|  |  |  |  |
| --- | --- | --- | --- |
| **SHIP Grant FY** |  | **Funding Amount** |  |
| **Contributing Hospital** | ABC Hospital  | **Contact Person** | Jane Doe |
|  | XYZ Hospital  |  |  |
|  |  |  |  |
| **Selected Category** | VBP Investment Activities: Provider-based clinic quality measures education |

**Shared/Consortium/Network Hospital SHIP Funds**

**Network Decision Tree**

Per conversations with the two hospitals in request for efforts to provide network consortium work related to provider-based quality metrics, it was decided to participate in a one-year project with the Practice Operations National Database (POND). This is a partnership of the National Organization of State Offices of Rural Health and Lilypad through Stroudwater Company. POND is designed to complement existing programs focused on quality improvement and Medicare Cost Report data collection and benchmarking. It is differentiated by its focus on rural relevant financial, operational, productivity and compensation factors for which no rural-relevant data sets currently exist.

A second objective will be working with consultant(s) to provide a minimum two webinars related to office efficiency training, workflow analysis and improvement methodologies both related to financial indicators associated with the POND data and clinical workflow from practice staff.

Objectives:

* Create engagement of providers/rural health clinics throughout the state to participate in the web application
* Identify quality, productivity and possibly compensation metrics relevant to rural providers
* Create best practice standards to improve quality, productivity and financial performance of the practice

ICAHN staff will be working with two consultants for this project.

|  |  |
| --- | --- |
| **Training** | **Provider Quality Improvement**  |
| **Dates** | TBD | **Cost** | $18,000 |
| **Agenda/Details** |  |

**1.15.18 $9000 for Improvement Process**

Conversation with Jane. Intro webinar, facilitation of swim lanes etc. Face to face: Have short didactic; then each group starts working with tools provided such as value stream map of patient visit; including scheduling, pre-authorizations, etc. to time bill is dropped; track down inefficiencies from this process.

At end of day session have 2-3 Plan-Do-Study-Act (PDSA) concepts for small tests of change. Add in huddle board as add-on in the end. Give attendees head start on the concepts.

Requires hands-on staff being present for workshop.

Jane to provide proposal.