



Hugh Chatham Memorial Hospital



Hugh Chatham Memorial Hospital Community Health Needs Assessment 2022 Implementation Plan

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*"Imagine a place where Communication is clear, everyone Cares, and patients are always Safe. We are
Hugh Chatham, and this is our journey!"*

Executive Summary

Introduction

The IRS requires each non-profit (Section 501(c)(3)) hospital to conduct a community health needs assessment (CHNA) every three years as part of the federal Patient Protection and Affordable Care Act. A Community Health Needs Assessment (CHNA) was conducted by Hugh Chatham Memorial Hospital (HCMH) in the spring of 2022 to explore the health status of people living within the communities we serve. The objective of the assessment was to pinpoint the most pressing health issues in our communities and determine three things: 1) who is affected by them; 2) who is already working on these issues and what progress is being made, and 3) what more can be done to improve the health of the people we serve?

The 2022 CHNA primarily focused on Surry, Wilkes, Yadkin, and Alleghany counties. These counties are considered our “community” as greater than eighty-eight (88) percent of the HCMH inpatient population resides within these four counties. Primary data for the assessment was gathered through a survey tool with more than two hundred and eighty-five (285) submissions. Participants represented multiple organizations and included individuals who have a broad knowledge of the community and/or had specific expertise or knowledge. Secondary data was obtained from local and national data published in government and private sources. A comprehensive list of identified health issues was compiled and recommendations were made to HCMH’s executive leadership for further review and prioritization. Priorities were assessed and ranked based on issue prevalence, issue severity, and ability to impact. Final prioritization as determined by the executive leadership was approved by the HCMH Board of Trustees.

The unprecedented pandemic of COVID-19, shocked our nation and had an unfathomable impact on healthcare systems. HCMH utilized their strengths as a community healthcare system to quickly pivot to prioritize care that embraced new strategies to diagnose and treat this emerging infectious disease. While many elective services were limited in order to provide adequate resources of supplies and personnel where they were most needed, HCMH was considered a leader in their response to patient and community needs.

Key Findings: Where we will focus our efforts

Based on CHNA findings, HCMH has developed and will implement a community-wide health improvement plan to address the following health issues listed in alphabetical order:

- Access to care for medical and behavioral health needs
- Prescription drug abuse: HCMH has supported and will continue to support a regional response to the prescription drug/opioid crisis in our community.
- Reduction of overall healthcare costs through care innovation and community partnerships.

Documentation

A final report of the CHNA was made public on September 30, 2022 and can be found on HCMH’s website. The Board of Trustees for HCMH endorsed the Executive Summary Report and Implementation Plan for community health improvement activities on September 27, 2022.

Establishing Priorities

Decisions as to which of the many valid and deserving issues that were identified through the Community Health Needs Survey process could be addressed by Hugh Chatham Memorial Hospital over the next one to three years, were weighed to include:

- How much of an impact (prevalence and severity) does the issue have on our community at large?
- Does Hugh Chatham Memorial Hospital have the resources and expertise to address the issue or would it be more advantageous to partner with other community resources?
- Does it fall within the scope of our mission statement; “To consistently deliver exceptional healthcare”?
- Are there other organizations which can more effectively influence the issue?

Based on CHNA findings, HCMH has developed and will implement a community-wide health improvement plan to address aspects of the following health issues listed:

- **Cost of Care:** This remains a topic of high prevalence and potential for severity in terms of both individual and community health outcomes. Our geographic catchment area has an inordinate percentage of individuals having no insurance, limited insurance, or high deductible health plans. This is coupled with low education and literacy rates, high unemployment in conjunction with increasing overall health costs leading to decreased access and utilization (particularly of preventive health measures).
- **Prescription Drug abuse:** HCMH has supported and will continue to support a regional response to the ongoing prescription drug/opioid crisis in our community. The number of overdose deaths and suicides in our geographic region continues to exceed state and national numbers. This sadly, did not abate during the Covid pandemic but received last media attention and continues to have lasting effects on individuals, families and the community.
- **Promotion of Healthy Living and preventive care models:** specifically related to both lifestyle choices and COVID-19 prevention, testing, and treatment. Survey participants who are likely to be healthier than our overall population identified issues related to being overweight/obese, experiencing joint or back pain, and having high blood pressure as being of greatest concern to them. This correlates with the lack of reported exercise as well as the high incidence of stroke in this region.

CHNA findings which are outside the scope of our mission or fall outside the area of expertise for HCMH and thus are excluded in this current plan include:

- **Free Clinics:** HCMH works with each of the free and/or sliding scale clinics within our service area to support their efforts to provide quality medical care to the uninsured. HCMH provides volunteers from amongst its staff and offers in-kind services such as lab and imaging.
- **Drug Abuse programs:** HCMH provides emergency psychiatric care within its emergency department while appropriate care needs are determined and referrals are made. The scope of services required by these patients is more extensive than what can be provided by HCMH for inpatient care.

2022 Community Health Needs Implementation Strategies

Identified Need #1	HCMH Resources	Potential Key Metrics	Potential Strategic Partners
Cost of Care	<ul style="list-style-type: none"> • Free COVID-19 Resources (ex: vaccinations and testing) • Implementation of Urgent Care strategies • Partnering with outside organizations for occupational health for preventive health procedures • Virtual Care and Telehealth opportunities 	<ul style="list-style-type: none"> • Visit numbers for Covid testing, vaccination, outpatient monoclonal antibody infusion • Decrease visits in Emergency Department • Increased Urgent care visits • Increased covered lives in the ACO • Increased volume of telehealth visits 	<ul style="list-style-type: none"> • Grace Clinic • Yadkin County Medical Clinic • Surry Rural Health Center • Legislative representatives to lobby for Medicaid Expansion • CHES ACO partnerships to optimize utilization, quality and cost for Medicare beneficiaries

Due to the constant rise of inflation and rising salary costs due to a limited labor pool, cost of living and costs of care have increased making them at the epicenter of concern. Inflation is a national and global epidemic that has a disproportionate effect on healthcare organizations and healthcare costs. Inflation has been exacerbated in recent years by a multitude of situations such as COVID-19, the Russian invasion of Ukraine, and the Federal Reserve decreasing their aid toward the monetary policy.

Recent North Carolina data from the Health Care Cost Institute showed an average annual per person spending on healthcare to be \$8,230. That average varied across populations with the highest being for Medicare fee for service participants. This varied by age as well with elderly patients having greater cost than children and young adults. Lastly, rural counties had significantly higher costs per patient than urban areas of the state.

Hugh Chatham has a multimodal approach to helping our community have access to the right care, at the right time, in the right place, for the right cost.

A primary approach has been providing additional points of care for walk-in or unscheduled needs. In addition to existing urgent care centers in Dobson and Jonesville, an Urgent Care has been opened in Elkin and the Clingman Medical Center in Wilkes County has transitioned into both a primary and express care site. Urgent and Express Cares offer patients immediate access to care at a significantly lower cost than seeking care in an Emergency Department.

One additional focus has been the introduction of telehealth and virtual care opportunities. Individuals can receive exceptional care in the convenience of their home to decrease concerns regarding the

potential exposure to communicable diseases. Additionally, access to primary care, immediate care, and behavioral health via telehealth allows patients in this rural area to avoid transportation costs/barriers as well as expanding access and privacy.

A second additional focus has been expanding the number of lives that are covered under our valued care contracts through our CHES partnership. There are now over 10,000 patients who have commercial insurance, traditional Medicare, or a Medicare Advantage product who are benefiting from a team focused on ensuring their quality of care is obtained through an efficient and cost-effective coordination of resources. Hugh Chatham is continuing to be a leader in promoting the quadruple aim of healthcare for our patients and our community.

Throughout the evolving COVID-19 pandemic, Hugh Chatham has been a leader in bringing critical resources to our community. When the virus first was identified in the United States, Hugh Chatham led a community wide effort to have free drive through Covid testing available in various easy to access locations. As testing became more widely available, this transitioned into free testing available in all of our same day access locations. Hugh Chatham was proud to be one of the first healthcare systems to receive shipments of covid-19 vaccine in December of 2020. This initiated a campaign to provide community access to free vaccine clinics. Again, as vaccine became more readily available, our primary care and same day access care locations all transitioned to educating their patients and to providing thousands of doses of vaccine. Additionally, Hugh Chatham provided hundreds of doses of monoclonal antibodies to those who tested positive or had high risk exposures. These innovative therapies reduced the likelihood of severe disease that would lead to hospitalization, invasive ventilation, or death.

Identified Need #2	HCMH Resources	Potential Key Metrics	Potential Strategic Partners
Prescription Drug Abuse: Addressing the Opioid epidemic	<ol style="list-style-type: none"> 1. Active Participation in the implementation of strategies to decrease the availability of prescription narcotics in our community 2. Active participation and support of county and private initiatives to address the opioid epidemic 	<ol style="list-style-type: none"> 1. # of providers educated on the STOP act 2. # of opioid prescriptions written in ED and/or at discharge 3. # of opioid related EMS calls/deaths 4. # of peer support specialists 	<ul style="list-style-type: none"> • HCMH Primary Care Practices • HCMH ED • Surry County Opioid Response Council • Project Lazarus • County Sheriff Departments

Hugh Chatham Memorial Hospital and its providers have adopted a prescription pain medicine policy which allows for appropriate management of both acute and chronic pain concerns while maintaining a high level of awareness of preventing the availability of excess narcotics in the community.

Hugh Chatham Memorial Hospital provides emergency treatment and stabilization of acute narcotic overdoses in its emergency department. Additionally, HCMH serves to provide immediate care for those requiring detoxification from these substances while placement in a treatment program is located. Peer support specialists are available in both the emergency department and the inpatient areas to meet with patients and provide both a unique personal connection and resources to those suffering from substance abuse disorders to assist them in successfully moving into an outpatient treatment program. HCMH has partnered with the Surry County Opioid Response team through a grant program to distribute Narcan to those most at risk for opioid injury or death. Additionally, HCMH serves to provide immediate care for those requiring detoxification from these substances while placement in a treatment program is located. HCMH provides leadership to the Surry County Opioid Response Advisory Council, which consists of 20 members from county, state and federal agencies that represent the medical community, the court system, the three school districts, the faith based community, pharmacies, EMS and law enforcement. The Opioid Response Advisory Council provides leadership, strategic planning, and collaboration for the County’s opioid response efforts.

Identified Need #3	HCMH Resources	Potential Key Metrics	Potential Strategic Partners
Promotion of Healthy Living and Preventative Care Models	<ol style="list-style-type: none"> 1. Promotion of free annual wellness visits to Medicare and Medicare Advantage patients 2. Expansion of Wellness Center classes and programming to the public 3. Diabetic Education Classes 4. Registered Dieticians Consult 5. Community Education Programs 	<ul style="list-style-type: none"> • # of covered ACO lives • Quantitative analysis of patients through blood pressure before and after health interventions • # of adult and pediatric classes offered • # of classes offered • # of outpatient consults • # of programs offered 	<ul style="list-style-type: none"> • CHES • Elkin Valley Trails Association • HCMH Wellness Center • Area YMCA's and Recreation Centers

According to the National Health and Nutrition Examination Surveys (NHANES) (2009-2020), the COVID-19 pandemic resulted in a delay in their usual release of data. Data that has been compiled as pre-pandemic and post-pandemic has yet to be published. Data is typically calculated in a four-year sample design. Data from 2020 shows that approximately 69% of US adults are overweight or obese, with more than 78 million adult Americans considered obese. Children have become heavier as well. In the past 30 years, the prevalence of childhood obesity has more than doubled among children ages 2 to 5, has nearly tripled among youth ages 6 to 11, and has more than tripled among adolescents ages 12 to 19. About 17% of American children ages 2 to 19 are obese. Further, the latest data continue to suggest that overweight and obesity diagnoses and their sequelae are having a greater effect on minorities, including blacks and Hispanics.

Obesity in childhood can be a precursor to a myriad of health problems—often for life. In adults, a diagnosis of being overweight or obese are linked to an increased risk of heart disease, type 2 diabetes (high blood sugar), high blood pressure, certain cancers, and other chronic conditions. Research has shown that obese children are more likely to be overweight or obese as adults. Additionally, many of the secondary chronic conditions that have historically been only diagnosed in adults are now increasing in prevalence among children of all ages.

Changes in our environment that make it harder to engage in healthy behavior have a lot to do with our overall increase in weight over the past few decades. For many —adults and children alike— daily life doesn't involve a lot of physical activity and exercise. Also, food is everywhere, and so are messages telling us to eat and drink. HCMH is coordinating a focused effort on providing information and education to those most at risk, to our employees, and to the general public regarding nutrition, exercise, and ways to counteract our progression towards becoming an obese society.

References

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