CAH Implementation Plan Strategies

Best Practices and Areas for Improvement

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Community Health Needs Assessments & Implementation Plans

CHNA and Implementation Plans (IP) are a requirement for 501 (c)(3) hospitals

Goal: increase community benefit activities, accountability, and improve population health status of the community

CHNA must be followed by an Implementation Plan (IP)

MORH has conducted CHNA/IPs with 44 of Montana's 48 Critical Access Hospitals

Data collection: Random sample survey, focus groups/key informant interviews & secondary data

Overview

Why Conduct a CHNA?

How hospitals benefit (other than fulfilling IRS reporting requirement:

- Determine population health status
- Determine public perception of health services and priorities
- Marketing
- Service line development (workforce planning!)
- Resource allocation
- Strategic planning
- Community engagement
- Community health planning
- Increase community awareness
- Building partnerships with other health resources
- Community level data: perception of facility and community health needs, community expectations

Deliverables from the CHSD Project

Next Steps?

- How well are implementation plans being executed?

- What are the outcomes from these plans?

- How are CAHs tracking progress?

- What are some characteristics of successful implementation plan execution?

- What resources can MORH provide to CAHs in implementing and tracking their community benefit plans?

Objective: A Student Leaders in Public Health (SLPH) study was done to gain a better understanding of how well Montana's Critical Access Hospital's implementation plans are executed, and to determine reasons for their successes and barriers encountered during the three-year implementation cycle.

Methods: An Implementation Progress Tracking Tool and online survey were created for 12 Critical Access Hospitals at the end of their 3-year implementation plan period. Progress tracking tools and surveys were distributed to CEO's and administrative assistants from these facilities from January to March of 2019. Data from tracking tools and survey were aggregated and analyzed to determine level of completion of implementation activities, and top barriers faced by rural/frontier facilities in accomplishing implementation goals.

Research Project

COMMUNITY BENEFIT IMPLEMENTATION PROGRESS TRACKER - ████████████████████████████, MT

Please refer to Community Health Needs Assessment (CHNA) and Implementation Plan (IP) completed: 2016

Board Approved on: December ██ 2016

	GOAL	STRATEGY	ACTIVITIES	Responsibility	Proposed Due Date/Date of Event	Partners	Approximate date of completion?	Were proposed partners utilized?	Please indicate level of "completeness' for each activity (x)				ACCOMPLISHMENTS	BARRIERS	COMMUNITY IMPACT/ OUTCOMES from activities
							MM/YEAR or DK (Don't know)	Yes, No, or indicate other	Complete	Partially Complete	Incomplete	Never started			
1	Increase access to behavioral health resources in ████ r County.	**1.1** Explore expansion of mental health resources in the community.	Conduct environmental scan of available mental health resources in ████ County and identify areas for improvement.	CHIM	Sept. 2017	████ y Public Health, ████ r CHC									
			Determine feasibility of expanding tele-mental health services.	QI Manager	Sept. 2017	████ Healthcare Alliance									
			Research tele-mental health best practices and investigate potential funding opportunities.	QI Manager/ Clinical IT	Sept. 2017	Benefis, K█H									
			Develop outreach strategy to educate community about tele-mental health services.	CHIM	Jul-18	██████									
			Increase utilization of tele-health access with mental health emergency room visits.	QI Manager/ Clinical IT/ ER Director	Sept. 2019	Benefis, ████									
			Enhance health professional pipeline through partnership with Area Health Education Center to offer programs such as Heads Up-Behavioral Health Camps and REACH camps annually.	Executive Assistant	Oct. 2018	MT AHEC									
		1.2 Improve internal policies and procedures regarding mental health, substance abuse and chronic pain management.	Partner with Community Health Center to develop a structured plan for provider interactions.	Clinic Manager	Sept. 2017	████ CHC									
			Research best practices on chronic pain management and tracking of pain prescription users.	Medical Staff/ Physical Therapy	Sept. 2018										
		1.3 Participate in Montana Hospital Association's Population Health Improvement project.	Have representative from ████ participate on MHA Health Improvement Plan Committees.	CHIM	May-17	MHA									
			Integrate best practices and initiatives related to: decreasing preventable drug deaths, alcohol abuse, tobacco use, suicide, and seatbelt use (MHA's core population health focus) into ████ planning.	Medical/ Nursing Staff	Sept. 2018	MHA									
		1.4 Enhance community engagement and partnerships to tackle behavioral health issues in ████ County.	Partner with schools and police department to sponsor a "mock trauma" event annually to educate about the dangers of drunk driving.	Trauma Director/ QI Manager	Sept. 2018	Schools, ████ Police									
			Partner with high school and Highway Patrol to sponsor "Drunk Goggle" obstacle course to educate students about the dangers drunk driving.	Trauma Director/ QI Manager	Sept. 2018	Schools, ████ County Highway Patrol									

The survey sought to determine the following:

How facilities utilize their CHNAs and implementation plans

Areas of CHSD program improvement, and the potential development of tools and resources for rural hospitals

Top barriers faced by rural/frontier facilities in completing implementation goals

How facilities engage with their community and staff in regard to the CHNA/implementation plan process

12 facilities were sent a link to the online survey

9 participated

Findings

Table 1.1 Implementation Plan Goals	Count	Percent
Improve access to healthcare services	9	90%
Behavioral health (mental health/substance abuse)	9	90%
Health and wellness/ prevention of chronic illnesses	6	60%
Awareness of local services and resources	5	50%
Senior services/housing	4	40%
Decrease smoking prevalence	1	10%
Transportation	1	10%

Table 1.2: Success of Activities in Implementation Plans

Goal Category of Activity	Number of activities				
	Complete	Partially Complete	Incomplete	Never started	Total Activities
Improve access to healthcare services	90	25	10	18	143
Behavioral health (mental health/substance use)	36	19	8	10	73
Health and wellness/ prevention of chronic illnesses	23	20	8	15	66
Awareness of local Services and resources/ outreach and education	22	3	2	2	29
Senior services/housing	8	10	5	7	30
Decrease smoking Prevalence	9	4	0	0	13
Transportation	7	0	0	1	8
Percent Complete	195 53.87%	81 22.38%	33 9.12%	53 14.64%	362

Table 1.3: Success by goal Category

Goal Category of Activity	% of activities			
	Complete	Partially Complete	Incomplete	Never started
Transportation	87.5%	0.0%	0.0%	12.5%
Awareness of local services and resources/ outreach and education	75.9%	10.3%	6.9%	6.9%
Decrease smoking prevalence	69.2%	30.8%	0.0%	0.0%
Improve access to healthcare services	63%	17%	7%	13%
Behavioral health (mental health/substance use)	49.3%	26.0%	11.0%	13.7%
Health and wellness/ prevention of chronic illnesses	34.8%	30.3%	12.1%	22.7%
Senior services/housing	26.7%	33.3%	16.7%	23.3%

Survey Findings

55.6% of facilities rated their plans as "moderately successful"; 44% rated it as successful

Most facilities (77.8%) informed hospital staff and providers of the CHNA results and IP.

After the creation of the implementation plan, 66.7% of facilities formed a team to address the goals, strategies and activities within the plan

88.9% utilized partners/organizations within their community to help execute the Implementation Plan. 66.7% specifically mentioned that the local public health department was a partner.

Just over half (55.6%) of hospitals rated their board's acceptance of the plan at a 5 (completely agreeable)

Only 44.5% of hospital providers were partially to moderately involved in the execution of the IP goals

66.7% of hospitals incorporated the IP goals into the facility's strategic plan

How CAHs Use CHNA Data
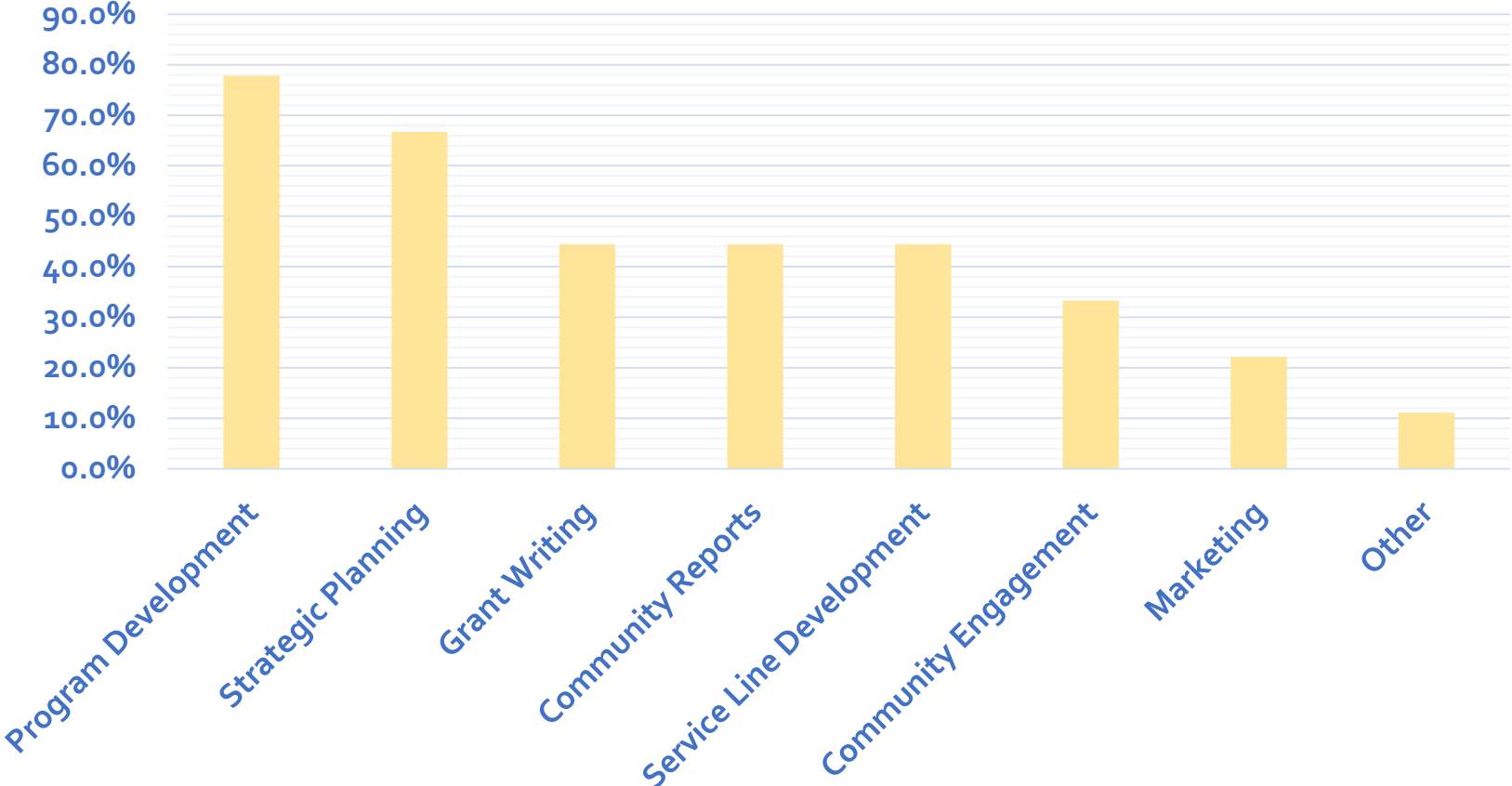
Desired Resources to Assist in Implementation Plan Execution
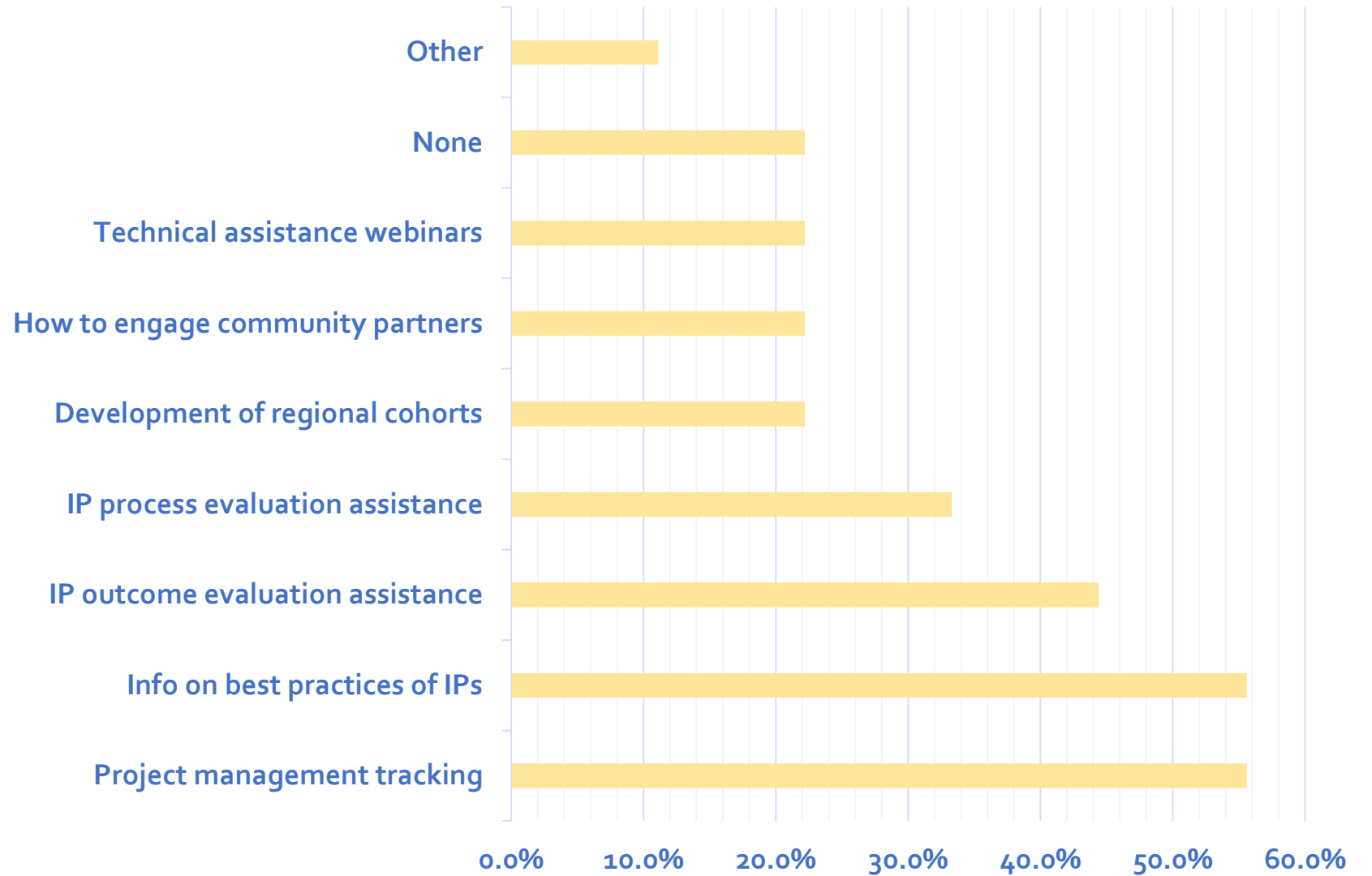
Survey Results - Barriers and Successes Faced by CAHs

What were the top barriers in executing the implementation goals?

Write in comments:
- Cost/finances (6)
- Human Resources/staff (4)
- Most are ongoing initiatives so it's difficult to say that the goals are achieved and done
- Internal group should have been formed
- Time, resources, lack of a formalized process for ongoing implementation
- Leadership turn over
- Lack of need and/or resources for items identified

What factors do you feel contributed most to your facility's success in executing the implementation goals?

Write in comments:
- Some of the implementation goals coincide with our overall organizational goals
- Incorporation into strategic plan
- Public Health Department led one section, Marketing/Executive Assistant led second section. Some successes were natural to the business
- Incorporating the goals into our organizational Management Action Plan
- Kept the goals do-able
- Staff, leadership, grant funding
- Focus on meeting the objectives

Lit Review

Common Challenges

- Difficulty collaborating with community stakeholders[1]

- Lack of know-how or proper incentives to make effective decisions regarding population health[1]

- Lack of financial resources and organizational band width[2]

- Shifting from "planning" to "doing"[2]

- Rethinking old norms – shifting from individual medical models to population based prevention strategies[2]

Best Practices of successful Implementation

- Continually evaluate and monitor progress of IP[3]

- Reflect on your previous strategies before beginning a new IP[3]

- Incorporate implementation plan into facility strategic plan

- Partner with Public Health[4]

- Collaborate with community[2]

Resources: 1:https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5227938/ 2:http://astho.org/Successes-and-Challenges-in-Community-Health-Improvement-Issue-Brief/
3: http://www.healthycommunities.org/Resources/toolkit.shtml#.XV8NnuhKi704:http://www.phi.org/uploads/application/files/dz9vh5503bb2x56lcrzyel83fwfu3mvu240qqvn5z6qaeiw2u4.pdf

Conclusion

Critical Access Hospitals are moderately successful in the execution of their three-year implementation plan

Process and outcome evaluations, project management tracking, and information on best practices of successful implementation plans

Tracker tool developed - can be used throughout the three-year implementation plan

Additional resources and assistance from MORH may help rural hospitals to implement their community benefit and population health goals more effectively

Resources

CHSD- Data Hub

- CHNA Map

- Archived CHNA data

- County Data

- Opportunities for collaboration

- Evidence based resources – in development
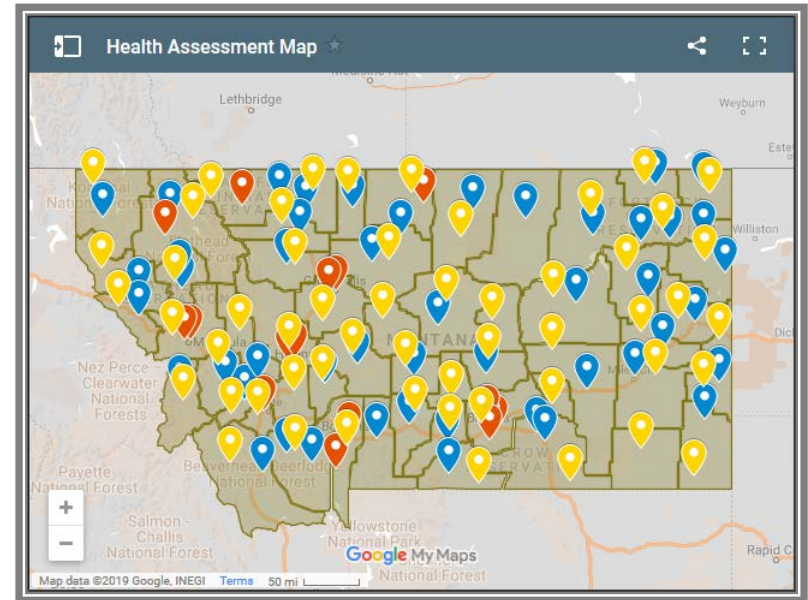
Implementation Plan Tracker 2.0

- Project management

- Assist with 990 reporting

- Evaluation and impact of your implementation plan activities

Questions?

Data Hub:

http://healthinfo.montana.edu/morh/chsd_data_hub.html

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