

Project Management Matrix

Objective 1: Develop an integrated electronic management information system (EMIS) with the capacity to identify community members without appropriate health care, monitor and analyze use of health care services among the targeted population.

Action step	Timetable	Responsible Organization/Person	Anticipated Results	How measured
1. Integrate networks and develop protocols for classification and analysis of data obtained	Sept. 1, 2001 – Feb 28, 2002	MIS Task Force MIS Technical Advisor	Electronic management information systems integrated Classification and analysis protocols developed Community members without health care categorized into priority groups	Functional system in place Written protocols Report: # of children/pregnant women; # of elderly adults; # of other adults who are not receiving appropriate care
2. Monitor health care services use in the target population	Sept 1, 2001- Feb. 28, 2002 (pre-integration) March 1, 2002 – August 31, 2002 (post-integration)	Outreach Task Force MIS Task Force	Inappropriate uses of health care services identified	Report: # of incidents of inappropriate health care utilization
3. Analyze health care system use in the targeted population to determine underused services and gaps in service availability	April 1, 2002 – Sept. 1, 2001.	MIS Task Force Strategic and Long Range Planning Task Force	Underused services and gaps in service availability identified	Report: list of underused services; analysis of gaps in service

Objective 2: Develop the infrastructure for and pilot a coordinated outreach and follow-up system to be used in concert with the electronic management information system.

Action step	Timetable	Responsible Organization/Person	Anticipated Results	How measured
1. Develop protocols for routine outreach worker follow-up with all community residents who are entered into GDAHIN/ Agency Link system and who are identified as having no health care	Sept. 1, 2001- Jan. 31, 2002	Outreach Task Force MIS Task Force	Outreach function is linked to electronic management information system data Current intake questions for participating organizations revised to respond to expanded use of	Written protocols and flow charts Examples of revisions of questions and intake procedures

	Feb. 1, 2002- Aug. 31, 2002		EMIS Outreach efforts piloted	Report: # and type of contacts of outreach workers with clients
2. Develop protocols for routine outreach worker follow-up with all community residents who are not entered into GDAHIN/ Agency Link System (i.e., clients of as yet non-participating agencies)	Sept. 1, 2001- Jan. 31, 2002 Feb. 1, 2002- Aug. 31, 2002	Outreach Task Force Public Relations and Education Task Force	Procedure established to link community residents who need health care to outreach function Outreach efforts piloted	Written protocols and flow charts Report: # and type of contacts of outreach workers with clients
3. Develop systems for appropriate referrals to outreach workers, determining if community member already has a case manager/outreach worker, or if a HealthLink outreach worker is needed to help secure regular health care.	Sept. 1, 2001- Jan. 31, 2002 Feb. 1, 2002- Aug. 31, 2002	Outreach Task Force Public Relations and Education Task Force	Procedure established to link community residents who need health care to their existing case manager/ outreach worker for follow- up if they have one; referral to Health Link outreach worker if not Outreach efforts piloted	Written protocols and flow charts Report: # of referrals to existing case managers/ outreach workers; # residents referred to Help Link outreach worker
4. Develop protocols for rotating responsibilities of organizations with outreach workers to canvas neighborhoods to identify community members outside of the safety net who need health care	Sept 1, 2001- Oct. 15, 2001	Outreach Task Force Health Link Network	Canvassing schedule established Neighborhood canvassing by outreach workers is piloted	Schedule of times and neighborhoods for canvassing Report: Dates of canvassing; # of workers involved; # of contacts made

Objective 3: Develop a detailed plan for further community-wide integration of health care services which uses, expands, and maintains the integrated electronic management information system and the coordinated

outreach and follow-up system and begins to address community wide disease management/clinical practice indicators, the potential for reallocation of resources, and the potential need for additional services.

Action step	Timetable	Responsible Organization/Person	Anticipated Results	How measured
1. Expand HealthLink Miami Valley network by increasing both HealthLink Task Force Membership and number of health and human services providers connected electronically through the EMIS	Sept. 1, 2001 – Aug. 31, 2002	Task Force Coordinators Public Relations and Education Task Force	30 additional organizations are part of HealthLink network 20 additional providers are electronically connected through GDAHIN/Agency Link network	# additional task force members and their organizations # providers connected to network
2. Explore current distribution of resources	Sept. 1, 2001 – Feb. 28, 2002	Strategic and Long Range Planning Task Force	Procedures to determine actual capacity, full capacity, and expansion requirements for health care service delivery developed	Report: Actual capacity for health care service delivery in Montgomery County; draft of requirements to expand capacity and respond to specific gaps in service
3. Identify components of a more detailed community wide plan, such as community-wide disease management/clinical practice indicators	Jan. 1, 2002- July 31, 2002	Strategic and Long Range Planning Task Force Outcomes and Evaluation Task Force	Draft of implementation plan for integrated community-wide plan	
4. Investigate potential innovative health care financing structures which may be applicable to Montgomery County	Jan. 1, 2002 – July 31, 2002	Strategic and Long Range Planning Task Force Outcomes and Evaluation Task Force	Innovative health care financing structures identified and feasibility assessment performed	Report: Description of financing structures and feasibility for application to Montgomery County.

Objective 4: Develop a structure and process of communication among health and human service provider agencies in Montgomery County that will increase providers' knowledge of services, improve collaboration/ coordination, and increase cross-referrals between agencies.

Action step	Timetable	Responsible Organization/Person	Anticipated Results	How measured
1. Initiate regular, frequent Task Force Meetings	Sept. 1, 2001 – August 31, 2001	Task Force Coordinators	Exchange of information increased and	Review of Task Force and HealthLink

and periodic meetings of all members of HealthLink network		Chair/co-chair, Project Management Team	facilitated Working relationships between all health and human service safety net providers in Montgomery County will be established and improved	meeting minutes HealthLink Miami Valley Network member satisfaction with processes and collaboration
2. Prepare and circulate monthly HealthLink Miami Valley Network updates to all Montgomery County health and human service providers	October 1, 2001 – Aug. 31, 2002	Program Assistant	All providers in Montgomery County will be kept abreast of progress in integrated plan development	Copies of monthly updates, # of recipients