

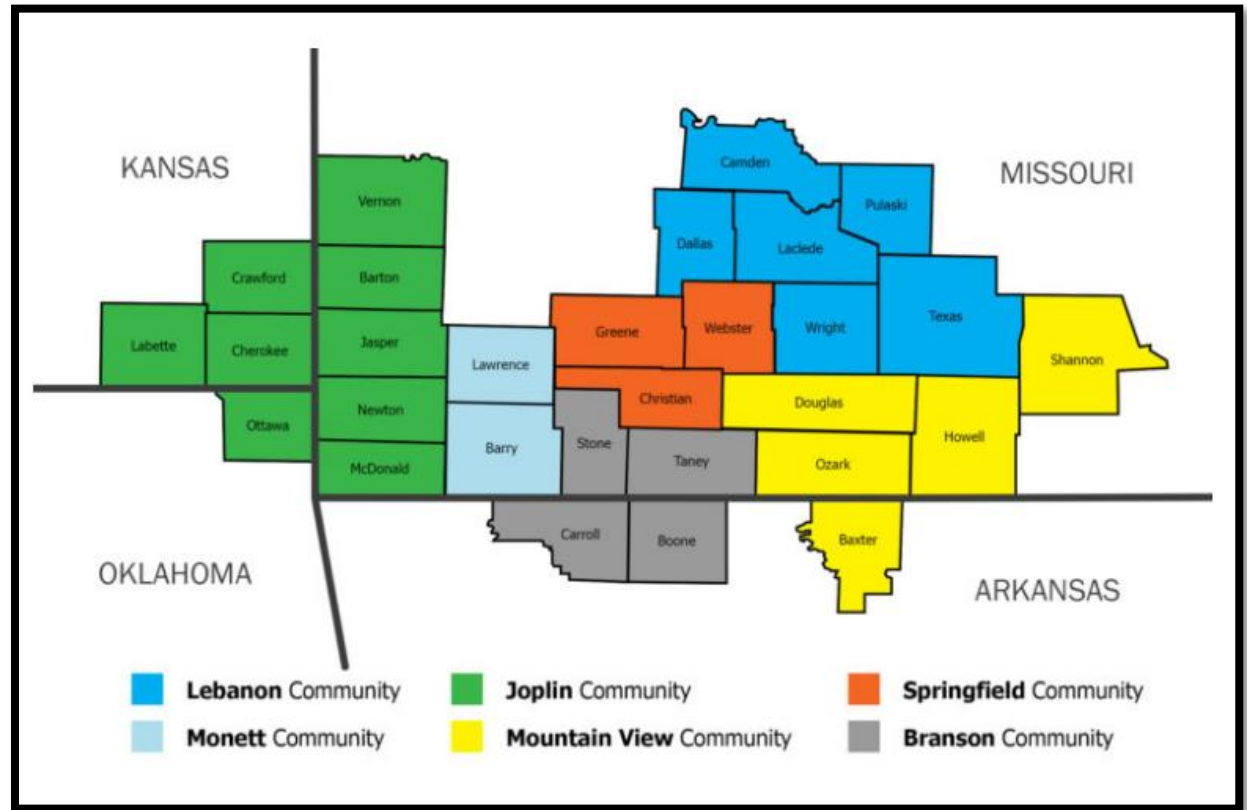
2019 Implementation Plan: Springfield Community

Introduction

In early 2016, the local Ozarks Health Commission (OHC) came together to develop a joint Community Health Needs Assessment to better understand and improve the health status, behaviors and needs of the populations they serve. This collaboration is the largest in the region spanning four states—Missouri, Oklahoma, Arkansas and Kansas—29 counties and three hospital systems.

Recognizing the value of assessing and acting together on local health issues, key players from local hospital systems, public health entities, and others formed a working group to begin the task of a regional community health assessment. This group grew under the umbrella of the local Ozarks Health Commission (OHC) and published the first assessments in 2016. Since that time, the process has been recognized at the annual meeting of the American Public Health Association, honored as a Promising Practice by the National Association of County and City Health Officials, and awarded the Group Merit Award from the Missouri Public Health Association.

For the purpose of the Springfield Implementation Plan, the Springfield Community includes Greene County. While the Springfield Community has a larger geographic footprint, CoxHealth will focus on implementing the plan in the area that the Springfield Hospital serves directly.

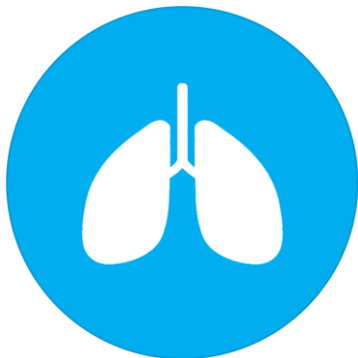


Findings

Health Priorities Identified

The 2019 assessment process builds on the methodology developed during the 2016 Community Health Needs Assessment. It includes more than 140 hospital and community data indicators. This data was compared to the nation and past performance and used to identify the six Assessed Health Issues (AHI): Cancer, Lung Disease, Cardiovascular Disease, Mental Health, Diabetes, and Oral Health. Local stakeholders utilized a combination of public health and hospital data, along with a community survey data, to prioritize the AHI based on feasibility and community readiness. This prioritization process resulted in three priorities for the Springfield community: lung disease, cardiovascular disease and mental health. Although other AHI were identified as health issues for the Springfield Community, resources would be diluted in an effort to address several health issues, thus minimizing the ability to create meaningful impact. By prioritizing the AHI by feasibility and community readiness, the community will be able to have a greater impact on overall community health through efficient and effective resource allocation.

More information regarding the methodology and the results of priority ranking can be accessed in the Process section of the CHNA report for the Springfield community.



Lung Disease



Cardiovascular Disease



Mental Health

Common Threads



Access to Health Care



Mental Health



Physical Activity



Social Determinants



Tobacco Use

Throughout this assessment, common threads often emerged in discussion around data and findings. While not explicitly identified as priority health issues, these common threads consistently wound their way across the Ozarks Health Commission (OHC) Region. In studying these common threads, the OHC used the Socioecological Model as a framework to examine the impact of these health issues. The Socioecological Model recognizes a wide range of factors working together to impact health and includes influences at the individual, interpersonal, organizational, community, and policy levels.



Each of these common threads can influence health issues at levels throughout the model. Community partners targeting to affect the common threads should consider action throughout the spectrum of the model.

Strategy to Improve Health Priority Issues

In order to address Cardiovascular Disease, Lung Disease and Mental Health, OHC partners sought to develop a comprehensive approach. The logic model outlined in the assessment provides guidance to the process and approach to improve the health priority issues.



Activity within the model is where there is a confluence of healthcare, public health and community partners to create both upstream and downstream strategies. Upstream strategies that are implemented by the community are more wide-reaching and focus on the common threads. These strategies will address the policy, community, and organizational levels of the Socioecological Model. These strategies will be coordinated by a community coalition, which includes both healthcare and public health. The downstream strategies, implemented by hospitals, focus on specific health issues in an effort to leverage and maximize existing hospital resources and programming. These strategies will address the organizational, interpersonal, and individual levels of the Socioecological Model. This structure provides a holistic approach to addressing the health priority issues and a more efficient means to improving the health priority issues.

This approach also recognizes that hospitals cannot address complex health issues independently of community support and resources. By collaborating with community agencies and coalitions to create systems and policy change focused on prevention, hospital-based population health strategies become more sustainable and health inequities are reduced. A strong, coordinated community response reduces inefficiencies and increases the likelihood of long-term success in improving health outcomes.

Strategy for Implementation Plan Development

At CoxHealth, our mission is to improve the health of the communities we serve through quality health care, education, and research. This mission serves as our guiding force behind the initiatives selected for the Community Health Improvement Plan (CHIP).







In fall 2019, members of the Ozarks Health Commission agreed upon common goals for the three health priorities identified. The CoxHealth Population Health Department developed a list of proposed objectives and associated tactics for both system-wide initiatives and hospital-specific initiatives that maximize resources and ensure consistency and high reliability in the communities we serve. There were six objectives and sixteen associated tactics developed for the system. The department resented this menu of proposed objectives and tactics to executive leaders in Springfield, Branson, Monett, and Lamar for approval. Executive leaders subsequently presented the information to their respective board for final approval.

| CoxHealth Hospital System | CHIP Approval Dates |
|---------------------------|---------------------|
| Barton County | September 18, 2019 |
| Branson | October 31, 2019 |
| Monett | October 22, 2019 |
| Springfield | September 19, 2019 |

For the Springfield hospital system, all objectives and tactics will be tracked and evaluated through September 2022. The Springfield CHIP was approved by the CoxHealth board of directors September 19, 2019.






2019 Community Health Improvement Plan Objectives and Proposed Tactics for CoxHealth by System

| Assessed Health Issue | Objective | Proposed Tactic | Locations | | | |
|---|--|--|-------------|---------|--------|--------|
| | | | Springfield | Branson | Monett | Barton |
|  | Improve access to culturally appropriate resources | Increased range of education tools for expanded languages | X | X | X | |
|  | Decrease tobacco use rates | Increase referrals and counseling for tobacco cessation education | X | X | X | X |
| | | Work with community partners to implement T21 policy | X | X | X | |
| | | Increase access to NRTs for patients enrolled in cessation program | X | X | X | |
| | | Increase number of trained tobacco treatment specialists | X | X | X | X |
|  | Increase awareness of substance abuse prevention resources | Implement Opioid Mapping System (ODMAP) | X | X | X | |
| | | Implement web-based prevention education system for area schools | X | X | X | |
|  | Increase awareness of mental health services for populations at risk | Increase utilization of mental health screening tools | X | X | X | X |
| | | Increase access to behavioral health services by expanding rural telehealth programs | X | X | X | X |
|  | Improve chronic disease self-management | Increase referral to self-management classes | X | X | X | |
| | | Increase enrollment in Population Health care management programs | X | X | X | |
| | | Decrease COPD readmission rates | X | X | X | |
| | | Decrease CHF readmission rates | X | X | X | |
|  | Decrease potentially avoidable Emergency Department (ED) utilization | Increase access to alternative care delivery models | X | X | | X |




Evaluation




CoxHealth will implement the documented CHIP initiatives over the next three years. During this period, we will continue our collaborative efforts under the Ozarks Health Commission to harness the value of identifying and acting upon common strategies for improving the health of our communities. Furthermore, regular review of these initiatives will ensure that we are achieving the stated objectives while also capitalizing on new and existing opportunities to be the best for those who need us.


Community Health Improvement Plan




| Improve Access to Culturally Appropriate Resources | |
|--|--|
|    | <p>Summary CoxHealth serves a diverse population with a variety of health needs. These patients need access to appropriate educational materials in their preferred language. While CoxHealth does have some of these materials available on demand, there is opportunity for the system to utilize a single source for evidence-based educational materials in a more comprehensive group of languages. CoxHealth will identify and implement such a resource within the CHIP cycle to enable patients to receive education materials and resources in their preferred language.</p> <p>Tactics Increase range of education tools for expanded languages.</p> |






| Decrease Tobacco Use Rates | |
|---|--|
|    | <p>Summary Tobacco use in the communities CoxHealth serves has been a common thread in addressing AHI for every cycle of the CHNA. This is a complex and high-impact issue that necessitates a multipronged approach. CoxHealth is expanding upon the previous CHIP's tobacco related objective by incorporating support of local policy change and the training of additional tobacco treatment specialists in the service area.</p> |
| | <p>Tactics Increase referrals and counseling for tobacco cessation education. Work with community partners to implement T21 policy. Increase access to nicotine replacement therapy (NRT) for patients enrolled in cessation program. Increase number of trained tobacco treatment specialists.</p> |

| Increase Awareness of Substance Abuse Prevention Resources | |
|--|---|
|    | <p>Summary Substance abuse is one of the greatest public health concerns in our nation. As a healthcare system, CoxHealth has an important role in the community regarding this issue. Through strengthen community partnerships and robust data monitoring, the system will be able to accurately track overdoses and in a timely manner. This will allow the hospital to develop and implement prevention and treatment programs in the communities that need them most.</p> |
| | <p>Tactics Implement Opioid Mapping System (ODMAP) Implement web-based prevention education system for area schools</p> |

| Increase Awareness of Mental Health Services for Populations At Risk | |
|---|--|
|  | <p>Summary Mental health is a complex health issue that affect many at-risk populations in the CoxHealth service area. Most of these patients have limited access to care due to geographical limitations of our specialty care network. Through the utilization of advanced care technologies, CoxHealth is expanding the rural telehealth program so patients with mental health needs can receive care in a more convenient way.</p> |
| | <p>Tactics Increase utilization of mental health screening tools Increase access to behavioral health services by expanding rural telehealth programs</p> |

| Improve Chronic Disease Self-Management | |
|--|--|
|    | <p>Summary Patients living with complex chronic conditions are more costly with poor outcomes as compared to their counterparts due to lack of skills to self-manage their conditions. CoxHealth’s care management programs are aimed at reducing ambulatory-care sensitive/ED visits and reducing total cost of care by helping patients connect with the appropriate level of care.</p> |
| | <p>Tactics Increase referral to self-management classes Increase enrollment in Population Health care management programs Decrease COPD readmission rates Decrease CHF readmission rates</p> |

| Decrease Potentially Avoidable Emergency Department (ED) Utilization | |
|---|---|
|    | <p>Summary Comprehensive assessments that include the medical, behavioral, pharmaceutical and social needs of the patient help to promote and facilitate behavior change and adherence. This involves individualized education, goal planning and preventive care and self-management tips. CoxHealth coordinates care between providers and supports patients using a multi-disciplinary team of healthcare professionals in an effort to prevent the exacerbation of the condition or illness and hospital readmissions.</p> <p>Tactics Increase access to alternative care delivery models</p> |