Baylor Scott & White Health Carrollton Health Community

Community Health Implementation Strategies 2019

An Action Plan for the Community Health Needs Assessment

BaylorScott&White
HEALTH

Carrollton Health Community Hospital

- **Baylor Scott & White Medical Center – Carrollton**

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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 this hospital facility spans multiple counties in the Carrollton area of North Texas. This is the hospital's primary service area, where at least 80% of the hospital's admitted patients live.

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. Community focus groups, 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

Mission
Founded as a Christian ministry of healing, Baylor Scott & White Health promotes the well-being of all individuals, families and communities.

Strategies
Health
Experience
Affordability
Alignment
Growth

Values
We serve faithfully

We act honestly

We never settle

We are in it together

Ambition
To be the trusted leader, educator and innovator in value-based care delivery, customer experience and affordability.

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 five 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 Carrollton Health Community, a companion piece to the CHNA that provides plans for addressing our most pressing health needs. The CHNA for the health community hospital facility 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 these three priorities to focus on in the Strategies:

- **Percentage of Population under age 65 without Health Insurance**
- **Schizophrenia and Other Psychotic Disorders in Medicare Population**
- **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 Carrollton Health Community 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,

Baylor Scott & White Facility President
Carrollton Health Community

Carrollton Community Health Implementation Strategies

The Community Health Implementation Strategies for Carrollton 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**). Carrollton Health Community spans Collin, Dallas and Denton counties, where at least 80% of the hospital facility's admitted patients live. This written plan satisfies the requirements set forth in Internal Revenue Code (IRC) Section 501(r) (3) and the Texas Health and Safety Code Chapter 311 and is widely available to the public.

The overall purpose of the Implementation Strategies is to align the hospital's 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:

- 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)
- Identify programs and resources the hospital plans to commit to address the health needs
- Describe 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

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

2

Community Capacity: the community has the capacity to act on the issue, including any economic, social, cultural or political consideration

3

Root Cause: the need is a root cause of other problems, thereby addressing it could possibly impact multiple issues

4

Severity: the problem results in disability or premature death or creates burdens on the community, economically or socially

Carrollton 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	Percentage of Population Under Age 65 Without Health Insurance	Access to Care
2	Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health
3	Ratio of Population to One Non-Physician Primary Care Provider	Access to Care
4	Depression in Medicare Population	Mental Health
5	Accidental Poisoning Deaths Where Opioids Were Involved	Health Behaviors – Substance Abuse

The hospital collaborated to conduct this joint implementation strategy and has reviewed the significant health needs identified above. Hospital leadership selected the following health needs as the most important to confront in collaboration with the community based on the anticipated impact to the community, hospital resources available, and the expertise of the hospital facility.

	COMMUNITY NEEDS ADDRESSED		
Facility	Percentage of Population Under Age 65 Without Health Insurance	Schizophrenia and Other Psychotic Disorders in Medicare Population	Ratio of Population to One Non-Physician Primary Care Provider
Baylor Scott & White Medical Center – Carrollton	✔	✔	✔

Implementation Strategies

Priority 1: Percentage of Population Under Age 65 Without Health Insurance – Lack of health insurance is a significant barrier in accessing healthcare and overall financial security. A key finding from a recent Kaiser Foundation paper included; "Going without coverage can have serious health consequences for the uninsured because they receive less preventative care, and delayed care often results in serious illness or other health problems. Being uninsured can also have serious financial consequences, with many unable to pay their medical bills, resulting in medical debt."

According to the 2018 County Health Rankings, the rate of uninsured population under age 65 across Texas is 19.2%, as compared to an overall U.S. rate of 11% and top performing U.S. counties rate of 6%.The Carrollton Health community comprises a portion of Denton and Dallas counties. Denton County has an uninsured rate for the population under age 65 that is better than the overall Texas rate. However, the Dallas County rate of uninsured population under age 65 is 22.6%, indicating need for that portion of the greater Carrollton Health Community.

Priority 1: Percentage of Population Under Age 65 Without Health Insurance

BAYLOR SCOTT & WHITE MEDICAL CENTER – CARROLLTON

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Baylor Community Care Clinics provide a medical home for patients needing comprehensive primary care services, chronic disease education and management, and community-based care coordination	Increased access to care for persons with no health insurance	Budget Staff Supplies	Number of patients served Cost of providing care	Community Clinics
Expanded coverage to low-income adults including through Medicaid	Increased access to care for persons with no health insurance	DSRIP funding	Hepatitis outcomes Cancer Screen outcomes Diabetes outcomes BP control ED visits Reduction for diabetes	Community Clinics
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 assistance Unreimbursed cost of care	

Priority 1: Percentage of Population Under Age 65 Without Health Insurance

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Cash and in-kind contributions to other not-for-profit community organizations existing to increase access to care for the community	Expanded access to free healthcare services through community health and social service organizations	Community Support Fund	Persons served Cost of service provision Health outcomes	Community social service organizations
To help address the State's healthcare workforce shortage, BSWH provides a clinical training program to prepare physicians and nurses for the medical workforce	Increased access to care by increasing the number of physicians available to treat uninsured patients	Nurse/Physician Educators Student supervisory staff Budget	Number of students trained Number of specialties Number of total students trained	Area colleges and universities
Provide physicians and staff with opportunities to take part in reducing health disparities throughout our community and beyond, including volunteering at charitable clinics throughout the Metroplex; Donating of earned committee pay and local/international missions	Expanded access to free healthcare services through community health and social service organizations	Volunteers in Medicine	Number of volunteers provided Number of community members served	Project Access Dallas, Denton & Tarrant Counties

Priority 1: Percentage of Population Under Age 65 Without Health Insurance

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Recruitment of physicians and other health professionals for communities identified as medically under-served areas (MUAs). The age and characteristics of a state's population has a direct impact on the healthcare system	Increased access to care by increasing the number of physicians available to treat uninsured patients	Administration Budget	Number of physicians recruited Cost of physician acquisition	
Senior transportation program	Increased access to healthcare through transportation to clinics	Staff Budget Vetted vendor	Number transported Cost of service provision	

Priority 2: Schizophrenia and Other Psychotic Disorders in Medicare Population –
Data on mental health diagnoses for the overall population can be difficult to gather.
In some instances, only information about a subset of the population is available.
For this community, reliable data about mental health diagnoses is available for
the Medicare population only. These results indicate a need among the Medicare
population but can also be used as a proxy for need across the greater population as
it relates to the prevalence of mental health conditions within the community.

Seniors, with either life-long mental health diagnoses or recent onset changes,
face a multitude of challenges including: access to specialized services, insurance,
transportation, etc. Individuals with long-term mental health issues who have had
access to therapy and medications may now face additional concerns as an aging
senior. Isolation for adults 65 and older who are living alone is a growing challenge
for communities across the nation. This is compounded with serious mental health
concerns. Integrated social services to engage, support and positively challenge
their 65 and older populations may improve the overall health and well-being of the
community.

In the Carrollton Health Community, the percentage of Medicare beneficiaries
diagnosed with schizophrenia and other psychotic disorders is 2.6% in Denton
County, which is 10.4% greater than the Texas state benchmark and ranked in the
top 10 needs for the community when public health indicators were analyzed for the
CHNA.

Priority 2: Schizophrenia and Other Psychotic Disorders in Medicare Population

BAYLOR SCOTT & WHITE MEDICAL CENTER – CARROLLTON				
Action/Tactics	**Anticipated Impact**	**Hospital Resources Contributed** (Programs, Staff, Budget)	**Outcomes to Measure**	**Community Organization Collaborators** (if applicable)
Assertive Community Treatment Program	Increased access to mental healthcare services through community social service agency referrals	Staff Budget	Number of referrals	Denton County MHMR
Cash and in-kind contributions to other not-for-profit community organizations existing to increase access to care for the community	Expanded access to free healthcare services through community health and social service organizations	Community Support Fund	Persons served Cost of service provision Health outcomes	Community social service organizations

Priority 3: Ratio of Population to One Non-Physician Primary Care Provider — There is a nationwide scarcity of physicians across the United States. While particularly challenging in small towns and cities, metropolitan areas are not exempt. Demographic shifts, such as growth in the senior populations, increase the need for primary care access. Estimates of the scope of the provider shortage in America vary, however, it is generally agreed that thousands of additional Primary Care Providers (PCPs) are needed to meet the current demand and that tens of thousands of additional caregivers will be needed to meet the growing aging population across the country.

Primary care physician extenders (e.g., nurse practitioners, physician assistants and clinical nurse specialists) could help close the gap in access to primary care services when they are located in a community. Physician extenders expand the scope of primary care providers within a geographic area and help bridge the gap to both access to care and managing healthcare costs.

Access to non-physician primary care providers in Denton County indicates a need when compared to the state benchmark. The overall Texas provider ratio is one non-physician primary care provider to 1,497 residents, while the Denton County ratio is one provider per 1,966 residents or, 31.3% greater than the state threshold. The need for access to non-physician primary care providers the number two top-ranked need for the Carrollton Health Community.

Priority 3: Ratio of Population to One Non-Physician Primary Care Provider

BAYLOR SCOTT & WHITE MEDICAL CENTER – CARROLLTON

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
To help address the State's health care workforce shortage BSWH provides a clinical training program to prepare nurses and other non-physician staff for the medical workforce	Increased access to care by increasing the number of non-physician healthcare providers available	Nurse/ancillary service line educators Student supervisory staff Budget	Total number of students trained Number of school partners	Area colleges and universities
Expanded coverage to low-income adults including through Medicaid. This support exists in spite of the fact that only three in 10 Texans are aware that Texas has a higher uninsured rate than other states	Increased access to non-physician primary care providers through community social service agency referrals	DSRIP funding	Hepatitis outcomes Cancer Screen outcomes Diabetes outcomes BP control ED visits reduction for diabetes	CommunityClinics
Cash and in-kind contributions to other not-for-profit community organizations existing to increase access to care for the community	Expanded access to free healthcare services through community health and social service organizations	Community Support Fund	Persons served Cost of service provision Health outcomes	Woven Healthcare Clinic

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.
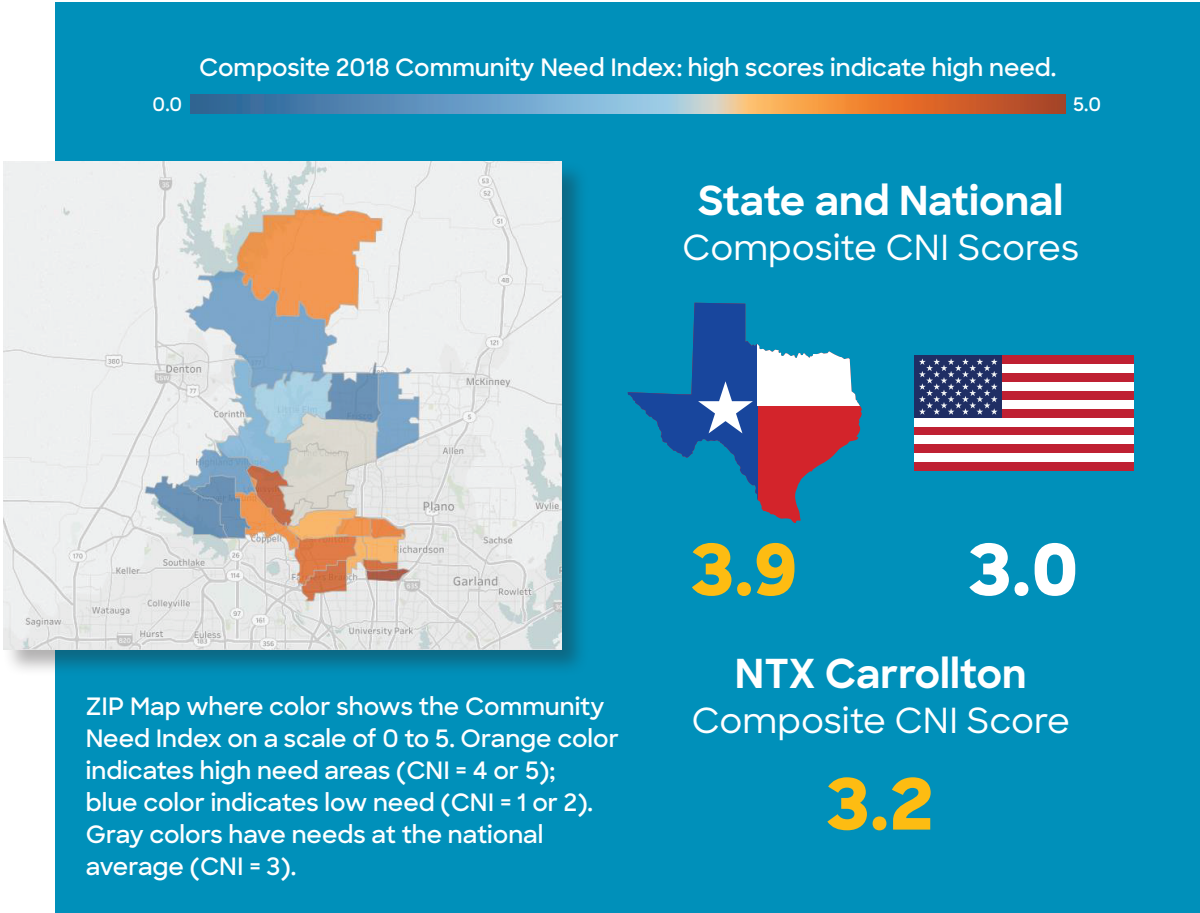
Needs not addressed:

- **Depression in Medicare Population**
- **Accidental Poisoning Deaths Where Opioids Were Involved**

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 Carrollton Health Community in contrast to the state of Texas and the U.S.

Composite 2018 Community Need Index: high scores indicate high need.

0.0   5.0

ZIP Map where color shows the Community Need Index on a scale of 0 to 5. Orange color indicates high need areas (CNI = 4 or 5); blue color indicates low need (CNI = 1 or 2). Gray colors have needs at the national average (CNI = 3).

State and National
Composite CNI Scores

3.9   **3.0**

NTX Carrollton
Composite CNI Score

3.2

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**.