



Baylor Scott & White

HEALTH

Implementation Strategy For the 2016 Community Health Needs Assessment North Texas Zone 2

Baylor Emergency Medical Center at Murphy

Baylor Emergency Medical Center at Aubrey

Baylor Emergency Medical Center at Colleyville

Baylor Emergency Medical Center at Keller

*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:

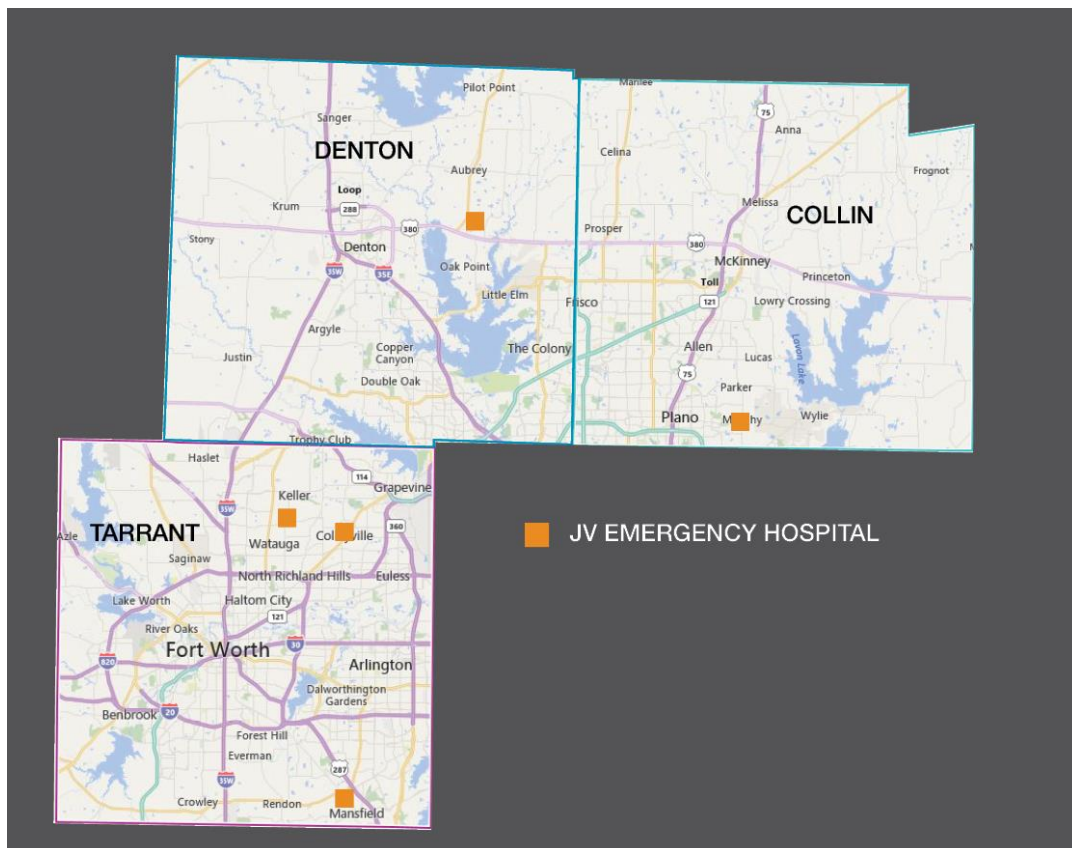
- Baylor Emergency Medical Center at Murphy
- Baylor Emergency Medical Center at Aubrey
- Baylor Emergency Medical Center at Colleyville
- Baylor Emergency Medical Center at Keller

This formal written joint 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 Collin, Denton and Tarrant 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.



Demographic and Socioeconomic Summary

According to population statistics, the community served is growing at a rate that is slightly above the state growth rate and faster than the national growth rate. The community had a higher median income than both state and national benchmarks along with a considerable racially diverse population. The senior population was below state and national benchmarks. Overall, the community appeared to be at an advantage due to fewer social barriers experienced by its population; however, some portions of the community (e.g. Tarrant County) faced more barriers than other portions.

The population of the community served is expected to grow 8% (287,122 people) by 2020. Tarrant County had the most people, comprising 54% of the total population. Overall, the community will grow faster than the state and the nation. The ZIP codes expected to experience the most growth in five years:

- 75070 McKinney (Collin County) – 11,518 people
- 76244 Keller (Tarrant County) – 11,482 people

Collin and Denton counties are expected to experience growth rates over 9% which will add over 77,000 people to each county. Meanwhile, Tarrant County will grow at a slower pace, around 7%.

In this community, 87% of the population is white and Tarrant County accounts for 50% of the total white population. At 23%, this community has the lowest percentage of Hispanic people (816,730).

The Hispanic population is growing faster in Collin and Denton counties as compared to Tarrant County. By 2020, the community overall will experience a 14% increase in the Hispanic population, a growth of 15% in the African American population, and 18% in the Asian/Pacific Islander which is being driven by high growth rates in both Denton and Collin counties.

The median household income for the community was \$66,779. Sixty-seven percent (67%) of the population had private (commercial) insurance. Commercial covered lives are expected to grow 6% over the next five years. Medicare and dual eligible lives (those receiving both Medicare and Medicaid benefits) will see the largest percentage increases of 22% and 26%, respectively. The number of uninsured and Medicaid lives are expected to decline slightly. In the community served, private insurance will show the largest increase in covered lives at 205,000 people, this is followed by Medicare. Collin County is expected to see the greatest decline in Medicaid covered lives at approximately 3%. Medicare and dual eligible lives will increase over 30% in both Collin and Denton counties, and Tarrant County will experience growth of approximately 25% for these populations.

The community includes eleven (11) Health Professional Shortage Areas and five (5) Medically Underserved Area as designated by the U.S. Department of Health and Human Services Health Resources Services Administration.

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. Needs which were supported by data showing the community to be worse than the state by a greater magnitude and also were a frequent theme during interviews and focus groups were determined to be significant.

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 needs were reviewed and/or approved by senior management, hospital advisory board members, governing board members and BSWH governing board.

The identified significant needs are listed below in rank order. A complete description of these needs and how they were identified – including the data collected, community input obtained, analysis process, and the prioritization methods used can be found in the 2016 CHNA report available at BaylorScottandWhite.com/CommunityNeeds.

The prioritized health needs of this community are below.

1. Affordable healthcare/healthcare costs

Access to care is a top community health need that was identified through key informant interviews and the focus group session. Specifically, the participants discussed the population that includes the low to middle socioeconomic class. The indigent, low income, and senior populations are challenged with limited reliable public transportation and the proximity in which they live to transportation. The groups agreed that the lack of transportation is contributing to the uninsured utilizing local hospitals instead of charity clinics. The shortage of primary care, specialty, and bi-lingual physicians was identified as another root cause of the issues related to access. Many physicians will not take underinsured, uninsured, or Medicaid covered patients. The input gathered identified a large uninsured population that is unable to afford the healthcare exchanges developed under the PPACA; however, they do not qualify for Medicaid due the lack of Medicaid expansion. It was agreed upon that the health systems need to do a better job of reaching out to the uninsured, underinsured, and homeless populations.

2. Mental/behavioral health

Community input underscored mental and behavioral health as a top community health need.

Specific needs included addressing the stigma and cultural barriers that accompany mental health conditions and needs. The participants expressed a need to address all aspects of mental health; this included substance abuse, behavioral health, organic conditions, and access to services. The shortage of mental health providers impacted the lack of access to services that exists. It was identified that delays in care and poor management of conditions often led to crisis situations for patients and their families.

According to the CMS National Provider Identification File, the ratio of population per mental health provider was 1,086 patients per provider in Collin County, 1,088 patients per provider in Denton County and 1,076 patients per provider in Tarrant County. Texas had 1,034 patients per provider, and the County Health Rankings Top Performers had 386 patients per provider. The Centers for Medicare & Medicaid Services (CMS) reported 13.7% of the community's Medicare population had Alzheimer's disease or dementia in Tarrant County, compared to 11.5% in Texas. Depression rates in Denton County were 17.2%, 19.8% in Tarrant County, 16.1% in Collin County, and 16.2% in the State of Texas. The prevalence of schizophrenia and other psychotic disorders within the Medicare population was 3.8% in Denton County and 4.1% in Tarrant County; this is compared to the state value of 3.6%.

3. Chronic illness

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 diabetes management was identified as one of the community's top health needs. Specifically, early identification and culturally appropriate education could assist with minimizing obesity and preventing hospitalizations. The participants expressed a need to address problems in the community's infrastructure such as walkable areas, food deserts, and the availability of healthy food; such programs and resources support positive outcomes for the community's diabetic population.

The Center for Disease Control's (CDC) Diabetes Interactive Atlas reported adult diabetes was 10% in Tarrant County compared to the state value of 9.4%. According to the Texas Department of State Health Services, pediatric hospitalizations for diabetes were 27.1 per 100,000 in the Collin County population, 32.2 per 100,000 in the Tarrant County population and 25.3 per 100,000 populations in the State of Texas.

4. Physical inactivity

Promoting health and wellness through healthy living and lifestyle choices was a priority the

community needed to address. The participants expressed the need to create a safe, healthy environment within the community. This could be accomplished with the addition of sidewalks and other areas to exercise throughout the community. Community members must support one another in healthy activities such as walking groups to promote the health of residents within the community. According to the National Center for Health Statistics (NCHS), the physical inactivity rate was 24.2% in Tarrant County and 23.4% in the state. The County Health Rankings Top Performers rate of physical inactivity was 20%.

5. Dental services

The lack of free dental services and long wait times for access to dental care led to the identification of dental care as a health priority for the community. There were limited resources for children and none for adults in the community. The participants expressed a need for affordable dental services due to the impact it had on truancy in the school-aged population and the delays it caused in individuals receiving other services, i.e., surgery.

According to the Health Resource Area File/National Provider Identification file, there were 1,970 residents per dentist in Denton County compared to 1,940 residents per dentist in the state. The County Health Rankings Top Performers had 1,377 residents per dentist.

6. Hyperlipidemia

According to CMS, the percent of Medicaid patients with hyperlipidemia in Collin County was 50.4%, Denton County was 48.1% and Tarrant County was 46.9% compared to the state value of 45.4%.

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. The hospitals have completed an 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 Collin, Denton, and Tarrant 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 Emergency Medical Center at Murphy
- Baylor Emergency Medical Center at Aubrey
- Baylor Emergency Medical Center at Colleyville
- Baylor Emergency Medical Center at Keller

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

1. Affordable healthcare/healthcare costs
2. Mental/behavioral health
3. Chronic illness
4. Physical inactivity
5. Dental services
6. Hyperlipidemia

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. AFFORDABLE HEALTHCARE/HEALTHCARE COSTS
HOSPITAL: Baylor Emergency Medical Center at Murphy; Baylor Emergency Medical Center at Aubrey; Baylor Emergency Medical Center at Colleyville; Baylor Emergency Medical Center at Keller
<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 care for un-insured and under-insured individuals in the community <p>Committed Resources</p> <ul style="list-style-type: none"> • unreimbursed cost of providing financial assistance <p>Measures:</p> <ul style="list-style-type: none"> • # of patients receiving financial assistance • amount of financial assistance provided

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.

These hospitals, committed to providing emergency care in the communities served, will address significant community health needs based on their intersection with the stated mission and key clinical strengths. The following identified need has 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:

2. Mental/behavioral health
3. Chronic illness
4. Physical inactivity
5. Dental services
6. Hyperlipidemia

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	Affordable healthcare/ healthcare costs	Mental/ behavioral health	Chronic illnesses	Physical inactivity	Dental services	Hyperlipidemia
Baylor Emergency Medical Center at Murphy	√					
Baylor Emergency Medical Center at Aubrey	√					
Baylor Emergency Medical Center at Colleyville	√					
Baylor Emergency Medical Center at Keller	√					

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.