Methodist Richardson Medical Center

Community Health Needs Assessment – 2019

Implementation Strategy

As a result of the Patient Protection and Affordable Care Act (PPACA), all tax-exempt organizations operating hospital facilities are required to assess the health needs of their community through a Community Health Needs Assessment (CHNA) once every three years.

The written CHNA Report must include descriptions of the following:

- The community served and how the community was determined
- The process and methods used to conduct the assessment including sources and dates of the data and other information as well as the analytical methods applied to identify significant community health needs
- How the organization took into account input from persons representing the broad interests of the community served by the hospital, including a description of when and how the hospital consulted with these persons or the organizations they represent
- The prioritized significant health needs identified through the CHNA as well as a description of the process and criteria used in prioritizing the identified significant needs
- The existing healthcare facilities, organizations, and other resources within the community available to meet the significant community health needs
- An evaluation of the impact of any actions that were taken, since the hospital facility(s) most recent CHNA, to address the significant health needs identified in that last CHNA

PPACA also requires hospitals to adopt an Implementation Strategy to address prioritized community health needs identified through the assessment. An Implementation Strategy is a written plan that addresses each of the significant community health needs identified through the CHNA and is a separate but related document to the CHNA report.

The written Implementation Strategy must include 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)
- Identify programs and resources the hospital plans to commit to address the health needs
- Describe any planned collaboration between the hospital and other facilities or organizations in addressing the health needs

The Methodist Richardson community has been identified as the geographical area of Dallas and Collin Counties. The CHNA process identified significant health needs for this community (see list below). Significant health needs were identified as those where the qualitative data (interview and focus group feedback) and quantitative data (health indicators) converged. In addition, other needs were identified by leveraging the professional experience and community knowledge of the hospital leadership via discussion.

- Health Behaviors
  (e.g.: Adolescent Behavioral Health)
- Social Determinants of Health
  (e.g.: Language Barriers (Non-English Speaking Households); Poverty (Adults / Children); Social Isolation)
- Chronic Conditions
  (e.g.: Hyperlipidemia; Atrial Fibrillation; Chronic Heart Failure; Stroke; Diabetes)
- Mental Health
  (e.g.: Schizophrenia and Other Psychotic Disorders; Depression)
- Cancer
  (e.g.: Cancer Incidence – Female Breast)
- Access to Care
  (e.g.: Uninsured Adult Population and Children; Primary Care; Transportation)
- Environment
  (e.g.: Food Insecurity; Housing; Renter-occupied Housing; Homicides; Violent Crime Offenses)
- Health Behaviors – Substance Abuse
  e.g.: Drug Overdose Deaths – Opioids; Drug Poisoning Death Rate; Motor Vehicle Driving Deaths with Alcohol Involvement)
- Injury and Death – Children
  (e.g.: Child Mortality; Infant Mortality)
- Preventable Hospitalizations
  (e.g.: Adult and Pediatric Perforated Appendix Admission)

Methodist Richardson prioritized these significant community healthcare needs based on the following:

- Magnitude: The need impacts a large number of people, actually or potentially.
- Severity: What degree of disability or premature death occurs because of the problem? What are the potential burdens to the community, such as economic or social burdens?
- Vulnerable Populations: There is a high need among vulnerable populations and/or vulnerable populations are adversely impacted.
- Root Cause: The issue is a root cause of other problems, thereby possibly affecting multiple issues.

Selecting the Health Needs to be addressed by Methodist

To choose which of the prioritized health needs Methodist would address through its corresponding implementation plans, the participants representing Methodist Richardson Medical Center collectively as a group rated each of the prioritized significant health needs on the following selection criteria:

- Expertise & Collaboration: Confirm health issues can build upon existing resources and strengths of the organization. Ability to leverage expertise within the organization and resources in the community for collaboration.
- Feasibility: Ensure needs are amenable to interventions, acknowledge resources needed, and determine if need is preventable.
- Quick Success & Impact: Ability to obtain quick success and make an impact in the community.

Through the prioritization process, the following three significant needs were selected to be addressed via the Methodist Richardson CHNA Implementation Strategy:

- Chronic Heart Failure
- Cancer
- Stroke

All other significant health needs were not chosen for a combination of the following reasons:

- The need was not well-aligned with organizational strengths.
- There are not enough existing organizational resources to adequately address the need.
- Implementation efforts would not impact as many community residents (magnitude) as those that were chosen.

Community Served

Methodist Richardson Medical Center defined the facility's community using the county in which at least 75% of patients reside. Using this definition, Methodist Richardson Medical Center has defined its community to be the geographical area of Dallas and Collin Counties for the 2019 CHNA.

Community Served Map

Demographic and Socioeconomic Summary

According to population statistics, the population in this health community is expected to grow 7.5% in five years, above the Texas growth rate of 7.1%. The median age of 35.5 was younger than the Texas and national benchmarks. Median income was above both the state and the country. The community served had a lower proportion of Medicaid beneficiaries than the state of Texas.

Demographic and Socioeconomic Comparison:
Community Served and State/U.S. Benchmarks

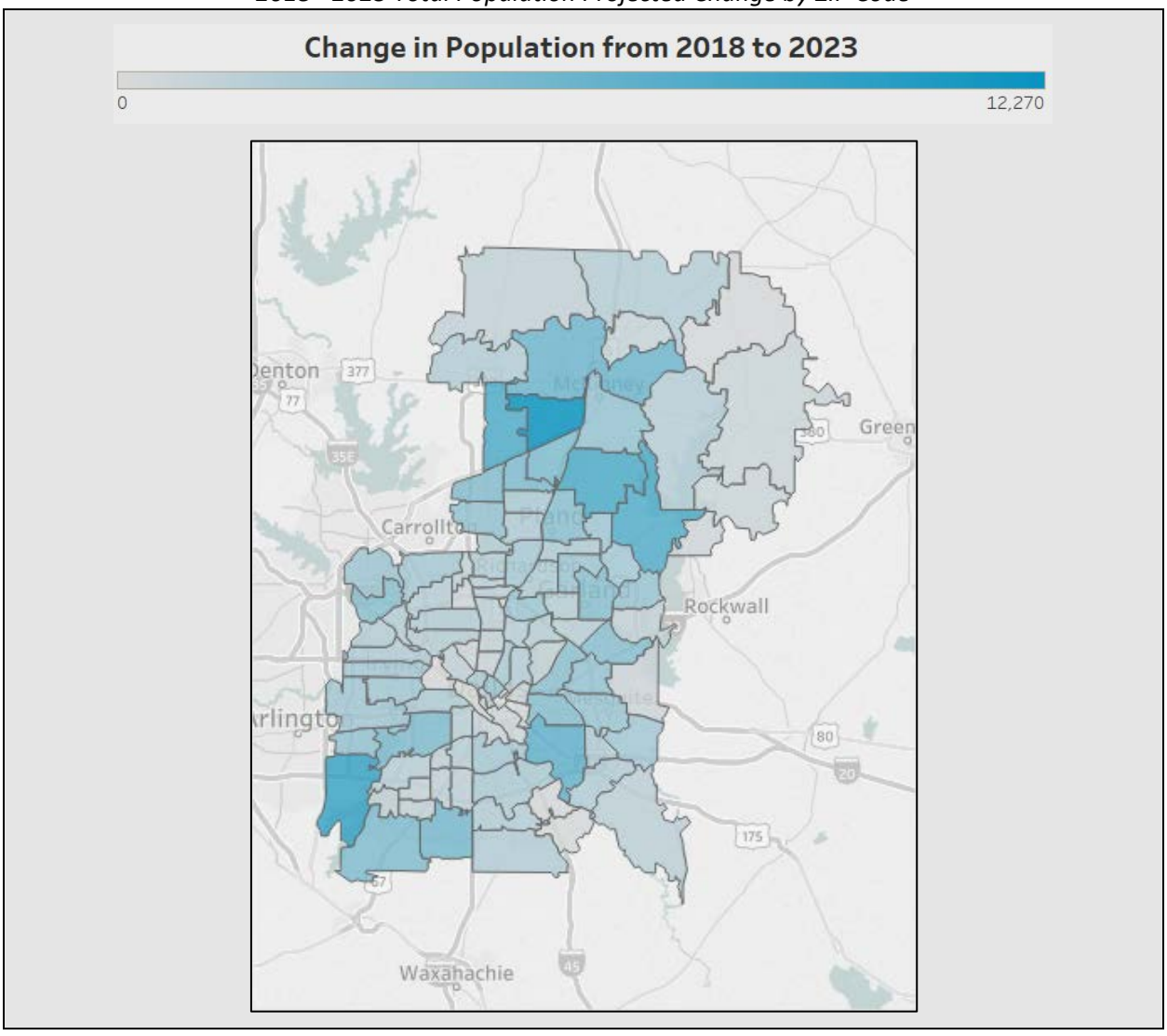
Geography		Benchmarks		Community Served
		United States	Texas	
Total Current Population		326,533,070	28,531,631	3,601,164
5 Yr Projected Population Change		3.5%	7.1%	7.5%
Median Age		42.0	38.9	35.5
Population 0-17		22.6%	25.9%	26.3%
Population 65+		15.9%	12.6%	10.9%
Women Age 15-44		19.6%	20.6%	21.3%
Non-White Population		30.0%	32.2%	45.3%
Hispanic Population		18.2%	39.4%	33.5%
Insurance Coverage	Uninsured	9.4%	19.0%	16.7%
	Medicaid	19.0%	13.4%	13.1%
	Private Market	9.6%	9.9%	9.8%
	Medicare	16.1%	12.5%	10.8%
	Employer	45.9%	45.3%	49.6%
Median HH Income		$61,372	$60,397	$69,461
Limited English		26.2%	39.9%	42.7%
No High School Diploma		7.4%	8.7%	8.6%
Unemployed		6.8%	5.9%	5.4%

Source: IBM Watson Health / Claritas, 2018; US Census Bureau 2017 (U.S. Median Income)

The population of the community served is expected to grow 7.5% by 2023, an increase of more than 268,000 people. The 7.5% projected population growth is more than the state's 5-year projected growth rate (7.1%) and higher when compared to the national projected growth rate (3.5%). The ZIP codes expected to experience the most growth in five years are:

- 75070 McKinney – 12,270 people
- 75052 Grand Prairie – 9,059 people
- 75002 Allen – 7,892 people

2018 - 2023 Total Population Projected Change by ZIP Code

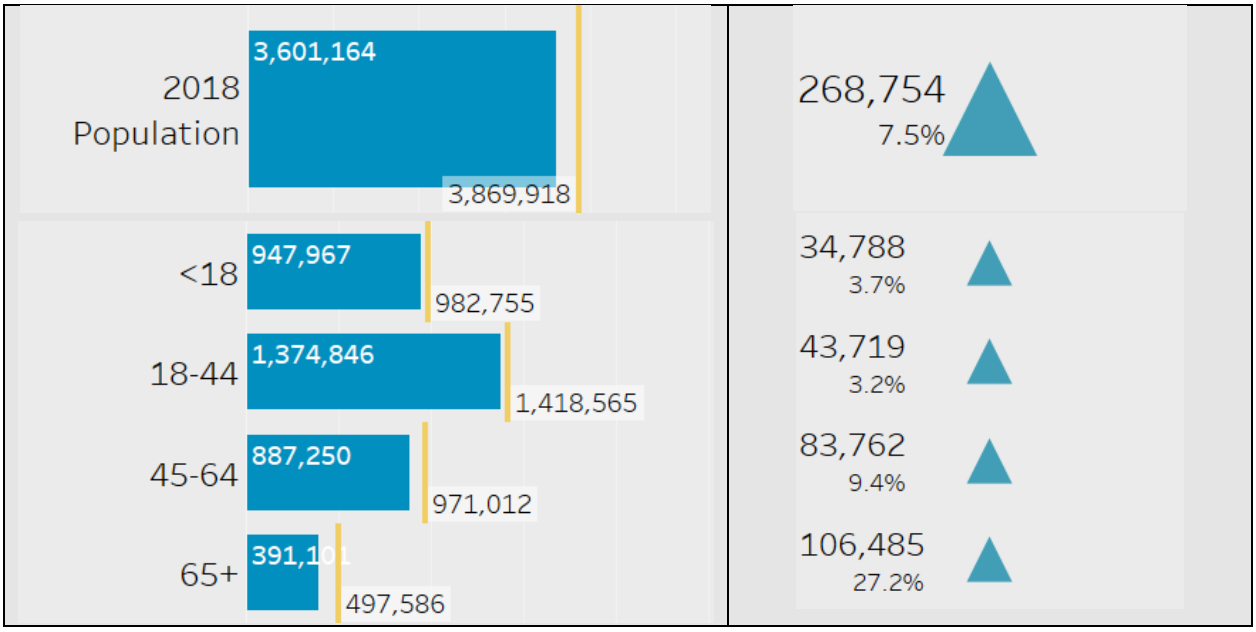


Source: IBM Watson Health / Claritas, 2018

The community's population skewed younger with 38.2% of the population ages 18-44 and 26.3% under age 18. The largest cohort (18-44) is expected to grow by adding 43,719 people (3.2%) by 2023. The age 65 plus cohort was the smallest (10.9%) but is expected to experience the fastest growth (27.2%) over the next five years, adding 106,485 seniors to the community. Growth in the senior population will likely contribute to increased utilization of services as the population continues to age.

Population Distribution by Age

2018 Population by Age Cohort *Change by 2023*

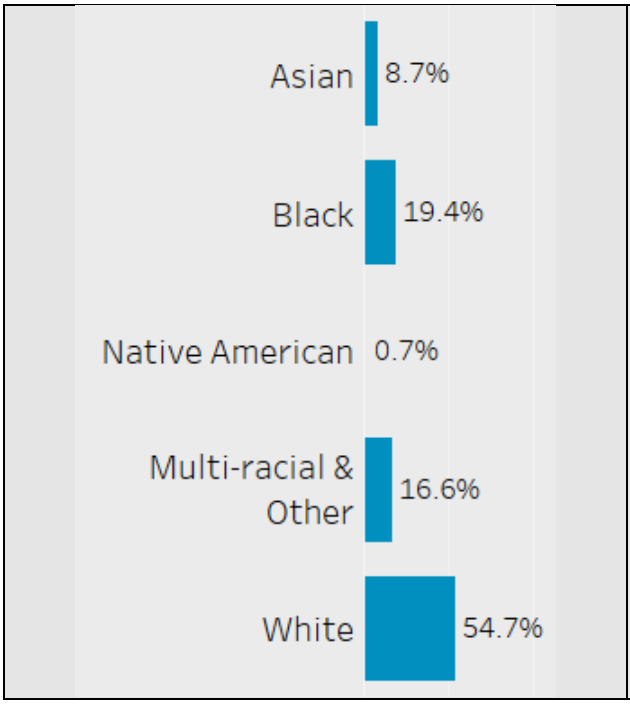


Source: IBM Watson Health / Claritas, 2018

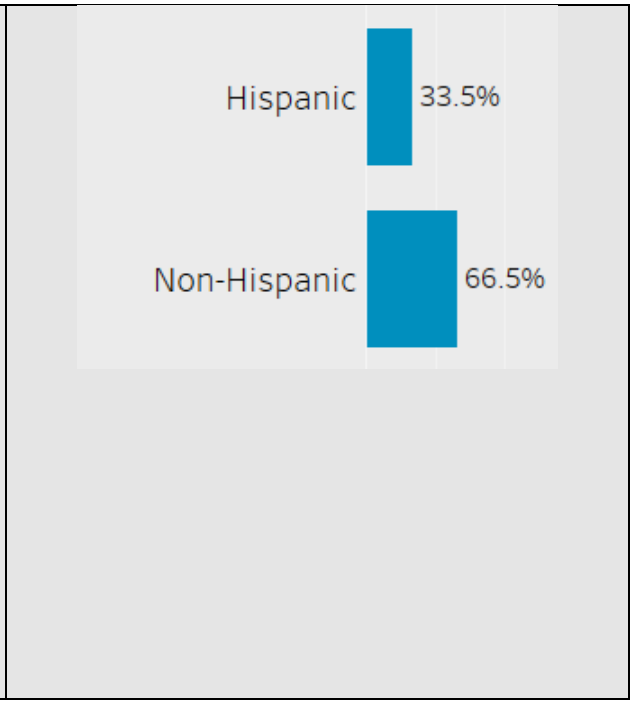
Population statistics are analyzed by race and by Hispanic ethnicity. The largest groups in the community were non-Hispanic White (36.58%), non-Hispanic Black (18.99%), White Hispanic (18.08%), and other Hispanic (13.09%). The expected growth rate of the Hispanic population (all races) is over 124,000 people (10.3%) by 2023, while the non-Hispanic population (all races) is expected to grow by over 144,000 people (6.0%) by 2023.

Population Distribution by Race and Ethnicity

2018 Population by Race

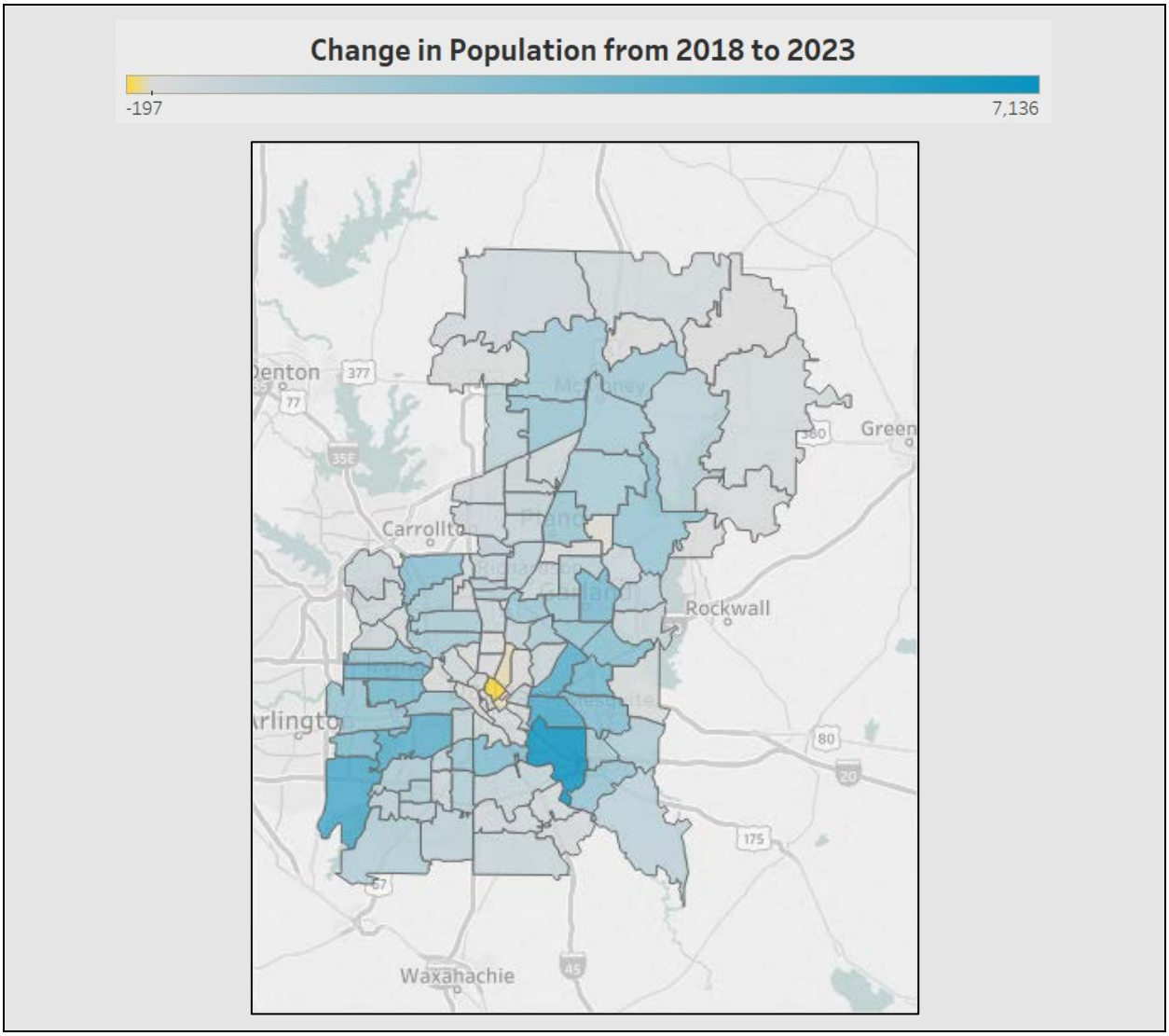


2018 Population by Ethnicity



Source: IBM Watson Health / Claritas, 2018

2018 - 2023 Hispanic Population Projected Change by ZIP Code

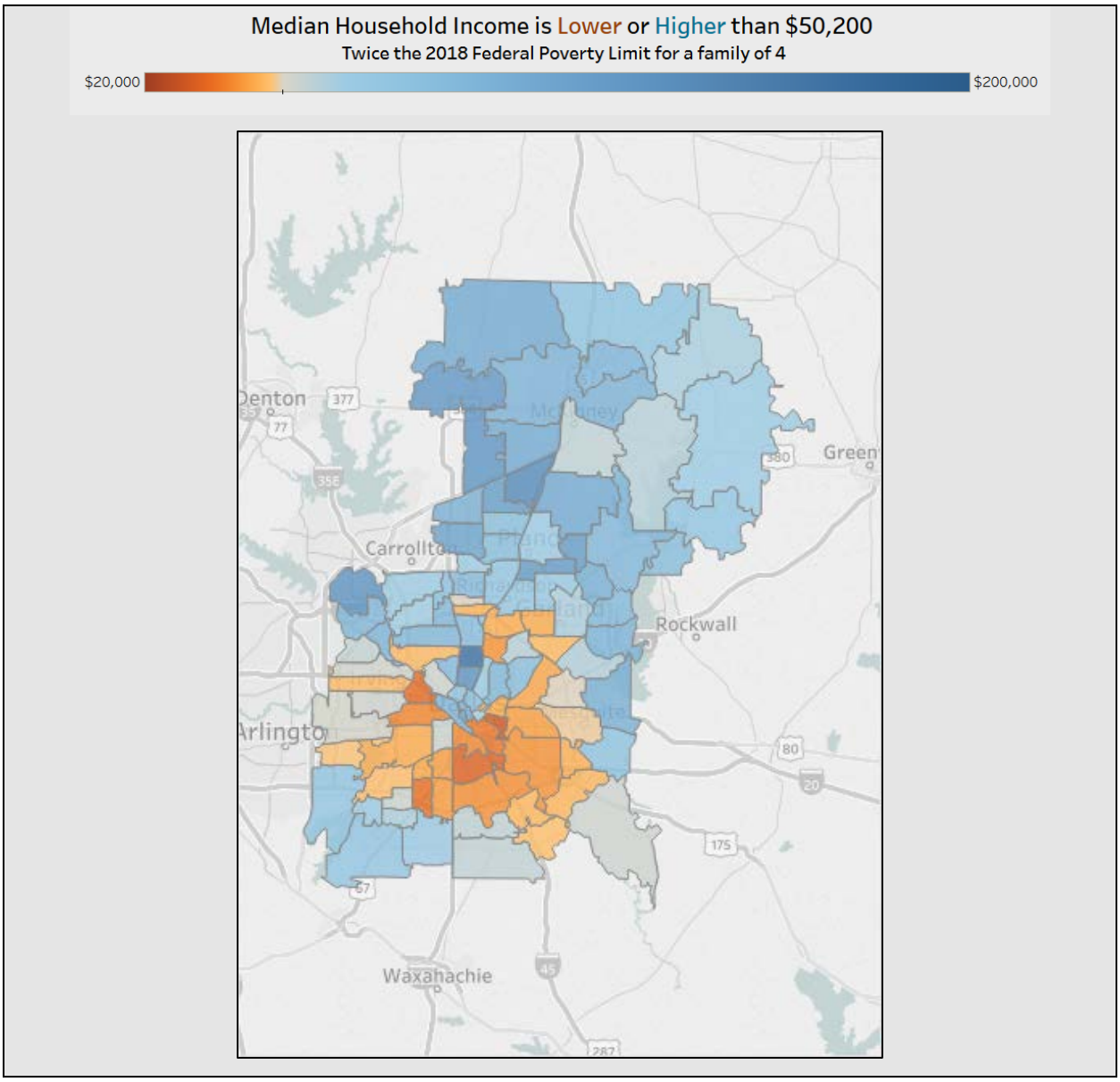


Source: IBM Watson Health / Claritas, 2018

The 2018 median household income for the United States was $61,372 and $60,397 for the state of Texas. The median household income for the ZIP codes within this community ranged from $21,940 for 75210-Dallas to $169,738 for 75225-Dallas. There were 33 ZIP codes with median household incomes less than $50,200, twice the 2018 Federal Poverty Limit for a family of four:

- 75210 Dallas - $21,940
- 75216 Dallas - $26,240
- 75247 Dallas - $28,750
- 75237 Dallas - $29,606
- 75215 Dallas - $31,213
- 75212 Dallas - $34,787
- 75203 Dallas - $35,177
- 75241 Dallas - $36,316
- 75217 Dallas - $36,886
- 75231 Dallas - $37,253
- 75232 Dallas - $38,650
- 75224 Dallas - $39,096
- 75227 Dallas - $39,505
- 75233 Dallas - $40,741
- 75228 Dallas - $41,081
- 75223 Dallas - $41,798
- 75211 Dallas - $42,165
- 75042 Garland - $42,226
- 75243 Dallas - $42,441
- 75180 Balch Springs - $43,055
- 75240 Dallas - $43,473
- 75253 Dallas - $43,956
- 75141 Hutchins - $43,968
- 75246 Dallas - $43,992
- 75041 Garland - $44,881
- 75061 Irving - $44,965
- 75220 Dallas - $45,016
- 75172 Wilmer - $45,833
- 75236 Dallas - $45,849
- 75051 Grand Prairie - $46,798
- 75149 Mesquite - $48,436
- 75150 Mesquite - $49,678
- 75254 Dallas - $49,817

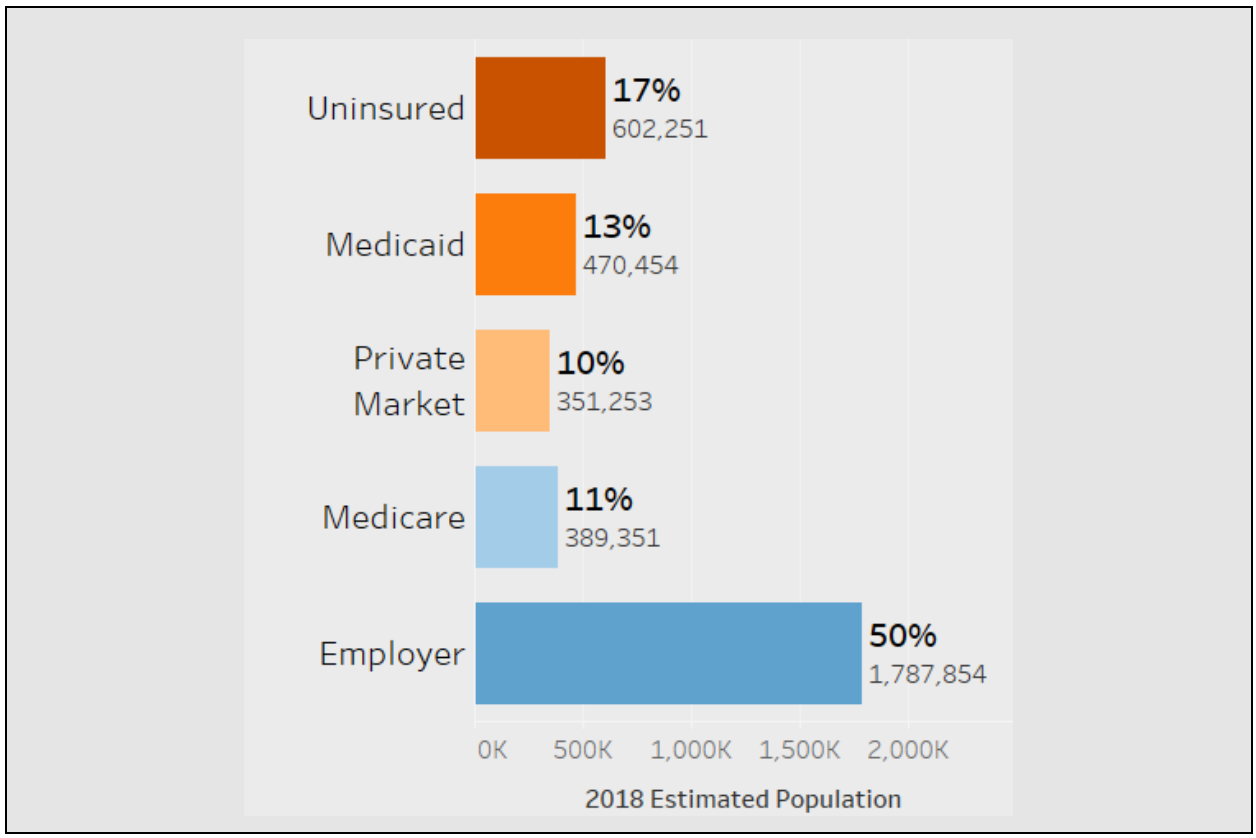
2018 Median Household Income by ZIP Code



Source: IBM Watson Health / Claritas, 2018

A majority of the population (50%) were insured through employer sponsored health coverage, 17% of residents did not have any health insurance. The remainder of the population was fairly equally divided between Medicaid, Medicare, and private market (the purchasers of coverage directly or through the health insurance marketplace).

2018 Estimated Distribution of Covered Lives by Insurance Category



Source: IBM Watson Health / Claritas, 2018

The community includes 27 Health Professional Shortage Areas and 20 Medically Underserved Areas as designated by the U.S. Department of Health and Human Services Health Resources Services Administration.[1] Appendix C of the CHNA full Report includes the details on each of these designations which can be found at www.methodisthealthsystem.org/about/communityinvolvement.

Health Professional Shortage Areas and Medically Underserved Areas and Populations

	Health Provessional Shortage Areas (HPSA)				Medically Underserved Area/Population (MUA/P)
5. Methodist Richardson MC	Dental Health	Mental Health	Primary Care	Grand Total	MUA/P
Collin		1		1	1
Dallas	8	8	10	26	19
Total	**8**	**9**	**10**	**27**	**20**

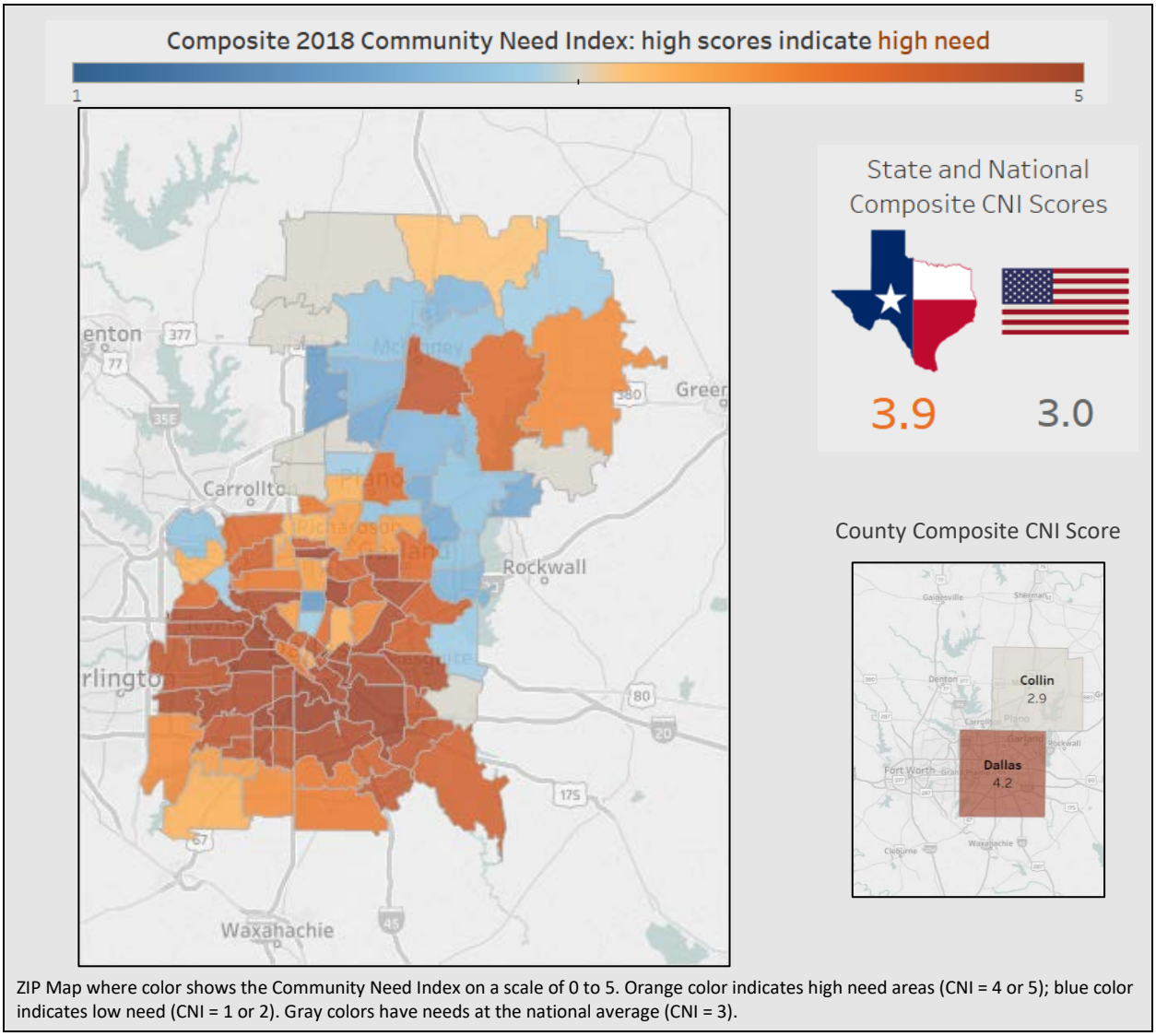
Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, 2018

[1] U.S. Department of Health and Human Services, Health Resources and Services Administration, 2018

The Watson Health Community Need Index (CNI) is a statistical approach to identifying areas within a community where health disparities may exist. 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. The CNI strongly links to variations in community healthcare needs and is an indicator of a community's demand for various healthcare services. The CNI score by ZIP code identifies specific areas within a community where healthcare needs may be greater.

The CNI score for the community served was 3.9 (4.2 for Dallas County and 2.9 for Collin County) which is higher than the CNI national average of 3.0, potentially indicating greater health care needs in this community. In portions of the community (Balch Springs, Dallas, Duncanville, Garland, Grand Prairie, Irving, McKinney, Mesquite, and Wilmer) the CNI score was greater than 4.5, pointing to potentially more significant health needs among the population.

2018 Community Need Index by ZIP Code



ZIP Map where color shows the Community Need Index on a scale of 0 to 5. Orange color indicates high need areas (CNI = 4 or 5); blue color indicates low need (CNI = 1 or 2). Gray colors have needs at the national average (CNI = 3).

Source: IBM Watson Health / Claritas, 2018

Public Health Indicators

Public health indicators were collected and analyzed to assess community health needs. Evaluation for the community served used 102 indicators. For each health indicator, a comparison between the most recently available community data and benchmarks for the same/similar indicator was made. The basis of benchmarks was available data for the U.S. and the state of Texas.

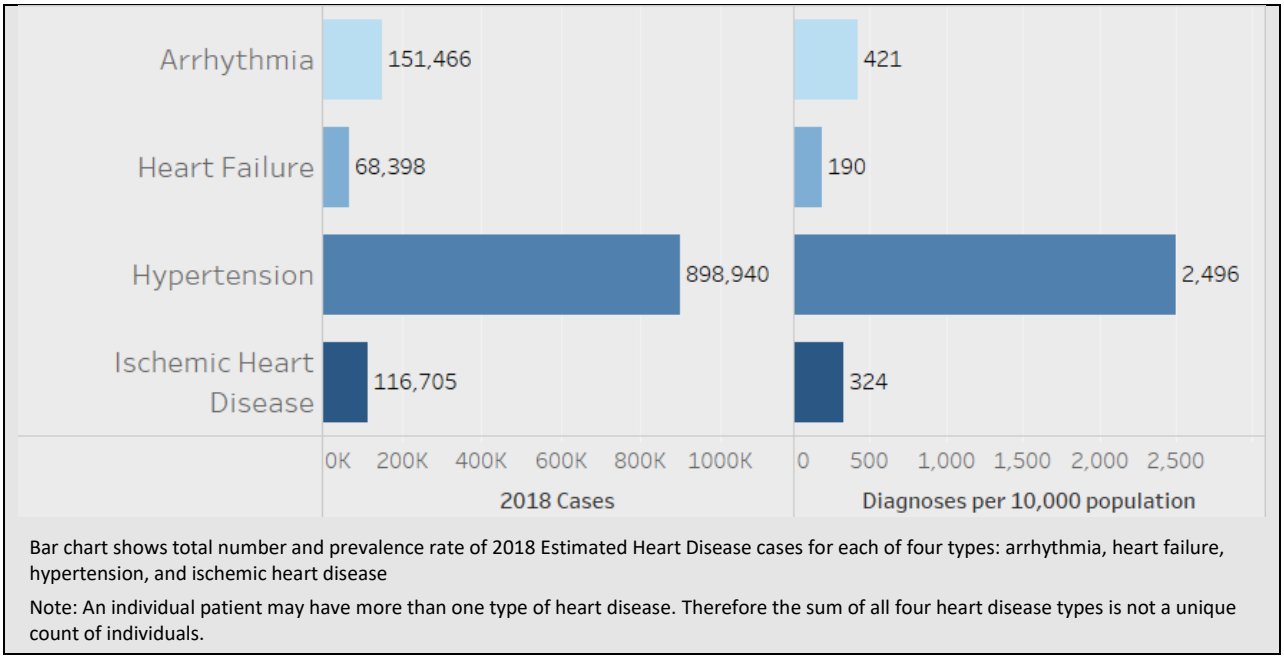
Where the community indicators showed greater need when compared to the state of Texas comparative benchmark, the difference between the community values and the state benchmark was calculated (need differential). These indicators are in Appendix D of the CHNA full Reort located at www.methodisthealthsystem.org/about/communityinvolvement. Those highest ranked indicators with need differentials in the 50th percentile of greater severity pinpointed community health needs from a quantitative perspective.

Watson Health Community Data

Watson Health supplemented the publicly available data with estimates of localized disease prevalence of heart disease and cancer as well as emergency department visit estimates.

Watson Health Heart Disease Estimates identified hypertension as the most prevalent heart disease diagnosis; there were over 898,000 estimated cases in the community overall. McKinney ZIP code 75070 had the most estimated cases of Arrhythmia, Ischemic Heart Disease and Hypertension, while Grand Prairie ZIP code 75052 had the most estimated cases of Heart Failure. ZIP code 75075 in Plano had the highest estimated prevalence rates for Arrhythmia (705 cases per 10,000 population), Hypertension (3,332 cases per 10,000 population) and Ischemic Heart Disease (654 cases per 10,000 population). ZIP Code 75225 in Dallas was the highest rate for Heart Failure (341 cases per 10,000 population).

2018 Estimated Heart Disease Cases



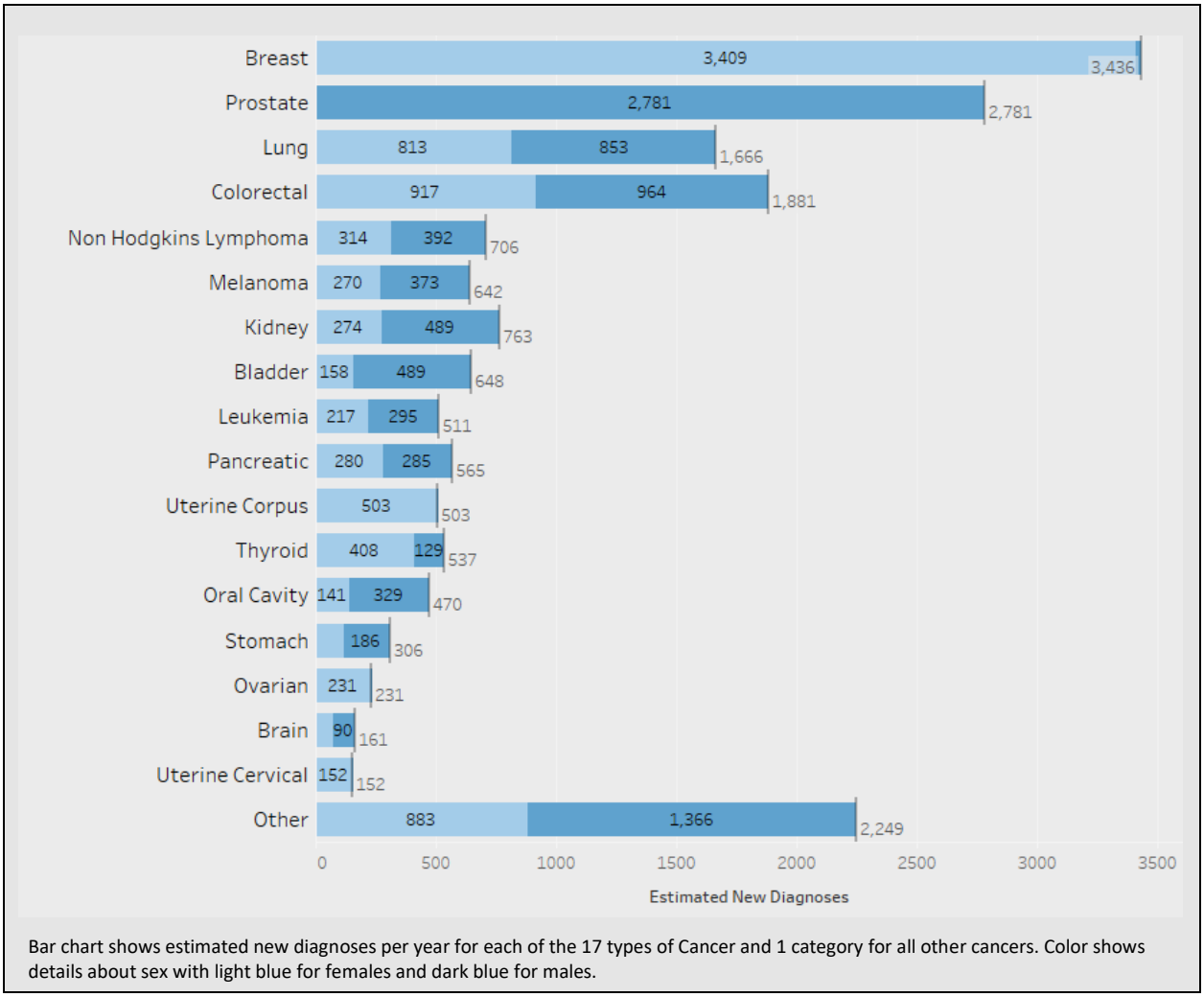
Bar chart shows total number and prevalence rate of 2018 Estimated Heart Disease cases for each of four types: arrhythmia, heart failure, hypertension, and ischemic heart disease

Note: An individual patient may have more than one type of heart disease. Therefore the sum of all four heart disease types is not a unique count of individuals.

Source: IBM Watson Health, 2018

For this community, Watson Health's 2018 Cancer Estimates revealed the cancers projected to have the greatest rate of growth in the next five years were pancreatic, bladder, and kidney based on population changes and disease rates. The cancers estimated to have the greatest number of new cases in 2018 were breast, prostate, lung, and colorectal cancers.

2018 Estimated New Cancer Cases



Bar chart shows estimated new diagnoses per year for each of the 17 types of Cancer and 1 category for all other cancers. Color shows details about sex with light blue for females and dark blue for males.

Source: IBM Watson Health, 2018

Estimated Cancer Cases and Projected 5 Year Change by Type

Cancer Type	2018 Estimated New Cases	2023 Estimated New Cases	5 Year Growth (%)
Bladder	648	779	20.3%
Brain	161	180	11.4%
Breast	3,436	3,978	15.8%
Colorectal	1,881	1,998	6.2%
Kidney	763	906	18.8%
Leukemia	511	597	16.7%
Lung	1,666	1,944	16.7%
Melanoma	642	750	16.8%
Non Hodgkins Lymphoma	706	829	17.5%
Oral Cavity	470	553	17.6%
Ovarian	231	262	13.6%
Pancreatic	565	690	22.0%
Prostate	2,781	3,071	10.4%
Stomach	306	359	17.1%
Thyroid	537	632	17.8%
Uterine Cervical	152	161	6.2%
Uterine Corpus	503	595	18.3%
All Other	2,249	2,658	18.2%
Grand Total	18,208	20,942	15.0%

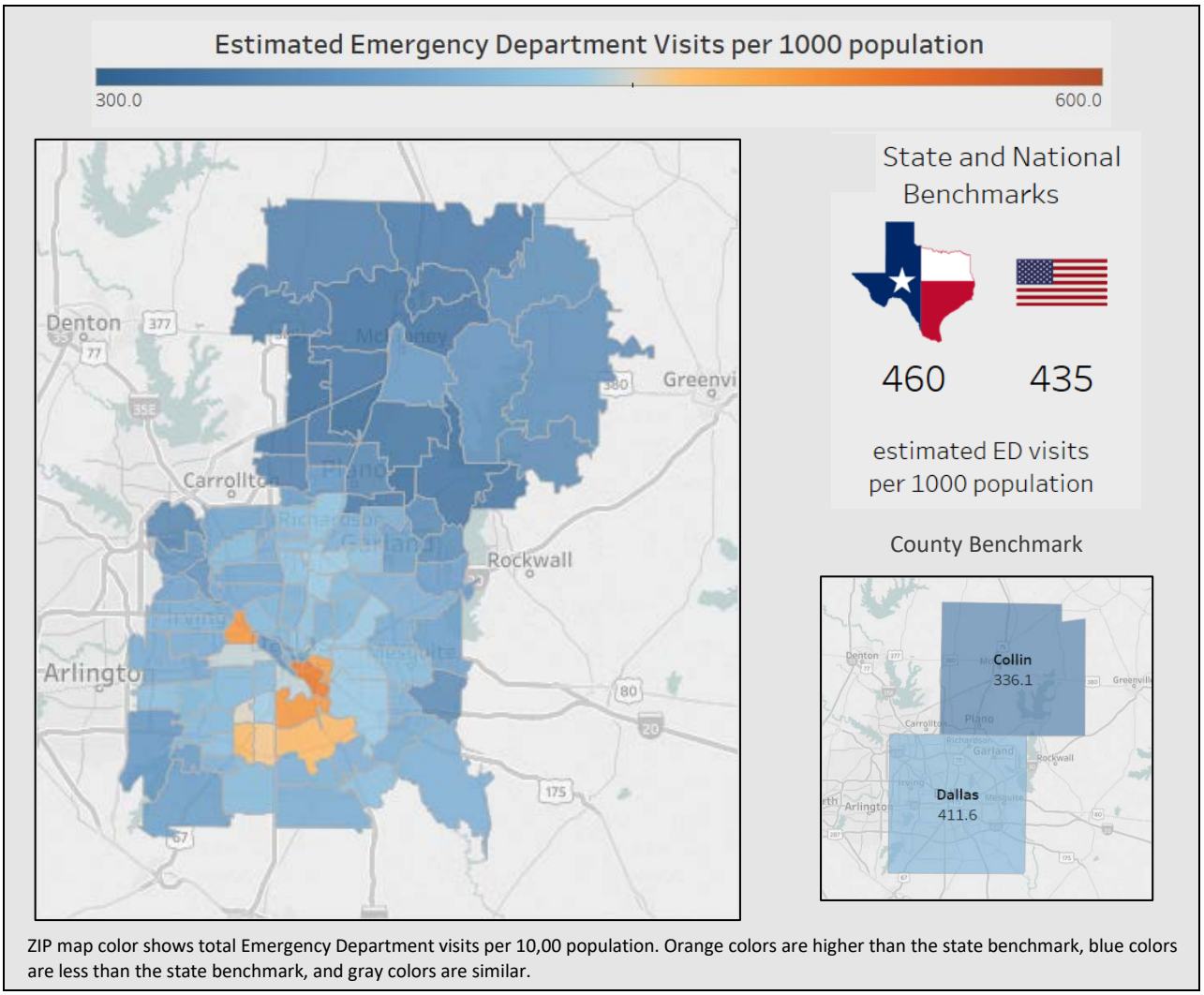
Source: IBM Watson Health, 2018

Based on population characteristics and regional utilization rates, Watson Health projected all emergency department (ED) visits in this community to increase by 7.9% over the next 5 years. The highest estimated ED use rates were in the ZIP codes of Dallas; 534 to 375.3 ED visits per 1,000 residents compared to the Texas state benchmark of 460 visits and the U.S. benchmark of 435 visits per 1,000.

These ED visits consisted of three main types: those resulting in an inpatient admission, emergent outpatient treated and released ED visits, and non-emergent outpatient ED visits that were lower acuity. Non-emergent ED visits present to the ED but can be treated in more appropriate and less intensive outpatient settings.

Non-emergent outpatient ED visits could be an indication of systematic issues within the community regarding access to primary care, managing chronic conditions, or other access to care issues such as ability to pay. Watson Health estimated non-emergent ED visits to increase by an average of 3.8% over the next five years in this community.

Estimated 2018 Emergency Department Visit Rate

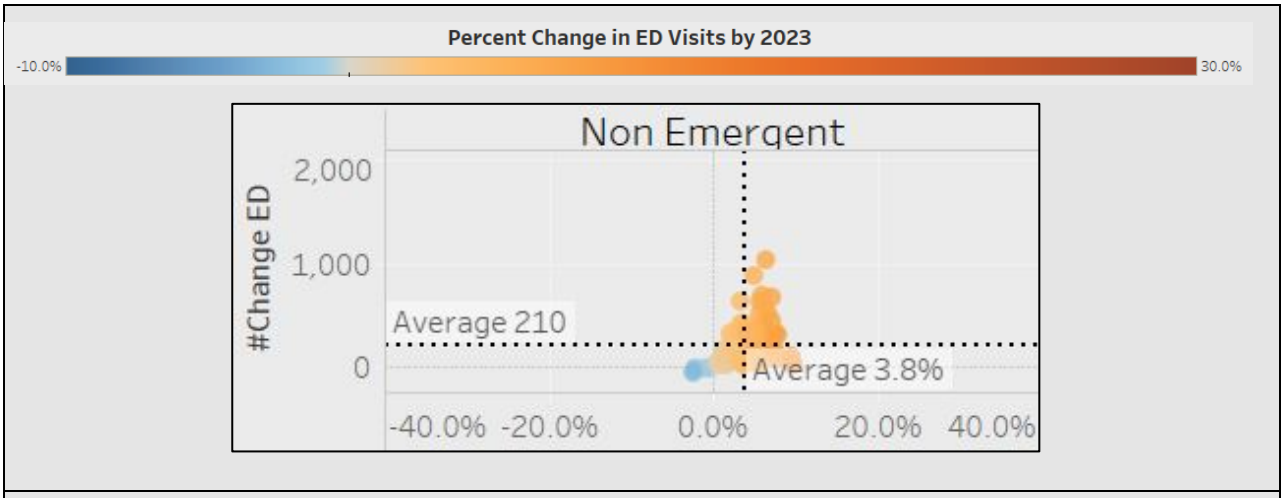


ZIP map color shows total Emergency Department visits per 10,00 population. Orange colors are higher than the state benchmark, blue colors are less than the state benchmark, and gray colors are similar.

Note: These are not actual Methodist ED visit rates. These are statistical estimates of ED visits for the population.

Source: IBM Watson Health, 2018

Projected 5 Year Change in Non-Emergent Emergency Department Visits by ZIP Code



This chart show sthe percent change in Emergency Department visits by 2023 at the ZIP level. The average for all ZIPs in the Health Community is labeled. ED visits are defined by the presence of specific CPT® codes in claims. Non-emergency visits to the ED do not necessarily require treatment in a hospital emergency department and can potentially be reated in a fast-track ED, an urgent care treatment center, or a clinical or a physician's private office.

Note: These are not actual Methodist ED visit rates. These are statistical estimates of ED visits for the population.

Source: IBM Watson Health, 2018

Community Input

A summary of the focus groups and interviews conducted for the Methodist Richardson community can be found on pages 32 and 33 of the CHNA full Report located at wwww.methodisthealthsystem.org/about/communityinvolvement.

Methodist Richardson Medical Center CHNA Implementation Strategy

CONGESTIVE HEART FAILURE

Goal: Increase awareness of congestive heart failure, risk factors and prevention by providing added educational opportunities

Strategy 1: Leverage existing services and offer expanded educational programs and services

Program/Activity	Description	Anticipated Impact	Target Audience	How Results will be Measured	Resources	Partners
Expand palliative care awareness and promotion of physician on staff through articles and lunch-n-learn events	Expand lunch & learns with Dr. Glass and physicians to promote our services; article in Shine magazine that can also be repurposed for other platforms, including Shine Online	Increased awareness of palliative care benefits and services	Community	Quarterly lunch & learns with physicians; 1 article for Shine	Lunch & learns: Dr. Glass; Lorna Rosales, Care Mgt Director; Article: Jan Arrant	
Offer nutritional cooking classes	Cooking class offered through Methodist Generations program	Increased awareness	Community	2 classes per year	Jan Arrant, Jerri Locke	
Offer smoking cessation classes including vaping with 2 certified COPD instructors on staff	Continue smoking cessation classes offered at MRMC; promote cessation classes through lunch & learns with community partners	Increased awareness	Community	Offer a minimum of 10 classes per year	Jan Arrant, Nicki Williams, Scott Colburn; Duc Nguyen	
Officer exercise and activity classes	Offer Mindful Movement and Tai Chi classes through Generations	Increased awareness	Community	Mindful Movement - twice a month; Tai Chi - twice a month	Jerri Locke	
Corporate Challenge	Sponsorship of Richardson's Corporate Challenge community-wide event - water bottle sponsor	Increase awareness	Community	Number of people reached (Goal: 10,000)	Jan Arrant	City of Richardson
Richardson ISD Spirit Run	Sponsorship of annual 10K and 5K fun runs	Increase awareness	Community	Number of people reached (Goal: 500)	Jan Arrant	Richardson Independent School District
Gobble Hobble	Sponsorship of this Boys & Girls club event	Increase awareness	Community	Number of people reached (Goal: 500)	Jan Arrant	Boys & Girls Club

STROKE

Goal: Increase awareness of stroke prevention and treatment by providing added treatment services and educational opportunities

Strategy 1: Leverage existing services and offer expanded educational and treatment programs and services

Program/Activity	Description	Anticipated Impact	Target Audience	How Results will be Measured	Resources	Partners
Obtain comprehensive stroke designation	We must have a year's worth of data before we can apply. The plan right now is to begin data collection in Q1 2020 and apply Q3 of 2021	Enhanced services (level of care) for patients	Patients/ community	Designation obtained Number of people reached	Beena Mathai - stroke coordinator; Irene Strejc	
Offer stroke support group	Continue offering monthly stroke support group	Increased awareness	Community	12 meetings per year; goal of 100 participants	Beena Mathai - stroke coordinator; Irene Strejc	
Offer community education awareness events	Continue community lunch & learns on stroke awareness; provide stroke booklet at admission, which includes management of stroke risk factors; follow-up with a neurologist	Increased awareness	Community	At least 4 per year	Beena Mathai - stroke coordinator; Jan Arrant	Sanden, Raytheon, City of Wylie, City of Richardson, Harman
Offer smoking cessation classes	Continue offering smoking/vape cessation classes at MRMC	Increased awareness	Community	At least 10 classes per year	Jan Arrant, Nicki Williams, Scott Colburn; Duc Nguyen	
Build rapid response process	Intent is to build a rapid response for stroke, much like a code blue. Seek to implement by 2021, utilizing guidelines and resources from North Central Texas Trauma Regional Advisory	Enhanced services (level of care) for patients	Patients/ community	Establish protocols and process	Beena Mathai - stroke coordinator; Irene Strejc	North Central Texas Trauma Regional Advisory
Increase awareness of stroke rehab program	Develop collateral about stroke recovery to include in discharge folders for stroke pts; work with case management to facilitate outpatient rehab based on patients individualized needs	Increase awareness	Community	Number of people reached	Jan Arrant, Beena Mathai	
Offer navigation resources	Facilitate by enrolling in outpatient rehab including speech therapy, PT/OT and home health, if required. Inform/encourage involvement in stroke support group.	Increase services to patients	Patients/ community	Number of people reached	Care Management team	

CANCER

Goal: Increase awareness of cancer prevention and treatment by providing added treatment services and educational opportunities

Strategy 1: Leverage existing services and offer expanded educational and treatment programs and services

Program/Activity	Description	Anticipated Impact	Target Audience	How Results will be Measured	Resources	Partners
Obtain COC re-accreditation	Survey for re-accreditation is in 2020	Enhanced services (level of care) for patients	Patients/community	Accreditation obtained Number of people reached	Rebecca Donnelli-Cancer Ctr Director; Cancer Committee	
Expand screenings	Continue to offer annual skin cancer screening	Increased awareness Increased screenings and early detection	Community	1 screening in May - increase attendance by 40%	Rebecca Donnelli-Cancer Ctr Director; Jan Arrant	
Expand community education and awareness events	Mad Hatter breast cancer awareness; lunch & learns	Increased awareness	Community	At least 5 community outreach events per year	Rebecca Donnelli, Jan Arrant	
Offer smoking cessation classes	Continue offering smoking/vape cessation classes at MRMC	Increased awareness	Community	At least 10 classes per year	Jan Arrant, Nicki Williams, Scott Colburn; Duc Nguyen	
Promote low dose CT	continued engagement with PCP's to recommend screening to qualified patients	Increased awareness Increased screenings and early detection	Community	At least 2 communications to physicians	Rebecca Donnelli	
Increase support groups	Continue Breast Cancer support group and expand Pancreas/GI support group	Increased awareness	Community	Breast Cancer meets monthly; GI meets bi-monthly	Jan Reaves; Julie Mcmullin; Jennifer Mcrae	
Expand research trials (access) & modality	We are currently offer 1 clinical trial for chemotherapy. We are exploring other opportunities to offer additional trials to patients	Increased access to treatment	Patients/Community	Track number of patients participating in research trials	Sam Bibwai, MD; Alan Trumbly, DO; Paul DeRose, MD; Rebecca Donnelli	
Expand navigation resources with approximately 2 FTEs	Had added 2 GI Nurse Navigators and have a breast cancer navigator	Increase services to patients	Patients/community	Number of people reached	Rebecca Donnelli	