

Executive Summary

Introduction & Purpose

Memorial Hermann Memorial City Medical Center (MH Memorial City) is pleased to share its Implementation Strategy Plan, which follows the development of its 2019 Community Health Needs Assessment (CHNA). In accordance with requirements in the Affordable Care Act and IRS 990 Schedule H requirements, this assessment was approved by the Memorial Hermann Health System Board of Directors on June 27th, 2019.

This report summarizes the plans for MH Memorial City to develop and collaborate on community benefit programs that address the 4 Pillar prioritized health needs identified in its 2019 CHNA. These include:

Memorial Hermann Health System's CHNA Pillar Priorities

- Pillar 1: Access to Healthcare
- Pillar 2: Emotional Well-Being
- Pillar 3: Food as Health
- Pillar 4: Exercise Is Medicine

The following additional significant health needs emerged from a review of the primary and secondary data: Older Adults and Aging; Cancers; Education; Transportation; Children's Health; Economy. With the need to focus on the prioritized health needs described in the table above, these topics are not specifically prioritized efforts in the 2019-2022 Implementation Strategy. However, due to the interrelationships of social determinant needs many of these areas fall, tangentially, within the prioritized health needs and will be addressed through the upstream efforts of the prioritized health needs. Additionally, many of them are addressed within ongoing programs and services (and described in more detail in the CHNA report).

MH Memorial City provides additional support for community benefit activities in the community that lay outside the scope of the programs and activities outlined in this Implementation Strategy, but those additional activities will not be explored in detail in this report.

The purpose of the CHNA was to offer a comprehensive understanding of the health needs in MH Memorial City's service area and guide the hospital's planning efforts to address those needs. Special attention was given to the needs of vulnerable populations, unmet health needs or gaps in services, and input from the community. To standardize efforts across the Memorial Hermann Health System and increase the potential for impacting top health needs in the greater Houston region, community health needs were assessed and prioritized at a regional/system level. For further information on the process to identify and prioritize significant health needs, please refer to MH Memorial City's CHNA report at the following link: www.memorialhermann.org/locations/memorial-city/community-health-needs-assessment-memorial-city/.

Memorial Hermann Memorial City Medical Center

Located in the heart of West Houston, MH Memorial City Medical Center has been providing proven, trusted healthcare to the residents of Greater and West Houston since 1971. A 444-bed facility, MH Memorial City has more than 1,300 affiliated medical staff physicians, representing 91 medical specialties including heart and vascular care, women's care, children's care, orthopedics and sports medicine, cancer treatment, neuroscience, digestive care, amputation prevention and wound care, pelvic floor health, and urologic care.

Vision

Memorial Hermann will be the preeminent health system in the U.S. by advancing the health of those we serve through trusted partnerships with physicians, employees and others to deliver the best possible health solutions while relentlessly pursuing quality and value.

Mission Statement

Memorial Hermann is a not-for-profit, community-owned, health care system with spiritual values, dedicated to providing high quality health services in order to improve the health of the people in Southeast Texas.

Memorial Hermann Health System

One of the largest not-for-profit health systems in the nation, Memorial Hermann Health System is an integrated system with an exceptional affiliated medical staff and more than 26,000 employees. Governed by a Board of community members, the System services Southeast Texas and the Greater Houston community with more than 300 care delivery sites including 19 hospitals; the country's busiest Level 1 trauma center; an academic medical center affiliated with McGovern Medical School at UTHealth; one of the nation's top rehabilitation and research hospitals; and numerous specialty programs and services.

Memorial Hermann has been a trusted healthcare resource for more than 110 years and as Greater Houston's only full-service, clinically integrated health system, we continue to identify and meet our region's healthcare needs. Among our diverse portfolio is Life Flight, the largest and busiest air ambulance service in the United States; the Memorial Hermann Physician Network, MHMD, one of the largest, most advanced, and clinically integrated physician organizations in the country; and, the Memorial Hermann Accountable Care Organization, operating a care delivery model that generates better outcomes at lower costs to consumers. Specialties span burn treatment, cancer, children's health, diabetes and endocrinology, digestive health, ear, nose and throat, heart and vascular, lymphedema, neurosurgery, neurology, stroke, nutrition, ophthalmology, orthopedics, physical and occupational therapy, rehabilitation, robotic surgery, sleep studies, transplant, weight loss, women's health, maternity and wound care. Supporting the System in its impact on overall population health is the Community Benefit Corporation. At a market share of 26.1% in the 'expanded' greater Houston area of 12 counties, our vision is that Memorial Hermann will be a preeminent integrated health system in the U.S. by advancing the health of those we serve.

Summary of Implementation Strategies

Implementation Strategy Design Process

Stakeholders from the 13 hospital facilities in the Memorial Hermann Health System were invited to participate in an Implementation Strategy Kick-Off event hosted by Memorial Hermann's Community Benefit Department and Conduent Healthy Communities Institute (HCI) on May 6, 2019. During this half-day event, participants reviewed Memorial Hermann's CHNA, were introduced to the 2019 MH Implementation Strategy Template and worked in groups to begin drafting their new implementation strategies for their respective hospitals. After the Kick-Off event, each hospital engaged in a series of three bi-weekly technical assistance calls with the Conduent HCI team and representatives from the MH Community Benefit Department to further develop and refine their implementation strategy.

Memorial Hermann Memorial City Implementation Strategy

The implementation strategy outlined below summarizes the strategies and activities that will be taken on by MH Memorial City to directly address the Four Pillars and focal areas identified in the CHNA process. They include:

- Pillar 1: Access to Care
 - o Nurse Health Line
 - Access to information/services to support management of chronic or lifethreatening diseases
 - o ER Navigation
 - Health Care Coverage
 - OneBridge Health Network
 - o Reduce limitations to health care access due to lack of transportation
- Pillar 2: Emotional Wellbeing
 - Mental Health and Substance Abuse
- Pillar 3: Food as Health
 - Diabetes Education
 - Food Insecurity Screening
 - o Heart Walk
- Pillar 4: Exercise is Medicine
 - Encourage healthy lifestyles through safe exercise practices

The Action Plan presented below outlines in detail the individual strategies and activities MH Memorial City will implement to address the health needs identified though the CHNA process. The following components are outlined in detail in the tables below: 1) actions the hospital intends to take to address the health needs identified in the CHNA, 2) the anticipated impact of these actions as reflected in the Process and Outcomes measures for each activity, 3) the resources the hospital plans to commit to each strategy, and 4) any planned collaboration to support the work outlined.

Memorial Hermann Memorial City Medical Center: Implementation Strategy Action Plan

PILLAR 1: ACCESS TO HEALTHCARE

Goal Statement: From 2019-2021, Memorial Hermann will implement initiatives that increase patients access to care to ensure they receive care at the right location, at the right cost, at the right time.

Focal Area 1: Access to Health Services

Strategy 1.A: Nurse Health Line

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Outcomes	Y1 Actual	Y2 Actual
Activity 1.A.1 Provide a 24/7 free resource via the Nurse Health Line that community members (uninsured	# of calls from counties comprising MHMC's	32,216	34,277	38,815	% Callers satisfied with the NHL	97% report the service as good or excellent.	98.41% report the service as good or excellent
and insured) within greater Houston can call to discuss their health concerns, receive recommendations on the appropriate setting for care, and	primary service area (Fort Bend and Harris)				% Callers who followed the NHL Advice	97% report following the advice of the nurse.	95.08% report following the advice of the nurse.
get connected to appropriate resources.					% Callers who were diverted from the ER	99% report they will use the service again.	99.46% report they will use the service again.
	Activity	Notes (if n	ecessary):		Outcomes Notes (if necessary):		
Resources:NHL management and operations of the second s	erations (currently	funded thro	ough DSRIP)		1	
Collaboration:	· · ·		<u> </u>				

- MH Community Benefit Corporation
- Greater Houston Safety-Net Providers

Goal Statement: From 2019-2021, Memorial Hermann will implement initiatives that increase patients access to care to ensure they receive care at the right location, at the right cost, at the right time.

Focal Area 1: Access to Health Services

Strategy 1.B: Access to information/services to support management of chronic or life-threatening diseases

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Outcomes	Y1 Actual	Y2 Actual
Activity 1.B.1	# of patients who	21	17	No activity	# of dietary	17	No
Provide free Oncology Nutrition	received a nutrition			during the	modification		activity
Therapy consults to cancer	consult			pandemic	recommendations		during
patients and their caregivers. As					made to improve		the
an established program, we					patients' nutrition		pande
expect participation to remain at							mic
current levels.							
	Act	ivity Notes (if	necessary):		Outcomes Notes		
					(if necessary):		
Resources:							
Dietitian Staff							
 Cancer Nurse Navigator 							
Operating Costs							
Collaboration:							
MH Cancer Center							
 MH Affiliated Health Provi 	ders						
Lindig Family Resource Ce	nter						

Goal Statement: From 2019-2021, Memorial Hermann will implement initiatives that increase patients access to care to ensure they receive care at the right location, at the right cost, at the right time.

Focal Area 2: Lack of Health Insurance

Strategy 2:A: ER Navigation

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Outcomes	Y1 Actual	Y2 Actual
Activity 2.A.1	# of Encounters	1,650	1,763	2,259	Decline in ER Visits	6 mo68.5%	6 mo70%
Navigating uninsured and					post ER Navigation	12 mo57.7%	12 mo- 61%
Medicaid patients that access the ER for primary care treatable and avoidable issues to a medical home.	# of Referrals	2,381	2,869	3,394	Intervention as opposed to pre at 6, 12, and 18- month intervals	18 mo44.4%	18 mo56%
	Activity	Notes (if n	ecessary):		Outcomes Notes		
					(if necessary):		
Resources:							
 Staff and benefits; 							
 IT; operating costs 							
Collaboration:							
MH Community Ben	nefit Corporation						
 Greater Houston Sat 	fetv-Net Providers						

Greater Houston Safety-Net Providers •

Goal Statement: From 2019-2021, Memorial Hermann will implement initiatives that increase patients access to care to ensure they receive care at the right location, at the right cost, at the right time.

Focal Area 2: Lack of Health Insurance

Strategy 2:B: Health Care Coverage

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Outcomes	Y1 Actual	Y2 Actual
Activity 2.B.1	# of patients	17,532	21,634	18,292	# of patients enrolled in	3,347	1,899
Continue to contract with	screened				health insurance		
Med Data to assist patients							
in finding health care							
insurance coverage. As an							
established program, we							
expect participation to							
remain at current levels.							
Activity 2.B.2	# of patients	34 pts	14	9	Amount \$ spent on	\$1,794	\$1,105
Provide short-term	receiving free				prescriptions		
medications/prescriptions	medications						
upon discharge for							
uninsured. As an							
established program, we							
expect participation to							
remain at current levels.							
Activity 2.B.3	# of patients	17 SNF	36	26	Amount \$ spent on room	\$112,000+	\$238,647
Provide skilled nursing	receiving services				and board for nursing		
services upon discharge for		18			home and inpatient		
uninsured/underinsured.		Acute			rehab		
As an established program,		rehab					
we expect participation to							
remain at current levels.							

Activity 2.B.4	# of patients	18	50	34	Amount \$ spent on home	\$122,812	\$42,346
Provide short-term home	receiving services				health infusion services	+/	+
health infusion therapy	Ŭ						
services (IV antibiotics) for							
uninsured. As an							
established program, we							
expect participation to							
remain at current levels.							
Activity 2.B.5	# of vouchers	38	29	42 Clinic	# of vouchers redeemed	29	
Provide post	provided			Vouchers	for services		
hospitalization follow up							
visit for uninsured. As an				44			Trumen
established program, we				Trumen			\$16,891
expect participation to				Visits			
remain at current levels.				00 T . I			
		/:	\	86 Total			
	Activity N	lotes (if ne	ecessary):		Outcomes Notes		
Deseurees					(if necessary):		
Resources:Staff and benefits							
IT; operating costs Collaboration:							
	ofit Corporation						
MH Community Ber							
 Greater Houston Sa Med Data 	recy-iner Providers						
 Med Data Memorial Hermann 	Homo Hoalth						
Memorial City Healt Courtward of Pacado							
 Courtyard of Pasade 	ella						

Goal Statement: From 2019-2021, Memorial Hermann will implement initiatives that increase patients access to care to ensure they receive care at the right location, at the right cost, at the right time.

Focal Area 3: Low Income/Underserved

Strategy 3:A: OneBridge Health Network

			1	1	1	1	1
Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Outcomes	Y1 Actual	Y2 Actual
Activity 3.A.1	# of physicians	0	104	95	# of patients navigated	10	2
Provide OneBridge Health	onboarded						
Network to connect							
uninsured patients,					# of patients treated by	10	1
meeting eligibility criteria,					specialists		
including a referral from a							
PCP, with the specialty					\$s of specialty services provided	\$22,802.82	\$235.00
care connections they							
need to get well.							
	Activity N	lotes (if ne	cessary):		Outcomes Notes		
					(if necessary):		
Resources:							
 OneBridge Health N 	etwork Support Stat	f and Oper	rations				
 Hospital Staff comm 	unications/marketi	ng to Provi	ders				
 Providers' donation 	of time						
Collaboration:							
MH Community Ben	efit Corporation						
Greater Houston Sat	fety-Net Providers						

Goal Statement: From 2019-2021, Memorial Hermann will implement initiatives that increase patients access to care to ensure they receive care at the right location, at the right cost, at the right time.

Focal Area 3: Low Income/Underserved

Strategy 3:B: Reduce limitations to health care access due to lack of transportation

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Outcomes	Y1 Actual	Y2 Actual
Activity 3.B.1 Provide yellow cab or bus pass for uninsured or those without family/friend assistance. As an established program, we expect participation to remain at current levels.	# of yellow cab vouchers distributed	330	450	480	Community Cost savings \$	\$11,940	\$13,852
Activity 3.B.2 Provide ambulance transportation to uninsured or those without family/friend assistance so they may go to their next level of care. As an established program, we expect participation to remain at current levels.	# of patients provided with free ambulance or wheel chair van transportation	573 ambulance 432 wheelchair van	322 ambulance 336 wheelchair vans	540 Ambulance 312 Wheelchair	Community Cost savings \$	\$163,891	\$233,381
	Ac	tivity Notes (i	f necessary):		0	utcomes Notes (if necessary):	
Resources: Staff – MH Case Management Operating Costs Collaboration:				<u> </u>	1	(ii iiccessary).	I

- METRO
- Yellow Cab
- AMR Ambulance Service

PILLAR 2: EMOTIONAL WELLBEING

Goal Statement: From 2019-2021, Memorial Hermann will implement initiatives that connect and care for community members that are experiencing a mental health crisis with: access to appropriate psychiatric specialists at the time of their crisis; redirection away from the ER; linkage to a permanent, community based mental health provider; and knowledge to navigate the system, regardless of their ability to pay.

Focal Area: Mental Health and Substance Abuse

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Outcomes	Y1 Actual	Y2 Actual
Activity 1.A.1 Memorial Hermann Psychiatric Response Team: Memorial Hermann Psychiatric Response Team, a mobile assessment team, works 24/7 across the System and provides behavioral health expertise to all acute care campuses, delivering services to ERs and inpatient units.	# of patients	1,054	1,266	1,532	# ED patients referred to outpatient care	545	936
Activity 1.A.2 Memorial Hermann Mental Health Crisis Clinics: Memorial Hermann Mental Health Crisis Clinics (MHCCs) are outpatient specialty clinics open to the community, meant to serve individuals in crisis situations or those unable to follow up with other outpatient providers for their behavioral health needs	# of patients	4,286	3,332	2,554	# PCP Referrals	566	438

Activity 1.A.3	# of patients	213	656	386	# Substance	649	386
Memorial Hermann Integrated Care					abuse		
Program:					screenings		
Memorial Hermann Integrated Care					completed		
Program (ICP) strives to facilitate						652	330
systematic coordination of general and					# Unique		
behavioral healthcare. This program					Patients		
embeds a Behavioral Health Care					Screened for		
Manager (BHCM) into primary and					Depression		
specialty outpatient care practices.					(using either		
Includes depression and substance					PHQ9 or PSC-		
abuse screenings.					17 or Edinburg		
					tools)		
Activity 1.A.4	# of unique	182	206	136	% Reduced	57%	42%
Memorial Hermann Psychiatric	patients				readmissions		
Response Case Management:							
Memorial Hermann Psychiatric					# of PCP	165	58
Response Case Management (PRCM)					Referrals		
program provides intensive community-						151	111
based case management services for					# Complete		
individuals with chronic mental illness					housing		
who struggle to maintain stability in the					assessments		
community							
Resources:							
Human Resources - Behavioral He	ealth Services Emp	oloyees					

- Operating Resources Computers, EMR, and other documentation tools
- Capital Resources Offices and other facilities

Collaboration:

• Collaboration with all the Memorial Hermann Facilities, Leadership, Case Management, Medical staff, Community Service Providers, and other Community Partners

PILLAR 3: FOOD AS HEALTH

Goal Statement: From 2019 – 2021, Memorial Hermann will implement initiatives that increase awareness of food insecurity, provision of food programs, and education that promotes the reduction/postponement of chronic disease.

Focal Area 1: Diabetes

Strategy 1:A: Diabetes Education

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Outcomes	Y1 Actual	Y2 Actual
Activity 1.A.1 Conduct diabetes support group. As an established program, we expect participation to remain at current levels.	# of attendees	120	32 – lower numbers because we stopped support groups due to COVID	59 – classes are virtual and done between all MH hospitals	Change in knowledge through support group surveys	Improved knowledge and skills in diabetes and self- management	Improved knowledge and skills in diabetes and self- managemen
	Activit	y Notes (if	necessary):		Outcomes Notes		
					(if necessary):		
Resources: • Staff							
Operating costs							
Classroom space							
Collaboration:							
American Diabetes	Association						

PILLAR 3: FOOD AS HEALTH

Goal Statement: From 2019 – 2021, Memorial Hermann will implement initiatives that increase awareness of food insecurity, provision of food programs, and education that promotes the reduction/postponement of chronic disease.

Focal Area 2: Food Insecurity

Strategy 2:A: Food Insecurity Screening

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Outcomes	Y1 Actual	Y2 Actual
Activity 2.A.1	# of patients	62,729	50,019	42,038	# of SNAP	15,205	16,179
Screen for food insecurity via ER	screened				applications	(Fort Bend	(Fort
staff and care managers and connect					completed by	and Harris	Bend and
patients to Houston Food Bank for	# of patients	582		409	Houston Food	Counties)	Harris
SNAP eligibility and food pantry connections.	reporting food				Bank for Hospital's service area		Counties)
connections.	insecurity				counties		
Activity 2.A.2	# of employees	179	213	68	\$ Amount	\$91,679	\$91,518
Employee donations to United Way.	participating	275	210		Raised/Donated	<i>\$52,675</i>	<i>431)310</i>
As an established program, we							
expect participation to remain at							
current levels.							
	Act	t ivity Notes (i	f necessary):		Outcomes Notes		
					(if necessary):		
Resources:							
Staff time to interview and na	vigate patients						
staff time to compile reports							
Collaboration:							
Community Benefit Corporation	on						
United Way							
 Food Bank 							

PILLAR 3: FOOD AS HEALTH

Goal Statement: From 2019 – 2021, Memorial Hermann will implement initiatives that increase awareness of food insecurity, provision of food programs, and education that promotes the reduction/postponement of chronic disease.

Focal Area 3: Heart Disease/Stroke

Strategy 3:A: Heart Walk

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Outcomes	Y1 Actual	Y2 Actual
Activity 3.A.1	# of donors	410	154	Event was	Amount raised	\$26,767	Event was
Financially Support the Heart Walk. As				virtual this	and donated to		virtual this
an established program, we expect				year due	the American		year due
participation to remain at current				to COVID-	Heart Association		to COVID-
levels.				19. Did	for the Heart Walk		19. Did
				not			not
				fundraise			fundraise
				or est.			or est.
				teams			teams
Activity 3.A.2	# of	10/month	10/month	262 total	Change in	yes	yes
Conduct Stroke Support Group	attendees			Avg.	knowledge		
				21/class	measured through		
					pre/post surveys		
	А	ctivity Notes	(if necessary):		Outcomes Notes		
					(if necessary):		
Resources:				•		•	
Staff							
Operating Costs							
Collaboration:							
American Heart Association							

American Stroke Association

PILLAR 4: EXERCISE IS MEDICINE

Goal Statement: From 2019 – 2021, Memorial Hermann will implement initiatives that promote physical activities that promote improved health, social cohesion, and emotional well-being.

Focal Area: Obesity

Strategy 1:A: Encourage healthy lifestyles through safe exercise practices

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Outcomes	Y1 Actual	Y2 Actual
Activity 1.A.1 Provide nutrition counseling and education to high school athletes and coaches (one-on-one or group).	# of participants in counseling sessions	0	70 group talks 60 individual consults	 141 group talks 131+ individual consults 1,400 total students counseled 	Change in knowledge regarding nutrition (survey)	Improved nutritional knowledge	Improved nutritional knowledge
Activity 1.A.2 Provide physical therapist to high schools/middle schools for school-based rehabilitation of athletes to return them to play.	# of athletes provided rehabilitation	0	30	140	# of athletes returned to play	30	140
Activity 1.A.3 Provide low cost/free school athletic physicals biannually to Spring Branch ISD. As an established program, we expect participation to remain at current	# of participants	1,200	415	1,175	# of participants cleared for play	415 (includes the 5 below particpants who were cleared after cardiac testing)	1,175
levels.					# of participants referred for follow up cardiac testing	5	1

Activity Notes (if necessary):	School activities have been cancelled since March which affected #s	Outcomes Notes (if necessary):					
 Resources: MH IRONMAN Sports Medicine Institute Human Performance Staff MH Outreach Athletic Trainers Memorial Hermann Physical Therapy Residency Program Participants 							
Collaboration:							
Spring Branch Independent School District							
MH Affiliated Physicians							
MH Family Medicine Residency Providers							