2016 Community Health Needs Assessment Implementation Strategy (2017-2019)

Work-to-Date: Calendar Year 2018



University of Vermont
MEDICAL CENTER

WHAT'S INSIDE



TABLE OF CONTENTS

Introduction	3
Access to Healthy Foods	4-5
Affordable Housing	6
Chronic Conditions	7
Early Childhood & Family Supports	
Healthy Aging	9
Mental Health	
Oral Health	11
Removing Barriers to Care	12
Substance Use Disorder	13
Contact Information	16

Progress for each of the tactics has been reported to the Community Benefit/ CHNA Council over the last two calendar years; enclosed is a compendium of work completed in 2018.

Over the fall of 2017, Executive Sponsors and Accountable Persons for the need areas either attended an in-person Results-Based Accountability (RBA) training session or received relevant materials for review from Jason Minor, Director, Continuous Systems Improvement.

Accountable Persons continue to apply the RBA framework for their relevant tactics when possible.

The University of Vermont Medical Center's Community Benefit/CHNA Council selected nine needs for inclusion in the 2016 CHNA Implementation Strategy

(in alphabetical order):

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

Access to Healthy Foods

TACTIC #1

Develop a work plan for the expansion of culinary medicine.

2018 HIGHLIGHTS:

- The Culinary Medicine Team offered 6 classes in its Fall series, with 74 participants
- Several culinary medicine demonstrations were held for employees at satellite locations
- Increased outreach to businesses that would like to incorporate culinary medicine into their work places
- Two shared medical appointment (dietitian and physician) programs have been piloted at two sites: UVM MC's Comprehensive Pain Clinic and Adult Primary Care
- Food Pantry for Pediatric and Adult Cystic Fibrosis Population at UVM MC opened August 2018. Patients are referred using the Hunger Vital Sign screening tool
- The rollout of Social Determinants of Health (SDOH) screenings across UVM Medical Center adult primary care sites started at the end of 2017
 - 3 clinics are actively screening for hunger
 - 1 clinic has implemented a full Social Determinants of Health flow sheet

2016 IMPLEMENTATION STRATEGY - ACCESS TO HEALTHY FOODS CONTD.

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.

2018 HIGHLIGHTS:

- Pilot program on pediatric inpatient unit complete
- Partnership with Vermont Food Bank as a resource for patients with positive hunger screens
- Three adult primary clinics are screening for hunger
- One site has implemented a full Social Determinants of Health workflow; expansion to other clinics planned for early 2019

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.

2018 HIGHLIGHTS:

- The Hunger Vital Sign screening questions were integrated into the LeRoyer Emergency Assistance Fund application with 86 UVMMC employees completing application
 - 25 employees affirmatively answered "Within the past 12 months we worried whether our food would run out before we got money to buy more"
 - 11 of employees affirmatively answered "Within the past 12 months the food we bought didn't last and we didn't have money to get more"
- 23 employees received meal and grocery store gift cards
- 12 UVMMC departments receive the Working Bridges newsletter with information on resources

Affordable Housing

TACTIC

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.

2018 HIGHLIGHTS:

- The Mental Health and Housing Investment Committee has been formed and is chaired by the Chief Medical Officer
- UVMMC staff are apart of the Chittenden County Homeless Alliance

2016 IMPLEMENTATION STRATEGY - CHRONIC CONDITIONS

Chronic Conditions

TACTIC

Explore a care team model design for delivering high-value primary care that will support care coordination for the medical center's ACO attributed patient community.

2018 HIGHLIGHTS:

- A formal RN Care Management model implemented
- Hired RN Care Managers and supervisor
- Developed workflows, EPIC tools, and documentation standards
- Determined outcome measures

Early Childhood and Family Supports

TACTIC

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.

2018 HIGHLIGHTS:

- Creation of a Family Resources guide for providers to use with families who screen positively for food insecurity
- \$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 MC's pediatric primary care site

2016 IMPLEMENTATION STRATEGY - HEALTHY AGING

Healthy Aging

TACTIC

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

WORK-TO-DATE:

- UVM MC Nurse Practitioner has been available for tele consults through the outpatient Palliative Care program
- The Chief Physician of Palliative Care and regional partners have received two IRB-approved research grants to explore TelePalliative care in a rural area
- The TeleHealth Services team has installed equipment at Cathedral Square and Allen Brook Memory Center to enable tele-visits with UVM MC's Adult Primary Care in Essex
- In November, 2018, the TeleHealth team launched an Endocrinology Tele-Clinic at Northwestern Medical Center for follow-up visits for established diabetic patients

Mental Health

TACTIC

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

2018 HIGHLIGHTS:

- Network-wide mental health strategic plan completed
- Secured Green Mountain Care Board approval of a preliminary plan to invest at least \$21 million to create new inpatient mental health treatment capacity on the Central Vermont Medical Center's campus
- The Intermountain Model of Primary Care Integration has been adopted by the Network Leadership Council and Primary Care Council and will be rolled out across the Network

2016 IMPLEMENTATION STRATEGY - ORAL HEALTH

Oral Health

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.

The viability of this tactic will be reviewed in 2019.

TACTIC #2

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

2018 HIGHLIGHTS:

• Preparation for the OR program is in its final stages and patients will start being treated during the first quarter of 2019

TACTIC #3

Ensure the UVM Medical Center's Dental Clinic is represented on the Vermont Oral Health Coalition.

2018 HIGHLIGHTS:

• Several staff members from the dental clinic attend the Coalition's meetings

Removing Barriers to Care

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.

2018 HIGHLIGHTS:

- Number of patient and family advisors: 155
- Number of UVM MC councils/committees that have a patient family advisor: 175
- The Miller Building and EPIC Network Rollout are two examples of active projects that have actively engaged patients and families with the ultimate goal of removing barriers 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.

2018 HIGHLIGHTS:

- Program manager for the Equity, Diversity, and Inclusion initiative hired
- Five Year Strategic Plan for Equity, Diversity, and Inclusion published
- Launched the Equity, Diversity, and Inclusion Intranet page, which includes educational materials and resources for all employees

2016 IMPLEMENTATION STRATEGY - SUBSTANCE USE DISORDER

Substance Use Disorder

TACTIC #1

Train and support the medical center's primary care teams on treating patients affected by substance use disorder.

2018 HIGHLIGHTS:

- Four trainings were facilitated by the UVM Medical Center's Addiction Treatment Program and attended by:
 - Registered Nurse/Family Nurse Practitioners/Advanced Practice RNs: 46
 - MD/DO/Physicians Assistants: 25
 - Licensed Alcohol and Drug Counselors: 21
 - Other counselors (LICSWs, LCMHCs, LMFTs): 14

TACTIC #2

Support the Emergency Department to help individuals with substance use disorder needs.

2018 HIGHLIGHTS:

• The Pilot Project, Emergency Department Initiation of Buprenorphine to Expand Access to Medication Assisted Treatment for Opioid Use Disorder, went live on 11/15/18



QUESTIONS ABOUT THE IMPLEMENTATION STRATEGY?

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