

Presbyterian Healthcare Services  
Community Health Implementation Plan (CHIP)  
**Lincoln County Medical Center - Lincoln County**  
August 2013

Eat well. Be active.  
Avoid unhealthy substances.



 **PRESBYTERIAN**  
Community Health

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## Executive Summary

Lincoln County Medical Center (LCMC) is a critical access hospital located in Ruidoso, New Mexico. As a not-for-profit hospital with 25 licensed beds, LCMC exists to improve the health of the patients, members and communities it serves in Lincoln County.

At LCMC, skilled doctors, nurses and healthcare providers provide a wide range of services for patient's health care needs, including hospital care, surgical care, obstetrics, emergency medicine, rehabilitation, primary care and specialty services.

Presbyterian operates eight hospitals in the communities of Albuquerque, Clovis, Española, Rio Rancho, Ruidoso, Socorro and Tucumcari; a statewide health plan; a growing multi-specialty medical group; and three community ambulance systems. Presbyterian is the second largest private employer in New Mexico with more than 9,500 employees and provides services to one in three New Mexicans.

In 2012, as part of a Community Health Needs Assessment (CHNA) process, Presbyterian identified significant health needs and subsequently prioritized them. The process first involved review of the Healthy People 2020 indicators to align PHS priorities with national priorities. Presbyterian then evaluated community-specific data, and county health council and state of New Mexico priorities, which aided in narrowing the health indicators to 12 significant health needs. These significant health needs were then narrowed to three prioritized health needs. Input was solicited from Board members who are representative of the communities, patients, members, physicians and stakeholders served. A community forum was held in the Lincoln County to gain insight into the barriers, opportunities and potential strategies for achieving the stated priorities.

This Community Health Implementation Plan (CHIP) was developed to address the prioritized significant health needs identified in the CHNA process. The prioritized significant health needs are **nutrition, physical activity, tobacco use and substance abuse**. PHS describes these priorities as **healthy eating, active living and prevention of unhealthy substance use**. The CHIP describes briefly how PHS is addressing the other nine significant health needs. However, the plan focuses on the significant health needs that were prioritized by the communities through the CHNA process. The plan identifies multiple interventions to impact the prioritized health needs.

To increase access to and consumption of healthy foods, LCMC will provide diabetes education to residents at no cost as well as participate in the Lincoln County Community Health Council in support of healthy eating initiatives.

To increase physical activity, LCMC will partner with various organizations in the community to provide Prescription Trails to residents.

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To prevent unhealthy substance use, LCMC will provide outpatient behavioral health services to community members regardless of their ability to pay.

## **Lincoln County Medical Center Community Health Implementation Plan**

### **Overview**

Presbyterian Healthcare Services exists to improve the health of the patients, members and communities it serves. Presbyterian was founded in New Mexico in 1908, and is the state's only private, not-for-profit healthcare system as well as its largest provider of care.

The Presbyterian system operates eight hospitals in the communities of Albuquerque, Clovis, Española, Rio Rancho, Ruidoso, Socorro and Tucumcari; a statewide health plan; a growing multi-specialty medical group; and three community ambulance systems. Presbyterian is the second largest private employer in New Mexico with more than 9,500 employees and provides services to one in three New Mexicans.

Lincoln County Medical Center (LCMC) is a critical access hospital that has served the Lincoln County community since 1950, when the facility first opened as the Ruidoso-Hondo Valley General Hospital. LCMC is owned by the County of Lincoln, and since 1972 has been leased by Presbyterian Healthcare Services, which has greatly aided its growth and advancement. Through its affiliation with PHS, LCMC is able to provide access to highly specialized care - such as open-heart surgery and pediatric sub-specialty care - at facilities in Albuquerque, if needed.

### **Community Description**

For the purposes of the Community Health Needs Assessment and the implementation plan, PHS has generally defined the "community" of each hospital as the county in which the hospital is located. Lincoln County Medical Center defines its community as Lincoln County, New Mexico.

The U.S. Census estimates the 2012 population of Lincoln County to be 20,309. The racial/ethnic breakdown of Lincoln County is non-Hispanic white (65.2 percent), Hispanic (30.7 percent), American Indian and Alaska Native (2.9 percent), and Black (0.9 percent). Due to the large ethnic diversity, 23.1 percent of households speak a language other than English at home. From 2007-2011, the median household income was estimated at \$44,557. Approximately 12.4 percent of the population lives below the federal poverty line. The major village in Lincoln County is Ruidoso, which in 2012 had an estimated population of 20,309<sup>1</sup>. The main industries in Ruidoso are accommodation and food services, construction, professional, scientific and technological services. Lincoln County is also home to the Mescalero Apache Tribe.

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<sup>1</sup> U.S. Census Bureau Quick Facts, Lincoln County, New Mexico  
<http://quickfacts.census.gov/qfd/states/35/35027.html>

### **Partners**

Some LCMC partners include the New Mexico Department of Health, The Lincoln County Community Health Council, The Ruidoso Valley Chamber of Commerce, The National Forest Service, Village of Ruidoso Parks and Recreation, and the New Mexico Health Care Takes of Diabetes.

### **Community Health Needs Assessment Background**

In 2012, as part of a Community Health Needs Assessment (CHNA) process, Presbyterian identified twelve significant health needs and subsequently prioritized them. This Community Health Implementation Plan was developed to address the prioritized significant health needs identified in the CHNA process.

Presbyterian first reviewed the Healthy People 2020 indicators to align PHS priorities with national priorities. Presbyterian then evaluated community-specific data, and county health council and state of New Mexico priorities, which aided in narrowing the health indicators to 12 significant health needs.

These 12 significant health needs are outlined below. In keeping with the Healthy People 2020 format, they are divided into three categories: overarching health issues, health-related behaviors and health outcomes.

#### Overarching Health Issues

1. Health Communications and Health Information Technology
2. Access to Health Services

#### Health Related Behaviors

3. Immunization
4. Injury and Violence Prevention
5. Nutrition, Weight Status, and Physical Activity
6. Tobacco Use and Substance Abuse

#### Health Outcomes

7. Cancer
8. Diabetes
9. Heart Disease and Stroke
10. Respiratory Disease
11. Maternal, Infant and Child Health
12. Mental Health and Mental Disorders

The priority-setting process used a best practice learned from Community Health Improvement Partners in San Diego – a group formed in 1995 to meet the California law that requires private, non-profit hospitals to conduct a triennial community needs assessment.

As part of the Presbyterian Community Health Needs Assessment process, input was solicited from PHS board members. Presbyterian Health Plan is governed by a separate Board of Directors. Each regional hospital is also governed by a Community Board of Trustees. Board members are representative of the communities, patients, members, physicians and stakeholders served. They are active community members and do not receive compensation for their service on the boards. Each board includes physicians and physician leaders who have special knowledge of the health needs of their respective communities.

Each board member was asked to determine areas of focus using the following criteria:

- Size of the issue
- Seriousness of the issue
- Importance to Presbyterian
- Alignment with the Presbyterian purpose, vision, values, strategy and goals, and services provided, plus the ability to have an impact
- Availability of community resources

Additionally, the health priorities of the State of New Mexico and each County Health Council were reviewed for alignment.

Based on input and the potential to impact significant health issues in New Mexico, Presbyterian selected ***nutrition, physical activity and tobacco use*** as its community health priority areas.

Based on feedback from community partners, the tobacco use priority subsequently was expanded to ***tobacco use and substance abuse***.

PHS describes these priorities as **healthy eating, active living and prevention of unhealthy substance use**

As part of the Community Health Needs Assessment, community health forums were held to gain insight into the specific barriers, opportunities and potential strategies for achieving the stated priorities in each community. As outlined in the IRS requirements, forum participants included:

- People with special knowledge of or expertise in public health
- Federal, tribal, regional, state or local health or other departments or agencies with current data or other information relevant to the health needs of the community served by the hospital facility
- Leaders, representatives or members of medically underserved, low-income and minority populations, and populations with chronic disease needs, in the community served by the hospital
- Business and economic development professionals and non-profit leaders

More information on the CHNA process can be found at [www.phs.org](http://www.phs.org).

### **Plan Development**

The following *principles* were identified to guide the development of the interventions incorporated in the Implementation Plans:

- Data will be used to drive identification of interventions
- Interventions will be based on professional theories and will be consistent with professional and/or best known evidence or practices
- The purpose of the interventions will be clearly stated and easy to understand
- Interventions will be simple and will piggyback on existing interventions
- Interventions will be practical and realistic
- Interventions will be sustainable
- Interventions will be engaging to the target population
- Interventions will be age-appropriate and culturally relevant
- Interventions will promote equity and will not reinforce disparities in health outcomes
- The plan will be integrated with existing hospital and PHS plans
- PHS will collaborate with existing agencies to strengthen adopted strategies
- Interventions will be evaluated and monitored

Additionally, PHS used the following guidelines from 2012 IRS Schedule H Instructions (pp. 15-17), which specify that a community health intervention must:

- Be carried out or supported for the purpose of improving community health or safety
- Be subsidized by the organization
- Not generate an inpatient or outpatient bill
- Not be provided primarily for marketing services
- Not be more beneficial to the organization than to the community (e.g. not designed primarily to increase referrals of patients with third-party coverage)
- Not be required for licensure or accreditation
- Not be restricted to individuals affiliated with the organization (employees and physicians)
- Meet at least one community benefit objective, including improving access to health services, enhancing public health, advancing generalizable knowledge, and relieving government burden
- Respond to demonstrated community need



### **Plan for Prioritized Significant Health Needs**

LCMC has developed an implementation plan for the prioritized health needs of **healthy eating, active living and prevention of unhealthy substance use.**

#### **Goal 1**

Increase healthy eating among diabetic Lincoln County residents

##### *Interventions*

- Diabetes Education meetings (1 in person and 1 by video conferencing - 2 per month)
- Offer PHS-developed nutrition webinars to all hospitals and partner providers in the community, free of charge (staff time)

##### *Anticipated Impact*

- Improved health outcomes for diabetic and pre-diabetic Lincoln County residents

##### *Indicators of Success*

- Number of diabetes education meetings
- Number of Lincoln County residents who participate in the diabetes education meetings

(The monetary resources for this initiative include brochure costs of 80 cents per brochure for 250 brochures; \$750/month for the contracted dietician; \$60/month for a GoTo Meeting)

#### **Goal 2**

Increase opportunities for physical activity for Lincoln County residents

##### *Intervention*

- Support Prescription Trails in Lincoln County (\$2,500 and staff time)

##### *Anticipated Impact*

- Increased opportunities for Lincoln County residents to be active
- Encourage active living among Lincoln County residents

##### *Indicators of Success*

- Number of Prescription Trails prescriptions given to Lincoln County residents
- Number of Lincoln County residents who report using the Prescription Trails

#### **Goal 3**

Support the prevention of substance abuse and associated behaviors among Lincoln County residents

**Interventions**

- Contract with Diamond Healthcare to provide a short-term, outpatient behavioral health program - the Lincoln County Community Assistance Program (LCCAP) - which has been embraced by Lincoln County residents of all ages including those dealing with substance use/abuse issues. LCCAP provides triaging & face-to-face therapy sessions in Ruidoso [3 days], Carrizozo [1 day] and Capitan [1 day].
- Encourage all PHS providers to take the New Mexico Department of Health Continuing Education class on a brief intervention for tobacco cessation (staff time)
- Provide Continuing Education opportunities related to behavioral health to providers system-wide (staff time)

**Anticipated Impact**

- Prevention of unhealthy substance use among Lincoln County residents who participate in LCCAP
- Provider use of best practices to support patients with tobacco cessation as well as support for other behavioral health goals
- Provision of support for community-based efforts to prevent unhealthy substance use in New Mexico communities
- Decreased inappropriate prescribing of controlled substances
- Prevention of the misuse of prescription pain medication

**Indicators of Success**

- Number of Lincoln County residents who, as an outcome of their participation in LCCAP, avoid unhealthy substances and utilization of the emergency department
- Number of public presentations made regarding the LCCAP

**Goal 4**

Support community initiatives related to healthy eating, active living and prevention of unhealthy substance use

**Intervention**

- Hospital staff will participate on the Lincoln County Health Council and partner on relevant activities (4 hours of staff time per month)

**Anticipated Impact**

- Support for and participation in community based efforts to improve health through healthy eating, active living and prevention of unhealthy substance use

*Indicators of Success*

- Number of health council meetings attended
- Number of health council initiatives and activities participated in

**Goal 5**

Support the self-management of chronic diseases (diabetes, arthritis, COPD, etc.) in PHS communities

*Intervention*

- Partner with the Department of Health Chronic Disease Prevention Bureau to provide the My Chronic Disease program in PHS communities (~\$60,000 and staff time)
  - Develop a three-year plan for the expansion of the My Chronic Disease (My CD) program

*Anticipated Impact*

- Provision of tools to New Mexico residents to effectively manage their chronic diseases and prevent further complications

*Indicators of Success*

- Number of people completing the My CD program
- Number of Presbyterian staff trained to be leaders of the My CD program

**Alignment with PHS Strategic Plan**

Presbyterian has incorporated community health strategies into its long-term strategic plan. The plan reflects community health in the following ways:

- Excellence in Clinical Quality and Patient Experience. Strengthen the enterprise-wide approach to improving the quality and safety of care as well as the patient experience. Focus on embedding an improved experience into the care design, reducing harm, eliminating unexpected mortalities, deploying the use of evidence through the electronic health record (EHR) and implementing community health priorities.
- Regional Delivery System will continue to improve the patient experience with special emphasis on community health activities.
- As part of the integration of the EHR, the regional hospitals will use data from other sites and clinics to develop future community health initiatives.
- The regional sites will also use the results of the community health assessments to foster the expansion/improvement of services identified in the needs assessment.

In addition, the priorities of healthy eating, active living and prevention of unhealthy substance use are reflected in the PHS Strategic Plan in the following ways:

- Wellness of employees as a focus throughout the plan
- Implementation of a comprehensive chronic pain and addiction program

### **Community Health Needs not Addressed in this Plan**

Presbyterian Healthcare Services decided to focus its community health priorities and related work on three prioritized significant health needs. Consistent with the PHS purpose to improve the health of the patients, members and communities it serves, Presbyterian remains committed to providing preventive, acute, episodic and chronic care to address the priority health conditions in each community with input from communities, key stakeholders and governance.

What follows is a description of how PHS is addressing the other significant health needs identified in the CHNA, even though they were not prioritized and incorporated into the CHIP.

#### Overarching Health Issues

1. Health Communications and Health Information Technology
2. Access to Health Services

Presbyterian spends significant resources on **health communications** and **health information technology** as part of innovation and best practice. For example, through a new Discharge Call Center, patients leaving inpatient or emergency services are contacted within 72 hours to assist them and their families with a safe transition to home, provide education as needed, reinforce discharge instructions and seek opportunities for improvement.

Presbyterian uses trained staff, as well as video and phone interpretation services, to meet the needs of its patients and communities. These interpretation services can be accessed anywhere in PHS hospitals or clinics.

An electronic health record has been implemented in all Presbyterian ambulatory clinics and will be installed and operational in all eight hospitals by May 2014. In addition, Presbyterian is a founding participant in New Mexico's Health Information Exchange.

As a not-for-profit health system, Presbyterian has an obligation to provide a community benefit and address the overarching health issue of **access to health services**. In 2012 PHS provided approximately \$27.6 million at cost in free medical care and \$19.7 million at cost in uncompensated care. PHS also donated \$65,000 to Albuquerque Healthcare for the Homeless.

#### Health Related Behaviors

3. Immunization

4. Injury and Violence Prevention
5. Nutrition, Weight Status and Physical Activity
6. Tobacco Use and Substance Abuse

PHS partners with communities to address immunization rates and annually contributes approximately \$50,000 as well as staff time to influenza **immunizations**.

**Injury and violence prevention** are addressed in several ways:

- Car seats are provided for a \$20 donation to families in need
- The First Born home visiting program is implemented in Socorro and Rio Arriba counties and is focused on safety of pregnant women, infants and children through age 3
- “Precious Beginnings” case management is a program for high-risk mothers that focuses on safety during pregnancy
- Domestic violence screening, suicide assessment and depression screening are incorporated into all ambulatory patient visits, and referral sources are provided when indicated
- All inpatients are screened for risk of fall, and preventive steps are taken
- In ambulatory settings, at-risk adults and geriatric patients are screened for risk of falling, and preventive measures are taken
- In home care settings, risk of home injury and falling is completed with all patients, and preventive measures are taken

Out of these significant health issues, PHS has identified **nutrition, physical activity, tobacco use and substance abuse** as system-wide priorities. These are high-yield priorities that address the root causes of many, if not all, of the health outcomes listed below. Interventions focused on these priorities are reflected in the plan.

#### Health Outcomes

7. Cancer
8. Diabetes
9. Heart Disease and Stroke
10. Respiratory Disease
11. Maternal, Infant and Child Health
12. Mental Health and Mental Disorders

The focus on health outcomes such as **cancer, diabetes, heart disease and stroke, and respiratory disease** are addressed comprehensively in our communities utilizing best practice and evidence based prevention tools through the Presbyterian Medical Group, mobile screening and treatment.

Presbyterian has several community-based home visiting programs that facilitate **maternal, infant and child health** and focus on outreach to at-risk, uninsured populations.

The behavioral health system in New Mexico is under great stress due to high need and lack of funding for services. PHS has been a provider for Medicaid Salud patients since the inception of the Managed Care program. Starting in 2014, Presbyterian will be implementing Centennial Care, which is the redesign of the Medicaid, long-term care and behavioral health system in New Mexico. This will be a unique opportunity to re-integrate **mental health and mental disorder** prevention and treatment into the primary care system. With The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), coverage of and access to mental health and substance abuse treatment will also be increased. Because of these two major legislative changes, PHS is planning for and implementing best practices in support of mental health and mental disorders.

In addition, PHS hospitals, emergency departments and clinics have provided behavioral health services for patients, including:

- Emergency mental health evaluation and stabilization
- Access to behavioral health consultation via video teleconference (since 2011)
- Outpatient clinic services in Albuquerque locations for adults and children
- Behavioral health therapists as part of the core team in 10 patient-centered medical homes since 2010/2011 as an investment to improve access to community-based behavioral health
- Mental health hospital services for adults, children and adolescents in Albuquerque
- Staffing and support for a pharmacy sample clinic that provides free samples of needed medication for patients who cannot afford medications

## **Plan Adoption and How to Get Involved**

The Community Health Implementation Plan was approved by the LCMC Board in July 2013 and by the PHS Board Quality Committee in August 2013.

LCMC will continue to implement the CHIP throughout 2013-2016 with regular updates that will be posted on [phs.org](http://phs.org). If you would like to contact LCMC directly or participate in the process, please call Brad Treptow at (575) 257-8238 or email him at [btreptow@phs.org](mailto:btreptow@phs.org).