

# Hennepin Healthcare System/ Hennepin County Medical Center

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2008-2009 Health Services Plan  
Preliminary Draft: For Public Review and Comment



# Plan Components

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# Executive Summary

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Welcome to the 2008 Hennepin Healthcare System/Hennepin County Medical Center Health Services Plan! As with each year's Health Services Plan, the 2008 Plan documents the most pressing unmet health needs in our community and region and shows how Hennepin County Medical Center will help to better meet those needs in the coming year.

## The 2008 Health Services Plan Advisory Council

This year, 18 well-informed professionals from the local health community dedicated substantial time and effort to advising HCMC on the development of the Plan. The Health Services Plan Advisory Council was convened in April of 2008 and completed its work on August 29th, when the Council made recommendations to HCMC for the coming year.

## Environmental Assessment

The environmental health assessment created as part of the Council's work in 2008 uncovered new data points on our community and state's health. Among other things, the Council reviewed data on the socioeconomic circumstances of new mothers; rates of asthma, ADHD, mental health disorders; infant mortality; sexually-transmitted infections; percentage of children living in poverty; obesity and smoking rates; and refugee health screening results. The Council also reviewed data on insurance rates, recent legislation, and best practices from hospital systems across the United States.



# Executive Summary (cont'd)

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## Results and Recommendations: Four Priority Performance Areas and Four Enabling Strategic Processes

This year's Advisory Council reaffirmed the top priority performance areas identified in 2007, but recommended new and innovative action steps for each performance area. For 2008-2009, the Advisory Council prioritized four critical performance areas for Hennepin County Medical Center. These are: 1) Enhanced mental health services; 2) Reducing health disparities and improving immigrant health; 3) Expanding primary care access; and 4) Workforce training and diversity. In each area, progress since 2007 was reviewed and new actions steps were recommended.

The 2008 Council also identified four strategic processes that can enable and facilitate progress on the four priority performance areas. These are: 1) that HCMC develop a strategy for ongoing community engagement as part of its strategic planning processes. As a result, having recently emerged from a governance structure change that gave Hennepin County Medical Center greater flexibility and ability to compete, the hospital will now draw new lines of consultation directly back to the Hennepin County and regional communities it serves; 2) continuation of HCMC's efforts to build an Urban/Metro Health Network with its partners for prevention and access; 3) that HCMC continue to build its public policy advocacy role especially at the State level; and 4) that HCMC further develop its internal infrastructure for coordination of the annual Health Services Plan with tactical planning and budgeting.



# Executive Summary (cont'd)

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## Measuring and reporting outcomes

HCMC reported progress in all the priority performance areas identified in last year's (2007-2008) Health Services Plan. In the coming year, as part of more intricately coordinating the Health Services Plan with tactical planning and budgeting, HCMC will seek to identify standard, quantifiable measures of success in each of the performance areas discussed in the Plan.

## Conclusion

On behalf of Hennepin Healthcare System, Inc. / Hennepin County Medical Center, the 2008 Health Services Plan Advisory Council invites you to peruse the 2008 Health Services Plan. This Health Services Plan will be posted for public input and critique in September of 2008. It will then be reviewed by both the Hennepin Healthcare System, Inc. Board of Directors and the Hennepin County Board of Commissioners.

Ultimately, the goal of the Health Services Plan is to improve the health of the County and regional community. Hennepin Healthcare System, Inc. / Hennepin County Medical Center is a committed partner in that process.



# I. Forward

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This 2008-2009 Health Services Plan documents the continuing commitment of Hennepin County Medical Center to its important mission as a harbinger of health for Hennepin County residents and many others in the Upper Midwest. Hennepin County Medical Center plays—and will continue to play—a critical role in our region’s health infrastructure by providing world-class medical services and outstanding customer service to patients, educating a diverse range of health professionals, and continuously advancing the science and art of health service delivery.

The Hennepin County Board, the Health Healthcare System (HHS) Board, the Hennepin County Medical Center staff, and the Hennepin County Medical Center medical staff, appreciate the comments and suggestions that have and will come from the public and interested parties during the review period in September, 2008.



## II. Hennepin County Medical Center/Hennepin Healthcare System Health Services Plan: Purpose

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Hennepin County Medical Center/Hennepin Healthcare System is required by law to produce an annual “Health Services Plan” for the review and approval of the Hennepin County Board of Commissioners. The Health Services Plan provides Hennepin County Medical Center with an opportunity to describe its role in providing health services to the community and how that role benefits the community.

As stated in the bylaws, the Health Services Plan “will draw from a population needs assessment, and will delineate the Corporation’s role in the community, including education, research and services to improve the health status of the community, including indigent populations.” The plan must also describe:

- Continued coordination with the County;
- The principal health services to be provided;
- Significant changes in the patterns of community health needs;
- Significant plans for changes in deployment of resources or sites;
- The primary thrust of workforce plans; and
- The operation and effect of the indigent care formula.



# III. The Planning Process, 2008 - 2009

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## Previous Year

The Hennepin Healthcare System Board, and its Governance and Mission Effectiveness Committee, sought in 2007 to broaden the base of community perspective to help craft the recommendations for the 2007-2008 Health Services Plan. A Health Services Plan Advisory Council (HSPAC) was therefore appointed, and members were solicited for a two-year term.

## Current Year

Building on the success of the 2007, development of the Health Services Plan in 2008 was conducted in a similar way. To promote continuity, 2007 HSPAC members were invited to return to fulfill their two-year commitment to the Council. The Council was comprised of 18 persons, representing public, private, and non-profit sectors as well as the urban and suburban communities.

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*Draft – Sept. 12, 2008*



# III. The Planning Process, 2008 – 09 cont'd

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## A. Membership Criteria

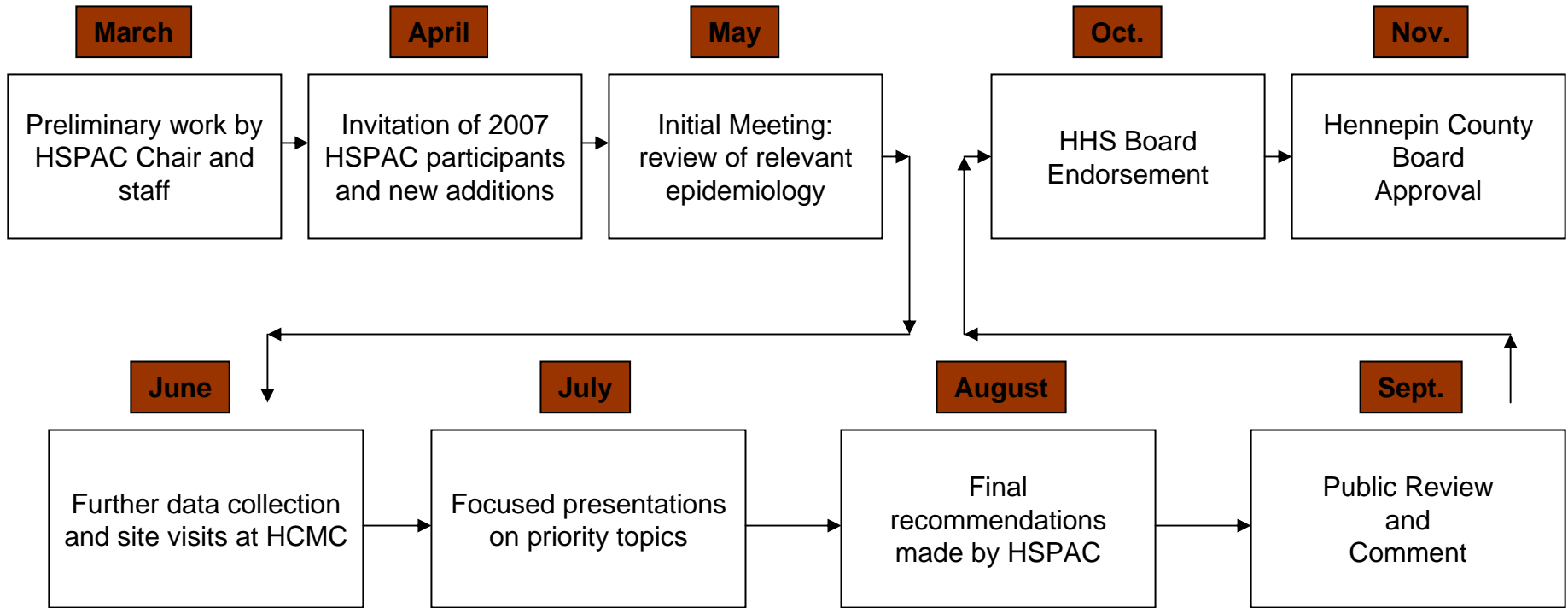
1. Interest in the health of the community
2. One or more of the following attributes:
  - a. Background/experience in public health or health care delivery
  - b. Current or potential patient or family member thereof
  - c. Formal or informal leadership in a community/ies that is/are or might be served by the role and programs of Hennepin County Medical Center/Hennepin Healthcare System
  - d. Position of accountability for the health status or health care for persons who are or might be served by Hennepin County Medial Center/Hennepin Healthcare System programs

B. A list of the Health Services Plan Advisory Council members is provided in Appendix 1.

C. The major milestones in the planning process are as follows (*see next page*)



# Health Services Plan Development 2008



Health Service Plan Advisory Council (HSPAC) Role



# IV. Hennepin County Medical Center/ Hennepin Healthcare System Overview

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## A. Mission, Vision, and Values

1. Hennepin County Medical Center is widely recognized for its mission to serve patients without regard to their ability to pay; for its role in educating health professionals; and commitment to investigation and research, to raise the overall standard of care in the region.
2. The mission statement for Hennepin County Medical Center is accompanied by statements of vision and values (*see next page*).



# HCMC Mission, Vision and Values

## Our Mission

We are committed:

- to provide the best possible care to every patient we serve today;
- to search for new ways to improve the care we will provide tomorrow;
- to educate health care providers for the future; and
- to ensure access to healthcare for all.

## Our Vision

We are committed to being:

- the best place to receive care;
- the best place to give care; and
- the best place to work and learn.

## Our Values, Beliefs, and Promises

We believe every person has dignity and worth; therefore

*we treat our patients, their families and each other with integrity, compassion, courtesy, and respect.*

We believe affordable health care should be available to everyone; therefore

*we work efficiently, minimize waste, and take personal responsibility for the stewardship of our limited health care resources.*

We believe we are at our best when we work as a team; therefore

*we work in collaboration to provide safe, effective, timely and equitable care, always keeping the patient's needs our highest priority.*

We believe our future will be secured by investing in the potential of our staff; therefore

*we support learning that leads to personal growth, opportunities for advancement, and improvement in our organization.*



# IV. Hennepin County Medical Center/ Hennepin Healthcare System Overview cont'd

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## B. Role and Programs

1. Hennepin County Medical Center has a proud history of service, and today maintains a level of quality of care that is recognized nationally. It is a public teaching hospital that is an important statewide resource, and the linchpin of the health care safety net in our region.

*A safety net hospital is defined as: “A safety net hospital is a hospital or health system that provides a significant level of care to low-income, uninsured, and vulnerable populations. It is distinguished by its commitment to provide access to care for people with limited or no access to health care due to their financial or insurance status or health condition.” (National Association of Public Hospitals)*



# Access to Comprehensive Health Care

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Hennepin County Medical Center/Hennepin Healthcare System provides access to a full range of health services without regard to the patient's ability to pay for these services. This is achieved through the use of a sliding-fee charge schedule and charity care policy. As a comprehensive health system, Hennepin County Medical Center/Hennepin Healthcare System provides trauma and emergency care, critical care, maternity and pediatric care, chronic disease management, mental health services, rehabilitation, and other primary care. Sites of service include pre-hospital transport and inpatient and outpatient settings. The scope of services has been developed based on (1) needs of the community, (2) abilities and capacities of the health professionals in our system, (3) volume of demand that facilitates proficiency and efficient use of resources, and (4) awareness of the roles and programs of other health care service organizations.

The Twin Cities today are host to several large not-for-profit hospital systems and other independent hospitals. Although there are similarities among the hospitals, there are mission, clinical service, and geographical distinctions that make Hennepin County Medical Center unique, including:

- a Level 1 Trauma Center providing 24/7 emergency services and the State's busiest emergency room
- a comprehensive array of inpatient services, including critical care medicine: medical, surgical, burn, pediatric, and newborn intensive care units
- the largest volume of hospital services provided to persons who are uninsured or enrolled in Minnesota public health care programs; as part of its "treat-first" policy, Hennepin County Medical Center sees more than 40,000 uninsured persons for more than 140,000 occasions of service
- an extensive array of primary care and specialty clinics, with 350,000 encounters annually
- interpreter services and culture-specific sensitivity

A map showing the location of the hospital and its satellite clinics is provided on the following page.

A listing of services provided at Hennepin County Medical Center is included in Appendix 4.

*Draft – Sept. 12, 2008*





# Emergency Services, Critical Care, and Disaster Preparedness

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Hennepin County Medical Center/Hennepin Healthcare System (HHS) was Minnesota's first Level 1 Trauma Center, and its Emergency Department is the most active in the state. There were more than 106,100 emergency department and urgent care patient visits and 56,600 ambulance runs in 2006. Board certified Emergency Medicine physicians provide 24-hour coverage and outstate emergency consultation. Nurses receive and participate in teaching specialized training in handling trauma and medical emergencies.

Hennepin County Medical Center is an integral part of Minnesota's Statewide Trauma System providing emergency trauma care and has trained hundreds of police, sheriff and fire department "first responders," ambulance and air-link crews, and emergency department health personnel, from throughout Hennepin County and all across Minnesota. Hennepin County Medical Center also conducts onsite trauma consultation and/or customized onsite training at the request of rural hospitals and clinics. Hennepin County Medical Center has established an extensive trauma network in Minnesota. The goal is to provide healthcare professionals with resources and educational opportunities to assure that all patients receive state-of-the-art trauma care.

While Hennepin County Medical Center/Hennepin Healthcare System's position as a premier provider of emergency and trauma care is well known, its central role in disaster preparedness is also vital to the community. As a Regional Hospital Resource Center, HHS leads the statewide coordination of hospital responses to emergence events. As a Global Migration and Quarantine Facility, HHS will treat the first cases of any unknown infectious disease that may arrive in the Twin Cities area. Together with local public safety agencies and other public and private health organizations, HHS is part of the Metropolitan Response System, prepared to respond in a coordinated, highly effective way to any incident in which there are a large number of casualties to be treated.



# Education of Health Professionals

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Hennepin County Medical Center/Hennepin Healthcare System is a premier teaching hospital and clinic system. From the training of tomorrow's doctors, to ensuring physicians in rural Minnesota remain current on the latest medical advances, Hennepin County Medical Center/Hennepin Healthcare System has long been and continues to be a nationally recognized public health system and medical education resource.

Currently there are 275 resident physicians and approximately 90 medical students in training. In 2007, 758 residents trained either in whole or part (clinical rotations) at Hennepin County Medical Center. In addition to physicians, Hennepin County Medical Center educates students in a multitude of licensed health care professions, including nursing, laboratory and imaging technicians, emergency medical technicians and paramedics, and other first responders. With 82 education contracts in place, and affiliations with more than 60 Minnesota schools and colleges, Hennepin County Medical Center/Hennepin Healthcare System annually trains over 1,000 students in any given year in over 50 professional areas. As a major provider of medical education, Hennepin County Medical Center/Hennepin Healthcare System helps to meet the health care needs of the state and region as well as Hennepin County.

Historically, a majority of Hennepin County Medical Center's newly graduating physicians have chosen to establish their medical practice in the State of Minnesota. This ongoing retention of HCMC trained physicians in Minnesota helps to ensure that an increasingly diverse and growing population is able to draw upon highly qualified physicians who are well trained in diagnosing and appropriately treating people from a variety of backgrounds and cultures.



## B. Role and Programs, continued

2. An important facet of the safety net role is the scope of activity associated with our stand-by capacity and preparation of the community for biological, chemical, and other disasters, including designation as the Regional Hospital Resource Center as part of the Metropolitan Medical Response System, and as the Global Migration and Quarantine Facility.
  
3. The Hennepin County Medical Center/Hennepin Healthcare System active medical staff is comprised primarily of the physicians of Hennepin Faculty Associates (HFA). HFA is an independent, nonprofit corporation of 300 physicians and dentists who provide professional services at Hennepin County Medical Center. HFA physicians and dentists (many of whom are known at a national level through their professional affiliations) provide and oversee care, teach physicians and dentists during their training, and pursue clinical and other health-related research through the Minneapolis Medical Research Foundation (MMRF). The MMRF is the third-largest nonprofit medical research organization in Minnesota and it ranks in the top eight percent of all institutions receiving research funding from the National Institutes of Health (NIH).
  
4. Scope of Services, 2008-09: At this writing, it is our intent to provide the same scope of services in 2009 as in 2008, including a modest increase in the volume of services provided.

*Draft – Sept. 12, 2008*

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## C. Community Benefit

1. Hennepin County Medical Center plays a vital role in the overall health status, health service, and stand-ready capacity for the community and region.
2. This role includes far-reaching benefits to the community that include the cost of uncompensated care, costs in excess of payments for services rendered to persons on governmental health care public programs, health professional education and research costs, community education and other community service contributions.
3. Hennepin County Medical Center is a vitally important economic entity in the region, as an employer and purchaser of goods and services:
  - Full time equivalents (2008) 3,668
  - Wages – benefits (2007) \$313 million
4. In recognition of the transition from direct tax support, beginning in 2007, the operating agreement between Hennepin County and the Hennepin Healthcare System includes a volume-driven formula wherein the County will provide payments to Hennepin County Medical Center to help cover a portion of the indigent care costs for Hennepin County residents. The principles underlying the agreement have been observed in 2008 and will continue to be applied in 2009.

### 2007 Community Benefit/Contributions

Uncompensated care, incl. charity care, discounts offered to uninsured patients, and other care w/o compensation	\$ 74.0 million
Costs in Excess of Medicaid payments	\$ 41.7 million
Education and workforce development	\$ 17.5 million
Community and subsidized health services costs and community building and other comm. benefit costs	\$ 2.7 million
Medicare surcharge and MinnesotaCare tax	\$ 8.3 million
TOTAL value of community contributions	\$ 144.2 million



# V. Environmental Assessment and Health Challenges in the Community/Region

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- A. To assure development of the plan with awareness of the population needs assessment, many studies, databases and assessments were reviewed by staff (see Appendix 2). National best practices were also reviewed and provided.
- B. Executive summaries of the population health data and national best practices were provided to the Health Services Plan Advisory Council (HSPAC). This enhanced the HSPAC's ability to identify important health and health care issues to be addressed by Hennepin County Medical Center, as well as the means to best address them. The summaries were also verbally presented to the HSPAC by staff.
- C. In addition to executive summaries of data and best practices, a site visit to HCMC mental health services was conducted on May 20<sup>th</sup>, and five subject matter experts spoke to the HSPAC on July 29<sup>th</sup>. The purpose of the presentations on July 29<sup>th</sup> was to provide the HSPAC with indepth background on five issues identified by the HSPAC as the highest priorities for HCMC: expanding mental health services; reducing health disparities and improving immigrant health; primary care access; workforce training and diversity; and community engagement. (Content experts are named in Appendix 3.)



# VI. 2008-2009 Priorities and Actions

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## A. Previous Year (2007-2008) Performance Areas and Actions

In 2007, the HSPAC (informed by their own backgrounds, contacts, and materials reviewed as part of this process) developed a ranking of the most important health/health care issues that should be addressed by Hennepin County Medical Center for the 2007-2008 Health Services Plan.

The ranking is shown on the next page.



# Previous-Year Performance Areas Identified in 2007-2008 Plan

1. Focus on enhanced mental health role by HCMC
2. Focus on immigrant populations (cultural and language issues to consider)
3. Access to primary care
4. Role accommodating all conditions and populations
5. Training of health professionals
6. Reduce disparities (in health) among populations
7. Diversity in caregivers and other staff members
8. Improve health literacy among disadvantaged population groups
9. Heightened visibility of HCMC and its many capabilities
10. Expansion of affordable health care insurance coverage for working poor
11. Role in prevention and upstream intervention
12. Champion our “treat first” posture
13. Social/human services needs (e.g. housing, transportation) of priority service populations
14. Build relationship bridges to our many communities
15. Urban Health Network concept
16. Leverage research resources to improve health status
17. Enhance community health status (overall)



# VI. 2008-2009 Performance Areas & Actions

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## B. 2008-2009 Performance Areas and Actions

1. This year's HSPAC advocated continuing to address the 17 performance areas identified in the 2007-2008 Plan (see previous slide).
2. However, this year's HSPAC changed the priority performance areas slightly. The HSPAC decided that the 2008-2009 Health Services Plan should focus most intensely upon:
  - a. **Enhanced role in mental health services**
  - b. **Reducing health disparities and improving immigrant health**
  - c. **Expanding primary care access**
  - d. **Strong workforce training and the promotion of a diverse workforce**



# VI. 2008-2009 Priorities and Actions

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## B. 2008-2009 Priority Performance Areas and Actions

For each of the four issues cited on the previous page as most important for Hennepin County Medical Center to address, definitions of the issues and causal/contributing factors are highlighted. In addition, the HSPAC improved upon its 2007 list of possible Hennepin County Medical Center/Hennepin Healthcare System responses to address the issue. The resulting combined list of responses is shown in each case.



# Issue Summary: Mental Health

Mental Health	Causal/Contributing Factors
<p>Mental health is defined as a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and cope with adversity.</p> <p>Mental illness refers to all mental disorders: conditions that are characterized by alternations in thinking, mood or behavior associated with distress and/or impaired functioning.</p>	<ol style="list-style-type: none"> <li>1. Mental illness is treated differently than other health conditions. It is administered as a special service, resulting in stigma and underfunding compared to health care services.</li> <li>2. Public mental illness services are often fragmented into many different programs, and funding streams and services vary by locality, making it difficult to understand and navigate the system.</li> <li>3. Roles and accountability of the state, counties, health plans, non-profit agencies and mental health providers are not clearly defined.</li> <li>4. Shortages of mental health professionals and gaps in the service continuum.</li> <li>5. Few incentives for prevention, early intervention, and effective management of mental illness, with access/funding often not available until mental illness becomes serious and persistent.</li> </ol>



# Issue Summary: Mental Health

## Proposed HCMC/HHS Actions for 2008-2009

1. Continue to provide full spectrum of diagnostic treatment services, including Acute Psychiatric Services, inpatient care, outpatient and aftercare services.
2. Continued participation in the MHA-administered resource availability tracking system.
3. Participation in the Hennepin County/Metropolitan Health Plan Preferred Integrated Network (PIN) pilot.
4. Conduct community listening sessions in which people of various communities are asked for their thoughts and experiences around mental health problems, promotion, and treatment.
5. Support efforts to determine if data on self-reported incidence and prevalence of mental illness among newly-arrived immigrant populations is accurate.
6. Provide vision and leadership to service delivery and advocacy agenda, addressing the following as resources permit:
  - a. A leadership role in communications, media exposure, and public policy to help reduce stigma, increase knowledge and promote access to services for mental health problems.
  - b. Collaborative participation in pilots and structural changes directed to transforming the mental health system.
  - c. Become recognized as a community leader in dissemination of evidence-based best practices for mental health services, with particular sensitivity to minority and immigrant populations and chemical dependency
  - d. Champion need for training of additional mental health professionals.
  - e. Conceptualize ways and means to enhance screening for mental health, particularly in primary care settings.
  - f. Advocate for parity in mental health services reimbursement with reimbursement for medical services for physical diseases and disorders.
  - g. Advocate for flexibility in mental health services reimbursement in light of the fact that there is not always a solid “evidence-base” for mental health treatments that are believed, on anecdotal evidence, to be an important part of treatment.



# Issue Summary: Health Disparities

Health Disparities	Causal/Contributing Factors
<p>Health disparities among persons of varying socioeconomic status (e.g. income, education, race, and ethnicity) are a well-documented phenomenon in most countries of the world. Data show that profound health disparities exist in Minnesota.</p> <p>Racial and ethnic minorities continue to lag behind white in health status in Minnesota. Racial and ethnic minorities in general: 1) have less access to care; 2) encounter more barriers to care; 3) experience a greater incidence of chronic disease; 4) receive lower quality of care in many instances, and 5) experience higher mortality than white Americans in younger age cohorts. At HCMC/HHS, 60-65% of services are provided to persons belonging to racial and ethnic minorities.</p>	<p>Among the factors cited nationally and regionally that contribute to racial and ethnic disparities are:</p> <ol style="list-style-type: none"> <li>1. Unequal access to health care services.</li> <li>2. Poverty.</li> <li>3. Health care seeking behaviors (e.g. delays because of reluctance to approach the health care system).</li> <li>4. Cultural and linguistic barriers and isolation.</li> <li>5. Clinical uncertainty and limited information that result in disparities in treatment.</li> </ol>



# Issue Summary: Health Disparities

## Proposed HCMC/HHS Actions for 2008-2009

1. Execution of the initiatives cited among the performance areas to help address concerns related to access to primary care, accommodation of immigrant populations, and training health professions.
2. Strengthen interface with support services (public, advocacy, and faith community organizations) that can address other economic and human service issues that inhibit development of good health habits and access to the health care system.
3. Strengthen connections to existing resources that are available to address health literacy and patient-centered communication.
4. Continue interaction with public health, health care delivery system and community involvement to address important factors that contribute to the incidence of non-communicable disease (e.g. tobacco, diet, inactivity, hypertension, elevated lipids and diabetes).
5. Develop the infrastructure to support the following concepts (as championed by the Center for Urban Health):
  1. Collect information on race, ethnicity, and language preferences of all patients and alter service mix to meet the needs of patients presenting.
  2. Use administrative and clinic data to assure equal care by incorporating practice guidelines, quality indicators, and monitoring outcomes all enabled through advancements in medical informatics.
  3. Publish and promote the yield and outcomes from best practice guidelines to enhance dissemination of the Hennepin learning process.
  4. Utilize data and analytics to champion rational funding allocations for cost effective care and improved outcomes.



# Issue Summary: Immigrant Health

Immigrant Health	Causal/Contributing Factors
<p>The number of immigrants in Minnesota continues to increase. During the 1990s, there were 118,700 foreign-born, documented immigrants. From 2000-2006, there were 112,300 new immigrants. The health status of the immigrant population is a major concern. Many immigrants arrive in Minnesota with one or more health problems, and both the stress of immigration itself and exposure to new risks in Minnesota (e.g. diet, isolation) can threaten health status.</p>	<ol style="list-style-type: none"><li>1. The immigrant health challenge is a sub-set of the health disparities issue. The unique health challenges that immigrants face are multi-factorial in origin. Causes include the following:<ol style="list-style-type: none"><li>1. Difficulty knowing how to access the health care system;</li><li>2. Difficulty knowing how to navigate the health care system;</li><li>3. Challenges of literacy and the English language;</li><li>4. Minimal understanding of culture and health situations by many health providers;</li><li>5. Health coverage and affordability;</li><li>6. Fear of institutions in the adopted country;</li><li>7. Absence of economic resources.</li></ol></li></ol>



# Issue Summary: Immigrant Health

## Proposed HCMC/HHS Actions for 2008-2009

1. Monitor changes in the HCMC/HHS population demographics.
2. Review and (if recommended) recalibrate primary care clinic dedication that provides a balance of culturally specific sessions versus those for the population in general.
3. Expand scope of training and continuing education for health care providers on immigrant health issues.
4. Continue to use clinical guidelines and evidence based best practices with sensitivity to circumstances of the immigrant population.
5. Strengthen/formalize relationships with support services (public, advocacy organizations, and faith community) to help facilitate acclimatization and address basic human service needs.
6. Expand community health worker complement.
7. Continue promoting diversity in the HCMC workforce.
8. Proactively anticipate arrivals of new populations.
9. Continue to provide interpreter services, advocate for reimbursement for interpreter services, and eventually equitable payment for providers reflecting extended patient encounters for immigrants for whom English is a non-native language.
10. Track year-to-year percentage of HCMC patients who are foreign-born.
11. Use non-traditional media (e.g. internet, text-messaging, DVDs) to complement other methods to connect with immigrant-patients.
12. Explore ways in which medical home concept can be used to improve care for immigrant-patients.



# Issue Summary: Primary Care Access

Primary Care Access	Causal/Contributing Factors
<p>Access to health care is important to increase the quality and years of life for everyone, and to help reduce health disparities. Primary care is an important part of the health services continuum which can address in part health promotion, preventive care, and a medical home that patients can use as an ongoing resource to maintain their health and mitigate against the onset of more serious conditions.</p>	<p>Access to primary care is problematic for a number of reasons, including:</p> <ol style="list-style-type: none"><li data-bbox="719 496 1608 529">1. A national and statewide shortage of primary care providers.</li><li data-bbox="719 544 1685 611">2. Lack of affordability for many persons due to inadequate financial resources or health care coverage.</li><li data-bbox="719 625 1761 729">3. The challenge for some individuals and population segments to navigate in a timely and effective manner to primary care delivery sites and/or a medical home.</li></ol>



# Issue Summary: Primary Care Access

## Proposed HCMC/HHS Actions for 2008-2009

1. Continue expansion of HCMC/HHS primary care network.
2. Extend hours of operation at existing sites of service.
3. Publicize hours of operations and safety-net admissions/payment policies.
4. Improve the patient experience in HCMC clinics by reducing wait times and training staff to create memorable, compassionate experiences.
5. Continue participation in initiatives and pilots to address medical homes and health care access (e.g. Community Care Network, Hennepin County web-based primary access project).
6. Continue training primary care providers, including physicians, physician assistants, and advanced practice nurses.
7. Health science research utilizing the Center for Urban Health to quantify the value of primary care delivery.
8. Advocacy/public policy platform addressing value and economics of primary care delivery.
9. Advocacy for universal coverage.
10. Outreach to facilitate public insurance program enrollment.
11. Enhance electronic health record interoperability with community clinics.
12. Inform the public, current patients, and community leaders in a timely and detailed manner when patterns of care are changed (e.g. the move of dental care facilities recently from Hennepin Care South to Downtown).



# Issue Summary: Workforce Training

Training of Health Professionals	Causal/Contributing Factors
<p>The workforce is constantly changing as older people retire and younger people enter the workforce. Minnesota's health care industry is experiencing particular pressure in that 1) as the baby-boom generation leaves the workforce between now and 2020, the health care industry will be competing with all other sectors of the economy for a smaller workforce generation, and 2) the aging of the entire population will increase demand for health care services, creating a need for more health professionals than ever before.</p> <p>A particular source of pride at HCMC is that a majority of the physicians and other health professionals trained at Hennepin continue to practice or are employed within the State of Minnesota.</p>	<ol style="list-style-type: none"> <li>1. At the national level, though U.S. medical schools are expanding their enrollments, little expansion is called for in Graduate Medical Education (GME) positions. Caps on the number of resident trainees imposed by Medicare (still the largest single funding agency for GME) restrict any expansion in the number of physicians.</li> <li>2. Given the high costs of medical education, there is a tremendous bias among new trainees to gravitate to procedural and subspecialty oriented practices, which afford greater income opportunity than primary care specialties.</li> <li>3. Substantial shortages are anticipated in many of the health professions. The supply of nurses is perhaps among the greatest concerns, with 25% of Registered Nurses in Minnesota age 55 or older, with a median age of 47 years.</li> </ol>



# Issue Summary: Workforce Training

## Proposed HCMC/HHS Actions for 2008-2009

1. Continue collaborative discussions with the University of Minnesota and other health professional educators to shape educational activities so that health professionals will be trained in those areas that are anticipated to experience the more acute shortages.
2. Build on 2008 commitments with Minneapolis high schools about building a Speaker's Bureau of animated, professional HCMC ambassadors to speak to middle/high school students about the rewards of careers in the health professions.
3. Consider program enhancements to the "Pave the Way" vision, including formal mentoring program, internships, and grant or loan programs for educational development of entry level staff.
4. Develop state-of-the-art education facilities at HCMC to complement excellent training programs.
5. Public policy agenda to champion the need for adequate reimbursement to generate health professions in short supply, particularly those that facilitate upstream intervention.
6. Campaign for policy changes to assure qualified and competent foreign-trained health professionals are able to join the Minnesota workforce.
7. Expand HCMC Ambassador Program for high-school students or recent high-school graduates to volunteer at HCMC and become introduced to the hospital work environment.



# Issue Summary: Workforce Diversity

Workforce Diversity	Causal/Contributing Factors
<p>Health care service delivery is facilitated when patients and providers share backgrounds and values. Racial and ethnical similarity between patients and providers is associated with greater patient satisfaction, and greater compliance with treatment regimen. At HCMC/HHS, in addition to a more diverse workforce, there is a genuine commitment to building a workforce that more closely parallels our patient mix. HCMC also embraces “inclusion” which includes all elements of diversity and cultural competence and commits the hospital to create a culture that serves to unite and celebrate all employees rather than differentiate among groups.</p>	<p>Diversity in the employee and medical staff of HCMC/HHS tends to parallel that seen in our society as a whole and in health care enterprises:</p> <ol style="list-style-type: none"> <li>1. Leadership positions are often held by Caucasians with greater proportions of persons of color employed in positions available for the less skilled.</li> <li>2. Leadership positions typically require extensive formal education, which is a severe challenge to persons of color who are less likely to have the economic resources and support systems to obtain the necessary education.</li> </ol>



# Issue Summary: Workforce Diversity

## Proposed HCMC/HHS Actions for 2008-2009

1. Implement the Strategy for Inclusion plan developed by the HCMC Diversity Council, which includes focus on 1) leadership accountability; 2) adoption of internal and external best practices relative to recruitment and development including career ladders, 3) diversity celebrations, and 4) education and learning.
2. Expand community outreach efforts, particularly to enhance awareness of HCMC among communities we serve and establish rapport/relationships that target HCMC as an employer of choice.
3. Recruit and support minority and immigrant students in health care programs, via mentoring, scholarship, and loan forgiveness programs.
4. Campaign for policy change to assure qualified and competent foreign-trained health professionals are able to join the Minnesota workforce.
5. Use alternative communication media (e.g. text-messaging, internet, DVDs) to reach out to younger persons of color and immigrants of color who may be interested in pursuing a health profession. Information could include portrayals of others in similar circumstances who were successful in becoming health professionals and of programs and resources for health professional education.



# VI. 2008-2009 Priorities and Actions

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## c. Enabling Strategic Processes

1. Community Engagement
2. Urban/Metro Health Network
3. Public Policy Platform
4. Internal Dissemination and Coordination



# 1. Community Engagement

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One of the resounding themes that emerged from the 2008 Health Services Plan development process was the need for ongoing engagement by HCMC/HHS with the communities that the hospital serves.

Community engagement is the process of involving communities that the hospital serves in determining which health ends the hospital strives to achieve and how the it acts to achieve them.

A number of actions were proposed to give form to greater community engagement by HCMC, including:

- Creating venues in which hospital leadership can “listen” to the public about how it defines and experiences health, what it sees as promoting and inhibiting of health, and about its experience of HCMC as a place and source of healing. A model for this was provided by the City of Minneapolis Department of Health and Family Service’s Urban Health Storytelling Project.
- Adopting the Advancing the State of the Art in Community Benefit (ASACB) methodology for engaging the community in addressing disproportionate unmet health needs (DUHN) among various segments of the population that the hospital serves and quantifying the “invisible” community benefit associated with such prevention.



## 2. Urban/Metro Health Network

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- A. Hennepin Healthcare System will formalize and expand its sphere of activities in development of the Urban/Metro Health Network.
- B. Mission of the Network: To improve the health care and health status of its patients and its community by providing primary care, world class treatment and chronic disease management, promoting population health improvement activities, undertaking health services research, and advocating for policy change.
- C. The initiatives and activities for 2008-09:
  - 1. Continue role in advocacy on behalf of vulnerable patients and at-risk populations, and the safety net institutions that address their needs.

*Continued, next page*



## 2. Urban/Metro Health Network (continued)

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- c. The initiatives and activities for 2007-08:
  - 1. Enhance accessibility of the Hennepin County Medical Center/Hennepin Faculty Associates primary care network:
    - a. Increased provider complement
    - b. Increased hours of operation
    - c. Infrastructure improvement, e.g. Contact Center functionality
    - d. Shorter wait times
    - e. Improved patient experience
    - f. Replace the undersized and outdated Family Medical Center Facility
    - g. Additional site of service in the northwest suburbs
    - h. Public sliding fee schedule
    - i. Retain and/or interface with community health workers
    - j. Continue financial screening and counseling program to facilitate public program enrollment
- D. Continue (Community Care Network) and develop or participate in pilots (e.g. web-based ED diversion program) that provide for investigation, findings, and syndication of results that will enhance the knowledge base and facilitate the dissemination of the relevant findings to the community at large.
- E. Formally invite like-minded collaborators that have demonstrated commitment to vulnerable populations and willingness to engage in longitudinal investigation directed to enhancing the health status of the region, using the knowledge and resources of the Center for Urban Health.



### 3. Public Policy Platform

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- A. Advocate for universal coverage.
  
- B. Unless/until universal coverage is adopted, public policy positions that would address the health/health service challenges cited in this planning process include the following:
  - 1. Increase resources directed to proven methods that enhance health status (e.g. reimbursement for primary care, mental health parity).
  - 2. Enhance resources for extended work efforts required for patients with extensive co-morbidities and challenging social/human service situations (e.g. homeless, extended visits, interpreter reimbursement).
  - 3. Campaign for policy change to assure qualified and competent foreign-trained health professionals are able to join the Minnesota workforce.
  - 4. Contemporary health/health science education facilities on the Hennepin County Medical Center campus.



## 4. Internal Dissemination and Coordination

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In Section VII of this plan, progress on previous year priority performance areas is reported. Progress on these items is reported as specifically and quantifiably as possible. In the evolving process of producing the Health Services Plan, Hennepin Healthcare System / Hennepin County Medical Center seeks to develop appropriate measures of success, both quantitative and qualitative.

It is also necessary to disseminate the recommendations in the annual Health Services Plan at multiple levels within the Hennepin Healthcare System / Hennepin County Medical Center organization.

Getting to reliable measures that can be applied and evaluated over time, as well as effectively disseminating Plan recommendations, requires careful and detailed coordination of the annual Health Services Plan with tactical planning and budgeting.

The 2008 Health Services Plan Advisory Council has advocated further development of the internal infrastructure for coordination of the Plan with planning and budgeting. This should lead to the identification in next year's Plan of some measures that will be presented year-to-year in the annual Plan, and a more effective and efficient means for disseminating the Plan throughout the HCMC organization.



# VII. Measuring and Reporting on Progress

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## A. Outcomes 2007-2008

Progress on the priority performance areas in the 2007 Health Services Plan is presented in the following pages.



# Enhanced Role in Mental Health

## Progress in the past year:

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1. Expansion of HCMC inpatient capacity to 105 beds and total renovation of 2 inpatient units
2. Implementation of new care model incorporating use of physician assistants
3. Recruiting of additional psychiatrists at HCMC
4. Transfer of licensed bed capacity to Regions Hospital to better meet demand
5. Expansion of psychiatry resident program by 8 residents over four years



# Immigrant Health and Disparities

## Progress in the past year:

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1. Convened Summit of Safety Net Providers on June 30, 2008
2. Primary Care Access Project (start August 1, 2008)
3. Faculty, Governor's Health Care Disparities Task Force, Data Forum
4. Legislative advocacy around interpreter services reimbursement



# Access to Primary Care

## Progress in the past year:

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1. Patient Advisory Council formed and meeting
2. Installation of EPIC at NorthPoint (Go live April 1)
3. Clinic system operating improvements
4. Created Telephone Contact Center for scheduling
5. HCMC Health Care Home charter being developed internally
6. Clinic expansion
  - a) Lease negotiations underway for construction of a new primary care clinic in the NW Metro
  - b) Purchase agreement obtained on land for a new facility for Family Medical Center



# Health Professional Training & Diversity

## Progress in the past year:

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1. Strategy for Inclusion implementation
2. Hennepin Health Sciences Education Center received \$820,000 in bonding from State of Minnesota
3. English proficiency training; workplace Spanish for healthcare; Robert Wood Johnson Foundation grant for Interpreter Services
4. HealthForce Minnesota discussions (April, 2008)
5. Project for Pride in Living
6. Speakers Bureau development
7. Establishment of the HCMC Diversity Council
8. Brown-bag lunch diversity training sessions



# Accessibility to All

## Progress in the past year:

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1. Hennepin County Medical Center has maintained its “treat-first” practice; our web site and publications cite the availability of a discount for persons at or below 300% of Federal Poverty Guidelines.
2. The full scope of services offered in 2007 has been maintained in 2008.
3. Support services to help our patients with other human services needs (social services, financial counseling, and interpretation) continue to be provided.
4. Uncompensated care costs are not an aspiration of Hennepin County Medical Center but are indicative of the safety net role. Costs in 2005: \$33.4 million; 2006: \$38.2 million; 2007: \$47.0 million.



# Collaboration with Hennepin County for Human and Social Needs

## **Progress in the past year:**

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1. Hennepin County Medical Center has provided input to the refreshing of the most recent SHAPE survey, the findings of which have only recently been released (and were used by this year's HSPAC).
2. Hennepin County Medical Center is working with individual departments of the County:
  - a) Service level agreements have been developed for 20 to 25 of Hennepin County departments with Hennepin County Medical Center
  - b) An affiliation agreement with NorthPoint Health and Wellness Center has been signed
  - c) Hennepin County Medical Center is working with Human Services and Metropolitan Health Plan on the Integrated Care for the Mentally Ill pilot project.



# Disaster Preparedness / Emergency Capacity

## Progress in the past year:

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1. Hennepin County Medical Center continues as the Regional Hospital Resource Center, the Global Migration and Quarantine Facility, and the health care linchpin of the Metropolitan Medical Response System.
2. Hennepin County Medical Center and Hennepin Faculty Associates representatives continue to play leadership roles in the Statewide Trauma Network planning and certification process as it continues toward fully operational status in 2009.
3. Hennepin County Medical Center has frequently experienced a high patient census. Inpatient bed capacity is being added to respond to the increasing demand for mental health and general hospital services.



# Appendices

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- Appendix 1. Health Services Plan Advisory Council Members *(ref. page 6)*
- Appendix 2. 2008 HSPAC Population Health Data Sources *(ref. page 15)*
- Appendix 3. 2008 Speakers at July 29<sup>th</sup> Health Services Plan Advisory Council Meeting *(ref. page 15)*
- Appendix 4. Hennepin County Medical Center/Hennepin Healthcare System Services, 2007 *(ref. page 27)*



# Appendix 1.

## Roster of 2008 HSPAC Members

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- Minnesota State Senator Linda Berglin
- Del Gates, *UCare*
- Barbara Dickie, *St. Mary's Health Clinic*
- Edward Ehlinger, MD, *Boynton Health Service*
- Minnesota State Representative Diane Loeffler
- Mimi Girma, *Powerhorn/Phillips Cultural Wellness Center*
- Terry Knutson, *HCMC Patient Advisory Council*
- Deanna Mills, *Community-University Health Care Center*
- Atum Azzahir, *Hennepin Healthcare System, Inc. Board of Directors*
- Todd Monson, *Hennepin County*
- Gretchen Musicant, *Mpls Dept of Health & Family Support*
- Christopher Reif, MD, *Community-University Health Care Center*
- Dee Thibodeau, *Charter Solutions (and Council Chair)*
- Phyllis Sloan, *LeCreche Early Childhood Centers*
- Candice Washington, *Abbott Northwestern Hospital*
- Donna Zimmerman, *HealthPartners*
- Jonette Zuercher, *Hennepin County Public Health Advisory Committee*



# Appendix 2.

## 2008 HSPAC Data Sources

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- ❑ Hennepin County Human Services and Public Health Department (2008). Data on births to foreign and native-born mothers in Hennepin County / rates of births to mothers insured by public programs in Hennepin County.
- ❑ Hennepin County Human Services and Public Health Department (2008). Chlamydia rates in Hennepin County by race and ethnicity.
- ❑ Hennepin County Human Services and Public Health Department (2008). 2006 SHAPE (Survey of the Health of All the Population and Environment) – Abridged summary slide presentation – Adult data.
- ❑ Hennepin County Human Services and Public Health Department (2008). 2006 SHAPE (Survey of the Health of All the Population and Environment) – Abridged summary slide presentation – Children’s data, Part 1.
- ❑ Hennepin County Human Services and Public Health Department (2008). 2006 SHAPE (Survey of the Health of All the Population and Environment) – Abridged summary slide presentation – Children’s data, Part 2.
- ❑ Minneapolis Department of Health and Family Support (January, 2008). Risks of Being Overweight for Women of Reproductive Age.
- ❑ Minneapolis Department of Health and Family Support (March, 2006). Health Disparities in Minneapolis: Populations of Color and American Indians.
- ❑ Minneapolis Department of Health and Family Support (September, 2006). Monitoring Infant Mortality in Minneapolis and Saint Paul.
- ❑ Minneapolis Department of Health and Family Support (March, 2003). Building a Children’s Oral Health Safety Net.
- ❑ Minnesota Department of Health – Center for Health Statistics (2007). Populations of Color in Minnesota: Health Status Report, Update Summary, Spring, 2007.



# Appendix 2.

## 2008 HSPAC Data Sources (cont'd)

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- ❑ Minnesota Department of Health (2008). Review of a Proposal from Prairie Saint John's to Build a Specialty Psychiatric Hospital in Woodbury.
- ❑ Minnesota Department of Health (2008). Health Insurance Coverage in Minnesota.
- ❑ Minnesota Department of Health (2008). Vital Statistics Summary – Minnesota.
- ❑ Minnesota Department of Health (2008). Vital Statistics Summary – Hennepin County.
- ❑ Minnesota Department of Health (2006). Primary Refugee Arrival in Minnesota by County.
- ❑ Minnesota Department of Health (2006). Refugee Health Screening Results.
- ❑ Minnesota Health Care Transformation Task Force of 2008 (January, 2008). Summary of Final recommendations submitted to Governor Pawlenty.
- ❑ Minnesota State Legislature, Legislative Commission on Health Care Access (February, 2008). Summary of the Final Report Recommendations Submitted to the Minnesota State Legislature.
- ❑ United Health Foundation (2007). State Health Ranking Report – Minnesota.



# Appendix 3.

## Roster of Speakers, July 29<sup>th</sup> HSPAC Meeting

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- Nancy Jaekels, Director, DIAMOND Project, ICSI
- Jeff Schiff, MD, Medical Director, MN Health Care Programs, Department of Health and Human Services, State of Minnesota
- Margaret McLaughlin, PhD, Dean, College of Health, College of Saint Catherine
- Gretchen Musicant, Director, City of Minneapolis Department of Health and Family Support (DVD presentation)
- Arthur Himmelman, Principal, Himmelman Consulting



## Appendix 4.

# Hennepin County Medical Center/Hennepin Healthcare System Services 2008

- Acute Psychiatric Services\*
- Ambulance Service\*
- Anesthesiology
- Battered Women's and Men's Advocacy Services
- Birth Center
- Brain Injury Services
- Burn and Wound Clinic
- Burn Center\*
- Cancer Center
- Cardiology
- Cardiothoracic Surgery
- Center for Senior Care
- Chaplaincy\*
- Child/Adolescent Psychiatry Clinic
- Clinics\*
- Continence Center
- Continuing Medical Education (CME)
- Cytogenetics Lab
- Dentistry\*
- Dermatology
- Diabetes and Endocrinology Center
- Diversity Program
- Donations, Organ and Tissue
- Education Department
- Emergency Department\*
- EMS Education
- Extended Care Department
- Family Medicine\*
- Graduate Medical Education\*
- Health Sciences Library
- Heart Center
- Hennepin Regional Poison Center\*
- Hennepin Women's Mental Health Program
- Hospitalist Program
- Huntington's Disease Center for Excellence at HCMC
- Hyperbaric Medicine\*
- Indian Health Advocate\*
- Internal Medicine
- Interpreters\*
- Knapp Rehabilitation Center
- Laboratories, Clinical and Anatomic
- Library and Media Services
- Lung Infections and Diseases
- Medical Technology School
- Medicine Specialty Clinics
- Midwife Service
- Minnesota Regional Sleep Disorders Center
- Neurodiagnostics Lab
- Neurology
- Newborn Intensive Care Unit\*
- Nutrition Services
- Obesity Program
- Obstetrical Testing Unit
- Obstetrics/Gynecology Clinic
- Occupational Therapy
- Operating Room
- Ophthalmology
- Orthopaedics
- Otolaryngology
- Partial Hospital Program
- Pathology
- Patient Education Resources
- Patient Representative's Office
- Pediatrics Clinic
- Pediatric Inpatient Care
- Pediatric Emergency Department\*
- Pharmacy
- Physical Medicine and Rehabilitation Clinic
- Physical Therapy
- Positive Care at Hennepin County Medical Center\*
- Prenatal Classes
- Prevention Programs
- Primary Care Clinics and Specialty Centers
- Psychiatry\*
- Public program enrollment assistance\*
- Pulmonary Function Lab
- Radiation Oncology
- Radiology
- Renal Care Unit
- Respiratory Care
- Same-Day Surgery
- Sexual Assault Resource Service (SARS)\*
- Social Services\*
- Speech-Language Pathology
- Sports Medicine
- Surgery Subspecialty Clinics
- Transplant Services
- Trauma Services\*
- Urgent Care
- Vascular Access
- Weight Loss Surgery

*Draft – Sept. 12, 2008*

*\*Services often categorized as "safety net" services*