

Implementation Plan for Needs Identified in Community Health Needs Assessment for

*Mecosta County Medical Center d/b/a
Spectrum Health Big Rapids Hospital*

FY 2013-2015

Covered Facilities: Note: Mecosta County Medical Center officially merged with Spectrum Health System as of July 1, 2013, and is now known as Spectrum Health Big Rapids Hospital (SHBRH).

Community Health Needs Assessment: A Community Health Needs Assessment (CHNA) was performed in March 2012 by Arbor Associates to determine the most significant health needs of the community served by Mecosta County Medical Center/Spectrum Health Big Rapids Hospital (“Hospital”). Focus groups were conducted among senior citizen residents of the Big Rapids Housing Authority, members of the Hospital Auxiliary and among members of the Mecosta-Osceola Human Services Collaborative body. The MDCH Chart book for Mecosta County was also used as a reference in assessing community health need, as was the health needs assessment committee of District #10 Health Department.

Implementation Goals: The hospital has determined that the following health needs identified in the CHNA should be addressed through the implementation strategy noted for each such need:

1. Access to Health Care-

Specific needs identified in the CHNA

Access to Primary Care - Community Health Needs Assessment, Arbor-Associates for Mecosta County Medical Center. The ratio of population to primary care physicians in Michigan is 1,119:1 while in Mecosta County it is 1,608:1. – Appendix 5

- Key Objectives
 - Increase the number of service hours and the number of practicing primary care providers accepting Medicare and Medicaid patients.
 - Recruit and retain additional family practice and obstetrician/gynecologists to serve area population.

- Implementation Strategies
 - Conduct annual medical staff survey.
 - Evaluate recruitment needs bi-annually and refine annual recruitment strategy.
 - Collaborate with Spectrum Health System to assist with recruitment of primary care and specialty needs.

- Focus Administrative activities on collaboration with the SHBRH medical staff in order to continually assess their needs.

Status: Primary Care

- Two new family medicine providers have been added to the staff of the medical practice, improving access to primary care and increasing the provider to population ratio.
- An additional obstetrician/gynecologist was also added to the staff in 2013.
- Transition in the area of pediatrics is receiving current attention.
- Recruitment and retention of key providers remains a high priority with assistance from Spectrum Health System.

Specific needs identified in the CHNA

Access to Cancer Services – *Community Health Needs Assessment, Arbor-Associates for Mecosta County Medical Center. Phone respondents listed Cancer Treatment Services as “important” in a range from 71 per cent (Canadian Lakes) to 78 percent (Big Rapids and Over 65). – Pg. 11*

- Key Objectives
 - Support and enhance referrals to the Susan P. Wheatlake Regional Cancer Center.
 - Continue to offer the Wheatlake Cancer and Wellness Center at SHBRH.
 - Continue to provide Specialty Clinic access to Oncology services at SHBRH.
- Implementation Strategies
 - Encourage detailed feedback information from patients to engage and assist with their primary care and specialty needs.
 - Share regional referral data and opportunities with the Regional Cancer Center and evaluate results.
 - Engage in marketing partnerships to enhance and promote cancer services where appropriate and feasible.

Status: Oncology

- Clinical alignment of the Wheatlake Cancer and Wellness Center and the Wheatlake Regional Cancer Treatment Center continues. Intent is that this integration be completed by calendar year 2015. Services to cancer patients are continuously evaluated and expanded based on clinical necessity and philanthropic interest.
- Spectrum Health Big Rapids Hospital staff participated in Regional Cancer Center tours and activities.

- Oncology visits to the SHBRH Specialty Clinics will move by attrition to the Regional Cancer Center.

Specific needs identified in the CHNA

Access to Cardiac Care-Community Health Needs Assessment, Arbor Associates for Mecosta County Medical Center. Cardiac and Heart Rehabilitation services were identified as “important” by all age groups and geographic units responding. – Pg. 11

- Key Objectives
 - Work within Spectrum Health System and West Michigan Heart to expand cardiology services available within the SHBRH Specialty Clinic.
 - Make extended cardiac rehabilitation services available to more low-income residents.
- Implementation Strategies
 - Review and evaluate, with Spectrum Health and West Michigan Heart, placement of cardiologists/electrophysiology specialists in Canadian Lakes, Big Rapids and Reed City.
 - Advocate for more Specialty Clinic placements/hours for Cardiology Services in our region.
 - Evaluate feasibility of extended testing hours at SHBRH.

Status: Cardiology

- Additional hours of cardiology clinical services are now available in our Specialty Clinics. Services are provided by several physicians and a physician assistant. Electrophysiology specialists are included in this mix.
- Cardiopulmonary rehabilitation and pulmonary maintenance phase three patients now total more than one hundred per week. These are currently not eligible for charity care consideration as indicated in the CHNA.

2. Health literacy, awareness and education -

Specific needs identified in the CHNA

Senior Insurance Advising-Community Health Needs Assessment, Arbor-Associates for Mecosta County Medical Center. Seventy-five per cent of phone respondents stated the importance of these services to seniors. A senior citizen focus group revealed that area seniors would utilize enhanced access to information about supplemental coverage to Medicare. – Pg 11

- Key Objectives:

- Work in collaboration with the Mecosta County Commission on Aging to locate certified Michigan Medicare/Medicaid Assistance Program (MMAP) counselors in Big Rapids (at Spectrum Health Big Rapids Hospital) and extend the service to improve access for seniors.
- Actively promote this service via the Mecosta County Commission on Aging, local media, professional recommendations and advertising.

- Implementation Strategies:
 - Collect and evaluate data including volume, participation by area residence and consumer satisfaction with the current service.
 - Establish scheduling and documentation mechanisms in collaboration with the Mecosta County Commission on Aging and Area Agency on Aging.
 - Establish a quarterly review process with Commission on Aging director and volunteer staff (ongoing).
 - Hold an orientation and problem-solving session pre-implementation (FY 13).
 - Implement the above objectives with local health and social services partners.
 - Evaluate program effectiveness quarterly and at year-end.

Status: Health Literacy

Senior insurance advising is now offered by the Medicare/Medicaid Assistance Program (MMAP) twice monthly from our Specialty Clinic. This program educates seniors to augment more accurate and satisfying choices for supplemental coverage and related issues. Collaborative partners include Michigan MMAP, the Area Agency on Aging and the Mecosta County Commission on Aging.

Ongoing considerations:

Plans for the next iteration of a Community Health Needs Assessment process will soon be discussed as part of the Spectrum Health System CHNA initiative. SHBRH will play an active part in the development of new data and implementation strategies to augment this ongoing effort.

Other needs identified in the CHNA but not addressed in this Plan:

Each need identified below is significant and is being addressed by a variety of programs operated by the hospital, Spectrum Health or other organizations in the community. These issues were identified in Mecosta County Health Profile summary but determined to not be of sufficiently high priority. They may best be addressed through local and regional councils or governmental departments. The hospital will not address these needs as part of this implementation plan due to limited resources and the need to allocate significant resources to the priorities identified above:

Obesity education, dietary consultation, overweight population: Cooperative Extension Service. SHBRH dieticians, primary care providers, Department of Community Health 4x4 programs.

Birth control, birth control education: Planned Parenthood.

Substance/Drug abuse: 1016 Recovery Network.

Diabetes education: SHBRH, SHRCH diabetic educators.

Need for dental/orthodontic care: No dental health visit in past year-FSU Dental Clinic, area dentists.

Mental Health services: Community Mental Health for Central Michigan.

Financial services advice-local banks, American Red Cross, Department of Human Services.

Vision care: local ophthalmologists and optometrists, Michigan College of Optometry.

Wellness and prevention programs: SHBRH Occupational Medicine, area holistic providers, complementary medicine offices, fitness centers.

Flu and pneumonia shots for seniors: area primary care offices.

High unemployment jobless rate: Michigan Works, Michigan Rehabilitation Services, Mecosta County Economic Development Corporation.

Lack of college degree: Ferris State University.

Persons below poverty: Department of Human Services, Mecosta-Osceola Human Services. Collaborative Body, Mecosta-Osceola Poverty Reduction Initiative, United Way agencies.

High number of children on free and reduced fee lunch programs: Department of Human Services, Department of Community Health, and Angels of Action.

High number of Medicaid paid births: Department of Community Health.

High infant mortality rate: Department of Community Health, area pediatric providers, Department of Human Services.

High number of people lacking health insurance: SHBRH charity care, Department of Human Services.

High rates of smoking and smoking during pregnancy: Department of Community Health, American Cancer Society (Quit Kit, online services).

Urgent Care Services: Respondents identified these as important and they are currently provided by Physician Health Services. There are not sufficient hospital resources to provide this service to the community as a SHBRH service line.