

# TANNER HEALTH SYSTEM

## IMPLEMENTATION STRATEGY

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### Access to Care

#### Improve Access to Care

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- ❖ **Expand the continuum of care**
  - Develop new clinical programs at Tanner Health System to expand treatment capabilities and ensure full continuum coverage and optimal disease management, including but not limited to: independent living, assisted living and memory care services; a myriad of outpatient services in the new Tanner Health Pavilion; innovative outpatient care models, including paramedicine and use of Community Health Workers; expanded robotics and total knee surgery programs; a new medical wellness facility; bariatric services; open heart surgery services; site specific cancer programs; and expansion of primary care services in the region
  
- ❖ **Support an increase in the number of physicians and healthcare professionals in the region through recruitment and medical education support**
  - Utilize a comprehensive medical staff recruitment and development plan to recruit highly-skilled medical professionals and specialists to join the healthcare team at Tanner, prioritizing the following specialties: anesthesiology, cardiology, emergency medicine, family medicine, internal medicine, medical oncology, neurology, pediatrics, psychiatry, urgent care, obstetrics & gynecology and otolaryngology
  - Continue to provide medical and nursing scholarships to students, ensuring Tanner will have a qualified pool of talent available for future recruitment
  - Continue to provide support to local nursing school and allied health programs at the University of West Georgia and West Georgia Technical College
  - Continue to connect senior nursing students at the University of West Georgia to a variety of community health opportunities in west Georgia through a preceptorship program with Tanner Get Healthy, Live Well to help them increase knowledge and gain skills in community health work
  - Continue to develop and expand health career mentoring and internship programs, including Tanner Connections and Tanner Teen Institute programs
  
- ❖ **Decrease barriers to care through patient transportation services**
  - Continue the implementation of Tanner Cancer Care's Cancer Patient Transportation Program
  - Continue to provide indigent patient transportation services to area residents who have been discharged home from the hospital, supported by Tanner Medical Foundation's Indigent Taxi Fund
  - Work in partnership with public safety, local government, transportation agencies, etc. to achieve convenient, low-cost transportation options
  
- ❖ **Increase access to care for the uninsured and underinsured**
  - Continually evaluate and broadly communicate financial assistance and self-pay discount policies and practices to ensure optimal access for qualifying patients
  - Continue to provide support to local community-based indigent clinics
  - Launch pilot program in partnership with a national nonprofit to provide low-cost medications to low-income individuals

- ❖ **Utilize health information technology to improve population health outcomes and healthcare quality**
  - Transition to a new, single-platform electronic medical record—EPIC— for both acute and ambulatory environments
    - Utilize EPIC capabilities to provide patients with the ability to access MyChart to view medical history, schedule appointments and receive reminders for healthcare follow-ups
    - Enable physicians in all service areas to access EPIC through Community Connect, raising the standard of care and level of information available
  
- ❖ **Increase awareness of existing resources**
  - Utilize educational outreach and enhanced networking/partnerships to raise awareness of services and resources in the community to overcome barriers to care

## Healthy and Active Lifestyles

### Prevent and Reduce Tobacco Use

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- ❖ **Implement evidence-based strategies to reduce exposure to secondhand smoke and reduce tobacco use among youth and adults**
  - Support the adoption and implementation or expansion of smoke-free/vape-free and/or tobacco-free policies in the community by providing technical assistance to area organizations
  - Promote availability of Freshstart tobacco cessation classes
  - Continue to implement youth tobacco prevention educational outreach throughout the community, including an e-cigarette (i.e., vaping, juuling) educational campaign
  - Use culturally appropriate media and education efforts to build awareness of the health effects of smoking and secondhand smoke exposure in underserved communities

### Prevent and Reduce Obesity, Improve Nutrition and Increase Physical Activity

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- ❖ **Increase accessibility, availability, affordability and identification of healthy foods in the community**
  - Continue to engage Get Healthy, Live Well’s West Georgia Regional Food System Collaborative committee to work on understanding the systemic infrastructure, policy issues and economic concerns that must be addressed to make healthy food more viable in west Georgia
  - Develop new healthy food access points through food pantries/soup kitchens
  - Work with area food banks/soup kitchens to improve the quality of food distributed
  - Continue to promote the purchase of fruits, vegetables and other healthy foods through food assistance program incentives, including the acceptance of EBT payments at farmers’ markets and providing “Health Bucks” coupons to EBT users who purchase fruits and vegetables
  - Expand community nutrition education/cooking demonstration programming
  - Provide local farmer education and business training (i.e., the Journeyman Farmer Certificate Program)
  - Continue implementation of Cooking Matters programming, a cooking-based nutrition education course designed to teach low-income families how to prepare healthy meals on a limited budget
  
- ❖ **Improve the availability of healthy foods and beverages and increase access to physical activity opportunities in schools**
  - Improve or enhance organizational policies and practices to increase availability of healthy food and beverages and increase physical activity opportunities in schools
    - Implement comprehensive nutrition education curricula through Kids ‘N the Kitchen with a focus on hands-on learning and cooking demonstrations

- Expand implementation of an interactive educational health exhibit promoting nutrition and physical activity in area schools

❖ **Increase equitable, safe, accessible, convenient and connected options for walking, biking and public transit**

- Continue to work with city and county leaders to improve community design to make streets safe for pedestrians and bicyclists (i.e., adoption of Complete Streets policies), promoting walkability and connectivity
- Continue to work with partners to promote and expand Carrollton’s Bike-Share program
- Continue promotion of the Safe Routes to School program at Carrollton City Schools
- Create opportunities for physical activity in public settings
  - Maintain community physical activity groups, including the promotion, expansion and implementation of Move It Mondays, historic walks, community runs (i.e., 5ks and half-marathons) and physical activity opportunities directed toward youth

## **Chronic Disease Prevention, Education and Management**

### **Increase Access to and Utilization of Clinical and Community-based Services for Chronic Disease Prevention, Risk Reduction and Management**

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❖ **Increase access to community-based chronic disease preventive services and self-management programs in organizational or institutional settings (e.g., faith-based organizations, worksites and community-based organizations)**

- Improve or enhance organizational policies and practices to increase opportunities for chronic disease prevention, risk reduction and management in faith-based organizations
  - Develop and promote the use of a comprehensive toolkit for faith-based organizations to aid them in the development and implementation of policy, systems and environmental modification strategies that promote chronic disease prevention, risk reduction and management
  - Train congregants as facilitators of evidence-based chronic disease programs (e.g., National Diabetes Prevention Program, Living Well Workshop, Living Well with Diabetes, Freshstart Tobacco Cessation and Cooking Matters) to be offered within their congregations and communities
- Improve or enhance organizational policies and practices to increase opportunities for chronic disease prevention, risk reduction and management in worksites
  - Conduct screening health assessments within worksites with feedback plus health education, including employee referral to services that align with their health needs
  - Provide training and technical assistance to worksites in the development and implementation of policy, systems and environmental (PSE) modification strategies that promote chronic disease prevention, risk reduction and management
  - Continue to cultivate a healthier workforce at Tanner Health System through programs like Health Bridge/chronic disease management, health coaching and the Tanner Health Source gyms
- Develop and launch a ‘Fresh Food Farmacy’ program that provides food insecure residents with diabetes and hypertension with access to healthy food in conjunction with nutrition and

diabetes/chronic disease self-management education, cooking classes and health coaching, and low-cost prescription medications

- Continue to recruit and train community lay leaders to serve as facilitators of evidence-based chronic disease programs (e.g., National Diabetes Prevention Program, Living Well Workshop, Living Well with Diabetes, Freshstart tobacco cessation, Fit Kids, Tai Chi and Cooking Matters), to be offered at a variety of community-based organizations throughout the community
  - Research and explore opportunities and relevancy of the implementation of other evidence-based chronic disease community programming, including program development targeting hypertension and COPD
- ❖ **Increase the number of healthcare providers providing referrals to community-based resources and services for chronic disease prevention, risk reduction and management**
  - Continue to educate and engage area healthcare providers in the development and implementation of new or improved processes and systems (i.e., EPIC EMR) regarding referrals to Get Healthy, Live Well’s community-based chronic disease programming (e.g., National Diabetes Prevention Program, Living Well Workshop, Living Well with Diabetes, Freshstart tobacco cessation, Fit Kids, Tai Chi) and other community resources through clinical and community linkages
- ❖ **Provide outreach to increase use of clinical preventive services by the population**
  - Hold community screening opportunities (i.e., cholesterol, blood pressure, diabetes, prostate cancer, etc.) to ensure underserved individuals are aware of and have access to available screenings
  - Tanner’s “Mammography on the Move” digital mammography unit to provide mammograms and bone density screenings throughout the community
  - Expand targeted and culturally appropriate media and education efforts through a variety of communication channels and formats to raise awareness of health information and services in the community, empower individuals to take an active role in their health and health care and overcome barriers to care

## **Promote Shared Ownership of Community Health**

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- ❖ **Continually develop and engage collaborative partnerships at the local, regional, statewide and national levels to further identify, implement and evaluate strategies to address factors that contribute to chronic disease and the overall health of the community**
  - Restructure and engage the multi-sector Get Healthy, Live Well coalition to work together to establish, advance and maintain effective strategies that continuously improve health and quality of life in the community
  - Continue the implementation of an annual Community Health Summit to provide a forum to discuss and share successes and challenges regarding community health improvement activities and to inspire individuals and community partners to take a proactive role in improving community health
  - Continue to build community capacity through the identification of: community assets; local, state and national partners; and experts in the field of community health improvement — all of which can be mobilized to address health-related problems and environmental factors that contribute to health risks

## Mental/Behavioral Health

### Promote Mental/Behavioral Health in the Community

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- ❖ **Increase access to mental/behavioral health services and supports in the community**
  - Identify opportunities to expand Willowbrooke at Tanner’s inpatient and outpatient services
  - Utilize telemedicine-psych for better and faster patient care
  - In partnership with area school systems, continue Willowbrooke at Tanner’s school-based behavioral health therapy services and expand to additional schools within the region
  - Continue to implement and develop innovative therapies and programs at Willowbrooke at Tanner, including equine therapy, art therapy, rhythmic therapy and animal-assisted therapy
  
- ❖ **Reduce stigma of mental illness in the community**
  - Increase the mental health literacy and capacity of adults who interact with adolescents to identify and respond to the behavioral health issues of adolescents through the implementation of Youth Mental Health First Aid (YMHFA) trainings to a diverse group of youth-serving adults throughout the region
  - Advocate for change to stigma surrounding mental illness in the community through continued educational media initiatives, awareness campaigns and community outreach efforts
  - Implement a pilot peer-mentoring program within local schools
  
- ❖ **Integrate behavioral health and primary care**
  - Expand the model for integrating behavioral health providers within Tanner Medical Group’s primary care Patient-centered Medical Home (PCMH) practices
  
- ❖ **Strengthen the linkage and referral system between behavioral health providers and other service organizations**
  - Continue to collaborate and communicate with local service agencies, such as area juvenile/truancy courts, Department of Family and Children’s Services, Department of Juvenile Justice, physician offices, schools, etc., to further identify and respond to gaps in behavioral health services and supports in the community
  - Continue to educate healthcare professionals about mental/behavioral health patient needs, offering continuing education credits (CEUs) in the area of mental/behavioral health treatment and related issues

## Substance Misuse

### Prevent and Treat Substance Misuse

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- ❖ **Enhance substance misuse treatment in the community**
  - Continue to promote and provide substance misuse services through Regain at Willowbrooke, an outpatient substance misuse treatment program for working professionals
  
- ❖ **Reduce Barriers and Bridge Gaps Between Residents, Emergency Personnel and Substance Misuse Prevention and Treatment Programs through Education and Resource Linkages**
  - Initiate and/or expand policy changes within government sector regarding emergency treatment of opioid overdoses
  - Initiate and/or expand policy changes within educational institutions and business/industry regarding e-cigarette use

- Reduce amount of unused and expired prescription and non-prescription medications available for misuse through safe and effective home disposal methods and drug take-back opportunities
- Implement community outreach activities to educate community on critical substance misuse issues (i.e. opioid/prescription medication misuse, dangers of e-cigarettes, etc.) and increase awareness of existing substance misuse resources and services

## **Social Determinants of Health**

### **Reduce Inequities caused by the Social Determinants of Health**

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- ❖ **Build awareness, understanding, capacity and ability to address poverty**
  - Foster cultural competencies about poverty among partners and community residents through training and dialogue
  - Elevate diverse voices that can help broaden the conversation about poverty and the issues inhibiting economic mobility and generate deeper awareness and actionable understanding of structural and historic barriers to mobility
  - Identify key windows of opportunity to develop programs and policies for the most effective change to address barriers to economic mobility
- ❖ **Develop innovative approaches to address the socioeconomic determinants of health**
  - Launch a Fresh Food Farmacy program in which program participants (low-income, food insecure patients with diabetes) will be provided with free, nutritious food and a comprehensive suite of dietetic, social and environmental services
  - Develop a nonprofit collaborative to address social determinants of health