Mercy Hospital, Iowa City

Discussion of past actions

2018 Prioritized Health Needs

2018 Implementation Strategy

Discussion of Past Actions

Health Need/Our 2015 Intended Actions	Impacts of Actions Taken
 Access to Primary Care physicians Operate a clinic in Cedar county Support Free Medical Clinic 	We operate two clinics in Cedar county: one in Tipton and one in West Branch. Since 2015 we have maintained a provider staff of 6 and have maintained our visit volume at 1500 per month. Although the number of primary care providers is still low, our county indicators show it rising from 16.3 to 27.2 per 100,000 although the indicators are quite lagged. We continue to provide radiology exams to Free Medical Clinic patients. Although the patients are seen in the clinic, they receive the exams in our hospital. In 2018, we provided 173 exams to patients from this clinic.
 Cancer Develop a lung cancers creening program 	We developed the low-dose CT screening program in 2015. The volumes for 2016, 2017, and 2018 were 64, 141, and 340 respectively. By the end of 2017, 15 % of participants screened positive and were contacted for follow up. Our county indicators show our area mortality from cancer falling from 168 to 157 per 100,000 population although the time periods measured are quite lagged.
 General Health Support Blue Zone a ctivities 	Mercy was the first certified Blue Zones work site in Johnson county. We have a wellness committee which has initiated several wellness related activities: free yearly health as sessment for employees, financial wellness and diabetes "learn at lunch" programs, healthy options added to our vending machines, and "health Wednesdays" which feature no fried foods.
 Heart Disease and Stroke Maintain primary stroke certification Add to capacity to treat heart disease 	Mercy was again certified in 2018 as a Primary Stroke Center by the Joint Commission. The standards measured include a nticoagulation therapy, rehabilitation assessment and therapy, statin medication usage, thrombolytic therapy, and stroke education. Our county indicators show the stroke mortality rate falling from 37 to 30 per 100,000 population although the time periods measured are quite lagged. In 2016, we hired a physician to primarily treat heart failure patients. Although this cardiology clinic has been transferred to an independent group, the site and the heart failure specialist were retained.

Discussion of Past Actions, continued

Health Need/Our 2015 Intended Actions	Impacts of Actions Taken
Maternal, Infant, & Child Health – pretermand teen births Increase Family Practice providers in affected counties	In 2015, we employed only one physician in our Muscatine clinic. Beginning in 2016, we increased the number of providers to two. Other health systems have primary care providers in this county and it's not yet known if the access to care for this affected group has improved. Our county indicators for teen birth rates have remained constant in these two counties although the time periods measured are quite lagged.
 Mental Health Maintain or expand outpatient psychiatric clinic Maintain inpatient mental health services 	We began 2015 with a single doctor in our outpatient psych clinic. At the beginning of 2018, we had expanded the providers to also include three advance practice nurses and one therapist. This elevated our visit volumes from 910 to 3500 per year. We have also maintained our inpatient mental health unit and are currently upgrading the furnishings and safety features. We continue to treat 500 patients per year.
Nutrition, Physical Activity, & Weight – adult obesity • Develop a non-surgical weight loss program	We developed and continue to offer a 12 week program taught by registered dieticians that focuses on behavioral modifications to achieve long-term lifestyle changes to improve overall health. The program includes lipid and glucose blood tests, physical therapy assessments, dedicated time with a dietician, and ongoing support following the 12 week program. Our county indicators show the percent of obese population in our service area dropping from 30% to 27% although the time periods measured are quite lagged. In 2018, we also recruited and retained a physician board certified in endocrinology, diabetes, and metabolism. His ability to effectively treat patients with metabolic disorders a dvances our ability to address the adult obesity health need.
 Sexually transmitted disease Develop a program aimed at decreasing the incidence of sexually transmitted infections 	In 2016 we measured the HPV vaccination rate of the target population at 7.3%. We then conducted multiple educational sessions with our primary care providers regarding this disease. In 2017 we measured the rate again and found that it had risen to 7.8%.

2018 Prioritized Health Needs

Issue	Indicators	Geographic Focus
Mental Health Dementias, Alzheimer's Disease	Ranked as the number one concern among key informants	All
Nutrition, Physical Activity, & Weight	Obesity in adults, Physical Activity Ranked as a top concern among key informants	All Counties except Johnson
Diabetes	Ranked as a top concern among key informants	All
Substance Abuse	Excessive drinking Ranked as a top concern among key informants	All Counties except Washington
Access to Healthcare Services	Primary Care Physicians	All Counties except Johnson
Cancer	Cancer incidence rate (prostate, Breast Cancer, Colorectal Cancer)	All
Heart Disease and Stroke	Stroke Deaths High Blood Pressure	Iowa and Cedar Counties
Infant Health and Family Planning	Teen Births	Muscatine County
Injury and Violence	Violent Crime	Muscatine County

2018 Prioritized Health Needs, continued

Issue	Indicators	Geographic Focus
Oral Health	Regular Dental Care	Cedar and Washington Counties
Respiratory Disease	Chronic Lower Respiratory Disease Deaths	Muscatine County
Sexually Transmitted Disease	Chlamydia incidence	Johnson County
Tobacco Use	Cigarette Smoking Prevalence	Muscatine County

2018 Implementation Strategy

Issue	Response/Expected Impact/Resources
Mental Health – depression and social support	Mercy has budgeted an expansion in our outpatient psychiatric clinic from 3 Advanced Registered Nurse Practitioners and 1 therapist in 2018 to 4 practitioners and 2 therapists in 2020. We expect this to result in a proportional growth of patient visits and an improvement in timely response. Mercy will continue to offer inpatient and emergency room mental health services at our Johnson county hospital. We have employed 2 nurse navigators in 2018 that are in the process of developing high quality social support referral networks in recognition of the importance of social support services to patients after they return home after hospitalizations. We are also involved in planning meetings with Johnson County which is building an Access Center to provide rapid stabilization to patients experiencing substance abuse or mental health crisis.
Nutrition, Physical Activity Diabetes	We will continue to offer a 12 week program to the public taught by registered dieticians that focuses on behavioral modifications to achieve long-term lifestyle changes to improve overall health. Since 2018, we have employed a board certified physician in endocrinology, diabetes, and metabolism. His ability to effectively treat patients with metabolic disorders advances our ability to address the adult obesity health need. We have increased this department budget for the next fiscal year and expect it to treat 10% more patients than in the previous year.
Substance Abuse – binge drinking	Our community is home to a major university and excessive drinking has long been an issue. Our Vice President of Population Health attends the Partnership for Alcohol Safety, a joint project of The University of Iowa and the City of Iowa City. Its mission is to identify and advocate for strategies that reduce high-risk drinking and related harms.

2018 Implementation Strategy, continued

Issue	Response/Expected Impact/Resources
Access to Primary Care physicians	Mercy will continue to operate primary care clinics in each of our 5 primary care counties. This is the most direct way to address access, along with a financial aid policy that reduces the financial barriers for the uninsured. Mercy will also continue support of the Free Medical Clinic in Johnson county. This is an important health care access point for those with limited ability to pay.
Cancer – cancer incidence	Mercy intends to more widely advertise the low dose lung cancer screening program that screens for at-risk patients, especially former heavy smokers. The existing program has resulted in the early identification and treatment of lung cancers, although many more eligible patients have not yet been screened.
Heart Disease & Stroke mortality rates	Two additional cardiologists will begin treating patients in 2019 and should result in at least a 25% increase in patient contacts with our cardiologists. Mercy is also certified as a primary stroke center and intends to maintain that certification.
Infant Health – teen births	Mercy has budgeted to maintain our Muscatine county clinic staffing levels for the next year. This should maintain patients' ability to access health care resources directly from this clinic. Additionally, we partner with independent OBGYN groups to assess the market needs in this county.
Injury & Violence – Violent Crime Rate	We intend to take no action as reducing the crime rate is not within the scope of our health care delivery system.

2018 Implementation Strategy, continued

Issue	Response/Expected Impact/Resources
Oral Health - regular dental care	We intend to take no action regular dental care is not within the scope of our health care delivery system.
Respiratory Disease – chronic lower respiratory disease	We have employed 2 nurse navigators in 2018 that are focused on reducing hospitalization readmissions and avoidable emergency room visits, especially from patients with chronic conditions. They contact patients after they return home after hospital encounters to ensure that patients have follow-up visits with their normal primary care provider and that they understand and are following the medical advice prescribed for them.
Sexually Transmitted Disease – chlamydia incidence	Mercy is continuing to monitor chlamydia incidence rates and has seen recent high rates in the eastern portion of our service area. Our Infection Prevention Coordinator plans to provide staff education in the clinic and identify opportunities for community outreach. He will then track the incidence rates to see if those efforts have a significant impact on reducing incidence.
Tobacco Use	We continue to provide smoking cessation counseling to a high percentage (85%) of adult smokers who are seen in our clinics.