Methodist McKinney Hospital

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 McKinney Hospital community has been identified as the geographical area of Collin County. 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.

- Access to Care
  (e.g.: Coordination of Services/Care; Transportation; Primary Care Providers)

- Health Behaviors – Substance Abuse
  (e.g.: Motor Vehicle Accidents with Alcohol involved)

- Preventable Hospitalizations
  (e.g.: Adult and Pediatric Perforated Appendix Admissions)

- Social Determinants of Health
  (e.g.: Social Isolation)

- Cancer
  (e.g.: Cancer Incidence – Breast)

- Mental Health
  (e.g.: Providers, Intentional Self-Harm; Suicide)

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

- <u>Magnitude</u>: The need impacts a large number of people, actually or potentially.

- <u>Severity</u>: 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?

- <u>Vulnerable Populations</u>: There is a high need among vulnerable populations and/or vulnerable populations are adversely impacted.

- <u>Root Cause</u>: 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 McKinney Hospital collectively as a group rated each of the prioritized significant health needs on the following selection criteria:

- <u>Expertise & Collaboration</u>: 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.

- <u>Feasibility</u>: Ensure needs are amenable to interventions, acknowledge resources needed, and determine if need is preventable.

- <u>Quick Success & Impact</u>: Ability to obtain quick success and make an impact in the community.

Through the prioritization process, the following two significant needs were selected to be addressed via the Methodist McKinney CHNA Implementation Strategy:
- Access to Care: Primary Care and Cost
- Coordination of Services/Care

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 McKinney Hospital defined the facility's community using the county in which at least 60% of patients reside. Using this definition, Methodist McKinney Hospital has defined its community to be the geographical area of Collin County for the 2019 CHNA.

Community Served Map
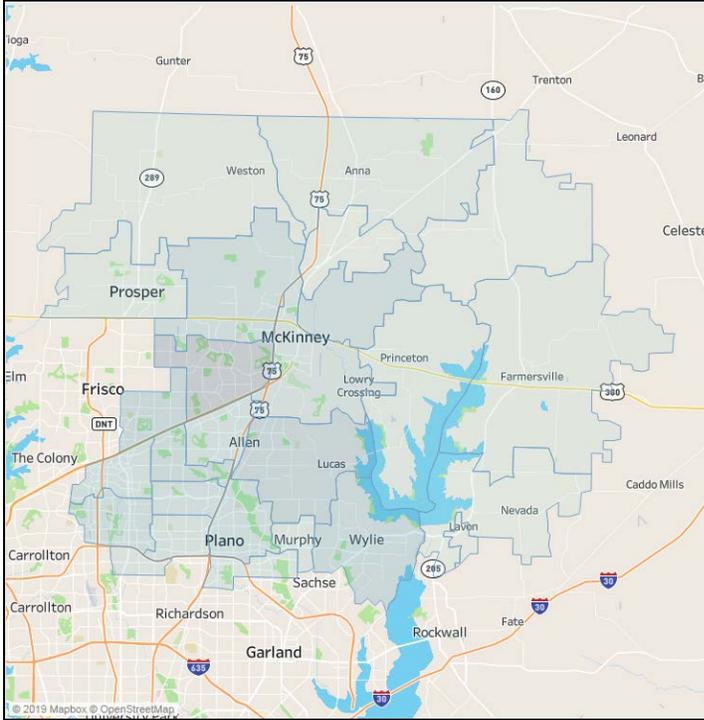
Demographic and Socioeconomic Summary

According to population statistics, the population in this health community is expected to grow 9.9% in five years, above the Texas growth rate of 7.1%. The median age was younger than the Texas and national benchmarks. Median income was notably above both the state and the country. The community served had a much lower proportion of Medicaid beneficiaries than the state of Texas.

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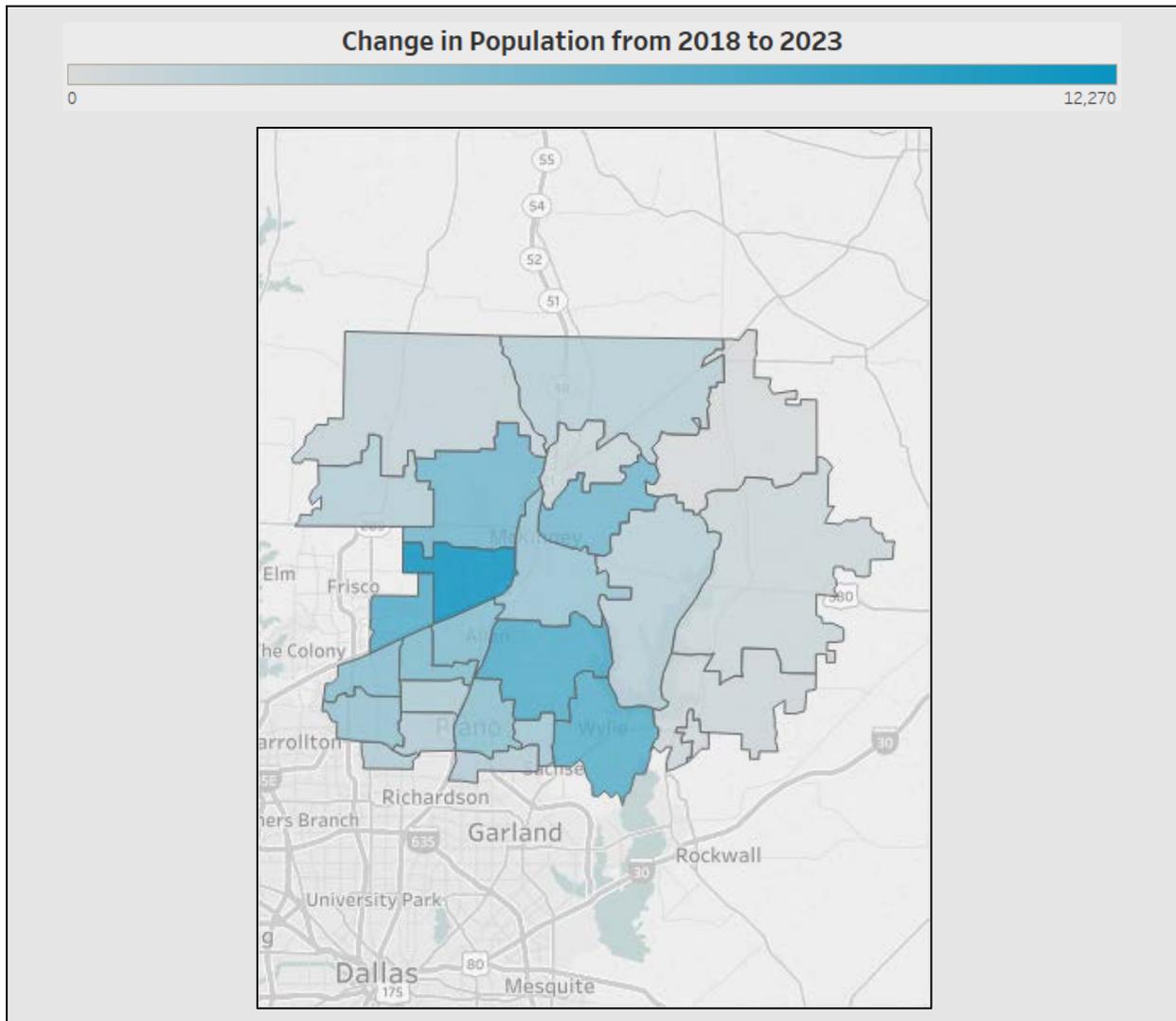*Community Served and State/U.S. Benchmarks*

Geography		Benchmarks		Community Served
		United States	Texas	
Total Current Population		326,533,070	28,531,631	915,938
5 Yr Projected Population Change		3.5%	7.1%	9.9%
Median Age		42.0	38.9	38.2
Population 0-17		22.6%	25.9%	25.9%
Population 65+		15.9%	12.6%	11.2%
Women Age 15-44		19.6%	20.6%	20.5%
Non-White Population		30.0%	32.2%	33.4%
Hispanic Population		18.2%	39.4%	15.3%
Insurance Coverage	Uninsured	9.4%	19.0%	8.2%
	Medicaid	19.0%	13.4%	5.5%
	Private Market	9.6%	9.9%	10.7%
	Medicare	16.1%	12.5%	9.2%
	Employer	45.9%	45.3%	66.4%
Median HH Income		$61,372	$60,397	$96,934
Limited English		26.2%	39.9%	30.5%
No High School Diploma		7.4%	8.7%	3.1%
Unemployed		6.8%	5.9%	4.1%

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

The population of the community served is expected to grow 9.9% by 2023, an increase of more than 90,000 people. The 9.9% projected population growth is notably higher than the state's 5-year projected growth rate (7.1%) and even 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
- 75002 Allen - 7,892 people
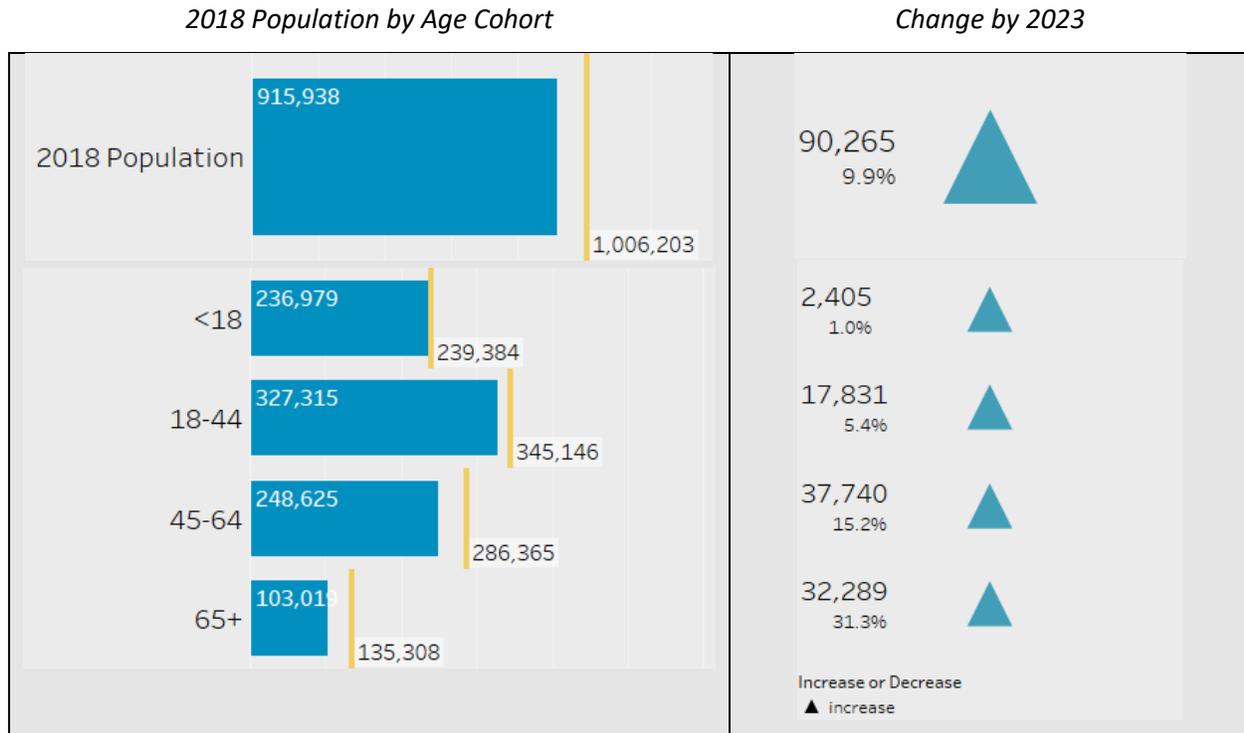- 75035 Frisco - 7,697 people
- 75098 Wylie - 7,536 people

2018 - 2023 Total Population Projected Change by ZIP Code

The community's population skewed younger with 35.7% of the population ages 18-44 and 25.9% under age 18. The largest cohort (18-44) is expected to grow by 17,831 people by 2023. The age 65 plus cohort was the smallest but is expected to experience the fastest growth (31.3%) over the next five years adding 32,289 seniors to the community. Growth in the senior population will likely contribute to increased utilization of services as the population continues to age.
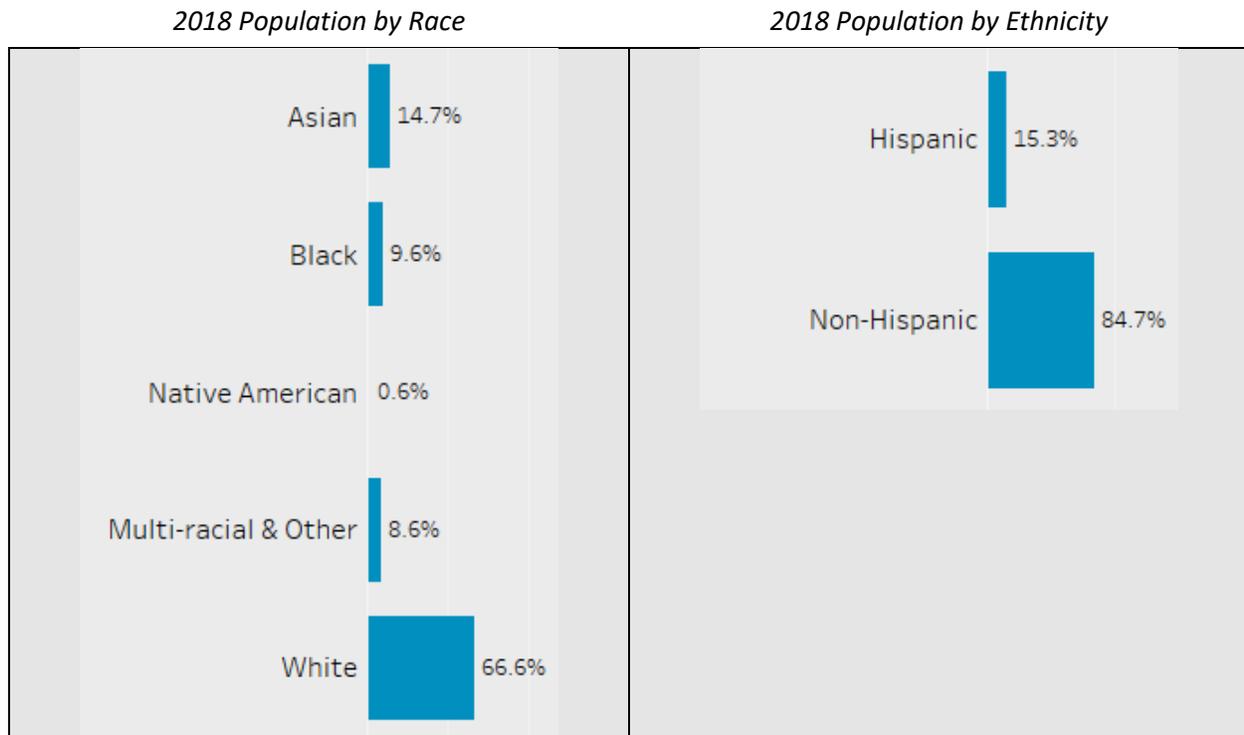
Population Distribution by Age

2018 Population by Age Cohort

Change by 2023

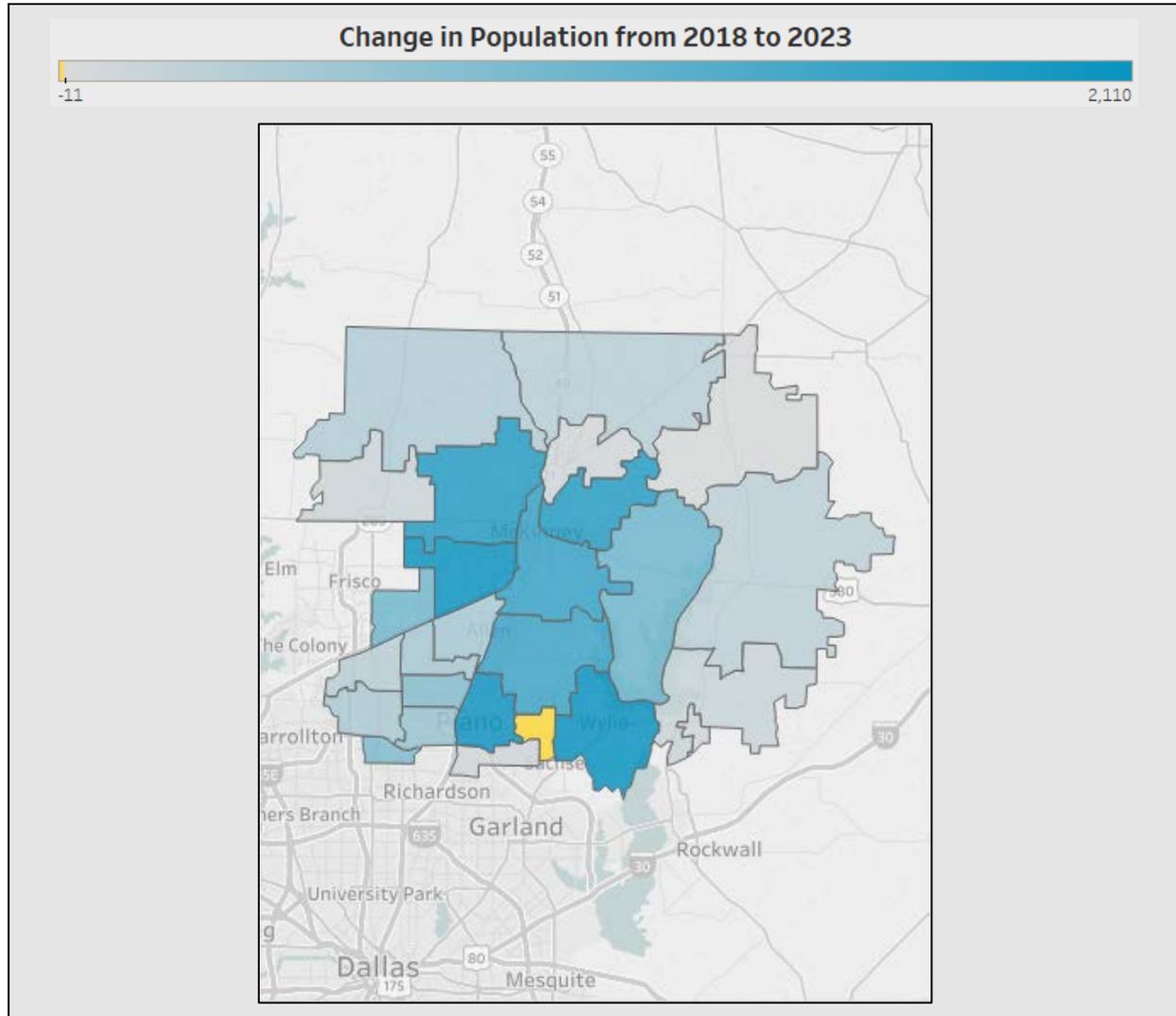|	2018 Population	Change by 2023
2018 Population	915,938 / 1,006,203	90,265 ▲ 9.9%
<18	236,979 / 239,384	2,405 ▲ 1.0%
18-44	327,315 / 345,146	17,831 ▲ 5.4%
45-64	248,625 / 286,365	37,740 ▲ 15.2%
65+	103,019 / 135,308	32,289 ▲ 31.3%

Increase or Decrease
▲ increase

Population statistics are analyzed by race and by Hispanic ethnicity. The largest groups in the community were White Non-Hispanic (57.6%), Asian/Pacific Islander Non-Hispanic (14.6%), and Black Non-Hispanic (9.4%). The expected growth rate of the Hispanic population (all races) is over 18,500 people (13.2%) by 2023, while the non-Hispanic population (all races) is expected to grow by over 71,700 people (9.2%) by 2023.

Population Distribution by Race and Ethnicity

2018 Population by Race	*2018 Population by Ethnicity*

Asian 14.7%

Black 9.6%

Native American 0.6%

Multi-racial & Other 8.6%

White 66.6%

Hispanic 15.3%

Non-Hispanic 84.7%

2018 - 2023 Hispanic Population Projected Change by ZIP Code

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 overall community served by McKinney was $96,934 with median incomes ranging from $56,509 for 75069-McKinney to $139,225 for 75013-Allen. There were no ZIP Codes in the community with median household incomes less than $50,200, twice the 2018 Federal Poverty Limit for a family of four.

2018 Median Household Income by ZIP Code
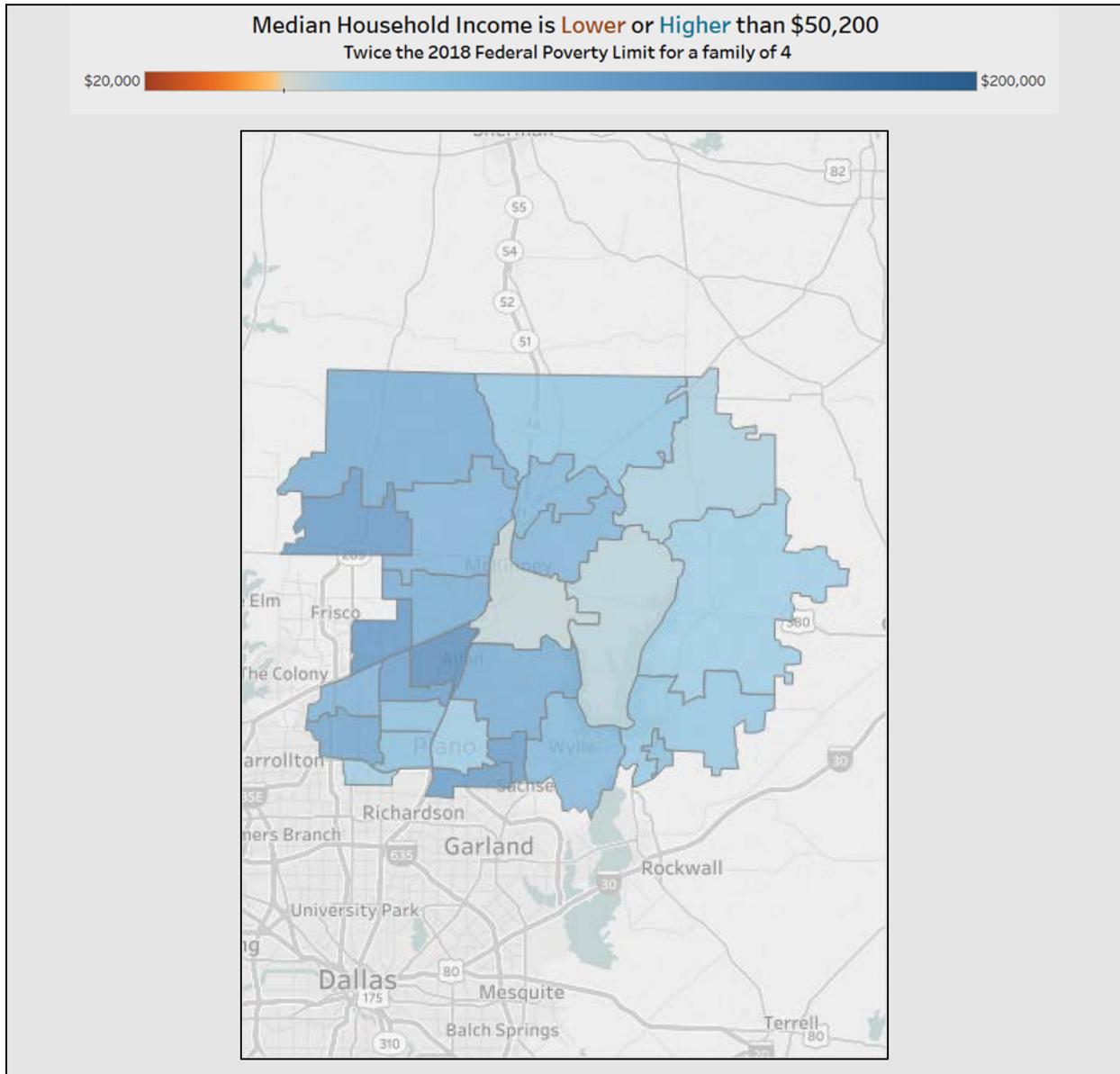
A majority of the population (66%) were insured through employer sponsored health plans while those on Medicaid (6%) represented the smallest share. The remainder of the population was divided among the private market (the purchasers of coverage directly or through the health insurance marketplace), Medicare, and the uninsured (8%).

2018 Estimated Distribution of Covered Lives by Insurance Category
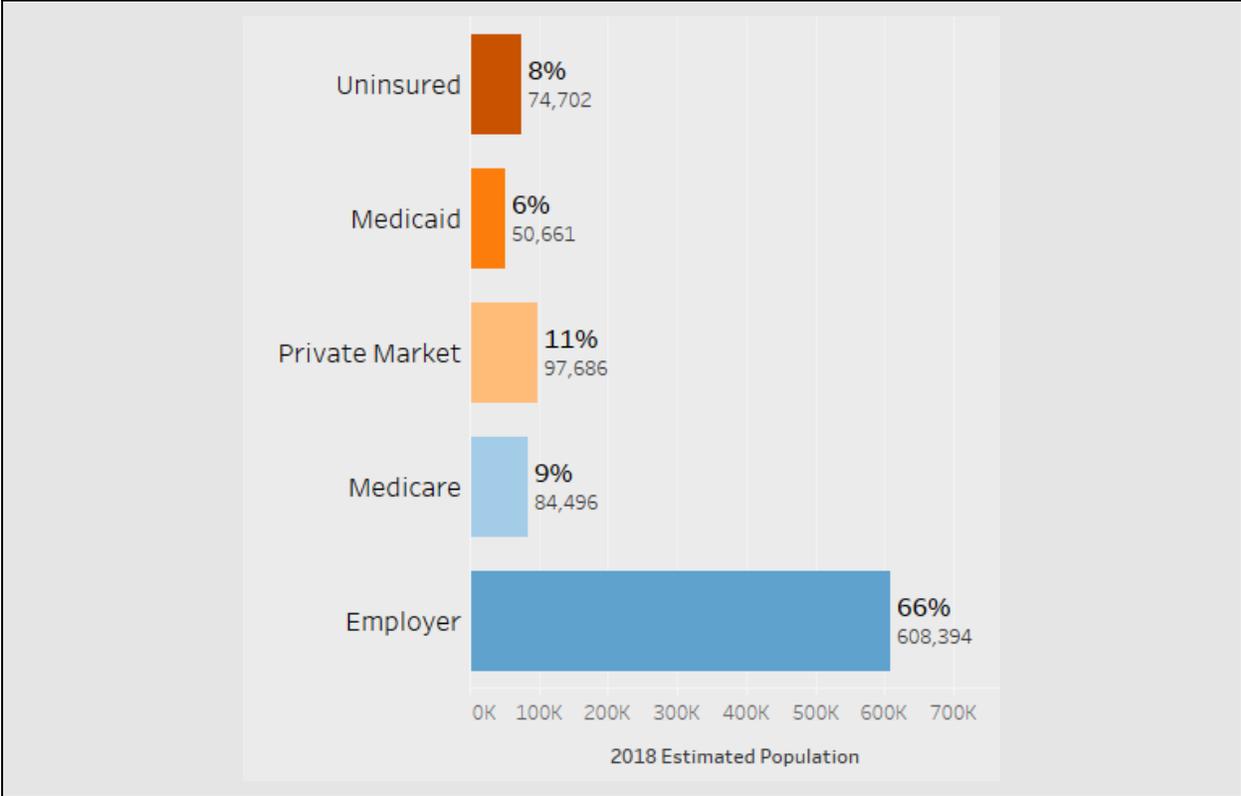
The community includes one (1) Health Professional Shortage Area and one (1) Medically Underserved Area as designated by the U.S. Department of Health and Human Services Health Resources Services Administration.[1] **Appendix C** of the 2019 CHNA full Report located at **www.methodistmckinneyhospital.com** (Community Needs Assessment) includes the details on each of these designations.

Health Professional Shortage Areas and Medically Underserved Areas and Populations

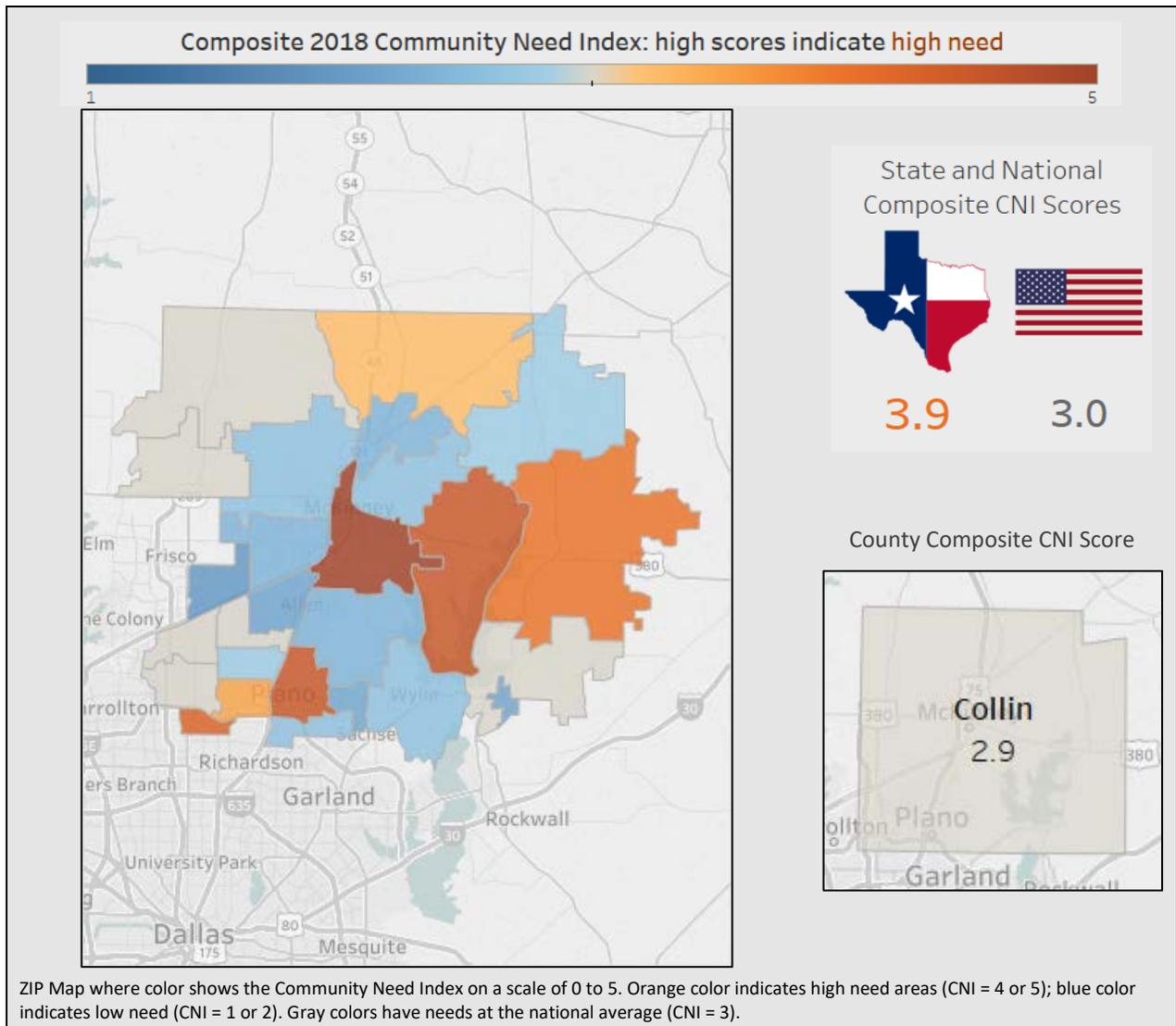| 2. Methodist Mckinney Hospital	Health Provessional Shortage Areas (HPSA)				Medically Underserved Area/Population (MUA/P)
	Dental Health	Mental Health	Primary Care	Grand Total	MUA/P
Collin		1		1	1
Total	0	1	0	1	1

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

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[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.

Overall, the CNI score for the community served was 2.9, slightly lower than the CNI national average of 3.0, potentially indicating fewer health care needs in this community. In portions of the community (75069-McKinney, 75074-Plano and 75407-Princeton) the CNI score was greater than 4.0, pointing to potentially higher health needs among these pockets of 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).

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 2019 CHNA full Report located at **www.methodistmckinneyhospital.com** (Community Needs Assessment)**.** 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 almost 235,000 estimated cases in the community overall. The 75070 ZIP code of McKinney had the most estimated cases of each heart disease type. The 75075 ZIP code of Plano had the highest estimated prevalence rates for Arrhythmia (705 cases per 10,000 population), Heart Failure (247 cases per 10,000 population), Hypertension (3,332 cases per 10,000 population), and Ischemic Heart Disease (654 cases per 10,000 population).

2018 Estimated Heart Disease Cases
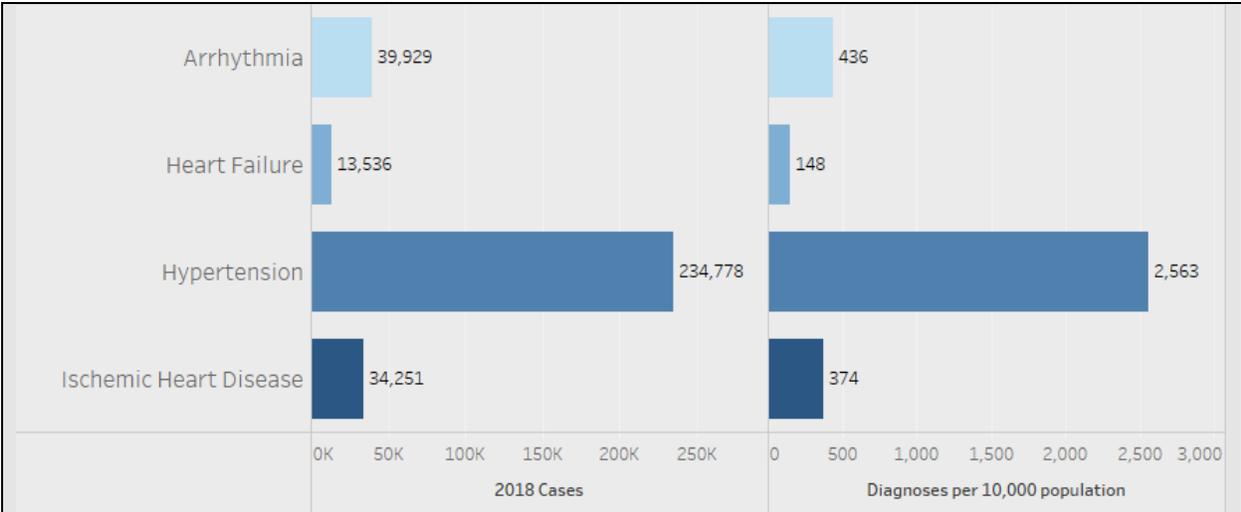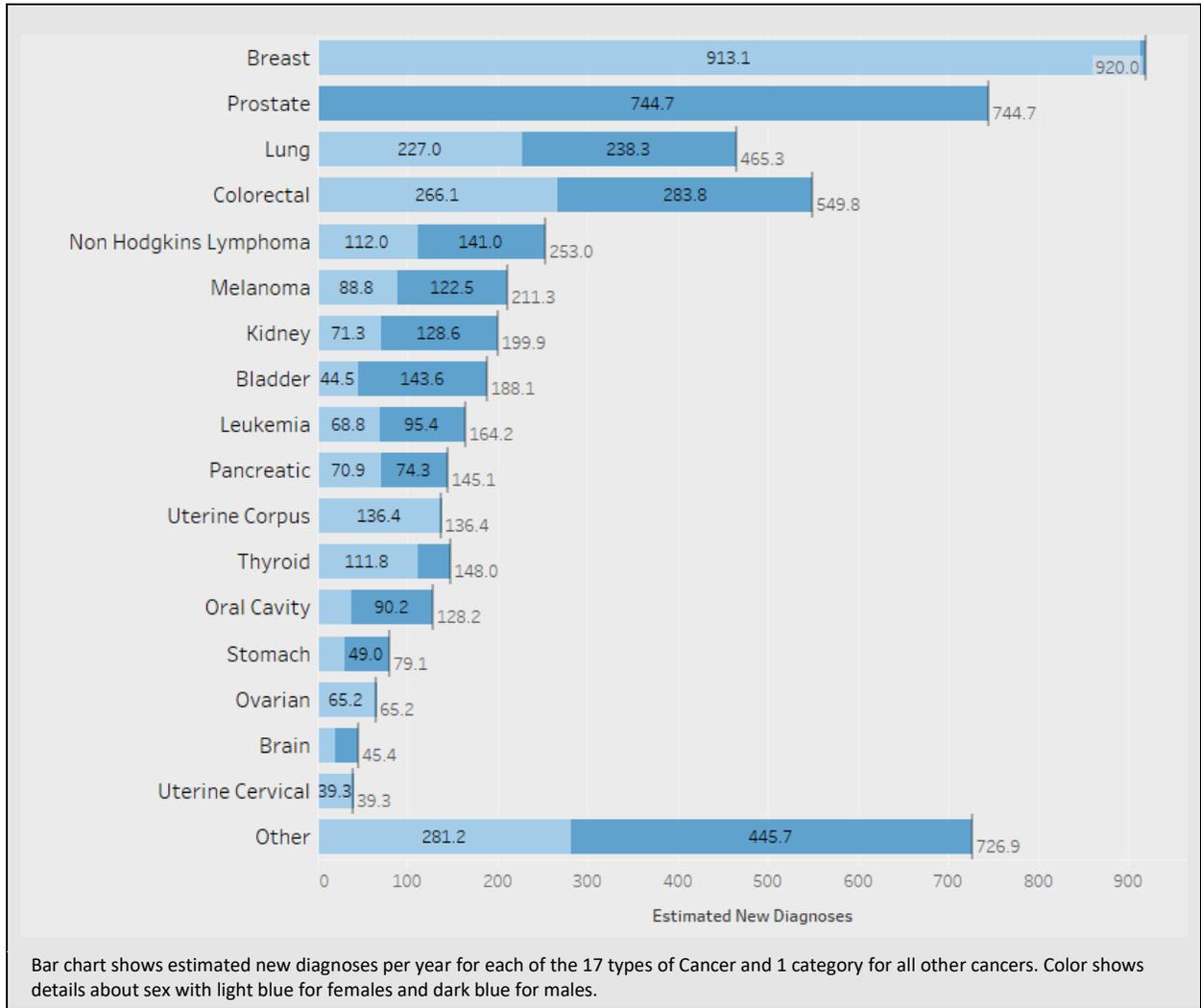

Bar chart shows total number and prevalence rate of 2018 Estimated Heart Disease cases for each of four types: arrhythmia, heart failure, hypertension, and ischemic heart disease

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, uterine corpus, and kidney respectively; based on both population changes and disease rates. The cancers estimated to have the greatest number of new cases in 2018 were breast, prostate, colorectal, and lung.

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.

Estimated Cancer Cases and Projected 5 Year Change by Type

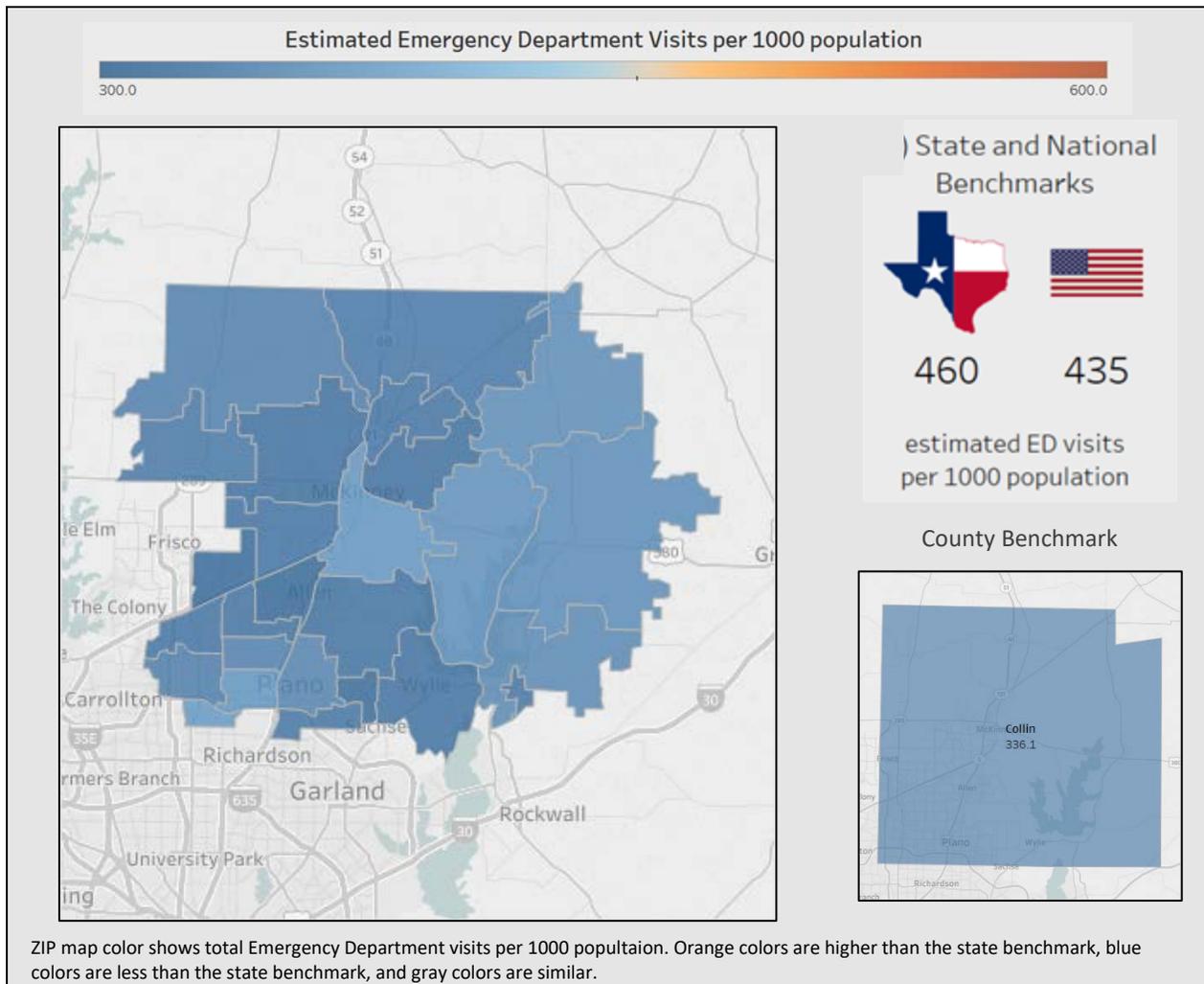| Cancer Type	2018 Estimated New Cases	2023 Estimated New Cases	5 Year Growth (%)
Bladder	188	233	23.9%
Brain	45	52	14.5%
Breast	920	1,110	20.6%
Colorectal	550	602	9.5%
Kidney	200	246	23.0%
Leukemia	164	197	20.0%
Lung	465	563	21.0%
Melanoma	211	254	20.2%
Non-Hodgkin's Lymphoma	253	307	21.4%
Oral Cavity	128	157	22.5%
Ovarian	65	77	18.1%
Pancreatic	145	184	27.0%
Prostate	745	858	15.2%
Stomach	79	96	21.6%
Thyroid	148	181	22.3%
Uterine Cervical	39	44	11.5%
Uterine Corpus	136	168	23.2%
All Other	727	890	22.4%
Grand Total	5,210	6,220	19.4%

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 10.7% over the next 5 years. The highest estimated ED use rates were in two ZIP codes: ZIP code 75252-Dallas with 378.9 and ZIP code 75075-Plano with 372.7 ED visits per 1,000 residents. Both ZIP codes had lower ED utilization when 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 5.8% over the next five years in this community.

Estimated 2018 Emergency Department Visit Rate

ZIP map color shows total Emergency Department visits per 1000 popultaion. 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
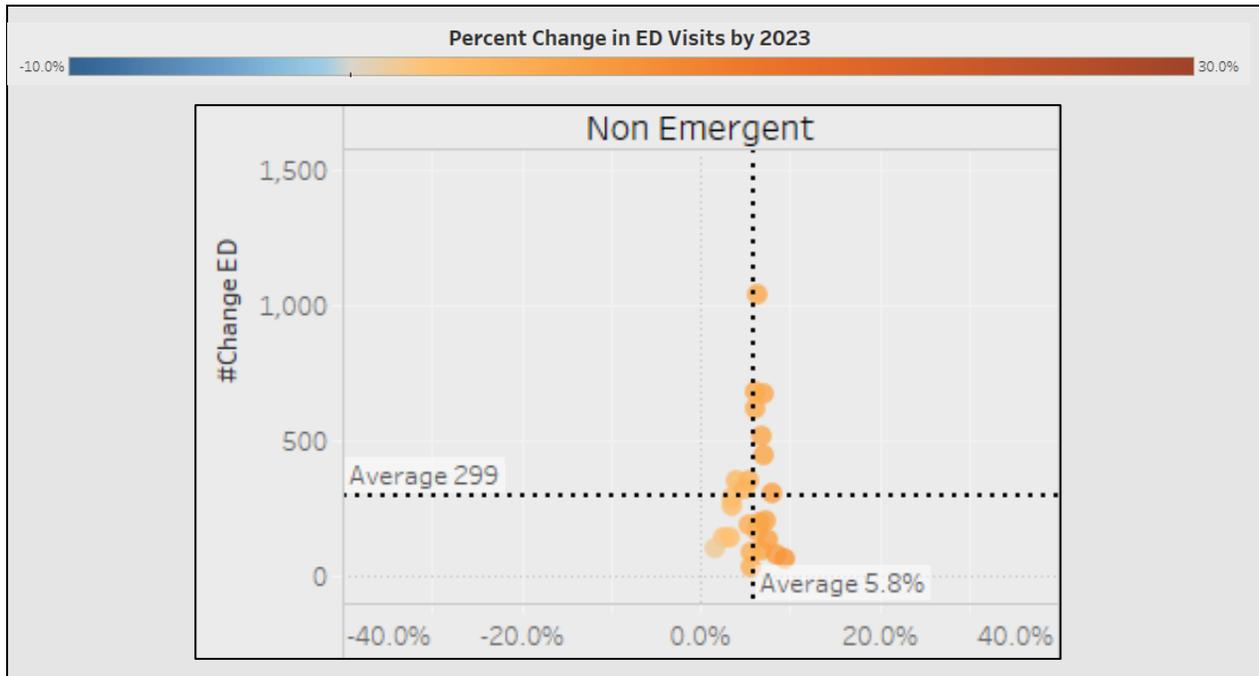
This chart show sthe percent change in Emergency Department visits by 2023 at the ZIP level. The average for all ZIPs in the Health Community is labeled. ED visits are defined by the presence of specific CPT® codes in claims. Non-emergency visits to the ED do not necessarily require treatment in a hospital 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 McKinney Hospital community can be found on pages 29 and 30 of the 2019 CHNA full Report located at **www.methodistmckinneyhospital.com** (Community Needs Assessment).

Methodist McKinney Hospital CHNA Implementation Strategy

ACCESS TO CARE: PRIMARY CARE & COST
Goal: Increase access to care through continued and expanded services
Strategy 1: Continue and enhance existing support for community programs and services

Program/Activity	Description	Anticipated Impact	Target Audience	How Results will be Measured	Resources	Partners
PCP Recruitment > PCPs/Non-physician PCPs	Provide income guaranty assistance to PCPs to add new providers to their group	Increases supply of and access to PCPs in the community	Community	New PCPs added	Hospital president	Local PCPs
Medical Office Development > PCPs/ Non-physician PCPs	Add new MOB space for PCPs on our campus	Increases supply of and access to PCPs in the community	Community	New PCPs added	Hospital president and physician liaison	TBD
Increase Charitable care allowances	Provide more charity care to the community	Increases access to care for the needy	Community	Charity care dollars	Business office manager	
Joint education classes	Provide pre-op education to joint replacement patients and family/friends	Improved outcomes and patient satisfaction	Joint Replacement patients plus family, friends	Class attendance numbers	Hospital staff	

Strategy 2: Pursue partnerships and collaborations to further improve access to care

Program/Activity	Description	Anticipated Impact	Target Audience	How Results will be Measured	Resources	Partners
Greater Therapy Center partnership	Expand physical therapy clinics	Increase access to care	Community	Pt visits	Hospital staff	GTC
Collin College – Scholarships for Nursing students	Provide a Collin College scholarship for a needy nursing student	Offers money for a needy person to complete a nursing degree	Prospective nursing students	Student accepts scholarship and attends college	Hospital president	Collin College
McKinney Community Health Clinic	Provide cash donation to this charity care clinic	Provides care to the uninsured	Indigent in Collin County	Donation received	Hospital president	

Strategy 3: Evaluate and create new programs and services to improve access to care

Program/Activity	Description	Anticipated Impact	Target Audience	How Results will be Measured	Resources	Partners
COE Total Joint / Patient Portal Research	Attain Joint Commission Advanced Certification in Hip and Knee Replacement. Implement Stryker patient app for joint replacement.	Improve quality of care thru standardizing best practices and better communication with patients	Joint replacement patients and surgeons	Achieving JC certifications; patient utilization of Stryker app	CNO, Nurse Navigator, medical staff, clinical staff	Stryker

COORDINATION OF SERVICES/CARE

Goal: Improve care/services coordination by providing added or expanded services

Strategy 1: Improve care coordination with expanded navigation services

Program/Activity	Description	Anticipated Impact	Target Audience	How Results will be Measured	Resources	Partners
Provide nurse navigation services	Maintain a nurse navigator to help patients and medical staff with joint replacement processes of care	Improved care coordination and implementation of best practices; more care standardization	Joint replacement patients and surgeons	Improved quality metrics	CNO, Nurse Navigator, medical staff, clinical staff	