

# Spread Aim Worksheet

## PART 1: Organize the spread effort by scope and timeframe.

Fill in the blanks below to create a **Spread Aim** to organize the work of taking specific proven process changes to more individuals, teams, clinic sites, or to other care pathways. See example at bottom of page for guidance.

By \_\_\_\_\_ (target date),

our system will implement \_\_\_\_\_ (number) changes of our new care model

for \_\_\_\_ (number) of (Circle a unit of Spread) **Clinic sites / Providers / Care teams/ Care pathway\***

## PART 2: List the specific changes.

Here, list specific repeated actions or capacities you are spreading. Example of what to list: "Daily 8:10am huddle to find in-reach opportunities." What not to list: One-time tasks like "Meet with IT" and vague concepts like "Support self-management goals."

**Note:** Some changes take longer to implement widely than others, or are best rolled out after other changes. For these reasons, your Spread Aim may need two different target dates for two different small sets of changes.

The next page has examples of Spread Aims.

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## Examples of Spread Aims

### **Spread from One Pilot Team to Other Teams (or from One Site to More Sites)**

By July 31, our system will spread the 6 key changes of our new care model for all integrated primary care teams for adults in all care teams at our Mid-City site *(or, from our Mid-City site to at all 9 clinic sites that serve adults)*.

The key changes:

- Preventive screening evening outreach calls once a week
- Panel management visit prep huddles each morning
- No-contact referrals for mammograms
- Mail-out-mail-in colorectal cancer screenings
- Virtual support groups for healthy eating and exercise
- Refresh and re-balance team panels each quarter
- At least 7 of these 14 systems will be using registries to manage 3 or more additional chronic illnesses.

### **Spread from One Care Pathway to More Care Pathways**

By December 31, at our Mid-City site, we will spread 3 key changes of our new hypertension care pathway to the care pathways for diabetes and depression.

The key changes:

- Virtual support groups (separate by condition or one big healthy living group)
- 1 hour of outreach and coaching phone calls after 5pm per week by health coaches
- Quarterly push for portal use by these patients, with incentive prizes and promotion by providers