

# Value-Based Care Strategic Planning Tool, V4



The Value-Based Care Strategic Planning Tool will assess your health care organization's (HCO) capacities (leadership, resources, processes, infrastructure, etc.) to deliver value-based care (VBC). VBC provides better care, improved community health, and smarter spending (lower costs). The VBC Strategic Planning Tool assesses 80 specific capacities or best practices categorized under eight topic headings. The topic headings are interrelated and codependent; thus, capacities may fit under more than one topic heading.

For each capacity, please rate the degree to which the capacity is developed and implemented in your HCO. Alternately, some capacities may be better assessed by degree of adoption (alternate response in parentheses). The six response options are:

- **Fully developed and implemented:** The VBC capacity is fully developed and implemented throughout the HCO. (The HCO has fully adopted this capacity.)
- **Developed, incompletely implemented:** The VBC capacity is developed, but incompletely implemented throughout the HCO. (The HCO has nearly adopted this capacity.)
- **In development:** The VBC capacity is in development but has not been implemented in the HCO. (The HCO has partially adopted this capacity.)
- **In discussion:** The VBC capacity has been discussed within the last two years, but no development activity is occurring at the HCO. (The HCO is considering adopting this capacity.)
- **Not applicable:** The VBC capacity has been discussed by the HCO in the last two years but was determined to be not applicable. (The HCO does not plan to adopt this capacity.)
- **Not considered:** The VBC capacity has not been considered by the HCO in the last two years. (The HCO has no plans for this capacity.)

Not all capacities will fit perfectly with the response choices. Please select the closest, or most appropriate, response.

What is your name? \_\_\_\_\_

What is your HCO's name (doing business as)? \_\_\_\_\_

What is your email address? \_\_\_\_\_

**A. Governance and Leadership** - Decision-making authority, strategy development, leadership performance, and high-level HCO processes designed to deliver VBC.

	Fully developed and implemented	Developed, incompletely implemented	In development	In discussion	Not applicable	Not considered
1. The HCO publicly identifies better care, improved community health, and smarter spending as priorities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The HCO demonstrates commitment to equitable access, treatment, and outcomes for everyone in the community. (e.g., in strategy, policy, and operations).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The HCO governing body regularly evaluates value-based performance metrics with benchmark comparisons (i.e., clinical quality, patient satisfaction, community health, and cost of care).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The governing body includes clinicians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Senior leadership engages clinicians in operational decision-making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The senior leadership team includes positions, identified by title and/or job description, who have clear accountability to improve clinical quality and patient safety, improve the patient experience, advance community health, and lower total costs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Senior leaders' performance evaluation and compensation are partly linked to value-based care performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Senior leaders employ regular "walkarounds" to support staff in delivering value-based care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The HCO invests in community-based resources that address health related social needs, support individual well-being, and improve community health in settings other than the facilities of the HCO.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The HCO has a specific strategy to address organizational or programmatic affiliations designed to enhance its ability to participate in VBC.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any other comments about your Health Care Organization's governance and leadership capacities?

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**B. Care Coordination** - Care coordination (particularly during care transitions and for patients with complex care needs) that facilitates patient-centered care, improved clinical outcomes, and efficient resource use.

	Fully developed and implemented	Developed, incompletely implemented	In development	In discussion	Not applicable	Not considered
1. The HCO uses data to identify individuals at risk for poor outcomes and/or high resource utilization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The HCO assigns care coordinators to patients at risk for poor outcomes and/or high resource utilization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The HCO ensures that care coordination and transition support services are utilized for hospitalized patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The HCO refers patients and families to community-based organizations (e.g., public health agencies, schools, human service agencies, community groups, and faith-based organizations) to support care coordination and transition management by addressing health-related social needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The HCO receives follow-up information from community-based organizations after patient referrals (i.e., “closed loop referrals”).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Non-traditional health care workers (e.g., community health workers, community paramedics health coaches, or patient navigators) are part of the care coordination team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The HCO ensures that appropriate advanced care planning (ACP) processes are in place, and that ACPs are documented and communicated across care settings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The HCO establishes clear lines of responsibility and communication between care coordinators and case managers assigned by the HCO, payer(s), and/or social service agencies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any other comments about your Health Care Organization's care coordination capacities?

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**C. Clinical Care** - Clinical care efforts and processes designed to deliver VBC within traditional medical care settings.

	Fully developed and implemented	Developed, incompletely implemented	In development	In discussion	Not applicable	Not considered
1. The HCO regularly measures and improves access to care (e.g., wait time for routine appointments and ED wait times).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. A same-day scheduling system allows primary care practices to offer same day appointments to all patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. An after-hours care system (e.g., practice call line and extended clinic hours) supports access to care that can help reduce emergency department use for individuals with non-emergent conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The primary care workforce is clinically integrated with the hospital, and other specialists and clinical providers (e.g., shared clinical protocols, interoperable electronic health records, and common performance improvement measures).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Primary care practices are accredited health homes (patient-centered medical homes).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The HCO proactively ensures preventive care (e.g., action lists of due/overdue services and Medicare wellness visits).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The HCO increases access to services to better meet patient needs locally (e.g., through telehealth, group visits, and other alternative patient encounters).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Behavioral health professionals are integrated with primary care clinicians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Primary care clinicians refer patients to specialists, ancillary services, and hospitals that deliver high-quality care at lower cost.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The HCO incorporates evidence-based guidelines into clinical prompts, workflow, and practices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Processes and training are in place to assure appropriate access to palliative care support, hospice services, and end-of-life care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any other comments about your Health Care Organization's clinical care capacities?

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**D. Community Health** - Assessments and strategies designed to reduce disparities and to enhance the health of all individuals in a community regardless of age, gender, race, ethnicity, and socioeconomic status.

	Fully developed and implemented	Developed, incompletely implemented	In development	In discussion	Not applicable	Not considered
1. The HCO defines and regularly reviews population size and demographic data including health disparities based on factors such as race, ethnicity, and socioeconomic status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The HCO regularly reviews and develops strategies to address health needs as identified through a community health needs assessment (or similar process).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The HCO has an identified champion with specific accountabilities for community health improvement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The HCO has staff expertise and dedicated resources to support community health initiatives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The HCO works with other community organizations to identify shared goals and implement initiatives to address prioritized community health needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The HCO implements community preventive health and wellness programs in addition to those that directly promote current HCO services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The HCO offers wellness programs, benefits, and/or incentives to its employees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The HCO works with other partners and organizations to help meet individual health-related social needs and to address social determinants of health more broadly in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any other comments about your Health Care Organization's community health capacities?

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**E. Patient and Family Engagement** - Active involvement of patient/family decision-making and preferences in health care design and delivery.

	Fully developed and implemented	Developed, incompletely implemented	In development	In discussion	Not applicable	Not considered
1. The HCO has strategic action plans with measurable objectives which focus on improving patient and family engagement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The HCO has policies and practices in place to recognize families and other care partners as essential members of the care team (different from “visitors”).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The HCO provides care options for a variety of cultural, spiritual, and personal preferences (e.g., food options, religious and spiritual practices, care plans that accommodate personal needs).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The HCO has a patient/family advisory council (or equivalent) that reflects the diversity of the community served.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Senior leaders employ regular “walkarounds” interacting with patients/families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The HCO provides patients with user-friendly health education resources specific to the patient’s condition(s) and need(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Patients have secure and user-friendly access to their care team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Clinicians use shared decision-making approaches and decision aids for clinical conditions in which evidence-based care can vary by patient values and preferences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The HCO policies and actions support patients and families following error or harm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any other comments about your Health Care Organization's patient and family engagement capacities?

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**F. Performance Improvement and Reporting** - HCO performance measurement and reporting designed to advance better care, improved community health, and smarter spending.

	Fully developed and implemented	Developed, incompletely implemented	In development	In discussion	Not applicable	Not considered
1. The HCO senior leadership uses data regarding clinical quality, patient satisfaction, clinician and staff satisfaction, community health, and cost to drive strategic decision-making and evaluate performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Performance compared to benchmarks is widely shared within the HCO.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The HCO publicly reports data regarding clinical care, patient experience, cost performance, and health disparities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Performance data presentation is tailored to the needs of each intended audience such that the data are actionable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The HCO actively works to limit potentially avoidable utilization (e.g., readmissions, inpatient admissions, and emergency department visits) for individuals with conditions that could be managed in non-hospital settings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Standardized care processes are implemented to reduce variation unrelated to unique patient needs and preferences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Continuous quality improvement techniques are embedded in clinician and staff training and processes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The HCO proactively participates in improvement initiatives and campaigns offered by external organizations which align with internal quality improvement goals and needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any other comments about your Health Care Organization's performance improvement and reporting capacities?

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**G. Health Information Technology** - Electronic systems to support patient care, population health management, and clinical and organizational planning and decision making.

	Fully developed and implemented	Developed, incompletely implemented	In development	In discussion	Not applicable	Not considered
1. The HCO has a comprehensive health information technology (HIT) strategy to support value-based care that responds to continually evolving stages of federal and state mandates and incentive programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The HCO uses the electronic health record (EHR) to create a continuity of care document (CCD) containing at a minimum: problems, allergies, and medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The HCO EHR supports medication reconciliation using an interoperable health information exchange.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Clinicians exchange patient health information with other HCOs through interoperable EHRs and/or a health information exchange in a timely way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Clinicians and care teams across settings and organizations receive electronic alerts regarding patient status changes (e.g., ED visit, hospital admission, hospital discharge, and transfer).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Clinical practice guidelines are used to trigger alerts and/or reminders in the EHR to support clinical decision-making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The HCO uses a population health data system to help manage population health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The HCO clinicians use e-prescribing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Clinicians use prescription drug monitoring programs to monitor prescribed controlled substances (e.g., opioids).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Predictive analytic tool(s) identify patients at high risk for poor outcomes and/or high resource utilization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The HCO regularly audits the HIT system to ensure data accuracy and uses a mitigation plan to resolve data discrepancies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The HCO employs data analytics to track service utilization at external organizations (e.g., claims data).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. The HCO ensures complete and accurate diagnostic coding to support appropriate risk-adjustment based on hierarchical condition category (HCC) coding.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any other comments about your Health Care Organization's health information technology capacities?

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**H. Financial Risk Management** - HCO capacities that moderate risk of harm or optimize risk of benefit relative to VBC.

	Fully developed and implemented	Developed, incompletely implemented	In development	In discussion	Not applicable	Not considered
1. The HCO monitors changes in the market (and market share) for different service lines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The HCO can forecast profit and loss when assessing alternative payment contracts (e.g., shared savings and bundled payment).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The HCO can validate payer-defined cost targets and risk-adjustment methodologies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The HCO gains direct experience managing both financial and medical risk by self-insuring or contracting with a self-insured employer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The HCO has partnered with a payer or other organization participating in payer-driven initiatives (e.g., ACO or bundled payment program) to control costs or manage a specific patient population.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The HCO implements projects to increase organizational efficiency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Financial strength (e.g., profit margin and reserves) allows the HCO to accept the risk of spending greater than targets.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. If the HCO participates in risk contracts, stop-loss insurance or risk corridors are in place to mitigate financial risk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The HCO has access to capital to develop new value-based care initiatives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The HCO continuously monitors revenues compared to cost to deliver services, including alternative modalities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The HCO employs a cost-accounting system capable of quantifying cost per encounter/service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The clinician compensation system includes value-based incentives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. The HCO has a documented and approved plan to distribute shared savings or pay-for-performance bonuses among clinicians (e.g., physicians) and/or other HCOs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any other comments about your Health Care Organization's financial risk management capacities?

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## Value-Based Health Care Strategic Planning Tool



Please take a few minutes and answer these last few demographic questions. This information is necessary to create reports that will be beneficial to your organization.

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In which of the following is your health care organization located?

- Metropolitan Statistical Area (urban)
- non-Metropolitan Statistical area (rural)
- unknown

Is your health care organization located in a HRSA-designated Frontier area?

- no
- yes
- unknown

Please select all the choices that describe the institutions in your health care organization:

- Critical Access Hospital
- Inpatient Prospective Payment System Hospital
- Hospital- or health system-owned outpatient clinic
- Independent outpatient clinic
- Rural Health Clinic
- Community Health Center or Federally Qualified Health Center
- Other (please indicate health care organization type below)

Which of the following best describes your health care organization's affiliations status?

- Independent
- Owned by a health system
- Managed by a health system
- Other affiliation arrangement (please indicate below)

What was your health care organization's net patient revenue last fiscal year (patient revenue after contractual allowances)?

- <\$10 million
- \$10 million - \$30 million
- \$30 million - \$50 million
- \$50 million - \$70 million
- >\$70 million
- Unknown

## Value-Based Health Care Strategic Planning Tool

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**Thank you. You have completed the Value-Based Health Care Strategic Planning Tool.**

Would you like to see a summary report of your responses to the Planning Tool?

Yes

No

Would you like to be added to the email distribution list for announcements from the RUPRI Center for Rural Health Research and the Rural Health Value project?

Yes

No