

## Target Behaviors

Using the Management Structures definition as an overarching guide for the thematic analysis, the Cohort narrowed the research insights into the following core functions and target behaviors for building Management Structures that facilitate a high-performing “Coordinated Care Network (Network).”

CODE	CORE FUNCTIONS	TARGET BEHAVIOR(S)
<b>MS1</b>	A clear, value-focused mission	The mission of the Network and each organization is focused on improving the health of the population, improving the patient experience of care (quality and satisfaction) and reducing per capita cost, and the mission is fully embraced across all services.
<b>MS2</b>	Balanced leadership (governance)	The Network and each organization has governance committees and leadership teams that represent all stakeholders and regularly evaluates whether the stakeholders contribute substantive input into organizational strategy and if the input from each representative is impacting performance results. The key representatives should include: (1) patients and/or patient representatives, (2) local community-based health organizations, (3) front-line care providers delivering direct patient care, (4) payers, and (5) acute and PAC delivery partners.
<b>MS3</b>	Value-focused training (education) for front-line care provider that is offered in different modalities	Each organization in the Network offers training (education) that includes (1) guidance concerning the aims and characteristics of a value-based delivery system, (2) team-based care training for all front-line care providers, (3) quality improvement methods, measurement, and continuous improvement methodologies, and (4) leadership training – what it takes to lead and using patient stories (personas) to frame the change.
<b>MS4</b>	Front-line care providers are in leadership roles and serve as champions for the transformation.	The front-line care providers across the Network delivering direct patient care are assigned as leaders of the change – and as champions (when appropriate) for all care delivery improvement initiatives, the selected leaders also have the training they need to succeed and processes in place to empower and support their role.

## Performance Management Core Functions and Target Behaviors

Using the Performance Management definition as an overarching guide for the thematic analysis, the Cohort narrowed the research insights into the following core functions and target behaviors for building a Performance Management system that facilitates a high-performing Network.

CODE	CORE FUNCTIONS	TARGET BEHAVIOR(S)
<b>PM1</b>	<i>Proactive identification of the health and well-being needs, risks and care needs of patients and</i>	The Network and each organization anticipates the health and well-being needs of individual patients and the population, continually improves the ability for patient and the population to receive the right care, at the right time and at the right place, and regularly evaluates the impact of each patient’s health and well-being and the population overall.
<b>PM2</b>	<i>A clinical quality and health outcomes measurement system that includes medical, patient-reported and social determinants of health.</i>	<p>The Network and each organization uses clinical quality measures for performance management across all care delivery services and has the processes and measurement systems in place to continuously improving clinical quality.</p> <p>The Network and each organization uses patient-reported data and social determinants of health (SDOH) in combination with clinical data to determine if the patient’s whole-person needs are being appropriately addressed and has the processes and measurement systems in place to continuously improving whole-person outcomes that match patient preferences and goals.</p> <p>The Network and each organization actively monitors whether all care delivery services correspond with nationally endorsed guidelines and recommendations and has the processes and measurement systems in place to continuously improving care provider adherence.</p>

<p><b>PM3</b></p>	<p><i>The technology and processes are in place to evaluate clinical practice patterns and remediate issues in a timely manner.</i></p>	<p>The Network and each organization evaluates spending relative to quality performance targets for all care delivery services and is using the information to implement continuous improvement initiatives that reduce spending while improving quality.</p> <p>The Network and each organization evaluates referral patterns of front-line care providers delivering direct patient care for all care delivery services, evaluates whether front-line care providers caring for patients meet quality and cost targets, and continually ensures patients are referred to the appropriate front-line care provider(s).</p> <p>The Network and each organization has protocols in place to remediate non-adherent practice patterns for all care delivery services, and continually evaluates the protocols are increasing adherence.</p>
<p><b>PM4</b></p>	<p><i>There is a robust budgeting and capital planning strategy and methods to evaluate results in a timely manner.</i></p>	<p>The Network and each organization calculates spending at an individual patient level for all care delivery services and continually improves the ability to accurately determine the source of the spending.</p> <p>The Network and each organization understands and continually assesses the financial investment required to support the transition to value-based outcomes for all care delivery services and is continuously improving the ability to do so.</p> <p>The Network and each organization has the necessary capital to support the improvement plan and understands how the capital will improve the organization and advance long-term financial sustainability.</p>
<p><b>PM5</b></p>	<p><i>The organization has a value-focused contracting strategy with all front-line care providers and care delivery partners.</i></p>	<p>The Network and each organization has contracts with all front-line care providers delivering direct patient care that align with the aims of a value-based care delivery system, and continually measures whether the contract terms ensure long-term financial sustainability and optimal utilization and patient outcomes.</p> <p>The Network and each organization has contracts with all payers in the market that align with the aims of a value-based care delivery system, and continually measures whether the contract terms ensure long-term financial sustainability and optimal utilization and patient outcomes.</p> <p>The Network and each organization has contracts with all partners in the acute-to-post-acute continuum that align with the aims of a value-based care delivery system, and continually measures whether the contract terms ensure long-term financial sustainability and optimal utilization and patient outcomes.</p>
<p><b>PM6</b></p>	<p><i>The care provider and executive compensation strategy aligns with the aims of value-based care.</i></p>	<p>The Network and each organization has aligned compensation policies with value-based performance measures for front-line care providers delivering direct patient care for all care delivery services, evaluates whether the policies are sufficient to influence behavior toward spending and quality targets, and continually improves the policies.</p> <p>The Network and each organization provides front-line care providers delivering direct patient care timely feedback to on value-based performance measures that are outlined in compensation agreements for all care delivery services, evaluates whether the feedback helps providers understand improvement opportunities, and continually improves the quality of the feedback.</p> <p>The Network and each organization has aligned executive compensation policies with value-based performance measures for all care delivery services, evaluates whether the policies are sufficient to influence behavior toward our spending and quality targets, and continually improves the policies.</p>

## Care Delivery Core Functions and Target Behaviors

Using the Care Delivery definition as an overarching guide for the thematic analysis, the Cohort narrowed the research insights into the following core functions and target behaviors for building a Care Delivery system that facilitates a high-performing Network.

CODE	CORE FUNCTIONS	TARGET BEHAVIOR(S)
CD1	<p><i>There is an appropriate mix of front-line care provider staffing ratios and care delivery settings required to provide timely, relevant care based on the needs and preferences of the patient population.</i></p>	<p>The Network and each organization has the ability match the type and volume of front-line care providers delivering direct patient care to the needs of the entire patient population, measures the impact on spending, quality and health outcomes, and continually optimizes the type and volume of providers.</p> <p>The Network and each organization has the ability match the type and volume of care delivery settings to the needs of the entire patient population, measures the impact on spending, quality and health outcomes, and continually optimizes the type and volume of care delivery settings.</p> <p>The Network and each organization provides timely access to primary care services for the entire patient population, measures the impact on spending, quality and health outcomes, and continually improves timely access to primary care.</p> <p>The Network and each organization ensures some patients discharged to home have the care support required to achieve optimal patient outcomes, measures the impact on spending, quality and health outcomes, and continually improves the ability to support optimal care for patients discharged to home.</p> <p>The Network and each organization offers telehealth services for all appropriate patient population, measures the impact on spending, quality and health outcomes, and continually improves the ability to support optimal care for patients through telehealth.</p>
CD2	<p><i>Clinical systems and processes are in place to enable staff to deliver efficient and effective team-based care that results in optimal patient outcomes and a positive working environment.</i></p>	<p>The Network and each organization provides all front-line care providers delivering direct patient care with a single, comprehensive patient health record inclusive of partner and non-partner utilization data for all patients, systematically evaluates its effectiveness, and continuously improves the timeliness and reliability of content in the comprehensive patient health record.</p> <p>The Network and each organization provides point-of-care decision support tools for all front-line care providers delivering direct patient care, and continuously enriches the tools to ensure front-line care providers can develop evidence-based and personalized patient care plans meaningful to each patient.</p> <p>The Network and each organization provides all front-line care providers delivering direct patient care a shared, multi-disciplinary patient care plan, systematically evaluates its impact on care team performance, and continuously improves the effectiveness of the shared patient care plan.</p> <p>The Network and each organization provides all front-line care providers delivering direct patient care the ability to securely exchange every type of patient data electronically, is systematically evaluating its impact on quality and performance, and continuously uses the data to optimize care and health outcomes for the population.</p>
CD3	<p><i>There are evidence-based clinical processes and data systems in place to ensure front-line care providers delivering direct patient care provide timely and personally appropriate care for each patient.</i></p>	<p>The Network and each organization ensures front-line care providers delivering direct patient care use evidence-based care guidelines to manage patients based on clinical severity, measures the impact of the care guidelines on spending, quality and health outcomes, and continually improves the guidelines.</p> <p>The Network and each organization ensures front-line care providers delivering direct patient care embed shared decision-making (SDM) across all appropriate care delivery services, measures the impact on spending, quality, and health outcomes, and continually improves the integration of SDM in standard care.</p> <p>The Network and each organization ensures front-line care providers delivering direct patient care use guidelines to avoid adverse drug events use guidelines to avoid adverse drug events for all conditions, measures the impact on spending, quality, and health outcomes, and continually improves the ability to avoid adverse drug events.</p> <p>The Network and each organization ensures front-line care providers delivering direct patient care use guidelines to avoid adverse impacts due to gaps in care across all care delivery services, measures the impact on spending, quality, and health outcomes, and continually improves the ability to avoid gaps in care.</p> <p>The Network and each organization ensures front-line care providers delivering direct patient care uses guidelines to assure proper transitions between care teams across all care delivery services, measures the impact on quality, cost and health outcomes, and continuously improves the quality of care transitions.</p>

## Patient Engagement Core Functions and Target Behaviors

Using the Patient Engagement definition as an overarching guide for the thematic analysis, the Cohort narrowed the research insights into the following core functions and target behaviors for building a Patient Engagement strategy that facilitates a high-performing Network.

CODE	CORE FUNCTIONS	TARGET BEHAVIOR(S)
<b>PE1</b>	<i>The ability to consistently provide a positive experience for patients across based on patient preferences and goals.</i>	<p>The Network and each organization integrates patient reported health and social needs in all care delivery services, measures the impact on spending, quality, and health outcomes, and continually improves the value of patient-reported data.</p> <p>The Network and each organization offers patient experience training for care providers and staff across all care delivery services, measures the impact on patient satisfaction, cost and health outcomes, and is continually improving the training.</p>
<b>PE2</b>	<i>Patient self-management is supported by offering patients the information and tools they need to understand treatment options and confidently manage their health.</i>	<p>The Network and each organization provides HIPAA compliant electronic tools for all patient self-management options, measures their impact on patient outcomes, and continually improves the content and functionality of the tools.</p> <p>The Network and each organization facilitates access to community-based health services for all patients and continually evaluates whether the existing partnerships with partnerships with community-based health organizations are achieving the desired cost, quality, and patient experience outcomes.</p> <p>The Network and each organization includes the patient's preferred non-professional caregivers in care planning in all care delivery services and continually evaluates whether the non-professional caregivers are achieving the desired cost, quality, and patient experience outcomes.</p>
<b>PE3</b>	<i>Patients have direct access to their health care records and personally relevant health education materials.</i>	<p>The Network and each organization provides a comprehensive care summary to patients for all healthcare services and the patient can access the latest summary at any time.</p> <p>The Network and each organization provides patients with personally relevant health information, measures the impact on quality, cost and health outcomes, and continually improves the content.</p>