Community Health Needs Assessment – 2015

Results and Implementation Strategy

Board Presentation

INTRODUCTION:

The purpose of this report is to memorialize the recognition and results of the 2015 Community Health Needs Assessment (CHNA). The results of the CHNA were made publicly available by posting the entire report on Boulder City Hospital's website at http://bchcares.org/. The significant results of the 2015 CHNA were used to create a strategic direction for the hospital. This strategic direction is also referred to as the Implementation Strategy (IS) and was in turn incorporated into the goals and objectives of the CEO's performance evaluation.

CHNA – 2015:

The report is attached for the Board's review.

The CHNA was accomplished with major assistance by John Packham, Ph.D., Director of Health Policy Research and Nevada Flex Program Director, Nevada State Office of Rural Health, University of Nevada School of Medicine

RESULTS:

The significant findings that were used to create the IS are found on pages 9, 11,12,26,32 and 33. These are highlighted below.

The community considers the top three health needs people in our community face in include:

- Cost of health care (23%)
- **Access to health care services (23%)**
- Age related problems (15%)
- Heart disease and stroke (15%)
- **Access to Medicaid/Medicare providers (13%)**

The community considers the following to contribute to health and well being in a negative way:

- **Lack of health care providers, specialists and specialty services (27%)**
- Too much traffic (11%)
- Drug, alcohol and tobacco abuse (10%)
- **Lack of health care access (10%)**
- Sun exposure and pollen/dust allergies (9%)

The community considers the most important factors for a healthy community and improving the quality of life in our community to be:

- **Access to health care (29%)**
- Low crime and safe neighborhoods (25%)
- Health behaviors and lifestyles (10%)
- Good jobs and a healthy economy (6%)
- Supportive services for seniors (6%)

The community went to another hospital or medical provider in the year prior to the 2015 CHNA for the following reasons:

- **Hospital or specialty services were not available locally (25%)**
- Insurance coverage (24%)
- Quality of care considerations (15%)
- Referred by a local physician (13%)
- Costs were lower (9%)

The community considers the following to be the top health or health care challenges facing the community:

- **Lack of services and providers (27%)**
- Cost of health care and acceptance of insurance (26%)
- Aging and unhealthy lifestyles (12%)
- Lack transportation to health care facilities (9%)
- Quality of care and customer service considerations (9%)

The community would like to see the following health care services in the community:

- **More health care specialty services in a providers (32%)**
- Education on preventative care and services (11%)
- **More doctors, especially primary care providers (10%)**
- Competent and compassionate health care providers (10%)
- Lower health care and insurance costs (8%)

These results cover several perspectives and highlight two major themes: Access and Cost. And when discussing cost we are often also discussing access as when the issue of acceptance of insurance is brought up. In the above list of responses, I "bolded" the answers relating primarily to Access and "underlined" the ones primarily related to Cost in order to illustrate the consistency with which these themes are brought up.

IMPLEMENTATION STRATEGY:

The following Implementation Strategy is intended to address the predominant issues of Access and Cost.

Establish a Rural Health Clinic (RHC):

The feedback from the CHNA identifying access as a deficiency is particularly relevant to primary care. Family Doctors of Boulder City (FDBC) are the only primary care providers in the community. They have three full time primary care doctors for a city of approximately 15,000. The business model of FDBC is not conducive to recruitment of new doctors as the physician pays a high percentage of his/her revenue toward overhead. FDBC has been unsuccessful in recruiting a new doctor to replace the one that left over two years ago.

Boulder City is designated as a Medically Underserved Area (MUA). This designation allows BCH to establish a provider based RHC. An RHC is very conducive to the recruitment of new physicians due to its cost based reimbursement. Physician salaries and other overhead expenses are factored into the cost based reimbursement.

The establishment of a RHC will help to address the widespread issue of Primary Care Access in a number of ways:

- Business model is attractive to physicians and will improve recruitment efforts
- The RHC will increase access to Medicaid recipients of which only a small percentage are able to access FDBC
- The RHC will accept other insurance like Medicare Advantage programs that have been previously terminated by FDBC

The hospital will need to generate the necessary startup capital and clear some space in the medical office building. The hospital will also need to recruit the doctor and mid level providers required for clinical operations of the clinic. All these efforts are underway and we expect to have the RHC certified and operational by early 2018.

Pursue Affiliation with Universal Health Services, Inc.

The hospital will pursue an Affiliation with UHS. Such a relationship will not only bolster the hospital's financial viability going forward, it will address the much needed issues identified in the CHNA related to cost of care, acceptance of insurance as well as general access to care and to specialists.

UHS is the largest system provider in Clark County with six acute care hospitals plus a Critical Access Hospital in Pahrump. UHS also has a vast network of physician practices and an Accountable Care Organization (ACO).

While maintaining its status as a locally owned, locally governed Critical Access Hospital, BCH will become an Affiliate of UHS through a general management agreement and clinical integration with UHS continuum of care resources. UHS will assist BCH in meeting the needs of the community by designating it a provider under certain of its managed care contracts and providing certain specialties to provide

time-share primary care and outpatient surgical procedures that are not currently available in the community.

BCH administration has already been discussing this strategy with the UHS market leadership with a great deal of mutual interest. The parties recently co-signed a formal Letter of Intent to purse the Affiliation in good faith with an anticipated completion of March 31, 2018.