Regional Health Needs Assessment Project

Ohio's Critical Access Hospitals

NORTH WEST REGIONAL PLAN

REVISED JUNE 2012

Funded by Ohio Department of Health's Rural Hospital Flex Program
Prepared by Ohio University's Voinovich School of Leadership and Public Affairs
in partnership with the University of Toledo's Area Health Education Center Program

Preface

Ohio's Flex Program

States with critical access hospitals receive funding from the Medicare Rural Hospital Flex Program (Flex Program) to support quality and performance improvements in critical access hospitals, and the development of cooperative systems of care. The Ohio Department of Health, State Office of Rural Health oversees the Ohio Flex Program.

To be considered a critical access hospital, a hospital has to be located in an area designated as rural, have no more than 25 acute and swing beds, provide 24-hour emergency care and maintain an annual average length of stay of 96 hours. Critical access hospitals are reimbursed by Medicare on a cost plus basis for their inpatient, outpatient and swing bed services. Currently, there are 34 critical access hospitals in Ohio, with the majority located in the northwest and north central areas.

Health Care Needs Assessment

The 2010 Affordable Care Act requires all 501(c)3 hospitals to conduct health needs assessments every three years that consider health needs from the perspective of the community. Ohio's Flex Program awarded a contract to Ohio University's Voinovich School of Leadership and Public Affairs, and project partner, The University of Toledo's Area Health Education Center Program, to facilitate four regional planning processes throughout the state of Ohio. The Ohio Flex Program funded the regional planning process described in this report with the goal of supporting the efforts of individual critical access hospitals to complete their individual needs assessments.

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Acknowledgement

A note of gratitude is extended to the hospital and community representatives who participated in this process. Your knowledge and expertise were critical in analyzing the needs and issues in the region and in developing strategies to help address them.

Introduction

With funding from the Ohio Department of Health's Flex Program, critical access hospitals and community representatives in North West Ohio met to discuss the health care needs and issues in the region. The process relied on a data-driven, facilitated planning approach, and was conducted between November 2011 and May 2012. This report describes the regional planning process used, along with the goals and strategies developed. The figure below provides an overview of the process utilized, and is followed by a description of each step.

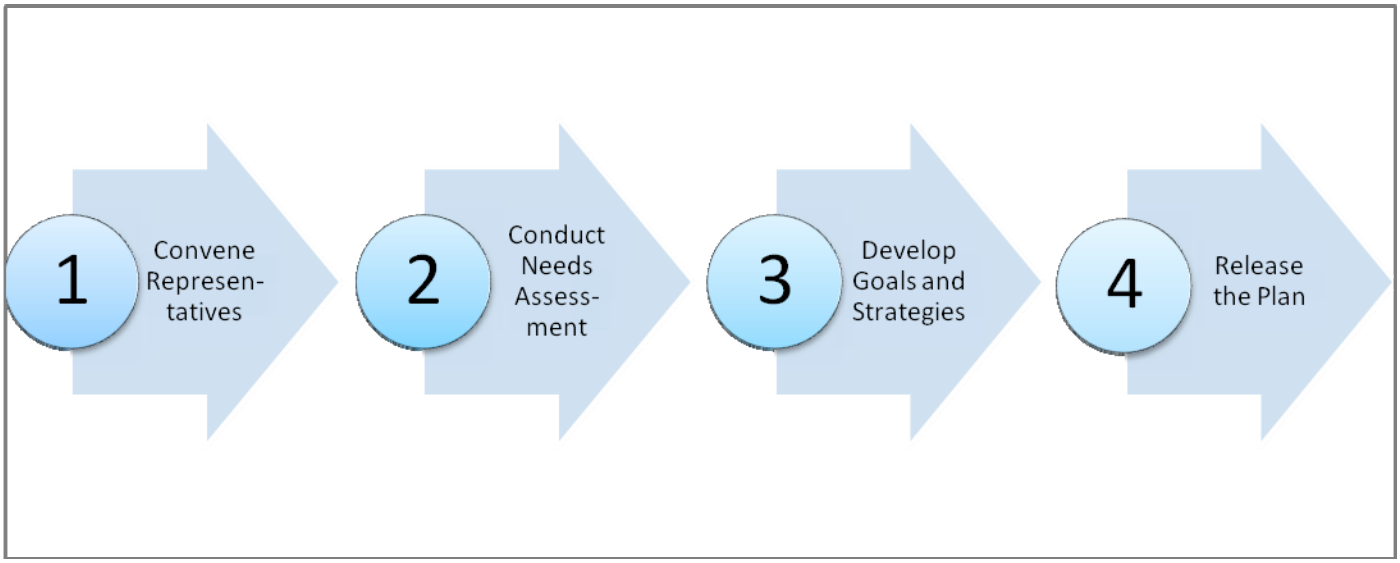
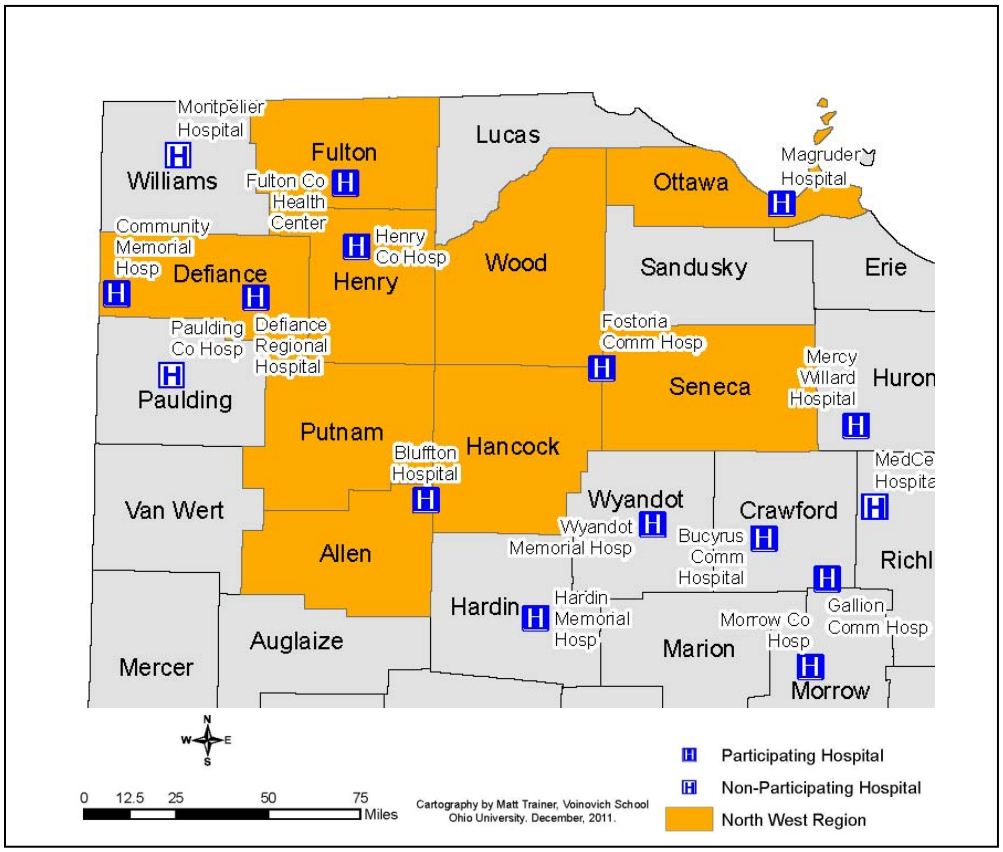


Figure 1. Regional Planning Process

1. Convene Representatives

Critical access hospital representatives met to identify priority health care needs in the region and strategies to address them. The figure on the following page shows the counties identified by hospitals as part of their primary service area. Each hospital recruited a community participant with broad knowledge of the health care needs within their community.

Figure 2. North West Ohio Needs Assessment Region



2. Conduct Needs Assessment

Critical access hospital and community representatives worked together to analyze the current health care needs in the region. This analysis included reviewing results from a survey of critical access hospitals completed by the hospital representatives. They identified the available and needed inpatient, outpatient and community-based services within their hospital service area. The hospital and community representatives also reviewed health data on the incidence and prevalence of cardiovascular disease, cancer, respiratory disease, diabetes, oral health, perinatal and childhood health, mental health and substance abuse, and a variety of health risk factors. They also considered the region's demographic composition, educational attainment, poverty status and types of insurance coverage. The reviewed regional needs assessment data is available in a separate report titled, "Regional Health Needs Assessment Project: North West Ohio Profile" (January 2012).

3. Develop Goals and Strategies

The representatives generated a list of health related needs and issues in the region and then prioritized those issues. Based on the prioritized needs, four key goal areas were developed. For those goal areas, hospital and community representatives brainstormed strategies to address the needs. These strategies were then grouped thematically.

Regional Goal Areas and Strategies

The four goal areas for the North West region are listed below.

Figure 3. Goal Areas for the North West Region

Goal Area 1. Wellness and prevention health education

Goal Area 2. Medication management and reconciliation

Goal Area 3. Access to care, services, and programs

Goal Area 4. Behavioral health care access

The remainder of this report outlines the needs and issues related to the four goal areas and the strategies proposed by the hospitals and community representatives to address them. The strategies are presented as examples of ways to accomplish each of the goal areas.

Goal Area 1. Wellness and prevention health education

IDENTIFIED HEALTH CARE NEED

Roughly two-thirds of adults, and approximately one-third of children ages of 10 and 17 in the region are categorized as either overweight or obese. Additionally, more than one in five adults are current smokers. These and other risk factors are linked to higher rates of diabetes, heart disease, stroke, certain cancers and chronic respiratory conditions. Addressing these risk factors could significantly improve health outcomes for area residents.

PROPOSED STRATEGIES

Although a variety of preventative health education initiatives are currently underway, hospital and community representatives identified the need for a more comprehensive and coordinated approach. In particular, they discussed the need to tailor prevention education and outreach efforts to the interests of specific target populations, especially for children. Examples of potential strategies include:

Education, Screening and Wellness Programs

- Conduct a regional inventory of existing initiatives and programs and use it to identify programs which are replicable.
- Further use the inventory to indentify gaps and to focus on each critical access hospital's strengths.
- Utilize social media to reach younger audiences with information and announcements.
- Develop a regional approach to diabetes education to address all aspects of the disease and life style.
- Promote and make available a variety of free cancer screening opportunities.
- Submit weekly newspaper columns written by health care professionals on key health topics.
- Identify evidence-based practices for improving health and wellness and affecting change.
- Incentivize employee wellness programs to encourage healthy lifestyle choices. Consider changing employer policies to encourage and incentivize healthy behaviors.

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Build Partnerships

Delivering health education in collaboration with public, private and not-for-profit organizations was identified as a key strategy for more effective information dissemination and to leverage existing, limited resources. Potential partnerships that could be considered include:

- Approach YMCAs and other non-profit and for-profit facilities to explore limited 'open access' hours to use facilities.
- Area schools to partner with community organizations, e.g. United Way, to augment elementary school health education.
- Local health departments to provide parent education seminars; engage parents in taking an early and active role in promoting child health and wellness.

- Faith-based organizations and local health departments to conduct quarterly health and wellness events at local religious institutions.
- Local employers to provide screenings and employee health education. Engage small employers in the coordination and provision of workplace wellness programs.
- Bring together regional leaders and decision makers to establish a regional 'walking' (competitive?) program which emphasizes the economic and health benefits.
- Community groups and farmers' markets to provide nutritious, seasonal produce to groups.#

Goal Area 2. Medication management and reconciliation

IDENTIFIED HEALTH CARE NEED

Heart disease is the leading cause of death in the region, with more than 4,000 individuals dying from the disease from 2006 to 2008. Further, an additional 907 individuals died from a stroke during this period, making it the third leading cause of death in the region. The number of adults who report ever being diagnosed with diabetes is 40,766, or 9.7 % of the population, and between 2006 and 2008 there were 602 deaths from diabetes, making it the seventh leading cause of death. Many of these deaths are preventable or postponable with improved chronic condition management, including medication management. Individuals with chronic conditions, or those in poor health, may have multiple prescribing providers and are often unable to accurately communicate all the prescriptions they are taking or have had prescribed. Further, nearly 11% of adults over the age of 25 have not graduated high school or obtained a GED, which negatively impacts their ability to understand or follow medical instructions. More than 100,000 of area residents are age 60+, an age group, which is more prone to multiple chronic conditions. The lack of a common electronic medical record system among pharmacies, hospitals and doctors' offices further complicates medication management efforts. The group identified several medication management strategies as well as strategies for reducing medication costs to improve treatment outcomes.

PROPOSED STRATEGIES

Patient Education and Medication Reconciliation

- Provide pre-diabetes and diabetes education across the region which utilizes 'clear communication' methods.
- Collaborate with local pharmacies to conduct medication sessions where individuals bring in all of their medications or a medication list for review by pharmacy techs/students. Provide each participant with a dated medication card and highlight medication concerns to take to the individual's physician.
- Provide medication management education and medication reconciliation services at health fairs. Provide free pill boxes and show individuals how to sort pills. Include medication 'take back' days to allow individuals to dispose of unused medications.
- Conduct community education sessions on targeted topics such as living with chronic conditions like hypertension, diabetes and congestive heart failure.
- Provide continuing education for community physicians and other providers on the topic of coordination of medications between primary/specialty care and behavioral health.

Reduce Medication Cost

- Form a partnership to create charitable community pharmacies that provide free or discounted medications to low-income, uninsured and underinsured individuals. Examples of existing programs include MedAssist of North Carolina and Charitable Pharmacy of Central Ohio.
- Many pharmaceutical companies and pharmacies provide medication vouchers and discounts for low-income individuals; educate social workers and caseworkers about these programs and have them assist with applications for discounted medications.
- Identify other assistance programs, which reduce prescription costs; educate patients about these programs.

Goal Area 3. Access to care, services, and programs

IDENTIFIED HEALTH CARE NEED

The North West region has high rates of poverty with 220,204, or nearly 42% of the population, with incomes below 200% of poverty. The uninsured rate is 11% and the combined Medicaid and Medicare rates include 30% of the population. One out of three adults over 65 have not had a flu shot in the past year, and the same number have never had a pneumonia vaccination. Low-income individuals may not seek preventative care or treatment due to lack of insurance or co-pay requirements, and both uninsured and underinsured individuals may be less likely to adhere to treatment plans based on costs, including medications and equipment. The lack of public or low cost transportation is a major obstacle to seeking and acquiring care for low-income individuals. Specialty care, in particular the shortage/absences of endocrinology, gastroenterology, and rheumatology, is an identified service gap across the region.

PROPOSED STRATEGIES

- In many communities, multiple not-for-profit and for-profit organizations provide immunization, vaccination and screening services. These services, however, are often not coordinated across organizations, resulting in duplication of services. Collaborate with local health departments and private practices to institute a regional campaign to raise awareness about, provide public and professional education, and promote availability of vaccinations.
- Encourage organizations conducting vaccinations and immunizations to have their providers consistently and routinely enter immunization information into the Ohio Impact Statewide Immunization Information System (ImpactSIIS).
- Provide school district immunization rates to school superintendents; work with schools to increase immunization and vaccination rates in districts with low rates.
- Notify primary care physicians when immunizations or vaccinations are being administered at a hospital or health department.
- Offer flu vaccinations to emergency department patients.
- Build relationships with leaders in hard-to-reach communities, such as the Amish.
- Target Medicare recipients for education on the increased availability of low cost prescription drugs and free screenings now available through the Affordable Care Act.
- Spearhead a community wide, public and private blue ribbon group of leaders to identify and address transportation issues.
- Collectively focus upon diabetes as the ‘disease to decrease’ through a broad regional approach to include in-depth needs analysis, research, education, treatment and prevention.
- Collaboratively develop a joint recruitment plan for specialty providers to serve the region and include telemedicine options.

Goal Area 4. Behavioral health care access

IDENTIFIED HEALTH CARE NEED

Substance abuse and mental health issues can further contribute to and complicate the treatment of medical conditions, in particular chronic conditions. In 2010, nearly 8,500 children and adults received treatment through Medicaid or other public funds for a primary diagnosis of major affective disorder, and nearly 4,500 received treatment for substance abuse. Both critical access hospitals and community representatives reported a serious lack of access, services, reimbursement as well as an impending behavioral health funding crisis as a major issue in the region. In particular, co-morbid diagnoses present a huge care issue relative to in-patient care. Of all of the health care needs assessment issues in the region, there was a striking consensus for the need to address access to behavioral health care on a regional basis.

PROPOSED STRATEGIES

- Develop a 'bed tracking' system across the region, similar to a system in Columbus to reduce individual staff time at each critical access hospital, to locate beds for co-morbid and behavioral health patients. The Hospital Council of Northwest Ohio could lead the coordination around the issue and perhaps host the system.
- In anticipation of shifts in state behavioral health funding, organize the region across service sectors to develop a public policy platform, calling attention to the desperate need in the region.
- Explore relationship building with Federally Qualified Health Centers.
- Establish a regional 'best practices' work group to identify specific tactics.