Community Health Needs Assessment (CHNA) & Action Plan Update 2014

Prepared pursuant to section 501(r) of the Internal Revenue Code
and posted for public review November 2014
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Introduction

Under the provisions of the Affordable Care Act of 2010, the Olmsted Medical Center is required to conduct a formal community health needs assessment every three years. The assessment is to include identification of the most pressing healthcare issues in the community, implementation of programs to address these issues, and documentation of progress towards meeting the needs on the annual Form 990 report. The Olmsted Medical Center completed its assessment and implementation strategy in 2013, and this document provides the details of the progress of the plan implementation during 2014.

Summary

To arrive at a true community-based health needs assessment, Olmsted Medical Center (OMC) collaborated with Olmsted County Public Health Services (OCPHS) and Mayo Clinic. These organizations have a long history of cooperation and collaboration with each other as well as with other community partners in addressing local health issues. The three organizations agreed that a joint health needs assessment survey was the best strategy for the community and began discussions in early 2012 regarding the opportunity to work together on a community health needs assessment (CHNA). The collaborative is referred to as the Olmsted County CHNA Core Group. The CHNA survey was completed in 2013 and the top 5 community health priorities were identified as mental health, obesity, diabetes, vaccine preventable diseases, and homelessness/financial stress. OMC determined that the homelessness/financial stress priority was beyond the scope of OMC’s mission and resources, but intends to participate in the community-wide efforts to address this most difficult issue.

OMC has been involved with the Olmsted County CHNA Core Group that meets monthly, the CHNA data subgroup that meets monthly and the Community Health Improvement Plan (CHIP) Large Group Meetings that meet quarterly (see Appendix 1: CHNA Core Group, CHNA Data Subgroup, and CHNA Work Group). These groups are actively working on a formal, community-wide CHIP that is being developed collectively with OMC, Olmsted County Public Health, Mayo Clinic and other community organizations. OMC currently is an active partner with the individual work groups associated with diabetes and vaccine preventable diseases.

OMC developed an internal work plan to address the four community health priorities of mental health, obesity, diabetes, and vaccine preventable diseases. The summary of the work plan and its first year of implementation follows.

Mental health: The OMC mental health team believes that access to mental health services, particularly early diagnosis and treatment, is a critical step in addressing mental health issues in the community. Because of the great demand for mental health services and the limited number of psychiatry and psychology clinicians, primary care clinicians are generally the first clinicians to encounter and to identify patients with mental health problems. There is a growing need for primary-care clinicians to be prepared to diagnose and treat those patients in a primary care setting. OMC will work to educate its primary care clinicians through yearly OMC Continuing Medical Education (CME) so that they will be capable of and comfortable in diagnosing and treating the basic mental health problems of their patients.

OMC’s Psychiatry and Psychology department is housed mainly in the Rochester SE clinic, but has outreach clinicians that see patients in the SE Family Medicine Department as well as the Byron branch clinic, Rochester NW clinic, and General Surgery department. Psychiatry and psychology services also are available in the OMC hospital’s new Women's Health Pavilion. These services have also reached the branch clinics through telemedicine. There were 119 telemedicine visits through October 2014 that touched patients in 17 different zip codes, compared to 58 telemedicine visits in 2013. Currently, a new flow chart for assessing level of risk and steps to address imminent risk of a suicidal patient has been developed and will be available to providers, nursing staff, and triage services when the final document is approved. These services will continue to be developed in 2015.

The mental health team in 2014 worked on producing a comprehensive source for information about all of the mental health services and sources of care in Olmsted County and made this available in a paper form as well as available on the OMC Intranet. OMC worked with the Southeastern Minnesota chapter of the National Alliance on Mental Illness (www.nami.org) and the Homeless Community Network in this effort.
Adult obesity: OMC believes that exercise is an important component of weight control and good health, and plans several approaches to promoting regular exercise within the community. OMC has opened the Sports Medicine and Athletic Performance building in NW Rochester and is offering exercise classes to OMC employees and to the community. OMC had planned to use a series of public service messages to help to inform the community about basic exercise facts and the relationship of regular exercise to good health, prevention of obesity, and longevity. While these messages were not deployed via traditional mass media in 2014, they were a consistent feature of OMC’s participation in regional health fairs.

OMC has used its growing telemedicine capabilities to offer weight counseling services to patients from surrounding areas that are unable to travel to Rochester because of illness, disability, or financial concerns. There are group programs on nutrition and weight control available to patients through OMC’s Patient Education department. OMC participated in an outreach program for patients living with chronic medical conditions, but has not been able to continue this service due to lack of participants and facilitators. This outreach program is still offered to area residents by community partner Elder Network.

OMC also started to identify, counsel, and track pediatric patients ages 3-17 whose BMI values are above the 85th percentile. This information is now being reported to Minnesota Community Measurements as another quality measure. A new health management indicator has allowed clinicians to document the counseling, education, and referrals that the patient and family have received to help manage obesity. This will be an indicator that can also be used in the adult population to help document the management of obesity in the future.

OMC is committed to improving the health of its own employees and families to serve as good examples to our community and customers. OMC has offered a voluntary health risk assessment as part of a Health & Wellness Program for the last two years to OMC employees and their spouses. The group data that is collected is confidential and provides a framework for how OMC can design a future employee wellness program. The health risk assessment plays an integral role in each individual’s lifestyle awareness and provides financial incentives encouraging healthier behaviors. Participants that score 71/100 or higher on their assessment are rewarded with a reduced 2015 personal insurance premium. Participants that score 70/100 or lower on their assessments may still receive this premium reduction by attending one of the following: a health coaching session, a group fitness class, a personal training session, a session with an OMC registered dietitian, diabetic educator, cardiac rehab specialist or pharmacist, or the Freedom from Smoking program by the American Lung Association.

Vaccine preventable diseases: OMC and Mayo Clinic collaborate with surrounding schools in the area to bring seasonal influenza immunizations directly to the students during their school day. Both OMC and Mayo Clinic supply support personnel to each school and administer influenza immunizations with parental permission to grade K-9 students in public and private schools. In 2013, 4,305 vaccines in 30 schools were administered. During 2014, the number of schools was expanded to 35 and 6,126 influenza immunizations were given collectively by OMC and Mayo Clinic. In the coming years, the plan is to add even more schools and vaccines to this program.

OMC did trial a Saturday immunization clinic at its Rochester NW office in the fall of 2013. The clinic did not have many participants and was deemed impractical and not continued into 2014. This will be addressed in the future again if the need arises.

OMC has worked to identify its adolescent patients who lack appropriate tetanus, diphtheria, pertussis, or meningococcal vaccines. OMC then notifies the patient and family to visit the clinic of their choice to receive the appropriate vaccine. Going forward, OMC will continue to use its web portal where feasible to promote this communication. Adults have also received notifications of vaccines that may be needed.

OMC is currently using pre-visit planning to identify vaccination needs of patients before their scheduled visits; needed vaccines then are given without the need for a specific clinician order. High-risk patients including those with diabetes, asthma, and congestive heart failure that lack the recommended immunizations will be identified through chronic disease registries and encouraged, through appointment-reminder phone messages and written/electronic communication, to receive the needed immunizations.
Diabetes: OMC has been working on improving the care of diabetic patients for the past 10 years and continues to make improvements in control parameters that are publicly reported through Minnesota Community Measurement (http://mncm.org/). OMC’s diabetes care program is led by a team of physicians including an endocrinologist, a psychologist, nurses, dietitians, diabetes nurse educators, and experienced quality improvement specialists. OMC operates a registry of over 2500 diabetic patients, which vastly helps caregivers manage this large population through regular reviews of diabetic care at office visits, identification of gaps in care, follow-up phone calls to schedule overdue appointments and appropriate tests, and pre-visit planning to make the most efficient use of the patient’s time with the clinician. The registry information is reviewed monthly at OMC’s Diabetes Core Team meetings and is shared with the Clinical Effectiveness Committee.

During 2014, the NW and SE Family Medicine departments’ quality improvement goal was to increase the percentage of patients with diabetes that received or maintained optimal care. Optimal care is considered to be an HgA1C <8, HgA1C in the last 12 months, LDL cholesterol <100, no tobacco use, and documentation of ASA/Plavix use. The goal was met during the year October 1, 2013 to October 1, 2014, when patients’ optimal care percentage increased from 31.82% (826/2596) to 37.82% (1078/2856). This six-point improvement was due largely to treatment collaboration between OMC’s diabetic registry team, the clinical nursing staff, clinicians, and patients.

OMC’s Diabetes Core Team plans to develop patient-specific action plans and standing orders for following the diabetes protocol related to laboratory monitoring. The goal of the Internal Medicine and Family Medicine departments for 2015 is to adopt standardized laboratory orders for diabetes and other chronic diseases. On every patient’s discharge summary is a diabetic care plan that can be customized prior to discharge to educate patients on their current lab values, their individual goals, and the overall plan to reach optimal health. The team will also devote more attention to exercise monitoring, an important component of weight control.

More emphasis on diabetic education is planned by incorporating three separate levels of instructional materials based on different levels of patient readiness per Prochaska’s “Stages of Change” theory. Basic diabetes education can be started with any of the nursing staff within the organization and the diabetic educators are available for more in-depth education. They use the teach-back method to assess the knowledge gained by the patient receiving formal diabetic education. This education is available through telemedicine to the branch clinics for those patients that are unable to travel to the Rochester SE office. There were 69 telemedicine diabetic education appointments year-to-date in 2014. The Patient Education department has also started a program to evaluate patients during a pre-surgical time to educate and review diabetic management post-surgically. Many diabetic patients require a change in their medical management during post-surgical hospitalization.
Description of the Olmsted Medical Center

Located in Rochester, Minnesota and surrounding communities, Olmsted Medical Center (http://www.olmstedmedicalcenter.org) is an integrated community healthcare provider known for convenient, easily accessible, and personalized primary care delivered in small clinic and hospital settings. Olmsted Medical Center offers the services of more than 20 medical and surgical specialists (Table 1). By written policy, OMC accepts all patients regardless of race, religion, age, gender, sexual orientation, source of payment, or ability to pay.

As a 501(c) 3 tax exempt healthcare organization, OMC cares for patients regardless of their ability to pay, and in 2013 provided community benefits of over $45 million (27% of total operating expenses).

OMC employs 165 clinicians and nearly 1,200 staff who provide healthcare services at 18 locations including two multi-specialty outpatient clinics in Rochester; physical and occupational therapy and sports medicine facilities; two walk-in FastCare® retail clinics; a walk-in clinic in downtown Rochester providing non-urgent care to the general public and University of Minnesota—Rochester students; a Level IV trauma hospital licensed for 61 beds with a 24-hour emergency department and BirthCenter; and primary-care branch clinics in 10 southeastern Minnesota municipalities (Figure 1). OMC is the sole healthcare provider in eight of these communities.

On an annual basis, OMC provides over 285,000 clinician visits for 77,000 individual patients, delivers over 860 babies, and performs over 4,000 surgical procedures.

Table 1: OMC Medical and Surgical Services

- Advanced Wound Healing
- Anesthesiology
- Anticoagulation
- Asthma & Allergy
- Audiology
- Bariatric Surgery
- Cardiology
- Dermatology
- Ear, Nose and Throat
- Emergency Medicine
- Endocrinology
- Family Medicine
- General Surgery
- Internal Medicine
- Neurology
- Obstetrics/Gynecology
- Occupational Medicine
- Ophthalmology
- Optometry
- Orthopedics & Sports Medicine
- Pain Management
- Pediatrics
- Pharmacy
- Plastic Surgery
- Podiatry
- Psychiatry/Psychology
- Radiology
- Rehabilitation Services
- Respiratory Therapy
- Sleep Medicine
- Sports Medicine & Athletic Performance
- Travel and Immunization
- Telemedicine
- Urology
- Women’s Health Services
Description of the Community

OMC considers the community it serves to be all of those patients who elect to receive services at its clinics and hospital, and estimates that 92,000 patients in its service area receive most or all of their primary care at OMC, although all patients are not seen annually. The majority of these patients reside in Olmsted County. OMC also believes that it has a duty to serve the community at large by working with the Olmsted County Public Health Service, other county health services, and other local organizations on health issues of general interest.

The community health needs assessment described here involves Olmsted County, Minnesota, which includes the cities of Rochester (population 106,769), Byron (population 4,914), Chatfield (population 1,206), Dover (population 735), Eyota (population 1,977), Oronoco (population 1,300), Pine Island (population 703), and Stewartville (population 5,916). The total population of the county was estimated at 147,066 in 2012. About 70% of Olmsted County residents live in the city of Rochester.

The ethnicity of the county population is shown in Table 2, and the age distribution is shown in Table 3. The demographics and ethnicity of the small communities that OMC serves outside of Olmsted County are similar except for an average age of about 10 years older than the Olmsted County population and less racial and ethnic diversity. For the years 2007-2011, 8.1% of Olmsted County residents lived at or below the national poverty level. Of note is that minorities now make up over 17% of the Olmsted County population; and 12.4% of the people over the age of 5 speak a language other than English in their homes. The Olmsted County School District reports that the most prevalent languages are Somali, Spanish, Cambodian (Khmer), Arabic, Vietnamese, Chinese, Lao, and Bosnian.

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Table 2: Ethnicity of Olmsted County Residents

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<tr>
<th>Ethnicity</th>
<th>Percentage</th>
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<tr>
<td>Caucasian</td>
<td>87%</td>
</tr>
<tr>
<td>Asian</td>
<td>5.6%</td>
</tr>
<tr>
<td>Black</td>
<td>5.3%</td>
</tr>
<tr>
<td>Latino</td>
<td>4.3%</td>
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<tr>
<td>American Indian and Alaska Native</td>
<td>0.3%</td>
</tr>
<tr>
<td>Hawaiian and Pacific Islander</td>
<td>0.1%</td>
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Source: [http://quickfacts.census.gov/qfd/states/27/27109.html](http://quickfacts.census.gov/qfd/states/27/27109.html)

Table 3: Age Distribution of Olmsted County Residents

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<th>Age Group</th>
<th>Percentage</th>
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<tr>
<td>Under age 5</td>
<td>7.3%</td>
</tr>
<tr>
<td>Under age 18</td>
<td>25%</td>
</tr>
<tr>
<td>Age 19-64</td>
<td>54.8%</td>
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<tr>
<td>Over 65</td>
<td>12.9%</td>
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In addition to the Olmsted Medical Center, there are several other healthcare resources and providers in Olmsted County as follows:

- The Bluestem Center ([www.bluestemcenter.com](http://www.bluestemcenter.com)) provides multidisciplinary evaluation with long-term follow-up for children, adolescents, and adults, with close integration of school and community support services. Bluestem specializes in complex learning and behavior problems, including neurodevelopmental disorders. Examples include adolescent mental health, attachment issues, Attention Deficit/Hyperactivity Disorder, Autism and Asperger’s Disorder, habit and tic disorders of childhood, interdisciplinary treatment planning, pervasive developmental disorders, play therapy, Post Traumatic Stress Disorder, and Tourette’s Syndrome.

- The Mayo Clinic ([http://www.mayoclinic.org](http://www.mayoclinic.org)) is a well-known healthcare system with locations in southeast Minnesota, southwestern Wisconsin, and northern Iowa. It operates two hospitals in Rochester and a very busy emergency department and trauma center serving all residents in Olmsted County, including uninsured and under-insured patients. OMC and Mayo Clinic share many patients and have a long-standing collaborative and cooperative relationship.

- The Migrant Health Clinic ([http://www.migranthealthservice.org/en/rochestermn](http://www.migranthealthservice.org/en/rochestermn)) serves migrant farm workers and their families in the community who are visiting Rochester and Olmsted County as migrant farm workers. OMC provides physician supervision for the physician assistant who staffs the Migrant Health Clinic.

- The Olmsted County Public Health Department ([http://www.co.olmsted.mn.us/ocphs/Pages/default.aspx](http://www.co.olmsted.mn.us/ocphs/Pages/default.aspx)) provides a broad spectrum of health and social services to residents of Olmsted County. In particular, OCPHS has received grants from the Minnesota Department of Health for work on the State Health Improvement Project, which concentrates efforts to address the problems of tobacco use, nutrition including infant nutrition, obesity, and physical activity. OMC has been a significant partner with OCPHS regarding infant nutrition and breastfeeding.

- The Salvation Army Good Samaritan Clinic ([http://salvationarmynorth.org/community/rochester/](http://salvationarmynorth.org/community/rochester/)) offers free medical and dental services to uninsured residents and refers many patients needing additional medical services to the Olmsted Medical Center.

- The Zumbro Valley Mental Health Center ([http://zumbromhc.org/](http://zumbromhc.org/)) provides adult and child psychotherapy, chemical dependency counseling, case management, crisis services, pharmaceutical services, emergency housing services, and a dental clinic to underinsured residents of Olmsted County. OMC shares many patients with the Zumbro Valley Mental Health Center.
Internal CHNA work group

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Acknowledgements

The Olmsted Medical Center wishes to express its thanks to the Olmsted County Public Health Service, Mayo Clinic, and all of the other participating organizations for their valuable contributions in the planning and conduct of this community health needs assessment. This was a genuine community effort that resulted in the strengthening of existing relationships and the formation of new relationships that will serve the community well as the organizations continue to work together to address the most significant health problems facing the people of this county.
Appendix 1: Membership of the CHNA Core Group, Data Subgroup, and the CHNA Work Group

**CHNA Core Group**

Olmsted County Public Health Services  
Olmsted Medical Center  
Mayo Clinic  
United Way of Olmsted County

**Data Subgroup**

Olmsted County Public Health Services  
Olmsted County Community Services  
Olmsted Medical Center  
Mayo Clinic  
Olmsted County Planning Department  
United Way of Olmsted County

**CHNA Work Group**

Childcare Resource and Referral/Head Start  
Family Services Rochester  
National Alliance on Mental Illness (NAMI) of SE Minnesota  
Olmsted County Community Services  
Olmsted County Public Health Services  
Olmsted Medical Center  
Mayo Clinic  
Migrant Health  
Rochester Community and Technical College  
Rochester Area Family Y  
Salvation Army  
United Way  
University of Minnesota Rochester  
Zumbro Valley Mental Health Center