

**Upper Connecticut Valley Hospital Association, Inc.  
A Critical Access Hospital**

**181 Corliss Lane  
Colebrook, New Hampshire 03576**

**2013 Community Needs Assessment and  
Implementation Plan**

**Adopted by the UCVHA Board of Directors on January 30, 2014**

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## **Executive Summary**

Upper Connecticut Valley Hospital Association, Inc. is a not-for-profit critical access hospital that provides a broad array of medical services to the community. Our Mission is to improve the well-being of the rural communities we serve by promoting health and assuring access to quality of care. The name Upper Connecticut Valley Hospital refers to the headwaters of the Connecticut River that is part of the 850 square mile service area of the hospital, which includes 20 towns and 8,116 people in New Hampshire, Vermont and Maine. Upper Connecticut Valley Hospital is the smallest hospital in New Hampshire with 16 beds and became a federally designated Critical Access Hospital in 2001.

A Critical Access Hospital is defined as a geographically remote facility that provides outpatient and inpatient hospital services to people in rural areas. To be designated as a Critical Access Hospital, a hospital must provide 24-hour emergency services; have an average length of stay for its inpatients of 96 hours or less; have 25-beds or less; be located either more than a 35-mile drive from the nearest hospital or 15 miles in areas with mountainous terrain or only secondary roads; or be designated as a “necessary provider” by the Governor.

A not-for-profit hospital is an organization that does not earn profits for its owners. All of the money earned by a not-for-profit is used to pursue the organization and community benefits. A not-for-profit is also required to do a community needs assessment by the Federal and State Government.

Upper Connecticut Valley Hospital uses its resources to provide many services to the community regardless of an individual’s ability to pay and has established a financial assistance policy that considers a patient’s ability to pay based on income and other factors.

As part of Upper Connecticut Valley Hospital’s commitment to assuring access to care and meeting the needs of the neighbors we serve, the Upper Connecticut Valley Hospital conducts a community needs assessment to identify additional areas to help improve the health of residents in our community. The assessment identified items within and outside the scope of services provided by Upper Connecticut Valley Hospital and required partnering and collaborating with other organizations. A plan was then developed to address identified needs.

## Approach

Upper Connecticut Valley Hospital's approach is ongoing and attempts to utilize existing research to augment the assessment process. Information used in this assessment was gathered from a number of sources internal and external. The external data sources included:

Indian Stream Health Center (FQHC)  
Colebrook, New Hampshire

United State Census Bureau  
American Fact Finder 2010

Centers for Medicare and Medicaid Services  
Critical Access Hospital Fact Sheet

State of New Hampshire  
Department of Health and Human Services  
Division of Public Health Services  
2011 Regional Health Profiles

NH DHHS, Div. of Public Health Services, Diabetes Education Program, NH Diabetes Issue Brief, October 2011

Graduate Medical Education  
National Advisory Council  
Physician-to-Population by Specialty

National Research Corporation  
Patient Satisfaction Survey Instrument

Agency for Healthcare Research and Quality

*The State of Coos County: Local Perspectives on Community and Change*  
Carsey Institute, University of New Hampshire  
Issue Brief No. 7, Spring 2008.

Input from the community was gathered using two methods including an internet/paper survey and focus group interviews in collaboration with Indian Stream Health Center (which is a Federally Qualified Health Center located within the hospital's service area).

## **2010 Community Needs Assessment Update**

The 2010 Community Needs Assessment for Upper Connecticut Valley Hospital Association, Inc. noted the importance of developing a “Plan for Sustainable Operations of UCVH”. In Fiscal Year 2008, UCVH had a negative (-5.66%) operating margin and in Fiscal Year 2009, UCVH had a negative (-4.88%) operating margin. The facility was experiencing significant financial distress as a result of the severe economic downturn in the North Country and the increasing dependence of public sources of payment and the inability of patients to pay for care that they were receiving from UCVH. The UCVHA Board of Directors worked collaboratively with Androscoggin Valley Hospital in Berlin and Weeks Medical Center in Lancaster to develop an approach that ultimately created and established the Northern New Hampshire Healthcare Collaborative, LLC that provides management services to UCVH and fosters regional planning and collaboration between the hospitals through clinical and quality improvement.

The financial situation for UCVH has improved with positive operating margins in 2010 +0.93%, 2011 +2.8%, and in 2012 +2.7%. While this is a positive trend, the facility continues to be threatened by dramatic changes in health insurance payment models, deteriorating economic environment, lack of employers who offer health insurance to employees, reductions in Disproportionate Share Hospital Payments, transition to Medicaid Managed Care, exclusion from the NH Marketplace Exchange (Anthem Pathways ACA Product), and the transition to population based/accountable care models.

The 2010 Community Needs Assessment noted the importance of continuing to work with healthcare and social service partners to develop strategies specific to improving the community’s health status. This posed a difficult challenge due to worsening economic conditions and continued limitations to access to primary care services as a result of the inability to recruit additional physicians to the area. UCVH maintained Walk-In Clinic services through the Emergency Department; continued provision of school-based nursing services; and worked collaboratively with local partners to provide free health clinics and other outreach services. Through partnership with Androscoggin Valley Hospital, specialty physician outreach services were added allowing for improved access to specialty provider office-based visits within the hospital. UCVH also closed our Home Health Agency and these services were transitioned to Northwoods Home Health and Hospice which is a department of Weeks Medical Center. This transition improved financial performance for UCVH and is in alignment with population health strategies in improving care for Coos County. These efforts continue as we move into 2014.

The 2010 Community Needs Assessment noted the importance of providing “hospital core services” to the residents of UCVH’s primary service area. These core services included: emergency and walk-in care, rehabilitation services, surgical services, inpatient and skilled care, and outpatient ancillary services (chemotherapy, IV therapy, patient teaching, etc.). UCVH maintained these core services and restructured outpatient ancillary services and its organizational structure to provide an Ambulatory Nursing Services Department that provides greater access to specialized outpatient ancillary and nursing services.

## Assessment

### **Definition of Area served by Upper Connecticut Valley Hospital**

Upper Connecticut Valley Hospital defines for this report the primary service area to include the following zip codes:

03576 Colebrook NH	05903 Canaan VT
03576 Columbia NH	05903 Lemington VT
03576 Dixville Notch NH	05905 Bloomfield VT
03579 Errol NH	05905 Brunswick VT
03597 Stewartstown NH	05907 Norton VT
03579 Wentworth Location NH	05901 Averill VT
03590 Stratford NH	05902 Beecher Falls VT
03592 Clarksville NH	04463 Lincoln Plantation ME
03592 Pittsburg NH	03579 Magalloway Plantation ME

### Community Benefit Indicators

	<u>2010</u>	<u>2011</u>	<u>2012</u>
Charitable Care	\$ 918,308	\$ 789,632	\$ 532,625
Subsidized Health Services	\$2,416,869	\$2,224,280	\$2,505,003
Emergency Department Visits	3,723	4,816	4,484

### 2012 New Hampshire Hospital Charity Care & Community Benefit Analysis

	Total Expenses	Charity Care & Community Benefit	Charity as % of Expenses	Operating Margin
<b>UCVH</b>	<b>\$15,275,008</b>	<b>\$2,701,786</b>	<b>17.69%</b>	<b>2.70%</b>
NH Critical Access Hospitals			7.62%	0.99%
NH Average All Hospitals			10.58%	0.92%
US Average			7.50%	2.50%

Source: NH Hospital Association, January, 2014.

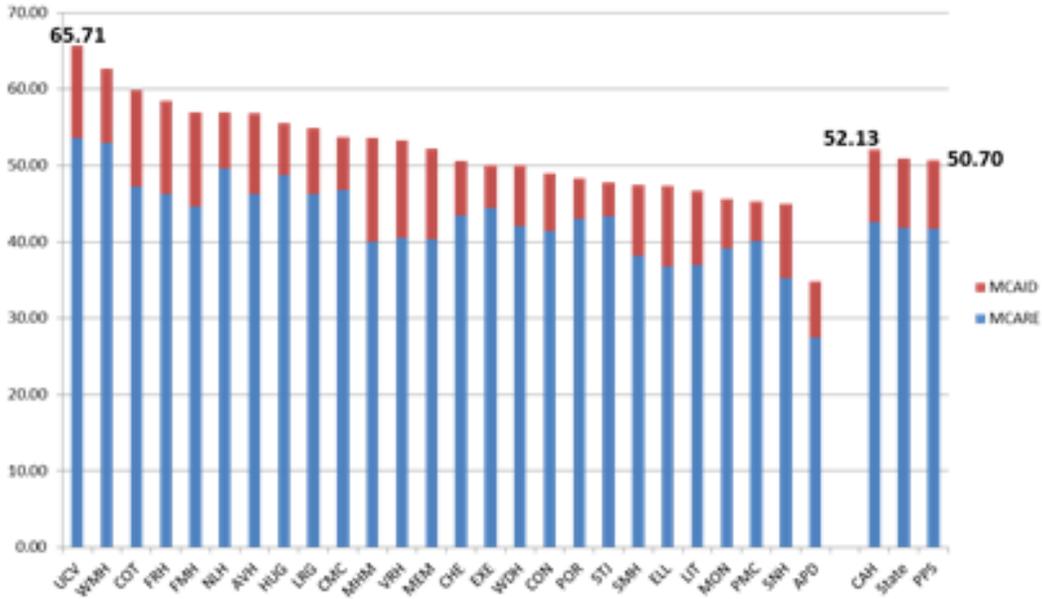
## Demographics of Community

The population of the primary service area for Upper Connecticut Valley Hospital is 8,116 according to the 2010 US Census. There is no expected increase in the number of people in the Upper Connecticut Valley Hospital primary service area. The population is made up of the following groups:

	Primary Service Area	New Hampshire	United States
<b>Gender</b>			
Female	49.3%	50.7%	50.8%
Male	50.7%	49.3%	49.2%
<b>Age</b>			
0 - 17	17.9%	24.7%	26.9%
18 - 64	58.9%	61.8%	60.0%
65 and older	23.2%	13.5%	13.1%
<b>Race</b>			
White	98.1%	95.6%	70.0%
Other	1.8%	4.4%	30.0%
<b>NH HouseHold Income</b>			
Less than \$10,000	7.8%	4.4%	7.1%
\$10,000 to \$14,999	6.4%	4.0%	5.4%
\$15,000 to \$24,999	14.6%	8.3%	10.6%
\$25,000 to \$34,999	13.1%	8.7%	10.4%
\$35,000 to \$49,999	18.1%	12.9%	13.8%
\$50,000 to \$74,999	21.3%	19.0%	18.3%
\$75,000 or more	18.6%	42.6%	34.2%

Upper Connecticut Valley Hospital has the highest percentage of public funding of all New Hampshire hospitals and is reliant on Disproportionate Share Hospital Funding to subsidize hospital operations.

**PERCENT OF PUBLIC FUNDING OF NEW HAMPSHIRE HOSPITALS  
 MEDICARE & MEDICAID PERCENT OF GROSS REVENUE  
 OCTOBER 2011 – SEPTEMBER 2012**



In 2013, the State of New Hampshire’s Department of Health and Human Services recognized the importance of UCVH to the health and wellbeing of NH’s North Country as a critical access hospital and the sole hospital provider for a large portion of the North Country. They noted that UCVH has a high case mix of government and self-pay patients that has grown over the years resulting in significant financial challenges for the hospital. With the reduction in disproportionate share hospital funding for 2014 (from 100% to 75%), the Department pledged to make up the difference through a catastrophic payment to the hospital.

## Geographic Characteristics

The UCVH service area is located in mountainous terrain and there is reliance upon winding secondary roads that impede travel within the service area as well as to transportation routes outside the service area. Passage is further restricted by the harsh northern New England winters that can complicate travel for five months of the year. Regardless of the time of year, travel from the vast majority of points within the service area to the population centers of St. Johnsbury in Vermont; Berlin, Lancaster and Littleton in New Hampshire, requires a significant time commitment. The closest tertiary facility, Dartmouth Hitchcock Medical Center is located over 120 miles away. Public transportation means are nearly non-existent with the exception of the local CAP (Community Action Program) agency program. Personal transport is costly—it requires time away from work and a reliable vehicle to handle the distances and road conditions.

The geographic isolation of the UCVH service area is further evidenced by the fact that the area has a population density of 6.2 persons per square mile, which qualifies it as a sparsely populated rural area. **Figure 1** illustrates the population, land mass and ratio of people per square mile for the geographic area in each of the three states served by UCVH as well as the ratio for the total service area. The United States Department of Agriculture has also defined Coos County, New Hampshire, as a frontier county by Economic Research Service typology.

**Figure 1: UCVH Service Area Population**

Area	Population	Square Miles	Population per Square Mile
New Hampshire	6,306	895.8	7.0
Maine	204	96.2	2.2
Vermont	1,606	317.3	5.1
<b>Geographic Area</b>	<b>8,116</b>	<b>1309.3</b>	<b>6.2</b>

*a. Unemployment and Education Factors*

The UCVH service area continues to feel the effect of a significant decline and shift in jobs. From 1969 to 2005, the percentage of all county jobs in manufacturing declined from 34% to 10%.<sup>1</sup> Job losses in the pulp and paper industry account for much of this trend. The percentage of total county earnings from pulp and paper mills declined from 36% in 1969 to 11% in 2005. During this period, employment in the service sector has seen a correspondingly large increase, though service-sector wages are often far lower, with fewer, if any, benefits, than those in manufacturing. Since 2006, the remaining four pulp or paper mills in the county have shut down, after years of periodic closures and

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<sup>1</sup> *The State of Coos County: Local Perspectives on Community and Change*, Carsey Institute, University of New Hampshire, Issue Brief No. 7, Spring 2008.

layoffs, permanently ending nearly 1,000 relatively high-paying jobs.<sup>2</sup> In 2009, the Ethan Allen Furniture company closed its doors resulting in more than 300 job losses in our service area. The remaining large employer in the area employing over 200 people, The Balsams Grand Resort, closed in the Fall of 2011 for renovation by new owners. These closings have resulted in the Coos area unemployment rates in July being the second highest in the state, 7.8% vs. 5.7% for the state. Education levels in our service area are considerably lower than the state as a whole. 2010 census data for service area communities shows that 15% of residents 25 years of age and older have not completed high school compared to 7.2% for New Hampshire.

Upper Connecticut Valley Hospital was the first hospital in New Hampshire to be certified as a Critical Access Hospital and met all of the original designation requirements without requiring a Governor’s waiver.

## 13 CAHs in New Hampshire



- UCVH (April 2001)
- Cottage (June 2001)
- Weeks (August 2001)
- Littleton (September 2001)
- New London (April 2003)
- APD (August 2003)
- Franklin (July 2004)
- Memorial (October 2004)
- Valley (October 2004)
- AVH (December 2004)
- MCH (December 2004)
- Huggins (April 2005)
- Speare (May 2005)

<sup>2</sup> Op cit.

## Health Status Indicators

The Health Status was evaluated by using the 2011 NH Regional Health Profile for Coos County. This Profile includes more than the Upper Connecticut Valley Hospital primary service area. There is not similar data available just for upper Connecticut Valley Hospital primary service area or for each town. The county indicators are felt to be a good representation as the primary service area population is 40% of the county. The indicators are as follows:

Indicator	Coos	NH
<b>Health Behaviors (percent of adults)</b>		
Current smoking	19.9	16.5
Fruits and Vegetables 5 or more times per day	22.2	28.0
Obese	32.7	25.8
Overweight	38.9	37.2
Moderate or vigorous physical activity	52.4	53.5
Heavy Drinking	5.8	6.0
Binge Drinking	15.2	16.1
Teen Birth rate per 1,000 females age 15-19	31.7	18.4
Always use seatbelt	51.6	65.6
No health insurance	18.6	10.8
Unable to see doctor when needed due to cost	11.9	10.9
Have primary care provider	79.8	88.9
Flu shot in past year, age 65 and older	64.4	74.9
<b>Discharges (age adjusted per 100,000 population)</b>		
Acute ambulatory care sensitive condition	1079.3	697.3
Chronic ambulatory care sensitive condition	960.8	605.4
<b>Environment (percent of children tested)</b>		
Children under 6 years of age with elevated blood level	.81	.78
<b>Health Outcomes</b>		
Premature death, years of potential life lost before age 75 per 1,000 pop.	82.8	56.7
Low birthweight per 1,000 births	4.4	6.2
Substance abuse-related emergency hospital discharges	92.7	68.3
Activities limited due to health in at least 14 of previous 30 days	7.0	5.4
New cancer diagnoses, age adjusted per 100,000 population	484.1	499.8
Cancer deaths, age adjusted per 100,000 population	181.5	185.0
Mammogram in past two years, percent of women age 40 and older	78.7	81.0
Colonoscopy or sigmoidoscopy in past 5 years, population over 50	49.3	58.2
<b>Access to Care</b>		
Pap test in past three years, percent of women age 18 or older	85.6	87.1
Ever told had diabetes, percent of adults	9.3	7.2
Ever told blood pressure was high, percent of adults	35.4	27.6
Cholesterol tested past 5 years, percent of adults	78.6	81.9
Current asthma	11.7	10.2
Hospital Emergency Discharges for unintentional injury per 1,000 pop.	161.0	110.2

## **Primary Care Analysis**

**Ratio of Population to One FTE Primary Care Physician:** The population to provider ratio for the currently designated “Low Income – Coos County” primary care shortage designation is 3,350:1. Source: HRSA Geospatial Data Warehouse.

The high ratio of low-income population to primary care physician is undoubtedly a major contributing factor to the poor health outcomes, high incidence of chronic conditions and limited access to primary health care that residents of the North Country experience.

### **Indian Stream Health Center (ISHC)**

Indian Stream Health Center is a federally qualified health center serving the needs of northern Coos County, New Hampshire and surrounding areas including Maine, Vermont and Canada. Located adjacent to Upper Connecticut Valley Hospital, ISHC is committed to providing primary health care to the community regardless of the ability to pay. ISHC uses the health care team model which consists of a medical doctor, physician assistants, nurse practitioners, and nursing staff who have a commitment to providing excellent health care.

ISHC also provides integrated behavioral health care, family planning services, wellness and prevention programs, dental services through contract and pharmacy services. UCVH and ISHC have active patient care management programs that work collaboratively to manage patients through transitions of care.

### **Other Primary Health Care in Service Area**

There are two private independent primary care physicians in Colebrook with limited off-hours coverage.

There is a rural health clinic in the town of Stratford, which is in the southernmost part of our service area which is 45 to 60 minutes away for anyone who lives north or northwest of Colebrook, which represents the majority of our service area.

## Community Input

Upper Connecticut Valley Hospital and Indian Stream Health Center worked collaboratively to solicit community input as part of the community needs assessment process. Resident input was sought through two methods: survey instrument and focus group interviews.

### Computer/Paper Survey Instrument

The first was a paper and on-line survey that was conducted during the First Quarter of 2013. The survey requested basic demographic and insurance coverage information; and general perceptions of community health needs and delivery of care within our service area. 135 community members participated in the survey.

#### Key Findings:

- Of note, 92.3% of respondents were aware that financial assistance programs were available to help defray the cost of care provided at UCVH and/or ISHC.
- 77.8% of respondents indicated that they were aware of and/or accessed preventive health services provided by UCVH and/or ISHC.
- 27% of respondents noted that they accessed primary care through the UCVH Emergency Department.
- 20% of respondents noted that they accessed routine care outside of the UCVH service area for a number of reasons including: maintaining a pre-existing relationship with a provider outside of the service area and access to specialists.
- Respondents were asked a number of questions in regard to local access to specialty care and specialists. Many respondents were not aware of the local availability of specialists within the community. For example, 55% percent of respondents did not know that an Ear, Nose, Throat (ENT) specialist was available to be seen for office visits at UCVH; 51% did not know about the availability of on-site Neurologist services; 48% did not know about the availability of Urologist services; etc.
- 86.7% of respondents were satisfied with the quality of care that they received at UCVH and/or ISHC.
- Respondents identified the following as their top three health concerns for themselves and their family:
  - Chronic Disease Management (diabetes, heart disease, high blood pressure, etc.)
  - Availability of Physicians
  - Availability of Emergency Care
- 72% of respondents indicated that the most common way to learn about what was happening at either ISHC or UCVH was through local newspapers. 72% of respondents also felt that newspaper coverage was their preferential way of learning about health services within the local community.

## Community Focus Group Interviews

Upper Connecticut Valley Hospital and Indian Stream Health Center retained The Carsey Institute of the University of New Hampshire to conduct independent and anonymous community focus group interviews with the communities we serve. The final report was issued on July 31, 2013. A total of 52 community members participated in one of the scheduled focus group interviews.

### Key Findings:

- North Country residents are grateful for the access to care that is available in their community, and find that receiving care in Colebrook is particularly convenient, because it eliminates the need for long travel times.
- Despite that residents share a community with their health care providers, most reported that this heightened their quality of care, rather than jeopardizing their privacy. The few privacy concerns that surfaced largely centered upon the infrastructure of the facilities, not around gossipy staff.
- By and large, care is good at both Indian Stream Health Center (ISHC) and the Upper Connecticut Valley Hospital (UCVH). Both facilities' willingness to work with low income residents to access care was extremely popular; however, turnaround time on lab tests and similar procedures was deemed long at the hospital.
- When residents left town to receive health care, the vast majority reported it was because the necessary services or specialists were not available in Colebrook. The frequency with which this is necessary results in a perception that patients should plan to leave town for major health care issues, whether upon the recommendation of their doctor or because services would be inadequate in Colebrook.
- Participants identified several gaps in services, particularly in terms of specialty care. Despite recent changes at ISHC and UCVH, residents were still confused about what was actually available at either site, and even when specialists were available, residents often found the wait times for a rare appointment long. While some participants worried that a lack of services would drive away population growth, the vast majority noted that a lack of specialized medical care is simply a part of rural life.
- The quality of long-term, Colebrook-based providers was described in a largely positive light, though some participants found providers in Colebrook to be less knowledgeable about specialized diagnoses or modern techniques.
- Staff turnover is an extremely important issue for North Country residents. While participants recognized the need for new doctors to cycle in for training or loan repayment programs, residents expressed feeling stepped over by high quality doctors who completed their training and quickly left town. This high turnover had implications for patients in terms of additional paperwork requirements, and in that with each move, the personal, provider-patient connection was lost. Residents acknowledged their luck in seeing consistent support and nursing staff, who were perceived as maintaining the facilities' sense of continuity.

- In discussion, participants identified several areas for improvement, including high staff turnover, a problematic billing system, repetitive paperwork, and inconsistent connections between ISHC and UCVH.

A review of the data collected in the community input process was conducted by both the Upper Connecticut Valley Hospital and Indian Stream Health Center Board of Directors.

## **Review of Regional Health Data**

This review found the following significant needs for the Primary Service Area:

The data indicated the population of the primary service area is on average poorer and older than the State of New Hampshire and United States. The area continues to struggle economically and relies on local health care providers to provide an array of safety net services to fill in public health gaps. This level of poverty results in more individuals without health insurance as indicated in the NH Regional Health Profile with 18.6% of Coos County compared to 10.8% for New Hampshire.

A significant health issue for the primary service area is obesity. The NH Regional Health Profile indicated 32.7% of the population is Obese compared to 25.8% for New Hampshire. This can also be a reason for the higher level of High Blood Pressure 35.4% versus 27.6% and Diabetes 9.3% versus 7.2%. The number of Coos County residents eating Fruits and Vegetables five or more times per day is lower at 22.2% versus 28.0%. The Community Survey indicated that the number one priority of respondents was help with management of chronic disease.

The other areas of health concern from the NH Regional Health Profile are High Teen Birth Rate, High Rate of Substance Abuse and a Low Rate of Colonoscopies. The Teen Birth Rate per 1,000 females age 15-19 for our primary service area is 31.7% versus New Hampshire 18.4%. The Substance Abuse is indicated with smoking at 19.9% of the primary service area versus 16.5% of New Hampshire. There is also a higher rate of Substance-abuse-related emergency hospital discharges at 92.7% for the primary service area versus 68.3% for the State of New Hampshire. We also found the number of colonoscopies were lower at 49.3% of population over 50 for the primary service area versus 58.2% for New Hampshire.

## **Selection of Needs to be Addressed**

The Upper Connecticut Valley Hospital Board of Directors reviewed the findings and used the following criteria to select the needs to be included in our plan:

- The need is within the scope of services offered by Upper Connecticut Valley Hospital
- The availability of other organizations to meet and or collaborate in meeting the need
- The priority of the need as identified by the Community
- Data supporting the prioritization of the need.

The Needs identified to be included in the plan to be addressed by Upper Connecticut Valley Hospital in order of prioritization were:

1. Chronic Disease Management
2. Availability of Physicians
3. Availability of Emergency Care

As the smallest Critical Access Hospital in New Hampshire, located in the most rural, isolated, economically disadvantaged and medically underserved area, Upper Connecticut Valley Hospital has limited financial and human resources to address all identified needs through the community needs assessment process. Our approach is to develop collaborative partnerships that leverage the assets of all organizations in the area to improve health outcomes of the residents and visitors we serve.

With the rapidly changing health care environment and payment reform, UCVH's Board of Directors and Management strives to solicit input from our community members, payors, government officials and other stakeholders to develop a strategic approach to sustain access to care.

## Implementation Plan and Resources

### Chronic Disease Management

#### Need

A high percent of the population in the Upper Connecticut Valley Hospital Service area has a higher use of health care services for chronic ambulatory care sensitive conditions (960.8 vs. 605.4 for NH) which indicates that there is an opportunity to reduce admissions through strengthened primary care and preventative services. This measure is used to assess the age-standardized acute care hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for admission to the hospital, per 100,000 population under age 75 years. Hospitalization for an ambulatory care sensitive condition is considered to be a measure of access to appropriate primary health care. While not all admissions for these conditions are avoidable, it is assumed that appropriate ambulatory care could prevent the onset of this type of illness or condition, control an acute episodic illness or condition, or manage a chronic disease or condition. A disproportionately high rate is presumed to reflect problems in obtaining access to appropriate primary care. (AHRQ)

Overweight and obese individuals are at increased risk for numerous health problems including the following: cardiovascular disease, Type 2 diabetes, cancer, chronic lung disease, gallbladder disease, sleep apnea, osteoarthritis, high blood pressure, high cholesterol, complications from pregnancy and psychological disorders (depression, low self-esteem, eating disorders). In fact, there is clear evidence that residents of Coos County are significantly less healthy than their peers in other parts of the state. The following table illustrates the degree of disparity in numerous chronic diseases in Coos County residents vs. the state as a whole.

<b>Chronic condition</b>	<b>Coos County</b>	<b>New Hampshire</b>
Diabetes	12.6%	8.0%
Coronary Heart Disease	9.8%	4.4%
Myocardial Infarction	6.2%	4.0%
Stroke	3.3%	2.2%
Obesity	32.2%	25.6%
Smoking	22.7%	16.8%
No Time for Leisure Activity	34.0%	20.1%

Source: NH DHHS, Div. of Public Health Services, Diabetes Education Program, NH Diabetes Issue Brief, October 2011

Survey and focus group participants also indicated that management of chronic health conditions was considered their first priority in regard to community needs.

## **Available Services**

Upper Connecticut Valley Hospital provides a full array of outpatient diagnostic, care management and inpatient services to treat patients with chronic care conditions. Indian Stream Health Center provides primary and preventative care services to the communities we serve.

## **Plan**

Through collaboration between Upper Connecticut Valley Hospital and Indian Stream Health Center, the organizations will form a team that is charged with development of a robust care management system that builds strategies to improve transitions of care.

UCVH will continue to review and implement strategies aimed at improving and sustaining CMS Core Measure performance.

UCVH collaborates with ISHC to provide nutrition and diabetic education services to the patients of our primary service area. Services are provided to patients regardless of the ability to pay. In addition, UCVH has committed resources to train an additional staff member to be a Certified Diabetic Educator to strengthen diabetic education in both the outpatient and inpatient settings.

## **Measure**

The Upper Connecticut Valley Hospital Quality Collaborative Committee and Board of Directors is responsible for review of hospital specific quality measurement and performance. Northern New Hampshire Health Care Collaborative, LLC has formed a Coos County Quality Collaborative that has developed a scorecard and benchmarks to monitor adherence to CMS Core Measure guidelines as a County.

## **Availability of Physicians**

### **Need**

Survey and focus group participants indicated recruitment and retention of physicians in the area as their second priority to assure access to quality care. Respondents also were not clear about the availability of specialty services that exist within the community.

The UCVH Service Area is considered a medically underserved area and is a federally designated physician shortage area.

UCVH and ISHC have a difficult time recruiting physicians to the area due to economic conditions and the rural isolation of the area. ISHC has received federal grant funding to establish an outreach clinic in Canaan, Vermont to improve access to care for rural residents and needs additional provider coverage to establish the new access point.

### **Available Services**

Through a collaborative agreement with Androscoggin Valley Hospital, a number of specialty physician and allied health professionals are available within the community. Upper Connecticut Valley Hospital offers walk-in clinic services as an option to patients that can not access primary care services.

### **Plan**

UCVH in collaboration with Androscoggin Valley Hospital will continue to develop strategies to educate the community in regard to availability of specialty services within the primary service area. UCVH will continue to participate in outreach activities at community events and offer financial assistance to patients who require specialty services and have an inability to pay.

UCVH and ISHC will continue physician and provider recruitment activities collaboratively to recruit medical professionals into the area. UCVH has been designated as a National Health Services Corp site and will continue certification activities as required.

### **Measure**

UCVH will continue to monitor chronic ambulatory care sensitive measures through the established quality assurance and performance improvement program.

UCVH will monitor quarterly specialty physician visits and adjust community awareness education where required.

## **Availability of Emergency Care**

### **Need**

Upper Connecticut Valley Hospital is located in a rural isolated mountainous area and has the largest geographic service area of any hospital located in New Hampshire. The Emergency Department serves as a safety net for the most disadvantaged and medically underserved citizens of New Hampshire. Residents and visitors would have to travel at least an hour to the next closest facility for access to emergency care services.

Survey and focus group participants identified the provision of emergency care as their third priority as a community need.

### **Available Services**

UCVH currently maintains an Emergency Department that provides access to emergency care services without regard to the ability to pay for such services.

UCVH is the medical resource hospital to local emergency management services (ambulance services).

### **Plan**

Upper Connecticut Valley Hospital has developed a collaborative relationship with Androscoggin Valley Hospital and Weeks Medical Center through the establishment of Northern New Hampshire Healthcare Collaborative, LLC to develop strategies to preserve access to care in Coos County.

As a medical resource hospital, UCVH will continue to participate in local emergency medical and trauma planning for Coos County and New Hampshire.

UCVH will continue as a founding organization of North Country Health Consortium. The North Country Health Consortium (NCHC) is a rural health network, created in 1997, as a vehicle for addressing common issues through collaboration among health and human service providers serving Northern New Hampshire. NCHC works at:

- solving common problems and facilitating regional solutions
- creating and facilitating services and programs to improve population health status
- health professional training, continuing education and management services to encourage sustainability of the health care infrastructure
- increasing capacity for local public health essential services
- increasing access to health care for underserved and uninsured residents of Northern New Hampshire

- collaborating with schools in the Primary Service Area to provide services or education as requested.

### **Measure**

Emergency medical services is a subsidized service that is dependent on appropriate funding streams. UCVH will continue to strive to develop strategies to improve and maintain financial performance that sustains emergency medical services in the region.

The UCVH Board of Directors is responsible for the financial health of the organization and monitors performance on a monthly basis.