

Memorial Hermann - Texas Medical Center Community Health Needs Assessment IMPLEMENTATION PLAN 2013

Introduction

A comprehensive Community Health Needs Assessment (CHNA) was conducted for Memorial Hermann Texas Medical Center (Memorial Hermann - TMC) from August 2012 to June of 2013. The goal of the assessment was to clarify the health needs of Memorial Hermann - TMC's study area, defined as Harris County that represents 66.1% of the hospital's inpatient discharges. The analysis included a careful review of the most current health data available and input from numerous community representatives with special knowledge of public health. Findings indicated that there were eight main needs in the communities served by Memorial Hermann - TMC. The CHNA Team, consisting of leadership from Memorial Hermann Health System (Memorial Hermann), prioritized those eight needs by studying them within the context of the hospital's overall strategic plan and the availability of finite resources, with the following prioritization, in descending order, resulting:

IDENTIFIED PRIORITIES

- 1. Education and prevention for diseases and chronic conditions**
- 2. Address issues with service integration, such as coordination among providers and the fragmented continuum of care**
- 3. Address barriers to primary care, such as affordability and shortage of providers**
- 4. Address unhealthy lifestyles and behaviors**
- 5. Address barriers to mental healthcare, such as access to services and shortage of providers**
- 6. Decrease health disparities by targeting specific populations**
- 7. Increased access to affordable dental care**
- 8. Increased access to transportation**

This implementation plan addresses the top six of those eight needs. The need for "increased access to affordable dental care" and the need for "increased access to transportation," are not addressed largely due to their positions (last and second to last) on the prioritized list, the fact that dental and transportation services are not core business functions of the health system and the limited capacity of each hospital to address those needs. Furthermore, the hospitals do not have the expertise to address access to transportation, and the system views this issue as a larger city and county infrastructure related concern. Memorial Hermann fully supports local governments in their efforts to impact these issues.

However, there are some dental services initiatives which are being addressed at the system level. Memorial Hermann funds various Federally Qualified Health Centers and private not-for-profit clinics which offer dental services (notably Spring Branch Community Health Center and Interfaith Community Clinic) and funds and operates two dental vans offering preventive and restorative dental procedures to pre-kindergarten to twelfth grade students at 40 schools as a part of its school-based healthcare initiative.

The end result of the assessment process was the development of a strategic plan to address the major needs identified. This document is the Implementation Strategy for Memorial Hermann - Texas Medical Center Hospital. It details the rationale for each priority, the current services and activities supporting each priority, and the planned objectives and activities determined by Memorial Hermann - TMC leadership to further support each priority.

PRIORITY #1: Education and prevention for diseases and chronic conditions

- **Heart disease**
- **Cancer**
- **Diabetes**
- **Alzheimer's**

PRIORITY #1 RATIONALE: Data suggests that there are high rates of various diseases and chronic conditions in the study area and in the Houston-Baytown-Sugar Land MSA. As of 2009, heart disease and cancer are the first and second leading causes of death in the study area. Harris County, which comprises 66.1% of Memorial Hermann - TMC's discharges, has higher mortality rates for both diseases than Texas. There are higher Alzheimer's mortality rates in the study area than there are in Texas. According to the Behavioral Risk Factor Surveillance System (BRFSS), diabetes is also a prevalent condition in the Houston-Baytown-Sugar Land MSA. In the survey conducted by Memorial Hermann, more than 90% of respondents indicated that promoting chronic disease management and improving access to preventive care (screenings for diseases) were important or very important initiatives for residents in the community. Hypertension, heart failure, cancer, and diabetes were consistently reported as top conditions in the community (questions ranging from top health problems, most prevalent conditions and top preventable hospitalizations).

PRIORITY #1 RESPONSE: Memorial Hermann - TMC is currently addressing education and prevention for diseases and chronic conditions (heart disease, cancer, diabetes, and Alzheimer's) through community programs such as education sessions, screenings, support groups and health education publications. The purpose of these programs is to provide populations with information and tools to assist them in optimizing their health and well-being. The short term goal is to positively influence the health behavior of individuals and communities; the longer term goal is to prevent disease, disability, Memorial Hermann – Texas Medical Center Implementation Plan

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and premature death. In FY 2012, the following programs served patients, professionals, and the community:

- Houston Early Age Risk Testing & Screening Study (HEARTS) – This is a new community-based project which sends clinicians out to Houston schools to screen for cardiovascular abnormalities.
- Research Project: Randomized Trial of Comprehensive Lifestyle Modification, Optimal Pharmacological Treatment and PET Imaging for Detection and Management of Stable Coronary Artery Disease – This project involves the provision of cardiac rehabilitation and exercise programs to encourage healthy lifestyle in those at risk for heart attack – 662 patients are involved in the project.
- Genetic Risks for Bicuspid Aortic Valve Disease – This project includes screening of the family members of patients for genetic disease and provides genetic counseling as needed for these family members – 39 individuals underwent counseling in 2012.
- Heart Health – Red Wine and Dark Chocolate Event – This is an educational event for community members offering blood pressure screenings, a heart healthy cooking demonstration and lectures on atherosclerosis prevention and on hot topics in nutrition – 145 attendees.
- Yatsu Day Symposium – Emergency Management of Stroke Seminar – 100 attendees
- Prostate Cancer Screening Program – 198 individuals screened in 2011
- Clinical Innovation & Research Institute Oncology 2012 Conferences: 3rd Annual Caring for Cancer Conference; Advances in Oncology – 2nd Annual Clinical Science to Clinical Practice Conference; Society of Clinical Research Conference; Oncology Care Givers Conference – 59 professionals attended
- Distribution of Patient Education Books for stroke
- Support Groups: Brain Tumor – 25 attendees; Brain Aneurysm – 25 attendees; Stroke/Cerebrovascular – 15 attendees; Adult & Pedi Hydrocephalus – 25 attendees
- Neuro ICU Symposium – 375 attendees
- Diabetes Education – 11 attendees
- Research: Self-Reported Eating Habits and Physical Activity of Pregnant Women: This project examines whether or not there are eating patterns and physical activity patterns during the course of pregnancy that have a relationship to the development of gestational diabetes.

Diabetes affects many organs that can be disabling and life threatening. The Memorial Hermann – TMC Wound Care Center opened in September 1991 with a mission to improve the quality of life of patients with chronic and acute wounds and to reduce the number of amputations. Wound care patients, with diabetes in particular, benefit from Memorial Hermann - TMC's hyperbaric oxygen therapy (HBOT) services used to enhance the body's natural healing and strengthen the immune system. The center has a multidisciplinary approach to address the diverse co-morbidities which this population is challenged. Early intervention and follow-up improves outcomes and reduces hospital admissions. In FY 2012, 1,200 patients benefited from HBOT.

PRIORITY #1 STRATEGY:

Objective #1.1: To continue to address the interrelated chronic conditions of heart disease, cancer, diabetes and Alzheimer’s through the existing infrastructure.

Implementation Activities:

- Increase awareness of the community education, screening, and support groups provided as reflected by increased participation.
 - Establish baseline metrics (2014)
 - Increase participation over baseline by 5% (2015)
 - Report metrics (2015, 2016)
- Implement community education courses/programs focusing on women’s health.
 - Explore program options (2014)
 - Implement select program(s) and establish baseline metrics (2015)
 - Report metrics (2015, 2016)

PRIORITY #2: Address issues with service integration, such as coordination among providers and the fragmented continuum of care

- **Lack of information and record sharing, such as electronic medical records**
- **Lack of communication between providers**
- **Patient needs for medical homes**
- **Inappropriate ED use**

PRIORITY #2 RATIONALE: Findings suggest that there are various issues that fall under the “service integration” category in the communities served by Memorial Hermann Hospitals. The *Houston Hospitals Emergency Department Use Study (2010)* demonstrates the frequent inappropriate use of emergency departments for primary care related conditions in the community. Many interviewees noted frustrations about the lack of record sharing among providers in the community and many said that patients must be transitioned out of the Emergency Department settings and into primary care settings. Another common concern was that too much of the patient population lacks a viable primary care access point or “medical home” focused on primary care.

PRIORITY #2 RESPONSE: Memorial Hermann - TMC is currently addressing information sharing, patients’ needs for medical homes, and inappropriate ED use through advances in technology, communications, and population-based programming.

Technology:

- Memorial Hermann - TMC is responding to the community's concern about the lack of record sharing among providers through the Memorial Hermann Information Exchange (MHIE) which uses a secure, encrypted electronic network to integrate and house patients' digital medical records so they are easily accessible to authorized MHIE caregivers. The service is free to patients and only requires their consent. To date, 62% of Memorial Hermann - TMC's patients register to participate. Another initiative is for all inpatient, outpatient, and emergency room progress notes to be electronic providing for up-to-date provider access anytime, anywhere.
- Memorial Hermann Laboratory Services consists of a consolidated core laboratory, an academic medical center laboratory, as well as seven rapid response laboratories and five limited services laboratories. Comprehensive lab tests are provided through extensive and strategic alliances with other laboratories and vendors of laboratory technology. The lab test menus are comprehensive and lab results can be integrated with a patient's medical record for the ordering physician.
- The Athena Wireless Vital Signs Monitor is for use in the pre-hospital and pre-emergency department setting. This technology involves an off-site health care worker wirelessly communicating patient vital signs, providing for patient assessment prior to arrival.
- Twelve Telemedicine Units enable Memorial Hermann - TMC to provide neurology call coverage by the University of Texas Medical School's Department of Neurology 24/7 to 12+ Memorial Hermann Hospital and Southeast Texas regional hospital emergency rooms.

Communication:

- Memorial Hermann - TMC employs 18 transplant coordinators. Their role is to coordinate care across a multidisciplinary team (physicians, nurses, dietitians, social workers, respiratory therapists, etc.) and across the continuum of care to achieve life-changing outcomes. Additional support for transplant patients qualifying for financial assistance is housing, meals, medication, and parking assistance.

In partnership with UT Medical School, two family care coordinators assist the Children's Memorial Hermann pediatric teams, coordinating family-centered care including administration, through-put, follow-up, and primary care physician liaisons for streamlined coordination of care.

Inappropriate ER and Need for Medical Homes:

- Memorial Hermann - TMC operates a busy emergency room, approximately 20% of which are unfunded patients. To address the needs of patients accessing the emergency room inappropriately, a rapid treatment area was opened in 2013 to treat primary care treatable patients economically and efficiently. To improve connections with a medical home, a certified community health worker, or navigator, works with uninsured and underinsured emergency patients who access the emergency room for primary care purposes to connect them with "the

right care, in the right place, at the right cost". The navigator works with 8-12 patients per shift and continues to follow-up with them by phone to determine if the referrals provided were effective, or if different referrals or support is necessary. Program metrics are analysis of return to ER patterns of the population navigated.

- Two pharmacist operated clinics help reduce readmissions and emergency room visits by enabling patients post-discharge to receive medication management, chronic disease management and primary care support from pharmacy personnel.
- The increasing elderly population drove the need for the addition of a Palliative Care Team to provide patients with the ability to prepare for their end of life care. Palliative Care is a medical specialty designed to assist patients and families with symptom management, emotional and spiritual support, and advanced care planning. As an inpatient consulting service at Memorial Hermann - TMC, palliative care, made up of a Board Certified Palliative physician and an RN, works with the primary care team to provide complimentary services that help to ensure positive treatment outcomes. Whether it is pain management with patients seeking aggressive treatment in the early stages of the disease process or advanced care planning and emotional support at the end-of-life, palliative care is a valuable resource to keep patients at the end of their life receiving the right care in the right place. Recently, additional chaplains were added as the result of the complexity of care of the patients. Services include: Remembrance Services, Grief Support Materials; Community Support Groups; No One Dies Alone Volunteer Program; and Pets Are Wonderful Support (PAWS).

PRIORITY #2 STRATEGY:

Objective #2.1: To increase participation in the Health Information Exchange (HIE).

Implementation Activities:

- Continued education of staff responsible for offering the service to patients for consent. (ongoing)
- 70% of all registered patients will consent to the Health Information Exchange (HIE). (2014, 2015)
- Area Federally Qualified Health Centers to become MHIE participants. (2 minimum) (2014)

Objective #2.2: To continue emergency room programming that will reduce the community's reliance on the ER for primary care purposes and to increase their connection with medical homes.

Implementation Activities:

- Increase navigation/CHW ER support as reflected by number of patients navigated to a medical home.
 - Establish baseline metrics (2014)
 - Increase participation over baseline by 5% (2015)

- Report on reduced ER reliance for primary care (2015, 2016)
- Strengthen collaboration with area Federally Qualified Health Centers (FQHCs).
 - FQHCs to sign MHIE agreements (2 minimum) (2014)
 - Establish ER referral program via navigators (2014)
 - Establish metrics of referral numbers and number of patients enrolled and retained by the FQHCs (2014)
 - Report metric results (2015, 2016)

Objective #2.3: To continue to improve service integration and the continuity of care.

Implementation Activities:

- Continue support of the Palliative Care Team.
 - Develop metrics quantifying reductions in emergency room visits and readmissions; increases in patient satisfaction (2014)
 - Report metric results (2015, 2016)
- Advance care out into the ambulance through improved communication with first responders.
 - Design education and training programs for EMS providers (2014)
 - Implement and monitor metrics (2015)
 - Report metrics (2016)

PRIORITY #3: Address barriers to primary care, such as affordability and shortage of providers

- Cost
- Number of providers

PRIORITY #3 RATIONALE: According to the most recently released (in August of 2012) census data, more than one fourth of residents in Texas are uninsured. Nearly 30% of residents in Harris County are uninsured. Furthermore, many of the residents (18.8%) in the Houston-Baytown-Sugarland MSA experience medical cost barriers with regard to accessing healthcare. The *Health of Houston Survey 2010: A First Look* also indicated that women who didn't receive the appropriate prenatal care often cited cost and insurance barriers (34%). There was a perception among interviewees that primary care providers are "running at full capacity" and there is a need for additional primary care providers to serve the communities both in the general population and the safety net population. The *Safety Net Review Key Informant Study* suggests that lack of availability of primary care services and difficulty accessing primary care are two of the top three problems among the safety net. Finally, in the survey conducted by Memorial Hermann, "Lack of coverage/financial hardship" was ranked first with regard to barriers to access to primary and preventive care for low income residents in the community. The lack of capacity (e.g. insufficient providers/extended wait times), ranked third.

PRIORITY #3 RESPONSE: As a part of Memorial Hermann, the largest not-for-profit health system in Southeast Texas, Memorial Hermann – TMC plays a significant role in Memorial Hermann’s annual \$309.3 million dollar contribution to the community. This represents financial assistance and means-tested government programs, community health improvement services and community benefit operations, health professions education, subsidized health services, research, and cash and in-kind contributions for community health, and is representative of costs using the IRS 990 schedule H reporting.

To secure a payment source for uninsured and underinsured patients, Memorial Hermann – TMC has a financial counseling program. Counselors help patients enroll in government programs or find other sources of coverage. Specifically, the counselors assist patients with financial assistance applications, setting up payment plans or applying for charity care. The program covers both inpatients and emergency room patients, 24/7, with five counselors each working with eight to ten patients each day.

The Memorial Hermann – TMC Campus is the primary teaching hospital for The University of Texas Health Science Center at Houston (UTHealth) Medical School, providing patients with access to a team of dedicated physicians and specialists. Thus patients accessing Memorial Hermann - TMC for emergent conditions are guaranteed emergent specialty care.

Three initiatives support the growing Primary Care Physician (PCP) shortage: the Hospitalist Program, Memorial Hermann Medical Group, and Memorial Hermann Physician Network.

Memorial Hermann - TMC has hired hospitalists so that primary care providers (PCPs) are freed up to stay in their offices and add more practice hours. Hospitalists are board-certified internists who are available, in Memorial Hermann - TMC’s case, 24 hours a day, 7 days a week, in the hospital to meet with family members, order follow-up tests, answer nurses’ questions, and manage any problems. In many instances, hospitalists may see a patient more than once a day to assure that care is going according to plan, and to explain test findings to patients and family members. Twenty-three Memorial Hermann - TMC physicians presently admit through the Hospitalist Program; and since the program began in November 2009, more than a third of patients have been managed.

Memorial Hermann Medical Group (MHMG) has been instrumental in recruiting PCPs to Memorial Hermann - TMC. MHMG is an umbrella organization that employs physicians and provides business services such as billing, collections, insurance reimbursement contracts, and medical records maintenance and information technology, allowing participating physicians to spend more time practicing medicine and less time running a business. Memorial Hermann - TMC added four PCPs in FY2012.

Through the Memorial Hermann Physician Network MHMD, community primary care physicians who strive to be certified as a patient centered medical home by NCQA (National Committee for Quality Assurance) can be supported in the endeavor. NCQA certified physician practices serve the community

as a true medical home and are held accountable for meeting a set of standards that describe clear and specific criteria about organizing care around patients, working in teams and coordinating and tracking care over time. There are 35 family medicine physicians, internists and OB/GYNs in Memorial Hermann - TMC's service area who have signed a contract to be in MHMD's medical home initiative and have either achieved or are working towards certification.

PRIORITY #3 STRATEGY:

Objective #3.1: To develop recruiting strategies for PCPs admitting patients to Memorial Hermann - TMC.

Implementation Activities:

- Recruit an additional 2 primary care physicians and 2 mid-level providers within MHMG. (2014)
- Recruit an additional 32 primary care (family practice, internal medicine, OB/GYNs, and pediatricians) medical home physicians within MHMD. (2014-2016)

Objective #3.2: Promote the Hospitalist Service to the medical staff to introduce, educate, and encourage service buy-in by more physicians.

Implementation Activities:

- Report medical staff members admitting via the Hospitalists. (2014-2016)

Objective #3.3: To continue to capitalize on community resources for primary care.

Implementation Activities:

- Strengthen collaboration with area Federally Qualified Health Centers (FQHCs).
 - FQHCs to sign MHIE agreements (2014)
 - Establish ER referral program via navigators (2014)
 - Establish metrics of referral numbers and number of patients enrolled and retained by the FQHCs (2014, 2015)
 - Report metric results (2015, 2016)

PRIORITY #4: Address unhealthy lifestyles and behaviors

- **Obesity**
- **Communicable diseases (chlamydia, gonorrhea, AIDS, tuberculosis, syphilis)**
- **Accidents**

PRIORITY #4 RATIONALE: Findings suggest that there is a need to address unhealthy lifestyles and behaviors in the community, such as obesity, communicable diseases (chlamydia, gonorrhea, AIDS, tuberculosis, and syphilis), and accidents. Harris County has high rates of chlamydia (413.8 per 100,000)

and gonorrhea (127.8 per 100,000). Furthermore, as of 2009, Harris County's tuberculosis, primary and secondary syphilis and AIDS rates have been higher than the state's rates since 2007. According to BRFSS, more than 76% of residents in the Houston-Baytown-Sugar Land MSA do not consume the recommended daily intake of fruits and vegetables and more than 23% do not engage in any "leisure time physical activity." Houston youth were more likely than Texas youth to engage in 14 different risky behaviors, ranging from physical violence, to obtaining cigarettes by purchasing them from a store or gas station, to sexual intercourse before 13, to never being taught in school about HIV or AIDS, and various nutrition and physical activity indicators. In the survey conducted by Memorial Hermann, adult and childhood obesity ranked as the third and fourth most important health problems in the community. More than 82% of respondents believe that obesity is the second most prevalent chronic disease in the community and more than 70% rated nutrition and weight management programs as inadequate or very inadequate in the community.

PRIORITY #4 RESPONSE: As a Level 1 trauma center, Memorial Hermann – TMC is active in numerous accident prevention and awareness programs, presentations and campaigns.

- The Bicycle Helmet Safety Program is an injury prevention program targeted to third grade students to teach the importance of helmet safety. One hundred students underwent a simulated day in the life of a head-injured child, learned helmet safety, and toured units in the hospital.
- Shattered Dreams is an injury prevention program targeted to high school students to prevent drunk and distracted driving. Manvel High School and Pearland High School participated in the program. The education program included lectures from trauma surgeons, nurses, and former patients, and tours of the emergency room, intensive care units and Life Flight Helipad -- 60 students participated.
- Texting and Driving Awareness Campaign – In August 2012, Memorial Hermann - TMC held a press conference with a texting and driving survivor to reinforce the safe driving message throughout the community. In addition, the hospital published (February 2013) a feature, front-cover article on safe driving tips, including the importance of not texting while driving. The article, which is featured in Gateways, a Memorial Hermann - TMC publication, can be accessed by staff, affiliated physicians, patients and any visitors who visit the Memorial Hermann - TMC Campus.
- Through the Ironman Institute, Memorial Hermann - TMC provided baseline concussion testing and provided education on concussion treatment to 8,100 individuals in 2012.
- Press Conference for Child Death and Injury from Falling Televisions – Local media were presented with information from Memorial Hermann - TMC physicians, Sheriff Garcia, and a former patient's parents regarding injury and deaths from falling televisions and how to prevent this injury.
- TV Safety Awareness Health Fair Participation – The Texas Trauma Institute participated in multiple health fairs to raise awareness of TV safety in the community. Tip sheets for TV and

furniture safety and stud finders (a tool to locate the stud in the wall so that TVs or furniture can be safely mounted) were given to health fairs participants (750 people attended).

- Adult Falls Prevention Awareness Day Proclamation at City Hall – The Texas Trauma Institute and staff partnered with local agencies to bring awareness to preventing falls among senior adults. Mayor Annise Parker proclaimed September 27th as “Falls Prevention Awareness Day.”
- Adult Falls Prevention Health Fair – The Texas Trauma Institute and Rehabilitation Services participated in a health fair to teach balance exercises and home assessments to senior adults in the community with the goal of preventing falls – 300 senior adults attended.
- Burn Prevention Health Fair – Nurses from the Dunn Burn Unit presented Burn Prevention Information at a Health Fair for Elementary School students and families in Rosharon, TX – 150-200 attended.
- Preventing Child Injury program to staff at Neighborhood Centers Sunny Futures Healthy Start. This program works with pregnant teens to teach parenting skills. The presentation included statistics on child injury, prevention of suffocation, drowning, car safety, TV/furniture safety and prevention of child abuse.
- Traumatic Injury Support Group – 90 attendees
- Research: Reducing Environmental Tobacco Smoke in NICU Infants' Homes: The purpose of this project is to evaluate a behavioral intervention to reduce the significant infant health risks associated with environmental tobacco smoke in the homes of infants who are in the neonatal intensive care unit – 14 participants in 2011.
- Research: Double-Blind, Placebo-Controlled Pilot study of Bupropion to Promote Smoking Cessation During Pregnancy: The purpose of this project is to provide a smoking cessation program to pregnant women in a community prenatal clinic – 14 participants.
- Research: An A.P.P. to H.P.V.: Using a Smartphone Application to Encourage HPV Catch-up Vaccine Uptake among Young African American Women: The purpose of this study is to explore the acceptability of utilizing a mobile application engineered to encourage catch-up vaccine uptake among young adult, African American women – 42 participants.
- Shape Up Houston: Texas Medical Center Obesity Prevention Evaluation Study project promoting wellness and a healthy lifestyle with a worksite-based wellness program among hospital employees to impact the prevalence and incidence of obesity – 150 participants.
- Bariatric Support Group – 20 attendees
- Influenza/Pertussis Vaccine Effort – vaccinated 500 household contacts of high risk infants against influenza and pertussis.
- To address the increasing rate of HIV, especially among the African American population, Memorial Hermann - TMC provides routine HIV testing for all emergency room patients ages 18-65, and younger patients with symptoms – unless they opt out. Since June, 2008, Memorial Hermann - TMC has screened 53,693 patients with 450 patients (newly) diagnosed with positive results.

- Memorial Hermann, one of the largest employers in the Houston area, has numerous employee programs promoting healthy living and behavior changes. Among them are:
 - Required annual physicals (for employees participating in the Edge insurance program)
 - Incentive based weight loss program
 - Financial penalty for smoking for existing employees and a “no smokers” hiring policy for new employees. Memorial Hermann - TMC is a non-smoking campus.
 - Wellness & You Program which incorporates fresh and delicious recipes that meet established guidelines into daily retail food offerings
 - My Fitness Pal which, free for iPhone and Android, provides a personalized diet profile to one’s unique weight loss goals
 - Cooking for Wellness where chefs and dietitians in the Café host cooking demonstrations using healthy cooking techniques
 - Meatless Mondays which encourages reduction of meat consumption by 15% to improve personal health and the health of the planet
 - Eat This...Not That signage to drive awareness of options, calories, and ingredients

PRIORITY #4 STRATEGY:

Objective #4.1: To continue to reinforce healthy lifestyles and influence and encourage behavior change.

Implementation Activity:

- Provide on-going education on healthy lifestyles and healthy choices as measured by programs and attendees.
 - Explore program options (2014)
 - Implement select program(s) and establish baseline metrics (2015)
 - Report metrics (2015, 2016)
- Implement community education courses/programs addressing the psychological issues impacting obesity.
 - Explore program options (2014)
 - Implement select program(s) and establish baseline metrics (2015)
 - Report metrics (2015, 2016)
- Implement Memorial Hermann System Wellness Initiatives.
 - Continue current wellness programs including incentive/disincentive for wellness/non-wellness selections (2013-2016)
 - Expand on the successful Pilot “Eat This...Not That” (2013-2016)
 - Implement vending program revisions (2014)
 - Implement catering menu revisions (2014)
 - Implement patient menu revisions (2014)
 - Report metrics on reduced caloric intake and reduced weight gain (2015, 2016)

PRIORITY #5: Address barriers to mental healthcare, such as access to services and shortage of providers

- **Number of providers**
- **Adequacy and access issues**
- **Substance abuse services**

PRIORITY #5 RATIONALE: Access to mental health services ranked as a top concern over and over again in the survey conducted by Memorial Hermann. For example, 79.5% of respondents indicated that the needs of persons with mental illness were being either inadequately or very inadequately met. Mental health problems ranked as the number one most important health problem in the community, with 71% of respondents ranking it first. More than 85% of respondents said that access to mental/behavioral healthcare services for low income residents was difficult or very difficult. Finally, more than 80% of respondents indicated “inadequate or very inadequate” for services provided for mental health screenings. Interviewees also noted the need to address barriers to mental healthcare, such as the inadequacy of mental and behavioral health treatment programs available in the community, the limited number of beds for inpatient mental health services and the critical need for substance abuse intervention and rehabilitation programs.

PRIORITY #5 RESPONSE: Houston is struggling with a mental health crisis. With a shortage of psychiatric facilities and a lack of financial resources, insured as well as uninsured patients are left seeking services from emergency room physicians and nurses untrained in psychiatry. They face problems that are pressing and real, yet typically wait while ER personnel attend to others with more pressing physical needs. Within the Memorial Hermann System, two innovative mental health programs operate.

Since 2000, on call day and night, Memorial Hermann’s Psych Response Team acts as mental health experts for the ERs. They are a team of mental health professionals, responding to calls from Memorial Hermann’s emergency rooms when patients present with symptoms of mental illness, such as depression, psychosis, or chemical dependency. They stabilize, evaluate, arrange referrals, and follow-up to maintain patient compliance.

The team refers to 30 mental health community treatment providers. This size enables the program to leverage the mental health community’s resourced patients (72%) to obtain care for the community’s non-resource patients (28%). No longer is it one ER/Nurse/MD competing with the rest of the ERs for a limited amount of psychiatric resources. Rather, there is a coordinated approach, and the community’s psychiatric programs accept Psych Response Team referrals because it is in their best interests. A report is shared monthly, detailing the number of resource and non-resource patients referred throughout the

community. In 2012, 732 Memorial Hermann - TMC patients were assessed and treatment recommendations were made.

The Memorial Hermann Prevention and Recovery Center (PaRC), the number one drug rehab and alcohol treatment program in Houston providing detoxification, residential treatment, intensive outpatient programs, and an aftercare program is a substance abuse referral source for Memorial Hermann Southwest Hospital. The PaRC has 30 years of experience treating addiction as the chronic, progressive, primary illness research and medical technology have shown it to be. The CEO of the PaRC participates on numerous boards and councils promoting mental health awareness, policy, and expansion of services including: membership on the THA (Texas Hospital Association) Psychiatry and Chemical Dependency Services Constituency Council, membership on the Coalition of Behavioral Health Providers, chairmanship of the Treatment Services Subcommittee for the Houston/Harris County Office of Drug Policy, advisory board membership on MCMHTF (Montgomery County Mental Health Treatment Facility), president of Texas Association of Addiction Professionals (TAAP), and an informal advisor and provider of in-kind donations to The Men's Center and Santa Maria Hostel, local non-profits that serve homeless and disadvantaged substance abusing men (Men's Center) and women with children (Santa Maria).

Memorial Hermann - TMC has a variety of programs designed to provide support to patients struggling with mental health issues:

- Pediatric Psychiatry coverage supports pediatric patients presenting with mental health issues.
- Grief and Bereavement Support: Remembrance Services – A collaborative project of Palliative Care and Chaplaincy Services, brings together families who have lost a loved one at Memorial Hermann - TMC – 200 family members attended.
- Grief Support Materials are mailed to all families who have lost an adult family member. The card is mailed in the first week after a patient's death. A brochure related to stages of grief is mailed every three months for a year.
- Grief and Bereavement Support: Community Support Groups are led by a licensed professional counselor in the evenings twice a week and are free of charge to participants. The groups average 10 members each.
- Grief and Bereavement Support: No One Dies Alone (NODA) – Program volunteers from the community sit with patients who are dying and have no family available. To date, 70 patients have received visits from NODA volunteers.
- Grief and Bereavement Support: PAWS - Pets are Wonderful Support – PAWS Houston, a 501(c)3 organization, brings chronically and terminally ill patients together with their pets.
- End of Life Issues: Presentations are given throughout the community concerning end of life issues. These include a discussion of the legal and ethical processes and requirements for making healthcare decisions as well as patient rights to be informed and involved in decisions. Materials

provided include the Texas Advance Directive to Physicians and Medical Power of Attorney documents.

- A Forensic Nursing Team responds to ERs across the city to provide full forensic exams and cooperate with law enforcement rape and abuse cases. Memorial Hermann - TMC is the contracted provider.

PRIORITY #5 STRATEGY:

Objective #5.1: To address Behavioral Health/Substance Abuse readmission rates.

Implementation Activities:

- To partner with the Psych Response Team to provide case management of post-discharge behavioral health patients in order to encourage compliance in prescribed health maintenance activities.
 - Identify individuals whose chronic mental illness predicts they will likely have repeat visits to the ER and connect them with case management services for follow-up after discharge (2014)
 - Establish and monitor metrics of reduction in the 30-day behavioral health/substance abuse readmission rate (2015)
 - Report metrics (2015,2016)
- To partner with the Psych Response Team to provide a crisis stabilization clinic that will provide rapid access to initial psychiatric treatment and outpatient services.
 - Identify individuals with behavioral health needs that, if addressed immediately, may avoid unnecessary use of emergency departments, hospitalization or incarcerations (2014)
 - Establish and monitor metrics of reduction in the 30-day behavioral health/substance abuse readmission rate (2015)
 - Report metrics (2015, 2016)

Objective #5.2: To expand the opportunities for psychiatric support of Memorial Hermann - TMC patients.

Implementation Activities:

- Explore program options (2014)
- Implement select program(s) and establish baseline metrics (2015)
- Report metrics (2015, 2016)

PRIORITY #6: Decrease health disparities by targeting specific populations

- **Safety net population (under/uninsured, working poor, indigent)**
- **Unemployed**
- **Children**
- **Elderly and “almost elderly” (those who are not yet eligible for Medicare)**
- **Asian immigrant population**
- **Homeless**

PRIORITY #6 RATIONALE: Data suggests that there are various health disparities among specific populations in the community. There are disparities among those who face medical cost barriers with regard to gender, race/ethnicity, income and education. The *Health of Houston Survey 2010: A First Look* indicates that health insurance and access to care is a particular concern for the Houston area, with Hispanic and Vietnamese residents having much higher uninsured rates than the average. The *Health of Houston Survey 2010: A First Look* also indicates that there are disparities among children’s access to insurance. According to the BRFSS, there are mental health disparities with regard to gender, race/ethnicity, income and age. There are also disparities among those who report diabetes, those who are overweight or obese and those who do not participate in any leisure time physical activity. Interview data also demonstrates these disparities. The populations most at risk include the safety net population, the unemployed, children, elderly and “almost elderly,” non-English speaking minorities, Asian immigrant populations and the homeless.

PRIORITY #6 RESPONSE: As a result of its diverse community, Memorial Hermann - TMC addresses health disparities through the following programs, many of which are research oriented:

- **Cristo Rey Jesuit Corporate Work Study Program** – This is a local Catholic high school that partners with corporations to provide a work-study program for its students, mostly from economically challenged families. The school focuses on combining personal responsibility, academic rigor, and the work-study program to empower students to reach their full potential. The program focuses on students interested in health careers and gives them exposure to how Memorial Hermann operates. They are mentored by professionals who each may give them a different perspective. Memorial Hermann - TMC has sponsored tuition for four students for the past two years. These students work one day a week in the hospital as part of their academic preparation.
- **Research: Reducing Infectious Complications in Medically Underserved Colorectal Surgery Patients: A Retrospective Review** – The purpose of this project is to examine whether there may be disparities in infection complication rates in medically underserved colorectal surgery patients as compared to non-underserved populations.
- **Memorial Hermann - TMC provides national certification of all interpreters on staff.** The Certified Medical Interpreter (CMI) certification program is governed by the National Board of

Certification for Medical Interpreters (National Board), an independent division of the International Medical Interpreters Association (IMIA). This invaluable program ensures effective communication between providers and patients, prevents adverse effects due to the use of unqualified interpreters and reduces liability issues due to incompetent interpreting.

- Research: Effect of Ethnicity on Intensive Care Unit Length of Stay in Critically Ill Patients – The purpose of the study is to determine if there are differences in the medical intensive care unit length of stay among various ethnic groups and to identify factors affecting these differences in length of stay.
- Research: Racial Differences in response to Intravenous Thrombolysis for Acute Ischemic Stroke – This project will examine whether or not there are differences in treatment across patients of different races.
- Research: Shifting the Focus: Addressing Breast Cancer Disparities at the Health Care Organization Level – The purpose of this study is to understand if there are disparities in breast cancer treatment.
- Memorial Hermann - TMC sponsors a Children’s Patient Advisory Council to represent the patient’s voice; to play an integral role in improving the pediatric patient’s experience; and to keep children’s issues as the focal point.
- Pediatric Cardiology Symposium – 105 attendees
- Pediatric Dermatology Conference – 130 attendees
- Maternal Fetal Medicine Conference – 2,155 attendees
- Memorial Hermann - TMC annually supports Ronald McDonald House, a nonprofit organization providing long-term pediatric patient’s families with temporary living accommodations.
- Memorial Hermann - TMC hired two new geriatric providers to better serve the increasing elderly population.
- A Silver Trauma Unit, for ages 65 and up, consults with a geriatric team.
- Healthy Brain, a Neuroscience educational event for the community – 185 attendees

Since 2008, Memorial Hermann – TMC’s uninsured patients with a pattern of repeat emergency room use and hospital readmissions have had access to COPE (Community Outreach for Personal Empowerment), a program which, through education, guidance, and follow-up by social workers, educates individuals about the health and social service resources available to them. Through this education and referral to accessible resources, the program has demonstrated success in many areas, including reduced use of hospital admissions and emergency room visits. The program requires active interventions, tools, and empowering communication to help patients identify, access and obtain community based services. In FY 2012, 1,374 patients were enrolled in the COPE program, Memorial Hermann systemwide.

Since 2006, Memorial Hermann - TMC’s uninsured, Medicaid and Medicare patients with chronic conditions such as congestive heart failure, diabetes and chronic obstructive pulmonary disease have

had access to the Memorial Hermann Chronic Disease Management Program. Through regular telephone support by a registered nurse trained in chronic management, patients are encouraged to follow the instructions of their physicians for medication compliance, exercise, diet, lab work and office follow-ups. With patient consent, physicians receive prompt notification if the nurse notices any emergent problems that require immediate attention. The program has demonstrated success in many areas, including improved quality of life, decreased disease burden, and reduced hospital admissions and emergency room visits.

PRIORITY #6 STRATEGY:

Objective #6.1: To expand programs that support the safety net population, including the unemployed and 'almost' elderly.

Implementation Activities:

- Expand COPE Program.
 - Determine level of need of increased penetration (2014)
 - Establish baseline metrics covering decreased emergency room visits, observation stays, and inpatients admissions (2015)
 - Report metrics (2015, 2016)

Objective #6.2: To expand programs that support children.

Implementation Activity:

- To create a pediatrician referral process utilizing a referral coordinator to connect pediatric patients to community pediatricians meeting the family's needs. (2014)

Objective #6.3: To expand programs that supports the homeless.

Implementation Activities:

- Explore program options. (2014)
- Implement select programs and establish baseline metrics. (2015)
- Report metrics. (2015, 2016)

Objective #6.4: To expand programs that support Asian and other immigrants.

Implementation Activities:

- Increase training for language and culture issues.