

Strategic Directions - Summary Wrap-up 2016 – 2018

Goal One - Fiscal Sustainability and Growth

Goal Two - Building Community Awareness and Perception

Advances	Advances
Successful grant procurements achieved <ul style="list-style-type: none"> • Increased total grant funding by \$540,825 	Redesigned website and made significant enhancements to web presence
340B program expanded (existing program)	Significant increase in outreach activities, as well as personal speaking engagements by senior staff
8.3% growth in unduplicated patients	Improved community messaging through all opportunities, events and educational activities
A measurable improvement in several key financial measures	Active participation with many community groups
Implementation of financial and HRIS software	
Gained an increased level of quality incentive funds over previous years from \$141,117 to \$187,706	
Launch of the onsite pharmacy project	

Goal Three – Population Health Management

Goal Four – Operational Excellence

Advances	Advances
Expanded and improved care coordination	Appropriate leadership is in place and performing well
Began customer service initiative	Operational efficiencies improved
Acquired and implemented population health management software	Provider productivity improved
A measurable improvement in all clinical quality measures as reported on the monthly dashboard	
Implementation of Medicare Chronic Care Management program	
Participated in the design of a community needs assessment with community partners to help assure our service area was well represented	
Implemented a Patient Portal, designed to improve patient communications and participation with their health care provider	

Goal Five – Meeting Community Health Needs

Goal Six – Governance

Advances	Advances
Implementation of Medicare Chronic Care Management program	Significant effort and staff resources have been applied to marketing and public relations
Participated the design of a community needs assessment with community partners to help assure our service area was well represented	Significant increase in outreach activities, as well as personal speaking engagements by senior staff
Implemented a Patient Portal, designed to improve patient communications and participation with their health care provider	Dramatic improvements to community messaging
Continued to advance chronic disease management as evidenced by improved clinical quality measures	Held the first large scale community fund raising event
New or Expanded Services	Significantly improved compliance activities and reporting to the Board as evidenced by the development of a safety committee and risk management program
Implementation of Pediatric Dental program	Introduced board continued learning options
Implementation of Chiropractic care services	
Successfully recruited a pediatric physician and pediatric dentist	
Launched the onsite pharmacy project and nearing the opening	
Researched and entered into agreement to expand into Clinton county. Awaiting financial resources to implement	
Received two HRSA grants to fund expanded substance use disorder treatment and behavioral health. Presently working on provider recruitment phase	
Received funds to move forward with mobile health unit	

Environmental Scan Summary

STRENGTHS	WEAKNESSES
<p>Team based care model to affect productivity and acuity</p> <p>Telepsychiatry</p> <p>Expanded MAT</p> <p>Committed team approach to improvements in quality measures</p> <p>PCMH accreditation</p> <p>On site pharmacy</p> <p>Diverse, expanded services</p> <p>Strong community partners/support</p> <p>Modern, well equipped facility</p> <p>Balance of experienced and new, energetic provider base</p> <p>Supportive Health System relationship</p> <p>Outreach programs</p>	<p>Current medical provider productivity caused by no shows</p> <p>Longer than anticipated ramp-up periods for new providers and/or credentialing issues with insurances</p> <p>Lack of on-site radiology and blood draws for labs</p> <p>Inability to expand non-clinical support staff due to budget constraints</p> <p>Loss of pediatric dental services</p> <p>Lack of a perceived family-friendly environment in general dentistry</p> <p>Lack of availability of hygiene appointments (currently 6-8 months out)</p> <p>Employee engagement and those that are not truly here for the mission</p>
OPPORTUNITIES	THREATS
<p>Reimbursement for telehealth</p> <p>Performance based reimbursement if we <u>are</u> ready</p> <p>Increased PPS rate for medical</p> <p>Lack of dental providers in the area accepting Medicaid patients</p> <p>Lack of chiropractors in the area accepting Medicaid patients</p> <p>Increased awareness of what we do through marketing and outreach efforts</p> <p>Lack of affordable dental providers for uninsured patients (sliding fee scale)</p> <p>Telehealth for RHS</p> <p>New EHR software</p> <p>Potential partnering and/or collaboration with other FQHCs</p> <p>Mobile Health & Dental Services</p> <p>Expansion in to other geographic areas</p>	<p>Loss of physicians / providers due to retirement or other opportunities</p> <p>Competition for qualified staff</p> <p>Continued loss of women's health patients</p> <p>Low number of pediatric visits</p> <p>Geisinger's micro hospital and growth to our west</p> <p>Physician practices opening panels to Medicaid – additional competition</p> <p>Continuing threat of lower federal funding</p> <p>Decreased PPS rate for dental</p> <p>Regulatory changes to 340B program</p> <p>Physician practices offering "urgent care" model to attract patients to their PCP setting.</p> <p>Discriminatory contracting from 340b contract pharmacies</p> <p>Minimum wage being raised to \$15 per hour</p> <p>Cost of employer provided health insurance</p> <p>Loss of data access from UPMC (results, Sept or Oct 2019)</p> <p>Health Systems / Hospitals beginning to look at applying for FQHC status</p>

High-Level Strategic Plan Summary

Anchors	
Access to Quality Care	As a federally qualified health center, our primary purpose is to provide access to quality and affordable care for all.
	Historic data (Exhibit A) suggests that we have made limited progress expanding our reach beyond the immediate Williamsport area. While this area is the most populated and near the Center, steps should be taken to reach all areas of Lycoming county. Exhibit B identifies pockets of underserved populations that serve as opportunities.
	Along with reaching people in additional geographic areas, steps should be taken to reach individuals in a more diverse social economic stratum. This need is best illustrated by our current Payer Mix statistics (Exhibit C).
	Access to care also includes consideration of the health needs of communities outside Lycoming county. While the Board has determined that Clinton county represents an opportunity for us to expand access, additional areas around us are in need as well.
	Develop a plan to expand care throughout our region either directly or indirectly. Please see Exhibit D.
Community	Our duty to the communities we serve is to provide high quality care at the most affordable cost possible. The Center has adopted a “Patient Centered Medical Home” care model which brings many resources to bear to aid and encourage active patient involvement in their care.
	As represented in both the community needs assessment and our own population health statistics, we must continue to harness resources associated with chronic care management to achieve improved clinical outcomes and more importantly, improve the overall health of our patients.
	We must continue with and advance the care team approach to strengthen patient adherence and mitigation of barriers to care.
	We must find effective ways to communicate with current patients and potential patients throughout the region to share our message and access opportunities.
	We must continue to improve the perceived benefit to patients by improving service and innovation to deliver value to our patients.
Sustainability	In our world of limited financial margins and an extraordinary demand on resources, we must be continuously seeking to minimize expenses and maximize the impact of money spent.
	Create an efficient (right-sized) patient centered model for delivery of unsurpassed quality in these health care services that optimizes available resources for the foreseeable future.

Sustainability	
	Identify new strategies for the development of increased financial resources through grants, fundraising, donor commitments and new sources of revenue.
	Continue to embrace performance-based reimbursement or pay for performance systems to first, take full advantage of incentive opportunities and second, be fully prepared as these reimbursement methodologies impact or even replace current practices.
Workforce	An engaged, mission driven workforce is an absolute imperative. Regardless of how quality is defined, it cannot be achieved without a well-trained, mission driven workforce. Our workforce touches every aspect of the patient experience and in a very large part drives patient satisfaction.
	Leadership will focus resources on building employee engagement in the first year of this plan.
	Additionally, a continued commitment should be placed on leadership development with an emphasis on succession planning for management level positions. The significant strides achieved in recent years need to be continued with clear and mutual expectations.
Partnerships & Collaboration	With an extraordinary demand on resources, business and community partners will continue to play an important role in our success. We must identify like-minded partners with mutual goals and objectives to work with as we expand services and service areas.
	Continue to consider and develop collaboration opportunities with other FQHCs, health systems, MCOs, community-based care organizations and others to advance a healthier community.
	Similarly, use these relationships to reduce costs and expand access to care.
Technology	Technology will rapidly become a major competitive advantage or limiting factor to future growth.
	Take aggressive steps toward implementation of state-of-the-art electronic health record.
	Take full advantage of the technology available for patients care, population health measures, and communication with new and existing patients.
	Position the organization to take full advantage of telehealth opportunities when billable opportunities present.

Five Year Vision - Projects (goals) Under Consideration

Urgent Care Service, including Radiology & Phlebotomy

Mobile and Fixed Care Sites in High Need Areas

Electronic Medical Record Software integrated with Regional Providers

Financial Sustainability -With improved options such as real estate ownership

Developed and articulated Succession Plan

Functional Strategic Partner Arrangement

Fully Developed Regional Plan

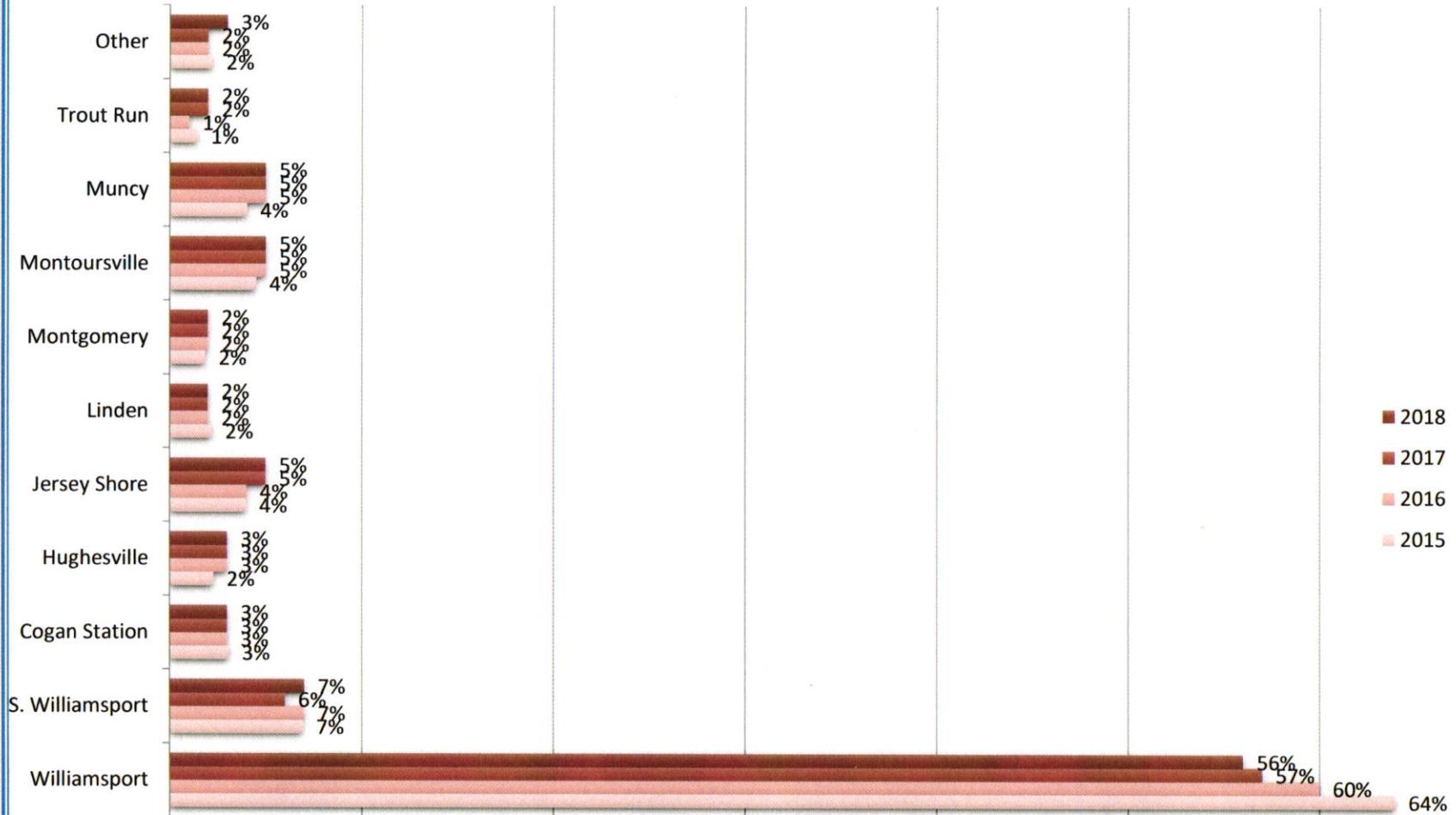
Additional Services such as Vision, Podiatry, Mental Health

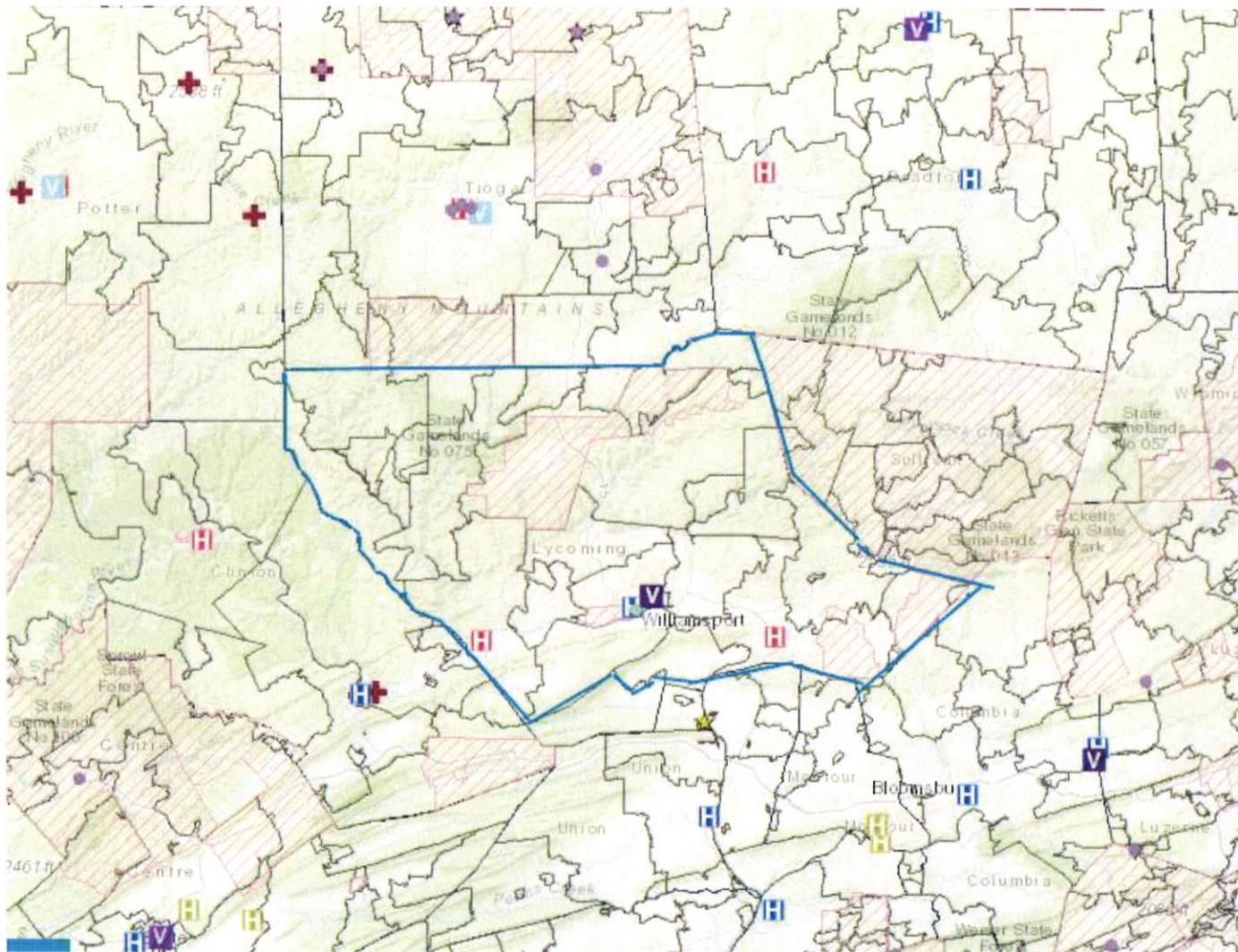
Population-based Community Care Model (schools, elderly housing, community centers, etc.)

General Population Telehealth

Top-of-mind Awareness of our services (brand awareness)

Patients by Zip Code (Top 10)





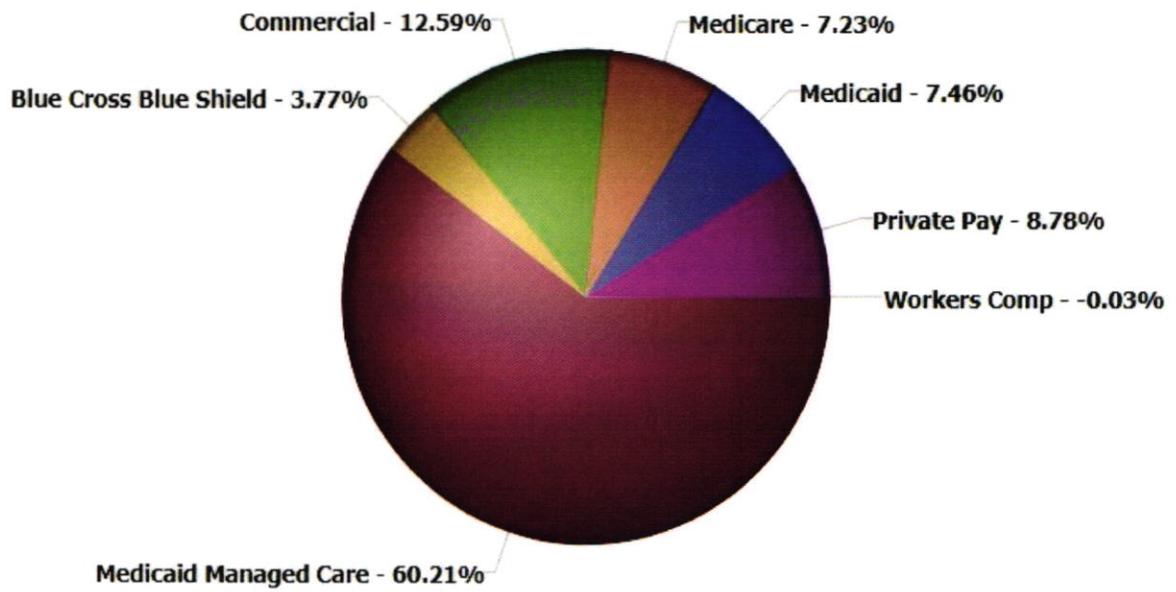
Service Area & Medically Underserved Areas

River Valley Health and Dental Center’s service area is Lycoming County (outlined in blue). A service area for a FQHC means that at least 75% of patients served must come from that designated area. We are able to serve patients outside of our “service area”.

The slanted red striped areas represent “Medically Underserved Areas”. These areas are designated by HRSA as having too few primary care providers, high infant mortality, high poverty, or a high elderly population.

FQHCs must serve at least one Medically Underserved Area (MUA) and/or Medically Underserved Population (MUP).

% of Payer Mix



Targets for change:

Commercial	16.36%
Medicare	7.23%



*Counties without health centers appear in white