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**Presentation Logistics**

## WHO

* Presented by Dr. Frank Sonnenberg (CMIO) to strategic planning unit for new [RWJBarnabas/Rutgers Health](https://www.rwjbh.org/blog/2018/july/rwjbarnabas-health-and-rutgers-university-launch/) practice now launching
* 30 - 40 people in attendance. Roles - mostly administrators, some clinicians – Deans, Senior Vice Chancellor of Clinical Affairs and CEO of practice

**WHEN/WHERE/PRESENTATION LENGTH/VERSION DELIVERED**

* 10/7/2019
* RWJBarnabas/Rutgers Health
* 20 mins for Presentation. 5 – 7mins for discussion. Frank made some minor changes to standard slides (Frank to send) because of time and repetitive information. Frank got to current/future vision slides (“Organization/National LHS FVs”) then had to stop (didn’t get to stakeholder actions)
* **Presentation version delivered:** see [here](https://drive.google.com/file/d/1gtAK1en-J6bYGkzqWCl9eXs2rtZ4vqeT/view?usp=sharing)

**WHY**

* Rutgers Biomedical and Health Sciences has entered into a partnership with the RWJBarnabas Health System to combine all physician practices into a single unified medical group. The combined group will have over 2,000 physicians and will cover nearly half the population of New Jersey. the partnership provides a rare opportunity to build a new practice from the ground-up with unified policies across the entire health system.
* It is well-recognized that the current practices have widely varying policies and workflows with insufficient attention paid to evidence-based decision support, care coordination and patient engagement. The future vision developed by ACTS provided an opportunity to introduce these concepts to top leadership early on in the process of building a unified group practice.

**Presentation Feedback Summary**

## Overall Audience Reaction to Presentation

* Generally, it was well received. People are definitely behind it. Thought he would get feedback that it’s unrealistic for them to make happen – but they didn’t raise that issue
* They liked idea of care plan generator and interested in pursuing this
* They were impressed by list of participants

## Key Questions from Audience

* Audience: How can the practice organize to achieve this aim?
  + Frank response: there are 3 elements: 1) has to be top-down approach [Roadmap says activities need to be integrated with strategic org goals.] 2) Need to have integrated teams (they’re bringing on 400 new physicians) 3) QI efforts have to be integrated into operations – not a ‘consulting force’

## Desirability of Future Vision - overall and specific components triggering discussion

* Overall, there was enthusiasm for the approach. The highest level person in attendance (the Senior Vice-Chancellor for Clinical Affairs for Rutgers Biomedical and Health Sciences, stated that we have to build achievement of the quadruple aim into our practices.
* The care plan generator was mentioned as an attractive and innovative element of the care delivery future-vision.
* There was also discussion about how to organize the staffing and management to implement the future vision. What was discussed was the importance of driving the vision from the “top-down” and holding leadership at various levels of the organization accountable for achieving it. This is tied to the principle articulated in the FV document that QI efforts have to be tied to the priorities of the organization as a whole. It also incorporates the idea that QI efforts can’t be carried out in isolation, but have to be integrated with the care delivery teams.

## Prioritization (parts of roadmap that organization would like to Implement)

* CEO interested in staying involved in project. No specific action item settled on during brief discussion. An agreement that this will be the general approach they will take. 2 takeaways:
  + As they plan primary care staffing, they’ll incorporate principles into their onboarding
  + Make a briefer 15 min deck version for briefer presentations like this to complement the longer deck
  + Decision support was relatively new/important item for the group; will consider it more as the practice emerges. Fold this into their Epic implementation

| Presenter recommendations for changes to presentation  * Presentation was too long for this audience/forum. What they wanted was 15 min presentation with 5 min discussion. Didn’t get through the whole thing   + Make a briefer 15 min deck version for briefer presentations like this to complement the longer deck * ACTS background/context didn’t come across fully. Enhance background on ACTS initiative - How did AHRQ come into this/how this initiative come about * There was repetitive info that could be taken out without losing anything – e.g., repetition of Quadruple Aim-centered. Decrease redundancy * Some of the text is too dense – terms separated by slashes. Suggests decrease density of terms, remove slashes/synonyms * Add more at end about specific things the receiver can do to help execute * Create a more robust demo for the care plan generator, since it sparks interest   **Presenter recommendations regarding Roadmap execution**   * As suggested above, the Roadmap needs to be tailored to two very different audiences. One is an executive leadership audience, which is the one I presented to. I was given a time slot on a busy agenda and needed to keep my presentation and Q&A to a short period of time. I think 15 minutes is about the limit for formal presentation to this audience. For an audience where the Roadmap is the only thing on the agenda, I think it can be a longer grand rounds-style presentation.   **Additional Feedback**   * All my important feedback is well-summarized above. The background of ACTS needs to be more explicitly laid out. We may be presenting to audiences that are unfamiliar with AHRQ and unfamiliar with the academic informatics community. * The presentation felt repetitive, especially when trying to present it in a shorter time slot. |
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