

Lower Umpqua Hospital District

2022-23 CBR-1 Supplemental Narrative

The current Community Health Needs Assessment (CHNA) was completed during the District's fiscal year which ran from July 1, 2020 through June 30, 2021. The Board of Directors adopted the CHNA at their December 2020 Board meeting and it was published in January, 2021. The 2023-2024 CHNA has recently been completed. It is expected that the Board will adopt the CHNA on January 28, 2024 and that it will be published in February 2024.

Top unmet needs in 2020 were somewhat skewed due to the COVID pandemic. Filtering for those, chief concerns were Improving the health of the population, enhancing the healthcare experience, and increasing access to primary care services.

The strategies identified to improve the health of the population included chronic care management, transitions of care and early detection and treatment. The plan was to improve the patient experience by focusing on quality benchmark data, supporting community programs that enhance the District's mission and a renewed focus on the patient experience throughout the continuum of care. Finally, access to primary care was to be enhanced through the recruitment of new providers, evaluating the need for new service lines and streamlining the patient intake process.

The key to all of this was the recruitment and maintenance of an appropriate level of primary care providers (PCP). The district has determined that five PCPs are required to meet the community need. As fiscal year 2022-23 opened the district only employed two permanent PCPs (one doctor and one advanced practitioner (ALP)). The year saw the recruitment of a permanent second doctor and a second permanent ALP. The district also used the services of a locums physician most of the year. As the year was ending, the district was in talks with a third ALP which would have completed the needed panel of PCPs. Ultimately this recruitment was successful and by October 2023 the District employed its full complement of PCPs. The district offers same-day appointments as well as traditional appointments and employs a panel of three part-time physicians and one part-time ALP to meet this need.

As these providers were added, capacity to take on new patients was created. By the end of the fiscal year nearly 4,000 patients were paneled with the providers. We continue to take on 15 to 20 new patients each day.

The Family Resource Center (FRC) continues to be a vital service in our community for clients that need more social than medical services. The FRC connects clients to these services through both casual and formal referrals.

The District employs a part-time physician to provide specialized care to particularly vulnerable patients who suffer from chronic conditions. He frequently makes house-calls due to the mobility issues of these patients. The District also employs a registered nurse to deal with transitions of care issues for all patients that visit the emergency room.

The District continues to partner with the school in the form of subsidizing the School Resource Officer (SRO). The SRO meets both safety and mental health needs of students and staff. The District partners with the county in the form of subsidizing 911 dispatch services.

While our EMS services do not meet the definition of a Subsidized Health Service, the District incurred a loss of over \$400,000 by providing this service to the community. Without local EMS, patients needed emergency off campus services could wait 45 minutes to an hour for help to arrive as opposed to minutes.