Memorial Hermann The Woodlands Hospital
Community Health Needs Assessment
IMPLEMENTATION PLAN 2013

Introduction
A comprehensive Community Health Needs Assessment (CHNA) was conducted for Memorial Hermann The Woodlands Hospital (Memorial Hermann The Woodlands) from August 2012 to June of 2013. The goal of the assessment was to clarify the health needs of Memorial Hermann The Woodland’s study area, defined as Harris and Montgomery Counties that represents 92% 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 The Woodlands. 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:

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 The Woodlands 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 The Woodlands leadership to further support each priority.

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

- Cancer
- Heart disease
- 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. Montgomery and Harris County, which are the counties that compose 62.4% and 29.6% respectively of Memorial Hermann The Woodland’s inpatient discharges, have higher heart disease and higher cancer mortality rates than Texas. Montgomery County has higher lung/bronchus cancer incidence rates than the majority of the study area, as well as higher respiratory/lung cancer mortality rates. Furthermore, Montgomery County’s cancer mortality rate is increasing. 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 The Woodlands 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, and premature death. In FY 2012, the following individuals were served:

- Heart Health Education – 460 individuals participated
- Stroke/Chest Pain Mock Code with Montgomery County Hospital District EMS
- Red Wine & Dark Chocolate Event – 90 individuals participated
- Diabetes Education – 131 individuals participated
- Screening/Diabetes – 100 individuals screened
- Cancer Education (Cancer Nutrition Support Group, Look Good, Feel Better) – 440 individuals participated
- Yoga for Cancer Survivors – 940 individuals participate
- Girl’s Night Out – Toast Your Health (Cancer Emphasis) – 90 individuals participated
- Men’s Night Out – Don’t Gamble with Your Health – 90 individuals participated
- Screening/Prostate Cancer – 129 individuals participated
- Screening/Skin Cancer – 51 individuals participated
- Support Groups (Cancer, Cardiac, Stroke and Diabetes) – 1,040 individuals participated
- Community Education/Outreach for Senior Citizens – 543 individuals participated
- Community Health Education through Community Organizations – 200 individuals participated
- Health Fairs – 1,700 individuals participated
- Alzheimer’s Neuroscience Symposium – 95 individuals participated
- Community Education/Speakers Bureau – 950 individuals participated

In its 12th year, ‘In the PINK’ of Health is a group of inspired women who change lives by raising funds to support the below breast health programs through Memorial Hermann The Woodlands:

- Free mammograms for underserved women
- State-of-the-art diagnostic technology at the Breast and Bone Center
- Educational materials for newly diagnosed breast cancer patients
- Research and clinical trials

**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 education and coping skills programs for caregivers of loved ones with dementia.
  - Explore program options (2014)
- Implement select program(s) and establish baseline metrics (2015)
- Report metrics (2015, 2016)
- Explore linking community education programming with the Stanford Patient Education Model for Diabetes Self-Management Program. This model is a unique education program, designed to last six weeks, for groups between 12 to 16 individuals, and to help people gain self-confidence in their ability to control their symptoms and improve their lives.
  - Conduct a needs assessment to determine community response to the program (2014)
  - Identify area organizations licensed to provide chronic disease self-management workshops; identify staff to be trained to implement the model (2014, 2015)
  - Implement and establish baseline metrics (2016)

**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 The Woodlands is currently addressing information sharing, patients’ needs for medical homes, and inappropriate ED use through several significant programs.

- Memorial Hermann The Woodlands 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. Since September 2011, 38% of Memorial Hermann The Woodlands’ patients have registered 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 The Woodlands operates a busy emergency room. In calendar year 2012, 23.1% were unfunded (self-pay) patients. In order to reduce inappropriate ER use, Memorial Hermann The Woodlands has implemented a community education program about when to call 9-1-1 and when to visit the ER. To date, 2,034 individuals have participated in this program through speakers at events and health fair booths.

• In 2012 Memorial Hermann The Woodlands began providing feedback to Montgomery County Hospital District on all arrived STEMI (segment elevation myocardial infarction) patients. Interventions and the resulting patient status are reported, including before and after pictures of the patients’ vessels. This communication and education on patient treatments and outcomes increases awareness of recognition of cardiac issues and treatment options and provides in-depth education for EMS on high risk cardiac procedures.

• Primary referrals for patients accessing the emergency room for primary care and without insurance and a medical home are the Federally Qualified Health Center (FQHC), Lone Star Community Health Center, and the private-not-for-profit clinic, Interfaith Community Clinic. Since 1996, The Community Clinic has been a strong partner of Memorial Hermann The Woodland’s. The Hospital supports clinic patients with in-kind diagnostic testing, lab tests, and specialty services. In turn, The Community Clinic works hand in hand with the emergency room staff to assist in the discharge of uninsured patients so that the clinic, versus the ER, will be the provider of follow-up care and the engagers of a medical home link.

• 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 The Woodlands, 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. The program, begun in 2007, incurred 2,074 consults as of 2012.

**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 registered patients will consent to the Health Information Exchange (HIE). (2014, 2015)
- Area Federally Qualified Health Center to become an MHIE participant (1 minimum). (2014, 2015)
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:

- Implement a Navigation/CHW ER Program in the Emergency Room to navigate uninsured and Medicaid patients to a medical home.
  - Conduct assessment regarding hours of on-site coverage (2014)
  - Implement program and establish baseline metrics (2014, 2015)
  - Report on reduced ER reliance for primary care (2015, 2016)
- Strengthen collaboration with area Federally Qualified Health Centers (FQHCs).
  - FQHC to sign MHIE agreements (1 minimum) (2014, 2015)
  - Establish ER referral program via navigators (2014, 2015)
  - Establish metrics of referral numbers and number of patients enrolled and retained by the FQHCs (2014, 2015)
  - Report metrics (2015, 2016)
- Continue to promote the importance of having a PCP and a medical home in the community health newsletters by including a related topic each quarter.

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)
- Continue collaboration with The Community Clinic.
  - Expand upon established metrics of dollars contributed and patients treated to medical home establishment and ER reduction (2014)
  - Report metrics (2015, 2016)

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

- Number of providers
- Cost

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 and nearly 22% of residents in Montgomery 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 The Woodlands plays a 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 help secure a payment source for uninsured and underinsured patients, Memorial Hermann The Woodlands 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, five days a week, with three counselors each working with eight to ten patients per shift.

Memorial Hermann The Woodlands redirects patients using the emergency room for primary care treatable issues to the Interfaith Community Clinic or Lone Star Clinic. For non-resource patients, these clinics become their medical homes. In particular, Memorial Hermann The Woodlands has partnered closely with The Community Clinic since 1996. Memorial Hermann supports the clinic both monetarily as well as with volunteerism, and in return the clinic serves individuals and families with nowhere else to go for healthcare with a medical home. No other similar program exists in Montgomery County.

Memorial Hermann The Woodlands has a robust On-Call ER Coverage 24 hours a day, seven days a week. With the exception of ENT (Ears, Nose, and Throat), all major services lines are covered via an emergency call schedule. Thus patients accessing Memorial Hermann The Woodlands emergency room for emergent conditions are guaranteed emergent specialty care with less need of transfer outside of the community.

Three initiatives support the growing Primary Care Physician (PCP) shortage: the Hospitalist Program, Memorial Hermann Medical Group, and Memorial Hermann Physician Network.
In response to the growing Primary Care Physician (PCP) shortage, Memorial Hermann The Woodlands has hired hospitalists so that 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 The Woodlands’ case, 24 hours a day, seven 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. In 2012, Memorial Hermann The Woodlands implemented a 24/7 Pediatric Hospitalist Program to provide community pediatricians with the same relief of time spent rounding on hospital patients experienced by PCPs serving adults. The majority of the Memorial Hermann The Woodlands privileged physicians presently admit through the Hospitalist Program; and since the program began in March 2012, 2,910 patients have been managed.

Memorial Hermann Medical Group (MHMG) has been instrumental in recruiting PCPs to the Memorial Hermann The Woodlands service area. 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.

Through the Memorial Hermann Physician Network MHMD, community primary care physicians who strive to be certified as a patient centered medical home by the National Committee for Quality Assurance (NCQA) 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 31 family medicine physicians and internists in Memorial Hermann The Woodland’s service area that 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 within the Memorial Hermann The Woodlands service area.

**Implementation Activities:**
- Recruit an additional 5 primary care physicians and 1 primary care mid-level provider within MHMG. (2014)
- Recruit an additional 70 primary care (family practice, internal medicine, OB/GYNs, and pediatricians) medical home physicians within MHMD. (2013-2016)

**Objective #3.2:** 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 (1 minimum) (2014, 2015)
- Establish ER referral program via navigators (2014, 2015)
- Establish metrics of referral numbers and a number of patients enrolled and retained by FQHCs (2014, 2015)
- Report metrics (2015, 2016)

**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, syphilis), and accidents. Harris County has high rates of chlamydia (413.8 per 100,000) and gonorrhea (127.8 per 100,000), while Montgomery County’s chlamydia (186.1 per 100,000) and gonorrhea (33.7 per 100,000) rates are lower. As of 2009, Harris County’s tuberculosis, primary and secondary syphilis and AIDS rates have been higher than the state’s rates since 2007. Accidents are the third highest cause of death in Montgomery County (following cancer and heart disease) and are substantially higher than Texas’ rates. 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:** An unhealthy lifestyle means more illness and more expense to treat those illnesses. Programs provided to patients, the community, and employees to assist with lifestyle changes are:
- Nutrition/Weight Management Support Group to the Community – 96 individuals participated
- Monthly seminars on surgical options for obesity – 300 individuals participated
- Support of the Ironman Sports program which encourages individuals to become fit at training and performance levels
- Sponsorship of Shattered Lives, a two day presentation to high school students on the grim realities of driving under the influence of alcohol or drugs
• Car Seat Safety checks by certified technicians – 300 participated
• Concussion Screenings – baseline screenings and education for 15 area schools – 1,500 students screened
• STD Presentations to area Conroe Independent School District students 8th grade through 12th grade – 1,200 students participated
• Memorial Hermann, one of the largest employers in the Houston area, has numerous employee programs promoting healthy lifestyle living and behavior changes. Among them are:
  o Required annual physicals (for employees participating in the Edge insurance program)
  o Incentive based weight loss program – in FY 2012 155 Memorial Hermann The Woodlands employees lost 1,105 pounds on the Leaner Weigh program
  o Financial penalty for smoking for existing employees and a “no smokers” hiring policy for new employees. Memorial Hermann The Woodlands has been a tobacco-free Campus since 2004.
  o Wellness & You Program which incorporates fresh and delicious recipes that meet established guidelines into daily retail food offerings
  o My Fitness Pal which, free for iPhone and Android, provides a personalized diet profile to one’s unique weight loss goals
  o Cooking for Wellness where chefs and dietitians in the Memorial Hermann The Woodlands host cooking demonstrations using healthy cooking techniques
  o Meatless Mondays which encourages reduction of meat consumption by 15% to improve personal health and the health of the planet
  o 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 Activities:
• Provide on-going education on healthy lifestyles and healthy choices as measured by programs and attendees.
  o Explore program options (2014)
  o Implement select program(s) and establish baseline metrics (2015)
  o Report metrics (2015, 2016)
• Implement regular, ongoing community education courses/programs for weight management and exercise.
  o Explore program options (2014)
  o Implement select program(s) and establish baseline metrics (2015)
  o Report metrics (2015, 2016)
• Provide meeting room space at no cost to health and community related groups as measured by collaboration with community groups.
Establish baseline metrics (2014)
• Increase participation over baseline by 5% (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, 1,048 Memorial Hermann The Woodlands 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 the Houston area providing detoxification, residential treatment, intensive outpatient programs, and an aftercare program is a substance abuse referral source for Memorial Hermann The Woodlands. 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 Texas Hospital Association (THA ) 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 Montgomery County Mental Health Treatment Facility (MCMHTF), 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).

In 2006 PaRC opened an Intensive Outpatient Program for both adults and adolescents near Memorial Hermann The Woodlands. The program provides supports for discharged patients. PaRC is a presence at most Memorial Hermann The Woodlands health fairs and other community events, and partners with Teen and Family Service, a well-respected Adolescent Peer Group (APG ), for those that want to continue recovery and family involvement. Outpatient Program patients can have a Lifetime Alumni Association membership which provides access to an online recovery community at OneHealth.com. The website is a private community of PaRC alumni and others in recovery and maintains many recovery resources such as online meetings, blogs, articles and forums.

Through a newly-formed partnership with Children’s Safe Harbor (CSH), Memorial Hermann The Woodlands now provides certified sexual assault examinations for sexual assault victims and suspected victims. CSH is a Conroe-based, free community resource that helps child victims and families by facilitating a comprehensive, multi-disciplinary team approach to intervention, investigation, prosecution and medical treatment of child sexual and/or physical abuse. Memorial Hermann The
Woodlands medical team not only supports the children at the on-site clinic, but attends bi-monthly case review and coordination meetings.

**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 incarceration (2014)
  - Establish and monitor metrics of reduction in the 30-day behavioral health/substance abuse readmission rate (2015)
  - Report metrics (2015, 2016)

**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 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:** Since 2008, Memorial Hermann The Woodlands’ 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 The Woodlands’ 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, 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.

With age comes complications in health conditions that can be caused due to years of neglect, years of poverty or just age. Memorial Hermann The Woodlands helps seniors face health issues through education forums planned around their specific needs. Annually, a speaker is sent out to low cost apartment complexes to address fall precautions and help seniors understand the new role of hospitalists when they face hospitalization. A dietitian provided a lecture at Lone Star College’s Adult Lifelong Learning series about healthy eating and nutrition; a neurologist provided a lecture during the series on sleep disorders.

In response to the needs of at-risk children, Memorial Hermann The Woodlands CEO chairs the Montgomery County Youth Service Board, a private, not-for-profit agency that provides crisis counseling, shelter programs, and prevention services to strengthen families and keep youth in school.

There is no stronger collaboration between a hospital and a not-for-profit private clinic than that between Memorial Hermann The Woodlands and Interfaith Community Clinic. The Clinic provides medical visits, dental visits, case management services, and mental health counseling to individuals and families with nowhere else to go for health care. All services are made possible through The Clinic’s
dedicated core of 220 clinical and administrative volunteers—physicians, nurses, dentists, dental assistants, hygienists, social workers, translators and other support personnel—many of them existing and former Memorial Hermann The Woodlands staff. The primary goal of the clinic is to provide these patients with a medical home. Each year Memorial Hermann Health System contributes substantially to their operating costs and Memorial Hermann The Woodlands performs, at a minimum, $60,000 per month of in-kind diagnostic testing, lab services, and specialist care. Annually, The Clinic serves adults and children in need through 7,400 social service visits, 5,000 medical visits and 1,750 dental visits.

PRIORITY #6 STRATEGY:

Objective #6.1: To continue to address health disparities faced by the uninsured and other at-risk populations through the partnership with Interfaith Community Clinic.

Implementation Activities:
- Expand upon established metrics of dollars contributed and patients treated to medical home establishment and ER reduction. (2014, 2015)

Objective #6.2: 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 #6.3: To expand programs that support the homeless.

Implementation Activity:
- Create and distribute throughout the hospital lists of local food pantries, local shelters, low cost prescription programs and low cost and free clinics. (2013-2016)

Objective #6.4: To expand programs that support populations of different cultures.

Implementation Activities:
- Establish a review process to determine whether and which hospital-wide education pieces need to be translated into other languages. (2014)
  - Set goals for accomplishing translation (2015)
  - Monitor progress (2015, 2016)