

Technical Assistance for Network Grantees Project A Guide for Strategic Planning

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Sample Strategic Plan Elements from various
Development Network Grantees



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Description

This Guide has been prepared to demonstrate clear and succinct components of an effective strategic plan. Portions of strategic plans from four Rural Health Networks have been assembled to show two samples of each plan component. Because this has been created using a compilation of different plans, the content between sections will seem disjointed. The intent is for you to read each section independently as a demonstration of a well-developed component. They are to be used as guides and inspiration for writing your network's Strategic Plan. Other Strategic Plan material that complement this tool are the Strategic Plan Webinar, Strategic Plan Template and the Strategic Plan Guide.

(<https://www.ruralcenter.org/network-ta/resources/program-strategic-planning-guide-and-tools>)

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PROGRAM DESCRIPTION AND SHARED VISION

Program Description and Shared Vision (Sample A)

Three Guiding Concerns

This plan depends on a dynamic balance of three guiding concerns: 1) the health and well-being of children ages birth to 18 years living in (*list counties*), 2) the successes of the care providers, and 3) the responsible allocation and oversight of resources so as to enhance the quality of life for, and inclusion of, children and families in the communities in which they live.



Key stakeholders, having worked together over a span of seven years, developed vision and mission statements and have committed to review/renew these statements on an annual basis. Stakeholders have adhered to a signed Memorandum of Understanding (MOU) and have had by-laws in place since the project's conception. The following vision and mission statements were formulated:

Vision: To be a collaborative community where children and families flourish.

Mission: To be an accessible system of care that promotes early identification of, and provides resources and services for, children at risk for developmental, medical emotional, social and/or behavioral difficulties, enhancing families' ability to ensure the healthiest outcomes for their children while strengthening and promoting inclusive practices in our community. (Throughout this document, "children and their families" stands for "at risk", as defined in the mission statement).

Goals

- I. Develop a governance structure and diversified funding streams to ensure long-term sustainability of [Network].
- II. Establish a system of care that provides support and resources to children at risk and their families.
- III. Educate professionals (physicians, service providers, school personnel, child welfare professionals, etc.) about issues related to children at risk and their families.
- IV. Educate the community about issues related to children at risk and their families.

Program Description and Shared Vision (Sample B)

- **Program description including Network mission**
 - (*Insert Network*) provides care for Children with Special Health Care Needs (CSHCN) and their families in (*insert region and/or state*).
 - (*Insert Network*)'s Mission: "Crossing the bridge together... connecting children with special needs and their families to supportive services."
 - The U.S. Department of Health and Human Services defines CSHCN as "those who have, or are at increased risk, for a chronic physical, developmental, behavioral, and/or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally." In 2014, (*insert Network*) served 4,938 CSHCN.
- **Program and/or organization history**
 - (*Insert Network*) has shared administrative, clinical, and financial systems of care since 1997. Members are co-located in a 37,745 square foot clinic, jointly fund administrative staff, exchange clinical data in patient care summaries and interprofessional care team conferences, and jointly fund operating expenses. In addition to individual Network member(s), providers and staff, the following shared (*insert Network*) staff run the Network: 1.0 FTE Director, 1.0 FTE Fiscal Coordinator, 8.0 FTE Schedulers, 1.5 FTE Childcare Aides (for siblings of CSHCN), and 2.7 FTE Housekeepers. Because (*insert Network*) is not a non-profit corporation, each Network member agency follows its own personnel and financial policies and procedures for its operations and budget at (*insert Network*).
- **Program and/or organization members**
 - (*Insert Network*) members are (*insert Network members/partners* and what they provide).
- **Include a brief description of the process for review and consensus of the shared program or organization vision**
 - When members and partners began planning (*insert Network*) in 1993, they agreed to leverage individual resources in order to collaboratively "respond to the unmet needs of children and families; facilitate family and community wellness; increase awareness of and access to services; provide family-centered services in a culturally sensitive manner; enhance services through decreased fragmentation; enhance relationships between organizations that provide services; and provide cost-effective services." (*insert Network*) Memorandum of Agreement, 1995. These values guide the Network's Vision: "Children and youth with special health care needs and their families will have access to a family-centered and integrated system of services."

STRATEGIC PLANNING APPROACH AND DESIGN

Strategic Planning Approach and Design (Sample A)

Tooth decay is one of the most preventable childhood diseases, yet oral health care remains the most prevalent, unmet needs for children, especially those who are low income. Due to the lack of providers, rural areas have additional barriers to dental care when compared to other locations. The targeted Network counties are designated Health Professional Shortage Areas (HPSAs) and dental HPSAs by the Health Resources and Services Administration (HRSA). The Network will build on lessons learned by each partner in providing dental services to low income rural populations. Many rural areas could benefit from tele-dentistry and the plan is to make Network processes transferrable and sustainable. For this reason, the Network requires a plan that will guide the activities for the next five-plus years.

Internal partners within (*insert Network*) met weekly leading up to the strategic planning session, to form a planning approach that would best meet the needs of the Network. An agenda and work plan for the meeting was finalized and is listed below.

Agenda and Work Plan

Agenda			Questions? Needed Clarification?
9:00 am	Welcome, Partner Introductions, and Agenda	Matt Smith, Teledentistry Coordinator Derek Jones, Planning Facilitator	
	Strategic Planning Overview	Heather Peebles, Project Evaluator	
	Vision Casting: Facilitated Discussion and Commitment	Jones	
	<p><i>(DRAFT) Mission: To provide a system of care to meet the oral health needs of children living in rural, South Georgia</i></p> <p><i>(DRAFT) Values: Provide dental care where children go to school, use partnerships, technology and innovative practice to enhance dental care</i></p> <p><i>(DRAFT) Vision: Improve access to dental care in underserved areas by utilizing technology to leverage existing resources</i></p>		
10:00 am	Strategic Planning – Part 1 Environmental Data	Smith & Jones	Levers
	<ul style="list-style-type: none"> • Financial • Partners Current/Potential • Competitors • Services/Gaps • Grant Update/Progress Report 		Blocks
	Data Analysis and Prioritize Levers and Blocks		
11:30 am	Strategic Planning – Part 2 Strategic Objectives Planning Alignment/Prioritization	Jones & Peebles <i>(Working Lunch)</i>	
1:30 pm	Strategic Planning – Part 3 Consider Next Steps	Jones	Personal Action Steps:
	<ul style="list-style-type: none"> • Communication • Operationalize • Evaluation • Sustainability • Transferability • Evaluation Measures 		
3:00 pm	Planning Event Closing	Smith	

On April 10, 2015, stakeholders, representing community, district and state partners, met to discuss the future of the Network. The meeting agenda opened with partner introductions, Network history and a strategic planning process overview. During the meeting, the Network Program Manager facilitated a discussion garnering input on, and commitment for the program's mission, values and vision. Environmental data was presented by Network partners leading into a facilitated discussion prioritizing levers and blocks. Small group processes were utilized with the facilitator assigning all participants to topical discussions related to project goals. Small group summaries were reported to the larger group upon completion for added input, clarifying points, and prioritizing action steps through a process of round robin editing. Stakeholders were also engaged in strategic objective planning and were tasked with reporting how the Network's goals and objectives overlapped with their agencies and/or program's goals and objectives. The meeting adjourned with dialogue concerning Network evaluation and next steps. The strategic planning session resulted in both project and individual action plans, and the additional planning details are included in this document.

Once the meeting had adjourned, the information captured from was synthesized and consolidated into several planning documents listed below. An environmental scan document was developed from the prioritized levers and blocks put forth by the group after a breakout session and group discussion. This was then used to inform the group while forming the consensus of strategic objectives, listed within the strategic objectives document. A logic model will be used to communicate the relationship between Network activities and objectives and the overall health outcome. Using all the information provided and discovered, adjustments were made to the evaluation plan to better reflect the measurable properties of the strategic goals put forth by the strategic planning committee.

Strategic Planning Approach and Design (Sample B)

This strategic planning process enabled the project partners and Network members to revisit, not only the initial planning associated with grant submission and project creation, but also to incorporate our new formal evaluation plan and sustainability plan efforts. Active partner engagement provides opportunities to communicate work plan and time line adjustments that naturally occur during project implementation (e.g. changes in partner ownership, executive and administrative staffing, changes in technology associated with My Coverage Plan, etc.).

Critically, this strategic planning promoted an opportunity to advance the partners' levels of Network engagement. Since the inception of the Network several years ago, most of the Network and partner staff efforts were associated with the programmatic elements of (*insert Program*). Within the critical access hospitals (CAHs), staff who were associated with Benefits Assistance include one planning and implementation subset while the Patient Account Manager staff, in the business office, included another. Moreover, our strategic planning assignment engaged CFO's, HIT managers, business office managers, and executive administrators. This promotes effective Network governance that is engaged at more levels and across more departments.

This planning environment permitted each CAH partner to weigh in on the specifics of the vision, objectives and activities as well as to suggest opportunities and challenges in the proposed work plan. Partners also reviewed any environmental changes that would condition their participation.

In addition to the CAH stakeholders, this process also included the participation of our evaluation team from the (*insert contractor/consultant*) to assist in the reconfiguration of our logic model. The evaluators provided assistance in identifying new strategic objectives and correlating these with activities, project "phases", and additional evaluative instruments, such as the Assessment of Collaborative Capacity.

Finally, our strategic planning relied heavily on the involvement of our (*insert contractor*), whose updates on the functionality of the software is important to the partners' ability to plan for field testing, technical integration, and staff alignment.

(*Insert Network*) is using a logic model approach to this planning effort. Following submission of our evaluation plan in October of 2014, we continued to work with the project evaluators to harmonize our objectives and activities while keeping sight of outcomes. The evaluators (both the external team and our internal evaluation staff person) produced a new logic model as part of this effort. The new logic model incorporated activities in a manner that contributes to a very visible one-page project dashboard.

ENVIRONMENTAL SCAN AND ANALYSIS

Environmental Scan and Analysis (Sample A)



Environmental Scan: Network Planning (Sample B)

Environmental Scan Analysis Documentation Network Strategic Planning	
Focus Question: What are the Levers and Blocks that we will either leverage or work around in moving toward our project goals?	
Objective and Method: In this discussion we will begin by first brainstorming those events and happenings that will assist our Network move towards its project goals (Levers) and those that will get in our way (Blocks). Working in small groups and then reforming with the entire group, we will cluster our ideas and look for insight on the environmental factors that we will need to be aware of and think strategically about when planning for the strategic paths and the direction we will take toward our vision.	
Vision Goal Topic: Complete Expansion of Service into Dental Clinic and Mobil Units	
Environmental Levers	Environmental Blocks
<ul style="list-style-type: none"> • PCs available for use in dental clinics • Possible alternative data networks available for use in (<i>insert community</i>) area; possibility of additional remote sites to improve coverage • Installation is currently on schedule 	<ul style="list-style-type: none"> • Decision between client/server model or autonomous for dental EMR • Additional equipment needs not in original budget (Intra-Oral camera) • Jabber remote accounts still require authorization forms and account set-up
Vision Goal Topic: Recruitment of Full-Time or Part-Time Dentist to Expand Capacity of Treatment	
<ul style="list-style-type: none"> • New graduates; retired / near-retirement dentist or local community dentist as the target pool of candidates • Opportunities with local Dental School to promote and educate new students on tele-dentistry services as an alternative employment venue to traditional dentistry • Several options to advertise the position through our partners such as local School of Dentistry, State Dental, Association of State and Territorial Dental Directors, and personal contacts. 	<ul style="list-style-type: none"> • Available budget for salary may decrease applicant pool for full-time employee • Dental professionals may lack knowledge of tele-dentistry services as their practice is still new

STRATEGIC OBJECTIVES

Strategic Objectives (Sample A)

Strategic Objective Documentation: Network Strategic Planning						
Network Vision: Improving access to dental care in underserved areas by utilizing technology to leverage existing resources.						
Consensus Strategic Objectives	Continued Pursuit of Medicaid Reimbursement for Tele-Dental Services to Improve Sustainability	Complete Expansion of Service into Dental Office and Mobile Clinic	Recruitment of Part or Full-Time Dentist to Expand Capacity of Treatment	Further Development of Tele-Dentistry Protocol for Adoption by the State Department of Health	Implementation of Student Rotation of Tele-Dentistry Services	Finalize the Method for Staff to Provide Oversight and Consultation Services
Small Group Ideas and Actions Data	<ul style="list-style-type: none"> Examine the best practices of other states with billing codes; e.g. California Continue advocacy of tele-dental billing codes from State Department of Health Advocate to recognize the hygienist as a provider of services under protocol Explore additional funding opportunities such as Ryan White, state oral health, and tobacco prevention funding 	<ul style="list-style-type: none"> Finish installation of circuit and equipment once circuit is available Review all equipment needs to ensure full functionality Review facilities for possible remote dental sites Explore the possibility of utilizing additional community data and network resources to expand accessibility to tele-dental program 	<ul style="list-style-type: none"> Target new graduates, retired or near retired dentist, or dentist from local area with ties to community Pursue a loan repayment program to attract new graduates Leverage our partners at local dental school to educate students on Public Health and inform them of employment opportunities Advertise via newspaper ads, State Dental Association publication, State's School of Dentistry, and the Association of State and Territorial Dental Directors 	<ul style="list-style-type: none"> Additional chapter to existing State Public Health Dental Protocol specific to tele-dentistry building on components already in place Review and revise current intake packets 	<ul style="list-style-type: none"> Use the rotation to familiarize students with the technology and tele-dental services Explore additional use of system capabilities such as providing CEU credits to dentist and hygienist Develop method of supervision for dental students that are in rotation by a pediatric dentist 	<ul style="list-style-type: none"> Utilize teleconferencing technology to allow easy access of dentist by network members to provide live interaction and consultation of outstanding cases Utilize tele-dental tools such as digital x-ray and intra oral cameras via teleconferencing to relay dental images to dentist

Strategic Objectives (Sample B)

Vision: Children and youth with special health care needs and their families will have access to a family-centered and integrated system of services.

Mission: Crossing the bridge together...connecting children with special needs and their families to supportive services.

Develop Family-Centered and Integrated <i>Services</i> at (<i>insert Network</i>)	Develop Family-Centered and Integrated <i>Systems</i> at (<i>insert Network</i>)	Sustain Family-Centered and Integrated <i>Services and Systems</i> at (<i>insert Network</i>)
<ul style="list-style-type: none"> • Develop Family Voices Structure <ul style="list-style-type: none"> ○ Develop charter ○ Recruit, orient and train members • Develop Scope of Services <ul style="list-style-type: none"> ○ Conduct needs assessment and gap analysis ○ Standardize target population and services ○ Develop policy and procedure manual ○ Develop capacity to meet needs • Provide Care Coordination <ul style="list-style-type: none"> ○ Add care coordinators to medical home teams ○ Use mobile technology and telehealth 	<ul style="list-style-type: none"> • Provide Continuity of Care <ul style="list-style-type: none"> ○ Develop shared access to appointment scheduling systems and EHRs ○ Use common health information exchange (HIE) ○ Study development of single bill • Provide Quality Care <ul style="list-style-type: none"> ○ Select performance measures ○ Develop capacity to collect, analyze and report data ○ Develop Quality Committee ○ Study research partnership opportunities 	<ul style="list-style-type: none"> • Develop Business Structure <ul style="list-style-type: none"> ○ Review CLA findings and conclusions ○ Collect additional information ○ Determine business structure • Recruit Strategic Partners <ul style="list-style-type: none"> ○ Identify prospective organizations ○ Add members to Board of Directors ○ Address Board succession planning • Maximize Revenue <ul style="list-style-type: none"> ○ Negotiate with managed care organizations ○ Maximize billing ○ Jointly funded grant writing ○ Maximize fundraising efforts

COMMUNICATION PLAN

Communication Plan (Sample A)

Stakeholder	Need/Use	Mode	Method	Timing
Child Care Providers	Alignment with universal development screening training	Public Relations	Organization Outreach	Y1Q1
Children's Village Leadership and Clinical Committees	Alignment with operational policies and procedures	Word of Mouth; Monthly Meetings	Internal/Employee Relations	Y1Q1
Children's Village Medical Advisory Committee	Alignment with medical policies and procedures	Word of Mouth; Quarterly Meetings	Internal/Employee Relations	Y1Q1
Children's Village Parent to Parent Advisory Board	Alignment with parent support	Word of Mouth; Quarterly Meetings	Internal/Employee Relations	Y1Q1
Children's Village Partners	Alignment with service delivery	Word of Mouth; Quarterly Meetings	Internal/Employee Relations	Y1Q1
Children's Village Staff and Providers	Alignment with service delivery	Word of Mouth; Quarterly Meetings	Internal/Employee Relations	Y1Q1
Early Learning Centers	Alignment with early intervention consultation	Public Relations	Organization Outreach	Y1Q1
Health Plans	Alignment with home health care coordination	Public Relations	Organization Outreach	Y1Q1
Health Professions Schools	Alignment with interprofessional care team training	Public Relations	Organization Outreach	Y1Q1
Medical Homes	Alignment with universal developmental screening training	Public Relations	Organization Outreach	Y1Q1
Regional Children's Hospital	Alignment with HIE interface	Public Relations	Organization Outreach	Y1Q3
Regional Clinically Integrated Network	Alignment with pediatric clinical practice guidelines	Public Relations	Organization Outreach	Y1Q1
State Agencies	Contracts and grants management	Public Relations	Organization Outreach	Y1Q1
State University Center on Disabilities	Program evaluation	Public Relations	Organization Outreach	Y1Q1

Communication Plan (Sample B)

Gathering and sharing information is vital to the growth and effective development of the project. The types of information, frequency and modes of communication are described by stakeholder group. Information will feed into the evaluation process to improve and adjust ways to better serve children, their families and community.

Governing Board and Partners Communication Plan Format

Quarterly Communication will be provided in written reports including:

1. Progress on process objectives and outcomes including clients served by type of service (intake, assessment/diagnostics, consultation)
2. Number of social skills groups and number of participants
3. Utilization of the Resource Center

Annual Communication will be provided through written summaries reporting on:

1. Surveys of client satisfaction with services provided
2. Time between initial intake to service recommendation
3. For complex cases, the time between referral and consultation
4. Number of training events conducted (for service providers, schools and community training/awareness events)
5. Evaluation surveys after training events

Communication Plan for Staff, Parent, Family, Forum and Community Members

Annual updates will be provided through written summaries in partner newsletters, annual reports for stakeholders and posted on partner websites. Reporting will provide information on:

1. Achievement of key processes (i.e. becoming an independent center, charitable donation structure established, etc.).
2. Utilization by type of service and demographics of the individuals who utilized a service.
3. Overview of training events conducted, inclusive of the number of training events, number of participants, topics covered and utilization of the Resource Center.

Communication Format

Data and findings, as presented by the four goals outlined in the strategic plan, will include the following:

GOAL I Governance & Funding	GOAL II System of Care	GOAL III Educate Professionals	GOAL IV Educate the Community
<ul style="list-style-type: none"> • Governing board representation • Budget • Funding 	<ul style="list-style-type: none"> • Referrals • Service utilization by type and demographics • Efficiency (time between points of care process) • Social skills groups 	<ul style="list-style-type: none"> • Training events and participants • Evaluation of training 	<ul style="list-style-type: none"> • Training events • Evaluation of training • Resource center utilization

OPERATIONALIZE WORK PLAN

Operationalize Work Plan (Sample A)



Operationalize with Work Plan (Sample B)

(Key colored numbers inserted into chart)

Inputs	Activities				Outcomes		
					Short	Medium	Long
<ul style="list-style-type: none"> • Network Board • Staff time-medical center staff, Network staff • Leadership Council • Hospital Leadership • HRSA Rural Network Development grant funding • Health care consumers • Evaluators 	<p>Phase 1: Discovery and Needs Assessment</p> <ul style="list-style-type: none"> • Assemble collaborators and gather input on Network structure 1 • Conduct interviews and observations with staff to assess existing benefits counseling practices 2, 3 • Gather staff perceptions of customer services of benefits counseling 3 • Survey staff to assess existing benefits counseling practices and knowledge/awareness 3 • Identify privacy requirements for sharing data 2 • Conduct uncompensated care audit 2 • Identify security, proprietary and technical issues for integrating MCP software info existing admin data systems 2 • Collect baseline information and data regarding existing CCPPC Network 1 	<p>Phase 2: Develop Products</p> <ul style="list-style-type: none"> • Develop new Network structure (schedule, purpose, attendees) 1 • Develop training method and content with stakeholder input (and based on results of staff survey) 3 • Develop algorithms and design of MCP tool (ongoing) 3 • Develop recommendations for workflow changes 2 • Introduce case meetings 3 • Introduce client services meetings 3 • Finalize video conferencing plan 1 	<p>Phase 3: Implementation and Testing/Evaluation</p> <ul style="list-style-type: none"> • Conduct Assessment of Network Collaborative Capacity 1 • Present trainings and educational material 3 • Integrate and deploy MCP software 2, 3 • Interviews and observations with staff to assess practices and workflow changes 3 • Survey staff to assess practices and knowledge/awareness changes 3 • Gather staff and patient perceptions of customer services related to benefits counseling 3 • Assess Network implementation and success 1, 2, 3 • Collect and analyze patient data on coverage access across span of project 2, 3 • Review efficiency of benefits counseling practices 2, 3 • Review uncompensated care audit 2, 3 	<p>Phase 4: Product Improvement and Refinement, Information Dissemination</p> <ul style="list-style-type: none"> • Continuous improvement to product based on feedback from partners 1, 2, 3 • Share project and process updates with stakeholders 1, 2, 3 • Share project findings 1, 2, 3 • Introduce MCP more widely 1, 2, 3 	<ul style="list-style-type: none"> • Improved communication between health centers 1 • Greater integrated health benefits counseling network 1 • Pts more accurately screened for coverage 2, 3 • Greater staff capacity for health benefits counseling work 2, 3 • Appropriate technology tool developed for medical centers' needs 2, 3 • Software deployed and integrated 2, 3 • Project evaluated 1, 2, 3 	<ul style="list-style-type: none"> • Medical centers generate less community care 2, 3 • Improved access to care 2, 3 • Reduced gaps in coverage 2, 3 • Pts empowered to self-manage coverage transitions 2, 3 	<ul style="list-style-type: none"> • Economic health disparities reduced 2, 3 • Fewer unmet health care needs in (insert county) 2, 3 • Improved community health 1, 2, 3 • Replication of project in other sites 1, 3 • MCP commercialized and more widely deployed 1, 2, 3
<p>Objective 1: The Network is sustainable and active beyond the grant period.</p> <p>Strategic Objective 2: Patient access and retention of health care coverage is increased.</p> <p>Strategic Objective 3: Advanced health benefits counseling with technology supports increases in effectiveness, efficiency and customer service.</p>							

MONITORING AND ADJUSTING WITH EVALUATION PLAN

Monitoring and Adjusting with Evaluation Plan (Sample A)

Research Questions (Derived from Objectives)	Measurements	Tools	Timeline/Frequency
Is the (<i>insert Network</i>) sustainable and active beyond the grant period?	<ul style="list-style-type: none"> Meeting frequency and attendance 	<ul style="list-style-type: none"> Agendas, meeting minutes 	<ul style="list-style-type: none"> Ongoing- TBD once frequency of meetings and representation is solidified with Network partners
	<ul style="list-style-type: none"> Increased and improved collaboration among partners 	<ul style="list-style-type: none"> Building collaborative Capacity in Community Coalitions framework (<i>exact measures to be solidified</i>) Meeting minutes Staff interviews 	<ul style="list-style-type: none"> Quarterly at meetings with Network partners Ongoing- TBD once frequency of meetings is solidified with Network Spring 2015, Winter 2015/2016, Winter 2016/2017
Does patient access and retention of health care coverage increase?	<ul style="list-style-type: none"> # of uninsured and self-pay patients at each medical center 	<ul style="list-style-type: none"> Administrative data from medical centers CAH/Network Uncompensated Care Audit 	<ul style="list-style-type: none"> Spring 2015, Winter 2015/2016, Winter 2016/2017
	<ul style="list-style-type: none"> Uncompensated care dollars and numbers at each critical access hospital (CAH) 	<ul style="list-style-type: none"> Uncompensated care data from State Hospital Association. 	<ul style="list-style-type: none"> Spring 2015, Winter 2015/2016, Winter 2016/2017
Does advanced health benefits counseling with technology, support the increase in effectiveness, efficiency and customer service of current programing?	<ul style="list-style-type: none"> Improved staff benefits counseling practice More self-pay and underinsured enter health benefits counseling programming CHA systems are able to see patients through to the end of advocacy efforts 	<ul style="list-style-type: none"> Staff survey (competency tool) Staff assessments of trainings Interviews with staff and observations of staff workflows Screener and database 	<ul style="list-style-type: none"> Pre-post (for competency tool) After each training Spring, 2015, Winter 2015/2016, Winter 2016/2017
	<ul style="list-style-type: none"> MCP successfully integrated into work cycle for field testing purposes 	<ul style="list-style-type: none"> Contractor and CAH reporting 	<ul style="list-style-type: none"> January, 2016 and ongoing
	<ul style="list-style-type: none"> Patient satisfaction with HBC interaction 	<ul style="list-style-type: none"> Patient survey 	<ul style="list-style-type: none"> Align with CAH Medicare/CMS Patient Satisfaction Measures

Monitoring and Adjusting with Evaluation Plan (Sample B)

1. Pursuit of Medicaid Reimbursement for Tele-Dental Services



Plans for Monitoring and Review

- Scheduled meetings with State Department of Health Liaison (attended 4/10/15 strategic planning meeting) to discuss status of billing status
- Medicaid generated revenue will be tallied and tracked with dental software
- Assess the potential revenue if tele-dental services reimbursed by Medicaid
- Work with billing team to draft dental billing policy Number of Medicaid billing codes established
- Assess potential revenue if tele-dental services are not reimbursed

2. Complete Expansion of Service into Dental Office and Mobil Clinic



Plans for Monitoring and Review

- Weekly meetings held with telehealth staff, all telehealth activities, including tele-dentistry, are discussed
- Tele-dentistry services successfully provided
- Number of tele-dental services documented in dental software (daily) and reports reviewed

3. Recruitment of Part or Full-Time Dentist to Expand Capacity of Treatment



Plans for Monitoring and Review

- Human Resources (HR) staff monitors applicant database for submissions
- If recruitment is unsuccessful, HR staff will reassess recruitment efforts

4. Development of Tele-dentistry Protocol for Adoption by the State Department of Health



Plans for Monitoring and Review

- The dental coordinator (attended 4/1-0/14 strategic planning meeting) is sharing dental protocol with staff
- Local dentist and Network dentist to write tele-dentistry section of (*insert state*) protocol
- Network tele-dentistry coordinator and evaluator have scheduled meetings to discuss progress of protocol

5. Implementation of Network Student Rotation of Tele-dentistry Services



Plans for Monitoring and Review

- Outcomes of meetings with dental school staff to discuss dental rotation
- Results of dental student/Network staff surveys to assess interest in tele-dentistry rotation
- Continuing education for local dentists provided by Network

6. Finalize the Method for Staff to Provide Oversight and Consultation Services



Plans for Monitoring and Review

- Staff available for Network during tele-dentistry clinics
- Tele-dental consults documents in dental software and reports as available