



# Baylor Scott & White

## HEALTH

### IMPLEMENTATION STRATEGY

for the 2016

Community Health Needs Assessment

Baylor Scott & White Medical Center – Llano

Baylor Scott & White Medical Center – Marble Falls

Scott & White Clinic

Approved by: Baylor Scott & White Health – Central Texas Operating, Policy and Procedure Board on August 19, 2016 and posted to [BaylorScottandWhite.com/CommunityNeeds](http://BaylorScottandWhite.com/CommunityNeeds) on November 15, 2016

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## Baylor Scott & White Health Mission Statement

### OUR MISSION

*Baylor Scott & White Health exists to serve all people by providing personalized health and wellness through exemplary care, education and research as a Christian ministry of healing.*

“Personalized health” refers to a commitment to develop innovative therapies and procedures focusing on predictive, preventive and personalized care. For example, data from the electronic health record helps predict the possibility of disease in a person or a population. And with that knowledge, measures are put into place to either prevent the disease altogether or significantly decrease its impact on the patient or the population. Care is tailored to meet the individual medical, spiritual and emotional needs of patients.

“Wellness” refers to ongoing efforts to educate the people served, helping them get healthy and stay healthy.

“Christian ministry” reflects the heritage of Baylor Health Care’s founders and Drs. Scott and White, who showed their dedication to the spirit of servanthood — to equally serve people of all faiths and those of none.

### WHO WE ARE

In 2013, Baylor Health Care System and Scott & White Healthcare became one.

The largest not-for-profit health care system in Texas, and one of the largest in the United States, Baylor Scott & White Health (BSWH) was born from the 2013 combination of Baylor Health Care System and Scott & White Healthcare.

Known for exceptional patient care for more than a century, the two organizations serve adjacent regions of Texas and operate on a foundation of complementary values and similar missions. BSWH includes 41 licensed hospitals, more than 900+ patient care sites, more than 6,600 active physicians, 43,750+ employees and the Scott & White Health Plan.

Over the years, Baylor and Scott & White have worked together as members of the High Value Healthcare Collaborative, the Texas Care Alliance and Healthcare Coalition of Texas and are two of the best known, top-quality health care systems in the country, not to mention in Texas.

After years of thoughtful deliberation, the leaders of Baylor Health Care System and Scott & White Healthcare decided to combine the strengths of the two health systems and create a new model system able to meet the demands of health care reform, the changing needs of patients and extraordinary recent advances in clinical care.

With a commitment to and a track record of innovation, collaboration, integrity and compassion for the patient, BSWH stands to be one of the nation's exemplary health care organizations.

## OUR CORE VALUES & QUALITY PRINCIPLES

Specific values define the BSWH culture and should guide every conversation, decision and interaction with each other and with patients and their loved ones:

- *Integrity*: Living up to high ethical standards and showing respect for others
- *Servanthood*: Serving with an attitude of unselfish concern
- *Teamwork*: Valuing each other while encouraging individual contribution and accountability
- *Excellence*: Delivering high quality while striving for continuous improvement
- *Innovation*: Discovering new concepts and opportunities to advance our mission

*Stewardship*: Managing resources entrusted to us in a responsible manner

## 2016 Community Health Needs Assessment Summary

### Community Served

BSWH owns and operates multiple individual licensed hospital facilities serving the residents of North and Central Texas. The following hospital facilities have defined their communities to be the same, and conducted a joint community health needs assessment.

- Baylor Scott & White Medical Center – Llano
- Baylor Scott & White Medical Center – Marble Falls

These same hospital facilities have also chosen to do a joint implementation strategy with another 501(c)(3) nonprofit organization:

- Scott & White Clinic

For the 2016 assessment process, the above hospital facilities defined their community to be the geographical area of Blanco, Burnet, Llano, and San Saba counties. The community served was determined based on the counties that make up at least 75 percent of the hospital's inpatient and outpatient admissions.

### *BSWH Implementation Strategy*

#### *Map of Community Served*



### Highlights of community characteristics include:

- The population in the community served is expected grow almost 5% by 2020, increasing the population by just over 3,700 people. This growth rate is lower than Texas overall (6.7%) but higher than the entire U.S. (3.5%). The largest increases will be in Bertram (9.6%), Kingsland (6.8%), and Horseshoe Bay (6.6%).
  - The sixty-five plus cohort made up 25% of this market, more than double the percentage for Texas (12%). The senior population is also expected to experience the most growth over the next five years, estimated to increase 28,000 over the next five years. Growth in this population will likely contribute to increased utilization of services as the population continues to age.
  - Children were the smallest age cohort and 5 year projected growth is flat, while the age 18-44 population is anticipated to increase by 1,500 people in the same timeframe.
  - The age 45-64 cohort is expected to decline over the next 4 years
- In 2015, 20% of the population identified as Hispanic and 80% of the Hispanic population resided in Burnet and Llano counties. The projected growth rate of minority populations is much greater than that of the white population, but the overall proportion of minorities will only increase by 2% in 2020 (from 11% of total population to 13%).
- The median household income for the community served was \$42,657. In 2015, 51% of the community was commercially insured, 11% was covered by Medicaid, 14% was uninsured, and 24% was covered by Medicare or Medicare dual eligible. The population purchasing insurance through the health insurance exchange marketplace is expected to increase from 3% to 5% by 2020. The uninsured is not expected to change over the next 5 years.
- The community includes seventeen (17) Health Professional Shortage Areas and four (4) Medically Underserved Areas as designated by the U.S. Department of Health and Human Services Health Resources Services Administration.

### *Health Professional Shortage Areas and Medically Underserved Areas and Populations*

COUNTY	Health Professional Shortage Area (HPSA)				Medically Underserved Area/Population (MUA/P)
	Dental Health	Mental Health	Primary Care	TOTAL HPSA	TOTAL MUA/P
Blanco County	0	1	1	2	1
Burnet County	3	4	4	11	1
Llano County	0	1	1	2	1
San Saba County	0	1	1	2	1
<b>TOTAL</b>	<b>3</b>	<b>7</b>	<b>7</b>	<b>17</b>	<b>4</b>

## Community Health Needs Assessment Process

Beginning in the summer of 2015, a BSWH task force led by the community benefit, tax compliance, and corporate marketing departments began the process of assessing the current health needs of the communities served for all BSWH hospitals. Truven Health Analytics was engaged to help collect and analyze the data for this process and to compile a final report made publicly available in June of 2016.

For the 2016 assessment, Baylor Scott & White Medical Center – Llano and Baylor Scott & White Medical Center – Marble Falls have defined their community to be the geographical area Blanco, Burnet, Llano, and San Saba counties. The community served was determined based on the counties that make up at least 75 percent of the hospital facilities’ inpatient and outpatient admissions over a period of the past 12 months.

With the aid of Truven Health Analytics, nearly 70 public health indicators were examined and a benchmark analysis of this data comparing the community to overall state of Texas and U.S. values was conducted. For a qualitative analysis, and in order to get input directly from the community, focus groups were conducted that included representation of minority, underserved and indigent populations’ needs and several key informants in the community that were community leaders and public health experts were interviewed.

Needs were first identified when an indicator for the community served did not meet state benchmarks. An index of magnitude analysis was then conducted on all the indicators that did not meet state benchmarks to determine the degree of difference from benchmark in order to indicate the relative severity of the issue. The outcomes of this quantitative analysis were aligned with the qualitative findings of the community input sessions to bring forth a list of health needs in the community. These health needs were then classified 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.

The matrix was reviewed by hospital and clinic leadership in a session to establish a list of significant needs and to prioritize them. The meeting was moderated by BSWH – Central Texas Director of Community Benefit and included an overview of the community demographics, summary of health data findings, and an explanation of the quadrants of the health needs matrix.

Participants all agreed that the health needs indicated in the quadrant labeled “high qualitative, high quantitative” deserved the most attention, and there was discussion around which indicators from that quadrant should be identified as significant.

A dotmocracy voting method was employed to identify the significant needs, and then to prioritize those needs. Each participant voted for only 5 of the health needs identified in the matrix. The votes were tallied and priority needs were established by the highest number of votes and were displayed in order of number of votes received.

## 2016 Significant Community Health Needs

The identified significant needs are listed below in rank order. A complete description of the needs and how they were identified—including the data collected, community input obtained, analyzation process, and prioritization methods used—can be found in the 2016 CHNA report available at <http://baylor-scottandwhite.com/communityneeds>.

**Cancer** was identified as a top health priority for the community as many oncology patients commute to Austin for the full spectrum of oncology services, including chemotherapy and access to more specialists. The most common types of cancer in this market are prostate, breast, lung, and colorectal, and these four types will make up more than half of the new cases in the next five years.

According to the National Cancer Institute’s State Cancer Profiles, the average annual incidence of all cancers per 100,000 people, when evaluated by county, was similar or lower when compared to the state incidence of 418. However, three of the counties (Burnet, Llano and San Saba) had higher rates of lung cancer than the state incidence rate of 58 per 100,000 people. Dartmouth Atlas of Healthcare provided information that two of the counties in the community had mammography screening rates less than the state. The two counties below the Texas 59% benchmark were Blanco (56.5%) and San Saba (50%).

**Heart Disease and Stroke** mortality rates for the community far exceeded the state rates according to the National Vital Statistics System. The heart disease mortality rate per 100,000 was up to 130% higher in the community than for the state.

Heart disease was identified as a significant health issue in the market, but it’s a complex disease interdependent with other conditions such as obesity, diabetes, hypertension, and lack of exercise. Community input (gathered through key informant interviews and focus group sessions) validated the quantitative findings, indicating heart disease as a significant community health need. The community believed that preventative care services were lacking, especially for diabetes and obesity, and this continued to be a problem but had been overshadowed by the other challenges in the market.

**Prenatal Care** Access to prenatal care has been a challenge historically due to limited resources available in the community. According to the Texas Department of State Health Services Natality File, 65% of women in Texas entered into prenatal care within their first trimester of pregnancy compared to 56% in Blanco, 65% in Burnet, 68% in Llano, and 70% in San Saba. Tobacco use was prevalent in this market and rates for births to mothers who smoked during pregnancy were much higher than Texas (4%) for the two counties with data (Burnet 9%, Llano 20%). Llano and San Saba had higher rates of teen births (70 and 64 births respectively per 1,000 females aged 15-19) than the state of Texas (55 births per 1,000 females age 15-19).

The focus group observed that maternal health has been improving since prior assessments, which is a positive note. Additionally, there are services at the new hospital and more indigent care was available (but still limited). There are some free clinics to serve the population, but lack of awareness about prenatal services continues to persist.

**Car Crash Deaths** All four counties in the community have significantly higher motor vehicle crash mortality rates than the state average. The national average was 22 deaths per 100,000 population and the Texas rate of 14 deaths per 100,000 were far eclipsed by Blanco at 31, Burnet at 32, Llano at 18, and



San Saba at 38 per 100,000 people. In the United States, crash injuries result in about 500,000 hospitalizations and four million emergency department visits annually.

**Mental Health Resources** According to the County Health Rankings NPI file, there are fewer mental health providers per capita in this market when compared to Texas and national benchmarks. The U.S. ratio was 529 people per mental health provider and Texas was 1,034 per mental health provider. Burnet had 1,753 people for each mental health provider, and Llano had 1,620. The Centers for Medicare & Medicaid Services (CMS) reported that the community's Medicare population had Alzheimer's disease/dementia and depression at a lower rate than Texas overall (12%).

According to focus group participants, sufficient early intervention, treatment services, and long term mental health services are not available within the community, and the community lacked enough professionals and a coordinated effort to provide appropriate crisis intervention. Gaps in mental health services contributed to the overutilization of the emergency department (ED) for mental health issues, and limited follow up care was available; often the patient returned to the same harmful environment.

**Diabetes** is closely linked to obesity and heart disease as well as lack of healthy food options and exercise. Diabetes can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. According to the CDC, the prevalence of type 2 diabetes has increased six-fold in the last 50 years. According to CDC records, all 4 counties in the community have a higher percentage of adults with diabetes than the Texas state average. Diabetes risk factors such as obesity and physical inactivity have played a major role in this dramatic increase. The obesity rate in Texas was 29%; Blanco and San Saba were both higher with 30%, Burnet was 29%, and Llano was 26%. Additionally, all four counties had less adequate access to locations for physical activity compared to the state value of 84%. Adult residents reported having no leisure-time physical activity at higher rates in all four counties compared to the state value of 23% (Blanco 24%, Burnet 28%, Llano 29%, and San Saba 24%).

The prioritized list of significant health needs has been presented and approved by the hospital facilities' governing body and the full assessment is available to the public at no cost for download on our website at [BaylorScottandWhite.com/CommunityNeeds](http://BaylorScottandWhite.com/CommunityNeeds).

This joint implementation strategy and corresponding community health needs assessment are intended to meet the requirements for community benefit planning and reporting as set forth in state and federal laws and regulations, including but not limited to: Texas Health and Safety Code Chapter 311 and Internal Revenue Code Section 501(r).

## Implementation Strategy Development and Adoption

A Community Benefit and Community Health Needs Assessment (CHNA) Task Force, made up of community benefit, tax compliance, and corporate marketing representatives was established to advise hospitals on the development of individual Implementation Strategies to address unmet community health needs. The Task Force is responsible for overseeing the CHNA process including the integration of the community benefit priorities into the system-wide strategic planning process.

The Task Force objectives include:

- Review and provide support for local hospital community benefit plans
- Ensure alignment of plans to System culture and strategies
- Provide guidance on tactics to address community health needs
- Ensure compliance with federal and state guidelines, regulations and filings
- Oversee program evaluation and tracking
- Secure successful adoption of plan by hospital board of directors

The Task Force relied on valuable input from key hospital, research, and strategic planning leaders throughout the process to support the Hospital in planning for implementation.

***The following criteria were utilized to determine the priority areas to address:***

- *Severity or prevalence of the issue*
- *Notable health disparities in specific populations*
- *Readiness of community population to change*
- *Resources available to impact the need*
- *Feasibility of possible interventions to affect change*
- *Ability to evaluate outcomes*

## Our Corporate Structure and Efforts to Address Community Needs

Baylor Scott & White Medical Center – Llano and Baylor Scott & White Medical Center – Marble Falls are licensed not-for-profit hospitals and as such have completed an assessment of community health needs and developed a joint implementation strategy to meet federal requirements to maintain that status. BSWH has separate clinic facilities that are invaluable in efforts to improve the health of our community both in treating patients as well as providing community benefits. Although the clinic is not required by law to report its own community benefit, clinic efforts around community health improvement are included in this plan as an extension of the work being done by the hospital for community benefit purposes.

By appropriately delegating resources within the hospitals and clinic, strengthening local partnerships, and creating innovative programs both on the hospital campus and within the community, Baylor Scott & White Medical Center- Llano, Baylor Scott & White Medical Center – Marble Falls and the Scott & White Clinic seek to make a positive impact on the following significant community health needs:

1. Cancer
2. Heart Disease and Stroke
3. Prenatal Care

The completed implementation strategy was adopted by the Baylor Scott & White Health – Central Texas Operating, Policy and Procedure Board, the fiduciary board of the hospital facilities, on August 19, 2016.

## Addressing Community Health Needs

### CANCER

**Facility:** Baylor Scott & White Medical Center – Marble Falls

**Program Name:** Lung Cancer Screenings

**Anticipated Impacts:**

Increase Care Coordination of patients between local and system resources.  
Decrease Lung Cancer Incidence.

**Program Description:**

An identified Nurse Navigator will provide support and education to referring Hill Country Region Providers regarding Low-Dose Computed Tomography (LDCT) criteria per CMS guidelines. In order to receive reimbursement for the exam, not only does the patient have to meet criteria, but so does the facility who performs the CT. Baylor Scott and White Medical Center – Marble Falls (BSWMC – MF) is submitted an application to the American College of Radiology (ACR) May 31, 2016. This will allow the facility to become accredited in LDCT (ACR accreditation is a requirement). All Radiologists and Technologists who read or perform the exam, as well as the equipment and Physicists who inspect the equipment must meet the ACR strict requirements to be in compliance with CMS guidelines on LDCT.

It is the plan to implement the LDCT screening program at BSWMC - MF by FY 2017. Steps required for implementation include: ACR accreditation of CT scanner (in process – should be complete by August 2016); A Nurse Navigator is currently providing education to Regional providers on request; Nurse Navigator will keep a spreadsheet of #'s served and follow per Centers for Medicaid & Medicare Services (CMS) requirements. This program has to start in the referring MD office, but the Radiology Department is working to develop informational handouts to provide with the referring MDs and/or the general community. As this is a new service provided to the area, the development must first begin with BSWH established patients and then be pushed out to the patients in the general community.

**Metrics:**

1. The Nurse Navigator will track the number of patients who are sent to BSWMC - MF for screening exams.
2. Number of follow-ups per ACR recommendations will be tracked.
3. CDC – Cancer Death Rates
4. National Cancer Institute – Lung Cancer Incidence

**Committed Resources:**

- 0.5 FTEs RN Nurse Navigator

**Facility:** Baylor Scott & White Medical Center – Marble Falls

**Program Name:** Mammography Screenings

**Anticipated Impacts:**

Expand technological offerings to provide better screening options.  
Decrease the Breast Cancer incidence.  
Improve early detection rates

**Program Description:**

The screening guidelines are mandated by CMS – One screening mammogram per 12 months for all women ages 40+; Women between 35-39 years get one baseline screening mammogram. A Physician order is not needed to schedule a screening mammogram, but there must be a referring Physician in order to obtain the order to perform the exam. If the screening results indicate additional films or procedures are needed, this is coordinated with the patient and referring Physician. Self-scheduling is available through MyChart so there is no need to place a call to radiology schedulers. Four questions must be answered to determine if the person qualifies for a screening mammogram. If the qualification criteria is not met, a message will be sent instructing a call to the scheduling department to schedule the exam.

Beyond current practice, the Hospital will continue to increase outreach with marketing targeting those women in the community who meet criteria for screening through the use of a demographic analysis of the geographic area. A panel discussion is planned for October 2016 that will include Specialists and will target the women in the region. If successful, would continue this on a quarterly or bi-yearly basis.

In addition to the current operational condition of the mammography machine, BSWMC – MF is considering upgrading the mammography machine so to increase the capability to do 3D mammography, the current standard of care. This standard of care provides improved visualization of smaller lesions. Much like a CT scan, the 3D image of the breast is done in “slices” which provide a more complete picture of the breast than the 2D exam. There is a slight increase in the radiation dose, but studies show that the benefit outweighs the risk.

Throughout the development of this service to the area, there will be ongoing evaluation of additional resource and services based on needs. Thinking long term - if the Hill Country Region population indicates the need for additional services, considerations for further interventions could be made such as: an MRI breast coil; addition of Radiologist who reads breast MRI; dedicated breast surgeon. This screening is just the tip of the iceberg as the cancer services provided to the community are developed. We need to consider the investment into resources for those patients who need further intervention once something is detected on the mammograms.

**Metrics :**

1. Number of individuals that receive messaging about breast health/screening recommendations through health fairs and other community education efforts
2. Number of screenings provided to the community at risk
3. County Health Rankings – Mammography Screenings
4. National Cancer Institute – Breast Cancer

**Committed Resources:**

-2 FTEs performing screening mammograms  
- Capital request for FY2017 has been made for the equipment upgrade which will cost approximately \$275,000.

**Facility:** Baylor Scott & White Medical Center – Marble Falls**Program Name:** Community Health Education**Anticipated Impact:**

Increased knowledge and awareness in community members around prevention of certain cancers.

**Program Description:**

Community health education is provided at various Health Fairs in Marble Falls including proper screening techniques and proper ways to check breasts. This service draws attendees from the Hill Country Region counties and includes but is not limited to:

- Highland Lakes Healthcare Partnership
- American Cancer Society Relay for Life Event
- Marble Falls Staff Back to School Health Fair

**Metrics :**

1. Number of community events where the education is provided
2. Number of individuals that receive messaging about education through health fairs and other community education efforts
3. National Cancer Institute – Breast Cancer Incidence

**Committed Resources:** \$1,500 for materials and 12 hours of Staff time.

**Facility: Baylor Scott & White Medical Center – Marble Falls**

**Program Name:** For Women For Life

**Anticipated Impact:**

Increase knowledge and awareness in community members, specifically women, around prevention of certain cancers.

**Program Description:**

For Women for Life event targets the women of the Hill Country Region counties. This event provides education such as proper screening techniques and proper ways to check breasts. In addition, on-site Medical Specialists provide consultation, education, and lectures regarding this topic. These Specialists include, but are not limited to: OB/GYN, General Surgeon, Dietician, and Radiologist.

**Metrics:**

1. Number of individuals that receive messaging education through event
2. County Health Rankings – Mammography Screenings
3. National Cancer Institute – Breast Cancer Incidence

**Committed Resources:** \$1,500 for materials and 40 hours of Provider or Staff time.

**Facility: Scott & White Clinic**

**Program Name:** Exploring Opportunities for Additional Specialists

**Anticipated Impact:**

Timelier establishment of care between Provider and patient.

**Program Description:**

To provide better access to Hematology/Oncology services, the Clinic plans to partner with BSWH system Radiation Oncologists. This will enhance the continuum of care by providing a joint service that would eliminate the need for patients from Hill Country Region to travel great distances for follow-up appointments. Currently, many patients must make a 1.5 – 2 hour drive to see their respective Radiation Oncologist.

In addition, to support increased volumes and patient needs an additional exam room has been built out to utilize as a procedure room. Throughout the development of this service to the area, there will be ongoing evaluation of additional resource and services based on patient needs.

**Metrics:**

1. Number of patients serviced through Hematology/Oncology department
2. Number of follow-up appointments seen by Radiation Oncologist

3. CDC – Cancer Deaths
4. NCI – Cancer Incidence

**Committed Resources:** .1 FTE for a Radiation Oncologist

**Facility: Scott & White Clinic**

**Program Name:** Cancer Nurse Navigation - Decreasing hospital admissions related to Neutropenia

**Anticipated Impact:**

Reduction in hospital admissions due to Neutropenia.

**Program Description:**

Due to identification of increased hospital admissions related to Neutropenia, the Hematology/Oncology department at Marble Falls Specialty Clinic aims to develop a Nurse Navigator program. This program will generate teaching aids for newly diagnosed patients in the community outlining neutropenic precautions, preventative measures, and foster understanding of difference between emergency and managed care. Additionally, the Nurse Navigator will incorporate standard follow up guidelines to communicate with patient in between office visits and chemotherapy.

The Nurse Navigator program will also develop triage aids and provide education to additional nurses when triaging in Extended Care and Call Center environments. This is important as these nurses do not have the specialized training and skill set, so this program will expand the awareness and education to staff.

**Metrics:**

1. Number of patients in Nurse Navigator program
2. National Cancer Institute – Number of hospital admissions related to Neutropenia

**Committed Resources:** Addition of 1.0 FTE Nurse Navigator to develop, establish, and implement the Nurse Navigator program.

**Facility : Scott & White Clinic**

**Program Name:** Resources for the Uninsured

**Anticipated Impact:**

Patients are given tools and resources to mitigate their financial burden.

**Program Description:**

Treatment options for cancer patients are very costly and often patients do not know what financial resources or options are available to them. The department seeks to establish a Financial Counselor within the Hematology/Oncology department. This team will assist patients in navigating and evaluating their financial resource options in the selected treatment plan. Additionally, the Financial Counselor will provide navigation assistance to patients if needed.

**Metrics:**

1. Number of patients that are provided assistance by Financial Counselor
2. Amount of Cost Savings to patient

**Committed Resources:** Addition of 1.0 FTE Financial Counselor to develop, establish, and implement the Financial Counselor program.

## HEART DISEASE AND STROKE

### Facility: Scott & White Clinic

**Program Name:** Community Education Events

**Anticipated Impact:**

Increased knowledge and awareness in community members around prevention of various chronic diseases.

**Program Description:**

Community education relative to heart disease and prevention measures is provided at various health fairs including annual men and women health events. In addition, further education is provided to the Hill Country Region through Provider led community talks about heart disease. For further growth in this particular service to the Region, considerations are being made for an education program for Advanced Heart Failure and Congestive Heart Failure.

**Metrics :**

1. Number of individuals that receive messaging education through event
2. CDC – Heart Disease Death Rate
3. CDC – Stroke Death Rate

**Annual Available Budget:** 20 hours of Provider and Staff time for events.

### Facility: Scott & White Clinic

**Program Name:** Access to Specialty Care

**Anticipated Impact:**

Timelier establishment of care between Provider and patient.

**Program Description:**

Increase the ability for community members to get access to care from specialists where there has been a shortage in the geographic area. Expand the access to Cardiology Specialists by increasing the number of Cardiology Providers at Marble Falls Specialty Clinic. These Providers will service the counties included in the Hill Country Region. In addition to the current Cardiologist, Marble Falls Specialty Clinic will have 1 General Cardiologist, 1 Non-Invasive Interventionalist, and 2 Advanced Practice Providers by November 2016.

**Metrics :**

1. Number of patients seen in Marble Falls Specialty Clinic Cardiology Department
2. CDC – Heart Disease Death Rates
3. CDC – Stroke Death Rate

**Committed Resources:** Two 1.0 FTE Cardiology Physicians, two 1.0 FTE Cardiology Advanced Practice Providers, and 4.0 FTE of Support staff.



**Facility: Baylor Scott & White Medical Center – Marble Falls**

**Program Name:** Development of Diagnostic Cath Lab

**Anticipated Impact:**

Improved continuum of care treatment for community members with heart disease with establishment of service previously unavailable in the community.

**Program Description:**

The Diagnostic Cath Lab is projected to open in late fall of 2016 at Baylor Scott & White Medical Center – Marble Falls. This will assist in developing the continuum of care for cardiology needs in the community, eliminating the need to drive distances for diagnostic Cath lab procedures.

**Metrics :**

1. Number of cases in Diagnostic Cath Lab
2. CDC – Stroke Death Rate
3. CMS – Stroke Percent in Medicare Population

**Committed Resources:** \$800,000 to establish Cath Lab which includes the personnel costs as well as supplies expense.

**Facility: Baylor Scott & White Medical Center – Marble Falls**

**Program Name:** Community Education Events

**Anticipated Impact:**

Increased knowledge and awareness in community members around prevention, signs, and warning signs of Stroke.

**Program Description:**

Community education will be provided at various Senior Health Fairs in Marble Falls and the surrounding area including annual men and woman health events. Information and education provided at these events includes warning signs of strokes. In addition, further education is provided to the Hill Country Region through Provider led community talks about heart disease.

**Metrics:**

1. Number of community events education is provided
2. Number of individuals that receive messaging about stroke education through health fairs and other community education efforts
3. CDC – Stroke Death Rate

**Committed Resources:** \$200 for materials and 12 hours of Provider or Staff time.

**Facility: Baylor Scott & White Medical Center – Marble Falls and  
Baylor Scott & White Medical Center – Llano**

**Program Name:** Decreasing CHF and Pneumonia Hospital Readmissions

**Anticipated Impact:**

Reduction in hospital readmission rates due to CHF and/or Pneumonia.

**Program Description:**

An innovative approach has been developed to address Congestive Heart Failure (CHF) and Pneumonia (PN) in patients/families and provide them with tools and resources in an effort to decrease admissions at Baylor Scott & White - Marble Falls and Baylor Scott & White - Llano.

Using an interdisciplinary team approach, patients are evaluated during their in-patient stay by case management, Hospitalists, pharmacists, etc. In addition, when discharged, patients receive post-acute phone calls 24-72 hours, invitations to attend a cooking demonstration and a “shop with an Expert” so they can learn more about food labels and healthy items in the grocery store. CHF patients learn about items with hidden salt and patients with pneumonia learn about ways to be healthy after losing weight in the hospital which occurs with pneumonia.

In-patient services such as Respiratory, Dietary, Pharmacy, Case Management, Social Work and the nursing department will continue to work together to meet patient needs. An assessment of needs would be documented in the EPIC chart for each patient. Coordination of services (Home Health, Skilled Nursing, et.), depending on patient need, (Dietary, etc.) would also be a part of the Standard Work Process for Care Management staff. In addition, physicians will be reminded to consider the Pneumovax vaccine for patients over 65 years of age and/or have a weakened immune system such as cancer or patients without a spleen. The Pneumovax vaccine can prevent some of the serious complications of pneumonia, such as infection in the bloodstream (bacteremia) or throughout the body (septicemia).

Discharge Priorities

1. Prevent complications.
2. Support effective and safe discharge to assist with the out-patient recuperative process.
3. Engage the patient and provide appropriate education and helpful tools.

**Innovative Components**

Innovative components to the program are included below:

**IN-PATIENT INNOVATION:**

- Patient Education
- "Tools in a bag"
- Scheduled follow up services
- Invitation to Out-patient Events

**INNOVATIVE TOOLS:**

- Step-on scale
- Pill organizer
- Mrs. Dash-no salt substitute
- night lights (to prevent patient falls)
- etc.

**INNOVATIVE OUT-PATIENT SERVICES AND EVENTS:**

- Home health visit
- Dietary consult (in-patient and out-patient)
- Events: Shopping with an Expert (quarterly)
- Events: Cooking Demonstrations (quarterly)

The contents of the revised bag in FY 2017 are under review. Key items will be retained and non-helpful item(s) will be eliminated. Refer to Budget below.

**Goals**

Therefore, the goals for the CHF/PN innovation program are to:

- Decrease the number of CHF and pneumonia hospital readmissions

- Provide specific tools and resources for patients/families who are engaged in their care
- Accurately track hospital readmission data, report data and share best practices

**Metrics:**

1. Number of patients enrolled in program
2. Number of readmission for CHF and Pneumonia
3. % CHF patients admitted with a subsequent similar readmission – greater to or equal to 33%
4. % PN patients admitted with a subsequent similar readmission – greater to or equal to 11.5%
5. Number of CHF/PN patient readmissions that received an innovation bag with resources:  
Low number (1 per month) or no patients

**Committed Resources:** To continue the current program at a lower cost and improved tools/materials

**FY 2017**

50 CHF/50 Pneumonia bags  
\$70/per innovation bag x 100 = \$7,000

**FY 2018**

50 CHF/50 Pneumonia bags  
\$70/per innovation bag x 100 = \$7,000

**Facility: Baylor Scott & White Medical Center – Marble Falls**

**Program Name:** Pursuing Stroke Certification

**Anticipated Impact:**

The community will have better awareness of the symptoms and signs of stroke. Community members will have better access to quality stroke care.

**Program Description:**

Due to the increased number of patients who present to Baylor Scott & White Medical Center – Marble Falls for stroke, it has been identified that the facility needs to pursue stroke certification. The process for pursuing stroke certification is expected to begin in 2017.

**Metrics:**

1. Fulfillment of facility stroke certification
2. Volume of stroke patients presenting to facility and patient outcomes

**Committed Resources:** \$140,000 which includes the certification process, time needed for additional staff education, and implementation of a tele-stroke program.

**Facility: Baylor Scott & White Medical Center - Llano**

**Program Name:** Community Education Events

**Anticipated Impact:**

Increased knowledge and awareness in community members around prevention, signs, and warning signs of Stroke.

**Program Description:**

Community education will be provided at various Senior Health Fairs in Llano and the surrounding area including annual men and woman health events. Information and education provided at these

events includes warning signs of strokes. In addition, further education is provided to the Hill Country Region through Provider led community talks about heart disease.

**Metrics:**

1. Number of community events education is provided
2. Number of individuals that receive messaging about stroke education through health fairs and other community education efforts
3. CDC – Stroke Death Rate

**Committed Resources:** \$200 for materials and 12 hours of Provider or Staff time.

**Facility: Baylor Scott & White Medical Center - Llano**

**Program Name:** Emergency Medical Services Non-Emergent Visits

**Anticipated Impact:**

Patients will have successful ongoing maintenance of their discharge diagnosis within their homes lowering their risk of readmission

**Program Description:**

EMS will conduct follow up visits for Llano County residents recently seen for Congestive Heart Failure (CHF) exacerbation upon discharge from the hospital. These discharges could have occurred from either Baylor Scott and White Medical Center – Llano or Baylor Scott and White Medical Center – Marble Falls. These visits are to follow up with the patient to assure they understand their discharge instructions and have made necessary follow up appointments with a Primary Care Provider. In addition, patient education is given on their appropriate diagnosis upon discharge.

**Metrics :**

1. Decreased readmission for all-cause ED Admissions
2. CDC – Stroke Death Rate
3. CMS – Stroke Percent in Medicare Population

**Annual Available Budget:** 48 FTEs of EMS staff.

**Facility: Baylor Scott & White Medical Center - Llano**

**Program Name:** Llano County Home Visits (DSRIP)

**Anticipated Impact:**

Community members will have successful ongoing maintenance of their discharge diagnosis within their homes.

**Program Description:**

Follow up on Llano County Resident patient populations seen for Congestive Heart Failure, Myocardial Infarctions, or Pneumonia diagnosis post discharge from the hospital. These visits are to follow up with the patient to assure they understood discharge instructions and have made follow up appointments with the necessary Primary Care Physician or Specialist. In addition, patient education is provided on their condition. Also, EMS assures the patient is able to find local resources to assist them in their recovery and if they do not then a Hill Country Region resource list is provided to that patient. EMS does Medication reconciliation and education for the patient as well to assure the patient is able to obtain medication and understands the dosages of their medication.

**Metrics :**

1. Number of home visits
2. Percentage of patients served that are (Medicaid and Low-Income or Underserved (MLIU))

**Committed Resources:**  
48 FTEs of EMS staff  
Up to \$200,000 annually

## PRENATAL CARE

**Facility:** Baylor Scott & White Medical Center – Marble Falls

**Program Name:** Access to Specialists

**Anticipated Impact:** Increased access to OB/Gyn specialty previously very limited. This will result in positive birth outcomes.

**Program Description:**

In August of 2016, 2 female OB/GYN specialists started at Marble Falls Specialty Clinic. This is the first time that the Hill Country Region Counties have had access to this specialty. Prior to these physicians starting, only family medicine doctors who also provided obstetrics served the Hill Country Region. Development of this service will see the addition of one more OB/GYN in the year 2017.

**Metrics:**

1. Success of executing recruiting strategy
2. DSHS – 1<sup>st</sup> trimester entry into prenatal care

**Committed Resources:**  
salaries for new anticipated Physicians

## Community needs not being addressed and reasons why

### Identified Needs Beyond the Mission or Service Programs

BSWH is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization so that it can continue to provide a wide range of important health care services and community benefits.

The prioritization of needs was based on the weight of quantitative and qualitative data obtained when assessing the community. The prioritized needs were reviewed and/or approved by senior management, hospital advisory board members and the System's governing board.

The hospitals will address significant community health needs based on their intersection with our mission and key clinical strengths. The following identified needs have not been addressed in the community benefit implementation plan because there are multiple other community and state agencies whose expertise and infrastructure are better suited for addressing these needs:

- Car Crash Deaths
- Mental Health Resources
- Diabetes

Throughout the coming years, BSWH will regularly assess, evaluate, and report on the programs that have been put in place to address the significant needs in our community. It is our hope that through regular conversations with community members, feedback on this plan, and modification of programs and services, we will enhance the opportunities for patients to connect to community resources in ways that will improve community health, reduce unnecessary healthcare costs and improve the overall quality of care we deliver.

Please direct any feedback on the assessment or implementation plan to [TaraStafford@BSWHealth.org](mailto:TaraStafford@BSWHealth.org)

This document may be accessed at <http://baylorscottandwhite.com/communityneeds>

## Appendix A: Facility Summary

This joint implementation strategy is intended to meet the requirements for community benefit planning and reporting as set forth in state and federal laws. This table is provided to help the reader easily identify which portions of the implementation strategy relate to each facility.

Facility	Cancer	Heart Disease	Prenatal Care
BS&W Medical Center – Llano		✓	
BS&W Medical Center – Marble Falls	✓	✓	✓
Scott & White Clinic	✓	✓	