**Building high-value care  
 Learning Collaborative**

**Application**

*Application due XXXX XX, 2018*

***Eligibility and Conditions of Participation***

* Delivery systems must apply and commit to supporting a high-functioning team of at least four professionals (the collaborative working team). These professionals will actively participate in virtual consultations and education with mentors and the on-line collaborative
* Each team will select one project lead who will serve as the point of contact for the program. The project lead will meet regularly with their mentor and project leads from other teams.
* Over the course of the collaborative and beyond, the team will work within their organizations to develop, implement and measure the inappropriate use reduction plan. This will require regular meetings within the collaborative working team as well as with key stakeholders within the organization
* Hospital leadership must commit to providing support to these teams and their work as part of the collaborative.
* Systems should have the ability to measure inappropriate use on a continuous basis
* Participant organizations must be members of AHA

**Organization NAME**

**Profile:** *Include an organizational profile that gives the reader an understanding of the size and scope of your organization.250 words max.*

Click here to enter text.

1. **Describe the area of inappropriate Use you hope to address BY PARTICIPATING IN THE COLLaborative and how current Inappropriate use impacts your organization:**

Click here to enter text.

1. **what DO YOU ANTICIPATE TO BE the GREATEST barriers TO ACCOMPLISHING YOUR GOAL?**

Click here to enter text.

1. **Describe the resources (people ,Financial and tools) that will be committed to the project:**

Click here to enter text.

***The AHA has the following guidelines on who should be included in the working team from each delivery system***

* The participants should be able to dedicate the time required to develop and implement the high-value care plan over the course of 12 months.
* The participants should have cross-functional visibility to drive alignment across the delivery system as well as with leadership.
* The participants should represent distinct stakeholder groups within the delivery system. Teams essential to implementation should be represented (e.g., medical staff, nursing staff, operations, IT).
* The involvement of medical students, trainees, young faculty and patient advocates is encouraged but not required.

**contact information: Please provide your information below**

|  |  |  |
| --- | --- | --- |
| Name | | |
| Title | | |
| Address 1 | | |
| Address 2 | | |
| City | State | Zip Code |
| Email | | Phone |
| Assistant Name | | |
| Assistant Email | | Assistant Phone |

**contact information: Collaborative team member #1**

|  |  |  |
| --- | --- | --- |
| Name | | |
| Title | | |
| Address 1 | | |
| Address 2 | | |
| City | State | Zip Code |
| Email | | Phone |

**contact information: Collaborative team member #2**

|  |  |  |
| --- | --- | --- |
| Name | | |
| Title | | |
| Address 1 | | |
| Address 2 | | |
| City | State | Zip Code |
| Email | | Phone |

**contact information: Collaborative team member #3**

|  |  |  |
| --- | --- | --- |
| Name | | |
| Title | | |
| Address 1 | | |
| Address 2 | | |
| City | State | Zip Code |
| Email | | Phone |

**Sponsor signature** **(CEO) and contact information**

|  |  |  |
| --- | --- | --- |
| Name | | |
| Title | | |
| Address 1 | | |
| Address 2 | | |
| City | State | Zip Code |

**Sponsor’s Signature**

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| Sign here. |