OPCA 2023 Strategic Plan						
Mission	Lead the transformation of primary health care to achieve health equity for all					
Vision	Health equity for all Oregonians					
Values	Social Justice, Integrity, Collaboration, Innovation, Data Driven					
5-Year Plan Milestone	By 2024, OPCA Community Health Centers (CHCs) are indispensable leaders and innovators in comprehensive and equitable primary care in Oregon with data proving our value.					
	Long Term Strategic Objective	Short Term Strategic Objective				
Domain	5-Year Goal	2023 Objective	2023 Measures (KPIs)			
Equity	By 2024, OPCA is recognized by internal and external stakeholders as a leader and partner in reducing health inequities by addressing social determinants of health and identifying best practices to repair the intentional and unintentional harms of structural oppression	By 2024, continue to align and integrate programs and policy priorities under OPCA's AsPIRE to Equity framework to achieve racial and health equity, and social justice priorities.	 Convene a cohort of at least 3-5 health center health equity leaders to evaluate the tools in the AsPIRE (Assess, Prepare, Implement, Redesign, and Empower) to Equity Resource Library for health center use. Design and facilitate a virtual equity learning series to share resources from AsPIRE and create a space for health center peer-to-peer learning. The OPCA Quality Improvement Collective (subcommittee) will provide training and technical assistance to improve health center social needs data collection to meet current and future OHA metric requirements. 			

in pri	riders and experts rimary care and th equity.	reinforces health center value to key stakeholders, community partners, lawmakers and state agencies.	p cl 3. C co d	Assess awareness of OPCA brand and its affiliated entities with members and external stakeholders to inform how OPCA's value proposition is received and begin implementation of necessary changes. Cultivate new, and reinvigorate current advocates within health centers, by institutionalizing advocacy structures that are collectively developed, coordinated and applied across the health center model in Oregon.
enga techi and t prom cento comp servi patie and e	prehensive ices that improve ent experience establish CHCs as ers in care model sformation in	By 2024, OPCA will provide programming and share learning opportunities to support CHC workforce priorities including recruitment and retention, resiliency and wellness, as well as programming to support care delivery innovation, integrated care team development, and value-based care.	p tr ir 2. Ir b le w 3. So le fo h 4. So ir	Develop and implement a workforce learning community that will provide workplace recruitment, retention, and resiliency tools, and training and/or strategies that promote the development of traumanformed organizations. Implement a new Strategic Workforce Planning health center cohort building on and advancing the work of the 2022 pilot cohort with at least 33% of member participation to support the need for training in workforce planning. Support integrated behavioral health by providing training and shared learning opportunities to at least 50% of member health centers focused on the themes of highest priority identified in the behavioral health integration assessment. Support and advance value-based care and payment through the mplementation of activities and strategies in the approved VBC/P workplan and gather health center feedback on plan progress and direction.
Mem Netw struc		By 2024, demonstrate relevance and value to strengthen participation for sustainability and growth of OPCA and the Network, while ensuring strategies are	1. W R N p 2. O	Work with the Northwest Regional Primary Care Association and Region 10 PCAs to develop and implement an annual joint Member Needs Assessment and incorporate outcomes into strategic planning, programming, and priority setting. DPCA will work with Network to identify priorities for coordination and integration, streamline processes, and improve alignment and

		aligned and opportunities for integration are optimized to amplify collective impact.	coordination opportunities to increase access and participation in key initiatives while jointly advancing health center recognition and influence. 3. Have a multi-year sustainability plan to include membership structures and funding diversification with targets and goals for growth.
Data	By 2024, OPCA will have access to robust quality, cost, access and equity data that is representative of 75% of patients served, and at least 60% of CHCs that demonstrates the value of CHCs in health system transformation to key local and national stakeholders.	By 2024, Implement a data solution to meet the aligned and unique needs of OPCA and Network health centers in collectively owning and managing the data needed to demonstrate health center value and succeed in valuebased care, including timely cost, quality, attribution, social risk, and APCM data.	 In collaboration with Network and Care Oregon, plan and implement a data platform (support development of data oversight group, support contracting with vendor and funders, support development of vendor implementation plan, support initial implementation). Measure: % of expected health centers implemented by end of 2023 (to be determined in contracting with Arcadia).
Emergency Preparedness	By 2024, OPCA's membership will have emergency plans and planning tools to support provider and staff resilience, business continuity, and health center sustainability.	By 2024 OPCA member FQHC emergency plans will include planning tools for emergency operational status procedures, establishing local and county partnerships, and developing staff resiliency.	 All member FQHCs will sign and be informed of the (MOU) process to report any closures or changes to operations due to a declared emergency and OPCA will additionally be evaluating needed changes to emergency communications processes to better support our members in emergencies. At least 75% of members will connect with key partners including Dept. of Human Services; Local Public Health Authority; County Emergency Managers and local Community-based Organizations for community and organizational level planning. At least 30% of members will participate in training for developing staff resiliency during emergencies. At least 10% of members will share their emergency plans with OPCA to further provide support for peer FQHCs to develop updated emergency plans.