

RRMC Board of Directors approved
and adopted this strategy on

August 28, 2013

MVG 9/24/13
Initials and date

Rutland Regional Medical Center
Rutland, Vermont

IMPLEMENTATION STRATEGY
Addressing the 2012-2015 Community Health Needs Assessment

Background

To improve the health of the Rutland Region and surrounding communities by providing appropriate, superior, integrated, preventative, diagnostic and therapeutic health services in a caring environment through the strength of our people, technology and relationships.

Mission, Rutland Regional Medical Center

The Rutland Hospital began with a bequest in 1890 for the purpose of establishing "a hospital for the sick and lame" in accordance with a bequest. While it took several years to get the original facility built and into operation, the need for a community hospital was proven quickly by demand for services and the organization has continued to grow, both physically and operationally, providing access to care for any and all in need of medical care and treatment.

Recognizing that health care goes beyond the traditional concept of the inpatient hospital, in January 1983 the board expanded the nature of the work of the organization and reflected this in a name change, to Rutland Regional Medical Center, and forming a holding company, Rutland Regional Health Services, to encompass a collaborative system of health care providers offering education, primary care, outpatient acute care, rehabilitation and assisted living housing.

Today, Rutland Regional Medical Center is Vermont's second-largest health care facility, with 1,604 employees and a medical staff of nearly 207 physicians trained in 36 specialty areas providing preventive, diagnostic, acute and rehabilitative services. As a charitable tax-exempt organization, we serve our community to the best of our ability, which includes providing free care programs and other community benefits.

We provide medical services to all individuals with an emergency medical condition. As required by the Emergency Medical Treatment and Labor Act (EMTALA), patients presenting with an emergency medical condition will be provided with medical services and care. Their ability to pay is not considered.

Community Health Needs Assessment process and priorities

Rutland Regional Medical Center (RRMC) began performing community health needs assessments in 1996, to identify and prioritize the health needs of the hospital service area's constituents to help guide the planning of hospital programming. The process, both then and now, takes into consideration available data reports on health indicators and combines this information with input from community members and leaders to:

- Describe the health status of the community

- Identify community health needs and concerns
- Compare the needs to those previously identified, to observe trends
- Pinpoint where additional resources are needed

There are many factors that influence the health of a community and for the purpose of conducting this needs assessment we use as a backdrop the definition of health from the World Health Organization (WHO), as adopted at the International Health Conference in New York in 1946:

“Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

To take into consideration Health Behaviors of individuals, Access to and Quality of Care, Social and Economic Determinants affecting the community and individuals, and the Physical Environment of our community, we used a six-step approach to conducting this and other needs assessments, as outlined below.

1. Defining the community we serve (our hospital service area);
2. Conducting research to collect data from other sources to analyze existing data that relates to the health status of the population;
3. Conducting surveys of community members as consumers of health services;
4. Interviewing community leaders;
5. Review of all of the information to identify the needs of our community;
6. Prioritize and report the identified needs and recommendations.

Oversight of the Community Needs Assessment process and development of the Implementation Strategy is provided by the James T. Bowse Health Trust (Health Trust), a sub-committee of the Board of Directors. The Health Trust is responsible for Community Benefit monitoring and reporting for RRMC.

For implementation purposes, an Advisory Committee was formed, made up of community leaders with special knowledge or expertise of public health to monitor the progress of the work, and to provide input, support, and assistance when necessary. Members include representatives from RRMC, Housing, the Department of Health, United Way, the Visiting Nurse Association, Agency of Drug Abuse and Prevention, the Regional Planning Commission, and a lay community representative. This group reviewed information and data as it was gathered, from secondary research, surveys and focus groups, and assisted in compiling and presenting the information to the Health Trust for final prioritization of health issues.

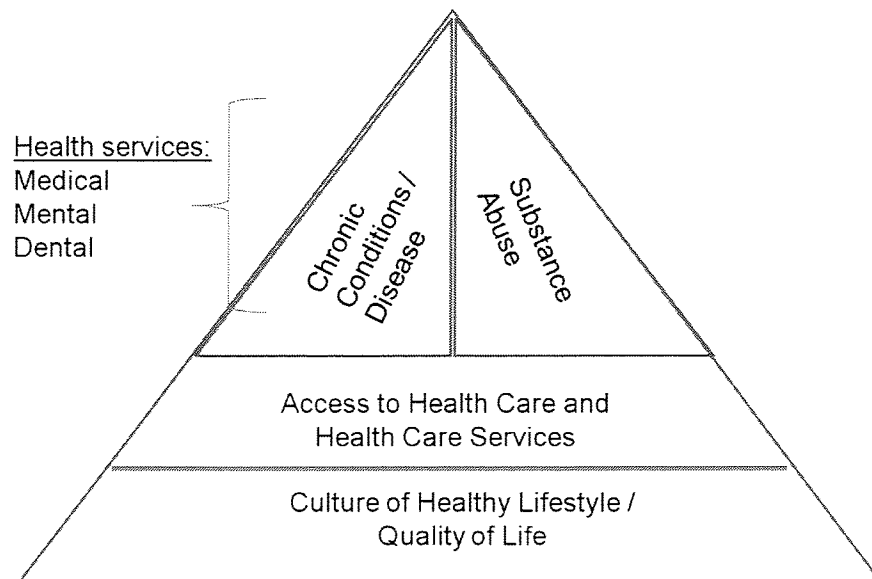
Final prioritization occurred on March 5th, 2012. Our approach was to review the findings from the 2004 and 2009 assessments, including the goals, objectives and achievements from across the community, and then discuss the areas of focus becoming apparent from this assessment process. Priority setting criteria was provided to assist participants with decision-making: the measurability of outcomes; the seriousness of the problem (its degree of impact); available resources to address the need; and its external salience. Participants were asked to rank each theme, using a “1” to indicate less importance, a “3” to indicate more importance, and a “9” to indicate most importance. At the end, the rankings for each theme were totaled and reported out.

Priority Health Issues

The oversight committee members recommend that the community focus on these priority issues:

- Reduce substance use, including tobacco and alcohol
- Improve access to and availability of health care – medical, dental, mental health and substance abuse
- Improve chronic health care delivery and supports
- Promote a culture to embrace exercise and healthy eating

Clearly, these areas of interest overlap extensively, and so will many of the strategies of work to address them. This illustration helps depict and summarize the needs of our community and how they relate to one another:



The shape of need in Rutland County, therefore, is summarized by saying that health services – medical, mental and dental, must be available and utilized to address the identified needs of chronic conditions and substance abuse. These resources, in turn, must be supported by a culture that embraces healthy lifestyle, good choices for health and behavior and encouragement of a positive quality of life.

Priority populations

Our review of the data and inputs from the needs assessment process also helped us to identify our priority populations:

- Seniors
 - 16.6% of population in 2010; anticipated to reach 21.1% by 2017
- Individuals living in poverty
 - 13.6% in 2009
- Adults and youth with substance abuse issues
 - Including illicit drug use, alcohol use and others, especially for those ages 18-25
 - Rutland County has a higher number of current smokers than the overall state rate, and the number of every day smokers is on the rise
- Youth and adults who are overweight or obese

- 38.7% of adults and 14% of high school students report being overweight
- 24% of adults and 11% of high school students report being obese
- Youth with low rates of healthy eating and exercise
 - 32% eat recommended servings of fruit per day, but only 14% eat recommended servings of vegetables per day
 - 30% participate in 60 minutes of physical activity daily

Implementation strategy

Under the guidance of the Health Trust, we expanded upon the structure and process of the Community Health Needs Assessment to develop the Implementation Strategy. The focus of the Advisory Committee shifted from the assessment to strategy perspective, and sub-committees for each of the four (4) identified priority areas were developed with a more targeted approach to the subject at hand, recruiting participants from RRMC departments, community organizations, and the Department of Health with experience and expertise in each priority area.

The first step of developing the Implementation Strategy was for Community Benefit staff to review the 2013-2017 RRMC Strategic Plan and Department Plans alongside the Community Health Needs Assessment to identify projects and activities being performed or planned that would directly address prioritized needs. With this in hand, we had a platform to open discussions with each of the subcommittees to identify and describe activities that exist, and activities that are planned beyond the scope of RRMC.

The subcommittees each met several times to share information about initiatives of their organizations, and those of others, corresponding to the prioritized need being discussed by the group. Once these activities were collected, they were aligned with the change desired (objectives). This listing also identified the responsible parties and the roles of each for each activity. In the coming months, each subcommittee will develop SMART objectives to track progress toward improving the health status of our community.

The Implementation Strategy was reviewed by the Bowse Trust in June and presented to the RRMC Board of Directors in August, for approval and adoption in September.

Strategies and initiatives

As the priority areas identified through the Community Health Needs Assessment overlap, there are shared purposes of many of the initiatives outlined here. We need the strength of the triad – the hospital’s activities, policy change, and community commitment to realize change in the health status of our community and its members.

RRMC leads many collaborative initiatives and relies upon community organization to influence social and economic factors that are beyond a healthcare organizations; control or expertise. In our rural community, collaboration and coordination are both necessary and beneficial to affecting change. This Implementation Strategy highlights the actions RRMC will employ that are new or significant improvements building upon existing efforts to address the prioritized health needs.

The work of RRMC through the James T. Bowse Community Health Trust to grant funds to community-based projects that aim to improve the health status of residents in the Rutland Region is also a key

strategy. The funding guidelines are tied directly to the priority health issues identified through the Community Health Needs Assessment. While this is an ongoing effort, the programs funded vary greatly. In 15 years, the Health Trust has provided over \$3.2 million in funding to 45 programs.

A. Reduce substance use, including tobacco and alcohol

Problem statement: The incidence of substance use and abuse has been identified as a significant concern for adults and youth ages 18-25 in our region in recent years, along with the need for sustainable resources to address the problem. A contributing factor is the economic downturn (demonstrated by a higher rate of poverty than in the previous needs assessment – an increase from 10.9% to 13.6%), leading to higher rates of depression among individuals. Service delivery system improvements are necessary to reduce prescribing of prescription narcotics, and improve care support through integration and collaboration. These changes must be complemented with offerings of evidence-based prevention programs to provide education and support to at risk populations.

There are three areas of focus for activities identified to address this health concern:

- Integrate behavioral health supports and services with primary care delivery
 - RRMC provides Mental Health Management contracted services to our Federally Qualified Health Centers to assist with integration of behavioral health into primary care.
 - RRMC's Community Health Team is providing evidence-based skills training, such as Motivational Interviewing, to our Federally Qualified Health Centers to improve screening
- Implement new and continue developing addiction prevention, treatment and support services
 - RRMC will be opening an opioid treatment provider Hub to provide methadone treatment and provide care to a subset of clinically complex buprenorphine patients.
 - As a complement to the Hub treatment and support approach, as the regional administrative entity for the Vermont Blueprint for Health, RRMC supports medical providers who prescribe buprenorphine for patients with opiate addiction by embedding nursing and clinical addictions / mental health counselors in the practice to provide augmented counseling, health promotion, and care coordination services.
 - RRMC's Emergency Department will begin conducting point of care reviews on cases with an indication of substance abuse issues, to identify patients as early as possible and refer them to appropriate resources for treatment and support.
 - RRMC's Community Health Team, provider prescribers, and pharmacy support the Vermont Department of Health's increased use of a prescription monitoring system.
- Improve prevention and increase capacity for Tobacco Cessation programming
 - RRMC will actively support efforts to increase the number of tobacco free environments in our region – facilities, parks, housing, and events) by providing funding and resources.
 - RRMC will work with other organizations (housing, social services, primary care, etc.) to increase the number of Level 1 trained coordinators able to work with at risk populations

B. Improve access to and affordability of health care – medical, dental, mental health and substance abuse

Problem statement: In our region, the barriers to accessing care by individuals include financial challenges, capacity of providers to serve patients, lack of awareness of available resources, and transportation. In addition, there is much uncertainty in healthcare; this point in time perspective suggests that service delivery system improvements will be necessary to assure appropriate utilization and improve care support through integration and collaboration, and adjustments to payment models will be made.

Provider recruiting is an effort of RRMC, often in collaboration with the Federally Qualified Health Centers serving our region, for primary care providers, specialty physicians, dental care, and mental and behavioral health providers. The focus shifts as the makeup of the provider base in our community changes, and our community needs change. In addition to this work, RRMC is involved in the following areas of work addressing access and affordability issues for our populations:

- Active participation in the exploration and testing of payment models designed to reduce cost due to inappropriate use
 - RRMC is working with the State and other partners to explore Accountable Care Organization models.
 - RRMC is working with community and state partners to implement and test payment models, e.g. bundled payments, to plan and prepare for Health Care Reform.
- Develop and expand the mental health resources for our community
 - RRMC is working with the State of Vermont to redesign the delivery of psychiatric services to those individuals requiring in-patient care.
 - The Community Health Team is developing its social work support services for adults and children in collaboration with recognized medical home primary care practices.
- Improve access to and appropriate utilization of existing resources
 - Women’s Health Services is developing an outreach program to offer clinics in outlying areas, removing the barrier of distance in our rural communities.
 - RRMC’s Community Health Team is facilitating the development of the Rutland Recovery Collaboration to begin to link peer supports with the services and supports of the RRMC Community Health Team and the region’s patient-centered medical homes, to increase coordination between peer support sources and primary care providers.
 - Rutland Community Health Team navigator support to facilitate access to health insurance coverage through the Vermont Health Connect Exchange, and provide guidance about appropriate utilization of health services.

C. Improve chronic health care delivery and supports

Problem statement: Rutland County residents are older when compared to Vermont as a whole, and Vermont has the second highest median age in the nation. The median age in Rutland County is 44.3 years, due in large part to the higher proportion of elderly adults 65

years and older. As individuals age, they often are affected by chronic conditions, and in many instances multiple chronic conditions. From 2003 – 2007, Rutland County had a significantly higher ambulatory sensitive inpatient day rate than the state average for Medicare patients (1.5 compared to 1.18), and emergency room visits per beneficiary in the service area were significantly above the state average. These chronic conditions should ideally be identified, assessed, and treated by a primary care physician before the patient needs to seek hospitalization.

Initiatives RRMC is leading or collaborating on:

- Reduce hospital readmissions for patients with chronic conditions
 - In partnership with other community providers, RRMC is developing and implementing system change to improve transitions of care for patients between service providers.
 - The Community Health Team, as part of the Vermont Blueprint for Health, is supporting the development of panel management within recognized medical home primary care practices.
 - RRMC's Community Health Team is developing referral networks to available community-based supports for patients of recognized medical home primary care practices.
- Identify and reduce risk factors for chronic lung disease
 - Reduce prevalence of tobacco use by expanding offerings of Tobacco Cessation by integrating workshop with sites and service delivery of community-based organizations (housing, social services, primary care, etc.).
 - Increase compliance for pneumonia and influenza vaccinations for patients of RRMC.
 - Improve screening, diagnosis, management and transitions protocols for patient lung conditions (COPD, asthma) through education and system improvement in accordance with evidence-based guidelines.
- Expand prevention and health maintenance programming for individuals and target populations
 - Improve self-management skills of patients with chronic conditions, or at risk for developing chronic conditions by expanding evidence-based program offerings.
 - Providing Wellness Recovery Action Planning (WRAP) for community members struggling with mental health issues or other life-affecting challenges.
 - Improving self-management of asthma triggers and symptoms through outreach programming and education.
 - As a Baby Friendly Hospital, implement and adhere to the 10 Steps Initiative for inpatient services, to increase breast feeding.
 - Increase capacity to provide education and support for pediatric and home bound Type 1 diabetic patients.

D. Promote a culture to embrace exercise and healthy eating

Problem statement: We have a high incidence of overweight and obesity, and corresponding low rates of healthy eating and exercise. 38.7% of adults report being overweight and 24% report being obese in Rutland County. Youth report low rates of healthy eating and exercise

(32% eat 2 or more servings of fruit per day; 14% eat 3 or more servings of vegetables per day; 24% participate in 60 minutes of physical activity daily). Education, resources and complementing policies are needed to create and promote positive cultural shifts around lifestyle choices that result in people in our community moving more, eating better, and smoking less.

This priority area is not one where RRMCM is best suited to develop or perform the work, but we do support organizations, events and other activities promoting healthy lifestyles and choices as outlined below.

- The Community Health Team is supporting the implementation of the Castleton State College Adults Physical Activity Program and WalkRutland.
- Provide financial, marketing and other support for various community partner organizations developing and expanding nutrition and/or physical activity initiatives.

In general, this priority area is one where the needs are greater than the capacity across the region for education and supports for nutrition and exercise.

Community health needs not addressed

Rutland Regional Medical Center is the lead health organization for our region, providing many services and programs to respond to the health needs of our community members. In some situations, however, due to capacity limitations, or simply the nature of the work, RRMCM is not the natural or logical resource or leader.

Two specific areas of need were identified through the process of conducting the Community Health Needs Assessment and developing this Implementation Strategy that are not being addressed within our community at this time due to lack of resources and capacity. They are:

- To increase residential recovery services for individuals with substance abuse. There is a target population in need of such support, and the service would be created and provided by the designated mental health agency in our region, Rutland Mental Health Services, as the primary provider of services for mental health and substance abuse service and supports.
- Community members have identified the need for more, or better coordinated transportation services for individuals to avail themselves of care and treatment for any purpose – medical, dental, mental health and substance abuse. Some services, including RRMCM's Bridges and Beyond program do provide transportation to individuals, but a more comprehensive approach is desired and would be lead by transportation and social services leaders.

There are many other projects and activities being led by other community partners that will have an impact on the health status of our community; therefore, we provide some specific examples here of initiatives being led by others:

Substance abuse:

- To reduce the prescribing of narcotics, illegal use of prescription drugs and over the counter medications, the State of Vermont has implemented the prescription monitoring system, and

passed legislation concerning the use and enforcement of the system. A Statewide Task Force has been established to provide education to prescribing providers and pharmacists.

- To reduce crime associated with substance abuse, social services, law enforcement and the treatment court are providing programs and developing new approaches to work with target and at-risk populations.
- Rutland Area Prevention Coalition (RAP) is the leader in prevention programming, working with the State of Vermont and Schools to promote healthy choices through advocacy, education, resources and support.

Access to care:

- The State of Vermont, in compliance with Health Care Reform, is developing and implementing a health insurance exchange for individuals to be able to obtain health insurance.
- Dental providers, the Vermont Department of Health, Schools and the Rutland Free Clinic work together to promote dental health, and improve access to care through programming, such as Tooth Tutor and Dental Day.
- Children's Integrated Services brings the array of social services together to plan, coordinate and continually develop their programs and supports for children and families.
- Law enforcement and the designated mental health agency are developing and implementing an evidence-based model for providing crisis support at the scene for individuals and families.
- The Federally Qualified Health Centers in our region contemplating the need for non-emergency urgent care for the greater Rutland community.

Chronic conditions support and services:

- Rutland Area Prevention Coalition (RAP) is the leader in advocacy for policy change to increase the number of tobacco free environments.
- The Vermont Department of Health is promoting and will enforce the use of the immunization registry by enrolling medical practices into the program to receive free vaccines.
- Some evidence-based self-management programs designed for specific target populations are developed and implemented by community-based organizations, such as Matter of Balance by the Southwestern Vermont Council on Aging, and Bone Builders by Rutland Seniors Volunteer Program (RSVP).