Systems thinking transforms care coordination for Children and Youth with Special Healthcare Needs and their families in Minnesota

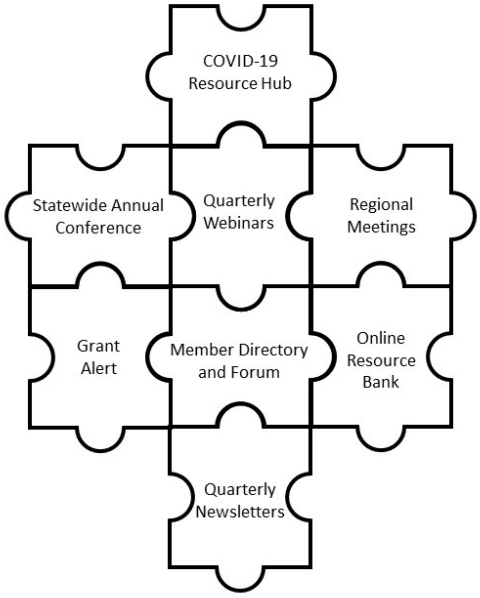
In 2014, Title V leaders from Minnesota aspired to improve the lives of children and youth with special healthcare needs (CYSCHN) and their families by improving access to quality care. While exploring options to begin this work, Minnesota connected with the National Maternal and Child Health Workforce Development Center (Center) through the Cohort program (now called the Learning Journey). In the early stages of their engagement with Center, the team was introduced to systems thinking tools and quickly realized the impact that this approach could have on the transformational change that they hoped to achieve.

A pivotal moment of engagement occurred during a workshop on systems thinking led by Center Core Lead Kristen Hassmiller-Lich. The team worked to understand the complex system of care the families were navigating using tools such as systems mapping and circle of care modeling. They gained knowledge and confidence in applying these tools to build a stronger care coordination network. It became clear that their state would benefit from "coordinating the coordinators" across sectors to better support CYSHCN and their families.

In order to fully implement their systems thinking approach, the team knew they would need buy-in from their partners. With support from the Center, the team hosted an interactive meeting and shared what they had learned during the Cohort program with partners. As part of this collaboration, professionals and family members co-designed a care coordination systems map, informed by a parent participant who infused her own personal experiences navigating care into the map by identifying systems that she and her child interacted with regularly.

Nearly a decade later, Minnesota has come a long way toward increasing access to quality care to improve the lives of CYSCHN and their families. The original co-designed systems map has now evolved into a full-scale interdisciplinary Community of Practice (CoP), with over 440 care coordinating professionals representing medicine, public health, education, government, social work, and non-profit sectors.

The CoP regularly offers professional development trainings, where participants have reported changed perceptions of the complexity of the system, as well as a better understanding of the challenges families face in managing their system of care. Regional meetings are also held to connect professionals across the state. Evaluation data from these events found that all attendees reported meeting someone new. These new connections have led to increased care coordination, as demonstrated by the following quote from a care coordinator:



Components of the Minnesota Community of Practice, including trainings, resources, and networking opportunities for professionals working in care coordination.

> *"I met a pediatric care coordinator from a primary care clinic. About a week later, one of her colleagues contacted me because we had a shared patient who was in our specialty care rehabilitation unit. I was able to connect the colleague with the staff from our unit who were working with the family, and they were able to hold a care conference over the telephone. If it hasn't been from that connection made at the meeting, I don't think the shared planning would have occurred, and the family wouldn't have had such a smooth transition back home."*

To learn more about the transformative work of the Minnesota Community of Practice, please visit their website.

For more information about how the Center can support your Title V health transformation work, visit our website.