



Baylor Scott & White Health Lake Pointe/Rockwall Health Community

Community Health Implementation Strategies 2019

An Action Plan for the Community Health Needs Assessment





Lake Pointe/Rockwall Health Community Hospitals

- Baylor Scott & White Medical Center – Lake Pointe
- Baylor Scott & White Emergency Hospital – Rockwall



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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 BSWH hospital facilities spans multiple counties in the Lake Pointe and Rockwall areas of North Texas. The community 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



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 six 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 Lake Pointe/Rockwall 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 the following priorities to focus on in the Strategies:

- **Ratio of Population to One Primary Care Physician**
- **Ratio of Population to One Non-Physician Primary Care Provider**
- **Percentage of Population Under Age 65 without Health Insurance**

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 Lake Pointe/Rockwall 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
Lake Pointe/Rockwall Health Community

Lake Pointe/Rockwall Community Health Implementation Strategies

The Community Health Implementation Strategies for Lake Pointe/Rockwall 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).

Lake Pointe/Rockwall Health Community spans multiple counties in North Texas including Collin, Dallas, Hunt, Kaufman and Rockwall 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)

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

1

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

2

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

3

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

4

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

- 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

Lake Pointe/Rockwall 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 Dentist	Access to Care
2	Ratio of Population to One Primary Care Physician Provider	Access to Care
3	Ratio of Population to One Non-Physician Primary Care Provider	Access to Care
4	Percentage of Population Under Age 65 Without Health Insurance	Access to Care
5	No Vehicle Available	Access to Care
6	Severe Housing Problems	Environment - Food

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	Ratio of Population to One Primary Care Physician Provider	Ratio of Population to One Non-Physician Primary Care Provider	Percentage of Population Under Age 65 Without Health Insurance
Baylor Scott & White Medical Center – Lake Pointe	✓	✓	✓
Baylor Scott & White Emergency Hospital – Rockwall	✓		

Implementation Strategies

Priority 2: Ratio of Population to One Primary Care Physician Provider – Primary care included family medicine, internal medicine, nursing, nurse practitioners, pharmacy, pediatrics, general obstetrics/gynecology, gerontology, behavioral health, community health, and the other people and professions who fulfilled the general medical needs of patient populations. For many individuals, they were the first point of contact with the healthcare system and often are the first to recognize signs of depression, early signs of cancer or chronic disease, and other health concerns. Primary care providers ensured patients received the right care, in the right setting, by the most appropriate provider, and in a manner consistent with the patient’s desires and values. Primary care was also important because it lowered costs. Access to primary care helped to keep people out of emergency rooms, where care costs were much higher than other outpatient care treatment options. Annual check-ups could catch and treat problems earlier, which was also less costly than treating severe or advanced illness.

The Lake Pointe/Rockwall Health Community has rural components that can present additional challenges to access to care. Transportation to far-flung care sites across the counties may be difficult, if not impossible. While Dallas and Rockwall counties had primary care physician access which is outperforming the Texas average of one primary care physician to every 1,670 residents, Kaufman County’s ratio is one provider to every 3,277 residents. The Kaufman County value is 96% higher than the state, making access to primary care physician providers one of the top ranked needs for the community.

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

BAYLOR SCOTT & WHITE MEDICAL CENTER – LAKE POINTE				
Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
The hospital will conduct enrollment services to assist in the qualification of the medically underserved	Increased access to primary care providers for programs enabling access to care, such as Medicaid, Medicare, SCHIP and other government programs or charity care programs for use in any hospital within or outside the hospital	Access Services	Number served Number of persons certified for insurance programs	
Increase access to care through Community Health Education	Increased access to health information including signs and symptoms for early intervention	Staff time Budget	Number of persons served	
Recruitment of physicians and other health professionals for areas identified as medically underserved areas (MUAs)	Increased access to care through increased primary care workforce numbers	Administration Budget	Number of physicians recruited Cost of physician acquisition	
Financial support for the expansion of community clinics for increasing access to care for underserved/underinsured populations	Increased access to care to establish a primary care home for underserved / underinsured	Community Benefit Fund	Outcomes reported by recipient agency	Helping Hands Clinic of Rockwall Hope Clinic of Garland

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

BAYLOR SCOTT & WHITE EMERGENCY HOSPITAL – ROCKWALL				
Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Provide quality emergency and urgent care	Increased access to primary care for all persons, insured or uninsured	ED Staff Medical/ Telemetry units	Number served Length of stay	
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	

Priority 3: Ratio of Population to One Non-Physician Primary Care Provider – There is a nationwide scarcity of physicians, particularly in small towns and cities. The problem is worse in rural areas across the country, where only about 11% of the nation’s physicians work, despite nearly 20% of Americans living there. Estimates vary, but it is generally agreed 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.

Primary care physician extenders (e.g. nurse practitioners, physician assistants, and clinical nurse specialists) can help close the gap in access to primary care services when available in a community. Non-physician providers or physician extenders are typically licensed professionals such as Physician Assistants, 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 can help to bridge the gap to both accesses to care and management of healthcare costs.

Non-physician primary care provider access in Kaufman County is one provider to every 2,752 residents, which is 84% higher than the Texas state threshold of one provider to 1,497 residents. The defined need for both primary care physicians and non-physician primary care providers exists in Kaufman county.

Priority 3: Ratio of Population to One Non-Physician Primary Care Provider

BAYLOR SCOTT & WHITE MEDICAL CENTER – LAKE POINTE				
Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Community health fairs	Increase access to non-physician primary care	Community Benefit staff	Numbers of persons served Number of persons referred for service	Helping Hands Clinic of Rockwall Hope Clinic of Garland
Community health events	Increase access to non-physician PCPs	Community Benefit staff Content experts Budget Supplies	Numbers of persons served	Workplace Wellness
Cash and in-kind contributions to other not-for-profit community organizations existing to increase access to care for the community	Increased access to care through provision of free or discounted healthcare services through community social service organizations	Community Support Fund	Persons served Health outcomes	Helping Hands Clinic of Rockwall Hope Clinic of Garland
Recruitment of non-physician workforce	Increased access to care by non-physician primary care providers	Administration Budget	Number of non-PCPs recruited	
To help address the State's health care workforce shortage BSWH provides a clinical training program to prepare nurses for the medical workforce	Increased access to care through preparation of nurses for the medical workforce	Nursing Ed staff Supervisory staff time Budget	Number of non-PCPs educated Number of school partners	Area colleges and universities

Priority 4: Percentage of Population Under Age 65 Without Health Insurance – Lack of health insurance is a significant barrier in accessing health care and overall financial security. A key finding from a recent Kaiser Foundation paper included; “Going without coverage can have serious health consequences for the uninsured because they receive less preventative care, and delayed care often results in serious illness or other health problems. Being uninsured can also have serious financial consequences, with many unable to pay their medical bills, resulting in medical debt.”

The Dallas County proportion of those under age 65 without health insurance was 22.8%, or nearly 18% higher than the rate for the state of Texas overall. According to the 2018 County Health Rankings, the rate for the U.S. as a whole was 11% and top-performing U.S. counties have a rate of 6%. The Dallas County rate indicates need for a portion of the greater Lake Pointe/Rockwall Health Community.

BAYLOR SCOTT & WHITE MEDICAL CENTER – LAKE POINTE				
Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Cash and in-kind contributions to other not-for-profit community organizations existing to increase access to care for the community	Increased access to care through provision of free or discounted healthcare services through community social service organizations	Community Support Fund	Persons served Health outcomes	Helping Hands Clinic of Rockwall Hope Clinic of Garland
The hospital will conduct enrollment services to assist in qualifying the medically underserved	Increased access to primary care providers for programs enabling access to care, such as Medicaid, Medicare, SCHIP and other government programs or charity care programs for use in any hospital within or outside the hospital	Access Services	Numbers served Numbers of persons certified for insurance programs	

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.

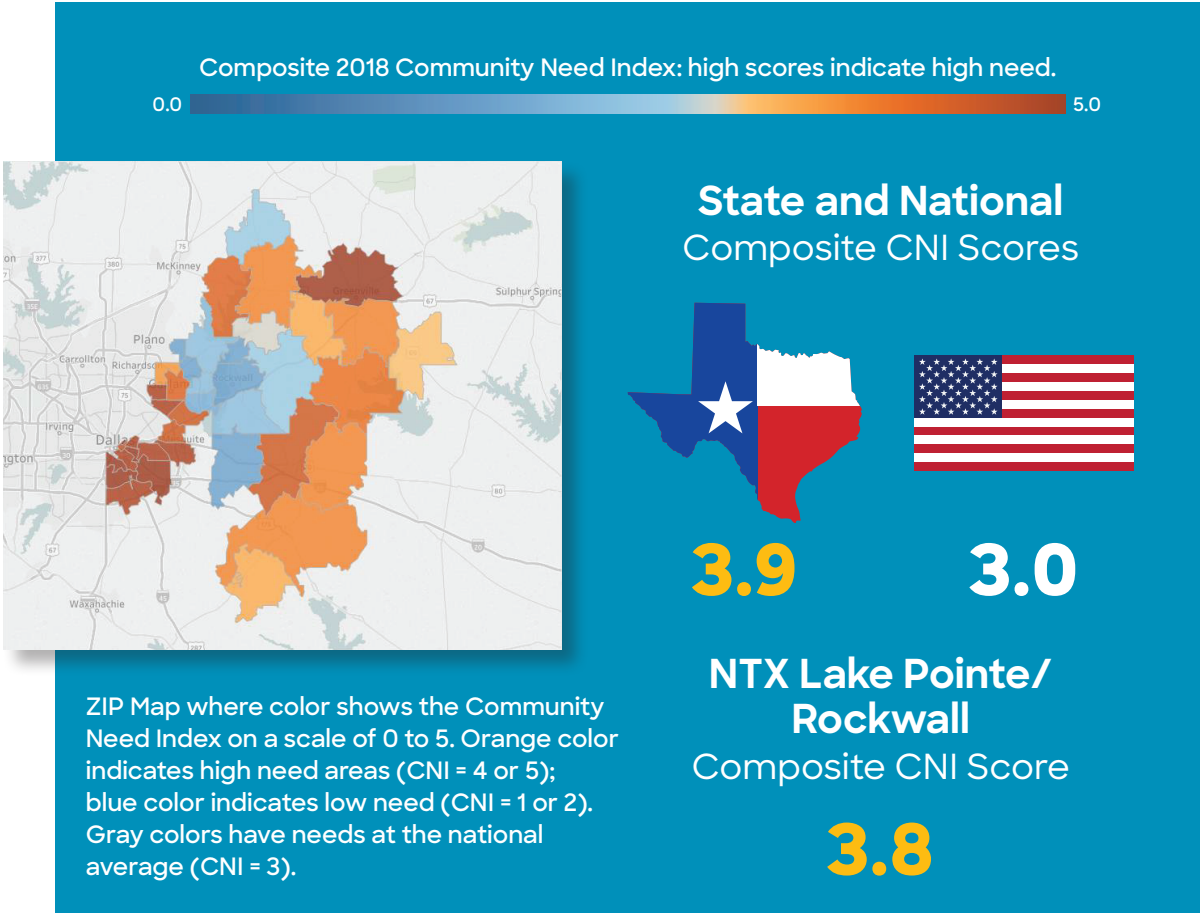
Needs not addressed:

- **Ratio of Population to One Dentist**
- **No Vehicle Available**
- **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 Lake Pointe/Rockwall 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>.