HIV/AIDS Patient-Centered Medical Homes:
SWOT Analysis Exercise

STRENGTH, WEAKNESSES, OPPORTUNITIES AND THREATS (SWOT) ANALYSIS

The SWOT (**S**trengths, **W**eaknesses, **O**pportunities and **T**hreats) Analysis is a useful strategic management technique which originated from the business world and has been utilized for many years. The concept of the SWOT is to assist organizations in gaining an understanding of who they are and where they want to be. Before a Ryan White agency decides to initiate the process of becoming a patient-centered medical home (PCMH) it is important to assess resources and to identify human capital both internally and externally. The SWOT Analysis exercise allows the agency to identify specific action steps to address based on weaknesses discovered during the exercise. This exercise can be used during a regular staff meeting or with a meeting of clinic leaders. It is recommended that the SWOT Analysis be followed by the development of an Action Plan in your efforts to become a PCMH.

Purpose:	➢ To recognize major changes in practice transformation that would be needed to become a PCMH. ➢ To identify the strengths and weaknesses of your agency as they relate to your current model of care and alignment with the needed building blocks and change concepts associated with successful PCMHs. ➢ To understand the resources and capacity for change within your agency/clinic, as well as the external opportunities and threats that encompass the larger institution and community. ➢ To set the stage for action planning by the helping the team to identify positive forces and potential barriers that will position you for a successful transformation to a PCMH.
Materials	➢ Flip chart paper, flip chart markers, and tape OR a dry erase board. ➢ Copies of Handout 1, "What is a SWOT Analysis?" for each person in attendance.
Duration:	45 minutes
Advance Preparation	**Consider who will facilitate the exercise. The facilitator should read "What is a SWOT Analysis?" in advance. It is important that the facilitator has a robust understanding of the purpose and goals of a SWOT Analysis to best engage and lead staff through the exercise.** ➢ Use a dry erase board or flip chart paper. Create a SWOT analysis in the format you choose [a chart (four columns), or a matrix (four squares)]. Label each column or square with the following headings: Strengths, Weaknesses, Opportunities and Threats. If using flip chart paper, you may want to adhere it to the wall so that your group can see what ideas come forward. ➢ Think of ways to make it fun and to encourage participation.
Activity:	➢ Begin by explaining the purpose of the Analysis, specifically highlighting that this is a way to identify the strengths, weakness, opportunities and threats that influence the institution's transformation into a PCMH. Explain that this exercise will allow the team to work as a unit to address areas that need additional attention as well as to highlight and appreciate team assets and successes.

	NOTE: This exercise can be done as a large group or small group exercise. If there are eight or more individuals participating, split into small groups of at least four individuals. Ask each group to select a recorder and a presenter. The recorder's role is to take notes and the presenter will present the recorder's notes during the report out session at the end of the exercise. Some group(s) may choose to have the recorder to serve dual roles.
	➢ Distribute copies of Handout 1 "What is a SWOT Analysis?" and allow five minutes for each person to read the document.
	➢ Reconvene the group and ask if anyone has questions or comments about what a SWOT analysis is or how it will be used to further PCMH development.
	➢ Consider sharing additional examples to illustrate each category. Remind the group that strengths and weaknesses should be identified within the organization, while opportunities and threats should be identified as external to the organization. Possible additional examples include :
	Strengths - great quality management team, longevity of the staff
	Weaknesses - lack of leadership, no electronic medical record
	Opportunities - collaboration with a medical neighborhood, peer navigators
	Threats - state funding, competition with other agencies
	➢ Give the group(s) 20-30 minutes to brainstorm and record the strengths, weakness, opportunities and threats as they relate to PCMH development. Encourage them not to rule out any ideas at this stage.
	➢ Provide a ten minute warning to the group(s) before the allocated end time for the exercise.
	➢ Once a list has been generated, it may be helpful to refine it to the best 10 or fewer points so that the analysis can be more valuable. Come to some consensus about the most important items in each category.
Follow-up Discussion:	**The facilitator will lead the group through a discussion after completing the exercise. Questions that may help to elicit a conversation include:** ➢ What did you learn from this exercise? ➢ What additional resources do we need to assist with becoming a patient-centered medical home? ➢ Are there additional internal or external items we neglected to mention? ➢ Which weakness should we prioritize to improve? ➢ What are some ways we can collaborate with other agencies? ➢ How can we work within our limited budget and still provide the best health outcome? ➢ What strategies can we use to obtain leadership/and or staff buy in? ➢ How can we continue to show appreciation for the strengths found in our organization? ➢ How can we take advantage of future opportunities? ➢ Which item under "***Threats***" concerned you the most? Why? ➢ What additional training could be provided that would encourage growth in the organization?
Next Steps:	The HIV-MHRC recommends that the SWOT analysis be used to create an action plan and strategies for furthering practice transformation and/or PCMH recognition.

HANDOUT 1

HIV/AIDS Patient-Centered Medical Homes:
What is a SWOT Analysis?

A **SWOT** analysis is designed to help an organization identify **S**trengths, **W**eaknesses, **O**pportunities, and **T**hreats as the organization is planning for new initiatives or solving problems. When planning to become a PCMH, the SWOT analysis should help an agency identify positive forces both within and outside the organization and potential barriers in the institution or in the community that should be addressed during the planning process. By identifying each of the areas, an agency can consider them in planning and address them throughout the process.

Strengths and weaknesses should be identified within your organization and include both resources and experience. Strengths may be "big picture" areas such as "Our staff readily adapts to new policies and procedures" or particular areas that relate to becoming a PCMH such as "Our agency has a system in place already that connects patients with a clinician at any time the practice is not open. This is a component of enhanced access."

Opportunities and threats should be identified that are external to the initiative. These may be from the local community, the regulatory or fiscal bodies, or the larger society. These are often factors that your organization does not control. Examples of an opportunity could include future increases in third party reimbursement or the potential for increased coordination and communication with Ryan White funded community-based case management agencies. A threat might be the lack of knowledge of the benefits to becoming a PCMH in the community you serve or the proportion of patients who are already receiving their primary care from another agency.

Using a SWOT analysis, the internal and external factors that may impact on becoming a PCMH can be addressed as the team develops an Action Plan for your agency.

This is a brief tool to assess leadership strengths in your organization. It is taken from a larger Assessment of Organizational Capacity developed by Partnership HealthPlan of California for a group of Community Health Centers who are undergoing transformation to Patient Centered Medical Homes. Please answer each question from the perspective of your organization. If there are several people from your organization attending this workshop, you may collaborate on the answers. (used with permission from Partnership HealthPlan of California)

	Major Opportunity for Improvement	Opportunity for Improvement	Functional in Area	Highly Functional in Area
Values/ Organizational Culture	No written description of values or organizational culture	Written list of organizational values/principles exists, but not always reflective of reality	Leadership team discusses organizational culture, but is not coordinated or sustained in efforts to sustain/enhance this culture	Senior leadership team aligned and all contribute to strengthening organizational culture
Score	0 1 2	3 4 5	6 7 8	9 10 11
Organizational Communication	Senior leadership often fails to have timely communication with managers and staff	Major issues are often presented to managers and staff after decision is made by senior leadership	Major issues are discussed by senior leaders and managers and then sometimes presented to staff and the community in an intentional way	Senior leadership team has systemic ways of communicating with managers, staff and the community
Score	0 1 2	3 4 5	6 7 8	9 10 11
Leadership Energy	Leaders constantly busy putting out fires, no time for projects	Leaders mostly putting out fires; occasionally work on projects	Leasers spend most of their time on projects, but day-to-day operational issues not well monitored	Leadership team members successfully balance management of crises, oversight of major projects AND have weekly time to focus on strategic issues
Score	0 1 2	3 4 5	6 7 8	9 10 11
Leadership Coordination	Leadership team acts independently of one another with little or no communication	Leadership team acts independently of one another with good communication	Leadership team coordinates some activities better than others	Leadership team is well coordinated in its approach to all significant issues
Score	0 1 2	3 4 5	6 7 8	9 10 11
Leadership Development	No formal or organized method for developing internal leadership skills	Some senior staff have participated in leadership training, conducted by outside organizations	Most senior staff have completed leadership development activities. Some training of internal staff on leadership skills occurs	Organization has its own internal leadership development program which is part of the strategic plan
Score	0 1 2	3 4 5	6 7 8	9 10 11
Leadership Engagement	Leaders mainly work in their own offices. Front line staff not involved in major initiatives	Front line staff included on some major project teams	Front line staff included on all major project teams. Senior leaders occasionally shadow staff	Senior leaders interact with front line staff on a structured basis at least once a month
Score	0 1 2	3 4 5	6 7 8	9 10 11

HIV Medical Homes Resource Center (HIV-MHRC)

ASSESSING RYAN WHITE AGENCY READINESS: FACTORS TO CONSIDER IN PCMH PRACTICE TRANSFORMATION

The following questions are designed to help your team begin to assess how you want to change your practice as you move toward becoming a patient-centered medical home with patient-focused teams.

1. What do we want to accomplish?

➢ What are our goals?

➢ Where do we hope to see the organization next year?

➢ What is our vision for the organization in five years?

Consider the eight change concepts of PCMH in your discussion (engaged leadership, developing a quality improvement strategy, empanelment, continuous and team-based healing relationships, organized, evidence-based care, patient-centered interactions, enhanced access, care coordination). Experts in PCMH note that engaged leadership, quality improvement and empanelment are the foundational concepts that must be in place for the other changes to be successful.

2. Where do we start?

➢ Which of the eight change concepts of PCMH are already being implemented in our practice?

➢ Which of the eight change concepts should be considered first/prioritized?

3. Beginning with one area of change, what are our internal resources?

➢ Is this concept in place at our site? If yes, how is it implemented or demonstrated?

➢ Can we provide documentation that shows that we are meeting the core elements of the concept?

➢ Do we need to modify the goals we set?

➢ How can we focus on gaps and areas of needed improvement?

– What is the selected certifying agency requiring for implementation and documentation of this concept? (Note: to be addressed after the certifying agency has been determined)

4. Who should be on our project leadership team?
- Do we have clinical, administrative/operational and IT representation?
- Do we have an innovator? Risk taker? Team player? Communicator/Listener? Problem solver? Detail-oriented individual?
- What does this team need to learn to be effective?

5. How should we communicate with administration, staff and other stakeholders?
- What do they need to know about PCMH? e.g., What is PCMH? What does the certification process look like?
- For staff:
    - Why this is PCMH development/certification important and what will it take?
    - What is their role in the process?
    - How will their job be affected (both short and long term)?
    - What can they do to support the initiative?
- Other stakeholders
    - What are the short and long term benefits of certification (reimbursement, status, facilitating change)?
    - Justify investment of time and resources
    - Describe resources needed to succeed

6. Do we understand certification options, and are we ready to decide from which certifying agency to seek certification?
- Accreditation Association for Ambulatory Health Care (AAAHC)
- National Committee for Quality Assurance (NCQA)
- The Joint Commission
- URAC (formerly the Utilization Review Accreditation Commission)

Key Steps in Transforming Your Practice to Become a Patient Centered Medical Home – the Role of Leaders in This Effort

1. **Understanding the PCMH Framework: its history, principles, key components and the certification/recognition/accreditation process.**

   ➢ Patients are central to this model-this is the foundation.

   ➢ The PCMH framework promotes formalizing care processes and formalizing systems.

   ➢ Essential components of the PCMH model such as providing comprehensive primary and supportive care; working with a CAB; and accountability for quality reporting are all components of Ryan White (RW)programs and are foundational characteristics to the PCMH.

   ➢ Challenges for RW programs: using technology and documentation to convert informal processes into formal systems. Although RW programs are oriented to the patient-centered approach, systems are not always optimal and technology and administrative processes may not be in place to support the care team in ways that ensure coordinated and timely care. The quality improvement process and reporting may also not include communicating with all members of the care team, your Board and your patients.

2. **Communicating to Boards, patients and staff**

   ➢ Senior leaders (CEO/ED/CMO/Medical Director/COO) need to be the first to articulate project goals.

   ➢ It is important to communicate how obtaining PCMH certification/recognition fits in with your organization's overall strategic vision to key stakeholders (Boards, patients and the care team). Does your mission and vision emphasize patient centered care and other components of this model?

   ➢ This activity helps to build support, gain organizational commitment and buy-in. If your mission and vision do not include explicit language about becoming a PCMH you will need to work with your Board, clinic leaders and staff and consider including in your next internal strategic planning meeting. We have asked you to conduct a SWOT analysis and an action plan. Consider these actions when completing your SWOT and action plans.

   ➢ It is important to develop presentations targeted to both staff and Board members. These presentations should include basic information about the PCMH model and the certification/recognition/accreditation process; provide specific details to staff about why obtaining the certification is important, what it will take, roles and responsibilities, and how specific jobs will be affected. For Board members they will want to know more about benefits of the certification/recognition/accreditation process to reimbursement, justification for investing so much time and energy into this effort, and gain support for resources needed (selecting the project lead, and key staff members, discuss the need for protecting time of these individuals, consider external consultation, and technology needs).

3. **Deciding what you want to accomplish and setting goals**

   ➢ Assessing where you are and your intentions related to seeking certification/recognition/accreditation. Place this process within a broader framework of working toward a true PCMH. This process will help build momentum to keep moving the transformation process forward.

   ➢ Organizations need to decide whether they will seek recognition/certification from (Joint Commission, NCQA, Accreditation Association of Ambulatory Health Care, others)

   ➢ Understand the requirements of the certification/recognition/accreditation you are seeking

➢ After this has been determined effort needs to be centered on understanding the very specific requirements of these certification/recognition/accreditation activities so that a concrete and realistic action plan (with responsible persons, activities and timelines) can be developed. For example, for NCQA, you will want to decide which recognition level you will obtain and the Joint Commission requires that all clinics (if in a multi- site organization) obtain certification together.

➢ Both NCQA and the Joint Commission also offer specific training on their requirements which is worth considering.

➢ Reviewing your policies and procedures, and writing and implementing new ones where needed is also among the first activities necessary for the project team. Organizational leaders also need to be engaged in this activity for successful implementation to occur.

4. **Identifying your project team, assessing your internal resources and developing your action plan and timeline**

   ➢ Identifying the right members for your PCMH project team will be the key to your success.

   ➢ Are you the "lead leaders" or the operational team who will do the transformation work? The highest ranking members of the organization should select and recruit team members. Ask yourselves if you are the right team and whether you have the right people working on this effort?

   ➢ It is important to carefully choose your team and provide a specific charter from leadership (including a clearly articulated goal, support and identified timeframe). This team needs to be appropriately resourced, prioritized and paid attention to throughout the process.

   ➢ Specific activities include identifying appropriate team size and members, if you are multiple sites you will want to include members from each site who are familiar with the culture and operations of multiple sites in your organization.

   ➢ Project goals and scope will determine number and types of team members needed.

   ➢ Think about a successful QI effort and the team members and approach that helped make this a success.

   ➢ Tips: personally recruit each project team member and meet with them face-to-face to discuss goals, specific terms and expectations.

       – Decide whether one team or multiple small teams will be used. If multiple teams select a strong overall project lead.

       – You may want to consider team building activities associated with this project. You may also need to conduct leadership training or seek this out for your organization. Strong, thoughtful and engaged leaders who are also good communicators will ensure success.

       – To assess your internal resources and capacity for this work refer to your SWOT analysis

       – One activity that can be very helpful is to conduct the baseline PCMH self- assessment. NCQA has one and there are many others available.

       – Assess your technology as it is also beneficial to this work. Relevant technology includes: a practice management system that facilitates day to day scheduling and billing, e- prescribing that allows electronic submissions directly to pharmacies, a registry that collects clinical data on patients, tracks test and facilitates care planning and population health, and EMR and health information exchange which is typically built in to many of the EMR systems today.

Adapted from:
Primary Care Development Corporation (2009). *Obtaining Patient-Centered Medical Home Recognition: A How to Manual*.

HIV/AIDS Patient-Centered Medical Homes

SHARE THE CARE: WHO DOES IT NOW?

Understanding and defining roles and responsibilities of members of the patient care team so that each role reflect the skills and credentials of each team member is important to the success of the Patient-Centered Medical Home. This exercise is used to assess responsibilities of team members by identifying specific tasks and responsibilities of the team within the clinic. The information is helpful to understanding where work can be assigned for greater effectiveness and that each medical professional is working to the top of his/her license or training.

Purpose:	➢ To enhance multidisciplinary, team-based care by identifying current roles and responsibilities of care team members to begin to recognize the roles that others on the team can and do play. ➢ To gain an initial understanding of where work can be assigned or "shared" for greater effectiveness. ➢ To create an opportunity to discuss new ways to share patient care responsibilities among team members.
Duration:	30-60 minutes
Advance Preparation and Introduction:	➢ Consider who will facilitate the exercise. Roles such as the practice administrator/operations manager are often best positioned to facilitate a discussion about roles and responsibilities. The facilitator will need to then customize the tool to reflect roles and responsibilities that are seen within the clinic. ➢ Consider clinical and non-clinical roles such as front desk receptionist, social worker, etc. Make as many copies as necessary to share with those participating in the exercise. ➢ Consider using this exercise during a regular staff meeting or with a meeting of clinic leaders. The facilitator will need to explain the purpose specifically highlighting that this is a way to gain a deeper understanding of "Sharing the Care"- that patients can be cared for by a team, and each team member has roles and responsibilities based on everyone contributing by working to the top of their license and training. To mitigate fear of change that may come from discussions about changes to job descriptions this exercise helps by beginning the conversation about new ways to share patient care responsibilities among team members for an improved patient experience and streamlining of tasks. ➢ Think of ways to make it fun and to encourage participation.

Activity:	➢ Distribute the tool and ask team members to complete it by placing a check mark on the various tasks currently assigned to team members. Remind the group that some columns could have several check marks as more than one staff member may currently be performing that activity. In some cases it may be helpful to focus on the role with the main responsibility for a specific activity; however it may also be helpful to understand where duplication of effort is occurring.
Follow-up Discussion:	**The facilitator will lead the group through a discussion after completing the exercise. Questions that may help to elicit a conversation include:** ➢ What did you learn from this exercise? ➢ Are there certain roles that seem to have more responsibilities than others? Are there legitimate reasons for these assignments such as scope of practice/unique technical skills etc. or are they based upon history or other factors? ➢ Are there opportunities to consider reassigning activities to better share responsibilities across roles? Can responsibilities be shared among team members in new ways to reflect the skills, abilities and credentials of team members? ➢ What workflow would we like to see within our clinic? ➢ What concerns do you have about reassigning activities? ➢ Reassigning of activities requires trust among team members. Trust is essential and often has to be built overtime as teams develop. What is our level of trust among team members? ➢ Do we need to develop tools, such as standing orders to help teams clarify delegated activities? What can we do to assess the strengths, interests, and skills of the team? ➢ What training is needed to support changes to roles and responsibilities?

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SHARE THE CARE: WHO DOES IT NOW?

Directions

Place a tick mark in the column that matches who is currently charged with doing the task in Column 1. If more than one person, you can place a tick mark in more than one column. Then, add up the tick marks vertically and place the total number of tick marks in the Totals row.
Note: Primary Care Provider (PCP) = physician, nurse practitioner, or physician assistant

Who Does It Now?					
Tasks	**PCP**	**RN**	**LVN/LPN**	**Medical Assistant**	**Pharmacist**
Orders routine CD4 counts and viral loads per national guidelines					
Approves refills of anti-viral meds for patients with stable labs					
Offers preventive counseling					
Counsels patients on colorectal cancer screening					
Reviews lab tests to separate normals from abnormals					
Notifies patients of normal health care maintenance lab results.					
Reviews HIV registry and contacts patients overdue for lab work and contacts patients overdue for quarterly/yearly labs					
Review medication with patients (what is taken, how, when, how much)					
Administers screening tools to patients for depression using PHQ 2 and PHQ 9					
Follows up by phone with patients treated for depression					
Totals					