

## CHA/SOMERVILLE COMMUNITY HEALTH PROJECT

### Executive Summary

June 2018

#### Background and Process:

In February 2018, the Cambridge Health Alliance (CHA) and the City of Somerville embarked on a project to identify and prioritize Somerville's community health needs. The goal was to inform CHA's service and population health strategic plan for care and service and to further the city's community health improvement plan process. This effort builds upon the *Wellbeing of Somerville Report 2017*, a comprehensive community health assessment bringing together recent health data from across the city, which CHA and the City of Somerville worked collaboratively to develop. To facilitate this effort, CHA hired Cynthia Baratta, an independent consultant, to manage the project, facilitate meetings, and submit a report.

The Somerville/CHA Health Care Advisory Group was formed to participate in a robust dialogue and to offer programming and service recommendations to Mayor Joseph Curtatone, CHA's CEO Patrick Wardell, and the CHA Board. The Advisory Group met four times and consisted of 24 members, including physicians, nurses, educators, program directors, social workers, public officials, housing experts, and community leaders.

The first meeting began with brief presentations by representatives of CHA and the City of Somerville providing relevant background information, including an outline of current services and changing demographics. See Appendix A for a summary of the information provided. Following these presentations, the group participated in facilitated discussions around the following questions:

- What are the major health care service needs of the residents of Somerville?
- How well do CHA's services align with the needs of the community?
- Where should our focus be?
- In what ways might CHA adapt and evolve its services to respond to the changes in demographics and health status in Somerville?
- In what areas should CHA focus its limited investment resources to sustain its mission of improving the health of the community and its longstanding dedication to vulnerable populations?

In addition, five "Listening Sessions" were held in various neighborhoods throughout Somerville during March-April. One session also was held with the CHA Population Health Board

Committee. The Listening Sessions were well-advertised on the city's website, in several publications, and on mailing lists. Over 40 people participated in these sessions, and their input is incorporated into our findings. It should be noted that two of the sessions were impacted by weather-related issues.

In an effort to reach out broadly to the community, a survey was conducted during February-April asking Somerville residents a wide range of questions about their health care service needs and their personal experiences. The survey was translated in 4 languages and was widely available at various city and community locations, CHA practice sites, social service program sites, and on social media and various websites. Over 1,000 responses were received. A summary of this data, a copy of the survey, and specific quotes from respondents are presented in Appendix B attached.

## **Major Findings:**

### **1. Health Education**

A recurring theme from our Listening Sessions was the challenge of health "literacy," or the degree to which patients understand how to use their health care system. There is a clear need to provide appropriate education to patients around health care services. For example, this is particularly evident in patients' difficulty deciding between Emergency and Urgent Care facilities, understanding how Primary Care teams are structured, and accessing needed Mental/Behavioral Health services. A common theme of participants in both the survey and in the Listening Sessions was not knowing the difference between Emergency and Urgent Care, and in many cases, they are not even sure it is their choice to make. In addition, patients often do not understand that Primary Care practices are organized in teams so that multiple team members are available to help, and many practices have off-hours access.

Specifically, CHA could better support its patients in understanding the following:

- a. Primary Care
- b. Urgent Care
- c. Emergency Care
- d. Mental and Behavioral Health Services
- e. Cultural barriers in accessing the U.S. health care system

## 2. Access, Navigation, and Urgent Care

Both access (entry to the system) and navigation (finding your way around in the system) are issues for patients of CHA. Patients need to know who to see, when to see them, how to get there, and how to navigate their health care teams. We heard this consistently from providers as well as participants of the Listening Sessions. Participants in the Listening Sessions and the Advisory Group noted that there are long delays in making appointments (for both primary care and specialty care) across all health care systems. Additionally, when asked about emergency care, participants in the Listening Sessions and Advisory Group meetings noted the need for timely, efficient, and affordable access to care. When described, Urgent Care services were discussed and explained as an option.

At the request of the Advisory Group, data was provided by CHA regarding the utilization of the ED at Somerville Hospital. This data shows low utilization and low acuity, consistent with the experience described by many members of the Advisory Group. (See Appendix D for data presented by a CHA ED physician to the Advisory Group). This information makes a compelling case to reach out to the community and to consider an informed decision about the ongoing operation of the ED.

## 3. Mental Health

As a broad category, Mental Health was a major concern. The survey results show that approximately 47% of CHA patients identified Mental Health as the issue of greatest concern to them (37% of non-CHA patients). In addition, 33% of CHA patients identified it as the issue of greatest concern to their families (30% of non-CHA patients), and 49% of CHA patients identified it as the issue of greatest concern to the community (53% of non-CHA patients). Within the category of Mental Health, we identified two specific groups: those who need treatment for serious mental illness (i.e. bipolar, schizophrenia) and those who need treatment for behavioral health issues often related to substance use (i.e. opioids, tobacco, vaping, “Juuling”). More discussion was devoted to behavioral health issues, rather than serious mental illness. Participants emphasized the importance of services that span the continuum of care in treating mental health issues, as well as the need for culturally-competent care in dealing with these and other health issues across all immigrant populations.

We heard favorable feedback during Listening Sessions and Advisory Group meetings on CHA’s treatment of serious mental illness. However, an effective substance use continuum of care remains an issue that the health care industry, community, and payors have not addressed sufficiently. CHA can not provide all the needed services in this area, but it must be one of many organizations working together to address this critical issue.

#### 4. Technology

The use of technology in health care is growing and changing at a fast pace. CHA has had considerable success in implementing its electronic medical record (EMR) and now needs to leverage this experience to improve both the delivery of care and customer service. The need is to focus on ways to utilize technology for better access and convenience for CHA patients (i.e. scheduling by text) and to use evolving technologies such as telemedicine and remote access to strengthen the continuum of care for all populations.

#### 5. Healthy Aging

The needs of the older population in Somerville seem to be well met, based on the input we received during a Listening Session with seniors. Participants in CHA's Elder Service Plan (ESP) are particularly satisfied with the services they receive. They have good access to needed health care, dental services, and related support services. This is an example of a successful "wrap-around" array of services, and perhaps should be considered a model for other populations (i.e. new families and teenagers). Interestingly, the survey results indicate that although CHA patients are happy with their care and did not list aging as a concern, a majority of non-CHA patients ranked aging as a major concern.

#### 6. Stress

More than half of survey respondents identified stress as their greatest health concern. Additionally, among CHA patients taking the survey, 46% identified stress as the issue of greatest concern to their families and 41% said it was the greatest health concern in the community. In the Listening Sessions, attendees noted that the stress they feel is often related to the social determinants of health such as the need for safe and affordable housing, access to healthy food, financial concerns, consistent employment, education, affordable day care, etc.

Over the past several months, there has been significant media coverage supporting the findings listed above. For your reference, we have attached several articles regarding health care cost containment, avoidable visits to Emergency Rooms, the growth of Urgent Care facilities, and the growing use of technology in health care. (see Appendix C).

In addition to the major findings outlined above, there were other concerns that were noted in the survey and/or received attention in our discussions including weight management, the need for more dental services, better use of technology in the delivery of care, the need to address both domestic and gun violence in the community, and the need to expand Maternity/Pediatric services to meet the needs of the changing demographics in Somerville. In

the survey results, CHA patients indicated a need for more dental services, while non-CHA patients did not.

## **Recommendations:**

The Somerville/CHA Health Care Advisory Group reached consensus on the following specific recommendations to be presented to Mayor Joseph Curtatone, CEO Patrick Wardell, and the CHA Board:

### **1. Health Education/Access and Navigation**

- Provide easy-to-read handouts in multiple languages to explain how to use the health care system, including when to use the ED vs. Urgent Care.
- Evaluate and expand training for CHA phone staff and MAs in helping patients to access services, including providing a scripted explanation on when to use the ED vs. Urgent Care.
- Through visual aids, make use of the time patients spend in Waiting Rooms as an opportunity to provide information about CHA services.

### **2. Mental Health/Behavioral Health**

- Improve the continuum of care by addressing existing geographic gaps, as well as identifying the gaps in care thus supporting substance use patients throughout the entire recovery spectrum.
- Provide more “Patient Resource Coordinators” and “Navigators” to provide needed support to patients who may be getting lost in the gaps.
- Provide and distribute information to patients, providers, and partners regarding who to call at the first signs of needed help and promote the use of existing resources. Examples of such resources are the Hot Line available in multiple languages and state-wide Emergency Services Programs which provide mobile crisis teams offering community-based emergency services to individuals as an alternative to hospital EDs.

### **3. Urgent Care**

- Establish a CHA Urgent Care service in Somerville to address the issues of access, convenience, and affordability and to support the continuity of care.
- Assess the potential to locate Urgent Care services at Somerville Hospital, including engaging the Somerville community in a genuine, transparent process that balances the need for Emergency Services and Urgent Care in the

community. This consideration was introduced by the Facilitator and evolved after much discussion and review of the data presented.

- The transformation of the ED to an Urgent Care center must involve the Somerville community in an open process. This was an emotional discussion for the Advisory Group, yet the group recognized that the data supports this recommendation.
- CHA should continue the analysis on future demand and utilization of services to ensure that it is well-positioned to meet community needs.

#### 4. Technology

- As part of a Health Education strategy, leverage technology to enhance customer service, especially improved access and convenience for CHA patients (such as remote appointments, group appointments, scheduling by text, etc.).
- CHA has been a leader in implementing an EMR (EPIC) and in providing interpreter services technology. As a next step, CHA needs to leverage emerging technologies such as telemedicine to improve the delivery of care for all populations. This is happening within Harvard Vanguard, BIDMC, and other systems.

In closing, I want to thank the members of the Health Care Advisory Group for their participation, diverse perspectives, and insights. The recommendations offered in this report provide a range of opportunities for CHA and the City to consider as they continue to partner to improve the health of the community.

# CHA/SOMERVILLE COMMUNITY HEALTH PROJECT

## Major Findings/Recommendations

### Executive Summary

June 2018

Major Findings	Recommendations
<p><b>1. <u>Health Education / Access and Navigation</u></b></p> <p>There is a need to provide appropriate education to patients around healthcare services, particularly Emergency and Urgent Care and Primary Care teams</p>	<ul style="list-style-type: none"><li>• Provide easy-to-read handouts in multiple languages</li><li>• Evaluate and expand training for CHA phone staff and MA's in helping patients to access services, including deciding between ED and Urgent Care</li><li>• Through visual aids, use time in Waiting Rooms to provide info about CHA services</li></ul>
<p><b>2. <u>Mental Health</u></b></p> <p>Need to address the needs of two identified groups: those with serious mental illness, and those with behavioral health issues such as treatment related to substance use</p>	<ul style="list-style-type: none"><li>• Improve the continuum of care by identifying and addressing gaps in care</li><li>• Provide more "Patient Resource Coordinators" and "Navigators" to provide support to patients who may be getting lost in the gaps</li><li>• Provide and distribute information to patients, providers, and partners regarding who to call at first signs of needed help and promote use of existing resources</li></ul>
<p><b>3. <u>Urgent Care</u></b></p> <p>There is a need for Urgent Care services in Somerville to meet the current needs for timely, efficient and affordable immediate care.</p>	<ul style="list-style-type: none"><li>• Establish a CHA Urgent Care service in Somerville</li><li>• Consider an informed decision about the ongoing operation of the ED at Somerville Hospital</li><li>• Involve the Somerville community in an open process on the future utilization of the Somerville Hospital campus which could include Urgent Care</li><li>• CHA should continue the analysis of future demand and utilization to ensure that CHA is meeting community needs</li></ul>
<p><b>4. <u>Technology</u></b></p> <p>Keep pace with the growing trend in health care of using technology for improved customer service and to strengthen the continuum of care.</p>	<ul style="list-style-type: none"><li>• Leverage technology in multiple ways to improve overall customer service, access, and convenience for CHA patients</li><li>• Expand successful EMR experience to leverage emerging technologies such as telemedicine to improve the delivery of care for all populations</li></ul>

## **CHA/Somerville Community Health Project Appendices**

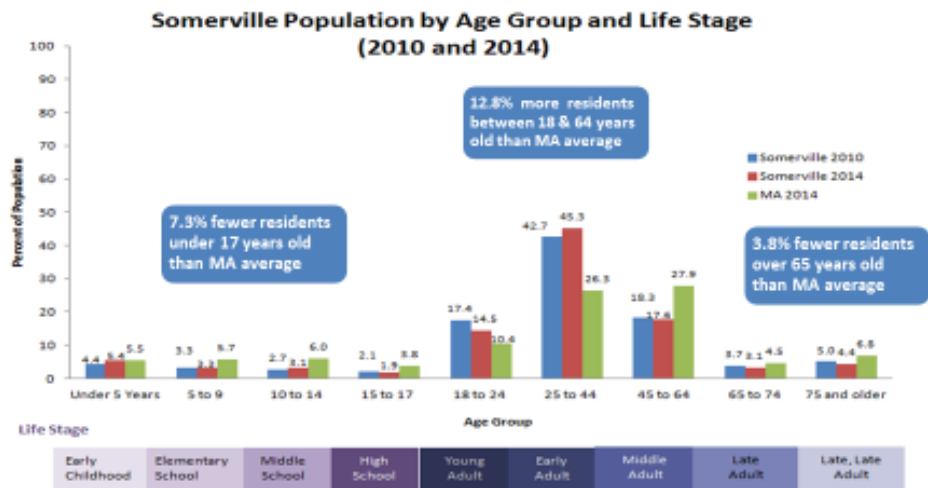
- A. CHA Services and Somerville Demographics (pg. 9-20)
- B. Community Health Services Survey (pg. 21-32)
- C. Selected Media Coverage (pg. 33)
- D. Emergency Department Data (pg. 34-37)



## A. CHA Services and Somerville Demographics



### Somerville Demographics Residents by Age Group & Life Stage



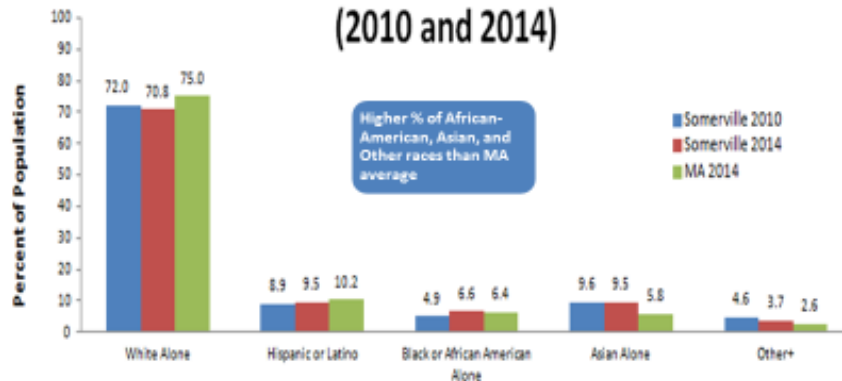
Sources: Somerville 2010-2014 ACS (5-yr estimates), MA 2010-2014 ACS (5-yr estimates)

DRAFT, CONFIDENTIAL

8

## Somerville Demographics Residents by Race

### Diversity of Somerville Population (2010 and 2014)



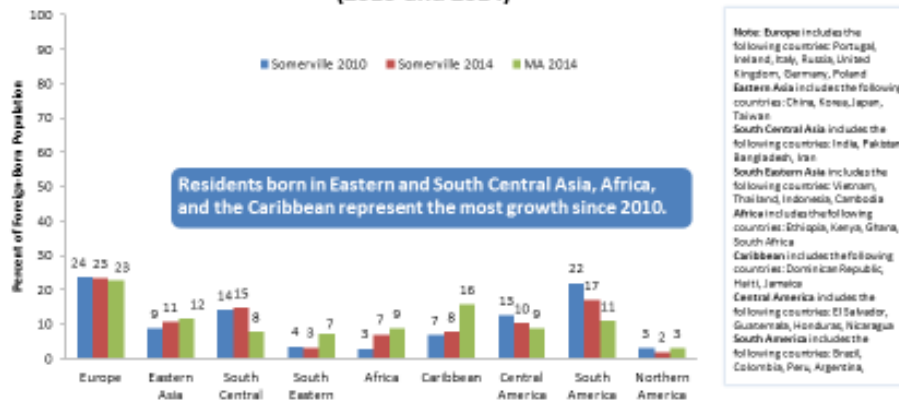
Other+ includes: American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, Some Other Race, and Two or More races  
Sources: Somerville 2010-2014 ACS (5-yr estimates), MA 2010-2014 ACS (5-yr estimates)

DRAFT. CONFIDENTIAL.

9

## Somerville Demographics Foreign-born Residents

### Region of Birth for Foreign-Born Somerville Residents (2010 and 2014)



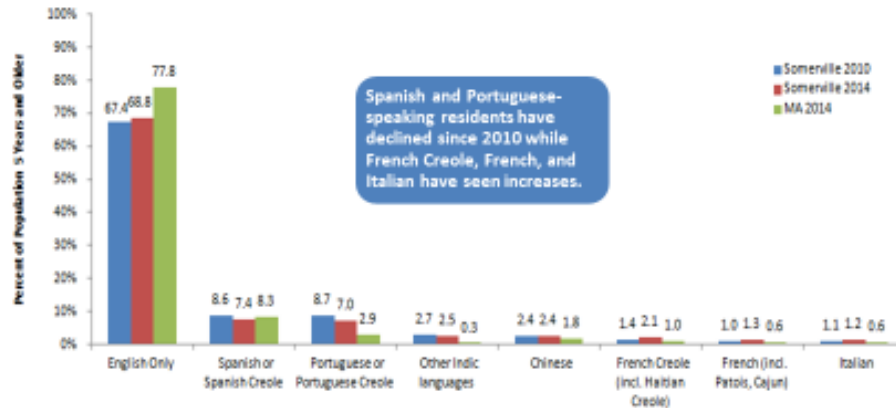
Sources: Somerville 2010-2014 ACS (5-yr estimates), MA 2010-2014 ACS (5-yr estimates)

DRAFT. CONFIDENTIAL.

11

## Somerville Demographics Leading Language Spoken

Leading Languages Spoken in Somerville Homes (2010 and 2014)



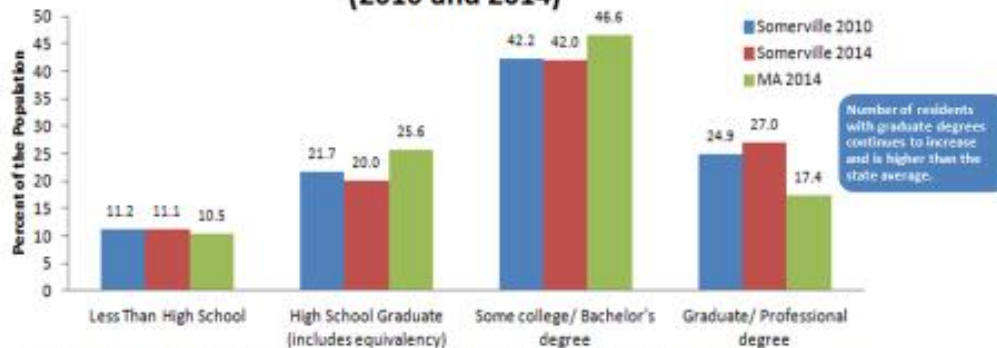
Sources: Somerville 2010-2014 ACS (5-yr estimates), MA 2010-2014 ACS (5-yr estimates)

DRAFT, CONFIDENTIAL

12

## Somerville Demographics Highest Educational Attainment

Highest Educational Attainment in Somerville Age 25+,  
(2010 and 2014)



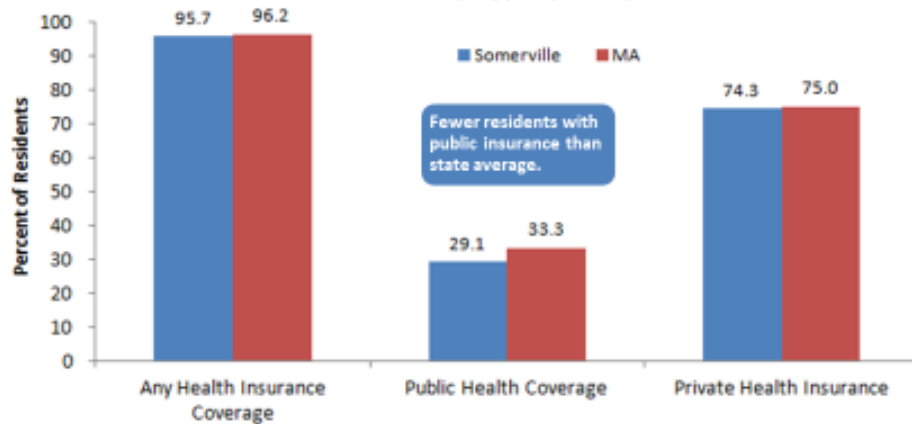
Sources: Somerville 2010-2014 ACS (5-yr estimates), MA 2010-2014 ACS (5-yr estimates)

DRAFT, CONFIDENTIAL

13

## Somerville Demographics Health Insurance Coverage

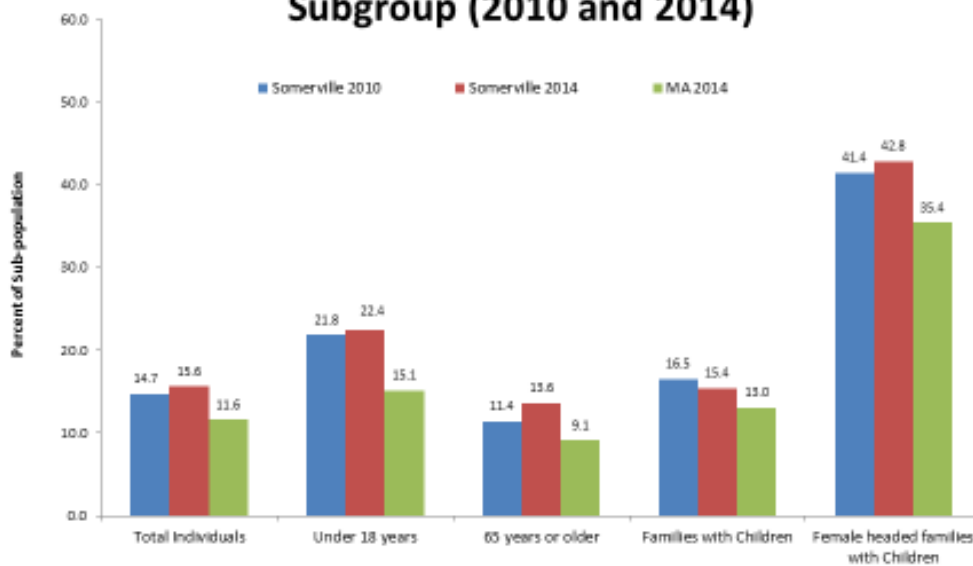
### Overall Rate of Health Insurance Coverage, by Type (2014)



DRAFT, CONFIDENTIAL.

14

## Trend in Poverty Rate for Somerville Residents, by Subgroup (2010 and 2014)



DRAFT, CONFIDENTIAL.

15

Adults Top Causes of ED Visits by Life Stage, Somerville and MA (2010-2012)						
Life Stage	Somerville			Massachusetts		
	Top 5 Causes*	n	Age-specific rates per 100,000	Top 5 Causes*	n	Age-specific rates per 100,000
Young Adult (20-24 years) All Causes in Somerville: n=8,959	1) Genitourinary Diseases: All	602	2176.2	1) Mental Disorders: All	51,136	3583.3
	2) Mental Disorders: All	585	2114.7	2) Genitourinary Diseases: All	48,107	3371.1
	3) Musculoskeletal Diseases: All	577	2085.8	3) Musculoskeletal Diseases: All	43,859	3073.4
	4) Skin Diseases: All	493	1782.2	4) Digestive System Diseases: All	43,067	3017.9
	5) Respiratory: Acute Infections	436	1576.1	5) Skin Diseases: All	38,834	2721.3
Early Adult (25-39 years) All Causes in Somerville: n=27,569	1) Musculoskeletal Diseases: All	2,257	2503.0	1) Musculoskeletal Diseases: All	156,745	4101.0
	2) Mental Disorders: All	2,092	2320.0	2) Mental Disorders: All	119,836	3135.3
	3) Nervous System Diseases: All	1,539	1706.8	3) Digestive System Diseases: All	101,346	2651.6
	4) Genitourinary Diseases: All	1,409	1562.6	4) Nervous System Diseases: All	93,481	2445.8
	5) Skin Diseases: All	1,391	1542.6	5) Genitourinary Diseases: All	90,088	2357.0
Middle Adult (40-64 years) All Causes in Somerville: n=22,749	1) Musculoskeletal Diseases: All	2,839	5167.3	1) Musculoskeletal Diseases: All	245,805	3558.7
	2) Mental Disorders: All	2,468	4492.0	2) Mental Disorders: All	168,186	2434.9
	3) Alcohol / Substance Related	1,548	2817.5	3) Injuries : Falls	148,015	2142.9
	4) Injuries : Falls	1,441	2622.8	4) Endocrine: Diabetes Mellitus Related	145,918	2112.5
	5) Endocrine: Diabetes Mellitus Related	1,420	2584.5	5) Respiratory: COPD, All (Related)	128,392	1858.8
Late Adult (65+ years) All Causes in Somerville: n=7,403	1) Injuries : Falls	998	4817.1	1) Injuries : Falls	123,895	4451.9
	2) Endocrine: Diabetes Mellitus Related	908	4382.7	2) Endocrine: Diabetes Mellitus Related	111,340	4000.7
	3) Musculoskeletal Diseases: All	879	4242.7	3) Musculoskeletal Diseases: All	83,121	2986.8
	4) Respiratory: COPD, All (Related)	562	2712.6	4) Respiratory: COPD, All (Related)	64,221	2307.6
	5) Circulatory System Diseases: All	375	1810.0	5) Circulatory System Diseases: All	53,031	1905.5
Notes: Mental disorders are not detailed individually via MassCHIP						
*excluded childbirth, pregnancy, puerperium in ranking						
Please note that within some groupings/classifications may overlap and be counted more than once within the rankings						
Related includes secondary and primary diagnoses						
3 year aggregate estimates 2010-2012						

Adults Top Causes of Hospitalizations by Life Stage, Somerville and MA (2010-2012)						
Life Stage	Somerville			Massachusetts		
	Top 5 Causes*	n	Age-specific rates per 100,000	Top 5 Causes*	n	Age-specific rates per 100,000
Early Adult (20-24 years) All Causes in Somerville: n=732	1) Mental Disorders: All	168	607.3	1) Mental Disorders: All	15,676	1098.5
	2) Digestive System Diseases: All	79	285.6	2) Respiratory: COPD, All (Related)	9,437	661.3
	3) Respiratory: COPD, All (Related)	77	278.4	3) Respiratory: Asthma Related	9,130	639.8
	4) Respiratory: Asthma Related	73	263.9	4) Injuries : Opioid	9,033	633.0
	5) Injuries : Opioid	57	206.1	5) Digestive System Diseases: All	7,000	490.5
Young Adult (25-39 years) All Causes in Somerville: n=4,700	1) Mental Disorders: All	580	643.2	1) Mental Disorders: All	42,731	1118.0
	2) Digestive System Diseases: All	380	421.4	2) Respiratory: COPD, All (Related)	32,568	852.1
	3) Respiratory: COPD, All (Related)	316	350.5	3) Respiratory: Asthma Related	30,612	800.9
	4) Respiratory: Asthma Related	297	329.4	4) Digestive System Diseases: All	27,205	711.8
	5) Injuries : Opioid	283	313.9	5) Injuries : Opioid	26,061	681.8
Middle Adult (40-64 years) All Causes in Somerville: n=5,864	1) Endocrine: Diabetes Mellitus Related	1,282	2333.4	1) Endocrine: Diabetes Mellitus Related	142,223	2059.0
	2) Respiratory: COPD, All (Related)	1,110	2020.3	2) Respiratory: COPD, All (Related)	138,109	1999.5
	3) Mental Disorders: All	1,001	1821.9	3) Circulatory System Diseases: All	91,825	1329.4
	4) Digestive System Diseases: All	687	1250.4	4) Digestive System Diseases: All	89,320	1293.1
	5) Circulatory System Diseases: All	682	1241.3	5) Mental Disorders: All	72,869	1055.0
Late Adult (65+ years) All Causes in Somerville: n=7,201	1) Endocrine: Diabetes Mellitus Related	2,045	9870.6	1) Endocrine: Diabetes Mellitus Related	233,606	8394.1
	2) Respiratory: COPD, All (Related)	1,904	9190.1	2) Circulatory System Diseases: All	217,786	7825.6
	3) Circulatory System Diseases: All	1,717	8287.5	3) Respiratory: COPD, All (Related)	216,955	7795.8
	4) Respiratory: Pneumonia and Influenza (Related)	934	4508.2	4) Respiratory: Pneumonia and Influenza (Related)	104,544	3756.5
	5) Digestive System Diseases: All	729	3518.7	5) Digestive System Diseases: All	90,421	3249.1
Notes: Mental disorders are not detailed individually via MassCHIP.						
Please note that within some groupings/classifications may overlap and be counted more than once within the rankings						
Related includes secondary and primary diagnoses						
*excluded childbirth, pregnancy, puerperium in ranking						
3 year aggregate estimates 2010-2012						
Musculoskeletal System diseases include: Arthropathies and joint disorders (includes rheumatoid arthritis); Systemic connective tissue disorders (includes lupus, sclerosis); Dorsopathies (injuries to the spine); Soft tissue disorders (muscles, tendons); Osteopathies (includes osteoporosis, fractures, stress fractures); Chondropathies						



## CHA Cares for Somerville

### **CHA is a Leading Provider of Health Care Services to the Residents of Somerville**

- 24,000 Somerville residents visit CHA annually
- 18,000+ residents choose us for primary care
- In FY16, residents of Somerville use of CHA services included:
  - 54,000 primary care visits
  - 25,000 mental health/substance use visits
  - 17,600 emergency visits
  - 1,800 inpatient stays



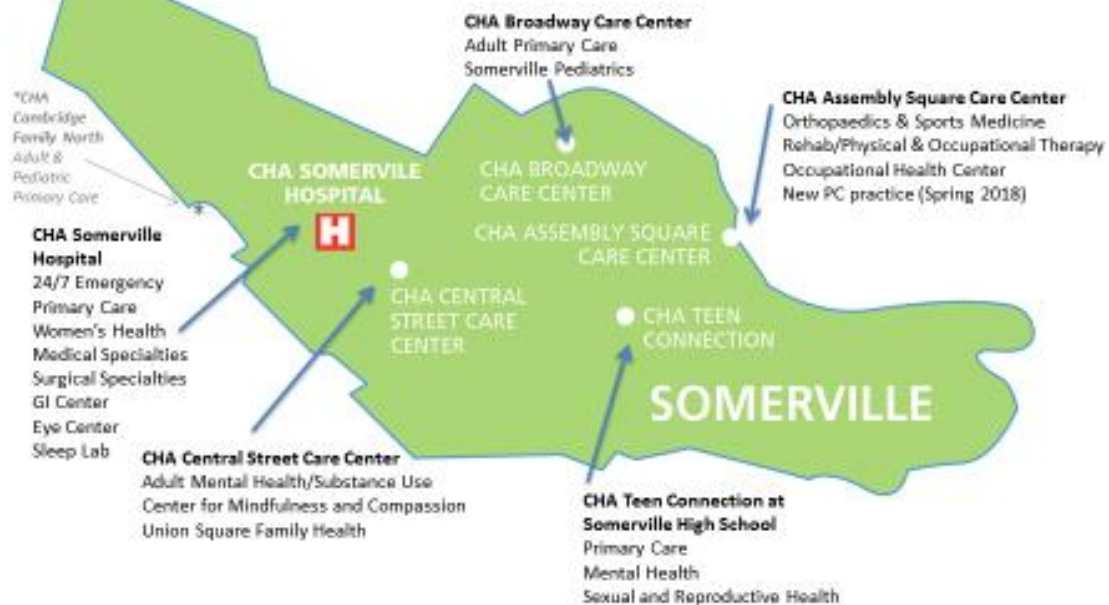
Source: CHA Volumes Report, FY16 (July 2015 – June 2016)

CONFIDENTIAL

2



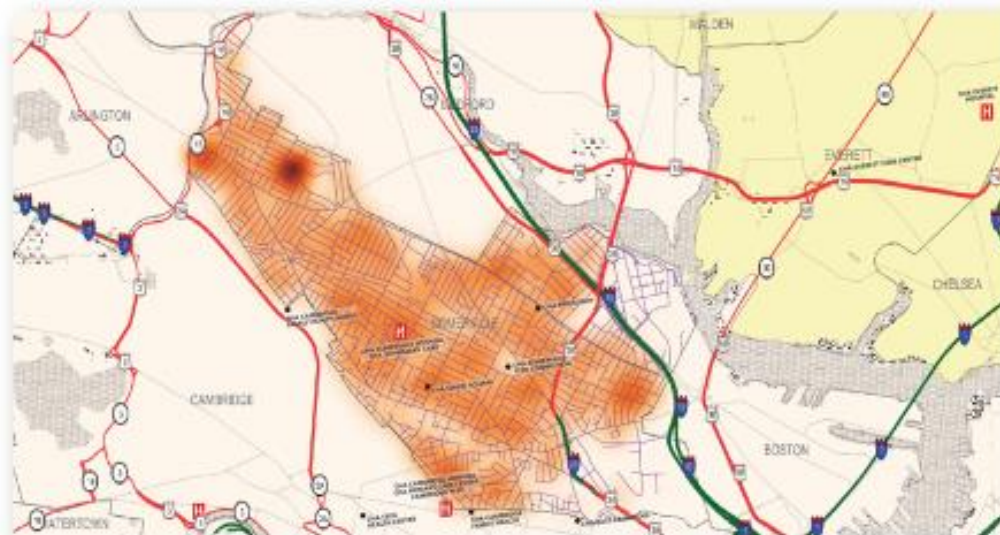
## Five Clinical Locations in Somerville



CONFIDENTIAL FOR STRATEGIC PLANNING PURPOSES ONLY.

3

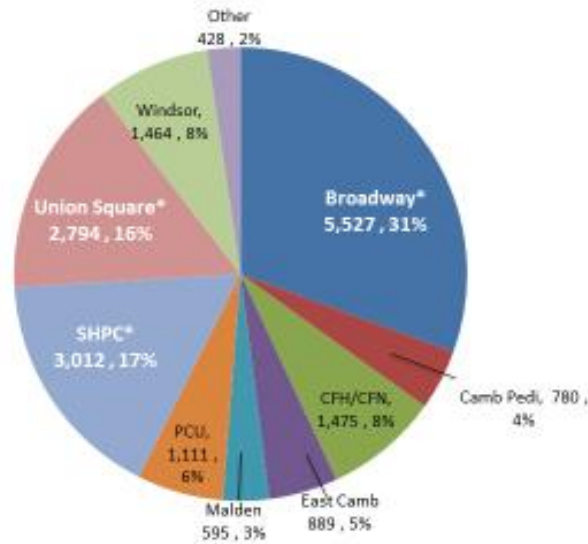
## CHA Primary Care Patients from Somerville Geographic Distribution



CONFIDENTIAL FOR STRATEGIC PLANNING PURPOSES ONLY.

4

**64% of CHA Somerville Primary Care (PC) Patients go to a CHA practice in Somerville\*; 36% chose a CHA practice outside the City**

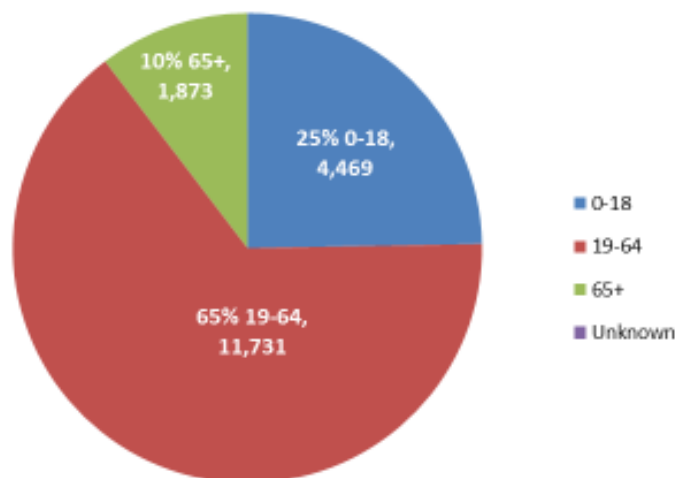


Source: FY16 Meditech billing data and excludes Occupational Health patients

CONFIDENTIAL. FOR STRATEGIC PLANNING PURPOSES ONLY.

5

**CHA serves a higher proportion of children and seniors compared to the total population in Somerville**



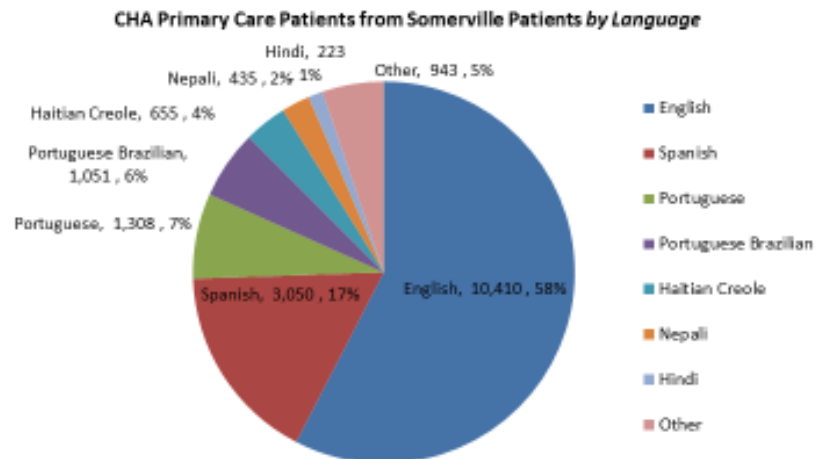
Source: FY16 Meditech billing data and excludes Occupational Health patients

CONFIDENTIAL. FOR STRATEGIC PLANNING PURPOSES ONLY.

6



## 42% of CHA's Somerville PC patients primary language is not English

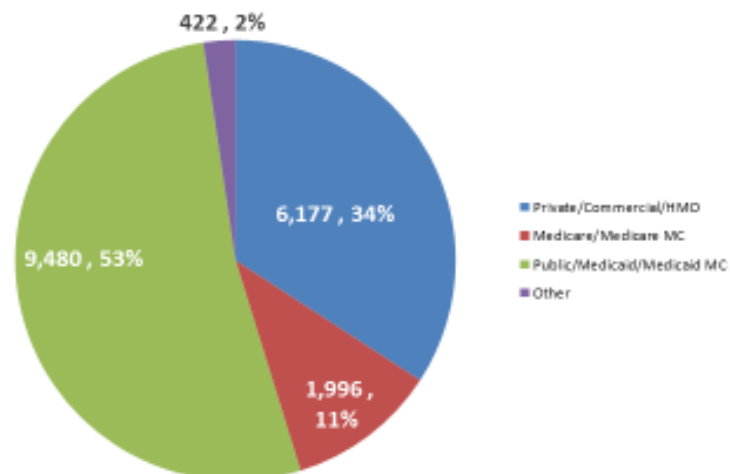


Source: FY16 Meditech billing data and excludes Occupational Health patients

DRAFT. CONFIDENTIAL.

7

## More than half of CHA's Somerville PC Patients are Public/Medicaid/Medicaid MC Insurance



Source: FY16 Meditech billing data and excludes Occupational Health patients

DRAFT. CONFIDENTIAL.

8

## CHA' Provides 30% of Somerville's Inpatient Discharges

Total Inpatient Discharges (SFY09-SFY16) by Hospital/System					
Hospital/System	SFY12	SFY13	SFY14	SFY15	SFY16
<b>Somerville</b>					
Beth Israel Deaconess Healthcare	451	463	484	554	551
Boston Medical Center	132	174	180	161	145
<b>Cambridge Health Alliance</b>	<b>2,176</b>	<b>2,111</b>	<b>1,923</b>	<b>1,662</b>	<b>1,675</b>
Hallmark Health System	283	222	210	221	205
Lahey Health	255	211	207	214	174
Mount Auburn Hospital	1,199	1,165	1,133	1,202	1,077
Partners HealthCare System	1,589	1,535	1,421	1,428	1,392
Steward Health Care System	145	139	89	102	82
Tufts Medical Center	224	224	153	165	156
All Other	195	223	198	246	193
<b>Total Somerville</b>	<b>6,650</b>	<b>6,467</b>	<b>5,998</b>	<b>5,975</b>	<b>5,610</b>

There were 16% fewer inpatient acute hospital discharges by residents of Somerville in 2016 vs. 2012

Total Inpatient Market Share (SFY09-SFY16) by Hospital/System					
Hospital/System	SFY12	SFY13	SFY14	SFY15	SFY16
<b>Somerville</b>					
Beth Israel Deaconess Healthcare	7%	7%	8%	9%	9%
Boston Medical Center	2%	3%	3%	3%	3%
<b>Cambridge Health Alliance</b>	<b>33%</b>	<b>33%</b>	<b>32%</b>	<b>28%</b>	<b>30%</b>
Hallmark Health System	4%	3%	4%	4%	4%
Lahey Health	4%	3%	3%	4%	3%
Mount Auburn Hospital	18%	18%	19%	20%	19%
Partners HealthCare System	24%	24%	24%	24%	25%
Steward Health Care System	2%	2%	1%	2%	1%
Tufts Medical Center	3%	3%	3%	3%	2%
All Other	3%	3%	3%	4%	3%
<b>Total Somerville</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

~30% of Somerville's inpatient discharges are from a CHA hospital

Source: Mass Health Data Consortium Spotlight

DRAFT, CONFIDENTIAL

9

## 64% of Somerville's EMERGENCY encounters take place at CHA

Total ED Encounters (SFY09-SFY16) by Hospital/System					
Hospital/System	SFY12	SFY13	SFY14	SFY15	SFY16
<b>Somerville</b>					
Beth Israel Deaconess Healthcare	371	357	367	359	374
Boston Medical Center	625	599	574	583	616
<b>Cambridge Health Alliance</b>	<b>17,565</b>	<b>16,647</b>	<b>15,558</b>	<b>15,598</b>	<b>15,664</b>
Hallmark Health System	1,080	809	715	705	627
Lahey Health	708	686	633	663	597
Mount Auburn Hospital	2,075	1,948	1,994	1,872	1,822
Partners HealthCare System	2,697	2,615	2,392	2,571	2,617
Steward Health Care System	335	320	304	316	271
Tufts Medical Center	395	368	368	319	409
All Other	1,251	1,245	1,238	1,062	1,212
<b>Total Somerville</b>	<b>27,093</b>	<b>25,594</b>	<b>24,143</b>	<b>24,048</b>	<b>24,409</b>

10% decline in emergency encounters by residents of Somerville

Total ED Market Share (SFY09-SFY16) by Hospital/System					
Hospital/System	SFY12	SFY13	SFY14	SFY15	SFY16
<b>Somerville</b>					
Beth Israel Deaconess Healthcare	1%	1%	2%	1%	2%
Boston Medical Center	2%	2%	2%	2%	3%
<b>Cambridge Health Alliance</b>	<b>65%</b>	<b>65%</b>	<b>64%</b>	<b>65%</b>	<b>64%</b>
Hallmark Health System	4%	3%	3%	3%	3%
Lahey Health	3%	3%	3%	3%	2%
Mount Auburn Hospital	8%	8%	8%	8%	7%
Partners HealthCare System	10%	10%	10%	11%	11%
Steward Health Care System	1%	1%	1%	1%	1%
Tufts Medical Center	1%	1%	2%	1%	2%
All Other	5%	5%	5%	4%	5%
<b>Total Somerville</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

64% of Somerville's emergency encounters took place at a CHA hospital

Source: Mass Health Data Consortium Spotlight

DRAFT, CONFIDENTIAL

10

## Addressing the needs of the Population Children and Adolescents

- Primary Care
- Integrated PC/BH
- Outpatient psychiatry
- Child & Adolescent psych units
- Teen Health Center at Somerville High
- Sexual and Reproductive Health
- WIC (Women, Infant and Children)
- Clinical partnership with **MGH for Children**



DRAFT, CONFIDENTIAL

11

## Addressing the needs of the Population Older Adults

- Primary care, integrated mental health, chronic disease management
- Medical, surgical and orthopaedics
  - Eye Center
  - GI Center
  - Cardiology
  - Podiatry
- Hospital stays including ICU
- Clinical affiliation with **Beth Israel Deaconess Medical Center** and programmatic relationships with **Mount Auburn Hospital**
- Geriatrics Program
  - Elder Service Plan (ESP) PACE Program
  - Hospital-to-Home discharge program
  - House Calls for homebound elders



DRAFT, CONFIDENTIAL

12

## Addressing the needs of the Population Mental Health

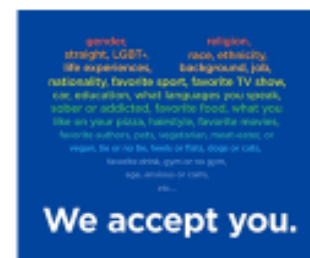
- Care for all ages
  - Inpatient Units (child, adolescent, adult, geriatric)
  - Care for most complex patients including the Health Integration Program (HIP)
  - Trauma-informed programming
  - Center for Mindfulness and Compassion
  - Extensive Outpatient Services
    - Department of Psychiatry at CHA Central Street Care Center (Somerville)
    - Linguistic/cultural clinics
    - Gender and Sexuality Clinic
    - Homicide and Bereavement
    - CBT and DBT
    - Group Therapy
  - Substance Use Services
    - Intensive Outpatient Addictions Program
    - Medication-assisted recovery and case management

DRAFT, CONFIDENTIAL.

13

## Addressing the needs of the Population

- Linguistic/cultural competency
- Low income/MassHealth/HSN
- Outreach to Immigrant Populations
- Community Health
  - Dental for Unaccompanied Minors
  - Social Worker at Somerville Public Library
  - Partnership with MOAR and Overcoming Addiction local programs
  - HIV Services
  - Healthcare for the Homeless Program
  - Obesity and Mental Health



DRAFT, CONFIDENTIAL.

14

## B. Community Health Services Survey

### Somerville Survey –CHA patients vs. non-patients comparison (prepared by ICH)

To read the table:

- For questions that asked survey respondents to select up to 5 answers, we presented the top 5 responses. For example, for Question1, stress was the most common answer for both CHA patients and those who are not CHA patients. 173 CHA patients (52.1%) listed stress as a response to this question and 389 (56.5%) of people who were not CHA patients cited stress as concern. There are differences in the groups for the 4<sup>th</sup> and 5<sup>th</sup> most common answers.

#### 1. Which of the following health issues do you believe is the greatest concern for you? (Top 5 responses)

Stress	173	52.1%	Stress	389	56.5%
Mental health	155	46.7%	Mental health	256	37.2%
Weight	95	28.6%	Weight	214	31.1%
Dental health	79	23.8%	Aging	212	30.8%
Child health	74	22.3%	Child's health	120	17.4%

- Directly below the table with the most common responses to the question, we calculated if there is a statistically significant difference in the percentage of respondents who cited the concern in each group. In the stress example, 52.1% of CHA patients cited stress as a health concern and 56.5% of the non-CHA patients did. The p-value is 0.19 and this is not statistically significant. We can say that identifying stress as a health concern is not associated with being a CHA patients. However, aging was cited as concern by 14.5% of CHA patients who responded to the survey and 30.8% of those who responded and are not CHA patients; the p-value is <0.001. We can conclude that concern about aging is significantly associated with whether or not someone is a CHA patients and those who are not CHA patients are more likely to be concerned about aging.

#### Differences in most often mentioned concerns for you

	N	%	N	%	p-value
Stress	173	52.1%	389	56.5%	0.19
Mental health	155	46.7%	256	37.2%	0.004
Weight	95	28.6%	214	31.1%	0.43
Dental health	79	23.8%	120	17.4%	0.02
Child's health	74	22.3%	120	17.4%	0.60
Aging	48	14.5%	212	30.8%	<0.001

A p-value less than 0.05 indicates that there is a significant difference in responses between CHA patients and other survey respondents.

CHA N=332			Not CHA Patients N=689		
1. Which of the following health issues do you believe is the greatest concern for you? (Top 5 responses)					
Stress	173	52.1%	Stress	389	56.5%
Mental health	155	46.7%	Mental health	256	37.2%
Weight	95	28.6%	Weight	214	31.1%
Dental health	79	23.8%	Aging	212	30.8%
Child health	74	22.3%	Child's health	120	17.4%

***Differences in most often mentioned concerns for you***

	N	%	N	%	p-value
Stress	173	52.1%	389	56.5%	0.19
Mental health	155	46.7%	256	37.2%	0.004
Weight	95	28.6%	214	31.1%	0.43
Dental health	79	23.8%	120	17.4%	0.02
Child's health	74	22.3%	120	17.4%	0.60
Aging	48	14.5%	212	30.8%	<0.001

**2. Which of the following health issues do you believe is the greatest concern for your family? (Top 5 responses)**

	N	%	N	%
Stress	151	45.5%	Stress	331 48.0%
Mental health	111	33.4%	Mental health	208 30.2%
Child health	86	25.9%	Aging	183 26.6%
Weight	65	19.6%	Weight	142 20.9%
Dental health	56	16.9%	Child's health	142 20.6%

***Differences in most often mentioned concerns for family***

	N	%	N	%	p-value
Stress	151	45.5%	331	48.0%	0.44
Mental health	111	33.4%	208	30.2%	0.29
Child's health	86	25.9%	142	20.6%	0.06
Weight	65	19.6%	144	20.9%	0.62
Dental health	56	16.9%	86	12.5%	0.06
Aging	51	15.4%	183	26.6%	<0.001

**3. Which of the following health issues do you believe is the greatest concern for your community? (Top 5 responses)**

	N	%		N	%
Mental health	162	48.8%	Mental health	366	53.1%
Substance use	157	47.3%	Substance use	330	47.9%
Stress	135	40.7%	Stress	264	38.3%
Housing related issues	92	27.7%	Housing related issues	230	33.4%
Access to food/food security	84	25.3%	Access to food/food security	224	32.5%

**Differences in most often mentioned concerns for community**

	N	%	N	%	p-value
Mental health	162	48.8%	366	53.1%	0.2
Substance use	157	47.3%	330	47.9%	0.82
Stress	135	40.7%	264	38.3%	0.48
Housing related issues	92	27.7%	230	33.4%	0.068
Access to food/food security	84	25.3%	224	32.5%	0.02

**4. Do you feel that your current health care needs are being met?**

	N	%	N	%	p-value
Always	103	31.0%	211	0.306241	0.17
Mostly	163	49.1%	354	0.513788	
Sometimes	53	16.0%	78	0.113208	
Never	7	2.1%	8	0.011611	

**5. Do you have one person you think of as your personal doctor or health care provider?**

	N	%	N	%	p-value
Yes	283	85.2%	596	86.5%	0.12
No	46	13.9%	70	10.2%	

**6. Where do you go if you need medical services such as a physical immunizations and wellbeing checks? Check all that apply.**

	N	%	N	%	p-value
Doctor's Office	315	94.9%	653	94.8%	<0.001
Clinics at Pharmacies	38	11.4%	101	14.7%	
Urgent Care Center	32	9.6%	48	7.0%	
Hospital Emergency Room	30	9.0%	22	3.2%	
I did not seek medical services	7	2.1%	8	1.2%	

**9. Where do you go when you have a health care issue that requires immediate medical attention? Check all that apply.**

	N	%	N	%	p-value
Doctor's Office	176	53.0%	450	65.3%	<0.001
Clinics at Pharmacies	24	7.2%	50	7.3%	
Urgent Care Center	69	20.8%	192	27.9%	
Hospital Emergency Room	196	59.0%	292	42.4%	
I do not seek immediate get medical care	21	6.3%	35	5.1%	

**10. Reason(s) for not seeing a doctor in the last two years when needed.**

	N	%	N	%	p-value
Your doctor did not have hours that were convenient for you	67	20.2%	127	18%	0.50
You did not have transportation to the office/clinic	14	4.2%	18	3%	0.17
Your provider's office or clinic was too far away	7	2.1%	26	4%	0.16
Your provider did not have an appointment available for you	78	23.5%	133	19%	0.12
The cost was too high	26	7.8%	44	6%	0.39
You did not have insurance	29	8.7%	19	3%	<0.001
I did not have difficulties getting health care services	112	33.7%	320	46%	<0.001
I have not needed health care services	36	10.8%	69	10%	0.68



## CHA/Somerville Community Health Services Survey Demographics

Survey of 1,022 Somerville Residents

Dates: March 3, 2018 – April 24, 2018

### Overview

- 32% are CHA Patients
- English speakers: Not CHA Patient<sup>1</sup> - 97.1%; CHA Patient - 68.9%
- Race/Ethnicity: North American or European: Not CHA Patient - 76%; CHA Patients - 47.6%
- Gender: Not CHA Patient - 80% female; CHA Patient - 77% female<sup>2</sup>
- Over 60% employed full or part time for both groups

### Results by Question

12. How do you identify yourself?	Not CHA Patient	CHA Patient
Female	80%	77%
Male	20%	21.5%

13. What is your age?	Not CHA Patient	CHA Patient
40-64	44.5%	34.9%
25 - 39	37.6%	48.9%
65+	14.6%	4.6%
Under 18	0.9%	6.7%
19-24	2.4%	4.9%

14. What is your current employment status? (Top 4)	Not CHA Patient	CHA Patient
Employed full-time	70.6%	55.1%
Employed part-time	15.7%	14.2%
Retired	9.2%	3.7%
Student	4.5%	8.6%

15. What neighborhood do you live in? (Top 5)	Not CHA Patient	CHA Patient
Spring Hill	14.2%	9.7%
Winter Hill	13.6%	21.3%
Union Square	13.4%	13.2%
Davis Square	12.8%	8.2%
East Somerville	9.5%	15.7%
Other	36.5%	32%

---

<sup>1</sup> CHA patients account for 332 of the individuals surveyed.

<sup>2</sup> The U.S. Census/ACS [Demographics and Housing Estimates](#) (2012-2016) illustrates a breakdown of 50.5% female vs. 49.5% male in the City of Somerville. Also, 75.6% of the population are white.

<i>16. How do you best identify your ethnicity? Check all that apply<sup>3</sup>. (Top 8)</i>	Not CHA Patient	CHA Patients
North American or European	76.0%	47.6%
South Asian or Southeast Asian	2.5%	6.1%
East Asian	2.1%	3.2%
African American or Black Caribbean	2.0%	2.2%
Latino - South American	1.3%	3.5
Latino - Central American/Mexican	1.3%	7.7%
Haitian	1.1%	3.2%
Brazilian	0.3%	7.7
Other	13.4%	18.9%

<i>17. What language do you usually speak at home? (Top 4)</i>	Not CHA Patient	CHA Patients
English	97.1%	68.9%
Spanish	2.0%	10.6%
Haitian-Creole	1.3%	3.9%
Portuguese	0.5%	7.3%
Other	3.6%	9.3%

<i>18. If there are any other thoughts you would like to share with us, please use the space below.<sup>4</sup> (Top 10)</i>	Percent	Count
Positive feedback	13.4%	20
Housing concerns	11.4%	17
Insurance issues	8.1%	12
Mental health	6.0%	9
Healthy activities	5.4%	8
Issue with survey	5.4%	8
Open space	5.4%	8
Traffic concerns	4.7%	7
Negative Feedback	4.7%	7
Difficult CHA access	2.7%	4
Other	32.8%	50

<sup>3</sup> Language breakdown of surveys received in languages other than English – 28 Haitian, 24 Portuguese and 16 Spanish.

<sup>4</sup> 150 individuals left a comment in the last open response question. Broad categories were applied to each in order summarize the feedback. For instance, the following statement, “The skyrocketing cost of housing is alarming and concerning to both my husband and I. We want to stay in Somerville (we work in Harvard Square), but cannot afford to purchase a home here” was categorized as “Housing concerns.”

## 2018 Community Health Services Survey

Recently the City of Somerville and Cambridge Health Alliance (CHA) completed a community health needs assessment called The Wellbeing of Somerville Report 2017. As a follow up to this report the City and CHA are working together to better understand the health care service needs of the Somerville community. Please take a few minutes to complete the survey below to help us to identify and prioritize health care needs. The survey is also available in multiple languages. As a Somerville resident, your input is very important to us and your participation is greatly appreciated. Please encourage your Somerville family, friends and neighbors to complete the survey. To access The Wellbeing of Somerville Report 2017, visit - [www.somervillema.gov/wellbeing](http://www.somervillema.gov/wellbeing).

### 1. Which of the following health issues do you believe is the greatest concern for YOU? Select up to 5.

- ☐ Abuse or neglect (adult or child)
- ☐ Access to food/food security
- ☐ Aging
- ☐ Asthma
- ☐ Arthritis
- ☐ Cancer
- ☐ Child's health
- ☐ Chronic respiratory disease in adults (emphysema, COPD)
- ☐ Dementia
- ☐ Dental health
- ☐ Diabetes
- ☐ Disabilities (physical, emotional, learning)
- ☐ Food safety or food borne illness
- ☐ Heart disease
- ☐ Housing related issues (lead, rodents, bed bugs)
- ☐ Infectious diseases (flu, pneumonia, etc.)
- ☐ Mental health (suicide, depression, anxiety, etc.)
- ☐ Pregnancy
- ☐ Sexually transmitted infections (HIV, Chlamydia, etc.)
- ☐ Stress (work, finance, relationships, housing, etc.)
- ☐ Substance use (alcohol use, prescription drug abuse, marijuana, opioids, heroin, cocaine, ecstasy)
- ☐ Tobacco use/vaping
- ☐ Violence
- ☐ Weight
- ☐ Not sure or no opinion
- ☐ Other, please specify:

### 2. Which of the following health issues do you believe is the greatest concern for YOUR FAMILY? Select up to 5 if applicable.

- ☐ Abuse or neglect (adult or child)
- ☐ Access to food/food security
- ☐ Aging
- ☐ Asthma
- ☐ Arthritis
- ☐ Cancer
- ☐ Child's health
- ☐ Chronic respiratory disease in adults (emphysema, COPD)
- ☐ Dementia
- ☐ Dental health
- ☐ Diabetes
- ☐ Disabilities (physical, emotional, learning)
- ☐ Food safety or food borne illness
- ☐ Heart disease
- ☐ Housing related issues (lead, rodents, bed bugs)
- ☐ Infectious diseases (flu, pneumonia, etc.)
- ☐ Mental health (suicide, depression, anxiety, etc.)
- ☐ Pregnancy
- ☐ Sexually transmitted infections (HIV, Chlamydia, etc.)
- ☐ Stress (work, finance, relationships, housing, etc.)
- ☐ Substance use (alcohol use, prescription drug abuse, marijuana, opioids, heroin, cocaine, ecstasy)
- ☐ Tobacco use/vaping

- ☐ Violence
- ☐ Weight
- ☐ Not sure or no opinion
- ☐ Other, please specify:

**3. Which of the following health issues do you believe is the greatest concern for your COMMUNITY? (select up to 5)**

- ☐ Abuse or neglect (adult or child)
- ☐ Access to food/food security
- ☐ Aging
- ☐ Asthma
- ☐ Arthritis
- ☐ Cancer
- ☐ Child's health
- ☐ Chronic respiratory disease in adults (emphysema, COPD)
- ☐ Dementia
- ☐ Dental health
- ☐ Diabetes
- ☐ Disabilities (physical, emotional, learning)
- ☐ Food safety or food borne illness
- ☐ Heart disease
- ☐ Housing related issues (lead, rodents, bed bugs
- ☐ Infectious diseases (flu, pneumonia, etc.)
- ☐ Mental health (suicide, depression, anxiety, etc.)
- ☐ Pregnancy
- ☐ Sexually transmitted infections (HIV, Chlamydia, etc.)
- ☐ Stress (work, finance, relationships, housing, etc.)
- ☐ Substance use (alcohol use, prescription drug abuse, marijuana, opioids, heroin, cocaine, ecstasy)
- ☐ Tobacco use/vaping
- ☐ Violence
- ☐ Weight
- ☐ Not sure or no opinion
- ☐ Other, please specify:

**4. Do you feel that your current health care needs are being met?**

- ☐ Always
- ☐ Mostly
- ☐ Sometimes
- ☐ Never

**5. Do you have one person you think of as your personal doctor or health care provider?**

- ☐ Yes
- ☐ No

**6. Where do you go if you need medical services such as physical, immunizations, wellbeing checks? (check all that apply)**

- ☐ Doctor's Office (Primary Care Provider)
- ☐ Clinics at Pharmacies (CVS/MinuteClinic, Walgreens/Walk-in, etc.)
- ☐ Urgent Care Center (Care Well, Partners)  
Please indicate where: \_\_\_\_\_
- ☐ Hospital Emergency Room  
Please indicate where: \_\_\_\_\_
- ☐ Other
- ☐ I did not seek medical services

**7. In what city is your health care provider located?**

- ☐ Boston
- ☐ Cambridge
- ☐ Chelsea
- ☐ Everett
- ☐ Malden
- ☐ Medford
- ☐ Revere
- ☐ Somerville
- ☐ Winchester

☐ Other, please specify:

**8. When you see your primary doctor, do you go to a Cambridge Health Alliance facility?  
(select your clinic)**

- ☐ CHA Cambridge Hospital
- ☐ CHA Somerville Hospital
- ☐ CHA Everett Hospital
- ☐ CHA Broadway Care Center
- ☐ CHA Cambridge Family Health
- ☐ CHA Cambridge Family Health North
- ☐ CHA Cambridge Pediatrics
- ☐ CHA Primary Care, Cambridge Hospital
- ☐ CHA Cambridge Teen Health Center at Cambridge Rindge and Latin School
- ☐ CHA East Cambridge Care Center
- ☐ CHA Everett Care Center
- ☐ CHA Everett Teen Center at Everett High
- ☐ CHA Malden Care Center
- ☐ CHA Revere Care Center
- ☐ CHA Primary Care, Somerville Hospital
- ☐ CHA Somerville Teen Connection at Somerville High
- ☐ CHA Union Square Family Health
- ☐ CHA Windsor Street Care Center
- ☐ I do not go to a Cambridge Health Alliance facility
- ☐ Other: \_\_\_\_\_

**9. Where do you go when you have a health care issue that requires immediate medical attention?  
(check all that apply)**

- ☐ Doctor's Office (Primary Care Provider)
- ☐ Clinics at Pharmacies (CVS/MinuteClinic, Walgreens/Walk-in, etc.)
- ☐ Urgent Care Center (Care Well)  
Please indicate where: \_\_\_\_\_
- ☐ Hospital Emergency Room  
Please indicate where: \_\_\_\_\_
- ☐ Other
- ☐ I do not seek immediate get medical care

**10. Was there a time in the past 2 years when you needed to see a doctor but could not because? (check all that apply)**

- ☐ your doctor did not have hours that were convenient for you
- ☐ you did not have transportation to the office/clinic
- ☐ your provider's office or clinic was too far away
- ☐ your provider did not have an appointment available for you
- ☐ the cost was too high
- ☐ you did not have insurance
- ☐ I did not have difficulties getting health care services
- ☐ I have not needed health care services
- ☐ Other, please specify:

**11. Have you used any Emergency Room in the past 2 years? (check all that apply)**

- ☐ Boston Children's Hospital
- ☐ Boston Medical Center
- ☐ Beth Israel Medical Center
- ☐ Cambridge Hospital
- ☐ Everett Hospital
- ☐ Mass General Hospital
- ☐ Mt Auburn Hospital
- ☐ Somerville Hospital
- ☐ I did not use an Emergency Room
- ☐ Other

**12. How do you identify yourself?**

- ☐ Female
- ☐ Male
- ☐ Nonbinary

- ☐ Transgender
- ☐ Prefer Not to Disclose

**13. What is your age?**

- ☐ Under 18
- ☐ 19-24
- ☐ 25-39
- ☐ 40-64
- ☐ 65+

**14. What is your current employment status?**

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Looking for work
- ☐ Not working and not currently looking for work
- ☐ Stay at home parent
- ☐ Student
- ☐ Military
- ☐ Retired
- ☐ Disabled and unable to work
- ☐ Other: \_\_\_\_\_

**15. What neighborhood do you live in?**

- ☐ Assembly Square
- ☐ Ball Square
- ☐ Clarendon Hill
- ☐ Central Hill
- ☐ Davis Square
- ☐ East Somerville
- ☐ Lincoln Park
- ☐ Magoun Square
- ☐ Prospect Hill
- ☐ Spring Hill
- ☐ Teele Square
- ☐ Ten Hills
- ☐ Union Square
- ☐ West Somerville
- ☐ Winter Hill
- ☐ Other: \_\_\_\_\_

**16. How do you best identify your Ethnicity? Check all that apply.**

- ☐ African
- ☐ African American or Black Caribbean
- ☐ Brazilian
- ☐ East Asian
- ☐ Haitian
- ☐ Latino- Caribbean
- ☐ Latino- Central American/Mexican
- ☐ Latino – South American
- ☐ Latino- Other
- ☐ Middle Eastern
- ☐ North American or European
- ☐ Portuguese or Azorean
- ☐ South Asian or Southeast Asian
- ☐ Other: \_\_\_\_\_

**17. What language do you usually speak at home? Check only 1 option.**

- ☐ Arabic
- ☐ Bengali
- ☐ Chinese
- ☐ English
- ☐ French

- ☐ Haitian Creole
- ☐ Hindi
- ☐ Nepali
- ☐ Portuguese
- ☐ Spanish
- ☐ Vietnamese
- ☐ Other: \_\_\_\_\_

**18. If there are any other thoughts you would like to share with us, please add in the lines below.**

---



---



---

Thank you for sharing your thoughts about the health concerns and priorities for you, your family/friends, and our community!

### Quotes from Respondents

Subject	Statement	Source
Emergency/. Urgent Care	"As an immigrant I initially did not know what Urgent Care was and then I got a huge bill from the Emergency Room, after a visit, without any insurance. That is what happens to a lot of newcomers in my community."	Community Listening Session on 3/12/2018
Access to Services	"Takes a while, sometimes a year, to get an appointment for a regular checkup. My young daughter can get very sick."	Community Listening Session on 4/18/2018
Mental Health Services	"Ability to find mental health providers who are both accepting patients and accepting insurance (in particular Mass Health) is difficult. Access to affordable and decent housing I think is an issue the city should be approaching from a health standpoint as well as other standpoints."	Health Care Needs Survey - Answer to Open Response Question

Access to Services	"Getting through to the doctors (or anyone) at Cambridge Family Health is consistently hindered by the phone system or too few people answering. It is stressful and makes me super upset. I regularly get disconnected by the phone system while on hold awaiting a human being, sometimes after 8 or 10 minutes. CHA needs to staff up the phone answering role and also be sure the system doesn't disconnect people."	Health Care Needs Survey - Answer to Open Response Question
Urgent Care	"Had a great experience using Urgent Care - painless. Went in and got my head examined for a bruise. As a consumer of health care, it is the easiest and simplest. All I care about is feeling better faster."	Advisory Group Meeting on 4/30/2018
Mental Health Services	"Helping a patient navigate through recovery from mental health or substance use is very difficult because of the complicated landscape. Care transitions/care coordination is where we are all falling down on the job."	Advisory Group Meeting on 4/30/2018



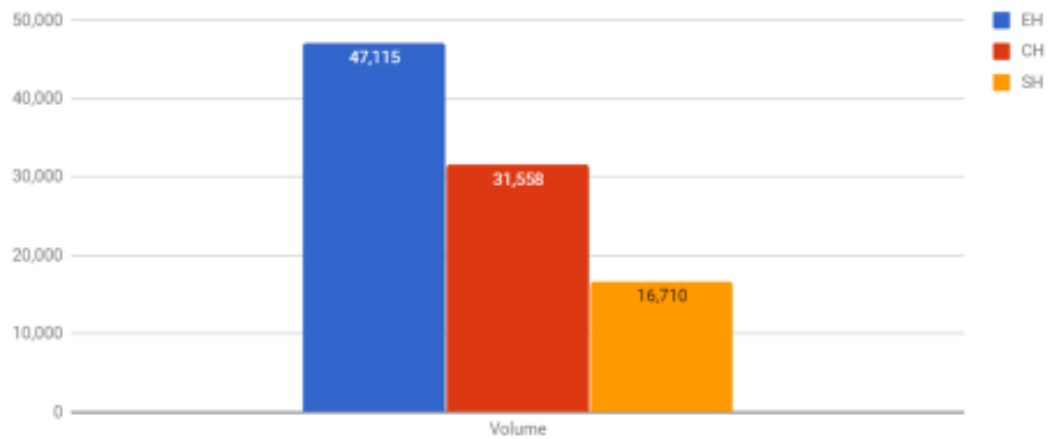
### C. Selected Media Coverage

- Dayal McCluskey, Priyanka. "Mass. businesses want to reduce unnecessary ER visits by 20 percent." *Boston Globe*. 30 May 2018. <https://www.bostonglobe.com/business/2018/05/30/massachusetts-businesses-want-reduce-unnecessary-visits-percent/HIGAwD01iaH5BZitbV78aM/story.html>. Web 31 May 2018.
- Reed, Abelson. "Insurer criticized as it resists covering 'avoidable' ER visits." *The New York Times*. 19 May 2018. <https://www.nytimes.com/2018/05/19/upshot/anthem-insurer-resists-paying-emergency-room-visits-if-avoidable.html>. Web 22 May 2018.
- Lang, Jean. "Hospitals branch out with urgent care." *Boston Globe*. 10 May 2018. <https://www.bostonglobe.com/metro/regionals/south/2018/05/10/hospitals-branch-out-suburbs-with-more-urgent-care-centers/CazgHe4ikavm63IbcUZtQN/story.html>. Web 22 May 2018.
- Minow, Newton and Pai, Ajit. "In rural America, digital divide slows a vital path for telemedicine." *Boston Globe*. 21 May 2018. <https://www.bostonglobe.com/opinion/2018/05/20/rural-america-digital-divide-slows-vital-path-for-telemedicine/t8n4ncsfFcUASdf7XLH38J/story.html>. Web 22 May 2018.

## D. CHA Emergency Department (ED) Data



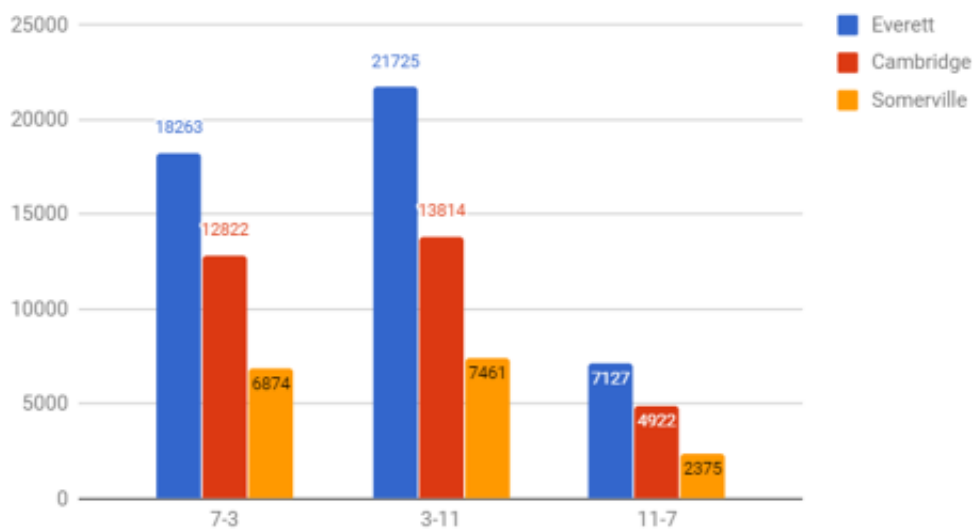
Emergency Department Visits - 2017



2



ED Visits (Total) by Shift 2017

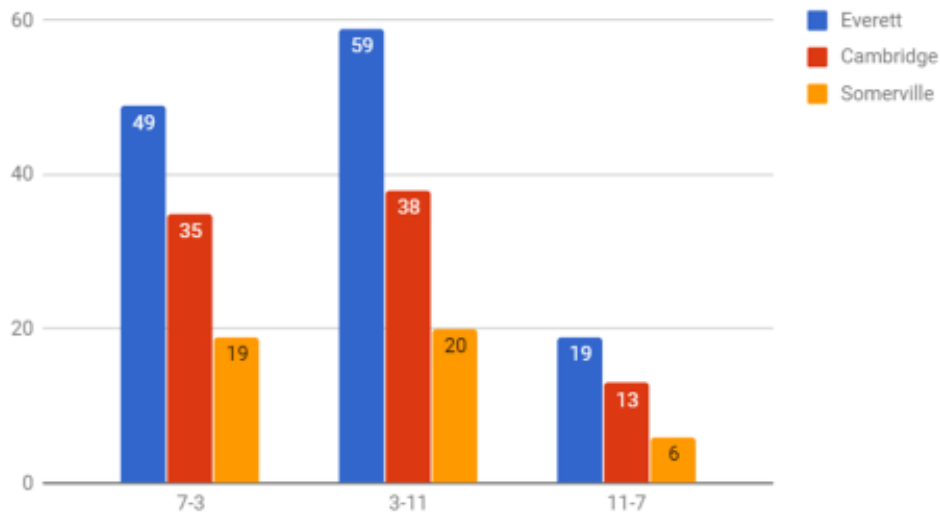


3

## CHA Emergency Department



### # Patients per Shift (median) 2017

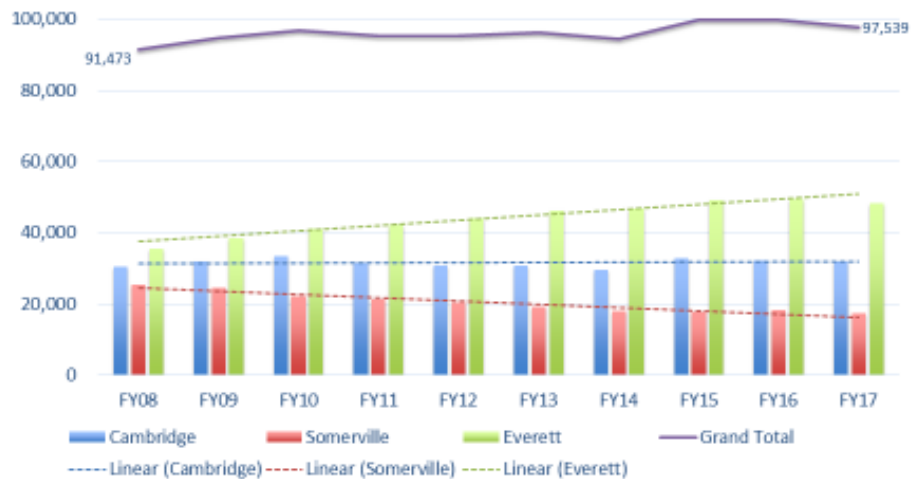


4



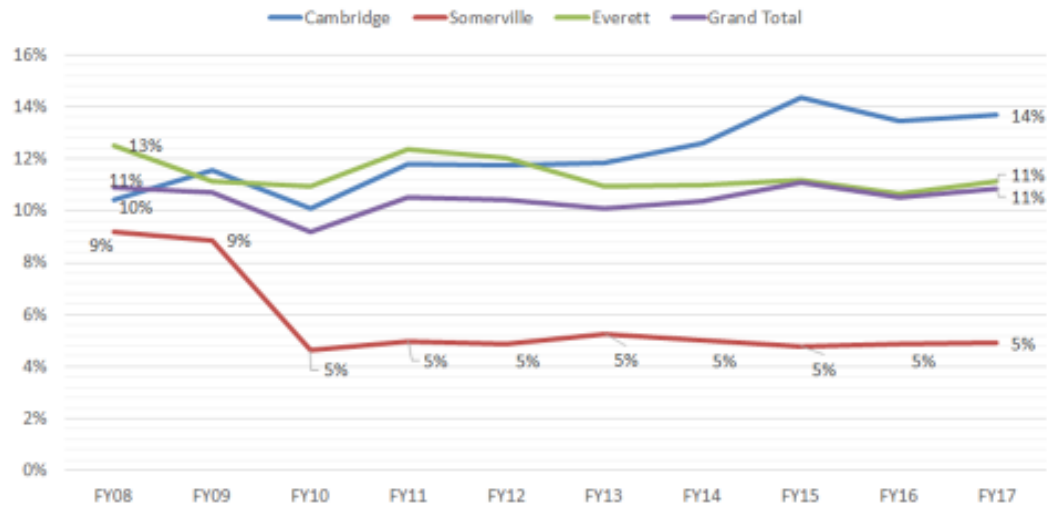
## CHA Emergency Registrations

### # ED Registrations



9

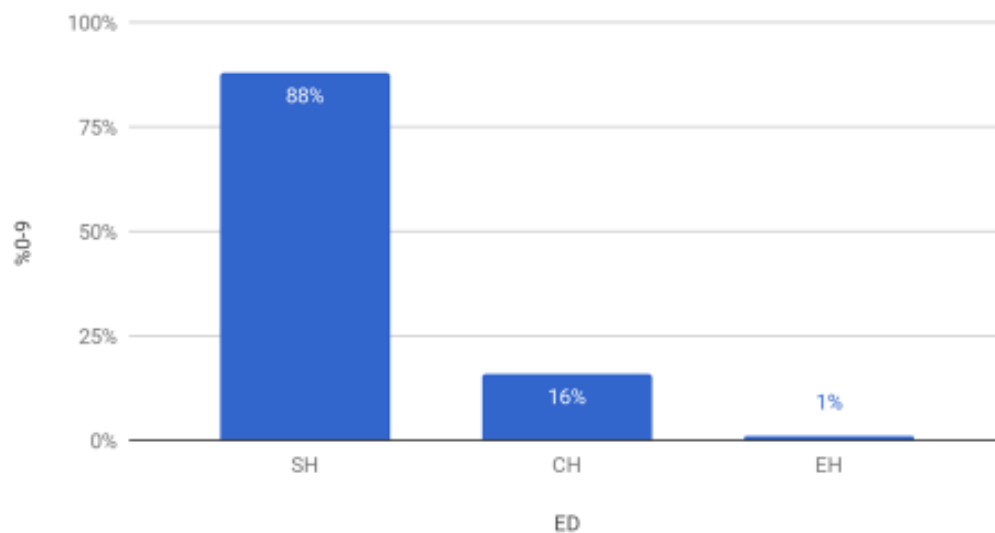
### % ED Registrations Resulting in Admission



6

### CHA Somerville Hospital Emergency Department

### % Days When <10 patients seen 11p-7a (July 2016-April 2018)



## CHA Somerville Hospital ED (July 2016-April 2018)



% Nights with 0 Admissions

