

# Performance Story Guide

A Roadmap for Developing Your Performance Story



# What is a Performance Story?

A Performance Story is a simple, but comprehensive description of a team's capacity to generate results

We have been giving performance stories our whole life. For example, a resume is a personal "Performance Story"

Your work in CMM implementation will feed and evolve this performance story, and this resource will help you articulate and present this story

*Key Point: No matter what stage of development your team is in, you have a performance story to tell*

# Performance Story vs. Business Case

## Performance Story

- Evolving compilation of team accomplishments, program growth, and outcomes achieved
- A presentation highlighting ongoing progress towards a bold aim
- Can be used to support the development of presentations to internal and external stakeholders, including specific business cases

## Business Case

- An expression of a specific request and offer
- Centered around investing in new opportunities to generate financial, clinical, operational, and/or social return
- Created for a targeted audience that has the capability (authority) to act on specific requests

# What are the Elements of a Performance Story?

The content of your Performance Story will be unique to your team's accomplishments.

While this content will be unique, there are 7 recommended elements that should be featured in your story.

How you present these elements is up to you and your team.

## 7 Elements of a Performance Story

1) Organization Overview

2) Bold 12-Month Aim

3) Implementation Team

4) Service Delivery System

5) Significant Patient Outcomes Generated

6) Biggest Breakthroughs

7) Next Steps

# The Performance Story Format

- The content and design of your performance story presentation is up to you; however, you should consider what will resonate with your audience or align with your institution
- Optimize your story by following these two basic principles:
  1. Ensure that you include some, if not all, of the 7 Performance Story Elements
  2. Prepare this story in a manner that can be shared with your leadership team

*Key Point: If you are not ready to present information on all of the 7 elements, that is not a problem. Include all the information that you have available.*

# Section 1: Organizational Overview

A Brief Introduction to Who You Are

# Section 1: Organizational Overview

- Begin your presentation with a brief introduction to your organization
- This introduction may include:
  - Name, location, and organization type
  - Number of patients served or patient demographics
  - Organization mission and vision
  - Organization goals
  - Any other interesting information about your organization or population

**Organization goals** are the key priorities of your organization and the outcomes they are most interested in improving. These outcomes can be clinical or cost-related and are the 'metrics that matter' the most to your organization.

# Section 2: Bold 12-Month Aims

The Goals You Are Trying to Achieve



## Section 2: Bold 12-Month Aim

- Share your team's Bold (12-month) Aim Statement

Your **Bold Aim Statement** is the driving force behind your team and should consist of (at least) the following 4 elements

**Target Population:** The Population of Focus or a group of patients or stakeholders (e.g., patients with diabetes, all high-risk patients).

**Specific Measures:** State the specific measure you will be tracking on (e.g., A1c, LDL, statin use, Readmissions).

**Bold Outcomes:** A set of results that will stretch the team's capacity (e.g., patients with diabetes brought to goal, high-risk patients brought to goal on all conditions).

**Short Timeframe:** Set a timeframe that will stretch the capacity of your team (e.g., 3 month, 6 months, 1 year).

## Section 2: Example Bold Aim Statements for CMM

Example 1	Example 2
<b>Bring a Large Population of Patients to Goal on Multiple Chronic Conditions</b>	<b>Expand the CMM Delivery System</b>
<p>Provide sustainable integrated medication management services for 500 high-risk patients in our affiliated health plan and within 12 months:</p> <ul style="list-style-type: none"><li>• Decrease Medication Therapy Problems by 75%</li><li>• Decrease HbA1c to &lt; 8% in 70% of patients with HbA1c <math>\geq</math> 8% at start of intervention period</li><li>• Meet system blood pressure goals in 80% of patients</li></ul>	<p>By the end of 2020 our CMM program will:</p> <ul style="list-style-type: none"><li>• Increase the number of patients in the service to 6,000 unique patients</li><li>• Our CMM clinical data will exceed clinical quality goals</li><li>• We will see 75% of the patients transitioning from a hospital within 7 days of discharge</li></ul>

Refer to the document titled ***Creating Your Bold Aim Statement*** for further guidance on how to create your Bold Aim Statement

# Section 3: Implementation Team

The Team Making the Bold Aim a Reality

# Section 3: Implementation Team

- A critical component of your CMM implementation work will be the development and growth of your **Implementation Team**. This section is dedicated to describing your team members and the responsibilities they fulfill
- Descriptions may include:
  - Discipline area of team members/stakeholders
    - e.g., clinical, administrative, strategic, quality, community, IT
  - Team size
  - Physician champion(s)
  - Team expansion plans

Refer to the document titled ***Team Composition Guide*** for further guidance on how to build a successful implementation team

# Section 3: Example Implementation Team

## Team Prior to 2015

- In house Pharmacy (340B only)
- Samples used in clinic
- PAP coordinated by a social worker
- 1 Pharmacist employed
- Some APPE student involvement

*Full Scale  
CMM Services*

## Current Team

- Full time CMM integrated into care team
- 2 Physicians
- 3+ Pharmacist FTEs
- 3 Pharmacy Technicians
- PGY1 Residency Program
- 2 Social Workers

# Section 3: Example Implementation Team

## Lead Implementation Team

Pharmacy clinical coordinator

Chief medical officer

6 clinical pharmacists

Quality measurement specialist

Billing and revenue manager

## Clinic-Specific Implementation Teams

Clinical pharmacist

Physician champion/medical director

RN/LPN

Front desk staff/schedulers

Clinic manager

# Section 4: Service Delivery System

The Services That Will Drive Change

# Section 4: Service Delivery System

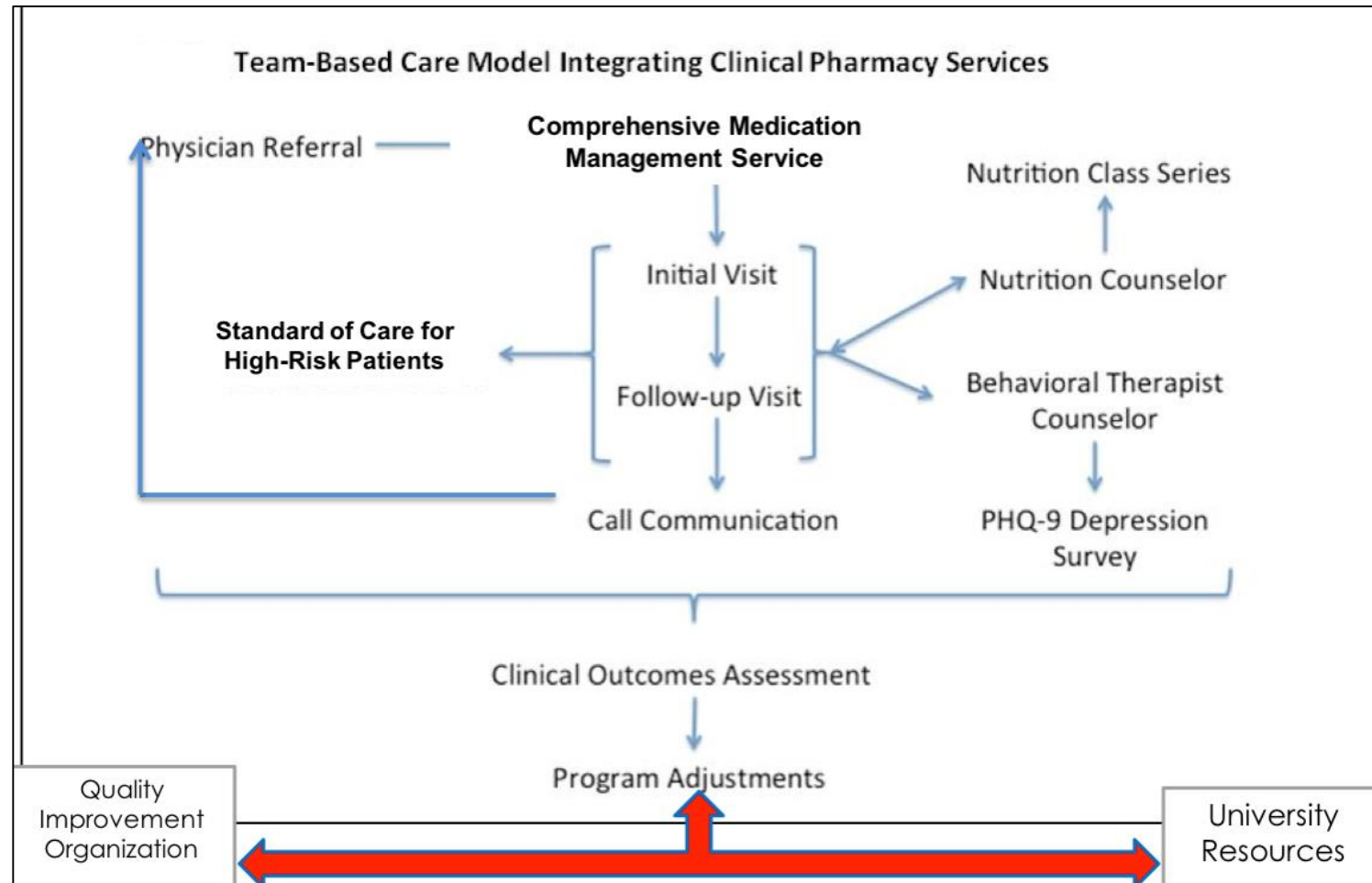
- In this section, please describe the medication management delivery system and services your patients are receiving and how these services can achieve the success outlined in your bold aim statement
- There are many elements that contribute to how you define your delivery system. Consider the following:
  - CMM Philosophy of practice
  - CMM Patient Care Process
  - CMM Practice management system
  - Flow of patient care
  - Summary defining and quantifying clinical interventions
  - Complex patient referral to partnering providers (triage)

Refer to the document titled ***Defining Your Service Delivery System*** for further guidance on how to complete this exercise

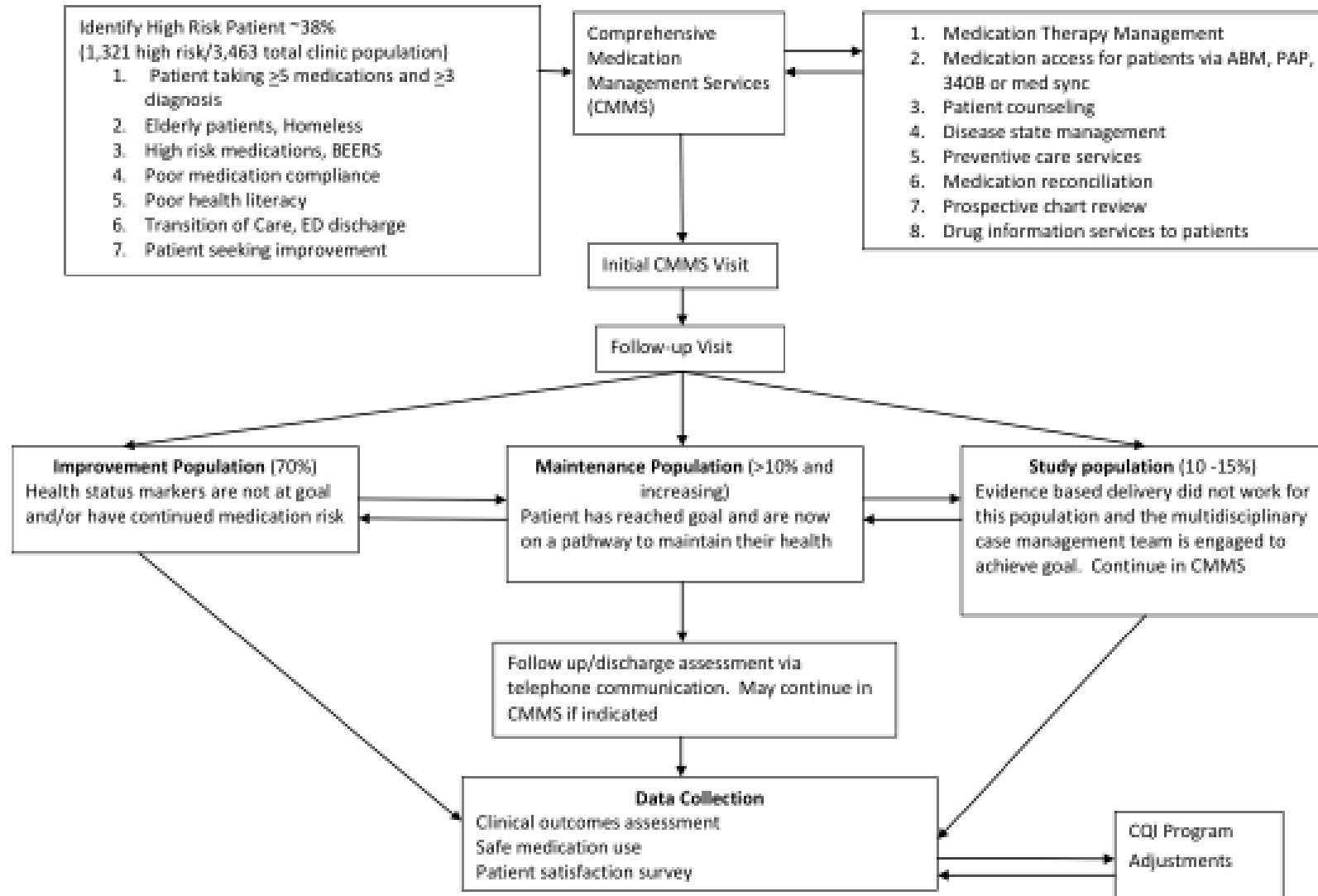


# Section 4: Example Service Delivery System

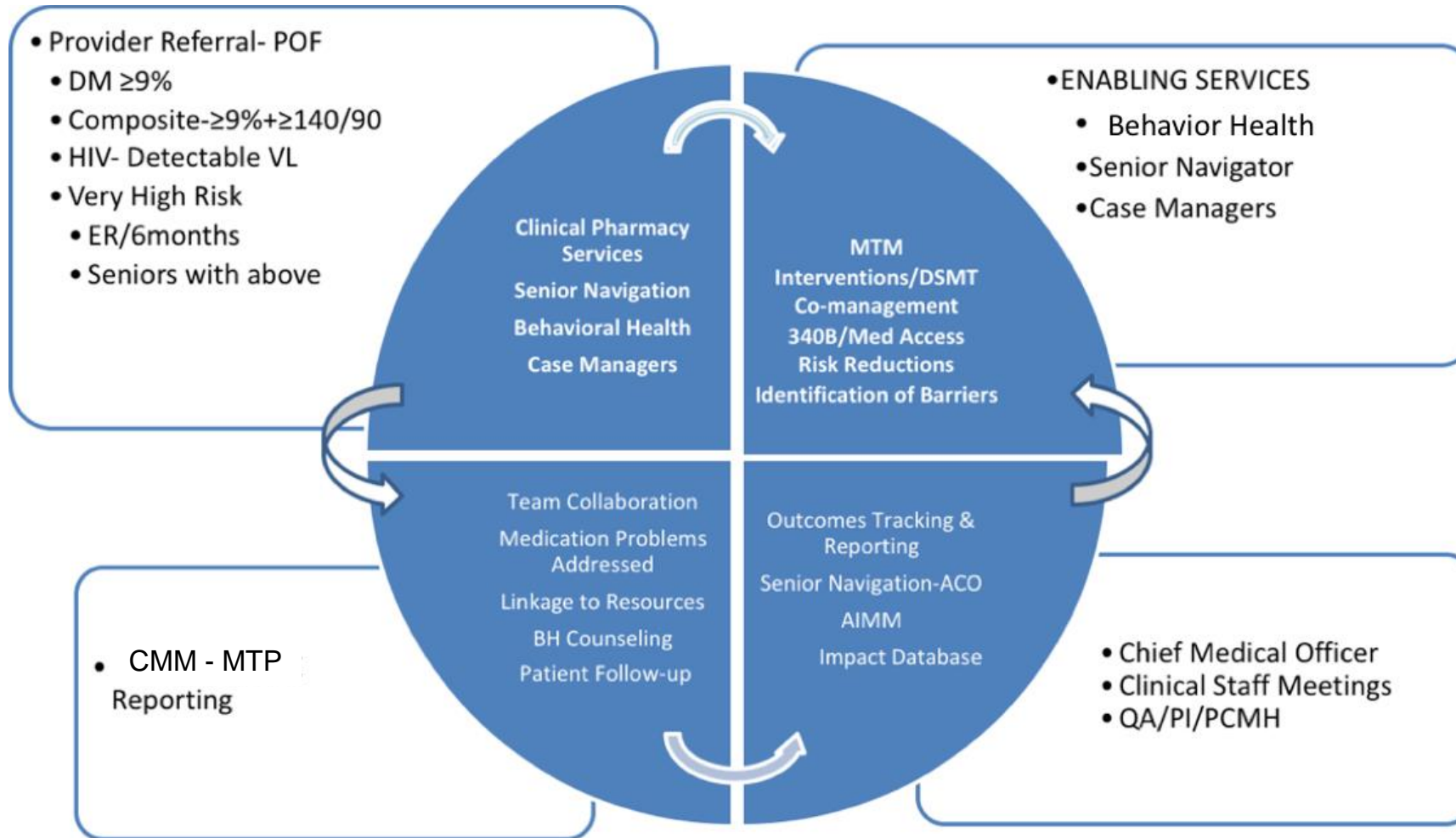
Example Flow Diagram



# Section 4: Example Service Delivery System



# Section 4: Example Service Delivery System



# Section 5: Significant Patient Outcomes Generated

The Impact on Patients

# Section 5: Significant Patient Outcomes Generated

- The purpose of this section is to highlight the outcomes your team is generating for your targeted patient population, as outlined in your bold aim statement
- Focus on data that matters the most to your audience of stakeholders and aligns with organization/health system goals
- Use most impactful type of data, and consider how you can show connections and alignment in the data
  - Clinical outcomes > Surrogate data > Process data
  - For example, a reduction in cardiac events (clinical outcome) will resonate more strongly than improvements in patient lipid profiles alone (surrogate)
  - And improvements in lipid profiles (surrogate) may be more impactful than showing an increase in patients taking statins (process)
  - Finally, a better rate of patients on statins (process) will likely be better understood than a number of MTPs identified and resolved (pharmacy-centric process)

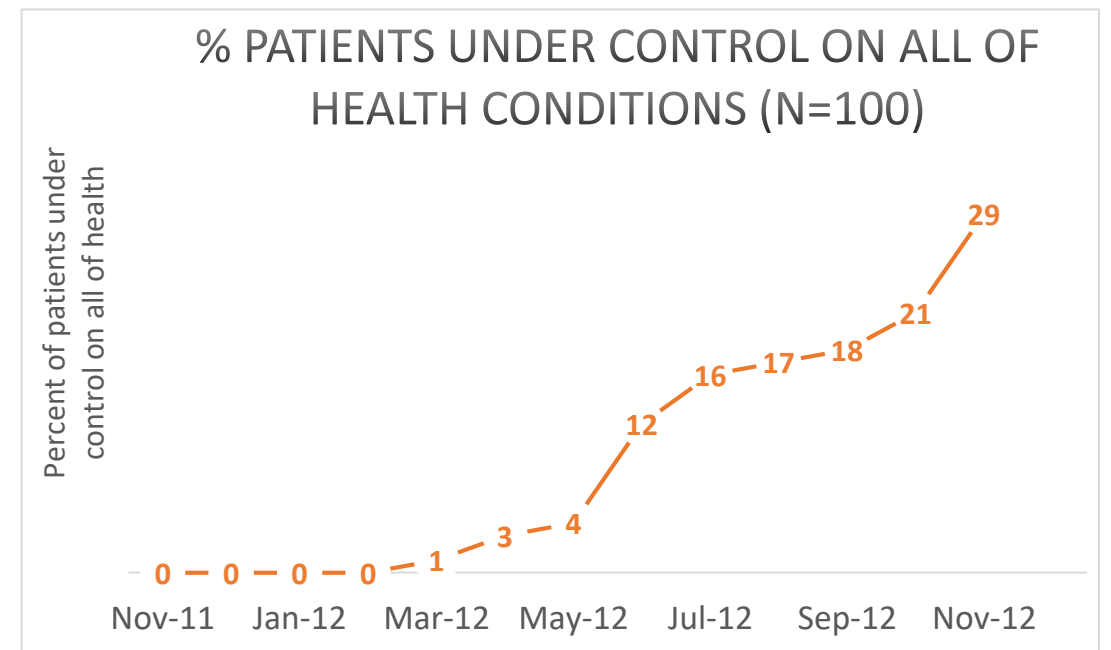
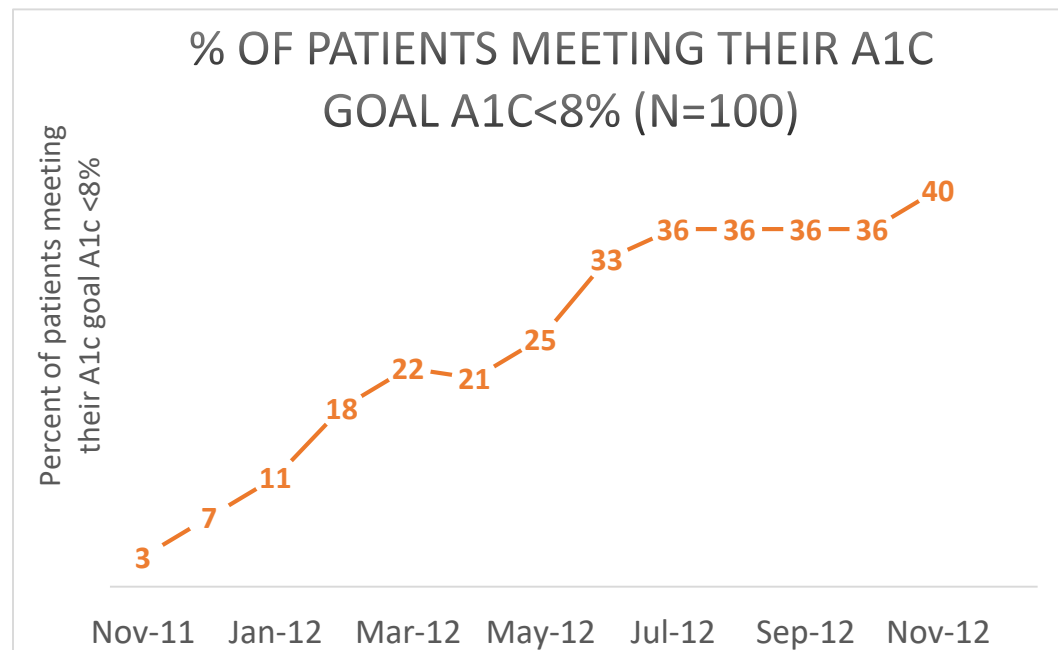
# Section 5: Significant Patient Outcomes Generated

- Example data to include:
  - Impact on improving chronic condition(s)
  - Improvement in adherence rates
  - Reductions in readmissions
  - Decreasing total cost of care
  - Improving patient and provider satisfaction
  - Identifying and resolving Medication Therapy Problems

*Key Point: Depending on your team's progress, you may not be able to generate certain desired data demonstrating improvement. Your story will evolve over time, including the breadth and depth of existing data to share with key stakeholders*

# Section 5: Example Significant Patient Outcomes Generated

- The following charts highlight simple ways of showing impact on improving clinical outcomes



Refer to the document titled ***Using Run Charts to Track Your Data*** for further guidance on how to track your clinical outcomes

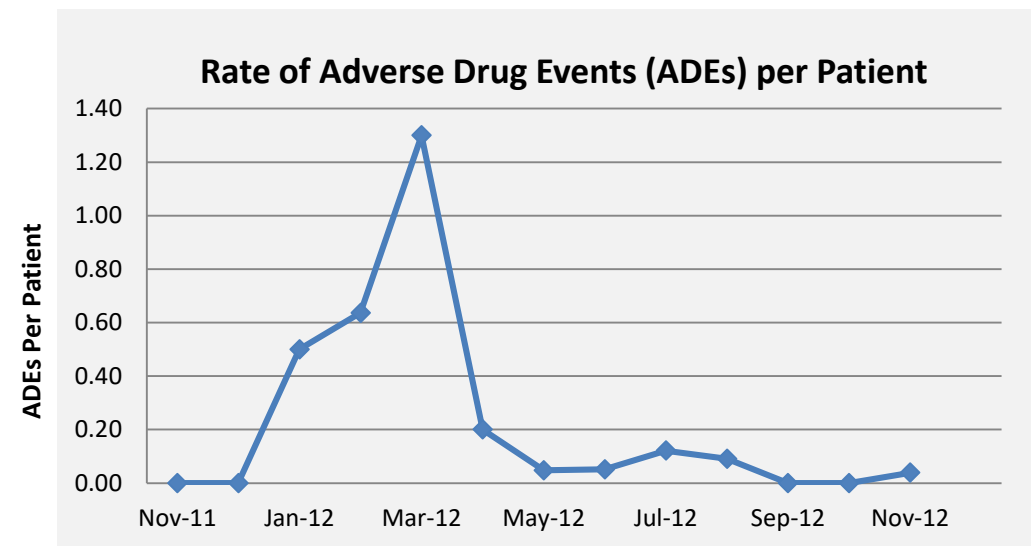
# Section 5: Example Significant Patient Outcomes Generated

- The following examples highlight possible ways of showing impact on Medication Therapy Problems (MTPs) and Adverse Drug Events (continued on next slide)

Example Using MTPs

	<i>MTPs Identified &amp; Resolved</i>	
	#	%
•Needs Additional Drug Therapy	748	28%
•Unnecessary Drug Therapy	187	7%
•Ineffective Drug Therapy	187	7%
•Dose Too Low	294	11%
•Adverse Drug Reaction (ADE)	267	10%
•Dose Too High	160	6%
•Non-Adherence	241	9%
•Lab Monitoring Needed	575	22%
	<b>2,673</b>	<b>100%</b>

Example Using ADEs





# Section 5: Example Significant Patient Outcomes Generated

**N = 14 patients, 98 MTP = 7 per patient  
Between 2 and 4 visits per patient**

*“Seven Medication Therapy Problems per patient!”*

*“One patient had 13 MTPs.”*

MTP Category	Total #	Total %
Adherence	26	27%
Effectiveness	25	26%
Indication	24	24%
Safety	23	23%
Total	98	100%

*“73% of MTPs were NOT related to adherence.”*

*“The patient still plays a significant role with 27% related to Adherence.”*

MTP Category	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Total
Adherence	2	3	20	1	0	0	26
Effectiveness	9	7	9	0	0	0	25
Indication	5	3	14	1	0	1	24
Safety	3	4	11	4	1	0	23
Total	19	17	54	6	1	1	98

*“A vast majority (92%) were Severity Level 3 or less.”*

*“We identified 2 serious MTPs (Level 5 & 6).”*

# Section 6: Biggest Breakthroughs

The Critical Breakthroughs Accelerating Change

# Section 6: Biggest Breakthroughs

- As your team progresses towards achieving your bold aim, you will experience significant internal and external breakthroughs. These breakthroughs are a very important part of your story. What worked? What didn't? What has changed?
- Possible breakthroughs to include:
  - Care delivery improvements
  - Internal and external partnerships
  - Population management barriers overcome
  - Community engagement
  - Lessons learned
  - Best practices developed

# Section 6: Example Biggest Breakthroughs

## Breakthroughs

- Enhanced communication and expansion of our care team (to include the pharmacist)
- Discovery of patient medication administration different than prescribed
- Identified need for communicating discontinued medications
- Additional resource for PCP to reassure or reevaluate prescribed medications
- Patients trust and rely on PCP to manage medications

## Challenges

- Patient follow-through (not following up with pharmacist when agreed upon, patient doesn't value program, don't see as same as to another specialists)
- Patient disagreeing with suggested changes
- Home visits/Community Health Worker or home Social Services resources would be valuable and informative
- Develop process for discontinued medications to pharmacy

# Section 7: Next Steps

Where to Go from Here

# Section 7: Next Steps

- Now it's time to discuss what this success means for the future of your team. Where do you plan to take your service delivery system next? What are some key resources you need to acquire or new relationships you need to develop in order to move in this new direction? What do you feel are the most critical actions your team can take over the next month to get started?
- Consider the following questions as you design your plan

**What possibilities do I see in the future?**

*The possibilities that our accomplishments have created*

**What can we accomplish over the next 12-months?**

*The stretch goals we feel that we can accomplish over the next 12-months*

**What do we need to be successful over the next 12 months?**

*The resources and relationships that are critical to success over the next 12 months*

**What are we going to do now?**

- *Over the next week we will...*
- *Over the next month we will...*

# Section 7: Example Next Steps

The Possibilities We See	Our Next Steps
<ul style="list-style-type: none"><li>• Currently following 85 high-risk patients<ul style="list-style-type: none"><li>○ A1c greater than or equal to 9%</li><li>○ DM and BP not at goal</li><li>○ HIV = detectable VL</li></ul></li><li>• Potential to follow all of high-risk population<ul style="list-style-type: none"><li>○ ~7,000 are adults greater than 35 years of age in high risk population</li><li>○ Approximately 30% not at goal (about 2,300 patients)</li></ul></li><li>• Goal is to reach an additional 300 high-risk patients with conditions not at goal during 2018 and bring 75% to goal by July 2020</li></ul>	<ul style="list-style-type: none"><li>• DSMT Accreditation by January 2020</li><li>• Profit/Loss conversation with CFO planned</li><li>• Hire Pharm Tech to aid Clinical Pharmacists</li><li>• Partnership with Community Health Worker for in-home CMM visits</li><li>• Internal Impact Database (Population Management) tested and running</li></ul>

# Section 7: Example Next Steps

