



Practical Strategies for Identifying and Addressing Community Needs

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Overview

- Provide practical and cost-effective strategies to assist rural hospitals in:
 - Assessing community health needs
 - Engaging community members in the needs assessment process and in the development of plans to address identified health care needs
 - Identifying and adapting evidence-based strategies to address identified needs
 - Billing and collection
 - Complying with requirements of the new section 501(r) added to the internal revenue code by the PPACA




ACA Additions to IRS Tax Code

- Sections 501(r)(3)
 - Community health needs assessments every 3 years
 - Effective for tax years beginning after March 23, 2012
- Sections 501(r)(4-6)
 - Financial assistance and emergency care policies
 - Limitations on patient charges
 - Limits on billing and collection practices
 - Effective for tax years beginning after March 23, 2010
- Organizations with multiple hospitals must meet the four requirements separately for each hospital

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Community Health Needs Assessment (CHNA)

- CHNA must:
 - Be conducted not less than every three years
 - Be **completed** by end of tax year beginning after 3/23/12
 - Implement a strategy to address needs identified through CHNA
 - Incorporate input from persons representing broad interests of the community, including those with interest/expertise in public health
 - Be made widely available to the public
- Hospital must include in their IRS Form 990, a description of:
 - How hospital is meeting identified needs through CHNA
 - Any needs not being addressed and why these needs are not being met

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Oversight Requirements

- Secretary of the Treasury shall:
 - Review the community benefit activities of reporting hospitals at least once every 3 years
 - Report to Congress on the levels of charity care; bad debt; and unreimbursed costs for services provided with respect to means tested and as non-means tested government programs for private tax-exempt, taxable, and government-owned hospitals; and information on the community benefit activities of private tax-exempt hospitals
 - Report to Congress on the trends in the above not later than 5 years after the enactment of this act

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Penalties for Failure to Comply

- For failure to comply with provisions related to community health needs assessments - IRS will impose a \$50,000 excise tax for any taxable year that a hospital fails to comply with these provisions
- Excise tax – shall apply to failures occurring after effective date of the relevant provisions of the Act
- Potential challenges to tax exempt status

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Status of IRS Guidelines

- IRS issued Notice 2010-39 requesting comments on additional requirements for tax-exempt hospitals by July 22, 2010
- Received close to 200 comments
- Revised Form 990 for 2010 will be issued before year end incorporating ACA changes, except for the CHNA (due to later effective date)
- Hospitals must proceed despite lack of guidance as CHNA must be completed by end of tax year following 3/23/12

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What Should Hospitals Do?

- ACA expects all tax-exempt hospitals to do what “good” hospitals have already been doing – not a “gotcha” activity
- Begin process of conducting a CHNA now
- Adhere to spirit of regulations – be transparent
- Partner with other groups/organizations in community
- Access existing public and population health data
- **Document** activities, sources of data, partners in process, sources of community input, and process of dissemination
- Move beyond comfort zone
 - Do not rely solely on traditional sources of input
 - Reach out to vulnerable populations, bring them into the process

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Shifting from Counting Activities to Addressing Community Needs

- Many community benefit programs focus on counting activities and dollars rather than on the impact of activities and the extent to which they address community needs
- Coming “full circle” to reconnect to the communities served by hospitals and re-emphasize the charitable mission
- Goal: move focus away from random activities to:
 - Community engagement
 - Collaboration between providers
 - Accountability to identified local needs
 - Focus on accessibility of services and prevention
 - Focus on population health issues

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Issues Related to Community Engagement

- Structural interests in health care tend to limit community input and community role in decision making
- Programs/services designed solely by “experts” will be skewed
 - Engaging citizens, community interest groups, and consumers is important to ensure broader values and perspectives are included
- No one model of community engagement is right for all communities
 - There are good principles that can be used
 - Different ideological approaches may be needed for populations and stakeholders

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Principles of Good Community Engagement Practice

- Process should:
 - Be legitimate and linked to service development and decision making
 - Well managed, facilitated, and resourced with time allowed for meaningful involvement
 - Use a variety of methods to engage participants with different preferences for participating
 - Be deliberative, clearly defined, and identify “communities” involved
 - o Participants can discuss information provided, ask questions, put forward their own views, listen to others, and be part of decision making
 - Give participants feedback on findings and how their participation influenced process
 - Be monitored and critiqued for effectiveness

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Activities to Build Integrated and Sustainable Delivery Systems

- Reach out to and enroll individuals into eligible programs
- Provide culturally competent medical homes
- Assure access to prevention and wellness services
- Address population health issues
- Provide access to affordable prescription drugs
- Assure access to specialty and hospital care
- Manage chronic care
- Coordinate comprehensive care
- Develop strategies to cover low-wage workers

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Best Practices for Community Engagement


- Community engagement is:
 - An inclusive and ongoing process, involving a board range of community stakeholders
 - Based on partnerships with community organizations, business, and local government including formal and informal leaders
- Engagement of local community champions is key to success
- Communication must be ongoing an active
- Project management must be flexible and responsive to changing local needs and interests

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HRET's Description of a Community Responsive Hospital


- Community responsive hospitals look beyond delivery of medical care to role of hospital leadership in the following:
 - Community issues (e.g., substance abuse, domestic violence, etc.)
 - Critical health issues (e.g., oral health, mental health, obesity, etc.)
 - Health care equity (e.g., barriers to access or health status disparities among vulnerable populations)
 - System barriers (e.g., limited public health infrastructure, limited integration of providers and services, etc.)
 - Community's role in process (e.g., involve residents in addressing above issues, reducing risky behaviors, partnering with schools, etc.)

From: *Where Do We Go from Here? The Hospital Leader's Role in Community Engagement* (2007) by the Health Research and Educational Trust.

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Potential Partners for Key Issue Areas

- **Critical Community Issues:** Schools, businesses/employers, elected officials, organizational trustees, faith community, media
- **Critical health issues:** Physicians, dentists, nurses, pharmacists, mental health specialists, community providers/agencies, insurers
- **Equity in health care:** Community-based groups, activists, safety net providers, faith community, public health leaders
- **System barriers:** Health care and public health leaders, physicians, insurers
- **Community's role:** Patients/consumers, schools, service organizations, neighborhood associations, organizational trustees

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Assessing Community Needs

- Two approaches (both are needed):
 - Identify and monitor community health problems through data driven needs assessments and performance management (“deficiency model”)
 - Directly involve local community members in making decisions about community health (“asset model”)
- Benefits of community engagement
 - Demonstrates hospital commitment to community
 - Increases community “ownership” of programs
 - May identify issues not revealed by a data driven assessment
 - Identifies areas for collaboration
 - Increases likelihood that initiatives will be successful

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After the CHNA: Next Steps

- Choose evidence-based strategies:
 - CDC, Catholic Health, Public Health Institute, and St. Louis University School of Public Health are sources of evidence-based strategies
 - Access available resources – Rural Health Works, ACHI, Healthy Community Institute
 - Critically evaluate existing “legacy” activities
- Develop ways to measure and communicate progress
 - Develop performance indicators tied to community priorities
 - Look for and use proven tactics to address priorities
 - Share information with community using reports cards, community meetings, newsletters, reports, web sites, etc. – Sharing information/ transparency is a crucial step in building trust

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Examples of Rural Initiatives

- Northeast Oregon Network (NEON)
 - Rural/frontier collaboration led by public health/human service organizations
 - Focused on the coordination/efficiency of needed services
- Rural Health Network of South Central New York
 - Region-wide collaboration to offer programs to assist families in enrolling in health insurance programs for which they are eligible, pharmacy assistance, and wellness and school-based education
- Montana’s Community Health Services Development Process
 - Identify and address community health needs, measure perception of local quality of care, involve health professionals in the community, engage community members in the future of their health systems

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Examples of CAH Initiatives

- **Regional Medical Center**
 - Development of a continuum of mental health services in three rural Iowa counties - currently re-organizing to provide behavioral health services through provider-based RHCs
- **Weiser Memorial Hospital's WACHAT Program**
 - Washington/Adams County Health Action Team provides primary care for uninsured individuals
 - A collaboration of 18 community organizations, social service agencies, and providers in Weiser, Council, and Cambridge.

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Examples of CAH Initiatives

- **Nor-Lea General Hospital**
 - Created the Heritage Program for Senior Adults in 2003 to provide outpatient mental health services to seniors
 - Staffed by a psychiatrist, therapists, a registered nurse, and mental technicians
- **Teton Medical Center' Wellness Program**
 - Collaboration with the high school, Teton Community Development Cooperative, County Extension Office, Great Falls Clinic, and others
 - Services include exercise programs, nutrition, health education, diabetes, stroke, and heart rehabilitation
 - Serves general community and has a special focus on health and fitness for high school students, firefighters, and persons with chronic illness

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