Utilizing CHNAs to Move the Needle on Population Health

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Objectives

- Describe how to use Flex funding to analyze Community Health Needs assessments to determine a geographic region in need of additional resources

- Give examples of how to engage Critical Access Hospitals (CAHs), their community organizations, and partners to help meet the needs of the population they serve

The Intent

- Conduct an analysis of each hospital's Community Health Needs Assessment, and identify commonalities/areas of opportunity for geographic regions.
  - Utilized a U of M graduate student
- Provide strategic guidance and funding to the CAH's in an identified area, based on need.

The Results

- Area identified: Eastern Upper Peninsula

- Themes: Behavioral Health and Access to Care
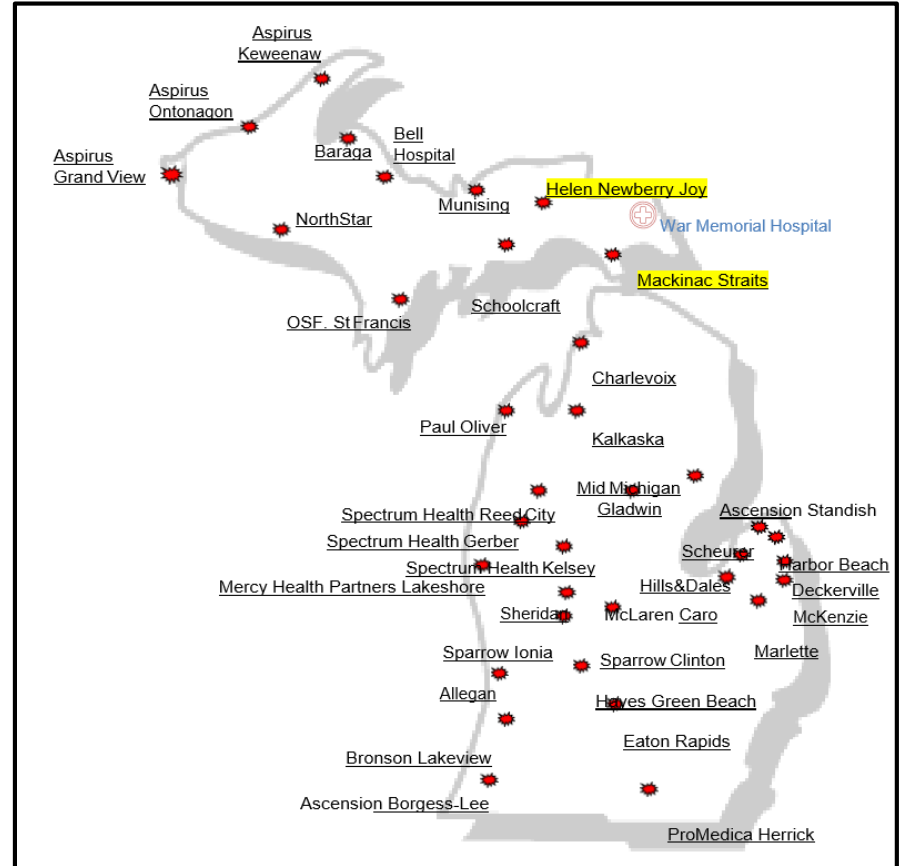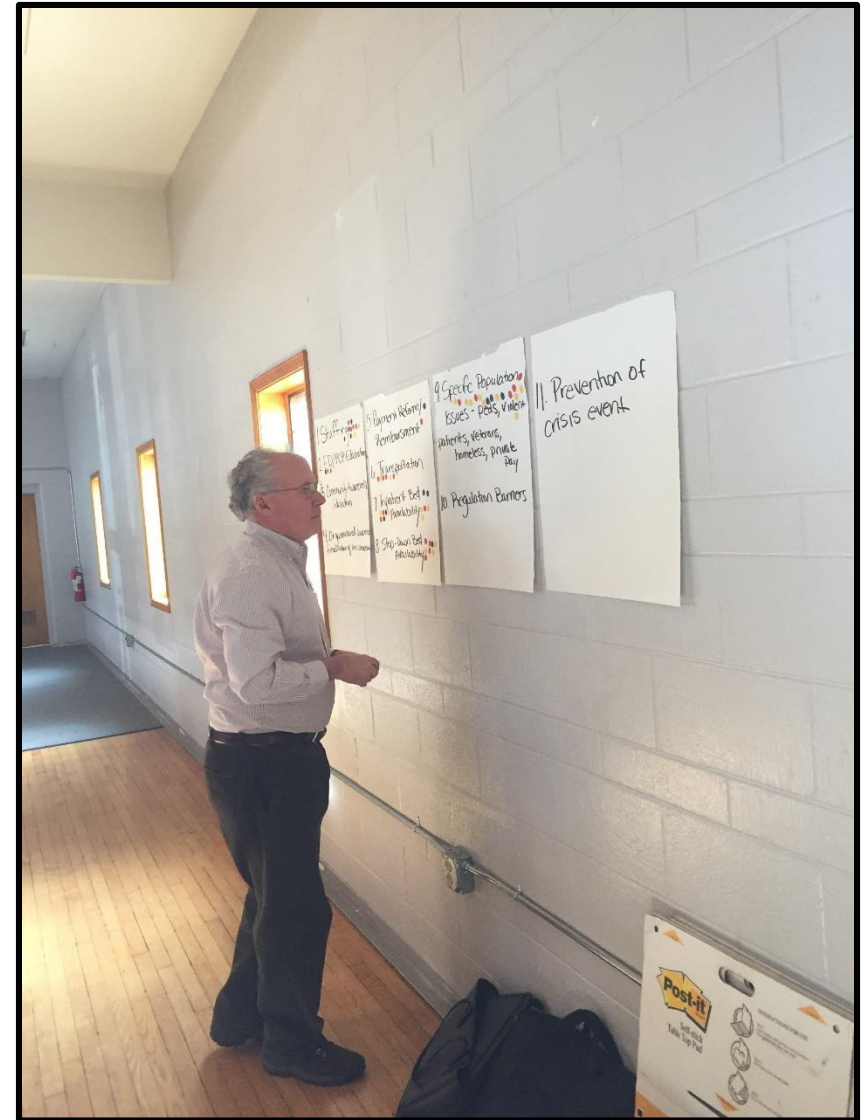
The Process

- Initial planning meeting including:
  - 2 CAHs, 1 rural Prospective Payment System (PPS), local public health departments, community mental health agencies, behavioral health providers (including 1 inpatient behavioral health center managed by the PPS hospital, local law enforcement, tribal health centers, and intermediate school district
- Goal: discuss the current services offered in the Eastern UP surrounding behavioral health, the barriers to offering these services, the current gaps in care, and potential solutions to addressing the gaps. **The intended outcome of the meeting is to have solutions brought forth that could be funded by the Michigan Center for Rural Health under the Medicare Rural Hospital Flexibility Grant Program**.
- Outcome: Behavioral Health Focus

What We Found

- NETWORKING and RELATIONSHIP BUILDING is key
  - The group wanted a platform to share best practices, lessons learned, and understand what services each organization provides
- The "solution" will likely not be one-size-fits-all

The Process: Updated

- **New partners!**
  - Long-Term care facilities, judicial system
- **Continued quarterly meetings, rotating locations**
  - Starting off each meeting with a high-level (de-identified) case study, with input on lessons learned and what went well
  - Peer Presentations on services provided
  - Education on possible "fundable solutions":
    - Shared telepsych platforms, recruiting additional mental/behavioral staff, training of existing providers
  - Tours of each facility

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Outcomes

- After 18 months, each hospital applied for funding to best meet their needs:
  - *Telehealth equipment, with a focus on mental/behavioral health patients and local outreach (training of local community organizations on how to best care for a person exhibiting mental health concerns – local emergency departments, local law enforcement/jails, etc)
  - Assisting in hiring an Licensed Master Social Worker (LMSW) who is embedded into the primary care offices
  - Purchasing of hardware (laptops) which will connect with a local Integrated Care service and a Crisis Residential service facility, and training of staff social workers to develop educational programs for clinical staff who work with patients requiring Substance Use Disorder (SUD) treatment.

*this was the PPS hospital – MCRH was able to utilize funds through a separate grant program

Ongoing

- Additional partners (including another CAH)
- Meetings facilitated by Upper Peninsula Health Care Solutions
  - A non-profit focused on creating opportunities of viability for health care providers in the Upper Peninsula of Michigan, and to improving access to quality health services for residents within their communities.

Questions?

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