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City

of

Children

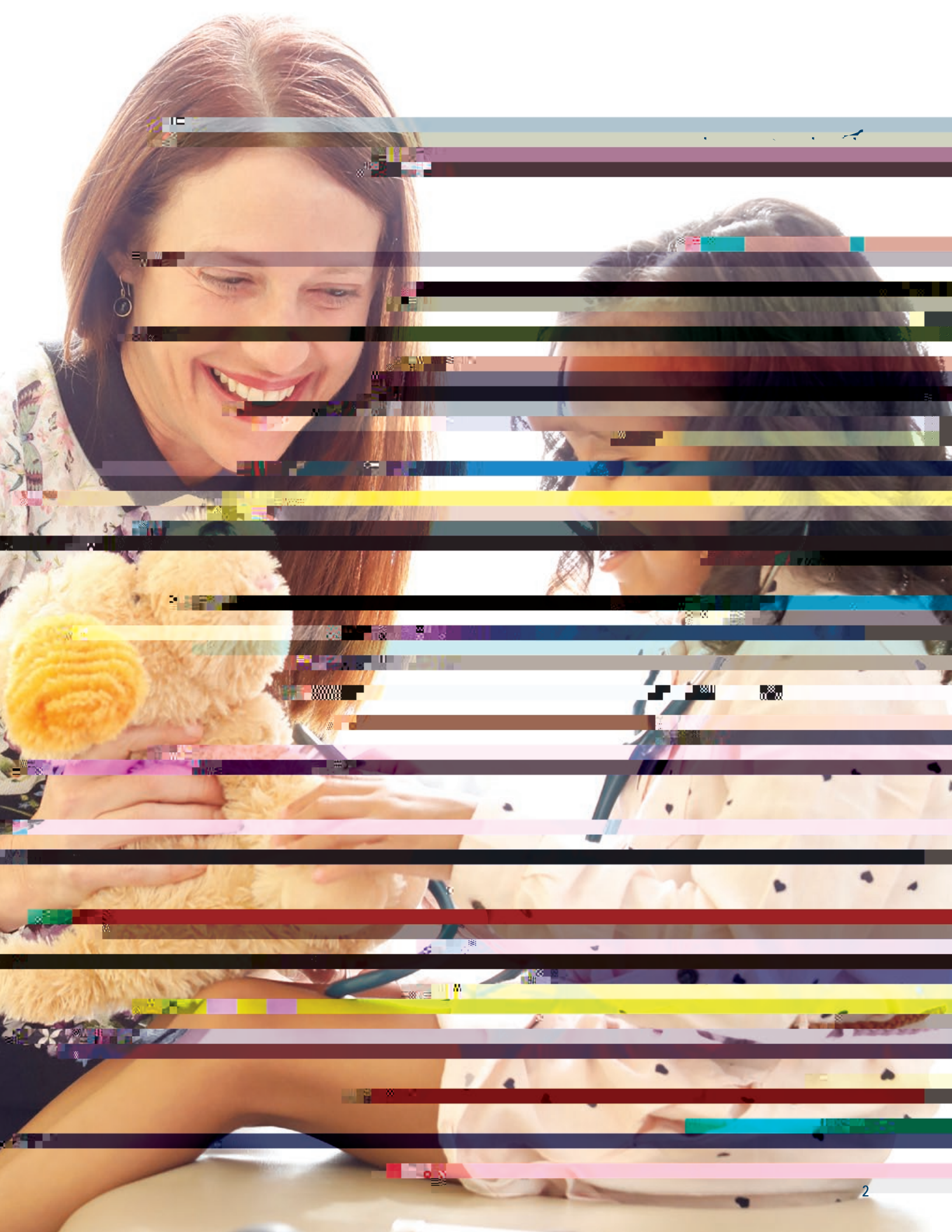
and

Nemours

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2017-2019

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During 2016, Nemours embarked on a journey to identify the child and adolescent health needs of the communities near Nemours Children's Hospital (NCH) in Central Florida. Nemours engaged Professional Research Consultants, Inc. to assist in determining the health status, behaviors and needs of children and adolescents in our immediate service area which has been defined as households with children in Brevard, Orange, Osceola and Seminole counties in Florida.

The assessment was comprised of both qualitative and quantitative data including a customized child and adolescent health survey, focus groups, public health data, vital statistical data and other benchmark data on the health of children

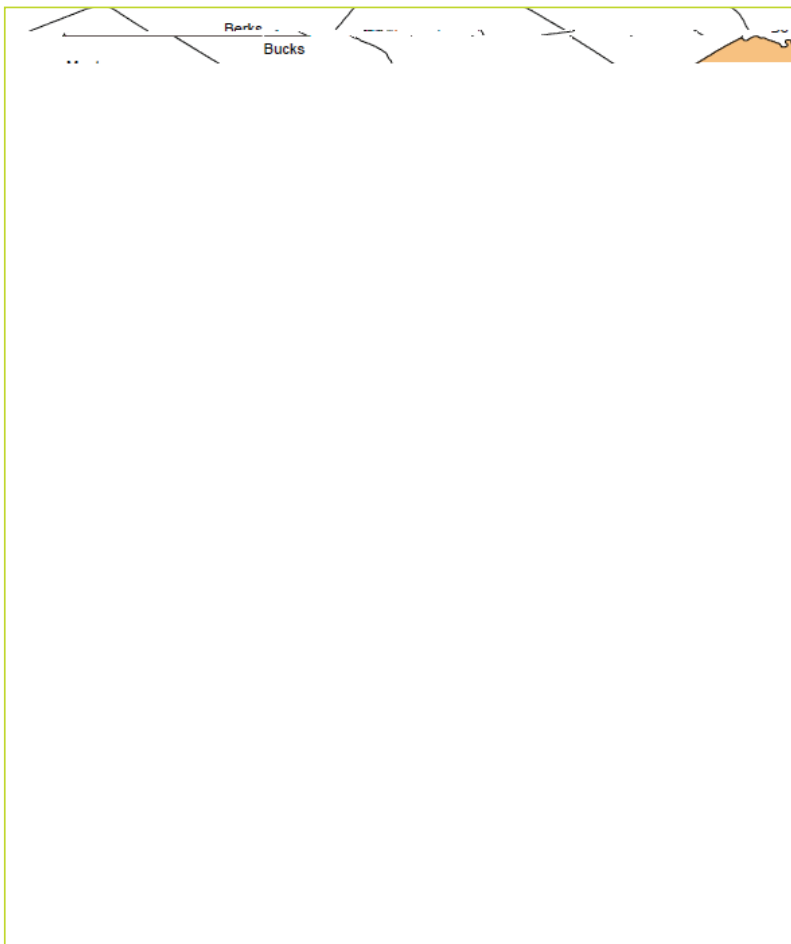
COMMUNITY

Once every three years, Nemours conducts a CHNA in order to comply with requirements in the Affordable Care Act. The CHNA allows Nemours to obtain a comprehensive data set on the health status, behaviors and needs of children in our CHNA wide-county total service area (TSA), which includes the three counties in the state of Delaware (New Castle, Kent and Sussex), as well as Chester and Delaware counties in Pennsylvania. This dataset then allows us to

CHNA

The CHNA data provided Nemours with detailed information about the challenges facing our communities to develop evidence-based action plans for each issue. Three work groups — one for each issue area — each meeting several times to discuss the implications of the CHNA findings — provided in-depth guidance on how Nemours could best make a significant impact in the subject areas during the next three years. Work groups were comprised of Nemours leaders as well as clinical and population health experts, and charged with developing plans that leverage Nemours' expertise in addressing the social determinants of health.

Our CHNA Implementation Plan, described in the following pages, includes specific action steps and measurable goals to address each of these issues. We also provide information on the factors the work groups weighed in developing the interventions, including opportunities for collaboration with other health organizations in our TSA.







The 2016 CHNA revealed that parents in our TSA are much more likely than parents in the United States overall to report fair to poor mental health in their children. In 2016, 12.2 percent of parents in the TSA rated the mental health of their children as fair or poor — more than twice the national figure. Moreover, this figure has increased significantly in the past three years, from 5.6 percent in 2013 to the current 12.2 percent. An increase of this magnitude — more than double in percentage terms — is cause for concern, and not surprisingly, community members ranked mental health as the top priority for Nemours to address in its implementation plan.

The Nemours CHNA mental health work group, comprised of experts in the field, focused on how to address the increased needs of children in the TSA in the most meaningful way. The following four points, which surfaced during meetings and subsequent research, shaped the Nemours CHNA interventions in this area:

- f* Both the CHNA and national surveys identify a gap between the number of children in need of mental/behavioral health care and the number who actually receive treatment.
- f* Parents are often not aware of behavioral health resources in their communities, and finding the right provider for a given child and condition can be difficult.
- f* General pediatricians, many of whom are the “first call” for help from parents (particularly parents who are not aware of other resources), may not be trained in current evidence-based treatment for children’s specific mental health issues.
- f* Training in evidence-based practices for child and adolescent behavioral health concerns is also lacking in the broader behavioral health community.

These four points reflect a systemic problem, not unique to our TSA. The nationwide shortage of mental health professionals is well-documented, and pediatric specialists are in especially short supply. To reverse this trend will require a long-term solution, and the rising numbers of children in need of care cannot wait. For Nemours to address the needs of children in our TSA rapidly and effectively, it is necessary for us to support local providers who can see children now, in their own communities.

Across the country, primary care providers are the sole source of behavioral/mental health care for slightly more than one-third of the children seeking treatment. With increased expertise, many Nemours pediatricians could address the needs of the children who present in their offices. Similarly, in Delaware and the two Pennsylvania counties in our TSA, established community agencies and independent providers could meet the needs of more children, if appropriate linkages to care were established for parents, and providers were offered the support they need for pediatric cases.

With psychiatrists and psychologists grounded in state-of-the-art care for mental and behavioral health, Nemours is well positioned to strengthen community networks of behavioral health care. In the next three years, we will launch two initiatives with this aim, one focused on pediatric workforce development and one focused on raising awareness of community resources and establishing strong linkages to care in the community.

Open

Specific goals for workforce development will target community-based mental health providers and Nemours primary care providers. Up to 150 mental health providers will be enrolled, at no charge, in workshops providing evidence-based behavioral health treatment for children and adolescents. Nemours will also provide, free of charge, a follow-up consultation program for these providers, offering monthly case reviews for six months. Specific metrics, listed below, will track the success of this initiative, which we expect will significantly bolster the availability of evidence-based pediatric mental health care in the communities in the TSA.

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f The **Behavioral Health and Wellness** team provides professional support, intervention and referral for patients and families in a variety of situations including children who are newly diagnosed with a serious health condition (autism, cancer, CF, CP, sickle cell, transplant, etc.) or living with these conditions on a chronic basis, children with an acute mental health crisis (suicidal, aggressive behavior, substance abuse, overdose), and children suffering from trauma/critical injury or children and families facing death.

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f The **Behavioral Health and Wellness** team provides professional support, intervention and referral for patients and families in a variety of situations including children who are newly diagnosed with a serious health condition (autism, cancer, CF, CP, sickle cell, transplant, etc.) or living with these conditions on a chronic basis, children with an acute mental health crisis (suicidal, aggressive behavior, substance abuse, overdose), and children suffering from trauma/critical injury or children and families facing death.

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As part of our commitment to children with behavioral health needs in the region, Nemours offers or plans to offer:

f The duPont Hospital for Children **Social Work** team provides professional support, intervention and referral for patients and families in a variety of situations including children who are newly diagnosed with a serious health condition (autism, cancer, CF, CP, sickle cell, transplant, etc.) or living with these conditions on a chronic basis, children with an acute mental health crisis (suicidal, aggressive behavior, substance abuse, overdose), and children suffering from trauma/critical injury or children and families facing death.

f The Department of **Child Life Creative Arts Therapy & School Programs** help patients and their families cope with medical experiences. Our team of certified Child Life specialists promotes the use of play, preparation, education and self-expression activities as a way to normalize the hospital experience.

f Primary care providers are screening adolescents ages 12+ for depression at all well-visits. Patients with a positive screen who are referred to psychology services are placed on a registry and receive follow-up from a care coordinator to ensure access to services.

f Expansion of behavioral health services in primary care settings in Pennsylvania and Delaware. This model, in which a psychologist is embedded in the primary care clinic, is termed “integrated care.”

f Expansion of behavioral health services in Delaware, focusing on provision of evidence-based care for children and adolescents with trauma, depression, anxiety and ADHD as well as other issues.

f Development of a **Center for Autism**, which will provide families with quick access to evaluation and treatment services.





The 2011 National Healthcare Quality Report released by the Agency for Healthcare Research and Quality lists three components of access to care:

- f gaining entry into the health care system
- f getting access to sites of care where patients can receive needed services
- f nding providers who meet the needs of individual patients and with whom patients can develop a relationship based on mutual communication and trust

The first and third of these components are not major problems for children in our TSA. Insurance coverage largely provides for entry into the health care system for children in the area. The vast majority of children in the Nemours TSA have health insurance; some experience gaps in coverage due to changes in their parents' life circumstances, but are likely to be eligible for coverage again, either from public or employer sources. The third component, trusting relationships with families, is the Nemours promise. Our family-centered care ranks in the top 20 percent in key patient satisfaction areas, pointing to our ability to meet the needs of patients and establish trusting relationships.

The second component, getting access to sites of care, however, remains a problem for too many children in our TSA: CHNA results show that 26.9 percent of families in our TSA experienced difficulties in obtaining medical care in the past year. Specialty care is a particular issue, with 38.8 percent of children in the TSA reporting a need to see a specialist at some point in the past year. This is well above the national average of 24.2 percent, and also a statistically significant increase from the 2013 CHNA, in which 32.6 percent of children reported this need.

As one of the most-respected children's health systems in the nation, Nemours offers specialty care that can meet the needs of most children in the TSA. The Access to Care Work Group realized that our CHNA results indicated a need to make this care more accessible to more children. While Nemours has already developed systems to facilitate easy scheduling and ensure care coordination, families still face difficulties in getting their children in for care. Families with limited income and families whose children have multiple and/or complex conditions were our major concern as we investigated strategies to improve access.

We determined that the most family-centered approach — access to specialists via telehealth technology — is already in use at Nemours, but in need of expansion. In recent years, Nemours has sought to help families in need of specialty care by bringing that care as close to home as possible, even into the local primary care office. With on-site assistance from a professional or paraprofessional, many Nemours specialists are able to “beam into” a local medical office with high-quality, privacy-protected audio and visual technology. Families report that this convenience makes access much easier.

In the next three years, Nemours will focus its CHNA efforts on significantly expanding the specialties and clinicians that offer telehealth services and the number of local sites in which these services can be accessed. We will increase not only the number of Nemours facilities offering this convenience, but also the number of other medical offices in which Nemours specialty care is available by telehealth. Certain specialties are often top of mind when telehealth is mentioned — for example, behavioral health — but our offerings will also include care, especially follow-up care, in areas such as orthopedics, where studies have shown that Nemours has been able to make significant improvements in patient satisfaction.

We expect that the result of this effort will be a marked decrease in the number of families in our TSA who have difficulty accessing specialty care. Access should improve for families in every county in the TSA, and we anticipate very high levels of satisfaction with these visits. The current high level of quality and satisfaction are an excellent point from which to launch this initiative, but as with any evolving technology, we will improve the service as new tools become available. Families juggling multiple appointments, school, employment, and often limited transportation budgets will benefit immensely from the Nemours specialists soon to be available in their local communities. We will track indicators of access and satisfaction, as displayed in the table below, and course-correct whenever necessary to ensure that the access goal is met.

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Nemours focuses on continually improving access to care as part of our routine operations. We work to ensure that families receive exactly the care they want, when and where they need and want it. Listed below are several of Nemours' ongoing initiatives that enhance access to care:

Many initiatives have been implemented to assist families in accessing needed health services. These range from making care more convenient in new locations for outpatient services including specialty care, imaging, therapy services and recently adding urgent care); expanding the number of Nemours primary care pediatricians in the community; making it easier to make appointments by offering online scheduling and three day appointment availability for new patients; providing secure, online access to patient information via the MyNemours portal; and making a nurse navigator available for patients who require multiple appointments in hopes of coordinating appointments on the same day. These access initiatives are constantly evaluated and expanded when possible to meet the needs of more families.

The **Nemours Student Health Collaboration** makes it easier for school nurses who work in Delaware public schools to be a part of the child's care team. School nurses can log onto NemoursLink, a web-based portal, to see a child's plan of care and information about almost every visit to Nemours/Alfred I. duPont Hospital for Children or a Nemours primary care office in Delaware. School nurses can only view a child's records if a parent or guardian has signed a patient authorization form in advance. This program promotes a partnership between Nemours primary and specialty care providers, the school nurse and Nemours' patients and families. The goal is to better serve Nemours' patients through enhanced continuity of care across the care team members.

Dedicated Space for the Plain Community within the new Nemours duPont Pediatrics, Dover location, will allow for the provision of clinical care that is sensitive to the needs of this community, including the evaluation and treatment of complex conditions. The space, which is expected to open in 2017, will feature a separate waiting room, four exam rooms, a consult room as well as provider offices. Two Nemours consultative pediatricians will see patients in the new Dover location. They are receiving special training in cooperation with the Clinic for Special Children in Strasburg, Pa., which has a long-standing tradition of caring for the Amish and Mennonite communities.

To further improve access, Nemours will bring the most-needed **specialty care services to families of Southern Delaware** with the approved project on Bayhealth's new Milford health campus. Nemours services will include specialty care (i.e., allergy, behavioral health, cardiology, neurology, orthopedics and weight management), therapy services (physical, occupational and speech therapy) and imaging (X-ray, ultrasound, MRI) with an anticipated opening of early 2019.

Nemours and the Ronald McDonald House of Delaware are exploring the viability of a **Care Mobile** as another way of improving access to services in Delaware. A Care Mobile could bring select services (e.g., dental care, primary care and/or mental health care) to health care shortage areas in Delaware.





Infant mortality — the number of babies born alive who die before their first birthday — is an important measure of population health and was a top concern of respondents to the Nemours CHNA. Delaware, where three of our TSA counties are located, has seen a 12.9 percent reduction in infant mortality since 2000, but at 8.1 deaths per 1,000 live births, Delaware's rate still far exceeds the national rate of 6.4 deaths per 1,000 live births and the Healthy People 2020 goal of 6.0. Our TSA overall has slightly better rates, but these vary significantly by county, with New Castle County in Delaware and Chester County in Pennsylvania having the highest rates. Notably, the infant mortality rate overall is more than two times higher among births to black mothers than among births to white or Hispanic mothers.

The Nemours work group on infant and child health researched not only the literature on improving low birth weight and infant mortality, but also the activities of other health and social service organizations in the TSA to determine where we might best contribute. Infant mortality is closely linked to low birth weight, which in turn, is related to maternal health indicators, such as smoking, substance use, obesity and other issues, as well as to the age of the mother. Births to mothers at either end of the reproductive age span are more likely to be at a low birth weight.

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