



## Mark Twain Medical Center

### Community Benefit Report 2013 Community Benefit Implementation Plan 2014

*A message from the President/Chief Executive Officer and Chairman of the Board*

In 2013, Mark Twain St. Joseph's Hospital was committed to making our hospital the best that it could be. There was an excitement, not about where we had been, but where we could go.

We began our journey by re-examining our Mission statement, the reason for our existence. This process of reflection was not conducted in isolation, but involved getting input from our Board, Medical Staff, employees and community. Through this process we modified our Mission to reflect that we wanted all the healthcare needs of Calaveras County citizens to be provided by Mark Twain or one of our partner Dignity Health hospitals. As a result we changed our name to Mark Twain Medical Center (MTMC) to reflect that we plan to become the center of healthcare in Calaveras County. The name also reflects the diversity of services provided by Mark Twain, ranging from inpatient services to physician clinics located throughout the county. It is our goal to bring these and more services to our patient's right here in Calaveras County, close to home.

Through our Mission Statement, we also rededicated ourselves to our patients. Our goal, which is clearly stated in our Mission, is to exceed the expectations of those we serve. Not just now and then, but every time we have an opportunity. While this statement certainly applies to our patients, it also applies to our employees, Medical Staff members, visitors, volunteers, etc. This commitment to a new Mission also led us to the development of a new Vision for Mark Twain Medical Center; to become one of the top 100 Critical Access Hospitals in the country achieving our Pillars of Excellence. We do not want to be the best in the area, we believe you deserve more than that. We will not be satisfied until we are one of the best in our great nation.

.At Mark Twain Medical Center (MTMC), we share a commitment to optimize the health of the community we are privileged to serve. Vital to this effort is the collaboration we enjoy with our community partners. How we contribute to the quality of life and the environment in our communities has always been a key measure of our success and it will continue to be so as we move forward.

During fiscal year 2013 we, like the nation, were impacted by the continuing economic downturn and experienced both successes and challenges. Despite declining revenue from government sponsored patients, we provided over \$7 million in charity care, community benefits, and unreimbursed patient care.

At Mark Twain Medical Center we strive to manage our resources and advance our healing ministry in a manner that benefits the common good now and in the future. Despite today's challenges we see this as time of great hope and opportunity for the future of health care. We want to acknowledge and thank the women and men who have worked together in a spirit of collaboration to address the health priorities of our community through health and wellness programs and services.

In accordance with policy, the Mark Twain Medical Center's Healthcare Board of Directors reviewed and approved the annual Community Benefit Report and Implementation Plan on October 23, 2013 and is now pleased to share it with those we serve, our greater community.



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Craig J. Marks  
President and Chief Executive Officer



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William M. Griffin, M.D.  
Chairman of the Board

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## EXECUTIVE SUMMARY

Mark Twain Medical Center (MTMC), founded in 1951, is located at 768 Mountain Ranch Road, San Andreas, CA. It became a member of Dignity Health, formerly Catholic Healthcare West (CHW), in 1996. The facility is a not-for-profit, 25-bed Critical Access Hospital serving all of Calaveras County, California. Over 300 employees provide the necessary services.

The hospital's services include 24-hour Emergency Services; Inpatient/Outpatient Surgery; Intensive Care Unit; Medical and Surgical Units; General X-ray, Ultrasound, Mammography, CT Scan, MRI and Nuclear Medicine; Respiratory Therapy Services; Cancer/Infusion Center; Physical Therapy Services; Inpatient Skilled Rehabilitation; Full Service Clinical Lab; Cardiac & Pulmonary Rehabilitation; and Health Education.

The hospital's affiliated medical staff provide Family Practice, Allergy, Alternative Medicine, Internal Medicine, Pathology, Psychology, Pediatrics, Gastroenterology, Gynecology, Orthopedic Surgery, General Surgery, Oncology, Ophthalmology, Orthopedic Surgery, Urology, Podiatry, Allergy, Behavioral Health, Dermatology, Radiology, Anesthesiology, Neurology, Pain Management, Emergency Medicine, Cosmetic and Reconstructive Surgery, Cardiology and Pulmonary Medicine.

Access to care in the County is further supported by five MTMC'S Family Medical Centers located in Arnold, Angels Camp, Valley Springs, San Andreas and Copperopolis, and Creekside Imaging in Angels Camp. Services at these Ambulatory Centers include Immediate Care, Primary Care, Behavioral Health, Pediatrics, General X-ray, Laboratory Draws and Health Education. Additionally, MTMC now also operates two Specialty Care Centers in San Andreas on the Medical Center campus for Cancer and Infusion Therapy; and Gastroenterology Specialty Care.

In the rural environment of our community, small business, agencies and the hospital partner to provide various events throughout the year that are focused on promoting the health of the community, enhancing quality of life for the residents and showcasing the unique history and natural wonders of our environment. Based on the prioritized health need of the community, a specific focus has been on Women's Health issues and primary care and prevention

A Community Needs Assessment was conducted in 2011(2014 is currently underway) in support of our stated mission - . To improve the health of our greater community. The goal of the assessment is to continually improve the quality of health and health care for county residents by providing accurate and reliable information to community members and health care providers; raising awareness of health needs, changing trends, emerging issues, and community challenges; and providing research-based data for the hospital and the community to continue strategic planning efforts. The focus of the assessment is on health and the major factors that impact health such as the economy, public safety and the natural environment. As compared to the State and Nation, Community issues identified in the assessment include a higher percentage of Calaveras County adults who are obese, and a higher incidence of high blood pressure amongst the residents.

To address two of the chronic care needs of the community, MTMC'S has chosen the Congestive Heart Failure/Chronic Obstructive Pulmonary Disease and Diabetes Education programs as Long Term Improvement Plans (LTIP). The goal of these programs is to improve quality of life for participants by increasing their self-efficacy and avoiding hospital admissions.

In FY2013, there were over 44,109 person-visits that benefited from our community programs. Highlights included \$5,494,160 net benefit for the vulnerable and \$371,470 for the broader community, with a total hospital expenditure of over \$38 million. The total value of community benefit for FY2013 is **\$5,865,630**. Including the shortfall from Medicare, the total expense for community benefits was **\$7,535,073**. Quantifiable Benefits included traditional charity care, unpaid costs of Medi-Cal and Medicare, community service donations, community health services and education, and community building activities.

## **MISSION, VISION AND VALUES STATEMENT**

### **MISSION**

The mission of Mark Twain Medical Center is to improve the health of our greater community by providing quality health care services, exceeding the expectations of those we serve.

### **VISION**

To become one of the top 100 Critical Access Hospitals in the country through the achievement of our Pillars of Excellence.

### **VALUES**

We achieve the mission through our **core values** of **dignity, collaboration, justice, stewardship and excellence**, as are seen in the following principles:

1. Continuous improvement of the quality of care delivered
2. Access to care for all
3. Respect for the individual
4. Working with others towards common goals
5. Fostering a sense of family and community
6. Employee development and recognition

## ORGANIZATIONAL COMMITMENT

The Mark Twain Health Care District Board of Directors is comprised of five local elected officials who are responsible for ensuring that appropriate healthcare services are provided to the community. The Mark Twain Medical Center Healthcare Corporation Board of Trustees is responsible for governance oversight of hospital operations through a management agreement with Dignity Health.

Each year the Mark Twain Medical Center's HealthCare Corporation Board of Trustees, Medical Staff Leadership, and Hospital Leadership develop the Community Benefit Plan as part of the annual Strategic Planning process. This process takes a snapshot of the community, reviews the forecast demographics and Community Needs Assessment (2011), reminds itself of its Mission, Vision and Values and develops strategies and goals for the upcoming years. Hospital leadership then develops tactics to meet these goals and dedicates the resources during the budgetary process and program design. Performance measurements and accountabilities are established.

Mark Twain Medical Center participates in the Dignity Health Community Grants program and annually awards funding to other not-for-profit organizations in the community who share in the same Mission, Vision and Values. In FY2013, community grants totaling \$22,079 were given to the following agencies:

- **Resource Connection – Sexual Assault Response Team** (provides immediate response, and appropriate services and support to adult and child victims of sexual assault through a multi disciplinary, criminal justice based process)
- **Blue Mountain Coalition for Youth and Families** (serves fresh food out of their garden in bi-weekly meals and provides education to the community)
- **Live On! Suicide Prevention** (provides awareness and support services)
- **Hospice of Amador and Calaveras Greif Busters** (supports children during grief)
- **Resource Connection - Food Bank** (serves 2,523 families-accounting for 15% of the population of Calaveras County)
- **Calaveras Children's Mobile Dental** (has provided preventive dental services to Calaveras children since 1997)

## COMMUNITY

Calaveras County is approximately 130 miles east of San Francisco, 60 miles southeast of Sacramento, and 50 miles east of Stockton. The total population is about 43,000 with an area of 1,008 square miles. Our only incorporated city, the Angels Camp, has a population of about 5,400.

Our county geography begins near sea-level in the west with oak-dotted rolling hills, changes to mixed evergreens and oak forests, then dramatic stands of gigantic trees, and culminates near 8,200 feet in the eastern part of the county with evergreens growing among granite boulders of the Sierra Nevada Range. Major rivers, the Mokelumne and the Stanislaus, form borders north and south.

In Calaveras County, the poorest residents have been severely impacted by the recession and the elimination of programs and services that local governments are no longer able to fund. The growing gap in needed services has placed at risk the health of hundreds of underserved individuals and families who are now turning to emergency departments for basic non-acute medical services because they have lost or lack a primary care provider. Our 5 Family Medical Centers (rural health clinics) help to fill this gap. However, it is still estimated that 28% of the visits to the ED are for non-emergent care.

Access to care for these patient populations requires collaborative problem solving at the community level. Not-for-profit health providers must work together to leverage resources and maximize health assets in innovative ways to restore what has been lost, enhance what still exists and ensure sustainable health programs and services are developed and available over the long-term to the populations that need them the most. Community-based collaboration has been and will be a priority and will continue to drive community benefit efforts in the future. It will become more important for community stakeholders to work in partnerships to maximize the limited resources that are available.

The population (2011) of Calaveras County was 45,052 with a projected growth of 1.32% annually over the next five years. Other demographics include:

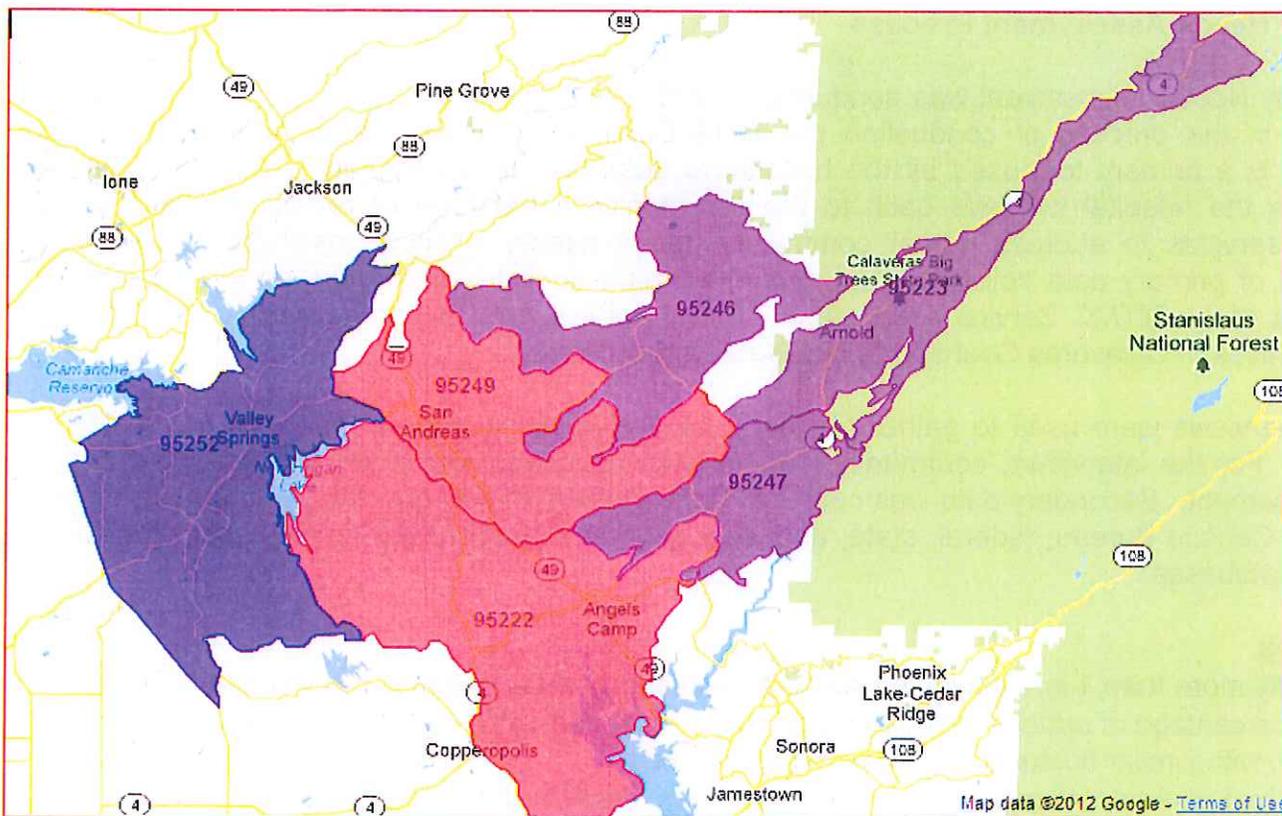
- The population by ethnic group is 82.9% White, 10.8% Hispanic, 1.4% Asian, and 1.0% Black and 3.9% other.
- Average income is \$53,037
- Uninsured is 18.42%
- Unemployment is 13.1%
- No High School Diploma is 1.8%
- Renter is 21%
- CNI Score is 3.1%
- Medicaid patients is 18.42%

Calaveras County is a Health Professional Shortage Area (HPSA) and portions of the County are Medically Underserved Areas (MUA). Besides Mark Twain Medical Center and its 5 ambulatory care centers, the following facilities and resources are available:

- Mark Twain Convalescent Hospital
- Country Haven Assisted Living
- Community Clinics
- Children Services

- Home Health Care
- Hospice
- Mental Health
- Drug & Alcohol Abuse
- Support Groups & Services
- Transportation

The current Community Needs Index is shown below, indicating the communities which have the highest needs based on socio-economic indicators of unemployment, lack of insurance, education level, cultural/language and housing. Median score is 3.1.



**Lowest Need**      **Highest Need**  
■ 1 - 1.7 Lowest    ■ 1.8 - 2.5 2nd Lowest    ■ 2.6 - 3.3 Mid    ■ 3.4 - 4.1 2nd Highest    ■ 4.2 - 5 Highest

Median CNI Score: 3.1

# COMMUNITY BENEFIT PLANNING PROCESS

MTMC'S Hospital Leadership oversees community benefit activities for the hospital as it strives to meet the health and wellness needs of the local community. Several members of Mark Twain's senior and middle management team serve the community on a variety of community-based not-for-profit Boards, such as Children and Families Commission, Habitat for Humanity, Soroptimists International, Economic Development Corporation, local Churches and Chamber of Commerce to name a few. In addition, most employees have linkages to various service organizations throughout the communities. Community involvement is evidenced by participation of local business and community leaders in the Hospital's Governing Boards, Finance Committee, Ethics Committee and our Parish Nurse Advisory Committee.

## Community Needs Assessment Process

A Community Needs Assessment was conducted in 2011, as required by State law (SB697). MTMC is currently in the process of conducting the 2014 Community Needs Assessment. The needs assessment is a primary tool used by the hospital to determine its community benefit plan, which outlines how the hospital will give back to the community in the form of health care and other community services to address unmet community health needs. This assessment incorporates components of primary data collection and secondary data analyses that focus on the health and social needs of the MTMC Service Area. The Primary Service Area encompasses the cities, towns and communities of Calaveras County that include 22 zip code areas.

Targeted interviews were used to gather primary data and opinions from members of the MTMC's community. For the interviews, community leaders were contacted and asked to participate in the needs assessment. Secondary data was collected from a variety of sources, including but not limited to: the U.S. Census Bureau; federal, state, and local government agencies; health care institutions; and online databases.

## Health Issues

- Slightly more than 1 in 4 adults in Calaveras and surrounding counties were obese in 2009.
- The percentage of adults with diabetes fluctuated between 6% and 10% between 2003 and 2009, with similar fluctuations in the rest of the state.
- One-third of residents reported that they had been diagnosed with high blood pressure.
- Limited services and service providers make it difficult to access mental health, obstetrical and specialty care services.
- The percentages of Calaveras County children with all required immunizations was 75% in 2010 for kindergartners and 83% for child care entrants, both worse than the state averages.
- There is inadequate attention given to preventative care, healthy lifestyles, nutrition and exercise.

## Social Demographic Issues

- The area reflects an aging population with approximately 56% of the population over the age of 44 and 50% of the population is female.

- A declining economy is impacting the community by increased joblessness, decreases in employer-based health insurance, higher costs for transportation and decreased availability of affordable housing.
- The median household income is \$54,971 compared to the state median income of \$60,883.
- Persons below the federal poverty level are 8.3%.
- Home ownership rate is 78.8%.
- A lack of providers in Calaveras County (primary care, mental health, specialists) negatively impacts access to care and requires residents to travel outside of the County to obtain services.
- 1 in 315 houses in Calaveras County was in foreclosure in September 2011.
- Large numbers of youth and adults are overweight and obese.
- Smoking among adults and teens is a concern.

### Assets Assessment

Throughout the community are important resources that everyone can benefit in times of need. In 2011 Mark Twain Medical Center published a Community Resources brochure for residents to keep handy at home and in the car. The mission is to help create a healthier community. The organizations in this brochure work with us to provide Community Resources that can make a difference.

The County's Resource Connection and the Mark Twain Health Care District have reviewed the assessment and have developed their own strategies to effect change.

## **DEVELOPING THE HOSPITAL'S IMPLEMENTATION PLAN**

MTMC'S leadership oversees the development of the community benefit plan for the hospital as it strives to meet the health and wellness needs of the local community. Community involvement is evidenced by participation of local business and community leaders in the Hospital's Governing Boards, Finance Committee, Ethics Committee and Parish Nurse Advisory Committee.

Working with the Mark Twain Healthcare District Board of Directors and other community stakeholders, the Community Needs Assessment was reviewed and discussed. Priorities were identified. Factors were considered for this process (e.g., target population, location of target population, severity of the problem, resources currently available, available community partners, etc.). Partnerships also addressed how the identified health issues can be addressed and if a vulnerable population was identified.

Addressed priorities included a focus on chronic conditions as well as the future establishment of a mobile health clinic for the underserved populations in the West county area, support for Health Fairs in all communities and continued support of the Resource Connection's Food Bank which helps to fill an unmet nutrition need, including childhood obesity.

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Target charitable resources to mobilize and build the capacity of existing community assets to meet the needs of the community.

- **Collaborative Governance**

Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

For FY2014, Mark Twain Medical Center has also identified five key community benefit programs. Significant efforts and resources will be focused with the expectation of clear and measurable outcomes.

Priority Focus Area	Program Outcomes	Possible Evaluation Measures
<b><i>Primary Prevention - Altering susceptibility or reducing exposure for susceptible individuals:</i></b>		
Family Medical Centers - Community Clinics	Increased rates of immunization/vaccination	Clinic clients/encounters. Decreased incidents of illness; decreased admissions and/or length of hospital stay for flu/pneumonia.
Diabetes Education/ Management	Change in awareness, knowledge, attitudes and skills.	Increase in awareness, knowledge, attitudes, and skill development or acquisition.
Heart Disease Management	Decrease in utilization rates for chronic diseases.	Increased health outcomes, decreased admissions and/or length of hospital stay.
Pulmonary Disease Management	Decrease in utilization rates for chronic diseases	Increased health outcomes, decreased admissions and/or length of hospital stay.
<b><i>Healthcare Access/Reform:</i></b>		
Enhance geographic access for Medi-Cal and Healthy Families	Access to healthcare services	Number of persons enrolled, retained

### **Specific Community Benefit Program Descriptions:**

**Health Fairs (Free Admission)** – Throughout the year, Mark Twain Medical Center is involved with many Health Fairs. Community Service Organizations attend the health fair and provide community education and service to those in attendance. Cholesterol Screening, Blood Pressure Checks, Bone Density Studies and Health Education are just a few of the services provided.

In October, MTMC’S conducted its 14th Annual Fall Health Fair on the hospital campus. Over 60 informational booths featured health, exercise, wellness, childcare, safety, traditional and alternative medicine, health foods, quality of life and recreation. Free Cholesterol and Osteoporosis screenings and Blood Pressure Checks were conducted, as well as flu (500+) and pneumonia vaccinations. Over 500 blood draws/tests were provided at a discounted price. Other benefits included a Child Car Seat Checkup. This year’s “Fall” Health Fair is scheduled for September 28, 2013.

In March 2013, MTMC'S conducted its 3<sup>rd</sup> Annual Spring Health Fair at Ironstone Vineyards to accommodate the residents along the Highway 4 Corridor. Although not as large as our Fall Health Fair, it has grown dramatically in its three years.

**Summer Health Fair (Free Admission)** – As a result of the success at the Fall and Spring Health Fairs, and the need to provide the services to the North-West communities, MTMC now offers an annual Summer Health Fair in Valley Springs in June. This Summer Fair is funded by the Mark Twain Health Care District using the Fall and Spring health fairs as a template.

**Teddy Bear Clinic** – This annual activity brings all of the kindergartners in Calaveras County to our hospital to learn more about what happens at a hospital. The children are taken on a tour of the hospital and visit several departments where they can diagnose their “teddy bear wellness patient.” The purpose of the clinic is to reduce some of the apprehension about the hospital and to remind the children that we are not always about pain and shots. This is a three-day live a healthy lifestyle community benefit of the hospital.

**Mini-Health Fairs** – A series of mini-health fairs were conducted in the community. Partnerships with the Music in the Parks, sponsored by the Calaveras County Arts Council; the Farmer's Market, sponsored by the Angels Camp Business Association; and the First Friday Concerts, hosted by the Murphy's Community Club, all provided venues for the Fairs. The Fairs include health information, blood pressure checks, strength testing, advice from nurse/mid-level, etc. We also participated in an employee health fair at Black Oak Casino in neighboring Tuolumne County to provide health information to their 400+ employees.

**American Heart Association** – For this report, 360 persons benefited from our Life Support classes to community members and medical personnel. Partners included the San Andreas and Copperopolis Fire Departments.

**Baby Sitting Basics** – 27 boys and girls from ages 11-15 attended this class to educate our youth to responsibly care for young children.

**Disaster Preparedness** – During the year, over 400 persons in Calaveras County participated in communications workgroups and educational classes to coordinate communications between Public Safety, Public Health and MTMC'S. Partners include law enforcement, Fire, EMS, EMSA, Public Health and EMA. The goal is to improve processes and coordinate technologies for emergency service organizations.

**Medication Vouchers** – Without having access to proper medication at home, patients would need to remain hospitalized. This program provides medication vouchers to inpatients who cannot afford needed medications. The total benefit for this service in FY2013 was \$31,969.

**Pink In The Night** – This is a Cancer awareness group providing education to persons who have experienced a breast cancer related illness. Various businesses in Calaveras County are provided pink lights which are kept on throughout October. In 2013, 60 watt bulbs were distributed to residences promoting the awareness of early breast cancer detection. The lights are provided through the Mark Twain Health Care District.

**Immunizations** – Annual vaccination against influenza is the primary means for minimizing serious adverse outcomes from influenza virus infections. These infections result in approximately 20,000 deaths and 110,000 hospitalizations per year in the United States. The amount of trivalent inactivated influenza vaccine produced for distribution in the United States has increased substantially. During FY2013, over 1,500 influenza vaccinations were administered. Donations were accepted, but not required. Starting in 2007, the hospital began to offer pneumonia vaccinations at their annual Fall Health Fair and now offer them at all Health Fairs.

**Blood Pressure Checks** – Free Blood Pressure Checks are always offered at the five Family Medical Centers and the Hospital. Blood Pressure Checks are also conducted at various community events throughout the county.

**Breast Cancer Early Detection Program** – Mark Twain Medical Center participates in the California State funded Breast Cancer Early Detection Program (BDECP) as a provider of clinical services and advanced diagnostics. Staff physicians and the hospital reach out to women over 40 who, because of financial or insurance limitations, are not able to receive annual breast exams and mammograms. Actual number of participants is not tracked by MTMC'S.

**Take It To Heart** - For the seventh year in a row, The Soroptimist International of Calaveras County joined MTMC'S to offer free comprehensive cholesterol tests to all Calaveras County women during April and May. A total of 482 cholesterol tests were provided in this program.

**Diabetes Education** – Diabetes touches every family. It is the leading cause of blindness among adults ages 20 to 74, and is the sixth leading cause of death in America. Education is the key factor to managing Diabetes. Our commitment is to provide the skills and techniques needed to self-manage the disease. Monthly one-on-one classes are provided to the community, serving about 169 people.

**Financial Assistance** – Our Financial Assistance expense in FY2013 amounted to \$281,883. 917 persons benefited, and 17,679 visits by our traditional Financial Assistance, Unpaid Costs of Medical and Medicare and other Public Programs.

**Calaveras County Fair** – MTMC'S supported the first aid station with registered nurses 24 hours a day to support those persons who stayed with their animals during the entire run of the Fair. We also were a major sponsor of the Fair.

**Sponsorships and Donations** - As a member of the community, Mark Twain Medical Center responds to requests for direct funding and goods and services to support community organizations and activities such as Grad Nite, Relay for Life, Youth Programs, and Habitat for Humanity, Cancer Support Group, etc.

**Community Health Education Center** - Calaveras County suffers from a scarcity of meeting rooms. MTMC'S provides meeting room space in the Community Health Education Center at no cost to health and community related groups as our schedule permits.

In addition, Mark Twain Medical Center partners with others in the community to offer the following:

- **Community Health Education Substance Abuse** – Collaborative between the Calaveras County Health Services Agency, Mark Twain Medical Center and the Calaveras County Office of Education. The vision is to have a community free from substance abuse through better education.
- **Calaveras County Chronic Disease Management Program** - Collaborative between the Calaveras County Health Services Agency, Mark Twain Medical Center, and various agencies. Both the walk and the six-week workshop are projects funded through the Center for Disease Control and Prevention as part of the Community Transformation Initiative. Calaveras County was one of 12 rural California counties to receive grant funding to improve rural health disparities in key preventative areas – reducing exposure to second-hand smoke, facilitating healthy communities through reduced consumption of sugary-sweetened beverages and safe walking routes and the provision of increased clinical and community preventive services.
- **Children and Families Master Plan** – Includes Mark Twain Medical Center, Human Resources Council and the Calaveras County Health Services Agency as the lead agent. The goal is to train community advocates for the children of our communities.
- **Mark Twain Medical Center Family Medical Centers** - Five Federally-qualified Rural Health Clinics strategically located in remote communities of Calaveras County. Visitors to these centers are provided primary healthcare services and provide us with information about the additional needs and services that are important to their community.
- **Women’s Health Resource Center** – As part of our Strategic Plan for FY2006, we first identified Women’s Health as a major need for services. In the years since, our strategic plan continues to identify a Women’s Resource Center as a goal. A community advisory group was identified and provided valuable input into the Center’s programs. The Center will be part of the new Family Medical Center in Angels Camp, providing education, support, and services for our communities is planned to open in the next few years.

### **Long Term Improvement Project (LTIP)**

In FY2008 we identified a new community benefit initiative that supported Dignity Health’s (formerly CHW) Horizon 2010 vision to decrease inpatient admissions for ambulatory care sensitive conditions. The literature and research have proven that if patients are treated appropriately in an outpatient and/or community-based setting, these conditions may not require an acute care ED visit or hospital admission.

As we move toward fulfillment of the initiatives identified in Horizon 2020, a long-term improvement program (LTIP) goal has been established to bring even greater focus to our direction.

**Goal:** By offering evidence-based chronic disease management (CDM) programs, Dignity Health facilities/service areas will be effective in avoiding hospital admissions for two of the most prevalent ambulatory care sensitive conditions in their communities.

**Objective:** Participants in the facility/service area evidence-based CDM program(s) will avoid admissions to the hospital or emergency department for the six months following their participation in the program.

# PROGRAM DIGEST

## A. PROGRAMS

Flu/Pneumonia Immunizations at Health Fairs	
Hospital CB Priority Areas	<input type="checkbox"/> Chronic Conditions <input checked="" type="checkbox"/> Access to Primary Care Services <input type="checkbox"/> Preventive Care Services
Program Emphasis	Please select the emphasis of this program from the options below: <input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment Vulnerable Population	The service area for Mark Twain Medical Centers known for its rolling hills and giant valleys, which often make access to health care services challenging for the residents.
Program Description	The hospital supports Health Fairs at four locations throughout the county, including Murphys, Valley Springs and San Andreas. Services provided include flu/pneumonia immunizations.
FY 2013	
Goal 2013	Improve access to primary care and preventive services for the residents of the Mark Twain Medical Center service area to sustain or improve health.
2012 Objective Measure/Indicator of Success	Residents obtaining immunizations at the Health Fairs will have decreased incidents of illness; decreased admissions and/or length of hospital stay for flu/pneumonia.
Intervention Strategy for Achieving Goal	Flu/pneumonia vaccines will be provided to residents who utilize the Health Fairs.
Result FY 2013	In FY2013, more than 1,500 persons received flu/pneumonia vaccines and health promotion materials at various health fairs held in the community.
Hospital's Contribution/Program Expense	Mark Twain Medical Center net expenses for participation in flu/pneumonia vaccination program amounted to \$14,805.
FY2014	
Plan for FY2014	Continue with flu/pneumonia vaccinations and health promotion at various health fairs held in the community.
2014 Objective Measure/Indicator of Success	Increase immunizations at the Health Fairs by 10% annually
Baseline	For FY 2013, 1,500 persons received flu/pneumonia vaccines at the MTMC'S Health Fairs. This is the baseline.
Intervention Strategy	Increase marketing about the Health Fairs. Provide additional immunizations in underserved areas with mini health fairs.
Community Benefit Category	A2 – Community Based Clinical Services

Diabetes Education/Management	
Hospital CB Priority Areas	<input checked="" type="checkbox"/> Chronic Conditions <input type="checkbox"/> Access to Primary Care Services <input type="checkbox"/> Preventive Care Services
Program Emphasis	Please select the emphasis of this program from the options below: <input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment Vulnerable Population	Although the rate is unreliable (+ or – 23%), Mark Twain Medical Center's last Community Health Needs Assessment indicates age-adjusted Diabetes is below the statewide rate, we believe the incidence is actually above the Health People 2020 objective of 15/100,000. A more recent thorough assessment report will probably indicate the prevalence of Diabetes in our county is 1 out of 10 adults and more prevalent among persons living below the poverty level and obese adults.
Program Description	The Diabetes Self-Management Education (DSME) program started in August, 2012 and is conducted by a Certified Diabetes Educator/Registered Dietitian who provides patient education within the hospital's service community of Calaveras County. Patient assessments,

	consultations and education occur at MTMC's Family Medical Centers (five locations within Calaveras County) to increase outreach and access. Self-management topics include, but are not limited to: Diabetes Overview, Monitoring, Physical Activity, Healthy Eating, Meal Planning, Problem Solving, and Reducing Risks.
<b>FY 2013</b>	
<b>Goal 2013</b>	The program goal is to avoid diabetes related hospital or ED admissions among 50% of participants served in the program within six months of the intervention.
<b>2013 Objective Measure/Indicator of Success</b>	Percentage of participants admitted to the Hospital or ED within six months of the intervention for diabetes related treatment.
<b>Intervention Strategy for Achieving Goal</b>	Provide Diabetes Self-Management Education to patients referred by community practitioners.
<b>Result FY 2013</b>	Results from FY 2013 showed 162 patients have been served since August 2012. Follow-up data became available in the third quarter finding no participant from the program was admitted to the Hospital or ED for diabetes related treatment within six months of the intervention.
<b>Hospital's Contribution/Program Expense</b>	The Diabetes Self-Management Education (DSME) program had an expense of \$77,650 for FY 2013.
<b>FY2014</b>	
<b>Plan for FY2014</b>	Certified Diabetes Educator Consultant contracted to provided diabetes education to patients within the communities of Calaveras County through referrals from practitioners. Patient consultations/education occur at MTMC's Family Medical Centers (five locations within Calaveras County) to increase outreach and access.
<b>2014 Objective Measure/Indicator of Success</b>	Fifty percent of the participants or greater who received Diabetes Self Management Education (DSME) will avoid diabetes-related admissions to the hospital or emergency department for the three months following their participation in the program.
<b>Baseline</b>	Building new baseline for FY2014 by tracking the number of total patients participating in our DSME program; data established August 2012 and on-going during the year to determine the level at which the metric goal is achieved.
<b>Intervention Strategy for Achieving Goal</b>	Certified Diabetes Educator providing Diabetes Self-Management Education to parents through individual consultation and group classes. Self-Management topics include but are not limited to: <ul style="list-style-type: none"> <li>• Diabets overview</li> <li>• Monitoring</li> <li>• Physical Activity</li> <li>• Medications</li> <li>• Healthy Eating</li> <li>• Carbohydrate Counting</li> <li>• Meal Planning</li> <li>• Problem Solving</li> <li>• Reducing Risks</li> </ul> Data collected will aid in evaluating the effectiveness of our DSME program to help determine areas for growth and improvement for the next fiscal year.
<b>Community Benefit Category</b>	A1 – a Community Health Education – Lectures/Workshops

### Chronic Heart Disease and Pulmonary Disease Management

<b>Hospital CB Priority Areas</b>	<input checked="" type="checkbox"/> Chronic Conditions <input type="checkbox"/> Access to Primary Care Services <input type="checkbox"/> Preventive Care Services
<b>Program Emphasis</b>	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
<b>Link to Community Needs Assessment Vulnerable Population</b>	Residents of the community have a high mortality and morbidity rate from chronic diseases such as COPD and CHF.
<b>Program Description</b>	Mark Twain Medical Center initiated a heart disease management program to help improve health outcomes and decrease admissions and/or length of hospital stay for persons with CHF or COPD.
<b>FY 2014</b>	
<b>Goal 2013</b>	Mark Twain Medical Center will decrease inpatient utilization rates for persons with CHF or COPD who participate in the hospital's intervention program by at least 5%.
<b>2013 Objective Measure/Indicator of Success</b>	Decrease or avoid admissions of persons with CHF or COPD, particularly among the vulnerable populations of uninsured and dually eligible (Medicare/MediCal) community residents.
<b>Intervention Strategy for Achieving Goal</b>	Cultivate relationships with primary care physicians to partner in the care of patients with CHF or COPD.

	Provide short-term outpatient case management services for target population. Offer disease management education to program participants.
<b>Result FY 2013</b>	No participants were identified.
<b>Hospital's Contribution/Program Expense</b>	n/a
<b>FY2014</b>	
<b>Plan for FY2014</b>	Work with local providers to identify class participants. Begin classes.
<b>2014 Objective Measure/indicator of Success</b>	Team up with Calaveras County Public Health to decrease the readmission rates among vulnerable population.
<b>Intervention Strategy for Achieving Goal</b>	Working in partnership with CCPH to create a framework for resources to be offered to the community. Attending monthly interdisciplinary meetings as we build up the references and resources needed to educate the community.
<b>Community Benefit Category</b>	A1. Community Health Education

This implementation strategy specifies community health needs that the Hospital has determined to meet 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 the three years ending December 31, 2015, other organizations in the community may decide to address certain needs, indicating that the Hospital should then refocus its limited resources to best serve the community.

# Community Benefit and Economic Value

Note: These expenses were calculated utilizing a cost accounting system.

	Total Persons	Offsetting Expense	Net Revenue	Benefit	% of Organization Expenses Revenues	
<b><u>Benefits for Vulnerable</u></b>						
Financial Assistance	917	281,883	0	281,883	0.5	0.5
Medicaid	17,679	9,233,900	7,336,739	1,897,161	3.5	3.5
Means Tested Programs	5,624	4,184,020	1,390,272	2,793,748	5.2	5.2
<b>Community Services</b>						
3107 Community Benefit Operations	0	73,124	0	73,124	0.1	0.1
3106 Community Building Activities	3	66,966	0	66,966	0.1	0.1
3101 Community Health Improvement Services	288	189,631	0	189,631	0.4	0.4
3105 Financial and In-Kind Contributions	3,078	191,687	0	191,687	0.4	0.4
<b>Totals for Community Services</b>	<b>3,369</b>	<b>521,408</b>	<b>0</b>	<b>521,408</b>	<b>1.0</b>	<b>1.0</b>
<b>Totals for Vulnerable</b>	<b>27,589</b>	<b>14,221,211</b>	<b>8,727,011</b>	<b>5,494,200</b>	<b>10.2</b>	<b>10.2</b>
<b><u>Benefits for Broader Community</u></b>						
<b>Community Services</b>						
5106 Community Building Activities	100	132	0	132	0.0	0.0
5101 Community Health Improvement Services	3,888	137,317	0	137,317	0.3	0.3
5105 Financial and In-Kind Contributions	37,143	234,021	0	234,021	0.4	0.4
<b>Totals for Community Services</b>	<b>41,131</b>	<b>371,470</b>	<b>0</b>	<b>371,470</b>	<b>0.7</b>	<b>0.7</b>
<b>Totals for Broader Community</b>	<b>41,131</b>	<b>371,470</b>	<b>0</b>	<b>371,470</b>	<b>0.7</b>	<b>0.7</b>
<b>Totals - Community Benefit</b>	<b>68,720</b>	<b>14,592,681</b>	<b>8,727,011</b>	<b>5,865,670</b>	<b>10.9</b>	<b>10.9</b>
Unpaid Cost of Medicare	25,513	23,882,565	22,213,122	1,669,443	3.1	3.1
<b>Totals with Medicare</b>	<b>94,233</b>	<b>38,475,246</b>	<b>30,940,133</b>	<b>7,535,113</b>	<b>14.1</b>	<b>14.0</b>
<b>Grand Totals</b>	<b>94,233</b>	<b>38,475,246</b>	<b>30,940,133</b>	<b>7,535,113</b>	<b>14.1</b>	<b>14.0</b>

## **Telling the Story**

For FY2013 Mark Twain Medical Center staff provided many speaking engagements to the community through Service Organizations, to the County Board of Supervisor's meetings during Public Comment, the Health Fairs, mini-Health Fairs, and community benefit projects such as the Teddy Bear Clinic, Tele Health Demonstrations, Pink in The Night Event, Health Career Fairs and other activities during this fiscal period. In addition, the hospital now publishes a Quarterly Community Newsletter mailed to all Calaveras County Residents. The Community Benefit Report and Implementation Plan will also be posted on the hospital website and the Dignity Health website.

# APPENDIX

Payment Assistance Policy Summary  
Board of Trustees Roster

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**DIGNITY HEALTH**  
SUMMARY OF PATIENT PAYMENT ASSISTANCE POLICY  
(June 2012)

Policy Overview:

Dignity Health is committed to providing payment assistance to persons who have health care needs and are uninsured or under-insured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to deliver compassionate, high quality, affordable health care services, and to advocate for those who are poor and disenfranchised, Dignity Health strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Payment assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with Dignity Health's procedures for obtaining payment assistance, and to contribute to the cost of their care based on individual ability to pay. Individuals with financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services.

Eligibility for Patient Payment Assistance:

- Eligibility for payment assistance will be considered for those individuals who are uninsured, ineligible for any government health care benefit program, and unable to pay for their care, based upon a determination of financial need in accordance with the policy.
- The granting of payment assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, or immigration status, sexual orientation or religious affiliation.

Determination of Financial Need:

- Financial need will be determined through an individual assessment that may include:
    - a. an application process in which the patient or the patient's guarantor is required to cooperate and supply all documentation necessary to make the determination of financial need;
    - b. the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay;
    - c. a reasonable effort by the Dignity Health facility to explore and assist patients in applying for appropriate alternative sources of payment and coverage from public and private payment programs; and will take into account the patient's assets and other financial resources.
  - It is preferred but not required that a request for payment assistance and a determination of financial need occur prior to rendering of services. The need for payment assistance may be re-evaluated at each subsequent rendering of services, or at any time additional information relevant to the eligibility of the patient for payment assistance becomes known.
  - Dignity Health's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of payment assistance. Requests for payment assistance shall be
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processed promptly, and the Dignity Health facility shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

#### Patient Payment Assistance Guidelines:

Services eligible under the policy will be made available to the patient on a sliding fee scale, in accordance with financial need as determined by the Federal Poverty Level (FPL) in effect at the time of the termination as follows:

- Patients whose income is at or below 200% of the FPL are eligible to receive free care;
- Patients whose income is above 200% but not more than 350% of the FPL are eligible to receive services at the average rates of payment the Dignity Health facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater in amount for the same services;
- Patients whose income is above 350% but not more than 500% of the FPL are eligible to receive services at 135% of the average rates the Dignity Health facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater for the same services;
- Patients whose income exceeds 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the Dignity Health facility.

Dignity Health's administrative policy for Eligibility and Application for Payment Assistance shall define what qualifies as income for these purposes.

#### Communication of the Payment Assistance Program to Patients and the Public:

- Information about patient payment assistance available from Dignity Health, including a contact number, shall be disseminated by the Dignity Health facility by various means, including the publication of notices in patient bills and by posting notices in the Emergency and Admitting Departments, and at other public places as the Dignity Health facility may elect. Such information shall be provided in the primary languages spoken by the populations served by the Dignity Health facility.
- Any member of the Dignity Health facility staff or medical staff may make referral of patients for payment assistance. The patient or a family member, a close friend or associate of the patient may also make a request for payment assistance.

#### Budgeting and Reporting:

- Specific dollar amounts and annual plans for patient payment assistance will be included within the Social Accountability Budget of the Dignity Health facility. Dignity Health facilities will report patient payment assistance calculated at cost in the annual Social Accountability Report and may voluntarily report such information as deemed appropriate.
  - Patient payment assistance statistics shall be disclosed in annual financial statements but shall not include amounts that are properly considered to be bad debt or contractual discounts.
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Relationship to Collection Policies:

- Dignity Health system management shall develop policies and procedures for internal and external collection practices by Dignity Health facilities that take into account the extent to which the patient qualifies for payment assistance, a patient's good faith effort to apply for a governmental program or for payment assistance from Dignity Health, and a patient's good faith effort to comply with his or her payment agreements with the Dignity Health facility.
- For patients who qualify for payment assistance and who are cooperating in good faith to resolve their hospital bills, Dignity Health facilities may offer interest-free extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences and will not send unpaid bills to outside collection agencies.

Regulatory Requirements:

In implementing this policy, dignity health management and dignity health facilities shall comply with all federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.

## BOARD OF TRUSTEES

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