Implementation Strategy to Address Needs Identified in Community Health Needs Assessment for Sparrow Hospital

Fiscal years 2016-2018

Covered facilities

Sparrow Hospital
Sparrow Outpatient and Ambulatory Sites, including
  Sparrow Medical Group
  Sparrow Urgent Care
  Sparrow FastCare

Community Health Needs Assessment

A Community Health Needs Assessment was conducted in coordination with the Healthy Capital Counties collaborative. It consisted of three public health departments and four area hospitals to identify the most pressing community health needs. This process included gathering input from the community regarding health indicators and reviewing results from the previous CHNA for 2013-2015. In addition, Sparrow presented the previous findings to executive leaders including the Sparrow Health System Board, President’s Advisory Council, and Board Quality and Patient Safety Committee.

Identification of health needs to be addressed

A large community gathering of a wide variety of stakeholders was held to review the findings of the CHNA and prioritize health needs. The following were selected:

- Access to primary healthcare providers
- Access to quality healthcare
- Chronic disease (including cardiovascular, diabetes, multiple chronic illnesses)
- Financial stability
- Mental health (including stress, depression, access to services)
Sparrow conducted additional studies about the needs specific to their service area to ensure feedback from all communities served. It was agreed that “Access to primary care providers” and “Access to quality healthcare” could be merged into a single category. Based upon results of all information gathered, the Sparrow Health System board has approved the following health needs as the focus of the 2016-2018 cycle:

- Access to Healthcare
- Mental Health
- Chronic Disease

**Arriving at strategies and outcomes**

Workgroups, consisting of physician and staff leadership, were established for each health need and charged with identifying appropriate strategies and outcomes to address the needs. Using an outcomes-based evaluation consultant, each group completed the following:

1. Described the patient, organizational, and community conditions that had potential to impact the identified health need. Examples include: barriers to access, availability of providers, specific needs of underserved patients, issues identified in Community Health Needs Assessment.

2. Articulated the specific outcomes to be addressed. Examples include: reduce delays in access to care, increase patient health literacy about diabetes, decrease number of low acuity patients seen in Emergency Department.

3. Identified existing, newly adopted, and future strategies to achieve identified outcomes. Examples include: expansion of convenience care services, strengthen community partnerships, increase number of diabetic patients with a Patient-Centered Medical Home.

The results of the logic models from each workgroup are delineated in the next section.
Access to Healthcare

Specific Needs Identified in CHNA:

- Access to Quality Health Care selected as health need during Healthy Capital Counties Community Prioritization key stakeholders meeting
- Ingham, Eaton, and Shiawassee county rank higher than state average for percentage of adults who have no primary care provider (Sparrow CHNA, p. 48)
- Access to healthcare ranked the most important factor that defines a healthy community in both community and provider survey (Sparrow CHNA, p. 118 and 123)

Strategies to address Access to Healthcare:

1. Expand capacity for primary care, obstetrics-gynecology, pediatric, and internal medicine by increasing number of providers.
2. Use of telemedicine services, defined as provision of medical care without provider physically present.
3. Expansion of Sparrow FastCare convenient care clinics.
4. Improved and new convenience technology offering online scheduling and/or other electronic scheduling aids.

Measurable Outcomes:

1. Increase in patient visits as measured by Sparrow Medical Group (SMG) visits seen in primary care physician offices.
2. Increase in panel size of Sparrow Medical Group physicians as measured by number of unique patient visits seen by an SMG primary care physician in past three years.
3. Decrease in the number of low acuity patients seen in Emergency Departments indicating care is occurring at less intensive and expensive paths as measured by ambulatory sensitive visits seen in the Emergency Department.
4. Increase in patients seen in Sparrow Medical Group non-primary care practices as measured by SMG visits in specialty care offices.
Chronic Disease – Diabetes

Specific Needs Identified in CHNA:
- Chronic Disease selected as health need during Healthy Capital Counties Community Prioritization key stakeholders meeting
- Clinton, Eaton, and Shiawassee county rank equal to or higher than state average for percentage of adults with two or more chronic conditions (Sparrow CHNA, p. 51)
- Eaton, Shiawassee, Montcalm, Gratiot, and Ionia county rank equal to or higher than state average for percentage of adults who are obese (Sparrow CHNA, p. 48)
- Obesity and Chronic Disease ranked second and third most important health problems in provider survey (Sparrow CHNA, p. 124)

Strategies to address Diabetes:
1. Increase patient self-management and awareness.
2. Improve coordination of comprehensive diabetes care including linkages to other providers and organizations across the continuum of care and services.
3. Improve discharge planning for patients with diabetes.
4. Increase access to complex care managers for patients with diabetes.
5. Implement targeted efforts toward high utilizers of the Emergency Department who are diabetic with additional or new interventions.

Measurable Outcomes:
1. Increase patient engagement and self-care as measured by PATH pre-post measurement tools.
2. As defined by HEDIS, decrease the number of Sparrow Care Network patients in poor control as measured by pre and post track of most recent HbA1c greater than 8.0 as a percent.
3. Increase the number of diabetic patients with a Patient-Centered Medical home as measured by number of Sparrow Care Network patients who have had an encounter with a nurse case manager.
4. As measured by EPIC, decrease the rate of hospitalizations, readmissions, and Emergency Department visits for patients identified as having diabetes.
Mental Health

Specific Needs Identified in CHNA:
- Mental health selected as health need during Healthy Capital Counties Community Prioritization key stakeholders meeting
- All eight counties in Sparrow service region rank higher than state average for percentage of youth who reported symptoms of depression (Sparrow CHNA, p. 39)
- Mental health selected as the top health problem in provider survey and in top five health problems in community survey (Sparrow CHNA, p. 124)

Strategies to address Mental Health:
1. Implementation of the Centralized Access Service center.
2. Increase recruitment of psychiatric practitioners.
3. Strengthen relationship with Michigan State University.
4. Increase intensive outpatient services, including partial hospitalization, and others for patients with substance abuse illness.
5. Create partnerships within the community to strengthen continuum of care.
6. Adopt a standardized screening tool at all entry points of the health system to identify behavioral health issues.
7. Utilize the Columbia Suicide Severity Index to identify suicide risk.
8. Standardize screening and evaluation processes.

Measurable Outcomes:
1. Increase access to Mental Health services as measured by mental health therapist encounters.
2. Reduce delays in access to care as measured by tracking of time between referral and arrival of inpatient admission.
3. Increase utilization of full continuum of Behavioral Health services as measured by utilization of inpatient and outpatient care settings.
4. Decrease time in Emergency Department by patients with mental health and substance abuse illnesses as measured by Emergency Department door to disposition data.
Other needs identified in CHNA but not addressed in this strategy

Sparrow will address four of the five health needs identified in the CHNA and all necessary resources will be allocated to implement the above mentioned strategies. Sparrow will not address Financial Stability as it does not fall within the scope of the hospital's core competencies and other area organizations are better positioned to address this need.

Monitoring of Implementation Strategy and attainment of outcomes

Sparrow has identified key leadership individuals within the organization for each strategy. In addition, a workgroup has been established to identify sources of measurement for each outcome. A tracking document that includes identified strategies and outcomes has been created for each health need. The tracking document will be collected annually and results submitted to the Board Quality and Patient Safety committee. Pending results, adjustments or changes will be made to the strategies and measurable outcomes as deemed appropriate.