

## IHN Decision-Making Matrix for External Requests

### GENERAL QUESTIONS TO CONSIDER:

- Does the request fall within the scope of IHN’s mission? (*Assessment Tool - Section A*)
- Does the request advance IHN’s current strategic priorities? (*Assessment Tool - Section B*)
- Does the request align with IHN’s guiding principles? (*Assessment Tool - Section C*)
- If the answer to at least two of the three preceding questions is yes (including the first question), what type of organizational commitments should IHN make? (*Prioritization & Commitment Tool*)

### ASSESSMENT TOOL:

Instructions: Provide a brief summary of the external request and then check all of the boxes in Sections A, B and C that apply.

Request Description / Summary	Section A	Section B Advances Strategic Priorities						Section C Aligns w/ Guiding Principles				
	Moves Mission	IHN Internal Infrastructure	Care Transitions Initiative	Re-Entry Community Linkages (RELINK)	Workforce	Accelerate Health Equity	Regional Collective Impact	Health Equity	Patient-Centered Orientation	Accountability	Outcome-Focused Decision-Making	Innovation
1.												
2.												
3.												
4.												

### PRIORITIZATION & COMMITMENT TOOL:

Instructions: For each request, review the findings from the assessment tool above. Use the table below to identify and select commitment options that correspond with the request assessment.

Possible Request Assessment Findings	Organizational Commitment Options				
	No Action	Lend Public Voice, Credibility, Visibility	Provide Stakeholder Access & Influence	Contribute Systems Thinking Expertise & Support	Get Directly Involved
1. <b>“No Go”:</b> Request does not move mission	X				
2. <b>Highest Priority:</b> Request moves elements in sections A, B and C. Involvement is optimal and the highest priority					As A Process Leader
3. <b>Priority:</b> Request moves elements in sections A & B. Involvement is a priority					As A Process Participant
4. <b>Optional:</b> Request moves elements in sections A & C. Involvement is optional, but not currently optimal					
5. <b>Optional:</b> Request moves section A. Involvement has value, but is not compelled by organizational urgency or strategy					

# Critical Decision-Making Factors

## MISSION:

The St. Louis Integrated Health Network, through collaboration and partnership, strives for quality, accessible and affordable healthcare services for all residents of Metropolitan St. Louis, with an emphasis on the medically underserved.

## STRATEGIC PRIORITIES: *(See excerpts from FY2020-FY2021 Strategic Summary, below)*

1. Develop public facing strategy for IHN.
2. Develop P.U.L.S.E.™ Model regionally (formerly known as CRC Program).
3. Systematize Re-Entry Community Linkages.
4. Stabilize and develop workforce.
5. Launch CHW Workforce Partnership.
6. Accelerate equity in healthcare.

## GUIDING PRINCIPLES:

### *Health Equity*

Everyone deserves the opportunity to lead a healthy life, which is why IHN works to increase access to high-quality, affordable healthcare for all St. Louis area residents. Achieving this aim means paying particular attention to medically under-served groups who rely on the safety net to get their health needs met. IHN partners with community health centers, hospital systems, public health departments, academic partners, and other safety net institutions that share our mission to close the gaps in care for these groups and to align the many health services and resources that are crucial to their well-being. IHN values racial equity as an essential part of Health Equity.

### *Patient-Centered Orientation*

As a neutral convener of health care providers and safety net institutions, IHN maintains an unwavering focus on improving patient health outcomes. Patients receive better care when safety net services are coordinated and integrated, so IHN helps network partners share data, connect health systems, and pursue joint initiatives that save lives and contain costs.

### *Accountability*

Effective collaboration and systems change require accountability and transparency. IHN works in concert with network partners to openly review group decisions, take responsibility for collective actions, and report the outcomes of joint efforts. It also supports its partners in making available any information that helps the community to accurately assess and effectively address safety net deficiencies. Such sharing strengthens network decision-making and enables partners to develop collaborative solutions that protect the most vulnerable community members.

### *Outcome-Focused Decision-Making*

IHN uses patient stories, community input and quantitative data to better understand the safety net and to help determine the best ways to improve the system of care. This combination of data sources provides multiple perspectives, bringing both community voice and established research to the center of the network's deliberations and collective problem-solving. IHN partners with academic institutions to leverage network data and to ensure that community priorities are integrated into research agendas. When available, data coming from public sources is disaggregated by race, gender and ethnicity to identify trends in disparities.

### *Innovation*

To advance patient health outcomes, IHN seeks to move beyond past constraints and to consciously take risks that make safety net improvements not only possible, but probable. Our network pursues both targeted and comprehensive change by establishing creative partnerships, implementing non-traditional programming, and sharing best practices. Collectively, our partners commit to protect and enhance healthcare access and quality in and around St. Louis.

## **FROM FY2020-FY2021 STRATEGIC SUMMARY DOCUMENT\*:**

Over a 3-month iterative process drawing on past strategic planning efforts with current IHN members, key constituents, and staff, the IHN Board of Directors has identified six key areas for focus in FY2020-FY2021. As part of its effort to strengthen the safety net, the IHN will focus on (1) build IHN's internal infrastructure, (2) deepen our work to coordinate access to care, (3) scale our infrastructure based in the criminal justice system, (4) promote stabilization in the community health workforce, (5) accelerate health equity for underserved populations, and (6) align health sector priorities in regional collective impact efforts.

### **NETWORK**

The IHN is composed of four federally qualified health centers (FQHC) organizations, two medical schools, two public health departments, and three major hospital systems coordinating care across the St. Louis region.

### **KEY STRATEGIC PRIORITY AREAS – Summary\*:**

#### **IHN Internal Infrastructure**

Evolving internal processes and protocol to meet the demands of IHN's organizational growth.

- Evolution of IHN Operations
  - Cross-pollinate operational functions across internal IHN programs and initiatives
  - Institutionalize self-care and work-life balance practices
- Governance Enhancements
  - BOD Develop a shared learning agenda to explore topics such as equity in action and effective collaboration for systems change
  - Develop an innovation stage-gating review process to recommend sunrise, sunset, or transition of existing initiatives
- Public Facing Strategy
  - Test IHN messaging with regional business leaders and policy influencers

#### **Care Transitions Initiative**

Intentionally deepen IHN's shared infrastructure to coordinate access to care.

- Community Referral Coordinator Program
  - Position CRCs within the institutions they serve as core members of the care delivery team
  - Continued development of regional growth strategy to deep roots, broaden coverage and strengthen impact
  - Strengthen ability to identify and address Social and Structural Determinants of Health (SSDOH) influence on primary care utilization
  - Return on Investment and Mission (ROI/M)
- The Alliance (CDC 1817 Grant)
  - Regional collaboration to address disparities in prevalence of diabetes and cardiovascular disease in St. Louis city and county with concentrated focus on the Promise Zone

#### **Re-Entry Community Linkages (RELINK)**

Scale infrastructure bridging the criminal justice system to health and social services

- Scale RELINK model as a regional strategy for access to care for justice-involved young adults
  - Demonstrate return on investment through cost-savings and value of public health assessment tool effectiveness
  - Sustain data/information support infrastructure
  - Develop a value-based care integration model
- Support systemic efficiency building for access to mental health/ behavioral health services from the justice system
- Maintenance for continuous quality improvement across RELINK's Health and Social Service Network

## **Workforce**

Promote workforce stabilization and development in the healthcare safety net.

- Systems approach to recruit and retain safety net workforce
  - Amplify public policy engagement for workforce systems change
- Pipeline to Compassionate Care
  - Sustain P2CC funding
  - Advocate for policy/ systems change that supports community medicine pipeline
- Community Health Worker Workforce Partnership
  - Advance strategic opportunities to sustain the regional CHW Coalition as outline in the "St. Louis Regional Business Plan"
  - Begin implementation of statewide CHW pilots funded by MCOs to demonstrate the value of the CHW workforce

## **Accelerate Health Equity**

Emphasize action for underserved priority populations to close disparity gaps by race.

- Zero racial disparities in infant mortality by 2033
  - Continue Enhanced Centering Pregnancy demonstration project as pathway to value-based healthcare
- Community Sickle Cell Initiative
  - Conduct 6-month pilot study on CHW intervention with transition age youth living with sickle cell Change policy and practice barriers caused by Health Plan NEMT and Public Transit disconnects
- Advocacy for Coverage for Missouri
  - IHN CEO participating on C4 of MO Ballot Initiative Finance Committee

## **Regional Collective Impact**

Participate in regional collective impact efforts to ensure strategy alignment with health system.

- Partnering to Advance Health Equity - formerly Accountable Health Communities to align health and social service infrastructure to systemically address Social and Structural Determinants of Health (SSDOH)
- Support regional and statewide strategy to promote complete census count by Census Day, April 1, 2020
- Supporting the St. Louis Partnership for a Healthy Community (City and County join Community Health Needs Assessment/ Community Health Improvement Plan)

*\*Note: The "FY2020-FY2021 Strategic Summary" document represents an abbreviated version of IHN's full Strategic Plan. Please connect with an IHN team leader if you would like to review the full "FY2020-FY2021 Strategic Framework."*