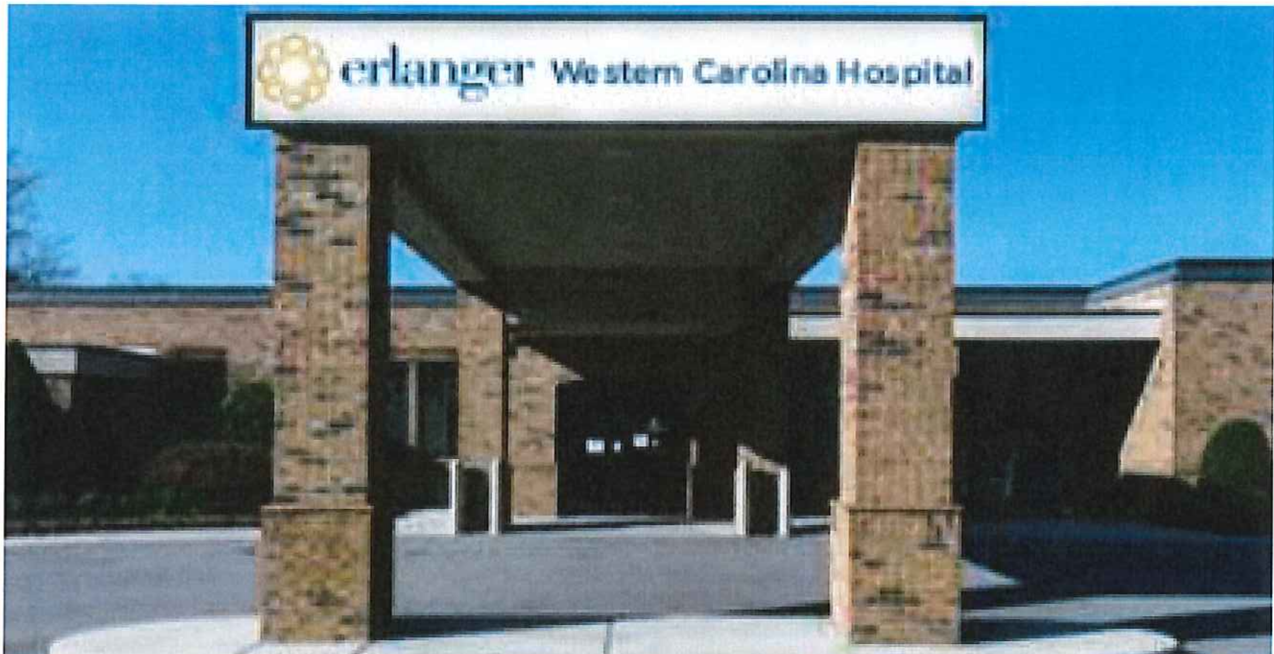

erlanger
Western Carolina Hospital

Community Health Needs Assessment

MURPHY MEDICAL CENTER, INC.

D / B / A

Erlanger Western Carolina Hospital
(a/k/a Erlanger Murphy Medical Center)
3990 E. US Highway 64 Alt
Murphy, NC 28906

Erlanger Health System
2019

Community Health Needs Assessment

Murphy Medical Center, Inc.

D / B / A

Erlanger Western Carolina Hospital

(a/k/a Erlanger Murphy Medical Center)

3990 East U.S. Highway 64, Alternate
Murphy, NC 28906

ERLANGER HEALTH SYSTEM
Chattanooga, Tennessee

June 30, 2019

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Section A

EXECUTIVE SUMMARY

Section A: Executive Summary

Erlanger Western Carolina Hospital ("*EWCH*") is a critical access hospital and a vital component of *Erlanger Health System* ("*EHS*"), its sole member and operator. This *Community Health Needs Assessment* ("*CHNA*") has been prepared for the community which is served by *EWCH.*

When *EHS* became the sole member of the Murphy Medical Center, Inc. ("*MMC*"), in April, 2018, we immediately set about trying to find a resolution to the issue of availability, or lack thereof, for behavioral health services. We have solicited behavioral health organizations to evaluate the service area, and have had two (2) organizations provide feedback that the market in Murphy, NC, does not meet their criteria for expansion into the service area. However, one (1) behavioral health provider has expressed some interest, contingent on some other conditions being favorable to their entry to this market. There is not a specific timeline, however, discussions remain ongoing.

The need for primary care providers and specialists in these rural counties is still a major concern for the western North Carolina region. The need for providers is still most urgent in primary care. *EHS* and *EWCH* are working to recruit new primary care providers to the region and has made progress by opening a new primary care clinic in Hayesville, Clay County, North Carolina. Also, to continue to evaluate placement of new, or expanded, primary care offices within the service area.

Heart disease is still the leading cause of death in the service area, followed closely by cancer and diabetes. Chronic conditions remain a major concern for the community of western North Carolina. Mortality from heart disease, cancer, and diabetes declined in the service area in the five year period of 2012 to 2016 (inclusive). However, heart disease and cancer are still the leading causes of death in Cherokee, Clay, and Graham counties.

For issues related to chronic conditions, health education programs, disease management and prevention services are available at *EWCH,* as well as three (3) counties in the service area. *EWCH* offers free tobacco cessation classes, asthma classes and early pregnancy classes. Diabetic self-management, nutritional counseling and education is available at all county health departments, as well as *EWCH.* Further, each county have fitness trails with public access, enabling residents to exercise and encouraging a healthy lifestyle. Each county has a minimum of one (1) fitness center that residents may join. Clay County residents enjoy the free use of a community fitness center.

There is a new *Veteran's Administration Community Care Network* which has been authorized by the *VA Mission Act*, in June, 2018. We will have our Managed Care Department evaluate the feasibility of joining this new health service network for the benefit of veterans in the service area.

There is potential opportunity to enhance health status by leveraging *EHS*'s Tele-Health capability in the provision of primary and specialty care service in these rural communities, collaborating with other *FQHC* providers, school health clinics, providers and programs.

Section B

HOSPITAL PROFILE

Section B: Hospital Profile

Erlanger Western Carolina Hospital ("*EWCH*") is a critical access hospital and a vital component of *Erlanger Health System* ("*EHS*"), its sole member and operator. As a member facility of *EHS, EWCH* brings academic medical expertise to the residents of western North Carolina. *EWCH* has 25 inpatient beds, an Emergency Department open 24/7, radiology, mammography, CT and Laboratory.

EWCH also offers the only Cardiac Rehabilitation program in western North Carolina. Nearby is a helipad which serves as the base to a *LifeForce* air ambulance. If necessary, transport to *EHS* facilities is readily available. The *EHS* physician practice network has an office located at *EWCH* with weekly clinics in multiple specialties. *EWCH* is equipped with four (4) full operating rooms, a recovery service that can accommodate patients in a semi-private setting. Through a partnership with *Healogic, EWCH* is also able to offer specialized wound care and hyperbaric therapy.

EWCH wishes to be transparent and make known that it currently has contracts in place with a broad range of payors. So the public will know and be able to access our facilities and services, these contracts are listed in an attachment to this *CHNA*. *Erlanger* serves all patients regardless of their ability to pay and does not discriminate on the basis of race or origin.

Erlanger has centered its culture and entire patient care effort around its *Mission, Vision & Values*, as follows.

Mission

We compassionately care for people.

Vision

Erlanger is a nationally acclaimed health system anchored by a leading academic medical center. As such, we deliver the highest quality, to diverse populations, at the lowest cost, through personalized patient experiences across all patient access points. Through innovation and growth, we will sustain our success and spark economic development across the Chattanooga region.

Values

Our values define who we are and how we act as stakeholders, individually and collectively. Values in action create a culture.

Excellence

We distinguish ourselves and the services we provide by our commitment to excellence, demonstrating our results in measurable ways.

Respect

We pay attention to others, listening carefully, and responding in ways that demonstrate our understanding and concern.

Leadership

We differentiate ourselves by our actions, earning respect from those we lead through innovation and performance.

***A*ccountability**

We are responsible for our words and our actions. We strive to fulfill all of our promises and to meet the expectations of those who trust us for their care.

***N*urturing**

We encourage growth and development for our staff, students, faculty and everyone we serve.

***G*enerosity**

We are giving people. We give our time, talent and resources to benefit others.

***E*thics**

We earn trust by holding ourselves to the highest standards of integrity and professional conduct.

***R*ecognition**

We value achievement and acknowledge and celebrate the accomplishments of our team and recognize the contributions of those who support our mission.

It is not by accident that our values form ***E.R.L.A.N.G.E.R.*** It is who we are and what we do.

EWCH is governed by a *Board of Trustees* consisting of six (6) members who serve without compensation. Trustees are appointed as per the bylaws for *MMC*, and is comprised of three Executive Committee members of the *EHS Board of Trustees*, along with the Chief Executive Officer, Chief Operating Officer and Chief Financial Officer of *EHS*.

Following are the current *Trustees*, as of June, 2019.

Trustee

Michael J. Griffin, Chair
Philander K. Smartt, Jr., Vice-Chair
Linda Moss-Mines, MA, Secretary
Kevin M. Spiegel, FACHE
Robert M. Brooks, FACHE
James Britton Tabor, CPA

Section C

COMMUNITY SERVED BY

ERLANGER WESTERN CAROLINA HOSPITAL

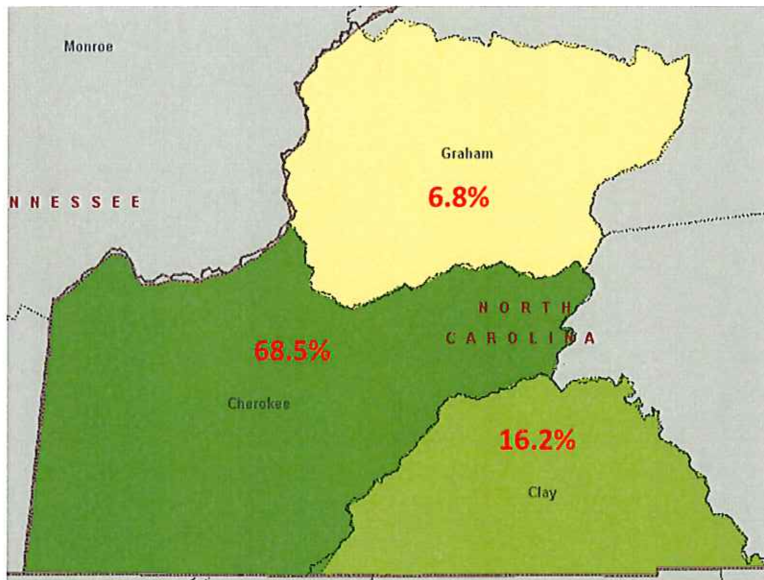
Section C: Community Served

As a community hospital located in Murphy, Cherokee County, North Carolina, the community served by *EWCH* is represented by the county in which it is located as well as Clay and Graham counties in North Carolina. This area comprised 91.5% of EWCH's inpatient admissions during the fiscal year ended June 30, 2018. The following table shows the inpatient origin and portion of *EWCH* admissions for each county.

County	State	Cases	%	Cum-Cases	Cum-%
Cherokee	NC	1,253	68.5%	1,253	68.5%
Clay	NC	296	16.2%	1,549	84.7%
Graham	NC	124	6.8%	1,673	91.5%

Typically, from a health planning perspective, a hospital's general service area is traditionally defined as that geography which accounts for approximately 75% of it's business. The primary service area is that geography which generally accounts for 50% and the secondary service area is that geography which generally accounts for 25%. Once 75%, or so, of a hospital's patient origin is explained in this manner, this is generally held to be the service area which a facility "plans" to meet the needs of those served.

As shown above, Cherokee County, North Carolina accounts for 68.5%, Clay County, North Carolina accounts for 16.2%, and Graham County, North Carolina accounts for 6.8%. Together, these counties represent 91.5% of *EWCH* admissions. The remaining 8.5% of inpatient admissions are from outside this geography. This may be seen graphically on the following map based on percentage of inpatient admissions.



The service area for *EWCH* is rural, with an average of 46.6 persons per square mile compared to the state average of 196.1 persons per square mile. The area is in the Appalachian region in the far west corner of the state, just north of the Georgia state line and just east of the Tennessee

state line. It lies largely in the Nantahala National Forest, which at 531,148 acres, is the largest of the state's National Forests.

The area has a relatively older population with 28% age 65 or older, compared to the state average of 12.9%. The three county average of residents under 18 years of age is slightly lower than the state at 21% vs. 23.9%. The area is largely comprised of Caucasians who constitute 91% of the population, compared to 68.5% for North Carolina. Females comprise 51.5%, compared to 51.3% for North Carolina.

As the only hospital in the service area, *EWCH* is a non-profit healthcare organization, comprised of the hospital, *Peachtree Athletic & Rehabilitation Center*, and the multi-specialty practice of *Erlanger Medical Group* ("*EMG*"). *EWCH*, formerly *MMC*, converted to a critical access hospital in November, 2014. In April, 2018, *EHS* became the sole member of *MMC*. Our principle mission is to provide care to the citizens of our communities, from wellness and preventive care, to acute, emergent or general medical care.

Additional demographic and socioeconomic details of specific county populations are attached to this *CHNA*.

Section D

REVIEW OF

COMMUNITY HEALTH NEEDS ASSESMENT

FOR 2016

Section D: Review Of Community Health Needs Asessment For 2016

In the 2016 *CHNA*, needs were identified by each county health department in the service area and by *EWCH*. The summary of health needs outlined in 2016 are basically the same as those identified by all three (3) counties within the service area. For purposes of this *CHNA* for *EWCH*, following are the summary need identified in 2016.

Improved Access To Healthcare

First, there should be improved access to healthcare. Improved access to healthcare could take the form of increasing the number of providers with the service area and/or strategic placement of new or re-located service locations. Or, some combination of both. Lack of primary care providers and specialists continue to be a barrier for citizens in the western North Carolina region.

As reported by *WNCHI*, in 2014 there were 75 active healthcare providers in the service area, as follows:

	Cherokee	Clay	Graham
Physicians			
Primary Care Physicians			
Family Practice	4	1	3
General Practice			
Internal Medicine	2		
Obstetrics/Gynecology	2		
Pediatrics	3		
Other Primary Care	5		1
Other Specialities	21	3	
Physician Assistants	9	1	1
Nurse Practitioners	8	7	4
Total	54	12	9

NOTE – *WNCHI* obtained provider supply data from the North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Retrieved July 09, 2018 at https://nchealthworkforce.sirs.unc.edu/.

Upon assuming operation of *EWCH*, an internal study was prepared by *EHS* in 2018 with data from *EWCH* staff, which shows active provider supply in the service area, as follows:

	Physician / Mid-Level Supply
Primary Care	
Family Practice / General Practice	21.0
Internal Medicine	4.8
OB / Gyn	1.3
Pediatrics	2.3
Specialties	
Cardiology	2.0
Emergency Medicine	2.0
Gastroenterology	1.0
General Surgery	2.0
Ophthalmology	1.5
Orthopedic Surgery	2.5
Otolaryngology	0.3
Psychiatry	1.0
Pulmonary Diseases	0.3
Radiology	1.0
Urology	1.5
Total	44.3

We used the 2018 provider supply data to prepare a physician need study. Initial data for the study was prepared for *EHS* in 2016 by the *Coker Group*, which included physician to population ratios. The ratios were applied to the population of the service area, and it was determined that there is a need for 81.9 full-time medical providers and the supply was only 44.3. Per the *EHS* study in 2018, the service area has a need for 37.6 additional full time healthcare providers, of which 7.6 were primary care. It should be noted that the provider supply in 2014 was 75, and in 2018 was 44.3, which suggests that several practitioners were lost over the 3-4 year period.

In an effort to make primary care more accessible, *EWCH* opened a new physician office in Hayesville, Clay County, North Carolina, in April, 2019. This is an effort to try to make healthcare services more readily available within the geographic boundary of the service area.

Chronic Disease & Cancer - Prevention & Control

Focusing on major contributors to the leading causes of mortality in the community, chronic diseases were identified as a priority. The main focus was diabetes, hypertension and high cholesterol, COPD, and cancer. Cherokee, Clay, and Graham county residents generally exceed regional, state, and national averages for undesired health behaviors which contribute to the leading causes of death. Age-adjusted mortality rates by county are listed below with an overlapped five-year aggregate period of 2009-2013.

Leading Causes of Death, 2009-2013	**Cherokee County**	**Clay County**	**Graham County**

Heart Disease	220	184	215
Cancer	182	180	163
Diabetes	20.3	18.0	20.5

For the five-year aggregate period 2012-2016, the table is below.

Leading Causes of Death, 2012-2016

	Cherokee County	**Clay County**	**Graham County**
Heart Disease	201	147	197
Cancer	165	145	181
Diabetes	20	14	29

The number of deaths from heart disease and cancer declined in all three counties in the period of 2012-2016. For diabetes, the number of deaths declined in Cherokee and Clay counties, but increased in Graham county. However, heart disease and cancer are still the leading causes of death in Cherokee, Clay, and Graham counties.

Section E

PROCESS, METHODS & INFORMATION

Section E: PROCESS, METHODS & INFORMATION

Our process began with data provided by *Western North Carolina Healthy Impact* ("*WNCHI*"), an organization which facilitates data collection for county healthy departments, hospitals and other organizations which prepare community health analyses. The next step was to collect data from available public health sources such as local and state health department plans, as well as the *Community Need Index* ("*CNI*") from *Dignity Health*. In addition, in 2019 we conducted an online survey to seek direct input from the community at large, as to their understanding of health needs in the community where they reside.

All of this information was presented in summary form to a focus group, and they were asked to prioritize the health needs of the service area.

Western North Carolina Healthy Impact

WNCHI is a partnership and coordinated process between hospitals and health departments in western North Carolina to improve community health. *([1])* As part of a larger, and continuous, community health improvement process, these partners collaborate to conduct community health assessments across western North Carolina. *EWCH* is a member of *WNCHI* and is also involved in this regional/local vision and collaboration effort. Sixteen (16) counties in western North Carolina participate and are members of *WNCHI*, including Cherokee, Clay and Graham, the counties which comprise the *EWCH* service area. *([2])*

To support the community health assessment effort, *WNCHI* compiles a complete set of core data for the region. *WNCHI's* core dataset includes secondary (existing) and primary (newly collected) data compiled to reflect a comprehensive look at health in the region. The following data set elements are collected by the *WNCHI* consulting team, along with a telephone survey vendor as well as partner data input:

- A comprehensive set of publicly available secondary data metrics with our target population compared to the other *WNCHI* regions as "peer".
- Set of maps accessed from *Community Commons* and the *NC Center For Health Statistics*.
- Telephone survey of a random sample of adults in each county.
- Email key-informant survey, which does not include Cherokee County.

County Health Rankings

[1] *Western North Carolina Healthy Impact.* A community health collaborative of the *Western North Carolina Health Network.* Website is ... https://www.wnchn.org.

[2] The complete list of sixteen counties is ... Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, and Yancey.

County Health Rankings ("*CHR*") is a website which ranks all of the counties in North Carolina based on two broad factors, health outcomes and health factors. ([3]) The definition of each is below.

- *Health Outcomes* - represent measures of how long people live and how healthy people feel, with a value of 1 being the best and a value of 100 being the worst.

- *Health Factors* - represent the focus areas that drive how long and how well we live, including health behaviors (tobacco use, diet & exercise, alcohol & drug use, sexual activity), clinical care, social and economic factors, and the physical environment. 1 being the best and 100 being the worst.

Community Need Index – Dignity Health

We accessed the *Community Need Index* ("*CNI*") tool which is made available to the public by *Dignity Health.* ([4]) The CNI accounts for the underlying economic and structural barriers that affect overall health rather than relying solely on public health data. Using a combination of research, literature, and experiential evidence, *Dignity Health* identified five prominent barriers that enable them to quantify health care access in communities across the nation. These barriers include income level, culture/language, education, insurance and housing, which otherwise may be commonly known as "social determinants of health". Using this data, a score is assigned to each barrier (with 1 representing less community need and 5 representing more community need). The scores are then aggregated and averaged for a final CNI score (each barrier receives equal weight in the average). A score of 1.0 indicates the lowest socio-economic barriers, while a score of 5.0 represents the highest socio-economic barriers.

State & County Health Plans

We have also referenced the October, 2018, *Annual Report To The North Carolina Medical Society* ("*ARNCMS*"), which serves as the annual update to the state health plan – *Healthy North Carolina 2020* ("*HNC*"). ([5]) We have also referenced the *Community Health Assessment* ("*CHA*") documents from each of the three (3) counties in the service area – Cherokee, Clay and Graham. ([6])

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[3] *County Health Rankings.* A health related organization with the goal of providing standardized information to entities which prepare CHNA's for local communities. Website is ... https://www.countyhealthrankings.org.

[4] The *Community Need Index* tool is offered by *Dignity Health* and may be accessed at the following website ... http://www.dignityhealth.org/Who_We_Are/Community_Health/STGSS044508/. It is noted that *Dignity Health* partnered with Truven Health Analytics for development of this project. *Truven Health* has now been acquired by *IBM – Watson Health Group.*

[5] *Annual Report To The North Carolina Medical Society.* North Carolina Department of Public Health, October, 2018. Retrieved from - https://publichealth.nc.gov/docs/2018-NC-MedicalSocietyLegislativeReport-101518.pdf.

[6] *Community Health Assessments.* Cherokee County, NC, Clay County, NC, and Graham County, NC. Obtained from ... Sara Wilson, Health Educator - Cherokee County, NC; Stephanie Johnson, Public Health Director –

Community Survey & Focus Group

We conducted an online survey in an effort to ascertain health needs directly from community input. We conducted our survey of the community by placing the survey on the internet in an electronic format for both *Erlanger* employees and members of the community to complete over a two (2) week period. For those employees and community members which completed the survey, their responses have been evaluated and are discussed later in this *CHNA*.

Additionally, we conducted a community focus group which represent the interests of those who are members of medically underserved, low income and minority populations. With this thought in mind, the focus group for *EWCH* will serve to inform this *CHNA*.

Upon presentation of the information available, the focus group was divided into sub-groups of 3-4 participants, to independently discuss the community health needs for the service area. Upon independent discussion, each sub-group identified community health needs and prioritized them into categories, as follows … 1.) High Priority, 2.) Important, and 3.) Nice To Have. When each sub-group had completed this process, the entire focus group was brought back together to review the health needs and priority of each sub-group. Where multiple sub-groups identified similar community health needs, these are the items which were automatically highlighted, and some additional items were identified by the entire focus group through general discussion among all participants. Upon conclusion of the process, a list of community health needs was identified and prioritized with general consensus among the participants.

Further, the rules which govern development of this *CHNA*, require that we consider any comments received from the community over the period of the last three (3) years regarding the *CHNA* which was prepared in 2016. To our knowledge, no comments were received pertaining to the CHNA in 2016.

Clay County, NC; and Beth Booth, Public Health Director – Graham County, NC.

Section F

INFORMATION FROM COMMUNITY SOURCES

Section F: COMMUNITY INFORMATION

For the *CHNA* in 2019 we utilized information from *WNCHI* to begin our analysis. Most of the community health data which we utilized for evaluation in this *CHNA*, is similar to the data which was evaluated for the *CHNA* in 2016.

Between March 1-18, 2019, we conducted an online survey for public input to our *CHNA*. With this survey, a total of 208 useable responses were received from the service area. It is noted that a significant number of people "logged on" to the survey, but did not answer any of the questions, therefore, only those which answered at least 1 question have been included in our survey results.

On April 3, 2019, we conducted a focus group, and asked them to prioritize the health needs of the service area.

Section G

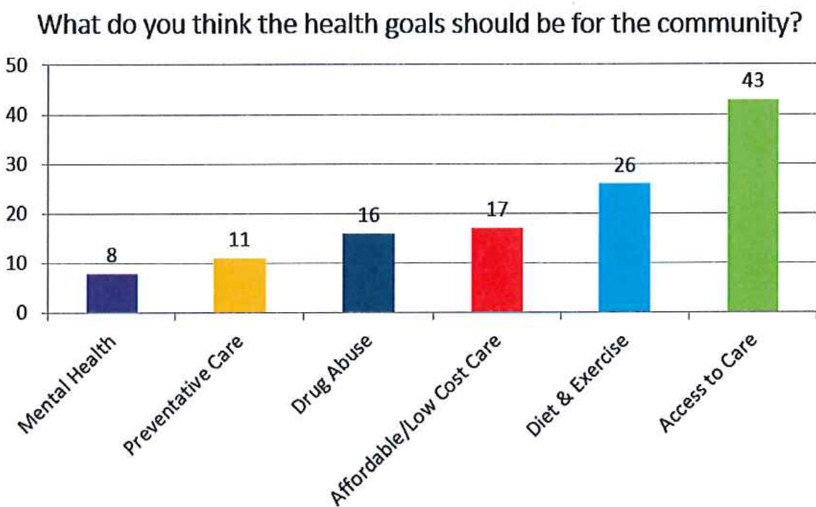
COMMUNITY HEALTH NEEDS

Section G: COMMUNITY HEALTH NEEDS

The value of assessing and improving community health is evident when looking at life expectancy. Health improvements are directly responsible for the thirty (30) year increase in life expectancy from 1900 to the present time. "The Centers for Disease Control & Prevention ("CDC"), estimated in 1999, that 25 of the 30 years of increased life expectancy in the United States in the 20th Century was attributable to advances in public health. McKinlay & McKinlay calculated that only 3.5 of the total mortality decline between 1900 and 1970 could be 'ascribed to medical matters'. Bunker calculated that clinical prevention and therapeutic interventions could be credited with five and a half of the thirty-year increase that occurred in the United Kingdom from 1900 to 2000. Hence, public health interventions and improved social conditions can take most of the credit for the increase in life expectancy experienced since the mid-1800's." [7]

Erlanger Online Community Survey

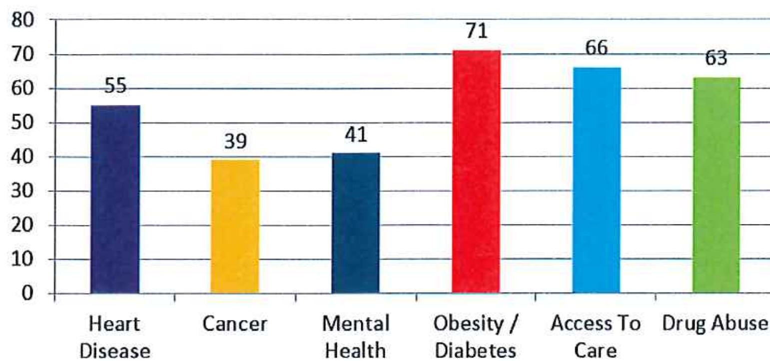
With the online survey which was conducted, when asked for health goals in the community, following are the top issues highlighted by those responding.



When asked for the most significant health needs in the community, following were the issues identified.

[7] Lindsay, Gordon B., Merrill, Ray M., and Hedin, Riley J. *The Contribution of Public Health & Improved Social Conditions to Increased Life Expectancy: An Analysis of Public Awareness*. Abstract, published October 31, 2014. Retrieved from - https://www.omicsonline.org/open-access/the-contribution-of-public-health-and-improved-social-conditions-to-increased-life-expectancy-an-analysis-of-public-awareness-2161-0711-4-311.php?aid=35861.

What are the three most significant health needs in the community?



It is noted that these two (2) questions seem to have essentially elicited the same response, but in slightly different order. For health goals, the top three issues would be, 1.) access to care, 2.) diet/exercise (proxy for obesity ?), and 3.) substance abuse/mental health. For significant health issues, the top three (3) seem to be, 1.) substance abuse/mental health, 2.) obesity/diabetes (i.e.-chronic disease), and 3.) access to care.

Annual Report To NC Medical Society / County Health Documents

In 2018, *ARNCMS* identified mental health as an area of concern, seeking to reduce the suicide rate, number of poor mental health days, and mental health related ED visits. *([8])* Also identified as an area of concern was chronic disease, to include cardiovascular disease, diabetes and colorectal cancer. *([9])* These two (2) community health need issues, among many in the report, are the items which bear directly on the needs identified herein for 2019.

The *CHA*'s for the three (3) counties identify particular community health needs, as follows.

Cherokee County, NC

1.) Cancer control & prevention
2.) Chronic disease control & prevention
3.) Access to healthcare

Clay County, NC

1.) Chronic disease prevention & control
2.) Mental health
3.) Substance abuse

Graham County, NC

1.) Substance use disorder
2.) Mental health
3.) Heart disease

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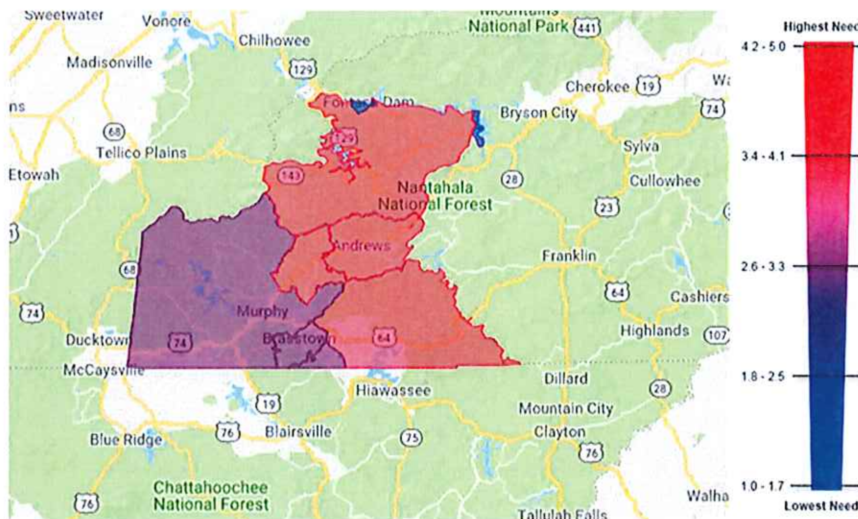
[8] *Annual Report To The North Carolina Medical Society*, p. 26-27.
[9] Ibid., p. 32-37.

Dignity Health – Community Need Index

The purpose of referencing the *Community Need Index* ("*CNI*") from *Dignity Health*, is an effort to compare our findings with an independent source of information. The *CNI* ranking highlights which zip codes within the service area have the highest needs (i.e.-higher CNI score is highest need).

County	City	Zip Code	Population	CNI Score
Cherokee	Andrews	28901	5,419	4
Clay	Hayesville	28904	8,995	3.6
Cherokee	Marble	28905	3,026	3.6
Graham	Lake Santeetlah	28771	8,082	3.6
Cherokee	Murphy	28906	19,496	3.2
Clay	Warne	28909	1,056	3
Clay	Brasstown	28902	1,383	2.6
Graham	Graham County	28733	64	2.2
Graham	Swain County	28702	477	2

The *CNI* scores for the service area may be seen geographically, as follows.



Focus Group – Erlanger Western Carolina Hospital

All of the information which has been reviewed and discussed in this CHNA, was presented to a community based focus group. The focus group consisted of several staff members from *EWCH*, along with community based health organizations with specific knowledge of low income,

minority and ethnically diverse populations. A list of the specific participants in the focus group is attached to this *CHNA*.

The focus group for *EWCH* was a total of 9 participants. Upon conclusion of the process outlined previously, the following list of community health needs were identified for the defined service area.

Community Health Needs – High Priority

Substance abuse / Mental health
Primary Care (Family Medicine & Internal Medicine)
Chronic conditions (heart, obesity)

Community Health Needs – Important

Child welfare
Transportation (free ?)
Home health
VA Community Care Partner (?)

Community Health Needs – Nice To Have

Community para-medicine
Telemedicine (follow-up care)
Mobile medical clinics (Peds)

As to the high priority issues:

- **Substance Abuse/Mental Health**: Limited services available for the growing population of residents who suffer from mental illness and behavioral health issues. Abuse of prescription drugs and illegal drugs are on the rise in the area.
- **Access to Care**: Lack of primary care providers and specialists in the tri-county region.
- **Chronic Conditions**: High rates of heart disease, lung disease, and diabetes. The leading causes of death are associated with these diseases.

Pertaining to substance abuse/mental health, this specific area of acute care is not a core competency or *EHS* or *EWCH.* When *EHS* became the sole member of *EWCH* in 2018, we immediately set about trying to find a resolution to the issue of availability, or lack thereof, for behavioral health services. For this reason, we have solicited behavioral health organizations to evaluate the service area, and have had two (2) organizations provide feedback that the market in Murphy, NC, does not meet their criteria for expansion into the service area. However, one (1) behavioral health provider has expressed some interest, contingent on other conditions being favorable to their entry into this market. There is not a specific timeline, however, discussions remain ongoing.

Pertaining to primary care and/or access to care, *EWCH* has hired a new primary care physician for a new office in Hayesville, Clay County, North Carolina. The new clinic is currently under construction and is expected to open by the fourth (4th) quarter of 2019. As to recruitment of

additional providers for the service area, *EHS* and *EWCH* are continually trying to identify and recruit providers for this market.

Pertaining to chronic conditions, *EWCH* has historically provided education to the community for wellness, fitness and nutritional enhancement to the population of the service area … and these are the traditional types of activity which have been conducted through the lens of public health improvement. However, *EWCH* is pleased that it has brought to the service area, technology which will make a significant contribution in the realm of chronic conditions. By being a member hospital of *EHS*, the technology which has been implemented in the *ED* at *EWCH* is artificial intelligence ("*AI*"). For a suspected stroke patient, the *CT* scan will be uploaded to "the cloud" and the image will be read by the *AI* application for determination of whether it is a true stroke patient. If it is a true stroke, the *AI* application will pinpoint the cerebral area where the occlusion has occurred, thus enabling *ED* physicians to correctly prioritize patient severity for appropriate treatment. We mention this technology because cerebrovascular conditions are a component of the realm of chronic conditions generally referred to as cardiovascular diseases, which are truly chronic in nature. *EHS* is pleased to bring this technology to bear in the treatment of *EWCH* patients.

Pertaining to the need highlighted for child welfare, there were many things mentioned as part of the discussion. However, the items which stood out essentially involve access to healthcare services for children, and child abuse & neglect. We believe this relates directly to the need identified for mobile medical clinics, specifically for pediatrics because this is the only mobile clinic which *EHS* has. Also, the mobile medical clinic may help in identifying cases of child abuse & neglect. It is noted that a tele-health service might also be of benefit in this regard. The focus group indicated that there is a "serious" need in the service area because many children are unable to receive medical care, for various reasons. In order to initiate service in North Carolina, the providers must be licensed by the State and also enrolled with payors in the service area. We have begun the process for licensure in North Carolina, as well as provider enrollment with payor organizations. As yet, it is unknown when service would be initiated.

Within the focus group, there was discussion about veterans in the service area. One participant suggested that "the population is 25% veterans". But as of July 1, 2018, the *Census Bureau* estimates 4,157 veterans in the service area, or approximately 8.7%. However, the concern was that veterans don't have access to *EWCH* services and must go to the *Veterans Administration Hospital* in Asheville, North Carolina. Thus, the need identified under important issues pertaining to becoming a *VA Community Care Partner*, was discussed. *EHS* facilities in Tennessee are currently a participating provider with *Tri-West*, the organization which is contracted with the *VA* to provide a healthcare network for *VA* beneficiaries, through the *VA Community Care Partners* network. However, *EWCH* payor contracts have not been brought under the *EHS* payor contracts because they are still billing under the old *MMC* tax identification number. It appears that the *VA Community Care Network* may be a new provider network authorized by the *VA Mission Act* of June 6, 2018, intended to consolidate various *VA* programs. It is the intention of *EHS* to make available all services of *EWCH* to veteran's in the service. Therefore, our managed care department will evaluate the feasibility of adding *VA* patient care networks to the list of managed care organizations which may access the services of *EWCH*.

Of particular note with the *ECHC*, *EMC* and *EWCH* focus groups, is that a suggestion was made which posited *Erlanger* should begin to evaluate how it might address the housing need for chronically ill patients which have multiple chronic conditions. In essence, that *Eerlanger* likely spends more on multiple hospitalizations per year for this patient subset, and that since housing (i.e.-the lack of housing, or, sub-standard housing) is a social determinant of health, *Erlanger* really should begin to provide appropriate housing for these patients. This was suggested through either direct funding (i.e.-ownership) of a housing development and/or funding through a third party housing agency. While we acknowledge that housing is a social determinant of health, such a suggestion for a hospital organization like *Erlanger*, would represent a fundamental paradigm shift.

It is noted that some hospital organizations are beginning to undertake initiatives in the realm of housing, such as *Atrium Health* in Charlotte, NC, which has announced that they will contribute $10 million to affordable housing in that city through local social service agencies. *([10])* *Kaiser Permanente* has made several donations to social service agencies in California and Oregon. Further, *CommonSpirit Health* funded a loan to a housing agency which was paid back in full with interest, and *CommonSpirit* attributes a 24% reduction in ED visits to this effort, along with other positive outcomes. *([11])*

Further, a member of the *EMC* focus group, provided information about how *United Healthcare* and the *American Medical Association* are proposing new codes to the *International Classification of Diseases – 10th Edition* ("*ICD-10*") that are more specific to a patients' social determinants of health. If approved these new codes could be in place and ready for use "as early as 2020". *([12])* The point being conveyed here was that as the prevalence of social determinant data becomes more widely available within the healthcare community, so the regulatory framework may be modified at some point in the future so as to require some sort of direct response by hospital organizations.

Although *EHS* is not in a financial position to undertake such an endeavor at the present time, we will contribute to efforts designed to alleviate issues surrounding affordable housing. For example, the *City of Chattanooga* has initiated a new interagency council designed to alleviate the homeless situation locally. This effort involves many local organizations including *Erlanger*. *([13])* In this regard, *EMC* has allocated a full time social worker that is dedicated to assisting our homeless patients with completion of necessary forms and applications for *Supplemental*

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[10] Gooch, Kelly. *Atrium Health Commits $10 M To Affordable Housing*. Becker's Hospital Review, June 4, 2010. Retrieved from - https://www.beckershospitalreview.com/finance/atrium-health-commits-10m-to-affordable-housing.html.

[11] Daly, Rich. *How Providers Can Finance, Profit From Programs To Tackle Social Determinants*. Healthcare Financial Management Association, May 21, 2019. Retrieved from - https://www.hfma.org/Content.aspx?id=64043.

[12] Livingston, Shelby. *United Healthcare, AMA Unveil More Medical Codes For Social Determinants*. Modern Healthcare, April 2, 2019. Retrieved from – https://www.modernhealthcare.com/technology/unitedhealthcare-ama-unveil-more-medical-codes-social-determinants.

[13] Walton, Judy. *New Front Opens In Battle Against Homelessness In Chattanooga*. Chattanooga Times-Free Press, March 20, 2019. Retrieved from - https://www.timesfreepress.com/news/local/story/2018/mar/20/new-front-opens-battle-against-homelessness/466337/.

Security Income and/or *Social Security Disability Income* (*SSI/SSDI*), as well as possible assistance with *TennCare* or other health insurance, apartment applications, etc., for those who may need such assistance. Further, *Erlanger* has committed for this person to be *SOAR* accredited *([14])*, which means they have special training and certification in the field of homeless related social services. Where we are able to make a positive contribution, we will make an effort to support like minded programs.

EWCH will study how we might make a positive contribution to the housing/homeless issue in the service area.

[14] SSI / SSDI Outreach Access & Recovery (*SOAR*). Website - https://www.samhsa.gov/soar/.

Section H

HEALTHCARE FACILITIES & RESOURCES AVAILABLE IN THE COMMUNITY

Section H: COMMUNITY FACILITIES & RESOURCES

In the service area, *EWCH* is the only acute care hospital with a full service emergency department.

Each of the county Health Departments operate primary care clinics for primary care, vaccinations and other basic health services. There are also private health service locations which are available in each county through churches and other community based organizations.

Outpatient behavioral health services are provided by Meridian Behavioral Health in Murphy, NC.

Section I

NEXT STEPS / IMPLEMENTATION STRATEGY

Section I: NEXT STEPS

When *EHS* became the sole member of *EWCH* in 2018, we immediately set about trying to find a resolution to the issue of availability, or lack thereof, for behavioral health services. For this reason, we have solicited behavioral health organizations to evaluate the service area, and have had two (2) organizations provide feedback that the market in Murphy, NC, does not meet their criteria for expansion into the service area. However, one (1) behavioral health provider has expressed some interest, contingent on some other conditions being favorable to their entry to this market. There is not a specific timeline, however, discussions remain ongoing.

Pertaining to access to care, as we discussed previously, *EWCH* opened a new primary care physician office in Hayesville, Clay County, North Carolina, in April, 2019. As to recruitment of additional providers, *EHS* is continually trying to identify and recruit providers for this market and we are committed to improving access to care in this manner. Also, to continue to evaluate placement of new, or expanded, primary care offices within the service area.

For chronic conditions, health education, disease management and prevention services are available at *EWCH*, as well as three (3) counties in the service area. *EWCH* offers free tobacco cessation classes, asthma classes and early pregnancy classes. Diabetic self-management, nutritional counseling and education is available at all county health departments, as well as EWCH. Further, each county have public access to fitness trails, enabling residents to exercise and encouraging a healthy lifestyle. Each county has a minimum of one (1) fitness center that residents may join. Clay County residents enjoy the free use of a community fitness center.

As to the Veteran' Administration Community Care Network, we will have our Managed Care Department evaluate the feasibility of joining this new health service network.

For child welfare, we will study the availability of scheduling our mobile pediatric clinic for visits to schools in the service area.

There is potential opportunity to enhance health status by leveraging *EHS*'s Tele-Health capability in the provision of primary and specialty care service in these rural communities, collaborating with other *FQHC* providers, school health clinics, providers and programs.

It is not known at this time whether or not these strategies will be successful. For all of these strategies, there is the potential for issues beyond our control to influence whether they are fully realized.

Section J

ATTACHMENTS

TABLE OF ATTACHMENTS

List Of Acronyms

List Of Payor Contracts

EWHC Focus Group - List Of Participants

Community Health Survey Form

List Of Acronyms

–	ACA	Patient Protection & Affordable Care Act
–	CDC	Centers For Disease Control
–	Children's	Children's Hospital @ Erlanger
–	CHNA	Community Health Needs Assessment
–	EHS	Erlanger Health System
–	EMC	Erlanger Medical Center
–	EE	Erlanger East Hospital
–	EN	Erlanger North Hospital
–	EBH	Erlanger Bledsoe Hospital
–	ECHC	Erlanger Health Centers
–	EWCH	Erlanger Western Carolina Hospital
–	MMC	Murphy Medical Center, Inc.
–	ED	Emergency Department
–	FQHC	Federally Qualified Health Center
–	IRS	Internal Revenue Service
–	NICU	Neonatal Intensive Care Unit
–	PCP	Primary Care Practitioner

List Of Payor Contracts

A. TennCare Managed Care Organizations

-- Not Applicable.

B. Georgia Medicaid Managed Care Organizations

-- Not Applicable.

C. Commercial Managed Care Organizations

-- Aetna
-- BlueCross BlueShield of North Carolina
(PPO, HMO, Blue Value POS, Blue Local, Medicare Advantage)
-- Cigna HealthCare of North Carolina, Inc.
-- Health Value Management D/B/A Choice Care Network
(Commercial)
-- HUMANA (Commercial)
-- UnitedHealthcare of North Carolina, Inc.
(Commercial & Medicare Advantage)

D. Alliances

-- Not Applicable.

E. Networks

-- Crescent Preferred Provider Organization, Inc.
-- MedCost

F. Other

-- Medicare
-- North Carolina Medicaid

EWHC Focus Group - List Of Participants

John Giddens, Veteran Service Officer
Cherokee County, NC

Doug Mills, Emergency Medical Service
Cherokee County, NC

David Badger, Public Health Director
Cherokee County, NC

Sara Wilson, Health Educator
Cherokee County, NC

Jane Stiles, Senior Services
Cherokee County, NC

Stephanie Johnson, Public Health Director
Clay County, NC

Beth Booth, Public Health Director
Graham County, NC

Gail Bachteler, Director - ED
Mark Kimball, CEO
Erlanger Western Carolina Hospital

Erlanger Health System

Community Health Needs Assessment -- 2019

Thank you for participating in Erlanger's Community Health Needs Assessment. The only required information is the zip code of residence and whether you are an Erlanger employee, all other information is voluntary. We need the zip code of residence, so that we will be able to tally the responses and align our health needs assessment to general areas of interest.

If you would like to provide your name and occupation, we would welcome this information to add clarity to our assessment of the health needs for the service area.

Zip Code of Residence (required) ____________

Are you an Erlanger employee ? (required) ☐ Yes ☐ No

Name ________________________
First Last

What is your primary occupation ? ________________________

1.) In general terms, does the community have health insurance coverage ?

☐ Yes ☐ No ☐ Not Sure

2.) In general terms, how would you rate the health status of the community ?.

☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

3.) Generally speaking, are you aware of whether or not members of the community have had the following preventive health services in the past year ?

☐ Mammogram ☐ Pap Smear ☐ Glaucoma Test ☐ Flu Shot
☐ Colonoscopy ☐ Blood Pressure Check ☐ Blood Sugar Check
☐ Cholesterol Screen ☐ Prostate Screening ☐ Vision Screening
☐ Hearing Screening ☐ Cariovascular Screening ☐ Dental Cleaning / X-Rays
☐ Screening For Sexually Transmitted Diseases

4.) Where do members of the community receive routine healthcare ?

☐ Physician Office ☐ Hospital Emergency Room ☐ Urgent Care Center
☐ Health Dept. Clinic ☐ Health Center ☐ Other

5.) Are members of the community able to visit a doctor, or practitioner, when they need to ?

☐ Always ☐ Most Of The Time ☐ Sometimes ☐ Never

6.) For members of the community that have children, are they able to visit a Pediatrician when they need to ?

☐ Always ☐ Most Of The Time ☐ Sometimes ☐ Never

7.) What are the three (3) most significant health issues in the community ?

____

8.) What do you think would reduce the use of the Emergency Room for non – emergencies ?

____

9.) Generally speaking, what do you believe should be the health goals for the community ?

____

10.) Please select the Erlanger locations where you have been a patient.

☐ Baronness Erlanger Hospital (Main – Adult)
☐ Children's Hospital @ Erlanger
☐ Erlanger East Hospital
☐ Erlanger North Hospital
☐ Erlanger Bledsoe Hospital
☐ Erlanger Carolina Hospital
☐ Erlanger Behavioral Health Hospital
☐ Erlanger – Premier Health Center
☐ Erlanger – Southside Health Center
☐ Erlanger – Dodson Avenue Health Center

Erlanger Health System

Community Health Needs Assessment -- 2019

	Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree
Immunizations & vaccinations are available in my community.	☐	☐	☐	☐	☐
Emergency care is available in my community.	☐	☐	☐	☐	☐
There are enough primary care doctors in my community.	☐	☐	☐	☐	☐
There are enough specialty care doctors in my community.	☐	☐	☐	☐	☐
There are enough children's doctors in my community.	☐	☐	☐	☐	☐
Doctor's can see children in a timely manner.	☐	☐	☐	☐	☐
Dental care is available in my community.	☐	☐	☐	☐	☐
Mental health services are available in my community.	☐	☐	☐	☐	☐
Children are safe from abuse and neglect in my community.	☐	☐	☐	☐	☐
There are adequate opportunities for children's fitness in my community.	☐	☐	☐	☐	☐
My community makes a good effort to prevent drug & alcohol abuse by children.	☐	☐	☐	☐	☐