Slides for today's webinar are available on the CIHS website at:

www.Integration.samhsa.gov

under About Us/Innovation Communities

Our format...
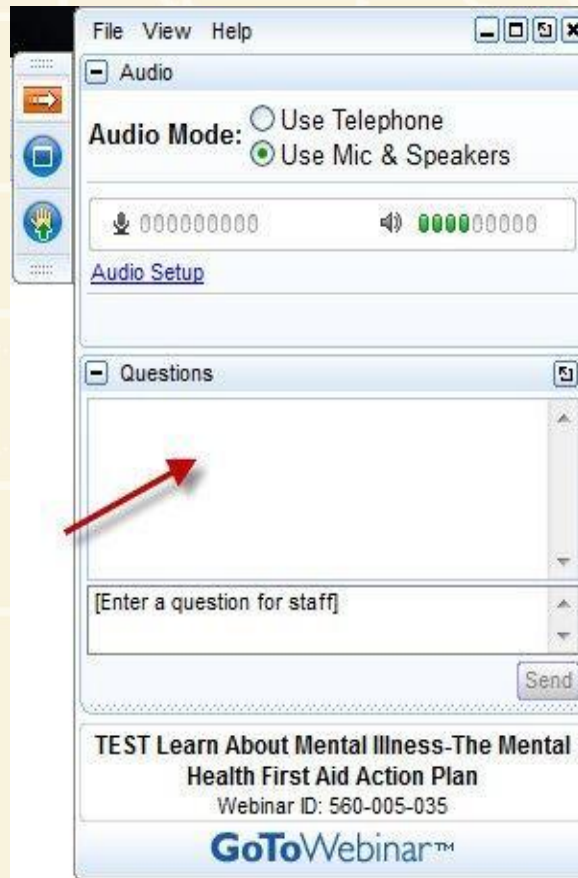
Structure
Short comments from experts
Specifics from their point of view

Polling You
Every 20-minutes
Finding the "temperature" of the group

Asking Questions
Watching for your written questions

Follow-up and Evaluation
Ask for what YOU want or expect
Ideas and examples added to the AOS Resource Center

How to ask a question during the webinar

If you dialed in to this webinar on your phone please use the "raise your hand" button and we will open up your lines for you to ask your question to the group. **(left)**

If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. **(right)**

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Today's Agenda

- Welcome
- Scaling-up Excellence: The Role of Leadership
- Updates from the Innovation Community Members
- Discussion/Questions
- Next Steps

Let's do this!!

1. Identify the Need *(Completed!)*
2. Allocate Resources to Address the Need *(Completed!)*
3. Conduct an Agency Needs Assessment *(Completed!)*
4. Use the Needs Assessment Findings to Develop your Work Plan (Feb-March)
5. Execute the Work Plan with Passion & Urgency (March-August)
6. Seek Out Resources (Dec-August)
7. Share What you Learn!! (Dec-August)

Collecting, Sharing, & Using Health Data

BENEFITS

More efficient workflow (e.g. less time spent handling laboratory results)

Improved access to clinical data

Streamlined referral processes

Improved quality of care--Better health outcomes

Improved patient safety, including fewer prescribing errors and fewer hospital readmissions

Cost savings (e.g. eliminating costs of storing paper records)

Downsizing personnel

Increased revenue (e.g. government incentives for use of health IT)

Pay-for-performance incentives

BARRIERS

Lack of Leadership

Lack of strategic plan for data use & health IT

Costs of EHR implementation

Cost of establishing and maintaining links between EHRs and HIE networks

Security and privacy issues

Liability Provider's concern to be held liable for information from outside sources/labs

Misaligned incentives (who pays and who benefits)

Provider reluctance to relinquish control of patient information to competing systems

Technical barriers (e.g. lack of interoperability among EHRs)

Lack of IT training and support

Fontaine, Ross, et al. (2010). Systematic Review of HIE in Primary Care Practices, JABPM

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Why is the Use of Data for Clinical Decision Support so Difficult?

"The main reason seems to be a lack of integration of (data) health IT into clinical workflow in a way that supports the cognitive work of the clinician and the workflows among (partner) organizations, within a clinic and within a visit."

Carayon & Karsh, (2010). AHRQ Publication No. 10-0098-EF

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Primary Drivers of Successful PHM

- Do you have a **strategic plan** for how data is shared and leveraged to improve care? If you do, is it being used/updated regularly?

- Is your **leadership involved** in the creation, articulation, and monitoring of this plan? If yes, how are they involved?

- Are your IT, QI, finance and clinical leads **meeting regularly** to execute this PHM plan?

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Analytics at Work: Smarter Decisions Better Results
by Davenport, Harris & Morison

- **D** for accessible, **high-quality data**

- **E** for an **enterprise** orientation

- **L** for analytical **leadership**

- **T** for strategic **targets**

- **A** for **analytical** talent

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Leadership

The ability to create a vision that others see as their own.

-Peter Senge, Fifth Discipline

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Examples

Our organization's culture (defined as "this is what we value & how we do things here") has a strong focus on measurement/using data to inform care provision & business strategy.

Our agency leadership establishes organization level goals & associated metrics that are tied to individual team clinical & administrative deliverables/ performance metrics.

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Examples

Leadership consistently & clearly communicates to staff, clients, funders, & the community clinical & fiscal data indicating progress/lack of progress in achieve clinical & business targets.

Leadership encourages and supports staff to assist other healthcare providers and organizations in delivering care and to be promptly responsive to their requests and needs for assistance.

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Examples

Our leadership encourages and supports the proactive sharing of health and treatment information about the people we serve to coordinate care and to identify and address gaps in treatment and adherence.

Fear of liability related to confidentiality requirements is not in general an obstacle to delivering good care.

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That's nice but…

I'm a middle manager w/ senior leadership who isn't exactly helping me with this project…

Everyone is so distracted by other things…staff are well intentioned but nothing gets done…or not as I envisioned the way they should be done…

We're doing what we said we'd do but it's not enough or there's just so much to do it seems like we're not making progress…

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Leadership Communication

Acknowledges and respects disbelief but asks for it to be suspended so work can get done

Is clear, consistent, and annoy to those who are confused or not seeing it as their own or a breath of fresh-air to those who own the vision

Is best received in pictures and when it is unrelenting

Discussion

What is your take on this?

What are you experiencing in your organization w/ regard to your or someone else's leadership driving your project/work plan goals?

Other thoughts?

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Next Steps

If you haven't already please contact Jeff and/or Hannah to discuss your work plan goals

Group coaching call April 28th at 3pm EST?

Next Webinar will be on PHM Analytic & HIT Capability

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Questions?

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integration@thenationalcouncil.org

Thank you for joining us today.

Please take a moment to provide your feedback by completing the survey at the end of today's webinar.