Aurora St. Luke’s South Shore 2019 Implementation Strategy Update

In 2013, Aurora St. Luke’s South Shore (ASLSS) conducted a Community Health Needs Assessment (CHNA) 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 2016, ASLSS completed and published its CHNA Report and 2017-2019 Implementation Strategy, which was adopted by the Social Responsibility Committee of the AHC Board of Directors on August 18, 2016, and posted to AHC web site. Each document provides 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 2018 informed the process for updating it for 2019. As previously, our ASLSS implementation strategy is organized into three main categories in alignment with three core principles of community benefit as shown below.

<table>
<thead>
<tr>
<th>Category</th>
<th>Community Benefit Core Principle</th>
<th>Focus area</th>
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<tbody>
<tr>
<td>Priority #1: Access</td>
<td>Access for persons in our community with disproportionate unmet health needs</td>
<td>• Access health</td>
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<td></td>
<td></td>
<td>• Health care coverage</td>
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<tr>
<td>Priority #2: Community Health</td>
<td>Build links between our clinical services and local health department community health improvement plan</td>
<td>• Healthy blood pressure</td>
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<td>Improvement</td>
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<tr>
<td>Priority #3: Community Benefit</td>
<td>Address the underlying causes of persistent health problems</td>
<td>• Cancer</td>
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<tr>
<td>Hospital Focus</td>
<td></td>
<td>• Behavioral health</td>
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<tr>
<td></td>
<td></td>
<td>• Injury prevention</td>
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<td></td>
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<td>• Hepatitis C</td>
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These implementation strategies do not constitute the entirety of the community benefits our hospital provides each year. An annual account of the community benefits we provide can be found by visiting http://www.aurora.org/commbenefits.

We help people live well. Our hospital offers all the benefits of a true community hospital to the residents of our South Shore communities. 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 mental health and cancer care, greatly expanding the scope of options, opportunities and expertise we can offer to our patients in settings across Metro-Milwaukee. When this is the case, you find the designation [HHS] 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.

Special focus: Health Disparities
Providing culturally competent and appropriate care has always been a priority for us in helping people live well. Going forward, 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 allow us to take a deeper look at the populations we are serving and enable us to identify disparities and work to address them.
Aurora Health Care is a member of the Milwaukee Health Care Partnership (the Partnership) www.mkehcp.org, a public private consortium dedicated to improving care for underserved populations in Milwaukee County. Through the Partnership, Milwaukee's five health systems and the Milwaukee Health Department, along with the other municipal local health departments in Milwaukee County, aligned resources to complete a shared CHNA in 2013 and 2016. Supported by additional data collection and analysis from the Center for Urban Population Health, www.cuph.org, this robust community-wide CHNA includes findings from a community health survey of over 5,600 adults, multiple secondary data sources and key informant interviews with forty-one individual interviews and four focus groups. This shared CHNA serves as the foundation for Aurora Health Care and its five hospitals located in Milwaukee County in collaboration with the Partnership to implement strategies to improve health outcomes and reduce disparities.

It is not surprising that we are asked to support a wide array of community activities and events in Cudahy, Oak Creek, St. Francis and South Milwaukee. However, today's community health needs require us to reserve limited charitable resources for programs and initiatives that improve access for underserved persons and specifically support community health improvement initiatives, as outlined in this Implementation Strategy.
Focus | Access is an Aurora Health Care signature community benefit focus

Key informants identified access to health care as a top five priority (Source #3). Survey respondents who reported receiving primary health services through a medical home: 74% in Cudahy, 71% in Oak Creek, 79% in St. Francis and 70% in South Milwaukee. Respondents reporting a household member who did not have health care coverage in the past year: 8% in Cudahy, 3% in Oak Creek, 7% in St. Francis and 13% in South Milwaukee. Respondents reporting an unmet medical need: 10% in Cudahy, 7% in Oak Creek, 13% in St. Francis and 10% in South Milwaukee (Source #1).

Along with having a consistent primary care provider and medical home, access to medical care can detect and treat disease at an earlier stage, improve overall health, prevent disease and disability and reduce preventable deaths. Unmet medical care can lead to further health complications and increase future costs.¹

Principal partners
- Aurora Health Care Medical Group (AHCMG)
- Aurora Behavioral Health Services (ABHS) and Aurora Psychiatric Hospital (APH)
- Aurora Walker’s Point Community Clinic (AWPCC)
- Aurora Parish Nurse
- Aurora Pharmacies
- Aurora at Home
- Aurora Family Practice Clinic at Aurora St. Luke’s Medical Center (AFPC)
- Aurora Senior Resource Nurse Program

Community partners
- Milwaukee Health Care Partnership, ED Care-Coordination
- Sixteenth Street Community Health Center (SSCHC)

Target population
- Medicaid-eligible and uninsured patients using our hospital emergency department (ED) for primary care

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<th>Activities</th>
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<th>Measures to Evaluate</th>
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<tbody>
<tr>
<td>• Link Medicaid-eligible and uninsured patients with medical homes by providing appointments to SSCHC, AWPCC, AFPC or other free clinics in Metro Milwaukee via MyHealthDIRECT scheduling technology (the MHCP ED Care Coordination Initiative)</td>
<td>Ongoing</td>
<td>Total scheduled appointments Annual volume</td>
<td>Increased number of Medicaid-eligible and uninsured patients with medical home</td>
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<td></td>
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<td>Total FQHC scheduled appointments</td>
<td></td>
<td>Decreased ED admissions for primary care needs</td>
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<td></td>
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<td>Number of FQHC appointments available within two weeks</td>
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<td></td>
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<td>FQHC appointment show rate &gt; 22%</td>
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<td>Increased show rate</td>
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<tr>
<td>• Inform and educate all eligible patients about the benefits of securing coverage through the Marketplace; assist in completing applications to insurance Marketplace during open enrollment</td>
<td>Ongoing</td>
<td>Number eligible for Marketplace Annual system volume</td>
<td>Increased number of patients obtain coverage through Marketplace</td>
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<tr>
<td></td>
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<td>Number of Marketplace applications submitted</td>
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<td>• Assist eligible patients in completing applications for financial assistance programs, including Aurora’s Helping Hand Patient Financial Assistance program, for necessary medical care</td>
<td>Ongoing</td>
<td>Number eligible for assistance Annual system volume</td>
<td>Increased number of patients receive needed medical care</td>
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<td></td>
<td></td>
<td>Number of Helping Hand applications submitted</td>
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<td>• Provide prescriptions upon discharge free of cost to uninsured patients who lack resources through the Aurora Essential Medication Fund</td>
<td>Ongoing</td>
<td>Number of prescriptions provided Annual volume</td>
<td>Improved outcomes for uninsured patients discharged from our care</td>
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</table>
Focus | Healthy blood pressure and healthy weight

Between 28%-34% of the South Shore adults have high blood pressure. Respondents with high blood pressure who report that their blood pressure is in control: 97% in Cudahy, 96% in Oak Creek, 98% in St. Francis and 94% in South Milwaukee (Source #1). Respondents reporting to be overweight: 76% in Cudahy, 67% in Oak Creek, 70% in St. Francis and 74% in South Milwaukee (Source #1). Key informants identified chronic diseases, such as hypertension and obesity, as a top five health priority (Source #3). High blood pressure increases the risk for heart disease and stroke. Once identified and diagnosed, high blood pressure can be treated and controlled.²

Principal partner
- Aurora Health Care Medical Group (AHCMG)

Community partners
- Local health departments
- Local schools

Target population
- Residents of Milwaukee’s South Shore: Cudahy, Oak Creek, St. Francis and South Milwaukee

Activities

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Ongoing</td>
<td>Number screening events held</td>
<td>Annual volume</td>
<td>All individuals with an identified health condition will report an activity/action to modify behavior(s)</td>
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<tr>
<td></td>
<td>Number of individuals screened; demographics</td>
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<tr>
<td></td>
<td>Number of individuals with primary care provider</td>
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<td>Number currently being treated for high blood pressure</td>
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<td></td>
<td>Number currently prescribed BP medication</td>
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<td>Number who took BP medication on day of screening</td>
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<td>Number with elevated BP</td>
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<td>Number with first-time elevated BP</td>
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<td>Number referred to provider for follow-up by type of provider</td>
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<td>Number reporting knowledge gain</td>
<td></td>
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<tr>
<td></td>
<td>Number reporting intent to make lifestyle change behavior as a result of screening</td>
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Implementation Strategy

Priority No. 3: Community Benefit Hospital Focus

Focus | Behavioral and mental health and alcohol/drug dependence

Based on the key informant interview findings, mental health, alcohol and drug use emerged as one of the top five health issues for Milwaukee County (Source #3).

The residents of the South Shore communities ranked both mental health and alcohol/drug use within their top three health priorities. Based on the 2015 Community Health Surveys, the percentages of adults who reported a mental health condition (such as depression, anxiety disorder or post-traumatic stress disorder) in the past three years were:

- 18% in Cudahy
- 19% in Oak Creek
- 17% in St. Francis
- 11% in South Milwaukee

While effective treatments exist, people with mental health conditions often do not receive the care they need. In South Shore communities, respondents reported an unmet mental health need in 2015 including 3% in Cudahy, 4% in Oak Creek, 1% in St. Francis and 3% in South Milwaukee (Source #1).

Nationally, the amount of pain medicines prescribed and sold has almost quadrupled since 1999. Every day in the U.S., 44 people die due to an overdose of prescription opioids. The overprescribing of opiates and other pain medicines leads to medicinal abuse and overdose deaths. In Milwaukee County, the rates of residents with opiate poisonings were 27.8 and 36.3 per 100,000 population for emergency department visits and hospitalizations, respectively, in 2014.

In addition to traditional psychiatry and psychotherapy, many individuals achieve behavioral health benefits by exercising, thus reducing anxiety, depression, cognitive dysfunction and negative mood. Other exercise benefits include reducing low self-esteem and social withdrawal.

Principal partners

- Aurora Psychiatric Hospital
- Aurora Behavioral Health Services (ABHS) and outpatient clinics
- Aurora Medical Centers hospital triaging/consulting/attending psychiatrists
- Aurora Health Care Medical Group (AHCMG)
- Aurora Sports Medicine Institute

Community partners

- Milwaukee County Department of Health and Human Services – Behavioral Health Division
- Local health departments

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- Crisis Resource Center
- Local law enforcement
- Alcoholics Anonymous
- Narcotics Anonymous
- National Alliance on Mental Illness – NAMI of Greater Milwaukee
- Mental Health America of Wisconsin
- 2-1-1 IMPACT

**Target population**
- Adults 18 years and older residing in our South Shore communities who have mental health and/or addiction issues

### Activities

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<tbody>
<tr>
<td><strong>Conduct brief mental health and substance use assessments on patients triaged in our ASLSS emergency department (ED) or admitted to our hospital</strong></td>
<td>Total number of behavioral health intake assessments completed</td>
<td>Annual volume</td>
<td>Reduced wait times for patients with identified behavioral health/AODA needs; expedited referrals</td>
</tr>
<tr>
<td>Ongoing</td>
<td></td>
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<tr>
<td><strong>Provide telepsychiatry consultations at our hospital to respond to behavioral health needs and link patients with appropriate behavioral health services</strong></td>
<td>Number of individuals provided with tele-intake services in the ED</td>
<td>Annual volume</td>
<td>Increased access to behavioral health services</td>
</tr>
<tr>
<td>Ongoing</td>
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</tbody>
</table>
| **Provide emergency and crisis assessment/intake services at ASLSS through our 23-bed inpatient unit, mental health partial-hospitalization program and intensive outpatient program** | Average inpatient Behavioral Health Services daily census
Partial hospitalization average daily census for mental health
Partial hospitalization average daily census for substance use
Intensive outpatient average daily census | Annual volume | Reduced wait times for patients in need of crisis behavioral health treatment; expedited referrals |
| Ongoing | | | |
| **Provide the Behavioral Health Community-Based Resource Room as a meeting space for community partners and coalitions** | Number and types of community groups and patients utilizing Behavioral Health Community Resource Room (group therapy, 12-step programs, etc.) | Baseline data | Increased behavioral health group meeting space closer to home for our communities |
Focus | Cancer education and support

Most cancers’ incidence and mortality rates in Milwaukee County exceed Healthy People 2020, as well as national and state rates. In 2013, the mortality rates of Milwaukee County adults with cancer were:

- 67.3 and 43.8 per 100,000 population for males and females respectively for lung/bronchus cancer
- 24.1 per 100,000 population for female breast cancer
- 21.5 and 13.0 per 100,000 population for males and females respectively for colorectal cancer (Source #2).

Regular screening tests may find cancers early, when treatment works best. Knowing one’s risks and when to be screened for various cancers are the first steps to early detection. Once detected, many cancer survivorship care plans incorporate complementary and integrative medicine (CIM), such as mind-body interventions, support groups, financial counseling, enhanced general nutrition, nutritional supplements and physical activity. There are a growing number of studies that suggest CIM approaches may have a positive effect on survival of cancer patients.8

Principal partner

- Aurora Cancer Care (ACC)
- Aurora Sinai Medical Center Cancer Services
- Aurora St. Luke’s Medical Center Oncology Services
- Aurora West Allis Medical Center Oncology Services
- Aurora at Home
- Aurora Family Service
- Aurora Psychiatric Hospital

Community partners

- Women’s Health West Allis (Women’s Pavilion at AWAMC)
- American Cancer Society
- Cancer support groups such as Gilda’s Club, Young Survivor Coalition, ABCD and Immerman Angels
- Karen Yontz Center Cardio-Oncology

Target population

- South Shore area communities and newly diagnosed cancer patients

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### Activities

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<tr>
<td>Ongoing</td>
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<tr>
<td><strong>Advance our ASLSS Cancer Nurse Navigator program</strong></td>
<td>Number of cancer patients served at our hospital</td>
<td>Annual volume</td>
<td>Increased survival rates with patients proactive in their own health care and survivorship, reducing their risk of recurrence, as tracked by Aurora Cancer Care</td>
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<tr>
<td></td>
<td>Number of referrals to Aurora service providers by type</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of referrals to community partners by type</td>
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### System Activities – The Aurora Cancer Care Program

- **Aurora Cancer Care education and screening events take place year-round within Metro Milwaukee. These events and activities benefit people and communities we serve and to which we refer and support through our participation:**
  - Sankofa – Aurora Sinai Medical Center
  - Team Phoenix* – Aurora Sinai Medical Center
  - Reflections of Wellness – Aurora West Allis Medical Center
  - Living Well Beyond Cancer** – Aurora West Allis Medical Center
  - Spanish Cancer Clinic – Aurora St. Luke’s Medical Center
  - Milwaukee Public Schools HPV Education Program – Milwaukee Metro
  - Southeast Asian Community Health Forums and Cancer Curriculum development – Milwaukee Metro
  - Aurora Cancer Care Speakers Bureau
  - Know Your Family History Program
  - Milwaukee-area partnerships developed through the Wisconsin’s Collaborative Approach to Increase Colorectal Cancer Screening grant
  - Workplace education and screenings across our metro area

* Breast cancer survivors of all stages, ages, and fitness levels train for a sprint distance triathlon as the impetus to regain an active lifestyle to achieve lifelong health and fitness. Treatment side effects are taken into consideration, including scarring and fibrosis caused by surgery and radiation, deconditioning due to chemotherapy, and altered metabolism caused by early menopause.

** A fourteen-week lifestyle management program to help survivors restore and enhance their wellness and confidence during and after treatment, two new sessions per year
Priority No. 3: Community Benefit Hospital Focus

Focus | Injury Prevention

The South Shore communities have a higher than average aging population. Compared to Milwaukee County’s median age of 34.0 years, South Shore residents have higher median ages at 40.6 years for Cudahy, 37.0 years for Oak Creek, 45.0 years for St. Francis and 40.5 years for South Milwaukee (Source #1).

Of adults aged 65 years or older, one-third experience a fall each year. In 2014, the rates of adults with a falls-related hospitalization were 1,971.1 per 100,000 population for those aged 65 years and over and 3,413.5 per 100,000 population for those aged 75 years and over. Most fractures among older adults are due to falls. Besides fractures, older adults who suffered from a fall have lacerations, traumatic brain injuries and experience a fear of falling, thus limiting their future activities.9

Additionally, decreased cognitive and physical capabilities contribute to falls and other injuries. Screening allows for early identification of seniors in the ED who are at increased risk for falls, thus allowing specific clinical services to be delivered more efficiently to deal with the particular needs of these patients.10

Principal partners
- Aurora Health Care Medical Group
- Aurora Behavioral Health Services

Community partner
- Wisconsin Institute for Healthy Aging
- Aging and Disability Resource Centers of Milwaukee County

Target population
- Adults aged 50 years and older residing in Cudahy, Oak Creek, St. Francis and South Milwaukee seen and treated at our facility

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<tbody>
<tr>
<td>• Administer the Identification of Seniors at Risk (ISAR) screening tool for detecting severe functional impairment, depression and increased utilization of health services to all patients 65 and older</td>
<td>Ongoing</td>
<td>Percentage of ED patients aged 65 years and older are identified for screening</td>
<td>100%</td>
<td>Early identification of at-risk individuals for follow-up interventions</td>
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<td>Percentage of patients identified for screening who were screened using the ISAR tool</td>
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<td>Percentage of patients who scored a 4 on the ISAR tool who were referred to social services</td>
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<tr>
<td>• Host Stepping On, a high-level, evidence-based program proven to reduce falls and build confidence in older people, at our hospital</td>
<td>Ongoing</td>
<td>Number of Stepping On programs offered</td>
<td>Annual volume</td>
<td>Increased mobility safety in the community, reducing risk for falls</td>
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<tr>
<td>• Design, pilot and implement recruitment strategy to increase participation, as needed</td>
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<td>Number of participants who complete all seven sessions</td>
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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.

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.\(^\text{11}\)

In Milwaukee County, almost 285,000 people are aged 50 years or older.\(^\text{12}\) In 2014, according to the Wisconsin Division of Public Health\(^\text{13}\):

- Number of newly diagnosed cases of hepatitis C in Milwaukee County – 797
- Milwaukee County hepatitis C incidence rate per 100,000 population – 83.1
- 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)
- Aurora Walker’s Point Community Clinic

**Community partner**
- AIDS Resource Center of Wisconsin
- Refugee Health program

**Target population**
- Adults born from 1945 to 1965 residing in the Greater Milwaukee South service area

**System Activities – Hepatitis C**

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</thead>
<tbody>
<tr>
<td>Ongoing</td>
<td>Screen patients for hepatitis C in primary care and specialty clinics; diagnose, manage, treat and track all patients diagnosed with Hepatitis C</td>
<td>Data collected regionally as part of Greater Milwaukee South service area</td>
<td>Increased number of patients with hepatitis C are identified and referred for follow-up care and treatment</td>
</tr>
</tbody>
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