

Implementation Strategy: CH-F CHNA 2022

This Implementation Plan seeks to describe how the needs identified in CH-F CHNA will be met and needs identified that the hospital does not intend to meet.

CH-F recognizes that we are unable to meet every need discovered in the CH-F CHNA. Sometimes resources are not available to meet these needs or the hospital is not the best organization to take a leadership role. Additionally, some organizations are already working on solutions for some of these issues. The following describes how we intend to meet the needs we identified and, if we chose not to address certain problems, why.

Area of Concern	Addressed	Why/Why Not
Mental health concerns are growing among the population with limited means addressing it.	Yes	We continue to explore the limited options available to us in an effort to bring more services to our community.
Rates of insured are growing; however, the cost of care and ability of to pay for care continue to be a significant concern among our population.	No	We are consistently working to increase access to our charity care program and Medicaid; however, we are only able to address this issue for our patients and not for the community as a whole.
Substance abuse is a rising concern.	In exploration	We have recently received a grant to provide medication for addiction. We are working with a small population to determine if this is a viable service for us to provide.
Unhealthy behaviors, such as obesity, lack of exercise, low rates of preventive screening, alcohol and tobacco use etc., are significant and the downstream health impact takes its toll on our community.	Yes	We are aggressively working to increase patient access to preventative health measures.
The community expressed a significant need for an additional physician.	Yes	We are actively recruiting for an additional physician.
Lack of transportation to needed health or mental health services.	In exploration	This was a strongly identified need in our CHNA focus groups. CH-F is actively exploring existing resources and learning about how we can support greater transportation access.

Problem #1

Problem Statement: Mental health continues to be a growing concern among CHNA respondents and focus group members. We have offered a successful solution for the older population in our community but access to mental health services for those younger than 65 continues to be difficult to access.

Why? Mental health services are not well reimbursed by payors, insurance often does not cover needed services, stigma surrounds seeking help and providers are scarce.

Community Hospital-Fairfax Strategies: Community Hospital-Fairfax will work to increase access to mental health services for the under 65 population by increasing access to mental health appointments in the service area.

Timeline:

- Explore identified telehealth and mid-level services in 2022.
- Explore mental health services that can be provided in a RHC in 2022.
- Implement expanded services by January 2023.

Anticipated Impact: Increase available mental health provider appointments by 50%.

Anticipated Budget: \$25-30,000

Problem #2

Problem Statement: In the 2022 CHNA, it was strongly communicated that the community desires an additional primary care physician.

Why? Appointments are limited with current physicians.

Timeline: Anticipated successful recruitment-January 2024

Anticipated Impact: Increase physician primary care appointments by 30%.

Anticipated Budget: Recruitment fees and salary \$300,000 plus/annually.

Problem #3

Problem Statement: Unhealthy behaviors continue to plague area residents leading to downstream chronic diseases. While addressing the behaviors is challenging, CH-F continues to work to assist patients in better management of chronic disease.

Why? Chronic disease management ensures patients have access to expertise to manage their disease process.

Community Hospital-Fairfax Strategies:

- Increase Chronic Care Management to 15% of all eligible patients.

Timeline: 2024

Anticipated Impact: Increase compliance with chronic care management in patients with 2 or more chronic diseases.

Anticipated Budget: \$80,000