Using the Value-Based Care Tool – Prioritizing Capacities and Planning for Action

Strategic Planning

The Value-Based Care Strategic Planning Tool (VBC Tool) was designed to facilitate strategic planning and action regarding value-based care (VBC); that is, health care that improves clinical quality, satisfies patients and families, advances community health, and utilizes resources wisely and efficiently. Not unlike classic SWOT assessments (strengths, weaknesses, opportunities, and threats), the VBC Tool identifies *strengths* (VBC capacities assessed as "fully developed and implemented") which should be celebrated!

The VBC Tool also identifies *opportunities* (VBC capacities assessed as "developed, incompletely implemented," or "in development"). The Rural Health Value Team believes these capacities offer the greatest opportunity for VBC development. Your health care organization has already shown interest in, and commitment to, developing VBC capacity. Measure your organization's progress and remain dedicated to ongoing development and full implementation.

Prioritizing Value-Based Care Capacities

The VBC Tool assesses 80 different VBC *capacities* within eight categories. A VBC *capacity* is an opportunity for a health care organization to use its resources, processes, and infrastructure to deliver VBC. But the comprehensiveness of the VBC Tool may make it difficult to select which capacities to develop. The following prioritization process is one option that you may utilize to identify which capacities are appropriate for your team's attention and action.

1. Ask your team members to review the VBC Readiness Report and identify the capacities they feel are most important to the success of the health care organization.
2. List all the VBC capacities that you have assessed as "developed, incompletely deployed" or "in development." To that list, add the VBC capacities that your team feels are most important.
3. Define the criteria by which you will assess the *support* available for development and deployment of each VBC capacity. For example:
    a. Leadership commitment
    b. Organizational resources available
    c. Staff interest
4. As a team, assess (score) the level of support each VBC capacity could receive for each of the criteria (see a sample prioritization grid on page 3).
    a. 3 = strong support
    b. 2 = midrange support
    c. 1 = weak support

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5. Sum the numbers for each of the VBC capacities.
6. If desired, add a "gestalt" factor. Highlight a capacity that "feels" the most important to the health care organization and its future but might not have received a high score.
7. Select two or three high-scoring capacities for action plan development and implementation. The number of capacities selected for action will depend on your organization's interest and capacity for change!

Action Plan Development

After completing the VBC Tool and prioritizing VBC capacities, it's imperative to act. Spending your staff's time and energy in assessing and planning, then not acting, is at best a waste of precious time, and at worst frustrating and demoralizing. So, action plan development must follow VBC capacity prioritization. Action plans require the following four elements—you may think of others.

1. Measurable objectives
2. Single-person accountability (although teams will accomplish the work)
3. Resource commitment (generally staff time, consultant expertise, or education costs)
4. Timeline and due dates

Action plans, especially when considering strategically important issues such as VBC development, require consistent leadership *attention*. Attention is the currency of leadership; it's how things get done. Therefore, action plans need not only development, but also implementation, promotion, check-in, follow-up, and consistent encouragement and tangible support from leadership. Complex organizations, such as those delivering health care, will (and should!) have multiple action plans in play at once. It is the responsibility of leadership (ultimately the CEO) to ensure that the staff implementing action plans are appropriately resourced and supported. See a sample Action Plan on page 4.

To help staff and leadership monitor an action plan, a Gantt chart (or similar project management tool) may be helpful. Although special project management software can produce Gantt charts, simple Gantt charts may be easily produced using word processing or spreadsheet software. See a sample Gantt chart (developed in Excel) on page 5.

Good luck as your health care organization pursues VBC capacity! For additional health care value resources, check out www.ruralhealthvalue.org.

Sample Prioritization Table

Action	Commit	Resource	Interest	Total	Notes
Generate action lists for providers of patients who are due/overdue for services	2	1	3	6	Providers are not hospital employees and have not expressed interest
Offer chronic disease management (CDM) services	3	1	3	7	Will require considerable time and effort, but critical for our Medicare population
Identify a champion specifically tasked with community health improvement	3	1	2	6	Important to develop after financing rewards community health
Include a leadership position specifically tasked to oversee and develop patient and family engagement activities	1	2	1	4	This is already included in Chief Quality Officer job description
Tailor performance data presentation to the audience such that data are actionable	3	3	3	9	Many staff and partners have asked for data that they can use
Discuss value-based care performance during most internal and public meetings	1	3	1	5	Will wait until after new CQI program is implemented
Train and support managers in continuous quality improvement techniques[1]	3	1	1	5	Although resource intensive, CEO committed to CQI implementation

[1] The CEO added a "gestalt" highlight due to its particular importance to the organization, despite the relatively less support it may have received during the prioritization process.

Sample Action Plan

Offer Chronic Disease Management Services

Objectives	Accountability	Resources	Due
Research CDM programs in similar situations	DON	Current DON duties	Aug
Identify professional skill set and experience necessary for CDM manager position	DON	Current DON duties	Aug
Determine FTE required for CDM manager position and post job announcement (or advertise)	DON	Current DON duties	Aug
Allocate resources for CDM manager compensation and education	CEO	0.5 FTE RN compensation	Sep
Hire (or reassign) CDM manager	CEO	Current CEO duties	Sep
Attend CDM conference(s) and start developing processes/structure for implementation	CDM Mgr	$2,000	Nov
Develop CDM financial pro forma (include additional resources, if required) for leadership	CDM Mgr	Current CDM Mgr duties	Dec
Present abbreviated pro forma to Board	CDM Mgr	Current CDM Mgr duties	Jan
Approve new CDM program and allocate resources	CEO	Based on pro forma	Jan
Establish CDM team and accountabilities	CDM Mgr	Current CDM Mgr duties	Feb
Establish process to identify patients most appropriate for CDM	CDM Mgr	Current CDM Mgr duties	Feb
Develop policies and procedures for CDM program operation in consultation with CDM team	CDM Mgr	Current CDM Mgr duties	Mar
Identify a trial cohort of patients appropriate for CDM	CDM Mgr	Current CDM Mgr duties	Apr
Establish health status/financial metrics for patients receiving CDM, obtain data, measure baseline	CDM Mgr	Current CDM Mgr duties	May
Pilot CDM program with trial cohort	CDM Mgr	Current CDM Mgr duties	May
Evaluate trial cohort, adapt and adjust as needed, develop plan broadening implementation	CDM Mgr	Current CDM Mgr duties	June

Sample Gantt Chart

Chronic Disease Management Action Plan Due Dates

Objective	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Research CDM programs in similar situations											
Identify professional skill set and experience necessary for CDM manager position											
Determine FTE required for CDM manager position and post/advertise job announcement											
Allocate resources for CDM manager compensation and education											
Hire (or reassign) CDM manager											
Attend CDM conference(s) and start developing processes/structure for implementation											
Develop CDM financial pro forma (include additional resources, if required) for leadership											
Present abbreviated pro forma to Board											
Approve new CDM program and allocate resources											
Establish CDM team and accountabilities											
Establish process to identify patients most appropriate for CDM											
Develop policies/procedures for CDM program operation in consultation with CDM team											
Identify a trial cohort of patients appropriate for CDM											
Establish health status/financial metrics for patients receiving CDM, obtain data, measure baseline											
Apply CDM program to trial cohort											
Evaluate trial cohort, adapt and adjust as needed, develop CDM expansion plan											