Priority Area/Community Need: ACCESS TO CARE

Narrative: Access to health care for the uninsured and underinsured, low-income, minority, and immigrant populations is a significant barrier to good health in the area. Mercy’s expansion plan will increase access to primary care, and a new internal medicine residency program will train new physicians, and immunization programs will be developed and expanded. Among other initiatives, a recently developed program will expand access to primary care physicians for homeless and uninsured adults.

Healthy People 2020 Goal: Improve access to comprehensive, quality health services.

Objectives:
AHS-4: Increase the number of practicing primary care providers.
AHS-5: Increase the proportion of persons who have a specific source of ongoing care.
AHS-6: Reduce the proportion of persons who are unable to obtain or who delay obtaining necessary medical care, dental care, or prescription medicines.
AHS-7: Increase the proportion of persons who receive appropriate evidence-based clinical preventive services.

Healthy People 2020 Goal: Increase immunization rates and reduce preventable infectious diseases.

Objectives:
IID-1: Reduce, eliminate, or maintain elimination of cases of vaccine-preventable diseases.
IID-11: Increase routine vaccination coverage levels for adolescents.
IID-12: Increase the percentage of children and adults who are vaccinated annually against seasonal influenza.

Arkansas HP2020 Goals:
Goal 3: Improve access to screening and health care services for all chronic diseases in rural and underserved areas.
Goal 4: Educate and inform the public on health issues related to community partnerships, prevention, screening, treatment, outreach, and control of chronic diseases.
Goal 1: Increase access to healthcare for uninsured and at-risk persons.

Leaders/Departments involved:
Angie Guthrie, Manager, Central Provider Referrals and Clinic Access
Martine Pollard, Executive Director, Communications and Community Integration
Darrell Scott, Director of Imaging Services
Dr. Lisa Low, Medical Director, Community Health
Bill Hewlett, Executive Director, Physician Administration, Specialty Clinics
Andy Thompson, Chief Operating Officer, Mercy Clinics

Community Partners:
Souls Harbor, Havenwood, Restoration Village, Samaritan Center, St. Vincent DePaul, Community Clinic of Northwest Arkansas, Northwest Arkansas Women’s Shelter.

Program 1: Specialty Clinic Access for Community Clinic

Uninsured Patients

Description: This program utilizes recently established partnership agreement with Community Clinic of NWA, a Federally Qualified Health Center, to provide access for uninsured patients of Community Clinic to Mercy outpatient specialty clinics.

• Objective 1: Representatives from all 6 Community Clinic locations will receive information about scheduling patients and will refer appropriately.

• Objective 2: Ten specialty groups will participate in the program in its first year. Develop 2nd and 3rd year objectives.

• Objective 3: Twenty patients per month will be scheduled to see Mercy specialty clinic physicians in FY2017. Develop 2nd and 3rd year objectives.

• Evaluation Plan:
  o Outputs:
    ▪ Number of Community Clinics participating (program data).
    ▪ Number of Specialty Clinics participating (program data).
    ▪ Number of Appointments Scheduled (program data).
  o Short-term Outcomes:
    ▪ Number of appointments made per quarter (program data).
    ▪ Cost of physician time to see patients under this program (CBISA).
- Cost of administrator time to manage the program (CBISA).

- **Long-term Outcomes:**
  - Change in emergency department utilization rate of uninsured Northwest Arkansas patients (Epic data).

### Program 2: McAuley Clinic Without Walls

**Description:** McAuley Clinic Without Walls is a program designed to provide primary care to homeless and uninsured patients utilizing Mercy’s existing charity care policy. A Community Outreach Coordinator serves as the point of contact for the patients and manages the program.

- **Objective 1:** Community Outreach Coordinator will be hired and trained.

- **Objective 2:** Thirteen primary care doctors recruited for first year pilot program. Develop 2nd and 3rd year objectives.

- **Objective 3:** Partnerships with three community shelters and transitional living facilities will be established in the first three months as an initial source of homeless patients for the program. Additional community partnerships will be identified and established in the remainder of the first year. Develop 2nd and 3rd year objectives.

- **Objective 4:** At least 50 patients will be scheduled with primary care physicians to establish care during the first year of the program. Develop 2nd and 3rd year objectives.

- **Evaluation Plan:**
  - **Outputs:**
    - Number of primary care doctors participating in pilot program (program data).
    - Number of community partners serving as referral sources (program data).
    - Number of patients enrolled in program (program data).
  - **Short-term Outcomes:**
    - Number of appointments completed (program data).
    - Cost of Community Outreach Coordinator time to manage program (CBISA).
  - **Long-term Outcomes:**
    - Improved health outcomes and decreased hospitalization and ED use in the population of uninsured patients enrolled in program. (Epic data).
Goal 2: Increase access to preventive services for residents of Northwest Arkansas.

Leaders/Departments Involved:
Dorothy Farmer – Manager - Mammography
Dr. Lisa Low – Medical Director of Community Health
Sapphira Fraiser – Pediatric Clinics Business Administrator
Mark May – Manager – Patient Access
Martine Pollard – Executive Director of Communication and Community Integration
Cindy Bosley – Executive Director – Physician Administration

Community Partners:
Benton County Health Department, Community Clinic, Rogers Public Schools, Samaritan Center, The American Heart Association, The American Diabetes Association.

• Objective 1: Increase Mercy Mobile mammography by one new site in year one. Screen 400 women in first year. Develop 2nd and 3rd year objectives.

  o Program 1: Mercy Mobile Mammography.
    Description: Digital screening mammography is provided across various locations in Northwest Arkansas by Mercy Mobile Health Unit. Mercy Mobile Mammography aims to break common transportation and access barriers and improve mammography compliance.

    o Evaluation Plan:
      ▪ Outputs: Number of screening events, number of persons screened (program data).
      ▪ Short-term outcomes: Number of positive screens (Epic and program data).
      ▪ Long-term outcomes: Incidence of breast cancer in community, adherence to screening recommendations (Community Commons).

• Objective 2: Expand current immunization programs in local community by 50% in 1st year. Develop and strengthen year 2nd and 3rd year objectives.

  o Program 2: Immunization Round- Up
    Description: In conjunction with Benton County Health Department and Rogers and Bentonville Public Schools, Mercy will provide extended clinic hours to help patients obtain vaccinations before school cut off dates.

  o Program 3: Community Influenza Vaccines:
**Description**: In partnership with local service organizations, Mercy will provide free Influenza Vaccinations to the greater community.

- **Evaluation plan:**
  - **Outputs**: Number of immunizations given, number of screening events (program data).
  - **Short term outcomes**: Number of children excluded from Bentonville and Rogers school districts in fall based on immunization status (school districts).
  - **Long-term outcomes**: Number of annual influenza cases in Benton County (ADH).

- **Objective 3**: Provide chronic disease screenings in community; implement at least 2 new programs in 1st year. Develop and strengthen 2nd and 3rd year goals.

  - **Program 4: Corporate Health Initiatives.**
    - **Description**: Mercy provides local corporations with employee screening for yearly biometric measures and chronic diseases.

  - **Program 5: Community Health Screenings.**
    - **Description**: Mercy provides free community health screenings in partnership with local organizations.

  - **Evaluation plan:**
    - **Outputs**: Number of screening events, number of people screened (program data).
    - **Short-term outcomes**: Number of abnormal results (program data).
    - **Long-term outcomes**: Prevalence of chronic diseases (Community Commons).
Goal 3: Increase the number of practicing primary care physicians in the NWA Region.

Leaders/Departments involved:
Brad Seusy – Executive Director, Hospital Based Physicians
Dr. Robert Donell, Internal Medicine
Dr. Chris Johnson, Vice President of Medical Affairs

Community Partners:
UAMS Northwest

Program: Internal Medicine Residency Program

Description: The UAMS Northwest Arkansas Community Internal Medicine (IM) Residency Program is a newly established community-based, accredited program through the University of Arkansas School for Medical Sciences College of Medicine. The program will train internal medicine residents at three different community sites in Northwest Arkansas over the course of three years. This three year IM Residency Training Program will prepare graduates to be certified by the American Board of Internal Medicine.

- **Objective 1**: Enroll 8 internal medicine residents within the first year of the program.

- **Objective 2**: Continue to grow internal medicine residency to 24 residents by 2018.

- **Evaluation Plan**:
  - Outputs: Number of internal medicine residents enrolled per year (program data).
  - Short-term Outcomes: Cost of physician time to train internal medicine residents (program data).
  - Long-term Outcomes: Number of primary care physicians per 100,000 populations (Census data).
Priority Area/Community Need: BEHAVIORAL HEALTH

**Narrative:** Behavioral health issues are a result of a multitude of factors that can significantly impact overall health and well-being. Mercy is expanding its outpatient services in psychiatry, psychology, and outpatient therapy. Mercy NWA’s behavioral health program is the lead sponsor of a new organization in NWA to assist the human service sector in evaluation, collaboration, and distribution of mental health, physical health, and basic need services.

**Healthy People 2020 Goal:** Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.

**Objectives:**
- MHMD-9: Increase the proportion of people with mental health disorders who receive treatment.

**Goal 1: Expand access to outpatient behavioral health services.**

**Leaders/Departments Involved:**
Dr. Nick Ogle, Program Director, Behavioral Health Services
Jessica Bell, Clinic Manager, Behavioral Health Services
Andy Thompson, Chief Operating Officer, Mercy Clinics

**Program: Behavioral Health Department Expansion**

- **Objective 1:** Sustain recent department expansion to four psychiatrist, two psychologist, five therapist, three therapy interns, and one psychology fellow.

- **Objective 2:** Balance pay and charitable services by offering 100 charitable services per month.

- **Objective 3:** Collaborate with Mercy Ft. Smith to implement similar services regionally.

- **Objective 4:** Develop integrated approach for collaboration between psychiatrist and therapist.

- **Evaluation Plan:**
  - **Outputs:**
    - Number of providers (department data).
    - Number charitable services per month (department data).
Short-term Outcomes:
- Collaboration plans (department data).
- Charitable service goal (department data).

Long-term Outcomes:
- Change in suicide rates (Community Commons).
- Change in depression rates (Community Commons).

Goal 2: Expand access to human services in Northwest Arkansas.

Leaders/Departments Involved:
Dr. Nick Ogle, Program Director, Behavioral Health Services

Community Partners:
The Endeavor Foundation
The Center for Collaborative Care
Havenwood
The United Way
University of Arkansas for Medical Science

Program: Lead Sponsor of Center for Collaborative Care

- **Objective 1:** Contribute as lead sponsor for Center for Collaborative care to see the development of sector alignment, universal technology, and community liaisons. Develop 2nd and 3rd year objectives.

- **Objective 2:** Sponsor the Northwest Arkansas Human Services Summit set for April 2017. Develop 2nd and 3rd year objectives.

- **Evaluation Plan:**
  - **Outputs:**
    - Sponsorship of programs (department data).
  - **Short-term Outcomes:**
    - Development of Center for Collaborative Care (department data).
    - Completion of Northwest Arkansas Human Services Summit (department data).
  - **Long-term Outcomes:**
    - Change in community behavioral health indicators (Community Commons, Arkansas SEOW).
Goal 3: Increase physician engagement, job satisfaction, and retention rates, and decrease physician burnout among Mercy physicians.

Leaders/Departments Involved:
Dr. Nick Ogle, Program Director, Behavioral Health Services

Community Partners
University of Arkansas for Medical Science

Program: Physician Mentor Program (RAPHA)

- **Objective 1**: Develop fully functioning mentoring program within first year. Develop and strengthen 2nd and 3rd year objectives.

- **Objective 2**: Establish physician on-boarding procedures focused on the mental health of new physicians.

- **Objective 3**: Recruit 10 established physicians to serve as physician mentors to other physicians.

- **Evaluation Plan**:
  - **Outputs**:
    - Mentoring program (program data).
    - On boarding procedures (program data).
    - Number of physician mentors (program data).
  - **Short-term Outcomes**:
    - Establishment of mentoring program (program data).
    - Establishment of on boarding procedures (program data).
  - **Long-term Outcomes**:
    - Change in physician retention (department data).
    - Change in physician satisfaction data (department data).
Priority Area/Community Need: DIABETES

**Narrative:** Diabetes is a common chronic disease with significant negative impact on the health and well-being of many community members. Mercy is exploring several initiatives to encourage physical activity in the community, educate families about maintaining their health, and expand access to diabetes prevention programs for at-risk patients.

**Healthy People 2020 Goal:** Reduce the disease and economic burden of diabetes mellitus and improve the quality of life for all persons who have, or are at risk for diabetes mellitus.

- **Objectives:**
  - D-5: Improve the glycemic control among persons with diabetes.
  - D-16: Increase prevention behaviors in persons at high risk for diabetes with prediabetes.

**Healthy People 2020 Goal:** Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.

- **Objectives:**
  - NWS-8: Increase proportion of adults who are at a healthy weight.
  - NWS-9: Reduce the proportion of adults who are obese.
  - NWS-11: Prevent inappropriate weight gain in youth and adults.
  - NWS-17: Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older.

**Arkansas HP2020 Goals:**

- Goal 1: Increase the percentage of Arkansans of all ages who engage in regular physical activity.
- Goal 3: Improve access to screening and health care services for all chronic diseases in rural and underserved areas.
- Goal 4: Educate and inform the public on health issues related to community partnerships, prevention, screening, treatment, outreach, and control of chronic diseases.
Goal 1: Decrease the prevalence of prediabetes/diabetes in Northwest Arkansas.

Leaders/Departments involved:
Hannah Flannigan, Executive Director, Care Management
Other leaders to be determined

Program: National Diabetes Prevention Program

Description: An evidence based prevention program designed to aid prediabetic individuals with lifestyle changes in order to prevent or delay the onset of type 2 diabetes. Mercy is exploring the possibility of offering this program to patients and community members.

- **Objective 1:** Develop a proposal for offering the CDC’s National Diabetes Prevention Program through Mercy.

- **Objective 2:** Engage hospital and clinic administration in evaluating proposed plan to determine feasibility. Develop 2nd and 3rd year objectives.

- **Evaluation Plan:**
  - **Outputs:**
    - National Diabetes Prevention Program proposal (program data).
  - **Short-term Outcomes:**
    - National Diabetes Prevention Program implementation plan (program data).
    - Further outcomes to be determined if implementation occurs.
  - **Long-term Outcomes:**
    - Prevalence of diabetes (Community Commons).
Goal 2: Provide healthy lifestyle programming for community members.

Leaders/Departments involved:
Laura Hill, Manager, Clinical Nutritional Services
Angela Jones, Rehabilitation Psychologist
Matt Johnson, Community Wellness Coordinator

Community Partners:
Local Retailer, General Mills Inc.

Program 1: Healthy for Life

Description: A family based lifestyle program that gives families in financial need the opportunity to access a healthy weight management program. The program aims to improve body mass index, blood pressure, and blood glucose measures. Participants are taught to pursue healthy lifestyle behaviors through health curriculum, behavioral health coaching, and overall improvements in health literacy. This program is family oriented allowing the entire family to work together and have accountability in their healthy lifestyle plan. Individual consultations are given by a behavioral health specialist, an exercise physiologist, and a registered dietitian.

- **Objective 1:** Enroll 50 individuals within the first year, with growth to 200 individuals over the next 3 years.

- **Objective 2:** 75% of program participants will complete the program.

- **Evaluation Plan:**
  - **Outputs:**
    - Number of participants (program data).
    - Biometric measurements: body mass index, blood pressure, blood glucose, and blood lipid scores (program data).
    - Participant completion rate (program data).
  - **Short-term Outcomes:**
    - Number of Participants with changes in body mass index, blood pressure, and blood glucose, and blood lipid scores (program data).
    - Change in number of participants that complete the program (program data).
  - **Long-term Outcomes:**
    - Change in obesity rates (Community Commons).
**Program 2: RunMercy**

**Description:** A community based running and walking group that promotes cardiovascular exercise, provides structure for consistent cardiovascular exercise programming, and improves health literacy through physical exercise education.

- **Objective 1:** Increase the average participation to 30 individuals per week. Develop and strengthen 2nd and 3rd year goals.

- **Objective 2:** Implement monthly education sessions revolving around exercise science.

- **Objective 3:** 75% of participant’s record distance of activity.

- **Evaluation Plan:**
  - **Outputs:**
    - Participation numbers (program data).
    - Number of education sessions (program data).
    - Percent who record distance (program data).
  - **Short-term Outcomes:**
    - Number of sessions meeting participation goals (program data).
    - Number of education sessions completed (program data).
    - Number of sessions meeting recorded distance goal (program data).
  - **Long-term Outcomes:**
    - Change in adults age 20 and over with no leisure-time physical activity (Community Commons).
Program 3: Retail Nutrition Education Program

**Description:** A registered dietitian (RD) will lead 1 hour educational sessions and tours multiple times throughout the week for members of a local wholesale food chain. The RD will include tours to assist busy families and new moms in choosing healthy and quick to prepare foods, to choose foods that will meet Mediterranean diet recommendations, to incorporate on the go foods into a healthy diet, and to promote whole foods to boost athletic performance. This program will also increase visibility of the RD as the nutrition expert in a community setting. The program will be run as a pilot for the first two-three months, with the goal of long-term implementation, if the pilot program is successful.

- **Objective 1:** Develop plan for content of sessions, number of sessions and objective for numbers of participants in the first quarter of FY17. Develop 2nd and 3rd year objectives.

- **Evaluation Plan:**
  - **Outputs:**
    - Number of participants (program data).
    - Number of sessions (program data).
  - **Short-term Outcomes:**
    - Implementation plan for program and session content (program data).
  - **Long-term Outcomes:**
    - Retailer’s plan for monitoring the purchasing choices of the members that participated in the tours (retailer data).
Priority Area/Community Need: HOMELESSNESS

**Narrative:** Homelessness is a strong social correlate of health and is a significant problem our community faces due to increasing income inequality, hidden poverty, and the lack of affordable housing in the area. Mercy is currently collaborating with local nonprofit organizations and churches in assisting homeless residents living at a local motel and intends to pursue other opportunities to address their needs through community collaboration. Medical needs of homeless residents of Northwest Arkansas will be targeted through the McAuley Clinic Without Walls program, outlined under the Access to Care priority area.

**Healthy People 2020 Goal:** Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.

**Objectives:**

- NWS-12: Eliminate very low food security among children.
- NWS-13: Reduce household food insecurity and in doing so reduce hunger.

**Goal 1: Decrease food insecurity among homeless persons in Northwest Arkansas.**

**Leaders/Departments involved:**
Sr. Lisa Atkins, RSM, Community Health Liaison

**Community Partners:**
- Restoration Village
- Children's Advocacy Center
- Serve NWA
- Camp War Eagle
- First National Bank
- St. Vincent de Paul Catholic Church
- Cross Church
- Rogers New Hope Assembly of God
- Little Flock Primitive Baptist Church
- Bland Methodist Church
- Roger’s Public Schools
- Center for Nonprofits at St. Mary's
Program 1: Local Motel Thursday Night Homeless Feeding /Outreach Program

Description: This program is designed to reduce food insecurity by providing a healthy nutritious meal weekly at a local motel. Social advocates will be provided weekly (at the meal) to assist residents with accessing community resources to meet some of their unmet needs.

- Objective 1: Facilitate community partnerships to provide a complete meal to residents of local motel once a week for 1st year. Develop 2nd and 3rd year objectives.

- Objective 2: Continue current partnerships and add new community partners to the ministry collaborative.

Evaluation Plan:
- Outputs:
  - Number of people served (program data).
  - Number of community partners (program data).
- Short-term Outcomes:
  - Days of alleviated hunger (program data).
- Long-term Outcomes:
  - Length of partnerships (program data).

Program 2: Rogers School District Summer Meal Program

Description: This program is designed to decrease food insecurity for children and adults by providing free lunches to children and discounted lunches to adults in Rogers, Arkansas. Mercy Hospital serves as a catalyst to bring together local nonprofits to implement this summer meal program.

- Objective 1: Facilitate ongoing collaboration of current summer meal distribution to children and families in 1st year. Develop 2nd and 3rd year objectives.

Evaluation Plan:
- Outputs: Number of meals prepared, number of partnerships, number of people served (program data).
- Short term outcomes: days of alleviated hunger (program data).
- Long term outcomes: length of partnerships (program data).
Goal 2: Facilitate partnerships to assist homeless individuals/families.

Leaders/Departments involved:
Sr. Lisa Atkins, RSM, Community Health Liaison

Community Partners:
Restoration Village
Cross Church
St. Vincent de Paul Catholic Church
Rogers New Hope Assembly of God Church
Havenwood
Center for Collaborative Care
Rogers Samaritan Center

Program 1: NWA Homelessness Workgroup

- **Objective 1**: Create work group made up of community members to explore strategies to address gaps in affordable housing.

- **Evaluation Plan**:
  - Outputs: Group formation, number of members and represented organizations. (work group)
  - Short term outcomes: Action plan (work group).

Program 2: Direct Assistance to Homeless Families

Description: Grant funds will be used to assist with moving residents out of the motel and into permanent supportive housing.

- **Objective 1**: Provide monetary and one-on-one assistance to selected families, assisting them with obtaining permanent supportive housing.

- **Evaluation Plan**:
  - Outputs:
    - Number of families assisted (program data).
    - Amount of money spent (program data)
  - Short term outcomes: To be determined with individual families. (program data)
  - Long term outcomes: Homelessness in NWA. (PIT Homeless Survey)
Other Identified Health Needs Not Being Addressed

Mercy Northwest Arkansas acknowledges the range of health issues that emerged from the CHNA process, and determined that it could effectively focus on the health needs which it deemed most pressing to the community and within its ability to influence. Mercy NWA will not take new or additional actions on the following health needs:

• **Breast Cancer** – Because of the acceptable mammogram screening rates in Northwest Arkansas and the available resources in the community for breast cancer prevention and care, Mercy NWA will not take any new actions regarding breast cancer. Mercy NWA’s mobile unit will continue to provide mammogram screenings in the community and seek new partnerships and opportunities to reach rural and underserved communities as described in the Access to Care priority area.

• **Chronic Kidney Disease** – Since many of the risk factors associated with chronic kidney disease will be addressed through the programs aimed at diabetes prevention and behavioral health, chronic kidney disease will not be addressed as a specific health need at this time. Also, there are insufficient resources at the current time to address this need.

• **COPD** – Although COPD presents a health need in NWA, there are limited resources to address it. In addition, tobacco use, the main risk factor for COPD, will be indirectly addressed through the objectives aimed at addressing behavioral health.

• **Marshallese Access to Care** – The underinsured and uninsured Marshallese population presents a unique health need specific to the Northwest Arkansas region. Already existing programs through Community Clinic NWA and the UAMS Northwest, which provide free and low cost care to Marshallese patients means such needs are being addressed by other organizations. Mercy’s efforts around prioritization of access to care should also directly benefit this population. This need will be monitored, and may be addressed more intentionally in the future should it become more pressing.

• **Maternal Child Health** – Many of the health needs associated with maternal child health will be addressed through programs focusing on increasing access to care for the underinsured and uninsured population. It is for this reason that Mercy NWA will not address specifically address this health need at this time.
• **Obesity** – Since diabetes was identified as a priority health need for the Northwest Arkansas community, many factors related to obesity such as nutrition and consistent exercise will be addressed through programs aimed at reducing diabetes. Additionally, obesity is not as likely to be resolved as other problems.

• **Oral Health** – Oral health is a significant health need in the community, but there are a limited amount of resources, and the hospital does not have the expertise to effectively address this need at this time. Mercy will continue to provide subsidized dental surgeries for children in the community.

• **Stroke** – Because diabetes was identified as a priority health need, risk factors associated with strokes including obesity and diabetes will be addressed through programs aimed at healthy lifestyle changes.

• **Tobacco Use** – Behavioral health was identified as the second most important health need in the community and because this encompasses substance abuse, tobacco use will be indirectly addressed through programs and objectives aimed at addressing and improving behavioral health access and care. Tobacco use is being addressed by Arkansas Department of Health efforts.