Executive Summary

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

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

- **Memorial Hermann Health System’s CHNA Pillar Priorities**
  - Pillar 1: Access to Healthcare
  - Pillar 2: Emotional Well-Being
  - Pillar 3: Food as Health
  - Pillar 4: Exercise Is Medicine

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

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

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

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

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

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

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

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

Summary of Implementation Strategies

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

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

- **Pillar 1: Access to Care**
  - Nurse Health Line
  - ER Navigation
  - OneBridge Health Network
- **Pillar 2: Emotional Wellbeing**
  - Mental Health and Substance Abuse
- **Pillar 3: Food as Health**
  - Diabetic Support Groups
  - Food Insecurity Screening
  - Stroke Support Groups
- **Pillar 4: Exercise is Medicine**
  - Walk with a Doc
  - Pediatric Weight Loss Management Program

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

PILLAR 1: ACCESS TO HEALTHCARE
Goal Statement: From 2019-2021, Memorial Hermann will implement initiatives that increase patients access to care to ensure they receive care at the right location, at the right cost, at the right time.

Focal Area 1: Access to Health Services

Strategy 1.A: Nurse Health Line

<table>
<thead>
<tr>
<th>Activities</th>
<th>Process Measures</th>
<th>Baseline</th>
<th>Y1</th>
<th>Y2</th>
<th>Y3</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity 1.A.1&lt;br&gt;Provide a 24/7 free resource via the Nurse Health Line that community members (uninsured and insured) within the greater Houston community can call to discuss their health concerns, receive recommendations on the appropriate setting for care, and get connected to appropriate resources.</td>
<td># of calls from counties comprising MHNE’s primary service area</td>
<td>31,191</td>
<td>31,191</td>
<td>31,191</td>
<td>31,191</td>
<td>% Callers satisfied with the NHL&lt;br&gt;% Callers who followed the NHL Advice&lt;br&gt;% Callers who were diverted from the ER</td>
</tr>
</tbody>
</table>

Resources:
- NHL management and operations (currently funded through DSRIP)

Collaboration:
- MH Community Benefit Corporation
- Greater Houston Safety-Net Providers
### PILLAR 1: ACCESS TO HEALTHCARE

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

### Focal Area 2: Lack of Health Insurance

#### Strategy 2:A: ER Navigation

<table>
<thead>
<tr>
<th>Activities</th>
<th>Process Measures</th>
<th>Baseline</th>
<th>Y1</th>
<th>Y2</th>
<th>Y3</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity 2.A.1 Navigating uninsured and Medicaid patients that access the ER for primary care treatable and avoidable issues to a medical home.</td>
<td># of Encounters # of Referrals</td>
<td>3,642 2,858</td>
<td>3,642 2,858</td>
<td>3,642 2,858</td>
<td>3,642 2,858</td>
<td>Decline in ER Visits post ER Navigation Intervention as opposed to pre at 6, 12, and 18-month intervals</td>
</tr>
</tbody>
</table>

#### Resources:
- ER Navigators
- IT Support
- Operating costs

#### Collaboration:
- MH Community Benefit Corporation
- Greater Houston Safety-Net Providers
**PILLAR 1: ACCESS TO HEALTHCARE**

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

**Focal Area 2: Lack of Health Insurance**

**Strategy 2:B: Memorial Hermann Northeast Cancer Center**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Process Measures</th>
<th>Baseline</th>
<th>Y1</th>
<th>Y2</th>
<th>Y3</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity 2.B.1 Continue to host free MHNE community cancer screenings (1 in summer and 1 in fall) at Memorial Hermann NE Cancer Center. The events are marketed to the community via social media, web, and grassroots efforts.</td>
<td># of events</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td># of individuals with positive screenings who are referred for follow-up care</td>
</tr>
<tr>
<td></td>
<td># of screenings</td>
<td>160</td>
<td>160</td>
<td>170</td>
<td>180</td>
<td></td>
</tr>
</tbody>
</table>

**Resources:**
- Staff
- Volunteers
- Aligned physicians
- Operating costs to include catering, give-a-ways

**Collaboration:**
- MH Community Benefit Corporation
- Greater Houston Safety-Net Providers
- Memorial Hermann Medical Group
- Local non-profits that partner with MHHS system
- Media
PILLAR 1: ACCESS TO HEALTHCARE
Goal Statement: From 2019-2021, Memorial Hermann will implement initiatives that increase patients access to care to ensure they receive care at the right location, at the right cost, at the right time.

Focal Area 3: Low Income/Underserved

Strategy 3:A: OneBridge Health Network

<table>
<thead>
<tr>
<th>Activities</th>
<th>Process Measures</th>
<th>Baseline</th>
<th>Y1</th>
<th>Y2</th>
<th>Y3</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity 3.A.1 Provide OneBridge Health Network to connect uninsured patients, meeting eligibility criteria, including a referral from a PCP, with the specialty care connections they need to get well.</td>
<td># of physicians onboarded</td>
<td>0</td>
<td>Implementation Year</td>
<td>2</td>
<td>4</td>
<td># of patients navigated # of patients treated by specialists $s of specialty services provided</td>
</tr>
</tbody>
</table>

Resources:
- OneBridge Health Network Support Staff and Operations
- Hospital Staff communications/marketing to Providers
- Providers’ donation of time

Collaboration:
- MH Community Benefit Corporation
- Greater Houston Safety-Net Providers
PILLAR 1: ACCESS TO HEALTHCARE
Goal Statement: From 2019-2021, Memorial Hermann will implement initiatives that increase patients access to care to ensure they receive care at the right location, at the right cost, at the right time.

Focal Area 3: Low Income/Underserved

Strategy 3:B: Project Mammogram

<table>
<thead>
<tr>
<th>Activities</th>
<th>Process Measures</th>
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<th>Outcomes</th>
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</thead>
<tbody>
<tr>
<td>Activity 3.B.1</td>
<td>Continue cooperative agreement with Northeast Hospital Foundation to enable the uninsured to access mammography screenings and treatment as appropriate. Project Mammogram is a community program sponsored by the Northeast Hospital Foundation that offers free mammograms and breast ultrasounds to qualifying area women and men. Once diagnosed, Project Mammogram sends patients to The Rose for navigation, then some are referred to the MHNE Cancer Center. MHNE supports by participating in the annual ‘In the Pink’ fundraising campaign.</td>
<td># of patients screened annually</td>
<td>441</td>
<td>441</td>
<td>441</td>
<td># of individuals with positive screenings who receive appropriate follow-up care</td>
</tr>
</tbody>
</table>

Resources:
- Employee volunteers
- Branded event give-a-ways at ITP events

Collaboration:
- Northeast Hospital Foundation
- In the Pink Partners – Businesses, organizations and individuals that support fundraising and outreach efforts
- The Rose
**PILLAR 2: EMOTIONAL WELLBEING**

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

**Focal Area 1: Mental Health and Substance Abuse**

<table>
<thead>
<tr>
<th>Activities</th>
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<th>Y2</th>
<th>Y3</th>
<th>Outcomes</th>
</tr>
</thead>
</table>
| Activity 1.A.1
Memorial Hermann Psychiatric Response Team:                             | # of patients    | 759      | 763 | 767 | 770 | # ED patients referred to outpatient care     |
| Memorial Hermann Psychiatric Response Team, a mobile assessment team,     |                  |          |     |     |     |                                               |
| works 24/7 across the System and provides behavioral health expertise to  |                  |          |     |     |     |                                               |
| all acute care campuses, delivering services to ERs and inpatient         |                  |          |     |     |     |                                               |
| units.                                                                    |                  |          |     |     |     |                                               |
| Activity 1.A.2
Memorial Hermann Mental Health Crisis Clinics:                         | # of patients    | 4,286    | 4,286| 4,286| 4,286| # PCP Referrals                               |
| Memorial Hermann Mental Health Crisis Clinics (MHCCs) are outpatient      |                  |          |     |     |     |                                               |
| specialty clinics open to the community, meant to serve individuals in    |                  |          |     |     |     |                                               |
| crisis situations or those unable to follow up with other outpatient      |                  |          |     |     |     |                                               |
| providers for their behavioral health needs                               |                  |          |     |     |     |                                               |
| Activity 1.A.3
Memorial Hermann Integrated Care Program:                              | # of patients    | 213      | 214 | 215 | 216 | # Substance abuse screenings completed       |
Memorial Hermann Integrated Care Program (ICP) strives to facilitate systematic coordination of general and behavioral healthcare. This program embeds a Behavioral Health Care Manager (BHCM) into primary and specialty outpatient care practices. Includes depression and substance abuse screenings.

<table>
<thead>
<tr>
<th>Activity 1.A.4</th>
<th># of unique patients</th>
<th>182</th>
<th>183</th>
<th>184</th>
<th>185</th>
<th># Unique Patients Screened for Depression (using either PHQ9 or PSC-17 or Edinburg tools)</th>
</tr>
</thead>
</table>

Memorial Hermann Psychiatric Response Case Management: Memorial Hermann Psychiatric Response Case Management (PRCM) program provides intensive community-based case management services for individuals with chronic mental illness who struggle to maintain stability in the community.

<table>
<thead>
<tr>
<th>Resources:</th>
<th># of PCP Referrals</th>
<th># Complete housing assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Human Resources - Behavioral Health Services Employees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Operating Resources – Computers, EMR, and other documentation tools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Capital Resources – Offices and other facilities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Collaboration:

• Collaboration with all the Memorial Hermann Facilities, Leadership, Case Management, Medical staff, Community Service Providers, and other Community Partners
PILLAR 3: FOOD AS HEALTH
Goal Statement: From 2019 – 2021, Memorial Hermann will implement initiatives that increase awareness of food insecurity, provision of food programs, and education that promotes the reduction/postponement of chronic disease.

Focal Area 1: Diabetes

Strategy 1:A: Community Education

<table>
<thead>
<tr>
<th>Activities</th>
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<th>Y2</th>
<th>Y3</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity 1.A.1 Community/Employer Health Lunch &amp; Learns offered by healthcare providers to employers and community members on topics related to nutrition, weight management, etc.</td>
<td># events</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>Utilize community assessment to determine health topics the community is most interested in to meet health education requests</td>
</tr>
<tr>
<td></td>
<td># of attendees</td>
<td>200</td>
<td>200</td>
<td>225</td>
<td>250</td>
<td>% of community health education requests filled/completed</td>
</tr>
</tbody>
</table>

Resources:
- Time/support of collaborators
- Marketing & Communications
- Occupational Health
- 3rd party vendor for set-up
- Event give-a-ways

Collaboration:
- Local employers
- ISDs
- Local media
- Staff
- Physicians
**PILLAR 3: FOOD AS HEALTH**

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

**Focal Area 2: Food Insecurity**

**Strategy 2:A: Food Insecurity Screening**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Process Measures</th>
<th>Baseline</th>
<th>Y1</th>
<th>Y2</th>
<th>Y3</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity 2.A.1</td>
<td>Screen for food insecurity via ER staff and care managers and connect patients to Houston Food Bank for SNAP eligibility and food pantry connections.</td>
<td># of patients screened</td>
<td>85,466</td>
<td>85,466</td>
<td>85,466</td>
<td>85,466</td>
</tr>
<tr>
<td></td>
<td># of patients reporting food insecurity</td>
<td>820</td>
<td>820</td>
<td>820</td>
<td>820</td>
<td># of SNAP applications completed by Houston Food Bank for Hospital’s service area counties</td>
</tr>
</tbody>
</table>

**Resources:**
- ER Staff time to interview and navigate patients and compile reports

**Collaboration:**
- Community Benefit Corporation
- Houston Food Bank
- Mission Northeast
- Humble Area Assistance Ministries
PILLAR 3: FOOD AS HEALTH
Goal Statement: From 2019 – 2021, Memorial Hermann will implement initiatives that increase awareness of food insecurity, provision of food programs, and education that promotes the reduction/postponement of chronic disease.

Focal Area 3: Heart Disease/Stroke

Strategy 3:A: Stroke Support Group

<table>
<thead>
<tr>
<th>Activities</th>
<th>Process Measures</th>
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<th>Y2</th>
<th>Y3</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity 3.A.1 Stroke Support Group (meets quarterly) – Free and open to the community to attend.</td>
<td># of events</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>Change in knowledge and behavior as measured via a pre/post survey</td>
</tr>
<tr>
<td></td>
<td># participants</td>
<td>1</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

Resources:
- Staff/Volunteer Time
- Marketing and Communications
- 3rd party vendor for set-up
- Event give-a-ways

Collaboration:
- Occupational Health
- ISDs
- Local employers
- Staff
- Physicians
- Mid-level healthcare providers
### PILLAR 4: EXERCISE IS MEDICINE

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

**Focal Area:** Obesity

**Strategy 1:A: Physical Health Services — Health Physicals and Wellness Center**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Process Measures</th>
<th>Baseline</th>
<th>Y1</th>
<th>Y2</th>
<th>Y3</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity 1.A.1</td>
<td># of students per year examined</td>
<td>11,300</td>
<td>11,400</td>
<td>11,500</td>
<td>11,600</td>
<td>Funds going back to support school sports</td>
</tr>
<tr>
<td>Continue to conduct athletic physicals in public schools (full physicals and EKG); partner with schools to provide a concussion trained PCP or ED physician on site at HS games. Students pay a nominal fee for the physicals that is then donated back to the school system.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity 1.A.2</td>
<td># of total members</td>
<td>171</td>
<td>180</td>
<td>200</td>
<td>220</td>
<td>Change in health status (Improve general wellness)</td>
</tr>
<tr>
<td>Provide subsidized health and wellness services to employees and community at on-site Wellness Center (fitness classes, boot camps, body fat percentage, etc.). Majority of current members are post-rehab patients and local senior citizens.</td>
<td># of responses to annual membership wellness survey</td>
<td>30</td>
<td>30</td>
<td>40</td>
<td>50</td>
<td>Impact on participant wellness measured by annual participant survey</td>
</tr>
</tbody>
</table>

**Resources:**
- Stroke Coordinator
- Athletic Trainers
- Wellness Center Manager
- Staff
- Volunteers

**Collaboration:**
- ISDs
- Employers
- Physicians and Mid-levels
- Chambers of Commerce
- Community Seniors