



Wyoming
Medical Center

Community Conversation

Regarding Health Issues in Natrona County

Implementation Strategy 2016

Approved by Wyoming Medical Center Board of Directors Sept. 21, 2016



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Introduction

This document captures the development of action and implementation plans to address the priorities identified during the Community Conversation Regarding Health Issues in Natrona County on May 28, 2015¹. Results related to the implementation of the action and implementation plans will be shared later in a separate report once data and impact become available.

The idea of a Community Conversation came from the American Hospital Association and was designed “to initiate a dialogue about the changing health care environment and about the transformation hospitals are likely to undergo; whether that be integrating, specializing, partnering, experimenting or redefining themselves in some manner.”²

The concept of the Community Conversation evolved into a broader conversation on health issues in Natrona County to address the complexity and community-wide health concerns. A partnership was formed between Wyoming Medical Center, the Casper-Natrona County Health Department and the Wyoming Business Coalition on Health with Wyoming Medical Center acting as the “convener” to engage local community leaders in the discussion on our community’s health.

The Community Conversation validated concerns about community health issues and changes occurring in the local health care industry. The issues were brought forward through a survey, a review of community health data and facilitated discussion and prioritization. Community leaders presented a certain level of enthusiasm and commitment to address the issues in new and different ways realizing that a highly collaborative environment is needed to affect system-level changes.

The Community Conversation process identified the following four priorities:

1. Unhealthy behaviors associated with substance abuse, obesity and suicidality.
2. Lack of needed infrastructure related to mental health and primary care.
3. Health care system cost.
4. Lack of coordination of care.

A Steering Committee and action teams were tasked with developing implementation plans that address the concerns found in the Community Conversation. The results of the action team work are presented in this report. The teams were facilitated by volunteers who followed a standardized problem solving and improvement process. The teams and their final plans were presented and accepted by the Steering Committee in February 2016. Teams are now tasked with the implementation of their plans with the expectation that their results will be published later.

¹ Community Conversation Regarding Health Issues in Natrona County: Community Health Needs Assessment 2016. (2015, Nov). Wyoming Medical Center.

² Engaging Communities in the Redefinition of the H: Tools and Resources. (2014). American Hospital Association. Retrieved July 31, 2015, from: [file:///C:/Users/clorenzen/Downloads/engaging_communities_redefinition_H_tools_resources%20\(1\).pdf](file:///C:/Users/clorenzen/Downloads/engaging_communities_redefinition_H_tools_resources%20(1).pdf)

Methods

The problem solving and action planning process was facilitated using a standardized format and set of deliverables found in this report. Teams included ten to twenty people each. Team participants were identified based on their role in the community, impact they have on the issue assigned to that particular team, and resources that they offer. Teams included those that participated in the original Community Conversation on May 28th as well as others in the community that brought value to a particular issue.

A Steering Committee led the project design and timeline requirements. Teams followed the same agenda that included a SWOT Analysis (Strengths, Weaknesses, Opportunities and Threats), problem brainstorm and prioritization, development of aim statements, root cause analysis, solution brainstorm and prioritization, ideal state analysis, tests of change and finally, action plan development.

Steering Committee Purpose

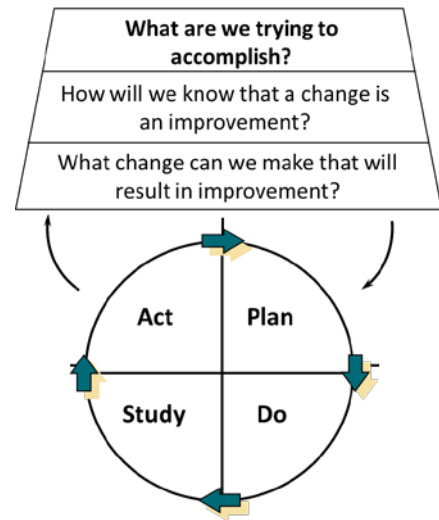
- To bring awareness to key stakeholders of what the most common health issues are in Natrona County.
- Coordinate efforts to develop action and implementation plans for each problem area (group) listed below.
- Coordinate efforts to improve each problem area.
- Timeline: 1-3 years.

Facilitators

- Be objective.
- Prepare a broad overview of the problem.
- Set up meetings.
- Communicate progress and expectations with team participants.
- Follow and update the facilitator action team process and agenda template for each meeting.
- Participate with the Steering Committee and report group progress.
- Meet with the other facilitators to ensure consistency.

Improvement Model

Training in process improvement was incorporated into the facilitation as teams progressed. The Model for Improvement from Associates in Process Improvement³ provided a framework for learning and improvement. The Model for Improvement is a simple and easily understood method that incorporates W. Edwards Deming's Plan, Do, Study, Act cycle for learning, testing and implementation. The model is based on answering three questions as found in the diagram to the right.



Action & Implementation Teams Purpose & Timeline

Purpose

- To develop strategies that improves health care system costs.
- To research, identify and compare the cost of care in Wyoming that can be improved from the patient's perspective.
- To research and share successful community strategies that have improved health care cost.

Timeline

- Meeting 1 complete by the end of August (2-hours)
- Present to Steering Committee in September on progress (1 hour).
- Meeting 2 complete by end of September (2-hours)
- Meeting 3 complete by end of October (2-hours).
- Optional meetings in November and December if needed.
- Present to steering committee in November (mid-way) and January (final).

Team #1 Guidelines: Obesity

- Focus on children and families. Develop a school/community garden program. Develop safe routes to school for physical activity and injury prevention.

Team #2 Guidelines: Lack of Needed Infrastructure between Mental Health, Primary Care, Suicide and Substance Abuse

- Develop strategies that address access issues for mental health and primary care services.
- Develop strategies to enhance the coordination of care for individuals, seniors and outside groups and include compliance with treatment plans.

³ <http://www.apweb.org/>

- Substance abuse - Partner with the Natrona County Prevention Coalition and their programs to address underage drinking and prescription drug abuse.
- Suicide - Develop a multiagency approach to educate employers and for-profit businesses on how they can implement programs within their own organizations. Develop screening mechanisms for healthcare providers to recognize the signs of someone in crisis as well as the appropriate interventions.

Team #3 Guidelines: Lack of Coordination of Care

- Develop strategies to enhance quality transparency among providers. Research and identify gaps in care that can be improved from the patient's perspective (Patient-Centered Care). Research and share successful community strategies that have improved the coordination of care.

Team #4 Guidelines: Health Care System Costs

- Develop strategies that improve health care system costs. Research, identify and compare the cost of care in Wyoming that can be improved from the patient's perspective. Research and share successful community strategies that have improved health care cost.

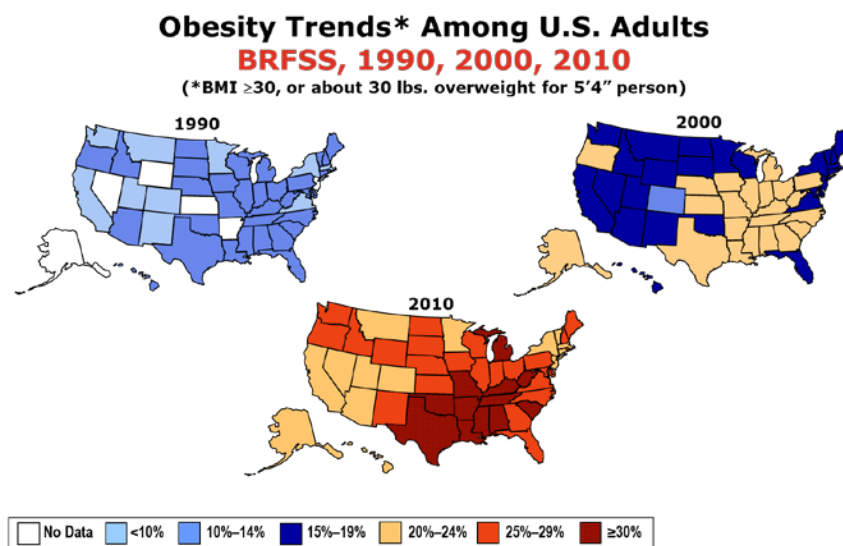
Action Team Results

Health Issue #1: Obesity

From the Healthy People 2020 initiative we know that most of the problem found with obesity is directly related to behaviors that effect nutrition and diet. There is evidence that public policy and environmental changes can support better behavior in schools, worksites, health care organizations and communities⁴. According to Health People 2020, Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.⁵

The Centers for Disease Control and Prevention indicate obesity is now more common than ever; the cost of which was estimated to be \$147 billion in 2008. The obesity trend is quite startling as the figure below indicates wide-spread and dramatic changes in the American population since 1990. The most recent data from 2014 indicates Wyoming's rates have stabilized somewhat at 29.5% of the population with a Body Mass Index of 30 or higher⁶.



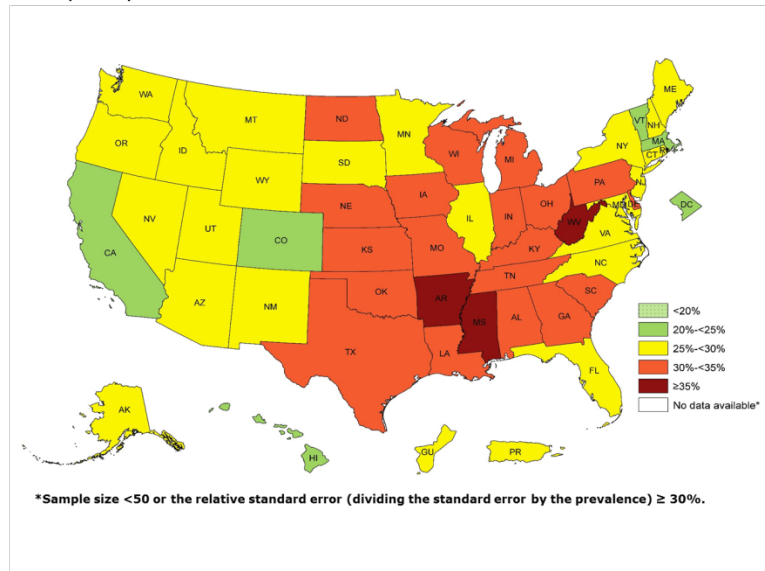
⁴ Health People 2020. www.healthypeople.gov.

⁵ US Department of Health and Human Services and US Department of Agriculture (USDA). Dietary guidelines for Americans, 2005. 6th ed. Washington: US Government Printing Office, 2005 Jan.

⁶ Body Mass Index (BMI): A measure of an adult's weight in relation to his or her height, calculated by using the adult's weight in kilograms divided by the square of his or her height in meters.

Prevalence¹ of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2014

¹ Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.



Among children, that number is 17%⁷ of the population ages 2-19 years that are considered obese. Obesity among children can be linked to race and ethnicity, the head of household's educational level and lower-income families. Statistics that show the prevalence of childhood obesity in Wyoming are not available from the CDC but another source, the National Conference of State Legislatures, indicates that in 2011, Wyoming's childhood obesity rate was 10.7% compared to 8.6% in 2003⁸.

The analysis of data from Natrona County revealed the same concerns with obesity but most of the outlier measurements related to access to healthy foods and abundance of fast food restaurants.

⁷ In children and adolescents age 2 to 19 years, obesity was defined as a body mass index (BMI) at or above the 95th percentile of the sex-specific CDC BMI-for-age growth charts.

⁸ National Conference of State Legislatures. (2011). Childhood Overweight and Obesity Trends. From, <http://www.ncsl.org/research/health/childhood-obesity-trends-state-rates.aspx#2011>

Strengths, Weaknesses, Opportunities and Threats

	Helpful	Harmful
Internal	<p>Strengths</p> <ol style="list-style-type: none"> 1. Growing group of concerned organizations 2. Access to outdoors 3. Plenty of supermarkets 	<p>Weaknesses</p> <ol style="list-style-type: none"> 1. Increasing fast food 2. Fragmented community initiatives 3. Ignorance & confusion regarding nutrition
External	<p>Opportunities</p> <ol style="list-style-type: none"> 1. Behavior change in younger generation 2. National focus 3. Local food movement 	<p>Threats</p> <ol style="list-style-type: none"> 1. Attitudes 2. Inability to change behavior 3. Corporate influence

Problem Statements

- Children and families don't have the education and tools to prepare timely and convenient food at home. People perceive that healthy eating is too expensive.
- People lack the education and tools to do convenient exercise (i.e. high intensity intermittent exercises).

Measure of Success

Focus on children at Frontier Middle School. Conduct a pre- and post- survey. Offer a health fair that focuses on nutrition and smart shopping.

Health Issue #2: Lack of needed infrastructure between primary care, mental health, substance abuse, suicide.

The issue of infrastructure related to primary care, mental health, substance abuse and suicide was presented through data from the Community Conversation survey¹, Emergency Room data from Wyoming Medical Center, the Prevention Management Organization, and a report on suicide for Natrona County⁹. The Healthy People 2020 target for suicide is 10.2 deaths per 100,000 population and Natrona County recorded a rate of 26.3 deaths per 100,000 population for the 2011-2013 time period¹⁰. While this isn't the highest rate among counties in Wyoming, it is more than double the national rate (13.0/100,000)¹¹. The Natrona County Coroner reports there were 17 suicide deaths in Natrona County in 2013, 22 suicide deaths in 2014 and 28 year to date, in November 2015.

Substance abuse is also a concern for Natrona County. Available measures indicate adults and teens that binge drink, adults that smoke and the death rate due to drug poisoning are all at or above the state average rate¹². Twenty-six percent of adults smoke compared to the Healthy People 2020 target of 12%.

The team identified key areas of concern what became the basis for priorities:

1. The problem seems more of an issue for people that lack health insurance or the financial means to pay for their care. Urgent care providers require payment prior to providing services. The Community Health Center of Central Wyoming offers a sliding fee schedule for scheduled visits however not for urgent care visits. This leaves the only option for care being the Wyoming Medical Center Emergency Room. The team agrees that care can be provided and coordinated in a less costly environment than the Emergency Room however payment for services is a significant hurdle to overcome.
2. Emergency Room data show that people frequently access care after 8 p.m. After-hours care is significantly limited in the community. Visiting health care providers during normal business hours is further complicated by people working more than one job and their lack of available child care and transportation.

⁹ Natrona County Suicide Report 2014. (2015). Natrona County Coroner's Office. Retrieved Dec. 22, 2015, from: (<http://www.natrona.net/index.aspx?NID=94>).

¹⁰ Age-Adjusted Death Rate due to Suicide. (2011-2013). Wyoming Health Matters. Retrieved on August 6, 2015, from: <http://www.wyominghealthmatters.org/modules.php?op=modload&name=NS-Indicator&file=indicator&indid=3000037000025&iid=17429191>

¹¹ Suicide and Self-Inflicted Injury. (2013). Centers for Disease Control and Prevention. Retrieved on August 6, 2015, from: <http://www.cdc.gov/nchs/fastats/suicide.htm>

¹² Substance Abuse. (N/D). Wyoming Health Matters. Retrieved on August 7, 2015, from: <http://www.wyominghealthmatters.org/modules.php?op=modload&name=NS-Indicator&file=index&topic=71&topic1=County&topic2=Natrona&breakout=&group=category®name=Albany>

Strengths, Weaknesses, Opportunities and Threats

	Helpful	Harmful
Internal	<p style="text-align: center;">Strengths</p> <ol style="list-style-type: none"> 1. Primary care, mental health, substance abuse treatment providers in Casper 2. Existing collaborations around suicide prevention, substance abuse and mental health 3. Case managers at multiple sites are in place 4. Access to care at the ER is available 24/7 regardless of ability to pay 	<p style="text-align: center;">Weaknesses</p> <ol style="list-style-type: none"> 1. The ER is over utilized for primary care/mental health care access/pain management 2. Lack of will to solve problems 3. Funding streams create silos 4. Politics can impede systems change
External	<p style="text-align: center;">Opportunities</p> <ol style="list-style-type: none"> 1. Primary care, mental health, substance abuse, suicide Action Team expansion, continuation 2. Care coordination between agencies 3. Intra-organization communication 4. Data driven decisions 	<p style="text-align: center;">Threats</p> <ol style="list-style-type: none"> 1. Fear of/resistance to change 2. Politics 3. Scarce resources 4. Patient compliance

Problem Statements

1. There is insufficient data being collected, analyzed and shared to clearly define what the needed infrastructure issues are, identify or justify strategies, or measure success.
2. Mental illness, pain management and substance abuse are not well understood and stigma persists; that stigma impacts access to assistance and treatment.
3. There is no resource database for case managers, consumers or the public to use to find primary care, mental health, substance abuse and suicide prevention services and programs in the community.
4. Collaboration around mental health, substance abuse and pain management needs leadership.

Priority Statements

1. The highest priority is inventory, evaluation and promotion of available health care and social services resources in the community – what they do, how they do it, where they do it, how well they do it and how to access what is being offered.
2. A recognizable, repeatable message about depression (and other mental health issues), the importance of seeking help and where to get it needs to be shared communitywide to

reduce stigma and increase utilization of available mental health, substance abuse, primary care and suicide prevention resources.

3. Collaboration around mental health, primary care, pain management, substance abuse and suicide requires ongoing leadership.

Measures of Success

1. A report to the public is generated by the Primary Care, Mental Health, Substance Abuse, Suicide Action Team that serves as a resource for people seeking access to primary care, mental health, substance abuse and suicide prevention resources; gaps in services are identified; strategies for filling gaps are developed; measures of success are determined.
2. Suicide deaths in Natrona County decrease.

Health Issue #3: Lack of Coordination of Care

Coordination of Care was highlighted as a key concern in the Community Conversation Survey¹. The topic was originally paired with the issue of health system cost but was later determined by the Steering Committee to be an issue unto itself. In fact, coordination of care is pervasive in the healthcare system. It is more than likely that each and every health topic will include discussion and analysis regarding the impact of care coordination issues that stem from a lack of information to confirming patient compliance with their treatment plan¹³.

Care coordination involves organizing patient care activities and sharing information among all the participants concerned with a patient's care to achieve safer and more effective care. This means that the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient¹⁴.

The team began their work listing what they believed are key areas of concern:

- What is the process between primary care sites and specialty sites?
- Patients are often unclear about why they are being referred from primary care to a specialist, how to make appointments, and what to do after seeing a specialist.
- Specialists do not consistently receive clear reasons for referrals or adequate information on tests that have already been done. Primary care physicians do not often receive information about what happened in a referral visit.
- Referral staff deals with many different processes and lost information, which means that care is less efficient.
- Patient accountability.

¹³ Allen P, Sequeira S, Best L, Jones E, Baker EA, Brownson RC. Perceived Benefits and Challenges of Coordinated Approaches to Chronic Disease Prevention in State Health Departments. *Prev Chronic Dis* 2014;11:130350. DOI:<http://dx.doi.org/10.5888/pcd11.130350>

¹⁴ Care Coordination. (2015). Agency for Healthcare Research and Quality. Retrieved August 7, 2015, from: <http://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/index.html>

Strengths, Weaknesses, Opportunities and Threats

	Helpful	Harmful
Internal	<p style="text-align: center;">Strengths</p> <ol style="list-style-type: none"> 1. Primary care availability 2. Increase in services provided & resources available 	<p style="text-align: center;">Weaknesses</p> <ol style="list-style-type: none"> 1. Competition 2. Process issues
External	<p style="text-align: center;">Opportunities</p> <ol style="list-style-type: none"> 1. Patient flow process 2. Better partnerships 	<p style="text-align: center;">Threats</p> <ol style="list-style-type: none"> 1. Competition 2. Egos 3. Mandates from Federal Government

Problem Statement

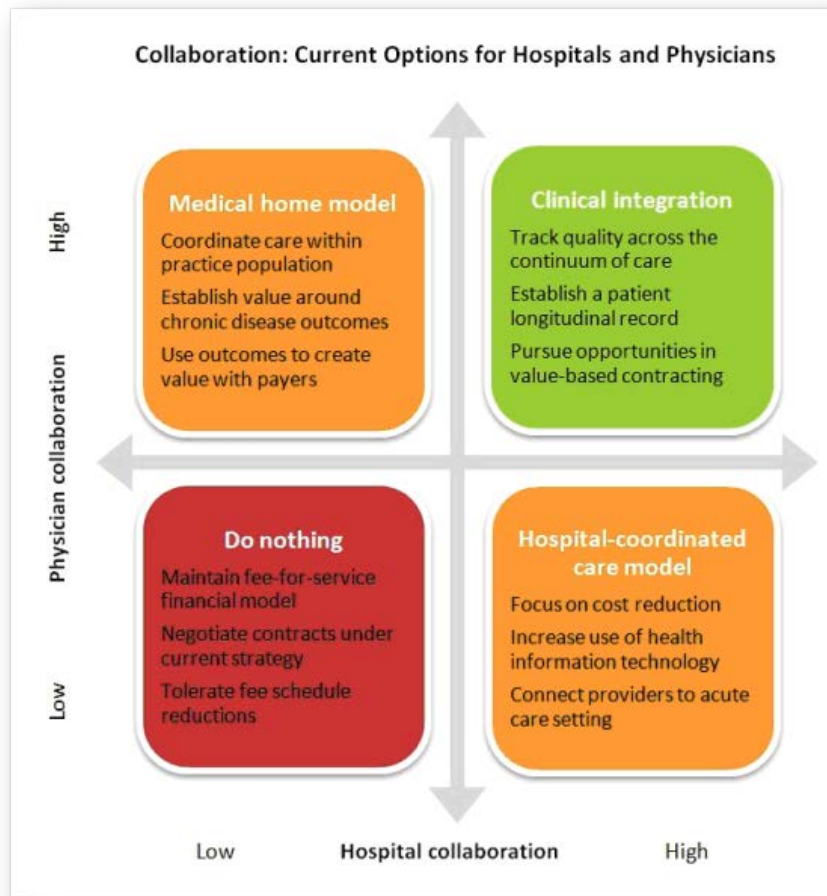
Communication and Good Partnerships: Communication is poor between specialists and general healthcare providers resulting in the patient not getting good follow-up care.

Priority Statement

To create a process that improves the communication between specialists and general healthcare providers resulting in the patient getting good follow-up care.

The diagram on the next page highlights the pillars of clinical governance that supports the priority statement listed above. Clinical governance is defined as “A framework through which organizations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.”¹⁵

¹⁵ Gray, Carl. (2005). What is clinical governance? Retrieved December 3, 2015, from: <http://careers.bmj.com/careers/advice/view-article.html?id=937>



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Measures of Success

The group agreed that it will take a team approach (from multiple organizations) to develop a good action plan. In an ideal state, the committee would be able to track and improve the following:

1. Apply for CMS Accountable Care Community's Grant with Cheyenne Regional Medical Center.
2. Consistent patient education (in-pt. and out-pt.)
3. Implement a referral software system.
4. Partnership with entities to provide transition of care in patient homes.
5. Create a community health worker training course.
6. Create the Natrona County Community Health Partnership Group.

¹⁶ Coleman, Eric. (2015). Pillars of Clinical Governance. Retrieved December 3, 2015, from <http://gal10.piclab.us>

Health Issue #4: Health Care System Costs

The issue of health care system costs was presented as a series of six reading assignments and a short summary of information taken from Vickie Diamond's presentation at the Community Conversation Regarding Health Issues in Natrona County on May 28, 2015¹. The summary information is included below with references.

- **Healthcare is undergoing the most significant change since the 1930s¹⁷.**
 - Economic and financial pressures. Why: Now healthcare costs are 18% of GDP and the U.S. spends nearly one-half of the \$6.45 trillion global spend on healthcare or \$2.9 trillion in the U.S. – more per capita than any other nation and ranked 38th compared to other developed nations in terms of health outcomes!
- **The value in healthcare is being questioned.**
 - Skyrocketing costs. Why: Changing demographics, aging baby boomer generation, the average American contributes \$150,000 to fund Medicare but uses \$300,000 in care during their lifetime, growth in chronic illness as life expectancy increases, and advances in technologies.
 - Inefficiency – Fragmentation of care. Why: Method of care delivery and reimbursement.
- **Mirror, Mirror on the Wall, 2014 Update: How the U.S. Health Care System Compares Internationally¹⁸** – The U.S. ranks near last or last on measures of access, efficiency, equity, and healthy lives. We fare better on quality of care.
- **Healthcare spending grows twice as fast as economy¹⁹.** Healthcare spending grew at twice the rate of the rest of the economy in the second quarter, renewing fears that the sector's upward march has resumed after nearly a half-decade of relative calm.
- **Improving Health While Reducing Cost Growth: What is Possible?²⁰** Assessed the impact of biomedical innovation, payment and market reform, consumer transparency and choice, and behavioral change towards prevention and wellness. In conclusion, "It will take an aggressive, sustained effort on all fronts – payment reform, competition, wellness – to move forward greater cost-effectiveness and hold the line against the forces that will inevitably push spending up: aging and biomedical innovation."

¹⁷ Diamond, V. (2015, May 28). Healthcare Transformation. Community Conversation.

¹⁸ Mirror, Mirror on the Wall, 2014 Update: How the U.S. Health Care System Compares Internationally. (0214, Jun 16). The Commonwealth Fund. Retrieved July 31, 2015, from: <http://www.commonwealthfund.org/publications/fund-reports/2014/jun/mirror-mirror>

¹⁹ Healthcare spending grows twice as fast as economy. (2015, July 30). Modern Healthcare. Retrieved July 31, 2015, from: <http://www.modernhealthcare.com/article/20150730/NEWS/150739985>

²⁰ McClellan, M. and Rivlin, A. (2014, Apr). Health Policy Issue Brief: Improving Health While Reducing Cost Growth: What is Possible? Engelberg Center for Health Care Reform. The Brookings Institution. Retrieved July 31, 2015, from: http://www.brookings.edu/~media/events/2014/04/11%20health%20care%20spending/improving_health_reducing_cost_growth_mcclellan_rivlin.pdf

- **Choosing Wisely: A Growing International Campaign²¹**. Engages patients and physicians against medical overuse. Success is found in: getting the message right; focusing on commonly ordered tests, treatments, and procedures that can be feasibly reduced; support for implementation at the point of care; and implementing the lessons learned into education.
- **The IHI Triple Aim: Optimizing Health System Performance²²**. A framework for optimizing health system performance by focusing on three dimensions including population health, experience of care and per capita cost.
- **Reasons for Investing in Health Programs²³**. Focuses on our labor force. Justification is based on rising health care costs, worker productivity, changing demographics, and underutilized effective interventions.

²¹ “Choosing Wisely”: A Growing International Campaign. (N/D). The Commonwealth Fund. Retrieved July 31, 2015, from: <http://www.commonwealthfund.org/publications/in-brief/2015/jan/choosing-wisely-a-growing-international-campaign>

²² IHI Triple Aim Initiative. (N/D). Institute for Healthcare Improvement. Retrieved July 31, 2015, from: <http://www.ihl.org/Engage/Initiatives/TripleAim/pages/default.aspx>

²³ Workplace Health Promotion: Reasons for Investing. (2013, Oct 23). Centers for Disease Control and Prevention. Retrieved July 31, 2015, from: <http://www.cdc.gov/workplacehealthpromotion/businesscase/reasons/index.html>

Strengths, Weaknesses, Opportunities and Threats

	Helpful	Harmful
Internal	<p style="text-align: center;">Strengths</p> <ol style="list-style-type: none"> 1. Awareness of Problem 2. Data/Electronic Medical Record 3. Resources and Wellness 	<p style="text-align: center;">Weaknesses</p> <ol style="list-style-type: none"> 1. Consumer Expectations 2. Rules and Regulations 3. ROI/Payment for Services
External	<p style="text-align: center;">Opportunities</p> <ol style="list-style-type: none"> 1. Coordinated Care 2. Education & Communication 3. Early Access/Translate “Talk into Action” 	<p style="text-align: center;">Threats</p> <ol style="list-style-type: none"> 1. Rules and Regulations 2. Economic Volatility 3. Health Care Pharma & Manufacturers

Problem Statements

- Consumer expectations are sometimes unrealistic yet we as healthcare providers are not good at setting those expectations and accountability. Key measures include Avoidable Days, Overutilization, Quality Outcomes, End of Life Management, Use of Non-Traditional Services/Wellness, Transparency/Education.
- Communication and coordination of care is not possible given the lack of communication standards, working independently in silos. This creates overutilization and duplication of services.
- Payment systems limit options for treating patients with little flexibility to provide services that will result in better outcomes.

Priority Statement

Focus on patient and provider accountability towards missing information and lack of ability to judge value in the short- and long-term.

Measure of Success

Develop method for enhancing communication between providers and patients. Provide education on how that communication should occur.

Team Action Plan Summary

Each team has identified a specific action plan that they will oversee throughout implementation and evaluation of results. These can be found in Appendices 2, 3, 4 and 5 at the end of this document. The summary of key action items includes:

- Team #1: Obesity
 - a. Improve shopping and eating behaviors among children and their families at Frontier Middle School (Pilot Location) based on pre-program implementation and post-program implementation survey results.
- Team #2: Lack of Needed Infrastructure between Mental Health, Primary Care, Suicide and Substance Abuse
 - a. Develop a means of inventorying, evaluating and promoting available health care and social service resources in the community for people with diagnosable mental health/substance abuse/pain management issues, including the elderly, and their families.
 - i. Define what available health care and social service resources in the community do, how they do it, where they do it, how well they do it, and how to REALLY access it
 - ii. Report out to the community
 - b. Help connect health care consumers and the public with available resources in the community
 - i. Capitalize on what is already being done to promote awareness of suicide risk
- Team #3: Lack of Coordination of Care
 - a. Implement a post-discharge care coordination program in calibration with external entities.
- Team #4: Health Care System Costs
 - a. Implement Choosing Wisely program (or a similar program) in Casper with thought of expanding statewide.
 - b. Develop a plan for broader patient and consumer education about the ways to communicate with providers and questions to ask of them.

Conclusion

The Community Conversation revealed the importance of health and health care and was best described as health care and public health on a “collision course.” The results of the Community Conversation and the data from community health indicators point to opportunities for improvement. The Community Conversation process has engaged many different people and organizations in the community in focusing their efforts important community health needs. There is a general excitement and interest in pursuing measurable impacts on health for the community.

The action planning process identified specific strategies that, although a beginning point, are hoped to bring continued learning, refinement and success. Results will be reported as progress is made.

There is a growing effort in the community to ensure community health planning continues long-term and with broad community interest. Funding for a full-time community health coordinator role for Natrona County is currently being pursued. This new role will report to a community coalition board with accountability to the community health planning process.

The National Association of County & City Health Officials (NACCHO) recommends that communities follow a quality improvement cycle commonly referred to as the Shewart/Deming Cycle of Plan, Do, Check, Act. NACCHO offers training and tools called MAPP or Mobilizing for Action through Planning and Partnerships²⁴. Funding for this training is being pursued to benefit the people directly involved in community health planning activities.

The true success with the Community Conversation is the broad community involvement and leadership that the participating individuals and organizations have shown throughout the process. These leaders in our community are charting new territory and setting the foundation for what is hoped to be transformational in the way Natrona County residents lead their lives.

²⁴ MAPP program description: <http://www.naccho.org/topics/infrastructure/mapp/framework/mapp-trainings.cfm>

Appendix 1: Participants

Steering Committee			
	Name	Title	Organization
1.	Chad Pew	Chief Operations Officer	Wyoming Medical Center
2.	Anne Ladd	Chief Executive Officer	Wyoming Business Coalition on Health
3.	Joe Gallagher	Chief Executive Officer	Wyoming Behavioral Institute
4.	Kelly Weidenbach	Director	Casper-Natrona County Health Department
5.	Rob Johnston	Community Prevention Professional	Prevention Management Organization - Natrona County
6.	Chris Lorenzen	Director of Strategy and Market Development	Wyoming Medical Center - Community Development Office
7.	Terry Bay	President	Senior Patient Advocates
8.	Vickie Diamond	President and CEO	Wyoming Medical Center
9.	Mary Lynne Shickich	Board Member	Casper-Natrona County Health Department
10.	Mary Facciani	Director of Population Health	Wyoming Medical Center

Obesity			
	Name	Title	Organization
	Mandy Cepeda - Facilitator	Senior Manager Community Development Office	Wyoming Medical Center
1.	Nickola Bratton	Project Lead	Mountain-Pacific Quality Health
2.	Karla Case	Cent\$ible Nutrition Program Coordinator Senior/County NFS Educator	University of Wyoming Extension Office
3.	Ruth Heald	Environmental Health Program Manager	Casper-Natrona County Health Department
4.	Steve Hopkins	Superintendent	Natrona County School District
5.	Mark McGinley, MD	Pulmonology/Critical Care/ Integrative Medicine	Wyoming Medical Center
6.	Jesse Miller		Fresh Foods Wyoming
7.	Mary Tvedt	Diabetes Education Coordinator	Diabetes Care Center – Wyoming Medical Center

Lack of Needed Infrastructure between Mental Health, Primary Care, Suicide and Substance Abuse

	Name	Title	Organization
	Emily Quarterman Genoff - Facilitator	Business Development Coordinator	Wyoming Behavioral Institute
1.	Corrine Arross	Emergency Room Manager	Wyoming Medical Center
2.	Ryan Bair	Chief Operations Officer	Community Health Center of Central Wyoming
3.	Brenda Eickhoff	Chief Executive Officer	Community action Partnership of Natrona County
4.	Joe Gallagher	Chief Executive Officer	Wyoming Behavioral Institute
5.	Traci Gardner	Natrona County Prevention Coalition/Suicide Prevention Task Force	Mercer Family Resource Center
6.	Rob Johnston	Coordinator	Prevention Management Organization of Wyoming
7.	Brandon Kosine	Interim Dean - School of Social and Behavioral Science	Casper College
8.	Burl Maurer	Mental Health Services	UW Family Practice Residency
9.	Vanessa McDaniel	Mesa Primary Care Manager	Wyoming Medical Center
10.	Brandon Wardell	Interim Chief Executive Officer	Central Wyoming Counseling Center
11.	Tammy Noel	Executive Director	NAMI Wyoming
12.	Dan Odell	President	NAMI Casper
13.	Kelly Weidenbach	Executive Director	Casper-Natrona County Health Department

Lack of Coordination of Care

	Name	Title	Organization
	Mary Facciani - Facilitator	Population Health Director	Wyoming Medical Center
1.	Terry Bay	President	Senior Patient Advocates
2.	Tracey Belser	Human Resources Director	City of Casper
3.	Valerie Cady, RN	Quality & Regulatory Management	Wyoming Medical Center
5.	Kevin Franke	Task Lead	Mountain-Pacific Quality Health
6.	Tammy Frankland	Dean, School of Health Sciences	Casper College
7.	Jennifer Goff	RN	Sound Physicians
8.	Elizabeth Holscher	Care Management Supervisor	Wyoming Medical Center
9.	Anne Ladd	Chief Executive Officer	Wyoming Business Coalition on Health
10.	Daniel Meyers	Chief Executive Officer	Central Wyoming Community Health Center
11.	Kelly Weidenbach	Director	Casper-Natrona County Health Department

Health Care System Costs

	Name	Title	Organization
	Chris Lorenzen - Facilitator	Director of Strategy and Market Development	Wyoming Medical Center - Community Development Office
1.	Chad Pew	Chief Operations Officer	Wyoming Medical Center
2.	Anne Ladd	Chief Executive Officer	Wyoming Business Coalition on Health
3.	Terry Bay	President	Senior Patient Advocates
4.	Lynette Benardis	Case Manager/Social Worker	Wyoming Medical Center
5.	Shea Ward	Director of Business Development	Wyoming Behavioral Institute
6.	Mike Phillips	Chief Executive Officer	Elkhorn Valley Rehabilitation Hospital
7.	Beth Robitaille, MD	Program Director	University of Wyoming Family Practice Residency Program
8.	Kevin Franke	Quality Improvement Specialist	Mountain-Pacific Quality Health
9.	Tracie Peterson	Wellness Coordinator and Coach	WinHealth
10.	Ronda Dabney	Associate Vice President Physician Practices	Wyoming Medical Center
11.	Nicole Trott	Director Patient Financial Services	Wyoming Medical Center
14.	Kathy Holder	Owner	Rocky Mountain Therapy
15.	Crystal Burback	Administrator	Interim Healthcare
16.	Jill Hult	RN Transition Coordinator	Shepherd of the Valley Healthcare Community
17.	Wendy Curran	Vice President, Care Delivery & Communication	BCBS of WY
18.	Eileen Ford	Executive Director	Primrose Retirement Community

Appendix 2: Action Plan – Obesity

Natrona County Health Improvement Process Implementation Plan

Date Created: December 12, 2015

Date Reviewed/Updated: January 21, 2016

PRIORITY AREA: Obesity
GOAL: Improve shopping and eating behaviors among children and their families at Frontier Middle School (Pilot Location) based on pre-program implementation and post-program implementation survey results.

PERFORMANCE MEASURES How We Will Know We are Making a Difference		
Short Term Indicators	Source	Frequency
<i>Health Fair Participation</i>	<i>Event Statistics</i>	<i>1x</i>
<i>Pre-Survey Response Rate</i>	<i>Pre-Survey</i>	<i>1x</i>
Long Term Indicators	Source	Frequency
<i>Post-Survey Results Compared to Pre-Survey Results</i>	<i>Post Survey</i>	<i>Annual</i>
<i>District-Wide Program Roll-Out</i>	<i>School District Administration</i>	<i>TBD</i>

OBJECTIVE #1: Pre- and Post-Survey					
BACKGROUND ON STRATEGY					
<i>In order to measure any progress made toward changing behavior in middle school students and their caregivers, a survey will be administered at a parent night and health fair held at the school, as well as six weeks later to the same individuals.</i>					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
School Administration Engagement	12/31/2015	Staff	Mandy Cepeda, WMC	Buy-in from school admin	Complete
Survey Distribution (pre-event and six weeks following)	5/31/2016	Staff, minimal printing cost	Jesse Miller	Survey	Survey text complete
Analysis of Results	7/31/2016	Staff	Jesse Miller, Mark Mc Ginley MD	Show progress	Incomplete
Publication of Results	8/31/2016	Staff	Mandy Cepeda, WMC	Show progress	Incomplete

OBJECTIVE #2: Student Health Fair					
BACKGROUND ON STRATEGY					
To reach middle school parents and their children, the group will participate in Frontier Middle School's spring Family Night event on March 21. About 70-80 people attended the most recent Family Night. The group will plan event activities to help individuals and their families improve shopping and eating behavior.					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Event Date Set	3/21/2016	TBD	Mandy Cepeda, WMC	Event date	Set
Event Planning and Design	3/1/2016	TBD	Mandy Cepeda, WMC	Event plan	In progress
Secure Funding Support	3/1/2016	TBD	All	Determine funding needed	In progress
Communication of Event	3/20/16	TBD	Mandy Cepeda, WMC	Marketing to students and parents	In progress
Day of Event	3/21/2016	Staff	Mandy Cepeda, WMC	Health fair event	In progress
Event Evaluation	5/31/2016	Staff	Jesse Miller	Data on event success	Incomplete

Obj #	Healthy People 2020	National Prevention Strategy
1	NWS-14. Increase the contribution of fruits to the diets of the population aged 2 years and older	0.90 cup equivalent per 1,000 calories
2	NWS-15. Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older	1.14 cup equivalent per 1,000 calories total vegetables. 0.55 cup equivalent per 1,000 calories dark green vegetables, red and orange vegetables, and beans and peas.
3	NWS-16. Increase the contribution of whole grains to the diets of the population aged 2 years and older	0.6 ounce equivalent per 1,000 calories
4	NWS-17. Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older	16.7 percent solid fats 10.8 percent added sugars
5	NWS-18. Reduce consumption of saturated fat in the population aged 2 years and older	9.5 percent
6	NWS-19. Reduce consumption of sodium in the population aged 2 years and older	2,300 milligrams
7	NWS-20. Increase consumption of calcium in the population aged 2 years and older	1,300 milligrams
8	NWS-21. Reduce iron deficiency among young children and females of childbearing age	9.4 percent females aged 12 – 49 years

DESCRIBE PLANS FOR SUSTAINING ACTION

Future plans will depend on the success of the Frontier Middle School event. Assuming the event is successful, Natrona County School District would like to extend the program to other schools within the district.

Appendix 3: Action Plan – Infrastructure between Mental Health, Primary Care, Suicide and Substance Abuse

Natrona County Health Improvement Process Implementation Plan

Date Created: December 12, 2015

Date Reviewed/Updated: December 12, 2015

PRIORITY AREA: Infrastructure between mental health, primary care, suicide and substance abuse
GOAL: Increase awareness and training for health care providers on mental health/substance abuse and chronic pain.

PERFORMANCE MEASURES How We Will Know We are Making a Difference		
Short Term Indicators	Source	Frequency
<i>Designation and training for Crisis Intervention Team at WMC</i>	<i>WMC</i>	<i>1x, PRN</i>
<i>NAMI “Hearing Voices” training for WMC Emergency Room staff & providers</i>	<i>NAMI</i>	<i>1x, PRN</i>
<i>Compile list of high utilizers of Emergency Room care to identify other community resources for their long-term care</i>	<i>WMC</i>	<i>Ongoing</i>
Long Term Indicators	Source	Frequency
<i>Decrease Emergency Room visits for high utilizers based on more appropriate options for care</i>	<i>WMC</i>	<i>Annual</i>
<i>Compile and distribute list of primary care access points for people with little or no insurance coverage</i>	<i>Team</i>	<i>1x</i>

OBJECTIVE #1: A means of inventorying, evaluating, and promoting available health care and social services resources in the community – what they do, how they do it, where they do it, how well they do it and how to access it.

BACKGROUND ON STRATEGY
Source:
Evidence Base:
Policy Change (Y/N): N

ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Develop inventory of providers and services					

OBJECTIVE #2: 1) A recognizable, repeatable message about depression (and other mental health issues) and the importance of seeking help and where to get it, will be developed and shared communitywide in newsletters, newspapers, social media, etc. 2) Physicians, nurses, transport teams, and hospital security participate in Crisis Intervention Team and “Hearing Voices” training offered by NAMI.

BACKGROUND ON STRATEGY

Source:
 Evidence Base:
 Policy Change (Y/N): N

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes

OBJECTIVE #3: 1) Create a network of patient advocates/peer advocates to support connections between people with mental health issues and entities providing the services they need in the community. 2) Make 2-1-1 Wyoming (soon to be the Wyoming Suicide Hotline) a recognizable, reliable, information and referral database in Natrona County and consider using 2-1-1 to dispatch patient advocates/peer advocates when requested by Wyoming Medical Center and peer advocates.

BACKGROUND ON STRATEGY

Source:
 Evidence Base:
 Policy Change (Y/N): N

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes

OBJECTIVE #4: 1) Promote relationship building between mental health providers through specific events and activities. 2) Identify and promote national recognition days/weeks/months focusing on mental health and substance abuse, including national anxiety and depression awareness week, mental health month, world suicide prevention day, national psychotherapy day, national depression screening day, mental illness awareness week, stress awareness month, children’s mental health awareness day, national alcohol screening day, etc.

BACKGROUND ON STRATEGY

Source:
 Evidence Base:
 Policy Change (Y/N): N

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes

Obj #	Healthy People 2020	National Prevention Strategy
1-4	MHMD-1 Reduce the suicide rate.	10.2 suicides per 100,000. 24.8 for Wyoming 26.3 for Natrona County

DESCRIBE PLANS FOR SUSTAINING ACTION

Appendix 3: Action Plan – Coordination of Care

Natrona County Health Improvement Process Implementation Plan

Date Created: December 12, 2015

Date Reviewed/Updated: December 12, 2015

PRIORITY AREA: Coordination of Care
GOAL: To improve communication between supporting agencies and healthcare providers resulting in patients getting better follow-up care.

PERFORMANCE MEASURES How We Will Know We are Making a Difference		
Short Term Indicators	Source	Frequency
<i>Assess the needs of providers and the ideal communication process</i>	<i>Team</i>	<i>1x</i>
<i>Develop post-discharge care strategy</i>	<i>WMC</i>	<i>1x</i>
Long Term Indicators	Source	Frequency
<i>Identify resources for care coordination including grant funding</i>	<i>Team</i>	<i>1x</i>
<i>Implement post-discharge care coordination program at WMC</i>	<i>Team</i>	<i>Ongoing</i>

OBJECTIVE #1: Assess the needs of providers and the ideal communication process					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Understand the Sage/Mesa Patient Centered Medical Home model.	2018	Set up meeting	Sage/Mesa Practice Mangers	Education/Resources	In-Progress
Work with WMC's Patient and Family Advisory Council.	2018	Go to next meeting	Chair of Committee	Education	Incomplete
Research evidence-based practices.	End of 2017	TBD			
Look at follow-up care from the patient's perspective.	On-going	Track Patient Education and Re-admit rates	All	Reduced re-admit rates	In-Progress

OBJECTIVE #2: Identify resources, funding and develop post-discharge care strategy					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Grant application	TBD				
Work with the WMC readmission committee.	End of 2017	Go to next meeting	Chair of Committee	Education	Incomplete
Link Public Health with already established programs.	End of 2017	Review programs on each side that are already in place	Mary/Kelly	Combine programs	In-Progress
Focus efforts on high utilizer patients.	Now	Hospital/ DOH Data	All	Use for future grants?	In-Progress
Work with WMC's Patient and Family Advisory Council.	2018	Go to next meeting	Chair of Committee	Education	Incomplete
Improving communication process between organizations.	2018	Determine what is being done now and will be better.	Leaders from each organization	Better relationships	Incomplete

Obj #	Healthy People 2020	National Prevention Strategy
1	N/A	Measures focus on emergency department efficiency, emergency transfer communication, and medication reconciliation. None were found specific to the work of this team.
2		
3		

DESCRIBE PLANS FOR SUSTAINING ACTION
Continue Action Team meetings and have the above items drive the meetings. Then, report our outcomes to steering committee.

Appendix 5: Action Plan – Health Care System Costs

Natrona County Health Improvement Process Implementation Plan

Date Created: December 16, 2015

Date Reviewed/Updated: December 16, 2015

PRIORITY AREA: Health Care System Costs
GOAL: To research and implement a patient and provider communication tool.

PERFORMANCE MEASURES How We Will Know We are Making a Difference		
Short Term Indicators	Source	Frequency
<i>Gain education about a program called Choosing Wisely</i>	<i>Choosing Wisely</i>	1x
<i>Identify sites that have implemented the program. Learn about the data needs and successful implementation strategies</i>	<i>Sites</i>	2-3x
Long Term Indicators	Source	Frequency
<i>Identify and form implementation team</i>	<i>Steering Comm</i>	10-20x
<i>Identify and gain sponsors</i>	<i>Imp Team</i>	1+

OBJECTIVE #1: Implement Choosing Wisely program in Casper with thought of expanding statewide.					
BACKGROUND ON STRATEGY Source: <i>Choosing Wisely</i> Evidence Base: per Choosing Wisely and the many provider-based organizations behind it. Policy Change (Y/N): Y					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Education about program	3/1/2016	Team facilitation	Team	Decision to move forward	
Implementation sites	5/1/2016	Team facilitation and data support	Team	Successful implementation strategies and resources	
Implementation team	3/1/2015	Team facilitation	Team	Team engagement	
Sponsors	7/1/2016	Marketing plan, communication materials	Team	Budget and leadership support	

OBJECTIVE #2: Develop a plan for broader patient and consumer education about the ways to communicate with providers and questions to ask of them.

BACKGROUND ON STRATEGY

Source: *Choosing Wisely and other sources*

Evidence Base: Y

Policy Change (Y/N): Y

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Identify opportunities beyond the topics covered in Choosing Wisely	12/31/2016	Team Facilitation	Team	Identify 1-2 opportunities	

Obj #	Healthy People 2020	National Prevention Strategy
1	N/A	

DESCRIBE PLANS FOR SUSTAINING ACTION

Team facilitation will maintain momentum for the team. There is interest among payers and providers to address this issue. Choosing Wisely is a national program with broad support from physician organizations.