FirstHealth
Richmond Memorial Hospital

Implementation Plan

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For 2016 Community Health Needs Assessment

Summary of Community Health Needs Assessment Results

Richmond County has chronic disease prevalence and mortality rates higher than state averages for heart disease, hypertension, diabetes, cancer, diseases of the lung and obesity. FirstHealth Richmond Memorial Hospital will collaborate internally within the health care system and externally with community partners to move forward with implementation plan efforts and community outreach. Through a multifaceted approach of reviewing the PRC assessment data, the First-In-Health 2020 data, health disparities data and the Richmond County Community Health Assessment data, FirstHealth Richmond Memorial 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 Richmond County has higher rates than the state averages for diabetes prevalence, hypertension, diseases of the lung and obesity, and the community perceives these as health issues. Addressing these chronic disease conditions through preventive health programs and health education classes will have an impact on patient and community health 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*
    - According to the NC State Center for Health Statistics, the rate of non-elderly uninsured in 2009-2010 was 21 percent in Richmond County compared to the state at 19.6 percent. 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 Richmond Memorial Hospital will develop an action plan focusing on quality care initiatives to include transitioning to a new electronic medical record, enhancing care transitions for chronically ill patients at high risk for a hospital

readmission and recruiting providers to participate in the clinically aligned network (CAN), HealthNC+.

Chronic Disease Prevention

FirstHealth recognizes the value of health education and wellness programs. As such, FirstHealth Richmond Memorial Hospital will 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 develop telehealth technology to expand the reach of services
- In 2017 and 2018, 500 individuals will participate in glucose screening events and 100 individuals will complete the evidence-based Centers for Disease Control National Diabetes Prevention Program (curriculum is one year in length)
- In 2017 and 2018, the hospital will partner with the Richmond County Health Department to implement the Minority Diabetes Prevention Project (MDPP), which will further support glucose screenings in the county and support at least two PreventT2 classes with at least 15 participants per class (this curriculum is one-year in length)
- 150 individuals and patients will participate in physical activity programs such as People Living Active Year Round and Exercise is Medicine per year
- In partnership with Richmond County School System and the Healthy People, Healthy Carolinas initiative, the hospital will support the implementation of The Daily Mile program in all seven elementary schools in the county to encourage students to walk at least one mile per day during the week
- The hospital will coordinate leveraging funds to construct and/or enhance existing walking trails on seven elementary school campuses
- 100 individuals and patients will learn basic nutrition skills through nutrition programs such as The Healthy Kitchen per year
- FirstQuit (the tobacco cessation program) will provide 75 inpatient tobacco consultations with serve 50 individuals through the community-based quit-tobacco program per year
- Richmond Memorial 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 offer Kids Day (an event that provides free/reduced-fee screenings for children) and Wellness Screening Day (an event that provides free/reduced-fee health screenings for adults. At least 300 children and 1,800 adults will be reached through these events

- The hospital will support referrals to the low-dose CT scan program to detect lung cancer in current and former smokers
- The hospital will continue to work with the local provider community to adopt the use of the Controlled Substance Reporting System (CSRS) database for narcotics and implement narcotic contracts for pain management patients (*Note*: the hospital implemented an Emergency Department Opiate policy in July 2013)
- In addition, the hospital will partner with law enforcement and support local Operation Medicine Drop events and promote local Drop Boxes

Access to Care

Although the hospital observed decreases in the number of uninsured due to the Affordable Care Act, a large percentage of individuals remain uninsured and/or underinsured as evidenced by the system providing over $37 million in charity care from fiscal year 2013 to 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 planners and nurses in the hospital and the Emergency Department will provide active referrals to the Medication Assistance Program and resources for uninsured and underinsured
- The medication assistance program will request at least 200 medications for low-income and uninsured patients per year in Richmond County
- The hospital will maintain a strong partnership with Community Care of the Sandhills, the Health Department, the Richmond Community Care Clinic, sliding fee scale clinics, rural health clinics, 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 participate in a system-led 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 Richmond Memorial Hospital-affiliated health care providers to see a comprehensive medical record for each patient
- EPIC will enhance information sharing by allowing providers to see patient information for any EPIC system (currently 85 percent of hospital beds in NC utilize EPIC)
- Providers will benefit from 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 Richmond 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 Richmond Memorial Hospital will support:

- 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 Transition/Readmission Prevention Council

FirstHealth Richmond Memorial Hospital will continue to implement a multidisciplinary Care Transition/Readmission Prevention Council to monitor and evaluate the need for care transition services, readmission rates, quality markers and the effectiveness of new service delivery systems.

- Council members will consist of representatives from Quality, Pharmacy, Hospitalist program, Nursing, Home Health, Hospice, Palliative Care, Discharge Planning, Community Health Services, Nutrition Services and others as deemed necessary.
- The Council will meet at least four times per year to discuss ongoing initiatives, review quality data indicators and determine next steps to improve care transitions and reduce readmissions.

Care Transition Nurses

FirstHealth Richmond Memorial Hospital recognizes the influence of working with chronically ill patients in a one-on-one environment for education and linkage to services.

- A care transition nurse will work both in the Emergency Department and in the Transition Care Clinic, with a focus on patients at high-risk for 30-day readmissions
- The nurse will utilize a mainstream system for care transition documentation
- The nurse will collect and analyze data on patient encounters and track patient outcomes
- The nurse will link patients to internal and external resources, such as medication assistance, wellness programs, and primary care homes

Care Transition Clinics

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

- Reduce 30-day re-hospitalization rates for patients with chronic illness (FY16 Richmond TCC rate was 9.6% 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 500 Medicare, Medicaid and uninsured patients will be served in the Montgomery TCC 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.