

Executive Summary

Introduction & Purpose

Memorial Hermann Northeast Hospital (MH Northeast) 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 Northeast 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 Northeast 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 Northeast'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 Northeast's CHNA report at the following link: www.memorialhermann.org/locations/northeast/community-health-needs-assessment-northeast/.

Memorial Hermann Northeast Hospital

A 255-bed facility, MH Northeast Hospital has been caring for families in the Lake Houston and Kingwood area for more than 30 years, offering world-class care close to home. Its affiliated doctors span a wide variety of services including cancer care, children's emergency and NICU care, heart and vascular care, orthopedics, neurosciences, sleep health, wound care, and women's care. The hospital is the anchor for the innovative Memorial Hermann Convenient Care Center providing one-stop, highly coordinated access to an extensive array of Memorial Hermann services. Additionally, MH Northeast serves as the official healthcare provider to passengers traveling through Houston's George Bush International Airport.

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 Northeast Implementation Strategy

The implementation strategy outlined below summarizes the strategies and activities that will be taken on by MH Northeast 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
 - o ER Navigation
 - OneBridge Health Network
- Pillar 2: Emotional Wellbeing
 - o Mental Health and Substance Abuse
- Pillar 3: Food as Health
 - Diabetic Support Groups
 - Food Insecurity Screening
 - Stroke Support Groups
- Pillar 4: Exercise is Medicine
 - Walk with a Doc
 - o Pediatric Weight Loss Management Program

The Action Plan presented below outlines in detail the individual strategies and activities MH Northeast 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 Northeast Hospital: 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					% Callers	97% report the	98.41% report
Provide a 24/7 free resource via	# of calls from	31,191	32,603	36,838	satisfied with	service as good	the service as
the Nurse Health Line that	counties				the NHL	or excellent.	good or
community members (uninsured	comprising						excellent.
and insured) within the greater Houston community can call to	MHNE's primary service area				% Callers who	97% report	95.08% report
discuss their health concerns,	(Harris, Liberty,				followed the	following the	following the
receive recommendations on the	and				NHL Advice	advice of the	advice of the
appropriate setting for care, and	Montgomery)					nurse.	nurse.
get connected to appropriate					% Callers who	99% report	99.46% report
resources.					were diverted	they will use	they will use
					from the ER	the service	the service
						again.	again.
	Activit	y Notes (if	necessary):		Outcomes		
					Notes		
					(if necessary):		
Resources:							
 NHL management and ope 	erations (currently fu	nded throu	gh DSRIP)				
Collaboration:							

- 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 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	3,642	5,855	4,058	Decline in ER Visits	6 mo: -70.5%	6 mo: -71%
Navigating uninsured and					post ER Navigation	12 mo: -58.9%	12 mo: -62%
Medicaid patients that	# of Referrals	2,858	5,796	4,408	Intervention as	18 mo: -45.7%	18 mo: -57%
access the ER for primary					opposed to pre at 6,		
care treatable and					12, and 18-month		
avoidable issues to a					intervals		
medical home.							
	Activity N	lotes (if ne	cessary):		Outcomes Notes		
					(if necessary):		
Resources:							
 ER Navigators 							
 IT Support 							
Operating costs							
Collaboration:							
MH Community Ber	nefit Corporation						
• Creator Houston Sa	faty Nat Dravidara						

• 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: Memorial Hermann Northeast Cancer Center

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Outcomes	Y1 Actual	Y2 Actual
		Dasenne	TI Actual	12 Actual	outcomes	11 Actual	12 Actual
Activity 2.B.1	# of overte	2	11		щ об	11	
Continue to host free MHNE	# of events	2	11	No activity	# of individuals	11	No activity
community cancer screenings (1 in summer	# of screenings	160	104	during the pandemic	with positive		during the pandemic
and 1 in fall) at Memorial	# Of Screenings	100	104	pandenne	screenings		pandenne
Hermann NE Cancer Center.					who are		
The events are marketed to					referred for		
the community via social					follow-up		
media, web, and grassroots					care		
efforts.							
	Ac	tivity Notes (if	necessary):		Outcomes		
			Notes				
					(if necessary):		
Resources:							
• Staff							
 Volunteers 							
 Aligned physicians 							
 Operating costs to inc 	clude catering, give-a-	ways					
Collaboration:							
MH Community Bene	fit Corporation						
Greater Houston Safe	ety-Net Providers						
 Memorial Hermann N 	/ledical Group						
 Local non-profits that 	partner with MHHS	system					
Media							

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

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Outcomes	Y1 Actual	Y2 Actual		
Activity 3.A.1					# of patients	10	2		
Provide OneBridge Health	# of physicians	0	104	95	navigated				
Network to connect	onboarded								
uninsured patients,					# of patients treated	10	1		
meeting eligibility criteria,					by specialists				
including a referral from a									
PCP, with the specialty					\$s of specialty	\$22 <i>,</i> 802.82	\$235.00		
care connections they					services provided				
need to get well.									
	Activity Notes (if ne	ecessary):			Outcomes Notes				
					(if necessary):				
Resources:									
 OneBridge Health N 	letwork Support Staf	f and Ope	rations						
Hospital Staff communications/marketing to Providers									
Providers' donation of time									
Collaboration:									

- 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 3: Low Income/Underserved

Strategy 3:B: Project Mammogram

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Outcomes	Y1 Actual	Y2 Actual
Activity 3.B.1 Continue cooperative agreement with Northeast Hospital Foundation to enable the uninsured to access mammography screenings and treatment as appropriate. Project Mammogram is a community program	# of patients screened annually	441	385	No activity during the pandemic	# of individuals with positive screenings who receive	385	No activity during the pandemic
sponsored by the Northeast Hospital Foundation that offers free mammograms and breast ultrasounds to qualifying area women and men. Once diagnosed, Project Mammogram sends patients to The Rose for navigation, then some are referred to the MHNE Cancer Center. MHNE supports by participating in the annual 'In the Pink' fundraising campaign.					appropriate follow-up care		
Activ	ity Notes (if n	ecessary):			Outcomes Notes (if necessary):	YR 1: Includes screening mam diagnoistic man and 130 breast	imograms, 131 nmorgrams
Resources: Employee volunteers Branded event give-a-ways at ITP events 			1		I	I	

Collaboration:

- Northeast Hospital Foundation
- In the Pink Partners Businesses, organizations and individuals that support fundraising and outreach efforts
- The Rose

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 1: 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	759	787	1,212	# ED patients referred to outpatient care	351	736
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 Memorial Hermann Integrated Care Program:	# of patients	213	656	386	# Substance abuse screenings completed	649	386

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

- 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: Community Education

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Outcomes	Y1 Actual	Y2 Actual
Activity 1.A.1	# events	3	4	No	Utilize community	Not	No activity
Community/Employer Health				activity	assessment to determine	collected in	during the
Lunch & Learns offered by	# of attendees	200	460	during	health topics the	FY 20	pandemic
healthcare providers to employers				the	community is most		
and community members on				pandemi	interested in to meet		
topics related to nutrition, weight				с	health education		
management, etc.					requests		
					% of community health		
					education requests		
					filled/completed		
	Activity N	otes (if neo	cessary):		Outcomes Notes		•
					(if necessary):		
Resources:							
 Time/support of collaborate 	ors						
 Marketing & Communicatio 	ns						
Occupational Health							
• 3 rd party vendor for set-up							
 Event give-a-ways 							
Collaboration:							
 Local employers 	 Staff 						
• ISDs	 Physicia 	ins					
Local media							

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	85,466	81,113	71,794	# of SNAP	14,950	16,185			
Screen for food insecurity via ER staff and care managers and connect	screened	,	- , -	, -	applications completed by	(Harris, Liberty and	(Harris, Liberty and			
patients to Houston Food Bank for SNAP eligibility and food pantry connections.	# of patients reporting food	820	2,269	2,661	Houston Food Bank for Hospital's service area	Montgomery)	Montgomery)			
	insecurity				counties					
Resources:										
ER Staff time to interview and	navigate patient	s and com	oile repor	ts						
Collaboration:										
Community Benefit Corporatio	n									
Houston Food Bank	Houston Food Bank									
Mission Northeast	Mission Northeast									
Humble Area Assistance Minist	tries									

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: Stroke Support Group

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Outcomes	Y1 Actual	Y2 Actual
Activity 3.A.1	# of events	4	No activity	No	Change in	No activity	No activity
Stroke Support Group (meets			during the	activity	knowledge	during the	during the
quarterly) – Free and open to the	# participants	1	pandemic	during	and behavior	pandemic	pandemic
community to attend.				the	as measured		
				pandemic	via a		
					pre/post		
					survey		
	Activity Notes	(if necessary):			Outcomes		
					Notes		
					(if		
					necessary):		
Resources:						1	
Staff/Volunteer Time							
 Marketing and Communication 	IS						
 3rd party vendor for set-up 							
 Event give-a-ways 							
Collaboration:							
Occupational Health							
• ISDs							
 Local employers 							
• Staff							
 Physicians 							
 Mid-level healthcare providers 							

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: Physical Health Services — Health Physicals and Wellness Center

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Outcomes	Y1 Actual	Y2 Actual
Activity 1.A.1 Continue to conduct athletic physicals in public schools (full physicals and EKG); partner with schools to provide a concussion trained PCP or ED physician on site at HS games. Students pay a nominal fee for the physicals that is then donated back to the school system.	# of students per year examined	11,300	0—due to COVID	8,036	Funds going back to support school sports	0—due to COVID	Funds going back to support school sports
Activity 1.A.2 Provide subsidized health and wellness services to employees and community at on-site	# of total members	171	180	No activity during the	Change in health status (Improve general	The Wellness Center has been out of commission pretty much this entire	No activity during the pandemic
Wellness Center (fitness classes, boot camps, body fat percentage, etc.). Majority of current members are post-rehab patients and local senior citizens.	# of responses to annual membership wellness survey	30	0	pandemic	wellness) Impact on participant wellness measured by annual participant survey	year. The number of members hasn't changed and we have no way to measure the change in health status or improved general wellness as there has been no survey taken.	

	Activity Notes (if necessary):	Outcomes Notes (if necessary):	
Resources:		I	
Stroke Coordinator			
Athletic Trainers			
Wellness Center Manager			
Staff			
Volunteers			
Collaboration:			
• ISDs			
Employers			
 Physicians and Mid-levels 			
Chambers of Commerce			
Community Seniors			