

Strategic Implementation Plan

During the data review process, attention was directed to health issues that met the following criteria:

- Poor rankings for health issues in Columbia County as compared to the state of Wisconsin, other counties or Healthy People 2020 national health goals
- Health issues that are top initiatives and concerns identified by the Wisconsin Department of Public Health
- Health issues for which trends are worsening or not on par with state or national averages
- Health issues that are among national and state health priorities
- Health issues that are of concern to community residents and leaders
- Health issues that impact a large population of people or for which disparities exist

In addition, Prairie Ridge Health and key stakeholders took into consideration the primary health issues listed in the hospital's last CHNAs (2016 and 2019). Prairie Ridge Health also examined "social determinants of health," or factors in the community that can either contribute to poor health outcomes or support a healthy community. This data was provided by the County Health Rankings Report for Columbia County, the Wisconsin Cancer Collaborative and the community awareness survey. Using data from the Wisconsin Public Department of Health, the University of Wisconsin Public Health Institute and the CDC, as well as input from key stakeholders, the top three identified health needs are primary care access, increasing colorectal screening and increasing diabetes diagnoses. These needs were reinforced by community leaders during key stakeholder meetings.

It is vital to note, that while these data sources are the most current public sources available, the data is still dated, often using 2016-2019 data. An assumption must be made that in the future the same data gap will occur. Therefore, all priority goals are set using the starting point of 2019 (latest available data in 2019). In addition, Prairie Ridge Health primarily serves the southern right sector of Columbia County and adjacent communities, accounting for an estimated population of 19,245 people or about 33.1% of Columbia County.



Priority #1
Increase Primary Care Access
by 14.35%



Priority #3
Increase Colorectal Screenings
by .5%



Priority #2
Increase Diabetes Diagnoses
by .2%

Priority #1: Increasing Primary Care Access

Goal: Increase primary care access by 4 New Providers in Columbia County or 14.35%, reducing the ratio of physicians to residents from 2300:1 to 1970:1.

Strategy #1: Investing in New Providers

- Prairie Ridge Health has identified primary care access as a key area of need for the communities we serve. Our Employee Services team is actively working on recruiting and onboarding new family medicine providers, including physicians and nurse practitioners.

Strategy #2: Collaboration with the Emergency Department

- Work with leaders in the Emergency Department to ensure that:
 - Education and brochures are readily available in the waiting room and exam rooms showcasing our primary care providers and their locations
 - Ensure that Emergency Department staff discuss primary care options with unattached patients
 - Add primary care options to digital boards (e-boards) in emergency department waiting area.

Strategy #3: Collaboration with the Prairie Ridge Health Occupational Health Team

- Provide the Occupational Health team that provides on-site services for local businesses, with basic information on the scope of primary care medicine as well as a list of providers and ways to access primary care in the county.

Strategy #4: Public Education

- The marketing team will utilize social media, radio, print ads and billboards to increase awareness about primary care options at Prairie Ridge Health and the importance of preventative care.

Priority #2: Increasing Diabetes Diagnoses

Goal: Increase new diabetes diagnoses by .2% or 100 or about 33 people per year.

Strategy #1: Standardize Screening Measures

- The American Diabetes Association recommends screening begin at 35, regardless of BMI.¹ Our current basic screening auto-enrollment is:
 - Patients without a diabetes diagnosis age 40 and up with a BMI over 25 has a trigger that prompts the provider to order a A1C or fasting glucose test. Additional triggers are available based on a patient's risk profile.
- Because we are part of a larger network that uses the same health medical records system, we are not able to easily change enrollment triggers. Work with the informatics department and clinical team to advocate to both insurance plans and to our medical records owner to reimburse and update the appropriate based on the American Diabetes Association updated screening guidelines.
- Create a quick reference guide with recommended screenings to be posted near all clinic work stations.

Strategy #2: Collaboration with Local Businesses and Occupational Health

- Work with local businesses, including pharmacies to provide diabetes screening education and information about Prairie Ridge Health services.
- Provide the Occupational Health team with general diabetes education, including screening guidelines and ways to get screened.

Strategy #3: Public Education

- The marketing team will work the diabetes educators to utilize social media, radio, print ads and billboards to increase awareness about the importance of diabetes screening and options for services at Prairie Ridge Health.
- Support the nutrition and diabetes education team with their annual diabetes fair that occurs every November. This fair is open to the community and will be heavily promoted. The fair includes expert presentations, on the spot screening tools, cooking demonstrations, interactive educational tables and local vendors and resources.
- Because of COVID-19, many of our external education events were limited or completely stopped. Our team will re-engage with the community through in-person support groups, presentations in the community at local groups, businesses and health fairs.

Strategy #4: Provider Education

- Engage and support the diabetes education team to provide training for the primary care team and clinic staff on diabetes screening and resources for newly diagnosed patients.

¹ (Committee, 2022)

Priority #3: Increasing Colorectal Screening

Goal: Increase colorectal screening by .5% or an additional 135 (45 per year) colonoscopies.

Strategy #1: Standardize Screening Measures

- The American Cancer Society recommends that people at average risk of colorectal cancer (meaning, no significant risk or family history) should start regular screenings at age 45.² Our current basic screening auto-enrollment is:
 - Auto-enrollment for all patients aged 50-75. Additional triggers are available based on a patient's risk profile.
- Because we are part of a larger network that uses the same health medical records system, we are not able to easily change enrollment triggers. Work with the informatics department and clinical team to advocate to both insurance plans and to our medical records owner to reimburse and update the appropriate based on the American Cancer Society's updated screening guidelines.
- Create a quick reference guide with recommended screenings to be posted near all clinic work stations.

Strategy #2: Collaboration with Local Businesses and Occupational Health

- Work with local businesses, including pharmacies to provide information on colorectal screenings and options.
- Provide the Occupational Health team with general colorectal cancer education, including screening guidelines and ways to get screened.

Strategy #3: Public Education

- The marketing team will utilize social media, radio, print ads and billboards to increase awareness about the importance of colorectal screening and options for services at Prairie Ridge Health and in the community.

Strategy #3: Collaboration with Prairie Ridge Health Clinics

- Work with leaders in the Prairie Ridge Health clinics to ensure that:
 - Education and brochures are readily available in the waiting room and exam rooms explaining the importance of colorectal screening and options for services at Prairie Ridge Health and in the community.
- Continue to engage patients through their primary care providers through phone calls and letters encouraging patients due for a screening.

² (American Cancer Society Guideline for Colorectal Cancer Screening, 2022)

Works Cited

American Cancer Society Guideline for Colorectal Cancer Screening. (2022, May). Retrieved from American Cancer Society : <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html>

Committee, A. D. (2022). Classification and Diagnosis of Diabetes. *Standards of Medical Care in Diabetes*, S17–S38.