TANNER HEALTH SYSTEM

Higgins General Hospital
Community Health Implementation Strategy
FY 2017 - 2019

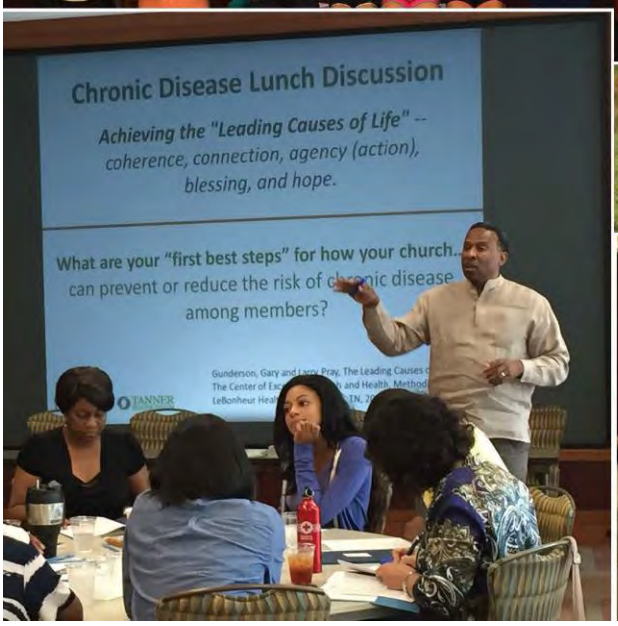


Table of Contents

Executive Summary

Tanner Medical Center, Inc. is a non-profit regional health system with a mission: ***To provide quality healthcare services within our resource capabilities; to serve as a leader in a collaborative effort with the community in providing health education, support services and care for all citizens.*** Tanner's long-standing commitment to the community is deeply rooted in its mission. The organization remains committed to improving the community's health, not only through daily patient care activities but also outreach, prevention, education and wellness opportunities.

As a healthcare leader in the region, Tanner plays an important and significant role in advancing health and partnering with others to realize community health improvement. Part of this effort and commitment to this work is the execution of a Community Health Needs Assessment (CHNA), conducted every three years (the last CHNA was completed in 2013) for each of Tanner's hospital facilities: Tanner Medical Center/Carrollton, Tanner Medical Center/Villa Rica and Higgins General Hospital. The 2016 CHNA reports for Tanner Health System (Tanner Medical Center/Carrollton, Tanner Medical Center/Villa Rica and Higgins General Hospital) were approved by the Tanner Medical Center, Inc. Board of Directors on June 13, 2016. These comprehensive, multifactor assessments included the collection and analysis of quantitative data, as well as qualitative input directly from residents gathered through community surveys, focus groups and a community listening session. Through the CHNA process, Tanner has identified the greatest health needs among each of its hospital's communities. This will help the health system ensure that its resources are appropriately directed toward clinical program development, services, outreach, prevention, education and wellness opportunities where the greatest impact can be made.

Tanner Health System's CHNA is an organized, formal and systematic approach to identify and address the health needs of communities across Tanner's geographic footprint. The CHNA guides the development and implementation of a comprehensive plan to improve health outcomes for those disproportionately affected by disease, and informs future community health programming and community benefit resource allocation for fiscal years 2017-2019 across Tanner's hospitals.

Upon review, analysis and prioritization of the CHNA findings, the priority areas to be addressed during Higgins General Hospital's FY 2017-2019 Implementation Strategy include:

1. Access to care
2. Chronic disease prevention and management — with a focus on obesity, heart disease, diabetes and cancer
3. Behavioral health
4. Health education and literacy

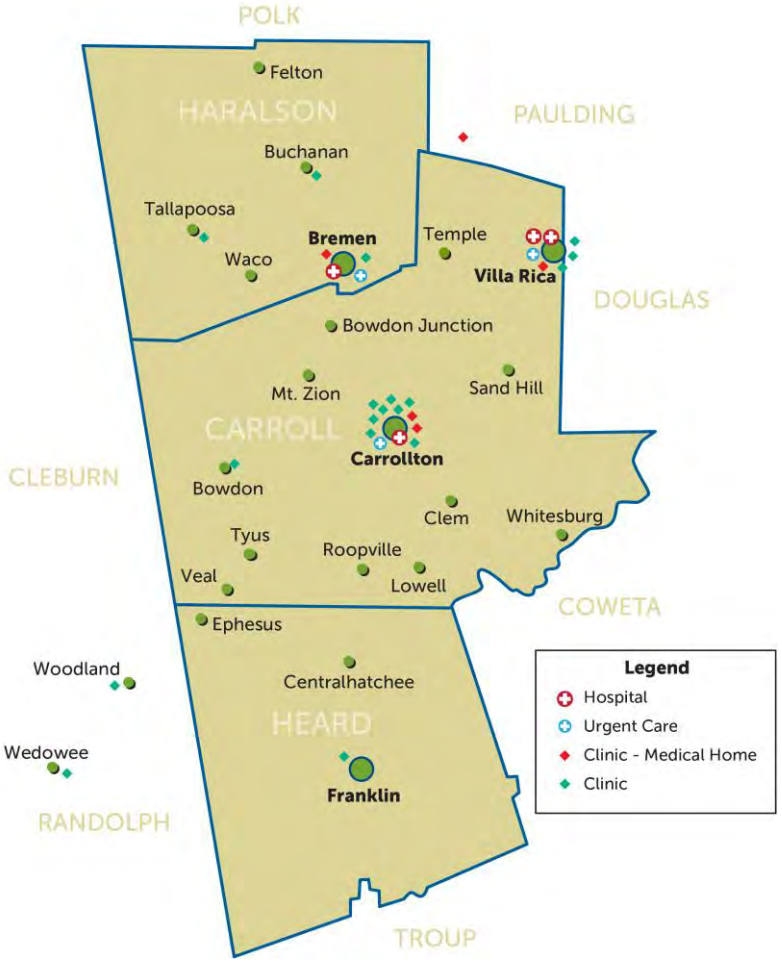
Over the next three years, Higgins General Hospital will execute the Implementation Strategy, focusing on the execution of programming for identified priority areas, systematic measurement and tracking of program effectiveness, as well as reporting progress and outcomes relative to internal measures and local and national public health goals.

Responding to needs identified in the 2016 CHNA, this document details the FY 2017-2019 Implementation Strategy for Higgins General Hospital.

COMMUNITY PROFILE

Tanner Health System is a nonprofit, regional health system with a primary service area of Carroll, Haralson and Heard counties in west Georgia. The health system's facilities include:

- The 201-bed acute care Tanner Medical Center/Carrollton
- The 40-bed acute care Tanner Medical Center/Villa Rica
- The 25-bed critical access Higgins General Hospital in Bremen
- The 82-bed inpatient behavioral health facility Willowbrooke at Tanner in Villa Rica



Tanner also operates Tanner Medical Group, one of metro Atlanta's largest multi-specialty physician groups with about 30 medical practice locations serving the region. The health system's medical staff is comprised of more than 300 physicians representing 34 unique medical specialties, from allergies and asthma to urology and vascular surgery.

The community served by Higgins General Hospital, for the purposes of the CHNA and Implementation Strategy, is defined as the hospital's primary service area: Haralson County. This county covers 282 square miles of predominantly rural area (77 percent rural) with a total population of 28,594 (American Community Survey 2009-2013).

Haralson County presents a diverse blend of cultures, ethnicities, socioeconomic circumstances and educational attainment, and consist of a mixture of rural and suburban communities whose health needs are met by a combination of hospital systems; private practices; rural health clinics; and social service, faith-based and other community-based organizations. Tanner's hospital facilities work collaboratively to leverage existing assets and resources throughout Carroll, Haralson and Heard counties to best meet the health needs of their communities.

Tanner is dedicated to making west Georgia a healthier place to live, learn, work, play and grow. With the help of community partners, Tanner has successfully implemented programs that help west Georgia residents with the healthcare and preventive services they need. The health system will continue its work to develop and sustain partnerships to address the community health needs identified in the CHNA.

IMPLEMENTATION STRATEGY DEVELOPMENT

Community Health Needs Assessment Process

Higgins General Hospital's 2016 CHNA incorporated data from both quantitative and qualitative sources. Quantitative data input included primary research — community surveys with 190 total respondents and a sub-set cancer patient survey with 105 respondents — and secondary research (vital statistics and other existing health-related data). These quantitative components allowed for comparison to benchmark data at the state and national levels. The CHNA took into account information from a variety of quantitative data sources, including:

- Centers for Disease Control and Prevention (CDC)
- Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS)
- Department of Health and Human Service's Health Resources and Services Administration (HRSA)
- Healthy People 2020
- National Cancer Institute
- Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS)
- United States Bureau of Labor Statistics
- United States Census Bureau
- United Health Foundation's America's Health Rankings
- University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation's County Health Rankings
- Community Commons

Qualitative data input includes primary research gathered through a community focus group (Haralson County) held in April 2016, gathering input from six area community leaders, and a community listening session held in March 2016, gathering input from 91 area residents. Tanner partnered with the Georgia Health Policy Center to conduct the community focus group and community listening session. These data were used to diversify the types of information gathered and to engage a diverse group of internal and external stakeholders to inform the CHNA. The focus group and listening session were comprised of area residents, partners and persons who represent the broad interests of the community served by the hospital, including those with special knowledge of, or expertise in, public health. Members of medically underserved, low-income and minority populations served by the hospital or individuals or organizations representing the interests of such populations also provided input. For further public health input, the CHNA was reviewed by representatives from the Centers for Disease Control and Prevention (CDC) and the Georgia Department of Public Health (DPH), including the DPH's commissioner and state health officer.

Prioritization Process and Response to Findings

Members of Tanner Health System's administrative and community benefit teams, along with the Georgia Health Policy Center, reviewed internal and external data sources for population demographics and health needs, results of community health needs survey data and input from a community listening session and four community focus groups. Utilizing these sources, members used the following criteria to evaluate and prioritize community health issues:

1. **Magnitude/scale of the problem.** The health need emerged consistently through the assessment process as significant and important to a large diverse group of community stakeholders.
2. **Severity of the problem.** The health need leads to serious effects (co-morbid conditions, mortality and/or economic burden for those affected and the community).
3. **Problem linked to high utilization rates.** The health need is evidenced by high emergency department and inpatient admissions that could be prevented if adequate resources were available in the community.
4. **Internal assets.** Tanner Health System has the ability to make a meaningful contribution to respond to the problem through clinical expertise and/or financial resources.
5. **Disproportionate impact.** The problem disproportionately impacts the health of underserved and vulnerable populations.
6. **Evidence-based approaches.** There are demonstrated evidence-based practices available that can be applied to effectively address the problem.
7. **Assessment trends.** The problem consistently emerges as a priority in past assessments.
8. **Leveraging resources.** There is consensus among stakeholders that the problem is a priority and there is opportunity to collaborate with others to address the problem.

Through this process of evaluation, four priority health issues were selected from the broader list of priorities identified in the Community Health Needs Assessment (CHNA) as specific areas of focus for Higgins General Hospital.

The following needs were identified as significant health needs and prioritized for the Implementation Strategy:

1) Access to Care

- *Affordable health care; access to primary, specialty and preventive health care; transportation to healthcare appointments; integration of care between providers*

2) Chronic Disease Prevention and Management

The following chronic conditions will be targeted as part of the Implementation Strategy:

- **Obesity**
- **Diabetes**
- **Heart disease**
- **Cancer**

- *Screenings; education; evidence-based programming and interventions; risk factor reduction (improve nutrition, increase physical activity, minimize tobacco use)*

3) Behavioral Health

- *Access; substance abuse; prevention, early detection and intervention*

4) Health Education and Literacy

- *Awareness and knowledge of available resources/services, health conditions, self-care and chronic disease management; healthcare navigation; cultural and linguistic competency*

Health Needs Not Addressed

As an outcome of the prioritization process and taking existing hospital and community resources into consideration, several potential health needs or issues flowing from the primary and secondary data were not identified as significant current health needs and were not advanced for consideration for the Implementation Strategy.

Concerns were identified in the CHNA regarding lack of dental services in the west Georgia region. While not directly addressed in Tanner's Implementation Strategy, Tanner will continue to partner with local dentists and oral surgeons to provide urgent dental care in the health system's emergency departments and clinics, along with working collaboratively with providers, social service and community organizations to promote routine dental care. Tanner also provides financial assistance to a local indigent clinic, the Rapha Clinic, which provides dental care to those without insurance or the means to afford such care.

Lack of public transportation was identified as a factor impacting community health. While Tanner is committed to finding solutions to limited transportation needs in the region, public transportation is out of the scope of the organization's resources and will not be addressed as a primary need in the Implementation Strategy, but will be impacted through the Access to Care priority. Tanner will continue to work collaboratively with county and city governments, social service agencies and more to evaluate and identify opportunities to increase access to transportation services in the region.

Implementation Strategy

Access to Care

Improve Access to Care

- **Expand the continuum of care**
  - Develop new clinical programs at Tanner Health System — focused on heart and vascular, orthopedics, oncology, digestive health, surgical services, urology and neurosciences — to expand treatment capabilities and ensure full continuum coverage and optimal disease management
    - Achieve the Joint Commission Disease-specific Certification as a Primary Stroke Center at Tanner Medical Center/Carrollton and Tanner Medical Center/Villa Rica
    - Achieve Joint Commission Disease-specific Accreditation for hip and knee replacement
    - Achieve Chest Pain Center Accreditation by Society for Cardiovascular Patient Care for both Tanner Medical Center/Carrollton and Tanner Medical Center/Villa Rica
    - Develop a strategy for an open heart surgery program
    - Launch a palliative care program
    - Expand advanced cardiac diagnostics program
    - Develop a comprehensive geriatric hip fracture program
    - Develop a pelvic health program
    - Develop a lung cancer screening program
    - Develop a sports medicine program
    - Develop a plan for a robust telemedicine program
    - Develop a strategy for an outpatient neurology clinic
    - Develop a concussion and cognitive disorders program
    - Work with urology to evaluate development of a comprehensive stone clinic at Higgins General Hospital
    - Enhance the robotic surgery program
    - Develop oncology site-specific multi-disciplinary teams, improving access and coordination of cancer care
  - Develop and execute plan to increase inpatient bed capacity by 18 beds at Tanner Medical Center/Carrollton

- **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: neurology, interventional cardiology, general cardiology, psychiatry, pulmonary medicine, OB/GYN and nephrology
  - Implement a nursing recruitment and retention strategic plan
  - 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 develop and expand health career mentoring and internship programs, including Tanner Connections, Teens in Action and the 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

- **Provide education, information and resources for at-risk populations**
  - Develop and disseminate a comprehensive community resource guide

- **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 financial support to local community-based indigent clinics

- **Increase the availability of the Patient-centered Medical Home model of care**
  - Expand and achieve NCQA recognition for Patient-centered Medical Home (PCMH) and Patient-centered Specialty Practices (PCSP) models of care in additional Tanner Medical Group primary care and specialty practices to improve healthcare coordination, access and outcomes

- **Utilize health information technology to improve population health outcomes and healthcare quality**
  - Increase data sharing and improve interoperability to meet industry standards through the rollout of and continued support of the Health Information Exchange (HIE)
  - Develop a plan to transition to a new, single-database electronic medical record for both acute and ambulatory environments
  - Enhance patient engagement through the Patient Portal, including the addition of diagnostic imaging and cardiology reporting
  - Research, acquire and evolve population health management health information enabler tools that support performance measurement

Chronic Disease Prevention and Management

Prevent and Reduce Tobacco Use

- **Implement evidence-based strategies to reduce exposure to secondhand smoke and reduce tobacco use among youth and adults**
  - Support the adoption and implementation of smoke-free and/or tobacco-free policies in the community by providing technical assistance to area faith-based organizations, multi-unit housing complexes and worksites
  - Promote availability of Freshstart tobacco cessation classes and recruit and train Freshstart facilitators
  - Continue to implement youth tobacco prevention educational outreach (i.e., Don't Be a Bonehead) throughout the community, including an e-cigarette 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

- **Increase accessibility, availability, affordability and identification of healthy foods in the community**
  - Convene a committee consisting of multi-sector community partners 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
  - Continue to promote healthy food and beverage availability and identification through the use of the "Menu It" app for smartphones and website to connect users to healthy meal options, and expand the number of local restaurants highlighting nutritious Get Healthy, Live Well-approved dishes on "Menu It"
  - 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
  - Continue implementation of the Power of Produce (POP) Club program at the Cotton Mill Farmers' Market and other community locations to empower kids to make healthier choices
  - Expand community nutrition education/cooking demonstration programming
  - 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 organizational or institutional settings (e.g., faith-based organizations, worksites and schools)**
  - Improve or enhance organizational policies and practices to increase the availability of healthy food and beverages and increase physical activity opportunities in faith-based organizations
    - Conduct organizational policy, systems and environmental (PSE) assessments within local faith-based organizations to determine current practices and readiness to implement new PSE modification strategies
    - Provide training and technical assistance to faith-based organizations in the development and implementation of PSE modification strategies that promote healthy food and beverage choices and physical activity
  - Improve or enhance organizational policies and practices to increase availability of healthy food and beverages and increase physical activity opportunities in worksites
    - Conduct organizational policy, systems and environmental (PSE) assessments within local worksites to determine current practices and readiness to implement new PSE modification strategies
    - Provide training and technical assistance to worksites in the development and implementation of PSE modification strategies that promote healthy food and beverage choices and physical activity
    - 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
  - 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 with a focus on hands-on learning and cooking demonstrations
    - Continue implementation of the "Eat a Rainbow" nutrition education play in local schools
    - Expand implementation of an interactive educational health exhibit promoting nutrition and physical activity in area schools

- **Increase adoption of comprehensive approaches to improve community design to promote health**
  - 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
  - Work with partners to implement a bike-share program on the Carrollton GreenBelt
  - 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 and physical activity opportunities directed toward youth

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

- **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
    - Conduct organizational policy, systems and environmental (PSE) assessments within local faith-based organizations to determine current practices and readiness to implement new PSE modification strategies
    - Provide training and technical assistance to faith-based organizations in the development and implementation of PSE 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

  - 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, Kids N Fitness 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

- **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 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, Kids N Fitness) and other community resources through clinical and community linkages
  - Expand work with Tanner's emergency departments to coordinate community resources for patients
  - Expand work with Tanner case management and Get Healthy, Live Well program referrals to impact readmission rates
  - Attain Diabetes Prevention Program accreditation

- **Provide outreach to increase use of clinical preventive services by the population**
  - Disseminate educational materials to educate the community on diagnostic and preventive screening recommendations across multiple Tanner Health System service line disciplines (i.e., oncology, primary care, women's and children's, digestive health, heart and vascular, behavioral health)
  - Hold community screening opportunities (i.e., cholesterol, blood pressure, diabetes, prostate cancer, peripheral artery disease, varicose veins, abdominal aortic aneurysm, skin cancer, etc.) to ensure underserved individuals are aware of and have access to available screenings
  - Implement online module capabilities for Get Healthy, Live Well's evidence-based educational chronic disease prevention and management programs
  - Tanner's "Mammography on the Move" digital mammography unit to provide mammograms and bone density screenings throughout the community

Promote Shared Ownership of Community Health

- **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

Behavioral Health

Promote Behavioral Health and Prevent and Reduce Substance Abuse

- **Increase access to behavioral health services and supports in the community**
  - 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
  - Identify opportunities to expand inpatient and outpatient services
  - 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 the stigma surrounding mental illness in the community through continued educational media initiatives and community outreach efforts

- **Enhance substance abuse treatment in the community**
  - Continue to promote and provide substance abuse services through Regain at Willowbrooke, an outpatient substance abuse treatment program for working professionals
  - Recruit an additional psychiatrist certified in addiction to oversee Regain at Willowbrooke services, provide treatment to inpatients with a primary substance abuse diagnosis and implement a new outpatient practice in the community
  - Apply and receive DATEP (Drug Abuse Treatment and Education Program) licenses for Willowbrooke at Tanner's Mirror Lake and Carterville locations (Willowbrooke at Tanner's Villa Rica and Carrollton locations are currently DATEP licensed), allowing Willowbrooke at Tanner to provide primary substance abuse treatment across the continuum

- **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 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 health patient needs, offering continuing education credits (CEUs) in the area of mental health treatment and related issues

Health Education and Literacy

Improve Health Literacy

- **Develop and disseminate health information that is accurate, accessible and actionable**
  - Use targeted and culturally appropriate media and education efforts through a variety of communication channels and formats (verbal, written and visual) 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
    - Launch "Advancing Your Health" education series to provide reliable health information through community forums, featuring experts from cardiology, OB/GYN, urology, orthopedics, cancer and more
    - Utilize the patient portal for targeted promotions to improve population health and increase access to care for specific disease states, including heart disease, tobacco use and diabetes

- **Promote changes in the healthcare system that improve health information, communication, informed decision making and access to health services**
  - Promote integrated care teams (i.e., PCMHs, PCSPs) to share information seamlessly between specialists and general healthcare providers, allowing for better patient care and health outcomes
  - Provide comprehensive language access and assistive technologies, including interpreter services, at every point of contact to meet the needs of diverse patient communities and create a person-centered environment
  - Integrate health literacy and National Culturally and Linguistically Appropriate Services (CLAS) in Health Care audit tools, standards and scorecards into quality process and performance improvement activities and metrics
  - Expand the ability of Tanner Health System's facilities to share medical records about patients while protecting the privacy of patient's personal information
  - Continue to utilize patient navigators (orthopedics, cancer), patient care coordinators (PCMHs) and case/care managers to help patients access recommended services and information