COMPREHENSIVE CARE CONNECTIONS

Long Term Care Innovation, Inc.

Mission Possible: AAAs Harnessing IT for MLTSS and Beyond

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Agenda

- Introductions
- Pennsylvania Picture
- The C3 Approach
- Positioning for Data-Driven Focus
- Real World Opportunities & Challenges
- Lessons Learned/Key Insights
- Questions and Answers

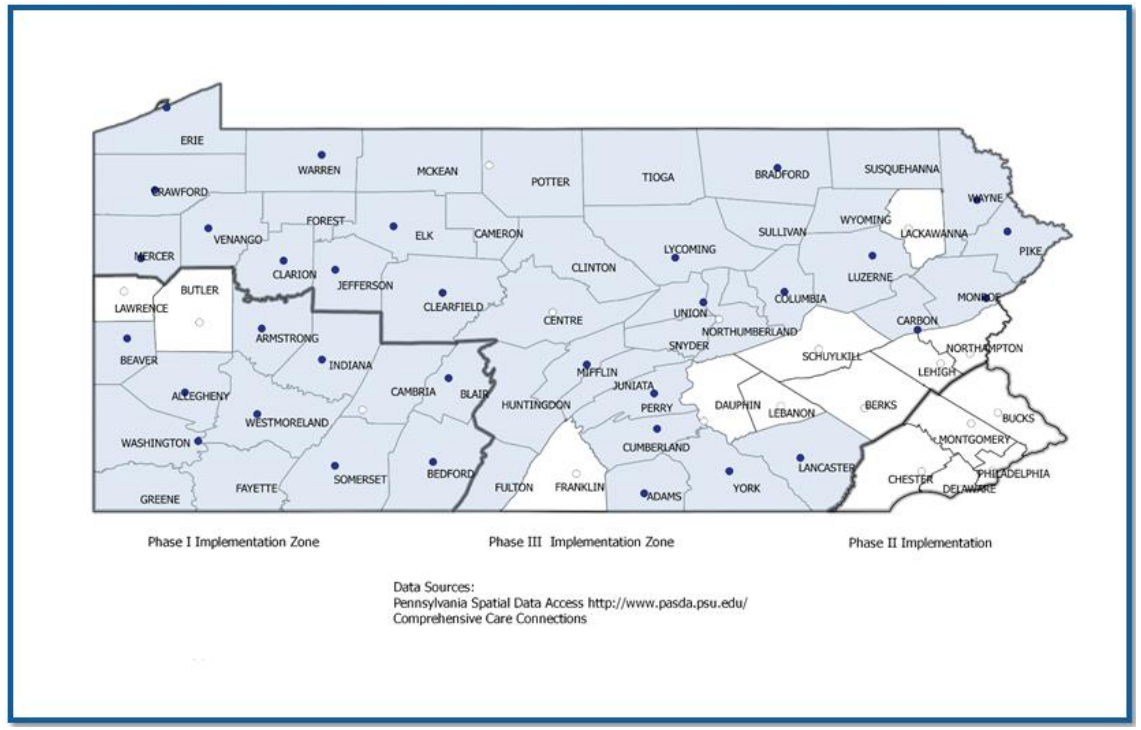
Session Goals

- **Objective 1:** Participants will learn how **MLTSS inspired AAAs** that access to **actionable, real-time data** is the new **strategic** imperative for success
- **Objective 2:** Participants will learn **new ways to think about data and technology** and to use them in order to successfully **compete** in the **LTSS marketplace** through consumer outcome-driven, person-centered quality and **delivering value for their MCO payers**.
- **Objective 3:** Participants will learn from market-savvy AAAs about envisioning and **executing a plan to realize** innovative event driven, **person-centered care models** made possible **through analytics and technology**
- **Objective 4:** Participants will learn **how to replicate** a strategic **approach to IT** which can **minimize risks** while **maximizing opportunities for success** with improving consumer outcomes in modern performance-based marketplaces
- **Objective 5:** Participants will have opportunity for **interaction and discussion to apply key concepts** to their organizational needs and priorities

Comprehensive Care Connections (C3)

Intro to Angela, SWPA AAA and C3

- Non-Profit Management Service Organization
- 34 member Area Agencies on Aging



Phase I
- Members in 9/12 AAAs
- Coverage in 12/14 counties

Phase II
- Members in 0/5 AAAs
- Coverage in 0/5 counties

Phase III
- Members in 19/26 AAAs
- Coverage in 40/48 counties

Pennsylvania Area Agencies on Aging

32 Local Government & 19 Non-Profit Organizations

Direct Provision but not all participate

- Information & Assistance
- Care & Service Coordination
  Aging Waiver
  OPTIONS (lottery funded)
  MCO Contracted
  Private Pay
- Nursing Home Transitions
- Care Transitions
- Evidence-based Health and Wellness Programs

Variation in Direct Provision vs. Provider Contracts

- Home Delivered Meals
- Transportation
- Caregiver Support
- Volunteer Caregivers
- Senior Centers
- Protective Services
- Medicare counseling
- Domiciliary Care

Long Term Care Innovation, Inc. (LTCI)

- Boutique services and consulting firm assisting LTSS stakeholders to leverage data and automation
- LTCI's experience in technology for HCBS helps clients get data right
- Service Offerings
  - Get more from current systems: system administration; configurations for new programs & workflows; dashboards/reports
  - New Technology: help identify, evaluate, select & implement
  - Environmental Assessments, Data Systems Inventories & Strategic Visioning
  - Data integration services

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  - **Traditional model**
  - MLTSS
  - AAA's proactive strategy
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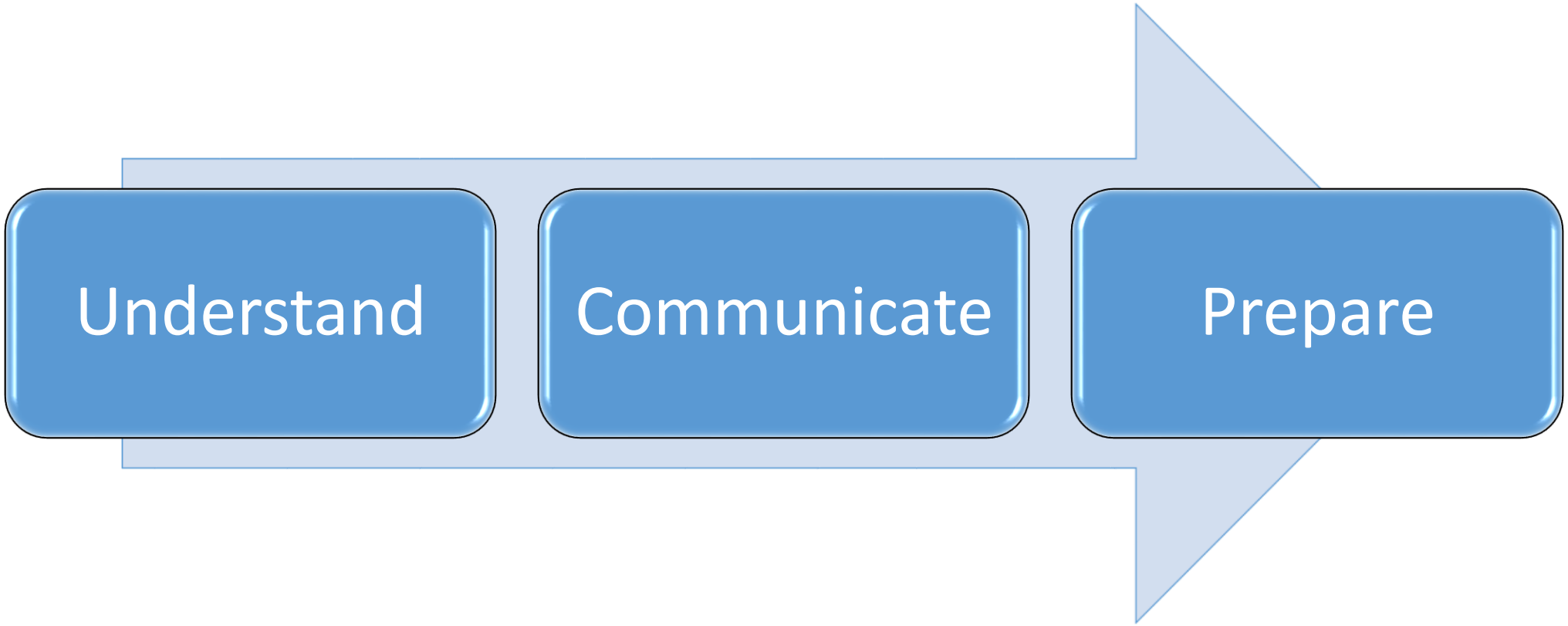
Current or Traditional Model

- Current model is more **"program funded"** and **outputs focused** vs. **"performance funded"** and **outcomes focused**
- PA is unique in that we are very fortunate that the lottery funds services for seniors including OPTIONS care management
  (Note: OPTIONS is similar to Aging Waiver but Nursing Facility Clinically Ineligible and cost share with cost efficiencies from economies of scale passed on to participants)
- Assessment, Information, referral and assistance, Service Coordination, range of services and supports

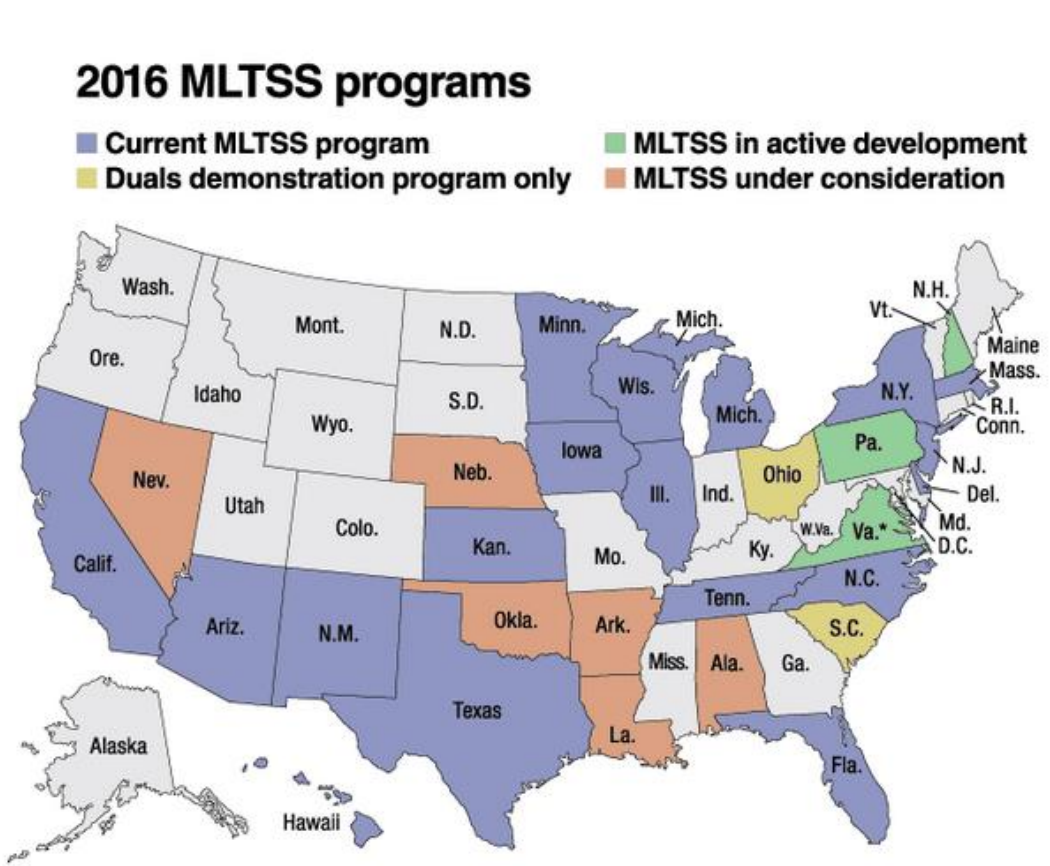
Future Model represents a BIG change!

- Performance funded and outcomes focused
- Area Agencies on Aging are NOT carved in beyond a 6-month continuity of care period
- Need to demonstrate value, capacity and **results** to obtain and sustain contracts
- Multiple service line changing to better align with "conflict free" requirements
- Changes in the populations served as well
  - Over 60 & under 60
  - Dually eligible for Medicare and Medicaid

Understand the Change, **Communicate** the Change, **Shift** the Culture & **Prepare**



Growing Number of States

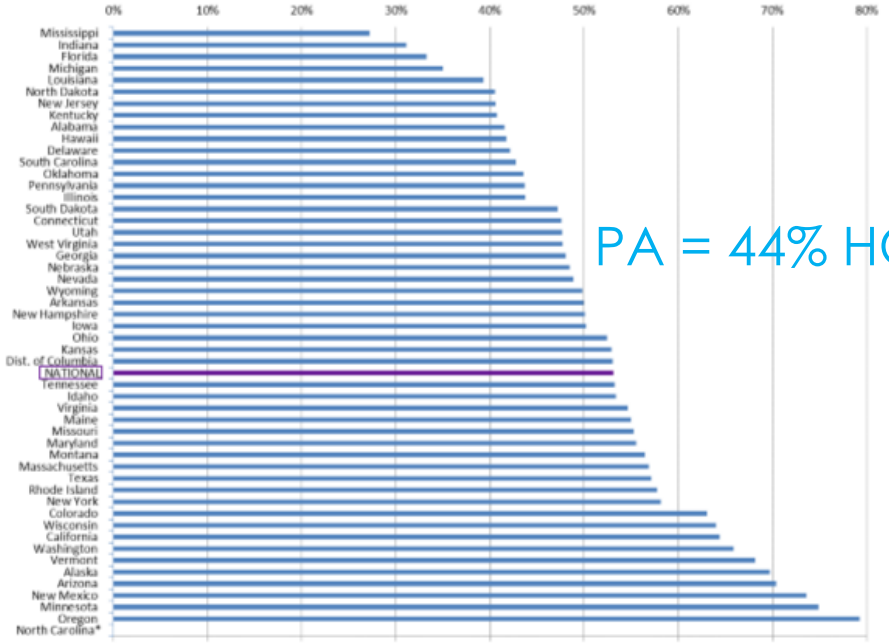


*Virginia has a duals demonstration with an MLTSS component that ends in 2017. The state hopes to launch a new MLTSS initiative that will replace the one that's ending.

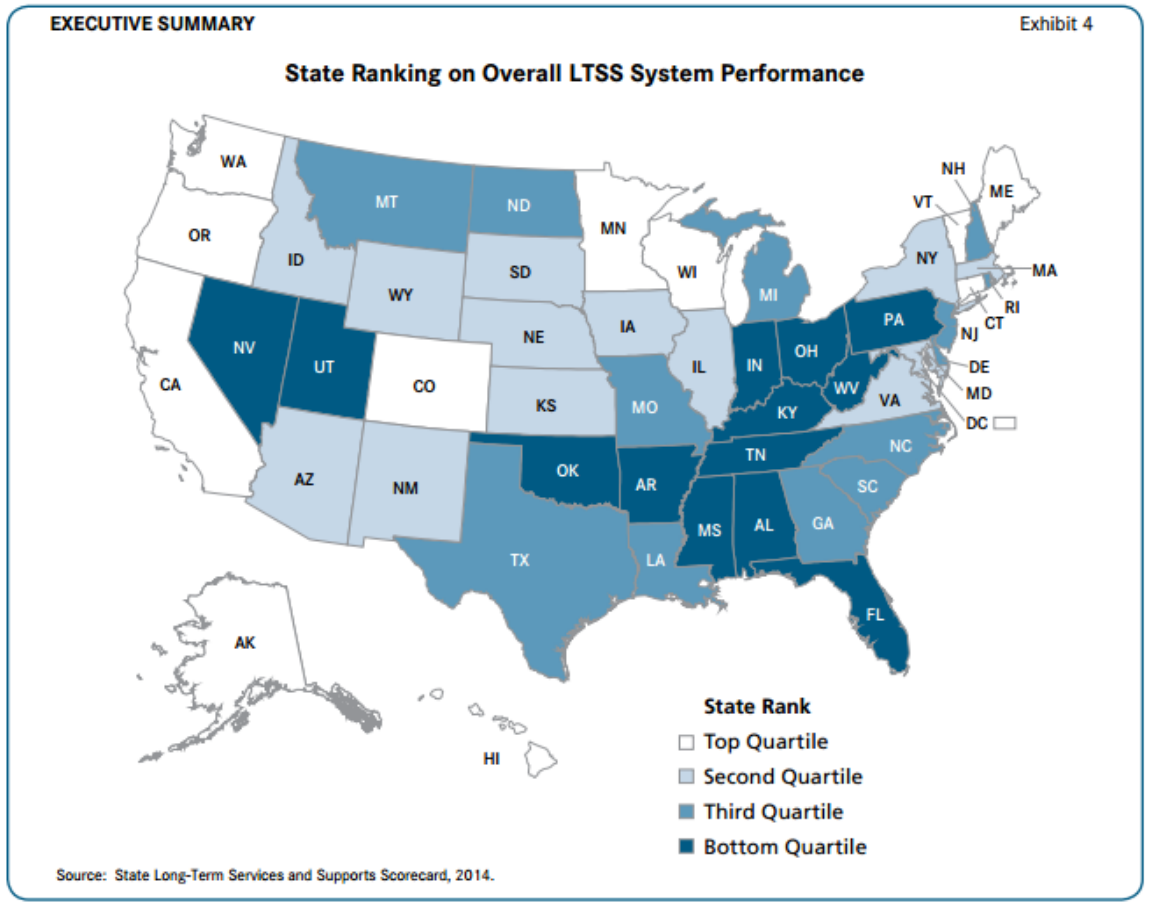
Sources: NASUAD survey; CMS data

Better Balance Between Home and Institutional Care

PA's Status on Rebalancing



PA = 44% HCBS

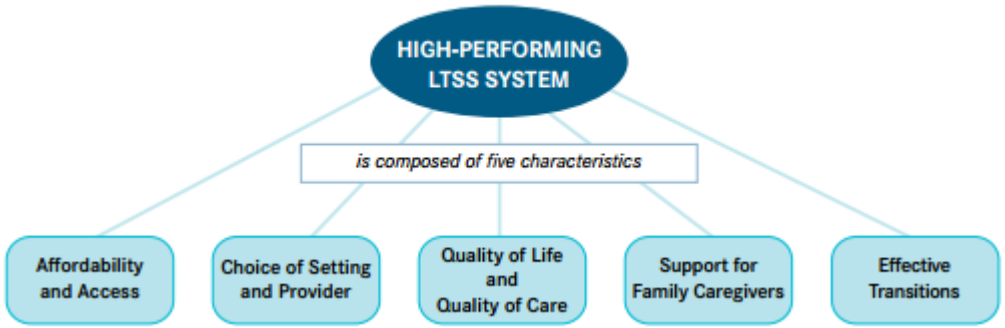


http://www.longtermscorecard.org/~/media/Microsite/Files/2014/Reinhard_LTSS_Scorecard_web_619v2_rev_04152016.pdf

MLTSS Goals and Requirements

PA DHS CHC MLTSS Goals

Framework for Assessing LTSS System Performance



MLTSS Final Rule Requirements

- Improve health of populations
- Support beneficiaries experience of care
- Support integration of enrollees
- Control costs
- Person-centered processes to ensure Quality of Life & Independence
- Ensure comprehensive service plans
- Evaluate network adequacy, qualifications and credentials of providers
- Quality strategies that include LTSS requirements

With Change comes **Opportunity!**

- More participant centered
- Improved coordination between Medicare and Medicaid
- Leverage our expertise in LTSS and HCBS to partner with traditional healthcare and integrated financial delivery systems to help address social determinants of health and improve outcomes for participants
- Increased business opportunities over long run
- Analyze requirements, assess our needs and build capacity

Managed Care Organizations in PA

CHC MLTSS Awarded MCOs

1. AmeriHealth Caritas
2. Pennsylvania Health & Wellness
3. UPMC for You

"We now see all of these health plans as potential partners with existing partnerships and MLTSS as a foundation to grow on."

Physical Health Awarded MCOs

Southeast Region	• Centene (Pennsylvania Health and Wellness) • Health Partners Plans • United Healthcare of Pennsylvania, Inc. • UPMC for You, Inc. • Vista--Keystone First Health Plan
Lehigh/Capital Region	• Centene (Pennsylvania Health and Wellness) • Gateway Health • United Healthcare of Pennsylvania, Inc. • UPMC for You • Vista—AmeriHealth Caritas Health Plan
Southwest Region	• Centene (Pennsylvania Health and Wellness) • Gateway Health • United Healthcare of Pennsylvania, Inc. • UPMC for You • Vista—AmeriHealth Caritas Health Plan
Northwest Region	• Aetna Better Health of Pennsylvania • United Healthcare of Pennsylvania, Inc. • UPMC for You • Vista—AmeriHealth Caritas Health Plan
Northeast Region	• Geisinger Health Plan • United Healthcare of Pennsylvania, Inc. • UPMC for You • Vista—AmeriHealth Caritas Health Plan

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  - Traditional model
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  - **AAA's proactive strategy**
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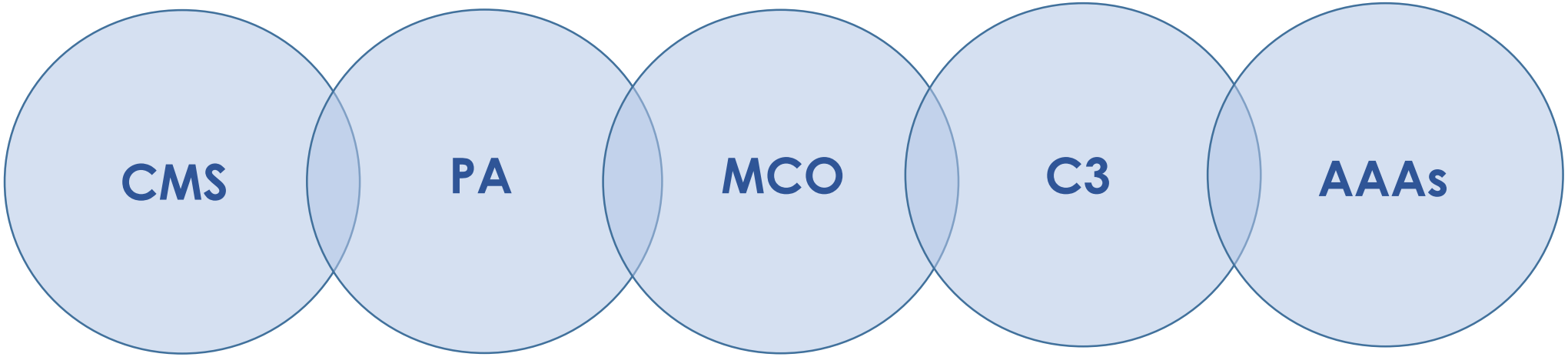
AAAs Proactive Strategy

- Join together under C3 as management service organization for economy of scale, ease of contracting, shared strengths in our capacity building and mutual accountability in identifying and achieving performance expectations
- 34 member agencies joined together and formed C3 we have an ongoing hope of 52!
- Readiness efforts have been extensive

PA AAAs Learn From Other States

- Researched past implementations and Interviewed AAAs in other states who emphasized importance of:
  - Access to data is critical, we need to be positioned to independently measure (and prove) performance
  - Empowers us to collectively drive to quality measures
  - Single source contracting…"MCOs won't want to contract with 50+ individual AAAs"
  - Together we have potential of statewide coverage and could strongly differentiate from other competitors
- IT Town Hall from n4a 2016 (San Diego)
  - AAAs need new ways to think about evaluating and implementing technology for success in the new value-based world of LTSS.

Relationships in PA MLTSS



CMS	PA	MCO	C3	AAAs
Final Rules	PA DHS/OLTL Contracts and Quality Plan	Quality Review Board	QA Plan, IT, Quality Inclusion Criteria Readiness Review	AAA Staff & Providers

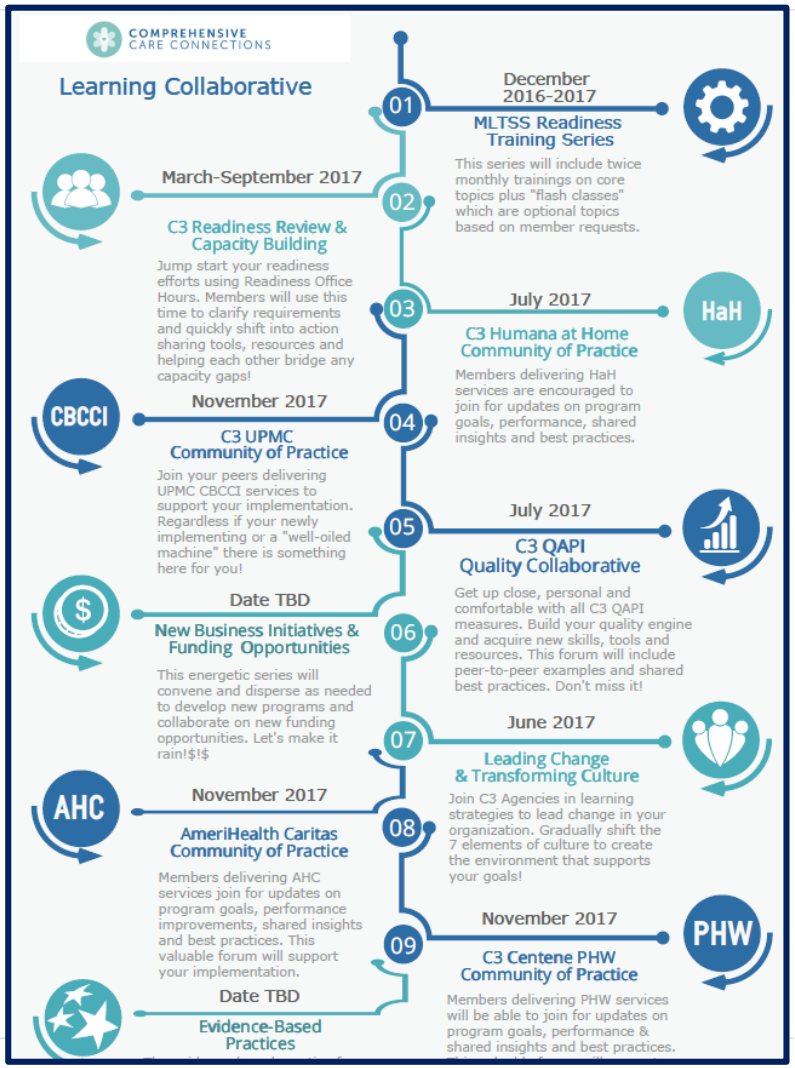
Service Coordination for MLTSS

- Combines evidence-based interventions & leverages past experience including recent pilot projects

- Comprehensive Needs Assessment
- Participant Centered Care Planning & Monitoring
- Progress Monitoring, Facilitation and Coordination
- Advocacy & Interdisciplinary Collaboration
- Behavioral & Psychosocial Needs
- Culturally Competent & Linguistically Appropriate
- Medication Systems & Barriers
- Advance Care Planning & Advance Directives
- Long Term Services & Supports
- Transitions in Care
- Reducing or Eliminating Gaps in Care
- Measurement & Quality Improvement

Includes **NCQA Early Adopters**
CM-LTSS Accreditation
Efforts in Progress

Network Engagement & Readiness



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- Introductions
- Pennsylvania Picture
- **The C3 Approach**
  - Becoming MCO's most valued providers, etc.
    - Driving to outcomes
    - Quality measures
    - Model of care
    - Data Driven
- Positioning for Data-Driven Focus
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MCOs Share Common Goals

- Receive 1 capitated rate and are "at risk" for total costs of care
- Network of providers (physicians, specialists, nurses, service coordinators)
- Integrated delivery systems (payors, hospitals, SNFs, HHAs, labs)
- Service coordination/case management/care coordination continuum
- Utilization management
- Quality and accreditation

CHC Key Quality Components

Key Performance Indicators

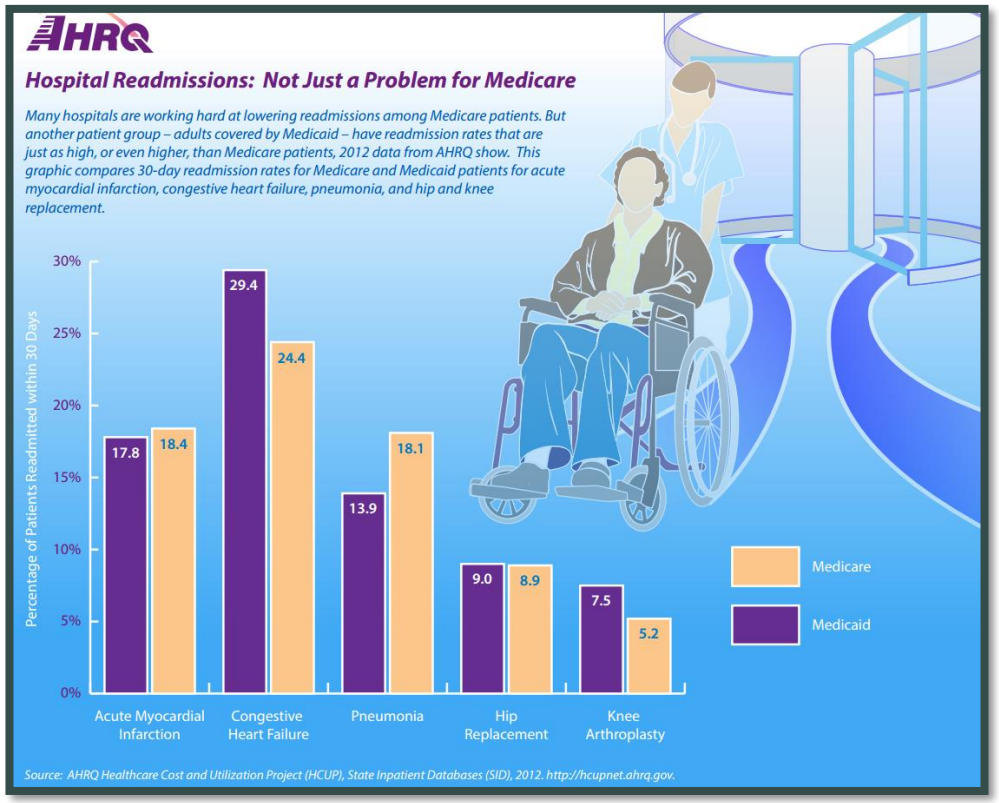
- HCBS CAHPS
  - Experience of Care
- Process & Outcomes Measures
  - Timeframes and process measures necessary to track program activities to short, intermediate and long term results
- HEDIS GAPS
  - 17 identified that we can impact, including 30-day readmissions
- Trusted Expert Sources
  - NQF, NCQA, CMS MLTSS TEP, PA DHS OLTL Quality Management Strategy, Industry Reports & Best Practices

Sample National and State Measures

- Number, types and resolution status of complaints, grievances, appeals and critical incidents
- Timelines of PCSP completion
- PCSP documentation of member goals and service needs
- Timelines of face-to-face service coordination encounters
- Members who have received Advance Planning Directives counseling
- Comprehensive medication review
- Potentially avoidable readmissions and emergency department utilization

Example Measures Across Continuum

- Days to Home Visit
- Care Pans Renewed
- Days at Home after NHT
- Access to Care
- HEDIS Gaps in Care
- 30-day readmissions
- Patient Activation
- Health Literacy
- Costs of Care
- Experience of Care



What are the benefits of so many measures?

- When all parties agree on the same measure of success we can focus our efforts in the same direction
- We know what is expected of us and don't have to guess
- We can direct information systems, processes and staff to more efficiently achieve the goals
- We can measure performance and learn from our own successes and challenges
- We have the information that helps us to know what works and spread what works more quickly

Dashboard AAA Management Example

C3 DRAFT Dashboard

Revenue & Value KPIs	Combined Contract Value	C3 Rev	C3 ROI	AAA Rev	AAA ROI	MCO ROI	Risk Profile	Enrollments	Conversion%	NHT DaH	Redmit%	Falls%
MCO Name												
MCO Name												
MCO Name												
MCO Name												
MCO Name												
TOTAL ALL BUSINESS LINES												

Top Service Priority KPIs Past 12 Months Top 5-7 Priorities	Best	2nd Runner Up	3rd Runner Up	Top 10%	Top 25%	Region I Average	Region 2 Average	Region 3 Average	PA Average	Bottom 25%	Bottom 10%	Lowest
Enrollments												
% of Enrollments with Home Visit in 5-days												
Authorized complete interRAI in 30-days												
Authorized complete Care Plan in 30-days												
Authorized complete Service Plan in 30-days												
SNF HAS On-Time Completion Rate												
% of Target for HEDIS Gap Closures												
% of Target for Transitions to Community												
% of Target for 30-day Readmission Rate												
% of Target Falls Averted												

Workforce KPIs	Best	2nd Runner Up	3rd Runner Up	Top 10%	Top 25%	Region I Average	Region 2 Average	Region 3 Average	PA Average	Bottom 25%	Bottom 10%	Lowest
Service Coordinator to Participant Consistency (Avg Tim												
Complaints Year to Date												
Kudos Year to Date												
Participant Experience of Care Average Score												
Caseload (Participants to 1 Service Coordinator)												
Productivity												
Evaluation Rating												
Compliance Violations												
Training Hours Requirements Met												

Innovation, Alignment & Improvement KPIs	Actual	Target	Top 10%	Top 25%	Region I Average	Region 2 Average	Region 3 Average	PA Average	Bottom 25%	Bottom 10%
Innovative community partnerships or system improvement achievements										
Cultural & linquistic competency (reducing disparity, LGBT, Trauma-informed care, etc)										
Participant or caregiver success stories										
PDSA Reports										
Requests & Offers										

Notes
Assuming all data in aggregate for C3 dashboard but can click in any area to get at specific information. Similar to tableau or an excel pivot table

This is our big picture on revenue and ROI driver performance. The unit of analysis is C3 & AAA on revenue by MCO for both revenue and ROI. Importantly MCO ROI is also demonstrated. Finally cumulative values for all business lines.

In this section the unit of analysis is a AAA by high priority KPIs. The intention is to get a clear picture of where the best practice is happening so that we can analyze it and spread it. Alternatively it will be critical to know where the biggest performance gaps are so we can focus efforts on providing support, technical assistance and accountability.

We are hearing plenty of feedback from MCOs. AAAs and industry experts that workforce metrics are important. This draft includes kudos and experience of care while also reporting on critical information such as compliance violations, complaints, productivity, caseload, evaluation and costs.

Dashboard AAA Team Leader Example

AAA Team Leader Dashboard

Innovation, Alignment & Improvement KPIs	Actual	Target	Top 10%	Top 25%	Region I Average	Region 2 Average	Region 3 Average	PA Average	Bottom 25%	Bottom 10%
Innovative community partnerships or system improvement achievements										
Cultural & linquistic competency (reducing disparity, LGBT, Trauma-informed care, etc)										
Participant or caregiver success stories										
PDSA Reports										
Requests & Offers										

Top Service Priority KPIs Past 12 Months Top 5-7 Priorities	Unit Actual	Unit Target	Top 10%	Top 25%	Region I Average	Region 2 Average	Region 3 Average	PA Average	Bottom 25%	Bottom 10%
Enrollments										
% of Enrollments with Home Visit in 5-days										
Authorized complete interRAI in 30-days										
Authorized complete Care Plan in 30-days										
Authorized complete Service Plan in 30-days										
SNP HAS On-Time Completion Rate										
% of Monitoring Contacts at Target										
% of Target Options Counseling										
% of Referred Qualifying Benefits Obtained										
% of Target for Transitions to Community										
% of Target for 30-day Readmission Rate										
% of Target Falls Averted										
% of Target for HEDIS Gap Closures										
% of Target for Advance Care Planning Activities										
% of Target for Health Promotion, Education and Prevention Activities										
% of Participants with unplanned TOCs having home visit within 2-days of discharge										
Medication barriers or issues identified										
Medication barriers or issues resolved										

Workforce KPIs	Actual	Target	Top 10%	Top 25%	Region I Average	Region 2 Average	Region 3 Average	PA Average	Bottom 25%	Bottom 10%
Service Coordinator Consistency (Avg Time)										
Complaints Year to Date										
Kudos Year to Date										
Participant Experience of Care Average Score										
Caseload Size (Participants to 1 Service Coordinator)										
Rate of Qualifying Quarterly Contacts										
Evaluation Rating										
Compliance Violations										

Notes
Assuming all data in aggregate for C3 dashboard but can click in any area to get at specific information. Similar to tableau or an excel pivot table

Keeping in mind that people do what is measured, we are suggesting this section to encourage innovative and results focused efforts which differentiate us from others in our market. We believe we need to triangulate our approach to encoring this. Reporting on it is an important part. When AAAs see others submitting they are more inclined to submit. We seek early adopters to lead the pack by example. All part of the cultural shift. We can fine tune but this is a starting set of ideas. This section should likely come over to the C3 & AAA Mgmt. Dashboard too or at least be reported on to this group quarterly. This will also contribute to our Annual report and Annual Quality Improvement Report. Finally, this is great material for proposals and pitches and obtaining both internal and external buy-in.

In this section the unit of analysis is team and individual performance by high priority KPIs. The intention is to get a clear picture of where the best practice is happening so the team leader can analyze it and spread it. Identifying issues or gaps will help the supervisor or team leader to align resources, development, training, assistance and accountability where it is needed most.

We should engage in discussion with team leaders to obtain their insight on what comparative information is most useful. i.e.

- Do they want to compare to other teams statewide?
- Do they want to compare their own teams?
- Do they want to compare on individual level?

Must consider what is most useful for the dashboard knowing that canned reports can also meet needs.

Dashboard AAA Service Coordinator Example

AAA Service Coordinator Dashboard

Enrollments (Action Needed)	Open HEDIS Gaps	Transitions in Care

Top Service Priority KPIs

Past 12 Month	Top 5-7 Priorities	Unit Actual	Unit Target	Top 10%	Top 25%	Region I Average	Region 2 Average	Region 3 Average	PA Average	Bottom 25%	Bottom 10%
	Enrollments										
	% of Enrollments with Home Visit in 5-days										
	Authorized complete interRAI in 30-days										
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	% of Target for Advance Care Planning Activities										
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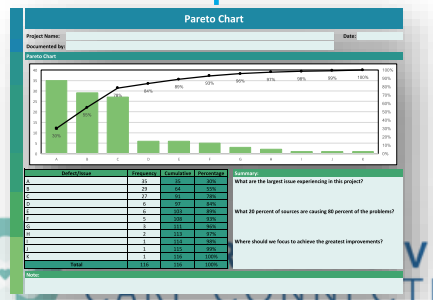
	% of Participants with unplanned TOCs having home visit within 2-days of discharge										
	Medication barriers or issues identified										
	Medication barriers or issues resolved										

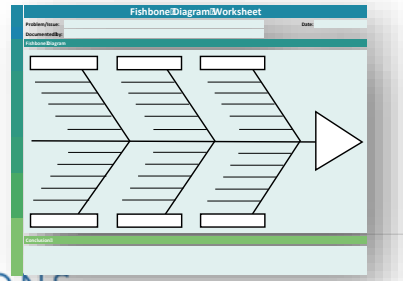
Compliance Violations

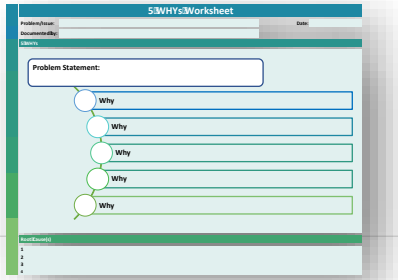
interRAI Assessments Due within 30-days	SNP Health Assessment Surveys Due within 30-days	Priority Follow-up Reminders

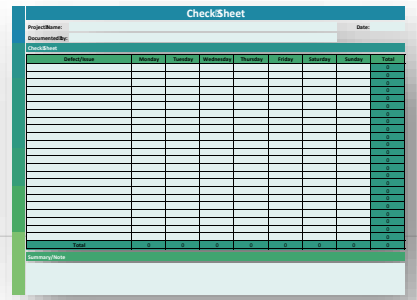
RCA/PDSA Toolkit Design

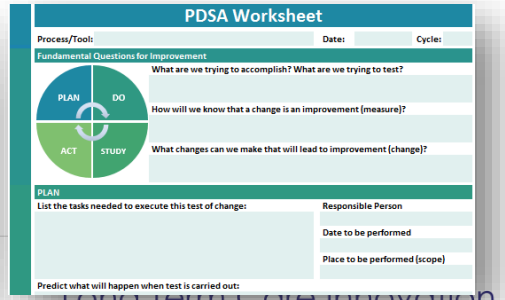
- Standardize tools and procedures that C3 and members agencies will use to:
  - Monitor key performance data
  - Identify opportunities for improvement
  - Determine root causes of performance issues
  - Execute plan, do, study, act sequences to improve and scale change
- Engage specific AAAs to test the process on identified performance baps by April 2017
- Feature trainings and showcase efforts in C3 Learning Collaborative Quality & Performance Track to build capacity leading into and throughout CHC MLTSS phased implementation.



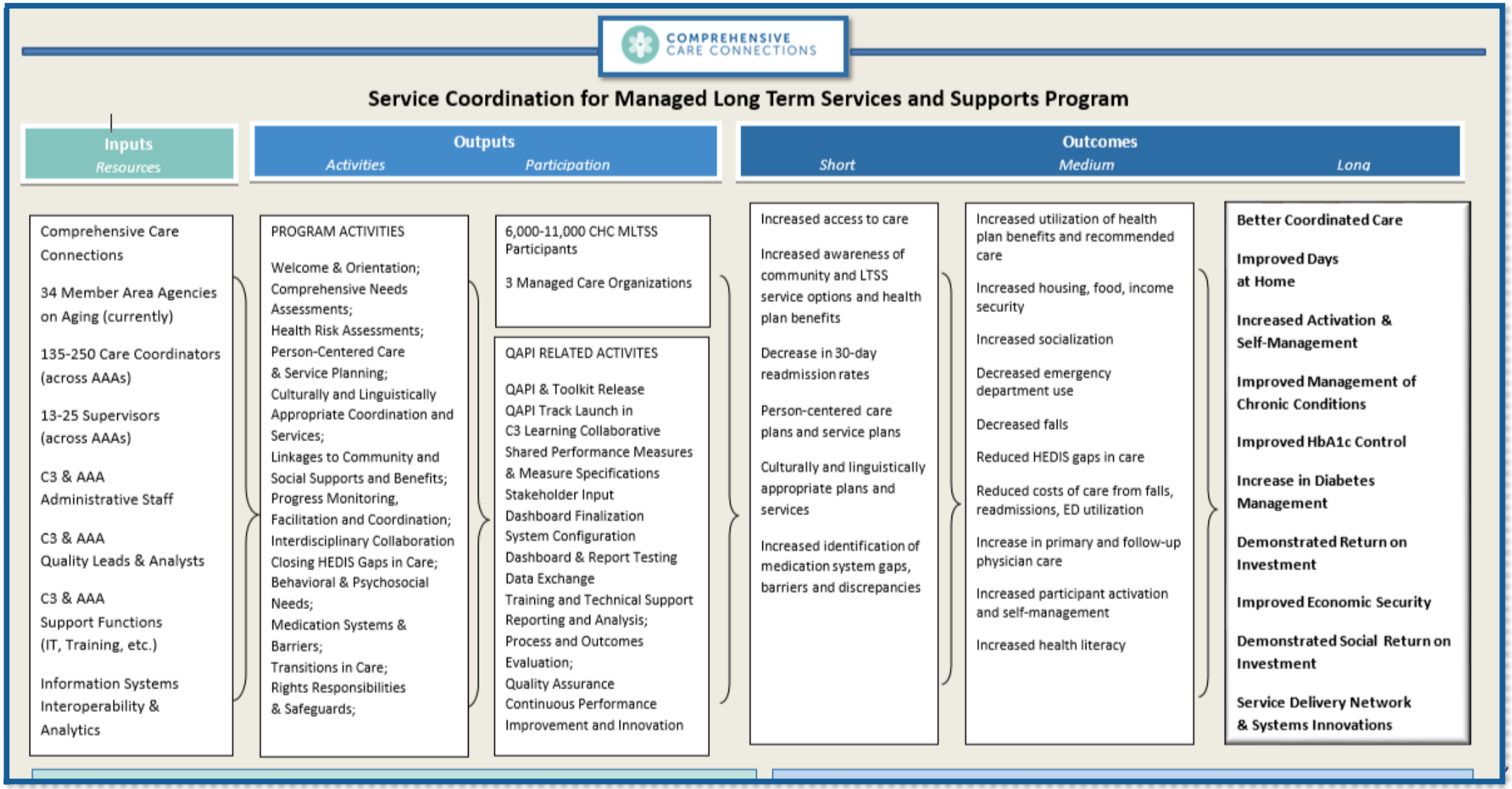








Logical Chain of Events based on Evidence!



Tying it All Together: What is Critical to Success? Shared Performance Measures, Shared Strategy, Shared Data & Tools to Get the Job Done!

- Shared performance measures and definitions
- Routine exchanges of data
- Dashboards and reports
- Benchmarks, targets and quantiles
- Monitoring
- Communities of Practice
- Collaborative Quality Assurance & Performance Improvement efforts
- Systematic spread of best practices
- *Annual Quality Reports*
- *Annual Population Health Needs Assessments*

Measure ID:	Measure Specification
Measure Name:	
Activity Objective:	
Quantifiable Measure:	
Population Included:	
Data Source:	
Numerator:	
Denominator:	
Exclusion:	
Baseline Goal:	
Timeframe:	

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- Introductions
- Pennsylvania Picture
- The C3 Approach
- **Positioning for Data-Driven Focus**
  - MLTSS IT Initiative
    - Concept
    - Process
    - Results
- The Real World
- Lessons Learned/Key Insights
- Questions and Answers

MLTSS IT Initiative

- MLTSS IT Solutions Initiative - Goals
  - Position C3 members to leverage data and technology
    - To support the goals and desired outcomes for Community Health Choices
    - To be valued partners for CHC MCOs through delivery of competitive, high-value, person-centered services
    - To provide consumers with highly coordinated services when, how and where they can have the most impact
  - Position AAA teams
    - To leverage automation and access to real-time data to maximize outcomes, streamline operations and add value for MCO partners and the consumers they serve

MLTSS IT Initiative

- How?
  - Engaged independent HCBS IT Consultant
  - Achieved buy-in
    - BOD
    - Members
    - IT Workgroup
  - Formed Workgroup which was empowered to execute
    - Diverse
    - Multi-discipline
    - All-in with Data Driven approach
  - Let strategic goals drive process (i.e., quality measures, etc.)

Being Data Driven in MLTSS

- Process for defining needs tied to strategies, identifying technology, etc.
- HCBS datasets and workflows are unique
- Important Categories Emerge
  - Population Health, Analytics, Integration

Trends in LTSS and HCBS

- Data is the Future
  - Owning and leveraging data a key to success

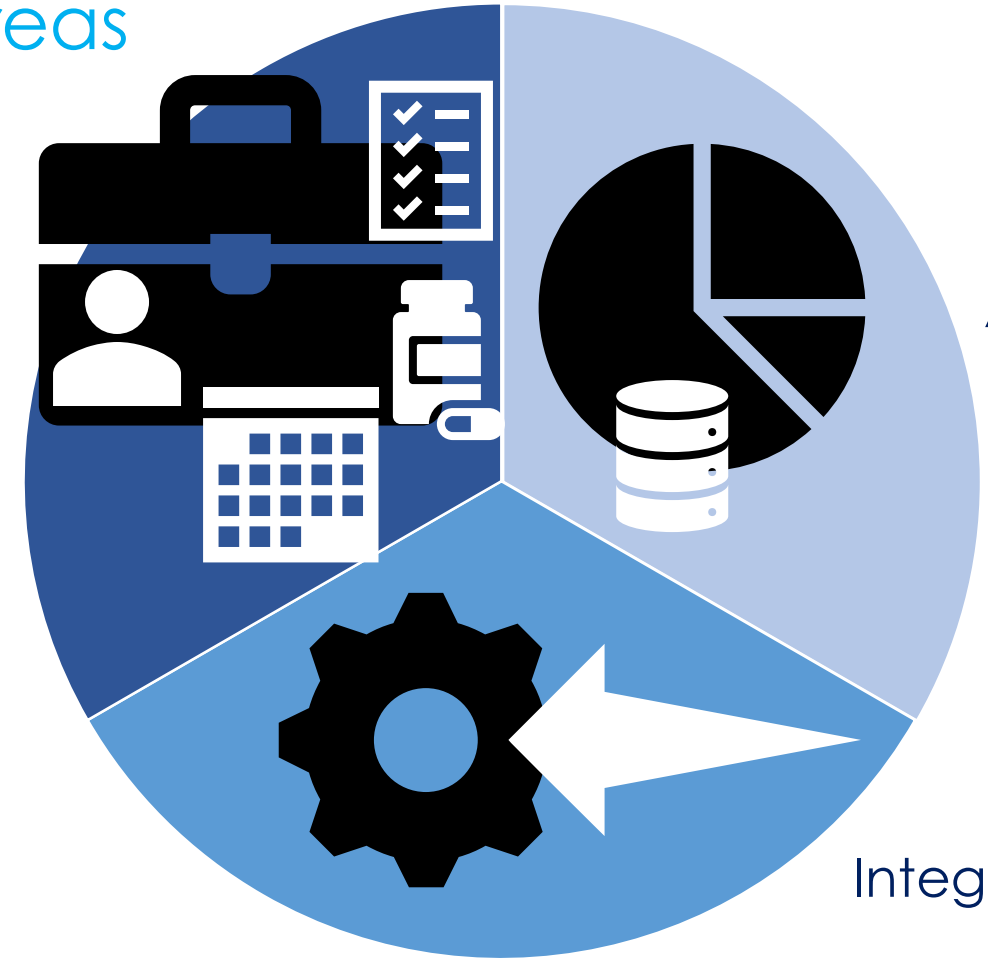
Trends in LTSS and HCBS

- Quality Measures and Outcomes
  - Intersection of LTSS with rest of healthcare
    - HEDIS, etc.
  - Emerging standards: NCQA, NQF, ONC
  - Payers determine what matters to them
  - Must have data, must be flexible
  - Ability to predict to affect outcomes could be vital

The Evolving Landscape

- 3 Emerging Areas

Population Management



Analytics

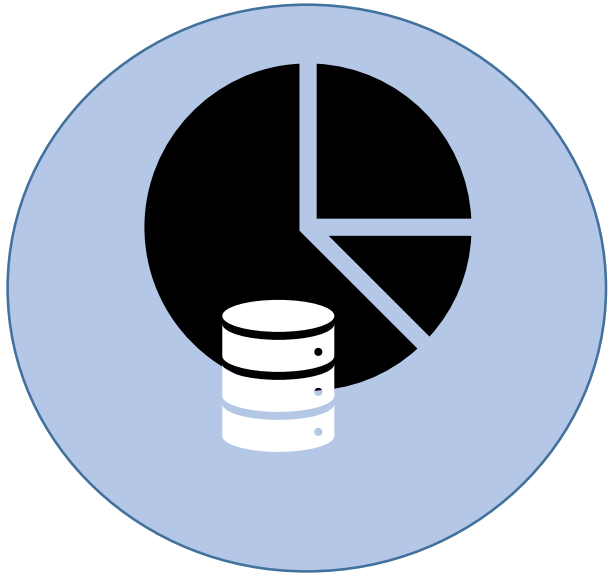
Integration

The Evolving Landscape

- EHR/Population Management
  - Population Management
  - Workflow Automation
  - Real-time alerts and triggers
  - Medication Management
  - Home Care specific
    - EVV
    - Time/mileage tracking
    - Telehealth/Patient Engagement

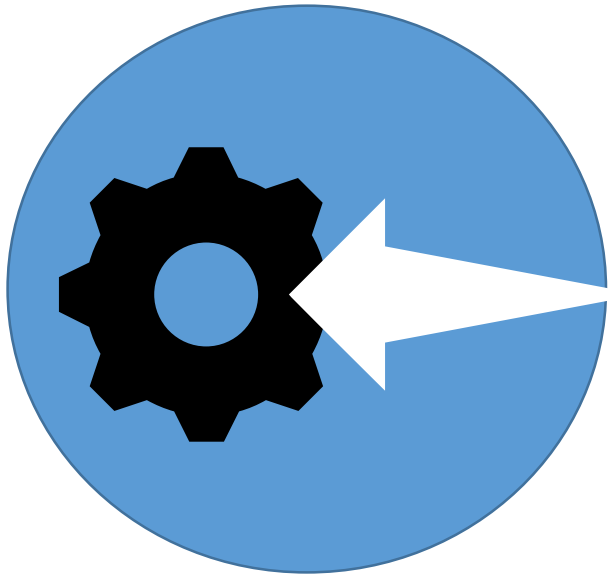
The Evolving Landscape

- Analytics/Dashboards
  - Quality Measures
  - Within population health solution or as a stand-alone?
  - Triggers/predictive analytics



The Evolving Landscape

- Integrations
  - Partners/payers
    - MCOs
    - ACOs
    - Hospital systems
    - Providers/Senior Centers
  - Internal
    - EVV
    - Scheduling
    - Analytics
    - GL, payroll, etc.



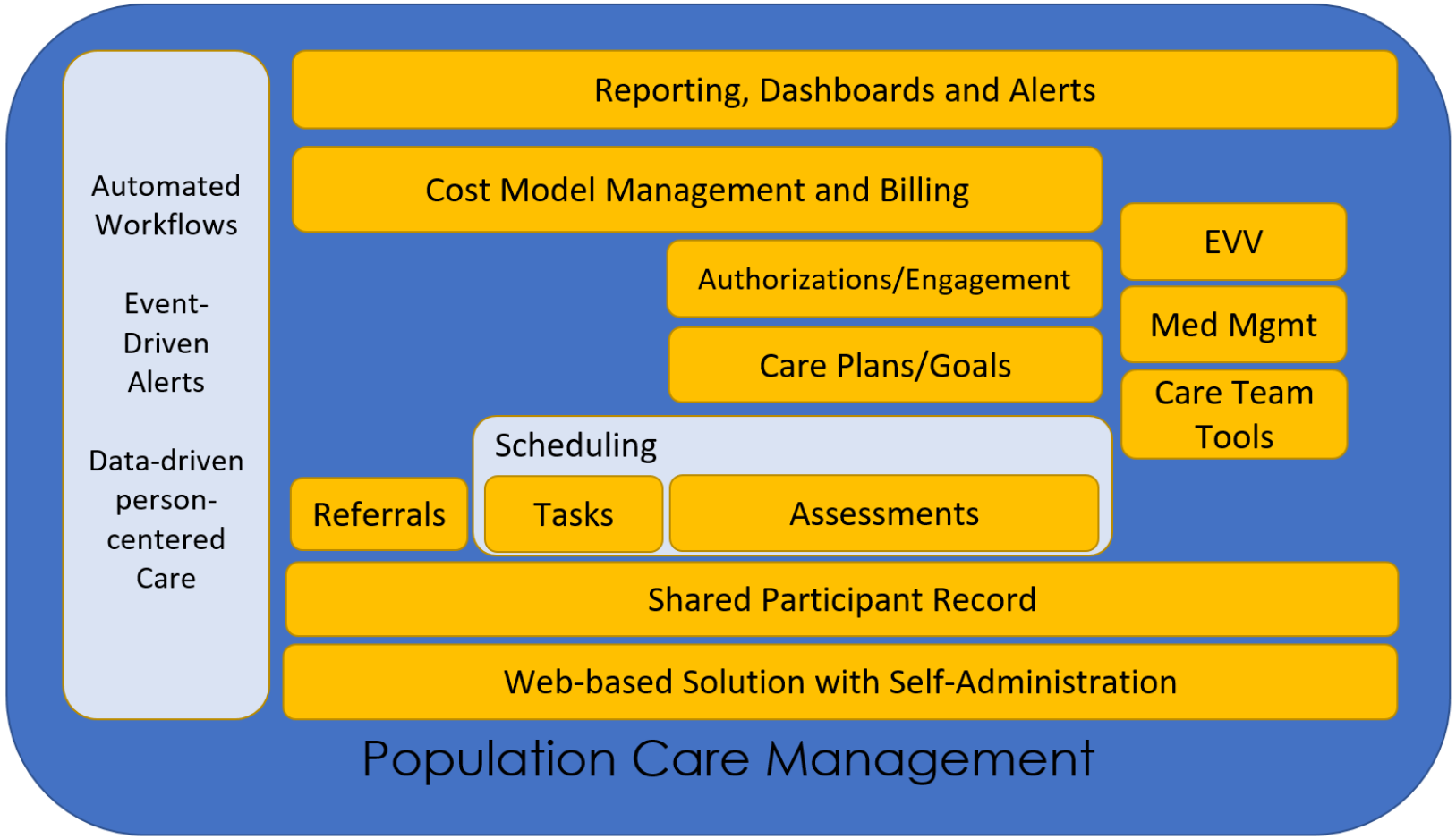
The C3 Implementation Formula

- Continuous focus on overall strategic objectives
- First develop the desirable model of care and then select the appropriate technology platform
  - Map current and existing workflows
  - Technology is just apiece of the puzzle - should not be an obstacle to workflow
- Involve key-stakeholders in team - buy-in is critical
- Involve vendors early and often
- Keep eye on the ball and remain focused on objectives

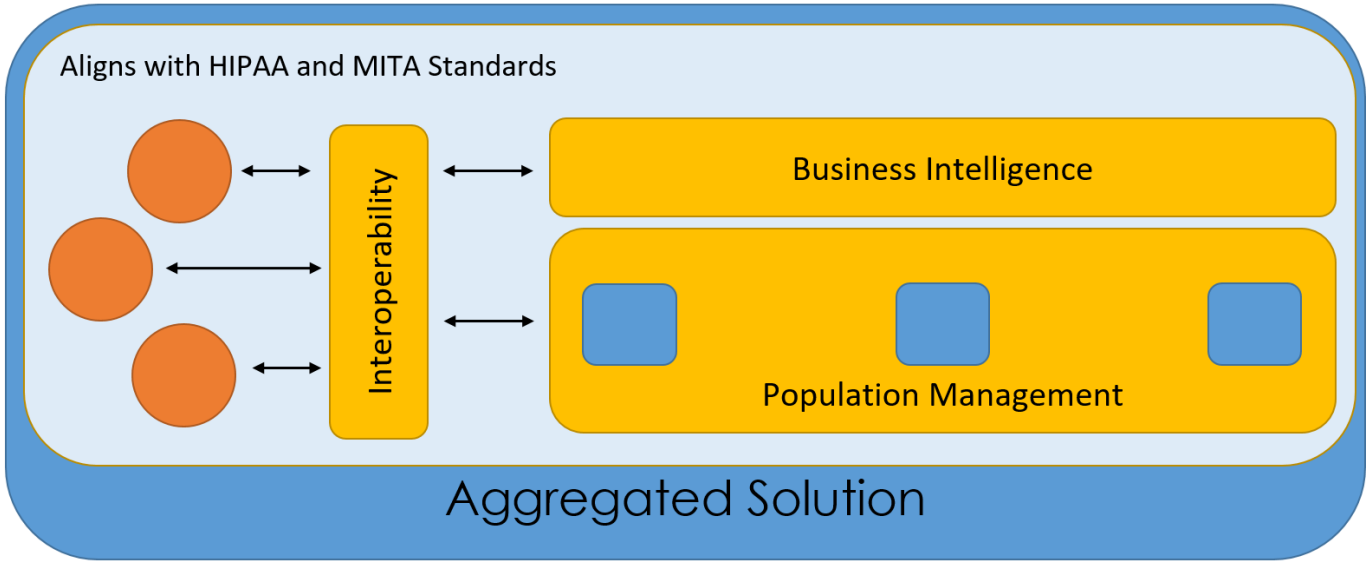
Understand Your Minimum Requirements

- Examples:
  - **HIPAA Secure**
  - Cloud-based
  - Manageable maintenance
  - Mobile-friendly
    - Incl. where no cell coverage
  - Integration-friendly
  - Self-configured (incl. workflows)
  - Future-proof
    - Technology
    - Functionality

C3 MLTSS IT Solution – Workgroup Vision



C3 MLTSS IT Solution – Workgroup Vision



Analyze Market

- Growing market
- Think globally
- Review all, big and small

Align Vendors with Workflows

- Focus on vendors that align with vision
- Look for lightest lift
  - May impact price
- Compare vendor "yes" answers

Align Vendors with Workflows

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Vendor Interviews

- Take time to get to know vendor, learn about and focus on:
  - Position and experience in Market
  - Longevity and Stability
  - Overview of solution and value-add
  - Culture
  - A trusted and valued partner?
  - Modern, adaptable technology and functionality
- Good for both sides
- Up-front work allows both sides to make informed, calculated decisions

Vendor Demonstrations

- Apples-to-apples
  - Provide the same demonstration scenario and allotted time to all vendors
    - Did vendor follow script?
    - Did vendor go above and beyond?
    - Which vendors showed the best understanding of market and need?
- Provide overall and granular score
  - Score based on priorities
    - Compare overall, high priority and low priority scores

Vendor Follow-Up and Reference Checks

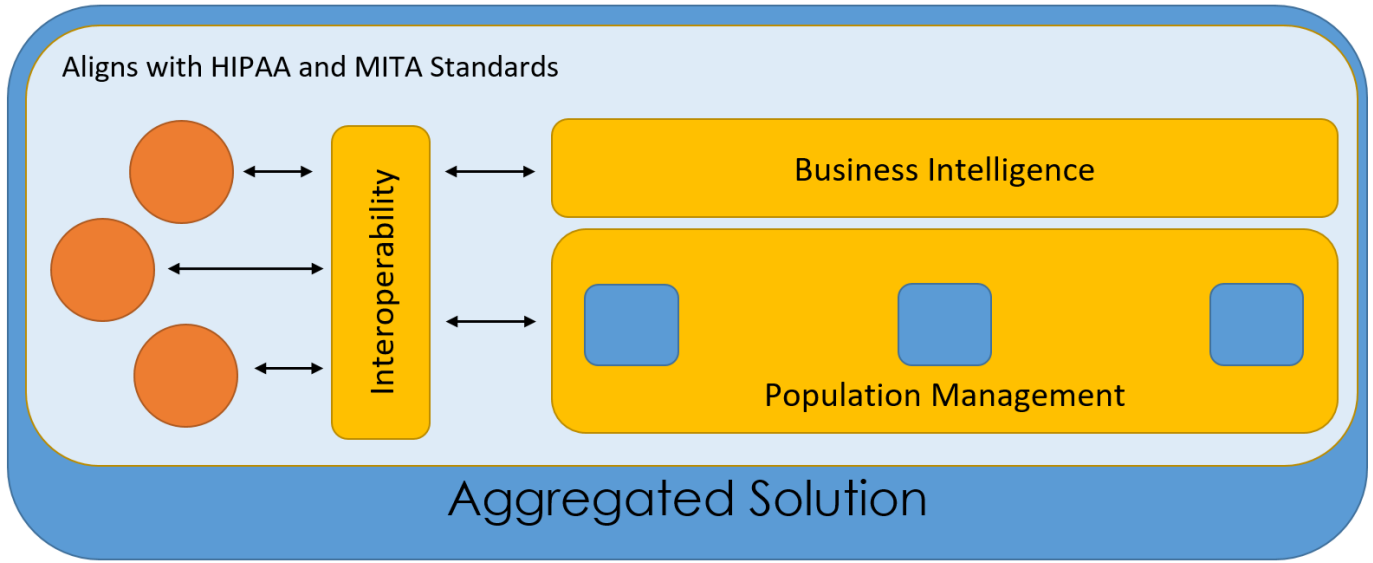
- Tie up loose ends
- Pay attention to responsiveness
- Pricing comparison
  - Pricing model
    - Does it scale?
  - One time costs
  - Recurring costs
  - Add-on costs
  - "Hidden" costs
- References
  - Ask the right questions, get the right answers

Solutions Selections

- Eventual path most closely aligns with:
  - Short term goals
  - Long term goals
  - Culture
  - Market understanding and positioning
  - Functionality
  - Economics
- Approach has buy-in from team, who can then act as champions within organization

C3 MLTSS IT Solution – Results after Phases 1 and 2

- C3 ended up with multiple options which met needs within initial budget
- Identified preferred path which exceeded needs



Agenda

- Introductions
- Pennsylvania Picture
- The C3 Approach
- Data-Driven Focus
- **The Real World**
- Lessons Learned/Key Insights
- Questions and Answers

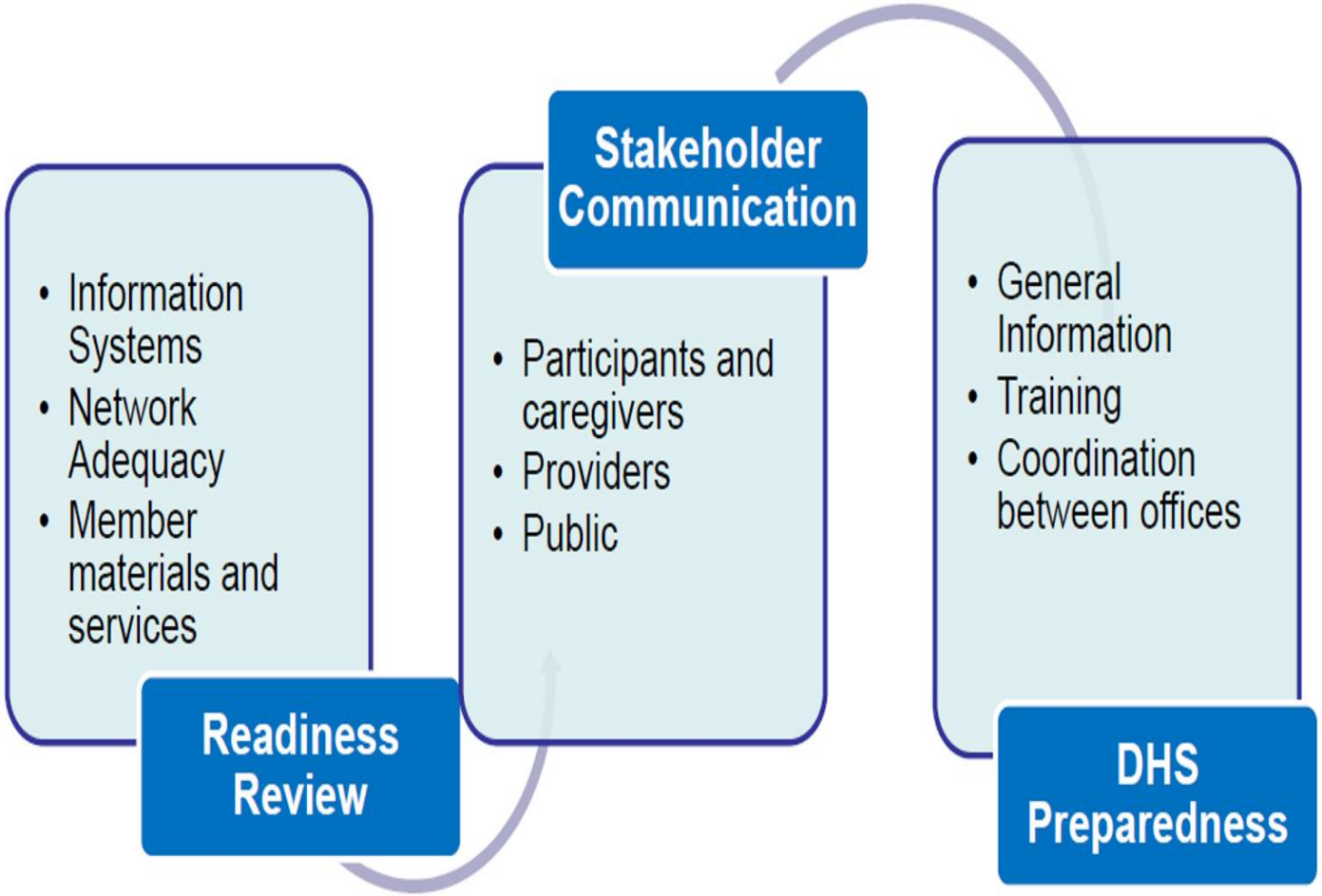
The Real World

- Delays
  - Impact on state, MCOs, Providers
- MCOs priorities
- Data Driven
  - At first – C3 gets no data
  - Evolving as discussions continue
  - C3 positioned to leverage work done earlier to quickly envision interim steps while positioning for future

Readiness Review for 1/1/2018 Go-Live

- MCOs, OLTL & C3 AAAs doing Readiness Review
  - Accepting enrollments
  - Continuity of care
  - Ensure access and deliver on needs of Medicare-Medicaid and LTSS population
  - Pass a comprehensive readiness review: Including assessment, care coordination, provider network, staffing and training needs etc.
  - Focus on delivering strong value in Continuity of Care period (no concrete data agreements yet which makes us nervous!)
  - Clear disadvantage when your contemplating performance management without data

CHC Roll-out: Where we are Today



Consumers get Services

Providers get Paid

- This is process between state and MCOs
- Hoping to deepen the conversation at Provider/MCO level

The Real World

- C3's Priority to Deliver Results
  - Early Discussions
    - MCO understandable priority is
      - Protecting its "secret sauce"
      - Leveraging its technology
    - Initial position
      - C3 uses each MCO system separately and only and often with dedicated staff exclusive to each MCO
  - Evolving as discussions continue
    - C3 emphasizing value in C3 managing its members to drive to outcomes
    - Some recognition that outcomes could benefit from management outside MCO system
      - Single-source contracting
      - Quality, outcomes
    - State QM Strategy says that State systems, MCOs and Providers be **interoperable**
      - MCOs varied in position – 1 committing to providing data feed to C3, 2 unknown just yet
  - C3 positioned to leverage work done earlier to quickly envision interim steps while positioning for future

Next Steps for C3

- Where C3 is at and where it's going
  - Current constraints
    - Longer time to revenue (delays) = lower initial budget
    - MCOs' emerging views regarding C3 need to manage business model/data
    - Tight timelines for Southwest
  - MLTSS IT Initiative leaves C3 well-positioned
    - Strong, re-usable foundations
    - Can create phased approach
    - Requirements easily parsed
    - Work easily leveraged for short-term steps, feeding long-term plans and vision

Lessons Learned

- IT Do's and Don'ts
  - Anticipate variations
  - Focus on strategic goals, then understand how data and measures serve them
  - Gain MCO engagement and support EARLY-ideally build community solutions together
  - Plan for the need to adapt and be flexible
  - Most project risks can be anticipated therefore ANTICIPATE THEM and have a risk management strategy for all of your high priority high impact risks
  - Above all, we're in it together and we need to leverage our strengths and dedication to the population we serve with persistent efforts at partnership, advocacy and outcomes

Questions?

Suggestions?

Discussion?

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