## Health Center Partners of Southern California

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

We make a difference by facilitating the transformation of primary care through our vibrant people, new ideas, tools, modalities, and contemporary solutions through these member-directed areas of focus.





## **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.



Value

Prop

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.

 Members confirm they have the necessary human capital and operational resources for planned growth, to advance their visions and missions.

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

 Build an environment of trust and collaboration whereby members seek, and HCP provides, innovative strategies and best practices that enhance members' knowledge, lead to new models of governance and population health management that redefine the delivery of primary care.

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.

• By 2020, the needs of members and their patients are met through the utilization of consortia services.

Complete the program of work by 2020.

Become the thought leader and influencer of change as the subject matter expert in the primary care marketplace. Experience an increase in demand for membership, programs, and services through an enhanced reputation and brand value.



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.



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.

 Through HCP's robust external affairs program, members will become repositioned in the marketplace, brand equity will be enhanced, and HCP will be perceived as a relevant health care resource to members and external audiences including legislative bodies, funders, partners, media and the general public.

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.

 Produce a productive public policy and legislative environment in CA (and U.S.) to ensure the future viability and growth of member agencies and their HCCN, as evidenced by commitments to support legislative priorities.

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

 HCP will anticipate and manage the planning horizon (including all emerging issues) by setting the policy agenda and focusing the discussion on the most important primary care issues in southern California to 2020.

## 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.



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.

IHP, a clinically integrated model of care, will be operational.

By January 2016, IHP will negotiate enhanced network primary care contracts.

 IHP participants will have favorable contract terms and recognize a shared savings revenue stream.

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.

 Tighter clinical integration among member participants who record and report continuously improving patient quality and health outcomes.

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

 Achieve the triple aim by reducing costs, enhancing quality and supporting linguistically appropriate, culturally competent care to improve the patient experience.

## Strategic Planning Outcomes

- Achieve alignment & commitment among the board of directors, leadership and staff, regarding the strategic direction and roadmap for HCP and its organizations over the next 5 years.
- · Achieve alignment and commitment among key stakeholders and strategic partners to enhance and expand HCP and its organizations.
- Create plans for that are innovative and contribute to the growth/scalability and sustainability of the enterprise.

We serve as the nexus for our members and partners to transform primary care through the power of innovation and collaborations.

To address members' needs by building excellence To build members' knowledge, to learn and to innovate To transform our organization and deliver on our brand promise



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

Objectives & Outcomes

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.

 Enhance members' financial strength by reducing administrative overheads and duplicative costs through the delivery of high value, efficient and effective centralized key shared services.

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

 Members have built sufficient reserves to remain independent while funding their transformation from volume to value.

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.

 Increased grant funding will contribute to supporting the HCCN and its members' revenue goals.

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.

 Increased private revenues will contribute to supporting the HCCN and its members' revenue goals for core operating and long-term programmatic and capital needs.

