



An Affiliate of Methodist Health System



Implementation Plan for Needs Identified in the Community Health Needs Assessment

**Methodist Hospital
FY2012 – 2014**

Community Health Needs Assessment

Methodist Hospital conducted a needs and assets assessment with numerous community partners including Douglas County Health Department, Live Well Omaha, Pottawattamie County Public Health Department/VNA, Sarpy/Cass county Health Department, The Nebraska Medical Center and Alegant Health.

The assessment was conducted by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Primary data collected on the community's health status and chronic disease burdens was obtained from 2,200 households participating in a professionally designed health questionnaire conducted by telephone. The survey is designed to identify and compare the general health status of residents as well as disease and modifiable health burdens compared to county, state and national Healthy People 2020 benchmarks. The product of this survey process highlights which health conditions and populations are most at-risk across the hospital's service area.

The following "health priorities" represent recommended areas of intervention, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in *Healthy People 2020*.

Areas of Opportunity Identified Through Community Health Needs Assessment:

- ♦ Access to Health Services
- ♦ Diabetes
- ♦ Heart Disease & Stroke
- ♦ Maternal, Infant & Child Health
- ♦ Mental Health & Mental Disorders
- ♦ Nutrition & Weight Status
- ♦ Oral Health
- ♦ Sexually Transmitted Diseases
- ♦ Substance Abuse

Key informant focus group interviews were conducted during the assessment. At the conclusion of each key informant focus group, participants were asked to write down what they individually perceived as the top five health priorities for the community, based on the group discussion as well as on their own experiences and perceptions. Their responses were collected, categorized and tallied to produce the top-ranked priorities as identified among key informants. These should be used to complement and corroborate findings that emerge from the quantitative dataset.

1. Access
2. Mental Health/Substance Abuse
3. Obesity/Nutrition
4. Education
5. Maternal & Child Health
6. Prevention
7. Geriatric Care

The full Community Health Needs Assessment along with the FY 2012 – FY 2014 Implementation Plan can be accessed through Methodist Health System’s Community Benefits website <http://methodistchart.org/> or www.bestcare.org. The Hospital presents data locally to obtain feedback.

Development of the Implementation Plan

Findings from Nebraska Methodist Hospital’s Community Health Needs Assessment were initially reviewed by the Board of Directors in June of 2012. A subsequent meeting was held with the Hospital’s President to identify strategies, goals and measurements for developing the FY 2012 – FY 2014 Implementation Plan. Additionally the plan was discussed with the local area health departments.

The plan also identified local area community partners for collaboration on those identified opportunities for those findings that would be consistent with their expertise, strategies for addressing unmet community needs, barriers and concerns that services to uninsured and underinsured in our community would be served.

A lack of internal resources was identified for some of the opportunities identified through the assessment and will be kept on the plan as those resources become available or collaboration with other more qualified partners are identified.

Due to limited resources, a recommendation by the Chief Financial Officer to identify any grants or funding that may become available to use toward those areas identified that are currently not being addressed by the current budgeted year.



The last recommendation from the Chief Financial Officer was to continue to collaborate with all the health care organizations in the area to address those needs should they become a burden to the community and to continue to monitor the Healthy People 2020 guidelines and recommendations.

Adoption of the Implementation Plan

Based on all of the above, the Board of Directors of Methodist Hospital has determined that the following health needs identified in the CHNA should be addressed through the implementation strategies noted for each such need.

Based on the CHNA, the hospital developed six priority opportunities for its FY 2012 - FY 2014 Implementation Plan. The hospital’s six 2012-2014 areas of opportunity are: (1) **Access to Care**, (2) **Diabetes, Nutrition, Physical Activity and Weight Status**, (3) **Heart Disease**, (4) **Mental Health and Mental Disorders**, (5) **Sexually Transmitted Diseases**, and (6) **Geriatric Care**.

Access to Care was selected based on a county-wide initiative expanding the number of community clinics in the Omaha/Council Bluffs Metro area (as a strategy to implement federal health reform) and input from stakeholders of the local need for clinics serving low income and uninsured populations.

Additionally, residents identified barriers to care as a significant issue in the Hospital's health assessment survey.

Following the guide of previous community health needs assessments and in collaboration with the Salvation Army, the Renaissance Health Clinic was opened in 1996 to target a lower income population by providing health care services, treatment and education to the public. Services are at a low-cost or no-cost fee. Methodist Hospital will continue to support this collaborative service to address **Access to Care** in our community.

Diabetes was selected as an opportunity based on health survey data reporting an increase to a 21 percent death rate, which fails to satisfy the Healthy People 2020 target (19.6 percent or lower). Significantly enough, the prevalence of diabetes is much higher among the African American population in the Metro Area. Methodist Hospital selected **Nutrition, Physical Activity and Weight Status** based on health data reporting a significant increase in obesity for Douglas County since 2002 in men, residents aged 40 and older, African American population and respondents with lower incomes.

The Hospital's selection of **Heart Disease** is based on the mortality measured outcomes of the community. Heart Disease is still the number one diagnosis for Omaha/Council Bluffs deaths. Although the current heart disease mortality rates have decreased in Douglas and Sarpy counties, there have been increases in Cass and Pottawattamie counties. Additionally, with the increase of the obesity rates in all counties, continuous education, screening, prevention and early detection is still a priority for this opportunity.

The greatest opportunity for prevention of Mental Disorders is among the youth of Omaha. School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33 percent. Preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes. The Methodist Hospital Community Outreach Program partners with the Omaha Public Schools to address the need to provide services (**Access to Mental Health Care**) to this population.

Additionally, the Hospital supports those priorities identified due to eminent need established by Live Well Omaha, a collaborative organization along with other health systems, hospitals, health departments and health related organizations to increase healthy behavior for targeted diseases or illnesses and in the targeted population of need.

An example of this eminent need was the increase of **Sexually Transmitted Diseases** (16 percent) identified in the 2008 Community Needs Assessment. Although this was not a hospital identified need at the time, the collaborative organizations through Live Well Omaha are working on decreasing the incidents through education, screening and treatment.

Geriatric Care concerns were identified by the key informants in the CHNA. In 2010, 40 million people age 65 and over lived in the US, accounting for 13% of the total population. The U.S. Census Bureau projects that the population age 85 and over could grow from 5.5 million in 2010 to 19 million by 2050. Some researchers predict that death rates at older ages will decline more rapidly than is reflected in the U.S. Census Bureau's projections, which could lead to faster growth of this population. Key informants were concerned about resources for service and care being available to address this growth.

Implementation Plan; Fiscal Year 2012 – 2014

1. Access to Health Services (Priority)

GOALS

- 100 percent of appropriate participants at the Renaissance Clinic will receive Diabetes and Heart Disease Screening along with clinical intervention services as needed.
- Grow the number of Cancer screenings in the community by 10 percent annually. (742 Screenings in 2011 to 965 in 2014)

IMPLEMENTATION STRATEGIES

- Improve, expand and support access of Primary Care services to the uninsured and underinsured in the Omaha-Metro area.
- Collaborate with community clinics serving the Omaha Metro Area.
- Engage residents to better utilize health services offered by the Douglas County Public Health Department, Charles Drew Health Center, One World Community Health Center, and **Renaissance Clinic**.
- Enhance and grow Cancer screening and education programs offered to the community by the Methodist Estabrook Cancer Center.
- Continue to provide patients a financial assistance program upon admission which is designed to serve those in financial need with fairness, consistency and compassion.

Among the methods used to provide Financial Assistance are:

1. Assistance in applying for government/public programs that the patient may be eligible for (at no cost to the patient).
2. Assistance in paying for COBRA Premiums.
3. Discounts to patients that have no insurance coverage.
4. Prompt payment discounts.
5. Extended payment terms.
6. Bank Financing.
7. Financial Assistance aligned with the Federal Poverty Guidelines.



Nebraska Methodist Hospital utilizes a matrix aligned with the Federal Poverty Guidelines to determine the percent of financial assistance a patient is eligible for based on household income and family size. The matrix provides some assistance to patients with income levels up to 600 percent of the Federal Poverty Guidelines. Factors in addition to income are taken into consideration in making the final

determination. Those factors include financial holdings such as cash and investments, the patient's ability to continue employment and the total amount of healthcare related debt outstanding or anticipated.

Presumptive Financial Assistance is based upon scoring to determine eligibility for financial assistance that takes into consideration such factors as available household income; household size, capacity to make payment and other extenuating circumstances such as "over-extension" of existing credit. Other factors that may be considered are employment status and other healthcare financial obligations.

The uninsured discount is applied to all patient accounts with no governmental or insurance coverage. Information about the Health System's financial assistance program is available in the admission information package, through the financial counselors as well as on our website. The website contains an electronic application and directions on how to contact us for assistance and further information.

Pre-service financial review: In regards to scheduled services, the Health System may identify a potentially uninsured or underinsured patient during the pre-service financial review process. In those cases the Nebraska Methodist Hospital attempts to contact the patient to assist with obtaining coverage or making financial arrangements prior to the date of service.

Self-pay accounts that have not been identified as potentially being eligible for financial assistance are subjected to an electronic screening process prior to starting the self pay collection program. The financial thresholds utilized in the electronic screening process are aligned with the Methodist Hospital's financial assistance matrix. Accounts falling within certain ranges are considered eligible for financial assistance on a presumptive basis. Accounts may be identified that do not fall within the identified ranges but do indicate that the patient may have difficulty paying their bill. Those accounts require manual review and may result in the patient being offered the option of completing a financial assistance application.



Implementation Plan; Fiscal Year 2012 – 2014

2. Diabetes, Physical Activity and Weight Status (Priority)

GOALS

- 100 percent of appropriate participants of Diabetes Screenings will receive education and resources for the intervention and/or control of Diabetes.
- 100 percent of appropriate participants screened for BMI (body mass index) will be given education and resources for intervention and/or control of obesity.
- Improve affiliated Methodist Physicians Clinic (MPC) Diabetic Patient Quality Scores from 50% Improvement to over 70% Improvement. (2013)

IMPLEMENTATION STRATEGIES

- Reduce the disease and economic burden of diabetes and improve the quality of life for all persons who have, or are at risk for, diabetes in the Omaha-Metro area.
- Increase access to care for diabetes patients.
- Provide Diabetes Education and Management programs.
- Provide nutrition therapy programs.
- All affiliated MPC adult primary care sites in Omaha become NCQA certified Patient-Centered Medical Homes (1Q 2013).
- Methodist Physicians Clinic Increase from 40 physicians recognized by NCQA for Diabetic Care to 60 physicians at affiliated clinics. (2013)

Methodist Health System is currently designing a standardized approach to caring for diabetic patients, in the Hospital's Diabetes Center and in all of the System's primary care offices. The goals are to manage the risk and compliance of all System patients to improve the quality of care, decrease complications and maintain our quality outcome measures.

The Hospital will coordinate its diabetes efforts with the patient-centered medical home approach towards diabetes care. A Patient-Centered Medical Home (PCMH) is a team approach to providing evidence-based care to people with diabetes. RN Health Coaches and Clinic Dietitians work on-site and in collaboration with the primary care physician to implement and carry out the patient plan of care.



PCMH helps patients and their caregivers by providing resources and support to better manage their disease in order to prevent long-term complications. RN Clinic Health Coaches and Dietitians provide follow-up with patients between office visits to monitor progress and address potential barriers that would prevent improved outcomes. Telephonic or secure e-mail follow-up and easy access of health care team can assist patients and their family members when new problems arise (e.g., adjusting insulin dosages, medications side effects, reminders for overdue complication screenings).

Implementation Plan; Fiscal Year 2012 – 2014

3. Heart Disease & Stroke (Priority)

GOALS

- 100 percent of appropriate participants screened for High Blood Pressure will be given education and resources for intervention and/or control of the diseases.

IMPLEMENTATION STRATEGIES

- Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke.
- Increase early identification and treatment of heart attacks and strokes.
- Prevent repeat cardiovascular events in the Omaha Metro Area.
- Continue to offer and improve services at the Methodist Cardiac & Vascular Center.

The Cardiac & Vascular Center at Methodist Hospital includes a state-of-the-art Cardiac Catheterization Lab, heart failure program, cardiac rehab services and inpatient care provided by highly-trained cardiac care professionals.



Patients that are admitted to the Hospital are carefully tracked prior to dismissal. Core Measures assess adherence to processes of care that are evidence-based and show better outcomes in patient treatments.

Methodist Hospital measures patient-care quality that includes specific guidelines for heart attack, and heart failure patients.

Implementation Plan; Fiscal Year 2012 – 2014

4. Mental Health and Mental Disorders (Priority)

GOALS

- Improve mental health through prevention and by ensuring access to appropriate, quality mental health services

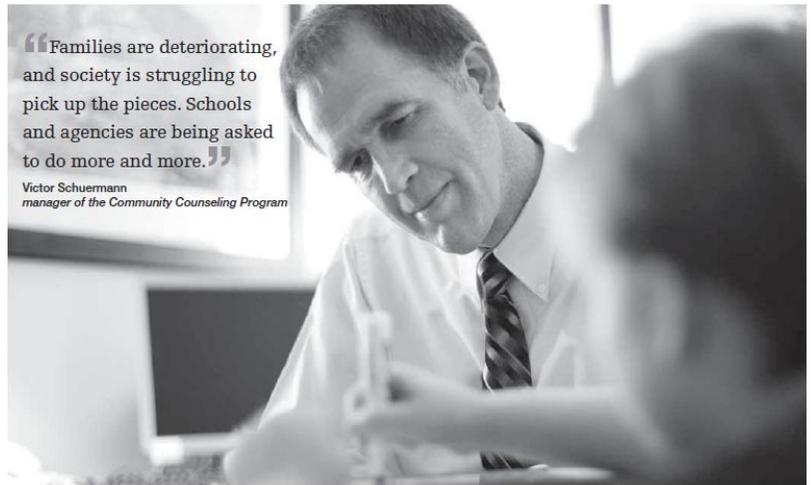
IMPLEMENTATION STRATEGIES

- Continue Community Counseling Program and collaboration with community organizations currently addressing this need (Douglas County Community Mental Health Clinic, Heartland Family Services).

The Community Counseling Program makes professional counseling services available to the community in partnership with Omaha Public Schools and neighborhood churches. Methodist provides licensed, master’s-level counselors. Schools provide space for counselors to meet with students. Churches provide space for counselors to meet with students’ families or other members of the community in a neighborhood setting.

These community-based counseling services are FREE, private and accessible to all members of the community. The vision is to provide this program at strategic locations in the community so that every child or family may have access to quality behavioral health care.

Today, the program operates with 17 counselors at 30 sites, including all OPS middle schools and high schools, two alternative schools, nine churches and one central office location.



Implementation Plan; Fiscal Year 2012 – 2014

5. Sexually Transmitted Disease (Priority)

GOALS

- 100 percent of appropriate participants screened (collaboration with Douglas County Health Department) will be given education and resources for intervention of Sexually Transmitted Diseases.

IMPLEMENTATION STRATEGIES

- Promote healthy sexual behaviors, strengthen community capacity, and increase access to quality services to prevent sexually transmitted diseases (STDs) and their complications in the Omaha Metro Area.
- Continue to offer and improve the SANE/SART Survivor Program

Methodist Hospital and Methodist Women’s Hospital have a strong model in place to collaborate with government and community agencies. The Methodist Hospital Heidi Wilke **SANE/SART Survivor Program** is a combined effort that brings together various community organizations, including the Omaha metropolitan police departments, the YWCA, and the County prosecutor’s office, all with the same end goal — to provide the best possible outcome for sexual assault survivors.

The Sexual Assault Response Team (SART)

All of the individuals in the SANE/SART program are specially trained to provide timely, compassionate, expert care—on call, 24 hours a day, seven days a week.



Team Members Include:

- **Sexual Assault Nurse Examiner (SANE)** - Evaluate and tend to health care needs, collect evidence, document findings and furnish referrals to the people, agencies and services needed after the patient leaves the hospital.
- **Physician** - Treat injuries and address any medical problems.
- **Victim Advocate** from the YWCA - Support before, during and after the exam. Refer patients to ongoing individual and group counseling programs sponsored by the YWCA.
- **Law Enforcement Officer** - Maintain safety, take custody of evidence and investigate the report.
- **Additional Resources** - laboratory and infection control staff, pastoral care, patient education, etc.

Implementation Plan; Fiscal Year 2012 – 2014

6. Geriatric Care (Priority)

GOALS

- Increase the percentage of Registered Nurses with Certificates with an emphasis in Geriatrics by 5 percent.
- Increase the proportion of older adults to use the Welcome to Medicare benefit to establish a baseline for care by 10 percent. (7.3% to 8.0%)

IMPLEMENTATION STRATEGIES

- Improve the health, function, and quality of life of older adults through increasing the quality of care provided to the elder population in our community.
- Complete the AgeWISE pilot and expand the program throughout appropriate areas of the Hospital.
- Continue to offer and improve care to geriatric patients.

The Methodist Hospital Geriatric Evaluation and Management (GEM) Clinic offers assistance to older adults and their families when quality of life has been affected by changing health conditions. A Geriatric Evaluation may be done on those individuals who are experiencing memory loss, multiple medical conditions, social/psychological issues, falls, incontinence, wandering, depression, weight loss, or decline of independent functioning. Geriatric Evaluation team members include a geriatrician (a physician who is fellowship-trained and board certified in geriatrics), a geriatric social worker and a geriatric nurse practitioner. The team also is familiar with community programs and services to assist the older adult and their families.

Methodist Hospital has earned the NICHE (Nurses Improving Care for Health System Elders) designation from The John A. Hartford Foundation Institute for Geriatric Nursing at New York University College of Nursing. The designation recognizes Methodist Hospital's ongoing commitment to geriatric nursing care. The goal of NICHE is to achieve systematic nursing change that will benefit hospitalized older patients.

Methodist Hospital implemented an Acute Care for Elders (ACE) Unit, which promotes NICHE concepts. The unit uses a model of inpatient care that seeks to prevent complications and promote independence in older adults.

Methodist Hospital has been selected as one of six hospitals nationally to be a pilot site for a multigenerational nurse residency program in geropalliative care called AgeWISE. The program, which focuses on care to frail older adults who are nearing the last 2 – 5 years of life, matches junior nurses with more experienced nurse colleagues who serve as preceptors. Together, the paired nurses engage in classroom learning and clinical practice to learn current evidence-based geriatric and palliative care nursing knowledge and then integrate that knowledge into their practice setting. To be considered as a potential pilot site, hospitals had to hold both Magnet and NICHE (Nurses Improving Care to Health System Elders) designations and be strongly affiliated with a college of nursing.

Implementation Plan; Fiscal Year 2012 – 2014

Other Identified Community Health Needs Opportunities:

Currently, due to lack of alignment with core competencies, funding, and Methodist Hospital will continue to monitor the following additional health needs identified through the Community Health Needs Assessment. The Hospital will collaborate with community organizations that are addressing these needs as funding and expertise are made available:

Areas of Opportunity through CHNA:	Methodist Hospital's Actions:
Oral Health	<p>Actions</p> <ul style="list-style-type: none"> • Continue collaboration with community organizations currently addressing this need (Creighton University Dental Health Department, One World Community Health Clinic, Charles Drew Clinic).
Substance Abuse	<p>Actions</p> <ul style="list-style-type: none"> • Continue collaboration with community organizations currently addressing this need (Douglas County Community Mental Health Clinic, Lutheran Family Services).
Prevention	<p>Actions</p> <ul style="list-style-type: none"> • Continue collaboration with community organizations to provide prevention screenings, education and awareness programs targeting the underinsured and uninsured population