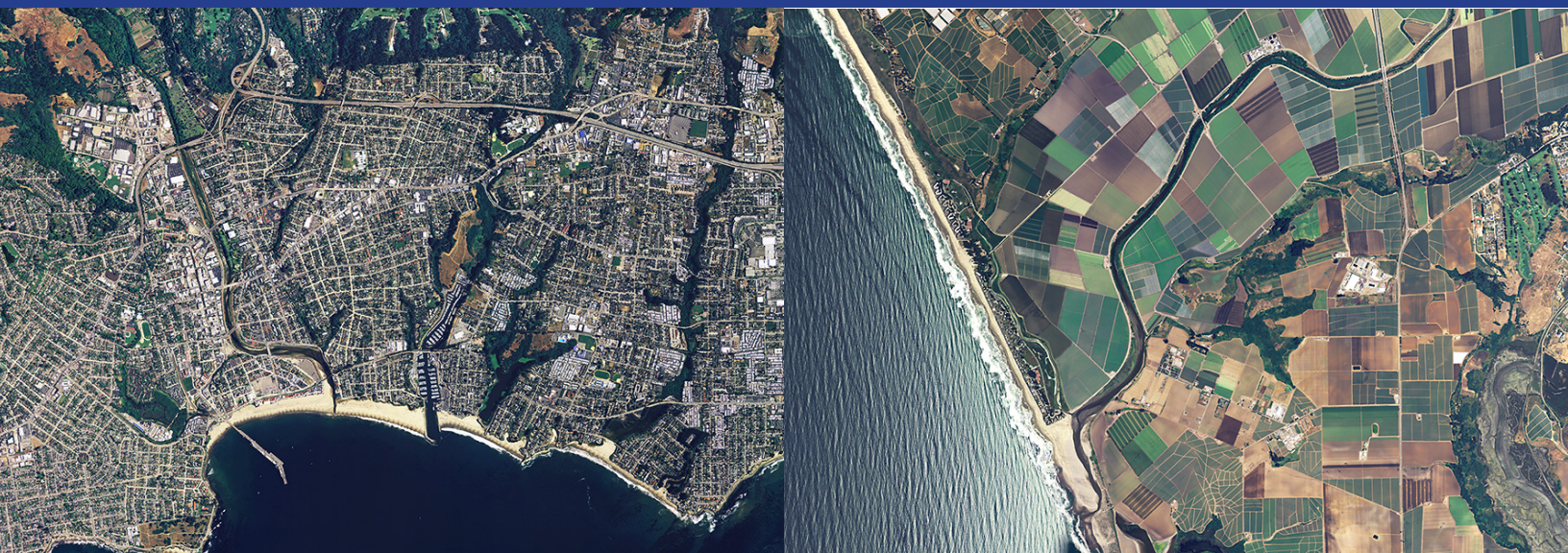




Health Improvement Partnership of Santa Cruz County (HIP) 2015-2020 Strategic Plan

November 2015



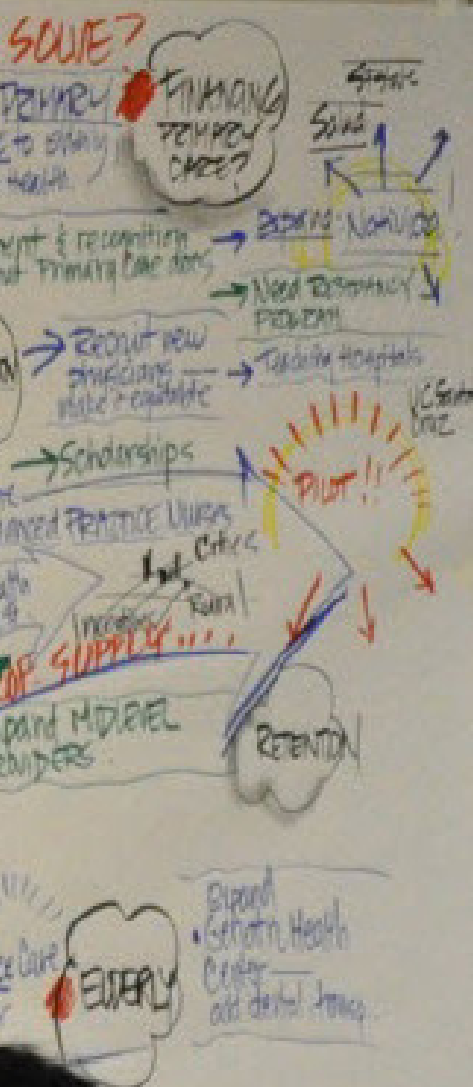


TABLE OF CONTENTS

INTRODUCTION	1
EVOLUTION OF HIP'S MISSION	3
HIP'S 2015 LISTENING TOUR	5
HIP'S CURRENT PORTFOLIO AND GOALS	7
IMPLICATIONS FOR THE FUTURE	13

INTRODUCTION

Strategic plans are typically – and appropriately – geared to the future. As the Health Improvement Partnership of Santa Cruz County (HIP) enters a second decade, we cannot predict the exact contours of the health care landscape that will affect HIP and its members. Indeed, HIP is entering not only a new phase, but also will be doing so under new leadership. This plan is intended to provide a brief overview of HIP's origins, how it has expanded to meet changing needs, and where its immediate focus aims to be in the next 5 years to continue to fulfill its mission.



A Brief History of HIP

In 2002, Santa Cruz County's Health Services Agency (HSA) submitted a proposal to the federal Health Resources and Services Administration (HRSA), part of the U.S. Department of Health and Human Services, for funding under the Community Access Program (CAP).

Like many such large-scale federal grants, HRSA's CAP grants required applicants to include and describe coalitions geared to the health systems change goals supported by this funding stream. The Santa Cruz County application obliged by formalizing an existing coalition of safety net clinics and adding a broader "Care Coordinating Council" with representatives from the safety net clinics, hospitals, provider groups, Santa Cruz County's County Operated Health System (the Central California Alliance for Health, or the Alliance), local philanthropies, and others.

Unlike coalitions typically formed to fulfill grant requirements, the two groups pitched in the successful 2002 CAP grant had staying power. In 2015, they are still operating in tandem as the Safety Net Clinic Coalition and the Health Improvement Partnership of Santa Cruz County (HIP).

HIP's original portfolio focused on one core issue: increasing coverage for Santa Cruz County's uninsured, who at the time numbered 42,000 – 17% of the County's population. As described in this Strategic Plan, HIP's mission and portfolio have expanded beyond this initial goal, reflecting national health system changes such as expanded coverage through the Affordable Care Act (ACA) as well as more local success in expanding coverage.

HIP's Current Structure

The 2002 HRSA proposal provided initial funding for a paid staff member, which continued for several years with successive CAP grant awards from HRSA. In 2004, HIP incorporated as a 501(c)3. Today, the original federal funding from HRSA has been replaced by a more diverse mix of membership dues and contributions, donations, service contracts, and grants from California philanthropies. The organization has grown to six staff, including an Executive Director, Executive Assistant, Finance and Human Resources Administrator, two Program Coordinators, and Program Assistant.

HIP's Executive Committee reviews and approves most policy and financial decisions, which are then sent to the broader 26-member Board for e-vote approval. The Executive Committee officers include a President, Vice President, Treasurer, Secretary, and three members at large. As a group, the Executive Committee reflects HIP's major categories of members: safety net clinics, the County's public health agency (HSA), hospitals (Dignity Health-Dominican and Watsonville Community Hospital), provider groups (Palo Alto Medical Foundation and Physicians Medical Group of Santa Cruz), and Medicaid managed care organization (the Alliance). Eighteen additional HIP Board members represent other County agencies and providers, the County's Medical Society, philanthropies, Hospice and United Way agencies, and individual safety net clinics. The Board meets annually. An even broader group, the HIP Council (HIPC) meets monthly to share information. While HIPC includes both HIP Board members and others, the group sometimes endorses policy votes and letters, but not budgets.



EVOLUTION OF HIP'S MISSION

When HIP was incorporated in 2004, its focus was the County's uninsured, as reflected in its original mission statement:

The mission of the Health Improvement Partnership of Santa Cruz County (HIP) is to work collaboratively to address and resolve the important health care issues in Santa Cruz County and to promote and improve health care for the uninsured and publicly insured in Santa Cruz County.

When HIP joined the Institute for Healthcare Improvement (IHI) Triple Aim initiative in 2009, the purpose was redefined:

The mission of the Health Improvement Partnership of Santa Cruz County (HIP) is to unite public and private health care providers and key community stakeholders to promote high-quality, high-value and patient-centered care for all members of the Santa Cruz County community, with a focus on the safety net.

These initial statements have served the organization well and adapted to changes in scope, such as HIP's involvement in Triple Aim activities. However, HIP's recent listening tour, strategic planning process and upcoming search for a new Executive Director provide an opportune moment for revisiting and refreshing the mission statement to better reflect HIP's accomplishments and aspirations.

The 2015 listening tour (described in greater detail below) and interviews with HIP staff surfaced a number of issues with which local healthcare leaders continue to grapple:

- Modern health care, despite ACA and other improvements, remains fragmented and inefficient; health disparities persist.
- Competitors, agencies, and individuals don't always play nicely together.
- Individual organization/agency agendas may trump "common good" outcomes.
- Many issues/problems feel too big to tackle; this can be paralyzing or overwhelming.
- Best practices are slowly and unevenly adopted, undermining Triple Aim goals of population health outcomes, patient experience of care/quality, and per capita cost savings.

Historically and currently, HIP is well positioned to help address these issues. The draft revised mission statement reflects HIP's unique role in doing so, or at least contributing to or accelerating the collective problem-solving that is required to address these issues.

The first part can be summarized as "Improvement is HIP's middle name." The second part (the dot points below) offers more detail about exactly how HIP delivers on its improvement promise, creating opportunities for local leaders to act in concert:

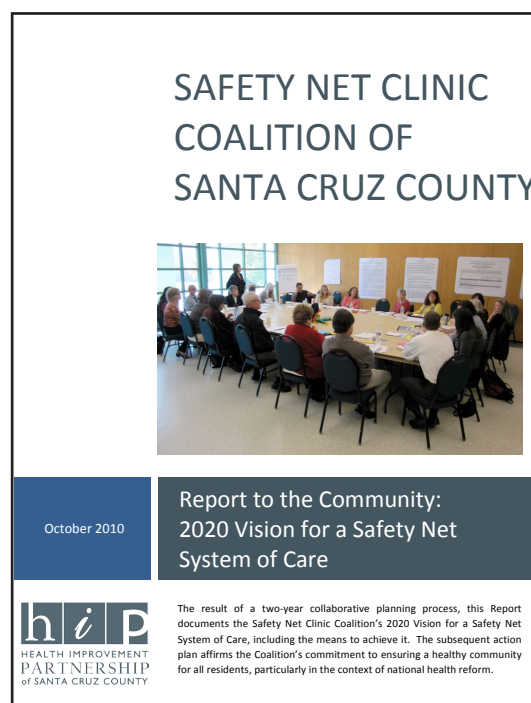
HIP's mission is rooted in improvement: of systems, quality, relationships, and access to care. HIP creates opportunities for local health care leaders to make our community healthier. How?

- We provide a neutral table or platform— a nexus – where leaders can and do convene.
- We help leaders tee up, focus on, and constructively address issues that are beyond any one organization's capacity or domain, yet affect all of us.
- We build trust and transparency to make these conversations possible and productive.
- We seek out and bring transformative ideas and relevant, cutting-edge training to make our community and its residents as healthy as possible.

Alignment of HIP's Mission with the Safety Net Clinic Coalition (SNCC) 2020 Vision for a Safety Net System of Care

The Safety Net Clinic Coalition of Santa Cruz County (SNCC) is a subset of clinic organizations that work together to address challenges unique to their low-income patients and operations. In 2010, SNCC presented a 2020 vision for a safety net system of care that calls for a comprehensive, well-coordinated system of high-quality, affordable care with an easily accessible medical home for all low-income residents. The SNCC 2020 vision prioritizes five goals that align with HIP's goal of strengthening the safety net:

- Launch a collaborative Quality Improvement process within SNCC;
- Develop patient centered medical homes;
- Increase access to urgent care and same day services;
- Expand capacity to provide and coordinate medically, socially, and behaviorally complex care; and
- Organize collaborative approaches to increasing geographic access.



Both SNCC and HIP recognize that health and well-being are functions not only of healthcare access and quality, but also of the social determinants of health that contribute to profound and persistent inequities. Unsafe neighborhoods, low-performing schools, lack of access to quality early childhood education, sub-standard housing, exposure to violence, and persistent poverty all converge to make health and well-being much more elusive for many people, regardless of their access to affordable, high-quality care.

HIP'S 2015 LISTENING TOUR

To launch the 2015-2020 strategic planning process, HIP staff conducted a Listening Tour of interviews with 25 organizations that included HIP members, key stakeholders, funders, and elected officials. At each “stop” on the listening tour, respondents were asked about their organization’s 2020 vision for health care in Santa Cruz County, how they planned to help achieve this vision, and how HIP could help.

Reviewing themes from these interviews, HIP staff identified a range with access, social determinants of health, and value-based payment emerging as those most frequently mentioned as part of each organization’s 2020 vision for health care in Santa Cruz County. Community data sharing and bridging gaps and silos followed.

Asked how HIP could help achieve this vision, community data sharing, bridging gaps and silos, and policy work were most frequently mentioned as potential HIP contributions, followed by health information exchange and workforce. Of note, the two highest-ranked themes for a 2020 vision of health care in Santa Cruz County – access and social determinants—were not among the top five priorities for how HIP could help. The themes that did appear high on both lists – 2020 vision and how HIP could help – included value-based payment (a form of policy work), community data sharing, and bridging gaps and silos (another way of describing HIP’s role in promoting collaboration). In general, these are systems-level approaches to adding value. Also of note is the fact that only one of these themes – bridging gaps and silos – is a prominent part of HIP’s current portfolio.





Overlap Between 2020 Themes and How HIP Can Help

2020 Themes

1. ACCESS
 2. SOCIAL DETERMINANTS
 3. VALUE-BASED PAYMENT
 4. COMMUNITY DATA SHARING
 5. BRIDGING GAPS/SILOS
- WORKFORCE
BEHAVIORAL HEALTH INTEGRATION
PATIENT-CENTERED CARE
HEALTH INFORMATION EXCHANGE
HIGH HEALTHCARE UTILIZER
POLICY
SAFETY NET SYSTEM OF CARE
PHYSICIAN FOUNDATIONS
CULTURAL COMPETENCY
TRANSPARENCY
LEADERSHIP DEVELOPMENT
COVERAGE EXPANSION

Shared Top 5

- COMMUNITY DATA SHARING
BRIDGING GAPS/SILOS
POLICY / VALUE-BASED PAYMENT

How HIP Can Help

1. COMMUNITY DATA SHARING
 2. BRIDGING GAPS/SILOS
 3. POLICY
 4. HEALTH INFORMATION EXCHANGE
 5. WORKFORCE
- VALUE-BASED PAYMENT
SOCIAL DETERMINANTS
HIGH HEALTHCARE UTILIZERS
ACCESS
LEADERSHIP DEVELOPMENT
SAFETY NET SYSTEM OF CARE
PATIENT-CENTERED CARE
BEHAVIORAL HEALTH INTEGRATION
TRANSPARENCY
CULTURAL COMPETENCY
PHYSICIAN FOUNDATIONS
COVERAGE EXPANSION



HIP'S CURRENT PORTFOLIO AND GOALS

Systems Change / Practice Coaching Balance

The Listening Tour involved interviews with HIP stakeholders to prompt thinking about the future and HIP's role in helping to achieve stakeholders' visions about improving health in our community. The responses suggested that stakeholders recognize the need for continued systems-level change and value HIP's previous contributions to these types of changes. However, the funding to sustain much of that work is not forthcoming from member contributions or external grant sources—at least for now. As a result, HIP will continue to invest in some systems-level work (particularly the Integrated Behavioral Health Action Coalition with support from the Blue Shield of California Foundation), most of HIP's staff work will be dedicated to practice management improvements generally categorized as "Strengthening the Safety Net."

Current Portfolio (2015-2016) and 2020 Goals

The current portfolio maintains HIP's three overlapping areas of emphasis (or "buckets"): Strengthening the Safety Net, Building Systems of Care, and Promoting Collaboration. Activities grouped under "Strengthening the Safety Net" have the most secure ongoing funding in the short term, but all three streams of activity reinforce one another. As HIP, its members, and partners advance towards 2020, the relative emphasis may shift to a more balanced emphasis across all three areas.

The figure on the next few pages describes HIP's current activities, future goals, and potential role in moving from current activities to achievement of the proposed 2020 goals.



STRENGTHENING THE SAFETY NET

2015-16 Activity	Brief Description	HIP Role	2020 Goals
Safety Net Clinic Coalition (SNCC)	SNCC provides a structure for building relationships and collaboration among members to achieve SNCC's 2020 vision of a "coordinated system of high quality, affordable care with an easily accessible medical home for all low-income residents."	HIP provides facilitative leadership to SNCC including convening quarterly meetings; sharing information about changes in policy, innovations, and funding; and exploring opportunities for community-data sharing. HIP identifies other agencies serving the safety net to participate in SNCC activities as appropriate.	SNCC takes on a joint project that directly supports SNCC's 2020 Vision of a system of Patient-Centered Health Homes. Preventable ED visits and Hospitalizations for Ambulatory Sensitive Conditions continue to decline.
SNCC Medical Directors	The SNCC Medical Directors group is a subset of the broader SNCC group and plays a similar peer-to-peer exchange role. This is also a portal for presenting and discussing Care Based Incentives (CBI) data.	HIP helps compile, analyze and present CBI data; promotes sharing of best practices; and helps vet ideas (e.g., shared protocols). HIP identifies relevant health care organizations to participate as appropriate.	SNCC Medical Directors develop common protocols/guidelines to achieve clinical consistency across the Safety Net.
SNCC Program Planning and Data Analysis	SNCC member organizations began sharing utilization data based on OSHPD definitions in 2009. These data are used for funding applications, Annual clinic profiles, and program planning reports.	HIP collects, analyzes, and presents SNCC utilization and external data about the safety net in Annual Profiles and other special reports. HIP works to insure the data accurately reflects trends in safety net care.	All low-income Santa Cruz residents have access to medical homes with integrated behavioral health, dental and social services.
CCAH Provider CME Events	Funded under contract to CCAH this program offers regular CME events to strengthen clinical practices among Alliance providers.	HIP organizes and provides regular CME events and builds a peer-learning network in the Alliance region.	A sustainable regional provider learning network develops in the Alliance region.
CCAH Practice Coaching Initiative (Coleman Associates & Qualis Health)	Funded under contract to CCAH, in support of increasing clinic capacity, this initiative provides clinic-level practice coaching and technical assistance to promote Patient Centered Medical Homes in the Alliance region.	HIP coordinates the Practice Coaching initiative on behalf of the Alliance including engaging practices, supporting participating clinics, and coordinating learning sessions to promote shared learning among Alliance providers.	Safety Net practice transformation contributes to building medical home capacity to serve low-income residents of Santa Cruz County.
Integrating Behavioral Health into the Primary Care Safety Net	Technical assistance to four safety net primary care organizations to integrate mental health and substance use disorder services with primary care.	HIP leads a collaborative program to promote behavioral health integration based on the Breakthrough Collaborative Model.	All low-income Santa Cruz residents have access to medical homes with integrated mental health and substance use disorder services.

BUILDING SYSTEMS OF CARE

2015-16 Activity	Brief Description	HIP Role	2020 Goals
Integrated Behavioral Health Action Coalition (IBHAC)	As public, private and safety net providers of physical and behavioral health care, advocates, and key community stakeholders, we have come together to do something different to improve system-level integration of primary care and behavioral health services for all persons living in Santa Cruz County. – IBHAC Charter, July 2015	HIP is building a broad and engaged community coalition to promote the integration of physical and behavioral health services in all primary care settings. This includes staffing work groups to develop shared metrics, resource directories, and to establish SBIRT screening, brief intervention, and referral to treatment) as a community standard of practice.	Providers use shared metrics, knowledge of SUD treatment resources, and SBIRT is routinely used in health care settings.
Opioid Safety Santa Cruz	This is a new activity to promote the adoption of safe opioid prescribing practices in hospital Emergency Departments, safety net clinics, and other primary care settings. Incubating a broad coalition of stakeholders working on improving drug safety.	HIP is using relationships with hospital-based and primary care providers to spread and adapt guidelines from Safe Prescribe Monterey in Santa Cruz County.	Santa Cruz health care providers are active participants in statewide efforts to promote safe and effective practices in prescription opioid use.



PROMOTING COLLABORATION

2015-16 Activity	Brief Description	HIP Role	2020 Goals
HIP Council (HIPC)	A monthly meeting of health care leaders and other community stakeholders to exchange information, discuss common ground issues, and develop collaborative solutions, i.e. a Health Care Commons.	HIP facilitates high-value monthly HIPC meetings including working with HIP Executive Committee to plan agenda topics, coordinate and coach meeting presenters, recruiting and following up with attendees, and recording in a monthly blog.	HIPC remains relevant to community health care leaders and adds to a collective understanding of changes in the health care environment including the movement from volume to value-based reimbursement.
Annual Community Forum	Annual gathering of health care leaders, elected officials, business leaders, and community-based organizations to discuss trends in health reform policy.	HIP organizes and convenes this annual event including identifying cutting edge speakers and recruiting a diverse and engaged audience. HIP also works to follow up on collaborative ideas generated at the forum.	Forum is well attended and promotes community-wide conversations and actions to maximizing the local impact of health reform.
Community Data Sharing	Sharing local and external sources of data with health care leaders and other community partners to promote data-driven improvements in community health.	HIP works with local agencies to support the Community Assessment Project and HealthyCity.org. HIP looks for opportunities to share health care data with the community.	Robust community data sharing similar to www.sfhip.org .



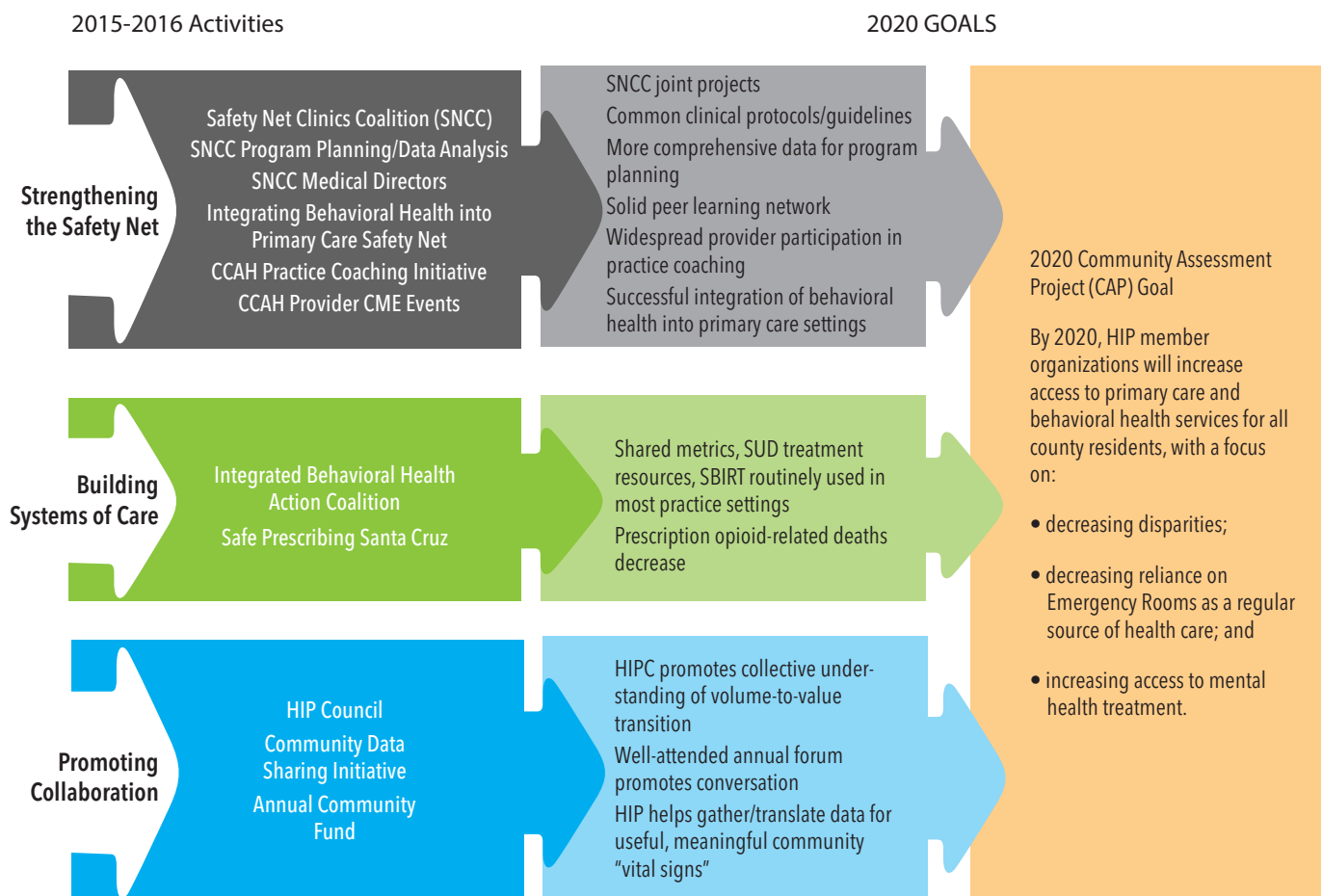
Together, these overlapping streams of activities advance the overall Community Assessment (CAP) goal for 2020:

By 2020, all Santa Cruz County residents will have a regular source of primary care and integrated behavioral health services with a focus on:

- decreasing disparities;
- decreasing reliance on Emergency Rooms as a regular source of health care; and
- increasing access to mental health and substance use disorder treatment.

The logic model below shows how the three main areas of emphasis work together to support the overall long-term goal.

Health Improvement Partnership of Santa Cruz County (HIP) 2015-2020 Logic Model





IMPLICATIONS FOR THE FUTURE

Funding support and staff commitments related to that funding mean that the “Strengthening the Safety Net” bucket will be HIP’s main focus in 2015-6 – while noting that all three streams or buckets of activity overlap to some degree. Another way to think about this is that the “Strengthening the Safety Net” activities become the platform for the other streams of activity.

In the near term, “Building Systems of Care” and “Promoting Collaboration” will continue to be important, but will have a narrower scope of activity than in the past unless additional funding is secured. Emerging opportunities in these areas include further integration of physical and behavioral health, as well as work underway to apply a community coalition approach to the issue of safe medication prescribing. As it has in the past, HIP has opportunities to fill gaps and bridge silos in these and other areas, including behavioral health parity and Medi-Cal benefit expansion in behavioral health and substance use disorders. HIP also plans to continue to promote collaboration through expanded data sharing initiatives.

An additional decision point, in “Strengthening the Safety Net” activities and others, will be the extent to which HIP expands its work into adjoining counties, instead of being focused mainly on Santa Cruz County (which has been the case historically).

Consistent with its new mission statement, the current portfolio allows HIP to continue to contribute its existing strengths – providing a table or platform to convene health care and other leaders, teeing up issues that warrant a collective focus and attention, building trust and transparency across organizations, and accelerating the adoption of new, transformative ideas and training across systems. At the same time, it keeps HIP poised to take on more ambitious systems-level work in the future, continuing a tradition of adaptation to the constantly changing health care landscape – nationally, regionally, and most of all right here in Santa Cruz County. With the help of its members and partners, HIP will continue to contribute to making Santa Cruz County a healthier place for all its residents, through 2020 and beyond.





LAN II

July 26, 2013
Cabrillo College
Horticulture Center

AGENDA

- 9:30 * Refreshments, Networking
- 10:00
 - WELCOME/INTROS/EXPECTATIONS
 - Agenda/Objectives
 - History, findings, activities
 - REVISIT & POLICY REVIEW
 - (APA) take groups feedback
- 11:35
 - UNDERSTAND WHY ENGAGEMENT
 - How Co
- 12:05 * Lunch