



**Community Benefit Plan  
Fiscal Year 2016**

### Elliot Hospital FY 2016 Community Benefit Plan

Following the completion of the Greater Manchester 2013 Community Needs Assessment (CHNA), Elliot Health System (EHS) continued to work with Catholic Medical Center (CMC) and the City of Manchester Health Department to develop a community benefit plan that aligned with the Healthy People 2020. Those needs and EHS' planned activities to meet those needs in FY2016 are described in the pages that follow.

#### **1. Access to Care – General – 100 & 127**

**Defined Community Need:** As part of the Manchester CHNA, information using two categories; data obtained through insurance information (Medicaid enrollment, amount of physicians, etc.), and a survey asking "why might someone have a program accessing various health services". The results show the top five reasons in ranked order: (1) Cost of services/lack of insurance, (2) lack of information, (3) lack of transportation, (4) too long a wait for services, (5) language barriers.

Ongoing Collaboration with Manchester Community Health Center (MCHC) and Child Health Services (CHS): EHS has committed to provide cash and in-kind donations to MCHC, a Federally Qualified Healthcare Center (FQHC), and CHS by way of providing support services in Finance, Accounting and Lab as well as financial support of these two centers. Such donations allow for these two organizations to remain viable healthcare options for the HSA's most underserved populations.

Elliot Hospital has also provided space for MCHC's 2<sup>nd</sup> FQHC site on Elliot's main campus. This allows for increased access for patients on the East side of Manchester. The office is on a major bus route and is easily accessible.

In addition, EHS is committed to educating future healthcare professionals and serves as a primary teaching site for medical, nursing and allied health professionals in the region.

<b>Key Activities</b>	<b>FY15 Outcomes</b>	<b>FY16 Planned Outcome</b>	<b>Estimated FY16 Costs</b>
Donation – Cash to Cmty Access Agencies	Cash Donations to smaller health related community agencies totaling \$341,212	Maintain Support	\$340,000
Donation – Services to Community Access Agencies	Donations of Services including Engineering, Lab, and Financial; Cost \$156,389	Continue to Donate services	\$157,000
Consultation with Ambulatory Social Work	Ambulatory Social Work and Pastoral Care assisted 34 people in preparing and executing Power of Attorney & Advance Directive forms at no charge; Cost \$1,395	Continue Providing services	\$1,400
Health Professions Education	Approximately 523 students took part in internships and residencies including EMS providers, Nurses, Physicians, and several other Allied Health Professionals at a cost of \$995,446	Continue supporting Health Profession Education	\$1,000,000
Subsidized Services in Primary Care & Community Health	Provided primary care and community health services – open to general public regardless of ability to pay under an EHS subsidy of \$2,948,108	Continue to provide services	\$3,000,000

**2. Chronic Disease and Prevention/Care General - 300**

**Defined Community Need:** Patients requiring ongoing care for chronic conditions need to be supported with an integrated, coordinated system ranging from primary care to specialist consults and community-based interventions are needed to compliment these services. It is imperative that the community and all of its providers collaborate to prevent chronic disease and produce more desirable outcomes. In this one specific area, we recognize that Asthma is a growing issue in the Manchester Health Service Area, and EHS has been working on a multi-year, multi-step Asthma Collaborative. This initiative has the goals of increasing patient identification through standardized diagnosis, increasing provider and patient education and improving patient care through standardized care guidelines and decreased ED usage. The collaborative extends the continuum of care from pediatrics through adult primary care medicine. It also extends to our emergency department and urgent care centers as well as appropriate specialty providers.

<b>Key Activities</b>	<b>FY15 Outcomes</b>	<b>FY16 Planned Outcomes</b>	<b>Estimated FY16 Costs</b>
Support Groups for patients and caregivers	Support groups for managing chronic illnesses including cancer, and chronic pain. \$19,585	Continue these support groups.	\$20,000
Subsidized Cardiac Rehabilitation Services	Provided continued cardiac rehabilitation services beyond the standard of care under EHS subsidiary of \$301,072	Continue to subsidize service.	\$300,000
Subsidized Pulmonary Medicine Program	Provided pulmonary services for patients afflicted with COPD under an EHS subsidy of \$1,087,479	Continue to subsidize service.	\$1,000,000
Subsidized Rheumatology Program	Provided Rheumatology services for patients afflicted with chronic arteries and other joint disorders under an EHS subsidy of \$294,382	Continue to subsidize service.	\$295,000
Subsidized Palliative Care Services	Provided Palliative Care services to patients and families suffering with terminal chronic illnesses under an EHS subsidy of \$255,132	Continue to subsidize service.	\$260,000

**3. Mental Health Prevention/Care – 370**

**Defined Community Need:** Mental and Behavioral Health issues are a growing concern for the Manchester HSA therefore Elliot Health System has been working diligently with local and state officials to address the ever growing mental health issues in the State of New Hampshire. Some of the issues are long wait times for bed placement, the lack of inpatient psychiatric beds at the state hospital, long durations in the Emergency Departments putting a strain on Emergency Department resources but also not an appropriate site for the level of care these patients need.

In 2015, we took co-location one step further and started an integrated care program at three of our sites. This integration creates access to a therapist while patients visit with their primary care providers. In this model, we offer short term treatment of 6-8 sessions of therapy to get the patient back on their feet as soon as possible.

<b>Key Activities</b>	<b>FY15 Outcomes</b>	<b>FY16 Planned Outcomes</b>	<b>Estimated FY16 Costs</b>
Subsidized Service – Outpatient Behavioral Health Last year alone we completed 21,858 visits in our outpatient clinics	Cost - \$607,713	Continue to Provide Critical Service	\$610,000
Subsidized Service – Psychiatric Intensive Care	Cost - \$727,411	Continue to Provide Critical Service	\$730,000

**4. Obesity – Diabetes, Poor Eating Habits, 300 & 330**

**Defined Community Need:** According to the CDC, physical activity and eating a diet high in fruits and vegetables can decrease the risk of heart disease, stroke, high blood pressure, Type 2 diabetes, Breast & colon cancer, falls and depression.

<b>Key Activities</b>	<b>FY15 Outcomes</b>	<b>FY16 Planned Outcomes</b>	<b>Estimated FY16 Costs</b>
Subsidized Services – Diabetes Clinic & Outpatient Services	Provide comprehensive diabetic care from nutrition, to exercise to medication management for people managing diabetes \$258,362	Continue to Provide Critical Service	\$260,000
Subsidized Services – Endocrinology Clinic	Provides comprehensive medical care for patients managing diabetes and other chronic endocrine disorders under an EHS subsidy \$255,488	Continue to Provide Critical Service	\$256,000

**5. Aging Issues: Stroke, Medication Coordination, 501, 604**

**Defined Community Need:** The number of adults age 65 and older is expected to increase 18% through the year 2018, with many of the towns within the HSA experiencing over 30% growth in this age group. This is significant given a 2012 report from the University of New Hampshire Carsey Institute which notes that the aging population will increase the cost of providing state and local services.

<b>Key Activities</b>	<b>FY15 Outcomes</b>	<b>FY16 Planned Outcomes</b>	<b>Estimated FY16 Costs</b>
Subsidized Service – Geropsychiatric Program	\$2,134,709	Continue to Provide Critical Service	\$2,100,000
Medication Management Program	\$81,039	Continue to Provide Critical Service	\$81,000
Subsidized Service Pearl Manor Fund	\$91,700	Continue to Provide Critical Service	\$90,000