

# Montclair Hospital Medical Center Community Health Needs Implementation Plan 2023-2025



 Montclair Hospital Medical Center



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# MONTCLAIR HOSPITAL MEDICAL CENTER COMMUNITY HEALTH NEEDS IMPLEMENTATION PLAN 2023-2025

## INTRODUCTION AND BACKGROUND

### Background – Montclair Hospital Medical Center

Prime Healthcare Services has operated Montclair Hospital Medical Center (**MHMC or the Hospital**) since purchasing it in 2008. In 2010 Montclair Hospital Medical Center was donated to the Prime Healthcare Services Foundation and became a not-for-profit organization.

Since the arrival of Prime Healthcare, MHMC has flourished in re-establishing itself as the premier hospital of the surrounding communities. Under the company's direction, a high standard of care within a nurturing environment is promoted through the Customer Care Chain Program --a service-oriented program devoted to achieving 100% customer satisfaction from patients, visitors, physicians, and staff.

A board composed of physicians, community representatives and lead staff oversees MHMC's operations. The Board's composition is presented in Appendix A and the services provided by MHMC are listed in Appendix B.

As part of its ongoing mission to serve the Montclair community and surrounding areas, MHMC participated in the development of the 2022 Inland Empire Community Health Needs Assessment, along with other hospitals and health service organizations in San Bernardino and Riverside Counties.

### Background – 2022 Inland Empire Community Health Needs Assessment

MHMC participated in the 2022 Inland Empire Community Health Needs Assessment (**CHNA**) involving:

- Inland Empire Health Plan,
- Hospital Association of Southern California,
- Montclair Hospital Medical Center,
- Redlands Community Hospital,
- San Antonio Regional Hospital,

- San Gorgonio Memorial Hospital,
- Riverside County Department of Public Health, and
- San Bernardino County Department of Public Health.

A copy of this document can be found on the MHMC website. MHMC contributed a hospital-specific portion of the overall document. That portion is found in Appendix C.

The 2023-2025 Montclair Hospital Community Health Needs Implementation Plan (**Implementation Plan or PLAN**) addresses issues outlined in the 2022 Inland Empire Community Health Needs Assessment. This Implementation Plan outlines actions to be taken by the Hospital to address those issues.

The PLAN addresses data from the area-wide 2022 Inland Empire Community Health Needs Assessment. That document incorporates county-wide information as well as more focused data concentrating on the area immediately surrounding MHMC. Some data is not directly comparable between the two areas, but each discussion provides insight into needs found in the MHMC service area.

#### MHMC Primary and Secondary Service Areas

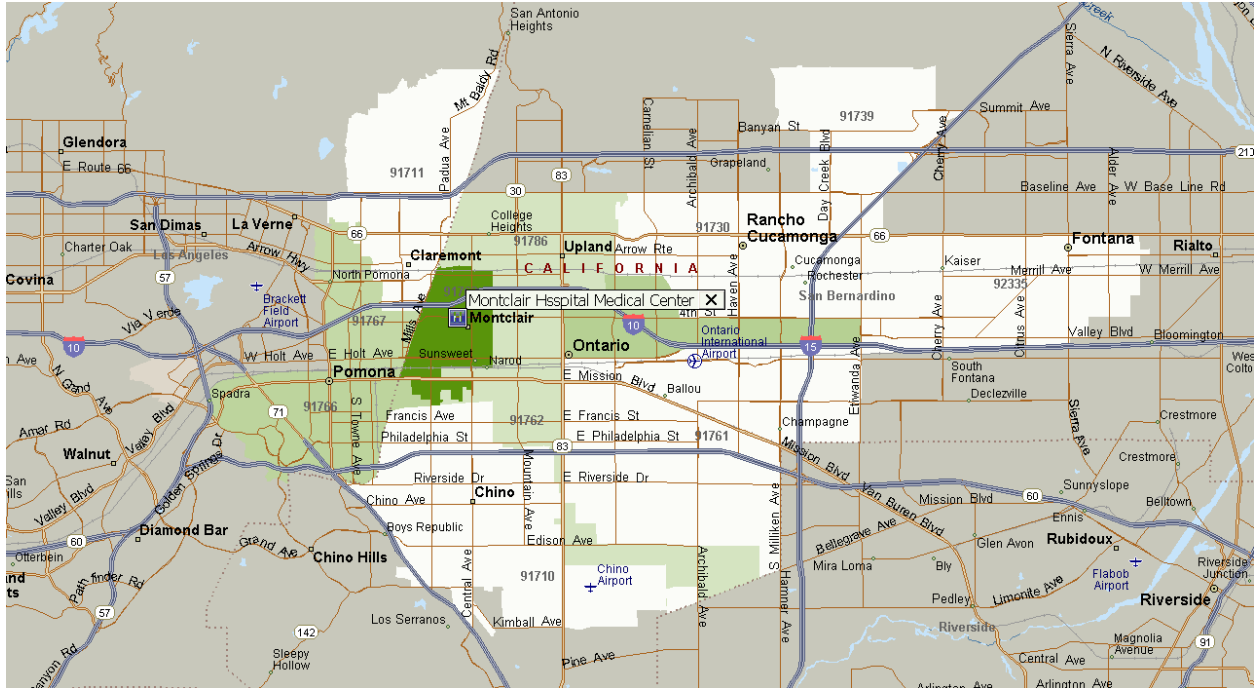
The most pertinent area for service analysis and planning is a much smaller area from which over 80% of MHMC's patients are drawn. Although it has evolved slightly from the last CHNA report, MHMC's Primary Service Area (PSA) remains concentrated around the Hospital's site, extending mostly east and west from that location. A relatively small area accounts for the bulk of MHMC's discharges, with six zip codes providing 65% of all discharges from the Hospital. They represent every zip code providing more than 4% of all discharges. A Secondary Service Area (SSA) includes another six zip codes which contribute between 2% and 4%, adding another 17% of all discharges. Together they represent over 82% of all MHMC discharges. The Primary Service Area is highlighted in varying shades of green on the following map. The darker areas are those that experienced the most discharges.

The PSA zip codes include the following, in descending order of importance:

- 91763 Montclair
- 91764 Ontario
- 91766 Pomona
- 91767 Pomona
- 91786 Upland
- 91762 Ontario

The Secondary Service Area (SSA) appears in white. These zip codes include:

- 91739 Rancho Cucamonga
- 91761 Ontario
- 92335 Fontana
- 91710 Chino
- 91711 Claremont
- 91730 Rancho Cucamonga



It should be noted that the planning process for the Implementation Plan was taking place simultaneously with the winding-down of the Covid-19 pandemic, and much of the need analysis in the CHNA was colored by perceived needs to deal with pandemic issues. As the pandemic focus recedes, hospitals such as MHMC are retraining their sights on longer-range issues, and the lingering effects of the pandemic. MHMC's long-range planning process is underway but is less formalized than it would have been in non-crisis times. The Hospital reserves the right to amend the PLAN when more detailed long-range plans can be formalized.

## PRIMARY ISSUES

The CHNA group developed two primary Frameworks in which to consolidate the most pressing ideas for further study and action. The two Frameworks are the **Burden of Disease Framework** and the **Vital Conditions for Well-Being Framework**.

The **Burden of Disease Framework** highlighted the disease categories which presented the most pressing needs for intervention in the communities served. The three disease categories selected were:

- Cardiovascular Disease and Diabetes (note that two distinct diagnoses are combined in this category),
- Mental and Behavioral Health, and
- Maternal and Infant Health.

Two of these three Burdens are conditions for which MHMC provides extensive service options. They will be the focus of the Implementation Plan for the next three years.

The **Vital Conditions for Well-Being Framework** outlined three general needs to guide services and community outreach programs. These issues were:

- Basic needs for health and safety,
- Humane housing, and
- Meaningful work and wealth.

The communities seen as most in need for these conditions were listed as:

- Communities of color,
- Individuals with low income and those living in poverty,
- Seniors, and
- Communities in remote and rural areas.

All the Vital Conditions listed fall under the umbrella term Social Determinants of Health (**SDOH**). SDOH conditions are those conditions that exist in the general community that directly impact an individual's ability to maintain health in his/her home. Many people, including those with chronic conditions, live in an environment or pursue activities that contribute to poor health. While these environmental conditions and activities are often perceived as benign by residents, they may be directly contributing to a condition that will result in hospitalization if not modified. Examples of SDOH that are often encountered include, among others:

- Multiple prescriptions for various conditions, especially if prescribed by multiple physicians who may not know what other medications their meds may interact with.
- Differential access to medical providers.
- Unhealthy workplace conditions.
- Household hazards such as loose carpet or flooring that becomes a tripping hazard.

- A steady diet of high-fat foods, and a corresponding lack of fresh fruits and vegetables.
- Being significantly overweight.
- Use of non-prescription drugs.

Hospitals are generally not equipped to directly address most of these SDOH's. However, many low-income people and people of color are seen at the Emergency Department, and staff there may see signs that some SDOH conditions may have contributed to the need for emergency care. As first responders, they are well-positioned to provide guidance and assistance to clients coming to the Hospital, and to social and governmental organizations whose mission is to address these issues.

The plans which follow address MHMC's proposals to directly address the Burden of Disease issues as appropriate, and to outline potential alliances with community and governmental organizations to address the SDOH components related to the acute medical conditions seen at MHMC. Each of these issues are discussed, and MHMC's plans to address them presented, in the following sections.

## IMPLEMENTATION PLANS -BURDEN OF DISEASE FRAMEWORK

### Cardiovascular Disease and Diabetes

**Cardiovascular Disease and Diabetes** are common diagnoses for MHMC's Emergency Department patients. The two conditions were combined in the CHNA, although they deal with different medical problems. While the emergent issues related to the two disease categories are properly addressed at MHMC, each condition requires follow-up care to prevent re-occurrence once the patient is discharged

MHMC's **Cardiopulmonary Services** unit provides basic cardiopulmonary care, with a focus on stabilizing and controlling further injury to clients who present in acute distress. The Hospital has an affiliation arrangement with Chino Valley Medical Center to provide invasive services normally associated with cardiac care, such as a Cardiac Cath Lab. Those cases are referred to CVMC as soon as the patient can be stabilized.

**Pulmonary** cases typically do not involve intensive surgery, and these cases are MHMC's forte. They require more management-intensive services, such as airflow monitoring, oxygen therapy, and providing temporary mechanical ventilation. These services were in high demand over the past three years due to Covid-19 infections. Some of these patients will require ongoing interventions to deal with "long-Covid" symptoms, and almost all were provided follow-up care to assure their continued recovery upon discharge.

**MHMC's Plan** focuses on community efforts related to heart and lung diseases. These efforts have been concentrated on the Covid-19 pandemic for the past three years, and as more is learned about the disease and its variants, MHMC's plans for dealing with ongoing cases will



evolve. The primary community thrust for Covid cases, as well as other lung-related maladies, concentrates on prevention and follow-up care once stabilization is achieved. For patients who have been stabilized, referrals to community providers of rehab services are provided as appropriate, along with guidelines to allow patients to manage their own health needs at home and thus avoid future incidents.

In the wider community, Hospital staff attend health fairs and provide lectures to interested organizations on heart and lung health, and they coordinate with other providers and community groups to publicize cardiac- and pulmonary-based information. New contacts within communities of color and low-income areas are being developed to disseminate heart health and pulmonary disease prevention in areas of high incidence. As new treatments and disease-management protocols are developed, MHMC staff keep up-to-date, and incorporate those improvements in their services. These programs are expected to continue over the three-year period of the Implementation Plan. Over the next three years, MHMC plans to reach out to at least four community organizations to participate with them in health fairs, community fund-raisers, and education programs.

**Diabetes** is a common and growing issue in the MHMC's service area, and is particularly endemic among lower-income groups and some communities of color. As with cardiac diseases, most diabetic cases coming to the Hospital are experiencing acute complications of the underlying disease, ranging from renal failure to gangrene. While each admitting condition requires immediate treatment, the ongoing illness underlying these crises is manageable with suitable changes to behavior, and the Social Determinants of Health that are known to cause diabetes are factors that educational services can address. The Hospital plans to assist other community agencies in providing education and disease management training in local settings as well as within Hospital walls.

**MHMCs Plan** involves teaming with social service agencies, government departments of health, and church and fraternal organizations to bring diabetes education into the communities surrounding the hospital, with a focus on low-income communities and communities of color. Many of these groups are poorly addressed by historical methods, and the Hospital is seeking non-traditional care providers, such as churches, and fraternal organizations that are deeply involved in these communities. MHMC is currently exploring education options with the Christian Development Center and its affiliates, and over the next three years, plans to find at least three other community groups working in other low-income communities or communities of color to further advance diabetes education in less-served communities. This will be in addition to the existing monthly Diabetes classes currently offered at the Hospital. As an example, MHMC has committed to staffing an information booth at 2024's African American Black History Fun Day. The Hospital will also partner with representatives in these communities to advocate for healthier food options in those areas considered "food deserts".

Additional planned events for MHMC's participation include the City of Montclair Country Fair Jamboree in June 2023 and following years, and the City of Montclair Health Fair (tentative) when



it resumes. As more in-person events are planned, MHMC staff will seek opportunities to participate, either as vendors or as full participants, as appropriate.

## Mental and Behavioral Health

As noted in the Executive Summary, of the three **Burden or Disease Framework** categories, MHMC is a direct provider of services in two categories. The Mental and Behavioral Health category is not a service line provided by MHMC, and attempting to create such a service would create redundancies in the existing range of services already in place in MHMC's service area. MHMC does provide emergency services to stabilize patients presenting at the Emergency Department. It is a member of the West End Behavioral Health Community Collaborative, and continues its relationships with area Mental and Behavioral Health providers to transfer these patients to inpatient settings as appropriate. The Hospital has recently added a mental health coordinator to act as a referral source to patients dealing with behavioral issues, and to find them suitable placements or therapists. Referrals to social service agencies are also provided as needed. While mental health "parity" is a buzzword among healthcare providers, actual equity of services is a developing process. The mental health coordinator is charged with tracking changes in reimbursement and treatment protocols. As new options are developed, MHMC will institute those that are applicable.

## Maternal and Infant Health

MHMC is a significant provider of obstetrics services and associated specialties in western San Bernardino County. In this role the Hospital sees many families in transition and provides women with needed OB services, along with their newborns. Many of the Hospital's clients are people of color, and many may also have limited incomes. MHMC has historically been assiduous in making sure that insurance coverage is available to as many clients as possible, and it has an ongoing contract with Parallon to review patients' situations to assure coverage. Most women delivering at MHMC are automatically enrolled in MediCal if they are not existing clients when they present.

During the Covid-19 pandemic, several programs were expanded or created to assure that anyone needing hospitalization could get coverage. Several of these programs were started under a declared state of emergency, which suspended eligibility rules and increased the percentage of California residents receiving coverage through MediCal. The Emergency Declaration has expired, and both Federal and State healthcare coverages are undergoing redetermination, during which recipients will be required to re-document their eligibility under the non-emergency rules. The process will occur over several months in 2023, and it may extend into the following year.

Another coverage issue concerns newborns, who receive automatic enrollment upon delivery. This coverage expires within one month if paperwork is not completed to get them covered as new MediCal enrollees. The person responsible for completing the application process is the mother, who may have many other concerns. If the process is not completed within the month, eligibility will lapse, and another application may not be accepted for a year, leaving the family financially exposed if the newborn has medical requirements. This problem is particularly evident in low-income communities and communities of color whose members may not be familiar with state rules and regulations.

The redetermination process and infant application process represent barriers to entry that tend to excessively discriminate against low-income residents, and result in lower coverage rates in communities of color.

Another equity issue is the lower percentage of minority women who participate in pre-natal services to assure routine deliveries and healthy infants.

**MHMC's Plan** concentrates on two primary needs:

- Parent and well-child education.
- Assuring insurance coverage for new mothers and their infants, to assure that financial considerations do not affect clients' care decisions.

Both needs are more appropriately addressed in community settings, but as is common with SDOH issues, the need is often not apparent until the client arrives at the Hospital.

MHMC proposes to meet the educational needs proactively by working with community groups serving the medically underserved populations in the MHMC service area, through participation in health fairs, education programs, and published information in various media. MHMC's community service representatives will meet with community organizers to determine the most appropriate venues to deliver educational materials and work with them to tailor the message to the specific communities addressed.

The more pressing issue in 2023 and further into the future is the **redetermination process** just starting as this report is being prepared. The process involves every California resident covered by MediCal and is expected to take most of 2023 to complete. The state expects that some portion of the current MediCal population will not qualify for continuing MediCal coverage, and this cohort will be required to find other coverage. This means that each family planning for a new addition under MediCal may or may not have completed the process when the prenatal period begins, and that the family's status under MediCal might change during the gestation period. The Hospital is actively exploring options with Parallon to assure that coverage either continues, or if the family is determined to be ineligible under MediCal, to find the most affordable alternative coverage.

A side issue to the redetermination problem is assuring that infants born at the Hospital are enrolled in MediCal if they are eligible. As was noted earlier, the first month of the child's life is covered under the mother's eligibility, but the mother is responsible for filing the application for continuing coverage. This process can be confusing and is easily delayed or forgotten among all the other new concerns surrounding an addition to the family. To assure that the process is completed, MHMC will work with Parallon to ensure that the necessary paperwork is completed and submitted.

MHMC also has relationships with East Valley Community Health Center (**EVCHC**), and it coordinates its labor and delivery services with patients whose primary care is provided by the clinic. Doctors at MHMC have regular office hours at EVCHC to provide continuity of care for expectant mothers. EVCHC is actively working with its clients to assure that they maintain eligibility for insurance coverage, and is coordinating with MHMC to assure that patients referred from EVCHC are appropriately covered. This addresses one of the most pressing issues among low-income communities, since lack of insurance coverage is most commonly cited as a reason to delay or forgo healthcare services.

## **APPENDIX A – MHMC BOARD AND LEADERSHIP**

Montclair Hospital Medical Center is overseen by a governing board composed of physicians, medical professionals, and community members who are users and/or service collaborators with the Hospital. They are listed below.

Gail Aviado, RN., CEO – Chairman

Jhujhar Singh, D.O. – Vice Chairman

Martin Carrillo, M.D. – Chief of Staff

Joseph Hourany, M.D. – Past Chief of Staff

Bill Ruh – Council Member

Michael Milhiser – Member

Robert Avels – Montclair Police Chief

Edward Starr – Montclair City Manager

Harold Way – Regional CFO

Donna Dye - Regional Medical Staff Director

Janaya Eggert, RN. - CNO

Arvin Bucol – PI Director

Marjorie Fernandez-Balbin – Medical Staff Coordinator II

## APPENDIX B – MHMC SERVICES

Montclair Hospital Medical Center serves a diverse population and incorporates elements of urban, suburban, and rural medicine, offering a wide array of patient services. These include:

- Cardiopulmonary Services
- Center for Senior Care
- Emergency Services (ER)
- Food and Nutrition Services
- Heart Care Services
- Hospital Pharmacy
- Imaging Services
- Intensive Care Unit
- Maternity Services
- Multi-Specialty Clinic
- Nursing Services
- Rehabilitation Services
- Respiratory Therapy Services
- Surgical Services
- Telemetry and Medical/Surgical Services
- Other Services
  - Case Management
  - Physician Referral Services
  - Social Services
    - Home Health
    - Meal Preparation Services
    - Equipment Rental
    - Social/Emotional Support Services

## APPENDIX C – MHMC FINDINGS IN 2022 INLAND EMPIRE CHNA



### Montclair Hospital Medical Center

Montclair Hospital Medical Center, established in 1973, is an award-winning, 106-bed facility located in the heart of Montclair. With a multidisciplinary team of experts and state-of-the-art technology, the hospital team is committed to serving the community with personalized, high-quality care. Montclair Hospital Medical Center offers a full range of comprehensive services, including 24-hour emergency care, advanced diagnostic services, cardiopulmonary services and rehabilitation care.

Located in southwestern San Bernardino County, the hospital's primary service area includes the cities of Montclair, Pomona, Ontario, Upland and Claremont. Its secondary service area comprises Rancho Cucamonga, La Verne, Diamond Bar and Chino.

**Appendix A** provides demographic information about the Montclair Hospital Medical Center PSA.

#### Hospital Disease Data

The following disease findings specific to Montclair Hospital Medical Center's PSA were compiled by SpeedTrack. The 2016–2020 hospital data were derived from California's Department of Health Care Access and Information (HCAI) and integrated with data from the federal Agency for Healthcare Research and Quality (AHRQ), Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA) and the U.S. Census Bureau.

- Black/African American males and females 65+ have the highest number of chronic conditions.
- The top chronic conditions in males ages 18–34 are substance use disorders, mental illness and tobacco use.
- Males over 35 have high rates of hypertension, diabetes, kidney disease and hyperlipidemia. In addition, males over 65 have higher rates of heart disease and prostate conditions.
- The top chronic conditions in females 18–34 are obesity and anemia, following by depression and anxiety.
- Hypertension is the top condition for females ages 35–64, especially in the Black/African American population; anemia and diabetes are also high in this group. White females 65+ have the lowest rates of hypertension compared to the other ethnicities.

**Appendix P** provides detailed information about chronic conditions, avoidable ED visits, payers and mental health visits.

## Burden of Disease and Vital Conditions

The following indicators for each burden of disease and vital conditions priority note some of the specific causal factors in Montclair Hospital Medical Center’s primary service area. The information below also highlights opportunities for improvement identified by comparing the hospital PSA results to the state benchmark.

### Cardiovascular Disease and Diabetes

- High smoking rate
- Low rate of blood pressure management
- High death rates for diabetes
- High heart disease hospitalization rates for Medicare beneficiaries
- High diabetes rate

### Mental and Behavioral Health

- Frequent mental distress
- Shortage of mental health providers

### Infant and Maternal Health

- Low birthweight babies
- Pre-term births

### Basic Needs for Health and Safety

- Shortage of dental providers
- HPSA (Health Professional Shortage Area) — Primary Care
- People with diagnosed hypertension who are not taking medication
- High rate of violent crime



## **Humane Housing**

- High housing costs
- High rate of overcrowded housing
- High rate of residential segregation

## **Meaningful Work and Wealth**

- Lack of high-paying jobs
- High unemployment rate
- Low median household income
- Low homeownership rate
- High child poverty rate