

Baylor Scott & White Health Denton Health Community

Community Health Implementation Strategies 2019

An Action Plan for the Community Health Needs Assessment







Table of Contents

Executive Summary	2
A Letter from the President	4
Denton Community Health Implementation Strategies	5
Denton Health Community Needs	6
Implementation Strategies Addressing:	7
Depression in the Medicare Population	7
Non-Physician Primary Care Providers	9
Community Needs Not Addressed	11
Composite 2018 Community Need Index	12
Program Evaluation	13

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, three counties are served by this hospital facility, and at least 80% of admitted patients 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

Strategies Founded as a Christian ministry of healing, Baylor Scott & White Health promotes the well-being of all individuals, families and communities. Mission We serve Health faithfully Experience Affordability We act **Alignment** honestly Growth We never settle We are in To be the trusted leader, educator it together and innovator in value-based care delivery, customer experience and affordability. Values **Ambition**

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 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.

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 Denton Health Community, a companion piece to the CHNA that provides plans for addressing our most pressing health needs. The joint 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 two of those priorities to focus on in the Strategies:

- Depression in the Medicare Population
- Non-Physician Primary Care Providers

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 Denton 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 Denton Health Community

Denton Community Health Implementation Strategies

The Community Health Implementation Strategies for Denton 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). Denton Health

Community spans Cooke, Dallas, Denton, and Tarrant 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 Strategies include 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

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



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



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



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



Feasibility: the problem is amenable to interventions; technology, knowledge, or resources can effect a change; or the problem is preventable

 Describe any planned collaboration between the hospital and other facilities or organizations in addressing the health needs

Denton 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	Depression in Medicare Population	Mental Health
2	Ratio of Population to One Non-Physician Primary Care Provider	Access to Care
3	Schizophrenia and Other Psychotic Disorders in the Medicare Population	Mental Health

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	Depression in Medicare Population	Ratio of Population to One Non-Physician Primary Care Provider
Baylor Scott & White The Heart Hospital – Denton	~	~

Implementation Strategies

Priority 1: Depression in Medicare Population – Denton County's senior population; those 65 years of age and older, was expected to experience the fastest growth (32.2%) of any age group over the next five years, adding nearly 43,000 seniors to the community. Growth among this age group will likely contribute to increased utilization of healthcare services. Over time, the community must be able to provide adequate services to care for the aging population.

Depression is a true and treatable condition and not a normal result of aging. However, myriad conditions such as chronic illness, financial challenges, death and a change of living situation, are some reasons why there are a growing number of people in the Medicare population with depressive diagnoses. Of older adults, 80% have at least one chronic health condition and 50% have two or more. Healthcare providers may mistake an older adult's symptoms of depression as just a natural reaction to illness or the life changes that may occur as we age, and therefore not see the depression as a condition to be treated.

Of Medicare beneficiaries living in Denton County, 17.6% are depressed, which was greater than the Texas state benchmark of 14.9% by 18.0%. This indicates a greater need and a larger vulnerable population within the Denton Health Community.

Priority 1: Depression in Medicare Population

BAYLOR SCOTT & WHITE THE HEART HOSPITAL - DENTON

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Financially support area clinics providing mental health services to the Medicare population	Increased access to care for the Medicare population	Community Benefit Fund	Numbers of persons served	Serve Denton First Refuge Ministries Health Services of North Texas
Provide depression screening for all ED patients	Increased liklihood for early diagnosis and referral for depression in the Medicare population	ED Staff Time	Numbers screened Numbers identified at risk Numbers referred to care partner Number referred to community health and social organizations	Area clinics providing mental health services

Priority 2: 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. Non-physician providers or physician extenders are typically licensed professionals such as Physician Assistants or Nurse Practitioners who treat and see patients. Dependent upon state regulations, extenders may practice independently or in physician run practices. 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.

Non-physician primary care provider access in Denton County fell short of the Texas state benchmark of one provider to 1,497 residents. Denton County had a provider ratio of one non-physician primary care provider to every 1,966 residents. This is a difference of 31% relative to the state value (relative difference). It is also worth noting that the state of Texas provider ratio for non-physician primary care providers is higher than the overall U.S benchmark of one provider to 1,030 residents. The CHNA findings point a greater need regarding access to non-physician primary care providers within the Denton Health Community.

Priority 2: Ratio of Population to One Non-Physician Primary Care Provider

BAYLOR SCOTT & WHITE THE HEART HOSPITAL - DENTON

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Provide enrollment services to qualify patients for financial assistance for healthcare	Increased access to care through enrollment in programs that may be used with many healthcare providers	Budget	Number served Number of persons certified for insurance program	
Provide translation services for a group that comprises less than a prescribed percentage of the population through InDemand Interpreting Unit	Decrease in fearfullness of accessing quality care through cultural acceptance	Budget	Number of persons served Number of languages interpreted	InDemand Interpreting
Participate in area health fairs to provide blood pressure screenings and health information	Increased access to free healthcare services	Staff experts Supplies Budget	Numbers screened Numbers identified at risk	Community social service organizations
Host Heart Health Education Seminars to deliver relevant information on heart disease and heart-healthy life style choices	Increased awareness of signs and symptoms and the importance of early diagnosis	Staff experts Supplies Budget	Number of persons served	

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.

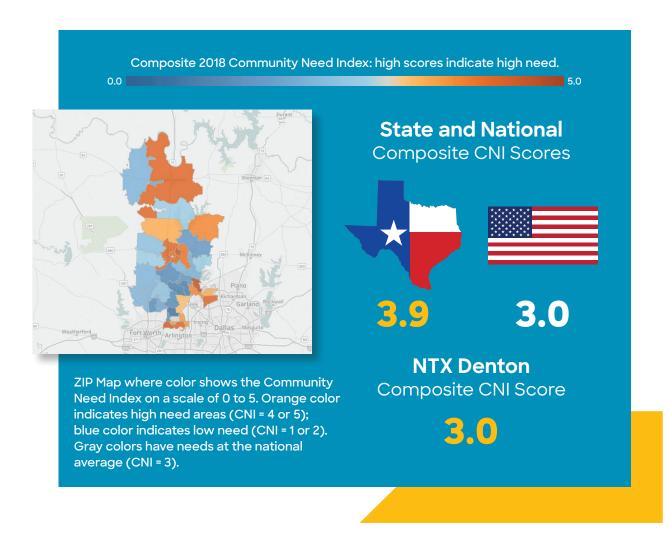
Needs not addressed:

• Schizophrenia and Other Psychotic Disorders in the Medicare Population

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 Denton 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.