

## 2016 – 2019 CHNA REPORT CARD

Based on the health needs priorities identified in the 2016 Community Health Needs Assessment (CHNA), this report card demonstrates measurable progress made through programs and service offerings that have since been established or pursued.

Priority #1 – Access to Healthcare	
<p>Access to health services is limited, particularly for various at-risk populations. Identified issues include: overuse of hospital emergency department by non-emergency patients; limited transportation services in rural locations of service area; need for a 24-hour pharmacy; greater coordination and interface amount healthcare and social service providers need, particularly in treating at-risk populations; and needed follow-up medical care post hospital discharge.</p>	<p><b>Strategy Goals (by 2019)</b></p> <p><b>Increased availability of services at local clinics for non-emergent situations.</b></p> <ul style="list-style-type: none"> <li>• Expanded primary care urgent care services in January 2017. Urgent care hours were expanded to cover the hours of 6:30 AM – 8:00 PM Monday through Friday.</li> <li>• Expanded hours to cover holidays and days near holidays, for example, day after Thanksgiving.</li> <li>• Ambulance services expanded to a second location in Leopold. PCMH staffed a second crew to improve services to all county residents with a quicker response time.</li> <li>• Additional providers recruited to serve the needs of the community, including orthopedic services, pediatrics, and expanded urology services.</li> <li>• PCMH entered into a management services agreement with Ascension/St. Vincent Evansville in August of 2019 to continue to expand the breadth and depth of clinical services offered at PCMH.</li> </ul>
	<p><b>Greater awareness of existing services within the service area.</b></p> <ul style="list-style-type: none"> <li>• Walk-in welcome posted on website and ads (newspaper, social media).</li> </ul>
	<p><b>Increased collaboration among providers, potentially leading to an increase in services identified during the needs assessment (e.g., transportation, post hospital discharge follow-up and education, 24-hour pharmacy).</b></p> <ul style="list-style-type: none"> <li>• Unable to address.</li> </ul>

Priority #2 – Improved Access to Providers for Medical Diagnosis

Growing shortage of critical healthcare workforce is decreasing access to healthcare services. These shortages are also increasing wait times. Shortage areas identified include: primary care physicians; hospitalists; pediatrician; gastroenterology; dentist; mental health professionals; and dietician.

Strategy Goals (by 2019)

**Identify key physicians and other critical healthcare manpower shortage areas and specific recruitment needs.**

- Feedback provided.

**A plan to recruit healthcare professionals based on identified community needs.**

- In January of 2018, PCMH expanded the location of clinic coverage to support Spencer County with a Family Practice Clinic location in Rockport.
- In July of 2018, hospitalist services were added to the PCMH inpatient medical-surgical service. Hospitalists providing 24 hour in hospital care expanded the provision of primary care service to continuous 24 hour service. The hospitalist service enabled our local primary care physicians to be relieved of providing inpatient clinical services allowing more clinic office hours, expanding access.
- In September of 2018, a pediatrician was added to the medical staff. Pediatric services are provided in Tell City and Leopold.
- In December of 2019, primary care services were expanded by one clinic day per week in Spencer County. Another clinic day is scheduled to be added by mid-year of 2020.
- The volume of primary care visits has increased 30% to over 25,000 visits from 2016 to the end of 2019. This increased volume of patients demonstrated improvement in access.
- Another Family Practice physician will begin practice at the Tell City Clinic in March of 2020. Primary Care recruitment continues as part of the PCMH strategic plan.

**Increased pool of healthcare professionals available in the community.**

- Approximately 135 students observed or participated in internship opportunities each year.

Priority #3 – Access to Behavioral Health Services

Access to mental health and addition disease services is limited, particularly for various at-risk populations.

Strategy Goals (by 2019)

**Increased availability of mental health services within the community.**

- In July 2017, Virtual MD began providing behavioral health services via tele-health to both adult and pediatric patients. PCMH and Virtual MD have also extended service offerings to the two public school systems in Perry County. The volume of patients served through Virtual MD increased by 100% in 2018 from the number of patients served in 2017. The volume of patients served in 2019 increased an additional 20% over the volume served in 2018. Virtual MD and PCMH have secured a grant through the Indiana Rural Health Association to measure the effectiveness of tele-behavioral health services. This 3-year grant is managed by the University of Iowa. Primary Care providers have expressed great satisfaction with the timeliness, availability, and communication from this clinical collaboration.

Priority #4 – Deductible and Copay Costs

Address concerns for the rising costs of health care.

Strategy Goals (by 2019)

**Provider reimbursement, high deductible plans/co-pay costs/lack of health insurance.**

- In response to public concerns over the rising costs of health care, PCMH has worked to lower its operating cost and to reduce the rise in prices. In 2018, PCMH reduced outpatient laboratory prices by 75%. These lower costs were passed on to our resident, employer health plans, and insurance companies. PMCH will continue to respond to rising costs.