



Health Care Collaborative of Rural Missouri

Strategic Plan 2017-2020: A collaborative plan to increase access to healthcare in Rural Missouri and reduce the prevalence of leading health diseases.

Presented to the board of directors, September 26, 2017

VISION	Rural communities free of barriers to live life well.
MISSION	Cultivate partnerships and deliver quality health care to strengthen rural communities.
VALUES	H – Honesty E – Excellence A – Accountability L – Leadership T – Transparency H – High Performance
MEMBERS	HCC is comprised of over 50 network members. These include: Critical Access Hospitals, Health Departments, School Districts, Community Mental Health Centers, Social Service entities, and businesses.
GEOGRAPHY	HCC’s service area population encompasses all or part of the Missouri counties of Lafayette, Carroll, Saline and Ray. HCC’s primary UDS-defined geographic service area includes 40 zip codes as of December 2016. This primary service area is home to 376,482 people (ACS-2011-2015).
SERVICES <i>Including but not limited to...</i>	<ul style="list-style-type: none"> • Primary Medical Care • Laboratory Services • Screenings (to include cancer, cholesterol, communicable diseases, and more) • Immunizations • Preventive Dental • Family Planning • Well Child Services • Women’s Health Services • Prenatal Care and Postpartum



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	<ul style="list-style-type: none"> • Behavioral Health – Diagnostic • Substance Abuse Services • Skill training to improve parent-child relationships • Arrangement of referrals for psychological evaluations, outpatient therapy or other services • Case Management • Counseling and Assessment • Health Education • Outreach • Transportation • Translation
POLICY	<p>HCC has adopted policy and advocacy statements, which support the initiatives outlined by the Missouri Primary Care Association, National Association of Community Health Centers, Missouri Rural Health Association and the National Rural Health Association.</p>

Background

The Health Care Coalition (HCC) of Lafayette County, dba Health Care Collaborative of Rural Missouri is a Missouri-based rural health network and Federally Qualified Health Center located in Waverly, Missouri and is the umbrella organization for the **Live Well Community Health Centers** located in Carrollton, Buckner, Waverly and Concordia, Missouri. HCC is a mature Rural Health Network, formed in 2004, formally incorporated in 2006, and under the direction of the same leadership since 2007.

The HCC has a mission to “**Cultivate partnerships and deliver quality health care to strengthen rural communities**”. The HCC is a rural health network, committed to improving the health status of underserved populations in its service area. The HCC was formally established in 2006, following a three-year period of the Network partners informally working together to address area health care needs, specifically to ensure that the health care needs of all citizens in our service area are met, particularly the needs of the under- and uninsured. The focus is to develop and implement programs that are responsive to documented health needs of county residents, with specific health status indicators as benchmarks for progress on addressing those needs. Since its inception, the HCC has developed into a comprehensive rural health network, with a wide variety of health, social services and community partners that provide health and wellness prevention and treatment programs for all citizens in our service area, and



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focused on the health care needs of low-income, under- and uninsured residents. The HCC's strength lies in developing collaborative relationships, utilizing the strengths of individual organizations to develop programs and services that are larger than any one organization.

Live Well Community Health Centers have achieved Level 3 Patient Centered Medical Home recognition under NQCA.

Target Population

HCC's target population includes all members of the community, with an emphasis on low-income community members at or below 200% of the Federal Poverty Level (FPL). For the UDS-Defined service area, 124,728 individuals live at or below 200% of FPL; 34.1% of the population; 16.0% of the population age 18-64 is uninsured.¹

Although the population is primarily non-Hispanic, of those who speak a language other than English, 1.11% report they do not speak English "very well".² There are 34,302 occupied housing units in the four-county service area. 6.99% of the population in occupied housing do not have a vehicle. Nearly half of HCC's patients are either uninsured or on Medicaid.

Fair Employment and Privacy Policies

HCC prohibits discrimination in service provision and employment practices and is committed to fostering an organization that respects and appreciates diversity and inclusion in its governance, employment, and service provision. It is the policy of organization to afford equal employment opportunity administered in compliance with federal, state, and local laws to qualified individuals regardless of their race, color, gender, age, religion, national origin, citizenship, physical or mental abilities or characteristics, sexual orientation, gender identity or expression, genetic information, veteran status, economic status, or other protected group status. We comply with all applicable federal, state, and local laws, regulations, and ordinances.

¹ ACS Profile Report: 2011-2015 (5-year estimates). Missouri Census Data Center.

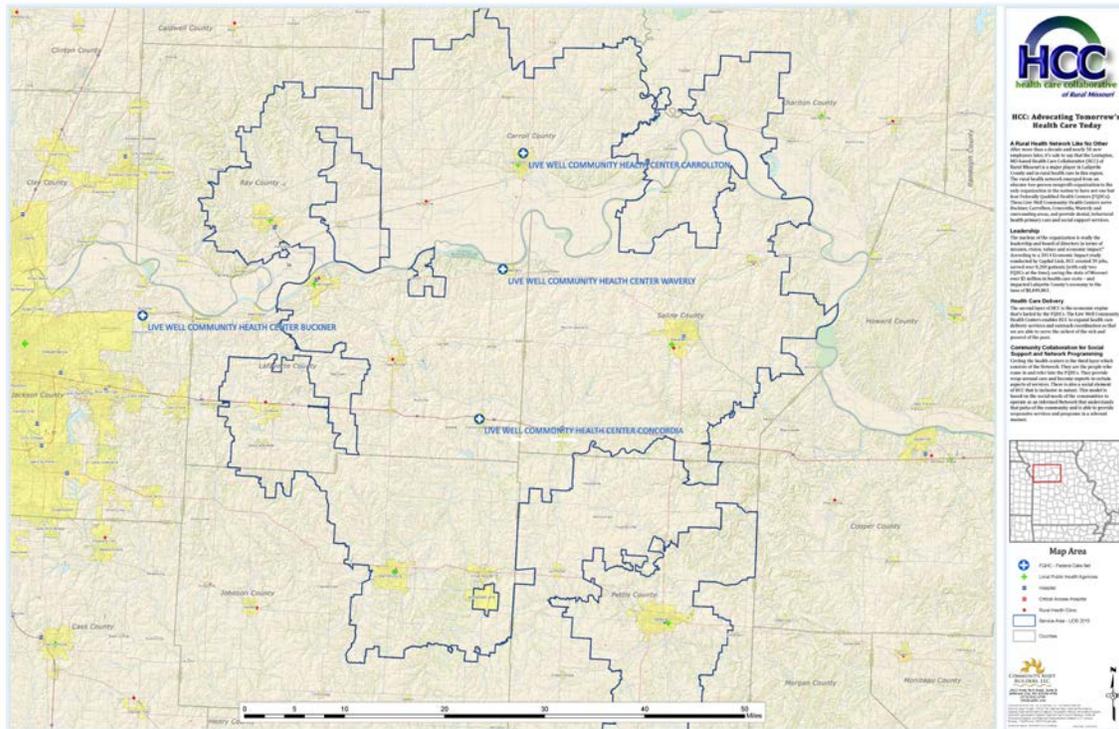
² ACS Profile Report: 2011-2015 (5-year estimates). Missouri Census Data Center.



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<p>THEORY OF CHANGE</p>	<p>By focusing our efforts and resources in five key areas that encompass the whole of HCC, we will have sustainable, positive impact across the communities we serve, the people within those communities, and the network. HCC uses the PDSA model (plan, do, study, act) to assure that it makes acceptable progress toward its long-term programmatic and financial goals as well as engages with all constituents regularly. Continuous review, measuring outcomes, and engagement will produce the desired results. The five key areas are:</p> <ul style="list-style-type: none"> ➤ HCC as a valued and competent health care provider serving all citizens, including the uninsured and underserved; and demonstrating professional excellence in all endeavors. ➤ HCC as a national and statewide leader in innovative rural health network systems and processes that sustain a healthy, financially-viable organization. ➤ HCC as an excellent place to work by employees, partners, and community members ensuring high-caliber staffing, low turn-over, and effectiveness across all locations. ➤ HCC as a market- and strategy-driven organization that serves community members, businesses, and others with a stake in the current and future health of Missouri’s citizens. ➤ HCC as a fiscally responsible organization that initiates and maintains health-related programs, innovations, education, and other services through a vibrant membership base and external funding sources.
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Emerging from the Theory of Change and the key areas of emphasis are HCC’s organizational goals for 2017-2020. Along with the goals presented below are the major strategies to accomplish the goals as well as an example of a benchmark. Each area of emphasis has multiple programs, strategies, action plans, and outcomes. Not all programs or strategies are delineated within this strategic plan.

An annual review of the strategic plan is undertaken to address any changes that have occurred in the environment, organization, programs, or mandates from grantors and funders. The Board of Directors will discuss and review the final annual plan with changes (if any). Additionally, HCC publishes an Annual Report which includes information, services provided, and outcomes met in the previous year. The Annual Report is distributed widely in its service area along with being available on the HCC web site (www.hccnetwork.org).



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GOALS

Goal 1: Implement systems and processes to collectively analyze and implement efficiencies and expertise in the organizational areas of Promotion, Coordination and Advocacy (PCA) as well as Fiscal Responsibility, Reporting and Accountability (FRA).

Major Strategies: 1) Through engaging businesses and organizations, the membership will increase its number of members to strengthen the work and connect these businesses and organizations to additional collaborations. 2) Information produced will be specific and effective and at an appropriate level. Through language that all demographics will understand, flyers will be created and distributed. Patient satisfaction survey results will be used to determine where marketing budget should be spent.

Benchmark example: Increase membership base by ten percent in 2017 using 2016 as base year.

Goal 2: Understand current and emerging trends in rural healthcare and client/customer segments and identify available opportunities.

Major Strategies: 1) **School Based Clinics.** Form collaborative relationships with the six school districts in Lafayette County to implement school-based clinics in their schools that will be available for all students needing access to healthcare while they are in school. 2) **HealthTran.** Collect data from community members to determine if there is need for transportation that will allow them to obtain health care and keep their appointments both within and outside of the community.

Benchmark example: Students who receive care in a school based clinic will receive information about family care available in a LWCHC, and services will be provided to that family within 6 months.

Goal 3: Enhance efforts to create a 'workplace of choice' by involving, recognizing, and encouraging employees to perform at their top levels while also building an accountability culture that rewards excellence and team work.

Major Strategy: 1) **Clinic Staff Retention and Recruitment.** Through strategic observation, education and communication, staff will feel empowered; anxieties will be alleviated; and, staff retained.

Benchmark example: Staff will be surveyed annually and exit interviews conducted by external human resources provider along with quantitative data on staff retention.

Goal 4: Increase efforts and programs to build expertise and gain attention on practices and programs that are innovative in the rural health care field.

Major Strategies: 1) **Rural Health Care Internships.** Connect health care organizations, schools and students to provide opportunities in diverse, rural healthcare settings. 2) **Online Learning Platform.** By bringing together appropriate community resources and members we will be able to provide online learning and training for health professionals, community members and students.

Benchmark example: Number of health care organizations, schools providing internship opportunities along with number of students taking those internships in rural organizations will be tracked, using 2016 as base year.



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Goal 5: Ensure all programs, efforts and employees are demonstrating professional excellence in all clinic activities and with all patients.

Major Strategies: 1) **Increase Medicaid Encounters** (50 in 12 months; 100 in 24 months through increased marketing and community education, LWCHC will increase Medicaid encounters (50 additional in one year; 100 additional in two years). 2) **Quality Improvement/Risk Management.** Through education to staff, QI/QA/Risk meetings, staff meetings and outreach events, increased patient and staff satisfaction as well as federal requirements will be met. 3) **ER Diversion/Effective Care Transition (ECT).** Overcome Emergency staff resistance to diverting people out of the Emergency Department.

Benchmark example: Number of efforts to educate and engage staff will be tracked along with opportunities for feedback (survey, interview, one-on-one meetings) will be gathered and reviewed.

Definitions and Acronyms	APCMH – Accreditation and Patient Centered Medical Home Initiative NCQA – National Committee for Quality Assurance OPPE – On-Going Professional Practice Evaluation OSHA – Occupational Safety and Health Administration CHW – Community Health Workers PCA – Primary Care Association DRVS - Azara Data Reporting & Visualization System PCMH – Patient-Centered Medical Home ECW – E-Clinical Works (HCC Electronic Medical Record) PHQ-2 – Initial Assessment Tool for Depression Screening EMR – Electronic Medical Record PHQ-9 – Follow up Assessment Tool for Depression Screening FTCA – Federal Tort Claims Act RMC – Risk Management Committee HRSA – Health Resources and Services Administration SDS – Safety Data Sheets MOQuIN – Missouri Quality Improvement Network UDS – Uniform Data System MPCA – Missouri Primary Care Association VFC – Vaccines for Children
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