



POLICY PERSPECTIVE

COLLABORATIVE MODELS HAVE BEEN WIDELY IMPLEMENTED AS A MEANS FOR IMPROVING THE QUALITY OF CARE BUT FEW SCIENTIFIC TRIALS HAVE BEEN CONDUCTED TO EVALUATE THE EFFICACY OF SUCH PROGRAMS. THIS STUDY SHOWS THAT COLLABORATIVES IMPROVED THE CARE OF CHRONIC HEART FAILURE PATIENTS PARTICULARLY IN THE AREAS OF PATIENT FOLLOW-UP CARE AND COUNSELING. IMPROVEMENTS IN COUNSELING PATIENTS THROUGH COLLABORATIVES COULD POTENTIALLY IMPROVE THE HEALTH OF CHRONICALLY ILL PATIENTS, BUT ARE ONLY ONE COMPONENT OF PATIENTS' CARE. TO ENSURE THAT THE COSTS OF IMPLEMENTING COLLABORATIVE MODELS ARE WARRANTED, A MORE RIGOROUS EVIDENCE BASE THAT ADDRESSES ALL ASPECTS OF CARE MUST BE ESTABLISHED FOR THIS INTERVENTION.

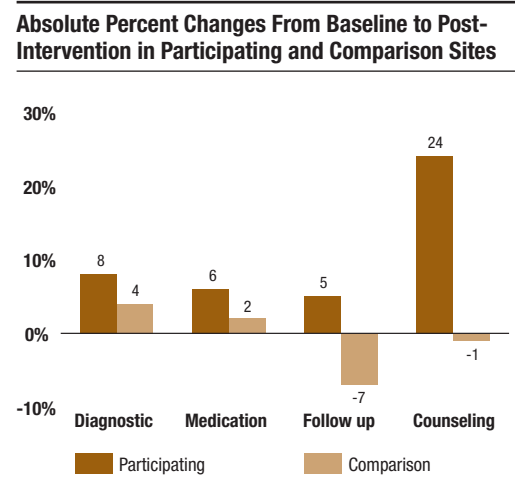
The Problem

Disease-specific collaboratives have been widely adopted by health care organizations as a way to improve quality of care for chronic diseases, but rigorous research evidence supporting their effectiveness is sparse. Efforts such as the [Institute for Healthcare Improvement's Breakthrough Series Collaboratives](#)¹ encourage health care providers from interested organizations to share experiences and quickly learn from each other how to improve quality. Without evaluating the effects of collaborative interventions on quality, it is difficult to attribute quality improvements to the continued use of collaboratives.

A new study finds improvements in the quality of care delivered to chronic heart failure patients when collaborative learning interventions are implemented in an organization. While there is a wider scientific evidence base on quality improvement interventions in general, this study represents one of the earliest focused specifically on the effects of collaborative interventions on quality (see Resources for other important studies). In the study entitled "Does the Collaborative Model Improve Care for Chronic Heart Failure?," Dr. Steven Asch led a research team funded by the Robert Wood Johnson Foundation to assess the effects of the collaborative model on the overall quality of care for chronic heart failure patients in eight organizations.² Four organizations volunteered to participate in the experiment, while four organizations were identified by the research team as comparison sites to conduct business as usual. The most persuasive findings from this study are the differences in patient follow-up and counseling between the participating and comparison sites; the post-intervention changes in these measures are important considering the complexity of both clinician and patient behavior that must change in order for these improvements to occur.

Key Findings

- **Improvements were greatest in the health behavior counseling and education of patients.** On seven of eight counseling indicators (disease management, dietary, exercise, weight loss, goal setting, water weight management and medication counseling), patients from participating sites showed significant improvement (between 4% and 41%, $p < 0.0001$).



¹ RWJF Research Highlight—Collaborative Models Improve Some Aspects of Quality for Patients with Chronic Heart Failure

- **Participating sites showed greater improvement than comparison sites for 9 of 21 quality indicators related to the care of chronic heart failure patients.** When all indicators were combined into a single overall process score, participating sites still showed significant improvement (17% vs. 1%, $p < 0.0001$).
- **Use of angiotensin converting enzyme inhibitors, a mainstay of chronic heart failure treatment, increased by 13 percent in participating patients, but declined 5 percent among comparison patients ($p < 0.0001$).** Additionally, the proportion of participating patients with coronary artery disease using lipid-lowering therapy increased by 7 percent, compared to only a 1 percent increase in the comparison sites.

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Resources

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Institute for Healthcare Improvement: www.ihl.org.

Cochrane Collaboration Review of Effective Practice and Organisation of Care:

<http://www.cochrane.org/reviews/en/topics/61.html>.

1 <http://www.ihl.org/IHI/Programs/CollaborativeLearning/ImprovingAccessandEfficiencyinPrimaryCare.htm>

2 Asch SM, Baker DW, Keesey JW, Broder M, Schonlau M, Rosen M, Wallace PL and Keeler EB. “Does the Collaborative Model Improve Care for Chronic Heart Failure?” *Medical Care*, 43(7): 667-675, 2005.