



Body - Mind - Spirit

San Diego American Indian Health Center Strategic Plan 2021

Background: San Diego American Indian Health Center (SDAIHC) is a not-for-profit community health center, dually funded by the Health Resources and Services Administration (HRSA) and the Indian Health Service (IHS). SDAIHC provides medical, dental, behavioral health services, and wellness programs. Approximately one-third of the patients served by SDAIHC are American Indian/Alaskan Natives (AI/AN). In October 2019, the Board of Directors recognized that the organization was drifting from the vision that it had endorsed in its strategic plan. They acted decisively, bringing on Dr. Kevin LaChapelle as a consultant to get SDAIHC back on the right track. The Board of Directors saw positive changes immediately. After one month of actualizing his strategy, the Board asked Dr. LaChapelle to become the Interim CEO. Months later he was selected as the permanent CEO. Dr. LaChapelle and his team continue to work diligently to operationalize the Mission and Vision of the SDAIHC Board of Directors.

SDAIHC engaged FQHC Associates to facilitate a new strategic plan for the organization. Through discussions with CEO Kevin LaChapelle, it was determined that a more dynamic and nimble approach than was conducted in the past would provide the greatest benefit to the organization. We utilized a Real Time Strategic Planning model, which provides a “strategy screen” to assure that all programmatic and operational decisions are tied back to SDAIHC’s organizational mission.

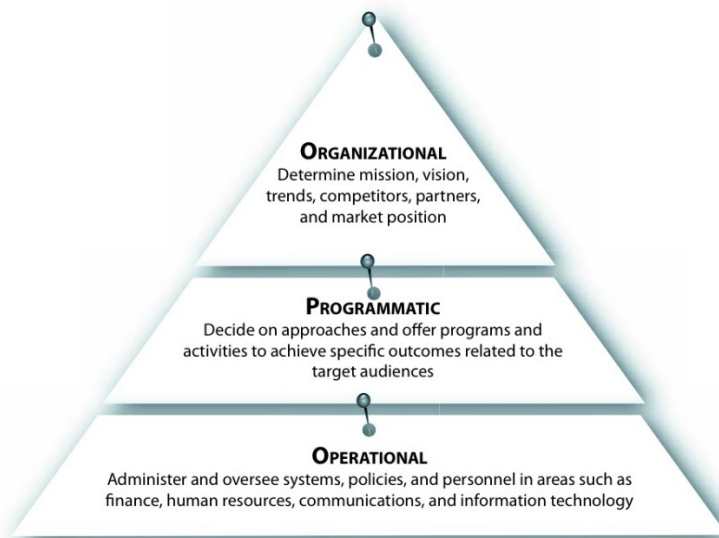


Figure 1-The Planning Pyramid



COVID-19: The pandemic has significantly altered how medical providers, particularly Community Health Centers, are perceived and operate. Federal, state, and local governments have come to rely on organizations such as SDAIHC to provide access to COVID testing, vaccination, and primary care treatment. This high-profile role has led to an unprecedented investment in the program, which presents a golden opportunity for SDAIHC to take a great leap forward in the coming months and years.

Target Population: As a Community Health Center, dually funded by IHS and HRSA, SDAIHC seeks to serve all individuals residing in its geographic service area. Based on its historical mission, as well as the support by the IHS, the organization has a specific focus on the (AI/AN) population. SDAIHC works to promote a culture that embraces traditional Native American values, applying them to every patient served.

Mission: An organization's mission is its reason for existing. The mission is generally defined by the organization's Board of Directors. In most cases the mission does not change radically over time, although it can often be tweaked in order to adapt to a changing environment or to better describe its intent. The stated mission of San Diego American Indian Health Center is "to promote **excellence in health care** with respect to **custom and tradition**. Our goal is to **reduce the significant health disparities** in San Diego's Urban (AI/AN) and under-served populations by improving the excellence of care, resulting in **increased life expectancy and improved quality of life.**"

Vision: The organizational vision is the Board's concept of how the mission will be carried out. According to SDAIHC's web site, they are a "community health center dedicated to **embodying the values central to American Indian cultures**. This includes **respect** for our patients, acknowledgement of the **whole person**, and a focus on working together to ensure health for the individual, and therefore the community. We invite persons of **all tribes, ethnic backgrounds and walks of life** to experience the comprehensive care we deliver and to contribute to the services we provide for children, youth, families, adults, and elders."

Goals: The goals are the future organizational accomplishments which will support the board defined mission and vision. These are generally developed by the Board and Executive Team working in concert. The current organizational goals have evolved from the prior 5-year plan, building on the advances made during the past two years. *Figure 2*, compares the previous plan's goals to the current goals and strategies. The major difference between the two plans is that a number of what were previously classified as goals have been moved to strategies. The wording was changed in some cases to be more precise. A new strategy of meeting all compliance requirements was added.

Strategies: Strategies are the major types of activities that the organization will undertake in order to meet its stated goals. As with goals, the strategies are generally developed by the Board and Executive Team working together. Since strategies are generally "deeper in the weeds" than goals, the Board is often less involved in the details of how these are developed and executed. All the strategies identified for SDAIHC will help the organization meet multiple goals.

Prior Plan Strategic Goals	Current Plan Strategic Goals & Strategies
Increasing Access to Care	Serve More People
	Provide a Wider Range of Services
	Improve Access to Services
Improving Care Quality	Improve Outcomes & Care Quality (Perceived and Actual)
Engaging the Community	Engage the Community
Developing Human Resources	Develop Human Resources
Enhancing Use of Health Technology	Enhance Use of Technology
Strengthening Financial Management and Sustainability	Strengthen Financial Position
Planning for Future Facility Needs and Potential Site Relocation	Build New Facility & Improve Infrastructure
Developing New Sources of Capital and Investment	Develop Additional Funding Sources
	Meet Compliance Requirements
Green=Goal	Orange=Strategy

Figure 2-Comparison of Prior and Current Strategic Plan Goals & Strategies

Activities: Activities are the actions taken to implement the organizational strategies. The majority of these are undertaken entirely by the organizational staff. Progress is reported to the Board on a regular basis. The relationship between Mission, Vision, Goals, Strategies and Activities are outlined in *Figure 3*.



Figure 3-Mission, Vision, Goals, Strategies & Activities

Organizational Strengths and Challenges: The Board and Executive Management are very aware of SDAIHC’s strengths and challenges. Although they have been through a lot, they have made a huge amount of progress over the last two years. Many chronic issues have been partially or fully resolved. At a minimum, the issues have been identified. *Figure 4*, shows the major organizational strengths and challenges.

Organizational Strengths	Organizational Challenges
Engaged and representative board	Insufficient number of patients
Strong sense of identity to serve Native Americans	Low Productivity
Much improved management team from prior years	Highly grant dependent
Funds in hand for new facility	Current facility and infrastructure is subpar
Funding from 2 major sources, HRSA and IHS	Difficulty in attracting quality staff
Strong relationships in neighborhood and county	Operational issues which hurt efficiency
Only Urban Indian clinic in San Diego	Some reputational issues based on prior problems

Figure 4-Organizational Strengths & Challenges

Response to Challenges: Based on the challenges identified, Board and staff had a number of suggested strategies to improve performance. The strategic plan is based on implementing those suggestions.

Insufficient number of patients: The number of unique patients served in 2019 and 2020 is shown in *Figure 5*. The reduced number of patients seen in 2020 is typical of community health centers across the country. In *Figure 6*, we see that it costs SDAIHC about 50% more per patient than the state average, annually. While a number of factors influence this number (average number of visits per year, variety of services offered, etc.), this is a general indicator of too small a patient population for the size and cost of a program.

Payor Mix				
Payor	2020		2019	
Uninsured	933	27%	1,149	29%
Medicaid	1,564	46%	2,155	54%
Medicare	315	9%	426	11%
Other Public	176	5%	0	0%
Private	437	13%	289	7%
Total	3,425	100%	4,019	100%

Figure 5-Unique Patients by Payor

Financial Performance		
Category	2020	2019
Cost	\$7,205,240	\$7,530,115
Patient Revenue	\$1,784,599	\$2,682,419
Other Revenue	\$6,728,261	\$5,400,720
Net Revenue	\$1,307,620	\$553,024
Cost Per Unique Patient	\$2,103.72	\$1,873.63
CA Average	\$1,353.67	\$1,268.21
Percentage over Average	55%	48%

Figure 6-Financial Performance

Low Productivity: The management team identified low productivity as a chronic issue, which the productivity numbers in *Figure 7*, confirms. Medical and Dental productivity will need a significant increase for SDAIHC to reach community health center average performance.

Provider Productivity					
Provider Type	Standard	2020	% of Std	2019	% of Std
GP Physician	3,030	900	30%	847	28%
Nurse Practitioner	2,508	1,988	79%	1,885	75%
Physician Assistant	2,814	1,871	66%	1,785	63%
Dentist	2,624	1,336	51%	2,250	86%
Psychiatrist	1,938	1,643	85%	2,882	149%
Psychologist	1,083	1,079	100%	1,308	121%
LCSW	911	150	16%	982	108%
Other Mental Health		1,126			

Figure 7-Provider Productivity

High Grant Dependence: This is largely a symptom of the previous two issues. If SDAIHC is able to attract more patients and increase productivity, more income will be generated. This will reduce grant dependence.

Subpar Facility and Infrastructure: SDAIHC has accumulated much of the funds to replace the facility. This should help attract more patients and staff, as well as provide a much more efficient workplace which should help improve productivity.

Difficulty in Attracting Quality Staff: The organizational has had chronic staffing issues. The new facility, plus competitive pay and benefits should help with this problem.

Operational Issues: Recent improvements in management have identified a significant number of operational improvements that are needed. A significant portion of the strategic plan is

devoted to improving these processes across the organization. This in turn should assist with improving the previously identified challenges.

Reputational Issues: The Board and executive management have done an outstanding job of bolstering SDAIHC’s reputation among community leaders. However, staff has identified some opportunities for improvement in how the potential patient population views the organization, primarily due to past service-related issues.

Detailed Strategic Plan: The remainder of this document outlines the specific goals, strategies and activities that were identified while working with the SDAIHC Board of Directors and Staff. In section A we have listed the related challenges and strategies for each identified goal. The understanding is that if we successfully pursue the related strategies, the goal will be met. In section B, we list the strategies and the related activities as identified by the SDAIHC Board and staff. Each activity is only listed once.

Each activity listed will generally consist of a number of actions or steps. In order to assure that the activity is successfully completed, it is important that each action is assigned to an individual or team, managed and the outcomes measured. In order to keep this plan at a high level and reasonable to manage, those details are not included.

This is meant to be a living document and the expectation is that it will be referred to and modified on a regular basis.

Section A: Goals, Challenge and Strategy Matrix

Goal #1: Serve more patients: In order to operate efficiently and to become less dependent on grant funding, SDAIHC must increase the number of patients served.

Challenges: Insufficient number of patients
Low Productivity
Highly grant dependent

Strategies: A: Increase capacity and volume
B: Build new facility and improve infrastructure
D: Develop human resources
E: Enhance the use of technology
F: Engage the community
G: Improve operational efficiency

Goal #2: Provide a wider range of services: In order to attract more patients, as well as to meet the mission of increasing life expectancy and improving quality of life, SDAIHC must determine and provide services that the community needs as appropriate.

Challenges: Insufficient number of patients
Highly grant dependent

Strategies: A: Increase capacity and volume
B: Build new facility and improve infrastructure
D: Develop human resources
E: Enhance the use of technology
F: Engage the community
G: Improve operational efficiency

Goal #3: Improve access to services: In order to provide needed services to more members of the community, SDAIHC must improve access to those services.

Challenges: Insufficient number of patients
Highly grant dependent
Low Productivity

Strategies: A: Increase capacity and volume
B: Build new facility and improve infrastructure
D: Develop human resources
E: Enhance the use of technology
F: Engage the community
G: Improve operational efficiency
H: Extended operating hours, ie Saturdays

Goal #4: Improve perceived and actual outcomes and quality: In order to attract more patients, as well as to meet the mission of increasing life expectancy and improving quality of life, SDAIHC must improve its clinical outcomes, and promote those outcomes to the community.

Challenges: Low Productivity
Subpar Facility and Infrastructure
Difficulty in Attracting Quality Staff
Operational Issues
Reputational Issues

Strategies: B: Build new facility and improve infrastructure
C: Meet compliance requirements
D: Develop human resources
E: Enhance the use of technology
F: Engage the community

G: Improve operational efficiency

Goal #5: Remain financially viable: In order to remain financially viable, SDAIHC must meet goals 1-4.

Challenges: Insufficient number of patients
Low Productivity
Highly grant dependent
Subpar Facility and Infrastructure
Difficulty in Attracting Quality Staff
Operational Issues
Reputational Issues

Strategies: A: Increase capacity and volume
B: Build new facility and improve infrastructure
C: Meet compliance requirements
D: Develop human resources
E: Enhance the use of technology
F: Engage the community
G: Improve operational efficiency

Section B: Strategies and Activities

A: Increase capacity and volume

1. Create patient education/community outreach department
2. Expand patient base and get established patients to come in on a regular basis.
3. Look at market assessment, community needs, and the other medical services that are available locally to determine the niche that we should serve.
4. Evaluate how well we are serving the local Native American community, to see if there are unmet needs.
5. Accept walk-ins on a regular basis and monitor the number of calls for walk-ins that we are unable to accommodate.
6. Develop a clear, effective no-show policy
7. Have each medical provider aim to average a minimum of 16 patients per day
8. Continue effective covid response including outreach to Native and underserved communities that have trouble accessing the vaccine.
9. Continue effective PHN response to homebound patients, if funding remains available
10. To average over 600 BH client contacts a month for the whole team over the year
11. To average over 700 BH treatment appointments a month for the year for the whole team
12. BH program to remain below the 20% no-show rate as an average over the year
13. BH-Work to reduce caseloads of therapists, so new clients can be seen within 10 working days, and active clients can be seen sooner and more regularly; this may

require adding another therapist and possibly another Psychiatric Nurse Practitioner by the 2022-2023 Fiscal year

14. Transition BH from concentrating on long-term therapy to a briefer therapy model. BH- This caseload reduction is also requiring a paradigm shift from the past (unspoken)
15. Continue to achieve a dental no-show rate of below the 20% requirement.
16. Re-vamp the Saturday dental program to pre-COVID levels.
17. Return dental outreach in schools to meet goals and increase new pediatric dental patients.
18. Return staffing to pre-COVID levels to meet patient demand and productivity targets.
19. Adopt Gompers Charter Prep Academy (GPA)-testing and vaccination
20. Consider expanding to include peds/ob. Consider expanding addiction services.
21. Add extended hours urgent care
22. Target patients with specific disease states, i.e., Hepatitis C positive.

B: Build new facility and improve infrastructure

1. Financial proformas for the new facility
2. Identify equipment needed for basic urgent care.
3. Upgrade current equipment in the exam rooms.
4. Develop clinical plans for the new building.
5. Add pandemic friendly features including dental
6. Increase space from 13K to 30K square feet
7. Increase medical exam rooms from 8 to 18-20
8. Increase dental operatories for 6 to 10-12
9. Increase BH therapy rooms from 6 to 12-14
10. Add meeting spaces for group therapy
11. Add elder and youth center
12. Add on-site x-ray

C: Meet compliance requirements

1. Keep current on license and training
2. All BH clinicians will keep their required licenses and certifications active and current
3. All staff staying current on all mandated trainings
4. Implementing practices from and being compliant with the two new 5 year SAMHSA grants into BH program services – one for substance abuse services and one for “zero suicide” services.
5. Keep all Behavioral Health Policies and Procedures to be current and updated, plus add where needed.
6. Assist the SDAIHC organization pass the AAAHC certification in FY 2021-2022 (Accreditation Association for Ambulatory Healthcare)
7. Behavioral Health Director will continue the preparation process for the Behavioral Health program CARF accreditation site visit in November 2021 (Commission on Accreditation of Rehabilitation Facilities)

8. Continue to maintain all licensure for providers and RDAs.
9. Maintain compliance with contracts including Ryan White and the Oral Health Initiative. Assess feasibility of Ryan White program (profit/loss)
10. Continue to maintain all training requirements for the team.
11. Maintain compliance with audits from HRSA and IHS as needed.
12. Update dental policies and procedures as required/needed.

D: Develop human resources

1. Get staff working as autonomously as possible with clear accountability and predictable expectations.
2. Develop healthy clinical provider culture and accountability—bimonthly meetings, regular supervision, support for ECW questions, review of data, inclusion of the provider voice in planning.
3. Develop a staffing model for the organization, including updated job descriptions, pay scales and evaluation measures.

E: Enhance the use of technology

1. Assess the effectiveness of the current accounting software.
2. Strengthen IT infrastructure to guard against cybersecurity threats
3. Upgrade phone system
4. Improve data backup
5. Improve Internet connectivity
6. Migrate email to cloud
7. Use of the texting / IT capabilities in the new EHR to drive patient visits and care quality
8. Adjust to new EHR
9. Increase tracking and patient communication by utilizing eClinicalWorks.
10. improve telehealth infrastructure
11. Increase data system integration

F: Engage the community

1. Public Relations/Communications infrastructure – external.
2. BOD trainings related to creating a BOD that actively fund-raises and friend-raises.
3. Respond to patient complaints on regular basis and evaluate consumer satisfaction.
4. Increase fundraising capacity
5. Preserve, enhance and showcase SDAIHC's unique Native American features and values

G: Improve operational efficiency

1. Reconcile chart of accounts timely.
2. Improve the purchasing order process.
3. Improve inventory management
4. Update fiscal policies and procedures
5. Evaluate feasibility of insourcing patient billing and collection process

6. Patient Navigation infrastructure—across a variety of disease states/social determinants of health.
7. Enrollment assistance infrastructure—SNAP/Covered CA, etc.
8. Improved patient referral infrastructure and knowledge in-house
9. Integration of purchasing/accounting/grant tracking systems.
10. Develop adequate workflows for usual patient scenarios to improve independence and accountability of the staff.
11. HEDIS measures—get clear strategy for preventive health/pop health monitoring and improving these measures.
12. Develop clear, consistent, clinic-wide approach to opioid and benzo prescribing
13. Develop the care team model—patient empanelment, staff work at top of license, daily huddles, etc.
14. Clarify the scope for psychiatric NPs as opposed to primary care and have smooth interface between the departments.
15. Continue to implement the requirement that clients presenting to Behavioral Health with an “Urgent” need be seen within 48 hours, and that any walk-in clients at least get an initial screening to assess needs or issues (this via either a case-manager, therapist or Psychiatric Nurse Practitioner).
16. Continued integration of our two Psychiatric Mental Health Nurse Practitioner(s) into the program, who in consultation with a collaborating psychiatrist, will review all client medications and strive to help people get to the most effective medication regime
17. Integrate the information obtained through our Workflow Study to improve scheduling.
18. prepare for continued issues with COVID