Baylor Scott & White HEALTH

Implementation Strategy
For the 2016 Community Health Needs Assessment
North Texas Zone 3

Baylor Scott & White All Saints Medical Center – Fort Worth

Baylor Scott & White Medical Center – Grapevine

Baylor Orthopedic and Spine Hospital at Arlington

Baylor Institute for Rehabilitation at Fort Worth

Baylor Medical Center at Trophy Club

Baylor Surgical Hospital at Fort Worth

Baylor Emergency Medical Center at Burleson

Baylor Emergency Medical Center at Mansfield

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

Posted to BaylorScottandWhite.com/CommunityNeeds on November 15, 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. 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 All Saints Medical Center – Fort Worth
- Baylor Scott & White Medical Center – Grapevine
- Baylor Orthopedic and Spine Hospital at Arlington
- Baylor Institute for Rehabilitation at Fort Worth
- Baylor Medical Center at Trophy Club
- Baylor Institute for Rehabilitation at Fort Worth
- Baylor Emergency Medical Center at Burleson
- Baylor Emergency Medical Center at Mansfield

This 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 Denton, Tarrant and Johnson 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 Texas benchmark; it is greater than that of the nation as well. The community served had a slightly higher median income than both state and national benchmarks along with a more racially diverse population. The proportion of the population over age 65 was below the state and national benchmarks. The community, overall, appeared to be at an advantage in terms of fewer social barriers experienced by its population.

Over 2.8 million people resided in the community served by the hospital facilities. A majority (66%) of the population for this community is located in Tarrant County. The population of the community is expected to grow 8% (220,502 people) by 2020. The 8% population growth is slightly higher compared to the state growth rate (6.7%) and higher compared to the national growth rate (3.5%). Johnson County had the smallest population in the community and will experience the smallest growth (6%) by 2020. Denton County will grow the most (10%) over the next 5 years. The ZIP codes expected to experience the most growth in five years:

- 76063 Mansfield – 8,166 people
- 76179 Fort Worth – 6,909 people

None of the ZIP codes in this area are expecting a decline in population; however, several ZIP codes are not predicted to experience a population increase.

Denton County is predicted to have a larger amount of growth in two age groups when compared to the remaining community, those 45-64 and 65+ year of age. The age 65+ cohort is predicted to experience the largest increase in residents in Denton, Johnson and Tarrant counties, adding approximately 84,000 people. Those less than 18 years of age are predicted to experience the least amount of growth (25,483 people).

Total population can be analyzed by race or by Hispanic ethnicity. The graphs that follow display the community's total population breakdown by race (including all ethnicities) and also by ethnicity (including all races). Seventy percent (70%) of the community's population was white and Tarrant County made up a majority of white population for the community. However, diversity in the community is projected to increase over the next five years. Denton and Johnson counties will experience a growth in the African American and 2+ races populations of over 20%. The Hispanic population will grow approximately 14%, about 100,000 people, while the non-Hispanic population is expected to grow by only 6% over the next 5 years. Those of Hispanic ethnicity comprised approximately 25% of the community's population - below the state's proportion of Hispanics.

The median household income for the community served was $60,593, greater than both the state and U.S. benchmarks. More than two-thirds of the population was commercially insured.

Commercial covered lives are expected to grow 9% (155,000 people) by 2020. Medicare and dual eligible lives (those receiving both Medicare and Medicaid benefits) are expected to experience the largest percentage increases of 21% and 27%, respectively. The number of uninsured and Medicaid lives will show a modest decrease. Johnson County is expected to experience a 5% decline in the number of uninsured and a 3% decline in Medicaid covered lives. Denton and Tarrant counties will decline by 1% in both uninsured and Medicaid covered lives. Medicare covered lives will experience the largest amount of growth in Denton County at 37%, compared to Johnson and Tarrant counties at a 20% and 25% increase.

The community includes eight (8) 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. 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.

Overall, the community ranked slightly higher (3.4) on the CNI score when compared to the national average (3.0). The city of Denton in Denton County, Arlington and Ft Worth in Tarrant County, and Cleburne and Keene in Johnson County had the highest CNIs in the community.

Truven Health Analytics supplemented the publically available data with estimates of localized disease prevalence of heart disease and cancer as well as emergency department visit estimates.

Unsurprisingly, Truven Health Heart Disease estimates identified hypertension as the most prevalent heart disease, including 685,233 cases; more than half of the cases exist in Tarrant County alone. More than two-thirds of all heart disease (hypertension, arrhythmias, ischemic heart disease, and congestive heart failure) occur in Tarrant County, including 70% of congestive heart failure cases. More than 30% of the individuals with each heart disease reside in Ft. Worth.

The five-year projected growth of cancer incidence rates revealed the greatest increase for bladder, kidney, pancreatic and thyroid cancers. Over the next 5 years, new cancer cases will grow 13% in Johnson County, 24% in Denton County, and 16% in Tarrant County. Comparably, the growth rate in cancer incidence in Johnson County is expected to be lower than the state (14%). In Tarrant County, the growth in cancer incidence was projected to be slightly higher than the state's growth rate, but in Denton County's growth rate is much greater than the state. Colorectal cancer cases are expected to grow much faster in Denton County (18%) than in Tarrant County (9%) and Johnson County (5%) By 2020.

Outpatient emergency department (ED) visits are those which are treated and released and therefore, do not result in an inpatient admission. In terms of emergency department utilization, Truven Health estimates that outpatient ED visits are expected to increase 10% in the next five years. Non-emergent ED visits are lower acuity visits that present to the ED but can be treated in other more appropriate and less intensive outpatient settings. The ED visit growth rates differ by acuity, a 3% increase in non-emergent ED visits is projected, and a 21% increase in emergent ED visits. Non-emergent ED visits can be an indication that there are systematic issues with access to primary care or managing chronic conditions. The largest amount of outpatient ED visits originate in Tarrant County in the cities of Fort Worth, Keller and Mansfield as well as Lewisville in Denton County.

Community Health Needs Findings

Prioritized Health Needs

Prioritized 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 health needs of this community are below.

1. Access to care for middle to lower socio-economic status
2. MD and non-MD primary care providers to population ratio
3. Mental/behavioral health
4. Chronic disease
5. Dentists to population ratio
6. Health & wellness promotion

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

Description of the Significant Health Needs

Access to care for middle to lower socio-economic status

Access to healthcare was a top community health need identified through key informant interviews and focus group sessions. Specifically, the participants discussed barriers to health care access for those of low to middle socioeconomic status. The indigent, low income, and senior populations are challenged by limited reliable public transportation and the proximity of the transportations that does exist. The participants agreed that the lack of transportation within the community has contributed to the uninsured utilizing local hospitals for primary and preventative care instead of available charity clinics. The shortage of primary care, specialty, and bi-lingual physicians to serve these populations was identified as another root cause of the access issues. Many physicians will not take underinsured, uninsured, or Medicaid patients. The participants noted there is a large uninsured population that cannot afford coverage made available to them through the Affordable Care Act (PPACA). The participants suggested that local health systems can make an impact on these issues through outreach and programs serving the uninsured and the homeless.

Lack of insurance coverage is a recognized barrier to health care access. The proportion of the population under age 65 not covered by insurance was larger in Johnson and Tarrant counties, 26% and 24% respectively, than Tarrant County (18%) according to the Small Area Health Insurance Estimates. These rates are compared to 25% uninsured for the state of Texas and an 11% uninsured rate for the County Health Rankings Top Performers. The percent of uninsured children in Johnson County is 16% and in Tarrant County it is 14%, compared to 13% in Texas overall.

Those who are uninsured, or covered by health plans with high deductibles, must pay for health care visits out-of-pocket. For many of these individuals, the cost of those health care visits is a barrier to seeking care. According to the Dartmouth Atlas of Healthcare, the cost of health care in all three counties was greater than that for the state. The state of Texas price adjusted Medicare reimbursements per enrollee (a comparative measure of health care costs) was $11,079. The price adjusted Medicare reimbursements per enrollee for each of the counties was as follows:

- Denton County, $12,477
- Tarrant County, $12,190
- Johnson County, $11,895

Cost of care may be a particular barrier for the residents of Johnson County, according to the Behavior Risk Factor Surveillance System (BRFSS), 23% of adults in the county could not see a doctor in the last 12 months due to cost, and this was compared to 19% in the state and 13% and 17% in Denton and Tarrant counties respectively.

MD and non-MD primary care providers to population ratio

According to the Area Health Resource File/American Medical Association, Johnson County had 2,074 residents for each primary care physician, Tarrant County had 1,717 residents per primary care physician. Both counties population to physician ratio exceeded the Texas state-wide ratio of 1,708 residents per primary care physician.

A shortage of primary care physicians and specialists was a top issue identified through the community input sessions. Specifically, a shortage of primary care physicians and bilingual physicians was noted. The quantitative analysis validated the findings from the community's input.

The participants expressed a need for physicians to accept uninsured and under insured patients in order to provide access to health care for those populations. Currently, there are long appointment wait times due to the shortage of primary care physicians.

Non-physician primary care providers, such as nurse practitioners or physician assistants are one way to provide more access to primary care and at a lower cost. The Centers for Medicare & Medicaid Services (CMS) National Provider Identification File states there were 2,222 individuals for each non-physician primary care provider in Denton County, 3,773 in Johnson County, 1,953 in Tarrant County, and 1,893 in the state.

Mental/behavioral health

Community input underscored mental and behavioral health as a top community health need. Specifically, there was a need to address the stigma and cultural barriers that surround mental health conditions and needs. The participants expressed a need to address all categories of mental health, including substance abuse, behavioral health, organic conditions (such as schizophrenia) and access to services to treat these conditions. Access to mental health services was significantly impacted by a shortage of mental health providers in the community. It was identified that delays in care and poor management of conditions often lead to crisis situations for patients and their families.

According to the CMS National Provider Identification File there were 1,088 individuals per mental health provider in Denton County, 1,664 per provider in Johnson County, 1,076 per provider in Tarrant County, 1,034 per provider in Texas, and 386 individuals per provider for the County Health Rankings Top Performers. Johnson County had an average of 4.1 poor mental health days; this is compared to the state's average of 3.3 days and the County Health Rankings Top Performers average of 2.3. CMS reported that 13.7% of the community's Medicare population has Alzheimer's disease or dementia in Tarrant County compared 12% in the state. Both Johnson and Tarrant counties were above the state benchmark at 13% and 14%, respectively. Depression rates in all three counties were higher than the state (16%); Denton County was 17%, Tarrant and Johnson counties were each 20%. Rates identified for schizophrenia and other psychotic disorders within the Medicare population were 4% in Denton County, 5% in Johnson County, 4% in Tarrant County, and 4% in the state.

Chronic disease

According to the Center for Disease Control's (CDC) Diabetes Interactive Atlas, the prevalence of adult diabetes in Johnson County was 12%, Tarrant County was 10%, and the state was 9%. Risk-adjusted pediatric diabetes hospitalization rates per 100,000 admissions were 60.7 for Johnson County, 32.3 for Tarrant County, and 25.3 for Texas. Adult uncontrolled diabetes hospitalizations were below the state's rate of 13.1 for Denton, Johnson and Tarrant counties. CMS measures hypertension prevalence by Medicare beneficiary; the Johnson County rate (59%) was slightly higher than the state (58%).

The National Vital Statistics System measures mortality by individual condition. Johnson County's mortality rates exceeded the state rate for the following chronic conditions.

- Heart disease: mortality rate was 186 per 100,000 people compared to the 152 in Texas
- Chronic lower respiratory disease: mortality rate was 51 per 100,000 people compared to 37 in Texas

Chronic disease prevention and management were frequently discussed in the key informant interviews and focus group. Specifically, participants identified diabetes, heart disease and hypertension as priorities. The need for coordination of services was also identified as a need in the community; although numerous programs are in place, coordination and communication regarding resources and services was limited.

Dentists to population ratio

Dental care was mentioned as a top health need in the key informant interviews and was a frequent topic in the focus groups. Specifically, the lack of free services at clinics and long wait times to access services. There were no resources for adults and limited resources for children. The participants expressed a need for access to affordable services as the downstream impacts include things such as truancy in the school age population and delayed care in receiving other services such as surgery.

According to the Health Resource Area File/National Provider Identification file, there were 1,970 residents per dentist in Denton County, 2,975 residents per dentist in Johnson County, 1,880 residents per dentist in Tarrant County, and 1,940 residents per dentist in the state. All three counties were below the County Health Rankings Top Performers rate of 1,377 residents per dentist.

Health and wellness promotion

According to the CDC, the percentage of adults who were obese (report a BMI of 30 or more) in Johnson County is 33% compared to 29% in Texas. The National Center for Health Statistics

(NCHS) reported on physical inactivity in adults. In the state of Texas, 23% of adults were physically inactive. Johnson and Tarrant counties rates were higher at 27% and 24%, respectively. Denton, Tarrant and Johnson counties' physical inactivity rates were higher than the County Health Rankings top performer value of 20%. The Behavioral Risk Factor Surveillance System (BRFSS)

reported the percentage of adults who currently smoke cigarettes in Johnson County were 20% compared to 17% in the state. The County Health Rankings Top Performers' rate was 20% which was slightly lower than Denton County (21%). Both Johnson (27%) and Tarrant (24%) counties were considerably above the benchmark. The percentage of adults who have engaged in binge drinking in the last 30 days in Johnson County was 19% compared to 16% in the state. The County Health Rankings Top Performers (10%) are below Denton County (13%) and Tarrant County (16%).

Promoting health and wellness throughout the community with healthy lifestyle choices and increased activity is a community health need identified. Specifically, the need for sidewalks throughout the community, areas to exercise, and accessible options that promote health such as walking groups, availability of healthy food, and education focusing on how to take advantage of health promotions, resources, and services. The quantitative analysis validates the need for promoting health and wellness.

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 joint 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*

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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 Denton, Tarrant and Johnson 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 All Saints Medical Center – Fort Worth
- Baylor Scott & White Medical Center – Grapevine
- Baylor Orthopedic an Spine Hospital at Arlington
- Baylor Institute for Rehabilitation at Fort Worth
- Baylor Medical Center at Trophy Club
- Baylor Emergency Medical Center at Burleson

- Baylor Emergency Medical Center at Mansfield

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. MD and Non-MD primary care providers to population ratio
3. Mental /behavioral health
4. Chronic illness
5. Dentists to population ratio
6. Health and wellness promotion

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. ACCESS TO CARE FOR MIDDLE TO LOWER SOCIO-ECONOMIC STATUS
HOSPITAL: Baylor Scott & White All Saints Medical Center – Fort Worth; Baylor Scott& White Medical Center – Grapevine
Program Description: Enrollment Services - The hospitals will provide assistance to enroll in public programs, such as SCHIP and Medicaid. These 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. 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.
Anticipated Impact: • overcome access issues for under-served populations **Committed Resources:** • annual estimated cost of service provision = $200,000 **Measures:** • # of patients in enrolled in programs
HOSPITAL: Baylor Scott & White All Saints Medical Center – Fort Worth
A full spectrum of services are available in the patient home ranging from examinations and clinical decision making to changing urinary catheters, labs, vaccinations and medication reconciliation, management and education.
Anticipated Impact: • overcome access issues for high risk and under-served populations • address acute care issues in the home rather than the ED

- increase compliance and adherence to care regimens
- decrease barriers to care of receiving medications and over all care
- increased medication reconciliation frequency

Committed Resources:

- care coordination staff
- advanced nurse practitioner
- medical director
- social worker

Measures:

- #'s of patients seen in their home

Program Description: Patient Navigation Program - Through the Patient Navigation Program the Hospital creates a fluid care navigation program located in the Emergency Department for patients who are identified (or proclaim) to not have a primary care physician and/or patient centered medical home to address their post-acute care needs. By having staff in these locations, patients can receive real time assistance in finding a provider and ensuring they are connected with the appropriate resources they would require once discharged home. Weekend staff coverage ensures that patients are seen and connected to resources 7 days/week. Additionally, in order to close the loop, staff conducts follow-ups with patients to make sure they have an appointment and that they attend their appointment. The staff is also responsible for ensuring that other barriers such as transportation are addressed and patients are able to attend their follow-up visits. The Care Connect staff receives e-mail notifications any time a patient revisits the hospital so they proactively visit with the patient to ensure the patient is able to access their PCP/PCMH appointment and/or recommended community resource(s). Care plans are developed for patients with high hospital utilization (especially patients with frequent emergency department visits) and complex needs. Care plans include involvement with Social Work Supervisor, Hospital Medical Director and other hospital staff. Patients with care plans are contacted as often as needed to ensure continuity of the care.

Anticipated Impact:

- increased access to primary care for under-insured and under-served
- insure the patients have the resources they need to care for themselves post discharge
- decrease inappropriate use of the ED

Committed Resources:

- cost of social workers, medical directors and other hospital staff

Measures:

- demonstrated cost savings delivery
- ED utilization review
- # of patients assigned primary care physician

Program Description: Medication Management - This project combines to implement interventions that place teams, technology and processes to avoid medication errors. The project combines the components of both of these options but focuses on medication management and compliance in the ambulatory setting within the patient's Baylor Clinic Primary Care Medical Home (PCMH). Based on current estimates by providers, it is anticipated that more than 50% of current patients have five or more medications. Ensuring that these medications are 1) appropriate, 2) taken correctly, 3) managed and 4) accessible, is important to improve clinical outcomes. The project will utilize a clinical pharmacist who will review patient mediations for those patients with multiple prescriptions on a regular basis. This will ensure that medications are appropriate and that the patient understands how and why they are taking the medications. Additionally, patients who qualify for mediations and those patients who cannot afford prescriptions will receive help obtaining the medications they need through implementing a prescription assistance program. An attempt will be made to provide medications at little to no cost for patients who are 150% below the federal poverty level, have one or more chronic diseases and remain compliant with their appointments and care regimens.

Anticipated Impact:

- improved clinical outcomes
- increased patient compliance
- access to affordable medications
- reduced patient transportation needs

Committed Resources:

- cost of clinical pharmacist and other related costs

Measures:

- # of patients receiving medication management by a pharmacist

Program Description: Primary Care Expansion - The Baylor Clinic at the Hospital expands current capacity by opening patient panels to non-Baylor patients and fully utilizes the space and providers' capacity. Additional support staff has been hired to better coordinate patient care, ensure transition from the hospital to a Baylor Clinic and help to facilitate the care of complex under-served patients. Additionally, the clinic provides high quality primary care services to a greater number of people. Essentially, through expanding the capacity of the current clinic, adding additional support staff and services, a patient can receive comprehensive and complete services in one primary care location. In addition to receiving primary care, this project also proposes that ancillary services such as labs, imaging (i.e.: CT scans, MRI, mammograms, ultrasound, echocardiograms, and interventional radiology) and diagnostics (i.e.: colonoscopy, stress tests, esophageal diagnostic, retinal screens) would also be provided upon physician request. This project aims to close the loop of care and increase patient compliance by co-locating/coordinating many of the essential services that the under-served population often has issues accessing or completing.

Anticipated Impact:

- Comprehensive and complete services delivered in one location
- Increased patient compliance

Committed Resources:

- cost of providing primary care physicians and other providers

Measures:

- Primary care volumes
- % of patients referred to primary care physician and had scheduled an appointment

Program Description: Specialty Care Expansion - Patients (including Medicaid and uninsured) in an established Primary Care Medical Home (PCMH) will receive specialty care services through this DSRIP project, including office visits with specialists, wound care, and facility based procedures such as cardiac catheterizations, certain surgeries (i.e., gallbladder/hernia), excision of masses (breast, lymphoma), and cataract removal and excluding transplants, oncology and perinatal services. Specialty care referral and coordination comes from the PCMH clinic per request by the patient's PCP.

Anticipated Impact:

- increased access to specialty care for low/middle income population
- 95% of patients receiving specialty care will be Uninsured/Medicaid.
- improved patient outcomes through timely effective care
- specialists will become part of the primary care team
- avoiding ED visits and more serious specialty care needs due to clinical exacerbations from not receiving timely and effective care

Committed Resources:

- cost of providing at least 12 physician specialists providers in the community

Measures:

- # of specialty care encounters
- # of specialists providing service each year
- category 3 outcomes for asthma improvement, cervical and colorectal cancer screening

Program Description: Transportation Program – The hospital will partner with CitySquare to provide BCC and Healing Hands patients with transportation to appointments.

Anticipated Impact:

- increased access to care for under-insured/under-served community members
- reduced inappropriate use of hospitals and ED's as primary care

Committed Resources:

- staffing

Measures:

- # transports
- increase in % of appointments kept

HOSPITAL: Baylor Orthopedic and Spine Hospital at Arlington; Baylor Surgical Hospital at Fort Worth; Baylor Institute for Rehabilitation at Fort Worth; Baylor Medical Center at Trophy Club; Baylor Emergency Medical Center at Burleson; and Baylor Emergency Medical Center at Mansfield

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.

Anticipated Impact:

- increased access to care for un-insured and under-insured individuals in the community

Committed Resources:

- unreimbursed cost of financial assistance

Measures:

- # of patients provided free or discounted care
- amount of financial assistance provided

HOSPITAL: Baylor Scott & White All Saints Medical Center – Fort Worth; Baylor Scott & White Medical Center – Grapevine

Program Description: In-kind Donations/Faith in Action Initiatives

Hospitals donate retired medical supplies and equipment to the office of Faith in Action Initiatives 2nd Life program for the purpose of providing for the health care needs of populations in the community and nation whose needs cannot be met through their own organization.

Anticipated Impact:

- increase infrastructure of healthcare access

Committed Resources:

- staff
- physical home for warehousing donations
- volunteer development

Measures:

- depreciated value of donated equipment and supplies

NEED #2: MD TO NON-MD PRIMARY CARE PROVIDERS TO POPULATION RATIO

HOSPITAL: Baylor Scott & White All Saints Medical Center – Fort Worth; Baylor Scott & White Medical Center – Grapevine

Program Description: Medical Education/Nursing. The hospital is committed to assisting with the preparation of future nurses at entry and advanced levels of the profession to establish a workforce of qualified nurses thereby impacting the documented shortage of non-primary care nurses and health care providers. Through the System's relationships with many North Texas schools of nursing, the hospital maintains strong affiliations with schools of nursing. Like physicians, nursing graduates trained at the hospital are not obligated to join the staff although many remain in the Community to provide top quality nursing services to many health care institutions.

Anticipated Impact:

- increased quality and size of nursing work force in the North Texas area

Committed Resources:

- nursing educator staff hours
- Average annual estimated cost of education program $100,000

Measures:

- # of students educated
- # of schools of nursing associated with the hospital

Program Description: Workforce Development - The hospital will recruit physicians and other health professionals for areas identified as medically underserved. The Hospital seeks to allay the physician shortage, thereby better managing the growing health needs of the community.

Anticipated Impact:

- increased access to primary care health providers

Committed Resources:

- cost of support for new physician start up

Measures:

- # of primary care physicians relocated into community
- # of primary care physician accepting Medicaid and Medicare patients

NEED #3: MENTAL/BEHAVIORAL HEALTH

HOSPITAL: Baylor Scott & White All Saints Medical Center – Fort Worth

Program Description: Mental/Behavioral Health Clinics - This project co-locates and integrates behavioral health services into the outpatient primary care setting. The model provides a Licensed Clinical Social Worker (LCSW) for basic counseling services. The LCSW addresses behavioral health needs such as: anxiety, depression, and substance abuse issues. The screening tools used are evidence based and include: PHQ2 or 9, GAD-7 and alcohol and substance abuse screens. Additionally, the LCSW will be supported by a Community Health Worker (CHW) to help with the screening and referral processes. This staff can be triaged to clinics and community locations to provide behavioral health services. The behavioral health program requires the LCSW and CHW to work together with the primary care team to: 1) identify the patients who have behavioral health issues, 2) coordinate the patient's care and appointments to fit both the behavioral health and primary care appointment in the same visit and 3) help the primary care team to identify those patients whose behavioral health issues are impeding the management of their acute/chronic disease management models. We expect that approximately 85-90% of these patients will be Medicaid/Uninsured.

Anticipated Impact:

- increased behavioral health services for underserved and underinsured populations

Committed Resources:

- Cost of clinical social workers, community health workers and other related cost

Measures:

- behavioral health clinic volumes

# of behavioral health screenings provided through the clinic

HOSPITAL: Baylor Scott & White All Saints Medical Center – Fort Worth; Baylor Scott& White Medical Center – Grapevine

Program Description: Child Life Specialist Services - The Child Life Specialist Services program in palliative care provides relief of emotional pain that accompanies end-of-life care through palliative care services. These services address cultural, spiritual, ethnic and social needs in a manner respectful of the patient's individuality, inherent human dignity and worth without regard to ability to pay. The patient/family receives assistance in coping with stages of illness and grief and planning for the future.

Anticipated Impact:

- improved grief management
- reduced length of stay

Committed Resources:

- palliative care department

Measures:

- # of palliative care consults

NEED #4: CHRONIC DISEASE

HOSPITAL: Baylor Scott & White All Saints Medical Center – Fort Worth; Baylor Scott& White Medical Center – Grapevine

Program Description: Community Health Education/Screenings - Community health education activities are carried out at the hospitals and in the community to improve community health and extend the reach of the hospitals beyond patient care activities. These services do not generate patient care bills and include such activities as community health education, community-based clinical health services and screenings for under-insured and uninsured persons, support groups, and self -help programs.

Anticipated Impact:

- enhanced chronic disease prevention/disease management

Committed Resources:

- staffing
- supplies

Measures:

- #'s of screenings provided
- #'s of community participants identified as at risk for developing disease

HOSPITAL: Baylor Scott & White All Saints Medical Center – Fort Worth

Program Description: Chronic Disease Management and Prevention – This DSRIP project houses a carved out chronic disease management program to provide focused and dedicated education and care for low to middle socio-economic status patients with diabetes, cardiovascular diseases (CVD) (i.e. congestive heart failure) and respiratory diseases (asthma/chronic obstructive pulmonary disease) within a primary care setting. Specific staff, comprised of community health workers (CHW) and nurse care managers, address the complex clinical and prevention needs of these patients and spend time specifically on management of these diseases. The focus of this time and education with patients not only entails clinical counseling, but also includes prevention components focused on lifestyle issues and self- management. The other key advantage that patients receive as part of this program is point of care testing for diabetes (HbA1c testing and glucose testing using test strips) and asthma (Peak Flow Meter Assessments). This will help to overcome the barrier of patients' non-compliance with completing lab orders and any financial or transportation issues that arise in obtaining these important lab results.

Anticipated Impact:

- cost of community health workers, nurse care managers and other hospital staff

Committed Resources:

- unreimbursed cost of providing financial assistance

Measures:

- % of patients in adherence to disease management regimen
- increase number of patients with at least one of four chronic diseases referred to and managed by a community health worker

NEED #5: DENTISTS TO POPULATION RATIO

HOSPITAL: Baylor Scott & White All Saints Medical Center – Fort Worth

Program Description: Dentistry Program – The hospital will fund Baylor Care Clinics' provision of access to dental services for under-served and under-insured clinic patients through an agreement with Baylor Texas A & M School of Dentistry**.**

Anticipated Impact:

- increased access to dental care for underserved or underinsured populations

Committed Resources:

- funding of dental care

Measures:

- # persons served

HOSPITAL: Baylor Scott & White Medical Center – Grapevine

Program Description: Workforce Development – Specialty Services (Oral/Maxillofacial Surgeon) - The Hospital will provide recruitment assistance to hire an oral/maxillofacial surgeon into the community to satisfy a documented shortage.

Anticipated Impact:

- Increased access to dental surgery

Committed Resources:

- cost of bringing the physician into practice in the community

Measure:

- # of physicians relocated into community

NEED #6: HEALTH AND WELLNESS PROMOTION

HOSPITALS: Baylor Scott & White All Saints Medical Center – Fort Worth; Baylor Scott & White Medical Center – Grapevine

Program Description: Health and Wellness Promotion – The hospital will provide health and wellness education and resources to the community including the following:

- smoking cessation education
- community classes on breast feeding and child birth
- promote the Tarrant County Food Bank services to the community
- collaborate with healthy Tarrant County to provide information on healthy lifestyle choices.
- participate in the Infant Mortality Review Board
- participate in the Safe Sleep Collaboration on safe sleep habits for infants
- educate at-risk populations on the impact of obesity and physical inactivity on health through free body fat analysis and BMI screenings
- provide nutrition information to at risk community members
- provide pulmonary function and carbon monoxide screenings in high risk areas
- provide injury prevention education through A Matter of Balance classes, RED-reality Education for Drivers classes for teenagers emphasizing the dangers of texting and drinking and driving, and CarFit programs for seniors to enhance driving safety.

Anticipated Impact:

- increased awareness of the importance of adopting a healthy lifestyle
- increased awareness of behaviors constituting health risks

Committed Resources:

- staffing

Measures:

- # of persons participating in community events
- # of cases reviewed per month by Infant Mortality Review Board
- % of patients receiving sleep sacks on discharge
- # of participants identified as a health risk and referred to a health intervention

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.

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	Access to care for middle to lower socioeconomic status	MD and Non-MD primary care providers to population ratio	Mental/ behavioral health	Chronic Disease	Dentists to population ratio	Health and Wellness Promotion
Baylor Scott & White Medical Center - Fort Worth	√	√	√	√	√	√
Baylor Scott & White Medical Center - Grapevine	√	√	√	√	√	√
Baylor Orthopedic and Spine Hospital at Arlington	√					
Baylor Institute for Rehabilitation at Fort Worth	√					
Baylor Surgical Hospital at Fort Worth	√					
Baylor Medical Center at Trophy Club	√					
Baylor Emergency Medical Center at Burleson	√					
Baylor Emergency Medical Center at Mansfield	√					

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.