

# IMPLEMENTATION PLAN

## *Addressing Community Health Needs*



*"Friends Healing Friends"*

FALLON  
MEDICAL  
COMPLEX

***Baker, Montana***

***2022-2025***

**1**

*Disclaimer: The Montana Office of Rural Health and the National Rural Health Resource Center strongly encourage an accounting professional's review of this document before submission to the IRS. As of this publishing, this document should be reviewed by a qualified tax professional. Recommendations on its adequacy in fulfillment of IRS reporting requirements are forthcoming.*

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## The Implementation Planning Process

The implementation planning committee – comprised of Fallon Medical Complex’s (FMC) leadership team– participated in an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through their community health needs assessment (CHNA) process.

The Community Health Services Development (CHSD) community health needs assessment was performed in the spring of 2022 to determine the most important health needs and opportunities for Fallon County, Montana. The CHSD project is administrated by the Montana Office of Rural Health (MORH) and funded in part through the Montana Health Research and Education Foundation (MHREF) Flex Grant. “Needs” were identified as the top issues or opportunities rated by respondents during the CHSD survey process or during focus groups (see page 10 for a list of “Needs Identified and Prioritized”). For more information regarding the needs identified, as well as the assessment process/approach/methodology, please refer to the facility’s assessment report, which is posted on the facility’s website ([www.fallonmedical.org](http://www.fallonmedical.org)).

The community steering and implementation planning committees identified the most important health needs to be addressed by reviewing the CHNA, secondary data, community demographics, and input from representatives of the broad interest of the community, including those with public health expertise (see page 9 for additional information regarding input received from community representatives).

The implementation planning committee reviewed the priority recommendations provided by the community steering committee and determined which needs or opportunities could be addressed considering FMC’s parameters of resources and limitations. The committee then prioritized the needs/opportunities using the additional parameters of the organizational vision, mission, and values, as well as existing and potential community partners. Participants then created a goal to achieve through strategies and activities, as well as the general approach to meeting the stated goal (i.e., staff member responsibilities, timeline, potential community partners, anticipated impact(s), and performance/evaluation measures).

The prioritized health needs as determined through the assessment process and which the facility will be addressing relates to the following healthcare issues:

- **Mental and behavioral health**
- **Access to healthcare services**
- **Chronic care prevention and management**

In addressing the aforementioned issues, FMC seeks to:

- a) Improve access to healthcare services
- b) Enhance the health of the community
- c) Advance medical or health knowledge

**Facility Mission:** Fallon Medical Complex, in its innovative pursuit of “Friends Healing Friends” provides comfort, compassion, and excellence in the promotion of quality of life to all individuals.

**Implementation Planning Committee Members:**

- Judy McWilliams – Fallon Medical Complex, Quality Assurance and Improvement Coordinator
- David Espeland – FMC, CEO
- Donna Halmans – FMC, Health Information Management Manager
- Karol Zachmann – FMC, Home Care, LifeLine, and Foundation Director
- Jessie Hastig – FMC, Clinic Supervisor
- Michelle Smith – FMC, Director of Nursing

## Prioritizing the Community Health Needs

The steering and implementation planning committees completed the following to prioritize the community health needs:

1. Reviewed the facility's presence in the community (i.e., activities already being done to address community need)
2. Considered organizations outside of the facility which may serve as collaborators in executing the facility's implementation plan
3. Assessed the health indicators of the community through available secondary data
4. Evaluated the feedback received from consultations with those representing the community's interests, including public health

### 1. Fallon Medical Complex's Existing Presence in the Community

- Our Foundation Coordinator has been a member of the local housing board, searching for ways to address our community's chronic housing shortage, by facilitating the construction of new housing and the renovation of existing houses. She has also acted as a board member for the local SE Montana Area Revitalization Team (SMART), dedicated to revitalizing the economic climate in our area, as well as being actively involved with the local Chamber of Commerce.
- To further support the community, a number of FMC employees regularly participate in disaster preparedness meetings and events through the Fallon County Local Emergency Preparedness Committee (LEPC). This group meets to discuss disaster preparedness and determine ways of enhancing the effectiveness of disaster response.
- Our telemedicine system is periodically used by participants in an Eastern MT Chemical Dependency (CD) class, allowing them to interact with other participants and counselors in neighboring communities without having to drive out of town (no less than 2 hours round trip).
- In an effort to assist with leadership development, staff members routinely provide assistance with youth leadership programs. For instance, one of our Physical Therapists has acted as a 4H leader for a number of years, participating in youth developmental programs that provide hands-on learning activities for youth. In addition, our CEO provides coaching and judging for our local Business Professionals of America (BPA) chapter, which teaches basic and advanced business skills to high school students. Our CEO also judges Speech and Drama events, which helps high school students gain valuable skills in public speaking and performing.

- During the winter months, we offer Lunch and Learn programs to the community on healthcare related topics. These programs are held both live with guest speakers and via telecast in collaboration with other hospitals.
- One of our larger efforts to assist with community health improvement is to take an active role in offering, serving, and significantly subsidizing noon meals to seniors. FMC collaborates with our local Council on Aging to serve over 4,500 meals each year to seniors in our facility dining room, as well as an additional 1,300 meals through Meals on Wheels. This program promotes the health and well-being of our seniors by providing nutritious meals to those who might otherwise not receive them, especially those who are homebound.
- Although we are not a formal teaching facility, we periodically host college students who are seeking careers in healthcare-related disciplines. We have a number of cooperative agreements with colleges and universities across the nation that allow students a variety of clinical experiences, from observation of care by a trained professional to providing limited patient services under the direct supervision of a licensed physician, mid-level, nurse, therapist, laboratory tech or radiology tech.
- FMC's workforce development support is largely focused on healthcare careers. We work with the local school system to offer "Medical Explorers", which allows students to ask medical professionals questions about their job and learn about the myriad of healthcare careers. Some years we are able to secure a patient simulator to give the students a real-life experience. Additionally, we allow students of all levels to request an opportunity to job shadow a healthcare professional. In the past, students have observed lab techs, radiology techs, physical therapists, nurses, doctors and mid-levels in their daily activities of providing care for patients. Our CEO and Foundation Coordinator serve on two Montana healthcare-related scholarship committees. Their participation on these committees promotes healthcare-related careers by helping to fund college educations.
- Annually, we sponsor and participate in the SE Montana Health Fair that showcases all healthcare services and resources available to the community. During this event, we offer various lab tests at greatly reduced rates to patients so that they can monitor their body and blood chemistry at an affordable price.
- We also offer free sports physical examinations annually to junior high and high school students in preparation for the upcoming school year, which have an estimated value of \$5,000.
- We collaborate with Holy Rosary Healthcare in Miles City, MT to offer an extensive medically guided wellness program called "Health Lifestyles" which focuses on nutrition, exercise, and mental wellbeing. The purpose of the program is to help participants make long-term, sustainable changes to live a more healthful life. Participants receive 1:1 personal coaching as well as regular group education sessions via telemedicine.

- We participate in a federal 340B discount drug program in collaboration with Baker Rexall Drug. This government program requires drug manufacturers to provide outpatient drugs to eligible patients at significantly reduced prices. We act as a gatekeeper for access to the program which is based on a patient's financial ability to pay for healthcare services. Rexall Drug has the exclusive right to provide the drugs to the patients.

## 2. List of Available Community Partnerships and Facility Resources to Address Needs

- Baker Chamber of Commerce
- Baker Housing Board
- Southeastern Montana Revitalization Team
- Southeastern Montana Health Fair
- Local Emergency Preparedness Committee (LEPC)
- Montana Health Network (MHN)
- Montana Health Care Association (MHCA)
- Eastern Montana Chronic Care Consortium
- Eastern Montana Integrated Behavior Health Grant Program
- Northeast Montana Stat Air Ambulance Cooperative
- Montana Hospital Association
- Eastern Montana Telemedicine Network (EMTN)
- Mountain-Pacific Quality Health Foundation
- Montana Area Health Education Center (AHEC)
- Montana Health Education and Resource Foundation (MHREF)
- Montana Office of Rural Health
- Rocky Mountain Health Cooperative
- Fallon County Public Health
- Fallon County Council on Aging
- Fallon County Health Board

### 3. Fallon County Indicators

#### Population Demographics

- 97.2% of Fallon County’s population white, and 2.8% identifies as American Indian or Alaska Native.
- 16.4% of Fallon County’s population has disability status.
- 17.8% of Fallon County’s population is 65 years and older.
- 4.6% of Fallon County’s population has Veteran status.
- 37.5% of Fallon County’s population are a “high school graduate (includes equivalency)” as their highest degree attained; 23.3% have “some college, no degree.”

#### Size of County and Remoteness

- 2,921 people in Fallon County
- 1.8 people per square mile

#### Socioeconomic Measures

- 9.4% of children live in poverty
- 8.9% of persons are below the federal poverty level
- 10.0% of adults (age<65) are uninsured; 8.0% of children less than age 18, are uninsured
- 4.8% of the population is enrolled in Medicaid

#### Select Health Measures

- 39.0% of adults are considered obese
- 25.0% of the adult population report physical inactivity
- 41.0% of adults living in frontier Montana report two or more chronic conditions.
- Montana’s veteran suicide rate (per 100,000 population) is 65.7 compared to 38.4 for the U.S.

#### Nearest Major Hospital

- Billings Clinic- Billings, MT- 225 miles from Fallon Medical Complex
- CHI St. Alexis Health- Bismarck, ND- 215 miles from Fallon Medical Complex
- Rapid City Regional Hospital- Rapid City, SD is 210 miles from Fallon Medical Complex



#### 4. Public Health and Underserved Populations Consultation Summaries

##### Name/Organization

Judy McWilliams, Quality Improvement Coordinator Fallon Medical Complex Feb. 2, 2022  
 David Espeland, CEO Fallon Medical Complex  
 Jeanne Sullivan, BSW, Social Worker  
 Donna Halmans, Young Family, Community Member  
 Jessica Hastig, Young Family, Behavioral Health and Chronic Care Assistant  
 Kim Bryant, RN – Department Administrator, Fallon County Health Department  
 Mindi Murnion – Emergency Preparedness Coordinator, Fallon County Health Department  
 Peggy Smith, RN – Retired, Community Member  
 MiKenna O'Donnell, OTR, Registered Occupational Therapist  
 Spring Nacey, Manager of Rehabilitation Services  
 Karol Zachmann, Community Volunteer, Activist

##### Public and Community Health

- Accessing healthy foods is very expensive for community members. I do believe that this is a problem for the area. It would be nice to ask about it on the survey so we can identify opportunities.
- We do not have any billboards within the community. It would be more appropriate to change to posters/flyers since we often use those to share health information and opportunities.
- We have a domestic violence program locally that community members can call into and they will aid individuals in escaping their harmful situations. This is such a good resource for our area.
- We no longer have any eye care within Fallon County. Community members are now having to travel out to access this type of care.
- If we could bring any sort of cardiac rehab into the community that would be quite beneficial. So many are impacted and having to travel out for this level of care.
- We have quite a few veterans who travel to Fort Meade in South Dakota for veteran services.

##### Population: Youth

- Our community has had plenty of trauma experiences so I think it would be good to keep the adverse childhood experiences on the survey.

## Needs Identified and Prioritized

### Prioritized Needs to Address

1. 58.8% of survey respondents rated their community's health as "Somewhat healthy," 1.8% rated the community's health as "Unhealthy."
2. The top health concerns identified by survey respondents were Cancer (46%), Alcohol abuse/Substance abuse (31.9%), Depression/anxiety (28.3%), Mental health issues (25.7%), and Overweight/obesity (22.1%).
3. Survey respondents indicated the top component of a healthy community is through "Access to healthcare and other services" (53.9%).
4. Survey respondents indicated most interest in classes/programs related to a "Health fair" (51.0%), "Health and wellness" (36.3%), and "Weight loss" (31.4%).
5. 33.1% of respondents rated their knowledge of health services available through Fallon Medical as fair or poor.
6. Secondary data shows 39.0% of Fallon County adults are considered obese and 25.0% report physical inactivity.
7. 18.9% of survey respondents reported they engage in physical activity of at least 20 minutes 1-2 times per month, or have no physical activity.
8. Focus group and key informant interview participants shared a desire to enhance telemedicine opportunities.
9. Focus group and key informant interview participants indicated they felt having access to preventive health education would be beneficial for the community.
10. 34.6% of survey respondents indicated that "More specialists" would improve the community's access to healthcare.
11. 21.6% of survey respondents indicated there were periods of at least three consecutive months in the past three years in which they felt depressed on most days.
12. Focus group and key informant interview participants noted access to behavioral and mental health services was a high community health priority.
13. Survey respondents indicated to what degree their life has been negatively affected a little by their own or someone else's substance abuse issues, including alcohol, prescription, or other drugs: "A little" (15.6%), "Somewhat" (11.9%), and "A great deal" (9.2%).
14. 32.4% of survey respondents indicated they delayed or did not get needed medical services in the last three years. Top reasons for delay/not receiving services were "Could not get an appointment" (37.5%), "Qualified provider not available" (31.3%), and "It cost too much" and "Too long to wait for an appointment" (25.0%, each).
15. 38.8% of survey respondents reported they were not aware or unsure of programs that help people pay for healthcare bills.

### *Needs Unable to Address*

*(See page 24 for additional information)*

1. 10.6% of survey respondents indicated they had difficulty getting a prescription or taking their medication regularly due to cost in the last year.
2. Focus group and key informant interview participants shared challenges among community members in accessing resources such as Medicaid and Supplemental Nutrition Assistance Program (SNAP) benefits.

## Executive Summary

The following summary briefly represents the goals and corresponding strategies and activities which the facility will execute to address the prioritized health needs (from page 10). For more details regarding the approach and performance measures for each goal, please refer to the Implementation Plan Grid section, which begins on page 15.

### **Goal 1: Enhance behavioral health services (mental/behavioral/SUD) in the Fallon Medical Complex service area.**

**Strategy 1.1:** Foster the development and coordination of behavioral health resources.

- 1.1.1. Partner with regional behavioral health organizations to explore opportunities that will expand behavioral health services locally.
- 1.1.2. Continue to provide and promote community medication disposal and needle disposal/exchange programs.
- 1.1.3. Sustain the Integrated Behavioral Health (IBH) program in collaboration with regional partners.
- 1.1.4. Explore enhancing staff training through opportunities offered by various state partners (i.e., Mental Health First Aid, MOAB, PTSD debriefing, etc.).
- 1.1.5. Explore the feasibility of partnering with Charlie Health to implement youth crisis services. Learn from regional peers on opportunities, implementation, lessons learned, etc.

**Goal 2: Improve access to health care services and the continuity of care through Fallon Medical Complex.****Strategy 2.1:** Enhance access to primary care services.

- 2.1.1. Continue to explore opportunities to expand specialty and diagnostic services either on-site or via telemedicine (i.e., explore other remote capabilities, etc.).
- 2.1.2. Develop FMC protocol for patient appointment reminders and follow-up post clinic appointments and discharge in ED to enhance care coordination.
- 2.1.3. Explore the feasibility of additional partnerships with visiting specialists (i.e., dermatology, etc.).
- 2.1.4. Continue exploring the feasibility of implementing a Platelet Rich Plasma (PRP) injection program.

**Strategy 2.2:** Enhance education and outreach related to available local services.

- 2.2.1. Create community education opportunities related to use of and applications of telemedicine services for consults and follow-up locally to enhance access and reduce travel burden.
- 2.2.2. Disseminate “We are Fallon Medical Complex” campaign to increase outreach and awareness of local providers and resources (i.e., pediatric, well baby services, etc.).
- 2.2.3. Continue enhancing FMC website to better inform community of available services and resources in a more user-friendly, patient focused manner. Design a new FMC services and programs calendar for website.
- 2.2.4. Continue the promotion of occupational and physical therapy (i.e., dry needling program) services available locally. Develop plan to expand and raise local awareness of occupational therapy for pediatrics.

**Goal 3: Support chronic disease prevention and management efforts throughout Fallon Medical Complex's service area.**

**Strategy 3.1:** Sustain chronic disease prevention and management outreach through FMC.

- 3.1.1.** Continue to participate in the chronic care management HRSA grant with regional partners to develop and implement chronic care program.
- 3.1.2.** Sustain regular Lunch and Learns to enhance chronic disease and health and wellness education opportunities.
- 3.1.3.** Maintain outreach materials (newsletters, videos, patient testimonials) highlighting the importance of prevention and chronic care management.
- 3.1.4.** Continue the development of a community wellness program aimed at promoting healthy behaviors throughout the Fallon Medical Complex service area (i.e., 5k run, Trails Rx, healthy lifestyles, dietary consults, etc.).

### Implementation Plan Grid

**Goal 1:** Enhance behavioral health services (mental/behavioral/SUD) in the Fallon Medical Complex service area.

**Strategy 1.1:** Foster development and coordination of behavioral health resources

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
1.1.1. Partner with regional behavioral health organizations to explore opportunities that will expand behavioral health services locally.	Clinic Supervisor	Q1 2023	CEO	Eastern Montana Community Mental Health Center, Frontier Psychiatry, Local Partners	Resource Limitations, Access to Grant Funding, Patient Access to Technology
1.1.2. Continue to provide and promote community medication disposal and needle disposal programs.	Pharmacy Tech	Q2 2023	DON	Local Police, Pharmacy, Public Health	Partner Engagement
1.1.3 Sustain the Integrated Behavioral Health (IBH) program in collaboration with regional partners.	Clinic Supervisor	Q3 2022	CEO	Montana Health Network IBH Program	Provider Engagement, Grant Expiration, Resource Limitations, Patient Hesitancy
1.1.4. Explore enhancing staff training through opportunities offered by various state partners (i.e., Mental Health First Aid, MOAB, PTSD debriefing, etc.).	Clinic Supervisor, Hospital ADON	Ongoing	DON	MT Hospital Association, MT Health Network, E MT Mental Health Center	Provider Engagement, Resource Limitations, Financial Limitations
1.1.5 Explore the feasibility of partnering with Charlie Health to implement youth crisis services. Learn from regional peers on opportunities, implementation, lessons learned, etc.	Clinic Supervisor	Q4 2022	CEO	Charlie Health, MT Hospital Assoc.	Partner Engagement, Provider Engagement, Resource Limitations, Financial Limitations

**Needs Being Addressed by this Strategy:**

- 1. 58.8% of survey respondents rated their community's health as "Somewhat healthy," 1.8% rated the community's health as "Unhealthy."
- 2. The top health concerns identified by survey respondents were Cancer (46%), Alcohol abuse/Substance abuse (31.9%), Depression/anxiety (28.3%), Mental health issues (25.7%), and Overweight/obesity (22.1%).
- 3. Survey respondents indicated the top component of a healthy community is through "Access to healthcare and other services" (53.9%).
- 11. 21.6% of survey respondents indicated there were periods of at least three consecutive months in the past three years in which they felt depressed on most days.
- 12. Focus group and key informant interview participants noted access to behavioral and mental health services was a high community health priority.
- 13. Survey respondents indicated to what degree their life has been negatively affected a little by their own or someone else's substance abuse issues, including alcohol, prescription, or other drugs: "A little" (15.6%), "Somewhat" (11.9%), and "A great deal" (9.2%).

**Anticipated Impact(s) of these Activities:**

- Improve access to behavioral health resources
- Decrease societal stigma associated with behavioral health and substance use disorders
- Prevent community suicides
- Strengthen community and regional partnerships
- Integrate screening and referral practices into daily patient care processes

**Plan to Evaluate Anticipated Impact(s) of these Activities:**

- Track patient screening performance and evaluate the population of patients who benefited from it
- Evaluate feedback received from medical professional referrals
- Participate in regular IBH meetings with regional partners
- Monitor number of patients who utilize medication and needle disposal programs
- Compare and contrast various staff training opportunities

**Measure of Success:** Fallon Medical Complex will continue to develop an enhanced understanding of behavior health needs in the community, provide routine screening and meaningful interventions to address those needs, and see an improved outlook in patients who struggle with behavior health issues.



**Goal 2:** Improve access to health care services and the continuity of care through Fallon Medical Complex.

**Strategy 2.1:** Enhance access to primary care services

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
2.1.1. Continue to explore opportunities to expand specialty and diagnostic services either on-site or via telemedicine (i.e., explore other remote capabilities, etc.).	CEO, IT Specialist, Clinic Supervisor, DI Manager, Outreach Coordinator	Ongoing	CEO	Montana Health Network, CHI Holy Rosary Healthcare, Billings Clinic, AVEL eCare, MT Hospital Assoc.	Resource Limitations, Financial Limitations, Workforce Limitations, Technology Upgrades
2.1.2. Develop FMC protocol for patient appointment reminders and follow-up post clinic appointments and discharge in ED to enhance care coordination.	Clinic Supervisor, Hospital ADON, IT Specialist	Q4 2023	CEO, DON	Electronic Medical Record (EMR) Vendor, Regional Clinics	EMR Functionality, Resource Limitations, Financial Limitations, Workforce Limitations, Technology Upgrades
2.1.3. Explore the feasibility of additional partnerships with visiting specialists (i.e., dermatology, etc.).	CEO, Clinic Supervisor, DON	Ongoing	CEO	Montana Health Network, CHI Holy Rosary Healthcare, Billings Clinic, Independent Provider Organizations	Provider Reluctance, Distance to Baker, Available Space, Community Acceptance, Frequency of Visits
2.1.4. Continue exploring the feasibility of implementing a Platelet Rich Plasma (PRP) injection program.	Clinic Supervisor, CFO, Providers	Q1 2023	CEO	Provider Knowledge of the Procedure, Commercial Training Programs, Pharmacy	Stability of Provider's Employment, Availability of Supplies, Cash Payment Requirement, Financial Limitations,

**Needs Being Addressed by this Strategy:**

- 1. 58.8% of survey respondents rated their community’s health as “Somewhat healthy,” 1.8% rated the community’s health as “Unhealthy.”
- 2. The top health concerns identified by survey respondents were Cancer (46%), Alcohol abuse/Substance abuse (31.9%), Depression/anxiety (28.3%), Mental health issues (25.7%), and Overweight/obesity (22.1%).
- 3. Survey respondents indicated the top component of a healthy community is through “Access to healthcare and other services” (53.9%).
- 8. Focus group and key informant interview participants shared a desire to enhance telemedicine opportunities.
- 10. 34.6% of survey respondents indicated that “More specialists” would improve the community’s access to healthcare.
- 14. 32.4% of survey respondents indicated they delayed or did not get needed medical services in the last three years. Top reasons for delay/not receiving services were “Could not get an appointment” (37.5%), “Qualified provider not available” (31.3%), and “It cost too much” and “Too long to wait for an appointment “ (25.0%, each).

**Anticipated Impact(s) of these Activities:**

- Increase access to healthcare services not currently available
- Increase patient engagement, loyalty, and timeliness of ongoing visits
- Build community capacity and service diversity
- Strength relationships with regional partners

**Plan to Evaluate Anticipated Impact(s) of these Activities:**

- Track and analyze responses to inquiries about expanded specialty services
- Track frequency of patient reminders and response rate based on return visits
- Track calls following discharge from the ER, noting patient concerns or comments
- Track number of patients treated with PRP injections and response to the therapy

**Measure of Success:** Fallon Medical Complex will implement a PRP injection program to assist patients with joint pain. We will continue to explore new outreach services for patients in Baker by holding discussions with regional partners, and we will see an increase in patient feedback following ER and clinic visits.

**Goal 2:** Improve access to health care services and the continuity of care through Fallon Medical Complex.

**Strategy 2.2:** Enhance education and outreach related to available local services.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
2.2.1. Create community education opportunities related to use of and applications of telemedicine services for consults and follow-up locally to enhance access and reduce travel burden.	Outreach Coordinator, Clinic Supervisor	3Q 2023	CEO	Montana Health Network, CHI Holy Rosary Healthcare, Billings Clinic, AVEL eCare, MT Hospital Assoc.	Resource Limitations, Financial Limitations, Workforce Limitations,
2.2.2. Disseminate “We are Fallon Medical Complex” campaign to increase outreach and awareness of local providers and resources (i.e., pediatric, well baby services, etc.).	Outreach Coordinator	3Q 2022	CEO	FMC Providers, CHI Holy Rosary Healthcare, Fallon County Public Health,	Provider Reluctance, Employee Reluctance, Technology Issues
2.2.3. Continue enhancing FMC website to better inform community of available services and resources in a more user-friendly, patient focused manner. Design a new FMC services and programs calendar for website.	Special Projects Coordinator	Ongoing	CEO, Department Heads	Website Developer	Resource Limitations, Financial Limitations, Workforce Limitations, Technology Issues
2.2.4. Continue the promotion of occupational and physical therapy (i.e., dry needling program) services available locally. Develop plan to expand and raise local awareness of occupational therapy for pediatrics.	Outreach Coordinator, Therapy Manager	Ongoing	CEO	Baker Chamber of Commerce, Fallon County Websites, Baker School System	Resource Limitations, Workforce Limitations, Community Acceptance

**Needs Being Addressed by this Strategy:**

- 3. Survey respondents indicated the top component of a healthy community is through “Access to healthcare and other services” (53.9%).

- 4. Survey respondents indicated most interest in classes/programs related to a “Health fair” (51.0%), “Health and wellness” (36.3%), and “Weight loss” (31.4%).
- 5. 33.1% of respondents rated their knowledge of health services available through Fallon Medical as fair or poor.
- 9. Focus group and key informant interview participants indicated they felt having access to preventive health education would be beneficial for the community.
- 14. 32.4% of survey respondents indicated they delayed or did not get needed medical services in the last three years. Top reasons for delay/not receiving services were “Could not get an appointment” (37.5%), “Qualified provider not available” (31.3%), and “It cost too much” and “Too long to wait for an appointment “ (25.0%, each).
- 15. 38.8% of survey respondents reported they were not aware or unsure of programs that help people pay for healthcare bills.

**Anticipated Impact(s) of these Activities:**

- Enhance community awareness of telemedicine services
- Educate the community about how to use in-town telemedicine services
- Build empathy and understanding of the complexity and difficulty of delivering healthcare services in a rural community
- Educate the community about the suite of services offered locally and knowledge of those services
- Strengthen regional partnerships

**Plan to Evaluate Anticipated Impact(s) of these Activities:**

- Monitor participation in community education opportunities
- Track utilization of available services
- Track increased utilization of therapy services, in particular dry needling and OT pediatric visits
- Track website hits
- Monitor Facebook comments to determine changes in approach and program acceptance

**Measure of Success:** Fallon Medical Complex will see renewed interest in its website visits, community education participation, telemedicine use, requests for services discussed online, and increase in utilization of specialty therapy services, such as dry needling and OT pediatrics.

**Goal 3:** Support chronic disease prevention and management efforts throughout Fallon Medical Complex’s service area.

**Strategy 3.1:** Sustain chronic disease prevention and management outreach through FMC.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
3.1.1. Continue to participate in the chronic care management HRSA grant with regional partners to develop and implement chronic care program.	Clinic Supervisor, Providers	Ongoing	CEO	Eastern MT Chronic Care Consortium (EM3C), Consortium Participants, Montana Health Network	Provider Engagement, Grant Expiration, Resource Limitations, Financial Limitations, Patient Hesitancy
3.1.2. Sustain regular Lunch and Learns to enhance chronic disease and health and wellness education opportunities.	Outreach Coordinator	Q1 2023	CEO	Various Presenters: In-House, Via Telemedicine, Remote Programs	Resource limitations, Scheduling conflicts, Community Interest
3.1.3. Maintain outreach materials (newsletters, videos, patient testimonials) highlighting the importance of prevention and chronic care management.	Outreach Coordinator, Clinic Supervisor	Ongoing	CEO	Eastern MT Chronic Care Consortium (EM3C), Montana Health Network	Resource limitations, Grant Expiration, Community Interest
3.1.4. Continue the development of a community wellness program aimed at promoting healthy behaviors throughout the Fallon Medical Complex service area (i.e., 5k run, Trails Rx, healthy lifestyles, dietary consults, etc.).	Outreach Coordinator	Q4 2022	CEO	CHI Holy Rosary Healthcare, Fallon County Recreation Department, Baker Chamber of Commerce	Resource limitations, Financial limitations, Community Interest

**Needs Being Addressed by this Strategy:**

- 1. 58.8% of survey respondents rated their community's health as "Somewhat healthy," 1.8% rated the community's health as "Unhealthy."
- 2. The top health concerns identified by survey respondents were Cancer (46%), Alcohol abuse/Substance abuse (31.9%), Depression/anxiety (28.3%), Mental health issues (25.7%), and Overweight/obesity (22.1%).
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- 5. 33.1% of respondents rated their knowledge of health services available through Fallon Medical as fair or poor.
- 6. Secondary data shows 39.0% of Fallon County adults are considered obese and 25.0% report physical inactivity.
- 7. 18.9% of survey respondents reported they engage in physical activity of at least 20 minutes 1-2 times per month, or have no physical activity.

**Anticipated Impact(s) of these Activities:**

- Improve access to chronic care coordination
- Reduction in clinic and ER visits due to mismanagement of chronic conditions
- Inform the public about topical healthcare issues that may impact them
- Empower the community to make healthful lifestyle choices
- Increase the overall health outlook of the community
- Shift community attitudes and beliefs around healthy lifestyles and physical activity

**Plan to Evaluate Anticipated Impact(s) of these Activities:**

- Maintain or expand the current level of participants in the EM3C program
- Track the number of patients participating in the EM3C program who have clinic and/or ER visits
- Track the number of attendees at Lunch & Learns, striving to maintain or increase the number of participants
- Evaluate response to outreach materials produced and distributed
- Monitor engagement with Facebook postings
- Track the number of people who participate in community wellness programs

**Measure of Success:** Fallon Medical Complex will maintain or increase the number of participants in the chronic care management program, as well as education events and community wellness programs.

### Needs Not Addressed and Justification

Identified health needs unable to address by FMC	Rationale
<p>1. 10.6% of survey respondents indicated they had difficulty getting a prescription or taking their medication regularly due to cost in the last year.</p>	<ul style="list-style-type: none"> <li>FMC does not own a retail pharmacy or have an ownership interest in the local store, so it cannot set rates or provide medications under our financial assistance program.</li> <li>Nevertheless, we can recommend qualified patients for significantly discounted medications in collaboration with Baker Rexall Drug through the federal HRSA 340(b) program. This government program requires drug manufacturers to provide outpatient drugs to eligible patients at significantly reduced prices. We act as a gatekeeper for access to the program which is based on a patient's financial ability to pay for healthcare services.</li> <li>While this program provides financial assistance with many routine medications, drug manufacturers can choose which ones they are willing to offer to program participants. For this reason, not all prescriptions are offered at discount prices.</li> </ul>
<p>2. Focus group and key informant interview participants shared challenges among community members in accessing resources such as Medicaid and Supplemental Nutrition Assistance Program (SNAP) benefits.</p>	<ul style="list-style-type: none"> <li>We do provide assistance in helping our long-term care residents pull together the information they need to qualify for Medicaid in an institutional setting. However, we do not have staff trained, and certified by the state, to provide assistance to people seeking community Medicaid or SNAP benefits. Those types of workers are required to be state employees. Fallon County Council on Aging assists seniors with Medicare, including Part D, and Social Security.</li> <li>Our county hosted a public assistance office for many years, but the State of Montana consolidated offices to save money, shutting down our local office.</li> </ul>



## Dissemination of Needs Assessment

Fallon Medical Complex “FMC” disseminated the community health needs assessment and implementation plan by posting both documents conspicuously on their website ([www.fallonmedical.org](http://www.fallonmedical.org)) as well as having copies available at the facility should community members request to view the community health needs assessment or the implementation planning documents.

The Steering Committee, which was formed specifically as a result of the CHSD [Community Health Services Development] process to introduce the community to the assessment process, will be informed of the implementation plan to see the value of their input and time in the CHSD process as well as how FMC is utilizing their input. The Steering Committee, as well as the Board of Directors, will be encouraged to act as advocates in Fallon County as the facility seeks to address the healthcare needs of their community.

Furthermore, the board members of FMC will be directed to the hospital’s website to view the complete assessment results and the implementation plan. FMC board members approved and adopted the plan on **September 7, 2022**. Board members are encouraged to familiarize themselves with the needs assessment report and implementation plan, so they can publicly promote the facility’s plan to influence the community in a beneficial manner.

Written comments on this 2022-2025 Fallon Medical Complex Community Benefit Strategic Plan can be submitted to:

Fallon Medical Complex, Inc.  
Quality Assurance Department  
PO Box 820  
Baker, MT 59313

Please contact Judy McWilliams, CPHQ /Quality Assurance Department at 406-778-5447 or [jkmcwill@fallonmedical.org](mailto:jkmcwill@fallonmedical.org) with questions.