

# GREATER MANCHESTER COMMUNITY HEALTH IMPLEMENTATION STRATEGY



## **Introduction**

Elliot Health System (EHS) and Catholic Medical Center (CMC) serve patients of Greater Manchester and the surrounding communities in the health service area. EHS and CMC jointly conducted a community health needs assessment (CHNA) of the areas served by the hospital pursuant to requirements of Section 501(r) of the Internal Revenue Code. The CHNA findings were approved by the EHS Board and by the CMC Board and were made available on the hospital's website on June 30, 2016. This Community Health Implementation Strategy, also required by Section 501(r), documents the efforts of the Hospitals to address the prioritized community health needs identified in the 2016 CHNA. This Community Health Implementation Strategy is a fluid document that has the ability to be edited based upon the changing dynamics of the community we serve.

## **Community Health Needs (Identified and Prioritized in the Community Health Needs Assessment – click on link**

[T:\Corporate\Development\Community Needs & Benefits\CN - Assessments & Other\Comm Needs Assessment - 2016\CHNA 2016\Final CHNA 2016\Final Manchester Community Needs Assessment 2016\\_071416.pdf](T:\Corporate\Development\Community Needs & Benefits\CN - Assessments & Other\Comm Needs Assessment - 2016\CHNA 2016\Final CHNA 2016\Final Manchester Community Needs Assessment 2016_071416.pdf)

1. **Substance Misuse and Addiction** – Specifically heroin, alcohol, and other opioids.
2. **Mental Health** - Manchester residents experiencing poor mental health days is significantly higher than the rest of NH.
3. **Poverty Rates** – Manchester poverty rates are higher than surrounding communities and the rest of NH (over 15%, as much as 30% in some parts of the city). Related to the poverty rates, use of free and reduced lunch plans is much higher in Manchester than in surrounding towns and the rest of NH.
4. **Social and Support Services** – Limited outside the city.
5. **Access to Care** – Due to transportation issues and long wait times (months) for appointments.
6. **Injuries and Violence** – Assaults (Manchester); traffic in communities adjacent to the highway (key informant interviews). See 2016 Greater Manchester New Hampshire Health Improvement Priority Area #1.
7. **Obesity** – 66% of adults were considered overweight or obese in the Greater Manchester HSA. See 2016 Greater Manchester New Hampshire Health Improvement Priority Area #5.
8. **Aging Population** - The 65+ population within the HSA is projected to realize a 22% growth through 2019, and many other towns within the HSA will experience over 30% growth in the 65+ age group.

- 9. Dental and Oral Health Care** –Lack of ability to pay for services; however, there are more dentists per 100,000 population than the rest of New Hampshire and the United States.
- 10. Diabetes** – The prevalence of diabetes among and diabetes related emergency department visits among residents of the City of Manchester and Greater Manchester were significantly higher than the overall state of NH rate.
- 11. High Cholesterol Rates** – High cholesterol is one of the major controllable risk factors for coronary heart disease, heart attack and stroke. Heart disease was the 2nd leading cause of death in 2013 in NH.
- 12. Asthma** – New Hampshire’s asthma rate is among the highest in the nation. See 2016 Greater Manchester New Hampshire Health Improvement Priority Area #2 .
- 13. Transportation** –A lack of both public transport and elderly transportation options.
- 14. Prostate Cancer** – The Greater Manchester HSA has a prostate cancer incidence rate significantly higher than the state of NH.

For the purpose of effectively aligning resources to address each identified need, we have combined several of the identified needs into related categories for which interventions may support more than one need.

**Improvement Plan: Substance Abuse and Addiction (1), Mental Health (2), Injuries & Violence (6)**

Need	Goal	Strategies/Activities	Hospital Role (s)		Community Partnerships
			Lead	Collaborate	
<b>Substance Use &amp; Addiction</b>	Reduce risky and unhealthy alcohol and drug use	<p><b>New this year</b>, the State of NH has secured \$150M in Medicaid funds (over five years) under the <b>DSRIP 1115 Medicaid Waiver</b>. The fund is specifically focused on coordinating and strengthening community based mental health services and combating substance use disorder-including a diverse array of wrap around services. CMC is the administrative lead of the Region 4 IDN (Integrated Delivery Network) and Elliot is a major contributor/partner in this project.</p> <p>The IDN is a regionally based network of providers with the goal of driving system transformation by designing and implementing six projects. The IDN is currently developing project teams and plans for the six demonstration projects outlines below.</p> <p><b><u>Behavioral Health Workforce Capacity Development</u></b> - The goal of this project is to increase community-based behavioral health service capacity through the education, recruitment and training of a workforce with knowledge and skills to provide and coordinate the full continuum of substance use disorder and mental health services.</p> <p><b><u>Health Information Technology (HIT) Infrastructure to Support Integration</u></b> – The goal of this project is to develop the Health Information Technology (HIT) infrastructure required to support high-quality, integrated care throughout the State focused on patients with Behavioral Health conditions.</p> <p><b><u>Integrated Healthcare</u></b> – The goal of this project is to assist primary care and behavioral health providers in reaching the highest feasible level of integrated care based on the approach described in Substance Abuse and Mental Health Services Administration (SAMHSA’s) Standard.</p> <p><b><u>Care Transitions Teams</u></b> – The goal of this project will follow the evidence-based “Critical Time Intervention” (CTI) approach to providing care at staged levels of intensity to patients with significant behavioral health challenges during transitions from the hospital setting to the community, correctional setting to the community and from youth behavioral health programming to adult services. <b><u>Expansion in Intensive Substance Use Disorders (SUD) Treatment Options, including partial – hospital and residential care</u></b> – The goal of this project is to expand capacity within an Integrated Delivery Network for delivery</p>	CMC EHS	CMC EHS	Network4Health (Medicaid IDN) 40+ Regional Partners/Providers

Need	Goal	Strategies/Activities	Hospital Role (s)		Community Partnerships
			Lead	Collaborate	
		<p>of partial intensive outpatient, partial hospital, or residential treatment options for Substance Use Disorder, in conjunction with expansion of lower acuity outpatient counseling.</p> <p><b>Integrated Treatment for Co-Occurring Disorders</b> – This project is specifically targeted at individuals with co-occurring Substance Use Disorder and severe mental illness diagnoses and involves the implementation of an evidence-based multi-disciplinary program combining substance use disorder treatment and mental health treatment for people with severe mental illness using “stages of change/treatment” approach along with pharmacological and psychosocial therapies and holistic program supports.</p>			
<b>Substance Use &amp; Addiction</b>	Reduce risky and unhealthy alcohol and drug use	Continue to host “ <b>National Take Back Day</b> ” – wherein the hospitals are a hosting a site for individuals to bring unused, expired, or unwanted medications so that they are safely discarded.	EHS CMC	MPD	
		Continue to collaborate with the Manchester Fire Department to support “Safe Stations” where persons seeking assistance with SUD may safely seek assistance in obtaining medical care and treatment services.	EHS CMC	MFD	MFD
		Continue to work with Hope for NH Recovery at connecting Peer Support Recovery Coaches with patients with a SUD for the purpose of linking the SUD patient to resources in the community, provide info to the patients and families, and initiate a relationship with the patient and to provide follow up contact via phone after discharge from the hospital.	CMC	Hope for Recovery NH	
<b>Mental Health</b>	Improve Access	Continue to serve as a Designated Receiving Facility (DRF) for involuntary admissions in Southern NH.	EHS		
		Expand and Improve Elliot Emergency Department Psychiatric Evaluation area (dedicated four-bed behavioral health unit for patients in need of behavioral health assessment and treatment); CMC has 4 mental health beds in ED for patients in need of behavioral health issues. CMC plans to maintain and continually evaluates utilization and efficiencies of these beds.	EHS CMC		Mental Health Center
		Maintain subsidies of Inpatient Adult Psychiatric Unit – 12 beds	EHS		Mental Health Center
		Maintain subsidies of Inpatient Geriatric Psychiatric Unit- 29 Beds	EHS		
		Continue to support Integrated behavioral health services at Primary Care offices in Southern NH including the towns of Londonderry, Raymond, Bedford, Hooksett, Goffstown and Manchester.	EHS CMC		

Need	Goal	Strategies/Activities	Hospital Role (s)		Community Partnerships
			Lead	Collaborate	
		Continue to support outpatient senior psychiatric services offered in collaboration with Generations Mental Health Practice at the Elliot Senior Health Center.	EHS		
		Continue with financial subsidy of “Ray of Hope Geriatric Behavioral Health Unit” (10 beds) – provide assistance to older adults in the entire State who need a short stay dealing with dementia & depression.	EHS		Cottage Hospital
		Continue to offer “Health Care for the Homeless”, a Level II PCMH primary care practice utilizing an integrated model of behavioral health, primary care and SUD utilizing a psychiatric APRN, LADAC., LIMHC, LICSW, RN/Case Managers, APRN’s and Family /Internal medicine MD’s.	CMC	CMC MHD MHCGM	Mental Health Center Manchester Health Dept
		Continue to offer mental health first aid to community agencies for staff, clients and community.	CMC EHS	MHCGM	Mental Health Center
<b>Mental Health</b>	Improve Access	Continue to screen primary care patients through PHQ2 annually. If screened in positive, patients are rescreened with a PHQ9. MD reviews and refers as appropriate.	CMC EHS		
		Continue to offer outpatient adult psychiatric services – offering psychiatric evaluations; psychopharmacology; individual BH and SU therapy; SU court ordered evaluations; bariatric psychiatric evaluations.	CMC		
		Continue to offer Inpatient acute psychiatric evaluations for all medical floors.	CMC EHS		

<b>Injuries and Violence:</b>	Reduction in assaults	In 2016, EHS implemented Human Trafficking Education/Resources – the ED works closely with Homeland Security and Manchester Police Department.	EHS		Homeland Security; MPD
		Continue to identify victims of child abuse – Dr. Amy Roy a Pediatric ED physician works closely with the MPD Juvenile Division.	EHS	CMC	MPD
		Continue to Subsidize Child Advocacy Center, a community partnership dedicated to pursuing the truth in child abuse cases and coordinating social services for child victims.	EHS		Child Advocacy Center
		Utilization of Hope For Recovery NH, Recovery Coaches in the ED and in Acute care as a resource for clients. Recovery Coaches to provide education non patient management for staff to improve patient care and understanding of patient needs. (see substance use and addiction strategy)	CMC	Hope For Recovery NH	Hope for Recovery NH
		All patients in primary care are assessed annually for safety/falls utilizing a questionnaire and with referrals made as appropriate.	CMC EHS		

**Improvement Plan: Poverty (3) and Social Support (4)**

Need	Goal	Strategies/Activities	Hospital Role (s)		Community Partnerships
			Lead	Collaborate	
<b>Poverty</b>	Provide Indirect Support through Subsidized Health Care to those in need	Continue to offer robust Charity Care Programs; Continue to advocate for Medicaid Expansion/Access.	EHS CMC		
		Manchester Community Health Center – Continue to Provide Direct Financial Support.	EHS		Manchester Community Health Center
		Continue to offer and evaluate programs being offered to care for persons living in poverty such as: <ul style="list-style-type: none"> <li>Health Care for the Homeless – Integrated Primary Care program for homeless persons</li> <li>Poisson Dental Clinic – a full service dental programming caring for children and adults with limited access to oral health secondary to barriers to care</li> <li>Pregnancy Care Center – a program offering a centering model to care for pregnant women. This program focuses on women who may have difficulty accessing pre-natal care.</li> </ul>	CMC		
		Manchester Community Health Center – Continue to Provide In-Kind Support Services, and Facility/Space.	EHS CMC		Manchester Community Health Center

**Improvement Plan: Access to Care (5) and Transportation (13)**

Need	Goal	Strategies/Activities	Hospital Role (s)		Community Partnerships
			Lead	Collaborate	
Access to Care	Reduce long wait times for access to care	Primary Care Offices – streamline procedures to increase capacity.	EHS CMC		
		Continue to provider transportation van to PCP.	CMC		
		Increase access to care for low income persons via a collaboration/liaison relationship with the MCHC to increase service at the WSNHC.	CMC	MCHC	Manchester Community Health Center
		Increase primary and specialty care resources in the community to improve access to care, via hiring and collaborative relationships.	EHS CMC		
		Nurse Care Coordinators in each of the primary care practices provide resources and individualized care to high risk/ill patients to improve access to care and health outcomes	EHS CMC		
		Continue with and to evaluate the effectiveness of the pilot program for care coordinator/case management with Easter Seals to provide case management and coordination of care for high risk, high utilizers of health care services.	CMC		



**Improvement Plan: Obesity (7), Diabetes (10), High Cholesterol (11), Asthma (12), Prostate Cancer (14)**

Need	Goal	Strategies/Activities	Hospital Role (s)		Community Partnerships
			Lead	Collaborate	
<b>Obesity</b>	Reduction in BMI	Contribute to the City of Manchester’s Neighborhood Health Improvement Strategy - Beech Street School to get fitness playground and wellness program to promote healthy lifestyle.	EHS		Manchester Health Department
		Primary Care Offices – update patients with education and wellness programs.	EHS CMC		
		Continue to offer community education/wellness program and exercise classes offered to introduce persons to a healthier lifestyle of exercise and healthy food choices.	EHS CMC		
		New England Weight Management Institute – an accredited center for caring for overweight/obese populations via lifestyle moderation, supplemental dietary support and surgical interventions.	CMC		
<b>Diabetes</b>	Decrease diabetes and pre-diabetes which is closely related to increase in obesity	Continue to offer various support groups.	EHS CMC		
		Continue to provide dieticians in local grocery store to help patients make health food choices.	EHS		
		Continue to offer Pre-Diabetes Self-management class: a yearlong series of classes and support aimed at identifying and addressing behaviors that increase ones risk of developing diabetes.	CMC		
		Continue to offer the Diabetes Resource Institute out of CMC to care for, educate and support patients with DM and pre-Diabetes.	CMC		
		Nurse Care Coordinators in each of the primary care practices provide resources and individualized care to high risk/ill patients to improve health outcomes.	CMC		
<b>Asthma</b>	Reduce the incident rate in the Greater Manchester HSA,	Continue to offer the Pediatric Asthma Program.	EH		
		Continue to offer Standardized Asthma Care Plan for all patients diagnosed with Asthma.	EHS CMC		
		Nurse Care Coordinators in each of the primary care practices provide resources and individualized care to high risk/ill patients to improve health outcomes.	CMC		
		Work with children at the MBGC/YMCA on identifying triggers, self care and reducing risks of Asthma.	CMC	DH Manchester Boys and Girls Club YMCA	

**Implementation Plan: Aging Population (8)**

Need	Goal	Strategies/Activities	Hospital Role (s)		Community Partnerships
			Lead	Collaborate	
Aging	Growing Population with increasing demand for HC services	Continue to offer/consider expanding the Parish Nurse Program –aimed at promoting wellness by addressing the physical, emotional and spiritual needs of members.	CMC (L)		NH Congregations
		Continue to offer Geriatric Primary Care and other services at the Senior Health Center in Manchester.	EHS		
		Continue to subsidize services of the Memory & Mobility Center – a program designed to address the many physical, emotional, and social issues that can accompany memory problems.	EHS		
		Continue to provide services through the home care which include home health, hospice, and community and wellness clinics/exercise classes.  Senior Care Coordinator/Case Manager works with high risk, frail elderly population to provide supportive management and facilitation of care.	EHS CMC  CMC		

**Implementation Plan: Dental and Oral Health Care (9)**

Need	Goal	Strategies/Activities	Hospital Role (s)		Community Partnerships
			Lead	Collaborate	
<b>Dental/Oral Health</b>	To provide access to affordable oral health care for adults and children.	Continue to offer services through the Poisson Dental Center, a full service dental clinic for children and adults experiencing difficulty in accessing oral health services secondary to barriers to care.	CMC		
		Continue to provide Dental Van services offered at all elementary and middle schools to provide access to dental services and a referral to CMC or ESDC for primary dental care.	CMC	MHD ESDC	Manchester Health Department Easter Seals Dental Program
		Continue to support integration of a dentist and dental hygiene in a family practice FQHC to provide treatment, education and referral to a primary dental clinic for patients' age one to five years of age.	CMC		Manchester Community Health Center
		Integration of Oral health care in a primary care pediatrician practice at Dartmouth Medical Center.	CMC		Dartmouth Hitchcock Manchester
		Continue to subsidize services in the Oral Maxillofacial Surgery (OMS) program - preventative, reconstructive and emergency care to the local community.	EHS		