Strategic Plan Samples for Newly Developed Networks
Network Planning Technical Assistance

March, 2016
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BACKGROUND AND PURPOSE

Rural Health Innovations (RHI), LLC, is a subsidiary of the National Rural Health Resource Center (The Center), a non-profit organization. Together, RHI and The Center are the nation’s leading technical assistance and knowledge centers in rural health. In partnership with The Center, RHI enhances the health of rural communities by providing products and services with a focus on excellence and innovation. RHI is providing TA to the Network Planning grantees through a contract with the Federal Office of Rural Health Policy.

The Strategic Planning Toolkit for Newly Formed Networks was created to provide support to Network Planning grantees in writing an effective and dynamic strategic plan based off of a participative planning event.

There is no one “correct” way to present a strategic plan. These sample strategic plan components are provided as ideas and references in conjunction with the Strategic Planning Guide for Newly Formed Networks and the Strategic Planning Template for Newly Formed Networks. The sample components have been collected from a variety of rural health networks and supporting guidance documents.

For samples of additional strategic plan components, see the Strategic Plan Samples for Development Grantees. Further resources on strategic planning can be found on RHI’s Aim for Impact and Sustainability page.

ACKNOWLEDGMENTS

We would like to thank the following networks for contributing to this guide:

- Get Healthy Talladega County Network (GHTCN) / Sylacauga Alliance For Family Enhancement
- Chronic Care Plus of Polk County / ABC for Rural Health, Inc.
- Illinois Rural Health Network / Kreider Services
NETWORK PURPOSE 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.
NETWORK PURPOSE AND SHARED VISION: SAMPLE B

Program Description and Shared Vision
With a fourteen-year history of successful collaboration and partnership, the Sample Network is committed to expanding and enhancing our current relationships in order to improve the health and wellness of our residents. The diversity and shared leadership among the collaborating partners position us to reshape our network structure and to respond more effectively to the evolving health care environment.

The Sample Network’s primary partners include Community Organization as the lead agency; Regional Medical Center; Nonprofit Medical Center; Regional Mental Health Center; Regional Planning and Development Commission; Public School District 1; Public School District 2; County Board of Education; and County Department of Public Health. In cooperation with other providers and community organizations, these partners work to develop and implement multilevel interventions that combine physical, behavioral, and environmental components to create a culture of wellness.

Our vision is to achieve a sustained culture of health and wellness within Smith County.

The mission of the Sample Network is to develop a collaborative network to promote health and wellness in the county through education, engagement and the implementation of strategic health and wellness initiatives. The populations targeted for program-specific intervention include the school-age children and their families who are enrolled in the local school districts and adults who have been diagnosed with or who are at risk of developing chronic diseases, people with disabilities, and the frail elderly.

Three years ago, the Regional Planning and Development Commission began a comprehensive needs assessment and planning process. The executive director of Community Organization was a member of the coalition for this HUD/DOT-funded project. This process identified the following health-care-related needs in the region: improving connections for residents to appropriate health care resources and services, improving connections for health care providers to patients’ health maintenance information, and educating the public on existing health care resources and services. The goals of the Sample Network are based on the findings of the assessment and planning process.
NETWORK PURPOSE AND SHARED VISION: SAMPLE C

Program Description
The Network Project seeks to increase access to health care coverage and benefits among the uninsured and underinsured population of Sample County and surrounding area by developing and formalizing a network of the Health Benefits Counseling programs at three Critical Access Hospitals, the County Health Department, and Nonprofit Advocacy Organization. The program will field test an electronic patient benefits screener and ascertain how best this instrument can be integrated into provider work flows. Additionally, the program seeks to improve the efficiency and reach of provider-based benefits counseling programs through the introduction of formal networking operations, knowledge and practice self-assessments, and training.

Network History
The Network began in 2013 to respond to a community-expressed need to enable health care access for a growing population of chronically ill, uninsured, low-income adults, many of whom were being housed in temporary shelters and halfway houses. Network Benefits Counselors met by telephone to distribute applicant patients to the most appropriate CAH for integrated, free primary care and health benefits counseling services.

Network Members
- Nonprofit Advocacy Organization, Location W
- County Health Department, Location W
- Three Critical Access Hospitals:
  - United Hospital and Clinic, Location X
  - Allied Medical Center, Location Y
  - Regional Medical Center, Location Z

Shared Vision Process
On March 17, 2016, the network director met with the main network liaison from each partner organization to discuss the vision, review the outline of activities, and plan for an integration site visit. Over the course of three weeks in April and early May, the network director met with full teams at each of the partner organizations to review the vision and programming implications for the network.
ENVIRONMENTAL SCAN AND ANALYSIS: SAMPLE A

Environmental Scan Analysis Documentation
Network Strategic Planning

**Focus Question:** What are the **Levers** and **Blocks** that will either leverage or assist in a 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 needed 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

<table>
<thead>
<tr>
<th>Environmental Levers</th>
<th>Environmental Blocks</th>
</tr>
</thead>
<tbody>
<tr>
<td>• PCs available for use in dental clinics</td>
<td>• Decision between client/server model or autonomous for dental EMR</td>
</tr>
<tr>
<td>• Possible alternative data networks available for use in <em>(insert community)</em> area;</td>
<td>• Additional equipment needs not in original budget <em>(Intra-Oral camera)</em></td>
</tr>
<tr>
<td>possibility of additional remote sites to improve coverage</td>
<td>• Jabber remote accounts still require authorization forms and account set-up</td>
</tr>
<tr>
<td>• Installation is currently on schedule</td>
<td></td>
</tr>
</tbody>
</table>

**Vision Goal Topic:** Recruitment of Full-Time or Part-Time Dentist to Expand Capacity of Treatment

<table>
<thead>
<tr>
<th>Environmental Levers</th>
<th>Environmental Blocks</th>
</tr>
</thead>
<tbody>
<tr>
<td>• New graduates; retired/near-retirement dentist or local community dentist as the</td>
<td>• Available budget for salary may decrease applicant pool for full-time employee</td>
</tr>
<tr>
<td>target pool of candidates</td>
<td>• Dental professionals may lack knowledge of tele-dentistry services as their practice</td>
</tr>
<tr>
<td>• Opportunities with local Dental School to promote and educate new students on</td>
<td>is still new</td>
</tr>
<tr>
<td>tele-dentistry services as an alternative employment venue to traditional</td>
<td></td>
</tr>
<tr>
<td>dentistry</td>
<td></td>
</tr>
<tr>
<td>• Several options to advertise the position through our partners such as local School</td>
<td></td>
</tr>
<tr>
<td>of Dentistry, State Dental Association, Association of State and Territorial</td>
<td></td>
</tr>
<tr>
<td>Dental Directors, and personal contacts.</td>
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</tbody>
</table>
ENVIRONMENTAL SCAN AND ANALYSIS: SAMPLE B

Strengths
- Mission-driven collaboration (families, staff, providers, community partners, Trustees)
- Philanthropic support (fundraising, grant writing)
- Culturally appropriate, evidence-based, innovative services
- Health professions training
- Family-centered facility

Weaknesses
- Lack of vision, data-driven strategic/business plan
- No interoperability
- Decreased integration (families, staff)
- Low profit margin
- Lack of coordination with community-based services
- Access barriers (workforce, technology, cultural)

Opportunities
- New partnerships (families, providers, community partners, Trustees, health plans)
- New revenue sources (value-based purchasing, Medicaid Health Home, ACA billable services)
- Technology (HIE, mobile [decision aids], patient portal, telemedicine)
- Delivery system alignment (population health, Triple Aim, team-based care, top of license, self-management)
- New quality standards (AMCHP, NCQA)

Threats
- Governance change (YVMH affiliation, CEO turnover)
- Decreased revenue (families, public, private)
- Community partner competition (services, resources)
- Worsening social determinants of health
- Different HIEs
- Workforce shortage/training
**Network Vision:** We are a network of health delivery systems in our rural communities creating integrated solutions to improve the quality and coordination of care, expand access to care, and improve cost effectiveness.

**Focus Question:** What are the key strategic objectives that will guide this network from today’s reality toward tomorrow’s vision?

**Objective and Method:** Gaining consensus agreement on key strategic objectives that are aligned with our network’s vision. We have committed to our network vision and identified the key levers and blocks of our current reality. In this discussion we will begin by individual brainstorming actions and activities that will move us toward our vision and then spend time together clustering our ideas and gaining consensus on key strategic objectives that will provide guidance to our network over the coming 2-3 years.

<table>
<thead>
<tr>
<th>Consensus Strategic Objectives</th>
<th>Develop Revenue Generating Services for Network Sustainability</th>
<th>Support Member Awareness of Health Care Changes</th>
<th>Nurture Member Relationships</th>
<th>Increase Board Engagement</th>
<th>Promote Network Visibility</th>
<th>Increase Provider Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Group Ideas and Actions Data</td>
<td>Yearly dues</td>
<td>Educate physicians on HIE</td>
<td>Roundtables</td>
<td>Institute board meeting consent agenda</td>
<td>Brand marketing plan; including member services and vision</td>
<td>Create an advisory committee of providers to navigate health care changes</td>
</tr>
<tr>
<td></td>
<td>Develop regional purchasing group</td>
<td>Outreach and education for health insurance marketplace</td>
<td>More communication on sharing</td>
<td>Develop network strategy dashboard</td>
<td>Attend member leadership meetings two times per year</td>
<td>Bring providers onto network board</td>
</tr>
<tr>
<td></td>
<td>Revenue generating services</td>
<td>Website development for education</td>
<td>Develop member round-table for discussion</td>
<td>Network director meets 1:1 with board members</td>
<td>Ad campaign; website, Facebook, etc.</td>
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<tr>
<td></td>
<td>GPO with local retailers</td>
<td>Educate members about health care market</td>
<td>Consistent and effective communication structure</td>
<td>Complete member needs assessment</td>
<td>Host community education event</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expanding revenue streams</td>
<td>Physician education on changes</td>
<td>Utilize a member list serve</td>
<td>Gain board consensus on network vision</td>
<td>Recruit champions in community partner organizations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community health education</td>
<td>Attend national conferences on health care changes, PCMH, ACO, etc.</td>
<td>Complete member collaboration assessment</td>
<td>Complete board member training on collaboration and cooperation</td>
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<tr>
<td></td>
<td>Telemedicine partnerships</td>
<td></td>
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<tr>
<td></td>
<td>Revenue through telemedicine</td>
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<tr>
<td></td>
<td>IT technical assistance [for both] software/hardware</td>
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<td></td>
<td>Educate members on current technologies</td>
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<tr>
<td></td>
<td>Develop physician recruitment service</td>
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<td></td>
<td>Develop HR support service</td>
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</table>
STRATEGIC OBJECTIVES: SAMPLE B

Sample documentation of strategic objectives within the Balanced Scorecard framework and referred to as a strategy map.

[Network] Strategic Objective Map

- **Develop Revenue Generating Services for Network Sustainability**
- **Support Member Awareness of Health Care Changes**
- **Nurture Member Relationships**
- **Promote Network Visibility**
- **Increase Board Engagement**
- **Increase Provider Involvement**
- **Develop Network Leadership Capacity**
STRATEGIC OBJECTIVES: SAMPLE C

Sample documentation of strategic objectives displayed within a logic model framework.

[Network] Logic Model

<table>
<thead>
<tr>
<th>Program Goals</th>
<th>Activities</th>
<th>Outputs</th>
<th>Mid Term Outcomes</th>
<th>Long Term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1:</td>
<td>A, B</td>
<td>1A, 1B</td>
<td>1 Network Visibility Expanded</td>
<td>1 Network Services Generating Revenue</td>
</tr>
<tr>
<td>Goal 2:</td>
<td>C, D</td>
<td>2C, 2D</td>
<td>2 Provider Involvement Increased</td>
<td>2 Members More Aware of Health Care Changes</td>
</tr>
<tr>
<td>Goal 3:</td>
<td>E, F, G</td>
<td>3E, 3F, 3G</td>
<td>3 Board Engagement Stronger</td>
<td>3 Member Relationships Improved</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3 Network Leadership Capacity Increased</td>
<td></td>
</tr>
</tbody>
</table>