



John C. Lincoln

Deer Valley Hospital

**Community Health Needs Assessment
Implementation Plan**

2012 - 2014

**September 2012
Modified August 2014**

Contents

	Page
Executive Summary	3
Implementation Strategy for Addressing Community Health Needs	4



EXECUTIVE SUMMARY

In September 2012, the John C. Lincoln Health Network completed a Community Health Needs Assessment in accordance with the proposed IRS rules mandated through the Affordable Care Act (2010). Through this assessment, ten health needs were identified in the John C. Lincoln Deer Valley Hospital service area: Access to Primary Care, Health Care Coverage, Affordable Health Care, Chronic Disease Management, Prevention, Integrated Behavioral Health with Primary Care, Dental Health, Personal Care and Transitional Support following a Hospital Stay, Family Caregiver Education, and Tools to Support Personal Responsibility. A more detailed explanation of these needs, the data used to identify them and the actions John C. Lincoln Health Network plans to implement to meet these needs can be found in the complete Community Health Needs Assessment published on the John C. Lincoln Health Network website.

In the second quarter of 2013, the John C. Lincoln Health Network reached an agreement to affiliate with Scottsdale Healthcare, a neighboring not-for profit health network operating three hospitals in Scottsdale, Arizona. The affiliation was formalized in October 2014, and the Scottsdale Lincoln Health Network was created.

Over the next few years, the newly formed Scottsdale Lincoln Health Network will focus on the integration of the two legacy organizations into a single organization. These integration efforts will directly and indirectly impact the identified health needs for John C. Lincoln Deer Valley Hospital. This updated Community Health Needs Assessment Implementation Plan includes the areas where the creation of the Scottsdale Lincoln Health Network will have the opportunity to impact the health needs of the John C. Lincoln Deer Valley Hospital community. In some instances, new actions may be identified through the integration, while in others; previously identified actions may no longer be appropriate or applicable.

Throughout the integration process, John C. Lincoln Deer Valley continues to be committed to its roots of serving the community.

IMPLEMENTATION STRATEGY FOR ADDRESSING COMMUNITY HEALTH NEEDS 2012 - 2014

Identified Community Health Need in John C. Lincoln Deer Valley (JCLDV) Primary Service Area	Perceived Gap (per Interviews and Data) 2012 CHNA	JCLDV's Action Plans to Meet the Identified Health Need 2012 - 2014	JCLDV's Action Plans to Meet Identified Health Need Modified September 2014
1. Access to Primary Care	<ul style="list-style-type: none"> ▪ JCLDV's PSA has an extreme shortage of primary care MDs per 100,000 compared to the county – 98 vs. 113 	<ul style="list-style-type: none"> ▪ Continue to implement primary care physician recruitment plan ▪ Expand immediate care strategy ▪ Continue medical home development 	<ul style="list-style-type: none"> ▪ No Change
2. Health Care Coverage	<ul style="list-style-type: none"> ▪ Population with health insurance in Maricopa County is below national averages ▪ AHCCCS dropped 83,577 members because of eligibility changes ▪ One in three Arizonans is uninsured ▪ JCLDV has 23 percent of the uninsured inpatient market 	<ul style="list-style-type: none"> ▪ Complete assessment for transitioning the Community Health Center to an FQHC; implement if indicated ▪ Implement accountable care organization ▪ Continue health screening events, such as stroke and cardiac ▪ Absorb AHCCCS shortfall and unreimbursed costs and continue financial assistance policies, including providing charity care to qualifying patients and self-pay discounts 	<ul style="list-style-type: none"> ▪ Modify: Identify opportunities to add the Desert Mission Community Health Center as a new access point under the existing FQHC NOAH

Identified Community Health Need in John C. Lincoln Deer Valley (JCLDV) Primary Service Area	Perceived Gap (per Interviews and Data) 2012 CHNA	JCLDV's Action Plans to Meet the Identified Health Need 2012 - 2014	JCLDV's Action Plans to Meet Identified Health Need Modified September 2014
3. Affordable Health Care	<ul style="list-style-type: none"> ▪ FQHCs serve less than 20 percent of the low-income population in Central Phoenix 	<ul style="list-style-type: none"> ▪ Continue to support Desert Mission's initiatives ▪ Continue to encourage and expand the 2012 level of involvement of JCLHN leadership and staff in a variety of local organizations striving to address the health needs of the community 	<ul style="list-style-type: none"> ▪ Add: Integrate current JCLHN services with Scottsdale Healthcare services
4. Chronic Disease Management	<ul style="list-style-type: none"> ▪ 52 percent of PSA deaths are related to cancer and heart disease ▪ Number of heart disease deaths per 100,000 in Maricopa County is higher than the state average ▪ All interviewees cited chronic disease management as a major community health need 	<ul style="list-style-type: none"> ▪ Implement medical home concept and Medicare ACO 	<ul style="list-style-type: none"> ▪ Add: Train staff in evidence-based Chronic Disease Self-Management program

Identified Community Health Need in John C. Lincoln Deer Valley (JCLDV) Primary Service Area	Perceived Gap (per Interviews and Data) 2012 CHNA	JCLDV's Action Plans to Meet the Identified Health Need 2012 - 2014	JCLDV's Action Plans to Meet Identified Health Need Modified September 2014
5. Prevention	<ul style="list-style-type: none"> ▪ Prevention is not covered by AHCCCS ▪ Half of ED visits are preventable 	<ul style="list-style-type: none"> ▪ Incorporate prevention into routine primary care ▪ Implement medical home and Medicare ACO ▪ Continue primary care physician recruitment ▪ Implement primary care navigator health coaches 	<ul style="list-style-type: none"> ▪ No Change
6. Integrate Behavioral Health with Primary Care	<ul style="list-style-type: none"> ▪ Substance abuse and mental health is cited as a gap by all interviewees 	<ul style="list-style-type: none"> ▪ Explore further opportunities to partner with TERROS ▪ Maintain Marley House Behavioral Health Clinic 	<ul style="list-style-type: none"> ▪ No Change
7. Dental Health	<ul style="list-style-type: none"> ▪ Cited by every interviewee as a major community health need 	<ul style="list-style-type: none"> ▪ Maintain the Children's Dental Clinic 	<ul style="list-style-type: none"> ▪ Add: Integrate existing program with NOAH dental clinic
8. Personal Care and Transitional Support following Hospital Stay	<ul style="list-style-type: none"> ▪ Subacute providers cited transitional support as a need for seniors following hospitalization 	<ul style="list-style-type: none"> ▪ Continue Adult Day Health Care program ▪ Continue case management program ▪ Continue BHRC support groups ▪ Expand partnerships with local nursing homes 	<ul style="list-style-type: none"> ▪ No Change

Identified Community Health Need in John C. Lincoln Deer Valley (JCLDV) Primary Service Area	Perceived Gap (per Interviews and Data) 2012 CHNA	JCLDV's Action Plans to Meet the Identified Health Need 2012 - 2014	JCLDV's Action Plans to Meet Identified Health Need Modified September 2014
9. Family Caregiver Education	<ul style="list-style-type: none"> ▪ Cited by subacute providers as a community health need to support seniors at home 	<ul style="list-style-type: none"> ▪ Develop medical home model; include family involvement component 	<ul style="list-style-type: none"> ▪ No Change
10. Tools to Support Personal Responsibility	<ul style="list-style-type: none"> ▪ Lack of personal responsibility for health is viewed as a significant community health need by most interviewees 	<ul style="list-style-type: none"> ▪ Implement JCL Connect electronic health record and My Chart personal health record 	<ul style="list-style-type: none"> ▪ Modify: Integrate SLHN Connect and My Chart

Modified

August 15, 2014