

## OPCA 2021 Strategic Plan

### **5 Year Milestone (2 YRs Complete):**

By 2024, OPCA Community Health Centers (CHCs) are indispensable leaders and innovators in comprehensive and equitable primary care in Oregon with data proving our value.

### **Data:**

By 2024, OPCA will have access to robust quality, cost, access and equity data that is representative of 75% of patients served, and at least 60% of CHCs that demonstrates the value of CHCs in health system transformation to key local and national stakeholders.

### **2021 Data Objective:**

OPCA and member health centers will demonstrate health center value through the collection and use of available COVID-19 data sets to reduce disparities and advance health equity.

### **Key Performance Indicators (KPIs) for Data - By 2022:**

- 1) Develop a COVID-19 focused dashboard to include race and ethnicity data to keep focus on the COVID-19 -related work our members are doing, demonstrate the value of FQHCs in COVID-19 to external partners, and help members identify and share best-practices in responding to the COVID-19 surge.
- 2) OPCA will identify and operationalize a solution to meet OPCA member and funder data repository and reporting needs. (infrastructure)

### **Emergency Preparedness:**

By 2024, OPCA's membership will have emergency plans and planning tools to support provider and staff resilience, business continuity, and health center sustainability.

### **2021 Emergency Preparedness Objective:**

OPCA, in collaboration member health centers, will better define roles, reporting, communication, services provided, and supports needed during emergencies using a COVID-19 pandemic lens.

### **Key Performance Indicators (KPIs) for Emergency Preparedness - By 2022:**

- 3) OPCA will develop, disseminate, and collect Emergency Preparedness Memorandums of Understanding (MOUs) from all OPCA members which will outline roles, reporting, and communication during emergencies.
- 4) The OPCA COVID-19 Plan, developed in collaboration with members, will be implemented and plan will remain nimble to meet needs as they evolve. *See Full COVID-19 Plan below.*

### **Equity:**

By 2024, OPCA is recognized by internal and external stakeholders as a leader and partner in reducing health inequities by addressing social determinants of health and identifying best practices to repair the intentional and unintentional harms of structural oppression.

### **2021 Equity Objective:**

Amplify the central role of CHCs in addressing health inequities in Oregon by highlighting the diversity of populations served by CHCs and affirming best practices.

### **Key Performance Indicators (KPIs) for Equity - By 2022:**

- 5) OPCA will advocate on behalf of the membership around REALD requirements, UDS alignment, and regulatory and policy changes as needed. *(REALD currently required for CV-19 encounters)*

- 6) OPCA will support health center executive leadership and health center boards in their efforts to incorporate and measure health equity as part of their organizational strategy by collating and communicating actionable health equity best practices in an accessible platform.
- 7) OPCA will incorporate recommendations from its benefit equity audit into 2021-2022 employee benefits and will create an organizational infrastructure for DEI 101. (*OPCA operations/infrastructure*)

### **Membership:**

By 2024 OPCA Membership and Network strategies, structures and funding are clear and aligned.

### **2021 Membership Objective:**

OPCA and the Community Health Center Network of Oregon (CHCNO) strategies and structures are defined, integrated and aligned, and coordinated to support needs of both organizations and joint members. OPCA's objective is to achieve optimum efficiency and effectiveness for all members regardless of which programs they engage.

### **Key Performance Indicators (KPIs) for Membership - By 2022:**

- 8) OPCA and CHCNO will define and delineate roles and priorities for each organization, and coordinate and integrate programs and convenings to optimize resources, minimize duplication and improve member satisfaction.

### **Policy:**

By 2024, OPCA is sought after by key stakeholders, partners and decision makers, legislators, state agencies, and coalitions, positioning CHCs as critical providers and experts in primary care and health equity.

### **2020 Policy Objective:**

Amplify the value of Community Health Centers through shared messaging, relationship building, and education in key stakeholder meetings and community forums.

### **Key Performance Indicators (KPIs) for Policy - By 2022:**

- 9) OPCA will provide informational opportunities to increase and/or expand knowledge for all members about the breadth of CCO & DCO responsibilities in the 2.0 framework and provided assistance in identifying opportunities for partnerships that are mutually beneficial to both entities
- 10) OPCA will elevate its efforts to ensure funding for health centers and critical programming, such as SDH, COVID testing and vaccines, 340B, and telehealth, are protected at the state and federal level.
- 11) OPCA will develop, broaden, and deepen relationships with OHA and key state leaders to ensure health center value is recognized through collaborative decision making, opportunities for influence, and increased value and support of key programs benefiting health centers such as Value-Based Pay, PPS, APCM and CCO 2.0.
- 12) OPCA, with our members, will routinely partner with CCOs and crucial issue coalitions (such as telehealth and universal primary care access) to develop and advocate for equitable budget and policy solutions with key stakeholders, especially those that address and elevate the inequities faced by BIPOC patients.

### **Transformation:**

By 2024 OPCA will engage 95% of CHCs in technical assistance and training that promotes patient-centered, comprehensive services that improve patient experience and establish CHCs as leaders in care model transformation in Oregon.

### **2021 Transformation Objective:**

OPCA will develop and deliver T/TA that promotes patient-centered, comprehensive services, shaped by health center priorities and needs, to impact the clinical and operational factors critical to success under CCO 2.0 and the movement towards value-based payment and care delivery.

### **Key Performance Indicators (KPIs) Transformation - By 2022:**

- 13) OPCA will implement COVID-19 Plan transformation priorities, to include leveraging our peer affinity group infrastructure to support needs for health equity, virtual care, workforce resilience, testing, vaccination, and utilize COVID-19 related data to inform decisions to reduce disparities and advance patient centered care and experience.

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**KPIs Paused Q 1 & Q2- to be re-assessed for Q3:**

1. **Data:** OPCA will build a model quantifying the impact of social determinants on member UDS and CCO metric performance. OPCA will use the results to advocate on behalf of members with the State, and to limit and hone future data requests to members
2. **Data:** OPCA has a scorecard of quality, cost, access and equity data and a plan to share and utilize the scorecard in 2021 OPCA forums. Health Centers and OPCA collectively design a strategy to acquire data from members and other sources to populate our scorecard measures and advance the demonstration of health center value.
3. **Membership:** OPCA Board approves an updated OPCA membership model that defines APCM and CHCNO funding, affiliate membership and sponsorship opportunities and supports OPCA's financial stability.
4. **Membership:** OPCA will convene members to identify and elevate pervasive issues within the CCO model, package them for joint discussion with CCOs and, assist members in maximizing formal engagement with their individual CCO by providing the tools and support necessary to develop direct relationships.
5. **Transformation:** OPCA will conduct a member workforce needs assessment and develop a strategy that is responsive to member needs and HRSA requirements
6. **Transformation:** OPCA and health centers will select a membership-wide value-based care readiness assessment measurement strategy and OPCA will develop and launch a TA strategy that is responsive to identified gaps in readiness.
7. **Transformation:** OPCA will assess and document barriers to comprehensive integrated oral health by interviewing FQHC dental practices (and their DCO relationships).

### **OPCA 2021 COVID Response Plan**

#### **COVID Support Goals:**

1. Focus on supporting staff and provider resilience within Health Centers
2. Support Health Centers to provide access to comprehensive COVID testing and vaccination while providing patient centered, culturally appropriate care for the communities we serve with an increased focus on those communities most impacted by COVID-19
3. Advocate for Health Centers and their critical role in creating an equitable COVID response so they can receive the support, resources and local partnerships to do this work and remain sustainable.

#### **Key Health Center COVID-19 Response Focus Areas**

- Vaccination
- Testing
- Contact tracing and support during quarantine
- Provider & workforce resilience
- Communications and information campaigns as trusted sources in our community
- Coordination with local public health and community partners for surge planning and staffing needs and COVID Treatments.
- Telehealth/virtual care
- Value-Based Pay/Alternate Payment models to support sustainability

#### **OPCA COVID Programming Details:**

**All Member COVID Briefings:** OPCA will provide **OPCA COVID-19 Member Briefings** two times a

month for the first three months of 2021. The frequency of briefings after the first three months of 2021 will be adjusted to monthly or as needed.

**Vaccine Support:** OPCA will form and kick off a Vaccine workgroup and host Vaccine Response Open Space Calls two times a month for the first three months of 2021. The OPCA Vaccine workgroup and open space calls may continue after the first three months of 2021, or be rolled into All Member COVID Briefings as needed.

**Testing Support:** OPCA will partner with the Office of Rural Health and OHA Testing Branch to coordinate information and support for FQs around testing for all of the populations served.

**Advocacy:** OPCA will use its existing relationships and track record to advocate for funding and prioritization of COVID resources on behalf of our members and those they serve. We will work with OHA Public Health partners to work together on testing, vaccines, and the role of School-Based Health Centers (SBHCs) in the statewide COVID response.

#### **Additional OPCA Programming Provided with a COVID-19 Lens**

**Peer Group Gatherings:** Health Equity through a COVID lens will continue to be the topic to All-Executive Peer Group Gatherings in the spring and fall. OPCA will add the Behavioral Health Directors Peer Group to the All-Executive Peer Group gatherings and communications. OPCA will also offer increased availability of individual Peer Group COVID-19 related discussions and peer support as request by individual peer groups.

**Advanced Care Learning Community:** will focus winter programming on community partnerships, social needs screening and support for members during COVID. This collaborative will continue to support increased SDH screening and value of what CHCs bring to SDH support. As an aspect of this ACLC, a new CHW peer group will be rolled out.

**Data:** OPCA will prioritize analysis and dissemination of key data from the HRSA COVID-19 CHC data set to share with Health Centers and Policy Makers and will continue to communicate with the OHA the impacts of REALD on ability to respond to the Pandemic.

**Patient Experience:** OPCA will continue to analyze patient experience data by race and ethnicity, from at least those CHCs in the Crossroads Program. We will use this information to communicate impacts of virtual care and how to remain patient centered in the work we do.