HOLY CROSS MEDICAL CENTER

2024 – 2026 Strategic Plan

Adopted by the Board of Directors on: January 31, 2024

HolyCross
Medical Center

Prepared in Partnership with ⚭ Ovation Healthcare

Strategic Planning Process

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PLANNING PROCESS

Ovation

☑ Market / Current State Assessment

☑ Key Stakeholder Interviews

Co-Creation of Strategic Plan

☑ Board and Community Retreat

☑ Leadership Work Sessions

☑ Adoption of Plan

HCMC

☐ Implementation of Plan

Engagement Objectives

Develop a three-year strategic plan for Holy Cross Medical Center (HCMC)

✓ Assess HCMC's *current state* and *competitive position* in the market/region

✓ Develop strategic imperatives that align with HCMC's *mission, vision, and strategic goals*

✓ Evaluate organization *vulnerabilities, industry disruption*, and *future trends*

HCMC Next Steps:

Outline and track specific actions, initiatives, goals, and communications needed to keep the organization on plan

Summary of Key Findings

Key Data Elements

~53%

outpatient market share in Taos County with over 2% growth in the last 4 years
Strong share in Mental Health, Hem/Onc, and Neurosurgery

~41%

inpatient market share in Taos County with over 6% growth in the previous 3 years
Strong share in Pulmonary Medicine, General Medicine, and Urology

+11%
Projected 5-year growth in 65+ population in Taos County

Stakeholder Feedback

Opportunity For Better Outreach & Communication

Limited Available Space for Growth / Expansion

Strong Investment in Local Workforce and Pipeline

Compassionate Caregivers and Staff

2024 – 2026 Strategic Framework

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STAKEHOLDERS

Goal: Align stakeholders through increased engagement and exceptional experience to build trust.

Workforce
- Enhance communication and leadership availability to build organizational cohesion
- Create comprehensive retention plan to include investment in leadership development
- Continue to build a culture that makes HCMC the employer of choice in the region

Medical Staff
- Identify best methods for communication and create consistency in messaging
- Identify physician liaison to enhance recruiting, retention, and alignment of the medical staff

Community
- Increase community trust through consistent engagement, communication, and outreach
- Instill a focus on patient experience and quality to become provider of choice in the region

ACCESS

Goal: Evaluate and enhance healthcare access to continue to meet community need and keep care local.

- Develop and execute a primary care plan to increase access and better serve the community
- Institute service line plan, identifying investments
- Evaluate and maintain contracting and in-network coverage with area employers
- Explore additional care modalities (i.e. telemedicine, walk in clinic, urgent care) to increase healthcare availability locally

INFRASTRUCTURE

Goal: Plan for the future infrastructure needs of the organization to insure long term sustainability.

- Refresh Master Campus Plan to include current and future space needs
- Evaluate service deployment across the community and evaluate ROI of properties
- Evaluate, select, and implement new EHR

STAKEHOLDERS

Actions / Tactics:

Workforce

- Enhance communication organization wide by identifying best channels, cadence, and increasing leadership availability to build cohesion
- Create a comprehensive staff retention plan to potentially include:
    - Periodic evaluation of cost of living increases and fair wage assessment
    - Enhance onboarding and orientation process to ensure team members are aligned, engaged, and adequately prepared for new job functions
    - Identify emerging HCMC leaders and invest in development programming and continuing education
- Facilitate mission, vision, and values update to ensure alignment with desired culture and sense of purpose across the organization

Medical Staff

- Identify mediums for more effective communication and engagement with regional practitioners
- Select physician liaison to enhance recruiting, retention, and alignment of the medical staff
- Host educational events to discuss community health disparities, historical inequities, and other relevant topics to bring together the medical community and aid in recruitment
- Develop opportunities to seek medical staff feedback and identify practitioner champions

Community

- Increase HCMC presence throughout community to build trust and accountability
- Develop comprehensive, modernized marketing plan that focuses on real time, relevant material and digital presence
- Explore establishment of a Hospital Foundation to engage in ongoing development efforts to support the continuous improvement of the hospital
- Engage with community partners to address vulnerable populations and social drivers of health (SDoH) including transportation, housing, and affordable healthcare

Key Considerations:

- Mixed, but improving community perception of hospital built on history of distrust
- HCMC culture overcoming past challenges of leadership turnover, pandemic stressors
- Team Taos initiative building traction in local recruitment
- Opportunity to re-establish effective communication mechanisms

Metrics / KPIs:

- Employee & provider turnover
- Participation in training and development offerings
- Time to fill positions
- Community perception (through regular surveys)

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ACCESS

Actions / Tactics:

- Establish a primary care development plan to enhance access, to include:
  - Recruit additional primary care practitioners to optimize practitioner mix (i.e. family medicine, internal medicine, pediatrics)
  - Evaluate effective utilization of advanced practice providers to augment offerings
  - Explore diversified service offerings to meet community expectations, including walk-in clinic / urgent care
  - Establish process to identify high emergency department utilizers and connect with primary care providers to provide more effective management and contain cost
  - Initiate wellness programming in line with priorities identified in the CHNA to improve population health outcomes and address social drivers of health
- Develop a comprehensive service line plan to inform investment and growth efforts
  - Complete margin assessment of specialty services to determine "core" offerings
  - Identify specialties in which to maintain, invest, explore, or collaborate
  - Evaluate opportunities for partnership with independent specialty groups for rotational clinic schedules to increase care provided in market
  - Explore additional care modalities (i.e. telehealth) to increase availability of specialty services locally and limit outmigration
- Identify sustainable mental health offering to provide a spectrum of care through:
  - Advocating for psychiatric facility/services and education, advisement of stakeholders, local and state government
  - Seek funding through multiple sources, including donations, grants, etc.
- Evaluate and maintain contracting and in-network coverage with area employers to assure access to local, affordable care
- Evaluate ancillary services (i.e. lab, radiology, pharmacy) for process improvement initiatives to more effectively capture local volumes and ensure seamless patient care journeys
- Complete ongoing analysis of referral patterns to identify opportunities to keep patients in the HCMC network and monitor outmigration

Key Considerations:

- Limited primary care access in the community, including establishing care and appointment wait times
- Low surgical utilization straining HCMC financial performance
- Barriers to healthcare include poverty, transportation, housing
- Challenges in accessing HCMC care is contributing to outmigration

Metrics / KPIs:

- Next appointment available (primary care, core specialty care)
- Outmigration for core services
- Unique patients / lives touched
- Number of rotating specialties offered
- Ancillary service turnaround time

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INFRASTRUCTURE

Goal: *Plan for the future infrastructure needs of the organization to insure long term sustainability.*

Actions / Tactics:

- Refresh Master Campus Plan to account for current and future space needs
  - Restore operating room capacity through refit of surgical suite(s)
  - Evaluate enhancement of labor and delivery spaces to increase patient satisfaction
  - Prioritize areas for reinvestment in modernization, enhanced patient flow, and aesthetic / comfort enhancements
  - Expand the emergency department to improve space constraints and patient flow
  - Evaluate current deployment of lease space to ensure optimal use of real estate and enhance financial performance
  - Identify meaningful co-location of services to foster 'one-stop' healthcare environment for service area residents
- Conduct capital planning to identify and outline current and future equipment replacement needs and prioritize on-going investments
- Evaluate, select, and implement new EHR system to improve interoperability, communication, and employee and patient satisfaction, medical staff recruitment and retention
  - Establish methods to ensure meaningful stakeholder participation in selection process
  - Determine criteria for effective evaluation of platforms / systems
  - Assess need to engage third party for effective implementation and process redesign
  - Expand ability to connect with area consumers via patient portal, online scheduling, etc.
- Explore partnerships to improve acute and non-acute ground transportation options to limit utilization of air transportation to contain cost of care for patients and employers
- Explore long-term options for investment in robotic assisted surgery programming and equipment to enhance recruitment and marketing
- Maintain focus on securing gross receipts tax (GRT) and mill levy funding through deployment of economic impact, community benefit, and other messaging

Key Considerations:

- Aging plant and facility creating space-constrained and limiting patient access
- Infrastructure impacting consumer perception and experience
- EHR transitions requires proactive planning to insure minimal downtime and successful implementation
- High reliance on air transportation impacting patient healthcare spend, community perception

Metrics / KPIs:

- Refreshed campus plan
- Average age of plant
- Equipment / facility downtime
- Implementation plan for new EHR
- Transfers via ground vs air

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Health Equity Action Plan

Adopted by the Board of Directors on: December 6, 2023

Priority Populations

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In HCMC's most recent CHNA, data & community input were gathered to identify populations in the community that are in most need of healthcare support. These findings aided in the leadership team's development and prioritization of actions & tactics in this strategic plan.

Low-Income Groups

Persons in Poverty
Taos County: 19%
New Mexico: 18%

Low-income groups face challenges in affording basic needs including healthcare and experience higher rates of negative health outcomes. Poverty can impact mental health through a lack of resources and unstable work environments, health behaviors like smoking, diet, and exercise, and access to health insurance. Additionally, poverty impacts people's ability to afford services to live healthy and happy lives like safe housing, transportation, childcare, and healthy food.

Rural Areas Residents

% Rural Population
Taos County: 55%
New Mexico: 26%

New Mexico is comprised of predominantly rural counties including the communities that HCMC serves. Residents of rural areas experience a higher incidence of disease, higher rates of mortality, and lower life expectancy compared to the overall population. These disparities are influenced by geographic isolation, limited access to healthcare providers, lower socioeconomic status, and higher rates of poor health behaviors and mental health.

Older Adults (65+)

% Persons 65+
(projected 5-year growth)
Taos County: 26% *(+11%)*
New Mexico: 18% *(+11%)*

While the population of older adults continues to rise, so does the utilization of healthcare services. 17 percent of the population was 65+ in 2020 but this is expected to grow to 22 percent by 2040. Older adults face specific challenges including higher rates of chronic conditions, fixed incomes, social isolation, and mobility issues, all of which impact health. This growing population impacts society through higher use of healthcare services and the need for assistance in everyday tasks.

Prepared in partnership with Ovation Healthcare

Note: *Rural population is shown as percent of the 2020 Census population in the County within Rural blocks*
Sources: *HealthAffairs, RHIHub, US DHHS, US Census Bureau*

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# Access to Care – Health Professional Shortage Areas (HPSAs)

HPSAs are geographic designations that evaluate the number of health professionals relative to the population. A *geographic* HPSA is a shortage of providers for an entire group of people within a specific area, and a *population* HPSA is a shortage of providers for a specific group of people within a specific area.
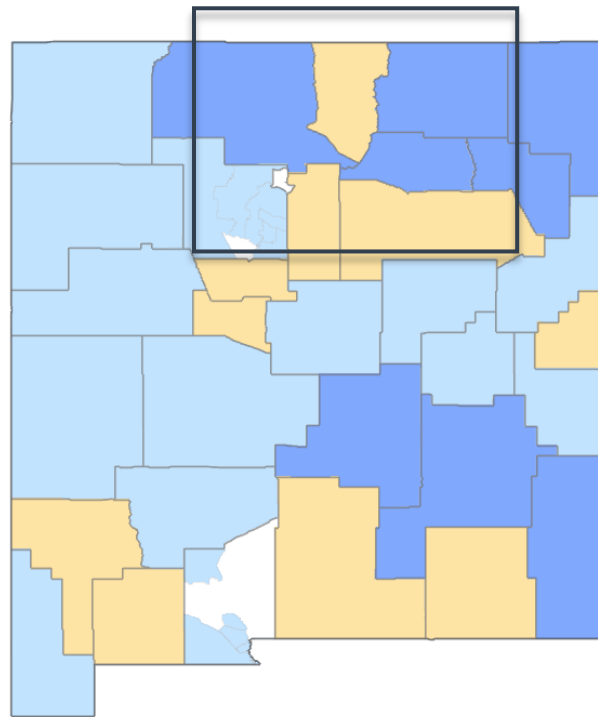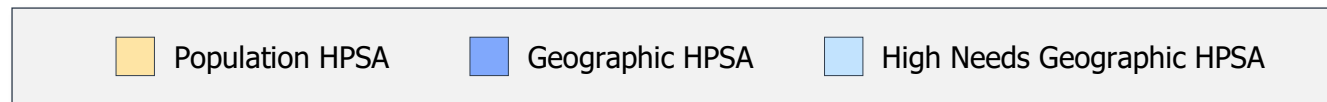

Primary Care   *Mental Health*   *Dental*

Population HPSA   Geographic HPSA   High Needs Geographic HPSA
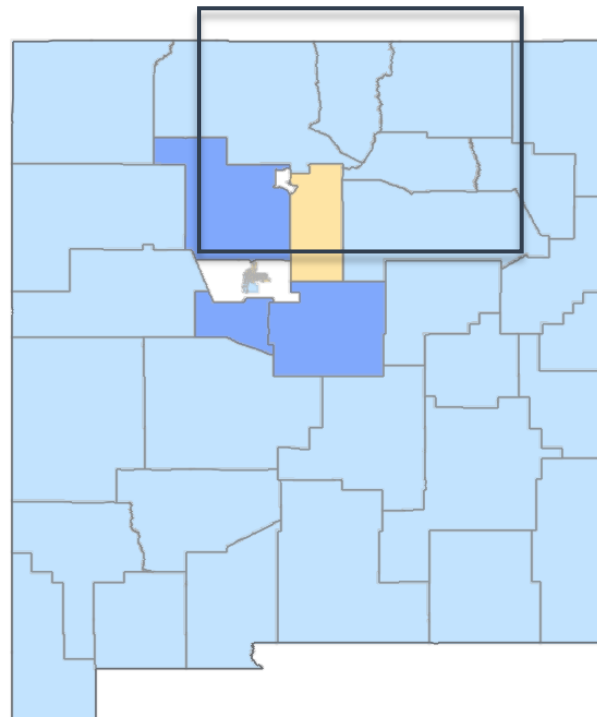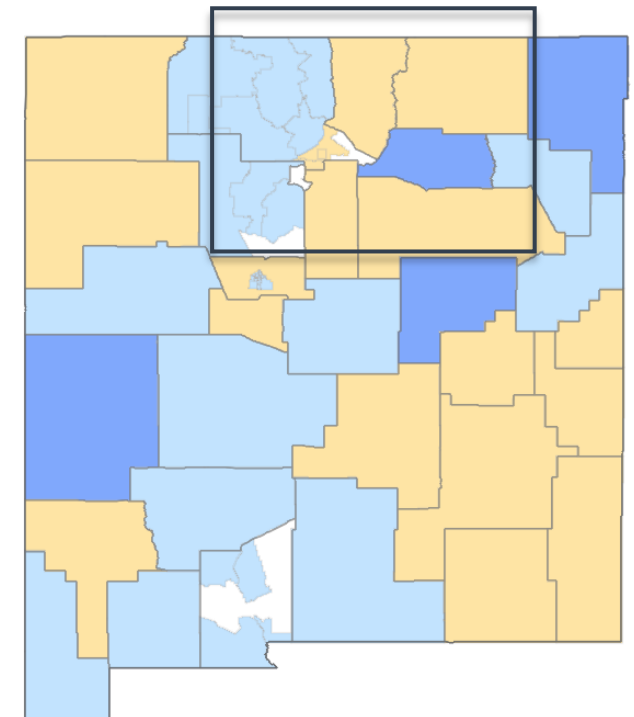
Community Engagement in Hospital Strategy

HCMC invited key stakeholders to provide input and insight into the development of this strategic plan.

These stakeholders include but are not limited to:

- Local industry
- Lions Club
- Rotary Club
- Local news stations
- Taos Community Foundation
- Local faith organizations

- Local School District and University
- Non-traditional medicine professionals
- Taos County Public Health
- Taos Pueblo Health
- Chamber of Commerce
- Taos County and Town leadership

Stakeholders as a Strategic Priority

HCMC has developed an approach for engaging community stakeholders with the following tactics:

- Develop opportunities for cross-collaboration between Hospital Board and Boards of local organizations to provide education and function as ambassadors
- Update the community on strategic priorities and continuous progress to build trust and accountability
- Engage with local organizations to address key community needs including transportation, housing, and affordable healthcare

Health Equity

Actions / Tactics:

- Continue to enhance organization's cultural competence by understanding the diverse populations in the service area and their unique health disparities, integrating inclusive practices, and engaging staff in ongoing training
- Host educational events to discuss community health disparities, historical inequities, and other relevant topics to bring together the medical community and aid in recruitment
- Engage with community partners to address vulnerable populations and social drivers of health (SDoH) including transportation, housing, and affordable healthcare
- Evaluate establishment of sustainable mental health offering to provide a spectrum of care to potentially include inpatient, medical detox, therapy, etc.
- Establish a primary care development plan to enhance access, to include:
  - Recruit additional primary care providers to optimize provider mix (i.e. family medicine, internal medicine, pediatrics)
  - Explore diversified service offerings to meet community expectations, including walk-in clinic / urgent care
  - Establish process to identify high emergency department utilizers and connect with primary care providers to provide more effective management and contain cost
  - Initiate wellness programming in line with priorities identified in the CHNA to improve population health outcomes and address social drivers of health
- Explore partnerships to improve acute and non-acute ground transportation options to limit utilization of air transportation to contain cost of care for patients and employers
- Identify meaningful co-location of services to foster 'one-stop' healthcare environment for service area residents
- Evaluate, select, and implement new EHR system to improve interoperability, communication, and employee and patient satisfaction
  - New EHR system to add capability around enhanced SDoH screening, data collection, and more effective intervention

Health Equity Resources:

- Benefit Navigation Program
- Translation services
- ROAMS Program
- Blue Bus transportation to appointments
- Community coalitions including but not limited to: Taos Alive, Vida del Norte, Taos Health Council, Taos First Steps

*an extensive list of resources can be found in the HCMC 2022 CHNA

Metrics / KPIs:

- Percent of patients screened for social drivers of health
- Stratification of health data by race, ethnicity, income, and education

Strategic Priorities Addressing Health Equity:

- Stakeholders
- Access
- Infrastructure

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