



# DFMCH Vision Conference

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A TIME TO IMAGINE THE POSSIBILITIES



# DFMCH ReCHARGED

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TIMELINE FOR STRATEGIC PLANNING

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VISION STATEMENTS

What would we be DOING different in 3 years, that we are NOT doing now, that would have propelled us forward to a higher level of performance in your area of Mission?

-Specific

-Challenging

Time based

-Measurable Outcomes

-Financially possible

# Research Vision Statement

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In three years we will refocus active research on synergy across all clinical practices, community, education, administration, operations, and leadership. We will employ collaborative teams led by champions who are supported by each site with research support from DFMCH. We will disseminate findings at regular site and faculty meetings as well as department wide venues. This will be financially supported by:

- Improved clinical margin
- Philanthropy
- Improved administration
- Special innovation funding

As a result, our Department will be nationally recognized.

# Medical Student and Interprofessional Education

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In pursuit of health excellence and equity, the UW DFMCH will be at the leading edge of quality and innovation in interdisciplinary education, both locally and nationally. We will do this by identifying, supporting, and learning from highly-functioning inter-professional teams within the department and beyond to create models for learners that emphasize team-based primary care, community engagement and population health.

# Residency Education

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To begin the process of growing statewide and DFMCH programs by 50% over the next 10 years in order to better meet statewide primary care needs using new and responsive financing methods. Educate these learners directly and intentionally on leadership, advocacy, population and community health, and communication skills in order to better equip them for their future roles as members of an inter-professional health care team; to engage residents with patients and families to improve the experience of care and to improve the health of their communities while delivering care in the place and manner that patients value most.

# Clinical Care 1

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In three years, train, support, and reward all staff and learners to provide innovative health care and education in and outside the clinic walls. This requires the development of a system and culture that incentivizes non-traditional, non-episodic care. Measures:

- Staff and patient satisfaction
- Access to care
- Improved quality metrics (i.e. ACO, WCHQ)

# Clinical Care 2

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Integrating body and mind into the practice to treat the whole person by increasing community engagement within one year. Will be part of the workday for team member at the clinics/DFMCH which may include teaching a health class at school, or a van with immunizations to an increased needs area (identify catchment area). Involve community leaders. Identify designated metrics such as increased immunization rates and/or decreased STI/teen pregnancy rates in designated areas in order to work with insurance providers to fund the program.



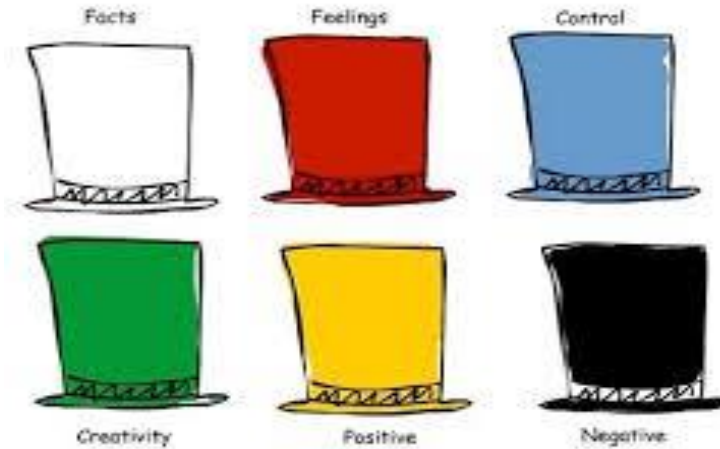
# Clinical Care 3

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Within 3-5 years our vision is to create a true patient focused community by:

- Increasing access with APP/physician teams
- Expanding service lines including transportation/mobile services within communities
- Multidisciplinary teams within communities and clinics (i.e. social work, pharmacy, mental health, PT/OT)
- Effectively utilizing EHR to capture QI/cost savings (example: decrease hospitalizations, readmissions, chronic disease management outcomes) to show our value to the larger system

# Six Hats Thinking

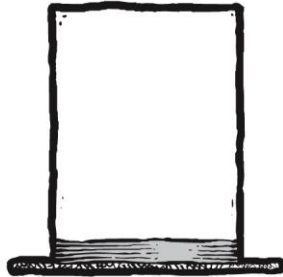


Dr. de Bono's Six Thinking Hats



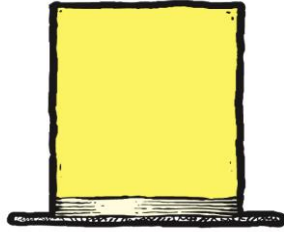
Based on the work by  
Edward de Bono

# White Hat Thinking



1. What do we know about this goal- the **current reality** about this topic in the Department, now?
2. What information do **we need to know** that we don't know?  
Example: current practices, research

# Yellow Hat Thinking



1. What would be the **benefits** to our Department in the proposed new way of doing business?  
(Interpersonally, culturally, financially, in terms of morale)
2. What is the **value added** to the DFMCH? To Family Medicine as a whole?

# Red Hat Thinking

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Feelings



# Black Hat Thinking

What are the factors that may inhibit/block us from implementing the vision in your area?

-Pitfalls

-Hurdles

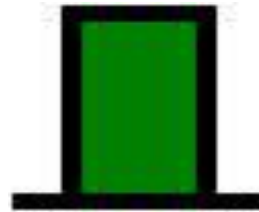


Organizational politics \* Organizational Culture \* Time  
Communication \* Resources \* Priorities \* Geography \* People

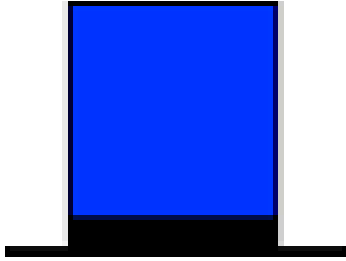
# Green Hat Thinking

## Solutions

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1. If this were to be a new direction for the Department, what would we have to do to make it work?
2. What blocks would we need to be removed?
3. What Strategies would we need create the yellow hat.



# Blue Hat Thinking

Begin to get organized

Identify:

1. **Critical first steps** toward implementing your area's visionary goal
2. **Resources needed** to accomplish the goal (people, technology etc.)
3. **General time frame** for implementing each step
4. **Suggested owner** /group ultimately responsible for completion of goal
5. **Who else needs to be involved** in the implementation of the goal
6. **What else do we need to know?**



Next Steps

# Task Forces

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The Steering Group is convening task forces around each of the mission areas:

- Clinical Care
- Medical Student and Interprofessional Education
- Residency Education
- Research

Potential members have been identified and will be invited to join task forces in the next week. These groups will submit proposals by Spring 2016.