

Healthcare Reform and King County Community Health Centers:
An Analysis of Organizational Strategic Planning

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Glossary

ACOs:	Accountable Care Organizations
ARRA:	American Reinvestment and Recovery Act
CEO:	Chief Executive Officer
CHC:	Community Health Center
CHIP:	Children’s Health Insurance Program
CMO:	Chief Medical Officer
CMS:	Centers for Medicaid and Medicare Services
COO:	Chief Operations Officer
CVF:	Competing Values Framework
DHHS:	Department of Health and Human Services
FPL:	Federal Poverty Level
FQHC:	Federally Qualified Health Center
HRSA:	Health Resources Service Administration
ICHS:	International Community Health Services
IHI:	Institute for Healthcare Improvement
IOM:	Institute of Medicine
NACHC:	National Association of Community Health Centers
OCAI:	Organization Culture Assessment Instrument
PPACA:	Patient Protection and Affordable Care Act
SIHB:	Seattle Indian Health Board
SKCPH:	Seattle & King County Public Health
SWOT:	Strengths, Weaknesses, Opportunities, Threats
WACMHC:	Washington Association for Community and Migrant Health Centers

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Introduction

This thesis focuses on the organizational strategic planning processes employed by five federally qualified community health centers (FQHCs) in King County, Washington in response to the Patient Protection and Affordable Care Act (PPACA). The research questions addressed include: What strategic planning processes are these FQHCs using, and how do they compare to published best practices? Are Community Health Centers (CHCs) using the same, similar or different strategic planning processes and why?

This descriptive study draws on established research from the fields of organizational behavior and management theory. Previous research on organizations indicates that the strategic planning process within organizations is highly influenced by the pace and intensity of change in the external environment. Furthermore, the planning process is mediated or shaped by many variables, most notably culture, history, leadership and available resources. Measurement tools and the types of information available to the researcher allowed for the investigation of culture, history, size of market served, and a proxy measure for available resources, the administrative resources of each CHC. Because these mediating variables shape the outcomes as well as the means of strategic planning, they are hypothesized to have a significant impact on the performance of strategic planning best practices.

This research investigates how CHCs in King County conduct strategic planning in response to healthcare reform, in the process revealing how these organizations are assessing the environment and adapting to the changes according to their distinct organizational compositions. CHCs maintain a unique position in the healthcare market, in that their mission is to serve all patients irrespective of ability to pay. Accordingly, a majority of their patients include Medicaid eligibles, the un- or under-insured and the undocumented. Since healthcare reform aims to insure over 37 million additional U.S. citizens (an estimated 320,000 in King County) by 2014, the purchasing power of many individuals included in CHCs' patient population is expected to drastically increase. In addition to this increase in demand, PPACA includes provisions that will increase the supply of primary care providers as funds are allocated toward capital and operational capacity for CHCs. Specifically this includes support for work force development as well as the distribution of grant funding for the expansion of CHCs through the Community Health Centers Trust Fund. CHCs' strategic planning processes are central to how they will carry out their mission in this changing environment.

Section I: Background

Healthcare Reform

The Patient Protection and Affordable Care Act (Public Law 111-142) was signed by President Obama on March 23, 2010. Amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152), the final version of federal healthcare reform was signed into law on March 30, 2010. Known as PPACA, this law outlines provisions that “hold insurance companies more accountable, lower health care costs, guarantee more health care choices, and enhance the quality of health care for all Americans.”¹

CHCs across the U.S. have been recognized in various reports published by the Institute of Medicine (IOM), Health Resources Service Administration (HRSA) and Department of Health and Human Services (DHHS) to be comprehensive, high quality preventative and primary healthcare delivery systems.² For this reason investment in expanding CHCs to help meet the expected increase in the demand for primary care is a main strategy in federal healthcare reform. Approximately 8,000 service delivery sites belonging to 1,100 CHCs provide care to roughly 19 million patients in the U.S. According to the DHHS, “the expansion of community health center sites and services will make affordable, cost-effective, high quality preventative and primary care services available to nearly twice as many people regardless of their insurance status or ability to pay; and will create thousands of direct employment opportunities in many of the country’s most economically distressed, low income communities.”²

¹ U.S. Department of Health and Human Services. “About the Law.” <http://www.healthcare.gov/law/about/index.html>. (8 Feb 2011).

² U.S. Department of Health and Human Services. “Community Health Centers and the Affordable Care Act: Increasing Access to Affordable, Cost Effective, High Quality Care.” <http://www.healthcare.gov>. (12 Aug 2010).

The National Association of Community Health Centers (NACHC) published a policy brief in April 2010 stating that PPACA will directly impact the work of CHCs in the following ways:

- Increase health insurance access to the populations served by CHCs through:
 - The individual mandate and corresponding tax penalty and/or premium credits according to income level
 - Health insurance exchanges within which basic plans must contract with CHCs
 - Expansion of Medicaid to 133% of federal poverty level (FPL)
 - Federal funding assistance for Medicaid and the Children’s Health Insurance Program (CHIP)
- Increase Medicaid reimbursement rates for primary care to 100% of Medicare payment rates
- Increase operational and capital capacity (\$11 billion over five years from the Community Health Centers Trust Fund)
- Stimulate workforce development (\$1.5 billion over five years from the National Health Service Corps Trust Fund)
- Provide incentives for wellness and prevention care by making available grant funding through the National Wellness and Prevention Trust
- Provide incentives for medical home and accountable care organization demonstration projects through the Centers for Medicare and Medicaid (CMS) Innovations Center ³

The timeline for implementation of the provisions in PPACA is 2010-2017. One of the first provisions to take effect, the introduction of New Access Point grants to build and expand CHCs, became available in early August 2010. Other provisions, such as the requirement that health plans within health insurance exchanges contract with CHCs, will begin in 2014. The following is a timeline of provisions from PPACA which are most significant to the work of CHCs:

³ The National Association of Community Health Centers. “Health Center Related Provisions in Health Reform Legislation.” <http://www.nachc.com/healthreform.cfm>. (7 May 2010).

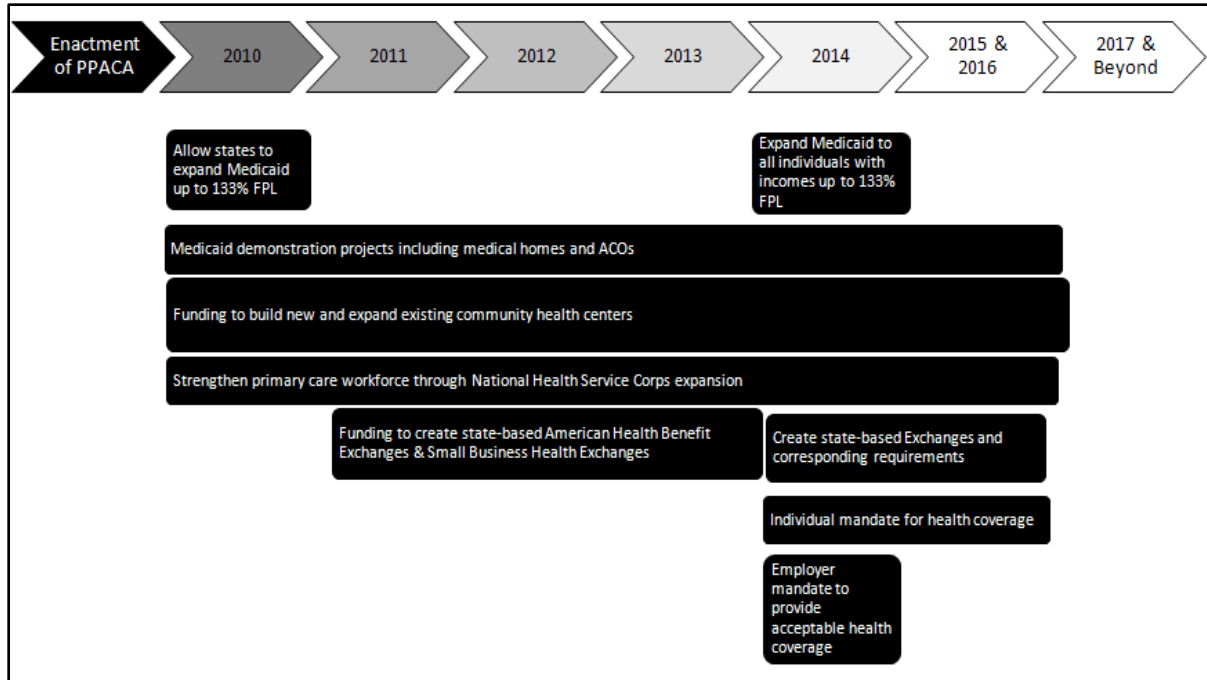


Figure 1: PPACA Timeline of Provisions Specific to CHCs

Additionally, provisions in the American Reinvestment and Recovery Act (ARRA) have already bolstered the capacity of CHCs. ARRA, which was enacted in February 2009, provided \$2 billion for capital improvements, support for construction and renovation, and expansion in health information technology.⁴ Though these investments are not the focus of this research, they are mentioned because they have influenced the resources that many CHCs have available to respond to the future provisions of PPACA.

The Strategic Planning Process in Healthcare Organizations

The dynamic environment of healthcare drives most healthcare organizations to establish a systematic strategic planning process in order to make thoughtful decisions about how to respond to changing conditions. Swayne, Duncan and Ginter describe this process as “a logical series of phases and related steps that allow for flexibility and creativity” so that an organization can position itself to ensure the achievement of its objectives. Texts on strategic management generally describe the strategic planning process steps to be:

⁴ U.S. Department of Health and Human Services. “Recovery Act (ARRA): Community Health Centers.” <http://www.hhs.gov/recovery/hrsa/healthcentergrants.html>. (2 August 2010).

1. Preplanning
2. Affirming mission and vision
3. Assessing the external and internal situation
4. Formulating strategies
5. Managing implementation

Preplanning includes securing the commitment of leaders to the activities involved in conducting strategic planning as well as the dedication of time and resources. Resources may include the collection of information to support the process as well as participation from internal and external stakeholders. The breadth of stakeholder involvement is often mentioned as a critical success factor. Key internal participants typically include the executive director, board of directors, staff members and advisory boards. External participants may include clients, donors/funders, regulators, community partner organizations, other agencies in related fields of work, and previous staff and board members. Preplanning also includes determining the process to be used and roles and responsibilities of participants. Lastly, it is the defining period to clarify what is going to be addressed during the process and to identify what information and data will be needed.

Affirming mission and vision is the phase of reflecting upon and reaffirming or revising why the organization exists, what it does, who it serves and what it aspires to achieve in the future.

Assessing the situation typically takes the form of a SWOT analysis, which is a review of the organization's internal strengths and weaknesses, and externally driven opportunities and threats. Following the SWOT, data about the external and internal environments are gathered. External forces usually include the dynamics of the political, economic, social, technological trends impacting the organization, and the market in which the organization operates. Internal factors include financial and human resources, operating methods or strategies, and performance.

In formulating strategy, participants make decisions about strategic goals and strategies for pursuing them. Strategies express the priorities, allocation of resources, action plans, and operational changes needed to achieve the organization's vision. Once strategies are agreed upon, operating-level goals are determined.

Managing implementation is aligning day-to-day work in support of the goals and strategies. An annual operating plan and corresponding budget including specific goals for each department may be published for the organization. This step also includes building in procedures for monitoring and evaluating the outcomes of strategies and modifying them if called for.

Strategic planning originated in the 1950s within the U.S. business sector. As markets became more dynamic, companies dropped their traditional practice of long-range planning and adopted more agile and short term planning processes; generally following the steps described above. As the healthcare environment became more complex in the late 1980s, healthcare organizations adopted the strategic planning processes that were developed in the business sector. Accordingly, “strategic management [*sic*] when customized to healthcare does seem to provide the necessary process for healthcare organizations to cope with the vast changes that have been occurring.”⁵ In the current environment of reform and dynamic change in healthcare, an effective strategic planning process is a key critical success factor.

In addition to the logical series of steps that make up the strategic planning process, researchers have found that the details in how these steps are performed are important for a quality process and resulting outcomes. Zuckerman, a prominent healthcare consultant, has conducted research on the best practices of strategic planning. His research, in collaboration with the Society for Healthcare Strategy and Market Development, focused on strategic planning in hospitals. In 2005 and 2006, Zuckerman’s consulting group, Health Strategies & Solutions, Inc., carried out a study using surveys and case studies. They garnered 440 responses from hospitals about their planning frequency, stakeholder involvement, core strategic planning tasks and outputs, and results achieved.⁶ These results yielded a list of ten healthcare strategy best practices which include:

1. Establishing a unique, far-reaching vision
2. Attacking critical issues
3. Developing focused, clear strategies
4. Differentiating the organization from the competition
5. Achieving real benefits

⁵ Zuckerman, Alan. “Advancing the State of the Art in Healthcare Strategic Planning.” *Frontiers of Health Services Administration*. (2006) 23: p. 4.

⁶ *Ibid.* p. 3-15.

6. Organizing preplanning
7. Structuring effective participation
8. Thinking strategically
9. Managing implementation
10. Managing strategically

The value of Zuckerman's study is that it provides a research-based standard for organizations to strive for in their planning processes. However, Zuckerman does not provide an explanation of variables that mediate the performance of these strategic planning process best practices.

According to Begun et al., "a host of variables may explain variation in the meaning, importance and process of strategic planning." Researchers of organizational behavior cite that among the most notable of these mediating variables are culture, history, leadership and the resources available to support the planning process.^{7,8,9}

Mediating Variables on the Strategic Planning Process

Each distinct organizational composition of culture, history, leadership and resources mediates an organization's strategic planning process and its performance in best practices. In this research, the mediating variables that were studied were organizational culture, history, size of market served, and administrative resources. The tool used to measure culture accounted for leadership style so the researcher decided it would be redundant to include both variables. Size of market served was included to shed light on the complexity of the direct external environment. Administrative resources were measured to identify the depth and breadth of financial support available to support planning. Proxy measures for market size and administrative resources were chosen because they could easily be determined from information contained in CHC annual reports, which are publically available. This was necessary to avoid missing data as a result of non-response bias from informants.

⁷ Begun, James et al. "An Exploratory Study of Healthcare Strategic Planning in Two Metropolitan Areas." *Journal of Healthcare Management*. (2005) 50:264-274.

⁸ Helfrich, Christian et al. "Assessing an Organizational Culture Instrument Based on the Competing Values Framework: Exploratory and Confirmatory Factor Analyses." *Implementation Science*. (2007) 2: 13.

⁹ Cameron, Kim and Robert Quinn. *Diagnosing and Changing Organizational Culture*. (2006) John Wiley & Sons, Inc.

Culture

Organizational behavior theorists propose that organizational culture contributes to significant differences in performance among healthcare facilities.¹⁰ These performance differences are influenced by the variability of “what is valued, the dominant leadership styles, the language and symbols, the procedures and routines, and the definitions of success that make an organization unique.”¹¹ Organizational culture, a “pattern of shared basic assumptions- invented, discovered, or developed by a given group,” guides the receipt, interpretation and translation of information in “its problems of external adaptation and internal integration.”¹² Culture shapes the outcomes valued by organizations as well as the means of achieving those outcomes and is therefore hypothesized to have a significant impact on the strategic planning process.

Health services researchers frequently use the Competing Values Framework (CVF) to assess organizational culture. Developed by Quinn in the late 1970s to measure the core dimensions of organizational culture, the CVF assumes that to manage in a world where nothing is stable, simultaneous contrasting organizational and managerial behaviors are necessary. One culture measurement tool modeled after the CVF is the Organization Culture Assessment Instrument (OCAI). This tool, validated to provide a description of organizational culture as defined by managers, has a scholarly foundation.^{13,14} The OCAI measures the degree of four culture types (termed “team,” “entrepreneurial,” “hierarchical,” and “rational”) on vertical and horizontal axes on which opposite values are oriented. The vertical axis measures the degree to which an internal or external orientation is emphasized or valued by an organization and the horizontal axis measures centralization and control versus decentralization and flexibility. This is best illustrated by a figure from Helfrich et al.:

¹⁰ Helfrich, Christian et al., p. 2.

¹¹ Cameron, Kim and Robert Quinn, p. 10.

¹² Scott, Tim et al. “The Quantitative Measurement of Organizational Culture in Health Care: A Review of the Available Instruments.” *Health Services Research* (2003) 38:3. p. 925.

¹³ *ibid.*, p. 941-942.

¹⁴ Helfrich, Christian et al., p. 13.

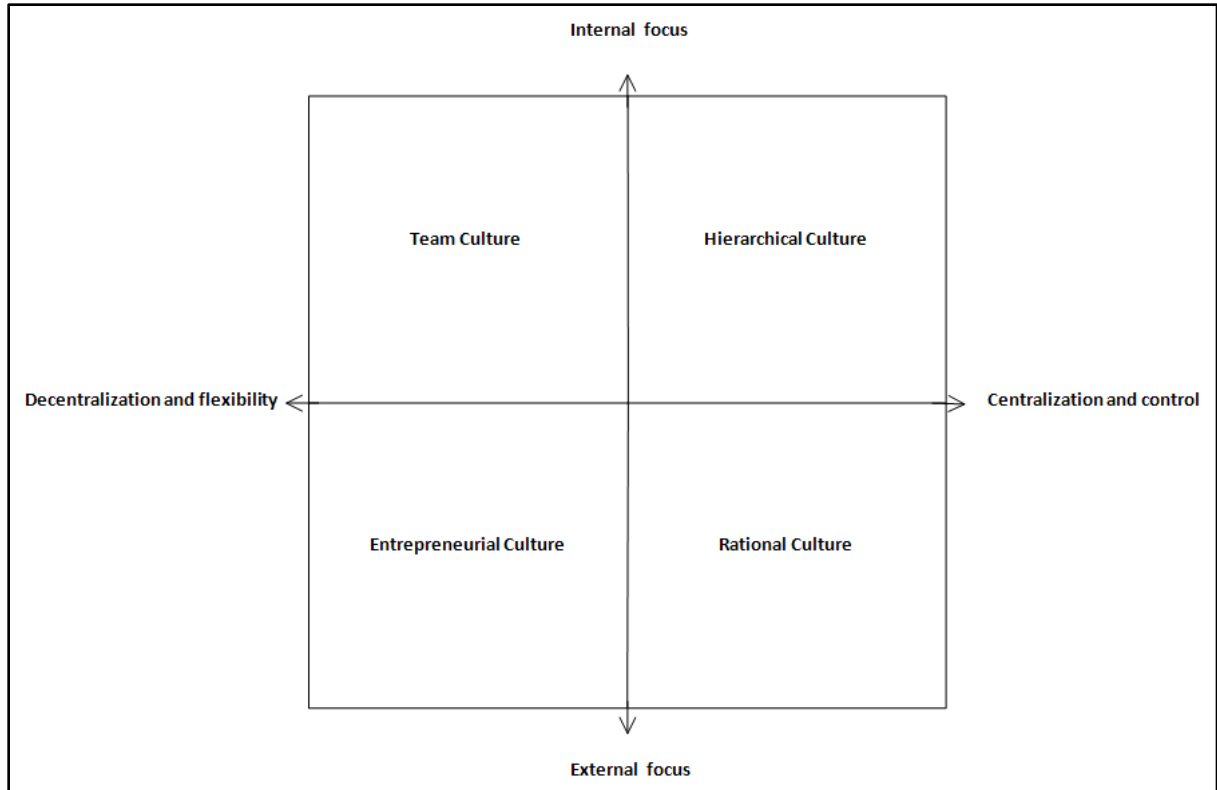


Figure 2: Organizational Culture Assessment Instrument Model

For each of the four cultural types, valued outcomes and means are described in the following table also adapted from Helfrich et al.:

Table 1: Valued Outcomes and Means According to Cultural Type

	Valued Outcomes	Means
Team Culture	Human resource development	Cohesion, morale, training and mutual support
Hierarchical Culture	Stability and predictability	Information management, chain-of-command direction and adherence to rules
Entrepreneurial Culture	Growth and resource acquisition	Adaptability and innovation
Rational Culture	Measurable outcomes in productivity and efficiency	Planning, goal-setting and clarity of tasks

These four cultural categories are archetypes. In practice, organizations reflect all four cultures to varying degrees. The OCAI allows measurement of the extent to which an organization manifests each cultural type relative to the others. There is not one organizational culture which is preferred, “and there are many competing hypotheses about what cultures or combinations of cultures are

superior and under what conditions. However, a fundamental supposition of the CVF is that all four cultures operate at an organizational level and remain relatively stable over time.”¹⁵

In this research, the OCAI developed by Shortell specifically for healthcare organizations is used to measure the culture of the participating CHCs (see Appendix A). Shortell’s twenty question survey measures an organization’s propensity in each of the four cultural archetypes in terms of five organizational dimensions: facility character, managers, cohesion, emphases and rewards.¹⁶ Facility character pertains to the distinguishing features of the workplace and employee behavior; facility managers to the major roles that leaders hold and their relationship with other employees; facility cohesion to “the glue that holds” the organization together; facility emphases to the most important values for the organization; and facility rewards to the distribution of employee compensation.¹⁷ For each dimension, respondents are asked to distribute 100 points among descriptions that portray a team, entrepreneurial, hierarchical and rational culture. After calculating the distribution of points, the result is an illustration of the organization’s propensity in the four realms of culture shown in Figure 2.

Because strategic planning requires reflection on internal and external factors as well as a balance between flexibility and control, it is hypothesized in this study that CHCs that have a balanced distribution of points among the four cultural archetypes will better perform the strategic planning best practices.

History

History influences culture since historical experiences establish the shared assumptions that affect how an organization perceives, interprets and translates information. Organizations with long histories tend to have strongly embedded cultures and institutional memories within their structure, staff, and governing board. With a long history, an organization may also have a deeply rooted position in its market and community. These qualities are hypothesized to be advantageous in navigating new challenges and in strategic planning.

¹⁵ Helfrich, Christian et al., p. 2.

¹⁶ Helfrich, Christian et al., Additional File 2. <http://www.biomedcentral.com/content/supplementary/1748-5908-2-13-S2.doc>

¹⁷ Shortell, Stephen, et al. “Assessing the Impact of Total Quality Management and Organizational Culture on Multiple Outcomes of Care for Coronary Artery Bypass Graft Surgery Patients.” *Medical Care*. (2000). 38:2, p. 384-385.

The proxy quantitative measurement for history in this thesis is number of years an organization has been in operation. In this study, it is hypothesized that CHCs with longer histories will better perform the strategic planning best practices.

Market Size

The size of the market that an organization serves reflects the reach that the organization has in its community. The scale and composition of the organization's market may give rise to a formalization of decision-making processes like strategic planning. The market may be geographically or ethnically diverse leading to complex external driving factors as the organization interacts with their community. For example, if an organization tries to relate to a larger, more dynamic group of patients, then it may need to include diverse community representation in its strategic planning process.

The proxy measure of market size in this research is the size of population served by the organization measured by the number patient visits per year. In this study, it is hypothesized that CHCs serving larger populations will better perform the strategic planning best practices.

Administrative Resources

Strategic planning requires a commitment of resources including funds, staff and data support. More resources offer a potentially larger strategic planning budget, more staff involvement and data support from a more sophisticated information technology system. Organizations with more resources devoted to their strategic planning may be more able to better respond to the external environment and coordinate action internally.

The measure of administrative resources used in this research is the percentage of total operating expenses devoted to administration. This measure accounts for the differences in size of the organizations and was decided by the researcher to be more appropriate than the total monetary amount expended toward administration. In this study, it is hypothesized that CHCs with higher administrative expenses will better perform the strategic planning best practices.

Section II: Methods

Logic Model

The enactment of PPACA provides a natural experimental setting by which to investigate how CHCs are assessing the environment and adapting to external changes according to their distinct organizational compositions. Organizations' strategic planning processes were investigated and their culture, history, market size and administrative resources were measured. Although leadership is cited in much of the literature on strategic planning as an important variable, it was not included as a separate mediating variable in this research because it was captured by the culture instrument.

The following logic model guided the research:

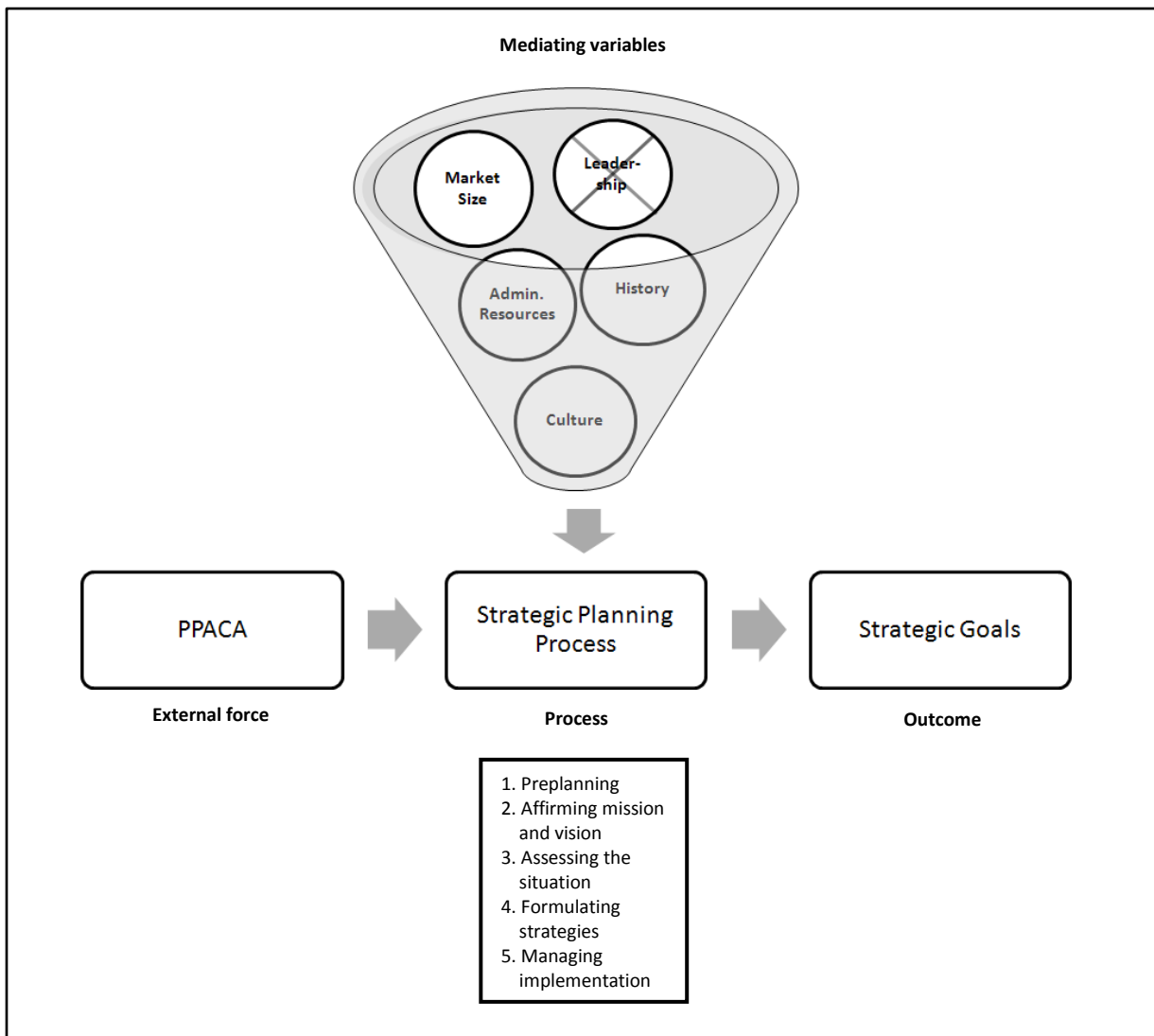


Figure 3: Research Logic Model

Study Population

This study focused on a sample of FQHCs in King County, Washington. Five community health center organizations were asked to participate. The Seattle Indian Health Board (SIHB) and Seattle & King County Public Health (SKCPH), both of which operate community clinics, were not included in this study because they will be afforded different opportunities from PPACA. In addition to its FQHC funding as a CHC, SIHB contracts with the Indian Health Service under Title V of the Indian Health Care Improvement Act (Public Law 94-437). Its historical funding and structure are very different from other CHCs in King County since it is a part of the larger national Indian Health Services. SKCPH, as a public health department is also positioned differently to respond to PPACA. Its organizational structure as part of the county government makes it incomparable to the smaller FQHCs in King County. The five chosen CHCs are all federally qualified health centers and will be afforded the same opportunities for grant funding and other capacity building interventions from PPACA. These five organizations provided a comparable research base by which to investigate the mediating variables and strategic planning processes in the context of PPACA. All five CHCs have similar mission statements to provide high quality, culturally appropriate healthcare services to all patients irrespective of ability to pay.

In order to protect the confidentiality of participants, participating organizations were randomly assigned identifying numbers. Organizations were labeled 1, 2, 3, 4 and 5 in the research, analysis and reporting of results. The following paragraphs provide organizational profiles of the five study CHCs according to their identification number:

Organization 1

Year Established: 1971

Services: Primary health care. 2 Clinics.

Market Size: 49,869 patient visits (2009)

Administrative Expenses: 21% of total operating expenses (2009)

Organization 2**Year Established:** 1970**Services:** Medical, dental and school-based health centers. 17 Clinics.**Market Size:** 201,465 patient visits (2009)**Administrative Expenses:** 20% of total operating expenses (2009)**Organization 3****Year Established:** 1973**Services:** Medical and dental services. 2 Clinics.**Market Size:** 81,076 patient visits (2009)**Administrative Expenses:** 24% of total operating expenses (2009)**Organization 4****Year Established:** 1988**Services:** Medical, dental and support services. 12 Clinics.**Market Size:** 204,217 patient visits (2009)**Administrative Expenses:** 17% of total operating expenses (2009)**Organization 5****Year Established:** 1978**Services:** Medical, dental and outpatient behavioral health centers. 45 Clinics.**Market Size:** 600,000 patient visits (2010)**Administrative Expenses:** 21% of total operating expenses (2010)*Key Informants*

The Chief Executive Officer (CEO), Chief Medical Officer (CMO) and Chairperson of the Board of Directors were chosen to respectively provide well-informed perspectives about the characteristics of the organizations' strategic planning processes, the inclusion of clinical expertise, and community connections. An attempt to replicate this sample of key informants was made in each organization. This sample of three representatives from each organization was the basis upon which to draw conclusions about mediating variables and the strategic planning process used within organizations to be compared amongst the full sample of all the organizations.

All five organizations participated when solicited to contribute to the research; however, two organizations did not allow interviews with all three key informants. Organization 2 allowed only an interview with the CEO and Organization 5 allowed only interviews with the Vice President and CMO. The resulting total number of interviewed key informants was twelve individuals.

Study Aims and Methods

Aim 1: Identify provisions from PPACA expected to most directly impact CHCs in King County.

Methods: Literature review including policy briefs from the National Association of Community Health Centers (NACHC), Kaiser Family Foundation, Health Resources and Services Administration (HRSA) and Washington Association for Community and Migrant Health Centers (WACMHC). One question in the key informant interviews attempted to validate the literature review.

Aim 2: Describe the strategic planning process of each CHC and whether it has been modified in response to PPACA.

Methods: Key informant interviews.

Aim 3: Describe whether and if so how mediating variables influence the strategic planning process employed by each organization. Mediating variables investigated include culture, history, size of market served and administrative resources.

Methods: Administration of Shortell's Organizational Culture Assessment Instrument (OCAI), review of CHC historical documents, annual reports, Form 990s and other organizational documents. One question during key informant interviews was directed at this study aim.

Study Process

This thesis relied on qualitative research. In September 2010, emails were sent to all CHC CEOs introducing the researcher, describing the thesis and inviting their participation. CEO, CMO and the Chairperson of the Board of Directors from each CHC were asked to individually participate in an interview process that took approximately 60 minutes and included ten open-ended questions. Key informants were told that the interview was designed to garner general information about the impact of federal healthcare reform as well as their organization's strategic planning process. Study participants were blinded to the analysis because they were not told that the design of the interview

was intended to determine the extent to which their organizations performed Zuckerman's best practices.

Interviews took place at public meeting areas such as coffee shops or at the organizations from September-December 2010. One interview was conducted over the phone. Privacy was maintained better in meeting offices at the organization compared to public places. The reason for meeting some key informants (Chairperson of Board of Directors) at coffee shops was that they did not technically work for the CHC and so it was more appropriate to meet at a public place.

The researcher attempted to conduct all interviews using the same pace in questioning and tone of voice to limit interview bias. Consistent timing, however, was not achieved in that there was wide variability in the length of interviews. The shortest interview was 20 minutes and the longest was 61 minutes; the average interview time was 35 minutes. The interview script can be found in Appendix B. The researcher used subjective discretion in probing key informants; for example if explicit mention was not made to any of the five steps of strategic planning in Question two, then the list was read to remind the key informant of any process steps that they may not have thought to comment on. This was also a measure of validation for later analysis in the completion of all process steps and avoided potential bias from missing information due to unaided or unprompted recall.

All interviews were recorded using HT Professional Recorder Version 4.3 for the iPod Touch. Notes were also scribed during the interview. Post interview, the audio recordings were transcribed. The text was analyzed for themes related to the strategic planning process and the mediating variables.

Prior to the interview, the CEO of each CHC was also asked to fill out Shortell's Organizational Culture Assessment Instrument (OCAI). This one-page survey resulted in a cultural profile for each organization as measured by their internal versus external orientation as well as flexibility versus stability. These cultural profiles supplemented the information garnered from the key informant interviews and were used to describe the influence of the mediating variable of culture on the organizational strategic planning process. Four of the five organizations completed the OCAI.

The other mediating variables, including history, size of market served and administrative resources, were measured by referencing publically available CHC documents such as annual reports and Form

990s. The most recent available information was used. For most organizations this was data from 2009; only from Organization 5 was 2010 data available.

All participants received a personal assurance of confidentiality. For the requirement of human subjects review, this thesis qualified for a certificate of exemption with minimal risk to the participants.

A pilot of the interview questionnaire and OCAI was conducted at a CHC outside of King County in August 2010 prior to the start of research. The informant was the Chief Operations Officer (COO). The purpose of testing the instruments was to evaluate the length and clarity of wording as well as to elicit feedback in questions relating to the survey objectives. Feedback from this pilot revealed that questions were easily comprehensible, that all ten interview questions could be covered within an hour but that the OCAI survey should be emailed prior to the interview rather than the informant receiving a hard copy to be filled out at the time of the meeting. Given these results, no changes were made except emailing the OCAI and requesting its completion before the interview.

Analysis

The unit of analysis for this study is the individual community health center organization. The main investigated variable is the strategic planning process as mediated by culture, history, size of market served and administrative resources.

Theory relative to this investigation came from the field of organizational behavior. As mentioned in the research background, the best practices for organizational strategic planning processes used for comparison are those identified in the study conducted by Zuckerman.

Data from interviews were coded using content analysis and categorized by terms that interviewees used concerning strategic planning in their organizations. Recurrent themes were tracked amongst each of the organizations and checked against theoretical frameworks of the strategic planning process. Data were categorized into the steps of the strategic planning process as commonly identified in management theory. For example, responses to Question two of the key informant interviews were categorized into the following steps: Preplanning, affirming mission and vision, assessing the situation, formulating strategies, and managing implementation. Organizations were

evaluated on the extent of their explicit inclusion of all these steps. The raw data from analysis can be found in Appendix C.

A qualitative evaluation by the researcher resulted in organizations receiving scores for completion of Zuckerman's best practices of the strategic planning process (ie: 1 of 10) and those scores were mapped to mediating variables.

Section III: Results

Aim 1: Identify provisions from PPACA expected to most directly impact CHCs in King County.

Validation of PPACA Literature Review – Most Influential Provisions for CHCs

Of the twelve key informants who participated in this research, seven affirmed that the list (see page 3) covered the most important provisions. Four key informants added other provisions such as funding for teaching health centers, school based health centers and community oriented projects. One informant answered, “I do not know.”

In terms of how provisions of PPACA and related factors impede CHCs, the following comments were made by organizations (sorted by similar themes):

Table 2: Impeding Provisions of PPACA

Key Informant Quotes	Org. 1	Org. 2	Org. 3	Org. 4	Org. 5
Uncertain future for implementation of provisions	x	x	x	x	x
Economic downturn has affected implementation	x	x	x	x	
Implementation of PPACA is badly timed			x		
State budget cuts have affected implementation		x	x	x	x
PPACA neglects the undocumented, immigrants and refugees	x	x	x	x	x
PPACA only helps already accredited teaching health centers	x		x		x
PPACA doesn't secure universal healthcare access	x				x
PPACA doesn't provide dental care coverage		x			
PPACA doesn't amend the complexity of payment system		x			
PPACA doesn't provide mental or behavioral health coverage				x	
PPACA does not address PCP availability and recruitment					x
The grants from PPACA have cap limits				x	
Funds from PPACA are competitive			x		
There is no financial help to CHCs in the short term			x	x	
No clarity about how provisions will be funded			x		
PPACA shifts incentives to serve privately insured	x				

All five organizations mentioned “uncertain future for implementation of provisions” and “PPACA neglects the undocumented, immigrants and refugees.” Four of five organization mentioned “economic downturn has affected implementation” and “state budget cuts have affected implementation.” Themes that arose over all the organizations included: the vagueness of

implementation steps and requirements, the uncertainty of funding support and definite unaddressed services according to the mission of CHCs.

Conversely, the following comments were made about provisions and factors related to PPACA that facilitate the work of CHCs (sorted by similar themes):

Table 3: Facilitating Provisions of PPACA

Key Informant Quotes	Org. 1	Org. 2	Org. 3	Org. 4	Org. 5
PPACA is an element of hope			x		
PPACA reinforces that CHCs are on the right track	x	x	x	x	x
National health service corps will help increase primary care supply			x	x	x
PPACA offers the opportunity for organizations to position themselves to record benefits in the future (stability)	x	x	x	x	
PPACA presents the opportunity for CHCs to expand and broaden services	x	x	x		x
PPACA requires FQHC reimbursement rates from private insurers	x				
PPACA shifts incentives to serve privately insured	x				
PPACA introduces new healthcare products and niches to fill	x				
PPACA focuses the distribution of healthcare services by neighborhood	x				
PPACA bolsters school based health centers		x			
PPACA encourages a marketplace mentality	x			x	
PPACA gives individuals confidence to seek care in a timely manner					x
PPACA offers opportunity for community oriented projects		x		x	
PPACA is aligned with Triple Aim (IHI) strategies		x			
PPACA covers preventative health services					x
PPACA is aligned to the idea of providing access to health care homes	x	x	x	x	x
PPACA supports electronic health records					x

All organizations mentioned, “PPACA reinforces that CHCs are on the right track” and “PPACA is aligned to the idea of providing access to health care homes.” Four of five organizations mentioned, “PPACA offers the opportunity for organizations to position themselves to record benefits in the future (stability)” and “PPACA presents the opportunity for CHCs to expand and broaden services.” Comments could be broken down into the following categories: PPACA confirms that CHCs are doing

good work, supports the supply of primary care service through CHCs, boosts the demand for and access to healthcare and bolsters healthcare and public health quality.

Aim 2: Describe the strategic planning process of each CHC and whether it has been modified in response to PPACA.

Organizational Strategic Planning Processes of Local CHCs

Generally, all five organizations described a strategic planning process that resembled the steps outlined in theory. The following sections describe strategic planning process steps in the words of key informants:

Preplanning

As previously mentioned, preplanning includes securing the commitment of leaders to participate in and support the activities involved in strategic planning as well as the dedication of time and resources. The following table shows a summary of organizations' comments about the preplanning step of strategic planning:

Table 4: Preplanning Comments

Key Informant Quotes	Org. 1	Org. 2	Org. 3	Org. 4	Org. 5
There is an ongoing conversation between Board and staff about the organization's strategy		x	x		
The organization engages in policymaking to represent its' interests				x	
A community needs assessment is conducted (external and internal data are mined)			x		
Providers and staff are surveyed for data input	x	x	x		
Patients are surveyed for data input	x				
Patient focus groups are interviewed for input			x		
Board is engaged in education about healthcare reform	x				
Board evaluates itself and governing function				x	
Agenda is set for retreat	x		x		
Strategic planning process is reviewed	x				
An ad hoc Board strategic planning committee is formed			x		
General management group is consistently engaged to think about strategy		x			x

All five organizations indicated at least one process step that corresponded to preplanning. Organization 3 engaged in the most preplanning activities, followed by Organizations 1, 2, 4 and then 5.

Affirming Mission and Vision

Affirming mission and vision, which is the phase of reflecting upon, reaffirming or revising why the organization exists, what it does and what it hopes to achieve, was not mentioned by all organizations. As seen in the table below, only Organizations 1, 3, and 5 indicated affirming their mission and vision during strategic planning.

Table 5: Affirming Mission and Vision Comments

Key Informant Quotes	Org. 1	Org. 2	Org. 3	Org. 4	Org. 5
Mission, vision and values are reviewed			x		
Strategic planning activities are anchored in mission and vision	x				x

Assessing the External and Internal Situation

Most frequently identified as a SWOT analysis, assessing the situation includes a review of the organization's internal strengths and weaknesses, and externally driven opportunities and threats. The following table shows a summary of organizations' comments that related to this step of strategic planning:

Table 6: Assessing the External and Internal Situation Comments

Key Informant Quotes	Org. 1	Org. 2	Org. 3	Org. 4	Org. 5
Leadership team meeting to describe the situation	x				x
Separate management team retreat to describe the situation			x		
SWOT analysis is completed	x		x	x	
Management presents external and internal analysis information to Board	x	x		x	x
Separate Board retreat to describe the situation			x		
Joint management and Board retreat to describe the situation	x	x	x	x	

All five organizations indicated at least one activity that corresponded to assessing the external and internal situation. Most of the comments made reflected assembling personnel to assess the external and internal situation, for example, convening the leadership team. Not all organizations

commented on the specific tool or exercise used to think through external and internal factors such as a SWOT analysis. Only Organizations 1, 3, and 4 mentioned using a SWOT.

Formulating Strategies

Formulating strategy is the phase where participants make decisions about strategies. Organizations described strategies differently and used some terms interchangeably, e.g., initiatives, imperatives and goals. The following table shows a summary of organizations' comments related to this step of strategic planning:

Table 7: Formulating Strategies Comments

Key Informant Quotes	Org. 1	Org. 2	Org. 3	Org. 4	Org. 5
Board and management decide on main strategic initiatives/imperatives/goals	x		x	x	x
Gap analysis conducted	x				
Strategy map utilized		x	x		
Performance (balanced) scorecard utilized			x		

All five organizations made comments describing the step of formulating strategies. Three specific tools including gap analysis, strategy map and performance (balanced) scorecard were mentioned by three organizations.

Managing Implementation

Managing implementation is aligning the day-to-day work to goals and strategies and evaluating progress toward established strategies. The following table shows a summary of organizations' comments that related to managing implementation:

Table 8: Managing Implementation Comments

Key Informant Quotes	Org. 1	Org. 2	Org. 3	Org. 4	Org. 5
Entire staff is engaged to develop actionable goals from strategic imperatives				x	
Initiatives/goals are delegated to committees			x	x	
Initiatives/imperatives/goals are made into work plans	x		x	x	
Initiatives/imperatives/goals are followed up at Board meetings	x	x	x	x	
Initiatives/imperatives/goals are refreshed yearly	x			x	

Four organizations made comments about this step of the strategic planning process. Organization 4 engaged in the most number of implementation activities followed by Organizations 3, 2, and 1. Organization 5 made no comments reflecting how they carry out implementation.

Only two organizations (1 and 3) made comments pertaining to all five steps of the strategic planning process. Organizations 2 and 4 mentioned all but the step of affirming mission and vision. Organization 5 mentioned all but the step of managing implementation.

Only one organization commented on a modification to their strategic planning process in response to PPACA. Organization 3 stated a change in the timing of their board retreat to accommodate time to learn about the implications of the legislation. Instead of a spring retreat, the board met during the summer. Respective quotes from all other organizations were as follows: "healthcare reform did not change the process, it was only factored into planning;" "current goals would exist regardless of healthcare reform;" "healthcare reform will not change the core of who we are;" and "this is another type of opportunity and so we would include this as we do with any other opportunities into our strategic planning process."

Aim 3: Describe whether and if so how mediating variables influence the strategic planning process employed by each organization. Mediating variables investigated include culture, history, size of market served and administrative resources.

Mediating Variable: Culture - OCAI Profiles

Organization 1:

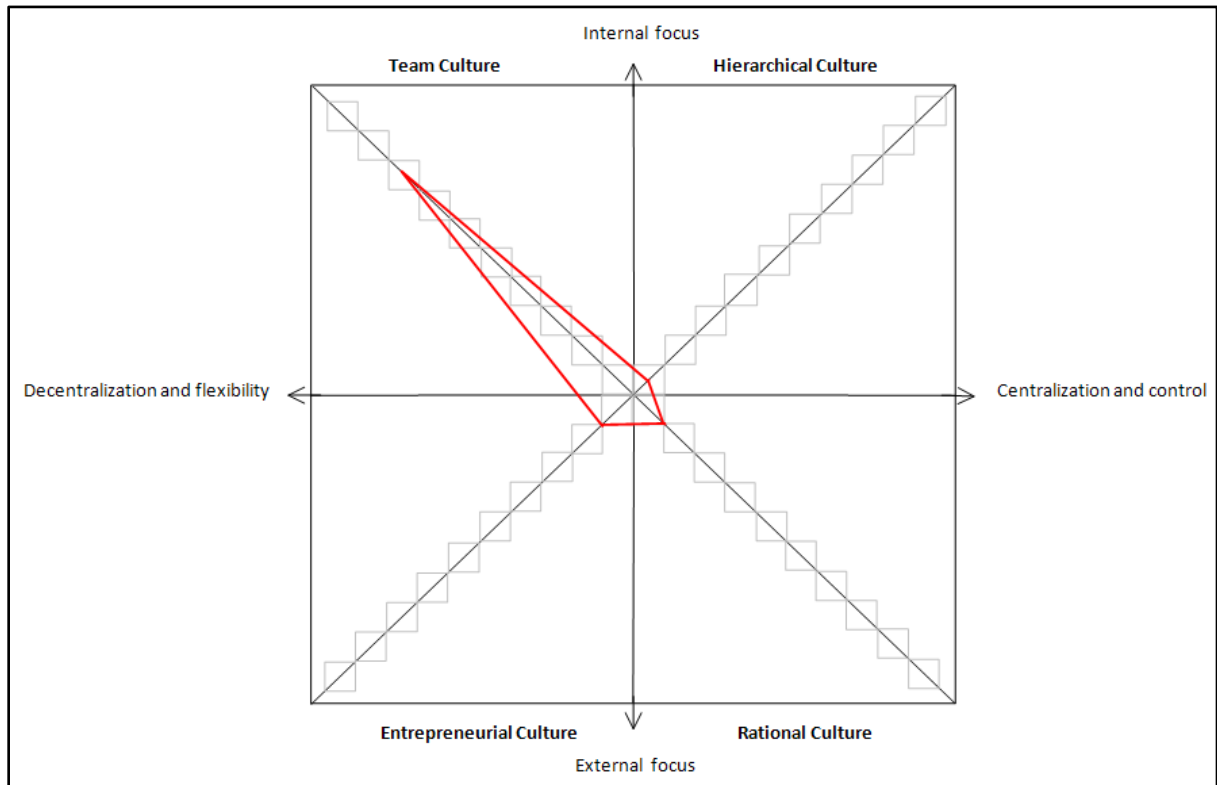


Figure 4: OCAI- Organization 1

Organization 2:

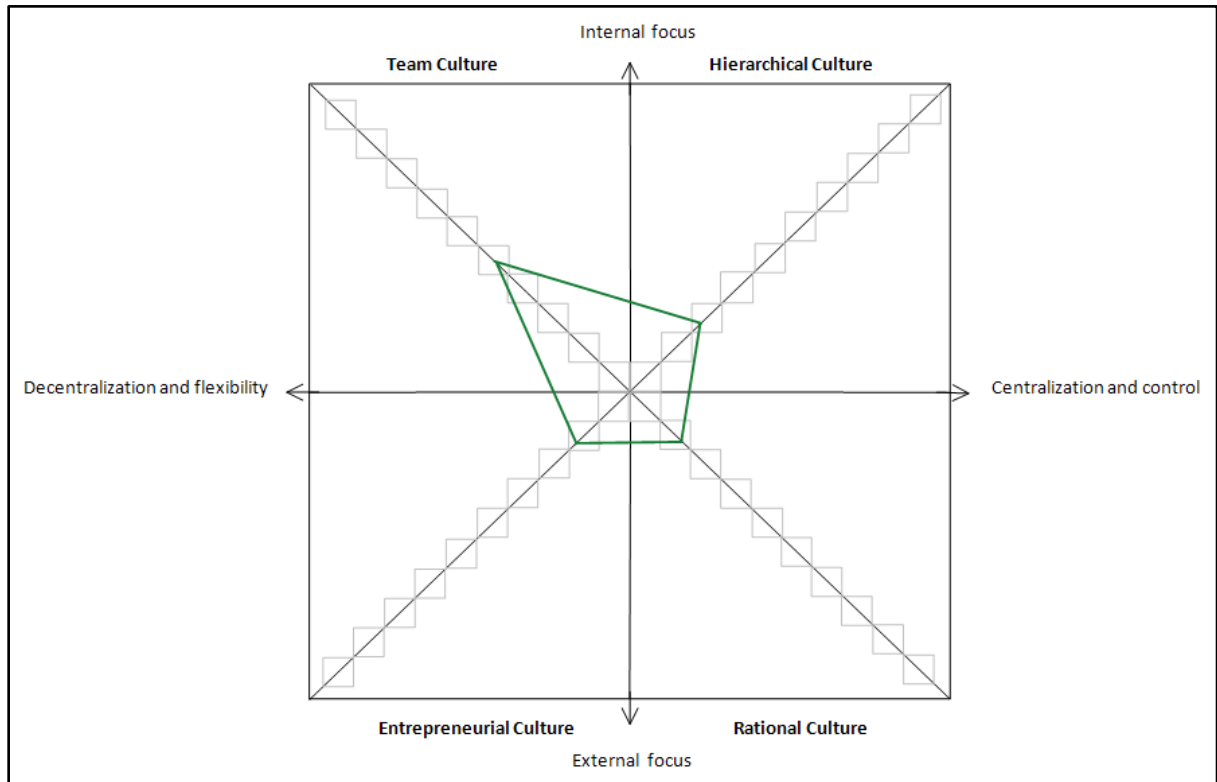


Figure 5: OCAI- Organization 2

Organization 3:

Because Organization 3 chose to not answer Question 5 describing its rewards system, it was given an average value from the other organizations for each culture category under this question. CHCs are relatively similar in their reward and compensation structure so this was assumed to be an appropriate approximation of the missing information.

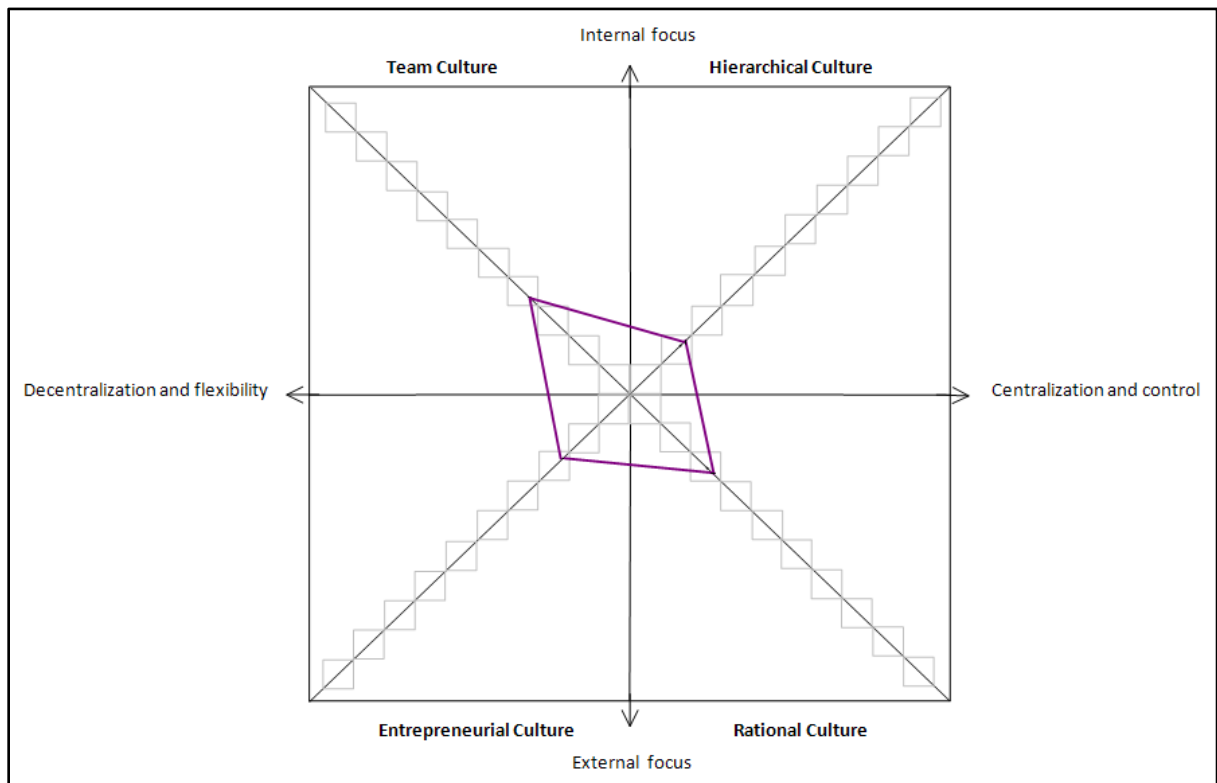


Figure 6: OCAI- Organization 3

Organization 4:

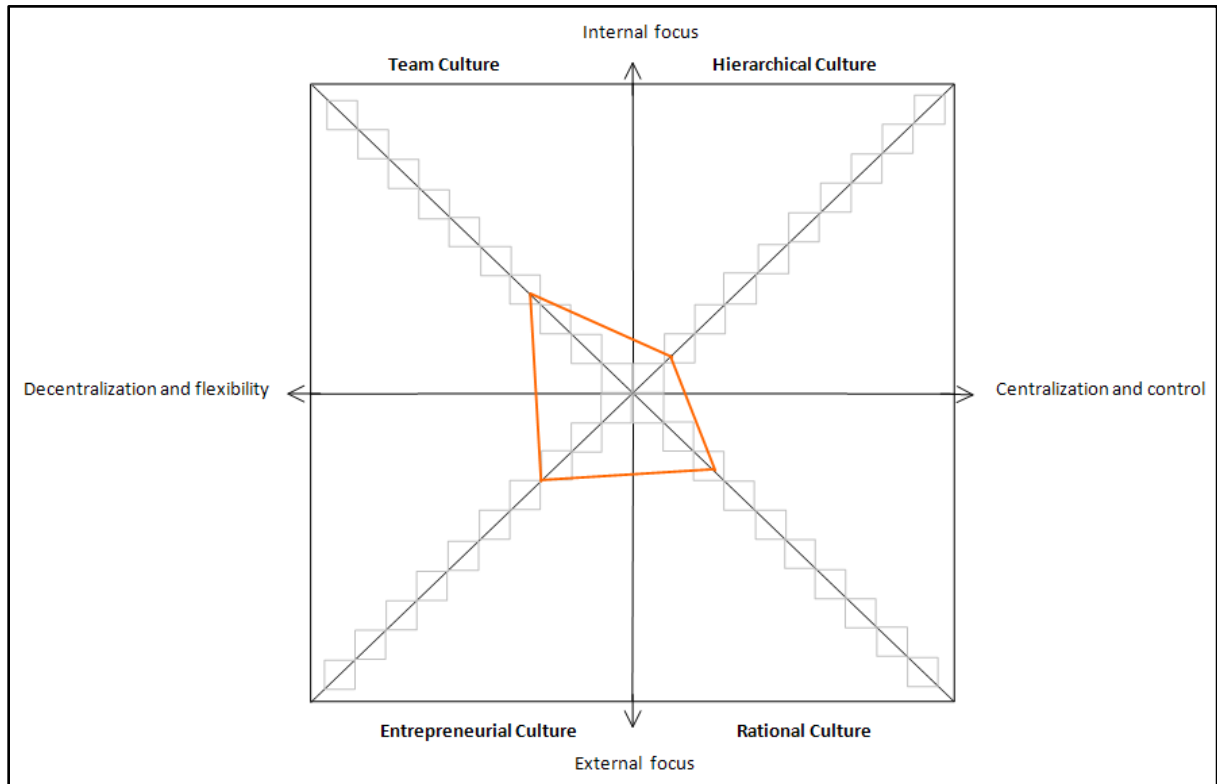


Figure 7: OCAI- Organization 4

Organization 5:

Organization 5 declined to submit the OCAI.

The following table summarizes the OCAI profiles quantitatively:

Table 9: Summary of OCAI Profiles

	Team Culture	Entrepreneurial Culture	Hierarchical Culture	Rational Culture
Org. 1	75%	10%	5%	10%
Org. 2	43%	18%	21%	18%
Org. 3	32%	22%	19%	27%
Org. 4	32%	30%	12%	26%
Org. 5	N/A	N/A	N/A	N/A
Average	46%	20%	14%	20%

All four organizations that submitted the OCAI leaned toward a team culture indicating a propensity towards human resource development through cohesion, morale, training and mutual support.

Secondary and tertiary cultural propensities were entrepreneurial (ie: growth and resource acquisition) and rational (ie: measurable outcomes in productivity and efficiency). Finally, organizations ranked low on their propensity toward a hierarchical culture (ie: stability and predictability). Organization 1 showed the most extreme preference toward a team culture in all dimensions measured, including the facility's character, cohesion, managers, emphases and rewards. Organizations 2, 3, and 4 showed more of a balance in their preferences, although they still ranked highest in team culture for all dimensions measured.

In order to analyze the data against the hypothesis that CHCs which hold a balanced distribution of points among the four cultural archetypes better perform the strategic planning best practices, the disparity of each organization from an equally balanced score of 25 percent for each of the four propensities was calculated. The following table shows the quantitative disparity from a score of 25 percent in each cultural type:

Table 10: Culture Disparity from Ideal

	Team Culture Disparity	Entrepreneurial Culture Disparity	Hierarchical Culture Disparity	Rational Culture Disparity	Total Disparity from "Ideal"
Org. 1	50%	15%	20%	15%	100%
Org. 2	18%	7%	4%	7%	36%
Org. 3	7%	3%	6%	2%	18%
Org. 4	7%	5%	13%	1%	26%
Org. 5	N/A	N/A	N/A	N/A	N/A

Table 10 shows that Organization 3 had the most equal distribution of scores among the four culture archetypes followed by Organization 4, then 2 and 1. Organization 3 may have had the most equal distribution as a result of receiving an average score for the facility rewards dimension. It is therefore more valid to assume that Organization 4 had the most equal distribution.

Section IV: Discussion

Strategic Planning Processes Compared to Best Practices

A qualitative evaluation by the researcher against Zuckerman's best practices, resulted in organization scores presented in the following table. (Raw data can be found in Appendix C):

Table 11: Best Practices and Organizations' Scores

Zuckerman's Best Practices	Org. 1	Org. 2	Org. 3	Org. 4	Org. 5
1. Establish a unique, far-reaching vision	x	x		x	
2. Attack critical issues	x	x	x	x	x
3. Developed focused, clear strategies	x	x	x	x	x
4. Differentiate from competition	x	x	x	x	x
5. Achieve real benefits	x	x			
6. Organize preplanning	x	x	x	x	x
7. Structure effective participation	x	x	x	x	x
8. Think strategically	x	x	x	x	
9. Manage implementation	x		x	x	
10. Manage strategically	x	x	x	x	
Total Score:	10/10	9/10	8/10	9/10	5/10

This evaluation paired with the finding that only two of the five organizations mentioned all five steps of strategic planning, suggests that the CHCs could improve their strategic planning processes. In order to understand, however, how the organizations can better reach the research-based standard set by Zuckerman, the following sections describe mediating variables which must be appropriately managed.

Mediating Variables on the Strategic Planning Process

Culture

Though all CHCs leaned toward team culture profiles, Organization 1 with the highest team propensity, received the best evaluation of its strategic planning process. Organizations with lower propensity toward team culture (and more balanced cultural profiles) scored lower in relation to Zuckerman's best practices. This result was counter to the hypothesis that organizations with a balanced distribution of scores among the four cultural archetypes would better perform the strategic planning best practices.

Quotes from key informants which elaborate the strategic planning challenges created by culture include that “individual CHC identities” impeded organizational collaboration and that internally, the “culture of getting along” impeded efforts of continuous quality improvement and instead sustained the existing state of affairs.

Team culture was described as a force supporting strategic planning by the staff’s spirit to work together to further the organization’s “strong identity” and “commitment to mission.” This produced “whole staff participation (buy-in).” Several organizations described themselves as having a “flexible, evolving, capable, and innovative culture” with “management supportive of staff” which helped move strategic planning along. Finally, one organization described itself as expert in dealing with ambiguity because they have a “roll with it culture.”

History

Generally, the CHCs which have been in operation the longest were given higher evaluation scores, although this did not follow a correlation gradient. Organizations 1 and 2 exhibited this, but Organizations 3, 4, and 5 did not exhibit this association. This marginally supports the hypothesis that organizations with longer histories better performed best practices.

Organization 2, which grew out of a history of being a consortium of independent CHCs in King County, mentioned that “individual clinic identities” posed a challenge to the strategic planning process. “Growing pains (small to large organization)” was also mentioned as a challenge in terms of this mediating variable.

Facilitating the strategic planning process was an organization’s connection to its community since it was “born and rooted in the community.”

Market Size

Organization 1, which was evaluated highest in its strategic planning, is the third largest of the organizations. Organization 5, which was evaluated lowest, is the largest of the five CHCs studied. This finding about organization size is counter the hypothesis that larger organizations would better perform best practices.

The following comment provides detail about the challenges that size of market served had on strategic planning: Organizations 3 and 4 mentioned that expanding service to a larger population resulted in “growing pains” which had external effects in terms of quality and efficiency of service and had internal effects in terms of coordination amongst board and staff.

A comment which details how market size facilitates the strategic planning process was that a “diversified portfolio” in terms of the payer mix and population served stabilized the organization.

Administrative Resources

Organization 1, which was evaluated highest in its strategic planning spent 21 percent of its total operating expenses on administrative expenses; Organization 2 spent 20 percent (tied in best practice score with) Organization 4 which spent 17 percent; Organization 3 spent 24 percent; and finally, Organization 5 spent 21 percent. No association was found in the data regarding administrative resources and performance of best practices.

Comments which reflected how administrative expense impeded strategic planning included the “competing priorities for resource use;” and the pressures from “time constraints,” “data availability,” and “budget restraints.”

A positive mediation of the process was reflected in comments regarding an organization’s safeguarding “money in reserves,” and its “devotion of resources to a retreat and facilitator.”

In summary, the following table presents the analyzed results:

Table 12: Analysis Summary

Org.	Best Practice Score	Team Culture	Entr. Culture	Hier. Culture	Rational Culture	History (Yrs. in business as of 2010)	Market Size (# pt. visits in 2009)	Available Resources (% admin. exp. of total operating exp. in 2009)
1	10/10	75%	10%	5%	10%	39	49,869	21%
2	9/10	43%	18%	21%	18%	40	201,465	20%
3	8/10	32%	22%	19%	27%	37	81,076	24%
4	9/10	32%	30%	12%	26%	22	204,217	17%
5	5/10	N/A	N/A	N/A	N/A	32	600,000 (2010)	21% (2010)

Limitations and Recommendations

The relationships described in this thesis between strategic planning and the mediating variables are only general attributions identified in this descriptive study of King County community health centers. There was little variation found in the organizations' compositions in terms of the mediating variables studied. Specifically, there was little difference in the number of years in operation, culture propensities and administrative resources. Overall, these findings cannot be generalized to other communities.

The sample size was very small and the findings cannot be tested statistically. The OCAs were only completed by organizations' CEOs. The tool, validated to provide a description of organizational culture as defined by managers, might have been more accurate if filled out by more organizational leaders and results averaged to provide a larger sample size and perspective on organizational culture.

Because CHCs exist in a highly bureaucratic system under HRSA with many rules about their internal processes subsequent to the conditions of their FQHC status, the comparison to a best practices framework developed in a less restricted environment (e.g., the hospital market) may have provided some bias. This, however, was the most appropriate research-based standard that the researcher could find.

Furthermore, it must be noted that a significant portion of the analysis was based on qualitative judgment and another researcher could have interpreted the findings differently.

Aside from possible researcher bias, CHC key informants may have also added some bias to the results. In the course of this thesis, the researcher noted that some representatives were hesitant to discuss their strategic planning processes because of competitive pressures to protect proprietary information. In the research plan, an attempt was made to minimize the effect of this by personal assurances of confidentiality and by de-identifying key informants as well as organizations.

Recommendations resulting from this research are specific to each CHC as well as to the broader King County community of public health and health services planning. Under the assumption that organizations that follow best practices have better strategic outcomes, Organizations 2, 3, 4, and 5

have work to do in order to secure the safety net for King County. But by understanding the mediating variables that affect the planning process, they may be a step closer to planning and implementing appropriate changes.

Policy Implications

Healthcare reform provisions put in motion by federal legislation are intended to increase overall healthcare quality and access. The planning processes healthcare organizations use to respond to PPACA will presumably lead to change in King County. Individual organizations have an impact on the greater community and their strategies shape what can and cannot be accomplished overall in King County.

The value of investigating CHC's strategic planning processes is that they make up a central component of what can be changed to develop a comprehensive community plan. Seattle & King County Public Health will pursue collaborative strategies to meet the increased healthcare demand as a result of reform. This study shows that there are many barriers to implementing the provisions of reform that are directly related to the work of CHCs, and even more, that CHCs struggle to institute the best practices in their strategic planning processes.

The findings from this research are the starting point for future research and community observation. Strategic planning is the first step in the long process of implementing healthcare reform provisions from PPACA. During the next six years of implementation there will be many opportunities for researchers to conduct case studies and other descriptive studies. Each step of implementation will be a learning opportunity for the King County community as well as the nation at large.

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Appendix A
Organizational Cultural Assessment Instrument (OCAI)

Instructions:

This set of questions relates to your facility's culture. The following items contain four descriptions of health care facilities. Please distribute 100 points among the four descriptions depending on how similar each description is to your facility. None of the descriptions is any better than the others; they are just different.

For example: In question 1, if Facility A seems very similar to mine, B seems somewhat similar, and C and D do not seem similar at all, I might give 70 points to A and the remaining 30 points to B.

Facility Character (Please distribute 100 points)

1. 70
2. 30
3. 0
4. 0

Each should total 100 points.

1. Facility Character (Please distribute 100 points)

- A. _____ Facility A is a very *personal* place. It is a lot like an extended family. People seem to share a lot of themselves.
- B. _____ Facility B is a very *dynamic and entrepreneurial* place. People are willing to stick their necks out and take risks.
- C. _____ Facility C is a very *formalized and structured* place. Bureaucratic procedures generally govern what people do.
- D. _____ Facility D is very *production oriented*. A major concern is with getting the job done. People aren't very personally involved.

Total = 100

2. Facility Managers (Please distribute 100 points)

- A. _____ Managers in Facility A are *warm and caring*. They seek to develop employees' full potential and act as their mentors or guides.
- B. _____ Managers in Facility B are *risk-takers*. They encourage employees to take risks and be innovative.
- C. _____ Managers in Facility C are *rule-enforcers*. They expect employees to follow established rules, policies, and procedures.
- D. _____ Managers in Facility D are *coordinators and coaches*. They help employees meet the facility's goals and objectives.

Total = 100

3. Facility Cohesion (Please distribute 100 points)

- A. _____ The glue that holds Facility A together is *loyalty and tradition*. Commitment to this facility runs high.
- B. _____ The glue that holds Facility B together is *commitment to innovation and development*. There is an emphasis on being first.
- C. _____ The glue that holds Facility C together is *formal rules and policies*. Maintaining a smooth running operation is important here.
- D. _____ The glue that holds Facility D together is the emphasis on *tasks and goal accomplishment*. A production orientation is commonly shared.

Total = 100

4. Facility Emphases (Please distribute 100 points)

- A. _____ Facility A emphasizes *human resources*. High cohesion and morale in the organization are important.
- B. _____ Facility B emphasizes *growth and acquiring new resources*. Readiness to meet new challenges is important.
- C. _____ Facility C emphasizes *permanence and stability*. Efficient, smooth operations are important.
- D. _____ Facility D emphasizes *competitive actions and achievement*. Measurable goals are important.

Total = 100

5. Facility Rewards (Please distribute 100 points)

- A. _____ Facility A distributes its rewards *fairly equally* among its members. It's important that everyone from top to bottom be treated as equally as possible.
- B. _____ Facility B distributes its rewards based on *individual initiative*. Those with innovative ideas and actions are most rewarded.
- C. _____ Facility C distributes rewards based on *rank*. The higher you are, the more you get.
- D. _____ Facility D distributes rewards based on the *achievement of objectives*. Individuals who provide leadership and contribute to attaining the facility's goals are rewarded.

Total = 100

Item wording from adapted Competing Values Framework instrument used by Shortell and colleagues.

Source: RAND Improving Chronic Illness Care Evaluation:

<http://www.rand.org/health/projects/icice/pdfs/senior.leadership.pdf>

Appendix B Interview Script

Preamble: Thank you for agreeing to participate in the research for my thesis, “Healthcare Reform and King County Community Health Centers: An Analysis of Organizational Strategic Planning.” This interview is expected to take 60 minutes and includes 10 open-ended questions. (Only for CEO participants: You will also be asked to fill out a quick one-page survey characterizing the culture of your organization). You are free to decline any of the questions. With your permission, I will tape record our conversation. Your answers will generally inform a written thesis and public presentation at the University of Washington tentatively scheduled in December. You have from me an assurance of confidentiality that your answers as well as your organization will be de-identified in my report.

Start of interview: I am investigating King County community health centers’ strategic planning processes relative to the Patient Protection and Affordable Care Act (PPAC Act). First let’s talk about federal healthcare reform....

According to a policy brief from NACHC, the PPAC Act will directly impact the work of CHCs in the following ways:

- Increase health insurance access to the population you serve through:
 - The individual mandate and corresponding tax penalty and/or premium credits according to income level
 - Health insurance exchanges- within which basic plans must contract with CHCs
 - Expansion of Medicaid to 133% FPL
 - Federal funding assistance for Medicaid and CHIP
- Increase your reimbursement rates from Medicaid and Medicare
- Increase your operational and capital capacity (\$11 billion over five years from the Community Health Centers Trust Fund)
- Stimulate workforce development (\$1.5 billion over five years from the National Health Service Corps Trust Fund)
- Incentivize wellness and prevention care by making available grant funding through the National Wellness and Prevention Trust
- Incentivize medical home and accountable care organization demonstration projects through the CMS Innovations Center

Q1) Would you add or subtract any other provisions of the PPAC Act that you think will directly impact your organization in a major way?

Now let’s talk about the strategic planning process at your organization.....

Q2) Please briefly describe the strategic planning process at your organization.

Probe: Describe how the following steps are carried out?

- Preplanning
- Revising and reviewing if called for your mission and vision
- Assessing external, market forces and trends

- Assessing your organization's internal strengths and weaknesses
- Formulating strategies
- Managing implementation

Q3) How are you involved in the strategic planning process?

Q4) Has your strategic planning process been affected by reform legislation?

Q5) Do you see the following facilitating or impeding the strategic planning process at your organization:

- Resources available to support strategic planning
- Stakeholder participation
- The culture of your organization
- The history of your organization

Q6) Do you expect the mission and vision of your organization to be affected by reform?

Q7) What are the top four strategic goals of your organization for the next year? For the next five years?

Q8) Do any of these goals emerge as a direct result of healthcare reform?

Q9) Has the reform legislation neglected any major issues specific to the population you serve? How are you planning to respond?

Probe: Major issues for CHCs found in literature include:

- Eligibility for health insurance (undocumented aliens)
- Service range (preventative healthcare, health education, etc.)
- Cost sharing and ability to pay

Q10) Do you have any other comments you would like to add about how strategic planning in your organization has been or is likely to be affected by healthcare reform?

Appendix C
Raw Data from Analysis

Strategic Planning Process Summary

Strategic planning process	Org. 1	Org. 2	Org. 3	Org. 4	Org. 5	Theoretical bins
Ongoing conversation between Board and staff		x	x			1. Preplanning
Policymaking to represent organization's interests				x		1. Preplanning
Conduct community needs assessment (mine external and internal data)			x			1. Preplanning
Survey providers and staff for data input	x	x	x			1. Preplanning
Survey patients for data input	x					1. Preplanning
Patient focus groups for input			x			1. Preplanning
Board education	x					1. Preplanning
Board evaluates itself and governing function				x		1. Preplanning
Agenda set for retreat	x		x			1. Preplanning
Strategic planning process reviewed	x					1. Preplanning
Ad hoc Board strategic planning			x			1. Preplanning
General management group engaged to think about strategy		x			x	1. Preplanning
Review mission, vision and values			x			2. Affirming mission and vision
Activities anchored in mission and vision	x				x	2. Affirming mission and vision
Leadership team meeting	x				x	3. Assessing the situation
Separate management team retreat			x			3. Assessing the situation
SWOT analysis	x		x	x		3. Assessing the situation
Management presents information to Board	x	x		x	x	3. Assessing the situation
Separate Board retreat			x			3. Assessing the situation
Joint management and Board retreat	x	x	x	x		3. Assessing the situation
Board and management decide on main strategic initiatives/imperatives/goals	x		x	x	x	4. Formulating strategies
Gap analysis	x					4. Formulating strategies
Strategy map		x	x			4. Formulating strategies
Performance (Balanced) scorecard			x			4. Formulating strategies
Entire staff engaged to develop actionable goals from strategic imperatives				x		5. Managing implementation
Initiatives/goals delegated to committees			x	x		5. Managing implementation
Initiatives/imperatives/goals made into work plans	x		x	x		5. Managing implementation
Initiatives/imperatives/goals followed up at Board meetings	x	x	x	x		5. Managing implementation
Initiatives/imperatives/goals refreshed yearly	x			x		5. Managing implementation

Strategic Planning Process Mediating Variables Summary

Impeding mediating variables	Org. 1	Org. 2	Org. 3	Org. 4	Org. 5
Consumers unsure what input is required of them				x	
Growing pains (small to large organization)			x	x	
Individual clinic identities		x			
Time constraints		x		x	
Competing priorities for resource use	x		x	x	
Data availability		x	x		
Patients lives are stressed		x			
Strong individual CHC identities	x				
Diversity of patients			x		
Culture of "getting along"			x		
Budget restraints					x

Facilitating mediating variables	Org. 1	Org. 2	Org. 3	Org. 4	Org. 5
Flexible culture				x	x
Evolving culture				x	x
Innovative culture		x		x	x
Management supportive of staff				x	
CEO as effective leader				x	x
Capable culture		x		x	x
Money in reserves				x	
Commitment to mission	x	x	x	x	x
Competing against ourselves				x	
Whole staff participation (buy-in)		x		x	
Consumer majority Board	x	x			
"Roll with it" culture		x		x	
Creative workarounds	x	x	x		
Devotion of resources to retreat	x	x	x	x	
Devotion of resources to facilitator	x		x		
Broad stakeholders (staff, community, patients)	x			x	
Strong identity	x				
Senior leadership engaged in community	x			x	
Diversified portfolio	x				
Transparent and clearly communicated process			x	x	
Plan is actionable		x		x	
Clearly identified role of Board (not operations)			x	x	
Born and rooted in the community	x			x	x
Cohesion between staff, culture and community served			x		
Culture of growth					x
Working relationship with community					x
External variables are presented in digested format to management					x

Strategic Planning Process and HC Reform Summary

Impeding	Org. 1	Org. 2	Org. 3	Org. 4	Org. 5
No clarity about money behind provisions			x		
Uncertainty	x	x	x	x	x
Economic downturn	x	x	x	x	
Bad timing			x		
Neglected the undocumented, immigrants and refugees	x	x	x	x	x
No financial help in the short term			x	x	
State budget cuts		x	x	x	x
Only helps already accredited teaching health centers	x		x		x
Not universal access	x				x
Shift to serve privately insured	x				
No dental care coverage		x			
No repair to complexity of payment system		x			
Caps on grants				x	
No mental or behavioral health coverage				x	
Funds are competitive			x		
Does not address PCP availability and recruitment					x

Facilitating	Org. 1	Org. 2	Org. 3	Org. 4	Org. 5
Element of hope			x		
Reinforces that CHCs are on the right track	x	x	x	x	x
National health service corps			x	x	x
Aligned with health care home	x	x	x	x	x
Organization can position itself to record benefits in the future (stability)	x	x	x	x	x
Opportunity to expand and broaden services	x	x	x		
FCM reimbursement rates from private insurers	x				
Shift to serve privately insured	x				
New products to serve and niches to fill	x				
Shift to a neighborhood distribution of patients	x				
Bolsters school based health center		x			
Offers opportunity for community oriented projects		x		x	
Aligned with Triple Aim (TH) strategies		x			
Encourages a marketplace mentality	x	x		x	
Covers preventative health services					x
Gives individuals confidence to seek care in a timely manner					x
Supports electronic health records					x

Org. 1 Identifying Categorical Themes

Study Objective

CMO Quotes

1. Literature review on PPAC Act is correct	Yes
2. Describe strategic planning process steps:	
-Preplanning	Leadership team discussed PPAC Act, distilled info for Board Leadership team surveyed staff and patients for input
-Revising and reviewing if called for your mission and vision	Mission and vision overlaid on legislation
-Assessing external, market forces and trends	CMO and CEO use community connections to distill info Assessing information from the Community Health Plan of WA, Community Health Network of WA, NACHC
-Assessing your organization's internal strengths and weaknesses	Leadership team surveyed staff and patients for input
-Formulating strategies	Balance the qualitative, clinical and fiscal issues Maintain internal strength Maintain external collaborative relationships Collaborate with larger organizations for political for administrative efficiency
-Managing implementation	Combined with QI program and Joint Commission accreditation
3. Validate literature review on mediating factors	
-Resources available to support strategic planning	A significant distraction for limited resources
-Stakeholder participation	Providers are core- keeping them satisfied is important
-The culture of your organization	Not going to chase the dollar in expense of the mission
-The history of your organization	Long, strong history- 1970s
4. Evaluate Zuckerman's best practices related to the work of CHCs	
-Establish a unique, far-reaching vision	Care for the uninsured- the undocumented who will remain uninsured To not care for the uninsured is not an option Mission: To care for people regardless of their ability to pay: non-negotiable
-Attack critical issues	Continue to serve all people regardless of their ability to pay
-Develop focused, clear strategies	Approving a viable budget, shoring up our finances Achieve and be able to report on the best health outcomes around clinical measures Expand to different locations Become more organizationally efficient
-Differentiate from competition	Maintain identity Market reputation
-Achieve real benefits	Measure and report the benefits Advocate at federal and local levels
-Organize preplanning	Leadership team organizes and procures internal information to influence strategic planning with the Board Collect data to think through strategic planning intelligently
-Structure effective participation	Survey of staff and patients Offsite Board and leadership retreat
-Think strategically	Wait-and-see approach to healthcare reform Market to newly insured populations Finance contingency plans: community development, fundraising and develop a new product (for small buiz)
-Manage implementation	Nurturing and maintaining relationships with outside entities (two hospitals, health dept., UW school of med)
-Manage strategically	Incorporate changes in the environment during upcoming annual planning sessions Diversified portfolio: less vulnerable to government weakness
5. Other themes of HC reform and stratezic plannine process	Uncertainty in the external implementation of reform -political will -fiscal notes to be attached -state budget deficit and cutting of related programs (GAU, maternal support services, basic health plan) -feasibility of meeting meaningful use criteria to be defined as "medical home" Interested in teaching health center program (part of PPAC Act) Healthcare reform offers hope: potential of stabilizing the organization down the road Economic recession overshadows healthcare reform Current goals would exist regardless of healthcare reform Healthcare reform will bring a geographic shift to more neighborhood distribution in patients

Org. 1 Identifying Categorical Themes

Study Objective

Study Objective	Chairperson of Board of Directors Quotes
1. Literature review on PPAC Act is correct	No. Add teaching health center component
2. Describe strategic planning process steps:	
-Preplanning	Customer survey: post healthcare reform with opportunity to choose another healthcare provider, will you continue to come to Org. 1? Chair and CEO determine if strategic planning is necessary Chair, CEO and external facilitator prepare the strategic planning process Educational events prior to retreat
-Revising and reviewing if called for your mission and vision	Anchor is mission and vision
-Assessing external, market forces and trends	Mission is aligned with healthcare reform SWOT analysis
-Assessing your organization's internal strengths and weaknesses	Customer survey data
-Formulating strategies	What to do to close the gap between SWOT and org vision
-Managing implementation	Work plan development that factors in strategy for a longer horizon Leadership builds operational work plans and set metrics
3. Validate literature review on mediating factors	
-Resources available to support strategic planning	Very limited resources gives rise to creative workarounds: inviting volunteers and piecing together the right resources (grants) Some resources leveraged from local and national associations
-Stakeholder participation	51% of Board are patients: most key stakeholder Leadership is engaged with community stakeholders Time and culture limit bringing in other constituencies
-The culture of your organization	Prevents collaboration that could result in a something bigger than the sum of the parts
-The history of your organization	Competition to retain organizational identities
4. Evaluate Zuckerman's best practices related to the work of CHCs	
-Establish a unique, far-reaching vision	Committed to mission to insure that everyone has access to health services regardless of ability to pay
-Attack critical issues	Healthcare reform was the theme of the strategic planning retreat: How to get from here to 2014 Healthcare reform is still unfolding and there's a lot of uncertainty
-Develop focused, clear strategies	Insure that our services are efficient and effective Medical home Evolve our teaching component
-Differentiate from competition	
-Achieve real benefits	
-Organize preplanning	Has enough of the environment shifted that we should relook and recommit to strategic planning? Chair, executive committee, CEO and facilitator plan high level objectives for the retreat and the process Educational events prior to retreat Board evaluates work plan target from prior year
-Structure effective participation	External facilitator used Retreat format
-Think strategically	Three to four year plan how to plan for healthcare reform
-Manage implementation	Operational work plan
-Manage strategically	Keep moving Stay very nimble
5. Other themes of HC reform and strategic planning process	Already on the journey toward our goals and healthcare reform gave a more powerful implication and acknowledged our correct direction That non-documented are not covered is the greatest potential issue- no idea about response It's not just healthcare reform, it's the economic issues in the U.S. The ground underneath is moving regardless of the internal organization

Org. 1 Identifying Categorical Themes

Study Objective

CEO Quotes

1. Literature review on PPAC Act is correct	Yes
2. Describe strategic planning process steps:	
-Preplanning	Data element from results of survey of patients: With no financial or insurance constraints would they continue to come to Org. 1? Survey of staff Board education: packet of information about healthcare reform, medical home, meaningful use Board hw: If we achieved our vision in 2014, what would that look like? CEO, exec team and facilitator develop agenda
-Revising and reviewing if called for your mission and vision	
-Assessing external, market forces and trends	SWOT analysis
-Assessing your organization's internal strengths and weaknesses	Management team developed internal analysis
-Formulating strategies	How do we get from here to there (healthcare reform) Board gathered a synthesis of all the pieces Developed out of healthcare reform
-Managing implementation	CEO develops work plan 2011-2013 CEO gives written reports regarding work plan to the Board quarterly
3. Validate literature review on mediating factors	
-Resources available to support strategic planning	Board feels it is important to get together out of town with a facilitator
-Stakeholder participation	Staff and customer survey 15 years ago: Board members met with community members
-The culture of your organization	51% of Board is consumer majority
-The history of your organization	Board used to be made up of 1/3 patients, 1/3 community members, 1/3 staff Commitment to the mission
4. Evaluate Zuckerman's best practices related to the work of CHCs	
-Establish a unique, far-reaching vision	Universal access: that everyone be covered Org. 1 be the provider of choice
-Attack critical issues	Healthcare reform became the goal of the retreat and plan Continue to work on universal access Continued need for community health centers: Yes, tell the story Culture shift to collecting copays Increase access to care
-Develop focused, clear strategies	Adopt the principles of the medical home model Make Org. 1 services attractive to all Build the infrastructure needed for growth Develop a teaching health center
-Differentiate from competition	Ensuring that our story is told and making clear why we are needed
-Achieve real benefits	Continue to serve those who need care, regardless of ability to pay
-Organize preplanning	It was fortuitous that this year was our year for strategic planning (done every three years)
-Structure effective participation	Customer and staff survey
-Think strategically	CHCs will be critical if the immigrant and homeless populations are to be continued to be served
-Manage implementation	Work plan development with quarterly reports
-Manage strategically	
5. Other themes of HC reform and strategic planning process	Economic issues Healthcare reform is neither the evil demon nor the panacea that will solve all problems

Org. 2 Identifying Categorical Themes

Study Objective

Study Objective	CEO Quotes
1. Literature review on PPAC Act is correct	No. Add teaching health center, school based health center, community oriented projects and demonstration projects
2. Describe strategic planning process steps:	
-Preplanning	Starts with the Board- an ongoing conversation Survey staff for input of ideas and part educational purpose about healthcare reform and Org.2 's position Each week senior leadership team meets to talk about where operational meets strategic plan
-Revising and reviewing if called for your mission and vision	
-Assessing external, market forces and trends	CEO is always thinking about the organization's strategy relative to the changing external environment Presentation on a program or broader at every board meeting- to keep the board aware
-Assessing your organization's internal strengths and weaknesses	Core competencies of the organization (Hammold and Prohaland) Strategy map - HBR Assigned metrics tracked
-Formulating strategies	
-Managing implementation	
3. Validate literature review on mediating factors	
-Resources available to support strategic planning	Most precious commodity is time Missing macro data from SKCPH
-Stakeholder participation	Majority of consumers on Board- vital part of the conversation Patient population has socioeconomic and educational barriers to full board participation Other stakeholders: funders Board retreat
-The culture of your organization	Very committed, down to earth and a group that will figure it out Innovative- why not do that? Capable
-The history of your organization	Grew up with nothing- led to creative workarounds
4. Evaluate Zuckerman's best practices related to the work of CHCs	
-Establish a unique, far-reaching vision	Ultimate goal: 100% access, zero disparities 2 page draft document outlining the vision Delivering on the promise of what it means to be a healthcare home by delivering on the triple AIM (IHI) Survive the economic downturn
-Attack critical issues	Survive State budget cuts Not to allow the safety net to unravel Lack of adult dental care No coverage for the undocumented Lessen the stupid complexity of the payment system
-Develop focused, clear strategies	Five pillars 2010 -improve overall health status -patient experience/customer service -growth strategy- "touch more lives" -people strategy- "maintain vital community within" -finance strategy
-Differentiate from competition	Expand Org.2's footprint- Access Point applications \$ School based health centers Healthcare for the homeless Providing a healthcare home Team model of care
-Achieve real benefits	Each of the five pillars has attached metrics which are reported on quarterly
-Organize preplanning	CEO is chief architect of strategic planning Aiming to engage the entire organization
-Structure effective participation	Taking steps to deepen and broaden the involvement General management group (50-60 people) meet to intentionally think about the org's strategy annually Quarter-by-quarter planning (learned from IHI) Strategic planning is all about strategic action
-Think strategically	Interactive process: action->strategy->action Opportunistic situations shape strategy (broad extension strategy positioned Org.2 to take on clinics from other organizations) Scenario planning from pessimistic to optimistic
-Manage implementation	
-Manage strategically	Nail down two or three things to make progress on in a given quarter
5. Other themes of HC reform and strategic planning process	Seattle will respond with proposals for community oriented projects- we have been very good about generating those Healthcare reform is a key determinant of what happens to Org.2 and strategic planning What Org. 2 contributes to society is underscored by healthcare reform Healthcare reform doesn't change the game, it enhances what CHCs are able to do Weird message: Feds offer grant money and say see more people, State takes those opportunities away Before the slogan medical home, health centers have been American's healthcare home Healthcare reinforces our strategic goals The way to achieve triple AIM CHCs are key strategy for changing the nation's healthcare delivery system Will healthcare reform happen? Will the expansion of Medicaid see the light of day? Will the health insurance exchange come together in WA State?

Org. 3 Identifying Categorical Themes

Study Objective

1. Literature review on PPAC Act is correct
2. Describe strategic planning process steps:
 - Preplanning

CMO Quotes

Yes. Need qualification though

Ongoing
Extensive needs assessment

Clinical and administrative response to needs assessment

- Revising and reviewing if called for your mission and vision
- Assessing external, market forces and trends

Healthcare reform is one of many things in a long list of environmental factors that shape the work

- Assessing your organization's internal strengths and weaknesses

- Formulating strategies

- Managing implementation

Parallel to another product to deliver, 330 grant application this year (three year cycle)

3. Validate literature review on mediating factors

- Resources available to support strategic planning

Absence of resources acts as an impediment
Absence of resources also forces "thinking outside the box"
Time, people, money

- Stakeholder participation

Absence of stakeholders helps you learn why they are not there

- The culture of your organization

- The history of your organization

4. Evaluate Zuckerman's best practices related to the work of CHCs

- Establish a unique, far-reaching vision

- Attack critical issues

Leaving out new Americans is an issue
Teaching health center legislation is only for already accredited health centers
Incentivize employees to continue working with Org. 3 with limited financial incentive available

- Develop focused, clear strategies

New Americans have never been covered, nothing new- continue what we do
Workforce development

- Differentiate from competition

People (providers and staff) are drawn to the mission
Org. 3 is the real definition of healthcare home

- Achieve real benefits
- Organize preplanning

Needs assessment

- Structure effective participation

Connection between community and organization is strong
Respond to the needs of the community

- Think strategically

Organization driven by needs of community
Wait-and-see

- Manage implementation
- Manage strategically

5. Other themes of HC reform and strategic planning process

State-Federal interaction and responsibilities mediate the delivery of healthcare reform provisions
We have to see how the dollars will be actually made available
The devil is in the details and most processes have winners and losers (grants)
Healthcare reform has been an element of hope
Uncertainty (political and economic)
Healthcare reform reinforces that we are on the right track
Need fundamental change in the value of primary care in the healthcare system

Org. 3 Identifying Categorical Themes

Study Objective

Chairperson of Board of Directors Quotes

1. Literature review on PPAC Act is correct	Yes
2. Describe strategic planning process steps:	
-Preplanning	Activate a board adhoc strategic planning committee At a regional association conference: learned about healthcare reform opportunities Community needs assessment Chair sets agenda
-Revising and reviewing if called for your mission and vision	
-Assessing external, market forces and trends	Healthcare reform
-Assessing your organization's internal strengths and weaknesses	Budget
-Formulating strategies	Waddle down from presentation by adhoc committee what the main strategic initiatives are Strategic initiatives map: infrastructure, community, quality Balanced score card approach
-Managin imolementation	Quantifiable measures made with benchmarks Follow up on a monthly basis Strategic initiatives are delegate to work groups to come up with work plans Listed on a calendar
3. Validate literature review on mediating factors	
-Resources available to support strateaic plannine	Disaggregated data for CNA Internal data gathering Compiling operational and population data between member health centers of a regional association
-Stakeholder participation	Diversity and geographic of the patient population: community in Puget Sound
-The culture of your organization	Have overcome cultural issues in the organization- growing up
-The history of your organization	Board's shift from operations to advocacy
4. Evaluate Zuckerman's best practices related to the work of CHCs	
-Establish a unique, far-reaching vision	Good, enduring mission Healthcare reform won't solve all the issues and there will still be a need for us Legal, illegal, undocumented immigrants not covered is a huge hole (reason why Org. 3 was created) Timing of the legislation is bad because of state budgets Figure out how much smaller we will need to be come healthcare reform What are we going to do to survive the next couple years? You have to spend money to qualify for capital grants Definition of healthcare home (advocacy through NACHC and other associations)
-Attack critical issues	We're trying to position ourselves to record the opportunities (in the longer term) Expansion - so to afford service to the newly insured (if reform kicks in) We're trying to position ourselves to the entire healthcare bill Not a laundry list of things to do - Board focuses on policies, advocacy and fundraising not operations Strategic map creates alignment and clear communication to organization and community Plan means something and is actionable Support and advocate for immigration reform initiatives Appropriate cultural and linguistic healthcare services
-Develop focused, clear strategies	
-Differentiate from competition	
-Achieve real benefits	How to demonstrate them...
-Organize preplanning	
-Structure effective participation	Annual board retreat Hire an outside facilitator Communication with stakeholders clearly through strategic map Broke up retreat into two: early spring and summer. To review healthcare reform and revise what had happened When we started planning we didn't know the timing but we did know the issues
-Think strategically	
-Manage implementation	Alignment between what Board wants and management expectations
-Manage strategically	Same strategic planning process (modified timing), different content
5. Other themes of HC reform and strateaic plannine process	Value proposition: CHCs offer the healthcare home model of care If healthcare home is going to be a sustainable model we need to figure out how to demonstrate that and link it to \$

Org. 3 Identifying Categorical Themes

Study Objective

Study Objective	CEO Quotes
1. Literature review on PPAC Act is correct	Yes
2. Describe strategic planning process steps:	
-Preplanning	Community needs assessment including demographics and literature review Section 330 grant CEO reviews - a lot of stuff has to happen before There are people who are owners or presenters of different parts of the plan
-Revising and reviewing if called for your mission and vision	Retooled for understandability purposes
-Assessing external, market forces and trends	Access information from public health dept., WA DOH, CDC SWOTT (extra T is trends)
-Assessing your organization's internal strengths and weaknesses	Mine internal data on health conditions Survey providers Focus group of patients
-Formulating strategies	Performance scorecard (infrastructure, customer service, human investment, sustainability and quality) Worked off goals ID'ed in the past Goals formulated in each of the performance scorecard areas
-Managing implementation	Annual work plans developed under each of the goals in the strategic plan Scheduled rotation of different measures to be reviewed at each management team meeting
3. Validate literature review on mediating factors	
-Resources available to support strategic planning	Very difficult to disaggregate specific population information from general community data Smarter, more efficient and cost effective to hire a facilitator
-Stakeholder participation	Survey providers Focus group of patients (variable groups each year) Augmented by consultant expertise
-The culture of your organization	Diverse patient base takes a lot of work but its worth it to align organization to needs of patients Majority of staff are // to patients in culture and ethnicity Driven with heart Impeded by cultural value of getting along and not surfacing uncomfortable issues Plan-Do-Study-Act improvements to cultivate change in system thinking Pride in history
-The history of your organization	We were born in the community Strong community leaders who are supportive and watch out for us Rooted base since 1973
4. Evaluate Zuckerman's best practices related to the work of CHCs	
-Establish a unique, far-reaching vision	Not to deny service to anyone
-Attack critical issues	Healthcare reform doesn't start soon enough Economic issues: less \$ support, more demand Budget cuts affect interpretation, coverage for non-cit kids, adult dental, maternity support, disability, lifeline Funds from healthcare reform will be competitive Healthcare reform doesn't cover non-citizens (and everyone is painted with the illegal brush)- that is our main population, immigrants and refugees
-Develop focused, clear strategies	Diversify payer mix Second tier of immigration reform activism- letters of support
-Differentiate from competition	
-Achieve real benefits	
-Organize preplanning	CNA
-Structure effective participation	There are people who are owners or presenters of different parts of the plan Survey providers Focus group of patients
-Think strategically	Healthcare reform will allow Org.3 to broaden services to those who already seek our services
-Manage implementation	Work plans
-Manage strategically	It's a delivered decision to defer something Healthcare reform represents additional uncertainty
5. Other themes of HC reform and strategic planning process	Healthcare reform did not change the process, was only factored into planning Healthcare reform is a start, not a finish

Org. 4 Identifying Categorical Themes

Study Objective

CMO Quotes

1. Literature review on PPAC Act is correct	Yes
2. Describe strategic planning process steps:	
-Preplanning	
-Revising and reviewing if called for your mission and vision	New mission and vision last year
-Assessing external, market forces and trends	Management team looked at what are the most important directions and areas to emphasize CMO brings forth medical knowledge base with medical association contacts (family physician org and physician execs)
-Assessing your organization's internal strengths and weaknesses	
-Formulating strategies	Develop strategic imperatives and areas of focus
-Managing implementation	Took work from all staff session to complete work plan Developed (coached) leadership at each site that is responsible for implementation Impact model of improvement (IH) Push implementation out to everyone
3. Validate literature review on mediating factors	
-Resources available to support strategic planning	Takes a lot of time- had to close all clinics for a day A lot of lost money
-Stakeholder participation	People come here because they want to be doing what we're doing Must be done right with enough time to get all involved and understanding Supportive staff and patients
-The culture of your organization	Innovative Constantly changing
-The history of your organization	Flavor of the month impedes us Try to constantly keep moving toward the larger vision
4. Evaluate Zuckerman's best practices related to the work of CHCs	
-Establish a unique, far-reaching vision	Guide individuals toward health Be involved in the community If everyone's covered our niche is not to care for the uninsured, it is to care for people with barriers to care
-Attack critical issues	Incentivize the medical home Accountable care organization- be reimbursed for the team and whole scope of care Build into compensation telephone and email communication Neglected undocumented immigrants 300% FPL will have challenges paying for services- client services representatives will assist Some providers are not covered at all (NDs, behavioral health, acupuncture) Community interoperability of EMRs
-Develop focused, clear strategies	Provide quality documented improvement in the health of our patients Remain a sustainable business Transform our model of healthcare Engage more deeply with our communities
-Differentiate from competition	CHCs need to market successes
-Achieve real benefits	
-Organize preplanning	
-Structure effective participation	Retreat format Took strategic imperatives to entire staff to brainstorm how to do them People want to do it and be involved in doing it - get people invested With growth, the length of time planned out has increased
-Think strategically	Investment in healthcare reform now may offer better revenue streams later
-Manage implementation	
-Manage strategically	Always referencing the strategic planning document CEO has always been involved with the world bigger than the organization Need to work inter-organizationally to drive costs down: accountable care organizations
5. Other themes of HC reform and strategic planning process	Healthcare reform is a result of where changes in medicine are going Healthcare reform will force us to look far out in the future as we do strategic planning

Org. 4 Identifying Categorical Themes

Study Objective

Study Objective	Chairperson of Board of Directors Quotes
1. Literature review on PPAC Act is correct	Don't know.
2. Describe strategic planning process steps:	
-Preplanning	Staff work- ID needs and how to accommodate the Board in their wishes Board evaluates itself and its functioning within the organization Making sure we were a part of the process of reform- represented interests Advocacy work by Chair and CEO in Washington DC Organization represented at State level advocacy
-Revising and reviewing if called for your mission and vision	Last year, made it more sound bite friendly
-Assessing external, market forces and trends	Staff work
-Assessing your organization's internal strengths and weaknesses	Staff work
-Formulating strategies	We have these needs and this broad vision that we'd like to become- reconciling them
-Managing implementation	The 3-5 year strategic goals are revisited and tweaked annually Look at measures regularly - some quarterly, some semi annually, some every 3-5 yrs.
3. Validate literature review on mediating factors	
-Resources available to support strategic planning	Very talented, committed, smart people are attracted to work for CHCs Managed money well Resources of money and people are related
-Stakeholder participation	Consumer is often unsure about the type of input expected of them Everybody- politicos to patients
-The culture of your organization	Growing into a larger organization has changed the governance functioning and culture Capable Striving to be flexible Always looking at ways to work smarter not harder Always evolving to meet the needs of the day Team environment where everyone feels enabled to contribute to the betterment and grand goals of the organization
-The history of your organization	Board members used to be very involved in the hands-on work: mowing the grass Growing pains about Board and staff boundaries (governance philosophy) Can't hold on to history too much. It has made us what we are today
4. Evaluate Zuckerman's best practices related to the work of CHCs	
-Establish a unique, far-reaching vision	Insure the success of our organization and help our communities overall
-Attack critical issues	More mental and behavioral health services offered More funding needed for dental Getting people the healthcare they need while being tuned into their culture Respond to reduction or elimination of Basic Health Plan, GAU, GAX, interpretation services
-Develop focused, clear strategies	Be the provider and employer of choice Reasonable expansion and growth Specific health outcomes such as decreased hemoglobin rates in obese patients Sustainable budget, to not tap reserves Change the model of healthcare from number of times a patient is seen to health outcomes Attract and retain more National Health Service Corps folks
-Differentiate from competition	We are doing our best to keep ahead of many organization and the trends Competing against ourselves mostly
-Achieve real benefits	
-Organize preplanning	
-Structure effective participation	Changing the culture of governance to be more hands off
-Think strategically	
-Manage implementation	
-Manage strategically	CEO as a leader has shaped culture of capability
5. Other themes of HC reform and strategic planning process	We worked to make reform work for us Healthcare reform is a moving target We are looking to see that healthcare reform really helps us achieve those goals we already had in place We're still reeling from economic stuff

Org. 4 Identifying Categorical Themes

Study Objective

CEO Quotes

1. Literature review on PPAC Act is correct	Yes
2. Describe strategic planning process steps:	
-Preplanning	Senior staff prepare a presentation on significant events within the organization and the env around us Presentation drives thinking about what is strategic and not operational
-Revising and reviewing if called for your mission and vision	
-Assessing external, market forces and trends	Done by senior staff
-Assessing your organization's internal strengths and weaknesses	Done by senior staff
-Formulating strategies	Strategic imperatives are within areas of focus Have implementation plans on things that lead us
-Managing implementation	Operationalize the strategic goals Define measures to track to make sure we are moving toward the strategic imperatives Multiple levels of staff work on prioritizing and defining the terms of goals The prioritized measures have an executive team sponsor and work groups that operationalize it Layers of accountability
3. Validate literature review on mediating factors	
-Resources available to support strategic planning	
-Stakeholder participation	Engage the whole staff Good stakeholder participation (staff, Board, patients) insures buy-in throughout the organization Provide intelligence to make real what we want to accomplish
-The culture of your organization	Committed to the mission Innovative and flexible
-The historv of your organization	
4. Evaluate Zuckerman's best practices related to the work of CHCs	
-Establish a unique, far-reaching vision	More than just providing clinical services
-Attack critical issues	Better coverage for immigrants, refugees and undocumented The caps on grants from healthcare reform amount to only a portion of most operating budgets There are a lot of services that do not have revenue behind them Mental and dental services Serve people who cannot navigate through the bureaucracy More marketplace mentality
-Develop focused, clear strategies	Four big strategic imperatives -Achieve documented improvements in the health status of our patients and our communities -Attain a sustainable business model -Transform our model of healthcare -Engage in our communities more deeply From those, we drill down to set goals
-Differentiate from competition	
-Achieve real benefits	
-Organize preplanning	
-Structure effective participation	Prevention and wellness focus creates an environment where collaborations can take place Retreat format
-Think strategically	Maintain vigilance so that we know what's coming down the pipe
-Manage implementation	Operationalize the strategic goals; Define measures to track to make sure we are moving toward the strategic imperatives ; Multiple levels of staff work on prioritizing and defining the terms of goals; The prioritized measures have an executive team sponsor and work groups that operationalize it; Layers of accountability
-Manage strategically	
5. Other themes of HC reform and strategic planning process	There's all this money for health centers and they've got it made- that's not the case These kinds of goals have driven the notion of healthcare reform So many unanswered questions Healthcare reform will not change the core of who we are

Org. 5 Identifying Categorical Themes

Study Objective

CMO Quotes

1. Literature review on PPAC Act is correct	I don't know. Big item is expanding demand and not supply. Add teaching health center.
2. Describe strategic planning process steps:	
-Preplanning	Monthly departmental meetings Bi-monthly management meetings Bi-yearly Board meetings Departments present information to Board
-Revising and reviewing if called for your mission and vision	Done by Board and CEO
-Assessing external, market forces and trends	Quality improvement - checking in on successes and weaknesses monthly
-Assessing your organization's internal strengths and weaknesses	Done by Board and CEO
-Formulating strategies	
-Managing implementation	
3. Validate literature review on mediating factors	
-Resources available to support strategic planning	
-Stakeholder participation	
-The culture of your organization	
-The history of your organization	
4. Evaluate Zuckerman's best practices related to the work of CHCs	
-Establish a unique, far-reaching vision	Serve anyone who walks through our doors Nobody is turned away
-Attack critical issues	Supply of primary care providers- adopt teaching health center model, incentivize PCP through reimbursement, innovative practice models Emphasize health maintenance, prevention and health promotion Migrant community
-Develop focused, clear strategies	Supply of primary care providers- adopt teaching health center model, incentivize PCP through reimbursement, innovative practice models
-Differentiate from competition	Sense of community service
-Achieve real benefits	
-Organize preplanning	
-Structure effective participation	
-Think strategically	
-Manage implementation	
-Manage strategically	
5. Other themes of HC reform and strategic planning process	

Org. 5 Identifying Categorical Themes

Study Objective

1. Literature review on PPAC Act is correct

2. Describe strategic planning process steps:

-Preplanning

Vice President Quotes

List is the positive provisions. Undocumented and kids are left out.

Departmental meetings

-Revising and reviewing if called for your mission and vision
 -Assessing external, market forces and trends
 -Assessing your organization's internal strengths and weaknesses
 -Formulating strategies
 -Managing implementation

3. Validate literature review on mediating factors

-Resources available to support strategic planning

Budgetary restraints cut resources

-Stakeholder participation

Room for additional input
 Possibly, small businesses

-The culture of your organization

Always in growth mode
 Large organization

-The history of your organization

1978
 Community non-profit
 Can move and change with the times

4. Evaluate Zuckerman's best practices related to the work of CHCs

-Establish a unique, far-reaching vision

Meet the needs of the people we work with

-Attack critical issues

Immigration reform- state and federal
 Advocate for undocumented and children
 Provider recruitment
 Expanding access

-Develop focused, clear strategies

Expand clinic sites to meet needs of community (structured growth)
 Utilize national health service corps
 Collaborate with small businesses

-Differentiate from competition

Large scope of services

-Achieve real benefits
 -Organize preplanning
 -Structure effective participation

Working relationships in the community
 Engage people to be included and include their input

-Think strategically

Community level needs

-Manage implementation
 -Manage strategically

5. Other themes of HC reform and strategic planning process

"When funding is cut, when funding is added, when there's different opportunities- we incorporate those things on an ongoing basis in the work that we do. This is another type of opportunity and so we would include this as we do with any other opportunities into our strategic planning process."

Best Practices Summary

Zuckerman's Best Practices	Org. 1 Score	Org. 2 Score	Org. 3 Score	Org. 4 Score	Org. 5 Score
1. Establish a unique, far-reaching vision	x	x		x	
2. Attack critical issues	x	x	x	x	x
3. Developed focused, clear strategies	x	x	x	x	x
4. Differentiate from competition	x	x	x	x	x
5. Achieve real benefits	x	x			
6. Organize preplanning	x	x	x	x	x
7. Structure effective participation	x	x	x	x	x
8. Think strategically	x	x	x	x	
9. Manage implementation	x		x	x	
10. Manage strategically	x	x	x	x	
Total:	10/10	9/10	8/10	9/10	5/10

Org. 1 Best Practices	Org. 1 Quotes	Org. 1 Score
Zuckerman's Best Practices		
1. Establish a unique, far-reaching vision	<p>CEO Universal access; Org. 1 be the provider of choice</p> <p>CMO Care for the uninsured- the undocumented who will remain uninsured; To not care for the uninsured is not an option; Mission: To care for people regardless of their ability to pay: non-negotiable</p> <p>Chair of BOD Committed to mission to insure that everyone has access to health services regardless of ability to pay</p>	x
2. Attack critical issues	<p>CEO Access to immigrants & homeless; adult dental; shift to collecting copays; Healthcare reform became the goal of the retreat and plan; Continue to work on universal access; Continued need for community health centers: Yes, tell the story</p> <p>CMO Continue to serve all people regardless of their ability to pay</p> <p>Chair of BOD Healthcare reform was the theme of the strategic planning retreat: How to get from here to 2014; Healthcare reform is still unfolding and there's a lot of uncertainty</p>	x
3. Developed focused, clear strategies	<p>CEO 1. increase access to care, 2. adopt medical home principles, 3. make Org.1 attractive to all, 4. structure for growth and become a teaching health center</p> <p>CMO Approving a viable budget, shoring up our finances; Achieve and be able to report on the best health outcomes around clinical measures; Expand to different locations; Become more organizationally efficient</p> <p>Chair of BOD Insure that our services are efficient and effective; Medical home; Evolve our teaching component</p>	x
4. Differentiate from competition	<p>CEO Commitment to the mission; Ensuring that our story is told and making clear why we are needed</p> <p>CMO Maintain identity; Market reputation</p> <p>Chair of BOD</p>	x
5. Achieve real benefits	<p>CEO Repeat customers (would you continue to come to Org. 1 after getting insurance?); Continue to serve those who need care, regardless of ability to pay</p> <p>CMO Measure and report the benefits; Advocate at federal and local levels</p> <p>Chair of BOD</p>	x
6. Organize preplanning	<p>CEO It was fortuitous that this year was our year for strategic planning (done every three years); Data element from results of survey of patients: With no financial or insurance constraints would they continue to come to Org. 1?; Survey of staff; Board education: packet of information about healthcare reform, medical home, meaningful use; Board hw: If we achieved our vision in 2014, what would that look like?; CEO, exec team and facilitator develop agenda</p> <p>CMO Leadership team organizes and procures internal information to influence strategic planning with the Board; Collect data to think through strategic planning intelligently; Leadership team discussed PPAC Act, distilled info for Board; Leadership team surveyed staff and patients for input</p> <p>Chair of BOD Has enough of the environment shifted that we should relook and recommit to strategic planning?; Chair, executive committee, CEO and facilitator plan high level objectives for the retreat and the process; Educational events prior to retreat; Board evaluates work plan target from prior year; Customer survey: post healthcare reform with opportunity to choose another healthcare provider, will you continue to come to Org. 1?; Chair and CEO determine if strategic planning is necessary; Chair, CEO and external facilitator prepare the strategic planning process; Educational events prior to retreat</p>	x
7. Structure effective participation	<p>CEO Customer and staff survey</p> <p>CMO Survey of staff and patients; Offsite Board and leadership retreat</p> <p>Chair of BOD External facilitator used; Retreat format</p>	x
8. Think strategically	<p>CEO CHCs will be critical if the immigrant and homeless populations are to be continued to be served</p> <p>CMO Wait-and-see approach to healthcare reform; Market to newly insured populations; Finance contingency plans: community development, fundraising and develop a new product (for small buiz)</p> <p>Chair of BOD Three to four year plan how to plan for healthcare reform</p>	x
9. Manage implementation	<p>CEO Work plan development with quarterly reports</p> <p>CMO</p> <p>Chair of BOD Operational work plan</p>	x
10. Manage strategically	<p>CEO</p> <p>CMO Nurturing and maintaining relationships with outside entities (two hospitals, health dept., UW school of med); Incorporate changes in the environment during upcoming annual planning sessions; Diversified portfolio: less vulnerable to government weakness</p> <p>Chair of BOD Keep moving; Stay very nimble</p>	x
TOTAL SCORE		10/10

Org. 2 Best Practices	Org. 2 Quotes	Org. 2 Score
Zuckerman's Best Practices		
1. Establish a unique, far-reaching vision		x
	CEO Ultimate goal: 100% access, zero disparities; 2 page draft document outlining the vision; Delivering on the promise of what it means to be a healthcare home by delivering on the triple AIM (IH)	
	CMO	
	Chair of BOD	
2. Attack critical issues		x
	CEO Survive the economic downturn; Survive State budget cuts; Not to allow the safety net to unravel; Lack of adult dental care; No coverage for the undocumented; Lessen the stupid complexity of the payment system	
	CMO	
	Chair of BOD	
3. Developed focused, clear strategies		x
	CEO Expand Org.2's footprint- Access Point applications; Five pillars 2010: 1. improve overall health status, 2. patient experience/customer service, 3. growth strategy-"touch more lives", 4. people strategy-"maintain vital community within", 5. finance strategy	
	CMO	
	Chair of BOD	
4. Differentiate from competition		x
	CEO "Core competencies" : School based health centers; Healthcare for the homeless; Providing a healthcare home; Team model of care	
	CMO	
	Chair of BOD	
5. Achieve real benefits		x
	CEO Each of the five pillars has attached metrics which are reported on a quarterly basis	
	CMO	
	Chair of BOD	
6. Organize preplanning		x
	CEO CEO is chief architect of strategic planning; Starts with the Board- an ongoing conversation; Survey staff for input of ideas and part educational purpose about healthcare reform and Org.2 's position; Each week senior leadership team meets to talk about where operational meets strategic plan	
	CMO	
	Chair of BOD	
7. Structure effective participation		x
	CEO Aiming to engage the entire organization; Taking steps to deepen and broaden the involvement; General management group (50-60 people) meet to intentionally think about the org's strategy annually	
	CMO	
	Chair of BOD	
8. Think strategically		x
	CEO Quarter-by-quarter planning (learned from IH); Strategic planning is all about strategic action; Interactive process: action-->strategy-->action; Opportunistic situations shape strategy (broad extension strategy positioned Org.2 to take on clinics from other organizations); Scenario planning from pessimistic to optimistic	
	CMO	
	Chair of BOD	
9. Manage implementation		
	CEO	
	CMO	
	Chair of BOD	
10. Manage strategically		x
	CEO Nail down two or three things to make progress on in a given quarter	
	CMO	
	Chair of BOD	
		9/10

Org. 3 Best Practices	Org. 3 Quotes	Org. 3 Score
Zuckerman's Best Practices		
1. Establish a unique, far-reaching vision	CEO Not to deny service to anyone CMO	
2. Attack critical issues	Chair of BOD Good, enduring mission; Healthcare reform won't solve all the issues and there will still be a need for us CEO Healthcare reform doesn't start soon enough; Economic issues: less \$ support, more demand; Budget cuts affect interpretation, coverage for non-cit kids, adult dental, maternity support, disability, lifeline; Funds from healthcare reform will be competitive; Healthcare reform doesn't cover non-citizens (and everyone is painted with the illegal brush)- that is our main population, immigrants and refugees CMO Leaving out new Americans is an issue; Teaching health center legislation is only for already accredited health centers; Incentivize employees to continue working with Org. 3 with limited financial incentive available Chair of BOD Legal, illegal, undocumented immigrants not covered is a huge hole; Timing of the legislation is bad because of state budgets; Figure out how much smaller we will need to be come healthcare reform; What are we going to do to survive the next couple years?; You have to spend money to qualify for capital grants; Definition of healthcare home (advocacy through associations)	x
3. Developed focused, clear strategies	CEO Diversify payer mix; Second tier of immigration reform activism- letters of support CMO New Americans have never been covered, nothing new- continue what we do; Workforce development Chair of BOD We're trying to position ourselves to record the opportunities (in the longer term); Expansion - so to afford service to the newly insured (if reform kicks in); Not a laundry list of things to do - Board focuses on policies, advocacy and fundraising not operations; We're trying to position ourselves to the entire healthcare bill; Strategic map creates alignment and clear communication to organization and community; Plan means something and is actionable; Support and advocate for immigration reform initiatives	x
4. Differentiate from competition	CEO People (providers and staff) are drawn to the mission; Org. 3 is the real definition of healthcare home Chair of BOD Appropriate culturally and linguistic healthcare services	x
5. Achieve real benefits	CEO CMO Chair of BOD How to demonstrate them...	
6. Organize preplanning	CEO Community Needs Assessment; There are people who are owners or presenters of different parts of the plan; Community needs assessment including demographics and literature review; Section 330 grant; CEO reviews - a lot of stuff has to happen before; There are people who are owners or presenters of different parts of the plan CMO Community Needs Assessment; Ongoing; Extensive needs assessment ; Clinical and administrative response to needs assessment Chair of BOD Activate a board adhoc strategic planning committee; regional conference: learned about healthcare reform opportunities; Community needs assessment; Chair sets agenda	x
7. Structure effective participation	CEO Survey providers; Focus group of patients CMO Connection between community and organization is strong; Respond to the needs of the community Chair of BOD Annual board retreat; Hire an outside facilitator; Communication with stakeholders clearly through strategic map	x
8. Think strategically	CEO Healthcare reform will allow Org.3 to broaden services to those who already seek our services CMO Organization driven by needs of community; Wait-and-see Chair of BOD Broke up retreat into two: early spring and summer. To review healthcare reform and revise what had happened; When we started planning we didn't know the timing but we did know the issues	x
9. Manage implementation	CEO Work plans CMO Chair of BOD	x
10. Manage strategically	CEO It's a delivered decision to defer something CMO Chair of BOD Alignment between what Board wants and management expectations	x
		8/10

Org. 4 Best Practices	Org. 4 Quotes	Org. 4 Score
Zuckerman's Best Practices		
1. Establish a unique, far-reaching vision	<p>CEO More than just providing clinical services</p> <p>CMO Guide individuals toward health; Be involved in the community; If everyone's covered our niche is not to care for the uninsured, it is to care for people with barriers to care</p> <p>Chair of BOD Insure the success of our organization and help our communities overall</p>	x
2. Attack critical issues	<p>CEO Better coverage for immigrants, refugees and undocumented; The caps on grants from healthcare reform amount to only a portion of most operating budgets ; There are a lot of services that do not have revenue behind them; Mental and dental services; Serve people who cannot navigate through the bureaucracy; More marketplace mentality</p> <p>CMO Incentivize the medical home; Accountable care organization- be reimbursed for the team and whole scope of care; Build into compensation telephone and email communication; Neglected undocumented immigrants; 300% FPL will have challenges paying for services- client services representatives will assist; Some providers are not covered at all; Community interoperability of EMRs</p> <p>Chair of BOD More mental and behavioral health services offered; More funding needed for dental; Getting people the healthcare they need while being tuned into their culture; Respond to reduction or elimination of Basic Health Plan, GAU, GAX, interpretation services</p>	x
3. Developed focused, clear strategies	<p>CEO Four big strategic imperatives: 1. Achieve documented improvements in the health status of our patients and our communities, 2. Attain a sustainable business model, 3. Transform our model of healthcare, 4. Engage in our communities more deeply</p> <p>CMO Provide quality documented improvement in the health of our patients; Remain a sustainable business; Transform our model of healthcare ; Engage more deeply with our communities (From those, we drill down to set goals)</p> <p>Chair of BOD Be the provider and employer of choice; Reasonable expansion and growth; Specific health outcomes such as decreased hemoglobin rates in obese patients; Sustainable budget, to not tap reserves; Change the model of healthcare from number of times a patient is seen to health outcomes; Attract and retain more National Health Service Corps folks</p>	x
4. Differentiate from competition	<p>CEO CHCs need to market successes</p> <p>Chair of BOD We are doing our best to keep ahead of many organization and the trends; Competing against ourselves mostly</p>	x
5. Achieve real benefits	<p>CEO</p> <p>CMO</p> <p>Chair of BOD</p>	
6. Organize preplanning	<p>CEO Senior staff prepare a presentation on significant events within the organization and the env around us; Presentation drives thinking about what is strategic and not operational</p> <p>CMO</p> <p>Chair of BOD Staff work- ID needs and how to accommodate the Board in their wishes; Board evaluates itself and its functioning within the organization; Making sure we were a part of the process of reform- represented interests; Advocacy work by Chair and CEO at Washington DC; Organization represented at State level advocacy</p>	x
7. Structure effective participation	<p>CEO Prevention and wellness focus creates an environment where collaborations can take place; Retreat format</p> <p>CMO Retreat format; Took strategic imperatives to entire staff to brainstorm how to do them; People want to do it and be involved in doing it - get people invested</p> <p>Chair of BOD Changing the culture of governance to be more hands off</p>	x
8. Think strategically	<p>CEO Maintain vigilance so that we know what's coming down the pipe</p> <p>CMO</p> <p>Chair of BOD With growth, the length of time planned out has increased; Investment in healthcare reform now may offer better revenue streams later</p>	x
9. Manage implementation	<p>CEO Operationalize the strategic goals; Define measures to track to make sure we are moving toward the strategic imperatives ; Multiple levels of staff work on prioritizing and defining the terms of goals; The prioritized measures have an executive team sponsor and work groups that operationalize it; Layers of accountability</p> <p>CMO Took work from all staff session to complete work plan; Developed (coached) leadership at each site that is responsible for implementation; Impact model of improvement (IMI); Push implementation out to everyone</p> <p>Chair of BOD The 3-5 year strategic goals are revisited and tweaked annually; Look at measures regularly - some quarterly, some semi annually, some every 3-5 yrs.</p>	x
10. Manage strategically	<p>CEO</p> <p>CMO Always referencing the strategic planning document; CEO has always been involved with the world bigger than the organization; Need to work inter-organizationally to drive costs down: accountable care organizations</p> <p>Chair of BOD CEO as a leader has shaped culture of capability</p>	x
		9/10

Org. 5 Best Practices	Org. 5 Quotes	Org. 5 Score
1. Establish a unique, far-reaching vision	CEO Meet the needs of the people we work with CMO Serve anyone who walks through our doors; Nobody is turned away Chair of BOD	
2. Attack critical issues	CEO Immigration reform- state and federal; Advocate for undocumented and children; Provider recruitment; Expanding access CMO Supply of primary care providers; Emphasize health maintenance, prevention and health promotion; Migrant community Chair of BOD	x
3. Developed focused, clear strategies	CEO CMO Expand clinic sites to meet needs of community (structured growth); Utilize national health service corps; Collaborate with small businesses Supply of primary care providers- adopt teaching health center model, incentivize PCP through reimbursement, innovative practice models Chair of BOD	x
4. Differentiate from competition	CEO Large scope of services CMO Sense of community service Chair of BOD	x
5. Achieve real benefits	CEO CMO Chair of BOD	
6. Organize preplanning	CEO Departmental meetings CMO Monthly departmental meetings; Bi-monthly management meetings; Bi-yearly Board meetings; Departments present information to Board Chair of BOD	x
7. Structure effective participation	CEO Working relationships in the community; Engage people to be included and include their input CMO Chair of BOD	x
8. Think strategically	CEO Community level needs CMO Chair of BOD	
9. Manage implementation	CEO CMO Chair of BOD	
10. Manage strategically	CEO CMO Chair of BOD	
		5/10

Analysis Summary

Organization	Best Practices Score	Culture				History	Market Size	Available Resources
		Team	Entrepreneurial	Hierarchical	Rational	Years in business as of 2010	Total # Patient Visits (2009)	% Administrative Expenses (2009)
1	10/10	75%	10%	5%	10%	39	49,869	21%
2	9/10	43%	18%	21%	18%	40	201,465	20%
3	8/10	32%	22%	19%	27%	37	81,076	24%
4	9/10	32%	30%	12%	26%	22	204,217	17%
5	5/10	N/A	N/A	N/A	N/A	32	600,000 (2010)	21% (2010)