Logan Health Medical Center and Logan Health Whitefish 2025 – 2027 Joint Implementation Plan
In Response to the 2024 Flathead County, MT Community Health Needs Assessment

As a result of the research and recommendations that appeared in the 2024 Flathead County, MT, Community Health Needs Assessment, (CHNA) and further exploration with service line leadership, staff, and Board of Directors, the following strategies will guide the organizations in addressing the community's identified health needs over the next three years. These CHNA was approved by the Logan Health Kalispell and Whitefish Board of Directors on February 14th, 2025.

Collaborators:

- Logan Health Medical Center
- Logan Health Whitefish
- Greater Valley Health Clinic
- Flathead City-County Health Department

Qualitative Themes:

- Older Adults
- Unhoused Populations
- Cost of Living
- Mistrust in the HC system

High-Level Action & Priority Areas Identified by CHNA Team:

- **Substance Use Prevention and Services**
  - Drug and substance use treatment services—limited options
  - Drug and substance use education and prevention
  - Behavioral health stigma, esp substance use
  - Lack of child/adolescent resources
  - Lack of Case Management

- **Mental Health Services**
  - Mental health crisis services
  - Outpatient mental health services for youth
  - Outpatient mental health services for adults
  - Case Management, especially for behavioral health

- Inpatient mental health services
- Providers not accepting insurances
- High rate of suicide

- **Basic Needs**
  - Affordable Housing
  - Food Insecurity
  - Transportation, especially in the more rural communities that also connect to Kalispell
  - Resources for the unhoused population, including emergency and transitional housing
  - Affordable prescription medication
  - Livable wage jobs
  - Community activities and events to reduce social isolation for all ages
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- **Mature Adult Services**
  - Dementia-focused care coordination
  - Continuum of care options for older adults, such as independent living, assisted living, skilled nursing facilities
  - Respite Care
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- **Care Coordination**
  - Care coordination to help people navigate the system
  - Improve communication and access to notes between providers within Logan Health
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- **Access to Care**
  - Primary Care
  - More providers that accept Medicaid, especially dental and behavioral health
  - Accepting New Patients
  - Wait times
  - Provider Shortages
  - Insurance
  - Cost
  - Transportation

- **Chronic Disease Prevention**
  - Diabetes Prevention and education programs
  - Obesity prevention, awareness, and care

- **Mistrust of the Healthcare System**
  - Lack of trust within the health system (broadly speaking and inclusive of all providers in the community)

MENTAL HEALTH AND SUBSTANCE ABUSE:

Logan Health is committed to continuing the provision of mental health services and education through many existing services and activities including:

1. Logan Health Behavioral Health for inpatient psychiatric acute care, adolescents and adults.
2. Logan Health Newman Center for adult and pediatric outpatient behavioral health specialty clinics.
3. Logan Health community behavioral health team at 5 school districts in Flathead Valley
4. Behavioral Health screenings and referrals at School-Based Clinics.
5. Integrated Behavioral Health in Primary Care and Maternal Care.
6. Member of the Behavioral Health Collaborative Flathead County.
7. Member of Meadowlark Initiative state of Montana.
8. Provide crisis interventionist in person and virtual to emergency departments in the valley
9. Population Health transportation for transportation to/from medical appointments.
10. Multi-agency suicide coalition for Flathead Valley.
11. Logan Health Behavioral Health for outpatient psychiatric and counseling treatment for children, adolescents and adults.
12. Behavioral Health screenings and referrals at School-Based Clinics in Columbia Falls High School and Whitefish Elementary, Middle and High School.
13. Behavioral Health Telehealth Outreach Services are available at Logan Health Primary Care Eureka as well as the Eureka School-Based Clinic in Eureka, MT.
14. Integrated Licensed Clinical Social Worker (LCSW) in the Logan Health Primary Care, Columbia Falls and add to Eureka.
15. Participation in the Drug Free Flathead Task Force, with an emphasis on the sub-committee for Maternal, Fetal, Infant, and Pre-pregnant Women Prevention Program to make a positive impact to reduce the use of opioid and other drugs within the valley deemed dangerous by Montana Code Annotated.
16. Logan Health Whitefish Birth Center staff member representation on the Fetal, Infant, Child, & Maternal Mortality Review Committee that reviews teen and maternal suicides for prevention potential with goals to:
17. Decrease suicide rate in teens and mothers up to one-year post-partum in the valley; and
18. Promote programs to assist in prevention of future situations through analysis of current occurrences.
19. PPMD support referred by the Logan Health Whitefish Birth Center for community members at risk to provide a safe place for depressed and anxious clients to process their feelings and refer to specialists in our community.
20. Logan Health will continue to support suicide prevention efforts through collaborative work and financial support of the Nate Chute Foundation (NCF) and provide annual funding as

available to the NCF.

To augment these services, Logan Health Medical Center and Logan Health Whitefish will:

Mental Health/Substance Use

Substance Use Prevention and services

Location	Action: Mental Health and Substance Use: Prevention	Anticipated Impact	Implementations
LHMC & LHW	Promote and educate providers and primary care to routinely screen for alcohol use and other substances both in adults and pediatrics during wellness visits and sports physicals.	Provider knowledge related to the importance of early intervention and impact of SUD screening and brief interventions. Patient identification, education, and referral to treatment when warranted.	
LHMC & LHW	Participate in Behavior Health Collaborative to set up a Suicide Coalition with Nate Chute.	Effective collaborate effort to address the public health issue of suicide in a systematic way. Promotion of 988 Awareness and impact of securing lethal means and decrease injury.	

Location	Action: Mental Health and Substance Use Treatment and Crisis Services	Anticipated Impact	Implementations
LHW	Maintain licensed addiction counselor	Outpatient treatment and education to providers when needed	
LHMC	Create a standardized inpatient detox pathway that involves structured medical supervision to help patients safely withdraw from substances like alcohol and opioids. This involves safely managing withdrawal symptoms and other medical conditions to ensure safety and stability during detox. After detox, the patient transitions to some form of rehabilitation for their continued recovery	Improved patient safety Better Outcomes Standard pathway that all clinical staff are trained in	
LHMC	Develop crisis intervention team, with community CAT team and follow up system.	Increased access to providers and crisis planning and follow up. Decreased Emergency Room visits.	
LHW	Provide Narcan to patients identified as opioid users in primary care in Eureka and C Falls, to co-prescribe Narcan in ED for patients who have addiction. Plans to expand to Walk in Clinics	Foundation funding 2025, re-evaluate	
LHW	Continue to provide financial support for patients qualifying financially and needing Transcranial Magnetic Treatment for severe depression or other mental health diagnoses.	Logan Health Behavioral Health is continually being evaluated by Med Staff and Administration for added space and an additional TMS treatment chair/room- 2 chairs now	
Location	**Action: Mental Health and Substance Use : Education/Stigma**	**Anticipated Impacts**	**Implementations**
LHMC & LHW	Secure educator to provide education to staff on alcohol addiction screenings (SBIRT). Include inpatient and outpatient staff in training opportunities.	Patient identification, education, and referral as necessary to access the appropriate treatment.	
LHMC & LHW	Collaborate with Nate Chute to provide education to staff on suicide prevention		
LHMC & LHW	Provide Trauma Informed Training for hospital and clinic staff through Aegis. Secure other educational offerings around trauma informed care.	Recognizing the health needs of patients that have experienced trauma through screenings and interventions to incorporate into treatment plan and optimal health outcomes	

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Basic Needs

- Logan Health recognizes the importance of social determinants of health and wellbeing for our community members and will continue to provide:
- Financial Assistance and sliding fee scale programs to aid patients who do not have the capability to pay for healthcare services.
- Support for other non-profits who work to alleviate challenges related to SDoH.
- Support for Mountain Climber Transit and the Northern Transit to provide public transportation to healthcare facilities.
- Continue to work with community partners to help with housing and shelter needs through Care Navigation and Population Health programs.
- Participate in community discussions about need for affordable and low-income housing.
- Continue to support utilization of Population Health transportation for patient transportation options.
- Support Population Health Transportation Program in coordinating specific clinic days to maximize ride sharing.
- Continue to partner with State of Montana for gas cards to improve patient compliance with Diabetes Prevention Program.
- Continue to help patients through Neighbors Helping Neighbors program and Care Navigation in access to local and federal food resource programs.
- Organizational involvement in the development of community walking/biking paths in all Flathead County cities/areas.
- Engagement with local area organizations and governments on active transportation initiatives.
- Delivery by the Logan Health Foundation Community Outreach Committee of backpacks to schools to address food insecurity.
- Outreach to schools providing education on body image, tobacco use, hygiene, oral hygiene, nutrition, activity, substance abuse and healthy cooking.
- Continue and expand Food Rx programs for patients screened as food insecure; support and partnership with other non-profits who specialize in providing food resources to the food insecure.
- Collaboration with the Flathead Valley Breastfeeding Coalition and Baby Friendly USA certification program to promote breastfeeding; free community classes on breastfeeding, including an ongoing weekly support group, to promote optimal family nutrition by the Logan Health Whitefish Birth Center.
- Continue to work with community partners on education of housing and shelter needs and availability.

To augment these services, Logan Health Medical Center and Logan Health Whitefish will:

Poverty

***Logan Health Will*:**

Location	Action: Underserved Communities	Anticipated Impact	Implementations
LHMC & LHW	Expand screening of Social Determinates of Health to identify patient needs and establish pathways to connect patients with needs.	Remove barriers to care for patients with basic needs	
LHMC & LHW	Create a system committee to establish a Logan Health approach to understanding SDoH components and their connection to population health.	A Logan Health strategy and road map in order to more effectively care for patients within our community who are at risk and need access to community resources.	
LHMC & LHW	Participate and support community efforts toward offering food, transportation and housing options for those in need.	Participation in community organizations allows Logan Health to be aware of potential solutions for those in poverty.	
LHMC & LHW	Engage with Local Government to ensure awareness of community needs and have a voice in decisions affecting our patient populations	Participation with the local government allows Logan Health to understand what is happening in the community, and lend a voice to what is being seen in the healthcare community	
LHMC & LHW	Provide specialty pharmacy assistance to patients with a focus on access to financial assistance programs, patient education, medication management and adherence support, access to rare medications and comprehensive	Assist patients with co-pay assistance, manufacturer discounts, and charitable foundations.	

	support		
LHMC & LHW	340B Drug Pricing Program	Reduced medication costs Ensures low-income patients have access to necessary treatments Support for uninsured patients Savings from program to be reinvested in community support programs	

Social Isolation

Location	Action: Social Isolation	Anticipated Impact	Implementations
LHMC & LHW	Promote individual and community wellbeing through a variety of community events that provide residents and visitors physical activity / exercise opportunities and other health/wellness activities.	By providing community wide physical activity opportunities it empowers individuals and families to set and complete goals. Encourages individuals/families to create/build a healthy lifestyle via healthy diet, exercise and goal setting. Builds exposure to new ways up moving and that leads to improved overall health and wellbeing.	
LHMC & LHW	Expand the Logan Health Medical Fitness Center's "Journey to Wellness" program to provide coaching services for overweight and obese children and their families.	Provides lifestyle coaching to nuclear families in the areas of physical activity, nutrition, stress reduction and mindfulness. Promotes lifelong healthy lifestyle choices that include being physically active and adopting healthy nutritional habits.	
LHMC & LHW	Integrate "fall prevention" program components into the "Journey to Wellness" coaching services.	Reduction in preventable falls in individuals at moderate and high risk of incurring a fall event through assessment, physical activity/exercise training, education and wellness coaching.	
LHMC & LHW	Expand youth development program services across the community and local schools.	Provides children and youth opportunities for motor skill development, sport-specific training and mental and physical well-being coaching. Providing an indoor sports facility for winter exercise and activity for multiple individuals and teams across the valley.	

		Implemented strength and conditioning programs that include injury prevention and physical well-being in high school and middle school students. Providing on-site sports medicine at 5 local high schools with athletic trainers in the schools.	

Housing

***Logan Health Medical Center and Logan Health Whitefish Will*:**

Location	Action: Housing	Anticipated Impact	Implementations
LHMC & LHW	Participate in community efforts towards providing affordable housing options for those in need.	Participate in community discussions and organizations addressing emergency, low income, temporary and permanent housing.	
LHMC & LHW	Collaborate with community partners to expand transportation access for those lacking resources.	Collaboration between Mountain Climber and Population Health will increase access to medical appointments for those who lack personal transportation.	
LHW	Logan Health Whitefish representative sits on TAC, Transformation Advisory Committee. Continue to partner to address transportation barriers to healthcare.	Address needs and solutions to support and advocate on behalf of patients on barriers to access to care and transportation.	
LHW	Eureka to provider vouchers by Cowboy Taxi to those in need. Cowboy taxi and Vitology transportation vouchers are available through Logan Health- Eureka for those in need.	Transportation for certain individuals is difficult as they depend family/friends and may not always be convenient. By providing a voucher to a patient with this need, will allow them to receive the healthcare they need.	

Population in Poverty | Food Insecurity

***Logan Health Will*:**

Location	Action: Food Insecurity	Anticipated Impact	Implementations
LHMC & LHW	Evaluate current identification of patient food insecurity and provide information on available community resources to help meet patient food needs.	Provide information and access to community food resources and anticipate a reduction in food insecurity on SDOH surveys by 2023.	
LHMC & LHW	Assess and evaluate opportunities currently provided through Food RX program and create assessment tools to show efficacy of program and to consider opportunities to expand.	Assessment tools will allow analysis of the strengths and weaknesses of the program and opportunities for improvement and possible expansion of the Food RX program.	
LHMC & LHW	Continue to partner with Farm Hands and Food Rx Program, and explore opportunities to expand to Eureka.	Expand on current initiatives to improve healthy food access.	

COMMUNITY RESILIENCE:

- Logan Health is committed to providing care that focuses on an individuals' overall wellbeing by continuing:
- To follow its core values including "showing compassion to every person, every time."
- Chronic Care Management program to identify barriers to health and social services and assist with navigation to community partners with expertise in the identified services.
- Identify medical exams and procedures that exacerbate trauma and approach patients from a culture of safety, empowerment and healing.
- Continue to support Population Health Programs in providing transportation, Neighbors Helping Neighbors, and connection to community resources.
- Continue to invest in Community Resource Partners who visit people in their homes to connect them to community resources to help them regain their health and independence. Examples include: Medicaid, food stamps, disability and Veteran benefits.
- Logan Health Whitefish is committed to providing care that focuses on an individuals' overall wellbeing by continuing Its culture of Planetree Patient Centered Care that focuses on caring for the mind, body and spirit in a healing environment at the hospital, Logan Health Whitefish clinics and associated offices.
- Logan Health Whitefish Birth Center clinical staff training and monthly community support groups for Postpartum Mood Disorders and Perinatal Loss, weekly Mother/Baby Support groups.
- Chronic Care Management program to identify barriers to health and social services and assist with navigation to community partners with expertise in the identified services.
- Expand screening of adverse childhood events (ACE) to incorporate into patients' plan of care.
- Continue to collaborate with Population Health programs in providing transportation, neighbors helping neighbors, and connection to community resources.

To augment these services, Logan Health will:

Trauma Informed Care
***Logan Health Will*:**

Location	Action: Trauma Informed Care	Anticipated Impact	Implementations
LHMC & LHW	Provide Trauma Informed Training once a year for hospital and clinic staff.	Recognizing the health needs of patients that have experienced trauma through screenings and interventions to incorporate into treatment plan and optimal health outcomes.	
LHMC & LHW	Logan Health implementation of human trafficking and domestic violence screening.	Address holistic screenings and provide navigation assistance to ensure the safety of the population we serve.	
LHW	Family Strong program is in the early stage of development in Eureka. The program was designed as an early childhood prevention program with care giver support group and educational resources, targets 05 age group and parents. Desired Actions	Mitigate early childhood risk factors around education, nutritional, mental/behavioral support for children and parents. Goal is connecting parents of young children to provide support and networking to build healthy behaviors for parents and children. ted Impact	

Mature Adult/Elder Dementia Services:

Logan Health recognizes the need for services in the Flathead Community to support patients and families that have dementia:

- Logan Health created the Flathead Valley Elder Dementia Collaborative made up of key stakeholders from the healthcare system, social agencies, and assisted living facilities.
- Creation of an educational platform aimed at early behavioral intervention to prevent patients and families from hitting a behavior crisis.
- Creation of an education platform that demonstrates how to medically manage a dementia patient.
- Creation of an educational platform that teaches how a dementia patient may behaviorally demonstrate when their basic needs are not being met.
- Support for the creation of new elder dementia respite programs that allow caregivers to receive rest and support when caring for a loved one stricken with dementia.

- Logan Health Palliative medicine offers comprehensive, interdisciplinary care for patients with complex illness. Provides patient and family emotional and social support with assistance in advance care planning. Providing outreach in Libby and offering telemedicine and care facility consultation visits. We do not offer home visits at this time but work closely with Home Health and Hospice teams.

Location	Action:	Anticipated Impact	Implementations
LHMC & LHW	Continue to support the Elder Dementia Collaborative with the focus on community education, community resources, and caregiver support	Work on resources and needs as a community for the community	
LHMC & LHW	Providing specialized training for healthcare staff on dementia care can improve the quality of care and ensure that staff are equipped to handle the unique challenges associated with dementia.	Equipping staff to be better prepared to work with varying and challenging behaviors that can be present in memory-care patients	
LHMC & LHW	Support the community resources that provide respite care to individuals caring for patients with dementia-related conditions	Ensuring caregivers are able to rest and recharge to be better equipped to continuing to care for their loved one	
LHMC & LHW	Continue down Planetree pathway for person-centered care with an emphasis on individualized care plans that consider the patient's preferences, history, and personality	Ensuring dignity and autonomy for patients assists with minimizing challenging behaviors	
LHMC & LHW	Providing training to healthcare personnel to understand how environmental modifications can assist with the safety and health of dementia/memory-care patients while they are in the hospital	Maintain a safe environment for both patients and staff	

Care Coordination:

Logan Health recognizes the need for care coordination services in the Flathead Community to support patients and families navigate the complex health system:

- Chronic Care Management Program to help patients navigate and improve healthcare outcomes by addressing barriers to healthcare and decreasing emergency department and inpatient utilization.
- Individualized care plans for patients with chronic diseases who are high utilizers of the Emergency Department.

Location	Action:	Anticipated Impact	Implementations
LHMC	Advance patient financial advocacy including hiring a financial advisor to assist with patient and medication assistance programs. Affordable medications through Specialty Pharmacy	Help connect patients with available resources to decrease financial toxicity to help ensure optimal care and outcomes.	
	Advance Patient Navigation, Care Coordination, and Symptom Support by expanding our navigation offerings and adding an additional nurse navigator to our team to focus on lung cancer and urologic cancers, as well as add a social worker to support the patient needs.	Help patients get and stay connected with care and available resources to support screening, diagnosis, treatment, and survivorship to help ensure optimal care and outcomes.	
LHMC & LHW	Resurrect the Care Coordination Guiding Council with a special emphasis on transitions of care from outpatient to inpatient and back to outpatient	Ensures patients inpatient stay and plan is clear across all care settings. Ensures consistent treatment and follow-up Helps maintain continuity of care	
LHMC & LHW	Comprehensive care coordination in the primary care setting to include regular monitoring, medication management, and lifestyle support	Coordinated care emphasizes preventive measures, helping to manage and mitigate the progression of chronic diseases	

ACCESS TO CARE:

Logan Health has invested and will continue to invest in many programs and services to improve access to care including:

- Ongoing evaluation of the need for additional providers in the areas we serve.
- Tracking “third next available” appointments, a measure from CMS to help us understand patient access to a given provider, as well as their clinic in general.
- Free mammograms to women in financial need through the Save a Sister initiative.
- Funding for local transportation to/from medical appointments via Mountain Climber, Northern Transit, and Population Health.
- Leadership representation on the Mountain Climber Board of Directors.
- Same-day availability in primary care practices.
- Primary care extended hours including continuity and walk-in primary care services.
- Outreach to schools on education that includes oral hygiene.

- Expand partnerships with local schools to expand school-based clinic programs.
- Ongoing evaluation for providers for the areas we serve throughout Logan Health's patient population.
- Offering blocked "same day" appointments in primary care clinics to allow our patient population prompt availability to providers for acute needs.
- Designation of a walk-in provider for the rural patients in Eureka that do not have nearby access to urgent care or emergency services.
- Charity care, sliding fee scale, uninsured/under insured discounts, and payment options for those in financial need.
- Emergency Department Acute Care Plans to help Emergency Department patients transition to external follow-up care.
- Continue participation in the Save the Brain Program that develops and promotes cohesive and coherent concussion education, evaluation and treatment system related to concussion care.
- Expand partnerships with local schools to expand school-based clinic programs.
- Logan Health provides access to clinical trials for pharmaceuticals and devices in the following specialties: Oncology, Cardiology, Pulmonology, Rheumatology, Endocrinology and GI.
- Logan Health Genetics currently employs two genetics counselors and a PHD trained practitioner. This program is in development with hopes of expansion over the next two years. Adding a geneticist one week per month. Expansion into outreach areas.

To augment these services, Logan Health will:

a. **Expanding Access Initiatives (Location, Hours, Telemedicine, Templates, Productivity)**

***Logan Health Medical Center Will*:**

Location	*Desired Actions*	*Anticipated Impact*	*Implementations*
LHMC	Implement centralized appointment scheduling.	Patient experience through the phones by standardized processes and increased phone handle rates. Expedited appointments through centralized team Increasing access through automated	

		cancellation booking process	
LHMC & LHW	Expanding 10-hour Nurse Call Center.	Better support for patients to help navigate to the appropriate level of care. Patient experience improvement by contacting a nurse to assist with needs Decrease ED/walk-in clinic utilization through RN triage	
LHMC	Enhance on-line scheduling options through Luma	Enhance options for patients to improve their experience and allow for after-hours scheduling opportunities. Patient convenience and compliance Reduce the need for telephone scheduling	
LHMC	Referral management and patient reminder system.	Improved patient experience Patient convenience and compliance Decreased missed appointments Timely follow up on specialty care needs Timely cancellations which allows wait list utilization	
LHW	Collaborate with community partners to expand transportation access. Northern Transit (Hi-Line to valley)	Patients have same day access for unplanned concerns.	
LHW	Nurture partnerships with local schools & expand outreach to increase school-based health center services in rural areas.	Improved patient compliance with appointments by breaking down transportation barriers.	
LHMC & LHW	Explore opportunities for care coordinators to schedule chronic care management appointments when appropriate to allow for more access to acute care appointment with providers.	Increased attendance rates at schools for faculty and students. Improve access to medical services for faculty and students. Improve access to care in rural communities	

LHMC & LHW	We recently augmented our ability to deliver equitable, high-quality care to every patient — no matter what language they speak. Services like our audio translation line (offering access to interpreters in more than 200 languages), "I Speak" cards, multilingual appointment reminders, and telehealth translation support, are available at all Logan Health locations, including Whitefish, the Hi-Line, and Logan Health Medical Center. The team is also piloting new certified translation technology to improve real-time communication and enhance patient experience.	Parity in care for non-English speakers	

a. Access to Non-Clinical Services

***Logan Health Medical Center and Logan Health Whitefish Will*:**

Location	*Desired Actions*	*Anticipated Impact*	*Implementations*
LHMC	Develop an evidence-based bereavement program.	Help patients obtain the non-clinical assistance they need as a foundation for overall health and wellbeing	
LHW	Community Health Worker Program In Columbia Falls and Eureka (whitefish)		

CHRONIC DISEASE MANAGEMENT AND PREVENTION—Diabetes and Obesity:

Logan Health Medical Center has invested and will continue to invest in many programs and services to treat some of the most prevalent causes of death in our county including: Diabetes & Obesity

- Tele-Stroke program to identify patients that may have had a stroke and to deliver appropriate treatment.
- Financial scholarships provided through the Logan Health Healthcare Foundation to patients for fitness center memberships, weight loss programs, wellness programs, and other prevention activities.
- The Healthy Measures program facilitates corporate wellness, both at Logan Health and other employers throughout the region.

- Evaluate additional opportunities for targeted work related to screening for chronic disease management.
- Evaluate opportunities to create system-wide community support for chronic disease management utilizing community partners and healthcare resources.
- A comprehensive cardiovascular program that included general cardiology, Heart Failure Clinic, Interventional Cardiology, Structural Heart Program, electrophysiology, cardiac surgery, cardiac rehab and cardiovascular risk prevention.
- Development of a comprehensive Vascular Program to include surgical and interventional vascular care, vascular disease screening, surveillance and treatment across the region. Wound and ostomy care program is currently established.
- Cardiovascular risk factor screening, prevention and patient education opportunities offered to the community.
- Diabetes awareness campaigns
- Tobacco and alcohol screening at clinics to gauge patient alcohol and tobacco use and refer to local resources including Montana Quit Line.
- Support for the Montana State tobacco cessation program to reduce tobacco effects on maternal, fetal, infants, and children.
- Strength and Conditioning Coaches in the high schools to assist with physical conditioning of athletes
- Youth development programs to support youth in sports programs

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To augment these services, Logan Health will:

Chronic Disease Prevention-

Location	Action: Chronic Disease Prevention: Heart Disease	Anticipated Impact	Implementations
LHMC & LHW	Provide Community Education regarding chronic disease risk factors and prevention. Participate in public radio spots, provide referring physician / primary care education, health fairs and speaking opportunities in community setting including patient and community lectures	Improve knowledge and understanding of cardiac symptoms risk factors and effective prevention.	
LHMC & LHW	Provide provider education regarding risk factors and screening: Standardized hypertension screening, cholesterol screening, ABI screening for vascular disease etc. Through Grand Rounds and other educational platforms	Effective risk factor screening programs across continuum of care Improved cardiac and vascular disease surveillance and earlier detection of disease progression.	

LHMC	Provide phases 1, 2, and 3 Cardiac Rehabilitation and expand to outreach communities.	Improved access to cardiac rehabilitation for patients who have had a cardiac event or exacerbation of heart failure. Improved access and compliance to program participation with the goal of improving patient outcomes.	

Location	Action: Chronic Disease Prevention: Diabetes	Anticipated Impact	Implementations
	Continue to review and enhance referral pathways for Diabetic patients. Enhance diabetes prevention including Diabetes Prevention Program, group program and care management Primary care RN navigators are now monitoring and engaging with patients who have a hemoglobin A1C greater than 9 Also, RN navigator hired in endocrinology to effectively engage the diabetes population with effective care coordination and resources to help manage their condition.	Improve the outcomes of diabetic patients, improving their quality of life and future prevention.	
LHMC & LHW	Continue Cardiovascular Disease and Diabetes Prevention Program classes for patients with cardiovascular disease risk factors and/or Prediabetes. Plan is to have a cohort meeting in person and another cohort through an online platform.	The objective of the DPP classes are for participants to reach the goals of the program: 1. Weight loss of 5-7% of their starting weight and 2. Increase physical activity to 150 minutes or more per week. Reaching these goals has shown a reduction in developing DM2 by 58% in patients less than 65 years old.	

***Logan Health Will*:**

Location	Action: Access	Anticipated Impact	Implementations
LHMC	Implement centralized appointment scheduling.	Patient experience through the phones by standardized processes and increased phone handle rates. Expedited appointments through centralized team Increasing access through automated cancellation booking	

		process	
LHMC	Expanding 10-hour Nurse Call Center.	Better support for patients to help navigate to the appropriate level of care. Patient experience improvement by contacting a nurse to assist with needs Decrease ED/walk-in clinic utilization through RN triage	
LHMC	Enhance on-line scheduling options through Luma	Enhance options for patients to improve their experience and allow for after-hours scheduling opportunities. Patient convenience and compliance Reduce the need for telephone scheduling	
LHMC	Referral management and patient reminder system.	Improved patient experience Patient convenience and compliance Decreased missed appointments Timely follow up on specialty care needs Timely cancellations which allows wait list utilization	
LHMC & LHW	Collaborate with community partners to expand transportation access. Northern Transit (Hi-Line to valley)	Improved patient compliance with appointments by breaking down transportation barriers.	
LHMC	Nurture partnerships with local schools & expand outreach to increase school-based health center services in rural areas.	Increased attendance rates at schools for faculty and students. Improve access to medical services for faculty and students. Improve access to care in rural communities	
LHMC & LHW	We recently augmented our ability to deliver equitable, high-quality care to every patient — no matter what language they speak. Services like our audio translation line (offering access to interpreters in more than 200 languages), “I Speak” cards, multilingual appointment reminders, and telehealth translation support, are available at all Logan Health locations, including Whitefish, the Hi-Line, and Logan Health Medical Center. The team is also piloting new certified translation technology to improve real-time communication and enhance patient experience.	Parity in care for non-English speakers	

LHMC & LHW	Provider recruitment	Improve patient access by ensuring enough providers of each specialty type	

MISTRUST OF THE HEALTHCARE SYSTEM:

Location	Action: Mistrust of the Healthcare System	Anticipated Impact	Implementations
LHMC & LHW	We Heard you Campaign	Taking patient/public feedback and making improvements, then communicating that out to the public to ensure they are aware they are being heard	
LHMC & LHW	Person-Centered Care through Planetree	Treat patients with respect, empathy, and compassion Clearly and transparently communicate with them	
LHMC & LHW	Cultural Competency among the workforce	Ensure cultural sensitivity to ensure respectful and appropriate care for all patients	
LHMC & LHW	Community Engagement	Ensure communication campaign so the community knows what Logan Health is providing in the community	