Allegheny Health Network



COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION STRATEGY PLAN

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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

Serving the community since 1886, Allegheny General Hospital (AGH) has evolved into a 576 licensed bed hospital with 800 physicians and 5,000 staff members. The leadership and staff are dedicated to providing patients with innovative treatments, pioneering research discoveries, and personalized medical care.

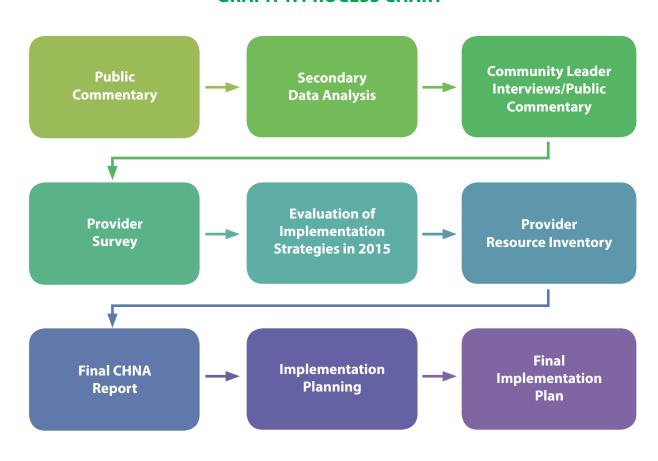
AGH is committed to academic medicine, including graduate and undergraduate medical education and health sciences education. AGH serves as the clinical campus for third- and fourth-year students of the Temple University School of Medicine, is a clinical affiliate hospital of Drexel University College of Medicine and is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing education for physicians.

In 2018, AHN joined together with Tripp Umbach to conduct a comprehensive community health needs assessment for the AGH service area of Allegheny and Butler counties. The CHNA process included input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of public health issues and representatives of vulnerable populations. The overall CHNA involved multiple steps that are depicted in the below flow chart.

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GRAPH 1: PROCESS CHART



The results of the CHNA identified the following as the priorities for the AGH 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 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 AGH will be addressing the needs over the next three years. All needs identified in the CHNA will be addressed by AGH.

Tripp Umbach worked with the AGH staff to complete

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

- 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.



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. 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. AGH staff will collaborate with Prehospital Care Services (PCS) to transform transportation services for AGH patients.

GOAL

To transform transportation services for AGH patients and families.

IMPACT

(1) Increased transportation services for patients; and

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(2) increased awareness of transportation services.

STRATEGIES AND ACTION STEPS TRANSPORTATION

Strategies	Action Steps	Measure	Impact
1. Improve access to transportation services for patients and families.	 Assess current transportation services. Collaborate with Prehospital Care Services (PCS) to utilize a centralized coordination center. Educate PCPs on transportation services. Educate patients on transportation services. Conduct screening for Social Determinants of Health to determine transportation needs. 	 Reduced missed appointments due to inability to access transportation services. Reduced ED admissions due to inability to access transportation services for medical appointments. 	 Increased transportation services. Increased education on transportation services.

COMMUNITY NEED Workforce Development

Patients face several barriers that hinder access to healthcare, ranging from ability to pay for the care to having adequate transportation to the doctor's office. A new barrier that is emerging and will likely hinder patient access is a provider shortage. The shortage of healthcare professionals makes it hard for patients to actually see a provider, therefore, unable to access the care they need. They might have trouble finding a provider to book an appointment with, or once an appointment is made, patients might face long wait times. These issues can have negative health consequences.

Although not a need identified in the CHNA, workforce development is a high priority for AGH. With a well-known nationwide shortage of health care professionals including physicians, nurses, and allied health workers, AGH is using new technologies and recruitment strategies to increase the pool of well-trained and prepared health professionals.

AGH will partner with local public schools and community partners to increase the number of people that receive information on job opportunities and pre-employment career readiness.

GOAL

Increase number of people that receive information on job opportunities and pre employment career readiness.

IMPACT

(1) Increased number of employment screening and education events; and (2) increased number of prepared health professionals entering the health care workforce.

STRATEGIES AND ACTION STEPS WORKFORCE DEVELOPMENT

Strategies	Action Steps	Measure	Impact
1. Increase the number of people that receive information on relevant jobs and pre-employment career readiness.	 Partner with local public schools and community partners. Provide educational events, hospital tours and open houses to students and residents in our region. Identify high-turnover jobs and develop employment pipelines specific to job openings. 	 Number of community events provided. Number of individuals screened for employment. Increased number of positions filled. 	 Increased number of community events. Decreased number of high turnover jobs.



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.
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.

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 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

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 AGH
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
To Increase access to services in the ED for post overdose management .	 Develop 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. 	 Number of trainings for hospital staff. Number of patients screened for eligibility for MAT. 	 Increased awareness of treatment for overdose complications. Increased services for overdose cases.



- 5 National Institute on Drug Abuse.
- 6 National Institute on Drug Abuse, Pennsylvania Opioid Summary.



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.

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. In 2015, diabetes was mentioned as a cause of death in a total of 252,806 certificates.⁹

The results of the CHNA show that from 2004-2012, from 2004-2012, there was an increase of 1.64% in the percent of adults diagnosed with diabetes at the state level, while Allegheny County experienced an increase of only .5%. However, the percent increase in Butler County from 2004-2012 was 1.7%, higher than the state increase and just lower than the national rate.

Education on risks associated with diabetes and proper disease management are barriers to improving health outcomes. AGH will work collaboratively with the Center for Inclusion as well as provider, staff, and patients to implement the following strategies in order to improve quality outcomes associated with diabetes.

GOAL

To improve quality outcomes associated with diabetes.

IMPACT

- (1) Increased number of RN Navigators; and
- (2) decreased A1c levels in the managed population;
- (3) improved outcomes for diabetes measures.

STRATEGIES AND ACTION STEPS DIABETES

Strategies	Action Steps	Measure	Impact
1. Develop chronic disease specialty centers in AHN hospitals.	 Embed RN Navigators at all AHN hospitals. Develop diabetes transition of care models. Develop inpatient care pathways. Educate PCPs and patients on diabetes management. Educate patients. 	 Number of RN Navigators at AHN hospitals. A1C levels for target population. 	 Increased number of RN Navigators. Decreased A1c levels among target population.



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.

Pennsylvania has the 17th lowest death rate from cardiovascular disease in the country. Heart disease is the number one killer in Pennsylvania with 32,042 people in Pennsylvania dying of heart disease in 2015. 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%). Butler County's percentage is lower (4.6%) than Allegheny, the state and the national levels. AGH will work collaboratively with the Center for Inclusion 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) Increased number of RN navigators; and(2) increased utilization of a chronic disease care model.

STRATEGIES AND ACTION STEPS HEART DISEASE

Strategies	Action Steps	Measure	Impact
1. Develop chronic disease specialty center at AGH.	 Embed RN Navigators at all AHN hospitals. Develop diabetes transition of care models. Develop inpatient care pathways. Educate PCPs and patients on heart disease management. Educate patients. 	 Number of RN navigators embedded throughout the hospital. Development of chronic disease care model. 	 Increased number of RN Navigators. Increased utilization of a chronic disease care model.



¹¹ American Heart Association. Heart Disease and Stroke Statistics: 2015.

COMMUNITY NEED Cancer

Cancer is a local, national, and worldwide chronic disease that has affected millions of people. In 2018, an estimated 1,735,350 new cases of cancer will be diagnosed in the United States and 609,640 people will die from the disease. In Pennsylvania, there are projected to be 80,960 estimated new cases in 2018 and 28,620 estimated deaths in 2018 alone. The most common cancer diagnoses in Pennsylvania are breast (female), lung, prostate, and colon.

Between 2010-2014 in Pennsylvania, lung cancer had the highest incidence rate; however, breast cancer and prostate cancer both had the higher incidence rate among each gender. Allegheny County had a higher incidence rate (136.7) for breast cancer than the state rate (129.8) and the national rate (123.5). Allegheny also had a higher rate for lung cancer (72) then Butler (59.8), the state (65.4) and the nation (61.2). The following strategies will be implemented AGH in order to increase the number of adults that receive age appropriate cancer screenings.

GOAL

Increase the number of adults who receive age appropriate cancer screenings.

IMPACT

- (1) Increased number of cancer screenings; and
- (2) Increased number of patients diagnosed early for better outcome.

STRATEGIES AND ACTION STEPS CANCER

Strategies	Action Steps	Measure	Impact
1. Increase the number of adults who receive timely age appropriate cancer screenings based on the most recent guidelines.	Partner with AHN Cancer Institute to provide cancer screenings for breast, colon/rectal, prostate and lung cancer.	 Number of screenings performed. Number of individuals screened for at least one cancer. 	 Increased number of cancer screenings. Increased number of patients diagnosed early for better outcome.



¹² American Cancer Society.

¹³ American Cancer Society.

¹⁴ Community Commons, 2017.



CONCLUSION

This CHNA Implementation Strategy Plan defines Allegheny General 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.

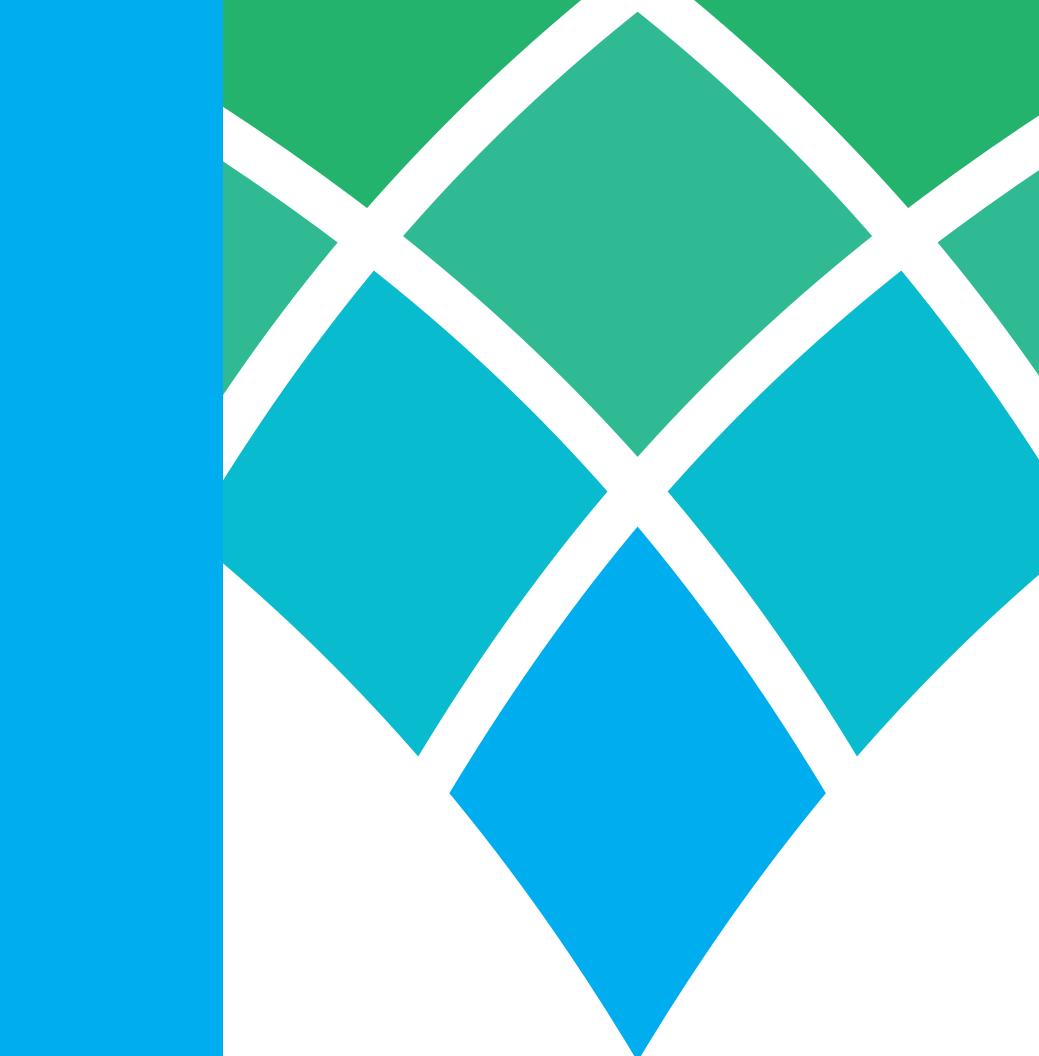
The hospitals of the Allegheny Health Network will continue to work to close the gaps in health

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 General 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 General 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 General Hospital is compliant with IRS regulations as outlined by The Patient Protection and Affordable Care Act.









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