

**MERCY HOSPITAL LINCOLN
COMMUNITY HEALTH IMPROVEMENT PLAN (2016-2019)**

An IRS-mandated Community Health Needs Assessments (CHNA) was recently completed for each hospital within Mercy East Community:

- Mercy Hospital St. Louis
- Mercy Hospital Washington
- Mercy Hospital Jefferson
- Mercy Hospital Lincoln

The CHNA reports for each hospital may be accessed at www.mercy.net/about/community-benefits.

Upon completion of these assessments, the IRS requires hospitals to implement a three-year Community Health Improvement Plan (CHIP) that addresses significant health needs identified through the CHNA. This plan must:

1. Describe the actions the hospital facility intends to take to address the health need, the anticipated impact of these actions, and the plan to evaluate such impact
2. Identify the programs and resources the hospital facility plans to commit to address the health need
3. Describe any planned collaboration between the hospital and other agencies or organizations in addressing the health need.

Attached is the CHIP for Mercy Hospital Lincoln. The health needs identified as priority areas are:

- Access to Care
 - Navigation
 - Transportation
 - Health Insurance Coverage
- Mental Health
- Substance and Opiate Use

The Community Health Council for Mercy Hospital Lincoln will oversee the Community Health Improvement Plan and monitor its progress.



**MERCY HOSPITAL LINCOLN
COMMUNITY HEALTH IMPROVEMENT PLAN**

Priority Area/Community Need: ACCESS TO CARE - NAVIGATION

Narrative:

Mercy Hospital Lincoln has chosen this priority based on the following:

CHNA FINDINGS:

- Lincoln County is a **Health Professional Shortage Area** for primary health care
- **24.31%** of adults did not see a PCP in 2012, **higher** than state and national values
- **6** PCPs were located in Lincoln Co. in 2012, far **less** than state and national values
- **70.4** was the Ambulatory Care Sensitive Condition (ACSC) Discharge Rate given for Preventable Hospital Events in 2012, **higher** than state and national values

Goal 1:

Increase the number of patients in the MHL Emergency Dept. and Urgent Care Center who are referred to a primary care provider (PCP)

Objectives:

- Patients without a PCP will be assisted in setting up a first appointment
- The number of ED visits for addressing chronic conditions (chronic heart failure, asthma, diabetes, COPD and pneumonia) will decrease
- Mercy Clinic will increase the number of Mercy health care providers

Activity:

- Completion of a social determinant questionnaire by patients without a medical home or are uninsured will be reviewed by a case worker or care manager (track first 30-60 days for baseline)
- Track patients using the Emergency Dept. for their chronic conditions (track first 30-60 for baseline)
- Explore partnership with Integrated Health Network (IHN) and hiring a Community Referral Coordinator (CRC) based on the ED volume of uninsured and those without a medical home
- Explore potential partnership with Deaconess Faith Community Nurses for both care transitions and outreach, similar to the MHSL and MHJ programs
- Continued focus on Mercy Clinic recruitment of additional health care providers
- Strengthen relationship with FQHC, Crider Health Center
- Explore replicating the Washington Outpatient Care Management/Virtual Care Center program

Leaders:

Mercy Leaders/Programs/Depts	Community Partners
Mercy Clinics & Urgent Care Centers	Crider Health Center
Inpatient Care Management	Integrated Health Network
Outpatient Care Management/Virtual Care Center	Deaconess Faith Community Nurses
Emergency Department	

Evaluation Plan for Goal:

The Navigation Team will establish baseline data and 3-year measurable outcomes.

Outputs

Activity Description	Measurement	Source of Measurement
Patients will complete social determinant questionnaire		Mercy

Short-term Outcomes *(include target date or dates)*

Short-term Indicators	Measurement	Source of Measurement
First appointments scheduled with new PCP will be tracked		Mercy

Long-term Outcomes *(include target date or dates)*

Long-term Indicators	Measurement	Source of Measurement
Reduced ED utilization for non-emergent care		

Priority Area/Community Need: ACCESS TO CARE - NAVIGATION

Goal 2:

Increase the number of Emergency Dept. and Urgent Care Center patients receiving social service resource assistance with a special focus on Prescription Assistance

Objectives:

- Patients of Emergency Dept. and Urgent Care Center in need of crisis assistance as indicated by their completed questionnaire will receive resources and referral assistance by case worker/care manager

Activity:

- Produce a “Who’s Who in Navigation” internal Mercy guide for improving the referral process
- Promote area resource lists and databases, such as Mercy Neighborhood Ministry Resource Lists, United Way 2-1-1, and Lincoln County Health Department Resource Guide through scheduled training session for ED and UCC coworkers
- Promote local and national Prescription Assistance Programs through training sessions
- Research existing “Ambassador/Mentor” programs to assist patients to needed health and social services

Leaders:

Mercy Leaders/Programs/Depts	Community Partners
Mercy Clinics & Urgent Care Centers	United Way 2-1-1
Emergency Department	Local Churches, i.e. St. Vincent de Paul Society
Outpatient Care Management/Virtual Care Center	Lincoln County Health Department
Mercy Neighborhood Ministry	

Evaluation Plan for Goal:

The Navigation Team will establish baseline data and 3-year measurable outcomes.

Outputs

Activity Description	Measurement	Source of Measurement
A social determinant questionnaire will be given to targeted patients		Mercy
Questionnaires will be assessed		

Short-term Outcomes

Short-term Indicators	Measurement	Source of Measurement
Referral assistance will be tracked		Mercy

Long-term Outcomes

Long-term Indicators	Measurement	Source of Measurement
TBD		

Priority Area/Community Need: ACCESS TO CARE – TRANSPORTATION

Narrative:

Mercy Hospital Lincoln has chosen this priority based on the following:

CHNA FINDINGS:

- In 2014, 56% of Lincoln County residents had a long commute driving alone (30 minutes or more), compared to the Missouri average of 30% and the top U.S. performers average of 15%
- Mercy Community Health Survey and Mercy Roundtable respondents indicated that transportation was a problem in general in their community, especially when needing to travel outside the service area to access health care providers who accept Medicaid.

Goals:

Decrease non-emergent transportation barriers for Mercy Clinic patients accessing primary and specialty care

Objectives:

- Decrease the number of missed medical appointments due to transportation issues for patients of Mercy Clinic

Activity:

- Track reasons for missed appointments at Mercy Clinic (first 30-60 days for baseline)
- Inventory fees and requirements of current transportation providers in area
- Evaluate contractual relations with transportation providers, such as The LINC
- Develop and promote improved patient transportation assistance to improve access for patients in need

Leaders:

Mercy Leaders/Programs/Depts	Community Partners
Mercy Clinic	The LINC
Mercy Transportation Services	

Evaluation Plan for Goal:

The Transportation Team will establish baseline data and 3-year measurable outcomes.

Outputs

Activity Description	Measurement	Source of Measurement
Tracking of number of patients receiving transportation assistance		

Short-term Outcomes

Short-term Indicators	Measurement	Source of Measurement
Number of Mercy Clinic patients missed appointments due to transportation issue		Mercy Clinic

Long-term Outcomes

Long-term Indicators	Measurement	Source of Measurement
Reduced missed appointments due to transportation barriers		

Priority Area/Community Need: ACCESS TO CARE – HEALTH INSURANCE COVERAGE

Narrative:

Mercy Hospital Lincoln has chosen this priority based on the following:

CHNA FINDINGS:

The total population of Lincoln County residents between the ages of 18-64 that are not covered by health insurance is 18.46% or 6,056 people.

The Percent of Population that Carries Health Insurance

	Lincoln County	Missouri	United States
Commercial Health Insurance	42%	49%	52%
Medicare	32%	26%	24%
Medicaid	16%	15%	13%
Uninsured	10%	11%	10%

Sg2

Goals:

Increase health care insurance coverage for Missourians under the age of 65

Objectives:

- Reduce the percentage of uninsured Missourians under age 65 to less than 5% (per Missouri Foundation for Health)
- In Mercy East Community, Mercy Certified Application Counselors will enroll 225 lives in private health plans in a Missouri Health Insurance Marketplace plan
- In Mercy East Community, Mercy CACs will provide awareness and education of health plan options and usage to more than 10,000 individuals

Activity:

- Hire and train grant-funded CACs across our service area in Missouri who will be certified to assist the uninsured with enrollment in a health care plan
- Track enrollments/lives covered and the number of community informational events attended
- Train Mercy coworkers with focus on Mercy Clinic Practice Managers and Admitting Representatives to ensure uninsured patients are referred to CACs
- Partner with community agencies and legislatures to advocate for the expansion of Medicaid in Missouri

Leaders:

Mercy Leaders/Programs/Depts	Community Partners
Finance/Eligibility Services	Missouri Foundation for Health (MFH)
Advocacy	Missouri Coverage Assistance Program (MCAP)
Mercy Clinic	

Evaluation Plan for Goal:

MCAP team will establish baseline data and report 2-year measurable outcomes as outlined in the MFH application

Outputs

Activity Description	Measurement	Source of Measurement
Hire and certify CACs		Mercy CAC Program
Education/awareness events		
Coworker trainings on referring uninsured patients to CAC		

Short-term Outcomes

Short-term Indicators	Measurement	Source of Measurement
Enrollment into health plans		Mercy CAC Program
Consultations at Community Events		Mercy CAC Program

Long-term Outcomes

Long-term Indicators	Measurement	Source of Measurement
The percent of uninsured Missouri residents under the age of 65 falls to 5%		MFH
Understanding of health insurance plans and usage		

Priority Area/Community Need: MENTAL HEALTH**Narrative:**

Due to a shortage of behavioral health providers, behavioral health access must be addressed on a regional level. Mercy will implement regional strategies building on services of its hospitals and clinics of the Mercy East Community (St. Louis, Washington, Jefferson and Lincoln), and other community partners to address mental health and substance use needs.

These strategies will be in alignment with the behavioral health goals of local Health Departments, Behavioral Health Network, Centers for Disease Control, Missouri and U.S. Department of Health and Human Services, and Healthy People 2020.

Mercy Hospital Lincoln has chosen this priority based on the following:

CHNA FINDINGS:

- 982 individuals from Lincoln County entered treatment for mental health disorders in FY2014, compared to 904 in FY2013 (Missouri Dept of Mental Health, Div. of Behavioral Health)
- Suicide was the tenth leading cause of death from 2003-2013, and mortality from suicide was higher than state rate (MO Dept Health and Senior Services – 2013)
- The rate for inpatient hospitalizations due to mental health disorders, specifically affective and schizophrenia-related disorders, was significantly higher than that of Missouri (Missouri Dept of Health and Senior Services – 2012)
- Mercy survey indicated 42% of respondents have or have had depression in the past

Goal #1:

Increase the number of Mercy East Community members able to access appropriate, quality mental health treatment

Objectives:

- Services to address mental health needs in the Mercy East Community will expand and/or be enhanced
- The number of low income/uninsured patients able to access mental health treatment will increase

Activity:

- Collaborate with community partners to identify the mental health service gaps in the region
- Engage in strategic planning regarding where to add resources/partner in order to serve more people (Mental Health Navigators in primary care offices, Advanced Practice Registered Nurses (APRN) in targeted locations)
- Open new adult psychiatry clinic at MHSL
- Expand the Psychiatric Nurse Liaison program for hospitalized patients with mental health needs
- Recruit new mental health providers, including Psychiatrists, Counselors, Nurse Practitioners and Psychiatric Pharmacists
- Expand Intensive Outpatient Programs (IOP) and clinic services at Mercy Hospital Washington and Mercy Hospital Jefferson
- Implement the Columbia Suicide Severity Rating Scale (CSSRS) as an evidence-based suicide screening tool in EPIC

- Remain involved in Alive & Well STL Health Collaborative (stress and trauma reduction initiative)
- Advocate for legislation to improve mental health service delivery through continued participation in the Behavioral Health Network’s Board of Directors
- Improve the process for expedited Charity Care applications for patients with substance use disorders

Leaders:

Mercy Leaders/Programs/Depts	Community Partners
Behavioral Health	Crider Health Center
Mercy Clinic	Preferred Family Healthcare/Bridgeway
Virtual Care Center	Catholic Family Services
Finance	Behavioral Health Network (BHN)
Community Health (MNM)	Behavioral Health Response (BHR)
	National Alliance on Mental Illness (NAMI)
	Alive & Well STL

Evaluation Plan for Goal:

Regional CHIP Behavioral Health team will establish baseline data and 3-year measurable outcomes

Outputs

Activity Description	Measurement	Source of Measurement
Inventory mental health services currently available and partnerships		
Number of mental health providers recruited		

Short-term Outcomes

Short-term Indicators	Measurement	Source of Measurement
TBD		

Long-term Outcomes

Long-term Indicators	Measurement	Source of Measurement
TBD		

Priority Area/Community Need: SUBSTANCE AND OPIATE USE**Narrative:**

Due to a shortage of behavioral health providers, behavioral health access must be addressed on a regional level. Mercy will implement regional strategies building on services of its hospitals and clinics of the Mercy East Community (St. Louis, Washington, Jefferson and Lincoln), and other community partners to address mental health and substance use needs.

These strategies will be in alignment with the behavioral health goals of local Health Departments, Behavioral Health Network, Centers for Disease Control, Missouri and U.S. Department of Health and Human Services, and Healthy People 2020.

Mercy Hospital Lincoln has chosen this priority based on the following:

CHNA Findings

- In 2012, Lincoln County residents visited the Emergency Department for 146 drug-related crises resulting in 43 drug-related hospitalizations (Behavioral Health Profile: Lincoln County – 2015)
- Mercy Community Health Survey revealed:
 - 75% reported illegal drugs were an issue among county teens and adults
- Opioid overdose deaths including prescription and heroin as reported by NCADA

Year	St. Louis City	St. Louis County	St. Charles County	Jefferson County	Franklin County	Lincoln County	Warren County	Madison County	St. Clair County	Totals
2007	43	53	14	10	6	1	1	5	19	152
2008	53	82	26	18	15	2	2	5	28	231
2009	79	92	33	28	10	3	3	7	35	290
2010	88	90	36	42	16	2	0	18	27	319
2011	126	124	29	28	16	4	6	26	35	394
2012	93	96	35	37	12	4	1	21	43	342
2013	119	113	30	45	14	2	1	22	29	375
2014	138	151	41	41	15	7	1	26	47	467
*2015	131	133	53	46	16	7		75	43	504
*2016	80	56	12	22	8	4		43	18	243
	950	990	309	317	128	36	15	205	320	3,317

*denotes numbers are not finalized

Priority Area/Community Need: SUBSTANCE AND OPIATE USE (continued)**Goal 1:**

Reduce and manage patients' pain without increasing their risk of addiction to prescription opioid/opiates

Objectives:

- The opioid/opiate prescribing rates within Mercy East Community hospitals and clinics will decrease
- Missouri will implement a state-wide Prescription Drug Monitoring Program

Activity:

- Partner with Mercy’s Opiate Rx Task Force to implement risk mitigation strategies for prescription opioid addiction and diversion
- Review and incorporate, as feasible, the current Centers for Disease Control opioid/opiate prescribing guidelines
- Investigate employing alternative pain management practices, such as non-pharmacologic treatments and non-opiate/opioid pain medications
- Acquire data on the volume of opiates prescribed by physician and the number of adverse opioid-related events to establish benchmarks for individual physician metrics
- Educate and promote informed choices and best practices in pain therapies among Mercy physicians
- Evaluate and learn from the St. Louis County/City Prescription Drug Monitoring Program
- Mercy’s Opiate Rx Task Force member(s) advocate for the implementation of a state-wide Prescription Drug Monitoring Program

Leaders:

Mercy Leaders/Programs/Depts	Community Partners
Mercy Clinic	NCADA
Mercy Pharmacy	Preferred Family Healthcare/Bridgeway
Behavioral Health	
Mercy Quality	
Mercy Advocacy	
Community Health	

Evaluation Plan for Goal:

Regional CHIP Behavioral Health team will establish baseline data and 3-year measurable outcomes

Outputs

Activity Description	Measurement	Source of Measurement
Risk mitigation strategies, such as urine screenings, prescribing algorithms and guidelines, or medication management agreements		
Data on volume of opiates prescribed by physician		
Number of advocacy events/activities		

Short-term Outcomes

Short-term Indicators	Measurement	Source of Measurement
Pain Management practices improve		Mercy

Long-term Outcomes

Long-term Indicators	Measurement	Source of Measurement
Reduced opiate prescribing rates		Mercy

Priority Area/Community Need: SUBSTANCE AND OPIATE USE (continued)

Goal 2:

Increase the number of Mercy East Community members able to access appropriate, quality substance use treatment

Objectives:

- Substance use treatment services in the Mercy East Community will expand and/or be enhanced
- The number of low income/uninsured patients able to access substance use treatment will increase

Activity:

- Implement and develop the Psychiatric Nurse Liaison program for hospitalized patients with addiction disorders
- Evaluate implementing medication-assisted treatments (Vivitrol, Suboxone) with patients, as appropriate
- Explore potential partnerships, particularly with agencies that have residential detoxification programs, to enhance transitions of care/recovery outcomes (Preferred Family Healthcare, Community Treatment & Recovery Services (CSTAR), Harris House, Aviary Recovery Center, Catholic Charities Queen of Peace)
- Improve the clinical competency of behavioral health providers in the area of addiction treatment
- Improve the process for expedited Charity Care applications for patients with substance use disorders

Leaders:

Mercy Leaders/Programs/Depts	Community Partners
Mercy Clinic	NCADA
Mercy Pharmacy	Preferred Family Healthcare/Bridgeway
Behavioral Health	CSTAR programs
Mercy Quality	Harris House Treatment & Recovery Center
Holistic Health	The Aviary Recovery Center
Community Health	Catholic Charities Queen of Peace
Pain Management Specialists	

Evaluation Plan for Goal:

Regional CHIP Behavioral Health team will establish baseline data and 3-year measurable outcomes

Outputs

Activity Description	Measurement	Source of Measurement
Number of patients referred/served		
Number of Psychiatric Nurse Liaisons		
Number of coworkers trained on medication-assisted treatments		
Number of behavioral health providers who participate in professional development		

Short-term Outcomes

Short-term Indicators	Measurement	Source of Measurement
Number of partnerships developed		Mercy

Long-term Outcomes

Long-term Indicators	Measurement	Source of Measurement
Addiction and death rates from substance use decrease		NCADA TBD

Additional Needs Being Addressed

Mercy Hospital Lincoln (MHL) examined the Lincoln County community health data presented in the Community Health Needs Assessment as well as considered the resources available throughout Mercy East Community. Access to Care, Mental Health and Substance Use/Abuse were chosen as the areas of focus over the next three years. MHL will continue to support, collaborate and partner with community agencies to address these additional community needs:

- Accidental Injuries/Violence: Domestic, Elderly, Child Abuse, and Trafficking

MHL works closely with domestic violence, sex trafficking and family services agencies, such as Bridgeway's Robertson Center and local law enforcement to insure patients are given safe choices while in a hospital setting. Mercy has begun safety awareness and educational campaigns which includes internal training videos, restroom resource posters, and the incorporation of a safety screening/referral question which cues up in each patient's Mercy's Electronic Medical Record (EMR).

- Healthy Lifestyles: Heart Disease, High Blood Pressure, Obesity/Poor Nutrition/Physical Inactivity

Mercy has prioritized improving healthy lifestyles among its 10,000+ coworkers in the East Community. The *Healthification* program is a robust initiative that provides comprehensive health evaluation, screening, education, and incentives to increase healthy behaviors and improve health among Mercy coworkers. Mercy Clinic also offers a variety of programs and services to address chronic conditions and a healthy lifestyle.

- Cancers: Colon, Rectum and Lung

Community cancer screenings and education continue to be offered regionally. Efforts to address tobacco cessation will continue through Mercy's Certified Health and Wellness Coach/Mercy Road to Freedom program through Mercy's Cardiopulmonary Rehab area. Additionally, Mercy will continue to advocate around measures that promote tobacco cessation. A bill recently passed in St. Louis County will raise the tobacco products purchase age to 21 and MHL will look for opportunities to expand this legislation to Lincoln County.

Additional Needs Not Being Addressed and Why

- Physical Environment: Air/Water Quality and Housing

In the category of Physical Environment, MHL has chosen Transportation, under the Access to Care priority. Collaboration with local coalitions addressing homelessness and housing will continue as will Mercy's support of industry, government, non-governmental organizations and the public in addressing air and water quality in our area.

Community Health Council Mercy Hospital Lincoln

Leadership

LEADERS

Tony Rothermich – Administrator

MEMBERS

Breanne Griffin – Executive Director, Nursing

Ken Joyce – Director, Mission Services

Don Kalicak – Vice-President Business Development & Planning & Board Member

Mary Kay Kunza – Manager, Human Resources

Bradley Massey, DO – Physician Liaison

Patty Morrow – Executive Director, Behavioral Health

Sharon Neumeister – Director, Mercy Neighborhood Ministry

Barb Rapp – Social Worker, Care Management

Ashley Rottler – Manager, Marketing & Communications

Cheryl Schorr – Outreach Coordinator, Mercy Neighborhood Ministry (MHW, MHL)

Mark Thorn – Executive Director, Finance

Ed White – Foundation Grant Manager, Philanthropy

Responsibilities

1. Completes:
 - a. Community Health Needs Assessment every three years
 - b. Annual written Community Health Implementation Plan
 - c. Annual community impact plan
2. Develops & manages a Community Benefit budget
 - a. Annual Community Benefit amount falls between 5-8%
3. Assures Community Benefit activities:
 - a. Meet a prioritized community health need
 - b. Make a measurable impact on a community health indicator
 - c. Involve collaboration/partnership with key community stakeholders and advocacy with key legislators
 - d. Connect programs to service line and community master planning strategies
 - e. Develop innovative programs/medical management of charity & Medicaid populations
4. Reports:
 - a. Community Benefit activities accurately and thoroughly
 - b. Information for 990H/990, especially narrative questions
 - c. Community Benefit activities quarterly to local boards and ministry oversight group

To comply with IRS guidelines, the following timeline will guide Community Benefit program development and reporting:

1. Community Health Needs Assessments completed (including posting) – **6/30/2016**
2. Community Health Implementation Plans written and approved by local boards – **11/15/2016**

The local Community Health Council is accountable for ensuring Community Benefit meets mission, compliance and IRS guidelines.

