

	Goal	Objective	Senior "Owner"	February 2021 Report to the Strategic and Program Planning Committee	July 2021 Report to the Strategic and Program Planning Committee
1.a	Demonstrate that CHC provides access to high quality care to improve the individual health and well-being of individual patients and to improve the health of the population served.	Measure, monitor and improve performance in HRSA required and self-selected quality measures.	Dr. Locke Simons	Awarded a HRSA supplemental quality improvement grant for one-time funding in the amount of \$292,500 to improve hypertension control using technology based solutions - i.e. peripheral self-monitoring devices with a majority of our patients with hypertension (controlled and uncontrolled). Funds awarded on January 8, 2021 with project completion by the end of FY 2023. Project is being implemented through our Quality and Population Health Department.	Hypertension grant has been implemented. Recent projections require an adjustment of the goal of equipping a majority of our patients with peripheral self-monitoring devices to an estimated 3,000 patients. Deployment strategy has been modified and equipment is not being deployed from all medical practices rather than centrally.
1.b		Develop and maintain internal resources to support care coordination and improve quality as measured by Medical Loss Ratio and HEDIS measures,	Dr. Locke Simons - designated to Terri Woodrome	No specific progress to report, though our Quality and Population Health staff are working diligently and should have some good news to announce regarding additional quality incentives in the future.	Quality and Population Health staff continue to work diligently at closing gaps in care and meeting quality goals. In 2020, quality team assisted in bringing over \$1.38 million in incentive payments to CHC. The Director of Quality and Population Health is scheduled to provide an orientation to their work at the July Board meeting.
2.a	Address the unmet need for health care services for targeted vulnerable populations.	Develop outreach and patient care model to ensure that patient care services are accessible and culturally appropriate for homeless individuals and families.	Brooke Holloway	1) As it relates to our farmworker populations: we are pleased that we have begun offering Covid 19 vaccinations to those who meet the age DHEC eligibility criteria. 2) Through our partnership with Choose Well they have started to offer funding for lower classes of birth control including Depro-Provera and oral contraceptives. We are working on operationalizing that so we will be able to extend this service to our uninsured and low income populations that qualify. 3) We continue to meet the need for PrEP in conjunction with our HIV/Aids provider partners.	1) Choose Well services have been extended to patients in McCormick. 2) We are the only provider in the area taking new HIV/Aids patients; however, we are encountering barriers to capturing prescriptions for HIV meds and PrEP at our pharmacy due to Upper Savannah Consortium use of preferred pharmacies. While patients are receiving good medical care from CHC, their pharmacy services are not integrated and we realize no contribution margin from their prescriptions to assist in supporting the services provided. 3. Community Health Worker continue to engage with homeless population through general community outreach. 4. Migrant and seasonal farmworker population served at optimal capacity with Covid 19 vaccination effort.
2.b		Develop a Controlled Substance Initiative intended to reduce opioid abuse through a multidisciplinary and multidimensional approach including the provision of Medication Assisted Therapy (MAT).	Dr. Locke Simons and Dr. Dominic Mellette	Demands associated with Covid 19 response have delayed working with the providers on waiver education and an implementation plan for MAT services; however many are interested in becoming waived and offering those services.	Efforts have been restarted to initiate a comprehensive MAT program with counseling done either in-house or through collaboration with Cornerstone. Task force to meet in July to start planning. Members attended the Greenwood Opioid Emergency Response Team meeting in July. A number of providers have been identified to participate, but would like structure of program in place first. HRSA has offered a premium payment for providers achieving waived status for MAT. CHC will be passing that incentive on to newly waived physicians.
3.a	Increase capacity/access and expand services system-wide with a focus on meeting the continued demand for services in the Greenwood area.	Add or expand a site in the Greenwood area with a possible focus on same day/urgent care need	Dr. Jason Dahlberg	Continuing in a holding pattern on additional family medicine locations until we see how the demand for services and patient utilization patterns settle out on the other side of the pandemic.	This discussion has resurfaced in leadership team meetings with the likely recommendation that this objective remain under consideration going forward.
3.b		Focus on improving access by enhancing the ability of CHC sites to function as a system of care rather than as independent practices.	Dr. Locke Simons	One naturally occurring consequence of operating in a pandemic has been a lessening of the "turf" lines. In addition, Dr. Dahlberg's scheduling of family medicine providers across various sites has positive impact and Pediatrics has also developed a transition plan to effect a smooth transfer of patients to Family Medicine once they become "young adults."	At last check in the work flow for transfer from pediatrics to adult medicine appears to be working well. Quality and Population Health staff have begun to serve as a resource for connecting patients across practice lines.
3.c		Develop telehealth options that are financially viable and appropriate for the patients served.		Continue to monitor the number and percent of our visits that are conducted via telehealth.	Not a strong appetite for telehealth among our patient population.
3.d		Expand the network of contract dentists to provide more geographically dispersed access to oral health care for low-income, uninsured, and underinsured adults.		No option to pursue during Covid 19 pandemic.	No progress to report.
4.a	Expand the reach of the Department of Pediatrics to: a) reach underserved populations; b) create more convenient access for families in outlying communities; and c) improve overall access to high-quality pediatric care in CHC's service area.	Targeted marketing and outreach to engage adolescents in a primary care medical home.	Dr. Juan Bonita	Addition of Dr. David Bowen, a pediatrician joining the Department in May will increase our capacity to conduct more aggressive outreach and complete more well-child visits. Dr. Bowen will be "floating" to a all pediatric locations as needed.	Dr. Bowen has been onboarded and Dr. Groot will be onboard in August bringing us to full capacity for current pediatric facilities, including the planned addition of pediatrics at Lakelands Family Practice.
4.b		Evaluate opportunities to increase access to a pediatric provider at existing CHC practices: McCormick, Saluda, and Abbeville counties.	Dr. Juan Bonetti	Decision has been made to add pediatrics to the services available at Lakelands Family Practice in Laurens County. This will be accomplished by moving one pediatrician (Dr. Chard) from Hometown Pediatrics to see patients on a full time schedule at LFP. Dr. Chard will continue to share practice and hospital call with the Hometown pediatricians. This move is contingent upon the start date of a newly recruited pediatrician currently concluding her residency at Prisma Health in Greenville. The planning has been initiated for the necessary facility modifications, equipment purchasing, and staffing.	Lakelands Pediatric project is progressing according to plan and expected timeline.
4.c		Expand pediatrics to a new site that serves Abbeville/Anderson county corridor.	Paul Grogan	Unmet need in this geographic area will be re-evaluated during 2022-25 Strategic Planning process.	Recommend deferring re-evaluation until projects at both TCC and Lakelands are complete.

5.a	Expand access and enhance quality through the continued growth of Carolina Community Pharmacy and the CHC Department of Pharmacy.	Integrate pharmacy services into the primary care medical home to achieve optimal clinical benefit.	Dr. Dominic Mellette	Though the pandemic has paused our plans for fully integrating clinical pharmacists in our medical sites, the clinical pharmacists are playing a key role assisting with CHC's vaccine clinics.	Recommend carry-over into 2022-25.	
5.b		Develop third commercial pharmacy site in Clinton.	Paul Grogan	On hold through pandemic. To be re-evaluated during 2022-25 Strategic Planning process and contingent upon the outcome of proposed health center expansion funding.	Increased focus as a result of ARPA funding. Recommend carry-over to 2022-25 plan. Chic has been contacted by Presbyterian College of Pharmacy about taking over operation of their retail pharmacy. Location may not be viable; however Dr. Mellette and Ms. Veer will be meeting with college leadership in the next month to evaluate options.	
5.c		Evaluate contract pharmacy options and implement contract arrangements with strategically selected partners.	Paul Grogan	We have entered into a contract with a 3rd party vendor that will help to determine eligibility for specialist prescriptions to be filled by our contract pharmacies. 340B eligibility for prescriptions written by provider not employed by or contracted with CHC required documentation of a referral relationship and evidence that our provider maintains responsibility for overall care of the patient. This 3rd party vendor used a technology solution to identify and document eligibility. This will provide additional savings to flow to CHC from our contract.	Contract pharmacy revenue from Curant pharmacy has diminished due to the aforementioned barriers in filling HIV/Aids and PrEP prescriptions.	
6.a	Expand access to behavioral health services to address the barriers that are preventing CHC patients from receiving needed services	Address critical need for behavioral health counselor for LC4/Hometown Pediatrics.	Sue Veer			
6.b		Explore options in addition to partnership with Beckman Center to maintain and expand behavioral health services.	Sue Veer	The recruitment process is underway for the CHC employed behavioral health counselors that will be staffing the integrated services that align with and compliment the services provided by the Beckman counselors assigned to our medical practice sites. A second interview is scheduled with a very strong applicant for the pediatric counselor and if that goes well, we will be extending an offer. Overall we have had 17 applicants with 6 applicants meeting the full criteria for the positions. In addition, the Behavioral Health Coordinator has continued to support staff needs during the pandemic through webinars, office hours, and individual counseling sessions.	Behavioral Health Coordinator is now the Director of Behavioral Health and has hired a pediatric integrated Behavioral Health Counselor. Recruitment continues for a family medicine integrated Behavioral Health Counselor. Collaboration with Beckman continues though we are now down two counselor positions and Beckman is having trouble filling the positions.	
7.a	Enhance patient and family support services.	Develop a proposal for a pilot peer support group and/or peer support counseling model.	Brooke Holloway	Nothing to report in this area but would like to prioritize in upcoming Strategic Planning process.	Recommend carry-over to 2022-25 plan.	
7.b		Develop and pilot a Family Advisory Council in conjunction with pediatric medical home model.	Brooke Holloway	Nothing to report in this area but would like to prioritize in upcoming Strategic Planning process.	Recommend carry-over to 2022-25 plan.	
8.a	Reduce the barriers to recruiting qualified staff and minimize turn-over.	Conduct a comprehensive compensation study and address any identified deficiencies in pay grades and compensation plans.	Paul Grogan	No targeted analysis needed during this reporting period. Pay grade increases for specific position or individuals are dependent upon expanded or changed job responsibilities and require the approval of the relevant senior leader.	1. In May the Board approved the operating budget for FY22, which includes an overall 5% increase to the pay scales. 2. The leadership team implemented a provision in the Provider Compensation Plan that allows educational premium to be added to the annual salary of APRNs who complete a Doctorate in Nursing, which is the recognized terminal degree in nursing science. The premium range is \$0 to \$10,000 based on prior performance and contingent upon the recommendation of the Clinical Department Head. 3. Recruitment and retention of support staff continues to be a challenge and factors in the employment environment point to additional financial impact in the future.	
8.b		Continue to maintain and enhance effective employee communication using a variety of vehicles.	Brooke Holloway	Quarterly meeting being planned for March/April.	CHC received a \$25,000 workforce development grant focusing on health equity and the impact that staff perceptions, attitudes, and behaviors can have on health equity and health disparities. The grant funds are being applied to a employee learning collaborative that includes a baseline survey of the knowledge, beliefs, and attitudes of leaders and middle managers, followed by a facilitate learning and listening session. This initial collaborative group will help to inform and shape strategies to improve health equity and reduce health disparities. The survey tool can be viewed at https://www.surveymonkey.com/r/Preview?sm=wWGTZQvuT0llGkSZq0xTrdUyYWcjQR87b1xrbNytb84_2BviOUU7TU6APTuL_2Fgu6fv	
9.a	Ensure the uninterrupted continuation of governance and leadership	Develop staged plan for recruitment and development of new board members.	Sue Veer	No progress on board recruitment but looking forward to implementing an enhanced recruitment strategy following this month's Executive Committee meeting of the Board.	Ms. Johanna Bishop recruited to the Board and New Board Member Orientation conducted in July. A new proposed candidate from Calhoun Falls will be interviewed before end of July with expectation that if nominated and elected, she will attend the Board Retreat in September.	
9.b		Continue the development of planned and emergency leadership transition plans for the senior management team and other key leaders.	Sue Veer	Covid 19 response has redirected time and effort of leadership team; target date for senior manager and key leader emergency transition plans shifted to June 1, 2021.	No progress to report.	

10.a	Provide necessary upgrades to facilities and equipment to support quality and operational effectiveness	Finalize and implement conversion of Pharmacy Information System.	Dr. Dominic Mellette			
10.b		Upgrade to digital x-ray at all sites where radiology is performed.	Miriam Ferguson	Ongoing as resources allow. Health center expansion funds proposed by President Biden may allow for expedited timeline.	Ridge Spring and Lakelands to be upgraded in this year as a result of increased funds from ARPA.	
10.c		Implement an EKG replacement program.	Miriam Ferguson			
11.a	Implement and maintain state-of-the-industry technology that promotes the effective delivery of patient care and supports efficiency of operations.	Facilitate the implementation and maintenance of an electronic health record system that supports the needs of the organization in the current and emerging health care delivery system.	Miriam Ferguson, Dr. Locke Simons, and Paul Grogan			