

Bringing health capacity to the community through partnerships, coalitions and hospital community benefit programs.





# Healthcare is Changing Healthcare has CHANGED

- Vulnerable populations have to meet in their own environment
- Significant needs require *out-of-the-box* thinking.
- Payment changes under ACA, make it necessary to coordinate that care across the multiple health silos.
- Population Health initiatives highly sought after.
- Community Health Improvement now expected of hospitals.
- Community Benefit expectations very high.



# What's the Difference? Population, Public & Community Health

**Public Health** the critical functions of state and local public health departments such as preventing epidemics, containing environmental hazards, and encouraging healthy behaviors.

**Community Health** is similar to public health although not necessarily a function of government and heavily reliant on intersectoral partnerships that draw on the perspectives and resources of diverse communities and actively engage them in health action.

**Population Health** is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group. These groups are often geographic populations such as nations or communities, but can also be other groups such as employees, ethnic groups, disabled persons, prisoners, or any other defined group.

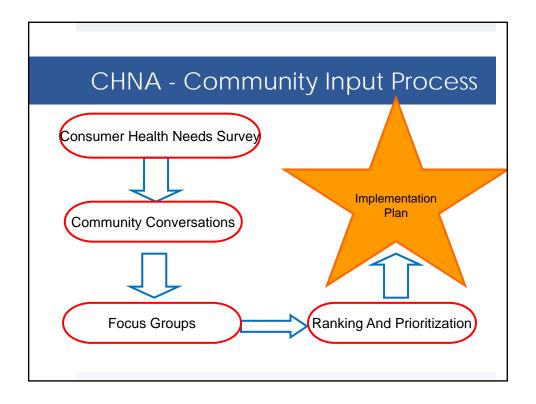
# Community Benefit Changes

- Starting in 2007, the Congress formally started asking about non profit hospitals status. IRS responded to questions by congressional and other policymakers about non-profit community benefit claims:
  - Is the community benefit standard sufficient?
  - Are hospitals charitable enough?
  - Should there be a level of effort test?



### Internal Revenue Service Rules

- Schedule 990-H must be completed and filed for a Non-profit Health System to maintain tax exempt status.
- Accountability for Hospital System: Is the hospital truly using its Community Benefit dollars for community health purposes?
- It requires that:
  - A community health needs assessment be conducted once every 3 years.
  - This must be made available publicly on a wide basis.
  - Must identify the health needs raised in the community.
  - An implementation strategy must be devised identifying how the hospital will respond to the CHNA input and where/how it will allocate its community benefit dollars.
- Subject to IRS Audit. Failing to meet these requirements can result in a \$50K fine and potential loss of tax-exempt status.



# Implementation Strategies

- Hospital must pick and prioritize issues within communities.
- Should address at least three issues to implement strategies.
- Other issues that are ranked but not prioritized should have implementation strategy for community explained.
  - Public Health working on issue.
  - Local prevention group engaged in issues.
- Prevention collaborative groups are excellent partners.
- Substance Abuse Treatment alignment opportunities.
- Population Health Strategies also becoming prominent.

# Washington Requirements

- **HB 2341** in 2012 placed requirements for Washington Non Profit Hospitals.
- Requirements for open disclosure of CHNAs.
- Implementation strategies must engage Public Health and Community Based Organizations and if hospital choose not to implement, they need to explain why.



# CHNA - Washington Example

- Seattle's Children Hospital's CHNA in 2013.
  - Access to high quality care.
  - Coordinated care for children with chronic disease.
  - Health equity and access in South King County.
  - Obesity
  - Mental and Behavioral Health
  - Adolescent Health \*
  - Parent and Family Education\*



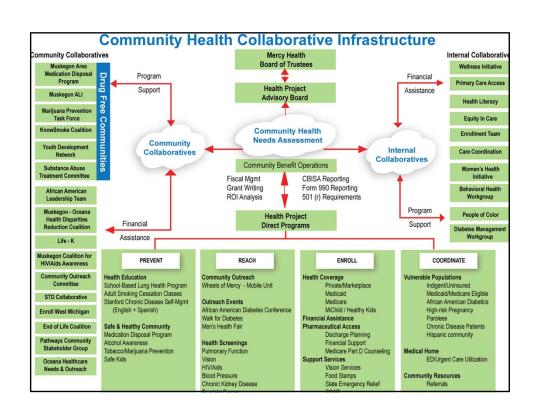
Seattle Children's

# Journey to Community Benefit

Health Project launched in 1993

- W. K. Kellogg Foundation partnership to mobilize community around health;
  - \* Improve community health status
  - Extend coverage and access to care –
     Access Health and MIChild
  - \* Address disparity
- Acquisition 2008 2010
- Functions as external Community Benefit
  Office for Mercy Health
- Develops and tests Innovations for Trinity Health







# Community Health Needs Assessment

Hearing from our community about what we need and deciding how to respond .

# Health of the Community.

- Education
  - Lakeshore Lung Program
  - Chronic Disease Self-Management
  - Advocacy
- Prevention
  - Drug Free Communities
  - Medication Disposal Program
  - HIV/AIDS
- Community Engagement
  - Communicable Disease Coalition
  - 1 in 21
  - Coalition development, facilitation and support



# Programs for the poor and underserved

- Community Outreach
  - Wheels of Mercy
  - Special events
- Enrollment Assistance
  - Health Coverage + Counseling
  - Hospital Financial Support + other Social Support Programs
  - Pharmaceutical Access Program
- Population Health/Care Coordination
  - Community Health Workers
  - Community Hub Model





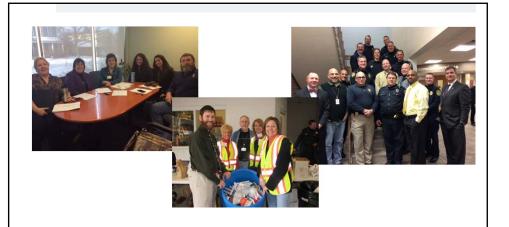
# Community Health Workers

Are indigenous to the community in which they work. Assist patients with navigating a complex healthcare system and accompany patients through treatment, monitoring social service needs, and helping them overcome obstacles to their own health and ability to follow treatment from the medical community. Advocate for vulnerable individuals and communities









# Getting Upstream: Community engagement and collaborative work

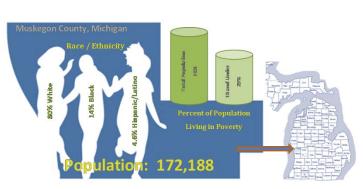
Community Health Improvement

# Drug Free Communities

- Funded Externally by the Office of National Drug Control Policy and SAMSHA/ Partnership for Success II
- Annual budget of \$210,000, approximately 50% is staff; 10% admin; 15% is capacity building, and 35% of funding is used for community use in implementing strategies.
- Leverages \$22-35,000 from Mercy Health annually
- 38 organization with 75 active members from the 12 sectors.



Coalitions are reported as community benefit under 'Community Building Activities'



Nestled along the Lake Michigan shoreline, Muskegon is a urban/rural county of 172,188 residents with diversity that is often considered a microcosm of the United States.

With over 26,400 (15% of the population) students among the 13 school districts, the need for county wide collaboration and coordination for substance abuse is high.



# Coalition of the Year

- 47% drop in teen binge drinking.
- 61% drop in driving after drinking.
- 37% drop in teen smoking.
- 8 tons of meds collected in four years.
- Over 70 people involved on regular basis.



CADCA - Luncheon February 2015

### Prescription Drugs in Muskegon County

- Youth Survey reveals 17.5% of youth trying prescriptions not prescribed.
- Prescription drug excessively prescribed by physicians.
- Patients sharing and using expired meds that were unsafe.
- Police noticed increase break ins.
- People reselling their drugs.



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### DFC Planning to Implementing Disposal

- Coalition called for action plan and brought hospital and community together.
- Logic Model reveals disposal in several strategies.
- Key leaders emerged from law enforcement, prevention, hospital and affiliated organizations....
- Affinia Health, a physician service organization tasked with creating an accountable care organization in West Michigan.



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# How has the hospital helped MAMDP?

- ☐ Support from the hospital departments
- ☐ To get MAMDP started, hospital underwrote first two events.
- ☐ Helped develop a resource development plan.
- Hospital contract management helped work with existing disposal contractors.
- ☐ Sustainability planning leads to long term hospital resources.



# Media Plan Branding Flyers Press Releases Website Powerpoint Templates Printing Banners Muskegon Area Medication Disposal Program Muskegon Area Medication Disposal Program Medication Disposal Program Muskegon Area Medication Disposal Program Muskegon Area Medication Disposal Program Controller Medication DROP BOX Protect our water and public health Dispose of your urusado or vigilled Controlled musclication hite. No sharps accepted. Muskegon Area Medication Disposal Program Notice of Controlled Medication DROP BOX Protect our water and public health Disposal Opening Musclication hite. No sharps accepted. Muskegon Area Medication Disposal Program Muskegon Area Medication Disposal Program Notice of Controlled Medication DROP BOX Protect our water and public health Disposal Program Notice of Controlled Medication DROP BOX Protect our water and public health Disposal Program Notice of Controlled Medication DROP BOX Protect our water and public health Disposal Program Notice of Controlled Medication DROP BOX Protect our water and public health Disposal Program Notice of Controlled Medication DROP BOX Protect our water and public health Disposal Program Notice of Controlled Medication DROP BOX Protect our water and public health Disposal Program Medication DROP BOX Protect our water and public health Disposal Program Medication DROP BOX Protect our water and public health Disposal Program Medication DROP BOX Protect our water and public health Disposal Program Medication DROP BOX Protect our water and public health Disposal Program Medication DROP BOX Protect our water and public health Disposal Program Medication DROP BOX Protect our water and public health Disposal Program Note of Controlled And Protect our water and public health Disposal Program Note of Controlled And Protect our water and public health Disposal Program Note of Controlled And Protect our water and public





# **Educational Opportunities with Docs**

- Source Reduction Efforts
  - 2 CME Education for physicians on prescribing practices with information about wasted meds.
  - -60 plus physicians attending events
  - Advocating with health plans to change ability to prescribe 90 days on first.
- Physician / Enforcement communication workgroups established.





# How has DFC helped Mercy Health?

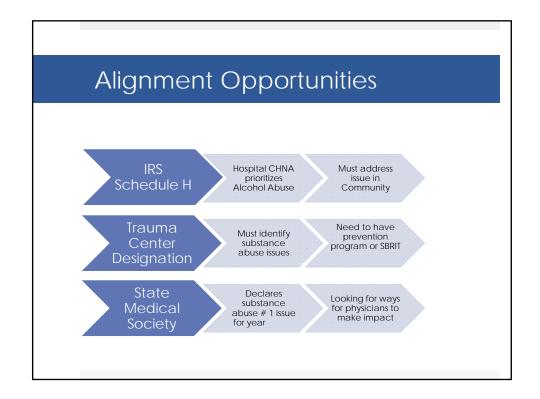
- Featured in several publications and stories.
- Included in awards and grant applications.
- Helps with compliance with IRS.
- Increased collaboration with law enforcement, physicians, pharmacists, and leadership.
- Several collaborative efforts going on
  - Sobering Center
  - SBIRT
  - Enhanced Communication





# Issues to consider.....

- Not all hospitals embrace community initiatives.
- Leaders and staff may not see the connection.
- Hospitals governed by strict regulations.
- HIPAA, IRS, HHS, Joint Commission, CMS
- Where are their opportunities to align with your coalition?



# Good Place to Start

- Community Health Needs Assessments
- Hospital CEO / Board Members
- PR & Communication
- Community Benefit Director
- Mission Director
- Pharmacy Departments (Prescription Drug)
- Cancer Control (Tobacco)
- Trauma Center Manager/ER Manger (Alcohol/Drugs)

# Let's Connect.



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Call or Write 231.672.3207 | fitzpalm@mercyhealth.com

