



2022 COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION STRATEGY

COLLIN AND DALLAS COUNTIES HEALTH COMMUNITY

**METHODIST RICHARDSON MEDICAL CENTER
METHODIST HOSPITAL FOR SURGERY**

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METHODIST HEALTH SYSTEM

INTRODUCTION AND PURPOSE

The Patient Protection and Affordable Care Act (PPACA) requires all tax-exempt organizations operating hospital facilities to assess the health needs of their community every three years. The requirement includes the completion of a community health needs assessment and implementation strategy. The purpose of the implementation strategy process is to align the hospital's limited resources, program services, and activities with the findings of the community health needs assessment (CHNA).

METHODIST HEALTH SYSTEM DESCRIPTION

Methodist Health System first opened its doors in 1927 as a single, 100-bed facility called Dallas Methodist Hospital. It has since become one of the leading healthcare providers in North Texas, owning and operating multiple individually licensed hospitals that serve the residents across the state. Methodist Richardson Medical Center opened in 2014. Methodist Hospital for Surgery opened in 2010. Both facilities serve the communities of Collin and Dallas counties.

METHODIST HEALTH SYSTEM MISSION

MISSION

To improve and save lives through compassionate, quality healthcare.

VISION

To be the trusted choice for health and wellness.

CORE VALUES

Methodist Health System core values reflect our historic commitment to Christian concepts of life and learning:

- **Servant Heart** – compassionately putting others first
- **Hospitality** – offering a welcoming and caring environment
- **Innovation** – courageous creativity and commitment to quality
- **Noble** – unwavering honesty and integrity
- **Enthusiasm** – celebration of individual and team accomplishment
- **Skillful** – dedicated to learning and excellence

Community Definition

Methodist Richardson Medical Center and Methodist Hospital for Surgery serve the communities of Collin and Dallas counties. The communities include a geographic area where more than 60 percent of the admitted patients live according to the hospitals' inpatient admissions over a 12-month period.

Implementation Strategy Development

This Implementation Strategy was developed by a team of members of senior leadership at Methodist Richardson Medical Center and Methodist Hospital for Surgery representing several departments of the organizations, including clinical administration, medical operations, nursing, finance, population health, and community relations. The team included input from the hospitals' communities and local nonprofit organizations to prioritize selected strategies and determine possible collaborations. Each year, senior leadership at both facilities will review this Implementation Strategy to determine whether changes should be made to better address the health needs of the communities served.

Summary of the Community Health Needs Identified

To identify the health needs of the health communities in Collin and Dallas counties, Methodist Health System established a comprehensive method using all available relevant data including community input. They used the qualitative and quantitative data obtained when assessing the community to identify its community health needs. Surveyors conducted interviews and focus groups with individuals representing public health, community leaders and groups, public organizations, and other providers. In addition, data collected from public sources compared to the state benchmark indicated the level of severity. The outcomes of the quantitative data analysis were compared to the qualitative data findings.

Additional details about the data can be found in the CHNA report posted at:

<https://MethodistHealthSystem.org/About/Community-Involvement> and at

<https://MethodistHospitalForSurgery.com/About-us/Community-Health-Assessment>

Collin and Dallas Counties' significant community health needs as determined by the analyses of both the quantitative and qualitative data include:

1. Poor chronic illness management
2. Stroke care
3. Escalating health needs of an aging community
4. Cancer incidence
5. Gap in mental/behavioral health services
6. Lack of healthy food options
7. Access to non-physician primary care providers

Facility Summary

This table is provided to help the reader easily identify which portion of the joint implementation strategy relates to each facility.

Facility	Chronic Illness Management	Stroke care	Aging health needs	Cancer incidence	Mental health services gap	Lack of healthy food options	Access to non-physician PCPs
Methodist Richardson	✓	✓	✓	✓	✓	✓	✓
Methodist Hospital for Surgery					✓		

IMPLEMENTATION STRATEGIES

1. POOR CHRONIC ILLNESS MANAGEMENT

Community members cited that chronic illnesses are not managed well and patients don't access necessary care regularly. They added that negative life habits, such as smoking and drinking, contribute to the negative well-being of the population. In addition, the community anticipates growth and increased severity of chronic conditions, such as diabetes, in the future due to patients being underserved during the COVID-19 pandemic. In line with the community members, input, the data indicates higher rates of adults reporting fair or poor health in the community compared to the state benchmarks.

Hospital and community leaders agreed that there is insufficient chronic illness management in the community. They added that there is a need to work with repeat patients with chronic conditions in Collin and Dallas counties.

Methodist Richardson strategies to address this community need include:

Action Description	Anticipated Impact	Resources	Community Collaborators
<i>Increase patients being helped by the anticoagulation pharmacy</i>	<i>Awareness of and adherence to anticoagulant therapies; better patient outcomes</i>	<i>Outpatient clinic staff</i>	
<i>Expand use of nurse navigator for service line-specific care</i>	<i>Increased awareness of how to access appropriate levels of care; increased number of patients using navigators</i>	<i>Nurse navigators on staff; education materials and support</i>	

2. STROKE CARE

The data indicates a higher prevalence of stroke among the Medicare population in the community compared to the state benchmark.

Hospital and community leaders agreed that there is a need to manage stroke issues among the Medicare population in Collin and Dallas counties.

Methodist Richardson strategies to address this community need include:

Action Description	Anticipated Impact	Resources	Community Collaborators
<i>Obtain Comprehensive Stroke Center designation</i>	<i>Higher level of care available to the community; enhanced community education and awareness</i>	<i>Stroke care coordination staff; education materials</i>	
<i>Increase community education regarding signs and symptoms of stroke, treatment, and risk reduction</i>	<i>Increased awareness of the signs and symptoms of stroke</i>	<i>Stroke care coordination staff; education materials</i>	
<i>Maintain and grow stroke support group participation</i>	<i>Increased awareness and understanding of treatment and coping mechanisms for stroke patients and families</i>	<i>Stroke support group staff, facilities, and education materials</i>	
<i>Provide training for first responders about stroke patients and their treatment</i>	<i>Increased awareness of treatment options for stroke patients</i>	<i>Stroke care coordination staff; education materials</i>	<i>Local fire departments, EMS, and other first responder groups</i>

3. ESCALATING HEALTH NEEDS OF AGING COMMUNITY

Community members acknowledged that the aging community is contributing to escalating health needs. They also noted that chronic illnesses are not managed well, thereby increasing cases of inpatient admissions and increasing spending that may be avoided. The data also indicates higher inpatient use rates and higher spending per beneficiary among the Medicare population in this community compared to the state benchmarks.

In the prioritization session, hospital leadership agreed that the health needs of the aging population are escalating and need to be addressed in Collin and Dallas counties.

Methodist Richardson strategies to address this community need include:

Action Description	Anticipated Impact	Resources	Community Collaborators
<i>Increase education and outreach at Richardson Senior Center for health needs of the aging community</i>	<i>Increased awareness of aging health issues and how to mitigate the risks</i>	<i>Physician speakers, outreach coordination, and education materials</i>	<i>Richardson Senior Center</i>
<i>Provide education on health issues of the aging population through partnership with Network of Community Ministries</i>	<i>Increased awareness of aging health issues and how to mitigate the risks</i>	<i>Speakers, outreach coordination, and education materials</i>	<i>Network of Community Ministries</i>
<i>Increase the number of PCPs and locations in the community to provide additional resources to the aging community</i>	<i>Increased awareness of aging health issues and how to mitigate the risks</i>	<i>Provider(s), PCP office(s), education materials, and support</i>	

4. CANCER INCIDENCE

The data indicates higher incidence rates of cancer all causes, colon, female breast, and prostate in the community compared to the state benchmarks.

Hospital and community leaders agreed that despite improved preventive services seen in breast cancer and prostate cancer, there is a need to increase screenings and education on cancer prevention and early detection in Collin and Dallas counties.

Methodist Richardson strategies to address this community need include:

Action Description	Anticipated Impact	Resources	Community Collaborators
<i>Increase community education regarding cancer prevention and early detection</i>	<i>Increased awareness of prevention and early detection</i>	<i>Speakers, outreach coordination, and education materials</i>	
<i>Increase lung cancer screenings</i>	<i>Increased awareness of lung cancer risks, screening opportunities, signs and symptoms, and treatment</i>	<i>Staff, equipment, education and support materials</i>	
<i>Maintain Asian Breast Health Outreach Project (ABHOP) services</i>	<i>Increased awareness in Asian communities; increased early detection</i>	<i>ABHOP coordination staff, support materials, and services</i>	<i>ABHOP, Methodist Richardson Foundation</i>

5. GAP IN MENTAL AND BEHAVIORAL HEALTH SERVICES

Community members commented that there are gaps in mental health services in the community and a failure to recognize mental health issues, which delays treatment for these patients. The data indicates a higher prevalence of depression in the Medicare population and a higher average of mentally unhealthy days in the community compared to the state benchmarks.

Hospital and community leaders agreed that there is a need to address the gaps in mental and behavioral health services in the community of Collin and Dallas counties.

Methodist Richardson strategies to address this community need include:

Action Description	Anticipated Impact	Resources	Community Collaborators
<i>Continue to provide social worker presence with Richardson Police Department to assist on-scene with de-escalation of mental health crises</i>	<i>De-escalation of mental health crises in the field; increased awareness and placement of behavioral health patients to appropriate care</i>	<i>Social workers financial support</i>	<i>Richardson Police Department, Methodist Richardson Foundation, city of Richardson</i>
<i>Maintain inpatient and outpatient behavioral health services at Methodist Richardson Medical Center</i>	<i>Continued behavioral health services and access for the community</i>	<i>Inpatient and outpatient behavioral health beds and operations</i>	<i>Methodist Richardson Campus for Continuing Care</i>
<i>Support city of Richardson community programs devoted to mental health awareness through event sponsorship and support</i>	<i>Increased awareness of signs and symptoms of mental health issues and available community resources</i>	<i>Sponsorship dollars and event volunteers and support</i>	<i>City of Richardson</i>

Methodist Hospital for Surgery strategies to address this community need include:

Action Description	Anticipated Impact	Resources	Community Collaborators
<i>Support Metrocrest services through sponsorship dollars and sponsored events</i>	<i>Increased awareness of services and available resources</i>	<i>Sponsorship dollars and event volunteers and support</i>	<i>Metrocrest Services</i>

6. LACK OF HEALTHY FOOD OPTIONS

Community members commented that there are food deserts in the community and limited access to affordable and healthy food options. They recognized that efforts to correct the problem increased during the COVID-19 pandemic through food drives and other support, but they voiced concerns that once the federal or state support comes to an end post-pandemic, this will create a negative impact on healthy food availability to residents. The data also indicates that food insecurity is higher in the community as compared to the state benchmark.

In the prioritization session, hospital leadership agreed that there is a lack of healthy food options in the community that needs to be addressed.

Methodist Richardson strategies to address this community need include:

Action Description	Anticipated Impact	Resources	Community Collaborators
<i>Support Network of Community Ministries food bank through sponsorship dollars and added food drives</i>	<i>Increased support for food availability for the needy</i>	<i>Sponsorship dollars and food drive coordination and promotion</i>	<i>Network of Community Ministries</i>

7. ACCESS TO NON-PHYSICIAN PRIMARY CARE PROVIDERS

Access to providers is challenging for some residents, particularly for non-physician primary care. Community members cited that even though hospitals are plentiful, there is a high demand for primary care providers in Collin and Dallas counties, leading to difficulty accessing primary care. Access is especially limited for those who are uninsured, underinsured, and living in rural areas. The data indicates a higher volume of population to one non-physician primary care provider than the state benchmark.

Hospital and community leaders agreed that there is a need to support the expansion of primary care groups, including mid-level providers, in Collin and Dallas counties.

Methodist Richardson strategies to address this community need include:

Action Description	Anticipated Impact	Resources	Community Collaborators
<i>Provide Advanced Practice Provider and clinic staff for RISD urgent care clinic in conjunction with Network of Community Services</i>	<i>Enhanced urgent care access and community support for services</i>	<i>Clinic Advanced Practice Provider and staff</i>	<i>Network of Community Ministries, Richardson Independent School District, Methodist Richardson Foundation, Methodist Medical Group</i>