

Iowa Alliance in Home Care

Strategic Plan (7/1/2007 – 6/30/2010)

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Introduction

Strategic planning determines where an organization is going over the next year or more, how it's going to get there and how it'll know if it got there or not. The strategic plan of the Iowa Alliance in Home Care covers a three year period, is goals-based and will be results focused. Goals-based strategic planning is the best fit for the Iowa Alliance in Home Care and starts with a focus on the **Strategic Framework**.

Strategic Framework

Both people and organizations need to establish a strategic framework for significant success. This framework consists of:

1. **Vision Statement** - A **Vision** is a statement about what your organization wants to become. It should resonate with all members of the organization and help them feel proud, excited, and part of something much bigger than themselves. A vision should stretch the organization's capabilities and image of itself. It gives shape and direction to the organization's future. Visions range in length from a couple of words to several pages. Shorter vision statements are recommended because people will tend to remember their shorter organizational vision.
2. **Mission Statement - Mission or Purpose** is a precise description of what an organization does. It should describe the business the organization is in. It is a definition of "why" the organization exists currently. It should incorporate socially meaningful and measurable criteria addressing concepts such as the moral/ethical position of the enterprise, public image, the target market, products/services, the geographic domain and expectations of growth and profitability.
3. **Value Statement - Values** define how people want to behave with each other in the organization. They are statements about how the organization will value customers, suppliers, and the internal community. Value statements describe actions which are the living enactment of the fundamental values held by most individuals within the organization.
4. **Strategies** - The broadly defined four or five key approaches the organization will use to accomplish its mission and drive toward the vision.
5. **Goals and Action Plans** - Goals and action plans flow from each strategy. Goals enable each strategy to be accomplished. Goals should be **SMART** (i.e. specific, measurable, achievable, realistic and time-based).

Vision Statement

To maximize consumer knowledge of all services and products offered in the home setting and to serve as a cohesive and unified voice for the “in home” provider services community.

Mission Statement

To promote high quality, comprehensive, coordinated home care services for lowans and to serve as an organized and unified voice for the home care industry.

Value Statement

Develop and enhance interdisciplinary relationships among an increasingly diverse membership that maximizes consumer business opportunities.

Strategies

The following strategies, ~~plus with~~ associated goals and action plans, were developed ~~for~~ by the Iowa Alliance in Home Care board of directors with a focus on membership commitment, education, infrastructure and resources. All strategies support the Iowa Alliance in Home Care’s Mission Statement:

1. Create a Stronger Unified Voice for Home Care
2. Create a Comprehensive Leadership Development Program
3. Maintain and Expand the Membership Base
4. Maximize Benefits Available to Members
5. Develop New and Complementary Sources of Revenue

Create a Stronger Unified Voice for Home Care

Goal 1: Form the “Iowa Alliance for Health Services At Home (IAHSAH)”

Rationale: Through this all-inclusive organization representing all in-home service providers, a unified voice can emerge to articulate and champion home care in Iowa for both consumers and providers.

Action Plan

- a. Develop a new affiliated 501(c)(3) or 501 (c) (6) organization.

Timetable: Jul 2007 – Jun 2008

Status:

- *Name change to “Iowa Alliance in Home Care” in lieu of creation of new affiliated organization (July 2007).*

- b. Increase Advocacy clout from broader industry representation.

Timetable: Jul 2007 – Jun 2008

Status:

- *Greater visibility for home health agencies.*
- *Broader provider base awareness in process.*

Goal 2: Increase the scope and marketplace influence of the Iowa Alliance in Home Care

Rationale: More clearly convey to external and internal parties the comprehensive, multi-dimensional mission of the association.

Action Plan

- a. Maintain current 501(c)(6) Iowa Alliance in Home Care as a separate organization.

Timetable: Jul 2007 – Jun 2008

Status:

- *Name changed to “Iowa Alliance in Home Care” (July 2007)*

Goal 3: Increase the Level and Scope of Homecare Advocacy

Rationale: Greater state and national legislative visibility of home care in general, and home care issues specifically, will create a political environment where opportunities for positive outcomes (e.g. policy influence) are maximized.

Action Plan

- a. Expand on current legislative, regulatory and payer advocacy efforts.

Timetable: Jul 2007 – Jun 2008

Status:

- *Legislative advocacy has been expanded through:*
 - *New lobbyist contract*
 - *Evolution of “Day on the Hill” event*
 - *“Ask Me About Home Care” campaign*
 - *Coordination with NAHC on national issues*
- *Regulatory advocacy has been expanded through:*
 - *Dialogue with new DHS Director*
- *Payer advocacy has been expanded through:*
 - *Dialogue with new IME Director*

- b. Develop a comprehensive strategy to preserve and enhance reimbursement level and scope.

Timetable: Jul 2007 – Jun 2008

Status:

- *Industry-wide cost analysis with assistance from BKD*
- *Coordinated with BKD and IME on cost reporting workshops*
- *Development of coordinated talking points*

- c. Develop a consumer and media advocacy plan.

Timetable: Jul 2007 – Jun 2008

Status:

- *Engaged in talks with Marketing/PR consultant with home care experience*

Goal 4: Allow any Provider of “Services” or “Products” in the Home Setting to be Eligible as a “Provider” Member

Action Plan

- 1) Modify IAHC Bylaws

Status:

- *Modified IAHC Bylaws Article IV “Membership” Section I “Agency Provider Membership”: Membership is available to any ~~agency~~ organization that provides services or products in the home setting and which is recognized by the Iowa Alliance in Home Care as a provider of in-home health care services in the State of Iowa.*

An ~~agency~~ provider is defined as an organization that provides in-home health care services or products and maintains its own budget and/or financial statement or maintains its own location or designated personnel or has its own provider number. (July 2007)

Create a Comprehensive Leadership Development Program

Goal 1: Create Opportunity for Board Officers to Maximize their Leadership Contribution

Action Plan

- a. Modify IAHC Bylaws
Timetable: Jul 2007 – Jun 2008

Status:

- *Modified IAHC Bylaws Article I "Officers" Section II: The Officers shall be elected by the Board of Directors from its membership who have served on the Board, at a minimum, the previous year and shall serve for a term of ~~one~~two (2) years. Officers may be elected to three (3) successive terms, but shall not serve ~~another consecutive~~ terms in the same office ~~until a lapse of at least one (1) year.~~*

Goal 2: Develop Formal Orientation Programs for all Members Serving in New Roles (i.e. Board, Committee, HHA Management)

Action Plan

- a. Develop a formal orientation program for all new board members.
Timetable: Jul 2007 – Jun 2008

Status:

- *Developed "New HHA Director Orientation" Program (January 2008)*
- *Developed quasi formal "New Board Director Orientation" Program (i.e. new board members are sent an information packet with follow-up call with Executive Director to address questions)*

Maintain and Expand the Membership Base

Goal 1: Simplify Membership Structure with only 2 Membership Categories (i.e. Provider, Associate)

Action Plan

- a. Bylaws Modification: TBD
Timetable: Jul 2007 – Jun 2008

Status:

- *“Provider” and “Associate” remain the two most prevalent membership categories and where most alliance resources are allocated.*
- *Additional emphasis on developing an “Individual” membership is targeted for this fiscal year.*
- *Emphasis will be placed on the new “Affiliate” membership category*

Goal 2: Include all service providers that comprise or complement Home Health Agencies as “Provider” members

Action Plan

- a. Develop outreach activities targeted at prospective members.
Timetable: Jul 2007 – Jun 2008

Status:

- *New, non-traditional “Provider” members have been successfully recruited but additional work remains to be completed.*

Strategy 3: Identify all individuals or organizations eligible to be an “Associate” member

Action Plan

- a. Evaluate all existing Associates, recommend modifications and identify bylaws changes required.
Timetable: Jul 2007 – Jun 2008

Status:

- *Considerable effort last year to accomplish this with work continuing this year.*

Maximize Benefits Available to Members

Goal 1: Expand Association “Professional” and “Support” Staff Resources

Rationale: Additional staff resource will enable IAHC to more timely address membership clinical inquiries and free up Executive Director time to focus on association management and long-range plan implementation activities.

Action Plan

- a. Add 0.5 - 1.0 professional staff resources to provide “Clinical Services and Community Outreach” services either through contract or employment.
Timetable: Jul 2007 – Jun 2008

Status:

- *A Professional Services budget has been included the past couple of years to secure contracted services as needed.*
- *Member volunteers (i.e. board members) are utilized as much as possible.*

- 1) Add 0.5 - 1.0 support staff resources to provide “Clerical and Administrative” services either through contract or employment.

Timetable: Jul 2007 – Jun 2008

Status:

- *A 0.8 FTE support staff position was included in the FY 2010 budget. Note: The person hired for this position is working closer to 0.5 FTE.*

Strategy 2: Maintain and expand existing traditional membership services

Action Plan

- a. Expand on existing level of Advocacy, Communication and Education services.
Timetable: Jul 2007 – Jun 2008

Status:

- *1.0 FTE staff hired in February 2008 has greatly enhanced membership education and membership activities and freed up Executive Director’s time for additional advocacy.*

- b. Consider improved communication strategies for members – peer to peer.

Timetable: Jul 2007 – Jun 2008

Status:

- *The “Iowa Home Care Exchange” blog was recently developed to create an easy member-to-member exchange format.*

- c. Work on reimbursement.

Timetable: Jul 2007 – Jun 2008

Status:

- *Medicare and Medicaid advocacy efforts are ongoing.*

- d. Work with board to include further independent financial, technical and industry expertise.

Timetable: Jul 2007 – Jun 2008

- e. Look to the future and anticipate membership needs.

Timetable: Jul 2007 – Jun 2008

Strategy 3: Develop new non-traditional membership services

Action Plan

- 1) Develop “Premium” fee-for-service structure.
- 2) Build services around:
 - a. Data
 - b. Marketing
 - c. Consulting
- 3) Look to the future and anticipate membership needs.

Timetable: Jul 2007 – Jun 2008

Goal 4: Develop a “Council” to Represent the Unique Interests of each Type of “Provider” Member (i.e. Home Infusion, HME)

Action Plan

- 2) Evaluate all existing councils and recommend additions, modifications and deletions.
- 3) Redefine “Disciplines” as “Councils”.
- 4) Identify bylaws modifications required .

Timetable: Jul 2007 – Jun 2008

Goal 5: Update Standing Committees to Complement Staff Resources and Address New Membership Requirements

Action Plan

- 1) Modify IAHC Bylaws Article III “Committees” Section I “Standing Committees”: The President shall select Board Members to be chairpersons of the association’s Standing Committees. The Board of Directors shall approve all selections. The Treasurer shall chair the Finance Committee.
 - a. Bylaws
 - b. Finance
 - c. Long Range Planning
 - d. ~~Governmental Affairs~~ Advocacy
 1. Legislative
 2. Regulatory
 3. Payer
 4. Media
 - e. Membership

- f. ~~Member~~ Education
 - 1. Member
 - 2. Consumer
 - g. ~~Consumer Education~~
 - h. Public Relations & Marketing
 - i. Data
- 2) The “Marketing & Public Relations” Committee will devel
 - 3) The “Data” Committee will be charged with identifying, collecting (i.e. type, frequency, source) analyzing, reporting (i.e. authorized member access) and storing data from various sources.

Timetable: Jul 2007 – Jun 2008

Goal 6: Create “Paraprofessional” Section

Action Plan

- 1) Identify and Address Issues of Specific Relevance to Paraprofessional Personnel (i.e. Home Health Aides).

Timetable: Jul 2007 – Jun 2008

Develop New and Complementary Sources of Revenue

Goal 1: Reduce the overall budget contribution from Membership Dues to no more than 50%

Action Plan

- 1) Identified Revenue Sources and Target Contribution percentages:
 - Dues – 25%
 - Education – 50%
 - Products & Services – 25%

Timetable: Jul 2007 – Jun 2008

Goal 2: Bring IAHC Dues in Line with other State Home Care Associations and Commensurate with Organizational Financial Requirements

Action Plan

- 1) Implement last phase of previously approved dues structure increase.
- 2) Simplify Dues Structure by reducing current 7 levels to 4 levels:
 - Level 1 - \$650/yr
 - Level 2 - ?
 - Level 3 - ?
 - Level 4 – \$2,450

Timetable: Jul 2007 – Jun 2008

Goal 3: Develop a Diversified and Expanding Range of “Premium” (i.e. non-dues, “pay per use”) services that Complement “Standard” (i.e. covered by dues) Services

Action Plan

- 1) Create and implement accelerated market entry and development plans.
- 2) Develop ‘affinity’ programs to support the membership; including on-line learning opportunities, web based education, pod casts, etc.
- 3) Group purchasing opportunities
- 4) “Job board’ postings on the Association web page
- 5) Opportunities to access additional services (consulting, etc.) on a cafeteria/premium basis

Timetable: Jul 2007 – Jun 2008