



THE HOSPITAL OF FOX CHASE CANCER CENTER

Community Health Needs
Implementation Strategy
October 2016



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FOX CHASE CANCER CENTER COMMUNITY COMMITMENT

The Hospital of the Fox Chase Cancer Center is the only hospital in the Southeastern Pennsylvania region devoted solely to cancer treatment, research and prevention. Its mission is to prevail over cancer.

A member of the Temple University Health System since 2012, Fox Chase Cancer Center was formed in 1974 by the union of American Oncologic Hospital (one of the nation's first cancer hospitals, established in 1904) and the Institute for Cancer Research (founded in 1927). In 1974, Fox Chase was among the first institutions to be designated as a National Cancer Institute (NCI) Comprehensive Cancer Center.

Fox Chase Cancer Center is one of only 47 NCI-designated Comprehensive Cancer Centers in the country. An NCI-designated cancer center means that a center has met NCI standards for cancer prevention, clinical services, or research. A Comprehensive Cancer Center meets NCI standards in all three categories. This NCI designation supports research, training, health information dissemination and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients. In addition, Fox Chase physicians and researchers are frequently involved in setting new guidelines for breakthrough medicine and comprehensive care and are involved in setting cancer-related strategies at a national level.

PROGRAMS TO IMPROVE COMMUNITY HEALTH

The Hospital of the Fox Chase Cancer Center takes great pride in the broad array of community services that we provide to neighborhoods within the Southeastern Pennsylvania region. Our community education programs are offered in English and Spanish and are free of charge. Additional efforts to reach diverse audiences include our targeted media efforts, which involve working with media entities to produce both print and electronic information to selected populations. Below is a summary of some of our programs and activities that advance the health of people and the quality of life in our communities:

Providing Critical Resources: Fox Chase connects hundreds of people with community-based social services, including free transportation services, legal services, meal plans and free pharmaceuticals, co-pays and medical supplies that provide our most vulnerable patients with the resources they need to help them heal after discharge.

Reaching Out to Our Communities: The Office of Community Outreach (OCO) includes three key programs: community outreach and education; community screening; and cancer-based research. These programs help people better understand cancer risks, diagnoses, treatment options and prevention; provide opportunities to obtain screening; and help patients and families find supportive resources. Working through partnerships developed with community-based, faith-based, healthcare and corporate partners, we reached more than 12,700 people through our community engagement programs. Through our Speakers Bureau, we deliver education programs in both English and Spanish, addressing multiple cancer sites, prevention and screening guidelines and discuss the importance of research and research participation. Our community cancer screening program offers breast cancer screenings via our mobile screening unit. Additional screenings include rapid skin screenings, head and neck screenings and high-risk prostate cancer screening. The OCO is committed to working with diverse communities to support health-focused efforts.

Our social work and psychiatry departments facilitate an array of cancer support groups for patients and community members. Current support groups include the American Cancer Society's Look Good Feel Better as well as Fox Chase-led groups focused on ostomy, laryngectomy, lymphedema, esophagectomy, breast cancer, gynecologic cancer, prostate cancer, head and neck cancer, and bereavement.

Connecting Patients with Financial Resources: Fox Chase Cancer Center employs three financial counselors dedicated to helping uninsured and under-insured patients obtain medical coverage. This team processes about 210 applications annually.

Developing the Next Generation of Scientists: The Immersion Science program (ISP) provides comprehensive science research training to high school students to prepare them for future careers in science and health. ISP hosts a number of events, training courses and programs for both students and teachers, another being The Immersion Science Teachers Program. This program trains high school teachers to implement lab practices that allow students to participate in real-time research experiments. Through our Immersion Science High School Program (ISP), FCCC trained 16 students in nutrient-focused cancer research and 9 of these students continued their work as NCI-designated CURE fellows. This past year, ISP expanded dramatically with 4 high school teacher partners teaching the program to 135 students in classrooms in Philadelphia and New Jersey. In addition, 60 Philadelphia public school students participated in a pilot program funded

by the Society for Developmental Biology that gave students the chance to produce data for a manuscript in preparation for publication from their home classrooms. ISP also extended the training pipeline this year, adding summer laboratory research experiences for students ages 13-16, in partnership with Esperanza College and Montgomery County Community College and one-day interactions with thousands of middle school students at the Temple STEM Expo and Girls STEM conference at Delaware Valley College. These outreach programs expose young students to real science, and engage them to pursue additional science training in high school. In total, these outreach programs reached approximately 1,500 students in 2016, with over 1,600 total students involved in ISP activities this past year.

Promoting Multi-Cultural Services: Reaching and serving multicultural audiences includes the ability to communicate with non-English speaking populations. At Fox Chase Cancer Center, language services include the use of certified medical interpreters, available on-site as well as via telephone language lines. Through Temple, we are able to participate in the medical interpreter program led by the Cultural and Linguistic Services department, further augmenting our linguistic services. In addition to enhancing our personnel's ability to verbally communicate with patients and the community, our health literacy efforts strive to provide cancer information to support sound decision-making regarding cancer care. Translations of materials produced by Fox Chase undergo review by a certified translation service to ensure accuracy as well as compliance with the National Standards for Culturally and Linguistically Appropriate Services in Health Care and the Joint Commission's Roadmap. Additional efforts are focused on service excellence to enhance staff's capacity to provide culturally competent care.

COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

Mindful that the mission of Fox Chase Cancer Center is prevailing over cancer, marshaling hearts and mind in bold scientific discovery, pioneering prevention, and compassionate care, FCCC conducted a comprehensive CHNA that reveals the underlying health needs of its broad geographic area. The 2016 current needs assessment, builds upon previously identified unmet health needs using more recent data to review the following health needs and priorities:

Priority 1: Cancer screenings and preventative care;

Priority 2: Smoking prevention, intervention, and cessation;

Priority 3: Overweight and obese (children and adults);

Priority 4: Health system navigation, social work services, and prescription management; and

Priority 5: Cultural competency and humility.

Below are the major findings of the 2016 assessment.

HEALTH STATUS:

In the service area, the majority of adults (84%) describe their health as excellent, very good, or good. However, a sizable percentage (18%, or 257,600 adults) are in fair or poor health.

CHRONIC ILLNESS:

Cancer, high blood pressure, diabetes, asthma, are chronic illnesses that require ongoing care.

Cancer is the leading cause of death in the service area (180 per 100,000; representing 3,941 deaths annually). This does not meet the Healthy People 2020 goal of 161. Lung cancer represents the highest cancer mortality rate (48; 1,029) followed by Breast (25; 313), and Prostate (23; 196) cancer; all rates are higher than their respective Healthy People 2020 goal(s).

Coronary heart disease is the second leading cause of death in the service area (114 per 100,000; representing 2,624 deaths annually). One-third of adults in the service area (34%, or 500,700 adults) and more than one half of older adults (57%) have been diagnosed with high blood pressure and 197,700 adults (14%) have been diagnosed with diabetes. One in five children (18%) in the service area has been diagnosed with asthma; this represents 75,100 children and is higher than the rate in Bucks, Chester, and Montgomery Counties (16%, 15%, and 15% respectively). In Philadelphia and Delaware Counties, 22% of children have been diagnosed with asthma.

HEALTH BEHAVIORS

Being overweight or obese is correlated with certain diseases such as heart disease, certain cancers, asthma and high blood pressure.

- In the service area, over three in ten (31%) adults are obese and are overweight (35%).

- One-quarter of adults (24%) in the service area do not participate in any exercise, and more than half (51%) exercise fewer than three times each week (19% in children); both of which do not follow the U.S. Department of Health and Human Services' 2008 Physical Activity Guidelines for Americans.
- Eight in ten (78%) of adults in the service area eat fewer than four servings of fruits and vegetables per day, and 34% reported eating fast food in the past week.

Cigarette smoking is associated with many health conditions and diseases such as certain cancers and heart disease. In addition, smoking is strongly correlated with chronic health conditions such as lung cancer, one of the leading causes of death in the service area.

- The percentage of adults who smoke in the service area (17%) does not meet the Healthy People 2020 goal of 12% or fewer. In addition, the percentages of smokers who have tried to quit in the past year (60%) does not meet the Healthy People 2020 goal of 80% or higher.

HOUSEHOLD HEALTH INDICATORS:

For most of the SEPA Household Health Survey indicators, the findings for the service area were statistically the same as the region as a whole. However, a sizable amount of indicators were statistically worse than the region as a whole and could be prioritized for improvement. These areas are:

- Percentage of adults (18+) ever diagnosed with high blood pressure
- Percentage of adults (18+) ever diagnosed with diabetes
- Percentage of adults (20+) who are overweight
- Percentage of adults (20+) who are obese
- Percentage of adults (18+) ever diagnosed with a mental health condition
- Percentage of adults (18+) that did not fill a prescription due to cost
- Percentage of adults (18-64) currently uninsured
- Percentage of adults (18+) who consume <4 servings of fruit and vegetables/day
- Percentage of adults (18+) who exercise regularly
- Percentage of older adults (60+) in good, very good, or excellent physical health

UNMET NEEDS:

Analysis of the quantitative and qualitative data collected shows that the unmet health care needs of the residents of this service area include the following prioritized needs:

- Access to primary regular healthcare for adults and children. In particular, across the continuum of care for chronic disease management.
- Access to preventative healthcare and routine health screenings should be improved. In particular, cancer screenings for women.
- Availability of high quality, affordable care, particularly for those individuals living in or near poverty, and who are uninsured or underinsured.
- Availability of safe places for recreation for children and adults.
- Increased community-based smoking cessation/ support resources.

HEALTH EDUCATION PRIORITIES:

Priority unmet needs in this area also include increased educational programs to address:

- Heart disease, and cancer management for all residents, with a special focus on comorbid conditions;
- Access to low cost health insurance;
- Health education about healthy lifestyles and disease management; and
- Smoking cessation counseling.

Many of these unmet needs are already being addressed in the CHNA area by the hospital, other health care providers, government, and local non-profits.

COMMUNITY FEEDBACK:

- Community members noted a lack of understanding of cancer requiring more education on prevention, screening and healthy lifestyles.
- Community meeting participants expressed the need to expand navigation and social work services to follow the patient through the entire treatment process.
- Concerns were raised about the need to increase access to care and to tobacco cessation services.
- Community members noted health literacy issues in written and spoken communication.
- Healthcare coverage continues to be an issue for some, specifically undocumented persons.
- Participants in community meetings noted nutrition needs (access, costs, and lack of understanding to make healthier choices.)
- Mental health issues were raised as a concern, specifically a lack of awareness of mental health services.

PLAN TO DELIVER CANCER AND EDUCATION RESOURCES

Fox Chase Cancer Center is dedicated to community engagement related to cancer education efforts to strengthen existing services and expand the breadth and depth of our programming to better meet the needs of the service area. In collaboration with many community partners, including faith-based organizations, health centers and agencies, educational institutions, corporations, and small businesses, Fox Chase Cancer Center is positioned to serve as a valuable source of accurate information and a facilitator of resources to aid such groups in bringing awareness and action to help reduce the cancer burden.

Priority: Develop a comprehensive plan to deliver evidence-based cancer education and resources where Fox Chase's patients, caregivers, and potential patients live and work in the community, making this service easily accessible and relevant for all.

Rationale: Cancer education is a key component of the mission of a National Cancer Institute-designated Comprehensive Cancer Center, such as Fox Chase Cancer Center. By addressing educational needs throughout the community, we can better serve the health needs of those in our service area, including non-English speakers as well as male audiences who may otherwise not receive or seek out cancer-related information and resources.

Goal: To deliver evidence-based cancer education and resources to address the regional cancer burden.

Available Resources:

- Office of Community Outreach
- Fox Chase faculty
- Resource and Education Center
- Marketing Department

Partnership with Community Organizations or Government agencies:

- The Office of Community Outreach has developed partnerships with multiple organizations within our service area. These include: community-based, faith-based, academia, corporate and legislative partners.
- National Cancer Institute's Center to Reduce Cancer Health Disparities

Implementation Team:

Executive Sponsors:

- Evelyn González, MA, Senior Director, Office of Community Outreach

Team members:

- Armenta Washington, MS
- Rosa Ortiz, BS
- Allison Zambon, MHS, MCHES
- Nestor Esnaola, MD, MPH, FACS

Action Plans:

- To work with existing partner organizations to coordinate educational programming.
- To establish partnerships with community organizations to reach male audiences.
- To participate in community events to disseminate cancer information.

Objectives:

- To provide bilingual cancer education sessions to 2,300 through the community Speakers Bureau and tailored presentations.
- To increase education to male audiences by partnering with male-affiliated organizations/events.

Expected Timing:

Program delivery is ongoing throughout the year.

Communication:

- The availability of our free education programs is promoted:
 - During initial partnership development meetings
 - Fox Chase website
 - Targeted mailings to community organizations

Budget:

We expect our yearly expenses to be about \$138,000 to cover the salary of the outreach and administrative staff to develop educational materials, organize the outreach plan, conduct meetings and events with community organizations, and other related program costs.

PLAN TO PROVIDE PREVENTATIVE CANCER SCREENING SERVICES AND PROGRAMS

Priority: Enhance access throughout the community to preventive cancer screening and programs.

Rationale: In the past year, 10% of adults in the service area reported that there was a time in the past year when they needed healthcare, but did not receive it due to the cost. There is an unmet need in the service area for cancer screening and preventive care. Qualitative findings also show that area residents have difficulty navigating the health care system, that those without health insurance or with public insurance face additional barriers, and that residents who speak languages other than English are in need of supplemental services to assist them in receiving care.

Goal: To provide access to preventive cancer screening services and programs.

Available Resources: Fox Chase Cancer Center is committed to providing high quality, evidence-based cancer care to all patients.

- Community Cancer Screening Program, Office of Community Outreach (OCO)
- Diagnostic Imaging, Mammography Program
- Fox Chase faculty from multiple departments
- Patient Financial Services
- Nursing Department
- Tobacco Treatment Program
- Communications Department
- Marketing Department
- Cultural and Linguistic Services – TUHS

Partnership with Community Organizations or Government agencies:

Partnerships with multiple community and corporate organizations within the service area.

- Flyers Wives Charities
- PA Healthy Woman Program
- Susan G. Komen Philadelphia
- National Breast Cancer Foundation
- The Tyanna Foundation – Philly

Implementation Team:

Executive sponsor:

- Linda Hammell, Director of Community Cancer Screening, OCO

Team Members:

- Kathryn Evers, MD, FACR – Director Mammography
- Nestor Esnaola, MD, MPH, FACS – Associate Director OCO
- Jean Hummel, Diagnostic Imaging
- Joan Keiper - Diagnostic Imaging
- Deb Resnick, MS –Community Cancer Screening Program, OCO
- Andrea Tillman, BS – Community Cancer Screening Program, OCO
- Susan Echtermeyer – Office of Community Outreach
- Evelyn González, MA - Office of Community Outreach

- Allison Zambon, MHS - Office of Community Outreach

Action Plans:

- Continue cancer-screening efforts with current partners, providing annual screenings.
- Identify new community sites to explore partnerships for both screening and preventive programs.

Objectives:

- To provide breast cancer screening to 1,000 medically underserved women via Mobile Screening Program.
- To increase number of community screening events for skin and head/neck cancers by 20% over prior year.
- To address the lung cancer burden by establishing a community tobacco cessation program.

Expected Timing:

Community screenings are provided on a continuous basis.

Community smoking cessation program will be offered three times a year.

Communication:

- Communication regarding availability of services is achieved via:
 - Direct communications with community organizations and corporations
 - Fox Chase Website
 - Community Screening Events

Budget:

We expect our yearly expenses to be about \$250,000 to cover the salary of the community education, health educators, social work and technician staff to provide cancer prevention screening services via our mobile screening unit, events, and other resources and to develop accompanying education and marketing materials.

PLAN TO AUGMENT CANCER SURVIVORSHIP PROGRAMS

Priority: Enhance access to and usage of cancer survivorship resources.

Rationale: With a growing number of patients living productive and healthy lives well beyond cancer diagnosis and treatment, there is a growing need in the community for education and resources to address the specific health needs and concerns of cancer survivors. As an NCI-designated Comprehensive Cancer Center, Fox Chase is well positioned to meet and exceed such needs.

Goals:

- Increase awareness and access to survivorship-oriented educational resources.
- Develop survivorship-specific plain language bilingual materials to serve the diverse patient population.
- Increase awareness of the role of healthy lifestyle behaviors and preventive care in the post-treatment survivorship period.

Available Resources: Fox Chase Cancer Center is committed to providing the full spectrum of high quality, evidence-based cancer care to all patients.

- Fox Chase faculty
- Social Workers
- Patient and Family Advisory Council
- Service Line Administrators
- Resource and Education Center
- Health Communications and Community Engagement
- Patient to Patient Network
- Office of Community Outreach
- Fox Chase Cancer Center Care Connect Program
- Marketing Department

Partnership with Community Organizations or Government agencies:

- National Comprehensive Cancer Network (NCCN)
- The Office of Community Outreach has developed partnerships with multiple organizations within our service area. These include: community-based, faith-based, academia, corporate and legislative partners.

Implementation Team:

Executive sponsor:

- Crystal Denlinger, MD, FACP, Chief, Division of Gastrointestinal Medical Oncology; Director, Survivorship Program; Deputy Director, Phase I Program; Associate Professor, Department of Hematology/Oncology, Fox Chase Cancer Center

Team Members:

- Evelyn González, MA, Office of Community Outreach
- Stephanie Raivitch, BS, Resource and Education Center
- Delinda Pendleton, RN, Patient and Family Advisory Council

- Fox Chase faculty

Action Plans:

- To collaborate with marketing department to develop ongoing content focused on cancer survivorship.
- Partner with multiple Fox Chase departments to organize the annual Survivorship Celebration.
- To collaborate with community outreach department to revise speakers bureau presentations.
- To partner with Care Connect program on continuing education regarding survivorship issues and resources.

Objectives:

- To utilize Fox Chase's annual Survivorship Celebration to highlight institutional and community resources for survivors.
- To revise and update the survivorship-oriented Fox Chase Cancer Center web pages.
- To incorporate survivorship messages into community outreach and education efforts.
- To translate readily available materials into population-based languages.
- To utilize available physician outreach programs (i.e. Care Connect) to educate community physicians on survivorship issues.
- To increase education and outreach to the community about the importance of nutrition, physical activity, and preventive health.
- To increase awareness of institutional healthy lifestyle resources available to the community (i.e. Rehabilitation Programs, Cancer Screening Programs).

Expected Timing:

We anticipate completion of these activities within the first two years of the plan.

Communication:

- Coordinate with Fox Chase's Communications and Marketing Departments in planning of Survivorship Celebration.
- Website content to be updated as needed.
- Survivorship-focused materials will be developed and disseminated to community partners and media and made available in multiple languages.
- Reach out to both Fox Chase physicians and community physicians associated with Care Connect program with relevant materials.

Budget:

We expect our yearly expenses to be about \$200,000 to cover salaries and to develop education and marketing materials.

PLAN TO ADDRESS NUTRITIONAL NEEDS

Priority: Identify nutrition-related services and resources to share with multiple audiences including community members and health system.

Rationale: Food insecurity is a public health concern that contributes to malnutrition. Another related concern is the lack of knowledge regarding healthy nutrition practices. This lack of awareness and knowledge has led to an increased population that is overweight and/or obesity - a known risk factor for cancer and other chronic diseases. According to the Philadelphia Health Management Corporation, Community Health Data Base, one third of our service area adults age 20 and over (31%) are obese, and 35% are overweight.

Goals: To collaborate with regional hospitals to address the nutritional needs impacting chronic diseases.

Available Resources:

- Resource and Education Center
- Office of Community Outreach
- Food and Nutrition Department

Partnership with Community Organizations or Government agencies:

Implementation Team:

Executive sponsors:

- Allison Zambon, MHS, Office of Community Outreach (OCO)

Team Members:

- Evelyn González, MA, OCO
- Stephanie Raivitch, BS, Resource and Education Center
- Chris Hiban, Food and Nutrition - Fox Chase Cancer Center
- Sherry Mazer, CPHQ, HACCP, FACHE, Temple University Health System

Action Plans:

- Attend planning and implementation meetings with participating hospitals.
- Meet with TUHS lead.
- Contribute to the development of nutrition resources to address food insecurities.
- Disseminate identified resources to FCCC patient service entities.

Objectives:

- To identify resources within the region to share with patients and community.

Expected Timing:

Planning and implementation will occur in 2017. The identification of resources will be ongoing.

Communication:

- Resources will be made available to the public via Fox Chase website.
- Resources will be made available via department meetings and e-communications.

Budget:

- We expect that this effort will require \$10,000 to cover the associated costs of salary, travel, membership to collaborative and development of internal

PLAN TO STRENGTHEN PRACTICES FOR PROVIDING CULTURALLY COMPETENT CARE

Priority: Strengthen practices for providing culturally competent care.

Rationale: A 2002 report from the Commonwealth Fund, entitled *Cultural Competence in Health Care: Emerging Frameworks and Practical Approaches*, defined cultural competence in health care as a system's ability to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs.

The ethnic diversity of the service area surrounding Fox Chase Cancer Center continues to grow.

The United States Census Bureau estimates that approximately 1,881,289 residents populate our primary service area, including Philadelphia, Bucks and Montgomery counties. The race and ethnicity of our service area is 60% White, 20% Black, 11% Latino, and 6% Asian. Data for the deaf community are difficult to isolate as current metrics also include individuals who are hard of hearing, not deaf.

In our efforts to serve the needs of our diverse population, Fox Chase Cancer Center is committed to strengthening the educational and training programs for our physicians and employees.

Goals:

- To become a culturally competent healthcare organization.

Available Resources:

- Cultural and Linguistic Services (TUHS)
- Nursing Department
- Office of Community Outreach
- Nursing Quality Improvement
- Communications Department
- Continuing Medical Education

Partnership with Community Organizations or Government agencies:

- Multiple community vendors association with services for:
 - Non-English speaking audiences
 - Limited English proficient audiences
 - Deaf and hard of hearing audiences

Implementation Team:

Executive sponsors:

- Angel Pagan, Director of Cultural and Linguistic Services, TUHS

Team Members:

- Eileen Sosna, RN
- Lucia Tono, Ph.D., J.D., M.Ed.
- Johana Vanegas MD, MBA

- Kathleen Wolf, MBA, BSN, RN
- Evelyn González, MA

Action Plans:

- Participate on conference planning committee.
- Identify opportunities for FCCC faculty and/or services.
- Promote event internally to FCCC staff.
- Provide ongoing education to staff regarding language access.

Objectives:

- To educate staff and physicians on the delivery of culturally competent care for diverse audiences.
 - Host an annual cultural competence symposium for TUHS staff.
- To provide high quality, safe care to patients with language needs, including the deaf and hard of hearing.
 - To train staff on how to access language services and resources:
 - Language phones
 - Certified Medical Interpreters
 - Amplified pocket talkers and phones
 - Video remote units to facilitate communications with deaf patients.

Expected Timing:

- The 5th annual Cultural Competence and Healthcare Symposium will occur in April 2017.
- In-service trainings are ongoing and include new employee orientations.

Communication:

- Promotion of the conference will be accomplished via CME website and listserv.
- Mailing of brochure to TUHS entities
- Daily staff e-newsletter at FCCC
- Promotion and updates at department meetings

Budget: TUHS dedicates about \$1.5 million annually to support its multicultural services department, which includes language and interpretive services across its hospitals. We expect our yearly expenses to be about \$100,000 to cover the cost of developing bilingual education outreach materials, conference, salary and transportation.

APPROACH TO UNMET NEEDS

Access to Health Insurance. Temple University Hospital Social Services Departments can connect destitute patients with community-based social services, including free transportation services and clothing to destitute patients upon discharge, and free pharmaceuticals, co-pays and medical supplies that provide our most vulnerable patients with the resources they need to help them heal after discharge.

In addition, our Financial Counseling Department's counselors screen all uninsured and underinsured patients (including those with high deductibles and co-pays) who are hospitalized or require elective outpatient hospital services to determine their eligibility for government funded medical insurance coverage such as Medicaid, CHIP, and Adult Basic. While we will continue to connect our patients with insurance options, we do not have the resources to mount an extensive outreach into the community. This function can be carried out by area health insurers, who are expected to conduct significant outreach efforts in connection with the implementation of health insurance exchanges as provided for under the Affordable Care Act of 2010.

Smoking Cessation and Support Services: Fox Chase Cancer Center offers smoking cessation assistance to all patients using tobacco products through the Tobacco Treatment Program. Participants in this program receive counseling along with the use of pharmacotherapy (nicotine replacement therapy and/or other medications). This year, Fox Chase's smoking cessation program is expanding, with the assistance of our local partners, to members of the community. The smoking cessation program will be held at community partner sites and will include education, counseling, and pharmacotherapy. This program will be open to community members that are interested in quitting tobacco.

Access to Primary and Preventative Care: As a dedicated cancer center, the Hospital of the Fox Chase Cancer Center does not have the resources to address the comprehensive primary care needs in our community. However, as a member of the Temple University Health System family of hospitals and physicians, we will work with our affiliates to strengthen access to primary care and preventative services. Our affiliated network of community physicians, Temple Physician's, Inc., as well as the faculty practice plan of Temple University Physicians, provides access to our low income community for both primary and specialty services. All Temple physicians, whether community or faculty based, accept patients covered by Medicaid. Temple University Hospital is also a partner with the City of Philadelphia, the Philadelphia Corporation for Aging, and the United States Department of Health and Human Services, other hospitals and community stakeholders in efforts to strengthen access to primary and preventative care.

PLANNING FOR A HEALTHIER POPULATION

The Hospital of Fox Chase Cancer Center is committed to improving the health of the communities we serve by prevailing over cancer. While our Implementation Strategy provides a broad outline of our current plans, we will continue to develop and refine our approach moving forward. In so doing, we plan to work with other members of the Temple University Health System to integrate our community outreach and education initiatives with theirs to make more efficient and effective use of resources already available, and to align our efforts, as appropriate, with health priorities of the Philadelphia and Pennsylvania Departments of Health. In partnership with community organizations, other health providers, the City of Philadelphia, and the Temple family of hospitals and physicians, we hope to improve the health of our population and the quality of living in the many communities we serve.

Temple Center for Population Health

As a member of the Temple University Health System, the Hospital of Fox Chase Cancer Center will continue to align its efforts with the Temple Center for Population Health (TCPH), which was created in 2014 to support the clinical and financial objectives of Temple Health in attaining a sustainable model of health care delivery through clinical and business integration, community engagement and the implementation of medical and nonmedical interventions to promote high value care, improved health outcomes and academic distinction.

Consistent with federal health priorities of providing better care, ensuring smarter spending and building healthier communities, The TCPH is utilizing a series of population health building blocks to unite clinical and business models into a cohesive and robust series of programs. These include:

- Value-Based Contracting – TCPH works with Temple Health hospitals and ambulatory practices in partnership with third party payers to share risk and provide high value care to our patients
- A strong primary care model supported by a network of 27 NCQA-designated level three Patient Centered Medical Homes (PCMHs) in North Philadelphia.
- A burgeoning medical neighborhood model to support high value, efficient care that includes not only primary care, but specialty care delivered in a timely manner
- A network of alliances and partnerships with community agencies and organizations, many of whom specialize in managing the non-medical health-related social needs of our patients that ultimately influence health outcomes
- A robust care management infrastructure that identifies patients at risk for recurrent health care issues and intervenes to provide medical and non-medical support utilizing nurse navigators and community health workers
- A connected and cohesive care delivery and transitions of care of care model implemented to assure a high level of communication and care when a patient is transferred to a different care setting or is discharged home
- Community Engagement focused on provider and community agency partnerships and community leaders
- Electronic Health Information Exchange (Health Share Exchange) to assure that electronic information is securely transferred and is available to health care providers across our region as needed

Key Programs for High Value Care

The TCPH coordinates and supports patient and family care by focusing on quality indicators and assuring accurate and timely communication between providers and between providers and patients. This is achieved through a variety of inter-related programs including:

Nurse Navigation: The TCPH nurse navigators are registered nurses who work with and in physician practices to improve patient outcomes related to quality measures, including the Healthcare Effectiveness Data and Information Set (HEDIS) measures. These measures are focused on management of chronic diseases including hypertension and diabetes; appropriate cancer screening; immunizations; appropriate use of medications and smoking cessation. The nurse navigators also smooth the way for transitions of care from the inpatient to the outpatient setting, calling patients shortly after discharge to make sure they are managing at home, understand their medications and have access to and appointments for timely post-hospitalization follow-up. Nurse navigators play a vital role in population health management.

Community health workers (CHWs): Temple University is a national leader in training and utilizing CHWs as coaches and support for patients with chronic disease and high utilization of health services. These individuals live and work in our community and visit our patients in their homes to link the patients with the support they need to enhance their care and health outcomes. The CHWs serve as liaisons between the patients and their providers to improve compliance with the care plan and prevent unnecessary emergency department visits and readmissions.

Wellness programs and chronic disease management: TCPH provides chronic disease management services and calcium score screening for defined populations affiliated with organizations that are self-insured. These programs identify individuals at risk for health issues and intervene to prevent progression of disease.

The Skilled Nursing Home Collaborative: Initiated by the TCPH, this group of 15 skilled nursing home facilities and rehabilitation centers caring for Temple Health patients is working to reduce readmissions from the post-acute setting by establishing a clinical communication strategy, metric standardization and a care management competency inventory. A similar program, called the Home Health Collaborative, was developed with six home health agencies to reduce preventable readmissions by increasing use of the call center for discharge problem solving, development of a surgical wound discharge dressing kit, education on medication reconciliation and documentation, and patient education related to the use of after-hours call systems.

Transition of Care Program: In collaboration with the Temple Access Center, the TCPH transitions of care program provides post-acute care contact for patients discharged with diabetes, congestive heart failure, COPD, pneumonia, falls and complex wounds. The program schedules follow-up calls to assure that patients are compliant with scheduled appointments and helps resolve open issues. Complex problems are escalated to nurse navigators.

Drug Utilization Program: The TCPH pharmacist coordinates with Temple Health ambulatory practices to optimize the use of pharmaceuticals, reconcile medications, avoid poly-pharmacy in the elderly and implement guidelines for the use of Hepatitis C medications.

Collaborative Programs within Temple Health

In addition to TCPH-based programs, TCPH partners with all members of the TUHS family to create special programs to meet the needs of our patients, families and communities. For example:

- In collaboration with the TCPH, Jeanes Hospital Home Health has established a management agreement with Bayada to form Temple Health at Home, a hospital-based home care program providing skilled nursing, physical therapy, and social work services to Philadelphia and surrounding counties
- In collaboration with the TCPH, Temple Physicians, Inc. (our community-based physician practice) has partnered with KleinLife, a community center with a focus on senior services, including recreation, medical care, educational programs, meals, transportation and group programs. TPI offers an office-based practice in the KleinLife Community Center staffed by a physician and a nurse practitioner. Temple's Kornberg School of Dentistry provides dental services there, and home care services are provided by Temple Health at Home. This is an example of how coordinated programs can come together to provide multiple services to a vulnerable population under a single roof.
- In collaboration with the TCPH, Temple University Hospital is exploring ways of providing alternative care models to patients who utilize the Emergency Department for primary care needs. By providing the services of a Federally Qualified Health Center in proximity to the ED, the primary care needs of patients will be addressed in a comprehensive and longitudinal manner, reducing the low acuity emergency visit volume.
- In collaboration with the three Temple Health hospitals, Temple University Hospital, Jeanes Hospital and the American Oncologic Hospital at Fox Chase Cancer Center, TCPH participates in the Community Health Needs Assessment (CHNA) process, reporting and development of action plans to address community-specific needs.

Collaborative Programs on Local, State and National Levels

The TCPH collaborates with a number of health care providers external to Temple Health to improve communication and transitions, and deliver high value care. These include Federally Qualified Health Centers, City Health District Clinics and community primary care practices. We also work with city, state and federal government agencies on the implementation of grant-funded programs to create resources for specific populations of patients. For example:

- The Diabetes Prevention Program (DPP) funded by the Center for Disease Control (CDC) through the Philadelphia Department of Health. At the core of this program, is the training of CHWs as peer coaches to target pre-diabetes, hypertension and obesity. The program includes patient education for newly diagnosed hypertension. The patients who have benefited from this grant are in TPI practices, at the KleinLife Community Center, at the Bright Hope Baptist Church, or are part of the Law Enforcement Health Benefits program.
- The TCPH was invited to participate in a practice transformation network called the Transforming Clinical Practice Initiative (TCPI), a Center for Medicare and Medicaid Innovation (CMMI) grant, awarded to Vizient. The collaborative is designed to provide tools and data to support performance improvement. Metrics have been selected that support the clinical and business imperatives of TPI and TUP. The focus is on the patient experience,

improvement in care coordination and a reduction of gaps in care. The collaborative is designed to prepare providers for alternative payment models being considered by CMS for implementation in the near future.

- TCPH participated on the population health subcommittee for the Health Innovation Plan of Pennsylvania, the Department of Health State Innovation Model (SIM) grant application led by Secretary of Health, Karen Murphy.
- TCPH submitted an application for the Affordable Care Act Funding Opportunity: Accountable Health Communities to access whether systematic screening and identification of unmet health-related social needs and addressing these needs in a comprehensive coordinate and efficient fashion decrease the cost and increases the quality of care for CMS beneficiaries. The North Philadelphia Accountable Health Community (NPAHC) was developed to meet the obligations of the grant. The coalition includes nine provider sites and 19 community service organizations focused on addressing food insecurity, utility access, transportation, housing insecurity, interpersonal violence and substance abuse. The grant application required the support of the State Medicaid Agency, the Pennsylvania Department of Human Services. CMS will announce grant recipients in 2017.

Collaboration with the Lewis Katz School of Medicine at Temple University

As part of the academic mission of Temple Health and the Lewis Katz School of Medicine, the TCPH contributes to the undergraduate and graduate curricula for teaching population health in collaboration with the Temple Center for Bioethics, Urban Health and Policy. This collaboration includes conducting research to compare different models of care and interventions focused on enhancing the delivery of high value care.