



Baylor Scott & White Health Williamson/Travis/Hays Health Community

Community Health Implementation Strategies 2019

An Action Plan for the Community Health Needs Assessment



Williamson/Travis/Hays Health Community Hospitals

- Baylor Scott & White Medical Center – Round Rock (including Baylor Scott & White Medical Center – Lakeway and Baylor Scott & White Emergency Medical Center – Cedar Park)
- Baylor Scott & White Institute for Rehabilitation – Lakeway
- Baylor Scott & White Medical Center – Taylor
- Baylor Scott & White Medical Center – Pflugerville
- Baylor Scott & White Clinic



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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 was defined as the geographical area served by BSWH hospital facilities in Williamson, Travis and Hays counties. More than 80% 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 five needs. The most significant health needs emerged from this process.

Dear Community Members:

Baylor Scott & White is committed to increasing 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 a Community Health Implementation Strategy, which is our plan for addressing the identified needs.

We are pleased to present the 2019 Implementation Strategies for Williamson/Travis/Hays counties, a companion piece to the CHNA that provides plans for addressing our most pressing health needs. The joint CHNA for these hospitals 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 Strategy addresses the following conditions and contains the assessed and prioritized needs that have the most severe negative impact on the health of the community:

- **Ratio of Population to One Physician Primary Care Provider**
- **Accidental Poisoning Where Opioids Were Involved**
- **Ratio of Population to One Non-Physician Primary Care Giver**
- **Intentional Self-Harm; Suicide**

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 the Williamson/Travis/Hays 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 Presidents
Williamson/Travis/Hays Health Community

Williamson/Travis/Hays Community Health Implementation Strategies

The Community Health Implementation Strategies for Williams/Travis/Hays 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 options for addressing the community's priority health needs (see CHNA Report www.BSWHealth.com/CommunityNeeds). All these hospital facilities are in Williamson, Travis or Hays counties and more than 80% of the admitted patients live in this community. 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 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 include 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 Capacity: the community has the capacity to act on the issue, including any economic, social, cultural, or political consideration

2

Political Feasibility/Readiness/Acceptability: there is a willingness among elected officials to acknowledge the issue and a political climate that makes it feasible to address the issue

3

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

Williamson/Travis/Hays 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 Physician Primary Care Provider	Access to Care
2	Accidental Poisoning Deaths Where Opioids Were Involved	Health Behaviors - Substance Abuse
3	Ratio of Population to One Non-Physician Primary Care Provider	Access to Care
4	Intentional Self-Harm; Suicide	Mental Health
5	Severe Housing Problems	Environment - Housing

Williamson/Travis/Hays Health Community Needs

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.

COMMUNITY NEEDS ADDRESSED				
Facility	Ratio of Population to One Physician Primary Care Provider	Accidental Poisoning Deaths Where Opioids Were Involved	Ratio of Population to One Non-Physician Primary Care Provider	Intentional Self-Harm; Suicide
Baylor Scott & White Medical Center – Taylor	✓		✓	✓
Baylor Scott & White Medical Center – Pflugerville	✓		✓	✓
Baylor Scott & White Institute for Rehabilitation – Lakeway		✓		
Baylor Scott & White Clinic	✓	✓	✓	✓
Baylor Scott & White Medical Center – Round Rock (including Baylor Scott & White Emergency Medical Center – Cedar Park* and Baylor Scott & White Medical Center – Lakeway)		✓		✓

*As of June 30, 2019, Baylor Scott & White Emergency Medical Center – Cedar Park was a joint venture in which Baylor Scott & White Health was a 51% owner. CHNA requirements were fulfilled as required by 501(r) (3) for this hospital as a separately licensed facility. On July 1, 2019, Baylor Scott & White Health acquired the hospital and it now is operated as a department under the Baylor Scott & White Medical Center – Round Rock entity.

Implementation Strategies

Priorities 1 and 3: 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. For many individuals, they are the first point of contact with the healthcare system. Hays County had a primary care physician to population ratio of one physician to every 2,404 residents. The Hays County rate was 44% worse than the overall Texas rate of one primary care physician to every 1,670 residents and was one of the top 5 ranked needs for this community.

Non-physician primary care providers or physician extenders are typically licensed professionals such as Physician Assistants and Nurse Practitioners 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. Non-physician primary care provider access in Hays and Williamson counties fell short of the Texas state threshold of one provider to 1,497 residents. Hays County shows the greatest need of the two counties with one non-physician primary care provider to every 2,065 residents; Williamson County had a ratio of one provider to every 1,823 residents. These statistics were 38% and 22% worse than the Texas state benchmark respectively.

Priorities 1 and 3: Ratio of Population to One Primary Care Provider (Physician/Non-Physician)

BAYLOR SCOTT & WHITE MEDICAL CENTER – TAYLOR BAYLOR SCOTT & WHITE MEDICAL CENTER – PFLUGERVILLE BAYLOR SCOTT & WHITE CLINIC

Action/Tactics	Anticipated Impact	Facility Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Taylor Clinic Expansion Project – Operational plans to grow clinic space by 2021; Addition of Primary Care Physician and Non-Physician providers to the hospital and clinic settings	Residents have reliable access to PCPs resulting in fewer visits to the ED due to earlier detection of major health problems; Reduced health problems / positive medical outcomes (weight loss, conditions such as type 2 diabetes CHF, etc.). New patients will be able to access a primary care provider within 7 days	Staff time for planning and approving addition; Capital spending; Primary Care Provider salaries; Physician recruitment and onboarding expenses	Percent increase of Patient visits and RVUs; Number of referrals to specialty care; ED utilization for non-emergent cases; Number of primary care providers added; New patient lead time	
Address transportation challenges for access to PCPs through collaboration with area agencies	The community will see improved access to affordable, available transportation to healthcare services, reducing missed appointments due to transportation challenges	Staff time for coordinating transportation program	Percentage of reduced cancellations and no-show rates; Percent increase in patient experience scores	<ul style="list-style-type: none"> • Ride Health • Other local organizations providing transportation assistance that can be identified
Cash and in-kind contributions to other not-for-profit community organizations existing to increase access to healthcare and services for the community	Improved access to care for un/underinsured	Community Benefit fund budget; Management staff	Number of persons served; Amount of donations awarded	<ul style="list-style-type: none"> • Community clinics

Priorities 1 and 3: 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)
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 Initiatives; Cost of donated supplies	Reduced readmissions; Number served; Value of supplies	<ul style="list-style-type: none"> 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 financial assistance; Unreimbursed Cost of Care	

Priority 2: Accidental Poisoning Deaths Where Opioids Were Involved – Opioids were involved in 47,600 overdose deaths in 2017 (67.8% of all drug overdose deaths). In the targeted health community, Travis County indicated the greater relative need to focus on opioid deaths. Travis County had 8.1 accidental opioid poisonings per 100,000 people – nearly double the Texas average of 4.3 poisonings per 100,000. From a data perspective, the rate of opioid-related drug overdose deaths in Travis County was one of the top 5 ranked needs for the Williamson/Travis/Hays Health Community. Opioid deaths remain a growing and significant concern across both Texas and the nation. Many social service agencies are impacted by the opioid epidemic burden and face challenges meeting the needs that present across all socioeconomic groups.

**BAYLOR SCOTT & WHITE MEDICAL CENTER – ROUND ROCK
(including Baylor Scott & White Medical Center – Lakeway and
Baylor Scott & White Emergency Medical Center – Cedar Park)**

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
<p>The hospitals will reduce the number of prescribed opioids after surgery through</p> <ol style="list-style-type: none"> 1. Implementation of ERAS (Enhanced Recovery After Surgery) protocol for general surgery patients, orthopedics and spine surgery and expand into urology and gynecology 2. Consideration of using integrative medicine as an alternative 	<p>Accidental deaths through opioid abuse decline; Post-surgery opioid prescriptions decline; Significant community participation in opioid abuse education program</p>	<p>Staff time devoted to education and learning; Surgeons, anesthesiologists, PAs, nursing, integrative medicine staff and all the surgical care team</p>	<p>Number of patients discharged home with narcotics; Accidental death rate due to opioid abuse; Overall number of narcotics prescribed post-operatively</p>	

Priority 2: Accidental Poisoning Deaths Where Opioids Were Involved

BAYLOR SCOTT & WHITE INSTITUTE FOR REHABILITATION – LAKEWAY

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Promote effective pain management with non-opioid pain interventions in conjunction with minimal use of opioids	Reduce number of prescribed opioids during rehab stay and at discharge	Physicians; Psychology; Nursing; Therapy; Pharmacy; Pain Management Protocol; Patient Education on Pain Management; Move Forward with Physical Therapy Education Materials	Percentage of patients discharged with opioids	<ul style="list-style-type: none"> • Outpatient Pain Management Clinics • Opioid Treatment Center • Texas State Board of Pharmacy Prescription Management Program • Capital Area of Texas District Physical Therapy Association • Austin Recovery Clinic

BAYLOR SCOTT & WHITE CLINIC

Action/Tactics	Anticipated Impact	Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Provide free community education sessions on alternatives to opioids and the signs of abuse through programs like Walk With a Doc and Health Speak	Community members become more aware of the danger of opioid abuse and how to prevent it	Provider time from family medicine, emergency department and integrative medicine spent in community sessions; Staff time coordinating outreach opportunities	Number of presentations on opioid abuse given; Number of participants attending community education sessions	

Priority 4: Intentional Self-Harm – Suicide – According to the National Institutes of Health, suicide is among the leading causes of death in the United States. The suicide rate in both Travis and Williamson counties was identified as a need. Travis County had a suicide rate of 7.4 per 100,000 deaths and Williamson County had a rate of 5.9 per 100,000 deaths, rates that were greater than the overall Texas rate by 46% and 17% respectively. Two populations that present the highest risk are veterans/active military and teens and young adults. Communities that implement proactive policies and intervention programs that assist residents at risk for suicide provide a platform for support along with prevention.

**BAYLOR SCOTT & WHITE MEDICAL CENTER – ROUND ROCK
(including Baylor Scott & White Medical Center – Lakeway and
Baylor Scott & White Emergency Medical Center – Cedar Park)**

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Work with community nonprofits and mental health providers to improve referral process and thereby access to mental health care resources in the Williamson County Area; Implement online therapy tool to enable anytime access to therapy for mentally ill. Partner with clinic to implement. www.talkspace.com	Community members will be referred to appropriate resources in a timely manner and will be connected to others sharing similar challenges to build a support network; Number of suicide attempts will decline due to proactive programs targeting individuals at risk	Hospital Emergency Department Case Management Staff	Number of referrals to community organizations for mental health services	<ul style="list-style-type: none"> • Mental Health First Aid • Travis County Collaboration • www.talkspace.com • The Pavilion Clubhouse of Williamson County

Priority 4: Intentional Self-Harm – Suicide

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Implementation of Mental Health First Aid. Training laypeople to recognize signs of mental distress and equipping them to provide immediate assistance and referral to appropriate resources	Improved awareness of mental health needs and knowledge of local resources	Staff time for program development and training	Number of people trained in mental health first aid	<ul style="list-style-type: none"> • Bluebonnet Trails • Local churches • Local school districts
Cash and In-kind contributions to other not- for-profit community organization existing to increase access to mental health care and services for the community	Improved access to care; Number of suicide attempts will decline due to proactive programs targeting individuals at risk	Community Benefit fund budget; Management staff	Persons served; Cost of service provision; Health outcomes	<ul style="list-style-type: none"> • Dripping Springs ISD • Helping Austin Grieve • NAMI Central Texas • Wonders and Worries • Equine Rehabilitation of Central Texas • Catholic Charities of Central Texas • And other community organizations applying for support
Faith Community Health: Members of the Faith Community are trained to connect community members to health and social services available in the area. This is an effort to integrate faith workers and healthcare through health educators, faith community nurses, home visits, and church volunteer members	The overall community's health will improve by integrating faith communities with healthcare to increase effective patient navigation, education and support	Volunteer training; Staff time managing program	Number of community partners developed; Number of training classes offered; Number of persons served; Cost of program; Hospital readmissions rate	<ul style="list-style-type: none"> • Local churches

Priority 4: Intentional Self-Harm – Suicide

BAYLOR SCOTT & WHITE MEDICAL CENTER – TAYLOR

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Enhance access to mental health providers through improved processes for scheduling and provider recruitment	Appointments for mental health will become more available	Office space; \$4,000 for furniture/ exam room refurbishment	Percent increase in patient volumes; Percent increase in patient experience scores	

BAYLOR SCOTT & WHITE MEDICAL CENTER – PFLUGERVILLE

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Partnership with Crisis Intervention team – Pflugerville Police Department	Provide access and acute treatment of Suicidal Ideation/ Self-Harm patients until patient is medically clear and able to transfer to appropriate facility	Hospital Emergency Department, Case Management and Administrative staff time	Number of transfers from hospital to behavioral health facilities	<ul style="list-style-type: none"> • Pflugerville Police Department

Priority 4: Intentional Self-Harm – Suicide

BAYLOR SCOTT & WHITE CLINIC				
Action/Tactics	Anticipated Impact	Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Provide community education on mental health to reduce the negative stigma around seeking help	Reduction of negative stigma around seeking help for mental health; Improved community awareness of challenges faced by people struggling with mental illness and what resources are available	Staff time spent on coordinating community health education programs; Physician time spent preparing and providing education/information	Number of educational sessions provided on mental health	<ul style="list-style-type: none"> • Various community organizations
Work with community nonprofits and mental health providers to improve referral process and thereby access to mental health care resources in the Williamson County area	Community members will be referred to appropriate resources in a timely manner and will be connected to others sharing similar challenges to build a support network	Staff time identifying and collaborating with local organizations	Number of referrals to community organizations for mental health services	<ul style="list-style-type: none"> • Pavilion Clubhouse of Williamson County • Helping Austin Grieve • MHMR • Bluebonnet Trails

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.

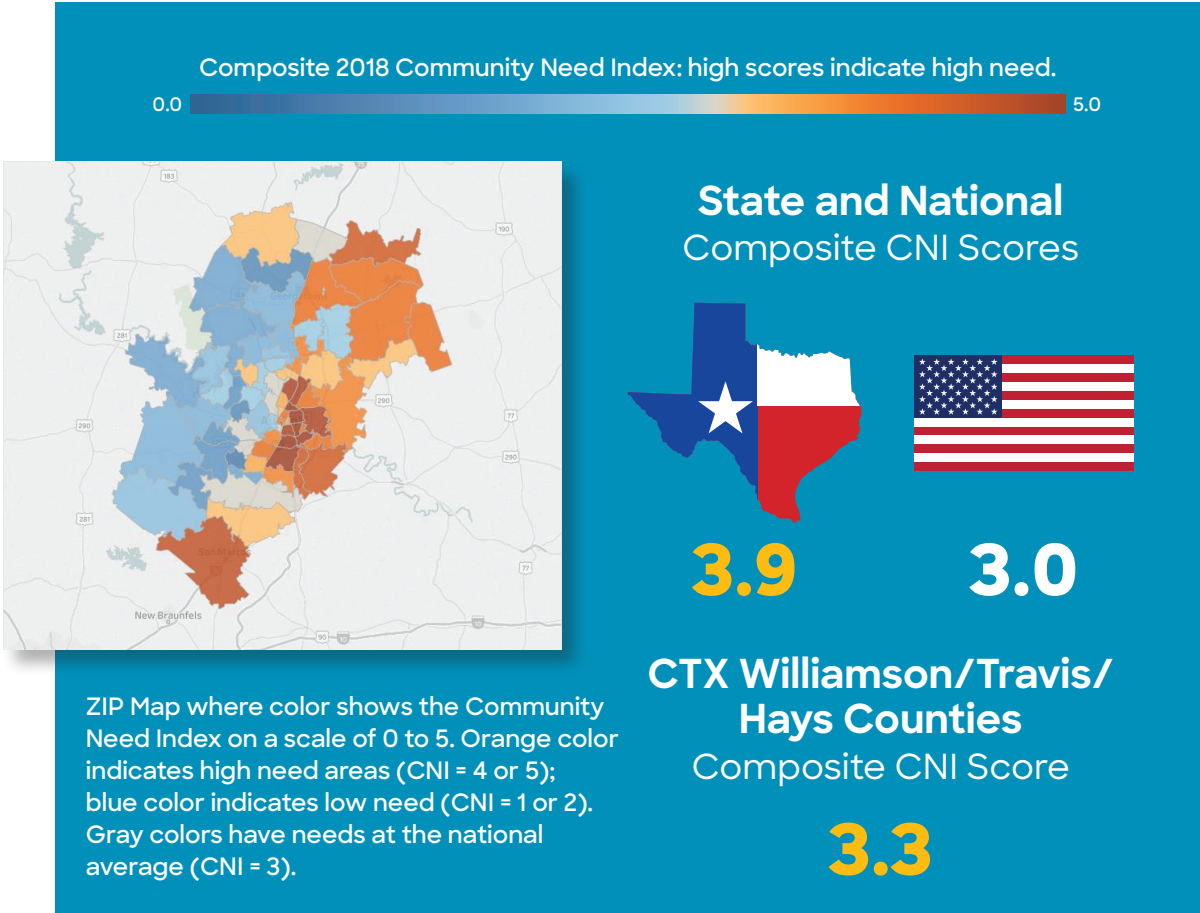
Needs not addressed:

- **Severe Housing Problems**

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 Williamson/Travis/Hays Health Community 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>.