



Baystate Franklin Medical Center

Community Benefit | Community Health Needs Assessment Implementation Strategy 2014-2016

Adopted by the Baystate Health Board of Trustees on September 10, 2013

Introduction

Baystate Franklin Medical Center, based in Greenfield, Massachusetts is committed to creating healthier communities by working with affiliated providers and community partners to meet the identified health and wellness needs of constituencies and the communities served. In keeping with this commitment to improve health, BFMC provides many valuable services, resources, programs and financial support - beyond the walls of the hospital and into the communities and homes of the people we serve.

Baystate Franklin Medical Center (the “Hospital”) conducted a community health needs assessment (a “CHNA”) of the geographic areas served by the Hospital pursuant to the requirements of Section 501(r) of the Internal Revenue Code (“Section 501(r”).¹ The CHNA findings were made available on the Hospital’s website in September 2013 (the “2013 CHNA”).² This implementation strategy (“Strategy”), also required by Section 501(r), documents the efforts of the Hospital to address and prioritize the community health needs identified in the 2013 CHNA.

The Strategy identifies the means through which the Hospital plans to address a number of the needs that are consistent with the Hospital’s charitable mission during 2014 through 2016 as part of its community benefit programs. Beyond the programs discussed in the Strategy, the Hospital is addressing many of these needs simply by providing care to all, every day, regardless of their ability to pay.

The Hospital anticipates health needs and available resources may change and therefore, a flexible approach was adopted in the development of its Strategy. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by the Hospital in the Strategy. During 2014 through 2016, other community organizations may address certain needs, indicating that the Hospital’s strategies should be refocused on alternative community health needs or assume a different focus on the needs identified in the 2013 CHNA. In addition, changes may be warranted by the publication of final regulations.

The Hospital is a member of the *Coalition of Western Massachusetts Hospitals* (“Coalition”), a partnership between seven (7) not-for-profit hospitals in western Massachusetts that includes; Baystate Medical Center, Baystate Franklin Medical Center, Baystate Mary Lane Hospital, Holyoke Medical Center, Cooley Dickinson Hospital, Mercy Medical Center (a member of Sisters of Providence Health System) and Wing Memorial Hospital and Medical Centers (a member of UMass Memorial Health Care), and Health New England, a local health insurer whose service areas covers the four counties of western Massachusetts.

¹ The Patient Protection and Affordable Care Act (Pub. L. 111-148) added section 501(r) to the Internal Revenue Code, which imposes new requirements on nonprofit hospitals in order to qualify for an exemption under Section 501(c)(3), and adding new reporting requirements for such hospitals under Section 6033(b) of the Internal Revenue Code.

² See the 2013 CHNA at www.baystatehealth.org/

The Coalition, formed in 2012, put competition aside to conduct a regional community health needs assessment while sharing limited resources and enhancing the quality of data collection to benefit the community as a whole. The Coalition engaged Verité Healthcare Consulting to conduct the community health needs assessments that identified the priority health needs of the communities served by Coalition hospitals.

Overview of Implementation Strategy

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1. Hospital Mission Statement and Community Benefit Mission Statement

As part of Baystate Health (BH), an integrated health care system, the Hospital carries out the Baystate mission “to improve the health of the people in our communities every day with quality and compassion.” It does so by providing a range of community benefits including support groups, financial counseling and assistance and other health and wellness programs. As an integrated delivery system BH provides further benefits to the Hospital's community by coordinating within and among its various entities.

In addition, the Hospital supports the Baystate Health Community Benefit Mission Statement³ “to reduce health disparities, promote community wellness and improve access to care for vulnerable populations.” At BH, we extend the traditional definition of health to include economic opportunity, affordable housing, education, safe neighborhoods, food security, arts/culture, and racism-free communities – all elements that are needed for individuals, families and communities to thrive.

2. The Hospital and Community Served

The Hospital, located in Greenfield, Massachusetts, is a 90-bed acute care community hospital. Our top priority is giving Franklin County and the North Quabbin Region the clinical excellence, advanced technology, neighborly warmth and convenience of a community hospital. Hospital specialties provided include inpatient behavioral health, cancer care, cardiology, children's medicine, critical care, emergency medicine, endocrinology and diabetes, gastroenterology, infectious disease, maternal fetal medicine, midwifery, neurology, neurosurgery, orthopedics, physical medicine and rehabilitation, plastic surgery, pulmonary medicine, senior care, surgery, thoracic surgery, urology and women's health.

The community served by the Hospital is defined based on the geographic origins of the Hospital's discharges. The Hospital's community is comprised of 33 ZIP codes covering 30 towns: Ashfield, Athol/Phillipston, Bernardston/Leyden, Buckland, Charlemont/Hawley, Colrain, Conway, Deerfield, Erving, Gill, Greenfield, Heath, Leverett, Monroe, Montague, New Salem, Northfield, Orange, Petersham, Rowe, Royalston, Shelburne Falls, Shutesbury, Sunderland, Warwick, Wendell, and Whately. The overall community includes Franklin County and the contiguous parts of northwestern.

³ Massachusetts Office of the Attorney General's Community Benefit Principles include that a hospital's governing body affirms and makes public a community benefit mission statement. Baystate Health's Board of Trustees adopted a community benefit mission statement on July 13, 2010.

3. Priority Community Health Needs

Poor health status is due to a complex interaction of challenging social, economic, environmental and behavioral factors, combined with a lack of access to care. Addressing the “root” causes of poor community health can improve quality of life and reduce mortality and morbidity. Figure 2 (below) describes the community health needs identified through the 2013 CHNA as priorities.⁵ Due to limited resources the Hospital is unable to address all access problems and priority health needs. Those needs that the Hospital plans to help address during 2014 through 2016, at least in part, are noted in Figure 2:

Figure 2: List of Priority Community Health Needs

Access to Care	Plan to address
• Lack of Affordable and Accessible Medical Care ^{◦•}	Yes
• Need for Care Coordination ^Δ	Yes
• Health Literacy and Knowledge of Available Services	Yes
Dental Health	
• Lack of Access to Dental Care	No
Health Behaviors	
• High Rates of Alcohol, Tobacco, and Drug Use, and Need for Additional Treatment ^{Δ◦•}	Yes
Maternal and Child Health	
• Smoking During Pregnancy	No
• Child Abuse	No
• Pediatric Disability ^{6◦•}	No
Mental Health	
• Lack of Access to Mental Health Services and Poor Mental Health Status ^{Δ◦•}	Yes
Morbidity and Mortality	
• High Obesity Rate [◦]	No
• High Rates of Asthma in Schoolchildren ^{◦•}	No
Social and Economic Factors	
• Basic Needs Insecurity: Financial Hardship, Housing, and Food Access ^{◦•}	No
• Physical and Social Isolation	Yes

Δ = Health need identified by Hospital as a community benefit strategic priority

◦ = Health need that is shared between all BH hospitals

• = Health need shared between all Coalition hospitals

⁵ Priority needs are listed in alphabetical order by health indicator. Additional documentation of the findings presented in this summary is provided in the Appendix of the Hospital’s 2013 CHNA.

⁶ Pediatric disability is defined by the US Census Bureau as hearing, vision, cognitive, ambulatory, self-care or independent living difficulty.

The Hospital established a Community Benefit Advisory Council (“CBAC”) in February 2013 that is comprised of representatives from the hospital and from government, higher education, health care and human service organizations who work together to assess public health needs in the area served by the Hospital; review relevant surveys and reports; and provide input into the design and implementation of community benefit programs to address these needs. The CBAC played an instrumental role in setting priorities among the many health needs and in developing the implementation strategy.

To assist with the prioritization of the thirteen (13) identified priority health needs the Hospital engaged a local public health consultant to facilitate a priority setting process with the CBAC. The process included individual reflection (selection of top six (6) health needs), followed by small group discussion (agreement on top five (5) health needs), then a large group discussion that focused on reaching consensus on the top three (3) priority health needs based on the following criteria: expertise/competency, resources/sustainability, priority, alignment with existing programs/initiatives, quality evidence-based best practices, impact on target population and where the need fell on the Center for Disease Control’s public health impact pyramid.

4. CHNA Implementation Strategy

The Hospital has a strong tradition of meeting community health needs through its ongoing community benefit programs and services. The Hospital will continue this commitment through the strategic health priorities set forth below that focus primarily on three (3) high-priority health needs as well as other selected priority health needs as identified in the 2013 CHNA.

Not all programs provided by the Hospital that benefit the health of patients in the Hospital’s primary service area are discussed in the Strategy. Further, given evolving changes in health care, the strategies may change, and new programs may be added or programs may be eliminated during the 2014 – 2016 period.⁷ The Strategy laid out in this document has two major parts – identifying priority needs, and then implementing programs to address those needs through community benefits and through Determination of Need funding. More detail is provided below on these parts.

A. Identify Strategic Priority Health Needs

For the period of 2014-2016, the Hospital, in partnership with its CBAC, has identified three (3) high-priority health needs that will be the focus of future Hospital community benefit efforts, including funding and in-kind resources. These strategic priority health needs, as identified through the 2013 CHNA and subsequent prioritization process are:

1. NEED FOR CARE COORDINATION

The region has a great need for better coordination between patients, the Hospital, and primary and specialty care providers. In addition, the Hospital recognizes the need for improved understanding of community resources among Hospital employees serving outpatients.

2. LACK OF ACCESS TO MENTAL HEALTH SERVICES AND POOR MENTAL HEALTH STATUS

The Hospital recognizes an urgent need for improved access to mental health services and increased resources for improving mental health status in the Hospital’s service area.

⁷ This implementation strategy is primarily focused on hospital-specific programs. However, the Hospital as part of the BH system, may participate in additional programs and services through system wide initiatives which may also be highlighted in the implementation strategy.

3. HIGH RATES OF ALCOHOL, TOBACCO, AND DRUG USE, AND NEED FOR ADDITIONAL TREATMENT

The Hospital recognizes the importance of committing resources to reduce the high rates of addiction in our region, both through both prevention and treatment options.

Through implementing evidence-based strategies to address these three (3) priority needs, the Hospital anticipates the following positive impact and improvements in community health:

- Increased care coordination for patients, families and the broader community
- Increased access to mental health services and improved mental health status
- Reduction of high rates of alcohol, tobacco, and drug use, and need for additional treatment

B. Address Priority Health Needs through Hospital's Existing and New Community Benefit Programs

The Hospital plans to provide community benefit programs responsive to the health needs identified in the 2013 CHNA. These may include, but are not limited to, health education programs, screenings, support groups and other community health improvement services and access to care through the Hospital's financial assistance program.

Listed below are the identified priority health needs, including the Hospital's strategic priority health needs (Section 4A), the Hospital has capacity and resources to address through DoN funding and specific community benefit programs and/or strategies that will address the need.

1. Coordination of Care (strategic priority health need)

- New project: the Hospital intends to building on existing models (STARR initiative and Postpartum Coalition – see below) to identify additional opportunities to collaborate with community partners and best coordinate care of vulnerable populations.
- State Action on Avoidable Readmissions ("STAAR"): multi-agency and provider initiative lead by the Hospital's quality department. Purpose is to reduce hospital readmissions for chronic illnesses by equipping community providers with educational and informational resources; and giving all parties a regular forum in which to meet and exchange ideas for optimal care coordination.

2. Lack of Access to Mental Health Services and Poor Mental Health Status (strategic priority health need)

- New project: the Hospital will develop a model for broader coordination of care between hospital and community mental health providers to increase diversion from the emergency department and improve referrals to community resources. Steps will include:
 - Research evidence-based models
 - Identify community and internal champions
 - Improve discharge documentation
 - Identify frequent ED visitors
- Franklin County Postpartum Coalition and Support Group: a multi-agency and provider initiative launched by nurses from the Birthplace at the Hospital. Includes a screening tool used from first pre-natal visit through second year post-partum; weekly support group; and information and referral service.

3. High Rates of Alcohol, Tobacco, and Drug Use, and Need for Additional Treatment (strategic priority health need)

- New project: the Hospital, in partnership with the CBAC, intends to explore improved physician/hospital coordination for drug seekers, including an emergency department protocol. In addition, they will explore the concept of a regional physician standard protocol throughout the County, ask Hospital and community physicians to consider template protocol and offer additional training through Baystate Health Continuing Education.
- New project: the Hospital, in partnership with the CBAC plan to explore hosting an annual smoking cessation class with potential collaborators such as the Greenfield Health Department and the Cooperative Public Health Service. The Hospital plans to improve internal screening processes to ask patients about ALL tobacco usage, not just smoking. The Hospital will educate its outpatient providers in *Quitworks* and explore supporting the Mass Tobacco Control Program efforts on local regulations and smoke-free housing.
- The Hospital provides free weekly meeting space for local Alcoholics Anonymous and Narcotics Anonymous support groups.

4. Lack of Affordable and Accessible Medical Care

- Financial Counseling: the Hospital provides financial counseling services to inpatient and outpatient individuals who have concerns about how to pay for care. Financial Counselors are dedicated to identifying and assisting patients who are unable to pay their estimated care prior to treatments or who have large existing balances. This assistance includes linking patients to available funding sources such as Medicaid and Medicare and determining whether they are eligible for charity care or for Baystate's Financial Assistance Program.
- Hospital Financial Assistance Program: the Hospital is committed to ensuring that the community has access to quality health care services provided with fairness and respect and without regard to a patients' ability to pay. The Hospital not only offers free and reduced cost care to the financially needy as required by law, but has also voluntarily established discount and financial assistance programs that provide additional free and reduced cost care to additional patients residing within the communities served by the Hospital. The Hospital also makes payment plans available based on household size and income.

5. Health Literacy and Knowledge of Available Services

- Healthbeat: a community interview show featuring Hospital physicians and nurses, community leaders, and volunteers, who discuss a wide variety of health care related topics. Produced and co-hosted by Hospital leadership, *Healthbeat* airs on cable access channels throughout Franklin County a total of 65-85 times per month. It can be seen regularly on Greenfield Community Television Mondays at 6:00 pm and Thursdays at 11:00 am. Shows will focus on relevant health issues and align with priority health needs as identified in the 2013 CHNA.
- Youth Education: In partnership since 2003 with public schools throughout the Hospital's service area, the Hospital has offered experiential programming, including "Blood and Guts," to expose children and adolescents to the relationship between science, math and health care, and to stimulate their interest in pursuing further education in the field.

6. Physical and Social Isolation

- Oncology Support Groups: In response to a need identified by the Hospital social worker, the Hospital's Oncology support groups will offer a telephone support group with Skyping capabilities and will also allow for individual phone follow-up if someone is in emotional crisis or needs additional resources.
- Other Support Groups: the Hospital provides ongoing support groups, including Breastfeeding, Parenting, Cardiac and Better Breathers. All support groups are free and available to the general public, providing individuals and families support and opportunities to gain the insight and knowledge needed to best address their condition or needs.

7. Broader Health Needs Being Addressed by Hospital Community Benefit Programs

- Community Board Involvement: various Hospital leaders and employees volunteer, on behalf of the Hospital, on local community boards, committees and coalitions. In these roles employees are serving as liaisons between the Hospital, its community partners and the community served.
- Community Sponsorships: the Hospital supports various community organizations and community health events that align with the Hospitals mission and/or CHNA priority health needs.
- Pioneer Valley Health Information Exchange (PVIX): is a regional health information organization that seeks to improve the exchange of health information among clinicians and healthcare organizations throughout the Pioneer Valley. PVIX is focused on supporting care coordination by offering providers a "One Patient, One Record" approach to health information regardless of where a patient presents.

C. Address Health Needs through Hospital Determination of Need (DoN) Community Health Initiatives

The Massachusetts Executive Office of Health and Human Services administers a Determination of Need ("DoN) Program. Health care institutions planning a substantial capital expenditure and/or substantial change in services must submit a DoN proposal to the Massachusetts Department of Public Health. If the application is approved, the applicant facility then provides the equivalent of 5% of the capital outlay to support community health and prevention needs. The purpose of DoN program is to help monitor the availability and accessibility of cost-effective, quality health care services and foster collaborations among hospitals and community-based partners as well as to improve the health status of vulnerable populations.

Hospitals are also required by the IRS and the Office of the Attorney General of Massachusetts to provide community benefit programs and to provide and report annually on benefits to the communities that they serve. DoN funds distributed for community health initiatives may qualify as community benefits, but it is important to distinguish these funds from ongoing, required hospital run community benefit programs. Our goal in this document is to establish a strategy towards implementing Hospital community benefit programs independent of current and subsequent DoN community health initiatives.

As part of a capital expansion project, Baystate Medical Center ("BMC") invested \$9.6 million (spent over seven years, beginning in 2008) in Springfield area community health initiatives. This funding, a condition of BMC's DoN application was specifically for Springfield's North End and Mason Square communities where citizens devised, planned and lead ground-level initiatives to diminish health disparities and improve the lives of their families, friends and neighbors in these communities. BMC made an additional investment of \$2 million (spent over three years, beginning in 2012) for community health initiatives tied to the Hospital's new Emergency Department.

In 2012, BFMC received \$150,000, to be spent over a 3-5 year period, from BMC's \$2 million DoN funding for community health initiatives tied to its new Emergency Department in Springfield, MA. In the fall of 2012, the CBAC put out a request for proposals to members of the Franklin County Resource Network and received eight (8) applications. To date \$50,000 of the DoN funds have been awarded to the following two community health initiative projects:

- **Health Education and Literacy (HEAL)**, managed by The Literacy Project, is developing an evidence-based health literacy curriculum to improve the overall health and economic status of project participants. The priority health needs being addressed by this initiative include health literacy and knowledge of available services.
- **Rural Medication and Chronic Disease Self-Management Support**, managed by the Cooperative Public Health Service at the Franklin Regional Council of Governments, is providing walk-in clinics, care coordination and self-management counseling in four rural locations and home visits in nine rural towns. The priority health needs being addressed by this initiative include physical and social isolation, access to affordable and accessible medical care and health literacy and knowledge of available services.

The Hospital intends to allocate the remaining and future DoN funding to address identified health needs (including, but not limited to the priority needs identified in the 2013 CHNA) in the region via a work plan and timeline developed in partnership with the Community Benefit Advisory Council.

D. Collaborate with Community Partners to Address Health Needs

The Strategy will be implemented in collaboration with other entities including, but not limited to:

- Center for Human Development
- Community Action!
- Community Health Center of Franklin County
- Franklin County Home Care Corporation
- Franklin Regional Council of Governments
- Local Health Departments
- Northwestern MA District Attorney's Office
- The Communities That Care Coalition
- The Literacy Project
- YMCA of Greenfield

5. Needs Beyond the Hospital's Mission or Community Benefit Program

No community hospital facility can address all of the health needs present in its community. The Hospital is committed to adhering to its Mission and remaining financially healthy so that it can continue to enhance its clinical excellence and to provide quality community benefit programs. The Strategy does not address the following priority community health needs identified in the 2013 CHNA due to no new funding or resources, other hospitals or community organizations within service area are already addressing the need or the need falls outside of the Hospitals' mission or capacity.

- Basic Needs Insecurity: Financial Hardship, Housing, and Food Access
- Child Abuse
- High Obesity Rate
- High Rates of Asthma in Schoolchildren
- Lack of Access to Dental Care
- Pediatric Disability
- Smoking During Pregnancy

6. A Broader Commitment to our Patients and Community Served

The Hospital, through its affiliation with Baystate Health, is able to provide other programs and services to patients and the communities served that may not qualify as community benefits, yet these programs and services are addressing community health needs. In addition, the Hospital participates in community partnerships that work collaboratively to address health needs.

- Baystate Developmental & Behavioral Pediatrics: provides developmental evaluations and some intervention for children with developmental delays, learning disabilities, and special health care needs. They are an interdisciplinary team, which means regular communication amongst the medical team, the family, the child's health professionals and educators. 2013 CHNA priority health need(s) being addressed: pediatric disability
- Baystate Neighbors Program: Beginning in 1999, this program was established to help employee first-time homebuyers purchase a home and to promote homeownership in neighborhoods around BH's three hospital entities. Employees are granted forgivable loans in the amount of \$7,500 that may be used towards a down payment or closing costs. In the past 13 years, the Baystate Neighbors Program has awarded a total of 124 loans to help employees become homeowners, helping to stabilize housing in the Towns of Greenfield (seven loans) and Ware (ten loans) and the City of Springfield (107 loans). 2013 CHNA priority health need(s) being addressed: basic needs: housing.
- Integrated Behavioral Health ("IBH"): Baystate Behavioral Health and the Department of Psychiatry have partnered with Baystate Medical Practices' Patient Centered Medical Homes (PCMH) to develop the creation of IBH. The goal of IBH is to address the unmet mental health needs of patients by improving the recognition and treatment of psychiatric and behavioral health problems within the primary care setting; to address behavioral health factors contributing to excess morbidity and mortality for patients with chronic medical conditions; to address behavioral factors contributing to risks of physical health problems; and improve the coordination between community mental health resources and each PCMH within BMP. In 2013, Behavioral Health Clinicians have been hired and integrated within two of the ten PCMHs at Baystate Health. In 2014 and 2015, BH intends to integrate clinicians within the remainder of the PCMHs. In addition to providing behavioral health clinicians to each of these practices, psychiatric consultations will also be offered to the primary care providers. Monthly consultations are currently offered to 5 of the 10 practices and plans are to grow the program to offer these much needed services to all ten practices. IBH currently has a Medical

Director, Practice Manager and Clinical Supervisor. 2013 CHNA priority health need(s) being addressed: lack of mental health services, care coordination.

- Massachusetts Child Psychiatry Access Project (MCPAP): the Hospital, the first MCPAP site established in 2004, covers the entire western MA region (Berkshire, Franklin, Hampshire and Hampden Counties) with 1.0 FTE Child Psychiatrist, 1.0 FTE Clinical Social Worker, 1.0 FTE Care Coordinator, .2 FTE Medical Director and .1 FTE Program Manager. MCPAP is a system of regional children's mental health consultation teams designed to help primary care providers (PCPs) meet the needs of children with psychiatric problems. MCPAP goals include improving access to treatment for children with psychiatric illness, promoting the inclusion of child psychiatry within the scope of the practice of primary care, restoring a functional primary care/specialist relationship between PCPs and child psychiatrist and promoting the rational utilization of scarce specialty resources for the most complex and high-risk children. 2013 CHNA priority health need(s) being addressed: pediatric disability, lack of access to mental health services/poor mental health status.
- United Way: The United Way develops and supports programs that directly improve the lives of people in our communities, a mission proudly shared by Baystate Health. Baystate Health is a strong supporter of the United Way, and a major contributor to the organization with three workforce campaigns and thousands of employee donors and volunteers. Baystate Health's contributions help the United Way serve our families, friends, colleagues and others who seek help in different ways and at different times in their lives. Three community campaigns are held annually: Greenfield workplace to support the United Way of Franklin County, Springfield workplace to support the United Way of Pioneer Valley, and Ware workplace to support the United Way of Hampshire County. 2013 CHNA priority health need(s) being addressed: broader health needs.

7. Implementation Strategy Development Partners

In developing this implementation strategy, the Hospital partnered with the following internal and external stakeholders:

- BFMC Administration
- BFMC Emergency Department
- BFMC Patient Financial Services
- BFMC Quality Department
- Center for Human Development
- Communities That Care Coalition
- Community Health Center of Franklin County
- Franklin County Home Care Corporation
- Greenfield Community College
- Local Health Departments
- Regional Council of Governments
- The Literacy Project
- UMASS Amherst School of Public Health