# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>About Houston Methodist Baytown Hospital</td>
<td>2</td>
</tr>
<tr>
<td>Introduction and Checklist for Compliance</td>
<td>3</td>
</tr>
<tr>
<td>Defining the Houston Methodist Baytown Hospital Community</td>
<td>4</td>
</tr>
<tr>
<td>Prioritized Needs of the Community</td>
<td>7</td>
</tr>
<tr>
<td>Increase Access to Primary Care Services for the Surrounding Community</td>
<td>8</td>
</tr>
<tr>
<td>Reduce Barriers to Accessing Specialty Care Services for the Surrounding Underserved Community</td>
<td>9</td>
</tr>
<tr>
<td>Promote Healthy Living Behaviors that Reduce the Likelihood of Chronic Disease Development</td>
<td>11</td>
</tr>
<tr>
<td>Increase Access to Mental Health Care Services within the Surrounding Underserved Community</td>
<td>12</td>
</tr>
<tr>
<td>Proposed Implementation Strategies</td>
<td>13</td>
</tr>
<tr>
<td>References</td>
<td>17</td>
</tr>
</tbody>
</table>
About Houston Methodist Baytown Hospital

Houston Methodist Baytown Hospital is a non-profit hospital located in Harris County within the Greater Houston area. It is owned and operated by Houston Methodist, a not-for-profit health care system. The Houston Methodist Baytown Hospital is a full-service, acute care hospital that serves communities in Harris, Liberty and Chambers counties.

Opening its doors in 1987, Houston Methodist Baytown Hospital offers a range of services to the community and is a well-established leader in multiple service areas, including cancer care, heart and vascular, stroke care, wound care and hyperbaric medicine, women’s health and more. Houston Methodist Baytown Hospital is committed to providing quality health care which means providing exceptional treatment with integrity, respect and compassion. The hospital continuously measures, assesses and improves our systems and processes to better serve patients.

Houston Methodist Baytown Hospital has received numerous awards and accreditations including but not limited to: Det Norske Veritas Healthcare accreditation, a global provider of risk and quality management; Leap Frog Group hospital safety score of “A” – the gold standard for measuring and reporting hospitals’ performance in safety, quality and efficiency; Accredited cancer center by the Commission on Cancer, which means Houston Methodist Baytown Hospital provides the highest quality cancer care; Accredited imaging services by the American College of Radiology in nuclear medicine, PET, mammography, ultrasound, breast ultrasound, and stereotactic biopsy and more.

Mission Statement
To provide high quality, cost-effective health care that delivers the best value to the people we serve in a spiritual environment of caring in association with internationally recognized teaching and research.

<table>
<thead>
<tr>
<th>Houston Methodist Baytown Hospital</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Beds</td>
<td>217</td>
</tr>
<tr>
<td>Operating Rooms</td>
<td>12</td>
</tr>
<tr>
<td>Affiliated Physicians</td>
<td>497</td>
</tr>
<tr>
<td>Employees</td>
<td>1,601</td>
</tr>
<tr>
<td>Admissions</td>
<td>13,374</td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td>108,378</td>
</tr>
<tr>
<td>Emergency Room Visits</td>
<td>56,380</td>
</tr>
<tr>
<td>Births</td>
<td>1,731</td>
</tr>
</tbody>
</table>
In 2010, Congress enacted the Patient Protection and Affordable Care Act that requires nonprofit hospitals to conduct a Community Health Needs Assessment (CHNA) and adopt an implementation strategy every three years. In alignment with that commitment, Houston Methodist conducted and completed a CHNA for each of its eight hospitals in relationship to each facilities’ surrounding communities. The full CHNA reports can be found on the Houston Methodist website at www.houstonmethodist.org/CHNA. The CHNA reports describe the state of the community and outline the most pressing health needs Houston Methodist has selected to address. Each implementation plan for each Houston Methodist facility outlines key objectives designed to move the needle on the identified health priorities.

To comply with proposed IRS regulations as set forth in IRS Notice 2011-52, a hospital must meet the following requirements with respect to an implementation strategy. In developing the implementation plan, Houston Methodist Baytown Hospital agrees that the following requirements were met and therefore the hospital is in compliance with Affordable Care Act regulations:

1. A hospital facility’s implementation strategy must be a written plan that, for each significant health need identified, either:
   - Describes how the hospital facility plans to address the health need, or
   - Identifies the health need as one the hospital facility does not intend to address and explains why it does not intend to address the health need.

2. Although an implementation strategy must consider all of the significant health needs identified through a hospital facility’s CHNA, the implementation strategy is not limited to considering only those health needs and may describe activities to address health needs that the hospital facility identifies in other ways.

3. In describing how a hospital facility plans to address a significant health need identified through the CHNA, the implementation strategy must:
   - Describe the actions the hospital facility intends to take to address the health need and the anticipated impact of these actions,
   - Identify the resources the hospital facility plans to commit to address the health need, and
   - Describe any planned collaboration between the hospital facility and other facilities or organizations in addressing the health need.

4. If the hospital facility does not intend to address a significant health need, providing a brief explanation of its reason for not addressing the health need is sufficient. Reasons for not addressing a significant health need may include, but are not limited to:
   - Resource constraints,
   - Other facilities or organizations in the community are addressing the need,
   - Relative lack of expertise or competencies to effectively address the need,
   - A relatively low priority assigned to the need, and/or
   - A lack of identified effective interventions to address the need.
Approximately 29.9 million people live in Texas. Within Texas, the city of Houston is designated as the largest and most populous city in the southern U.S. and the state as well as the fourth most populous city in the nation—trailing only New York, Los Angeles and Chicago. Currently, 24% of Texans reside in the Houston-The Woodlands-Sugar Land metropolitan statistical area (MSA). This MSA is comprised of the following nine counties: Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery and Waller. Houston Methodist Baytown Hospital primarily serves Harris, Liberty and Chambers counties. Therefore, for this report, references to the Houston Methodist Baytown Hospital community refers to the three counties in the MSA that the hospital most serves.

**Population Size**
The Houston Methodist Baytown Hospital community spans 3,825 square miles and contains an estimated population of 4,644,686 residents. As the largest county in Texas and the county most served by Houston Methodist Baytown Hospital, Harris County accounts for an estimated 4.5 million of the hospital’s community residents, equating to approximately 97% of the Houston Methodist Baytown Hospital community population. In comparison, Chambers County has the smallest population, accounting for 39,283 of Houston Methodist Baytown Hospital community residents, which is approximately 1% of the community population. See figure 1 for a breakdown of the Houston Methodist Baytown Hospital community population by county.

**Sex**
The term sex refers to the biological and physiological characteristics that define male and female. The population is almost equally divided by sex with males comprising 50.3% of the population and females 49.7%.

**Gender Identity and Sexual Orientation**
Texas is comprised of approximately 770,000 identified LGBT adults and 158,500 LGBT youth; 3.8% of adults self-identify as LGBT, including an estimated 135,350 (0.66%) transgender adults. Of LGBT adults, 56% self-identify as female and 44% male. More than half of identified LGBT adults in Texas are people of color, including 12% African American/black, 34% Hispanic/Latino, 1% Asian-Pacific Islander, 1% American Indian or Alaska Native, and 7% identifying as another or other race.

**Age**
Three major age groups comprise the Houston Methodist Baytown Hospital community: youth and adolescent population (Under 18 years), adult population (18-64 years), and senior population (65 years and over). Figure 2 shows the population distribution by age group across Harris County, Houston Methodist Baytown Hospital Community, and Texas. The adult population accounts for the highest percentage of the Houston Methodist Baytown Hospital community (63%). The senior population accounts for 10% of the Houston Methodist Baytown Hospital community. While it accounts for only 1% of the hospital’s community population, Chambers County has the smallest population, accounting for 39,283 of Houston Methodist Baytown Hospital community residents.
for the lowest percentage of the community, the senior population projects the highest percent growth of any cohort by 2030. Of the counties within the Houston Methodist Baytown Hospital community, Liberty County has the greatest percentage of seniors at 13%.

Language
Houston ranks among the top cities in the United States in terms of language diversity; there are at least 145 languages spoken at home.7 Within the Houston Methodist Baytown Hospital community, 43.5% of community members utilize a dominant language other than English, which ranks higher than the national average of 21.8%. Within the Houston Methodist Baytown Hospital community, Spanish is the second most common language, with 33% of the population reporting Spanish as their primary language. 10.5% of the Houston Methodist Baytown Hospital population utilizes a dominant language other than English or Spanish.8

Race/Ethnicity
The Houston Methodist Baytown Hospital community is within one of the most ethnically diverse metropolitan regions in the nation, with Harris County maintaining a minority-majority city status due to a 42% Hispanic/Latino population in comparison to 31% white/Non-Hispanic population. Liberty County ranks behind the other counties in terms of racial diversity with a 66% white/Non-Hispanic population and 1% Asian population.9

Educational Attainment
Educational attainment varies across counties within the Houston Methodist Baytown Hospital community. Among Houston Methodist Baytown Hospital community members 25 years of age and older, 57% have pursued education beyond a high school diploma. Liberty County has the highest percentage of members who did not receive a high school diploma (22.9%), as well as the lowest household income average.

Household Income
Household Income is used to evaluate a person’s status in relationship to designated poverty thresholds.10 Currently, the median household income in Texas is $57,051. In the Houston Methodist Baytown Hospital community, Liberty county ($48,344) ranks lower than the Texas median household income value, while Chambers ($74,368) and Harris ($57,791) counties rank higher.11 See figure 3.

Poverty
In health care, poverty guidelines are commonly used indicators since they determine financial eligibility for certain programs and benefits. The identified levels vary based on the number of persons per household and the household’s income in terms of the percent of the poverty level. Income between 100% and 400% of the poverty level, for example, qualifies individuals for premium tax credits in all states. Income below 138% qualifies individuals for Medicaid based only on income (in states with expanded Medicaid coverage).12 Table 1 shows the 2019 guidelines.13

In Texas, 16% of the population lives in poverty. Within the Houston Methodist Baytown Hospital community, there are more than 750,000 residents living in poverty combined. Harris (16.8%) and Liberty (16.2%) counties have the highest percentage of residents living in poverty while Chambers ranks lowest at 12.9%.
Insurance Status

In Texas, nearly one-fifth of the population under 65 is uninsured in Texas, which is the highest rate in the country according to recent estimates by The Urban Institute.¹⁴ U.S. Census data, presented in table 1, shows the uninsured rate by county within the Houston Methodist Baytown Hospital community. On average, 21.1% of the Houston Methodist Baytown Hospital community lacks insurance. Among the uninsured, 65% were Hispanic/Latino compared to black populations (14%), white/Non-Hispanic (13%), and Asian (8%). 59% had incomes below 138% of the federal poverty level.¹⁵

Medicare

Medicare is a national health insurance program that benefits not only seniors age 65 and older, but also those with disabilities and end-stage disease states. In Harris County, 525,611 people were enrolled in Medicare in 2018, which accounts for approximately 11.2% of the estimated county population.¹⁶ ¹⁷ Over the next five years, the Medicare population, compared to other populations, is expected to expand the most (2018-23).¹⁸ This directly correlates to the growth expected within the senior population as community members reach Medicare eligibility age.

Medicaid

Medicaid is another important form of health coverage that millions of Americans depend on, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. In Harris County, 712,504 individuals (15.8%) were covered by Medicaid in 2018, three-fourths of which were children covered by children’s Medicaid.¹⁹ The number of uninsured community members and members insured through Medicaid, private insurance as well as the uninsured, are expected to experience slight single digit increases over the next five years.²⁰

Affordable Care Act

The Affordable Care Act (ACA) plays an important role in the health care landscape. Implemented in 2010, it aims to make affordable health insurance available to more people via a marketplace exchange and through expanded provisions that support access. Despite high uninsured rates in Texas, coverage has increased since its implementation.²¹ In 2018, the ACA provided health coverage, which is measured by activated ACA health insurance, for more than 1 million Texans, which equates to a 5% increase from 2017.²²

<table>
<thead>
<tr>
<th>County</th>
<th>% Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chambers</td>
<td>16.3%</td>
</tr>
<tr>
<td>Harris</td>
<td>21.2%</td>
</tr>
<tr>
<td>Liberty</td>
<td>20.7%</td>
</tr>
</tbody>
</table>

Source: American Community Survey (2013-17)
Prioritized Needs of the Houston Methodist Baytown Hospital Community

The implementation plan development for 2020 – 2022 is based on prioritized needs identified by survey results from the Community Health Needs Assessment (CHNA). It serves as a complement to the state of Texas requirements on community benefit reporting for nonprofit hospitals. In the following sections, the prioritized needs will be addressed along with strategic programs or projects to address them.

- **Primary Care Services**: Increase access to primary care services for the surrounding community.
- **Specialty Care Services**: Reduce barriers to accessing specialty care services for the surrounding underserved communities.
- **Healthy Living Behaviors**: Promote healthy living behaviors that reduce the likelihood of chronic disease development.
- **Mental Health Care Services**: Increase access to mental health care services within the surrounding underserved community.

Needs in Survey Not Addressed by Implementation Plan

Houston Methodist Baytown Hospital will not be addressing the following needs. Through the CHNA survey results, the below were indicated as “necessary components of a healthy community”. Though these issues have an impact on one’s quality of life, Houston Methodist does not have the expertise nor resources to directly address them. The hospital system fully supports local government and other social institutions and their efforts to curb these issues.

**Low Crime/Safe Neighborhood**

Houston Methodist Baytown Hospital is unable to address crime and the creation of a safer neighborhood due to the hospital’s primary scope of services being provision of direct patient health care. Houston Methodist Baytown Hospital acknowledges the importance of this component’s effect on a community, however, does not have the resources nor is in the position to tackle this issue. Houston Methodist will continue to work with local government and organizations to indirectly improve safety.

**Good Schools/Strong Education System**

Houston Methodist Baytown Hospital is unable to address improving the education system due to the hospital’s primary scope of services being provision of direct patient health care. Houston Methodist Baytown Hospital acknowledges the importance of this component’s effect on a community, however, does not have the resources nor is in the position to tackle this issue. Houston Methodist will continue to work with local government and organizations to indirectly support local initiatives to enhance the education system.

**Clean Air and Water Quality**

Houston Methodist Baytown Hospital is unable to address improving air and water quality due to the hospital’s primary scope of services being provision of direct patient health care. Houston Methodist Baytown Hospital acknowledges the importance of this component’s effect on a community, however, does not have the resources nor is in the position to tackle this issue. Houston Methodist will continue to work with local government and organizations to indirectly focus on improving the environment.
Overview of Primary Care
The CDC estimates that over 100,000 lives would be saved annually if everyone in the United States received clinical preventative care.23 Despite the importance of preventive care, many people are not receiving the recommended services. Researchers from the Agency for Healthcare Research and Quality found that only 8% of adults age 35 and older had received all of their recommended high-priority preventative services, 22.4% received at least 76% of recommended preventive services, 16.3% received 25% or fewer, while 4.7% received none at all.24

Barriers to Accessing Primary Care
The top five barriers mentioned in the 2019 Houston Methodist survey included lack of health insurance, cost, fear (not ready to face health problem), inability to take time off work, and long waits. See figure 4 for rankings based on survey participants’ feedback. A more in-depth discussion of the top barriers follows below.

Insurance & Cost
Seventy-nine percent of our community survey respondents cited lack of insurance as one of the top barriers to seeking medical treatment, followed by cost, which was cited by 67% of respondents (See figure 4). These two interdependent barriers are impacted by the changing health care and political landscape.

Within the Houston Methodist Baytown Hospital Community, 18.9% of the population lacks health insurance, ranking close to the state average (20%), which is one of the highest in the nation.25 The uninsured are less likely than those with insurance to obtain preventive care and treatment for chronic illness and major health conditions. Also, many uninsured individuals cannot afford to obtain the treatments or follow-up care recommended by their providers. This issue is also found within the Houston Methodist Baytown Hospital Community; 67% of Houston Methodist community survey respondents cited affordability as a top barrier to accessing care.

Physician Shortages
Access to primary care is also impacted by physician availability. From a state perspective, Texas ranks 47th in the nation in having enough physicians to meet the population’s needs. The state currently has a shortage of 2,000 primary care physicians, which the Texas Department of State Health Services expects to grow by 67% (3,375 primary physicians) by 2030.26 The Houston Methodist Baytown Hospital community also experiences primary care physician shortages, although the severity varies within counties. In Harris County, ZIP codes showing the greatest need for more primary care providers were primarily located in the north, northwest and southeast parts of the county according to one study.27
Prevalence and Effects of Chronic Disease

Chronic diseases are ongoing, generally incurable illnesses or conditions. According to the CDC, 6 in 10 adults in the United States have a chronic disease and 4 in 10 adults have two or more. Chronic diseases — including cancer, diabetes, hypertension, stroke, heart disease, respiratory diseases, arthritis, obesity and oral diseases — can lead to hospitalization, long-term disability, reduced quality of life, and even death, killing more than 1.7 million Americans each year. In fact, persistent conditions are the nation’s leading cause of death and disability.

Barriers to Accessing Specialty Care

Previously noted, specialty care services are significant and oftentimes necessary components of both preventative health and in managing critical health concerns. Furthermore, to avoid a cycle of unmanaged health complications, specialty care must be received in a timely manner. However, when attempting to access these services, patients sometimes encounter barriers that make it difficult to receive care, including transportation, admission, and even fear of facing a health problem. One also can not overlook the high cost and coordination of care that can come with some specialty care services which keep that support out of reach for the most vulnerable and underserved communities.

Higher Cost of Specialty Care

Specialty care, by nature, is more expensive than primary care and, when needed, is usually vital to the patient’s health. The CDC states that 90% of the nation’s $3.3 trillion spent on health care are for people living with chronic and mental health conditions. Diagnostic procedures are often required to refer a patient to a specialist or to assist a specialist in forming their diagnosis. The cost of testing alone can be an impediment to specialty care referrals and treatment. For individuals who are uninsured, the costs of these tests could also be substantially higher than for individuals whose diagnostic screening costs are reduced or covered by their health insurance provider.

Gaps in Providing a Continuum of Care

Primary care physicians are also challenged with finding specialists included in health insurance plans, particularly those plans purchased on the marketplace that have narrow networks. Once the patient begins to be seen by a specialist, who may determine that a patient requires expensive treatments or procedures, the ability to provide a full continuum of care is essential.

High Demand with Limited Options

Due to the high prevalence of chronic health conditions, there is an increased demand for specialists that can treat these diseases. Table 2 shows the average wait times to see certain specialty care physicians in Houston, with appointments for obstetricians-gynecologists holding the longest wait time at 103 days:

<table>
<thead>
<tr>
<th>Specialty Care Service</th>
<th>Shortest Time to Appointment</th>
<th>Longest Time to Appointment</th>
<th>Average Time to Appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology</td>
<td>2 days</td>
<td>43 days</td>
<td>12 days</td>
</tr>
<tr>
<td>Obstetrics-Gynecology</td>
<td>1 day</td>
<td>103 days</td>
<td>27 days</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>1 day</td>
<td>30 days</td>
<td>10 days</td>
</tr>
<tr>
<td>Dermatologist</td>
<td>1 day</td>
<td>75 days</td>
<td>28 days</td>
</tr>
</tbody>
</table>

Source: Merritt Hawkins

In clinics that serve low-income patients, only a few have specialists on staff. Sometimes, the clinics have no direct connection with specialists, who are usually affiliated with hospitals or large practices. Even when there is an established connection, arranging timely and affordable specialty care may be nearly impossible.
Underserved Communities Face Specialty Care Physician Shortages

Because specialty care physicians are compensated at a higher rate than their primary care counterparts, settings that provide care for the underinsured and uninsured may not be able to compete with larger institutions to obtain these specialists. Federally Qualified Health Centers (FQHCs) which receive federal funding to provide a valuable and necessary medical safety net for underserved populations, are required to provide primary care services to patients on-site. However, they are not required to provide specialty care and therefore depend primarily on external sources to support specialty care programs. The majority of specialty care services must be referred out of the clinic, possibly leading to broken referral chains and/or long wait times, further increasing the barriers to accessing specialty care.
Living a Healthy Lifestyle and Its Impact on Well-being

Life expectancy at birth (LEB) — often abbreviated to ‘life expectancy’ — is how long, on average, a newborn can expect to live, if current death rates do not change. LEB reflects the overall mortality level of a population and is one of the most frequently used health status indicators.\textsuperscript{31,32} In Texas, life expectancy varies by as much as 30 years with a statewide life expectancy of 78.5 years. While Harris County is comparable with an average life expectancy of 78.9 years, life expectancy varies greatly across ZIP codes and can vary by up to 20 years ranging from 69.8 years to 89.7 years (see figure 5).\textsuperscript{33}

![Figure 5. Houstonian Life Expectancy by Zip Code](image)

The study found adherence to five low-risk lifestyle-related factors: healthy diet, regular physical activity, maintaining a healthy body weight, never smoking and moderate alcohol intake could prolong life expectancy significantly. According to their analysis, people who met criteria for all five habits at age 50 prolonged their life expectancy by 14 years for females and 12.2 years for male adults. People who had none of these habits were far more likely to die prematurely from cancer or cardiovascular disease.\textsuperscript{34} This along with other related studies support the idea that health behaviors can impact the overall mortality rates of a population and can have a direct correlation to the development of chronic conditions.
Mental Health Defined & Its Impact
It is estimated that approximately 1 in 5 adults in the United States (46.6 million) experiences mental illness in a given year and approximately 1 in 25 adults in the United States (11.2 million) experiences what is considered a serious mental illness in a given year. Examples of serious mental illness include major depressive disorder, schizophrenia and bipolar disorder. According to the National Institute of Mental Health, serious mental illness is relatively rare, affecting only 5% of the population over 18, but is estimated to cost approximately $193 billion in lost earnings annually.

Barriers to Accessing Care
Below is a list of barriers that are most commonly associated with lack of access to mental health care services and are tied to lack of treatment for conditions. These barriers can be exacerbated when additional factors, such as race, gender and general socioeconomic factors come into play:

1. Financial and insurance barriers
2. Physician and workforce shortages
3. Lack of education and awareness of services
4. Stigma

Financial & Insurance Barriers
Even with government/public insurance options, people can still face an uphill battle because psychiatrists are less likely than other physicians to accept health insurance, which requires patients to pay out of pocket costs. This practice can limit access to only those who can afford upfront fees. In fact, only 55% of psychiatrists accept private insurance, compared to 89% of other practitioners. This situation is even further complicated for Medicaid patients. Only an estimated 41% of psychiatrists accept Medicaid and 54% accept Medicare.

Physician and Workforce Shortages
The most commonly associated professionals providing mental health care services are psychologists and psychiatrists. Texas has a physician shortage that includes those practicing psychiatry. It is estimated 185 counties out of 254 with a combined population of 3.3 million have no psychiatrist. The Texas Department of State Health Services Health Professions Resource Center projects the demand for psychiatrists statewide will exceed available supply by about 50% in 2030, with a total deficit of 1,200 psychiatrists. Furthermore, Harris County, it is a 920:1 ratio. See table 3 for a comparison of counties.

Lack of Awareness and Education
Some people don’t access mental health care due to lack of awareness of signs and symptoms of needing support as well as lack of education on where to seek support. Based on the 2019 Houston Methodist Community Health Needs Survey, most respondents felt that there are many people who have mental health issues but just are not self-aware (86%). About 50% of respondents also indicated that they were not aware of mental health resources if they needed.

Stigma
Stigmas associated with mental health can impact a person’s willingness to seek mental health support. There is growing awareness and acceptance of the importance of mental health. Via the 2019 Houston Methodist Community Health Needs Survey, most respondents agreed that mental health was just as important as physical health (98%) and acknowledged knowing family and friends who had a mental health condition (61%). Despite this growing awareness, social perceptions can still be a hindrance to those who may need care.
### Priority: Increase Access to Primary Care Services for the Surrounding Community

#### Three Year Program Goal

**To reduce the no-show rate of underserved patients being referred to medical homes via the Community Network of Care across Houston Methodist from 55% to 25% by end of Q4 of 2022.**

#### 2020 Goal 1:

To implement the Community Network of Care program at Houston Methodist Baytown Hospital as an Emergency Department Diversion initiative to improve access to care for low acuity Emergency Department patients while aiming for a reduced no show rate of 40% (down from 70%) by end of Q4 of 2020.

#### Tactics and Details:

- Increase the number of program personnel and enhance personnel training to educate target audience on the value of medical homes
- Establish a continuing education series for personnel to improve motivational interviewing skills and knowledge on available resources to grow patient confidence in referrals to Network of Care medical homes
- Support continuing education for social workers and case managers to increase quality of referrals
- Expand the number of resources that can be offered to underserved patients that help to address social determinants that negatively impact the patients’ ability/willingness to access health care in a medical home setting

#### Key Performance Indicators:

- Number of Eligible Patients Referred to the Program
- Number of Eligible Patients Accepting Appointments
- Percent of Patients Showing for Scheduled Appointments
- Number of Personnel Added to the Program
- Number of Services Accepted by Referred Patients

#### Three Year Program Goal

**To increase the number of patients seen same-day in the new Houston Methodist Baytown Hospital primary care clinic by 1,500 patient visits by Q4 of 2022.**

#### 2020 Goal 1:

To increase volume to 500 patient visits across primary care same day clinics by end of Q4.

#### Tactics and Details:

- Increase availability of primary care same day clinics opening new same-day clinic locations in the Houston Methodist Baytown service area. Clinic volume and continuous tracking will begin for following years as clinic opened in October 2019

#### Key Performance Indicators:

- Number of patients seen in Same Day Clinics in Houston Methodist Baytown Hospital service area
- Same day rate for Primary Care Group
<table>
<thead>
<tr>
<th>Three Year Program Goal</th>
<th>To increase the number of student athlete pre-participation physical exams from 2,200 in 2019 to 3,000 by end of Q4 of 2022.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2020 Goal 1:</strong></td>
<td>To increase the number of students that receive pre-participation physicals from 2,200 in 2019 to 2,500 in 2020.</td>
</tr>
</tbody>
</table>
| **Tactics and Details:**| ▪ Increase promotion of community-based physicals to more schools  
▪ Increase marketing to communities that utilize the physicals via newspapers / community newsletters  
  |  
| **Key Performance Indicators:** | ▪ Number of students that receive pre-participation physical exams.  
▪ Number of schools in program  
  |
| **2020 Goal 2:**       | To have 25 coaches/community members attend each campus outreach program by end of Q2 2020.                                     |
| **Tactics and Details:**| ▪ Promote program to campuses via outreach visits  
▪ Design community information to send home when also promoting physical event  
  |  
| **Key Performance Indicators:** | ▪ Number of campus outreach visits attended to promote program.  
▪ Design and create community handout to use at promotional event  
▪ Number of coaches/community members engaged in physical exam program.  
▪ Number of handouts given out at event  
  |

**Priority: Reduce Barriers to Accessing Specialty Care Services for the Surrounding Underserved Community**

<table>
<thead>
<tr>
<th>Three Year Program Goal</th>
<th>To develop a survivorship care program that can provide management of toxicities of treatment, rehabilitation needs, psychological support, screening for recurrent and new cancers, and specific support programs.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2020 Goal 1:</strong></td>
<td>To provide financial navigation support to at least 25 cancer patients in need of financial assistance by end of Q4.</td>
</tr>
</tbody>
</table>
| **Tactics and Details:**| ▪ Hire a dedicated Oncology Financial Navigator who will work with cancer patients to evaluate their financial toxicity as it effects cancer patient's overall compliance with treatment and adherence  
▪ Develop financial navigation plan to improve financial distress related to prescription drug cost and transportation barriers for cancer patients and their providers  
  |  
| **Key Performance Indicators:** | ▪ Number of patients provided financial navigation by the Oncology Financial Navigator  
▪ Hiring of Financial Navigator  
▪ Number of staff added to program  
  |
| **2020 Goal 2:**       | To increase lung cancer screening utilization from 103 screenings in 2018 by 20% by end of Q4.                                     |
| **Tactics and Details:**| ▪ Provide lung cancer screening and smoking cessation information at health fairs and community events  
  |  
| **Key Performance Indicators:** | ▪ Number of lung cancer screenings  
▪ Lung cancer screening referrals  
▪ Number of health fairs and community events attended  
  |
| **2020 Goal 3:**       | To increase tissue banking/biorepository clinical trial accrual rate by 2% by end of Q4. Baseline number of clinical trials will be established in following years as the program was initialized in July 2019. |
| **Tactics and Details:**| ▪ Identify clinical research opportunity and clinical trial research by a clinical research coordinator  
  |  
| **Key Performance Indicators:** | ▪ Percentage of clinical trial accrual rate  
▪ Number patients enrolled in bio repository studies  
  |
## Priority: Promote Healthy Living Behaviors that Reduce the Likelihood of Chronic Disease Development

<table>
<thead>
<tr>
<th>Three Year Program Goal</th>
<th>To increase the number of guests at health education community events with topics covering cancer, stroke, heart and muscular skeleton problems from 8,000 to 9,000 by end of Q4 of 2022.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 Goal 1:</td>
<td>To increase community health prevention and education events by 5% each year.</td>
</tr>
<tr>
<td>Tactics and Details:</td>
<td>▪ Health education seminars, health fairs, direct mail and social media campaigns to promote wellness and prevention</td>
</tr>
</tbody>
</table>
| Key Performance Indicators: | ▪ Number of seminars  
 ▪ Number of health fairs  
 ▪ Number of direct mail and social media campaigns conducted throughout the year |

## Priority: Increase Access to Mental Health Care Services Within the Surrounding Underserved Community

<table>
<thead>
<tr>
<th>Three Year Program Goal</th>
<th>To increase post discharge visit in days 1-7 from 8.58% to 37.2% and in days 8-30 from 19.30% to 56.52% for patients with a primary psychiatric diagnosis, by end of Q4 2022.</th>
</tr>
</thead>
</table>
| 2020 Goal 1:           | ▪ To achieve a rate of 34% of patients with a completed post-discharge follow up visit within 1-7 days post-discharge by Q4.  
 ▪ To achieve a rate of 54% of patients with a completed post-discharge follow up visit within 8-30 days post-discharge by Q4.  |
| Tactics and Details:    | ▪ Increase rounding in the hospitals to ensure that Delivery System Reform Incentive Payment Program (DSRIP) social workers are offering patients discharged from the Houston Methodist Inpatient Psychiatric Unit post-discharge follow up via home visit  
 ▪ Post-discharge follow-up visit includes a telehealth visit with our nurse practitioner, registered nurse, and pharmacist  
 ▪ Continue telephone calls with the nurse practitioner, pharmacist, educational psychologist or social worker if patient is unable to participate in a post-discharge follow up visit in their home  
 ▪ Continue collaboration with the Houston Methodist Residency Clinic to provide post-discharge appointments 4-hours per week. Psychiatric support for the clinic includes the following skill mix: DSRIP social worker, psychiatric nurse practitioner, and pharmacist |
| Key Performance Indicators: | ▪ Volume of monthly referrals to our post-discharge follow-up visit program  
 ▪ Number of scheduled visits per month  
 ▪ Number of completed follow-up visits per month via a monthly report  
 ▪ Volume of patients referred to the Residency Clinic |
<table>
<thead>
<tr>
<th>Three Year Program Goal</th>
<th>To increase telepsychiatry utilization at Houston Methodist Baytown to increase system-wide utilization of 2089 calls by 10% for all Houston Methodist hospitals for patients with primary or secondary psychiatric diagnosis by end of Q4 of 2022.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 Goal 1:</td>
<td>To increase telepsychiatry utilization at Houston Methodist Baytown to increase system-wide utilization of 2089 calls by 5% for patients with a primary or secondary psychiatric diagnosis by end of Q4.</td>
</tr>
</tbody>
</table>

**Tactics and Details:**
- Conduct daily calls with staff across the system to discuss any operational and clinical barriers to ensure patients receive a telepsychiatry consult in a timely manner
- Improve Emergency Department throughput with higher utilization of telepsychiatry, enabling patients to receive psychiatric medications more efficiently and promote safe discharges
- Quarterly communication with leadership at each hospital site to discuss the importance of telepsychiatry and to provide updates
- Improve telepsychiatry response time (≤1 hour in the EDs, ≤4 hours on inpatient floors) by communicating directly with telepsychiatry leadership as needed
- Monthly operational meeting with telepsychiatry vendors
- Quarterly communication at the system emergency department council meetings

**Key Performance Indicators:**
- Monthly telepsychiatry compliance reports tracking volume and response time
- Monthly telepsychiatry reports that track discharge dispositions, legal status (whether patient is voluntary or involuntary)
- Percentage of patients with psychiatric diagnosis receiving telepsychiatry

<table>
<thead>
<tr>
<th>Three Year Program Goal</th>
<th>To launch a new system-wide suicide screening initiative at Houston Methodist Baytown Hospital that assesses a patient’s suicide risk and to ensure that training and compliance for screening is at 80% by end of Q4 of 2022.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 Goal 1:</td>
<td>To hardwire staff utilization of the suicide screening tool, track screening compliance with the new EPIC utilization report and to create baseline for following years by end of Q4 of 2020.</td>
</tr>
</tbody>
</table>

**Tactics and Details:**
- Question #9 of the PHQ-9 assessment is “In the past two weeks, have you had thoughts that you would be better off dead, or of hurting yourself”?
- Training for staff will be in the Learning Management System in the 4th quarter of 2019 to educate staff on the use of the PHQ-9 screening tool and utilizing Question #9 to screen for suicidality and suicide risk stratification
- Training to also include the actions to be taken if a patient scores positive for suicidal ideations
- Build Epic Crystal reports to track screening compliance rates across the system
- Review monthly PHQ-9 reports to determine compliance rates
- Quarterly communication with leadership at each Hospital site to share compliance, reiterate importance of screening, review barriers to screening, and work with staff to overcome barriers

**Key Performance Indicators:**
- Monthly Epic Crystal report review to ensure compliance with screening tool
- Review of education sign-in logs to ensure training is being completed across the system
REFERENCES

20. Ibid.


