



Mark Twain Medical Center Community Benefit 2018 Report and 2019 Plan



A message from

Larry Philipp, Interim president and CEO of Mark Twain Medical Center and William Griffin, MD.
Chair of the Mark Twain Health Care Corporation Board.

Dignity Health's approach to community health improvement aims to address significant health needs identified in the Community Health Needs Assessments that we conduct with community input, including from the local public health department. Our multi-pronged initiatives to improve community health include financial assistance for those unable to afford medically necessary care, a range of prevention and health improvement programs conducted by the hospital and with community partners, and investing in efforts that address social determinants of health.

Mark Twain Medical Center shares a commitment with others to improve the health of our community, and delivers programs and services to help achieve that goal. The Community Benefit 2018 Report and 2019 Plan describes much of this work. This report meets requirements in California state law (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. Dignity Health produces these reports and plans for all of its hospitals, including those in Arizona and Nevada. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

In fiscal year 2018 (FY18), Mark Twain Medical Center provided \$4,264,072 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, and other community benefits. The hospital also incurred \$6,471,147 in unreimbursed costs of caring for patients covered by Medicare.

Mark Twain Medical Center's Corporate Board reviewed, approved and adopted the Community Benefit 2018 Report and 2019 Plan at its October 30, 2018 meeting.

Thank you for taking the time to review our report and plan. If you have any questions, please contact us at 209.754.5919.

Larry Philipp

A handwritten signature in black ink that reads "Larry Philipp".

President/CEO

William Griffin, MD

A handwritten signature in black ink that reads "William Griffin, MD".

Chairperson, Board of Directors

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At-a-Glance Summary

Community Served	Calaveras County, officially the County of Calaveras, is a county in the northern portion of the U.S. state, California. As of the 2010 census, the population was 40,171. The county seat is San Andreas. Angels Camp is the only incorporated city in the county.
Economic Value of Community Benefit	<p>\$4,264,072 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits.</p> <p>\$6,471,147 in unreimbursed costs of caring for patients covered by Medicare.</p>
Significant Community Health Needs Being Addressed	<p>The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital’s most recent Community Health Needs Assessment (CHNA). Those needs are:</p> <ul style="list-style-type: none"> • Access to Primary and Specialty Care • Mental Health • Diabetes • Heart Disease, Stroke • Health Education
FY18 Actions to Address Needs	<p>In FY18, Mark Twain Medical Center took numerous actions to help address identified needs. These included:</p> <ul style="list-style-type: none"> ➤ Free Adult Flu Shots at the Annual Fall Health Fair to over 367 people. ➤ Low Cost Health Blood Panel Screenings to 361 people.
Planned Actions for FY19	<ul style="list-style-type: none"> • Enhance access to Primary and Specialty Care • Evaluate opportunities for health improvement / addressing the health care needs of the elderly. • Care navigation for vulnerable populations • Reduce health disparities by addressing diabetes, COPD, and CHF among the general population with disproportionate unmet health-related need. • For RHC patient population continue to improve provider compliance of primary prevention measures for diabetes management (HgA1C) and enhancement of nutritional counseling. Continue to promote and improve the health status and quality of life of the community by partnering with others and serving the poor and disenfranchised <ul style="list-style-type: none"> ▪ Evaluate opportunities for mental health improvement/addressing the healthcare needs for the youth, adult and senior population. <ul style="list-style-type: none"> ○ Continue to meet quarterly with Professional Mental Health Countywide task force to develop best practices with known local resources. • Since our Telehealth Go-Live for Psych has helped result in a decreased average length of stay for our mental and behavioral health patients who later go on to a long term psych facility from 23 hours down to 20 hours. The psychiatrist who “beams in” on the telehealth robot is able to order stabilizing medications, make treatment recommendations and suggestions for disposition. This added team member to the ER makes a big difference in the customized care this venerable population receives in our ER.

This document is publicly available at marktwainmedicalcenter.org, and hard copies have been distributed to all local partners including, the Public Health Department, The Human Resource Council, The Calaveras Chamber of Commerce, The Volunteer Center, Calaveras Unified School District, Bret Harte Union School District Office and First Five.

Written comments on this report can be submitted to the Mark Twain Community Benefits Department or by e-mail to nicki.stevens@dignityhealth.org.

MISSION, VISION AND VALUES

Mark Twain Medical Center is a part of Dignity Health, a non-profit health care system made up of more than 60,000 caregivers and staff who deliver excellent care to diverse communities in 21 states. Headquartered in San Francisco, Dignity Health is the fifth largest health system in the nation.

At Dignity Health, we unleash the healing power of humanity through the work we do every day, in hospitals, in other care sites and the community.

Our Mission

The mission of Mark Twain Medical Center is to improve the health of our greater community by providing quality health care services, exceeding the expectations of those we serve.

Our Vision

To become one of the top 100 Critical Access Hospitals in the country through the achievement of our Pillars of Excellence.

Our Values

Dignity Health is committed to providing high-quality, affordable healthcare to the communities we serve. Above all else we value:

Dignity - Respecting the inherent value and worth of each person.

Collaboration - Working together with people who support common values and vision to achieve shared goals.

Justice - Advocating for social change and acting in ways that promote respect for all persons.

Stewardship - Cultivating the resources entrusted to us to promote healing and wholeness.

Excellence - Exceeding expectations through teamwork and innovation.

OUR HOSPITAL AND THE COMMUNITY SERVED

About Mark Twain Medical Center

Founded in 1951, Mark Twain Medical Center is a 25-bed, critical access hospital providing inpatient acute care, outpatient services and emergency services. The Medical Center's Medical Staff represents a broad range of specialties that ensure access to high quality medical care in a rural community. In addition to being a major provider of health services, Mark Twain Medical Center is also one of the area's largest employers. More than 300 people are employed at the hospital and its five Family Medical Centers. The Medical Center is a member of Dignity Health, the fifth largest not-for-profit healthcare system in the nation. For more information, please visit our website at www.marktwainmedicalcenter.org. Mark Twain Medical Center is also on Facebook.

Description of the Community Served

In Calaveras County, the poorest residents have been severely impacted by the recession, the Butte Fire and the elimination of programs and services that local governments are no longer able to fund. The growing gap in needed services has placed at risk the health of hundreds of underserved individuals and families who are now turning to emergency departments for basic non-acute medical services because they have lost or lack a primary care provider. Our 5 Family Medical Centers (rural health clinics) help to fill this gap. However, it is still estimated that 23% of the visits to the ED are for non-emergent care.

Access to care for these patient populations requires collaborative problem solving at the community level. Not-for-profit health providers must work together to leverage resources and maximize health assets in innovative ways to restore what has been lost, enhance what still exists and ensure sustainable health programs and services are developed and available over the long-term to the populations that need them the most. Community-based collaboration has been and will be a priority and will continue to drive community benefit efforts in the future. It has become more important for community stakeholders to work in partnerships to maximize the limited resources that are available.

Mark Twain Medical Center serves Calaveras County, and is approximately 130 miles east of San Francisco, 60 miles southeast of Sacramento, and 50 miles east of Stockton. The total population is about 44,000 with an area of 1,008 square miles. Our only incorporated city, the Angels Camp, has a population of about 5,400.

Our county geography begins near sea-level in the west with oak-dotted rolling hills, changes to mixed evergreens and oak forests, then dramatic stands of gigantic trees, and culminates near 8,200 feet in the eastern part of the county with evergreens growing among granite boulders of the Sierra Nevada Range. Major rivers, the Mokelumne and the Stanislaus, form borders north and south.

A summary description of the community is below, and additional details can be found in the CHNA report online.

Calaveras County is a Health Professional Shortage Area (HPSA) and portions of the County are Medically Underserved Areas (MUA). Besides Mark Twain Medical Center and its five ambulatory care centers, and four specialty care centers, the following facilities and resources are available:

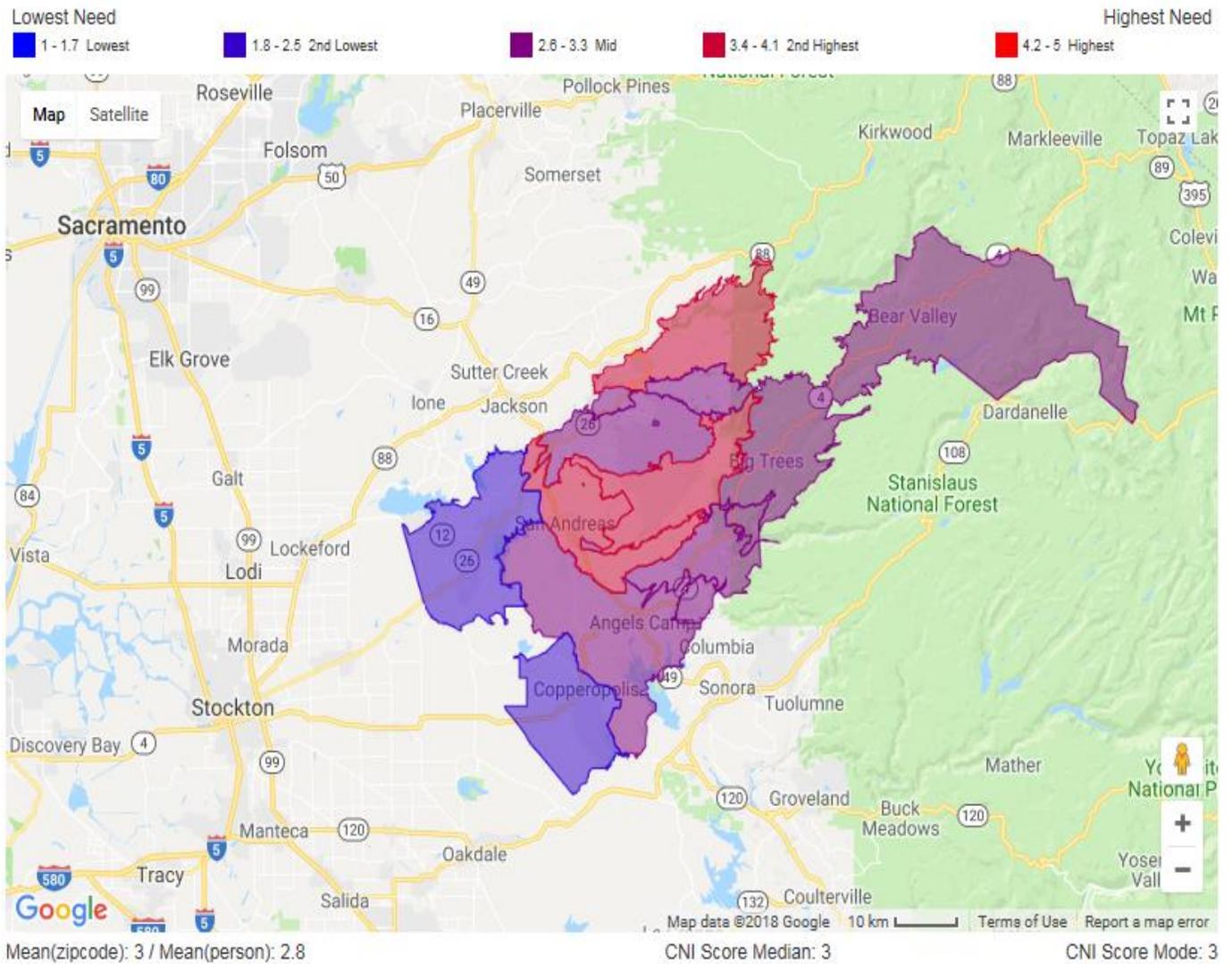
- Convalescent Hospital
- Assisted Living
- Community Clinics
- Children Services
- Home Health Care
- Hospice
- Mental Health
- Drug & Alcohol Abuse Services
- Support Groups & Services
- Transportation

Key demographics include:

- Total Population: 44,987
- Race White - Non-Hispanic, 80.6%, Black/African American - Non-Hispanic 0.9%, Hispanic or Latino, 12.2%, Asian/Pacific Islander, 1.7% All Others 4.6%
- Median Income \$59,017
- Unemployment 6.5%
- No High School Diploma 8.2%
- Medicaid * 23.1%
- Uninsured 7.6%

* Does not include individual's dually-eligible for Medicaid and Medicare.

Source: © 2018 IBM Watson Health



Zip Code	CNI Score	Population	City	County	State
95222	3	5411	Angels Camp	Calaveras	California
95223	2.8	5086	Arnold	Calaveras	California
95228	2.4	4288	Copperopolis	Calaveras	California
95232	3	320	Glencoe	Calaveras	California
95245	3.2	2377	Mokelumne Hill	Calaveras	California
95246	3.4	1748	Mountain Ranch	Calaveras	California
95247	3	4833	Murphys	Calaveras	California
95249	3.4	3639	San Andreas	Calaveras	California
95251	2.8	195	Vallecito	Calaveras	California
95252	2.4	14927	Valley Springs	Calaveras	California
95255	3.6	1716	West Point	Calaveras	California
95257	3.2	447	Wilseyville	Calaveras	California

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.

COMMUNITY ASSESSMENT AND PLANNING PROCESS

The hospital engages in multiple activities to conduct its community benefit and community health improvement planning process. These include, but are not limited to: conducting a Community Health Needs Assessment with community input at least every three years; using five core principles to guide planning and program decisions; measuring and tracking program indicators and impact; and engaging the Mark Twain Medical Center Senior Leadership and other stakeholders in the development of an annual community benefit plan and triennial Implementation Strategy.

Community Health Needs Assessment

The significant needs that form the basis of the hospital's community health programs were identified in the most recent Community Health Needs Assessment (CHNA), which was adopted in June of 2017.

The hospital conducts a CHNA at least every three years to inform its community health strategy and program planning. The CHNA report contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods, including: the data used; how the hospital solicited and took into account input from a public health department, members or representatives of medically underserved, low-income and minority populations; and the process and criteria used in identifying significant health needs and prioritizing them;
- Presentation of data, information and assessment findings, including a prioritized list of identified significant community health needs;
- Community resources (e.g., organizations, facilities and programs) potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

CHNA Significant Health Needs

In March 2017, Mark Twain Medical Center and its consultant ASR hosted a Community Summit with stakeholders, informing them about the secondary data collected and analyzed, asking for input about the data findings, and collectively developing a list of priority issue areas. ASR presented primary and secondary data and then invited attendees to discuss their reactions to the data, their thoughts about the story behind the data, and their ideas of what areas to focus on for improvement. Attendees discussed resources and current interventions focused on these issues, and how to strengthen or develop new interventions to improve outcomes. Stakeholders were asked to review the data and to prioritize the 3-5 most pressing needs in the county. This Community Summit fulfills the federal requirement for community input to prioritize health needs.

The community health needs assessment identified the following significant community health needs:

MENTAL HEALTH

According to the CDC, there are social determinants of health that need to be in place to support mental health. Mental health is defined as a state of well-being that includes the ability to cope with stress, work productively, and contribute positively to the community. Evidence suggests that positive mental health results in improved health outcomes. Conversely, evidence also suggests that poor mental health is related to the incidence and treatment of chronic disease, physical inactivity, smoking, alcohol abuse, and poor sleep.

Experts cited mental health as a significant health need in Calaveras County. One expert stated, “There is no psychiatrist in the county. If they qualify, they can go via the county behavioral health system, but if their case is not severe, or they have private insurance, there are very few options.” Experts also explained that wait times and a shortage of providers might contribute to an increase in ER use, “especially for mental health issues.” In Calaveras County, mental health services are needed for those with low income and/or mild to moderate mental illness.

ACCESS TO PRIMARY & SPECIALTY CARE

The U.S. Department of Health and Human Services (HHS) designates certain areas as being medically underserved. They are known as Health Professional Shortage Areas (HPSA). There are three categories of HPSAs: primary care (shortage of primary care clinicians), dental (shortage of oral health professionals), and mental health (shortage of mental health professionals). There is another designation known as a Medically Underserved Area (MUA); they are areas or populations designated by the U.S. Department of Health and Human Services as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. Calaveras County is both a Health Professional Shortage Area (HPSA) and a Medically Underserved Area (MUA).

CHRONIC DISEASE MANAGEMENT (DIABETES, HEART DISEASE, STROKE)

Experts agreed that an integrated care approach to managing illness was a significant health need in Calaveras County. This includes screenings, check-ups, monitoring and coordinating treatment, and patient education. Experts agreed that the elevated population of veterans and seniors in Calaveras County contribute to the need to address coordinated care to manage chronic disease including but not limited to diabetes, heart disease, and stroke.

SUGGESTION FOR IMPROVEMENTS OR SOLUTIONS

Suggestions for improvements or solutions included:

- Providing resources to increase access to care through transportation, improving appointment timeliness, and increasing the number of providers.
- Allocating resources to help seniors stay at home through in-home services and transportation services.
- Funding programs offering health education in schools and for the public were mentioned frequently as a suggestion to encourage health literacy.
- Prioritizing the coordination of care, particularly for patients with mental health needs was suggested.
- Improving access to services for dental care, maternal/child care, and mental health care were frequently mentioned.
- Policy ideas included addressing food and drink choices in schools and during parent clubs, and implementing regulations that would mandate school health education.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available at marktwainmedicalcenter.org or upon request at the hospital's Community Health office. This CHNA report was adopted by the Mark Twain Medical Center Corporate Board of Directors on June 27, 2017. Written comments on this report can be submitted to Mark Twain Medical Center's Community Benefit Office at 768 Mountain Ranch Rd, San Andreas, CA 95249, or by email to Nicki.Stevens@dignityhealth.org.

Creating the Community Benefit Plan

Rooted in Dignity Health's mission, vision and values, Mark Twain Medical Center is dedicated to improving community health and delivering community benefit with the engagement of its management team, Corporate Board and Senior Leadership Team. The board and committee are composed of community members who provide stewardship and direction for the hospital as a community resource (see Appendix A). These parties review community benefit plans and program updates prepared by the hospital's community health director and other staff.

As a matter of Dignity Health policy, the hospital's community health and community benefit programs are guided by five core principles. All of our initiatives relate to one or more of these principles:

- Focus on Disproportionate Unmet Health-Related Needs
- Emphasize Prevention
- Contribute to a Seamless Continuum of Care
- Build Community Capacity
- Demonstrate Collaboration

The hospital engages in multiple activities to conduct its community benefit and community health improvement planning process. These include, but are not limited to: conducting a Community Health Needs Assessment with community input at least every three years; using five core principles to guide planning and program decisions; measuring and tracking program indicators; and engaging hospital leadership and other stakeholders in the development of the annual community benefit plan.

2018 REPORT AND 2019 PLAN

This section presents strategies and program activities the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It summarizes actions taken in FY18 and planned activities for FY19, with statements on anticipated impacts, planned collaboration, and patient financial assistance for medically necessary care. Program Digests provide detail on select programs' goals, measurable objectives, expenses and other information.

This report specifies planned activities consistent with the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in community assets and resources directed to those needs may merit refocusing the hospital's limited resources to best serve the community.

Report and Plan Summary

High Prevalence of and Disparities in Chronic Health Conditions

Reduce health disparities by addressing diabetes, COPD, and CHF among the general population with disproportionate unmet health-related need.

Poor Access to Primary and Preventive Care

For RHC patient population continue to improve provider compliance of primary prevention measures for diabetes management (HgA1C) and enhancement of nutritional counseling. Continue to promote and improve the health status and quality of life of the community by partnering with others and serving the poor and disenfranchised

- Participation in Chronic Disease Management classes increased by 10% by FYE 2019
- HEDIS rates for HgA1C rates in RHCs

Access to resources and support for Mental Health population

The community population as a whole is suffering from multiple mental health struggles. There is data that demonstrates that the youth are faced with issues related to sexual identity, self-esteem, peer and family relationships. These children are showing signs of mental illness/distress at school, and findings have revealed that there is an increase of untreated mental illness and depression at home. In Calaveras County there are not enough resources or providers. The homeless population was 56 in 2015, and has increased in 2017 to 221.

Evaluate opportunities for mental health improvement/addressing the healthcare needs for the youth, adult and senior population.

Health Need: Poor Access to Primary and Preventive Care			
Strategy or Activity		Active FY18	Planned FY19
	The lack of access to health care providers was repeatedly mentioned as a driver or barrier that contributes to health needs.		
Enhance access to Primary and Specialty Care	Continue to work with the HealthCare District and other community stakeholders to review the 2017Community Needs Assessment and identify the key issues to maximize the quality of the health initiatives.	☒	☒
Evaluate opportunities for health improvement / addressing the health care needs of the elderly.	<ul style="list-style-type: none"> ○ Re-admission rates at target ○ Participation in Chronic Disease Management classes increased by 10% by FYE 2019 ○ HEDIS rates for HgA1C rates in RHCs 	☒	☒
Care navigation for vulnerable populations	Continue to utilize our grant-funded position to place a Patient Navigator in the E.D. This role is sponsored by California Health and Wellness and is designed to work with patients covered by California Health and Wellness. During times when those patient volumes are lower in the E.D., the Navigator is able to help other patients as well, with items like making a connection with a PCP, setting a follow-up visit for after discharge, etc.	☒	☒
Anticipated Impact:	For RHC patient population continue to improve provider compliance of primary prevention measures for diabetes management (HgA1C) and enhancement of nutritional counseling. Continue to promote and improve the health status and quality of life of the community by partnering with others and serving the poor and disenfranchised.		

Health Need: High Prevalence of and Disparities in Chronic Health Conditions			
Strategy or Activity		Active FY18	Planned FY19
	Reduce health disparities by addressing diabetes, COPD, and CHF among the general population with disproportionate unmet health-related need.		
Continue to collaborate with Public Health on community education.	Reduce health disparities by addressing diabetes, COPD, and CHF among the general population with disproportionate unmet health-related need. A PLAN 4 Me Series to be offered Oct. 2018- June 2019. This will be collaboration with multiple organizations and specialists to provide education.	☒	☒
Patient Education	Promote awareness of local programs to patients	☒	☒
Patient support for services	Enhance participation in Chronic Disease Management classes by 10% by FYE 2019(baseline FYE18	☒	☒
Anticipated Impact: Lower the high Prevalence of and Disparities in Chronic Health Conditions			

Provide an integrated care approach to managing illness was a significant health needs in Calaveras County. This includes screenings, check-ups, monitoring and coordinating treatment, and patient education.

Health Need: Access to resources and support for Mental Health			
Strategy or Activity		Active FY18	Planned FY189
	Enhance opportunities for mental health improvement/addressing the healthcare needs for the youth, adult and senior population.		
Calaveras Youth Health Initiative	<p>MENTAL HEALTH:</p> <ul style="list-style-type: none"> • Healthy Stress Management – Art Therapy, Recreation Therapy through Sports • Coping Skills - HorseSpeak - Equine horse-assisted therapy and counseling • Finding Fulfillment and self-worth • Yoga for Trauma <p>PHYSICAL HEALTH:</p> <ul style="list-style-type: none"> • Healthy Eating - Gardens To Grown In – Teach gardening skills and prepare fresh meals • Drug and Alcohol Prevention – Calaveras County Substance Abuse Prevention <p>EMOTIONAL HEALTH:</p> <ul style="list-style-type: none"> • Building Self-Esteem – Job training skills and finding where your skills and passions intersect • Confidence Building – HorseSpeak – Team building exercises with horses • Building Healthy Relationships – Calaveras County Behavioral Health Provide school-based health care to children and families 	☒	☐
Care navigation for vulnerable populations	Telehealth for Psych has decreased average length of stay for our mental and behavioral health patients who later go on to a long term psych facility from 23 hours down to 20 hours. The psychiatrist who “beams in” on the telehealth robot is able to order stabilizing medications, make treatment recommendations and suggestions for disposition. This added team member to the ER makes a big difference in the customized care this venerable population receives in our ER.	☒	☒
Mental Health Task Force	Continue to partner and meet quarterly with Professional Mental Health Countywide task force to develop best practices with known local resources	☒	☒
<p>Anticipated Impact: The hospital’s initiatives to address access to care are anticipated to result in: early identification and treatment of mental health issues; confidence building and healthy life style choices for the youth population; increased knowledge about how to access and navigate the health care system; and increased primary care “medical homes” among those reached by navigators and promoters.</p>			

Community Grants Program

One important way the hospital helps to address community health needs is by awarding financial grants to non-profit organizations working together to improve health status and quality of life in the communities we serve. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations.

In FY18, the hospital awarded one grants totaling \$32,701. Below is a complete listing of FY18 grant projects; some projects may be described elsewhere in this report.

Grant Recipient	Project Name	Amount
Dream Mountain Christian Camp, Inc.	Calaveras Youth Initiative	\$32,701

Anticipated Impact

The anticipated impacts of the hospital's activities on significant health needs are summarized above, and for select program initiatives are stated in the Program Digests on the following pages. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to needed and beneficial care; and help create conditions that support good health. The hospital is committed to measuring and evaluating key initiatives. The hospital creates and makes public an annual Community Benefit Report and Plan, and evaluates impact and sets priorities for its community health program in triennial Community Health Needs Assessments.

Planned Collaboration

In FY18, Mark Twain Medical Center took numerous actions to help address identified needs. To address two of the more prevalent chronic care needs of the community, MTMC will continue to focus on providing education and instruction for the Congestive Heart Failure/Chronic Obstructive Pulmonary Disease and Diabetes Education programs and work with all local agencies to provide support and care for the youth and mental health needs population. The goal of these programs is to improve quality of life for participants by increasing their self-efficacy and avoiding hospital admissions.

Financial Assistance for Medically Necessary Care

Mark Twain Medical Center delivers compassionate, high quality, affordable health care and advocates for members of our community who are poor and disenfranchised. In furtherance of this mission, the hospital provides financial assistance to eligible patients who do not have the capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services. A plain language summary of the hospital's Financial Assistance Policy is in Appendix C. The amount

of financial assistance provided in FY18 is listed in the Economic Value of Community Benefit section of this report.

The hospital notifies and informs patients and members of the community about the Financial Assistance Policy in ways reasonably calculated to reach people who are most likely to require patient financial assistance. These include:

- providing a paper copy of the plain language summary of the Policy to patients as part of the intake or discharge process;
- providing patients a conspicuous written notice about the Policy at the time of billing;
- posting notices and providing brochures about the financial assistance program in hospital locations visible to the public, including the emergency department and urgent care areas, admissions office and patient financial services office;
- making the Financial Assistance Policy, Financial Assistance Application, and plain language summary of the Policy widely available on the hospital's web site;
- making paper copies of these documents available upon request and without charge, both by mail and in public locations of the hospital; and
- providing these written and online materials in appropriate languages.

Notice of the financial assistance program is posted in locations visible to the public, including the emergency department, billing office, admissions office, and other areas reasonably calculated to reach people who are most likely to require financial assistance from the hospital. The hospital provides brochures explaining the financial assistance program in registration, admitting, emergency and clinic locations and in patient financial services offices.

The Financial Assistance Policy, the Financial Assistance Application, and plain language summary of the Policy are widely available on the hospital's web site, and paper copies are available upon request and without charge, both by mail and in public locations of the hospital. Written notices, posted signs and brochures are printed and available online in appropriate languages.

Program Digests

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs in the most recent CHNA report. The digests include program descriptions and intervention actions, statements of which health needs are being addressed, any planned collaboration, and program goals and measurable objectives.

Flu/Pneumonia Immunizations at Health Fairs

Significant Health Needs Addressed	<input type="checkbox"/> Chronic Conditions <input checked="" type="checkbox"/> Access to Primary Care Services <input type="checkbox"/> Preventive Care Services
Core Principles Addressed	<input type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Emphasize Prevention <input type="checkbox"/> Contribute to a Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Demonstrate Collaboration
Program Description	The hospital supports Health Fairs at two locations throughout the county, including Murphys and San Andreas. Services provided include flu/pneumonia immunizations.
Community Benefit Category	A2 – Community Based Clinical Services

FY 2018 Report

Program Goal / Anticipated Impact	Improve access to primary care and preventive services for the residents of the Mark Twain Medical Center service area to sustain or improve health.
Measurable Objective(s) with Indicator(s)	Residents obtaining immunizations at the Health Fairs will have decreased incidents of illness; decreased admissions and/or length of hospital stay for flu/pneumonia.
Intervention Actions for Achieving Goal	We have increased our marketing efforts about the Health Fairs. Our outreach will assist us in providing additional immunizations in underserved areas.
Planned Collaboration	We continue to partner with numerous local organizations to support the health and well-being of our community.
Program Performance / Outcome	In FY2017 MTMC and the Clinics provided over 1100 Flu vaccinations to the community. 361 of those were during the annual Fall Health Fair.
Hospital's Contribution / Program Expense	FY17 MTMC expensed over \$7,000 to provide Flu vaccinations to adults at our Health Fairs.

FY 2019 Plan

Program Goal / Anticipated Impact	Improve access to primary care and preventive services for the residents of the Mark Twain Medical Center service area to sustain or improve health.
Measurable Objective(s) with Indicator(s)	Residents obtaining immunizations at the Health Fairs will have decreased incidents of illness; decreased admissions and/or length of hospital stay for flu/pneumonia.
Intervention Actions for Achieving Goal	Continue promoting and marketing the Fall Health Fair.
Planned Collaboration	MTMC collaborates with the Public Health Department and dozens of other community organizations.

Diabetes Management Program	
Significant Health Needs Addressed	<input checked="" type="checkbox"/> Chronic Conditions <input type="checkbox"/> Access to Primary Care Services <input checked="" type="checkbox"/> Preventive Care Services
Core Principles Addressed	<input checked="" type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Emphasize Prevention <input type="checkbox"/> Contribute to a Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Demonstrate Collaboration
Program Description	The Diabetes Self-Management Education (DSME) program started in August, 2012 and is conducted by a Certified Diabetes Educator/Registered Dietitian who provides patient education within the hospital's service community of Calaveras County. Patient assessments, consultations and education occur at MTMC's Family Medical Centers (five locations within Calaveras County) to increase outreach and access. Self-management topics include, but are not limited to: Diabetes Overview, Monitoring, Physical Activity, Healthy Eating, Meal Planning, Problem Solving, and Reducing Risks. In FY19 MTMC will share this cost with the Health Care District.
Community Benefit Category	A2 – Community Based Clinical Services
FY 2018 Report	
Program Goal / Anticipated Impact	Our commitment is to provide the skills and techniques needed to self-manage the disease. Monthly one-on-one classes are provided to the community.
Measurable Objective(s) with Indicator(s)	To reduce readmission rates for patients with diabetes.
Intervention Actions for Achieving Goal	The Diabetes Self-Management Education (DSME) program is conducted by a Certified Diabetes Educator/Registered Dietitian who provides patient education within the hospital's service community of Calaveras County.
Planned Collaboration	Continue proactive discussions with local Medical Providers and the Public Health Department are the catalyst to provide outreach.
Program Performance / Outcome	In FY18 we served about 225 people.
Hospital's Contribution / Program Expense	MTMC contributed \$130k for an onsite Diabetes Educator. For FY19, the Health Care District will partner with MTMC to fund this service.
FY 2019 Plan	
Program Goal / Anticipated Impact	Certified Diabetes Educator Consultant contracted to provided diabetes education to patients within the communities of Calaveras County through referrals from practitioners. Patient consultations/education occur at MTMC's Family Medical Centers (five locations within Calaveras County) to increase outreach and access. Including working with Public Health.
Measurable Objective(s) with Indicator(s)	Fifty percent of the participants or greater who received Diabetes Self-Management Education (DSME) will avoid diabetes-related admissions to the hospital or emergency department for the three months following their participation in the program.
Intervention Actions for Achieving Goal	Certified Diabetes Educator providing Diabetes Self-Management Education to parents through individual consultation and group classes. Self-Management topics include but are not limited to: <ul style="list-style-type: none"> • Diabetes overview • Monitoring • Physical Activity

	<ul style="list-style-type: none"> • Medications • Healthy Eating • Carbohydrate Counting • Meal Planning • Problem Solving • Reducing Risks <p>Data collected will aid in evaluating the effectiveness of our DSME program to help determine areas for growth and improvement for the next fiscal year.</p>
Planned Collaboration	Local Medical Providers and the Public Health Department are the catalyst to provide outreach Health Care District will additionally fund

Access to resources and support for Mental Health population

Significant Health Needs Addressed	<ul style="list-style-type: none"> ✓ Chronic Conditions ✓ Access to Primary Care Services ✓ Preventive Care Services
Core Principles Addressed	<ul style="list-style-type: none"> ✓ Focus on Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity ✓ Demonstrate Collaboration
Program Description	Enhance opportunities for mental health improvement/addressing the healthcare needs for the youth, adult and senior population.
Community Benefit Category	A2. Community-based clinical services A1 – a Community Health Education – Lectures/Workshops

FY 2018 Report

Program Goal / Anticipated Impact	Utilization of the telehealth robot for psych allows the ordering of tailored stabilizing of medications, recommendations for treatment and suggestions for appropriate disposition.
Measurable Objective(s) with Indicator(s)	Currently our average LOS for psych patients is 11:58 hours. Prior to implementing the telepsych program, that average was 19:54 for the same timeframe.
Intervention Actions for Achieving Goal	The physicians and nurses at Mark Twain collaborate with the remote psychiatrists to offer immediate specialized treatment which gets them back to baseline. This quick care results in fewer long term psych hospitalizations.
Planned Collaboration	Having another highly trained physician as part of the care team to ask the patient questions and engage in dialogue assists in the overall therapy of the patient.
Program Performance / Outcome	To create a better continuum of care for our mental health patient population.
Hospital's Contribution / Program Expense	In FY18 the approximate amount contributed was \$30,000.

FY 2019 Plan

Program Goal / Anticipated Impact	With the use of Telehealth for Psych continue to decrease average length of stay for our mental and behavioral health patients who later go on to a long term psych facility from 23 hours down to 20 hours.
Measurable Objective(s) with Indicator(s)	The psychiatrist who “beams in” on the telehealth robot is able to order stabilizing medications, make treatment recommendations and suggestions for disposition.
Intervention Actions for Achieving Goal	This valuable service in the ER makes a big difference in the customized care this venerable population receives in our ER.

Planned Collaboration	Continue to partner and meet quarterly with Professional Mental Health Countywide task force to develop best practices with known local resources. Support the 2019 Grant recipients with their Family Wellness Program.
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Chronic Heart Disease and Pulmonary Disease Management

Significant Health Needs Addressed	<input checked="" type="checkbox"/> Chronic Conditions <input type="checkbox"/> Access to Primary Care Services <input type="checkbox"/> Preventive Care Services
Core Principles Addressed	<input checked="" type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Emphasize Prevention <input checked="" type="checkbox"/> Contribute to a Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Demonstrate Collaboration
Program Description	Residents of the community have a high mortality and morbidity rate from chronic diseases such as COPD and CHF.
Community Benefit Category	A1 – a Community Health Education – Lectures/Workshops
FY 2018 Report	
Program Goal / Anticipated Impact	The hospital provides Pulmonary Rehabilitation classes that focus on those suffering from chronic obstructive pulmonary disease (COPD), including asthma, emphysema, lung disease, bronchitis and bronchiectasis.
Measurable Objective(s) with Indicator(s)	This program responds to the corporate metric goal for chronic disease self-management.
Intervention Actions for Achieving Goal	Participants in the Pulmonary Rehabilitation program will be monitored, and readmissions will be tracked post six-months of the intervention for quarterly reporting purposes.
Planned Collaboration	Continue proactive discussions with local Medical Providers and the Public Health Department are the catalyst to provide outreach.
Program Performance / Outcome	In FY18 we served 60 patients through our Pulmonary Rehab Program. Cardiac Rehab Monitored patients= 35 Cardiac Rehab Maintenance patients=5
Hospital's Contribution / Program Expense	Staffing and program resources committed to the successful program for FY18 amounted to \$119,960.
FY 2019 Plan	
Program Goal / Anticipated Impact	Work with local providers to identify class participants. Begin classes.
Measurable Objective(s) with Indicator(s)	MTMC will be enhancing Cardiac Services with the support of the local Cardiology group. MTMC will team up with Calaveras County Public Health to decrease the readmission rates among vulnerable population.
Intervention Actions for Achieving Goal	Working in partnership with CCPH to create a framework for resources to be offered to the community. Attending monthly interdisciplinary meetings as we build up the references and resources needed to educate the community.
Planned Collaboration	Mark Twain Medical Center initiated a heart disease management program to help improve health outcomes and decrease admissions and/or length of hospital stay for persons with CHF or COPD.

ECONOMIC VALUE OF COMMUNITY BENEFIT

The economic value of community benefit for patient financial assistance is calculated using a cost-to-charge ratio, and for Medicaid and other categories of community benefit using a cost accounting methodology.

Mark Twain Medical Center

Complete Summary - Classified Including Non Community Benefit (Medicare)

For period from 7/1/2017 through 6/30/2018

	Persons Served	Net Benefit	% of Org. Expenses
<u>Benefits for Vulnerable</u>			
Financial Assistance	54	87,871	0.1
Medicaid *	25,146	3,673,243	5.3
Means-Tested Programs	9	1,948	0.0
Community Services			
A - Community Health Improvement Services	91	71,413	0.1
E - Cash and In-Kind Contributions	1	243,176	0.4
G - Community Benefit Operations	0	79,122	0.1
Totals for Community Services	92	393,711	0.6
Totals for Vulnerable	25,301	4,156,773	6.0
<u>Benefits for Broader Community</u>			
Community Services			
A - Community Health Improvement Services	187	100,455	0.1
E - Cash and In-Kind Contributions	1	6,844	0.0
Totals for Community Services	188	107,299	0.2
Totals for Broader Community	188	107,299	0.2
Totals - Community Benefit	25,489	4,264,072	6.2
Medicare	31,582	6,471,147	9.4
Totals with Medicare	57,071	10,735,219	15.6

Net Benefit equals costs minus any revenue from patient services, grants or other sources.

* The hospital was required to record some Medicaid Provider Fee revenue in FY18 that was attributable to FY17 services. If all FY17 Medicaid Provider Fee revenue had been recorded in FY17, the hospital's FY18 net benefit for Medicaid would have been \$5,269,099.

APPENDIX A: COMMUNITY BOARD AND COMMITTEE ROSTERS

BOARD OF TRUSTEES

MARK TWAIN MEDICAL CENTER HEALTHCARE CORPORATION

Dr. William Griffin – Chairman, Radiologist

Linn Reed – Trustee, Occupational Rehabilitation Therapist

Dave Woodhams – Treasurer, Orthodontist

Chuck Kassis –President/CEO of Mercy Merced

Dr. Andrew McCoy - Physician

Randall Ross – President/CEO of Mercy Hospital of Folsom

Susan Atkinson – Trustee, Retired

We wish to acknowledge the committed staff of Mark Twain Medical Center and all of those individuals serving on the Steering Committee, whose commitment of time, resources, and expert counsel have guided our 2017 community health needs assessment.

- Mark Campbell, Superintendent, Calaveras Unified School District
- Kathryn Eustis, Director, Youth Development and Prevention Programs Calaveras County Office of Education
- Tina Mather, Manager, The Resource Connection Food Bank
- Teri Lane, Executive Director First 5 Calaveras County
- Linda Winn, RN, PHN, Health Education Manager, Calaveras Health and Human Services Agency
- Colleen H. Rodriguez, Director, Calaveras Health and Human Services Agency
- Chile Beretz, Veterans Service Officer
- Mark D. Ksenzulak, Contract Management Analyst Calaveras Health and Human Services Agency
- Nicki Stevens, Manager, Marketing and Business Development Mark Twain Medical Center

APPENDIX B: OTHER PROGRAMS AND NON-QUANTIFIABLE BENEFITS

The hospital delivers a number of community programs and non-quantifiable benefits in addition to those described elsewhere in this report. Like those programs and initiatives, the ones below are a reflection of the hospital's mission and its commitment to improving community health and well-being.

Health Fairs (Free Admission) – Annually, Mark Twain Medical Center hosts a Health Fair on the hospital campus. Community Service Organizations attend the health fair and provide community education and service to those in attendance. Cholesterol Screening, Blood Pressure Checks, Bone Density Studies and Health Education are just a few of the services provided.

In September, MTMC'S conducted its 19th Annual Fall Health Fair on the hospital campus. Over 60 informational booths featured health, exercise, wellness, childcare, safety, traditional and alternative medicine, health foods, quality of life and recreation. Free Cholesterol and Osteoporosis screenings and Blood Pressure Checks were conducted, as well as flu (330) and pneumonia vaccinations. Over 407 blood draws/tests were provided at a discounted price.

Financial Assistance – Our Financial Assistance expense in FY2018 amounted to \$87,871 for persons benefited, and there were 25,146 visits from our traditional Financial Assistance, Unpaid Costs of Medical and Medicare and other Public Programs.

Breast Cancer Early Detection Program – Mark Twain Medical Center participates in the California State funded Breast Cancer Early Detection Program (BDECP) as a provider of clinical services and advanced diagnostics. Staff physicians and the hospital reach out to women over 40 who, because of financial or insurance limitations, are not able to receive annual breast exams and mammograms. Actual number of participants is not tracked by MTMC.

Immunizations – Annual vaccination against influenza is the primary means for minimizing serious adverse outcomes from influenza virus infections. These infections result in approximately 20,000 deaths and 110,000 hospitalizations per year in the United States. The amount of trivalent inactivated influenza vaccine produced for distribution in the United States has increased substantially. During FY2018, over 327 influenza vaccinations were administered at the Health Fair. Donations were accepted, but not required. Starting in 2007, the hospital began to offer pneumonia vaccinations at their annual Fall Health Fair.

Mark Twain Medical Center sponsors healthy heart activities at County Fair -

Mark Twain Medical Center (MTMC) teamed up with the American Heart Association to help provide a heart healthy focus at the Calaveras County Fair. MTMC staff also assisted in demonstrating CPR at the event.

Teddy Bear Clinic – This annual activity brings all of the kindergartners in Calaveras County to our hospital to learn more about what happens at a hospital. The children are taken on a tour of the hospital and visit several departments where they can diagnose their “teddy bear wellness patient.” The purpose of the clinic is to reduce some of the apprehension about the hospital and to remind the children that we are not always about pain and shots. The event also includes health promotion education for the children.

Baby Sitting Basics – 32 boys and girls from ages 11-15 attended this class to educate our youth to responsibly care for young children.

Community Leadership- MTMC's hospital leadership oversees community benefit activities for the hospital as it strives to meet the health and wellness needs of the local community. Several members of Mark Twain's senior and middle management team serve the community on a variety of community-based not-for-profit Boards, such as Children and Families Commission, Habitat for Humanity, Soroptimist International, Economic Development Corporation, local Churches and Chamber of Commerce to name a few. In addition, most employees have linkages to various service organizations throughout the communities. Community involvement is evidenced by participation of local business and community leaders in the Hospital's Governing Boards, Finance Committee, Ethics Committee and our Patient Advisory Committee.

Disaster Preparedness – During the year, over 400 persons in Calaveras County participated in communications workgroups and educational classes to coordinate communications between Public Safety, Public Health and MTMC. Partners include law enforcement, Fire, EMS, EMSA, Public Health and EMA. The goal is to improve processes and coordinate technologies for emergency service organizations.

Blood Pressure Checks – Free Blood Pressure Checks are always offered at the five Medical Centers and the Hospital. Blood Pressure Checks are also conducted at various community events throughout the county.

Take It To Heart - For the eighth year in a row, the Soroptimist International of Calaveras County joined MTMC to offer free comprehensive cholesterol tests to all Calaveras County women during February. A total of 157 cholesterol tests were provided in this program.

Sponsorships and Donations - As a member of the community, Mark Twain Medical Center responds to requests for direct funding and goods and services to support community organizations and activities such as Grad Nite, Relay for Life, Door of Hope, Youth Programs, and Habitat for Humanity, Cancer Support Group, etc.

Community Health Education Center - Calaveras County suffers from a scarcity of meeting rooms. MTMC'S provides meeting room space in the Community Health Education Center at no cost to health and community related groups as our schedule permits.

Diabetes Education – Diabetes touches every family. It is the leading cause of blindness among adults ages 20 to 74, and is the sixth leading cause of death in America. Education is the key factor to managing Diabetes. Our commitment is to provide the skills and techniques needed to self-manage the disease. Monthly one-on-one classes are provided to the community, annually serving about 225 people.

Community Health Education Substance Abuse – Collaborative resources shared between the Calaveras County Health Services Agency, Mark Twain Medical Center and the Calaveras County Office of Education. The vision is to have a community free from substance abuse through better education.

Calaveras County Chronic Disease Self-Management Program – Support services are shared through this collaborative outreach between the Calaveras County Health Services Agency, Mark Twain Medical Center, and various agencies. Both the walk and the six-week workshop are projects funded through the Center for Disease Control and Prevention as part of the Community Transformation Initiative. Calaveras County was one of 12 rural California counties to receive grant funding to improve rural health disparities in key preventative areas – reducing exposure to second-hand smoke, facilitating healthy communities through reduced consumption of sugary-sweetened beverages and safe walking routes and the provision of increased clinical and community preventive services. Calaveras County Public Health Department and 11 other rural counties in California are receiving grant funds through the Affordable Care Act to improve the health and well-being of the community and to prevent chronic disease. Examples are high blood pressure, diabetes, depression, high cholesterol, unhealthy weight, and arthritis. The work is focused on change in the environment where we live, work, and play and pray. In partnership with local schools, students, service agencies, the faith community and community residents, the Calaveras County Public Health Department is working in four areas. “By reducing exposure to tobacco smoke in apartments, encouraging physical activity through healthy and safe communities, increasing healthy drink choices, and promoting skills to help manage chronic conditions, we can reach the goal to make healthy choices the easy choices in Calaveras County,” Dr. Kelaita, County Health Officer.

Children and Families Master Plan – Includes Mark Twain Medical Center, Human Resources Council and the Calaveras County Health Services Agency as the lead agent. The goal is to train community advocates for the underserved children of our communities.

APPENDIX C: FINANCIAL ASSISTANCE POLICY SUMMARY

Dignity Health's Financial Assistance Policy describes the financial assistance programs available to uninsured or under-insured patients who meet certain income requirements to help pay for medically necessary hospital services provided by Dignity Health. An uninsured patient is someone who does not have health coverage, whether through private insurance or a government program, and who does not have the right to be reimbursed by anyone else for their hospital bills. An underinsured patient is someone who has health coverage, but who has large hospital bills that are not fully covered by their insurance.

Free Care

- If you are uninsured or underinsured with a family income of up to 200% of the Federal Poverty Level you may be eligible to receive hospital services at no cost to you.

Discounted Care

- If you are uninsured or underinsured with an annual family income between 200-350% of the Federal Poverty level, you may be eligible to have your bills for hospital services reduced to the highest amount reasonably expected to be paid by a government payer, which is usually the amount that Medicare would pay for the same services.
- If you are uninsured or underinsured with an annual family income between 350-500% of the Federal Poverty level you may be eligible to have your bills for hospital services reduced to the Amount Generally Billed, which is an amount set under federal law that reflects the amount that would have been paid to the hospital by private health insurers and Medicare (including co-pays and deductibles) for the medically necessary services.

If you are eligible for financial assistance under our Financial Assistance Policy you will not be required to pay more than the Amount Generally Billed described above. If you qualify, you may also request an interest-free extended payment plan. You will never be required to make advance payment or other payment arrangements in order to receive emergency services.

Free copies of the hospital's Financial Assistance Policy and financial assistance application forms are available online at your hospital's website listed below or at the hospital Admitting areas located near the main entrance. (Follow the signs to "Admitting" or "Registration"). Copies of these documents can also be mailed to you upon request if you call Patient Financial Services at the telephone number listed below for your hospital.

Traducción disponible: You may also obtain Spanish and other language translations of these documents at your hospital's website, in your hospital's Admitting area, or by calling your hospital's telephone number.

Dignity Health Financial Counselors are available to answer questions, provide information about our Financial Assistance Policy and help guide you through the financial assistance application process. Our staff is located in the hospital's Admitting area and can be reached at the telephone number listed below for your hospital.

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Mark Twain -- 768 Mountain Ranch Rd, San Andreas, CA 95249 | Financial Counseling 209-754-2622
Patient Financial Services 866-397-9272 | www.dignityhealth.org/marktwainmedical/paymenthelp