

Phoebe Putney Memorial Hospital

Community Health Needs Implementation Strategy

2013-15

Introduction:

Greater access to effective, efficient medical care is important for our nation's well-being, but medical care cannot deliver wellness, nor can health care system reforms alone bring costs under control. Instead, we need a new vision of health that rests on changing the lives of Americans in ways that lead to healthier, longer lives.

Robert Wood Johnson Foundation

In 1911, Phoebe Putney Memorial Hospital (PPMH) was established in answer to a community need to have a hospital in the remote southwestern corner of Georgia. The hospital was realized through the founding \$25,000 donation of Judge Francis Flagg Putney. Judge Putney had three requirements aligned to his philanthropy: that the hospital serves all regardless of race or ability to pay; that it be built of brick to withstand fire; and that it be named for his mother, Phoebe Putney. Phoebe Putney Memorial Hospital garnered the immediate support of the community, whose members brought linens and supplies to stock their new hospital. In return, Phoebe Putney Memorial Hospital became the safety net for care, ministering to the most vulnerable in the community, devoting itself to improving health in a region lacking in hospitals and healthcare providers. Phoebe has stayed true to its founding mission ever since, making sure people throughout Southwest Georgia have access to the medical care they need regardless of ability to pay. In 2013, PPMH is the dominant healthcare provider and the region's second largest employer. For the fiscal year ended July 31, 2012, PPMH provided \$130 million in community benefit and reinvestment in those categories identified by the Internal Revenue Service. PPMH is the flagship of a five-hospital system (either owned/leased or managed), with two campus locations in Albany, Ga., one of which was acquired in December 2011 and converts a previously for-profit organization to tax-exempt status. The ability of the hospital to provide community benefit has grown as the scale of the organization has grown, providing benefit more broadly in the Southwest Georgia region to meet mission. Facilitating access to primary care is in the best interest of the hospital and community, and therefore, in addition to its own family practices and rural clinics, PPMH has also had a long-term and beneficial relationship with Albany Area Primary Health Care, a federally qualified clinic with regional facilities.

PPMH delivers high quality, safe healthcare to its patients and families, and extends its commitment further by reinvesting in the greater community. The organization believes in creating capacity in the community and is an active partner with patients, families, neighborhoods, government and civic organizations to provide access to care, innovation in

treatments and research, and advocacy for change. The area served is a high-needs community, and the hospital leadership recognizes the priorities identified in the needs assessment, but also the broader responsibility to provide services and service lines that might not otherwise be available to the citizens of the region. As PPMH considers its implementation strategies, it is informed by its specialty areas and populations, especially all women and children's services, inpatient rehabilitation, trauma, emergency and urgent care, neuroscience, cardiovascular and hospice and palliative care. These carefully planned services provide the infrastructure for delivering total community benefit and meeting the mission. For example, PPMH is seeking Level II trauma designation to meet the regional needs. PPMH leadership has identified and initiated planning a need for post-acute care services, such as inpatient rehabilitation and long-term acute care. PPMH funds and supports medical education and graduate medical education, and through its family medicine residency program has greatly alleviated the shortage of physicians in rural areas and will continue to evaluate the recruitment of physicians in specialties impacted by shortage. PPMH's leadership is committed to growing programs and services, both in and outside the hospital, that place care in the most effective and appropriate settings.

The 2010 Patient Protection and Affordable Care Act requires that nonprofit hospitals begin to conduct a community health needs assessment every three years and adopt implementation strategies to meet the outstanding community health needs identified in the assessment as a condition of maintaining the institution's federal tax exempt status. PPMH conducted a Community Health Needs Assessment (CHNA) during 2012 and 2013. The assessment process compiled reliable and valid data about community health needs, drawing information from secondary sources and qualitative analysis. More than 30 key leader interviews were conducted and more than 50 stakeholders participated in input sessions to identify needs, gaps and strategies that would lead to improved health in the community. In considering implementation strategies, PPMH is informed by its service area and populations, including women's and children's services, cardiovascular, oncology and mental health.

The Community Health Needs Assessment will further serve as a planning tool help create strategic initiatives regarding medical series and community outreach, particularly to meet the needs of those at risk. In addition to community-based coalitions, the hospital will form internal task forces around the identified priorities to define strategies to meet benchmarks and to assure effort is applied where it can be most effective. The CHNA has identified the following priorities in its primary service area of Dougherty, Lee, Worth, Terrell and Mitchell counties:

- Maternal and Child Health
- Mental Health and Substance Abuse
- Obesity and Related Acute and Chronic Diseases
- Health Literacy, Promotion and Awareness

The needs assessment, which informed this plan, is publicly available on the PPMH web site and distributed to local governing bodies. It provides rationale for the identification of priorities and gives details on programs that are in place to currently meet these needs. The priorities may have sub categories with related health needs. The priorities may also be impacted by community demographics or other determinants, such as poverty, literacy, transportation or geographic barriers that are not specifically addressed in this implementation plan. The programs and strategies described in the following implementation plan are, however, aligned with the four health priorities, with many of the programs addressing more than one of the four priorities. The hospital also provides many more programs, including subsidies to its primary care clinics, to address health needs in the community and improve the quality of life. This plan's purpose is to aid the organization in making prudent choices for using ever more scarce resources and to budget proactively for programs and activities that will produce better outcomes and improved community health.

Phoebe Putney Memorial Hospital is committed in its strategic and operational plans to community benefit strategies that further and strengthen the hospital's mission. The identified needs were prioritized by the internal work team based on the following criteria:

- size of the population affected
- severity of the problem
- the health system's ability to impact the need
- availability of internal and external resources that exist

Many of the successful activities and program identified in the Community Health Needs Assessment will be continued and expanded in the implementation strategies, either by PPMH itself, in partnership with others, or by outside community organizations. For example, the PPMH School Nurse Program under the Network of Trust is one such comprehensive program that meets needs in more than one identified area. It is funded by the hospital for \$1.2 million annually and reaches students and staff in every public school in Dougherty County. It also operates training in collar counties and provides health literacy education in 16 counties served by PPMH.

Benchmarking and Evaluation

PPMH is required to show impact of health improvement initiatives through evaluation methodologies. In this implementation report, there are two types of benchmark outcomes that address evaluation: process and results. Process addresses how well things are done (methods) and results demonstrate to what extent behavior (the benchmark) has changed. Process outcomes will have no benchmarking, but results will be tracked through progress reports. When tracking results outcomes, PPMH will use Healthy People 2020 Tracker unless otherwise specified.

Priority 1: To Improve Maternal, Infant, and Child Health and Reproductive Responsibility

- **To reduce the rate of low birth weight from 12.3 to 7.8 in the primary service area.**
- **To reduce the rate of very low birth weight from 2.8 to 1.4 in the primary service area.**
- **To reduce the rate of pre-term births from 14.7 to 11.4 in the primary service area.**
- **To reduce the rate of infant mortality from 8.2 to 6.0/1,000 live births in the primary service area.**
- **To reduce the rate of teen pregnancy from 40.8 to 36.2 for females aged 15 to 17 in the primary service area.**
- **To reduce sexually transmitted disease from 1,272 to 703.9 cases/100,000 in the primary service area (Georgia Benchmark)**

The Community Health Needs Assessment identified Maternal, Infant and Child health as a top priority. In 2010, in the PPMH service area, one of every 6.5 births was LBW. Low and Very low birth weight babies are more likely to need specialized care and require neonatal intensive care. Because of the magnitude of VLBW and LBW babies in the region, additional NICU beds are often required, straining the 27-bed capacity at PPMH. Currently all surgical ICU infants are transported to Atlanta or Augusta for treatment.

Community key leaders and stakeholders pointed out contributing factors, including poverty, few activities, lack of school involvement or persistence and lack of family support among mothers who have low birth weight infants.

PPMH will continue, support and/or implement the following strategies:

1. Continue funding (\$1.2 million) of Network of Trust programs that provide evidence-based Sex Education Curricula and help to reduce the incidence of teen pregnancy, including the placement of school nurses in all 27 Dougherty County Public Schools.

2. Expand and conduct school nurse training in service area county schools, specifically Randolph, Lee and Terrell.
3. Continue and expand Make A Difference sexual abstinence program – assistance funding will be provided by a three-year \$35,000 grant from the Georgia Campaign for Adolescent Power and Prevention, the University of Georgia and 4-H. PPMH Network of Trust will conduct training, expanding outreach to more than 50 nurses in the region and to the Boys and Girls Clubs of Albany.
4. Continue Teen Father program, operated by Network of Trust
5. PPMH will hire a full time outreach coordinator to work in schools with career development for teenage mothers. This is an extension of the Teen Mothers program, which has operated for 20 years to provide prenatal care and parenting skills to pregnant teens.
6. Continue partnership with Family Connections for the Teen Maze, which reaches 1000 teens locally and more than 4000 in the region to help middle school students experience positive and negative impact of their decisions.
7. PPMH and Network of Trust will support Teen Breastfeeding Initiative
8. Support and Facilitate expansion of centering pregnancy program – The Southwest District Health plans to seek permission from PPMH’s Institutional Review Board to conduct a research study with a control group to determine the impact of the centering program on low birth weight and other related outcomes to demonstrate program efficacy. PPMH will provide support for this program and nurses in labor and delivery will be informed of the program in the care of participants who come to the hospital to deliver.
9. Partner with Albany State University to conduct focus groups of women who gave birth to low birth weight children, targeting inner city Albany and, in particular, census tract 8 adjacent to the hospital.
10. Form or re-energize a task force with the goal to improve birth outcomes and to reduce teen pregnancy.
11. Coordinate a campaign with city, county and state entities addressing reproductive responsibility.

12. Expand NICU bed capacity through the Certificate of Need process and repurposing of facility space.
13. Support Community Based programs that provide home based coaching or navigators.
14. Continue to fund the school nurse program and Network of Trust.
15. Early Elective Deliveries – PPMH will continue a new initiative to work with physicians to reduce the number of induced births.
16. Baby Friendly Education and Awareness program –This PPMH program currently receives funding of \$7,000 and is one of nine in Georgia designated to work on increasing breast feeding initiation and sustained rates. Off-site lactation consulting services are currently offered and will be continued.
17. Neonatal Outreach coordinator at PPMH will continue to provide community-based services as a part of the perinatal outreach program. This individual spends more than 90% of time in the community and expansion plans call for increased coordination with other regional hospitals.
18. PPMH is expanding access to the current cadre of pediatric subspecialty physicians with Georgia Regents University to include a second neurologist, hematology/oncology for sickle cell patients and cardiology. This clinic practice operates on PPMH north campus and also includes pediatric surgery. AAPHC is an active partner, and a pediatric residency program through GRU is in discussion. The partner physicians see patients from throughout the region who would otherwise have to travel to Augusta, GA. A telemedicine component is also planned for this service.
19. Continue to support Albany Area Primary Health Care's School Based Health Center -- This center at Turner Elementary School opened March 2013 in partnership with Albany Area Primary Health Care (Federally Qualified Health Clinic), PPMH Network of Trust and Emory University Urban Health Program through a grant awarded by Health Care Georgia Foundation. It is one of only 10 such centers in Georgia and is an evidence-based model that provides the services of a medical home and a primary care physician at the school. The center is positioned to further impact health issues related to teen pregnancy and associated risk factors.

Priority 2: To Promote, advocate, and facilitate a sustainable community mental health continuum of care model with an emphasis on addressing identified gaps in service.

1. PPMH will convene a community collaborative of stakeholders and professionals in mental and behavioral health to examine resources, define gaps and craft solutions for improved stabilization of patients.
2. PPMH will help to promote and advocate for an adolescent inpatient crisis stabilization unit.
3. Continue to provide and support anti-bullying measures in the schools through the funding of HealthTeachers curriculum. This program is funded for the next two years for \$200,000 for 16 counties. The new programs being introduced include:
 - a. ***Awesome Upstander!***: the prototype program and anti-bullying game for young kids to learn how to deal with bullies.
 - b. ***HealthTeacher at Home***: a free website for parents to connect with the expert health content on topics such as bullying, obesity, physical activity and depression. HealthTeacher is making it easy for parents to connect every month with the issues their kids may face.
4. PPMH has funded a local non-profit initiative by the Albany 100 Black Men called Youth Mental Health Alliance that will be operated in local schools targeting elementary and middle school students from fatherless homes. These students have been identified or diagnosed by the Dougherty County Assistance Program as having mild to moderate family and social programs. One of the goals is teen suicide prevention.
5. PPMH will help to convene and participate in a Behavioral Health/Addictive Disease taskforce to study gaps in local resources and design proposed solutions.
6. PPMH will continue to provide various behavioral health support groups and camps such as Camp Good Grief.
7. PPMH will continue to fund through Community Visions grants program not-for-profit organizations that address mental health issues with evidenced-based, measurable programming aligned to this health needs priority.

Priority 3: To promote healthy living lifestyles that reduces obesity and related acute and chronic diseases.

- **To reduce the rate of low-income preschool obesity to 13.9% in Dougherty, Mitchell and Terrell.**
 - **To reduce the rate of adult obesity to 30.9% in Dougherty, Mitchell and Terrell counties.**
1. PPMH will support promotion of and highlight the City of Albany's downtown initiative to make it more pedestrian and cycling friendly.
 2. PPMH is planning the implementation of a congestive heart failure clinic to address the significant incidence in the community (PPMH: 1777 discharges FY 2008 through March 2012). This clinic would promote better management of CHF and improve access to care for those suffering with CHF.
 3. PPMH will collaborate with the Choice Neighborhood AHA project's recreational and environmental rebuild to promote exercise.
 4. Through its Network of Trust, PPMH will reach out to schools and pediatricians particularly in rural areas to provide nutritional counseling resources.
 5. Network of Trust will implement a new program called GoNoodle! (www.gonoodle.com). GoNoodle! is a program with four interactive games that teachers can play with students in the classroom. The different games have the students participating in activities that teach them about exercise, deep breathing techniques, and yoga style stretching. It's designed to boost energy in 5 minutes or less, provide seamless transitions between subjects, improve on-task behavior and concentration, and get kids up and moving throughout the day.
 6. Through its Network of Trust, PPMH will expand health fairs to all schools.
 7. PPMH will continue to support Albany Area Primary Health Care's chronic disease management program and continue primary care initiatives in its Phoebe Physician Group practices.
 8. PPMH will continue to operate the Southwest Georgia Family Medicine Residency program, which graduates five to six residents annually and has consistently met program goals to place physicians in rural practice since 1996.
 9. PPMH is partnering with the American Heart Association for a proposed \$25,000 initiative to teach new CPR training.

10. PPMH will continue to support and fund South Georgia Cancer Coalition (cancer screenings including colonoscopies) by providing services to those without access and means to pay.
11. PPMH is developing and implementing a lung cancer screening program to provide better access with a goal of earlier diagnosis and treatment.
12. PPMH is collaborating with the American Heart Association to gain accreditation for a stroke center and has convened an internal committee to structure the initiative.
13. PPMH will continue to conduct community health fairs in the service area and with increased focus on obesity and related acute and chronic diseases.

Priority 4: To promote health literacy, education, awareness and access to care

1. Increase awareness for cancer clinical trial participation.
2. Share and show Phoebe's Community Health Dashboard tool to the public.
3. PPMH will provide community information and assistance for selecting and enrolling in insurance exchanges to promote better access to care and eliminate barriers. PPMH will partner with other providers and community organizations to achieve this.
4. Network of Trust will employ a full-time outreach coordinator to implement a Healthy Futures Program in schools that is aimed increasing school persistence and teaching skill sets for career development.

Community Visions Grant Program

Phoebe Putney Memorial Hospital has provided assistance grants to 501 (c)3 organizations which have initiatives or projects that are health-related for more than 15 years. This funding will be closely aligned to the priorities of the health needs assessment and focused on proposals that promote evidence-based programs.

Indigent and Charity Care Policies and Determinations

Phoebe Putney Memorial Hospital is committed to delivering high quality safe care to all patients regardless of their ability to pay. The Community Health Needs Assessment, coupled with knowledge of the service area, shows poverty and lack of insurance as barriers to accessing care. In fiscal year 2012, Phoebe Putney Memorial Hospital provided \$26 million in charity and indigent care costs. Patients and families are assisted by a Phoebe Cares Representative in applying for aid, and may pre-apply for a Phoebe Cares Card in the primary service areas for non-elective services if eligible. Active patients using this vehicle for access has increased from 3725 in Fiscal Year 2011 to 6258 in Fiscal Year 2013. Patients are also assisted by a Cares Representative in identifying all sources of possible aid. Patients in the secondary area may be eligible if the services are unavailable in their home or nearby county. The hospital's policy and guidelines help patients who lack the financial resources to pay for all or part of their bill. All financial assistance policies are available to the public in plain-language summaries, and the availability of aid is posted in all patient registration areas. The criteria follow:

- Indigent
Patient whose income is at or below 125% of the Federal Poverty Levels (FPL) as established by the United States Department of Health and Human Services for 1990 and subsequent years. (Ref. FPL chart)
- Charity
Patients whose income level is between 126% - 200% of the FPL as established by the United States Department of Health and Human Services for 1990 and subsequent years. (Ref. FPL chart)
- Catastrophic
Patients whose income exceeds 200% of the Federal Poverty Levels and whose hospital charges exceed 25% of their annual income resulting in excessive hardship. (Ref. Catastrophic Guidelines)

Charity Care

	FY 2011	FY 2012	FY 2013 to date
Phoebe Cares	\$28,973,015.97	\$33,980,469.96	\$24,890,368.30
Other	\$37,638,194.27	\$26,191,233.12	\$14,996,599.32

Other includes: catastrophic, secondary service area, outside primary and secondary services areas, and presumptive charity software

Phoebe Cares Cards

	2011	2012	2013 to date
Active Patients	3,725	4,821	6,258