Implementation Plan

2020 – 2022

Houston Methodist Willowbrook Hospital  |  Houston, Texas
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About Houston Methodist Willowbrook

Houston Methodist Willowbrook 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 Willowbrook Hospital is a full-service, acute-care hospital that serves Northwest Houston and surrounding communities.

Opening its doors in 2000, Houston Methodist Willowbrook Hospital offers a range of services to the community and is a well-established leader in multiple service areas, including emergency care, cardiology, orthopedics and sports medicine, women’s services and more. The hospital is a 52-acre facility that features four primary facilities: North Pavilion, Women’s and Children’s Pavilion, Centerfield Building and Hargrave Medical Office Building. Houston Methodist Willowbrook Hospital is committed to providing high-quality health care which means providing exceptional treatment with integrity, respect and compassion. The hospital continuously measures, assesses and improves our systems and processes to better serve patients.

Houston Methodist Willowbrook Hospital has received numerous awards and accreditations, including but not limited to: Det Norske Veritas Health care accreditation, a global provider of risk and quality management; Magnet recognition by the American Nurses Credentialing Center; Leap Frog Group hospital safety score of “A” — the gold standard for measuring and reporting hospitals’ performance in safety, quality and efficiency; Breast Imaging Center of Excellence by the American College of Radiology, acknowledging that Houston Methodist Willowbrook Hospital provides the latest in diagnostic breast health technology; and Best Regional Hospital awarded by U.S. News and World Report — No. 7 in Houston and No. 11 in Texas.

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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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 Willowbrook 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.
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 Due to Houston Methodist Willowbrook Hospital primarily serving one of the nine counties in the MSA, for the purposes of this report, the focus will be placed on the identified county (Harris) primarily served by Houston Methodist Willowbrook Hospital and will refer to the one county being primarily served as the Houston Methodist Willowbrook Hospital community.

**Population Size**
The Houston Methodist Willowbrook Hospital community spans 1,777.5³ square miles and contains an estimated population of 4,525,519 residents.⁴ As the largest county in Texas and the only county served by Houston Methodist Willowbrook Hospital, Harris County accounts for all Houston Methodist Willowbrook Hospital community residents.⁵ The Houston Methodist Willowbrook Hospital community saw an overall 14% population increase between 2010 and 2018.⁶

**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. In 2015, 3.3% (11,481) of adult Houstonians identified as LGBT.⁷

**Age**
Three major age groups comprise the Houston Methodist Willowbrook Hospital community: youth and adolescent population (Under 18 years), adult population (18-64 years), and senior population (65 years and over). Figure 1 shows the population distribution by age group across the Houston Methodist Willowbrook Hospital community, and Texas. The adult population accounts for the highest percentage of the Houston Methodist Willowbrook Hospital community (63%). The senior population accounts for 10% of the Houston Methodist Willowbrook 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.⁸ Within the Houston Methodist Willowbrook Hospital community, 44% of community members utilize a dominant language other than English, which ranks higher than the national average of 21.8%. Within the Houston Methodist Willowbrook Hospital community, noting that Spanish is the second most common language, with 33.2% of the population reporting Spanish as their primary language. 10.8% of the Houston Methodist Willowbrook Hospital population utilizes a dominant language other than English or Spanish.⁹

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¹ American Community Survey (2013-17)
² Coastal Bend Regional Planning Council (2011-15)
³ Source: Harris County Pct. 4 Census, 2010
⁴ Bureau of Labor Statistics, National Longitudinal Mortality Survey
⁵ U.S. Census Bureau, 2018 American Community Survey
⁶ Bureau of Labor Statistics, National Longitudinal Mortality Survey
⁷ U.S. Census Bureau, 2018 American Community Survey
⁸ The Houston Chronicle
⁹ Houston Chronicle
**Race/Ethnicity**
The Houston Methodist Willowbrook Hospital community is within one of the most ethnically diverse metropolitan regions in the nation, with Harris County maintaining a minority-majority city status due to a 42% Hispanic/Latino population in comparison to 31% white/Non-Hispanic population.

**Educational Attainment**
Among Houston Methodist Willowbrook Hospital community members 25 years of age and older, 57% have pursued education beyond a high school diploma. Nearly 20% of community members have less than a high school diploma, 23% graduated from high school, 21% completed some college coursework but did not graduate, and 37% have an Associate’s, Bachelor’s, Graduate or Professional degree.

![Figure 2. Median Household Income by County](image)

**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 which parallels the Houston Methodist Willowbrook Hospital community median household income of $57,791. See figure 2.

**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 Willowbrook Hospital community, there are more than 750,000 residents (16.8%) living in poverty. Hispanic/Latino and black populations experience higher rates of poverty (22% and 23%, respectively) compared to the white/Non-Hispanic population (7%).

**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. On average, 21.2% of the Houston Methodist Willowbrook Hospital community lacks insurance. 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%), white/Non-Hispanic (13%) and Asian (8%). 59% had incomes below 138% of the federal poverty level.

**Medicare**
Medicare is a national health insurance program that benefits not only seniors age 65 and older, but also those with disabilities and end-stage disease states. In Harris County, 525,611 people were enrolled in Medicare in 2018, which accounts for approximately 11.2% of the estimated county population. 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. 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. In the Houston Methodist Willowbrook Hospital Community, 229,493 individuals enrolled in the ACA insurance marketplace in 2018, representing 4.9% of the population. See table 1.

<table>
<thead>
<tr>
<th>County</th>
<th>Number of Individuals (Total Population)</th>
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<tbody>
<tr>
<td>Harris</td>
<td>229,493 (4.9%)</td>
</tr>
</tbody>
</table>

Source: CMS (2018)
Prioritized Needs of the Houston Methodist Willowbrook 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 Willowbrook 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 Willowbrook 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 Willowbrook 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 Willowbrook 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 Willowbrook 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 Willowbrook 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 Willowbrook 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 Health care 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. 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 3). These two interdependent barriers are impacted by the changing health care and political landscape.

Within the Houston Methodist Willowbrook 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 Willowbrook 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 Willowbrook 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.

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 4).

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. According to the National Institute of Mental Health, serious mental illness is relatively rare, affecting only 5% of the population over 18, but is estimated to cost approximately $193 billion in lost earnings annually.

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

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

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

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

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

Stigma
Stigmas associated with mental health can impact a person’s willingness to seek mental health support. There is growing awareness and acceptance of the importance of mental health. Via the 2019 Houston Methodist Community Health Needs Survey, most respondents agreed that mental health was just as important as physical health (98%) and acknowledged knowing family and friends who had a mental health condition (61%). Despite this growing awareness, social perceptions can still be a 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 percentage of new patients who can get an appointment with a Houston Methodist primary care physician or nurse practitioner within five days from 20.1% to 40% by the end of Q4 of 2022.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 Goal 1:</td>
<td>To increase the new patient five-day rate from 20.1% to 30% by end of Q4.</td>
</tr>
<tr>
<td>Tactics and Details:</td>
<td>• Recruit primary care physicians to join new and established HM primary care clinics in the Willowbrook market; improve clinic efficiencies; grow capacity within the same day clinic</td>
</tr>
</tbody>
</table>
| Key Performance Indicators: | • New Patient 5-day rate  
• Number of primary care physicians employed by HM in Willowbrook market  
• Expanded hours in same day clinic |

<table>
<thead>
<tr>
<th>Three Year Program Goal</th>
<th>To increase the number of patients seen same-day in the new Houston Methodist Willowbrook primary care clinic from 747 annualized visits in 2019 to 979 annualized visits by Q4 of 2022.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 Goal 1:</td>
<td>To increase volume across the Houston Methodist Willowbrook primary care clinic to 979 annualized visits by end of Q4 of 2020, leading to over 600 more patient visits over 3 years.</td>
</tr>
<tr>
<td>Tactics and Details:</td>
<td>• Increase availability of primary care clinics opening new same-day clinic locations in the Houston Methodist The Woodlands service area</td>
</tr>
</tbody>
</table>
| Key Performance Indicators: | • Number of patients seen in Same Day Clinics in Houston Methodist Willowbrook Hospital 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 increase the number of Houston Methodist Specialty Care Group physicians providing care in communities throughout the Houston Methodist Willowbrook market (outside of the hospital campus) with the goal to increase from one to ten specialists providing care in community off-campus clinics by end of Q4 of 2022.</th>
</tr>
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<tbody>
<tr>
<td>2020 Goal 1:</td>
<td>Increase number of Houston Methodist Specialty Physicians Group physicians rotating to community partner clinics with intent to increase number of unique specialists providing different services from one to five by end of Q4.</td>
</tr>
</tbody>
</table>
| Tactics and Details:   | • Collaborate with Houston Methodist Specialty Physicians Group clinics to identify physicians interested in rotating to each clinic location  
• To engage with Houston Methodist Specialty Physicians Group physicians to provide care in the community, establishing clinic hours and rotating to HM clinics in Cypress, Tomball and Magnolia.  
• Establish operational processes to support specialty rotations  
• Explore interest / model for Houston Methodist Specialty Physicians Group physicians to rotate to community partner clinics (long-term plan) |
| Key Performance Indicators: | • Number of specialists rotating to each Houston Methodist clinic in the Willowbrook market area  
• Types of specialties represented in the community |
### Three Year Program Goal

To enhance patient navigation programs offered at Houston Methodist Willowbrook to assist community members in accessing needed specialists by expanding current navigation programs to include digestive health, spine and cancer.

#### 2020 Goal 1:
To provide training to current staff to expand current navigation programs to include digestive health, spine and cancer (disease specific). Offer community members access to a minimum of four licensed clinical specialist to help navigate their journey related to these disease states by end of Q4.

#### Tactics and Details:
- Ensure staff resources and training to support navigation programs
- Promote navigation programs to the community
- Assess needs in the community to uncover additional disease states/conditions we can target in future years

#### Key Performance Indicators:
- Expand reflux navigation program to encompass all digestive services in 2020.
- Fully launch the spine navigation program in 2020
- Number of patients navigated through the digestive health, spine, and cancer programs

### Three Year Program Goal

To decrease current heart failure readmission rates as stated below by end of 2022:

- 291 Heart Failure with a major complication or comorbidity (MCC): Reduce from 22.6% to 18.5%
- 292 Heart Failure with WCC: Reduce from 15.4% to 12%
- 293 Heart Failure without major complication or comorbidity: Reduce from 12.2% to 8.5%

#### 2020 Goal 1:
To schedule follow up clinic appointments with cardiologist for 38% of heart failure patients within five days of discharge by end of Q4 2020.

#### Tactics and Details:
- Case management secretary to arrange follow up visits at the bedside
- Case management secretary will contact the office manager within the cardiology clinic and schedule future appointment with cardiologist on behalf of patient

#### Key Performance Indicators:
- Rate of follow up appointments scheduled to 38% (10% increase to overall appointment set rate, which is 28% as of June 2019)
- Case management education and implementation of follow-up scheduling

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

### Three Year Program Goal

To expand attendance of the Houston Methodist Willowbrook Mended Hearts program by growing number of attendees from an average of two per session in 2019 to an average of 8 per session by end of Q4 of 2022.

#### 2020 Goal 1:
To grow Mended Hearts support group by offering a monthly meeting with more than five people attending consistently by end of Q4.

#### Tactics and Details:
- Offer educational programs throughout 2020 that cover a variety of pertinent topics for patients, families and caregivers
- Utilize the forum to educate those living with heart disease about healthy living behaviors (i.e., cooking classes; dealing with summertime and heart disease).
- Increase promotions/ communications to target population regarding Mended Hearts support group
- Provide information to patients at discharge and in outpatient clinics regarding program
- Involve physicians and other clinical specialists in meetings to present on pertinent topics

#### Key Performance Indicators:
- Diverse topics with expert speakers
- Number of attendees
- Frequency of meetings
<table>
<thead>
<tr>
<th>Three Year Program Goal</th>
<th>To offer four programs per year with Houston Methodist Willowbrook providing expert speakers, totaling twelve programs focused on relevant health care topics by end of Q4 of 2022.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 Goal 1:</td>
<td>To develop the health care series in collaboration with the Young Men’s Christian Association (YMCA) and launch in Q1 2020. Provide four educational sessions by end of Q4.</td>
</tr>
</tbody>
</table>
| Tactics and Details:   | ▪ Discuss needs of the community and what type of education series would make a positive impact relative to chronic conditions  
▪ Finalize topics and identify expert speakers  
▪ Implement / launch series  
▪ Promote to YMCA and community members /Partner with the D. Bradley McWilliams YMCA to develop a health care education series for community members covering healthy living behaviors, such as weight management and nutrition, heart disease and hands on CPR, stress and more |
| Key Performance Indicators: | ▪ Number of attendees at education events  
▪ Number of educational session  
▪ Established partnership with YMCA and identify topics for series |

<table>
<thead>
<tr>
<th>Three Year Program Goal</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 Goal 1:</td>
<td>To onboard two new faith agencies to the Faith Health Initiative in proximity of the patient population immediately surrounding Network of Care facilities that are located within a 10 mile radius of Houston Methodist Willowbrook Hospital by end of Q4.</td>
</tr>
<tr>
<td>Tactics and Details:</td>
<td>▪ Meet with identified faith communities from the top 50 list to educate faith leaders on the initiative and gain buy-in</td>
</tr>
</tbody>
</table>
| Key Performance Indicators: | ▪ Number of faith agencies onboarded  
▪ Number of services available to offer patients  
▪ Number of patients referred to faith agencies for support |

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

<table>
<thead>
<tr>
<th>Three Year Program Goal</th>
<th>To provide access to outpatient mental health services by aligning with three psychiatrists in the community who are willing to see outpatients referred from Houston Methodist Willowbrook and offering onsite psychiatry consults by end of Q4 of 2022.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 Goal 1:</td>
<td>Assisting patients in accessing outpatient mental health services with psychiatrists through the Houston Methodist Physicians Alliance for Quality program by fostering relationships between the neuroscience center at Willowbrook and community psychiatrists by end of Q4.</td>
</tr>
</tbody>
</table>
| Tactics and Details:   | ▪ Align with psychiatrists through the Houston Methodist Physicians Alliance for Quality program  
▪ Partnering with a psychiatrist to have space on-site at Houston Methodist Willowbrook providing outpatient consults on campus |
| Key Performance Indicators: | ▪ Employed psychiatrist offering services (long-term)  
▪ Presence of psychiatrist on Houston Methodist Willowbrook campus offering outpatient consult services (long-term) and inpatient services  
▪ Number of mental health providers enrolled in Houston Methodist Physicians Alliance for Quality and Houston Methodist Specialty Physician Group  
▪ Number of inpatient visits and/or outpatient consults |
### Three Year Program Goal

**To launch a new system-wide suicide screening initiative at Houston Methodist Willowbrook Hospital that assesses a patient’s suicide risk and to ensure that training and compliance for screening is at 80% by end of Q4 of 2022.**

**2020 Goal 1:**

To hardwire staff utilization at Houston Methodist Willowbrook Hospital of the suicide screening tool, track screening compliance with the new EPIC utilization report and to create baseline for following years by end of Q4.

**Tactics and Details:**

- 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

### Three Year Program Goal

**To increase telepsychiatry utilization at Houston Methodist Willowbrook 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 Willowbrook 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


