



Baylor Scott & White Health Hill Country Health Community

Community Health Implementation Strategies 2019

An Action Plan for the Community Health Needs Assessment





Hill Country Health Community Hospitals

- Baylor Scott & White Medical Center – Llano
- Baylor Scott & White Medical Center – Marble Falls
- 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 served by these hospital facilities includes Blanco, Burnet, Llano and San Saba counties. BSWH has at least one hospital facility or a provider-based clinic in each of these counties and together more than 80% of the hospitals' 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 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 a Community Health Implementation Strategies, which is our plan for addressing the identified needs.

We are pleased to present the 2019 Implementation Strategies for Hill Country Health Community, a companion piece to the CHNA that provides plans for addressing our most pressing health needs. The joint CHNA for Baylor Scott & White Medical Center – Llano and Baylor Scott & White Medical Center – Marble Falls 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 three of these priorities to focus on in the Strategies, in partnership with Baylor Scott & White Clinic:

- **Ratio of Population to One Mental Health Provider**
- **Ratio of Population to One Primary Care Provider (MD/Non-MD)**
- **Elderly Isolation: 65+ Householder Living Alone**

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 Hill Country 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
Hill Country Health Community

Hill Country Community Health Implementation Strategies

The Community Health Implementation Strategies for Hill Country 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 community served by Baylor Scott & White Medical Center – Llano and Baylor Scott & White Medical Center – Marble Falls includes Llano, Burnet, San Saba and Blanco counties. Baylor Scott & White has at least one hospital facility or provider-based clinic in each of these counties, and together they comprise where the majority of the hospitals' admitted patients live. 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

Importance to the population served: the issue is important to the community and there is a willingness to address the issue; will be able to convene resources around initiatives

2

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

3

Magnitude: the need impacts many people, actually or potentially

Hill Country 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 Mental Health Provider	Mental Health
2	Children in Poverty and Uninsured	SDH* - Income / Access to Care
3	Diabetes Short-Term Complications Admission: Pediatric (Risk-Adjusted-Rate)	Chronic Condition - Diabetes
4	Ratio of Population to One Primary Care Provider (Physician/Non-Physician)	Access to Care
5	Elderly Isolation: 65+ Householder Living Alone	SDH* - Social Isolation

*SDH – Social Determinant of Health

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 Mental Health Provider	Ratio of Population to One Primary Care Provider (Physician/Non-Physician)	Elderly Isolation: 65+ Householder Living Alone
Baylor Scott & White Medical Center – Llano	✓	✓	✓
Baylor Scott & White Medical Center – Marble Falls	✓	✓	✓
Baylor Scott & White Clinic	✓	✓	✓

Implementation Strategies

Priority 1: Ratio of Population to One Mental Health Provider – Access to mental health providers and services is a national issue. An estimated 9 million adults (or 1 in 5) report having an unmet mental health need while there is a countrywide shortage of mental health providers. Rural area residents face challenges accessing mental health care services. Primary Care Providers often treat patients with mental health needs. These providers experience expertise, time and financial reimbursement constraints. Communities that lack PCPs are even more vulnerable.

The mental health provider ratios for Blanco, San Saba and Llano counties ranked in the top 10 needs out of 102 indicators measured when compared to Texas. Burnet County had better values than the other counties in this community yet was three times higher than County Health Rankings' top performers' ratio of one mental health provider for every 470 residents. The mental health need in this community also includes the necessity to address the stigma attached to seeking mental healthcare as well educating residents about the consequences of not addressing mental health issues (i.e., jobs, education).

Priority 1: Ratio of Population to One Mental Health Provider

BAYLOR SCOTT & WHITE MEDICAL CENTER – LLANO BAYLOR SCOTT & WHITE MEDICAL CENTER – MARBLE FALLS

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Provide Mental Health First Aid training to interested community organizations	More lay people will be able to assist those struggling with mental health challenges	Staff time establishing program, facilitating training, program support as needed	Number of people trained in MHMA	<ul style="list-style-type: none"> Local school districts Churches Bluebonnet Trails
Addressing drug abuse including opioids and methamphetamines by limiting prescriptions provided in the Emergency Department and after surgery, and identifying ways to help families break the cycle of drug abuse	Reduced number of prescribed opioids and reduced number of complications due to meth use	Marble Falls and Llano hospital Emergency Department Case Management	Percent of patients discharged home with narcotics; Rate of opioid overuse	
Coordination of community health resources in a rural region for patient referrals	Maximized community resources for rural residents to improve their health and engage available post-acute providers, decreased overutilization of ED, decreased readmissions	1 FTE - ED Care Manager/Community Care Case Manager	Percent of patients with a PCP; Percent of patients referred to community resources; Number of referrals made	<ul style="list-style-type: none"> Post-Acute providers in the community; local social service organizations Local social service organizations

Priority 1: Ratio of Population to One Mental Health Provider

BAYLOR SCOTT & WHITE CLINIC				
Action/Tactics	Anticipated Impact	Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Implement telemedicine in clinical care	High-need patients will be able to receive psychiatry consults faster and more efficiently	Psychiatrist time; Office space; Connectivity/ancillary support-nursing and social services	Volume in the telemedicine service	

Priority 4: Ratio of Population to One Primary Care Provider (MD/Non-MD) – 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. They are often the first to recognize signs of depression, early signs of cancer or chronic disease and other health concerns. Primary care providers ensure patients receive the right care, in the right setting, by the most appropriate provider, and in a manner consistent with the patient’s desires and values. Access to primary care helps keep people out of emergency rooms, where care costs are much higher than other outpatient care. Annual check-ups can catch and treat problems earlier, which is also less costly than treating severe or advanced illness.

There is a nationwide scarcity of physicians, particularly in small towns and cities. Estimates of the scope of the provider shortage in rural America vary, however it is generally agreed upon that thousands of additional Primary Care Providers are needed to meet the current demand in rural America and that tens of thousands of additional caregivers will be needed to meet the growing rural population. Recruiting physicians to rural areas is particularly challenging and it could take years to secure a vacant position.

This shortage is accentuated in rural areas across the country. Primary care physician extenders (e.g., nurse practitioners, physician assistants and care manager) could help close the gap in access to primary care services when they are located in a community.

Priority 4: Ratio of Population to One Primary Care Provider (MD/Non-MD)

**BAYLOR SCOTT & WHITE MEDICAL CENTER – LLANO
 BAYLOR SCOTT & WHITE MEDICAL CENTER – MARBLE FALLS
 BAYLOR SCOTT & WHITE CLINIC**

Action/Tactics	Anticipated Impact	Facility Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Develop and Implement a Medical Staff Development plan and recruit new primary care providers	Patients will have better access to primary care providers	Physician recruitment expense; Physician and APP salaries; Clinic space; Office staff	Number of patient visits	
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	<ul style="list-style-type: none"> Community organizations throughout the Hill Country to help with referring patients for additional resources
Cash and in-kind contributions to other not-for-profit community organizations existing to increase access to care for the community	Improved access to care for uninsured and underinsured persons	Community Benefit fund budget; Management staff	Persons served; Total contributions; Health outcomes	<ul style="list-style-type: none"> Community organizations applying for support

Priority 4: Ratio of Population to One Primary Care Provider (MD/Non-MD)

Action/Tactics	Anticipated Impact	Facility 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 and identify better ways to assist outpatient care by connecting patients to underutilized resources and DME* in the Faith in Action ministry	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; Office space	Reduced readmissions: Number served; Cost of supply provision	<ul style="list-style-type: none"> Local community healthcare providers

*DME – Durable Medical Equipment

Priority 5: Elderly Isolation: 65+ Householder Living Alone – The elderly population, 65 years of age and older, were expected to experience the fastest growth (20.8%) over the next five years, adding nearly 9,000 elderly 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.

Elderly, frail, and reclusive people who live alone may require home care and specialized services such as meal delivery and social visits. Identifying and supporting this marginalized population is essential. Integrated social services to engage, support and positively challenge their elderly populations will improve the overall health and well-being of the community.

In all four counties that make up the Hill Country Health Community, the percentage of elderly who lived alone indicated a significant health need. In Texas overall, the percent of individuals living alone that were age 65 and older was 8.0%. The overall value for the U.S. was 10.4%. In Llano County the value was 18.6%, in San Saba County 15.5%, Burnet County 12.1%, and in Blanco County 12.1%.

**BAYLOR SCOTT & WHITE MEDICAL CENTER – LLANO
 BAYLOR SCOTT & WHITE MEDICAL CENTER – MARBLE FALLS
 BAYLOR SCOTT & WHITE CLINIC**

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Implement the BSWH Faith Community Health in this community	Home visitation to patients to assist with accessing services and reduce readmissions; Improved patient navigation services	Staff time implementing program; Training time for volunteers; Faith Community Health Department	Readmission rates; Number of patient connections to volunteers; Number of volunteers trained	• Local churches

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.

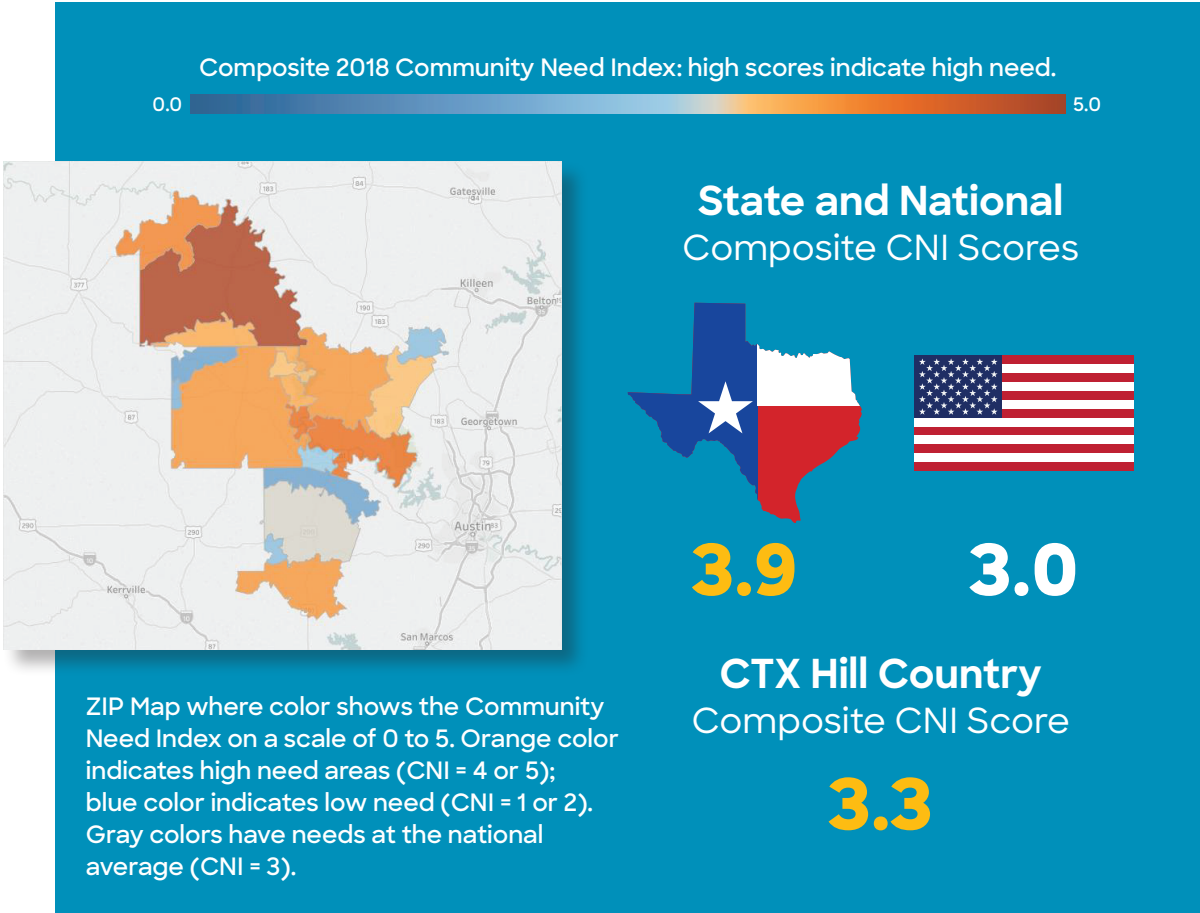
Needs not addressed:

- **Children in Poverty and Uninsured Disconnected Youth**
- **Diabetes Short-Term Complications Admission: Pediatric (Risk-Adjusted-Rate)**

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 Hill Country 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>.