BRIEF

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I do, we do, you do: An antidote to the fix-it framework

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Introduction

"I tended to move towards 'fix-it' care because it was the path of least resistance. In the beginning, I did a lot more collaboration, but over the years, when I got really busy, I was like, 'I'll just do it.'"

—EMERGENCY DEPARTMENT OUTREACH SPECIALIST AT A REGIONAL HOSPITAL

Complex care teams support people with complex health and social needs to achieve their goals by helping them navigate around and break down some of society's most intractable barriers, including homelessness, poverty, and lack of access to healthcare. Complex care brings up tough, often unfair situations, and it's common for practitioners who care about their patients or clients to just want to fix the situation themselves.

This "fix-it framework" happens when a practitioner goes into an interaction ready to take charge and solve problems. It's a tempting human response to challenges, but it is ultimately not in the best interest of the practitioner or the patient.

> **Have you felt the fix-it framework?**
> Have you ever seen a person struggle with a task that's basic for you and been tempted to jump in and help? Maybe the person was having a hard time opening a door, adding up numbers, or untying a knot. It's natural to want to jump in and help, and your assistance might be helpful in the moment in solving the immediate challenge. However, just fixing the problem by opening the door, adding the numbers, or untying the knot doesn't teach the person how to do it themselves or provide them with ongoing support. Now when they come across the same challenge again, they'll likely be struggling just as much as the first time.

The COACH framework, developed by the Camden Coalition, teaches complex care practitioners how to get out of that "fix-it framework" mindset that focuses on what can be done for a patient to an *I do, we do, you do* framework that focuses on empowering a participant to make sustainable change. COACH and its techniques were developed around the participant/practitioner relationship, but they can be applied in many kinds of relationships within and between organizations.

I do, we do, you do

I do, we do, you do is the technique that helps power the COACH framework. It is adapted from a strategy in the educational field that was designed to gradually release responsibility from teacher to student. In complex care, it is adapted to gradually release responsibility from the practitioner to the patient, client, or program participant. This technique helps people build the skills they need to continue to achieve their goals even after the care management support is complete.

"COACH helped me realize that I had changed. I realized that the effort it takes to support someone else in doing a task is worth it because I'm aware that I am not going to be there forever. I cannot be their only go-to person."

—EMERGENCY DEPARTMENT OUTREACH SPECIALIST AT A REGIONAL HOSPITAL

For anyone learning a new skill, the process usually includes watching someone else model the skill, practicing the skill with assistance, and then completing the skill on your own. We call those steps *I do*, *we do*, and *you do*.

In the COACH framework, each step of this process — *I do, we do*, and *you do* — is referred to as a *coaching style* and picking the appropriate one to use in a given situation is called *assuming a coaching style*. Participants in complex care programs need practitioners to assume different coaching styles depending on the situation and the participant's ability to complete the specific task.

I do

I do is the appropriate coaching style if someone hasn't completed the task before or isn't able to name the first step of the process. In this coaching style, complex care practitioners model the skill with the person watching. The *I do* coaching style demonstrates the skills needed to tackle the task and establishes trust and security, and provides the consistency that is vital to building an authentic healing relationship.

> **Example:**
> A program participant wants to make a doctor's appointment, but they have never done it before and don't know where to start. Their case manager takes an *I do* coaching style by making the appointment with the phone on speaker so that the participant can hear the conversation.

We do

We do may be the appropriate coaching style to use with someone familiar with the path and process of the task at hand, and who can name the first step of the task, but ultimately gets stuck at an intermediary step. Complex care practitioners also use this coaching style if someone already has a system or strategy in place to manage a task or process, but that system or strategy is ineffective or won't work in the long-term.

In this coaching style, complex care practitioners complete the task with the participant. The *we do* coaching style allows the participant to take the lead and the practitioner to support when the participant hits a barrier. This allows the participant to practice skills, learn by example, and gain the confidence and skills to self-advocate.

> **Example:**
> A program participant knows how to schedule a doctor's appointment, but they get frustrated and hang up when they are put on hold. Their case manager takes a *we do* coaching style by encouraging them to put the phone on speaker and brainstorming with them ways to keep busy while remaining on hold.

EXPLAINER

What is COACH?

COACH[SM] is the framework for how to empower individuals to take control of their health through authentic healing relationships. COACH is an acronym that describes the tools and techniques that care team members use to work with program participants towards sustained behavior change, and to track progress in supporting them to reach their goals.

C: Create a care plan

O: Observe the normal routine

A: Assume a coaching style

C: Connect tasks with vision and priorities

H: Highlight effort with data

COACH was designed for the Camden Coalition's care management intervention for individuals living with complex health and social needs in Camden, NJ, but the tools and techniques it describes can be applied to behavior change interventions in a wide range of settings, in healthcare and in domains like education and social services.

You do

The *you do* coaching style applies to situations where the participant has the ability to complete the task — because they've completed it or something similar before — but lack confidence or require encouragement to see it through. In this coaching style, complex care practitioners let the participant take the lead on managing the process while supporting, encouraging, and following up with them as needed. The *you do* coaching style moves the participant towards independence, self-empowerment, and sustainable change.

> **Example:**
> A program participant regularly makes transportation arrangements on their own but calls their case manager for help with their ride doesn't show up. Their case manager takes a *you do* coaching style by asking questions about their problem-solving process, encouraging them to make the necessary phone call on their own, and following up with the participant to see how it went.

A transfer of power and responsibility

Moving through the *I do*, *we do*, and *you do* coaching styles transfers the power and responsibility of managing care from the practitioner to the individual. It allows the practitioner to model the task, support the person in doing the task, and finally allow the participant to do it on their own. This technique works to flip the usual power dynamics and hierarchy of practitioner as "expert" and "all-powerful." Instead, as the practitioner shifts responsibility, they also shift the power from themselves to the individual they are working with.

Person-centered care

The healthcare system can be hierarchical, and intentional or not, this structure can feel dismissive of patient goals in favor of the system's agenda and incentives. This can disempower individuals and reinforce the roles of "expert" and "patient." The *I do, we do, you do* approach works to disrupt this dynamic by empowering people seeking care with the skills and knowledge needed to make their own sustainable change.

I do, we do, you do is necessarily person-centered. Because the patient is an active participant in the process of learning and implementing the skills, the goals must come from the patient. If the patient isn't invested or participating in working to achieve the goal, it might be necessary to assess if this is actually the patient's goal. Moving from *I do* to *we do* to *you do* is an incremental process that reveals barriers to completing the task. As the barriers arise, practitioners help the person remove or navigate around the barriers.

> "Sometimes as social workers, we forget that the patient is the main person. It's so easy to jump ahead and say, 'oh I know the answer. I'm gonna just do this and then it's going to solve their problem.' But instead we need to take a step back. Let's ask the patient what they want to do. We can't give them the answer if it's not the answer they want. We have to slow it down and work with them on getting to their goals the way they want to get there, not the way we want to get there or the way their doctor wants to get there."
>
> —AMBULATORY CARE MANAGEMENT SUPERVISOR AT A REGIONAL HEALTH SYSTEM

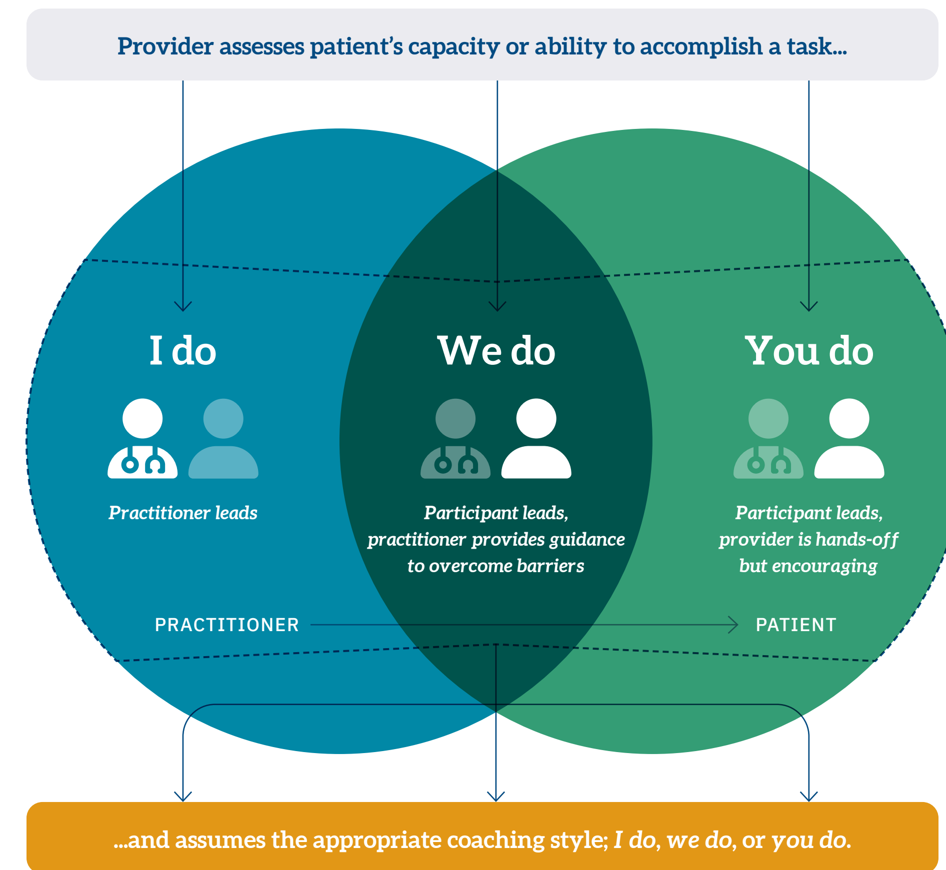
A more sustainable approach for everyone

I do, we do, you do helps the participant build the skills to complete tasks and goals on their own or with other supports. This leads to sustainable change and the ability to successfully navigate systems in the future.

> "My team of care managers sometimes got stuck and went into autopilot where they did everything for the patient — like calling the insurance and making the appointments — because we thought it was easier for the patient and for us. This was a big lesson in COACH; this is not the goal in working with patients. We want to empower patients and help them take charge of their own care and lives because one day we are not going to be there as their nurse care manager. When we debrief cases and hear that the care manager seems to be doing a lot of the work instead of helping the patient get to the *we do* and *you do* stages, we talk about it and remind each other about the lessons we learned in COACH."
>
> —AMBULATORY CARE MANAGEMENT SUPERVISOR AT A REGIONAL HEALTH SYSTEM

This approach is also more sustainable for the practitioner because it can reduce workload, reduce burnout, and promote boundaries.

I do, we do, you do: coaching style assessment



Reduce workload

I do, we do, you do reduces the workload for the practitioner because it moves the responsibility and focus from the practitioner to the person they're working with. Practitioners find that they're not doing as much for the people they're working with as they were before.

> "Because of *I do, we do, you do*, we really understand that the goal is not to hold the patient's hand indefinitely, but to empower them and to help them take charge of their own situation. Before, you would see patients on a case management panel for a month or a year, which is a really long time. As long as our panels are bottlenecked, it inhibits our ability to care for an even broader population because we're focusing on the same people for so long."
>
> —CARE MANAGEMENT SUPERVISOR AT A REGIONAL HEALTH SYSTEM

Reduce burnout

I do, we do, you do reduces feelings of frustration that practitioners often have when the person they're working with doesn't do what the practitioner thinks they should be doing. Because the practitioner has moved away from a mindset of "the person *should* do this," those feelings of frustration are gone. It also reduces the frustration of seeing the participant move towards their goals while the practitioner is dedicating a lot of time and energy to them, and then regressing when the relationship ends or the practitioner steps back. Providers sometimes feel like all the work they did was for nothing because the participant is back where they started. With this technique, the participant is no longer reliant on the practitioner to do the tasks for them because they have learned to do the skill on their own.

Promote boundaries

This approach helps complex care practitioners understand exactly what the person they're working with is able to do and set boundaries to promote that independence. The act of assuming a coaching style helps the overly engaged practitioner get un-stuck from the "fix-it framework" and from trying to solve all of the challenges. It means that the practitioner is not working harder than the person they're working with and that care is a joint effort between care providers and consumers.

I do, we do, you do in other settings

This coaching approach is valuable outside of one-on-one complex care management interactions. Here are a few other ways that *I do, we do, you do* can be used:

Between supervisor and frontline care team member

The *I do, we do, you do* process that a care team member does with the people they work with is mirrored between supervisors and frontline care team members. It can be tempting for supervisors to jump into the fix-it framework and solve their employees' problems, however, this is not building the care team members' skills. Instead, supervisors can use *I do, we do, you do* by assessing the care team member's ability to solve a specific problem on their own and deciding the best way to help.

"When you're a supervisor, care team members are looking to you for action items, next steps, recommendations, and suggestions. But that's the fix-it framework. To get out of that, supervisors strategically assess a person's ability to do the task and then give them opportunities to process, problem-solve, and come up with the next steps on their own. That's when directive supervision becomes reflective supervision."

—RENEE MURRAY, DIRECTOR OF EDUCATION AND TRAINING, CAMDEN COALITION

A care team member who is showing that they don't have the skillset to complete a task yet is in the *I do* stage and their supervisor will need to be more hands-on by modeling the skills. A care team member who is in the *we do* stage has some idea of how to start the task and the supervisor will ask for their ideas before providing the extra guidance and support needed. A care team member in the *you do* stage knows what to do and is looking to the supervisor for reassurance and confidence.

What is RELATE?

EXPLAINER

Complex care is hard work, and frontline staff who provide direct participant care need support and mentorship from their supervisors to grow their skills and avoid burning out. **RELATE℠ is the framework for reflective supervision that we use at the Camden Coalition and teach to organizations and individuals across the country.**

Supervisors' first instinct is often to either fix things for their staff or tell their staff what to do. Being trained in RELATE helps supervisors create space for their staff to become self-aware, resilient problem-solvers instead.

RELATE stands for the six core elements of complex care delivery and participant engagement that supervisors should reflect on with their staff: relationship, emotion, limits and boundaries, agency, teamwork, and ecosystem.

The RELATE framework also includes tools for how supervisors can deliver feedback to encourage self-reflection and problem solving in their frontline staff.

Between community partners

This approach can also be used with external community partners to reduce workload, shift power, and promote independence.

"Being person-centered with participants means that you have to be person-centered with the staff at partner organizations, too. We think about and tailor our approach to the capabilities of the staff we are working with, instead of what they could or should have. We consider: how do we work with what they can do?"

—STEPHEN SINGER, SENIOR PROGRAM MANAGER FOR ANALYTICS & INFORMATICS, CAMDEN COALITION

For example, one person engaged in practice transformation in a small town in South Texas is responsible for coaching staff at primary care offices and community-based organizations on systems, assessments, and documentation. This person heavily relies on *I do, we do, you do* when working with partners because she needs to understand the most impactful way to engage with those organizations and people. She started using *I do, we do, you do* to meet people where they are and to fill the gaps in their knowledge and skills. For the partners who don't know how to use the assessments at all, she adopts an *I do* stance, slows her pace, and expects that it will be months until they get to *you do*. For other partners who are comfortable with the assessments and are ready to go, she adopts a *you do* stance, provides encouragement, and moves on. She enjoyed using *I do, we do, you do* to ensure that she is engaging each organization and each staff member in an appropriate and empowering way based on individual capacity to move them towards independence.

"Instead of helicoptering in with a heroic solution, we study the workflow of other organizations, ask them in a really genuine way, how do you work? What works for you? What doesn't? We will diagram a workflow. We will sit next to someone while they are entering data, so we can see not just the idealized way of how things should be but how things actually are. We dig into how other organizations work to figure out how we best fit in and what tech will work."

—STEPHEN SINGER, SENIOR PROGRAM MANAGER FOR ANALYTICS & INFORMATICS, CAMDEN COALITION

Technical assistance

Technical assistance providers at the Camden Coalition also use the *I do, we do, you do* approach to teach providers at other organizations skills and encourage sustainable independence. Similar to the care teams, the technical assistance team adopts a similar orientation of person-centeredness, empowerment, and long-lasting change in their work.

Example:
When Renee Murray, Director of Education and Training at the Camden Coalition, works with supervisors of care teams who are preparing for specific conversations with their care team members, she'll begin in assessment mode by asking herself what the supervisor's ability to have the conversation is. She'll start with open-ended questions to gauge their expertise and comfort level and to see if they're at an *I do, we do*, or *you do*.

If they have no idea how to begin the conversation and they've never had one like it in their life, they are at an *I do* and need more support. Renee will channel common experiences and tell them about a time something similar happened to her and how she responded. She'll provide recommendations and suggestions and then ask how that felt for them and what they liked and didn't like.

If they have an idea about where to start but are not confident, they're at a *we do*. Renee will ask them about their plan and will reflect back when she hears uncertainty. She'll work with them to unpack that part and make it feel more certain.

If the supervisor has a plan and feels confident but needs encouragement, they're at *you do*. Renee will ask about the plan or how they think the conversation will go and give them the encouragement they need.

Want to learn more?

I do, we do, you do is an approach that works to transfer power, reduce burnout and workload, and create sustainable change. It has broad applications and can be used with patients, care team members, and community partners.

If you want to learn more about COACH, **check out the resources on our website**. Supervisors of frontline staff can also learn about our **RELATE framework for reflective supervision**, which applies many of the COACH principles to the manager/frontline staff relationship.

We hold regular **online courses** on COACH and RELATE that teach individuals and teams how to implement the frameworks, including the *I do, we do, you do* technique, with the individuals they work with. We can also train entire organizations in the COACH and RELATE frameworks. Reach out to **camdenTA@camdenhealth.org** to learn more.

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About the Camden Coalition

We are a multidisciplinary nonprofit working to improve care for people with complex health and social needs in Camden, NJ, and across the country. The Camden Coalition works to advance the field of complex care by implementing person-centered programs and piloting new models that address chronic illness and social barriers to health and well-being. Supported by a robust data infrastructure, cross-sector convening, and shared learning, our community-based programs deliver better care to the most vulnerable individuals in Camden and regionally.

Through our National Center for Complex Health and Social Needs (National Center), the Camden Coalition works to build the field of complex care by inspiring people to join the complex care community, connecting complex care practitioners with each other, and supporting the field with tools and resources that move the field of complex care forward. The National Center's founding sponsors are the Atlantic Philanthropies, the Robert Wood Johnson Foundation, and AARP.