Bridge Plan
June 2017 – September 2019
Lowell Community Health Center (Lowell CHC) has been providing high quality, affordable health care services since 1970. With a focus on culturally appropriate care, Lowell CHC has continued to position itself to meet the evolving health care needs of the local community, always looking to provide services which empower patients to maximize their overall well-being.

Following the opening of the new facility in December 2012, Lowell CHC embarked on a six-month strategic planning process which engaged patients, staff, and the broader community, culminating in the 2014-2017 Strategic Plan: *Making Our House a Home*. This plan supported the health center as it navigated numerous internal and external challenges, allowing for the following key achievements, among others:

- Achieved Level III Patient Centered Medical Home recognition
- Expanded access for primary care, accommodating 20,000 new patients and increasing visits by 21%
- Launched a 340B pharmacy, providing accessible and financially solvent services
- Secured funding for and integrated behavioral health (BH) services into both pediatric and adult medicine, increasing BH visits by 29%
- Established the Interpreter Services Department providing support to our patients whose preferred language is other than English and those who communicate using American Sign Language
- Obtained funding and expanded services for HIV care, office-based opioid addiction treatment, asthma education and prevention, and civic engagement
- Launched onsite mammography, radiology, expanded lab and ultrasound services in partnership with Lowell General Hospital
- Restructured leadership, focusing on organizational roles and responsibilities
- Designed career ladders for key roles (nurses, medical assistants, and community health workers), and developed and implemented a two-part leadership development program
- Began expansion of specialty services, culminating in business plans for service expansion in 101 Jackson Street

Additionally, the plan provided critical focus during the transition of the previous Chief Executive Officer, Dorcas Grigg-Saito, who served the community of Lowell for over 20 years. Susan West Levine joined the organization as the new Chief Executive Officer in July of 2016.

We also needed to focus on service expansion and government payment restructuring. With that in mind, Lowell CHC committed to an expanded facility at 101 Jackson Street, allowing for additional primary care, specialty, dental, and vision services. At the same time, MassHealth negotiated a payment reform process with the Centers for Medicare and Medicaid Services, launching an accountable care payment system, requiring the organization to accept risk-based reimbursement with quality incentives. A re-engineering of clinical and administrative systems became necessary for successful patient management as of early 2018.

These were major organizational challenges, requiring focus, resources, and leadership direction. The new Federal administration has raised the prospect of “repeal and replace” for the Affordable Care Act, along with other potential health care policy and financing changes. The specifics and implications of these changes are still forthcoming but added a degree of financial uncertainty for the community health care system.

The leadership transition, operational expansion, and re-engineering, and the uncertain policy climate led us to adopt an interim Bridge Plan, a two-year strategic plan focused on key priorities through FY 19. Once the plan was complete, a new Strategic Planning process ran concurrently with the implementation of the work defined in the Bridge Plan. This sequence is illustrated below.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calendar Year 2014-2017</strong></td>
<td><strong>Strategic Plan</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Bridge Plan Developed</strong></td>
<td><strong>Bridge Plan Implemented</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fiscal Year 2020-2024</strong></td>
<td><strong>Strategic Plan Developed</strong></td>
<td><strong>Bridge Plan and Strategic Plan Alignment</strong></td>
<td></td>
<td></td>
<td><strong>Fiscal Year 2020-2024</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Strategic Plan Implemented</strong></td>
</tr>
</tbody>
</table>
The planning process began with the formation of a Strategic Planning committee and the engagement of the Jericho Road Project to facilitate the process. Committee members were chosen from the Board and Staff and included the following with changes due to staff transitions in FY19:

<table>
<thead>
<tr>
<th>Board Members</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sue Beaton</td>
<td>Jeremy Diaz, FY18</td>
</tr>
<tr>
<td>Sheryl Bourbeau</td>
<td>Robert Ebersole, FY18</td>
</tr>
<tr>
<td>Bruce Robinson, Board Chair</td>
<td>Linda Chan Flynn</td>
</tr>
<tr>
<td></td>
<td>Clare Gunther</td>
</tr>
<tr>
<td></td>
<td>Elizabeth Hale</td>
</tr>
<tr>
<td></td>
<td>Susan West Levine</td>
</tr>
<tr>
<td></td>
<td>Melanie Priestly, FY19</td>
</tr>
<tr>
<td></td>
<td>Robin Licata, FY19</td>
</tr>
<tr>
<td></td>
<td>Donald Miller</td>
</tr>
<tr>
<td></td>
<td>Henry Och</td>
</tr>
<tr>
<td></td>
<td>Sheila Och</td>
</tr>
<tr>
<td></td>
<td>Olga Villanova</td>
</tr>
</tbody>
</table>

The committee met regularly from March-June 2017 and worked under this defined Strategic Aim: To develop a planning tool to prioritize and address Lowell CHC transformation efforts through FY 18 as we undertake a robust, stakeholder-engaged strategic planning process.

The Bridge Plan aligned the annual operating plan with transformational priorities while maintaining efforts focused on key elements of success: excellent quality of care and patient experience, staff engagement, and ongoing communication.

In FY18, we established four key priorities for the Bridge Plan, three of which acknowledged the major initiatives sited earlier: expansion into 101 Jackson Street (101 Jackson); development and implementation of the accountable care organization (ACO); and the need for advocacy as we navigate the expected changes in health policy (Advocacy & Policy). The fourth priority, Financial Health, emerged in recognition of the complexity of these issues and as a key requirement for continued efforts not sure what this means, especially given the three years the organization has operated without a rate increase from MassHealth. This priority was instrumental to the other priorities and ongoing work of the organization to secure the financial resources necessary for service delivery and reinvestment.

In FY19, after review of our accomplishments in FY18, we revisited our priority areas for the Bridge Plan to assess accomplishments thus far and determine next steps. Two priorities slighted evolved to help support to the prior work: 101 Jackson and ACO. The successful completion of a $25.6 million expansion project of 101 Jackson St. now provided the opportunity to evaluate our services and ensure successful implementation of our new services. This group evolved into the Service Expansion and Transformation Committee, charged with developing a process to review all program and services proposals assure they support our mission and our patients, meet our regulatory requirements, and demonstrate financial sustainability. In addition, the ACO priority changed to Model of Care (MOC). The launch of our Accountable Care Organization and Behavioral Health Community Partner initiatives shifted the focus to reviewing our new Model of Care and ensure proper alignment with our practice and service delivery.
The following goals were established for each priority area:

**FY18 Goals:**

<table>
<thead>
<tr>
<th>101 Jackson</th>
<th>ACO</th>
<th>Financial Health</th>
<th>Advocacy &amp; Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase access to needed health care services by creating sustainable systems to support growth and innovation while offering quality, culturally competent care through an integrated service delivery model.</td>
<td>Design and develop ACO that is responsive to the needs of Lowell CHC patients and families that assures positive clinical and financial outcomes, and addresses the social determinants of health. Success will be determined by patient experience.</td>
<td>Create a framework for a sustained business model to accomplish our mission.</td>
<td>Create a culture of advocacy which cements this focus as a part of all elements of the health center and which supports the determination of policy and advocacy priorities that engage our community and are nimble enough to adapt to unforeseen changes</td>
</tr>
</tbody>
</table>

**FY19 Goals:**

<table>
<thead>
<tr>
<th>Service Expansion</th>
<th>Model of Care (MOC)</th>
<th>Financial Health</th>
<th>Advocacy &amp; Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>To review all program and service proposals (new or changes) and determine if the program or service:</td>
<td>Develop enhancements to the current model of care at the Lowell CHC, with an emphasis on integrated care, standardization of care, and fulfilling population health goals.</td>
<td>Create a framework for a sustained business model to accomplish our mission that includes improved financial literacy, reporting and management.</td>
<td>Goal remained the same as FY18.</td>
</tr>
<tr>
<td>• Supports our mission and our patients</td>
<td>• Meets our regulatory requirements</td>
<td>• Demonstrates financial sustainability</td>
<td></td>
</tr>
</tbody>
</table>

We established clear objectives for each of these goals. The committee also reviewed and adjusted the Annual Operating Plan to ensure alignment with and focus on these efforts. This stands as a separate document.
Following is a graphical representation of our Bridge Plan, depicting our journey from one strategic plan to the next with our focus on the four priority areas. Importantly, this graphic also highlights those elements which are foundational to our overall success: communication, quality of care, patient experience, and staff development and engagement. Every bridge must be built on a strong foundation, and that is certainly true on our journey. Our services must remain of the highest quality and with the best patient experience possible as we move these priorities forward. Likewise, we must continue our investments in our staff, developing and engaging them in this work to ensure our ongoing achievements. Finally, our work requires clear and consistent communication with all stakeholders: our patients, our staff and our entire community.

The Bridge Plan journey allowed us the space and time to both achieve critical transformation priorities and implement a strategic planning process which fully engaged our patients, staff, community members, and other key stakeholders over the next five years.
Accomplishments by Priority Area

FY18: 101 Jackson Street Readiness

Goal: Increase access to needed health care services by creating sustainable systems to support growth and innovation while offering quality, culturally competent care through an integrated service delivery model.

FY18 Accomplishments:
1) Completed $25.6 million expansion project of 101 Jackson St. including Eye Care Center, Dental Services, Call Center expansion, Adult/Cariño expansion, and welcoming Northeast Rehabilitation as a tenant of 101 Jackson St.’s 4th floor
2) Completed renovations and relocation of Adult/ Cariño, BHS, Health Promotion, Call Center, and Metta Health Center
3) Launched the Eye Care Center and Dental Services departments

FY19: Service Expansion (previously 101 Jackson Street Readiness)

Goal: The committee will review all program or service proposals to determine if the program or service supports our mission and our patients, meets our regulatory requirements, and demonstrates financial sustainability

FY19 Accomplishments:
1) Completed an assessment focused on the following:
   a. Studying and outlining current service lines at Lowell CHC
   b. Working with our electronic health record system (eCW) to improve customized reports generated on monthly basis for analysis of services/projects that currently exist at Lowell CHC
   c. Developing procedure and checklists pertaining to change of scope or modifying/creating service lines
   d. Assessing current need of organization, future changes in health industry and Greater Lowell community requests regarding services offered at Lowell CHC
2) Developed a request template for any person wanting to change service line/expand services
3) Created a financial model to report the impact of changes to service line or scope
**FY18: Implementation of Accountable Care Organization (ACO)**

Goal: Design and develop ACO that is responsive to the needs of Lowell CHC patients and families, assures positive clinical and financial outcomes, and addresses the social determinants of health. Success will be determined by patient experience.

FY18 Accomplishments:
1) Launched and implemented our Accountable Care Organization – Wellforce Care Plan
2) Launched and implemented Behavioral Health Community Partners in collaboration with Lowell House Inc.
3) Hired 37 employees to support ACO and BH CP implementation

**FY19: Model of Care (previously ACO)**

Goal: Develop enhancements to the current model of care at the Lowell CHC, with an emphasis on integrated care, standardization of care, and fulfilling population health goals.

FY19 Accomplishments – The MOC established multiple subcommittees to support efforts. Subcommittee reports the accomplishments below.
1) Team Based Care:
   - Developed rooming checklist for Medical Assistants (MAs)
   - Trained MAs and providers on new process, implementation complete including all required components of pre visit planning and identified quality Key Performance Indicators (KPIs)
   - Implemented TeamStepps training for Charge Nurses, MAs, and nursing staff
2) Utilization Review:
   - Developed Utilization Review committee scope and work plan
   - Developed provider scorecard/dashboard including utilization data (emergency room visits, Medical IP, and Behavioral Health inpatient) and quality KPIs
   - Piloted outreach to high emergency room (ED) utilizers to determine reasons for ED utilization and opportunities to redirect to primary care provider (PCP) office
   - Designed Patient Walk-In Center (PWC) patient education brochure
3) Behavioral Health (BH) Strategy:
   - Developed goals and strategy for BH including integration, access, and transition in leadership
   - Implemented new model for utilization management
4) Panel/Schedule Optimization:
   - Paneled over 4,000 patients (over 2,000 Wellforce patients) to include registration and outreach
   - Completed data analysis of patient no show volume to support recommendations for no show policy.
   - Implemented PCP assignment activities in Call Center and PSC
   - Centralized schedule templates for Adult, Family, Pediatrics, Cariño, OBAT, PASS and PWC
     - Revised templates in Adult and Pediatrics to meet budgeted volumes for visits
   - Reviewed and revised booking guidelines for primary care departments
   - Decreased schedule blocks and visit holds to maximize access, began template review in Family Medicine and Metta Health Center
Accomplishments by Priority Area

Financial Health

Goal: Create a framework for a sustained business model to accomplish our mission that includes improved financial literacy, reporting and management.

FY18 Accomplishments:
1) Established weekly group to review operating budget and formulate budgetary recommendations
2) Hired schedule administrator to support panel management

FY19 Accomplishments:
1) Established weekly group to review operating budget and formulate budgetary recommendations
2) Hired schedule administrator to support panel management
3) The Finance Team met with each department to discuss
   • financial performance versus budget
   • ongoing training on how to use their monthly income and expense reports to aid in managing financial performance
4) Reviewed weekly budget performance, revenue opportunities and risks, and cost management
5) Implemented conservative hiring to assist in managing financial performance
6) Built a realistic FY 2020 budget with attainable revenue goals and conservative expense requests as we continue our transition from a volume to value based care delivery and reimbursement system
**Accomplishments by Priority Area**

**Advocacy and Addressing Health Policy Changes**

Goal: Enhance our position as a trusted source of health information and leader in health policy and advocacy in the Greater Lowell community and beyond

FY18 Accomplishments:
1) Conducted environmental scan of current issues
2) Established Lowell CHC Community Health Priorities group
3) Hosted Congresswoman Tsongas as guest speaker at Lowell CHC Breakfast
4) Created and implemented advocacy campaign that engaged community partners and staff for rally and advocacy on addressing the Federal funding cliff

FY19 Accomplishments:
1) Completed an internal environmental scan of advocacy and policy efforts
2) Implemented quarterly activities to engage elected officials including:
   - Sending welcome notes to entire delegation welcoming them to their posts (01/19)
   - Coordinating and working with local, state and federal delegation on on-going policies
   - Hosting State Representative’s Chiefs of Staff Meeting at Lowell CHC (01/25/19)
   - Hosting Congresswoman Trahan Visit to Lowell CHC (03/11/19)
   - Attending NACHC Policy and Issues Forum in Washington DC/Meeting with Congresswoman Trahan
   - Hosting State Senator Ed Kennedy Visit to Lowell CHC (06/07/19)
3) Developed Lowell CHC Policy on Taking Public Policy Stands, and Procedure on Endorsements which is under review by the Compliance Department
4) Additional policy and activities completed included:
   - Stance on Ballot Question 1 (10/2019)
   - Gender Identity Anti-Discrimination Inclusivity Message Developed (11/2019)
   - Submission of written comments on Public Charge Rule Change (12/10/219)
   - Advocating for state’s Community Health Transformation Fund (01/25/2019)
   - Mass League of CHC’s State House Day & Meeting State Delegation (05/02/19)
   - Launch of Advocacy 101 Training (05/03/19)
Communications

Goal: Create a 12-month, internal communications plan to assure the best methods of communicating with staff and disseminating information about the health center and its initiatives and serve as ambassadors to accurately convey information.

FY18 Accomplishments:
1) Advocated for FY19 budget include Director of Communications
2) Developed story boards for Telling Our Lowell CHC Story Campaign – completed for CHEC, Health Promotion, OBAT, Pediatric Behavioral Health Integration and Teen BLOCK

FY19 Accomplishments:
1) Implemented weekly Staff Announcements (expanded to add new hires), via email and posted within departments
2) Updated intranet routinely with information from Staff Announcements and other resources
3) Implemented weekly Operations Huddles by the COO and made slides available to Program Managers to utilize within their departments
4) Re-designed Monthly Leadership Meeting to incorporate routine agenda items (new leader announcement, review of recent approved polices, acknowledgement of impact awardees, etc.) six times per year, four all manager leadership trainings, and two social/team building sessions.
5) Information from Program Managers meeting is conveyed utilizing a PowerPoint format allowing department managers to share the information with their staff
6) Created Lowell CHC Events Calendar: complete – “How To” and “Step by Step” process created, posted & left on the Intranet to guide staff on how to access calendar and add it to their Outlook
7) Hired Director of Communications to lead Communications Department and efforts with a strong focus on internal communications
8) Developed “Telling Our Story” Campaign Boards inclusive of: Eye Care Center, Family Planning, School Based Health Center and Cariño
9) Developed and disseminated Patient Walk-In Center Brochure
10) Reviewed Communications policies
Accomplishments by Foundational Element

Patient Experience

Goal: To develop, implement, and monitor sustainable actions to improve the patient experience and communicate results. Oversee continual improvements in the patient experience by assuring that the concepts of patient and family centered, culturally competent care are integrated into the organizational culture utilizing evidence-based solutions.

FY18 Accomplishments:
1) Project developed to pilot self-check-in kiosk using iPads
2) Launched project to install new patient queuing system
   • Phase one – sound change from voice to chime (Fall 2018)
   • Phase two – option to leave mobile number for text

FY19 Accomplishments:
1) Incorporated patient comments at weekly Operations Huddle for managers to discuss
2) Launched Patient Experience committee 08/08/19 and established committee goals and objectives
3) Relaunched patient experience effort with clinical leadership
4) Enhanced the capabilities of the online Patient Portal
5) Redesigned the registration process resulting in a 48% reduction in wait times (from 11:05 to 5:45 - from January 2019 – July 2019):
   Draft plan to decentralize registration (under review)
   • Enhance pre-verification
   • Redesign departmental registration area
   • Introduce sound masking technology
   • Streamline existing registration process
   • Introduce self-service kiosks; kiosks to be deployed, Pedi will have one
6) Introduced the role of Patient Advocate, Yokasta Brito, effective 05/06/19
7) Began working with architects to create a framework for redesigning the Patient Welcome Center and adding entryway sliding doors
8) Established a patient experience campaign to support an enhanced patient experience; worked with Fallon and a Boston based consulting firm to develop a patient’s journey map and identify opportunity areas such as wait time, parking, transportation, and interpret support
Accomplishments by Foundational Element

FY18: Quality of Care

FY18 Accomplishments:
1) Prioritized building infrastructure for Quality and Analytics department
2) Hired Medical Director of Population Health
3) Hired Director of Quality and Analytics

FY19: Quality and Performance Improvement (previously Quality of Care)

Goal: Develop and implement targeted improvement initiatives for priority quality measures in an effort to increase quality performance and earnings, close gaps in care for patients, and improve health outcomes.

FY19 Accomplishments:
1) Committee convened in January 2019 to finalize work plan
2) Leads have been assigned for each of the priority measures and work has begun to develop operational and documentation workflows for each measure. The committee collaborates with as some of the quality work overlaps with work that is being done with Model of Care: Team Based Care, eCW Optimization and the SDOH Strategy workgroup.
3) Eleven priority measures have set operational and standardized documentation workflows that have been trained across the departments
4) Worked with risk contracts for BCBCS, Tufts, Harvard Medicaid, Wellforce (on-going)
5) Conducted training on CDSS Alerts and aligned with quality measures
6) Via the Clinical Quality Improvement Committee (CQI) focused on workflows, comparing performance form last year to present year and creating an oversight committee that CQI will be reporting to the Quality Council
7) Began process of creating a Quality Measure dash board
Staff Engagement

Goal: Create an environment in which staff are excited to join, enthusiastic to work for, and happy to stay at Lowell CHC.

FY18 Accomplishments:
1) Developed and implemented “We love our staff Wednesdays” on social media
2) Planned and launched Meet, Eat, and Appreciate Lowell CHC quarterly lunches (launched Fall 2019)

FY19 Accomplishments:
1) Organized three Staff MEALs highlighting food from the continent of Africa, Asia and Latin America. The MEALS had high staff participation and satisfaction. Staff MEALs have been scheduled for the next two years and CHEC/Staff Lounge has been reserved.
2) Staff Engagement Committee has added nine new committee members who have been highly engaged in implementing Staff engagement activities.
3) Impact Award presentations were done at all departmental staff meetings and program manager meeting. Impact Award “kits” have been placed in accessible locations on all floors and over 75 awards have been given since the launch in May.