COMMUNITY HEALTH IMPROVEMENT STRATEGIES

2020-2022

Premier Health

MIAMI VALLEY HOSPITAL NORTH

Miami Valley Hospital North is part of Premier Health, the largest private, nonprofit, comprehensive health care system in Southwest Ohio. Miami Valley Hospital North is committed to improving the health of the communities it serves with high quality, cost-competitive health services. Miami Valley Hospital North is located in Englewood, Ohio. It offers emergency care, heart care, cancer care, and sports medicine services. maternity care, a spine and joint center, sports medicine services, comprehensive cancer center, and much more.

Mission

We will improve the health of the communities we serve with others who share our commitment to provide high quality, cost-competitive health services.

Communities Served

The primary service areas identified for Miami Valley Hospital North are Miami and Montgomery Counties in Ohio.

Prioritization of CHNA Community Health Needs

Criteria for Prioritizing

The priorities for Miami Valley Hospital North are the top community health needs identified in the Community Health Needs Assessment (CHNA). Five health issues achieved consensus as high priorities by these participants and were supported by the secondary data. They align with Premier Health's approach to community health, which has focused on substance abuse; hunger and food insecurity; physical literacy and chronic disease; and access to care and services to improve birth outcomes.

Prioritization Process

Priorities were determined by the number of votes in community meetings; the number and percentage of mentions on surveys; and for secondary data, data worse than state or national data, trending in the wrong direction, and impacting multiple counties. Hospital leaders met on September 10, 2019. They endorsed the priorities identified in the CHNA and discussed appropriate implementation strategies.

Priorities

Among the health and non-health needs identified in the CHNA, Miami Valley Hospital North's top priorities will be:

- Access to care and/or services
- Chronic disease
- Healthy behaviors
- Substance abuse and mental health

Process for Strategy Development

Premier Health's System Director for Community Benefits, Shaun Hamilton, convened the hospital team to develop the implementation strategies for these priorities. Assisting the team was consultant Gwen Finegan, who also led the CHNA process.

Participants at the September 10, 2019 meeting included:

- Mary Garman, Chief Operating Officer
- Roberto Colon, MD, Associate Chief Medical Officer
- Amanda McClure, Nursing Director
- Mindy Shelley, Operations Director
- Shad Bernard, Sports Medicine Manager
- Amy Stockman, Associate Nurse Manager
- Terrea Little, Community Relations Coordinator
- Diane Ewing, Chief Liaison to CEO/VP External Communications
- Paula Thompson, President & CEO, Fidelity Health Care
- Roopsi Narayan, Premier Community Health Director
- Christina Hull, Director of Development, GSH Foundation
- Shaun Hamilton, Director, Community Health
- Gwen Finegan, Consultant

From January 27, 2020 to February 20, 2020, Roopsi Narayan, Director, Premier Community Health and System Community Benefits, held phone call meetings and exchanged emails with the following individuals from within Premier Health:

- Dr. Joseph Allen, Family Physician
- Dr. Marc Belcastro, Chief Medical Officer and VP, Medical Affairs
- Diane Ewing, Chief Liaison-CEO and VP, Government Affairs
- Barbara Johnson, Chief Operating Officer, Premier Health
- Kathryn Johnson, Director, Organizational Learning
- Peggy Mark, Chief Nursing Officer, Premier Health
- Elizabeth Morgan, Program Manager, Care Transitions
- Joanne Morgan, System VP, Pharmacy Operations
- Alex Pohlman, Director, TeleHealth
- Patrick Ray, Director, Capital Reporting & Tax Compliance
- Nancy Robie, VP, Operations, Premier Physician Network Primary Care
- Candace Skidmore, VP, Emergency/Trauma Service Lines
- Colleen Smith, Samaritan Behavioral Health Inc.
- Paula Thompson, CEO and President, Fidelity Health Care

From GDAHA

- Lisa Henderson, Vice President, Health Initiatives, Greater Dayton Area Hospital Association

Face-to-face meetings occurred with:

- Executive Sponsors on January 14, 2020: Thomas Parker, Peggy Mark, Dr. Marc Belcastro, Yonathan Kebede, Paula Thompson, Roopsi Narayan, and Diane Ewing
- Birth Outcomes Discussions on January 31, 2020 with Dr. Marc Belcastro, Marianne Pohlman (Marketing and Outreach Manager – Help Me Grow), Terra Williams, Gina McFarlane, Roopsi Narayan; and on February 7, 2020 with Dr. Marc Belcastro, Roopsi Narayan, and Paula Thompson.
- Food Insecurity Discussion on February 12, 2020: Peggy Mark, Elizabeth Morgan, and Roopsi Narayan

- Overdose Response Discussion on February 11, 2020: Thomas Parker, Paula Thompson, and Roopsi Narayan

A description of their proposed strategies follows below.

Description of Strategies

ACCESS TO CARE/SERVICES

Community Paramedicine Program

- **Sponsor:** Candy Skidmore, RN, CHEP, Vice President, Emergency/Trauma Service Lines, CareFlight, and EMS
- **Budget:** $300,000 annually for 3 years earmarked to support program expansion; distribution depending on where high utilizers reside.
- **Metrics:** Number of home assessments. Number or percent of patients connected to community resources. Reduction in number of Emergency Department visits. Decreased calls to local 911 services.
- **Health issue:** Patients without access to regular medical care often have unnecessary visits to emergency departments and unplanned hospital readmissions.
- **Intervention's goal:** The goal is to meet the needs of vulnerable residents, who are not eligible for home health care, by providing care from community paramedics and connecting them to available resources.
- **Description:** The program has been designed to provide the resident with personalized health and wellness support in the comfort of their own home. The program will help them manage their needs including medications, as well as connecting the patients with primary care physicians, prenatal care, senior care services, and more. The team, which comprises a paramedic and Emergency Medical Technician from Dayton Fire along with a social worker from the City of Dayton, will visit the home and identify basic needs such as food and safety. The crew will then develop a care plan that factors in the patient's unique home environment, support, and health care needs. The team can also work to connect the patient with community resources, such as housing, utilities, insurance, prescription delivery, transportation, or any other needs that the patient/care team identify as having a positive effect on the resident's health and wellness. Residents are identified for the program through hospitals, 911 EMS agencies, physicians, family members, etc.
- **Background:** Analysis of frequent emergency visits was performed, and 20 patients who lived in ZIP Code 45406 accounted for more than 600 visits. They had chronic conditions such as pulmonary disease, diabetes, hypertension, and kidney disease as well as psychosocial, financial, and/or safety needs. The residents were not connected to primary care physicians and resorted to crisis management of their health care issues. In 2016, the State of Ohio passed a law allowing trained paramedics to function in non-emergency and home situations, thus providing an alternative to an ambulance run to a hospital's Emergency Department. Premier Health is the lead organization with staffing by the Dayton Fire Department.
- **Partners**: Dayton Fire Department and the City of Dayton

ER Virtual Care

- **Sponsor:** Alex Pohlman, Director of Telehealth
- **Budget:** $24,000 for first two carts and peripheral devices. $12,000 for each site where services are expanded.
- **Metrics:** Number of new sites, number of residents served, reason for consultations, Emergency Department transfers/hospitalization rates, and patient and clinician satisfaction.
- **Health issue:** As nursing facilities are called upon to care for higher-acuity patients and drive better outcomes at a fraction of the cost of a hospitalization, systems are required that deliver quality physicians to the bedside at times of change of condition.
- **Intervention's goal:** The goal of the program is to facilitate early treatment of conditions, reduce emergency room transfers and hospitalizations, and reduce care costs for residents. The long-term plan is to expand ER Virtual Care to nursing facilities across our market and expand service offerings to include specialties such as neurology, wound care, and behavioral health.
- **Description:** Video consultation with a doctor can expedite evaluation or treatment for patients at nursing facilities or at home. ER Virtual Care uses real-time video and audio for an Emergency Medicine physician to treat a patient remotely. By removing geographical boundaries, the hospital can leverage available providers from a distance to provide support and treat patients. This telemedicine solution can help address unnecessary transfer of nursing home and assisted living residents to hospitals by allowing access to emergency medicine specialists for after hour and weekend coverage.
- **Background:** The closure of Good Samaritan Hospital led to an increased demand in services at MVH-North. Clinical and operational leadership identified an opportunity to leverage telemedicine and help treat patients that present with low acuity symptoms to expedite treatment and reduce wait times. For example, an Emergency Medicine specialist at Austin Boulevard Emergency Center can video consult with patients at MVH-North. Initial results on utilization and patient satisfaction were positive and expanded Premier Health's scope for inclusion of community partner facilities. Nursing facilities are challenged with caring for higher acuity patients. The service promotes Premier Health's mission in providing highest quality of care at the right time and right place.
- **Partners**: Miami Valley Emergency Specialists, SpringMeade Health Center, and Koester Pavilion.

Senior Emergency Center

- **Sponsor:** Mary Garman, Chief Operating Officer, Miami Valley Hospital North
- **Budget:** Good Samaritan Hospital Foundation contributed $500,000 to develop the Senior Emergency Center, and this includes the funding to add a 4th senior-friendly room.
- **Metrics:** Change in patient volume; readmission rates; suspected abuse/neglect; return ED visits within 72 hours of discharge; and transfers to higher levels of care. Addition of 4th senior-friendly room. Number of referrals and compliance with completion of referrals.
- **Health issue:** Senior visits to the Emergency Department have increased by 45.7% since 2018.
- **Intervention's goal:** The goal is to provide age-appropriate screening and intervention in the Emergency Department.
- **Description:** Miami Valley Hospital North created 3 senior-friendly accessible rooms with calm colors, specialized lighting, easy-to-read clocks, and mobility aids. All patients age

65+ with an acuity level of 2.5 receive an assessment that includes elder abuse screening, mental health screening, and caregiver strain screening. A poor or very poor assessment triggers an RN to make a referral. They can request a case manager and/or social worker to see the patient. Four RNs have been trained as Senior Champions. A Fidelity Health Care RN follows up by phone within 24 hours to verify follow-up appointments, review discharge instructions, and assess the need for any further referrals.

- **Background:** Senior visits account for more than 30% of Emergency Department visits. About 20% of the patients in the Miami Valley Hospital North Emergency Department are ages 65 and older.

Community Health Mobile Clinic

- **Sponsor:** Roopsi Narayan, Director, Premier Community Health and System Community Benefits
- **Budget:** $140,000 committed to the project for 3 years
- **Metrics:** Number of people served. Number of people connected to resources. Percent of people identified as 'at risk' and receiving follow-up.
- **Health issue:** Both urban and rural residents can experience obstacles to receiving medical care. A mobile clinic can travel to locations convenient for residents in underserved areas.
- **Intervention's goal:** The goal is to bring healthcare providers and services on a routine basis to underserved communities through the Premier Community Health Mobile Clinic program. The goal is to make quality healthcare accessible to such locations as Preble County and West Dayton by utilizing sites at nonprofit organizations, participating CVS pharmacies, and local schools.
- **Description:** The program utilizes medical providers who offer patients assessments, counseling, follow-up care, and referrals through the Premier Health online scheduling portal. The patients are provided blood pressure, cholesterol, blood glucose, A1c screenings, (all with immediate results) as well as flu shots administered by Premier Community Health nurses. The care will be documented in Epic allowing tracking of progress and providing access of their Mobile Clinic's visits to other providers as needed. Along with the health screenings results and counseling provided by the healthcare provider, the program also provides education through the Wellness department of take-home literature about chronic disease and healthy lifestyle alternatives. With this partnership the program will provide approximately 700 hours of service, between November 2019 and December 2020 and projected 700 hours of service between 2021 and 2022, to the underserved community.
- **Background:** The Premier Community Health Mobile Clinic program has partnered with Wright State Physician Residents, Premier Health Urgent Care Centers, and a primary care physician from OneFifteen to provide accessible healthcare assessments, consultations and referrals to patients in the targeted areas. A new partnership with CVS enables the mobile clinic to provide services in locations where there is not a MinuteClinic available. There will be up to 10 CVS sites in Dayton and near Atrium Medical Center, where the mobile clinic can park and see patients. Schools will also offer a community location for the public and school staff.
- **Partners:** CVS Pharmacy locations in Germantown, Trotwood, New Lebanon, Eaton, and more; Dayton Salvation Army-Kroc Center; Gratis Fire Department; Madison Local Schools; Preble County Chamber of Commerce; Preble County Health Department; Preble Shawnee Schools; Premier Health Urgent Care Centers; Samaritan Behavioral Health Inc.; Valley View Local Schools; Somerville Community Church; Wright State Physicians; Help Me

Grow; Tri-County North; Brookville Schools; Maxon Foundation; and Atrium Medical Center Foundation.

ACCESS TO CARE/SERVICES AND CHRONIC DISEASE

Community Health Voucher Program

- **Sponsor:** Roopsi Narayan, Director, Premier Community Health and System Community Benefits
- **Budget:** $51,000 is projected for 2020-22 cycle, shared among 3 hospitals
- **Metrics**: For the 3-year period, a projected 183 women will be served by the Community Health Voucher Program among Miami Valley Hospital, Miami Valley Hospital North, and Miami Valley Hospital South. Expanded eligibility for BCCP impacted the number of women who needed to utilize Good Samaritan Hospital Foundation funding. However, the same women who enrolled in BCCP will likely need this coverage next year, since the BCCP only covers bi-yearly screenings. The Miami Valley Hospital Foundation also funds this program. In 2020, the Program Coordinator and Community Engagement Specialist began negotiating additional services that can be covered by this funding. They are in the process of determining how to refer and cover clients for services at the High-Risk Breast centers (Miami Valley Hospital South and Miami Valley Hospital North). There has also been discussion about the feasibility of using these funds to offset the costs of prosthetics and other needed items for women who have mastectomies. These projects are new and ongoing, but it is anticipated that they will lead to a higher utilization of this funding.
- **Health issue:** This program supplements the State of Ohio's funding to encourage women to be screened for breast cancer and cervical cancer. It provides financial assistance to women who are not eligible for the State program, and it also covers diagnostic testing and biopsies.
- **Intervention's goal:** The mission of the voucher program is to provide financial assistance to detect breast and cervical cancers at the earliest stage to uninsured and under-insured community residents.
- **Description:** The following services are covered by this program: screening mammograms; diagnostic mammograms; breast ultrasounds; breast biopsy; surgical consult (breast); Pap tests; clinical breast exams; colposcopies; and educational materials.
- **Background:** This program is funded through the Good Samaritan Hospital Foundation, the Miami Valley Hospital Foundation, and other community donations. Clients must be uninsured or underinsured (copayment, deductible, coinsurance) with income at or below 400% of Federal Poverty Level.
- **Partners**: Atrium Medical Center, Good Samaritan Hospital Foundation, Upper Valley Medical Center Foundations, Miami Valley Hospital Foundation (Help Her Fight), Kroger, Breast Cancer Foundation, and Kuhns Brothers.

CHRONIC DISEASE AND HEALTHY BEHAVIORS

Barbershop Program

- **Sponsor:** Roopsi Narayan, Director, Premier Community Health and System Community Benefits
- **Budget:** $24,500 committed from Premier Health towards expansion of the program.
- **Metrics:** Expansion to two additional sites: Middletown and Miami County
- **Health issue:** There are health disparities, especially for chronic diseases, for the African-American community. According to the CDC, "new analysis shows that younger African Americans are living with or dying of many conditions typically found in white Americans at older ages. Chronic diseases and some of their risk factors may be silent or not diagnosed during these early years. Health differences are often due to economic and social conditions that are more common among African Americans than whites. For example, African American adults are more likely to report they cannot see a doctor because of cost."
- **Intervention's goal:** The goal is to increase awareness of chronic health conditions and to promote healthy lifestyle choices within the African-American community.
- **Description:** Partnering with the local health department, Public Health-Dayton & Montgomery County, will help to further expand services for the community. Barbers (and salon owners) have a close bond with their clients. They can serve as models of good health and/or help connect their clients to health services. The program provides free, voluntary, and convenient health screenings on Saturdays at the shops. Health fairs, events, and fun challenges also occur.
- **Background:** Premier Health developed the Barbershop Health Program, which now has 5 locations. Atrium Medical Center is interested in expanding to include one or more locations in the Hamilton and Middletown areas, along with expansion to Miami County for the Upper Valley Medical Center. The original 3 barbershops resulted in 249 screenings.
- **Partners:** Deeez Cuttz, Serenity Salon, Man Up

The Daily Mile

- **Sponsor:** Roopsi Narayan, Director, Premier Community Health and System Community Benefits
- **Budget:** $9,750 initial investment. In-kind donated labor equivalent to 0.28 FTE each year for 3 years.
- **Metrics:** Expansion to at least two more school districts in the region
- **Health Issue:** Healthy Behaviors
- **Intervention's Goals:** The goal is to present physical activity as an important opportunity that shapes health, development and future physical activity behavior in children. Children will experience higher levels of fitness, lower body fat and stronger bones and muscles with an increase in physical activity levels.
- **Description:** Regular physical activity also benefits the mental and social health of children. The Daily Mile is a wellness intervention developed in Scotland, designed to increase physical activity levels during the school day by encouraging children to participate in a jog or run, at their own pace – with walking kept to a minimum. The Daily Mile objectives coincide with Healthy People 2020 objectives — to target younger children through physical activity in childcare settings.
- **Background:** The Daily Mile currently influences physical activity behavior at four schools, positively affecting 340 students during the 2019-2020 school year. The Daily Mile was

developed in 2012 and primarily featured in Scotland and England schools; however, its positive impact on the children resulted in participation from over 10,943 schools and nurseries worldwide and 2,309,784 students. Premier Health and the involved partners introduced the first Daily Mile pilot program in 2018. The pilot program resulted in a 52.7% participation rate in which 80% (of the students participating) demonstrated growth in their level of endurance. The success of The Daily Mile can be credited to the partnership between the organizations and the school's educators. Premier and the community agencies involved with the project continue to work to expand the program within local school districts.

- **Partners:** Dayton Children's Hospital; Public Health Dayton & Montgomery County; Five Rivers MetroParks; Centerville City School District; Miamisburg City School District; and Centerville-Washington Park District

SUBSTANCE ABUSE AND MENTAL HEALTH

OneFifteen

- **Sponsor:** Eloise Broner, Chief of Shared Services
- **Budget:** $6 million from 2020 through 2022, part of total $10 million 5-year commitment that started October 2019.
- **Metrics:** Expected outcomes include the following:
  - Opening a 58-bed housing unit by the end of summer 2020
  - 85% of patients will have a community-based visit within 30 days of evaluation.
  - 80% will have barriers to care addressed.
  - 75% initiate treatment within 30 days of evaluation.
  - 70% have naloxone training and access to kit.
  - 65% of appointments kept.
- **Health issue:** There exists a gap for substance detox services and crisis stabilization.
- **Intervention's goals:** The goal is to remove barriers to treatment regardless of payor source; provide on-demand services 24/7; and refer to ongoing treatment based upon assessment process following the ASAM (American Society of Addiction Medicine) criteria.
- **Description:** Access can be via a referral from the area hospitals and emergency rooms, EMTs, walk-ins and via police escort. CrisisCare also will aid in referring to this service and guide any callers or walk-ins to the Crisis Stabilization Unit as appropriate. In addition, planning and implementing an inpatient setting that dedicates a portion of beds to medically complicated clients in need of detox treatment from alcohol, benzodiazepines and opiates. The ultimate end goal is to provide a tech enabled ecosystem to the surrounding area that also includes a 58-bed housing unit currently under construction and slated for services by the end of summer 2020. In the Crisis Stabilization Unit, the patient receives a diagnosis and is then referred to outpatient treatment at SBHI that includes individual and group therapy and Medicated Assisted Treatment. The physicians prescribe Vivitrol and Suboxone. All substance use disorders are treated. Appropriate levels of care are based on *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. The criteria provide research-validated standards for outcome-oriented care in addiction treatment.
- **Background:** OneFifteen is a non-profit dedicated to the full and sustained recovery of people living with opioid addiction in Montgomery County. It is named for the 115 people who died of opioid overdoses each day in the U.S. in 2017. OneFifteen launched in 2019

with Premier Health Partners and Kettering Health Network in partnership with Verily, a sister company to Google. OneFifteen has opened two of the six planned facilities on a campus for opioid addiction treatment and recovery. The first two facilities provide 33,000 square feet of spaces for outpatient and inpatient residential care plus community-based wraparound services. Premier Health Partners' executive vice president and chief operating officer serves on OneFifteen's board. SBHI has been providing services to the community for 51 years for both mental health and substance treatment services and has a long history of partnership throughout a three-county area. SBHI also provides DAWN (Death Avoided with Naloxone) kits to the community and provides training to area businesses and family members of those addicted and has been advocating to help those who overdose and provide a tool to friends and family to aid in these situations.

- **Partners:** ADAMHS, GDAHA, Kettering, Samaritan Behavioral Health, Inc.

PRESTO (PRomoting Engagement for Safe Training of Opioids)

- **Sponsor:** Nancy Robie, Vice President, Operations, Premier Physician Network
- **Budget:** Annual in-kind donation of executive's time, equivalent to 0.04 FTE
- **Metrics:** Attract at least 38 primary care providers to participate in the research study. Their participation will help the researchers test and develop an efficient and effective protocol to guide other providers
- **Health issue:** Ohio is one of the state's hardest hit by the nation's opioid crisis. Ohio's rate of unintentional opioid overdose rate was nearly three times the U.S. average in 2017. According to the Ohio Department of Health, 80% of Ohioans who died from an overdose in 2016 had a history of opioid prescriptions.
- **Intervention's goal:** Premier Health will recruit system-wide to attract at least 38 of the 150 primary care providers that Wright State University will train in how to engage patients to taper down their opioid prescription use.
- **Description:** The PRESTO protocol is modeled on the SBIRT approach of screening, brief intervention, and referral to treatment. It incorporates CDC opioid prescribing guidelines, use of Ohio's prescription drug monitoring program, and motivational interviewing. Participating providers will agree to participate in the Ohio Automated Rx Reporting System (OARRS) and have de-identified prescribing data shared with investigators. They will participate in a 3-hour in-person training event as well as a 1-hour follow-up training about 4-6 weeks later. They will be encouraged to use the PRESTO protocol and motivational interviewing with appropriate patients. Each provider will receive $1,000 for completion of the two training events to assist with the cost of attending. They will also receive 3 hours of continuing education credits. Full implementation is expected in late 2020 or early 2021.
- **Background:** The Ohio Department of Higher Education awarded funding to research substance use disorders. Wright State University received an award to train primary care providers in a prescription-tapering protocol known as PRESTO.
- **Partners:** Mercy Health, Wright State University

Commented [GB1]: There are a lot of "ands" Should it be a couple sentences or change the "ands" to commas?

SOCIAL DETERMINANTS OF HEALTH

Phoenix Next

- **Sponsor:** Eloise Broner, Chief of Shared Services
- **Budget:** $15 million committed for area reinvestment and in-kind donations of land, parking garage, and 13-acre site preparation for 13 acres.
- **Metrics:** Attraction of private development; leveraging additional funding (grants and private dollars); maintaining community involvement; maintaining the leadership structure; and making an impact on the community.
- **Health issue:** Social determinants of health include education, employment, environment, and geographic location. Community-based development that is thoughtful and sustainable can improve health conditions for neighborhoods.
- **Intervention's goals:** The project's goals are to drive economic vitality; create jobs; enhance the area's image; leverage investment; promote healthy living; and advance next generation learning.
- **Description:** The City of Dayton has committed $15 million over 10 years, infrastructure upgrades for Salem Avenue, and housing/business development. The State of Ohio has committed $12 million to the Salem Avenue infrastructure upgrades.
- **Background:** In the aftermath of the closing of the Good Samaritan Hospital in 2018, the City of Dayton, the State of Ohio, and Premier Health developed a plan to improve a 13-acre site in the West Dayton neighborhood and create a foundation for reuse of the site and sustainable development to benefit the community and its residents.
- **Partners:** City of Dayton and the State of Ohio

Accountability

The Chief Operating Officer is responsible for ensuring that strategies occur which meet the community needs, as outlined in this document. The System Director for Community Benefits will assist as a community liaison in collaborative efforts and will help coordinate system-wide initiatives.

Significant Health Needs Addressed

Implementation Strategies, listed on the preceding pages, address the prioritized health needs:

- Access to care and/or services
- Chronic disease
- Healthy behaviors
- Substance abuse and mental health

In addition, Social Determinants of Health were addressed as a priority area.

Significant Health Needs Not Addressed

Not applicable

Board Approval

Premier Health's Board of Directors approved the Implementation Strategies on April 28, 2020.