



## **RHP 9 & 10 Collaborative Connections – Impacting Care A Learning Collaborative Summit**

**Breakout Session 2 - Day 2: Tuesday, February 10, 2016**

**TOPIC: Category 3 – Care Transitions focused on Admissions/Readmissions (i.e., 30 day all cause readmissions and various sub-groups of readmissions)**

**FACILITATORS:** Jim Bossert & PJ Pugh

This breakout session is focused on Category 3 – Care Transitions. This is an opportunity for providers to discuss care transition and transitions of care of the patient. A set of questions based on a variety of sources which include but are not limited to the responses from RHP 9 & 10 providers on the registration survey, RHP 10 Clinical Quality Committee and Needs Assessment Feedback, and ongoing RHP 9 provider feedback.

There are two types of questions for this topic:

- Data Collection and Management for Cat 3 at project level, regional level, & state level
- Project Evolution and Expansion

### **Instructions:**

- **Read the questions on the back of this page.**
- **Select at least one question from data collection and management and one question from project evolution and expansion.**
- **Discuss and answer the question's selected.**
- **Make notes on the flipchart sheets regarding information for sharing with larger group.**

### **Timing:**

- 5 min – logistics
- 20 minutes for discussion
- 35 minutes to present to team

## DISCUSSION QUESTIONS

### **Data Collection and Management**

1. How are you identifying your metrics?
2. What are key success factors to capturing and meeting your metrics?
3. How can you show for your projects value/ROI?
4. What have been your greatest challenges in capturing this data, how are you overcoming it?
5. What are your thoughts on how this could be measured at a regional or state level?
6. What would you find helpful to know from others on these metrics?

### **Project Evolution and Expansion**

- a. How do we start showing the connections we are making? What is the impact? How do we quantify this impact beyond encounters or patients served?
- b. How do we start expanding or integrating what we are doing into normal operations to expand beyond 1115 waiver?
- c. What can we do to better build political capital? - What type of data would it take?
- d. What would it take for your organization to sustain the changes you have made, especially where you have incorporated or partnered with non-healthcare related organizations in order to provide continuity of care for your patients?