

GOALS

What are we trying to achieve?

- **What core community values does the RC2 address?**
- Triple Aim: improved care, improved healthcare, and lower cost

RESOURCES

What are our *inputs*?

- **What must the RC2 program have in order to function well?**
- Engaged leadership
- People*: professional peer supporters, key players, decision-makers (*Individuals who can speak to the systematic challenges in their work setting (clinic, hospital, specialty practices, etc.)
- Communication: consistent meetings, transparency, platform for discussion

ACTIVITIES

What are the interventions we can offer?

- **What must the RC2 do to achieve our intended results?**
- Identify regional needs and priorities
- Momentum: measureable and achievable short-term goals
- Share challenges, frustrations, gaps
- Discuss solutions, responsibilities, successes

OUTPUTS

What is the amount we have to do to reach our outcomes?

- **How much do we do and for how many people?**
- PCMH's in our region: a percentage of 165 total clinics over 3 years (% of 55 PCP clinics each year)
- Region 2 Community : ~ 107,033 population

OUTCOMES

What has changed in our PCMHs, community, or system?

- **So what? What difference does the RC2 make?**
- Coordinated , efficient, quality patient care
- Effective linkages to community resources
- Increase PCMH's in our region

WHO

Primary care and medical/health neighborhood experts, professionals, and leaders

WHAT

Collaborating to support PCMH transformation and integration of PCMHs within the broader medical neighborhood

HOW

By promoting peer support, sharing best-practices, identifying the synergies, duplications, gaps, and challenges, and linking practices with regional resources

WHY

To improve health outcomes, quality and patient experience of care, and lower costs of care.