COMMUNITY HEALTH NEEDS ASSESSMENT
IMPLEMENTATION STRATEGY

The Jewish Hospital – Mercy Health

IDENTIFYING INFORMATION
Hospital Name: Jewish Hospital, LLC dba The Jewish Hospital dba The Jewish Hospital – Mercy Health
Primary Address: 4777 East Galbraith Road; Cincinnati, Ohio 45236
Implementation Strategy Tax Year: 2014
Tax Identification Number: 27-1408630
Chief Executive Officer: Steven Holman, President, and Market Leader-Central Region
Implementation Strategy Approved by Board: 
Due Date for Form 990 Filing that Includes Implementation Strategy: 

PRIORITIZATION OF HEALTH NEEDS
The county level results of HCAN’s A Community Health Needs Assessment for Southwest Ohio and Southeast Indiana were supplemented with additional data from the following sources:

- “By the Numbers,” Mental Health Advocacy Coalition.
- Cancer Incidence and Mortality; Ohio Cancer Incidence Surveillance System.
- Chronic Disease Indicators; State/Area Profile; CDC’s National Center for Chronic Disease Prevention and Health Promotion; http://apps.nccd.cdc.gov accessed September 4, 2012.
- Clermont County Vital Statistics; Clermont County General Health District.
- County Health Rankings & Roadmaps; www.countyhealthrankings.org
- Diagnoses for All Hospital Admissions per Service Area (by zip code); Ohio Hospital Association.
- Policy Brief: Mental Health in Ohio; Health Policy Institute of Ohio, September 2009.

Priorities were established among identified health needs using a multi-level process incorporating the perspective of major stakeholders in the local community as defined in the IRS Notice and are relevant to the hospital’s defined service area. Local community leaders were invited to join hospital leaders and regional representatives for one scoring session. They were provided a list of health needs, conditions, or issues with data from HCAN’s report and the sources above, as relevant.

This process involved the scoring of each identified health need based on selected key criteria. Each criterion was also assigned a weight based on its relative importance in relation to the other key criteria. This scoring method created a rank order among the identified health needs.
IDENTIFIED COMMUNITY HEALTH PRIORITIES

- Access To Care
- Diabetes
- Cancer
- Heart Disease
- Mental Health

Access to Care

The Jewish Hospital Outpatient Clinic is designed to provide routine and preventative health care to patients in an ambulatory setting. These services include episodic, non-emergent, consequential health care to individuals who present with ongoing medical problems. The Clinic also provides care in specific on-site specialty clinics. Care is provided by specialty clinics upon referral from a Jewish Hospital staff or Clinic primary care physician. The Outpatient Clinic operates as an integral part of the Jewish Hospital, serving as a community health agency and as a teaching facility for the Hospital residency staff.

Health Partnership Program – This program links the uninsured working poor (<200% FPL) with physicians in private practice who agree to treat patients for a modest co-pay. An annual pharmaceutical benefit is provided, also with a small co-pay, at a discount through The Kroger Company. The Program staff conducts all eligibility screening and provides a membership card. The membership card is recognized by the staff in the physician's office and at the pharmacy, and so there is no stigma of a patient being treated as a “charity case.” The primary beneficiaries are the working poor, between the ages of 19 and 65. For the majority of Health Partnership Program members, their only recourse is an Emergency Department in a hospital or, in some communities, a clinic. Not all communities in greater Cincinnati have a local clinic. Many members were previously turned away by physicians and/or clinics when they could no longer pay their bills. The enrollment process is easy and simple. A new member can access the prescription benefit on the day of enrollment. Physicians like the program because patients have prescription assistance and because there is no paperwork for their office staff. The members
like it because they can maintain or improve their health and they are treated no differently than other private-pay patients. Most members participate temporarily. By staying healthy, they are able to improve their employment status. They move on to better jobs with health care insurance and retain the same physician. The Program counts non-traditional sources of income, like unreported pay from home-based businesses. The members receive assistance from a 'partner' who educates and advocates on their behalf. Members receive personal help to access pharmaceutical products/discounts; specialty clinics; social services; mental health services; and hospital services.

- Between the Outpatient Clinic and the Health Partnership Program, The Jewish Hospital provided $634,531 in prescription assistance for the indigent in 2012

**Diabetes**

In greater Cincinnati, as part of the Robert Wood Johnson Foundation’s Aligning Forces for Quality, a special focus has been placed on improving outcomes for people with diabetes. A majority of community based primary care physicians are now voluntarily reporting their population level outcomes for people with diabetes towards the goal of improving A1C scores. As a community, we have moved from 15% compliance with all five measures to 31% compliance.

Diabetes related initiatives specific to The Jewish Hospital – Mercy Health include:

- Pre-diabetes classes
  - Pre-diabetes is a condition that forms before diabetes. It means that blood sugar levels are higher than normal but aren’t high enough to be diagnosed as diabetes. Usually a fasting blood sugar level of 100-125 mg/dl indicates pre-diabetes. Pre-diabetes is a warning sign that allows people to take action to prevent or delay the onset of Type 2 diabetes. Diabetes educators who are also registered dietitians teach Mercy Health’s pre-diabetes classes. Each class includes information on making healthy food choices, exercise and blood sugar control, monitoring blood sugar levels.

- Diabetic screening and treatments for indigent patients are provided through the Outpatient Clinic and the Health Partnership Program, both hospital sponsored programs.

- Weight management has been shown to be an effective agent in the control or prevention of diabetes. The Jewish Hospital – Mercy Health has developed comprehensive programs for weight management.
- OPTIFAST Weight Loss Program
- Weight Loss Surgery – Gastric Bypass, Lap-Band and Gastric Sleeve procedures are available
- The Jewish Hospital Cholesterol and Metabolism Center
- Diabetic educators

Cancer

The Jewish Hospital – Mercy Health has been a leader in cancer care for the Cincinnati community.

- Most recently, The Jewish Hospital – Mercy Health was the first Cincinnati hospital to acquire a Gamma Knife, a technologically advanced solution used for the non-invasive treatment of brain cancer and neurovascular disorders. The Jewish Hospital’s multi-disciplinary team is comprised of radiation oncologists, neurosurgeons and nurse navigators who work together to create the Gamma Knife treatment plan and perform the procedure. Gamma Knife can provide treatment alternatives to patients for whom traditional brain surgery or radiation therapy are not options.
- The Jewish Hospital – Mercy Health has the region’s first and most experienced blood and marrow transplant unit. The unit treats about 100 patients per year and is accredited by the Foundation for the Accreditation of Cellular Therapy (FACT). FACT accredits bone marrow transplant programs that have demonstrated an exceptional level of quality patient care. The program also utilizes weekly multidisciplinary conferences to coordinate care for all inpatients and those patients progressing to transplant. These meetings include all 4 of our BMT physician, the nurse practitioner working with the oncology clinic staff, as well as research, transplant coordinators, clinicians, and management. There is also a weekly Pathology conference where select cases are reviewed along with their pathology slides.
- In addition to these high technology community resources, The Jewish Hospital – Mercy Health operates the region’s largest mobile mammography program—performing around 30,000 mammograms every year. The primary goal is to deliver mammograms quickly, conveniently and accurately to the places where women live and work. The vans are equipped with the same digital equipment found in our hospital Breast Center and we staff them with all-female technologists. We believe every woman should be screened for breast cancer. We work with the American Cancer Society and the Avon Foundation to provide financial assistance to women who are uninsured or underinsured.
- Active promotion and sponsorship of multiple “Be the Match” events annually. Every year, thousands of people of all ages are diagnosed with blood cancers like leukemia or lymphoma, sickle cell anemia or other life-threatening diseases. Many of them will die unless they get a bone marrow or cord blood transplant from a matching donor. Seventy percent of people do not have a donor in their family and depend on the Be The Match Registry to find a match to save their life.

- In partnership with the American Cancer Society, and thanks in part to support from the David Wayne Fund, The Jewish Hospital has been established as a host site for this mini wig salon on the first floor of the hospital campus. The American Cancer Society provides the high-quality synthetic and human hair wigs available at the salon. The Jewish Hospital provides the space and volunteer staffing for the salon.

- Community events, screenings and lectures will continue on cancer related topics to promote prevention, early detection and raise awareness of treatment options

**Heart Disease**

The Jewish Hospital – Mercy Health has a long and rich history of caring for the hearts of our Greater Cincinnati residents. We were among the first in the Tristate to perform open-heart surgery in 1969. We were the first in Southwest Ohio to perform open-heart surgery in a suburban location, in 1996. With catheterization and electrophysiology labs equipped with state-of-the-art technology, we’re able to provide the widest breadth of cardiac stents, pacemakers, implantable defibrillators and more.

From a more preventive / health maintenance perspective, The Jewish Hospital – Mercy Health offers:

- The Jewish Hospital Cholesterol Center is another resource for heart patients. It is internationally renowned for its treatment and research of cholesterol-related disorders. Services include physician consultation and individual diet instruction from registered dietitians. The Jewish Hospital Cholesterol Center is frequently published in research journals around the world for cutting-edge investigation and treatment.

- The Jewish Hospital was the first in the Tri-state to establish a cardiac rehabilitation program. The cardiac rehabilitation program helps cardiac patients lead better, healthier lives through education and exercise. The program is staffed by cardiac nurses, dietitians and exercise specialists. They provide direction and support in exercise, low-fat diets, stress reduction,
smoking cessation and other healthful practices. Programs are customized to meet the needs of each patient. The cardiac rehabilitation program is for patients recovering from coronary bypass surgery, angina (chest pain), angioplasty and heart attacks. It's also beneficial for patients dealing with circulation problems, diabetes, lung problems and valve disorders. The Jewish Hospital-Mercy Health offers all three phases of cardiac rehabilitation.

- The Heart Institute of Mercy Health has teamed with HealthFair, the national leader in mobile screening services, to deliver affordable and convenient mobile heart screenings and extend Mercy Health’s network of care throughout Cincinnati. HealthFair is the only mobile screening company with Joint Commission Accreditation, ensuring superior quality and dedication to customer service. This mobile service offers several screening packages to test people for their risk of heart attack, stroke, aneurysm and other major diseases.
- Continue the ongoing Mercy Health Physician community seminar series and ensure sufficient program content on cardiovascular issues
- Provision of community health fairs / screening events that include screening for blood pressure and cholesterol levels.
- Mercy Health is a corporate sponsor of the Heart Mini-Marathon that raises community awareness and support for heart disease and stroke.

**Mental Health**

Through our local corporate parent, Mercy Health, initiate a collaborative care model structured similar to the IMPACT program as developed by The University of Washington. This model will focus on providing more coordinated depression care in our primary care physician offices. This program will be developed and implemented within the 2013 /2014 time frame.

The model consists of five essential elements:

**Collaborative care is the cornerstone of the IMPACT model**

- The patient's primary care physician works with a care manager to develop and implement a treatment plan (medications and/or brief, evidence-based psychotherapy)
- Care manager and primary care provider consult with psychiatrist to change treatment plans if patients do not improve
Depression Care Manager - This may be a nurse, social worker or psychologist and may be supported by a medical assistant or other paraprofessional. The care manager:

- Educates the patient about depression
- Supports antidepressant therapy prescribed by the patient's primary care provider if appropriate
- Coaches patients in behavioral activation and pleasant events scheduling
- Offer a brief (six-eight session) course of counseling, such as Problem-Solving Treatment in Primary Care
- Monitors depression symptoms for treatment response
- Completes a relapse prevention plan with each patient who has improved

Designated Psychiatrist:

- Consults to the care manager and primary care physician on the care of patients who do not respond to treatments as expected

Outcome measurement:

- IMPACT care managers measure depressive symptoms at the start of a patient's treatment and regularly thereafter. Consideration will be given to the PHQ-9 as a measurement tool.

Stepped care:

- Treatment adjusted based on clinical outcomes and according to an evidence-based algorithm
- Aim for a 50 percent reduction in symptoms within 10-12 weeks
- If patient is not significantly improved at 10-12 weeks after the start of a treatment plan, change the plan. The change can be an increase in medication dosage, a change to a different medication, addition of psychotherapy, a combination of medication and psychotherapy, or other treatments suggested by the team psychiatrist.

Source: [http://impact-uw.org](http://impact-uw.org)