

NORTHERN MONTANA HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT EVALUATION FY 2016



Strategic Direction 2014 - 2017

An evaluation of the efforts of Northern Montana Hospital to address the priority community health needs of Hill County, Montana.

FY 2016 PROGRESS

Priority Issue One: Alcohol Abuse

Hill County community health survey respondents chose alcohol abuse as their most serious health concern in the most recent Community Health Needs Assessment report. Behavioral Risk factors support this concern as an area on which the county needs to focus. Both binge drinking and heavy drinking are self-reported higher in Hill County than Montana overall.

Northern Montana Hospital engages in routine alcohol screening, intervention and referral as part of the Rural Health Clinic annual visit with the patient Family Social History update process.

In FY16, Northern Montana Hospital opened a Chemical Dependency Treatment and Addiction Counseling Services program. The outpatient program is designed to treat substance use disorders while allowing individuals to remain in the community living at home and continuing with their employment. Treatment plans are individualized and include individual and group therapy.

The Northern Montana Hospital Chemical Dependency Treatment Services program is also “Prime for Life Certified”. Prime for Life is an evidence-based prevention and intervention program that helps people learn to reduce their risks of alcohol and drug related problems. This program is a requirement for individuals who have received some DUI Citations.

Priority Issue Two: Mental Health Awareness

Social and Mental Health Indicators for Hill County led stakeholders to choose mental health as an area of concern to be addressed in the current planning cycle. Hill County residents who responded to the community health survey indicated the three most important mental health issues that impacted them included work-related stress, depression, and alcohol use.

Northern Montana Hospital uses evidence based screening tools in the primary care setting. Using the Patient Health Questionnaire-2 (PHQ-2), inquiries are made about the frequency of depressed mood and anhedonia over the past two weeks. The purpose of the PHQ-2 is not to establish a final diagnosis or to monitor depression severity, but rather to screen for depression in a “first step” approach.

The Northern Montana Chemical Dependency Treatment Services program offers individuals the opportunity to address their alcohol use in an outpatient program.

Priority Issue 3: Teen Pregnancy

The Hill County Health Needs Assessment completed in Summer 2013 indicated the rate of births to teens was significantly higher in Hill County when compared with Montana overall. Births to adolescents is defined as the number of live births to mothers 15-17 years of age, divided by the estimated population of females 15-17 years of age. The rate for Hill County is 39.1 per 1000 compared to the State of Montana at 29.2 per 1000.

Northern Montana Hospital provides reproductive health care services to teens during their pregnancy and delivery at the Northern Montana Family Medical Center.

In FY 16, some Northern Montana Family Medical Center providers began discussing reproductive health needs with teens during the teen's pre-participation physical examination (Sports Physical). Northern Montana Family Medical Center also offers free condoms. The teen pregnancy rate of females 15-17 years of age decrease twenty percent (20%) from FY 15 to FY16.

Priority Issue 4: Patient Centered Medical Home (PCMH)

Northern Montana Hospital PCMH efforts focus on population health needs identified in the health care system. The top three diagnoses are Diabetes, Hypertension and Depression. Data metrics are being collected on Asthma, Coronary Artery Disease (CAD), Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Hyperlipidemia, Hypertension, Ischemic Vascular Disease (IVD), and Depression.

In FY 16, the providers at Northern Montana Family Medical Center and Northern Montana Specialty Medical Center continued to focus on clinical effectiveness in clinical quality measures and population health measures. The identified quality measures continue to be monitored through the QAPI Program and reported individually in a report card format to the providers.

1. Focus on clinical quality measures and data collection for clinical effectiveness that include:
 - a. Controlling High Blood Pressure as measured by the percentage of patients 18-85 years of age with a diagnosis of Hypertension with adequate blood pressure control.
 - i. In FY16 fifty-four percent (54%) of the patients 18-85 with a diagnosis of HTN were controlled.
 - b. Breast Cancer Screening as measured by the percentage of women age 40-69 years who had a mammogram to screen for breast cancer.
 - i. In FY16 fifty-four percent (54%) of women age 40-69 had a mammogram to screen for breast cancer.
 - c. Cervical Cancer Screening as measured by the percentage of women 21-64 years of age who received a pap smear to screen for cervical cancer.
 - i. In FY16 seventy percent (70%) of women 21-64 years of age received a pap smear.
 - d. Pneumonia Vaccination as measured by the percentage of patients over the age of 65 who have received a pneumonia vaccination.
 - i. In FY 16 fifty-three percent (53%) of our eligible patients received the pneumonia vaccination.
2. Focus on Population Health Measures and data collection that include:
 - a. Screening for Clinical Depression as measured by the percentage of patients 12 years and older who were screened for clinical depression.
 - i. Clinical Depression Screening occurs annually for all patients 12 or older during the wellness exam.
 - b. Tobacco Screening and Cessation as measured by the percentage of patients age 13 and older who are screened for tobacco use and received cessation counseling.
 - i. In FY16 eighty-two percent (82%) of the patients received screening for tobacco use.
 - c. Immunizations as measured by the percentage of patients who have received age appropriate immunizations.
 - i. In FY16 an average of ninety-four percent (94%) of the 2 and 3-year-old patient have received the recommended age appropriate immunizations.