We used program eval – hinting that its an industry standard (NOT JUST RANDOM)

How to do program eval themselves (so they can teach them to fish)

Bullets could go up a font

Framework in the appendix

Lack of control data

Constraints and assumptions (not limitations)– cost is proxy/surrogate for health outcomes

Stats on overutilization/overspending

Add regulatory requirements

SWOT style 4 boxes/ 4 quadrants (performance outcomes as 4th box)

Who are highmarks stakeholders?

Alignment of highmarks objectives with patients and investors – expand misaligned incentives – internal and external (Can be an efficient operation that’s unnecessary)

Perhaps problems could be addressed as internal vs external issues

Number slides

Needs should be assessed prior to outcomes

Use headlines to tell them ewhat you want them to perceive from the slides

Program theory – headline – intended effect of program

Circle overview quality aspects

Where we fail to see logic in the different components is where the issue arises. If the threory seems good, then the implementation is the issue.

“the continuous improvement cycle led us to believe there is now room for improvement”

Slide of the “model” vs the “assessment”

Or “theory” then “application”

Minimap in top right corner

Summary slide after each section

Logic model sounds good

Is VBR flawed in the sense of its elimination of waste talks about system efficiency vs system value

Literature common based values – its too new, hasn’t shown anything yet

Literature shows that something needs to be improved, but not what – if you focus on measurement, you improve, not sure what needs to be measured

Add limited physicians to limitations

Checkboxes by process eval on the parts that we were able to do

For dose received – maybe have surveys

Separate reach, dose delivered/dose received

Skip data cleaning g and exploratory data analyses (put in appendix)

Show analysis outcomes

Show forward stepwise after multiple linear regression

Slides handouts and keys handouts (maybe need them back afterwards) (maybe email highmark about keys)

Key insights – they’re missing out on senior and pediatric areas

data section - overview, MLR, PCA, Stepwise, lasso

in overveiw, add what outcomes are (is score good, number bad)

talk about the fact that sensible and nonsensible results are noise

collinearities go first or after MLR