

2014

GRANDVIEW MEDICAL CENTER

# Community Benefit Plan & Implementation Strategy



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## INTRODUCTION

Grandview Medical Center is one of seven hospitals in the Kettering Health Network (KHN). Being a part of KHN gives the hospital access to the Network's resources such as a vast network of specialist physicians as well as specialized centers and services.

### Grandview Medical Center Service Area

The primary service area for Grandview Medical Center is defined as Montgomery County located in West Central Ohio. This service area's health care infrastructure is comprised of 15 hospitals of which 10 are short-term acute care hospitals, 39 State licensed nursing homes, 31 State licensed residential care facilities, four hospice centers, four HMOs, 14 State licensed ambulatory surgery facilities, and 12 State licensed dialysis centers, per the Ohio Department of Health. According to the Health Resources and Services Administration, County residents are also served by 6 community health centers and 5 Federally Qualified Health Centers (FQHC).

### Community Health Needs Assessment

In 2013, Grandview Medical Center partnered with member hospitals of the Greater Dayton Area Hospital Association and Wright State University to prepare the Community Health Needs Assessment (CHNA) for the hospital's service area. A community health needs assessment engages community members and partners to collect and analyze health-related data from many sources.

### Data Collection

To prepare the CHNA, secondary data from multiple sources was collected to paint a detailed picture of the Grandview Medical Center Service Area. Secondary data is reprocessing and reusing information that has already been collected such as institutional records from sources such as hospitals and the Ohio Department of Health. The CHNA reported previously gathered survey data from the Montgomery County Behavioral Risk Factor Surveillance System (BRFSS) as presented in the Community Health Assessment prepared by Public Health-Dayton & Montgomery County. Aggregate hospital ICD-9 emergency department and hospital inpatient discharge diagnoses data were obtained from the Ohio Hospital Association via the Greater Dayton Area Hospital Association. Cancer data and vital statistics were obtained from the Ohio Department of Health. Other data were obtained from national sources such as the Health Resources and Services Administration (HRSA), the Bureau of the Census, and the Robert Wood Johnson Foundation; and other State sources such as the Ohio Development Services Agency.

Using the findings from the CHNA, stakeholders identified and prioritized strategic areas of concern for Grandview Medical Center's service area that were used to develop the Implementation Strategy. The following report outlines the process for identifying and prioritizing strategic issues and the implementation plan that will address these issues.

## SELECTION OF COMMUNITY HEALTH PRIORITIES

The following lists contain all of the health priorities identified by the Grandview Medical Center Community Health Needs Assessments (CHNA) ranked according to seriousness.

### Top Inpatient Diagnoses

1. Hypertension
2. Non-ischemic heart disease
3. Diabetes
4. Alcohol and drug
5. Heart attack/ischemic heart disease
6. Complications of pregnancy and childbirth
7. Chronic obstructive pulmonary disease

### Top ED Diagnoses

1. Unintentional Injury
2. Alcohol and drug
3. Hypertension
4. Abdominal pain
5. Spinal disorders
6. Chest pain
7. Diabetes

### Leading Causes of Death

1. Malignant neoplasms
2. Diseases of heart
3. Chronic lower respiratory diseases
4. Accidents
5. Alzheimer's Disease
6. Cerebrovascular disease

In addition to prevalence, the trends and impact of each health concern were taken into consideration when selecting the top health priorities for the Grandview Medical Center service area. The criteria used to select the health priorities are:

- ✓ Proportion of population impacted
- ✓ Degree to which the issue is worse than the State and/or Nation
- ✓ Rapid increase/decrease of the issue
- ✓ Number of hospitalizations/ ED visits
- ✓ Number of deaths
- ✓ Impacts on other health outcomes
- ✓ Seriousness of the consequences of not addressing the issue

Once all of these criteria were applied, the top five priorities were selected according to the criteria above and the prevalence of their contributing factors. For example, diabetes was chosen as one priority area because the incidence of diabetes is higher in the County than in the State and Nation, diabetes is the number three inpatient diagnosis and is on the rise, and the contributing factors of diabetes (hypertension, obesity and lack of diabetic screenings) are also prevalent in the medical center's service area. The other health priorities identified for the service area are breast cancer, heart disease, chronic lower respiratory disease, and cerebrovascular disease.

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This hospital facility will only address two of the five needs identified through the CHNA, diabetes and breast cancer. Appendix A presents tables containing the health data used to select the top two health priorities. The other three health needs will not be addressed by this facility, as they are being addressed by other organizations in the service area. The following section contains information about how the unaddressed health needs will be met by other organizations.

## UNADDRESSED HEALTH PRIORITIES

Using the criteria above, five health priorities were identified for the service area: heart disease, breast cancer, diabetes, chronic lower respiratory disease and cerebrovascular disease. However, only two of these, diabetes and breast cancer, will be addressed by Grandview Medical Center. Kettering Medical Center will address Heart Disease in its Implementation Strategy for this service area. Chronic Lower Respiratory Disease and Cerebrovascular Disease will be addressed by Public Health-Dayton & Montgomery County (PHDMC) in their Community Health Improvement Plan (CHIP). Please refer to the table below for more information about these programs.

Montgomery County		
Health Priority	Organization	Action Plan
<b>Heart Disease</b>	Kettering Medical Center	2014-2016 Implementation Strategy addresses heart disease through heart health outreach and education initiatives such as women-focused health events and community cardiac presentations. Also, the Implementation Strategy will address access to cardiac care through patient assistance programs and use of the Fellows Clinic for follow-up appointments.
<b>Chronic Lower Respiratory Disease</b>	Dayton and Montgomery County Public Health	To be addressed in the 2014 CHIP, according to PHDMC Community Health Assessment
<b>Cerebrovascular Disease</b>	Dayton and Montgomery County Public Health	To be addressed in the 2014 CHIP, according to PHDMC Community Health Assessment

## HEALTH NEEDS TO BE ADDRESSED

Grandview Medical Center representatives reviewed the selected health priorities in conjunction with the Medical Center’s services and programs, areas of expertise, resources, and existing community assets to determine which priority areas it could best address. Specialists from the Kettering Breast Evaluation Center (KBEC) and the Joslin Diabetes Center, along with representatives from the President’s Office, the Hospital Foundation Office, the Marketing Office and the Community Outreach Group came together to determine the health factors that this facility is best positioned to influence during the upcoming planning cycle based on the Medical Center’s programs and accessible resources. Priorities identified include:

- ✓ Diabetes
- ✓ Breast Cancer

## IMPLEMENTATION STRATEGY

In support of the 2013 Community Health Needs Assessment and ongoing community benefit initiatives, Grandview Medical Center plans to implement the following strategies to impact and measure community health improvement. As Grandview Medical Center moves forward with each initiative, community needs will be continually monitored and programming and services will be adjusted accordingly.

### PRIORITY: Diabetes

#### Rationale

From 2005 to 2010, the self-reported incidence of adults newly diagnosed with diabetes in Montgomery County has been on the rise – from 11.2 per 1,000 in 2005 to 13.0 in 2010. At its peak in 2008, the rate of adults with newly diagnosed cases of diabetes was 13.7 per 1,000 residents. Similarly, diabetes prevalence has also been on the rise from 9.6% of the adult population self-reporting they have received a diabetes diagnosis by a medical professional in 2004 to 12.5% in 2010. These rates are similar to the State of Ohio, but persistently higher. In Montgomery County, mortality due to diabetes over this same period peaked in 2006 at 58.4 deaths per 100,000 residents tapering off to 48.4 deaths per 100,000 in 2009, increasing again to 54.4 per 100,000 in 2011. Mortality rates due to diabetes have been consistently higher than the State’s rate since 2003. The maps on the following page present those zip codes in orange where hospitalization (based on primary and secondary diagnoses at time of discharge) or mortality due to diabetes is higher than the State’s rate. Refer to the tables below for rates. The mortality rate is higher than the State’s rate in over half of the County’s zip codes, while Emergency Department discharge rates are highest for residents only in the central zip codes of the County.

#### Adult Diabetes, 2010

Self-reported Diagnosis	Montgomery County		Ohio
	Number	Rate	Percent
New Adult Cases	4,571	13.0/1,000	11.0/1,000
Total Adult Cases	49,857	12.5%	10.8%

Source: Centers for Disease Control and Prevention: National Diabetes Surveillance System.

#### Adult Diabetes Hospitalizations, 2011

Discharge Diagnoses	Montgomery County		Ohio
	Number	Percent	Percent
Emergency	16,897	4.1%	3.9%
Inpatient	16,277	3.9%	3.8%

Source: Ohio Hospital Association and Greater Dayton Area Hospital Association

#### Adult Mortality due to Diabetes, 2011

Mortality Diabetes	Montgomery County		Ohio
	Number	Rate per 100,000	Rate per 100,000
Montgomery County	225	54.4	41.7

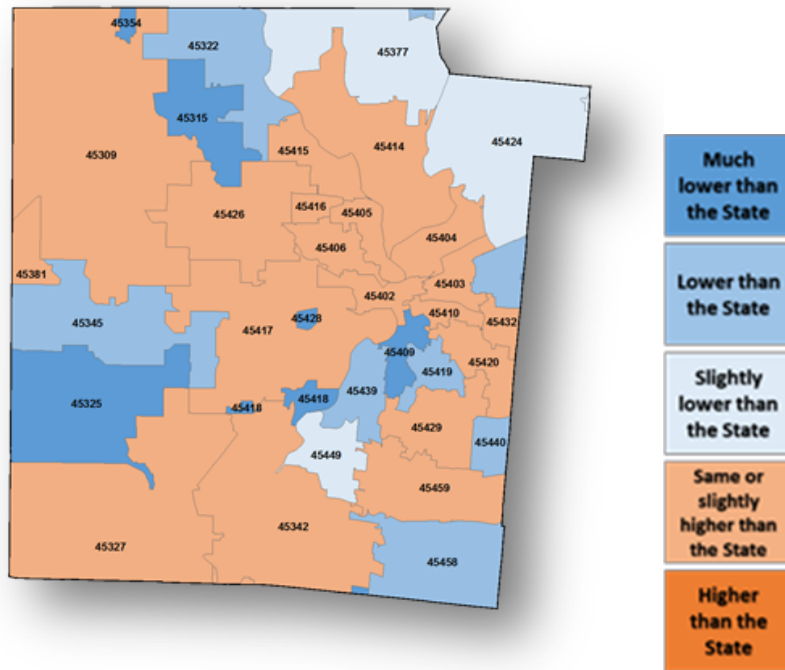
# **[GRANDVIEW MEDICAL CENTER IMPLEMENTATION STRATEGY]**

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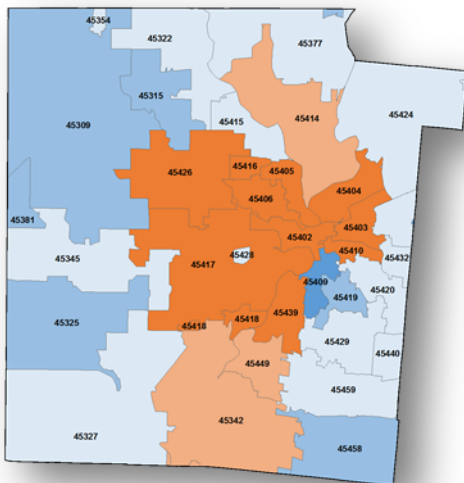
Source: Vital Statistics Program, Ohio Department of Health, 2000-2012.

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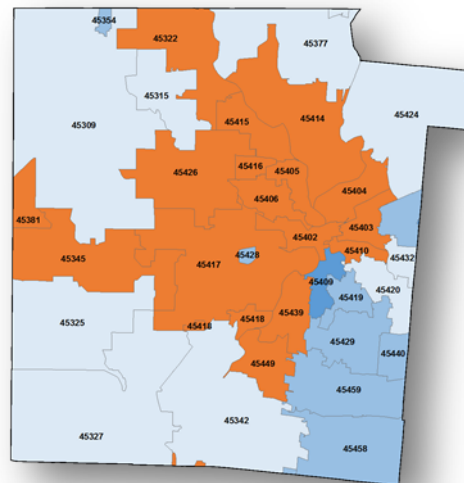
## Cause of Death, Diabetes, 2011



## Emergency Department Adult Primary & Secondary Diabetes Discharge Diagnosis, 2011



## Inpatient Adult Primary & Secondary Diabetes Discharge Diagnosis, 2011





## Impact on/by Other Health Issues

According to the CDC, adults with diabetes are 2-4 times more likely to die of a heart attack or stroke. The incidence of diabetes in the County is higher than in the State and Nation, and diabetes is the third most common inpatient discharge diagnosis and these diagnoses are increasing. Also, the high incidence of hypertension, obesity and the lack of diabetic screenings contribute to this health outcome.

**Objective:** From 2014-2016, increase by 2% annually the number of diabetes screenings provided to adults ages 18+ who attend education and outreach initiatives implemented by a partnership between the Joslin Diabetes Center and Community Outreach.

## Strategy One: Increase diabetes education and outreach

**Activity One:** Make diabetes education more accessible to the underserved population.

1. Deliver diabetes education at the Good Neighbor House to serve the indigent population. Participants do not have to have a referral to attend the training. After the class, participants, who need to, receive follow up as a patient.
2. Partner with churches to begin a diabetes education program.
3. Offer diabetes education in Senior Centers.
4. Deliver a Wellness Event with the KHN Joslin Diabetes Center.

## Strategy Two: Increase access to diabetes care via the Kettering Health Network and community partners

**Activity One:** Partner with the KHN Joslin Diabetes Center.

1. Provide certification training to Primary Care Physicians (PCPs). This certification program will use an endocrinologist to train PCPs annually in the treatment of type 2 diabetes.
2. Help Grandview's diabetic inpatients to transition to outpatient care. Acceptance into the Joslin Center requires a PCP referral, which results in a partnership for outpatient care between the Joslin Center and the PCP.

**Activity Two:** Partner with the Community Health Centers of Greater Dayton to create a diabetes care network.

1. Collaborate with the Community Health Center and Joslin Diabetes Center to coordinate diabetes care.

## PRIORITY: Breast Cancer

### Rationale

Breast cancer diagnosis in Montgomery County decreased from 245.4 adult female cases in 2005 to 211.3 cases in 2006, but in 2007 the rates began increasing again. In 2011, breast cancer prevalence was 252.9 cases per 100,000 adult females. The mortality rate due to breast cancer and inpatient hospitalizations (based on primary and secondary discharge diagnoses) due to breast cancer have exhibited similar trends over this same period. Breast cancer incidence and mortality due to breast cancer is higher in the County than in the State, while inpatient hospitalization is lower. The maps present those zip codes in orange where adult female breast cancer diagnosis, hospitalization (based on primary and secondary diagnoses at time of discharge), or mortality due to breast cancer is higher than the State's rate. Refer to the tables below for rates. In many of the zip codes where the rate for breast cancer diagnosis for Montgomery County adult female residents is lower than the State's rate, the mortality rate is higher. These trends indicate that the population may not be seeking preventive and treatment services.

### Breast Cancer Diagnosis, Adult Females, 2011

Discharge Diagnosis	Montgomery County		Ohio
	Number	Rate/100k	Rate/100k
<b>Breast Cancer</b>	552	252.9	224.5

Source: Ohio Department of Health Ohio Cancer Incidence Surveillance System

### Breast Cancer Hospitalization, Primary & Secondary Discharge Diagnosis, Adult Females, 2011

Discharge Diagnosis	Montgomery County		Ohio
	Number	Rate/100k	Rate/100k
<b>Inpatient</b>	304	139.3	147.6

Source: Ohio Hospital Association and Greater Dayton Area Hospital Association

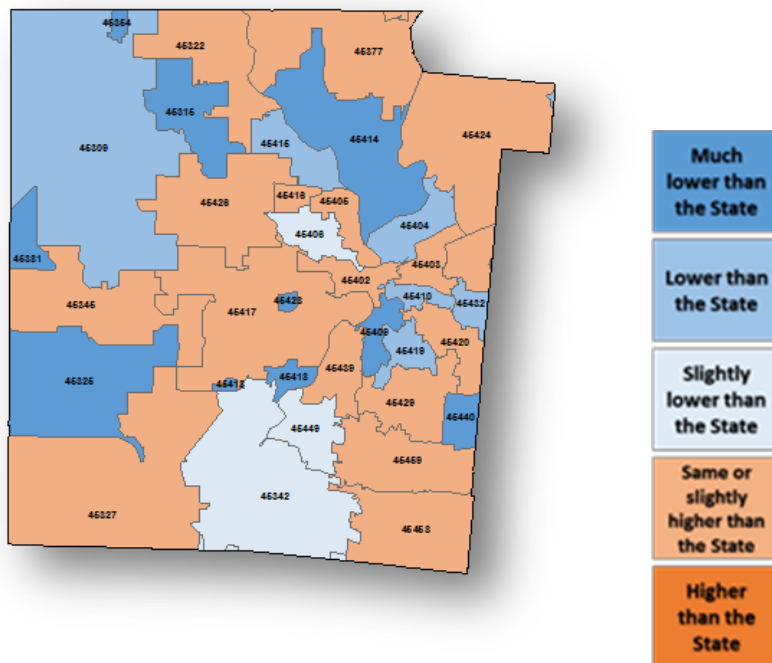
### Adult Mortality Due to Breast Cancer, Females, 2011

Mortality Breast Cancer	Montgomery County		Ohio
	Number	Rate/100k	Rate/100k
<b>Adult Females</b>	101	46.3	40.0

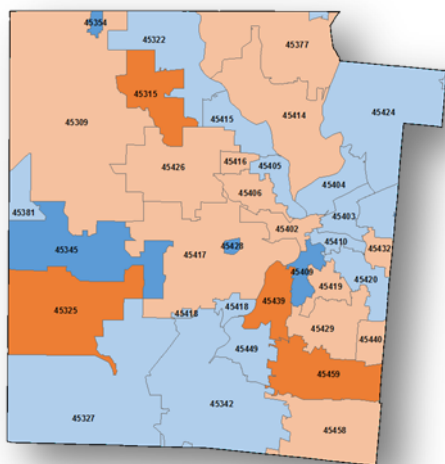
Source: Vital Statistics Program, Ohio Department of Health, 2000-2012.

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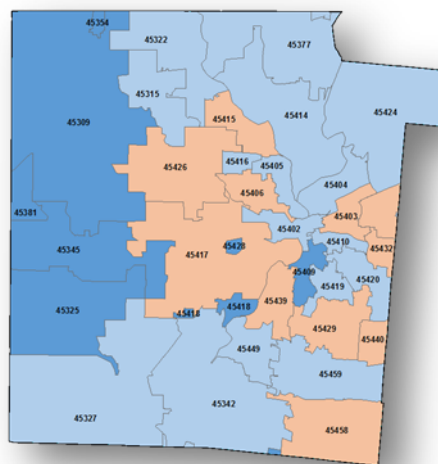
## Cause of Death, Adult Females – Breast Cancer, 2011



## Ohio Cancer Incidence Surveillance System Breast Cancer Diagnosis, Adult Females, 2011



## Inpatient Care Primary & Secondary Breast Cancer Diagnosis, Adult Females – 2011



## Impact on/by Other Health Issues

The late effects of breast cancer and its treatment include emotional distress and depression, lymphedema, and weight gain among others. Breast cancer is the most prevalent form of cancer in the County, the rate increased from 2006-2011, and cancer is the number one cause of death in the County. Also, the contributing factors, obesity, excessive use of alcohol and lack of mammography screenings, are less favorable in the service area than in the State and when compared to the national benchmarks.

As mentioned above, Grandview Medical Center serves a population with low breast cancer diagnosis, but has a higher than average mortality rate due to breast cancer. Grandview has a long history of serving the West Dayton and Western Montgomery County population. At the same time, it lacks digital mammography imaging equipment, which is what is commonly prescribed. If the population, which is loyal to Grandview, cannot obtain prescribed services from them, the population tends not to receive the services at all.

**Objective:** Purchase digital mammography imaging equipment to provide modern mammography screening services to Grandview Medical Center's customer base.

### Strategy One: Increase mammography screenings among women in the service area

**Activity One:** Update mammography screening technology to allow for on-site imaging.

1. Invest in digital mammography imaging equipment to provide state-of-the art mammography services to Grandview Medical Center's loyal customer base.

**Activity Two:** Educate women about ACA coverage of screening mammograms. If age requirements are met, a physician referral is not necessary.

**Strategy Two:** Increase physician involvement in cancer care.

**Activity One:** Increase Primary Care Physician (PCP) training in cancer care.

1. Use Medical Education Teams as a means of involving PCPs in breast biopsy analysis to increase their understanding of cancer care.

## APPENDIX A: GRANDVIEW MEDICAL CENTER HEALTH PRIORITIES

### Diabetes

Contributing Factors	Proportion of population impacted	Comparison to the State and Nation	Trend	Number of hospitalizations/ ED visits	Number of Deaths	Impacts other health outcomes
Diabetes	12.0%	Higher than State (10.1%) and Nation (8.7%)	Inpatient diagnoses increasing	#3 inpatient discharge diagnoses	54.4 per 100,000 population	Adults are 2-4x more likely to die of heart disease or experience a stroke
Hypertension	35.5%	Higher than the state (31.7%) and the nation (28.7%)	Inpatient diagnoses increased 27.8% 2004-2012 and 9% 2010-2012	Leading inpatient discharge diagnosis; #3 ED diagnosis		Heart attack, stroke, and diabetes among others
Obesity & Overweight	68.0%	Higher than the State (65.7%) and the Nation (64.5%)	Increased from 2004-2009, but decreased in 2010			CHD, HTN, stroke, type 2 diabetes, abnormal cholesterol, metabolic syndrome, cancer, osteoarthritis, & more
Diabetes Screening	82.0%	Below the State (83%) and the national benchmark (90%)				

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**Breast Cancer**

Contributing Factors	Proportion of population impacted	Comparison to the State and Nation	Trend	Number of hospitalizations/ ED visits	Number of Deaths	Impacts other health outcomes
Breast Cancer	252.9 per 100,000 population		Increasing since 2007		Cancer is the #1 cause of death in the County	Late effects of breast cancer and its treatment include emotional distress and depression, lymphedema, and weight gain among others
Obesity & Overw	68.0%	Higher than the State (65.7%) and the Nation (64.5%)	Increased from 2004-2009, but decreased in 2010			CHD, HTN, stroke, type 2 diabetes, abnormal cholesterol, metabolic syndrome, cancer, osteoarthritis, & more
Excessive use of Alcohol	14.0%	Two times higher than the national benchmark (7%)	Drug and alcohol related ED discharge diagnoses almost doubled 2004-2012	Alcohol and drug related diagnoses are #2 ED discharge diagnoses		Cardiovascular disease, cirrhosis, breast cancer, gout, HTN, dementia, depression, seizures, and pancreatitis
Mammography Screenings	62.0%	Below the State (63%) and the national benchmark (73%)				

## APPENDIX B: IMPLEMENTATION STRATEGY SYNTHESIS

### Diabetes

<p><b>Objective:</b> <i>From 2014-2016, increase by 2% annually the number of diabetes screenings provided to adults ages 18+ who attend education and outreach initiatives implemented by a partnership between the Joslin Diabetes Center and the Community Outreach office.</i></p>	
<p><b>Background</b></p> <ul style="list-style-type: none"> <li>• According to the CDC, adults with diabetes are 2-4 times more likely to die of a heart attack or stroke</li> <li>• Individuals with undiagnosed type II diabetes are at significantly higher risk</li> <li>• The risk of developing type II diabetes increases with age, obesity and lack of physical activity and is more common in individuals with a family history and in members of certain racial/ethnic groups</li> <li>• The incidence of diabetes is higher in the County than in the State and Nation</li> <li>• It is the third most common inpatient discharge diagnosis, and the number of inpatient diabetes diagnoses are increasing</li> <li>• The high incidence of hypertension, obesity and lack of diabetic screenings contribute to this health outcome</li> </ul>	<p><b>Strategies and Activities</b></p> <ol style="list-style-type: none"> <li>1. Increase diabetes education and outreach.             <ol style="list-style-type: none"> <li>a. Make diabetes education more accessible to the underserved population.                 <ul style="list-style-type: none"> <li>• Deliver diabetes education at the Good Neighbor House to serve the indigent population. Participants do not have to have a referral to attend the training. After the class, participants who need to receive follow up as a patient.</li> <li>• Partner with churches to begin a diabetes education program.</li> <li>• Offer diabetes education in Senior Centers.</li> <li>• Deliver a Wellness Event with the KHN Joslin Diabetes Center.</li> </ul> </li> </ol> </li> <li>2. Increase access to diabetes care via the Kettering Health Network and community partners.             <ol style="list-style-type: none"> <li>a. Partner with the KHN Joslin Diabetes Center.                 <ul style="list-style-type: none"> <li>• Provide certification training to Primary Care Physicians (PCPs). This certification program will use an endocrinologist to train PCPs annually in the treatment of type 2 diabetes.</li> <li>• Help Grandview’s diabetic inpatients to transition to outpatient care. Acceptance into the Joslin Center requires a PCP referral, which results in a partnership for outpatient care between the Joslin Center and the PCP.</li> </ul> </li> <li>b. Partner with the Community Health Centers of Greater Dayton to create a diabetes care network.                 <ul style="list-style-type: none"> <li>• Collaborate with the Community Health Center and Joslin Diabetes Center to coordinate diabetes care.</li> </ul> </li> </ol> </li> </ol>

Breast Cancer

***Objective: Purchase digital mammography imaging equipment to provide modern mammography screening services to Grandview Medical Center’s loyal, urban customer base.***

**Background**

- The late effects of breast cancer and its treatment include emotional distress and depression, lymphedema, and weight gain among others.
- Breast cancer is the most prevalent form of cancer in the County, the rate increased from 2006-2011.
- Cancer is the number one cause of death in the County.
- The contributing factors of breast cancer, obesity, excessive use of alcohol, and lack of mammography screenings are worse in the service area than in the State and the national benchmark.

**Strategies and Activities**

1. Increase mammography screenings among women in the service area.
  - a. Update mammography screening technology to allow for on-site imaging.
    - Invest in digital mammography imaging equipment to provide state-of-the art mammography services to Grandview Medical Center’s loyal customer base.
  - b. Educate women about ACA coverage of screening mammograms. If age requirements are met, a physician referral is not necessary.
2. Increase physician involvement in cancer care.
  - a. Increase Primary Care Physician’s (PCP) training in cancer care.
    - Use Medical Education Teams as a means of involving PCPs in breast biopsy analysis to increase their understanding of cancer care.