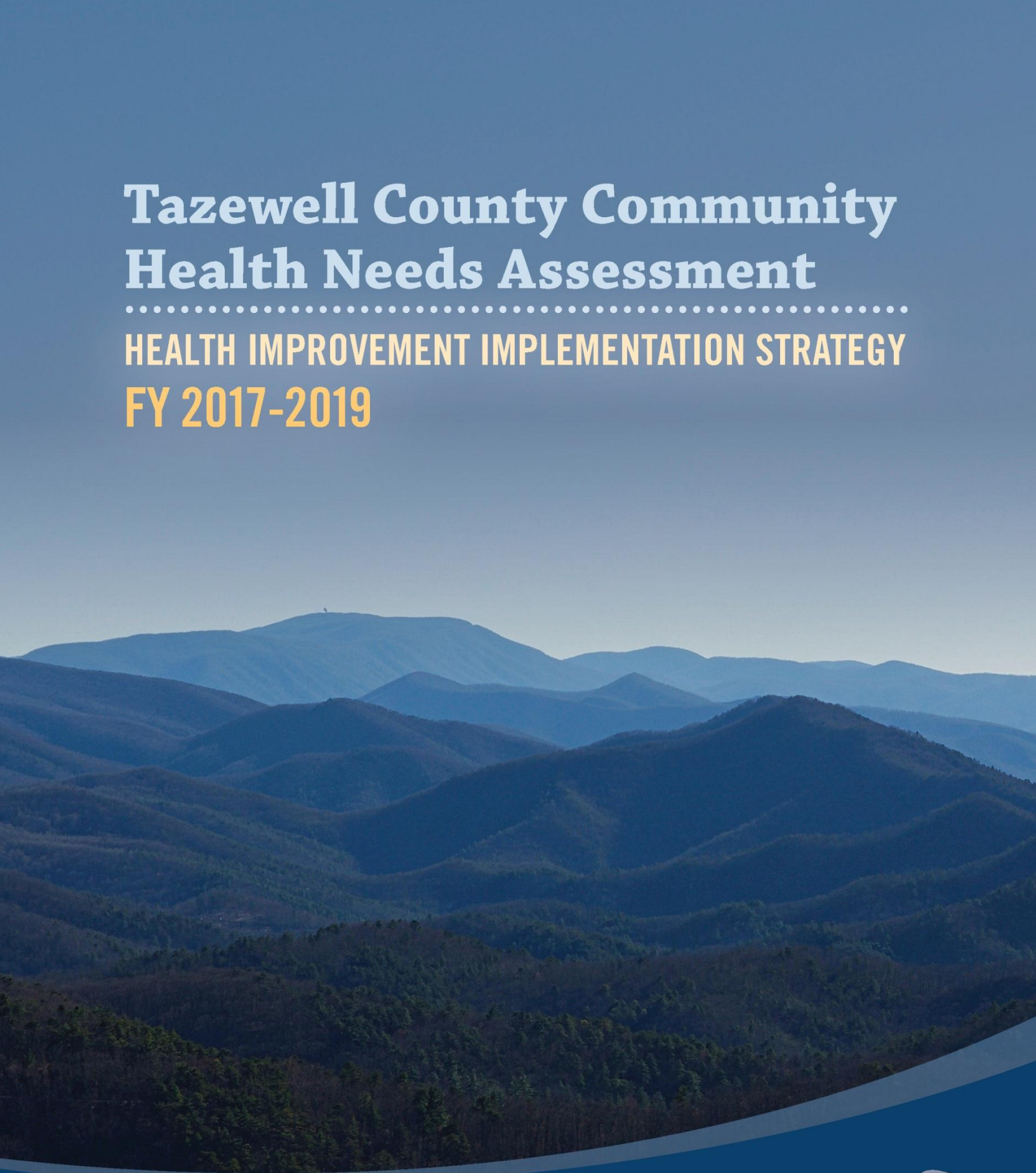


# Tazewell County Community Health Needs Assessment



HEALTH IMPROVEMENT IMPLEMENTATION STRATEGY  
FY 2017-2019



**CARILION CLINIC**

## **Carilion Tazewell Community Hospital Health Improvement Implementation Strategy**

*FY 2017 – 2019 Summary*

Carilion Tazewell Community Hospital (CTCH) 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, and Master's degree programs. During fiscal year 2015, 800 undergraduate and 262 graduate students were enrolled.

The Virginia Tech Carilion School of Medicine enrolled 165 students 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 Tazewell County Community Health Needs Assessment (TCCHNA) includes all of Tazewell County, which is classified as a Medically Underserved Area. Tazewell County is located in rural Southwest Virginia and contains portions of the Ridge and Valley Appalachians and the Cumberland Plateau. It has a land area of 518.85 square miles and about 86.9 persons per square mile.<sup>1</sup>

## Implementation Strategy Process

Carilion Clinic partnered with many and varied community organizations 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.

A 19-member Community Health Assessment Team (CHAT) oversaw the planning activities for the 2016 TCCHNA. 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 TCCHNA was approved by the Carilion Tazewell Community Hospital Board of Directors in July 2016 and will be made publicly available by October 2016.

This Implementation Strategy was developed by the Carilion Clinic Community Outreach Department and the TCCHNA Management Team based on priority community health needs identified in the 2016 TCCHNA, the CHAT strategic planning retreat, and the feedback of the Carilion Tazewell Community Hospital Board of Directors.

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<sup>1</sup> US Census, Quick Facts, 2010

The TCCHNA Management Team will establish a Community Benefit Team (CBT) at CTCH 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 CTCH administration will report Implementation Strategy updates to the CTCH 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 TCCHNA**

In July 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 later in July 2016.

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

1. Access to primary care
2. Access to mental health counseling / substance abuse
3. High prevalence of obesity / overweight individuals
4. Lack of reliable transportation
5. Access to specialty care / specialist physicians
6. High uninsured population
7. Chronic disease (diabetes, cardiovascular disease, hypertension, asthma)
8. High prevalence of substance abuse (alcohol, illegal & prescription drugs)
9. Value not placed on preventive care and chronic disease management
10. Lack of exercise / physical activity

The CHAT participated in strategic planning on July 19, 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 specialty care, high uninsured population); transportation; wellness (high prevalence of obesity/overweight individuals, preventive care and chronic disease management, lack of exercise and physical activity); and substance use/abuse.

## Significant Health Needs to be Addressed

CTCH plans to address key community health needs identified in the 2016 assessment by focusing its efforts on developing a collaborative group that meets to address the health needs of Tazewell County. Through greater access to primary care, enhanced community outreach programs, creative community partnerships and focused financial and in-kind support of initiatives, CTCH plans to improve community health in Tazewell County.

### A. Access to Services

After reviewing the priority health needs identified in the 2016 TCCHNA, the CTCH Board of Directors determined that it would begin meeting to develop a strategic plan for meeting these needs, specifically access to care. Work has already begun to recruit additional primary care providers to improve access and connect individuals with a medical home. Based on the needs of the primary care patient population, CTCH can then strategically plan to meet specialty care demand.

Additionally, Carilion Family Medicine, located within CTCH, applied for and received a contract from the Veterans Administration to take care of over 800 veterans in Tazewell County and surrounding areas. This contract will increase access for veterans to outpatient primary care and mental health services at a single site in addition to medical home health care coordination, value-based care, a MyChart type patient portal, telemedicine and more. Veterans will continue to receive inpatient care at a VA hospital, as well as some labs and x-rays.

### Access to Primary Care

Carilion Clinic recognizes the need for additional primary care providers in Tazewell County. As a result of this need being identified in both the 2013 and the 2016 TCCHNA, CTCH is expanding its clinic and added another family medicine doctor. The new clinic will be larger with more examination rooms. Also, with the VA contract to care for veterans in the area, the clinic will grow by 8 to 10 full-time staff.

Carilion Clinic's family practice in Tazewell plans to implement the BetterLiving 65 (BL65) initiative to proactively work with its high risk, chronic care patients. Through the BL65 initiative, Carilion Family Medicine works with care coordinators to ensure better follow-up and communication with 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.

### **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 Tazewell County. 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.

Additionally, access to mental health services for veterans will be expanded due to the VA contract mentioned above and co-located with primary care, which will reduce the need for additional transportation.

### **B. High Uninsured Population**

CTCH will begin conversations with the local Federally Qualified Health Center to find better ways of coordinating to assist uninsured patients with finding an affordable insurance plan and a medical home. The local FQHC has purchased a building next to the hospital, which will allow for increased referrals, collaboration and coordination of care between the FQHC and CTCH.

### **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.

### **D. Wellness**

The Carilion Clinic Community Outreach Department is committed to improving the health of the community by specifically focusing on the needs identified in the 2016 TCCHNA. The department is designed to understand the health needs of the population entrusted to Carilion, and to implement programs and approaches that directly impact those conditions. Carilion Clinic's Community Outreach staff will provide education and community health screenings to the target population in Tazewell County. Education includes free interactive presentations on the topics of cancer prevention, diabetes prevention, drug and alcohol prevention, fitness/exercise, food safety, safety, distracted driving, health/stroke, healthy lifestyles, nutrition, smoking cessation, and stress. To increase the amount of outreach in the service area, CTCH has allocated .4 FTE to assist in community outreach activities. This is in addition to the full-time community health educator that serves the Western Division.

Support has also been provided to the Four Seasons YMCA in Tazewell County to create an outdoor walking trail on the property behind CTCH. The trail, half a mile long, will wind through open fields, forest and hills. It will include at least one uphill section and a variety of benches and small gardens for rest and relaxation. The trail will provide a free, safe place to walk or run for the entire community and will be accessible from the YMCA and CTCH parking lots.

## **E. Substance Use/Abuse**

CTCH recognizes the presence of the substance use and abuse issue in Tazewell County and will seek to understand more about the Project Lazarus program, which assists communities and individuals with medication and drug overdose prevention, responsible pain management and the promotion of substance use treatment and services.

Additionally, CTCH participates actively as a partner in a drug take-back day. The focus of this event is to reduce the availability of prescription drugs by collecting unused prescriptions and safely disposing of them.

## **Focused Community Grants and Partnerships**

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

## **Implementation and Measurement**

Carilion Tazewell Community Hospital plans to assemble a CBT 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 agree upon measures to be used for community strategies. The findings of this assessment and other community health needs assessments are essential in measuring the progress of 2016 Implementation Strategy initiatives and their impact in the community.

Successful establishment of the veteran's clinic and installation of a telemedicine infrastructure will be process measures leading to the success of our efforts to increase access to primary care and mental health / substance abuse services.

## **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.)

Currently, CTCH does not have a specific plan for addressing the need for access to specialty care. As mentioned above, the CTCH Board of Directors hopes to plan around improving access to primary care and establish strong relationships with patients. The needs and demands of these patients will help direct a plan for possible specialties to be brought into the area. For now, CTCH will continue to refer patients to specialty services which are, in many cases, located outside of Tazewell County.

Please visit [www.carilionclinic.org/about/chna](http://www.carilionclinic.org/about/chna) to review the 2016 Tazewell County Community Health Needs Assessment. Learn more about Carilion Clinic Community Outreach at [www.carilionclinic.org/about/community-outreach](http://www.carilionclinic.org/about/community-outreach).

*This document was adopted on behalf of Carilion Tazewell Community Hospital on 9/19/2016.*



## Appendices:

### Appendix 1: Community Health Assessment Team (CHAT) Directory

Name	Organization
<b>Amelia Bandy</b>	Tazewell County Health Department
<b>Aaron Boush</b>	Carilion Clinic
<b>Kimberly Brown</b>	Carilion Tazewell Community Hospital
<b>George Brown</b>	Tazewell County Public Schools
<b>Jack Casey</b>	Tazewell Police Department
<b>Dr. Kevin Combs</b>	Carilion Tazewell Community Hospital
<b>Shenika Dillard</b>	Carilion Clinic
<b>Kathren Dowdy</b>	Carilion Tazewell Community Hospital
<b>Denise Farmer</b>	Four Seasons YMCA
<b>Monica Groseclose</b>	Carilion Clinic Family Medicine - Tazewell
<b>Chase Meade-Patton</b>	Appalachian Agency for Senior Citizens (AASC)
<b>Amy Michals</b>	Carilion Clinic
<b>Tommy Parham</b>	Four Seasons YMCA
<b>Loretta Remines</b>	Carilion Clinic Home Care - Tazewell
<b>Heather Stiltner</b>	Carilion Tazewell Community Hospital
<b>Jim Talbert</b>	Richlands News Press
<b>David Vance</b>	Carilion Tazewell Community Hospital
<b>Carol Weaver</b>	Carilion Tazewell Community Hospital
<b>Susan White</b>	Clinch Valley Community Action

## Appendix 2: 2016 Tazewell County Community Health Needs Assessment Prioritization of Needs

2016 Tazewell Community Health Needs Assessment Prioritization of Needs	Rank Frequency	Rank Average	Feasibility Average	Potential impact Average
Access to primary care	9	2.9	2.3	1.8
Access to mental health counseling / substance abuse	9	3.4	2.6	1.7
High prevalence of obesity / overweight individuals	9	4.9	1.9	1.3
Lack of reliable transportation	9	5.7	3.5	1.8
Access to specialty care/specialist physicians	7	4.4	2.2	1.0
High uninsured population	6	4.2	1.8	1.3
Chronic disease (diabetes, cardiovascular disease, hypertension, asthma)	6	4.8	2.3	1.0
High prevalence of substance abuse (alcohol, illegal & prescription drugs)	6	5.5	3.0	2.7
Value not placed on preventive care and chronic disease management	6	5.7	2.0	1.3
Lack of exercise / physical activity	5	7.4	2.0	1.6
Access to psychiatry services	4	5.5	2.3	1.0
Prescription drug abuse	4	7.5	1.0	1.0
Poor eating habits / lack of nutrient dense foods in diet	4	7.5	1.7	2.0
High prevalence of mental health (depression, anxiety) disorders	3	4.0	3.5	3.5
Access to services for the elderly	3	4.3	3.3	2.7
Not accessing regular preventive care for primary care	3	7.3	4.0	5.0
Lack of knowledge of community resources	3	8.3	1.7	1.7
High cost of services for insured (co-pay, deductible, premium)	2	4.5	4.0	3.5
High cost of services for uninsured	2	6.0	4.5	3.0
Alcohol and illegal drug use	2	7.0	1.0	1.0
Not accessing regular preventive care for adult dental care	2	7.0	3.0	1.5
High prevalence of diabetes	2	8.5	2.0	2.0
High prevalence of COPD	1	2.0		
High prevalence of cardiovascular disease	1	3.0	1.0	1.0
Access to adult dental care	1	4.0	1.0	1.0
Not taking medications for chronic conditions	1	6.0	1.0	1.0
Access to in-home health care	1	6.0	2.0	
Inappropriate utilization of ED/urgent care for primary care, dental, and mental health services	1	7.0	3.0	2.0
Lack of knowledge of health care	1	8.0		
Stigma with mental health and substance abuse services	1	8.0	3.0	2.0
Access to alternative therapies	1	9.0	4.0	2.0
Not accessing regular preventive care for vision	1	9.0	5.0	5.0
Teenage pregnancy	1	9.0	1.0	1.0
Improved coordination of care across the health and human sector	1	10.0		
High cost of living and preferences for necessities	1	10.0	5.0	5.0