly spreading their innovation.

Advice from 2013 Catalysts for future Catalysts:

“Be really open...we have so much to learn outside of our comfort zone. And, this experience really pushes you into doing that.” – Zakiya Devine, MPA, 2013 Catalyst, Consultant, Medical Group Administration, Kaiser Permanente - Los Angeles Medical Center

“Make the time. Integrating this into your work and infusing it with everything you do – you have to make the time to do it. By making the time, it’s a huge investment but the payoff is so great. You see it in your teams, you see it in how you interact with your staff and your leadership. It becomes infectious, so definitely make the time.” – Alicia Popoff, BA, 2013 Catalyst, Executive Consultant, Kaiser Permanente - South Bay Medical Center

Why it’s important to share the successes of this work:

“What I hope other Catalysts will take from my story and be inspired moving forward...I hope they’ll learn that these approaches are really effective and really the way we need to do business moving forward trying to innovate in the safety net. Talk to people, hear what they’re challenges are, and try to work with the resources you have to help create solutions that are effective for people and within systems. It’s not easy, but recognize that there are challenges that can be overcome by creative problem-solving, using some of the techniques that we’ve learned.” – Jonathan Fuchs, MD, MPH, 2013 Catalyst, Director, Center for Learning & Innovation, Population Health Division, San Francisco Department of Public Health and Associate Clinical Professor of Medicine, UCSF