



Strengthening Oklahoma's Safety Net, One Community At A Time

Board Bulletin

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A Closer Look at Mission and Strategy

There are four major sections of the Health Center Program Expectations outlined in the Bureau of Primary Health Care (BPHC) Policy Information Notice (PIN) 98-23: 1) Mission and Strategy; 2) Clinical Program; 3) Governance; and 4) Management and Finance. As the *Presidential Initiative to Expand Health Centers* unfolded, an assessment tool entitled *BPHC New Start Protocol* was developed for use in determination of health center readiness. The 14-page checklist is broken down into the same four sections as PIN 98-23. Obviously, boards should be very attentive to the governance section. Upon closer examination, there are questions in all sections of the protocol regarding documentation of board action. Because *BPHC New Start Protocol* mirrors PIN 98-23, it is also valuable as an organizational assessment tool for mature CHCs.

Mission and Strategy Questions

◆ **Mission Statement** - *Is it Board approved (Y/N)? When did the Board last review/approve it?* The mission statement must reflect how the health center is providing high quality, culturally competent care to the underserved in their community in a cost-effective, efficient manner. Is the health center strategically positioned to be the “provider of choice” for community residents? The board should review the mission statement periodically to see if it continues to be appropriate and relevant. Changes should be made only if warranted.

◆ **Cultural Competency** - No direct questions are asked of the board in this section of the tool. However, health center services should address the needs of and ensure participation of all community residents.

◆ **Needs Assessment** - *Was it reviewed and approved by the Board (Y/N)? What date did the Board review the needs assessment?* Sound strategic planning must begin with knowing the needs of the target population and the resources available to address the identified needs. Health centers should have a thorough understanding of: 1) the geographic area and the target population served; 2) population characteristics in terms of age, gender, socioeconomic status, health insurance state, health care utilization patterns, etc.; 3) perceptions of the target population about health care needs and barriers to access; 4) other area health care providers and social services; and 5) gaps in services that the health center proposes to address.

◆ **Market Knowledge** - This clearly ties to the needs assessment. Health centers should monitor internal and external factors driving marketplace trends (e.g., Medicaid policies, economy, program efficiencies).

◆ **Planning** - *Do you have a long-term (3 year) strategic plan (Y/N)? Date approved by Board? Is there a short-term (1 year) strategic plan (Y/N)? Date approved by Board? Is there an annual operating/business plan (Y/N)? Date approved by Board? Is there a capital plan (Y/N)? Date approved by Board? When did the Board last review/approve the Plans? How often does the Board review variance?* Obviously, health center boards are expected to develop strategic plans - long-term and operational. Once established, plans must be monitored and evaluated with the board making revisions as needed.

◆ **Annual Health Care Plan** - *How often does the Board review/approve the plan? When did the Board last review/approve the plan?* Intense assessment to identify the highest priority needs and health disparities of the community must be done before an appropriate health care plan can be developed. The health center must have a management information system that can supply relevant data for monitoring the health care plan (e.g., are appropriate services being delivered to improve health care outcomes?)

◆ **Quality Improvement/Management Plan** - *Was it reviewed and approved by the Board (Y/N)? When?* Systems should be in place to monitor the following: patient satisfaction, access, quality of clinical care, quality of workforce/environment, cost, productivity, and health status.

◆ **Collaboration** - While health centers are encouraged to leverage resources through collaborations, boards should ensure that all agreements are in compliance with PIN 98-24. The tool provides a sample agreement checklist that identifies source (local, state, national), type (formal, informal), date and compliance. To review the *BPHC New Start Protocol* document, visit the ‘CHC Boards’ section of www.okpca.org.

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