



RHP3 Regional Quality Plan: Results of SWOT Analysis Validation Survey

April 27, 2017

EXECUTIVE SUMMARY

The Region 3 Anchor Team sought to gain insight from DSRIP Performing Providers about the strengths, weaknesses, opportunities, and threats (SWOT) Regional Healthcare Partnership (RHP) 3 experiences related to improving healthcare quality in the region. A committee of Performing Providers developing the Regional Quality Plan (RQP) performed a SWOT analysis about this topic, which the RHP3 Anchor then sought Regional feedback on to validate. Responses from the resulting survey demonstrated to the RQP committee that a RQP should prioritize action around the broadly categorized domains of healthcare environment and interorganizational relationships, while acknowledging that stakeholder engagement and data management would play key roles in enabling quality improvement in the priority areas.

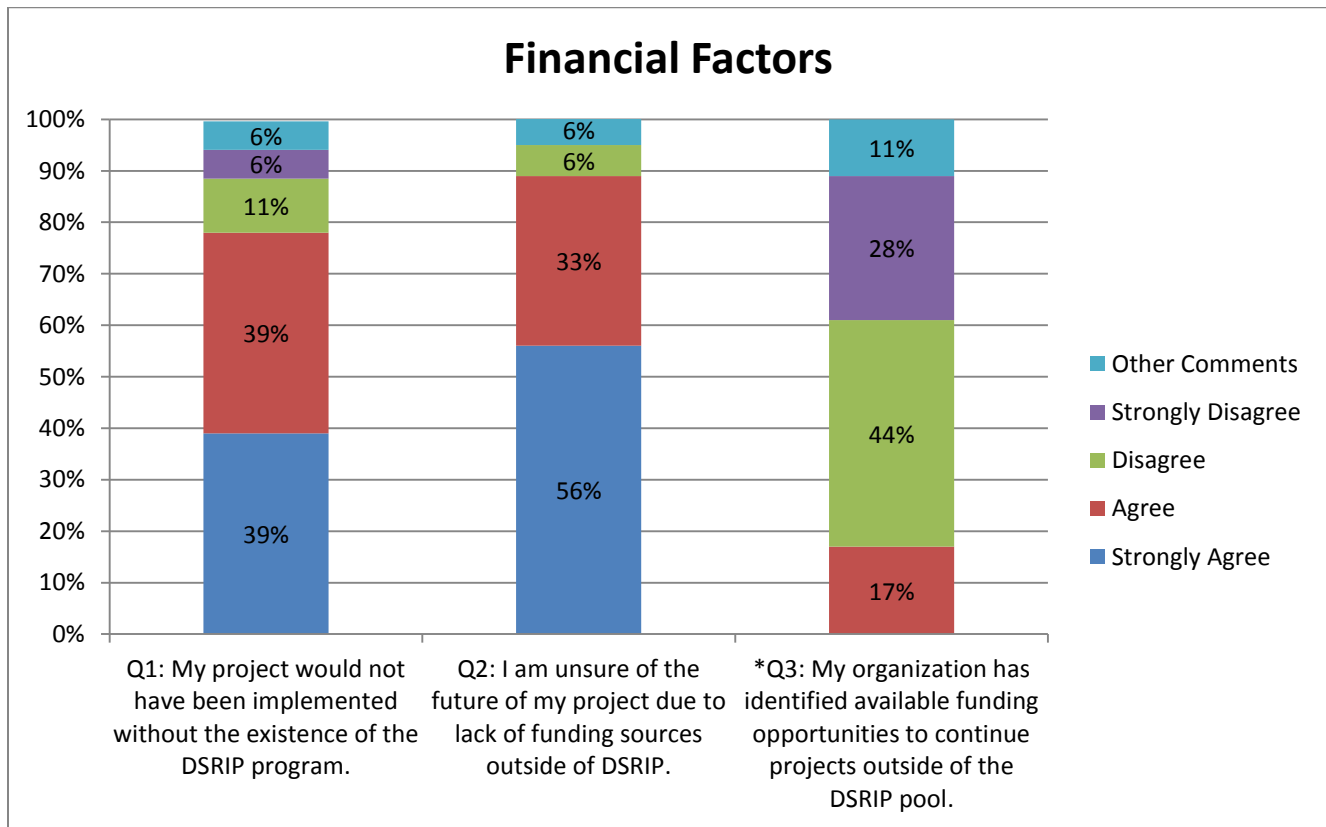
SURVEY DESIGN AND RESPONSE RATE

The Anchor Team distributed a survey to RHP 3 DSRIP Performing Providers on April 5, 2017 to gain insight into two themes: RHP3 SWOT validation and Regional data needs. The purpose of the first half of the survey was to gain feedback from the Region to validate results of a SWOT (strengths, weaknesses, opportunities, and threats) analysis conducted during the Regional Quality Plan (RQP) Committee meeting in December 2016 (the committee is tasked with developing a quality improvement plan for the Region). The analysis described in this document focuses on the questions from the survey's first half.

The SWOT validation survey was categorized into statements in seven domains: financial factors, interorganizational relationships, data management, healthcare environment, stakeholder engagement, healthcare policy, and regional vision. To respond to specific questions in each domain, respondents could select "strongly disagree", "disagree", "agree", or "strongly agree," and provide a comment. The survey was open for one week. Overall, 18 of the 43 people who received the survey completed it, resulting in a 42% response rate. Moreover, out of 22 Performing Providers in the Region, 16 unique organizations responded. A discussion of the survey results in each category is below.

SURVEY RESULTS

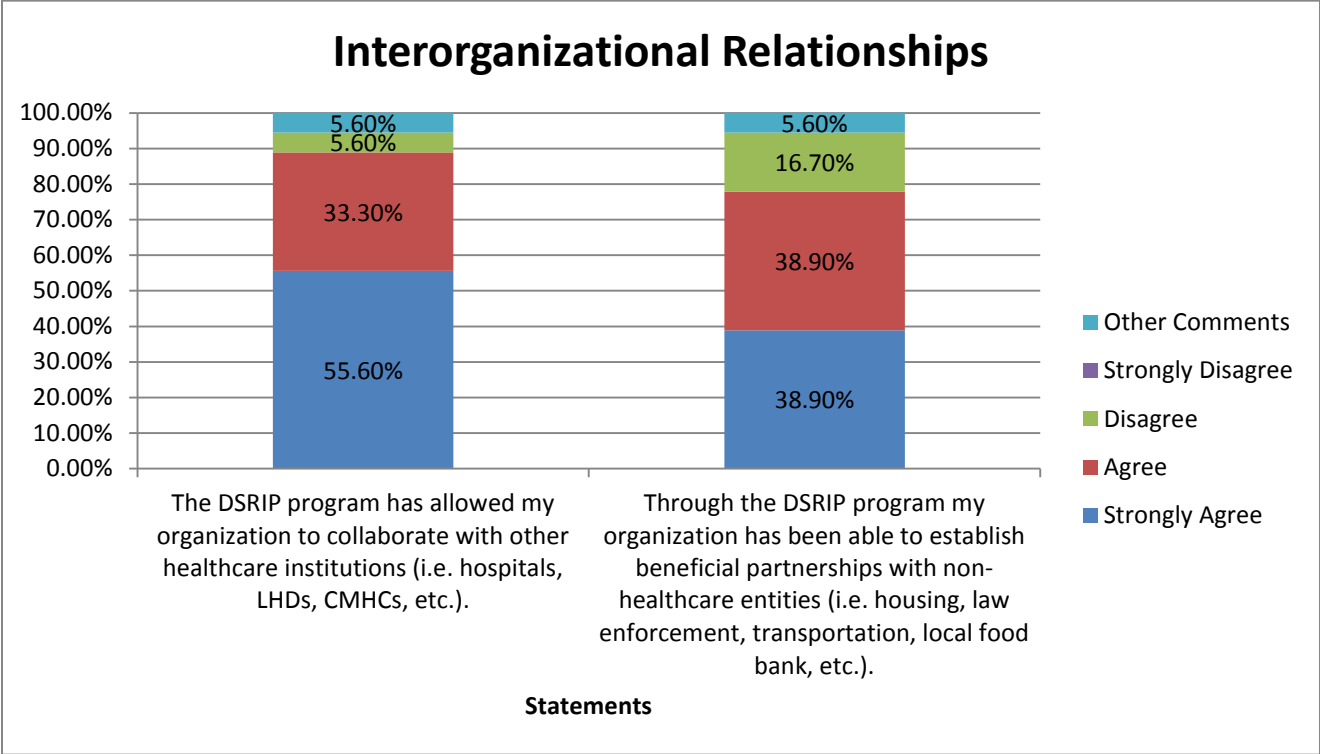
Financial Factors



Regarding financial factors, a majority of individuals suggested that their projects would not be in place without DSRIP funding and that they are unsure about the future of their projects due to the lack of funding sources outside of DSRIP. Likewise, a substantial portion of respondents also indicated that their organization has not secured funding outside of DSRIP.



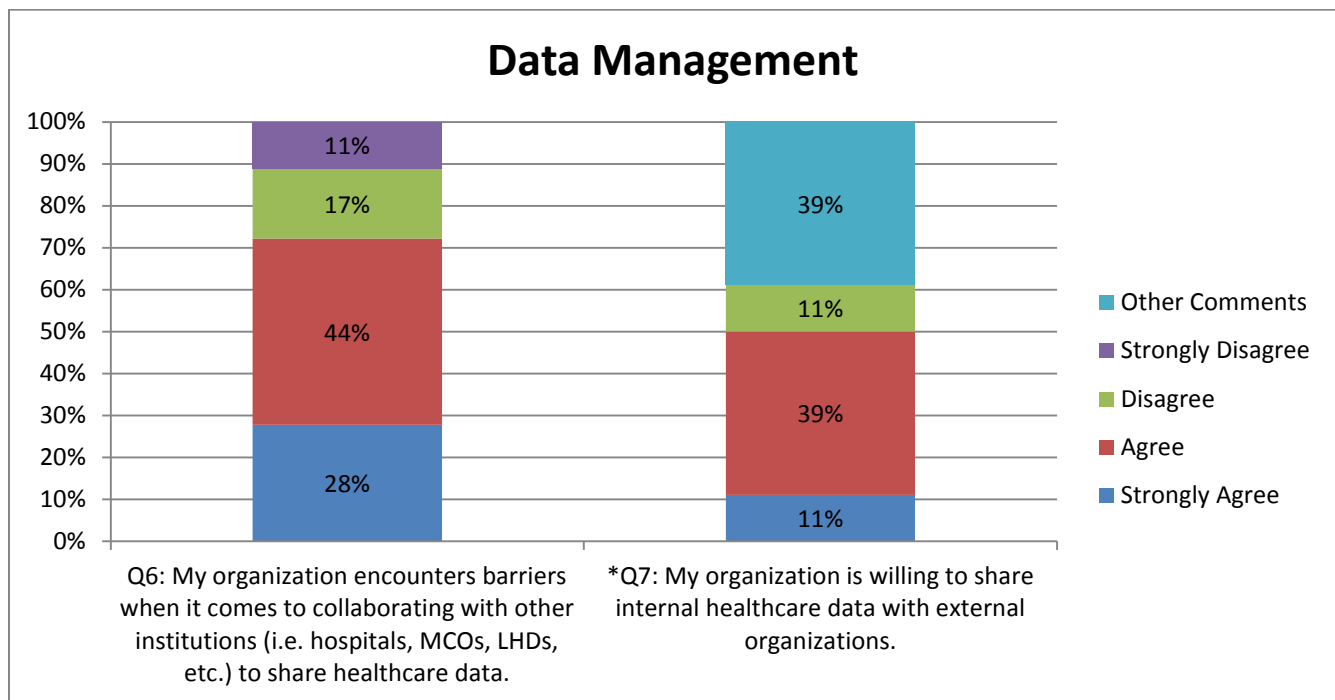
Interorganizational Relationships



“Interorganizational Relationships” refers to partnerships between healthcare and non-healthcare institutions that enable the accomplishment of DSRIP initiatives. The majority of respondents had been able to create interorganizational relationships with other healthcare institutions and non-healthcare institutions, demonstrating the success of the DSRIP program in increasing collaboration.



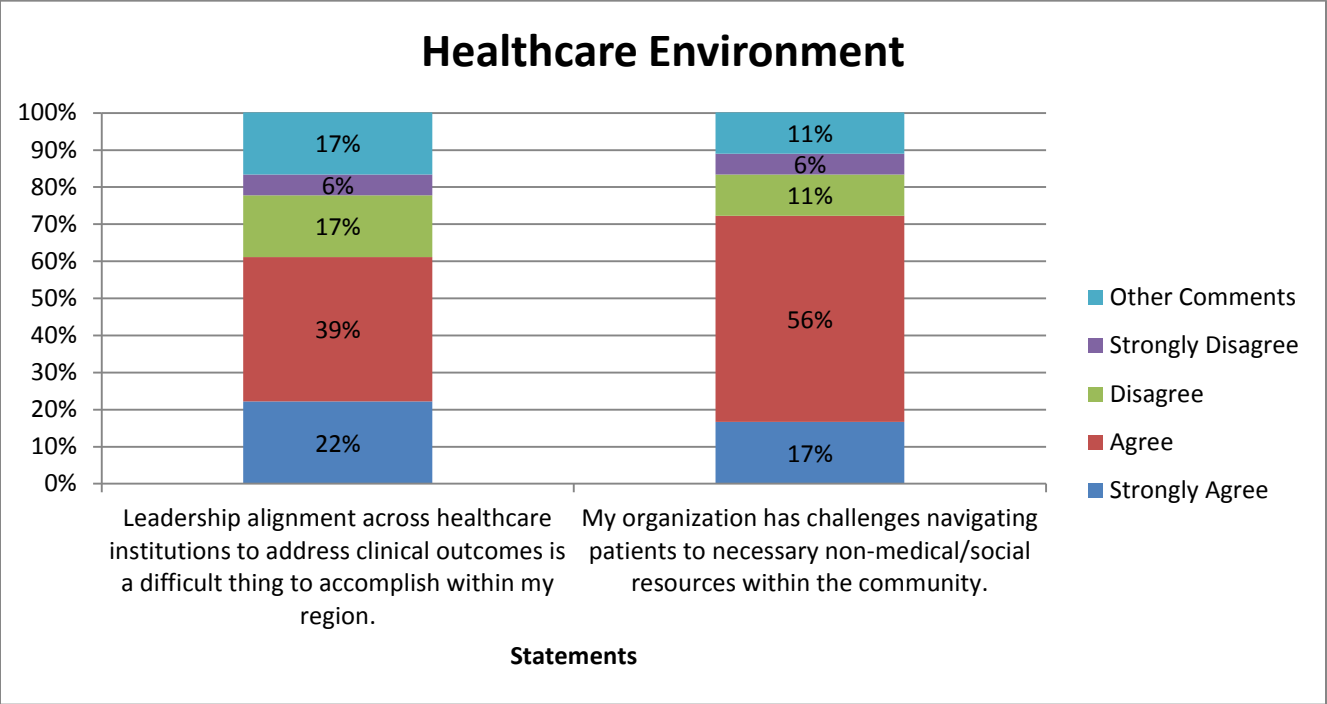
Data Management



Furthermore, respondents were given two statements related to how healthcare information is communicated between different institutions. According to question 6, which asked about barriers, the majority of individuals felt that their organization encounters challenges in collaborating with other entities to share healthcare data. Conversely, while 50% of participants agreed that their organization was willing to share internal healthcare data, 50% either disagreed with the statement or offered a comment. Most comments indicated that Providers' ability and interest in sharing data depend on the specific data and situation. Some expressed concern about making sure data would be shared appropriately under HIPAA rules and that patient information would remain secure.



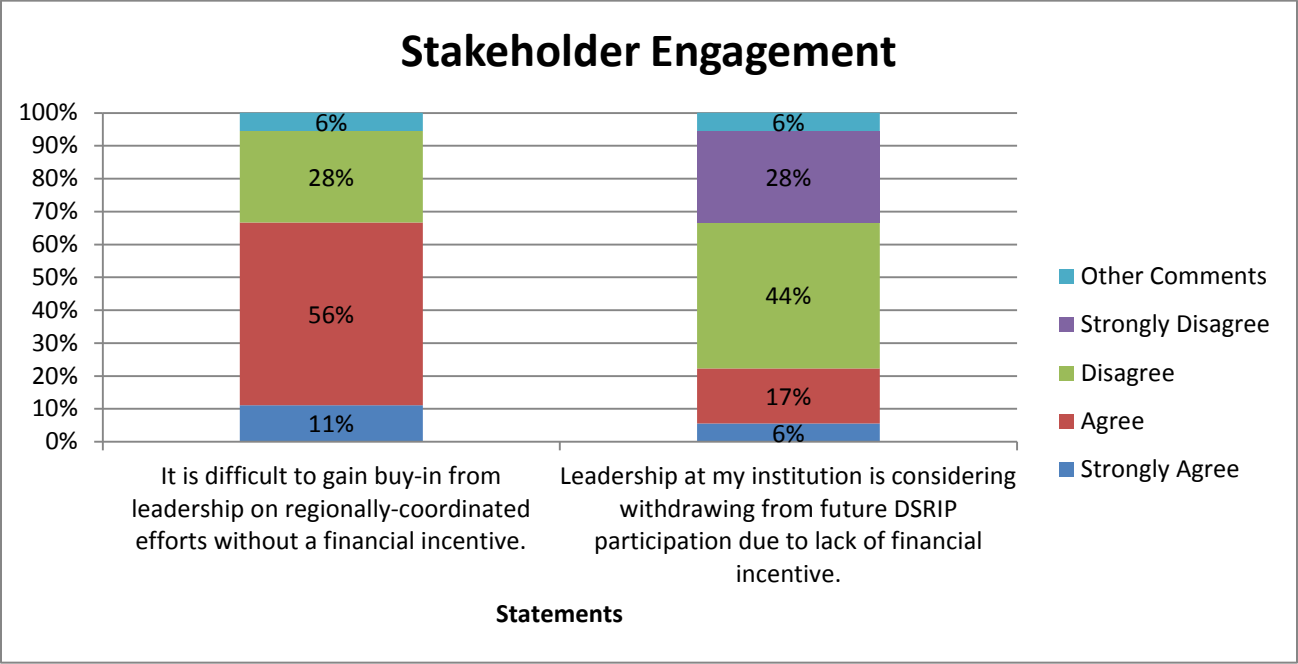
Healthcare Environment



When provided with statements related to current healthcare operating conditions and their impact on DRSIP Providers’ ability to meet the non-medical or social needs of patients, 61% of respondents agreed that leadership alignment across institutions is difficult to accomplish. Additionally, 73% of respondents concurred that there were challenges navigating patients to non-medical/social resources within the community. This finding adds nuance to the general agreement about DSRIP increasing collaboration between healthcare and non-healthcare entities, as exhibited in responses to the “Interorganizational Relationships” domain. Although collaboration has grown, challenges remain.



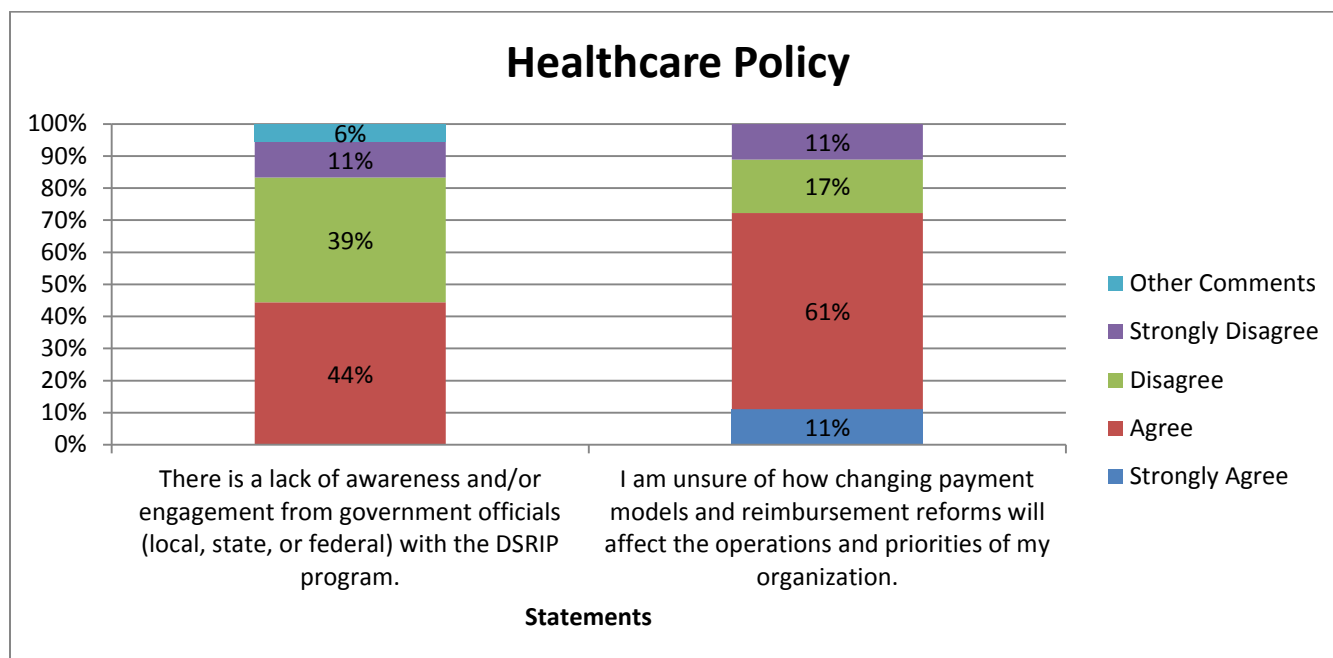
Stakeholder Engagement



Moreover, statements surrounding how involvement and buy-in is generated for DSRIP participation reflected contrasting Provider perspectives. The majority of respondents (67%) agreed that it is difficult to get leadership to buy into interorganizational collaboration without added financial incentive, echoing concerns expressed elsewhere about healthcare organizations being pressed to do more with fewer resources. Alternatively, 72% of Providers disagreed or strongly disagreed that leadership at their institutions are considering withdrawing from future participation in DSRIP.



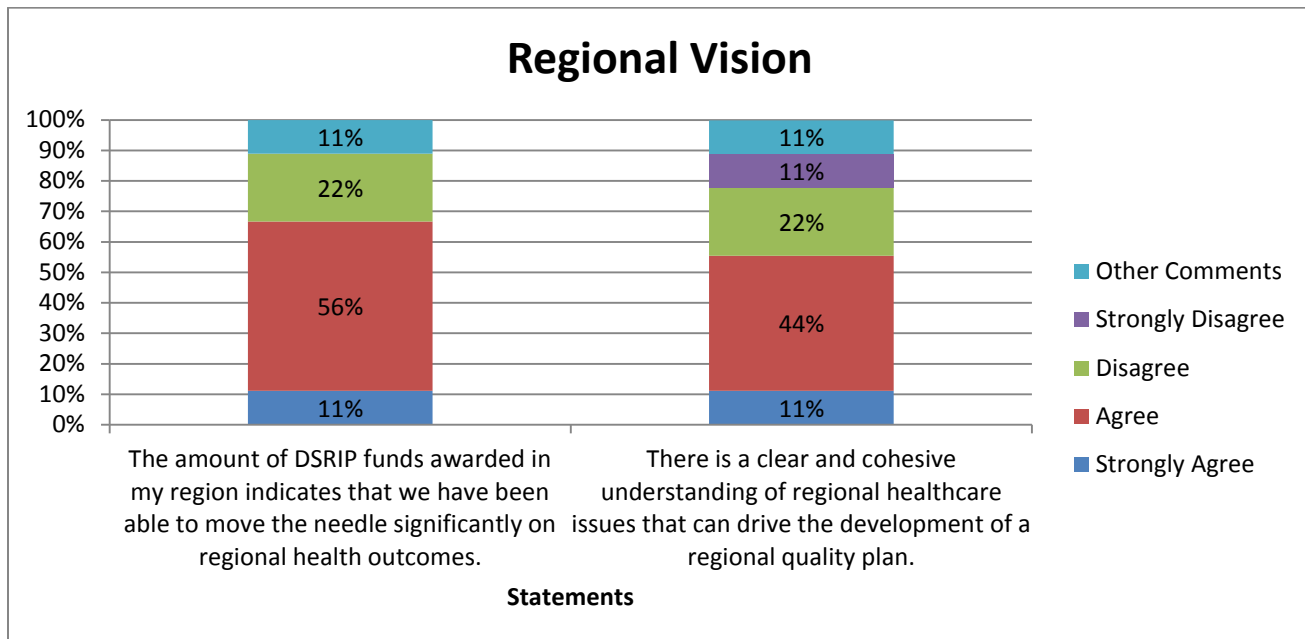
Healthcare Policy



Respondents were relatively split about whether there was a lack of awareness and/or engagement from government officials with the DSRIP program, with 44% of Providers agreeing with this statement and 50% disagreeing. However, it is clear that a majority (72%) of Providers were unsure how modifications in payment models and reimbursement reforms will affect their organizations' operations and priorities, indicating a high level of uncertainty about the future of healthcare due to changing policy structures.



Regional Vision



The last section of questions revealed that a substantial portion of Providers believe that DSRIP had an impact on health quality. In fact, 67% of respondents agreed that the amount of funds awarded to the Region indicated that Providers substantially moved the needle on regional health outcomes. Furthermore, 55% of respondents agreed that the Region had a clear and cohesive understanding of the healthcare issues that could drive the development of the Regional Quality Plan. However, comments made by respondents who marked “other” suggested that they neither agreed nor disagreed with the statement. This indicates that effort may be needed to bring consensus about the Regional Healthcare Partnership’s issues.

DISCUSSION AND CONCLUSION

The Regional Quality Plan (RQP) committee reviewed the results of Region 3 DSRIP leaders’ valuable input on April 14, 2017, seeking for it to help them prioritize the scope and focus of the quality plan. The committee determined that the “Healthcare Environment” and “Interorganizational Relationships” domains emerged as priorities, while the “Stakeholder Engagement” and “Data Management” domains would enable quality improvement in the priority areas. The survey validated several aspects of the committee’s SWOT analysis, but determined that further data validation could be useful in order to develop appropriate action items. Ultimately the survey revealed items the RQP committee may explore further, including the types of data sharing arrangements feasible within the region, methods to increase care integration between medical and non-medical entities, and avenues to navigate patients in need of non-medical resources.