

Presbyterian Healthcare Services
Community Health Implementation Plan (CHIP)
***Presbyterian Central New Mexico – Presbyterian Hospital,
Kaseman Hospital, and Rust Medical Center***
Bernalillo, Sandoval, Torrance, and Valencia Counties
August 2013

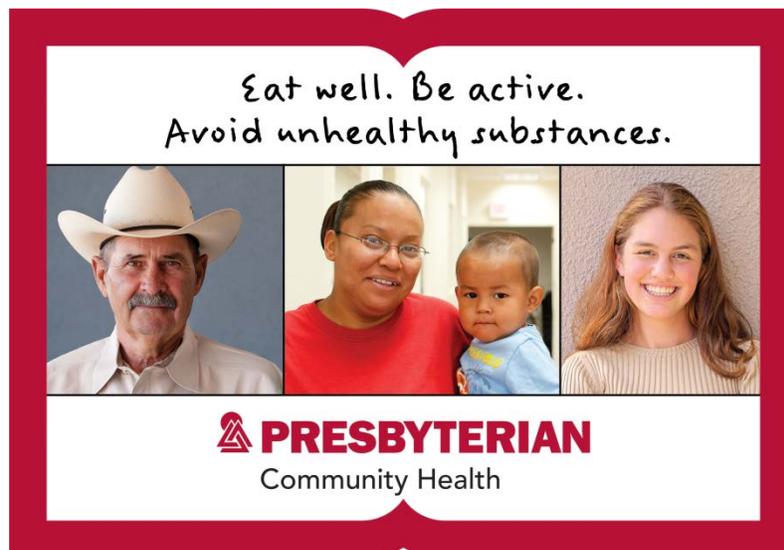


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Executive Summary

Presbyterian Central New Mexico hospitals (PCNM) include Presbyterian Hospital, Presbyterian Kaseman Hospital and Presbyterian Rust Medical Center. The community PCNM serves is made up of Bernalillo, Sandoval, Torrance and Valencia counties. PCNM is part of a larger health system referred to as Presbyterian Healthcare Services (PHS) or Presbyterian. Presbyterian's overarching purpose is to improve the health of the patients, members and communities it serves. PCNM's role in achieving this purposes focuses on the patients, members and community of Bernalillo, Sandoval, Torrance and Valencia counties.

Presbyterian operates eight hospitals in the communities of Albuquerque, Clovis, Española, Rio Rancho, Ruidoso, Socorro and Tucumcari; a statewide health plan; a growing multi-specialty medical group; and three community ambulance systems. Presbyterian is the second largest private employer in New Mexico with more than 9,500 employees and provides services to one in three New Mexicans.

In 2012, as part of a Community Health Needs Assessment (CHNA) process, Presbyterian identified significant health needs and subsequently prioritized them. The process first involved review of the Healthy People 2020 indicators to align PHS priorities with national priorities. Presbyterian then evaluated community-specific data, and county health council and state of New Mexico priorities, which aided in narrowing the health indicators to 12 significant health needs. These significant health needs were then narrowed to three prioritized health needs. Input was solicited from Board members who are representative of the communities, patients, members, physicians and stakeholders served. Community forums were held in the PCNM region to gain insight into the barriers, opportunities and potential strategies for achieving the stated priorities.

This Community Health Implementation Plan (CHIP) was developed to address the prioritized significant health needs identified in the CHNA process. The prioritized significant health needs are **nutrition, physical activity, tobacco use and substance abuse**. PHS describes these priorities as **healthy eating, active living and prevention of unhealthy substance use**. The CHIP describes briefly how PHS is addressing the other significant health needs. However, the plan focuses on the significant health needs that were prioritized by the communities through the CHNA process. The plan identifies multiple interventions to impact the prioritized health needs.

Strategies to increase healthy eating include subsidizing healthy, local food boxes for low-income residents, offering health education and cooking classes, supporting school gardens, and establishing and supporting growers' markets at PCNM facilities.

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Strategies to increase active living include supporting development and use of community walking trails, working with schools to provide tools for active living, and implementing the THRIVE program (Totality of Health, Healing and Recovery, Regaining Function, Independence and Strength, Victory over Cancer, Exercise and Education).

Strategies to prevent unhealthy substance use include participation in the Bernalillo County Opioid Abuse Initiative as well as statewide substance abuse prevention activities led by the Governor and Attorney General. PCNM will also provide substance abuse prevention continuing education for providers and use best practice for prescribing.

Presbyterian Central New Mexico Community Health Implementation Plan

Overview

Presbyterian Healthcare Services exists to improve the health of the patients, members and communities it serves. Presbyterian was founded in New Mexico in 1908, and is the state's only private, not-for-profit healthcare system and its largest provider of care.

The Presbyterian system operates eight hospitals in the communities of Albuquerque, Clovis, Española, Rio Rancho, Ruidoso, Socorro and Tucumcari; a statewide health plan; a growing multi-specialty medical group; and three community ambulance systems. Presbyterian is the second largest private employer in New Mexico with more than 9,500 employees and provides services to one in three New Mexicans.

The three hospitals operated by PHS in Central New Mexico, and referred to as *Presbyterian Central New Mexico (PCNM)*, are Presbyterian Hospital, Presbyterian Kaseman Hospital and Presbyterian Rust Medical Center. All three are general acute care hospitals that offer emergency services around-the-clock. PHS also operates urgent care centers, 10 primary care clinics and more than 20 specialty clinics, homecare and hospice care in Central New Mexico.

Presbyterian Hospital is the largest acute care hospital in New Mexico as well as the largest tertiary facility with over 500 beds, a full array of adult and pediatric services, and a full range of medical and surgical healthcare services. It operates in a mixed business and residential area at the geographic center of Albuquerque.

Presbyterian Kaseman Hospital was the first satellite hospital in the PHS system and is in Albuquerque's northeast heights, roughly six miles from Presbyterian Hospital. It provides skilled nursing, surgical and emergency services, and a variety of ambulatory services in the campus. It also houses the M.D. Anderson Cancer Center Radiation Treatment Center and Presbyterian Behavioral Health, which offers intensive inpatient services as well as partial hospitalization and outpatient treatment for psychiatric and chemical dependency patients. Other unique services offered at Presbyterian Kaseman Hospital include lithotripsy, inpatient hospice and the Sleep Disorders Center.

Presbyterian Rust Medical Center, located in Rio Rancho (Sandoval County), opened in October 2011 and is Presbyterian's newest facility. It is a full-service, 58-bed, acute care hospital, offering emergency, surgical, obstetric and general medical inpatient care. A multi-specialty clinic is also located on the campus. Other services offered by PHS in Sandoval County include primary and urgent care clinics.

Community Description

For the purposes of the Community Health Needs Assessment and the implementation plan, PHS has generally defined the “community” of each hospital as the county in which the hospital is located. Due to the geography and the overlapping service areas of the three hospitals in Central New Mexico, however, Presbyterian Central New Mexico (PCNM) hospitals have identified their community as Bernalillo, Sandoval, Torrance and Valencia counties¹.

According to U.S. Census Bureau 2012 estimates, Bernalillo County has the largest population in the state (673,460), followed by Sandoval (135,588), Valencia (76,631), and Torrance (16,021). Together these counties contain 43.7 percent of the state’s population. The major ethnic groups include non-Hispanic Whites, Hispanics and Native Americans. Approximately 30 percent of households in the four-county region speak a language other than English in the home. The median household income (2007-2011) varies from \$32,435 in Torrance County to \$57,651 in Sandoval County. The percentage of people living below the federal poverty level (2007-2011) ranges from 12.4 percent in Sandoval County to 25.2 percent in Torrance County.

Albuquerque is the largest city in the four-county region, with an estimated population in 2012 of 555,417. The most common industries in the city are construction, professional, scientific and technical services, and accommodation and food services.

The four-county region is home to several Native American tribes and Pueblos. There are two reservations – one belonging to the Jicarilla Apache and the other Tohajiilee (part of the Navajo Nation), as well as nine Pueblos: Isleta, Laguna, Sandia, Santa Clara, Kewa, Cochiti, Jemez, Santa Ana and Zia.

Health Resources

In addition to the three hospitals operated by PHS, the city of Albuquerque and surrounding areas are home to Lovelace Hospital, a VA Hospital, The Woman’s Hospital, Lovelace Westside Hospital, Carrie Tingley Hospital, the Heart Hospital, Sandoval Regional Medical Center and University of New Mexico Hospital. Providers in all specialties practice in Albuquerque. There are multiple health professional colleges, including institutions for the study of pharmacy, nursing, medicine, physical therapy, occupational therapy, physician assistant and others. There are several federally qualified health centers, including First Choice, Albuquerque Healthcare for the Homeless and First Nations.

¹All three hospitals participate in government programs under one provider number, i.e., one hospital with three campuses.

Albuquerque is the site of state headquarters for many national health foundations, including the American Cancer Society, the Red Cross, the American Heart Association, American Lung Association, the National Kidney Foundation, the American Liver Foundation, the Lupus Foundation of America, the National Alliance on Mental Illness and the American Diabetes Association. There are also many local organizations that provide services related to homelessness, youth development, substance abuse, cancer, senior health, family planning, domestic violence, sexual assault and child abuse.

Community Health Needs Assessment Background

In 2012, as part of a Community Health Needs Assessment (CHNA) process, Presbyterian identified significant health needs and subsequently prioritized them. This Community Health Implementation Plan was developed to address the prioritized significant health needs identified in this CHNA process.

Presbyterian first reviewed the Healthy People 2020 indicators to align PHS priorities with national priorities. Presbyterian then evaluated community-specific data, and county health council and state of New Mexico priorities, which aided in narrowing the health indicators to 12 significant health needs.

In keeping with the Healthy People 2020 format, these 12 significant health needs are divided into overarching health issues, health related behaviors and health outcomes.

Overarching Health Issues

1. Health Communications and Health Information Technology
2. Access to Health Services

Health Related Behaviors

3. Immunization
4. Injury and Violence Prevention
5. Nutrition, Weight Status and Physical Activity
6. Tobacco Use and Substance Abuse

Health Outcomes

7. Cancer
8. Diabetes
9. Heart Disease and Stroke
10. Respiratory Disease
11. Maternal, Infant and Child Health
12. Mental Health and Mental Disorders

The priority-setting process used a best practice learned from Community Health Improvement Partners in San Diego, which was formed in 1995 to meet the California law that requires private, non-profit hospitals to conduct a triennial community needs assessment.

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As part of the Presbyterian Community Health Needs Assessment process, input was solicited from PHS Board members. Presbyterian Health Plan is governed by a separate Board of Directors. Each regional hospital is also governed by a Community Board of Trustees. Board members are representative of the communities, patients, members, physicians and stakeholders served. They are active community members and do not receive compensation for their service on the boards. Each board includes physicians and physician leaders who have special knowledge of the health needs of their community.

Each board member was asked to determine areas of focus using the following criteria:

- Size of the issue
- Seriousness of the issue
- Importance to Presbyterian
- Alignment with the Presbyterian purpose, vision, values, strategy and goals, and services provided, plus the ability to have an impact
- Availability of community resources

Additionally, the health priorities of the State of New Mexico and each County Health Council were reviewed for alignment.

Based on input and the potential to impact significant health issues in New Mexico, Presbyterian selected ***Nutrition, Physical Activity and Tobacco Use*** as its community health priority areas.

Based on feedback from community partners, the tobacco use priority subsequently was expanded to ***Tobacco Use and Substance Abuse***.

PHS describes these priorities as **healthy eating, active living and prevention of unhealthy substance use**.

As part of the Community Health Needs Assessment, community health forums were held to gain insight into the barriers, opportunities and potential strategies for achieving the stated priorities. As outlined in the IRS requirements, the forum participants included:

- People with special knowledge of or expertise in public health
- Federal, tribal, regional, state or local health or other departments or agencies with current data or other information relevant to the health needs of the community served by the hospital facility
- Leaders, representatives or members of medically underserved, low-income and minority populations, and populations with chronic disease needs, in the community served by the hospital
- Business and economic development professionals and non-profit leaders

More information on the CHNA process can be found in the documents posted at phs.org.

Plan Development

The following *principles* were identified to guide the development of the interventions incorporated in the Implementation Plan:

- Data will be used to drive identification of interventions
- Interventions will be based on professional theories and will be consistent with professional and/or best known evidence or practices
- The purpose of the interventions will be clearly stated and easy to understand
- Interventions will be simple and will piggyback on existing interventions
- Interventions will be practical and realistic
- Interventions will be sustainable
- Interventions will be engaging to the target population
- Interventions will be age-appropriate and culturally relevant
- Interventions will promote equity and will not reinforce disparities in health outcomes
- The plan will be integrated with existing hospital and PHS plans
- PHS will collaborate with existing agencies to strengthen adopted strategies
- Interventions will be evaluated and monitored

Additionally, PHS used the following guidelines from IRS Schedule H Instructions 2012 (pp. 15-17) that specify that a community health intervention must:

- Be carried out or supported for the purpose of improving community health or safety
- Be subsidized by the organization
- Not generate an inpatient or outpatient bill
- Not be provided primarily for marketing services
- Not be more beneficial for the organization than to the community (e.g. not designed primarily to increase referrals of patients with third-party coverage)
- Not be required for licensure or accreditation
- Not be restricted to individuals affiliated with the organization (employees and physicians)
- Meet at least one community benefit objective, including improving access to health services, enhancing public health, advancing generalizable knowledge and relieving government burden
- Respond to demonstrated community need

Plan for Prioritized Significant Health Needs

PCNM has developed an implementation plan for the prioritized health needs of **healthy eating, active living and prevention of unhealthy substance use.**

Goal 1

Increase access to and consumption of healthy foods for low-income youths and adults in the Central New Mexico region

Interventions

- Partner with Bernalillo County Community Transformation Grant Team (BC CTG) and the Agri-Cultura Network to: (\$15,000 and staff time)
 - Provide weekly, affordable fruit and vegetable boxes to those with financial and transportation barriers (May through October)
 - Provide culturally appropriate recipes and newsletters to food box participants
 - Provide bi-weekly health education and/or cooking classes for participants and their friends/family (May through October)
 - Develop a sustainable funding structure to subsidize the fruit and vegetable boxes
 - Work toward securing funding for a food delivery/mobile unit
 - Provide preventive screening and health care referral for participants
- Partner with Albuquerque Public Schools to secure a Food Corps volunteer to support the increase in healthy food available to students and their families (\$6,500)
 - Provide match funding for the Food Corps volunteer
- Partner with the Albuquerque Uptown Growers' Market to hold a market at Presbyterian Hospital (~\$1,000, staff time and use of PHS property)
 - Provide space for the market on PHS property from June through October of each year
 - Support the advertisement of the growers' market internally and externally
 - Support the market with permitting and other activities related to holding the market
 - Incorporate incentives for people who are low-income to access fresh fruits and vegetables at affordable prices
 - Incorporate screening and education into the market for improved health outcomes
 - Work with state and local agencies to provide health and social service information to customers, including help with accessing state and federal support

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- Provide support to all regional hospitals for starting or supporting growers' markets in their communities (staff time)
- Offer PHS-developed nutrition webinars to all hospitals and partner providers in the community at no charge (staff time)
- Provide support for all PHS regional hospitals to implement Baby Friendly practices (staff time)
- Incorporate support for consumption of healthy foods into PHS annual Day of Service activities (staff time)
- Begin planning to incorporate healthy and locally grown foods into PHS cafeterias to improve the quality of the food served to the community and patients as well as staff (staff time and food dollars)
 - Develop three-year plan with food service, Farm to Table and NM Farmers' Marketing Association
- Participate in Central New Mexico Health Councils to support healthy eating initiatives (staff time)
- Implement the Fruit and Vegetable Rx program in the region (\$10,000 and staff time)

Anticipated Impact

- Increase in consumption of local, healthy food in the Presbyterian Central New Mexico region

Indicators of Success

- Reported satisfaction and increased consumption of fruits and vegetables
- Participation in health education and cooking classes
- Participation in screening activities and health care referral if necessary
- Participation by vendors, patients, staff and community members in the growers' market

Goal 2

Increase opportunities for residents of the Central New Mexico region to be physically active

Interventions

- Support Prescription Trails, an initiative to develop walking trails and have providers prescribe their use (\$27,500 system-wide and staff time)
 - Adopt-A-Park in a community with disparities in health outcomes related to physical activity
 - Support the initiation of Prescription Trails in Rio Rancho
 - Incorporate physical activity into PHS annual Day of Service activities

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- Create an avenue for the Presbyterian workforce to volunteer and support healthy activities through Prescription Trails
- Promote awareness of Prescription Trails to the community through engaged and educated physicians and staff
- Develop Prescription Trails system-wide where they are not present
- Promote the use of existing Prescription Trails through the purchase and distribution of maps and prescription pads
- Implement the THRIVE program (Totality of Health, Healing and Recovery, Regaining Function, Independence and Strength, Victory over Cancer, Exercise and Education), a program that is open to all community members recovering from cancer (Staff time and use of the Healthplex facility)
- Partner with New Mexico Healthier Weight Council and Community Transformation Grant awardees to support joint-use agreements (Staff time)
- Participate in local Health Councils to support active living initiatives (staff time)
- Incorporate active living tools into annual PHS Day of Service activities (~\$22,000 annually and staff time)

Anticipated Impact

- Increase physical activity among residents of Central New Mexico

Indicators of Success

- Number of Prescription Trails developed in the Central New Mexico Region
- Number of walking prescriptions given
- Number of people participating in the THRIVE program who are not Presbyterian Health Plan members

Goal 3

Prevent in the Central New Mexico region the unhealthy use of substances, including tobacco, prescription medication, alcohol and illicit substances

Interventions

- Participation in the Bernalillo County Opioid Abuse Summit and follow-up activities (staff time)
- Encourage all PHS providers to take the New Mexico Department of Health Continuing Education class on a brief intervention for tobacco cessation (staff time)
- Provide continuing education opportunities for behavioral health to providers system-wide (staff time)
- Participate in local Health Councils to support substance abuse prevention initiatives (staff time)

Anticipated Impact

- Policies developed that are aimed at decreased opioid abuse
- Increase awareness among PCNM employees about the prevalence of opioid abuse in Bernalillo County, its impact on individuals as well as on the community, and ways to approach the problem
- Ensure providers are using best practices to support patients with tobacco cessation, as well as other behavioral health goals

Indicators of Success

- Policy and program changes in Bernalillo County
- Reduced smoking rates
- Number of providers utilizing CE opportunities
- Rate of participation in Health Councils involved in substance abuse prevention activities

Goal 4

Support the self-management of chronic diseases (diabetes, arthritis, COPD, etc.) in the Central New Mexico region through healthy eating, active living and prevention of unhealthy substance use

Intervention

- Partner with the Department of Health Chronic Disease Prevention Bureau to offer the My Chronic Disease program in the Central New Mexico region (~\$60,000 and staff time)
 - Develop a three-year plan for the expansion of the My Chronic Disease (My CD) program

Anticipated Impact

- Central New Mexico residents will have tools to effectively manage their chronic diseases and prevent further complications

Indicators of Success

- Number of people completing the My CD program
- Number of Presbyterian staff trained to be leaders of the My CD program

Alignment with PHS Strategic Plan

Presbyterian has incorporated community health strategies into its long-term strategic plan. Community health is reflected in the following ways:

- Excellence in Clinical Quality and Patient Experience. Strengthen the enterprise-wide approach to improving the quality and safety of care and the patient experience. Focus on embedding an improved experience into the care design, reducing harm, eliminating unexpected mortalities, deploying the use of evidence through the electronic health record (EHR) and implementing community health priorities.

In addition, the priorities of healthy eating, active living and prevention of unhealthy substance use are reflected in the PHS Strategic Plan in the following ways:

- Wellness of employees as a focus throughout the plan
- Implementation of a comprehensive chronic pain and addiction program

Community Health Needs not Addressed in this Plan

Presbyterian Healthcare Services decided to focus its community health priorities and related work on the prioritized significant health needs. Consistent with the PHS purpose to improve the health of the patients, members and communities it serves, Presbyterian remains committed to providing preventive, acute, episodic and chronic care to address the priority health conditions in each community with input from communities, key stakeholders and governance.

What follows is a description of how PHS is addressing the other significant health needs identified in the CHNA, even though they were not prioritized and incorporated into the CHIP.

Overarching Health Issues

1. Health Communications and Health Information Technology
2. Access to Health Services

Presbyterian spends significant resources on **health communications** and **health information technology** as part of innovation and best practice. For example, through a new Discharge Call Center, patients leaving inpatient or emergency services are contacted within 72 hours to assist them and their families with a safe transition to home, provide education as needed, reinforce discharge instructions and seek opportunities for improvement.

Presbyterian uses trained staff, as well as video and phone interpretation services, to meet the needs of its patients and communities. These interpretation services can be accessed anywhere in PHS hospitals or clinics.

An electronic health record has been implemented in all Presbyterian ambulatory clinics and will be installed and operational in all eight hospitals by May 2014. In addition, Presbyterian is a founding participant in New Mexico's Health Information Exchange.

As a not-for-profit health system, Presbyterian has an obligation to provide a community benefit and address the overarching health issue of **access to health services**. In 2012 it provided approximately \$27.6 million at cost in free medical care and \$19.7 million at cost in uncompensated care. PHS also donated \$65,000 to Albuquerque Healthcare for the Homeless.

Health Related Behaviors

3. Immunization
4. Injury and Violence Prevention
5. Nutrition, Weight Status and Physical Activity
6. Tobacco Use and Substance Abuse

PHS partners with communities to address immunization rates and annually contributes approximately \$50,000, as well as staff time, to influenza **immunizations**.

Injury and violence prevention are addressed in several ways:

- Car seats are provided for a \$20 donation to families in need
- The First Born home visiting program is implemented in Socorro and Rio Arriba counties and is focused on safety during pregnancy, infants and children through age 3
- “Precious Beginnings” case management is a program for high-risk mothers that focuses on safety during pregnancy
- Domestic violence screening, suicide assessment and depression screening are incorporated into all ambulatory patient visits, and referral sources are provided when indicated
- All inpatients are screened for risk of fall, and preventive steps are taken
- In ambulatory settings, at-risk adults and geriatric patients are screened for risk of falling, and preventive measures are taken
- In home care settings, risk of home injury and falling is completed with all patients, and preventive measures are taken

Out of these significant health issues, PHS identifies **nutrition, physical activity, tobacco use and substance abuse** as system-wide priorities. These are high-yield priorities that address the root causes of many, if not all, of the health outcomes. Interventions focused on these priorities are reflected in the plan.

Health Outcomes

7. Cancer
8. Diabetes
9. Heart Disease and Stroke
10. Respiratory Disease

11. Maternal, Infant and Child Health
12. Mental Health and Mental Disorders

The focus on health outcomes such as **cancer, diabetes, heart disease and stroke, and respiratory disease** are addressed comprehensively in our communities utilizing best practice and evidence based prevention tools through the Presbyterian Medical Group, mobile screening and treatment.

Presbyterian has several community-based home visiting programs that facilitate **maternal, infant and child health** and focus on outreach to at-risk, uninsured populations.

The behavioral health system in New Mexico is under great stress due to high need and lack of funding for services. PHS has been a provider for Medicaid Salud patients since the inception of the Managed Care program. Starting in 2014, Presbyterian will be implementing Centennial Care, which is the redesign of the Medicaid, long-term care and behavioral health system in New Mexico. This will be a unique opportunity to re-integrate **mental health and mental disorder** prevention and treatment into the primary care system. With The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), coverage of and access to mental health and substance abuse treatment will also be increased. Because of these two major legislative changes, PHS is planning for and implementing best practices in support of mental health and mental disorders.

In addition, PHS hospitals, emergency departments and clinics have provided behavioral health services for patients, including:

- Emergency mental health evaluation and stabilization
- Access to behavioral health consultation via video teleconference (since 2011)
- Outpatient clinic services in Albuquerque locations for adults and children
- Behavioral health therapists as part of the core team in 10 patient-centered medical homes since 2010/2011 as an investment to improve access to community-based behavioral health
- Mental health hospital services for adults, children and adolescents in Albuquerque
- Staffing and support for a pharmacy sample clinic that provides free samples of needed medication for patients who cannot afford medications

Plan Adoption and How to Get Involved

The PCNM Community Board of Trustees approved this Community Health Implementation Plan in July 2013. The plan was approved by the PHS Board Quality Committee in August 2013.

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PCNM will implement the CHIP throughout 2013-2016 with regular updates that will be posted on phs.org. If you would like to contact PCNM directly, call Leigh Caswell, Community Health Manager, at (505) 923-5398 or email her at lcaswell@phs.org.