



Implementation Plan 2020 – 2022

Houston Methodist Clear Lake Hospital | Nassau Bay, Texas

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About Houston Methodist Clear Lake

Houston Methodist Clear Lake Hospital brings all the expertise and compassionate care of the world-renowned Houston Methodist Hospital in The Texas Medical Center to the Bay area. Located in Nassau Bay, across from the NASA Johnson Space Center, Houston Methodist Clear Lake Hospital offers innovative, high-quality, patient-centered care in a welcoming, healing environment.

Houston Methodist Clear Lake Hospital is a well-established leader in multiple service areas including cancer center, stroke care, orthopedic & sports medicine, women’s health and more, offering innovative treatment for many diseases and conditions including acute stroke and cardiac care. The hospital is an accredited Chest Pain Center by the Society of Cardiovascular Patient Care, and the Houston Methodist Clear Lake Hospital facility is certified Stroke Ready by Det Norske Veritas Healthcare, meaning that the hospital has demonstrated exceptional efforts to foster better outcomes for stroke care.

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.

Houston Methodist Clear Lake Hospital	
Operating Beds	123
Operating Rooms	12
Affiliated Physicians	657
Employees	931
Admissions	6,714
Outpatient Visits	127,407
Emergency Room Visits	24,464
Births	743

INTRODUCTION AND CHECKLIST FOR COMPLIANCE

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 Clear Lake agrees that the following requirements were met and therefore the hospital is in compliance with Affordable Care Act regulations:

- 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.
- Although an implementation strategy must consider all 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.
- 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.
- 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.

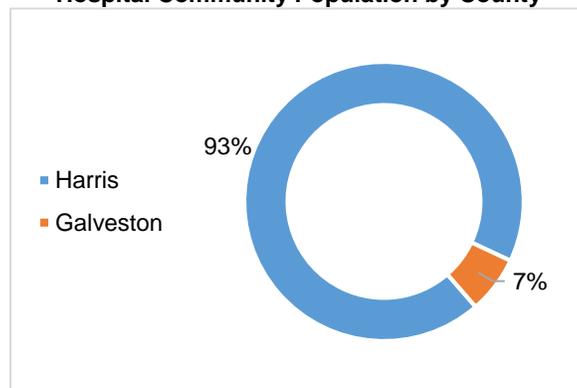
DEFINING THE HOUSTON METHODIST CLEAR LAKE COMMUNITY

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).¹ This MSA is comprised of the following nine counties: Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery and Waller.² Houston Methodist Clear Lake Hospital primarily serves Harris and Galveston counties. Therefore, for this report, references to the Houston Methodist Clear Lake community refers to the two counties in the MSA that the hospital most serves.

Population Size

The Houston Methodist Clear Lake Hospital community spans 2,651.3³ square miles and contains an estimated population of 4,846,703 residents.⁴ As the largest county in Texas and the county most served by Houston Methodist Clear Lake Hospital, Harris County accounts for an estimated 4.5 million of the hospital's community residents, equating to approximately 93% of the Houston Methodist Clear Lake Hospital community population. See figure 1 for a breakdown of the Houston Methodist Clear Lake Hospital community population by county.⁵

Figure 1. Houston Methodist Clear Lake Hospital Community Population by County



Source: American Community Survey (2013-17)

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%.

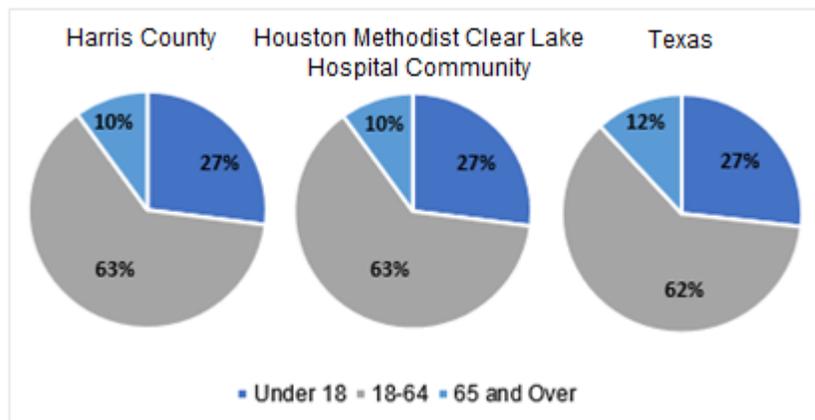
Gender Identity and Sexual Orientation

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 Clear Lake 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 Clear Lake Hospital Community, and Texas. The adult population accounts for the highest percentage of the Houston Methodist Clear Lake Hospital community (63%). The senior population accounts for 10% of the Houston Methodist Clear Lake Hospital community. While it accounts for the lowest percentage of the community, the senior population projects the highest percent growth of any cohort by 2030.

Figure 2. Age Group Distribution Comparison



Source: American Community Survey (2013-17)

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.⁶ Within the Houston Methodist Clear Lake Hospital community, 42.3% of community members utilize a dominant language other than English, which ranks higher than the national average of 21.8%. Within the Houston Methodist Clear Lake Hospital community, Spanish is the second most common language, with 32% of the population reporting Spanish as their primary language. 10.3% of the Houston Methodist Clear Lake Hospital population utilizes a dominant language other than English or Spanish.⁷

Race/Ethnicity

The Houston Methodist Clear Lake 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.

Educational Attainment

Educational attainment varies across counties within the Houston Methodist Clear Lake Hospital community. Among Houston Methodist Clear Lake Hospital community members 25 years of age and older, 58% have pursued education beyond a high school diploma. In Harris County, close to 20% do not have a high school diploma, compared to 12% in Galveston County.

Household Income

Household income is used to evaluate a person's status in relationship to designated poverty thresholds.⁸ Currently, the median household income in Texas is \$57,051. In the Houston Methodist Clear Lake Hospital community, Harris County (\$57,791) ranks close to the Texas median household income value while Galveston County (\$65,702) is slightly higher.⁹ See figure 3.

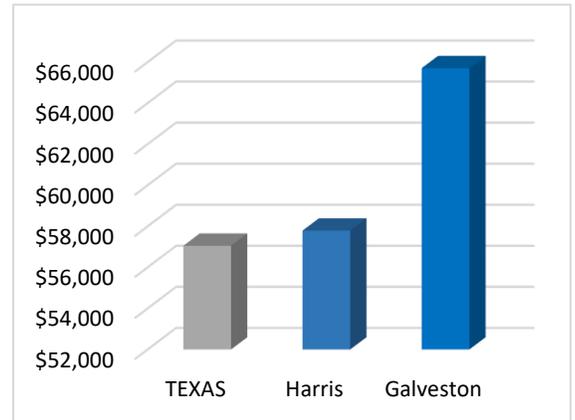
Poverty

In health care, poverty guidelines are commonly used indicators since they determine financial eligibility for certain programs and benefits. In Texas, 16% of the population lives in poverty. Within the Houston Methodist Clear Lake Hospital community, there are nearly 800,000 residents living in poverty combined. In Harris County, 16.8% of the population lives in poverty, which is higher than Galveston County (13.9%). In the Houston Methodist Clear Lake Hospital community, residents under the age of 18 experience higher rates of poverty than the total population. In the Houston Methodist Clear Lake Hospital community, 24.6% (317,717) of children and young adults live in poverty.

Insurance Status

In Texas, nearly one-fifth of the population under 65 is uninsured in Texas, which is the highest rate of non-elderly residents without health insurance in the country according to recent estimates by The Urban Institute.¹⁰ U.S. Census data, presented in table 1, shows the uninsured rate by county within the Houston Methodist Clear Lake Hospital community; On average, 20.7% of the Houston Methodist Clear Lake Hospital community lacks insurance. Hispanic/Latino populations are more likely to be uninsured compared to other populations.

Figure 3. Median Household Income by County



Source: American Community Survey (2013-17)

Table 1. Percent Uninsured by County

County	% Uninsured
Galveston	14.6%
Harris	21.2%

Source: American Community Survey (2013-17)

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 (Original and Medicare Advantage) in 2018, which accounts for approximately 11.2% of the estimated county population. In Galveston County, a slightly higher percentage of the population is enrolled, 16% (54,181 individuals).^{11 12} Over the next five years, the Medicare population, compared to other populations, is expected to expand the most (2018-23).¹³ 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.¹⁴ Galveston County's percentage of Medicaid enrollees is smaller; 12% of the estimated county residents were enrolled. 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.¹⁵

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.¹⁶ 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 2017.¹⁷

PRIORITIZED NEEDS OF THE HOUSTON METHODIST CLEAR LAKE HOSPITAL COMMUNITY

Prioritized Needs of the Houston Methodist Clear Lake 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 Clear Lake 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 Clear Lake Hospital 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 Clear Lake 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 Clear Lake 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 Clear Lake 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 Clear Lake 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 Clear Lake 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 Clear Lake 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.

INCREASE ACCESS TO PRIMARY CARE SERVICES FOR THE SURROUNDING COMMUNITY

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.¹⁸ 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.¹⁹

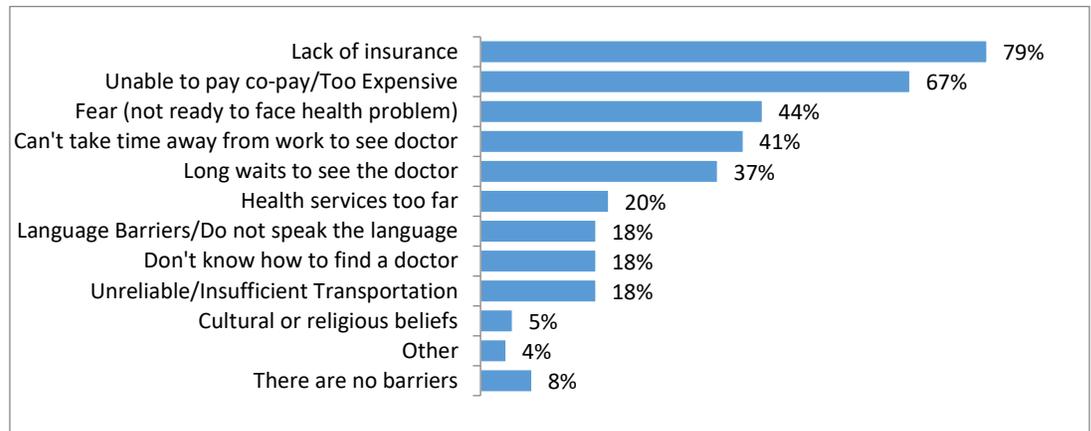
Barriers to Accessing Primary Care

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.

Figure 4. Biggest Barriers to Seeking Medical Treatment



Source: Houston Methodist Health Needs Survey (2019)

Within the Houston Methodist Clear Lake 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.²⁰ 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 Clear Lake 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 2030.²¹ The Houston Methodist Clear Lake 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.²²

REDUCE BARRIERS TO ACCESSING SPECIALTY CARE SERVICES FOR THE SURROUNDING UNDERSERVED COMMUNITY

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.²³ 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.²⁴

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.²⁵ 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 2. Physician Appointment Wait Times in Houston, TX

Specialty Care Service	Shortest Time to Appointment	Longest Time to Appointment	Average Time to Appointment
Cardiology	2 days	43 days	12 days
Obstetrics-Gynecology	1 day	103 days	27 days
Orthopedic Surgery	1 day	30 days	10 days
Dermatologist	1 day	75 days	28 days

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

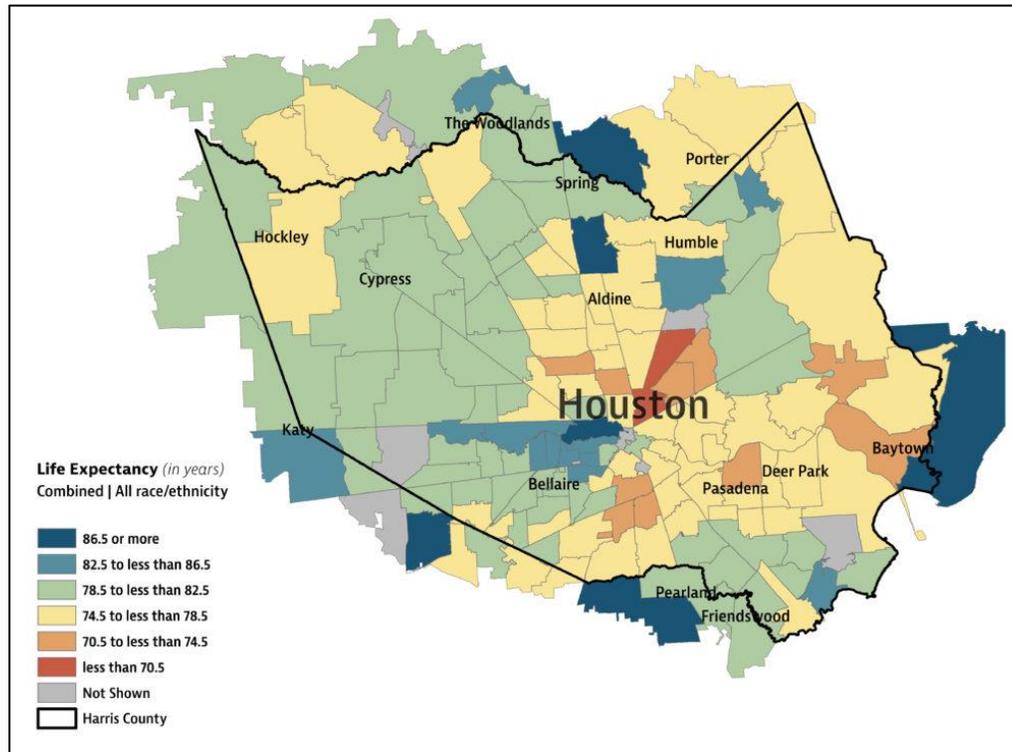
Because specialty care physicians are compensated at a higher rate than their primary care counterparts, settings that provide care for the underinsured and uninsured may not be able to compete with larger institutions to obtain these specialists. Federally Qualified Health Centers (FQHC) which receive 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.

PROMOTE HEALTHY LIVING BEHAVIORS THAT REDUCE THE LIKELIHOOD OF CHRONIC DISEASE DEVELOPMENT

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.^{26 27} 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).²⁸

Figure 5. Houstonian Life Expectancy by Zip Code



Source: UT Southwestern Medical Center

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.²⁹ 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.

INCREASE ACCESS TO MENTAL HEALTH CARE SERVICES WITHIN THE SURROUNDING UNDERSERVED COMMUNITY

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.³⁰ This situation is even further complicated for Medicaid patients. Only an estimated 41% of psychiatrists accept Medicaid and 54% accept Medicare.³⁰

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.³¹ 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.³² Furthermore, Harris County, it is a 920:1 ratio.³³ See table 3 for a comparison of counties.

Table 3. Ratio of Mental Health Providers to Population By County

Ratio of Mental Health Providers to Population	
Texas: 960:1	
Counties in Houston Methodist Clear Lake Community	
Galveston	1,010:1
Harris	920:1

Source: County Health Facts 2019

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 hinderance to those who may need care.

PROPOSED IMPLEMENTATION STRATEGIES

Priority: Increase Access to Primary Care Services for the Surrounding Community

Three Year Program Goal	To increase number of primary care physicians serving the Houston Methodist Clear Lake market area by seven new Primary Care Physicians by Q4 of 2022, including expansion into Pasadena.
2020 Goal 1:	To recruit three primary care physicians for the Houston Methodist Clear Lake Hospital market area by end of Q4, increasing number of primary care physicians from 15 to 17 primary care physicians.
Tactics and Details:	<ul style="list-style-type: none"> ▪ Build out space that Houston Methodist Clear Lake Hospital is currently using for Physical Therapy in Pasadena so it can accomade a primary care sports medicine physician ▪ Work with Primary Care Group administration to set-up recruitment plan for interviewing candidates with hospital administration
Key Performance Indicators:	<ul style="list-style-type: none"> ▪ Number of primary care physicians employed by Houston Methodist Clear Lake from 2020 to 2022

Three Year Program Goal	To increase the number of patients seen same-day in the new Houston Methodist Clear Lake Hospital primary care clinic to 1,617 patient visits by end of Q4 of 2022.
2020 Goal 1:	To see 539 patients at the Houston Methodist Clear Lake Hospital primary care clinic by end of Q4.
Tactics and Details:	<ul style="list-style-type: none"> ▪ Increase availability of primary care clinics opening new same-day clinic locations in the Houston Methodist Clear Lake Hospital service area
Key Performance Indicators:	<ul style="list-style-type: none"> ▪ Number of patients seen in same day clinics in Houston Methodist Clear Lake service area ▪ Same day rate for Primary Care Group

Three Year Program Goal	To implement the Community Network of Care program in collaboration with the Office of Community Benefits for the purpose of establishing a medical home referral process for underserved patients with an overall no-show rate goal of 30% by end of Q4 of 2022.
2020 Goal 1:	To work directly with the Houston Methodist Office of Community Benefits to discuss opportunity to integrate the Network of Care program into hospital activities with a goal to operationalize in 2021. At the end of 2021, a baseline for estimated number of referred patients moving forward will be established.
Tactics and Details:	<ul style="list-style-type: none"> ▪ Partnership with Community Benefits to establish a process ▪ Continue to support this process at the entity level
Key Performance Indicators:	<ul style="list-style-type: none"> ▪ Number of patients referred through the program ▪ Number of patients who show up for scheduled appointment ▪ Number of hired staff for the program ▪ Number of services utilized

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

Three Year Program Goal	To expand specialty care options for the surrounding community by recruiting one physician in each of the following specialties: neurology, colorectal surgery, urology, obstetrics and gynecology, ear nose and throat, primary care sports medicine and ortho spine by the end of Q4 of 2022.
2020 Goal 1:	Recruit one primary care sports medicine physician, one cardiologist, one obstetrics gynecologist (already signed), one urologist and one orthopedic spine surgeon by end of Q4.
Tactics and Details:	<ul style="list-style-type: none"> ▪ Create recruitment plan for 2020 to 2022 for executive team to approve by January 2020 including the following specialists: neurology, colorectal surgery, urology, OBGYN, ENT, primary care sports medicine and orthopedic spine surgeon ▪ Expand specialty services into the Pasadena market.
Key Performance Indicators:	<ul style="list-style-type: none"> ▪ Number of specialists recruited

Three Year Program Goal	To expand the 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.
2020 Goal 1:	To establish a support group of twelve members for breast cancer survivors under 50 years of age through the creation of a Young Survivor and Co-Survivor Social Group by the end of Q4.
Tactics and Details:	<ul style="list-style-type: none"> ▪ Establish new Young Survivor and Co-Survivor Social Groups and have regularly scheduled meetings with assigned facilitator by Q4 ▪ Collaborate with appropriate internal and external stakeholders (marketing, nonprofits, etc.) to support the operations of the effort
Key Performance Indicators:	<ul style="list-style-type: none"> ▪ Establishment of support groups ▪ Number of patients attending ▪ Percentage of patient referred to groups
2020 Goal 2:	To expand oncology focused clinical trials from 12 to 24 trials by the end of Q4.
Tactics and Details:	<ul style="list-style-type: none"> ▪ Expand and incorporate research and clinical trials for the following groups: breast, lung, gastrointestinal and liver, genitourinary, hematological, solid tumors, melanoma and sarcoma, and head and neck
Key Performance Indicators:	<ul style="list-style-type: none"> ▪ Biorepository ▪ Number of screened patients ▪ Number of enrolled referred ▪ Number of open trials
2020 Goal 3:	To increase lung cancer screenings by 10% from 140 to 155 by end of Q4.
Tactics and Details:	<ul style="list-style-type: none"> ▪ Implement lung cancer screening and education ▪ Develop partnership with businesses and medical and radiation oncologists to visit pulmonologists and primary care physicians ▪ Distribute education and information regarding screening CT and preprinted orders with eligibility criteria ▪ Add a smoking cessation table at already established breast cancer events (i.e. Paint the Night Pink)
Key Performance Indicators:	<ul style="list-style-type: none"> ▪ Number of lung cancer screenings ▪ Number of annual screenings ▪ Number lung cancer screening referrals ▪ Percentage of lung cancer screenings performed

Priority: Promote Healthy Living Behaviors that Reduce the Likelihood of Chronic Disease Development

Three Year Program Goal	To provide yearly educational seminars and screenings related to heart disease, weight management, colorectal cancer, diabetes, and back and neck pain for the community and increase participation at these seminars by 10% by Q4 of 2022.
2020 Goal 1:	To increase the number of participants to the Heart Screening event, weight management, diabetes, and back & neck pain events by 5% by end of 2020 which represents the volume going from 375 to 393.
Tactics and Details:	<ul style="list-style-type: none"> ▪ Continue to target audiences via direct mail who are at risk of chronic conditions to increase event attendance and participation
Key Performance Indicators:	<ul style="list-style-type: none"> ▪ Number of individuals who participated in seminars and screenings ▪ Number of educational programs provided for the community ▪ Number of participants in attendance

Three Year Program Goal	To implement an ecumenical faith network via the Faith Health Initiative to support access to social support services for indigent patients with a focus on onboarding 20 faith health facilities by Q4 of 2022.
2020 Goal 1:	To onboard two new faith agencies to the Faith Health Initiative in proximity of the patient population immediately surrounding Network of Care facilities that are located within a 10-mile radius of Houston Methodist Clear Lake Hospital by end of Q4.
Tactics and Details:	<ul style="list-style-type: none"> ▪ Meet with identified faith communities from the top 50 list to educate faith leaders on the initiative and gain buy-in
Key Performance Indicators:	<ul style="list-style-type: none"> ▪ Number of faith agencies onboarded ▪ Number of services available to offer patients ▪ Number of patients referred to faith agencies for support

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

Three Year Program Goal	To increase telepsychiatry utilization at Houston Methodist Clear Lake to increase system-wide utilization of 2089 calls by 10% for patients with primary or secondary psychiatric diagnosis by end of Q4 of 2022.
2020 Goal 1:	To increase telepsychiatry utilization at Houston Methodist Clear Lake to increase system-wide utilization of 2089 calls by 5% for patients with a primary or secondary psychiatric diagnosis by end of Q4.
Tactics and Details:	<ul style="list-style-type: none"> ▪ 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 (ED) 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 ED Council meetings
Key Performance Indicators:	<ul style="list-style-type: none"> ▪ Monthly telepsychiatry compliance reports tracking volume and response time ▪ Monthly telepsychiatry reports tracking discharge dispositions, legal status (whether patient is voluntary or involuntary) ▪ Percentage of patients with psychiatric diagnosis receiving telepsychiatry

Three Year Program Goal	To launch a new suicide screening initiative at Houston Methodist Clear Lake 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.
2020 Goal 1:	To hardwire Houston Methodist Clear Lake Hospital 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.
Tactics and Details:	<ul style="list-style-type: none"> ▪ 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"?
Key Performance Indicators:	<ul style="list-style-type: none"> ▪ 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

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