

resources
TRANSFORMING
emergency community
families leaders infrastructure
LEADERSHIP system **INNOVATING** TREATMENTS families
teamwork HEALTHCARE EXPERTS solutions
reform LEADERSHIP DEDICATION volunteers
charity **CONTRIBUTING** programs together
health **TREATMENTS** wellbeing health caring
community PROGRAMS PRODUCTIVITY SOLUTIONS partners **ACCESS**

2009 - 2010 REPORT TO THE COMMUNITY

Transforming. Innovating. Contributing.
This is Our Story.

MEMORIAL[®]
HERMANN
Community Benefit
Corporation



An Invitation to Transform Healthcare

Memorial Hermann established the Community Benefit Corporation in 2007 to work with other healthcare providers, government agencies, business leaders and community stakeholders to ensure that all residents of the Greater Houston area have access to the care they need.

Since the creation of this corporation, we have put many local programs into place that are saving lives and helping us better manage our community's healthcare resources. These innovative programs have helped our community in countless ways. They keep children healthy and in school. They extend care to parents so they can continue to provide for their families. They show the uninsured how to access available resources. They ensure emergency and trauma resources are used appropriately and are accessible for the critically ill and injured. We are very proud of the progress we have made, but we realize there is more to be done.

The Greater Houston region is home to one of the largest and most complex healthcare systems in the country, and is burdened by the highest uninsured rate of any major city. With the advent of health reform, how physicians and hospitals practice medicine and how people access care is changing. Under health reform, a significant amount of uninsured patients will qualify for Medicaid, with others soon gaining the ability to participate in new state insurance exchanges.

Despite the expansion of health coverage, a large majority of Houston's current uninsured will not be covered under health reform. Experts estimate that 16 percent of Houston-area residents will remain without insurance, even after all the reform changes have been implemented. To complicate matters, state budget cutbacks are decreasing funding to vital health programs and reducing Medicaid reimbursements. These pressures make it very difficult for hospitals, outpatient facilities and physicians to provide care for the people of southeast Texas.

Through collaborative initiatives described in this report, we are working to make sure that the Houston community receives the focused healthcare it deserves. Together, we can build an infrastructure for the Houston and Harris County region that will ensure a healthy, productive workforce for years to come. We are proud to be a leader in Houston's efforts to improve access to quality healthcare, and we are committed to helping for the future. We encourage you to learn more about how you can help us fulfill this commitment for our region.



Dan Wolterman

Dan Wolterman
President/CEO
Memorial Hermann Healthcare System



George R. Farris

George R. Farris
Chairman of the Board (2007-2010)
Memorial Hermann Community Benefit Corporation



We are **transforming**
healthcare in our community through our partnerships.

We are **innovating**
by developing new solutions to healthcare issues
affecting our community.

We are **contributing**
more than \$300 million annually in charity care.

**We are the Memorial Hermann Community
Benefit Corporation and this is our story.**



At Memorial Hermann, we have marked over a century of working to improve the health of the people of our community. As healthcare reform changes how physicians and hospitals will deliver care in the future, we are working to create ways to deliver healthcare in a more coordinated and efficient manner today.

Here are some highlights of our Community Benefit Corporation programs:

- We're improving access to care for 31,000 Houston-area children through school-based clinics and mobile dental vans.
- We're working to help 1,600 patients with chronic diseases manage their illnesses more effectively.
- We're educating 15,000 area residents on how and when to access care.
- Through our programs, we're demonstrating why people should establish medical homes that help ensure more continuous and coordinated care and eliminate duplicate testing and waste.
- We're partnering with providers and agencies to arrange specialty services that provide life-saving surgeries and treatments to 4,000 patients each year.

This Community Benefit Report was designed to share information about our investment in 2009 - 2010 in the Greater Houston community. All of our efforts share a single purpose: to ensure that one day soon, no one will go without the healthcare they need. We invite you to learn more about what we're doing in our community and how you can help.

For more information on how you or your organization can get involved in building a community-based infrastructure to provide care for the uninsured, call 713.448.5983.



Dietitian Mehreen Ansari coaches a young athlete on better nutrition.

Partnering with Schools for Healthier Students

When a family has serious problems, the children are often affected emotionally and physically, and their school performance suffers. This was the case for Yolanda Perez at the beginning of the 2010 school year. The Lamar Clinic got a call from the school that Yolanda was missing classes and calling in sick with chronic stomach problems and headaches.

After examining and interviewing Yolanda, the nurse practitioner determined there was no medical reason for recurrent pain and referred Yolanda for psychosocial evaluation with Veronica Meza-Hernandez, L.C.S.W., licensed clinical social worker at the Lamar Clinic in Richmond-Rosenberg, one of five free clinics

serving schools in southeast Texas funded in part by Memorial Hermann Community Benefit Corporation. In Yolanda’s case, the problem was that her mother Lupe was seriously ill and the family could not afford healthcare for her. The teenager was feeling sad, afraid and hopeless because nothing was being done to help her mother. Her father Jose was at risk of losing his job while staying home to care for his wife.

According to Lisa Kimmey-Walker, C.P.N.P., Lamar Clinic manager, the Perez family’s oldest daughter Yolanda, now a high school senior, was one of her first patients. “We’ve seen her for annual exams, in addition to the usual childhood illnesses, cuts and scrapes,” says Kimmey-Walker. “Having knowledge of her medical history is how we were able to catch the sudden onset of hyperthyroidism and quickly get Yolanda the advanced diagnostics and treatment care she needed.”

The Clinic assisted the family in finding medical care for her mother in order to minimize Yolanda’s stress. And clinic staff helped Yolanda’s dad find no- or low-cost healthcare resources for his wife through the Fort Bend Gateway to Care. Lamar Clinic taught Yolanda coping strategies and stress management, helping her gain a sense of empowerment and build self confidence. When Yolanda was considering dropping out of school to take care of her mother during the day, clinic staff arranged for her to attend night classes so she could finish high school.

Since the school-based clinic opened in 2002, all three Perez children have benefitted from services that include medical care, nutrition counseling and mental health services – as well as links to healthcare resources for the whole family. The youngest Perez daughter, 8-year-old Anna, also was in trouble at school for her grades and attendance problems. Anna was overweight, depressed and being bullied by her classmates because of her appearance. “A child must have good nutrition to perform their best in school,” says

Mehreen Ansari, M.P.H., R.D., L.D., a certified pediatric weight management counselor. “The poverty rate here is high and the students we see are often malnourished, anemic, or overweight from eating inexpensive, high-calorie foods.”

Many of the students like Anna qualify for free school meals. After the family received nutritional counseling with Ansari, Anna started eating two-thirds of her daily meals at school and began walking for exercise. The family was coached on food budgeting and food choices, and connected with the Helping Hands food bank. Meza-Hernandez also intervened with the school for Anna’s teachers to give her extra help. She is improving academically.



Nurse Practitioner Margaret Vasquez provides care to a middle school student.

An active student athlete, the Perez family’s son Manuel, now 16 years old, has been coming to Lamar clinic since he was in second grade, mostly for his annual sports physicals.

A few years ago his checkup revealed a large benign mass growing on his neck. Lamar Clinic put Manuel in touch with physicians at The University of Texas Medical Branch who were able to get Manuel the immediate diagnostic and surgical care he needed. He is well now and playing on his school’s soccer team.

The comprehensive primary care that is being provided by the Health Centers for Schools program is helping empower impoverished families to address their problems head on, rather than be immobilized in the face of overwhelming odds. Because of the program, children like Yolanda, Manuel and Anna – and thousands of others – continue to benefit from the medical, mental health and nutritional counseling services they need to stay healthy and stay in school.

Locations

Jane Long Health Center

Houston Independent School District

Burbank Health Center

Houston Independent School District

WAVE Health Center

Pasadena Independent School District

Lamar Health Center

Lamar Consolidated Independent School District

Hogg Health Center

Houston Independent School District

Health Centers for Schools

Memorial Hermann’s Health Centers for Schools program provides a stable medical home for uninsured students from prekindergarten through 12th grade. Primary medical care, nutrition counseling, mental health services and dental care are provided free of charge to families who may or may not have insurance, but may experience other barriers, such as transportation problems, parent’s fear of losing a day of pay to take a child to a health clinic or lack of parental involvement. The primary goal of the school-based clinics program is to keep students healthy and in school. Five free clinics serve schools in the Greater Houston region in areas with high percentages of uninsured students. Operation of the Health Centers for Schools program is funded by Memorial Hermann Community Benefit Corporation, the partnering school districts and local foundations.

Fast Facts

Founded: 1996

Clinics: 5

Dental vans: 2

Schools served: 40

Total student population: 31,000

Uninsured: 73%

Other barriers: 27%

Clinic visits: 21,000 per year

IMPACT

- Emergency room visits, hospitalizations and asthma exacerbations reduced by 85 percent in children whose asthma care is managed by the clinics
- Of students seen at the school-based clinics, 87 percent returned to class the same day. Because schools receive federal support of \$30 per day for each child in attendance, this outcome potentially contributes more than \$218,000 to the schools served
- On annual average, students who received therapy from licensed clinical social workers:
 - Improved grade point average: 2.6 to 3.0
 - Reduced days absent: 2.8 to 2.2
 - Reduced detention/suspension incidents: 0.9 to 0.6
 - Increased self-reported wellbeing on a five-point scale from 2.4 to 4.2



Surgeon George Peterkin, M.D., volunteers to treat patients who cannot afford care.

Partnering with Caregivers for a Healthier Community

General surgeon George Peterkin, M.D., has been a Provider Health Network (PHN) volunteer specialist for two years, committing to take one indigent patient case per month through PHN. Affiliated with Memorial Hermann Southwest Hospital, he has been in medical practice for 20 years and currently serves as its Chief of Staff. “Here at Memorial Hermann Southwest, we do a lot of charity care, mostly through the ER,” he says.

The share of total regional inpatient charity care provided by Memorial Hermann has been documented at 23.3 percent (2005-2009) by the Texas Hospital Association Patient

Data System – a larger share of indigent care than any other single provider in Houston, including the Harris County Hospital District. To help improve the cost-effectiveness of the care being delivered, PHN seeks to bring more of that specialized indigent care under management, based on the primary care medical home model.

Gateway to Care starts the process by placing uninsured patients into a primary care medical home, and by helping to manage complicated cases involving multiple providers. PHN accepts patients for specialized care who are at or below 150 percent of the Federal Poverty Level and also ineligible for assistance from other charity care resources. Working through referrals from primary care physicians at federally qualified clinics and charity clinics, PHN connects uninsured people with the appropriate specialist for just-in-time care.

PHN’s screening process helps to ensure that PHN physicians see the neediest patients. “I know PHN patients have no other option available to get the care they need to function in daily life,” says Dr. Peterkin.

Chief Community Benefits Officer at Memorial Hermann and Provider Health Network Chair Carol Paret was instrumental in bringing the PHN model to Houston. “The value of this care model is heightened quality of care and reduced burden on the community at the same time,” she says.

Paret uses this example to illustrate how providing access to specialty care through PHN benefits patients and the community. “When an uninsured construction worker blows out his knee, he goes to the ER and finds out he needs surgery, but that isn’t classified as emergency care, so he doesn’t see an orthopedic specialist and doesn’t get the surgery,” says Paret. “Harris County Hospital District’s capacity for specialty care is too small and he goes on a long waiting list for a procedure. In the meantime, he can’t work and his family has to go on welfare. It ends up costing the community much more in the long

run than it would have cost to fix his health problem in a timely way.”

PHN connects qualified uninsured patients in southeast Texas “to the right care, in the right environment, at the right time” through its network of volunteer providers. Dr. Peterkin appreciates how PHN removes the administrative burdens, making it easier for him to provide charity care. “If I agree to do a surgical procedure pro bono, I still must convince a hospital, anesthesiologist, nurse assistant and diagnostic lab people to also provide care without compensation. PHN takes all that away.”

PHN Executive Director Ron Cookston sees holistic care as a key value for the indigent patient and for the community. “By coordinating care and stabilizing the navigation component, people return to health and return to work,”



he says. “And when patients have a medical home, they are more likely to take an active role in staying healthy, instead of only receiving episodic care in the ER, which is more costly.”

Since 2006, PHN has handled more than 4,000 cases, connecting numerous donated

ancillary services involving hospital schedulers, physician office managers, diagnostic centers, prescription navigators and administrative assistants. In addition, PHN has developed relationships with surgery requisition administrators who help with the extensive paperwork necessary to gain authorization for charity surgery cases.

An important continuing goal for PHN is to increase participation through active physician recruitment. Most of the 800+ providers currently in the program have pledged to take six to 12 cases per year. The capacity of care hinges directly on PHN’s community of specialists.

To inquire about becoming a PHN volunteer physician, call 713.783.4616, ext. 222, or e-mail: phn@gatewaytocare.org.

PHN Charity Care Scenario

Charity Patient

- Patient visits safety-net clinic
- Primary care physician refers patients in need of a specialist to PHN

PHN Patient Care Coordinator & Navigator

- Determines patient eligibility
- Matches physician specialty and pledge
- Schedules patient consultation

PHN Provider

- Provides patient consultation
- Decides if a procedure is needed

PHN Patient Care Coordinator & Navigator

- Recruits hospital and anesthesiologist, if needed
- Schedules ancillary service/procedure
- Schedules diagnostics, if needed

PHN Provider

- Treats patient
- Provides follow-up care

PHN Navigator

- Reconnects patient with primary care physician

Provider Health Network

The Provider Health Network (PHN) is a nonprofit voluntary specialty provider group connecting qualified uninsured patients in southeast Texas “to the right care, in the right environment, at the right time.” Operating through the Gateway to Care Collaborative, PHN employs patient care coordinators and bilingual navigators who research patient referrals, coordinate patient care and connect patients to physician specialists, hospital care, surgical facilities, clinical staff support, lab and diagnostic services, prescription assistance and transportation services. The Community Benefit Corporation funds one-third of PHN’s annual operating budget and is active in recruiting physician volunteers.



Dr. Peterkin discusses an upcoming procedure with Memorial Hermann nurse Joanne Stewart, R.N.

Fast Facts

Founded: 2005

Physicians: 800+

Hospitals: 34

Ancillary providers: 51

IMPACT

- Since November 2006, PHN has provided almost 8,000 medical services and delivered \$13.8 million in uncompensated care to the indigent
- PHN generates \$9 in medical services for every \$1 of program costs



Partnering with Business for a More Informed Community

With nearly half of ER visits in Harris County being for primary-care health issues, our community needs help in navigating today's complex healthcare system. Since 2003, Memorial Hermann has been a sponsor and participant in the collection and analysis of ER-visit data in Harris County hospitals.

The Houston Hospitals Emergency Department Use Study, prepared by The University of Texas Health Science Center at Houston School of Public Health, monitors

trends and characteristics of patients who use ERs for primary care purposes. The study shows that 48 percent of all ER visits are primary care related, clearly demonstrating that people from all walks of life, both the insured and uninsured, need help in learning how to use medical resources appropriately, including how to establish a medical home.

A "medical home," which provides comprehensive, patient-centered, preventive primary care, is essential to keeping families healthy and in managing chronic diseases such as diabetes, obesity and heart disease. When health is managed in a primary care setting, inappropriate use of the ER decreases, and the costs of healthcare are reduced.

Carol Paret, Chief Community Benefits Officer at Memorial Hermann, sees mass education campaigns as an important strategy to address this problem. "It isn't just the uninsured and immigrant populations who need help in getting healthcare for their families, the problem cuts right across the broad populace of our community," says Paret.



"A lot of people with health insurance still don't have a family physician and a medical home. The ER is the logical choice when you get sick, but most times, that is not an appropriate use of our healthcare resources."



The *Salud Para Todos* campaign, which means “Healthcare for All,” was a successful first venture in addressing the ongoing need for education among the general populace. A campaign of this scale is only possible through shared effort. Campaign partners shared the substantial expense of a mass-media campaign, and donated human resources and clinical services to ensure its success.

The Memorial Hermann Community Benefit Corporation and Community Health Choice,

Continuing to educate the public will require ongoing partnerships among healthcare and media leaders in the Houston community.

Inc. (CHC), a nonprofit Health Maintenance Organization (HMO) owned by the Harris County Hospital District, jointly funded the campaign.

Univision, a TV network with the largest Spanish-speaking audience nationally, produced and ran the *Salud Para Todos* campaign in the southeast Texas region.

The Harris County Hospital District provided nurse triage services for ER calls generated by

the advertisements. Gateway to Care supplied volunteer navigators to take calls following the evening news broadcasts.

These navigators directed callers how to establish a medical home and how to access healthcare services such as the Memorial Hermann Neighborhood Health Centers, which offer \$48 office visits and other care for those in need.

The need for community education on how to use healthcare resources will become even

greater with healthcare reform, according to Carol Paret. Continuing to educate the public will require ongoing partnerships among healthcare and media leaders in the Houston community. “Educating our community in a systematic way will only occur when leaders come together, again and again, to continue the effort,” Paret adds. “Using mass media to educate the public is a key to reducing healthcare costs.”

‘Salud Para Todos’ Gets the Message Out

In 2009, Memorial Hermann joined with business and media partners to launch a six-month mass-media campaign entitled *Salud Para Todos*, or “Healthcare for All.” The goal of the TV and radio campaign was to increase awareness of local healthcare options among Spanish-speaking residents of Greater Houston. The campaign promoted healthcare resources in the community, and encouraged the use of clinics and primary care physicians, rather than the ER, for non-emergency situations. News stories, community events and public service announcements (PSAs) explained the benefits of a medical home, and how the uninsured could access the local healthcare system. The PSAs illustrated connections to appropriate care and provided a phone number offering one-on-one assistance to callers.



Fast Facts

Launched: 2009

Assisted: 21,265 individuals through phone calls and nurse triage services



Valerie Morris and volunteer receptionist Bea Lewis register a patient at The Community Clinic.

Supporting Our Nonprofit Partners in the Field

In late 2007, Doug was at the end of his rope. As an uninsured 59-year-old limousine driver working part time, he could not afford anti-coagulation medication for his heart condition or the necessary lab work to monitor it. After going without his medications for three months, Doug was starting to notice symptoms. That’s when he reached out to The Community Clinic.

On his first visit to The Community Clinic, Doug saw Janet Roberts, M.D., family doctor and director of health services at the Clinic. “Doug has atrial fibrillation causing heart palpitations, weakness and chest pain. Add his blood pressure and high cholesterol

problems, and he is at serious risk of heart attack,” says Dr. Roberts.

Doug needs to take Coumadin®, a drug that requires regular lab work to check that the blood isn’t thinning too much. Memorial Hermann The Woodlands Hospital donates free lab services for him every two to three weeks. In addition, the Clinic also helps Doug obtain his costly non-generic medications through a volunteer-based pharmacy assistance program.

Doug also sees a volunteer cardiologist twice a year and gets cardiac testing through the Provider Health Network, a group of voluntary clinical specialists who pledge to treat a set number of uninsured patients per year.

“We are Doug’s medical home and after three years of chronic disease management, he is in excellent health,” says Dr. Roberts. He has avoided the progression of cardiovascular disease and has not required hospital care. “Without our help, Doug would very likely end up in the ER, at a much greater cost to the community.”

Since The Community Clinic came on the scene in 1996, Memorial Hermann has supported its mission through substantial volunteer and monetary gifts. The reasons for supporting the Clinic are simple: The community needs are great, and it is the only clinic in the area offering care, regardless of the patient’s ability to pay.

The Community Clinic is a nonprofit organization founded by a physician affiliated with Memorial Hermann The Woodlands Hospital, along with his wife and a committed group of community members. The Clinic’s vision is to provide safety net care for the working poor and uninsured in the community.

Patients of the Clinic have access to full-spectrum care, which includes medical and dental, pharmacy, diagnostic testing, lab services, specialist care, mental health counseling and social service intervention.



Volunteer Laurie Robertson, R.N., and Janet Roberts, M.D., review a patient's medication.

These services are made possible through the Clinic's dedicated core of 220 clinical and administrative volunteers – physicians, nurses, dentists, hygienists, social workers and translators.

“As the only clinic in the area providing care regardless of the patient's ability to pay, The Community Clinic is a worthy recipient of our volunteer and monetary support.”

– CAROL PARET, Chief Community Benefits Officer at Memorial Hermann

The sustainability of the Clinic has been strengthened by its recent incorporation into Interfaith of The Woodlands, a nonprofit social service agency that provides food, senior care and childcare. This new partnership will enable the Clinic to reach and serve more needy individuals in the area, while adding healthcare to Interfaith's menu of services.

Annually, Memorial Hermann Community Benefit Corporation contributes substantially to the Clinic's operating revenues and Memorial Hermann The Woodlands provides significant in-kind ancillary services support.

“We are extremely proud to support the work the Clinic does for the medically disadvantaged in North Harris and Montgomery Counties,” says Steve Sanders, CEO of Memorial Hermann The Woodlands. “There are no other area providers like this for the uninsured who cannot pay,” he adds.

The Community Clinic Story

The Community Clinic first opened in 1996. A nonprofit organization, The Community Clinic was founded by a physician affiliated with Memorial Hermann The Woodlands Hospital, along with his wife and a committed group of community members. The Clinic's vision is to provide safety net care for the working poor and uninsured in the community. It is the only clinic in the area offering care, regardless of the patient's ability to pay. For the past 15 years, Memorial Hermann has supported the mission of The Community Clinic through substantial volunteer and monetary gifts.



Volunteers Todd Brady, D.D.S., and Dental Assistant Debra McGee treat a patient.

Fast Facts

Founded: 1996

Volunteers: 220+

Social service program:
7,400 served per year

Medical program:
5,000 visits per year

Dental program:
1,750 visits per year



Partnering to Save Lives by Giving Blood

In November 2010, Logan Griffiths of Pearland, Texas, was involved in a near-fatal motorcycle accident. He was rushed by Memorial Hermann Life Flight® to the Level I Trauma Center at Memorial Hermann-Texas Medical Center. In the first few days, the 18-year-old had six surgeries and received more than 60 units of blood. That life-saving blood was available because volunteer donors “paid it forward” in the days and weeks before Logan’s accident occurred.

Soon after Logan’s accident, news spread quickly and people wanted to do something to help. A family friend mobilized a blood drive in Logan’s honor. The Gulf Coast Regional Blood Center helped send e-mails to friends and neighbors. Within a day, the Pearland community had collected 159 units of blood. “I thought it

was important that we replenish the supply,” says Logan’s father Jim. “Especially during the holiday season when donations taper off, but the need for blood increases.”

Just as Logan’s family acted quickly to help ensure a supply of blood for future trauma victims, Memorial Hermann employees continue to stand committed for life, donating blood year after year. Memorial Hermann hosts blood drives at 19 facilities across Memorial Hermann’s regional network, operating a total of more than 50 blood drives per year, in tandem with the Blood Center’s Commit for Life® program.

Since the partnership began in 1993, Memorial Hermann employees have maintained an ongoing commitment to ensure a life-saving supply of blood is always available for patients in the Greater Houston area. Memorial Hermann’s blood drive program is managed by Trish Callam, director of Partners in Caring at Memorial Hermann. Before taking her current post, she worked in the blood transfusion service at Memorial Hermann Southwest Hospital. “I learned firsthand how devastating a blood shortage can be for the patients, physicians and staff,” says Callam.

When there is a shortage of blood, trauma patients like Logan may not be able to get the transfusions their injuries require. Memorial Hermann employees know that donating blood saves lives. “Memorial Hermann has one of the most successful hospital blood drive programs in the nation, helping to save more than 12,000 lives per year,” says Brian G. Gannon, president and CEO of the Gulf Coast Regional Blood Center.

As The Blood Center’s largest donor group, Memorial Hermann has been honored with several awards. The most recent was the “Path for Success” award, presented in March 2010 in recognition of Memorial Hermann’s outstanding blood drive program and its commitment to saving lives.

As the employees of Memorial Hermann well know, blood must be available without delay for trauma patients – it can mean the difference between life or death. This reality is the motivation for Memorial Hermann’s ongoing commitment to giving blood in partnership with the Gulf Coast Regional Blood Center, so that blood is always there when it’s needed.

Memorial Hermann and The Gulf Coast Regional Blood Center

Established independently in 1975, The Gulf Coast Regional Blood Center serves the largest medical campus in the world, the Texas Medical Center, along with more than 170 hospitals and healthcare institutions in the 26-county Texas Gulf Coast, Brazos Valley and East Texas regions. As the largest user of blood and blood components in the region, Memorial Hermann encourages its employees to support the community and give blood, thereby instilling a culture of giving through its 18-year partnership with The Gulf Coast Regional Blood Center.



Trish Callam attends a Memorial Hermann blood drive.

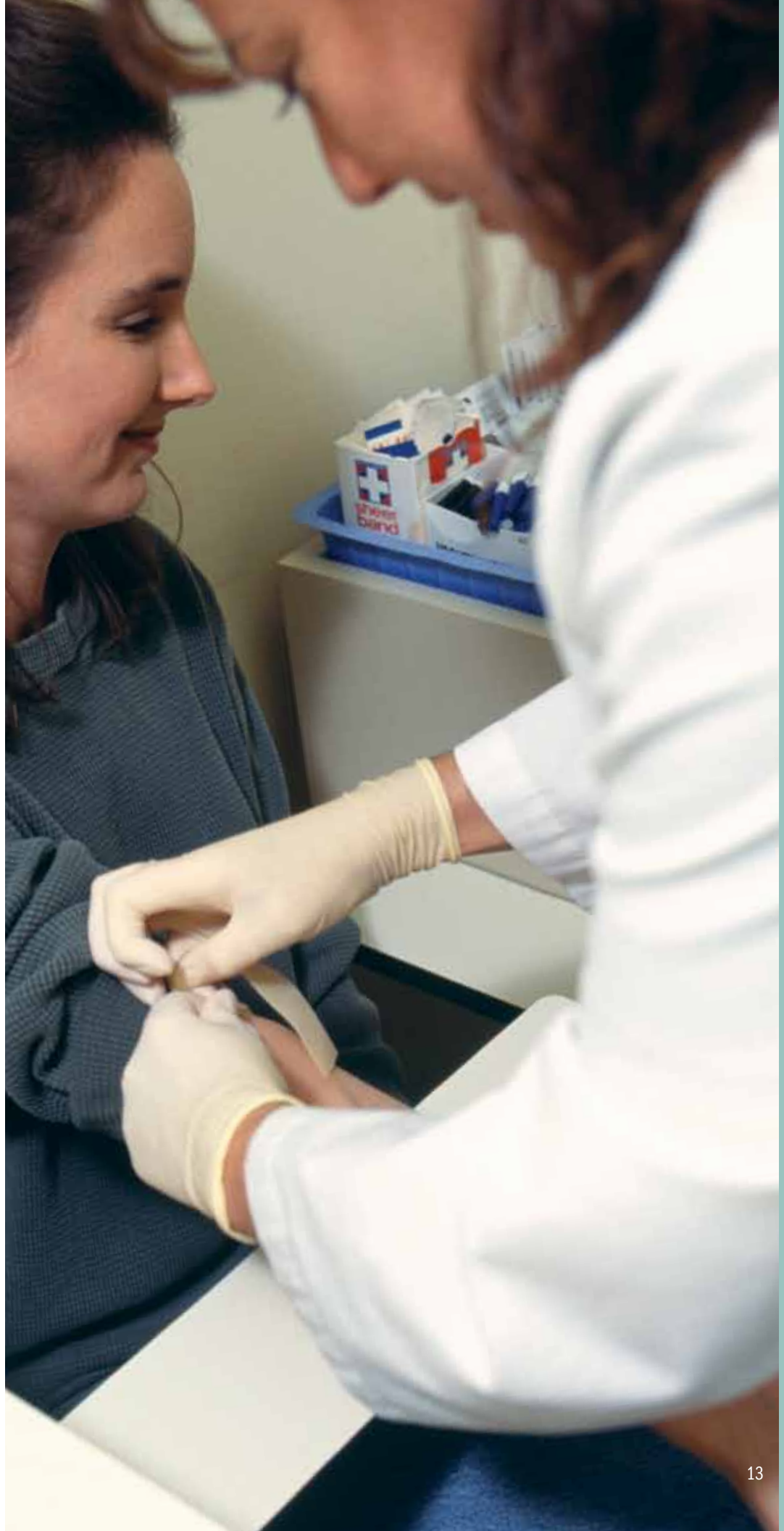
Fast Facts

Relationship began: 1993

Memorial Hermann hosts 50+ blood drives per year at 19 facilities

Memorial Hermann has donated more than 53,030 units of blood and blood components

Lives Saved: 12,000 per year





PSC caregivers Michelle Brumley, L.P.C., Gordon Bush, Ph.D., and Geraldine Gossard, M.D.

Physicians at Sugar Creek: Integrating Healthcare for Faster Recoveries

Agnes, not her real name, had a history of taking care of everyone else in her life but herself. After being diagnosed with lupus, depression, anxiety and insomnia, she often neglected her own medical and emotional needs, which allowed her symptoms to worsen.

Her primary care physician, Dr. Geraldine Gossard of Physicians at Sugar Creek (PSC), the Family Medicine residency program for Memorial Hermann, referred her to its new CARE program. In its CARE program, PSC has implemented an integrated health model called IMPACT that was first developed by the University of Washington.

In the CARE program, family medicine patients like Agnes with mild to moderate depression or anxiety receive integrated care that addresses their physical and mental health issues. A care manager collaborates with the patient's primary care physician and sees the patient in the family medicine clinic. Patients can be treated with medication, therapy or both. A psychiatrist consults with the care manager

and primary care providers. The patients receive follow-up visits in person or by phone from the care manager. Patient progress is tracked using an online data registry system.

After being enrolled in CARE in October 2009, 47-year-old Agnes began receiving integrated treatment to address her lupus as well as the accompanying issues of insomnia, depression and anxiety. Dr. Gossard and Michelle Brumley, L.P.C., Agnes' counselor, would consult with psychiatrist Dr. Mark Williamson on her condition and treatment. Medications were prescribed and she began regular sessions with her counselor. "Each session focused on educating her about her symptoms and treatment," says Brumley. "Additionally, we taught her positive coping skills to better handle the recurrent issues in her life."

With the support of her counselor, Agnes was able to address several long-term issues and learned to utilize help from the key people in her life. "She became much more involved in her daily activities and happier as a result," adds Brumley.

By following her medication regimen, her scores decreased from 23 to 0 on the PHQ-9 and 21 to 0 on the GAD-7 in just six months. These tests help evaluate how well the patient feels that her condition is being controlled. They are administered to the patient at every encounter to help track and trend her symptoms. Almost a year later, Agnes is still able to maintain these healthier scores.

"Thanks to the CARE program, my patient was really empowered to take control of her medical condition as well as the other areas of her life," says Dr. Gossard.

When Agnes experienced a brief medical setback in 2010, she utilized her positive coping skills and was able to address these issues with the help of her physicians before they could take a toll emotionally and physically. "My patient is grateful that the CARE program has helped her to take better care of herself and I'm encouraged by the fact that she's now following up regularly with her rheumatologist," adds Dr. Gossard.

As health centers become the venue of choice for many of the nation's efforts to expand access to high-value, cost-effective primary care, Physicians at Sugar Creek (PSC) continues to provide a patient-centered medical home environment that is lowering the cost of care. Certified by the National Committee for Quality Assurance (NCQA), the independent organization that assesses healthcare entities and initiatives, PSC received NCQA's highest patient-centered Medical Home recognition (Level 3), as well as recognition as a diabetes care center.

PSC offers a place for patients to receive regular care and build a personal relationship with a provider who can deliver preventive care, manage complex conditions and coordinate the care provided inside and outside the medical home.

PSC helps its patients understand their conditions and coaches them on healthy behaviors, which can reduce the risk of new healthcare problems and lower their need to utilize care. Primary care utilization studies estimate that 40 percent of patients' conditions are complicated by psychological factors that often go untreated and contribute to overuse of primary care. Patients like Agnes with depression or anxiety can have healthcare costs

health complaints saw a significant reduction in depression and improved physical function.

Initial research concludes that integrated care can improve depression twice as effectively as that which is accomplished using traditional, primary care alone. Program data indicates that 58 percent of CARE patients reported a 50 percent reduction in depression scores after three months of intervention.

"PHQ-9 and the GAD-7 are all self-reported scores. We obtain an initial score and track it at each encounter throughout the patient's involvement with the CARE program," says Chips Adams, PSC System executive. "The national norm for non-integrated care is 29 percent, so we doubled the improvement rate with this program."

Additionally, GAD patients who were enrolled in the CARE program had a 5.05-point drop in depression scores – from 13.3 at intake to 8.2 for their last GAD score, which is statistically significant. "We adopted the IMPACT approach to collaborative care with the goal of meeting the mental health needs of our patients more effectively," adds Adams. "It also enables us to improve the physical health and overall functioning of our patients with co-morbid physical and mental health problems."

Physicians at Sugar Creek

A patient-centered medical home environment, Physicians at Sugar Creek (PSC) is certified by the National Committee for Quality Assurance (NCQA), the independent organization that assesses healthcare entities and initiatives. Through PSC's CARE program, patients receive integrated care that addresses their physical and mental health issues and are treated with medication, therapy or both. Patient progress is tracked using an online data registry system.



Fast Facts

Founded: July 2009

Location:
14023 Southwest Freeway,
Sugar Land TX 77478

Number of patients enrolled:
189 (first 12 months)

Reduction in healthcare visits:
125 fewer visits
(during first 12 months)

Significant reduction in depression scores: 58 percent of CARE patients reported a 50 percent reduction in depression scores, representing an improvement rate that is double the national norm of 29 percent for traditional care.

“At PSC, our findings indicate that an integrated care model can decrease primary care utilization while improving the physical and mental functioning of patients.” – DAVID BAUER, M.D.

50 percent to 75 percent greater than patients without these mental disorders. Research also suggests that most primary care providers are not equipped to diagnose and treat the wide range of mental health disorders they see. When mental health needs are not addressed, patients' health problems are exacerbated as doctors delay appropriate treatment while searching for medical causes.

By integrating the care patients like Agnes receive, the CARE program at PSC empowers patients to take control of their illnesses instead of allowing their illnesses to control them. The initial results seen at PSC have been positive. Patients who saw a nurse for their mental

Ultimately, the integrated model allows PSC to improve the efficiency of the care delivered by more accurately targeting and delivering the services that will benefit its patients. David Bauer, M.D., and Gordon Bush, Ph.D., have been instrumental in the creation of this program and concur on the results. "At PSC, our findings indicate that an integrated care model can decrease primary care utilization while improving the physical and mental functioning of patients," concludes Dr. Bauer. The results identified in this article are based on the program's first 13 months of operation. The program is currently funded through June 2012.



Robbin Carethers instructs a patient about managing her diabetes.

Before his enrollment, Hayes experienced three ER visits and a hospitalization within 60 days. Since enrolling in My Health Advocate, he has visited the ER only once – for a non-related condition.

Advocating Independence and Better Health

First launched to assist Medicaid and Medicare patients with congestive heart failure, My Health Advocate is now proving effective in significantly reducing diabetes complications and the incidence of related chronic diseases. The program employs R.N. case managers who are trained in outpatient disease management. They provide telephonic support to patients like Eldred Hayes, who are contacted regularly and encouraged to follow the instructions of their physicians for medication compliance, exercise, diet, lab work and office follow-ups.

“The case manager performs an initial assessment. Based on the patient’s level of understanding about their disease condition, compliance with physician’s orders and lifestyle practices, we assign a risk level – low, moderate or high – which determines the frequency of routine contacts,” explains Pat Metzger, System Executive, Care Management. “Hospitalization at a Memorial Hermann hospital triggers a post discharge contact in addition to the patient’s routine contact schedule.”

“I like the way they call often to check on me,” says Hayes. “They provide me with all the incentives possible to help me manage my disease.” Diagnosed with both CHF and diabetes, Hayes must closely monitor his diet, limiting carbohydrates and avoiding sugar and salt.

“Eldred and his wife regularly assess his feet and they keep his regularly scheduled eye exams,” says Kathy McLendon, R.N., his case manager. “He has an extremely positive outlook on life and proactive approach to his health issues.”

Each patient’s physician receives routine reports of patient progress and activity.

My Health Advocate: Helping Patients with Chronic Conditions Live Independently

Seventy-nine-year-old Eldred Hayes was first diagnosed with diabetes in 1996. Five years later, while on vacation in Galveston, he awoke completely blind. Later that year, he suffered a heart attack and underwent a six-artery bypass.

In 2008, during Hurricane Ike, he was hospitalized for shortness of breath. Before being discharged from the hospital, Hayes was enrolled in My Health Advocate, Memorial Hermann’s disease management program.

Memorial Hermann’s disease management programs supplement the patient-physician relationship, providing a medically trained advocate who works with patients and physicians to ensure patients stay healthier between appointments and are accountable for their own health.

My Health Advocate

Called My Health Advocate, the Memorial Hermann disease management program is a free program designed to help patients with chronic conditions live longer, healthier lives by helping them take control of their health and make better health decisions. Providing an increased level of interaction with patients can be difficult for most typical medical practices. Memorial Hermann’s disease management programs supplement the patient-physician relationship, providing a medically trained advocate who works with patients and physicians to ensure patients stay healthier between appointments and are accountable for their own health.



Fast Facts

- Founded:** 2006
- Chronic diseases treated:** Congestive Heart Failure, Diabetes
- Number of patients enrolled:** 768 patients (156 with diabetes, 281 with CHF and 231 with both)
- Impact:** Reduction in hospital visits, improved clinical outcomes

“If we notice any emergent problems that require quick attention, we contact the patient’s physician immediately with the patient’s consent,” explains McLendon.

Since enrolling in the program, Hayes has been careful to comply with follow-up appointments, testing and lab work. He checks his blood sugar three times a day. He’s been able to reduce his overall hemoglobin A1c. The program has helped keep him out of the hospital and active in his community, church and at home. “I stay busy building my model trains,” says Hayes. “I love to visit relatives and friends, and bear witness to all I have to be thankful for.”

First launched in 2006 to assist Memorial Hermann’s uninsured, Medicaid and Medicare patients with congestive heart failure, the program has been expanded to help diabetic patients as well. It has demonstrated success in many areas, including:

- Improved quality of life

- Decreased disease burden
- Reduced hospital admissions
- Reduced Emergency Center visits

Patients enter the program through physician referral, self-referral or by contact with a program representative as a result of an inpatient stay or Emergency Center care at a Memorial Hermann facility. Patients must have a primary care physician to participate. Patients without one will be encouraged to find a physician through Memorial Hermann’s Physician Referral service (222-CARE).

“Too often, patients with chronic diseases do not understand how to manage their conditions,” adds Metzger. “As a result, they end up in emergency rooms seeking treatment for symptoms that could be easily managed through outpatient primary care and by adhering to appropriate measures at home. Our program helps provide what they need to feel better at home and stay independent.”



Case Manager Kathy McLendon, R.N., calls a diabetic patient to discuss his blood sugar levels.



Carole Covey and Nadim Islam, M.D., discuss a patient's prognosis with COPE social worker Kimberly Guidry.

COPE: Empowering Patients to Take Control of Their Healthcare

Marian, not her real name, is a middle-aged woman who was diagnosed with diverticulitis. She frequently went to the emergency center for care when she experienced flare-ups of her digestive tract. Not managing the resulting pain prevented her from attending work and threatened her wellbeing.

Social workers from Memorial Hermann's COPE (Community Outreach for Personal Empowerment) Program visited Marian during a hospital visit and she agreed to let them help her. Since working with COPE, Marian has been able to comply with her medication regime and has not needed emergency care for over two years.

For patients like Marian with chronic health conditions such as digestive disorders, epilepsy or diabetes, management of their chronic conditions is more effective when they establish a relationship with an area clinic or physician's office that can ensure more continuity of care. Many of these patients continue to seek care in emergency centers because that's what they have always done. They are self-pay patients, without health insurance and are unaware if they qualify for government assistance. They also are unaware of community health programs or how to access them. Helping these patients become engaged in finding and using appropriate venues for medical care is the idea behind Memorial Hermann Community Benefit Corporation's COPE program.

"The COPE solution involves changing behaviors and providing these individuals with information about available community resources and how to access them," says Carol Paret, Memorial Hermann Chief Community Benefits Officer. "By reducing overutilization of emergency resources, those healthcare dollars can be more effectively spent in prevention and health maintenance programs."

Even after healthcare reform is implemented and more people have health coverage, many Houston-area residents will still be without insurance due to their immigration status or lack of knowledge of how to access care. "That's where we come in," says Kendal Allsop, COPE social worker. "We help open doors and educate people on their healthcare options."

COPE social workers visit patients like Marian who check into emergency centers five or more times within a single year or who are admitted as inpatients three times within a 12-month period.

"We make ourselves useful to these patients. We let them know that we are here to help them get better by getting the appropriate care they need," says Allsop. "We'll help them call to schedule follow-up appointments at area clinics while they are still in the hospital."

COPE social workers will continue to follow up with these patients to ensure they are getting seen at the area clinics and understand and comply with their recommendations. “We really encourage them to establish medical homes at these clinics, where medical personnel can see the whole picture and effectively treat their conditions.”

One of the first such healthcare empowerment programs in the country, COPE is getting much attention as other health

so patients’ health can be better managed and won’t escalate to levels requiring critical care. COPE is similar to Memorial Hermann Community Benefit Corporation’s Emergency Center Navigator program, which strategically places a healthcare coordinator within emergency centers to help uninsured patients begin the process of obtaining a medical home for their routine health needs as well as provides guidance on navigating through future healthcare concerns. COPE social workers

Community Outreach for Personal Empowerment (COPE) Program

One of the first healthcare empowerment programs in the country, the Community Outreach Personal Empowerment (COPE) program assists patients who tend to over rely on hospital resources when clinic care would be more effective. COPE social workers work with these patients to help change behaviors for lasting impact by educating them on available community resources where their health can be better managed and won’t deteriorate to levels requiring critical care.



“The COPE solution involves changing behaviors and providing these individuals with information about available community resources and how to access them.”

– CAROL PARET, *Memorial Hermann Chief Community Benefits Officer*

systems are looking to implement similar programs to help patients in their own communities. COPE staff members have made presentations at American Case Management Association conferences. The COPE model also can be applied to Medicare and Medicaid as well as managed care patients who tend to over rely on hospital resources when clinic care would be more appropriate and effective.

Created in 2008, COPE teaches how to secure care at more appropriate venues

build relationships with patients over time so they can establish trust and help change behaviors for lasting impact by educating them on available community resources.

The patients COPE sees usually have multiple issues influencing the choices they make. Besides their medical needs, they also may be affected by a lack of transportation, childcare needs, lack of knowledge about how to access available care or a lack of support from friends or family. Sometimes psychosocial issues complicate matters. Finances may also keep these people from getting care. “By helping a patient access an area resource providing backpacks and school supplies for underprivileged children, I was able to help the patient free up money to pay the nominal fees charged by federally funded health clinics so she could get the routine care she needed,” says Kimberly Guidry, COPE social worker.

“All of these issues must be addressed if we are to be successful in changing behaviors,” explains Allsop.

In 2010, the average cost of an emergency department visit for a patient who was treated and released was four times the cost of an office-based physician visit. For every patient redirected to a community clinic or physician’s office, anywhere between \$400 and \$900 can be saved.



COPE social worker Kendal Allsop helps a patient.

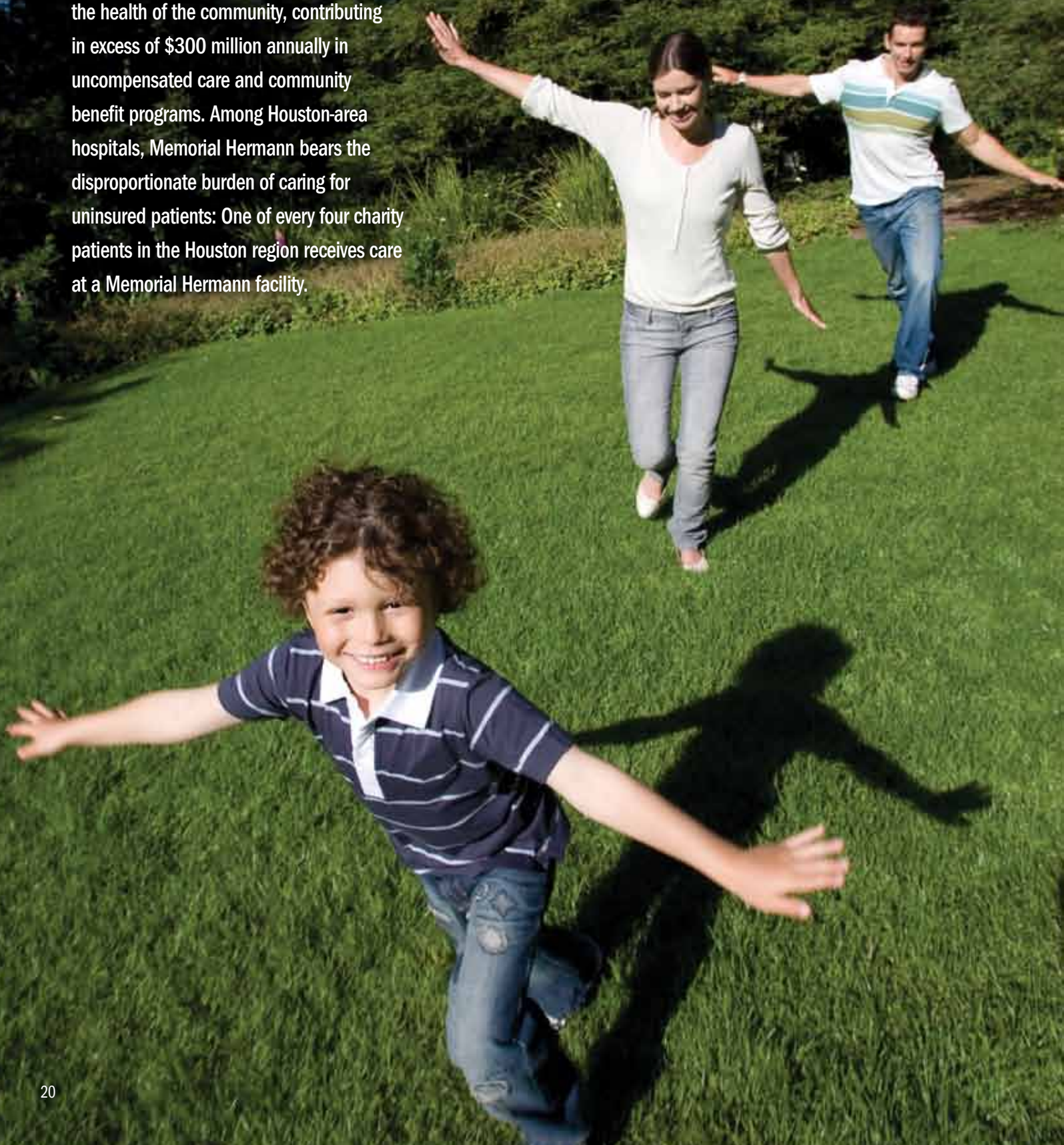
Fast Facts

Launched: 2008

Enrolled: 693 people

Impact: 38% reduction in ER. Observation and Inpatient Costs

As the largest not-for-profit healthcare system in Texas, Memorial Hermann uses its resources to make a real difference in the health of the community, contributing in excess of \$300 million annually in uncompensated care and community benefit programs. Among Houston-area hospitals, Memorial Hermann bears the disproportionate burden of caring for uninsured patients: One of every four charity patients in the Houston region receives care at a Memorial Hermann facility.



Program Financials Community Benefits



Memorial Hermann established the Community Benefit Corporation in 2007 to work in collaboration with other healthcare providers, government agencies, business leaders and community stakeholders to ensure that all residents of the Greater Houston area have access to the care they need.

In 2010, Memorial Hermann contributed \$169,922,031 for uncompensated cost of care; \$38,172,340 to support research

as well as education for medical professionals, including physicians, nurses, technicians and others; \$122,600,123 for community benefit programs, including those profiled in this report; and other contributions in support of a variety of community initiatives.

Memorial Hermann worked with the American Heart Association to sponsor the Houston Heart Walk and Go Red for Women, a national campaign urging women to take charge of their heart health. Memorial Hermann also sponsored the Health and Fitness EXPO at the Chevron Houston Marathon. The System annually sponsors the Susan G. Komen Race for the Cure benefitting breast cancer education and research, the MS 150 bicycle race from Houston to Austin benefitting the National Multiple Sclerosis Society, the Juvenile Diabetes Research Foundation Walk to Cure Diabetes and the March for Babies benefitting the March of Dimes Foundation's research programs.

Strong leadership and participation made the 2010 Memorial Hermann United Way Campaign the most successful ever, with contributions exceeding \$786,000, an increase from \$715,984 raised in 2009. As a pacesetter for healthcare in the Greater Houston area, Memorial Hermann annually leads the industry in contributions.

To provide convenient alternatives to emergency centers for non-urgent care, Memorial Hermann operates three Neighborhood Health Centers staffed by board-certified nurse practitioners and physician assistants. Located in northwest, northeast and southwest Houston, the Centers do not accept insurance and provide services for a flat fee of \$48.

Finally, Memorial Hermann provided significant financial support to Covenant House, the Community Clinic, Gateway to Care, Pasadena Health Center, Spring Branch Community Clinic, TOMAGWA Ministries, Inc., Houston Area Nursing Schools (in support of creative solutions to increase enrollment of student nurses and therefore increase the number of nurses working within the community) and Medical Missions, which funds physician-led teams in developing countries. In 2009, approximately 26,555 people spanning 27 countries were assisted through 79 Memorial Hermann Medical Mission-sponsored trips.

Program Financials/ Community Benefits

2009	\$299,571,446
2010	\$330,694,494



Community-conscious healthcare transforms lives.

Memorial Hermann Community Benefit Corporation Board of Directors and Officers 2010

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Trauma Care: The High Cost of Saving Lives

It's midnight on a Saturday in Houston. Memorial Hermann Life Flight® has just landed with two critically injured patients. Five ambulances have transported victims of numerous car accidents, potential overdoses, heart attacks and more. It's just another typical night at Memorial Hermann-Texas Medical Center, home of one of the nation's busiest Level I Trauma Centers.

Before Hurricane Ike struck the Texas coast in 2008, Memorial Hermann-TMC was on trauma diversion for adult patients an average of 8.8 percent of the time. During the year-long closure of Level I Trauma Center at The University of Texas Medical Branch (UTMB) at Galveston due to damage from Hurricane Ike, the average time for diversion status at Memorial Hermann-TMC nearly tripled to 25.5 percent. Since UTMB has reopened and through new protocols implemented at Memorial Hermann, diversion status has been averaging 5 percent.

When a hospital is on diversion, ambulances are forced to take their critically injured patients elsewhere – delaying care and risking lives. Mortality increases in Houston when hospitals are forced to go on diversion.

According to the Centers for Disease Control and Prevention, trauma is the leading cause of death among children and adults below the age of 45, and is the fourth leading cause of death for all ages. It accounts for approximately 170,000 deaths each year and over 400 deaths per day, killing more Americans than stroke and AIDS combined. And it is the leading cause of disability. While most injuries can be treated at a local emergency department, if severely injured patients receive care at a Level I Trauma Center, it can lower their risk of death by 25 percent.

A trauma center is a specialized hospital distinguished by the immediate availability of specialized personnel, equipment and services to treat most severe and critical injuries. This includes teams standing by to perform immediate surgery and other necessary procedures for people with serious or life-threatening injuries such as those sustained due to a car crash, bad fall, or gun shot. Designated trauma centers provide not only the hospital resources necessary for trauma care, but also the entire spectrum of care to address the needs of all injured patients, from the pre-hospital phase through the rehabilitation process. Currently, less than 10 percent of American hospitals have a trauma center.

“We offer the only Level I Trauma Center in the Houston area that is equipped to treat both adults and children at one location,” says Toni Von Wenckstern, administrative director of Memorial Hermann Trauma Institute. “That means families involved in serious car accidents or other incidents for example can be kept together as they’re treated, which is much easier on the patients and their families.”

Even before Hurricane Ike, the Houston region was underserved when it came to trauma care. With a population of 5.6 million, the Houston-Sugar Land-Baytown Metropolitan Statistical Area (MSA) requires six Level I Trauma Centers according to the American College of Surgeons. With only three Level I Trauma Centers serving the Houston region (Memorial Hermann-TMC, Ben Taub General Hospital and Texas Children’s Hospital) it

expensive to treat and when someone’s life is at stake, there is no time for checking for insurance coverage. Among Houston-area hospitals, Memorial Hermann bears the disproportionate burden of caring for uninsured patients: One of every four charity patients in the Houston region receives care at a Memorial Hermann facility.

Memorial Hermann provides in excess of \$20 million in unreimbursed trauma care each year. Medicaid reimburses significantly less than the cost of providing trauma care. For uninsured patients, The Texas Department of State Health Services (DSHS) Office of EMS & Trauma Systems Coordination reimburses only 30 percent of the trauma costs through its Trauma Fund.

To make matters worse, state government funding shortages have decreased the amount

Memorial Hermann’s Level I Trauma Center

One of only three Level I Trauma Centers serving the 5.6 million residents living in the Houston-Sugar Land-Baytown Metropolitan Statistical Area (MSA)



Fast Facts

Region’s only Level I Trauma Center caring for both adult and pediatric patients

Provides the highest level of trauma care 24/7

Home to Life Flight®, the nation’s second oldest air ambulance service

Research program with The University of Texas Health Science Center at Houston (UTHealth)

A leader in trauma education and injury prevention

Ranked the nation’s busiest trauma center in 2009

5,000+ visits annually

Memorial Hermann System provides in excess of \$20 million in unreimbursed trauma care annually

“Without Level I Trauma Centers like ours, large cities like Houston would see a significant increase in their mortality rates.”

– TONI VON WENCKSTERN, *administrative director of Memorial Hermann Trauma Institute*

increases the number of critically ill and injured patients being put at risk every day. “Without Level I Trauma Centers like ours, large cities like Houston would see a significant increase in their mortality rates,” adds Von Wenckstern.

There is no financial incentive for hospitals to open Level I Trauma Centers. Trauma is



of trauma funds available to reimburse hospitals. The state’s Trauma Fund is being cut from \$75 million to \$58 million per year to combat budget shortfalls. The Driver Responsibility Program is another source of trauma funds that is being abolished along with Red Light camera programs – which had served as a source of significant funding to Memorial Hermann’s Trauma department.

“Saving lives is our calling,” adds Von Wenckstern. “As part of our affiliation with UTHealth Medical School, we apply what we learn here to increase the effectiveness of the treatments we provide.”

For the critically ill and injured children and adults transported each day to Memorial Hermann’s Level I Trauma Center, the fact that these trauma experts are on the job 24/7 often means the difference between life or death. Will our community continue to have access to the Level I Trauma Center resources and expertise needed to decrease mortality rates? How can we afford not to?



Specialty Services

At Memorial Hermann, we're doing all we can to advance the state of medicine, to save more lives and improve clinical outcomes. For our affiliated physicians, it means tirelessly searching for better ways to diagnose and treat patients while harnessing the latest technologies. For our 20,000 employees, it means exercising an uncompromising commitment to deliver the best care possible using the safest methods.

For our patients, it means having the best tools to prevent health problems as well as the best chance to regain their health and reclaim their lives following an illness or injury.

Known for world-class clinical expertise, patient-centered care and leading-edge technology and innovation, Memorial Hermann serves the community through a network of 11 hospitals and numerous specialty programs and services. In addition to Memorial Hermann-Texas Medical Center, one of the nation's busiest Level I trauma centers and primary teaching hospital for The University of Texas Health Science Center at Houston (UTHealth) Medical School, Memorial Hermann operates eight acute-care hospitals located throughout the community.

As the number of our facilities has grown over the years, we have remained true to our founding mission of improving healthcare for the people of southeast Texas. Our employees embrace a culture of individual accountability and innovation. This has led to a relentless focus on improving quality and patient safety and has brought us numerous awards, including becoming the first Houston healthcare system to win the prestigious National Quality Healthcare Award from the National Quality Forum in 2009. Four Memorial Hermann hospitals are ranked among America's 50 Best Hospitals™ by HealthGrades® for demonstrating consistent, outstanding patient care and a deep commitment to clinical excellence. Six of our hospitals are ranked among America's 100 Top Hospitals® by Thomson Reuters. Two hospitals are among the top 6 percent of hospitals nationwide that achieved Magnet® status for their outstanding nursing care. Memorial Hermann's accredited Chest Pain Centers and Stroke Network deliver life-saving care close to home. Day after day, year after year, patients count on Memorial Hermann to provide the highest quality care possible.

HEART AND VASCULAR CARE

Memorial Hermann is one of the world's largest providers of cardiovascular care, annually performing more than 50,000



heart procedures. This means patients at our three Memorial Hermann Heart & Vascular Institute locations and our hospitals across the community have access to affiliated heart specialists with extensive training and experience in the complete range of cardiac treatments, from interventional cardiology to electrophysiology and complex robotic-assisted procedures. After long recognizing the importance of timely access to emergency cardiac care, Memorial Hermann created the

nation's first and largest citywide network of accredited Chest Pain Centers.

NEUROSCIENCES

Memorial Hermann offers the most comprehensive network of neuroscience programs in the Greater Houston area. We utilize advanced techniques in the diagnosis, evaluation, management and treatment of patients with a variety of neurological disorders, including cerebrovascular disease, carotid artery disease, stroke, benign and malignant tumors, peripheral nerve problems, neurodegenerative disorders, infections of the nervous system and movement disorders. Ours is the region's largest stroke network for the rapid diagnosis and treatment of stroke victims. Memorial Hermann's Mischer Neuroscience Institute in the Texas Medical Center brings together a team of affiliated, world-class clinicians, researchers and educators whose insights and research findings are transforming the field of neuroscience. The Institute was the first center in Texas and one of only a few institutions in the country to fully integrate neurology, neurosurgery and neurorehabilitation in complementary programs offered through distinguished centers of excellence.



Memorial Hermann Healthcare System Facts & Figures

- 9 general acute-care hospitals
- 2 specialty acute-care hospitals (Children's Memorial Hermann Hospital and TIRR Memorial Hermann)
- 5 specialty institutes
- 28 imaging centers (9 breast care centers)
- 18 surgery centers
- 21 diagnostic laboratories
- 26 sports medicine and rehabilitation centers
- 1 chemical dependency treatment center
- 1 managed acute-care facility
- 1 retirement/nursing center
- 3 home health agencies
- 131,030 annual admissions



- 778,597 annual outpatient visits
- 64,880 annual outpatient surgeries
- 425,273 annual emergency visits
- 25,230 annual deliveries
- 3,485 annual Life Flight® air ambulance missions
- 20,626 full-time employees
- 3,366 beds (licensed)
- 4,960 medical staff members
- 1,821 physicians-in-training (residents and fellows)



CANCER CARE

Memorial Hermann Cancer Centers provide a full continuum of services, including targeted anticancer drugs, intensity-modulated radiation therapy (IMRT), image-guided radiation therapy (IGRT), the most advanced linear accelerators, prostate seed implantation and the innovative MammoSite® and Contura™ radiation therapy systems for breast cancer. Seven centers are accredited by the American College of Surgeons Commission on Cancer.

SPORTS MEDICINE

Memorial Hermann Sports Medicine programs build athletic frontrunners and provide comprehensive care following injury. The Ironman Sports Medicine Institute at Memorial Hermann uses scientific discovery to help athletes of all ages and abilities prevent injury and improve performance. Led by an affiliated group of skilled sports medicine fellowship-trained physicians who are also team physicians for the Houston Texans, Houston Rockets, University of Houston, University of St. Thomas and Houston Baptist University, the program delivers care through the Institute and 26 conveniently located physical therapy clinics.

MEMORIAL HERMANN LIFE FLIGHT

Since its inception in 1976, Memorial Hermann Life Flight® has completed more than 120,000 missions. It continues to be one of the busiest air ambulance services in the nation and the only area program accredited by the Commission on Accreditation of Medical Transport Systems.

OUTPATIENT IMAGING AND TESTING

Memorial Hermann has established the community's largest network of freestanding Imaging Centers, with 28 locations. The Centers offer the latest technology, including PET/CT, 16- and 64-slice CT scanners, 3-Tesla MRI, 1.0 T high-field open MRI and digital mammography.

CHILDREN'S SERVICES

With 240 beds, Children's Memorial Hermann Hospital is one of the country's largest pediatric hospitals and Houston's first and largest Level I pediatric trauma center. An institutional member of the National Association of Children's Hospitals and Related Institutions (NACHRI), the hospital extends its high standards of quality to our community hospitals, with pediatric emergency centers in several of the system's acute-care hospitals and a Children's Memorial Hermann floor at Memorial Hermann Memorial City Medical Center.

REHABILITATION

Named among the top five rehabilitation hospitals in *U.S. News & World Report's* list of "America's Best Hospitals" for 22 consecutive years, TIRR Memorial Hermann has achieved world renown for excellence in research and treatment for traumatic brain injury, stroke, spinal cord injury, amputations, multiple sclerosis and other neurological diseases and disorders. TIRR Memorial Hermann is one of only six rehabilitation hospitals in the nation designated as Model Systems by the National Institute on Disability and Rehabilitation Research for both its spinal cord and traumatic brain injury programs.

RESEARCH AND INNOVATION

Memorial Hermann achieves improvements in patient care through clinical discovery and the development of new treatments for patients. Nearly 800 studies are in progress or pending across the system – all intent on finding tomorrow's breakthroughs today.

Memorial Hermann Facilities and Programs

Acute-Care Hospitals

Memorial Hermann –Texas Medical Center
Memorial Hermann Katy Hospital
Memorial Hermann Memorial City Medical Center
Memorial Hermann Northeast Hospital
Memorial Hermann Northwest Hospital
Memorial Hermann Southeast Hospital
Memorial Hermann Southwest Hospital
Memorial Hermann Sugar Land Hospital
Memorial Hermann The Woodlands Hospital

Specialty Institutes

Memorial Hermann Heart & Vascular Institute-Memorial City
Memorial Hermann Heart & Vascular Institute-Southwest
Memorial Hermann Heart & Vascular Institute-Texas Medical Center
Mischer Neuroscience Institute at Memorial Hermann
Ironman Sports Medicine Institute at Memorial Hermann

Specialty Hospitals

Children's Memorial Hermann Hospital
Memorial Hermann Prevention and Recovery Center
Memorial Hermann Rehabilitation Hospital-Katy
TIRR Memorial Hermann

Managed Hospital

Huntsville Memorial Hospital

Retirement Living

University Place Retirement Community

Long-Term Nursing Care

University Place Nursing Center

Specialty Facilities

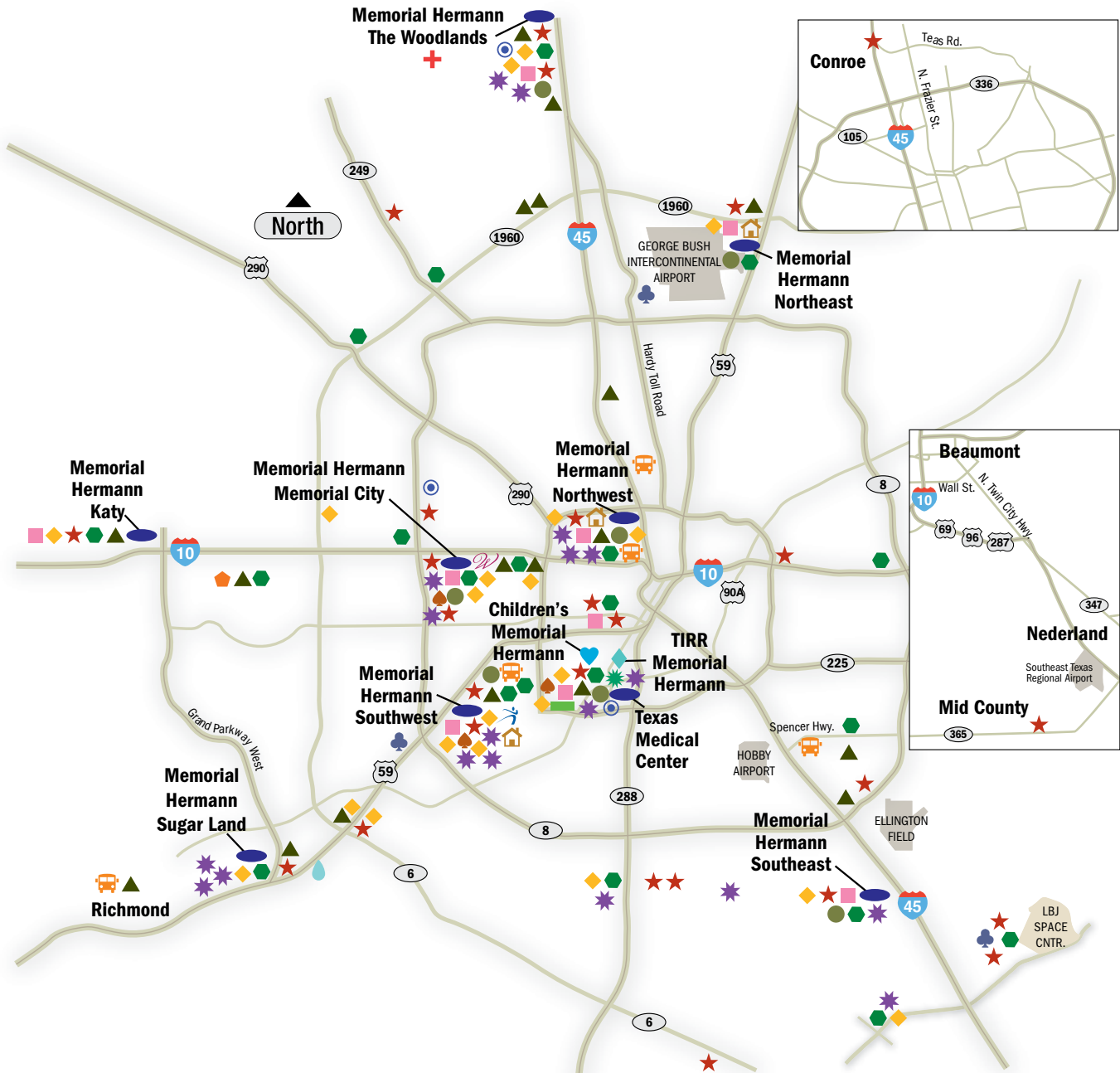
Memorial Hermann Counseling Center
Memorial Hermann Sports Medicine & Rehabilitation Centers
Memorial Hermann Technical Education Center
Neighborhood Health Centers
The Garden Spa

Other Subsidiaries

The Memorial Hermann Foundation
B.J. and Margaret Bradshaw Wellness Center-Memorial Hermann/HBU
Memorial Hermann Home Health
Memorial Hermann Medical Group
MHealth
MHMD Memorial Hermann Physician Network

Web site: memorialhermann.org





21 Imaging Centers	3 Neighborhood Health Centers
9 Breast Care Centers	1 Sports Medicine Institute
26 Sports Medicine & Rehabilitation	1 Women's Memorial Hermann Hospital
21 Diagnostic Laboratories	1 Mischer Neuroscience Institute
18 Surgery Centers	3 Prevention & Recovery Centers (PaRC)
1 24 Hr Emergency Center	19 Medical Group Locations
3 Home Health	1 Rehabilitation Katy
7 Cancer Centers	9 Acute-Care Hospitals
3 Heart & Vascular Institutes	1 Children's Memorial Hermann Hospital
1 Physicians at Sugar Creek	1 TIRR Memorial Hermann
5 School-Based Health Centers	1 Wellness Center

156 Memorial Hermann Facilities

MEMORIAL[®]
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