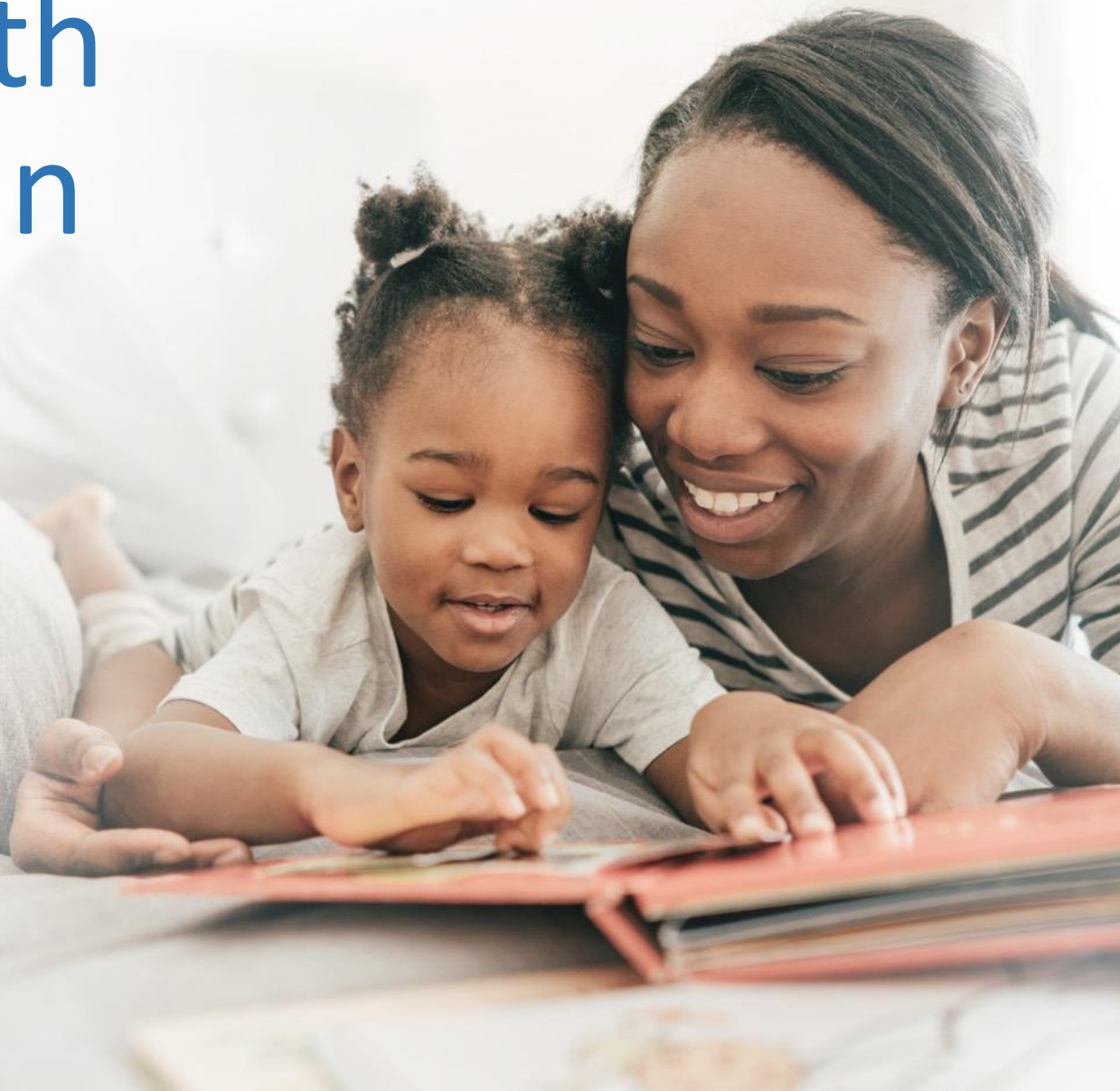
Community Health Improvement Plan

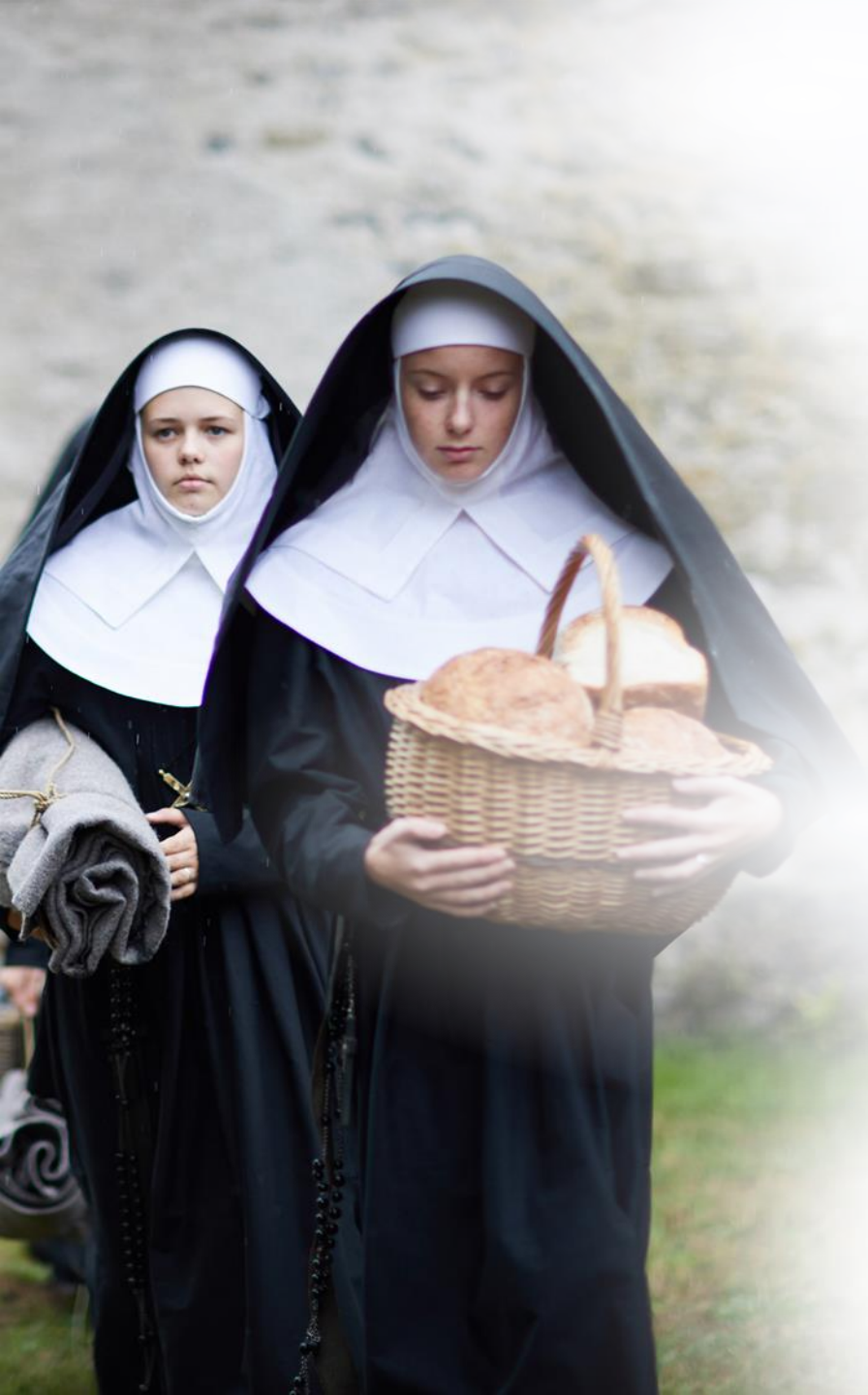
Mercy Hospital Springfield

Fiscal Year 2026



Mercy

Your life is our life's work.



Our Mission

As the Sisters of Mercy before us,
we bring to life the healing ministry of Jesus
through our compassionate care
and exceptional service.

Our Values

Dignity
Excellence
Justice
Service
Stewardship

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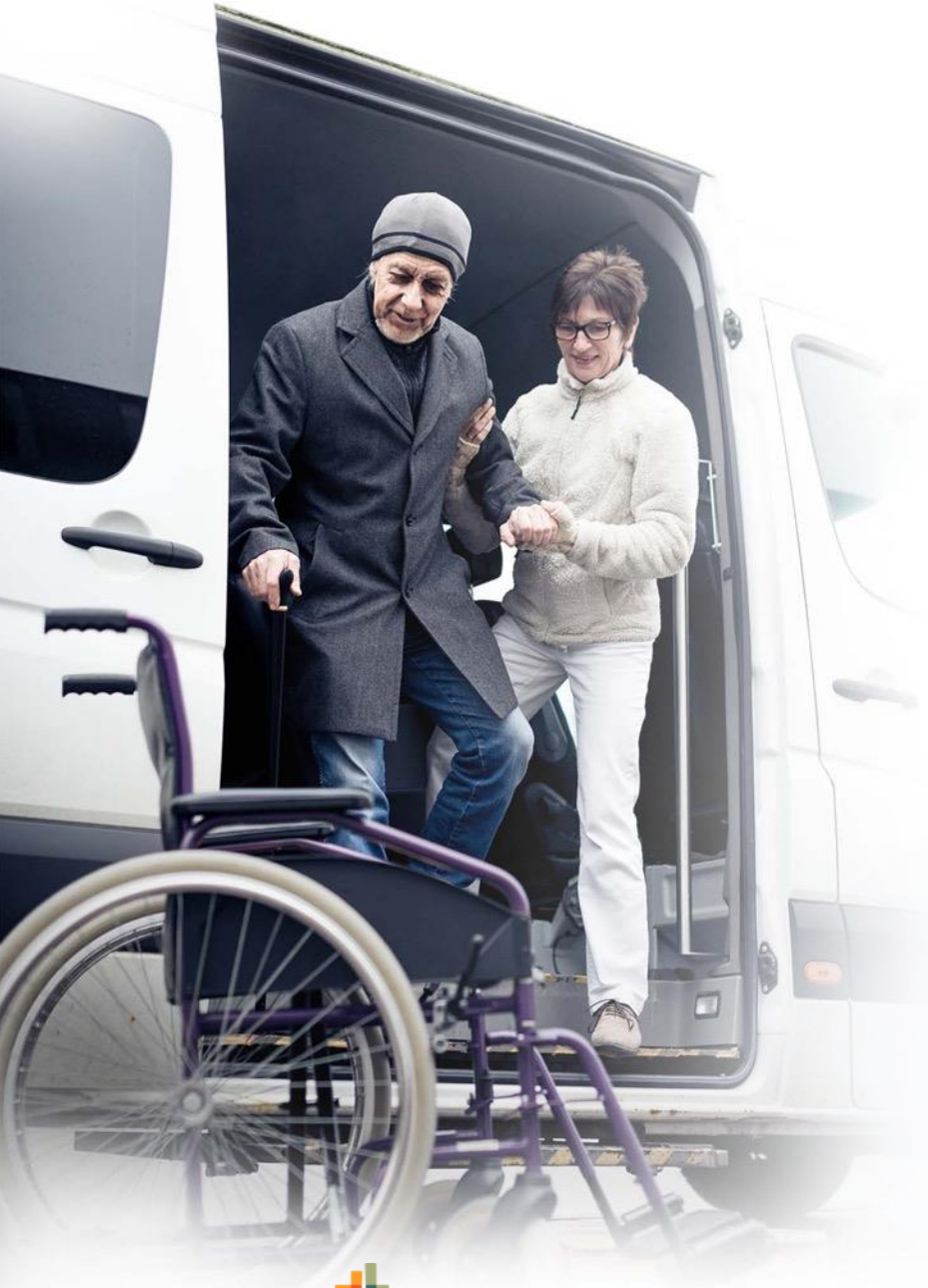


Introduction

Mercy Springfield completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors in April 2022. Building upon the success of the 2016 and 2019 regional health assessments, in 2023 partners again sought to better understand the health status, behaviors and needs of the populations served. The resulting 2025 Regional Health Assessment (RHA) combines more than 200 hospital and community indicators, including feedback from stakeholders and citizens, across a 30-county region that includes southwest Missouri, southeast Kansas and northeast Oklahoma.

The CHNA identified three prioritized health needs the hospital plans to focus on addressing during the next three years: Diabetes, Mental Health and Substance use and recovery. The complete CHNA report is available electronically at mercy.net/about/community-benefits.

Mercy Springfield is affiliated with Mercy, one of the largest Catholic health systems in the United States. Located in Springfield, Mo, Mercy Springfield's primary service area spans six counties across Southwest Missouri. The acute-care hospital has 886 licensed beds, includes a Level 1 Trauma and Burn center, and a Level 2 Stroke Center.

This three-year Community Health Improvement Plan (CHIP), aimed at addressing the prioritized health needs identified in the CHNA, will guide the coordination and targeting of resources, and the planning, implementation and evaluation of both new and existing programs and interventions. The 2025 CHNA and this resulting CHIP will provide the framework for Mercy Springfield as it works in collaboration with community partners to advance the health and quality of life for the community members it serves.

Introduction *(continued)*

The CHNA identified eight top-priorities and of the eight, **Two have been chosen as health needs for the Mercy Hospital St. Springfield community**. We will strive diligently to address these needs with a Health Equity lens over the next three years:

Heart Disease

Mental Health

As always, we seek to develop a rich and rewarding network of partnerships with our neighbors. We welcome any thoughts you may have on ways to achieve our goal for a healthier community.

Implementation Plan by Prioritized Health Need

Prioritized Need #1: Heart Disease

Increase access to health care for uninsured and at-risk persons.

Prioritized Need #1: Heart Disease

Program 1 of 3: Community Health Worker

PROGRAM DESCRIPTION:

Community Health Workers (CHWs) serve as liaisons/links between health care and community and social services, screening for needs related to social determinants of health, facilitating access to services, and improving the quality and culture competence of care. CHWs work one-on-one with at-risk patients and community members, acting as patient advocates, assisting patients in applying for Medicaid and financial assistance and connecting patients with community resources and medication assistance.

ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

Screen every admitted patient for health-related social needs. Assist patients that screen positive with Mercy financial assistance, Medicaid and Marketplace insurance. Assist patients without an established primary care provider in establishing care. Connect patients with other resources, including medication assistance.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

Each CHW will assist at least 85 patients per month with community and medication assistance resources. Patients that have been referred to a CHW will demonstrate a reduction in ED utilization as well as a reduction in their total cost of care. These patients will also demonstrate a reduced no-show rate for follow-up clinic appointments.

PLAN TO EVALUATE THE IMPACT:

Track number of new and ongoing encounters, number of patients enrolled successfully in Mercy financial assistance as well as the number receiving community resources and medication assistance. In addition, analyze ED utilization clinic no-show rates for patients enrolled in CHW program and the total cost of care for patients in CHW program.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

CHW compensation and benefits as well as mileage and travel expenses and office space and indirect expenses.

COLLABORATIVE PARTNERS:

MSU Care Clinic, Springfield Greene County Health department and O'Reilly Center for Hope

Prioritized Need #1: Access to Care

Program 2 of 3: Medication Access

PROGRAM DESCRIPTION:

Mercy has four access points for medication for patients. Dispensary of Hope is a charitable medication distributor that delivers critical medicine donated by pharmaceutical manufacturers for free to the people who need it the most but cannot afford it. CMAP is a program that helps patients that are eligible sign up to receive medications for free from the pharmaceutical companies. The McCauley fund gives patients that are inpatient and eligible for financial assistance a month of prescriptions medications and Mission fund does this for the Emergency department.

ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

- In contract with the Dispensary of Hope, Mercy Pharmacy will manage charitable formularies within participating pharmacies, including maintaining inventory and making weekly orders.
- Mercy will use attestation form to enroll qualifying patients in the Dispensary of Hope program and will promote the formulary with Mercy providers and co-workers across relevant departments, including Hospitalists and ED physicians, Care Management, Diabetes Education, Behavioral Health, and Mercy Clinic.
- Mercy will communicate with community partners, including other healthcare providers, to promote the use of the formulary for patients in need.
- Mercy will work to connect qualifying patients with Mercy Financial Assistance and Medicaid and Medicare as applicable.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

Short-Term Outcomes:

- Maintain the number 30-day prescriptions filled /month
- Maintain the number of patients served / month
- Maintain the number of patient encounters / month

Medium-Term Outcomes:

- Maintain the dollars saved for patients monthly

Long-Term Outcomes:

- Each year, will see a 10% reduction in ED visits
- Each year, will see a 10% reduction in total cost of care

Prioritized Need #1: Access to Care

Program 2 of 3: Medication Access

PLAN TO EVALUATE THE IMPACT:

- Track number of patients served
- Track number of prescriptions filled
- Track estimated cost savings to patient
- Conduct a yearly utilization analysis to understand program impact, patient readmissions, ED utilization, and total cost of care

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

- CMAP employee's salary and benefits
- Cost of membership to DOH
- Office space and equipment for staff
- Marketing and communications support, in the form of flyers, rack cards, enrollment cards, etc.
- Training for caregivers to understand enrollment process for CMAP and DOH

COLLABORATIVE PARTNERS:

- Internal: Mercy Pharmacy, Integrated Health and Social Care, Care Management, Hospitalists, Mercy Clinics, MSU Care
- External providers: Pharmaceutical companies

Prioritized Need #1: Access to Care

Program 3 of 3: Southwest Baptist University Physical Therapy Clinic

PROGRAM DESCRIPTION:

This pro bono physical therapy clinic provides compassionate, high-quality care to individuals in need. Patients are evaluated and treated by Doctor of Physical Therapy students under the supervision of licensed faculty. We specialize in treating: Neurological conditions (stroke, brain injury, Parkinson's, etc.).

ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

CHW will refer patients that have ongoing physical therapy needs and do not have insurance or have Medicaid to the pro bono physical therapy clinic.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

Qualified patients have exhausted physical therapy benefits, have no health coverage or are enrolled in Medicaid and will show:
10% reduction in ED and
10% reduction in hospital readmissions.

PLAN TO EVALUATE THE IMPACT:

Track number of new and ongoing encounters, number of patients enrolled successfully in Mercy financial assistance as well as the number receiving community resources and medication assistance. In addition, analyze ED utilization clinic no-show rates for patients enrolled in CHW program and the total cost of care for patients in CHW program.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

CHW compensation and benefits as well as space and equipment for the physical therapy students.

COLLABORATIVE PARTNERS:

CHW, Mercy Care Management and Southwest Baptist University

Prioritized Need #2: Mental Health

Increase access to mental health care for uninsured and at-risk persons.

Prioritized Need #2:Mental Health

Program 1 of 3: Collaborative Care

PROGRAM DESCRIPTION:

Supporting primary care providers (family medicine, internal medicine, obstetrics & gynecology, and pediatrics) in providing mental and behavioral health services to patients in need. The model provides a behavioral care manager to interact directly with patients, perform assessments, initiate treatment, and communicate and collaborate with primary care physicians. Concert Health provides a psychiatric consultant who meets with care managers regularly, reviews patient charts, and makes recommendations for medication and ongoing treatment.

ACTIONS MERCY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

- Continue training and educating providers on the use of the care approach.
- Identify gaps in care.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

- Increase patient referrals by 5% each year.
- Increase patient satisfaction assessment participation by 10% from previous CHIP cycle.

PLAN TO EVALUATE THE IMPACT:

- Track number of primary care physicians participating in program.
- Track number of referrals to Collaborative Care per month.
- Track percentage of patients referred to Collaborative Care who enroll in program (conversion rate).
- Track number of referrals of uninsured and Medicaid patients per month.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

- Cost of coworker and clinician time, including Regional Resource Behavioral Health RNs and LPNs and Patient RN Advocates.
- Operational budgeted support as appropriate.
- Indirect expenses related to EMR and clinic operations

COLLABORATIVE PARTNERS:

- Mercy Behavioral Health Service Line Leadership
- Mercy Virtual Behavioral Health (vBH)
- Substance Abuse Recovery Program (SURP)

Prioritized Need #2:Mental Health

Program 2 of 3: Virtual Behavioral Health (vBH)

PROGRAM DESCRIPTION:

Mercy's Virtual Behavioral Health (vBH) program provides integrated, regional support for patients with behavioral health needs. Based out of local and centralized Ministry locations, vBH co-workers provide virtual and telephonic behavioral health assessments to establish patients' level of care, and facilitate referrals for inpatient, intensive outpatient (IOP), and outpatient services, as well as for basic social needs in their home communities. vBH also provides virtual psychiatric consults to help with medication stabilization related to the exacerbation of behavioral health conditions.

ACTIONS MERCY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

- Operate a hub-based model of virtual care, where clinical vBH co-workers respond to incoming referrals, conduct telephonic behavioral health assessments, and facilitate outgoing referrals for ongoing diagnosis, treatment, and support.
- Collaborate with external partners and behavioral health service providers to ensure a strong regional network for care coordination and social service navigation.
- Maintain internal coordination between relevant stakeholders, including Population Health, Behavioral Health, and Community Health, for ongoing assessment of community needs, assets, and barriers, and increased data and service integration for improved continuity of care and patient outcomes.
- Analyze true cost of care and return on investment analysis (ROI) for vBH patients and explore prospective for further developing complex care model

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

Short-Term Outcomes:

- Each year, the vBH program will increase the number of patient assessments completed by 10%.

Medium-Term Outcomes:

- Each year, the vBH program will increase the number of referrals made to IOP and Long-Acting Injection (LAI) Clinics by 10%.

Long-Term Outcomes:

- Over three-year period (FY26-FY28), patients who participated in vBH program will demonstrate a 10% decrease in hospital readmissions and ED visits. Commendable

Prioritized Need #2:Mental Health

Program 2 of 3: Virtual Behavioral Health (vBH) - continued

PLAN TO EVALUATE THE IMPACT:

- vBH will track assessments and consultations conducted
- vBH will track number of patients who are referred to BH resources and connected to appropriate treatment

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

- Cost of coworker and clinician time, including Regional Resource Behavioral Health RNs and LPNs and Patient RN Advocates.
- Operational budgeted support as appropriate.
- Indirect expenses related to EMR and clinic operations

COLLABORATIVE PARTNERS:

- Mercy Behavioral Health Service Line Leadership
- Mercy Virtual Behavioral Health (vBH)
- Substance Abuse Recovery Program (SURP) - EAST

Prioritized Need #2:Mental Health

Program 3 of 3: Substance Use Recovery Program (SURP)

PROGRAM DESCRIPTION:

Mercy Substance Use Recovery Program (SURP) is an integrated, mission-driven, patient-centric approach to Opioid Use Disorder. SURP will ensure that any patient seeking care through Mercy will be connected to ongoing care for Opioid Use Disorder regardless of geography, clinical setting, or ability to pay. Through a virtual-first care experience, SURP provides Medication-Assisted Therapy (MAT), primarily through buprenorphine, for patients with Opioid Use Disorder. Patients who participate in SURP are also connected to support services, including counseling, behavioral therapies and general primary care, to implement a holistic harm-reduction care model. By offering proactive telephonic outreach and virtual treatment and support options, SURP can increase access to essential behavioral health services and facilitate continuity and ease of care for patients.

ACTIONS MERCY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

- Consistent with Mercy's care model, clinicians (primarily in the Emergency Department) will refer patients identified with Opioid Use Disorder to SURP.
- SURP LCSWs will outreach and engage with patients, providing necessary direct support as well as referrals and care coordination for treatment and primary care provision.
- SURP clinicians will facilitate MAT for patients, managing MAT medication prescription and adherence.
- Community Health Leaders will maintain an ongoing relationship with the SURP team and facilitate reporting of outcomes.

ANTICIPATED IMPACT OF THESE ACTIONS (OBJECTIVES):

Short-Term Outcomes:

- To increase the number of referrals of ED patients to SURP program by 10% each year
- To increase engagement rate through initiation of care by 10%
- Convert 35% of engaged patients (engaged for one month of treatment) from self-pay to Medicaid

Medium-Term Outcomes:

- Maintain engagement of 10% of patients that engage through a six-month period

Long-Term Outcomes:

- Patients reached by SURP will demonstrate a 20% reduction in ED utilization over three years.
- Patients reached by SURP will demonstrate a 10% reduction in inpatient readmission over three years.

Prioritized Need #2:Mental Health

Program 3 of 3: Substance Use Recovery Program (SURP) - continued

PLAN TO EVALUATE THE IMPACT:

- SURP will track program referrals.
- SURP will track number of patients who initiate care/engage with program.
- Mercy to track the number of MAT waivered clinicians.
- Mercy track ED utilization rates and readmissions.

PROGRAMS AND RESOURCES MERCY PLANS TO COMMIT:

- Funding for SURP staff, including 4 providers, 1 psychiatric consultant, and 2 Licensed Clinical Social Workers
- Support and education for clinicians in primary care, inpatient settings, OB/MFM and the ED to identify and facilitate patient referrals
- Staff time and indirect costs necessary to maintain ongoing partnership with BHN

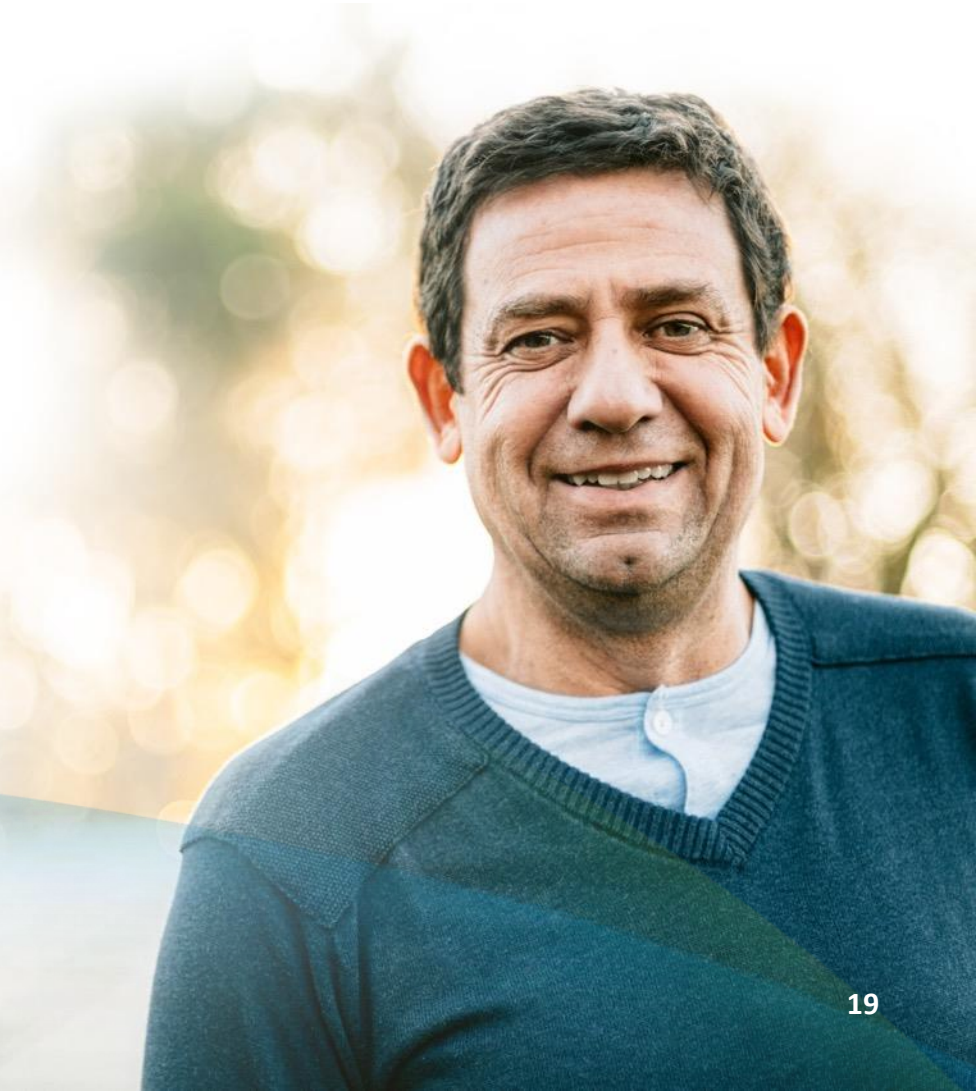
COLLABORATIVE PARTNERS:

- Behavioral Health Network of Greater St. Louis (BHN) – EPICC Program
- Behavioral Health Response (BHR)
- Mercy Virtual Behavioral Health (vBH)

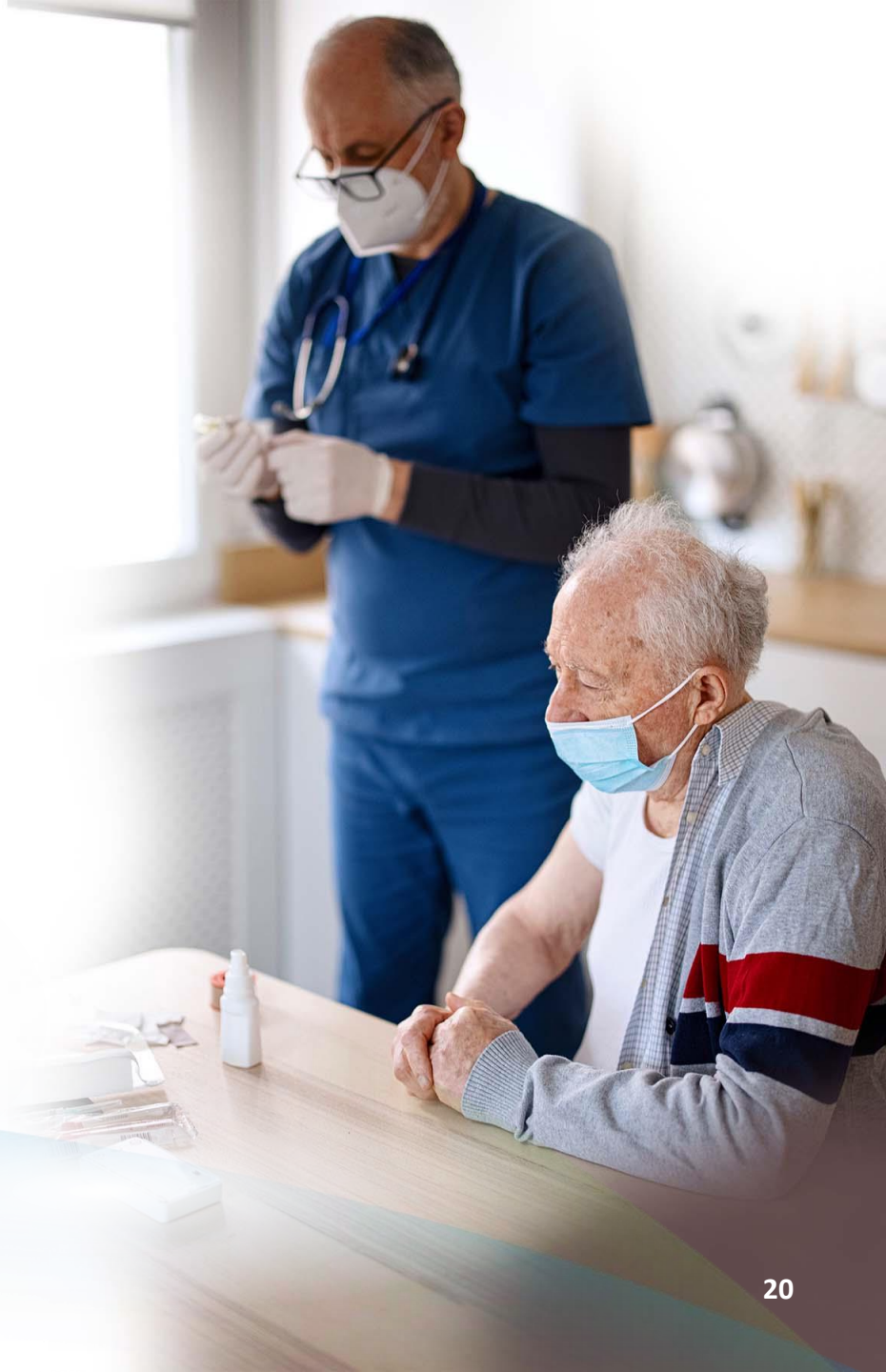
Other Community Health Program

Mercy Springfield conducts other community health programs not linked to a specific prioritized health need. These programs address a community health need and meet at least one of the following community benefit objectives: improve access to health care services, enhance the health of the community, advance medical or health care knowledge or relieve or reduce government burden to improve health. The need for these programs was identified through documentation of demonstrated community need, a request from a public health agency or community group, or the involvement of an unrelated, collaborative tax-exempt or government organization as partners in the activity or program carried out for the express purpose of improving community health. Although this is not an exhaustive list, many of these programs are listed on the next page.

Community Benefit Category	Program	Outcomes Tracked
Community Health Improvement Services	Community Health Fairs & Screenings	Patients Seen
	MSU Care Clinic	Patients seen
Health Professions Education	Internal medicine Residency Program	Coming soon
	Health professions student education nursing, imaging, therapy, pharmacy, medical student, lab, emergency medical technician and advanced practice nursing	Clinical students

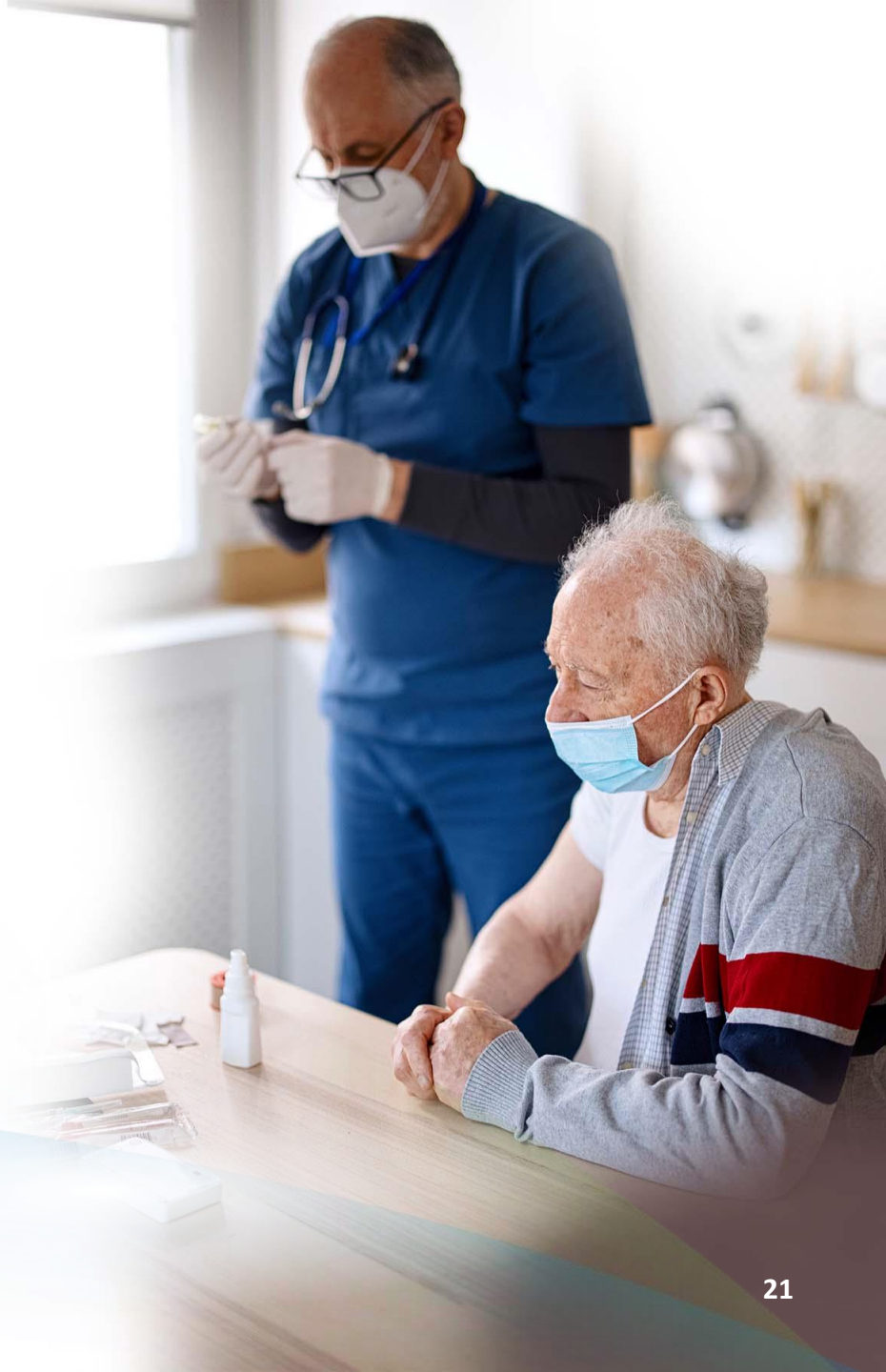


Community Benefit Category	Program	Outcomes Tracked
Financial & In-Kind Contributions	Community Building -Cash/In-kind Contributions	Financial contributions
	Flu Shots	Number given
	Food Boxes provided by MSU Care	Lbs of food served
Community Building	Blood Drives	In-kind



Other Community Health Programs (Continued)

Community Benefit Category	Program	Outcomes Tracked
Health Care Support Services	Mercy EMS	Patients served
	340B Program	Program funding
Community Building	Coalition Building/Board Memberships	



Significant Health Needs Not Being Addressed

In any case of prioritization, there will be some areas of needs that are identified that are not chosen as a priority. Because MHSL has limited resources, not every community need will be addressed. Throughout the CHNA process, the following need arose as a community concern. However, it will not be addressed as a top priority because other organizations are more appropriate to address this need.

- **Communicable Diseases**

  Communicable diseases spread from person to person, including respiratory illnesses. The severity of some of these illnesses can be reduced through vaccination.
- **Sexually Transmitted Infections**

  Sexually transmitted infections (STIs) are spread through sexual contact. They are preventable and treatable.
- **Vector-borne illness**

  Engagement with the Springfield Community's abundant outdoor resources comes with increased need for awareness and prevention of illnesses from insects, particularly Alpha-gal Syndrome (AGS), Lyme disease and ehrlichiosis.

Significant Health Needs Not Being Addressed

- **Cancer**
  In the Springfield Community, cancer is the second leading cause of death.
- **Diabetes**
  Diabetes was a priority health issue in the 2022 Springfield Community CHNA report.
- **Lung health**
  Chronic lung conditions including chronic obstructive pulmonary disease (COPD) and asthma are incurable and cause mild to severe breathing difficulties.

Next Steps

After carefully reviewing the data and mapping existing resources, MHS is developing an implementation plan with evidence-based strategies. The plan will be submitted to a committee of appointed members from Mercy Hospital Springfield, for their approval. The final version of the CHNA and Implementation Plan will be available to the public on the Mercy Hospital Springfield website, **www.mercy.net/communitybenefits**.


Mercy
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