



Keeping the **H** in Hometown®

Huntsville Memorial Hospital

Implementation Plan

September 2019



Huntsville Memorial Hospital

FY 2020 - FY 2022 Implementation Plan

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Huntsville Memorial Hospital (HMH) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Walker County, Texas.

The CHNA Team, consisting of leadership from HMH, met with staff from CHC Consulting on May 15, 2019 to review the research findings and prioritize the community health needs. Six significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in an electronic ballot prioritization process using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and the hospital’s capacity to address the need. Once this prioritization process was complete, the hospital leadership discussed the results and decided to address all of the six prioritized needs in various capacities through a hospital specific implementation plan.

The six most significant needs, as discussed during the May 15th prioritization meeting, are listed below:

- 1.) Focus on Hospital Improvements and Sustainability
- 2.) Increased Emphasis on Physician Recruitment and Retention
- 3.) Access to Affordable Care and Reducing Health Disparities Among Specific Populations
- 4.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- 5.) Access to Mental and Behavioral Health Care Services and Providers
- 6.) Increased Emphasis on Education and Awareness of Existing Health Care Resources

HMH leadership developed its implementation plan to identify specific activities and services which directly address all of the identified priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital’s overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, key results, and current status.

The HMH Board reviewed and adopted the 2019 Community Health Needs Assessment on May 23, 2019. The HMH 2020-2022 Implementation Plan is pending board approval on September 26, 2019.

Priority #1: Focus on Hospital Improvements and Sustainability

Rationale:

Interviewees discussed concern surrounding the future of the hospital leading to difficulty in retaining providers and health care staff who may be leaving the area for more stable employment situations. It was also mentioned that the facility is aging and needs upgrades to attract new providers and patients in the community. One interviewee stated: "The big concern is keeping our doctors, nurses and health care personnel so we don't lose them to other areas because of the fear of the future of the hospital."

It was mentioned that the presence of the hospital is invaluable for natural disasters and the incarcerated population in the community, and interviewees also noted that there may be a potential negative impact on the significant lower socioeconomic population if the hospital closes or reduces services. One interviewee stated: "We need an acute care hospital here. We have a lot of people who are at an economic level that would make it complex or difficult to have to travel to other locations within the area, so having a health care facility here is very important."

Objective:

Focus on efforts to improve the hospital's infrastructure and maintain sustainability in the community

Implementation Activity	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.A. HMM is focused on sustainability and finding the best path to move forward.						
1.B. HMM is exploring opportunities to expand infusion services.						
1.C. HMM is dedicated to increasing quality through improving HCAHPS scores.						
1.D. HMM is dedicated to increasing quality through reducing employee turnover.						
1.E. HMM continues to participate in the AHRQ Culture of Safety Survey and action plan based on results.						
1.F. HMM will continue to implement its Chronic Disease Management process upon discharge to reduce readmissions by utilizing the Community Case Manager.						
1.G. HMM will continue to work with Greater Houston Health Connect in the implementation of the Health Information Exchange (HIE) which will allow employed and staff physicians access to their respective patients' health information to help improve efficiency and effectiveness of patient care among handoffs to community providers.						

Priority #2: Increased Emphasis on Physician Recruitment and Retention

Rationale:

Walker County has a lower rate of primary care providers and dentists per 100,000 population than the state, as well as a higher rate of preventable hospital events than the state. Additionally, Walker County has several Health Professional Shortage Area designations and census tract-based Medically Underserved Area/Population designations, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Many interviewees mentioned an increasing need for additional primary care providers and nurses in the community leading to the increased use of advanced practitioners, long wait times for appointments and overuse of the Emergency Room. Interviewees also raised concern surrounding the lack of younger providers and the limited availability of primary care resources for un/underinsured, Medicaid and Medicare patients. Pediatricians were mentioned as limiting their Medicaid patients, with one interviewee stating: "There aren't many Medicaid primary care providers in Huntsville, and no pediatricians that take Medicaid. There's not many Medicare or Medicaid providers for adults. So they don't get care or they end up in the ER."

Interviewees discussed the lack of emphasis on the importance in establishing a medical home and the difficulty with the Blue Cross Blue Shield HMO plan in finding local primary care providers on that network. One interviewee stated: "Because of the ACA, the only individual plan left in the market is a Blue Cross Blue Shield HMO. Most of the providers are not on that network, so it becomes difficult for anyone who is not on a group policy. So the HMO policy covers people catastrophically, but in the meantime they pay out of pocket to visit a doctor because they can't use the insurance otherwise."

Interviewees also noted a shortage of local specialty providers that leads to outmigration to Conroe, the Woodlands and Bryan/College Station for specialized care. Specific specialties mentioned as needed include Neurology, Cardiology, Orthopedics and OB/GYN, and it was also noted that there is an increasing need for dialysis services for the prison population. One interviewee specifically stated: "There are more and more offenders coming into the prison system with diabetes and hypertension, and many of those are progressing to organ damage and will be in need of dialysis services."

It was noted that there is a limited number of specialists accepting un/underinsured and Blue Cross Blue Shield HMO plans, which is leading to overuse of the Emergency Room and outmigration of those patients to outlying areas. It was acknowledged that the rotating specialists who come to Walker County have varied availability, which also leads to patients going to office visits in Conroe and the Woodlands for continuity of care. One interviewee stated: "A lot of people go south for specialty care because you can get everything done. It's the continuity of care. You can go to a Methodist physician and get everything done in Methodist vs. here it's disjointed."

Objective:

Provide a point of access for primary and specialty health care services in the community

Implementation Activity	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.A. HMM will work to continuously improve physician engagement. This includes supporting local provider growth initiatives, and strategic alignment with larger practices in surrounding counties. HMM will recruit primary and specialty care providers and advanced practitioners as needed. HMM will offer space for rotating specialties to increase local access and reduce the hardship of transportation within the community.						
2.B. HMM will continue to offer extended hours at the Huntsville RHC to increase access to primary care services and providers for those who are unable to seek care during normal work hours.						
2.C. HMM and the HMM RHC will continue to serve as a clinical site for students at partner universities and education centers, including the newly-opened osteopathic school of medicine at Sam Houston State University.						
2.D. HMM provides OB/GYN care through its Women's Health Nurse Practitioner in the HMM RHC.						
2.E. HMM will explore opportunities to collaborate with the recently established Federally Qualified Health Center (FQHC) in the community in order to increase access to local primary care services.						

Priority #3: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Rationale:

Data suggests that some residents in the study area face significant cost barriers when accessing the healthcare system and other necessities within the community. The median household income in Walker County is lower than that of the state, and the county also has a higher percentage of families and children living below poverty than the state. Unemployment rates in the county are also higher than the state.

Interviewees acknowledged a growing number of un/underinsured and unfunded patients in the community as well as general population growth that warrants an increasing concern for the hospital's capacity to treat the growing population. Additionally, interviewees noted the limited access to primary and specialty care options for low income and Medicaid residents as well as greater difficulty in seeking local care for residents covered by state insurance and Blue Cross Blue Shield HMO plans. One interviewee stated: "The ACA plans are generally unusable by folks who can afford to buy those. There are not a lot of providers accepting state insurance for employees. Health insurance is a big deal for our folks."

Overuse of the Emergency Room by un/underinsured and Medicaid patients was noted by interviewees, as well as a lack of affordable medications forcing the low income and working poor residents to be noncompliant with treatment plans. Interviewees also mentioned that the female OB population may be challenged by few local providers accepting Medicaid and uninsured patients. One interviewee stated: "There's a lack of local providers accepting Medicaid. A lot of women with Medicaid go into the 4th or 5th month of pregnancy and don't have prenatal care at all. There's nowhere for uninsured patients to receive well woman exams."

When asked which subpopulations may experience health disparities in Walker County, interviewees discussed the elderly, incarcerated, low income/working poor, teenagers/adolescents, racial/ethnic and veteran populations. With regards to the elderly population, interviewees discussed heart disease and high blood pressure, Alzheimer's disease, transportation barriers, lack of affordable housing options, poor dental health and difficulty affording dentures and a need for a Community Paramedicine Program as challenges for this group. For the incarcerated population, interviewees mentioned a need for improved streamlining process of prison patients through the hospital, dialysis services and a lack of affordable psychiatric medications as disproportionately challenging incarcerated residents.

Interviewees mentioned cost barriers to care, a lack of affordable medications and limited access to dental care as health disparities affecting the low income and working poor population in Walker County. For the teen/adolescent population, interviewees mentioned those residents are challenged by obesity, limited access to healthy food, lack of recreational and extracurricular activities, sexually transmitted infections, access to family planning services, substance abuse education and rehab services and an increasing rate of homelessness and "couch hopping."

With regards to racial/ethnic groups in Walker County, interviewees discussed an increasing rate of residents from Nigeria and Kenya needing greater cultural assimilation as a specific challenge. For veteran residents, interviewees mentioned a lack of access to local resources and services and a stigma associated with seeking mental health care services as challenges for these residents.

Objective:

Implement and offer programs that aim to reduce health disparities by targeting specific populations

Implementation Activity	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.A. HMM Hospital and Clinics will continue to provide Financial Counselors who are available to assist uninsured patients with pathways to affordable healthcare. This process includes screening patients for government program qualification, including Medicaid, SSI, Medicare, Crime Victims, and Veteran's Benefits. If the uninsured patient does not qualify for any government programs, the patient will be screened for the hospital Charity program. If the uninsured patient does not qualify for any government programs or charity care, the patient who resides in Walker County will be screened for the Walker County Indigent Care program. Patients who qualify for the Walker County Indigent Care program will receive access to basic healthcare services as defined within Chapter 61 of the Health and Safety Code for the State of Texas.						
3.B. HMM offers discounts for uninsured patients who are at or above 200% of the Federal Poverty Limit. This includes discounted services, available to patients at discounted self pay rates.						
3.C. HMM owns and operates a Rural Health Clinic within Walker County to provide access to primary care services on a sliding fee scale.						
3.D. HMM will continue to offer discounted prices on mammograms during the month of October.						
3.E. HMM will continue to participate in local health-related events to promote hospital services and offer a variety of health screenings to the community at low cost. The HMM Rural Health Clinic will continue to operate the Mobile Clinic that provides pre-employment physicals, health screenings, immunizations, chronic disease education, and sports physicals to local schools, employers, city and county officials, churches, food banks, and other organizations.						
3.F. HMM will continue to host and/or participate in donation drives to benefit underserved organizations in the community, as well as educational events.						
3.G. HMM will continue to provide translation services in sign language and multiple languages to applicable patients.						
3.H. HMM provides teleneurology consultation services through the University of Texas.						

Priority #4: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Rationale:

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrants a need for increased preventive education and services to improve the health of the community. Cancer and heart disease are the two leading causes of death in Walker County and the state. Walker County has higher mortality rates than Texas for malignant neoplasms; chronic lower respiratory diseases; cerebrovascular diseases; diabetes mellitus; septicemia; nephritis, nephrotic syndrome and nephrosis; intentional self-harm (suicide); prostate cancer; lung and bronchus cancer and colon and rectum cancer.

Walker County has higher rates of chronic conditions and unhealthy lifestyle behaviors such as diabetes (adult and Medicare populations), obesity, high blood pressure (Medicare population), asthma, physical inactivity and tobacco use than the state. Data also suggests that residents may not be seeking necessary preventive care services, such as mammograms.

Walker County has higher rates of communicable diseases such as chlamydia and HIV/AIDS than the state. With regards to maternal and child health, specifically, Walker County has higher percentages of mothers who smoked during pregnancy and premature births than the state.

Interviewees raised concern surrounding the high rates of hypertension, heart disease, diabetes and obesity in the community, as well as the lack of promotion and encouragement of existing health facilities for residents to access. It was mentioned that the traditional southern-style of cooking, physical inactivity and limited built environment may be contributing to the higher obesity rates and the lack of motivation to be physically active. It was also noted that socioeconomic status may be a determining factor for healthy lifestyle and proper dietary choices. One interviewee stated: "People in poverty tend to have unhealthy lifestyles and eat bad food because they're into comfort food and that kind of thing. It's all tied into our poverty level."

Childhood obesity and hunger were brought up as concerns in the community by interviewees, as well as significant tobacco use and potential infectious disease outbreaks due to a growing migrant population. One interviewee stated: "With all of the people migrating here from Nigeria and Kenya, there is concern for an infectious disease outbreak."

Objective:

Implement programs and provide educational opportunities that seek to address unhealthy lifestyles and behaviors in the community

Implementation Activity	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.A. HMM will continue to participate in local health-related events to promote hospital services and offer a variety of health screenings to the community at low cost.						
4.B. The HMM Rural Health Clinic will continue to operate the Mobile Clinic that provides pre-employment physicals, health screenings, hearing and vision testing, immunizations, chronic disease education, and sports physicals to local schools, employers, city and county officials, churches, food banks, and other organizations.						
4.C. HMM continue to offer educational opportunities for the public concerning wellness topics and health risk concerns, as well as various support and educational groups at the facility.						
4.D. HMM continues its Peripheral Arterial Disease (PAD) program through the HMM Clinic and Walker County churches. For the PAD program, the clinic works with the hospital to provide the screening, and HMM provides the follow up and services for applicable patients.						
4.E. HMM will explore relationships and meet with leaders at local nursing homes, Skilled Nursing Facilities and Long Term Care Facilities in order to strengthen the transition of care between the HMM and local nursing facilities.						
4.F. HMM employees have access to the healthier options in the cafeteria, as well as nutritional facts for food that is served.						
4.G. HMM personnel serve in leadership roles and as volunteers with many agencies and committees in the community.						
4.H. HMM will maintain its current accreditations will continue to pursue appropriate facility certifications.						
4.I. HMM will continue to partner with and meet with local EMS to promote better health in the community and discuss performance improvement, transfer times and education needs.						
4.J. HMM Emergency Department provides Trauma community education/prevention including Stop the Bleed training to local schools and various community agencies.						

Priority #5: Access to Mental and Behavioral Health Care Services and Providers

Rationale:

Walker County has a lower rate of mental and behavioral health care providers per 100,000 population than the state.

Many interviewees mentioned an increasing need for mental and behavioral health care resources due to the growing population, which is worsened by a shortage of local mental and behavioral health related resources that leads to the transferring of patients outside of Walker County. This shortage of resources also leads to long wait times for appointments with a provider. One interviewee stated: "As far as the mental health issues, there's a lack of services for that. They're very few and far between. Our community is growing so much that we just need more of that available to our citizens."

Interviewees raised concern surrounding the stigma associated with seeking mental and behavioral health care and the reluctance of residents to seek care when needed. It was also mentioned that there is a lack of substance abuse treatment facilities to address the significant recreational drug use (methamphetamine, opioid) in the community. A few interviewees noted that the psychiatric drug cost is a barrier for the incarcerated population in receiving mental and behavioral health care services, with one interviewee specifically stating: "Mental health a big issue in the jail because psychiatric drugs are unbelievably expensive."

Objective:

Provide a point of access for mental health services in the community

Implementation Activity	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
5.A. HMM will continue to lead the local multidisciplinary behavioral health team, including law enforcement, the local sheriff, Sam Houston State University police, Huntsville Police Department, dispatch, judges, and the district attorney, that meets on a periodic basis to track any mental and behavioral health issues and improve processes to handle applicable situations.						
5.B. HMM will continue to offer psychiatric telehealth services to applicable patients who present to the emergency department. Through crisis screening, licensed counselors are able to assess whether patients require a more thorough evaluation of their mental and behavioral state.						
5.C. HMM will continue to staff SANE (Sexual Assault Nurse Examiner)/Forensic Nurse Examiners (FNE) that are trained specifically to examine and treat survivors of sexual assault, Interpersonal Violence, Domestic Violence, Child and Elder abuse. HMM Forensic Nursing program will continue to participate in the Walker County SART (Sexual Assault Response Team) in an effort to review cases, outcomes and further collaborate with various agencies involved in the care of survivors of violence across the lifespan. HMM will continue to provide on-call coverage of SANE/Forensic Nurse Examiners.						
5.D. HMM will continue to provide case management services and appropriate referrals for patients who present to the hospital or emergency department with mental or behavioral health conditions on an as needed basis.						
5.E. HMM will continue to provide individual and family guidance counseling for employees through the Employee Assistance Program.						

Priority #6: Increased Emphasis on Education and Awareness of Existing Health Care Resources

Rationale:

Interviewees acknowledged a lack of communication to increase education and awareness regarding existing resources and difficulty understanding the availability of and scope of resources across the continuum of care, which is exacerbated by existing barriers due to the limited use of media outlets by residents. It was noted that the un/underinsured may be particularly challenged by a lack of awareness of existing resources. One interviewee stated: "There's not communication. People don't know where to turn to get information where they can get transportation or have a local provider for the needs they have."

Interviewees discussed the use of the Emergency Room as a medical home by underserved residents, and a perception that ambulance services and the Emergency Room will lead to quicker access to care. One interviewee stated: "Access depends on education level and funding status. People think they'll get seen quicker by calling an ambulance and they don't care about what criteria calls for an ambulance."

Objective:

Participate in initiatives and create opportunities to emphasize and educate community members on existing health care resources

Implementation Activity	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
6.A. HMM will continue its program to assist patients who are discharged from the hospital Emergency Room or Rural Health Clinic when a referral to an employed primary care provider or specialist is made. Referral Coordinators in the Revenue Cycle will facilitate the provision of clinical justification to payers as required, and assist the patient in obtaining payer authorization for the appointment with a primary care provider or specialist. Referral Coordinators will also contact the primary care provider or specialist and assist the patient in setting the appointment. If the patient's care is followed by an employed provider, the Referral Coordinators will follow up with the patient and the primary care provider or specialist within 22 days following the appointment date to confirm that the patient kept the appointment and to facilitate the transmission of the clinical findings to the patient's primary care provider (RHC) or specialist in advance of the patients follow up appointment.						
6.B. HMM maintains a physician directory that is accessible by the public via the hospital's website, and allows for residents to search for providers by specialty and review a list of physicians with privileges at the hospital.						
6.C. HMM will continue to partner with the local Department of State Health Services office to gain referrals for its programs, including, but not limited to, sexually transmitted infection programs, Texas Vaccines for Children, Texas Health Steps, and the Adult Safety Net Program.						
6.D. HMM will continue to conduct follow up phone calls upon discharge to answer any patient questions and/or discuss necessary next steps.						

Feedback, Questions or Comments?

Please address any written comments on the CHNA and Implementation Plan and/or requests for a copy of the CHNA and Implementation Plan to:

Huntsville Memorial Hospital

ATTN: Administration

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Please find the most up to date contact information on the Huntsville Memorial Hospital website under “About HMH”:

<https://www.huntsvillememorial.com/About-HMH/Community-Health-Needs-Assessment.aspx>





Thank you!

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