Memorial Hermann Katy Hospital
Community Health Needs Assessment
IMPLEMENTATION PLAN 2013

Introduction
A comprehensive Community Health Needs Assessment (CHNA) was conducted for Memorial Hermann Katy Hospital (Memorial Hermann Katy) from August 2012 to June of 2013. The goal of the assessment was to clarify the health needs of Memorial Hermann Katy’s study area, defined as Fort Bend and Harris Counties that represents 82.8% of the hospital’s inpatient discharges.

The analysis included a careful review of the most current health data available and input from numerous community representatives with special knowledge of public health. Findings indicated that there were eight main needs in the communities served by Memorial Hermann Katy. The CHNA Team, consisting of leadership from Memorial Hermann Health System (Memorial Hermann), prioritized those eight needs by studying them within the context of the hospital’s overall strategic plan and the availability of finite resources, with the following prioritization, in descending order, resulting:

**IDENTIFIED PRIORITIES**

1. Education and prevention for diseases and chronic conditions
2. Address issues with service integration, such as coordination among providers and the fragmented continuum of care
3. Address barriers to primary care, such as affordability and shortage of providers
4. Address unhealthy lifestyles and behaviors
5. Address barriers to mental healthcare, such as access to services and shortage of providers
6. Decrease health disparities by targeting specific populations
7. Increased access to affordable dental care
8. Increased access to transportation

This implementation plan addresses the top six of those eight needs. The need for “increased access to affordable dental care” and the need for “increased access to transportation,” are not addressed largely due to their positions (last and second to last) on the prioritized list, the fact that dental and transportation services are not core business functions of the health system and the limited capacity of each hospital to address those needs. Furthermore, the hospitals do not have the expertise to address access to transportation and the system views this issue as a larger city and county infrastructure related concern. Memorial Hermann fully supports local governments in their efforts to impact these issues.

However, there are some dental services initiatives which are being addressed at the system level. Memorial Hermann funds various Federally Qualified Health Centers and private not-for-profit clinics which offer dental services (notably Spring Branch Community Health Center and Interfaith Community...
Clinic) and funds and operates two dental vans offering preventive and restorative dental procedures to pre-kindergarten to twelfth grade students at 40 schools as a part of its school-based healthcare initiative.

The end result of the assessment process was the development of a strategic plan to address the major needs identified. This document is the Implementation Strategy for Memorial Hermann Katy Hospital. It details the rationale for each priority, the current services and activities supporting each priority, and the planned objectives and activities determined by Memorial Hermann Katy leadership to further support each priority.

**PRIORITY #1 RATIONALE:** Data suggests that there are high rates of various diseases and chronic conditions in the study area and in the Houston-Baytown-Sugar Land MSA. As of 2009, heart disease and cancer are the first and second leading causes of death in the study area. Harris County, which comprises 57.7% of Memorial Hermann Katy’s discharges, has higher mortality rates for both diseases than Texas. Fort Bend County, comprising 25.1% of Katy Hospital’s discharges, experiences rates that are lower than Texas’ rates for both diseases. According to the Behavioral Risk Factor Surveillance System (BRFSS), diabetes is also a prevalent condition in the Houston-Baytown-Sugar Land MSA, as is Alzheimer’s—with Alzheimer’s rates again higher than the state’s rate. In the survey conducted by Memorial Hermann, more than 90% of respondents indicated that promoting chronic disease management and improving access to preventive care (screenings for diseases) was important or very important initiatives for residents in the community. Hypertension, heart failure, cancer, and diabetes were consistently reported as top conditions in the community (questions ranging from top health problems, most prevalent conditions and top preventable hospitalizations).

**PRIORITY #1 RESPONSE:** Memorial Hermann Katy is currently addressing education and prevention for diseases and chronic conditions (diabetes, heart disease, cancer, and Alzheimer’s) through community programs such as education sessions, screenings, support groups and health education publications. The purpose of these programs is to provide populations with information and tools to assist them in optimizing their health and well-being. The short term goal is to positively influence the health behavior of individuals and communities; the longer term goal is to prevent disease, disability, and premature death.

- Cancer Education - 10,000 individuals through informative direct mail
• Girl’s Night Out/focus on breast and cervical cancer - 25 individuals participated
• Screening/Breast Cancer - 75 individuals participated
• Screening/Prostate Cancer - 66 individuals participated
• Screening/Colorectal Cancer - 31 individuals participated
• Diabetes Education - 195 individuals participated in monthly classes
• Support Groups/ Yoga classes for individuals and caregivers facing chronic conditions of stroke and diabetes - 210 individuals participated

Memorial Hermann Katy is a part of the Katy community leadership team that is participating in the process required to be recognized as a Heart and Stroke Healthy City. The recognition program recognizes cities for having environmental, and policy infrastructure and practices in place that are public health priorities for reducing cardiovascular disease and stroke. Cities involved in the program are assessed on ten priority community-based systems and environmental change indicators that are critical to reducing the burden of heart disease and stroke. Public recognition of heart and stroke healthy communities can provide reassurance to the citizens of Katy that their elected officials, community leaders, employers, schools, and health care professionals are taking action to make their communities healthier and safer places to live, work, learn, and play.

Technology can be an important aspect of prevention. Memorial Hermann Katy has added new technology in its fight against breast cancer. An innovative type of mammography that improves physicians’ ability to detect smaller tumors at the earliest stages is now available at Memorial Hermann Katy. Breast tomosynthesis is a 3-D imaging technology that looks and feels the same to the patient as conventional mammography; however it offers a number of advantages including improved diagnostic and screening accuracy, fewer recalls, and greater radiologist confidence. As a result of the demand for this technology, Memorial Hermann Katy is adding a second breast radiologist.

PRIORITY #1 STRATEGY:

**Objective #1.1:** To continue to address the interrelated chronic conditions of diabetes, heart disease, cancer, Alzheimer's and obesity through the existing infrastructure.

**Implementation Activities:**

• Increase awareness of the community education, screening, and support groups provided as reflected by increased participation.
  ○ Establish baseline metrics (2014)
  ○ Increase participation over baseline by 5% (2015)
  ○ Report metrics (2015, 2016)

• Implement education and coping skills programs for caregivers of loved ones with dementia.
  ○ Explore program options (2014)
  ○ Implement select program(s) and establish baseline metrics (2015)
  ○ Report metrics (2015, 2016)

• Explore linking community education programming with the Stanford Patient Education Model for Diabetes Self-Management Program. This model is a unique education program, designed to
last six weeks, for groups between 12 to 16 individuals, and to help people gain self-confidence in their ability to control their symptoms and improve their lives.
  o Conduct a needs assessment to determine community response to the program (2014)
  o Identify area organizations licensed to provide chronic disease self-management workshops; identify staff to be trained to implement the model (2014, 2015)
  o Implement and establish baseline metrics (2016)
• Continue leadership and participation in the Katy community’s Heart and Stroke Healthy Program.
  o Identify 5 of the 10 indicators of focus that promote a heart and stroke healthy environment for key leadership and participation activities (2013)
  o Implement select activities and establish baseline metrics (2014, 2015)
  o Report metrics (2015, 2016)

**PRIORITY #2: Address issues with service integration, such as coordination among providers and the fragmented continuum of care**

- Lack of information and record sharing, such as electronic medical records
- Lack of communication between providers
- Patient needs for medical homes
- Inappropriate ED use

**PRIORITY #2 RATIONALE:** Findings suggest that there are various issues that fall under the “service integration” category in the communities served by Memorial Hermann Hospitals. The Houston Hospitals Emergency Department Use Study (2010) demonstrates the frequent inappropriate use of emergency departments for primary care related conditions in the community. Many interviewees noted frustrations about the lack of record sharing among providers in the community and many said that patients must be transitioned out of the Emergency Department settings and into primary care settings. Another common concern was that too much of the patient population lacks a viable primary care access point or “medical home” focused on primary care.

**PRIORITY #2 RESPONSE:** Memorial Hermann Katy is currently addressing information sharing, patients’ needs for medical homes, and inappropriate ED use through several significant programs.

- Memorial Hermann Katy is responding to the community’s concern about the lack of record sharing among providers through the Memorial Hermann Information Exchange (MHiE) which uses a secure, encrypted electronic network to integrate and house patients’ digital medical records so they are easily accessible to authorized MHiE caregivers. The service is free to patients and only requires their consent. Since September 2011, 74% of Memorial Hermann Katy’s patients have registered to participate. Another initiative is for all inpatient, outpatient, and emergency room progress notes to be electronic providing for up-to-date provider access anytime, anywhere. Memorial Hermann Katy has 98% of its progress notes in electronic format.
• To improve communication among providers and correspondingly reduce readmissions, Memorial Hermann Katy Hospital has partnered with the Area Agency on Aging, Christus St. Catherine Hospital, and area skilled nursing facilities (SNFs) in a Community-Based Care Transition Program (CCTP) for Medicare and Medicaid services. A Transition Nurse Navigator works with PCPs, post-acute venues (LTACs, home health agencies, inpatient rehabilitation units, SNFs, and hospices), and pharmacies to provide a seamless transition from an inpatient setting to an outpatient setting for high risk patients.

• Another program, intended to avoid readmissions and follow-up emergency room visits through improved communication is Memorial Hermann Katy’s standardized discharge process. Discharge information, education, and teaching are reinforced. Three discharge nurses are dedicated to this process.

• Memorial Hermann Katy operates an emergency room, 18.3% of which are unfunded patients. A mid-level provider ensures that patients using the ER for primary care treatable health issues are given a medical screening, told if their medical condition is not an emergency room condition, and provided with community alternatives that can act as a medical home.

**PRIORITY #2 STRATEGY:**

**Objective #2.1:** To increase participation in the Health Information Exchange (HIE).

**Implementation Activities:**
- Continued education of staff responsible for offering the service to patients for consent. (ongoing)
- Maintain 70%+ of all registered patients consenting to the Health Information Exchange (HIE). (2014, 2015)
- Area Federally Qualified Health Centers to become HIE participants (1 minimum). (2014)

**Objective #2.2:** To reduce readmission rates below the national average in three diagnostic groups: congestive heart failure (CHF), acute myocardial infarction (AMI), and pneumonia through a transition nurse navigator and the Community-Based Care Transition Program.

**Implementation Activities:**
- Continue pilot program and establish metrics. (2013, 2014)

**Objective #2.3:** To continue emergency room programming that will reduce the community’s reliance on the ER for primary care purposes and to increase their connection with medical homes.

**Implementation Activities:**
- Implement a Navigation/CHW ER Program to work with the mid-level providers in the Emergency Room to navigate uninsured and Medicaid patients to a medical home.
  - Conduct assessment regarding hours of on-site coverage (2014)
  - Implement program and establish baseline metrics (2014, 2015)
  - Report on reduced ER reliance for primary care (2015, 2016)
• Continue to promote the importance of having a PCP and a medical home in the community health newsletters by including a related topic each quarter.

**Objective #2.4:** To continue to improve service integration and the continuity of care.

**Implementation Activities:**

- Partner with Walgreens Pharmacy to deliver prescribed medications to the bedside prior to discharge.
  - Implement inpatient program (2013)
  - Develop metrics quantifying reductions in emergency room visits and readmissions (as a result of reduced medication non-compliance); increases in patient satisfaction (2013, 2014)

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

- Cost
- Number of providers

**PRIORITY #3 RATIONALE:** According to the most recently released (in August of 2012) census data, more than one fourth of residents in Texas are uninsured. Nearly 30% of residents in Harris County and about 20% of residents in Fort Bend County are uninsured. Furthermore, many of the residents (18.8%) in the Houston-Baytown-Sugarland MSA experience medical cost barriers with regard to accessing healthcare. The *Health of Houston Survey 2010: A First Look* also indicated that women who didn’t receive the appropriate prenatal care often cited cost and insurance barriers (34%). There was a perception among interviewees that primary care providers are “running at full capacity” and there is a need for additional primary care providers to serve the communities both in the general population and the safety net population. The *Safety Net Review Key Informant Study* suggests that lack of availability of primary care services and difficulty accessing primary care are two of the top three problems among the safety net. Finally, in the survey conducted by Memorial Hermann, “Lack of coverage/financial hardship” was ranked first with regard to barriers to access to primary and preventive care for low income residents in the community. The lack of capacity (e.g. insufficient providers/extended wait times) ranked third.

**PRIORITY #3 RESPONSE:** As a part of Memorial Hermann, the largest not-for-profit health system in Southeast Texas, Memorial Hermann Katy plays a role in Memorial Hermann’s annual $309.3 million dollar contribution to the community. This represents financial assistance and means-tested government programs, community health improvement services and community benefit operations, health professions education, subsidized health services, research, and cash and in-kind contributions for community health, and is representative of costs using the IRS 990 schedule H reporting.
To secure a payment source for uninsured and under-insured patients, Memorial Hermann Katy has a financial counseling program. Counselors help patients enroll in government programs or find other sources of coverage. Specifically, the counselors assist patients with financial assistance applications, setting up payment plans or applying for charity care. The program covers both inpatients and emergency room patients, five days a week, with two counselors each working with approximately six patients per shift.

In order to ensure specialty coverage of all populations, Memorial Hermann Katy contracts with physicians covering ten specialties (cardiology, gastroenterology, general surgery, general medicine, neurology, OB/GYN, pediatrics, plastic surgery, and urology) to provide On-Call ER Coverage 24 hours a day, seven days a week. In FY 2012, ‘physician guarantees’ paid by Memorial Hermann Katy totaled $340,334. Thus patients accessing the Katy emergency room for emergent conditions are guaranteed emergent specialty care.

Two initiatives support the growing Primary Care Physician (PCP) shortage: Memorial Hermann Medical Group and Memorial Hermann Physician Network.

Memorial Hermann Medical Group (MHMG) has been instrumental in recruiting PCPs to the Katy service area. MHMG is an umbrella organization that employs physicians and provides business services such as billing, collections, insurance reimbursement contracts, and medical records maintenance and information technology, allowing participating physicians to spend more time practicing medicine and less time running a business.

Through the Memorial Hermann Physician Network MHMD, community primary care physicians who strive to be certified as a patient centered medical home by NCQA (National Committee for Quality Assurance) can be supported in the endeavor. NCQA certified physician practices serve the community as a true medical home and are held accountable for meeting a set of standards that describe clear and specific criteria about organizing care around patients, working in teams and coordinating and tracking care over time. There are 15 family medicine physicians and internists in Memorial Hermann Katy’s service area that have signed a contract to be in MHMD’s medical home initiative and have either achieved or are working towards certification.

**PRIORITY #3 STRATEGY:**

**Objective #3.1:** To develop recruiting strategies for PCPs within the Memorial Hermann Katy service area.

**Implementation Activities:**
- Recruit an additional 2 primary care mid-level providers within MHMG. (2014)
- Recruit an additional 25 primary care (family practice, internal medicine, OB/GYNs, and pediatricians) medical home physicians within MHMD. (2013-2016)

**Objective #3.2:** To assess implementation of a Hospitalist Service to the medical staff to introduce, educate, and encourage service buy-in by physicians.
**Implementation Activity:**
- Explore implementation. (2014)
- Set goals. (2015)
- If implemented, report medical staff members admitting via the hospitalists. (2016)

**Objective #3.3:** To continue to capitalize on community resources for primary care.

**Implementation Activities:**
- Strengthen collaboration with private/not for profit clinics and the area Federally Qualified Health Centers (FQHCs).
  - FQHCs to sign MHIE agreement (1 minimum) (2014)
  - Establish ER referral program via navigators (2014, 2015)

**PRIORITY #4: Address unhealthy lifestyles and behaviors**
- Obesity
- Communicable diseases (chlamydia, gonorrhea, AIDS, tuberculosis, syphilis)
- Accidents

**PRIORITY #4 RATIONALE:** Findings suggest that there is a need to address unhealthy lifestyles and behaviors in the community, such as obesity, communicable diseases (chlamydia, gonorrhea, AIDS, tuberculosis, and syphilis), and accidents. Harris County has high rates of chlamydia (413.8 per 100,000) and gonorrhea (127.8 per 100,000), while Fort Bend County’s chlamydia (196.2 per 100,000) and gonorrhea (52.3 per 100,000) rates are lower. Furthermore, as of 2009, Harris County’s tuberculosis, primary and secondary syphilis and AIDS rates have been higher than the state’s rates since 2007. According to BRFSS, more than 76% of residents in the Houston-Baytown-Sugar Land MSA do not consume the recommended daily intake of fruits and vegetables and more than 23% do not engage in any “leisure time physical activity.” Houston youth were more likely than Texas youth to engage in 14 different risky behaviors, ranging from physical violence, to obtaining cigarettes by purchasing them from a store or gas station, to sexual intercourse before 13, to never being taught in school about HIV or AIDS, and various nutrition and physical activity indicators. In the survey conducted by Memorial Hermann, adult and childhood obesity ranked as the third and fourth most important health problems in the community. More than 82% of respondents believe that obesity is the second most prevalent chronic disease in the community and more than 70% rated nutrition and weight management programs as inadequate or very inadequate in the community.

**PRIORITY #4 RESPONSE:** An unhealthy lifestyle means more illness and more expense to treat those illnesses. Programs provided to patients the community, and employees to assist with lifestyle changes are:
- Nurses Day Education - Physicians speak on a range of topics including infectious diseases and gang behavior – 130 community nurses attended
- Breastfeeding Education - 48 individuals participated
• Support Group for Breastfeeding - 72 individuals participated
• Health Fairs –YMCA/Willowfork Country Club/Area Agency on Aging - 500 individuals participated
• Memorial Hermann Katy provides aesthetic walking trails and exercise equipment that are available to employees and visitors as well as nonprofit groups who use the outdoor area to hold events.
• Memorial Hermann Katy Hospital provides all patients with a Patient Guide in their Welcome Packet that provides information about living a healthy lifestyle.
• Memorial Hermann Katy publishes a community newsletter that is mailed to 20,000 households four times per year with information to help people make better choices for managing their health.
• Memorial Hermann Katy is the official healthcare provider for sports injury prevention and treatment and health education in the Katy Independent School District, educating and providing treatment to thousands of youth and adults each year. Memorial Hermann Katy Hospital subsidizes the Katy athletic trainer program annually and provides scholarships for athletic trainers to attend all day trainer events and earn CEUs (continuing education unit credits).
• Memorial Hermann Katy financially supports Katy Independent School District’s Pregnancy Education and Parenting Program (PEP), a program that provides information to high school girls who are pregnant, provides prenatal care, and assists them through graduation.
• Memorial Hermann Katy provides a program to parents of middle and high schoolers about when to take your daughter to an OB/GYN.
• The Echo Program provides discounted ($125) youth heart screenings for 20 athletes who need further screenings following their sports physical, twice a year (spring and fall).
• Staff and volunteers participate in annual events that promote fitness and health to the community such as walk-a-thons and marathons.
• Memorial Hermann, one of the largest employers in the Houston area, has numerous employee programs promoting healthy lifestyle living and behavior changes. Among them are:
  o Required annual physicals (for employees participating in the Edge insurance program)
  o Incentive based weight loss program-- in FY 2012 152 Memorial Hermann Katy employees lost 604 pounds on the Leaner Weigh program
  o Financial penalty for smoking for existing employees and a “no smokers” hiring policy for new employees. Memorial Hermann Sugar Land is a non-smoking campus.
  o **Wellness & You** Program which incorporates fresh and delicious recipes that meet established guidelines into daily retail food offerings
  o **My Fitness Pal** which, free for iPhone and Android, provides a personalized diet profile to one’s unique weight loss goals
  o **Cooking for Wellness** where chefs and dietitians in the Katy Cafe host cooking demonstrations using healthy cooking techniques
  o **Meatless Mondays**, which encourages reduction of meat consumption by 15% to improve personal health and the health of the planet
To address the increasing rate of HIV, especially among the African American population, Memorial Hermann Katy provides routine HIV testing for all emergency room patients ages 18-65, and younger patients with symptoms—unless they opt out. Since July, 2011, Memorial Hermann Katy has screened 5,289 patients with 17 patients diagnosed with positive results.

**PRIORITY #4 STRATEGY:**

**Objective #4.1:** Continue to reinforce healthy lifestyles and influence and encourage behavior change.

**Implementation Activity:**

- Increase awareness of the on-going education on healthy lifestyles and healthy choices as reflected by increased participation.
  - Establish baseline metrics (2014)
  - Increase participation over baseline by 5% (2015)
  - Report metrics (2015, 2016)
- Provide meeting room space at no cost to health and community related groups as measured by collaboration with community groups.
  - Establish baseline metrics (2014)
  - Increase participation over baseline by 5% (2015)
  - Report metrics (2015, 2016)
- Implement regular, ongoing community education courses for weight management and exercise.
  - Explore program options (2014)
  - Implement select program(s) and establish baseline metrics (2015)
  - Report metrics (2015, 2016)
- Implement Memorial Hermann System Wellness Initiatives.
  - Continue current wellness programs including incentive/disincentive for wellness/non-wellness selections (2013-2016)
  - Expand on the successful Pilot “Eat This...Not That” (2013 - 2016)
  - Implement vending program revisions (2014)
  - Implement catering menu revisions (2014)
  - Implement patient menu revisions (2014)
  - Report metrics on reduced caloric intake and reduced weight gain (2015, 2016)

**PRIORITY #5: Address barriers to mental healthcare, such as access to services and shortage of providers**

- Number of providers
- Adequacy and access issues
- Substance abuse services
**PRIORITY #5 RATIONALE:** Access to mental health services ranked as a top concern over and over again in the survey conducted by Memorial Hermann. For example, 79.5% of respondents indicated that the needs of persons with mental illness were being either inadequately or very inadequately met. Mental health problems ranked as the number one most important health problem in the community, with 71% of respondents ranking it first. More than 85% of respondents said that access to mental/behavioral healthcare services for low income residents was difficult or very difficult. Finally, more than 80% of respondents indicated “inadequate or very inadequate” for services provided for mental health screenings. Interviewees also noted the need to address barriers to mental healthcare, such as the inadequacy of mental and behavioral health treatment programs available in the community, the limited number of beds for inpatient mental health services and the critical need for substance abuse intervention and rehabilitation programs.

**PRIORITY #5 RESPONSE:** Houston is struggling with a mental health crisis. With a shortage of psychiatric facilities and a lack of financial resources, insured as well as uninsured patients are left seeking services from emergency room physicians and nurses untrained in psychiatry. They face problems that are pressing and real, yet typically wait while ER personnel attend to others with more pressing physical needs. Within the Memorial Hermann System, two innovative mental health programs operate.

Since 2000, on call day and night, Memorial Hermann’s Psych Response Team acts as mental health experts for the ERs. They are a team of mental health professionals, responding to calls from Memorial Hermann’s emergency rooms when patients present with symptoms of mental illness, such as depression, psychosis, or chemical dependency. They stabilize, evaluate, arrange referrals, and follow-up to maintain patient compliance.

The team refers to 30 mental health community treatment providers. This size enables the program to leverage the mental health community’s resourced patients (72%) to obtain care for the community’s non-resources patients (28%). No longer is it one ER/Nurse/MD competing with the rest of the ERs for a limited amount of psychiatric resources. Rather, there is a coordinated approach, and the community’s psychiatric programs accept Psych Response Team referrals because it is in their best interests. A report is shared monthly, detailing the number of resource and non-resource patients referred throughout the community. In 2012, 758 Katy patients were assessed and treatment recommendations were made.

The Memorial Hermann Prevention and Recovery Center (PaRC), the number one drug rehab and alcohol treatment program in Houston providing detoxification, residential treatment, intensive outpatient programs, and an aftercare program is a substance abuse referral source for Memorial Hermann Northwest Hospital. The PaRC has 30 years of experience treating addiction as the chronic, progressive, primary illness research and medical technology have shown it to be. The CEO of the PaRC participates on numerous boards and councils promoting mental health awareness, policy, and expansion of services including: membership on the THA (Texas Hospital Association) Psychiatry and Chemical Dependency Services Constituency Council, membership on the Coalition of Behavioral Health
Providers, chairmanship of the Treatment Services Subcommittee for the Houston/Harris County Office of Drug Policy, advisory board membership on MCMHTF (Montgomery County Mental Health Treatment Facility), president of TAAP (Texas Association of Addiction Professionals), and an informal advisor and provider of in-kind donations to The Men’s Center and Santa Maria Hostel, local non-profits that serve homeless and disadvantaged substance abusing men (Men’s Center) and women with children (Santa Maria).

PRIORITY #5 STRATEGY:

Objective #5.1: To address Behavioral Health/Substance Abuse readmission rates.

Implementation Activity:
- To partner with the Psych Response Team to provide case management of post-discharge behavioral health patients in order to encourage compliance in prescribed health maintenance activities.
  - Identify individuals whose chronic mental illness predicts they will likely have repeat visits to the ER and connect them with case management services for follow-up after discharge (2014)
  - Establish and monitor metrics of reduction in the 30-day Behavioral Health/Substance Abuse readmission rate (2015)
  - Report metrics (2015, 2016)

- To partner with the Psych Response Team to provide a crisis stabilization clinic that will provide rapid access to initial psychiatric treatment and outpatient services.
  - Identify individuals with behavioral health needs that, if addressed quickly, may avoid unnecessary use of emergency departments, hospitalization or incarceration (2014)
  - Establish and monitor metrics of reduction in the 30-day Behavioral Health/Substance Abuse readmission rate (2015)
  - Report metrics (2015, 2016)

PRIORITY #6: Decrease health disparities by targeting specific populations

- Safety net population (under/uninsured, working poor, indigent)
- Unemployed
- Children
- Elderly and “almost elderly” (those who are not yet eligible for Medicare)
- Asian immigrant population
- Homeless
**PRIORITY #6 RATIONALE:** Data suggests that there are various health disparities among specific populations in the community. There are disparities among those who face medical cost barriers with regard to gender, race/ethnicity, income and education. The *Health of Houston Survey 2010: A First Look* indicates that health insurance and access to care is a particular concern for the Houston area, with Hispanic and Vietnamese residents having much higher uninsured rates than the average. The *Health of Houston Survey 2010: A First Look* also indicates that there are disparities among children’s access to insurance. According to the BRFSS, there are mental health disparities with regard to gender, race/ethnicity, income and age. There are also disparities among those who report diabetes, those who are overweight or obese and those who do not participate in any leisure time physical activity. Interview data also demonstrates these disparities. The populations most at risk include the safety net population, the unemployed, children, elderly and “almost elderly,” non-English speaking minorities, Asian immigrant populations and the homeless.

**PRIORITY #6 RESPONSE:** Since 2008, Memorial Hermann Katy uninsured patients with a pattern of repeat emergency room use and hospital readmissions have had access to COPE (Community Outreach for Personal Empowerment), a program which, through education, guidance, and follow-up by social workers, educates individuals about the health and social service resources available to them. Through this education and referral to accessible resources, the program has demonstrated success in many areas, including reduced use of hospital admissions and emergency room visits. The program requires active interventions, tools, and empowering communication to help patients identify, access and obtain community based services. In FY 2012, 1,374 patients were enrolled in the COPE program, Memorial Hermann systemwide.

Since 2006, Memorial Hermann Katy’s uninsured, Medicaid and Medicare patients with chronic conditions such as congestive heart failure, diabetes and chronic obstructive pulmonary disease have had access to the Memorial Hermann Chronic Disease Management Program. Through regular telephone support by a registered nurse trained in chronic management patients, patients are encouraged to follow the instructions of their physicians for medication compliance, exercise, diet, lab work and office follow-ups. With patient consent, physicians receive immediate notification if the nurse notices any emergent problems that require quick attention. The program has demonstrated success in many areas, including improved quality of life, decreased disease burden, and reduced hospital admissions and emergency room visits.

To address health disparities, Memorial Hermann Katy directly funds or indirectly provides in kind services to a variety of social service agencies in the area:

- Memorial Hermann Katy supports Katy Area Ride Services which provides affordable transportation for Katy area seniors and persons with disabilities. This is a much needed program as there is no mass transit in Katy. The program’s innovative approach to transportation has eliminated ride service barriers across county lines.
- Memorial Hermann Katy frequently holds food and sundries drives to help those in need.
- Meals on Wheels delivers 65 meals a day to the homebound from meals prepared at the Katy hospital facility.
PRIORITY #6 STRATEGY:

Objective #6.1: To expand programs that support the safety net population, including the unemployed and ‘almost’ elderly.

Implementation Activities:
- Expand COPE Program.
  - Determine level of need of increased penetration (2014)
  - Establish baseline metrics covering decreased emergency room visits, observation stays, and inpatients admissions (2015)
  - Report metrics (2015, 2016)

Objective #6.2: Expand programs that serve children.

Implementation Activities:
- Add an additional 7 Level II NICU beds to meet the projected community need. (2014, 2015)
- Recruit up to 2 new pediatricians over the next 4 years. (2014-2018)

Objective #6.3: Expand programs that support the homeless.

Implementation Activity:
- Create and distribute throughout the hospital lists of local food pantries, local shelters, low cost prescription programs and low cost and free clinics (2014-2016)

Objective #6.4: To expand programs that support Asian and other immigrants.

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