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About Houston Methodist West Hospital

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

Houston Methodist West Hospital is Houston Methodist’s fifth hospital since 1919. Opening its doors in 2010, Houston Methodist West Hospital provides access to innovative medical and surgical care, including minimally invasive robotic-assisted surgery, cancer care, heart and vascular care, orthopedics and sports medicine, and much more. The hospital is committed to providing quality health care which means providing exceptional treatment with integrity, respect and compassion. Houston Methodist West Hospital continuously measures, assesses and improves our systems and processes to better serve patients.

Houston Methodist West Hospital has received numerous awards and accreditations including but not limited to: Exemplary Five Star Award from the Texas Department of State Health Services, awarded to hospitals that demonstrate excellence in timeliness, customer service, certification and training and accuracy in filing birth certificates; Breast Imaging Center of Excellence from the American College of Radiology, awarded to centers that offer the latest in diagnostic breast health technology; Top 100 Place to Work by Fortune magazine; and Stroke Gold Plus Quality Achievement Award, recognizing Houston Methodist West Hospital for providing the most appropriate stroke treatment.

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>
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<th>Houston Methodist West Hospital</th>
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<td><strong>Operating Beds</strong></td>
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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 West 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 U.S. and the state, as well as the fourth most populous city in the nation — trailing only New York, Los Angeles and Chicago. Currently, 24% of Texans reside in the Houston-The Woodlands-Sugar Land metropolitan statistical area (MSA). This MSA is comprised of the following nine counties: Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery and Waller. Houston Methodist West Hospital primarily serves Harris and Fort Bend counties. Therefore, for this report, references to the Houston Methodist West Hospital community refers to the two counties in the MSA that the hospital most serves.

**Population Size**
The Houston Methodist West Hospital community spans 2,662.8 square miles and contains an estimated population of 5,236,940 residents. As the largest county in Texas and the county most served by Houston Methodist West Hospital, Harris County accounts for an estimated 4.5 million of the hospital’s community residents, equating to approximately 86% of the Houston Methodist West Hospital community population. In comparison, Fort Bend County has a population of 711,421, accounting for approximately 14% of the Houston Methodist West Hospital community population. See figure 1 for a breakdown of the Houston Methodist West Hospital community population by county.

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

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

**Age**
Three major age groups comprise the Houston Methodist West 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 West Hospital community, and Texas. The adult population accounts for the highest percentage of the Houston Methodist West Hospital community (63%). Harris County has an adult population of 63%. Fort Bend County has the smaller percentage of adults within the Houston Methodist West Hospital community at 62%. The senior population accounts for 10% of the Houston Methodist West 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. In Harris and Fort Bend counties, the senior population accounts for 10% of the population.
Language
Houston ranks among the top cities in the United States in terms of language diversity; there are at least 145
languages spoken at home.\(^7\) Within the Houston Methodist West 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 West 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 West
Hospital population utilizes a dominant language other than English or Spanish.\(^8\)

Race/Ethnicity
The Houston Methodist West 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 West 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).\(^9\)

Educational Attainment
Educational attainment varies across counties within the Houston Methodist West Hospital community. Among
Houston Methodist West 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.\(^10\) 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).\(^11\) 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 West 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. In the Houston Methodist West Hospital community, 23% (323,559) of children and young adults live in
poverty. Hispanic/Latino and black populations experience higher rates of poverty (22% and 23%, respectively)
compared to the white/Non-Hispanic population (7%).\(^12\)

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.\(^13\) U.S. Census data, presented in
table 1, shows the uninsured rate by county within the Houston Methodist West Hospital community. On average, 19.9% of the Houston Methodist West 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.

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

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). Over the next five years, the Medicare population, compared to other populations, is expected to expand the most (2018-23). 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. 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.

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

**Low Crime/Safe Neighborhood**

Houston Methodist West 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 West 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 West 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 West 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 West 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 West 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.\(^{21}\) 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.\(^{22}\)

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 West 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.\(^{23}\) 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 West 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.\(^{24}\) The Houston Methodist West 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.\(^{25}\)
Prevalence and Effects of Chronic Disease
Chronic diseases are ongoing, generally incurable illnesses or conditions. According to the CDC, 6 in 10 adults in the United States have a chronic disease and 4 in 10 adults have two or more. Chronic diseases — including cancer, diabetes, hypertension, stroke, heart disease, respiratory diseases, arthritis, obesity and oral diseases — can lead to hospitalization, long-term disability, reduced quality of life, and even death, killing more than 1.7 million Americans each year. In fact, persistent conditions are the nation’s leading cause of death and disability.

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

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

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

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

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

Source: Merritt Hawkins

In clinics that serve low-income patients, only a few have specialists on staff. Sometimes, the clinics have no direct connection with specialists, who are usually affiliated with hospitals or large practices. Even when there is an established connection, arranging timely and affordable specialty care may be nearly impossible.
Underserved Communities Face Specialty Care Physician Shortages
Because specialty care physicians are compensated at a higher rate than their primary care counterparts, settings that provide care for the underinsured and uninsured may not be able to compete with larger institutions to obtain these specialists. Federally Qualified Health Centers (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.
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. **Error! Bookmark not defined.** 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 hinderance to those who may need care.
### Priority: Increase Access to Primary Care Services for the Surrounding Community

<table>
<thead>
<tr>
<th>Three Year Program Goal</th>
<th>To increase referral of Emergency Department patients to Primary Care Group (PCG) or post follow-up discharge by 50% by end of Q4 of 2022.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 Goal 1:</td>
<td>To increase the referral of Emergency Department patients to a visit with a Houston Methodist Primary Care Group Physician by 30% by end of Q4.</td>
</tr>
<tr>
<td>Tactics and Details:</td>
<td>• Engage Emergency Department providers to consistently use Primary Care Group providers for patients without a primary care physician for follow up per EPIC order set.</td>
</tr>
</tbody>
</table>
| Key Performance Indicators: | • Number of Primary Care Group referrals for patients seen in the Emergency Department for follow-up after hospital discharge.  
• Communication plan and program to educate Emergency Department providers on new process. |

<table>
<thead>
<tr>
<th>Three Year Program Goal</th>
<th>To reduce the no-show rate of underserved patients being referred to medical homes via the Community Network of Care across Houston Methodist from 55% to 25% by end of Q4 of 2022.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 Goal 1:</td>
<td>To decrease the no-show rate of Houston Methodist West underserved patients referred via the Community Network of Care Program from 55% to 40% by end of Q4.</td>
</tr>
</tbody>
</table>
| Tactics and Details:   | • Increase the number of program personnel and enhance personnel training to educate target audience on the value of medical homes.  
• Establish a continuing education series for personnel to improve motivational interviewing skills and knowledge on available resources to grow patient confidence in referrals to Network of Care medical homes.  
• Support continuing education for social workers and case managers to increase quality of referrals.  
• Expand the number of resources that can be offered to underserved patients that help address social determinants that negatively impact the patients’ ability/willingness to access health care in a medical home setting. |
| Key Performance Indicators: | • Number of Eligible Patients Referred to the Program  
• Number of Eligible Patients Accepting Appointments  
• Percent of Patients Showing for Scheduled Appointments  
• Number of Personnel Added to the Program  
• Number of Services Accepted by Referred Patients. |
## Priority: Reduce Barriers to Accessing Specialty Care Services for the Surrounding Underserved Community

### 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 current two facilities to seven by end of Q4 of 2022.

#### 2020 Goal 1:
To expand the ability for charity clinic partners in the Houston Methodist West service area that are receiving financial support via the Community Benefits Grant Program to send tests and patients for radiology to Houston Methodist West with a goal of a 100% show rate for radiology appointments scheduled by Q4.

**Tactics and Details:**
- Work with lab leadership and executive leadership at Houston Methodist West to outline options for taking on this charitable responsibility to improve access to care for indigent

**Key Performance Indicators:**
- Onboarding of Christ Clinic and Spring Branch Community Clinic for lab and radiology support from Houston Methodist West
- Number of lab and radiology services provided by Houston Methodist West to clinics for the grant funding year
- Show rate of appointments scheduled for radiology services that are maintained

### Three Year Program Goal
To decrease readmissions of Congestive Heart Failure patients from 17.7% to 15.6% by end of Q4 of 2022.

#### 2020 Goal 1:
To decrease the readmission rate for Congestive Heart Failure (CHF) patients by 3% from 17.7% to 17.1% by end of Q4.

**Tactics and Details:**
- Partner with volunteer services to assist CHF patients in making follow up appointments with cardiologist prior to discharge from the hospital

**Key Performance Indicators:**
- Number of follow up visits attended vs. readmission rate

### Three Year Program Goal
To increase referral of Emergency Department patients with back pain to the Spine Center from 100 patients to 250 patients by end of Q4 2022.

#### 2020 Goal 1:
To increase referrals from ED from 100 patients to 150 patients to the Spine Center by Q4.

**Tactics and Details:**
- Create work order to track referrals to Spine Center in EPIC
- Expedite appointments with specialists, for those patients who go to the Emergency Department for back pain
- Facilitate and provide access to Neurologists, Neurosurgeons, Orthopedic Surgeons, Primary Care Sports Medicine and Pain Management
- Educate the Emergency Department physicians and staff about the Spine Center and EPIC work order every six months

**Key Performance Indicators:**
- Communication plan and program to education Emergency Department physicians on EPIC work order
- Number of Emergency Department patients referred and tracked in EPIC to the Spine Center
<table>
<thead>
<tr>
<th>Three Year Program Goal</th>
<th>To increase percentage of appointments for patient who are at risk for readmission with cardiologist from 30% to 45% by end of Q4 of 2022.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2020 Goal 1:</strong></td>
<td>To increase percentage of appointments for patient who are at risk for readmission with cardiologist from 30% to 35% by end of Q4.</td>
</tr>
<tr>
<td><strong>Tactics and Details:</strong></td>
<td>▪ Assist congestive heart failure patients with making follow up appointments with cardiologist prior to discharge from the hospital</td>
</tr>
<tr>
<td><strong>Key Performance Indicators:</strong></td>
<td>▪ Number of appointments made with cardiologist</td>
</tr>
</tbody>
</table>

<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 provide 10 patient referrals to Psychiatrist/Psychologist/LCSW to support for cancer patient’s needs by end of Q4.</td>
</tr>
</tbody>
</table>
| **Tactics and Details:** | ▪ Provide patients with counseling services Based on the distress screening tool  
▪ Provide PHQ-9 appropriate referrals to a Psychiatrist/Psychologist/LCSW  
▪ Create tracking process to identify baseline referral data for following years |
| **Key Performance Indicators:** | ▪ Number of distress screenings indicating Emotional Problems with a score of ≥ 4  
▪ Number of PHQ-9 screenings with a score of ≥ 5  
▪ Number of patients referred for counseling services with Psychiatrist/Psychologist/LCSW  
▪ Number of patients scheduled for a counseling service appointment |
| **2020 Goal 2:**      | To provide financial navigation support to at least 25 cancer patients in need of financial assistance by end of Q4. |
| **Tactics and Details:** | ▪ Expand the number of patients screened and provided with support by the Oncology Liaison (Financial Navigator) to reduce the financial distress related to cancer treatments. Provide support to ≥ 25 patients  
▪ Continue to develop program and identify baseline number of patients for following years |
| **Key Performance Indicators:** | ▪ Number of patients provided with financial navigation by the Oncology Liaison  
▪ Number of grants received  
▪ Total funds secured to support patients |
| **2020 Goal 3:**      | To increase accrual rate by 2% in clinical trials inclusive of minority populations by end of Q4. |
| **Tactics and Details:** | ▪ Identify clinical research opportunity and clinical trial research for minority populations |
| **Key Performance Indicators:** | ▪ Percentage of clinical trial accrual rate for minorities  
▪ Number of clinical trials identified |
# Priority: Promote Healthy Living Behaviors that Reduce the Likelihood of Chronic Disease Development

<table>
<thead>
<tr>
<th>Three Year Program Goal</th>
<th>To encourage patients to attend a monthly Mended Hearts educational support group to enhance the quality of heart disease patients.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 Goal 1:</td>
<td>To increase community participation to the Mended Hearts education and support group from 20 patients to 25 patients by end of Q4.</td>
</tr>
</tbody>
</table>
| **Tactics and Details:** | ▪ Promote participation to Mended Heart support group by distributing flyers to cardiology clinics and cardiovascular surgery clinics  
 ▪ Visit patients before discharge by the Mended Heart volunteers  
 ▪ Partner with community health clinics and churches to provide heart related education through the voice of the members of Mended Hearts |
| **Key Performance Indicators:** | ▪ Number of patients attending support group  
 ▪ Number of patients vested by Mended Heart volunteers to be referred to support group  
 ▪ Number of faith agencies onboarded  
 ▪ Number of services available to offer patients  
 ▪ Number of patients referred to faith agencies for support |

<table>
<thead>
<tr>
<th>Three Year Program Goal</th>
<th>To increase community awareness for all patients served in Outpatient Rehabilitation by providing educational material on an evidence-based topic.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 Goal 1:</td>
<td>To provide all patients education on specific individualized functional deficits determined during initial evaluation and 50% of rehabilitation patients will receive evidence-based education on additional topic chosen by staff per quarter to increase community awareness by Q4.</td>
</tr>
<tr>
<td><strong>Tactics and Details:</strong></td>
<td>▪ Provide educational material to all outpatient rehab patients on an evidenced-based topic to be changed per quarter. Functional deficit topics include Falls and Home Safety, Energy Conservation, Benefits of Exercise</td>
</tr>
</tbody>
</table>
| **Key Performance Indicators:** | ▪ Updated quarterly evidence-based topic and corresponding material  
 ▪ Number of patients provided educational material upon initial evaluations |

<table>
<thead>
<tr>
<th>Three Year Program Goal</th>
<th>To collaborate with local industry and Emergency Service partners to provide education targeted toward preventing heart disease and stroke at six health fairs in by end of Q4 of 2022.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 Goal 1:</td>
<td>Collaborate with Houston Methodist West community outreach specialist, corporate employer outreach specialist and physician liaisons to provide heart attack &amp; stroke education at two health fairs to local businesses by end of Q4.</td>
</tr>
</tbody>
</table>
| **Tactics and Details:** | ▪ Attend health fairs  
 ▪ Offer targeted educational sessions |
| **Key Performance Indicators:** | ▪ Number of health fairs attended  
 ▪ Number of attendees at health fairs  
 ▪ Collaboration with Houston Methodist West community outreach specialist, corporate employer outreach specialist and physician liaisons |
### Three Year Program Goal

**To enhance education targeted toward preventing heart disease and stroke by hosting three educational events in collaboration with local industry and Emergency Services by Q4 of 2022.**

#### 2020 Goal 1:

To partner with local Emergency Medical Service (EMS) provider(s) to provide a minimum of one hands-on Cardiopulmonary Resuscitation (CPR) event(s) in Katy or the surrounding area by end of Q4.

#### Tactics and Details:
- Collaborate with Harris County Emergency Services District No. 48 fire station to provide CPR event

#### Key Performance Indicators:
- Educational programming for event
- Collaborative partnerships with local industry or EMS provider(s)
- Number of events hosted
- Number of attendees at events

### 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 four 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 West Hospital by end of Q4.

#### Tactics and Details:
- Meet with faith leaders from the top fifty list of faith communities to educate them on the initiative and gain buy-in

#### Key Performance Indicators:
- Number of faith agencies onboarded
- Number of services available to offer patients
- Number of patients referred to faith agencies for support

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

### Three Year Program Goal

**To increase telepsychiatry utilization at Houston Methodist West 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 West 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:
- 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 ED 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 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 staff utilization of the suicide screening tool, track screening compliance with the new EPIC utilization report and to create baseline for following years by end of Q4 of 2020.</td>
</tr>
</tbody>
</table>
| Tactics and Details:  | - Question #9 of the PHQ-9 assessment is “In the past two weeks, have you had thoughts that you would be better off dead, or of hurting yourself”?  
- Training for staff will be in the Learning Management System in the 4th quarter of 2019 to educate staff on the use of the PHQ-9 screening tool and utilizing Question #9 to screen for suicidality and suicide risk stratification  
- Training to also include the actions to be taken if a patient scores positive for suicidal ideations  
- Build Epic Crystal reports to track screening compliance rates across the system  
- Review monthly PHQ-9 reports to determine compliance rates  
- Quarterly communication with leadership at each Hospital site to share compliance, reiterate importance of screening, review barriers to screening, and work with staff to overcome barriers |
| Key Performance Indicators: | - Monthly Epic Crystal report review to ensure compliance with screening tool  
- Review of education sign-in logs to ensure training is being completed across the system |
REFERENCES

18 Ibid.


