SPECTRUM HEALTH

# Gerber Memorial
# Community Health Needs Assessment (CHNA)
# Implementation Plan

**July 2015 – June 2018**

Attachment A

# Spectrum Health Gerber Memorial Implementation Plan

**Summary of Significant Health Needs Identified in the Community Health Needs Assessment (CHNA)**

## July 2015-June 2018

A hospital facility's implementation strategy to meet the community health needs identified through the hospital facility's CHNA is a written plan that either:

(1) Describes how the hospital facility plans to address the significant health need; or
(2) Identifies the significant health need as one the hospital does not intend to address and explains why the hospital facility does not intend to address the health need.

Information needed to identify and determine the community's significant health needs was obtained by holding community health forums, sending out community health surveys to residents, interviews and online surveys with community healthcare professionals and community leaders, and community health summits attended by community health partners. Secondary data was gathered from state, local, and national databases to supplement the overall findings and needs identified.

**Significant Health Needs Addressed in this Implementation Plan-**Each of the health needs listed below is important and is being addressed by numerous programs and initiatives operated by the Hospital, other organizations within Spectrum Health, and other community partners of the Hospital.

i. Access to affordable healthcare
   A. Shortage of Primary Care Providers and specialist services
   B. Transportation Issues
ii. Chronic disease
   A. Diabetes
   B. Behavioral Health
iii. Prevention and wellness education services
   A. Obesity
   B. Social Support
   C. Smoking
   D. Community Collaboration

**Other Significant Needs Identified in the CHNA But Not Addressed in this Plan-**The Hospital will not address the following significant health needs identified in the CHNA as part of this Implementation Plan due to limited resources and the need to allocate significant resources to the health needs identified above.

i. Low cost eye care
ii. Substance abuse treatment
iii. Urgent care

| Spectrum Health Gerber Memorial Health Needs Assessment Implementation Plan July 2015-June 2018<br>**Access to Care**<br>July 2015-June 2018 | | | |
|---|---|---|---|
| **Significant Health Need** | **Population Served** | **Action** | **Measurable Impact** |
| **Access to affordable healthcare** | All residents of Newaygo County who use Spectrum Health services | 1. Increase primary care provider availability within Gerber Memorial by a variety of methods including, but not limited to:<br>• Increase the number of appointments available per day by eliminating wasteful work<br>• To avoid expensive Emergency Department (ED) visits, create a marketing campaign which encourages patients to call their primary care provider first before going to the ED<br>• Increase the number of primary care providers; Gerber will recruit additional primary care providers as outlined in our strategic plan.<br>• Increase provider/team ratio by adding care managers for complex patients and any other primary care innovation | 1a. Up to 50% of primary care visits Newaygo County primary care locations are completed within 48 hours of patient request by the end of FY18<br><br>1b. The primary care ED sensitivity rate for each practice will decrease by 10% or to system average by the end of FY18 |
| **Transportation issues** | Spectrum Health primary care patients with transportation issues, especially in the designated primary care shortage areas: Big Prairie, Croton, Ensley, Everett and Wilcox townships | 1. Use technology to overcome transportation barriers by using telemedicine visits from home to provider or service location to provider<br><br>2. Use our community assets and partner with local organizations such as Central Michigan University (CMU) to use their care-mobile and provide primary and preventative care at remote sites in the county | 1a. 15 telehealth visits of any type completed by the end of FY16, 50 by the end of FY17 and 150 by the end of FY18<br><br>1b. 3 primary care providers using telehealth for at least 10% or 300 patients by end of FY18<br><br>1c. and 2a. 100 visits of any type completed using an off-site method by the end of FY18<br><br>2b. Measure the number of patients seen with no current primary care provider who now have a care provider |

| Spectrum Health Gerber Memorial Health Needs Assessment Implementation Plan<br>**Chronic Disease**<br>July 2015-June 2018 | | | |
|---|---|---|---|
| **Significant Health Need** | **Population Served** | **Action** | **Measurable Impact** |
| **Chronic disease** | All community members who use Tamarac, Spectrum Health Gerber Memorial and our partner agencies | 1. Create a certified medical wellness center for patients with chronic diseases to receive support for healthy lifestyles<br><br>2. Create a healthy lifestyle prescription from providers to well-defined pathways at Tamarac by the end of FY17<br><br>3. Partner with community agencies to create and implement innovative models designed to meet the Triple Aim*, focusing on care coordination, healthy lifestyle support, rising risk reduction and determinates of health<br><br>4. Increase the number of all patients with advance directives by implementing Advance Care Planning program for end of life decisions following Gunderson Lutheran's Respecting Choices® model in the following stages:<br>i. First Steps-FY16<br>ii. Next Steps-FY17<br>iii. Last Steps-FY18 | 1. Certify Tamarac as a Medical Fitness Association (MFA) Certified facility with at least 3 defined care pathways for those with chronic disease by the end of FY16<br><br>2. Measure MFA patients' baseline health metrics and re-measure at 3, 6 and 12 months for program impact. Based upon results, implementations may change<br><br>3. Explore and implement at least 1 innovative care model with community partners by the end of FY18<br><br>4. At least a total of 100 completed conversations and 30 Advance Directive documents are completed and uploaded by the end of FY18 |
| **Chronic disease** | All residents who use Spectrum Health services in Newaygo County especially those | 1. Increase access to services that can improve an individual's health regardless of their ability to pay: institute a sliding fee scale at Tamarac, teach practical skills such as healthy cooking and how to use vegetables, create referral channels from primary care to Tamarac for lifestyle support services and chronic disease management | 1. Create at least 2 new lifestyle supports such as cooking, fitness or wellness to help people with chronic disease improve their health by the end of FY16 |

| Spectrum Health Gerber Memorial Health Needs Assessment Implementation Plan<br>**Chronic Disease**<br>July 2015-June 2018 | | | |
|---|---|---|---|
| **Significant Health Need** | **Population Served** | **Action** | **Measurable Impact** |
| | with diabetes, low incomes and medically complex | 2. Improve the medical management of patients with chronic disease by hiring one full time RN care manager for each primary care clinic, trained and managed by Spectrum Health care management department<br><br>3. A focused effort on improving the participation in the Diabetes Education and Prevention programs through marketing and improved experience will result in our goal of improving attendance by at least 20% | 2. Add at least 1 nurse care manager for patients with complex needs at each Spectrum Health primary care location by the end of FY16<br><br>3a. Grow the number of participants in the Diabetes Prevention Program and Diabetes Management programs either through Spectrum Health or a community partner by 20% by the end of FY18<br><br>3b. Measure the improvement from baseline to program completion in HbA1C's for patients in the Diabetes program |
| **Behavioral health services** | Residents of Newaygo County who use Spectrum Health primary care with behavioral health partnerships | 1. Continue to provide master's degree level social workers in primary care for immediate needs during the provider visit, follow up counseling visits and real time communication between physical and behavioral health providers<br><br>2. Continue to provide master's degree level social worker in the OB/GYN clinic with an emphasis on identifying new mothers with a history of severe childhood trauma to improve mother and baby interaction and outcomes | 1a. Add an additional full time provider by the end of FY17 in the primary care setting<br><br>1b. Measure the improvement of PHQ-9 scores in those with diagnosed depression by the end of treatment<br><br>1c. Measure the number of newly identified cases of depression through routine screening of all new patients<br><br>2. Measure the % of infants meeting normal developmental milestones born to new mothers with a history of childhood trauma |

| Spectrum Health Gerber Memorial Health Needs Assessment Implementation Plan<br>**Prevention and Wellness**<br>July 2015-June 2018 | | | |
|---|---|---|---|
| **Significant Health Need** | **Population Served** | **Action** | **Measurable Impact** |
| **Obesity** | All Newaygo County residents who are overweight or obese, children and low income individuals | 1. Bring Bariatric services to Newaygo County, with surgery performed at Spectrum Health's Center of Excellence, continue to offer a multi-component medically supervised weight loss program, and continue with low cost team based healthy lifestyles programs<br><br>2. Partner with local schools and governments to address policies that help make the healthy choice the easy choice ***for example***: raising the age to purchase tobacco to 21, adding bike lanes to roads, expanding bike paths or signage or a workplace policy on healthy food<br><br>3. Partner with local school districts (Fremont, White Cloud, Hesperia, Newaygo or Grant) to improve school health environment through policy and program development; for example the national program CATCH* (Coordinated Approach to Child Health) program | 1a. Implement a surgical and medically supervised weight loss program for overweight patients by the end of FY17<br><br>1b. Measure the weight loss of participants at 3, 6 and 12 months<br><br>2. Create at least 1 new public policy that supports healthy lifestyle choices for any location in Newaygo County by the end of FY18<br><br>3. Implement a healthy lifestyle program such as CATCH in at least 2 schools by the end of FY18 |
| **Social Support** | All Newaygo County residents whose church participates in the program | 1. Implement the Neighbor to Neighbor Network, which is modeled after the Memphis Congregational Health* model, which uses church volunteers to provide and increase social and emotional support for patients and community members | 1. Use metrics from Memphis Model:<br>a. Number of participating organizations and individuals with at least 10 partner organizations and 250 individuals by the end of FY18<br>b. Readmission rate for participants maintained or reduced by at least 5% by the end of FY18<br>c. Mortality rate for participants maintained or reduced by 5% by the end of FY18<br>d. Total costs for participants maintained or reduced by 5% by the end of FY18 |

| Spectrum Health Gerber Memorial Health Needs Assessment Implementation Plan<br>**Prevention and Wellness**<br>July 2015-June 2018 | | | |
|---|---|---|---|
| **Significant Health Need** | **Population Served** | **Action** | **Measurable Impact** |
| **Prevention and wellness education services** | All residents who use tobacco products | 1. Research best practice smoking cessation programs, create a comprehensive, multi-site and multi-approach program, train staff and launch to public<br>2. Partner with local agencies such as the health district and Newaygo County Partners in Prevention and Recovery to provide smoking cessation materials and programs<br>3. Partner with OB/GYN clinics on smoking cessation for pregnant women | 1. Research and implement with our community partners best practice smoking cessation programs by end of FY16<br>2. Create at least 3 referral pathways from primary care, inpatient, outpatient, Tamarac and community organizations to smoking cessation program by the end of FY17<br>3. Research best practice program to reduce smoking during pregnancy and implement with our community partners by the end of FY17 |
| **Improved collaboration among community agencies in a way that supports health** | Community agencies | 1. Continue the current collaborative relationships with community partners and actively participate in the healthcare collaborative group, whose vision is to make Newaygo County the healthiest county in Michigan<br>2. A sub-group is working together with Institute for Healthcare Improvements (IHI) on developing a new care model for rising risk patients based upon patients' feedback and needs<br>3. The strategic plan of the LiveWell Newaygo County group will include a broader set of tactics to include the determinates of health such as poverty and education at a policy level | 1. Continue multi-stakeholder collaborative project group with Institute for Healthcare Improvements (IHI)* Better Health and Lower Cost for Patient's with Complex Needs through at least the end of FY16<br>2. Use metrics in IHI Collaborative to measure impact of the new model<br>3a. Move Newaygo County's health ranking by County Health Rankings* up by 10% by the end of FY18<br>3b. Measure for all community partners/groups we actively participate in using Intensity of Integration assessment from h*ttp://www.organizational research.com/publicationsandresources/a_handbook_of_data_collection_tools.pdf** |

## Preliminary Spectrum Health Hospitals Community Health Needs Assessment (CHNA) Implementation Plan Glossary of Definitions

For the period of July 2015-June 2018

| Term | Definition |
|---|---|
| **Advance directive** | A legal document (as a living will) signed by a competent person to provide guidance for medical and health-care decisions (such as the termination of life support or organ donation) in the event the person becomes unable to make such decisions. |
| **Advanced Practice Provider (APP)** | Mid-level practitioners who are health care providers who have received different training and have a more restricted scope of practice than physicians and other health professionals in some states, but who do have a formal certificate and accreditation through the licensing bodies in their jurisdictions. Examples include, but may not be limited to, Nurse Practitioners, Physician Assistants, and Nurse-Midwives. A Nurse Practitioner is a registered nurse who has acquired the knowledge base, decision-making skills, and clinical competencies for expanded practice beyond that of an RN, the characteristics of which would be determined by the context in which he or she is credentialed to practice. Physician Assistants are concerned with preventing and treating human illness and injury by providing a broad range of health care services under the supervision of physician or surgeon. They conduct physical exams, diagnose and treat illnesses, order and interpret tests, develop treatment plans, perform procedures, prescribe medications, counsel on preventive health care and may assist in surgery. Nurse-Midwives are advanced practice registered nurses who provide counseling and care during pre-conception, pregnancy, childbirth and the postpartum period. |
| **Bariatrics** | The branch of medicine that deals with the causes, prevention, and treatment of obesity. |
| **Chronic disease** | A persistent or recurring **disease** that affects a person for at least three months. |
| **Emergency Department (ED)** | The department of a hospital responsible for the provision of medical and surgical care to patients arriving at the hospital in need of immediate care. |
| **Full Time Equivalent (FTE)** | A unit that indicates the workload of an employed person (or student) in a way that makes workloads or class loads comparable across various contexts. An FTE of 1.0 is equivalent to a |

## Preliminary Spectrum Health Hospitals Community Health Needs Assessment (CHNA) Implementation Plan Glossary of Definitions

For the period of July 2015-June 2018

| Term | Definition |
|---|---|
| | full-time worker while an FTE of 0.5 signals half of a full work. |
| **HBA1C** | The A1c test (also known as HbA1c, glycated hemoglobin or glycosylated hemoglobin) is a blood test that correlates with a person's average blood glucose level over a span of a 90 days. |
| **Institute for Healthcare Improvements (IHI)** | IHI is a nonprofit organization focused on motivating and building the will for change, partnering with patients and health care professionals to test new models of care, and ensuring the broadest adoption of best practices and effective innovations. |
| **Integrating behavioral health collaborative care programs** | The systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs. |
| **Low birthweight (LBW)** | Low birth weight (LBW) is defined as a birth weight of a live born infant of less than 2,500 g (5 pounds 8 ounces) regardless of gestational age. |
| **Maternal Infant Health Program** | Programs to improve women's health before, during, and after pregnancy to reduce both short- and long-term problems. |
| **Medicaid** | A United States federal health care program for families and individuals with low income and limited resources. |
| **Medicare** | A United States federal system of health insurance for people over 65 years of age and for certain younger people with disabilities. |
| **Metrics** | A standard for measuring or evaluating something, especially one that uses figures or statistics |
| **Mothers Offering Mothers Support (MOMS)** | A Spectrum Health Healthier Communities program that serves Medicaid beneficiaries who |

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For the period of July 2015-June 2018

| Term | Definition |
|---|---|
| | are pregnant and their newborns who are most likely to experience serious health problems due to psychosocial, socio-economic and/or nutritional risk factors. |
| **Next third available appointment** | A measurement of the patient's ability to seek and receive care with the provider of their choice, at the time they choose, regardless of the reason for their visit. Counting the third next available appointment is the healthcare industry's standard measure of access to care and indicates how long a patient waits to be seen. |
| **Primary Care** | The day-to-day health care given by a health care provider. Typically this provider acts as the first contact and principal point of continuing care for patients within a health care system, and coordinates other specialist care that the patient may need. |
| **Primary Care Emergency Department (ED) Sensitivity** | Patients using the hospital emergency departments for non-urgent care and for conditions that could have been treated in a primary care setting. |
| **Psychiatry Behavioral Medicine Integrated (PBM+)** | An emerging field within the wider practice of high-quality, coordinated health care. In the broadest use of the term, “integrated behavioral health care” can describe any situation in which behavioral health and medical providers work together. |
| **Readmission** | A subsequent admission to the hospital that occurs within 30 days of a previous admission’s discharge. |
| **Referral** | An act of referring someone or something for consultation, review, or further action. |
| **Sliding fee scale** | Variable pricing for products, services, or taxes based on a customer's ability to pay. |
| **Smoking cessation** | Discontinuation of the habit of **smoking**, the inhaling and exhaling of tobacco smoke. |
| **Telehealth or Telemedicine** | The use of medical information exchanged from one site to another via electronic |

## Preliminary Spectrum Health Hospitals Community Health Needs Assessment (CHNA) Implementation Plan Glossary of Definitions

For the period of July 2015-June 2018

| Term | Definition |
|---|---|
| | communications to improve a patient's clinical health status. Telemedicine includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications technology. |
| **Trimester** | A period of three months, especially as a division of the duration of pregnancy. |
| **Triple Aim** | The pursuit of improving the experience of care, improving the health of populations, and reducing per capita costs of health care. |
| **Very low birthweight (VLBW)** | A birth weight of a live born infant of less than 1,500 g (3 pounds 5 ounces) regardless of gestational age. |