

Please note that lines highlighted in yellow indicate the the objective on that line has been completed.				
Please note that cells highlighted in green represent new goals and/or objectives.				
Goal	Objective	Senior "Owner"	February 2020 Report to Strategic and Program Planning Committee	July 2020 Report to the Strategic and Program Planning Committee
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	Conversion to EPIC by OCHIN has provided additional performance metrics as we are now part of a multi-state network of OCHIN health centers and receive a monthly scorecard which benchmarks the members on clinical and revenue cycle measures. Based on the scorecard for January, CHC ranked 68 out of 106 members on the aggregate of clinical measures, and 23rd out of 106 on diabetes control. This is after only 7 months on the system.	We continue to perform well among the OCHIN multi-state network of health centers - nothing specific to note.
	New: Develop an effective response to the Covid 19 pandemic that maintains and enhances our capacity to continue providing care at our established practice sites and extends our services into the community in order to prevent, diagnose, and treat Covid 19.			A summary of Covid 19 Response to date will be developed and distributed within 2 weeks of this report.
	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	Resulting from the work of our Quality and Population Health team, in collaboration with clinic operations staff, CHC continues to perform in the upper 3rd of CIMS health centers as it relates to MLR and HEDIS. Notable is the work the staff has done to capitalize on community resources and partnerships - i.e. mobile screenings, etc.	Quality and Population Health staff continue to develop strategies and partnerships to ensure gaps in care are addressed and that patients are using the most cost effective source of care. Most recently, on July 23, 2020 they coordinated a women's health screening event in collaboration with Self Regional and using their mobile mammography unit.
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.) Through Dr. Dahlberg's efforts with the Bethany Center, we feel like we are accessing as much of the homeless population as we can at the moment. Some of the service providers for the homeless are linking them with the free clinics in town as well, and we are okay with this as long as everyone is being taken care of. Due to an identified need and the availability of some funding, Shantate's work has shifted to other vulnerable populations such as those living with and at risk for HIV/AIDS and those who are in need of contraceptives and related counseling services. 2.) CHC staff are actively involved in the South Carolina Community Health Worker Association with one individual registered to attend upcoming certification training.	Both employees originally hired as enrollment counselors for the ACA marketplace have completed a Community Health Worker certification course and their roles have been expanded to focus on outreach to and engagement with targeted vulnerable populations. One of these CHWs (Kathy) serves as our Migrant Health Coordinator and conducts outreach with the general Hispanic population. The other CHW (Shantate) is integrally involved with clients enrolled in the PreP program, and also works with the Choose Well program, which involves contraceptive counseling and the provision of long acting reversible contraceptives.
	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	To be address during March report to the Board by Behavioral Health Coordinator.	1) The Controlled Medication Stewardship Committee was established and is spearheaded by Dr. Dominic Mellette and Dr. Locke Simons. The Committee meets regularly, has established guidelines for prescribing controlled substances, and conducts periodic reviews of individual prescribing patterns, based on high utilization, outliers and anomalies. The work of the Committee has been well received by providers and has had a positive impact on prescribing patterns. 2) We have determined that to implement MAT we will need a physical location separate from any of our existing practices. While we will certainly keep this option open should an opportunity present itself, due to our focus on pandemic response, we are not actively looking for a location at this time.

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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	Though active planning is on hold as we build our financial resources, we remain aware and open to any opportunities that may appear. Particular interest in looking at creative ways to expand capacity of The Village Family Practice to accommodate the continued flow of prospective new patients while managing a large panel of existing patients.	No active progress due to the pandemic response, but we remain open to options that may emerge.
	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	Ongoing as a result of the work of the clinical department chiefs.	Pandemic response appears to have positively impacted communication and collaboration among the practice sites.
	Develop telehealth options that are financially viable and appropriate for the patients served.		Statewide summit upcoming March 31st - April 1st.	The statewide telehealth summit was cancelled at the onset of the Covid 19 pandemic. However, in response to the need created by the pandemic, policies limiting the use of telehealth, as well as reimbursement rules were relaxed enabling and even encouraging increased use of virtual visits. CHC implemented expanded telehealth options beginning in March 2020 that range from telephone-only visits using a 3rd party system, to fully-integrated audio-visual My Chart visits in our Epic EHR. The providers have been trained and the availability of telehealth options has been publicized to patients. While the rate of telehealth visits is only about 1% of total visits, the platform remains a viable option for patients who are at risk of severe infection with Covid 19, as well as those who prefer telehealth over traditional visits.
	Expand the network of contract dentists to provide more geographically dispersed access to oral health care for low-income, uninsured, and underinsured adults.		No activity to report.	No option to pursue due to Covid 19 pandemic.
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 Bonetti	No specific activity to report related to adolescent market - overshadowed by flu and sick season.	1) The Department of Pediatrics spearheaded the efforts in telehealth and were the first sites to offer audio visual visits. Telehealth visits remain an option for those parents who wish to limit potential exposure for their children. 2) We continue to actively respond to potential pediatrician candidates in order to remain well positioned for expansion as opportunities become apparent. We currently have 3 excellent candidates in the pipeline.
	Evaluate opportunities to increase access to a pediatric provider at existing CHC practices: McCormick, Saluda, and Abbeville counties.	Dr. Juan Bonetti	With the addition of Dr. Pollyanna Lam at TCC we are fully staffed; however, extending our pediatric reach outside of the 2 peds sites will require excess staffing (both provider and support staff), a strategy that remains on hold until operating capital is available to support the initiative during its development and ramp-up.	Nothing to report at this time.
	Expand pediatrics to a new site that serves Abbeville/Anderson county corridor.	Paul Grogan	Continue to carefully evaluate options for the most productive and cost effective use of the available space at TCC.	Nothing to report at this time.

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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	Evaluating potential of integrating clinical pharmacists into the Medicare Annual Wellness Visits. This model has been tested and is ongoing in several states. The dual benefit is enhanced education and adherence on the part of patients and supporting the medical providers ability to conduct up to 3 regular encounters at the same time as the pharmacist is conducting the majority of the AWW, which typically takes up to 60 minutes. Plan to coordinate site visit at health center with well tested program in place and initiate necessary training of up to 3 clinical pharmacists.	A site visit to Central Virginia Health Services - a health center with a model program - was scheduled for early April, but had to be postponed due to the onset of the Covid 19 pandemic. The integration of clinical pharmacists into the medical practices is temporarily on hold due to our focus on pandemic response; however, one the pharmacists are actively involved in the counseling of patient receiving PreP - pre-exposure prophylaxis as a strategy for HIV/AIDS prevention. When we initiated PreP it was almost exclusively dependent upon our contract pharmacy, but we are seeking to move more patients to our inhouse pharmacy and are currently at approximately 50%.
	New: Maintain business volume during Covid 19 pandemic.	Dr. Dominic Mellette		Both pharmacy sites rapidly adapted to the onset of the Covid 19 pandemic, closing the stores to walk in traffic and converting to 100% drive through and curbside service. This requires reconfiguration of the drive through lanes and parking lots to accommodate a significantly increased volume of cars; however, we saw only a marginal drop in volume and that has rebounded. The pharmacy has since taken the necessary steps to mitigate risk and the stores are once again open to walk in traffic. Pleiglass shield have been erected, customers and staff are required to wear face coverings, and we have limited the number of people in a store at any given time.
	Develop third commercial pharmacy site in Clinton.	Paul Grogan	On hold.	Hold.
	Evaluate contract pharmacy options and implement contract arrangements with strategically selected partners.	Paul Grogan	Well-performing system in place for monitoring performance of existing contract arrangements and evaluating potential for others. Contract pharmacy continues to offer significant benefit to CHC and our patients.	Contract pharmacy continues to grow, capturing 27% of prescriptions written by CHC providers in June 2020. We continue to evaluate additional opportunities that can be implemented effectively and in full compliance with 340B requirements.
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	Implemented and performing well.	Complete.
	Explore options in addition to partnership with Beckman Center to maintain and expand behavioral health services.	Sue Veer	Behavioral Health Coordinator will present results of her corporate wide assessment along with options for strengthening and enhancing services at the March or April meeting of the Board of Directors.	In-house Behavioral Health Coordinator was hired in September 2019, fully oriented, and has completed her initial needs assessment, which was presented to the Board of Directors at their June 2020 meeting. Currently on maternity leave; however, plan for increased coordination of care has been implemented. A series of webinars have been offered to staff to support them in coping with Covid 19 pandemic.
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 at this time.
	Develop and pilot a Family Advisory Council in conjunction with pediatric medical home model.	Brooke Holloway		Nothing to report at this time.

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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	Continuing to take a targeted approach as needs arise. Nothing new to report on educational strategies as holidays and seasonal demands have impacted collaborative effort.	Continuing targeted approach. Following the onset of the Covid 19 pandemic and at the March 19, 2020 meeting of the senior leadership team, a decision was made to offer paid emergency administrative leave for employees unable to work as a result of suspected Covid 19 exposures. Following the enactment of the Families First Corona Virus Relief Act and at the March 30, 2020 meeting of the senior leadership team, a decision was made to adopt the provisions of FFCRA paid leave despite the legal exemption for health care providers. These decisions to implement Covid 19 related emergency paid leave has positively impacted employee loyalty and retention. We continue to evaluate their financial impact and have recently implemented a useful framework for responding to possible exposures and determining eligibility for paid leave.
	Continue to maintain and enhance effective employee communication using a variety of vehicles.	Brooke Holloway	Efforts ongoing. Full-day/full management team meeting scheduled for Thursday March 5th and corporate wide staff meeting scheduled for Tuesday, March 24th.	F2F meetings suspended; however, communication via emails and Zoom has been increased.
Ensure the uninterrupted continuation of governance and leadership	Develop staged plan for recruitment and development of new board members.	Sue Veer	Meeting of the executive Committee held in January to initiate structured planning for perpetuation of leadership at the board and staff level. Future reports to be provided by the Chair of the Executive Committee.	Priority for August meeting of Executive Committee.
	Continue the development of planned and emergency leadership transition plans for the senior management team and other key leaders.	Sue Veer		Priority for August meeting of the Executive Committee.
Provide necessary upgrades to facilities and equipment to support quality and operational effectiveness	Finalize and implement conversion of Pharmacy Information System.	Dr. Dominic Mellette		
	Upgrade to digital x-ray at all sites where radiology is performed.	Miriam Ferguson	Ongoing as resources allow.	Ongoing as need and resources align.
	Implement an EKG replacement program.	Miriam Ferguson		
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	We feel we have "turned the corner" and are returning to full productivity. In addition, realizing many of the advantages of the new system. Completion of the UDS Report required accessing data from two systems; however, moving forward we will be in full EPIC mode.	Complete; however, we continue to work without OCHIN partners to optimize the use of the system