

A Blueprint of a Collaboration Model

University of Rochester Medical Center and UR Medicine Home Care's
Critical Illness Recovery Program

Outline

- Blueprint:
 - Business model canvas
 - 9 elements of the blueprint
- UR Collaboration model blueprint
- Key Takeaways



Blueprint

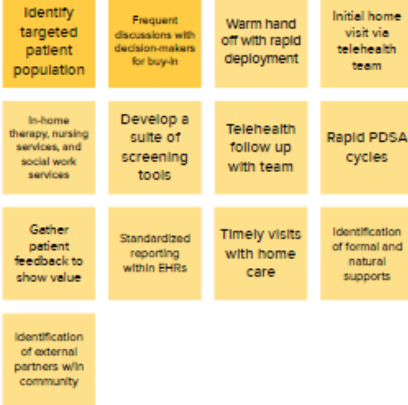
Business Model Canvas

- A visualization of how an organization systemically creates, delivers, and captures value for the people it serves
- Creates a shared language
- Comprised of 9 elements:
 - Patient Population
 - Value proposition
 - Buy-in & Support
 - Channels
 - Revenue
 - Key Resources
 - Key Activities
 - Key Partners
 - Cost

KEY PARTNERS



KEY ACTIVITIES



KEY RESOURCES



Urgency of need - 5 week timeline

VALUE PROPOSITION

Rapidly deployed, unique home-based and virtual-visit interdisciplinary team that overcomes access barriers seen in traditional outpatient programs

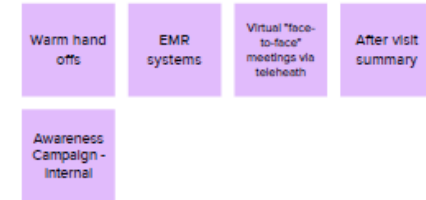
BUY-IN & SUPPORT



PATIENT POPULATIONS

Post Intensive Care Syndrome patients

CHANNELS



COST STRUCTURE

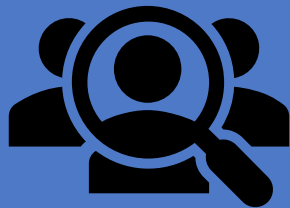


REVENUE STREAMS



- UR Collaboration model blueprint

Patient Population



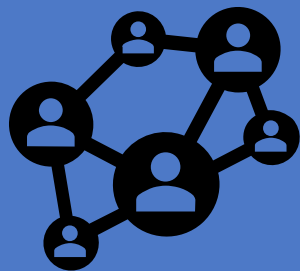
- Definition: the different groups of people a healthcare organization aims to reach and serve
- Model: Post Intensive Care Syndrome patients
- *How did the teams agree on this patient population?*
 - “There was already commitment to try to better meet the needs of patients at risk for PICS...It was more trying to serve them in a new way.”

Value Proposition



- Definition: the services or bundle of services you provide your patient population
- Model: Rapidly deployed, unique home-based and virtual-visit comprised of an interdisciplinary team that overcomes access barriers seen in traditional outpatient programs
- *How did the team develop this value proposition?*
 - “Pre-pandemic, there was another initiative to improve access for another vulnerable patient population, our COPD patients, and we were exploring innovative ways to bring pulmonary rehab to those patients who couldn’t get to the outpatient facility for therapy...it was more of a pivot to adapt some of those ideas to our patients at risk for PICS—because that seemed to be a more urgent need.”

Buy-in & Support



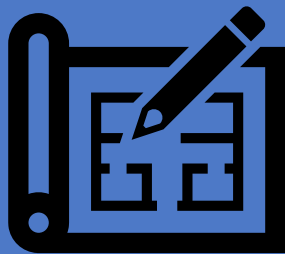
- Definition: recognition and reinforcement from internal and external stakeholders for the success of the mission
- Model: Patients and patients' caretakers; Providers across the continuum of care; Decision makers across the continuum of care; Care teams across the continuum of care; Administrative support; Information Systems (IT) department teams
- *How collaborative did the team have to act to get buy-in and support from all levels?*
 - “Collaboration really was the key to success with this initiative...There was a lot of idea sharing and brainstorming that happened together—and an openness among the group that promoted a feeling of ‘we’re all in this together’ trying to achieve something good.”

Channels



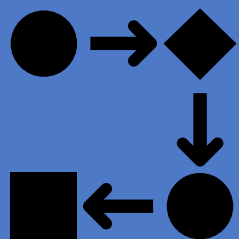
- Definition: how a healthcare organization communicates with and reaches its patient populations to deliver its Value Proposition
- Model: Warm hand offs; Virtual "face-to-face" meetings via telehealth; EMR systems
- *Why were warm handoffs so needed and vital to this project?*
 - "There are a lot of transitions in healthcare. And things can easily get lost if those hand-offs aren't well understood or orchestrated...We strove to make it easy for people to both provide and receive the information."

Key Resources



- Definition: the most important assets required to make a model work
- Model: Patient-Centered Culture; Evidence-based care protocols; Openness to PDSA model and culture; Provider buy-in; Interdisciplinary Care teams; Program manager
- *How did you cultivate a culture of collaboration as the foundational resource for this project?*
 - “From the beginning, there was a real belief in what the team was trying to achieve—for patients. When the focus is on what is best for patients, it’s almost easy to band together—it just sort of happens.”

Key Activities



- Definition: the most important actions a healthcare organization must do to make its model work
- Model: Identify targeted patient population; Frequent discussions with decision-makers for buy-in; Warm hand offs with rapid deployment; Develop a suite of screening tools
- *Why was it integral to start with proper patient population identification?*
 - “Having a clear idea of who we were trying to reach, and how to define them, allowed us to innovate further down in the process—so we could focus on what we were building and creating, and improving it as we went, without the need to look backward, or question whether the interventions were getting to those who need it most.”

- Key Takeaways

Key Takeaways



- Make your model visible
- Technical solutions and adaptive challenges
- Know your patients
- Communicate, communicate, communicate!

Thank you!

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