

Community Health Needs Assessment Joint Implementation Plan

July 2015 to June 2018

Spectrum Health Grand Rapids Hospitals
and Special Care Hospital



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Introduction

A hospital facility's implementation strategy to meet the community health needs identified through the hospital facility's CHNA is a written plan that either:

- (1) Describes how the hospital facility plans to address the significant health need; or
- (2) Identifies the significant health need as one the hospital does not intend to address and explains why the hospital facility does not intend to address the health need.

Information needed to identify and determine the community's significant health needs was obtained by holding community health forums, sending out community health surveys to residents, interviews and online surveys with community health care professionals and community leaders, and community health summits attended by community health partners. Secondary data was gathered from state, local and national databases to supplement the overall findings and needs identified.

A glossary of terms is available at the end of this Implementation Plan to provide clarity for the terminology used in the document.

Significant Health Needs Addressed In This Implementation Plan - Each of the significant health needs listed below are important and are being addressed by numerous programs and initiatives operated by the hospital, other organizations within Spectrum Health and other community partners of the hospital.

- i. Lack of access to health care (addressed by Spectrum Health Grand Rapids Hospitals)
 - a. Maternal Infant Health
 - b. Access to Care
- ii. Mental health issues/stress, depression (addressed by Spectrum Health Grand Rapids Hospitals and Spectrum Health Special Care Hospital)
- iii. Substance abuse/alcohol abuse, drug use (addressed by Spectrum Health Grand Rapids Hospitals and Spectrum Health Special Care Hospital)
- iv. Obesity and poor nutrition (addressed by Spectrum Health Grand Rapids Hospitals)

Other Significant Needs Identified In the CHNA But Not Addressed In This Implementation Plan - The hospital will not address the following significant health needs identified in the CHNA as part of this Implementation Plan due to limited resources and the need to allocate significant resources to the significant health needs identified above.

- i. Violence and safety

Spectrum Health Grand Rapids Hospitals

Community Health Needs Assessment (CHNA): Implementation Plan

Access to Health Care - Maternal Infant Health

July 2015 to June 2018

Significant Health Need	Population Served	Action	Measurable Impact
Lack of Access to Health Care	Economically disadvantaged and medically underserved women in Kent County	<p>I. Infant mortality rates in Grand Rapids and Kent County, especially among African-American populations, historically have been among some of the worst across Michigan. Recent work has reduced these to near-median average for the state of Michigan, although there remains a three-time relative risk for adverse birth outcomes among people of color. We have effective programs to support these expectant mothers through Spectrum Health Maternal Infant Health Program (formerly known as Mothers Offering Mothers Support) and the community collaborative known as Strong Beginnings. We strive to advance these efforts by:</p> <p>A. Expanding our work to Latina populations.</p> <p>B. Embedding enrollment in “centering care” in clinics that serve vulnerable populations.</p> <p>C. Collaborating with the state of Michigan to advance a plan that allows sustainability and scalability for these important efforts (recognizing that ultimate outcomes such as reducing infant mortality, rates of premature birth, and very low birthweight (VLBW) and low birthweight (LBW) deliveries will take several years to achieve).</p>	<p>I. We will drive greater program results through:</p> <p>A. Increasing the percentage of women enrolled in the Maternal Infant Health Program (MIHP) during the first trimester from 60% to 70%.</p> <p>B. Increasing the percentage of MIHP-eligible women enrolled (currently at 30%) by 15% in the first year, 25% in the second year and 40% in the third year.</p> <p>C. Specific metrics are likely to be developed in collaboration with the state of Michigan.</p> <p>We expect state of Michigan metrics to be available by July 2016.</p>



Spectrum Health Grand Rapids Hospitals

Community Health Needs Assessment (CHNA): Implementation Plan

Access to Care

July 2015 to June 2018

Significant Health Need	Population Served	Action	Measurable Impact
Lack of Access to Health Care	All residents in Kent County and those who may choose Spectrum Health Primary Care Services	<p>I. We will make access more readily available while working toward the goal of access within 48 hours.</p> <p>A. In the current fiscal year, determine the appropriate visit types within primary care that will have 48-hour access.</p> <p>B. While this is being determined, primary care will reduce the next third available appointment.</p>	<p>I. After establishing our baseline for access within 48 hours and the types of visits to be included for this metric, we will:</p> <p>A. Increase the number of client visits served within a 48-hour window by 10% annually.</p> <p>B. Currently, June 2014 to July 2015, the third next available appointment is 7 days out. We will reduce this number to:</p> <ol style="list-style-type: none"> 1. 5 days by June 2016. 2. 3 days by June 2017.
Lack of Access to Health Care	Underinsured and governmentally insured residents of Kent County	<p>I. We will increase the percentage of providers within Spectrum Health Medical Group Primary Care who are open to new Medicaid and Medicare patients in all products. We will strive to increase this figure by 10% over the next 3 years.</p>	<p>I. By June 2016, we will:</p> <p>A. Add 3 physicians (net total) who are currently open to new Medicaid and Medicare patients. These physicians will be able to provide care for an additional 500 Medicaid lives.</p> <p>B. By June 2017, we will add an additional 4 physicians (net total 7 physicians) open to new Medicaid and Medicare patients. This recruitment will allow the primary care group to take on an additional 667 Medicaid patients (subtotal of 1,167 patients).</p> <p>C. By June 2018, we will add an additional 3 physicians (net total 10 physicians) open to new Medicaid and Medicare patients. This recruitment will allow an additional 500 Medicaid patients to be seen in medical homes, bringing the total to 1,667 additional patients.</p>

Spectrum Health Grand Rapids Hospitals

Community Health Needs Assessment (CHNA): Implementation Plan

Access to Care

July 2015 to June 2018

Significant Health Need	Population Served	Action	Measurable Impact
Lack of Access to Health Care	All residents in Kent County and those who may choose Spectrum Health Primary Care Services	<p>I. We will reduce the overutilization of emergency services for conditions that do not warrant this level of service. We will curb utilization by offering enhanced access as an alternative so that patients receive the appropriate care in the appropriate setting.</p> <p>A. Tactics may include locating an urgent care center near downtown while encouraging appropriate use of services, expanding use of care managers to engage patients designated as “high utilizers,” increasing referrals of patients to the Community Medicine Clinic and Center for Integrative Medicine Clinic, and increasing usage of telemedicine and nontraditional hours to match the expectations of our community.</p>	<p>I. Our current emergency department (ED) utilization for primary-care-sensitive conditions (conditions that can be managed in a primary care setting) is 99.8 visits per 1,000 covered lives. Our target is fewer than 100 visits per 1,000 covered lives.</p> <p>A. Remain fewer than 100 visits per 1,000 covered lives while implementing new strategies to address the significant health needs that, in isolation, could erode this performance.</p>
Lack of Access to Health Care	Economically disadvantaged and medically underserved populations in Grand Rapids urban communities	<p>I. Spectrum Health has a Community Medicine Clinic, which exists to serve medically underserved populations. We remain committed to providing services to vulnerable populations in an environment characterized by a high degree of cultural sensitivity and through expanding our presence at the clinic. We want to take care of all comers in this community clinic. We will increase our physician presence and increase the number of patients served in this clinic.</p>	<p>I. Add 1 physician FTE and 1 advanced practice provider (APP) FTE in addition to the rotating panel of physicians who provide these services.</p> <p>II. 1 year after completing the hires, we will increase the patient panel by 100%. This will allow an additional 1,500 lives to be covered by the clinic. Many of these patients will be insured through Medicaid (in addition to those expanded Medicaid patients listed above).</p>



Spectrum Health Grand Rapids Hospitals

Community Health Needs Assessment (CHNA): Implementation Plan

Improving Access to Behavioral Health

July 2015 to June 2018

Significant Health Need	Population Served	Action	Measurable Impact
Mental health issues (stress, depression) and substance abuse (alcohol abuse, drug use)	All residents in Kent County and those who may choose Spectrum Health Primary Care Services	I. We will integrate behavioral health collaborative care programs into our medical setting. This will increase the number of patients who may choose Spectrum Health Primary Care Services who will have access to behavioral health services by 50% annually. These behavioral health interventions will help detect undiagnosed behavioral and substance abuse health issues and then refer the patient for appropriate treatment.	I. Increase the percentage of practices and providers with the Psychiatry Behavioral Medicine (PBM+) integrated model of care by: A. Embedding PBM+ into 60% of primary care sites over the next 3 years with an average of 5 to 7 sites per year. A single psychiatrist can serve a population of up to 100,000 patients.
Mental health issues (stress, depression) and substance abuse (alcohol abuse, drug use)	All residents in Kent County and those who may choose Spectrum Health Primary Care Services	I. Through our commitment to training, education and recruitment, we aim to increase the number of behavioral health providers in our community while decreasing the wait time to first available psychiatric and psychological appointments by 20% annually over the next 3 years. A single psychiatrist can serve a population of up to 100,000 patients.	I. Recruit additional providers annually: A. 3 psychiatrists B. 2 APPs C. 2 therapists psychologists (PhD, MSW) This team will be able to cover up to 300,000 patients annually. II. Support state legislation to “open access” for behavioral health needs of our Medicaid population. III. Education and training: A. Psychology Internship Program B. Social Work Internship Program now in Division of PBM

Spectrum Health Grand Rapids Hospitals

Community Health Needs Assessment (CHNA): Implementation Plan

Improving Access to Behavioral Health

July 2015 to June 2018

Significant Health Need	Population Served	Action	Measurable Impact
Mental health issues (stress, depression) and substance abuse (alcohol abuse, drug use)	All residents in Kent County and those who may choose Spectrum Health Primary Care Services	I. Over the next 3 years, we will enhance and increase partnerships with community organizations that deliver behavioral health services through greater alignment in clinical, education, training and financial relationships.	<p>I. Increase the number of preferred referrals with other behavioral health organizations.</p> <p>II. Support and increase collaboration with behavioral health services offered by other behavioral health organizations.</p> <p>III. Education and training:</p> <ul style="list-style-type: none"> A. Pine Rest Psychiatry residents will rotate at Spectrum Health B. Mental health technician training with Helen DeVos Children's Hospital and Wedgewood Christian Services



Spectrum Health Grand Rapids Hospitals

Community Health Needs Assessment (CHNA): Implementation Plan

Improving Access to a Healthful Diet

July 2015 to June 2018

Significant Health Need	Population Served	Action	Measurable Impact
Obesity and poor nutrition	Economically disadvantaged and medically underserved populations in Grand Rapids urban communities	<p>I. Spectrum Health Healthier Communities continues to address the availability of resources that meet a healthful diet of nutrient-dense foods so we can improve the health of the communities we serve. Significant research has demonstrated that diet contributes to health status and a healthful diet can help individuals reduce their risk for numerous health conditions. Food insecurity and education are being addressed through collaboration with community partnerships, including food pantries, food kitchens and other organizations providing food access services.</p> <p>A. Support Community Food Club that offers improved availability and choice of healthy foods to low-income families in urban Grand Rapids. The program uses a dignified setting that promotes nutritious food choices through direct funding and volunteer support.</p>	<p>I. Community Food Club offers food security beyond “emergency response” to create a sustainable approach that improves availability and choice of healthy foods. We will continue to work toward offering food to 800 families each month through June 2016 (this may be enhanced through additional funding). By July of 2016, we expect to increase the number of families served to 970 annually. This will be accomplished through funding for food purchases that will then be offered in the club, as well as providing in-kind support.</p> <p>II. The Access of West Michigan food pantries will offer Nutritional Options for Wellness (NOW) services to more than 300 individuals and families annually.</p>



Spectrum Health Grand Rapids Hospitals

Community Health Needs Assessment (CHNA): Implementation Plan

Improving Access to a Healthful Diet

July 2015 to June 2018

Significant Health Need	Population Served	Action	Measurable Impact
Obesity and poor nutrition	Economically disadvantaged and medically underserved populations in Grand Rapids urban communities	<p>B. Support food pantries through Access of West Michigan and the NOW program (Nutritional Options for Wellness). The NOW program serves low-income adults with chronic disease by providing healthy foods appropriate to the individual's medically specific dietary requirements instead of simply providing traditional food access. These services are enhanced through educational programming for patients and families, and by coordinating with primary care services.</p> <p>C. Partner with Community Food Club to provide low-income residents an opportunity to participate in educational opportunities for food selection and preparation.</p> <p>D. Support the nutritional offerings that are part of the Academy of Health Sciences & Technology program at Innovation Central High School of Grand Rapids Public Schools, which targets inner city youth. This part of the curriculum promotes healthy eating education and health literacy at a time where lifelong dietary habits and healthy lifestyles are created.</p>	<p>III. We will continue to provide the services of dietitians from Spectrum Health Healthier Communities and community educators. These individuals will serve as resources for community classes focused on underserved populations.</p> <p>IV. We will continue to support the coordination and partial staffing for the Academy of Health Sciences & Technology at Innovation Central High School of Grand Rapids Public Schools, which serves between 400 students and 900 students annually.</p>



Spectrum Health Grand Rapids Hospitals

Community Health Needs Assessment (CHNA): Implementation Plan
SPECIAL CARE HOSPITAL

Improving Access to Behavioral Health

July 2015 to June 2018

Significant Health Need	Population Served	Action	Measurable Impact
Mental health issues (stress, depression) and substance abuse (alcohol abuse, drug use)	Patients admitted to Spectrum Health Special Care Hospital	<p>I. Special Care Hospital will improve access to health services through recruitment and orientation of the following 2 positions. These positions will work in tandem, as well as with the comprehensive care team, to complete screening and provide needed services and support for patients dealing with, but not limited to, depression, mental disorders, anxiety, grief and loss, and dementia.</p> <p>A. Medical Social Worker B. Geropsychologist</p>	<p>I. Recruitment and retention will be completed for both positions before December 2015; orientation will be complete before June 2016.</p>
Mental health issues (stress, depression) and substance abuse (alcohol abuse, drug use)	Patients admitted to Spectrum Health Special Care Hospital	<p>I. The hospital will collaborate with Spectrum Health partners to develop and implement a model of care using principles of the PBM+ model. This involves universal screening, triage and subsequent management of behavioral health issues.</p> <p>A single psychiatrist can serve a population of up to 100,000 patients.</p>	<p>I. Development of the model of care, in collaboration with system partners, will be completed by June 2016, with implementation completed by December 2016.</p> <p>After implementing the model of care, the goals will be:</p> <p>A. 100% of admissions will have access to screening within 3 years.</p> <p>B. December 2016 - June 2017:</p> <ol style="list-style-type: none"> 1. 50% of admissions able to complete the screening tool will be screened and triaged. <p>C. July 2017 - December 2017:</p> <ol style="list-style-type: none"> 1. 75% of admissions able to complete the screening tool will be screened and triaged. <p>D. January 2018 - June 2018:</p> <ol style="list-style-type: none"> 1. 100% of admissions able to complete the screening tool will be screened and triaged.

Glossary of Definitions

For July 2015 to June 2018

Term	Definition
Advance Directive	A legal document (such as a living will) signed by a competent person to provide guidance for medical and health care decisions (such as the termination of life support or organ donation) in the event the person becomes unable to make such decisions.
Advanced Practice Provider (APP)	<p>Mid-level practitioners/health care providers who have received different training and have a more restricted scope of practice than physicians and other health professionals have in some states, but who do have a formal certificate and accreditation through the licensing bodies in their jurisdictions. Examples include, but may not be limited to, nurse practitioners, physician assistants (PA) and nurse-midwives.</p> <p>A nurse practitioner is a registered nurse who has the knowledge base, decision-making skills and clinical competencies for expanded practice beyond that of a registered nurse, the characteristics of which would be determined by the context in which he or she is credentialed to practice.</p> <p>PAs prevent and treat human illness and injury by providing a broad range of health care services under the supervision of a physician or surgeon. PAs conduct physical exams, diagnose and treat illnesses, order and interpret tests, develop treatment plans, perform procedures, prescribe medications, counsel on preventive health care and may assist in surgery.</p> <p>Nurse-Midwives are advanced practice registered nurses who provide counseling and care during preconception, pregnancy, childbirth and the postpartum period.</p>
Bariatrics	The branch of medicine that deals with the causes, prevention and treatment of obesity.
Chronic disease	A persistent or recurring disease that affects a person for at least 3 months.
Emergency Department (ED)	The department of a hospital responsible for providing medical and surgical care to patients who arrive at the hospital in need of immediate care.
Full-Time Equivalent (FTE)	A unit that indicates the workload of an employed person (or student) in a way that makes workloads or class loads comparable across various contexts. An FTE of 1.0 is equivalent to a full-time worker; an FTE of 0.5 is equivalent to 50% of a full-time worker.
HbA1c	The A1c test (also known as HbA1c, glycated hemoglobin or glycosylated hemoglobin) is a blood test that correlates with a person's average blood glucose over 90 days.
Institute for Healthcare Improvement (IHI)	IHI is a nonprofit organization focused on motivating and building the will for change, on partnering with patients and health care professionals to test new models of care, and ensuring the broadest adoption of best practices and effective innovations.
Integrating behavioral health collaborative care programs	The systematic coordination of general and behavioral health care. Integrating mental health, substance abuse and primary care services produces the best outcomes and is the most effective approach to caring for people with multiple health care needs.
Low birthweight (LBW)	Low birthweight (LBW) is defined as a birthweight of a live-born infant of less than 2,500 g (5 pounds, 8 ounces), regardless of gestational age.
Maternal Infant Health Program (MIHP)	Programs to improve women's health before, during and after pregnancy to reduce both short- and long-term problems.

Medicaid	A United States federal health care program for families and individuals with low income and limited resources.
Medicare	A United States federal system of health insurance for people over 65 years of age and for certain younger people with disabilities.
Metrics	A standard for measuring or evaluating something, especially using figures or statistics.
Mothers Offering Mothers Support (MOMS)	This program is now known as the Spectrum Health Maternal Infant Health Program. It serves pregnant Medicaid beneficiaries and their newborns. This group is most likely to experience serious health problems due to psychosocial, socio-economic and/or nutritional risk factors.
Next third available appointment	A measurement of the patient's ability to seek and receive care with the provider of their choice at the time they choose, regardless of the reason for their visit. Counting the third next available appointment is the health care industry's standard measure of access to care and indicates how long a patient waits to be seen.
Primary care	The day-to-day health care given by a health care provider. Typically, this provider acts as the first contact and principal point of continuing care for patients in a health care system and who also coordinates other specialist care that the patient may need.
Primary Care Emergency Department (ED) Sensitivity	Patients using the hospital emergency departments for non-urgent care and for conditions that could have been treated in a primary care setting.
Psychiatry Behavioral Medicine Integrated (PBM+)	An emerging field in the wider practice of high-quality, coordinated health care. In its broadest sense, it can describe any situation where behavioral health and medical providers work together.
Readmission	An admission to the hospital that occurs within 30 days of a previous admission's discharge.
Referral	An act of referring someone or something for consultation, review or further action.
Sliding-fee scale	Variable pricing for products, services or taxes based on a customer's ability to pay.
Smoking cessation	Discontinuation of the habit of smoking, including the inhaling and exhaling of tobacco smoke.
Telehealth or Telemedicine	The use of medical information exchanged between sites through electronic communications to improve a patient's clinical health status. Telemedicine includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications technology.
Trimester	A period of 3 months, especially as a division of the duration of pregnancy.
Triple Aim	The pursuit of improving the experience of care, improving the health of populations and reducing per capita costs of health care.
Very low birthweight (VLBW)	A birthweight of a live-born infant of less than 1,500 g (3 pounds, 5 ounces), regardless of gestational age.



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