

CORTLAND REGIONAL MEDICAL CENTER COMPREHENSIVE COMMUNITY SERVICE PLAN

2009–2011

ONE-YEAR UPDATE – SEPTEMBER 2010

INTRODUCTION

Cortland Regional Medical Center's Comprehensive Community Service Plan (CSP) is prepared to comply with New York State Public Health Law, which requires all New York State hospitals to produce a Comprehensive Community Service Plan every three years and annual updates in the intervening years. The following is a report of CRMC's one-year efforts to implement its 2009-2011 CSP. Cortland Regional Medical Center is proud to utilize this opportunity to demonstrate its commitment to meeting the health care needs of the Cortland community and surrounding area.

In April 2008, New York State Commissioner of Health, Richard Daines, M.D., launched the "Prevention Agenda for the Healthiest State," establishing priorities to improve the health of all New Yorkers. Commissioner Daines enlisted hospitals and local health departments to engage in collaborative efforts to address these priorities. Cortland Regional Medical Center's Community Service Plan describes the Medical Center's participation with community partners to assess community needs and sets forth Prevention Agenda Public Health Priorities for the local community, which have been established in response to a community needs assessment and in consultation with the Cortland County Health Department. The information contained in this report is intended to inform the community about the process undertaken to identify and prioritize the community's healthcare needs and the initiatives Cortland Regional Medical Center has undertaken to address the most urgent needs.

Copies of CRMC's Community Service Plan are available at local public libraries and in the Medical Center's in-house library. Brochures summarizing the CSP are also made available to community agencies through the Seven Valleys Health Coalition and at locations within the Medical Center. Additionally, the CSP is posted on the CRMC website at www.cortlandregional.org. CRMC invites public comment its CSP and this annual update, as well as on the organization, its services, and community involvement. Comments and inquiries can be submitted to:

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OUR MISSION

Cortland Regional Medical Center provides quality healthcare with skill and compassion, meeting the lifelong healthcare needs of all citizens of Cortland and the surrounding communities.

OUR VISION

Cortland Regional Medical Center will be the best choice for Quality Healthcare.

STRATEGY STATEMENT

· Patient Centered and Performance Focused.

CRMC's Mission, Vision, and Strategy as currently stated continue to describe accurately and succinctly the Medical Center's role as the leading provider of healthcare services to the greater Cortland community; the statements have not been modified in the past 12 months.

SERVICE AREA

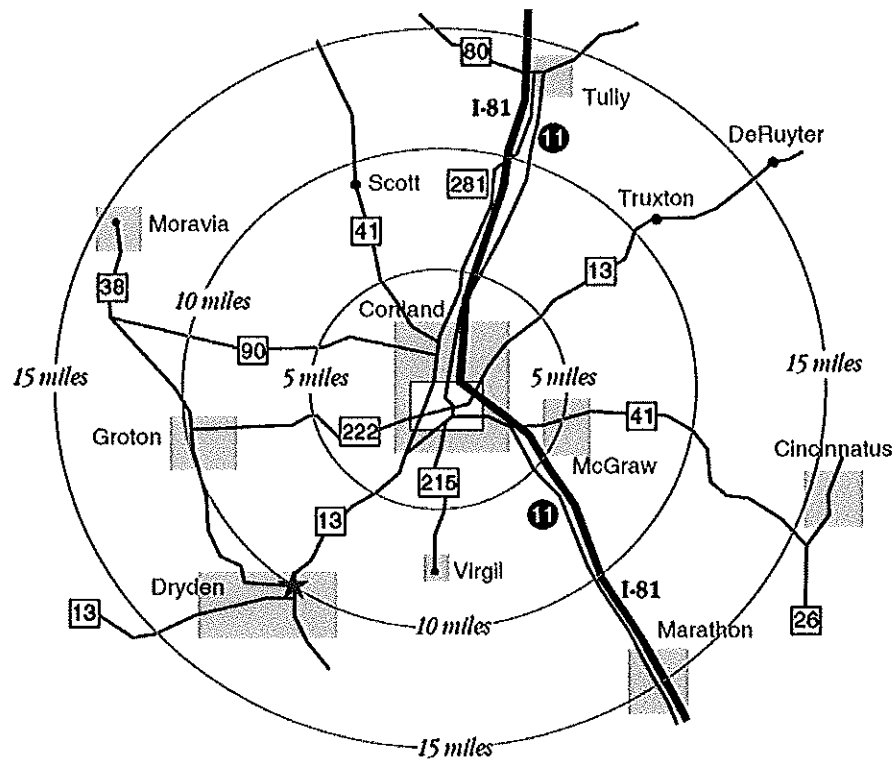
HOSPITAL SERVICE AREA

Cortland Regional Medical Center is located in the City of Cortland, County of Cortland, in the central region of New York State. The Medical Center is approximately 35 miles south of Syracuse, New York; 40 miles north of Binghamton, New York; and 24 miles northeast of Ithaca, New York. As the only hospital in Cortland County, CRMC is federally designated a sole community hospital. The Medical Center serves all of Cortland County and neighboring parts of seven contiguous counties, including Onondaga, Madison, Chenango, Broome, Tioga, Tompkins, and Cayuga.

DESCRIPTION OF SERVICE AREA

Cortland Regional Medical Center defines its primary service area as an 18-zip-code area in and around Cortland proper. It accounts for 92.8% of Cortland Regional Medical Center's total inpatient admissions; this represents approximately 52% market share. Cortland Regional Medical Center is committed to providing quality healthcare services by using available resources to meet the needs of the people who live or work in its service area.

The service area described above has not changed since the submission of CRMC's Community Service Plan in 2009.



PARTICIPATION IN COMMUNITY NEEDS ASSESSMENT

PARTICIPANTS

Cortland Regional Medical Center collaborates with the Cortland County Health Department, SUNY Cortland, and the United Way for Cortland County to maintain an ongoing community needs assessment under the auspices of the Seven Valleys Health Coalition. A Community Assessment Team (CAT) comprised of the Medical Center's CEO and the Cortland County Public Health Director, as well as representatives from each of the other involved organizations oversees the annual updating of the assessment. At a minimum, the CAT meets biannually and more frequently if needed.

Cortland Counts: An Assessment of Health and Well Being in Cortland County is a comprehensive community needs assessment that is updated every five years. In the years between full assessments, an abbreviated version, the *Community Report Card*, is published to provide updated highlights of the comprehensive assessment in an "at-a-glance" format. The most recent edition *Cortland Counts* was released in October 2009.

ADDRESSING THE FINDINGS

The Medical Center's CEO is also a member of a Blue Ribbon Committee (BRC) that includes broad community representation. In the fall of 2009, the BRC reviewed the most recent *Cortland Counts* assessment in light of data provided by focus groups and citizen surveys, as well as other community research and feedback. Using both subjective and objective data, the BRC set priorities and developed an updated Strategic Plan. The current plan includes five broad tracks: Economic Development, Youth, Housing, Sustainability, and Health. A community organization, or coalition of organizations, is taking the lead to address each broad track. The Seven Valleys Health Coalition, in collaboration with Cortland Regional Medical Center, the Cortland County Health Department, Family Health Network, and other community-based agencies, is directing the focus on community health.

PUBLIC INPUT IN THE ASSESSMENT PROCESS

The 2010 *Cortland Counts* Community Forum, sponsored by the Blue Ribbon Committee, was held January 14, 2010. Members of the community at large and stakeholders representing each of the Strategic Plan Tracks were in attendance. The findings published in the latest edition of *Cortland Counts* were reviewed at this meeting and attendees were given the opportunity to provide feedback and input on 2010 priorities for each track. Based on this feedback a Sustainability Track was added to the Strategic Plan.

Cortland Counts is a key document that the Medical Center and many community agencies utilize in setting priorities for the continuation of existing services and the development of new/enhanced programs and services.

PUBLIC HEALTH PRIORITIES

CHRONIC DISEASE

Cortland Regional Medical Center and its community partners are focusing on cardiac health, diabetes, and diseases of the lung. CRMC has implemented or is planning to implement new programs targeted to reduce readmission of patients for chronic conditions.

➤ ***General Approaches to Improve Chronic Disease Management:***

- ◆ Transition Coach Program – CRMC implemented a new program to assist patients suffering from chronic diseases, such as congestive heart failure, pulmonary lung disease, and diabetes, in making the transition from institutional care to informal care within the home. Since November 2009, CRMC has trained five transition coaches who have worked with 96 patients and their families on areas such as medication reconciliation, improved management of medical appointments, and how to look for red flags or triggers that might require a change in care or medical attention. CRMC utilized grant funds to implement the Transition Coach Program and is currently seeking additional grant funding to solidify the program and create a part-time position to maintain it.
- ◆ Long Term Home Health Care Program (LTHHCP) – Cortland Regional Medical Center's Long Term Home Health Care Program is designed to allow nursing home eligible individuals with chronic conditions to remain at home by providing nursing care, assistance of home health aides, physical therapy, and a variety of other services. Monitoring patients remotely via telemedicine has not yet been implemented but is still being considered to improve care provided to LTHHCP participants.
 - Goal: Decrease readmission to the hospital at 30, 60, and 90 days.
 - Measurement: Number of readmissions at 30, 60, and 90 days.

Statistics available to date are insufficient to determine whether these efforts are having the desired impact; however, the 30-day readmission rate in 2010 is 15.6% versus 14.8% in 2009. Factors that contributed to an increase in the 30-day readmission rate rather than the desired decrease are being investigated.

- ***Diabetes:*** Cortland Regional Medical Center works in collaboration with the Central New York Diabetes Prevention Partnership. The Medical Center's Certified Diabetic Educator is an active participant in this coalition of providers of services to diabetics.
 - ◆ CRMC Diabetes Services – The Medical Center has been offering a comprehensive range of services to diabetics for more than 20 years. A Registered Nurse who is certified as a Diabetic Educator through the American Diabetes Association coordinates these services. CRMC committed significant financial resources over a two-year period to permit a staff RN to receive the training necessary to become certified. The range of services includes:
 - Outpatient Counseling – Individualized education regarding insulin/medication management, use of a glucometer, and general management of the disease.
 - Diabetes Self-Management Program – A four-week program that covers various aspects of managing diabetes, including medications; nutrition and meal planning; exercise; stress management; and eye and foot care.
 - Diabetes Support Group – A monthly forum that provides an opportunity for diabetics and members of their families to discuss the challenges of living with diabetes.

- Follow up Telephone Consultations – CRMC’s Certified Diabetic Educator follows up with each participant of the Diabetes Self-Management Program and every patient with whom the educator consulted while receiving treatment at CRMC. These telephone consultations provide patients the opportunity to address questions, concerns, and specific issues.
 - Goal: Increase the number of diabetics participating in these programs.
 - Measurement: Number of patients enrolled in diabetic education programs.

The goal of increasing the number of diabetics participating in CRMC’s programs for diabetics was not met in year one. The number of participants in the Diabetes Self-Management Program declined from 45 in the period from January to September 2009 to 18 for the same period in 2010. Anecdotal evidence suggests that many potential clients are unable or unwilling to pay the \$52.50 out-of-pocket fee due to economic uncertainty. The fee is being reviewed to determine whether it can be lowered to make participation feasible for more clients.

➤ Cardiac Health:

- ◆ RMP Cardiology Practice – Regional Medical Practice, P.C. (RMP) is an affiliate of Cortland Regional Medical Center that employs physicians and develops office-based practices. Through this vehicle, CRMC recruited a cardiologist to practice onsite, filling a gap in service for this specialty. The RMP Cardiology Practice provides a full array of non-invasive cardiac care, including cardiac diagnostics and pace maker monitoring. In August 2010, CRMC expanded the capacity of this practice with the addition of a second cardiologist. Plans are also being developed to open satellite offices to provide even greater access to office-based cardiac care.
- ◆ Cardiac Rehabilitation Program – CRMC offers a Cardiac Rehabilitation Program for patients who are recovering from cardiac disease. The program provides a progressive exercise regimen under the supervision of a cardiologist.
- ◆ Vascular Screening Program – Under the auspices of a proposed Cortland Rural Health Outreach Collaborative, a program would be instituted to increase early detection of carotid, aortic, and peripheral vascular diseases by conducting non-invasive diagnostic screening of adults over age 50 at community health screening events. Individuals identified as being at risk would be assisted in obtaining access to necessary diagnostic tests and procedures. Implementation of a Vascular Screening Program is contingent upon securing funding; to date, CRMC and its community partners have not succeeded in securing these funds, thus the program has not yet been implemented. Additionally, it is becoming increasingly difficult to provide screenings and maintain regulatory compliance.
- ◆ Congestive Heart Failure (CHF) Rehabilitation Program – CRMC proposes to follow the model outlined for the Vascular Screening Program to introduce a CHF Rehabilitation Program. Unfortunately, a source of alternative funds to support the cost of a CHF Rehabilitation Program has not been identified, thus the program has not yet been implemented.
 - Goal 1: Disease prevention by increased participation in cardiac health and screening programs.
 - Measurement: Number of participants in cardiac health and screening programs.
 - Goal 2: Prevent progression of cardiac disease.
 - Measurement: Number of readmissions at 30, 60, and 90 days.

The goal of increasing the number of participants taking advantage of cardiac health and screening programs has been partially met. While CRMC has not yet established the Vascular Screening and CHF Rehabilitation Programs for lack of funding, participation in CRMC's Cardiac Rehabilitation Program has increased 46%. Comparative statistics for readmission of patients with cardiac diseases are not available at this time.

➤ ***Lung Diseases:***

- ◆ Pulmonary Rehabilitation Program – Pulmonary Rehabilitation is an exercise program designed for patients with chronic pulmonary obstructive disease (COPD) to increase exercise tolerance and independence in activities of daily living and to decrease symptoms and utilization of medical resources. In order to expand its existing pulmonary exercise program, CRMC is pursuing certification, which involves an accreditation process to ensure the program meets national quality standards. A benefit of certification is that physicians will view the program positively and more readily refer patients to it.

- Goal: Establish a certified Pulmonary Rehabilitation Program.
- Measurement: Number of participants in the certified program.

Progress is being made toward meeting the goal of establishing a certified Pulmonary Rehabilitation Program. The preliminary requirements have been met during 2010; CRMC will make its application in 2011 and anticipates receiving certification next August.

- ◆ Smoking Cessation Initiative – CRMC, in collaboration with the Cortland County Health Department, has undertaken a broad-based campaign against smoking. A significant step in this process occurred in March 2006 when the facility became a smoke free campus. Components of CRMC's smoking cessation program include:
 - Identify inpatient smokers; offer smoking cessation services during hospitalization.
 - Distribute nicotine replacement products.
 - Provide individual smoking cessation counseling by licensed Respiratory Therapists.
 - Offer the "Tobacco Free for Life" Program, a seven-week, comprehensive approach to quitting tobacco use.
 - Sponsor and host the annual "Great American Smoke-Out."
 - Participate in anti-smoking campaigns at area high schools.
- Goal: Reduce the number of smokers in Cortland County.
 - Measurement: Percent of County residents who smoke.

The latest statistics indicate that smoking cessation initiatives have been successful in reducing smoking rates among the general population in Cortland County. Smoking rates have declined from 23.9% in 2004 to 14.2% in 2008. Smoking cessation activities are ongoing in order to sustain this positive trend.

ACCESS TO QUALITY HEALTH CARE

Cortland Regional Medical Center instituted a Nurse Residency Program to improve the quality of nursing care at CRMC. Additionally, the Medical Center partners with community organizations to increase Medicaid enrollment, expand access to providers, and recruit new providers to ensure a sufficient number of primary care and specialty physicians to meet the community's needs.

- **Nurse Residency Program for Graduate and Specialty Nurses:** CRMC recently completed the first year of its Nurse Residency Program with seven graduate nurses (GNs) completing the program in June 2010. This program allows GNs to spend a longer period of time being oriented to nursing in the hospital setting, giving them sufficient time to integrate critical thinking and priority setting with skill mastery and increased knowledge of disease processes before they are expected to carry a full patient load on their own. The second year of the residency program began September 1, 2010 with a class of ten GNs and has also been expanded to offer nurses with general medical/surgical experience the opportunity to specialize in the OR and ICU under the guidance of a preceptor. The Nurse Residency Program places emphasis on improving health outcomes and quality of care for all patients but in particular for patients with CHF.

- Goal: Reduce the rate of readmissions within 30 days for patients with CHF.
- Measurement: Number of readmissions with CHF diagnosis.

Comparative statistics for readmission of CHF patients are not available at this time.

➤ **Medicaid Enrollment:**

- ◆ Employ a full-time Facilitated Enroller to assist individuals with the Medicaid enrollment process. The Cortland County Department of Health administers the grant that provides partial funding for this position.
- ◆ Offer onsite consultations with Facilitated Enroller for Total Care. Initiated discussions with Fidelis to offer similar service for its Managed Care for Medicaid Program; however, Fidelis declined the opportunity.
- ◆ Contract with AHC to assist inpatients who are Medicaid eligible to obtain coverage.
- ◆ Participate in annual Health Insurance Fair to raise awareness of available coverage.
 - Goal: Reduce the number of uninsured individuals in Cortland County.
 - Measurement: Number of uninsured County residents.

The goal of reducing the number of uninsured individuals in Cortland County is being met. The number of uninsured encounters at Cortland Regional Medical Center has declined from 9.3% in 2004 to 6.0% in 2009.

➤ **Expand Access to Providers:**

- ◆ Provide increased access for Medicaid recipients by having physicians employed by Regional Medical Practice, P.C. accept Medicaid and other insurances that many physician practices do not accept.
 - Goal: Provide Medicaid recipients greater access to office-based medical care.
 - Measurement: Number of Medicaid recipients in RMP physician practices.

Approximately 9% of Cortland County residents are Medicaid recipients while nearly 20% of the patients seen by RMP physicians are insured by Medicaid. These statistics suggest that CRMC's efforts to improve Medicaid recipients' access to medical care have been successful.

- ◆ Instituted a Stroke Telemedicine Program to provide better outcomes for stroke victims in collaboration with University Hospital in Syracuse. The program provides access to neurological consultations 24 hours per day, seven days per week and allows patients to be administered time-sensitive treatment that improves the chances of recovery. EMS regulations require that individuals exhibiting symptoms of having a stroke be transported to the nearest Stroke Center, which is not necessarily the closest facility.

CRMC intends to seek certification as a Stroke Center in order to receive these patients and improve outcomes by administering more timely treatment.

- o Goal: Receive Stroke Center certification.
- o Measurement: Number of suspected stroke victims transported to CRMC.

CRMC has not yet received Stroke Center certification. In 2009, nine suspected stroke victims were transported to CRMC with three being administered TPI. During the first eight months of 2010, four suspected stroke patients were seen at CRMC and two were administered TPI.

➤ **Provide Sufficient Numbers of Providers:**

- ♦ Physician Recruitment and Retention Plan – Cortland Regional Medical Center adopted a comprehensive Physician Recruitment and Retention Plan in April 2009 that establishes recruitment priorities over the next five years based on a survey of community physicians, internal data including Medical Staff ages and anticipated retirements, and external data on the supply and distribution of physicians.
 - Priority Specialty Recruitment Years 1-3
 - Orthopedics
 - Primary Care: Family Practice, Internal Medicine, Pediatrics
 - OB/GYN
 - ENT
 - General Surgery
 - Cardiology
 - Urology

Recruitment efforts have been successful in the areas of orthopedics, obstetrics/gynecology, and cardiology. Currently, CRMC is actively recruiting for an additional orthopedic surgeon, OB/GYN, and general surgeon.

- Priority Specialty Recruitment Years 3-5
 - Neurology
 - Gastroenterology
 - Oncology
 - Psychiatry
 - Primary Care: Family Practice, Internal Medicine, Pediatrics
- o Goal: Successful recruitment of additional physicians.
- o Measurement: Number of new physicians opening or joining existing practices.

Recruitment for these specialties has not yet begun.

HEALTHY MOTHERS/HEALTHY BABIES/HEALTHY CHILDREN

Cortland Regional Medical Center, together with community partners, is focusing on improving the quality of obstetrical and pediatric care, providing education to pregnant women and new mothers, and ensuring there are sufficient numbers of physicians in the community to provide improved access to obstetrical and pediatric care.

➤ Quality Care:

- ◆ Southeast Addition Project – CRMC received NYSDOH certificate of need approval to construct an addition that would house among other services a new maternity unit that would provide state-of-the-art technology coupled with comfortable surroundings to enhance the birthing experience. The new unit would improve CRMC's future efforts to attract new physicians to the Cortland community and persuade more women to seek obstetrical care locally. The project has been delayed due concerns about the proposed location of the addition and financial constraints.
- ◆ RMP Obstetrical/Gynecological Practice – CRMC recruited an OB/GYN specialist to join its affiliate, Regional Medical Practice, P.C., and opened a new practice in the fall of 2009, which has expanded access to quality prenatal and postpartum care.
- ◆ MOMS Program – The Cortland County Health Department sponsors a Medicaid Obstetrical Maternal Services Program (MOMS) that provides expectant mothers with an array of services, including nursing visits, social worker support, and nutrition consults. The RMP Obstetrical/Gynecological Practice participates in the MOMS program to make appropriate referrals and provide medical care to MOMS participants throughout their pregnancy.
 - o Goal: Increase the number of women receiving prenatal care in the first trimester.
 - o Measurement: Number of women receiving prenatal care in the first trimester.

RPM Obstetrical/Gynecological Practice began seeing patients in September 2009, and its patient load has grown incrementally in the ensuing months. The practice also became a MOMS Program provider in the fall of 2009. Statistics relative to women receiving prenatal care in the first trimester are as yet unavailable.

➤ Education:

- ◆ Child Birth Classes – On a monthly basis, CRMC offers a full two-day, weekend Child Birth Class for expectant parents that covers a variety of topics, including: nutrition; the role of the coach; breathing and relaxation techniques for labor; care and characteristics of the newborn; breastfeeding; parenting skills; post partum issues; and infant safety. CRMC also provides space for its community partner, Family Health Network, to hold Child Birth Classes.
- ◆ Postpartum and Newborn Care Education – Maternity staff provide education to new mothers about how to care for themselves and their newborns.
- ◆ Breastfeeding Support Clinics – A follow up service provided after mother and baby have gone home to improve breastfeeding success and encourage that it continues to provide the new infant a healthy start.
- ◆ Healthy Beginnings Program – In collaboration with the Cortland County Health Department, CRMC distributes packets that emphasize the importance of immunizations and also provides information on lead poisoning prevention; infant/child safety; nutrition; and health and dental care. CRMC registers mothers for *Healthy Beginnings* newsletters,

which the Health Department sends to parents at or around the time their child is due for a well-child visit during the first two years of life.

- ◆ Smoking Cessation Education – A remarkably high percentage of pregnant women in Cortland County smoke cigarettes throughout their pregnancy. CRMC will target pregnant women to receive smoking cessation education. The RMP Obstetrical/Gynecological Practice will identify pregnant women who smoke, provide smoking cessation education to those women, and make referrals to CRMC’s smoking cessation program, as appropriate.
 - Goal: Reduce the number of women smoking cigarettes during pregnancy.
 - Measurement: Percent of pregnant women in Cortland County who smoke.

The RMP Obstetrical/Gynecological Practice is identifying and referring pregnant smokers to CRMC’s smoking cessation program. Updated statistics on the percentage of pregnant women who smoke are not available at this time.

➤ Sufficient Providers:

- ◆ Cortland Regional Medical Center will recruit an additional OB/GYN physician to ensure a sufficient number of physicians in this specialty are available to meet the community’s need.
 - Goal: Successfully recruit one additional OB/GYN physician in the next one to three years.
 - Measurement: An additional OB/GYN physician has opened or joined an existing physician practice.

CRMC has not yet succeeded in recruiting an additional OB/GYN; however, the Medical Center continues to actively recruit for this specialty.

Based on the results or lack of information available at this point in time, the scope of Cortland Regional Medical Center’s three-year action plan has not changed.

PLAN OF ACTION UPDATE

At the conclusion of year one of Cortland Regional Medical Center's three-year plan, implementation has been met with a mix of success and lack of success, as noted in the previous section. Further, for several components of the plan, it is difficult to state at this early stage of implementation whether the programs and activities outlined are having the desired impact. Statistics relative to the measures established to determine whether or not CRMC's goals are being met are not yet available for every goal. It is also worth noting that while various strategies included in the three-year plan have been implemented in the past twelve months, it will require more than a year for their full impact to be realized.

CRMC has successfully implemented or maintained the following strategies; however, for the most part, it is yet to be determined whether these strategies are working to improve the health and wellbeing of the populations targeted.

➤ ***Strategies to Address Chronic Disease:***

- ◆ Implemented the Transition Coach Program
- ◆ Provided diabetes education and support
- ◆ Expanded RMP Cardiology Practice with addition of a second cardiologist
- ◆ Increased participation in the Cardiac Rehabilitation Program
- ◆ Completed requirements to apply for Pulmonary Rehabilitation Program certification
- ◆ Continued smoking cessation initiatives

➤ ***Strategies to Improve Access to Quality Health Care:***

- ◆ Instituted Nurse Residency Program
- ◆ Increased Medicaid enrollment; decreased number of uninsured encounters
- ◆ Improved access for Medicaid recipients via the physician practices operated by CRMC's affiliate, Regional Medical Practice, P.C.
- ◆ Recruited several new physicians, specializing in orthopedics, OB/GYN, cardiology, psychiatry, and anesthesiology

➤ ***Strategies to Promote Healthy Mothers, Babies, and Children:***

- ◆ Established a new OB/GYN practice
- ◆ Became a partner in MOMS (Medicaid Obstetrical and Maternal Services), a program sponsored by the Cortland County Department of Health
- ◆ Offered prenatal classes and postpartum education
- ◆ Identified pregnant women who smoke, provided smoking cessation education, made referrals to smoking cessation programs

Several strategies identified in CRMC's three-year action plan have not yet been implemented; however, CRMC intends to pursue implementation in year two of the plan. Barriers to implementation of these strategies include lack of financial resources, other priorities taking precedence with limited human resources, regulatory compliance issues, and the challenges rural communities face in attracting physicians and other medical providers.

➤ **Strategies to Address Chronic Disease:**

- ◆ Monitoring Long Term Home Health Care Program patients via telemedicine has been investigated; however, time constraints have delayed implementation
- ◆ Vascular Screening Program not implemented due to lack of funding, and if funds were available, the challenges of offering screenings and maintaining regulatory compliance might make it impossible to implement this program
- ◆ Congestive Heart Failure Rehabilitation Program not implemented due to lack of funding

➤ **Strategies to Improve Access to Quality Health Care:**

- ◆ Receiving Stroke Center certification has been delayed due to time constraints
- ◆ Recruiting additional physicians in a number of specialties identified in CRMC's Physician Recruitment and Retention Plan is an ongoing process with success contingent upon identifying candidates interested in practicing in a rural community and ability to provide competitive compensation

➤ **Strategies to Promote Healthy Mothers, Babies, and Children:**

- ◆ Constructing an addition that would house a new maternity unit has been delayed because the cost of new construction is prohibitive; therefore, alternatives for updating the maternity unit are currently being considered
- ◆ Recruiting an additional OB/GYN was delayed to provide sufficient opportunity for the practice that opened in the fall of 2009 to become well established; CRMC will actively recruit for this specialty in the coming year

DISSEMINATION OF COMMUNITY SERVICE PLAN

PUBLIC INFORMATION

Pertinent information regarding Cortland Regional Medical Center's public health programs, as outlined in its Community Service Plan, have been disseminated to the public in a variety of ways and included information about the availability of, and instructions for making application for, financial assistance.

- ***Pamphlets:*** A pamphlet summarizing CRMC's Community Service Plan has been published that highlights the community assessment process, the public health priorities selected for emphasis in the coming three years, the programs available to address these priorities, and information about CRMC's financial assistance program. Pamphlets were distributed to *Cortland Counts* Community Forum attendees. Copies have also been disseminated to the member agencies of the Seven Valleys Health Coalition for distribution to their respective clients. Pamphlets are also readily available at various locations on the Medical Center's campuses. A copy of the pamphlet is being submitted as an addendum to this report.
- ***Libraries:*** A copy Cortland Regional Medical Center's Community Service Plan has been placed in the County's public libraries, including Cincinnatus, Cortland, Homer, Marathon, and McGraw. A copy is also available in the Medical Center's in-house library.
- ***Websites:*** CRMC's Community Service Plan is posted on the Medical Center's website at www.cortlandregional.org and on the website of the Seven Valleys Health Coalition at www.sevenvalleyshealth.org.

CHANGES IMPACTING COMMUNITY HEALTH, PROVISION OF CHARITY CARE, AND/OR ACCESS TO SERVICES

POTENTIAL IMPACTS

➤ ***Positive:***

- ◆ Appointment of new CFO in accordance with succession plan
- ◆ Implementation of comprehensive physician recruitment plan
- ◆ Conversion to electronic medical records
- ◆ Continuation of recently instituted Nurse Residency Program

➤ ***Negative:***

- ◆ Downturn in the national and local economy
- ◆ Bad debts resulting from sustained high unemployment rate
- ◆ Healthcare reimbursement uncertain
- ◆ Cash drain to support Regional Medical Practice, P.C.

➤ ***Unknown:***

- ◆ Effect of the enactment of federal healthcare reform
- ◆ Outcome of contract negotiations with Excellus Blue Cross Blue Shield

➤ ***Narrative:***

To date, there have been no changes in the Medical Center's operations or financial situation that would negatively impact provision of care to the community or the ability to offer financial assistance. Through the first eight months of 2010, Cortland Regional Medical Center has witnessed a very slight decline in inpatient utilization, as well as a small increase in overall outpatient volumes. Decreased utilization has resulted in a decline in revenue; however, the Medical Center has still experienced a year-to-date positive result from operations. To address a projected shortfall in revenue, the Medical Center, like many hospitals across New York State, instituted a one-year wage freeze on July 1, 2009, which was lifted on June 30, 2010. This freeze resulted in savings of approximately \$1.2 million. CRMC has also eliminated 15 out of 810 FTEs, resulting in an additional savings of approximately \$500,000.

Cortland Regional Medical Center adopted a comprehensive physician recruitment plan in the spring of 2009. Regional Medical Practice, P.C. is an affiliate of the Medical Center that employs physicians. Through this vehicle, CRMC has successfully recruited two orthopedic surgeons, one OB/GYN physician, and a cardiologist who have relocated to the community. The recruitment plan calls for adding another OB/GYN and physicians in several other specialties within the next two years.

The creation of a new Vice President of Professional Services position has strengthened the Medical Center's ability to provide quality care through improved oversight of the physician practices operated under the auspices of Region Medical Practice, P.C. This position also has administrative responsibility for several ancillary departments.

Turnover in key personnel has not had a negative impact on CRMC's operations; rather, it has been seen as an occasion to strengthen the senior leadership team. In July 2009, a highly qualified and experienced VPMA joined the team, and his addition has already had a positive impact on the Medical Center's performance improvement efforts and relationship with the Medical Staff. Additionally, CRMC had a succession plan to address the anticipated retirement of its CFO. The CFO has in fact announced his retirement plans for early 2011, thus the succession plan has been implemented. The CFO's successor has been appointed from within the senior leadership team. Following the succession plan will permit sufficient opportunity for the new CFO to be oriented to the position before the incumbent retires.

Cortland Regional Medical Center has experienced a leveling in both financial assistance provided and bad debts written off from 2008 to 2009, with both being nearly flat. While the downturn in the economy has continued to impact many areas, the local unemployment rate, which stood at 9.1% in July 2009, improved to 7.9% in May 2010. Whether this positive trend will continue is unknown; there is still concern that if poor economic conditions continue indefinitely, it could have a negative impact on the Medical Center's financial situation.

FINANCIAL AID PROGRAM

SUCSESSES AND CHALLENGES

➤ **Accomplishments:**

- ◆ Distribute pamphlets highlighting CRMC's financial aid program and how to apply; pamphlet is available at all registration locations, on and offsite
- ◆ Provide financial aid to income levels up to 300% of the federal poverty level in accordance the CRMC's financial assistance policy
- ◆ Prominently display signage about CRMC's financial aid program in all registration areas, both on and offsite, as well in the Business Office and Main Lobby
- ◆ Disseminate CRMC financial aid pamphlets and applications at Family Health Network clinic sites
- ◆ Offer convenient access to the Facilitated Enroller for Total Care who is onsite to assist patients two days each month

➤ **Best Practices:**

- ◆ Provide a full-time, onsite Facilitated Enroller for Family Health Plus, Child Health Plus, and Medicaid
- ◆ Contract with an outside agency, AHC, to assist eligible inpatient self-pay population to obtain Medicaid
- ◆ Screen self-pay registrations for Blue Cross, Medicaid, and/or Fidelis coverage and call patients without coverage for current insurance information; if they have none, patients are offered financial assistance and/or monthly payment options
- ◆ Participate in annual Health Insurance Fair to help raise awareness of the options available to individuals who have no insurance or are under insured

➤ **Challenges:**

- ◆ Difficulty gaining patient cooperation with the application process and patients' non-compliance with policy
- ◆ Lack of valid patient demographic information, including telephone numbers
- ◆ Applicants' dishonesty

The Financial Aid Program as structured appears to be working well to meet CRMC's patients' needs for financial assistance. No changes are anticipated in the coming year.