Pittsburgh Mercy
Strategic Plan
Fiscal Years
July 2019-June 2022
Pittsburgh Mercy is a person-centered, population-based, trauma-informed community health and wellness provider. We’re an integrated health care home and the region’s only Certified Community Behavioral Health Clinic (CCBHC). We reach out and offer help – and hope – to some of our community’s most vulnerable populations: people who have physical and behavioral health challenges; people who have intellectual disabilities; and people who are experiencing addiction, homelessness, abuse, and other forms of trauma.

Our mission is to be a compassionate, transforming, and healing presence within our communities. Pittsburgh Mercy is a member of Trinity Health. We serve in the tradition of the Sisters of Mercy, a religious congregation of women founded by Catherine McAuley in Dublin, Ireland, who brought caring, compassionate service to Pittsburgh in 1843. More than 175 years later, the Sisters of Mercy legacy of community-based service and “feet on the streets” approach to care continue throughout The Pittsburgh Mercy Family of Care®.

In spring 2019, Pittsburgh Mercy leadership began the planning process to develop the strategic priorities that will define and give greater focus to our efforts over the next three years. Development of the plan was rigorous, thorough, and inclusive of both internal and external stakeholder feedback. The result list priorities are both challenging and achievable. Most importantly, the plan establishes the framework for our future growth, mission’s advancement, and funding to assure we can be a transforming, healing presence in the communities we serve.

The plan contains four guiding pillars:
- Improving Care
- Funding Care
- Responding to Social Influencers of Health
- Engaging Colleagues

### Improving Care

By June 2022, Pittsburgh Mercy will be a collaborative system of care, recognized for leadership in caring and services for specialized populations. We will meet people where they are and address their needs based on their personal wellness goals. We will deliver a continuum of care characterized by population health technology and evidence-based, innovative best practices. We will address population health through impacting three longitudinal measures.

**Measure 1: Increase Quality of Life Score for persons served in continuity of care programs as measured by 60% of the population will have an improved score by at least 15% DLA-20.**

The Daily Living Activities 20 (DLA-20) is an evidence-based tool that measures the quality of life for persons served. It includes outcomes measurement and monitoring supports for persons served living with mental illness, substance use, and intellectual disorders to manage their treatment, as well as children living with mental illness. The utilization of an overall quality of life metric will provide an indicator that is meaningful to the person served and is holistic.
**Measure 2: Reduce tobacco prevalence for persons served in continuity of care programs by 15% by June 2022**
Tobacco use continues to be the number one preventable cause of death in the United States. Tobacco use is one of the main reasons that persons with severe mental illness have a life expectancy 20-25 years less than the general population. Pittsburgh Mercy will focus on addressing these disparities.

**Measure 3: Reduce obesity prevalence for persons served in continuity of care programs by 10% by June 2022**
Obesity continues to rise nationally. There has been a steady increase in the obesity rates since the 1980’s. In the last few years, it has plateaued for youth, but it is still a significant issue. Similar to tobacco, obesity is a main cause of decreased life expectancy for persons living with severe mental illness and a disparity for vulnerable populations.

**Funding Care**
By 2022, Pittsburgh Mercy will develop a step-based approach toward increasing our alternative payment models (APMs) for revenue. Nationally, APMs include improvement in quality of care while managing the total cost of care. The Health Care Payment Learning & Action Network (LAN) has developed an APM plan for Medicaid. Pittsburgh Mercy is developing a work plan to help prepare for APMs.

**Measure 4: 25% of persons served in continuity of care programs will generate revenue from APMs**
Increasing funding through APMs will demonstrate improvement in quality and total cost of care for our continuity of care persons served.

**Measure 5: 50% of persons served in continuity of care programs will shift 10% of costs from acute care (emergency department, inpatient, skilled nursing facilities) to ambulatory care (includes respite).**
Pittsburgh Mercy will focus on creating clinical pathways that allow persons served the best care at the right time and in the most appropriate setting. While acute care services are a critical part of the continuum of care, ensuring that persons served have the best clinical services in the ambulatory setting is optimal. Pittsburgh Mercy will attempt to capture this shift in funding through analyzing the costs for persons served in various settings.

**Measure 6: Close the funding gap in care for programs which are not fully funded by at least 50%**
Pittsburgh Mercy will collaborate with programs that are not fully funded to address the gap. Through innovative approaches to increase revenue or control costs, closing the funding gap will help ensure long-term sustainability.

**Responding to Social Influencers of Health (SIoH)**
The SIoH have a significant effect on the health and well-being of individuals. Pittsburgh Mercy will focus on impacting three SIoH over the next three years. Pittsburgh Mercy will collect two standardized questions for each of the SIoH, within all programs, which utilize Electronic Health Records (EHRs). Evidence-based SIoH tools were used to identify the standard questions. The goal will be to show an impact in at least 10% of persons served who remain in the program at least one year after the initial collection of information.

**Measure 7: Decrease food insecurity by 10% on two standard questions for persons served in continuity of care programs after one year.**

**Measure 8: Increase employment by 10% on two standard questions for persons served in continuity of care programs after one year.**

**Measure 9: Increase housing stability by 10% on two standard questions for persons served in continuity of care programs after one year.**
Engaging Colleagues
By 2022, Pittsburgh Mercy will improve the well-being and engagement of colleagues; fostering an organizational culture that is supportive, diverse, and inclusive while enhancing joy and “Mercy for All.”

**Measure 10:** Pittsburgh Mercy will work with colleagues to develop two initiatives to improve colleague engagement.

**Measure 11:** Pittsburgh Mercy will implement “Mercy for All” for current colleagues and incorporate training into new colleague orientation.

Continuity of care programs are defined as Integrated Dual Diagnosis Team (IDDT), Community Treatment Team (CTT), Pittsburgh Mercy Family Health Center (PMFHC), Enhanced Clinical Service Coordination (ECSC), and Outpatient Psychiatry.

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**CORE VALUES**
Reverence • Commitment to Those Who Are Poor • Justice
Stewardship • Integrity • Community • Courage