

Implementation Plan | 2023-2025

Community Health Needs Assessment

BROWNWOOD MARKET



EXECUTIVE SUMMARY

ABOUT HENDRICK HEALTH

Hendrick Health was founded in 1924 as a not-for-profit healthcare institution in response to a community need for quality health care. Throughout the decades, Hendrick has grown with the community, offering a wide range of comprehensive healthcare services to a 24-county area in the Texas Midwest. In 2020, Hendrick Medical Center became Hendrick Health and expanded to three campuses—Hendrick Medical Center and Hendrick Medical Center South in Abilene; and Hendrick Medical Center Brownwood in Brownwood. Through this acquisition, Hendrick Health has increased its capacity, expanded access to quality healthcare in the region and improved continuity of care for Texas Midwest residents.

OUR MISSION

To deliver high quality healthcare emphasizing excellence and compassion consistent with the healing ministry of Jesus Christ.

OUR VISION

To be the leading health care provider of choice, in our region and beyond, recognized for enhancing quality, expanding access, and excelling in patient engagement.

Hendrick Medical Center Brownwood (HMCB), formerly Brownwood Regional Medical Center, offers quality, compassionate care to the Central Texas area. After becoming part of Hendrick Health in 2020, HMCB is now able to provide some of the most advanced healthcare services and treatments to its community. Service lines and specialties continue to expand in multiple areas, including cardiology, gastroenterology, women’s services, orthopedics, oncology and robotic-assisted surgeries. Emergency care through the Level IV Trauma Center is available 24/7 with on-site access to helicopter transport. Hendrick Health continues to increase access to care for patients throughout Brown County and the surrounding area.

Hendrick Health’s Community Health Needs Assessment (CHNA) for its Brownwood market was conducted to help the health system’s leadership and decision-makers better understand the needs of the Greater Brownwood community. The CHNA includes a combination of quantitative and qualitative research designed to evaluate the perspectives and opinions of community stakeholders and healthcare consumers – especially those from underserved populations. The methodology of the CHNA helped the Hendrick Health team identify and prioritize community-wide needs, as well as support the organization’s continued community engagement. The goals and strategies listed in the implementation plan are not intended to be exhaustive or inclusive of every Hendrick Health strategy. Instead, the plan highlights the most significant actions expected to make the most significant impact on the healthcare delivery in the region.

OVERVIEW

Hendrick Medical Center Brownwood (Hendrick) conducted its first Community Health Needs Assessment (CHNA) March through August of 2022, with the assistance of the Crescendo Consulting Group. The assessment determined the most pressing health needs of Brown County and provided the data and community feedback to create an Implementation Plan for 2023-2025.

BACKGROUND/COMPLIANCE

The CHNA and the Implementation Plan are required by federal agencies. Specifically, the Affordable Care Act of 2010 requires all U.S. not-for-profit hospitals to complete a CHNA and Implementation Plan every three years. The CHNA and the Implementation Plan are separate but linked requirements.

- In 2022, Hendrick, working with others in the community, completed its CHNA and identified 34 community health-related needs or service gaps.
- Hendrick prioritized the list using qualitative and quantitative approaches.
- The following implementation plan indicates which of the prioritized needs the health system will address and how, and which ones it will not address and why.

METHODOLOGY

- Implementation Plan activities (i.e., actions taken to identify which community health needs will be addressed and how) included the following:
 - Conducting in-depth discussions with the Hendrick project leadership team to review the needs list and identify ones generally outside of the hospital’s purview to impact.
 - Developing a matrix that identified existing programs or activities that positively impact one or more of the 34 identified, prioritized community needs.
 - Working with the project leadership team to define for each of the 34 needs the “degree of control that Hendrick has to enact change” and a “potential timeline on which positive change could reasonably be made to address the need.”
 - Creating this summary document that addresses the project requirements including clear recognition of activities within the hospital’s purview to address and if so, how the health system can best address the need.

The following is the final prioritized list of 34 community needs from the Brownwood Market CHNA.

1	Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children
2	Affordable prescription drugs
3	Counseling services for mental health issues such as depression, anxiety, and others for adults
4	Emergency care and trauma services
5	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers
6	Special care (for example, case workers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others
7	Crisis or emergency care services for medical issues
8	Drug and other substance abuse treatment services
9	Long-term care or dementia care for seniors
10	Drug and other substance abuse early intervention services
11	Support services for children with developmental disabilities
12	Affordable healthcare services for individuals or families with low income
13	Healthcare services for seniors
14	Crisis or emergency care programs for mental health
15	Services to help people learn about and enroll in programs that provide financial support for people needing healthcare
16	Programs to help recovering drug and other substance use disorder patients stay healthy
17	Drug and other substance abuse education and prevention
18	Primary care services such as a family doctor or other provider of routine care
19	Support services for adults with developmental disabilities
20	Social services (other than healthcare) for people experiencing homelessness
21	Healthcare services for people experiencing homelessness
22	Education and job training
23	Programs for obesity prevention, awareness, and care
24	Affordable quality childcare
25	Services or education to help reduce teen pregnancy
26	Programs for heart health or cardiovascular health
27	Secure sources for affordable, nutritious food
28	Parenting classes for the "new Mom" or the "new Dad"
29	Women's health services
30	Transportation services for people needing to go to doctor's appointments or the hospital
31	Programs for diabetes prevention, awareness, and care
32	HIV/AIDS education and screening
33	HIV/AIDS treatment services
34	General public transportation

EVALUATION CRITERIA AND DEFINITIONS

The degree to which the hospital can address the needs is based on the following criteria:

- The CHNA-based priority of the need
- Resources within an existing program or initiative which can be deployed
- Opportunities for collaboration with community partners
- The degree to which the need is within the hospital’s purview to address

CATEGORIZATION OF THE 34 COMMUNITY NEEDS IDENTIFIED IN THE CHNA

For each of the 34 needs, Hendrick examined its current programs, outreach efforts, and collaborations, as well as considered new initiatives. The 34 needs then were assigned to one of the following two categories:

1. Needs that Hendrick will not address.
2. Needs for which Hendrick will enhance existing programs or establish new ones. The hospital has current activities that may be able to be modified or expanded to address the community health need; or, newly created activities or initiatives may be required to do so.

NEEDS THAT HENDRICK WILL NOT ADDRESS

The following needs will not be addressed by Hendrick Health’s Brownwood Market, as they are outside of the hospital’s core purview – apart from the normal provision of inpatient and outpatient medical care services. However, the hospital will collaborate with community agencies as appropriate, to assist in coordination of care and education when needed.

Counseling services for mental health issues such as depression, anxiety, and others for adults

Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children

Affordable quality childcare

Drug and other substance abuse early intervention services

Support services for children with developmental disabilities

Drug and other substance abuse treatment services

Long-term care or dementia care for seniors

Drug and other substance abuse education and prevention

Programs to help recovering drug and other substance use disorder patients stay healthy

Support services for adults with developmental disabilities

Social services (other than healthcare) for people experiencing homelessness

Services or education to help reduce teen pregnancy

Secure sources for affordable, nutritious food

Parenting classes

General public transportation

HIV/AIDS education and screening

HIV/AIDS treatment services

NEEDS FOR WHICH HENDRICK WILL ENHANCE EXISTING OR ESTABLISH NEW PROGRAMS

Hendrick's project leadership team used two scales to measure each of the 34 needs for which Hendrick has, or may establish, programs to address.

1. The degree of local control (i.e., the amount of influence Hendrick may possess to affect needs).
2. Timeline (i.e., the expected amount of time it would take to impact the need)

Based on the analysis, Hendrick identified a highly focused list of programs/areas (Priorities) that meets the following:

1. Addresses the highest priority needs
2. Are within Hendrick's ability to control, and,
3. Are expected to provide positive impact in the implementation planning timeline

IMPLEMENTATION PLAN PRIORITIES

To address the needs identified in the CHNA, Hendrick Health’s Brownwood Market would target the following priorities over the next three years:

PRIORITY 1: Access to Appropriate Care

PRIORITY 2: Awareness, Prevention, and Screening

PRIORITY 3: Crisis, Emergency, and Behavioral Services (through partnership and collaboration)

Priority 1 – Access to Appropriate Care

GOAL

To increase opportunities for access to healthcare and reduce the number of individuals who are unable to obtain necessary healthcare services.

COMMUNITY NEEDS ADDRESSED

Affordable prescription drugs

Hospital and healthcare staff shortages including staff recruitment and provider retirement planning

Coordination of patient care between the hospital and other clinics, doctors, or other health service providers

Transportation services for people needing to go to doctor’s appointments or the hospital

Education and referrals for financial support and community affordable health care services and programs

Primary care services such as a family doctor or other provider of routine care

STRATEGY 1: Improve access to primary care

Background Information: Lack of primary care can increase unneeded ED visits, decrease the health of an individual, and create potential to miss important health metrics leading to chronic disease development. This target population includes underinsured and uninsured children and adults.

Resources: Hendrick Clinic, Hendrick Urgent Care Centers, Hendrick Physician Recruiting, Hendrick Case Management

Collaboration Needs: AccelHealth (FQHC), Independent Physicians, Good Samaritan Ministries, Brown County Health Department, Salvation Army, City and Rural Rides (CARR)

Strategy Actions

1. Recruit 2 additional primary care physicians to serve the patient population of Brown County and the surrounding area.
2. Increase coordination of care and primary care provider (PCP) assignment for unassigned patients following Hendrick Urgent Care visits and Hendrick ED visits through appropriate referrals.
3. Increase patient awareness of “Welcome to Medicare” and annual wellness visits at Hendrick Clinic.
4. Participate in the Hendrick Health Patient Family Advisory Council (PFAC) to assess the patient healthcare experience and address access concerns across the continuum.
5. Increase transportation options for healthcare-related needs.
 - a. Expand service options of rideshare program (CARR) through coordination and financial assistance for visits related to the acute care visit and Hendrick outpatient services within Brown County.
6. Assess the patient’s health-related social needs and provide information about community resources and support services.
7. Develop a written action plan to address at least one health care disparity identified in the local patient population.

Alignment with Hendrick Strategic Pillar: Access, Connected Care, Engagement

STRATEGY 2: Improve services to help individuals learn about and enroll in programs that provide financial support for healthcare

Background Information: The state of Texas continues to lead the nation in a high rate of uninsured residents. Lack of funding can be a significant deterrent to healthcare for some individuals.

Resources: Hendrick Business Services, Hendrick Resource Assistance, Hendrick Marketing Department

Collaboration Needs: Brown County Public Health Department, Texas 211

Strategy Actions

1. Increase public knowledge of open enrollment opportunities through public distribution of educational materials and at least one public open enrollment event per year.
2. Increase patient enrollment by 10% annually through the marketplace enrollment.
3. Implement and collaborate with new vendor (Atlas) to assist individuals in obtaining coverage or assistance with copay/deductible for cancer-related services.
4. Provide patients and physician offices with comprehensive, updated information and instructions for Hendrick Financial Resource Assistance program to assist with needs prior to hospitalizations and surgical visits.

Alignment with Hendrick Strategic Pillar: Access, Operational Efficiencies

STRATEGY 3: Retain and recruit the healthcare workforce needed to ensure local access to healthcare for our service area’s residents

Background Information: The COVID-19 pandemic and the “Great Resignation” over the past two years have had a significant impact on the healthcare labor force. Adequate, trained healthcare staff is imperative to providing the access needed to care for our community.

Resources: Hendrick Human Resources, Hendrick Employee Wellness, Hendrick Education and Professional Development

Collaboration Needs: Howard Payne University, Ranger College, Tarleton State University, local independent school districts, TAMU Rural Medicine Program, local independent counselors

Strategy Actions

1. Initiate re-recruitment campaign for employees who have left Hendrick or retired to increase healthcare workforce options.
2. Collaborate with local universities to create a variety of offerings, increasing the nursing and allied health recruitment pipeline.
3. Further develop the Nurse Tech program, which allows nursing students to work for HMCB and obtain clinical credit simultaneously with the goal of increasing our nursing student pipeline.
4. Provide increased support to employees to reduce stress and burnout via support through Hendrick Leadership Development Institute and its initiatives, employee wellness programs, and mental health initiatives to include low- to no-cost counseling for employees.
5. Explore potential of integration of online employee counseling with current health plan and/or creating a pool of local independent counselors for employees’ needs.

Alignment with Hendrick Strategic Pillar: Access, Engagement, Growth and Capacity

Priority 2 – Awareness, Prevention, and Screening

GOAL

To improve the health of our community through education, screening, early interventions, navigation and access to medications and services.

COMMUNITY NEEDS ADDRESSED

Community awareness of available services and programs

Women's health services

Chronic disease case management or "navigators"

Chronic disease screenings (e.g., heart disease, stroke, high blood pressure)

Programs for diabetes prevention, awareness, and care

Affordable prescription drugs

Healthcare services for seniors

Programs for obesity prevention, awareness, and care

STRATEGY 1: Promote chronic disease management by addressing issues related to medication accessibility, knowledge, education, and compliance with medication therapy

Background Information: Lack of access to and education about medications can have a significant impact on the health of an individual, which can create unnecessary ED visits and hospital readmissions. Interdisciplinary communication and referrals can help individuals with chronic conditions access discount and assistance programs.

Resources: Cardiac Rehab, Hendrick Diabetes Center

Collaboration Needs: Local Pharmacies, WIC, Cancer Services Network

Strategy Actions

1. Increase the number of patients served and prescriptions dispensed by working with local pharmacies to offer prescription delivery.
2. Provide in-hospital pharmacy education prior to discharge.
3. Implement new educational programs including quarterly “Pillbox Talks” to senior living centers and churches.
4. Provide patient education on the patient portal about access to educational information regarding medications and to provide ability to ask questions about their medications.

Alignment with Hendrick Strategic Pillar: Quality and Safety, Engagement

STRATEGY 2: Improve chronic disease management efforts through education and early interventions for diabetes, heart failure, pulmonary disorders, and cancer-related conditions

Background Information: Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the U.S. (1). Early screening and education, along with early interventions, can have a significant impact on the health of an individual and the health of a population.

Resources: Hendrick Diabetes Center, Hendrick Cardiac Rehab, Walker Cancer Center, Hendrick Breast Institute, Hendrick Case Management

Collaboration Needs: Hendrick Clinic, independent physician practices, Brown County Hospital Authority Board

Strategy Actions

1. Diabetes
 - a. Provide education to Hendrick Clinic providers and independent physicians about referring prediabetes and weight-loss patient populations to Hendrick Diabetes Center outpatient class.
 - b. Initiate and promote online educational resources for weight loss and prediabetes on the Hendrick website.
 - c. Advance the prediabetes awareness program to the Hendrick Emergency Department.
 - d. Promote diabetes support and education via inpatient referrals, quarterly newsletter, World Diabetes Day, Diabetes Expo, and other community events.
 - e. Provide hospital pharmacists, in collaboration with case management, to assist patients by updating home medication lists, reviewing medication and diabetic supply needs, providing education and support, improving adherence and compliance with therapy, removing barriers of access to medications, and facilitating assistance programs before discharge from the hospital.
2. Heart failure
 - a. Schedule follow-up appointments for patients diagnosed with heart failure within 7 days of inpatient discharge.
 - b. Provide heart failure education (i.e. risk factors, prevention and treatment options) in varying community settings at least 3 times annually.
 - c. Provide hospital pharmacists in collaboration with case management to assist patients by updating home medication lists, reviewing medication needs, providing education and support, helping improve compliance with therapy, removing barriers to access of medications, and facilitating assistance programs before discharge from the hospital.
 - d. Implement satellite congestive heart failure clinic in Brownwood by 2024.
3. Pulmonary
 - a. Implement Pulmonary Rehab program.
4. Cancer
 - a. Implement nurse navigator program to guide patients and assess needs through patient interviews and direct to appropriate programs/services.

- b. Provide educational chemotherapy class within one week to patients beginning chemotherapy treatment.
 - c. Expand collaboration with Brown County Hospital Authority Board to provide assistance with transportation and cost of medication for cancer-related needs.
5. Breast Cancer
- a. Increase funding to the Hendrick Health Hope Fund, which provides mammograms at no and low cost by completing ongoing fundraising efforts and one community fundraising event each year.
 - b. Implement breast navigation program for women diagnosed with breast cancer, in conjunction with the Hendrick Breast Institute.

Alignment with Hendrick Strategic Pillar: Quality and Safety, Engagement, Connected Care, Access

(1) Center for Disease Control, 2022

Priority 3 – Crisis, Emergency, and Behavioral Services

GOAL

Collaborate with local entities to expand the provision of healthcare services related to mental and behavioral health needs. Ensure early intervention is available for crisis situations.

COMMUNITY NEEDS ADDRESSED

Mental health services for adults and children

Domestic violence and sexual assault prevention, intervention, and care services

Health care and social services for people experiencing homelessness

Emergency care and trauma services, including critical care beds

STRATEGY 1: Collaborate with local entities to improve early intervention services for patients experiencing crisis, emergency and behavior health issues

Background Information: Mental illnesses are among the most common health conditions in the United States. It is estimated that 1 in 5 Americans will experience a mental illness in a given year (2). Barriers to appropriate care can increase unneeded ED visits, increasing healthcare costs.

Domestic violence and sexual violence is a significant problem in the United States that can have a profound impact on lifelong health, opportunity, and wellbeing.

Resources: Hendrick executive staff and leadership, Hendrick Sexual Assault Nursing Examiner (SANE) program, Hendrick Case Management

Collaboration Needs: Brownwood Police Department, Brownwood Fire Department, Brown County Law Enforcement, Child Protective Services, Adult Protective Services, AccelHealth, Oceans Behavioral Hospital, Center for Life Resources, MHMR, Cornerstone Community Action Agency, Brown County Home Solutions, Hope Home Ministries, The Ark, The Dove Project, Brown County Housing Authority, local churches

Strategy Actions

1. Add Tele Psych services by Q1 of 2023.
2. Provide participation, advisement, and collaboration with Brownwood’s Crisis Response Teams (CRTs) to assist with direction of appropriate facility referrals for mental health patients to decrease unneeded emergency department visits.
3. Provide leadership participation and collaboration with local agencies to better address health needs and resources for the area homeless population.
4. Expand Hendrick Sexual Assault Nurse Examiner (SANE) program.
 - a. Educate law enforcement agencies and area agencies regarding SANE services.
 - b. Provide education sessions to schools and universities regarding early recognition and care of those who have experienced sexual assault.
 - c. Provide education to hospital staff on recognition of domestic violence, elder, and child abuse.

Alignment with Hendrick Strategic Pillar: Quality and Safety, Engagement, Connected Care, Access

(2) Center for Disease Control, 2022

CONCLUSION

Hendrick Health Brownwood Market's 2022 CHNA and Implementation Plan efforts have culminated in this report, outlining plans for 2023-2025. The CHNA included the analysis and synthesis of quantitative and qualitative data, including community input gathered through interviews, focus groups, and a community survey, to determine significant needs. Through extensive review of the data, along with specific criteria, the following were determined to be the most pressing health needs for the community served:

- Access to appropriate care,
- Awareness, prevention and screening, and
- Crisis, emergency and behavioral services (through partnership and collaboration).

Hendrick Health and Hendrick Medical Center Brownwood remains committed to improving the overall health and wellness of the people in the communities it serves and will continue to partner and collaborate with local entities to implement effective strategies to address community needs. Hendrick Health will monitor and evaluate progress made, adjusting goals and strategies to continually improve the goal of providing high quality healthcare, meeting the needs of our community.