

United States Coast Guard
HSWL Region Practice Seattle

Business Unit Plan
FY 2012



1 October 2012

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Foreword

The purpose of this Business Plan is to guide Coast Guard Health, Safety and Work-Life (HSWL) service delivery at District 13 Regional Practice in support of the priorities set forth in the Office of Health Services Strategic Plan 2008-2013. Support activities are vital to the execution of the Coast Guard's operational mission execution. This Regional Practice is a key link in the HSWL "systems" approach to meeting the needs of our beneficiaries. Training and supporting the Health Service Technician rating, integrating the functions of Work-Life Services and Health Services, maintaining a medically ready workforce and providing an organic medical capability while also seeking to realize productivity improvements, cost control and enhancement of quality and health outcomes is a major challenge.

This plan captures the tenets of Coast Guard Modernization and Health Services strategic priorities as they relate to the activities and initiatives that will be carried out over the next year and beyond. Assuring medical readiness, providing quality, accessible services, fully implementing the Virtual Lifetime Electronic Health Record (VLER) and continuous improvement of our business processes are critical to our Program's long-term success.

Our direct responsibility is to safeguard and improve the health and quality of life as well as enhance the safety of our members. We must find ways to improve our ability to provide medical care and other support vital to keeping Coast Guard members ready, agile and safe in an uncertain environment.

Our challenge is to strengthen, prepare and protect Coast Guard members.

J. G. Allen
LCDR, U.S. Coast Guard
Regional Practice Manager

Vision, Mission, and Values

Mission

The mission of the HSWL Regional Practice Seattle is to provide health, safety, and work-life services focused on beneficiary satisfaction and mission support.

Vision

The vision of the HSWL Regional Practice Seattle is to continually improve and optimize the care and services we provide to our beneficiaries in order to support the full range of Coast Guard missions and sustain the health of those entrusted to our care.

Values

We are an operationally focused organization committed to the Coast Guard's Core Values. The values of the HSWL Regional Practice Seattle are: Character, Integrity, Honesty, and Loyalty. The HSWL Regional Practice Seattle is committed to promoting these values:

Character. What we do when no one is looking. Truth is a result of consistent character.

Integrity. Our actions should consistently reflect our stated values.

Honesty. Our words must reflect the truth, even when it is unpleasant.

Loyalty. We must be faithful to the public, our chain of command, and each other.

Moral Courage. We need to do the right thing for the right reason, even if unpopular.

FY 2012 Strategic Goals

•The strategic goals of HSWL Regional Practice Seattle focus on the Quadruple Aim constructs of Readiness, Population Health, Experience of Care, and Cost Per Capita as they support past, present, and future Coast Guard strategic goals and initiatives, including: the CG-122 Strategic Plan; the Military Health System (MHS) Strategic Plan; the Commandant's Guiding Principles of Steady the Service, Honor Our Profession, Strengthen Our Partnerships, and Respect Our Shipmates; and environmental issues identified by the HSWL Regional Practice Seattle leadership. The HSWL Regional Practice Seattle leadership is comprised of, but not limited to the following individuals: Executive Staff; Work-Life Staff; Environmental Health and Safety Staff; Clinic Administrators at HSWL D13 practices. The strategic goals of HSWL Regional Practice Seattle are:

Strategic Goal 1. Providing health, safety, and work-life services to ensure a medically ready and deployable multi-mission Coast Guard force.

Strategic Goal 2. Developing and maintaining a competent and deployable Coast Guard medical and work-life force that is effective in its execution of the Coast Guard HSWL mission.

Strategic Goal 3. Delivering quality and evidenced based health programs that are accessible, efficient, improve patient outcomes, and enhance beneficiary satisfaction.

Strategic Goal 4. Practicing good stewardship of the Coast Guard health care benefit in support of Coast Guard missions.

Strategic Goal 5. Using health and business information and systems to support decision-making and maximize mission effectiveness.

HSWL Regional Practice Seattle Overview

Regional Description

HSWL Regional Practice Seattle provides health, safety, and Work-Life services for 3,192 active duty and 615 reserve Coast Guard personnel, and eligible family members within District 13. The services provided by the HSWL District 13 are performed in collaboration with many internal and external stakeholders and business partners:

HSWL Practice Staff. The HSWL clinic team among all four practices (Astoria, North Bend, Seattle, Port Angeles) is comprised of health services staff from three different sources: USCG health services staff (PHS and regular Coast Guard); General Schedule (GS) civilian employees; and contract employees. These individuals provide direct or indirect (support) health and dental care in support of Coast Guard missions.

Work Life Staff. The HSWL District 13 Work-Life staff provides services and products for Coast Guard families and members to balance the demands of work and family life. Specific Work-Life programs include: health promotion, food services, transportation assistance, family violence prevention and response, sexual assault prevention and response, special needs, and other programs. The HSWL District 13 Work Life Staff is comprised of a Transition Relocation Manager, Health Promotion Manager, two Employee Assistance Program Coordinators, two Family Advocacy Specialists, and a Family Resource Specialist.

Coast Guard Units. Each HSWL District 13 practice maintains various relationships with and oversight responsibilities of Coast Guard units in its region. These include:

- Each practice serves as the Primary Care Manager (PCM) for Coast Guard units that fall within the clinic's 40-mile catchment area. Enrollment data are found in Table 2 and enrollment by PCM data are found in Table 3. These units provide an aggregate enrollment for all HSWL clinics of nearly 2,200 active duty Coast Guard personnel.

- Designated Medical Officer Assignment (DMOA) and clinic oversight responsibilities for units and tenant units with assigned Independent Duty Health Services Technicians (IDHSs). DMOA and clinic responsibilities generally include: medical and dental readiness/operational health support and PDES support. PCM responsibility for active duty health care in these areas is provided by TRICARE Prime Remote or Department of Defense (DoD) Military Treatment Facilities (MTFs).

- Regional Pharmacy Officer (RPE) oversight of Coast Guard clinics without an assigned pharmacy officer;

- Medical, surgical and pharmaceutical supply support for IDHS units. The units for which each HSWL clinic provides DMOA oversight responsibilities and / or medical, surgical and pharmaceutical supply support are listed in Annex xx.

Coast Guard Health, Safety, and Work-Life Directorate (CG-11) and Health, Safety, and Work-Life Service Center (HSWL SERVCEN). The mission of CG-11 is: serve as advisor to the Secretary of Homeland Security; serve as advisor to the Commandant; develop and implement the Coast Guard's overall health care program; develop and implement the Coast Guard's overall safety program; develop and implement the Coast Guard's overall work-life program; administer

a comprehensive automated Medical Information System. As a supporting function of CG-11, the mission of HSWL SC is to interpret and implement health care policies as set forth by the Commandant; develop and implement the Coast Guard's overall Work Life, Health Services, and Safety and Environmental Health Programs for the Area; and serve as Health Care Advisor to FORCECOM. The HSWL SERVCEN's relationship with HSWL District 13 is to ensure compliance with Commandant HSWL programs and ensure the delivery of high quality health, safety and work-life services to beneficiaries.

TRICARE and TriWest. TriWest serves as the TRICARE Managed Care Support Contractor for the West Region. The function of TriWest is to provide referral management services for referrals made by in house providers and by specialists within the local TRICARE network. To ease the facilitation these functions, HSWL clinics. Each have a TRICARE Service Center (TSC) conveniently located within its facility with a referrals administrator who coordinates referrals.

Department of Defense (DoD). HSWL District 13's relationship with DoD is twofold: local Military Treatment Facilities (MTFs) that provide care for HSWL practice enrollees and the DoD personnel that represent a percentage of encounters or the enrollees at each HSWL clinic. Table 4 provides the number of non-CG beneficiaries that fall within a 50 mile radius of each HSWL clinic and Table 5 provides the nearest MTFs to each HSWL practice.

Pharmacy Customers. HSWL SC provides funding that allows the clinic to provide services to eligible beneficiaries. Coast Guard pharmacies with a pharmacy officer are required to utilize the DoD Basic Core Formulary (DoD BCF) as a guideline for maintaining Coast Guard MTF and clinic formularies.

Deputy Command for Mission Support (DCMS). Mission support modernization continued under "Mission Support 2.0", as an effort to better enable field mission support assets to have greater of operational command and control of operational logistics. As part of this effort, on 29 Aug 2010, the HSWL Support Activity (HSWL SUPACT) became the HSWL Service Center (HSWL SERVCEN), whereby the management of medical and dental practices and work-life staffs become a centrally managed operational model aligned under the HSWL program sponsor, The Directorate of Health Safety and Work-life (CG-11). This model uses the principles established by the Deputy Commandant for Mission support. HSWL SERVCEN has operational, technical and professional authority over the systems, services, techniques, practices and utilization of assets in the field for the delivery of health, safety and work-life services.

Challenges and Opportunities

A discussion of challenges and opportunities was conducted as part of Environmental Analysis of Opportunities and Threats section of this business plan. Challenges and opportunities that are high impact, high visibility issues for Regional Practice Seattle in FY 2012 include: developing processes and methods for controlling pharmacy expenses; increasing the visibility and effectiveness of all Work-Life Services within District 13; improving compliance to practice management principles in support of the Quadruple Aim and Patient Centered Medical Home (PCMH) in an effort to realize operational efficiencies and improve the quality of care; continually adapting to Modernization 2.0; making the concept of continuous quality improvement (CQI) an integral part of the HSWL District 13 culture.

CG-11 Direction

Understanding CG-11's Strategic Imperative's identified under the four Quadruple Aim constructs- Medical Readiness, Experience of Care, Population Health, and Per Capita Cost- provide the essential information for creating action plans and initiatives at the practice and regional level that truly operationalize business plans. Modernization 2.0 and the Quadruple Aim represent a substantial organizational shift in which all health, safety, and work-life functions and assets are vertically integrated to achieve economies of scale in delivering services to our stakeholders.

CG-11 FY12 Strategic Medical Imperatives

| Quad Aim | Strategic Imperative | Performance Measure(s) | Initiatives |
|--------------------|---|---|--|
| Medical Readiness | Individual Medical Readiness | Readiness compliance | <ul style="list-style-type: none"> Reserve Health Readiness Program (RHRP) for Periodic Health Assessment & Dental Screening for Reservists Track/identify deployment limiting conditions |
| | Family Readiness | EHR Work-Life Survey | |
| | Healthy workforce (Psychological) | Identify % completed of post deployment health medical needs | <ul style="list-style-type: none"> Conduct/track Pre and post deployment assessments (PDHA, PDHRA) Others to be developed |
| Population Health | Engaging workforce in healthy behaviors | Influenza management Adopt HEDIS measures Percentage of population over fat | <ul style="list-style-type: none"> Maintain influenza prevention program Monitor tobacco use Monitor weight program Integrate health lifestyle program HEDIS Women's health measures Identify and prepare for other emerging health threats Implement Population Health Portal access |
| Experience of Care | Evidence-based care 24/7 access to your team | Enrollee Preventive Health metric HEDIS Index Internal/external EPIC/MRRS Number of referrals by clinic provider External Accreditation | <ul style="list-style-type: none"> Develop system wide policy for access to Medical Home Effective Appointment template Management Monitor Medical Home initiative Identify elements of patient behavior, e.g. primary & specialty care visits per member per year |
| | Case Management Personal relationship with your provider | Effectiveness of care for complex Med/Social problems Satisfaction with health care | <ul style="list-style-type: none"> Continue Patient & Peer Satisfaction Survey; Medical Encounter Review System (MERS) Improve Medical Home |

| | Strategic Imperative | Performance Measure(s) | Initiatives |
|--|--|---|---|
| Per Capita Cost (Responsible Stewardship) | Optimize all product lines by using standard business planning processes | CG-11/HSWL Budget Execution/Performances Enrollment utilization of ER services | <ul style="list-style-type: none"> • Approval of clinic business plan submission • Maximize opportunities to identify and implement solutions that gain efficiency • Develop/implement staffing standard • Ensure AFC-57 FRMM Compliance • Adhere to AFC-57 Budget Model |
| | CFO Act compliance | Achieve Audit Compliance in Financial Processes | <ul style="list-style-type: none"> • Complete Electronic billing MOU with DoD • Achieve MERHCF billing • Achieve OHI Billing • Resolve weaknesses identified within DoD MTF claims processing • Identify and counter internal weaknesses in business processes |
| Learning & Growing | Function EHR | Implementation of CG EHR Provider satisfaction with EHR | <ul style="list-style-type: none"> • Sustain EHR • Maintain HIPAA Compliance • Conduct MIS Program Review Board • Enhance Coding Accuracy • Incorporation of provider input into selection of EHR |
| | Using research to improve performance | Product and Product Services | <ul style="list-style-type: none"> • Implement an in-house IRB |
| | Fully capable CG workforce | Complete EHR Training | <ul style="list-style-type: none"> • Monitor training database • Track organizational competency development • Complete PA/Med Admin force analysis • Identify IT enhancements to support provider effectiveness • Track AC&I improvements • Improve deployment of capability for contingency response • Add professional training courses |

Environmental Analysis of Opportunities and Threats

Where the previous section describes CG-11's Strategic Imperative's, a strategic analysis of the same is necessary to identify those issues that both enhance and restrict the HSWL District 13 from achieving its mission, vision, values, and goals. Sound strategic planning requires an organization to scan, monitor, forecast and assess the opportunities and threats of their environment in order to remain operationally viable and provide high quality health care. An assessment of each practice's and Work Life's internal environment requires an evaluation of services the HSWL provides as well as an evaluation of the support functions required for these service deliveries. Once an analysis is completed, then strategies will be formulated and implemented in the form of action plans and metrics to measure and evaluate their impact on a regular basis, as identified in the Goals Alignment section of this business plans.

Through a series of focus group meetings with 22 participants, the HSWL District 13 leadership identified those issues as most germane to their practice as identified in the *Trend Identification and Evaluation by the HSWL District 13* and *Environmental Trend Plot* (individual practice input follows these figures). Once the issues were identified, each participant was asked to: rank order the issues; consider the issue as an "opportunity" or "threat"; rate the short term impact of the issue; rate the probability of the issue continuing.

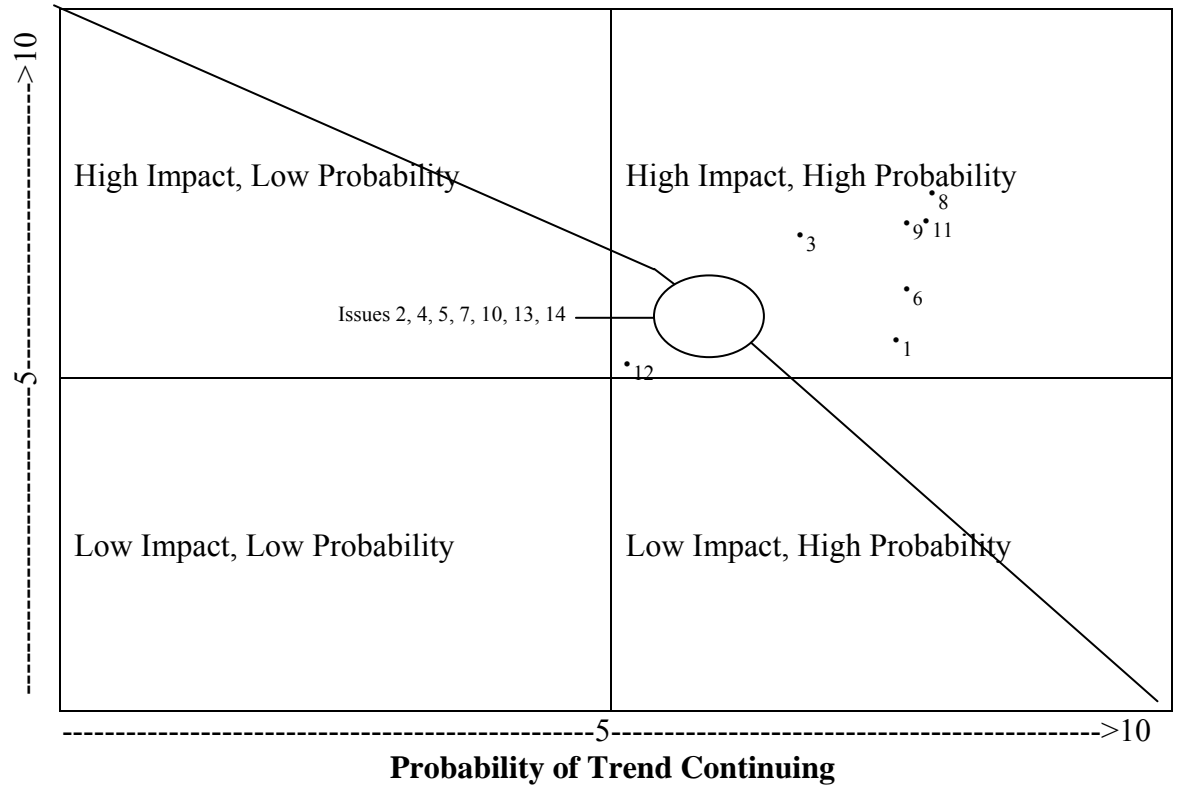
Trend Identification and Evaluation by the HSWL District 13

| Issue/Rank (Quad Aim Focus) | Opportunity/Threat | Evidence | *Impact on Our Organization (1-10) | **Probability of Trend Continuing (1-10) |
|--|-----------------------|--|------------------------------------|--|
| 1. AOR Medical & Dental Readiness (Manage Readiness) | >50% said Opportunity | Readiness remains CG-11's top priority. | 6.47 | 7.04 |
| 2. Training (Manage Readiness) | >50% said Opportunity | Training is critical to competency and supporting HSWL D13's customer base. | 6.68 | 6.33 |
| 3. Health promotion & prevention (Population Health) | >50% said Opportunity | Health promotion and prevention activities will improve readiness and HSWL response. | 7.38 | 7.13 |
| 4 Staffing and workload (Cost Per Capita) | >50% said Opportunity | Improving efficiency, effectiveness, and output is critical. | 6.44 | 6.39 |
| 5. Aviation Safety (practices co-located with CGAS) (Manage Readiness) | >50% said Opportunity | Determining "aviation safety" is critical to managing risk and time. | 6.60 | 6.20 |
| 6. Access to TRICARE network specialty care (Manage Readiness) | >50% said Opportunity | Timely access to specialty to providers is critical to maintaining readiness. | 6.90 | 7.30 |
| 7. QI program integration (All Quad Aim Elements) | >50% said Opportunity | An integrated approach to QI is a hallmark of medical group practice operations. | 6.60 | 6.40 |
| 8. Patient-centered medical home (All Quad Aim Elements) | >50% said Opportunity | Embracing the Patient Centered Medical home is essential for quality patient care. | 8.07 | 8.50 |
| 9. Case Management (Population Health) | >50% said Opportunity | Issues such as MEBs and high risk patients require interdisciplinary case management. | 7.64 | 7.77 |
| 10. Rapid organizational changes (Manage Readiness) | >50% said Opportunity | Organizational change is inevitable. A team approach is critical to managing change. | 6.33 | 6.67 |
| 11. Data quality management (Cost Per Capita, Population Health) | >50% said Opportunity | Reliable & valid non-clinical & clinical data are necessary to support decision making. | 7.64 | 8.23 |
| 12. Pharmacy formulary management (Cost Per Capita) | >50% said Opportunity | Developing a formulary based on the BCF is Coast Guard policy. | 5.50 | 5.50 |
| 13. DMOA / IDHS / SIDHS relationship (Manage Readiness) | >50% said Opportunity | A strong relationship among DMOAs, IDHSs, & SIDHSs is essential for readiness. | 6.88 | 7.11 |
| 14. Disaster Response (Manage Readiness) | >50% said Opportunity | Contingency planning better prepares HSWL stakeholders to provide better & timely service. | 6.00 | 6.43 |

***Rate the issue's impact on the HSWL District 13 AOR (1-will have no impact, 2-highly unlikely to have impact, 3- very unlikely to have impact, 4-unlikely to have impact, 5-neutral, 6-minimal impact, 7-moderate impact, 8-great impact, 9-greater impact, 10-greatest impact)**

****Rate the probability of the trend continuing (1-3 years) on the HSWL District 13 AOR (1-will not continue, 2-highly unlikely to continue, 3-very unlikely to continue, 4-unlikely to continue, 5-neutral, 6-minimal chance of continuing, 7-moderate chance of continuing, 8-great chance of continuing, 9-greater chance of continuing, 10-greatest chance of continuing)>**

Environmental Trend/Plot for HSWL District 13



Note. Plotted points indicate ranking, impact on organization, and probability of trend continuing:

Priority: 1. AOR Medical & Dental Readiness; 2. Training; 3. Health promotion & prevention; 4. Staffing and workload; 5. Aviation Safety (practices co-located with CGAS); 6. Access to TRICARE network specialty care; 7. QI program integration; 8. Patient-centered medical home; 9. Case Management; 10. Rapid organizational changes; 11. Data quality management; 12. Pharmacy formulary management; 13. DMOA / IDHS / SIDHS relationship; 14. Disaster Response

Strategic Goal Alignment

Regional and practice level goals in support of the Quadruple Aim should result from the previous Environmental Analysis of Opportunities and Threats section. Practice level goals are quality improvement action plans and initiatives that accomplish CG-11’s Strategic Imperatives. The following questions are answered through developing practice and regional level goals: What value-adding service delivery and support strategies contribute to CG-11’s Strategic Imperatives? What actions are required to accomplish CG-11’s Strategic Imperatives? What sequence should the actions be accomplished? Who will be responsible for accomplishing each action by the designated time? What additional resources will be required to accomplish each action in a timely manner?

In order to ensure successful strategy implementation, HSWL Regional Practice Seattle and each HSWL practice must:

1. Choose strategies that are rigorous, insightful, have vision, show ambition, and are challenging.
2. Make sure people know how the strategy will be implemented.
3. Ensure strategy is effectively communicated throughout the organization.
4. Assign responsibility for strategy implementation
5. Provide strategic leadership
6. Anticipate problems or roadblocks, and identify creative solutions.
7. Emphasize daily operations while keeping focused on the strategy

Implementing Practice and Regional Level Goals and Strategic Controls

Each area of HSWL District 13 must continue to review and develop their unit practice level goals to support the strategic goals. The strategic control system is a process of monitoring, evaluating, and adjusting situational analysis, strategy and strategic implementation to meet the deadlines, which will be accomplished through business planning meetings, Work-Life staff meetings, and Quality Improvement Focus Group Meetings. It involves removing barriers to excellence while continually working toward achieving the overall vision of the organization. Each of the following practice and regional are linked to CG-11’s Strategic Imperatives and Environmental Analysis of Opportunities and Threats. The naming convention for practice and regional level goals are listed below by Quadruple Aim in the below table and will be updated in this section throughout the FY..

Naming Convention for Practice and Regional Level Goals

| <u>Quadruple Aim</u> | <u>*Regional</u> | <u>Port Angeles</u> | <u>Seattle</u> | <u>North Bend</u> | <u>Astoria</u> |
|----------------------|------------------|---------------------|----------------|-------------------|----------------|
| Manage Readiness | RMR1, RMR2.. | PMR1, PMR1,... | SMR1, SMR2,... | NMR1, NMR2,... | AMR1, AMR2,... |
| Population Health | RPH1, RPH2.. | PPH1, PPH1,... | SPH1, SPH2,... | NPH1, NPH2,... | APH1, APH2,... |
| Patient Experience | RPE1, RPE2.. | PPE1, PPE1,... | SPE1, SPE2,... | NPE1, NPE2,... | APE1, APE2,... |
| Per Capita Cost | RC1, RC2.. | PC1, PC1,... | SC1, SC2,... | NC1, NC2,... | AC1, AC2,... |

*For FY 2012, Work-Life QI action plans and initiatives will fall under Regional efforts

| Goal Alignment | | |
|--|---|---|
| CG-11 Goal | Clinic Level Goal: (Medical Readiness focused) | Planned Measure/Metric |
| <ul style="list-style-type: none"> Medically Ready & Protected CG Members (Active/Reserve) | <p>RMR1. Develop a Regional QIFG. Exercising the QIFG on a regional level enhances the effectiveness of the QI program discussed in the Medical Manual because it encourages cross-fertilization of ideas and initiatives that improve healthcare delivery and the services we provide to our customers. Further, under the functional and organizational changes brought about the HSWL business and strategic planning process, the Quadruple Aim, the Patient Centered Medical Home, and Modernization 2.0, exercising the QIFG on a regional level supports the virtual medical group practice model.</p> | <p>RMR1. Regional QIFG + and measure the accuracy by which Regional QIFG: 1. Meetings are held on time; 2. Minutes are completed on time; 3. QI action plans and initiatives completion and effectiveness</p> |
| HSWL SC | | |
| <ul style="list-style-type: none"> Increased Expectation of Operational Response Capability | <p>RMR2. Enhance DMOA/IDHS relationship. Develop program that increased interaction between IDHSs and DMOAs by developing a calendar of regular site visits and hosting occasional regional conferences. We will also evaluate the distribution of DMOA units to consider assignment to other practice sites.</p> | <p>RMR2. Goal will be to visit DMOA units at least once a year and complete trip reports and discuss at BP meeting and QIFGs.</p> |
| HSWL Field Office | | |
| <ul style="list-style-type: none"> Regional goal that relates to improving medical readiness, operational capacity or a similar area. | <p>RMR3. Development of a Work-Life Meeting report format to capture high level, high impact evidence based activities and events to assess and review the effectiveness of the WL program.</p> <p>RMR4. Develop a Family Support Network and other family initiatives to improve family and member readiness to support the COMDT's focus on families and enhancements to Work Life Services (referencing COMDT's "Shipmates 11-Respect our Shipmates-Year of the Coast Guard Family").</p> | <p>RMR3. Complete initiative by end of CY 2011.</p> <p>RMR4. "Touch" as many beneficiaries with programs in D13 as possible.</p> |

| Goal Alignment | | |
|--|--|--|
| CG-11 Goal | Clinic Level Goal: (Experience of Care focused) | <i>Planned Measure/Metric</i> |
| <ul style="list-style-type: none"> Provide quality, accessible and efficient care, to include implementation of Patient Center Medical Home and Quadruple Aim concepts. | RPE1. Conduct a needs assessment (or other assessment method) to determine regional WL needs in an effort to better market and provide services to customers in partnership with other WL staff, health services, safety, and other specialists. | RPE1. Measure customer attitudes towards training and number of customers “touched”. |
| HSWL SC | | |
| <ul style="list-style-type: none"> Patient Centered Medical Home and the Military Health System’s (MHA) Quadruple Aim | | |
| HSWL Field Office | | |
| <ul style="list-style-type: none"> TBD | | |

| Goal Alignment | | |
|--|---|--|
| CG-11 Goal | Clinic Level Goal: (Population Health focused) | <i>Planned Measure/Metric</i> |
| <ul style="list-style-type: none"> Maintain and develop an operational response capability and operationally ready Coast Guard Medical Force. | RPH1. Develop a health promotion schedule and promote monthly health event at local practice and in region. HPM, clinic administrators, and clinic RNs should lead effort and partner with providers to develop health promotions. | RPH1. Perform at least six health promotions per year. |
| HSWL SC | | |
| <ul style="list-style-type: none"> The HSWL Command Achieving Full Operating Capability (FOC) | RPH2. Conduct a continual self assessment of WL QI assessment criteria in order to improve compliance to program requirements and deliver the full scope of WL services. Areas for improvement include better documentation in case management and increasing visibility and impact of WL services within the region. | RPH2. Achieve 95% or greater compliance to WL QI criteria. |
| HSWL Field Office | | |
| <ul style="list-style-type: none"> TBD | <p>RPH3. Develop a HSWL Seattle WL Division business and strategic plan and develop an evidenced based budget based on the WL Budget Model and WL Division business and strategic plan.</p> <p>RPH4. Develop WL role and criteria for involvement in Regional QI program and QIFG.</p> | <p>RPH3. Implement WL focus group to develop initiatives by January 2012.</p> <p>RPH4. Implement WL focus group to determine “best fit” for WL’s role in QI program by October 2012.</p> |

| Goal Alignment | | |
|--|---|---|
| CG-11 Goal | Clinic Level Goal: (Per Capita Cost focused) | <i>Planned Measure/Metric</i> |
| <ul style="list-style-type: none"> Support a CFO Act compliant Coast Guard Health Care Financial Management System and an overall increased emphasis on business planning for the Coast Guard's Organic Healthcare Delivery System. | <p>RC1. Develop, implement, and sustain a practice management plan that supports the Quadruple Aim, PCMH, and reductions in provider staffing at Air Station practices.</p> <p>RC2. Develop a pharmacy formulary to support services for active duty.</p> | <p>RC1. Use CG-11 benchmarks for: no show rate; provider productivity; patient satisfaction, other indicators.</p> <p>RC2. Obtain 90% to 100% compliance to Basic Core Formulary.</p> |
| HSWL SC | | |
| <ul style="list-style-type: none"> Increased Enterprise-wide emphasis on Business Planning | | |
| HSWL Field Office | | |
| <ul style="list-style-type: none"> | | |

| Goal Alignment | | |
|--|---|-------------------------------|
| CG-11 Goal | Clinic Level Goal: (Learning & Growing focused) | <i>Planned Measure/Metric</i> |
| <ul style="list-style-type: none"> Modernize health, safety & work-life organizational structure. Achieve full operational capability and modernization of Coast Guard Mission Support. | | |
| HSWL SC | | |
| <ul style="list-style-type: none"> Modernization of the Coast Guard Mission Support Organization | | |
| HSWL Field Office | | |
| <ul style="list-style-type: none"> | | |

Strategic Priorities

| FY 12 GOALS | PRIORITIES | TACTICS |
|--|---|--|
| <ul style="list-style-type: none"> ▪ Listing of Clinic Level Goals ▪ | <p>Operations</p> <p><u>Readiness</u></p> <ul style="list-style-type: none"> ▪ Meet the medical needs of all Coast Guard forces. ▪ Possess the right people with the right capabilities ▪ Prepared for all contingencies ▪ Good steward of funds. ▪ Safeguard personally identifiable health information. <p><u>Shaping Tomorrows Force</u></p> <ul style="list-style-type: none"> ▪ Recruit, train & retain the health care force for future mission demands. ▪ Provide qualified providers & critical support services to support clinic operations. ▪ Maintain training, equipment and direction that safeguards and prepares medical forces. <p><u>Quality, Economical Health Services</u></p> <ul style="list-style-type: none"> ▪ Implement strategies and business processes that build value and maximize outcomes. ▪ Develop plans and procedures that support standardized operations, clarify duties, and delineate preparatory responsibilities and provide other practices that structure all resources to be ready for a dynamic environment, in advance of need. ▪ Continually seek to identify and implement new programs that leverage emerging technology, best practices and other advances to establish an environment of continual improvement. <p><u>Customer Service</u></p> <ul style="list-style-type: none"> ▪ Focus efforts of | <ul style="list-style-type: none"> ▪ Specific strategies/tactics planned at the local level (major work initiatives for the year) |

The Way Ahead

Under Modernization 2.0, HSWL Regional Practice Seattle serves as the technical authority oversight for HSWL practices in Seattle, Port Angeles, Astoria, and North Bend and the WL Division at Base Seattle. Our staffs must remain flexible, adaptable, and responsive to changing threats, risks, and the legitimate needs of our stakeholders. While our fundamental objectives and statutory missions are unlikely to change, we will be prepared to shift our operational focus and resources in order to meet those objectives as external conditions change.

Plan Maintenance

- The Regional Practice Manager is responsible for reviewing and updating this Regional Service Plan. The Regional Practice Manager will guide the development and update the plan as business and strategic requirements change and under the direction of the HSWL Service Center staff.
- The Regional Practice Manager will meet with clinic administrators and executive staff monthly via business planning meetings and the Regional Quality Improvement Focus Group to review the progress of the plan and adjust the priorities as needed.
- The Regional Manager is responsible for the overall maintenance of this plan and will keep a running list of suggested changes for next year's plan.



