



**A STRATEGIC BUSINESS PLAN
FOR THE
DORCHESTER HOUSE**

2007-2012

FEBRUARY 2007

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I INTRODUCTION

Dorchester House Multi-Service Center is an organization that has its roots in the settlement house model. Founded in 1887, it has ever since developed according to the needs of its surrounding community. As we began the most recent process of strategic planning, we took our lead from Dorchester House's long established capacity to forecast and adapt to changing needs – both internal and external. These abilities are, after all, at the core of strategic planning and indeed are the foundation of the Dorchester House plan.

The question that follows is: Why do we even engage in a formal process with the aim of producing a document such as this? The simple answer for the Governing Board and leadership at Dorchester House is this: We believe strongly in our mission, and in order to fulfill that mission we must remain a viable and prosperous entity. To accomplish that in a complex environment – one that challenges us to consistently deliver excellent and affordable care – we must think and act strategically as well as from the heart.

We believe that this plan accomplishes that balance. It first of all re-affirms our mission, our values and our vision. These may have strategic import but they are at the heart of our organization – one might say they are our heart - now as they have been throughout our history. And secondly, but as important, this plan also seeks to articulate goals and strategies that will position Dorchester House for continued success.

We view this plan as a living, breathing document. Its completion cannot result in its retirement to some bookshelf where we can view it from a distance – if we view it at all. Rather, it needs to be the active blueprint for setting our annual goals and objectives, as well as for measuring our successes and failures. We must also be prepared to shift our strategies when we determine that they are no longer viable. In that sense the plan itself must be fluid and responsive to changing conditions.

If we are correct in our assessment of the environments and challenges we are likely to face in the next five or so years, and if we have crafted our strategic responses correctly, then we will be more assured of the viability and prosperity we seek. More important, our mission will continue, as we believe it must if we are to continue serving our community.

Joel Abrams
President and CEO

Laurie Martinelli
Board Chair

November 16, 2009

II MISSION, VISION AND CORE VALUES

Mission Statement

- To be an essential resource for our community in its efforts to achieve the highest levels of health, well being, and quality of life for its residents.
- To provide affordable, accessible, and exceptional health care and other essential services in an environment that respects our consumers, staff, and diverse community.
- To be a leading force for change in the health, economic, and social well-being of our community.

Vision Statement

Dorchester House will be the best community based health and social services organization in the City of Boston. We will serve as a center of community life in Fields Corner and as a critical resource for all of Dorchester. With its diversity of programs, services and staff, Dorchester House will continue to offer a welcoming environment for all.

Dorchester House will be known for clinical excellence, offering exceptional care that values and reflects the cultural diversity of our neighborhood. We will be looked to as a model of care for all, regardless of ability to pay. We will be known for our leadership in promoting the health of our entire community -- always seeking opportunities to integrate public health priorities with our clinical care.

As a large business and major employer, we will be recognized as a substantial contributor to the economy of our community and city. Our organization will be governed by our community and our consumers, to whom all who work at Dorchester House will be accountable. We will attract and retain the most skilled and highly motivated staff, and will aggressively cultivate a work environment designed to ensure the highest levels of job satisfaction. We will remain dedicated to training future health professionals for service in the community thus fulfilling our role as an academic community health center.

We will offer ourselves as a resource for information and technology, which will benefit the residents of our community and will better our partners and ourselves. We will be tireless champions and advocates for public policy that benefits the most vulnerable among us.

The financial health of our organization will be an integral component of our dedication to service excellence. Our strategic development will reflect the value of partnership. Accordingly, we will initiate and participate in networks of care that will be models of collaboration, and will bring new benefits and services to our community.

Core Values

1. The most important person at Dorchester House is the customer. Our patients, staff, and community, are all customers of Dorchester House.
2. The health, economic and social needs of the individual, the family, and the community are intertwined. Meeting the needs of our customers means viewing and treating them in a comprehensive and holistic manner.
3. Respect for our customers and for each other is among our highest priorities.
4. Access to our services regardless of ability to pay is the underlying principle of our mission.
5. Our patients have the right to receive health care in a manner that respects their dignity and their privacy. Our whole organization is dedicated to recognizing the rights of all who use our services.
6. We are proud of the cultural and ethnic diversity of our community and reflect this pride in the diversity of our staff, the languages in our communications, and the cultural competency of our services.
7. Dorchester House strives to be a work place where respect for each other is essential. We will assure that compensation and benefits are attractive, the physical work environment is comfortable and uplifting, and opportunity for advancement is available.
8. Financial stability is essential for meeting the needs of the community. This requires that we operate in a prudent manner – consistent with sound business principles – incorporating a clear decision-making process that is based on sound information and analysis.
9. We must be willing to improve our systems and ourselves continuously. This means that assessment, change, and innovation are always part of our organization.
10. We are dedicated to meaningful collaboration to meet the complex health, economic, and social needs of our community.

OVERVIEW OF STRATEGIC GOALS

GOAL 1: DORCHESTER HOUSE WILL PROVIDE EXCEPTIONAL CARE

To provide exceptional care, Dorchester House will focus on continuous performance improvement; recruit and retain the most highly skilled staff; maintain all levels of accreditation; develop innovative systems for delivering care; eliminate barriers and facilitate access to care regardless of language, age or disability; and foster a culture of patient safety and quality of care.

GOAL 2: DORCHESTER HOUSE WILL BE THE PROVIDER OF CHOICE FOR CURRENT AND NEW PATIENT MARKETS.

In order to be the provider of choice, Dorchester House will improve its marketing; strive to increase the diversity of the patient and payer mix; increase capacity to meet demand; and provide walk-in service and urgent care.

GOAL 3: DORCHESTER HOUSE WILL BE A LEADING PUBLIC HEALTH RESOURCE FOR THE COMMUNITY.

As a public health resource, Dorchester House will assist in community-wide disease surveillance and other epidemiological objectives; develop prevention and education programs, as well as community-based programs; develop public health advocacy efforts; and develop and maintain the capacity for evaluating the efficacy of programs.

GOAL 4: LEVERAGE OUR SETTLEMENT HOUSE TRADITION AND THE FACILITY AVAILABLE TO US TO OFFER THE WIDEST RANGE OF COMMUNITY SERVICES.

Leveraging Dorchester House's settlement house tradition means developing programs that respond to our community's needs; developing programs that prioritize the needs of our contiguous geographic areas, and reach beyond to welcome other users; creating a wellness center; provide the opportunity for our customers to access multiple programs; and assuring that meeting these objectives are aligned with fundraising goals.

GOAL 5: ASSURE THAT OUR FACILITIES ALWAYS MEET STATE OF THE ART STANDARDS AND RESPECT THE DIGNITY AND THE NEEDS OF THE PEOPLE WHO WORK WITHIN THEM AND ARE SERVED BY THEM.

Dorchester House will ensure that we have sufficient capacity to support current and future programs, including new additions if necessary; we will ensure that staff have comfortable and productive space which adhere to all licensing and accreditation standards; that our facility is comfortable and accessible for our customers; that our facility contributes to the betterment of our community as well as being socially responsible (“Green”). We commit to developing a capital campaign to meet this goal.

GOAL 6: DORCHESTER HOUSE WILL BUILD, MAINTAIN AND NURTURE A HEALTHY, HIGHLY SKILLED AND QUALIFIED DIVERSE WORKFORCE THAT IS ABLE TO SUPPORT OUR VISION.

The quality of our staff is key to our success and we commit to recruit and retain the most highly qualified staff; we will create and maintain a workforce succession plan; continue to maintain a diverse workforce which reflects our community; build a culture that promotes effective utilization of technology; and build and maintain high levels of loyalty, morale and satisfaction.

GOAL 7: MAINTAIN THE HIGHEST STANDARDS OF ORGANIZATIONAL LEADERSHIP AND FINANCIAL PERFORMANCE IN ORDER TO PROSPER IN A DYNAMIC ENVIRONMENT AND TO ENSURE THAT WE CAN MEET THE CURRENT AND EMERGING NEEDS OF OUR COMMUNITY

Dorchester House will ensure financial strength by building and maintaining financial reserves; expanding the financial infrastructure to support growth; build capacity for more sophisticated financial planning and modeling; investigate new sources of revenues; and communicate our financial strength to our constituencies.

GOAL 8: MAXIMIZE THE EFFICACY OF THE BOARD.

The strength of Dorchester House starts with the strength of its board of directors, and we commit to diversify and strengthen the make-up of the board; develop clear process of developing leadership; strengthen the board’s capacity to fundraise; ensure that the board meets all federal and state legal requirements; and ensure that all board members are fully engaged and educated.

Goal 9: TO SUPPORT AND STRENGTHEN THE MISSION AND OPERATIONS OF DORCHESTER HOUSE, WE COMMIT TO THE DOTWELL PARTNERSHIP.

Dorchester House commits to an efficient, effective and economically responsible partnership. We commit to ensuring that the Dorchester House board understands its role in the partnership, as well as the vision, potential and strategic plan of DotWell. Further, we will refine the process by which management is fully engaged in decision-making for the direction of DotWell. We will create and utilize mechanisms for communication and accountability. We will nurture and strengthen clinical, staff and managerial relationships between Dorchester House and Codman Square Health Center, and work to further integrate financial relationships whenever appropriate. Dorchester House will maintain its mission and identity as DotWell grows and thrives.

GOAL 10: BUILD A ROBUST DEVELOPMENT CAPACITY THAT PROVIDES NEW REVENUE STREAMS TO SUPPORT NON-REIMBURSABLE AND UNDER-REIMBURSED SERVICES.

We will create key systems, protocols, and processes to support increased development activity at Dorchester House, including creating an overall communications plan. We will build individual and corporate donor bases, and incorporate special events for new revenue generation. The board members will be engaged in fundraising activities.

GOAL 11. DORCHESTER HOUSE WILL STRIVE TO REDUCE HEALTH DISPARITIES IN THE COMMUNITY.

Dorchester House will address the eight health disparities recommendations made by the Health Disparities Project of the Boston Public Health Commission. To that end, we will educate the board and staff as to the recommendations; use the Health Disparities Project report as a guide to conduct a gap analysis; and develop a plan of action based on that analysis.

IV STRATEGIC GOALS

GOAL 1: DORCHESTER HOUSE WILL PROVIDE EXCEPTIONAL CARE

1. Objective: Foster a culture of continual performance improvement.

Key Strategies

- A. Reinvigorate the performance improvement committee.
- B. Identify and develop a set of quality indicators and create a “score card” that can track them statistically.
- C. Ensure that staff members are invested in a system of quality improvement through training and communication of performance improvement principles and methods.
- D. Maximize the participation of staff in performance improvement activities.
- E. Develop communication mechanisms to share findings, outcomes and to reinforce this culture.
- F. Develop a true pay-for-performance culture.

2. Objective: Recruit and retain the most highly skilled staff members.

Key Strategies

- A. Ensure that Dorchester House has a positive work environment.
- B. Create a well-deserved reputation as an attractive work environment and as having a mission with which people wish to be associated.
- C. Develop an innovative and creative system of recruitment.
- D. Create career ladders and advancement opportunities for staff at all levels.

3. Objective: Maintain all levels of accreditation including compliance with Federal 330 funding and medical home.

Key Strategies

- A. Utilize the resources available to us under the Boston Medical Center license relationship to provide guidance, assistance and accountability.
- B. Assess our current accreditations and determine whether they are appropriate.
- C. Inculcate a sense of responsibility for maintaining accreditation standards in all staff.

4. Objective: Develop innovative systems for the delivery of care including utilization of technology and case management services.

Key Strategies

- A. Continuously monitor the healthcare needs of patients and community to meet emerging needs.
- B. Utilize emerging technologies, innovations and a flexibility of approach in diagnosis and treatment.

- C. Create new clinical specialties that contribute to the quality of care and access to it.
- D. Leverage technology most appropriate to this setting to deliver the highest quality care. Examples of such technologies could be, but would not be limited to:
 - 1) Digital mammography;
 - 2) Capsule endoscopies;
 - 3) Digital radiography; and,
 - 4) Fiber optics diagnostics.

5. Objective: Promote Cultural Competency and eliminate barriers to facilitate access to services regardless of language, disability or age.

Key Strategies

- A. Accommodate to the greatest extent possible the elderly and people with disabilities.
- B. Accommodate to the greatest extent possible those who do not speak English.
- C. Constantly reevaluate our ability to provide access to care.

6. Objective: Foster a culture of patient safety and quality of care

GOAL 2: DORCHESTER HOUSE WILL BE THE PROVIDER OF CHOICE FOR CURRENT AND NEW PATIENT MARKETS.

1. Objective: Increase the sophistication of our marketing.

Key Strategies

- A. Gain a better understanding of the marketplace and of our own performance within it.
- B. Evaluate our brand image and re-brand as necessary.
- C. Develop a marketing plan:
 - 1) That addresses what we have learned; and,
 - 2) Takes advantage of all available technologies, such as our website and other web-based marketing strategies, and opportunities to broaden our marketing impact.

2. Objective: Increase the diversity of the patient and payer mix.

Key Strategies

- A. Position Dorchester House to gain maximum penetration of the identified segments of the market.
- B. Offer high demand clinical services that are consistent with our mission.

3. Objective: Maintain or increase our capacity to meet demand.

Key Strategies

- A. Assure that patients have the maximum ease of access to our services whatever they may be.
- B. Maintain appropriate staffing ratios at all times.

4. Objective: Provide Walk-in Service and Urgent Care

Key Strategies

- A. Designate clinical space within the health center
- B. Expand hours of availability to include Saturday and Sunday

GOAL 3: DORCHESTER HOUSE WILL BE A LEADING PUBLIC HEALTH RESOURCE FOR THE COMMUNITY.

1. Objective: Use our own expertise and informational technology systems to assist in community-wide disease surveillance and other epidemiological objectives.

Key Strategies

- A. Make widely known the clinical expertise of Dorchester House staff through sharing of best practices in articles, lectures, public education and other appropriate formats.
- B. Develop epidemiological research expertise to be able to anticipate and recognize emerging trends within our community.

2. Objective: Develop prevention and educational programs.

Key Strategies

- A. Create our prevention program agenda.
- B. Ensure that we have the ability to respond in a timely manner to emerging funding opportunities for preventive programs.
- C. Develop the workforce capability to design and implement prevention programs.
- D. Where appropriate, utilize the DotWell partnership to achieve this objective.

3. Objective: Develop community-based programs.

Key Strategies

- A. Create our community-based program agenda.
- B. Ensure that we have the ability to respond in a timely manner to emerging funding opportunities for community programs.
- C. Develop the workforce capability to design and implement community-based programs.
- D. Where appropriate, utilize the DotWell partnership to achieve this objective.

4. Objective: Develop public health advocacy efforts.

Key Strategies

- A. Inform and instruct the public policy arm of DotWell to create public policy positions and strategies for meeting this objective.
- B. Create a core group of individuals within our health center who can advocate for their communities and for Dorchester House.
- C. Partner with other advocacy organizations around shared interests.
- D. Engage the community to advocate and work in their own self-interest.

5. Objective: Develop the capacity for research and evaluation of the efficacy of programs.

Key Strategies

- A. Foster culture of assessing outcomes through creating a mechanism to evaluate every Dorchester House initiative.
- B. Assure that we have rich, accurate and easily accessible sources of data.
- C. Create adequate internal and external resources to gather, analyze, report and interpret data.

**GOAL 4: LEVERAGE OUR SETTLEMENT HOUSE TRADITION AND THE FACILITY
AVAILABLE TO US TO OFFER THE WIDEST RANGE OF COMMUNITY SERVICES.**

1. Objective: Develop programs that respond to the diverse needs of our community.

Key Strategies

- A. Continue the Dorchester House commitment to services that support families through nurturing programs, early parenting skills programs, education, and helping to meet the basic needs of families through such elements as food pantries.
- B. Broadly assess the needs of the community to determine which programs will have the maximum impact.
- C. Understand the variety of programs already available to the community through other organizations to avoid duplication.
- D. Create mechanisms to evaluate what programs Dorchester House should implement given its finite resources.
- E. Ensure that the programs created in response to the assessment are routinely evaluated for efficacy.

2. Objective: Develop programs that prioritize the needs of our contiguous geographic areas.

Key Strategies

- A. Define our contiguous geographic area and its demographics.
- B. Work with community groups and constituencies to help us understand their wants and needs.
- C. Broadly assess the needs of the community to determine which programs will have the maximum impact.
- D. Understand the variety of programs already available to the community through other organizations to avoid duplication.
- E. Create mechanisms to evaluate what programs Dorchester House should implement given its finite resources.
- F. Ensure that the programs created in response to the assessment are routinely evaluated for efficacy.
- G. Partner with organizations whose services can complement and enhance our own.
- H. Leverage DotWell to accomplish the above strategies.

3. Objective: Reach beyond the target geography to welcome other users.

Key Strategies

- A. Design and implement programs that are appropriate to cities and towns beyond our contiguous geographic area, including the suburbs, and use Dorchester House as a magnet to bring together families and youth from our and other communities.

- B. Identify partners in other communities who can work with us both programmatically and financially.
- C. Identify partners in other communities who will participate in a two-way geographic exchange of program users such as camping programs, sports leagues, cultural exchanges and so forth.
- D. Develop a business plan to ensure that new programs are financially sustainable.
- E. Ensure that the programs created are routinely evaluated for efficacy.

4. Objective: Create a wellness¹ center at Dorchester House.

Key Strategies

- A. Take maximum advantage of our facilities to design programs around physical fitness and life-style changes.
- B. Conduct a feasibility study to determine whether a facilities expansion is appropriate to support the wellness center and implement as needed.
- C. Regularly assess community needs to determine the most appropriate wellness programs.
- D. Work with wellness experts to design and implement programs.
- E. Integrate a mix of clinical, wellness and community-based programs and use them to differentiate Dorchester House.
- F. Ensure that the programs created are routinely evaluated for efficacy.

5. Objective: Provide opportunities for our customers to easily access multiple programs.

Key Strategies

- A. Develop and implement systems that allow seamless access to programs at Dorchester House and throughout the DotWell network regardless of a customer's first point of entry.
- B. Through the DotWell IT system implement a social services module which tracks utilization, access and referrals among all programs.

6. Objective: Assure that the objectives and strategies of this goal align with and inform development goals.

¹ Within the context of this strategic document, the term “wellness” is taken to mean a condition of optimal physical, mental and emotional well-being as opposed to simply the absence of illness. In maintaining a state of wellness, individuals and their physicians focus on personal life-style choice and self-care decisions that center on prevention rather than cure, especially in the area of chronic disease.

GOAL 5: ASSURE THAT OUR FACILITIES ALWAYS MEET STATE OF THE ART STANDARDS AND RESPECT THE DIGNITY AND THE NEEDS OF THE PEOPLE WHO WORK WITHIN THEM AND ARE SERVED BY THEM.

- 1. Objective:** Ensure that our space has the capacity to support our current and future programs.

Key Strategies

- A. Conduct a space plan and an assessment of both our clinical and non-clinical facilities needs.
- B. Ensure that the Dorchester House facility is used to its maximum potential and greatest efficiency.
- C. Develop the empty lot on Leedsville Street in order to accommodate expansion of current clinical space, and possibly:
 - 1. Relocate finance department in order to expand pharmacy
 - 2. Relocate administrative offices in order to expand administrative capacity, and expand clinical capacity in space adjacent to exiting exam room space.
 - 3. Relocate eye care in order to move Walk-in and Urgent Care to larger, more accessible first floor space
- D. Explore our options for expanding our available parking.
- E. Actively explore options for acquiring additional real estate in the neighborhood matched to our programs and pursue as appropriate.

- 2. Objective:** Maintain the Dorchester House facility as to provide maximum support for the comfort and productivity of our staff.

Key Strategies

- A. Ensure that all staff members have ergonomically correct workstations.
- B. Ensure that elements such as lighting, color, air quality, temperature and humidity are managed to maximize the comfort of staff.

- 3. Objective:** Ensure that the facility adheres to Joint Commission and other accreditation and licensing standards.

Key Strategies

- A. Hire the appropriate number of staff to ensure Joint Commission readiness.
- B. Train all staff members in their roles regarding Joint Commission compliance.
- C. Ensure that the facility meets all environment-of-care standards.
- D. Ensure that any part of the facility that requires licensing is in compliance.
- E. Maintain the Dorchester House facility to minimize the risk of accidents for both patrons and employees.

- 4. Objective:** Maintain the Dorchester House facility as to provide maximum comfort and easy access for our patrons.

Key Strategies

- A. Conduct a comprehensive needs assessment for how to best direct patients through the facility and configure it to be more efficient in that regard.
- B. Create a group of Dorchester House employees or volunteers to help guide clients through the building.
- C. Create a computer kiosk or kiosks to allow patients to access information and services.

5. Objective: Ensure that the Dorchester House physical plant contributes to and enhances the life of the community.

Key Strategies

- A. Create and maintain a balance between the internal and community needs on the use of Dorchester House's physical plant.
- B. Through the use of improved marketing, ensure that the community views Dorchester House as a welcoming venue for public gatherings.
- C. Reconfigure the multi-purpose room and other large spaces to create an attractive public space for live performances, art exhibits, town meetings and other community uses.
- D. Ensure that Dorchester House's exterior spaces are welcoming to the community and blend into the fabric of the neighborhood.

6. Objective: The "Greening" of Dorchester House: To reduce expenses and our carbon footprint, and to demonstrate to the community our social responsibility for our facilities.

- A. Conduct preliminary utility-based carbon footprint analysis in order to provide a baseline.
- B. Develop priorities and create a Sustainability Action Plan.
- C. Evaluate energy audit proposals and third party funding opportunities to identify potential cost saving initiatives.
- D. Review existing recycling proposals.

7. Objective: Develop a capital campaign

GOAL 6: DORCHESTER HOUSE WILL BUILD, MAINTAIN AND NURTURE A HEALTHY, HIGHLY SKILLED AND QUALIFIED DIVERSE WORKFORCE THAT IS ABLE TO SUPPORT OUR VISION.

1. Objective: Recruit highly qualified staff.

Key Strategies

- A. Utilize cutting edge methods for advertising and recruitment.
- B. Ensure that Dorchester House is always competitive in terms of salary and benefits.
- C. Maintain strong relationships with schools and other trade training organizations.
- D. Develop an accessible and efficient application and hiring process.
- E. Encourage a collegial culture that is welcoming and supportive.

2. Objective: Retain highly qualified staff.

Key Strategies

- A. Create a managerial culture that respects and mentors all staff members.
- B. Further develop and fully implement internal career paths and support employees as they make use of them.
- C. Create an environment in which staff members want to improve their skills and move up within the organization.
- D. Build depth of expertise among staff members and formalize the criteria by which middle managers are hired.

3. Objective: Create and maintain a workforce succession plan

Key Strategies

- A. Create a succession plan for the workforce which supports the strategic plan
- B. Develop comprehensive succession/workforce plan not limited solely to management but rather addressing needs for critical backup and individual development in any job category.
- C. Provide workforce plan for the right number and the right type of individuals to meet the organization's needs over time.
- D. Seek flexible strategies which address future organizational talent needs.
- E. Identify high potential talent within the organization and focus on talent-development efforts to retain those identified.

4. Objective: Continue to maintain a diverse workforce that reflects the communities we serve.

Key Strategies

- A. Increase the diversity of the management staff at all levels.
- B. Review recruitment processes that may have helped or hindered our achievement of desired diversity in management.

- C. Develop ways to celebrate the diversity that exists on our staff.
- D. Provide cultural competency training enabling staff to deliver culturally sensitive and supportive services to patients and clients and develop better interactions with each other

5. Objective: Build a culture that promotes the effective utilization of technology.

Key Strategies

- A. Continue to maintain equipment that meets the needs of users and continually improve staff training for the use of current technologies.
- B. Maximize the user-friendly nature of the hardware and software required to perform day-to-day tasks.
- C. Increase the speed of our transition away from the use of paper towards computer-based systems.
- D. Improve communication and the relationship between IT staff and their customers.
- E. Ensure that the technology adopted by Dorchester House improves and eases the flow of work.

6. Objective: Build and maintain high levels of loyalty, morale and satisfaction with Dorchester House.

Key Strategies

- A. Encourage staff to identify their own professional development needs and to develop training appropriate to those needs.
- B. Encourage involvement in community and “extracurricular activities” for management and providers as an example to staff.
- C. Provide opportunities and incentives for staff to become involved in the larger life of Dorchester House.
- D. Through the human resources department, connect employees to educational, life-support, and other programs and services.
- E. Proactively offer access to trainings and other resources that would be helpful to our staff in their daily lives.
- F. Offer ongoing training to staff to help them stay current in their jobs.

7. Objective: Continue to develop the breadth and depth of the human resources department.

Key Strategies

- A. Ensure that the human resources department has the staff and tools appropriate to its expanding role.
- B. Expand the knowledge of human resources staff such that they become an accessible and dependable resource to help leadership achieve its goals.
- C. Create the expectation that human resources staff will stay current in employment law, and practices.

GOAL 7: MAINTAIN THE HIGHEST STANDARDS OF ORGANIZATIONAL LEADERSHIP AND FINANCIAL PERFORMANCE IN ORDER TO PROSPER IN A DYNAMIC ENVIRONMENT AND TO ENSURE THAT WE CAN MEET THE CURRENT AND EMERGING NEEDS OF OUR COMMUNITY.

1. Objective: Build and maintain our financial reserves.

Key Strategies

- A. Refine investment policies and procedures.
- B. Find an impartial financial advisor to examine Dorchester House's investment portfolio to maximize its potential.
- C. Monitor and manage the monthly cash flow reports.
- D. Meet regularly with vendors regarding our investments and the performance

2. Objective: Expand the financial infrastructure of Dorchester House.

Key Strategies

- A. Ensure that the financial department, in all of its aspects, is capable of supporting the growth of Dorchester House.
- B. Build more sophisticated, electronic systems for information transfer and oversight.
- C. Create and distribute reports to managers that have direct impact on financial performance for that area.

3. Objective: Build our capacity for more sophisticated financial planning and modeling.

Key Strategies

- A. Define and produce supporting data to analyze trends and predict future performance utilizing key statistics.
- B. Build a budget process that includes non-financial managers and training to support this process.
- C. Be fully knowledgeable about environmental trends, such as legislation, that may impact us financially and develop the capacity to model scenarios that lead to solutions to meet that impact.
- D. Conduct Board training on financial statements and the interpretation.

4. Objective: Communicate the financial strength of Dorchester House to our constituents.

Key Strategies

- A. Continue to produce reports, such as our annual report, and make them broadly accessible to constituents.

5. Objective: Investigate and develop new sources of revenue and lines of business.

Key Strategies

- A. Develop a mechanism to explore and model new or adjunct clinical services.
- B. Investigate lines of business that serve primarily as revenue generators.
- C. Investigate reimbursement alternatives, maximizing revenue streams and support cost structure.
- D. Increase service delivery to remain competitive.

GOAL 8: MAXIMIZE THE EFFICACY OF THE BOARD.

1. Objective: Diversify and strengthen the make-up of the board.

Key Strategies

- A. Ensure strong input from senior staff in the nominating process to identify potential board members who are constituents, possess key skill-sets and are representative of the community.
- B. Maintain a robust recruitment policy which utilizes a variety of means to extend nominating networks.
- C. Work with Development office to create a “friend’s group” and develop as a recruiting pool for the board.
- D. Reexamine and revise, on a regular basis, the job description for Dorchester House board members.
- E. Create opportunities for board members to be more visible to staff and the community.

2. Objective: Ensure that Dorchester House has committed, effective, and dedicated board leadership and a clear process of leadership development.

Key Strategies

- A. Create a pipeline for leadership through the executive committee.
- B. Establish criteria and job descriptions for leadership.
- C. Utilize the term-limits already in place in the bylaws.
- D. Identify a vice-chair and chair-elect to ensure a smooth transition of leadership.
- E. Train and engage board members to ensure their investment.
- F. Ensure that board committees are robust and highly functioning and that all board members serve on at least one committee.

3. Objective: Strengthen the board of directors’ capability to fundraise and to serve as ambassadors to the community.

Key Strategies

- A. Create the expectation that all board members will make annual, personal financial contributions to Dorchester House and make that expectation clear during the recruitment and nominating process.
- B. Utilize the board chair and Development Director to drive personal giving by all board members.
- C. Inculcate a sense of responsibility for fundraising among board members.
- D. Provide orientation and training to board members on fundraising and their role as ambassadors.
- E. With the Development Director, create a non-fiduciary friends group to serve as a fundraising entity for Dorchester House.

- F. Ensure that there is a highly functioning board fundraising committee to work with the Development Director

4. Objective: Ensure that all members of the board are fully educated and engaged.

Key Strategies

- A. Regularly review and revise the bylaws as appropriate.
- B. Educate all board members such that they fully understand issues of:
 - a. Oversight of the performance of Dorchester House;
 - b. Policy-making and strategic planning for Dorchester House and DotWell;
 - c. Conflict of interest;
 - d. Corporate compliance;
 - e. Patient care and all quality indicators;
 - f. Policy issues;
 - g. All federal, state and legal requirements; and,
 - h. Fiduciary responsibility for the organization.
- C. Allocate appropriate funding to support board orientation and training.
- D. Create the expectation that board members will serve on the quality of care council.
- E. Review and enforce the attendance requirements for board members.
- F. Conduct an annual, formal evaluation of the Chief Executive Officer.
- G. Create succession planning policy for CEO and other senior staff.
- H. Engage board members publicly as needed and take action as needed.
- I. Encourage board members to participate in national training opportunities.
- J. Encourage board members to be known to the staff and engage in the life of the organization.
- K. Regularly review effectiveness of communication and communication processes.
- L. Reexamine and revise, on a regular basis, the board orientation manual and ensure its use.

5. Objective: Ensure that Dorchester House governing board meets all federal and state legal requirements.

Key Strategies

- A. Ensure that the board is consumer driven, having at least 50% of board members who use Dorchester House as their primary health care provider.
- B. Ensure that the board is representative of the community.
- C. Ensure that the board meets monthly.
- D. Ensure that board members comply with all conflict of interest requirements.
- E. Ensure that board reviews and approves grant applications (such as the health center's Federal 330 grant) and budgets which require board approval.

**Goal 9: TO SUPPORT AND STRENGTHEN THE MISSION AND OPERATIONS OF
DORCHESTER HOUSE, WE COMMIT TO THE DOTWELL PARTNERSHIP.**

1. Objective: Run DotWell efficiently, effectively and economically.

Key Strategies

- A. Hire excellent, highly skilled staff.
- B. Measure outcomes and benefits against investments.
- C. Create mechanisms to inculcate a culture of continuous quality and performance improvement.
- D. Ensure effective, cooperative working relations between DotWell and health center staff.

2. Objective: Ensure that the Dorchester House board understands its role and reserved powers in regards to DotWell.

Key Strategies

- A. Provide continual education for the board.
- B. Require regular reporting on the budget and outcomes of the strategic plan.
- C. Understand and practice all provisions laid out in the DotWell bylaws as they pertain to Dorchester House as a member of DotWell.

3. Objective: Ensure that the board understands the vision, potential and strategic plan of DotWell.

Key Strategies

- A. Provide appropriate education and orientation for board members.
- B. Implement joint board meetings to develop and maintain collaborative relations.

4. Objective: Refine the process by which the management of Dorchester House will be fully engaged in decision-making for the direction of DotWell.

Key Strategies

- A. Establish and regularly review criteria for allocation of programs and functions.
- B. Create a process to review competing strategic objectives.
- C. Establish opportunities to address DotWell at senior management team meetings and feed DotWell's decision-making process to review allocation decisions, based on Dorchester House priorities.
- D. Nurture collaborative working relations with the staff of the Codman Square Health Center.
- E. Ensure that management demonstrates the value of DotWell such that all staff understand the value of it.
- F. Fully participate in the development and monitoring the implementation of DotWell's strategic plan.

5. Objective: Create and utilize mechanisms for communication and accountability.

Key Strategies

- A. Maintain and utilize existing mechanisms to achieve this objective.
- B. Create a presentation to introduce DotWell to staff, board members and others and ensure that they understand its programs and relationship to Dorchester House.
- C. Establish institutional performance and outcome measures.
- D. Establish our needs and expectations in regards to DotWell and enhance the ways in which decisions are made and communicated.

6. Objective: To maintain our mission and identity as DotWell continues to grow and thrive.

Key Strategies

- A. Co-brand all DotWell programs that are run at Dorchester House.

7. Objective: To nurture and strengthen clinical, staff and managerial relationships between Dorchester House and Codman Square Health Center.

Key Strategies

- A. Find opportunities to collaborate around care management models and clinical services delivery.
- B. Create informal opportunities for health center staffs to interact (picnics, parties, events, etc.)
- C. Create formal opportunities for health center staffs to interact (seminars, conferences, joint projects, joint strategic planning, etc.).

8. Objective: To further integrate financial relationships whenever appropriate with Codman Square Health Center.

Key Strategies

- A. Develop risk sharing models and risk management systems around health care services financing and reimbursement
- B. Identify opportunities for equitably and fairly sharing expenses and revenues around non-clinical services whether originating at Dorchester House or Codman Square Health Center.

9. Objective: To maximize the benefits accruing to Dorchester House from the DotWell enterprise.

Key Strategies

- A. Whenever possible utilize the management capacity of DotWell to support Dorchester House infrastructure
- B. Assure that all programs and functions at Dorchester House that require external funding receive full and effective attention from the fundraising and development capacity at DotWell.
- C. Assure that DotWell supports the visibility and branding requirements of Dorchester House.

GOAL 10: BUILD A ROBUST DEVELOPMENT CAPACITY THAT PROVIDES NEW REVENUE STREAMS TO SUPPORT NON-REIMBURSABLE AND UNDER-REIMBURSED SERVICES.

1. Objective: Create key systems, protocols, and processes to support increased development activity

Key Strategies

- A. Develop and implement Customer Relationship Management (CRM) software across the DotWell enterprise.
- B. Implement internal (some DotHouse specific some enterprise-wide) protocols for donation management (i.e. gift processing, donor recognition, reconciling with finance, etc.)
- C. Create process flows for interaction between Development and clinicians (i.e. identifying, writing, and reporting on grant opportunities; identifying ways for outside constituents to get involved with Dot House, etc.)
- D. Further define grant strategy and process with DotWell.

2. Objective: Build an individual donor base

Key Strategies

- A. Create opportunities to involve new constituents in Dot House (i.e. volunteer programs and fundraisers).
- B. Cultivate groups of existing constituents as donors (i.e. subset of current patients, current volunteers,
- C. Identify other Dorchester-based groups that could be engaged as donors or volunteers (i.e. local unions, firehouses, civic associations, etc.)
- D. Start collecting patient emails.
- E. Collect information on those who attend community and fundraising events.
- F. Pull together contacts from all senior managers and certain providers for use in CRM.
- G. Start an official annual campaign.

3. Objective: Build a corporate donor base

Key Strategies

- A. Define what benefits Dot House can provide corporate donors (i.e. publicity, event sponsorships, volunteer opportunities for employees, board or advisory council positions, etc.)
- B. Mine board, senior staff, and provider connections to find potential partners.
- C. Package and market benefits through communication pieces and meetings.
- D. Create an Advisory Council made up of some board members, but mostly representatives from corporate partners

4. Objective: Create an overall communications plan

Key Strategies

- A. Conduct an audit of current marketing collateral and future collateral needs
- B. Build a database of contacts
- C. Develop a plan, based on our fiscal year, which outlines the frequency and methods of communication with each constituent group (i.e. donors, patients, etc.)
- D. Develop a newsletter
- E. Start using a service like Vertical Response to communicate via email with constituents

4. Objective: Incorporate special events for revenue generation

Key Strategies

- A. Create a few smaller, industry specific fundraisers that take place throughout the year (i.e. bowl-a-thon)
- B. Build a signature, large scale fundraising event for Dot House (spring 2010)

5. Objective: Engage board members in fundraising

Key Strategies

- A. Provide orientation and training to board members on fundraising and their role as ambassadors
- B. Create the expectation that all board members will make annual, personal financial contributions to Dot House.
- C. Utilize board chair to drive personal giving by all board members
- D. Engage board of directors in individual donor identification /solicitation
- E. Provide board members with the tools necessary to be successful fundraisers and empower them to use those tools on our behalf.

GOAL 11. DORCHESTER HOUSE WILL STRIVE TO REDUCE HEALTH DISPARITIES IN THE COMMUNITY.

Note: In working to meet this goal, Dorchester House will address the eight health disparities recommendations of the Health Disparities Project of the Boston Public Health Commission.

1. Objective: Educate the board and staff as to health disparities in general and the recommendations of the Health Disparities Project in particular.

Key Strategies:

- A. Distribute the Health Disparities Project reports to board and staff
- B. Host a board training
- C. Host a staff training
- D. Institute a training protocol as a regular part of new board member and new staff orientation.

2. Objective: Using the Health Disparities Project report as a guide, conduct a gap analysis

Key Strategies:

- A. Determine areas to be examined in gap analysis, including
 - i. environment of care
 - ii. data collection monitoring and evaluation
 - iii. patient outreach and marketing.

3. Objective: Based on results of gap analysis, implement an action plan.

Key Strategies:

- A. Identify priorities
- B. Identify which issues can be addressed

4. Objective: Use externally available data to drive practice of care and fundraising efforts

Key Strategies:

- A. Monitor external public health and disease data

V. APPENDICES

APPENDIX 1: THE PLANNING TEAM AND PROCESS

THE COMMITTEE: Board members Arthur Lavoie and Laurie Martinelli; Joel Abrams, President and CEO; Patrick Egan MD, Chief Medical Officer; Mary Irwin, Director of Human Resources; Jessica Loew, Director of Development; Tobey Johnson, Chief Information Officer, DotWell; Michelle Nadow, Director of Public Policy and Advocacy; Diane Picard, Director of Operations; Victoria Medeiros, Director of Regulatory Compliance; Patti Ross, Chief Financial Officer; Ira Schlosser, Director of Planning and Community Affairs; Karen van Unen, Chief Operating Officer, DotWell.

“A Strategic Business Plan for the Dorchester House 2007-2012” resulted from a consultant-facilitated planning process involving a committee of board members and senior management. The Mission Statement, Vision Statement and Core Values were all reviewed and reaffirmed. To get started, they spent time “scanning” both the external and internal environments with which Dorchester exists. With this scan in mind, the group defined and set 9 goals, each with objectives and strategies to address them. The process, started in early 2006, was completed by the fall of 2007.

In the early winter of 2009, the board and senior staff agreed that since two years had elapsed since the plan’s completion, a review and update was in order. Indeed several factors warranted this review. Among these were the changes in health care reimbursement under Massachusetts Health Care Reform; continuing evolution of DotWell; and the fiscal outlook resulting from the downturn in the economy. The committee felt that once again the best way to start would be to “scan” the environment, and the resulting scan launched the new process to review and update the strategic plan.

In March of 2009, the committee met to closely review the existing nine strategic goals. In some cases, the changes were minimal, such as reflecting new obligations to comply with the recently awarded federal funding, our strengthening commitments to cultural diversity, and the use of technology. Other rewrites were more extensive, such as strengthening the goal of maximizing the efficacy of the board of directors, detailing the objectives regarding expanding capacity through a capital plan, and more specificity about financial performance.

It was agreed that there was a need for two more goals. 1) Facing the reality of reduced health reimbursements resulting from health care reform, it became clear that Dorchester House needed to develop new sources of income. Goal 10 recognizes the pressing need to fundraise and sets objectives for creating a development plan. 2) A new emphasis placed on the elimination of health disparities in the community created the potential to add an objective to our public health goal. However, it became clear that addressing the need in our community cut across several aspects of life at Dorchester House. Thus, a new Goal 11 sets out objectives based on the recommendations from the Health Disparities Project of the Boston Public Health Commission.

APPENDIX 2: ENVIRONMENTAL SCAN – 2009

Note: This environmental scan is a snapshot in time. It reflects discussions held by the strategic planning committee in the early spring of 2009, which helped to guide the revisions in the existing strategic plan.

The Economy – What impact is the current economic impact having? What impact will a lengthy recession (depression?) have? How will increased unemployment effect our patient population? How will the economy effect our reimbursements, or our non-reimbursable programs? Can we make any assumptions as to how it may effect our patients particularly regarding unemployment, and is this a marketing opportunity. As we review our strategic plan, information is coming out regarding stimulus funding for community health centers, but we still cannot count on anything. We do know that state budget cuts are affecting our programs. And its clear that we should expect reduced foundation support due to their loss of assets. And what kind of returns should be expect as we seek to generate new revenues from donors and events.

State budget – An adjunct to the economy question: The state’s budget woes are affecting us. Grant funded programs are jeopardized. We are experiencing the changes under Chapter 58; loss of funding promised under Section 122; and loss of funding due to the Governor’s 9-C cuts. For this narrative, a brief description of these 3 items may be helpful:

Chapter 58: Chapter 58 is the legislation that expanded health insurance coverage to most Massachusetts residents, made having health insurance mandatory, and all but eliminated the Free Care Pool. Under Chapter 58, reimbursements for medical visits provide considerably less revenue for Dorchester House than did reimbursements under Free Care and we are challenged to adapt to less income.

Section 122: This part of Chapter 58 was enacted in order to provide funding for a limited time to the safety net hospitals that stood to lose the most income as a result of the elimination of the Free Care Pool. The funding was to provide a “glide path” so that, over an arc of a few years, the hospitals could adapt. Dorchester House, as part of Boston Medical Center, would receive a portion of this funding stream. However, as a result of the downturn in the economy, the Commonwealth experienced a loss of revenue and reneged on significant portions of this funding. Dorchester House stood to lose in excess of \$2 million per year.

Governor’s 9C cuts: In order to adjust for shortfalls in state revenues, the Governor has authority to unilaterally cut budgets of agencies within the executive branch. These agencies include those with which Dorchester House contracts, such as the Department of Public Health, for grants that support our public health and community programs,

Health Care Reform – Regarding National efforts, what might happen? What is most likely to happen? President Obama is emphasizing health care reform as vital to economic recovery – will there be any progress? And with what impact? Will we benefit from the Federal Stimulus package, particularly regarding our need to overhaul our IT system?

Regarding Massachusetts health care reform, the Commonwealth is claiming nearly universal coverage, but what happens to the health safety net? This is of significant impact on community health centers, particularly Dorchester House having been so heavily reliant on the Free Care Pool in the past. The current House Speaker seems sensitive to the need for access to health care, not just the insurance coverage. Can we access the Speaker’s office to advocate for protecting the health safety net?

And with nearly universal health insurance coverage in the Commonwealth changing our reimbursement for our low-income patients, we need to model what we would look like as an independently licensed health center rather than hospital licensed. And were we to consider that course, what effect might it have on other BMC-based services (such as lab) from which we benefit.

Community – Our community has traditionally been primarily the low-income un- and under-insured. But our neighborhood in recent years has begun to attract a more upscale resident. How do they view us – as the “health clinic for the poor?” Demographically our area has been dominated by the Vietnamese, and while this community continues to grow and thrive, who else has been locating here? We see Haitian, Latino, Cape Verdean, Caribbean, African -- how are they being served? How does our role as a safety net health center relate to serving all other demographics in our multi-cultural community? And how do we best train internally for Culturally and Linguistically Appropriate Service (CLAS) with such diversity?

Clinical Initiatives:

Urgent Care: We have received a grant from Neighborhood Health Plan to implement a walk-in urgent care system in order to meet a perceived lack of access. We have the opportunity to increase other clinical services such a suturing (others?). It’s an opportunity to provide other less important urgent needs (such as health forms for school) and free up slots in the clinic schedule for other services. This capacity would dovetail with Primary Care.

Medical Home: There is state funding available to support implementing this initiative. “Medical Home” means to provide comprehensive care when you need it, and good case management – along with the electronic health record – is essential. Wrap-around services along with primary care and urgent care all fit together to provide care when the patient feels it’s needed. There is an enhanced reimbursement rate to recognize providing a Medical Home.

Public Health Issues/Chronic Care: We have learned a great deal about the Chronic Care Model through the Diabetes Initiative and can look to apply to other health issues. (In the Diabetes Initiative, patients are referred by their providers and “prescribed” to attend a weekly group meeting, share a learning experience to better manage their diabetes through nutrition and exercise classes, and gain peer support.) Pay for Performance – this has impact because it evaluates results by insured patients seen – we are then obligated to get patients in to be seen. This puts emphasis on our accessibility and outreach to get patients into care. Accessibility and partnering with community organizations such as churches and other organizations becomes a strategy. In addition to diabetes, the Chronic Care Model applies to HIV, asthma, depression and other illnesses which occur with some frequency in our constituency.

A Healthy Dorchester House – Food, Fitness and Wellness. While not in itself a “clinical initiative,” this serves as a part of a response to the obesity crisis in our community. There has been a movement within the clinical staff to advocate with the administration that Dorchester House be a role model, to “walk the talk.” What impact will this have on our programs, and on our staff?

330 Site Status – Will it mean any differences? What’s on the Mass League of Community Health Centers’ horizon, and how do we incorporate that in our planning? This then leads to the larger primary care association and Federal funding – what is our relationship to the National Association of Community Health Centers (NACHC) as a 330 funded health center (assuming we are). And what will this mean regarding our licensing under BMC?

Capital Needs – IT: The most-critical capital need at this time is the overhaul of our IT infrastructure. Our current system is out-dated and inefficient and it will take substantive portion of our reserves to replace. It’s possible that some funding from the Federal stimulus could be identified to support it, particularly as the system supports the Electronic Health Record.

Our ability to implement Web-based strategies are currently affected by the out-dated IT system as well. We have implemented a new public website – how best can we maximize it? The Web has become a common platform for fundraising, marketing and outreach. The community turns to the Web for ratings and scorecards (such as Yelp, Mantra, Yahoo, Google and many others), and new networking strategies include social networks like Facebook. We should be able to provide patients with access to their health information (like Harvard Vanguard) and to assist with making appointments. Access and good customer service are important strategies.

What other capital needs might be next?

Partnerships – Our most important partnership is DotWell, and yet it is still changing. Financial management continues to be a shared function, but there are significant changes to development and marketing. Another significant partner is Boston Medical Center.

What changes might we expect should we consider transitioning to independent licensure? And what effect, if any, would a change mean for us as a partner in the Boston HealthNet? Other important partnerships, some more formal than others, include:

- Boston HealthNet
- U/Mass
- Partners Health Care
- Mass League of Community Health Centers
- National Association of Community Health Centers
- Other hospital licensed community health centers
- Many community-based organizations including
 - Fields Corner Civic Association
 - Fields Corner Main Street
 - Vietnamese American Civic Association
 - VietAID
 - Dorchester Board of Trade
 - Louis D. Brown Peace Institute
 - Faith organizations
 - Boys and Girls Club
 - ACORN
 - Close to Home
 - Dorchester Youth Collaborative
 - Boston Police
 - Harbor Middle School
- Our elected officials

Development Function at Dot House – This is a new responsibility for us. The impact will be in creating and managing events; donor development; and new costs to make them happen.

And we should not overlook the need to fund non-clinical services at Dorchester House. While DotWell will continue to manage grants for shared programs, do we know if these programs are adequately meeting the needs of our community?

Leadership – Dorchester House has enjoyed highly professional, consistent leadership for decades. However, planning for changes and succession is critical, and there has been progress made to start the process. The board of directors has recognized more recently the need for turnover and has had some success in recruiting new directors. The board needs to continue define its role and responsibilities.

Kelly House – Dorchester House is one of 3 general partners in the entity that owns this subsidized senior housing facility and is slated to be the sole owner when the current financing is paid off in 2012. There are alternatives to this scenario: Were the Kelly House to be sold and the mortgage settled prior to term, each partner would realize its share of the proceeds, (45% for Dorchester House, and 45%-10% for the other two). A

second alternative would be if the mortgage is refinanced prior to term. In this scenario, made possible by a provision by Mass HEFA, each partner receives its share of the proceeds, and we remain as owner extending the requirements preserving subsidized senior housing. Is this a responsibility that Dorchester House should assume? Do we wish to remain liable for the mortgage?

The Greening of Dorchester House – The Dorchester House facility utilizes an enormous amount of resources for heating and cooling. As a part of the community, we have a responsibility to make an effort to conserve energy and use renewable resources. We also use and dispose of paper, food and beverage containers, and other items that might be recycled. How will this change our facility management?

APPENDIX 3: ENVIRONMENTAL ANALYSIS 2006

Note: This environmental scan is a snapshot in time. It reflects discussions held by the strategic planning committee in the early spring of 2006 led by consultants from Technical Development Corp. These discussions laid the groundwork upon which the strategic plan was built.

It is important to understand the environment in which Dorchester House finds itself in order to devise strategies to advance the health center's mission. The senior management team categorized Dot House's environment as: The Internal Environment; The Community; Trends and Policy; Operational Changes; and Partnerships/DotWell.

The Internal Environment

Perhaps the most dramatic change inside Dorchester House is that Federated Dorchester Neighborhood Houses has moved out of the building (with the exception of Preschool Daycare). Ever since Dot House began providing health care, FDNH had provided daycare, after school programs, family services and run the gym and pool. The potential loss of these programs could mean reduced visibility for Dorchester House. Through the DotWell partnership, (again, with the exception of Preschool Daycare) these programs have been maintained.

There is an historic sense that Dorchester House belonged to the community. This was evident in the make up of the governing board, which by definition should be at least 50% consumers and in the past had avid participation by consumers, many of whom had been instrumental in the development of the organization. Does Dorchester House still aspire to instill a sense of ownership on the part of the community, to take pride in Dorchester House as a community asset?

Dorchester House is a comprehensive health care facility co-existing with non-clinical space. Of late there have been discussions and efforts to promote wellness programs, including the idea of exercise classes. While the facility includes a gym and a pool, is facility adequate to expand into more fitness programming? Is this something that the community wants? Dorchester House is positioned to take more advantage of its "multi-purpose" facility and to make it more accessible to all segments of the community. The DotWell partnership whose mission is the integration of clinical and non-clinical services pushes Dorchester House to take advantage of this unique internal physical environment.

The physical facility, expanded as recently as 2001, is already being pushed to its limits. As we look to add or expand services, how will we accommodate them? For example, how will Family Medicine continue to grow as a service, now that we utilize all of our exam rooms? Another limitation relates to transportation. While we added 2 parking lots as part of the facility expansion, it is clear we already do not have enough parking. A rapidly growing workforce means more staff who drive to work, and increased patient

volume means more need for visitor parking. This is exacerbated by inadequate public transportation.

Furthermore there is increased demand from the community for the use of space for meetings and events. Do we want to see Dorchester House as a venue for public events, meetings, and cultural events? To do so means we need to position Dorchester House as such a resource. This means more attention to being a safe and secure building; a more accessible facility including by telephone and Internet; and improved exterior signage.

A significant part of Dorchester House's internal environment is the workforce. And a significant workforce issue is the shortage of nurses. This is due to several factors, most of which are external: a shortage of professors in nursing schools which restricts the number of nursing students; nurse/patient ratios which can only be changed through legislation; and hospitals with higher pay scales.

In order to recruit nurses, we offer a better workload balance than hospitals. An additional resource would be loan repayment. We compete with other community health centers for nurses. Physicians at Dorchester House seem to be more appreciative of the RN's who are increasingly seen as more professional. And we have more clearly defined the roles of the Medical Assistants. Nursing will become more key as we move further into a Chronic Care Model, in which entails RN case management; social service management; outreach; nutrition; wellness programs such as physical therapy exercise and acupuncture; Diabetes Nurse Educator and other clinical educators. And a final issue – with a shortage of specialty technicians, are we adequately pushing nurses to rise to the next level?

Along with recruitment, retention is a key issue throughout all areas of the workforce. Is enough attention paid to the “career ladder?” Dorchester House does have policies regarding promoting from within, educational pursuit and training opportunities, but are current practices sufficient? It is felt there could be more management training coaching managers and non-managers to grow. We need to find the right balance of training/improvement/retention vs. hiring new staff from without. We need to review benefits – for example, not all staff can afford health care premiums or to make pension contributions. And overall, a workforce environment that provides career needs in-house needs to be more fully embraced at the senior management level.

It is commonly agreed that Dorchester House has a strong management team. But has this been institutionalized, or is it too reliant on current personalities? Attention may need to be paid to our own sense of what makes a good manager, and to develop a plan to cultivate, encourage and educate good managers. It is agreed that Dorchester House does not have good management mentoring at all levels.

And a final workforce issue: current staff do not seem to feel invested in life at Dorchester House, especially when compared to “the old days”. With a staff that has grown much larger and more diverse, should we expect the staff to feel as invested?

Should more be asked of management toward this end? And what level of political involvement should we expect of staff in advocating for the well being of Dorchester House? If we expect involvement, have we made it possible for staff at all levels to be involved? We define Dorchester House as being more than health care delivery – as being a part of the community. Are we successful at actually being that with our own internal community?

The Community

Geographically, Dorchester House's community can be defined as Fields Corner, but in the larger sense, Dorchester House serves several neighborhoods. Patients primarily come from North and South Dorchester – from the edges of South Boston to Quincy. Dorchester is and has always been a gateway community for new immigration, and we need to understand what is happening demographically, particularly pertaining to culture/ethnicity and to income. Is the Vietnamese population changing? Is it growing or shrinking? Or is it stable? Even the leadership in the Vietnamese community are concerned about the more established segments of this population relocating to suburbs as previous cultural populations have done. And is the population of the more immediate neighborhoods becoming gentrified – is Savin Hill/Fields Corner/St. Marks becoming the next Somerville?

Like many community health centers, Dorchester House has long been viewed as the “health clinic for the poor and uninsured.” As the population changes and more have “real” health insurance, how do we retain them as patients? The doctor's relationship to the patient is most important and needs to be emphasized. Additionally, front line staff need to be more customer service oriented. We need to stress that good care is available right in the neighborhood.

Other factors in the community: There are more elderly people living at the community level. There is an increase in the prevalence of chronic illness at all ages. And does the community feel safe for people? If not, is it more perceptual, or is there a real problem?

Dorchester House has a leadership role to play in the community. It is the largest employer in the area with more than 300 employees. We tend to fill entry level jobs from the local community but most often go outside the local community for higher level jobs. As a community leader, Dorchester House is generally well regarded with perhaps one civic group as an exception. Fields Corner is home to a great number of important community groups with which Dorchester House interacts. Important groups (including some with activities in Fields Corner while headquartered elsewhere):

- Fields Corner Civic
- Freeport Adams Neighborhood Association
- Fields Corner Main Street
- Vietnamese American Civic Association
- VietAID
- Dorchester Board of Trade

- Louis D. Brown Peace Institute
- Faith organizations
- Boys and Girls Club
- ACORN
- Tieng-Xieng Voice
- Close to Home
- Dorchester Youth Collaborative
- Federated Dorchester Neighborhood Houses
- Kit Clark Senior Center
- Boston Police
- Grover Cleveland Middle School
- Elected officials

There are changes both planned and conceptual that may occur within the Boston Schools that will effect Dorchester House. There are discussions about creating a longer school day and implement full-day kindergarten. Should Dorchester House do outreach to schools in the area? There are several including the Mather, Marshall, Smith, Epiphany, Codman Academy and Citizens Schools. We would most likely be competing with other organizations already providing health and social services to them.

Locally, The Grover Cleveland Middle School, the site for Dorchester House's School Based Health Center, will be closed as it currently exists and be reformatted. The plan is to co-locate the upper grades from the O'Hearn Elementary School and the Harbor Middle School. The school would then be serving neighborhood children. Long term plans may eventually lead to including a high school, creating a K-12 path for local children. What does this mean for our school clinic?

In addition to the Boston Public Schools, there is significant presence on the part of higher education including U/Mass Boston, Boston University, and Northeastern. Dorchester House enjoys many academic partners including CCHERS, Simmons, BUMC, U/Mass Boston and Commonwealth Medical, NEI, Bryman, NEWENCO; and our academic hospital partners including BMC, Brigham & Womens and NEMC.

Trends and Policy

Health Care Reform – all that is known for sure is that something will change and that change will likely reduce revenues to Dorchester House for providing care.

- The Free Care Pool – will be reduced, will cover fewer people, will pay less, and cover fewer services. A significant impact on dental services is likely.
- MassHealth (Medicaid) – payment schedule may be reduced to equal Medicare rates. Will incorporate Pay for Performance.
- Individual and employer mandates are possible.
- There will likely be a reduction in government grants.

There are many other issues, trends and policies which will have impact on the delivery of health care services.

- Homeland Security drains funds from health services.
- Bird Flu and its potential pandemic affects the health of the community as well as draining funds.
- Walk-in health clinics are being opened in such mega-stores as Wal-Mart.
- More and more electronic systems are being implemented including billing, medical records, enrollment, time sheets and interoffice connectivity.
- The impact of increased health insurance premiums are felt by both employers and employees. The responsive increase in deductibles and co-pays, while hitting the consumer, can also have a negative impact on providers who must collect them.
- Personal Savings Accounts, which may sound like they put control into the hands of the consumer, takes money away from insurance and may expose low-income sick people to unaffordable care.
- As the baby boom generation ages the cost of Medicare goes up.
- Other policies effecting health care could include the implementation of a National Provider Identification and JACHO electronic tracking.

Operational Changes

There has been and will continue to be shifts in the delivery of health care. Changes in clinical services, treatment and technology will have great impact on which services can and should be provided. The rising costs of some services in an environment of reduced revenues may make some services unviable. Decisions as to need and how to cover costs will become critical.

Oral Health, while receiving much attention in recent years, may need to be reduced. There is no plan for maintaining reimbursements currently available through the health center's free care funding. This will also effect services which Dorchester House provides through the Taunton clinic and the mobile dental program.

The Pharmacy, while proving to be a most beneficial service to our patients, suffers losses under free care. Much of this is offset by other insurances, but how much loss is sustainable? Since having the pharmacy in-house has proven so beneficial, what are our options?

Other services which need to be evaluated are Eye Care, Behavioral Health, non-clinical services (which rely on grant funding) and specialties. Which do we add? Which do we cut? The list includes: Podiatry, radiology, dermatology cardiology, lab, acupuncture, speech therapy, ob/gyn/family planning, echo, hiv rapidtest, chronic care, physical therapy, civil surgery, travel clinic, adhd, bupernorphine clinic, pain clinic, and....

Wellness: The future of good health care may emphasize prevention and wellness programs, but how do they get paid for? And what should Dorchester House provide?

Possible areas for development and expansion include: Clinical interventions aimed at creating good health; physical fitness services, and perhaps a fitness center which could also serve as a health club for the community; nutrition counseling; smoking cessation; complimentary care; and occupational health.

Other areas of operation to consider include Incident Command in the event of disaster; continuous quality improvement; and a community survey.

Technology – few things are as demanding, costly and constantly changing as systems technology. Dorchester House, already reliant on computers for practice management, implemented the electronic medical record, and few other changes have been as challenging, caused more stress, or been more of a shift in how the health center delivers care. Future changes may include wireless portability through tablets, text and voice recognition, home health monitoring, secure remote access. At the least, the health center’s email system needs improvement in order to make it more effective and efficient for all staff to use. Should patients be able to electronically communicate with their providers? What would this mean for Dorchester House, and how would this help with insurers? Improved technology will effect pay for performance measures. And finally, Dorchester House’s need to develop technology advances also means it needs to become less dependent on Boston Medical Center.

Partnerships/DotWell

Dorchester House has always been a willing collaborator and has developed many long standing and effective partnerships. The last few years has seen an evolution in the partnership with Codman Square, moving from willing collaborators to a Management Services Organization called Health Services Partnership to the now-complex DotWell. As this partnership develops, it is useful and necessary to remember other current partners. They include:

- Boston Medical Center
- Boston HealthNet
- U/Mass
- Partners Health Care
- Harbor Health
- Mass League of Community Health Centers
- National Association of Community Health Centers
- Other hospital licensed community health centers