

New River Valley Community Health Needs Assessment



HEALTH IMPROVEMENT IMPLEMENTATION STRATEGY
FY 2017-2019



Carilion New River Valley Medical Center Health Improvement Implementation Strategy

FY 2017 – 2019 Summary

Carilion New River Valley Medical Center (CNRV) is wholly owned by Carilion Clinic, a not-for-profit healthcare organization based in Roanoke, Virginia. Through a comprehensive network of hospitals, primary and specialty physician practices and other complementary services, quality care is provided close to home for more than 870,000 Virginians. With an enduring commitment to the health of the region, care is advanced through medical education and research, and assistance is provided to help the community to stay healthy. Carilion Clinic employs 685 physicians representing more than 70 specialties who provide care at 241 practice sites.

To advance education of health professionals, Jefferson College of Health Sciences, within Carilion Medical Center, is a professional health sciences college offering Associate's, Bachelor's, Master's, and Doctoral degree programs. During fiscal year 2015, 800 undergraduate and 262 graduate students were enrolled.

The Virginia Tech Carilion School of Medicine had 165 students matriculating and there were 706 appointed faculty members during fiscal year 2015. Carilion Clinic and Virginia Tech Carilion School of Medicine provide graduate medical education to 260 medical residents and fellows. There are 13 accredited residency programs (Carilion / OMNEE Emergency Medicine Dermatology, General Hospital Dentistry, Emergency Medicine, Family Medicine, Internal Medicine, Neurosurgery, Obstetrics/Gynecology, Pediatrics, Plastic Surgery, Podiatry, Psychiatry and Surgery) and 11 accredited fellowship programs (Addiction Psychology, Adult Joint Reconstruction, Cardiovascular Disease, Child and Adolescent Psychiatry, Gastroenterology, Geriatric Medicine, Geriatric Psychiatry, Hospice and Palliative Care, Infectious Disease, Interventional Cardiology, and Pulmonary Critical Care).

Advanced Clinical Technology and programs include CyberKnife Stereotactic Radiosurgery, DaVinci Robotic Surgical System, 60 bed neonatal intensive care unit, hybrid operating room, Carilion Clinic Children's Hospital, Cancer Center, Spine Center, and comprehensive cardiothoracic, vascular and orthopedic surgery programs. Carilion Roanoke Memorial Hospital serves as a Level One Trauma Center with EMS services that include three EMS helicopters, six first-response vehicles and 38 Advanced Life Support Ambulances.

An additional benefit to the community is Carilion Clinic's economic contribution to the region. As the area's largest employer, jobs are provided for more than 12,100 residents of the region.

Research conducted at the Virginia Tech Carilion Research Institute (VTCRI) creates a bridge between basic science research at Virginia Tech and clinical expertise at Carilion Clinic and increases translational research opportunities for both partners. Research conducted by scientists at the institute is aimed at understanding the molecular basis for health and disease, and development of diagnostic tools, treatments, and therapies that will contribute to the prevention and solution of existing and emerging problems in contemporary medicine. Research areas of emphasis which presently align with areas of strength and active research at Virginia Tech include inflammation, infectious disease, neuroscience, and cardiovascular science and cardiology.

Community Served

The target populations for this implementation strategy consist of the following groups: low-income individuals, uninsured and under-insured individuals, those that face barriers to accessing care and available resources, and users of existing health care safety net organizations.

The service area for the 2016 New River Valley Community Health Needs Assessment (NRVCHNA) includes the counties of Floyd, Montgomery, Pulaski, and Wythe and the City of Radford. With the exception of Montgomery County, the counties in this region are geographically and demographically similar. Montgomery County, home to Virginia Tech and the towns of Blacksburg and Christiansburg, is a culturally and economically diverse area and the hub of the New River Valley. Radford City is also quite culturally diverse due to the presence of Radford University. The New River Valley has seen remarkable growth in the last couple of decades and continues to grow, especially in Montgomery County.

Implementation Strategy Process

Carilion Clinic and New River Valley Partnership for Access to HealthCare (PATH) partnered to conduct the 2016 NRVCHNA. This process was community-driven and focused on high levels of community engagement involving health and human services leaders, stakeholders, and providers; the target population; and the community as a whole.

Since 1995 the New River Valley Partnership for Access to Health Care (PATH) has served as a collaborative community-focused alliance of 50+ Health and Human Service organizations, other community organizations and businesses. This partnership resulted from discussions and review of statistics from a 1994 New River Valley Health and Human Services Needs Assessment which indicated that the number one concern of residents in the New River Health District or Planning District Four – a 1,400 square mile multi-jurisdictional rural, urban and suburban region of Southwest Virginia including the localities of Floyd, Giles, Montgomery and Pulaski counties and the City of Radford – was lack of affordable health care. The mission of PATH is to maximize access to health care for all residents of the New River Valley. CNRV partnered with PATH to serve as the CHAT for the 2016 NRVCHNA.

A 34-member Community Health Assessment Team (CHAT) oversaw the planning activities for the 2016 NRVCHNA. The CHAT consisted of health and human service agency leaders, persons with special knowledge or expertise in public health, the local health department, and leaders, representatives, or members of medically underserved populations, low-income persons, minority populations, and populations with chronic disease. (Please see appendix 1 for the CHAT Directory.)

Beginning in April 2016, primary data collection included a Community Health Survey, focus groups with key stakeholders and providers, and focus groups with target populations. Secondary data was collected including demographic and socioeconomic indicators, as well as health indicators addressing access to care, health status, prevention, wellness, risky behaviors and the social environment. After reviewing the data collected, CHAT members participated in a prioritization activity followed by a strategic planning retreat in July 2016. The 2016 NRVCHNA was approved by the Carilion New River

Valley Medical Center Board of Directors in August 2016 and will be made publically available by October 2016.

This Implementation Strategy was developed by the Carilion Clinic Community Outreach Department and the NRVCHNA Management Team based on priority community health needs identified in the 2016 NRVCHNA, the CHAT strategic planning retreat, and the feedback of the Carilion New River Valley Medical Center Board of Directors.

The NRVCHNA Management Team will establish a Community Benefit Team (CBT) at CNRV composed of employees from key departments that will assume responsibility for overseeing progress on the goals and strategies outlined in this Implementation Strategy. In addition, this community hospital Community Benefit Team will be essential in assisting Carilion Clinic with collection and documentation of all community benefit and community building activities done by the hospital in responding to community need. The CBT and CNRV administration will report Implementation Strategy updates to the CNRV Board of Directors from time to time, which may include periodic updates in the Administrator's Report throughout the year.

Prioritized List of Significant Health Needs Identified in the 2016 NRVCHNA

In June 2016, the CHAT participated in a prioritization activity to determine the greatest needs in the service area based on the primary and secondary data collected during the assessment period. To quantitatively determine health needs, CHAT members were asked to rank the top ten pertinent community needs, with one being the most pertinent. Next, on a scale of 1-5, CHAT members were asked to assign a feasibility and potential impact score for each of the ranked needs. This information was used for the CHAT strategic planning retreat held in July 2016.

The top ten priority areas that emerged from these findings include:

1. Lack of reliable transportation
2. Access to mental health counseling / substance abuse
3. High prevalence of obesity / overweight individuals
4. High prevalence of substance abuse (alcohol, illegal & prescription drugs)
5. Child abuse / neglect
6. Access to primary care
7. Access to adult dental care
8. Improved coordination of care across the health and human sector
9. Lack of knowledge of community resources
10. High uninsured population

The CHAT participated in strategic planning on July 29, 2016. It reviewed and accepted the priority areas above, which can be categorized further into: access to services (primary care, mental health & substance abuse services, and oral health); coordination of care (improved coordination of care, high uninsured population, and lack of knowledge of community resources); transportation; wellness (high prevalence of obesity/overweight individuals); child abuse/neglect; and substance use/abuse.

Significant Health Needs to be Addressed

CNRV plans to address key community health needs identified in the 2016 assessment by focusing its efforts on partnering with community organizations through PATH to create a system of care coordination that will help to address many of the major priorities identified in the 2016 NRVCHNA, as well as the 2015 Giles County Community Health Needs Assessment (GCCHNA). Through greater access to clinical care, enhanced community outreach programs, creative community partnerships and focused financial and in-kind support of initiatives, CNRV plans to improve community health in the New River Valley.

A. Access to Services:

CNRV participates as a member of the PATH Coalition, whose focus is to maximize access to healthcare for all people in the New River Valley. CNRV plans to continue and strengthen community partnerships that will help improve access to care for patients and coordination of care in the community.

Access to Primary Care

Carilion Clinic's goal is to grow and expand access to primary care in the New River Valley. This will be accomplished by maintaining, growing and expanding services offered in the region through the use of alternative methods of care delivery and by making walk-in access more readily available in all regions. Carilion Clinic will work with community partners and skilled nursing facilities to explore and expand alternative methods of care delivery. In addition, Carilion Clinic will work with local colleges and universities to look into expanding services to students. Finally, to improve access and convenience for patients, Carilion Clinic will expand online direct self-scheduling.

Access to Mental Health and Substance Abuse Services

Carilion Clinic has just been awarded a USDA Distance Learning and Telemedicine grant to address the opioid epidemic in rural Appalachia. This grant will provide critical infrastructure for telemedicine provision in rural counties throughout Carilion Clinic's footprint. The infrastructure will allow for the expansion of telepsychiatry services to patients in the New River Valley. With the infrastructure in place, Carilion Clinic will work towards identifying means to supply enough psychiatry providers to meet the increased demand. Similar to many areas across the county, lack of sufficient supply of psychiatrists is a barrier for Carilion Clinic to provide increased access to mental health and substance abuse services.

Access to Dental Care

Carilion Clinic partners with Total Action for Progress (TAP) to improve access to dental care through financial support which allows them to help low income, uninsured individuals to finance needed dental procedures that have prohibitively large out of pocket costs. The Dental Health Initiative utilizes a revolving loan fund to make loans to qualifying program participants. The participants can then repay the loan after the procedure. The repaid dollars will then be available for a next applicant on the waiting list. With Carilion Clinic's support, TAP is able to expand this program and make it available to residents of the New River Valley. CNRV will work to communicate the availability of this program with partners.

The CNRV Emergency Department will also partner with the Community Health Center of the New River Valley to increase referrals for those individuals who aren't able to afford dental care. The hospital will have information for patients about the dental program that is available to them at the Community Health Center.

B. Coordination of Care:

CNRV will be integral to the creation of a care coordination system through the PATH Coalition. Key PATH leaders will begin planning for this critical strategy in 2016. A workgroup of PATH will begin tactical planning and creation of a resource list that partners can access to provide better referral. The ultimate goal of this initiative will be large scale improvement in coordination of care for all New River Valley residents. Initial planning will focus on a pilot program targeting a specific sub-segment of the target population. Planning will include establishment of success measures. This strategy was the outcome of a combined 2016 NRVCHNA and 2015 GCCHNA CHAT strategic planning session.

Carilion Clinic's family practices have adopted the medical home model and have added care coordinators to proactively work with its high risk, chronic care patients. Through the BetterLiving 65 (BL65) initiative, Carilion Family Medicine is working with care coordinators to ensure better follow-up and communication with Medicare patients who have chronic diseases. The care coordinators work to ensure that patients understand their care plan and have someone to talk to between visits. BL65 will help participants understand their chronic conditions and how to manage them, stay in touch with their practice by telephone or MyChart without the need for extra office visits, avoid costly emergency room and inpatient hospital admissions, and improve their health status to lead to a better quality of life.

C. Transportation

The USDA Distance Learning and Telemedicine grant (mentioned above) will also impact the need for transportation, specifically for patients in need of mental health or substance abuse psychiatry services. Having infrastructure in place to provide telepsychiatry will reduce the need for transports to Roanoke and allow people to more easily access these services.

D. Wellness:

Carilion Clinic's Community Outreach staff will provide education and community health screenings to the target population in the New River Valley. Education includes free interactive presentations on the topics of cancer prevention, diabetes prevention, fitness/exercise, water safety, gun safety, car seat safety, injury prevention, outdoor safety and wellness, breast health, STI prevention, distracted driving, heart health/stroke, healthy lifestyles, nutrition, smoking cessation, and stress. A full-time community health educator serves the New River Valley.

E. Child Abuse and Neglect:

Carilion Clinic is partnering with NRV CARES to strengthen protective factors against abuse in families through provision of their Parenting Young Children class. This class uses the Systematic Training for Effective Parenting (STEP) curriculum for all parents or caregivers of children under the age of six. This program addresses community health risk factors before they happen. The specific focus of Parenting Young Children is to build protective factors against child abuse or neglect in families including: healthy family relationships, effective and supportive communication between parents and children, parental knowledge of child development and behavior, social connectivity, and access to resources.

CNRV is also helping address early risk factors at and even before birth. If a patient has a positive drug screen, they are automatically connected with a social worker. In addition, a clinical coordinator assists mothers who struggle with substance abuse with prenatal, delivery and Neonatal Abstinence Syndrome education.

F. Substance Use/Abuse:

Support from Carilion Clinic will help the Community Health Center of the New River Valley to purchase items to improve patient education, specifically for mental health services.

CNRV will also continue to operate its already strong clinical coordination and support for pregnant mothers who have been identified as having a history of substance abuse, are currently using, or are currently enrolled in treatment programs. A clinical coordinator meets with identified moms starting in their first trimester to do prenatal education and to refer to the NRVCS special deliveries program. The coordinator also communicates with any treatment programs patients are enrolled in to help offer support. They discuss Neonatal Abstinence Syndrome (NAS) and what to expect once they deliver. CNRV's Birthplace scores and monitors newborns for NAS and will treat them when necessary. Any patient that receives a positive drug screen will also meet with a social worker. These services have become well-known and recognized in the region and mothers are traveling to CNRV's Birthplace for this program.

Focused Community Grants and Partnerships:

Carilion Clinic funds health safety-net providers and causes identified through the NRVCHNA. In-kind assistance is also provided through community partnerships that align with the NRVCHNA. Carilion actively looks for opportunities to support by providing outreach and educational support.

Implementation and Measurement:

Carilion New River Valley Medical Center plans to assemble a Community Benefit Team responsible for measurement of Implementation Strategy efforts and reporting of local Community Benefit and Community Building Activities to Carilion Clinic. This team would begin by reviewing implementation strategies listed and existing measures before creating a three year measurement plan. This team would work in partnership with PATH to agree upon measures to be used for community strategies.

PATH is serving as a key partner in the implementation of health improvement initiatives emerging from the CHNA. The findings of this assessment and other community health needs assessments are one measurement of the progress of PATH initiatives and their impact in the community. Going forward, PATH will be working on combining needs identified through the NRVCHNA and other community assessments to align initiatives around top health priorities. Improving coordination of care and access to care will both be important strategies in the PATH plan going forward.

Priority Areas Not Being Addressed and the Reasons

A community approach to determine and address priority needs as described earlier in this document was used in determining which needs cannot be addressed immediately. The needs not identified as “priority” will not be actively addressed in this time period. (Please see appendix 2 for the full prioritization worksheet to see what needs are not being actively addressed.)

Please visit www.carilionclinic.org/about/chna to review the 2016 New River Valley Community Health Needs Assessment. Learn more about Carilion Clinic Community Outreach at www.carilionclinic.org/about/community-outreach.

This document was adopted on behalf of Carilion New River Valley Medical Center on 9/19/2016.

Appendices:

Appendix 1: Community Health Assessment Team (CHAT) Directory

Name	Organization
Anthony Akers	Pulaski County
Betsy Albee	Carilion New River Valley Medical Center
Maggie Bassett	Radford University School of Nursing
Scott Blankenship	Carilion New River Valley Medical Center
Aaron Boush	Carilion Clinic
Michelle Brauns	Community Health Center of the New River Valley
Joshua Clark	Carilion New River Valley Medical Center
Vicky Collins	Radford City Department of Social Services
Erin Cruise	Radford University School of Nursing
Shenika Dillard	Carilion New River Valley Medical Center
Bill Flattery	Carilion New River Valley Medical Center
Melissa Gregson	Community Health Center of the New River Valley
Laura Guilliams	New River Valley Child Advocacy, Resources, Education, and Services
Sheryl Helm	New River Community Action
Tammy Holbrook	Carilion New River Valley Medical Center
Tina King	New River Valley Agency on Aging
Keli Lichty	New River Valley Child Advocacy, Resources, Education, and Services
Joanna MacQueen	Southwest Virginia Legal Aid Society
Amy Michals	Carilion Clinic
Karen Myers	Carilion New River Valley Medical Center
Holly Neel	Carilion New River Valley Medical Center
Laura Nelson	Virginia Tech Institute for Policy and Governance
Angie Nichols	New River Community Action
Dave Nutter	Virginia Hospital and Healthcare Association
Molly O'Dell	New River Health District
Linda Pearce	New River Valley Interfaith Health and Wellness Network
Trina Porterfield-Pifer	New River Community Action Head Start
Pam Ray	Virginia Tech/ New River Health Department
Shannon Showalter	Carilion New River Valley Medical Center
Carissa South	Council of Community Services
Tracy Stewart	Carilion New River Valley Medical Center
Mary Teubert	Carilion New River Valley Medical Center
Mike Wade	New River Valley Community Services
Sophie Wenzel	Virginia Tech Center for Public Health Practice and Research

Appendix 2: 2016 New River Valley Community Health Needs Assessment Prioritization of Needs

2016 New River Valley Community Health Needs Assessment Prioritization of Needs	Rank <i>Frequency</i>	Rank <i>Average</i>	Feasibility <i>Average</i>	Potential impact <i>Average</i>
Lack of reliable transportation	13.0	5.4	2.0	2.5
Access to mental health counseling / substance abuse	11.0	2.7	3.0	2.4
High prevalence of obesity / overweight individuals	11.0	3.7	2.6	2.6
High prevalence of substance abuse (alcohol, illegal & prescription drugs)	10.0	5.8	3.0	2.2
Child abuse / neglect	10.0	7.7	3.3	2.8
Access to primary care	9.0	4.9	2.6	2.1
Access to adult dental care	9.0	5.9	3.8	3.9
Improved coordination of care across the health and human sector	8.0	5.5	1.5	1.5
Lack of knowledge of community resources	8.0	5.5	1.8	3.3
High uninsured population	7.0	6.0	4.1	3.9
Value not placed on preventive care and chronic disease management	7.0	6.6	3.0	2.7
Alcohol and illegal drug use	7.0	7.0	2.9	2.3
Poor eating habits / lack of nutrient dense foods in diet	7.0	7.0	1.9	2.0
High prevalence of mental health (depression, anxiety) disorders	6.0	4.5	2.2	2.7
High cost of services for uninsured	6.0	5.3	3.4	1.6
Lack of exercise / physical activity	6.0	5.7	2.2	1.7
Inappropriate utilization of ED/urgent care for primary care, dental, and mental health services	6.0	5.8	3.0	2.5
Not accessing regular preventive care for primary care	6.0	6.5	4.3	2.8
Stigma with mental health and substance abuse services	6.0	7.2	3.0	4.5
High cost of services for insured (co-pay, deductible, premium)	5.0	4.2	2.8	2.3
Chronic disease (diabetes, cardiovascular disease, hypertension, asthma)	5.0	4.8	3.8	2.4
Tobacco use	5.0	5.0	3.4	4.2
Lack of knowledge of health care	4.0	7.0	2.0	2.5
Prescription drug abuse	3.0	3.3	1.7	1.7
Access to Specialty care/Specialist physicians	3.0	8.0	2.7	3.0
Other: Medicaid expansion	2.0	1.5	5.0	1.0
High cost of living and preferences for necessities	2.0	2.5	3.0	2.0
Access to psychiatry services	2.0	5.5	3.0	4.0
Need for urgent care services	2.0	6.5	2.0	2.0
Need for weekend and extended hours for health care services	2.0	6.5	2.0	2.5
Other: Poverty	1.0	1.0	4.0	1.0
Access to dental care for children	1.0	3.0	2.0	1.0
Other: Tobacco control & cessation (include e-cigarettes)	1.0	3.0	1.0	1.0
Unable to understand what provider is saying	1.0	3.0	1.0	1.0
Access to services for the elderly	1.0	5.0	1.0	1.0
Access to in-home health care	1.0	6.0	1.0	1.0
High cost of services for Medications	1.0	6.0	1.0	3.0
Births without Prenatal care	1.0	7.0	3.0	1.0
Not accessing regular preventive care for adult dental care	1.0	7.0	5.0	5.0
Lack of trust in health care services	1.0	8.0	3.0	3.0
Teenage pregnancy	1.0	8.0	4.0	4.0
Unsafe sex	1.0	9.0	2.0	5.0