COMMUNITY HEALTH NEEDS ASSESSMENT COLORADO RIVER MEDICAL CENTER 2024



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BACKGROUND

ABOUT COLORADO RIVER MEDICAL CENTER

Colorado River Medical Center (CRMC), situated in Needles, California, is a critical access hospital with 25 beds. It provides medical services to the Needles community, travelers along Interstate 40 and Highway 95, the inhabitants of the lower Mohave Valley in Arizona,

and covers around 3,100 square miles of the unincorporated areas of San Bernardino County. This area sees a lot of tourism in the summer due to its location on the river and the outdoor activities available in the surrounding areas.

C onsistent delivery of health careR eliable service for all out patientsM ulti-faceted techniques and technology

C ontinuing commitment to this community

Lately, rural healthcare facilities like CRMC are grappling with escalating challenges in maintaining operations, intensified by government mandates and alterations in Medicare that uniquely disadvantage them compared to urban counterparts. To remain financially responsible, CRMC has strategically focused on viable services, discontinuing those that are not sustainable. It provides critical services, including 24-hour emergency care, x-ray, inpatient pharmacy, outpatient surgery, laboratory services, and additional support essential for hospital care. CRMC also has the capability for air medical transport when necessary.

It is Medicare certified, accepting standard Medicare payments. Nevertheless, the shift towards Medicare Advantage plans compels patients to seek specified providers, occasionally over 200 miles away, to provide the needed medical services. This requirement not only imposes a significant inconvenience and financial burden on patients but also tarnishes CRMC's reputation when patients face high out-of-pocket costs because their insurance limits coverage at the hospital.

This is one of the reasons why CRMC invests in a Community Health Needs Assessment seriously. They are really striving to see how within the situation they are in they can provide and possibly expand services for the benefit of the community.

ABOUT COMMUNITY HEALTH NEEDS ASSESSMENTS

Enacted on March 23, 2010, the Affordable Care Act (ACA) introduced new mandates for hospital organizations to meet in order to qualify under section 501(c)(3), along with additional reporting obligations and excise taxes.

The Affordable Care Act specifies new stipulations for Charitable 501(c)(3) Hospitals under section 501(r). These stipulations mandate that organizations operating one or more hospital facilities (referred to as Hospital Organizations) adhere to four fundamental requirements, each assessed on an individual facility basis. They are:

- Establish written financial assistance and emergency medical care policies
- Limit amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy
- Make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial policy before engaging in extraordinary collection actions against the individual
- Conduct a Community Health Needs Assessment (CHNA) and adopt a Community Health Implementation Plan (CHIP) at least once every three years

The Community Health Needs Assessment requirements came into effect for tax years starting after March 23, 2012. These requirements stipulate a minimum frequency of once

Colorado River Medical Center has the Best, Friendliest, Courteous and Helpful staff. They are all willing to go above and beyond to help a person. — Susie — every three years for conducting CHNAs, though hospitals are not penalized for performing them more frequently.

IRS ruling 69-545 set the community benefit standard as the foundation for tax exemption. A hospital's community benefit is assessed based on its contribution to the health of a broad

segment of the community, evaluated through various factors, including:

- Emergency room care is open to all, regardless of ability to pay
- Surplus funds are used to improve patient care, expand facilities, train staff, etc.
- The hospital is controlled by independent civic leaders, and
- All available qualified physicians are privileged

The Patient Protection and Affordable Care Act, a healthcare reform law, introduced a new clause in the IRS code specifically for "not for profit" hospitals. This clause mandates that these hospitals carry out a Community Health Needs Assessment every three years. The health needs pinpointed in the CHNA must be tackled through an actionable or implementation plan called the Community Health Implementation Plan. Additionally, this new IRS provision sets forth other requirements that need to be met.

- The CHNA must take into account the broad interests of the community
- The Assessment must involve individuals with expertise in public health
- The findings must be made widely available to the public

IRS requirements dictate that the CHNA must be completed by the end of the hospital's fiscal year commencing after March 2012. Non-compliance with the CHNA requirement may lead to a \$50,000 excise tax penalty and could jeopardize the hospital's tax-exempt status.

Colorado River Medical Center engaged Cycle of Business(COB) to:

- Complete a Community Health Needs Assessment report
- Provide Colorado River Medical Center with the requirement necessary to be compliant on the IRS Form 990
- Provide information needed for the hospital to issue an assessment of community health need and to document how it intends to respond to the identified needs

SERVICE AREA

In this CHNA, the service area for Colorado River Medical Center is designated as encompassing a limited section of Eastern San Bernardino County in California and extends into a small part of Arizona, including Golden Shores, AZ, and its vicinity. The region begins near Ludlow on I-40, stretching eastward to Needles, California. From there, it crosses into Arizona, encompassing Golden Shores, and then bends southward along the Colorado River, reaching Havasu Lake, California.

The primary service area of Colorado River Medical Center is identified by specific zip codes.

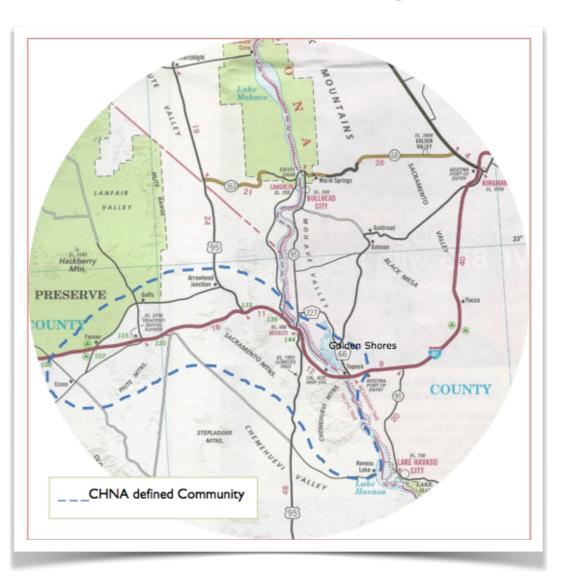
Community	Zip Code	Population-2019
Needles, CA	92363	5,401
Mohave Valley, AZ	86440	8,934
Fort Mohave, AZ	86426	16,206
Essex, CA	92332	175
Amboy, CA	92304	23
Estimated Service Area Population		30,739

Source: 2022 city-data.com

For the CHNA, the primary service area of Colorado River Medical Center, defined by selected California zip codes, has an estimated population of 5,599. Despite this, a number of patients are drawn from outside these zip codes. San Bernardino County, which has a much larger population, contributes some of these patients. There are also tourists who come from all over the country and some people who come from neighboring cities across the Arizona border. The secondary area CRMC needs to think about includes patients from

Arizona. Due to the proximity of the state borders some Arizona residents could find themselves utilizing CRMC services. However, due to insurance agreements, the majority of CRMC's patients are restricted to the specified California zip codes.

Finding health status data at the zip code level proved to be challenging, leading to the use of data from San Bernardino County as a proxy for the service area. Attention was particularly paid to any discrepancies highlighted by the focus group regarding the general county data.



PROCESSES AND METHODOLOGY

The CRMC Community Health Needs Assessment was developed using a tailored framework provided by the Center for Rural Health at the University of North Dakota, aimed at Critical Access Hospitals in North Dakota. While the CHNA largely adhered to the recommended approach, slight adjustments were made to align with CRMC's specific requirements.

An initial meeting took place in January 30, 2024 to broadly examine county-level health data. Participants reviewed a draft survey intended for public distribution, ensuring it would capture information vital for addressing community health needs. The survey underwent further refinement by Cycle of Business and CRMC to aid Senior Leadership and the Board in strategic decision-making.

Prior to community distribution, the survey's language was carefully crafted to be inclusive, with volunteers committed to reaching out to the Native American, Latino, and LGBTQ communities. After allowing time for community response, Cycle of Business gathered and analyzed the survey results with CRMC's cross-departmental team. This collaborative review helped prioritize health issues for action, based on the hospital's capabilities.

The hospital's staff detailed specific areas for focus and further investigation, with the Senior Leadership Team emphasizing the importance of data-driven decision-making. CRMC employees set several strategic goals to enhance community service over the ensuing years.

The process culminated in the presentation of an updated CHNA to the Board of Directors for feedback and endorsement.

RESOURCES AND SECONDARY INFORMATION

The CHNA for Colorado River Medical Center utilized data from:

County Health Rankings. Since it began in 2010, County Health Rankings ranks the health of nearly every county in the nation and is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The program awards grants to local coalitions and partnerships working to improve the health of people in their communities. The information received from this website appears to be from 2019.

Current Census Data. The United States Government conducts a census every few years to gather data on certain demographics in the country. The last census data for San Bernardino County, CA was conducted in 2019.

City-Data.com. City-Data collects and analyzes data from a variety of government and private sources. They are able to create detailed, informative profiles for every city in the United States. City-Data sees over 14 million users per month and has been featured in 121 books, on CNN, WABC in New York, Bay News 9 in Tampa Bay and USA Today's Hot Sites, among others.

Survey Conducted Through the Hospital and Community. A survey was designed in conjunction with Cycle of Business and Colorado River Medical Center to gather information from the community on the immediate needs of the population.

Broad Interests of the Community Were Considered:

The individuals involved in the initial meeting were asked to review the survey and give their input on the needs of the hospital. Additional efforts were made to reach out to the community in general, to give input on the survey. A link to the survey was sent out to the major employers in the community, disbursed via social media, posted to the hospital website, and distributed within the hospital and family of clinics.

> Wonderful Staff and Kitchen Crew is awesome. Good Food. Michelle and Mary G. are so kind. — Hansel —

PARAMETERS FOR DATA COLLECTION

COB and CRMC utilized the latest population and demographic data to accurately assess and address community needs. They collected national statistics alongside specific demographic information for their service area. The federal government provides health statistics by county across the United States, which were compiled to establish a baseline. This helped identify where health needs were adequately met and where there were gaps. These identified gaps informed the focus areas for subsequent implementation strategies.

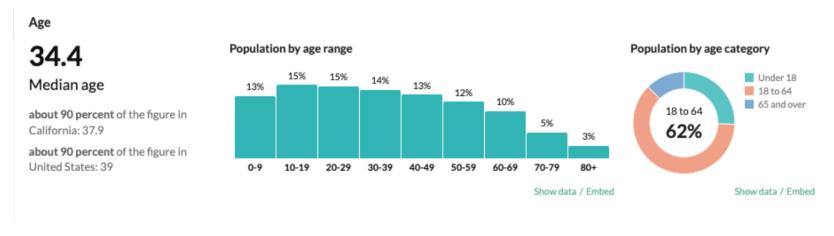
DEMOGRAPHICS

Demographic data for the area were sourced from census records and additional reports, with the most current information coming from the 2022 census. While there might be slight variations in the exact population and demographic details compared to those stated in the CHNA, such minor differences are not expected to impact the CHNA's outcomes.

The population of San Bernardino County, which constitutes the primary service area for CRMC, was around 5,599 in 2022. Given that the secondary service area's additional zip codes contribute minimally to the patient base of Colorado River Medical Center, the demographic data from San Bernardino County were used to represent the overall service areas.

Here is a basic overview of the demographics and health status in San Bernardino County:

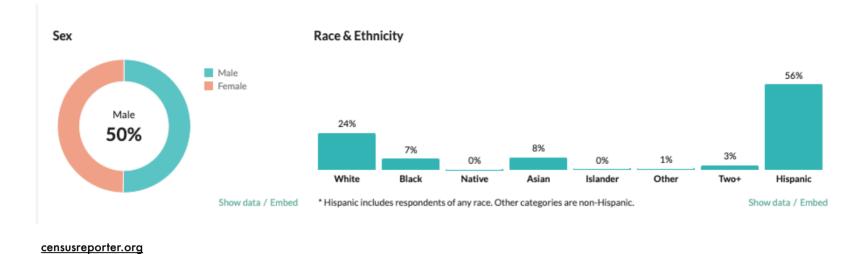
• 62% of the population are between the ages of 18 and 64 compared to 53% in 2021



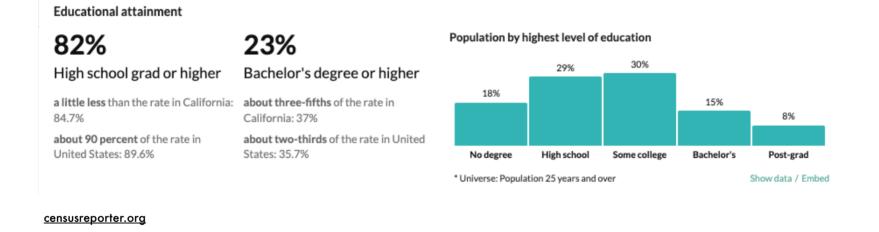
• 18% are 60 or older compared to 27% three years ago

censusreporter.org

- 50% of the population are female
- 24% are white, 56% are Hispanic, and 7% are Black and 8% are Asian



- 82% of San Bernardino County residents have graduated from high school compared to the 78.7% in 2021
- 23% of San Bernardino County residents now have a Bachelor's degree or higher



- The median household income in San Bernardino County is now \$79,091 over \$56,337 with a per capita income rising from \$22,641 to \$31,521
- The population living in poverty has declined from 20.3% to 13.4%
- 18% of children now live in poverty as opposed to 31% just 3 years ago

Income

Poverty

13.4%

California: 12.2%

States: 12.6%

\$31,521

Per capita income

about two-thirds of the amount in California: \$46,661

about three-quarters of the amount in United States: \$41,804

Persons below poverty line

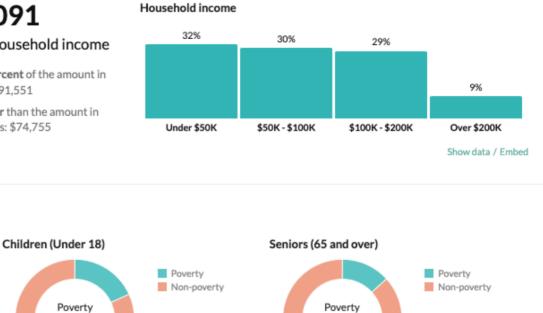
about 10 percent higher than the rate in

about 10 percent higher than the rate in United

\$79,091 Median household income

about 90 percent of the amount in California: \$91,551

a little higher than the amount in United States: \$74,755



13%

Show data / Embed

San Bernardino County, like many rural areas, struggles with attracting and retaining healthcare professionals:

18%

• San Bernardino County has a fairly low number of Primary Care Physicians in relation to the population. 1700:1 where United States Averages are 1330:1

Show data / Embed

- The number of Dentists in the county is closer to national averages counties. 1370:1 compared to national averages at 1360:1
- Mental Health providers are at a 410:1 ratio compared to 340:1 for national averages

	2021 SBC	2024 SBC	United States	California
Primary Care	1700:1	1700:1	1330:1	1230:1
Dentist	1370:1	1300:1	1360:1	1080:1
Mental Health	410:1	340:1	320:1	220:1

countyhealthrankings.org

San Bernardino County has a fairly high ratio in the following health risk factors:

- 21% of the population reported poor health. This is significantly higher than Top Performers and even California.
- Adult Smoking is 14%. This is higher than the California Average even though it is better than national averages
- Adult Obesity is sitting at 38%, however, California only has a 28% obesity rate
- Excessive Drinking happens occasionally affecting only 17% of the population. San Bernardino County is right there with national averages and the numbers for the state of California.
- Alcohol Impaired Driving Deaths at 22% are almost double the California rate of 13% and still higher than national averages of 17%.

	2021 SBC	2024 SBC	United States	California
Poor Health	24%	21%	14%	16%
Adult Smoking	14%	13%	15%	9%
Adult Obesity	28%	38%	34%	28%
Excessive Drinking	18%	17%	18%	17%
Alcohol Impaired Driving Deaths	67%	22%	17%	13%

countyhealthrankings.org

Another area of concern for the county is teen sexuality:

- Sexually Transmitted Diseases are almost 580 per 100,000. This compares to 495 nationally and 488 in California
- Teen Births are at the national average of 17 which is slightly higher than California at 13 per 100,000

• HIV prevalence is at 282 which is below the national average at 382 and 411 for California

	2021 SBC	2024 SBC	United States	California
Sexually Transmitted Infections per 100,000	618	579.5	495	488
Teen Births per 1000	24	17	17	13
HIV Prevelence	254	282	382	411

countyhealthrankings.org

Other areas deserving review:

- The average life expectancy for residents of the county is 76.1 as compared to 79.9 for California
- Premature age adjusted mortality designates the people who died before their 75th birthday per 100,000. This means that if San Bernardino County had a population of 100,000 we should expect 450 to pass away before the age of 75
- Mammography screenings were very low at 27%. compared to national averages at 43%
- Flu Vaccines at 28% compared to national averages at 46%
- Access to Exercise is slightly better than the national average however Inactivity is slightly higher than the national average. When you consider this and the fact that the obesity levels are higher and life expectancy is lower, there is room for improvement in the county in general.

	2021 SBC	2024 SBC	Unites States	California
Life Expentancy	78.8	76.1	77.6	79.9
Premature Age Adjusted Mortality	350	450	390	320
Mammograp hy Screenings	30%	27%	43%	36%
Flu Vaccinations	32%	28%	46%	42%
Inactivity	23%	26%	23%	20%
Access to Exercise	84%	86%	84%	94%

countyhealthrankings.org



Ultrasound is just one of the imaging services CRMC provides.

Colorado River Medical Center provides X-Ray, CT Scans and Ultrasound to help physicians diagnose the root cause of what is ailing their patients.

DEVELOPING THE CHNA

MEETINGS WITH COMMUNITY MEMBERS AND FOCUS GROUPS

Initial meeting:

On January 30, 2024, a meeting was held involving community members and hospital personnel, where healthcare professionals and individuals from various demographics were invited. Despite the invitation to all demographic groups, not everyone could attend, leading to the utilization of a survey to include those not present. During the meeting, a draft of the survey was discussed, with feedback collected to make it universally applicable.

The focus group acknowledged the diverse healthcare needs across different genders, ethnicities, sexual orientations, and age groups, ensuring the survey would reflect this diversity. Enthusiasm was shown by the invitees towards aiding the hospital and contributing to the survey's development. The survey aimed to extend beyond existing national data to precisely address the community's specific service requirements as identified by CRMC.

Distribution of Survey

After reviewing and revising the CHNA survey, CRMC sent a link for the survey to community members who represented the population at large and specific demographics within the community. The city also placed a link on their site that informed the community of the need to give feedback. The hospital sent a link to their employees to request them to give feedback

Additional links to the survey were also placed on the hospital's website, Facebook page and community groups to make sure the community would know how to access the survey. Finally, paper copies were placed in the post office since that is the place were most of the community goes to get the important updates for the community.

After giving the community several weeks to respond to the survey, our sample size included enough people to ensure that the population was represented. The responses were gathered and analyzed to be presented to the Senior Leadership and staff to discuss the needs of the community and how they could be met.

COMMUNITY ENGAGEMENT

Community representatives played a key role in the process, helping to tailor the survey to the community's needs. Colorado River Medical Center staff aimed to incorporate hospital needs into the survey, ensuring a comprehensive perspective. Thus, after analyzing the survey results, CRMC leadership reviewed the findings and contributed their insights to align the survey outcomes with both community and hospital objectives.

Fifty community members participated in the survey, representing all demographics and providing valuable insights into the local health needs. Their honest feedback will help CRMC enhance its services and better meet the needs in the community. Despite efforts to engage the Hispanic and Native American communities, their participation was not proportional to their population size. However, representatives from these underrepresented groups responded to the survey, helping to ensure that the survey results accurately reflected their needs.

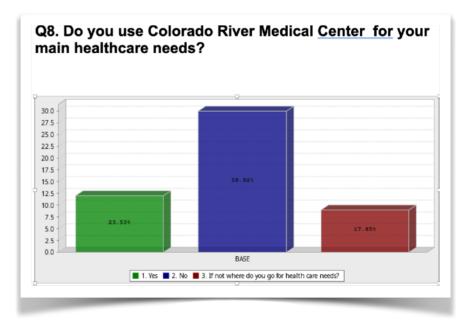
The feedback from this survey was then used to create a Community Health Implementation Plan. (CHIP)

THE RESULTS

SURVEY RESULTS

In reviewing the results of the survey it is important to acknowledge the limitations of the hospital. As mentioned earlier rural hospitals struggle to make ends meet due to many outside factors including the regulations placed on them and the influx of medicare

advantage plans that drive patients to receive their services in their approved hospitals. This has forced many patients to go elsewhere for their primary care needs. In fact CRMC does not provide primary care due to these obstacles. What they do provide for the community is a 24 hour emergency department. Some X-Ray and imaging services as well as lab work and other specialties.



Understanding that it is not surprising to

find that only 23% of the community utilize the hospital for their main health care needs.

GENERAL USE OF CRMC:

In our survey 74% of the respondents said that they live in San Bernardino County with 59% of those for longer than 5 years. Only 23% of respondents said they used CRMC or one of its clinics for their primary healthcare needs. When taking into consideration the fact CRMC is primarily for emergency an hospital services it is not surprising people are getting healthcare in other locations. There are several other healthcare locations close by with a primary care practice within the borders of Needles.

In some cases patients are looking for certain services they are unable to receive at CRMC. This is to be understood given the lack of volume to support specialties.

CRMC understands their role is to provide basic healthcare, emergency care and a few specialties as needed. However, there is room for improvement in winning others over to the hospital for certain basic services the hospital can provide.

SERVICES DESIRED AT CRMC:

Service	I need this service	Friend and Family Need	Not Needed
Emergency Medical Services (Ambulance. or Emergency Room)	37	25	3
Dental Health Preventative	36	23	1
Pharmacy	36	22	7
Diagnostic Lab, MRI and X-ray	33	23	1
Primary Care Services (Family Medicine)	31	23	٤
Personal Health Screenings	30	17	9
Wellness Clinic (Adult Immunizations, Check-ups)	27	20	9
Ear, Nose, Throat	25	21	1:
Gynecological Care (Female Issues)	24	20	12
Dermatology (Skin Problems)	24	16	12
Immunizations	22	20	1
Dental Health Extraction	19	22	12

services requested were ones the hospital already provided. Basic healthcare needs, such as primary care, gynecological care, and immunizations, were among the top ten services identified. Additionally, community members expressed a desire for dental care, a pharmacy, and enhanced diagnostic equipment. The most requested service was Emergency Medical Services which are already provided to the community.

A few specialized areas were also highlighted, including Ear, Nose, and Throat (ENT), Dermatology, and

Personal Health Screenings, indicating a community need for these specific healthcare services.

HEALTHCARE SERVICES:

CRMC operates under a distinct model due to the complexities of hospital reimbursement, focusing on Specialty and Emergency care rather than Primary care, which is more typical of

rural hospitals. This approach is due to the presence of other local providers, such as Tri-State Community Healthcare Center, which offers comprehensive services including Primary Care, Pediatrics, Immunizations, Dental, and Behavioral Health. CRMC recognizes the value of collaborating with nearby entities to ensure broad community healthcare coverage.

Areas	Less Than Somewhat Being Met	Not Met	Areas of Concern
Range of health care services	2	27	29
Urgent care appointments within 24hrs	1	23	24
Proximity to home	3	17	20
Linkages with out of area specialists	1	18	19
Appointments on weekends	0	18	18

Despite these collaborations,

certain healthcare services remain challenging to provide, such as a broader spectrum of care, Urgent care, and weekend appointments. Consequently, patients often need to travel to neighboring Nevada or Arizona, or even further to California hospitals, to access these services. This situation is particularly problematic for residents with California-based insurance plans like MediCal, facing difficulties in obtaining Obstetrical Care and potentially having to seek coverage in neighboring states or travel extensive distances for care.

YOUTH AND CHILDREN:

CRMC was concerned about the health and wellbeing of the youth and children in the area. The survey was distributed to the adults in the area, and CRMC wanted to more fully understand the mental and physical health of the youth. One question in particular focused on the challenges they might be facing in order to better understand the areas of most concern for the parents.

Parents expressed significant concerns for their children, highlighting issues such as poor diet, lack of exercise, internet safety, depression or anxiety, and child abuse as their top

worries. These areas reflect the primary anxieties parents have regarding the well-being and safety of their youth.

1. **Drug and Alcohol Abuse**: This issue is directly mentioned multiple times and falls under both categories of mental health and exposure to drugs, suggesting it is a significant concern.

2. **Mental Health Services:** Mental health is mentioned in various contexts, including the need for more behavioral health resources.

3. Lack of Activities for Youth: Multiple entries suggest a need for more activities to keep young people engaged and out of trouble, which might also be related to preventing drug and alcohol abuse.

4. **Services for Children with Special Needs**: Concerns are expressed about the lack of services for special needs children once they are out of shape, and for students with physical disabilities requiring therapy.

5. Educational Support: Several entries mention issues related to higher education and the refusal of schools to provide IEPs, indicating that educational support is a key concern.

6. Food Insecurity and Lack of Local Resources: The lack of a grocery store, employment opportunities for teens, and medical resources in the area are pointed out as significant issues.

Group	Highly Applicable	Applicable
Poor Diet	24	17
Lack of Exercise (Couch Potato)	21	18
Internet Safety	23	14
Depression or Anxiety	23	14
Child Abuse	20	17

CRMC lacks the resources to tackle these challenges directly but can work with other local entities to address them. A persistent issue in the community is food insecurity. Needles, being a small town in California near larger cities in neighboring states, has seen its residents prefer to shop outside the local area. This preference has

resulted in the closure of the local grocery store and, more recently, the town's only pharmacy. The situation underscores a broader problem of reliance on distant resources, contributing to local economic downturns and limited access to essential goods. Unless there is a shift in the community's shopping habits towards supporting local businesses, food insecurity is likely to continue as a significant concern in Needles.

AWARENESS AND IMPROVEMENT:

The survey also probed the services provided by CRMC and sought feedback on potential improvements. Offering specialized medical services in rural hospitals is challenging, requiring sufficient patient volume to sustain a specialist's practice. Despite this, CRMC has successfully introduced specialties such as Vascular Surgery, Ophthalmology, Cardiology,

and IV Infusion, though many respondents were not aware of these services. The survey indicated a need for enhanced communication about these available specialties.

Additionally, there is a recognized need to enhance supportive services at CRMC. Respondents highlighted areas like Counseling/Assessment, Case Management, Health Education, and Community Outreach, suggesting these services require evaluation and

Service	Didn't know it was offered	Knew we offered it but, I would go elsewhere	Grateful we have it locally
Vascular	41	2	3
Surgery			
Physical	34	2	11
Therapy			
Cardiology	34	6	6
IV Infusions	31	1	15
Ophthalmolog	31	5	11
y/Cataract			
Surgery			

enhancement to better serve the community's needs.

RECENT PHARMACY CHALLENGE:

One of the challenges facing the Needles community is the closure of the only pharmacy in town, previously owned by a large chain. This chain was financially struggling and needed to close some of its locations, with Needles, CA being one of them. This closure has created an emergency situation for both the city and the state. Many residents are on MediCal insurance, which typically does not cover prescriptions filled outside California.

To provide immediate relief, the City of Needles and the State of California have collaborated to allow MediCal to cover medications purchased across the border. Furthermore, to ease the burden on the city of Needles, two of the pharmacies now offer delivery services.

BARRIERS TO USING CRMC:

Respondents to a survey on CRMC usage identified several barriers, including a limited range of specialties and concerns about the quality of care, which often led them to seek services elsewhere.



Pre-op Room For Cataract Surgeries

CRMC confronts the challenge of making specialty services financially viable. This entails aligning the interests of patients and physicians to guarantee mutual benefit. Historically, CRMC offered specialties like vascular surgery and ophthalmology, but patient visits have declined in these areas. The hospital recognizes that these specialties represent a missed opportunity and sees the potential advantage of actively promoting these services within the community to increase awareness and

usage.

Financial issues, particularly for Medicare patients, add to the community's frustration. There's confusion about the differences between standard Medicare and Medicare Advantage plans, notably that the latter restricts patients to specific facilities to control costs. Currently, only standard Medicare and Humana plans are accepted at CRMC, posing a challenge for patients who prefer local care but may face out-of-pocket expenses. CRMC is making efforts to clarify these complexities for patients, despite the inherent challenges. Moreover, the Colorado River Medical Center acknowledges the loss of services to external providers and recognizes the potential for retaining services through improved community relations.

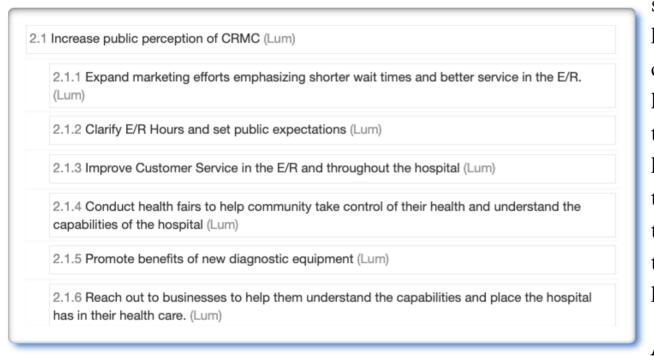
IMPLEMENTATION PLAN

Hospitals are now required to develop a Community Health Implementation Plan that details their efforts to meet the community's health needs. These plans enable the IRS to assess whether hospitals are actively working to address the health priorities of the communities they serve.

During the analysis of the survey results, the CRMC leadership identified key areas that could enhance local healthcare access. Improving the public's perception of CRMC, expanding primary care services, and enhancing the patient experience are strategies they believe will motivate local residents to utilize the high-quality healthcare services available at Colorado River Medical Center, instead of seeking similar services farther away.

INCREASE PUBLIC PERCEPTION OF CRMC:

How the community sees CRMC: Rural hospitals like CRMC often grapple with perception issues, which may not necessarily reflect the actual quality of care but stem from a lack of specialties or outdated facilities. Fortunately, public perception can be enhanced with targeted initiatives. For CRMC, improvements in visible areas, such as customer



service, increasing health fairs, and communicating with local businesses about the intended uses of the hospital and services they provide, can boost the community's view of the hospital and its healthcare services.

Additionally, addressing

misconceptions by informing the public about the internal operations of the hospital is crucial. Marketing efforts that elucidate the availability of emergency room services, new diagnostic equipment, and underutilized services can enlighten the community about the comprehensive and quality care available at CRMC, potentially altering their perceptions for the better.

EXPANDING UNDERSTANDING MEDICARE:

The government's promotion of Medicare Advantage plans may seem beneficial, particularly in urban settings, but in rural areas, these plans can pose challenges for both patients and hospitals. Such plans often restrict treatment to specific facilities, potentially far from local hospitals, and offer extra

services like gym

memberships that may not be accessible in small towns. The nuances of these plans are not always clear to patients when they enroll.

CRMC has successfully negotiated with Humana, a provider of these plans, to 2.2 Medicare Education and Assistance (Lum)

2.2.1 Educate public on the differences between Medicare and Medicare Advanage plans. (Lum)

2.2.2 Distribute information about programs and how to transfer back to Medicare from an Advantage plan at Health Fairs and other meetings. (Lum)

2.2.3 Assist individuals who are wanting to change back to standard Medicare. (Lum)

include the hospital in their network and compensate for services rendered to patients. However, Humana is only the fourth most popular option, covering just 3% of survey respondents. On a positive note, patients have the option to switch back to standard Medicare for valid reasons, and CRMC has assisted several individuals in making this change, benefiting both the patients and the hospital.

Over the next three years, CRMC plans to intensify efforts to educate the community on the benefits of standard Medicare and assist them in reverting to it if they have enrolled in a less beneficial plan. This initiative aims to ensure that local residents can access treatment within their community, optimizing healthcare outcomes for both the patients and CRMC.

PROMOTE CURRENT SPECIALTIES:

2.3 Promote Current Specialties Focusing on Ophthalmology, Vascular Surgery, Physical Therapy, Cardiology, and IV Infusions. (Lum)

2.3.1 Begin a campaign to promote specialties through health fairs and community meetings. (Lum)

2.3.2 Post on facebook and other social media sites the specialties we offer. (Lum)

2.3.3 Work with Tri-State to refer those in need of our specialties (Lum)

CRMC acknowledges the need to better inform the community about the range of specialties it offers, recognizing that many survey respondents were unaware of available services like Vascular Surgery, Physical Therapy, Cardiology, IV Infusions, and Ophthalmology and Cataract Surgery. Given Needles' retiree population, these services are particularly crucial. In response, CRMC plans to intensify its efforts to communicate that these services can be accessed locally. For instance, the ophthalmologist is willing to visit more frequently than once a month to meet community needs. Additionally, with a board-certified vascular surgeon on staff, CRMC is well-equipped to provide comprehensive care. By raising awareness of these existing specialties, CRMC aims to strategically expand its services and offer more tailored care to the community.

This Community Health Implementation Plan may vary in the way it is executed based on the changing world of healthcare. However, CRMC is committed to ensuring that they work on the main areas of this plan in an effort to improve the health of the community and the sustainability of the hospital allowing for expansion of specialties in the future.

Name		Company	Representing
Bing Lum	CEO	Colorado River Medical Center	General Healthcare, The Hospital
Michelle Smith	Director of Business Development	Colorado River Medical Center	General Healthcare
Laurie Fragoso	Director of Business Office	Colorado River Medical Center	General Healthcare
Mike Kane	IT Director	Colorado River Medical Center	General Healthcare
Patrick Martinez	City Manager	City of Needles	General Public
Rainie Torrance	Utility Manager	City of Needles	General Public
George DeLeon	General Manager	St. Vincent de Paul of Needles	General Public
Gracie Hernandez	HR	Colorado River Medical Center	General Healthcare
Jaclyn Randall	Dean	Palo Verde College	General Public

APPENDIX

CHNA TEAM





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