Massachusetts General Hospital
Executive Committee on Community Health (ECOCH)
2019-2021 Strategic Plan
December 2018
# Table of Contents

**Introduction** ................................................................................................................................................ 3

**Mission** ..................................................................................................................................................... 3

**ECOCH Charge** ........................................................................................................................................ 3

**The Planning Process** .................................................................................................................................. 3
  - Discussions & Prioritization ......................................................................................................................... 3
  - Planning & Subcommittee Meetings ............................................................................................................. 3
  - Final Plan Development ............................................................................................................................... 4

**The Strategic Plan** ....................................................................................................................................... 4
  - Strategic Plan Priorities & Goal Statements ................................................................................................ 4
  - Strategic Plan Elements by Priority Area .................................................................................................... 5
    - Priority Area 1: Social Determinants of Health ....................................................................................... 5
    - Priority Area 2: Access to Care ............................................................................................................... 6
    - Priority Area 3: Race-Equity ................................................................................................................ 7

**Strategic Plan Implementation** .................................................................................................................. 8
  - Action Planning ........................................................................................................................................ 8
  - Monitoring and Reporting ......................................................................................................................... 8

**Appendix A: Priority Area Co-Chairs** ........................................................................................................ 9

**Appendix B: Acronyms Found in this Strategic Plan** ............................................................................... 9
Introduction

In May of 2018, The Executive Committee on Community Health (ECOCH) at Massachusetts General Hospital in Boston, Massachusetts, contracted with Health Resources in Action, Inc. (HRiA) to develop a three-year strategic plan. The strategic planning process included participation from a variety of MGH stakeholders and subject matter experts. This process, and the resulting plan, demonstrate the deep interest and commitment of stakeholders to work together to advance the mission of ECOCH as a central foundation to the mission of MGH.

Mission

Guided by the needs of our patients and their families, Massachusetts General Hospital aims to deliver the very best health care in a safe, compassionate environment; to advance that care through innovative research and education; and to improve the health and well-being of the diverse communities we serve.

ECOCH Charge

To promote community health improvement and ensure health equity, leveraging all four components of the MGH mission: patient care, teaching, research and community health.

The Planning Process

Discussions & Prioritization

Gathering data is an important foundation for guiding and constructing a Strategic Plan. Conversations and meetings with the Center for Community Health Improvement leadership, the ECOCH Steering Committee and full committee membership were conducted beginning in December 2017. A Strategic Planning Retreat was held on January 29, 2018 that engaged 27 participants in examining potential priority areas for a three-year strategic plan. During this meeting, attendees participated in a prioritization process using criteria to yield three areas for planning. The following Priority Areas were chosen for the MGH ECOCH Strategic Plan:

1. Social Determinants of Health
2. Access to High Quality Care
3. Race Equity

Following the identification of priority areas, the group broke up into three groups to brainstorm strategies for each of the emerging areas of focus. Subcommittees for each priority area were subsequently developed to begin the work of developing a strategic plan.

Planning & Subcommittee Meetings

Members of the ECOCH priority area subcommittees met on May 16, 2018 and were presented with an overview of the strategic planning process. Each subcommittee developed goal statements that were shared with the whole group to gather feedback. Following this meeting, the subcommittees met individually to develop objectives and strategies for their respective priority areas.
Following the draft development of strategic planning components by each subcommittee, the group met collectively on September 26, 2018 to present their plans and get feedback from all participants. This process allowed for interactive input from participants across all priority areas.

Final Plan Development

Based on the input provided from September feedback session, each subcommittee met to review and incorporate feedback to finalize their strategic plan. HRiA also provided guidance and input for each group's consideration, before compiling each priority area into a draft Strategic Plan which was reviewed for overall consistency and delivered to ECOCH Leadership before finalizing the Plan outlined in this report.

The Strategic Plan

A strategic plan includes several key elements: a *charge* that articulates a central purpose: whom do we serve, for what purpose, and in what ways that are unique or distinct? From that, specific *goals, objectives, and strategies* are developed to accomplish the stated purpose.

Priorities are key issues that provide a focus for planning and are the foundation for areas where the group would like to see change. A goal is a broadly stated, non-measurable change in the priority area that describes the desired result of a planning initiative. Objectives articulate goal-related outcomes in specific and measurable terms. Objectives are narrow, precise, tangible, concrete and SMART (specific, measurable, achievable, relevant, time-phased). A strategy describes the approach to fulfilling the objective. It broadly answers the question, "How can we get from where we are now to where we want to be?"

**Strategic Plan Priorities & Goal Statements**

<table>
<thead>
<tr>
<th>Priority Areas</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 1: Social Determinants of Health</td>
<td>Goal 1: MGH will recognize and address social determinants that affect the health of patients and communities.</td>
</tr>
<tr>
<td>Priority 2: Access to Care</td>
<td>Goal 2: MGH will provide care that is affordable, available, and accessible for all patients.</td>
</tr>
<tr>
<td>Priority 3: Race Equity</td>
<td>Goal 3: To achieve race equity at MGH by creating, embedding and sustaining a race equity framework.</td>
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Strategic Plan Elements by Priority Area

Priority Area 1: Social Determinants of Health

Goal 1: MGH will recognize and address social determinants that affect the health of patients and communities.

Objective 1.1: Utilize data from multiple existing sources to create a Social Determinants of Health Status Report that can be disseminated hospital-wide by 2021.

Strategies

1.1.1: Obtain social determinants of health (SDOH) data from the Partners Medicaid ACO dashboard and other sources to assess the prevalence of food insecurity, housing instability, and other SDOH in patients seen in MGH primary care practices.

1.1.2: Obtain SDOH data from MGH units not currently included in Medicaid ACO screening, building on pilot work in the EW and inpatient units and data obtained for the Partners employee population.

1.1.3: Develop a MGH SDOH Status Report using all available data.

1.1.4: Disseminate the MGH SDOH Status Report.

Objective 1.2: Foster and promote cross-disciplinary collaboration to prioritize research that focuses on SDOH.

Strategies

1.2.1: Convene MGH investigators, clinicians, and trainees in a multi-disciplinary SDOH Research Working Group to identify research gaps, funding sources, and opportunities for cross-disciplinary collaboration.

1.2.2: Organize an annual research symposium to highlight SDOH research at all levels and across disciplines.

1.2.3: Work with Mongan Institute and the Division of Clinical Research (DCR) to make SDOH data accessible to all researchers through the Research Patient Data Registry (RPDR) and to identify and disseminate relevant funding opportunities.

1.2.4: Work with Mongan Institute, Division of Internal General Medicine (DGIM), and DCR to identify mentors for junior investigators interested in SDOH research.

Objective 1.3: Develop a proposal for a new hospital-wide Social Determinants of Health Initiative at MGH.

Strategies

1.3.1: Work with Massachusetts General Physicians Organization (MGPO), Medicaid ACO team, and CCHI to evaluate costs (e.g. readmissions, EW visits) associated with SDOH.

1.3.2: Convene hospital leaders with MGH SDOH experts to discuss: 1) current status of SDOH in MGH patients and implications for healthcare outcomes and costs; 2) how to foster and sustain innovation, implementation, and dissemination of effective strategies; and 3) what a successful SDOH Initiative at MGH might look like.
1.3.3: Working with existing MGH stakeholders, write a proposal for a MGH Social Determinants of Health Initiative to present to hospital leadership.

Priority Area 2: Access to Care

Goal 2: MGH will provide care that is affordable, available, and accessible for all patients.

Objective 2.1: Ensure patients in ConnectorCare plans are able to access MGH services by December 2021.

Success Measures
- Maintain our current low-income patient base
- Ensure that individuals living in our communities can access care at MGH

Strategies
2.1.1: Advocate for the acceptance of a rate and other factors necessary for an affordable ConnecterCare product.

Objective 2.2: Ensure the development an “Access to Care” dashboard with input from leadership and consumers with key indicators that reflect measures of affordability, availability, and accessibility by Oct 1, 2020.

Success Measures
- Specialty care shortages (wait times for new visits) will improve
- Patients never refused primary and sub-specialty service due to insurance

Strategies
2.2.1: Work with key stakeholders to identify, develop and approve 2-10 core indicators (both quantitative and qualitative) for an Access Dashboard.

Objective 2.3: Improve experience of care to people of diverse backgrounds.

Success Measures
- Diversity of workforce improves
- Experience of care measures for patients of diverse backgrounds will improve

Strategies
2.3.1: Collaborate with race equity group to share relevant dashboard data to inform access strategies.
Priority Area 3: Race-Equity

Goal 3: To achieve race equity at MGH by creating, embedding and sustaining a race equity framework.

*Racial Equity definition*: “The process of paying disciplined attention to race and ethnicity while analyzing problems, looking for solutions, and defining success. Application of a race equity lens helps to illuminate disparate outcomes, patterns of disadvantage, and root cause.”
- Center for Assessment and Policy Development

Objective 3.1: Promote ongoing commitment by the MGH Board and senior leadership to establish and maintain race equity as an institutional priority, by January 2020.

**Success Measures**
- A race equity curriculum is identified and developed for all Senior Leadership and MGH Board of Trustees

**Strategies**
3.1.1: Identify an implementation task force.
3.1.2: Identify an established race equity training program for MGH senior leadership.
3.1.3: Establish a process to measure knowledge and attitudes of participants before and after training.
3.1.4: Ensure MGH senior leadership participates in selected ongoing race equity trainings.

Objective 3.2: Provide in-depth and continuous race equity education and training for all hospital employees by January 2021.

**Success Measures**
- An implementation Taskforce is established

**Strategies**
3.2.1: Identify established trainings that can be used for MGH clinical and non-clinical leaders and staff focused on race equity language and vocabulary.

Objective 3.3: Develop and/or revise anonymous reporting systems that capture racism-related experiences and concerns and lead to a review process and specific remedies by January 2020.

**Success Measures**
- An implementation taskforce established

**Strategies**
3.3.1: Create implementation taskforce.
3.3.2: Assess existing structures and processes and determine what needs to be improved and or expanded upon.
3.3.3: Pilot adaptations to the current safety reporting system
3.3.4: Conduct focus groups to gather input around desirability, acceptability and safety of reporting system.
3.3.5: Assess existing structures and processes and determine what needs to be improved and or expanded upon.

3.3.6: Survey external landscape to identify successful approaches other organizations have used.

**Objective 3.4:** Conduct a race equity impact assessment for all policies and decision making at MGH by January 2020.

*Success Measures*
- Taskforce created, and members identified

*Strategies*

3.4.1: Identify Implementation Taskforce.

3.4.2: Develop guidelines and parameters using a race-equity assessment for MGH policies and practices.

3.4.3: Partner with Human Resources (HR) and existing policy review committees (e.g. Medical Policy Committee; Police and Security, etc.) to assess all new and existing policies during their annual review.

3.4.4: Establish a process to assess progress and evaluate success.

**Strategic Plan Implementation**

*Action Planning*

ECOCH convened three working groups -- one for each of the priority areas. These groups developed annual action plans -- defining activities to accomplish each strategy, assigning leads and implementers, and establishing a timeline for implementation. These workgroups will track progress and learnings to guide subsequent, annual implementation planning.

*Monitoring and Reporting*

ECOCH subcommittee co-chairs plan to implement an evaluation component to monitor success of the plan and report successes of ECOCH efforts. Qualitative and quantitative reporting on a quarterly basis will be used to track the progress of action planning efforts. The successes achieved and challenges encountered will be communicated through multiple platforms in an effort to continue to raise awareness and gain participation in ECOCH efforts.
Appendix A: Priority Area Co-Chairs

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Subcommittee Chairs</th>
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<tbody>
<tr>
<td>Priority 1: Social Determinants of Health</td>
<td>Anne Thorndike and Jim Morrill</td>
</tr>
<tr>
<td>Priority 2: Access to Care</td>
<td>Joy Rosen and Dean Xerras</td>
</tr>
<tr>
<td>Priority 3: Race Equity</td>
<td>Derri Shtasel and Elena Olson</td>
</tr>
</tbody>
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Appendix B: Acronyms Found in this Strategic Plan

ACO: Accountable Care Organization
CCHI: Center for Community Health Improvement
CHW: Community Health Worker
DCR: Division of Clinical Research
DGIM: Division of Internal General Medicine
ECOCH: Executive Committee on Community Health
HR: Human Resources
HRiA: Health Resources in Action, Inc.
MGH: Massachusetts General Hospital
MGPO: Massachusetts General Physicians Organization
RPDR: Research Patient Data Registry
SDOH: Social Determinants of Health
SMART Objectives: Specific, measurable, achievable, Relevant, time-phased
SWOT: Strengths, Weaknesses, Opportunities, Threats (used in assessing an organization)