Cohort Direction

May 2014

Agenda

* Welcome & Objectives
* Overview of Learning Collaborative RHP9 Activities
* Project Update Round Robin
* Cohorts' Direction
* Driver Diagrams
* Break
* Aim Statement Work
* Centralized Resources/Services Database
* Next Steps & Closing

Objectives

* Update of current RHP9 activities
* Understanding of cohorts direction
* Development of AIM statement for cohorts
* Clarifying needs and commitment for centralized resource/services database

RHP9 Learning Collaborative Update

* Speaker Series
* September Shared Experience & Learning Session
* Cohort Meetings
* Improvement Collaboratives

Region Nine Priorities

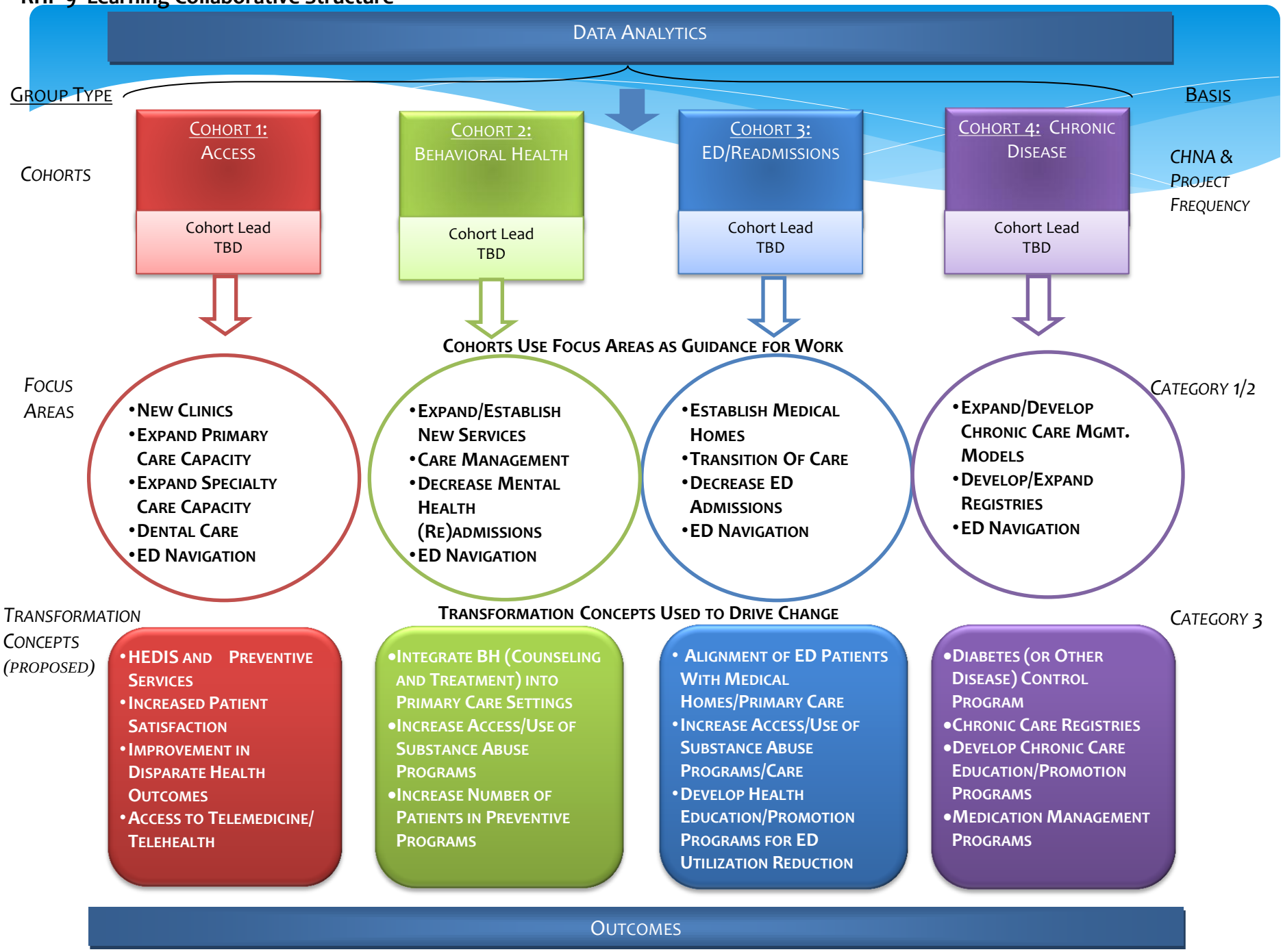
Community Needs Assessment

- Primary and Specialty Capacity
- Behavioral Health Design and Capacity
- Palliative Care Capacity
- Oral Health Capacity
- Chronic Disease Management
- Emergency Department Over Use
- Inpatient Readmissions
- Patient Safety / Hospital Acquired Conditions

Triple Aim

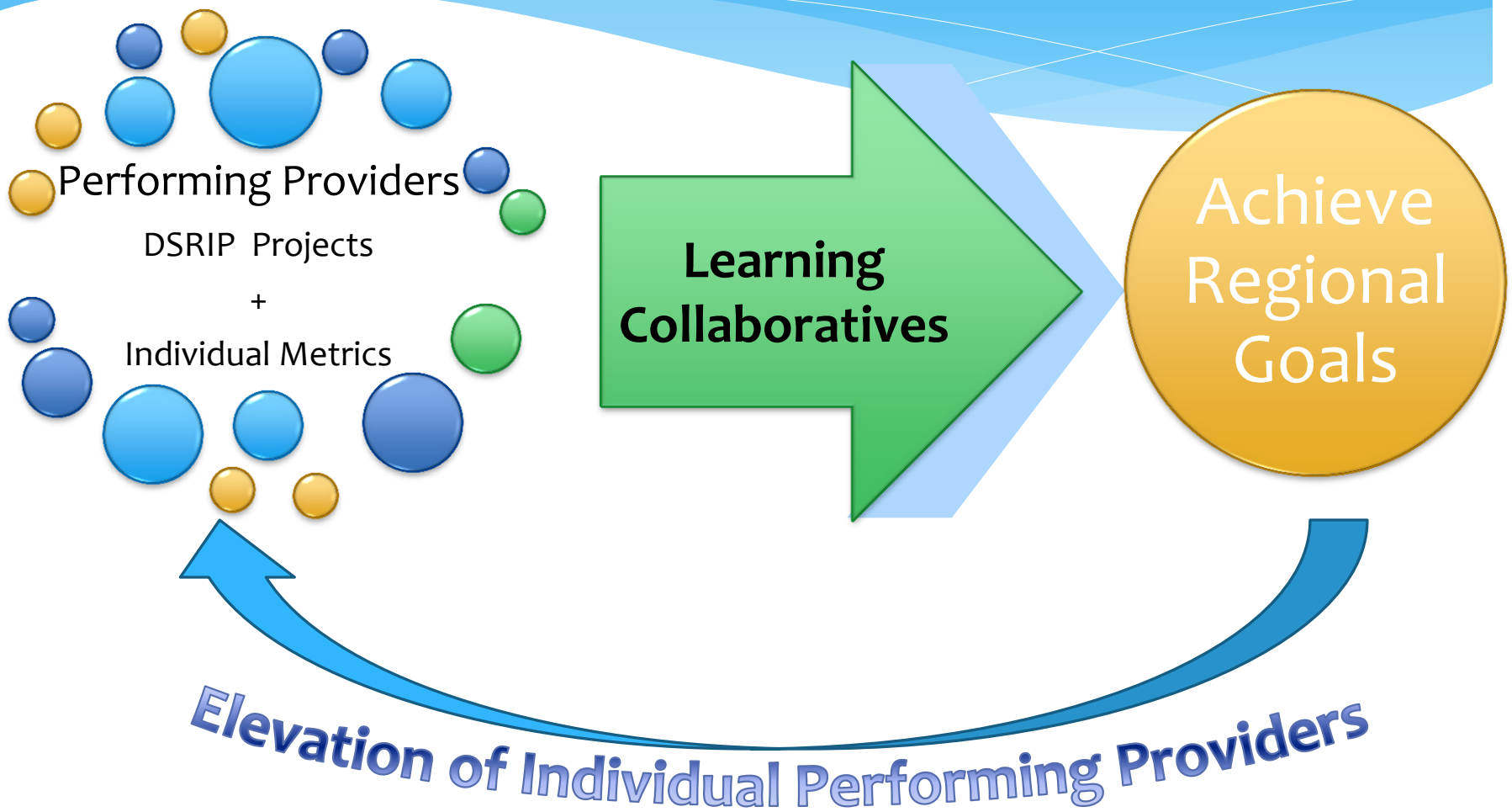
Focus on individuals and families	Improve the patient experience
Redesign primary care services and structures	Improve the health of populations
Population health management	
System integration and execution	Reduce the per capita costs of health care
Cost control platform	

RHP 9- Learning Collaborative Structure



Learning Collaborative

You can only elevate individual performance by elevating that of the entire system. - *W. Edwards Deming*



RHP9 Learning Collaborative

Shared Learning

- Bi-Annual Shared Experience & Learning Events
- Cohort Sessions – Shared Implementation Learning
- Speaker Series
- Site Visits
- Website
  - DSRIP Overview
  - Discussion Boards
  - Learning Collaborative Support
  - Progress Updates
  - RHP9 Document & Communications Repository
  - Calendar of Events
  - Contact Information
  - FAQs
- Newsletter

Regional Improvement Collaborative

- Category 3 & 4 Outcome Focused
- Defined AIM & Charter for Improvement Collaborative
- Change Package
- Learning Sessions
- Action Periods
- Improved Cat 3 & 4 Outcomes

Centralized Resources

- Searchable Project List with Contacts
  - Project Area Focus
  - Outcome Goals
  - Contact Information
- Searchable Healthcare & Community Resource
  - Organizations Types
  - Services Provided
  - Eligibility
  - Payment Options
  - Validation of Service/Resources
  - Ease of Users
- HIE – Health Information Exchange

Learning Collaborative Definitions

* ***Driver Diagram*** – A driver diagram is an improvement tool used to organize theories and ideas in an improvement effort. It displays visually, our theory about why things are the way they are and/or potential areas we can leverage to change the status quo. The driver diagram is often used to clarify the plan for reaching the aim.

Driver Diagram Components

Primary Drivers:

* Major processes, operating rules, or structures that will contribute to moving towards the Aim.
* *Our Primary Drivers were determined for us through the selection of the Category 1 & 2 project selections*

Secondary Drivers:

* Elements or portions of the primary drivers.
* The secondary drivers are system components necessary in order to impact primary drivers, and thus reach project aim.
* *Our secondary goals for RHP9 are driven by our Milestones & Metrics*

Specific changes/change concepts: *(driven by steps needed to achieve Category 3 & 4 outcomes)*:

* Specific changes: concrete actionable ideas to take to testing.
* Change concepts are broad concepts that area not yet specific enough to be actionable but which will be used to generate specific ideas for change.
* RHP9 Providers are currently testing and implementing as part of their DSRIP projects. (Too many to fill in on our Driver Diagram – will include in the change package. Modified IHI model)

Project Measures (Regional Outcome Measures):

* How will we know we achieved our aim?
* *Combination of our outcomes measures for the Category 3 & 4*
* Not all will apply to every project but as least one will
* Each provider will report on those that apply to their project on a monthly basis for regional progress report

Draft Driver Diagrams

1. Behavioral Health
2. Access/ED-Readmissions/Combined Chronic Disease