Activity	Statewide	Regional
Identify Individuals with Complex Needs/Risk Stratification		
1. Identify and stratify patients based on their need for improved care coordination and attribute those patients to providers who are involved in their care for the purposes of data sharing. a. Fully leverage Use existing data sources, including data currently available through CRISP as well as other sources (Patient-Level Data to Support Collaborative Care Coordination Initiative – first step) b. Request the use of Medicare patient-level data for the purposes of care coordination to improve ability to identify patients who may benefit from care coordination (Patient-Level Data to Support Collaborative Care Coordination Initiative – second step)	X	
Engage Patients		
2. Provide for patient education to ensure patients are aware of care coordination resources and opportunities	X	
3. Enroll patients in care coordination with providers with whom they have a relationship		X
4. Develop a standardized approach to patient outreach and consent, including templates for patient consent	X	
5. Develop coordinated approach for conducting individualized health risk assessment		X
Develop and Share Care Plans		
6. Develop a standardized and user friendly care plan tool	X	
7. Make generally available to all members of the care team a convenient, standardized and user friendly care plan document	X	

Activity	Statewide	Regional
<u>**Facilitate Interoperability and Data Sharing**</u> 8. Facilitate interoperability among providers' EMRs to make clinically relevant information available to hospitals, doctors and other providers at the point of care: a. Encounter notification b. Access to Clinical information at the point of care (ER's and other providers with a treatment relationship with the patient) c. Schedule 2-5 Prescription drugs (already available through CRISP/PDMP) d. Additional prescription drugs to support medication therapy management e. Lab data f. Other clinically relevant information	X	
9. Facilitate the communication of basic, relevant, and actionable information concerning care coordinated patients to all members of the care team	X	
Plan, Develop and Implement Regional and Local Initiatives and Evaluate		
10. Provide easier, more ready access of existing data sources Use existing to identify and share information on 'hot spots" and opportunities to improve care through regional collaborative efforts	X	
11. Facilitate planning and implementation of collaborative relationships between hospitals, providers, and community based service organizations, patient advocates, including public health agencies, faith-based initiatives, and others with a particular focus on training and resource coordination		X
12. Support practice transformation through technical assistance and dissemination of information on best practices	X	
Important Related Initiatives		
13. Create regional shared savings and gain sharing programs between and among hospitals, payers and providers		X
14. Support providers to leverage new Medicare Chronic Care Management to support efforts	X	