

# Community Needs Implementation Plan

PMC will continue to focus on maintaining and enhancing access to care, increasing use of preventive services and chronic disease management.

## Goal:

1. Maintain and enhance Access to Care.

## Strategies:

### *Enhance Access to Emergency Care*

Provide access to emergency medicine physicians and critical care nurses in the PMC Emergency Department through Avera eCare, a telemedicine service that allows emergency medicine specialists to work "virtually" side by side with local PMC providers via a network of cameras and monitors installed in the trauma and cardiac rooms.

### *Maintain and Enhance Availability of Primary Care Providers*

Continue efforts to recruit a new physician to Parmer County.

### *Maintain and Expand Access to Specialty Care*

Maintain local access to physicians specializing in orthopedics and gastroenterology.

Explore opportunity to add gynecology to specialty clinics.

### *Translation Services*

Current providers are bilingual. Identify Spanish fluency as an important criteria for new provider selection.

Maintain translation services for residents of Hispanic or Latino descent or other patients with Limited English Proficiency with various resources i.e. Avera eCare provides translation services for over 100 languages and dialects including American Sign Language.

Publish selected brochures and handouts in Spanish.

### *Improve Access for Older Adults*

Continue to focus on special needs of Medicare population through full-time Director of Senior Services.

Enhance Medicare home visit program initiated prior to COVID 19 quarantine to maintain care for homebound patients and those with limited mobility.

Explore options to enhance community meal delivery for homebound patients working in partnership with other community organizations.

## Goal:

2. Increase use of Preventive Services.

## Strategies:

Increase rate of flu vaccination among residents age 65 and older in clinic, inpatient and including the Medicare home visit program.

Maintain certification as a Texas Health Steps provider, and provide Immunization reminders for all patients including those of Hispanic or Latino Descent

**Goal:**

3. Work with patients to achieve more effective Chronic Disease Management.

**Strategies:**

A Chronic Care Management program has been established to help Medicare patients with two more chronic conditions – such as diabetes, arthritis, high blood pressure, heart disease or stroke – play a more active and effective role in the management of their health.