



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

**Community Health Implementation Strategies 2019**

An Action Plan for the Community Health Needs Assessment





# McKinney Health Community Hospital

- **Baylor Scott & White Medical Center – McKinney**



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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 McKinney Health Community was defined as the geographical area serving multiple counties, including Collin, Denton and Grayson counties. At least 80% of the admitted patients live in this community.

BSWH and IBM Watson Health examined more than 102 public health indicators and conducted a benchmark analysis of this data, comparing the community to overall state of Texas and U.S. values. 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 aligned with the qualitative findings of the community input sessions to elicit a list of health needs in the community. The health needs fell into one of four quadrants within a health needs matrix: high data/low qualitative; low data/low qualitative; low data/high qualitative or high data/high qualitative.



**A community focus group, including a representation of minority, underserved and indigent populations, provided input for a qualitative analysis.**



Hospital and clinic leadership, along with community leaders, reviewed the matrix in a session that established a list of significant prioritized needs. The session included an overview of the community demographics, a summary of health data findings and an explanation of the quadrants of the health needs matrix.

Those health needs falling into the “high data/high qualitative” quadrant were considered the most significant and in need of the most attention. Each session attendee identified and prioritized five needs. The most significant health needs emerged from this process.

## Dear Community Members:

Baylor Scott & White is committed to improving health in the communities we serve. As part of that commitment, every three years we conduct a Community Health Needs Assessment (CHNA) and report on our community's current health needs. We also provide 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 McKinney Health Community, a companion piece to the CHNA that provides plans for addressing our most pressing health needs. The joint CHNA for the 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 one of these priorities to focus on in the Strategies:**

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

The full report can be found at <http://BSWHealth.com/CommunityNeeds>.

As part of the largest not-for-profit health system in Texas, we take our commitment to McKinney Health Community very seriously. By working with community organizations and residents, we have identified and will focus on some of the toughest problems plaguing our most vulnerable residents.

Sincerely,

Baylor Scott & White Facility President  
McKinney Health Community

# McKinney Community Health Implementation Strategies

The Community Health Implementation Strategies for McKinney Health Community is the companion piece to the CHNA. Public and hospital data and input gleaned from stakeholders representing the broad interests of the community are the foundation for this report, which offers realistic solutions to the community's priority health needs (see CHNA Report [www.BSWHealth.com/CommunityNeeds](http://www.BSWHealth.com/CommunityNeeds)). The BSWH hospital facility is located in Collin County and serves Denton and Grayson counties. At least 80% of the admitted patients live in this community. 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 hospital's charitable mission, program services and limited resources with the findings of the CHNA. To meet the requirements under IRC Section 501(r) (3), the written Implementation Strategies includes the following:

- List of the prioritized needs the hospital plans to address and the rationale for not addressing other significant health needs identified
- Actions the hospital intends to take to address the chosen health needs
- The anticipated impact of these actions and the plan to evaluate such impact (e.g., identify data sources that will be used to track the plan's impact)
- Identify programs and resources the hospital plans to commit to address the health needs
- Describe any planned collaboration between the hospital and other facilities or organizations in addressing the health needs

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

1

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

2

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

3

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

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

The hospital collaborated to conduct this implementation strategy and has reviewed the significant health needs identified above. Hospital leadership selected the following health need 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 the hospital facility.

COMMUNITY NEEDS ADDRESSED	
Facility	Ratio of Population to One Non-Physician Primary Care Provider
Baylor Scott & White Medical Center – McKinney	✓

## Implementation Strategies

**Priority 1: Ratio of Population to One Non-Physician Primary Care Provider** – There is a nationwide scarcity of physicians across the United States. While particularly challenging in small towns and cities, metropolitan areas are not exempt. Demographic shifts, such as growth in the senior populations, increase the need for primary care access. It is generally agreed that thousands of additional Primary Care Providers (PCPs) are needed to meet the current demand and that tens of thousands of additional caregivers will be needed to meet the growing aging population across the country.

Primary care physician extenders (e.g., nurse practitioners, physician assistants and clinical nurse specialists) could help close the gap in access to primary care services when they are located in a community. Non-physician providers or physician extenders are typically licensed professionals such as Physician Assistants or Nurse Practitioners who treat and see patients. Physician extenders expand the scope of primary care providers within a geographic area and help bridge the gap to both access to care and managing healthcare costs.

Non-physician primary care providers in the McKinney Health Community counties are in short supply. The need was ranked in the top 10 needs for this health community. The Texas state benchmark for non-physician PCPs is one provider for every 1,497 residents. McKinney was worse than the Texas state threshold with one provider for every 1,828 residents, or 22.1% higher than the state benchmark.

## Priority 1: Ratio of Population to One Non-Physician Primary Care Provider

BAYLOR SCOTT & WHITE MEDICAL CENTER – MCKINNEY				
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 non-primary care health provider services through community organizations	Community Benefit Fund	Persons served Impact/ outcomes provided by recipient organizations	Community social service organizations
Recruit health professionals for areas identified as medically underserved areas (MUAs)	Recruitment of non-employee BSWH physicians will increase care by staffing non-PCPs	Budget	Number of health professionals recruited	
To help address the State's health care workforce shortage BSWH provides a clinical training program to prepare nurses for the medical workforce	Increase the available workforce of non-physician primary care providers	BSWMC – McKinney Nursing Ed Dept./ Ancillary service line Ed Depts.	Number served Cost of student supervision Number of partnering schools/ universities	Area and State colleges and universities
Participate in community health screenings staffed by non-physician PCP providers to enhance access to care for underinsured/ underserved populations	Increased access to non-physician primary care providers	Staff Budget	Number of persons served Number of persons at risk Cost of supplies Staffing costs	Community social service organizations and low/no cost community health care providers

**Priority 1: Ratio of Population to One Non-Physician Primary Care Provider**

Action/Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Provide physician and staff with opportunities to take part in reducing health disparities in the community through volunteerism at charitable clinics, donation of earned committee pay and local/international missions	Increased access to non-physician primary care providers through community organizations	Number of persons served	Community Benefit Fund	Project Access Community Health Clinic Hope Clinic Primary Care Clinic of NT

## 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.

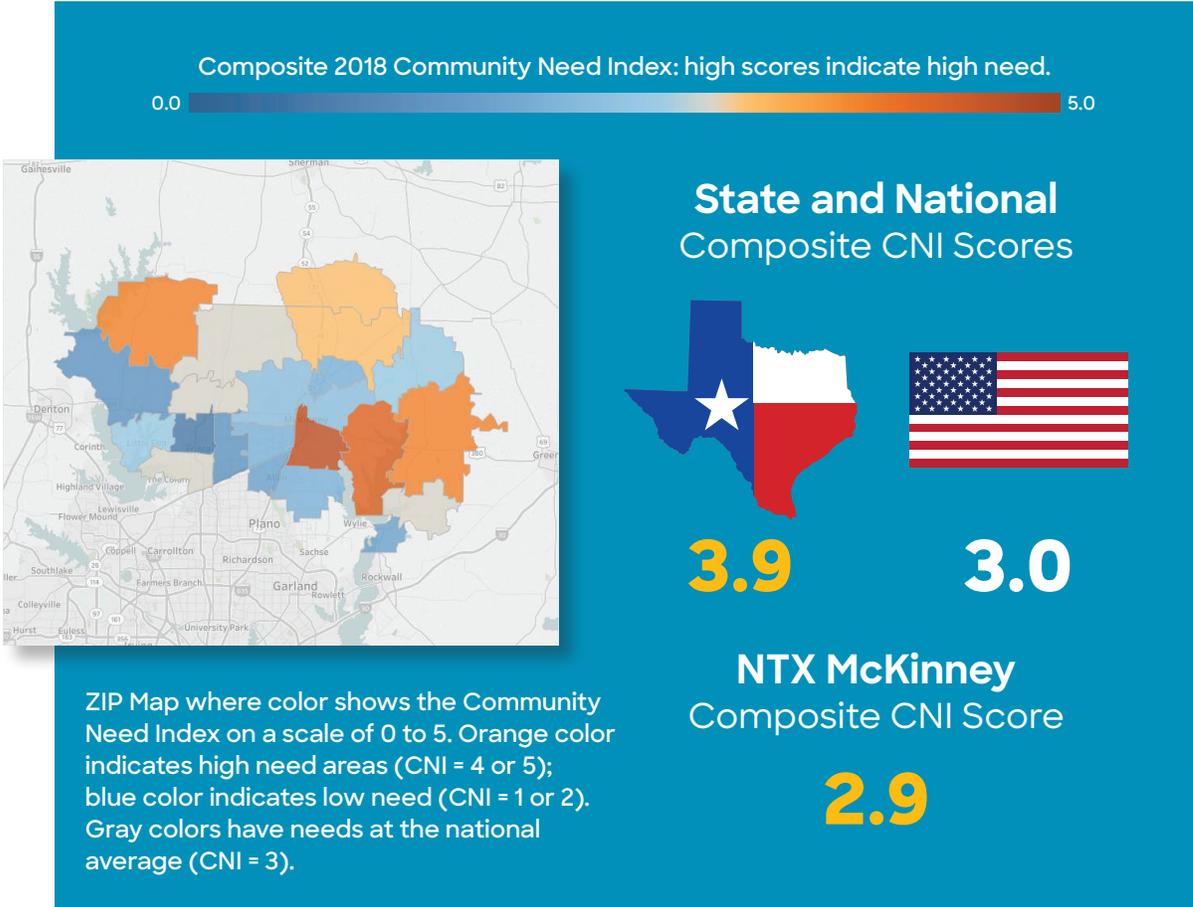
Needs not addressed:

- **Cancer Incidence - Female Breast**
- **Depression in Medicare Population**
- **Schizophrenia and Other Psychotic Disorders in Medicare Population**
- **Motor Vehicle Driving Deaths with Alcohol Involvement**

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 McKinney Health Community in contrast to the state of Texas and the U.S.



IBM Watson Health created this CNI, which is a statistical approach to identifying areas within a community where health disparities may exist. The CNI takes into account vital socio-economic factors (income, cultural, education, insurance and housing) about a community to generate a CNI score for every populated ZIP code in the United States. The CNI strongly linked to variations in community healthcare needs and an indicator of a community’s demand for various healthcare services. The CNI score by ZIP code identifies specific areas within a community where healthcare needs may be greater.

## Program Evaluation

All community benefit activities align with community benefit goals by adhering to BSWH's policies and procedures. This ensures appropriate governance of the activities outlined in these Community Health Implementation Strategies. The hospitals evaluate programs and activities on a regular basis to ensure appropriate use of staff time and hospital resources.

To support the hospital's community benefit objectives, requests for contributions from other unrelated 501(c) (3) charitable organizations managed by the Community Benefit Department are considered alongside those activities addressing a priority need in the community given preference. All charitable giving is reviewed and approved annually by hospital leadership and the BSWH governing board.

BSWH regularly assesses, evaluates and reports on the programs addressing the significant needs found in identified communities. Regular conversations with community members, feedback on this plan and modifying programs and services enhance the opportunities patients have to connect to community resources. As a result, these hospital facilities achieve reduction in unnecessary healthcare costs and improved delivery of overall quality of care.

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

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