

# FirstHealth Moore Regional Hospital

## Implementation Plan



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# **FirstHealth Moore Regional Hospital Implementation Plan For 2016 Community Health Needs Assessment**

## ***Summary of Community Health Needs Assessment Results***

FirstHealth recognizes out of the four county region, Moore County is the healthiest county; however, the prevalence of chronic disease is still persistent and above the state averages. FirstHealth Moore Regional Hospital will work in partnership with FirstHealth Moore Regional Hoke Campus, FirstHealth Richmond Memorial Hospital, Sandhills Regional Medical Center and FirstHealth Montgomery Memorial Hospital to collaborate on implementation plan efforts and community outreach through the 2020 Task Force groups in each county. Through this multifaceted approach of reviewing the PRC assessment data, the First-In-Health 2020 data, health disparities data and the Moore County Community Health Assessment data, FirstHealth Moore Regional Hospital has identified health focus areas for implementation plans. These focus areas include:

- *Chronic disease prevention to include diseases such as diabetes, obesity, cardiovascular disease, tobacco use (lung cancer) and prescription drug abuse/misuse*
  - Data demonstrate that Moore County has higher rates than the state averages for diabetes prevalence, hypertension and obesity and the community perceives these as health issues. Addressing these three chronic disease conditions through preventive health programs and health education classes will have an impact on cardiovascular outcomes.
  - Feedback from the community, medical providers and law enforcement indicate a need to address prescription drug abuse/misuse issues through policy and outreach efforts.
- *Access to care for uninsured*
  - There are high rates of uninsured in region. The hospital will develop an implementation plan with consideration for increasing access to primary care and developing partnerships to assist with linkages to services and preventive programs.
  - Given the rural environment and transportation barriers for uninsured and underserved, the hospital will develop a comprehensive telehealth/telemedicine strategy to expand primary and specialty care services to underserved areas in the region.
- *Quality of care*
  - FirstHealth Moore Regional Hospital will develop an action plan focusing on quality care initiatives to include care transitions for chronically ill patients at high risk for a hospital readmission, home health quality initiatives for patient care management post-discharge and the clinically aligned network (CAN), HealthNC+.

### ***Wellness and Prevention Efforts***

FirstHealth recognizes the value of health education and wellness programs. As such, FirstHealth Moore Regional Hospital will continue to link patients with chronic disease conditions to community-driven, education and wellness programs.

- At least 150 patients will be referred to diabetes self-management and nutrition services per year; diabetes will continue to utilize telehealth technology to expand group and one-on-one education
- For 2017 and 2018, participate in the Minority Diabetes Prevention Project in partnership with the Region 6 Health Departments, which includes screening 250 individuals in the region per year, conducting five Prevent T2 classes and enrolling 75 participants in the classes per year
- 250 individuals and patients will participate in physical activity programs such as People Living Active Year Round and Exercise Is Medicine per year
- 250 individuals and patients annually will learn basic nutrition skills through nutrition programs such as The Healthy Kitchen, Weigh2Be (non-surgical weight management program) and health and fitness nutrition education seminar
- FirstQuit (the tobacco cessation program) will serve 100 individuals through the outpatient quit-tobacco program per year and provide 500 inpatient bedside consultations for tobacco users
- Moore Regional Hospital employees who utilize tobacco products and/or who opt out of completing the biometrics tracking form will be assessed a surcharge for health insurance premium rates each pay period
- The hospital will continue to support local organizations with health fairs and programs through the speakers' bureau
- The hospital will continue to provide an affordable low-dose CT scan program to detect lung cancer in current and former smokers
- The hospital will continue to work with partners and the local provider community to increase the awareness and use of the Controlled Substance Reporting System (CSRS) database for narcotics and implement narcotic contracts for pain management patients
- The hospital will support community partners and law enforcement with Operation Medicine Drop events twice per year and support safe disposal of medications in the permanent drop box locations

### ***Access to Care***

Although the hospital observed decreases in the number of uninsured due to the Affordable Care Act; there is still a large percentage of individuals who are uninsured and/or underinsured as evidenced by the health care system providing over \$37 million in charity care from fiscal

year 2013 through fiscal year 2015. Individuals who enrolled in the marketplace are struggling with high deductible plans, making access to care a continued focus area. Furthermore, North Carolina did not expand Medicaid. As a result, individuals who live at or below 100 percent of the Federal Poverty Level (FPL) do not qualify for the marketplace or Medicaid, which further marginalizes their options for access to care. The hospital recognizes the landscape for access to care will be significantly impacted over the next three years with the 'repeal and replace' policy actions. The hospital is committed to linking low-income, disparate populations with appropriate safety net services:

- Discharge planning will provide active referrals to the Medication Assistance Program and the resources for uninsured and underinsured
- The medication assistance program will request at least 3,000 medications for low-income and uninsured patients per year in Moore County; 4,300 medications for the region.
- The hospital will maintain a strong partnership with Community Care of the Sandhills, the Health Department, sliding fee scale clinics, rural health clinics, Federally Qualified Health Centers, the Department of Social Services and community agencies and partners to continue to ensure referrals to primary care, safety net programs and services for uninsured.
- The hospital will continue to support a comprehensive, web-based system, FirstNavistar, to assist patients with navigating health care resources and primary care services.
- The hospital will develop a comprehensive telemedicine plan and begin implementation in at least two specialty care services to expand access to the rural region.

### ***Quality of Care***

#### ***EPIC (electronic medical record system)***

FirstHealth currently has multiple electronic medical record operating systems within the hospital and outpatient settings. With a focus on quality improvement and population health management, FirstHealth has committed to adopting one operating EMR across the entire health care system, EPIC. The health care system will convert to EPIC effective July 2017.

- EPIC will allow all Moore Regional Hospital affiliated health care providers to view a comprehensive medical record for each patient
- EPIC will enhance information sharing by allowing hospital affiliated providers to see patient information for any EPIC system (currently 85 percent of hospital beds in NC utilize EPIC)
- Providers will benefit from the implementation of a health information exchange network for non-FirstHealth providers to view medical records and testing results
- EPIC will provide enhanced opportunities to monitor and focus on quality outcome measures to improve population health specific to Moore County patients

### *Clinically Aligned Network (CAN): HealthNC+*

FirstHealth understands the shift in health care to value based reimbursement based on improving population health outcome measures. As such, in 2016, FirstHealth established a CAN in partnership with local providers, HealthNet+. In order to continue to foster improved quality outcomes and shared savings, over the next three years FirstHealth will:

- Expand the network membership regionally by supporting the addition of at least 5 primary and specialty care focused providers
- Actively monitor at least three quality improvement measures such as hemoglobin A1c, blood pressure, tobacco usage and counseling, pneumonia shots, depression screenings and/or body mass index.
- Support the identification of a permanent network director to ensure a committed focus to the CAN model, and foster partnerships and collaboration.
- Support the identification of a data analyst to provide consistent reporting on quality measures, opportunities for improvement and cost savings.

### *Care Transitions Council*

FirstHealth Moore Regional Hospital will continue to support a multidisciplinary Care Transition Council to monitor and evaluate the need for care transition services, readmission rates, quality markers and the effectiveness of new service delivery systems.

- Steering Committee consists of representatives from Quality, Pharmacy, Hospitalist program, Nursing, Diabetes Self-Management, Home Health, Hospice, Palliative Care, Discharge Planning, Corporate Education, Community Health Services, Nutrition Services, Cardiovascular and Thoracic Center and others as deemed necessary.
- Steering Committee meets at least three times per year to discuss ongoing initiatives, review quality data indicators and determine next steps to improve care transitions.

### *Care Transition Nurses*

FirstHealth Moore Regional Hospital recognizes the influence of working with chronically ill patients in a one-on-one environment for education and linkage to services. Over the past three years, the hospital developed a care transition nurse strategy to target patients at high-risk for readmissions related to heart failure, diabetes and chronic obstructive pulmonary disorder.

- Care transition nurses utilize a mainstream system for care transition documentation.
- Care transition nurses collect and analyze data on patient encounters and track patient outcomes.
- Care transition nurses are responsible for linking patients to internal and external resources, such as medication assistance, wellness programs, and primary care homes.

### *Care Transition Clinics*

FirstHealth created chronic disease-specific, advanced practice practitioner-led Transition Care Clinics (TCCs) clinics in each of the four primary counties in close proximity to each hospital campus. The TCC provides the individualized care that the chronically ill require upon hospital discharge. The Moore TCC objectives include:

- Reduce or maintain 30-day re-hospitalization rates for patients with chronic illness (FY16 Moore TCC rate was 2.7% for TCC-patient specific inpatient to inpatient 30-day readmission rates with system all payor rate at 8.5%)
- Twenty-five percent of patients will report quality of life improvements as demonstrated by the CDC Health-Related Quality of Life Survey administered upon entry to and transition out of the TCC
- FirstHealth projects that at least 450 Medicare, Medicaid and uninsured patients will be served annually

*Note: Reference the Community Health Needs Assessment Introduction for additional details on health focus areas identified as needs that other agencies and community partners are currently addressing through programs and interventions.*