

The 2016 Community Health Needs Assessment contained three main areas. The first was a survey of 563 individuals who live in the thirteen zip codes served by Marlette Regional Hospital. The second area involved conducting focus groups of community members. The third area was the interview of stakeholders from the Sanilac County branch of the Michigan Department of Health and Human Services, Sanilac County Community Mental Health, and Sanilac Intermediate School District.

The survey results of the 2016 Community Health Needs Assessment (CHNA) generated the following information:

**Finding:** There were no major problem areas identified that would prevent access to health care and no major problem areas identified regarding the concerns of vulnerable groups, like seniors. Four low-moderate or high-minor problems were identified: not enough evening or weekend hours, not enough specialists, not able to get appointment/limited hours, and not enough doctors.

**Response:**

**Not enough evening or weekend hours:** Recently, we have expanded hours of operations at many of our outpatient clinics. Many clinics have regular hours of operation until 6:30 or 7 p.m. Many others begin seeing patients as early as 7 a.m.

**Not enough specialists:** Recruiting specialists to rural areas is a great challenge. As the consultants to our Community Health Needs Assessment state in the report these types of issues “All refer to the supply of physicians which is highly dependent on the ratio of physician per 100,000 population and is endemic in rural and semi-rural counties. Sanilac County, in which Marlette Regional Hospital is located, had a population of 43,114 in 2010.” Regardless of this great challenge, we have added new specialty services. Emergency telehealth services for possible stroke patients will begin in June 2016. This will be shortly followed by outpatient clinic services, like tele-psychiatry, which will bring specialty physicians to our local hospital. In July 2016 we will expand the availability of urology services, and we have continued to bring additional general and orthopedic services to our hospital.

**Not able to get appointments/limited hours:** During this past year we have converted one of our physician clinics to rural health clinic status. This status requires that we keep a fairly large percentage of our clinic schedule open every day for urgent, acute services. This now brings our total of rural health clinics, located in Brown City, Mayville, Kingston and Marlette, to four. In addition, our Kingston clinic accepts walk-in patients and most of our other clinics accept same -day appointments.

**Not enough doctors:** Balancing the desired number of doctors with the limited resources available to pay for those doctors remains a significant challenge for us. We feel our current roster of primary care providers is sufficient to meet the needs of our community. We will continue to work on increasing the availability of specialty services in our community so our patients can get timely, competent care close to home.

**Finding:** The top and only significant reason for a cost consideration preventing individuals from receiving health services was high deductibles or copays.

**Response:** The consultants of our Community Health Needs Assessment point out in the report, “That respondents picked high deductibles and copays, is not surprising” and “although hospitals and health

departments may adjust their own copays, they have almost no ability to change insurance deductibles." Every patient is a consumer and will make decisions that balance risks with costs when they purchase health insurance plans. While we have no ability to influence our patients' health insurance plans' deductibles and copays, we have begun working on treating our patients in the most cost effective manner possible. As of January 2016, we began participation in a rural Accountable Care Organization which seeks to lower the costs of providing care to our Medicare patients while maintaining and often times improving their health outcomes. This is accomplished through active care management for our patients with a focus on wellness and preventative health services. Lowering the cost of care and preventing sickness lead to lower out-of-pocket expenses for our patients. This approach has been expanded to patients covered under all insurance plans.

In addition, we offer charity care discounts to patients who meet financial qualifications. This can result in a portion of their balance being written off to the entire balance being written off. We are also able to make installment payment arrangements when needed.

**Finding:** The top three concerns for physical health in your community for youth: youth obesity, youth hunger and poor nutrition, and teen pregnancy.

**Response:** We incentivize our health care providers to partner with local community school systems to educate our youth. Our providers have presented various sex education sessions among other topics. We will encourage our providers to develop educational topics for nutrition to help combat youth obesity and hunger.

**Finding:** The top three concerns for mental health substance abuse in your community for youth: youth drug use and abuse, youth bullying, and youth alcohol use and abuse.

**Response:** We will address these issues similar to how we plan to address physical health concerns with our youth. We will encourage our providers to develop and present to our local community schools educational sessions on drug and alcohol use and abuse and bullying.

**Finding:** The top three concerns about senior population in your community: cost of medications, availability of resources to help the elderly stay in their homes, and assisted living options.

**Response:** We will continue to address the cost of medications through a partnership with our local retail pharmacy. It has developed a fund to help those who cannot afford their prescriptions. The local pharmacy raises funds through various events, and the hospital helps to administer the program to qualified individuals.

Regarding helping the elderly stay in their homes and assisted living options, we do not have a home health agency or an assisted living facility. However, we do operate a hospice service that helps hospice patients stay in their own home as long as possible. We also offer swing bed services to patients who have been discharged from a hospital but aren't quite ready to be home. Swing bed services are designed to rehabilitate the patient so he can return to his own home.

The following information was discovered in the focus group meetings:

**Finding:** The top five concerns indicated by the focus groups were: drug use and abuse, obesity/overweight, extra hours for appointments such as evenings and weekends, availability of mental health services, and availability of substance abuse/treatment services.

**Response:** Drug use and abuse must be addressed through several societal channels of which health care is one. Our physician offices and our emergency department have strict guidelines in the prescribing and administration of opioids and narcotics. These guidelines are in place to restrict and replace narcotic and

opioid usage and replace them with safer yet effective alternatives. We will work to develop and communicate drug use and abuse awareness information for our communities. This can be done in partnership with our local law enforcement agencies, school systems, and other community organizations. Regarding the health issue of obesity, we will continue to work with our local communities in developing programs to combat this issue, such as our community walking programs. We will also look to develop healthy eating education sessions utilizing our dieticians and diabetes education professionals. We have previously in this report addressed the evening and weekend availability of our health care providers. We have also previously reported the new telehealth services we are exploring that will bring psychological and psychiatric services to our communities.

The following information was identified in the stakeholder interviews:

**Finding:** In addition to many items already mentioned in the focus group meeting, stakeholders saw a lack of resources in our rural communities for things like transportation, psychological screenings, and psychiatric services as top concerns.

**Response:** We have partnered with many other health care organizations in a sixteen county region to develop Non-Emergency Medical transportation Organizer (NEMO). AskNemo.org is a web-based application designed to bring transportation providers together with transportation prescribers to assist in organizing and coordinating travel for patients to get to their required appointments in East Central Michigan. It is a project of Hospital Council of East Central Michigan of which we are a member.

As already mentioned above, we are in the process of developing psychological and psychiatric services through telehealth services which bring these specialists to our local hospital through technology. These services will unite our patients with clinical experts that otherwise would not be available in our rural area.

**Finding:** The stakeholder interviews also suggested more education and awareness of programs need to be provided to our communities. This is especially so for primary care outreach, for information on what insurances cover and don't cover, communication of case management, and more general education/marketing for services and resources already provided.

**Response:** In the last couple years we have invested resources in to a community outreach program that addresses many of these concerns. We have hired an Outreach Specialist who proactively calls patients to inform them of wellness and preventative services that are available to them. She is knowledgeable about insurance plans and what screenings and services are covered 100% by the plans and which ones will have deductibles and copays applied to them. We have also hired a Care Coordinator who travels from physician office to physician office to meet with patients at their convenience to talk about how to better manage their chronic health condition. We will continue to work with our marketing department to create effective strategies to communicate to our communities the services we offer.

**Conclusion:** Marlette Regional Hospital's mission is to continuously improve the health in the communities we serve. We continue to provide services to accomplish that mission while we explore innovative ways to improve our efforts. Our best efforts will be working with other like-minded organizations which are committed to making our communities healthier.

Respectfully submitted,



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Marlette Regional Hospital