

Inter-Lakes Health, Inc.
MOSES – LUDINGTON HOSPITAL
Community Service Plan 2009



Moses-Ludington Hospital
Heritage Commons Residential Healthcare
Inter-Lakes Dental

1019 Wicker St.
Inter-Lakes Medical Supply
Lord Howe Estates

Ticonderoga, NY 12883
Moses-Ludington Adult Care
Inter-Lakes Health Foundation



**MOSES-LUDINGTON HOSPITAL
COMMUNITY SERVICE PLAN 2009**

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MOSES-LUDINGTON HOSPITAL

COMMUNITY SERVICE PLAN 2009

1. INTRODUCTION (and a note about “CAHs”)

Moses-Ludington Hospital (MLH) has prepared this Community Service Plan in support of the New York State Commissioner of Health’s statewide mission to improve the health of all New Yorkers. Along with other members of the Adirondack Rural Health Network (ARHN) MLH has participated in a new public health initiative. This initiative seeks to integrate traditional medical services with public health interventions that stimulate positive behavioral changes to improve health status. Moses-Ludington Hospital supports the overall goals of the New York State Health Department: to focus on primary/secondary disease prevention, promote access to quality health care services and to eliminate health care disparities where they exist. By collaborating with community health partners, MLH (and all the ARHN members) will be better able to meet the needs of the community by focusing resources on health care needs that are common to the region. The ARHN has prepared a comprehensive collection and analysis of data regarding the health needs and issues of Essex, Clinton, Fulton, Hamilton, and Warren Counties. This report, titled “Building a Healthy Community: 2009 Community Health Assessment and Community Service Plan” is referenced in this CSP.

Moses-Ludington Hospital is a rural Critical Access hospital (CAH) located in the southern Adirondack Mountains of Essex County, NY. A Critical Access hospital operates differently from other types of hospitals, such as a Tertiary (highly specialized) Care facility, or an Acute (short-term) Care facility. Changing hospital status from an Acute Care hospital to a Critical Access hospital is an endeavor which can protect a hospital’s existence by making it eligible for cost-based reimbursement from Medicare. It is a change in provider status, not a downgrade. A CAH must operate with no more than 25 beds, provide emergency care services 24/7, and keep the maximum length of stay for a patient at or below 96 hours. Many small, rural hospitals such as Moses-Ludington Hospital have been saved by the Federal CAH program. Moses-Ludington focuses on offering Emergency Services including diagnostics and lab testing, as well as offering a varied menu of outpatient services. Trauma cases and severe injuries and illnesses are stabilized, treated, and transferred to a larger, more comprehensive care facility.

Moses-Ludington Hospital was founded in 1908, and is the primary provider of safety net healthcare services in Southern Essex County. In 2000, after years of staggering financial losses, Moses-Ludington Hospital applied for and received a change in status from an Acute Care Hospital to a Critical Access Hospital (CAH) in order to assure financial viability. At this time Moses-Ludington Hospital downsized its acute care facility from 45 to 15 beds, and eliminated maternity, the Intensive Care Unit, and in-patient surgeries as it completed its reorganization plan and merged with a 42-bed (later

expanded to an 84-bed) nursing home. The hospital is licensed and certified by the NYS DOF and the Center for Medicare and Medicaid Services.

The primary service area is defined by zip code registration and includes six rural mountain towns surrounding the Ticonderoga area. This area, with some 14-,000 annual residents, swells to approximately 30,000 during the summer as we welcome a substantial seasonal tourist population. The resident population we serve has a high level of uninsured and Medicaid patients, and many of the area's inhabitants live below the poverty level. Because of this, it is Moses-Ludington Hospital's policy that we will turn no one away, regardless of their ability to pay.

Location

Moses-Ludington Hospital is located on a twenty-five acre campus in the center of the town of Ticonderoga, with sweeping views of the Adirondack Mountains and Lord Howe Valley. Ticonderoga is an Indian name meaning "town between two waters". The town sits in a valley between the northernmost tip of Lake George and Lake Champlain. The Inter-Lakes Health (ILH) campus is home to five not-for-profit businesses and one for-profit business. These businesses include:

- Heritage Commons Residential Healthcare, an 84-bed skilled nursing facility;
- Moses-Ludington Adult Care, a 16-bed adult home;
- Inter-Lakes Dental, a full-service dental provider that accepts Medicaid;
- Inter-Lakes Medical Supply, a durable medical supply store; and
- Lord Howe Estates, a HUD Section 8 202 housing facility for low income elderly.
- The Inter-Lakes Health Foundation, a 501 C3 charitable organization whose mission is to raise money in support of ILH.

Bed Compliment

Moses-Ludington Hospital has 15 in-patient beds in the Patient Care Unit. As a Critical Access Hospital (CAH) MLH cannot keep patients longer than 96 hours. Trauma and critical patients who are admitted through the Emergency Department are stabilized, treated and generally transferred to a larger, tertiary-care facility. Therefore, Moses-Ludington Hospital doesn't define service area utilization by the number of in-patient hospital admissions. Moses-Ludington Hospital operates as a swing-bed facility, and uses Patient Care Unit beds to provide both acute and skilled nursing (nursing home) care.

Services

The services currently offered at Moses-Ludington Hospital include:

- Critical access hospital providing a24/7 ED, acute care, and swing beds.
- An outpatient clinic for specialized medicine;
- Ambulatory surgery;
- Laboratory services;
- Radiology, mammography and diagnostic imaging;
- Physical / occupational therapy and cardiac rehabilitation;

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- A full-service dental clinic that accepts Medicaid.

Services are regularly assessed and evaluated based on provider availability, utilization, and community need.

Extension Clinics

Moses-Ludington Hospital doesn't operate any clinics off-campus. The Outreach Clinic for Specialized Medicine, housed in Moses-Ludington Hospital near the admissions area, provides specialty services. There are 12 independent, board certified physicians who travel from outside this area to see patients here. Specialties offered include orthopedics, cardiology, neurology, gastroenterology, obstetrics and gynecology, pulmonology, oncology, dermatology, and otolaryngology.

2. MISSION STATEMENT

Our Mission...

“A caring, community responsive health care partner that promotes wellness, individual dignity, quality and value.”

Our Vision...

“To facilitate a coordinated continuum of quality, cost effective health care services which include assessment and referral, primary care, long term care, restorative services, acute and emergency services, education and community outreach.”

“To improve the health of our community by promoting wellness.”

“To become the region’s preferred provider of health services”

The Board of Directors of Inter-Lakes Health, Moses-Ludington Hospital’s parent corporation, reviews the mission & vision statements annually. At the time of the 2009 review, it was decided by consensus that the current mission & vision statements adequately reflect the hospital’s service goals and need not be changed.

Moses-Ludington Hospital also provides support services needed by our affiliate businesses. These affiliates include:

- Heritage Commons Residential Healthcare, an 84-bed long term care facility;
- A 16 bed adult home;
- A durable medical supply store;
- Community-based housing for low-income elderly.

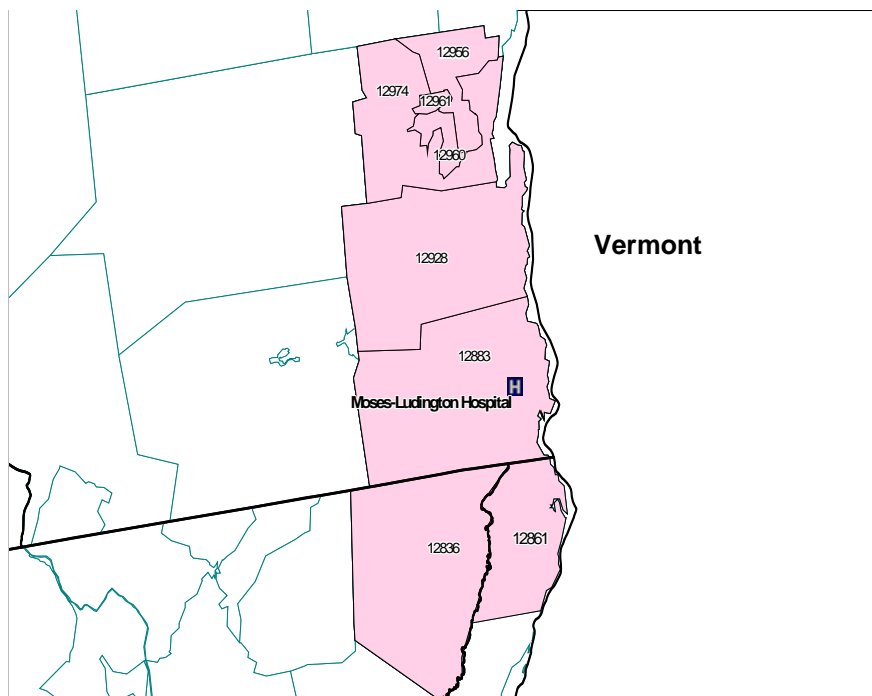
3. SERVICE AREA

The service area for Moses-Ludington Hospital is defined by zip code, and is composed primarily of six zip codes in southeastern Essex County and northeastern Warren & Washington Counties. Historically, about 90% of Moses-Ludington Hospital's patients reside within this geography, with the remaining 10% of patients being seasonal residents. Moses-Ludington Hospital serves an indefinable tourist population as well, since this region is a popular national vacation spot.

Moses-Ludington Hospital is located 57 miles from the nearest NYS hospital, and is geographically remote from three county seats. The town of Ticonderoga is located within the 6 million acre Adirondack Park. The area's small villages and hamlets are at risk for complete isolation during all seasons because of severe weather conditions, frequent power outages, road impassability, and mountainous topography. For these reasons, area residents tend to be place-bound and isolated. Public transportation is virtually non-existent, and there are few secondary roads. Moses-Ludington Hospital operates a grant-funded bus for patient transport to/from the hospital and physician's offices for those without their own car. The town of Ticonderoga also owns and operates a senior bus as low-cost transportation for the otherwise home-bound elderly.

The economy is primarily governmental or seasonal, including law enforcement, prisons, education, and healthcare. Moses-Ludington Hospital/ILH is one of the top three employers in the Ticonderoga area, following the school system and International Paper's Ticonderoga Mill. Much of the area's employment opportunities focus on seasonal tourism, although this has been thinning over the years and reached an all-time low after rising gas prices met the dwindling economic climate nationwide. Seasonal employment usually comes without healthcare benefits, which expands the number of working community members without medical insurance. Lacking substantial employment without comprehensive benefit plans contributes to the area's residents that live in poverty. In this area, children between the ages of 5 and 17 live in poverty at a rate almost 25% higher than the national average.

In 2008, there were 26,187 residents of Moses-Ludington Hospital's service area who registered for inpatient or outpatient services. Of this total, 228 were hospitalized at and discharged from Moses-Ludington Hospital.

SERVICE AREA:

The following table shows the Moses-Ludington Hospital patient distribution by ZIP Code:

2007 Patient Origin for Moses-Ludington Hospital

ZIP Code Of Patient Residence	Town Name	Discharges From All NYS Hospitals	Discharges From MLH	MLH % of Total	MLH Dependency	MLH % Market Share
12883	Ticonderoga	446	151	59.7%	59.7%	33.9%
12928	Crown Point	115	32	12.6%	72.3%	27.8%
12836	Hague	68	13	5.1%	77.5%	19.1%
12974	Port Henry	126	9	3.6%	81.0%	7.1%
12960	Moriah	92	8	3.2%	84.2%	8.7%
12861	Putnam	33	6	2.4%	86.6%	18.2%
12956	Mineville	104	6	2.4%	88.9%	5.8%
12961	Moriah	28	3	1.2%	90.1%	10.7%
Service Area Total		1,012	228			22.5%
Moses-Ludington Hospital Total	Other Areas		25	9.9%	100.0%	
			253	100.0%		

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4. PUBLIC PARTICIPATION

Moses-Ludington Hospital, as a 15 bed Critical Access Hospital, serves the area population with the range of services identified above. As the critical and key provider of safety net health programs, it also provides support services to two local, independent federally qualified health clinics.

It is important that Moses-Ludington Hospital regularly solicit feedback and input from the residents of our communities. This allows MLH to develop strategies to ensure that vital and essential healthcare services are preserved and developed for this area. Therefore, feedback from the community is an integral part of this process and evaluation. To this end, Moses-Ludington Hospital serves on the ARHN CHA taskforce.

Established in 1992 through a New York State Department of Health Rural Health Network Development Grant, the Adirondack Rural Health Network (ARHN) is a community partnership of public, private and non-profit organizations in Upstate New York. ARHN creates a collaborative process for developing strategies and for implementing, monitoring and evaluating the regional health care system. As a long-time member of the ARHN, Moses-Ludington Hospital actively supports and participates in the gathering of information from a variety of stakeholders. This process is conducted regionally and includes conducting both a survey and focus groups. Following up on a survey they conducted in 2003, the ARHN Steering Committee developed a survey of 115 questions that could be answered over the telephone in less than 20 minutes.¹ The questionnaire was organized into fifteen sections as follows:

- Geographic location
- Current health status
- Health care access and utilization
- Workplace injuries
- Healthy Living
- Tobacco Use
- Emergency Medical Services
- Screening and testing
- Oral Health
- Infant, children and youth health
- Women's health issues
- Mental health

¹ The survey data tables can be viewed online at <http://www.arhn.org/regional-health-assessment.php>. The survey data can be queried online at <http://www.arhn.org/online-query-tools.php.assessment.php>. Survey data findings are presented throughout the ARHN report, "Building a Healthy Community: 2009 Community Health Assessment and Community Service Plan." where the data has relevance to specific health issues.

- Elderly and those with disabilities
- Alcohol consumption
- Demographics

The Siena Research Institute administered the telephone survey. The Siena researchers worked closely with the ARHN Steering Committee and Holmes & Associates to ensure the quality of the survey questionnaire. The telephone surveys began on January 16, 2004 and were completed by March 1, 2004 for Essex, Hamilton, Warren and Washington Counties, and for the northern, more rural portions of Saratoga County. The Siena Research Institute completed an additional survey effort for the ARHN in May, 2007 to include 300 households from Fulton County, as well as for the southern portion of Saratoga County. The ARHN Stakeholder Focus Groups² were conducted to obtain in-depth feedback related to what community leaders and consumers feel are the biggest challenges and assets in the community. In order to obtain this qualitative feedback from professionals and consumers in the region, ARHN facilitated a series of focus groups with various community leaders, consumers, organizations and stakeholder constituencies.

The purpose of the extensive data gathering was to gain a broad and diverse picture of the health and healthcare issues of the region. The information gathered at each focus group was integrated into a comprehensive regional community health assessment report and complements the quantitative data that has been collected.

To accomplish this task, a team of eighteen professionals representing the six counties of the ARHN region were trained in the facilitation of focus groups. The November 2008 training equipped the facilitators with the skill to:

- Establish a standard system and agendas for facilitation focus groups;
- Understand the process of engaging participants;
- Facilitate the stakeholder session events and clarify the input received during the events;
- Preside over the group dynamics and recording the ideas generated;
- Use the materials in the focus group tool kit.

The ARHN steering committee and trained facilitators identified contact persons to aid in the recruitment of participants for each group. The focus groups were conducted from December 2008 through May 2009. There were 24 groups conducted throughout the six county region and a total of 286 participants. The trained facilitators identified groups of stakeholders who were contacted to host and participate in focus groups.

The groups included:

- Aging, Long Term Care & Disability
- Employers , School Youth & Consumer Groups

- Correctional Facility Residents and Staff
- Providers of health and human services

The following table details the dates, locations and number of attendees for each focus group:

Date	Event	Location	# Attendees	# Ideas
11/20/08	Facilitator Training	Great Escape Lodge	18	144
1/6/09	Warren County Public Health	Warren County Municipal Building	15	77
1/30/09	Washington County Correctional Facility – B-Pod	Washington County Correctional Facility	6	62
2/6/09	Washington County Correctional Facility C-Pod	Washington County Correctional Facility	4	32
2/9/09	Hamilton County Community Services	Indian Lake	14	57
2/10/09	Glens Falls Hospital	Warren County	9	50
2/18/09	Chestertown Municipal Center	Chestertown	6	36
2/20/09	Washington County Correctional Facility	Washington County Correctional Facility	5	31
2/23/09	Hamilton County Board of Supervisors	Lake Pleasant Courthouse	9	32
2/27/09	Catholic Charities	Glens Falls	5	49
3/3/09	Whitehall Central School Faculty	Whitehall Central School	23	100
3/5/09	Saratoga Springs High School Students	Saratoga Springs	17	78
Date	Event	Location	# Attendees	# Ideas
3/9/09	Washington County Office for Aging Advisory Council	Washington County	9	21
3/13/09	Queensbury HS Health Students	Queensbury High School	32	47
3/19/09	C.R. Bard	Queensbury	5	25
3/23/09	WSWHE BOCES New Visions	Glens Falls	14	78
3/24/09	Indian Lake CS	Hamilton County	13	32
3/27/09	HealthLink – Fulton Co. Healthcare Providers	HealthLink	14	69
3/30/09	Essex County Public Health	Essex County	8	57
3/31/09	Fulton County Chamber of Commerce	Fulton County Chamber Office	11	74

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3/31/09	Lake George Senior Center	Lake George	4	25
4/6/09	Johnstown Senior Citizen's Center, Fulton County	Johnstown	30	48
4/9/09	Glens Falls Hospital – Medical Staff	Glens Falls Hospital	3	19
4/27/09	Mountain Lakes EMS	Mountain Lakes EMS, Queensbury	12	80
		Totals	286	1,323

Outcomes of these focus groups included:

- Identification of barriers to accessing health care;
- Discussing and determining health care priorities;
- Generation of community/policy change ideas.

Feedback from the inside:

In 2007, utilizing an outside facilitator, ILH/MLH held a series of meetings at different times and locations throughout the Inter-Lakes Health campus on all three shifts. All staff, clinical and non-clinical, were encouraged to participate. These meetings provided an open forum for those people inside our organization to offer their opinions and feedback regarding the hospital services, their needs, and the needs of their families. The ILH Medical Staff, the ILH Foundation Board, and Board of Directors were also surveyed in the same manner.

Moses-Ludington Hospital solicits patient feedback regularly through multiple Patient Satisfaction Surveys. These surveys are department-specific and are a valuable method of measuring public perception of patient care. Both in-patient and out-patient department discharges are surveyed, in written form and by telephone.

5. ASSESSMENT OF PUBLIC HEALTH PRIORITIES

As described in Section 4, MLH works in partnership with the ARHN to collect and analyze data in order to identify the key Prevention Agenda Priorities for our region. The planning for the Adirondack Rural Health Network (ARHN) Community Health Assessment and Community Service Plan 2009 began in August 2008 and was completed in August 2009. The process was guided by the Committee, a collaborative team including county public health professionals, hospital and community agency leadership. The Committee was supported by the work of the ARHN staff and Strategy Solutions and Holmes & Associates as research consultants.

This study was designed around the *Prevention Agenda Toward the Healthiest State* rationale that was released in 2008, by New York State Health Commissioner, Richard F. Daines, M.D., In this document Dr. Daines states “*The Prevention Agenda is a call to action to local health departments, health care providers, health plans, schools, employers and businesses to collaborate at the community level to improve the health status of New Yorkers through increased emphasis on prevention.*”

The [Prevention Agenda](#) identifies ten priorities for improving the health of all New Yorkers and asks communities to work together to address them:

- Access to Quality Healthcare
- Chronic Disease
- Community Preparedness
- Healthy Environment
- Healthy Mothers, Healthy Babies, Healthy Children
- Infectious Disease
- Mental Health and Substance Abuse
- Physical Activity and Nutrition
- Tobacco Use
- Unintentional Injury

In response to this statewide call to action, the partners in the ARHN region came together in 2008 to evaluate their past efforts and continue to improve their community health assessment and intervention planning process. In 2009, the Committee was re-energized with the increased involvement of representatives from each of the hospitals in the ARHN area. Their active participation allowed the Committee to expand its research and analysis to include hospital utilization data. The hospitals’ involvement also resulted in an enhanced priority setting process that addressed both the needs of the county public health departments and their required Community Health Assessment (CHA) documents, as well as the needs of the hospitals and their required Community Service Plans (Building a Healthy Community, 2009).

Following the data collection and analysis process, the Committee selected ***Physical Activity and Nutrition*** as its regional Prevention Agenda Priority. This is not an entirely new priority for MLH. For 12 years, MLH has been offering an Osteoporosis

Prevention class, designed around weight-bearing exercise and hosted by the Essex County Office of the Aging. This class is free, open to the public, held weekly, and generally has 13-18 participants. MLH also hosts Weight Watcher's weekly meetings for the Ticonderoga area.

The Clinton, Essex, and Franklin Counties MAPP (Mobilizing for Action through planning and partnership) CHA process was responsible for identifying the Prevention Agenda Priority for Essex County. This process included the following:

- Data Collection: using the NYS Prevention Agenda and other Community Health Assessment Indicators;
- Compilation and data analysis;
- First round priority selection using a prioritization matrix and strategy by the Leadership Committee.
- Selection of final priorities accomplished by sharing first round priorities with the full MAPP Committee and requesting input for the final priority selection and strategic planning process.

The MAPP Process identified the following priorities:

- *Physical Activity / Nutrition (Chronic Disease);*
- *Access to Quality Healthcare.*

6. THREE YEAR PLAN OF ACTION:

The following workplan represents MLH's participation in the regional effort to address the Prevention Agenda Priority of Physical Activity and Nutrition. This is not a new priority for Moses-Ludington Hospital.

ARHN Prevention Agenda Priority: PHYSICAL ACTIVITY & NUTRITION

Long-Term ARHN Regional Goal:

Positively impact physical activity & nutrition in the region.

The relationship between nutrition, obesity and disease incidence makes physical activity and nutrition an important priority for the ARHN region, particularly when looking at the regional indicators. Only a little more than a quarter (28%) of adults in the ARHN region report that they eat 5 or more servings of fruits and vegetables a day, compared to a state rate of 27%. In the 2004/07 survey, 36% of respondents indicated that they ate one to two fast food type meals in the last seven days, although the majority (55%) had not eaten any fast food type meals in the last seven days. The majority of the respondents (62%) would be classified as either overweight or obese, as defined by a Body Mass Index of 25.0 or greater. This is slightly higher than the state rate of 58%. About a fourth (23%) of regional respondents indicated that they received advice about their weight from a health professional, compared with the state rate of 28%. Of those who were given advice about their weight, the majority (88%) were advised to lose weight which is consistent with Upstate and state averages.

Measures of Effectiveness

Outcomes	Strategies	MLH Department	Partnerships
Outcome 1: Establish a taskforce of regional representatives whose goal is to select activities, design an implementation schedule and select a method of evaluation for evidence-based programs focusing on physical activity and/or nutrition by January 1, 2010 for years 2 and 3 implementation.	1. Identify ARHN staff to facilitate activities of 3-year plan.	Administration	CHPC
	2. Community Health Planning Committee (CHPC) compiles list of physical activity and nutrition experts as potential members of task-force.	Administration	CHPC
	3. ARHN & Committee members solicit interest in task force & determine participation.	Administration	CHPC
	4. Convene taskforce, initial meeting held or strategic planning session planned and conducted.	Administration Nutritional Svcs. PT/OT	CHPC
	5. Summary outlining planning priorities provided to partners.	Administration Nutritional Svcs. PT/OT	CHPC Regional Taskforce
Outcome 2: Work plan(s) with measureable outcomes, implementation schedules and budgets	1. Taskforce needs and structure determined.	Administration Nutritional Svcs. PT/OT	Regional Taskforce
	2. Taskforce needs and structure determined.	Administration Nutritional Svcs. PT/OT	Regional Taskforce

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developed by taskforce by June 30, 2010.	3. Priority programs identified.	Administration Nutritional Svcs. PT/OT	Regional Taskforce
	4. Implementation plan developed using logic model and taskforce responsibilities identified.	Administration Nutritional Svcs. PT/OT	Regional Taskforce
	5. Outcomes and evaluation methods determined.	Administration Nutritional Svcs. PT/OT	Regional Taskforce
	6. Budget(s) developed and recommendations made to CHPC for approval.	Administration Nutritional Svcs. PT/OT	Regional Taskforce
	7. Work plan(s) finalized and recommendations made to CHPC for approval.	Administration Nutritional Svcs. PT/OT	Regional Taskforce
Outcome 3: Physical activity and/or nutrition interventions are implemented by the taskforce by June 30, 2011.	1. ARHN provides oversight of taskforce activities/programs and administrative functions.	Administration	ARHN Staff
	2. Work plan activities commence, taskforce begins data collection and assessment of activities.	Nutritional Svcs. PT/OT	ARHN Staff Regional Taskforce
	3. Taskforce collects and reports data.	Nutritional Svcs. PT/OT	ARHN Staff Regional Taskforce
Outcome 4: Physical activity and/or nutrition interventions are evaluated and results are communicated to stakeholders by June 30, 2012.	1. Data collection on specific interventions completed and results submitted to ARHN Staff.	Nutritional Svcs. PT/OT	ARHN Staff Regional Taskforce
	2. Data/evaluation compiled and analyzed by ARHN and taskforce to determine impact of interventions and activities.	Nutritional Svcs. PT/OT	ARHN Staff Regional Taskforce
	3. Regional summary developed by ARHN staff and shared with ARHN partners and stakeholders.	Administration	ARHN Staff CHPC
	4. Conduct assessment of approach and procedures used throughout the 3 year process to evaluate success of the regional action plan.	Administration	ARHN Staff CHPC
	5. Share lessons learned from process evaluation with CHPC.	Administration	ARHN Staff CHPC

The Clinton, Essex, and Franklin MAPP Project adopted a sound framework for addressing public health issues using seven strategies. This strategic framework, titled “The Spectrum of Prevention”, was first developed by Larry Cohen, Director of the Prevention Program on Contra Costa County Health Services (a public health dept. in CA) based on the work of Dr. Marshall Swift. It accounts for the complexity of

community health issues and is an effective method of developing comprehensive approaches to addressing issues.

The selection of **Physical Activity/Nutrition (Chronic Disease)** was made in viewing the importance of focusing on physical activity/nutrition for preventative health and overall quality of life as well as prevention of chronic disease. Although this is a new priority for the collaborative group, individual hospitals such as MLH have hosted programs addressing that issue in the past.

Access to Quality Healthcare also emerged as a priority. This covers a range of issues including adequate health insurance for all, physician/provider supply & distribution, and preventative, diagnostic, and treatment healthcare. Access to quality healthcare determines health outcomes from preconception throughout life, aging, and death. MLH fully supports the county endeavor to improve access to quality healthcare. The primary focus of this initiative is the Adirondack Region Medical Home Pilot, a new initiative still in its planning stages. The Medical Home is a model for the delivery of health care services with primary care as the central focus. Under this pilot, primary care providers practicing in the Adirondack Region will receive increased reimbursement in exchange for expanded responsibilities coordinating care, providing preventative care and managing chronic disease. The increased reimbursements costs are expected to be offset by decreased costs from fewer hospital admissions, reduced specialist involvement, lowered prescription costs and an overall increase in wellness.

This is not a new priority for MLH, who has been seeking to improve access to care continually. As one solution to the access problem, MLH has implemented *telemedicine*. This method of exam / treatment order enables our rural patients to be seen by remote specialists virtually anywhere in the world. It saves the patient hours to days of travel time, and provides care when it might have been unavailable previously.

The MAPP Project provides an opportunity for hospitals, health departments, and other partners to further develop and coordinate efforts to positively impact the factors and issues that comprise access to quality healthcare. Hospitals have accepted the role of leaders for this priority and will work to bring partners together to coordinate an approach to improve access to Quality Healthcare.

The MAPP strategy is to utilize the Spectrum of Prevention to provide an outline of the expected work that will occur in the upcoming years in order to achieve the vision for this priority. As this is a framework, rather than a work plan, details are not described here and will develop as time, partnerships, and progress occurs. (MAPPING our Way to a Healthier Community, 2009).

**ESSEX COUNTY Prevention Agenda Priority:
ACCESS TO QUALITY HEALTHCARE**

Spectrum of Prevention

Strategic Actions for 2010 - 2013

Influencing Policy & Legislation	Support NYS and local policy & legislative actions that positively impact access to quality healthcare and/or regional factors that influence access.
Mobilizing Neighborhoods & Communities	Provide training for partners to gain further understanding and support for medical homes and referrals to community organizations as appropriate.
Changing Organizational Practices	Assist organizations to adopt policies that encourage a medical home with proper referral and follow-up throughout the individual's lifespan.
Fostering Coalitions & Networks	Work towards a coordinated approach to access including the Medical Home Model project and other efforts that encourage systematic improvements in access to quality healthcare. Develop referral networks for providers to community resources as appropriate to encourage individual follow-up for preventative healthcare within the community.
Educating Providers	Educate providers on how to encourage patients to find a medical home and use the healthcare system as designed. Educate providers on physician supply and distribution in the region and what they may be able to do to help.
Promoting Community Education	Promote existing access opportunities within the communities. Conduct outreach and educational opportunities within the communities that focus on the importance of the medical home, preventative healthcare and appropriate use of the healthcare system.
Strengthening Individual Skills and Knowledge	Provide, support, and/or coordinate efforts targeting individual skill building in the areas of access to healthcare including health insurance, providers (including encouragement of a medical home) and associated factors that influence access.

**MLH Prevention Agenda Priority:
ACCESS TO QUALITY HEALTHCARE**

Outcomes	Strategies	MLH Department	Partnerships
Outcome 1: Begin development of a Coordinated, systematic approach that encourages improved access to quality healthcare by January 1, 2010.	1. Collaborate with other area hospitals (ECH, AMC, GFH) and Essex Cty. Public Health to identify access gaps.	Administration	Area Hospitals & ECPH
	2. Continue collaboration with the Adirondack Medical Home Pilot Program.	Administration	Medical Home Pilot Committee
Outcome 2: Provide education for the community and area providers regarding medical home and new programs and services by June 2011.	1. Develop education for providers regarding patient use of the medical home and physician/service availability and demand.	Administration QI Director	Medical Home Pilot Committee
	2. Develop and implement education for the community, focusing on preventative healthcare, use of the medical home & services available.	Administration QI Director	Medical Home Pilot Committee
Outcome 3: Develop a process review method and evaluate program results by July, 2012	1. Collect and analyze data to determine program impact.	Administration QI Director	Medical Home Pilot Committee

7. FINANCIAL AID PROGRAM

Information about Moses-Ludington Hospital's financial aid program can be found in the Institutional Cost Report (ICR) as reported to the New York State Department of Health.

In Essex County, NY, 86% of people have health insurance, which compares favorably to the state average of 84%. However, Moses-Ludington Hospital's service area is marked with deep pockets of extreme poverty. 13.8% of area residents live below the poverty level. With work being largely seasonal, many of our area residents are also under-employed, with no insurance offered by their employer. This is why Moses-Ludington Hospital will turn no one away, regardless of their ability to pay. The hospital offers financial assistance to legal residents of Essex, Franklin, Washington, Warren, Clinton and Hamilton counties. Because of the shortage of primary care physicians which plagues our area (and rural areas across the country) the Emergency Department is frequently used as a primary care source and is the number one source of charity care.

One of the biggest drawbacks we've encountered has resulted from the original program name "Charity Care". Initially, participation in the Charity Care program was sparse and reluctant; the stigma attached to the words "Charity Care" was putting people off. Renaming the program "Financial Assistance" has resulted in at least 15 - 20% more successful applications and more active participation in the program. Moses-Ludington Hospital has also increased participation by simplifying the application.

There are drawbacks to the program. Like many other charity assistance programs, it considers only income, not assets, when determining eligibility. Therefore, individuals may qualify for Financial Assistance when they have the means to pay their bills. On the other hand, there is an undetermined number of uninsured, unemployed individuals who would most certainly qualify for assistance but are unwilling or unable to complete an application and provide the documentation. This state of affairs presents the greatest challenge we have regarding qualifying people for financial assistance. Registration staff is trained to counsel patients on the application process, and our Social Services Department is always available to assist a patient with the paperwork if necessary.

In 2007, Moses-Ludington Hospital offered \$166,002 in charity care. In 2008, \$77,736 in charity care was extended. In 2008, NYS estimated MLH's total economic impact to be approximately \$18,770,000.

8. CHANGES IMPACTING COMMUNITY HEALTH / PROVISION OF CHARITY CARE / ACCESS TO SERVICES

Moses-Ludington Hospital faces many of the same problems and challenges affecting larger tertiary care facilities.

Currently, issues strongly affecting all facilities include:

- The financial mix – the combination of Medicare, Medicaid, and private insurers – changes unfavorably as more and more people become uninsured and unemployed. This means less reimbursement for services provided, so Moses-Ludington Hospital (and all healthcare facilities) will end up carrying and writing off more bad debt.
- As CMS (Center for Medicare & Medicaid Services) imposes stringent Quality guidelines, critical access hospital reimbursement will be effected. To avoid losing reimbursement, Moses-Ludington Hospital is refining and implementing a rigorous Quality program.
- Utilization review must be ongoing and thorough to maximize patient care while controlling resource utilization.

One of the most unique aspects of Moses-Ludington Hospital is that we are the only nursing-home based (owned) hospital in NY State. HCRHC Heritage Commons Residential Healthcare (HCRHC) is an 84-bed skilled nursing facility, which owns the campus and rents space to the hospital. Although HCRHC had an occupancy rate of greater than 97% up through 2007 (compared to the statewide occupancy rate of 93-94%) daily rate of reimbursement for services provided has been cut. HCRHC, like many nursing homes throughout the state, is struggling with huge losses and sharply reduced reimbursement in a state that is currently over bedded. The very real possibilities of nursing home closure, capacity reduction, or bed conversion to assisted living are being addressed by the governing board during designated strategic planning sessions. Issues which affect operations or financial solvency for the nursing home directly impact Moses-Ludington Hospital, since the nursing home carries the mortgage for the entire facility.

There have also been many changes within senior management at MLH. Since 2002, 6 CEOs have left the position or been removed from it. Secondary senior positions, such as Director of Patient Services, Director of Quality, and two Directors of Nursing have left or been removed in this time. Two Licensed Nursing Home Administrators have left. Moses-Ludington is challenged by trying to recruit qualified staff from the existing (local) pool of largely uneducated individuals seeking work. Recruitment is difficult, even for mid-level positions. One solution MLH has devised and implemented is to “home grow” our own qualified recruits by training and educating incumbent staff – in short, staffing by investing in our people.

One of the biggest overall challenges Moses-Ludington Hospital faces is the problem of physician recruitment and retention. Moses-Ludington Hospital serves a sparse,

Moses-Ludington Hospital
Heritage Commons Residential Healthcare
Inter-Lakes Dental Clinic

1019 Wicker Street
Inter-Lakes Medical Supply
Lord Howe Estates

Ticonderoga, NY 12883
Moses-Ludington Adult Care
Inter-Lakes Health Foundation

indigent population in a deeply recessed area of the state. There is little here beyond the rugged beauty of the Adirondack Mountains to entice a physician with an established, lucrative practice to leave it and come here - where they are sure to earn significantly less. Those that do choose to give rural medicine a try often find their spouse is unable to find employment or becomes bored due to the lack of traditional suburban/urban amenities, so they end up leaving. Collaboration is key in addressing this issue, and MLH works closely with other area providers to recruit and retain physicians and other clinically qualified staff.

Another arena that is particularly challenging for Moses-Ludington Hospital is technology and diagnostics. A CAH cannot compete with larger, more urban tertiary care facilities regarding technology. This state of facts combined with the lack of physicians means that Moses-Ludington Hospital (and its parent corporation ILH) must consider downsizing while expanding home care options during strategic planning sessions.

In addition to protecting and enhancing the health and well-being of the residents of our service area, Moses-Ludington Hospital (as part of Inter-Lakes Health, Inc) is the area's third largest employer and contributes significantly to the area's economic stability. With an employment payroll of over \$8MM and a facility-wide employment base of 260, ILH serves as an important economic stimulus, creating and supporting jobs throughout the service area. Dollars earned by MLH and ILH staff continue to circulate and re-circulate, thereby helping to keep the area's economy alive.

The presence of the hospital with its 24/7 ED is mandatory to International Paper's Ticonderoga Mill, the region's largest employer with an employment base of over 700. Without a 24/7 ED and the availability of round-the-clock diagnostic imaging, the Mill would be forced to close its doors, economically devastating the entire service area.

9. DISSEMINATION OF THE REPORT TO THE PUBLIC

The Inter-Lakes Health Foundation, a charitable organization whose mission is to raise funds in support of Moses-Ludington Hospital and the other services provided by Inter-Lakes Health, Inc. uses the Community Service Plan as a tool in support of its mission. The Moses-Ludington Hospital Community Service Plan is also made publicly available at our main reception area, through our Auxiliary gift shop, and as an active link available for download at www.interlakeshealth.com.

Moses-Ludington Hospital holds an annual health fair that is free and open to the public. We offer free blood pressure, cholesterol, and blood sugar screenings. The Community Service plan is handed out to all health fair guests along with a carry-all bag and raffle ticket for door prizes.

As a member of the Adirondack Rural Health Network and an active participant on the CHA taskforce, Moses-Ludington Hospital's community service plan is also available through the ARHN website as part of the ARHN's Regional report.