Mercy Medical Center – North Iowa

Community Healthcare Needs Assessment Summarizing Report

Encompasses Fiscal Years 2011 - 2013
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Introduction and Mission

Mercy Medical Center - North Iowa is a faith-based, not-for-profit community health care system that offers comprehensive health care services for people throughout North Central Iowa. Mercy’s care of the underserved and vulnerable population is reflected in our Mission Statement: As Mercy Health Network, we work together and with others to continue the healing ministry of the Church, promoting the well-being of people in the communities we serve by living the values of compassion, respect, concern for those who are poor, excellence and stewardship.

Mercy’s legacy extends back to 1827, when Catherine McAuley, a woman of thoughtful activity who sought out and responded to human need, finding ways to address those needs and collaborating whenever possible, opened the first House of Mercy in Dublin, Ireland, where people in need were offered shelter, education, and health care. In 1843, continuing the healing ministry of Jesus Christ, Catherine McAuley and the Sisters of Mercy were invited to the United States. In the late 1800s, the Sisters of Mercy opened hospitals in rural towns and cities across the state of Iowa. Determined to carry out their mission, they worked closely with physicians, nurses, and other individuals who shared the belief that all people in the community deserve good care, given in a compassionate, respectful manner, to open St. Joseph Mercy Hospital in Mason City in 1916, eventually becoming Mercy Medical Center – North Iowa.

Mercy – North Iowa is a member of the Catholic health system, Trinity Health of Novi, Michigan, which is comprised of 46 hospitals in 8 states. Trinity’s mission: We serve together in Trinity Health in the spirit of the Gospel to heal body, mind, and spirit and to improve the health of our communities and to steward the resources entrusted to us.

To continue the mission of Mercy and to comply with regulations governing not-for-profit hospitals, Mercy – North Iowa desires to improve the health of the community it serves, becoming the “Trusted Healthcare Partner for Life.” It is our desire to target resources to where they are most needed and where they can be most effective. We are especially interested in addressing the identified needs of North Iowa’s vulnerable populations, especially the uninsured and under-insured, by identifying access barriers to health care and underlying contributors to poor health. Coordinating, complementing, and collaborating with community resources is good stewardship in avoiding duplication of efforts and multiplying effectiveness.

Community Served by the Hospital

Mercy Medical Center – North Iowa serves a 14-county service area within a 70-mile radius stretching in every direction from Mason City. The primary service area consists of Cerro Gordo and Worth counties, while the secondary service area is comprised of an additional 13 contiguous Iowa counties (Butler, Chickasaw, Floyd, Franklin, Hancock, Hardin, Howard, Kossuth, Mitchell, Palo Alto, Winnebago, and Wright). In 2010 the 14-county service area had an estimated population of 194,162 with 94.9 percent of residents as Caucasian. The largest representative minority group in this service area is Hispanics, averaging less than 5% of the population.

There are 11 Critical Access Hospitals within Mercy – North Iowa’s service area, all outside of Cerro Gordo, providing primary health care services, eight of which are Mercy – North Iowa affiliates. Patients from the remaining Iowa counties utilize Mercy – North Iowa for tertiary level care. The University of Iowa Hospitals in Iowa City and Mayo Clinic in Rochester, Minnesota also provide tertiary care for this area.

Mercy – North Iowa’s market share for the 14-county service area is stable at 50 percent, while the primary service area has 93.15 percent of the market, as reported by Iowa Hospital Association data. Mason City is not only the county seat of Cerro Gordo, but also the primary
shopping and economic center of the 14-county area. It is also the primary healthcare and human resources hub of the area.

According to the U.S. Census Bureau, Mercy – North Iowa’s service area experienced a 6.6 percent decline in population from 2000-2009; the 2014 population projection documents an additional 3.2 percent decline. The stress that this trend places on the provision of services is compounded by the higher than average proportion of elderly in the area. About 19.8 percent of the population in the service area was over age 65 in 2010, compared to 17 percent for the state and 13.2 percent for the nation.

Iowa ranks second in the nation in percentage of population over 85, fourth in percentage of population over the age of 65, and highest in the nation for percentage of population age 100 and over. This large percentage of elderly presents special challenges to health care providers because the elderly have the highest incidence of disease and mortality in most categories and, correspondingly, are the biggest users of health care services. Medicare payment shortfalls present an additional burden for rural health providers. For fiscal year 2010, approximately 55 percent of Mercy – North Iowa’s revenues was generated from Medicare patients.

The average income in Mercy – North Iowa’s service area in 2010 was estimated to be between $25,000 and $50,000; individuals earning less than $15,000 comprise 11.2 percent of the population. Mercy – North Iowa is a disproportionate share hospital. In FY 2010, our general admittance insurance payor mix for Medicare was 53.2 percent and 12.2 percent for the Poor and Underserved. The insurance payor mix for the Poor and Underserved in Emergency Department admittance was 34 percent. Priorities of our Emergency Department physicians include augmenting access to care for uninsured and underinsured individuals, facilitating connection with a Primary Care Provider for those with none, and providing access to emergent medications for those with limited or no funds. Use has grown so that over half of Mercy Family Medicine Residency Clinic patients represent those on Medicaid or self-pay. And nearly half of the calls received by our telephone information service, Mercy Family Health Line, medical triage by nurses as well as referrals for internal and community resources, serve those on public assistance or without insurance.

The entire 14-county service area is designated as a Mental Health Professional Shortage Area, and several counties are considered Primary Care Health Professional Shortage Areas or Medically Underserved Areas.

**Community Assets Identified**

With Cerro Gordo being a hub of North Central Iowa, many primary resources are located here, especially in Mason City, the county seat. The 2010 county population is 44,000, Mason City population has slightly declined to just over 27,000. Many drive to Mason City from surrounding counties for employment. Many also drive to Mason City for entertainment, shopping, and for medical attention. Mercy – North Iowa has become the largest employer of the area; in recent years it was ranked 3rd.

**Hospitals** - Mercy Medical Center - North Iowa is the only Referral Center and secondary level health care provider within a radius of at least 60 miles, with 350 licensed beds. Within the 14-county service area, eight Critical Access Hospitals are affiliated with Mercy and there are three that are unaffiliated.

**Community Clinics** -

Cerro Gordo County Free Clinic - accessible to all, Saturdays only
Mason City Clinic – ‘for-profit’ specialists, minimal charity care provided
Cerro Gordo County Public Health - normal robust spectrum of services
Primary Care Physicians (M.D., D.O., P.A., A.R.N.P.) affiliated with Mercy – North Iowa - approximately 175

Supply of Dentists – In this service area, there are six dentists listed as Iowa Medicaid Dentists on the Medicaid Public Health Care website. Accessibility to Title XIX patients is limited due to the prevalence of "no shows" for appointments.

Agencies - There is generous supply of health and human services in area; each county has Public Health, County Relief program, and County Case Management. Many counties in the service area have compiled brochures listing available resources. To name a few:

- Department of Health and Human Services
- North Iowa Community Action Organization - robust spectrum of services
- North Lights Homeless Shelters - transitional housing for men and women
- United Way facilitates financial support of multiple service agencies
- Prairie Ridge Treatment Center - Addictions Treatment Services - Residential & Outpatient
- Mental Health Center
- Francis Lauer Youth Services - Residential & Outpatient
- Four Oaks for Youth
- Salvation Army
- Crisis Intervention
- Elderbridge on Aging
- Hawkeye Harvest Food Bank
- Habitat for Humanity

School Systems -
- Public: kindergarten, grade, middle, and high schools
- Parochial Newman School System: kindergarten, grade, middle, and high school

Religious -
This area has a full compliment of faith-based communities, representing a spectrum of denominations and religions.

Community Healthcare Needs Assessment (CHNA) Process

The previous healthcare needs assessment in the community was completed in 2007, for fiscal years 2008-2010, in collaboration with the North Iowa Community Action Organization and accessing the 14-county Regional Planning Coalition that represents more than 30 agencies and organizations from public health, education, and regional/local providers of health and human services.

The desire to collaborate this session, however, did not materialize as Community Action had already completed its required assessment and Cerro Gordo Public Health is on a five-year cycle rather than three-year and they had not been given the "go ahead" to start their next cycle. Representatives from these agencies were invited to participate in the Task Force that combed the assessments of these agencies to identify and prioritize the needs. Currently, the Coalition is inactive, but there is a desire to reconvene for collaborative coordination. Community Action, located in Mason City, functions as a centralizing hub.

In order to re-assess the healthcare needs of the community, during calendar year 2010, Mercy – North Iowa conducted a Community Healthcare Needs Assessment (CHNA) that also included Mercy Medical Center – New Hampton, a wholly owned Critical Access Hospital in New Hampton, Iowa.
Knowledge Delivery Services, LLC, of Des Moines, Iowa, was contracted to conduct the survey. Dr. Simon Geletta, Ph.D., an assistant professor at Des Moines University in the Public Health Program teaching healthcare research and statistics courses, owns this service. Dr. Geletta is trained as a sociologist with a special emphasis in demography and population studies. His early research focused mainly on the measurement of industry structure of localities, community well-being, and the linkages between the two. More recently, Dr. Geletta’s research has been focused on the quality of health outcome measures and community-based or population-based chronic disease management programs.

The survey design methodology and processes used in conducting the survey are contained in the Introduction of the attached “Community Health Care Needs Assessment for North Central Iowa Counties.” There was intentionality to not reuse the address list from the previous needs assessment, but to follow hospital admission statistics using 50% of the randomly-selected addresses from our primary service area and equally divide the remaining 50% from the secondary service area. The identified needs, however, were analyzed as whole rather than county by county since services provided are primarily in Cerro Gordo County, location of Mercy Medical Center – North Iowa.

First class postage was chosen plus a self-addressed stamped return envelope to encourage greater participation. A succinct cover letter was incorporated into the 4-sided survey, asking the residents of North Iowa to provide input in order to continue to improve the quality of healthcare in North Iowa in the midst of the community’s ever-changing health needs. An option was provided to either return the paper survey by mail or to respond on-line. The survey questions were carefully and purposely intended to dovetail with relevant questions used in the previous CHNA, with some focus on Mercy’s feasible scope of service, and screened for simplicity to encourage participation. Plenty of free text boxes were scattered throughout to provide the opportunity for independent responses.

To recap the process, a paper questionnaire survey was sent to random addresses proportionately representing the primary and secondary service areas, which entailed follow-up phone calls in order to lie within statistical validity. Being one of the largest employers in North Central Iowa and since hospital staff live in many of the service-area counties, they were sent the identical survey on-line. This group would include Nurse Case Managers as well as Social Workers and others who have direct patient contact. Good response was received from the medical staff physicians and area clergy who received a simplified survey. Also, Focus Groups were conducted with representative Hispanic women from the neighboring community of Hampton who are involved in an outreach program in conjunction with Franklin County Public Health, with participants at the Senior Citizen Center in Mason City, and with those who regularly appreciate services provided at the Community Kitchen in Mason City.

Members of the CHNA February, 2010, Task Force who formulated and approved the questions for the Survey:

*MMC-NI – Community Benefit Ministry Officer
*MMC-NI Planning
Diversity & Inclusion/ Community Outreach
Public Benefit Enrollment & Financial Assistance
Physician & Mercy Family Medicine Residency Clinic
RN & former Mercy Family Health Line Administrator
Social Worker & Pharmaceutical Assistance Program Administrator
Experience under Dr. Geletta – an Administrative Intern
Community / Continuity – with career in healthcare collaborative leadership
Clergy & Community
Clergy & Mission and Community Benefit Committee
Salvation Army – Social Worker
(* Team that refined the questions.)
The CHNA Task Force to review the Survey responses in October, 2010, was designed to include representatives with ‘hands-on’ expertise from the following resources:

MMC-NI – Community Benefit Ministry Officer
MMC-NI Planning
Diversity & Inclusion/ Mercy Family Medicine Residency Clinic – a RN
Public Benefit Enrollment & Financial Assistance
Physician at Mercy Family Medicine Residency Clinic
RN & former Mercy Family Health Line Administrator
RN & current Mercy Family Health Line Administrator
Social Worker & Pharmaceutical Assistance Program Administrator
Experience under Dr. Geletta – an Administrative Intern
Rural Outreach Specialist – short-term medication assistance program
MFMR & Chronic Disease Initiatives – Medical Assistant/ Research
North Iowa Community Action Organization – Outreach Coordinator
Community & Continuity – with career in healthcare leadership
Clergy & Community
Clergy & Mission and Community Benefit Committee
Salvation Army – Social Worker

Other resources consulted:
Cerro Gordo County Health Rankings & Roadmaps - 2010
Cerro Gordo Department of Public Health – www.cghealth.com
Iowa Department of Public Health – Healthy Iowans 2010
North Central Iowa Regional Planning Coalition Survey, 2009
North Iowa Community Action Agencies’ 2008 Community Needs Assessment Survey
Data – www.nicao-online.org

Community Health Needs Identified

Research conducted by two individuals trained in the Focus Group process discovered that the two Focus Groups they facilitated represented findings at opposite ends of the spectrum. Those at the Senior Citizens Center appear to be stable in having their basic healthcare needs met and are at low risk, budgeting carefully and seeking best prices for their medications. They did appreciate knowing, however, that resources were available should their circumstances change.

There is a medical team working closely with Elderbridge, the University of Iowa, and other entities to create Sage-Link, a web-based information community that connects Seniors with community and national resources for solutions to every-day living problems that threaten healthy living. A prototype was tested by Mayo Clinic in Austin, MN.

At the other end of the spectrum, those at the Community Kitchen are at high risk with complex healthcare and community resource needs, needing assistance in just about every area. Many are either unaware of benefits available or have already reached benefit limits and can no longer access the system. Specific needs revolve around lacking routine medical visits thus using the Emergency Department instead, dental and optical care, awareness of resources available and help with accessing them.

Many of the Objectives in the Implementation Plan address the needs mentioned above. Also in response, Mercy – North Iowa published a “Patient Assistance” brochure that indicates resources for Health & Medical Questions, Access for Doctor Appointments and Dental Care, Transportation for Medical Appointments, Paying for Healthcare Services, Enrollment in Government Programs, Paying for Prescribed Medicine, Long-term Need for Medication Due to Chronic Condition, and Day-to-Day Living Needs.
The Hispanic Focus Group was conducted in a less formal manner by Mercy’s Outreach Coordinator for Diverse Populations who had developed a strong relationship with those involved in an outreach collaborative program with Franklin County Public Health. The health-related primary needs there regarded high blood pressure, diabetes or pre-diabetes, and asthma. All respondents indicated inability to afford health insurance, prescribed medications, and transportation to medical appointments. Those who are undocumented are not always eligible for many government assistance.

Mercy – North Iowa will explore and implement a strategic initiative for the poor that will address these very health-related areas: heart failure, diabetes, and asthma. The need for transportation to medical appointments and financial assistance with medications lies within programs that Mercy already has in place. There is a concerted effort for broader dissemination of this information through the Outreach Program, Hispanic interpreters, Mercy Family Health Line, and brochures.

Spreadsheets were developed that summarized the healthcare needs identified from the questionnaire Survey responses, which the Task Force used in compiling objectives.

Preventative Practices
For the most part, those who participated in the survey participated in adequate preventative measures: blood pressure, flu shot, dental exam/cleaning, and flu shot. According to the demographics of participants, only checking one's blood sugar may be slightly less than expected. This point will be explored under routine doctor office visits. Contrary to survey results, there is limited access for dental services for those who do not have dental insurance or for those on Title XIX, as dentists have experienced significant “no show” appointments among the latter group. Community Benefit’s North Iowa (free) Dental Clinic for the Uninsured and Underinsured is examining ways to expand its utilization, though dependent on the gracious volunteerism of area dentists.

Presence of Health-Related Risk Factors
Overall, Community responses indicated minimal presence of health-related risk factors, with overweight being the highest ranked. Among hospital employees, called Associates, stress ranked nearly as high as overweight, elements which often have a correlation. The hospital is in the process of rolling out a Culture of Safety program that looks at countering stress with techniques that improve resiliency.

Prevalence of Selected Health Issues
Although at only 29%, the Community ranked overweight as the top health issue and overweight, high blood pressure and high cholesterol nearly tied at the top for Associates. Mercy’s Volunteer Services regularly offer free blood pressure checks, as does Public Health. The underlying cause once again seems to point to the complex problems associated with weight, often referred to as a nation-wide epidemic.

The Governor of Iowa is coming out with a collaborative initiative to help Iowa communities transform themselves into Blue Zones, based on National Geographic’s team led by author and explorer Dan Buettner’s effort to locate the people who’ve lived the longest on earth, and why. The Blue Zones Project, a cornerstone of the Iowa Healthiest State Initiative, is designed to ignite and lead a community by community movement to improve the well-being of Iowa communities by focusing on upstream/preventative health and physical activities and enhancements. Mercy will certainly work with other city organizations in pursuing this opportunity. With less than 8% of Community responders indicating not having a diagnosed health issue and only 26% of Associates, it looks like good timing for the Governor’s state initiative.

Health Care Coverage and Utilization
As can be expected, Associates had good access for insurance coverage and the Community did as well. However, 1.3% of Associates and 2.4% of the Community claimed to have no health
insurance. One of the Community Benefit Implementation Plan Objectives is to provide catchment for those who pass through the Emergency Department who have no Primary Care Physician or Medical Home. These individuals will be connected with Mercy Family Medicine Residency Clinic, with Community Health Coach follow-up. There is also the Chronic Disease Initiatives for both heart failure and diabetes with which these individuals may benefit from free lab tests not only for diagnostic purposes but also for improved self-management/maintenance.

Mercy’s Financial Counselors in partnership with Social Workers and Nurse Case Managers are intentional in screening in-patients and out-patients without health insurance for their enrollment eligibility in government programs and/or for the hospital’s financial assistance. In tandem, Community Benefit’s McAuley Care at the Residency and Rural Outreach for all others provide short-term assistance with prescribed medications for those who are not able to afford all or part of the cost. A Social Worker and Volunteer Services assist those who are eligible for pharmaceutical assistance program enrollment.

The Community Benefit team has also been working on providing access for those individuals who are eligible for enrollment in the IowaCare program. There has been much communication between Mercy – North Iowa and the state-assigned Medical Homes for IowaCare patients. We are also working in tandem with United Way and the Regional Transit bus to facilitate reasonably priced transportation to both Iowa City and Ft. Dodge. Transit bus vouchers are provided for those who are unable to purchase the ticket.

Visits to Professional Health Care Providers for Routine Care
Two percent of the Community use Emergency in place of routine medical care and 7% do not seek healthcare on a regular basis. The effort to connect those who present at Emergency with a Primary Care Physician or Medical Home as mentioned in the previous segment should prove helpful. Another Community Benefit Objective is to explore what other services may be helpful in remedying the need for routine care, which most likely impacts stable long-term health for these individuals.

Reasons for Not Visiting Professionals for Routine Health Care
70-75% of both Associates and Community indicated there were no barriers for visiting a professional for routine care. Actually, hospital employees had more reasons for not having routine visits than did the Community. Reasons listed: lack of insurance, expense, and inability to get an appointment. Eligibility screening for various assistance programs, Patient Financial Services payment plans, referrals to the Residency Clinic (a Community Benefit clinic) where over 50% of their patients are uninsured or under-insured, and another Community Benefit Objective to expand clinic hours, especially for those who are employed, should prove helpful.

Reasons for Inability to Fill Prescriptions
The results of this survey question would seem to indicate that the short-term and long-term medication assistance programs that Community Benefit provides are meeting the need. Their continuation and continual refinement is important. A “Patient Assistance” brochure is in process of being updated and widely distributed.

Reasons Given for Not Having Regular Dental Care
The North Iowa Dental Clinic provides free acute dental care for those who are uninsured or under-insured. The clinic also takes into consideration exceptional circumstances. Routine preventative care is not available at this time as the need for acute is dominant. This does leave a gap for those who are employed but find dental services too expensive. The Community Health Centers in both Clarksville and Ft. Dodge and at Broadlawns Hospital in Des Moines have a sliding fee scale for anyone who walks in or makes an appointment for care. There is reasonably priced Regional Bus Transit to Ft. Dodge.
Daily Struggles
It was surprising that over 60% of Community members who responded to the survey indicated that daily struggles were not a challenge. No other one category stood out for the other 40%. Household budget ranked highest for the minor reasons, which realistically represents the depressed economic state of the area.

Mercy – North Iowa contributes financially to the area’s North Iowa Corridor Development organization, which seeks to bring additional jobs into the area. This significant contribution, which provides health and well-being on the ‘upstream’ side of healthcare, is not allowed to be counted for Community Benefit purposes according to Internal Revenue Service’s regulations. Also, Community Benefit collaborates with North Iowa Community Action Organization by supporting a self-sufficiency program for those who need assistance with managing their budget, family skills, and health maintenance. Case workers meet regularly with family units who are referred and willingly participate in this program.

Surprisingly for Associates, Transportation to Medical Appointments, Access to Adult Day Care for Family Member, and Communicating Due to Language Differences, and Affording Prescription Medications clustered beneath the “Does Not Apply” majority. A wider dissemination of availability of transportation to medical appointments and assistance with prescribed medication will be accomplished – another Community Benefit Objective. The Adult Day Care, run by Salvation Army and managed by a Mercy employee, will be informed of this information. And since Mercy generously provides -- as another Community Benefit -- Interpretation Services for our Hispanic population, which represents less than 5% of the service area, this notation may pertain to the foreign-born medical staff that has been hired by the hospital. In the intentionality of having a culture of Diversity and Inclusion, an important Trinity Health System initiative, one of our long-term Providers has begun a program in conjunction with the University of Northern Iowa to invite incoming medical staff to participate in a culturally sensitive program – orienting them to North Iowans!

Awareness / Use of Available Services
Mercy Family Health Line, a 24-hour/7-day a week telephone health information service manned by registered nurses for symptom triage and resource referrals to callers throughout North Iowa, truly is a “Most Trusted Healthcare Partner for Life.” It is the most used health support services that Mercy – North Iowa’s Community Benefit offers. An increasing number of callers are the uninsured and under-insured that have complex situations, necessitating multiple referrals. Another of the Community Benefit Objectives is to explore the feasibility of hiring a Navigator who helps this population ‘navigate’ the variety of programs and applications both within the hospital as well as expedite referrals to resources from within the community.

Top 3 Sources of Health Information
Seeking to discover the most effective manner in communicating health-related information, this question was included as part of the Survey. Information sourced from Health Professionals topped the list, with Internet, Friends/Family, and Newspaper/TV/Radio/Magazines following.

Top Three Areas Most Important to Improve
The Associates, Community and Physicians & Clergy all seemed to agree that the three most important community improvements should include: Education to Increase Participation in Physical Activities & Exercise Program, Education to Improve Nutrition & Eating Habits, and Educate Residents on Health Care Issues & Services. Clergy and Physicians responses selected Improve Access to Health Care as an additional priority. This latter group indicated that ‘education’ alone was not sufficient; advocacy and experiential opportunity are also needed. The efforts to become a Blue zone Project will address these identified needs. We are considering ways of making participation in the YMCA more accessible, especially to those enrolled in the Community Partners program run by North Iowa Community Action Organization in collaboration with Mercy – North Iowa.
Prioritization Process

The CHNA Task Force, membership listed earlier in this document, took into consideration the needs identified by the Community Healthcare Needs Assessment, Focus Groups, needs identified and prioritized by Cerro Gordo Public Health and the North Iowa Community Action Organization, as represented on the Task Force, as well as members’ participation on boards of other agencies, and the experience of their direct involvement with the uninsured and underinsured population.

Considering the intensity of the need, impact it would have on the target population of uninsured and underinsured, number of persons affected, other community resources already addressing that need, and feasibility of the hospital to meet those needs, Task Force members voted on the eleven needs isolated to determine the top five:

1st – Re-establish Community Case Management
2nd – Connect Patients with Appropriate Resources
3rd – Provide Medication Assistance as Eligible
4th – Expand Clinic Hours to Increase Access
5th – Establish Medical Homes for those without a Primary Care Physician

Re-establish community case management:
With the conclusion of grant funding for the Case Management Medicare Project in March, 2010, hospital management concluded through a Mission Discernment that that outreach would transition to Community Health Coaches, which is included in the attached “FY11-FY13 CHNA Implementation Plan of Mercy Medical Center – North Iowa.”

Connect patients with appropriate medical and community resources:
This need is represented in the attached Implementation Plan.

Provide medication assistance as eligible:
This need is represented in the attached Implementation Plan.

Increase access to care by expanding office hours:
This need is represented in the attached Implementation Plan.

Establish medical homes for those who lack access to routine health care:
Members of the Task Force are highly and compassionately involved in direct contact with the target population of the poor and underserved. Their personal expertise as well as that of the programs they represent is woven into the objectives of the Implementation Plan that was presented first to the Mission & Community Benefit Committee and then passed to the Board of Directors for its approval. Please see the attached Implementation Plan.

The result of this ranking was reviewed and eleven Objectives were selected for the Implementation Plan, which separated into three categories:

- Manage Chronic Conditions
- Support Wellness through Access to Care & Services
- Support Wellness through Social Supports

Other Needs Identified

One of the highest use of Medication Assistance dollars and of the uninsured population that present inappropriately at the Emergency Department are patients with Mental Health conditions, subsequently determined to be primarily those with Substance Abuse issues. This population was barely represented in the public Survey or Focus Group responses, however, this population is of state-wide concern and Iowa has plans to redesign the mental health program from county level to regional in order to try to provide more consistent coverage of the needs of this growing
population. The Director of Mercy’s Behavioral Services is on the state committee working on this endeavor. Locally, Mercy – North Iowa is in conversation with others involved with this population, looking for ways to collaborate and more efficiently steward the financial and institutional resources available.

Smoking Cessation received little comment due to state-wide increased efforts to minimize tobacco addiction.

Several “free-text” comments touched on these two areas:

1) Many of North Central Iowa’s subsidized health and human services resources are located in Cerro Gordo, more specifically, Mason City. a) Outlying communities may not have the same opportunities in their location, and b) because of this, many who utilize these resources have re-located to Cerro Gordo.
2) Many of those who are uninsured need assistance with navigating the resources available, understanding the applications, and not duplicating multiple points of entry with the same complex of unresolved issues.

Next Steps

- The Fiscal Years 11-13 Implementation Plan will be presented and approved by Mercy – North Iowa’s Senior Leadership and then by the board of governance and integrated into the hospital’s Strategic Plan.
- Fiscal Years 11-13 Implementation Plan, based on the Community Healthcare Needs Assessment, will be reviewed annually and approved by the Mission & Community Benefit Committee, a sub-committee of the Board of Directors.
- In Fiscal Year 14, there will be a new Community Healthcare Needs Assessment to identify the current community healthcare needs. A CHNA Report and a Fiscal Years 14-16 Implementation Plan will be responsive to those reports.

Update

The initial FY11 CHNA Implementation Plan was presented to and approved by the Board of Directors on 9/28/2011. The Plan was reviewed in FY12 by a Task Force, comprised of both internal and external participants who are actively engaged with the target populations, and was approved by the Mission and Community Benefit Committee on 05/10/2012. FY13 CHNA Implementation Plan was reviewed on 2/8/2013 and was presented to the Mission & Community Benefit Committee for approval and was approved on 2/14/2013. A Summary of the Revised Implementation Plan shows progress on how those needs are being addressed:

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<thead>
<tr>
<th>Needs Identified in Community Health Needs Assessment</th>
<th>Method for Addressing Need</th>
<th>Progress Toward Meeting Need</th>
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<tbody>
<tr>
<td>I. Manage Chronic Conditions</td>
<td></td>
<td></td>
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<tr>
<td>Objective A: Establish medical homes for those who lack access to routine health care.</td>
<td>a) Hired a Medical Home Coordinator. b) Expanded to 24/7 Nurse Case Mgr in ED. c) Hired a Community Health Coach for the Residency.</td>
<td>a) Medical Home Coordinator is in process of helping clinics to become certified. b) Nurse Case Mgrs were hired to fill all positions. c) Community Health Coach daily reviews ED census list for the uninsured w/ a chronic condition who have not seen a PCP. Half of the patients seen at the Mercy Family Medicine</td>
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<td>Residency are either covered by Medicaid or financial assistance.</td>
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**Objective B: Connect patient with appropriate medical and community resources for improved self-management of chronic condition.**

- a) Identify resources throughout 14-county service area.
- b) Develop a process to case manage at-risk patients with chronic disease who do not have a PCP.
- c) Explore implementing Stanford Chronic Disease Medical Self-Management program.
- d) Continue and integrate the Chronic Disease Initiatives at the Residency.
- e) Develop a process to case manage at-risk patients with mental health/substance use issues who do not have a PCP.

- a) NICAO has created a number of brochures for service area counties. These have been placed on the Intranet.
- b) See Objective A.
- c) Elderbridge has the trainers but placed the program on hold because of program rigidity. May consider a model used during a Diabetes grant in the area.
- d) Both the Diabetes and Heart Failure initiatives indicate significant improvement for those in the program. There are free labs and testing to help with the maintenance.
- e) Applying for a Call-to-Care grant to facilitate this program. If not accepted, hope to develop a process for stakeholders to use as well as a related Population Health initiative for this targeted population.

**Objective C: Provide medications assistance as eligible.**

- a) Continue to improve process and screen for eligibility and application status.
- b) Provide training to expand availability of assistance with pharmaceutical assistance program applications. (A social worker approves financial applications for Rural Outreach.).
- c) Provide resources to the undocumented patient.

- a) YTD December, the short-term medication assistance program have helped 578 persons with 1,552 Rx’s.
- b) Forest Park Clinic no longer assists pts with pharmaceutical applications. The turn around time for MAP applications would be quicker if assistance was located in each clinic. Program is entirely dependent on Volunteers. Need to assure adequate volunteer participation.
- c) 340B allows greatly reduced prices for short-term care (except mental health meds), therefore, increased availability for needed long-term chronic condition meds for undocumented and those unable to pay full price. Also, created
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<thead>
<tr>
<th>II. Support Wellness through Access to Care &amp; Services</th>
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<tbody>
<tr>
<td>Objective D: Continue to support health screenings throughout 14-county service area.</td>
</tr>
<tr>
<td>a) Assess current availability of and need for specific health screenings in the 14-county service area.</td>
</tr>
<tr>
<td>b) Expand and support Teen Screen (high school mental health) throughout 14-county service area.</td>
</tr>
<tr>
<td>a) Public Health departments have robust screening programs. Mercy partners especially with infection prevention efforts.</td>
</tr>
<tr>
<td>b) Sixteen NI schools have used this service; 18% of students have been identified w/ issues of depression and suicide. Screening tool was recently reinstated. United Way funds it locally.</td>
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<tr>
<th>Objective E: Improve communication and referral of resources that improve health</th>
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<tbody>
<tr>
<td>a) Created &quot;Patient Assistance&quot; brochure as handout for patients; widely communicated to clinics, case management, etc.</td>
</tr>
<tr>
<td>b) Set up Kiosk Project at Residency with direct line to human service resources and MFHL.</td>
</tr>
<tr>
<td>c) Placed Patient Assistance content in Intranet with relevant links to websites.</td>
</tr>
<tr>
<td>d) Create Navigator/Outreach position.</td>
</tr>
<tr>
<td>a) Many clinic managers and departments with high target population census requested the brochures.</td>
</tr>
<tr>
<td>b) Few have chosen to access Kiosk. Consider moving it to Emergency Dept.</td>
</tr>
<tr>
<td>c) Providing in-services to communicate new resource tool on Intranet. Needs to be updated with recent IowaCare Medical Home location change -- again.</td>
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<tr>
<td>d) Navigator position remains unfunded; however, Medical Asst at Residency and RN functions as such.</td>
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<tr>
<th>Objective F: Improve access and remove barriers to transportation to medical appointments for vulnerable population.</th>
</tr>
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<tbody>
<tr>
<td>a) Communicate transportation opportunities to targeted populations.</td>
</tr>
<tr>
<td>a) &quot;Patient Assistance&quot; brochure and Intranet resource site has transportation section and links. Also, collaborated with United Way to create Saints Shuttle to Iowa City and more recently to Marshalltown for IowaCare pts.</td>
</tr>
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<tr>
<th>Objective H: Improve access to care by expanding office hours of family practice clinics.</th>
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<tbody>
<tr>
<td>a) Research and implement opportunities for expanding hours for outpatient care.</td>
</tr>
<tr>
<td>a) Forest Park Clinic extended their hours and appointments can be made by e-mail; Convenient Care is open weekends 9:00-5:00; Residency has same day appts; Mental Health Center and Marshalltown IowaCare are holding appts to accommodate Mercy’s patients.</td>
</tr>
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</table>
### III. Support Wellness through Social Supports

| Objective I: Encourage physical exercise and better nutritional choices, especially for the poor and underserved. | a) Connect at-risk patients with chronic disease self-management program. | a) FY12 it was determined that this duplicates Objective Bc and Bd. |
| Objective J: Encourage better life skills that ultimately affect health. | a) Connect patients with programs to improve health outcomes.  
b) Expand volunteer base to increase available resources for program that improve health. | a) & b) FY12 it was determined that this duplicates city-wide Blue Zone Project, which focuses on wellness. It is headed by city volunteer coordinator. |

The following describes the top nine needs identified in FY11 CHNA with a summary explanation of why those needs are not being directly addressed:

<table>
<thead>
<tr>
<th>Identified Need Not Being Addressed</th>
<th>Reason</th>
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<tbody>
<tr>
<td><strong>I. Manage Chronic Disease</strong></td>
<td></td>
</tr>
<tr>
<td>The most common health issue at 46.3% was high blood pressure (BP).</td>
<td>There have been BP screenings by Volunteer Services and Heart Failure initiatives, but Mercy has not created a significant Community Benefit / Population Health initiative due to lack of staff capacity.</td>
</tr>
<tr>
<td>11.6% indicated “other reason” for not having regular dental care.</td>
<td>The free dental clinic has eligibility parameters for the uninsured and underinsured; some people are above those limits, but still not able to afford routine visits.</td>
</tr>
<tr>
<td><strong>II. Support Wellness through Access to Care &amp; Services</strong></td>
<td></td>
</tr>
<tr>
<td>Continue to support health screening through 14-county service area.</td>
<td>Public Health has robust screening programs throughout our service area.</td>
</tr>
<tr>
<td>“Other reason” was selected by 9.5% for not having routine health care, 11.6% inability to fill prescriptions, and 11.6% for not having regular dental care.</td>
<td>The next CHNA will need to do a deeper dive to determine what other than expense and transportation are barriers to access.</td>
</tr>
<tr>
<td>Expand and support Teen Screen (mental health) throughout 14-county service area.</td>
<td>Screening tool developer Columbia University shut down use of the tool. Recently, they released it to another academic organization and hopefully it will soon be re-instated. The program is owned by United Way.</td>
</tr>
<tr>
<td><strong>III. Support Wellness through Social Supports</strong></td>
<td></td>
</tr>
<tr>
<td>Encourage physical exercise and better nutritional choices, especially for the poor and underserved.</td>
<td>We lack human resource capacity to address, however, Mason City was accepted into the Blue Zone program and there is a greatly enhanced focus on physical exercise and</td>
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### Identified Need Not Being Addressed

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<tr>
<td>improved nutrition in the schools, grocery stores, restaurants, newspaper, within significant businesses, including Mercy – North Iowa. It is being expanded in surrounding area.</td>
<td></td>
</tr>
<tr>
<td>Encourage better life skills that ultimately affect health.</td>
<td>Other than educational teaching re: chronic diseases that involves encouraging better life skills, we lack human resource capacity to address this. Mercy financially supports NICAO's Community Partners, which focuses on encouraging better life skills.</td>
</tr>
<tr>
<td>Although 60.4% indicated no daily struggles, 12.2% indicated challenges with the household budget.</td>
<td>Similar to above, Mercy provides partial financial support for NICAO's Community Partners, which helps to build self-sufficiency in managing self-care of all kinds.</td>
</tr>
<tr>
<td>2.4% of respondents reported that they had no health insurance coverage.</td>
<td>Mercy's Charity Care Policy C-5 indicates financial assistance guidelines for those needing help with covering medical bills. Iowa's IowaCare program is intended to fill the gap for those who are not able to obtain Medicaid, SSI or some other public coverage. Medicaid Expansion in Iowa is a current topic in the legislature.</td>
</tr>
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### Attachments:

A. Map of 14-County Service Area  
B. Affiliated Hospitals / Mercy Clinics & Physician Clinics  
C. Community Healthcare Needs Assessment Survey - 2010  
D. FY11-13 Implementation Plan - Summarized