2018 PENN HIGHLANDS ACCESS TO CARE IMPLEMENTATION STRATEGY PLAN

The Community Health Needs Assessment and Implementation Strategy Plan process undertaken by Penn Highlands Healthcare, with project management and consultation by Tripp Umbach, included input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of public health issues and representatives of vulnerable populations served by the hospital.

Produced by: Tripp Umbach

Section 1. Executive Summary

Introduction

Penn Highlands Healthcare provides residents with access to the region's best hospitals, physicians, a nursing home, home care agency and other affiliates who believe that healthcare should be managed by local board members who live and work in the communities they serve.

With the four hospitals of Penn Highlands Healthcare - Penn Highlands Brookville, Penn Highlands Clearfield, Penn Highlands DuBois and Penn Highlands Elk - Penn Highlands strives to provide exceptional quality, safety and service.

Each facility is the largest employer in its hometown and is rooted deeply in both the popular and economic culture of their communities. The vision is to be an integrated health care delivery system that provides premier care with a personal touch, no matter where one lives in the region.

Important Note: In an effort to combat the following health issues in a unified approach, Penn Highlands Healthcare has chosen to identify system-level needs for the entire Penn Highlands service area. However, each hospital has created the following facility-specific strategies to combat those needs.

Objectives and Methodology

With the enactment of the Patient Protection and Affordable Care Act (PPACA) on March 23, 2010, tax-exempt hospitals require community health needs assessments (CHNA) and implementation strategies to actively improve the health of communities served by health systems. These strategies provide hospitals and health systems with the necessary information to address the specific health needs of their communities. Coordination and management of strategies based upon the outcomes of a CHNA and implementing strategies can improve the impact of hospital community benefits.

To adhere to the requirements imposed by the IRS, tax-exempt hospitals and health systems must:

1. Conduct a CHNA every three years.
2. Adopt an implementation strategy to meet the community health needs identified through the assessment.
3. Report how they are addressing the needs identified in the CHNA.

The CHNA and Implementation Planning process undertaken by Penn Highlands Healthcare, with project management and consultation by Tripp Umbach, included input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of public health issues and representatives of vulnerable populations served by the hospital.

During the process, these individuals reviewed data related to the underserved and vulnerable populations in the service area. Tripp Umbach worked closely with leadership from Penn Highlands Healthcare to oversee and accomplish the assessment with the goal of gaining a better understanding of the health needs of the region.

Penn Highlands Healthcare will use CHNA findings to address local health care concerns via the Implementation Strategy Plan, as well as to function as a collaborator, working with regional agencies to help address medical solutions to broader socioeconomic and education issues in the service area.

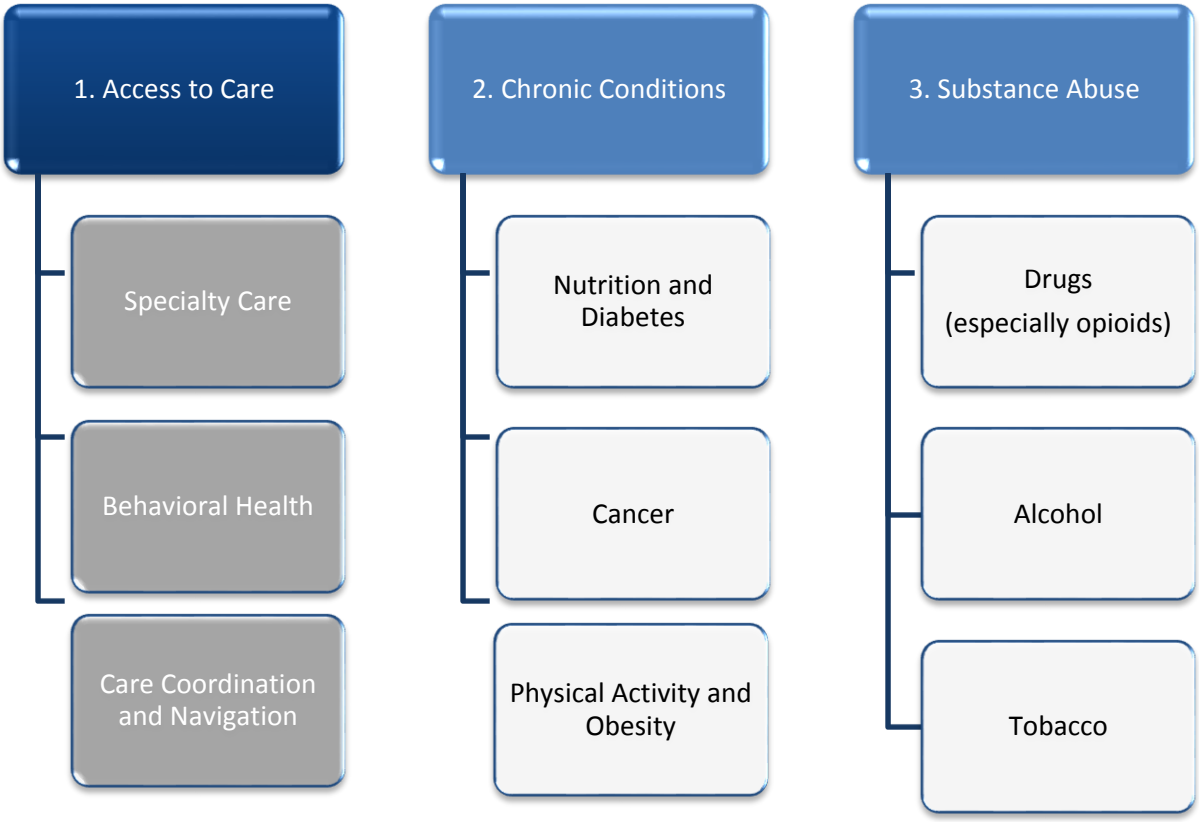
The project component pieces involved to determine the community health needs included:

- Public commentary on the 2015 CHNA and implementation plan (also conducted by Tripp Umbach)
- Evaluation of implementation strategies in 2015
- Secondary data analysis of health status and socioeconomic environmental factors related to health and well-being of residents
- Community leader interviews/public commentary
- Community forum at Penn Highlands DuBois
- Provider inventory of programs and services related to key prioritized needs

Key Prioritized Needs

Tripp Umbach and the project Steering Committee identified three prioritized community need areas for the Penn Highlands Healthcare system. The community health needs are based on qualitative and quantitative data, particularly from community forum feedback. Figure 1 (below) details the three prioritized need areas and key factors and considerations of each need.

Figure 1: Prioritized Community Health Needs for Penn Highlands Healthcare 2018 CHNA



Section 2. Implementation Plans for Each Facility

Access to care, which encompasses primary and specialty care, was identified as a need throughout the Penn Highlands service area during the CHNA project. It is important to note that access to care has been a priority for Penn Highlands for many years, including the previous CHNA and Implementation Plan. The following tables are each facilities' plan to address the issue of access to care in their service area.

Brookville

NEED: ACCESS TO CARE
Facility: PHB
Goal:
1. Provide Q care services to residents of Jefferson County.
2. Expand Primary Care Management of residents in Jefferson County.

Anticipated Impact:
1. Decrease ED visits for primary care problems
2. Increase screenings and primary prevention and management of chronic illness by continuity of care.
3. Increase the number of patients presenting to PHB Q Care with a primary provider of record.

Objectives	Annual Activity	Target Population	Evaluation Methods/ Metrics	Potential Partners	Planned Resource Commitment
Expand awareness and promotion of the presence of the PHB Q Care facility.	1.Distribute informational materials 2.Engage with community partners at health fairs and school district functions	Community/Jefferson County residents Jefferson County residents who do not have a primary care provider	Obtain baseline data/ PHB Q Care opened in 4/18. Increase by 1%in FY 19, 20 and 21 to equal a 3% increase over 3 years. Participation in community events/fairs and social media postings in FY18 and increase by 1% in FY 19, 20 and 21 to equal a 3% increase over 3 years.	Social Media PCPs and providers YMCA Community Agencies Brookville Chamber of Commerce/Victorian Days Brookville Area School District	.5 FTE of existing FTEs in the PHH system

Increase number of Jefferson County residents that receive care at PHB Q Care by 2% Per FY	Expand hours and location for PHB Q care according to use data	Residents of Jefferson County	Annualized stats = 2284 visits in FY 2018 Increase visits by 2% in FY 19, 20 and 21 to equal 6% increase/ 2421 visits in FY 2021		Existing FTEs at PHB Q care
Improve the number of Jefferson County residents who present with a PCP by 6% over 3 years	Monitor or track number of patients who do not have a PCP	Patients without a provider	Increase the number of patients referred and accepted by a provider FY 2018 = 75 patients FY 19, 20 and 21 increase by 2% per year to equal a total of 6% or 80 patients accepted by a provider	Penn Highlands Physician Network (PHPN) Penn Highlands Healthcare practice management DuBois Free Medical Clinic Private practice providers in Jefferson County	Existing FTEs in the PHB Q Care and within the PHH system

Clearfield

NEED: ACCESS TO CARE
Facility: PHC
Goal:
1. Expand physical therapy services at Moshannon Valley Community Medical Building.
2. Expand access to pulmonary services to Clearfield County residents.

Anticipated Impact:
1. Decrease in chronic problems that can be mitigated with physical therapy
2. Decrease in ED visits for chronic pulmonary problems

Objectives	Annual Activity	Target Population	Evaluation Methods/ Metrics	Potential Partners	Planned Resource Commitment
Expand physical therapy interventions by 2% per FY for a total of 6% in 3 years	Expand hours and flex staff according to demand	Clearfield, Phillipsburg, and west of St College communities on 322 that lack a local PT facility	To be determined Annualized interventions FY 2018= 292 Expand 2% per year to a total of 6% or 309 PT interventions in FY 2021	Rural Healthcare Clinic Free Clinic Frenchville AAA University Orthopedics-State College contact PCP in MVCMB	Facility PT staff Transportation Medical Staff education Marketing / Communications
Expand pulmonology services to Clearfield County residents by the placement of a pulmonologist to provide comprehensive / diagnostic services locally 2days / week.	Recruit a pulmonologist Dedicate 2 days to PHC office	Clearfield, Phillipsburg, and west of St College communities on 322	618 visits in FY 2017 1 day/week in Clearfield Expand service to 2 days/week Increase by 10% per FY to 30% in FY 2021 or 803 visits	Rural Healthcare Clinic Free Clinic Frenchville AAA University Orthopedics-State College contact PCP in MVCMB	Existing Facility Existing lung center staff 1 FTE physician PHH Transportation Medical Staff education Marketing / Communications

DuBois

NEED: ACCESS TO CARE
Facility: PHD
Goal:
1. Improve access to neurology services to Clearfield county.
2. Expand Lung and Breast screenings and awareness services.

Anticipated Impact:
1. Decrease in ED visits and readmissions for patients with neurological problems
2. Reduce morbidity and mortality for lung and breast cancer diagnosed patients

Objectives	Annual Activity	Target Population	Evaluation Methods/ Metrics	Potential Partners	Planned Resource Commitment
Expand access to neurology services by adding physician extenders in Satellite offices	PCP physician champion- Mandie Shaw CRNP- to serve as an advisor as barriers are identified and addressed regarding neurology service expansion Create and implement guidelines regarding new referrals and wait times for new appointments/ existing patients and wait times for follow up appointments	New referrals to neurology Existing neurology patients	PCP/Provider satisfaction Reduction in ED visits and readmissions under specific diagnoses Improve wait times by 2% per FY for new patient referrals to neurology FY 2018 patients currently waiting a minimum of 6 weeks and as much as 14 weeks for a new appointment. Improve wait times by 2% per FY to a total of 6% improvement or wait time of 3.5 to 8 weeks for a new pt appointment by FY 2021	PHH Practice Management Dr. Cameron – physician champion for Telemedicine Neurology staff	Providers Telemedicine Facilities Existing staff Possible addition of physician extenders

Provide breast navigation services to the PHD region for patients going through an abnormal breast imaging study and breast cancer diagnosis. Expand access to the Breast Navigator Role across PHH and the Community Education and Awareness Implement video chat with nurse navigator for patient breast education		Women who meet the screening criteria who are not currently being screened according to guidelines	Increase in number of new patients receiving screening mammograms Increase in number of early stage breast cancer by 2% each fiscal Current FY18 PHD= 9930 screening mammograms Increase mammograms over 3 years to equal 10228 mammograms in FY 2021	AGAPE Community Organizations Church Groups Health Fairs	2 FTE Nurse Navigators
Improve the number of baseline lung screenings by 3%.	Navigator visits to PCP's Education to health care providers and staff Distribution of information regarding lung cancer screening	Patients who meet the medical criteria for lung cancer screening and are not being screened	FY2017/2018 annualized baseline screenings= 459 Increase baseline screenings to 472 in 2021.	Private practices Area Agency on Aging Senior Center Public Housing Authority	PHH Practice Management Medical Staff

Elk

NEED: ACCESS TO CARE
Facility: PHE
Goal:
1. Improve access to neurology services to residents of Elk county.
2. Expand Lung and Breast screenings and awareness of services to Elk County residents.
3. Expand transportation services to the Elk County residents.

Anticipated Impact:
1. Decreased mortality from lung and breast cancer
2. Decrease ED visits for neurological problems.
3. Increase compliance with screenings/ follow up/ and specialty appointments.

Objectives	Annual Activity	Target Population	Evaluation Methods/ Metrics	Potential Partners	Planned Resource Commitment
Offer mobile CT scanning & mammography	Purchase scanner Hire staff Commit existing staff	Elderly and at-risk population without social support system-transportation	Increase # of LDCT and Mammograms in PHE market.	Area Agency on Aging Agape	Mobile CT unit Staff
Expand Neurology service to Elk County residents by offering consultation through Telemedicine. Expand breast cancer navigation through Videochat	Telemedicine commitment to PHE Work with IT to implement in existing equipment	At-risk without social support system/ transportation	Neurology telemedicine implementation Implement video chat for breast cancer navigation/ education	Area Agency on Aging Senior Centers Housing Authority	Telemedicine Neurology provider IT support
Improve the number of baseline lung screenings by 3% over 3years.	Distribution of information regarding screenings and transportation provided	Elk County residents who meet the medical criteria for lung cancer screening and have not been screened	156 annualized FY 18 Scans Increase to 161 baseline scans in FY 2021	Senior agencies	PHH transportation services PHH practice management Physician practices
Improve the number of baseline mammogram	2 FTE Breast Navigators	Patients in the Elk County who meet the criteria for a	4050 mammograms in FY 2017/ no information on	Community Groups Health Fairs	2 FTE Breast Navigators PHH transportation

screenings by 3 % over 3 years.		mammogram and have not had one	baseline numbers available Increase of 3% in FY 2021= 4172	Women's services	PHH Practice Management PHH Van Services
Improve utilization of PHH Van transportation services by 3% over 3 years	Distribute information regarding PHH Van Meet w/ PHH practice management to inform of service to pts	PHE patients without social supports and non- compliance with follow up	Make transportation available to pts in 70 mile one way radius from PHD. 0 pts transported in FY 2017 expand this to 10 in FY 2018 and to 3% or 30 patients in FY 2021	Senior Centers, Community Action, AAA Internal education with social workers for discharge planning	PHH vans and staff

Appendix A. Key Findings from CHNA for Access to Care

The health status of a community depends on many factors, including quality of health care, social and economic determinants, individual behaviors, heredity, education and the physical environment. Communities across the U.S. face numerous challenges and issues that negatively affect the overall health status of residents and hinder growth and development. In the Penn Highlands study area, three community health issues and needs were identified:

1. **Access to Health Care**
2. Chronic Conditions
3. Substance Abuse

Within each of the community health need areas, multiple factors must be considered. Health behaviors, education, and socioeconomic/environmental conditions greatly affect an individual's health status and ability to overcome health issues in the region. It is important for health providers and community-based organizations to understand the regional health issues and be aware of the most needed services and improvements.

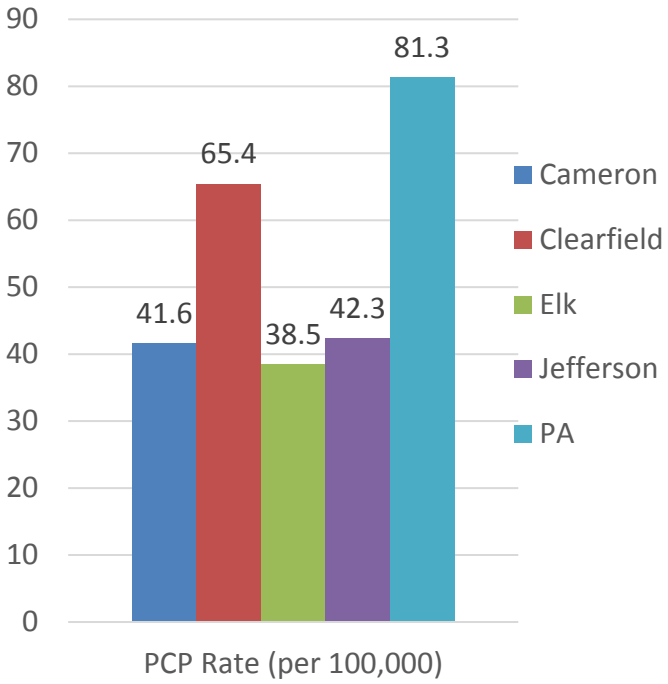
Access to Health Care

Access to health care is perhaps the most important segment of the care continuum. The ability for an individual to access health care is key to having a healthy life. Typically, access to care refers to the opportunity (and ease) in which people can obtain health care, but it can also refer to having or utilizing health care coverage. Disparities in health service access can significantly affect an individual's and a community's quality of life in a negative way. A lack of available health resources, the high cost of services, and being uninsured can serve as some of the top barriers to accessing health care services. Across the U.S., a predicted shortage of as many as 90,000 physicians by 2025 will serve as an access issue.[1]

While Pennsylvania scores fairly well at access and affordability (15th best in the country), access issues are typically more prominent in rural areas, such as the counties that make up the largest portion of the Penn Highlands service area.[2] As shown in Figure 2 below, the Penn Highlands service area is significantly behind on PCP rates per 100,000 population.[3] Disparities in health and health access exist across the geographic regions of the state, with Pennsylvanians living in rural communities more likely to have unmet heath needs and have poor access to health care than those in urban communities. A 2012 report from the Pennsylvania Department of Health found that individuals living in rural communities had higher rates for cancer, obesity, heart disease, and diabetes. According to the same report, children and nonelderly adults living in rural communities were also more likely to be uninsured.[4]

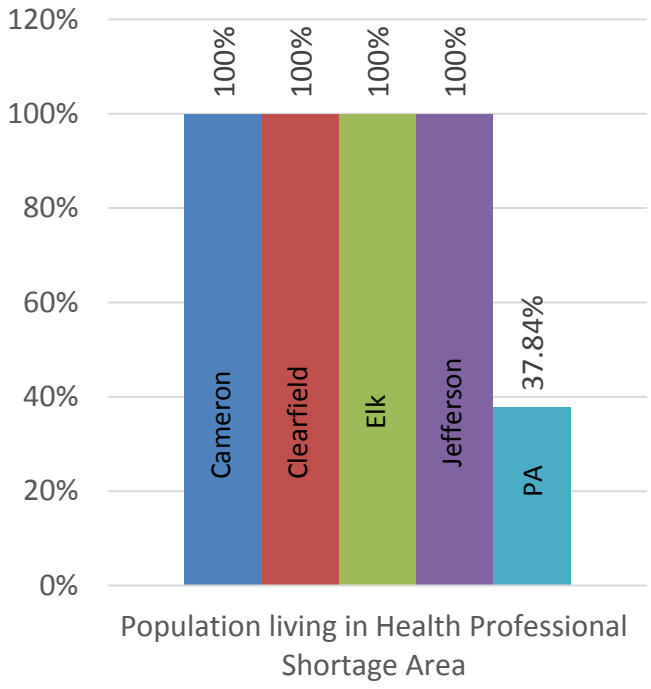
[1] Berstein, Lenny. "U.S. faces 90,000 doctor shortage by 2025, medical association warns." The Washington Post.
[2] Health System Data Center. The Commonwealth Fund.
[3] 2017 County Health Rankings.
[4] The Henry J. Kaiser Family Foundation, The Pennsylvania Health Care Landscape Fact Sheet

Figure 2: PCP Rate per 100,000 Population



As illustrated in Figure 3 below, the majority of the Penn Highlands service area is living within a health professional shortage area. Health Professional Shortage Areas (HPSAs) are designated as having shortages of primary care, dental care, or mental health providers and may be geographic (a county or service area), population (e.g., low income or Medicaid eligible) or facilities based (e.g., federally qualified health centers, or state or federal prisons).

Figure 3: Population Living in a HPSA



While an overall predicted physician shortage is anticipated by 2025, this especially is true for specialty physicians in the U.S. By 2025, there is predicted to be a shortfall of 28,200 to 63,700 non-primary physicians, including up to 12,300 medical specialists, up to 31,600 surgical specialists, and up to 20,200 other specialists.[5]

Mental health is a growing issue across the U.S. Approximately one in five adults in the U.S. – or 43.8 million residents – experiences mental illness in a given year. 21.5 percent of youth age 13 through 18 experiences a severe mental disorder at some point during their lives.[6] In many instances, mental illness and substance abuse go hand-in-hand; among the 20.2 million adults in the U.S. with a substance abuse issue, approximately 10.2 million have a co-occurring mental health issue.[7]

With high rates of mental illness and substance abuse across the nation and in the state of Pennsylvania, it is increasingly important for residents to be able to seek and obtain quality care and treatments in order to manage their conditions. However, many struggling with mental and behavioral health issues are unable to access treatment. 56.5% of adults with mental illness did not receive treatment in the past year, and for those seeking treatment, 20.1% continue to report unmet treatment needs.[8]

As seen in Table 2, while Clearfield County (222.9) is well above the state average for mental health providers per 100,000 population, Jefferson and Elk County lags well behind, with only 69.4 providers.

Table 2: Mental Health Providers per 100,000 Population

Geography	Mental Health Providers per 100,000 Population
Cameron County	n/a
Clearfield County	222.9
Elk County	64.1
Jefferson County	69.4
PA	171.5

Accessing behavioral health care is pertinent as behavioral health issues can have detrimental effects on the health of individuals and communities. For example, those living with serious mental illness face an increased risk of developing a chronic medical condition. An adult with a serious mental illness dies on average 25 years sooner than someone without a serious mental illness; the deaths typically stem from a treatable chronic condition.[9] In addition, untreated mental health conditions prevent individuals from leading everyday lives. Mental illness may prevent individuals from obtaining an education and having a stable job, both which are important to an individual's well-being, as well as the overall health of a community. Improved access to behavioral health care services for all residents will help those dealing with mental illness and substance abuse to receive the treatment they need.

[5] AAMC
[6] "Mental Health by the Numbers" National Alliance on Mental Illness. 2016.
[7] "Mental Health by the Numbers" National Alliance on Mental Illness. 2016.
[8] Mental Health America. 2018.
[9] "Mental Health by the Numbers" National Alliance on Mental Illness. 2016.