Overall objective	Aim: What are you trying to improve, by how much, and by when?	Primary Driver: What are the major categories of effort that will help achieve the aim(s)? (Note: may impact multiple aims)	Secondary Driver: What specific activities will be undertaked to help achieve the primary driver? (Note: may impact multiple aims)	Metric: What data will be used to track progress (how much and by when)?
Achieve the Triple Aim plus one of improved provider satisfcation	Be one of five healthiest states in the next 10 years, and improve ranking in America's Health Ranking by at least 3 positions by 2018	Engage patients in their health	Health literacy tools	Materials launched in Q3 2016 through website and other channels
			Patient portal and other patient engagement tools	Community health record available to individuals by Q3 2016
			Advanced care planning	Convene workgroup by Q1 2016; Tools available by Q4 2016; tools adopted by Q4 2017
			Patient transparency tools	Establish cost and quality transparency tools by 2018 (including multi-payer claims database)
		Launch Healthy Neighborhoods to improve integration among community organizations and care delivery system	Define "waves" of neighborhoods and form local councils to lead work in each community	Have up to 3 HN launched by 12/30/16, 5 by 12/30/17, 8 or more by 12/30/18
			Provide access to data and other tools to enable neighborhoods to prioritize needs and develop strategies	Data needs defined and existing data sources identified by Q2 2016
			Population health scorecard to track progress and ensure consistency of focus	Scorecard on DCHI website by mid-2016
	Be among the top ten percent of states in health care quality and patient experience in the next 10 years, with an average of 5% improvement in quality measures by 2018	Implement patient centered medical homes and accountable care organizations that take responsibility for care coordination for high risk adults/elderly and children that is person centered and team-based	Vendors to support practice transformation and learning collaboratives	Vendors launched by Q1 2016; 50% of PCPs participating by Q4 2016
			Shared tools/resources for care coordination	Recommendations on opportunities for standardizing care coordination tools by Q2/2016
			Implement training and retraining programs to build the skills needed to coordinate care	Curriculum available by Q4 2016; 50% of providers participating by Q4 2017
		Expand access to care	Streamline licensing and credentialing	Credentialing strategy complete by Q2 of 2016; elements of strategy in place by Q1 2017
			Build sustainable workforce capacity planning infrastructure to be able to anticipate and addres workforce gaps over time	Capacity planning complete by Q4 2016
			Implement graduate health professionals consortium to increase number of health professionals who train in and remain in Delaware	Graduate health professionals consortium operational by Q1 2018
		Develop and implement strategy to promote integration of primary care and behavioral health	Align payment to support integrated care delivery	Workgroup convened in Q1 2016
			Support Behavioral Health providers to implement Electronic Health Records	Incentive program available by Q2 2016; goal of 100 practices by end of grant period
			Implement tools and resources to support practices to integrate care	First tools available by Q4 2016
	Bring the growth of health care costs in line with GDP growth in the next 5 years, with at least 1% reduction in cost of care trend by 2018	Introduce outcomes-based payment models across all payers with consistency on non-price terms	All payers make available a pay for value and a total cost of care payment model for primary care providers	Value-based payment models available across at least 3 payers statewide by January 2017
			Enrollment by primary care providers in new payment models statewide	20% of providers in at least one model by 2016, 40% by 2017, and 60% by 2018
			Embed requirements in expectations for Medicaid MCOs, State Employee TPAs, and QHPs	QHP standards updated to align with SIM at Q4 2016, Q4 2017, and Q4 2018
		Introduce common scorecard as the basis for outcomes-based payment models across all payers	Develop data and analytic platform to aggregate and report scorecard measures across payers	Common scorecard available statewide by Q3 2016; expand CCD integration (and thus access to clinical data) to 200 providers by 2017
			<------ Causality <------	