10:54:11 From Tanya Allain : Hi Everyone - if you're interested in the registration list for the webinar today, I'm including it here.

10:54:30 From Jody Hoffer Gittell : thanks Tanya!

10:59:58 From Jim Best : Donabedia seems like a good fit with RC.

11:01:11 From Tony Suchman : I agree. And it seems integrated into the Relational Model of Organizational Change...

11:01:12 From Jody Hoffer Gittell : true, the original RC theory is in fact a structure/process/outcomes theory

11:01:26 From Jim Best : As an org change consultant, how do you develop shared goals when they don’t clearly exist and a focal process hasn’t been clearly defined yet?

11:02:33 From Mary Jo Larson : the VA also has incentive systems that may affect some people and not others. not sure if they have financial incentives yet around pain screening, or opioid reduction, or using non-drug therapy, but worth exploring how this affects RC

11:03:14 From Isha Leinow : Jim, one approch might be conveneing a multi stakeholder group to solve a common problem (i.e. focus on the patient).

11:04:01 From Carlos Arce : Jim: I’m always searching for a common customer, user or desired outcome… some common ground to at least start the conversation.

11:04:33 From Jim Best : Isha, might you start with a high-level focus and then one the the stakeholders start interacting, guide them to moving to a tighter, actionable focus?

11:05:57 From Jody Hoffer Gittell : or vice versa?

11:07:24 From Jim Best : You mean just bring them together and see what emerges?

11:07:48 From Isha Leinow : Jim, one approach would be to look at a specific issue that all providers care about (i.e. reducing pain, or another outcome). Solving for that problem might get them to a meeting. Then at the meeting the stakeholders could work together to build some structures that are relevant for their system. Shared goals may be it, but there moght be other structures that could be impactful as well. Then it's a user generated solution that has increased buy in from the system stakeholders (making it easier to implement)

11:08:35 From Jody Hoffer Gittell : or bring together for a care redesign that’s very specific then go broader … just wondering

11:09:01 From Isha Leinow : My experience with provider, especially doctors, they are less interested in using a very open forum. They want to solve specific problems.

11:09:43 From Tony Suchman : Rendi, very exciting to hear about your work, and what an important topic! Just a few initial thoughts to condier:

11:09:52 From Tony Suchman : - include patients as a workgroup

11:10:09 From Dusan Stojicic : great question?

11:10:21 From Tony Suchman : -include patients on the research team (their involvement in the resarch would also be part of the intervention

11:10:24 From Isha Leinow : Jim ... so the more focus to start the better to get them to aprticipate, then they can brainstorm solutions.

11:11:18 From Jim Best : tension between a focus that really draws to begin with and the value of the collective defining the focus together

11:11:24 From Jody Hoffer Gittell : could assess relational coproduction with the patients and their caregivers

11:11:30 From Dusan Stojicic : How could patients change organizational structure?

11:11:41 From Tony Suchman : - as part of the qualitative phase, follow the course of a few patients, interviewing them and the particular clinicians they work with. That could give a more holistic picture of the current state.

11:12:08 From Janet Steinkamp : Rendi - Well done. Your organizaiton and background context will serve you well as you move forward in the dissertation design. I too am a doctoral student and am currenlty studying potential impact of comm training on primary care/integrated-team RC. Looking forward to seeing where you go with your interests and research.

11:12:56 From Dusan Stojicic : @ Jody glad you mention coproduction

11:13:04 From Dusan Stojicic : interesting article

11:13:06 From Dusan Stojicic : http://eprints.mdx.ac.uk/20479/1/Can%20Co-production%20Really%20Transform%20UK%20Mental%20Health%20Services\_%20-%20Mad%20In%20America.pdf

11:14:31 From Jim Best : trust between specialties … is there a way to do collective sense making about common threads of the care model? How well-accepted is the Van der Kolk model of trauma accepted (The Body Keeps Score)

11:17:35 From Jim Best : “What structures might support improved outcomes”? Dylan

11:17:45 From Lauren Hajjar : Question 1: What are those organizational structures which underly the process of communication and coordination and that support RC?

11:18:04 From Denise Burgen : Great conversation- I unfortunately need to leave the meeting now

11:18:34 From Abby Yanow : If colocation isn’t possible, what structures could be put in place.

11:20:21 From Lauren Hajjar : Thank you, Abby

11:36:58 From Jim Best : Patitns learn mastery over their pain in small increments … they may learn as much or more from other patients that have already been learning than from the providers … what structures can be used to support the patient community of practice?

11:39:07 From Dusan Stojicic : Tony would you like to sum our disscussion?

11:41:18 From Jim Best : Relationship between shared respect and the natural inquiry into shared knowledge (jody)

11:42:17 From Janet Steinkamp : Are you (KP) implenting an assessment of learning styles into your team building and patient-care delivery?

11:42:24 From Jim Best : Patient-centered respect and dignity as a great model of the everyone in the system … and this is a well-accepted cultural norm that could be used as an anchor

11:43:56 From Abby Yanow : @Janet: there's also a good assessment of thinking styles that has been used with physicians - HBDI, Hermann Brain Dominance Instrument.

11:44:51 From Lauren Hajjar : People want to be respected and that is the treatment (Jarvis)

11:45:08 From Jim Best : !!!

11:46:10 From Abby Yanow : Dave, is the opposite of fear - trust?

11:47:07 From Jim Best : Without fear, we have a chance to broaden and build (Fredrickson), allowing use o be creative and innovative and stay in the learning zone…opposite of fight/flight/freeze

11:47:08 From Lauren Hajjar : Or self-love, acceptance?

11:47:13 From Dusan Stojicic : Thanks Tony :-)

11:48:48 From Lee Ann Avery : Creating a care community, which might be the next step from building a coordinated and focused team.

11:49:16 From Janet Steinkamp : We're currently having conversations at the Colorado state level around individual team (including the patient) capacity, resilience, and vicarious trauma or "compassion fatigue". It seems that there is a growing recognition of these components as they impact team respect and trust.

11:49:17 From Jim Best : Fear as a systemic context that affects the entire social field

11:49:30 From Jim Best : vs love and cmpassion

11:55:20 From Dusan Stojicic : Great!

11:55:41 From Jim Best : How does the VA program centered around pain realty to focus on patient goals and the patient’s relational terrain?

11:56:44 From Dusan Stojicic : Developing processes with patients in order to improve organizational structure which will support new processes

11:57:12 From Dusan Stojicic : in oder words from the bottom to the top

11:57:28 From Jody Hoffer Gittell : I think that’s right Dusan

11:58:31 From Dusan Stojicic : Thank you everyone

11:58:36 From Dusan Stojicic : this was great