Community Health Needs Assessment
Implementation Plan

Methodist Mansfield Medical Center
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 Dallas Medical Center (“Methodist Dallas”), Methodist Charlton Medical Center (“Methodist Charlton”), Methodist Mansfield Medical Center (“Methodist Mansfield”), and Methodist Richardson Medical Center (“Methodist Richardson”), are part of Methodist Health System (“Methodist”) and all are “dbas” of Methodist Hospitals of Dallas.

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 sense 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 is 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. Attached as Exhibit A is the Methodist Health System mission statement.

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.
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.

*TruvenHealth Analytics Claritas*
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 Mansfield Medical Center’s plan to address the significant needs identified in the Service Area Community Health Needs Assessment. There are 22 areas of need identified by the assessment. Each of these areas is discussed more in the following pages. Following the overview of the need area, we have outlined what Methodist Mansfield Medical Center is currently implementing and planning to implement over the next three years to specifically address outlined needs.

CN.1 – Lack of provider capacity. Patients find difficulty in navigating the system and have noted the difficulty in finding a provider, particularly Medicaid providers. Five counties are recognized as medically underserved areas.

CN.2 – Shortage of primary care services (e.g., pediatric, prenatal, family care). Four counties have such shortages.

CN.3 – Shortage of specialty care. The Region is facing a 22-36% growth in provider demand, across all specialties. The specialties with the greatest growth in demand are obstetrics/gynecology, vascular health, urology, hematology/oncology, cardiology, and nephrology.

SOLUTIONS:
- Methodist Mansfield has 5 Family Health Centers as well as 2 internal medicine group practices in the service area that are accepting new patients.
- 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.

SOLUTION:
Methodist Mansfield 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 Mansfield Medical Center for long-term or short-term behavioral health care treatment. However, Methodist Richardson does offer short-term inpatient and outpatient behavioral treatment options.
CN.4 – Lack of access to mental health services. All but one county in Region 10 are recognized as health professions shortage areas for mental health providers.

CN.5 – Insufficient integration of mental health care in the primary care medical care system. Community stakeholders cite a need to achieve better integration of primary and behavioral health services in the primary care setting.

SOLUTION:

CN.6 – Lack of access to dental care. Two of the 9 counties are nationally recognized with a shortage of dental providers.

SOLUTION:
- Neither Methodist Health System nor Methodist Mansfield Medical Center offer dental services. This is an area of community need that are beyond the scope of services we provide.

CN.7 – Need to address geographic barriers that impede access to care. There is a skewed distribution of providers in Region 10, with most located in the major urban centers, particularly Fort Worth, Tarrant County. Individuals from rural counties have difficulty with access to care, especially specialty care.

SOLUTION:
- Methodist Mansfield has built a robust network of physicians in a wide range of specialties. Our location in a suburban Tarrant county enables our patients to access the care they need without requiring significant travel.
- Methodist Mansfield Medical Center was built based on the fact that there was an unmet need for an acute hospital in southern Tarrant County. The full service community hospital was built as an anchor for attracting the establishment of more physicians and other types of health care providers. This facility opened with 88-beds on December 27, 2006 and has exceeded volume projections since receiving its license. Since its opening 6 years ago, Methodist Mansfield has continued to grow and more capital investment is expected to continue in future years.

CN.8 – Lack of access to health care due to financial barriers (i.e., lack of affordable care). Providers overwhelmingly list lack of coverage/financial hardship as a major barrier for low income patients.

SOLUTION:
- Methodist Health System provides more than $125 million in uncompensated care annually. Additionally, we work closely with the JPS Health Network in Tarrant County to assist patients who qualify for financial assistance.

CN.9 – Need for increased geriatric, long-term, and home care resources (e.g., beds, Medicare providers). Region 10’s population is projected to grow 9% by 2016, with a 26% increase in the senior population (ages 65+). Three counties have senior populations of between 14-20% of total population.

SOLUTIONS:
- Methodist Mansfield offers home health services through Methodist HomeCare.
CN.10 – Overuse of emergency department (ED) services. Demand for ED visits is on the rise and EDs are becoming overcrowded due to reduced inpatient capacity and impaired patient flow. As a Region, there were 1.1 million visits to hospital EDs in 2010, with a rate of 447.5 visits per 1,000 persons. The 2007 national ED visit rate was 390.5 per 1,000 persons, increasing 23% since 1997, but lower than the ED visit rate of Region 10.

SOLUTION:
- Through our participation in the Regional Health Partnership, Regions 10 and the Delivery System Reform Incentive Program (DSRIP) will reduce emergency department utilization by frequent users by 5 percent when compared to the baseline.
- The network of Family Health Centers and internal medicine physician groups provide patients with the ability to have a medical home to receive their care. The centers treat the full spectrum of patients, from birth to geriatrics. They also help patients avoid overuse of the emergency department.

CN.11 – Need for more care coordination. All counties identified it as a system cap and need. Barriers include complexity of coordination, lack of staff, lack of financial integration, fragmented system service, and practicing in silos. Providers did not feel there was strong care coordination between primary care providers, hospitals, and specialists.

SOLUTION:
- Through our participation in the Regional Health Partnership, Regions 10 and the Delivery System Reform Incentive Program (DSRIP) will reduce emergency department utilization by frequent users by 5 percent when compared to the baseline. The program will identify those patients who are most at risk of receiving disconnected and fragmented care can be impacted.
- Also through the DSRIP program, we will achieve a 5 percent reduction in all-cause readmissions by providing better care sites for frequent users of emergency department services.

CN.12 – Need for more culturally competent care to address unmet needs (e.g., Latino-population need care, translators, translated-materials). Over 40% of the Region’s population is not Caucasian, and nearly one-quarter are Hispanic or Latino origin. Hispanic and minority populations have higher growth rates than the White population. Research shows that culturally competent care shows better health outcomes.

SOLUTION:

CN.13 – Necessity of patient education programs. Many community residents lack basic health literacy.

CN.15 – Need for more education, resources and promotion of healthy lifestyles (free and safe places to exercise, health screenings, health education, healthy environments, etc.). Top identified health behaviors impacting and influencing health outcomes in Region 10 are adult obesity (30%) and physical activity (28%). Region had a lower rate of health screening rate than nation and state.

SOLUTION:
- Methodist Mansfield regularly conducts health education programming open to the entire community. Topics include a variety of health-related issues for women, men, back and spine, and cardiology.
• 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 Mansfield has partnered with the Mansfield Independent School District to create the Heart Health Challenge. The program increases the awareness of the importance of daily exercise and good nutrition through challenges to establish heart healthier habits.

CN.14 – Lack of access to healthy foods. The Region and the state has more than double the percentage of all restaurants that are fast food establishments compared to the nation.

SOLUTION:

CN.16 – Higher incidence rates of syphilis and chlamydia. Two counties have higher rates of syphilis than the state. One county had significantly higher rate of chlamydia, while entire Region 10 has higher rate than the state and nation.

SOLUTION:

CN.17 – Incomplete management of varicella (chicken pox) cases. Region 10 has poor rates of some chicken pox, with nearly a 50% higher rate than national average (with rate of 26.3 compared to 17.9 per 100,000, respectively).

CN.18 – Incomplete management of pertussis (whooping cough) cases. The Region has nearly a 50% higher rate than state, with rate of 10.3 compared to 5.54 per 100,000, respectively.

SOLUTION:
• Through our Family Health Centers, patients are able to receive all appropriate vaccinations for preventive health needs.

CN.19 – Need for more and earlier onset of prenatal care. Nearly 60% of Region 10 mothers access prenatal care within first trimester, compared with 71% national rate. Region 10 has higher teen birth rates than the national average, while also having a lower rate of low birth weight.

SOLUTION:

CN.20 – Improved Public Health Surveillance to Promote Individual and Population Health. West Nile and other disease outbreaks locally highlight areas in the local public health surveillance system that are unaddressed.
SOLUTION:

CN.21 – High tuberculosis (TB) prevalence and low treatment completion rates of latent tuberculosis infection (LTBI) LTBI treatment.

SOLUTION:

CN.22 – Inadequate health IT infrastructure and limited interoperability to support information sharing between providers hinders care coordination.

SOLUTION: