LOCAL CARE BY AND FOR OUR COMMUNITY

2024-2025 Community Health Needs Assessment

Implementation Plan

Approved by Confluence Health Executive Leadership Committee
PENDING Confluence Health Board Approval

November, 2023

Our Strategic Priorities

Achieving Our Quadruple Aim

Realizing Our Strategic Direction

We will position ourselves in the market as a sustainable, independent health system. To do this we must achieve our quadruple aim: We will have and grow great care and services for our patients; we will engage our community and increase access to care; we will lower the total cost of care; and we will develop and sustain joy in our work.

1

Ensure Access For All

Goal: *Improve access in all areas of our service to meet patient demands*

Reasoning: *As the main healthcare provider in North Central Washington, our access to care for the population must not be delayed.*

2

Committing to Excellent Care & Service

Goal: *Quality scores in top performing percentiles for all service lines and compete with other institutions on service.*

Reasoning: *Our care should be of exceptional quality and our service to patients should match these efforts. As quality improves across all institutions, service will be an important driver of patient choice.*

3

Focusing on Local Sustainability

Goal: *Reduce our overall cost of care provided to patients and identify care necessary locally for our patients*

Reasoning: *We know the overall cost of care is rising. Finding initiatives to lower the cost for our patients and identifying where services remaining local vs. strategic partnerships are necessary is key to local sustainability.*

4

Enabling Joy & Pride in Our Work

Goal: *Be the employer of choice in our region and engage all our caregivers in having pride in our work.*

Reasoning: *The foundation of our success is the people, caregivers, in our organization. Being the employer of choice in our region will enable the pride in our work necessary to achieve our aspirational outcomes.*

Executive Summary

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. Confluence Health partnered with Professional Research Consultants (PRC) to conduct the community needs assessment of Chelan, Douglas, Grant, and Okanogan Counties. This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for comparison to benchmark data at the state and national levels.

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Confluence Health and PRC.

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process. Prioritization of the health needs identified in this assessment ("Areas of Opportunity" above) was determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

The five most significant needs, as discussed by the Executive Leadership Team, are listed below:

1. Mental Health
2. Diabetes
3. Heart Disease & Stroke
4. Access to Healthcare Services
5. Infant Health & Family Planning

Confluence Health leadership has developed an implementation plan to identify specific activities and services which directly address the identified priorities. These are aligned with our strategic plans for the organization, taking these important priories into account. The following pages detail the rationale for each priority chosen and detail the implementation plans for the organization to address the needs of the community.

Priority #1: Mental Health

Rationale

Survey data indicates that residents in the Confluence Health Service area do not have adequate access to mental health care services and providers. 6.8% of total service area adults report difficulty accessing mental health services. Contributing factors identified include general lack of resources, lack of coordination of care, dual diagnosis for those with substance use disorders, affordable care, coordination between primary care providers and mental health providers, lack of community care and involvement, and stigma associated with seeking help for mental health issues.

The Confluence Health Services are located and cover multiple counties adding to the difficulty to resource and collaborate on mental health services. This was identified by one interviewee as the crux of the issue and the need for a holistic view approach at all levels, starting at the street. Open communication between physicians, care teams, law enforcement and Catholic Charities for coordination of care for this population is essential. Standardization of routes into mental health community resources that are known by all and are timely. The counties and resources need to eliminate silos in a meaningful and sustainable way to ensure this population gets safe, timely care.

Interviewees identified that the pandemic has exasperated people's sense of isolation from others and has brought to light a lot of mental health challenges that were otherwise unknow. It has compounded stress for people and may have created new mental health challenges that communities were unprepared for. Compiled with workforce challenges, this has led to a depletion of need resources for mental health patients.

Priority #1: Mental Health

Strategic priority alignment:

- ***Ensuring Access For All***
- ***Committing to Excellent Care and Service***

Goals and Initiatives	Measurement	Responsible Leader	Progress/Key Results	
			FY 2023	FY 2024
1.1. Provide points of access for mental health services for the community				
a. Confluence Health will continue to provide emergency and outpatient services for mental health patients	Service Available	Kelly Allen CNO	In Place	
b. Confluence Health will participate with community stakeholder to evaluate and improve access to mental health services.	% Participation in mental health stakeholder's meetings	Kelly Allen CNO	100%	
c. Confluence Health will continue to staff a Sexual Assault Nurse Examiner (SANE) who is trained specifically to treat sexually assaulted patients.	Service Available	Kelly Allen CNO	In Place	
1.2. Improve access to mental and behavioral health partnerships				
a. Confluence Health will continue to build upon its relationship with Catholic Charities to explore best practices for mental health care needs within our community.	Collaborating Working Group In Place	Kelly Allen CNO	In Place	
b. Confluence Health will continue to participate in community suicide prevention activities with the Suicide Prevention Coalition of North Central Washington.	Collaborating Working Group In Place	Kelly Allen CNO	In Place	

Priority #1: Mental Health

Strategic priority alignment:

- ***Ensuring Access For All***
- ***Committing to Excellent Care and Service***

Goals and Initiatives	Measurement	Responsible Leader	Progress/Key Results	
			FY 2023	FY 2024
1.3. Provide a mental health support system for employees of Confluence Health				
a. Confluence Health will continue to offer and encourage the Employee Assistance Program (EAP) to help employees navigate various life challenges	Service Available	Katina Maier CPSO	Provided	

Priority #2: Diabetes

Rationale

More than 30 million people in the United States have diabetes. In our four counties, 12.8% of the adult population have been diagnosed with diabetes, another 8.3% have "pre-diabetes". The percent of our population with diabetes is significantly higher than our state average, especially in Chelan and Okanogan Counties.

Prevalence of diabetes in our four counties is directly related to the socioeconomic status of the population.
The population who are low-income earners have a nearly 300% increase in diabetes compared to middle or high-income earners (21.1% vs. 7.4%).Multiple factors play into this discrepancy. Food health plays an important role. Poverty plays an important role in ability to follow a healthy diet; we have a significant food desert. A lack of physical activity related to work schedules and poor access to facilities lead to obesity, a significant driver of diabetes.

A lack of education plays a significant role. One public health representative stated there is a "lack of resources for individuals to learn how to care for themselves and resources to purchase supplies and fresh foods". This is echoed be a community leader, saying "Emphasis on education in early detection of the disease appears to be lacking." Addressing the problem before it starts is paramount in treating the growing diabetic population.

Priority #2: Diabetes

Strategic priority alignment:

- ***Committing to Excellent Care and Service***

Goals and Initiatives	Measurement	Responsible Leader	Progress/Key Results	
			FY 2023	FY 2024
2.1. Improved Blood Sugar Control				
a. In our primary care redesign, there is a focus on chronic disease management. One disease to be addressed is diabetes. Through this work, we will accomplish lower blood sugars for our patients.	Percent of patients with controlled hemoglobin A1C	Dr. Jim Murray CMO	66.94%	
2.2. Patient Education and Engagement				
a. Education and engagement will help patients with diabetes succeed in controlling their blood sugar. We will begin using an electronic education and monitoring device to promote patient engagement in their disease.	MyChart based application in place	Dr. Jim Murray CMO	In Progress	

Priority #3: Heart Disease and Stroke

Rationale

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. North Central Washington is no exception. The morbidity and mortality of these two diseases impact many of our population. A focus on improved prevention of both with have a significant impact on our population's lives.

Uncontrolled hypertension and high cholesterol are leading attributable factors to both heart disease and stroke. Management of blood pressure control requires education on a healthy lifestyle, dietary changes, appropriate medication usage and medication compliance. Not dissimilar to hypertension, high cholesterol can be improved with the same levers. Ongoing management of both would have a profound effect on our rates of heart disease and stroke in our areas.

Priority #3: Heart Disease and Stroke

Strategic priority alignment:

- ***Committing to Excellent Care and Service***

Goals and Initiatives	Measurement	Responsible Leader	Progress/Key Results	
			FY 2023	FY 2024
3.1. Controlling Hypertension				
a. Through a multidisciplinary approach, improve the blood pressure control of our population of patients with hypertension.	The percent of adult patients 18-85 with a blood pressure under 140/90	Dr. Jim Murray CMO	66.69%	
3.2. Controlling Hyperlipidemia and Preventing Stroke				
a. Similar to hypertension, use a multidisciplinary approach to controlling elevated cholesterol levels.	Providing Statin therapy for the prevention and treatment of CV disease in patients with Clinical ASCVD	Dr. Jim Murray CMO	86%	

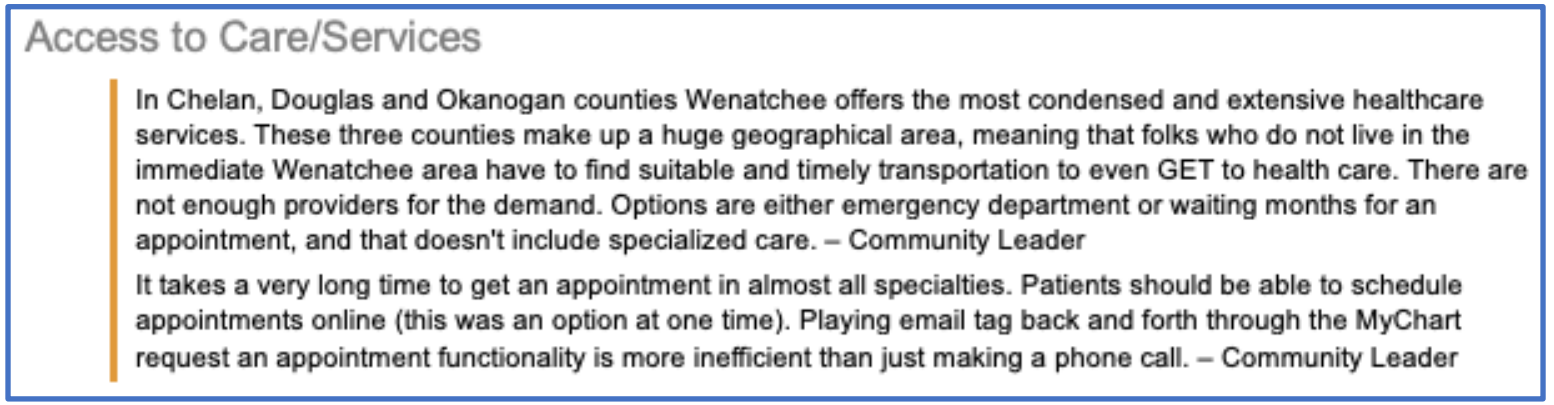
Priority #4: Access to Healthcare Services

Rationale

Many people in the United States don't get the healthcare services they need, and our communities experience the same issues. A total of 42.1% of adults in our four-county service area reported some difficulties obtaining health care in the past year. This percentage was higher than the national average for the four-county region, with Douglas County reporting the lowest response and Okanogan County the highest at 33.8% and 48.7%, respectively.

In review of the barriers to healthcare, the two issues driving the most difficulty included appointment availability and finding a provider. In these two cases, specifically, the service area was well above the national benchmarks. Getting an appointment was a barrier 28.1% of the time, compared to 14.5% nationally. Finding a provider was a barrier 18.3% of the time, compared to 9.4% nationally. These two areas speak to the increasing challenges in recruiting providers, retaining providers, adding enough providers to meet the growing population, and making those appointments in the system available in multiple ways for patients. From the snapshot below – these two areas are key perceptions across community leaders and patients.

To address these two major issues for the community, Confluence Health as started an initiative to redesign our Primary Care services and will be focusing on upcoming specialty services in the coming years. This work focuses on, among other things, optimizing our workforce to meet the growing needs of patients in the community. Finding the right mix of providers for the growth and developing a care team model to meet the needs of patients. In addition, the redesign efforts will improve scheduling availability for patients and our digital transformation efforts are moving this availability to more places for patients to reach. Increased utilization of MyChart and online scheduling will make processes easier for patients to access care.



Priority #4: Access to Healthcare Services

Strategic priority alignment:

- ***Ensuring Access For All***
- ***Committing to Excellent Care and Service***

Goals and Initiatives	Measurement	Responsible Leader	Progress/Key Results	
			FY 2023	FY 2024
4.1. Optimizing Our Provider Workforce				
a. Through our redesign efforts, there will be a focus on increasing the number of advanced practitioners across our service area. The redesign's focus is on stratifying patient populations to ensure the right care for the right patient by the right provider types. This should increase the ability to find a provider for all patients in the service area.	Average New Patient Lead Time	Dr. Jim Murray CMO	26 days	
b. Another focus of the redesign work is to identify new pathways for care delivery across the service area. New strategic partnerships and care deliver models will increase the ability for patients to see a provider when they need and want to. These new models of delivery will also allow patients to do it locally with limited travel to care sites.	Implementation of Virtual Care Partner	Dr. Jim Murray CMO	In Progress	
4.2. Improving Schedule Availability				
a. Increasing the availability of online appointments. Changes in how same day clinics make appointments available and more focus on shifting schedules to online scheduling will improve the availability for patients.	Appointments Scheduled Online	Dr. Jim Murray CMO	2.75%	
b. Our most effective tool for increasing availability through mechanisms such as FastPass or other automated offerings are through MyChart. Our focus in this work is to increase the percentage of users who see their care team > 3 times in a 12-month period. This will provide increased communication and availability.	Percentage of Active MyChart Users	Robert Pageler CIO	68.71%	

Priority #5: Infant Health and Family Planning

Rationale

Women giving birth in the U.S. are more likely to face mistreatment, serious complications or death than people in any other high-income country. The risks are even greater for minority populations. Access to infant health and family planning have limited accessibility for underserved communities and additionally there can be of stigma in asking for help or resources. These can lead to limited planning for the birthing process and limited prenatal care.

Although the birth rate in Washington State continues to decline, North Central Washington has a significant number of migrant women who give birth with inadequate prenatal care putting them at increased risk. Statistics include an increased rate of gestational hypertension, increased rates of gestational diabetes and those with socio-economic inequalities have significantly worse outcomes on a range of indicators. The Confluence Health service area have a higher than state average births to adolescent mothers, which is also associated with a lack of prenatal care.

Survey participants felt that access to health and family planning is not accessible for underserved communities and that there is stigma associated with asking for these resources particularly in Hispanic and native American populations. Prenatal care in pregnant teens was identified by social services providers in the more rural counties of Okanogan and Grant Counties. Health providers in these areas support the need for adequate prenatal and postnatal care for all these populations.

Priority #5: Infant Health and Family Planning

Strategic priority alignment:

- ***Ensuring Access For All***
- ***Committing to Excellent Care and Service***

Goals and Initiatives	Measurement	Responsible Leader	Progress/Key Results	
			FY 2023	FY 2024
5.1. Teamwork and communication for patient-centered childbirth				
a. Confluence Health will participate in TEAMBIRTH for all births to develop a birthing plan for mothers, their support person and the care team to facilitate safe, dignified and respectful care.	Percentage of Births using TEAMBIRTH	Kelly Allen CNO	In Progress	
5.2. Education for expecting and new parents				
a. Confluence Health will continue to offer childbirth education and breast-feeding classes for all demographics regardless of ability to pay.	Continuation of Coursees	Kelly Allen CNO	In Place	

Closing Comments

Our focus on these five areas are not all inclusive of the strategy of the organization, but these key areas fit within the larger plans. These key initiatives are in line with two of the pillars of our quadruple aim, *Ensuring Access for All* and *Committing to Excellent Care and Service*. As we pursue these initiatives, updates to the outcomes for fiscal year 2024 will be updated.

As our organization strategic plans continue to develop, the Community Health Needs Assessment information informs where we need to focus. Our Mission of *Local Care By And For Our Community* speaks to this commitment.

For more information about Confluence Health please visit: www.confluencehealth.org