



## **TCCN Strategic Plan 2019 – 2022**

*Revised September 2019*

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## INTRODUCTION TO THE TENNESSEE CHARITABLE CARE NETWORK

The Tennessee Charitable Care Network (TCCN), a 501(c)(3) tax-exempt organization based in Nashville, incorporated on February 25, 2014, exists *“to support, educate, and promote the interests of nonprofit organizations that provide healthcare services to low-income, uninsured and underserved Tennesseans.”* That stated purpose has been an accurate description of TCCN’s work since its inception and was re-affirmed during the strategic planning process conducted in 2017. TCCN is one of approximately 25 state associations within the free/charitable healthcare sector in the U.S. TCCN is a member of the National Association of Free and Charitable Clinics (NAFCC) and the Center for Nonprofit Management (CNM) in Nashville. Significant funding support for TCCN comes from The Healing Trust, BlueCross BlueShield of Tennessee Community Trust and Foundation, HCA Foundation, St. Thomas Health, the Rod Bragg Music City PrEP Clinic and the Safety Net Consortium of Middle Tennessee. TCCN is privileged to participate in the Roadmap to Health Equity Initiative sponsored by NAFCC, Americares & Loyola University as well as the Tennessee Department of Health’s Primary Prevention Clinical Advisory Council.

As of June 2019, TCCN had 49 Organizational Members, a 32% increase from 37 in 2018. To join TCCN and remain a member in good standing, organizations must meet the following criteria in addition to paying annual membership dues and completing an annual member survey:

### MEMBERSHIP CRITERIA

- a. Be recognized by the IRS as a not-for-profit 501(c)(3) tax-exempt organization or be a distinct part of an existing 501(c)(3) tax-exempt organization;
- b. Be located in the State of Tennessee or serve residents of the State of Tennessee;
- c. Have as a primary mission to provide healthcare services to low-income, uninsured and/or underserved individuals;
- d. Provide one or more of the following services: medical care, dental care, mental health care or prescription medications; and,
- e. Not be designated a federally qualified health center (an “FQHC”), or an FQHC Look-Alike.

#### ***Mission Statement:***

The mission of TCCN is to support, educate, and represent non-profit organizations that provide charitable healthcare services to low-income, uninsured, and underserved Tennesseans.



***Vision Statement:***

TCCN envisions a strong, compassionate healthcare safety net for all Tennesseans in need.

***Organizational Values:***

**EXCELLENCE** – TCCN will set high standards in all it does, developing and implementing exemplary policies and practices wherever possible. We will deliver outstanding service to our member organizations and those with whom we partner.

**RESPECT** – TCCN values different perspectives and will strive to understand others’ points-of-view, cultures, experiences and beliefs.

**INTEGRITY**— TCCN board members, staff and volunteers will set aside personal interests, biases and agendas in their work for the organization and will strictly adhere to a rigorous conflict of interest policy.

**INNOVATION** – TCCN will be alert to changing conditions in healthcare and health policy as well as to the needs and interests of its member organizations, and will adapt its goals and objectives as needed to accomplish its mission.

**TEAMWORK AND COLLABORATION** – TCCN will work collaboratively both internally and externally in pursuit of our mission.

**COMPASSION** – TCCN will act with compassion toward staff, members, and partners and foster a culture of compassionate care for patients at member clinics.

**STEWARDSHIP** – TCCN will be committed to the careful stewardship of all human, natural, and financial resources. This means we will use carefully the time and talents of those working with us and for us, we will be environmentally responsible, and we will prudently manage and utilize the funds invested in us.

**DIVERSITY** – TCCN pledges that it will not discriminate based on race, color, religion, sex, national origin, citizenship status, age, disability, sexual orientation or veteran status.



## **STRATEGIC PLANNING PROCESS**

In the spring of 2017, the TCCN's Board of Directors decided to embark upon a new strategic planning process since most of the goals and objectives of the original plan had been accomplished. The Board engaged Mark Cruise, President of Governance4Good to lead this process which began in September 2017. Initial steps included interviews with the new Executive Director (ED), Mary Kiger, in-depth phone interviews with leaders from seven prominent organizations (BlueCross BlueShield of Tennessee Community Trust and Foundation, Sycamore Institute, St. Thomas Health, HCA Foundation, Safety Net Consortium of Middle Tennessee, The Healing Trust, and Tennessee Department of Health), an Organizational Member survey (80% response rate), and a Board survey (77% response rate).

A strategic planning retreat was held on October 25, 2017, in Knoxville at Interfaith Health Clinic. Participants included nine of the 13 TCCN Board members, TCCN's Executive Director, two Organizational Member leaders who are nominees for the TCCN Board, and the consultant. Participants discussed the Board survey results and implications for future governance for TCCN. The results of the Organizational Member survey were then carefully reviewed, followed by the summary of the in-depth interviews with key stakeholders.

Participants decided that the time horizon for the new Strategic Plan would be three years (i.e., 2018-2020). They concluded that TCCN's primary beneficiaries/customers would continue to be nonprofit charitable healthcare organizations serving Tennesseans in need and that the major goal areas for the next three years would be funding, education, and advocacy. The group brainstormed and prioritized specific objectives for each major goal area. The consultant, Executive Director and Board Chair collaboratively developed the Plan document, comprised of sections on Programmatic Goals, Strengthening Governance, and Sustainability and Funding for TCCN. This document was presented to the full Board of Directors and was unanimously approved on November 27, 2017.

After two years of executing against the 2018-2020 Strategic Plan, large portions of the plan have been completed while other parts have diminished in strategic importance. Still, other areas of focus and work were absent from the Plan, not having been envisioned in 2017. Each quarter, since the Plan's adoption, TCCN's ED has reviewed the implementation of the 2018-2020 Strategic Plan with the Board of Directors. Consistent with this practice of regular review, on March 28, 2019, the ED led the Board through a review of the Plan's implementation status, highlighting accomplishments and outlining work underway that is not reflected in the Plan.



In response to the ED's concern that the timeframes in the original Plan were arbitrary, the Board decided that the revised Strategic Plan should reflect a rolling three-year period and that the Executive Director would continue to apprise the Board of the plan's implementation status every quarter. In the spring of 2019, TCCN's 2018-2020 Strategic Plan was revised to reflect TCCN's current strategic focus and work effort and constitutes the first draft of this work.

### **ORGANIZATIONAL LESSONS LEARNED**

This document summarizes TCCN's organizational lessons learned, spurred in large measure by TCCN's two-year participation in the national initiative entitled: ***Quality of Care in Free and Charitable Clinics - Roadmap to Health Equity***. This collaboration offers TCCN's Executive Director the opportunity to engage with the leaders of other states' free and charitable associations and to identify the strategies that deliver the most impactful results. As a young organization, TCCN benefits from the experience of well-established organizations by "leapfrogging" forward in its development and impact. This plan drives to that end.

The primary observation driving TCCN's current strategic focus is that state associations that support their members' ability to report data individually and collectively are making the most significant strides in securing recognition and funding for their state's free and charitable clinics (FCCs). Historically, the work of the FCCs has not been widely recognized as an essential component of any healthcare delivery "system." When acknowledged, FCCs are often dismissed or impugned as providing a lesser quality of care to the populations they serve. The hard work of collecting data, and evaluating and improving processes and quality in support of documented health outcomes has taken shape in a few states, and those states are creating a compelling case for improved funding based on demonstrated health outcomes for a difficult-to-serve population.

TCCN seeks to reposition the perception of Tennessee's FCCs to ensure that they are recognized and financially supported in providing quality healthcare for those falling through the cracks of Tennessee's "safety net" programs. Experience demonstrates that, like the poor, free and charitable providers will always be with us; need will always exist. Dr. Julie Darnell, the sector's foremost researcher, characterizes FCCs as "gap fillers," agilely reconfiguring services to meet the changing needs in their communities.

The idea that the Affordable Care Act (ACA) would obviate the need for FCCs has been thoroughly disproven. Even Medicaid expansion has not eradicated the need for FCCs. As seen in Ohio, Illinois and other expansion states, access to services remains a powerful barrier to



care. Many doctors do not accept Medicaid patients, and clinicians prefer working/living in urban over rural areas. The demise of smaller community hospitals also contributes to a growing problem of rural populations living in communities with inadequate or no healthcare services. Thankfully, FCCs continue to serve the healthcare needs of disadvantaged populations across Tennessee and the nation.

TCCN's funding related observations are that: 1) funders prefer to support direct service programs over the associations that exist to strengthen them; and 2) the funder environment has become increasingly sophisticated in the results they seek in exchange for their financial support. Where once headcounts sufficed to secure funding, the bar has been raised to include patient demographics, health outcomes, gaps in service equity, Social Determinants of Health (SDoH), Return on Investment (ROI) and other data measures. Free and Charitable Clinics vary widely in their ability to document and report these outcomes.

### **TCCN'S BODY OF EVIDENCE STRATEGY**

While there may never be a requirement for FCCs to reach a specified or unified level of data capability, becoming data-capable is a failsafe strategy in an uncertain healthcare delivery and payor environment. Nonetheless, each TCCN member must develop these capabilities at its own pace, in accord with its own mission. It is very likely that a handful of TCCN members will not participate in the move to become data capable. As a "big tent" organization, TCCN will still welcome their active membership. However, TCCN's responsibility to the vast majority is to advance members' long-term preparation for enhanced data capability and improved sustainability.

To engender member participation, TCCN must:

- A. Identify achievable and measurable clinic targets for specified high priority health problems (i.e., hypertension, diabetes, depression, etc.);
- B. Secure partners to support TCCN members (educationally, technically and financially), in their efforts to 1) capture and report key data elements; and 2) improve and standardize operational and clinical processes;
- C. Provide change management education, support and other resources as the future will necessarily look different from the past. Organizational resistance to change is a well-documented phenomenon; and
- D. Communicate with an incredibly busy, overworked and underfunded cadre of leaders. Optimally, TCCN's staff would have sufficient funding to convene more regional events and make more in-person visits.



TCCN has titled this organizing strategy of TCCN members becoming data-capable “Body of Evidence” for ease of reference. Pulling directly from the language of the National Roadmap Initiative, the work can be described as **using quality data to improve health outcomes, develop sustainable models of care, and demonstrate health equity.** Body of Evidence undergirds and strengthens TCCN’s three mission pillars of “support, education, and representation” which translate into funding, education and advocacy.

Funders, legislators, team members, community supporters and every other conceivable constituent of a free and charitable program want to ensure that their time, money and participation truly make a difference. Testimonials, though moving and powerful, are best portrayed in a context of key descriptive data, such as volumes, demographics, outcomes, equity, monetary impact, etc. TCCN is committed to helping its members attain their chosen level of data competence. Without adapting to the changing environment, survival for resource-thin FCCs is not assured, and organizational survival is the basis for all future success.

#### **Components of TCCN’s Body of Evidence:**

Paralleling the National Roadmap Initiative, TCCN seeks to collect data on a handful of meaningful measures focusing on widely recognized health problems in Tennessee and nationally, including, but not limited to hypertension, diabetes, and depression. TCCN is also implementing the National Association of Free and Charitable Clinics (NAFCC) Standards of Care adopted last year to facilitate educational and process improvement. Other components of TCCN’s Body of Evidence are the annual membership survey and the TCI Software Rounds demonstration project in Tennessee (i.e., patient satisfaction software).

#### **Implementation Steps:**

- 1) The Council will:
  - a. identify clinical measures and protocols for network-wide implementation;
  - b. evaluate and endorse clinical pathways to improve health outcomes for select measures;
  - c. vet potential partners (financial, research, etc.) in building the Body of Evidence;
  - d. suggest educational programming to support member participation; and
  - e. address other identified topics at the Council’s discretion.

The Clinical Advisory Council will be comprised primarily, but not exclusively by clinicians. Interested clinical and non-clinical TCCN members will be identified via a survey and meetings will be held via Zoom, eliminating the need to limit participation.



- 2) TCCN will continue partnering with Target:BP to encourage participation by membership and to secure resources from Target: BP. As of June 10<sup>th</sup>, 2019, 18 TCCN members (including eight St. Thomas Medical Partners Clinics) registered to participate and 14 organizations submitted data for 2018.
- 3) TCCN has secured and will oversee the implementation of a free program for up to 20 members for up to one year using TCI Rounds software to evaluate patient satisfaction with service processes and delivery.
- 4) Partner with the Frist Foundation, HCA, Healing Trust, Medadoc, and other organizations to define a phased approach to implementing TCCN's Body of Evidence along with specific work steps and targets for each phase.
- 5) Complete year one of the implementation of TCCN's Standards of Care. Report findings to the TCCN Clinical Advisory Council and offer members training and resources to fill identified gaps in compliance with the nationally recognized standards.

### **TCCN'S PRIORITIES – PROGRAMMATIC GOALS**

#### **GOAL I: FUNDING - Organizational Members have access to new and additional funding that they would not otherwise have had.**

Objective A: Work with the General Assembly, the Governor's Administration and other healthcare decisionmakers to increase funding for the TN Safety Net Fund to allow all eligible free and charitable providers to receive partial reimbursement of costs for services to uninsured Tennesseans.

Objective B: Research, compile, and disseminate information on grants and other funding opportunities to Organizational Members at least annually.

Objective C: Continue to advocate for the creation of a Statewide Funding Consortium to provide financial support to address healthcare challenges that cross county and regional borders.

Objective D: Secure at least one major commitment from a Tennessee-based or national organization that provides financial and/or programmatic support to Organizational Members.

Objective E: Convene a Taskforce to identify and evaluate alternative revenue generation models to support the work of TCCN.





**GOAL II: EDUCATION - Organizational Members have knowledge and information with which to plan, deliver, and evaluate quality healthcare to vulnerable populations.**

Objective A: Ensure the delivery of relevant and timely education to support the implementation of TCCN’s Body of Evidence and other identified topics for educational programming. This education will be made available through webinars, conferences, regional meetings and the TCCN website (Member Section).

Objective B: Continue to collect and catalog best practices in the areas of fundraising, volunteer management, governance, and financial management for Organizational Members.

Objective C: In recognition of the outstanding learning that occurs when members gather together, work with the membership to identify and create new and exciting networking opportunities including the creation of a listserv for members.

**GOAL III: ADVOCACY – Address the gap caused by inadequate access to health insurance and inadequate access to quality health care.**

Objective A: Increase access to health care for uninsured, under-insured and underserved Tennesseans by providing technical assistance and program development services to free and charitable programs to strengthen and extend their program capabilities and service capacity.

Objective B: Support, advance, and protect the interests of and access to care for uninsured and underserved Tennesseans by expanding financial support for services.

Objective C: Through strong partnerships, collaborations and coalitions, support and advance legislative and administrative actions to protect and expand coverage and access to health care for all Tennesseans.

Objective D: Continue to develop and strengthen relationships with state, federal and local policymakers each year, through expanded Hill Day participation and targeted linkages between Organizational Members and key policymakers. *(Note: Objective D: includes the dissemination and advancement of a TCCN public policy agenda annually as*



*well as securing a Gubernatorial Proclamation acknowledging the work of TCCN members.)*

Objective E: Continue to develop TCCN's data capability initiative, Body of Evidence, to support messaging on the needs of the uninsured served by TCCN members and the value, quantity and outcomes of their services

Objective F: Develop an Advocacy Readiness Certification Program for members by offering structured advocacy training sessions that facilitate greater understanding of and effectiveness in advocacy efforts within the legislative and executive branch of Tennessee government.

Objective G: TCCN will work with TCCN members, partners and outside experts to develop training on the "Power of Story" which will result in an expanded, robust Story Library to help members more effectively communicate the needs of their patients and the impact of their services.

Objective H: Continue to advocate for the statewide expansion of My Health Care Home – an online directory that enables individuals to find free and charitable health care services based on their zip code or city/town name. Health care services include but are not limited to dental, medical, pharmaceutical, mental, and behavioral health.



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