

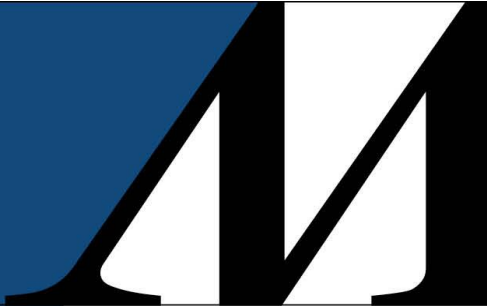


Implementation Plan 2020 – 2022

Houston Methodist Continuing Care Hospital | Katy, Texas

TABLE OF CONTENTS

- About Houston Methodist Continuing Care Hospital 2
- Introduction and Checklist for Compliance 3
- Defining the Houston Methodist Continuing Care
 Community 4
- Prioritized Needs of the Houston Methodist Continuing
 Care Community 7
- Reduce Barriers to Accessing Specialty Care Services
 for the Surrounding Underserved Community 9
- Proposed implementation Strategies 11
- References 12



About Houston Methodist Continuing Care Hospital

Houston Methodist Continuing Care Hospital is a long-term acute care hospital (LTACH) that proudly serves the Greater Houston area, focused on the needs of patients requiring extended hospitalization. Located in Katy, west of the Texas Medical Center, Houston Methodist Continuing Care Hospital is committed to providing patients with the unparalleled safety, quality, service and innovation the community depends on from Houston Methodist.

Patients and their families are at the center of what Houston Methodist Continuing Care Hospital does. The hospital's unique approach combines a comprehensive, interprofessional care team of physicians, nurses, therapists and other health care providers who work with each family to achieve the outcomes the patient needs. From planning and treatment to discharge and recovery, care teams work with patients and their families to provide the highest quality of care and to make an easy transition back home. Houston Methodist Continuing Care Hospital is an extension of Houston Methodist West Hospital just two miles away and offers several outpatient services, including imaging, rehabilitation, wound care and cardiac rehabilitation.

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 Continuing Care Hospital	
Operating Beds	50
Affiliated Physicians	216
Employees	253
Admissions	473

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 Continuing Care Hospital 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.

Within Texas, the city of Houston is designated as the largest and most populous city in the southern United States 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 Continuing Care Hospital primarily serves Harris and Fort Bend counties. For the purposes of this report, the focus will be placed on the identified two counties primarily served by Houston Methodist Continuing Care Hospital.

Population Size

The Houston Methodist Continuing Care Hospital community spans 2,662.8³ square miles and contains an estimated population of 5,236,940 residents.⁴ As the largest county in Texas and the county most served by Houston Methodist Continuing Care Hospital, Harris County accounts for an estimated 4.5 million of the hospital's community residents, equating to approximately 86% of the Houston Methodist Continuing Care Hospital community population. See figure 1 for a breakdown of the Houston Methodist Continuing Care Hospital community population by county.⁵

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%.

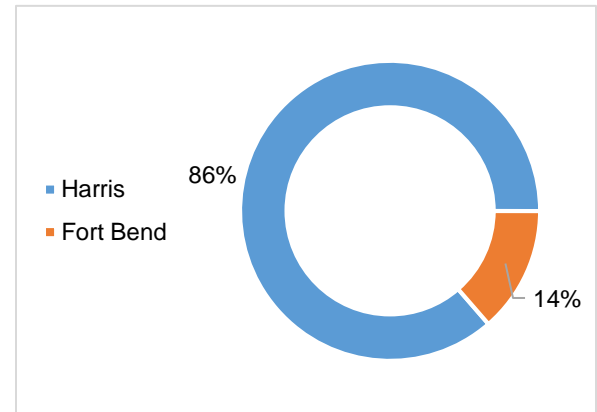
Gender Identity and Sexual Orientation

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

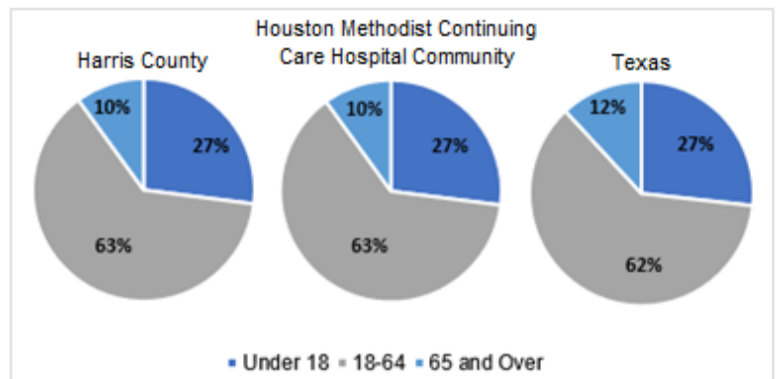
Three major age groups comprise the Houston Methodist Continuing Care Hospital community: youth and adolescent population (Under 18 years), adult population (18-64 years), and senior population (65 years and over). Figure 2 shows the population distribution by age group across Harris County, Houston Methodist Continuing Care Hospital community and Texas. The adult population accounts for the highest percentage of the Houston Methodist Continuing Care Hospital community (63%). Fort Bend County has the smaller percentage of adults within the Houston Methodist Continuing Care Hospital community at 62%. The senior population accounts for 10% of the Houston Methodist Continuing Care 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 1. Houston Methodist Continuing Care Hospital Community Population by County



Source: American Community Survey (2013-17)

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 Continuing Care Hospital community, 43.7% of community members utilize a dominant language other than English, which ranks higher than the national average of 21.8%. Spanish is the second most common language, with 31.3% of the population reporting Spanish as their primary language. 12.4% of the Houston Methodist Continuing Care Hospital population utilizes a dominant language other than English or Spanish.⁷

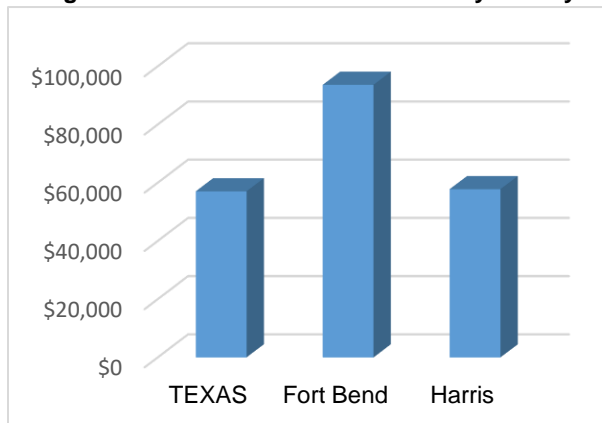
Race/Ethnicity

The Houston Methodist Continuing Care Hospital community is considered 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. Fort Bend County currently ranks as the most diverse county within the Houston Methodist Continuing Care Hospital community and comes close to having an equal distribution of the nation's four major ethnic groups (34% white/Non-Hispanic, 24% Hispanic/Latino, 20% black/African American and 19% Asian).⁸

Educational Attainment

Educational attainment varies across counties within the Houston Methodist Continuing Care Hospital community. Among Houston Methodist Continuing Care Hospital community members 25 years of age and older, 60% have pursued education beyond a high school diploma. Fort Bend County has the highest percentage of community members who possess a graduate or professional degree (17.1%) compared to Harris County. It is important to note that Fort Bend County also has the highest median household income, which can correlate with educational attainment.

Figure 3. Median Household Income by County



Source: American Community Survey (2013-17)

Household Income

Household income is a measure of the combined incomes of all individuals sharing a place of residence and is a useful indicator of an area's standard of living. Household income is also used to evaluate a person's status in relationship to designated poverty thresholds.⁹ Currently, the median household income in Texas is \$57,051. While Harris County (\$57,791) is closely in line with the state's median household income, Fort Bend County's is 64% higher (\$93,645).¹⁰ 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 Continuing Care Hospital community, there are more than 800,000 residents living in poverty combined. In Harris County, 16.8% of residents live in poverty compared to only 8.1% in Fort Bend County. Hispanic/Latino and black populations experience higher rates of poverty (22% and 23%, respectively) compared to the white/Non-Hispanic population.¹¹

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.¹² U.S. Census data, presented in table 1, shows the uninsured rate by county within the Houston Methodist Continuing Care Hospital community. On average, 19.9% of the Houston Methodist Continuing Care Hospital community lacks insurance. The uninsured rate in Fort Bend County (12%) is much lower than Harris County where 21.2% of the population is uninsured. Hispanic/Latino populations are more likely to be uninsured compared to other populations.

Table 1. Percent Uninsured by County

County	No. People
Harris	5,669
Fort Bend	656

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 both Harris and Fort Bend County, 11.2% of the estimated county population were enrolled in Medicare in 2018 (525,611 individuals in Harris County, and 88,112 in Fort Bend).^{13 14} Over the next five years, the Medicare population, compared to other populations, is expected to expand the most (2018-23).¹⁵ 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.¹⁶ Fort Bend County's percentage of Medicaid enrollees is smaller; 8% 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.¹⁷

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.¹⁸ 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 2017.¹⁹

PRIORITIZED NEEDS OF THE HOUSTON METHODIST CONTINUING CARE HOSPITAL COMMUNITY

Prioritized Needs of the Houston Methodist Continuing Care 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 Continuing Care 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 Continuing Care 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 Continuing Care 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 Continuing Care 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 Continuing Care 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 Continuing Care 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 Continuing Care 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 Continuing Care 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.

Primary Care Access

Houston Methodist Continuing Care Hospital is unable to address increasing access to primary care due to the hospital’s primary scope of services. The hospital serves patients who are in need of long-term acute care, which equates to a 30+ day stay in the hospital. These patients generally have an established primary care physician and specialists and many of them are discharged back to nursing homes where they receive healthy living behavior programs through the facility. Houston Methodist Continuing Care Hospital will continue to work with Houston Methodist West Hospital and other organizations to indirectly focus on supporting access to primary care.

Mental Health Access

Houston Methodist Continuing Care Hospital is unable to address increasing access to mental health care services due to the hospital's primary scope of services. The hospital serves patients who are in need of long-term acute care, which equates to a 30+ day stay in the hospital. These patients generally have an established primary care physician and specialists and many of them are discharged back to nursing homes where they receive additional support, including some mental health care. Houston Methodist Continuing Care Hospital will continue to work with Houston Methodist West Hospital and other organizations to indirectly focus on supporting access to mental health.

Expand Healthy Living Behaviors

Houston Methodist Continuing Care Hospital is unable to address promoting healthy living behaviors due to the hospital's primary scope of services. The hospital serves patients who are in need of long-term acute care, which equates to a 30+ day stay in the hospital. These patients generally have an established primary care physician and specialists and many of them are discharged back to nursing homes where they receive healthy living behavior programs through Houston Methodist West Hospital. Houston Methodist Continuing Care Hospital will continue to work with Houston Methodist West Hospital and other organizations to indirectly focus on expanding healthy living behaviors

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.²⁰ 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.²¹

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.²² 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 Clinics (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.

PROPOSED IMPLEMENTATION STRATEGIES

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

Three Year Program Goal	To add two credentialed Gastrointestinal and Urology specialists at Houston Methodist Continuing Care Hospital by the end of Q4 of 2022.
2020 Goal 1:	To credential one gastrointestinal specialist to provide gastrointestinal consults at Houston Methodist Continuing Care Hospital and prevent patients from being unnecessarily transferred to Houston Methodist West Hospital for continuation of care by end of Q4.
Tactics and Details:	<ul style="list-style-type: none"> ▪ Houston Methodist Continuing Care Hospital to work with employed gastrointestinal physicians to facilitate patient care at the hospital ▪ Work with Medical Staff Services to credential Houston Methodist West specialists at Houston Methodist Continuing Care to sustain access for patients
Key Performance Indicators:	<ul style="list-style-type: none"> ▪ Number of patients transferred from Houston Methodist Continuing Care Hospital to Houston Methodist West Hospital ▪ Number of gastrointestinal consults provided at Houston Methodist Continuing Care Hospital
2020 Goal 2:	To credential one urology specialists to provide urology consults at Houston Methodist Continuing Care Hospital and prevent patients from being transferred to Houston Methodist West Hospital by end of Q4.
Tactics and Details:	<ul style="list-style-type: none"> ▪ Houston Methodist Continuing Care Hospital to work with employed urology doctors to facilitate patient care at the hospital ▪ Work with Medical Staff Services to credential Houston Methodist West Hospital specialists at Houston Methodist Continuing Care Hospital also
Key Performance Indicators:	<ul style="list-style-type: none"> ▪ Number of patients transferred from Houston Methodist Continuing Care Hospital to Houston Methodist West Hospital ▪ Number of urology consults provided at Houston Methodist Continuing Care Hospital

REFERENCES

- ¹ Texas Health and Human Services. *Texas Population* (2019). Retrieved from <https://www.dshs.texas.gov/chs/popdat/st2019.shtm>.
- ² City of Houston. *About Houston* (2018). Retrieved from <http://www.houstontx.gov/about/houston/houstonfacts.html>
- ³ Texas County Profiles. *County Size in Square Miles* (2019). Retrieved from <http://txcip.org/tac/census/CountyProfiles.php/>.
- ⁴ U.S. Census Bureau. *Census Reporter* (2017). Retrieved from <https://censusreporter.org/profiles/31000US26420-houston-the-woodlands-sugar-land-tx-metro-area/>.
- ⁵ Proximity One. *Metropolitan Area Situation & Outlook Report* (2018). Retrieved from <http://proximityone.com/cbsa/1/cbsa26420.htm#4.2>.
- ⁶ Houston Chronicle citing U.S. Census. *Houstonians Speak At Least 145 Languages at Home* (2015). Retrieved from <https://www.houstonchronicle.com/news/houston-texas/article/Houstonians-speak-at-least-145-languages-at-home-6613182.php>.
- ⁷ U.S. Census Bureau. *American Community Survey* (2017); Household Language (2018). Retrieved from <https://factfinder.census.gov/>.
- ⁸ U.S. Census Bureau. *American Community Survey* (2013-2017); Race and Ethnicity (2018). Retrieved from <https://factfinder.census.gov/>.
- ⁹ U.S. Census Bureau. *Poverty Thresholds* (2019). Retrieved from <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds>.
- ¹⁰ U.S. Census Bureau. *American Community Survey* (2013-2017); Household Income (2018). Retrieved from <https://factfinder.census.gov/>.
- ¹¹ U.S. Census Bureau. *American Community Survey* (2013-2017); Race and Poverty (2018). Retrieved from <https://factfinder.census.gov/>.
- ¹² The Urban Institute. *The Uninsured in Texas* (2018). Retrieved from <https://www.urban.org/research/publication/uninsured-texas>.
- ¹³ Centers for Medicare and Medicaid Services. *Medicare Enrollment Dashboard* (2018). Retrieved from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Dashboard/Medicare-Enrollment/Enrollment%20Dashboard.html>.
- ¹⁴ U.S. Census Bureau. *American Community Survey* (2018). Retrieved from <https://factfinder.census.gov/>.
- ¹⁵ Houston Methodist citing IBM Watson Health. *Insurance Coverage Projects* (2018-2028).
- ¹⁶ Texas Health and Human Services. *Healthcare Statistics; Medicaid and CHIP Enrollment by Risk Group by County*. Retrieved from <https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/healthcare-statistics>.
- ¹⁷ Ibid.
- ¹⁸ Urban Institute. *The Uninsured in Texas* (2018). Retrieved from https://www.urban.org/sites/default/files/publication/99498/uninsured_in_texas_2.pdf
- ¹⁹ The Episcopal Health Foundation. *More than 1 million Texans activated their 2018 Affordable Care Act health insurance* (2018). Retrieved from <https://www.episcopalhealth.org/en/research/research-reports/more-1-million-texans-activated-their-2018-affordable-care-act-health-insurance/>.
- ²⁰ Centers for Disease Control and Prevention. *About Chronic Diseases* (30 July 2019). Retrieved from <https://www.cdc.gov/chronicdisease/about/index.htm#risks>.
- ²¹ International Journal of Environmental Research and Public Health. *An Empirical Study of Chronic Diseases in the United States: A Visual Analytics Approach to Public Health* (March 2018). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5876976/>.
- ²² Centers for Disease Control. *Health and Economic Costs of Chronic Diseases* (11 February 2019). Retrieved from <https://www.cdc.gov/chronicdisease/about/costs/index.htm>.