



Baylor Scott & White

HEALTH

Implementation Strategy For the 2016 Community Health Needs Assessment North Texas Zone 5

Baylor Scott & White Medical Center – Sunnyvale

Baylor Emergency Medical Center at Rockwall

Baylor Scott & White Medical Center – Lake Pointe

*Approved by: Baylor Scott & White Health – North Texas Operating, Policy and Procedures Board
on October 25, 2016*

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BAYLOR SCOTT & WHITE HEALTH MISSION STATEMENT

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 Baylor Scott & White’s (BSWH) commitment to develop innovative therapies and procedures focusing on predictive, preventive, and personalized care. For example, data from the electronic health record helps to predict the possibility of disease in a person or a population. And with that knowledge, measures can be 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 the patients.

“Wellness” refers to ongoing efforts to educate the people served by BSWH, 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

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

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 to meet the demands of health care reform, the changing needs of patients and extraordinary recent advances in clinical care.

Known for exceptional patient care for more than a century, the two organizations served adjacent regions of Texas and operated on a foundation of complementary values and similar missions. Baylor Scott & White Health 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.

BSWH is a member of the High Value Healthcare Collaborative, the Texas Care Alliance and is one of the best known, top-quality health care systems in the country, not to mention in Texas.

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

These 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

PURPOSE

2016 Community Health Needs Assessment Summary

As the largest not-for-profit health system in Texas, BSWH understands the importance of serving the health needs of its communities. In order to do that, beginning in the summer of 2015 a task force led by the community benefit, tax compliance and corporate marketing departments undertook an assessment of the 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 compile a final report outlining significant health needs. These significant needs were identified through the weight of qualitative and quantitative data obtained through the process of the community health needs assessment and that report was made publicly available in June of 2016.

The federal government also requires hospitals to adopt an implementation strategy to address prioritized community health needs identified through the assessment. The hospitals in this implementation strategy have chosen to adopt a joint implementation strategy as allowed by the final 501(r) regulations. This written document serves as the joint implementation strategy plan addressing the significant community health needs identified through the joint CHNA for the following hospitals:

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

This formal written implementation strategy includes the following:

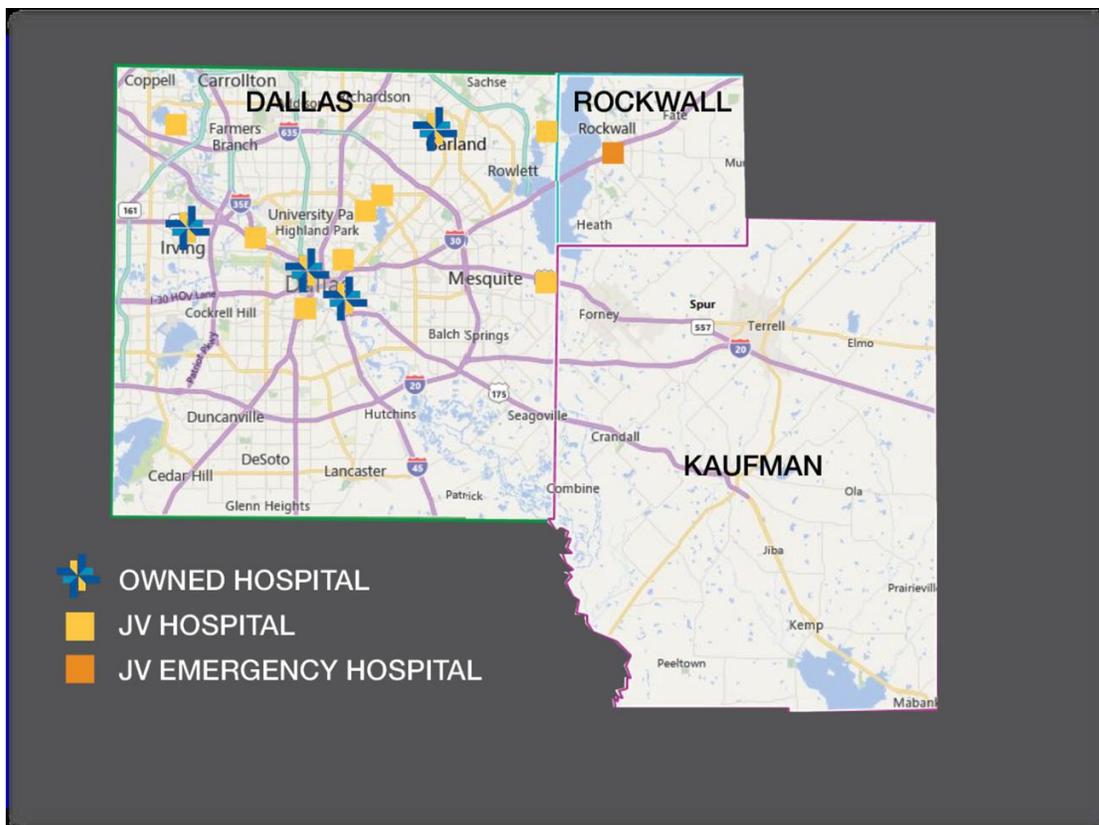
- List of the prioritized needs the hospital plans to address and the rationale for not addressing other significant health needs identified

- 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)
- Identifies programs and resources the hospital plans to commit to address the health needs
- Describes any planned collaboration between the hospital and other facilities or organizations in addressing the identified health needs.

Description of Community Served

For the 2016 assessment, the hospital facilities have defined their community to be the geographical area of Dallas, Kaufman and Rockwall Counties. The community served was determined based on the counties that made up at least 75 percent of each hospital facility’s inpatient and outpatient admissions.

BSWH Community Health Needs Assessment
Map of Community Served



Demographic and Socioeconomic Summary

According to population statistics, the community served is growing at a rate that is similar to the state growth rate and faster than the national growth rate. The community had a significantly higher median income than both state and national benchmarks along with a sizable racially diverse population. The senior population was below state and national benchmarks. A high proportion of the population faces social barriers as the community served exceeds state benchmarks and most national benchmarks.

The population of the community served is expected to grow 6% (169,664 people) by 2020. The 6% population growth is slightly lower compared to the state growth rate of 7% and higher compared to the national growth rate of 4%. The ZIP codes expected to experience the most growth in five years:

- 75052 Grand Prairie (Dallas County) – 8,933 people
- 75217 City of Dallas (Dallas County) – 5,692 people

Much of the community’s population was concentrated in Dallas County (90%), although, the county is expected to grow at only 6% which is the lowest of the three counties. Rockwall County had the smallest population of the three counties that made up the community served but is expected to grow the fastest at approximately 10% over the next five years. The ZIP codes projecting no growth over the next five years:

- 75247 Dallas (Dallas County)
- 75246 Dallas (Dallas County)
- 75210 Dallas (Dallas County)
- 75157 Rosser (Kaufman County)

The total population can be analyzed by race or by Hispanic ethnicity. The graphs below display the community’s total population breakdown by race (including all ethnicities) and also by ethnicity (including all races). In the community served, 54% of the population was white. Thirty-eight percent (38%) of the population was Hispanic. Dallas County accounts for over 48% of the white population and 96% of the total Hispanic population. The Hispanic population is expected to grow 10% over the next five years at 106,000 people in the community. The Asian/Pacific Islander, two plus races, and populations identified as “Other” are expected to grow the fastest across all three counties.

The median household income for the community served is \$82,936, much higher than the median income of Texas of \$56,653. Fifty-three percent (53%) of the community was commercially insured which is slightly more than half of the population.

The number of uninsured and Medicaid lives is expected to remain flat over the next five years in the community served. Privately (commercial) insured lives are projected to grow approximately 7%.

Medicare and dual eligible lives will see the most growth at 18% and 22%, respectively. Private insurance will show the highest growth in terms of covered lives followed by Medicare. Dallas County will experience a growth of 7% in privately insured lives compared to 8% in Kaufman and 9% in Rockwall. Rockwall County will experience higher growth in Medicare lives at 30% as compared to 23% in Dallas County and 22% in Kaufman County.

The community includes three (3) Health Professional Shortage Areas and one (1) Medically Underserved Area as designated by the U.S. Department of Health and Human Services Health Resources Services Administration.

The Truven Health Community Need Index (CNI) is a statistical approach to identifying health needs in a community. 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 is strongly linked to variations in community healthcare needs and is a strong 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.

The community served fell on the higher need portion of the community need index scale with an overall score of 4.2. The cities of Kaufman, Mabank and parts of Terrell in Kaufman County, as well as much of Dallas County, showed the greatest need potential. CNI Scores for Rockwall County were the lowest in the community.

Community Health Needs Findings

Prioritized Health Needs

Significant community health needs were identified through the weight of quantitative and qualitative data obtained when assessing the community. Criteria used to identify significant health needs were first, quantitative data about the need showed the community's results to be worse than the state's by a greater magnitude, and second, it was a frequent theme during the interviews and focus group.

These significant needs were prioritized based on input gathered from the focus groups and interviews. Participants of these focus groups and interviews were asked to rank the top three health needs of the community based on the importance they placed on addressing the need. Through this process the health needs were prioritized based on the frequency they were listed as the top health care needs. The prioritized health needs of this community are below.

1. Health care costs/affordability - rate of the uninsured
2. Mental health – (depression)

3. Chronic disease – (obesity), physical inactivity and adults who smoke
4. Lack of dentists
5. Preventable admissions: adult uncontrolled diabetes
6. Teen births and drug poisoning deaths

By addressing the above prioritized significant needs via a joint implementation strategy, the collaborating hospitals aim to impact and elevate the overall health status of the community.

Description of Significant Health Needs

Health care costs/affordability (uninsured)

Access to healthcare was identified as a community health need through key informant interviews and focus group sessions. Specifically, the participants discussed the cost of care as well as access to care for the low to middle socioeconomic status populations. The participants commented that many physicians did not accept underinsured, uninsured or Medicaid patients. The participants also acknowledged the existence of a large portion of the population that were uninsured. Many of the uninsured population were unable to afford healthcare provided through the PPACA; others could not afford the deductibles or co-payments required for the coverage they possessed. Preventative care was available in the community; however subsequent treatments that were often required were not accessible due to the cost of those services. The participants believed the lack of Medicaid expansion in Texas contributed to limited acceptance of Medicaid coverage by providers.

The quantitative data analysis corroborated some of the community input. According to the Small Area Health Insurance estimates, the percentage of uninsured lives under the age of sixty-five in Dallas County was 29% compared to 25% for the state overall and 11% for County Health Rankings (CHR) Top Performers. The percent of uninsured lives in Kaufman and Rockwall counties compared somewhat more favorably to the state at 24% and 17%, respectively. The percent of uninsured children in Dallas and Kaufman counties were 14% each, just above 13% for the state. Rockwall County was more favorable compared to the state at 11%. According to the Behavioral Risk Factor Surveillance System (BRFSS), the percentage of adults who could not see a doctor in the last 12 months due to cost was 23% in Dallas County and 27% in Kaufman County; this is compared to 19% for the state overall (data were not available for Rockwall County). One way to measure the cost of care is the amount of price-adjusted Medicare reimbursements per enrollee. For the state of Texas the reimbursement per Medicare enrollee was \$11,079. All three counties in the community were higher than the state benchmark for this measure:

- \$11,204 in Dallas County
- \$11,781 in Kaufman County
- \$11,164 in Rockwall County

Mental health (depression)

Mental and behavioral health were targeted priorities that needed to be addressed based upon interviews and group sessions. Specifically, access to mental health care was impacted by a shortage in mental health providers. It was identified that delays in care and poor management of conditions often led to crisis situations for patients and their families. The participants expressed the need to address all aspects of mental health including substance abuse, behavioral health, mental disorders and access to services. It was noted that accessing care for mental and behavioral health conditions in early, pre-crisis stages is especially challenging for those without good insurance coverage for mental health care. The participants also discussed the need for progress in addressing the stigma and cultural barriers that surrounded the acknowledgment of mental health conditions and subsequent care.

When measuring the prevalence of mental health conditions in the community, Kaufman and Dallas counties both have higher rates of depression than the state overall. Dallas and Kaufman counties' percentage of Medicare beneficiaries with depression are 17% each, higher than the state percentage of 16%. Rockwall County's rate is more favorable to the state at 15%. Another measure of mental health in a community is the number of self-reported mentally unhealthy days as measured by the Behavioral Risk Factor Surveillance System (BRFSS). Kaufman County's reported number of mentally unhealthy days (age-adjusted) is 5.3 days (out of 30 days) compared to 3.3 days for the state of Texas overall. Dallas County is on par with the state and data were not available for Rockwall County.

The need for mental health providers in the community as expressed via community input is validated by the data. According to the CMS National Provider Identification File the ratio of population to one mental health provider was 1,119 in Kaufman County which is less favorable when compared to 1,034 residents per provider in the state overall. Dallas County and Rockwall County had 805 and 991 residents per provider, which was more favorable than the state but still less favorable when compared to the County Health Rankings Top Performers which had 386 residents per mental health provider. Chronic Disease (Obesity), Physical Inactivity and Adult Smoking

Chronic disease (obesity), physical inactivity and adult smoking

A chronic illness or disease is a disease lasting 3 months or more, by the definition of the U.S. National Center for Health Statistics. Chronic diseases generally cannot be prevented by vaccines or cured by medication, nor do they just disappear. Health damaging behaviors - particularly tobacco use, lack of physical activity, and poor eating habits - are major contributors to the leading chronic diseases. Chronic disease prevention and management was frequently discussed in the key informant interviews and focus group. Specifically mentioned were efforts around early identification of chronic conditions and subsequent culturally appropriate education. These efforts could assist with

minimizing obesity and the downstream development of chronic disease. The participants expressed a desire for changes to the community's infrastructure such as creating walkable areas, eliminating food deserts and increasing the availability of healthy food.

While the community's prevalence of a number of chronic conditions was higher than the state benchmark, the community input and subsequent prioritization of significant community health needs focused on obesity and other health behaviors as a root cause. Overall, 29% of Texas' adults are obese. Kaufman County's obesity rate of 33% is less favorable, and Dallas County's rate is on par, when compared to the state. Comparatively, Rockwall County's obesity rate is more favorable at 26%. All of the counties were less favorable than the overall state when it came to physical activity. In the state of Texas overall, 23% of adults reported no leisure time physical activity. In Dallas County 24%, in Kaufman County 30% and in Rockwall County 28% of adults reported no leisure time physical activity. According to BRFSS, the percentage of adults who smoked in Kaufman County was 23% compared to 17% of adults in Texas. Smoking data were not available for Rockwall County and Dallas County's percentage of adults who smoke was 15%, better than the state but slightly worse than the County Health Ranking Top Performers value of 14%.¹¹

Dentists to population ratio

Dental care was identified as a community health need and it is known to have a significant impact on the overall health of the individual. The participants commented on the lack of dental services available to those with no insurance coverage for dental care. Specifically identified needs included the lack of dental services at free/low-cost clinics and long wait times for accessing services that are available. There were no resources for adults and resources for children were limited. The participants expressed the need for affordable services due to the impact poor dental health has on other factors such as absenteeism in the school age population and delays in receiving other medical services (e.g. surgery). According to the Health Resource Area File/National Provider Identification file, the ratio of residents per dentist in Kaufman County was 2,784. Therefore, fewer dentists were available to the population than the 1,940 residents per dentist at the overall state level. Rockwall County had 1,399 residents per dentist and Dallas County had 1,340 which were more favorable than the state population to dentist ratio.

Preventable admissions: adult uncontrolled diabetes

Chronic disease prevention and diabetes management was identified as one of the community's top health needs identified via community input. Specifically, early identification and culturally appropriate education could assist with minimizing obesity and preventing hospitalizations.

According to the CDC Diabetes Interactive Atlas, adult diabetes incidence in Kaufman County was 10% which was above the state's rate of 9%. Dallas and Rockwall counties were both below the state's benchmark. Hospital admissions for adult uncontrolled diabetes is considered an avoidable

hospitalization. It is used as a measure of systematic problems in ambulatory care management of a population. In other words, if properly managed in the outpatient setting, a patient should rarely need to be hospitalized for uncontrolled diabetes. The number of admissions for adult uncontrolled diabetes was 22 per 100,000 population in Dallas County compared to 13 per 100,000 in Texas overall. Both Kaufman County (11 per 100,000) and Rockwall County (8 per 100,000) were below

Teen births and drug poisoning deaths

Community input underscored concerns about the health of the teenage population as a top community health need. An increase in drug abuse and pregnancy rates in the teen population was noted. Additionally noted were concerns around drug overdosing and unintentional poisoning through illicit and prescription drug use in the general population. Specifically, the community input expressed a need to focus on partnerships with community entities for education, awareness, and program development around teen births and drug use. The participants also noted the impact of changing political agendas, specifically the change in policy related to sex education which had a negative impact on teen pregnancy rates (according to the participants). The teen birth rate in Dallas County was 65 births per 1,000 females age 15-19, which exceeded the state rate of 55 teen births. Kaufman and Rockwall counties teen birth rates were 50 births and 21 births, respectively, lower than the state but exceeded the County Health Ranking Top Performers rate of 20 teen births. The CDC Wonder Mortality Data identified 9.6 drug poisoning deaths per 100,000 people in Dallas County which was higher than the state death rate of 9.4 deaths. The state benchmark for this measure according to the Texas Department of State Health Services.

IMPLEMENTATION STRATEGIES

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

A Community Benefit and 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 governing bodies.

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*

Strategies Addressing Community Health Needs & Expected Impact (Measures)

BSWH owns and operates multiple individual licensed hospital facilities serving the residents of North and Central Texas. Certain hospitals have completed a joint assessment of community health needs and developed a joint implementation strategy to meet certain federal and state requirements.

For the 2016 assessment process, the following hospital facilities defined their communities to be the same, the geographical area of Dallas, Rockwall and Kauffman 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.

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

By appropriately delegating resources within our hospitals, strengthening local partnerships, and creating innovative programs both on the Hospital campus and within the community, the hospital seeks to make a positive impact on the following significant community health needs:

1. Health care costs / affordability - rate of the uninsured

2. Mental health - proportion of the population with depression
3. Chronic disease – (obesity), physical inactivity and adults who smoke
4. Lack of dentists
5. Preventable admissions: adult uncontrolled diabetes
6. Teen births and drug poisoning deaths

The completed implementation strategy was adopted by the Baylor Scott & White Health North Texas Operating, Policy and Procedure Board on October 25, 2016.

NEED #1: Health Care Costs / Affordability (Uninsured)
HOSPITAL: Baylor Scott & White Emergency Medical Center at Rockwall; Baylor Scott & White Medical Center - Lake Pointe; Baylor Scott & White Medical Center - Sunnyvale
<p>Program Description: Financial Assistance - As an affiliated for-profit joint venture hospital, the hospital expanded its provision of financial assistance to eligible patients by providing free or discounted care as outlined in the BSWH financial assistance policy. The hospital has agreed to provide the same level of financial assistance as other BSWH nonprofit hospitals and to be consistent with certain state requirements applicable to nonprofit hospitals. Certain hospitals not meeting minimum thresholds are required to make a contribution/grant to other affiliated nonprofit hospital to help those hospital treat indigent patients.</p>
<p>Anticipated Impact:</p> <ul style="list-style-type: none"> • Increased access to affordable care for un-insured and under-insured individuals in the community <p>Committed Resources:</p> <ul style="list-style-type: none"> • unreimbursed cost of financial assistance <p>Measures:</p> <ul style="list-style-type: none"> • # of patients receiving free or discounted care • amount of financial assistance provided
HOSPITAL: Baylor Scott & White Medical Center - Lake Pointe
<p>Program Description: Enrollment Services - Health care support services are provided by the hospital to increase access and quality of care in health services to individuals, especially persons living in poverty and those in vulnerable situations. Through its agreement with Path to Health and Medical Eligibility and Enrollment Program, the hospital provides staff to assist in the qualification of the medically under-served for programs that will enable their 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.</p>
<p>Anticipated Impact:</p> <ul style="list-style-type: none"> • Increased access to affordable care for uninsured populations <p>Committed Resources:</p> <ul style="list-style-type: none"> • cost of staff and provision of the service

<p>Measures:</p> <ul style="list-style-type: none"> • # of ED/in-patients/out-patients registered • # of community members responding to outreach efforts that are registered
<p>Program Description: Financial Donations – The hospital will support community partners in developing/delivering health services that address health care costs and affordability through the provision of financial support to address health care costs and affordability in the community.</p>
<p>Anticipated Impact:</p> <ul style="list-style-type: none"> • increased access to affordable care for uninsured populations <p>Committed Resources:</p> <ul style="list-style-type: none"> • financial donations <p>Measures:</p> <ul style="list-style-type: none"> • # of patients served • # of free or reduced cost services provided
<p>HOSPITAL: Baylor Scott & White Medical Center - Lake Pointe; Baylor Scott & White Medical Center - Sunnyvale</p>
<p>Program Description: Physician Recruitment – The hospitals are collaborating with Health Texas Provider Network to recruit physician into the communities that would provide more access for Medicaid patients. Recruitment of physicians for areas identified as medically underserved (MUAs) or other community needs assessment aids in relieving the burden of lack of access to care for medically under-insured or un-insured populations. The age and characteristics of a state’s population has a direct impact on the health care system. The state’s population is growing at an explosive pace – twice as fast as the national average. During this 10 year period, Texas had the fourth highest percentage growth and ranked first in the number of residents added during this period. And, like the rest of the country, the Texas population is aging and in need of more health care services, which puts added demands on the system. The Hospital seeks to allay the physician shortage, thereby better managing the growing health needs of the community.</p>
<p>Anticipated Impact:</p> <ul style="list-style-type: none"> • Increased access to affordable care for uninsured populations <p>Committed Resources:</p> <ul style="list-style-type: none"> • financial donations <p>Measures:</p> <ul style="list-style-type: none"> • # of patients served • # of free or reduced cost services provided
<p>NEED #2: Mental Health/Depression</p>
<p>HOSPITAL: Baylor Scott & White Medical Center - Lake Pointe</p>
<p>Program Description: Community Resourcing - Utilize community resources to their utmost capacity to address the treatment of depression for the community's most vulnerable population through the provision of appropriate referrals to community partners that provide services for depression.</p>
<p>Anticipated Impact:</p> <ul style="list-style-type: none"> • improved access to mental health services <p>Committed Resources:</p> <ul style="list-style-type: none"> • cost of service provision

<p>Measures:</p> <ul style="list-style-type: none"> • # patients receiving mental health
<p>NEED #3: Chronic Disease –(Obesity), Physical Inactivity And Adults Who Smoke</p>
<p>HOSPITAL: Baylor Scott & White Medical Center - Lake Pointe</p>
<p>Program Description: Financial Donation - Community Health Service Development - Support community partners in developing/delivering health services that address obesity in the community through provision of financial support to agencies addressing obesity in the community.</p>
<p>Anticipated Impact:</p> <ul style="list-style-type: none"> • improved access to weight management programs <p>Committed Resources:</p> <ul style="list-style-type: none"> • financial <p>Measures:</p> <ul style="list-style-type: none"> • # patients referred for services
<p>NEED #5: Preventable Admissions: Adult Uncontrolled Diabetes</p>
<p>HOSPITAL: Baylor Scott & White Medical Center - Lake Pointe</p>
<p>Program Description: Community Health Education/Diabetes - The hospital will provide adult diabetes education and support groups for people and their families living with diabetes. Diabetes education is the cornerstone of diabetes management, because diabetes requires day-to-day knowledge of nutrition, exercise, monitoring, and medication.</p>
<p>Anticipated Impact:</p> <ul style="list-style-type: none"> • Increased access to care • Increases awareness of the risks of undiagnosed diabetes <p>Committed Resources:</p> <ul style="list-style-type: none"> • Cost of staff and supplies <p>Measures:</p> <ul style="list-style-type: none"> • # of persons served • # of persons identified at risk
<p>Program Description: Patient Centered Medical Home/Medication Management - The hospital will expand or enhance the delivery of care provided through the Patient-Centered Medical Home (PCMH) model through partnership of the hospital, Tenet Healthcare and Mission East Dallas. Patients discharged from the hospital who are high-risk for diabetes, or chronic disease patients can seek follow-up care and medication management in an ambulatory care setting.</p>
<p>Anticipated Impact:</p> <ul style="list-style-type: none"> • increased primary care for under-served/under-insured community members with diabetes <p>Committed Resources:</p> <ul style="list-style-type: none"> • cost of providing services <p>Measures:</p> <ul style="list-style-type: none"> • # of patients receiving medication management by a pharmacist

Collaboration with other Non-Hospital Facilities

The Baylor Scott & White Health system is comprised of many other non-hospital facilities including several nonprofit physician groups and other health care providers. Many of these organizations directly and/or indirectly contribute to these implementation strategies and the mission of the health system. These organizations include, but are not limited to, HealthTexas Provider Network, Baylor Scott & White Quality Alliance, Century Integrated Partners, and BTDI JV.

Community Needs Not Addressed and Rationale for Not Addressing a Need

Baylor Scott & White is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization which continues to provide a wide range of important health care services and community benefits.

The hospitals will address significant community health needs based on the needs intersection with the hospital's stated 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 the needs:

- Need #4: Lack of dentists
- Need #6: Teen births and drug poisoning deaths.

APPENDIX A

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	Health care costs / affordability - rate of the uninsured	Mental health – (depression)	Chronic disease – (Obesity), physical inactivity and adults who smoke	Lack of dentists	Preventable admissions: adult uncontrolled diabetes	Teen births and drug poisoning deaths
Baylor Scott & White Medical Center – Sunnyvale	√					
Baylor Scott & White Emergency Medical Center at Rockwall	√					
Baylor Scott & White Medical Center – Lake Pointe	√	√	√		√	

Any comments or suggestions in regard to the implementation strategy are greatly welcomed and may be addressed to Jennifer Coleman, Senior Vice President, Consumer Affairs, Baylor Scott and White Health, 3600 Gaston Avenue, Suite 150, Dallas, Texas 75246.