

**Hillsdale Hospital 2022 Community Health Needs Assessment (CHNA)  
Action Plans – Final Draft  
6/23/2022**

1. **Recommendation from Human Services Network (HSN):** Recruiting more professionals in the fields of cardiology, oncology, geriatrics and ENT.

**Background:**

Health Professional Shortage Areas (HPSA) designations identify areas, population groups, or facilities within the United States that are experiencing a shortage of health care professionals. Geographic HPSAs have a shortage of services for the entire population within an established geographic area. Hillsdale County has such a determination for the entire county.

Hillsdale is designated as a Health Professional Shortage Area by the Federal government for Primary Care, Dental Care and Behavioral Health. Hillsdale Hospital was able to recruit an ENT several years ago, but this provider subsequently left Hillsdale due to lack of sufficient demand (2012-14). In addition, Hillsdale Hospital had oncology service with Dr. Shen for several years, but Dr. Shen subsequently left and his role has been difficult if not impossible to fill. The hospital has looked at several contractual alternatives since his departure, but has not yet been successful in bringing this much needed service back to the county.

The leading causes of death in Hillsdale County (reported as a 2018 to 2020 three year average) was heart disease – greater than the next 7 leading causes, combined. Hillsdale County has always had a shortage of cardiology services and that continues. The Hospital has had a collaborative relationship with Ascension Borgess Hospital for cardiology services and we will continue to attempt to bolster this service to meet the demands of our community. We currently have one Cardiology provider for Hillsdale (Dr. Owusu). It will be the intention of the Hospital to actively recruit for this service line in an attempt to fill this important need within the County going forward. There are opportunities to accomplish this via both staffed as well as tele-health alternatives.

In addition to the shortage of Primary Care and specialty care in Hillsdale County, the number of geriatricians per 10,000 adults older than 65 years of age has decreased steadily since 2000.

**Action Plan –**

**Cardiology:** The Hospital has had a collaborative relationship with Ascension Borgess Hospital for cardiology services and we will continue to attempt to bolster this service to meet the demands of our community. We currently have one Cardiology provider for Hillsdale (Dr. Owusu). It will be the intention of the Hospital to actively recruit for this service line in an attempt to fill this important need within the County going forward. There are opportunities to accomplish this via both staffed as well as tele-health alternatives.

**Oncology** – Hillsdale Hospital currently has a NDA with West Michigan Cancer Center and an affiliation agreement for Oncology services with Ascension Borgess. Unfortunately, there are no oncologist to recruit to Michigan and Ascension is down 4, limiting their ability to come to Hillsdale at this time. Right now, the relationship is going to be a virtual option (telehealth) at our Three Meadows facility until we can get one here very part-time.

**Gerontology:** Geriatricians are fully trained medical doctors. After graduating from medical school, completing residency requirements, and becoming state-licensed to practice medicine, doctors who want to specialize in geriatric medicine must become board-certified in internal medicine or family medicine. Attracting and retaining such specialists in today’s market is increasingly difficult. Hillsdale County is extremely fortunate to have 2 such specialist residing and working in our community at this point in time. Fortunate in that, by most estimates, a population the size of Hillsdale County, with a senior population currently at about 20%, we are projected to need between 1.4 and 1.6 FTE gerontology specialists to serve our community. So while we currently appear to have sufficient specialty care in this area, we have two issues of concern. First, the senior population is growing and is currently 4% larger, by percentage, than the senior population in Michigan. In addition, the median age of Hillsdale County residents is nearly 3 years older than that of Michigan, so as time marches on, there will be a larger and larger percentage of seniors who will need care. In addition, providers, believe it or not, are subject to the hands of time as well. We already know we will need to replace one of our two Geriatric specialists within the next 3-5 years. Hillsdale Hospital will be actively seeking providers with this specialty in the coming years so we can 1. Recruit the necessary skills and 2. Attract and retain these professionals as our population will demand it in the coming years.

Second, and perhaps as important, it was noted during our community session for this current CHNA, there were many/most of the membership of the Human Service Network that were NOT aware we had Gerontology specialists in our community. The hospital is also firmly committed to engage in a marketing campaign, so that providers as well as our community are fully aware that we have this specialty available for referral and will work hard to maintain and even grow this capacity.

**ENT** – Hillsdale Hospital is proud to announce that at the time of the presenting of this Action Plan to the Board, we will already have and be utilizing the services of an ENT. She will be beginning to service patients in Hillsdale beginning June 9, 2022 on a limited basis, with a potential for increasing availability if demand warrants it.

2. **Recommendation from HSN:** Encourage physicians to take more Medicaid patients, especially in the pediatric field.

**Background:**

Hillsdale County has a large number of people living at or near poverty level, and the number is growing. A complete look at the various types of health insurance used by Hillsdale County citizens can be seen using U.S. Census data (below). In addition, hospital data shows

that 23% of patients pay for Hospital services utilizing Medicaid. It is a significant payment source in Hillsdale County given the level of poverty within the county. Medicaid also the payment source for approximately 48% of all births within the County. Having sufficient providers who accept Medicaid as a source of payment for patients is critical in providing quality healthcare to our citizens. As such, it was discussed that many providers only accept a small percentage of patients within their panel of patients who are insured by Medicaid. The Collaborative strongly encouraged the Hospital to encourage all providers increase this percentage so that more patients can have access to care.

Insurance Types - % of Hillsdale County (Source: US Census)

Medicare	15%
VA	2%
Uninsured	6%
Employer based	45%
Medicaid	20%
Other	12%

A poverty level of 100% in the U.S. was defined in 2021 as an annual income of:

- \$14,097 for one person under age 65.
- \$12,996 for one person aged 65 or older.
- \$27,479 for a family of two adults and two children.

Hillsdale County has a higher percentage of people below poverty level than Michigan or the United States.

Our Survey showed a high degree of concern among those responding to the issue of respondents in the 2022 CHNA survey were asked if they were very concerned, moderately concerned, or not at all concerned about poverty in the community. Of the 683 people who answered this question:

- 324 (47.4%) said they were very concerned.
- 290 (42.5%) were moderately concerned.

A recent study by researchers from the US Bureau of Economic Analysis, the University of Chicago, and the Federal Reserve Bank in San Francisco found providers run into more obstacles when trying to bill Medicaid than they do with other insurers, and that these administrative hurdles explain the access problems experienced by Medicaid patients as much as the program's payment rates.

Medicaid payment rates, the amount doctors receive for providing services, are on average lower than Medicare or private coverage. This has typically been used to explain why many physicians are reluctant to take Medicaid and why some Medicaid recipients still struggle to access care. That is on top of the other health challenges that people with lower incomes face. Usually, the access problem is seen as caused by the prices paid by Medicaid. And Medicaid does pay less than the other major insurers: Based on its own data, the average initial claim filed is \$98 for

Medicaid patients, whereas Medicare averages \$137 and private insurers average \$180.

**Action Plan:** For many low-income people in the US, getting insured isn't enough to get health access to health care: Patients with Medicaid can struggle to find a doctor willing to take their health insurance. And this happens in large part because, for doctors and providers, billing Medicaid is a challenge. The Hospital can assist the community in the area, as we have Rural Health Centers who take all patients regardless of their ability to pay, and all Hospital owned PCP's also take Medicaid as payment in full.

As for our community providers, the Hospital is fully aware that doctors' offices are businesses in addition to healthcare providers, and it's not surprising that they would make participation decisions based not only on how much they get paid, but also on the hassle of doing business with different insurers. They need to make sufficient margin to stay in business. The existing 'rule of thumb' for providers is 80/20, for Medicaid vs. other forms of insurance. Hopefully with the Hospital providing more primary care than ever, and the potential for that to increase over time, there will be sufficient provider capacity to serve this population and this gap. It is the intention of the hospital to provide access to care for as many patients as we serve, providing a variety of options (RHC, Walk in care, PCP care, multiple clinics, ER care).

3. **Recommendation from HSN:** Coordinate the existing pain clinic with Prevention Works.

**Background:**

According to the Centers for Disease Control and Prevention, "In 2019, nearly 50,000 people in the United States died from opioid-involved overdoses. The misuse of and addiction to opioids-including prescription pain relievers, heroin, and synthetic opioids such as fentanyl-is a serious national crisis." Opioids work in the nervous system or on specific receptors in the brain to reduce the intensity of pain. Overdose deaths from opioids include those from prescription opioids, heroin, and synthetic opioids like fentanyl.

Although prescriptions for opioids account for only some of the drug overdose deaths, the Centers for Disease Control and Prevention has been tracking the prescription dispensing rate per 100 persons over the past years. The rate has been much higher in Michigan than the United States for the years 2018-20 but Hillsdale County rates are lower than both Michigan and the United States rates for 2019 & 2020.

The HSN members pointed out that physicians are often "hamstrung" by the government in prescribing pain management drugs. There is a large amount of paperwork needed to be filed on a regular basis for providers to continue to write prescriptions for opioids. Many providers would prefer to refer patients needing opioids for pain management to certified pain management clinics. Pain management clinics should include a mental health component since behavioral modifications can sometimes reduce the need for medications. The HSN members recommended a coordination between Hillsdale Hospital and Prevention Works.

## **Action Plan:**

The Prevention Works Coalition has been operational in Hillsdale County since the summer of 2007, and currently has seventeen (17) active members. There is representation from law enforcement, human service providers, government, media, SUD treatment, and concerned citizens. Coalition members provide strong linkages across the county and region, with members serving on the local multi-purpose collaborative body (Human Services Network - HSN), CAN council (Child Abuse Prevention and Awareness – CAPA), Family Treatment Court advisory council, 4H groups, and many service clubs, churches, and other organizations. The Coalition staff are active on Tobacco Reduction Action Coalition (TRAC), Coordinated School Health Council, HSN and the HSN Indicators workgroup, C3 (domestic violence community coalition), Hillsdale Community Schools board of education, and the Alpha-Omega Women’s Care Center board. This involvement in multiple sectors of the community helps the Coalition to network. Prevention Works seeks to partner with others to continue to expand our prevention efforts in Hillsdale County.

That said, Hillsdale Hospital will reach out to Prevention Works to attempt to coordinate our efforts with our existing pain clinic and other services that could benefit or be synergized by collaboration with Prevention Works. The hospital will actively participate with Prevention Works over the next 3 years to assure services are maximized for our patients and coordinated with other providers of care within the County.

4. **Recommendation from HSN:** Address the issue of inadequate prenatal care by creating partnerships with the Branch-Hillsdale-St. Joseph Community Health Agency’s WIC program as well as the prenatal care initiatives headed by Great Start.

## **Background:**

Prenatal care is reported based on the Kessner Index (The Kessner Index is a **classification of prenatal care** based on the month of pregnancy in which prenatal care began, the number of prenatal visits and the length of pregnancy; i.e. for shorter pregnancies, fewer prenatal visits constitute adequate care). Among the 1,501 births to Hillsdale County residents between 2018-20:

- **53.3%** of the mothers received adequate prenatal care compared to **67.8%** in Michigan
- 35.9% of mothers received intermediate care compared to 23.4% in Michigan.
- 10.8% had inadequate care compared to 8.8% in Michigan

Hillsdale Hospital offers a fully equipped birthing center. Not all births to Hillsdale County residents occurred at Hillsdale Hospital, but some out-of-county residents also used the hospital facility. The HSN members were very concerned about the lack of adequate pre-natal care for area moms. One member said the county was the second county in the state of Michigan for inadequate care last year.

Several factors that prohibited adequate pre-natal care were discussed including:

- Transportation issues, especially for teen moms.
- Cultural issues. Some said their moms didn't need early pre-natal care and therefore they did not feel the need for it.
- Drug use. Moms using drugs may be reluctant to seek care, concerned about being reported to protective services for abuse of their unborn child. The law in Michigan currently prohibits protective services to intervene until and unless the child is born with drug addiction problems, so this concern may be less than expectant mothers believe.

The Branch-Hillsdale-St. Joseph Community Health Agency oversees the WIC Program in Hillsdale County. They have found that younger moms may not be aware of the availability of this program and the requirements necessary to access services. Linking moms on WIC to adequate pre-natal care is sometimes a challenge but HSN members recommended better coordination between the Agency and the OB/GYN area providers.

Members also recommended the OB/GYN providers collaborate with Great Start on linking new moms and mother's to be with WIC and other pre-natal and early childhood programs.

#### **Action Plan:**

Actions plans on this longstanding issue in Hillsdale County will come from two sources. First, OB Nursing Management will actively reach out to both the Branch-Hillsdale-St. Joseph Community Health Agency to seek opportunities to collaborate and expand the services provided by WIC for women in Hillsdale County. Additionally, OB Nursing Management will reach out to the Great Start Collaborative to increase the Hospital's presence with this organization to attempt to better serve our patients and their families. Great Start, whose mission is to assure a coordinated system of community resources to assist all Hillsdale County families in providing a great start for their children prenatal through third grade, will be an excellent opportunity for the Hospital to collaborate in this endeavor to assure we are providing the best, coordinated care possible for Hillsdale County moms.

In addition to reaching out to community groups to better coordinate care and services, our physician providers here at the Hospital have committed to the following initiatives:

1. Education- improving our patients understanding of risks of obesity, smoking, diabetes etc. Coordinating programs and/or education material will assist in increasing the quality of care we can provide.
2. Centering pregnancy- this is a preset program that groups patients by gestational age and allows them to go through their pregnancy together. Dr. Sinischo (OB/GYN) truly believe this would be an amazing opportunity for our community to access this initiative. The Hospital may need to explore sources of funding and possible grants to afford this. This program gives patients control of their health and educates in important ways. This program has been shown to decrease morbidity and mortality proven through proven research.

3. Providing Mental health professional for needed out-patient care. The hospital is currently positioning to begin the process of providing limited outpatient mental health services in the coming months. This is a great step and we will have many patients, in desperate need, to refer if this program can become a reality.

5. **Recommendation from HSN:** Create (or incorporate) a weight clinic with a program that includes both dietary and behavioral health modifications to address the obesity issue.

**Background:**

Obesity is a major factor in the control of diabetes, heart disease and other chronic conditions. Weight control is a problem for many area residents. When asked in the 2022 CHNA survey if they were concerned about their weight, 702 respondents answered the question. Of these:

- 334 (47.6%) said they were.
- 368 (52.4%) said they were not.

When asked how they would best describe their weight, 681 respondents answered the question. Of these:

- 18 (2.6%) said they were under weight.
- 245 (36.0%) said they were average weight.
- 350 (51.4%) said they were overweight.
- 68 (10.0%) said they were obese.

These results were similar to what was found in the CHNA previous surveys.

- 50.5% said they were overweight and 8.6% said they were obese in 2019.
- 51.1% said they were overweight and 7.7% said they were obese in 2016.

These results indicate little progress has been made in this area. Hillsdale Hospital currently offers a multidisciplinary approach to treat obesity.

1. The hospital has a resident dietician. Area doctors can refer overweight or obese patients to the dietician for consultation on diets and diet modification.
2. Regular seminars are conducted for those interested in weight loss surgery to explain procedures and expected outcomes.
3. The hospital offers several surgical procedures in conjunction with the Hillsdale Surgical Group for those interested in surgical intervention. Surgical options include laparoscopic gastric sleeve resection and laparoscopic adjustable banding.

The HSN members commented that some areas have created weight clinics associated with their hospital. The clinics provide dietary programs plus supportive help for patients to make the behavioral modifications needed to reduce their weight.

Providers refer for individual counseling – our Hospital Dietician see patients 1-3 visits, depending on insurance mix. 50% of insurance, including Medicare, does not pay for weight management. New preventative codes exist, however, that could include nutrition, that we may be able to use. Hospital Administration is exploring the feasibility of this becoming a reality. Due to limited reimbursement, Hospital Dietary staff typically see patients once, which is not enough to help a person with obesity change their entire life and lose weight. If insurance does not pay, or patients do not want to pay in deductible, the Hospital offers a monthly group nutrition class 1 ½ hours in length for \$30. Again, not enough to truly help someone.

### **Action Plan:**

#### **Pre-Covid:**

- The Hospital had a group 10-12-week weight management program going right before covid-we had 12 participants and it was going very well. Then we shut down due to covid. We offered it free to employees and charged public \$50; it was a pilot program
- Obese patients have many needs that need to be met: food insecurity, disordered eating, h/o misinformation causing yo-yo weight cycles that causes shifts in metabolism that making weight loss very difficult, emotional factors and mobility factors, family issues, etc.

#### **Moving Forward:**

The Hospital will seek to offer a comprehensive weight management program which would address the following, the most important in the order listed:

- Behavior change, mental health, disordered eating patterns
- Meal planning, cooking and meal prep classes, eating on a budget,
- Mindful and intuitive eating
- Nutrition
- Movement and activity

This program should include an exercise specialist (I have one from the college), and behavior health specialist and obviously a Registered Dietician.

The exercise piece is important but the latest obesity research is showing that the quality of food and eating patterns contribute to weight management more than exercise. Basically, you may be very active and if you are not eating correctly, you will not lose weight; however, movement does assist in disease prevention, quality of life and calorie burning on a daily basis.



6. **Recommendation from HSN:** Refer psychiatric discharge patients to Lifeways for outpatient follow up care when appropriate (they now take all patients regardless of ability to pay).

**Background:**

Not all hospitalizations of county residents are at Hillsdale Hospital. But a study of the hospital discharge data shows that the leading causes of hospitalization at Hillsdale Hospital were psychiatric disorders, and obstetrics. Covid 19 discharges in the past year were also significant.

There was an active discussion about meeting the mental health needs in the county. Members pointed out that Hillsdale Hospital's psychiatric unit draws residents from the neighboring counties who lack such a facility so the discharge numbers would be less if you just considered county residents

Lifeways has become a Certified Behavioral Mental Health Clinic and currently accepts people with all types of insurance, even if they can only refer them to other resources. The lack of understanding of the services available to county residents suffering mental health issues and the stigma some attach to people seeking mental health treatment is one of the main reasons people do not seek help.

The use of telehealth services for psychiatric patients may help to bridge some of the gap due to the lack of area psychiatrists. The HSN recommended a better communication between the hospital discharge personnel and Lifeways for follow up services.

**Action Plan:**

Hillsdale Hospital's Behavioral Health Unit currently discharges about 35 patient per month to their home setting. These patients often will need assistance with medication management, and access to follow up Outpatient services to assure they don't return to an inpatient setting.

LifeWays of Hillsdale County is the public agency serving people in Jackson and Hillsdale counties. LifeWays, as a Certified Community Behavioral Health Clinic grantee, provides a comprehensive set of services used to increase access to care, support people in crisis, and provide treatment for those with the most serious and complex behavioral health needs regardless of their insurance coverage. Hillsdale Hospital Behavioral Health Unit will refer to Lifeways, to provide a 'medical home' for as many of our discharged patients who this appropriately serves. In Addition, Hillsdale Hospital is exploring providing Outpatient services as well through the addition of a Behavioral Health Outpatient clinic that will be exploring over the next few months. We are optimistic, that with our own Outpatient clinic and through services provided by LifeWays that we can meet the needs of our Behavioral Health patients in the Outpatient setting in Hillsdale County, a service that has been lacking for some time in the Hillsdale community.

7. **Recommendation from HSN:** Encourage discharge planners to become more aware of, and coordinate with, existing programs offered by the various community agencies for improved follow up care. (e.g., MACES)

### **Background:**

Hospitalizations account for nearly one-third of the total \$2 trillion spent on health care in the United States. In the majority of cases, hospitalization is necessary and appropriate. However, a substantial fraction of all hospitalizations are patients returning to the hospital soon after their previous stay. These rehospitalizations are costly, potentially harmful, and often avoidable.

Evidence suggests that the rate of avoidable rehospitalization can be reduced by improving core discharge planning and transition processes out of the hospital; improving transitions and care coordination at the interfaces between care settings; and enhancing coaching, education, and support for patient self-management

Validated risk assessment tools such as the Hospital Score and LACE index have been developed to identify patients at high risk of hospital readmission so they can be targeted for interventions aimed at reducing the rate of readmission. Hospitals are monitored for the number of patients re-admitted for the same illness within a short period following discharge. Although in some cases this is unavoidable due to the nature of the illness or the actions of the patient following discharge, premature release of patients from a facility or lack of follow-up outpatient monitoring or service coordination and follow-up care can contribute to the likelihood of re-admittance.

However, the HSN members recommended there could be better identification of patients at risk, and more coordination between the hospital discharge personnel and area agencies to prevent otherwise avoidable readmissions. Patients being discharged were sometimes not referred to outside agencies that could provide additional follow up services or care.

### **Action Plan:**

Proper identification of patients 'at-risk' of readmission to the hospital is the best proactive step we can take to begin to tackle this issue. LACE is an **indexed scoring tool to identify patients at risk for readmission or death within 30 days of discharge**. The LACE index comprises four parameters: length of stay, type of admission (acuity), comorbidities using the Charlson Comorbidity Index, and number of ED visits. Hillsdale Hospital will begin implementation of the utilization of this tool in the coming months, assessing all patients for their level of risk to better identify those patients who need extra attention prior to and during the discharge process.

In addition, Case Management Services has been looking into the addition of a transition of care RN. This position would be charged with assessing patient likelihood of readmission, establishing links to resources in the community and assisting patients in obtaining the necessary assistance they will need to transition back to their home or to the next level of care post-discharge. These services will also be coordinated with existing OP clinic services and our ACO Patient Coordinator to avoid duplication of effort and provide seamless assistance to

patients during this transition. Many patients discharged from the hospital do not have a primary care physician, so establishing this relationship with providers in the community or one of our hospital-based clinics will be critical.

8. **Recommendation from HSN:** Continue making telehealth services available because of its appeal to the younger population segment.

### **Background:**

The rise of technology has given rise to many improvements in the health care system. In previous years, the HSN suggested that the development of a telemedicine system would benefit the community. During the Covid 19 epidemic, the use of telemedicine seemed like a viable and desirable option.

A telehealth service became available in early 2021 in the Hillsdale County area through nearly all of the health clinics. Respondents in the 2022 CHNA survey were asked about it. The survey asked respondents if they had tried telehealth. Of the 672 who answered this question:

- 134 (19.9%) said they had tried it.
- 538 (80.1%) had not.

A follow up question asked respondents who had not tried telehealth why they had not. Of the 279 who answered this question:

- 48 (17.2%) said they did not have a computer or smart phone.
- 197 (70.6%) felt it was not personal.
- 34 (12.2%) said they had safety concerns.

The HSN members pointed out that the 2022 CHNA had a predominately older population than the general county and senior citizens might be less likely to use telehealth services. Younger residents who are use to texting and more experienced in computer use might embrace telehealth, especially if the cost is less, since the lack of medical insurance could be a problem for them. Telehealth may actually be preferred as this generation ages.

### **Action Plan:**

Hillsdale Hospital has technology in all of our outpatient clinics (Orthopedics, OB/GYN, Reading, Litchfield, Hillsdale Health and Wellness, Hillsdale Surgical) to support the ability of tele-health services for patients. We are lacking, however, in some areas in terms of technology and will need to address these issues. In the coming months we will be upgrading that technology and holding staff meetings with clinical staff (both providers and clinic staff) to discuss making tele-health an equal choice for all patients when scheduling appointments. This will be a cultural shift with some of our clinic staff as well as some clinicians.

We also intend to launch a county wide advertising campaign, letting our community know that, if they choose, we are ready and able to provide nearly all of our patient visits in a virtual

environment. The hospital will make the necessary upgrades at each of our offices to make this as efficient and pleasant an experience as possible for both the providers of care as well as the patients. It is our intention to increase the percentage of visits provided via tele-health significantly over the next 1-3 years.

The population we see within our OP clinical setting is significantly younger than in the Hospital setting and this population is increasingly more technology savvy and looking for the same level of sophistication from our clinics and our providers. This is a cultural change that has already left the station and we need to get on board before our patients look for better solutions elsewhere. This was pointed out by several members of our Human Services Network and felt that the hospital needed to make this a priority or be left behind in the marketplace. Creating this tech-friendly environment as an equal option for our patients will be a central focus in our Outpatient clinics over the coming months and years.