

2016 COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019 Implementation Strategy

Calendar Year 2019 Work To Date



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MEDICAL CENTER

Summary

2019 is the third and final year of the 2016 Implementation Strategy process. This document highlights the progress reported in calendar year 2019 to address the Community Health Needs Assessment (CHNA) identified priority areas below. The community-informed strategies aimed to benefit our patients, their families, and community members in Chittenden and Grand Isle Counties.

2016 Community Health Needs Assessment Top Identified Needs:

Affordable Housing
Chronic Conditions
Early Childhood & Family Supports
Healthy Aging
Mental Health
Oral Health
Removing Barriers to Care
Substance Use Disorder

Next Steps

The 2020-2022 Implementation Strategy, as informed by the 2019 CHNA, will intentionally narrow its focus and streamline organizational resources to achieve meaningful impact addressing identified community priorities. Additionally, the next Implementation Strategy will highlight our multi-sector collaboration to also showcase the work that happens beyond the walls of the Medical Center to address priorities as part of a broader system of care.

For more information, please contact UVM Medical Center Community Health Improvement at (802) 847-2278.





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Access to Healthy Foods

GLOBAL AIM STATEMENT

To improve nutrition, culinary literacy, and access to affordable healthy foods; to reduce food insecurity and/or to prevent obesity

TACTIC 1

Develop a work plan for the expansion of culinary medicine

2019 HIGHLIGHTS

- Continuation of shared medical appointments (dietitian and physician) at UVM Medical Center's Comprehensive Pain Clinic's and Internal Medicine for patients with metabolic syndrome
- Chef Educator Role is now budgeted at 0.5 FTE in Nutrition Services
- The Culinary Medicine Team is now stable and engaged across UVMMC
- The Culinary Medicine team continues to support HealthSource, with ongoing seasonal free cooking classes for our community
- There has been continued engagement with Employee Wellness and in 2019 a Corporate Wellness service was launched for the community
- The team has been co-recipients of two Frymoyer grants with The Larner College of Medicine and the school of Nursing and Health Sciences

TACTIC 2

The UVM Medical Center will test a systematic screening tool to identify food insecurity, provide appropriate referrals to resources when results of the screening are positive, and take the learning from a pilot program to a broader population

2019 HIGHLIGHTS

- Integrated Social Determinants of Health (SDOH) screening in all primary care clinics in UVM Health Network Medical Group
- All MyChart patients receive SDOH screening prior to appointments for physicals (40% completion rate pre-visit)
- Exceeded goal for rates of screening (>80% of patients screened at time of physical)

TACTIC 3

Integrate food insecurity screening into current Employee Wellness and Employee Family Assistance Work Life programs and broaden the distribution of information on community resources that provide access to healthy foods

2019 HIGHLIGHTS

- During FY2019 (October 2018-September 2019), 71 UVM Medical Center employees completed the Hunger Vital Sign screening questions as part of the application process
 - 41 individuals answered Yes to the question: Within the past 12 months we worried whether our food would run out before we got money to buy more
 - 36 individual answered Yes to the question: Within the past 12 months the food we bought just didn't last and we didn't have money to get more
- In 2019, 164 employees contacted the Resource Coordinator for information on income supports (food, utilities, housing assistance or childcare financial assistance) and 32 employees wanted information on the Pay Advance Loan and/or financial coaching. These numbers are for the Resource Coordination services at UVM Medical Center.
- Working Bridges Resource Coordinators have also been providing financial coaching to employees. In 2019, 120 employees took advantage of free tax preparation services. When working with employees on developing budgets/spending plans, paying for food tends to be low on the employees' list of monthly expenses. Employees with limited resources focus on paying for housing, transportation/car insurance, utilities, and if applicable, child care first. Money left over will go toward the cost of food. Resource Coordinators have been routinely educating employees about 3 Squares, WIC and the resources mentioned in the newsletters and serve as community partners with Economic Services if an employee needs assistance accessing any income supports.
- Employee and Family Assistance (EFAP) and the Frymoyer CHRC have conducted food drives on multiple campuses and collected food donations from employees which has been delivered to area food shelves. EFAP collects financial donations and grocery store gift cards as part of the food drives which are then given to employees in need of food assistance. Over 15 employee families have been helped.

Affordable Housing

GLOBAL AIM STATEMENT

To improve housing retention, temporary emergency shelter and permanent supportive housing for the members of our community

TACTIC 1

Over the next calendar year, leverage partnerships between the UVM Medical Center, the Chittenden County Homeless Alliance Steering Committee, and other housing advocates in the community to assess current housing initiatives in their abilities to meet community health needs and align with the medical center's strategic plan. After the assessment is complete, partners will work together to support existing initiatives as well as implement innovative programs, and coordinate these efforts with the UVM Health Network's Affordable Housing strategies.

2019 HIGHLIGHTS

- The Mental Health and Housing Investment Committee has been formed and is chaired by the Chief Medical Officer
- UVM Medical Center Staff are a part of the Chittenden County Homeless Alliance Steering Committee
- UVM Medical Center Staff are a part of Coordinated Entry Committee
- UVM Medical Center Staff are co-leading the Hospital Community Collaborative (HCC) through American Hospital Association (AHA) focused on Coordinated Entry with community housing leaders

Chronic Conditions

GLOBAL AIM STATEMENT

To enable positive behaviors in order to reduce the incidence and impact of chronic conditions for patients within our communities

TACTIC 1

Explore a care-team model design for delivering high-value primary care that will support care coordination for our patient community.

2019 HIGHLIGHTS

- Hired 4 additional RN Care Managers, bringing total to 6
- Engaged UVMHC Primary care Providers to review 3,000 ACO high and very high risk patients
- Developed formal partnerships with Community Health Team Social Workers
- Developed and implemented a referral tool within the electronic health record for ease of referral to care management

Early Childhood and Family Supports

GLOBAL AIM STATEMENT

Create intentional partnerships to ensure that the needs of children and families are represented in all relevant need areas included in the 2016 CHNA Implementation Strategy (this became the tactic).

TACTIC 1

Create intentional partnerships to ensure that the needs of children and families are represented in all relevant need areas included in the 2016 CHNA Implementation Strategy.

2019 HIGHLIGHTS

- Family Resources guide was developed for providers to use with families who screen positively for food insecurity and was implemented in our Pediatric Primary Care offices and other primary care offices.
- \$175,000 awarded to six community organizations focusing on children and families healthy food access, mental health supports, and/or substance use disorder.
- Howard Center social worker embedded at one of UVM Med's pediatric primary care site to provide support and resources to families with children birth to 6 months.

Healthy Aging

GLOBAL AIM STATEMENT

To enable the aging population to optimize health and to live a high quality of life.

TACTIC 1

Collaborate with community partners in order to provide improved access to, and better coordination among, existing community resources for the aging.

2019 HIGHLIGHTS

- All UVMMC Primary Care offices can now provide follow-up telemedicine home visits to patients.
- UVMHN Home Health and Hospice enhanced its Tele-monitoring technology to include video to help provide better remote care to patients.
- Porter Medical Center Primary Care is now offering retinopathy screenings in the primary care offices where UVMMC Ophthalmologists remotely review the images and provide treatment recommendations.
- Continuing with telehealth research (three studies)

Mental Health

GLOBAL AIM STATEMENT

To increase awareness regarding mental health services and support for all ages

TACTIC 1

Include mental health care delivery as one of the University of Vermont Health Network's top Strategic priorities

2019 HIGHLIGHTS

- Network-wide mental health strategic plan approved
- Changed model from Intermountain Model of Primary Care to the University of Washington model of Primary Care Integration
- Continued planning process for expanded inpatient psychiatric unit at Central Vermont Medical Center, in close cooperation with UVMMC
- Collaborated with Vermont's designated agencies to improve discharge of patients from inpatient beds to community-based services

Oral Health

GLOBAL AIM STATEMENT

To improve the oral health of our community

TACTIC 1

Working with community partners, such as the Vermont Department of Health and Community Health Centers of Burlington, explore the potential development of an oral health screening tool at a primary care site, which would include appropriate referral based on the results of the screening

2019 HIGHLIGHTS

The tactic was reviewed and determined that the systemic challenges to implement changes outside of our own primary care practices was not viable at this time.

TACTIC 2

Explore with the UVMHC Dental Residency program the feasibility of providing operative restorative care for adult patients with special needs in 2018

2019 HIGHLIGHTS

Now seeing patients with special needs in an Operating Room setting as of April 2019. Plan to continue to grow the program with increased opportunity for surgical time at Fanny Allen and the medical center.

Removing Barriers to Care

GLOBAL AIM STATEMENT

To ensure all individuals have access to resources to receive the care and support they need to live healthy lives

TACTIC 1

Continue to include patient/family advisors in decisions around policies, programs, facility design, operations, and education at the UVM Medical Center in an effort to improve the quality, safety, delivery of care, and patient, family, and staff satisfaction.

2019 HIGHLIGHTS

- Number of Patient/Family Advisors: 165
- Number of UVMHC councils/committees to date that have included patient/family advisors : 194
- Advisors continue to be very active in projects across the organization that have significant impact on the quality, safety and delivery of care including but not limited to the Miller Building, EPIC implementation, the UVMHC standing quality, safety and ethics committees and engaged as collaborative partners with a focus on providing timely access to care

TACTIC 2

Take the American Hospital Association Institute for Diversity Healthcare Management's "#123 for Equity Pledge" and develop a road map for meeting the goals of the pledge

2019 HIGHLIGHTS

- Enhanced New Employee Orientation content; increasing employee satisfaction
- Launched "Belonging in the Workplace" sessions for leaders; over 70 attendees
- Provided in-person, tailored trainings and consultations for over 200 employees and 3 UVMHC affiliates
- Created and launched online-based, Transgender & Non-Binary Affirmation training for all staff
- Hosted LGBTQ+ Best Practices trainings for all staff

Substance Abuse

GLOBAL AIM STATEMENT

To improve the lives of people affected by substance abuse

TACTIC 1

Train and support UVM Medical Center's primary care teams on treating patients affected by substance abuse in a primary care setting

2019 HIGHLIGHTS

- Optimized the transition process between Addiction Treatment Program and Primary Care
- All new incoming Primary Care Providers are getting x-waivered (to allow them to prescribe Opiate-replacement medication)

TACTIC 2

Support the Emergency Department and the Inpatient Units by creating Guidelines to help individuals with substance abuse needs and offering treatment during longer stays.

2019 HIGHLIGHTS

- Continuation of the Pilot Project: Emergency Department Initiation of Buprenorphine to Expand Access to Medication Assisted Treatment for Opioid Use Disorder and expanded it to screen 100% of patients who go to the ED
- 111 patients were identified as having Opioid Use Disorder from 11/18-11/19 = 4% of the total ED patients)

FOR MORE INFORMATION

For more information, please contact
the Community Health Improvement Office
at **(802) 847-2278**.



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