



Baylor Scott & White Health Brazos Valley Health Community Community Health Implementation Strategies 2019

An Action Plan for the Community Health Needs Assessment





Brazos Valley Health Community Hospitals

- **Baylor Scott & White Medical Center – Brenham**
- **Baylor Scott & White Medical Center – College Station**
- **Baylor Scott & White Clinic**



Table of Contents

Executive Summary	2
A Letter from the President	4
Brazos Valley Community Health Implementation Strategies	5
Brazos Valley Health Community Needs	6
Implementation Strategies Addressing:	7
Ratio of Population to One Primary Care Physician	7
Ratio of Population to One Non-Physician Primary Care Provider	7
Community Needs Not Addressed	12
Composite 2018 Community Need Index	13
Program Evaluation	14

Executive Summary

As the largest not-for-profit healthcare system in Texas, Baylor Scott & White Health (BSWH) understands the importance of serving the health needs of its communities. In order to do that successfully, the System is constantly surveying patients, their families and neighbors to understand the issues they face when it comes to making healthy life choices and healthcare decisions.


Earlier in 2019, a BSWH task force led by the community benefit, tax compliance and corporate marketing departments began assessing the current health needs of all the communities served by System hospitals. IBM Watson Health (formerly known as Truven Health Analytics) analyzed the data for this process and prepared a final report made publicly available in June 2019.

For the 2019 assessment, the community served by these hospital facilities includes Brazos, Washington, Grimes, Burleson and Waller counties. BSWH has at least one hospital facility, provider-based or freestanding clinic in each of these counties and the majority of the patients admitted live in this community.


BSWH and IBM Watson Health examined more than 102 public health indicators and conducted a benchmark analysis of this data, comparing the community to overall state of Texas and U.S. values. A community focus group, including a representation of minority, underserved and indigent populations provided input for a qualitative analysis. Group Interviews with key community leaders and public health experts provided depth and context to the report.



Any community needs that did not meet state benchmarks were included in a magnitude analysis index. Understanding the degree of difference from benchmark helped determine the relative severity of the issue. The outcomes of this quantitative analysis were aligned with the qualitative findings of the community input sessions to elicit a list of health needs in the community. These health needs fell into one of four quadrants within a health needs matrix: high data/low qualitative; low data/low qualitative; low data/high qualitative; or high data/high qualitative.



A community focus group, including a representation of minority, underserved and indigent populations, provided input for a qualitative analysis.



Hospital and clinic leadership, along with community leaders, reviewed the matrix in a session that established a list of significant prioritized needs. The session included an overview of the community demographics, a summary of health data findings and an explanation of the quadrants of the health needs matrix.

Those health needs falling into the “high data/high qualitative” quadrant were considered the most significant and in need of the most attention. Each session attendee identified and prioritized six needs. The most significant health needs emerged from this process.

Dear Community Members:

Baylor Scott & White is committed to improving health in the communities we serve. As part of that commitment, every three years we conduct a Community Health Needs Assessment (CHNA) and report on our community's current health needs. We also provide the Community Health Implementation Strategies report, which is our plan for addressing the identified needs.

We are pleased to present the 2019 Implementation Strategies for Brazos Valley, a companion piece to the CHNA that provides plans for addressing our most pressing health needs. The joint CHNA for Baylor Scott & White Medical Center – Brenham and Baylor Scott & White Medical Center – College Station incorporates input from influencers such as key stakeholders, area residents, faith-based organizations, healthcare providers, neighborhood association leaders, elected officials, health professionals, hospital and System leaders, the medically underserved and others.

The Implementation Strategies address the most severe health concerns that negatively impact community health. Hospital leadership selected two of those priorities to focus on in the Strategies, in partnership with Baylor Scott & White Clinic:

- **Ratio of Population to One Primary Care Physician**
- **Ratio of Population to One Non-Physician Primary Care Provider**

The full report can be found at <http://BSWHealth.com/CommunityNeeds>.

As part of the largest not-for-profit health system in Texas, we take our commitment to Brazos Valley very seriously. By working with community organizations and residents, we have identified and will focus on some of the toughest problems plaguing our most vulnerable residents.

Sincerely,

Jason D. Jennings
President, Brazos Valley Region
Baylor Scott & White Health

Brazos Valley Community Health Implementation Strategies

The Community Health Implementation Strategies for Brazos Valley Health Community is the companion piece to the CHNA. Public and hospital data and input gleaned from stakeholders representing the broad interests of the community are the foundation for this report, which offers realistic solutions to the community's priority health needs (see CHNA Report www.BSWHealth.com/CommunityNeeds). All these hospital facilities are in Brazos Valley, which includes Brazos, Washington, Grimes, Burleson and Waller counties. BSWH has at least one owned hospital facility, provider-based or freestanding clinic in each of these counties, and together they comprise where the majority of the hospitals' admitted patients live. This written plan is intended to satisfy the requirements set forth in Internal Revenue Code (IRC) Section 501(r) (3) and the Texas Health and Safety Code Chapter 311 and will be made widely available to the public.

The overall purpose of the Implementation Strategies is to align the hospitals' charitable mission, program services and limited resources with the findings of the CHNA. To meet the requirements under IRC Section 501(r) (3), the written Implementation Strategy includes the following:

- A list of the prioritized needs the hospital plans to address and the rationale for not addressing other significant health needs identified
- Actions the hospital intends to take to address the chosen health needs
- The anticipated impact of these actions and the plan to evaluate such impact (e.g., identify data sources that will be used to track the plan's impact)
- Identification of programs and resources the hospital plans to commit to address the health needs
- Description of any planned collaboration between the hospital and other facilities or organizations in addressing the health needs

The focus group recommended using the following prioritization criteria to rank the most significant health needs:

1

Community Strength: extent to which initiatives that address the health issue can build on community existing strengths and resources

2

Drive/Will of the Community: the issue is important to the community and there is a willingness to address the issue; will be able to convene resources around initiatives

3

Vulnerable Populations: there is a high need among vulnerable populations and/or vulnerable populations are adversely impacted

Brazos Valley Health Community Needs

The following health concerns are identified in priority order based on the results of the CHNA.

Priority	Need	Category of Need
1	Disconnected youth	SDH* - Social Isolation
2	Elderly isolation: 65+ Householder Living Alone	SDH* - Social Isolation
3	Ratio of Population to One Primary Care Physician	Access to Care
4	Ratio of Population to One Mental Health Provider	Mental Health
5	Ratio of Population to One Non-Physician Primary Care Provider	Access to Care
6	Ratio of Population to One Dentist	Access to Care

*SDH – Social Determinant of Health

The facilities listed below collaborated to develop this joint implementation strategy addressing the significant health needs identified above. Hospital leadership selected the following health needs to confront in collaboration with the community and based on the anticipated impact, available hospital and clinic resources and the expertise of the respective facilities.

Facility	COMMUNITY NEEDS ADDRESSED	
	Ratio of Population to One Primary Care Physician	Ratio of Population to One Non-Physician Primary Care Provider
Baylor Scott & White Medical Center – Brenham	✓	✓
Baylor Scott & White Medical Center – College Station	✓	✓
Baylor Scott & White Clinic	✓	✓

Implementation Strategies

Priorities 3 and 5: Ratio of Population to One Primary Care Provider (Physician/Non-Physician) – Primary care includes family medicine, internal medicine, nursing, nurse practitioners, pharmacy, pediatrics, general obstetrics/gynecology, gerontology, behavioral health, community health and the other people and professions who fulfill the general medical needs of patient populations. Primary care professionals serve on the front lines of healthcare. They are often the first to recognize signs of depression, early signs of cancer or chronic disease, and other health concerns. They ensure patients receive the right care, in the right setting, by the most appropriate provider, and in a manner consistent with the patient’s desires and values.

Non-physician primary care providers (PCPs) or physician extenders are typically licensed professionals such as Physician Assistants (PAs) and Nurse Practitioners (NPs) who treat and see patients, many in independent or physician run practices. Physician extenders expand the scope of primary care providers within a geographic area and help to bridge the gap for both access to care and management of healthcare costs. Both physician primary care providers and non-physician primary care providers are in short supply in most Brazos Valley Health Community counties. The non-physician number is below the Texas state threshold of one provider to 1,497 residents. Access to non-MD PCPs Non-Physician Primary Care provider access in Waller, Burleson, Grimes, Washington and Brazos counties was worse than the Texas state threshold of one provider to 1,497 residents. The Waller County ratios of 25,058 residents to one non-physician primary care provider was the highest in the entire state of Texas. The other counties within the community had the following ratios: Burleson (3,552:1), Grimes (2,516:1), Washington (2,191:1), and Brazos (1,986:1).

Priorities 3 and 5: Ratio of Population to One Primary Care Provider (Physician/Non-Physician)

BAYLOR SCOTT & WHITE MEDICAL CENTER – COLLEGE STATION

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Provide free community education sessions on benefits of annual checkups in primary care through programs like Walk With a Doc, community health fairs and health events	Community members become more aware of the importance of regular doctor's visits to avoid having long-term complications and potentially high ED bills	Staff time coordinating outreach opportunities	Number of presentations given; Number of participants attending community education sessions	
Cash and in-kind contributions to other not-for-profit community organizations existing to increase access to health care and services for the community	Improved access to care for un/underinsured	Community Benefit fund budget; Management staff	Number of persons served; Number of services provided	<ul style="list-style-type: none"> Community clinics like Health For All and the Brazos Valley Prenatal Clinic
In-kind medical supply and equipment donations to local non-profits supporting healthcare programs	Other non-profit organizations are better able to help patients at a first touch point rather than having to send to the hospital for care	Faith in Action Initiative; Cost of donated supplies	Reduced readmissions; Number served; Cost of supply provision	<ul style="list-style-type: none"> Various community organizations
Provide free and/or discounted care to financially or medically indigent patients as outlined in the financial assistance policy	Increased access to primary care and/or specialty care for indigent persons regardless of their ability to pay	Healthcare infrastructure; Supplies; Staff	Number of persons receiving financial assistance; Unreimbursed Cost of Care	

**Priorities 3 and 5: Ratio of Population to One Primary Care Provider
(Physician/Non-Physician)**

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Host annual Community Health Fair offering health screenings, immunizations and educational materials.	Increased access to screenings and vaccinations to aid in prevention efforts at the primary care level	Staff time organizing event; Donations of materials and supplies; Promotional expenses	Number of attendees; Number of immunizations given; Number of screenings provided; Screening outcomes	

**Priorities 3 and 5: Ratio of Population to One Primary Care Provider
(Physician/Non-Physician)**

BAYLOR SCOTT & WHITE CLINIC				
Action/Tactics	Anticipated Impact	Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Expand primary care access in College Station by 2021 through the addition of 2 new primary care clinics and 4 new providers	Improve community options for accessing primary care to keep patients healthier through regular check-ups	Physician and support staff salaries; Expansion capital costs	Number of patients served; Number of additional providers; First available appointment time	
Expand primary care access in Brenham by 2021 through the addition of at least 1 new convenient care clinic and affiliated providers	Improved access for sick care	Physician or advanced practice professional + support staff; Capital cost of expansion	First available appointment time; Number of additional providers	
Provide free community education sessions on benefits of annual checkups in primary care through programs like Walk With a Doc and community health fairs and health events	Community members become more aware of the importance of regular doctor's visits to avoid having longterm complications and potentially high ED bills	Provider time from family medicine in community sessions; Staff time coordinating outreach opportunities	Number of presentations given; Number of participants attending community education sessions	
Recruit and place additional primary care providers	Improved access for general primary care	Provider salaries	First available appointment slot; Number of patients seen in clinics	

**Priorities 3 and 5: Ratio of Population to One Primary Care Provider
(Physician/Non-Physician)**

Action/Tactics	Anticipated Impact	Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Provide free and/or discounted care to financially or medically indigent patients as outlined in the financial assistance policy	Increased access to primary care and/or specialty care for indigent persons regardless of their ability to pay	Healthcare infrastructure; Supplies; Staff	Number of persons receiving financial assistance; Unreimbursed Cost of Care	

BAYLOR SCOTT & WHITE MEDICAL CENTER – BRENHAM

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Washington County Community Clinic/ Faith Mission Support with expansion of educational programs and resources	Improving access for the indigent and uninsured; Ensuring social and medical needs are met in a single location	In-kind lab services 3 FTEs (FNP, RN, assistant)	Number of persons served; Number of services provided; Number of ED visits avoided; Better outcomes for chronic conditions; Number of education classes provided	<ul style="list-style-type: none"> • Faith Mission • Washington County • BSW Wellness Center
Provide free and/or discounted care to financially or medically indigent patients as outlined in the financial assistance policy	Increased access to primary care and/or specialty care for indigent persons regardless of their ability to pay	Healthcare infrastructure; Supplies; Staff	Number of persons receiving financial assistance; Unreimbursed Cost of Care	

Community Needs Not Addressed

BSWH provides a wide range of needed healthcare services and community benefits through adherence to its mission, using its resources and capabilities and remaining a strong organization. By focusing on our strengths and allocating our resources appropriately, we can achieve a greater impact in the communities we serve.

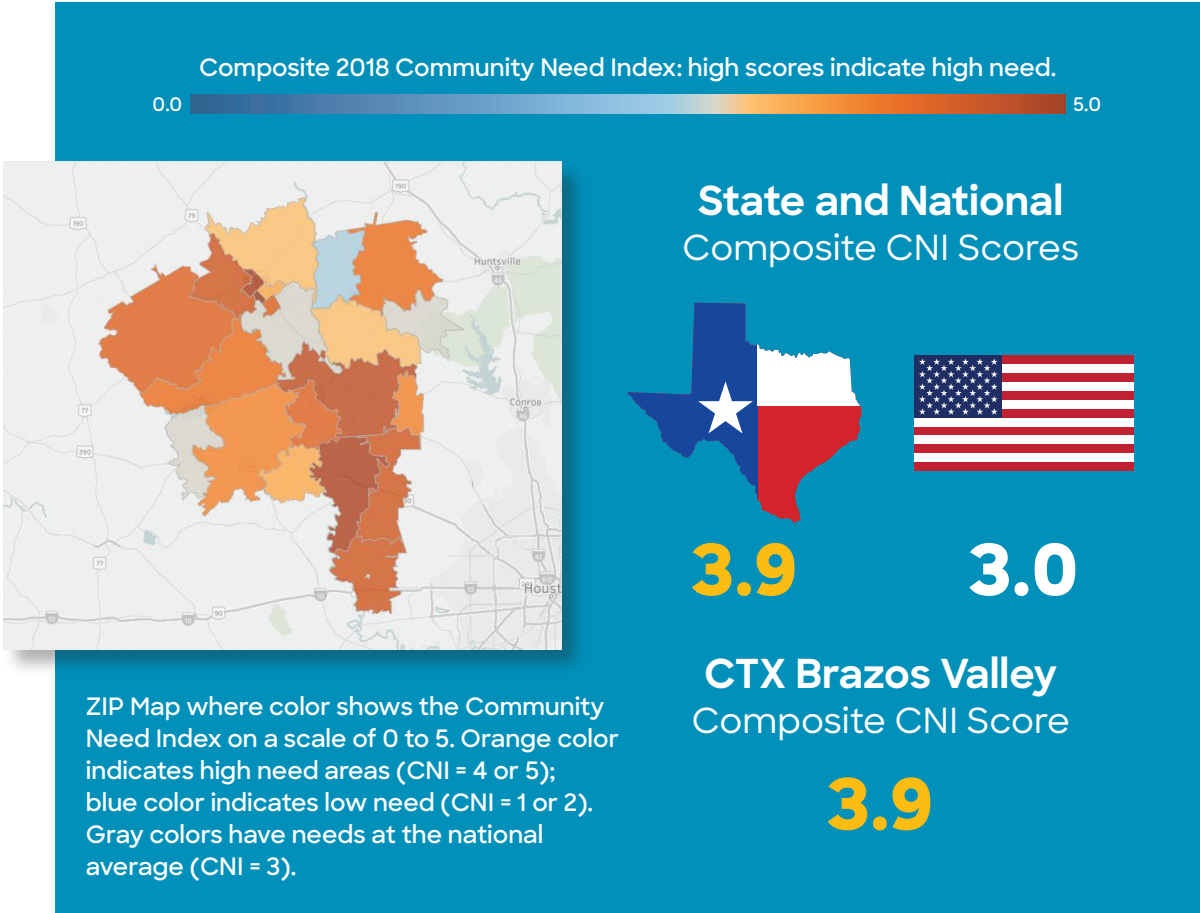
Needs not addressed:

- **Disconnected Youth**
- **Elderly isolation: 65+ Householder Living Alone**
- **Ratio of Population to One Mental Health Provider**
- **Ratio of Population to One Dentist**

There are multiple community and state agencies whose expertise and infrastructure are better suited for meeting the needs not addressed in the Community Health Implementation Strategies. Therefore, BSWH leadership has opted to focus its resources on the listed priorities for the betterment of the community.

Composite 2018 Community Need Index

The **Community Need Index** shows the high-need areas in Brazos Valley in contrast to the state of Texas and the U.S.



IBM Watson Health created this CNI, which is a statistical approach to identifying areas within a community where health disparities may exist. The CNI takes into account vital socio-economic factors (income, cultural, education, insurance and housing) about a community to generate a CNI score for every populated ZIP code in the United States. The CNI strongly linked to variations in community healthcare needs and an indicator of a community’s demand for various healthcare services. The CNI score by ZIP code identifies specific areas within a community where healthcare needs may be greater.

Program Evaluation

All community benefit activities align with community benefit goals by adhering to BSWH's policies and procedures. This ensures appropriate governance of the activities outlined in these Community Health Implementation Strategies. The hospitals evaluate programs and activities on a regular basis to ensure appropriate use of staff time and hospital resources.

To support the hospital's community benefit objectives, requests for contributions from other unrelated 501(c) (3) charitable organizations managed by the Community Benefit Department are considered alongside those activities addressing a priority need in the community given preference. All charitable giving is reviewed and approved annually by hospital leadership and the BSWH governing board.

BSWH regularly assesses, evaluates and reports on the programs addressing the significant needs found in identified communities. Regular conversations with community members, feedback on this plan and modifying programs and services enhance the opportunities patients have to connect to community resources. As a result, these hospital facilities achieve reduction in unnecessary healthcare costs and improved delivery of overall quality of care.

Please direct any feedback on the assessment or implementation plan to CommunityHealth@BSWHealth.org.

This document may be accessed at <http://BSWHealth.com/CommunityNeeds>.