



# **Baylor Scott & White Health Frisco Health Community**

**Community Health Implementation Strategies 2019**

An Action Plan for the Community Health Needs Assessment





# **Frisco Health Community Hospitals**

- **Baylor Scott & White Medical Center – Centennial**
- **Baylor Scott & White Medical Center – Frisco**
- **Baylor Scott & White Institute for Rehabilitation – Frisco**



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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 the collaborating hospital facilities spans multiple counties in the Frisco area of North Texas. This is the hospitals' primary service area, where at least 75% of the hospitals' 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






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; 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 Frisco 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 facilities 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:

- **Depression in the Medicare Population**
- **Motor Vehicle Driving Deaths with Alcohol Involvement**
- **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 Frisco 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  
Frisco Health Community

# Frisco Community Health Implementation Strategies

The Community Health Implementation Strategies for Frisco 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](http://www.BSWHealth.com/CommunityNeeds)). Frisco Health Community spans Collin, Dallas and Denton counties.

The community includes 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 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:

- 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

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

2

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

3

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

## Frisco 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	Schizophrenia and Other Psychotic Disorders in Medicare Population	Mental Health
2	Depression in Medicare Population	Mental Health
3	Motor Vehicle Driving Deaths with Alcohol Involvement	Health Behaviors - Substance Abuse
4	Ratio of Population to One Non-Physician Primary Care Provider	Access to Care
5	Cancer Incidence – Female Breast	Cancer

The hospital facilities listed below collaborated to conduct this joint implementation strategy and have 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 each respective hospital facility.

COMMUNITY NEEDS ADDRESSED			
Facility	Depression in Medicare Population	Motor Vehicle Driving Deaths with Alcohol Involvement	Ratio of Population to One Non-Physician Primary Care Provider
Baylor Scott & White Medical Center – Centennial	✓	✓	✓
Baylor Scott & White Medical Center – Frisco	✓		✓
Baylor Scott & White Institute for Rehabilitation – Frisco	✓	✓	



# Implementation Strategies

**Priority 2: Depression in Medicare Population** – Depression not categorized as the normal result of aging is a true and treatable condition. However, conditions such as chronic illness, financial challenges, death and a change of living situation are reasons why there are a growing number of people in the Medicare population with depressive diagnoses. In the older adult population, 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.

The Medicare population in the Denton County part of the Frisco Health Community had a 17.6% rate of depression. This was greater than the Texas state benchmark by 18.0%, indicating a greater need and a larger vulnerable population within the Frisco Health Community.

BAYLOR SCOTT & WHITE MEDICAL CENTER – CENTENNIAL				
Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
A large percentage of Veterans are faced with PTSD and depression. The hospital will partner with organizations and support groups to address mental health and depression issues for this population through cash and in-kind contributions to other not-for-profit community organizations existing to increase access to mental health care for veterans	Increased access to mental health care for veterans	Budget Community collaborators	Number of veterans served	Community social service agencies

## Priority 2: Depression in Medicare Population

BAYLOR SCOTT & WHITE MEDICAL CENTER – FRISCO				
Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Mental Health Services Program	Increased access to Mental Health Care	Administration Budget	Number of patients served	

BAYLOR SCOTT & WHITE INSTITUTE FOR REHABILITATION – FRISCO				
Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Neuro Support Group for patients, families and community. Consults for depressed attendees will go to a Neuropsychologist who does a clinical interview with the patient and may also do a PHQ-2 (Patient Health Questionnaire)	Increased access to mental health care	Consulting Physician Neuropsychologist	Number of community members served Number of consults Number of referrals	Continuing care community partner

**Priority 3: Motor Vehicle Driving Deaths with Alcohol Involvement** – Motor vehicle driving deaths with alcohol involvement measures as a percentage of all motor vehicle crash deaths where alcohol was involved. There are approximately 17,000 Americans killed annually in alcohol-related motor vehicle crashes. Binge (heavy) drinkers account for most instances of alcohol-impaired driving. Not all fatal motor vehicle traffic accidents have a valid blood alcohol test, causing data available to likely undercount instances of actual alcohol involvement. Additionally, there can be a large difference in the degree alcohol was responsible for the crash, as blood alcohol may be minimally or significantly over the legal limit.

The Texas state benchmark for alcohol-impaired motor vehicle crash deaths was 28.3%; the Collin County rate was 35.8% and this is 26.5% higher than the state benchmark. Reliance on motor vehicles for primary transportation coupled with high alcohol consumption could increase both alcohol-related accidents and deaths. Community education addressing the county rates and associated outcomes will be essential. Private/public partnerships to increase transportation options is another potential solution.

BAYLOR SCOTT & WHITE MEDICAL CENTER – CENTENNIAL				
Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
The hospital will educate students, parents and the community about the serious issue of underage drinking and driving by providing a realistic experience and encouraging them to make positive choices	Increased awareness of the dangers and outcomes of drinking and driving	Staff Budget	Numbers of students/parents educated	Centennial High School Frisco Police Dept. Frisco EMS

### Priority 3: Motor Vehicle Driving Deaths with Alcohol Involvement

BAYLOR SCOTT & WHITE INSTITUTE FOR REHABILITATION – FRISCO				
Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Alcohol Awareness Education Program	Increased awareness of the dangers and outcomes of drinking and driving	Staff time Budget Community collaboration	Number of students educated	Mothers Against Drunk Driving

**Priority 4: 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. While estimates vary on the scope of the provider shortage in America, 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. They expand the scope of PCPs within a geographic area and help bridge the gap both to access to care and to managing healthcare costs.

The Texas state benchmark for non-physician providers was one provider for every 1,497 residents. The Denton County ratio was one provider to 1,966 residents, or 31.3% higher than the state benchmark. Collin County was one provider to every 1,828 residents, or 22.1% higher than the state benchmark. These findings point to a greater need for non-physician primary care providers in the Frisco Health Community.

**Priority 4: Ratio of Population to One Non-Physician Primary Care Provider**

BAYLOR SCOTT & WHITE MEDICAL CENTER – CENTENNIAL				
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 for the medical workforce	Increase access to free and low cost healthcare by increasing the number of providers through medical education	Nursing Education Dept. Education Staff Budget Relationship with schools/universities	Number of students educated Number of schools/ colleges collaborators	Area schools, colleges and universities
One of the hospital’s top initiatives is to add additional primary care access points to meet the community needs in our service area. Efforts are currently underway to relocate and add non-physician primary care providers	Increase access to free and low-cost health care	Administration Budget Community collaborators	Number of patients served	

BAYLOR SCOTT & WHITE MEDICAL CENTER – FRISCO				
Action/Tactics	Anticipated Impact	Hospital 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 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.

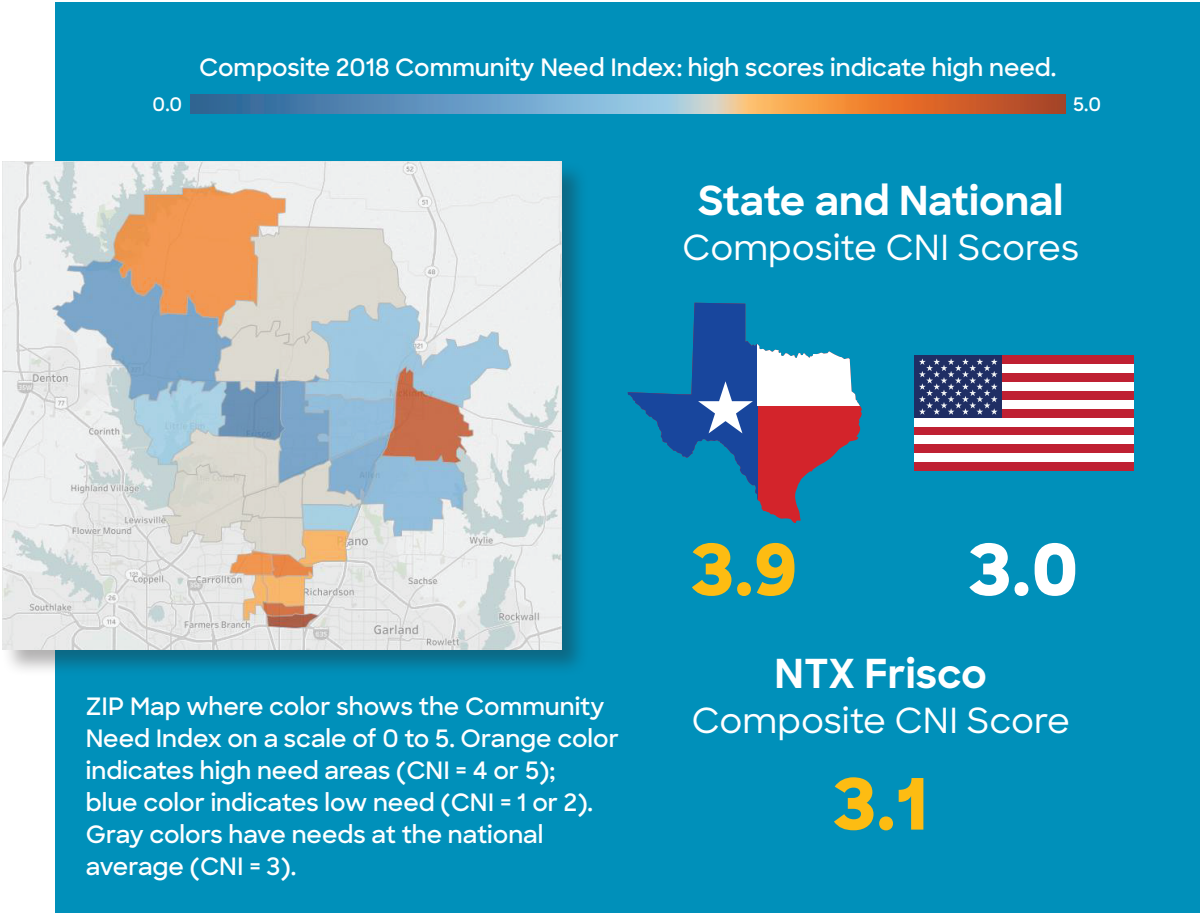
Needs not addressed:

- **Schizophrenia and Other Psychotic Disorders in Medicare Population**
- **Cancer Incidence - Female Breast**

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 Frisco 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](mailto:CommunityHealth@BSWHealth.org).

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