



2019-2021

**ST. MARY MEDICAL CENTER
CHNA IMPLEMENTATION STRATEGY**

St. Mary Medical Center completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on 5/21/2019. St. Mary Medical Center performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act (ACA) and by the Internal Revenue Service (IRS). The assessment took into account a comprehensive secondary data analysis of patient outcomes, community health status, and social determinants of health, as well as primary data including input from representatives of the community, community members, and various community organizations.

The complete CHNA report is available electronically at <https://www.stmaryhealthcare.org/communityhealth>, or printed copies are available at St. Mary Medical Center, 1201 Langhorne-Newtown Rd., Langhorne, PA.

HOSPITAL INFORMATION

St. Mary is a 371-bed hospital providing care to generations of families in Bucks County and nearby communities. St. Mary offers advanced non-invasive treatments, adult and pediatric emergency services, inpatient medical and rehabilitation facilities, along with supportive health and wellness programs. St. Mary provides advanced care across four primary Centers of Excellence - Cardiology, Oncology, Orthopedics, and Emergency and Trauma Services. St. Mary Rehabilitation Hospital is a free-standing 50 bed inpatient rehabilitation facility which offers highly specialized and comprehensive care to patients facing the challenges of recovering from complex illness or injury. The state-of-the-art hospital opened in spring 2014 in partnership with Center Healthcare Corporation (St. Mary Medical Center joint venture 59%). In addition to its acute care and rehabilitation hospitals, St. Mary includes St. Mary Physician Group, Wound Healing Center, Outpatient Rehabilitation Services, St. Mary LIFE [All-inclusive Care for the Elderly (PACE)], and various imaging and multi-specialty medical offices. The St. Mary service area population size is 414,400 residents in the southern end of Bucks County. The community (2015 Pop 414,400) for purposes of this needs assessment was defined as the 17 ZIP codes in the southern end of Bucks County as follows: 18940, 18954, 18966, 18974, 18976, 18977, 19007, 19020, 19021, 19030, 19047, 19053, 19054, 19055, 19056, 19057, and 19067. This represents 88% of St. Mary ED visits and admissions.

THE COMMUNITY WE SERVE

POPULATION SIZE

St. Mary's service area population size is 414,400.

- The 65+ age group is estimated to increase 13% between 2018-2023
- The child population (age 0-17 years) is predicted to decrease 6% between 2018-2023

AGE DISTRIBUTION



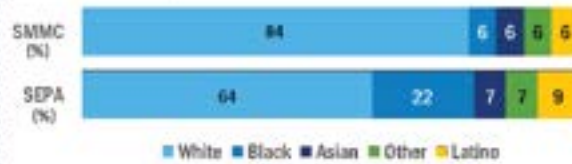
ST. MARY SERVICE AREA MAP INCLUDING ZIP CODE

The St. Mary service area encompasses the southern half of Bucks County in Southeastern Pennsylvania.



RACE / ETHNICITY

84% of St. Mary service area residents are white.



POVERTY STATUS

One in 14 families with children (7%) in the SMMC service area are living in poverty compared to 16% of families with children across SEPA.



ADDITIONAL SOCIO-DEMOGRAPHIC CHARACTERISTICS

	SMMC	SEPA whole
Education		
Less than HS	7%	11%
High school graduate	57%	52%
College graduate	36%	37%
Employment (16+ years old)		
Employed	94%	92%
Income		
Median Household Income	\$87,960	\$70,807
Housing Unit Type		
Renter-occupied	25%	34%
Owner-occupied	75%	66%

Source: PHMC's 2018 Demographic Product with primary data sources: 2012-2018 mortality data from PA Department of Health, Bureau of Health Statistics and Registries, Claritas 2018 Pop-Facts Data Base.

MISSION

We, St. Mary Medical Center and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. As a community of caring people, we are committed to extending and strengthening the healing ministry of Jesus.

HEALTH NEEDS OF THE COMMUNITY

The CHNA conducted on 6/30/2019 identified the significant health needs within the St. Mary Medical Center community. Those needs were then prioritized based on both perceived and measured importance and alignment with St. Mary mission and objectives. The significant health needs identified, in order of priority include:

1. ACCESS TO QUALITY MENTAL HEALTH TREATMENT

- Of residents with a mental health condition, 40.3% are not currently receiving treatment.[4] Prevalence of anxiety and depression: 19,752 cases. [2]
- External stakeholders consistently noted mental health as a high priority in the community and that lack of access to services destabilizes the family. Long waiting times difficult for low income families.

2. ACCESS TO SUBSTANCE ABUSE TREATMENT

- The drug overdose mortality rate in the service area is 27 deaths per 100,000 population, representing 106 deaths per year. Drug overdose is the 6th leading cause of death in St. Mary service area. St. Mary service area's overdose mortality rate exceeds that of Bucks County (25 per 100,000) and SEPA (26 per 100,000). Opioid awareness was an issue identified by community stakeholders with high importance and impact in the area. [1]
- Opioid awareness was an issue identified by community stakeholders with high importance and impact in the area.

3. ACCESS TO CARE FOR THE UNINSURED, ESPECIALLY THOSE LIVING IN POVERTY

- 8.1% of residents are uninsured in service area. [4]
- 15.5% of residents do not have a usual place of care when they are sick or need health advice. [4] Unemployment rate is 6.3%. [3] Lower socio-economic status residents are concentrated in the southern tier of the service area (Bristol, Bensalem, Falls) compared to the remainder of the service area. [3]

4. CORONARY HEART DISEASE

- Heart disease caused on average 835 deaths annually (mortality rate 140 deaths per 100,000).[1] Prevalence of coronary heart disease: 18,842 cases.[2] Prevalence of congestive heart failure: 11,290 cases.[2]
- When examining heart disease mortality rates by race and ethnicity, people who self- identified as "other" race had the highest age-adjusted heart disease mortality rate (200.3 deaths per 100,000 residents), when compared to white, black and Asian.

5. EDUCATION & AWARENESS LUNG CANCER SCREENING

- Cancer caused on average 896 deaths annually (mortality rate 159.2 per 100,000). [1] Among all cancers, lung cancer had the highest mortality rate. Prevalence of lung cancer: 1,235 cases. [2] 18% of St. Mary service area residents smoke cigarettes and 50% of those smokers tried to quit in the past year.
- Lung cancer is the most common cancer killer annually, yet the overall rate of eligible patients who undergo screening with low-dose computed tomography (LDCT) is low. [5] The rate of LDCT screening is increasing very slowly with time, and most eligible patients are not screened. Further studies are needed to determine the reasons for low screening rates, and the marked geographic variation.

HEALTH NEEDS OF THE COMMUNITY

6. ACCESS TO PRENATAL SERVICES

- Average annualized percentage of women receiving late or no-prenatal care by race and ethnicity was highest for black women 128 (52.5%), followed by those identifying as “other race” 129 (49.9%), and Latina 165 (49.2%) as compared to white women at 679 (26.9%).[1]
- The percentage of women receiving late or no prenatal care is calculated as the percentage of all live births that have birth certificate data on receipt of prenatal care. Late prenatal care is defined as not having a recorded prenatal care visit in the 1st or 2nd trimesters, or none at all.
- The rate of live births with low birth weight (83 per 1,000) was higher than Bucks County (78.9 per 1,000) and exceeded HP2020 goal (78 per 1,000).[1] The percent of premature births (9.1%) was higher than Bucks County (8.9%) and SEPA (8.4%). [1]

7. EDUCATION & AWARENESS OF WOMEN'S HEALTH SCREENINGS (MAMMOGRAM)

- Of women ages 50-74, 75.9% had a mammogram in the past 2 years; this does not meet Healthy People 2020 goal (81.1%).[4]
- Prevalence of breast cancer: 6,462 cases.[2]

8. CONGESTIVE HEART FAILURE

- Prevalence of congestive heart failure: 11,290 cases.[2]

9. NUTRITION EDUCATION ADULTS

- Good nutrition and regular physical activity are important parts of leading a healthy lifestyle and healthy living broadly. About half of all American adults—117 million individuals—have one or more preventable chronic diseases, many of which are related to poor quality eating patterns and physical inactivity.
- Majority of residents (80.3%) eat < 4 servings of fruit and vegetables per day, significantly worse than SEPA (76.9%).[4] Over two-thirds of residents (69.4%) are currently overweight or obese. [4]

10. SMOKING CESSATION EDUCATION EXPECTANT MOTHERS

- The proportion of white mothers who smoked while pregnant (13.5%) was higher than in Bucks County (1.4%) and SEPA (9%). [1]

11. ACCESS TO BLOOD PRESSURE SCREENING

- 9.8% of adults have not had a blood pressure screening in the past year, which is significantly worse than SEPA (7.1%).[4]
- Prevalence of hypertension: 116, 123 cases. [2] St. Mary Service Area (30%) is faring better than the national average (33%), there are still many adults with this chronic disease.

12. CHRONIC LOWER RESPIRATORY DISEASE

- Chronic lower respiratory disease is the third leading cause of death (excluding fatal and unintentional injuries) contributing to 189 deaths annually (mortality rate 32.9 deaths per 100,000). [1]

HEALTH NEEDS OF THE COMMUNITY

13. ACCESS TO DENTAL CARE ADULTS AND CHILDREN

- 35% of children have not seen a dentist in the past year, significantly worse than SEPA (22.6%). [4]

14. EDUCATION & AWARENESS FOR SIGMOID/COLONOSCOPY

- 32.4% of adults (age 50+) have not had a sigmoid/colonoscopy in the past 10 years, which is significantly worse than that of SEPA (25.9%). [4]

15. EDUCATION & AWARENESS FOR WOMEN'S HEALTH SCREENING – PAP TEST

- 25.3% of women (age 18-64) have not had a pap test in the past 3 years, which is significantly worse than that of SEPA (17.4%).[4]

Data Sources

1. Public Health Management Corporation. Community Health Database. (2018). Demographic Product 2018. Retrieved from <http://CHDBDataPortal.phmc.org>
Underlying primary data sources: 2012-2016 birth and birth outcomes data from PA Department of Health, Bureau of Health Statistics and Registries; and 2012-2016 mortality data from PA Department of Health, Bureau of Health Statistics and Registries.
2. Claritas 2018 Market Prevalence by Disease Category. (Dec. 2018). Additional data source from St. Mary Medical Center collaborator, Lisa Kelly, Director Community Health & Well-Being and Volunteers
3. Claritas 2018 Community Needs Index. (Dec 2018). Additional data source from St. Mary Medical Center collaborator, Lisa Kelly, Director Community Health & Well-Being and Volunteers
4. Public Health Management Corporation. Community Health Database. (2018). Household Health Survey.
5. J Thorac Dis. 2019 Mar;11(3):873-881. doi: 10.21037/jtd.2019.01.105.

HOSPITAL IMPLEMENTATION STRATEGY

St. Mary Medical Center resources and overall alignment with the hospital's mission, goals and strategic priorities were taken into consideration of the significant health needs identified through the most recent CHNA process.

SIGNIFICANT HEALTH NEEDS TO BE ADDRESSED

St. Mary Medical Center will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following health needs:

- **Access to Quality Mental Health Treatment** – page 7-8.
- **Access to Substance Abuse Treatment** – pages 9-10.
- **Access to Care for the Uninsured, especially those Living in Poverty** – page 11-12.

SIGNIFICANT HEALTH NEEDS THAT WILL NOT BE ADDRESSED

St. Mary Medical Center acknowledges the wide range of priority health issues that emerged from the CHNA process, and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed, and within its ability to influence. St. Mary Medical Center will not take action on the following health needs:

- **Coronary Heart Disease** – St. Mary Medical Center does not plan to directly address this particular need because of duplication of efforts, already addressing through established healthy lifestyle programs.
- **Education & Awareness for Lung Cancer Screening** – St. Mary Medical Center does not plan to directly address this particular need because of competing priorities and it was not ranked as highly as other needs that were chosen.
- **Access to Prenatal Care Services** – St. Mary Medical Center does not plan to directly address this particular need because this is a duplication of services, Mother Bachmann Maternity Center already provides prenatal care for low income uninsured and underinsured expectant mothers in St. Mary service area.
- **Education & Awareness Women's Health Screenings (Mammogram)** – St. Mary Medical Center does not plan to directly address this particular need because this is a duplication of services, St. Mary Adult Health Center provides women's health screenings for low income uninsured and underinsured women in need.
- **Congestive Heart Failure** – St. Mary Medical Center does not plan to directly address this particular need because of competing priorities and it was not ranked as highly as other needs that were chosen.
- **Nutrition Education Older Adults** – St. Mary Medical Center does not plan to directly address this particular need because of duplication of efforts, already addressing through established healthy lifestyle programs.
- **Smoking Cessation Education Expectant Mothers** – St. Mary Medical Center does not plan to directly address this particular need because this is a duplication of services, Mother Bachmann Maternity Center already provides smoking cessation counseling for low income uninsured and underinsured expectant mothers who currently use tobacco.

HOSPITAL IMPLEMENTATION STRATEGY

- **Access to Blood Pressure Screening** – St. Mary Medical Center does not plan to directly address this particular need because of competing priorities and it was not ranked as highly as other needs that were chosen.
- **Chronic Lower Respiratory Disease** – St. Mary Medical Center does not plan to directly address this particular need because of competing priorities and it was not ranked as highly as other needs that were chosen.
- **Access to Dental Care Adults & Children** – St. Mary Medical Center does not plan to directly address this particular need because not area of expertise.
- **Education & Awareness for Sigmoid/Colonoscopy Screening** – St. Mary Medical Center does not plan to directly address this particular need because of competing priorities and it was not ranked as highly as other needs that were chosen.
- **Education & Awareness for Women’s Health Screening (PapTest)** – St. Mary Medical Center does not plan to directly address this particular need because this is a duplication of services, St. Mary Adult Health Center provides women’s health screenings for low income uninsured and underinsured women in need.

This implementation strategy specifies community health needs that the hospital has determined to address in whole or in part and that are consistent with its mission. The hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During these three years, other organizations in the community may decide to address certain needs, indicating that the hospital then should refocus its limited resources to best serve the community.

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2019-2021

HOSPITAL FACILITY: ST. MARY MEDICAL CENTER
CHNA SIGNIFICANT HEALTH NEED: MENTAL HEALTH
CHNA REFERENCE PAGE: 32
PRIORITIZATION #: 1

BRIEF DESCRIPTION OF NEED:

In the St. Mary service area, 17% of adults reported that they have ever been diagnosed with a mental health condition, and 40% of them are currently not receiving treatment. Of those not receiving treatment for a mental health diagnosis, 64% are male, 47% age 50-64 yrs. and 30% age 18-34 yrs.; 15% are uninsured, 39% on employer-based health plan, and 1.4% are enrolled in Medicaid; and 32% are below 150% federal poverty level. Prevalence of anxiety and depression: 19,752 cases. External stakeholders consistently noted mental health as a high priority in the community and that lack of access to services destabilizes the family. Long waiting times difficult for low income families. Access to school-based mental health services can reduce barriers to treatment for students and families.

Mental health can impact health behaviors and physical health. For example, depression increases the risk for chronic health conditions, including stroke, type 2 diabetes, and heart disease. Likewise, poor physical health can impact mental health. Chronic health conditions, such as cancer, diabetes, Alzheimer's disease, and coronary heart disease increase the risk for depression.

GOAL: Improve mental health through prevention and by ensuring access to appropriate, quality mental health services in St. Mary Service Area.

OBJECTIVE:

- Increase the proportion of St. Mary clinic patients diagnosed with a mental health condition who receive treatment by 50% per year over 3 years.
- Increase the proportion of primary care facilities that provide mental health treatment onsite through co-location by 1 additional practice in 3 years.
- Reduce the proportion of students in crisis through school-based mental health counseling by 20% over 3 years.

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2019-2021

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

STRATEGIES	TIMELINE			COMMITTED RESOURCES		POTENTIAL PARTNERS
	Y1	Y2	Y3	HOSPITAL	OTHER SOURCES	
Continue partnership with Family Service Association to provide mental health services in St. Mary Children's and Adult Health Centers.	X	X	X	\$53,000/yr	\$50,000/yr.	Family Service Association Independence Blue Cross Foundation
Explore co-location of Family Service Association to provide mental health care in St. Mary Primary Care Feasterville practice.	X	X	X	Explore Contract		Family Service Association St. Mary Physician Group
Continue partnership with Family Service Association (FSA) to provide school-based counseling for students in crisis.	X	X	X	\$15,000/yr		Family Service Association

ANTICIPATED IMPACT OF THESE ACTIONS:

IMPACT MEASURES	BASELINE	TARGET
Number of St. Mary clinic patients receiving mental health treatment who screen positive for a mental health condition.	94 referrals (56 required connection to resources); 24 treated	36 receiving mental health treatment
Number of St. Mary Physician Group practices that contract to offer co-location of mental health services.	3	4
Percent improvement in Functional Scores (Ohio Scales) for students in crisis receiving school-based mental health services. (Ohio Scales are a primary measure of psychological impairment and social functioning)	11% improvement in functional score (day to day functioning in school environment)	15% improvement in functional score (day to day functioning in school environment)

PLAN TO EVALUATE THE IMPACT:

Number clinic patients diagnosed with mental health condition receiving treatment will be tracked quarterly through Athena EHR. Number of contracts for co-location of mental health services in primary care practice will be tracked annually. Improvements in functional scores (Ohio Scales) for students in crisis will be measured pre and post school-based mental health counseling annually.

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2019-2021

HOSPITAL FACILITY: ST. MARY MEDICAL CENTER
CHNA SIGNIFICANT HEALTH NEED: SUBSTANCE ABUSE TREATMENT
CHNA REFERENCE PAGE: 32
PRIORITIZATION #: 2

BRIEF DESCRIPTION OF NEED:

The drug overdose mortality rate in the service area is 27 deaths per 100,000 population, representing 106 deaths per year. Drug overdose is the 6th leading cause of death in St. Mary service area. St. Mary service area's overdose mortality rate exceeds that of Bucks County (25 per 100,000) and SEPA (26 per 100,000). Profile of Drug Overdose patient arriving at St. Mary ED is: 66% male, 46% between 18-34 years of age, 56% high graduate only and 22% some college. According to PA Opioid Overdose Reduction Technical Assistance Center (Pitt Pharmacy), Bristol Township was the number one area for overdose deaths by location in 2017. Opioid awareness was an issue identified by community stakeholders with high importance and impact in the area.

GOAL: Increase access to substance abuse prevention and treatment services in St. Mary service area.

OBJECTIVE:

- Decrease the proportion of opioid users who relapse following detox in St. Mary service area by 10% in 3 years.
- Increase the proportion of St. Mary ED patients with substance use disorder who receive detox/recovery stabilization services for SUD by 20% in 3 years.

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

STRATEGIES	TIMELINE			COMMITTED RESOURCES		POTENTIAL PARTNERS
	Y1	Y2	Y3	HOSPITAL	OTHER SOURCES	
Explore partner for Mobile Vivitrol services to reduce relapse.	X	X	X	\$20,000		Positive Recovery Solutions
Continue contract with Lenape Crisis Worker 24/7 in ED.	X	X	X	Contract		Lenape Valley Foundation
Continue grant support for detox / recovery stabilization services with Gaudenzia.	X	X	X	\$35,000		Gaudenzia

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2019-2021

ANTICIPATED IMPACT OF THESE ACTIONS:

IMPACT MEASURES	BASELINE	TARGET
Annual number of deaths due to opioid drug overdoses through relapse reduction.	106 deaths annually	96 deaths annually
Percent referred from ED via Lenape Crisis services to rehab detox/recovery stabilization services.	50% (absolute % increase)	70% (absolute % increase)
Number enrolled in detox at Gaudenzia, Lower Bucks assessed to St. Mary grant.	15	25

PLAN TO EVALUATE THE IMPACT:

Data for opioid drug overdoses will be collected from vital statistics aggregate reports updated annually (death certificate data). The percent of St. Mary ED patients with substance abuse diagnosis who go to rehab as referred by Lenape Crisis Worker will be reported from Lenape EHR and reported quarterly. Number of eligible detox patients enrolled in Gaudenzia Lower Bucks program covered by St. Mary grant reported every 6 months.

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2020-2022

HOSPITAL FACILITY: ST. MARY MEDICAL CENTER
CHNA SIGNIFICANT HEALTH NEED: ACCESS TO CARE
CHNA REFERENCE PAGE: 32
PRIORITIZATION #: 3

BRIEF DESCRIPTION OF NEED:

8.1% of residents are uninsured. Cost prevented 8.3% of residents from seeking care when they were sick or injured and 12.8% of residents did not fill a prescription. Socioeconomic conditions for service area: Unemployment rate 6.3%. Lower socio-economic status residents are concentrated in the southern tier of the service area (Bristol, Bensalem, Falls) compared to the remainder of the service area. Among single parents with children, 22.1% live in poverty.

GOAL: Increase access to care for uninsured/underinsured, especially those in poverty, in St. Mary service area.

OBJECTIVE:

- Increase the number of eligible uninsured St. Mary ED and clinic patients who successfully enroll in Medicaid to 300 by 6/2021.
- Decrease the proportion of persons who do not seek care when sick or injured by 1% in 2 years.
- Decrease proportion of persons who do not fill a prescription due to cost by 1 % in 2 years.
- Increase access to specialty care through clinic renovation to accommodate Internal Medicine residents by July 2021.

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2020-2022

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

STRATEGIES	TIMELINE			COMMITTED RESOURCES		POTENTIAL PARTNERS
	Y1	Y2	Y3	HOSPITAL	OTHER SOURCES	
Continue contract with HRSI to enroll uninsured eligible clinic patients in Medicaid (MA).	X	X	X	Contract		HRSI (Healthcare Receivables Specialist, Inc.)
Continue to promote clinics, including 211 platform and through coalition partners serving those in need.	X	X	X	TBD		United Way Bucks County
Expand Dispensary of Hope prescription drug coverage for eligible patients and community members.	X	X	X	\$12,500 license	\$65,000 meds donated	Dispensary of Hope
Continue to provide medications for eligible patients approved for St. Mary Financial assistance (up to 400% FPL).	X	X	X	\$1,500,000		
Renovate clinic to accommodate Internal Medicine residents.				TBD		

ANTICIPATED IMPACT OF THESE ACTIONS:

IMPACT MEASURES	BASELINE	TARGET
Number Eligible clinic patients enrolled in Medicaid plan.	273	300
Percent who do not seek care due to cost	8.3%	7.3%
Percent who did not fill a prescription due to cost.	12.8%	11.8%
Number of 30-Day refills provided through Dispensary of Hope.	1,300	1,500

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2020-2022

PLAN TO EVALUATE THE IMPACT:

Number of eligible clinic patients enrolled in Medicaid plan will be measured annually. Percent who put off health care or do not fill a prescription due to cost will be measured every 2 years in the Household Health Survey. Dispensary of Hope 30-day refill quarterly report. Number of patients seen annually by Internal Medicine residents after July 2021.

ADOPTION OF IMPLEMENTATION STRATEGY

On September 9, 2019, the Board of Directors for St. Mary Medical Center, met to discuss the 2019-2021 Implementation Strategy for addressing the community health needs identified in the 2019 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget. On November 4, 2019, the Regional Mission and Ministry Committee approved the aforementioned Implementation Strategy and the related budget.

Catharine P. Weaver

Cathy Weaver, Senior Vice President Mission Integration
Name & Title

11/4/2019
Date



Trinity Health | St. Mary
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