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## Transformational Collaborative Outcomes Management (TCOM): A Framework to Bridge the Gap Between Research, Practice, and Policy in Health Systems

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## **Abstract**

Translating research into practices and policies is necessary to effectively deliver health care that helps people. Person-centered assessments from a Transformational Collaborative Outcomes Management (TCOM) framework have potential to effectively bridge the gap between research, practice, and policy in health systems. Over the past two decades, the use of person-TCOM assessments in public sector behavioral health and child welfare systems has spread to notable degree with it now being the most commonly used clinical and functional assessment. We provide an overview of the TCOM framework and communimetrics as a measurement theory, followed by a discussion of action-oriented person-centered assessments that focus on actionable needs and strengths. Person-centered assessments that utilize communimetrics from a TCOM framework are needed to bridge the research, practice, and policy gap in health systems.

Translating research into practices and policies is necessary to effectively deliver health care and have a positive impact on society, particularly in helping professions where the goal is to help people live their best lives. However, the gap between research, practice, and policy in helping professions remains a problem that has yet to be solved [1,2]. Personcentered assessments from a Transformational Collaborative Outcomes Management (TCOM) framework provide all fields interested in understanding and helping people both a framework and methodology that has potential to effectively bridge the gap between research, practice, and policy.

Over the past two decades, the use of the personcentered assessments based on the framework of TCOM in public sector behavioral health and child welfare systems has spread to notable degree with it now being the most commonly used clinical and functional assessment [3,4]. Given its widespread use in all 50 states in the United States, millions of TCOM assessments have been completed in the past decade. The large-scale implementation of TCOM person-centered assessments provides health fields a paradigm-shifting opportunity to integrate dimensional and developmental approaches [5] with advocating for supporting health management and policy efforts that focus on child needs and strengths. Doing so from a TCOM framework will help bridge the gap between research, practice, and policy to better support individuals across development and the full neurotypical and neurodivergent spectrum.

Transformational Collaborative Outcomes Management (TCOM) is a needs and strengths based conceptual framework within health management and policy to develop, maintain, and evolve complex systems by engineering person-centered care strategies that engage people seeking help at the point of

contact and generate useable metrics to allow these individuals to be fully represented at all levels of a system [4]. In order to achieve this aspiration, TCOM utilizes the measurement theory of communimetrics [3] in which measurement reconceptualized as primarily a communication strategy among all parties in a complex system. In order to support personcentered care, in which people are full partners in their care, communimetrics allows consensus-based measurement that combines the multiple 'story tellers' in a person's life into a single common story. The items represent common themes of these stories that support good decisions, and the ratings are defined in terms of action levels (e.g. No evidence, Watching Waiting/Prevention, Action, Immediate/Intensive action). This helps create a fully inclusive and accountable system where the needs and strengths of people seeking help can always be used to inform decision making at every level of the system simultaneously.

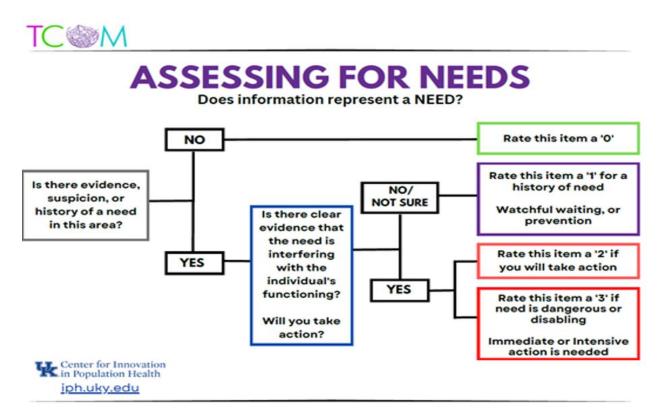
The T in TCOM stands for Transformational, which describes how to work is focused on personal change. The C in TCOM stands for Collaborative, which describes how the work is focused on developing a shared understanding and vision through consensus on action (i.e., the measurement theory of communimetrics). The O in TCOM stands for Outcomes, which describes how what we measure impacts the decisions we make about the strategies and interventions used in health services. The M in TCOM stands for Management, which describes how information gathered is used in all aspects of management of the health system to track change over time, from planning for individuals and families to supervision and program/system operations.

Central to a TCOM framework is that needs and strengths are used to inform person-centered care practices and policies based on level of action required to best support the

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individuals seeking help in health care systems. Needs, defined as characteristics of an individual in an environment that could benefit from external support (Figure 1), and strengths, defined as characteristics of an individual in an environment or an

external factor that provide the individual with meaning and wellbeing (Figure 2), are assessed based on person-centered action levels.



**Figure 1:** Assessing for needs based on action levels from a TCOM framework.

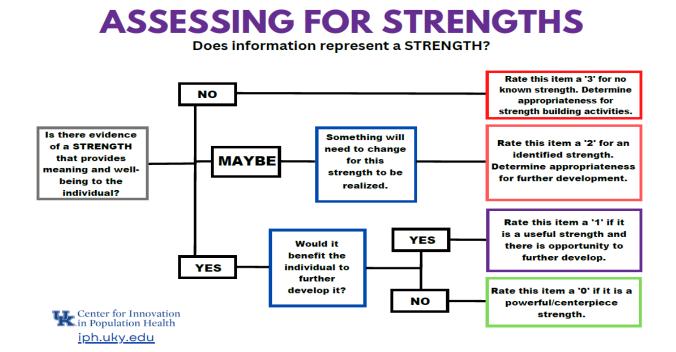


Figure 2: Assessing for strengths based on action levels from a TCOM framework.

 Altschuler MR, Lyons JS (2024) Transformational Collaborative Outcomes Management (TCOM): A Framework to Bridge the Gap Between Research, Practice, and Policy in Health Systems. J Health Sci Educ 8: 251.

Through research gathered from person-centered assessments designed and implemented from a TCOM framework, a narrative of needs and strengths is agreed upon that is used to inform person-centered care at the levels of practice (e.g., making service recommendations for how to best address the needs and support the strengths of the person) and policy (e.g., allocating resources for services based on needs and strengths of the person).

We believe that person-centered assessments based on the TCOM framework as dimensional measures of needs and strengths provide an opportunity to bridge the research, practice, and policy gap in helping professions. TCOM person-centered assessments have effectively led to implementations in collaboration with practice and policy public health leaders in each state to inform clinical decision making and policies based on the needs and strengths of the people in needing help, and it is just a matter of time until TCOM assessments spread to the private healthcare sphere. When this happens, the lives of all individuals seeking help will greatly improve by centering their lived experiences and designing person-centered practices and policies that promote thriving.

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