Visioning and Goal Setting

This document describes a process for creating a shared vision and goals for what your healthcare organization hopes to achieve by implementing and effectively using technology for practice-based population health management.

How to Use This Tool

- Create a vision using a group process, such as one of the exercises below.
- Follow the process outlined for specific goal setting for your population health project.

Visioning

Visioning is an exercise, using positive discussions, to define and help achieve a desirable future state.[1] An objective is more likely to be reached if everyone involved can see the goal and imagine the steps needed to reach it. For health IT projects, a vision statement is typically a brief, written account of what a successful day would be like when the new technology is running and working effectively. You can approach visioning in a variety of ways:

- Ask stakeholders to each write a brief scenario of how they envision using the technology after being fully trained and using it for at least six months. Compile the scenarios and have the stakeholders reach consensus on the desired vision. This exercise can be performed independently, without a meeting. A facilitator may be needed to help encourage stakeholders if they have a limited vision or do not build upon each other's comments.
- Gather stakeholders and have them brainstorm a list of characteristics and outcomes that would result from using the technology after being fully trained and using it for at least six months. Use these characteristics and outcomes to have the group create a "cover story" for a journal article or newsletter featuring your organization's success with the new population health capabilities. This exercise is a positive approach that uses subtle competitiveness to envision success. A facilitator may be needed to temper stakeholders who want more than what population health products can do.
- In a meeting, ask those stakeholders who will be end users of the new technology to describe their worst day managing population health information using your current systems and technology. Document the scenarios on a white board. Then ask the group to describe the features and functions population health software can provide to overcome each of the elements of that worst-day scenario. Reach consensus on what a best day would look like. Despite the

[1] National Association of County & City Health Officials, Mobilizing for Action through Planning and Partnerships, www.naccho.org/topics/infrastructure/mapp/framework/mappbasics.cfm

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negativity risks, this seems to be the most popular visioning exercise among most health care professionals.

Once consensus is reached on a vision statement, a second meeting can be helpful to review and fine tune the statement. You might wait until stakeholders have learned more about population health software solutions (see *Population Health Tool Capabilities*), especially if they are new to the technology. During this second meeting, pull out common value statements—fundamental principles and beliefs—that can guide the stakeholders in goal setting and future planning.

Facilitation: A skilled facilitator can be helpful during planning, selecting, implementing, and optimizing use of technology, like population health tools. A facilitator should be someone who is perceived as neutral and fair. The facilitator should not take sides or steer the conversation, but work to help a group build consensus. If your facility cannot afford an outside facilitator, try to find a volunteer from the community or identify a person within the organization who is at least at a management level and does not have a direct stake in the selection outcomes.

Goal Setting

The ultimate goal of implementing population health software should be to add value by improving health care quality and lowering cost. Develop specific goals that contribute to these overarching objectives to ensure you get the greatest benefit from the systems you acquire. Answer the questions: What problems are we trying to solve? What outcomes are we trying to achieve?

The measures used in the Centers for Medicare & Medicaid Services' Quality Payment Program might stimulate ideas for developing some of your clinical outcome quality goals and the processes needed to support population health—even if the measures do not specifically apply to your organization. Identifying all of your project goals may take some time. To help structure your goals, consider the major functions your population health software will perform.

Make goal setting a collective experience. The project team members should discuss the goals, agree on an implementation timeline, and come to consensus about how you will measure success.

Outcome/value-focused goals might include:

- Reduce 30-day hospital readmissions of our clinic patients by 25 percent, within in one year of baseline.
- Reduce deterioration of physical health in clients with both depression and diabetes and/or heart disease (as measured by reduction in insulin dependency and hospitalization) with a care management initiative that ensures regular visits, increases medication compliance and initiates an "exercise as medicine" program, within in one year of baseline.

Process goals are needed to support your value-focused goals. One example is:

- Within six months of go-live with the new population health software, our clinic will identify, communicate with, and schedule a health maintenance visit with all patients with uncontrolled hypertension.