

## **Stevens Community Medical Center Implementation Plan Addendum to 2013 Community Health Needs Assessment**

### **Primary Needs Identified through Assessment:**

**1. Mental Health – need for more services and resources** – Stevens Community Medical Center (SCMC) recognizes the great community need in this area and will continue to do its best to meet this growing need. Currently, the wait time for an appointment with a psychologist is roughly 2 weeks. However, the wait time for a psychiatrist is 2-3 months. SCMC has 1 contracted psychiatrist available part-time (maximum of 13 days/month) presently. Our goal for the next 3 years is to hire a psychiatrist full-time. We believe we could fill up that schedule if we were to find a qualified, interested provider. In the event that is not possible, a psychiatric nurse would be another alternative. We are in a shortage area for mental health, so loan forgiveness for that nurse would be a recruiting benefit. In the interim (before staffing changes), we can research the possibility of telemedicine care with another psychiatrist.

Another goal for the next 3 years is to accomplish more integrated care between a patient's primary doctor and their psychiatrist/psychologist. One way to deal with limited availability of the psychiatrist would be to have them sometimes working in a consultant role with the primary care doctor, who could monitor progress once a patient is stabilized. If we are successful in hiring a full-time psychiatrist, our goal would be to locate that provider's office in the clinic rather than upstairs in Behavioral Medicine. That would facilitate easier and better communication between the various providers.

A secondary goal is to make progress towards implementing universal screening tools for anxiety and depression by the primary care physicians. Patients could then be referred for behavioral medicine services more quickly.

For the most serious mental health needs, there is an additional problem with the lack of inpatient hospital beds in Minnesota. They are typically all full, and we often end up sending patients to Fargo, North Dakota. There are two Community Behavioral Health Hospitals (CBHH) located in Alexandria and Fergus Falls. The intent was to offer greater Minnesota residents inpatient mental health services close to home. It has gotten to the point where these locations only accept individuals that are committed through a formalized procedure. SCMC monitored both locations every day for a month and there was never an opening. Detox clients are also often sent to Fargo or occasionally to Hennepin County Medical Center by ambulance. Over the next 3 years, SCMC will work with NAMI (National Alliance on Mental Illness), MHA, MMA, and the Minnesota House and Senate to encourage legislative support and corresponding reimbursement for more localized mental health services.

**2. Aging demographics** – This is an issue that the current healthcare community cannot change. However, we recognize and support the aging population in our community. We will continue to provide Senior Care services as well as educational health care opportunities, such as Senior Health Nights. Our adult foster care facility (Courage Cottage) will continue to help meet the needs of this aging population as their health fails.

### 3. Health impact of poor lifestyle choices

a. **Poor eating habits** – SCMC will continue to partner with the University of Minnesota on the Morris Healthy Eating initiative. We are hiring a new dietician shortly due to a retirement and plan to expand our education on the nutrition content of foods to our staff. In addition, we will continue to provide educational opportunities to the community on proper nutrition and the importance of healthy food choices. We will encourage our family practice physicians to do further inquiries and education to their patients regarding the negative health consequences of poor eating habits. In addition, mental health professionals can be brought into the continuum of care where appropriate. They could provide support of non-compliant patients to strive for better outcomes and help address the behavioral side of this health issue.

b. **Lack of physical activity** - We will encourage our family practice physicians to do further inquiries and education to their patients regarding the negative health consequences of a lack of exercise. SCMC plans to purchase bicycles for our employees to check out on their breaks in order to get a little exercise even while at work. In the future, our vision is to become part of a larger Morris bike share program with the Regional Fitness Center and any other interested participants.

c. **Use of drugs and tobacco** - Similar to anxiety and depression, there are universal diagnostic tools available for substance abuse screening. Our goal would be to encourage family practice physicians to look for ways to use some of these tools more in their practice. Because the legislature and insurance companies do not seem to recognize the value these tools add, there is often little or no reimbursement for such assessments. Due to its importance, however, SCMC views it as a community benefit opportunity.