Aurora BayCare Medical Center 2017 Implementation Strategy Update

In 2013, Aurora BayCare Medical Center (ABMC) conducted a Community Health Needs Assessment (CHNA) in 2013 and completed a CHNA Report and Implementation Strategy that was reviewed and adopted by the Social Responsibility Committee of the Aurora Health Care (AHC) Board of Directors on December 19, 2013, and posted to the AHC web site.

In 2015, ABMC again completed and published its 2015 CHNA Report and 2016-2018 Implementation Strategy, which was adopted by the Social Responsibility Committee of the AHC Board of Directors on November 17, 2015, and posted to the AHC web site. Both CHNA documents provide a comprehensive overview of the community served and significant health needs identified and is available by visiting http://www.aurora.org/commbenefits.

Experience in carrying out the Implementation Strategy in 2016 informed the process for updating it for 2017. As previously, our ABMC Implementation Strategy is organized into three main categories in alignment with three core principles of community benefit as shown below.

Category	Community Benefit Core Principle	Focus area
Priority #1: Access	Access for persons in our community with disproportionate unmet health needs	• Access
Priority #2: Community Health Improvement	Build links between our clinical services and local health department community health improvement plan	• Nutrition, physical activity and overweight/obesity • Alcohol and drug use
Priority #3: Community Benefit Hospital Focus	Address the underlying causes of persistent health problems	• Youth injury prevention • Chronic disease (cancer, diabetes, heart disease and inflammatory bowel disease) • Health professions education • Hepatitis C

We help people live well. Our hospital offers all the benefits of a true community hospital. Yet, as part of Aurora's integrated health care system (IHCS), our hospital benefits from Aurora's system-wide expertise and programing in areas including women's health and cancer care, greatly expanding the scope of options, opportunities and expertise we can offer to our patients in settings across Brown County. When this is the case, you find the designation IHCS with measures reflecting regional and/or system-wide targets, tracking and reports.

Principal community health improvement tool: Community Partnerships
For any community health concern, it is widely recognized that a diverse team of engaged community partners is essential for implementing strategic community health improvement initiatives that make a difference. Therefore, we recognize the need to be a good community partner. Our implementation strategies strongly reinforce our role as a partner for community capacity-building to address unmet community health needs.

Note: Our implementation strategies do not constitute the entirety of the community benefits our hospital provides each year. For an annual accounting of the community benefits we provide each year, please see our most recent report: http://www.aurora.org/commbenefits.

Special focus: Health Disparities
Providing culturally competent and appropriate care has always been a priority for us in helping people live well. In addition to the demographic data already collected by our providers, we will be making an extra effort to collect demographic information on individuals touched by the programs in our Implementation Strategies. This will support our efforts to identify disparities and work to address them.

Significant health needs/issues not specifically addressed in our 2016-2018 implementation strategy and the reason:
The implementation strategy does not include specific strategies for adult injury emergency department visits and hospitalizations, as prevention and management services are part of the standard continuum of clinical care at Aurora BayCare Medical Center, BayCare Clinic and Aurora Health Care Medical Group clinics. However, the strategy is focused on youth injury prevention, specifically sports related injuries.

Focus | Access is an Aurora Health Care signature community benefit focus

Access
According to the *2015 County Health Rankings*, 3% of Brown County residents reported an unmet medical care need in the past 12 months, while 8% reported not seeing a doctor due to cost (CHNA Sources #2 and #5). According to the Brown County United Way's 2014 Annual Report, access to health care was the third most requested need on the 2-1-1 information and referral service.

Coverage
In 2014, 8% of all adults in Brown County reported they personally were not currently covered, comparable to the 2003 rate of 9% (CHNA Source #5). However, 13% of adults under age 65 are uninsured, the same as for Wisconsin (CHNA Source #2). In addition, 5% of all children in Brown County were without health insurance (CHNA Source #2). The *Healthy People 2020* target for health care coverage is 100%.

Mental Health
According to the *County Health Rankings*, Brown County adults reported an average of 3.2 mentally unhealthy days in the past 30 days, more than the state average of 3.0 days (CHNA Source #2). In addition, the rate of self-inflicted hospitalizations in Brown County was 80 per 100,000 people, which is lower than the state rate of 95 per 100,000 (CHNA Source #2). In 2014, 22% of adults reported that a health professional told them that they had a depressive disorder compared to 12% who were told they had a mental health condition in 2009 (CHNA Source #5). The *Beyond Health* survey respondents and key informants all identified mental health as one of the top four health issues challenging the community (CHNA Sources #1, #4).

Principal partners
- Aurora Health Care Medical Group (AHCMG)
- BayCare Clinic
- Aurora Behavioral Health Services

Community partners
- Brown County Health Department
- Brown County United Way
- Community Partnership for Children (Healthy Families, Resource Centers and Early Head Start)
- Family Services of Northeast Wisconsin (Brown County)/ Sexual Assault Center of Family Services
- Green Bay School District
- HELP of Door County
- North East Wisconsin (N.E.W.) Community Clinic. Quality care for hard-working, low-income and uninsured people of Brown County with twelve programs at three locations including the Women, Infants and Children program (WIC), Healthcare for the Homeless, two school nurses and one pediatrician at four at-risk elementary schools
- Reach Counseling of Brown-Outagamie-Winnebago Counties
- St. Vincent's Hospital Sexual Assault Nurse Examiner (SANE) program
- Willow Creek Behavioral Health
- University of Wisconsin-Green Bay Foundation
- University of Wisconsin-Green Bay Health Center
- University of Wisconsin Hospitals and Clinics

Target population

- Medicaid-eligible and uninsured patients using our hospital emergency department (ED) for primary care and frequent users of the ED for non-emergent reasons
- Children and students with unmet health care needs
- Patients with mental health conditions

Activities IHCS

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **Provide appropriate follow-up with non-emergent patients using the ED for primary care** • **Actively screen patients for coverage through the Marketplace or financial assistance programs and assist with application processes; refer patients as appropriate to N.E.W. Community Clinic**			
Ongoing	Non-emergent ED visits without a primary care provider Of those ED visits, number who saw an AHMG primary care provider within 28 days	Annual volume	Coverage and care for uninsured and Medicaid-eligible patients using our ED for primary care
Ongoing	Number of ED patients referred to N.E.W Community Clinic	Annual volume	Medicaid-eligible and uninsured patients establish with a primary care provider
• **Provide financial support for the N.E.W. Community Clinic through *A Cause to Celebrate* fundraising event**			
By 4-30-17	Hold *A Cause to Celebrate* event	Dollar amount	On-site providers and continued services to local community members in need
• **Continue to provide a full-time, bilingual AHCMG pediatrician to provide medical care for children at Nicolet School whose families do not have the resources to pay for health services**			
Ongoing	Children seen by bilingual pediatrician Demographic info on students Number of patient visits Number of conditions treated, by type	Annual volume	Increased access to care for underprivileged children
• **Provide access to pediatric specialty care in partnership with UW Health**			
Ongoing	Pediatric patients accessing specialty diagnostic and treatment services, by type	Annual volume	Increased access to pediatric specialty services closer to home
• **Provide medical services at University of Wisconsin-Green Bay health center**			
Ongoing	Number of hours medical services provided	4/month	Reduced number of health-related ED visits by local college students
	Number of students seen	Volumes	
• **Provide behavioral health referrals through telepsychiatric program**			
Ongoing	Number of referrals provided	Volumes	Improved access to psychiatric services
• **Through Aurora Health Care Better Together Fund grants:** – **Increase access to abuse-response services for victims of sexual assault, abuse or intimate-partner violence through support of and referral to Family Services of Northeast Wisconsin, HELP of Door County, University of Wisconsin-Green Bay Foundation and Reach Counseling** – **Provide funding to support the creation of a staff position that will ensure a safe setting for children being exchanged by estranged parents at HELP of Door County**			

Focus | Nutrition, physical activity and overweight/obesity

Based on the *2014 Brown County and City of De Pere Health Department Community Health Assessment Report*, 29% of adults were obese, the same level as the state (29%), and higher compared to the national benchmark (25%) (CHNA Source #1). In 2014, 64% of adults were classified as being overweight, an increase from 57% in 2003 (CHNA Source #5). Since 64% of adults in 2014 were classified as overweight, this means 36% of adults were classified as a healthy weight.

In addition, the *2015 County Health Rankings* (CHNA Source #2) revealed:

- 10% of adults were being monitored for diabetes, higher than the state and national rates of 7.4% and 8.9% respectively
- The rate of adults who were hospitalized for coronary heart disease was 3.7 per 1,000 people, higher than the state rate of 3.0 per 1,000
- 20% of adults were physically inactive; only slightly lower compared to the state and national benchmarks of 21%

Principal partners

- Aurora Health Care Medical Group
- Aurora BayCare Wellness Manager
- BayCare Clinic

Community partners

- Area school districts
- Boys & Girls Club of Green Bay
- Brown County Health Department
- City of Green Bay
- Green Bay Area Chamber of Commerce
- *Live54218*
- University of Wisconsin-Green Bay

Target population

- Children, adolescents and adults residing in Brown County
- ABMC patient population
- ABMC employee population

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Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **ABMC Wellness Manager will engage employees in fitness programs supported by our hospital**			
Ongoing	Employees participating in *LiveFit: Prescription* program	Annual volume	Increased opportunities for ABMC employees to engage in physical activity
	Employees with ABMC fitness center membership		
• **Actively participate in and financially support Live54218, a community obesity prevention initiative, for the second year in an initial three year start-up period** • **Organize, promote and financially support the 3rd Annual Open Streets Green Bay to provide 2.5 miles of open street access for residents to engage in physical activity and explore many of the streets in Green Bay on foot or bicycle that otherwise can only be traveled by car** • **Sponsor and host the Spooky Sprint, a 1K, 5K and 10k run/walk, with a portion of the proceeds going to Sting Cancer, a passionate and committed collaboration of high school students and staff dedicated to reducing the effects of cancer by initiating and supporting programs and activities for the school and its community** • **Offer personal training for participants provided by staff of ABMC Sports Medicine program and through consultation with the ABMC Bariatrics program** • **Participate in the Beyond Health Food and Nutrition Subcommittee**			
Ongoing	*Live54218* events supported by Aurora caregivers	Annual volume	Increased opportunities to promote active lifestyles and engage community residents in physical activity
	Participants in *Open Streets Green Bay*		
	Participants in *Spooky Sprint 1K/5K/10K*		
	Participants in ABMC personal training services		
	Milestones related to participation in Beyond Health Food and Nutrition Subcommittee	Deadlines	Increased promotion of better nutrition within the community

Focus | Addressing unhealthy alcohol and drug use

Based on the *2014 Brown County and City of De Pere Health Department Community Health Assessment Report*, 25% of Brown County adults engaged in binge drinking or heavy drinking in the past 30 days (CHNA Source #1). However, according to the *2014 Brown County BRFSS*, 38% of adults reported binge drinking in the past month (CHNA Source #5). In Brown County, 53% of all driving deaths involved alcohol, compared to 39% statewide (CHNA Source #2). The Healthy People 2020 target is to reduce binge drinking in the past month to 24.4% for adults and 8.6% for adolescents.

In 2015, the state crime lab processed 82 heroin cases from Brown County, according to the Wisconsin Department of Justice.[1] *Beyond Health* survey respondents and key informants identified alcohol and drug use as one of the top four health issues challenging the community (Sources #1, #4).

Principal partners

- Aurora Health Care Medical Group

Community partners

- N.E.W. Community Clinic
- Aging & Disability Resource Center
- Bellin Psychiatric Center
- Brown County Health Department
- Libertas Treatment Center
- Prevea Behavioral Health
- Willow Creek Behavioral Health

Target population

- Primary care providers in Brown County
- Patients over 18 years of age

Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **Designate an Aurora caregiver to serve on the *Healthy Brown County 2020* alcohol and drug use action group**			
Ongoing	Milestones related to specific goals and action plans to support alcohol and drug use action group	Deadlines	Increased support of community efforts to address excessive alcohol use
• **Implement protocols in our clinics, hospitals and pharmacies focused on preventing opioid overdose and opioid use disorder and expanding access to medication-assisted treatment (MAT)**			
Ongoing	Number of AHCMG providers who implemented the alcohol, depression and substance abuse screening tool	Annual volume	Strengthened infrastructure for response to addiction

[1] Wisconsin Department of Justice – Heroin Cases. Available at https://www.doj.state.wi.us/dci/heroin-awareness/cases-county. Accessed October 26, 2016.

Focus | Youth injury prevention

	In 2013, the total number of injury hospitalizations among Brown County youth aged 0-17 years was 133, which is a rate of 216.8 per 100,000. Also in 2013, the total number of injury-related emergency room visits among Brown County youth was 5,555 – a rate of 9,055.0 per 100,000, higher than the state rate of 7,695.5 per 100,000.2.[2] Of the youth emergency room visits, 1,120 resulted from being struck by or striking against an object or another person. (CHNA). The Wisconsin Interscholastic Athletic Association (WIAA) policy and Wisconsin law clearly identify that the risk and prevalence of concussion and head trauma is significant. In addition, the WIAA policy and Wisconsin law acknowledges the prominent role of health care professionals as it relates to injury prevention/detection efforts within their community organizations.

Principal partners

- Aurora Health Care Medical Group (AHCMG)
- BayCare Clinic
- Aurora BayCare Sports Medicine

Community partners

- Local school districts: De Pere, Kaukauna, Freedom, Denmark
- Local youth sports teams: Falcons Middle School Football, Gamblers Junior Hockey

Target population

- Students and coaches at local school districts
- Brown County residents

Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **Continue to partner with area school systems and community athletic organizations to offer reduced-cost youth sports physicals, free pre-season baseline concussion screenings and functional movement assessments** • **Provide licensed athletic trainer and physician support for athletic events** • **Continue to partner with AHCMG and BayCare Clinic staff for a consistent approach to post-concussion injury management**			
Ongoing	Number of youth sports physicals provided	Annual volume	Improved youth injury prevention, identification and intervention
	Number of baseline concussion screenings		
	Number of student athletes treated for a concussion (with previous concussion baseline screening)		
	Number of functional movement assessments		
	Number of athletic events supported		
• **Continue to provide free health screenings and injury assessments by our licensed athletic trainers**			
Ongoing	Number of health screenings and injury assessments provided at ABMC Orthopedic and Sports Medicine Center	Annual volume	Increased early detection of athletic injuries

[2] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed September 8, 2015.

Focus | Chronic disease (including diabetes, heart disease, inflammatory bowel disease and cancer)

The *2015 County Health Rankings* (CHNA Source #2) revealed the following:

- 10% of adults were being monitored for diabetes, up significantly from 4% in 2003 (CHNA Source #2). This is higher than the state and national rate of 7.4% and 8.9% respectively.
- The rate of adults who were hospitalized for coronary heart disease was 3.7 per 1,000 people, higher than the state rate of 3.0 per 1,000 (CHNA Source #2).

Based on the *2015 Brown County Health Data Report* (CHNA Source #3):

- The 2008-2012 cancer age-adjusted incidence rate in Brown County was 489.6. per 100,000 population, higher compared to the state at 447.7 per 100,000.
- The incidence rate for female breast cancer was 128.6 per 100,000 population in Brown County, higher than the state and national rates (125.4 and 122.0 per 100,000 respectively).
- The incidence rate for female colorectal cancer was 36.6 per 100,000 population in Brown County, higher than the state and national rates (31.6 and 34.9 per 100,000 respectively).

Principal partners

- Aurora Health Care Medical Group
- Aurora BayCare Medical Center (ABMC) Cancer Care
- BayCare Clinic

Community partners

- Aging & Disability Resource Center of Brown County
- Wisconsin Department of Health and Human Services
- American Heart Association
- Crohn's & Colitis Foundation of Green Bay
- American Cancer Society

Target population

- Our patients with diabetes
- The broader population of northeast Wisconsin and Upper Michigan (cancer and heart disease)
- Children and adults with inflammatory bowel disease (Crohn's disease or colitis) and healthcare providers

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Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **Promote, refer patients to and facilitate *Living Well with Diabetes*, a program for people newly diagnosed with type 2 diabetes**			
Ongoing	Number of *Living Well with Diabetes* sessions held per year	2	Improved health status and positive self-care behaviors for individuals with diabetes as reported in program evaluations
	Number of attendees	Annual volume	
• **Provide cancer screening information and educational sessions at a variety of community venues and events** • **Provide skin cancer screening at a variety of community events** • **Provide financial support and distribute cancer prevention educational material at *Making Strides Against Breast Cancer* walk** • **Provide breast cancer support groups**			
Ongoing	Number of cancer educational sessions provided	4/year	Increased community awareness about the risk factors and importance of getting screened for cancer
	Number of attendees	Annual volume	
	Number of skin cancer screenings provided, number at-risk, number referred for follow-up	4/year	
	Number of participants in *Making Strides Against Breast Cancer*	Annual volume	Increased community awareness of breast cancer screening, diagnosis and treatment
	Number of breast cancer support groups provided	4/year	Increased support for individuals diagnosed with breast cancer
	Number of attendees	Annual volume	
• **Provide community education on the risk factors, early warning signs of heart attack and stroke**			
Ongoing	Number of heart/stroke educational sessions provided	4/year	Increased community awareness and increased knowledge of prevention, risk factors and early warning signs for heart disease and stroke
	Number of attendees	Annual volume	
• **Provide information to patients and healthcare providers on Crohn's, colitis, or bowel disease and nutrition choices for children and adults**			
Ongoing	Number of educational sessions hosted by the Crohn's and Colitis Foundation	1	Increased community awareness of, and knowledge about, Crohn's/colitis/other bowel diseases
	Number of attendees	Annual volume	

Focus | Health professions education: primary care, rural medicine and emergency medical service (EMS) providers

Based on the *2015 County Health Rankings* for Brown County, the ratio of population to primary care physicians in Brown County was 1,375: 1. The population per physician ratio was greater for Brown County as compared to the state (1,215:1) and the national benchmark (945:1) (CHNA Source #2). *Note*: Primary care physicians include practicing physicians specializing in general medicine, family medicine, internal medicine, pediatrics, and obstetrics/gynecology. The measure represents the population per physician.

According to the Wisconsin Academy for Rural Medicine:[3] There is a geographic shortage and misdistribution of physicians that affects rural Wisconsin. While 28% of Wisconsin citizens live in rural areas, only 11% of physicians have rural practices. This shortage of rural physicians is projected to increase. Literature shows that rural citizens are generally less healthy, poorer, older and more likely to be uninsured.[4]

Recent reports from the Wisconsin Hospital Association, the Association of American Medical Colleges, and the Wisconsin Office of Rural Health have projected significant shortages of physicians in the coming decades, particularly in the primary care fields and in underserved rural and urban areas.

Principal partner

- Aurora Health Care Medical Group (AHCMG)
- BayCare Clinic

Community partner

- Local EMS services
- University of Wisconsin- Madison

Academic partner

- The Wisconsin Academy for Rural Medicine (WARM) is a program of the University of Wisconsin – School of Medicine and Public Health created to proactively address the current shortage of rural physicians in the State and enhance health care in rural communities. Aurora BayCare Medical Center is an academic affiliate of the UW School of Medicine and Public Health and is part of the school's statewide campus. It is one of three regional sites participating in the program, along with Marshfield Clinic and Gundersen Lutheran in La Crosse.

Target population

- WARM students who have completed the first two years in Madison and are relocating to the ABMC area to complete the clinical requirements in a rural learning community (during years three and four)

[3] University of Wisconsin School of Public Health, Wisconsin Academy of Rural Medicine. Available at http://www.med.wisc.edu/education/md/wisconsin-academy-for-rural-medicine-warm/history/970. Accessed October 1, 2015.
[4] National Rural Health Association. What's Different About Rural Health? The obstacles faced by rural health care providers and their patients. Available at http://www.ruralhealthweb.org/go/left/about-rural-health/what-s-different-about-rural-health-care. Accessed October 1, 2015.

Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **Continue to serve as a learning site for University of Wisconsin WARM program third- and fourth-year medical students, with affiliated practices and coordination at distant sites for elective rotations in anesthesiology, internal medicine, neuroscience, OB/GYN, pediatrics, primary care, radiology, surgery, and other clinical experiences**			
Ongoing	Medical students participating in the WARM program rotation at ABMC	Annual volume	Students are prepared and encouraged to choose medical careers in rural medicine
	WARM students who go on to post-graduate medical education programs in primary care, by type		
	WARM students passing standardized examination results, by Step 1 and Step 2		
• **Additionally: provide scholarships for paramedics, in partnership with Board Certified Emergency Physicians, to offer each spring and fall semester:** - **(2) $500 Emergency Medical Technicians (EMT) scholarships** - **(1) $500 advanced EMT scholarship and** - **(2) $1,000 paramedic scholarships**			
Ongoing	Number of EMS scholarship recipients who remain in surrounding communities	Annual volume	Increased number of paramedics in surrounding communities
• **Host EMS Huddle sessions with a guest speaker for EMTs from the surrounding area with presentations based on educational needs identified in previous huddle evaluations**			
Ongoing	Number of EMS Huddles provided, number of attendees	Annual results	Increased collaboration between local EMS providers and various local EMS services

Focus| Hepatitis C Program IHCS

According to the CDC, hepatitis C-related mortality in 2013 surpassed the total combined number of deaths from 60 other infectious diseases. Death certificates often underreport hepatitis C, so there likely were even more hepatitis C-related deaths than reported.

The greatest hepatitis C burden falls on baby boomers, those born from 1945 to 1965. Many baby boomers were infected during medical procedures prior to 1985, when injection and blood transfusion technologies were not as safe as they are today. Without diagnosis and treatment, hepatitis C may lead to liver cancer and other life-threatening diseases and may be transmitted to others.[5]

In 2014, according to the Wisconsin Division of Public Health[6]:

- Wisconsin hepatitis C incidence rate per 100,000 population – 56.1
- Median age of death in Wisconsin due to hepatitis C – 57 years
- Hepatitis C is under-reported on death certificates and plays a larger role in premature death in Wisconsin than is recognized.

Principal partners

- Aurora Health Care Medical Group (AHCMG)

Community partner

- AIDS Resource Center of Wisconsin

Target population

- Adults born from 1945 to 1965 residing in the Green Bay, Manitowoc & Marinette service area
- Patients who self-identify for other factors*

System Activities – Hepatitis C

Time Frame	Measures to Evaluate	Activities	Long-term Outcomes
Ongoing	Data collected regionally as part of Aurora Health Care Green Bay, Manitowoc & Marinette service area	Patients in cohort are identified and screened Referrals, staging and standardized care-delivery process for our patient population are implemented for those who test positive	Decreased burden of hepatitis C in our communities Decrease in rates of cirrhosis and liver cancer in our patient population over time

* Other patients at risk for hepatitis C include persons:

- Who are HIV positive
- Who injected illegal drugs
- Who received clotting factor concentrates produced before 1987
- On chronic hemodialysis
- With persistently abnormal alanine aminotransferase (ALT) levels
- Who received transfusions or organ transplants prior to 1992
- With recognized occupational exposures
- Born to HCV-positive women

[5]CDC, http://www.cdc.gov/media/releases/2016/p0504-hepc-mortality.html accessed May 6, 2016.
[6] WI DHS, "Wisconsin Hepatitis C Surveillance Study: 2014", https://www.dhs.wisconsin.gov/publications/p00440-2014.pdf, accessed May, 6, 2016.