

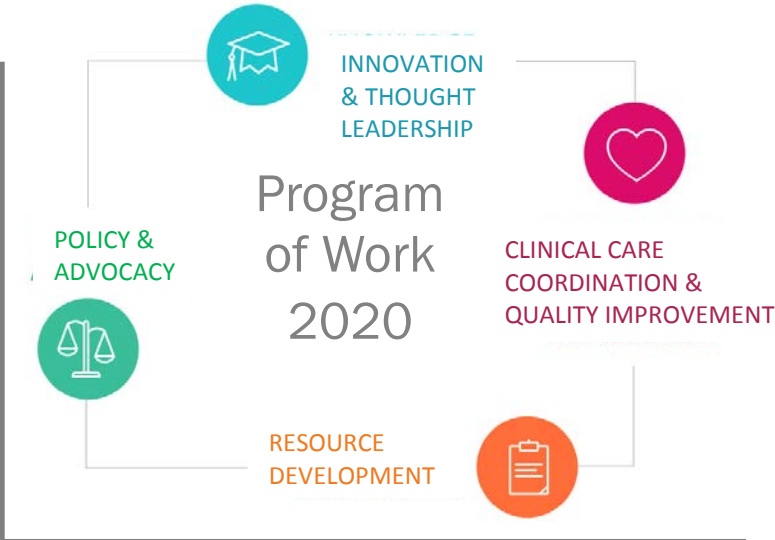
Health Center Partners of Southern California

We are the thought leader and innovative influencer of change in the primary care marketplace, informing and inspiring our members and partners to enrich the patient experience and improve the human condition.



Strategic Planning Framework

2015 - 2020





Innovation & Thought Leadership

Health Center Partners will be an esteemed source of innovative and generative ideas, resources and tools for our members and the primary care profession.

Objective Complete the program of work by 2020

Tactic 1 Outline horizons.

Objective By December 2016, develop a Member Services department to support members with human capital and operational resource needs in the areas of business and financial planning, performance improvement, communication, workforce development, recruitment and retention, training and technical assistance, and compliance.

Tactic 1 Determine horizon 1 (September 2015 – February 2017) initial member services offerings to include, but not limited to in the following areas: emergency preparedness, 330 designation, compliance, mental health and substance use integration, PCMH, meaningful use and data analytics, coding review and training, capital growth and planning, 340B, and special populations

Tactic 2 Operationalize and implement DART (direct TA, advise and consultation TA, referral TA, teaching and training TA).

Tactic 3 Establish department and redirect existing staff and/or hire new staff. Build the necessary internal human capital through the provision of additional training and identify a comprehensive list of external resources that can augment the member services department.

Tactic 4 Build a customer service model that includes a coordinated multidisciplinary training calendar and multi-touch approach with a goal of service excellence.

Tactic 5 Implementation of an enterprise-wide customer relationship management system.

Objective Implement a board leadership program by September 2016 that builds capacity and enhances ability to govern the Program of Work 2020.

Tactic 1 Develop a process for identifying board weaknesses and develop a training program for skill-building to address weaknesses.

Tactic 2 Create a board leadership program that includes effective board communication, agenda formation, and meeting facilitation.

Tactic 3 Develop a dashboard to cover key board metrics of performance goals and HCP financial and organizational measures to gauge progress.

Objective By December 2017, expand consortia services to potential and current members in southern California to meet their needs in knowledge and thought leadership, policy, advocacy and communication, clinical care coordination and quality, and resource development.

- Tactic 1 Implement Riverside Charrette and analyze results.
- Tactic 2 Recruit and hire Director of Consortia Services to be positioned in the Inland Empire.
- Tactic 3 Develop a strategic business plan and begin providing services as outlined in the plan.
- Tactic 4 Expand membership in southern California.
- Tactic 5 Host meetings with local member leadership to establish the governance structure for board approval.
- Tactic 6 Contact local elected officials to make introductions and host quarterly briefings.



Policy, Advocacy & Communication

Health Center Partners policy, advocacy and communication efforts will enhance the development of and recognition for our members, their HCCN and the primary care profession.

Objective

By July 2016, develop an external affairs program including corporate positioning, public affairs and public relations, marketing and communication, research, analysis and measurement and begin implementation, to be reviewed and updated annually.

- Tactic 1 Develop a corporate positioning plan that includes business strategy development and leverages the new brand strategy and positioning statements.
- Tactic 2 Develop multi audience communication plan based on “Reach, Awareness, Comprehension, Attitude, Behavior”.
- Tactic 3 Develop public affairs and public relations plan that incorporates both traditional and new media opportunities.

Objective

Foster positive, productive relationships so that 75% of federal and state elected officials meet face-to-face with members, boards and/or staffs, at least twice annually to further the missions of member health centers and their HCCN by 2020.

- Tactic 1 Develop tracking file for visits to health centers by elected officials; prioritize invitations based on “last visited” or “last contacted” information
- Tactic 2 Develop Legislator Backgrounder and distribute to meeting participants in advance of each in-district meetings. Distribute District profile in advance of all DC and Sacramento meetings.
- Tactic 3 Develop and maintain data on each health center site of care recording in which congressional and legislative district each is located. (While not part of the tactic, supervisorial districts would also be incorporated in the data set.)
- Tactic 4 Develop advocacy training for presentation at health center board or staff meetings.
- Tactic 5 Encourage and track thank you (written, video, new media) produced for each elected officials by member health centers as conditions warrant.

Objective

HCP will develop the member policy agenda to be delivered during DC and Sacramento legislative visits annually and as necessary.

- Tactic 1 Develop HCP policy prioritization process to provide input to CPCA’s process.
- Tactic 2 In consultation with CPCA, identify current and potential bill sponsors (for advancing policy changes per the policy agenda).
- Tactic 3 Create peer review process of policy agenda and legislation leading to twice annual policy agenda updates.



Clinical Care Coordination & Quality Improvement

Health Center Partners will engage members, primary care professionals and industry partners in an inclusive and welcoming clinical care and quality improvement community.

Objective By December 2015, IHP governance structure, committees, human and capital resources are in place to deliver a clinically integrated model through policies, procedures, and standardized clinical practices.

- Tactic 1 Recruit a minimum of 5 participating organizations representing at least 100,000 lives into the Network.
- Tactic 2 Build the necessary internal human capital to execute the business plan and optimize contracting environment.
- Tactic 3 Establish a governing board and leadership components that builds capacity and enhances the ability of the Network to achieve its business goals. Develop clinical, operational and administrative leadership groups and standards, metrics and dashboards to drive performance.
- Tactic 4 Contract with MSO for select services to support the Network.
- Tactic 5 Develop the internal data capability to perform comparative analysis, guide clinical integration decisions, and measure results against goals to inform decision support based upon real-time data informatics and analytics.

Objective By January 2016, PCHN will negotiate enhanced Network primary care contracts.

- Tactic 1: Determine contracting scope & strategy and preferred partner organizations.
- Tactic 2: Successfully negotiate favorable contract terms, including rates, language, and the ability to access actionable data.
- Tactic 3: Implement contract terms, including P&P for informing the Network of negotiations.
- Tactic 4: Implement systems to monitor and maintain contracts & performance.
- Tactic 5: On an ongoing basis, identify emerging market trends and proactively initiate strategies to effectively position the Network.
- Tactic 6: On an ongoing basis, identify potential new members, contracts, and expansion opportunities.
- Tactic 7: Maintain key contacts and develop strategic links with Integrated Delivery Systems, health plans, governmental entities, public/private payers, and other federal, state and local medical managed care organizations.

Objective By January 2017, further clinical transformation by redefining clinical practice based upon PCMH principles to deliver care management and care transitions driven by decision support based upon real-time data informatics and analytics.

Tactic 1 Recruit and orient a Quality Improvement Director and Medical Director for Quality, who will develop the quality improvement plan for adoption by the board of managers, to be reviewed annually thereafter.

Tactic 2 Recruit and orient clinical care management and data analytics staff who will work at the Network level and, in conjunction with care management teams at Participant sites, to implement the quality improvement plan.

Tactic 3 Define and guide the necessary clinical transformation components that enhance participant and network clinical performance to optimize the contracting strategy.

Tactic 4 Oversee MSO services and monitor progress to plan.

Objective By 2020, produce a market-leading Clinically Integrated Network for member agencies in southern California.

Tactic 1 Investigate feasibility of scaling the model.

Tactic 2 Share our history, the model and lessons learned at regional and national venues.

Tactic 3 Assess participant, health plan and other partner organizations' satisfaction.

Tactic 4 Benchmark outcomes against peer organizations.

Tactic 5 Publish results and accomplishments in briefs and peer-review journals.



Resource Development

Health Center Partners will develop the necessary human, capital and operational resources to support its members' planned growth.

Objective

By 2018, develop a Shared Services department to support members with human capital and resources in the areas of operations, and general and clinical workforces, that leverage economies of scale and improve efficiencies.

- Tactic 1 Determine initial shared services offerings that may include, but not be limited to the following areas: business planning, physician recruitment and retention, performance evaluation systems, general workforce recruitment, human resource services.
- Tactic 2 Develop a business plan for each shared service, to include a feasibility study, pro forma, fee structure and marketing plan.
- Tactic 3 Develop metrics systems for the purposes of on-going review and evaluation to inform future business planning.
- Tactic 4 Implementation of an enterprise-wide customer relationship management system.

Objective

By July 2017, negotiate favorable terms and confidently move into alternative payment methodologies through participation in the clinically integrated network (IHP).

- Tactic 1: Negotiate rates by aid category to reduce risk / exposure to changing populations and to maximize revenue.
- Tactic 2: Formalize a process that ensures clinics are accurately and adequately paid and able to track populations, revenue, and costs to the site and at the patient level as well as able to measure results.
- Tactic 3: Ensure there is a formal and timely method to reconcile payments ("adjustments") through the health plan or CIN.
- Tactic 4: Negotiate additional plan and CIN incentives under this accountable care model.

Objective

By 2020, increase the amount of grant and contract funding from corporations, foundations (public/private), and government sources for the members and their HCCN to \$10,000,000.

- Tactic 1 Develop priority areas for collaborative funding by obtaining input from health center leadership and grant writers.
- Tactic 2 Develop a performance metric dashboard of process and outcome measurements and evaluation towards goal.
- Tactic 3 Produce an annual aggregate value report and an individualized one for each member.
- Tactic 4 Implement a "meet the funders" program for CEOs to have direct dialog with funders to better understand whether or not funders' priorities match with health center programmatic offerings and to shape funding opportunities.

Objective Develop a comprehensive matrixed philanthropy program to optimize revenue opportunities including individual major and planned gifts, foundation (public/private) and corporate gifts, sponsorships, cause marketing and special events.

Tactic 1 Appoint a board level philanthropy committee to establish operational parameters, targets and goals.

Tactic 2 Hire staff as appropriate.

Tactic 3 Follow established philanthropy models to include policies, procedures, practices and technical requirements.