Baylor Scott & White Health Sherman Health Community

Community Health Implementation Strategies 2019

An Action Plan for the Community Health Needs Assessment

BaylorScott&White
HEALTH

Sherman Health Community Hospital

- **Baylor Scott & White Surgical Hospital at Sherman**

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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 Sherman Health Community hospital facility defined its community to include Grayson County, which includes the geographic area where at least 75% of the hospital facilities' 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 aligned with the qualitative findings of the community input sessions to elicit a list of health needs in the community. The 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 Sherman Health Community, a companion piece to the CHNA that provides plans for addressing our most pressing health needs. The CHNA for the 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 the following priority to focus on in the Strategies:

- **Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee)**

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 Sherman 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
Sherman Health Community

Sherman Community Health Implementation Strategies

The Community Health Implementation Strategies for Sherman 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**). The BSWH hospital facility is located in Grayson County and serves the geographic area where at least 75% of the hospital facilities' 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 Strategies 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

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

3

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

Sherman 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	Ratio of Population to One Non-Physician Primary Care Provider	Access to Care
2	Hospital Stays for Ambulatory-Care Sensitive Conditions – Medicare	Access to Care
3	Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee)	Access to Care
4	Intentional Self-Harm; Suicide	Mental Health
5	Uninsured Children	Access to Care

The hospital collaborated to conduct this implementation strategy and has reviewed the significant health needs identified above. Hospital leadership selected the following health need 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	Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee)
Baylor Scott & White Surgical Hospital at Sherman	✔

Implementation Strategies

Priority 1: Health Care Costs (Price-Adjusted Medicare Reimbursements (Parts A and B) Per Enrollee) — Nationally, the subject of healthcare costs is a topic of concern and ultimately affects all age ranges. The burden of rising healthcare costs on populations with limited incomes and resources is a global issue. The number of Americans aged 65 and older projects to more than double, from 46 million in 2016 to over 98 million by 2060 across the United States. Growth in the senior population will likely contribute to increased utilization of healthcare services and to the national total of healthcare costs as the population continues to age.

While data can be difficult to come by, for this community, reliable data about healthcare costs is available for the Medicare population. To understand the impact of healthcare costs, the CHNA utilized price-adjusted Medicare reimbursements (Parts A and B) per enrollee. Healthcare costs per Medicare enrollee in Grayson County was $13,103. This was 7.5% higher relative to the overall Texas per enrollee costs of $11,121. The U.S. median value was $9,279. Non-physician primary care providers in the Sherman Health Community counties are in short supply. The need was ranked in the top 10 needs for this health community. The Texas state benchmark for non-physician primary care providers is one provider for every 1,497 residents. Sherman was worse than the Texas state threshold with one provider for every 1,828 residents, or 22.1% higher than the state benchmark.

BAYLOR SCOTT & WHITE SURGICAL HOSPITAL AT SHERMAN				
Action/Tactics	**Anticipated Impact**	**Hospital Resources Contributed** (Programs, Staff, Budget)	**Outcomes to Measure**	**Community Organization Collaborators** (if applicable)
Discounted care as outlined in the BSWH 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	

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.
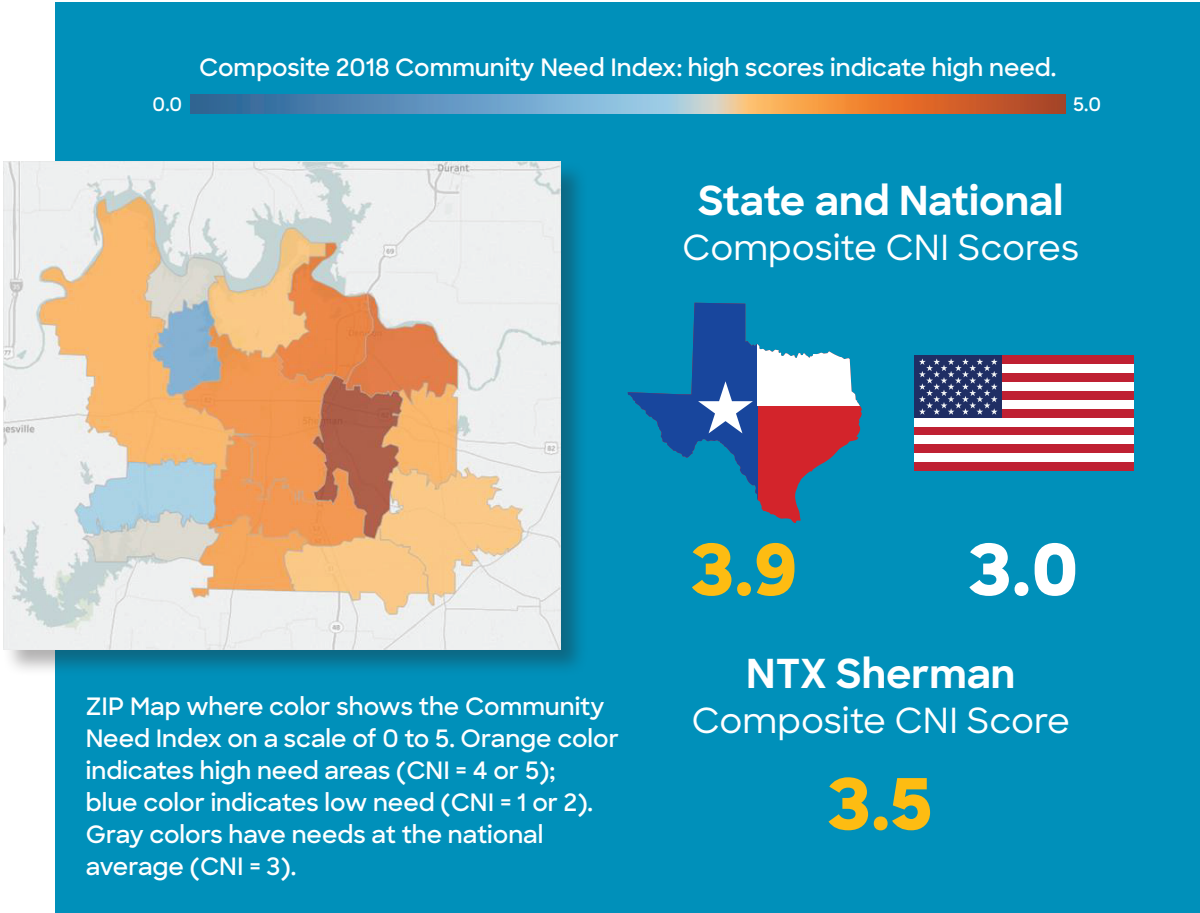
Needs not addressed:

- **Ratio of Population to One Non-Physician Primary Care Provider**
- **Hospital Stays for Ambulatory-Care Sensitive Conditions – Medicare**
- **Intentional Self-Harm; Suicide**
- **Uninsured Children**

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 Sherman 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 Sherman
Composite CNI Score

3.5

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**.