



**Community Health
Implementation Plan – Marshall
2017-2018**

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Introduction

The Patient Protection and Affordable Care Act established Internal Revenue Section 501(r) that imposed requirements on 501(c)(3) organizations, such as CHRISTUS Good Shepherd Medical Center – Marshall, that operate one or more hospital facilities. Each 501(c)(3) hospital organization is required to conduct a community needs assessment (CHNA) at least once every three years. Each hospital is also required to develop an implementation strategy to identify and address community health needs. This CHNA Implementation Plan was developed by hospital management and approved by the hospital’s board of directors to satisfy the implementation strategy requirements of IRS Section 501(r).

The Medical Center has historically performed periodic CHNAs and developed programs to address community health needs. The information detailed below reflects actions to address community needs in Fiscal Year 2017, which ended September 30. Most of these programs have been in effect for several years and are performed by the Medical Center or in collaboration with an affiliate of CHRISTUS Good Shepherd Health System, the parent company of the Medical Center. CHRISTUS Good Shepherd Medical Center – Marshall is committed to continuing these programs as a benefit to the community.

The aim of the Medical Center has always been to provide quality, compassionate and comprehensive healthcare services to every patient. Through its evolution from a small, county hospital to a major 149 bed regional referral center, CHRISTUS Good Shepherd Medical Center - Marshall is poised to meet future challenges and address community health needs, as allowed with internal financial resources. In addition, we are striving to develop new and innovative programs and partnerships with regional providers to further address community health needs.

General Description of CHRISTUS Good Shepherd Health System

CHRISTUS Good Shepherd Health System includes two medical centers, more than 30 provider office locations, emergency services, immediate care centers, a full range of outpatient services and our health and wellness facility, the Institute for Healthy Living. CHRISTUS Trinity Clinic, our multi-specialty network of providers, is focused on patient-centered care that improves the lives of patients as well as the overall wellness of the communities we serve. As a cornerstone of the rich heritage of CHRISTUS Good Shepherd Health System, we are committed to providing excellence in health care.

CHRISTUS Good Shepherd Medical Center – Marshall

CHRISTUS Good Shepherd Medical Center – Marshall is a not-for-profit facility. A full-service 149-bed hospital located in northeast Texas, it is approximately 150 miles east of Dallas and 35 miles west of Shreveport, Louisiana. Although the majority of the center’s patients come from the city of Marshall, it also serves communities and residents in Harrison, Marion, Cass and Panola counties in Texas. As a Level III Trauma Center and Acute Stroke-Ready Hospital, CHRISTUS Good Shepherd in Marshall is ready and able to care for patients in their time of need.

The communities served by Good Shepherd Medical Center – Marshall (the Hospital) are mostly rural in nature, the largest city being Marshall – with a population of more than 24,000– in Harrison County, Texas which in 2010 had a total population of 63,631 residents according to the Census Bureau. Centrally located to those who utilize our medical facility, we also serve residents in adjacent Marion County to our north, population 10,546 and Panola County to our south, population 23,796. According to the 2010 Census estimates, 15.2% of the Harrison County population lives in poverty. The Census Bureau reports that only 16.2% of adults hold a college degree or higher level of education and the median household income is \$44,425. In other areas of our service region, Marion County has a median annual household income of \$29,943, and 23.2% of its residents live in poverty. In Marion County, only 11.2% of the population has a college education while 11.4% percent of the Panola County population has a college education. Panola County has a median annual household income of \$45,622, and 12.5% of its residents live in poverty.

Identified Community Health Needs

The following health needs were identified based on the information gathered and analyzed through the 2016 CHNA conducted by CHRISTUS Good Shepherd.

To conduct this Community Health Implementation Plan (CHIP) Good Shepherd collected and analyzed the most current health, social, economic, housing and other data, as well as qualitative input directly from community leaders, representatives and agencies through surveys of key stakeholders. This approach allowed Good Shepherd to analyze both quantitative data and qualitative input on our community’s health status. The steering committee reviewed all data available and collectively, through discussion, prioritized the health needs of our community that varied substantially from benchmark data and often times were also aligned with national and state-level health priorities. These needs have been prioritized based on information gathered through the CHNA.

These needs have been prioritized based on information gathered through the CHNA.

Identified Community Health Needs

1. Lack of Mental Health Providers/Services
2. Obesity, Diabetes, Heart Disease and other Chronic Health Disorders
3. Affordable Primary and Preventative Care Options
4. Unemployment and Decrease in Income in the Community Due to Economic Downturn
5. Healthy Behaviors/Lifestyle Choices
6. Lack of Health Knowledge/Education
7. Lack of Community Resources to Promote Health (facilities, outdoor spaces)
8. Uninsured/Limited Insurance due to Lack of Medicaid Expansion or High Deductible Plans
9. Adult Smoking/Tobacco Use
10. Crime and Violence

These identified community health needs, as well as the Medical Center's plans to address these needs, will be discussed later in this report.

Implementation Plan for Prioritized Community Health Needs

The Medical Center’s Board of Directors and Management has determined that the following health needs, as identified in the Medical Center’s community health needs assessment, should be addressed through the implementation plan as noted for each need:

▲ Lack of Mental Health Providers/Services

Specific Health Need Identified in CHNA:

- Lack of Mental Health Providers/Services

Implementations Strategy(s):

- **Implement Technology Assisted Services to Support, Coordinate or Deliver Behavioral Health Services** – Access to an adequate supply of well-educated, culturally competent, and highly trained physicians in rural areas is essential to deliver quality health care. Projections show that the United States will face a shortage of nearly 100,000 doctors by 2020 and underserved populations will continue to bear the heaviest burden of both a primary care workforce and specialist shortage. Psychiatry has been identified as one of the specialty areas of greatest need. Texas, both urban and rural, has not been spared from this shortage of physicians and specialists including psychiatrists as well as other behavioral health providers. Tele-video technology has been proposed as a means to address these limitations of access to behavioral health services in remote or rural areas of the state. These telehealth services may include mental health assessments, treatment, education, monitoring, mentoring and collaboration. These services can connect multiple geographic locations and many different provider types in a variety of settings. Its use could provide direct video access between psychiatrist, patient and primary care provider as well as with evidence-based counseling protocols.
- **CHRISTUS Good Shepherd Behavioral Health** – Our specialists are trained in the diagnosis, treatment and prevention of disorders that adversely affect our patients’ quality of life including behavioral, intellect, substance abuse, cognitive and perceptual issues. The Medical Center’s providers start with an assessment exam and review of any case history. Depending on the issues, physical exams and psychological testing may be needed. Our providers can access neuroimaging technology to help diagnose and treat the issues. Every day, with every patient, our providers are focused on collaboration to deliver quality healthcare.

▲ Obesity, Diabetes, Heart Disease and other Chronic Health Disorders

Specific Health Need Identified in CHNA:

- Obesity, Diabetes, Heart Disease and other Chronic Health Disorders

Implementations Strategy(s):

- **Diabetes Education** – The Medical Center recognizes the connection between obesity and diabetes education. An outpatient diabetes educator at the Medical Center continually encourages and educates patients to adopt healthy lifestyles to lessen their risks of developing diabetes. Patients are provided with diabetes education on an as-needed basis within the hospital prior to discharge. For patients requiring diabetes education outside of the hospital, the Medical Center directs them to Longview’s outpatient diabetes education program. The outpatient diabetes education program at the Longview Medical Center also hosts several free community seminars with topics focusing on diabetes prevention.

- **Marshall LifeCenter** – The Marshall LifeCenter (owned and managed by the Hospital) is in its 16th year of service to the community and continues to focus on the promotion of fitness, wellness and healthy life styles. With current memberships at around 2,550, the 24,000 square foot, state-of-the-art fitness facility is open to the community through physician referral or personal and group memberships. The Marshall LifeCenter offers indoor aquatic therapy, an aerobic studio and fitness classes including yoga, Zumba, HIIT Kickboxing and Insanity, an indoor walking track, massage therapy, state-of-the-art fitness equipment as well as Silver Sneakers, a program specifically designed for senior citizens. Clinically educated degreed trainers are available to assist with exercise prescriptions designed to inspire, motivate and help achieve personal goals. Easy to use Technogym smart-key technology helps to encourage accountability and stat tracking.

Over the past 11 years the Hospital has managed the LifeCenter with minimal updates and equipment replacements. In the summer of 2008, the facility underwent a renovation project which included updating locker rooms and shower areas as well as the addition of all new cardio and strength equipment. In 2010, the LifeCenter’s therapy and lap pools were transformed to salt water pools. In December 2011, the Marshall Hospital Foundation donated \$250,000 worth of new equipment to the LifeCenter.

- **Stroke Support Group** – In order to provide information and support to stroke patients, the Medical Center hosts a Stroke Support Group. Established by the Medical Center’s stroke coordinator, the group provides patients an outlet to share concerns and learn how to prevent additional stroke episodes. Educational topics related to stroke care and prevention are presented and the group shares and provides support to one another. In an inspirational circle of goodwill, some of the patients who received stroke care at the Medical Center and benefited from the support of the group have elected to volunteer their time to help others who are hospitalized with similar diagnoses.

- **ExtraSteps** – The Hospital continues to offer services to area citizens over the age of 55 through its ExtraSteps program. With membership at approximately 650, program members have access to monthly education programs on topics that are relevant to seniors, assistance with Medicare claims and hospital bills. Discounted rates are also offered by the hospital’s state-of-the-art fitness facility, the Marshall LifeCenter. In addition, ExtraSteps offers social activities throughout the year. Functions range from day trips to nearby urban cities’ arts, cultural and recreational opportunities, to international excursions to Europe or the Far East.
- **Cardiac Rehabilitation** – Certified by the American Association of Cardiovascular and Pulmonary Rehabilitation, Cardiac Rehabilitation at the Marshall LifeCenter provides comprehensive cardiovascular risk reduction services to patient with cardiovascular disease. Offering a continuum of care between the inpatient and outpatient setting, the Cardiac Rehabilitation program is designed to decrease morbidity, mortality and improve a variety of clinical and behavioral outcomes including quality of life. This is accomplished through supervised exercise training as well as intensive lifestyle modification and disease management counseling provided by a multidisciplinary team consisting of registered nurses, exercise physiologist, registered dietitian and certified diabetic educator. The Cardiac Rehabilitation team members assist patients in developing an exercise program unique to each patient’s needs and abilities. During the regularly scheduled progressive exercise training sessions, each patient’s heart rhythm, heart rate and blood pressure are closely monitored and evaluated. Family members and care providers are encouraged to attend our educational offerings as they have direct impact on patient’s care. Educational offerings include A&P of the Heart, ABC’s of Healthy Behavior Changes, Nutrition 101, Portion Distortion, Stress Management, Exercise Safety, Risk Factors for Heart Disease and Medication Management.

▲ Affordable Primary and Preventative Care Options

Specific Health Need Identified in CHNA:

- Affordable Primary and Preventative Care Options

Implementations Strategy(s):

- **Improve Access to Specialty Care** – Rural communities differ in population density, remoteness from urban areas and in other cultural, economic, and social characteristics. Generally, the smaller, poorer, and more isolated these communities, the less accessibility there is to high quality health services. Through this project, the goal is to increase the capacity to provide specialty care services and the availability of targeted specialty providers to better accommodate the high demand for these services so patients have increased access. Access will be increased by service availability and specialty clinic locations. Emphasis will also be placed on improving the quality of care and patient satisfaction by optimizing timely referrals to and consultations with selected medical specialties. Implementation will also result in the reduction of health care costs by improving early diagnosis and management of disease processes.
- **Prompt Pay Program** – CHRISTUS Good Shepherd Medical Center – Marshall initiated an innovative program in the summer of 2009 to offer uninsured and underinsured patients a discounted price similar to those who have insurance coverage. This program offers patients a way to pay their health care bill without going heavily into debt for services such as emergency room visits, X-rays and joint replacement surgery. The establishment of this program reflects CHRISTUS Good Shepherd Medical Center – Marshall’s commitment to providing innovative solutions to health care billing and quality health care to all patients.
- **The Breast Center at CHRISTUS Good Shepherd – Marshall** – At the Breast Center, patients receive digital mammography services provided by a knowledgeable staff and the convenience of all diagnostic services in one location.

The Breast Center at CHRISTUS Good Shepherd – Longview operates a mobile mammography unit that provides mammography services to patients on-site at their workplace or in regional communities where the service is not available. The mobile mammography unit visits the Marshall Medical Center periodically offering breast exam services at a low cash price of \$99 making it affordable for many women who may not have health insurance to take advantage of this valuable preventive test.

- **Provide Navigation Services to Targeted Patients** – The Emergency Department is increasingly being used by patients with non-emergency conditions. This project will help these patients navigate through the continuum of health care services, including finding a medical home that will improve health outcomes and reduce costs associated with cyclical crises and inappropriate reliance on the Emergency Department. The Medical Center will recruit, train and monitor skilled Patient Care Navigators (PCN) serving persons with severe mental illness and chronic medical conditions to assist in preventable ED admissions. Training will include relationship building, problem solver, resource locator, and system navigation. Certified PCNs will make contact with clients and review both behavioral and physical health needs. PCNs will work with each individual in helping coordinate upcoming appointments and to identify emerging needs. The PCN will assist the client in accessing physical health services and help them understand treatment options if needed, increasing access to care management and/or chronic care management, including education in effective self-management techniques for patients with chronic conditions.
- **Implement Patient Care Navigator Program for Chronic Disease Management** – Utilize innovative health care personnel such as community health workers and bachelor’s level health professionals including nurses, social workers, health service professionals, and public health professionals as patient navigators to provide enhanced social support and culturally competent care to vulnerable and/or high risk patients. Patient navigators will help and support these patients navigate through the continuum of health care services to ensure patients receive coordinated, timely, and site-appropriate health care services. Navigators will assist in connecting patients to primary care physicians for preventive care, specialty care and/or the patient centered medical home, as well as divert non-urgent care from the Emergency Department to site-appropriate locations.
- **Medicaid Waiver Transformation & Quality Improvement Programs** – Several programs have been developed as part of the Northeast Texas Region 1 Texas Healthcare Transformation and Quality Improvement Program (THTQIP). The THTQIP was required by a special Medicaid waiver granted to the State of Texas by the Centers for Medicare and Medicaid Services (CMS) and is designed to encourage “activities that support hospitals’ collaborative efforts to improve access to care and the health of the patients and families they serve.” The triple aim of this program is to 1) improve the patient experience of care (both quality and satisfaction), 2) improve the health of populations (especially Medicaid and uninsured patients), and 3) to reduce the per capita cost of healthcare. In addition, addressing gaps in access to care is also a key focus of the THTQIP.

Services provided under these programs in 2015 included:

- More than 800 eligible patients received intensive heart failure education in the hospital, and 699 received post discharge phone calls.
- A Patient Centered Medical Home project within an internal medicine clinic directly lead to more than 2,300 patients being empanelled in a Medical Home.
- An Emergency Department Patient Navigation program enabled more than 2,400 patients who entered the emergency room without a primary care to receive future services at a primary care clinic.

▲ Healthy Behaviors/Lifestyle Choices

Specific Health Need Identified in CHNA:

- Healthy Behaviors/Lifestyle Choices

Implementations Strategy(s):

- **Marshall LifeCenter** – The Marshall LifeCenter (owned and managed by the Hospital) is in its 16th year of service to the community and continues to focus on the promotion of fitness, wellness and healthy life styles. With current memberships at around 2,550, the 24,000 square foot, state-of-the-art fitness facility is open to the community through physician referral or personal and group memberships. The Marshall LifeCenter offers indoor aquatic therapy, an aerobic studio and fitness classes including yoga, Zumba, HIIT Kickboxing and Insanity, an indoor walking track, massage therapy, state-of-the-art fitness equipment as well as Silver Sneakers, a program specifically designed for senior citizens. Clinically educated degreed trainers are available to assist with exercise prescriptions designed to inspire, motivate and help achieve personal goals. Easy to use Technogym smart-key technology helps to encourage accountability and stat tracking.
- **Community Education** – Health Education topics are presented by clinical experts including physicians, physical therapists, registered dietitians, certified diabetic educators, registered nurses, speech therapists, athletic trainers and other professionals on a regular basis. Most community education classes are free and open to the public at CHRISTUS Good Shepherd’s Marshall LifeCenter. Classes include education on some of the top identified health disparities including Cardiac Rehabilitation, Diabetes and Physical Inactivity. Classes are often interactive and engage individuals in programs that enable behavior change and improve health. Participants will learn to develop, monitor and evaluate choices focused on decreasing risk factors for disease.
- **ExtraSteps** – The Hospital continues to offer services to area citizens over the age of 55 through its ExtraSteps program. With membership at approximately 650, program members have access to monthly education programs on topics that are relevant to seniors, assistance with Medicare claims and hospital bills. Discounted rates are also offered by the hospital’s state-of-the-art fitness facility, the Marshall LifeCenter. In addition, ExtraSteps offers social activities throughout the year. Functions range from day trips to nearby urban cities’ arts, cultural and recreational opportunities, to international excursions to Europe or the Far East.
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▲ **Lack of Health Knowledge/Education**

Specific Health Need Identified in CHNA:

- Lack of Health Knowledge/Education

Implementations Strategy(s):

- **Community Education** – Health Education topics are presented by clinical experts including physicians, physical therapists, registered dietitians, certified diabetic educators, registered nurses, speech therapists, athletic trainers and other professionals on a regular basis. Most community education classes are free and open to the public at CHRISTUS Good Shepherd’s Marshall LifeCenter. Classes include education on some of the top identified health disparities including Cardiac Rehabilitation, Diabetes and Physical Inactivity Classes are often interactive and engage individuals in programs that enable behavior change and improve health. Participants will learn to develop, monitor and evaluate choices focused on decreasing risk factors for disease.
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▲ **Lack of Community Resources to Promote Health (facilities, outdoor spaces)**

Specific Health Need Identified in CHNA:

- Lack of Community Resources to Promote Health (facilities, outdoor spaces)

Implementations Strategy(s):

- **Marshall LifeCenter** – The Marshall LifeCenter (owned and managed by the Hospital) is in its 16th year of service to the community and continues to focus on the promotion of fitness, wellness and healthy life styles. With current memberships at around 2,550, the 24,000 square foot, state-of-the-art fitness facility is open to the community through physician referral or personal and group memberships. The Marshall LifeCenter offers indoor aquatic therapy, an aerobic studio and fitness classes including yoga, Zumba, HIIT Kickboxing and Insanity, an indoor walking track, massage therapy, state-of-the-art fitness equipment as well as Silver Sneakers, a program specifically designed for senior citizens. Clinically educated degreed trainers are available to assist with exercise prescriptions designed to inspire, motivate and help achieve personal goals. Easy to use Technogym smart-key technology helps to encourage accountability and stat tracking.

▲ **Uninsured/Limited Insurance due to Lack of Medicaid Expansion or High Deductible Plans**

Specific Health Need Identified in CHNA:

- Uninsured/Limited Insurance due to Lack of Medicaid Expansion or High Deductible Plans

Implementations Strategy(s):

- **Certified Application Counselors** – Certified Application Counselors are available at no cost to patients to help them explore insurance options available on the federal health insurance Marketplace. Counselors provide in-person assistance to help patients apply for and enroll in coverage through the Marketplace. They also help determine eligibility for Medicaid, CHIP and Marketplace insurance, including tax credits and cost sharing. They provide fair and unbiased advice and help file for exemptions, appeals and applications for a Special Enrollment Period.

▲ **Adult Smoking/Tobacco Use**

Specific Health Need Identified in CHNA:

- Adult Smoking/Tobacco Use

Implementations Strategy(s):

- **Community Education** – Health Education topics are presented by clinical experts including physicians, physical therapists, registered dietitians, certified diabetic educators, registered nurses, speech therapists, athletic trainers and other professionals on a regular basis. Most community education classes are free and open to the public at CHRISTUS Good Shepherd’s Marshall LifeCenter. Classes include education on some of the top identified health disparities including Cardiac Rehabilitation, Diabetes and Physical Inactivity Classes are often interactive and engage individuals in programs that enable behavior change and improve health. Participants will learn to develop, monitor and evaluate choices focused on decreasing risk factors for disease.

Community Health Needs Not Addressed

Each of the health needs listed below is important to the community served by CHRISTUS Good Shepherd and is addressed by other programs and initiatives operated by CHRISTUS Good Shepherd or other community partners of CHRISTUS Good Shepherd. However, CHRISTUS Good Shepherd will not address the following health needs identified in the community health needs assessment as part of this Implementation Strategy due to limited resources and the need to allocate resources to the other health needs identified in the community health needs assessment.

Unemployment and Decrease in Income in the Community Due to Economic Downturn

Specific Health Need Identified in CHNA:

- Unemployment and Decrease in Income in the Community Due to Economic Downturn

▲ Crime and Violence

Specific Health Need Identified in CHNA:

- Crime and Violence