
# 2016 Community Health Needs Assessment
# Implementation Strategy Update Document
# Activities, All Years (2017, 2018, 2019)

Holy Name Medical Center

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## Summary of Goals and Objectives

### GOAL 1: Increase Participation in Education, Wellness, Prevention and Screening Services to Address Obesity, Fitness, Nutrition and Chronic Disease

- *Objective A: Promote care coordination and engagement in primary care*
- *Objective B: Improve screening and identification of chronic disease and its risk factors*
- *Objective C: Promote chronic disease management and behavior change*
- *Objective D: Increase healthy eating*
- *Objective E: Increase physical activity*
- *Objective F: Increase the number of residents who maintain a healthy weight*

### GOAL 2: Collaborate with Community Resources/Assets to Address Mental Health and Substance Abuse Issues

- *Objective A: Reduce depression and isolation*
- *Objective B: Reduce anxiety and stress*
- *Objective C: Reduce stigma related to mental illness*
- *Objective D: Reduce risky and binge drinkers (alcohol)*
- *Objective E: Reduce prescription drug abuse*

### GOAL 3: Ensure Local Access to Primary, Specialty and End-of-Life Care

- *Objective A: Promote access to and engagement in primary care*
- *Objective B: Promote access to and engagement in behavioral health care*
- *Objective C: Promote access to and engagement in medical specialty care*
- *Objective D: Increase access to culturally and linguistically appropriate care*
- *Objective E: Reduce transportation barriers*
- *Objective F: Reduce inappropriate ER use and hospital readmissions*
- *Objective G: Increase access to end-of-life and palliative care programs*

**Objectives not addressed:**

GOAL 2, Objective D: Reduce risky and binge drinkers (alcohol)

- HNMC does not have the resources to offer the community; patients are typically referred to Bergen New Bridge Medical Center (Paramus, NJ) or to private providers.

# Implementation Strategy Update of Activities: 2017, 2018, 2019

## Goal 1: Increase Participation in Education, Wellness, Prevention and Screening Services to Address Obesity, Fitness, Nutrition and Chronic Disease

***Objective A: Promote care coordination and engagement in primary care***

- Create a clinically integrated network ("CIN") of providers
  - "*Harmony Healthy Alliance*" clinically integrated network launched in June, 2017, with the goal of providing better care coordination, improving care outcomes, and reducing costs.
    - 2017: 350 providers enrolled
    - 2018: 600 providers enrolled
    - 2019: 850 providers enrolled
  - Started well before 2017, HNMC has 7 accountable care organizations (ACOs), and participates in CMS demonstration projects: BPCI (Bundled Payments for Care Improvement); BPCI-Advanced; CJR (Comprehensive Joint Replacement); CPC-Plus (Comprehensive Personal Care-Plus); and Million Hearts. All of these programs, some of which place the medical center at financial risk for performance, seek to achieve CMS' "Triple Aim" of better care, better outcomes and reduced cost.
- Use data-driven processes to identify patients needing prevention and wellness services; alert related clinically integrated primary care provider
  - Processes and software designed to identify patients as higher risk were implemented in 2017. The software is integrated into the EMR alerting providers of gaps in preventative care. 20,000+ persons were been included in the phase 1 roll-out.
  - ICD/HCC and other data are used to determine risk scores and level of intervention; risk scores are calculated to help identify the focus of intervention. Algorithms developed in-house support these efforts.
- Ensure post-discharge calls providing check in, obtaining medications, follow up with MD, need for home care services or additional level of care
  - Post-discharge calls are made to inpatients and same-day stay patients.
- Medicare (United Healthcare) preventative screening member orientation
  - 2018: Sessions attracted an average of 77 participants
- Continue *Center for Health Living* targeted community-based education, screening and referral events
  - 2017: 102 events, 5817 participants
  - 2018: 79 events, 5221 participants
  - 2019: 70 events 4304 participants
- Continue senior-specific programs held at senior citizens centers
  - 2017: 27 events, 1503 participants
  - 2018: 40 events, 1582 participants
  - 2019: 40 events, 1124 participants

***Objective B: Improve screening and identification of chronic disease and its risk factors***

Cardiovascular & Heart Disease

- *Healthy Hearts Fair* (screen for cardiac risk factors): February 2017, 181 participants
- *Women for Women* (screen for cardiac risk factors ): January 2018, 286 participants
- *Love Your Heart* (2 part event): February 2018, 116 participants
- *Stay Healthy West New York* (cardiac risk assessment): February 2017, 26 participants
- *Keep the Rhythm Eat for a Steady Heart* (heart health nutrition): February 2019, 14 participants
- *Protecting your Heart:* March 2019, 12 participants
- *A Woman's Heart:* March 2019, 14 participants
- *Jazz Up Your Health* (cardiovascular seminar): March 2019, 60 participants
- *Corazon de la Mujer* (Heart, via Hispanic Outreach): 2018, 30 participants
- Stroke Seminar / Stroke Risk Screening
    - May 2017: 12 participants
    - February 2018: 125 participants
    - 2019, 7 events: 200 participants
- Blood pressure screenings, held at various times throughout the year, and at various locations (e.g., church health fairs, municipal health fairs, Teaneck Senior Center).
    - 2017: 853 participants;
    - 2018: 757 participants
    - 2019: 799 participants

Diabetes

- Diabetes Risk Assessment (CDC/ADA Pre-Diabetes Risk Assessment)
    - Various times (e.g., all hospital health fairs, church health fairs): 237 (2017) and 147 (2018) participants
- Diabetes Health Fair
    - November 2017: 65 participants
    - November 2018: 101 participants
    - November 2019: 67 participants

Obesity

- Educational tool developed for applicable inpatients at discharge: 700+ educated
- 6-10 week municipal *Weight Loss Challenges* (physical activities and lectures to teach participants how to lose weight).
    - 2018, Teaneck: 220 participants (318 lbs. lost in the 6-week challenge across the 123 participants that continued the challenge after initial weigh-in
    - 2017, Oradell: 490 participants
    - 2017, Haworth & Paramus
    - 2019 Teaneck; 261 participants (562 lbs. lost total during the 6-week challenge)

Cancer

- Skin Cancer screening
  - May 2019: 99 persons screened
  - May 2018: 138 persons screened
  - May 2017: 82 persons screened
- Low dose CT Lung Cancer screening
  - September 2017: 12 people screened
  - September 2019: 23 people screened
- Prostate Cancer lecture
  - October 2018: 32 men attended
  - September 2019: 125 participants
- *Walk for Mom* Breast Cancer Awareness
  - June 2017: 750 participants
  - June 2018: 720 Participants
  - 2019 (renamed) *Walk for Care*: 400 Participants
- Cervical Cancer lecture
  - 2018: *Women's Empowerment* event, in which 38 women participated.
  - 2019: *Salud y Belleza* event, in which 20 women participate
- Mammograms (free) to women identified through *Walk for Mom/Walk for Care*
  - June 2017: 22 screening mammograms
  - June 2018: 40 screening mammograms
  - October 2019: 52 screening mammograms
- Colorectal Cancer screening kits
  - Various times during the year (e.g., Asian Health Fair, Hispanic Health Fair, and various community health fairs)
    - 2017: 27 persons screened
    - 2018: 320 Fit test kits distributed / 128 kits (40%) completed
    - 2019: 280 Fit tests kits distributed / 159 kits (57%) completed

Dementia

- Continue *Institute for Simulation Learning's* education & training to clinical and non-clinical persons
- Partner with Alzheimer's NJ to provide education on memory loss
  - 2018 *Memories on Hold* event: 147 participants
  - 2019 *Senior Health & Resources Fair:* 40 participants
  - 2019 *Especially for Seniors:* 25 participants

Other Health Fairs and Events

- Child Health Conference
  - 2018: 62 participants
  - 2019: 76 participants
- 2018 Township of Teaneck Flu Clinic
  - 2018: 96 participants
  - 2019: 90 participants
- Hispanic Health Fair
  - September 2018: 315 participants
- Asian Women's Expo "Achieving Health, Wellness and Excellence"
  - 2017: 200 participants
  - 2018: 175 participants
  - 2019: 68 participants
- 2018 Asian Health Festival (September 15 & 16, 2018)
  - Screenings, with 1354 participants
  - Medical consultation & limited exams, with 923 participants
- 2017 Asian Health Festival
  - Screenings, with 1050 participants
  - Medical consultation & limited exams, with 837 participants
- 2019 Asian Health Festival
  - Screenings, with 811 participants
  - Medical Consultation & limited exams, with 879 participants
- HNMC's website, www.holyname.org, was updated with an improved *Calendar of Events* allowing quick access to health events. The calendar is seen via the "Community Calendar" link found on the home page.

***Objective C: Promote chronic disease management and behavior change***

- Engage with patients on medication compliance, health behaviors (smoking cessation, exercise)
  - Approximately 30,000+ patients per year
- Participation in *HarmoniCare* program, 2017: 27 participants; 2019: 8 participants
- *Diabetes Self-Management & Education* program (DSME) to persons identified via health fairs
  - 2017, 2018: 250 participants educated at Health fair events
  - 2019: 200 partiticpants educated at Health Fair events
- *Senior Health & Wellness* programs held in Senior Housing Services, monthly: 15 participants
- *Especially for Seniors* series: 4 events and different topics to address health concerns and impact of illnesses.

***Objective D: Increase healthy eating***

- 2017, 2018: Multiple events with local *ShopRite* Registered Dieticians
- 2017, 2018: Cooking demos by Registered Dieticians at health fairs
- 2017: Nutritionist added to *Center for Healthy Living* staff.
- Increased nutrition education at health fairs and events
    - 2017: 5 events, with 148 participants; and 271 health fair nutrition participants
    - 2018: 6 events, with 333 participants; 266 health fair nutrition participants
    - 2019: 8 events, with 187 participants at local shoprites & cooking demos
- April, 2017: Nutrition education included at *Infant/Child Health & Safety Fair*, with 27 participants
- Jan/Feb 2017: Nutrition education provided to after-school program parents, with 230 participants

***Objective E: Increase physical activity***

- See Goal 1, Objective B ("Obesity") above re municipal weight loss challenges.
- 2017: Inpatient mobility program to minimize functional decline during the hospitalization — 240 patients (excludes PT ordered during the inpatient stay)
- 2017: Partnership with local independent fitness center allowing 1-month free gym membership: 220 participants.
- 2017, 2018: Yoga program supported by Bergen County CHIP ("Community Health Improvement Partnership").
- 2017, 2018: 6-week low-impact exercise program as part of *Spring Weight Management* program: approx. 25 participants

***Objective F: Increase the number of residents who maintain a healthy weight***

- See Goal 1, Objective B ("Obesity") above re municipal weight loss challenges.
- Employ data-driven identification within claims data of elevated BMIs and ensure that nutrition counseling is provided in conjunction with the MD office; BMI value in EMR triggers counseling – 48 patients accepted counseling.
- 2017: Asian Medical Program *Healthy You* weight control program for persons via identified at health fairs

## Goal 2: Collaborate with Community Resources/Assets to Address Mental Health and Substance Abuse Issues

***Objective A: Reduce depression and isolation***

- Collaborate with *Age-Friendly Teaneck* to establish community outreach programs to isolated seniors through EMS services and faith based programs
    - 2017: 7 programs (resource magnet; questionnaire for reporting needs); senior health fair; 4 "CoYL" (*Conversation of Your Life,* facilitating end-of-life care planning) seminars
    - 2018: 11 programs — Teaneck Township events; Bergen County sponsored senior programs; other senior health fairs; 9 "CoYL" seminars
    - 2018: *Bergen County Senior Picnic* event participation
    - 2017, 2018, 2019: Bergen County Health & Senior Services participation in annual *Brain Health* event
- Collaborate with *HNMC Cancer Support Group* to provide and support emotional well-being to decrease isolation for cancer patients. 2018: 50 Participants, 2019: 50 participants
- Increased utilization of Adult Medical Day Program "*DayAway*" 21 licensed slots via public awareness of availability.
    - Utilization — 2017: 66%; 2018: 70%; 2019: 75%
- Engage and follow up with PHQ-9 data and review remission status and additional needs
    - Depression severity (PHQ-9) assessed on admission and in ER; approx. 68,000 persons assessed
- Asian Medical Program's *Mental Health Externship* to evaluate/refer persons identified with mental health issues
    - 2017: 120 screenings
    - 2018: 152 screenings; 11 referred to Psychology/Psychiatry

***Objective B: Reduce anxiety and stress***

- Stress management seminars through Speakers' Bureau to libraries, civic groups, and senior centers
    - 2017: 9 events
    - 2018: 12 events
    - 2019: 14 events
- 2018: *Center for Healthy Living's* "Life Skill" series — *Yoga as Therapy*; *Gardening as Therapy*
- 2019: *Center for Healthy Living's* "Life Skill" series — *Yoga as Therapy*; *Mindful Meditation as Therapy*

***Objective C: Reduce stigma related to mental illness***

- 2018: Korean Senior Expo "Dementia Screening & Lecture" with 152 Participants
- 2017: *Behavioral Health Resource Fair*, with 66 participants
- 2018: Program with links to reduce the stigma related to mental illness
- 2017, 2018, 2019: Provide staff support for local "*Stigma Free*" efforts sponsored by mayors (e.g., Teaneck, Bergenfield, Oradell).

***Objective D: Reduce risky and binge drinkers (alcohol)***

- Please refer to page 3, bottom.

***Objective E: Reduce prescription drug abuse***

- March 2017: West New York senior "brown bag" meds review & management, with 65 participants
- 2019: Opioid seminar provided
- 2019: HNMC was awarded a Gold Tier (top level) ORO grant (*Opioid Reduction Options in the Emergency Department*) by the NJ Department of Human Services/Division of Mental Health and Addiction Services. The grant seeks to develop and implement a program to increase awareness and focus on non-opioid pain management strategies, reduce the use of opioids in Emergency Departments, and the subsequent prescribing of opioids at ED discharge by at least 10%.

## Goal 3: Ensure Local Access to Primary, Specialty and End-of-Life Care

***Objective A: Promote access to and engagement in primary care***

- Provide education, screening and physician engagement at local senior resident/centers
    - 2017: 10 events
    - 2018: 7 events
    - 2019: 9 events
- Continue to recruit PCPs for Holy Name Medical Partners ("HNMP") network & Harmony Health Alliance clinically integrated network ("CIN")
    - CIN: See Goal 1, Objective A ("Promote Care Coordination…")
    - HNMP: PCPs are recruited for areas deemed underserved (esp. in Hudson County) and means of access are developed (e.g., transportation services).
        - 2017: 78 providers — 38 primary care only; 40 dual primary/specialty care
        - 2018: 88 providers — 43 primary care only; 45 dual primary/specialty care
        - 2019: 102 providers — 48 primary care only; 54 dual primary/specialty care
- Increase annual wellness visits and/or preventative services within the last 12 months
    - Varies by practice, but 85% of measures completed on average; interim goal is 90%
- Increase the number of medical practices that accept Medicaid and serve patients on a discounted basis
    - 90% of HNMP network physicians accept Medicaid & serve patients on a discounted basis
- Continue activities to assist persons without health insurance to obtain insurance or complete screening/application for Medicaid.
    - Each year, between 1500-4500 persons are screened and assisted with obtaining or improving insurance.
- Insurance counseling and referral for underserved persons is provided.
- Referrals to resources such as BVMI ("Bergen Volunteer Medical Initiative") provide primary care; HNMC provides care and diagnostic testing ordered by BVMI physicians.

***Objective B: Promote access to and engagement in behavioral health care***

- Collaborate with other Bergen County hospitals and Bergen County government to improve access and services for Bergen County residents at Bergen New Bridge Medical Center.
    - HNMC and four other Bergen hospitals provided their combined expertise via monthly collaborative meetings during 2017 and early 2018. The County declined the assistance thereafter.
- HNMC Pharmacy Service provides free *Narcan* to local ambulance corps.
- See also Goal 2, Objective C ("Reduce stigma related to mental illness")

***Objective C: Promote access to and engagement in medical specialty care***

- See Goal 1, Objective A re Harmony Health Alliance CIN.
- Specialists are identified and recruited according to need for both the CIN and the HNMP.
- Multi-specialty practice offices have been placed throughout the catchment area in accordance with need; for example, a 7-physician practice including oncology, cardiology, internal medicine, obstetrics/gynecology and urology was opened in West New York in 2017.
- A transportation network is provided for persons unable to access services

***Objective D: Increase access to culturally and linguistically appropriate care***

- Originally a Korean Medical Program, the program now encompasses Japanese, Chinese, Filipino and Asian Indian services and specialties, and has been renamed "*Asian Medical Program*."
    - 2017: 130 health related events
    - 2018: 105 health related events
    - 2019: 112 health related events
- Given the hospital's expanded role in Hudson County, its Hispanic Outreach Program was reorganized and enlarged, now termed "*Familia Y Salud"* (Family and Health).
- Community partnerships have been established relative to the Hispanic community with: *North Hudson Community Action Corporation, Save Latin America Resources,* and *Family Success Centers Program Hudson County*.
- Establish relations with local churches to bring health care education to African American communities
    - 2017: 7 events
    - 2018: 5 events
    - 2019: 4 events
- *Northern NJ Family CHUM* is a community partner for African American community outreach
- With the goal of providing a sufficient array of translation services 24/7 campus wide, a new service, *CyraCom*, providing 220 languages, was installed. Within the HNMP physician practices, approximately 85% of practices include bilingual staff.
- Numerous seminars and health days and conferences related to Jewish needs (esp. women) are provided.

***Objective E: Reduce transportation barriers***

- Needs-based transportation services are provided by both HNMC dedicated staff drivers and community partners: HNMC Hudson County transport service, HNMC Asian transport service, Community Access Link, and Medicaid beneficiary transports.

***Objective F: Reduce inappropriate ER use and hospital readmissions***

- Implementation of LINC nursing model in 2018 provided a consistent contact for at-risk patients to call when feeling potentially distressed or unwell.
- Expand patient tracking and intervention via participation in care models to measure resource utilization while improving quality and outcomes
    - 2017, 2018, 2019: As noted previously, HNMC participates in 11 care models: CMS' MSSP ACO, as well as 6 other ACOs; CMS' Comprehensive Personal Care Plus model; CMS' Million Hearts model; CMS' Bundled Payments for Care Improvement model, and CMS' Comprehensive Joint Replacement model (added in 2018).
- Use claims and other data to identify persons likely to have unnecessary ER visits or readmissions, and provide intervention/care
    - Predictive models/algorithms are still in development
- Improve patient involvement in care via enhanced education & understanding of condition and care
    - 2018, 2019: The GetWell Network installation went "live" in early 2018

***Objective G: Increase access to end-of-life and palliative care programs***

- Further enhance screening tools used on campus & in medical practices to appropriately identify hospice/palliative patients; and use claims and other data (e.g., in predictive analytics) to identify persons deemed appropriate for early palliative care.
    - 2019: A predictive algorithm written by an in-house data scientist to identify persons appropriate for a palliative care consult is in testing/validation phase
- Continue education, awareness and events re: palliative and end-of-life care issues
    - Conversation of Your Life ("CoYL") events
        - 2017: 6 events held with 179 participants
        - 2018: 10 events held with 352 participants
        - 2019: 4 events held with 99 participants
- Continue medical staff education to help physicians understand when to refer to palliative care
    - 1-2 Grand Rounds on EOL care are provided annually to approx. 200 attendees.
- A Palliative Care Team was established, including two physician specialists and a Palliative Care NP.
- *Villa Marie Claire*, HNMC's 20-bed inpatient hospice located in Saddle River, NJ, was heralded as a state model by two governors, and received grants of $3-5 million for each of 2017, 2018 and 2019.
- HNMC writes the vast majority of its software applications. Due out in 2020 is an online *Advanced Directives* product that will encompass written and video aspects, easily accessible anywhere.