

2017-2019 Community Health Needs Assessment - Implementation Strategy

Following the development of the Community Health Needs Assessment, the top three health needs for the BCH primary service area were further vetted and enveloped within the BCH strategic planning process. The CHNA was approved by the BCH Board of Directors at its August 20, 2016 meeting. The strategic planning process assisted BCH in determining the actions, resources, and collaboration with other organizations that it would take to address the three selected community health needs.

Revised Vision and Strategic Plan 2017-2022

Boulder Community Health finalized its planning process in early spring of 2017. As a result of the process, the Vision Statement for the organization was revised to: “Partnering to create and care for the healthiest community in the nation”.

Five priorities for the strategic plan were established:

- Provide the highest value to our patients
- Attract and retain a high performing and engaged team
- Strengthen alignment and engagement of partners
- Fiscal sustainability for BCH and affordability of our community
- Transform data into actionable information and knowledge

Initiatives that support the five strategic priorities were evaluated and new ones will be added during the strategic plan period. Initiatives that support the three selected community health needs are detailed within this section of the document with descriptions of the actions and resources that BCH will be committing and descriptions of planned collaborations in addressing the need. BCH will utilize healthcare personnel, supplies, programs, technology, facilities and improvements, and oftentimes funds to meet the health needs of its community.

Chronic Disease Management

Chronic diseases and conditions—such as heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis—are among the most common, costly, and preventable of all health problems. The goal of the BCH chronic disease management program is to improve health and quality of life while increasing value and decreasing the total cost of care. BCH has committed extensive resources to its chronic disease programs in the areas of personnel and technology.

Chronic Disease Self-Management Support Groups

BCH has partnered with the Boulder County Area Agency on Aging, the Coalition for Older Adult Wellness and Erie Parks and Recreation Department to establish chronic disease self-management support groups. The groups utilize an evidenced based model from Stanford University focused on patients and caregivers in the management of chronic disease in a 6-week facilitated group setting. Three groups have been established. One is open to anyone with any chronic disease and the other two

have a focus on chronic pain and diabetes. We offer these groups throughout the year in different locations in Boulder and Broomfield counties.

High Risk Patient Care Management and Registries

All BCH's primary care clinics have an RN Care Coordinator on site to educate and coach patients in better management of their chronic disease and to prevent complications. Registries (lists) are proactively run of patients with certain disease parameters to ensure they are getting timely follow-up appointments, education and the resources they need to be successful in managing their conditions. Calls are made to patients who are seen in the ER or post hospitalization to ensure understanding of discharge instructions, ability to obtain ordered meds and necessary follow up is scheduled. Providers can refer patients they feel would benefit from assistance. Also, care coordinators enroll patients from the various registries and hospital discharge lists for ongoing care management.

Diabetes and Pre-diabetes group classes and individual support and ambulatory pharmacist who focuses on diabetes care and depression.

BCH has a certified Diabetic Education program staffed by an RN Diabetic Educator. She provides individual consults in all primary care clinics and group diabetes education classes for patients. She also offers pre-diabetes classes open to the public throughout the county. We plan to add the capabilities to provide onsite screening for diabetic eye disease, and point of care testing of Hba1c (monitors diabetes control) and offer diabetic education during these visits in late 2017-2018. We also partner with several other prediabetes programs (the YMCA diabetes prevention program, the Area Agency on Aging's program) to address our pre-diabetic population. BCH hired our first ambulatory pharmacist in mid-2017 to focus on improving the diabetes and depression care in 3 of our primary care clinics, with our hope of expanding to all clinics over time. The pharmacist reviews prescriptions and works with the clinic team to review current medications and safely optimize new prescribed medications.

Readmission Avoidance/Transitional Care Team

BCH has two teams of transitional care nurses that provide education and support to our highest risk patients after a hospitalization. There is continuous collaboration across BCH departments and providers, community medical partners and agencies, skilled nursing facilities and social support organizations to provide patients with coordinated care when and where they need it. One team focuses on Medicare patients with diagnoses of pneumonia, congestive heart failure, acute myocardial infarction, chronic obstructive pulmonary disease, coronary artery bypass graft surgery and lower extremity joint replacement surgery. The other team focuses on patients of BCH primary care clinics with commercial insurance and above diagnoses, with the goal of ensuring understanding of discharge instructions and medications, assisting if there are needed social supports and returning these patients to primary care for follow up.

Care Coordinators in the primary care clinics follow up on patients not covered by and/or after discharge from Transitional Care to ensure continuity of care. They provide education on accessing appropriate levels of service and the availability of extended hours and same day appointments in primary care.

Mental Health (including chronic pain management and substance abuse)

Boulder Community Health has a longstanding commitment to caring for individuals suffering from mental health disorders, chronic pain, and substance abuse. The following have been or are planned during this three year period:

Integrating behavioral health into primary care

BCH has recently expanded our integrative behavioral health model in all of our primary care clinics. This model adds social workers into all of our primary care teams to address the behavioral health needs common in primary care, such as insomnia, anxiety, depression, and substance abuse. These licensed clinical social workers or masters of social work provide short term solution focused counseling, quick interventions for anxiety, depression and stress management, and consults with primary care providers for assistance with diagnosis and treatment of mental health conditions, direct patient therapy, and assistance with support and referrals to higher levels of service with community partners. They are trialing the use of MyStrength, an online and mobile mental health support tool, to augment the short term therapy offered. BCH has six primary care clinics that are part of the State Innovation Model that is supporting advanced primary care and BH integration across Colorado. BCH is partnering with the state to train providers for medical assisted treatment for narcotic addiction with the goal of increasing access to substance abuse treatment in our community. Depression screening and higher intensity follow up for newly diagnosed depressed patients has been a recent initiative that is improving the care of our patients with depression.

Community Mental Health Initiative

Boulder Community Health is an active participant in a “Community Mental Health Initiative” to improve care with Mental Health Partners (MHP), the county’s largest provider of mental health care. This effort includes the development of a care compact between MHP and BCH Primary Care to improve communication about shared patients for the purpose of diagnosis, treatment recommendations and care continuity.

DellaCava Family Medical Pavilion

The BCH Riverbend building, the DellaCava Family Medical Pavilion, is a 70,000 s.f. building that is under construction adjacent to the main facility. The \$40 million building includes a 15 bed inpatient behavioral health unit and outpatient behavioral therapy clinic in a beautiful new environment. The building is slated for completion in the first quarter of 2019. Inpatient behavioral health patients will benefit from earlier access and referral to outpatient therapy in the building, increasing continuity of care from the inpatient to outpatient setting. In addition, Boulder Community Health Foundation announced its intention to establish a \$2 million endowment for mental health which will be used to enhance care.

Chronic Pain Management and Substance Abuse

Our primary care clinics have been trained and are skilled at managing chronic pain, and have care coordination assistance for referral to higher levels of treatment when needed. Advanced Practice Clinicians with expertise in pain management are embedded in three primary care clinics accepting referrals from internal PCPs.

Opiate deaths — meaning deaths from prescription painkillers or illegal opiates like heroin — have been climbing year-over-year in Colorado since at least 2000. In partnership with the Colorado Hospital Association (CHA), BCH Emergency departments at Foothills Hospital in Boulder and Community Medical Center in Lafayette have implemented new guidelines for prescribing potentially addictive painkillers, with an emphasis on using alternatives to opioids.

Wellness and Preventative Health (including aging of the population and access to care)

The inspirational vision of BCH in partnering to create and care for the healthiest community in the nation is a call to action for BCH and our community.

Employee Wellness Committee

Leading by example with its own employees and physicians, BCH has established an employee and physician wellness committee. This committee meets monthly and focuses on compassionate care for both healthcare workers and patients. They have sponsored symposiums and recently put on a workshop focusing on empathetic communication to reduce burnout and improve patient experience. Schwartz rounds are occurring monthly with the goal of strengthening the caregiver-patient relationship and addressing the problem of caregiver burnout by reminding caregivers why they entered the healthcare profession. The Urban Zen program has also been implemented to bring alternative treatments such as yoga, massage, etc. to both caregivers and patients.

Health providers are a community asset to be fostered and maintained and BCH takes physician wellness very seriously. Through the practitioner health and wellbeing committee, Medical Staff of BCH offers education, counseling and support for practitioners surrounding their own health and well-being. The initiative serves not only BCH employed physicians, but the medical community at large.

Population Outreach for Preventative Care Services

(Mammography, Colonoscopy, Well visits, Vaccines) - Regular outreach to patients who have identified “gaps in care” are done electronically via the portal, or by phone call or mail. Our population health approach is focusing on our total panel of patients to address patients who have not been seen or have routine screening and preventive care services that need to be addressed. We have specific programs in place to improve Influenza Vaccination rates and HPV vaccination rates using data transparency and process improvement to increase rates with the goal of beating national benchmarks.

Wellness Programs Enhance Health in the Community

Walk with a Doc is a program that couples a healthy walk around various locations in the community with current health topics, blood pressure screenings, and healthy food. This partnership with the community serves to promote exercise and overall health to community members. The success of the BCH Walk with a Doc program has led to the creation of a community collaborative for cross promotion of wellness initiatives within the BCH primary and secondary service areas. Partners include City of Boulder Parks and Recreation, Area Agency on Aging, Boulder County Public Health, Boulder Valley

School District and more. A program coordinator, staffing, and funding for the events is provided by BCH.

The Boulder Valley Care Network, of which BCH is a collaborator, provides health coaching to employees of the Boulder Valley School District and St. Vrain School District as well as supporting annual wellness visits and biometric screenings.

New wellness group sessions will be offered in late 2017 through our Family Medical Associates clinic. Free of charge, the wellness groups are going to be ongoing, rotating 1 hour, 4 week sessions addressing stress reduction, sleep, forming healthy habits, and mindfulness. Staff time and resources are the key components that BCH has utilized for this wellness initiative.

Programs particular to child and teen safety include education partnering with Boulder Valley School District, Lake Eldora Ski Race team, Emergency Family Assistance Association (Boulder), and Community Cycles Kids and Adult Cycling Programs in RETAC (Regional Trauma Medical Advisory Council), ThinkFirst, and distracted driving. BCH assists adults and seniors through partnership with the City of Boulder Senior Services, Boulder Fire, and others in fall prevention day and other onsite programs at retirement communities. Additionally a Car Fit program has been designed to fit seniors in their cars as their bodies change.

Aging of the Population

Recognizing the changing demographics within the service area is crucial in providing care to our community. The aging of the population detailed within the Community Health Needs Assessment necessitates evolution of our services. The following areas of care within the organization have received significant resources to provide necessary care for our aging population.

Heart and Lung Disease

BCH addresses the need for treatment for cardiac disease by the addition of a physician who treats congestive heart failure and another that treats structural heart disease. Both of these are cardiologists and new programs are being developed to treat patients suffering from heart failure, valvar heart disease, and atrial fibrillation, all of which progress with aging. BCH has additionally added pulmonologist services at two locations within its service area.

Surgical Services

Acquisition of the Boulder Valley Surgical Associates practice and the addition of an additional physician in that practice ensures that BCH is prepared for general surgical services.

Joint Replacement

Bone loss and osteoarthritis due to aging are the primary indications for joint replacement. BCH's joint replacement program is a certified gold seal program by The Joint Commission with the goal of improving care of our patients needing joint replacements, and reducing total costs to provide the highest possible value.

Population Health Outreach

Proactive outreach for patients with specific chronic disease states to ensure they are receiving regular and appropriate care.

Palliative Care

In early 2017, BCH partnered with The Conversation Project and local members of that organization to begin a targeted intervention to address advanced care planning in our Medicare population, with RN

and MD co-visits to address this, and facilitate choosing a medical power of attorney and helping establish goals of care. Strong partnerships with community palliative care programs provide ongoing care post hospitalization. We have a palliative care nurse practitioner who provides consults to our inpatient units ½ time.

Home Visits

BCH has its own home health agency as well as several others in the community that are utilized to check on patients with medical needs at home and provide needed nursing services. We also employ a nurse practitioner available for chronic disease management home visits. Home visits are regularly performed by nurses for education, medication reconciliation, assessment for social needs and referrals to community program for our elderly population.

Fall Risk Programs

BCH collaborates on an annual screening for fall risk which includes targeted support, referral to exercise, balance training and home safety evaluations. In addition we are continuing to partner with the Boulder County Area Agency on Aging to provide education and exercise classes that maintain mobility and help prevent falls. An area wide forum has been held for two consecutive years on fall prevention at a BCH facility at no charge. BCH commits in-kind labor, food, and the venue.

Access to Health Care

Hours of Service

To improve access within the BCH system and based upon a principle of “the right care in the right place at the right time,” BCH has implemented after hours primary care in all clinics.. BCH has also expanded the number of same day/next day appointments in all of its clinics and an after-hours nurse triage line has been opened which allows 24x7 access to a nurse.

Physical Locations

BCH has opened up an Urgent Care clinic in Gunbarrel and another will be opening in early 2018 in Superior. Each of these buildouts total approximately \$350,000 each. In May of 2017, BCH converted an urgent care to a freestanding emergency room in Lafayette at a cost of over \$1,500,000 and 24x7 staffing. A medical office building will be built in Erie, Colorado in 2018 (opening 2019) with urgent care, primary care, and medical specialty offices. Additionally, specialty providers are being scheduled more in offsite locations to provide better access to populations requiring their services.

Technology

In 2018, BCH is planning to expand into telehealth to improve direct access to physician consultation without the inconvenience of an office visit. Our Ambulatory Patient Portal allows direct to physician contact in primary care and specialty clinics access via email for routine tasks and communication.

Programs

BCHIC – Boulder County Health Improvement Collaborative. Partnering with the Community Foundation and other community partners including other hospitals, Clinica, Salud, housing, dental aid, mental health partners, Boulder County Health to improve access to specialists for patients with Medicaid.

Community support groups such as stroke, breast cancer, cancer, and ostomy are all provided to the community members suffering from these diseases.

Sponsorships

Each year, approximately \$75,000 in sponsorships for community organizations and approximately \$50,000 in in-kind support to organizations that provide or participate in first order provision of health care in our community.

Summary

Boulder Community Health utilizes its mission “providing our community with the highest value healthcare in an innovative, patient-centered environment” and its vision “partnering to create and care for the healthiest community in the nation” as well as the needs of the community, which are detailed in the Community Health Needs Assessment, to provide exceptional care. The initiatives detailed within this document will be utilized to accomplish its vision and meet the evolving needs of the community.