



Codman Square
Health Center

Strategic Planning Committee

Meeting Minutes

Thursday 2/9/23 11 a.m.

Attendees:

Marva Serotkin, Desiree Otenti, Robert MacEachern, Sandra Cotterell, Tony Stankiewicz, and Auribus Consulting representatives Mete Habip and Philip Bates.

Commencement:

11 a.m.

Introductions:

Of those present.

PPT Presentation – Introduction to Auribus:

Mete presented information on the firm, clients, approach, sample projects and best practices for strategic planning.

Committee discussion:

Committee members and Auribus representatives opened dialogue for discussion, including:

- The firm's approach to strategic planning (assessment, where do we want to go, strategic plan).
- Committee not focused on operational efficiency, but eco-system matters – and looking for a partner that can bring that to the table.
- Auribus discussed 3 likely areas of focus on the project: 1. Workforce shortages; 2. Health equity; and 3. Telehealth.
- Auribus is not about organizational transformation, but data collection, what is happening in an organization, analysis of emr/her/data for revenue optimization.
- Auribus is very analytical, fiscal and financial focused, building models, concrete and tangible, not just mission and vision, meaningful, actionable, and beneficial.

-Committee discussion on our Randolph strategy, growth, transformational growth, following members to where they live, our plans over next 3 years and beyond. Growing at the right pace?

-Auribus has been thinking about growth – revenue optimization is narrow ... but growth is key (more services to patients, new service areas, acquisition of another chc?).

-Beyond family medicine (FM) at Randolph – what would we need (specialties, right workforce, and right technology).

-Auribus – profitability and quality analysis is important. They need to be balanced. Growth should be a focus for every project.

-Committee – quality is determined by social determinants of health (SDOH), growth needs to take into account public health and mission. All of this has a finance implication.

-Committee – how do we facilitate a dialogue like above on growth, quality and SDOH? It needs to be facilitated. And there is a lot of work to be done in these areas.

-Auribus – facilitated dialogue should include patients and community members.

-City-wide community health needs assessment (CHNA) – for all voices to be heard. BMC also has a vision to make Boston healthiest city.

-Committee – want this effort to be actionable, not put on the shelf, reinforce foundation of daily operations, and growth forward.

-Committee – values consultants for:

1.new ideas

2.what are we missing

3.how are we responding to community changes.

4.engaging new residents (mpox patient singing CSHC praises)

5.new community members – need to include

6.new Board members representative of our locations (Randolph)

7.partnerships – revisit them, right ones, new ones?

8.staffing morale- how do we support staff (e.g. emergency funds?)

9.engagement of a consultant at a higher and larger level

10.how technology can inform additional feedback

-Auribus discussed representative of constituents important, rising to opportunities presented, being entrepreneurial, effectiveness working on partnership strategies, having a good culture / award mechanism for staff, making sure branding included in all of these efforts (key ingredient).

-AURIBUS DROPS OFF CALL per Sandra. Thank you ... we will get back to you.

-COMMITTEE MEMBER discussion only:

-Desiree – we need to decide what we really need and want

-Bobby – which consultant (Auribus / Babson) has skills to address our needs?

-Marva – firms are pretty similar, hard to find someone that can provide BOTH visioning and data, Auribus is traditional strategic planning firm, Roslindale is not Codman.

-Sandra – Auribus has access to BMC elite.

-Sandra – difficult to find a consultant that has it all, need to determine our current state / assessment, we are required to do a CHNA, could use Auribus to get current assessment and CHNA, getting documentation to focus and prioritize, facilitate dialogue, would like Auribus to get us this assessment and CHNA, get our current state, and they may start working w/us “differently” (beyond this) once we get rolling, Babson not capable of providing this current state / assessment.

-Sandra – start with CHNA, current state – more informed discussion to inform our strategic plan, are we ready to build another health center, BMC growth strategy beyond local, will ask Auribus for a proposal for current state, assessment, including Randolph, and will use this to inform us where we are going.

-Marva – agrees – although disappointed not able to find one firm that can do both – assessment and visioning.

-Sandra – assessment is key, especially w/new leaders on board – for education purposes.

-Next steps:

1.Auribus – proposal requested (include eco-system discussion); and

2.Babson - message = need to look at assessment and current state first, complete CHNA, then think design thinking opportunities w/them.

Adjournment:

12:15 p.m.

Respectfully submitted,

Tony Stankiewicz, CAO/COS

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