

# **Pine Rest Christian Mental Health Services Community Health Needs Assessment Report March 2016**

The Affordable Care Act contains provisions that require hospitals to conduct or participate in a Community Health Needs Assessment (CHNA). In order to maintain non-profit status, hospitals are required to respond to the identified needs by using their community benefit dollars to impact the community needs identified in the CHNA report. The Pine Rest Board approved a plan last year for 2015. This document presents the outcomes of the 2015 plan and contains a new plan for 2016 that has been approved by the Cross Divisional Team. It is presented for the Board's approval.

## **Background**

The law requires that a new CHNA be conducted every three years. Pine Rest has participated in the completion of a second CHNA with other local hospitals and the Kent County Health Department. It was published in March 2015 and is posted on the Pine Rest website. Following completion of the report, the community priorities were developed and they are:

- Mental Health Issues (Stress, Depression)
- Obesity and Poor Nutrition
- Substance Abuse (Alcohol Abuse, Drug Use)
- Violence and Safety

Pine Rest leadership staff reviewed the priorities and identified which ones we will address with our community benefit funds during 2016. The following describes the strategies we will implement, the rationale for the strategies, how we will measure the impact, and the source of community benefit funds we will use to fund the strategy.

## **Pine Rest Strategies for 2016**

The Kent County CHNA identified that Kent County is below the national benchmark for the health indicator of "Ratio of Population to Mental Health Providers." (Kent County: 548:1; National Benchmark: 521:1). As a result access to mental health care is limited. Pine Rest continues to have limited access for outpatient psychiatry services. Our planned strategies outlined below will address this issue and seek to improve access to mental healthcare and addiction services.

### **Improve Access to Mental Healthcare and Addiction Services**

**1. Pine Rest Strategy:** Develop **Telemedicine** capacity to meet the needs of patients who cannot come to outpatient clinics.

**Rationale:** Pine Rest desires to provide services via telemedicine. This will allow patients who cannot travel to a clinic to receive services. It allows outreach to underserved rural areas as well. Telemedicine can also increase the number of patients that a provider can treat, because the provider does not need to travel to different clinics or service sites. Pine Rest outpatient staff have received a Pine Rest Foundation grant to explore and resolve the technology, confidentiality, cost and reimbursement issues for telemedicine. The plan is to begin an effective telemedicine practice during 2016 and provide 150 hours of service by spring 2017.

**2. Pine Rest Strategy: Increase the number of providers** through the psychiatry residency program, the addition of fellowships, and a Physician Assistant Residency.

**Rationale:** Pine Rest and our entire community experiences a shortage of psychiatrists. In West Michigan the shortage is projected to grow by as much as 19% in the next 5 years. Statistics have shown that over half of residents stay in the community after residency. Pine Rest has established a 4-year psychiatry residency program starting in July 2014 and successfully recruited and matched 17 residents the first two years. Pine Rest has a goal to recruit and match 8 candidates this year for a total of 25 residents. So far all residents have been retained.

The need for addiction and geriatric psychiatrists also exists in our community. Several of our current residents have expressed interest in these fields and Pine Rest has the capacity through its array of services to provide this specialized training. This training is 12 months in duration and occurs following completion of our 4 year general psychiatry residency program. Pine Rest has a goal to establish an Addiction Fellowship and a Geriatric Fellowship to train these psychiatrists in our own community. This year the plan includes preparation of an application and all required documents for accreditation of either one or both of these programs. By establishing a psychiatry residency and an addiction and a geriatric fellowship, Pine Rest expects to increase the number of psychiatrists practicing in our community. This will allow for increased access to care for inpatient and outpatient psychiatry services in the community. The Pine Rest Foundation has provided funds for the Residency and Fellowship start up.

Pine Rest has planned a Physician Assistant (PA) Residency in Psychiatry, which is a 12 month residency for PAs who have completed an accredited PA educational program. Pine Rest will recruit 2 PAs who will begin their residency in July 2016. Pine Rest anticipates employing these PAs in our outpatient clinics after their training, where they will work under the supervision of a psychiatrist and expand the capacity to see outpatients. A Pine Rest Foundation grant will provide funding for the start up of this PA residency program.

**3. Pine Rest Strategy: Expand the Outpatient Psychiatry capacity through the Residency Clinic.**

**Rationale:** Pine Rest has developed and opened a psychiatry residency clinic in the fall of 2015. This clinic will continue to expand as additional residents begin their 12 month training rotation in the outpatient clinic. Residents who complete their rotation will continue to spend 8 hours per week in the clinic. The clinic will continue to expand and treat more patients. In order to provide the optimum teaching environment for this clinic, a technology service will be purchased to provide access to and ensure the confidentiality of the videotaped sessions. This technology is designed to enhance the teaching and supervision of the faculty in the clinic. This will allow the clinic to continue to serve more patients and maintain oversight by the faculty. This is funded by a PR Foundation grant for the startup of the residency program.

4. **Pine Rest Strategy:** Improve Depression Care by implementing a **Treatment Resistant Depression team** to provide specialized, multidisciplinary assessment and treatment recommendations for patients with depression who are not responding to treatment as usual.

**Rationale:** Although many patients achieve remission for their depression with Pine Rest therapy and medication treatment (treatment as usual), national estimates indicate that as high as 40 to 50% of depressed patients do not get better with usual treatment. They are considered to have treatment resistant depression (TRD). Pine Rest has developed a TRD team, consisting of a multidisciplinary group of depression experts, who can add their expertise to the treatment of these patients. The TRD team will provide assessment and treatment recommendations for those patients who are not responding to treatment as usual. The team will provide these services to 50 patients who have treatment resistant depression in the next year. This team is funded by a Pine Rest Foundation grant as part of the Depression Center of Excellence project.

#### **Attached Tables**

The table on page 4 labeled “Pine Rest CHNA Plan for 2016” summarizes the plan described here and includes how we will measure the impact of each strategy.

The table on page 5 “Pine Rest CHNA Outcomes for 2015” contains the plan that the Pine Rest Board approved last year and provides the actual outcomes for each strategy.

**Pine Rest CHNA Plan for 2016**

Needs to be Addressed: Mental Health Issues Substance Abuse	Strategy to Meet the Need	How the Impact will be Measured	Pine Rest Investment
Improve Access to Mental Healthcare and Addiction Services	<p><b>Telemedicine:</b> Develop Telemedicine capacity to meet the needs of patients who cannot come to outpatient clinics</p>	An increase in the number of outpatient services provided via telemedicine of 150 hours.	PRF Grant-Telemedicine
Improve Access to Mental Healthcare and Addiction Services	<p><b>Increase number of Providers:</b> Recruit a new class of psychiatry residents.</p> <p>Create an Addiction and/or Geriatric Fellowship program.</p> <p>Establish a new Physician Assistant residency</p>	<p>An increase in the number of Psychiatry residents.</p> <p>An application for accreditation of at least one Fellowship will be prepared.</p> <p>Recruit 2 PAs to participate in the 12 month program</p>	PRF Grants-Fellowship/Residency/PA Residency
Improve Access to Mental Healthcare	<p><b>Residency clinic:</b> Continue to expand the OP Residency clinic to improve access to OP psychiatry services</p>	An increase in the number of individuals who are treated in the residency clinic	PRF Grant-Residency
Improve Depression Care	<p><b>Treatment Resistant Depression Team:</b> Implement a TRD team to provide specialized multidisciplinary care for patients with TRD</p>	Provide services to 50 patients who have treatment resistant depression	PRF Grant- Depression Center of Excellence

**Pine Rest CHNA Outcomes for 2015**

<b>Need to be Addressed (from Kent County Report)</b>	<b>Strategy to Meet the Need</b>	<b>How the Impact will be Measured</b>	<b>Pine Rest Investment</b>	<b>Outcomes for 2015</b>
Ensure access to care for persons with mental illnesses and substance abuse disorders	Implement a model of care that provides urgent access to outpatient Psychiatry.	An increase in the number of hours per week available for urgent access.	PRF Grant- Psychiatry Model of Care	<b>Pine Rest has provided an increase of 39 hours per week of urgent access appointments for outpatient Psychiatry.</b>
Increase the number of mental health care providers available	Recruit a new class of residents.  Plan a Child & Adolescent Fellowship program.	An increase in the number of Psychiatry residents.  An application for accreditation of a C&A Fellowship will be prepared.	PRF Grant- Residency	<b>A class of 8 residents joined Pine Rest in July 2015 for a total of 17 residents. An application for a Child and Adolescent Fellowship was submitted and accreditation was approved in Feb. 2016.</b>
Ensure providers are available that accept Medicaid or offer low-cost/free services	Provide no-cost mental health outreach and engagement services in collaboration with community organizations.	Number of persons served.  Number of hours of services provided.	Caring Communities Funds	<b>1161 persons were served. 2920 hours of services were provided.</b>