DRAFT NATIONAL QUALITY STRATEGY & DSRIP BRAINSTORM

National Quality Strategy	CAPH/SNI DSRIP	DHCS Concept Paper	Merged Structure	
DOMAIN 1: Delivery System Transformation				
Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.	 1.1 Primary Care Redesign 1.2 Specialty Care Redesign 1.3 Care Transitions 1.4 Integrated Behavioral Health 2.6 Right Place Care 	Behavioral Health Integration (not in paper, but discussed by DHCS)	 1.1 Primary Care Redesign Merge Care Navigators (lower risk individuals), merge Right Place Care 1.2 Specialty Care Redesign 1.3 Care Transitions Merge Care Navigators (all risk individuals) 1.4 Integrated Behavioral Health Merge BH Integration, SUD 	
DOMAIN 2: Care Coordination				
 Ensuring that each person and family is engaged as partners in their care.* Promoting effective communication and coordination of care. 	1.3 Care Coordination3.1 Foster Children3.2 Post Incarceration3.3 Pain Management3.4 End of Life Care	 2.1 Care Navigators 2.2 High Utilizers 2.3 SUD 2.4 Palliative Care 2.5 Building Analytic Capacity* 	 2.1 Complex care management Merge Care Navigators (all risk individuals), High Utilizers and Care Coordination 2.2 Chronic Pain Management Merge SUD 2.3 Palliative Care and End of Life Planning Merged projects 2.4 Foster Children 2.5 Post Incarceration 	
*"Patient and family engagement	" and "Building analytic capacity" a	are components of every project		

DOMAIN 3: Prevention				
5 Triple Aim Preventive ervices	1.1 CVD (incl tobacco cessation)1.2 Obesity1.3 Diabetes1.4 Breastfeeding	 3.1 CVD Include Million Hearts Campaign activities and metrics → tobacco cessation, healthy food in hospitals Merge obesity Merge diabetes 3.2 Cancer Screening (Breast and Colorectal) 3.3 Breastfeeding 		
DOMAIN 4: Resource Utilization Efficiency				
1 Antibiotic Stewardship 2 High Cost Imaging 3 High Cost Pharma 4 Blood Products		4.1 Antibiotic Stewardship4.2 High Cost Imaging4.3 High Cost Pharma4.4 Blood Products		
edication Reconciliation etrics in 1.3 Care Transitions voiding inpatient safety due to on-interest by CMS and due low event rate numbers	3.1 Patient Safety Culture3.2 Reducing InappropriateSurgeries	 5.1 Patient Safety Culture Suggest focus on ambulatory care safety 5.2 Reducing Inappropriate Surgeries Patient safety or resource utilization? 		
	rvices ciency Antibiotic Stewardship High Cost Imaging High Cost Pharma Blood Products edication Reconciliation etrics in 1.3 Care Transitions oiding inpatient safety due to n-interest by CMS and due	rvices cessation) 1.2 Obesity 1.3 Diabetes 1.4 Breastfeeding ciency Antibiotic Stewardship Phigh Cost Imaging 8 High Cost Pharma Blood Products 9 Blood Products 3.1 Patient Safety Culture 3.2 Reducing Inappropriate Surgeries		