Looking Ahead

PROGRAM YEAR 2
Learning Collaborative – Who We Are

- **Payers**
  - Commercial (Medical & BH), MCO, NH Medicaid

- **Providers**
  - FQHC, RHC, CMHC, CHC, Hospital-owned groups

- **Patients***

- **Multi-stakeholder**
  - Learning Collaborative

- **Policy makers**
  - Academic
  - Community

- **Other**

Shared data, shared knowledge and shared mission
Learning Collaborative Structure

Opening Session Nov 16th
In Person Mar 29th
In Person Jun 7th
Symposium Sep 27th

Learning Series

Webinar
Webinar

Implementation (Quality Improvement) Track

QI (Concord)
QI (Web)
QI (Concord)
QI (Web)
QI (Web)
QI (Concord)
QI (Web)
QI (Web)
QI (Concord)

Transformational (Quality Improvement) Track

2016
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sept
2017

Site Self-Assessment
EHR Report
EHR Report
Site Self-Assessment
EHR Report

Data & Reporting
Learning Series Content

- Case studies
- SUD – medication assisted opiate treatment in practice
- Payment
- Using data to track outcomes
- HIT Integration
- Workforce
- Maternal/child mental health
- Connecting to community
Values of Action-Learning In Quality Improvement

1. Formal instruction is not sufficient
2. Problems require insightful questions
3. Learning involves doing
4. Learning is voluntary
5. Urgent problems provide the spur for learning
6. Action and feedback make us continuously aware of progress
7. Reinterpretation of past experiences guides the work
8. Contribution of peers is essential
9. We are all learners and all teachers
Learning Collaborative Tools

Quality Improvement methods

Data & Reporting:
1. claims-based analytic report suite
2. EHR-based clinical measures reporting tool
3. site self-assessment

<table>
<thead>
<tr>
<th>Table 2. Depression/Anxiety and Co-Morbid Chronic Illness</th>
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<tbody>
<tr>
<td><strong>Condition</strong></td>
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<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td><strong>No Chronic or BH Condition</strong></td>
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<tr>
<td>Depression w/Co-Morbid**</td>
</tr>
<tr>
<td>% of Sample</td>
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<tr>
<td>Anxiety w/Co-Morbid**</td>
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<td>% of Sample</td>
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<tr>
<td>Mood Disorder Depressed - All</td>
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<td>% of Sample</td>
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<tr>
<td>Depression w/Co-Morbid**</td>
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<td>Mood Disorder Anxiety - All</td>
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<td>% of Sample</td>
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</tbody>
</table>

Members with Depression/Anxiety: 114,425
Members with Depression/Anxiety, Commercial, Medicaid, Medicare: 78,505

Source: NH Accountable Care Project. NH claims data. NH Comprehensive Claims Information System. 2013
Quality Improvement Track Measurement

- Building upon national quality improvement work
- Align with State and National initiatives
- Support excellence through collaboration, transparency, evidence-based practice and value
- Focused on outcomes
Process and Outcome Measures

Wellness

Chronic Disease

Behavioral Health

Patient Centered
Learning Collaborative Expectations

YOUR INPUTS = OUR COLLECTIVE OUTPUT

• Share your experiences, resources – communicate with colleagues & partners to problem solve

• Be present

• Do pre-work readings

• Communicate with staff and faculty to address learning needs, provide feedback via post-event surveys.
  o Shape the work
  o Provide feedback