



MEMORIAL HERMANN MEMORIAL CITY MEDICAL CENTER

2019
Implementation
Strategy

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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**
 - Nurse Health Line
 - Access to information/services to support management of chronic or life-threatening diseases
 - ER Navigation
 - Health Care Coverage
 - OneBridge Health Network
 - 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
 - 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 through 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	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 Actual
Activity 1.A.1 Provide a 24/7 free resource via the Nurse Health Line that community members (uninsured and insured) within greater Houston can call to discuss their health concerns, receive recommendations on the appropriate setting for care, and get connected to appropriate resources.	# of calls from counties comprising MHMC's primary service area (Fort Bend and Harris)	32,216	34,277	38,815	36,810	% Callers satisfied with the NHL % Callers who followed the NHL Advice % Callers who were diverted from the ER	97% report the service as good or excellent. 97% report following the advice of the nurse. 99% report they will use the service again.	98.41% report the service as good or excellent 95.08% report following the advice of the nurse. 99.46% report they will use the service again.	98% report the service as good or excellent 98% report following the advice of the nurse 99% report they will use the service again.
Activity Notes (if necessary):						Outcomes Notes (if necessary):			
Resources:									
<ul style="list-style-type: none"> NHL management and operations (currently funded through DSRIP) 									

Collaboration:

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

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

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 Actual
Activity 1.B.1 Provide free Oncology Nutrition Therapy consults to cancer patients and their caregivers. As an established program, we expect participation to remain at current levels.	# of patients who received a nutrition consult	21	17	No activity during the pandemic	No activity during the pandemic	# of dietary modification recommendations made to improve patients' nutrition	17	No activity during the pandemic	No activity during the pandemic
Activity Notes (if necessary):						Outcomes Notes (if necessary):			

Resources:

- Dietitian Staff
- Cancer Nurse Navigator
- Operating Costs

Collaboration:

- MH Cancer Center
- MH Affiliated Health Providers
- Lindig Family Resource Center

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 2: Lack of Health Insurance

Strategy 2:A: ER Navigation

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 Actual
Activity 2.A.1 Navigating uninsured and Medicaid patients that access the ER for primary care treatable and avoidable issues to a medical home.	# of Encounters	1,650	1,763	2,259	1,839	Decline in ER Visits post ER Navigation Intervention as opposed to pre at 6, 12, and 18-month intervals	6 mo - -68.5%	6 mo - -70%	6 mo - -71.7%
	# of Referrals	2,381	2,869	3,394	4,257		12 mo - -57.7%	12 mo - -61%	12 mo - -60.5%
Activity Notes (if necessary):						Outcomes Notes (if necessary):			
Resources: <ul style="list-style-type: none"> • Staff and benefits; • IT; operating costs 									
Collaboration: <ul style="list-style-type: none"> • MH Community Benefit Corporation • Greater Houston Safety-Net Providers 									

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 2: Lack of Health Insurance

Strategy 2:B: Health Care Coverage

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 Actual
Activity 2.B.1 Continue to contract with Med Data to assist patients in finding health care insurance coverage. As an established program, we expect participation to remain at current levels.	# of patients screened	17,532	21,634	18,292	24,165	# of patients enrolled in health insurance	3,347	1,899	4,607
Activity 2.B.2 Provide short-term medications/prescriptions upon discharge for uninsured. As an established program, we expect participation to remain at current levels.	# of patients receiving free medications	34 pts	14	9	11	Amount \$ spent on prescriptions	\$1,794	\$1,105	\$7,212
Activity 2.B.3 Provide skilled nursing services upon discharge for uninsured/underinsured. As an established program, we expect	# of patients receiving services	17 SNF 18 Acute rehab	36	26	29	Amount \$ spent on room and board for nursing home and inpatient rehab	\$112,000+	\$238,647	\$319,484

participation to remain at current levels.									
Activity 2.B.4 Provide short-term home health infusion therapy services (IV antibiotics) for uninsured. As an established program, we expect participation to remain at current levels.	# of patients receiving services	18	50	34	25	Amount \$ spent on home health infusion services	\$122,812	\$42,346	\$46,856
Activity 2.B.5 Provide post hospitalization follow up visit for uninsured. As an established program, we expect participation to remain at current levels.	# of vouchers provided	38	29	42 Clinic Vouchers 44 Trumen Visits 86 Total	20 vouchers 88 Trumen visits 108 total	# of vouchers redeemed for services	29	Trumen \$16,891	Trumen \$12,144
Activity Notes (if necessary):						Outcomes Notes (if necessary):			
Resources:									
<ul style="list-style-type: none"> • Staff and benefits • IT; operating costs 									
Collaboration:									
<ul style="list-style-type: none"> • MH Community Benefit Corporation • Greater Houston Safety-Net Providers • Med Data • Memorial Hermann Home Health • Memorial City Health & Rehab • Courtyard of Pasadena 									

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 3: Low Income/Underserved

Strategy 3:A: OneBridge Health Network

Activities	Process Measures	Baseline	Y1 Actual	Y2 Actual	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 Actual
Activity 3.A.1 Provide OneBridge Health Network to connect uninsured patients, meeting eligibility criteria, including a referral from a PCP, with the specialty care connections they need to get well.	# of physicians onboarded	0	104	95	97	# of patients navigated	10	2	4
						# of patients treated by specialists	10	1	7
						\$s of specialty services provided	\$22,802.82	\$235.00	\$131,701.75
Activity Notes (if necessary):					Outcomes Notes (if necessary):				
Resources: <ul style="list-style-type: none"> • OneBridge Health Network Support Staff and Operations • Hospital Staff communications/marketing to Providers • Providers’ donation of time 									
Collaboration: <ul style="list-style-type: none"> • MH Community Benefit Corporation • Greater Houston Safety-Net Providers 									

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 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	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 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	380	Community Cost savings \$	\$11,940	\$13,852	\$11,531
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	# 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	587 Ambulance 196 Wheelchair	Community Cost savings \$	\$163,891	\$233,381	\$250,236

remain at current levels.										
Activity Notes (if necessary):							Outcomes Notes (if necessary):			
Resources:										
<ul style="list-style-type: none"> • Staff – MH Case Management • Operating Costs 										
Collaboration:										
<ul style="list-style-type: none"> • 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	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 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	1,352	# ED patients referred to outpatient care	545	936	469
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	2,592	# PCP Referrals	566	438	321

Activity 1.A.3 Memorial Hermann Integrated Care Program: 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.	# of patients	213	656	386	229	# Substance abuse screenings completed	649	386	229
						# Unique Patients Screened for Depression (using either PHQ9 or PSC-17 or Edinburg tools)	652	330	207
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	136	71	% Reduced readmissions	57%	42%	76%
						# of PCP Referrals	165	58	71
						# Complete housing assessments	151	111	71
Resources:									
<ul style="list-style-type: none"> • Human Resources - Behavioral Health Services Employees • 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	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 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	90	Change in knowledge through support group surveys	Improved knowledge and skills in diabetes and self-management	Improved knowledge and skills in diabetes and self-management	Improved knowledge and skills in diabetes and self-management
Activity Notes (if necessary):						Outcomes Notes (if necessary):			
Resources:									
<ul style="list-style-type: none"> • Staff • Operating costs • Classroom space 									
Collaboration:									
<ul style="list-style-type: none"> • 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	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 Actual
Activity 2.A.1 Screen for food insecurity via ER staff and care managers and connect patients to Houston Food Bank for SNAP eligibility and food pantry connections.	# of patients screened	62,729	50,019	42,038	31,739	# of SNAP applications completed by Houston Food Bank for Hospital’s service area counties	15,205 (Fort Bend and Harris Counties)	16,179 (Fort Bend and Harris Counties)	14,976 (Fort Bend and Harris Counties)
	# of patients reporting food insecurity	582	329	409	269				
Activity 2.A.2 Employee donations to United Way. As an established program, we expect participation to remain at current levels.	# of employees participating	179	213	68	53	\$ Amount Raised/Donated	\$91,679	\$91,518	\$98,848
Activity Notes (if necessary):						Outcomes Notes (if necessary):			
Resources: <ul style="list-style-type: none"> • Staff time to interview and navigate patients • staff time to compile reports 									
Collaboration: <ul style="list-style-type: none"> • Community Benefit Corporation • 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	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 Actual
Activity 3.A.1 Financially Support the Heart Walk. As an established program, we expect participation to remain at current levels.	# of donors	410	154	Event was virtual this year due to COVID-19. Did not fundraise or est. teams	Did not participate in walk and money collected at fundraiser was not tracked by number of people	Amount raised and donated to the American Heart Association for the Heart Walk	\$26,767	Event was virtual this year due to COVID-19. Did not fundraise or est. teams	\$4,260
Activity 3.A.2 Conduct Stroke Support Group	# of attendees	10/month	10/month	262 total Avg. 21/class	629 Avg. 13/class	Change in knowledge measured through pre/post surveys	yes	yes	yes
Activity 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	Y3 Actual	Outcomes	Y1 Actual	Y2 Actual	Y3 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	200 group talks	Change in knowledge regarding nutrition (survey)	Improved nutritional know-ledge	Improved nutritional know-ledge	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	155	# of athletes returned to play	30	140	155
Activity 1.A.3 Provide low cost/free school athletic physicals biannually to Spring Branch ISD. As an established program,	# of participants	1,200	415	1,175	2,082	# of participants cleared for play	415 (includes the 5 below participants who were cleared after cardiac testing)	1,175	2,082 (includes the 7 participants who were cleared after cardiac testing)

we expect participation to remain at current levels.					# of participants referred for follow up cardiac testing	5	1	7
Activity Notes (if necessary):			School activities have been cancelled since March which affected #s		Outcomes Notes (if necessary):			
Resources: <ul style="list-style-type: none"> • MH IRONMAN Sports Medicine Institute Human Performance Staff • MH Outreach Athletic Trainers • Memorial Hermann Physical Therapy Residency Program Participants 								
Collaboration: <ul style="list-style-type: none"> • Spring Branch Independent School District • MH Affiliated Physicians • MH Family Medicine Residency Providers 								