



## **2013 COMMUNITY HEALTH RESPONSE PLAN**

**For The Medical Center**

**Columbus, Georgia**



**In June 2012, Columbus Regional Healthcare System, consisting of The Medical Center ("TMC"), Doctors Hospital and Hughston Hospital, along with St. Francis Hospital, commissioned an assessment of the community's health status. In response to that assessment, this Community Health Response Plan was developed specifically for Columbus Regional Healthcare System.**

## **Mission and Vision**

All three (3) hospitals and the other affiliated entities of Columbus Regional Healthcare System ("CRHS") share a common Mission and Vision. This Mission and Vision guide every decision and action of the leadership within all entities of CRHS.

Mission: The mission of Columbus Regional Healthcare System is to promote the health and healing of our patients.

Vision: To become nationally recognized for our clinical outcomes and world famous service.

## **Introduction**

Columbus Regional Healthcare System is located in Columbus, Georgia, and was established in 1986 as a not-for-profit health services organization. Prior to that, it was known as The Medical Center, serving its community with roots tracing back as far as 1836. Columbus Regional Healthcare System has grown to become this community's pillar of strength and stability, providing a comprehensive network of health and wellness services that touch lives across the region through medical advancements and compassionate care. Rich with history and an established community presence, CRHS is the region's most vertically integrated provider of healthcare.

The Medical Center (TMC) is the largest of three hospitals owned by CRHS, and is located in Muscogee County, Georgia. As the flagship facility, TMC represents longevity and stability, and serves its patients with pride and dignity, while also functioning as the community's safety net hospital. TMC serves a diverse community with a vast array of services to meet the healthcare needs of its population. With 413 licensed beds, TMC provides comprehensive inpatient and outpatient care including routine and specialized services in Neurosurgery, Orthopedics, Oncology, Women's and Children's Services, and Intensive Care. TMC houses the region's only Level II Emergency Trauma Center (ETC) and a Level III Neonatal Intensive Care Unit within a 100-mile radius, allowing those with specialized needs to receive needed care. TMC is a Children's Miracle Network hospital and jointly, money is raised to provide support to

the children in TMC's service area. TMC also operates an accredited graduate medical education teaching program consisting of a three-year Family Practice Residency Program of 36 residents and a one-year Transitional Program comprised of 5 residents. TMC is a stroke-certified facility and accepts life-flight helicopter services from throughout the region for its trauma and specialized services. TMC has an "open medical staff" meaning any physician, who meets the training and education requirements, and who has demonstrated quality practices, may apply for clinical privileges and if granted those privileges by the Board of Directors, those doctors may admit their patients to TMC. There are over 340 physicians on staff at TMC and over 1800 employees at this location alone. Annually, TMC has approximately 183,000 outpatient visits, 13,000 admissions, and is approaching 70,000 Emergency and Trauma Center visits. Beyond its main campus, TMC provides its hospital-based services at community-based locations including the John B. Amos Cancer Center (JBACC), the Breast Care Center, and Hamilton House Nursing and Rehabilitation Center.

CRHS's three hospitals are complimented by other programs operated through Columbus Regional Healthcare System including, but not limited to, a joint venture in the ownership and operation of two (2) free-standing imaging centers; two (2) urgent care centers operated under the name MyCare Urgent Care; three (3) retail pharmacy locations operated under the name MyCare Pharmacy; a joint-ventured, full-service home health agency operated under the name of Regional Home Health; and a management services agreement for the continuing care retirement center known as Spring Harbor.

Annually, CRHS provides multiple levels of funding to support community health awareness and healthy community programs. Through this support, health and fitness education programs for children, resources for the homeless, and health and safety services for the community are provided. Additionally, dedicated funding is provided to "Safe Kids Columbus". That program's aim is prevention of accidental injuries and deaths in children age 14 and under in TMC's service region. This is a partnership of community members, local healthcare facilities and the local health department, along with nearly 250 volunteers representing a united community. The Columbus Regional Medical Foundation is also committed to providing support to improve the health of current and future generations in CRHS's service areas. Foundation grants have been awarded in the past that benefited breast cancer patients, United Way's 10-year plan to end homelessness, cancer research and development, and technological advances that provided care to the smallest patients in TMC's NICU.

## **Our Commitment to Excellence**

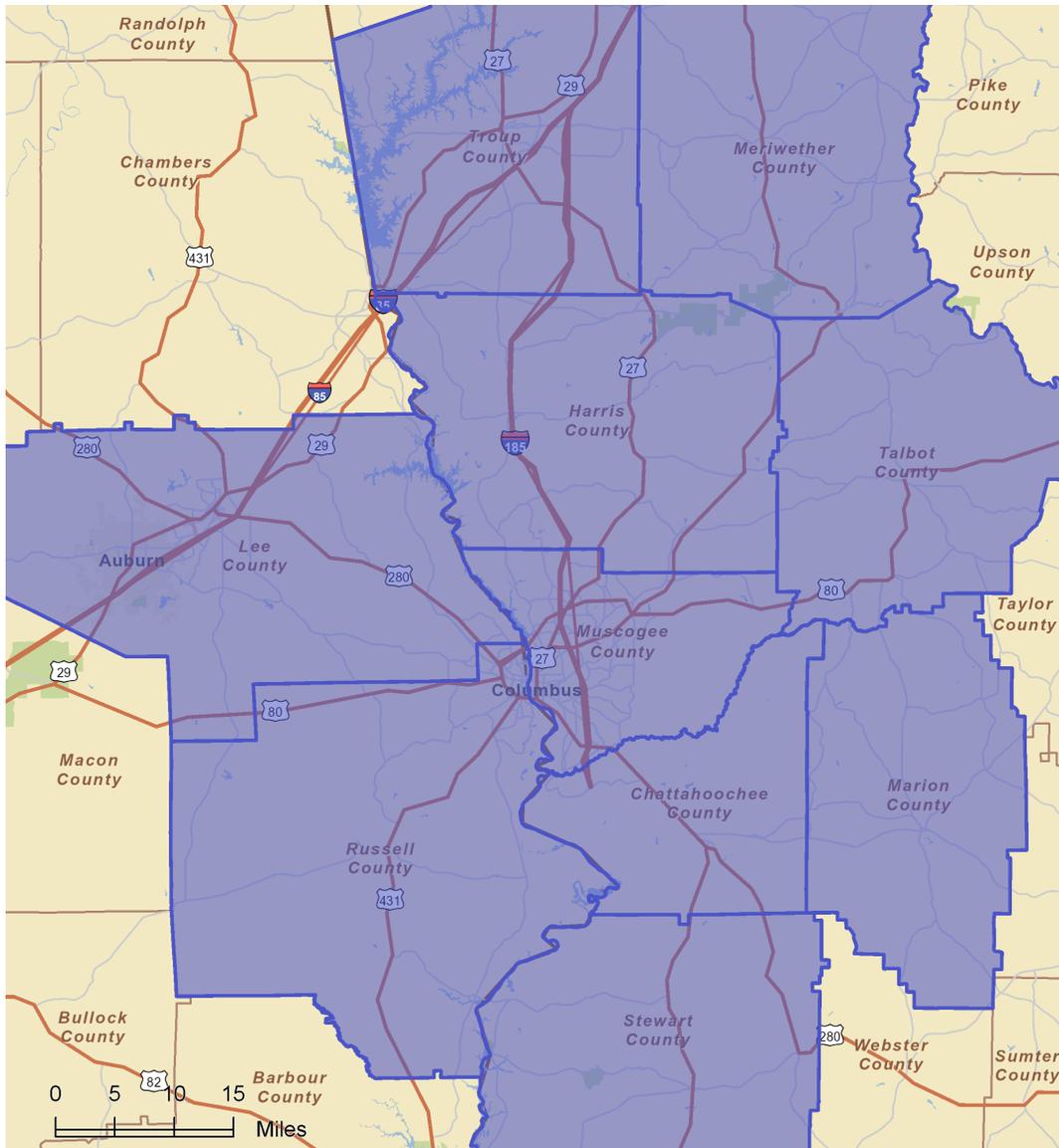
The overall approach of CRHS is to integrate the key strengths and mission of the organization with the identified unmet needs of the community served. In doing so, it is our belief that we will achieve and sustain an effective community response plan tailored to the specific needs in our service area.

The primary goal of CRHS's Community Response Plan is to respond to identified community needs, increase access to care, and improve the health status especially for the most vulnerable and underserved populations in our community. As part of the integrated healthcare delivery system known as Columbus Regional Healthcare System; The Medical Center, Doctors Hospital, and Hughston Hospital share their community needs assessment plans of response and direct care activities as a whole. Additionally, CRHS intends to lead, by example, within the healthcare community.

CRHS has implemented leadership accountability and an organizational structure for ongoing planning, budgeting, implementation and evaluation of our community response activities, which are incorporated into our multi-year strategic planning processes.

### **The Community Health Assessment Process**

CRHS's Community Response "Service Area" (SA), represented by Muscogee County, reports a 2010 population of 189,885 residents, with a racial make-up consisting of the following top three ethnicities: 46.3% White, 45.5% African American, and 6.9% Hispanic or Latino (2010 Census Bureau). The SA is noted to have a significantly higher percentage of chronic disease conditions relating to diabetes, heart disease, stroke, and cancer when compared with both state and national levels. These conditions have necessitated the development, operation and maintenance of community-focused services by a multitude of providers in the SA.



10-County Service Area ©2012 Esri www.esri.com/ba 800-447-9778

A formal community health needs assessment was completed in August 2012 by the independent research firm Professional Research Consultants, Inc (PRC). This assessment consisted of a systematic, data-driven approach to determining the health status, behaviors and needs of the residents of Muscogee County, Georgia. A community health needs assessment provides information that allows communities to identify issues of greatest concern. The goal of CRHS’s sponsored community health assessment was threefold: to identify needs that if addressed could lead to improved health status, increased life spans, and elevated overall quality of life; to reduce health disparities; and to increase accessibility to preventive services for all residents of Muscogee County, GA. The Patient Protection and Affordable Care Act (“Act”) was enacted by Congress in 2010. That “Act” put into place comprehensive health insurance reforms that could enhance the access to care for many Americans. A requirement of the “Act” calls for non-profit

hospitals to complete a community health needs assessment every three years in an effort to enhance the quality of health care. In accordance with those guidelines, the following report summarizes the findings of the most recently completed health assessment, and identifies and outlines an implementation plan to speak to those needs CRHS can reasonably help address.

CRHS's Community Health Response Plan has an implementation plan with the following components:

- Research Methodology
- Survey Findings/Priority areas identification
- 3-year strategy for implementation
- CRHS's Community Health Needs Action Plan
- CRHS's Programs and Services Addressing Community Health Needs

Recognizing the need for continued assessment and ongoing evaluation to ensure desired results and improved health status in the community, CRHS's Community Benefit Plan will evolve. This evolution will be evaluated by and shared widely with the community's stakeholders through publication of this plan and the findings of the assessment on the internet site of CRHS and through other media outlets, as well as sharing the report upon request in an electronic format or paper format.

## **Research Methodology**

The Community Health Assessment incorporates primary data collected by PRC, and publicly available secondary data consisting of qualitative and quantitative data, in order to reflect a more complete assessment of the health status in the community. The primary data from PRC is reflective of a population-based telephone survey with random sampling of residents in the community segmented by varying zip codes for ease of geographical identification. Those telephone surveys included landline supplemented with cell phone numbers. PRC recommended these survey findings be generalized to individuals versus households. To quantify individual experiences and behaviors, the Behavioral Risk Factor Surveillance System (BRFSS) was used by PRC which allowed for randomized sampling within the household. BRFSS is the national telephonic health survey system established by the CDC. Specifically, the BRFSS addresses such issues as medical conditions, access to care, and injury control. PRC then combined their customized community health survey findings reflective of general health status, primary care, access to healthcare services, use of alcohol and tobacco, disease screening, nutrition and physical fitness, just to name a few, with the BRFSS to complete their primary research.

Secondary data consisting of vital statistics and other readily available public health data was mined from various state and local sources including but not limited to: the Georgia Department of Public Health, the Centers for Disease Control and Prevention, and the National Center for Health Statistics.

The qualitative data in the Community Health Assessment came through input from key representatives in the community consisting of physicians, other health professionals, community leaders, business leaders, social service leaders, faith-based members and school district representatives. Focus groups provided the forum for this data collection and were arranged in advance to promote active participation. Opportunities for collective as well as individual input were provided and used in the overall assessment report drafted.

The final report generated by PRC produced an analysis of the survey findings, segmented by geographic and key demographic variables, comparisons of the SA to state and national benchmarks where available, and comparisons with Healthy People 2020 targets as applicable.

## Identification and Prioritizing Community Health Needs

The process for identifying and prioritizing the community health needs in CRHS’s SA included in-depth interviews and focus group forums from the key representatives noted above along with other community stakeholders, business and resource leaders, clinicians, social service providers, and CRHS senior leadership.

The following table represents the prioritization of the areas of opportunity specific to CRHS’s service area:

Areas of Opportunity	Needed Resources
Diabetes Mellitus	Education and Access
Lung Cancer and Tobacco Use	Resources, Screenings, Impact Awareness, Cessation Support and Education
Access to Health Services	Uninsured/Underinsured, Network of Physicians, Access and Availability
Heart Disease and Stroke	Awareness, Education and Affordability
Injury and Violence Prevalence	Awareness and Prevention
Sexually Transmitted Diseases	Education, Awareness and Family Involvement
Obesity and Related Diseases	Physical Activity, Education and Nutrition
Kidney Disease	Prevention, Education Awareness and Treatment Services
Nutrition	Nutrition Awareness, Availability and Affordability
Education on Health Services and Options	Awareness, Available Community Resources
Mental Health Treatment	Treatment Facilities, Education, Awareness
Coordination of Care	Case Management and Network of Physicians
HIV	Awareness and Education on Safe Behaviors
Homelessness	Food, Shelter and Healthcare

At first glance the above list of fourteen (14) priority community health needs would appear to be a daunting task to tackle. That is why CRHS must, and has, engaged other health care and social services organizations to assist in addressing these health and safety needs. Indeed, it is not CRHS's sole responsibility to resolve these needs but rather CRHS must play a leadership role in helping to coordinate care and services so as to conserve the limited fiscal resources of the state and federal governments, while reducing duplication of services and while also being a primary provider of services as feasible. Consequently, CRHS has selected nine (9) of the identified fourteen (14) priority areas upon which to focus its efforts and has split those nine (9) amongst its three hospitals for primary responsibility to implement the action plans accordingly, recognizing that coordination amongst its 3 hospitals and sharing of resources will be required to be supremely effective: The Medical Center shall primarily coordinate strategies to deal with diabetes, lung cancer, access to care and heart disease; Doctors Hospital shall primarily coordinate strategies to address the challenges of injury and violence prevalence, sexually transmitted diseases (STDs), and kidney disease; and Hughston Hospital shall primarily coordinate strategies to address the challenges of childhood obesity and separately, nutrition.

Of the five (5) remaining priority areas, CRHS still will develop and offer its services to help address these needs, along with other social service agencies and healthcare providers in the community. Specifically, the case managers of CRHS provide daily resources to community members on health services and options; additionally, the financial services department provides individuals with applications and support in filing for health insurance coverage or to secure coverage under the Muscogee County Indigent Care Program. For Mental Health Treatment service needs, CRHS has recently developed an agreement with The Bradley Center, a local addiction and mental health services provider, to provide 24/7 on-site assessment and stabilization of those with mental health needs who present to CRHS Emergency Trauma Center (ETC). Through this early intervention and the recently opened Crisis Stabilization Unit within TMC, CRHS is able to play an integral role through assessment and prioritization of those with mental health needs. The Coordination of Care needs are being addressed through the recently instituted CRHS Population Health Programs Coordinator role, whose job it is to reduce duplication amongst healthcare providers so that limited resources can be spread to reach more individuals in need. The HIV needs in the community are being addressed in the primary care practices operated by CRHS's affiliated entity Columbus Regional Physician Group, through the Family Practice Clinic, the Outpatient Clinic associated with the Muscogee County Indigent Care Program, and through coordination with the local Health Department. And finally, the needs of the Homeless are being supported by CRHS's appointment of one of its leaders to serve on the board of a local non-profit whose focus is to end homelessness. Therefore, as demonstrated in this part of the report, while the five remaining areas of opportunity will have more limited focus by CRHS necessarily, they are nonetheless being addressed by CRHS in many meaningful ways.

## **Survey Findings**

Development of this Community Health Response Plan relies on S.M.A.R.T. - **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**ime specific action steps. Use of the S.M.A.R.T. approach will support the process of ongoing evaluation through easier identification of areas that need modification and can reasonably be expected to be impacted by CRHS's efforts.

### Initiative #1

**Diabetes Mellitus** affects 25.8 million people, or 8.3% of the US population, is the 7th leading cause of death in the US, is a major cause of heart disease and stroke, and is the leading cause of kidney failure, non-traumatic lower limb amputations, and new cases of blindness of adults in the US (cdc.gov, 2010).

Between 2007 and 2009, Muscogee County reported an annual average age-adjusted diabetes mortality rate of 40.2 deaths per 100,000 population. This is much worse than the state (18.5) and national average (21.7) and is more than twice the Health People 2020 target of 19.6 or lower (healthypeople.gov). When broken down by race, the diabetes mortality rate in Muscogee County is more than twice as high among blacks as among whites showing 68.5 and 26.6, respectively.

CRHS's three-year goal is to create, facilitate and support effective and sustainable approaches that will address the needs of diabetics and those at risk for diabetes in our SA.

**Table 1. Diabetes Mellitus Initiative Timeline**

Year	Strategy	Rationale and Expected Impact	Person Responsible	Due Date
2013	Implementation of a Diabetes Center of Excellence	Evidence-based diabetes program development to increase education and outcomes for this population	Diabetes Center of Excellence Director	June 2013
	Minority Faith-based Organization	Identify two (2) local churches interested in diabetes-related education and aware presentations	Community Outreach Director	September 2013
	Partner with local school district	Collaboration of Certified Diabetes Educator (CDE) and school nurses to begin linking food choice and activity levels to weight and potential diabetes development in grades K-6	CDE, Population Health Programs Coordinator and School Nurse	October 2013
	Creation of a Diabetes Science Module	Dedicated week-long activities geared toward education on diabetes, health promotion, and the impact of sugar on tissues for middle schoolchildren	CDE, Population Health Programs Coordinator and Wellness Coordinator	November 2013

	Community Health Expos	Testing, pre-screening tools, and resources to educate the community about diabetes and ways to manage. Held at malls, churches, health department and other locations 6 times per year.	Diabetes Center of Excellence Director and Community Outreach Department	Throughout 2013
2014	Minority Faith-based Organization	Identify four (4) local churches consisting primarily of minorities and those negatively impacted by diabetes locally, to provide education, awareness and screenings on diabetes and related services	Community Outreach Director and Population Health Programs Coordinator	January 2014
	Partner with local school district	Collaboration of Certified Diabetes Educator (CDE) and school nurses to begin linking food choice and activity levels to weight and potential diabetes development in grades K-6.	CDE, Population Health Programs Coordinator and School Nurse	May 2014
	Community Health Expos	Testing, pre-screening tools, and resources to educate the community about diabetes and ways to manage. Held at malls, churches, health department and other locations 6 times per year.	Diabetes Center of Excellence Director and Community Outreach Department	Throughout 2014
	Minority Faith-based Organization	Continue partnership with local church and faith-based community to provide diabetes education, awareness and screenings to minorities and those negatively impacted by diabetes in our Service Area	Community Outreach Director and Population Health Programs Coordinator	January 2015
2015	Partner with local school district	Collaboration of Certified Diabetes Educator (CDE) and school nurses to begin linking food choice and activity levels to weight and potential diabetes development in grades K-6.	CDE, Population Health Programs Coordinator and School Nurse	May 2015
	Creation of a Diabetes Science Module	Dedicated week-long activities geared toward education on diabetes, health promotion, and the impact of sugar on tissues for middle school	CDE, Population Health Programs Coordinator and Wellness Coordinator	October 2015

Community Health Expos	Testing, pre-screening tools, and resources to educate the community about diabetes and ways to manage. Held at malls, churches, health department and other locations 6 times per year.	Diabetes Center of Excellence Director and Community Outreach Department	Throughout 2015
------------------------	--	--	-----------------

## Initiative #2

### Lung Cancer and Tobacco Use

The incidence of cancer and death rates for all cancers have been declining due to advances in research, earlier detection and treatment, yet cancer remains a leading cause of death in the US (US Department of Health and Human Services, 2010). Many cancers are preventable by reducing risk factors such as: use of tobacco products, physical inactivity and poor nutrition, obesity, and ultraviolet light exposure.

Lung cancer is now the leading cause of death among US women, surpassing breast cancer in 1987, and according to the Surgeon General's report, about 90% of all lung cancer deaths among woman who continue to smoke can be contributed to smoking (cdc.gov).

Between 2007 and 2009, there was an annual average age-adjusted lung cancer mortality rate of 60.2 deaths per 100,000 population in Muscogee County. This is worse than both the state (52.2) and national average (49.5), and fails to satisfy the Health People 2020 target of 45.5 (healthypeople.gov).

Contrary to the national experience, TMC's own John B. Amos Cancer Center's (JBACC) 2010 cancer registry shows the top 5 cancers, by site, to be breast 24.6%, Lung 14.3%, Prostate 9.0%, Colon 7.7%, and Non-Hodgkin Lymphoma (NHL) 2.4%. The SEER (Surveillance, Epidemiology, and End Results) 5-year relative survival rates (1999-2006) for lung cancer is 16%, while JBACC's rates are 13% comparatively.

**Cigarette Smoking** is the leading cause of preventable death in the United States, and approximately 443,000 Americans die each year from a tobacco-related disease (cdc.gov). Additionally, the cost from tobacco use is skyrocketing and nearing \$193 billion annually in medical expenses and lost productivity. Tobacco use is known to cause cancer, heart disease, lung diseases, and premature births (Healthy People 2020). Lung cancer is now the leading cause of death among US women, surpassing breast cancer in 1987. According to the Surgeon General's report, about 90% of all lung cancer deaths among woman who continue to smoke can be contributed to smoking (cdc.gov).

In Muscogee County, the 2012 cigarette smoking prevalence is 18.0%. This number is similar to the state and national averages; however, falls short of the Health People 2020 target of 12% or lower. Of note, 19.2% of women in child-bearing range (ages 18-44) in Muscogee County reportedly currently smoke. Given the increased incidence of low birth weight, premature birth, stillbirth, and risks for miscarriage associated with cigarette smoking, this is statistically significant.

**Table 2. Lung Cancer and Tobacco Use Initiative Timeline**

Year	Strategy	Rationale and Expected Impact	Person Responsible	Due Date
2013	Monthly Fresh Start Smoking Cessation Classes	This program provides monthly education, resources and tools to effectively stop smoking. Formatted by the American Cancer Society	John B Amos Cancer Center (JBACC) Education Services	Ongoing
	Tobacco-free Campus at CRHS	Enacted smoke-free hiring practices at TMC in June 2012 to promote healthier employees in our community. Encourage other employers to follow suit.	TMC CEO	Ongoing
	Community Education Series and Resource Center	Current Program Topics: effects of second-hand smoke, women and smoking, and impact on child-bearing	JBACC Education and Resource Center	April 2013
	Fundraising	Annual participation to-raise moneys for the community toward advancing cancer-related healthcare services and support.	The Columbus Regional Medical Foundation	May/June 2013
	Cancer Screenings	Bi-annual community-offered event for oral and neck cancer screenings and education on risk factors for early detection of head and neck cancers, which are known to be increased 15 times over for cigarette smokers versus non-smokers.	JBACC Leadership and Population Health Programs Coordinator	March and August 2013
	Measure of Success	Compare birth weight, premature birth and stillbirths occurring to women who smoke with those non-smokers and if a statistically significant difference exists, determine how to share with women in child-bearing ages.	Decision Support Services and Director Community Outreach with Health Department	September 2013

	Local School Partnership	Identify one local school partner willing to support annual educational offerings to student population on the risks of smoking.	Wellness Coordinator	September 2013
	Financial Support	\$20K donation from TMC to West Central Georgia Cancer Coalition to retain -employment of nurse navigator to assist those with limited access to resources	CRHS CEO and West Central Georgia Cancer Coalition	December 2013
<b>2014</b>	Monthly Fresh Start Smoking Cessation Classes	This program provides monthly education, resources and tools to effectively stop smoking. Formatted by the American Cancer Society	JBACC Education Services	Ongoing
	Community Education Series and Resource Center	Current Program Topics: effects of second-hand smoke, women and smoking, and impact on child-bearing	JBACC Education and Resource Center	April 2014
	Measure of Success	Evaluate impact of the information shared in 2013 on whether or not that would change a woman's use of tobacco if, based on comparing birth weight, premature birth and stillbirths, there was a difference occurring to women who smoke with those non-smokers.	Director Community Outreach with Health Department.	June 2014
<b>2015</b>	Monthly Fresh Start Smoking Cessation Classes	This program provides monthly education, resources and tools to effectively stop smoking. Formatted by the American Cancer Society	JBACC Education Services	Ongoing
	Tobacco-free Employers	Encourage other employers to follow the lead of CRHS in becoming tobacco-free.	TMC CEO/Other Senior Leaders	Ongoing
	Community Education Series and Resource Center	Current Program Topics: effects of second-hand smoke, women and smoking, and impact on child-bearing	JBACC Education and Resource Center	April 2015
	Fundraising	Annual participation to raise moneys for the community toward advancing cancer-related healthcare services and support.	The Columbus Regional Medical Foundation	May/June 2015

Financial Support	\$20K donation from TMC to West Central Georgia Cancer Coalition to retain -employment of nurse navigator to assist those with limited access to resources	CRHS CEO and West Central Georgia Cancer Coalition	May/June 2015
Measure of Success	Evaluate impact of the information shared in 2013 & 2014 on whether or not that would change a woman's use of tobacco if, based on comparing birth weight, premature birth and stillbirths, there was a difference occurring to women who smoke with those non-smokers.	Director Community Outreach with Health Department.	June 2015
Cancer Screenings	Bi-Annual community-offered event for oral and neck cancer screenings and education on risk factors for early detection of head and neck cancers, which are known to be increased 15 times over for cigarette smokers versus non-smokers.	JBACC Leadership and Population Health Programs Coordinator	March and August 2015
Local School Partnership	Identify one additional local school partner willing to support annual educational offerings to student population on the risks of smoking.	Wellness Coordinator	September 2015

### **Initiative #3**

#### **Access to Healthcare**

Access to healthcare refers to the timely use of personal health services to achieve and maintain optimal health status. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust. According to the survey findings, barriers to healthcare include: lack of health insurance, transportation and lack of local

physicians. According to the US census, the median income in Muscogee County, GA from 2006-2010 was \$41,331, while the official poverty rate was 15% in 2010. With a reported population of 189,885 residents, this level of median income equates to 18.2% of the population living below the poverty level (2010 Census Bureau). Among adults age 18-64 in Muscogee County, 22.7% report having no insurance for healthcare expenses. This number is higher than state (18.7%) and national (14.9%) findings. The Healthy People 2020 target is universal coverage (0% uninsured).

CRHS's Community Health Assessment shows 38.3% of Muscogee County adults report having some sort of difficulty or delay in obtaining needed healthcare services in the past year. This number was most represented by women, adults under 40, lower-income residents, and "other" races (non-white or black). This is similar to national findings.

**Table 3. Access to Healthcare Initiative Timeline**

Year	Strategy	Rationale and Expected Impact	Person Responsible	Due Date
2013	SOURCE Program Expansion	Seek state support to expand this program that facilitates access to community programs and non-traditional providers for Georgia Medicaid residents to minimize access to care issues, treat conditions in a lower cost setting as well as avoid readmissions following hospital discharge.	SOURCE Program Director and Medical Director	Ongoing
	Patient Financial Assistance	Trained individuals providing financial screenings to 70 patients per day at CRHS's main campus location to offer financial, medication, and transportation assistance to the uninsured and underserved populations in our community	Patient Financial Services	Ongoing
	Dedicated Physician Recruiters	Hire a second full-time physician recruiter to facilitate recruiting new specialists and family medicine practitioners joining CRHS thereby improving access to care for local residents	CRHS COO, CRHS Hospital CEOs (3) and the 2 Physician Recruiters	May 2013
	Giving Tree	Provide this independent start-up non-profit healthcare provider with the use of office lease space and furnishings at no charge to help them service the underserved as a new access point for care.	TMC CEO	May 2013

	Education Campaign	“Choose your Doctor” to be a new marketing campaign to encourage low income and those with little to no insurance to go see a physician. Partial funding for visit (or total funding if Muscogee County resident) to be available at certain sites: CRHS’s Family Practice Clinic, Valley Health Care’s FQHC, MercyMed, The Giving Tree, etc.	Senior VP Marketing and Director Community Outreach	September - November 2013
	Grow from 2 to 3 the sites for MyCare Urgent Care	Increased access to care through new site Urgent Care for minor injury and illness treatment	TMC CEO	November 2013
	340B Plan Participation	Consider a program whereby other local pharmacies can be satellites of TMC’s 340b program pharmacy for TMC patients. Increased access to lower cost prescription medications through multiple community-accessible pharmacies.	TMC CEO and Director Pharmacy	November 2013
2014	SOURCE Program Expansion	Seek state support to expand this program that facilitates access to community programs and non-traditional providers for Georgia Medicaid residents to minimize access to care issues, treat conditions in a lower cost setting as well as avoid readmissions following hospital discharge.	SOURCE Program Director and Medical Director	Ongoing
	TMC ETC Triage Program	Identify persons seeking care in the Emergency and Trauma Center (ETC) who do not have a primary care doctor and educate them on how to find, select and go to an Urgent Care Center or TMC’s Family Practice Clinic (FPC) so that a “regular” doctor-patient relationship with preventive care and screenings are used rather than ETC care which is costly and not preventive in nature.	TMC’s ETC Senior Director & TMC’s Chief Nursing Officer	March 2014
	Community Health Unit Bus	Increase access to care through Mobile Health Unit bus that travels into underserved areas and provides education and treatment for minor injury and illnesses	Community Outreach Director	November 2014
2015	Physician Recruitment	Continue to drive recruitment of new specialists and family medicine practitioners joining CRHS thereby minimizing lack of local resident access to care issues	CRHS COO, CRHS’s Hospital CEOs (3) and the 2 Physician Recruiters	Ongoing

Patient Financial Assistance	Continue providing financial screenings to offer financial, medication, and transportation assistance to help the uninsured and under-served populations in our community	Patient Financial Services	Ongoing
Community Health Unit Bus	Continue to use the Community Health Unit bus to reach economically challenged and underserved areas to address the unmet needs of the underserved and uninsured in our community	Community Outreach Director	Ongoing
SOURCE Program	Continue to use this program as a cost-effective strategy to help individuals best manage their own chronic illnesses, gain an understanding of how to avoid re-hospitalizations, and to lower the overall cost of healthcare.	SOURCE Program Director and Medical Director	Ongoing
TMC ETC Triage Program	Continued refinement of program developed to identify persons without a primary care doctor and encourage them to go to an Urgent Care Center or TMC's Family Practice Clinic (FPC) so that a "regular" doctor-patient relationship with preventive care and screenings are used rather than Emergency and Trauma Center care which is costly and not preventive in nature.	TMC's ETC Senior Director	March 2015
Ongoing Education Campaign	Continued advancement of "Choose your Doctor" marketing campaign to encourage low income and those with little to no insurance to go see a physician. Partial funding for visit (or total funding if Muscogee County resident) to be available at certain sites: FPC, Valley Health Care's FQHC, MercyMed, The Giving Tree, etc.	Senior VP Marketing and Community Outreach Director	September - November 2015
340B Plan Participation	Consider expanding the program described in 2013 Plan section whereby other local pharmacies can be satellites of TMC's 340b program pharmacy for TMC patients. Increased access to lower cost prescription medications through multiple community-accessible pharmacies.	TMC CEO and TMC Director of Pharmacy Services	November 2015

## Initiative #4

### Heart Disease and Stroke

Heart disease is the leading cause of death in the United States. About 600,000 people die each year in the United States from heart disease - that's 1 in every 4 deaths (cdc.gov). Heart disease alone costs the United States \$108.9 billion each year. This includes the cost of healthcare services, medications, and lost productivity.

Many of the risk factors contributing to heart disease are modifiable and primarily rely upon major improvements across the US population in diet, physical activity, weight control, smoking cessation, and control of high blood pressure, high cholesterol and diabetes.

Cardiovascular health is significantly influenced by access to educational opportunities, availability of and access to healthy foods, personal accountability, extracurricular activities in schools, opportunities for physical activity including access to safe and walk-friendly communities, quality of working conditions and worksite health, availability of community support and resources, and access to affordable, quality healthcare.

Between 2007 and 2009, there was an annual average age-adjusted heart disease mortality rate of 238.5 deaths per 100,000 population in Muscogee County. This is higher than the statewide rate of 195.3 and the national rate of 185.8 and fails to satisfy the Healthy People 2020 target of 152.7 or lower.

**Table 4. Heart Disease and Stroke Initiative Timeline**

Year	Strategy	Rationale and Expected Impact	Person Responsible	Due Date
2013	Exercise and Health Promotion	Site for senior yoga exercise program once weekly to promote heart-healthy activities along with education and partnered services within our community	Wellness Coordinator and Population Health Programs Coordinator	Ongoing
	Community Health Expo	Annual participation by CRHS physicians, pharmacists and clinicians to provide education, early detection and stroke screenings to promote overall health and wellness	Community Outreach Director, Population Health Programs Coordinator and Community Benefit	January 2013

	Medication education and Screenings	Twice monthly medication education and blood pressure screenings offered to the community to promote health awareness and wellness	Director Community Outreach, Wellness Coordinator and Pharmacy	January - April 2013
	Stroke Awareness	Community stroke education and screenings along with piloted telemedicine for stroke screenings to improve awareness, sign and symptom recognition, and assessment and response times	Neuroscience Center of Excellence Medical and Program Director	Beginning August 2013
	Partnership with Area Agency on Aging (AAA)	Provide annual blood pressure clinics to underserved aging to increase understanding of prevention and early detection of cardiovascular disease along with coordination of any needed follow-up	Community Outreach Director and Population Health Programs Coordinator	December 2013
	Interventional Cardiology	Develop an interventional cardiology program with recent CON award to improve access to care so individuals can be saved before a fatal heart attack. Also engage local cardiologists not only in new service planning, but in the analysis of why there is a higher incidence of mortality related to heart disease in the community and what they and CRHS can do to address the situation.	TMC CEO and cardiovascular staff	December 2013
<b>2014</b>	Exercise and Health Promotion	Site for senior yoga exercise program twice weekly to promote heart-healthy activities along with education and partnered services within our community	Wellness Coordinator and Population Health Programs Coordinator	Ongoing

Community Health Expo	Annual participation by CRHS physicians, pharmacists and RNs to provide education, early detection and stroke screenings to promote overall health and wellness	Population Health Programs Coordinator and Community Outreach Director	January 2014
Future site for Cardiac Center of Excellence	Development of Center of Excellence will create additional access to evidence-based cardiac care for the community provided through a multi-disciplinary team approach to include surgeons, neurologists (stroke care) and cardiologists along with primary care physicians.	TMC CEO	March 2014
Healthy Food Drives and Donations to Food Banks	Partner with local resources to provide education on heart-healthy food choices, increased access to healthy foods, and improve nutritional status through annual donations to local food banks and participation in food drives	Community Outreach Director	February and July 2014
Stroke Awareness	Community stroke education and screenings to improve awareness, sign and symptom recognition and onset of symptom to treatment times	Neuroscience Center of Excellence Director and Stroke Program Coordinator	Semi-annual screenings if not quarterly in 2014
Partnership with Area Agency on Aging (AAA)	Provide annual blood pressure clinics to underserved aging residents to increase understanding of prevention and early detection of cardiovascular disease along with coordination of any needed follow-up	Community Outreach Director and Population Health Programs Coordinator	December 2014

2015	Exercise and Health Promotion	Site for senior yoga exercise program twice weekly to promote heart-healthy activities along with education and partnered services within our Community	Wellness Coordinator and Population Health Programs Coordinator	Ongoing
	Interventional Cardiology	Continued enhancement of interventional cardiology program to improve access to care so individuals can be saved before a fatal heart attack	TMC CEO	Ongoing
	Community Health Expo	Annual participation by CRHS physicians, pharmacists and RNs to provide education, early detection and stroke screenings to promote overall health and wellness	Population Health Programs Coordinator and Community Outreach Director	January 2015
	Cardiac Center of Excellence Site	Further development of this Center of Excellence will create additional access to evidence-based cardiac care for the community	TMC CEO	March 2015
	Healthy Food Drives	Continue to partner with local resources to provide education , increased access to healthy foods, and improve nutritional status through annual donations to local food banks and participation in food drives	Community Outreach Director	February and July 2015
	Partnership with Area Agency on Aging (AAA)	Provide annual blood pressure clinics to underserved aging residents to increase understanding of prevention and early detection of cardiovascular disease along with coordination of any needed follow-up	Community Outreach Director and Population Health Programs Coordinator	December 2015

## SUMMARY

Providing a Community Benefit far in excess of the tax that would be paid on the income generated by The Medical Center and the other affiliates that when combined comprise Columbus Regional Healthcare System has been a part of Columbus Regional Healthcare System's commitment for over twenty-five years. Nurturing existing relationships and forging new ones within our community, aimed at improving the residents' quality of life is central to the CRHS mission. The physicians practicing medicine at The Medical Center and at CRHS's other facilities, along with CRHS's employees, volunteers, board and management are committed to the community and continue to endeavor to enhance the services and resources offered while continuously striving to bring forward innovative care delivery models and technologies. The Medical Center believes that by working in the community to target disease prevention as well as in providing disease management services it can and will make a difference. The Medical Center is pleased to present our 2013 Community Health Response Plan to the community along with our commitment to execute upon the various and numerous strategies outlined herein. By working together, with other social service and healthcare providers, and with the community at large, we expect to see material and sustainable improvements in the community's health status.

## APPENDIX

### CRHS's Partial Inventory of Programs, Services, and Resources Available Either Through The Medical Center or one of the other affiliates of Columbus Regional Healthcare System to Respond to the Needs of our Community

1. SOURCE - Services Options Using Resources in Community Environments. A program funded by the state with Medicaid funds, that matches case workers with individuals having chronic diseases. The intent of the program is to assist the program's participants to avoid hospitalizations and emergency care by providing a case worker to ensure appropriate preventative care is sought/secured and to ensure the patient's plan of care is being followed in their home setting.
2. John B. Amos Cancer Center (JBACC) – This state-of-the-art center focuses on the holistic approach to treating cancer by focusing not only on the body but also on the mind and spirit. Clinical Research Trials are available that offer new drugs believed by the FDA and the drug's manufacturer to offer a promise to improve clinical outcomes and survival rates. In addition to Clinical Trials, JBACC offers state-of-the-art Radiation Oncology equipment designed to promote best practices and optimal clinical outcomes.

3. The Children's Hospital at The Medical Center. This is both an inpatient and an outpatient program. The inpatient program includes a dedicated pediatric inpatient unit, pediatric intensive care unit, and a new Pediatric Emergency Department to open in June 2013. The outpatient services of The Children's Hospital at The Medical Center is a combination of local physicians and other specialists who travel to town; both offer specialized clinics in areas such as pediatric neurology, pediatric oncology, pediatric ophthalmology, pediatric orthopedics and pediatric cardiology to name a few.
4. Recruitment of New Physicians and Specialists – this program aims to attract the best and brightest physicians to the Columbus, Georgia community for them to not only practice medicine, but also as the ideal place to live and raise a family. Over twenty-three (23) recruitments are underway as of 2013, all in response to identified community need.
5. New Technology – Columbus Regional is dedicated to obtaining and facilitating the use of the latest technologies. From the four-arm robot used in surgery, to the latest in endoscopic equipment that uses small incisions versus traditional open surgery, the technologies our community needs are at Columbus Regional. Additionally, CRHS is installing a new single platform electronic medical record (EMR) to compliment its internet-based imaging results (PACS) system and its robust telemedicine infrastructure, so our community residents' medical records and imaging results are available to the patient's treating physician whether they are in Dallas, Texas or Columbus, Georgia. At Columbus Regional, the latest technologies are used to best ensure optimal clinical outcomes.
6. Muscogee County Indigent Care Program – provides healthcare coverage for individuals living in Muscogee County whose income is at or below 150% of Federal Poverty Level, and is funded by a tax assessment on Muscogee County residents.
7. Health Professional Education – numerous post-high school programs are affiliated by contract with the facilities of Columbus Regional Healthcare System to provide active clinical education sites to compliment the school classroom based experiences. The purpose of these programs in nursing, pharmacy, etc. is to increase the supply of caregivers.
8. Maternal-Fetal Medicine (MFM) Clinic and the Columbus Regional Physician Group OB/GYN Practice – these programs treat women without regard for their ability to pay, offering services to women of childbearing age and after childbearing age. The MFM clinic operates to manage high risk pregnancies and functions as an extension of the woman's obstetrical physician's practice.
9. Community Health Screenings and Education - offered throughout the year as a way to increase awareness of health topics and preventative medicine/lifestyles, to promote healthy behaviors and to encourage the early detection of illnesses and disease when intervention can be more successful and less costly.
10. Employee Giving Campaign – Columbus Regional Healthcare System employees are extremely generous and participate in both the organized annual giving campaign and in year-

round fundraisers benefiting various community agencies as they serve the needs of our local and surrounding communities.

11. Healthy Living for Seniors – This program offers Yoga classes and the 'Silver Sneakers' program aimed at promoting active lifestyles and mind/body/spirit healthy activities and behaviors for our service areas' senior citizens.

12. Local, State, and National Government Relations – CRHS seeks to be a valued resource to elected officials as they grapple with public policy issues and legislation that impacts the healthcare system and costs of those services for all Americans.

13. Survivorship Support Groups – these groups are organized by Columbus Regional Healthcare System throughout our many facilities to address the psychosocial needs of members in our community.

14. Programs for Expectant Mothers - to educate about, and monitor, healthy pregnancy.

15. Medication Education and Review - designed to provide community residents an opportunity to learn about medication interactions, effectiveness, and use as prescribed.

16. Stroke Education – these programs offered by CRHS seek to increase community awareness on the signs and symptoms of an active stroke along with the importance of timely response to mitigate the effects of a stroke, as well as to share disease-prevention strategies.