

The name of this Coalition shall be: \_\_\_\_\_

## Vision

To make healthcare better by providing a platform where all voices can be heard and healthcare improvement can occur.

## Mission

The mission of this coalition is to actively engage in the a national effort to utilize a collaborative approach among community members to enhance the overall quality of care, outcomes and transitions for Medicare beneficiaries across the continuum of care and to share those best practices.

## Prior to 2024, we will

1. Conduct a Root Cause Analysis (RCA) to identify the root causes of the problem identified
2. Utilize Plan-Do-Study-Act methodology to address the impact of the intervention(s) chosen to address the RCA
3. Share and report data related to improvement efforts

## Goals

- Build and sustain a community coalition with a focus on:
  - Opioid Utilization and Misuse
  - Chronic Disease Self-Management (cardiac and vascular health, diabetes, slowing and preventing End Stage Renal Disease (ESRD)
  - Increasing Quality Care Transitions
  - Immunizations
- Include representation from beneficiaries and families
- Encourage person-centered and person-directed models of care
- Collaborate and encourage efforts of organizations with shared visions
- Spread successful improvement strategies and share best practices

## Participation

Participation in the Coalition is open to organizations and individuals, including beneficiaries, their families, and community based services (such as the local area agency on aging), interested in fostering the vision by actively engaging in the planning and work of the Coalition.

### Coalition members should join in a commitment to:

- Share promising strategies and best practices
- Mentor partners and providers
- Share data and support analyses
- Promote and implement evidence-based interventions to improve healthcare

## Meeting Attendance

Members must recognize that the coalition is stronger if members are working collectively. This means members must be willing to attend and actively participate in scheduled meetings or designate a proxy.



**Please Print Below:**

Organization Name

Representative Name

Representative's Title

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