

Hillsdale Hospital

Community Health Needs Assessment (CHNA) Action Plan

2019

Issue 1: Smoking while pregnant.

Background and Action Plan

This has been a longstanding problem/issue with pregnant mothers in Hillsdale County. Hillsdale County has historically had a higher rate of overall population who smoke, and a much higher of women who report smoking while pregnant. Hillsdale County reports 27.6% of pregnant women report smoking while pregnant in the latest 3 year data set, compared to 16.2% of women in Michigan. This is a huge disparity and a risk factor that cannot be ignored. Smoking during pregnancy increases the risk of health problems for developing babies, including preterm birth, low birth weight, and birth defects of the mouth and lip. Smoking during and after pregnancy also increases the risk of sudden infant death syndrome (SIDS), all associated with higher rates of mortality and increased cost to patients and the overall health system within the county.

There are several evidence based interventions that can be explored for possible implementation with patients, with the assistance of local providers; they include: The Baby & Me-Tobacco Free Program™ is an evidenced-based program used by many clinicians to help pregnant women stop smoking. The program is set up to provide education and resources for women to quit smoking.

Follow-up visits consist of exhaled carbon monoxide measurements to ensure quit. The positive reinforcement is diaper vouchers that can be used post-partum.

Another evidence-based program is Smoking Cessation and Reduction in Pregnancy Treatment™ (SCRIPT). This program provides a comprehensive guide for purchase in English and Spanish, as well as video format.

Some states provide quit-lines specific for pregnant smokers and other states link pregnant smokers to the regular quit-line. This is a resource currently available in Michigan,.

The quit-line tobacco cessation program uses clinically proven methods to achieve some of the highest quit rates in the country. We help nearly 450 people a day in their journey to quit tobacco.

What the Program Offers Participants:

- Participants enroll online or by telephone. They then have access to these program offerings:
- Coaching by phone and additional support via email, text, or instant message. Participants work with a coach to prepare a quit plan, set a quit date, understand tobacco triggers, manage cravings and address relapses. Coaches are available 24/7.
- A robust pharmacotherapy program that varies by client is offered.
- Planning and educational materials to help participants map out their road to quitting tobacco.
- Membership in an online community of others who are working to become tobacco free.

Recommendation:

Hillsdale Hospital will investigate potential implementation of all 4 of these opportunities. The Hospital will work with members of the local OB/GYN community as well as appropriate local providers to assure these evidence based opportunities are readily available to pregnant mothers within the County. A goal of reducing smoking while pregnant in Hillsdale by 10% over the next 3 years will be established and tracked over time.

Issue 2: Inadequate Prenatal Care

Background and Action Plan

Stemming from a request by the US Congress, the Government Accounting Office (GAO) investigated the extent to which Medicaid beneficiaries and uninsured women experience difficulties in obtaining access to prenatal care to determine the: (1) timing and number of their prenatal care visits; and (2) barriers they perceived as preventing them from obtaining care earlier or more often. The GAO found some of the following barriers exist throughout the system of care: Women less likely to obtain prenatal care are more likely to be poorly educated, uninsured, lack of money to pay for care, lack of transportation and unawareness of services available. Many of these same issues were identified within this report (less educated than the general populace, poor, lack of transportation) were all either identified within the secondary data or during the discussion with the Human Services Network who acted as a proxy for the Community. Given that a large number of women of childbearing age within Hillsdale County are on Medicaid as their primary source of insurance, this data speaks directly to action plans that need to be put in place to address this issue.

Inadequate prenatal care (PNC) is defined as when no care was received or if care began during the third trimester. It is also inadequate if care began during the first or second trimester but less than five visits occurred. Inadequate PNC data for Hillsdale County shows a dramatic lack of adequate care for pregnant mothers within the county. Data for

2017 shows adequate PNC for Hillsdale pregnant mothers at 64.9%, and the rate for the State of Michigan at 72.2%. Clearly, given these data, this is a significant need to be addressed within the county. Discussion at the Human Services Network designated this as an issue that the Hospital could have a significant impact, as one of the OB/GYN practices within the county is owned by the Hospital and the other has a provider who is a Board member of the Hospital. The major issue identified by the group was transportation. A significant number of these pregnant moms are either working poor or young moms with little or no means. Transportation is a barrier for many of these women, but some solutions have been identified that can assist in this area. This will require coordination between the Department of Human Services (of which we co-employ one of their staff), the hospital and the OB/GYN offices in the county.

In speaking with our partners in the Department of Health and Human Services (DHHS), there are many opportunities to better educate patients and caregivers about the services available. Not only are there accelerated Medicaid approvals available for pregnant moms, there is also travel assistance programs offering travel to and from appointments. There are also materials that can be made available to better educate our county on the importance of early prenatal care. All of these opportunities will be investigated and implemented as appropriate over the next three year cycle.

Recommendation:

The Hospital will work with our in-house DHHS representative, as well as our partners at the Branch-Hillsdale-St. Joseph Community Health Agency to make as many of these resources available to both our hospital OB/GYN's as well as the non-hospital OB/GYN office. We will establish a 3 year goal of increasing the number of women in Hillsdale County with adequate PNC to 70%. We will strive to meet this goal by 6/30 of 2022.

Issue 3: Opioid Use / Abuse

Background and Action Plan

Prescription drug misuse is a serious problem in Michigan and Hillsdale County is not exempt from this issue. Drug overdose deaths are on the rise across the state. Two types of prescription drugs are the leading cause of misuse - painkillers (opioids) and tranquilizers (benzodiazepines). Opioids include both illegal drugs, such as heroin, and prescription pain medicine. Common opioids used to treat pain include oxycodone, hydrocodone, morphine, methadone, and codeine. Synthetic opioids are contributing to the crisis, too. Synthetic opioids that are appearing across Michigan include Fentanyl and Carfentanyl. These drugs are far more powerful and deadly than other opioids and are frequently mixed with heroin, often times without the user knowing. Hillsdale Hospital can be on the forefront of this issue in the county as nearly all surgical procedures, chronic pain prescriptions and ER visits fall under the purview of the hospital.

Researchers found that among the 7 surgeries studied—TKA, THA, rotator cuff surgery, hysterectomy, hernia surgery, colectomy, and sleeve gastrectomy—the average number of opioid pills prescribed dropped, but only slightly, from 85 pills per patient to 82. Authors of the report speculate that the slow progress could be due in part to the level of pressure surgeons feel to prescribe more opioids than they feel are necessary—a pressure reported by 66% of surgeons surveyed.

Hillsdale hospital currently participates in the Michigan Surgical Quality Collaborative and a major emphasis has been placed on reducing the over use of opioids being used, and better restricting to newly established best practice dosing guidelines. This requires both a change in historic practice patterns and better patient education. Both of these issues will be addressed as we moved quickly to curb this growing problem in our industry.

Emergency Departments too, are not exempt from this epidemic. Non-opioid therapies should be used as first line therapy and educating our ED providers on current best practice prescribing guidelines will be first and foremost in the strategies we employ. New guidance is available and needs to be explored and implemented within our facility. The list below are many of the current recommendations that will be reviewed.

- Lost or stolen prescriptions should not be replaced.
- The prescription drug monitoring program (PDMP) must be accessed prior to prescribing controlled substances schedules 2-5, in compliance with Michigan law.
- Consider care coordination and/or effective ED-based Screening, Brief Intervention, and Referral to Treatment (SBIRT) with patients that have suspected risky opioid use or frequent ED visits
- Non-opioid therapies (e.g., acetaminophen, ketorolac) are encouraged as primary or adjunctive treatments.
- Non-pharmacologic therapies (e.g., ice, splinting) should be utilized.
- The prescription drug monitoring program (PDMP) must be accessed prior to prescribing opioids, in compliance with Michigan law.
- Meperidine (Demerol) should not be used.
- For patients discharged from the ED with an opioid prescription for acute pain
- Long-acting opioids (e.g., fentanyl, methadone, OxyContin) should NOT be prescribed.
- Short-acting opioids (e.g., hydrocodone, oxycodone) should be prescribed for no more than three-day courses.
- Do not prescribe opioids with benzodiazepines and other sedatives.
- Information should be provided about opioid side effects, overdose risks, potential for developing dependence or addiction, avoiding sharing and non-medical use, and safe storage and disposal.
- Consider offering a naloxone co-prescriptions to patients who may be at an increased risk for overdose, including those with a history or overdose, a substance use disorder, those already prescribed benzodiazepines, and patients who are receiving a higher doses of opioids (e.g., >50 MME/day

Recommendation:

Hillsdale Hospital will adopt both surgical best practices regarding opioid prescribing as well as utilize our Antibiotic Stewardship Committee to review, monitor and propose best practices in prescribing opioids for our inpatients and ED patients as well. The hospital will also provide this information to our community physician network. We will continue to monitor and low our overall use to targeted levels by both MSQC and Mi-OPEN for Surgery services, ED visits and Inpatients to the hospital. The Hospital's Antibiotic Stewardship Committee will continue to monitor the level of usage within the Hospital prescribing team and strive for 95% or higher levels of compliance with prescribing guidelines by June 30, 2022.

Item 4: Health Professional Shortages

Background and Action Plan

Hillsdale County, as a small, isolated rural county, has always struggled to attract and maintain a variety of health professionals, including Primary Care providers, Mental Health Professionals and Dental providers. As such, Hillsdale is federally designated as a Medically underserved county in all three of these categories.

Medically Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers *, high infant mortality (11.2/Hillsdale Co. vs. 6.8/ Michigan), high poverty (Hillsdale 17% of adults vs. Michigan 15% of adults), or a high elderly population (Hillsdale 19.1% vs. Michigan 16.7%). Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), population (e.g. low income or Medicaid eligible) or facilities (e.g. federally qualified health center or other state or federal prisons).

What is a medically underserved area (MUA)? What about a medically underserved population? How do they differ from a health professional shortage area (HPSA)? To answer these questions, we turn to guidance from the United States Department of Health and Human Services Division of Health Resources and Services Administration (HRSA).

Why are these designations important? Providers in these areas of critical shortage can qualify as either a Federally Qualified Health Center ("FQHC") or a Rural Health Clinic ("RHC"). The main difference between these two types of entities is that the FQHC designation only applies to non-profits, whereas an RHC is for profit. Both types of providers are eligible for enhanced *Medicare* payments based on costs. There are a whole host of other incentives to bolster the health care workforce and rural practices in HPSAs and MUAs, including loan repayment and scholarships.

During the Human Services Network Needs Assessment presentation and discussion, it was noted that as a result of the Hospitals efforts, Hillsdale has access to many health specialties

that other small counties do not have, but that there are still some shortages that they wish could be addressed. OB/GYN continues to be an issue as there are only 2 offices with 3 providers and a Nurse Midwife. The hospital recently constructed a new OB wing for the hospital and providing sufficient OB coverage continues to be a top priority. Utilizing some of the Federal incentives available as a result of Hillsdale County's designation may be critical in obtaining additional funding as well as additional health provider resources. The hospital will continue to use any and all of these opportunities to fill gaps in care and service within our service area. To start the next 3 year cycle, we have developed the following tentative list; secure in the knowledge that once we make it, it will be subject to change due to need or unforeseen circumstances.

Organization wide current top targeted needs for healthcare professionals at this time (5/10/2019)

- 1) OB/GYN Advanced Practice Provider
- 2) Advanced Practice Provider
- 3) Chief Nursing Officer
- 4) Director of Home Care
- 5) Medical Records Manager or Revenue Cycle Director
- 6) Director of Marketing
- 7) Scrub Tech
- 8) RN's for Emergency
- 9) RN's for OB
- 10) Medical Assistants for Clinics

Recommendation:

Hillsdale Hospital will continue to work to recruit as well as retain high quality professionals in these areas of service. The hospital is also recruiting (and has tentatively secured) an OB/GYN as well as a Urologist.

Item 5: Transportation for medical services

Background and Action Plan

Transportation is an important social determinant of health in rural communities. The availability of reliable transportation impacts a person's ability to access appropriate and well-coordinated healthcare, purchase nutritious food, and otherwise care for him or herself. Rural populations most likely to need transportation services to maintain their health and well-being include:

- The elderly

- People with disabilities
- Low-income individuals and families
- Veterans and people with special healthcare needs, who often must travel long distances to access care

Accessible transportation options can make the difference between healthcare access and no access for many people in rural areas. Often elderly individuals and individuals with disabilities have greater healthcare needs than other rural residents, and living in rural areas isolated from healthcare providers causes them additional difficulties. Distance to healthcare can have a significant impact on their quality of life, their health, and their safety. Distance and available transportation go hand in hand when it comes to preventing the elderly and people with disabilities from receiving the healthcare that they need.

According to a 2010 study from the Upper Great Plains Transportation Institute, some of the negative impacts due to distance and lack of transportation include:

- Increase in delayed or missed trips to receive healthcare services
- Disruption in ongoing treatments and services for chronically ill patients
- Travel distance to health services and the related costs affect patients' healthcare decisions
- Travel time spent to access healthcare can affect patients physically and cause stress
- Use of some medications, like insulin, declines as patients live farther from their source of care

Studies have shown that providing transportation for medical treatment to low-income, elderly and the disabled patients is cost-effective and improves the quality of life. A study by the Transit Cooperative Research Program, Cost Benefit Analysis of Providing Non-Emergency Medical Transportation, showed the differences between the cost of poorly-managed and well-managed care, as well as the differences in quality of life. They found that reduction in healthcare costs and improvement in quality of life would more than offset the costs required to provide non-emergency medical transportation. Missing a routine or preventive care service because of transportation can lead to poorly managed care, a need for emergency care, and preventable hospitalizations.

Providing effective transportation options to healthcare services for low-income, elderly, and disabled residents keeps them out of hospitals and nursing homes, allowing them to remain contributing members of the community and lead healthier lives while keeping health costs down.

Currently, Hillsdale Hospital has a transportation program set up by the Hospital with Key Opportunities and the DOT supplemented by grant funds. Drivers are available for transportation for patients in need, but limited to 1 driver for all hospital services. The driver does service all hospital units (SNF, BHU, ED, Inpatient). This funding is scheduled to end in 2019 and does not appear to be renewable. Other opportunities such as this will be explored moving forward.

While this transportation issue is not a problem that can be solved for our population at large, there are segments of our consumer base who could be helped if they were aware of transportation services that are available through many insurers (Medicaid, BCBS-M, AETNA, HMO's). Some even provide transportation for prescription pickup if you do not have a working car or a driver's license While Medicare does NOT provide transportation services, there are a growing percentage of Medicare eligible citizens who also have Medicaid. Currently, Medicaid is the payer of 23% of our total patient population. In addition, some private insurance carriers also offer this service to their covered lives, and as a results, we could impact upwards of 50% to 55% of our patients with this type of assistance.

Recommendation:

Hillsdale Hospital will work with local providers as well as our own Case Management staff to assure that patients are aware of the benefits and services that are available to them to assure the opportunity for the best healthcare possible. The goal is to provide information regarding resources, to all patients served within the Hillsdale Hospital service market, including physician offices within the hospital family. This includes advertising, brochures, and discharge education and coordination of services with our partners at DHHS. In addition, we will continue to seek additional grant opportunities as they become available. We will also keep an eye on Uber, Lift and other similar service providers for their potential penetration into our service market.

Item 6: Increase low/no cost screenings for low income patients

Background and Action Plan

The health of people with low incomes often suffers because they can't afford adequate housing, food, or child care. Such living conditions, and the stress they cause, can lead to higher rates of tobacco and alcohol use and increase the risk of health problems developing or worsening over time.

In addition, partly because they are more likely to be unable to afford care, people with low-incomes use fewer preventive care services. As a result, there are fewer opportunities for practitioners to assess and educate these patients about their health risks. Even when low-income people do see health care providers, the social needs like poor housing that may affect their health and complicate treatment are rarely addressed. If health plans and providers can better meet the needs of these patients, such improvement might spur higher quality improvements throughout the system.

Compared to their higher-income counterparts, relatively healthy low-income people are more likely to:

Have poorer self-reported health and greater health risks. One-fifth of low-income adults report their health as fair or poor, compared to only 5 percent of higher-income adults. Rates of obesity are also higher among low-income adults (36%) compared to higher-income adults (28%). Low-income adults are also much more likely to be smokers (25%).

Have more mental health problems. Based on a widely used screening tool for identifying symptoms of depression and anxiety (the K6 distress scale), low-income people are much more likely to be in serious psychological distress (7%) compared to higher-income people (1%). Low-income people also report more difficulty sleeping (18%) than higher-income people (14%).

Have more limited access to care. Although research has shown that the Affordable Care Act significantly narrowed income disparities in insurance coverage and access to care, such disparities persist. Lower-income people are still much more likely to be uninsured (26%) compared to higher-income people (4%). In addition, almost one-quarter (23%) of low-income adults lack a usual source of care. They are also much more likely to report delaying care, not being able to afford prescription medications, and experiencing problems paying medical bills relative to higher-income people.

Recommendation:

Provide half priced Bone Mineral Density Scan (DEXA), Osteoporosis/fracture risk - normally \$228.60 for select months over the next three year cycle. This will benefit patients, as DEXA helps evaluate if they have poor bone density which puts them at risk for osteoporosis and/or fractures. Their physician could prescribe medications and supplements to help with this.

The hospital will provide half priced Carotid ultrasound (plaque/stroke screening) – normally \$489.90 for select months over the next 3 year period. The carotid ultrasound screens for plaque and or decreased flow in the carotid arteries which can lead to stroke. Again, medication can be prescribed and or surgery performed to clean out the arteries. Yes, we do at least 2 carotid ultrasounds every day and about 40 DEXA scans per month. I would recommend that these exams be offered on 2-3 certain days in a month. Then we would schedule the day full of them (2 different months to allow for better promotion of these services).

In addition, heart disease and Stroke, as evidenced in the Community Health Needs Assessment for 2019, are major health concerns in Hillsdale County. The death rate for citizens in Hillsdale county is 15% higher than the population in Michigan overall. With Heart disease, there are risk factors you cannot control (age, sex, heredity) and there are risk factors you *can* control. The role the hospital can play in this equation is to educate our public about the risks, help them to ‘know their numbers’ and learn what they can do to help themselves control these risks.

Major risk factors you can modify, treat or control:

Tobacco smoke

The risk that smokers will develop coronary heart disease is much higher than that for nonsmokers. Cigarette smoking is a powerful independent risk factor for sudden cardiac death in patients with coronary heart disease. Cigarette smoking also interacts with other risk factors to greatly increase the risk for coronary heart disease. Exposure to other people's smoke increases the risk of heart disease even for nonsmokers.

High blood cholesterol

As your blood cholesterol rises, so does your risk of coronary heart disease. When other risk factors (such as high blood pressure and tobacco smoke) are also present, this risk increases even more. A person's cholesterol level is also affected by age, sex, heredity and diet. Here's the lowdown on:

- **Total cholesterol**
Your total cholesterol score is calculated using the following equation: HDL + LDL + 20 percent of your triglyceride level.
- **Low-density-lipoprotein (LDL) cholesterol = "bad" cholesterol**
A low LDL cholesterol level is considered good for your heart health. However, your LDL number should not be the main factor in guiding treatment to prevent heart attack and stroke, according to the latest guidelines from the American Heart Association. In addition, patients taking statins no longer need to get LDL cholesterol levels down to a specific target number. Lifestyle factors, such as a diet high in saturated and trans fats, can raise LDL cholesterol.
- **High-density-lipoprotein (HDL) cholesterol = "good" cholesterol**
With HDL (good) cholesterol, higher levels are typically better. Low HDL cholesterol puts you at higher risk for heart disease. People with high blood triglycerides usually also have lower HDL cholesterol. Genetic factors, Type 2 diabetes, smoking, being overweight and being sedentary can all result in lower HDL cholesterol.

High blood pressure

High blood pressure increases the heart's workload, causing the heart muscle to thicken and become stiffer. This stiffening of the heart muscle is not normal and causes the heart to function abnormally. It also increases your risk of stroke, heart attack, kidney failure and congestive heart failure. When high blood pressure is present alongside obesity, smoking, high blood cholesterol levels or diabetes, the risk of heart attack or stroke increases even more.

Diabetes

Diabetes seriously increases your risk of developing cardiovascular disease. Even when glucose levels are under control, diabetes increases the risk of heart disease and stroke. The risks are even

greater if blood sugar is not well-controlled. At least 68 percent of people with diabetes over 65 years of age die of some form of heart disease. Among that same group, 16 percent die of stroke.

If you have diabetes, be sure to work with your doctor to manage it, and control any other risk factors that you can. To help manage blood sugar, people with diabetes who are obese or overweight should make lifestyle changes, such as eating better or getting regular physical activity.

Recommendations:

The hospital Laboratory will be offering twice annually, promotional testing days for community members to get tested and ‘know their numbers’. Finding out your starting point with these numbers is critical in figuring out where to go next. Many in Hillsdale, for a variety of reasons, do not have these tests, and as a result, never know that they may already be at risk for early heart disease or onset of stroke. The Hospital will be providing these tests; along with information regarding risk factors and strategies mitigate some of these levels with changes in lifestyle, diet and activity level.

- Screening includes cholesterol (total, HDL, LDL) blood glucose
- Cost is \$10/person (check or credit/debit card. No Cash Accepted).
- To ensure accuracy, you must fast for 12 hours prior to the test; water is allowed and you may continue to take your medications.
- Test results are mailed to you, and you can request a copy be sent to your doctor
- Serum Glucose testing for diabetes and pre-diabetes screening

The overall goal is to increase the knowledge of our community regarding risk factors they may have for Heart disease and stroke and give them tools to help mitigate some of this risk. The specific goal would be to see a 5% overall reduction in mortality for heart disease in Hillsdale county from the current (2015-2017), age adjusted rate of 227/100,000 to a rate of 215/100,000.

Issue # 7 - High Cost Psych meds causing readmit and unnecessary admissions.

Background and Action Plan

In conversations with Behavioral Health staff and Manager, the consensus was that the issue is almost never the inability to afford medications. The cost of many of these medications is not a barrier to taking them, and there are some assistance programs available for others. This is of non-compliance is more of an issue of patient preference. Patients report that psych meds often have side effects or restrictions on diet that make them unpalatable or unacceptable for many patients to agree to take them. If patients have an issue with obtaining medications at discharge we assure they have applied for Medicaid if they are eligible, and if they are not, we give them a Good-RX coupon card for their medications. Most of our patients are cared for by the CMH of their counties, so they are

responsible for helping patients obtain meds. Beyond educating out patients about the importance of taking their medication regularly (which we currently do with each patient), this is not an issue where the hospital can have substantial impact on reducing this problem beyond what the hospital currently provides our patients.

Recommendation – no additional action by the Behavioral Health Unit on this issue.