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

Key Principles of Planning

- Stakeholder Input
  - ID of gaps & goal alignment
- Needs Assessment
  - Define best case
  - Set expectations
  - Build on expectations
  - Measure
  - Define gaps
- Plan Comprehensively
  - Build on expectations
- Implement Incrementally

Business Plan Outline

- Problem & Opportunity
- What You Propose to Do
- Financial Costs & Benefits

Terms

<table>
<thead>
<tr>
<th>Business Case</th>
<th>Business Plan</th>
<th>Budget</th>
<th>Strategic Plan</th>
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<tbody>
<tr>
<td>- Emphasis on WHY it should be done. High impact vs. risk.</td>
<td>- Emphasis on what is proposed, how you will do it, what is required, planned services and scale.</td>
<td>- Included in Plan and implicit in CASE.</td>
<td>- Big version of business plan.</td>
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<tr>
<td>- Investment vs. benefit.</td>
<td>- Goals and metrics.</td>
<td>- Investment needs to be proportional to scale and impact.</td>
<td>- Emphasis on vision/goals/longer term.</td>
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<tr>
<td>- Why NOW?</td>
<td>- Timetable to start up, key assumptions.</td>
<td>- OK to have net investment need, but get to the number!</td>
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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

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?
- Research, Use of CAM, Measures, Discovery of HELP
- Adopt 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

- Plan for Comprehensive Service
- Implement in a modular / incremental way
- Define Success & the Benefits of Getting There

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]