



**2018 WINTER STRATEGY MEETING**  
**January 25-27, 2018 – Delray Beach, Florida**

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**REPORT TO THE CHAIR**

*James Luisi*

February 14, 2018

Mr. Chairman:

The 2018 Winter Strategy Meeting (WSM) came at a time of uncertainty surrounding the federal and state programs that are critical to health centers across the country. A complication to this year's meeting was that it came on the heels of a federal government shutdown that only resulted in a short-term Continuing Resolution (CR). While this CR remedied funding for the Children's Health Insurance Program (CHIP), it did nothing to address the health center funding cliff. Attendees were processing both the failure to fix the funding cliff and the potential impact of CMS' recent decision to approve a State Medicaid waiver request including work requirements as an eligibility condition for Medicaid coverage. Attendees were also concerned about immigration issues directly affecting their communities and some of the patients they serve.

This meeting was structured to: 1) address head-on the uncertainties and real challenges facing health centers; 2) understand what to anticipate in the next 12-18 months; and 3) recommend actions designed to preserve and strengthen the Health Center Movement (HCM). Participants were reminded of the importance of being part of a Movement and the significance of that 50+ year history. While change in the health care environment is inevitable, we cannot forget that our history is filled with challenges met and overcome and continual change. The participants showed a desire to embrace change, continue to lead, and act together to preserve and strengthen the HCM.

The speakers, both the invited guests and staff of health centers, PCAs, and NACHC, challenged attendees to understand the HCM's assets, and to strive to find new and improved ways to deploy them. In addition to formal presentations, each session included a panel that "primed the pump" or provided provocative ideas to spark group discussions. The group discussion

opportunities were completely restructured and enhanced with technology, resulting in the most interactive and dynamic discussions in the history of the WSM. Attendees valued the technology, and their increased involvement led to concrete suggestions about how to proceed.

The meeting began with a candid assessment of the current environment (including political dynamics and the delivery system transformation). Led by a futurist, participants explored different scenarios for what may lie ahead. They then focused in on specific strategic capacities needed to succeed in the future and ended with an examination of how messaging and visibility can be improved. Meeting highlights and priority action areas are summarized below.

## **GENERAL OBSERVATIONS**

### **Current Environment:**

- The Health Center Funding Cliff has already damaged some health centers.
- Since legislative action is unlikely, CMS will use regulatory and administrative vehicles to change Medicaid and allow States increased flexibility. This requires increased vigilance when new regulations and policies are being promulgated.
- Even though health centers are not the primary target, changes directed at hospitals' access to 340(B) may result in collateral damage for health centers.
- Federal and state officials are expected to increase their compliance and investigative efforts.
- The health center advocacy strategy must remain bi-partisan, at the state level as well as in Washington.

### **Health Center Actions to Preserve and Strengthen:**

- Retain a central focus/purpose/mission as new generations of managers assume leadership positions in all parts of the HCM (health centers, networks, PCAs, and NACHC).
- Continue to work as a group—individuals need to recognize the power of the movement and the importance of working together.
- Continue to assess and reassess the competition and change/adjust accordingly.
- Be seen as part of the solution—always come to the table with concrete ideas/proposals.

### **Recurring Discussion Themes:**

- ***Alliances/Coalitions***—while traditional relationships are still important, a changing environment requires that new relationships be established, and existing relationship be expanded and sometimes redefined.
- ***Branding/Recognition***—while progress has been made in increasing the visibility of health centers, much still remains to be done. Success in this area requires concerted local, state and national efforts.
- ***Social Determinants (or Drivers) of Health (SDH)***—health centers traditionally solve problems that go beyond access to timely and quality health care services. When the experiences of health centers are compiled, they know what the “drivers” are and how to

positively move them. Health centers should use their experience and knowledge to organize and coordinate their efforts, and “own” this area.

- **Nationwide Network of Integrated Primary Health Care Services**—the group discussed the assets individual health centers possess and brainstormed on what it would take to build on the existing base and establish a nationwide network of primary care providers. Again, attendees were challenged to think about what it would take to “own” the direct provision of primary care in all parts of the country.

**Group Discussions** and participant “voting” produced a blue print for constructing the 2018 WSM recommendations. Key elements included:

- Of the three scenarios, participants identified the “Whiplash Scenario” as the highest probability for the immediate future. This scenario suggests constantly changing funding models and policy priorities, the necessity for ongoing advocacy efforts, and a struggle to maintain basic services amidst uncertainty.
- Participants identified areas where strategies are needed to survive and thrive in a future that resembles the “Whiplash Scenario.” Participant consensus—both in terms of importance and willingness to work on them—emerged around the following “Best Bet” strategies:
  - 1) Reinforce state-level capacity to protect the safety-net
  - 2) Embrace value-based care strategies
  - 3) Invest in primary care as the backbone
- The final task was to examine how to strengthen and successfully deliver the health center value message to different audiences to enhance their visibility and recognition. Health centers can no longer afford to be one of America’s best kept health care secrets!

## **PRIORITY ACTION AREAS**

The challenge of any WSM is to sort through the ideas and suggestions and produce a manageable set of recommended actions. Aside from the continued commitment to have “all hands on deck” focused on the health center funding cliff, there emerged a short list of actions worthy of immediate attention:

- **Social Determinants (Drivers) of Health:** As mentioned earlier, this is an area of opportunity that health centers should “own.” While work has begun in this area, there is not a comprehensive vision. We must develop a comprehensive action plan covering the next 3-5 years.
- **Branding/Recognition:** Despite work in this area, health centers still do not have national visibility or recognition. A professional communication resource is necessary to produce an effective nationwide communication strategy.
- **Advocacy:** The future demands increased advocacy capacity. To that end, actions to consider include:
  1. In-service opportunities to improve advocacy skills (*e.g.*, Board members and patients);

2. Identify and enlist new categories of messengers (*e.g.*, business owners and employers);
  3. Develop templates to allow PCAs and health centers to enter their own data and tailor their message; and
  4. Provide access to timely and comprehensive information.
- **Health Center Boards:** Consumer Boards are the heart of the Health Center Movement and distinguish health centers from other health care organizations. Health Center Board Member development is not a new interest or concern. We must review and identify the tools needed for health center boards to grow the capacity, knowledge, and involvement of all board members.
  - **Business Intelligence:** Again this year, participants discussed the challenge of turning their “mounds of data” into timely, usable information and then use that information to guide appropriate actions. We need to define what business intelligence means for health centers. Once defined, a multi-year action plan needs to be produced.
  - **Leadership:** We need capable leaders at all levels of the Health Center Movement, able to align around critical issues. As established local, state, and national leaders retire, new leaders must emerge. Our vision for the future and succession planning should address what is needed to engage Millennials and Generation Xers to join and remain in the Health Center Movement.

In addition to the six recommendations listed above, other recommended actions have merit and are included in the attached meeting summary.

## CONCLUSION

Dr. Daniel Miller’s inspired remarks ended the meeting on a positive note. The road ahead is not easy, and there will be battles along the way. What we saw in Florida was a willingness to take risks, a commitment to the work we do, a preparedness to lead, and desire to be inclusive. If you follow Dr. Miller’s metaphor of “David and Goliath”, then we must do all we can to understand the environment we are in and choose the “right stones.” All of us will need to rise to the challenges while we search for the opportunities. If we continue to strengthen the effectiveness of our delivery system, our resolve, and our unity, then rather than just being the largest primary care network in the country, we can be the primary care “backbone” for the country!

Sincerely,



Tom Van Coverden  
President and CEO

## SUMMARY AND RECOMMENDATIONS



NATIONAL ASSOCIATION OF  
Community Health Centers

NACHC WINTER STRATEGY MEETING

January 25-27, 2018

Delray Beach Marriott - Delray Beach, FL



America's Voice for Community Health Care

## SETTING THE STAGE

### MEETING OBJECTIVES

- Reiterate the real challenges facing the Health Center Movement
- Understand what we can anticipate happening in the next 12-18 months
- Recommend specific actions to preserve and expand the Health Center Movement

## SETTING THE STAGE

### KEY POINTS FROM PRIOR MEETINGS/COMMUNICATIONS

- When we act as one we can accomplish amazing things
- A portfolio of resources (grants, Medicaid, 340B, FTCA, NHSC, etc.) support health centers – all are needed
- Change is coming – be prepared!!

### Leading through epochal change



We grow so we can solve problems.

We face problems so we can grow.



## SETTING THE STAGE

### LEGISLATIVE & ADMINISTRATIVE PRIORITIES – WHAT CAN WE EXPECT

- **Fix funding cliff** – already seeing collateral damage from prolonging resolution
- **Medicaid** – while legislative action is unlikely, CMS (through regulatory and administrative changes) will push for increased state flexibility; increased vigilance to monitor whether changes comply with existing law/regulations
- **340B** – avoid health centers becoming collateral damage in the fight between Big Pharma and Hospitals; monitor state efforts to reduce legitimate payments



## SETTING THE STAGE

### HOW TO PRESERVE AND STRENGTHEN THE HEALTH CENTER MOVEMENT

- **Need powerful coalitions – must build new/expanded ones**
- **Need to retain a central focus/purpose**
- **Individuals cannot become more important than the whole**
- **Access to sufficient resources**



## SETTING THE STAGE

**TRENDS LIKELY TO IMPACT HEALTH CENTERS**

- Focus on SDH – balance between purpose and profit
- Investors looking for technology enabled scale
- Allow states and markets to “work it out”, aka less control
- Transition from private to government payment for services
- Need to recognize and understand the competition



## SETTING THE STAGE

**WHAT NACHC CAN DO TO STRENGTHEN ITS VOICE AND ENHANCE ITS IMPACT IN THE POLICY, INDUSTRY, AND PUBLIC ARENAS**

- Build new/expanded partnerships/coalitions
- Build a brand
- Be seen as part of solutions



## **PARTICIPANT RESPONSE TO THE CURRENT HEALTH CARE ENVIRONMENT**

**What will your health center be forced to do if federal grant funding is not fully restored by February 8<sup>th</sup>?**

- Planning site closures/curtailing services
- Hiring freezes and layoffs
- Information and message that reassure rather than “scare” staff



## **PARTICIPANT RESPONSE TO THE CURRENT HEALTH CARE ENVIRONMENT**

**What policy challenges are limiting health centers ability to leverage areas of competitive advantage?**

- Patient attribution
- Telehealth reimbursement
- Same-day billing, e.g., behavioral health
- UDS reporting

**How can health centers drive innovation in the Medicaid program?**

- Social Determinants of Health (SDH) – note; should we call it “Drivers”?
- Use our data to demonstrate value, tell our stories and show how Medicaid dollars are saved



## PARTICIPANT RESPONSE TO THE CURRENT HEALTH CARE ENVIRONMENT

### How do we tackle high risk CHCs?

- Data transparency and information sharing to determine who is in trouble
- Increase board awareness
- Dashboards with metrics that allow transparency among peers

### How can health centers garner additional political and policy support at the state level?

- National “brand”
- Medicaid: understand state strategic priorities, be solution-focused, understand pressure points and show how dollars are saved
- Expand contacts with local and state elected officials
- Find new 1115 waiver advocacy partners



## PRIORITY FOCUS AREAS

### FOCUS AREA 1:

*The Future of Health Care*

### FOCUS AREA 2:

*Building Strategic Capacity*

### FOCUS AREA 3:

*Messaging and Visibility*



**Focus Area #1 CHARGE:  
THE FUTURE OF HEALTH CARE**

**Develop an understanding of what health care may look like in the immediate future; examine how the likely scenarios may impact health centers.**



**Focus Area #1:  
The Future of Health Care**

**THREE SCENARIOS**

- 1. Whiplash**
- 2. Divestment**
- 3. Systems Change**



**Focus Area #1:  
The Future of Health Care**

**#1 – WHIPLASH, aka “uncertainty”**

- Constantly changing funding models and policy priorities
- 2021 Democratic-led reform undermined by GOP in 2025
- CHC leaders devote countless hours to advocacy, achieving only short-term results
- Competing values: "health equity" vs. "winner take all"
- CHC leaders struggle to maintain basic systems amidst uncertainty



**Focus Area #1:  
The Future of Health Care**

**#2 – DIVESTMENT, aka “scarcity”**

- Country’s attention consumed by immigration, foreign policy crises, and extreme weather events
- Legislative inaction on social “safety net,” despite advocacy and bipartisan support
- A return to “pull yourself up by your bootstraps” mythology
- Prevailing value: “Some people matter, some people don’t”
- CHC leaders struggle to survive and adapt to scarcity

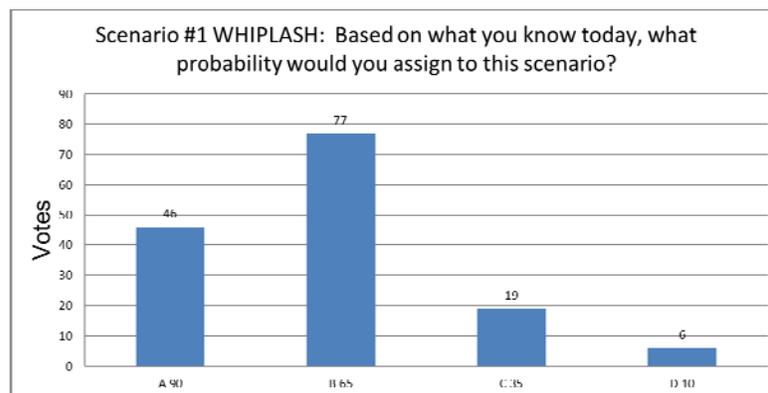
**Focus Area #1:  
The Future of Health Care**

**#3 – SYSTEMS CHANGE, aka  
“emerging demand”**

- “Grand coalition” achieves basic health services for all, free of charge
- Private health insurance survives; “Medicare for all” efforts lose steam
- CHCs lose privileged position as “safety net” providers, and must compete on equal footing
- Prevailing value: “good health makes good sense”
- CHC leaders struggle to compete on value and to adapt to more complex emerging demand

**Focus Area #1:  
The Future of Health Care**

**DISCUSSION OUTCOME**



**Majority of participants identified the Whiplash Scenario as the one with the highest probability – 83%**



**Focus Area #1:  
The Future of Health Care**

**TAKE AWAY MESSAGES FROM THE “SPARK”  
PRESENTERS**

- **Regardless of how the future unfolds, health center ability to survive and thrive requires the following:**
  - **Health centers are OF and FOR their communities**
  - **There are real and significant differences between the rural and urban communities health centers serve – strategies must be tailored to the community**



**Focus Area #1:  
The Future of Health Care**

**TAKE AWAY MESSAGES FROM THE “SPARK”  
PRESENTERS**

- **Increase commitment to growing capacity, knowledge, and involvement of health center board members, including board members being the messengers**
- **Leadership requires creative courage**
- **Continually reassess and reexamine your partnerships**



**Focus Area #1:  
The Future of Health Care**

**SUMMARY OF AREAS WHERE  
STRATEGIES WILL BE NEEDED**

- Target high quality employees
- Engage Millennials and Generation Xers to become next generation of health center leaders
- Expanded coalitions: business, investors, insurers, large technology firms



**Focus Area #1:  
The Future of Health Care**

**SUMMARY OF AREAS WHERE  
STRATEGIES WILL BE NEEDED**

- Bi-partisan advocacy
- Maximize communication and branding
- Data driven strategy: sharpen the value message to demonstrate impact for businesses, investors, cost savings



**Focus Area #2 CHARGE: BUILDING STRATEGIC CAPACITY**

**Given assumptions about the immediate future, identify:**

- **Best Bet strategies on which to coalesce in a united manner**
- **Critical areas where strategic capacity will be needed**
- **What specific capacities must be built**
- **Actions needed to build the new capacities**



**Focus Area #2: BUILDING STRATEGIC CAPACITY**

**THREE BEST-BET STRATEGIES**

- #1 Reinforce State-Level Capacity to Protect the Safety Net**
- #2 Embrace Value-Based Care Strategies**
- #3 Invest in Primary Care as the Backbone**



**Focus Area #2: BUILDING  
STRATEGIC CAPACITY**

**Reinforce State-Level Capacity to  
Protect the Safety Net**

**Protect the mission and the program through bi-partisan, state-by-state action. Policy, education, communications and partner relationships.**



**Focus Area #2: BUILDING  
STRATEGIC CAPACITY**

**Embrace Value-Based Care Strategies**

**Health centers prepare for and lead towards better care for less cost. Includes work on social determinants of health, population health outcomes, and the data to show results.**



## **Focus Area #2: BUILDING STRATEGIC CAPACITY**

### **Invest in Primary Care as the Backbone**

**With primary care as the center point, we can pursue consolidations, coalitions and new revenue streams to advance the mission of integrated care.**



## **Focus Area #2: BUILDING STRATEGIC CAPACITY**

### **TAKE AWAY MESSAGES FROM THE “SPARK” PRESENTERS**

- **“Warriors on Medicaid” – communications, relationships/coalitions**
- **“Masters of Alternate Payment Models”**
- **Social Determinants (or Drivers) of Health**
- **Limited dollars for health care forcing payers to shift to value, outcomes, quality**



## Focus Area #2: BUILDING STRATEGIC CAPACITY

### TAKE AWAY MESSAGES FROM THE “SPARK” PRESENTERS

- Payers looking to eliminate unnecessary spending – avoidable ER visits, inadequate perinatal care, avoidable hospital readmissions, etc.
- Must be able to convince policymakers, business leaders, and our communities that health centers have value and offer solutions



## Focus Area #2: BUILDING STRATEGIC CAPACITY

### TAKE AWAY MESSAGES FROM THE “SPARK” PRESENTERS

- Think about things differently, aka new paradigm:
  - “Stand Up” a nationwide network of integrated primary care services
  - Take the collective asset we have and build a direct primary care model
  - By putting the “pieces” together, create a fair, equitable, efficient, and effective system of health care.



**Focus Area #2: BUILDING  
STRATEGIC CAPACITY**

**BREAKOUT DIALOGUE**

**Charge - Work on the following questions:**

- 1. What are our strategic Best Bets?**
- 2. What are the organizational capacities needed?**
- 3. How do we build the capacities we need?**



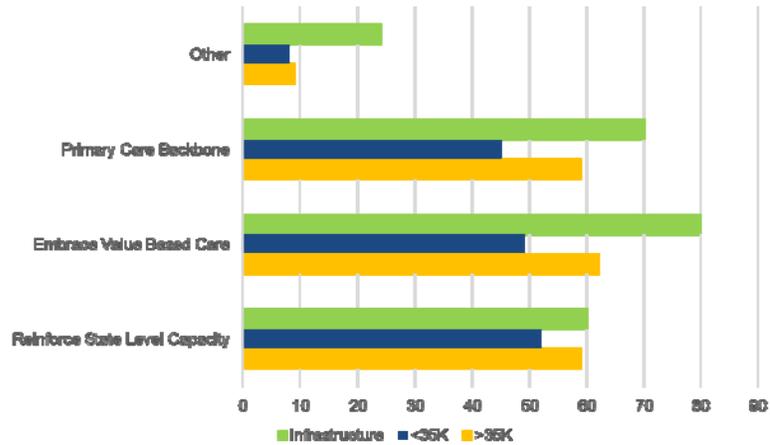
**Focus Area #2: BUILDING  
STRATEGIC CAPACITY**

**BREAKOUT GROUP DESIGN**

- Infrastructure Organizations (PCAs, HCCNs, NCAs)**
- FQHCs serving > 35,000 Patients**
- FQHCs serving < 35,000 Patients**

## Focus Area #2: BUILDING STRATEGIC CAPACITY DISCUSSION HIGHLIGHTS

### What Are Our Strategic Best Bets? (%)



“**Other**” = Pursue strategic branding/communication; Promote community health and development; Pursue partnerships, including the business community.

## Focus Area #2: BUILDING STRATEGIC CAPACITY DISCUSSION HIGHLIGHTS

### What is the Level of Support for the Strategic Best Bets?

- 80% responded “Highly Willing to Work” on Best Bets
- 98% responded “Important/Critically Important” to align on national strategy
- Words that capture the potential impact of the Best Bets across all groups:





**Focus Area #2: BUILDING STRATEGIC CAPACITY  
DISCUSSION HIGHLIGHTS**

**What are the Organizational Capacities Needed in order  
to Advance our Best Bet Strategies?**

**HIGHEST PRIORITY CAPACITIES**

**Data Infrastructure: Collection, Analysis, Sharing  
Communications and Branding  
Leadership and Advocacy  
Unified Vision and Alignment  
Business Acumen  
Consistent Quality and Baseline Performance Standards**



**Focus Area #2: BUILDING STRATEGIC CAPACITY  
DISCUSSION HIGHLIGHTS**

**How do we Build the Capacities we Need?**

**CRITICAL FACTORS FOR SUCCESS**

**National Leadership  
Commitment to and Consensus on  
Action Funding  
State Level and Health Center Buy-In  
Partnership and Alignment between local, state, national**



**Focus Area #2: BUILDING STRATEGIC CAPACITY  
DISCUSSION HIGHLIGHTS**

**ACTIONS NEEDED TO BUILD CAPACITIES**

**Leadership**

- Develop leadership core competencies
- Engage in a more collaborative and open dialogue that reflects the current, evolving CHC
- Cultivate new leaders
- Build capacity in national organization to embrace change

**Communication**

- Develop a professional communication resource that produces a consistent message about who we are
- Embrace branding nationally



**Focus Area #2: BUILDING STRATEGIC CAPACITY  
DISCUSSION HIGHLIGHTS**

**ACTIONS NEEDED TO BUILD CAPACITIES**

**Data Analytics**

- Build data analytics capacity
- Share information
- Goal: Transform data into information that leads to timely actions

**Build Strategic Coalitions**

**Build Statewide Advocacy Capacity**



**Focus Area #3 CHARGE:  
MESSAGING AND VISIBILITY**

**Identify ways to strengthen the Health Center message and tactics for adjusting it to be relevant for different local/state/national audiences.**



**Focus Area #3: MESSAGING AND VISIBILITY**

**TAKE AWAY MESSAGES FROM THE  
“SPARK” PRESENTERS**

- Use Mission to leverage support; **HOWEVER**, that’s not enough – message must include data that demonstrates Value and why health centers are the best strategic partners
- Touch **ALL** the bases and continue to touch them
  - Elected officials
  - State and local officials
  - Community groups
  - MCOs



### Focus Area #3: MESSAGING AND VISIBILITY

#### TAKE AWAY MESSAGES FROM THE “SPARK” PRESENTERS

- Move from groups needing to pay health centers, to wanting to pay health centers
- Always document results to show impact
- Let us help you solve your problems
- Go beyond traditional funding streams to find investors
- Bring parties together to carry the health center water within state legislatures



### Focus Area #3: MESSAGING AND VISIBILITY

#### PARTICIPANT RESPONSE TO STRENGTHENING OUR MESSAGE

Participants focused on four questions from the perspective of “Red States” and “Blue States”:

Going forward in the next 12-18 months:

1. Who will be the top 3 most important audiences in your state environment and your local environment to whom health centers must deliver their value message and why?
2. What core (national) messages will (or will no longer be) effective/relevant for health centers in your state or your city or county? What should be strengthened or changed?



### **Focus Area #3: MESSAGING AND VISIBILITY**

#### **PARTICIPANT RESPONSE TO STRENGTHENING OUR MESSAGE**

- 3. What will be the most important and relevant factors in delivering messages regarding the value of health centers in your state environment and local environment?**
- 4. What resources, information, data, etc. will you need to deliver an effective message?**



### **Focus Area #3: MESSAGING AND VISIBILITY**

#### **RESULTS OF THE BREAKOUT GROUP DISCUSSIONS**

- Considerable overlap of the responses from the “Red” and the “Blue” States**
- Continue to develop “templates” that allow PCAs and health centers to enter their own data and tailor their messages**
- Branding – define and gain consensus on what this means for health centers**



### **Focus Area #3: MESSAGING AND VISIBILITY**

#### **RESULTS OF THE BREAKOUT GROUP DISCUSSIONS**

- 1. Who will be the 3 most important audiences in your state environment and your local environment to whom health centers must deliver their value message and why?**
  - Patients
  - Payers
  - Community-at-large
  - Businesses



### **Focus Area #3: MESSAGING AND VISIBILITY**

#### **RESULTS OF THE BREAKOUT GROUP DISCUSSIONS**

- 2. What core (national) messages will (or will no longer be) effective/relevant for health centers in your state or your city or county? What should be strengthened or changed?**
  - Provider of choice
  - Population health management
  - Save Medicaid \$\$\$
  - Help people get and keep jobs
  - Economic engine



### Focus Area #3: MESSAGING AND VISIBILITY

#### RESULTS OF THE BREAKOUT GROUP DISCUSSIONS

3. What will be the most important and relevant factors in delivering messages regarding the value of health centers in your state environment and local environment?
  - State Budget situation
  - Access to timely and comprehensive data
  - Accurate clinical data that show we “walk the talk”

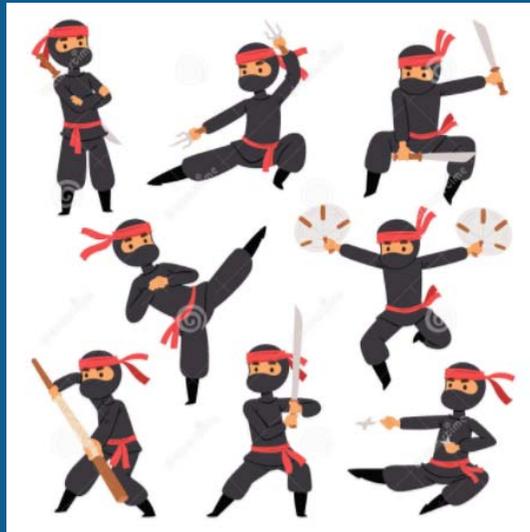


### Focus Area #3: MESSAGING AND VISIBILITY

#### RESULTS OF THE BREAKOUT GROUP DISCUSSIONS

4. What resources, information, data, etc. will you need to deliver an effective message?
  - Calculate impact on employment
  - Increase ability of consumers to interact with elected officials
  - Timely, accurate local data
  - Fact Sheet template
  - New Tagline; “Health Centers Embrace Change...”

Continue to LEAD!



Thank you, Participants, Staff,  
and especially our  
Group Leaders!

SAFE TRAVELS!!!