



### NRHI High-Value Care SAN Learning Programs At-A-Glance

This calendar reflects upcoming and archived NRHI SAN learning program modules. Calendar subject to change based on program requirements/needs. For archived modules and additional resources, please visit: <https://nrhisn.healthdoers.org/home>

Learning Programs	Expert Instructor	Program Launch Date	Change Package Alignment
<b>Designing and Evaluating Quality Improvement Programs</b>			
Module 1: Creating Leadership and Culture for QI	Maine Quality Counts	<i>Archived</i>	2.3.1; 2.3.2
Module 2: Understanding QI Strategies and Methods for PTNs & Practices	Maine Quality Counts	<i>Archived</i>	2.3.1; 2.3.2
Module 3: Building the Business Case for QI	Better Health Partnership	<i>Archived</i>	2.1; 2.2; 3.1; 3.3; 3.4
Module 4: Practice Facilitators' Role in Engaging Clinicians and Practices	Oregon Health Care Quality Corporation	<i>Archived</i>	2.1.1; 2.1.2; 2.13; 2.2.2; 2.2.3; 2.2.4; 2.3.1; 2.3.2
<i>QI Learning Labs Available to PTNs Upon Request</i>	<i>Contact Emily Levi: <a href="mailto:elevi@nrhi.org">elevi@nrhi.org</a></i>	<i>Ongoing</i>	
<b>Navigating Payment Reform</b>			
Module 1: Beginning to Make Sense of MACRA / Quality Payment Program	Network for Regional Healthcare Improvement	<i>Archived</i>	2.3; 3.3
Module 2: Preparing Providers for MIPS: Focus on Improvement Activities	Maine Quality Counts	<i>Archived</i>	2.3; 3.3
Module 3: Building for the Future: What You Need to Know About Patient Reported Outcomes	Minnesota Community Measurement	<i>Archived</i>	2.3; 3.3
Module 4: Quality Payment Program: Engaging Your Community to Build for the Future	NRHI	<i>Archived</i>	2.3; 3.3

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<b>Primary Care Practice Transformation</b>			
Module 1: Primary Care 'Bright Spots': Learning from High-Value Providers	CERC Stanford / NRHI SAN	<i>Archived</i>	
Module 2: Establishing Deeper Patient Relationships	CERC Stanford / NRHI SAN	<i>Archived</i>	
Module 3: Engaging Physicians in Providing High-Value Care	CERC Stanford / NRHI SAN	<i>Archived</i>	
<b>Improving Patient and Family Engagement</b>			
Module 1: How to Help Clinicians Interpret Their Patient Experience Results	Massachusetts Health Quality Partners	<i>Archived</i>	1.1.1; 1.1.2; 2.1.1; 2.1.2
Module 2: Using Motivational Interviewing and Shared Decision Making Tools to Facilitate Change	Pittsburgh Regional Health Initiative	<i>Archived</i>	1.1.1; 1.1.2; 1.1.3; 1.1.4; 1.6.2
Module 3: How to Actively Engage Patients in Their Care	Massachusetts Health Quality Partners	<i>Archived</i>	1.1.1; 1.1.2; 1.1.3; 1.2.2
Module 4: Advanced Care Planning and End of Life Care	Pittsburgh Regional Health Initiative	<i>Archived</i>	1.6.1; 1.6.2; 1.6.3; 1.6.5
<b>Advancing Care Management</b>			
Module 1: Care Management Through Registries	Institute for Clinical Systems Improvement	12/7/17	1.3; 1.5
Module 2: Powering Up Your Care Management	Institute for Clinical Systems Improvement	12/13/17	1.3; 1.5
<b>Total Cost of Care (TCOC) and Understanding and Maximizing the Value of Quality and Resource Use Reports</b>			
TCOC Module 1: Understanding and Measuring Total Cost of Care	Minnesota Community Measurement	<i>Archived</i>	3.3.1
TCOC Module 2: Total Cost of Care in Everyday Practice	Institute for Clinical Systems Improvement	<i>Archived</i>	2.3.1; 2.3.2; 3.3.1; 3.3.3; 3.3.4
TCOC Module 3: Using Total Cost of Care Reports	Oregon Health Care Quality Corporation	<i>Archived</i>	2.3.1; 2.3.2; 3.3.1; 3.3.2; 3.3.3; 3.3.4

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QRUR Module 1: QRUR 101: Introducing the value of using QRUR	HealthInsight	<i>Archived</i>	2.3.1; 2.3.2; 3.3.1; 3.3.4
QRUR Module 2: QRUR 201: Understanding how to use the QRUR	HealthInsight	<i>Archived</i>	2.3.1; 2.3.2; 3.3.1; 3.3.4
QRUR Module 3: QRUR 301: Drilling down - how to use the Supplemental QRUR	HealthInsight	<i>Archived</i>	2.3.1; 2.3.2; 3.3.1; 3.3.4
Getting to Affordability Learning Modules <i>*A series of short interactive videos on Total Cost of Care (Topics include: What is it, Why is it important, Measuring, Reporting, Stakeholder Engagement, and Physician Tracks)</i>	NRHI Getting to Affordability Team	<a href="#"><u>Archived here:</u></a>	2.3; 3.3
<b>Reducing Unnecessary Utilization</b>			
Module 1: Creating Clinician and Consumer Engagement to Implement Choosing Wisely in Practice	Maine Quality Counts	<i>Archived</i>	1.1.3; 3.4.2; 1.6.5
Module 2: Creating a Transition Care Model to Improve Care Coordination	Pittsburgh Regional Health Initiative	<i>Archived</i>	1.2.2; 1.2.3; 1.2.4; 1.4.4; 1.5.1; 1.5.2;
Module 3: Engaging Front Line Clinicians to Understand and Manage Practice Pattern Variation	Massachusetts Health Quality Partners	<i>Archived</i>	1.6.1; 1.6.2; 1.6.3; 1.6.4
<b>Behavioral Health Integration</b>			
Module 1: Addressing Behavioral Health Issues in Primary Care	Institute for Clinical Systems Improvement	<i>Archived</i>	1.3.4; 1.6.1; 1.6.2
Module 2: Building Internal Capability	Pittsburgh Regional Health Initiative	<i>Archived</i>	1.2.1; 1.2.2; 3.4.3
Module 3: Care Processes and Connections	Pittsburgh Regional Health Initiative	<i>Archived</i>	1.2.1; 1.2.2; 1.2.3.; 1.2.4; 3.4.3
Module 4: Measuring and Improving Care for Depression	Minnesota Community Measurement	<i>Archived</i>	2.3.1