GBH FY2019-2021 CHNA Implementation Plan

Central Region (Counties: Clinton, Columbia, Lycoming, Montour, Northumberland, Schuylkill, Snyder, Sullivan, Union)			
Priority Areas	**Identified Needs from CHNA Research**		
	Community Needs	**Populations at Risk**	**Health and Socio-economic Disparities**
Access to Care	Ability to Afford Care	Low income and un-/under-insured residents	1. Clinton, Columbia, Snyder, Sullivan, and Union Counties have a higher uninsured rate than the state. A higher percentage of children in Columbia, Clinton, Snyder, and Union Counties are uninsured compared to both the state and the nation. 2. The Central Region includes more than 5,000 Amish residents who are predominately uninsured. 3. Black/African American and/or Hispanic/Latino residents in seven counties have higher uninsured rates than White residents. 4. 28% of Key Informants selected "unable to afford care (copays, deductibles, etc.)" as the top reason individuals with insurance do not receive regular care. 5. 53% of Key Informants disagree that there are a sufficient number of providers that accept Medicaid/Medical Assistance.
	Availability of Primary/Specialty Care Providers	Residents in all counties except Montour and Union	1. All counties except Montour and Union have a lower primary care provider rate than the state and the nation; areas within Clinton, Columbia, Lycoming, Northumberland, and Sullivan Counties are designated as HPSAs. 2. The nine county region is served by five FQHCs; 39% of Key Informants identified FQHCs as a missing resource within the community. 3. 22% of Key Informants disagree that residents have a regular primary care provider that they go to for health care. 4. 29% of Key Informants disagree that residents can access a medical specialist when they need care.
	Health Literacy	All residents	Health literacy was selected by Key Informants as the top five contributing factor to health conditions among residents.
	Stigma	Behavioral health patients	According to partner forum participants, people may not access behavioral health services when they need them for fear of others finding out and a negative association with behavioral health conditions.
	Transportation	All residents	1. 61% of Key Informants disagree that residents have available transportation for medical appointments and other services. 2. 55% of Key Informants identified transportation as a missing resource within the community. 3. Partner forum participants identified available shared-ride services, but stated that they are limited, require advance scheduling, and have long pick-up/drop-off times.
Aging Services	Alzheimer's Disease	Seniors in all counties except Columbia and Union	All reportable counties except Columbia and Union counties have a higher rate of death due to Alzheimer's disease than the state and/or the nation.
	Chronic Conditions among Medicare Beneficiaries	Senior Medicare Beneficiaries in Northumberland and Schuylkill Counties	Senior (65+) Medicare Beneficiaries have a higher prevalence of chronic conditions compared to the state and the nation. Northumberland County Beneficiaries are more likely to have four or more comorbid chronic conditions.
	Health Information/Medication Assistance	All seniors	Partner forum participants identified the increased use of technology for online health information as a barrier for seniors. They also identified the need for more in-home health and case management services, and medication management services.
	Seniors Living Alone	Seniors in all counties except Clinton, Lycoming, and Snyder	A higher percentage of seniors in Columbia, Montour, Northumberland, Schuylkill, Sullivan, and Union live alone when compared to the state and the nation. The percentage of seniors who live alone increased in all counties except Clinton, Columbia and Lycoming Counties.
Chronic Disease Management and Healthy Lifestyles	Obesity	All residents	1. Adults in all Central Region counties except Union are more likely to be obese when compared to the state and the nation. 2. As of the 2012-2013 school year, 7-12 grade students in all counties are more likely to be obese when compared to the state. 3. Key Informants identified overweight/obesity as the top two health concern among residents.
	Health Habits	All residents	1. Residents in all Central Region counties have fewer options for physical activity when compared to the state and the nation. 2. Adults in six counties are more likely to be physically inactive when compared to the state and the nation. 3. Health habits related to diet and physical activity were selected by Key Informants as the top contributing factor to health conditions among residents. 4. 52% of Key Informants identified health and wellness education and programs as a missing resource within the community. 5. "Awareness/Emphasis of preventive health measures" was selected by Key Informants as the top three reason individuals with insurance do not receive regular care. 6. Partner forum participants identified the following populations as at risk for unhealthy lifestyles: Amish populations; residents with limited health literacy; housing insecure/homeless; minority populations; rural populations; seniors.
	Heart Disease Death	Residents in Clinton, Columbia, Northumberland, and Schuylkill Counties	The heart disease death rate is higher in all counties compared to the state and the nation. The death rate for Schuylkill County increased from 2006 to 2015; death rates for other counties decreased.
	Cancer-Related Death	Residents in Montour, Schuylkill, and Sullivan Counties	Counties have a higher cancer death rate than the state, nation, and HP 2020 goal. Death rates have been variable, but generally declining.
	Diabetes Prevalence and Death	Adults	1. Diabetes prevalence among adults increased in all counties except Snyder from 2009 to 2013. All counties except Snyder have a higher prevalence rate than the state. Clinton, Lycoming, and Sullivan Counties also have a higher diabetes death rate than the state and the nation. 2. Key Informants identified diabetes as the top three health concern among residents.
Maternal and Child Health	Teen Births	Teenagers in Clinton, Columbia, Lycoming, and Northumberland Counties	The percentage of births to teenagers is higher in all counties compared to the state and the nation, but decreasing.
	First Trimester Prenatal Care	Mothers in nearly all counties, and Black/ African American and Hispanic/Latina Mothers	Columbia, Lycoming, and Montour are the only counties to meet the HP 2020 goal for first trimester prenatal care; rates for Northumberland, Snyder, and Schuylkill Counties decreased from 2006 to 2015. Blacks/African Americans and/or Hispanics/Latinas in all reported counties are less likely than Whites to receive first trimester prenatal care.
	Low Birth Weight Babies	Mothers in Columbia, Lycoming, Montour, and Snyder Counties	The counties do not meet the HP 2020 goal for low birth weight babies. Black/African American mothers in Lycoming County are more likely than Whites to deliver low birth weight babies.
	Smoking during Pregnancy	All mothers	All counties exceed the HP 2020 goal for smoking during pregnancy; the rate is highest in Northumberland, Schuylkill, and Sullivan Counties.
	Breastfeeding	Mothers in nearly all counties, particularly Black/African American Mothers	Montour, Snyder, and Union are the only counties to meet the HP 2020 goal for breastfeeding; rates are lowest for Schuylkill and Sullivan Counties. Blacks/African Americans in reported counties are less likely than Whites and Latinas to breastfeed.
	Dental and Mental Health Care Services	Low income children	Partner forum participants identified dental and mental health care services as the top missing resources for children, particularly low income children.
Mental Health	Suicide Rates	Residents in Lycoming, Northumberland, and Schuylkill Counties	Counties have a higher suicide death rate than the state, nation, and Healthy People 2020 goal.
	Mental and Behavioral Disorders Death	Residents in Columbia, Lycoming, Northumberland, Schuylkill, Sullivan and Union Counties	Mental and behavioral disorders death rates for Lycoming and Sullivan Counties exceed state/national benchmarks; rates for counties with annual reporting (Columbia, Lycoming, Northumberland, Schuylkill, Union) are increasing.
	Depression among Youth	Youth in Columbia, Lycoming, Northumberland, Schuylkill, and Snyder Counties	The percentage of students who consistently feel sad or depressed increased for all counties with reportable data. Youth in Lycoming and Schuylkill Counties are the most likely to feel sad or depressed.
	Availability of Mental Health Providers	All counties	1. All counties except Montour have a lower mental health care provider rate than the state and the nation; Clinton and Lycoming Counties are HPSAs for mental health care. 2. Mental health services were identified as the top missing resource in the community by 73% of Key Informants. 3. 81% of Key Informants disagree that there are a sufficient number of mental/behavioral health providers in the community. 4. Partner forum participants identified the following populations as being at risk or underserved by behavioral health (MH/SA) services: Children of addicted parents; children with mental health conditions; homeless individuals; individuals who have experienced abuse; patients treated for chronic pain; patients with MH/SA comorbidities; the recovery community; and students/young adults.
Substance Abuse	Drug/Alcohol Use	All residents	Key Informants identified substance abuse as the top health concern among residents; they identified drug/alcohol use as the top three contributing factor to health concerns among residents.
	DUI-Related Death	Adults in Columbia, Lycoming, Montour, Sullivan, and Union Counties	The counties have a higher percentage of driving deaths due to DUI compared to the state and the nation; Lycoming, Sullivan, and Union Counties have the highest rate of DUI-related death.
	Drug-Induced Death Rate	Residents in Clinton, Northumberland, and Schuylkill Counties	The counties have a higher drug-induced death rate than the nation; the Schuylkill County death rate increased 2 points between 2006 and 2015.
	Drug Overdose Deaths	Residents in all counties except Montour and Sullivan	All counties except Montour and Sullivan experienced an increase in the number and rate of drug-related overdose deaths between 2015 and 2016. Across Pennsylvania, fentanyl and heroin are the most commonly reported drug categories among drug-related overdose deaths.
	Substance Use among Youth	Youth in Columbia, Lycoming, and Schuylkill, Counties	Tenth grade students in Lycoming County exceed state benchmarks for both alcohol and marijuana use; twelfth grade students have the highest rate of marijuana use in the region. Tenth grade students in Columbia and Schuylkill Counties also exceed the state for alcohol use.
	Availability of Substance Abuse Providers	All counties	1. Substance abuse services were identified as the top two missing resource in the community; 55% of Key Informants identified them as missing. 2. Partner forum participants identified the following populations as being at risk or underserved by behavioral health (MH/SA) services: Children of addicted parents; children with mental health conditions; homeless individuals; individuals who have experienced abuse; patients treated for chronic pain; patients with MH/SA comorbidities; the recovery community; and students/young adults.

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CY21-CY23 Community Health Needs Assessment Implementation Plan- GBH								
Priority: ACCESS TO CARE						**Strategic Priorities**		
Goal: Ensure residents have access to quality, comprehensive health care close to home.								
Objective 1:	**Platform Strategies**	**Outcome Statement**	**Updated/Notes**	**Responsible Individual(s)**	**Status**	Mang Total Health	Perform Excell	Ease of Use
Increase the number of residents who have a regular primary care provider or an encounter with a primary care provider	Screen patients who access services at the Emergency Department (ED) to determine if they have a Primary Care Provider (PCP) and assist those that do not in finding a PCP.	Reduce the number of residents who report NOT having a PCP or medical home by leveraging opportunities with Point of Care scheduling.	Updated by Kristina Barron 2/22/21	Kristina Barron				X
	Assist residents with eligibility determination and enrollment in subsidized health insurance programs to increase provider options.	Increase uninsured conversion rates (enrolling uninsured patients in Medicaid or a Marketplace Plan.	Updated by Kristen Mazurek 2/3/21 AC emailed 2/24/21- should this be system-wide	Kristen Mazurek				X
	System-wide Strategies	**Outcome Statement**	**Updated/Notes**	**Responsible Individual(s)**	**Status**	Mang Total Health	Perform Excell	Ease of Use
	Helping our Geisinger Gold members get better access to their providers, longer appointment times and extras like wellness and social activities.	Reducing social isolation and enhancing the quality of care for our Geisinger Gold members by providing 60 minute appointments for new patients and same day acute appointments, personalized fitness assessments, wellness classes and social activities.	Updated by Stephanie Pacovsky, Juli Molcavage, and Louis Yacovoni 2/12/21 AC emailed 2/24/21- should this be system-wide. Julie Molecavage confirmed it should be included in GMC/GSACH, GBH, GWV/GSWB, GCMC.	Stephanie Pacovsky (ops), Louis Yacovoni (GHP)		X		X
Objective 2:	**System-wide Strategies**	**Outcome Statement**	**Updated/Notes**	**Responsible Individual(s)**	**Status**	Mang Total Health	Perform Excell	Ease of Use
Increase access to primary and specialty care providers	Explore telemedicine options to provide services and reduce barriers to care related to transportation.	Complete 50,000 telemedicine visits per calendar year throughout the Geisinger system.	AC developed with David Fletcher as system-wide strategy	David Fletcher				X
	Expand access to primary care through growth in legacy Community Medicine sites and new locations to include 65 Forward, ConvenientCare, ConvenientCare+, and Community Care.	Successfully implement the Geisinger Primary Care Expansion plan.	AC developed with Lorien Beishline as system-wide strategy	Matthew Nussbaum		X		X
Objective 3:	**Platform Strategies**	**Outcome Statement**	**Updated/Notes**	**Responsible Individual(s)**	**Status**	Mang Total Health	Perform Excell	Ease of Use
Reduce barriers to receiving care for residents without transportation	Explore options and partners to provide home-based care services.	Increased identification of medically complex patients that would benefit from home-based resources.	Updated by Diana Jackson 2/10/21	Diana Jackson				X
	System-wide Strategies	**Outcome Statement**	**Updated/Notes**	**Responsible Individual(s)**	**Status**	Mang Total Health	Perform Excell	Ease of Use
	Utilize the Neighborly platform for members and patients and community members to easily find and connect to local health and social care resources.	Provide engagement metrics such as: users, searches, and search categories.	Developed in collaboration with wellness as a system-wide strategy	Maria Welch		X		X
	Offer programming in partnership with local community organizations to reduce social isolation in members and patients	Provide program engagement metrics.	Developed in collaboration with wellness as a system-wide strategy	Maria Welch		X		X
	Partner with Geisinger Health Plan and local agencies to expand transportation services to access health and social services.	No-show rates, Fill rate, ED utilization, Length of stay, Unplanned 30-day admissions, change in health status as well as quality of life.	Developed in collaboration with wellness as a system-wide strategy	Eileen Evert		X		X
Objective 4:	**System-wide Strategies**	**Outcome Statement**	**Updated/Notes**	**Responsible Individual(s)**	**Status**	Mang Total Health	Perform Excell	Ease of Use
Identify opportunities to develop or augment care environments in underserved communities	Proactively support community-based organizations that provide primary health care to the underrepresented, uninsured and underinsured populations throughout our service regions.	Through sponsorships, community fairs/screenings, and leveraging relationships, we will look to track the number of under-represented individuals engaged in our programs and support and increase the number of under-represented patients receiving affordable primary care close to their homes, thereby reducing the number of non-urgent ED visits.	AC developed with John Grabusky as system-wide strategy	John Grabusky		X		X
Objective 5:	**Platform Strategies**	**Outcome Statement**	**Updated/Notes**	**Responsible Individual(s)**	**Status**	Mang Total Health	Perform Excell	Ease of Use
Foster pursuit of health careers and ongoing training of health professionals	Encourage pursuit of careers in the health field.	Continue to encourage high school and college students to enter the healthcare field by providing high school STEAM and career tours of GBH, participate in college orientations and health symposiums, and provide volunteerism opportunities. Report on # of tours/schools, # of events/colleges, # of volunteers and the departments served.	Updated by Lisa Makara and Lissa Bryan-Smith	TBD			X	
	System-wide Strategies	**Outcome Statement**	**Updated/Notes**	**Responsible Individual(s)**	**Status**	Mang Total Health	Perform Excell	Ease of Use
	Encourage pursuit of careers in the health field.	Offering training and education programs which include co-op programs, nurse residency program, med surg fellowship and Abigail Scholars program, which will help to increase recruitment and retention.	AC developed with Ida Castro & Lindsey Ford as system-wide strategy	Ida Castro Lindsey Ford			X	

CY21-CY23 Community Health Needs Assessment Implementation Plan- GBH

Priority Area: BEHAVIORAL HEALTH

GOAL: Model best practices to address community behavioral health care needs and promote collaboration among organizations to meet the health and social needs of residents.

Objective 1:	System-wide Strategies	Outcome Statement	Updated/Notes	Responsible Individual(s)	Status	Strategic Priorities: Mang Total Health	Perform Excell	Ease of Use
Advance local and state dialogue to address behavioral health needs	Convene partners or participate in existing coalitions to identify and address gaps in services.	Increased access to behavioral health services as measured by number of individuals served.	Developed in collaboration with Dawn Zieger as a system-wide behavioral health strategy	Dawn Zieger		X	X	X
	Advocate to remove regulatory barriers to the provision of behavioral health services.	Meetings with regulatory bodies to identify opportunities to streamline requirements.	Developed in collaboration with Dawn Zieger as a system-wide behavioral health strategy	Dawn Zieger			X	X

Objective 2:	System-wide Strategies	Outcome Statement	Updated/Notes	Responsible Individual(s)	Status	Mang Total Health	Perform Excell	Ease of Use
Foster integration of behavioral health care across the continuum	Increase footprint of integrated primary and behavioral healthcare within primary care practices.	Increase Number of behavioral health patients receiving care in Primary Care Setting. Increase Number of Integrated Primary Care Clinics.	Developed in collaboration with Dawn Zieger as a system-wide behavioral health strategy	Dawn Zieger		X		X
	Implement sustainable behavioral health integration with Geisinger Federally Qualified Health Centers (FQHC) and/or look a like clinics.	Number of patients served within the Caring Community sites (Kistler & Hazelton).	Developed in collaboration with Dawn Zieger as a system-wide behavioral health strategy	Dawn Zieger		X		X
	Increase integration of integrated behavioral health services within hospital specialty clinics and programs (ie. Oncology, Pain, Clinical Nutrition, etc.)	Number of patients served within a Geisinger specialty integrated care program.	Developed in collaboration with Dawn Zieger as a system-wide behavioral health strategy	Dawn Zieger		X		X
	Strengthen partnerships to improve the transitions of care into the community (example: crisis services, FQHCs, community clinics)	Meetings with Community Partners to strengthen the local continuums of care.	Developed in collaboration with Dawn Zieger as a system-wide behavioral health strategy	Dawn Zieger (with input from platform)		X	X	

Objective 3:	System-wide Strategies	Outcome Statement	Updated/Notes	Responsible Individual(s)	Status	Mang Total Health	Perform Excell	Ease of Use
Increase access to behavioral health services	Increase capacity of behavioral health outpatient services for each region by implementing an expansion plan.	Increase the capacity to provide care through multiple disciplines (Social work, Psychology, Psychiatry).	Developed in collaboration with Dawn Zieger as a system-wide behavioral health strategy	Dawn Zieger		X	X	X
	Leverage telemedicine to provide services to underserved areas.	Create and increase multiple points of access/entry for those with Behavioral Health issues to access care. This may take place within a clinic or provide telemedicine to the patient in their home environment.	Developed in collaboration with Dawn Zieger as a system-wide behavioral health strategy	Dawn Zieger		X		X
	Support enhancement of Medication-assisted Treatment (MAT) clinics and broader access to reversal drugs.	1. Number of unique patients seen in MAT 2. Mortality rate relative to untreated-expected for all clinic locations (Bloomsburg, Williamsport, Scranton and Wilkes Barre).	Developed in collaboration with Dawn Zieger as a system-wide behavioral health strategy	Jordan Barbour		X	X	X
	Support opioid-dependent women as well as mom's suffering from substance abuse disorder during pregnancy and two years after childbirth through a coordinated clinical and social support program.	Provide program participation of enrolled mothers and babies, Neonatal Abstinence Syndrome (NAS) symptoms, enrollment in MAT, and newborn APGAR (appearance, pulse, grimace, activity, and respiration) score.	Developed in collaboration with wellness as a system-wide strategy	Michelle Passaretti		X	X	

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Priority Area: CHRONIC DISEASE PREVENTION AND MANAGEMENT						**Strategic**		
Goal: Reduce risk factors and premature death attributed to chronic diseases.						**Priorities**		
Objective 1:	**Platform Strategies**	**Outcome Statement**	**Updated/Notes**	**Responsible Individual(s)**	**Status**	Mang Total Health	Perform Excell	Ease of Use
Encourage community initiatives that support access to and availability of healthy lifestyle choices	Serve on the Board of Directors for the Columbia Child Development Program to provide quality, inclusive services for children and families.	Number of hours volunteering for Columbia Child Development Program.	Updated by Matthew McCollin 2/3/21	Matthew McCollin			X	
	System-wide Strategies	**Outcome Statement**	**Updated/Notes**	**Responsible Individual(s)**	**Status**	Mang Total Health	Perform Excell	Ease of Use
	Offer Breastfeeding Classes by a Board-Certified Lactation Consultant.	By increasing breastfeeding rates both the mother's and infant's health will benefit as measured by lower incidence of postpartum depression, breast and ovarian cancer in mothers and fewer sick visits, lower risk of asthma and obesity for infants in whom benefits increase the longer they are breastfed.	AC developed with Holly Barbella as system-wide strategy	Holly Barbella		X		X
	Leverage our relationships with health-related community non-profits to promote physical activity across our service regions. Offer free or reduced cost exercise or education programs for community members. Support community races, fun runs, walks and other events that promote physical activity. Participate in or host free community health fairs targeting diverse populations.	increase awareness and number of participants who attend community events or programs.	AC developed with John Grabusky as system-wide strategy	John Grabusky		X		
	Participation in culinary medicine, an evidence based and interactive approach to nutrition education that incorporates knowledge of food and cooking into current medical disease prevention and treatment methods.	Number of participants in classes.	AC developed with Renee Winter-Bertsch as Clinical Nutrition system-wide strategy	Renee Winter-Bertsch			X	
	Partner with local food bank organizations to offer emergency food boxes to expand access for food resources.	Provide program participant totals and families served.	Developed in collaboration with wellness as a system-wide strategy	Michelle Passaretti		X		
	Support various community health and wellness educational programs.	Will provide or participate in free community events, including health and wellness educational programs and health fairs, to increase awareness and number of participants who attend community events or programs.	Developed in collaboration with wellness as a system-wide strategy	Eileen Evert		X		
	Promote and support the Geisinger Fresh Food Farmacy, including diabetes wellness classes and dietary consultations, to food-insecure, diabetic patients.	Improve food insecurity and health outcomes among low-income participants with diabetes by identifying the number of at-risk individuals with diabetes reporting food insecurity, providing number of patients served by our program, and reporting changes in healthy lifestyle behaviors and diabetes outcomes.	Developed in collaboration with wellness as a system-wide strategy	Michelle Passaretti		X		
Objective 2:	**System-wide Strategies**	**Outcome Statement**	**Updated/Notes**	**Responsible Individual(s)**	**Status**	Mang Total Health	Perform Excell	Ease of Use
Initiate early stage interventions for individuals at high risk for chronic disease	Coordinate community-based strategic partnerships and develop operational infrastructure that enables us to scale and promote evidenced-based programming to serve more patients/members.	Will provide chronic disease management and evidence-based programs to increase and improve knowledge and clinical measures of participants in programs.	Developed in collaboration with wellness as a system-wide strategy	Eileen Evert		X		
Objective 3:	**Platform Strategies**	**Outcome Statement**	**Updated/Notes**	**Responsible Individual(s)**	**Status**	Mang Total Health	Perform Excell	Ease of Use
Develop integrative care models to improve outcomes for patients with chronic disease	Support the Amyotrophic Lateral Sclerosis (ALS) clinic located on the Geisinger Bloomsburg Hospital Campus.	Number of patients served at the ALS clinic.	Updated by Lisa Makara 2/8/21	Jennifer Yucha			X	
	Provide Support Groups for patients with asthma, COPD, and other breathing issues, and their caregivers.	Number of people that attend Better Breathers support group.	Updated by Lisa Makara 2/8/21	Tara Little, Sandy Kogut, Jen Keck, Lee Holt (Better Breathers Club)			X	
	System-wide Strategies	**Outcome Statement**	**Updated/Notes**	**Responsible Individual(s)**	**Status**	Mang Total Health	Perform Excell	Ease of Use
	Provide (virtual) support group for patients with diabetes.	Number of participants in support groups.	AC developed with Renee Winter-Bertsch as Clinical Nutrition system-wide strategy	Renee Winter-Bertsch		X		X
	Provide evidence based medical nutrition therapy for patients at Geisinger 65 Forward.	1. Will provide program participant totals. 2. Will provide chronic disease management and evidence-based programs to increase and improve knowledge and clinical measures of participants in programs.	AC developed with Renee Winter-Bertsch as Clinical Nutrition system-wide strategy	Renee Winter-Bertsch		X	X	
Objective 4:	**System-wide Strategies**	**Outcome Statement**	**Updated/Notes**	**Responsible Individual(s)**	**Status**	Mang Total Health	Perform Excell	Ease of Use
Increase cultural competency among all Geisinger health care providers and staff	Offer Everyday Bias Training systemwide to providers/employees to increase cultural competencies among health providers.	Increase our patient experience scores among our diverse patient population, measured through the following outcomes: 1. Lower turnover rates and longer retention rates 2. Expanding the talent pool through innovative outreach initiatives 3. Higher engagement scores—noted internally and externally	AC developed with Arthur Breese as system-wide strategy	Arthur Breese			X	