

# Implementation Strategy FY 2020-22

OrthoIndy



*This Implementation Strategy is approved  
by the authorized governing body and  
effective June 30, 2019.*

## OrthoIndy Implementation Strategy

### Overview

In 2005, OrthoIndy opened the first orthopedic specialty hospital in Indiana. The hospital provides comprehensive bone, joint, spine, and muscle care. OrthoIndy has over 80 physicians to focus on musculoskeletal care and complex surgical procedures including total joints and spinal operations. There are 10 locations in Central Indiana. Three of the hospitals are located on the grounds of St. Vincent Carmel, St. Vincent Fishers, and St. Vincent Indianapolis Hospitals. In 2009, St. Vincent and OrthoIndy formed a strategic partnership to create open lines of communication and expand the reach into the community. This partnership is formally maintained through the St. Vincent Indianapolis Hospital. OrthoIndy's demographic service area includes Hamilton, Hendricks, Johnson and Marion Counties. In order to assess the needs of the community, St. Vincent contracted Measures Matter, LLC to help facilitate the system-wide Community Health Needs Assessment (CHNA) and document in the 2019 reports for each hospital (<http://www.stvincent.org/chna>).

### Community Health Needs Assessment (CHNA)

To identify community health needs, the hospital worked with a range of community and academic partners to conduct a comprehensive CHNA. The purpose of the assessment is to identify the significant health needs in the community and gaps that may exist in services provided. It was also developed to provide the community with information to assess essential health care, prevention, and treatment services. Concerted efforts were made to ensure that individuals who directly or indirectly represent the needs of: 1) those with particular expertise in public health practice and research, 2) those who are medically underserved, low-income, or considered among the minority populations served by the hospital, and 3) the broader community at large and those who represent the broad interests and needs of the community served.

### Needs That Will Be Addressed

The System Community Health Improvement team reviewed local hospitals' prioritized health needs and determined the FY20-22 System-wide Health Improvement Priorities (SWHIPs) to be:

- Access to Health Services
- Nutrition & Weight Status – Food Security
- Mental Health

### Needs That Will Not Be Addressed

The hospital is committed to improving community health by directly, and indirectly, addressing prioritized health needs. However, certain factors impact the hospital's ability to fully address all priorities health needs. The needs listed below are not included in the hospital's implementation strategy plan for the following reasons:

Substance Abuse – This issue is being addressed through the Mental Health priority.

Homelessness – This identified health need is not being addressed in the Implementation Strategy due to limitations within the hospital's human capital and financial resources.

Chronic Health Conditions – This identified health need is not being addressed in the Implementation Strategy due to limitations within the hospital’s human capital and financial resources.

Youth Services – This identified health need is not being addressed in the Implementation Strategy due to limitations within the hospital’s human capital and financial resources.

## Summary of Implementation Strategy

- Access to Health Services (AHS)
  - Goal: Increase the number of people enrolled in Medicare or Medicare Savings programs
  - Strategy: Educate people interested in these programs about these options and assist with the application and submission processes
    - Target population: People interested in enrolling Medicare or Medicare Savings programs
    - Strategy source: Evidence-based strategy; System change
    - Social determinants of health: Access to community resources and income level
    - Resources: Health Advocates from RUAH and CDHI department at St. Vincent
    - Collaboration: FSSA and RUAH
  - Anticipated Impact:
    - SMART objectives: By June 30, 2022, the hospital will increase its FY20 baseline number of referrals to RUAH for the Medicare and Medicare Savings programs by 2.5%
    - List relevant local, state and national objectives: Healthy People 2020 - 100% of people have medical insurance
  
- Mental Health
  - Goal: Increase the number of community members that are trained in Mental Health First Aid (MHFA) to identify individuals who are experiencing mental health/substance issues
  - Strategy: Promote MHFA training to the community at no charge.
    - Target population: Community members who want to get trained as MFHA “First Aiders”
    - Strategy source: Evidence-based strategy; System change
    - Social determinants of health: Access to community resources
    - Resources: Indiana Department of Education, NAMI, FSSA, Mental Health First Aid, Mental Health of America
    - Collaboration: FSSA, Schools, Community, Catholic Churches
  - Anticipated Impact:
    - SMART objectives: The hospital will promote MHFA trainings through at least one method per year (website, newsletter, etc.) by the end of FY22. NOTE: There is no baseline for this strategy. Promotion will begin in FY21 for a two-year period. (FY20 is a planning year)
    - List relevant local, state and national objectives: 2018 Indiana School Safety Recommendations Report

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An action plan follows for each prioritized need, including the resources, proposed actions, planned collaboration, and anticipated impact of each strategy.

## Prioritized Need #1: Access to Health Services

**GOAL:** Increase the number of people enrolled in Medicare or Medicare Savings programs (HP2020, AHS-1.1 with programs specified)

### Action Plan

<p><b>STRATEGY:</b> Educate people interested in enrolling Medicare or Medicare Savings programs about these options and assist with the application and submission processes.</p>
<p><b>BACKGROUND INFORMATION:</b></p> <ul style="list-style-type: none"> <li>• <b>Target population:</b> People interested in enrolling Medicare and Medicare Savings programs</li> <li>• <b>Social determinants of health, health disparities and challenges of the underserved:</b> Access to community resources and income level</li> <li>• <b>Strategy source:</b> Evidence-based strategy; System change</li> </ul>
<p><b>RESOURCES:</b></p> <ul style="list-style-type: none"> <li>• Health Advocates (HA) from RUAH and CDHI departments at St. Vincent</li> </ul>
<p><b>COLLABORATION:</b></p> <ul style="list-style-type: none"> <li>• Indiana Family &amp; Social Services Administration</li> </ul>
<p><b>ACTIONS:</b></p> <ol style="list-style-type: none"> <li>1. Identify individuals who may Medicare or Medicare Savings programs and refer to HA through RUAH.</li> <li>2. HA assesses for eligibility, educates individuals about options, submits application, and verifies eligibility to complete the Enrollment Pathway</li> <li>3. RUAH will use FY20 data to set the baseline value and FY22 target value</li> </ol>
<p><b>ANTICIPATED IMPACT:</b></p> <ol style="list-style-type: none"> <li>1. By June 30, 2022, the hospital will increase its FY20 baseline number of referrals to RUAH for the Medicare and Medicare Savings programs by 2.5%</li> </ol>

### Alignment with Local, State & National Priorities

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	HEALTHY PEOPLE 2020 (or other national plan):
	N/A	N/A	Healthy People 2020 - 100% of people have medical insurance

## Prioritized Need #2: Mental Health

**GOAL:** Increase the number of community members that are trained in Mental Health First Aid (MFHA) to identify individuals who are experiencing mental health/substance issues.

### Action Plan

<p><b>STRATEGY:</b> Promote MHFA training to the community at no charge.</p>
<p><b>BACKGROUND INFORMATION:</b></p> <ul style="list-style-type: none"> <li>• <b>Target population:</b> Community members who want to get trained as MFHA “First Aiders”</li> <li>• <b>Social determinants of health, health disparities and challenges of the underserved:</b> Access to community resources</li> <li>• <b>Strategy source:</b> Evidence-based practice; System change</li> </ul>
<p><b>RESOURCES:</b></p> <ul style="list-style-type: none"> <li>• MHFA, National Alliance of Mental Illness, Mental Health of America, St. Vincent staff and funding</li> </ul>
<p><b>COLLABORATION:</b></p> <ul style="list-style-type: none"> <li>• FSSA, Schools, Community, Catholic Churches</li> </ul>
<p><b>ACTIONS:</b></p> <ol style="list-style-type: none"> <li>1. Identify a lead for this priority.</li> <li>2. Submit completed MHFA Checklist with information about promotion of local community trainings to CDHI.</li> <li>3. Promote local community MHFA trainings.</li> </ol>
<p><b>ANTICIPATED IMPACT:</b></p> <ol style="list-style-type: none"> <li>1. The hospital will promote MHFA trainings through at least one method per year (website, newsletter, etc.) by the end of FY22. NOTE: There is no baseline for this strategy. Promotion will begin in FY21 for a two-year period. (FY20 is a planning year)</li> </ol>

### Alignment with Local, State & National Priorities

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	HEALTHY PEOPLE 2020 (or other national plan):
	N/A	2018 Indiana School Safety Recommendations Report	N/A