I. Overall Organizational Community Benefit Strategy

As a medium-sized community hospital within a health system, providing extensive Community Benefit programs and services has always been the cornerstone of our organization. Formalizing our Community Benefit program was a natural outgrowth for housing our long-standing community services under one roof. In 2006, developing a defined Community Benefit program became a priority initiative for Mx Hospital’s CEO, Robert K. Mr. K’s vision was to use the Community Benefit platform to catalogue our wide array of established community based services in order to increase visibility and participation. With executive-level leadership and support, dedicated staffing resources were immediately committed and Community Benefit quickly joined the Hospital’s core institutional programs. Our comprehensive Community Benefit model encompasses the following domains: executive involvement and commitment; a defined reporting structure; dedicated resources; governance engagement; staff participation; establishment of goals; internal and external communications; and inclusion of community members and agency partners. Fiscal Year ’07 resulted in a total Community Benefit of $20,818,125 and 87,297 served, with FY08’s benefit totaling $29,254,066 and 137,427 served.

Continuous dedication to the communities we serve remains the hallmark of our vision, mission, and strategic planning. These objectives are inherent in the Health System and Hospital’s vision and mission statements. The System’s mission is to improve the health and well-being of our community with a vision designed to create a new standard for community health care by contributing materially to the health and well being of the communities it serves. The pledge to Community Benefit is strengthened by the Hospital’s inclusion of the term Community Benefit in its mission statement: the Hospital recognizes community benefit, transparency and integrity as fundamental responsibilities and strives to meet community health needs to the fullest extent possible within its ability and resources. Ambitious Community Benefit goals, the incorporation of Community Benefit into annual organizational planning, and the provision of Community Benefit programs that target our area’s most vulnerable and at-risk populations has allowed us to put a formal structure around our fundamental purpose.

Governance engagement has been present since the concept was introduced to the Board of Directors by our CEO in 2006. The Board’s immediate commitment to the objectives and strategies of our Community Benefit program, in concert with executive support, has been a key component for overall organizational involvement. Keeping the Board apprised of our Community Benefit
strategy includes presentations at Board meetings, programmatic profiles included in every Board meeting packet, periodic industry overviews from the CEO, review and approval of goals, frequent verbal Board meeting status reports from the overseeing VP, and, annual Community Benefit reporting. The Hospital’s Community Benefit Policy [See Attachment], was reviewed and approved by the Board in November 2007. The Board agreed with the policy’s framework to target areas for community health improvement and wellness, health assessment scheduling, accountability and oversight, and appointment of one Board member to the Steering Committee. Due to the Board’s interest in both the Hospital’s qualifying Community Benefit services and aggregate annual financials, it recently tasked the Chief Financial Officer with closely examining charity care volumes in relation to bad debt, and reviewing all internal processes for uncompensated care.

In order to continue our commitment to improve health care in the community, the Hospital decided to formally measure our community’s health as well as identify priority areas and potential gaps in services. In 2007, the Hospital commissioned The Center for Health Policy, Planning and Research (CHPPR)\(^1\) at the University of New England to conduct a comprehensive, data-driven countywide health assessment using publicly available data sources and peer county, state and national benchmarks [See Attachment]. While the intent was to provide the Hospital with information for planning purposes and to identify community need, the results are being made publicly available in hopes of developing collaborative Hospital-community partner workgroups, and strengthen those that already exist. Three priority areas emerged from the study’s findings: 1) access and coordination of geriatric services; 2) coordination of mental health/substance abuse (MH/SA) services with community providers; and, 3) development of an inpatient and outpatient service for chronic obstructive pulmonary disease (COPD). In response to these discoveries, a geriatrics sub-committee, MH/SA sub-committee and COPD workgroup have been developed under the Community Benefit Steering Committee. These sub-committees have been asked to develop short- and long-term solutions in partnership with community agencies.

In the first full year (FY07) of development of our Community Benefit program, our informal goals were to establish a sound infrastructure, adopt industry standards, focus on inventory collection, formulate internal standards when necessary, foster staff and Board engagement, and communicate our Community Benefit story to the public. Concrete, measurable goals were

\(^1\) Center for Health Policy, Planning, and Research, *A Community Health Assessment For Mx County*; University of New England; April 9, 2008; commissioned by and prepared for MH System, Inc.; available for download

Community Benefit Program
developed for FY08 and FY09, and were approved by both executive staff and the Board. With our policy approved and a large array of activities in our data base, the intent of our first set of formal goals was to institutionalize Community Benefit and to encourage staff to develop programs in consonance with our policy. FY08 Goal 1 required departmental education and training on Community Benefit policy, strategic goals, and reporting procedures; in order to maintain an extensive catalogue, Goal 2 required departmental inventory reviews and responses; Goal 3 grew from preliminary health assessment data and required an outline for a COPD program to be developed. With priority areas identified by the health assessment, and with the Board’s interest in charity care, FY09’s goals require 1) development of a written strategic plan in response to the health assessment; 2) construction of a work plan including measurements of progress, evaluation and impact of effectiveness for the MH/SA and Geriatric sub-committees and COPD workgroup; and 3) formation of an action plan for internal review of current charity care policy and processes, ongoing evaluation, and increasing percentage of charity care within the overall uncompensated care total. Adherence to our Community Benefit commitment is vital to our overall strategic plan and mission. There is accountability to the Board of Directors for attainment of the established Community Benefit goals – measures of success are periodically reported to the Board, with the overall achievement reported at the end of the fiscal year. Measures of success are linked to performance reviews for the manager of Community Benefit.

A key component to the first phase of program development was to dedicate staffing resources and create a defined reporting structure. Within the first six months of the initiative, Community Benefit was housed under the Department of Community Medicine with the Chief Medical Officer of Community Medicine adding Director of Community Benefit to her title. A 0.25 FTE project specialist was assigned, a 0.5 FTE Community Benefit coordinator was hired, and a multi-disciplinary Community Benefit Steering Committee comprised of executive leadership, management, and Community Benefit staff was formed to oversee all Community Benefit operations. Strong organizational support has continued, as exemplified by the commitment to perform a health assessment for community consumption, by carving out resources for the health assessment sub-committees, by hiring a full-time Community Benefit manager, and by growing the Steering Committee to include five vice presidents, four physicians, one director, two managers, one project specialist, and, one Board member who is particularly well-connected to M-town proper and Mx County.
II. “Best Of Class” Community Benefit Program: Center For Chronic Care Management

Currently celebrating its 10th anniversary, a combined 10,000+ patients have been served by the Hospital’s Center for Chronic Care Management (CCCM) disease management programs. Ten years ago high utilization by a sub-set of repeat users of the Emergency Department and inpatient services for asthma was identified, which prompted the formation of a multidisciplinary workgroup including physician specialists, nurse care managers, quality representatives, administrators, and community members. The team was tasked with examining notable resource gaps for this ambulatory sensitive condition, that is, a condition that should be treated in the outpatient setting. The group discovered a deficit of available outpatient services and coordination of care for asthmatics within the community, specifically for the newly diagnosed and those experiencing barriers in achievement of self-management. In response, using the Chronic Care Model, an evidence-based, patient-centered outpatient asthma service for adults (AIR Mx) and children (LittleAIR) was designed and implemented, offering a comprehensive and systematic approach to the management of asthma as a chronic illness.

The asthma care program became the prototype for identifying and meeting community need for chronic care interventions by adding free-of-charge outpatient services. Since the establishment of our first chronic care program, the Center has continuously assessed additional gaps in service for chronic conditions, and has used to asthma model to implement new service lines: interdisciplinary groups are configured to examine hospital ED and inpatient utilization data and national and statewide statistics and trends. With a solid and tested framework in place, subsequent internal evaluations prompted the addition of the following programs to CCCM services: diabetes disease management (provided since mid-1990, formalized in 2001) and its component medical nutrition therapy; smoking cessation (1999); chronic heart failure (2005); and childhood weight management (2008). Most recently, an analogous program for COPD, a priority area uncovered by our recent health assessment, is planned for the outpatient setting, with an inpatient pathway completed and ready for implementation.

The Center’s disease management programs have evolved as a critical part of the health delivery system in Mx County by filling unmet chronic care needs. The array of CCCM services are indicative of our Community Benefit strategic objectives: to develop evidence-based community health initiatives and improve access to care by targeting highly vulnerable populations. Within the free-of-charge CCCM model, special attention is paid to those unable to access services elsewhere:
patients who experience multiple social issues, are often uninsured, are unable to achieve and sustain improved health, and frequently encounter barriers to care. The strength of CCCM’s programs is best displayed by the relationships that are created. With one-on-one counseling, telephone follow-up and consistency of care, the care managers frequently act preemptively to divert crisis situations by assisting in filling depleted medical supplies, intervening to prevent insurance from lapsing, linking patients to financial assistance to improve access to additional care, and being available to answer questions that are causing anxiety and stress. The care managers also target the community at large by participating in health fairs, giving lectures to local high-school students (regarding the dangers of smoking, for example), presentations to the health care community (local Department of Mental Health services, for example), and the business sector.

Community provider collaboration is an integral part of the success of the CCCM programs. Practitioner education is a primary objective for all of the Center’s services: with each addition of disease-specific intervention, the care management team conducts education and training regarding the program as an adjunct service, and the referral process. Education/training is provided to inpatient staff, community physician offices (both PCP and specialty), and the Hospital’s Family Practice residents. Through these efforts, referrals to the program come from a variety of sources: Mx Hospital Family Practice, Mx Hospital residents, Mx Health System Primary Care, private primary care physicians, physician specialty practices, Mx Hospital inpatient service lines, Mx Hospital Homecare, M-town’s Community Health Center, family and self-referral. Once the referral is made, continuous communication occurs between CCCM staff and physician offices regarding the plan of care and health outcomes. Additionally, CCCM serves as an ongoing resource for all referral sources. Community schools and Opportunity Knocks (a community-based child health collaborative), are an important referral stream for pediatric asthma (LittleAIR) and the childhood weight management program. Ongoing dialogue with school nurses is a vital component of the action plan, as they serve as additional liaison among the family, the CCCM care manager, and the physician. On a statewide level, the care managers from each of CCCM’s disciplines participate in disease-specific state Department of Public Health task forces and collaboratives.

Outcomes for each CCCM program are reported annually for economic, clinical/behavioral, and quality of life indicators. Satisfaction survey responses from both patients and referring medical providers are reviewed and used to benchmark program achievements and identify areas for
program improvements. The outcomes for CCCM’s programs are impressive, as indicated by a selection of outcomes outlined in the table below:

<table>
<thead>
<tr>
<th>Service</th>
<th>Indicator</th>
<th>Category</th>
<th>Pre-enrollment</th>
<th>Post enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Care - 2007</td>
<td>Clinical</td>
<td>HbA1c @ target 7% or below</td>
<td>21%</td>
<td>53%</td>
</tr>
<tr>
<td>Diabetes Care - 2007</td>
<td>Clinical</td>
<td>HbA1c @ 9% or above (poorly controlled)</td>
<td>46%</td>
<td>16%</td>
</tr>
<tr>
<td>Adult Asthma - 2008</td>
<td>Quality of Life</td>
<td>Adults who missed work due to asthma</td>
<td>65%</td>
<td>18%</td>
</tr>
<tr>
<td>Pediatric Asthma - 2008</td>
<td>Quality of Life</td>
<td>Average of missed school days/month due to asthma</td>
<td>1.9 days/mo.</td>
<td>0.27 days/mo.</td>
</tr>
<tr>
<td>Smoking Cessation - 2007</td>
<td>Harm Reduction</td>
<td># of cigarettes smoked daily</td>
<td>14.6</td>
<td>6.8</td>
</tr>
<tr>
<td>Chronic Heart Failure – ’08</td>
<td>Behavioral</td>
<td>Patients with knowledge of symptoms</td>
<td>50%</td>
<td>98%</td>
</tr>
<tr>
<td>Chronic Heart Failure – ’08</td>
<td>Behavioral</td>
<td>Patient takes weight daily</td>
<td>60%</td>
<td>75%</td>
</tr>
</tbody>
</table>

The effectiveness of CCCM’s long-term and established asthma program is reinforced by the results of our recently completed health assessment: the study found that only 3.7% of adults with asthma in Mx County went to the Emergency Department for treatment for their condition in the past 12 months, compared to 17% in the peer counties and 14% in the state. Similarly, the hospitalization rate for asthma in Mx County (45 per 100,000) was significantly lower than the peer counties (88 per 100,000) and the state (124 per 100,000).

CCCM illustrates Mx Hospital’s commitment to addressing the needs of its community members experiencing chronic disease by heavily subsidizing the Center. With the exception of the grant-funded childhood weight management program and reimbursable portions of diabetes education and medical nutrition therapy, the Hospital underwrites each program in order to offer services free-of-charge to our patients. The Hospital Community Benefit subsidy for CCCM totaled $921,973 for FY07 and $978,369 for FY08. CCCM’s strategy for sustainability includes strong outcomes that reinforce the need for services; the Hospital’s continued financial and administrative support; continuation of collaboration, training and education with area physicians and community agencies; ongoing communication to the community at large regarding CCCM as a resource; and continued annual evaluation of best practices and evidence-based guidelines and oversight by disease-specific Steering Committees. As the disease management programs represent the Hospital’s commitment to Community Benefit, and as Community Benefit is an established department, CCCM and the manager of Community Benefit plan to continue a close collaboration – for example, the manager of Community Benefit was recently invited by CCCM to attend an asthma presentation with the state asthma task force to present the health assessment findings for the respiratory health of the community. This internal partnership is a natural synergy between the two departments and necessary for both initiatives to continue their respective successes.
III. Overall Community Benefit Communications Strategy

Internal and external communications for sharing our Community Benefit story have been integral elements of our initiative. Our objectives for internal communications are to 1) ensure that the Board and all levels of staff continue to be aware of the program and how it aligns with our mission and vision; 2) promote continuous staff and Board engagement in the process; and 3) generate a sense of pride in the Community Benefit activities we, as a collective body, undertake to serve those in need, both locally and globally. The purpose of our external communication with community members, partners and colleagues is to share our Community Benefit story and promote our free-of-cost and subsidized services, thus ensuring that all members of our community, including the most at-risk population, are aware of resource availability. Including community providers and colleagues under the umbrella of our external Community Benefit communication strategy allows us the ability to partner with key stakeholders in moving community initiatives forward to address unmet need.

The foundation for our broader organizational communications plan is a dedication to transparency. To fulfill this philosophy, the Hospital strives to keep our constituents informed on a consistent basis via informational publications, flyers for upcoming events, a robust web-site, and, various media outlets. Given this objective, transparency and communication was a founding tenet for our Community Benefit initiative. A 30 page Community Benefit Annual Report [See Attachment] was generated in the first full year (FY07) of our Community Benefit program, which outlined all activities and highlighted a selection (including a family’s involvement in LittleAIR, and, a couple’s experience with our financial assistance program and receipt of charity care), and displayed detailed financials for both broad Community Benefit categories and sub-categories. Our FY07 inaugural Annual Report has provided a template: comprehensive financial buckets and categorical aggregates, activity overviews, and, select personal stories remain the elemental ingredients for all future designs. FY08’s Annual Report includes an overview of the health assessment results and invites the community to download the full report from our Web-site.

Internally, our target audiences for sharing our Community Benefit story include Board members, all levels of staff, and hospital volunteers. Externally, our target audiences are community residents in our service area, community agency partners, state hospital association colleagues, state hospital association colleagues,

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2 Note: Based on final fiscal year-end data, Mx Hospital’s total Community Benefit for FY07 was $20,818,125, with 87,297 served. Our FY07 Community Benefit Report was generated prior to the close of the fiscal year with annualized financials, resulting in a differential between actual and what is included in the report.
corporators and donors. Our strategies for deployment of Community Benefit information involve the issuance and distribution of our Annual Report, which is mailed to 20,000+ households throughout our 23-town service area and distributed to Mx Hospital directors, managers and supervisors, executive staff and Board of Directors, our corporators and donors, area physician offices, Hospital outpatient satellite offices, at Hospital entry points and waiting rooms, state hospital association colleagues, and the media. As execution and administration of the health assessment falls under Community Benefit, the soon-to-be released 66 page health assessment report, accompanied by personal letters from our CEO and Vice President of Clinical Affairs will be mailed to community partners involved in the health assessment advisory committee, those staff and community colleagues who participated in the assessment’s qualitative mapping, the Chamber of Commerce proper and its Health Care Council, emergency responders, the mayor, key community agencies, and all affiliated medical staff. While the Hospital underwrote the full cost of the assessment, the intent from the outset was to make the results available for public consumption, an exercise that allows us to reinforce our commitment to the community, and provides a “call to action” forum where the Hospital asks community partners to join in addressing identified priority areas where community participation is necessary for improvement to be achieved. As release of the health assessment is an impetus for community collaboration, our communication strategy also involves individual and group meetings with community agencies to discuss health assessment results within the context of our Community Benefit program. Additional external communication involves broadly sharing our Community Benefit story by participating in national conferences – in 2006, our Chief Medical Officer of Community Medicine/Director of Community Benefit presented our CCCM disease management model at the Association for Community Health Improvement Spring Champions conference, and in 2009, the manager of Community Benefit will present the fundamentals of our Community Benefit program at the same conference [See Attachment]. Locally, we enjoy being a resource for Community Benefit colleagues from our state’s hospitals by hosting site-visits that review the structure of our program and allow for questions and answers.

Additional internal communication methods included Mr. Kiely’s making Community Benefit the focus of FY07 departmental leadership meetings; ongoing one-on-one meetings between the manager of Community Benefit and department heads to explain the premise of our program and policy; individual staff meeting presentations by the manager of Community Benefit to story-share and review the program, policy, and health assessment results [See Attachment]; and;
inclusion of a “Community Benefit Corner” in our weekly staff newsletter, which highlights specific programs, gives overviews regarding the types of countable activities, and, provides reporting processes and contact information. As Community Benefit has become part of the Hospital’s fabric, fellow staff members have become ambassadors as they frequently incorporate the term “Community Benefit” into presentations to internal staff and external stakeholders as defining their programs.

To further engage internal and external constituents, Mr. Kiely requested that Community Benefit be the focus of the Hospital’s October 2007 Annual Meeting and made it the theme of his opening address; it was at this meeting that our 20-minute Community Benefit video was unveiled, which has since been made available to all staff and the public. Additionally, Community Benefit was the focus of the Hospital’s 2007 Shaw Symposium for management, where Linda DeWolf, President of the VHA Foundation was invited to be the keynote speaker. These symposiums are open to the public, and, our state hospital association Community Benefit User Group colleagues were invited to attend. On the horizon is the formation of an intranet site where staff can access all Community Benefit information electronically, and an internet link where the public can learn about our programs and download the health assessment and all Annual Reports.

Our Community Benefit key messages include reinforcing the Hospital’s longstanding commitment to the health and well-being of our community – a pledge that extends beyond those requiring clinical services within our Hospital walls, to colleagues found in the healthcare, municipal, governmental, business, emergency, and educational sectors in an effort to improve accessibility and linkages to care. Our Community Benefit communications allow us to invite all members of the community to view the Hospital as a willing resource and partner, another essential Community Benefit message. Sharing Community Benefit financial totals and stories both internally and externally enables us to remove proving tax-exemption as a means for Community Benefit, but rather emphasize the Hospital’s founding mission and vision by aggregating quantifiable data and qualitative narratives. Our Community Benefit message is one of connectivity: that, as a community hospital, we value our relationships with our residents and partners. To measure the effectiveness of our communications strategy, we employ a formal mechanism that requests feedback on our communications. The process involves regular, comprehensive community perception studies which include a myriad of indicators. Comparative analysis of the results is performed by our Public Relations department in order to measure and evaluate progress.