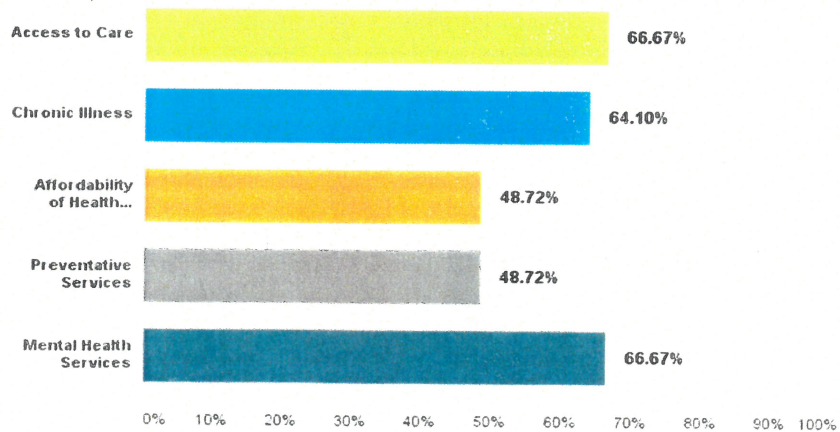
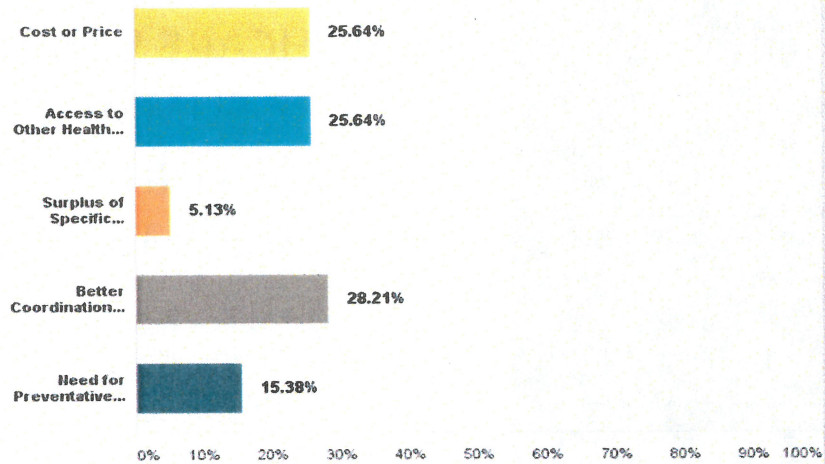


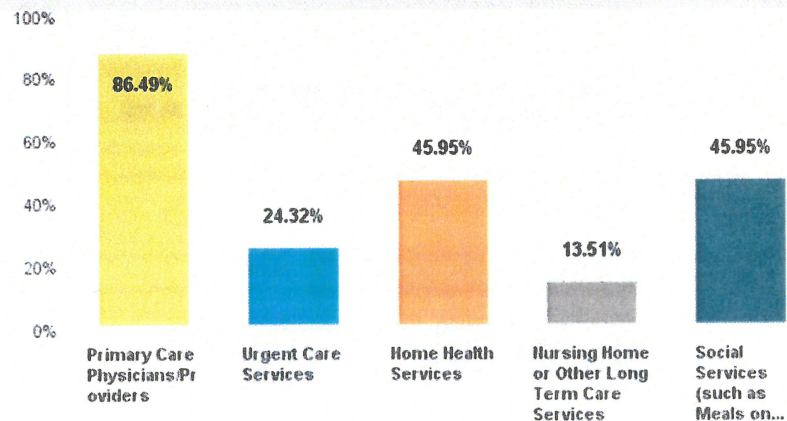
Q1: What are the biggest health care challenges our community is facing today?



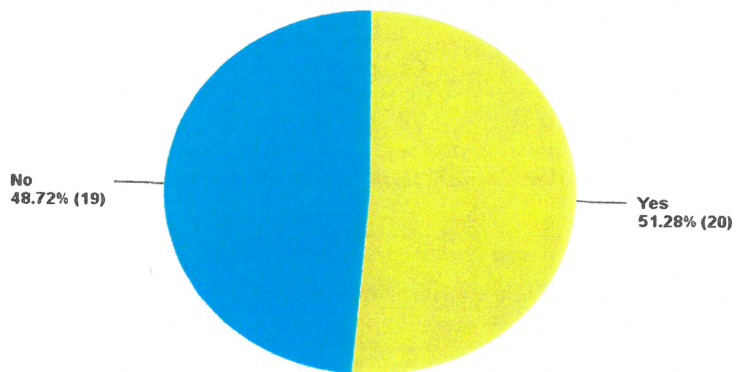
Q2: As the health care system continues to transform, what do you see as the largest obstacles our community will face over the next 5 years?



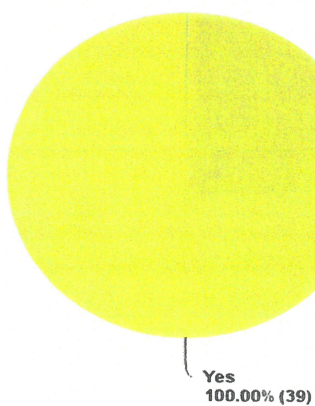
Q3: What services does our community need MORE of in the future to improve our community's health?



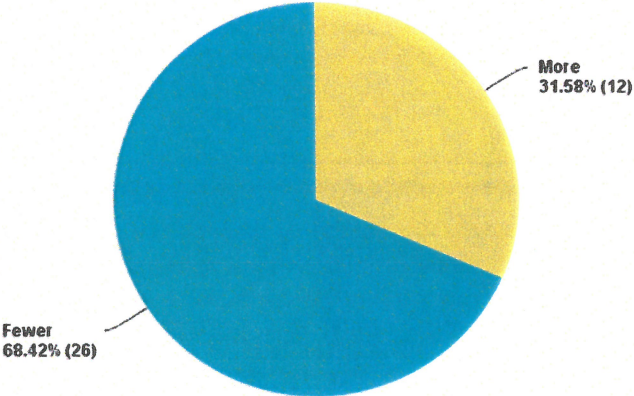
Q4: Do you agree that, compared to today, in 5 years most patients in our community will have primarily electronic health care interactions (i.e. schedule appointments online, have online medical visits, receive test results online, use social networking for collecting information)?



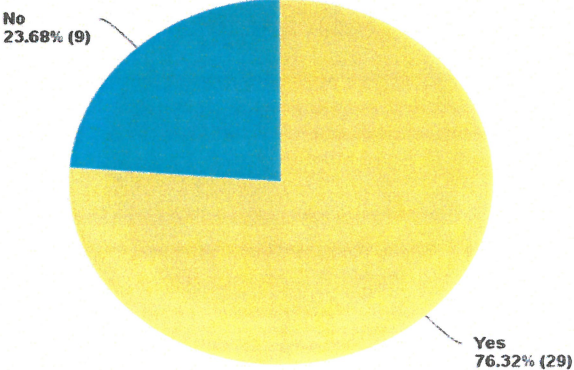
Q5: Should hospitals partner with business and others in the community to impact health challenges?



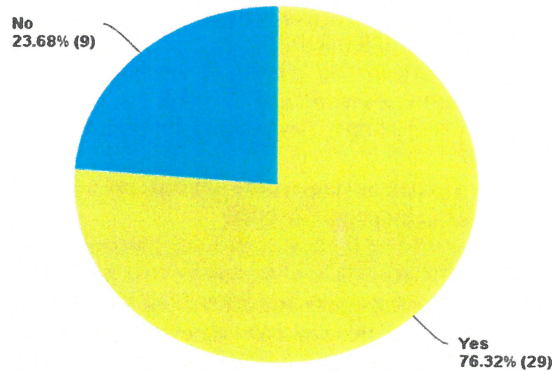
Q6: In our community, do you envision having more or fewer hospital inpatient beds in the next 5 years?



Q7: Compared to today, in the next 5 years will health care be more integrated and providers paid based on a fixed price for all care that is delivered versus reimbursed based on each service provided?



Q8: Compared to today, in the future, do you believe hospital payments will be based on the value or performance of the services provided, rather than the volume or number of services provided?



Q9: What one question or topic would you like to ensure is discussed at the upcoming Community Conversation, in terms of health care services in our community?

- ❖ What is the vision of collaboration of healthcare services within Champaign county?
- ❖ What efforts are being made for tracking outcomes of individuals with healthcare needs and how can the community start examining collective impact outcomes from collaborative efforts?
- ❖ How can we, as a community, work on bringing more providers to this community?
- ❖ What is being done, and will be done, to rebuild the trust people in this community have lost regarding Springfield Regional's quality, effectiveness and safety of services. Is there a long term strategy?
- ❖ Access to reproductive health services, especially among the most vulnerable women in both Champaign and Clark Counties
- ❖ Community coordination
- ❖ The importance of the hospital system working synergistically with other aspects of the community systems for better data, better health. Invite us to meetings, share your plans, work with us for quality improvement of reporting processes, etc.

Q9: What one question or topic would you like to ensure is discussed at the upcoming Community Conversation, in terms of health care services in our community? Cont.

- ❖ Diet, nutrition, and exercise.
- ❖ How are we addressing behavioral health needs in our community. What is the vision and the plan to meet this need?
- ❖ How is Mercy planning to lead their operations, instead of following, the changes in the ACA-induced health care landscape?
- ❖ What can community leaders do to ensure the long-term viability of their community hospital?
- ❖ How will Ohio Issue 3 (if passed) impact the not only the health care services, but the employers/worker's compensation laws?
- ❖ Up front, clear cut price listing for health planning purposes.
- ❖ How do we increase primary care at a reasonable cost to Springfield citizens?
- ❖ What is the plan for achieving equity and eliminating health disparities, including infant mortality disparities within racial and ethnic populations? And what consideration is being given to social determinants in health outcomes.

Q9: What one question or topic would you like to ensure is discussed at the upcoming Community Conversation, in terms of health care services in our community? Cont.

- ❖ How can we get our community to change unhealthy lifestyle habits?
- ❖ how is nursing going to be supported and elevated regarding their evolving and critical role in health care.
- ❖ What is the impact of increasing drug addiction (heroin) on the delivery of health services?
- ❖ There will be a need to establish some kind of unofficial but powerful committee to try to keep conflicts to a minimum and service to a maximum. The group could be called Health Care Authority and would be an instrument to provide a channel to limit over production in some areas and lack of production in other areas.
- ❖ I am new to the community and do not feel that I have enough information at this point.
- ❖ access to medical homes that coordinate services
- ❖ Primary care physicians
- ❖ As a community how can we begin to better coordinate services to patients by providers (both hospital, home health, ancillary services and physicians) to ensure that the patient is looked at holistically and to put the needs of the patient first?