

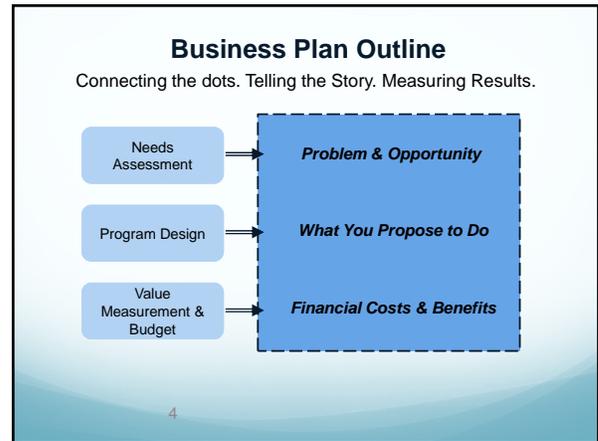
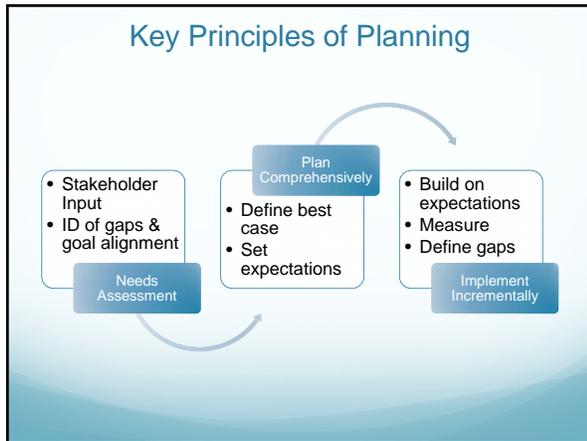
2017 HELP Conference

Program Planning for Implementation, Sustainability, & Expansion

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Objectives

- Identify key principles of effective planning
- Illustrate ways in which the current health care funding environment could impact HELP
- Provide overview of module and program planning tools to support HELP programs' growth



Terms

Business Case	<ul style="list-style-type: none"> • Emphasis on WHY it should be done. High impact vs. risk. • Investment vs. benefit. • Why NOW?
Business Plan	<ul style="list-style-type: none"> • Emphasis on what is proposed, how you will do it, what is required, planned services and scale. • Goals and metrics. • Timetable to start up, key assumptions.
Budget	<ul style="list-style-type: none"> • Included in Plan and implicit in CASE. • Investment needs to be proportional to scale and impact. • OK to have net investment need, but get to the number! • ID risk factors and assumptions.
Strategic Plan	<ul style="list-style-type: none"> • Big version of business plan. • Aligned well with the organization's strategy. • Emphasis on vision/goals/longer term.

Needs Assessment as a STRATEGY

- What matters
- Who makes decisions
- What problems keep people up at night
- Who can fund
- Baseline data re gaps and opportunities
- Process for evaluation of plans

“Value”

- Value can be financial or non-financial
- Many clinical quality or satisfaction impacts have a diffused or downstream financial value also
- “It depends” – different leaders will value different things at different times – essential to listen for what matters now
- Good strategy is to anchor with some financially relevant justifications and reinforce with other benefits. (Ex.: Reducing delirium reduces use of ICU bed days and impacts Q measure...)

Alignment between business strategy and HELP mission

The goals of the HELP model :

- Maintain capacity and function of high risk older patients during hospitalization
- Maximize independence at discharge
- Assist with transitions home (reduce SNF)
- Prevent unplanned readmissions

Implications of Health Care Reform for HELP

- More value given for longer term & downstream costs (like SNF)
- Increased attention to “continuity” and “continuum” and “consistency” – pressure for full scale, reliable service, potentially in and out of hospital
- Preference given to clear “bundles” with defined processes & outcomes

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Common Ground: What Patients Want

Asked to rank order *what’s most important*:

- ❖ 1st - **Independence** (76% rank it most important)
- ❖ 2nd - Pain and symptom relief
- ❖ 3rd - Staying alive

Fried et al. Arch Int Med 2011;171:1854 Survey of Senior Center and Assisted Living subjects, n=357, dementia excluded, no data on function.

Potential Ally: **Boards**

?

Board members care about quality, cost, and reputation. They are also older adults, vibrant, and vulnerable.

- Reduced risk of loss of control?
- Reduced time in hospital?
- Better Q of Life?

They “get it” and value it.

HELP is a proven model with a simple implementation “bundle”



Interest in Delirium?

➤➤



Adopt HELP

Research, Use of CAM, Measures, Discovery of HELP

Plan, Start, Manage, Measure within a Community of Users

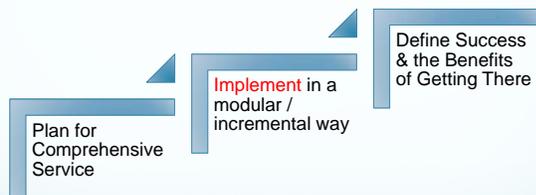
New Tools

- ❑ On line modules including
 - ❑ Implementation guides
 - ❑ Business planning support
 - ❑ Budget templates

Program Planning Module

- Program planning Module:
 - Value of Program Planning
 - Steps of Program Planning
 - Making the Case for HELP
 - Needs Assessment
 - Aligning Your Case with Your Hospital's Mission
 - Identifying and Engaging Senior Leadership Champions
 - Designing Your Program
- Program Planning Tools:
 - Data collection and staffing fillable worksheets
 - Executive Summary outline and example
 - PowerPoint template for presenting to administration
 - Research support and the evidence base for HELP

Recommended Approach



Discussion

1. Name 2 major segments of patients who are NOT yet receiving benefit of HELP. Why?
2. Who are the 2 most influential sponsors of your HELP program?
3. Who do you need as a sponsor that you do not yet have?
4. What is the "opportunity cost"* of incremental growth and limited capacity?
**[what benefit is forfeited by the health system]*