Final Transformation Plan Template

# Directions:

The following sections represent the required elements for the Partnering Provider Final Transformation Plan submission. **All sections must be submitted for your Final Transformation Plan to be considered complete and ready to move into contracting.**

Transformation Plans must include a minimum of two aim statements per area of Transformation, with 3-5 milestones for each aim statement. The aims and milestones should cover the time period of October 2019 – September 2020. The aim statements and milestones you provide will be used for the Pay-for-Reporting and Pay-for-Performance portions of your contract with BHT.

An **aim statement** is a clear, explicit summary of what your team hopes to achieve over a specific amount of time, including the magnitude of change you will achieve. The aim statement guides your work by establishing what success looks like. Research shows teams who develop a good **aim** perform better.

*Example aim statement: Implement an education program for the prevention of Diabetes for patients with elevated BMI and HbA1c by March 30, 2020.*

**Milestones** are the actions or steps necessary to make progress toward achieving your aim.

Milestones should include the planned activity (what you will do), target population (who you will do it for), and anticipated completion date (when it will be done).

*Example milestone: Establish a pre-diabetes education course and enroll at least 30 patients by December 1, 2019.*

If you need support filling out your Transformation Plan, please contact your designated BHT Team member.

# Submission:

* Final Transformation Plans are **due August 1**.
* Transformation Plans should be **submitted in Word format.**
* **Submit via** [**Box.com**](https://betterhealthtogether.app.box.com/upload-widget/view/8ylcgufkj3kg76rmvoccnzrd4twmvva3/80209167616?fr=%3A%3FDECF4E%3A%40%3FDl!%3D62D6Ta_DF3%3E%3AETa_3%40E9Ta_J%40FCTa_7%3A%3F2%3DTa_%25C2%3FD7%40C%3E2E%3A%40%3FTa_!%3D2%3FTa_%256%3EA%3D2E6Ta_2%3F5Ta_7%3A%3F2%3DTa_qF586ETa_%256%3EA%3D2E6%5DTa_x%3F4%3DF56Ta_J%40FCTa_%40C82%3F%3AK2E%3A%40%3FTa_%3F2%3E6Ta_%3A%3FTa_E96Ta_7%3A%3D6Ta_%3F2%3E6DTa_7%40CTa_3%40E9Ta_5%404F%3E6%3FED%5DUE%3AE%3D6lpF8FDETa_r%409%40CETa_!%3D2%3FTa_%24F3%3E%3ADD%3A%40%3FU%3ADs6D4C%3AAE%3A%40%3Fu%3A6%3D5%249%40H%3Fl_U%3ADt%3E2%3A%3D%236BF%3AC65l%60) **–** link available on the Learning Cohort webpage.

Be sure to submit both the Final Transformation Plan AND the completed Budget Template.

# Section I. Organizational Overview

**Organization name:**

|  |
| --- |
|  |

**Transformation Plan Contact** *(Name, phone, and email):*

|  |
| --- |
|  |

**Areas of Transformation:**

[ ]  Bi-directional Integration of Care [ ]  Chronic Disease Management [ ]  Opioids

# Section II. Transformation Leadership and Oversight

**Project Governance and Oversight:**
*Describe in a paragraph what resources (data, people, processes) you will use to monitor how the plans described in this document are progressing and to make course corrections as needed.*

|  |
| --- |
|  |

 **Transformation Manager** *(Name, phone, and email)*:

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**Quality Improvement Plan:**

*Briefly (150-300 words) describe the plan for quality monitoring and improvement, specifically for this Medicaid Transformation work.*

|  |
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# Section III. Bi-directional Integration of Care

**Model Selected:** [ ]  Bree Collaborative Model [ ]  Collaborative Care Model

**Model elements** (*Check all that apply):*

|  |  |
| --- | --- |
| **Bree Collaborative Model Elements** | **Collaborative Care Model Elements** |
| [ ]  Integrated Care Team | [ ]  Patient Identification & Diagnosis |
| [ ]  Routine Access to Integrated Services  | [ ]  Engagement in Integrated Care Program |
| [ ]  Accessibility & Sharing of Patient Information  | [ ]  Evidence-based Treatment  |
| [ ]  Access to Psychiatry Services  | [ ]  Systematic Follow-up, Treatment, Adjustment, and Relapse Prevention |
| [ ]  Operational Systems and Workflows Support Population-based Care | [ ]  Communication & Care Coordination |
| [ ]  Evidence-based Treatments | [ ]  Program Oversight &Quality Improvement |
| [ ]  Patient Involvement in Care |  |

**Target Population(s)**:

|  |
| --- |
|  |

**Project Description:**

*Provide a brief description (no more than 1 page) of your plan for this project area.*

|  |
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|  |

## Bi-directional Integration Aim Statements and Milestones

**Aim Statement 1:**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  | **Milestone** *(achieve what, for whom, via what mechanism)* | **By When** *(month, year)* |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

**Aim Statement 2:**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  | **Milestone** *(achieve what, for whom, via what mechanism)* | **By When** *(month, year)* |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

**Partners:**

Provide names, roles, and whether there is a MOU or contract in place.

|  |
| --- |
|  |

# Section IV. Chronic Disease Management

**Chronic Disease Model Elements** *(check all that apply):*

[ ]  Delivery System Design [ ]  Self-Management Support [ ]  Decision Support

[ ]  Clinical Info. Systems [ ]  Community-Based Resources [ ]  Health System

 **Target Population(s)**:

|  |
| --- |
|  |

**Project Description:**

*Provide a brief description (no more than 1 page) of your plan for this project area.*

|  |
| --- |
|  |

## Chronic Disease Management Aim Statements and Milestones

**Aim Statement 1:**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  | **Milestone** *(achieve what, for whom, via what mechanism)* | **By When** *(month, year)* |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

**Aim Statement 2:**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  | **Milestone** *(achieve what, for whom, via what mechanism)* | **By When** *(month, year)* |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

**Partners:**

*Provide names, roles, and whether there is a MOU or contract in place.*

|  |
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|  |

# Section V. Opioid Use and Abuse Crisis

**Level(s) of Intervention Selected:** [ ]  Prevention [ ]  Treatment

 [ ]  Overdose Prevention [ ]  Recovery

 **Target Population(s)**:

|  |
| --- |
|  |

**Project Description:**

*Provide a brief description (no more than 1 page) of your plan for this project area.*

|  |
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## Opioid Use and Abuse Crisis Aim Statements and Milestones

**Aim Statement 1:**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  | **Milestone** *(achieve what, for whom, via what mechanism)* | **By When** *(month, year)* |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

**Aim Statement 2:**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  | **Milestone** *(achieve what, for whom, via what mechanism)* | **By When** *(month, year)* |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

**Partners:**

*Provide names, roles, and whether there is a MOU or contract in place.*

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# Section VI. BHT Pay-for-Achievement Measures

*Select four (4) Pay-for-Achievement Measures from the following options. For a detailed description of each measure,* [*click here*](https://static1.squarespace.com/static/55ba9fe5e4b09e80d21790f7/t/5c1ac84a40ec9ac444dc7289/1545259084030/BHT%2BP4A%2BMenu%2B2019-2020%2Bfinal%5B2%5D.pdf)*.*

|  |  |
| --- | --- |
| [ ]  #1 Organizational capacity for integration | [ ]  #8 Patient advisory group |
| [ ]  #2 Chronic disease & behavior health screening  | [ ]  #9 Behavioral health service capacity |
| [ ]  #3 Universal screening & follow-up - SDoH  | [ ]  #10 Project ECHO, telemedicine, or e-consults  |
| [ ]  #4 Peers & CHWs  | [ ]  #11 Identified PCP |
| [ ]  #5 Medication Assisted Treatment | [ ]  #12 Pregnancy Intent |
| [ ]  #6 Care compacts | [ ]  #13 Fluoride provision in primary care |
| [ ]  #7 Complex care planning |  |

# Section VIII. Technical Assistance Needs

*Describe any of your organization’s anticipated TA needs.*

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# Section IX. Budget & Budget Narrative

**Budget Narrative:**

*Provide a narrative justification of your overall budget, including total expected budget, shared investments your organization is willing to make/leveraged resources, and rationale for how these activities prepare your organization for Value-Based Care.*

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**Budget:**

*Complete and submit the budget template. Plans submitted without budget worksheets will be considered incomplete. Find the template on the Learning Cohort webpage* (<http://www.betterhealthtogether.org/learning-cohorts>)