altogetherbetter

Changing the culture in General Practice:

The development of Collaborative Practice in Dorset – a summary of findings

Befriending Waiting Room Support Diabetes 1-2-1 Walking Stitch & Knit Board games social Cooking Migraine Support Cancer Support Anxiety Management Afternoon Tea Singalong Cancer Support Carers Respite Technology Bereavement Friendship Young Mums Asperger's Support Fibromyalgia Peer Support Running off at the mouth Nordic Walking Healthy Happy You Expert Patients Lindsay Leg Club PTSD Support Asthma Group Teenage Counselling Crafts Gym Buddies Macular Degeneration Group Cycling Family Support Art Guerrilla Gardening Waiting Room Support Coffee Morning Trainee GP Consultations Front of House Breathtaking Singers Wellness Group App Support Hearing Impairment Nursing Home Friends Gardening Flu Clinics Meet & Greet Admin Support Prescription Problem Busters Dementia Support Buddying Pub Trips Haskins Visits Elevenses Cinema Buddies Dementia Dance Games Feed the Birds Health Talks Lighthouse Fun Group E-Consult Support Decorating the Waiting Room Updating Practice Forms Home visits Champions' Corner Health Hub Community Pantry Suicide Survivors Allotment Active Listening Home Visits Yoga Mask Making Book Bags Phone Befriending Christmas Gift Giving Emotional Freedom Technique Library Socials Covid Wellbeing Calls Writing Group Men's Shed Stroke Group Befriending on a Bike

Acknowledgements

We are grateful to Public Health Dorset who commissioned this programme of work and to the staff teams and practice health champions from all the participating practices:

- Abbey View Medical Centre
- The Adam Practice
- Banks & Bearwood Medical Practice
- Barton House Surgery
- Bridport Medical Centre
- The Grove Medical Centre
- Gillingham Medical Practice
- The Harvey Practice
- Heatherview Medical Centre
- Highcliffe Medical Centre
- Lilliput Surgery
- Lyme Bay Medical Practice
- Parkstone Tower Practice
- Penny's Hill Practice
- Poole Road Medical Centre
- Rosemary Medical Centre
- Shelley & Holdenhurst Medical Centre
- Southbourne Surgery
- St. Albans Medical Centre
- Stour Surgery
- Wessex Road Surgery
- West Moors Group Practice
- Whitecliff Surgery
- Wyke Regis Medical Practice

How to cite this report

McGregor A, Fischer MK, Hughes H & Bickler S (2020)

Changing the Culture in General Practice

Introduction

In 2017, Public Health Dorset commissioned Altogether Better to deliver a Collaborative Practice Leadership and Development Programme as part of Dorset's Prevention at Scale Programme. Its purpose was to support general practice to find new ways to respond to the unprecedented challenge of rising demand and unmet need which has come about as a result of the changing pattern of disease, particularly the growth of long-term conditions (LTCs). These new demands require radical new ways of thinking and doing things to meet the social needs of patients.

This report highlights the outcomes and key learning from the programme of work which supported 46 members of staff including GPs, Practice Managers and their teams from 27 GP practices across the county to lead a new way of organising in general practice.

The programme was designed to help them to develop, learn and acquire the knowledge, skills, confidence, and capability to do things differently. An integral part of the development programme included practical, in-practice support to implement Altogether Better's evidence-based approach to **Collaborative Practice.**

This report highlights the outcomes of the work, drawing on the impact on both programme participants and their practices. It shares the lessons learned and stories of success as well as the things that could have gone better. We hope that it will provide valuable insights, provoke fresh thinking and encourage leaders in general practice to seek to develop a new relationship between their practice, patients and people in communities.

> "I genuinely think you have enriched my life…I have a different outlook and it has been not only very inspiring but also a great deal of fun. So hopefully this Practice will be a completely different practice in a year's time and it will all be down to this work"
>
> **Leadership Programme Participant**

The context: what is the problem we are trying to solve?

Health services across the developed world are struggling to adapt to the changing pattern of disease, particularly the growth of long-term conditions and their social equivalents, along with rising demand and unmet need. The spread and impact of Covid-19 has compounded these challenges and it is now time to find new ways of organising and new models of care, rethinking who should be doing what and where and ensuring the right support is provided to the right people from the right place.

Primary care is without doubt the jewel in the crown of the NHS and is hugely valued by the public, but it has struggled to adapt to the massive increase in 'things that don't go away' and which can't be fixed by medicine alone (LTCs, social isolation, the wider determinants of health and widening health inequalities). Our data suggests that roughly half of the people who go to General Practice have primarily social needs.

A perceived lack of financial resource, increasing workforce challenges and expanding caseloads are symptoms of not being organised in a way that addresses the underlying problem. A culture of simply working harder and faster only addresses the symptoms of demand, not the generator.

Working meaningfully in new relationships with patients and people in communities can help general practice rethink, redesign and co-deliver services with citizens in ways that respond to the underlying generators of the problem, leading to improved outcomes, meeting (not managing) demand and making life better for everybody: patients, practice staff and communities.

The changing national policy landscape provides a useful and timely backdrop for this radical change to happen, with the shift away from the traditional medical model towards personalised care, population health management, social prescribing and the development of asset-based approaches in primary care. The requirement to develop new relationships and partnerships between practices, across PCNs and in cross-sector partnerships further highlights the need to develop collaborative working skills.

Developing Collaborative Practice: what happened

The work was underpinned by a detailed logic model (Appendix A) which comprised two principle delivery components. The first was a 7-day modular development programme delivered over a year with 18 participants from 14 practices (GPs, Practice Managers, and their teams). A Power Lab module included staff working from across the Dorset health and care system. The learning from these were consolidated by a series of Communities of Practice which enabled participants and Practice Health Champions to experiment

and learn new ways of working together, building new knowledge and experience.

The second component was a programme of in-practice support which included practical help to find enthusiastic champions, facilitation of workshops for champions and practice teams and support to prototype and develop new offers and interventions in real time. Practice teams and programme participants were offered coaching and mentoring support to develop their confidence to embed Collaborative Practice over time.

Through word of mouth we experienced a growing interest in the work across the county and as a result a second programme was commissioned by Public Health Dorset which ran from April 2019 with 28 staff from 11 practices.

The total number of practices currently involved has since spread to 27 reaching 46 programme participants.

A third programme has been commissioned by Dorset CCG and will be delivered in 2020/2021. Given the constraints imposed by Covid-19 it is likely that the programme will be a mix of virtual and face-to-face work.

Practice Health Champions are people from the practice's patient list and local community who volunteer their time, talents, skills and ideas to work collaboratively with the practice team to develop and lead new offers, groups and activities that meet patients' non-clinical needs. Each practice that participated in the development programme invited enthusiastic local people to work alongside them to develop 'Collaborative Practice'.

Developing Collaborative Practice: Our approach

The design of the Leadership and development programme and the in-practice support was built on our understanding of culture and how to make culture change happen. Culture is an emergent phenomenon made up of following three elements and the interplay between them:

Flow of information We supported practices to pay attention to how they use data (information) and gave them the knowledge, skills, and tools to organise around this information.

Relationships Culture change comes about through changes in relationships. In this work we sought to change the relationship between citizens/patients and the people who deliver services, moving people away from a traditional service ideology based on *doing things to and for people* to *doing things with and alongside them* in a relationship of equals. Practices were supported to develop a new relationship with their list. Relationships within the practice team also change, with staff working together towards a common purpose which falls outside of the parameters of their individual roles.

Identity When identify changes, culture changes. When we change who is a part of the practice team and invite patients and people in communities to join the team as partners, we change the identity of the practice.

Based on this understanding of culture and its components we designed the programme to equip and support staff in the practices to develop the

leadership capacity to create general practice fit for the future. The programme supported participants to develop their knowledge, skills and understanding of:

- The context for health and care
- Change and transition
- Creating Collaborative Practice
- Systems model of care
- Approaches to conflict
- Coproduction and prototyping
- Organising to add value
- Using practice data to mobilise change
- Leading change
- Power dynamics
- Negotiating
- Difficult conversations

Evaluation approach

Our approach to evaluating this work was both formative and summative. The summative evaluation tracked and collected evidence of the impact of the work on people (the staff, champions and patients) and the impact on General Practice. The formative evaluation sought to surface and respond to continuous and ongoing feedback. Mechanisms were put in place to continuously capture learning and intelligence emerging from the work and adapt the programme and the in-practice support to respond.

Data Sources

Contributors	Quantitative Data	Qualitative Data
Programme Participants: GPs, Practice Managers and their teams	Mid-programme survey Post-programme survey Insight Survey	Interviews with staff Reflective journals Video stories of impact Social media- Facebook, Twitter Communities of Practice Case stories Networking events
Champions	Demographic data Workshop surveys Insight survey	Communities of practice Reflective journals Case stories Social media- Facebook, Twitter Networking events
Patients	Group data	Case stories Conversations Networking events Interviews
Altogether Better Team		Reflective learning Quarterly reporting

Practices were also keen to develop their own metrics and measures of success.

Monitoring processes included regular reporting against agreed KPIs captured in eight quarterly reports that drew on reports and data from Communities of Practice, Case Stories, Network event reports, champion engagement and recruitment processes, workshop feedback, demographic data, photos, videos, publicity materials and insights from the 140 staff members and 100 champions who responded to our surveys.

Short Term Outcomes

Outcome:

Practices working with local people in new relationships

Almost without exception practices reported that inviting champions to work alongside them in a collaborative new relationship has had a positive impact on the connection they have to their patients and the wider community.

"It has changed the confrontational, dysfunctional relationship with patients to being overwhelmed with kindness and positivity. And that's because we have change the way we behave towards our patients. And guess what, if you're nice to people they're nice back! It's a cycle of love and kindness"

26 of the 27 practices who took part in the programme invited champions to become part of their practice team and 442 champions came along to the welcome workshops with their practice

Outcome:

Partners working together to deliver new models of care

Staff and champions worked together in new extended teams within their practice and with staff and champions from other practices in the Communities of Practice. The COPs offered a place to reflect, share and learn and provided people with the confidence to experiment with developing new models of care. Staff overwhelmingly reported the positive value of building relationship with one another on the programme.

"Champions are an integral part of our team, not an add on"

Communities of practice reached over 140 attendees including practice staff, champions and the VCSE working collaboratively to design, test and develop new models of care back in their practices.

Outcome:

Champions network established to share learning and cross-fertilise

A champions' network was established through a series of Communities of Practice and Network Events and they are actively staying connected using Facebook, Twitter & WhatsApp groups. Some champions have also become part of wider national networks with other Altogether Better Champions

"The event was a big success…it was great to hear how Health Champions in other practices are developing their roles and there was a good exchange of ideas"

3 Network events reached over 200 attendees including champions, practice staff and the VCSE

Outcome:
Patients using services differently

There is clear evidence of patients accessing a new range of non-clinical services as an alternative to a clinical appointment, including taking up offers to support them to manage and cope with their LTCs, improving the quality of the clinical consultations and a huge range of social activities. .

"A GP suggested to a patient that she may like to go to an art class run by the champions , the patient was interested but her anxiety meant that the only place she was comfortable to go to was the surgery. The GP reassured her that the art class is held at the surgery, She now comes weekly to the class, joining in with the small group, making friends and seeing the GP less frequently"

64% of champions reported running new groups and activities for patients

41% of champions have helped practices raise awareness of services and how to get the most from them

Outcome:
New model of collaborative practice embedded in practices

Collaborative practice has been embedded in some but not all of the practices. Some practices have embedded the work in ways which have been totally transformative to the practice and are showcasing their new way of working nationally. In others the progress has been promising, and a small minority were not able to fully grasp the opportunity.

"It has been incredible for our practice our practice staff and for the health champions themselves. We have noticed changes from top to bottom…it's just been the most enjoyable, inspiring and wonderful experience that we have ever had in our practice."

22 of the 27 practices were able to show strong evidence of embedding collaborative practice, 3 practices were not, 1 practice withdrew early on and 1 participated in the programme only.

Outcome:
Role of the voluntary sector is understood and amplified by Champions

The VCSE are an integral part of a Collaborative Practice approach, with champions actively signposting and connecting patients to the offers outside provided by the VCSE in the wider community. Some practices went further than others in directly strengthening their relationships in order to add greater value.

"GPs in particular find it a bit easier to offer alternatives to medical treatment. We didn't make great use of voluntary sector before but now effectively we have a direct voluntary sector link, it's made them open to offering other options to patients. Most patients seem to appreciate that"

71% respondents to staff survey said Collaborative Practice was helping them get closer to the community

Outcome:
Reduction in failure demand in primary care

Clinical staff reported that this work was impacting on the frequency of attendance and there were many anecdotal stories to support this however practices did not take full advantage of exploring and using their attendance data to both shape and track progress towards this ambition. This is an area where more work is needed to ensure this is systemised.

"For some of them they were coming for appointments very often and now they are busy with more interesting activities"

"We are starting to code and track the impact the new offers are having on people and on their attendance"

72% of doctors and 50% of nurses responding to our survey said this way of working was leading to some patients coming to see them less frequently One practice was able to show 7% reduction in clinical attendance (from champions and people connected to champion offers)

Outcome:
Improved staff morale

Data from the case stories, communities of practice, network events and staff surveys highlighted many examples of improved staff morale. A short informal conversation with Managing Partner Jane Dawes from the Blackmore Vale Partnership, Shaftesbury (Finding the joy in work again) in which she highlights the difference Collaborative Practice has made to the practice, to patients and to her personally, sums this up well.

"This is changing that whole relationship that we have with our patients and what we have done is found or re-found the joy in work. For me personally I was pretty fed up I was exhausted . I have rediscovered what I love about the NHS and that is actually helping people, spending time with patients, the kindness the love from these people who are doing this for free is just overwhelming it really is."

78% of respondents believed collaboration with champions is worthwhile.

Outcome:
New business model in general practice

To demonstrate the impact on the business model it was important for practices to deepen their understanding of the way in which patients who use the practice most frequently use services. Although this work happened in some practices the majority did not pay attention to this aspect of the work and some struggled to create systematic processes to link those patients with the greatest need to the new offers of social support and relied on other ad hoc methods.

"the champions have radically changed and improved our services to our patients, they are open to ideas and committed to offering an array of different services, they are highly valued team members"

87% of staff survey respondents believe that they are now better able to meet patients' non-clinical needs

Outcome:
Improved mental and physical wellbeing

The evidence indicates that for both champions and those who are participating in new offers and activities, there is a beneficial impact on both physical and mental wellbeing and there are many anecdotes describing this from across the practices.

"Over the past 12 years I have battled with some pretty serious health conditions (physical and mental). The health champion team has given me new friendship and by helping set up the choir, my skills as a musician are once again being utilised. So my life has officially started to turn full circle"

149 new groups, activities or initiatives were running or in development by December 2019, spanning the breadth of physical and mental wellbeing.

Outcome:
System change/culture change

We have evidence of culture change in some of the practices, most significantly the identity of the practice team has changed with champions becoming an integral part of an extended practice team. This in turn has impacted positively on the relationship that staff have with patients and with each other. More work needs to be done around ensuring that the work is systematically built into practice processes.

"Early days but on the right track. Culture takes a while to shift but it is shifting away from 'we know best' to 'let's ask what our patients think'. More to do but lots of potential to really embed collaborative practice!"

62% staff responding to our survey said champions felt like part of the practice team now.

Outcome:
People find meaningful paid employment

The demographic of the champion group was such that finding paid employment was not one of the key drivers for people coming forward to give time. However there are anecdotal stories of some champions finding new work opportunities.

"Getting to know the staff has made me able to find out about a new job within the network which hopefully I'll be starting in Jan."

65% champions were retired and 52% were aged 65 or above.

Outcome:

Increased resilience and ability to manage LTCs

Champions and practice staff collaborated on a range of new offers to support people to come to terms with, adapt, cope and build resilience to live well with long term conditions and their social equivalents including diabetes, COPD, mental health, or significant life changes such as bereavement becoming a carer.

"One woman came along [to the *Moving Counselling* running group] having been diagnosed with Type 2 Diabetes. Since joining the group she has lost weight, her blood sugar level has reduced and she no longer needs medication"

25 condition-related peer support groups were running or in development by December 2019.

Culture Change

We collected extensive data from programme participants, programme evaluations, interviews, staff surveys and case stories. There is strong evidence of a tangible change in the culture in some of the practices, promising signs of change in others and some have struggled to do things differently.

Following a visit to one of the practices the independent health commentator and writer Roy Lilley observed:

> *"If there is a Holy Grail, I think I might have found it. It's a GP practice, the Blackmore Vale Partnership, they have changed the way they work. They have Health Champions, who, through their lived experiences of illness, long-term-conditions, happenstance, pain and even suicide, create groups of the like-minded, fellow travellers and listeners, to help, coax, guide, shepherd and support each other.*
>
> *It's simple. For instance, they've grown walking groups. Enthusiasts for weight loss, lowering blood pressure, cholesterol, fresh air and each other. But that's only part of the story.*
>
> *They should take down the sign in the car-park. This is not a doctors' surgery. It is a community centre and somewhere, inside, you'll find some doctors, with more time to help the people who are really ill.*
>
> *The waiting room is about to become a coffee shop.*
>
> *This place and this approach are so totally unique,* ***there is nothing in the management lexicon that helps to describe it.***
>
> *Social prescribing doesn't really do it justice. It's a partnership philosophy. It's not us and them, it's them with us.*
>
> *Fibromyalgia; they have a patient group, sharing experiences, in search of a new wellness and confidence.*

At the heart of it, the understanding; anyone who says 'I know how you feel', doesn't… unless they've been there. And, if they've been there, they'll know what's next and how to deal with it. No doctor required.

Frequent attenders' numbers have dropped off the cliff.

Diabetes, as much as it can be a curse, is simple; blood-tests and prescribing. So often it can be what happens to the person; loss of control, guilt, regret, becoming a different person, medicalised… is what needs to be sorted and it can be done by fellow travellers.

This is more than co-production, it's more like syndicated-wellness. It is the realisation that a long-term condition is so much more than an appointment with a doctor and a prescription, it's a date and a coffee with someone like you, going through what you're going through.

Free books for the kids, an 'it's good to talk' bench to sit and have a chat and a genuinely welcoming feel. This practice announces it is different from the moment you walk in.

The evidence tells us, demand for GP appointments has fallen. They get home on time.

The results are startling."

Many thanks to Roy Lilley for allowing us to reproduce his blog post here, which was first published on 31 January 2020. For more of his perspective and insights, follow Roy on Twitter @RoyLilley.

Findings

Ideology (core beliefs, what counts, what you pay attention to) and relationships reveal an organisation's culture.

Changing Ideology

Staff now see patients as a resource (and resourceful), not just a problem to be dealt with.

> *"we are thinking about patients differently, seeing frequent attenders not as an annoyance, rather that their needs have not been met."*

> *"It is hard not to gain respect for champions, who are also patients on the list, who generously step forward to give their time, enthusiasm and energy to make a positive difference to the lives of staff and other people in their community."*

Changing Relationships

Ninety two percent of staff responding to our survey said that there had been a positive change in the relationship they have with their patients.

> *"They are fabulous people with inspiring energy and generosity."*

Building better relationships with champions improves the relationship staff have with their patients.

> *"It has changed the confrontational, dysfunctional relationship with patients to being overwhelmed with kindness and positivity. And that's because we have changed how we behave towards patients. And guess what, if you're nice to people they're nice back! It's a cycle of kindness and love."*

Working alongside people as peers' impacts, on service delivery.

> *"who would believe that 10 little old ladies could save the NHS"*

> *"I think there are early signs of optimism in that the feeling of being overwhelmed by the clinical workload can be addressed in other ways rather than go and see your GP or nurse"*

Changing the identity of the practice team

The identity of the practice team changed.

> *"Champions have formed a great team in conjunction with our clinical team"*

> *"We are a partnership, we are a family (we don't always agree on everything, but we have a strong bond of wanting to do the best for our community"*

Changing the identity of the team changed outcomes for staff

> *"There's a feeling of being more supported in our work and more of a sense of togetherness"*

Extending the practice team to include champions has improved outcomes for patients

> *"We have been able to make a difference to lots of our patients through the great work the health champions have been doing"*

Flow of information

Organising around the flow of information energises the work, for example surfacing information about the impact of frequent attenders and conducting

rapid patient reviews enabled staff to gain a deeper understanding of why people are presenting and how they can use practices resources differently.

> *"the GPs were horrified when we looked at the data, one patient, a woman in her 40's came 148 times in a year, she had no identifiable clinical need and there hadn't been any secondary referrals. We are going to connect her up to the champions and see if we can support her"*

Pressure on clinical time reduces when practices systematically connect patients who come with social needs to the right offer of support from champions

> *"we have seen a seven percent reduction in attendance"*

> *"The health champions have brought an enthusiasm and experience is dealing with many associated issues that impact on clinical situations. It has freed up clinical time when we are experiencing a severe problem where demand significantly exceeds supply".*

Surfacing the data about social needs legitimises the need to commit to a new way of organising in general practice:

> *"We hope to increase the support we offer to our patients, by having more diverse groups, more support from Health Champions, whether in the surgery or in their own homes. I can see extreme potential in everything that we will be able to offer. I want to make this surgery a place this is friendlier and very approachable and whatever the patients come to us about we can support immediately in the correct place"*

Creating the conditions for success

The leadership & development programme and the COPs provided opportunities for learning, sharing and development, challenging orthodoxies and rethinking how to organise in general practice. Many found this to be "*life changing*" and provided the foundation from which to develop the work in their practices.

The majority of practices (22 of the 27) were able to demonstrate that they had changed their way of working, offering 149 new offers and activities to support patients and practices. One practice had developed 18 new offers and activities within one year. The majority reported that their relationships with patients and their communities had changed for the better but only a minority reported that they had looked at the impact of the work on patient flow.

For some, it took longer. A GP partner in one practice made the decision not to invite champions to work with them because of concerns about the risk working with volunteers might bring to the practice. Three practices struggled

to benefit from the work citing that they were unable to see the impact, an unwillingness to invest in DBS checks, departure of the practice manager and lack of buy-in from the clinical leadership in the practice.

Our findings strongly suggest that the following factors were hugely important in how successful the practice leads were at implementing and embedding collaborative practice within their practices:

- Leaders who were able to step back and '*see things differently*' in terms of the changing context were most likely to be successful. Gaining an understanding that the prevailing practice model of 'fixing things' does not support the bulk of the workload generated by conditions that are not fixable.
- Practices were more likely to be successful when practice leads were able to take their staff along with them. People who came to the programme in teams showed greater commitment to deliver and were more likely to share it with other staff in their practices.
- Leaders who had energy and excitement for the work were more likely to succeed. The most motivated and enthusiastic staff made things happen.
- Practices who recognised and respected the diversity of skills champions brought into the practice by the champions flourished.
- The work is more likely to flounder if it is not legitimised and valued by the senior leadership in the practice.
- Leads for Collaborative Practice need authorisation to develop the work.
- Success reinforces success: when the work was made visible it was more likely to be valued. The more visible the outcomes the more likely it was to accelerate and spread.
- Programme participants valued the time to think (and without thinking time you can't do systems change).
- The work thrives in liminal space, in neither the formal world of the NHS nor the informal world of the community but positioned comfortably in-between.
- Culture change happened when people in practices accepted that you can't do it alone.
- Collaborative Practice is likely to embed when staff see how it fits with the current policy backdrop. The move towards personalised care and the appointment of social prescribing link workers provided authorisation for staff to do the right thing.
- Being supported by Altogether Better as they tried something new was critical.

What Altogether Better have learned to do differently

- Ensure the clinical leadership team from each of the participating practices fully understand and support the work. We will extend an invitation to two GPs, the Practice Manger, and the participants to take part in module 1 to ensure that the practice leadership understand, legitimise and support the work.
- Create a structured timetable for change to enable participants to have conversations with the leadership
- Take a more structured approach to the scheduling of the work, using 'gateways' to nudge progress; '*if x has not happened, we cannot proceed to y*'. This has been introduced successfully in Altogether Better's recent work resulting not only in improved engagement from clinicians early on but also a sharper focus on where the work will make a difference (eg by making the data exploration an early gateway point, new offers that develop are driven by what the data tells us, not just good ideas and enthusiasm alone).
- Deal with the anxiety in practices about the impact of doing things differently on workload. We will be clear that the daily lives of GPs and nurses remain unchanged, except that they see the right patients and are able to use their skill set more appropriately. It is systems change and culture change that makes the difference.
- Group & one to one coaching was offered but not routinely taken up. This is now a more formalised mechanism in the model because we know it not only allows valuable time for reflection but also helps shape ideas, maintain momentum and keep enthusiasm buoyant.
- Using webinars in real time to support participants through the change process. This virtual tool has by necessity been introduced in 2020 but has in fact proved a time-efficient and simple way to bring people together in conversation and as a result we have built this supplemental element into our model (eg it is much easier for a clinician to join a half hour virtual session than attend a meeting in person.

Appendix A: Logic Model