Sutter Health
Menlo Park Surgical Hospital

2013 – 2015 Community Benefit Plan
Responding to the 2013 Community Health Needs Assessment
Submitted to the Office of Statewide Health Planning and Development May 2014
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*Note: This implementation strategy is written in accordance with proposed Internal Revenue Service regulations pursuant to the Patient Protection and Affordable Care Act of 2010. This document has also been approved by OSHPD to satisfy the community benefit plan requirements for not-for-profit hospitals under California SB 697.
Introduction

This implementation strategy describes how Menlo Park Surgical Hospital plans to address significant needs identified in the Community Health Needs Assessment (CHNA) published by the hospital October 2013. The document describes how the hospital plans to address identified needs in calendar (tax) years 2013 through 2015.

Menlo Park Surgical Hospital (MPSH), as part of Mills-Peninsula Health Services, participated in a collaborative effort to conduct a CHNA of the hospital’s service area – San Mateo County. MPSH merged with Mills-Peninsula Health Services, a Sutter Health subsidiary, in May 2009, and operates as a separately licensed hospital facility under the legal name of “Mills-Peninsula Health Services d.b.a. Menlo Park Surgical Hospital.” The Mills-Peninsula Health Services board of directors governs MPSH.

The 2013 CHNA and this implementation strategy were undertaken by the hospital to understand and address community health needs, and in accordance with proposed Internal Revenue Service (IRS) regulations pursuant to the Patient Protection and Affordable Care Act of 2010.

This implementation strategy addresses the significant community health needs described in the CHNA that the hospital plans to address in whole or in part. The hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and merit enhancements to the described strategic initiatives. Alternately, other organizations in the community may decide to address certain community health needs, and the hospital may amend its strategies and refocus on other identified significant health needs. Beyond the initiatives and programs described herein, the hospital is addressing some of these needs simply by providing health care to the community, regardless of ability to pay.

About Sutter Health

Menlo Park Surgical Hospital, a subsidiary of Mills-Peninsula Health Services, is affiliated with Sutter Health, a not-for-profit network of hospitals, physicians, employees and volunteers who care for more than 100 Northern California towns and cities. Together, we’re creating a more integrated, seamless and affordable approach to caring for patients.

The hospital’s mission is to exceed patient, physician and staff expectations by providing excellent care in a safe and supportive environment.

At Sutter Health, we believe there should be no barriers to receiving top-quality medical care. We strive to provide access to excellent health care services for Northern Californians, regardless of ability to pay. As part of our not-for-profit mission, Sutter Health invests millions of dollars back into the communities we serve – and beyond. Through these investments and community partnerships, we’re providing and preserving vital programs and services, thereby improving the health and well-being of the communities we serve.

In 2012, our network of physician organizations, hospitals and other health care providers invested $795 million (compared to $756 million in 2011) in health care services for low-income people, community health improvement services, and other community benefits.

For more facts and information about Menlo Park Surgical Hospital, please visit www.pamf.org/mpsh.
2013 Community Health Needs Assessment Summary

Professional Research Consultants, Inc. (PRC) conducted the assessment on behalf of The Healthy Community Collaborative of San Mateo County. PRC is a research firm dedicated to the improvement of health care across all communities. Since 1994, PRC has conducted multiple health needs assessments working on behalf of nonprofit hospitals, health departments, foundations, civic organizations and health providers nationwide.

The Healthy Community Collaborative of San Mateo County was formed in 1995 and is comprised of 14 member organizations. The collaborative is a subcommittee of the San Mateo County Hospital Consortium. Members include other nonprofit hospitals, a medical foundation, San Mateo County Health Department and Human Services Agency, a nonprofit health care plan, community clinics, two health care districts, and a community foundation. The mission of the collaborative is to promote the health and well-being of residents living in San Mateo County by identifying and addressing health needs.

The 2013 Community Health Needs Assessment focused on San Mateo County and is available at www.pamf.org/mphs. The full report conducted by The Health Community Collaborative of San Mateo County is available at www.smchealth.org or www.plsinfo.org.

Definition of Community Served by the Hospital

San Mateo County is located in Northern California and encompasses over 448 square miles with 1,602.2 persons living in a square mile. The County is part of the San Francisco-Oakland-Fremont-Statistical-Area. The County’s population was 719,467 in 2010 and is expected to increase 10.4% from 2010-2050. Older adults will make up nearly 30% of the population by the year 2030. Over the next several decades, the White population is expected to decrease considerably (decreasing nearly 50% between 2000 and 2040), while Hispanic and Asian/Pacific Islander populations are expected to increase dramatically. From a low 2% in 1999, the County’s unemployment rate rose to a high of 5.8% in 2003; and to another high of 8.9% in 2010. The cost of living is higher in the County than almost anywhere else in the nation. A total of 18.9% of County adults live below 200% of the Federal Poverty Level (FPL), according to reported household incomes and household sizes. Black and Hispanic respondents have higher proportions of living within the FPL than White or Asian/Pacific Islander respondents.

Significant Health Needs Identified

The following significant health needs were identified by the 2013 CHNA.

<table>
<thead>
<tr>
<th>Significant Community Health Need</th>
<th>Intends to Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Specialty Care</td>
<td>Yes</td>
</tr>
<tr>
<td>A segment of San Mateo County’s underserved/underinsured adults report that they have needed surgical care for general (hernia), orthopedic and urologic conditions.</td>
<td></td>
</tr>
<tr>
<td>Oral Health and Dental Care</td>
<td>Yes</td>
</tr>
<tr>
<td>Many underserved/underinsured children and adults in San Mateo County do not have access to needed preventive and interventional dental care.</td>
<td></td>
</tr>
</tbody>
</table>
2013 – 2015 Implementation Strategy

This implementation strategy describes how Menlo Park Surgical Hospital plans to address significant health needs identified in its 2013 Community Health Needs Assessment and consistent with its charitable mission. The strategy describes:

- Actions the hospital intends to take, including programs and resources it plans to commit;
- Anticipated impacts of these actions and a plan to evaluate impact; and
- Any planned collaboration between the hospital and other organizations.
## Access to Specialty Care

<table>
<thead>
<tr>
<th>Name of Program, Initiative or Activity</th>
<th>Operation Access</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>With support from the community, Operation Access brings together medical professionals and hospitals to provide donated surgical and specialty care for the uninsured and underserved.</td>
</tr>
<tr>
<td><strong>Anticipated Impact and Plan to Evaluate</strong></td>
<td>With the support of Palo Alto Medical Foundation for laboratory tests, radiology tests and anesthesia, at least 15 surgeries a year will be provided to Operation Access patients. They will include orthopedic, urologic, general (hernia) surgeries. Referrals to Operation Access are made by FQHCs and FQHC look-alikes in San Mateo and Santa Clara Counties.</td>
</tr>
</tbody>
</table>
# Oral Health and Dental Care

<table>
<thead>
<tr>
<th>Name of Program, Initiative or Activity</th>
<th>Ravenswood Family Health Center Dental Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>The Dental Program is multifaceted including preventive oral health in the Pediatrics Clinic and in local elementary schools, dental services for both adults and children, oral surgery for adults, children and disabled children and adults and oral surgery with conscious sedation at Lucile Packard Childrens Hospital in Palo Alto.</td>
</tr>
<tr>
<td><strong>Anticipated Impact and Plan to Evaluate</strong></td>
<td>The funding will expand the access to the many dental and oral healthcare services. Ravenswood Family Health Center will evaluate the impact through tracking the number of people served, the services provided and patient outcomes.</td>
</tr>
</tbody>
</table>
Needs Menlo Park Surgical Hospital Plans Not to Address

No hospital can address all of the health needs present in its community. Menlo Park Surgical Hospital is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization so that it can continue to provide a wide range of community benefits. This implementation strategy does not include specific plans to address the following significant health needs that were identified in the 2013 Community Health Needs Assessment:

- Diabetes
- Obesity
- Cardiovascular Disease, Heart Attack and Stroke
- Substance Abuse
- Violence and Safety
- Cancer
- Births
- Cognitive Issues
- STDs, HIV/AIDS

MPSH does not have expertise to effectively address these needs and other organizations in the community are better equipped to fulfill this role.
Approval by Governing Board

This implementation strategy was approved by the Governing Board of the Peninsula Coastal Region on January 15, 2014.

This implementation strategy was approved by the Mills-Peninsula Health Services Finance and Planning Committee on January 24, 2014.

This implementation strategy was approved by the Mills-Peninsula Health Services Board on February 6, 2014.
Appendix: 2013 Community Benefit Financials

Sutter Health hospitals and many other health care systems around the country voluntarily subscribe to a common definition of community benefit developed by the Catholic Health Association. Community benefits are programs or activities that provide treatment and/or promote health and healing as a response to community needs.

The community benefit values for Mills-Peninsula Health Services are calculated in two categories: **Services for the Poor and Underserved** and **Benefits for the Broader Community**.

Services for the poor and underserved include traditional charity care which covers health care services provided to persons who meet certain criteria and cannot afford to pay, as well as the unpaid costs of public programs treating Medi-Cal and indigent beneficiaries. Costs are computed based on a relationship of costs to charges. Services for the poor and underserved also include the cost of other services provided to persons who cannot afford health care because of inadequate resources and are uninsured or underinsured, and cash donations on behalf of the poor and needy.

Benefits for the broader community includes costs of providing the following services: health screenings and other non-related services, training health professionals, educating the community with various seminars and classes, the cost of performing medical research and the costs associated with providing free clinics and community services. Benefits for the broader community also include contributions Sutter Health makes to community agencies to fund charitable activities.

<table>
<thead>
<tr>
<th>2013 Community Benefit Value</th>
<th>Mills-Peninsula Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services for the Poor and Underserved</td>
<td>$38,378,477</td>
</tr>
<tr>
<td>Benefits for the Broader Community</td>
<td>$1,100,894</td>
</tr>
<tr>
<td><strong>Total Quantifiable Community Benefit</strong></td>
<td><strong>$39,479,371</strong></td>
</tr>
</tbody>
</table>

This reflects the community benefit values for Mills-Peninsula Health Services (MPHS), the legal entity that includes Menlo Park Surgical Hospital, Mills-Peninsula Health Services and Sutter Maternity & Surgery Center of Santa Cruz. For details regarding the community benefit values for Menlo Park Surgical Hospital specifically, please contact Kathi Palange at (650) 853-5454 or PalangK@sutterhealth.org.
2013 Community Benefit Financials
Mills-Peninsula Health Services

Services for the Poor and Underserved

Traditional charity care $11,158,944
Unpaid costs of public programs:
  Medi-Cal $23,165,598
  Other public programs $722,324
Other benefits $3,331,611
Total services for the poor and underserved $38,378,477

Benefits for the Broader Community

Nonbilled services $363,720
Education and research $45,581
Cash and in-kind donations $691,029
Other community benefits $564
Total benefits for the broader community $1,100,894

This reflects the community benefit values for Mills-Peninsula Health Services (MPHS), the legal entity that includes Menlo Park Surgical Hospital, Mills-Peninsula Health Services and Sutter Maternity & Surgery Center of Santa Cruz. For details regarding the community benefit values for Menlo Park Surgical Hospital specifically, please contact Kathi Palange at (650) 853-5454 or PalangK@sutterhealth.org.