



MACHC
Mid-Atlantic Association of
Community Health Centers

Strategic Plan 2014 -2017



Executive Summary

Transformational Change: Driving Success Through Evidence-Based, Value-Driven Actions

On March 23, 2010, President Barack Obama signed into law comprehensive health care reform through the Patient Protection and Affordable Care Act (PPACA). The law is designed to cover 32 million uninsured Americans nationwide, and make affordable care available to millions more. Not since the creation of the Medicare and Medicaid programs in 1965 has the American health system seen such sweeping changes that fundamentally change how care is financed and delivered.

However, even when fully implemented, the federal reform legislation will still leave millions of children and families across the country uninsured including in Maryland and Delaware. Community health centers' currently uninsured patients could remain without insurance coverage and new uninsured patients could also turn to health centers as their best option for care. For many in our States, community health centers (CHCs) have been leaders in local and state efforts to fix the broken health care system. Our community health centers have always had to advocate on behalf of their patients and to do more with less, giving care and serving those patients no one else will.

Health centers also provide needed dental, mental health, substance abuse, and pharmacy services. They work to eliminate barriers that uninsured and low-income people routinely face by offering health care services available to all with fees adjusted based on ability to pay, as well as services that facilitate access to care, such as outreach, health education, case management, language interpretation, and insurance enrollment. Additionally, health centers are located where residents would otherwise have little or no access to care. In Maryland and Delaware, these health center programs improve access to care. Our health centers in both states, served over 300,000 patients last year and have combined revenues of \$2 Billion.

On February 20th and 21st, 2014, the Mid-Atlantic Association of Community Health Centers (MACHC) team and Board of Directors held a Strategic Planning Retreat in order to discuss the direction and future plans for MACHC and its health center membership. The 2-day off site retreat resulted in the creation of a strategic framework that provides for four Bold Steps and a 3-year vision which were unanimously approved by the Board of Directors. It is a visionary and transformational plan which will position MACHC as a hub of information, resources, and data that launches a new era for member health centers in Maryland and Delaware. Furthermore, MACHC will position itself as a regional leader in the provision of access to high-quality care for the underserved and never served populations in the region through its member centers.

The document is MACHC's Strategic Plan, in Bold Steps and Action Objectives that will lead to successfully addressing and achieving each of the steps to continued and improved health care for Maryland and Delaware's uninsured and underinsured.

Bold Step One

HEALTH DELIVERY SYSTEM TRANSFORMATION

With the passage of the Affordable Care Act, health reform is on the verge of radical changes in terms of healthcare delivery and how healthcare is financed. The majority of these changes will be decided and implemented at the local level in Maryland and Delaware. Community Health Centers (CHCs) must lead the way for healthcare reform in their respective communities by fortifying key community partnerships and seeking out new relationships with potential stakeholders. The goal of MACHC's first Bold Step is to:

Position Members at the forefront of innovation in the Health Delivery-System in Maryland and Delaware and maximize their roles in the process.

In order to achieve this goal, MACHC will implement the following projects:

1.1 Strategic Partnerships: The goal of the first project is that clinics and the association will have necessary alignment at the state level in order to maximize relationships at the local level as integration is taking place in their communities. In collaboration with regional clinic association and members, MACHC will initiate or deepen prioritized relationship with the highest potential to become strategic partners. MACHC will also assist members in forming these partnerships.

1.2 Quality/Cost Effective Metrics: MACHC will first facilitate the development of case studies that demonstrate member's centers; quality and cost effectiveness utilizing data that is currently available through leverage our data warehouse project. Gaps in quality and cost-effective data will be identified, and a plan will be developed to collect that data. MACHC will explore the viability and necessity of a data warehouse.

1.3 Lead the Redesign of Primary/Community Health Model: MACHC will collaborate with its members to identify and develop a new Community Health Model- financial, business and medical models with respect to integrated healthcare delivery system options.

1.4 Advocacy: MACHC will help create favorable policy opportunities and mitigate barriers to maximize the role for CHCs in local integrated health care delivery systems as it pertains to reimbursement, new delivery models, contracting policies and regulations.

Bold Step Two

DATA ANALYTICS/PATIENT-CENTERED MEDICAL HOME

Health Care Reform includes important provisions aimed at improving the quality of care received by patients living with chronic conditions. Incentives will be utilized to motivate providers who care for patients as a part of "Patient-Centered Medical Homes" (PCMH) initiative. PCMHs utilize evidence-based chronic disease management programs, team-based care, robust health information technology systems used to optimize the patient visit, and the ability to exchange data across health care sectors. Moreover, there is an increased emphasis in population management and therefore the creation of an aggregate data warehouse for health centers becomes imperative for data exchange across the industry and with others. With these provisions in mind, the goal of the second Bold Step is:

MACHC will serve as a One-Stop Shop for Data Analytics information by providing real-time data, and every CHC will be given assistance with becoming PCMH certified.

In order to achieve this goal, MACHC will implement the following projects:

2.1 Technology and Data: MACHC will have the necessary technologies to leverage global clinical health outcomes data and financial data from our health centers through our data warehouse project to harness best practices within our clinics to improve quality of care while reducing the cost of care. MACHC will leverage our clinics expertise as Patient-Centered Medical Homes (PCMH). To this end, MACHC will continue to support our CHCs becoming PCMH certified and achieving "meaningful use standards" of their electronic health records. Key activities will include creation of an aggregate data warehouse to collect, examine and mine CHC data, and annual HIT landscape Survey, HIIT summit, helping clinics maximize available funding for EHRs, and ensuring that clinics continue to play a central role in both states HIT planning and a CMS innovations projects implementation.

2.2 Training on PCMH: In collaboration with our CHCs, MACHC will continue to provide technical assistance, training and resources necessary to support those CHCs in the process of becoming Patient-Centered Medical Homes. Over 60% of our CHCs in Maryland are PCMH certified and 100% of our CHCs in Delaware. data from our health centers through our data warehouse project to harness best practices within our clinics to improve quality of care while reducing the cost of care.

2.3 Payment Reform: In collaboration with the membership, MACHC will advocate for payment reform that will support clinics sustaining themselves while supporting health reform and payment reform efforts by both States.

2.4 Demonstration Projects: MACHC will utilize evidence from various demonstrations projects occurring at CHCs, including PCMH, Million Hearts, PCORI, and Healthy Hearts to support, inform and influence the implementation of reimbursement and curriculum training design of best practices for other health centers. MACHC will create a repository of best practices for our industry, including behavioral health integration in primary care settings, dental, pharmacy, substance and caring for vulnerable populations, such as the homeless. , MACHC will provide these as a resource for CHC to learn from one another as well as for others to learn of the quality work being performed throughout our health centers in Maryland and Delaware.

Bold Step Three

EFFECTIVELY DEMONSTRATE THE VALUE OF COMMUNITY HEALTH CENTERS IN MARYLAND AND DELAWARE

While compelling success stories and press events are exciting and bring attention to Community Health Centers, it is currently difficult for Maryland and Delaware Community Health Centers to articulate their value in terms of dollars saved for patients, providers, and insurers. Without articulating the value of health centers, it is difficult for MACHC to conclusively inform stakeholders of the greater value of health centers as industry when compared to competitors such as hospitals, urgent care centers, private practices, and other healthcare infrastructures.

MACHC will be able to quantitatively and definitively define the value of Maryland and Delaware health centers when compared to its competitors.

In order to achieve this goal, MACHC will implement the following projects:

Explore Clinical Use of Evidence Based Medicine: MACHC will collaborate with its members to identify best practices utilizing evidence based medicine to improve patient outcomes through leveraging the aggregate data warehouse. MACHC will work with its Clinical Committee, which consist of CHCs Medical Directors to lead this project and create various white papers that advances evidence best medicine within our health centers.

3.1 Develop a Value Proposition for Our Members: MACHC will collaborate with its members to articular are value proposition as a health center industry utilizing Quality and Cost data to demonstrate the value of CHC services. MACHC will leverage its aggregate data warehouse to mine the data to showcase best practices and articulate a value proposition of the industry.

3.2 Explore IPA and Joint Contracting Opportunities: MACHC will collaborate with its members to explore Independent Practice Association (IPA) development as well as leverage joint contracting opportunities. MACHC is working with leading experts in IPA development to provide training and technical assistance to our members on exploring this option. Joint Contracting leverages the joint purchasing power of the industry in Maryland and Delaware, to afford for our members to receive the best pricing for: Group purchasing models for medical supplies/equipment, centralized credentialing, centralized billing and recruiting for physician and other key personnel.

3.3 Workforce: MACHC will implement a multi-pronged approach to insure that health centers will have the workforce necessary to service their communities in the future as the new model of CHC is developed and we respond to market changes with health and payment reform.

Bold Step Four

BRANDING

Our Community Health Centers present a regional network of safety net providers across Maryland and Delaware providing high-quality care. They are mission-drive, use cutting edge technologies, are culturally sensitive, cost-effective, and never turn anyone away, regardless of their ability to pay. In this new age of health reform, Community Health Centers will be interacting with more stakeholders as well as a new patient population. More importantly, the current patients at these centers will have greater flexibility in choosing their health care providers. The goal of MACHC's third Bold Step is:

MACHC will increase market share through stakeholder engagement and consumer awareness, as well as develop a "brand" for all Maryland and Delaware community health centers.

In order to achieve this goal, MACHC will implement the following projects:

4.1 Audience Segment Definition for the Stakeholder Campaign: The goal of this project will be specifically identify the relevant stakeholder audiences and determine what data and information is needed to confirm the value of CHC to those audiences.

4.2 Communication Program Development for the Stakeholder Campaign: MACHC will orchestrate a detailed communications program aimed at external stakeholders that includes an overarching communications plan and timeline, materials, and technical assistance that will be available to regional clinic association and clinic members.

4.3 Communication Program Development for ACA Implementation: MACHC will facilitate the development of a detailed communications program aimed at targeted clinic consumers that includes an overarching communications plan and timeline, materials, and technical assistance that will be available to regional clinic association and clinic members.

Thank You

The development of this strategic plan was a highly collaborative process that involved many of the major thought leaders in the health center industry. MACHC would like to thank the following people who gave their time to make this plan possible

MACHC BOARD OF DIRECTORS

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About Mid-Atlantic Association of Community Health Centers:

The Mid-Atlantic Association of Community Health Centers (MACHC) is a 32-year old non-profit membership organization, whose members consist of community health centers, migrant health centers, homeless health centers, and local non-profit and community-owned healthcare programs.

MACHC is the federally designated Primary Care Association for Delaware and Maryland Health Centers. Our members provide health care services to the medically underserved and uninsured in Maryland and Delaware. MACHC is built on helping our members in the delivery of accessible, affordable, cost effective, and high quality primary health care to those in need.



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