

Allegheny Health Network



Allegheny Valley
Hospital

COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION STRATEGY PLAN

March 2019





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Our Mission

To create a remarkable health experience, freeing people to be their best.

Our Vision

A world where everyone embraces health.

Our Values

People Matter

Every person contributes to our success. We strive for an inclusive culture, regarding people as professionals, and respecting individual differences while focusing on the collective whole.

Stewardship

Working to improve the health of the communities we serve and wisely managing the assets which have been entrusted to our care.

Trust

Earning trust by delivering on our commitments and leading by example.

Integrity

Committing to the highest standards encompassing every aspect of our behavior including high moral character, respect, honesty, and personal responsibility.

Customer-focused Collaboration

Because no one person has all the answers, we actively seek to collaborate with each other to achieve the right outcomes for our customers.

Courage

Empowering each other to act in a principled manner and to take appropriate risks to do what is right to fulfill our mission.

Innovation

Committing to continuous learning and exploring new, better, and creative ways to achieve our vision.

Excellence

Being accountable for consistently exceeding the expectations of those we serve.

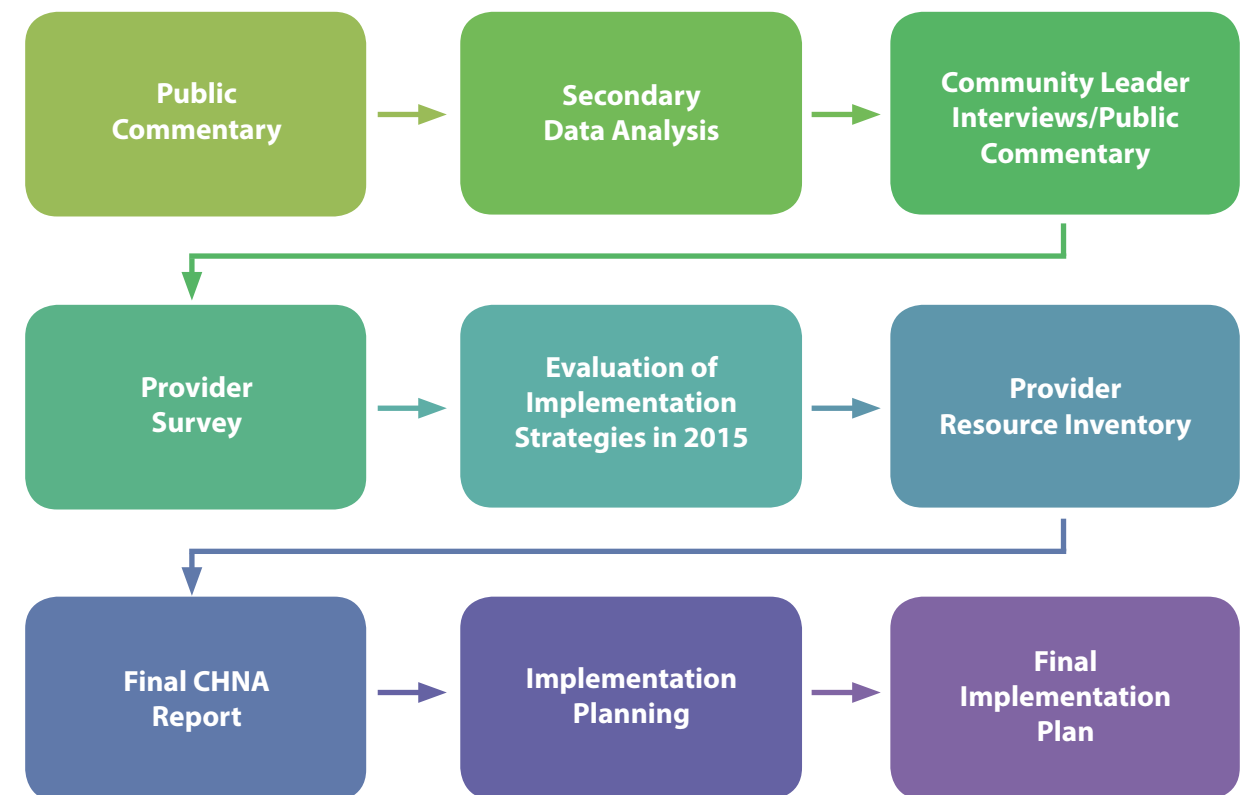
INTRODUCTION

Allegheny Valley Hospital (AVH) has served the community since 1909 and has grown into a 200-bed hospital with 310 physicians, and over 900 employees. As a part of AHN, it offers a broad spectrum of programs, including medical and surgical services, inpatient psychiatric care and geriatric psychiatric care, cardiology, orthopedics and cancer care as well as seven outpatient care centers throughout the community providing a variety of diagnostic services.

As a committed steward to their community, The Allegheny Valley Hospital Trust is a partner to Allegheny Health Network to raise, manage and distribute funds that impact patient care, medical programs, research and education. AVH continually

strives to meet the needs of the people in their service area and values their role as a community hospital by offering comprehensive care that is close to home, reducing the need for patients and families to travel outside of their community for customized, compassionate care.

In 2018, AHN joined together with Tripp Umbach to conduct a comprehensive community health needs assessment for the AVH service area of Allegheny, Armstrong, Butler and Westmoreland Counties. The overall CHNA involved multiple steps that are depicted in the below flow chart.



IMPLEMENTATION STRATEGIES

The results of the CHNA identified the following as the priorities for the AVH service area:



The CHNA and implementation strategy plan meets the requirements of the Patient Protection and Affordable Care Act. The act has changed how individuals are obtaining care and promotes reduced healthcare costs, greater care coordination, and better care and services. Healthcare organizations and systems are striving to improve the health of the community they serve through collaboration with local, state and national partners.

The requirements imposed by the IRS for tax-exempt hospitals and health systems must include:

- ◆ Conduct a CHNA every three years.
- ◆ Adopt an implementation strategy to meet the community health needs identified through the assessment.
- ◆ Report how it is addressing the needs identified in the CHNA and a description of needs that are not being addressed, with the reasons why.

Tripp Umbach worked with the AVH staff to complete the CHNA and it was adopted by the board of directors in December 2018. This implementation strategy plan outlines the needs identified in the CHNA and documents how AVH will be addressing the needs over the next three years. All needs identified in the CHNA will be addressed by AVH.



HEALTH PRIORITY ACCESS TO CARE

Access to health care impacts one's overall physical, social, and mental health status and quality of life. Barriers to accessing health services may include high cost of care, inadequate or no insurance coverage, lack of availability of services, lack of adequate transportation, and lack of culturally competent care. These barriers to accessing health services lead to issues such as unmet health needs, delays in receiving appropriate care, inability to get preventive services, financial burdens, and preventable hospitalizations/readmissions.

COMMUNITY NEED Transportation

Having adequate transportation is often a barrier to accessing services and can greatly affect the quality of people's lives. Transportation issues can include lack of vehicle access, long distances and lengthy times to reach needed health care services, transportation costs and adverse policies, such as rider restrictions or inconvenient bus schedules, to name a few. Transportation challenges affect populations in both rural and urban communities.

Because transportation touches many aspects of a person's life, adequate and reliable transportation services are fundamental to accessing health care services and creating healthy communities. Inadequate transportation may result in missed or delayed health care appointments, increased health expenditures and overall poorer health outcomes.

The results of the CHNA show that lack of adequate transportation is a barrier to accessing health care services. When asked for the reasons why their patient population may be noncompliant to treatment/medication plans, surveyed AHN providers said transportation was the second most frequent reason, only behind the high cost of healthcare and medications. When asked what they perceived was the greatest barrier for patients to receiving care, transportation registered as the third greatest barrier only behind out of pocket costs and no insurance coverage. AVH will work collaboratively with Prehospital Care Services (PCS) to develop an improved transportation system for AVH patients.

GOAL

To develop an improved transportation system for AVH patients and families.

IMPACT

(1) Increased awareness of available patient transportation resources; (2) increased patient transportation services; and (3) improved discharge process.

STRATEGIES AND ACTION STEPS TRANSPORTATION

Strategies	Action Steps	Measure	Impact
<ol style="list-style-type: none"> 1. Improve access to transportation services for patients and families. 	<ul style="list-style-type: none"> • Assess current transportation services. • Collaborate with Prehospital Care Services to utilize a centralized coordination center. • Educate PCPs on transportation services. • Educate patients on transportation services. • Implement transportation protocol with community partner. • Continue to work to improve connectivity with One Call System. 	<ul style="list-style-type: none"> • Increased number of documented community based transportation resources. • Increase the number of patients that utilize transportation resources. 	<ul style="list-style-type: none"> • Increased education on transportation services for staff. • Increased transportation services for patients. • Improved discharge process.



HEALTH PRIORITY BEHAVIORAL HEALTH

Mental health is a growing issue across the U.S. Approximately one in five adults in the U.S. – or 43.8 million residents – experiences mental illness in a given year. 21.5% of youth age 13 through 18 experiences a severe mental disorder at some point during their lives.¹ In many instances, mental illness and substance abuse go hand-in-hand; among the 20.2 million adults in the U.S. with a substance abuse issue, approximately 10.2 million have a co-occurring mental health issue.²

Approximately 20% of youth (13-18) experience severe mental disorders in a given year (13% for ages 8-15) and about 10.2 million adults in the U.S. have co-occurring mental health and addiction disorders. 60% of adults and nearly 50% of youth (8-15) with a mental illness received no mental health treatment in the previous year.³

With high rates of mental illness and substance abuse across the nation and in the state of Pennsylvania, it is increasingly important for residents to be able to seek and obtain quality care and treatments in order to manage their conditions. However, many struggling with mental and behavioral health issues are unable to access treatment. 56.5% of adults with mental illness received no past year treatment, and for those seeking treatment, 20.1% continue to report unmet treatment needs.⁴ The rate of behavioral health providers, cost of care, and uninsured levels play a role in a person's ability to receive behavioral health care.

¹ "Mental Health by the Numbers" National Alliance on Mental Illness, 2016.

² "Mental Health by the Numbers" National Alliance on Mental Illness, 2016.

³ National Alliance on Mental Illness, *Mental Illness Facts and Numbers*, 2016.

⁴ *Mental Health American*, 2018.

COMMUNITY NEED
Mental Health Services

The results of the CHNA show that a barrier to accessing behavioral health services is the lack of awareness of community resources and services. During the stakeholder interview process, when interviewees were asked to name the top three health issues in their community, mental health was the number one response, as it was mentioned in 71% of the responses. The staff of AVH is collaborating with the Center for Inclusion Health to increase the knowledge and access to mental health programs and services.



GOAL

Transform the treatment and care continuum for mental health services at AVH.

IMPACT

(1) Improved quality outcomes for patients with mental health, (2) increased awareness of available resources; and (3) increased number of patients receiving treatment.

STRATEGIES AND ACTION STEPS MENTAL HEALTH SERVICES

Strategies	Action Steps	Measure	Impact
1. Improve quality outcomes for mental health domain.	<ul style="list-style-type: none"> Utilize needs assessment counselors/social services to monitor patient encounters in ED. 	<ul style="list-style-type: none"> Number of patients referred to inpatient or outpatient facilities. 	<ul style="list-style-type: none"> Improved quality outcomes. Increased awareness of available resources.
2. Collaborate with AHN Behavioral Health Consultants (BHC) in the primary care practices.	<ul style="list-style-type: none"> Identify patients who may be in need of behavioral health support. Utilize the BHC to provide support for patients with mental health issues. 	<ul style="list-style-type: none"> Number of patients referred to inpatient or outpatient facilities. 	<ul style="list-style-type: none"> Increased number of patients receiving treatment.

COMMUNITY NEED

Substance Use Disorder

Every day, more than 115 people in the United States die after overdosing on opioids. The misuse of and addiction to opioids—including prescription pain relievers, heroin, and synthetic opioids such as fentanyl—is a serious national crisis that affects public health as well as social and economic welfare. The Centers for Disease Control and Prevention estimates that the total “economic burden” of prescription opioid misuse alone in the United States is \$78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.⁵

In 2016, there were 2,235 opioid-related overdose deaths in Pennsylvania a rate of 18.5 deaths per 100,000 persons—compared to the national rate of 13.3 deaths per 100,000 persons. Since 2010, opioid-related overdose deaths have increased in all categories. Heroin overdose deaths have increased from 131 to 926; synthetic opioid overdose deaths have increased from 98 to 1,309; and prescription opioid overdose deaths have increased from 411 to 729 deaths.⁶

⁵ National Institute on Drug Abuse.

⁶ National Institute on Drug Abuse, Pennsylvania Opioid Summary.

When AHN providers were asked to list the top three health problems in their service areas, substance abuse was the number one response, with 44% of providers listing that as a top three concern.

Along with other states across the nation, Pennsylvania is currently experiencing an unprecedented number of heroin, opioid, and substance use deaths. When providers in the AHN were asked what they perceived as top three risky behaviors/lifestyle choices in their service area, drug use was the number one response with 55% of votes. The following strategies will be implemented by AVH in order to increase the knowledge and access to substance use disorder programs and services.

GOAL

Increase knowledge and access to substance use disorder programs and services.

IMPACT

(1) Increased awareness of treatment for overdose complications; and (2) increased services for overdose cases.

STRATEGIES AND ACTION STEPS SUBSTANCE USE DISORDER

Strategies	Action Steps	Measure	Impact
<ol style="list-style-type: none"> To increase access to services in the ED for post overdose management. 	<ul style="list-style-type: none"> Consult with needs assessment counselors to discuss treatment options for ED patients. Use ED pathway for initiation of MAT and warm hand off program. Educate ED providers on substance use disorder and medication assisted therapy (MAT) as an effective treatment for post overdose management. Provide warm hand-off to MAT treatment services. 	<ul style="list-style-type: none"> Number of trainings for hospital staff. Number of patients screened for eligibility for MAT. 	<ul style="list-style-type: none"> Increased awareness of treatment for overdose complications. Increased services for overdose cases.





HEALTH PRIORITY CHRONIC DISEASE

Chronic diseases, generally defined as conditions that last one year or more and require ongoing medical attention or limit daily activities, are the leading causes of death and disability in the United States.⁷ Common chronic diseases include hypertension, heart disease, and diabetes. Obesity underlies most chronic diseases. Obesity is a risk factor for type 2 diabetes, hypertension and hyperlipidemia. Although there is not a cure for most chronic diseases, they can be managed in ways that reduce the symptoms of the disease and/or minimize the risk of developing more serious symptoms.

More than half of adults ages 18 and older have at least one chronic condition; more than one-quarter have at least two. Eighty-six percent of the nation's \$2.7 trillion annual health care expenditures in 2014 were on behalf of people with chronic diseases and mental health conditions.⁸

⁷ Aspen Health Strategy Group. (2019). *Reducing the Burden of Chronic Disease*. Washington DC: The Aspen Institute. <http://aspeninstitute.org/AHSGreport2019>.

⁸ *ibid.*

COMMUNITY NEED

Diabetes

Diabetes was the seventh leading cause of death in the United States in 2015 based on the 79,535 death certificates in which diabetes was listed as the underlying cause of death. When Allegheny Health Network providers were asked to list the top three health problems in their service areas, diabetes was the fourth most frequent response, with 35% of providers listing that as a top three concern. AVH will collaborate with the Center for Inclusion Health to improve quality outcomes associated with diabetes.



GOAL

To improve quality outcomes associated with diabetes.

IMPACT

(1) Increased community education; (2) improved outcomes for diabetes measures; and (3) improved quality of life for diabetic patients.

STRATEGIES AND ACTION STEPS DIABETES

Strategies	Action Steps	Measure	Impact
1. Develop chronic disease specialty center in AVH.	<ul style="list-style-type: none"> Develop diabetes transition of care models. Develop inpatient care pathways. 	<ul style="list-style-type: none"> A1C levels for target population. Number of community events. 	<ul style="list-style-type: none"> Decreased A1c levels among target population. Increased community programs.
2. Develop partnership with Primary Care Redesign.	<ul style="list-style-type: none"> Receive quarterly data summary of practice and region performance on diabetes measures. Provide workflow redesign support for diabetes QI efforts Initiative. 	<ul style="list-style-type: none"> Quality outcomes from PCP office information. 	<ul style="list-style-type: none"> Improved outcomes for diabetes measures. Improved quality of life for diabetic patients.
3. Prevent the onset and development of diabetes.	<ul style="list-style-type: none"> Provide patient education on risk factors and disease management. Partner with community to provide education. Connect with Diabetes Support Initiative. Screen for food insecurities by Community Care Network (CCN) 	<ul style="list-style-type: none"> Number of community programs. Performance on diabetes measures. Results of screenings for food insecurities. 	<ul style="list-style-type: none"> Increased community programs. Improved quality measures.

COMMUNITY NEED

Heart Disease

Heart disease is a broad term used to describe a range of diseases that affect one's heart and is a general term used to describe several different conditions, all of which are potentially fatal, but are also treatable and preventable. The most common type of heart disease is coronary heart disease (CHD), also called coronary artery disease. Other types of heart disease include cardiomyopathy, heart failure, hypertensive heart disease, inflammatory heart disease, pulmonary heart disease, cardiac dysrhythmias and valve heart disease.

Westmoreland County has the highest percent of adults with heart disease in the service area at 6.1% and is higher than the state (5.1%) and national rates (4.4%). Armstrong County has the second highest rate (5.7%) rate. Allegheny County has a lower percent of adults with heart disease (4.6%), than the state level (5.1%), but a higher percent than the national level (4.4%). AVH will work collaboratively with the Center for Inclusion Health as well as providers, staff, and patients to implement the following strategies in order to improve quality outcomes associated with heart disease.

GOAL

Improve quality outcomes associated with heart disease.

IMPACT

(1) Improved quality outcomes for congestive heart failure (CHF) and stroke patients; (2) increased community education; (3) reduced hospital readmissions for CCN CHF patients; and (4) increased routine exercise for cardiac rehab patients.

STRATEGIES AND ACTION STEPS HEART DISEASE

Strategies	Action Steps	Measure	Impact
<p>1. Improve quality outcomes associated with heart disease.</p>	<ul style="list-style-type: none"> Collaborate with Stroke Team to provide stroke awareness community events. Extend provision of current CHF at home scale for Community Care Network (CCN) patients. Partner with local YMCA to provide exercise options for cardiac rehab patients. 	<ul style="list-style-type: none"> Number of community events. Number of participants. Number of CCN CHF patients that utilize a scale. Readmissions for CHF patients. Number of patients that seek exercise programs at local YMCA. 	<ul style="list-style-type: none"> Improved quality outcomes. Increased education on stroke risk factors. Increased CCN CHF patients with a scale. Decreased readmissions for CCN CHF patients. Increased routine exercise for cardiac rehab patients.





CONCLUSION

This CHNA Implementation Strategy Plan defines Allegheny Valley Hospital's commitment to the community, documents how the strategies and goals will meet the identified community needs, and ensures that the results of the assessment and its impact on the health of the community are being reported and communicated. Each community strategy and action initiative has a set of measurable objectives and is aligned with the 2018-2019 CHNA priorities. Evaluation and progress on the implementation of these initiatives including updates on the measurable outcomes will be conducted and documented periodically over the next three years.

The hospitals of the Allegheny Health Network will continue to work to close the gaps in health disparities

and continue to improve health services for residents by leveraging the region's resources and assets; while existing and newly developed strategies can be successfully employed. The collection and analysis of primary and secondary data equipped the steering committee and hospital teams with sufficient data and resources to identify key health needs. Local and regional partners understand the CHNA is an important building block towards future strategies that will improve the health and well-being of residents in their region. Allegheny Valley Hospital will continue to work closely with community partners, as this implementation strategy plan is the first step to an ongoing process to increase access to health care services, address behavioral health issues, and improve health outcomes related to chronic disease.

Through collaboration with community partners, other AHN hospitals, and AHN Institutes, Allegheny Valley Hospital will complete the necessary action and implementation steps of newly formed activities or revise strategies to assist the community's residents. The available resources and the ability to track progress related to the implementation strategies will be measured over the next three years.

Upon adoption of the CHNA Implementation Strategy Plan by the hospital board of directors, Allegheny Valley Hospital is compliant with IRS regulations as outlined by The Patient Protection and Affordable Care Act.



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