

LOCAL

EXPERIMENTATION IS LOCAL!
 PRIORITIZATION IS LOCAL!

REWARD PEOPLE who PROVIDE DATA to the SYSTEM!

WHO PAYS?!

MAKE PROPOSALS with a BUSINESS CASE!

WHAT WILL PEOPLE PAY FOR, i.e. EDUCATION and POTENTIAL?

EMPHASIZE CONNECTIONS between HEALTH and HUMAN SERVICES.

X PRIZE? PITCH to ENTREPRENEURS.

SOCIAL IMPACT PROJECTS for INNOVATION.

MODEL RFP? Long talk about interoperability in RFP.

Allow for CUSTOMIZATION at the LOCAL LEVEL.

CONVENE and PROTOTYPE INTERVENTIONS at Scale.

Look at HIGH PRIORITY PAIN POINTS.

"Mobilize ALL THE VOICES!"

TRUST... GOVERNANCE... COLLABORATION... INCENTIVES...

Which SOCIAL DETERMINANTS affect which HEALTH OUTCOMES?

Create NARRATIVES and USE CASES!

Restructure FUNDING!

Different ENTRY POINTS for CONSUMER CONSENT.

How do we IDENTIFY PATIENTS? ...and DRIVE SERVICES to them.

FUNDING MECHANISMS to SUPPORT "CONNECTIVE TISSUE."

Need for the "HOW" on "HOW ARE WE GOING TO DO THIS?"

MANDATES? PUBLIC WILL?

Build BEYOND Health Care.

What MESSAGES will resonate BROADLY with COMMUNITIES?

Develop COMMUNITY VOICE and EARLY INTERVENTION!

Customer-centric LEADERSHIP

WHO are the CHAMPIONS?

SUSTAINABILITY over TIME through INCENTIVES and MARKET MECHANISMS.

CONSUMER-CENTRIC FOCUS

BRIDGING SERVICE SILOS

BUILDING OPEN and INCLUSIVE PROCESSES

CONFIDENTIALITY and PRIVACY INFORMATION MANAGEMENT

DATA and PERFORMANCE MANAGEMENT SYSTEMS

TECHNOLOGY FRAMEWORK

PUBLIC and POLITICAL WILL

FUNDING and RESOURCES

WORKFLOW, WORKFLOW, and TRAINING

LEADERSHIP and GOVERNANCE

RECOMMENDATIONS for COMMUNICATIONS/ RESOURCE

RECOMMENDATIONS for MAXIMUM IMPACT

ACF: More INNOVATIVE FUNDING that allows for QUICK LEARNING, FAILURE, and "HERE-and-NOW EXPERIMENTATION"?

CONTINUOUS LEARNING

"LEARN-AS-YOU-GO"

Also... STANDARDS for CLIENT CONSENT MANAGEMENT

CHECK OUT DEPT of AGING "NO WRONG DOOR."

THE TIME IS NOW!

FEDERAL

"FEDS can't do ALL THIS WORK on their own!"

A FEDERAL HEALTH and HUMAN SERVICES STRATEGY?

"WE NEED LEADERSHIP at the FEDERAL LEVEL!"

INCORPORATE THEIR VOICE—and SHARE IT BACK WITH THEM.

Put a PRICE TAG on the COST of WORKING in SILOS...

CONVENE the STAKEHOLDERS

ESTABLISH a GOVERNANCE model.

ESTABLISH a STANDARD of information... and a STANDARD REFERRAL FORMAT.

SHARED LANGUAGE.

DATA SYSTEMS... INTEROPERABILITY... VALUE...

ACF: More INNOVATIVE FUNDING that allows for QUICK LEARNING, FAILURE, and "HERE-and-NOW EXPERIMENTATION"?

SHOWCASE REAL WORLD STORIES and SHARE THEM!

WHAT DATA TO COLLECT? QUALITATIVE INFORMATION + EVIDENCE

STORIES that ILLUSTRATE and ENGAGE.

STORIES that INFORM DATA.

THE POWER of STORYTELLING

MEANING... "I HAVE SOMETHING TO SAY!"

RELATIONSHIP... "CONNECTION..."

WHAT'S NEW?

Financial BENEFITS.

Client BENEFITS.

Innovation POTENTIAL.

WHAT'S IN IT FOR ME?!

What will you SAY to get people to the table?

"You ARE part of the HEALTH CARE SYSTEM!"

"WHERE do your REFERRALS come from?"

"WHAT are your NEEDS? WHAT would BRING VALUE to you?"

Emphasize PUBLIC GOOD!

Accountable Care, Accountable Health

Emphasize the SECOND "H" in HHS.

INTEROPERABILITY between DISPARATE SYSTEMS!

MPI?

PROPOSE ALTERNATIVE BUSINESS (and FUNDING) MODELS.

ENGAGE CLIENTS at THEIR LEVEL.

Retool the MESSAGING between AGENCIES.

Create UNIQUE IDENTIFIERS

CONVENE the STAKEHOLDERS

ESTABLISH a GOVERNANCE model.

ESTABLISH a STANDARD of information... and a STANDARD REFERRAL FORMAT.

SHARED LANGUAGE.

DATA SYSTEMS... INTEROPERABILITY... VALUE...

ACF: More INNOVATIVE FUNDING that allows for QUICK LEARNING, FAILURE, and "HERE-and-NOW EXPERIMENTATION"?

SHOWCASE REAL WORLD STORIES and SHARE THEM!

WHAT DATA TO COLLECT? QUALITATIVE INFORMATION + EVIDENCE

STORIES that ILLUSTRATE and ENGAGE.

STORIES that INFORM DATA.

THE POWER of STORYTELLING

MEANING... "I HAVE SOMETHING TO SAY!"

RELATIONSHIP... "CONNECTION..."

WHAT'S NEW?

Financial BENEFITS.

Client BENEFITS.

Innovation POTENTIAL.

WHAT'S IN IT FOR ME?!

What will you SAY to get people to the table?

"You ARE part of the HEALTH CARE SYSTEM!"

"WHERE do your REFERRALS come from?"

"WHAT are your NEEDS? WHAT would BRING VALUE to you?"

Emphasize PUBLIC GOOD!

Accountable Care, Accountable Health

Emphasize the SECOND "H" in HHS.

FISHBOWL / SHARK TANK!



ACTIONS?

CONVENE the STAKEHOLDERS

ESTABLISH a GOVERNANCE model.

ESTABLISH a STANDARD of information... and a STANDARD REFERRAL FORMAT.

SHARED LANGUAGE.

DATA SYSTEMS... INTEROPERABILITY... VALUE...

ACF: More INNOVATIVE FUNDING that allows for QUICK LEARNING, FAILURE, and "HERE-and-NOW EXPERIMENTATION"?

SHOWCASE REAL WORLD STORIES and SHARE THEM!

WHAT DATA TO COLLECT? QUALITATIVE INFORMATION + EVIDENCE

STORIES that ILLUSTRATE and ENGAGE.

STORIES that INFORM DATA.

THE POWER of STORYTELLING

MEANING... "I HAVE SOMETHING TO SAY!"

RELATIONSHIP... "CONNECTION..."

WHAT'S NEW?

Financial BENEFITS.

Client BENEFITS.

Innovation POTENTIAL.

WHAT'S IN IT FOR ME?!

What will you SAY to get people to the table?

"You ARE part of the HEALTH CARE SYSTEM!"

"WHERE do your REFERRALS come from?"

"WHAT are your NEEDS? WHAT would BRING VALUE to you?"

Emphasize PUBLIC GOOD!

Accountable Care, Accountable Health

Emphasize the SECOND "H" in HHS.

GUIDE?

RECOMMENDATIONS for COMMUNICATIONS/ RESOURCE

RECOMMENDATIONS for MAXIMUM IMPACT

CONSUMER-CENTRIC FOCUS

BRIDGING SERVICE SILOS

BUILDING OPEN and INCLUSIVE PROCESSES

CONFIDENTIALITY and PRIVACY INFORMATION MANAGEMENT

DATA and PERFORMANCE MANAGEMENT SYSTEMS

TECHNOLOGY FRAMEWORK

PUBLIC and POLITICAL WILL

FUNDING and RESOURCES

WORKFLOW, WORKFLOW, and TRAINING

LEADERSHIP and GOVERNANCE

WHERE DO WE START? HOW DO WE GET STARTED?

THIS IS AN ORGANIZING CHALLENGE and MOVEMENT!

TO START...

VALUE DRIVEN, ROI, MEANING

REAL MONEY in order to LEVERAGE the KNOWLEDGE that EXISTS there.

PROTOTYPE HUMAN SERVICE INTERVENTIONS

INSTANTIATE THEM in WORKFLOWS and PRACTICES.

How do you ENSURE that the RIGHT VOICES are REPRESENTED?