

**Mary Free Bed Rehabilitation Hospital
Community Health Needs Implementation Strategies**

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EXECUTIVE SUMMARY

History

The Patient Protection and Affordable Care Act, which was enacted on March 23, 2010, included the new Section 501(r) that delineated additional requirements for hospitals to qualify for tax exemption under Section 501(c)(3). Section 501(r) mandates tax-exempt hospitals complete a Community Health Needs Assessment (CHNA) every three years. The CHNA requirements are effective for tax years beginning after March 23, 2012.

To comply with these new standards, the Mary Free Bed Board of Trustees must approve the hospital plan to address identified community health needs by March 31, 2013. This plan will then be posted on the Mary Free Bed Hospital website.

The Community Health Needs Assessment

Eighty organizations worked together to develop the 2011 Kent County Health Needs Assessment and Health Profile. The study was conducted during calendar year 2011, and results were released in January 2012.

The CHNA focused on the general health needs of our county. It did not include rehabilitation – the exclusive focus of care at Mary Free Bed. In future assessments, we will work with colleagues to ensure the disabled population is included in the study.

There are two Mary Free Bed addendums to the Kent County CHNA. They identify special needs for two segments of our population – patients who require cancer rehabilitation and members of the Wheelchair & Adaptive Sports Program.

Mary Free Bed CHNA Implementation Strategies

The Mary Free Bed plan addresses priorities and issues identified in the Kent County Health Needs Assessment as well as specific rehabilitation strategies. It spans the period April 1, 2013 through March 31, 2016.

- Kent County strategic priorities addressed:
 - Increase the proportion of community members, including the uninsured and the working poor, that have (sic) access to affordable healthcare *to promote equal access to high quality, affordable healthcare.*
 - Increase the number of providers available that accept Medicaid or offer low-cost/free services to promote *a coordinated system of care that is local, preventive, holistic, and patient centered.*

- Kent County strategic issues addressed:
 - Improve quality of care for all community members.
 - Recreational Therapy
 - Cancer Rehabilitation Program
 - Increase physical activity by ensuring access to resources to be physically active.
 - Wheelchair & Adaptive Sports Program

- Rehabilitation-specific strategic priorities addressed:
 - Cancer Rehabilitation Program
 - Specialty caregivers from multiple disciplines – including physicians, nurses, physical and occupational therapists, speech-language pathologists, recreational therapists, dietitians, social workers, and mental health professionals – work with patients individually as they create customized rehabilitation plans to increase strength and energy, alleviate pain, improve daily function and maximize quality of life.

 - Wheelchair & Adaptive Sports
 - Approximately 700 athletes participate in Mary Free Bed’s Wheelchair & Adaptive Sports Program. There are nearly a dozen competitive teams, some with national rankings. The sports, clinics and special events support physical, emotional, and mental health for participants and their families.

Mary Free Bed Rehabilitation Hospital Community Health Needs Implementation Strategies General Information

Requirements

Under Section 501(r)(3)(A) of the Patient Protection and Affordable Care Act, a hospital meets CHNA requirements for a tax year only if the organization:

- ❑ Conducted a CHNA that meets the requirements of Section 501(r)(3)(B) in that tax year or in either of the two tax years immediately preceding that tax year.

- ❑ Incorporated input from persons representing the broad interests of the community served by the hospital, including those with special knowledge of or expertise in public health.

- ❑ Adopted an implementation strategy to meet the identified community health needs. An implementation strategy is considered adopted on the date it is approved by an authorized governing body of the hospital.

- ❑ Made the CHNA and implementation plan widely available to the public.

Plan Period

The plan covers Fiscal Years 2014 – 2016 (April 2013 through March 2016).

Facilities

Mary Free Bed Rehabilitation Hospital inpatient and outpatient services are included in the plan.

Plan Locale

For purposes of this plan, the community served is Kent County.

Community Health Needs Assessment

A Kent County CHNA was conducted throughout 2011, completed in December, and made available in January 2012. More than 80 partners participated in the process to identify the most pressing health needs.

Mary Free Bed focuses exclusively on rehabilitation, which was not included in the study. Therefore, two rehabilitation-specific addendums have been developed and are included in this document.

Implementation Strategy

The Mary Free Bed Rehabilitation Hospital Board of Trustees has determined the following implementation strategies should be undertaken to address the needs identified in the CHNA and the rehabilitation-specific addendums.

Mary Free Bed Profile

Mary Free Bed Rehabilitation Hospital has been serving the needs of Michigan children and adults for more than 122 years. Mary Free Bed is a not-for-profit, nationally accredited, acute care rehabilitation hospital with 80 inpatient beds and numerous outpatient specialty programs.

Mary Free Bed provides comprehensive rehabilitation services to inpatients, outpatients and the home bound. Patients receive care from board certified psychiatrists and specially trained clinical staff. Our mission is to help patients restore their lives after significant illness or injury by providing hope and freedom through rehabilitation. Mary Free Bed provides universal access to patients, which means those who meet the clinical criteria are treated regardless of their ability to pay.

The Mary Free Bed fiscal years runs from April 1 to March 31. A statistical portrait of the previous three fiscal years is below.

Mary Free Bed Patient Admissions/Visits

	FY 2012	FY 2011	FY 2010
Inpatients	1,075	863	887
Outpatients	8,970	8,223	7,981
Total Patients Served	10,045	9,086	8,868
Total Outpatient Visits	62,822	56,272	52,171

Mary Free Bed Financial Summary

	FY 2012	FY 2011	FY 2010
Net Patient Revenues	\$46,808,000	\$39,446,000	\$36,526,000
Estimated Community Benefit*	\$ 4,523,000	\$ 4,052,000	\$ 4,034,000

*Includes unpaid costs of Medicare and Medicaid as well as charity care.

IMPLEMENTATION STRATEGY #1

Increase the proportion of community members, including the uninsured and the working poor that have (sic) access to affordable healthcare *to promote equal access to high quality, affordable healthcare.* (CHNA Priority #1)

Mary Free Bed Historical Practice

Mary Free Bed was founded on the tenet of providing health care for the needy. In 1891, a small group of Grand Rapids women embarked on a fundraising effort for that purpose. They asked area residents who knew someone named Mary to donate a dime to support what became known as the Mary Free Bed. The principle of universal access to care remains a guiding principle.

Mary Free Bed Current Practice

During FY 2012, Mary Free Bed served a total of 10,418 inpatients and outpatients. Patients who are clinically appropriate are accepted for treatment regardless of their ability to pay. Over the past several years, an increasing number of Medicaid and charity patients are being treated as evidenced in the table below.

Mary Free Bed Charity Care & Medicaid Patients

	FY 2012	FY 2011	FY 2010
Inpatient	162	128	105
Outpatient	1,796	1,748	1,675
Total	1,958	1,869	1,780

Implementation Strategy FY 2014, FY 2015, and FY 2016

- ❑ Maintain current practice of universal access,
- ❑ Develop new programs and services such as cancer rehabilitation so more patients can be served (see Implementation Strategy #3),
- ❑ Increase the number of health care professionals who will also provide additional access for Medicaid and charity patients (see Implementation Strategy #2),
- ❑ Increase the number of charity and Medicaid patients treated in each of the next three fiscal years,
 - FY 2014 – 2% increase
 - FY 2015 – 2% increase
 - FY 2016 – 2% increase

IMPLEMENTATION STRATEGY #2

Increase the number of providers available that accept Medicaid or offer low-cost/free services to promote *a coordinated system of care that is local, preventive, holistic, and patient centered*. (CHNA Priority #2)

Mary Free Bed Historical Practice

Mary Free Bed was founded to support health care for the needy.

Mary Free Bed Current Practice

All physicians practicing at Mary Free Bed accept Medicaid and charity patients.

Implementation Strategies

- ❑ Maintain current practice of universal access.
- ❑ Increase the number of providers available that accept Medicaid or charity patients.
 - FY 2014
Add a psychiatrist to the Mary Free Bed Medical Group who treats primarily adult patients
 - FY 2015
Add a psychiatrist to the Mary Free Bed Medical Group who treats primarily pediatric patients
 - FY 2016
Add a physician extender (nurse practitioner or physician extender)

IMPLEMENTATION STRATEGY #3

Improve quality of care for all community members

Address the root causes of disease and treat the whole person (CHNA strategic issue #25)

Numerous studies document the holistic benefits of recreational therapy. By its very nature, recreational therapy is focused on individual patient needs. It motivates patients to create new and fulfilling lives in the face of adversity.

- ❑ A summary of research is cited in Temple University's 1991 publication *Benefits of Therapeutic Recreation: A Consensus View*. Recreational Therapy has been found to be effective in:
 - Alleviating primary symptoms of illness or disability.
 - Promoting and enhancing ongoing health maintenance, independent functions, and overall quality of life.
 - Creating positive health outcomes in psychosocial, attitudinal, and lifestyle domains – which are often determining factors in how patients successfully cope with disability, and return to a productive and personally fulfilling lives.
 - Reducing reliance on costly and intensive medical care alternatives.

- ❑ Payers reimburse directly for physical and occupational therapy as well as speech/language therapy. There is no direct reimbursement for recreational therapy.

- ❑ At a time when reductions are being made in recreational therapy programs in some organizations, Mary Free Bed added three therapists to enhance evening and weekend offerings.

- ❑ With potential reimbursement cuts looming, Mary Free Bed proposes to maintain the current high level of recreational therapy for FY 2014, FY 2015, and FY 2016.

- ❑ Staff
 - 8.72 Full Time Equivalents
 - \$475,000 in salaries and benefits
 - Salaries of the three recently hired recreational therapists will be offset by the Mary Free Bed Guild

IMPLEMENTATION STRATEGY #4

Increase physical activity by ensuring access to resources to be physically active
(*CHNA strategic issue #26*)

Support physical, emotional and mental health for wheelchair athletes and their families. (*Mary Free Bed CHNA addendum #1*)

The Wheelchair & Adaptive Sports Program at Mary Free Bed has numerous benefits for participants that result in holistic health. The program provides competitive and recreational sports opportunities for disabled members of our community.

- **Mary Free Bed History**
Mary Free Bed has traditionally provided innovative recreational therapy. For 35 years, Mary Free Bed therapists worked closely with the Grand Rapids Wheelchair Sports Association (GRWSA). In June 2012, the GRWSA became the Wheelchair & Adaptive Sports Program at Mary Free Bed. Costs associated with the program are covered by Mary Free Bed Rehabilitation Hospital, the Mary Free Bed Guild, or donations from the community.
- **Mary Free Bed Current Practice**
Because the Wheelchair & Adaptive Sports Program is housed at Mary Free Bed, recreational therapists are able to engage patients sooner in sports-related discussions and activities. As part of the recreational therapy program, interested patients are transported to sports practices, so they can meet participants and watch the sports.
- **Implementation Strategy FY 2014, FY 2015, and FY 2016**
 - Increase the number of participants
 - Maintain current practice of universal access.
(Interested low income athletes are included in sports teams and clinics.)
 - During each of the three fiscal years add:
 - 25 Competitive athletes
 - 25 Clinic participants
 - 5 Campers
 - Increase the number of sports teams
 - FY 2014 – add one new team
 - FY 2015 – add one new team
 - FY 2016 – add one new team
 - Increase the number of adaptive sports clinics
 - FY 2014 – add one new clinic
 - FY 2015 – add one new clinic

- FY 2016 – add one new clinic
 - At the end of FY 2016, have at least one inclusionary team
(Teams composed of wheelchair athletes and able bodied athletes who use wheelchairs or adaptive equipment.)
- Staff and Program Costs
- 3.5 FTEs
 - \$185,000 salaries and benefits
 - \$181,000 programming costs

IMPLEMENTATION STRATEGY #5

Provide comprehensive rehabilitation focused on the specialized needs of the increasing number of cancer survivors. (*Mary Free Bed CHNA addendum #2*)

Program Goals

- ❑ Help cancer patients regain and maintain maximum cognitive and physical function.
- ❑ Improve independence and quality of life for cancer survivors.
- ❑ Provide assistance and education to cancer patients and their caregivers.
- ❑ Serve more patients with a primary diagnosis of cancer including underserved and vulnerable populations.

Mary Free Bed Cancer Rehabilitation Census Goals

	FY 2014	FY 2015	FY 2016
Inpatients	150	200	250
Outpatients	100	200	300
Total	250	400	550

- ❑ *Fiscal Year 2014*
 - Develop separate, stand-alone program focusing on rehabilitation for inpatient and outpatient cancer patients.
 - Identify Core Cancer Rehabilitation Team.
 - Interdisciplinary inpatient and outpatient rehabilitation health care professionals.
 - Provide advanced training in oncology and rehabilitation care for oncology patients.
 - Educate medical and lay community about specialized services.
 - Establish databases to capture patient care outcomes and health systems outcomes and integrate databases within the Mary Free Bed electronic medical record.
 - Establish research infrastructure for reporting program outcomes and to support clinical research.
- ❑ *Fiscal Year 2015*
 - Train additional Mary Free Bed staff members.
 - Fine tune infrastructure to support current and future program needs including facilities, management, and staffing.
 - Identify and submit proposals for applicable grants and other funding options to promote program and staff development

- Conduct clinical research relevant to:
 - Oncology patient care issues and rehab intervention
 - Health systems outcomes (including payer/reimbursement systems)

□ *Fiscal Year 2016*

- Become recognized as a national leader in oncology rehabilitation care and education of interdisciplinary health care professionals.
- Provide advanced training in oncology and oncology rehabilitation for Mary Free Bed staff.
- Offer educational opportunities for caregivers and the public.
- Further refine research infrastructure and processes for reporting program outcomes to support clinical research.
- Continue to identify and submit proposals for applicable grants and other funding options to promote program and staff development.

STRATEGIC ISSUES NOT ADDRESSED IN THIS PLAN

The items listed below were identified during the health needs assessment process, but are not included in the Mary Free Bed Rehabilitation Hospital Community Health Needs Implementation Strategies. The targeted scope of practice at Mary Free Bed, coupled with the need to focus resources in those areas where the greatest impact can be achieved, precludes them from our plan.

The majority of these needs are being addressed by community organizations with the required core competencies. Mary Free Bed staff will stay in contact with others in the community to monitor the success of this ongoing process.

Strategic Priorities

- ❑ Reduce disparities in adequacy of prenatal care to promote a coordinated system of care that is local, preventive, holistic, and patient centered.
- ❑ Increase healthy eating by ensuring access to healthy foods to promote *an environment that supports healthy living for all*.
- ❑ Reduce the disparity in health risk factors and protective factors between students to promote an environment that supports healthy living for all.

Strategic Issues

- ❑ Ensure community members' basic needs are met.
 - Reduce the rate of food insecurity in Kent County.
 - Improve access to affordable, stable, livable housing and utility assistance.
 - Improve availability of transportation.
 - Ensure a healthy environment, and address the health effects of poor air quality.
 - Increase the number of jobs that pay a livable wage.
 - Reduce racial disparities in economic stability.
 - Ensure a safe environment, and address the effects of violent crime.
- ❑ Support community members in achieving a healthy weight.
 - Prevent obesity, including childhood obesity.
 - Increase healthy eating by ensuring access to healthy foods.
 - Increase healthy eating through education about healthy food choices.
 - Ensure that educational materials are adapted to reflect the cultural diversity in the community.
 - Improve transportation to healthy food sources and recreational facilities.

- ❑ Intervene with youth
 - Decrease the difference in quality among schools, ensuring all public schools offer students a high quality K-12 education.
 - Increase level of educational attainment.
 - Reduce the disparity in health risk factors and protective factors between students who are getting Ds/Fs and students who are getting As /Bs.
 - Reduce racial disparities in health risk factors and protective factors among youth.
 - Develop strategies for engaging high school students in activities that are healthy and safe.
 - Ensure Hispanic/Latino youth have access to culturally appropriate services.
 - Reduce alcohol use among youth.

- ❑ Ensure community members are aware of available resources.
 - Increase community members' knowledge of the resources that are currently available in the community.
 - Ensure messages regarding available services are culturally appropriate and reflect the diversity in the community.

- ❑ Improve access to care & reduce disparities in chronic disease rates by race.
 - Ensure access to dental care.
 - Ensure access to care for persons with mental illnesses and substance abuse disorders.
 - Ensure access to care for Veterans.
 - Reduce racial disparities in access to care & health outcomes.

- ❑ Improve quality of care for all community members.
 - Identify policy barriers to ensuring a high quality of care.
 - Address inequalities in experiences with the healthcare system and perceptions of care.
 - Ensure culturally & linguistically appropriate care, including translation.

- ❑ Ensure mental health, substance abuse, and social service needs of community members are met.
 - Reduce heavy drinking and binge drinking among adults.
 - Reverse the suicide trend among men age 45-64.
 - Reduce stigma related to mental health.
 - Ensure culturally appropriate mental health, substance abuse, and social services are available.

- Increase the number of mental health care providers available.
 - Ensure resources are in place to address the mental health consequences of life stressors, including economic insecurity.
 - Increase the availability of mental health and substance abuse data and resources.
- Ensure healthy beginnings of children born in Kent County.
- Reduce disparities in the adequacy of prenatal care.
 - Increase access to preconception care for women who are of child bearing age.
 - Reduce the rate of teen pregnancy.
 - Reduce racial disparity in infant mortality.

