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About Houston Methodist Sugar Land

Houston Methodist Sugar Land Hospital is a non-profit hospital located in Fort Bend County within the Greater Houston area. It is owned and operated by Houston Methodist, a not-for-profit health care system. Houston Methodist Sugar Land Hospital is a family centered, patient-focused hospital offering state-of-the-art technology and exceptional medical care with top ratings in multiple service areas including exceptional, cancer care, neurology and neurosurgery, orthopedics and sports medicine, wound care and hyperbaric medicine, heart and vascular care and more. Houston Methodist Sugar Land Hospital is able to provide this top care through its more than 950 talented physicians and specialists who represent the full range of medical specialties.

Houston Methodist Sugar Land Hospital has received recognition for excellence in patient care, medical advancements and community involvement that includes but is not limited to being voted Best Metro-Area Hospital by U.S. News & World Report; Awarded Pathway to Excellence designation from the American Nurses Credentialing Center for creating an exceptional working environment where nurses thrive and patient satisfaction is high; Recognized as 100 Best Companies to Work For, by Fortune magazine; Accredited cancer center by the American College of Surgeons Commission on Cancer, which means we provide the highest quality cancer care; Certified as a Primary Stroke Center by DNV GI Healthcare, Inc 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>Hospital</th>
<th>321</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Beds</td>
<td></td>
</tr>
<tr>
<td>Operating Rooms</td>
<td>27</td>
</tr>
<tr>
<td>Affiliated Physicians</td>
<td>999</td>
</tr>
<tr>
<td>Employees</td>
<td>2,368</td>
</tr>
<tr>
<td>Admissions</td>
<td>17,066</td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td>202,596</td>
</tr>
<tr>
<td>Emergency Room Visits</td>
<td>43,030</td>
</tr>
<tr>
<td>Births</td>
<td>2,860</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 Sugar Land 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 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.

- 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.
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 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 Sugar Land Hospital primarily serves Fort Bend and Harris counties. Therefore, for this report, references to the Houston Methodist Sugar Land Hospital community refers to the two counties in the MSA that the hospital most serves.

### Population Size:

The Houston Methodist Sugar Land 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 Sugar Land Hospital, Harris County accounts for an estimated 4.5 million of Houston Methodist Sugar Land Hospital community residents, equating to approximately 86% of the Houston Methodist Sugar Land Hospital community population. In comparison, Fort Bend County has a population of 711,421, accounting for approximately 14% of the Houston Methodist Sugar Land Hospital community population.⁵ See figure 1 for a breakdown of the Houston Methodist Sugar Land Hospital community population by county.⁶

### 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 Sugar Land 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 Sugar Land Hospital Community, and Texas. The adult population accounts for the highest percentage of the Houston Methodist Sugar Land Hospital community (63%). Harris County has an Adult population of 63%. Fort Bend County has the smaller percentage of adults within the Houston Methodist Sugar Land Hospital community at 62%. The senior population accounts for 10% of the Houston Methodist Sugar Land 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.
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. Within the Houston Methodist Sugar Land Hospital community, 43.7% of community members utilize a dominant language other than English, which ranks higher than the national average of 21.8%. Within the Houston Methodist Sugar Land Hospital community, 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 Sugar Land Hospital population utilizes a dominant language other than English or Spanish.

Race/Ethnicity
The Houston Methodist Sugar Land 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 Sugar Land 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).

Educational Attainment
Educational attainment varies across counties within the Houston Methodist Sugar Land Hospital community. Among Houston Methodist Sugar Land 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.

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. 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). 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 Sugar Land 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.

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. U.S. Census data, presented in table 1, shows the uninsured rate by county within the Houston Methodist Sugar Land Hospital community. On average, 19.9% of the Houston Methodist Sugar Land Hospital community lacks insurance. The uninsured rate

Table 1. Percent Uninsured by County

<table>
<thead>
<tr>
<th>County</th>
<th>% Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fort Bend</td>
<td>12.0%</td>
</tr>
<tr>
<td>Harris</td>
<td>21.2%</td>
</tr>
</tbody>
</table>

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. Among the uninsured, 65% were Hispanic/Latino compared to Black populations (14%), Non-Hispanic White (13%), and Asian (8%). 59% had incomes below 138% of the federal poverty level.¹³

**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).¹⁴ ¹⁵ Over the next five years, the Medicare population, compared to other populations, is expected to expand the most (2018-23).¹⁶ 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.¹⁷ 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.¹⁸

**Affordable Care Act:**
The Affordable Care Act (ACA) plays an important role in the healthcare 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.¹⁹ 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 2017.²⁰
Prioritized Needs of the Houston Methodist Sugar Land 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 Sugar Land 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 Sugar Land 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 Sugar Land 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 Sugar Land 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 Sugar Land 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 Sugar Land 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 Sugar Land 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 Sugar Land 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. 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.

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 Sugar Land 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. 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 Sugar Land 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. The Houston Methodist Sugar Land 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.
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.27

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.28 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 (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.
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. 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).

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. 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.

Figure 5. Houstonian Life Expectancy by Zip Code

Source: UT Southwestern Medical Center
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.33 This situation is even further complicated for Medicaid patients. Only an estimated 41% of psychiatrists accept Medicaid and 54% accept Medicare.33

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.34 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.35 Furthermore, Harris County, it is a 920:1 ratio.36 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.

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

<table>
<thead>
<tr>
<th>County</th>
<th>Ratio of Mental Health Providers to Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas</td>
<td>960:1</td>
</tr>
<tr>
<td>Counties in Houston Methodist Sugar Land Community</td>
<td></td>
</tr>
<tr>
<td>Fort Bend</td>
<td>1,570:1</td>
</tr>
<tr>
<td>Harris</td>
<td>920:1</td>
</tr>
</tbody>
</table>

Source: County Health Facts 2019
## Priority: Increase Access to Primary Care Services for the Surrounding Community

<table>
<thead>
<tr>
<th>Three Year Program Goal</th>
<th>To increase the number of patients seen same-day in the new Houston Methodist Sugar Land primary care clinic from 1,587 annualized visits in 2019 to 2,079 annualized visits by Q4 of 2022.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2020 Goal 1:</strong></td>
<td>To increase volume at the Houston Methodist Sugar Land primary care clinic to 2,079 annualized visits by end of 2020, leading to over 600 more patient visits over three years.</td>
</tr>
<tr>
<td><strong>Tactics and Details:</strong></td>
<td>Increase availability of primary care clinics opening new same-day clinic locations in the Houston Methodist Sugar Land service area</td>
</tr>
</tbody>
</table>
| **Key Performance Indicators:** | - Number of patients seen in Same Day Clinics in Houston Methodist Sugar Land service area  
  - Same day rate for Primary Care Group |

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

<table>
<thead>
<tr>
<th>Three Year Program Goal</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2020 Goal 1:</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
| **Tactics and Details:** | - Partnership with Community Benefits to establish a process  
  - Continue to support this process at the entity level |
| **Key Performance Indicators:** | - 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: Increase Access to Mental Health Care Services Within the Surrounding Underserved Community

<table>
<thead>
<tr>
<th>Three Year Program Goal</th>
<th>To expand 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 expand psychosocial support through an oncology social worker who is to serve at least 10% of the eligible cancer patients who are referred in the outpatient services areas (Infusion Center and Radiation Therapy) for social work support.</td>
</tr>
</tbody>
</table>
| **Tactics and Details:** | - Hire oncology social worker (hopefully by the end of first quarter 2020)  
  - Develop an effective referral process  
  - Educate staff on referral process |
| **Key Performance Indicators:** | - Oncology Social Worker hired (hopefully by end of first quarter 2020)  
  - Effective referral process developed  
  - Staff education provided  
  - Number of patients referred to the oncology social worker  
  - Number of patients seen by the oncology social worker |
<table>
<thead>
<tr>
<th>2020 Goal 2:</th>
<th>To improve efficiency of financial navigation to increase patients served by 10% (422 patients) in 2020 over 2019 annualized rate of 384</th>
</tr>
</thead>
</table>
| Tactics and Details: | ▪ Transition from infusion project specialist to Oncology Liaison  
▪ Pilot Vivor software to increase access to most up to date programs available to our patients for the management of financial toxicity |
| Key Performance Indicators: | ▪ Position filled  
▪ Vivor financial navigation software pilot initiated  
▪ Percentage of patients served in 2020 vs 2019 annualized rate of 384 and respective fiscal outcomes for drug programs r/t oncology liaison  
▪ Number of eligible patients referred/screened for services to the breast prosthesis program by the oncology liaison |

<table>
<thead>
<tr>
<th>2020 Goal 3:</th>
<th>To increase Lung Screening (LDCT) by 10% (154 patients) in 2020 over 2019 annualized rate of 140</th>
</tr>
</thead>
</table>
| Tactics and Details: | ▪ Provide physician education through navigator/business development collaborative physician office visits  
▪ Direct Mail of annual LDCT screening cards  
▪ E-mail “it's time for your annual LDCT screening” reminders (on a monthly basis) to past LDCT screening patients |
| Key Performance Indicators: | ▪ Percentage of lung cancer screenings 2020 vs 2019 annualized rate of 140  
▪ Percentage of annual screenings  
▪ Number of new referrals |

<table>
<thead>
<tr>
<th>2020 Goal 4:</th>
<th>To increase clinical trial accrual rate in 2020 for inclusion of women by 25% (more than 10 patients) and minorities by 25% (more than 8 patients)</th>
</tr>
</thead>
</table>
| Tactics and Details: | ▪ Ensure general language specific brochures about clinical trials are available (i.e. Spanish) and actively distribute  
▪ Speak with marketing about considering Spanish Interview about clinical trials with Dr. Darcourt on Univision or Telemundo or in Spanish Journal  
▪ Educate staff on available clinical trials  
▪ Identify clinical research opportunities for minority populations.  
▪ Educate members of the Ft. Bend community on clinical trials through a research exhibit table at the annual cancer survivors’ celebration |
| Key Performance Indicators: | ▪ Percentage of minority accruals 2020 vs. 2019 (baseline 10 women and 8 minorities)  
▪ Presence of non-English clinical trial brochures  
▪ Staff education conducted re: research in team huddle.  
▪ Research team has a booth at annual cancer survivors’ celebration.  
▪ Marketing meeting conducted; Spanish interview conducted. |
### Three Year Program Goal

**To expand the number of Houston Methodist facilities able to successfully process lab and radiology services for charity clinics receiving financial support via the Houston Methodist Community Benefits Grant Program from two to seven facilities by end of Q4 of 2022.**

<table>
<thead>
<tr>
<th>2020 Goal 1:</th>
<th>To expand the ability for charity clinic partners in the Houston Methodist Sugar Land service area that are receiving financial support via the Community Benefits Grant Program to send tests and patients for radiology to Houston Methodist Sugar Land thereby removing barriers to access with a goal of a 100% show rate for radiology appointments scheduled.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tactics and Details:</strong></td>
<td>▪ Work with lab leadership and executive leadership at Houston Methodist Sugar Land to outline options for taking on this charitable responsibility to improve access to care for indigent</td>
</tr>
</tbody>
</table>
| **Key Performance Indicators:** | ▪ Onboarding of San Jose Rosenberg Community Clinic for lab and radiology support from Houston Methodist Sugar Land  
▪ Number of lab and radiology services provided by Houston Methodist Sugar Land to clinics for the grant funding year  
▪ Show rate of appointments scheduled for radiology services that are kept. |

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

<table>
<thead>
<tr>
<th>Three Year Program Goal</th>
<th>To provide Chronic Disease Self-Management (CDSM) courses on the best healthy living practices for managing diabetes, pain management and cancer in collaboration with the Area Agency on Aging to at least fifty patients by Q4 of 2022.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 Goal 1:</td>
<td>Send one team of two people to the four-day Chronic Disease Self-Management training in 2020.</td>
</tr>
</tbody>
</table>
| **Tactics and Details:** | ▪ Identify potential facilitators with at least one being a survivor of a chronic disease  
▪ Locate training locations, dates and times  
▪ Register team for training  
▪ Develop collaboration with the Area Agency on Aging of the Houston-Galveston Area Council to offer CDSM classes locally  
▪ Work with newly trained facilitator team to prepare to offer first class |
| **Key Performance Indicators:** | ▪ Team recruited  
▪ Agreement formalized with Area Agency on Aging  
▪ Team trained  
▪ First class scheduled |

| 2020 Goal 2: | Host one Chronic Disease Self-Management course and serve at least ten patients in 2020. |
| **Tactics and Details:** | ▪ Schedule class for a time that appeals to the target market  
▪ Market class to internal providers  
▪ Market class to external community partners  
▪ Register at least 10 people to attend class  
▪ Evaluate class and document learnings |
| **Key Performance Indicators:** | ▪ First class scheduled  
▪ Key service line providers informed of class and how to refer patients  
▪ Community partners from faith community and corporate community receive information  
▪ Class is fully subscribed with 10-16 participants  
▪ At least ten participants complete all sessions and evaluate class |
**Priority: Increase Access to Mental Health Care Services Within the Surrounding Underserved Community**

<table>
<thead>
<tr>
<th>Three Year Program Goal</th>
<th>To launch a new system-wide suicide screening initiative across all eight Houston Methodist hospitals 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 Houston Methodist Sugar Land 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.</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

<table>
<thead>
<tr>
<th>Three Year Program Goal</th>
<th>To increase telepsychiatry utilization at Houston Methodist Sugar Land to increase system-wide utilization of 2089 calls by 10% 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 Sugar Land 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 tracking 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 decrease outsourcing of mental health services by 25% by the end of Q4 of the year 2022.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 Goal 1:</td>
<td>Provide mental health services and resources in Neurology to service Houston Methodist Sugar Land and outlying community patients and caregivers dealing with chronic illness. Doing so is projected to increase access by 50% by end of Q4.</td>
</tr>
</tbody>
</table>
| Tactics and Details:   | - Incorporate a Mental Health-Nurse Practitioner  
- Create a student clinical social work rotation program to service MSL outpatient clinics  
- Expand referral and resource database |
| Key Performance Indicators: | - Number of Patients Arriving to the Appointment  
- Number of Patients No/Showing to the Appointment  
- Number of Patients Referrals for Mental Health Services  
- Number of Personnel added to the program |
| 2020 Goal 2:           | Provide mental health education to the Houston Methodist Sugar Land Neurology specialty and Hospital Leadership by providing six educational sessions or seminars by end of Q4. |
| Tactics and Details:   | - Lunch and Learns (Clinic level)  
- Mental Health Grand Rounds  
- Physician Round Table |
| Key Performance Indicators: | - Number of Patients Arriving to the Appointment  
- Number of Patients No/Showing to the Appointment  
- Number of Patients Referrals for Mental Health Services  
- Number of Personnel added to the program |


