



COVID-19 and Health Center Boards

FOCUS AREA: FRAMING THE FUTURE OF THE HEALTH CENTER IN A COVID-19 AND POST-COVID ENVIRONMENT

Focusing on the Future: Strategic Planning and Thinking During the COVID-19 Pandemic

BACKGROUND

A board is responsible for ensuring the long-term sustainability of the health center. Health centers are required to have a strategic plan which is the board and management team's attempt to create the health center's future, achieve its vision, advance its mission, and exert some influence over an uncertain future.¹ Ideally, a health center board—in partnership with the CEO—is also routinely engaged in strategic thinking. Given the uncertainty during the pandemic and as boards consider a future post-pandemic, focusing on the future can be even more challenging. This short resource outlines how boards can use their strategic planning and thinking to support the health center as it navigates times of uncertainty and change.

Items to Consider

At this stage, health centers have already undertaken the initial response to the pandemic. They are now faced with continuing to test and treat patients for COVID-19, participate in COVID vaccinations, and provide ongoing health care services. Below are some considerations for boards and CEOs as they continue to focus on the future of their health centers:

- **Continue to make time for the board's strategic role²—**

Boards must continue to balance immediate and ongoing governance responsibilities with planning for the opportunities of tomorrow. Board chairs and CEOs can continue to partner to create board meeting agendas that allow for discussion about the strategic plan and review of data to see how the plan is progressing. Periodic check-ins (e.g., quarterly) regarding updates are also a good idea given the dynamic environment. If a board is planning to hold its annual

retreat virtually, the retreat can also provide time for consideration of strategic or generative questions (see the article "Virtual Board Retreats" for ideas on how to use retreats to discuss strategic issues).³

- **Create a shared understanding about how the future for the center may be different⁴—**While we do not yet know the full extent of the pandemic on our near, mid, and long-term future, we can anticipate that some version of a

1 This article assumes some prior knowledge of the board's role related to strategic planning and health center strategy. For more on the strategic role of the board, see the **Governance Guide for Health Center Boards**, Chapter 3 available at <https://www.healthcenterinfo.org/details/?id=2302>. Please note that the Health Resources and Services Administration (HRSA) requires each health center to conduct long range/strategic planning at least once every three years, which at a minimum addresses financial management and capital expenditure (see the Compliance Manual, Chapter 19: Board Authority, Demonstrating Compliance, c available at <https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html>).

2 For additional discussion, please see **Adapt, Refocus, and Retool: How Health Center Boards Can Support a Focus on the Future** available at <https://www.healthcenterinfo.org/details/?id=2536>.

3 An article on "Virtual Board Retreats" is available at <https://www.healthcenterinfo.org/details/?id=2885>.

4 For additional discussion, please see **Adapt, Refocus, and Retool: How Health Center Boards Can Support a Focus on the Future** available at <https://www.healthcenterinfo.org/details/?id=2536>.

“new normal” will exist. For health centers, this may mean more service delivery through telehealth or “hybrid” delivery models, new forms of collaborations to serve patients, among other changes. Building in time for board education and discussion about the future is an important ongoing focus.

- **Ensure shared understanding of how the strategic plan has been adapted as the pandemic unfolds**—There are various ways to define components of a strategic plan. Some use the following terminology:

- **Strategies**—Strategies are the overarching goals within a plan that define where the center is heading and why.
- **Tactics**—These are the action steps to be taken by the executive staff and their teams to effectively implement the strategy. Tactics involve identifying the quantitative and qualitative measures that will be used to assess the impact of these methods and the achievement of the strategy.⁵

Since the start of the pandemic, the center may have:

- Made no changes to the strategic plan or tactics
- Modified tactics while keeping the same strategic focus
- Modified tactics and strategy

- Refocused strategy on COVID-19 and/or racial disparities

Two case studies included later in this resource illustrate how two health centers have adapted their plans given the pandemic.

- **Use the strategic plan to create focus and maximize resources**—Boards can use their existing or updated strategic plans to decide which problems to solve as the pandemic continues and as we emerge post-pandemic. Furthermore, strategic plans can be used as criteria for prioritizing projects and aligning tactics and budgets. Lastly, strategic plans can be used to foster transparency with staff, patients, funders, and donors.
- **Utilize tools, such as scenario planning, to support the board’s strategic planning efforts**—Scenario planning allows the board to explore various situations to create tactical options. Various resources are available that generally describe the scenario planning process including from **Nonprofit Quarterly**, **Bridgespan**, and **BoardSource**. Boards may also find a publication from the National Association of Community Health Centers titled, **Through the COVID-19 Pandemic and Beyond: Using Scenarios to Explore the Future of Community Health Centers**, to be a helpful tool in considering the various possible

impacts for health centers resulting from the current pandemic.

Various scenarios can help the board and CEO plan for a variety of futures and aid in making strategic investments of resources to plan accordingly.

- **Consider what strategic and generative discussions require board discussion and/or decision-making**⁶—Strategic questions guide the organization from current to future state in partnership with the CEO. While a board often engages in this during strategic planning, it is not reserved solely for that process. The pandemic has, for example, presented a need to re-evaluate strategic priorities and modify strategic plans. Strategic questions include: What business model makes sense for our patients (In-person vs telehealth etc.)? What role will telehealth play in the mid- to long-term future for our center? Do we need to assess our sites and how we serve patients? Generative questions are posed when the board thinks about the future and tackles questions core to its mission, vision, and values such as: Has the pandemic impacted the mission and vision of the center? Answers to generative questions often help shape fiduciary oversight and health center strategy.

5 Some health centers refer to the tactical portion of strategic planning as action planning. The executive staff may share progress on the tactical activities and their associated outcomes/impact via their monthly reports to the board directly or via the CEO’s report depending on how the board chooses to conduct its meetings and structure its committees.

6 “Governance as Leadership” is a framework that suggests boards can operate in modes of governance: fiduciary, strategic, and generative. For more information see, Richard Chait, William Ryan, and Barbara Taylor, *Governance as Leadership: Reframing the Work of Nonprofit Boards* (John Wiley & Sons, 2005). Also see Cathy Trower, *The Practitioner’s Guide to Governance as Leadership: Building High-Performing Nonprofit Boards* (John Wiley & Sons, 2013). Additional information can also be found at <https://boardsource.org/generative-governance-boardroom-conversations/>.

- **Support relationships among board members**—Finding ways to connect on a personal level ensures that boards can foster healthy debate and empower all voices. Ensuring the board chair uses facilitation techniques to draw out the tradeoffs associated with a decision or proposal for consideration at a board meeting is one way to create safety while also welcoming differing viewpoints to be openly discussed and addressed.⁷

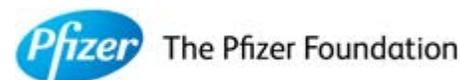
Discussion Questions

Below are questions that boards and CEOs may want to discuss about the future of their health center during the pandemic and post-pandemic:

- How has the pandemic impacted the mission and vision of the center?
- Does our current strategic plan serve the center's mid-term needs (e.g., 12–18 months), and long-term needs in a post-COVID environment?
- Would scenario planning—a process that allows a group to imagine a variety of futures and consider possible options/ actions/ strategies for each—be helpful to engage in to consider our post-COVID environment?
- What business model makes sense for our patients (e.g., in-person vs telehealth, hybrid, etc.) post-pandemic? What role will telehealth play in the mid- to long-term future for our center? What do we need to consider about the “digital divide” and other barriers to accessing care through alternative delivery modes such as telehealth? What patients might be unable to access alternative delivery modes such as telehealth and how do we consider serving these patients?
- What community and business partnerships should be fostered?
- Are we allocating sufficient time at our meetings for strategic and generative conversations?
- Have we built enough trust between board members to engage in strategic and generative conversations?

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For additional resources from NACHC related to COVID-19, please visit <https://www.healthcenterinfo.org/priority-topics/covid-19/> and <http://www.nachc.org/coronavirus/>.

⁷ See “Tips for Board Chairs and Other Board Leaders During the COVID-19 Pandemic” for ideas (expected release February 2021 on <https://www.healthcenterinfo.org/>).

CASE STUDY: TELEMEDICINE STRATEGY

A health center in Texas with 23 sites and a service area spanning over 200 miles in both rural and urban communities had long been exploring how to use telehealth to provide their rural sites with access to some of the routine care and specialty care that was physically only offered at its larger urban sites. This interest intensified when initial legislative placeholders for payment emerged at the state level. This new policy change created the space for the board and CEO to include telemedicine in the pre-COVID strategic plan. Specifically, the board and staff looked at telemedicine services at clinic sites with limited physical capacity and difficult to recruit sites.

When the pandemic hit in March 2020, all patient encounters plummeted. As the board and staff worked through contingency plans, it became clear that telemedicine could be a significant tool to help stabilize the loss of revenue, specifically within the pediatric service line which carries the highest margin encounters. These factors immediately vaulted telemedicine from a second or third tier strategic priority to a critical strategic priority within the revised plan. The onset of the pandemic created a unique window of opportunity to implement telehealth beyond this narrow focus and instead bring virtual care services to all patients.

The health center recognized the stream of policy shifts that fostered a broader and more sustainable roll out of telehealth across its sites in varying degrees. The health center leveraged the Centers for Medicare and Medicaid Services (CMS) new

telehealth policies, which allowed for immediate implementation and a portion of their prospective payment system (PPS) as telehealth reimbursement.

Rather than assuming this approach was ideal in the long-term, the health center analyzed whether they were providing care in the right place (now that there is more than one place to provide care) and whether they are providing the right care to the right patient. Specifically, they looked at the following parameters:

- **Affordability**—what a provider charges as it relates to a patient’s ability/willingness to pay for services
- **Availability**—extent to which a provider has the requisite resources (e.g., personnel and technology) to meet a patient’s needs
- **Accessibility**—how easily can a patient reach a provider’s location either in face-to-face or telemedicine visits?
- **Accommodation**—the extent to which the provider’s operation is organized in ways that meet the constraints and preferences of the patient (e.g., hours of operation, ease of making appointments)
- **Acceptability**—extent to which the patient is comfortable with the more immutable characteristics of the provider, and vice versa (age, sex, social class, ethnicity, culture)

Key lessons learned from this health center’s telehealth program include:

- Of the five parameters described above, accessibility (geography) is guaranteed to get better with

telemedicine because the patient and provider do not have to worry about coming together physically for care to be given.

- The health center expects that about 20% of its patients do not have access to any technology device that would support video conferencing. The center was able to secure a grant to purchase mobile phones and tablets to help facilitate telehealth visits for patients.

Key factors for sustainability that will influence the health center’s ability to maintain/grow its health telehealth program are “pay parity” from payers such as Medicare, ensuring continued access to devices to access telemedicine, and monitoring of patient satisfaction.

Considerations that will need to be addressed to support the health center’s telehealth planning activities include:

- continuing to offer both in person and telemedicine as options
- recognizing that not every patient can participate in telemedicine
- understanding that not every visit is appropriate for telemedicine
- honoring that even in a pandemic, some patients appear to have a preference for face-to-face visits
- recognizing that some providers are able to quickly adapt to telemedicine while others need more training

CASE STUDY: QUARTERLY ADJUSTMENTS DURING CRISIS

Strategic planning guides day to day decisions. A health center in North Carolina with five full service rural sites across four counties had a strong strategic plan in place that needed to be adjusted to the demands of the pandemic. As the pandemic quickly placed more demands on the health center, there was a need to revisit the strategic plan to determine the focus and demand for the health center sites, patients, and community.

During the initial stages of the pandemic (i.e., second quarter of calendar year 2020 from March to May), the health center’s board—in partnership with the CEO—focused the center’s strategy on the following items (along with the associated tactics¹ carried out by staff):

- Safety (tactics focused on ensuring staff and patients were safe and following all safety guidelines)
- Preserving personal protective equipment (PPE) (tactics focused on addressing a shortage of PPE and ensuring that there was enough for all centers)
- Access to Care (tactics focused on operating in a way that could serve the medical needs of patients)
- Flattening the Curve (tactics focused on keeping people out of higher levels of care, i.e., emergency room)
- Staff Resilience (tactics focused on staggered schedules to ensure access to care, half-day off for staff

on Friday, hazard leave, behavioral health coping strategies)

The center’s strategic priorities and tactics were then redefined quarterly as follows:

3rd Quarter (June, July, August 2020)

- Safety (tactics focused on staff and patients, facilities separate entrances, social distancing, mask for everyone, and sanitizing)
- Access to Care (tactics focused on on-site virtual visits, virtual visits, and home hot spots)
- Staff Resilience (tactics focused on staggered schedules to ensure access to care, half-day off on Friday, hazard leave, behavioral health strategies)

4th Quarter (October, November, December 2020)

- Safety (tactics focused on encouraging all patients when they visit to: practice the three W’s—Wear a Mask, Wash your hands, Watch your distance—when they are out anywhere in public; get a flu shot; remember to practice personal safety including taking time to find space to relax, enjoy relationships and rest)
- Accountable Care (tactics focused on Focusing on the Right Care, Right Time, Right Place, and Right Skill; establishing a new Value-Based Care Task Force to focus on specific revenue opportunities and workflows enabling a stronger reimbursement; New scheduling

and evaluating various roles and responsibilities within clinical practice management to include virtual Annual Wellness Exams and other virtual care options)

- Communication (tactics focused on establishing a staff-level Communication Task Force to focus on internal communication with staff, telephone efficiencies, customer service along with technology components, external communication considering Flu and COVID-19 vaccine preparedness)
- Regulatory (tactics focused on preparing for the HRSA review (virtual due to Pandemic) and visit; all policies, procedures, and regulatory requirements were reviewed in preparation for the visit)

The center also prioritized standardization across sites. COVID-19 forced the redesign of almost every process and procedure within the health center and these changes had to be communicated clearly and quickly.

Going forward, the board continues to adjust priorities with the CEO and to assure responsive and strategic oversight.

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