



Gold Coast  
Health Plan<sup>SM</sup>  
A Public Entity

# STRATEGIC PLANNING FRAMEWORK

October 2019

# WHAT WE LIVE BY

## Mission

- To improve the health of our members through the provision of high-quality care and services

## Vision

- Compassionate care, accessible to all, for a health community

## Values

- Integrity, Accountability, Collaboration, Trust, Respect



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# FRAMEWORK

**Objectives** – “What we aim to do”


**Strategies** – Broad concepts or approaches to achieve objectives

**Tactics** - Specific undertaking to fulfill strategies

**SMART Goals** – Specific, Measurable, Achievable, Relevant, Time-bound

# Framework

# GCHP Strategic Objectives

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- **GCHP will be a health care leader delivering quality health outcomes to our members**
  - **GCHP will be a collaborative community partner**
  - **GCHP will be an effective strategic business partner in Ventura County**
  - **GCHP will demonstrate responsible fiscal stewardship of public funds**
  - **GCHP will be considered a great place to work**
  - **GCHP will be positioned to best meet the future demands of providing quality health care and exceptional service to our members**

# ENVIRONMENT SCAN

# Areas of Focus



## Plan

COHS Model  
Financial Position  
Commission Relationship  
Culture/Morale  
Maturing processes  
Data challenges  
ASO oversight



## Local

Community Health Needs  
Assessment - collaborative  
Delegated network models  
County public health system  
relationship  
County Medi-Cal managed  
care model (COHS, 2-Plan  
Model)  
Aging population



## State

Declining Medi-Cal  
Membership  
Focus on access/quality  
2020 Waiver (DSRIP/PRIME  
going away; roll into QIPs)  
Increase in delegation  
oversight  
Changes to Medi-Cal  
managed care model:  
integration of carved out  
services; standardization of  
data/reporting



## Federal

Political Uncertainty  
Challenges to ACA  
Public Charge  
Medicaid Program Changes –  
FPL  
Economic Climate  
Societal/Demographic Factors

# PLAN LEVEL



# SWOT ANALYSIS APPROACH

	Helpful to GCHP Objective	Harmful to GCHP Objective
Internal Origin	<b>STRENGTHS</b>  Current factors that have prompted outstanding organizational performance.	<b>WEAKNESSES</b>  Organizational factors that increase healthcare costs or reduce quality
External Origin	<b>OPPORTUNITIES</b>  Significant new business initiatives available to GCHP	<b>THREATS</b>  Factors that could negatively impact organizational performance

- Strengths and weaknesses generally stem from factors within the organization
- Opportunities and threats usually arise from external factors.

# 2019 SWOT ANALYSIS – THEMES

	Helpful to GCHP Objective	Harmful to GCHP Objective
Internal Origin	<b>STRENGTHS</b> <ul style="list-style-type: none"> <li>• COHS Model</li> <li>• Strong mission/vision</li> <li>• Passionate, dedicated staff</li> <li>• CBO/Government Agency Relationships</li> <li>• Outcomes focused</li> <li>• Medical Audit Performance</li> <li>• Provider Network</li> <li>• Agility – less technology debt as a young plan</li> </ul>	<b>WEAKNESSES</b> <ul style="list-style-type: none"> <li>• Young organization – maturing processes and technology</li> <li>• Data – Immature DW platform, governance, management</li> <li>• Financial position</li> <li>• Resources capacity - finances/people/infrastructure to react to increasing regulatory demands; less ability to innovate</li> <li>• Culture/Morale</li> <li>• Provider and vendor contracts</li> <li>• BH provider gap across the state/county</li> </ul>
External Origin	<b>OPPORTUNITIES</b> <ul style="list-style-type: none"> <li>• Revenue stream/product diversity</li> <li>• GCHP as local initiative</li> <li>• Commission relationship – building 2-way trust</li> <li>• Increased public visibility/awareness/engagement</li> <li>• Leverage strategic alliances and partnerships</li> <li>• Improve vendor performance accountability</li> <li>• Increase CAC/PAC influence</li> <li>• Alternate payment models – risk-based models</li> <li>• Improve SDOH</li> </ul>	<b>THREATS</b> <ul style="list-style-type: none"> <li>• 2-Plan Model</li> <li>• Commission relationship</li> <li>• Membership decline</li> <li>• Increased cyber-attacks in the healthcare industry</li> <li>• Volume/Frequency of unfunded/underfunded mandates</li> <li>• Increased medical costs (higher risk acuity)</li> <li>• Provider erosion</li> <li>• County financial instability (1115 waiver going away)</li> <li>• Single payer</li> <li>• Single LOB</li> <li>• Lack of positioning for market forces</li> </ul>

# IDENTIFIED GAPS to Address SWOT

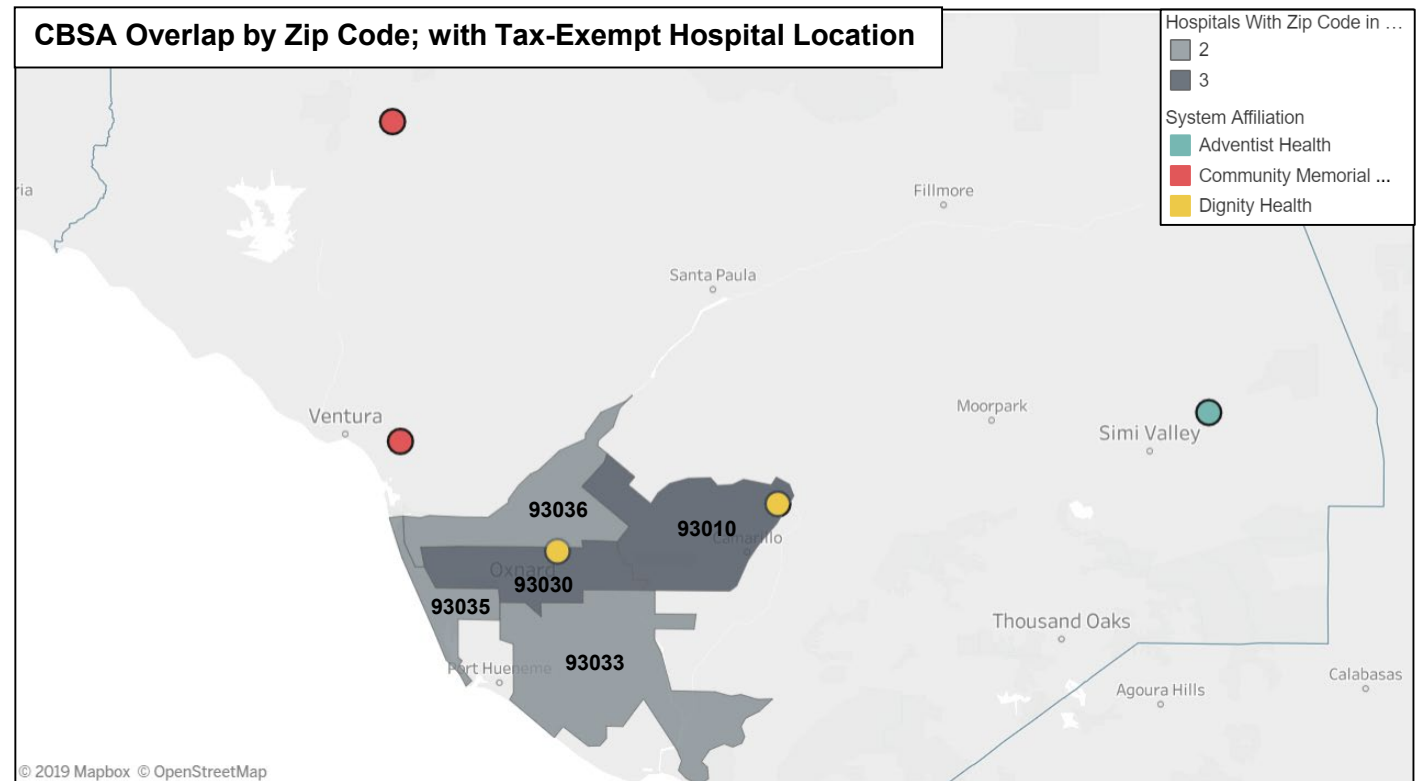
## GAPS

- Financial position
- Data – What we measure and how we report
- Plan/Provider Data exchange (complete, accurate, relevant, timely)
- County HIE
- Formalized Risk Management
- Commission relationship
- BPI around claims process driven payments
- Conduent contract performance
- ETP - limitations of existing core system platform

# LOCAL LEVEL

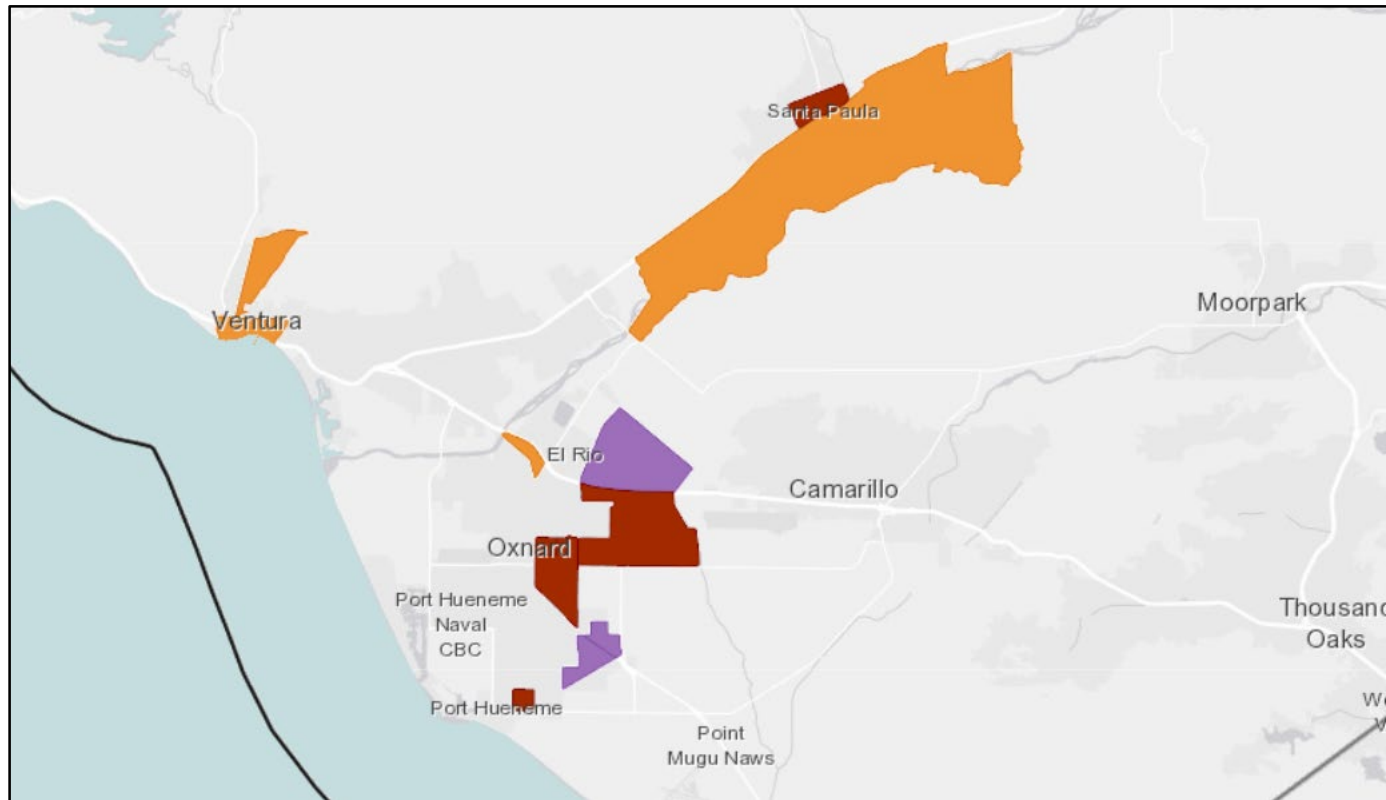
# Community Benefit: *Priority Areas & Geographic Focus*

Priority Area	# of Reports
Chronic Conditions	5
Obesity/ Overweight	4
Access to Care	3
Mental Health	3
Substance Abuse	3
Senior Needs	3
Education	2
Oral Health	2
Food Insecurity	1
Housing Insecurity/ Homelessness	1



**3 Hospitals:** Camarillo (93010); Oxnard (93030)  
**2 Hospitals:** Oxnard (93033, 93035, 93036)

# Ventura: Vulnerable Populations Footprint



>25% Population in Poverty

>50% Population Less than HS Education

Above Both Thresholds

## **Highest Concentrations**

*Port Hueneme (39% poverty; 60% education)*

*Santa Paula (34% poverty; 51% education)*

*Oxnard (29% poverty; 59% education)*

*Ventura (30% poverty; 19% education)*

# STATE LEVEL

# Research Shows that Local Plans Provide Higher Quality Care than Commercial Plans

- In the last year, several studies have indicated that local health plans provide higher quality of care than commercial for-profit plans:
  - [A Close Look at Medi-Cal Managed Care: Statewide Quality Trends from the Last Decade](#)
  - [Department of Health Care Services: It Has Not Ensured That Medi-Cal Beneficiaries in Some Rural Counties Have Reasonable Access to Care](#)
- Per the California Health Care Foundation study, **County Organized Health Systems had on average better-quality scores than counties that furnish Medi-Cal services through either a two-plan or competing commercial model.**
- The State Auditor, in her report, recommend that the Medi-Cal enrollees in the counties studied could be better served by a COHS and DHCS should assist counties to transition into a COHS model.



# The California Health Care Foundation: Statewide Quality Trends from the Last Decade

- **Findings**

- Medi-Cal managed care quality of care stagnant on most measures over the last 10 years
  - Among 41 quality measures collected in two or more years, more than half (59%) remained unchanged or declined.
- Three of the four current measures that declined over time were related to the care of children.
- Medi-Cal managed care plans' quality scores varied markedly within and across managed care plans by ownership during the past decade.
- Substantially lower quality scores of the for-profit managed care plans, on average, relative to the nonprofit and public managed care plans.
- **County Organized Health Systems, on average, had better quality scores than plans in two-plan counties.**

- **Recommendations**

- Establish incentives that are relevant for all managed care plans.
- Consider managed care plans performance in contracting decisions.
- Reconsider the role of for-profit managed care plans in furnishing Medi-Cal services.

# FEDERAL LEVEL

# 2019 ACAP CONTEXT MAP

As of March 13, 2019



## HEALTH/ WELLNESS/ TRENDS

- Social Determinants of Health
- Aging workforce
- Medical/drug breakthroughs
- End-of-Life Planning
- Substance use disorders
- Deaths of despair
- Maternal mortality
- Homelessness

## TECHNOLOGY/ COMMUNICATION FACTORS

- Robotics, Virtual, Artificial
- Constant

## ECONOMIC CLIMATE

- Looming recession (could lead to increase in unemployment)
- Increasing deficit
- Rising healthcare/Rx/ insurance costs
- Increasing enrollment in Medicaid & Marketplace plans
- Uncertainty of government funding
- Plan mergers and acquisitions
- Continued shifts from employer-based insurance to individual choice
- Rising employment
- Private equity

- Cyber-security
- Need for financial resources
- Self-help tools for providers and

## POLITICAL/ REGULATORY GOVERNMENT FACTORS

- Uncertainty/Instability
- Medicaid block grants
- Democrat Majority in House
- Move to Managed Care
- ACA repeal/replace
- The End of Managed Care companies (Single Payer/Public Option)
- Medicaid cuts by states
- Increased regulation, oversight, and reporting
- Litigation re: court activities
- Increased Use of Executive Orders

## COMPETITION

- Continued consolidation/ mergers of providers
- SNP Alliance
- ACHP

## SOCIETAL/ DEMOGRAPHIC TRENDS

- Aging population → Increase of Medicare eligibility
- Increase in long-term care, home and community-based services, adult day care
- Changing relevancy of care delivery for younger generation
- Changing workforce with changing values/approaches/involvement
- End-of-Life Planning

## UNCERTAINTIES

- Reluctance to embrace not-for-profit



# NEXT STEPS

# TACTICS & GOALS PLAN - FRAMEWORK

**Objective: GCHP will be a health care leader delivering quality health outcomes to our members**

## Strategies for Success

**S1: Ensure access to an availability of quality care**

**S2: Invest in quality data**

**S3: Build a culture of quality care**

**S4: Promote integrated care across the continuum**

Tactic	SMART Goal	Measure	Progress/Result
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Example: S1/S2: Improve HEDIS/MCAS performance to meet 50<sup>th</sup>% MPL

1. Upgrade to Inovolan QSI-XL – QxFY19/20
2. Implement Inovolan INDICES module by QxFY19/20

1. On-time, on-budget implementation

- Create plan for each of the 6 strategic objectives using proposed framework
- Bring back to exec finance strategic planning sub-committee for review and feedback – special meeting early Nov.
- Bring to full commission in December for buy-in and approval with joint recommendation from staff and strategic planning sub-committee