Confluence Health
FY 2026 - FY 2028 Implementation Plan

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Confluence Health by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Chelan, Douglas, Grant and Okanogan Counties, Washington.

The CHNA Team, consisting of leadership from Confluence Health, reviewed the research findings in July 2025 to prioritize the community health needs. Four significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The list of prioritized needs, in descending order, is listed below. Through collaboration, engagement and partnership with the community, Confluence Health will address the following priorities with a specific focus on affordable care and reducing health disparities among specific populations:
1.) Continued Recruitment & Retention of Healthcare Workforce
2.) Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles
3.) Access to Mental, Behavioral, and Substance Use Care Services and Providers
4.) Continued Focus on Community Infrastructure

The CHNA Team participated in a prioritization process using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions, and their capacity to address the need. Once this prioritization process was complete, Confluence Health leadership discussed the results and decided to address three of the four prioritized needs in various capacities through a hospital specific implementation plan. While Confluence Health acknowledges that "Continued Focus on Community Infrastructure" is a significant need in the community, it is not addressed largely due to the fact that it is not a core business function of the facility and the limited capacity of the hospital to address this need. Confluence Health will continue to support local organizations and efforts to address this need in the community.

Hospital leadership has developed an implementation plan to identify specific activities and services which directly address the identified priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital’s overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, and annual updates and progress (as appropriate).

The Confluence Health Board reviewed and adopted the 2025 Community Health Needs Assessment and Implementation Plan on November 11, 2025.

Priority #1: Continued Recruitment & Retention of Healthcare Workforce

Rationale:

Douglas, Grant and Okanogan Counties have a higher ratio of population per primary care physician as compared to the state. Additionally, all four counties have several Health Professional Shortage Area designations as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA). Furthermore, Douglas, Grant and Okanogan Counties have Medically Underserved Area/Population designations as defined by the U.S. Department of Health and Human Services HRSA.

Interviewees discussed longer wait times and limited capacity for local walk-in clinics (especially for Okanogan County), rehab centers, and nursing home and memory care facilities. Several barriers to care were discussed for individuals living within certain counties, with those being geography due to the rural nature of the counties, transportation (availability and cost), limited clinic options in Douglas and Okanogan Counties, staff turnover and varying wait times based on whether a patient was new or an existing patient. Some interviewees discussed difficulty finding a provider accepting new patients after relocating to the area, and others mentioned that there seems to be long wait times for in person appointments, even though telemedicine is an option. Interviewees expressed appreciation for organizations in the area that are improving access to primary care services such as FQHCs, Samaritan and Confluence Health. A few noted challenges exist when recruiting providers to the community due to lack of affordable housing.

With regards to specialty care, interviewees discussed the long wait times for certain specialties, like dermatology and gastroenterology, due to the limited number of providers and rotating coverage, especially for Grant and Okanogan Counties. Telemedicine was mentioned as an option, but limitations exist due to the rurality of some of the communities. Interviewees believe patients are being transferred despite capability to receive care locally. This then puts a strain on EMS and identifies a need for consistent hospital/call provider availability. A couple of people talked about long wait times for new specialty related issues, unless you have a physician-to-physician intervention.

Interviewees mentioned outmigration to places like Spokane, Seattle, Wenatchee, Yakima and the tri-cities area for specialty related services. There is a desire to specifically see a more comprehensive cancer treatment center for Grant County as people tend to go to Spokane, Wenatchee or the tri-cities area. The elderly population was mentioned by interviewees as needing more localized specialty care services so they aren't traveling to cities like Spokane or Wenatchee. The transportation system within the counties was discussed extensively regarding the fragmentation between the counties which impedes inter-county access.

Interviewees expressed appreciation for the local FQHCs, but acknowledged their lack of specialty offerings and the potential impact on patients foregoing that care due to cost. Lab services at the VA were mentioned as challenging due to limited working hours because of their lack of resources. Specific specialties mentioned as needed due to long wait times or lack of coverage include Dermatology, Orthopedics, Cardiology, Mental/Behavioral Health, Endocrinology, Gastroenterology, Neurology, Oncology, Allergy, Neurosurgery (including Trauma), OB/GYN, Pediatrics subspecialties, Urology, ENT, Geriatrics, Infectious Disease, Nutrition, Ophthalmology, Physical Therapy and Wound Care.

Objective:

Continued efforts to recruit and retain providers to the community

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
1.A. Confluence Health will continue to explore obtaining and maintaining the most up to date, advanced technology and equipment to increase access to specialized services for patients.	CNO, Chief Ambulatory and Clinic Network Officer, CMO	Da Vinci 5; ION Robotic Bronchoscopy	ONGOING (as opportunities arise)	Q1: New robotic system implemented and in use. Expanded services to both campuses. Q2: Approval of ION Robotic Bronchoscopy device for implementation to expand access to care for our community.				
1.B. Confluence Health partners with local colleges and universities to support area residents pursuing education and future careers in providing health care services. Additionally, Confluence Health will continue to serve as a teaching facility and allow for students pursuing health-related careers to rotate through the facility in a variety of programs.	CNO and Chief Ambulatory and Clinic Network Officer	Ophthalmic Technician apprentice program, High School Healthcare Scholarship (for enrolling Wenatchee Valley or Big Bend Community College students), Nursing Residents, and MA-Apprenticeship Programs	ONGOING (as opportunities arise)	Q1: Programs have led to marked improvements recently in CT Technicians. Other programs continue development. Q2: CSI Camp completed this quarter that brings in additional students from high schools considering healthcare programs in college.				
1.C. Confluence Health recognizes outstanding employees through nominations and award ceremonies.	Chief People & Strategy Officer	Daisy Team Award, REACH Awards, Years of Service, Core Value Award, Singleton Awards	ONGOING (as opportunities arise)	Q1: REACH award for employee and physician or provider of the month continue. First quarterly leader of the quarter awarded. Q2: Expansion from individuals receiving awards for staff/physician/provider to teams as well with Security being the first team recognized.				
1.D. In partnership with the local nursing school, Confluence Health provides a nurse residency program, where people who are interested in healthcare can work before they have their license. The program helps the individual through their first year of nursing.	CNO		ONGOING (as opportunities arise)	Q1: Nursing residency applications and acceptance continue to grow. Q2: Residency continues and new cohort begins.				
1.E. Confluence Health continues to improve access in all areas of our service to meet patient demands through optimizing the provider workforce, identifying new pathways for care delivery and increasing the availability of online appointments	Chief Ambulatory and Clinic Network Officer, VP Digital Engagement & HER		ONGOING (as opportunities arise)	Q1 to Q2: Online appointments continues as a focus, reaching consistently greater than 10% of scheduled appointments.				

Priority #2: Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles

Rationale:

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrant a need for increased preventive education and services to improve the health of the community. Heart disease and cancer are the two leading causes of death in Chelan, Douglas, Grant and Okanogan Counties and the state. Chelan County has higher mortality rates than Washington for the following causes of death: diseases of the heart; malignant neoplasms; Alzheimer's disease; accidents (unintentional injuries); chronic lower respiratory diseases; COVID-19; diabetes mellitus; Parkinson's disease; and intentional self-harm (suicide). Douglas County has higher mortality rates than Washington for the following causes of death: diseases of the heart; malignant neoplasms; Alzheimer's disease; chronic lower respiratory diseases; cerebrovascular diseases; and COVID-19. Grant County has higher mortality rates than Washington for the following causes of death: accidents (unintentional injuries); chronic lower respiratory diseases; COVID-19; diabetes mellitus; and chronic liver disease and cirrhosis. Okanogan County has higher mortality rates than Washington for the following causes of death: accidents (unintentional injuries); chronic lower respiratory diseases; COVID-19; diabetes mellitus; and chronic liver disease and cirrhosis. Additionally, Grant and Okanogan Counties have a higher prostate cancer mortality rate than the state and Chelan, Douglas and Okanogan Counties have a higher lung & bronchus cancer mortality rate than the state. Chelan and Okanogan Counties have a higher female breast cancer mortality rate than the state and Douglas County has a higher colon & rectum cancer mortality rate than the state.

Chelan, Douglas and Grant Counties have higher prevalence rates of communicable diseases such as chlamydia than the state. All four counties have a higher percentage of chronic conditions than the state, such as diabetes. Grant County has a higher percent of the Medicare population with diabetes when compared to the state and Douglas, Grant and Okanogan Counties have a higher percent of the adult population who are considered obese than the state. Chelan and Grant Counties have a higher percentage of the Medicare population who are obese and Douglas and Grant Counties have a higher percent of the Medicare population with high blood pressure when compared to the state. Douglas, Grant and Okanogan Counties have a higher percent of the adult population with arthritis. All four counties have a higher percentage of adults with asthma and those with a disability for the adult population than the state. Additionally, Grant and Okanogan Counties have a higher percent of the Medicare population with a disability when compared to the state.

All four counties have higher percentages of residents participating in unhealthy lifestyle behaviors, such as physical inactivity and smoking, than the state for the adult population. Chelan, Douglas and Okanogan Counties have a higher percent of the adult population who report binge drinking when compared to the state. With regards to maternal and child health, specifically, all four counties have more low birth weight births than the state and Grant County has a higher rate of teen births when compared to the state. Chelan, Douglas, Grant and Okanogan Counties have a smaller percent of those who have received a bachelor's/advanced degree when compared to the state and Grant and Okanogan Counties have a lower percent of those who have graduated high school within four years than the state. Additionally, all four counties have a higher percent of those who are uninsured than the state.

Okanogan County has a smaller percent of those receiving a mammography screening for the Medicare population and Grant and Okanogan Counties have a smaller percent of those on Medicare who are receiving a prostate screening. Data suggests that Chelan, Douglas, Grant and Okanogan residents are not appropriately seeking preventive care services, such as timely flu vaccines and pneumonia vaccines for the Medicare population. When analyzing economic status in the four counties, Okanogan County is more economically distressed than Chelan, Douglas and Grant and other counties in the state. Additionally, Douglas County has a higher preventable hospitalization rate per 100,000 Medicare beneficiaries when compared to the state.

Many interviewees were concerned about food insecurity, availability and accessibility of nutrition programs, along with impacts on local healthcare facilities regarding the lack of healthy lifestyle behaviors and limited resources in the community. However, there were mentions about efforts that have been put in place to improve access to fresh produce, like the nutrition program at the hospital and the public health department forming a food council. Though the different local exercise facilities in the area were acknowledged, interviewees believe there is limited use of these resources. There is a perceived need for expanded year-round recreational programs such as opening up the school gyms for walking groups. With regards to the youth population, after school programs and activities were discussed by interviewees as lacking in some areas, particularly for low income families due to cost and where they were located within the counties. Lastly, interviewees discussed a concern for increasing STI rates and the ability to access care for those impacted.

Interviewees mentioned inappropriate use of the emergency room due to a general lack of understanding about what the ER is meant to be used for, patients not having an established primary care provider, the long wait times to see a primary care provider, no upfront payments and the perception that you will be seen faster in the ER. Interviewees discussed specific groups that are not aware of charity care resources that are available in the community. The migrant and undocumented population was mentioned by a couple of interviewees as experiencing a barrier to accessing care due to cost and the mistrust of healthcare in general. Several knowledge gaps were mentioned regarding youth resources like reproductive health, educational support, early childhood transition programs and obesity in the youth population.

Several people discussed the need for more education on health literacy in the area but also education regarding the importance of healthy lifestyle behaviors and management. Interviewees discussed the disparities in healthy lifestyle resources across the four-county area, particularly in rural communities, noting that limited resources and lack of information contribute to the prevalence of otherwise preventable health issues. Interviewees also mentioned a lack of engagement and referrals for diabetes prevention programs. Lastly, interviewees mentioned distrust in science and healthcare as well as declining vaccination rates due to misinformation.

Objective:

Implement programs and provide educational opportunities that seek to address unhealthy lifestyles and behaviors in the community across all populations

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
2.A. Confluence Health will continue to increase educational opportunities for the public concerning wellness topics and health risk concerns, host various support and educational groups at the facility, and support and participate in local health-related events to highlight hospital services and offer a variety of health screenings at a free or reduced rate.	VP Strategy and Impact	Breast Cancer Month, Lung Cancer Month, National Cancer Survivorship Day, flu clinics at various CH clinics, Hockey Fights Cancer Night; Apple Blossom Run, "Be Well, Stay Well", Cardiology Cares program, Serve Wenatchee Valley and CVCH Back-To-School Event, Senior Health Fair, SCI Meet & Greet, Confluence Health Oncology Program quarterly newsletter, EASE Cancer Foundation and Confluence Health Cancer Survivorship Program Quarterly Talk	ONGOING (as opportunities arise)	Q1: Continue to provide important information and events. Q1 held Hockey Fights Cancer, and many other areas of this work. Q2: Continued through the Be Well, Stay Well and Adaptive Cycling events.				
2.B. Confluence Health continues to commit to excellent care and services by focusing on chronic disease management, like addressing diabetes through improved blood sugar control. Confluence Health is committed to helping patients lower their blood sugars through electronic education and monitoring devices to help promote patient engagement in their disease.	CMO		ONGOING (as opportunities arise)	Q1 to Q2: Current performance in HTN and DM control are on track to meet annual goals.				
2.C. Confluence Health continues to commit to excellent care and services by using a multidisciplinary approach to support patients in controlling hypertension and hyperlipidemia and preventing stroke.	CMO and Chief Ambulatory and Clinic Network Officer		ONGOING (as opportunities arise)	Q1 to Q2: Current programs continue.				
2.D. 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.	CNO		ONGOING (as opportunities arise)	Q1 to Q2: Continued participation				

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
2.E. Confluence Health offers annual wellness visits, sport physicals and school immunizations to kids in the area.	Chief Ambulatory and Clinic Network Officer	Well-Child visit/exam	ONGOING (as opportunities arise)	Q1 to Q2: Continue these services and are on track for meeting annual goals.				
2.F. Confluence Health continues it's longstanding partnership with Mobile Meals of Wenatchee to meet the needs of community members who may be facing food scarcity.	CNO		ONGOING (as opportunities arise)	Q1 to Q2: Continues				
2.G. Confluence Health will continue to host onsite financial counselors that offer payment plan education and/or financial education for patients who require assistance, as well as education for those that are eligible for CHIP or Medicaid. In addition, Confluence Health provides a substantial discount to sliding fee scale program patients for lab services.	VP of Revenue Cycle		ONGOING (as opportunities arise)	Q1 to Q2: Services still available and continue.				
2.H. Confluence Health provides a dedicated case management team to help connect patients to appropriate, affordable resources as opportunities arise.	VP of Population Health and Health Equity	Bus or taxi vouchers, prescription assistance program	ONGOING (as opportunities arise)	Q1 to Q2: Services still available and continue.				
2.I. Confluence Health & Wenatchee Valley Medical Group Community Health Partnership offers a yearly grant to local organizations who are working towards improving health & wellness or addressing the social determinants of health—like food security, housing, early education, or economic stability.	Chief Philanthropy Officer & Pharmacy		ONGOING (as opportunities arise)	Q1: Continued for 2026 and kicks off in Q2. Q2: Application process launched and closed.				
2.J. Confluence Health continues to expand interpretation services through a video-conferencing and phone line service.	VP Digital Engagement & EHR		ONGOING (as opportunities arise)	Q1 to Q2: Services still available and continue.				
2.K. Confluence Health has a strategic focus on Patient Digital Engagement and offers a free Digital Navigator Advanced Training on Telehealth to community members. This educational event focuses on understanding barriers to telehealth access and real solutions, learning about the Link-to-Care Hotline which is a vital resource for telehealth, Spanish language access, and the ability to explore tools like MyChart and Keycare to support community members.	VP Digital Engagement & EHR	Work and partnership with NCW Tech Alliance	ONGOING (as opportunities arise)	Q1 to Q2: Services still available and continue.				
2.L. Confluence Health will continue to increase awareness of its primary and specialty care service offerings in the community through various media outlets and advertisements.	VP Strategy and Impact	Facebook, Radio, TV ads	ONGOING (as opportunities arise)	Q1 to Q2: Continue to focus on education and awareness of these services.				

Priority #3: Access to Mental, Behavioral, and Substance Use Care Services and Providers

Rationale:

Data suggests that residents in Chelan, Douglas, Grant and Okanogan Counties do not have adequate access to mental and behavioral health care services and providers. Douglas, Grant and Okanogan Counties have a higher ratio of population per mental health provider as compared to the state. Okanogan County has a higher percent of the adult population who are depressed when compared to the state, while Chelan, Douglas and Okanogan Counties have a higher percent of the Medicare population who are depressed as compared to the state. All four counties have a higher percent of those individuals who indicated they had 14+ days of poor mental health when compared to the state.

Interviewees mentioned the new behavioral health facilities that have opened in the area and improved access to care, especially for Chelan County. However, interviewees discussed social isolation potentially worsening mental health and/or substance abuse for some individuals. Interviewees mentioned gaps in accessing mental health care, especially for those who have medication management needs or acute episodes. For medication management, some children with complex needs have to go to Seattle or Spokane since there's not a provider nearby that can provide that type of care. Acute episodes typically end up in the ED and then patients are transported to a larger town. Recruiting mental health providers to the area was discussed by many interviewees as a challenge due to the rural nature of the communities.

Several barriers were mentioned by interviewees in accessing mental health services such as long wait times, financial stability, insurance, provider shortage (specifically for Douglas County) and the lack of inpatient mental health facilities. A few interviewees mentioned telemedicine and how it has improved access for some, but there are still some limitations, like the remote nature of some of the communities. The EMS system was discussed as being strained at times due to the increase in mental health transports. Some of these transports are being sent to Vancouver, which takes an ambulance and staff away from the Chelan/Douglas area for several hours. Additionally, a few people discussed the lack of inpatient crisis care in Grant County.

Interviewees discussed barriers to timely substance use disorder treatment due to local bed availability at times. It was noted that the legalization of marijuana appears to be contributing to broader patterns of substance use, including increased vaping and fentanyl use. Interviewees discussed the growing opioid and fentanyl use in the counties and the resulting increase in overdoses, noting in particular the lack of a harm reduction or syringe program in Chelan and Douglas Counties. Another interviewee expressed concern about the emerging use of Xylazine, noting that unlike opioids, there is currently no reversal medication available such as Narcan. They also emphasized that treatment for Xylazine is complex and will likely create increased demand for appropriate wound care in the community.
Additionally, interviewees mentioned that drug use is contributing to homelessness in the area and noted that individuals who serve time in jail often detox while incarcerated. Upon release, however, their lowered tolerance puts them at high risk of overdose.

Certain subpopulations in the community were noted as facing greater challenges related to mental and behavioral health. Interviewees highlighted the need for eating disorder resources to support applicable individuals, and one noted rising suicide rates and overdoses among men ages 40–50, particularly farmers, potentially linked to economic pressures and the role of being the primary breadwinner. Additionally, the homeless population with co-occurring mental health and substance use issues was cited as having limited access to specialized services. Other interviewees mentioned gaps in substance use and mental health resources for the youth population.

Objective:

Provide a point of access for mental and behavioral health and substance use services in the community

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
3.A. Confluence Health continues to improve access in all areas of our service to meet patient demands and commit to excellent care and services by providing points of access for mental health services for the community, such as emergency and outpatient services for mental health patients.	CNO and Behavioral Health Service Line Director	Mental Health therapists embedded in primary care locations for same day access. Urgent mental health care provided in all primary care locations.	ONGOING (as opportunities arise)	Q1 to Q2: Services continue. We are also exploring a partnership with Mood Health, who is a mental health care provider that offers accessible, secure mental health care via video visits.				
3.B. Confluence Health will participate with community stakeholders to evaluate and improve access to mental health services.	CNO and Behavioral Health Service Line Director	BH participates in a monthly NCW partner meeting as well as a Provider Alliance Meeting that involves directors from partnering agencies in the region assessing and discussing access related issues.	ONGOING (as opportunities arise)	Q1 to Q2: Participation in these relationships with community stakeholders continues				
3.C. Confluence Health will continue to staff a Sexual Assault Nurse Examiner (SANE) in the ER who is trained specifically to treat sexually assaulted patients.	CNO		ONGOING (as opportunities arise)	Q1 to Q2: Services continue.				
3.D. Confluence Health continues to improve access in all areas of our service to meet patient demands and commit to excellent care and services by improving access through partnerships to explore best practices for mental health care needs within the community.	CNO and Behavioral Health Service Line Director	Confluence Health partners with local agencies, like Catholic Charities, to create pathways to ensure patients get the level of care they need, when they need it; qtr. depression screenings with the Wenatchee School District, public service announcements with the Wenatchee School District	ONGOING (as opportunities arise)	Q1:Exploring potential ways to expand these services through partnerships. Q2: Looking to formalize a partnership with outside vendor to increase access.				
3.E. Confluence Health provides a Narcan program through the emergency department to assist those patients who are experiencing symptoms of overdose.	CNO		ONGOING (as opportunities arise)	Q1 to Q2: Services continue.				
3.F. Through the use of a grant, Confluence Health utilizes behavioral health telehealth in the emergency room. Outpatient social workers collaborate as well to ensure the necessary services are being given to the patient.	CNO		ONGOING (as opportunities arise)	Q1 to Q2: Services continue.				

3.G. Confluence Health informs patients about the local suicide prevention hotline. Patients can text or call 988 to connect with the suicide line. Additionally patients can call 800-852-2923, which is the crisis line for North Central Washington.	CNO and Behavioral Health Service Line Director		**ONGOING (as opportunities arise)**	Q1 to Q2: Services continue.				