



# Baylor Scott & White

## HEALTH

### Implementation Strategy

### For the 2016 Community Health Needs Assessment

### North Texas Zone 1

Baylor Institute for Rehabilitation

Baylor Jack and Jane Hamilton Heart and Vascular  
Hospital

Baylor Medical Center at Uptown

Baylor University Medical Center

North Central Surgical Center

Baylor Institute for Rehabilitation at Frisco

Baylor Scott & White Medical Center – Carrollton

Baylor Scott & White Medical Center – Frisco

Baylor Scott & White Medical Center – Garland

Baylor Scott & White Medical Center – McKinney

Baylor Scott & White Medical Center – Plano

The Heart Hospital Baylor Denton

The Heart Hospital Baylor Plano

Baylor Scott & White Medical Center – Irving

Baylor Surgical Hospital at Las Colinas

Baylor Scott & White Medical Center – White Rock

Baylor Scott & White Medical Center – Centennial

*Approved by: Baylor Scott & White Health – North Texas Operating, Policy and Procedures Board  
on October 25, 2016*

*Posted to [BaylorScottandWhite.com/CommunityNeeds](http://BaylorScottandWhite.com/CommunityNeeds) on November 15, 2016*

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# BAYLOR SCOTT & WHITE HEALTH MISSION STATEMENT

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*Baylor Scott & White Health exists to serve all people by providing personalized health and wellness through exemplary care, education, and research as a Christian ministry of healing.*

“Personalized health” refers to Baylor Scott & White’s (BSWH) commitment to develop innovative therapies and procedures focusing on predictive, preventive, and personalized care. For example, data from the electronic health record helps to predict the possibility of disease in a person or a population. And with that knowledge, measures can be put into place to either prevent the disease altogether or significantly decrease its impact on the patient or the population. Care is tailored to meet the individual medical, spiritual, and emotional needs of the patients.

“Wellness” refers to ongoing efforts to educate the people served by BSWH, helping them get healthy and stay healthy.

“Christian ministry” reflects the heritage of Baylor Health Care’s founders and Drs. Scott and White, who showed their dedication to the spirit of servanthood — to equally serve people of all faiths and those of none.

## **Who We Are**

The largest not-for-profit health care system in Texas, and one of the largest in the United States, BSWH was born from the 2013 combination of Baylor Health Care System and Scott & White Healthcare.

After years of thoughtful deliberation, the leaders of Baylor Health Care System and Scott & White Healthcare decided to combine the strengths of the two health systems and create a new model to meet the demands of health care reform, the changing needs of patients and extraordinary recent advances in clinical care.

Known for exceptional patient care for more than a century, the two organizations served adjacent regions of Texas and operated on a foundation of complementary values and similar missions. Baylor Scott & White Health includes 41 licensed hospitals, more than 900+ patient care sites, more than 6,600 active physicians, 43,750+ employees and the Scott & White Health Plan.

BSWH is a member of the High Value Healthcare Collaborative, the Texas Care Alliance and is one of the best known, top-quality health care systems in the country, not to mention in Texas.

With a commitment to and a track record of innovation, collaboration, integrity, and compassion for the patient, BSWH stands to be one of the nation's exemplary health care organizations.

## **Our Core Values & Quality Principles**

These values define the BSWH culture and should guide every conversation, decision, and interaction with each other and with patients and their loved ones:

- Integrity: Living up to high ethical standards and showing respect for others
- Servanthood: Serving with an attitude of unselfish concern
- Teamwork: Valuing each other while encouraging individual contribution and accountability
- Excellence: Delivering high quality while striving for continuous improvement
- Innovation: Discovering new concepts and opportunities to advance our mission
- Stewardship: Managing resources entrusted to us in a responsible manner

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## PURPOSE

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### **2016 Community Health Needs Assessment Summary**

As the largest not-for-profit health system in Texas, BSWH understands the importance of serving the health needs of its communities. In order to do that, beginning in the summer of 2015 a task force led by the community benefit, tax compliance and corporate marketing departments undertook an assessment of the health needs of the communities served for all BSWH hospitals. Truven Health Analytics was engaged to help collect and analyze the data for this process and compile a final report outlining significant health needs. These significant needs were identified through the weight of qualitative and quantitative data obtained through the process of the community health needs assessment and that report was made publicly available in June of 2016.

The federal government also requires hospitals to adopt an implementation strategy to address prioritized community health needs identified through the assessment. This written document serves as the joint implementation strategy plan addressing the significant community health needs identified through the joint CHNA for the following hospitals:

Baylor Institute for Rehabilitation  
Baylor Jack and Jane Hamilton Heart and Vascular Hospital  
Baylor Medical Center at Uptown  
Baylor University Medical Center  
North Central Surgical Center  
Baylor Institute for Rehabilitation at Frisco  
Baylor Scott & White Medical Center – Carrollton  
Baylor Medical Center at Frisco

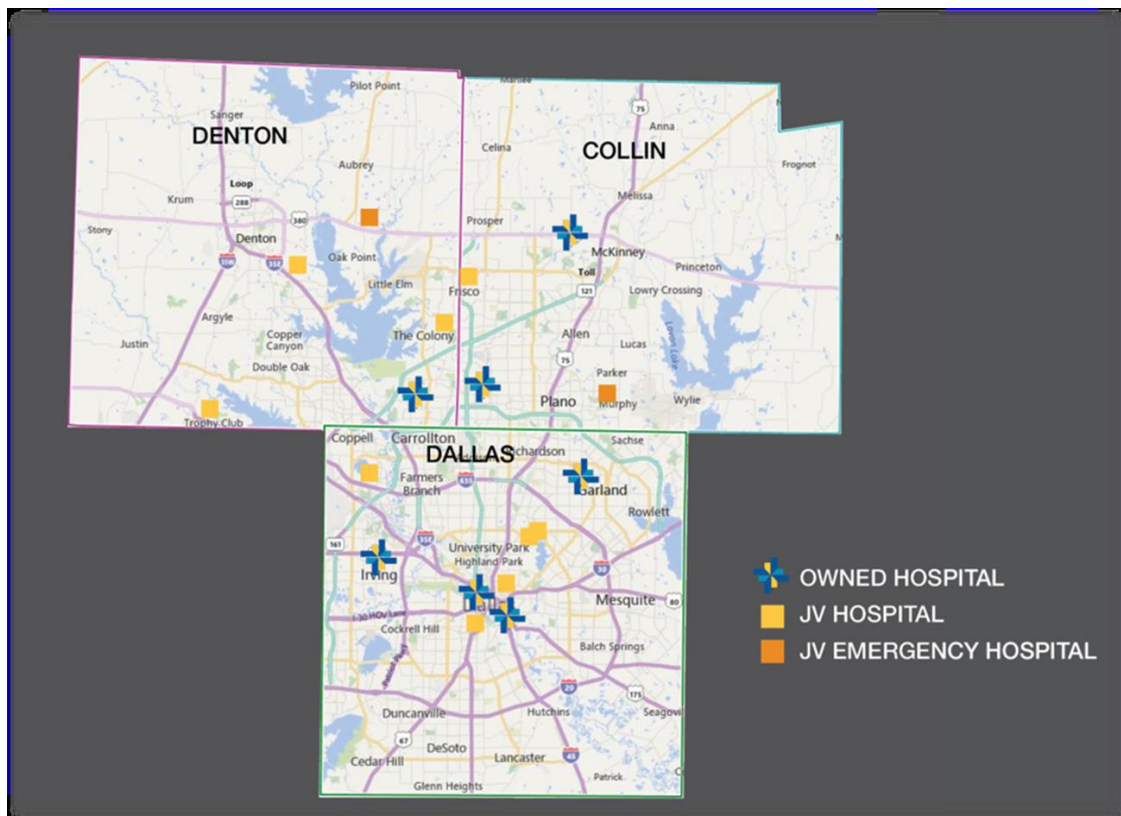
Baylor Scott & White Medical Center – Garland  
Baylor Scott & White Medical Center – McKinney  
Baylor Scott & White Medical Center – Plano  
The Heart Hospital Baylor Denton  
The Heart Hospital Baylor Plano  
Baylor Scott & White Medical Center – Irving  
Baylor Surgical Hospital at Las Colinas  
Baylor Scott & White Medical Center – White Rock  
Baylor Scott & White Medical Center – Centennial

This written implementation strategy includes the following:

- List of the prioritized needs the hospital plans to address and the rationale for not addressing other significant health needs identified
- Actions the hospital intends to take to address the chosen health needs
- The anticipated impact of these actions and the plan to evaluate such impact (e.g. identify data sources that will be used to track the plan's impact)
- Identifies programs and resources the hospital plans to commit to address the health needs
- Describes any planned collaboration between the hospital and other facilities or organizations in addressing the identified health needs.

### Description of Community Served

For the 2016 assessment, the hospital facilities have defined their community to be the geographical area of Collin, Dallas and Denton counties. The community served was determined based on the counties that made up at least 75 percent of each hospital facility's inpatient and outpatient admissions.



## Demographic and Socioeconomic Summary

According to population statistics, the overall community served was representative of Texas overall but had slightly higher median income. The community served was more racially diverse with a lower percentage of seniors than both the state and the U.S. benchmark. Overall socioeconomic barriers were similar or lower than the state benchmark, however Dallas County was above state and national benchmark for poverty level.

- The population of this community served is expected to grow 7.4% (310,512 people) by 2020. The 7.4% population growth is expected to be slightly higher than both the state growth rate (6.7%) and the national growth rate (3.5%). The ZIP Codes expected to experience the most growth in five years:
  - 75070 McKinney (Collin County) – 11,518 people
  - 75052 Grand Prairie (Dallas County) – 8,933 people
- A majority (61%) of the community's population was concentrated in Dallas County. Within the county, the city of Dallas is expected to grow at a rate of 5.4% with a population increase of 66,887 people; the rest of Dallas County is growing faster at 6.6% (86,559 people). Both Collin and Denton counties will see growth approaching 10% over the next five years with a population increase of 77,000 and 79,000, respectively.
- The sixty-five plus cohort is expected to experience the most growth over the next five years. This is particularly true in Collin County (34% growth) and Denton County (37% growth). Overall in this community the age 65+ population will grow by 116,000 people. Growth in this age cohort will likely contribute to increased utilization of services as the population continues to age. The age group that will experience the least amount of growth in the community is the 18-44 age cohort with a Diversity in the community is projected to increase. Collin and Denton counties are expected to experience higher rates of growth in minority populations than in Dallas County. In 2015, the community, a majority of the population (60%) was white followed by black at 17%. Black and Asian/Pacific Islander populations will see significant growth over the next five years. Growth in these populations is projected to be greater than 20% in both Collin County (37,000 additional people between both races) and Denton County at (171,000 additional people between both races).
- The total population can be analyzed by race or by Hispanic ethnicity. Those of Hispanic ethnicity comprised 30% of the community's population, just below the overall state proportion of Hispanics but above the national proportion. The Hispanic population in this community is expected to increase 11%, or 142,000 people. Collin and Denton counties are expected to experience higher growth rate of Hispanic population. Dallas County is projected to experience 10% growth in this population.

- The median household income for the community served was \$60,384, greater than both the state and U.S. benchmarks. Sixty-one percent (61%) of the community were commercially insured, which equates to over 2.5 million lives. Commercial covered lives are expected to grow by over 212,000 lives (6%) over the next five years. Medicare and dual eligible lives (those receiving both Medicare and Medicaid benefits) will experience the highest growth rates at 27% (90,000 lives) and 22% (12,000 lives) respectively. The number of uninsured and Medicaid lives are expected to decline slightly in all counties. Collin and Denton counties will see a greater percentage increase in Medicare, growing 33% (20,000 lives) and 37% (18,000 lives) respectively.
- The Truven Health Community Need Index (CNI) is a statistical approach to identifying health needs in a community. The CNI takes into account vital socio-economic factors (income, cultural, education, insurance, and housing) about a community to generate a CNI score for every populated ZIP code in the United States. Overall, the community served was slightly above the CNI national average. However, Dallas County had the highest need, particularly in areas of Dallas, Garland, Irving and Grand Prairie. The community had an overall CNI Score of 3.7.

## **Community Health Needs Findings**

### **Prioritized Health Needs**

Significant community health needs were identified through the weight of quantitative and qualitative data obtained when assessing the community. Needs which were supported by data showing the community to be worse than the state by a greater magnitude and also were a frequent theme during interviews and focus groups were determined to be significant.

These significant needs were prioritized based on input gathered from the focus groups and interviews. Participants of these focus groups and interviews were asked to rank the top three health needs of the community based on the importance they placed on addressing the need. Through this process, the health needs were prioritized based on the frequency they were listed as the top health care needs.

The prioritized needs were reviewed and/or approved by senior management, hospital advisory board members, governing board members and BSWH governing board.

The identified significant needs are listed below in rank order. A complete description of these needs and how they were identified – including the data collected, community input obtained, analysis process, and the prioritization methods used can be found in the 2016 CHNA report available at [BaylorScottandWhite.com/CommunityNeeds](http://BaylorScottandWhite.com/CommunityNeeds).

The prioritized health needs of this community are below.

### **1. Access to care for middle to lower socioeconomic status**

Access to care is a priority community health need identified through the community input sessions. Specifically, the participants discussed barriers to accessing care for those of middle to lower socioeconomic status. The indigent, low income and senior populations face challenges that include limited and unreliable public transportation in the community. The participants agreed that the lack of transportation is contributing to the uninsured utilizing local hospitals for primary and preventative care instead of available charity clinics. The shortage of primary care, specialty care, and bi-lingual physicians to serve these populations was identified as another root cause of the access issues. Many physicians will not take underinsured, uninsured or Medicaid patients. The participants noted there is a large uninsured population that cannot afford coverage available to them through the Affordable Care Act.

The quantitative analysis corroborated the groups concerns regarding healthcare access. According to the Small Area Health Insurance estimates, the percentage of uninsured populations under age 65 in Dallas County was 29% compared to the state value of 25% and the County Health Rankings Top performer's value of 11%.<sup>2</sup> The percent of uninsured children (under age 17) in Dallas County was 14% compared to the state-wide value of 13%. According to the Behavior Risk Factor Surveillance System (BRFSS), the percentage of adults in Dallas County who could not see a doctor in the last 12 months due to cost was 23% compared to a state value of 19%.

According to the Centers for Medicare & Medicaid Services (CMS) National Provider Identification File, the ratio of population to one non-physician primary care provider in Collin County was 2,279:1, and in Denton County it was 2,222:1 – this is compared to the overall Texas value of 1,893:1.

### **2. Mental/behavioral health**

Community input underscored mental and behavioral health as a priority community health need. Specifically, the participants expressed a need to address the stigma and cultural barriers that surround the acknowledgment of mental health conditions and subsequent care. The participants expressed a need to address all categories of mental health, including substance abuse, behavioral health, organic conditions (such as schizophrenia) and access to services to treat these conditions. The participants identified that access to services is significantly impacted by a shortage of mental health providers in the community. It was acknowledged that delays in care and poor management of conditions often leads to a crisis situation for patients and their families.



According to the CMS National Provider Identification File the ratio of population to one mental health provider in Collin County was 1,086:1 and in Denton County it was 1,088:1. This was higher than the state benchmark value of 1,034:1 and a County Health Rankings Top Performer's value of 386:1. The Centers for Medicare & Medicaid Services (CMS) reported that 13% of Dallas County's Medicare population had Alzheimer's disease/dementia and 18% had depression. Denton and Collin counties had depression rates of 17% and 16% respectively. The state benchmark value for Alzheimer's disease/dementia was 12% and 16% for depression.

### **3. Preventable admissions: adult uncontrolled diabetes**

Preventable admissions are hospitalizations for certain acute illnesses (e.g., dehydration) or worsening chronic conditions (e.g., diabetes) that might not have required hospitalization had these conditions been managed successfully by primary care providers in outpatient settings. According to the Texas Department of State Health Services, in Dallas County the adult uncontrolled diabetes admission rate per 100,000 was 22.3 compared to the state rate of 13.1. Lower-extremity amputations, another preventable admission related to diabetes among adult patients with diabetes, also exceeded the state benchmark for Dallas County, albeit to a lesser degree; 25.6 per 100,000 compared to the state rate of 22.9 per 100,000. Obesity is a precursor to diabetes, especially if not addressed and managed. According to the Center for Disease Control (CDC) the percentage of obese adults in Dallas County was 29%, which is essentially on par with the obesity rate for the overall state. Collin and Denton counties did not exceed the state benchmarks for these measures.

Diabetes as a community health need was also reflected in the community input received through the key informant interviews and focus group, especially the need for early identification and culturally appropriate education of the disease. These efforts would help patients properly manage the disease as well as potentially impact the obesity rate. The participants expressed a need to address infrastructure problems such as walkable areas, food deserts, and the availability of healthy food options with a goal of supporting better outcomes for the diabetic population.

### **4. Lack of dental providers**

Dental Care was mentioned as a top health need in the key informant interviews and was a frequent topic in the focus groups, specifically, the lack of free services at clinics and long wait time to access services for those with no insurance or limited dental coverage.

The group acknowledged there are no resources for adults and limited resources for children in regards to dental care without insurance. The participants expressed a need for access to affordable dental services because there are multiple negative downstream impacts, including truancy in the school age population and delayed care in receiving other services such as surgery.

The supply of dentists to population showed a need only in Denton County, where according to the U.S. Health Resources and Services Administration (HRSA), the ratio of population to one dentist was 1,970:1 compared to the state value of 1,940:1. Collin and Dallas counties both have population to dentist ratios that were lower (better) than the state benchmark. However, it is important to consider the qualitative feedback regarding issues accessing available dental care services when not covered by insurance.

## **5. Teen births**

According to the National center for Health Statistics Nativity Files the teen birth rate was 65 births per 1,000 female teens in Dallas County and was notably higher than the state value of 55 per 1,000 and the County Health Rankings Top Performer's value of 20 per 1,000.<sup>11</sup> Collin and Denton counties fell below the state benchmark. Teen pregnancy was a topic raised in the focus group session. Specifically, the participants discussed the high rates of teenage unplanned pregnancies. The trend had been positive due to effective programs in place, however those programs were discontinued due to diminishing resources and changing political agendas and the trend has now reversed itself and is increasing once again.

## **6. Drug abuse**

According to the CDC Wonder Mortality data, the number of drug poisoning deaths per 100,000 population in Dallas County was 9.6, which was above the state value of 9.4.<sup>14</sup> Both Collin and Denton counties were at 6.6 and 7.5 respectively, which was considerably lower than the state value. Drug abuse was a community health need identified also discussed in the focus group session. Specifically overdose and unintentional poisoning through illicit and prescription drug use, as well as drug abuse among teenage populations.

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## IMPLEMENTATION STRATEGIES

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This joint implementation strategy and corresponding CHNA are intended to meet the requirement for community benefit planning and reporting as set forth in state and federal laws, including but not limited to: Texas Health and Safety Code Chapter 311 and Internal Revenue Code Section 501(r).

A Community Benefit and CHNA Task Force, made up of community benefit, tax compliance, and corporate marketing representatives was established to advise hospitals on the development of individual Implementation Strategies to address unmet community health needs. The Task Force is responsible for overseeing the CHNA process including the integration of the community benefit priorities into the system-wide strategic planning process.

The Task Force objectives include:

- Review and provide support for local hospital community benefit plans
- Ensure alignment of plans to System culture and strategies
- Provide guidance on tactics to address community health needs
- Ensure compliance with federal and state guidelines, regulations and filings
- Oversee program evaluation and tracking
- Secure successful adoption of plan by hospital governing bodies.

The Task Force relied on valuable input from key hospital, research, and strategic planning leaders throughout the process to support the Hospital in planning for implementation.

***The following criteria were utilized to determine the priority areas to address:***

- *Severity or prevalence of the issue*
- *Notable health disparities in specific populations*
- *Readiness of community population to change*
- *Resources available to impact the need*
- *Feasibility of possible interventions to affect change*
- *Ability to evaluate outcomes*

**Strategies Addressing Community Health Needs & Expected Impact (Measures)**

BSWH owns and operates multiple individual licensed hospital facilities serving the residents of North and Central Texas. The hospitals have completed a joint assessment of community health needs and developed a joint implementation strategy to meet certain federal and state requirements.

For the 2016 assessment process, the following hospital facilities defined their communities to be the same, the geographical area of Collin, Dallas and Denton counties. The community served was determined based on the counties that make up at least 75 percent of the hospital’s inpatient and outpatient admissions.

Baylor Institute for Rehabilitation	Baylor Scott & White Medical Center – Garland
Baylor Jack and Jane Hamilton Heart and Vascular Hospital	Baylor Scott & White Medical Center – McKinney
Baylor Medical Center at Uptown	Baylor Scott & White Medical Center – Plano
Baylor University Medical Center	The Heart Hospital Baylor Denton
North Central Surgical Center	The Heart Hospital Baylor Plano
Baylor Institute for Rehabilitation at Frisco	Baylor Scott & White Medical Center – Irving
Baylor Scott & White Medical Center – Carrollton	Baylor Surgical Hospital at Las Colinas
Baylor Medical Center at Frisco	Baylor Scott & White Medical Center – White Rock
	Baylor Scott & White Medical Center – Centennial

By appropriately delegating resources within our hospitals, strengthening local partnerships, and creating innovative programs both on the Hospital campus and within the community, these hospitals seek to make a positive impact on the following significant community health needs:

1. Access to care for middle to lower socioeconomic status
2. Mental/behavioral health
3. Preventable admissions: adult uncontrolled diabetes
4. Lack of dental providers
5. Teen births
6. Drug abuse

The completed implementation strategy was adopted by the Baylor Scott & White Health North Texas Operating, Policy and Procedure Board on October 25, 2016.

<b>NEED 1: ACCESS TO CARE FOR MIDDLE TO LOWER SOCIO-ECONOMIC STATUS</b>
<b>HOSPITAL: Baylor Institute for Rehabilitation</b>
<b>Program Description: Medical Education &amp; Ancillary Medical Education</b> - BIR seeks to increase access to care through the provision of undergraduate/vocational training to students enrolled in an outside organization. The hospital provides a clinical setting for undergraduate training and internships for other health professions, technicians, and physical and occupational therapists. Students trained at BIR are not obligated to join the staff although many remain in the North Texas area to provide top health care provider services to many health care institutions.
<b>Anticipated Impact:</b>

- relieve the labor shortage in health care
- improve access to care by increasing qualified health care professionals in the workforce

**Committed Resources:**

- education/supervisory staff
- average annual estimated cost of supervision - \$589,646

**Measures:**

- numbers of students trained

**HOSPITALS: Baylor Institute for Rehabilitation; Baylor Institute for Rehabilitation – Frisco; Baylor Jack and Jane Hamilton Heart and Vascular Hospital; Baylor Medical Center at Uptown; North Central Surgical Center; Baylor Scott & White Medical Center – Frisco; Baylor Scott & White Medical Center Medical Center – Garland; The Heart Hospital Baylor Denton; The Heart Hospital Baylor Plano; Baylor Surgical Hospital at Las Colinas; Baylor Scott & White Medical Center – White Rock; Baylor Scott & White Medical Center – Centennial**

**Program Description: Financial Assistance** - As an affiliated for-profit joint venture hospital, the hospital expanded its provision of financial assistance to eligible patients by providing free or discounted care as outlined in the BSWH financial assistance policy. The hospital has agreed to provide the same level of financial assistance as other BSWH nonprofit hospitals and to be consistent with certain state requirements applicable to nonprofit hospitals. Certain hospitals not meeting minimum thresholds are required to make a contribution/grant to other affiliated nonprofit hospital to help those hospital treat indigent patients.

**Anticipated Impact:**

- increased access to care for un-insured and under-insured individuals in the community

**Committed Resources**

- unreimbursed cost of financial assistance

**Measures:**

- # of patients receiving free or discounted care
- amount of financial assistance provided

**HOSPITAL: Baylor Heart and Vascular Hospital**

**Program Description: Heart Health Education & Screenings** – The hospital will provide heart health education and screenings to economically challenged populations within the service area.

**Anticipated Impact:**

- increased access to care for 150 under-insured and un-insured individuals (annually) at Older Americans Month held in zip code 75210.

**Committed Resources:**

- provide a minimum of 2 neighborhood health education events annually.
- annual estimated costs - \$61,000
- screening and educational supplies
- cost of salaries and supplies

**Measures:**

- # of persons screened
- # of persons out of normative screening value

<ul style="list-style-type: none"> <li>• # of persons educated</li> </ul>
<p><b>Program Description: Discount Medications Program</b> - The hospital will ensure that patients have access to or are provided a reasonable supply of medications to avoid readmissions or poor health outcomes through the provision of information on discount pharmacy programs.</p>
<p><b>Anticipated Impact:</b></p> <ul style="list-style-type: none"> <li>• decreased avoidable hospital readmissions</li> <li>• increased positive health outcomes</li> </ul> <p><b>Committed Resources:</b></p> <ul style="list-style-type: none"> <li>• staff training</li> </ul> <p><b>Measures:</b></p> <ul style="list-style-type: none"> <li>• % of decreased re-admits based on improved medication program adherence</li> </ul>
<p><b>HOSPITAL: Baylor Jack and Jane Hamilton Heart Hospital; Baylor University Medical Center; Baylor Scott &amp; White Medical Center – Carrollton; Baylor Scott &amp; White Medical Center – Garland; Baylor Scott &amp; White Medical Center – McKinney; Baylor Scott &amp; White Medical Center – Plano; Baylor Scott &amp; White Medical Center – Irving</b></p>
<p><b>Program Description: Medical Education/Nursing.</b> The hospital is committed to assisting with the preparation of future nurses at entry and advanced levels of the profession to establish a workforce of qualified nurses. Through the System’s relationships with many North Texas schools of nursing, the hospital maintains strong affiliations with schools of nursing. Like physicians, nursing graduates trained at the hospital are not obligated to join the staff although many remain in the North Texas area to provide top quality nursing services to many health care institutions.</p>
<p><b>Anticipated Impact:</b></p> <ul style="list-style-type: none"> <li>• increased quality and size of nursing work force in the North Texas area</li> </ul> <p><b>Committed Resources:</b></p> <ul style="list-style-type: none"> <li>• nursing educator staff hours</li> <li>• average annual estimated cost of education program - \$5,000,000 (all collaborating hospitals)</li> </ul> <p><b>Measures:</b></p> <ul style="list-style-type: none"> <li>• # of students educated</li> <li>• # of schools of nursing associated with the hospital</li> </ul>
<p><b>HOSPITALS: Baylor University Medical Center; Baylor Scott &amp; White Medical Center - Garland</b></p>
<p><b>Program Description: Medical Education/Physicians</b> - Medical education is a crucial part of the hospital’s mission. Being one of the nations’ largest private teaching hospitals, the System annually trains residents and fellows in eight specialties and 13 subspecialties. These quality teaching programs add many dimensions to the System’s ability to serve patients. Residents in the hospitals’ program graduate with demonstrated competence in population health management, continuous quality improvement, and the importance of patient satisfaction. Residents work with physician’s assistants and are active managers of the patient-centered medical home, often assuming leadership roles in clinic and hospital operations. To help address the state’s health care workforce shortage, the Texas A&amp;M Health Science Center (TAMHSC) College of Medicine and</p>

and the hospitals have joined forces to establish a Clinical Training Program in Dallas for students to complete clinical rotations in surgery, internal medicine, family medicine, psychiatry, pediatrics, and obstetrics/gynecology at the hospital and other clinical affiliates over their last two years of residency. While residents and fellows of the hospital are not required to work for an affiliate of BSWH, most remain in North Texas upon completion of their program, providing a continuous supply of well-trained medical professionals for the region.

**Anticipated Impact:**

- increased quality and size of physician work force in the North Texas area

**Committed Resources:**

- physician educator staff hours
- annual estimated cost of education program - \$35,000,000 (all collaborating hospitals)

**Measures:**

- # of students educated
- # of areas of medical specialties

**HOSPITALS: Baylor University Medical Center; Baylor Scott & White Medical Center – Garland; Baylor Scott & White Medical Center – Irving; Baylor Scott & White Medical Center – Carrollton**

**Program Description: Chronic Disease Management** - The Baylor Community Clinic (BCC) houses a carved out chronic disease management program to provide focused and dedicated education and care for low to middle socio-economic status patients with diabetes, cardiovascular diseases (CVD) (i.e. congestive heart failure) and respiratory diseases (asthma/chronic obstructive pulmonary disease) within a primary care setting. Specific staff, comprised of community health workers (CHW) and nurse care managers, address the complex clinical and prevention needs of these patients and spend time specifically on management of these diseases. The focus of this time and education with patients not only entails clinical counseling, but also includes prevention components focused on lifestyle issues and self- management. The other key advantage that patients receive as part of this program is point of care testing for diabetes (HbA1c testing and glucose testing using test strips) and asthma (Peak Flow Meter Assessments). This will help to overcome the barrier of patients’ non-compliance with completing lab orders and any financial or transportation issues that arise in obtaining these important lab results.

**Anticipated Impact:**

- increased health literacy
- serve a greater number of persons through a carved out focused care model
- increase the number of patients served through point of care testing

**Committed Resources:**

- Provide financial support to the BCC of approximately \$1.2 million annually

**Measures:**

- % of patients in adherence to disease management regimen increase number of patients with at least one of four chronic diseases referred to and managed by a community health worker

**HOSPITALS: Baylor University Medical Center; Baylor Scott & White Medical Center – Garland; Baylor Scott & White Medical Center – Irving**

**Program Description: Medication Management** - This project option combines project options to implement interventions that put in place teams, technology and processes to avoid medication errors and use evidenced based interventions that put in place the teams, technology and processes to avoid medication errors. The project option combines the components of both of these project options but focuses on medication management and compliance in the ambulatory setting within the patient’s Baylor Clinic Primary Care Medical Home (PCMH). Based on current estimates by providers, it is anticipated that more than 50% of patients in the Baylor Clinic have five or more medications. Ensuring that these medications are 1) appropriate, 2) taken correctly, 3) managed and 4) accessible is important to improve clinical outcomes. The project will utilize a clinical pharmacist who will review patient medications for those patients who have multiple prescriptions on a regular basis to ensure that medications are appropriate and to ensure the patient understands how and why they are taking the medications. Additionally, eligible patients who qualify for medications and those patients who cannot afford prescriptions will receive help obtaining the medications they need through implementing a prescription assistance program. An attempt will be made to provide medications at little to no cost for patients who are 150% below the federal poverty level, have one or more chronic diseases and remain compliant with their appointments and care regimens. Through this benefit and clinical pharmacist oversight and management, adherence and compliance to medications will increase. The additional advantage to embedding this team within the PCMH is that patients will receive comprehensive care management to address all of their needs in one care venue.

**Anticipated Impact:**

- improved clinical outcomes
- increased patient compliance
- access to affordable medications
- reduced patient transportation needs

**Committed Resources:**

- cost of clinical Pharmacist and other cost of approximately \$62,000 annually.

**Measures:**

- # of patients receiving medication management by a pharmacist

**Program Description: Primary Care Expansion** - The Baylor Clinics at Baylor University Medical Center, will expand current capacity by opening patient panels to non-Baylor lower and middle income under-served patients and fully utilize the space and providers’ capacity. Additional support staff will be hired to better coordinate patient care, ensure transition from the hospital to a Baylor Clinic and help to facilitate the care of the complex underserved patients. Essentially, through expanding the capacity of the current clinic, adding additional support staff and services, a patient can receive comprehensive and complete services in one primary care location. In addition to receiving primary care, this project also proposes that ancillary services such as labs, imaging (i.e.: CT scans, MRI, mammograms, ultrasound, echocardiograms, and interventional radiology) and diagnostics (i.e.: colonoscopy, stress tests, esophageal diagnostic, retinal screens) would also be provided upon physician request. This project aims to close the loop of care and increase patient compliance by co-locating/coordinating many of the essential services that the underserved population often has issues accessing and completing.



**Anticipated Impact:**

- comprehensive and complete services delivered in one location
- increased patient compliance

**Committed Resources:**

- cost of providing primary care physicians and other providers estimated to be approximately \$1.4 million annually.

**Measures:**

- primary care volumes
- % of patients referred to primary care physician and had scheduled an appointment

**Program Description: Specialty Care Expansion-** Patients (including Medicaid and Uninsured) who are seen at a Baylor Clinic and have an established primary care medical home (PCMH), can receive specialty care services such as outpatient procedures, specialty office visits, wound care, and facility based procedures such as cardiac catheterizations, certain surgeries (i.e.: gall bladder/hernia), excision of masses (breast, lymphoma), and cataract removal. The specialty care referral/coordination will come from the PCMH clinic per PCP’s request. This project’s value comes from building relationships, contracts and a network with local specialty care providers that can be easily accessible to this population. Through utilizing our electronic health record and specialty care referral coordinator, we hope engage specialists that provide procedures to also participate in the screening and educational needs of these patients. This is why we included Category 3 outcomes around Asthma improvement, Cervical and Colorectal cancer screening. We believe engaging specialists in these types of preventive services will help to integrate them into the primary care team. Sharing feedback through the electronic health record also will help to create a central repository of patient information and allow the care team to track and improve patient outcomes.

**Anticipated Impact:**

- increased access to specialty care for low/middle income population
- 95% of patients receiving specialty care will be Uninsured/Medicaid.
- improved patient outcomes through timely effective care
- specialists will become part of the primary care team
- avoiding ED visits and more serious specialty care needs due to clinical exacerbations from not receiving timely and effective care

**Committed Resources:**

- cost of providing at least 12 physician specialists providers in the community estimated at \$1.1 Million annually.

**Measures:**

- # of specialty care encounters
- # of specialists providing service each year
- category 3 outcomes for asthma improvement, cervical and colorectal cancer screening

**HOSPITALS: Baylor University Medical Center; Baylor Scott & White Medical Center – Garland; Baylor Scott & White Medical Center – Irving**

**Program Description: Vulnerable Patient Network –** The Vulnerable Patient Network (VPN) program provides home visits to the highest risk (clinically, economically and socially) and vulnerable Medicaid and uninsured patients. The top 5% of high risk patients will be stratified and identified in the Medicaid and Uninsured population. Patient characteristics qualifiers for

enrollment in this program include but are not limited to: homebound, disabled, multiple chronic diseases, polypharmacy or any other medical or social conditions limiting the patients' ability to access care in an ambulatory care setting. A multidisciplinary team comprised of an advanced nurse practitioner (APRN) and LVN to see patients in the home and provide acute, primary and chronic care. In addition, social workers will be part of the team to address barriers to care and any social issues. Care Coordinators will also be part of this team to facilitate coordination and continuity of care for patients and have high level oversight for patients; bringing together the necessary components of care for these complex patients. Lastly, a Medical Director will have management over the entire project. A full spectrum of services will be available in the patient home ranging from examinations and clinical decision making to changing urinary catheters, labs, vaccinations and medication reconciliation, management and education.

**Anticipated Impact:**

- overcome access issues for high risk and under-served populations
- address acute care issues in the home rather than the ED
- increase compliance and adherence to care regimens
- decrease barriers to care of receiving medications and over all care
- increased medication reconciliation frequency

**Committed Resources:**

- care coordination staff
- advanced nurse practitioner
- medical director
- social worker

**Measures:**

- #'s of patients seen in their home

**Hospitals: Baylor Jack and Jane Hamilton Heart Hospital; Baylor University Medical Center; Baylor Scott & White Medical Center – Carrollton; Baylor Scott & White Medical Center – Garland; Baylor Scott & White Medical Center – McKinney; Baylor Scott & White Medical Center – Plano; The Heart Hospital - Baylor Plano; The Heart Hospital - Baylor Denton; Baylor Scott & White Medical Center – Irving**

**Program Description: In-kind Donations/Faith in Action Initiatives**

Hospitals donate retired medical supplies and equipment to the office of Faith in Action Initiatives 2nd Life program for the purpose of providing for the health care needs of populations in the community and nation whose needs cannot be met through their own organization.

**Anticipated Impact:**

- increase infrastructure of healthcare access

**Committed Resources:**

- staff
- physical home for warehousing donations
- volunteer development

**Measures:**

- depreciated value of donated equipment and supplies

**Hospitals: Baylor Jack and Jane Hamilton Heart Hospital; Baylor University Medical Center; Baylor Scott & White Medical Center – Carrollton; Baylor Scott & White Medical Center – Garland; Baylor Scott & White Medical Center – McKinney; Baylor Scott & White Medical Center – Plano; The Heart Hospital - Baylor Plano; Baylor Scott & White Medical Center – Irving; Baylor Scott & White Medical Center – White Rock**

**Program Description: Enrollment Services** - The hospitals will provide assistance to enroll in public programs, such as SCHIP and Medicaid. These health care support services are provided by the hospital to increase access and quality of care in health services to individuals, especially persons living in poverty and those in vulnerable situations. The hospital provides staff to assist in the qualification of the medically under-served for programs that will enable their access to care, such as Medicaid, Medicare, SCHIP and other government programs or charity care programs for use in any hospital within or outside the hospital.

**Anticipated Impact:**

- overcome access issues for under-served populations

**Committed Resources:**

- annual estimated cost of service provision = \$2,000,000

**Measures:**

- # of patients enrolled in program

**Hospitals: Baylor University Medical Center; Baylor Scott & White Medical Center – Carrollton; Baylor Scott & White Medical Center – Garland; Baylor Scott & White Medical Center – McKinney; Baylor Scott & White Medical Center – Plano; The Heart Hospital - Baylor Plano; Baylor Scott & White Medical Center – Irving**

**Program Description: Workforce Development** - Recruitment of physicians and other health professionals for areas identified as medically underserved areas (MUAs) or other community needs assessment. The age and characteristics of a state's population has a direct impact on the health care system. The hospitals seeks to allay the physician shortage, thereby better managing the growing health needs of the community.

**Anticipated Impact:**

- increase primary care providers in the community.

**Committed Resources:**

- annual estimated cost of service provision = \$2,000,000

**Measures:**

- #'s of physicians recruited to fill MUA's

**Hospital: Baylor University Medical Center**

**Program Description: Fiber-optic Endoscopic Evaluation of Swallowing (FEES) for at risk babies.** FEES is a non-billable procedure in which a fiber optic scope is passed through an infant's nose into the bottom of the throat to allow visualization of the swallow function. The Lange NICU therapy team conducted a research study to determine if FEES could be a reliable and valid option to assess newborn swallowing issues compared to the current standard, an X-ray called Video-fluoroscopy Swallow Study (VFSS) which must be conducted in a radiology unit outside NICU, requires cessation of breast feeding, and includes time restrictions in radiology

which will not allow the diagnosis of feeding issues in one entire feeding. By contrast, FEES can be done at the bedside, which allows infants to feed in their natural environment and eliminates radiation and transportation. It can also be performed during bottle feeding AND breastfeeding, allowing a mother a choice on how to feed her baby. Post discharge, parents often discover they no longer have access to that same high-quality clinical assistance they relied on in the NICU. Support for outpatient feeding and swallowing assessment is not immediately available for families; existing outpatient pediatric feeding programs have at least a three-month wait list, do not serve these youngest babies and do not offer the latest technology and research-based assessment tools. These desperate parents find themselves with nowhere to go at a time when their at-risk babies are at a crucial developmental stage.

**Anticipated Impact:**

- Provide under-insured and under-served patients the opportunity for FEES testing after they leave the hospital.
- Offer providers a much-needed option to refer their tiniest patients for the most innovative services available.
- Educate parents on how to care for their infant at home.
- Reduced need for placing feeding tubes
- Reduced ED visits due to dehydration and/or aspiration
- Reduced likelihood of the development of chronic lung disease

**Committed Resources:**

- Train neonatology therapists on how to use FEES technology in NICUs and outpatient settings across the nation.
- Equipment
- Staffing for diagnosis and referral
- Clinical training site
- Free parent education
- Philanthropy

**Measures:**

- Diagnostics – year 1= 600; year 2 = 850; year 3 = 850
- Education – year 1 = 1000; year 2 = 1000; year 3 = 1000

**NEED 2: MENTAL/BEHAVIORAL HEALTH**

**HOSPITALS: Baylor University Medical Center; Baylor Scott & White Medical Center – Garland; Baylor Scott & White Medical Center – Irving**

**Program Description: Mental/Behavioral Health Clinics** - This project co-locates and integrates behavioral health services into the outpatient primary care setting. The model provides a Licensed Clinical Social Worker (LCSW) for basic counseling services. The LCSW addresses behavioral health needs such as: anxiety, depression, and substance abuse issues. The screening tools used are evidence based and include: PHQ2 or 9, GAD-7 and alcohol and substance abuse screens. Additionally, the LCSW will be supported by a Community Health Worker (CHW) to help with the screening and referral processes. This staff can be triaged to clinics and community

locations to provide behavioral health services. The behavioral health program requires the LCSW and CHW to work together with the primary care team to: 1) identify the patients who have behavioral health issues, 2) coordinate the patient’s care and appointments to fit both the behavioral health and primary care appointment in the same visit and 3) help the primary care team to identify those patients whose behavioral health issues are impeding the management of their acute/chronic disease management models. We expect that approximately 85-90% of these patients will be Medicaid/Uninsured.

**Anticipated Impact:**

- increase the baseline of behavioral health services provided and screenings conducted to the underserved population in Dallas County in an outpatient setting.
- reduced transportations needs due to co-location of services

**Committed Resources:**

- cost of clinical social workers, community health workers and other related cost estimated to be \$ 1.4 million annually.

**Measures:**

- behavioral health volumes

**HOSPITAL: Baylor University Medical Center**

**Program Description: ED Mental Health Initiative** - Implement process on how to protect patients with suicidal or homicidal ideations including one-to-one sitters, utilization of mobile assessment teams, safe environment checklists all with the goal to keep all patients entering the ED safe. Connect patients identified with mental or behavioral health needs to community resources including both inpatient and outpatient treatment. For those with other mental illness, social workers will connect them with outpatient resources through Dallas MetroCare and other surrounding community clinics. This initiative will be provided regardless of the patient’s ability to pay.

**Anticipated Impact:**

- reduced ED readmission rates

**Committed Resources:**

- staff salaries

**Measures:**

- 100% of patients will be screened
- % of patients identified as at risk and referred for services

**Program Description: Virginia R. Cvetko Patient Education Center** - Cancer education and support are an important part of the cancer treatment process. Baylor Charles A. Sammons Cancer Center at Dallas offers several programs through the Virginia R. Cvetko Patient Education Center at Dallas offers several programs through the Virginia R. Cvetko Patient Education Center to help patients and their loved ones understand and manage the physical, emotional and spiritual challenges of cancer. The Cvetko Center serves both patients of Baylor Scott and White as well as patients and their loved ones from the community.

- Cvetko Community Education Calendar
- Events & Free Screenings
- Cancer Support Group Meetings
- Behavioral Health Oncology Program
- Educational Programs

<ul style="list-style-type: none"> <li>• Cancer Education Library</li> <li>• Cooking Healthy During Treatment</li> <li>• Arts in Medicine Programs</li> </ul>
<p><b>Anticipated Impact:</b></p> <ul style="list-style-type: none"> <li>• improved quality of life for patients and loved ones.</li> <li>• improved patient outcomes</li> </ul> <p><b>Committed Resources:</b></p> <ul style="list-style-type: none"> <li>• medical director</li> <li>• program manager</li> <li>• nurse educator</li> <li>• social worker</li> <li>• psychologist</li> <li>• music practitioner</li> <li>• trained cancer survivor volunteers</li> </ul> <p><b>Measures:</b></p> <ul style="list-style-type: none"> <li>• # served</li> <li>• cost of provision of non-billable services</li> </ul>
<p><b>HOSPITALS: Baylor Scott &amp; White Medical Center - Plano</b></p>
<p><b>Program Description: NICHE Geriatrics Training</b> – The hospital will provide Nurses Improving Care for Healthsystem Elders (NICHE) geriatric nursing education to staff members and use the CLIP program education in relation to a CAM scale. This training provides a hospital environment for elders that aids in avoidance of illness accompanied depression.</p>
<p><b>Anticipated Impact:</b></p> <ul style="list-style-type: none"> <li>• improved quality of care for elders</li> <li>• improved patient outcomes</li> </ul> <p><b>Committed Resources:</b></p> <ul style="list-style-type: none"> <li>• geriatric resource nurse</li> </ul> <p><b>Measures:</b></p> <ul style="list-style-type: none"> <li>• % reduced re-admissions</li> </ul>
<p><b>HOSPITALS: Baylor University Medical Center; Baylor Scott &amp; White Medical Center – Plano; Baylor Scott &amp; White Medical Center – Carrollton; Baylor Scott &amp; White Medical Center – Garland; Baylor Scott &amp; White Medical Center - Irving</b></p>
<p><b>Program Description: Palliative Care Services</b> - Palliative care provides relief of emotional pain that accompanies end-of-life care. Providing palliative care services addresses cultural, spiritual, ethnic and social needs in a manner respectful of patient's individuality and inherent human dignity and worth. This service will be provided without regard to ability to pay.</p>
<p><b>Anticipated Impact:</b></p> <ul style="list-style-type: none"> <li>• improved grief management</li> <li>• reduced length of stay</li> </ul> <p><b>Committed Resources:</b></p> <ul style="list-style-type: none"> <li>• palliative care department</li> </ul>

<p><b>Measures:</b></p> <ul style="list-style-type: none"> <li>• # of palliative care consults</li> </ul>
<p><b>HOSPITAL: Baylor Jack and Jane Hamilton Heart and Vascular Hospital</b></p>
<p><b>Program Description: Depression Screening</b> – The hospital will provide resources, regardless of their ability to pay, to cardiac patients who often battle depression as a result of their disease process. Chaplain and social worker consults will be arranged pending screening results.</p>
<p><b>Anticipated Impact:</b></p> <ul style="list-style-type: none"> <li>• reduced risk of acute mental health crisis post discharge for un-insured/under-insured</li> <li>• increased awareness of risk of depression in cardiac patients</li> <li>• early identification of high risk individuals in the under-served/under-insured patient population to avoid complications</li> </ul> <p><b>Committed Resources:</b></p> <ul style="list-style-type: none"> <li>• screening staff</li> </ul> <p><b>Measures:</b></p> <ul style="list-style-type: none"> <li>• 100 % screening</li> </ul>
<p><b>HOSPITAL: Baylor Institute for Rehabilitation</b></p>
<p><b>Program Description: Mountain High Camp</b> - The vast majority of persons with brain injuries experience a loss of friends and social support. They are left with only their family members as the primary source of social interaction. BIR and Faith Mountain Church annually sponsor a four-day camp for individuals with brain injuries. Persons from throughout the state of Texas, New Mexico and Oklahoma have the opportunity to attend. The camp will provide an opportunity to enjoy activities otherwise unavailable to them, a forum for social interaction and time for their care givers to rejuvenate.</p>
<p><b>Anticipated Impact:</b></p> <ul style="list-style-type: none"> <li>• 50 individuals with brain injury will attend camp annually</li> <li>• campers and caregivers will experience relief from depression due to brain injury</li> </ul> <p><b>Committed Resources:</b></p> <ul style="list-style-type: none"> <li>• annual average estimated financial donation to Mountain High Camp that pay for 50 campers = \$4,750</li> </ul> <p><b>Measures:</b></p> <ul style="list-style-type: none"> <li>• number of individuals served</li> </ul>
<p><b>Program Description: Support Challenge Inspire Group</b> – BIR will sponsor a community support group for individuals living with spinal cord injury. In spinal cord injury, risk of suicide is highest in the first five years after the injury when people are still navigating their new world. Free monthly presentations will cover a variety of topics relative to spinal cord injured individuals in the community. This Staff who work with spinal cord injured individuals will volunteer time to set up, run and clean up at the meeting.</p>
<p><b>Anticipated Impact:</b></p> <ul style="list-style-type: none"> <li>• group members will learn coping and self-help skills to improve quality of life and lessen depression.</li> </ul> <p><b>Committed Resources:</b></p> <ul style="list-style-type: none"> <li>• staff and volunteer time</li> <li>• food for each group</li> <li>• Average annual estimated expense - \$4,878</li> </ul>

**Measures:**

- numbers of participants
- amount of volunteer hours

### **NEED 3: PREVENTABLE ADMISSIONS UNCONTROLLED DIABETES HOSPITAL: Baylor University Medical Center**

#### **Program Description: Diabetes Health and Wellness Institute at Juanita J Craft**

**Recreation Center** - The Diabetes Health and Wellness Institute (DHWI) at Juanita J. Craft Recreation Center is the cornerstone of Baylor Scott & White's Southern Sector Health Initiative, created in 2006, to address the region's unmet health care needs relative to diabetes. The center works to weave diabetes prevention into the fabric of this under-served/under-insured community, so it is a natural and convenient part of life in this neighborhood.

DHWI is built on four fundamental principles, which include: collaborative financial support and governance; integration of social, cultural, political, and economic initiatives; clinical care in the neighborhood; and community-based, multidisciplinary research. Through this initiative the following services will be provided in the community:

- community health worker (CHW) instructor training
- nutrition education
- diabetes education, management and support
- free farm stand to provide healthy food options in a declared food desert
- food for health (North Texas Food Bank)
- group Lifestyles' Balance program (12 week weight loss group)
- Diabetes Prevention Empower Education Resources and Support (PEERS) program
- Tweeners Youth Development Program
- Walk with a Doc program
- DHWI Financial Literacy Collaborations
- DHWI Patient Activation (PAM)
- group shared medical appointments (Huddle for Health) for uncontrolled diabetes

#### **Anticipated Impact:**

- community empowerment
- improved personal and family diabetes management skills
- improved family living skills
- improved access to health care
- improved health outcomes
- improved nutrition
- early diagnosis to prevent disease acuity increase
- increased awareness of food deserts

#### **Committed Resources:**

- Hospital provides annual funding estimated at \$4,000,000

#### **Measures:**

- reduced A1C levels (benchmark established FY2017)
- weight loss (benchmark established FY2017)



- amount of food provided through Farm Stand programs
- number of persons served per program
- % reduction in use of ED as primary care
- % reduced re-admissions rate

**Hospital: Baylor University Medical Center; Baylor Scott & White Medical Center – Carrollton; Baylor Scott & White Medical Center – Garland; Baylor Scott & White Medical Center – Plano; Baylor Scott & White Health – Centennial**

**Program Description: Diabetes Community Health Education/Screenings** – The hospitals will provide a variety of diabetes education programs covering topics that teach keys to living successfully with diabetes. Free diabetes screenings will be offered at annual community events. Hospitals will also offer support groups to assist those living with diabetes and their families. These services will be offered at no charge and will be open to the general public.

**Anticipated Impact:**

- increased primary care and health education for under-served/under-insured community members
- reduced hospital stays

**Committed Resources:**

- cost of staffing and supplies

**Measures:**

- # of persons screened
- # of persons educated
- # of patients registered for classes
- # of screened participants outside the normative screening range

**HOSPITAL: Baylor Jack and Jane Hamilton Heart and Vascular Hospital**

**Program Description: Surgical Pre-Screening** – The hospital will launch a pilot program of pre-surgical admission screening for under-served/under-insured patients who are at risk for diabetes or who have elevated A1C levels.

**Anticipated Impact:**

- improved surgical recovery
- fewer surgical complications for undiagnosed patients

**Committed Resources:**

- staff nurse training for scripting

**Measures:**

- Lowered incidence of re-admission due to surgical site infections

**HOSPITAL: Baylor Scott & White Medical Center - Centennial**

**Program Description: Diabetes Care Expansion** - With the Collin County Adult Clinic (CCAC), the hospital will expand access to primary care through expanded primary care clinic hours/staffing, enhanced diabetes and hypertension management and education, wellness checkups and screenings for women, and seamless referrals for HIV/AIDS issues and testing.

**Anticipated Impact:**

- enhanced quality of life

- increased access to care for under-served, under-insured

**Committed Resources:**

- cost of staffing and supplies

**Measures:**

- quality of life enjoyment survey
- HbA1c levels

**NEED 4: LACK OF DENTAL PROVIDERS**

**HOSPITAL: Baylor University Medical Center**

**Program Description: Dental Care Access/Cancer & Transplant Patients** - The dental clinic at Baylor Charles A. Sammons Cancer Center’s Outpatient Oncology Clinic specializes in dental care for cancer and transplant patients whose need for dental care is often urgent. Preexisting or untreated dental disease can complicate treatment for cancer and transplant patients. Once treatment begins, oral complications can compromise patients' health and quality of life, ultimately affecting their ability to complete prescribed treatment. Therefore medically necessary oral care before, during, and after cancer and transplant treatment can prevent or reduce the incidence and severity of oral complications, enhancing both patient survival and quality of life. The dental lab at the Cancer Center provides such treatment for Baylor Scott and White cancer patients as well as patients from the community on a case by case basis and is provided at a discount and as a response to documented need.

**Anticipated Impact:**

- reduced dental complications for cancer/transplant patients

**Committed Resources:**

- dental lab facility
- dental and ancillary staff

**Measures:**

- # of patients served
- unreimbursed cost of providing service

**NEED 6: DRUG ABUSE**

**Hospital: Baylor Scott & White Medical Center - Carrollton**

**Program Description: Impact One-Eighty** - The hospital will contract with Impact One-Eighty to provide inpatient medical withdrawal stabilization services for voluntary under-served or under-insured patients who have decided to turn away from alcohol and drugs. Impact One-Eighty will assist with discharge planning by assisting patients with entering into appropriate after care programs and services for follow up.

**Anticipated Impact:**

- increased in-patient access to medical withdrawal stabilization services

**Committed Resources:**

- contract services

**Measures:**

- # of patients screened
- # of patients referred

**Community Needs Not Addressed and Rationale for Not Addressing a Need**

Baylor Scott & White is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization which continues to provide a wide range of important health care services and community benefits.

The hospitals will address significant community health needs based on their intersection with the stated mission and key clinical strengths. The following identified need has not been addressed in the community benefit implementation plan because there are multiple other community and state agencies whose expertise and infrastructure are better suited for addressing these needs:

- Teen Pregnancy

Although this need is not formally addressed in the implementation strategy, the hospitals expect to add impact to this need through financial contributions to agencies who are dedicated to supporting the needs encountered when teens experience pregnancy and accompanying issues.

**Collaboration with other Non-Hospital Facilities**

The Baylor Scott & White Health system is comprised of many other non-hospital facilities including several nonprofit physician groups and other health care providers. Many of these organizations directly and/or indirectly contribute to these implementation strategies and the mission of the health system. These organizations include, but are not limited to, HealthTexas Provider Network, Baylor Scott & White Quality Alliance, Century Integrated Partners, and BTDI JV.

## APPENDIX A

This joint implementation strategy is intended to meet the requirements for community benefit planning and reporting as set forth in state and federal laws. This table is provided to help the reader easily identify which portions of the implementation strategy relate to each facility.

Facility	Access to care for middle to lower socioeconomic status	Mental/behavioral health	Preventable admissions: adult uncontrolled diabetes	Lack of dental providers	Teen Pregnancy	Drug Abuse
Baylor Institute for Rehabilitation	√	√				
Baylor Jack and Jane Hamilton Heart and Vascular Hospital	√	√	√	√		
Baylor Medical Center at Uptown	√					
Baylor University Medical Center	√	√	√			
North Central Surgical Center	√					
Baylor Institute for Rehabilitation at Frisco	√					
Baylor Scott & White Medical Center – Carrollton	√	√	√			√
Baylor Scott & White Medical Center – Frisco	√					
Baylor Scott & White Medical Center – Garland	√	√	√			
Baylor Scott & White Medical Center – McKinney	√					
Baylor Scott & White Medical Center – Plano	√	√	√			
The Heart Hospital Baylor Denton	√					
The Heart Hospital Baylor Plano	√					
Baylor Scott & White Medical Center – Irving	√	√				
Baylor Surgical Hospital at Las Colinas	√					
Baylor Scott & White Medical Center – White Rock	√					
Baylor Scott & White Medical Center – Centennial			√			

Any comments or suggestions in regard to the implementation strategy are greatly welcomed and may be addressed to Jennifer Coleman, Senior Vice President, Consumer Affairs, Baylor Scott and White Health, 3600 Gaston Avenue, Suite 150, Dallas, Texas 75246.