

IMPLEMENTATION PLAN

Addressing Community Health Needs

Fallon Medical Complex ~ Baker, Montana

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Disclaimer: The Montana Office of Rural Health strongly encourages an accounting professional's review of this document before submission to the IRS. As of this publishing, this document should be reviewed by a qualified tax professional. Recommendations on its adequacy in fulfillment of IRS reporting requirements are forthcoming.

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The Implementation Planning Process

The implementation planning committee – comprised of Fallon Medical Complex’s (FMC) leadership team and board members – participated in an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through the Community Health Services Development (CHSD) needs assessment process. The facility conducted the CHSD process in conjunction with the Montana Office of Rural Health (MORH).

The CHSD community health needs assessment was performed in the spring of 2016 to determine the most important health needs and opportunities for Fallon County, Montana. “Needs” were identified as the top issues or opportunities rated by respondents during the CHSD survey process or during focus groups (see page 10 for a list of “Needs Identified and Prioritized”). For more information regarding the needs identified, as well as the assessment process/approach/methodology, please refer to the facility’s assessment report, which is posted on the facility’s website (<http://www.fallonmedical.org/PDFfiles/PDFfiles/Baker-FallonCountyReport6-24.pdf>).

The implementation planning committee identified the most important health needs to be addressed by reviewing the CHNA, secondary data, community demographics, and input from representatives representing the broad interest of the community, including those with public health expertise (see page 9 for additional information regarding input received from community representatives).

The implementation planning committee determined which needs or opportunities could be addressed considering Fallon Medical Complex’s parameters of resources and limitations. The committee then prioritized the needs/opportunities using the additional parameters of the organizational mission as well as existing and potential community partners. Participants then created a goal to achieve through strategies and activities, as well as the general approach to meeting the stated goal (i.e. staff member responsibilities, timeline, potential community partners, anticipated impact(s), and performance/evaluation measures).

The prioritized health needs as determined through the assessment process and which the facility will be addressing relates to the following healthcare issues:

Improve access to healthcare services through

1. Outreach and Education
2. Primary Care
3. Specialty Care
4. Smoking Prevalence

In addressing the aforementioned issues, Fallon Medical Complex seeks to:

- a) Improve access to healthcare services;
- b) Enhance the health of the community;
- c) Advance medical or health knowledge

Fallon Medical Complex's Mission:

Fallon Medical Complex, in its innovative pursuit of "Friends Healing Friends" provides comfort, compassion and excellence in the promotion of quality of life to all individuals.

Implementation Planning Committee Members:

- David Espeland , CEO
- Judy McWilliams – QAPI Director
- Selena Nelson, CFO
- Sue Lunde, RN, DON
- Michelle Smith, RN, LTC Nurse Supervisor
- Danni Kraft, Social Services Director
- Jeanna Sullivan, Life Enrichment Coordinator
- Karol Zachmann, Foundation Director
- Susan Stevens, IT Specialist
- Theresa Myers, Personnel Director
- Sharee Newell, Dietary Manager
- Ellen Kellner, Laundry Supervisor
- Betty Mueller, Board Chair
- Doug Varner, Board Vice-Chair
- Rich Menger, Board Secretary
- Merri Burns, Board Member
- Shane Bettenhausen, Board Member
- Bryant Steen, Board Member
- Brad Kings, Maintenance Manager
- Linden Krech, Housekeeping Manager
- Evelyn Neary, Business Office / Clinic Manager
- Tammy Reetz, Purchasing Manager
- Tania Bailey, HIM Manager
- Jennifer Gaskins, Rehabilitation Manager

Prioritizing the Community Health Needs

The implementation planning committee completed the following to prioritize the community health needs:

- Reviewed the facility's presence in the community (i.e. activities already being done to address community need)
- Considered organizations outside of the facility which may serve as collaborators in executing the facility's implementation plan
- Assessed the health indicators of the community through available secondary data
- Evaluated the feedback received from consultations with those representing the community's interests, including public health

Fallon Medical Complex's Existing Presence in the Community

- Our Foundation Coordinator has been a member of the local housing board, searching for ways to address our community's chronic housing shortage, by facilitating the construction of new housing and the renovation of existing houses. She has also acted as a board member for the local SE Montana Revitalization Team (SMART), dedicated to revitalizing the economic climate in our area, as well as being actively involved with the local Chamber of Commerce.
- To further support the community, a number of FMC employees frequently participate in disaster preparedness meetings and events through the Fallon County Local Emergency Preparedness Committee (LEPC). This group meets regularly to discuss disaster preparedness and determine ways of enhancing the effectiveness of disaster response.
- Our telemedicine system is routinely used by participants in a Eastern MT Chemical Dependency (CD) class, allowing them to interact with other participants and counselors in neighboring communities without having to drive out of town (no less than 2 hours round trip) multiple times each month.
- In an effort to assist with leadership development, two staff members routinely provide assistance with youth leadership programs. For instance, one of our Physical Therapists has acted as a 4H leader for a number of years, participating in youth developmental programs that provide hands-on learning activities for youth. In addition, our CEO provides coaching and judging for our local Business Professionals of America (BPA) chapter, which teaches basic and advanced business skills to high school students. Our CEO also judges Speech and Drama events, which helps high school students gain valuable skills in public speaking and performing.
- During the winter months, we offer Lunch and Learn programs to the community on healthcare related topics. These programs are held both live with guest speakers and via telecast in collaboration with other hospitals.

- One of our larger efforts to assist with community health improvement is to take an active role in offering, serving, and significantly subsidizing noon meals to seniors. FMC collaborates with our local Council on Aging to serve over 4,500 meals each year to seniors in our facility dining room, as well as an additional 1,300 meals through Meals on Wheels. This program promotes the health and well-being of our seniors by providing nutritious meals to those who might otherwise not receive them, especially those who are homebound.
- FMC's workforce development support is largely focused on healthcare careers. We annually work with the local school system to offer "Medical Explorers", which allows students to ask medical professionals questions about their job and learn about the myriad of healthcare careers. Some years we are able to secure a patient simulator to give the students a real life experience. Additionally, we allow students of all levels to request an opportunity to job shadow a healthcare professional. In the past, students have observed lab techs, radiology techs, physical therapists, nurses, doctors and mid-levels in their daily activities of providing care for patients. Our CEO and Foundation Coordinator serve on two Montana healthcare-related scholarship committees. Their participation on these committees promotes healthcare-related careers by helping to fund college educations.
- Although we are not a formal teaching facility, we do host multiple college students annually who are seeking careers in healthcare-related disciplines. We have a number of cooperative agreements with colleges and universities across the nation that allow students a variety of clinical experiences, from observation of care by a trained professional to providing limited patient services under the direct supervision of a licensed physician, mid-level, nurse, therapist, laboratory tech or radiology tech.
- Annually, we sponsor and participate in the SE Montana Health Fair that showcases all healthcare services and resources available to the community. During this event, we offer various lab tests at greatly reduced rates to patients so that they can monitor their body and blood chemistry for an affordable price.
- We also offer free sports physical examinations annually to junior high and high school students in preparation for the upcoming school year, which have an estimated value of \$3,500.
- Our Life Enrichment Coordinator also serves as a certified health insurance "Navigator," to assist community members with searching and applying for coverage under plans offered through the Affordable Care Act (ACA) at no cost.
- We collaborate with Holy Rosary Healthcare in Miles City, MT to offer an extensive medically-guided wellness program called "Health Lifestyles" which focuses on nutrition, exercise, and mental wellbeing. The purpose of the program is to help participants make long-term, sustainable changes to live a more healthful life. Participants receive 1:1 personal coaching as well as regular group education sessions via telemedicine.
- We are in the process of implementing a 340B discount drug program in collaboration with Baker Rexall Drug. This government program requires drug manufacturers to provide outpatient drugs to eligible patients at significantly reduced prices. We act as a gatekeeper for access to the program which is based on a patient's financial ability to pay for health care services. Rexall Drug has the exclusive right to provide the drugs to the patients.

List of Available Community Partnerships and Facility Resources to Address Needs

- Montana State University – Fallon County Extension Office
- Fallon County Council on Aging
- Fallon County Recreation Department
- Fallon County Public Health Department
- Montana Area Health Education Center (AHEC)
- WWAMI
- Montana Family Medicine Residency
- Montana Department of Health and Human Services (MT DPHHS)
- Montana Health Network (MHN)
- Montana Hospital Association (MHA)
- Eastern Montana Telemedicine Network (EMTN)
- Mountain-Pacific Quality Health Foundation
- Fallon County Local Emergency Preparedness Committee (LEPC)
- Avera Health
- Holy Rosary Healthcare
- Hospital Improvement Innovation Network (HIIN)
- Hospital Performance Improvement Network (PIN)
- Baker Rexall Drug
- Miles Community College
- Baker High School
- Northeast Montana Stat Air Ambulance
- Office of Rural Health Policy (ORHP)
- SE Montana Area Revitalization Team (SMART)
- SE Montana Health Fair
- Dahl Memorial Healthcare
- Billings Clinic
- Wibaux County Health Department
- Rocky Mountain College PA Program
- Heritage University PA Program

Fallon County Indicators

Low Income Persons

- 12% of persons are below the federal poverty level

Uninsured Persons

- 27% of adults less than age 65 are uninsured
- Data is not available by county for uninsured children less than age 18

Leading Causes of Death: Primary and Chronic Diseases

- Heart Disease
- Cancer
- Unintentional Injuries

* Note: Other primary and chronic disease data is by region and thus difficult to decipher community need.

Elderly Populations

- 20% of Fallon County's Population is 65 years and older

Size of County and Remoteness

- 2,716 people in Fallon County
- 1.7 people per square mile

Nearest Major Hospital

- Billings Clinic Hospital in Billings, MT is 225 miles from Fallon Medical Complex
- CHI St. Alexis Health in Bismarck, ND is 215 miles from Fallon Medical Complex
- Rapid City Regional Hospital in Rapid City, SD is 210 miles from Fallon Medical Complex

Public Health and Underserved Populations Consultation Summaries

Public Health Consultation

[Delayne Robbins, Kim Cuppy, Mindi Murnion –Fallon County Health Department; Chuck Lee- Fallon County Disaster and Emergency Services – February 23, 2016]

- Transportation.
- People don't know where to go- we used to have a Medicaid Office and it's no longer available. Huge gap.
- We do have WIC but we need to do a better job in getting referrals. Improved coordination between public health and clinic would be helpful.
- Access to physical fitness opportunities year round that are not too costly.

Underserved Population – Low-Income

[Delayne Robbins, Kim Cuppy, Mindi Murnion –Fallon County Health Department– February 23, 2016]

- People don't know where to go- we used to have a Medicaid Office and it's no longer available. Huge gap.
- We do have WIC but we need to do a better job in getting referrals. Improved coordination between public health and clinic would be helpful.

Underserved Population – Youth

[Crystal Stanhope, Donna Halmans, Theresa Waller – Community members, Mothers– February 23, 2016]

- The doctors we have are wonderful but it would be nice to have access to a pediatrician.
- We should explore other ways people may be seeking out information, rather than just the traditional methods. For example: texting, social media, email.

Underserved Population – Senior Citizens

[Wayne Mangold- Community member, Retired; Tiffany Davis, Carla Brown– Fallon County Council on Aging; Michelle Smith, Jeanna Sullivan—Fallon Medical Complex Long Term Care – February 23, 2016]

- Transportation assistance. Specifically to specialty care. If they are referred out they may not have a way to get there.
- EMS- workforce shortage. Its volunteers with one paid director position.

Needs Identified and Prioritized

Prioritized Needs to Address

1. 48.4% of respondents rated the health of their community as “Very unhealthy-Somewhat healthy.”
2. Healthy behaviors and lifestyles was the 3rd most identified factor in a healthy community by 38.7%). Additionally, it was deemed significantly more important than in the previous assessment from 2011.
3. Focus group participants identified Obesity and health conditions related to unhealthy lifestyles as a concern.
4. Top 5 Educational classes/programs identified as of interest: Health and wellness (39.8%), Weight loss (38.2%), Women’s health (33%), Fitness (31.4%) and Nutrition (28.8%).
5. 16.8% of respondents indicated they would like to have “greater health education services.”
6. 52.8% of respondents indicated they learn about healthcare services in the community through the Health Fair (52.9%). This measure was found to be a significant increase from 2011.
7. 21.3% of respondents reported getting physical activity for at least 20 minutes 3-5 days/month or less.
8. Focus group participants identified a need for more facilities/opportunities for people to be physically active as well as a need for increased outreach in the community regarding opportunities for people to live healthy lifestyles.
9. Access to health care and other services was the top identified component of a healthy community (63.9%).
10. 28.2% of respondents rated their knowledge of health services at FMC as “Fair” or “Poor.”
11. 60.2% of respondents identified “more primary care providers” would improve their community’s access to healthcare. This measure was found to be a significant increase from 2011.
12. 26.6% of respondents reported they delayed or did not receive needed medical services in the past year.
13. Top reasons for not receiving needed services was: It cost too much (38.3%) and Office wasn’t open when I could go (27.7%).
14. 36.9% of respondents indicated they “Did not know” or were “Unsure” of programs that help people pay their healthcare bills.
15. Many survey respondents indicated they were unable to get services when needed due to no appointment availability.
16. Focus group participants identified a need for “more healthcare providers” and “lack of healthcare providers and staff” as important local healthcare issues.
17. 36.6% of respondents indicated they feel “More specialists” would improve the community’s access to healthcare.
18. Cancer (70.7%), Alcohol/substance abuse (55%), and Heart disease (31.4%) were identified as the top three health concerns.
19. 19.9% identified tobacco use as a health concern. Additionally, 6.3% identified smoking cessation as an educational class/program of interest.
20. Focus groups identified travel distances to receive specialty services is a burden.

Needs Unable to Address

(See page 33 for additional information)

1. 39.3% of respondents identified an Optometrist as the healthcare professional/services presently not available that they would use if available locally.
2. Focus groups identified a need for additional programs to address alcohol and substance abuse issues. Additionally, significantly more respondents identified alcohol abuse/substance abuse as a health concern (55%).
3. Focus groups identified travel distances to receive specialty services is a burden.
4. Focus groups identified the shortage of resources and providers for mental health and an important healthcare issue.

Executive Summary

The following summary briefly represents the goals and corresponding strategies and activities which the facility will execute to address the prioritized health needs (from page 10). For more details regarding the approach and performance measures for each goal, please refer to the Implementation Plan Grid section, which begins on page 16.

Goal 1: Improve education and outreach regarding health and healthcare services in Fallon County.

Strategy 1.1: Improve community's knowledge of opportunities for living active lifestyles.

Activities:

- Convene community partner/stakeholder group (i.e. Fallon Medical Complex, Fallon County Recreation Department, and Fallon County Public Health).
- Conduct environmental scan of available opportunities for active lifestyles in Fallon County.
- Determine appropriate modalities to share information (newsletters, partner publications/websites, and social media).
- Explore enhancing FMC's Facebook presence by creating more interactive and robust content to enhance impact of marketing efforts.

Strategy 1.2: Increase community's knowledge of services available at FMC.

Activities:

- Catalogue all available services and develop information sharing plan for FMC staff and community.
- Explore opportunities to better disseminate information via community partners (ex. Pharmacy, social media)
- Continue partnering with local MSU Extension Service to provide community health fair.
- Hold community forum(s) to educate community of FMC's plan for staffing providers in the clinic and hospital, given impending retirements.

Strategy 1.3: Improve community's access to healthcare through enhanced care coordination efforts.

- Continue providing Patient Navigator program to assist with the evaluation of ACA marketplace insurance options.
- Implement 340 B program to provide low cost medication to low income individuals.
- Create marketing and outreach strategy to inform community of available resources
- Partner with Council on Aging, Fallon County Public Health, etc. to coordinate educational outreach efforts.

Goal 2: Improve access to primary care services.

Strategy 2.1: Explore the development of a “Milestone Birthday Screening” program.

Activities:

- Determine what a “Milestone Birthday Screening” will offer (i.e. mole/skin check, free office visit, hearing check, etc.).
- Develop protocol to determine patients who are eligible through the use of “Health Maintenance Rules” data, culled from Meaningful Use criteria captured through Electronic Medical Records.
- Develop marketing information to inform patients of their “Milestone Birthday Screening” eligibility.

Strategy 2.2: Improve clinic scheduling process to reduce wait times and ease of making future appointments.

Activities:

- Extend Clinic scheduling of providers from one (1) month in advance to six (6) months.
- Integrate into electronic clinic scheduling process.
- Create marketing strategy to inform patients of new scheduling process and appointment availability.
- Determine feasibility of creating appointment reminders to patients via patient portal, texts, emails, other.

Strategy 2.3: Workforce development- Pipeline programs and Recruitment/Retention

Activities:

- Continue offering student camps annually to encourage and foster high school student’s interest in health careers.
- Continue offering job shadowing opportunities and rural clinical rotation experiences for students (ex. WWAMI medical students, PA students)
- Offer CNA classes to community members
- Participate in new “Meet the Residents” opportunities through Montana Residency programs.
- Create marketing campaigns to inform community about potential provider hires to enhance the interviewee’s experience and engage the community in the recruitment process.

Goal 3: Improve knowledge and access to specialty care services.

Strategy 3.1: Increase community's knowledge of available specialty services available at FMC.

Activities:

- Create informational handout of all specialty services available including information regarding schedule, hours, dates, type of care provided, and information about provider.
- Create dissemination plan for information- explore flyers, posting on website, social media, etc.

Strategy 3.2: Create a patient testimonial campaign to educate community on available services.

Activities:

- Determine potential cases/stories to share.
- Gather patient stories.
- Determine marketing strategy to share testimonials.

Strategy 3.3: Promote 'Lunch and Learn' educational offerings

Activities:

- Create a schedule of available Lunch and Learn webinars
- Promote offerings as appropriate for community and/or staff/providers.

Strategy 3.4: Increase knowledge and understanding of Telehealth/Telemed specialty services available at FMC.

Activities:

- Develop a telehealth/telemed and E-emergency demonstration to educate community on what specialty services are available and what a consult may "feel" like while utilizing telemedicine.
- Create marketing materials to educate community on demonstration and dissemination plan.

Goal 4: Decrease smoking prevalence in Fallon County.

Strategy 4.1: Adopt the concept of a Smoke Free Medical Campus as encouraged by the Montana Department of Public Health and Human Services.

Activities:

- Discuss pros and cons among management staff and develop proposed policy.
- Garner employee feedback; tweak the policy as necessary, developing a consensus.
- Seek approval of the policy from the FMC Board of Trustees.
- Develop an implementation plan.

Strategy 4.2: Provide notification of the policy to staff and community.

Activities:

- Provide notification of the Smoke Free Medical Campus policy to staff and community.
- Educate FMC staff of new policy and timeline through discussions, memos, emails, etc.
- Create and post Smoke Free Campus signage throughout FMC's campus.

Strategy 4.3: Develop and promote smoking cessation support to employees and patients.

Activities:

- Work with Fallon County to create enhancements to their self-funded insurance plan for smoking cessation funding.
- Offer links and contacts to public agencies that are able to assist employees through low cost medication, counseling, etc.
- Research training opportunities for providers and patient care staff on a variety of cessation topics.
- Provide educational tools and materials that can be used for patient education in the clinic setting.
- Link FMCs website with smoking prevention and cessation resources.

Implementation Plan Grid

Goal 1: Improve education and outreach regarding health and healthcare services in Fallon County.					
Strategy 1.1: Improve community's knowledge of opportunities for living active lifestyles.					
Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Convene community partner/stakeholder group (i.e. Fallon Medical Complex, Fallon County Recreation Department, and Fallon County Public Health).	QAPI Coordinator	January 2017	CEO	Fallon County Departments	Resource limitations
Conduct environmental scan of available opportunities for active lifestyles in Fallon County.	QAPI Coordinator	January 2017	CEO	Fallon County Departments	Resource limitations
Determine appropriate modalities to share information (newsletters, partner publications/websites, and social media).	PR Coordinator	March 2017	CEO		Resource limitations, Financial limitations
Explore enhancing FMC's Facebook presence by creating more interactive and robust content to enhance the impact of marketing efforts.	IT Tech	March 2017	CEO		Resource limitations
<p>Needs Being Addressed by this Strategy:</p> <ul style="list-style-type: none"> ▪ #1: 48.4% of respondents rated the health of their community as "Very unhealthy-Somewhat healthy." ▪ #2: Healthy behaviors and lifestyles was the 3rd most identified factor in a healthy community by 38.7%). Additionally, it was deemed significantly more important than in the previous assessment from 2011. ▪ #3: Focus group participants identified Obesity and health conditions related to unhealthy lifestyles as a concern. ▪ #4: Top 5 Educational classes/programs identified as of interest: Health and wellness (39.8%), Weight loss (38.2%), Women's health (33%), Fitness (31.4%) and Nutrition (28.8%). ▪ #5: 16.8% of respondents indicated they would like to have "greater health education services." ▪ #7: 21.3% of respondents reported getting physical activity for at least 20 minutes 3-5 days/month or less. ▪ #8: Focus group participants identified a need for more facilities/opportunities for people to be physically active as well as a need for increased outreach in the community regarding opportunities for people to live healthy lifestyles. <p><i>Continued on next page...</i></p>					
<p>Anticipated Impact(s) of these Activities:</p> <ul style="list-style-type: none"> ▪ Increased communication and collaboration between all of the community partners. ▪ Increased awareness of available programs/resources promoting active living in the community. 					

- Increased access to information about health and wellness programs/resources.
- Increased participation in health and wellness educational programs and events.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track website hits.
- Monitor Facebook postings.
- Track number of participants at education programs and events.
- Tabulate the number of directories disseminated.
- Track number of newsletters sent.

Measure of Success: FMC and its partners will develop and disseminate a directory highlighting opportunities for active living by March 2017.

Goal 1: Improve education and outreach regarding health and healthcare services in Fallon County.

Strategy 1.2: Increase community's knowledge of services available at FMC.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Catalogue all available services and develop information sharing plan for FMC staff and community.	QAPI Coordinator	February 2017	CEO		Resource limitations
Explore opportunities to better disseminate information via community partners (ex. Pharmacy, social media).	PR Coordinator	March 2017	CEO		Resource limitations, Financial limitations
Continue partnering with local MSU Extension Service to provide community health fair.	PR Coordinator	April 2017	CEO	MSU Extension	Resource limitations, Scheduling conflicts
Hold community forum(s) to educate community of FMC's plan for staffing providers in the clinic and hospital, given impending retirements.	CEO	Ongoing	CEO		Resource limitations, Scheduling conflicts

Needs Being Addressed by this Strategy:

- #1: 48.4% of respondents rated the health of their community as "Very unhealthy-Somewhat healthy."
- #5: 16.8% of respondents indicated they would like to have "greater health education services."
- #6: 52.8% of respondents indicated they learn about healthcare services in the community through the Health Fair (52.9%). This measure was found to be a significant increase from 2011.
- #9: Access to health care and other services was the top identified component of a healthy community (63.9%).
- #10: 28.2% of respondents rated their knowledge of health services at FMC as "Fair" or "Poor."
- #11: 60.2% of respondents identified "more primary care providers" would improve their community's access to healthcare. This measure was found to be a significant increase from 2011.

Anticipated Impact(s) of these Activities:

- Increased awareness of healthcare services available at FMC.
- Improved access to available services.
- Increased participation in health and wellness educational programs and events.
- Increased knowledge on various health related topics

Continued on next page...

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track utilization of available services
- Track number of participants at the annual Health Fair

Measure of Success: FMC will see an increase in participants at the annual Health Fair hosted with community partners in April 2017.

Goal 1: Improve education and outreach regarding health and healthcare services in Fallon County.

Strategy 1.3: Improve community’s access to healthcare through enhanced care coordination efforts.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Continue providing Patient Navigator program to assist with the evaluation of ACA marketplace options.	FMC Navigator	November 2016	CEO	Montana Health Network	Resource limitations
Implement 340B program to provide low cost medication to low income individuals.	Director of Nursing	November 2016	CEO	Baker Rexall Drug	Resource limitations
Create marketing and outreach strategy to inform community of available resources.	PR Coordinator	December 2016	CEO		Resource limitations, Financial limitations
Partner with Council on Aging, Fallon County Public Health, etc. to coordinate educational outreach efforts.	PR Coordinator	December 2016	CEO	Fallon County Departments	Resource limitations, Scheduling conflicts

Needs Being Addressed by this Strategy:

- #9: Access to health care and other services was the top identified component of a healthy community (63.9%).
- #10: 28.2% of respondents rated their knowledge of health services at FMC as “Fair” or “Poor.”
- #14: 36.9% of respondents indicated they “Did not know” or were “Unsure” of programs that help people pay their healthcare bills.

Anticipated Impact(s) of these Activities:

- Improved access to health services.
- Improved access to health insurance plans.
- Improved community health.
- Improved awareness of available programs and services.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track number of patients in contact with Patient Navigator.
- Track number of patients enrolled in marketplace, 340B, or other programs.

Measure of Success: FMC is a trusted resource for information on enrolling in various federal or state programs to improve access to healthcare services.

Goal 2: Improve access to primary care services.

Strategy 2.1: Explore the development of a “Milestone Birthday Screening” program.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Determine what a “Milestone Birthday Screening” will offer (i.e. mole/skin check, free office visit, hearing check, etc.)	Business Office Manager	March 2017	CEO	CFO	Resource limitations, Financial limitations
Develop protocol to determine patients who are eligible through the use of “Health Maintenance Rules” data, culled from Meaningful Use criteria captured through Electronic Medical Records.	IT Specialist	March 2017	CEO		Resource limitations
Develop marketing information to inform patients of their “Milestone Birthday Screening” eligibility.	PR Coordinator	April 2017	CEO		Resource limitations, Financial limitations

Needs Being Addressed by this Strategy:

- #1: 48.4% of respondents rated the health of their community as “Very unhealthy-Somewhat healthy.”
- #4: Top 5 Educational classes/programs identified as of interest: Health and wellness (39.8%), Weight loss (38.2%), Women’s health (33%), Fitness (31.4%) and Nutrition (28.8%).
- #5: 16.8% of respondents indicated they would like to have “greater health education services.”
- #11: Access to health care and other services was the top identified component of a healthy community (63.9%).
- #12: 26.6% of respondents reported they delayed or did not receive needed medical services in the past year.

Anticipated Impact(s) of these Activities:

- Improved health outcomes.
- Increase in utilization of preventative screenings.
- Increased awareness of the importance of preventative screenings.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track implementation of Milestone Birthday Screening program.
- Track total number of Milestone Screening eligible patients.
- Track number of eligible patients who obtain Milestone Screening.

Measure of Success: FMC develops and implements a Milestone Birthday Screening program by April 2017.

Goal 2: Improve access to primary care services.

Strategy 2.2: Improve clinic scheduling process to reduce wait times and ease of making future appointments.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Extend Clinic scheduling of providers from one (1) month in advance to six (6) months.	Business Office Manager	September 2016	CEO		Resource limitations, Financial limitations
Integrate into electronic clinic scheduling process.	IT Specialist	March 2017	CEO		Resource limitations, Financial limitations
Create marketing strategy to inform patients of new scheduling process and appointment availability.	PR Coordinator	April 2017	CEO		Resource limitations, Financial limitations
Determine feasibility of creating appointment reminders to patients via patient portal, texts, emails, other.	IT Specialist	June 2017	CEO		Resource limitations, Financial limitations

Needs Being Addressed by this Strategy:

- #9: Access to health care and other services was the top identified component of a healthy community (63.9%).
- #11: 60.2% of respondents identified “more primary care providers” would improve their community’s access to healthcare. This measure was found to be a significant increase from 2011.
- #12: 26.6% of respondents reported they delayed or did not receive needed medical services in the past year.
- #13: Top reasons for not receiving needed services was: It cost too much (38.3%) and Office wasn’t open when I could go (27.7%).
- #15: Many survey respondents indicated they were unable to get services when needed due to no appointment availability.
- #16: Focus group participants identified a need for “more healthcare providers” and “lack of healthcare providers and staff” as important local healthcare issues.

Anticipated Impact(s) of these Activities:

- Improved wait time to see primary care provider.
- Improved access to scheduling appointments with primary care provider.
- Improved health outcomes.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track implementation of new scheduling process.
- Evaluate patient satisfaction with new scheduling procedures.

Measure of Success: FMC clinic successfully integrates new provider timeline into electronic clinic appointment scheduling process by June 2017.

Goal 2: Improve access to primary care services.

Strategy 2.3: Workforce development – Pipeline programs and Recruitment/Retention

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Continue offering student camps annually to encourage and foster high school student’s interest in health careers.	PR Coordinator	April 2017	CEO	MSU Extension, Montana AHEC	Resource limitations, Scheduling conflicts
Continue offering job shadowing opportunities and rural clinical rotation experiences for students (ex. WWAMI medical students, PA students).	Clinic Manager	July 2017	CEO	WWAMI, PA Schools	Resource limitations, Scheduling conflicts
Offer CNA classes to community members.	LTC Nurse Supervisor	June 2017	CEO		Resource limitations, Financial limitations
Participate in new “Meet the Residents” opportunities through Montana Residency programs.	CEO	September 2016	CEO	Montana Family Medicine Residency	Resource limitations, Financial limitations, Scheduling conflicts
Create marketing campaigns to inform community about potential provider hires to enhance the interviewee’s experience and engage the community in the recruitment process.	Recruitment Coordinator	March 2017	CEO		Resource limitations, Financial limitations

Needs Being Addressed by this Strategy:

- #1: 48.4% of respondents rated the health of their community as “Very unhealthy-Somewhat healthy.”
- #9: Access to health care and other services was the top identified component of a healthy community (63.9%).
- #11: 60.2% of respondents identified “more primary care providers” would improve their community’s access to healthcare. This measure was found to be a significant increase from 2011.
- #16: Focus group participants identified a need for “more healthcare providers” and “lack of healthcare providers and staff” as important local healthcare issues.

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Anticipated Impact(s) of these Activities:

- Increase knowledge of healthcare and healthcare delivery.
- Increase interest in working in a rural/frontier setting.
- Increased community involvement with Fallon Medical Complex.
- Developing the workforce pipeline for future healthcare providers serving Fallon County.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track number of CNA classes offered.
- Track number of CNA class graduates.
- Track number of student camps held.
- Track number of job shadowing participants.
- Track number of Residency students follow up regarding potential employment with FMC.

Measure of Success: FMC creates a pipeline program which encourages youth to matriculate into a health science field and work in rural Montana in a healthcare setting.

Goal 3: Improve knowledge and access to specialty care services.

Strategy 3.1: Increase community's knowledge of available specialty services available at FMC.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Create informational handout of all specialty services available including information regarding schedule, hours, dates, type of care provided, and information about provider.	QAPI Coordinator	February 2017	CEO	Subtenants, Holy Rosary Healthcare, Billings Clinic	Resource limitations
Create dissemination plan for information- explore flyers, posting on website, social media, etc.	PR Committee	March 2017	CEO		Resource limitations, Financial limitations
<p>Needs Being Addressed by this Strategy:</p> <ul style="list-style-type: none"> ▪ #5: 16.8% of respondents indicated they would like to have “greater health education services.” ▪ #9: Access to health care and other services was the top identified component of a healthy community (63.9%). ▪ #10: 28.2% of respondents rated their knowledge of health services at FMC as “Fair” or “Poor.” ▪ #16: Focus group participants identified a need for “more healthcare providers” and “lack of healthcare providers and staff” as important local healthcare issues. ▪ #17: 36.6% of respondents indicated they feel “More specialists” would improve the community’s access to healthcare. 					
<p>Anticipated Impact(s) of these Activities:</p> <ul style="list-style-type: none"> ▪ Increase awareness of specialty services available at FMC. ▪ Increase access to specialty services. ▪ Improved health outcomes. 					
<p>Plan to Evaluate Anticipated Impact(s) of these Activities:</p> <ul style="list-style-type: none"> ▪ Track specialty service utilization. 					
<p>Measure of Success: FMC creates and disseminates a specialty services resource by March 2017.</p>					

Goal 3: Improve access to specialty care services.

Strategy 3.2: Create a patient testimonial campaign to educate community on available services.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Determine potential cases/stories to share.	PR Coordinator	February 2017	CEO		Resource limitations
Gather patient stories.	PR Coordinator	Ongoing	CEO		Resource limitations
Determine marketing strategy to share testimonials.	PR Coordinator	March 2017	CEO		Resource limitations

Needs Being Addressed by this Strategy:

- #9: Access to health care and other services was the top identified component of a healthy community (63.9%).
- #10: 28.2% of respondents rated their knowledge of health services at FMC as “Fair” or “Poor.”
- #17: 36.6% of respondents indicated they feel “More specialists” would improve the community’s access to healthcare.

Anticipated Impact(s) of these Activities:

- Increased knowledge of available health services.
- Improved access to health services.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track number of patient stories published.
- Track service utilization.

Measure of Success: FMC shares a series of patient testimonials by March 2017.

Goal 3: Improve access to specialty care services.

Strategy 3.3: Promote 'Lunch and Learn' educational offerings.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Create a schedule of available Lunch and Learn webinars.	PR Coordinator	January 2017	CEO	Billings Clinic, Guest Speakers	Resource limitations, Scheduling conflicts
Promote offerings as appropriate for community and/or staff/providers.	PR Coordinator	Ongoing	CEO		Resource limitations

Needs Being Addressed by this Strategy:

- #1: 48.4% of respondents rated the health of their community as "Very unhealthy-Somewhat healthy."
- #4: Top 5 Educational classes/programs identified as of interest: Health and wellness (39.8%), Weight loss (38.2%), Women's health (33%), Fitness (31.4%) and Nutrition (28.8%).
- #5: 16.8% of respondents indicated they would like to have "greater health education services."

Anticipated Impact(s) of these Activities:

- Increase knowledge of health related subjects.
- Increased community involvement with Fallon Medical Complex.
- Improve community health.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Schedule of Lunch and Learns created and posted for staff and community.
- Track number of Lunch and Learns hosted.
- Track attendees at Lunch and Learns.

Measure of Success: FMC will host up to six (6) Lunch and Learn sessions for staff and community members annually.

Goal 3: Improve access to specialty care services.

Strategy 3.4: Increase knowledge and understanding of Telehealth/Telemed specialty services available at FMC.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Develop a Telehealth/Telemed and E-emergency demonstration to educate community on what specialty services are available and what a consult may “feel” like while utilizing telemedicine.	Director of Nursing	January 2017	CEO	EMTN, Avera Health	Resource limitations, Scheduling conflicts
Create marketing materials to educate community on demonstration and dissemination plan.	PR Committee	January 2017	CEO		Resource limitations, Financial limitations
<p>Needs Being Addressed by this Strategy:</p> <ul style="list-style-type: none"> ▪ #1: 48.4% of respondents rated the health of their community as “Very unhealthy-Somewhat healthy.” ▪ #5: 16.8% of respondents indicated they would like to have “greater health education services.” ▪ #9: Access to health care and other services was the top identified component of a healthy community (63.9%). ▪ #10: 28.2% of respondents rated their knowledge of health services at FMC as “Fair” or “Poor.” ▪ #16: Focus group participants identified a need for “more healthcare providers” and “lack of healthcare providers and staff” as important local healthcare issues. ▪ #17: 36.6% of respondents indicated they feel “More specialists” would improve the community’s access to healthcare. ▪ #20: Focus groups identified travel distances to receive specialty services is a burden. 					
<p>Anticipated Impact(s) of these Activities:</p> <ul style="list-style-type: none"> ▪ Increased awareness of available telehealth/telemed services. ▪ Improved access to specialty services. ▪ Increased community involvement with Fallon Medical Complex. 					
<p>Plan to Evaluate Anticipated Impact(s) of these Activities:</p> <ul style="list-style-type: none"> ▪ Track utilization of telemedicine services post community demonstration and outreach effort. 					
<p>Measure of Success: FMC provides robust Telehealth/Telemed services to decrease need for community’s travel for specialty services.</p>					

Goal 4: Decrease smoking prevalence in Fallon County.

Strategy 4.1: Adopt the concept of a Smoke Free Medical Campus as encouraged by the Montana Department of Health and Human Services.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Discuss pros and cons among management staff and develop proposed policy.	CEO	July 2016	CEO		Resource limitations
Garner employee feedback; tweak the policy as necessary, developing a consensus.	CEO	July 2016	CEO		Resource limitations
Seek approval of the policy from the FMC Board of Trustees.	CEO	August 2016	Board of Trustees		Resource limitations
Develop and implementation plan.	CEO	August 2016	CEO		Resource limitations

Needs Being Addressed by this Strategy:

- #1: 48.4% of respondents rated the health of their community as “Very unhealthy-Somewhat healthy.”
- #2: Healthy behaviors and lifestyles was the 3rd most identified factor in a healthy community by 38.7%). Additionally, it was deemed significantly more important than in the previous assessment from 2011.
- #18: Cancer (70.7%), Alcohol/substance abuse (55%), and Heart disease (31.4%) were identified as the top three health concerns.
- #19: 19.9% identified tobacco use as a health concern. Additionally, 6.3% identified smoking cessation as an educational class/program of interest.

Anticipated Impact(s) of these Activities:

- Improved health outcomes.
- Increase in knowledge of dangers of tobacco and tobacco products.
- Decrease in prevalence of smoking.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track development of Smoke Free Medical Campus policy.
- Board of Trustee approval.
- Implement Smoke Free Medical Campus program.
- Track adherence to Smoke Free policy.

Measure of Success: FMC Board of Trustees approves Smoke Free Medical Campus Policy by August 2016 and the plan is implemented by September 2016.

Goal 4: Decrease smoking prevalence in Fallon County.

Strategy 4.2: Provide notification of the Smoke Free Medical Campus policy to staff and community.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Develop marketing information to educate community on Smoke Free Campus policy.	CEO	August 2016	CEO	MT DPHHS	Resource limitations, Financial limitations
Educate FMC staff of new policy and timeline through discussions, memos, emails, etc.	FMC Managers	August 2016	CEO		Resource limitations
Create and post Smoke Free Campus signage through FMC's campus.	FMC Maintenance	September 2016	CEO		Resource limitations

Needs Being Addressed by this Strategy:

- #1: 48.4% of respondents rated the health of their community as “Very unhealthy-Somewhat healthy.”
- #2: Healthy behaviors and lifestyles was the 3rd most identified factor in a healthy community by 38.7%). Additionally, it was deemed significantly more important than in the previous assessment from 2011.
- #18: Cancer (70.7%), Alcohol/substance abuse (55%), and Heart disease (31.4%) were identified as the top three health concerns.
- #19: 19.9% identified tobacco use as a health concern. Additionally, 6.3% identified smoking cessation as an educational class/program of interest.

Anticipated Impact(s) of these Activities:

- Improved health outcomes
- Increase in knowledge of dangers of tobacco and tobacco products.
- Decrease in prevalence of smoking.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Marketing and education campaign developed for Smoke Free Medical Campus.

Measure of Success: FMC becomes a Smoke Free Medical Campus by September 2016.

Goal 4: Decrease smoking prevalence in Fallon County.

Strategy 4.3: Develop and promote smoking cessation support to employees and patients.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Work with Fallon County to create enhancements to their self-funded insurance plan for smoking cessation funding.	CFO	July 2016	Fallon County Commissioners	Fallon County	Resource limitations, Financial limitations
Offer links and contacts to public agencies that are able to assist employees though low cost medication, counseling, etc.	CEO	August 2016	CEO	MT DPHHS	Resource limitations
Research training opportunities for providers and patient care staff on a variety of cessation topics.	Clinic Manager	December 2016	CEO	American Cancer Society, MT DPHHS	Resource limitations, Financial limitations
Provide educational tools and materials that can be used for patient education in the clinic setting.	Clinic Manager	September 2016	Clinic Manager		Resource limitations
Link FMC's website with smoking prevention and cessation resources.	IT Staff	December 2016	CEO		Resource limitations

Needs Being Addressed by this Strategy:

- #1: 48.4% of respondents rated the health of their community as “Very unhealthy-Somewhat healthy.”
- #2: Healthy behaviors and lifestyles was the 3rd most identified factor in a healthy community by 38.7%). Additionally, it was deemed significantly more important than in the previous assessment from 2011.
- #5: 16.8% of respondents indicated they would like to have “greater health education services.”
- #18: Cancer (70.7%), Alcohol/substance abuse (55%), and Heart disease (31.4%) were identified as the top three health concerns.
- #19: 19.9% identified tobacco use as a health concern. Additionally, 6.3% identified smoking cessation as an educational class/program of interest.

Anticipated Impact(s) of these Activities:

- Improved health outcomes
- Increase in knowledge of dangers of tobacco and tobacco products.
- Decrease in prevalence of smoking.

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Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track Fallon County implementation of smoking cessation support for employees.
- Track website hits related to tobacco utilization dangers and cessation information.

Measure of Success: FMC and community partners bring down smoking prevalence in Fallon County.

Needs Not Addressed and Justification

Identified health needs unable to address by Fallon Medical Complex	Rationale
1. 39.3% of respondents identified an Optometrist as the healthcare professional/services presently not available that they would use if available locally.	We agree that our community could use a regularly scheduled Optometrist, but we have not been able to entice one to work in our community. Our community cannot support a full-time practice, so we would need to set up a subtenant agreement. Unfortunately, the days of Optometrists operating in small towns is drawing to a close, as they struggle to compete with lower cost providers in larger cities. Even cities much larger than Baker (such as Glendive) cannot attract this specialty to their community. We take every opportunity to talk to Optometrists about setting up a satellite clinic in our community; it is our hope that one of them will take us up on our offer.
2. Focus groups identified a need for additional programs to address alcohol and substance abuse issues. Additionally, significantly more respondents identified alcohol abuse/substance abuse as a health concern (55%).	We agree that substance abuse is a grave concern all across Montana. Most programs in our area dealing with this topic are managed through the Eastern Montana Community Mental Health Center (CMHC) in Miles City, which is coordinated locally through Fallon County Public Health. CMCH has a difficult time keeping counselors on staff, so their visit schedule to Baker can be erratic. Nonetheless, we offer counseling over our telemedicine system, which is more readily available. And our providers have worked hard to refer patients to viable treatment programs. But people have to have the will and desire to make a change in their lives. Setting up an onsite counseling or treatment program is a very expensive venture, attempted by facilities much larger than ours (such as Glasgow and Glendive), all of whom seem to abandon the effort after a few years. A large part of the problem is inadequate reimbursement from payers, so patients often seek charity care. Small, rural facilities cannot sustain a program that doesn't generate adequate cash flow to pay for its costs.
3. Focus groups identified travel distances to receive specialty services is a burden.	As consumers of health care in our own community, we also feel the burden of traveling great distances for specialty services. For that reason, we are constantly searching for opportunities for specialists to set up outreach clinics in our facility. Over the years we have hosted Cardiologists, Podiatrists, Urologists, Optometrists, Chiropractors, and most recently, an Obstetrics physician from Holy Rosary Healthcare in Miles City. Given the shortage of providers all across Montana, it is very difficult for a specialist to spend an entire day traveling to a remote location such as Baker to see a handful of patients. Their time is more productively spent seeing four patients an hour in their own clinic setting. To address this issue, we have embraced telemedicine as an alternative to patient travel. Telemedicine was once also mired in poor reimbursed until a couple of years ago. Since that

	<p>has improved, we now host sessions with Billings Clinic physicians who specialize in mental health, cardiology, dermatology, nephrology, neurology, otolaryngology, etc.</p>
<p>4. Focus groups identified the shortage of resources and providers for mental health and an important healthcare issue.</p>	<p>This topic goes hand in glove with the substance abuse issue. The Montana legislature has been trying to find alternatives for funding mental health programs for at least two decades, with limited success. We all recognize that there is a dire shortage of mental health professionals, but very few people seem to want to enter that field, especially if there is no funding available. Most programs dealing with this topic are managed through the Eastern Montana Community Mental Health Center (CMHC) in Miles City, which is coordinated through Fallon County Public Health. CMHC has a difficult time keeping counselors on staff, so their visit schedule to Baker can be erratic. Nonetheless, we offer counseling over our telemedicine system, which is more readily available. Setting up an onsite counseling program is a very expensive venture, attempted by facilities much larger than ours (such as Glasgow and Glendive), all of whom seem to abandon the effort after a few years. A large part of the problem is inadequate reimbursement from payers, who are accustomed to funding the treatment of physical health, but can't seem to make the leap to mental health. For this reason, patients often seek out charity care. Unfortunately, small, rural facilities cannot sustain a program that doesn't generate adequate cash flow to pay for its costs.</p>

Dissemination of Needs Assessment

Fallon Medical Complex “FMC” disseminated the community health needs assessment and implementation plan by posting both documents conspicuously on their website (<http://www.fallonmedical.org/PDFfiles/PDFfiles/Baker-FallonCountyReport6-24.pdf>) as well as having copies available at the facility should community members request to view the assessment or the implementation planning documents.

The Steering Committee, which was formed specifically as a result of the CHSD [Community Health Services Development] process to introduce the community to the assessment process, will be informed of the implementation plan to see the value of their input and time in the CHSD process as well as how FMC is utilizing their input. The Steering Committee, as well as the FMC Board of Trustees, will be encouraged to act as advocates in Fallon County as the facility seeks to address the healthcare needs of their community.

Furthermore, the board members of FMC have individually reviewed the complete assessment results and the implementation plan. Accordingly, FMC board members approved and adopted the plan on **November 2, 2016**. Board members have agreed to familiarize themselves with the needs assessment report and implementation plan so they can publically promote the facility’s plan to influence the community in a beneficial manner.

FMC will establish an ongoing feedback mechanism to take into account any written comments it may receive on the adopted implementation plan document.