

**Community Health Needs Assessment
Implementation Plan**



Methodist Hospital for Surgery

September 2013

Purpose for the Plan

This Community Benefit Plan (Plan) addresses the prioritized community health care needs identified through the Community Health Needs Assessment (CHNA) conducted during the taxable year ending June 30, 2013. The CHNA is summarized below in Section VI and may be reviewed in its entirety at www.methodisthealthsystem.org. This Plan serves as the Hospital's implementation strategy for meeting those needs including setting the goals and objectives for providing community benefits. The Plan also meets the requirements for community benefit planning 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). The implementation period of this Plan is effective beginning in the tax year in which the CHNA was completed.

Hospital Description

Methodist Hospital for Surgery is a joint venture partnership between area physicians, Methodist Health System and Nueterra Healthcare. The 100,000-square-foot Methodist Hospital for Surgery brings together some of Dallas' leading surgeons to provide specialized surgical care for ear, nose, and throat; spine surgery; and orthopedics. Designed to meet the needs of both inpatient and same-day surgical patients, the facility opened in November 2010 with seven fully equipped operating rooms, 32 private inpatient rooms, and an ICU unit, and it houses comprehensive diagnostic imaging services including CT, MRI, X-ray, ultrasound, and bone density scanning, as well as inpatient and outpatient physical therapy.

This community benefit plan summary report relies on information taken from the 2012 National Research Corporation (NRC) Consumer Health Report. The report identifies the health status of the communities served by the Methodist hospitals and is the foundation for the community benefit plan and highlights how Methodist plans to address community health needs within its service area.

The NRC Consumer Health Report uses survey methodology to measure and evaluate health status and healthcare utilization; identify the prevalence of chronic conditions; profile high-risk populations and identify gaps in care and preventive health behaviors, providing a detailed view of the health need, health status and behaviors of residents within the service area. NRC's sampling size for all market areas maintain a 95% confidence interval. To ensure proper sample representation within each tabulated market area, the data was weighted according to key demographic variables. Comparisons are made to Dallas/Plano/Irving Metro Division as well as to the state of Texas.

The NRC Consumer Health Report classifies demographic data and survey responses in custom tabulated market areas, which are defined by each facility's primary service area zip codes, and thus, Methodist can use the Consumer Health Report to easily compare data for its service areas and to precisely define the unmet needs and areas for health status improvement specific to the regions it serves.

Background of Methodist Health System

The primary mission of all the members of the Methodist Health System is to improve and save lives through quality compassionate care and in a manner that reflects "a commitment to Christian concepts of life and learning." Specifically, this mission is pursued by operating four general acute-care hospitals and other health care services, education and support programs needed by the communities in North Central Texas. Our hospitals are: Methodist Dallas Medical Center, a 515-licensed-bed teaching referral hospital in the southwestern quadrant of the City of Dallas, providing primary, secondary, and tertiary care; and Methodist Charlton Medical Center a 269-licensed-bed community hospital, providing primary and secondary care in the southern portions of Dallas and nearby suburban cities, approximately 12

miles southwest of Methodist Dallas. Methodist Mansfield Medical Center is located in Mansfield, Texas residing in the far southwest corner of Tarrant County and opened on December 27, 2006 with 88 licensed beds and expanded to 168 beds in 2009.

In 2008, the Methodist Rehabilitation Hospital (for profit) opened with 40 beds. It is next door to the Methodist Charlton campus and is jointly owned with Centerre Health. This allows us to provide a larger array of rehabilitative care for those suffering from stroke, orthopedic conditions, brain injury and other neurological defects.

In October 2011, Methodist Health System acquired Richardson Regional Medical Center, continuing to operate the facility in the Methodist system under its new name, Methodist Richardson Medical Center. The new Methodist Richardson, which began as a community-owned hospital in 1966, has two medical campuses – the Campbell and Bush/Renner campuses. Methodist is expected to accelerate the expansion at Bush/Renner, which is currently home to a medical office building as well as an outpatient hospital and cancer center that opened in October 2008.

A partnership between Methodist and area physicians, the 16-bed Methodist McKinney Hospital opened in February 2010 to serve Collin County and the surrounding communities. Methodist Hospital for Surgery in Addison is a joint venture in partnership with a physician group. The facility opened in December 2010 and is a center of excellence for spine and orthopedic surgery and the only facility of its kind in North Texas.

Additionally, Methodist is committed to enhancing the availability of physicians servicing the community. Methodist Family Health Centers extend family health care and general medical services in 17 locations in the Methodist service area. Additional family health centers are planned to open over the next several years. Methodist Midlothian Health Center offers diagnostic imaging to serve the needs of the growing Ellis County community. An additional 20 physicians were recruited to staff the Methodist Family Health Centers or to join other practicing physicians on the medical staff of Methodist Dallas, Methodist Charlton, Methodist Mansfield and Methodist Richardson.

Methodist Dallas Medical Center is located on a campus near downtown Dallas between a stable residential area on one side, and an economically depressed area on the other. The medical center serves as a teaching and referral center for the Methodist Health System, and trains nearly 80 residents annually in internal medicine, general surgery, obstetrics and gynecology, and family practice. In late 2007, a new physician office building was built to increase the capacity of high grade office space to attract additional physicians to the Methodist Dallas campus. This was a result of Methodist's 2003 strategic plan which identified the need for more physicians to serve the population. In addition, the hospital's indigent care clinic, The Methodist Dallas Golden Cross Academic Clinic, was renovated in August 2004 and moved into the newly renovated \$7 million Margaret and Robert S. Folsom Building on Colorado Boulevard near Methodist Dallas Medical Center. These facilities help attract physicians and patients and have acted as a catalyst for further development and renovation of the areas adjacent to the campus. Methodist's investments in the campus have been met with enthusiasm by city and regional officials and its neighbors. Consequently, Methodist Dallas is a driver of economic strength and source of community pride in the North Oak Cliff area.

Methodist Charlton Medical Center is a general acute care and teaching hospital that serves the communities of southwest Dallas. It houses one of only three Family Practice residency programs in the Dallas/Fort Worth area, with dual accreditation to train both allopathic and osteopathic physicians. The campus recently added a new 72- bed patient tower. The tower is part of an extensive \$116 million

expansion project and investment in the community that included a new physician office building, a 411-space parking garage, as well as renovations to several existing departments. Methodist Charlton is the largest medical facility serving the thriving Best Southwest communities of DeSoto, Cedar Hill, Duncanville, Lancaster, and beyond in Southern Dallas County.

New facility and campus master plans for both the Methodist Charlton and Methodist Dallas sites were finalized in 2009. In August 2011, Methodist Health System announced that our board of directors approved a facility expansion plan exceeding \$135 million that will directly benefit southwest Dallas County through renovations of Methodist Dallas Medical Center and Methodist Charlton Medical Center. Southern Dallas is vital to the future growth of the City of Dallas and Dallas will greatly benefit from this essential expansion project and the services that Methodist provides.

The 168-bed **Methodist Mansfield Medical Center** opened in December 2006 and offers high-quality care to the growing areas of Mansfield and the surrounding communities. The hospital recently completed an expansion including a 36-bed medical-surgical unit, additional operating suites, and an expanded emergency department.

Since 1966, **Methodist Richardson Medical Center** has served the residents of Richardson, Plano, North Dallas, and our surrounding communities. The Campbell Campus is a 205-bed acute care facility staffed by independently practicing physicians offering more than thirty-five different specialties. The Bush/Renner campus in east Richardson includes an outpatient hospital with a full-service emergency department. It's also home to Methodist Richardson Cancer Center, where some of the latest advancements in medical, surgical and radiation oncology are provided in one convenient location. The Bush/Renner campus includes a five-story, 100,000 square foot physician pavilion with more than 30 physicians in a full range of specialties.

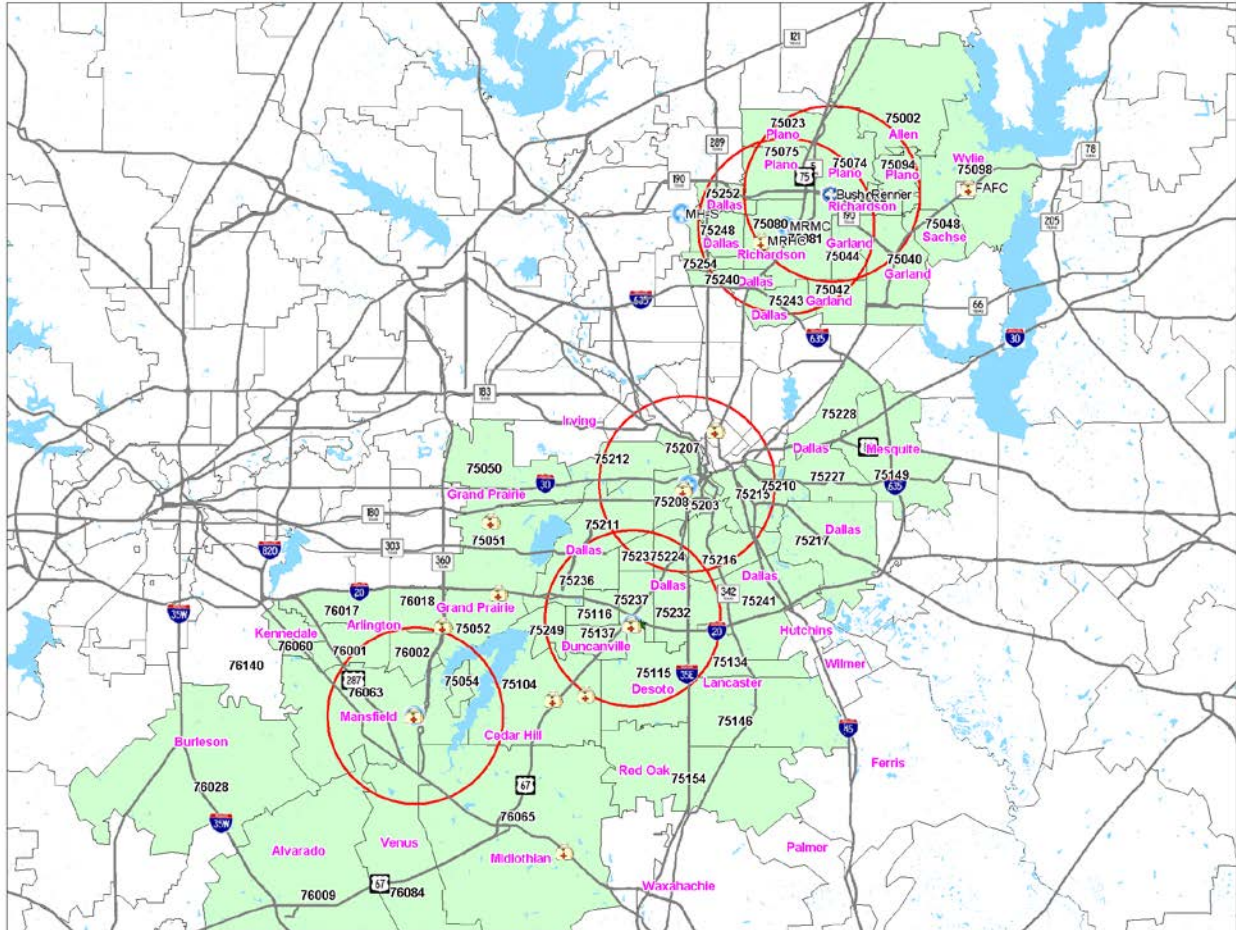
The mission and policy, control and guidance, organization, overall operations, and financial affairs of Methodist's four hospitals are managed and controlled by a Board of Directors (the "Board"), consisting of over 20 voluntary directors from the community. A majority of the Board members are civic, business, and professional leaders; three are Methodist ministers, and three are physicians holding active Methodist medical staff membership.

Pursuant to law and regulations requiring that any hospital not receiving Medicaid disproportionate share funds be excluded from a system report, this is the report of Methodist Dallas Medical Center, Methodist Charlton Medical Center, Methodist Mansfield Medical Center and Methodist Richardson Medical Center for 2012. However, because the service areas of the hospitals overlap substantially, the planning to meet community needs was done jointly, and the hospitals are unincorporated divisions of a single corporation, there will be some necessary reference to the System inclusive of Methodist Charlton, Methodist Mansfield and Methodist Richardson in this report.

In fiscal year 2012 Methodist Health System provided a substantial amount of charity care and government-sponsored indigent health care, as well as a number of other community benefits in accomplishing its exempt purposes. It is an organizational cornerstone for voluntarism, and brings together hundreds of individuals in its service area who donate many thousands of hours to serve people in need of hospitalization. The resulting benefits to Southwest Dallas County cannot be fully quantified, but nonetheless, the institution symbolizes an enormous expression of voluntarism that goes beyond mere dollars.

A. Identification of Populations and Communities Served by Methodist Health System

As seen on the map below, the Methodist service area is located in the southern section of Dallas County and extends into the south east quadrant of Tarrant County. Also included are southwest Collin County and the northern tier of both Johnson and Ellis counties.



Service Area Demographics			
Metric	MHS Service Area	DFW Metroplex	Texas
2000 Total Population	1,650,011	5,153,389	20,851,400
2012 Total Population	2,018,127	6,572,365	25,897,170
2017 Total Population	2,167,054	7,147,866	27,967,065
% Change 2012 - 2017	7.4%	8.8%	8.0%
Average HH Income	\$68,651	\$74,568	\$65,249
% Unemployment	5.7%	5.3%	4.7%
% Managed Care	37.0%	38.8%	33.0%
% Below Poverty	10.3%	9.7%	13.2%
Age Group			
0-17	29.2%	28.2%	28.0%
18-24	9.5%	9.0%	10.0%
25-34	15.7%	16.0%	14.4%
35-44	14.6%	15.2%	13.8%
45-54	13.6%	13.9%	13.6%
55-64	9.2%	9.3%	9.9%
65+	8.1%	8.5%	10.3%
Sex			
Male	50.1%	50.3%	49.9%
Female	49.9%	49.7%	50.1%
Race/Ethnicity			
White	34.4%	48.7%	44.1%
Black	24.5%	15.0%	11.5%
Hispanic	33.5%	28.5%	38.6%
Asian & Pacific Islander	5.7%	5.7%	4.0%
All Others	1.9%	2.1%	1.8%

**TruvenHealth Analytics Claritas*

According to Claritas census data the demographics for the service area are cited above. While there certainly are pockets of Methodist's service area that are stronger than others, overall in comparison to the DFW Metroplex, Methodist's service area is weaker in that it:

- is growing at a slower rate than the Metroplex overall;
- has a lower average household income than the Metroplex;
- has a higher unemployment rate
- has a lower insured rate
- has a higher below poverty percentage; and
- has a higher concentration of children, but lower concentration of working age adults.

Methodist Health System (Methodist) is an integrated health system providing quality, integrated care to improve and save the lives of individuals and families throughout North Texas. The system is composed of four wholly owned hospitals: Methodist Dallas Medical Center, Methodist Charlton Medical Center, Methodist Mansfield Medical Center and Methodist Richardson Medical Center and three joint venture facilities. Additionally, the Methodist Midlothian Health Center, and Methodist Family Health Centers are part of the nonprofit Methodist Health System, which is affiliated by covenant with the North Texas Conference of The United Methodist Church.

The following implementation plan outlines Methodist Health System and Methodist Hospital for Surgery's plan to address the significant needs identified in the Service Area Community Health Needs Assessment. There are 5 main areas of need: chronic disease – multiple diagnoses; healthcare access – health insurance coverage and physician shortage; health disparities – resource deserts; infrastructure – unifying prevention efforts and maximizing resources; and mental and behavioral health—illness impact on health decisions

Each of these areas is discussed more in the following pages. Following the overview of the need area, we have outlined what Methodist Health System is currently implementing and planning to implement over the next three years to specifically address outlined needs.

1. Chronic Disease—Multiple Diagnoses

Community residents are increasingly being diagnosed with having more than one chronic disease, including, cancer, diabetes and cardiovascular disease. Addressing common risk factors through health programs, medical homes, screening and improved personal fitness can improve the overall health of our residents.

PROPOSED SOLUTIONS:

- Through the 1155 Waiver / Delivery System Reform Incentive Program (DSRIP) projects Methodist Health System will target:
 - ED patients that have either a principal or secondary diagnosis of diabetes and need education on managing diabetes, have high risk needs associated with diabetes based on clinical protocols of HbA1c >9.0 percent, at least one ED visit in the past 12 months and/or have not received diabetes education within the past five years. Out of the 1,439 patients expected to be in the program, 65 percent or 935 are expected to have uncontrolled A1c levels. The project seeks to decrease the number of targeted patients in the program with uncontrolled A1c levels by 3 percent.
 - Blood Pressure Control rate will result in a 3 percent improvement of patients in the program with controlled blood pressure. Out of the 1,439 patients expected to be in the program, 25 percent or 360 are expected to have controlled blood pressure levels.
 - The outcome measure of diabetic 30-day readmission rate will result in a 10 percent reduction of the diabetes 30-day readmission rate from the targeted population. Historically the diabetes readmission rate at the hospital is 5.21 percent. Therefore, we expect the diabetes 30-day readmission rate among this target population to be 5.21 percent or 75 patients. In DY4, the goal is to decrease diabetes 30-day readmissions to the hospital from this target population by 10 percent with an additional 10 percent reduction over DY4 in DY5.

- The outcome measure of All-cause readmission rate will result in a 5 percent decrease in all-cause readmissions from the targeted population by DY5 by providing better care sites for frequent users of ED services.
- ED patients that have either a principal or secondary diagnosis of diabetes and need education on managing diabetes, have high risk needs associated with diabetes based on clinical protocols of HbA1c >9.0 percent, at least one ED visit in the past 12 months and/or have not received diabetes education within the past five years. Our annual ED visits are approximately 72,000. Those diagnosed with diabetes as the primary or secondary diagnosis is 4,796. We will address this solution by increasing multi-disciplinary teams in the ED and a new self-management program that establishes individual patient goal.
- The Methodist Health System's Family Health Clinic operates the MedAssist program, which provides free prescription medications to patients while social workers negotiate with pharmaceutical companies for long-term assistance. Without proper medication, patients with chronic conditions can develop serious, sometimes fatal medical problems. The only option for many patients is to seek treatment at the nearest emergency room once their conditions have deteriorated. That cycle jeopardizes their health and burdens local hospitals by overloading ERs with patients whose medical needs could have otherwise been met.

2. Healthcare Access—Health Insurance Coverage and Physician Shortage

Methodist Health System's community has a large portion of residents who are uninsured. Implementation of the Affordable Care Act will impact the percentage of adults and children receiving health insurance coverage and will also impact physician to population ratios for the insured. The changing environment will call for monitoring provider acceptance of new patients by payment source, as well as a need to inform eligible persons of any changing insurance eligibility requirements. There is also a shortage of primary care physicians and they are mal-distributed within the county thereby leaving areas underserved.

PROPOSED SOLUTIONS:

- MedAssist aims to stop the cycle by connecting patients with long-term drug-assistance plans, bridging the gap until those plans begin and managing patients' medical conditions over time.
- Methodist maintains an active program to recruit primary care physicians to the area (the Recruitment Program). The Recruitment Program assists established medical staff members in attracting associates and recruits physicians for solo practice. In addition, Methodist operates a Management Service Organization that contracts with physicians for the provision of comprehensive practice management services, including provision of medical office space, furnishings and equipment, medical and office supplies, all non-physician staff and other management resources. The Management Service Organization dramatically reduces the administrative burdens placed on physicians and thus, attracts physicians to Methodist and its service area.
- Methodist Health System offers an extensive family practice residency program that trains, a large percentage of the primary care physicians many of whom choose to stay in the area to establish their practices.

3. Health Disparities—Resource Deserts

Portions of suburban areas and large geographic areas of Methodist Health System’s community often suffer from disproportionate disease rates and substantial resource deserts. These deserts lack key resources that other portions of the county have, including access to health services—primary and specialty care—and access to healthy foods.

PROPOSED SOLUTIONS:

- Methodist conducts screenings for cancer of the breast, cervix and skin through the Mobile Mammography Unit which, in partnership with Susan G. Komen Breast Cancer Foundation, offers convenient screenings and mammograms. The Komen grant is unique in that it provides funds for mobile mammography as well as core biopsy follow-up procedures if the mammography indicates that a biopsy is necessary. Many of the women served through mobile mammography may also receive care through the Golden Cross Academic Clinic and qualify for reduced rates. In FY12, the Mobile Mammography Unit completed over 3,700 mammograms.
- The Prostate Screening and Awareness Program (PSAP) at Methodist Health System screened over 5,700 men in FY12 and screened more than 80,000 men for prostate cancer since its inception—more than any other hospital-based program in the United States. The program takes its testing staff to traditional as well as nontraditional locations. The benefit of testing is not limited to prostate cancer detection, as these screenings often identify other health problems including high blood pressure and diabetes.
- Methodist screens close to 4,000 people in the Dallas community. Of this, large portions were for flu shots and other various screenings, including cholesterol tests, osteoporosis and cardiovascular screenings are also made available.

4. Infrastructure—Unifying Prevention Efforts and Maximizing Resources

Methodist Health System’s community has an abundance of health programs and improvement plans currently being implemented in silos. Collaboration to increase awareness of countywide efforts, while reducing competition for financial resources, is critical to maximize available public health funds.

PROPOSED SOLUTIONS:

- Through our Congregational Health Ministry, Methodist Health System has formed partnerships with area churches in an effort to improve the physical and spiritual health of the people in these congregations. This ministry provides guidance, shares resources and assists church leaders in meeting the wellness needs of these communities of faith. Congregational nursing is an international ministry within congregations that gives these concepts and ideas a visible presence. The nurse works with the pastor and the Health Ministry Committee composed of other caring members to fulfill the healing mission of the church.
- Methodist Charlton is exploring a partnership with Los Barrios Unidos Community Clinic in West Dallas and Children’s Medical Center to create a Federally Qualified Health Center (FQHC) located in the Methodist Charlton service area/

5. Mental and Behavioral Health—Illness Impact on Health Decisions

Individuals in the community suffering from mental and behavioral illnesses face decision-making barriers. These barriers impact compliance with preventive care and treatment thereby compromising aspects of their physical health also.

PROPOSED SOLUTIONS:

Methodist Health System works closely with behavioral health providers throughout the North Texas region to ensure the needs of this community are being met.

There are no facilities at the Methodist Hospital for Surgery for long-term or short-term behavioral health care treatment. However, Methodist Richardson does offer short-term inpatient and outpatient behavioral treatment options.

Mechanism to Evaluate the Plan’s Effectiveness

The Hospital will judge the effective implementation of the Plan by annually measuring the goals of the plan against evaluation metrics, including but not limited to dollars spent and utilization. This will be accomplished through collaboration with Methodist Health System Community Advocate Department. In addition, community members may respond with feedback by contacting Methodist Health System.