

# Implementation Strategy: 2014-16

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# Strategy 1: Increased access--2014-2016

## Increase access to free primary and subsidized health care, including insurance coverage through CHIP, PFHK and Vasek Polak Health Clinic

- A. By 2016, Enroll or renew 2,000 children or adults annually.
- B. By 2016, Link 600 adults discharged from the ER to a medical home, as verified by kept appointments.
- C. By 2016, increase from 10 to 16 sites where mobile clinic regularly sees patients.
- D. By 2016, increase the number of people receiving HPV immunizations over the 2013 baseline, by 20%.
- E. By 2016, Improve identification and successful referral of Vasek Polak patients to GOAL diabetes project, by 20%, using 2013 as baseline.
- F. By 2016, provide medical management for 150 uninsured adults at Vasek Polak, including subspecialty consults, advanced diagnostics and referral for those with ongoing chronic specialty conditions.

## Strategy 2: Primary/secondary prevention:2014-16

### Strengthen existing primary and secondary prevention programs (COPA, GOAL and Welcome Baby)

- A. By 2016, Increase physical activity of children in Wilmington by 10% over (March 2014) baseline, as measured by pedometers, accelerometers, SOFIT or Fitnessgram.
- B. By 2016, provide COPA consultative services to 10 new locations, verified by trainings or MOU/contracts with school districts or community based organizations.
- C. By 2016, Increase to 50 the number of chronic disease self care cohorts (6-9 lessons) offered throughout the PLCMSA.
- D. By 2016, Sustain 1.5% average decrease in A1C levels for 80% of GOAL participants.
- E. By 2016, (PLCMMC-SP only) Increase Welcome Baby prenatal enrollments by 40%, using 2013 as baseline.
- F. By 2016, (PLCMMC-SP only) increase exclusive breastfeeding for Welcome Baby clients by 20%, using the first six months of home visits operations as baseline.

## Strategy 3: External partnerships: 2014-2016

Increase and strengthen partnerships with external stakeholders

A. By 2016, develop and sustain two collaborative task forces that address any of the top healthcare needs identified in the 2013 needs assessment AND that accomplish outcomes identified by the task force.

B. By 2016, implement at least two capacity building projects that provide an infrastructure improvement for or in partnership with community partners (ie. Funding/ facilities/joint use agreement)

## Strategy 4: Address BCCB Priorities: 2014-2016

Explore feasibility of program development/stakeholder collaboration in three areas prioritized by Board Committee on Community Benefits

A. By 2016, Design, pilot and implement a new program that addresses one of three new priority areas identified by the BCCB:

- Services that allow Seniors to live at home
- Mental Health Education/Coping Skills
- Skills to Navigate Health Care System

B. By 2016, convene an internal collaborative task force that addresses one of the BCCB priorities

## Strategy 5—Monitor Community Benefit: 2014-16

### Monitor Community Benefit programs and expenditure, consistent with Catholic Health Association guidelines

- A. By 2016, increase charity care expense by 5%, using 2013 as baseline.
- B. By 2016, increase community outreach expense(non billed/negative margin)by 10%, using 2013 as baseline.
- C. By 2016, under the direction of the Mission Committee, conduct 6 site visits to explore client, stakeholder and employee satisfaction with specific programs provided by the Medical Centers' Community Health Department.
- D. By 2016, define, design and develop a data exchange project between PLCM and safety net and/or Public Health stakeholders