Regional Healthcare Partnership (RHP) Plan

Community Needs Assessment

Southeast Texas Regional Healthcare Partnership - Region 3

REGION OVERVIEW

The Southeast Texas Regional Healthcare Partnership is the largest Regional Health Partnership (RHP) in Texas and includes more than 4.8 million people who receive healthcare through one of the most comprehensive healthcare systems in the world. While each county has a distinctive population and health care infrastructure designed to serve the local community, patterns of health care utilization and physician referrals commonly cross county lines, providing access to an extended network of providers and organizations positioned to serve the diverse population of this region.

Following is a brief overview of the nine counties participating in RHP Region 3.

Austin County: Austin County is located in the Northwest area of Region 3 and includes a population of approximately 28,417 residents. The county is 663 square miles in size and is primarily a rural population. It includes six incorporated (Bellville, Brazos Country, Industry, San Felipe, Sealy and Wallis) and 18 unincorporated communities, and three school districts. The community's median household income is $51,418 with 25 percent of households earning less than $25,000 annually and 20.5 percent earning $100,000 or more.[1] The county's only hospital is the Bellville General Hospital, a 32-bed full-service acute care facility. In 2010, the hospital reported more than 5,000 emergency room visits, nearly 64,000 outpatient visits, and 620 inpatient admissions. Behavioral health care services are available through Texana Mental Health and Mental Retardation Center, Youth and Family Services, and Austin County Outreach. Texana is the largest facility, but serve multiple counties and provides limited services to eligible populations. The County has no psychiatrists, so patients needing psychiatric services must often travel significant distances to obtain care. The county is a federally-designated Health Professional Shortage Area (HPSA) for primary care, dental and mental health services.[2] Health-related challenges facing the community include: inadequate safety net services for low income/uninsured population; behavioral healthcare services; insufficient long-term care services for mentally ill; lack of transportation for residents needing medical and social services.[3] The county's overall health ranking is number 104 out of 221 Texas counties with contributing factors including; a high teen birth rate (47 per 1,000 female teens); a high reported rate of poor mental health days (4.7 days per 30 day period); high adult obesity rate (30%); high rate of sexually transmitted infections; a shortage of primary care physicians; and a high rate of premature death.[4]

Calhoun County: Calhoun County is the southernmost county within the region and includes more than 1,000 square miles almost evenly divided between land and water. With a population of 21,381, that is primarily White (46%) and Hispanic (46%), the county includes the cities of Port Lavaca, Point Comfort, Seadrift, and the unincorporated Community of Port O'Connor. The community is served by a single acute care hospital, Memorial Medical Center located in Port Lavaca. This public hospital provided more than 10,000 emergency room visits and 26,000

[1] U.S. Census, American Community Survey 2008-2010
[2] U.S. Department of Health and Human Services, Health Resources and Services Administration. Data accessed August 2012.
[3] Austin County Community Plan.
[4] County Health Rankings and Roadmaps, County Health Rankings 2012.

outpatient visits in 2010, and more than 1,300 inpatient admissions.[5] The county is a designated MUA and has applied to be a HPSA for primary care, dental and mental health services, and has no practicing psychiatrists.[6] Behavioral health services are provided primarily by Gulf Bend MHMR Center, which serves residents from seven counties, the majority of which (62%) live in Victoria county and have an annual income of $11,000[7]. With a median household income of $42,745, Calhoun County has the highest percentage of children living in poverty (30.7%) of all counties in the Region. Due to its proximity about halfway between Houston and Corpus Christi, Calhoun County residents often must travel between 80 and 150 miles to these larger communities for specialty care. The county's overall health ranking is number 49 out of 221 Texas counties[8] with contributing factors of high adult obesity rate (30%); high teen birth rate (81 per 1,000 female teens); a high number rate of sexually transmitted infections; and a high uninsured population (28%).[9]

Chambers County: Nearly 36,000 residents live in Chambers County, a coastal county that includes 872 square miles, of which approximately one third is water. The county includes the cities of Anahuac, Baytown (part of which lies in Harris County), Beach City, Cove, Monbelvieu, Old River-Winfree, and parts of Shoreacres, Seabrook, and Texas City, as well as numerous unincorporated areas. The median income is $69,491. Two acute care hospitals are located in the county. Bayside Community Hospital is a public hospital located in Anahuac, with 2,769 emergency room visits, more than 30,000 outpatient visits, and nearly 250 admissions in 2010. Winnie Community Hospital is a private, for-profit facility that reported more than 2,500 emergency room visits, 14,854 outpatient visits, and 556 inpatient admissions in 2010.[10] Behavioral health services are available through the Spindletop Mental Health and Mental Retardation Center, which serves four counties with no clinic presence in Chambers County. The county is a federally designated Primary Care Health Professional Shortage Area and has no practicing psychiatrists.[11] The county received a health care ranking of number 74 out of 221 counties with contributing factors of insufficient access to care; a high teen birth rate (40 per 1,000 female teens); a high number of poor mental health days (3.7 per 30 days); a high adult obesity rate (29%); a high rate of preventable hospital stays for Medicare patients;[12] and a low rate of prenatal care within the first trimester.[13]

Colorado County: Colorado County is a rural community with slightly more than 20,000 residents, the smallest population in Region 3. The county is 949 square miles in size and includes three small incorporated communities (Columbus, Eagle Lake, and Weimar) with approximately 9,588 residents, and 18 rural, unincorporated communities with a total of

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[5] Texas Department of State Health Services, 2010 Cooperative DSHS/AHA/THA Annual Survey of Hospitals and Hospital Tracking Database.
[6] Health Resources and Services Administration, August 2012, and Texas Medical Board, Physician Demographics by County and Specialty, January 2012.
[7] Gulf Bend MHMR, http://www.gulfbend.org/poc/view_doc.php?type=doc&id=11325
[8] County Health Rankings 2012.
[9] Ibid
[10] 2010 Cooperative DSHS/AHA/THA Annual Survey of Hospitals and Hospital Tracking Database.
[11] Health Resources and Services Administration, August 2012, and Texas Medical Board, Physician Demographics by County and Specialty, January 2012.
[12] County Health Rankings
[13] Texas Department of State Health Services, Health Facts Profile 2009

approximately 11,213 residents.[14] The county has a median household income of $40,930. An estimated 22% of the population has no health insurance. The area is served by three acute care hospitals, Colorado-Fayette Medical Center, Columbus Community Hospital and Rice Medical Center. Together these facilities accounted for 10,241 emergency room visits, 101,821 outpatient visits, and 9,012 inpatient admissions, and provided more than $5 million in uncompensated care in 2010. [15] Behavioral health and intellectual disability services are available to eligible residents through Texana Center. The county is a designated HPSA for primary care, dental and mental health services. The county's health care ranking is 132 of 221 counties[16] with contributing factors of insufficient access to care; high adult obesity rates (29%); a high number of poor physical (5.6 per 30 days) and mental (4.6 per 30 days) health days reported by residents; a high rate of sexually transmitted infections; and a high uninsured rate.

Fort Bend County: Fort Bend County is the second largest county in RHP Region 3 and the 10th largest county in the state with a population of nearly 600,000. The county is 875 square miles in size and includes 17 towns ranging in size from 200 to 75,000 and a rural population of 83,000 (14%). At $76,758, the county has the highest median household income in the region as well as the lowest percentage of children living in poverty (12.5%), and the highest high school and college graduation rates in the region (88.6% and 40.5%, respectively).[17] The county is served by 10 acute care hospitals. Behavioral health services are provided by Texana Center, the local mental health authority for Fort Bend and five other counties. The county received the highest health ranking of all counties within Region 3, rated at number 9 of 221 Texas counties. However, despite these positive indicators of financial stability and health status, nearly 100,000 residents (17.4%) are uninsured and face the same health care challenges as residents throughout the region. The county is a designated HPSA for primary care, dental and mental health care and struggles to provide sufficient access to care.[18] The county's 10 hospitals provided more than $116 million in uncompensated care in 2010. [19] An estimated 16% of the county's population is considered to be in poor or fair health; 8.3% of babies are born with a low birth weight and nearly 40% of pregnant mothers receive no prenatal care in the first trimester.[20]

Harris County: Harris County is the third largest county in the United States and includes the country's fourth largest city, Houston, as well as 30 other municipalities. The county is home to more than 4 million people, including a rural population of approximately 62,000 residents and more than 8,000 homeless individuals.[21] In 2010, 41 percent of residents were Hispanic, followed by 34 percent who reported themselves as Anglo/white. [22] Approximately 25% of Harris County residents are foreign-born with 71% reporting Latin America as their birthplace and 21% born in Asia.[23] Median household income is the third highest in the region at $50,437.

[14] Colorado County, Colorado County Community Plan 2011-2012.
[15] 2010 Cooperative DSHS/AHA/THA Annual Survey of Hospitals and Hospital Tracking Database
[16] County Health Rankings
[17] U.S. Census Bureau, 2010 U.S. Census.
[18] U.S. Department of Health and Human Services, Healthcare Resources and Services Administration.
[19] 2010 Cooperative DSHS/AHA/THA Annual Survey of Hospitals and Hospital Tracking Database
[20] County Health Rankings, 2012 and Texas Department of State Health Services, Health Facts Profile 2009.
[21] U.S. Census Bureau, 2010 U.S. Census and Coalition for the Homeless of Houston/Harris County, *Houston/Harris County 2010 Homeless County & Survey and 2011 Homeless Enumeration Count.*
[22] U.S. Census Bureau and Texas State Data Center, 2010 U.S. Census.
[23] U.S. Census Bureau, Statistical Abstract of the United States: 2011.

County residents are served by 67 acute care hospitals which collectively provided more than $3.3 billion in uncompensated care in 2010 and reported more than 7.6 million outpatient visits, 476,000 inpatient stays, and 1.44 million emergency room visits.[24] Behavioral health care services are available through the county's community mental health center, the Mental Health and Mental Retardation Authority of Harris County as well as other healthcare providers. Harris County is also the location of The Texas Medical Center, the largest medical complex in the world with a total annual budget of $14 billion for the 52 not-for-profit member institutions. But despite its large health care infrastructure, the county is a designated HPSA for primary, dental and mental health care and struggles to meet the complex needs of a diverse population that is constantly growing. Based on health factors, the county is ranked 160 of 221 counties, due in part to insufficient access to care; high rates of adult obesity (29%), sexually transmitted infections, tuberculosis, and excessive drinking (17%). The county also has a high rate of teen births and low birth weight babies, and low rate of prenatal care in the first trimester (51%).[25] Other health care challenges include a high prevalence of behavioral health issues and needs, an inadequate number of primary care and specialty service providers to meet significant demands, and development of a comprehensive region-wide care coordination system that manages patient needs in the most appropriate setting.

Matagorda County: Located on the Gulf Coast, Matagorda County includes the towns of Bay City and Palacios, as well as 15 smaller communities spread throughout the county of more than 1,000 square miles. More than 36,000 people live within the county which has a median household income of $39,874. Nearly 20% of the population lives below the poverty level, and the county has the second highest rate of children living in poverty at 28.4%. While the median age is 38, more than 20 percent of the county residents are over the age of 60.[26] More than 26 percent of the population is uninsured. The county is served by two acute care hospitals, Matagorda Regional Medical Center and Palacios Community Medical Center. In 2010, the facilities reported 40,480 outpatient visits, 19,368 emergency visits, and 3,156 inpatient admissions. The hospitals provided more than $16 million in uncompensated care, which accounted for 14.9% of total patient revenue, the second highest percentage in the region.[27] The county is ranked 130 of 221 Texas counties; 25% of residents reported they are in poor or fair health, significantly higher than the Texas average of 19%.[28] Specific health care challenges include: high rates of smoking and excessive drinking among adults; high rate of adult obesity; high rate of teen births; poor access to primary care; and a high rate of sexually transmitted infections. The county is also a designated HPSA for primary, dental and mental health care providers.

Waller County: With just over 518 square miles, Waller County is home to slightly more than 47,000 residents. The county includes 6 towns, including Brookshire, Hempstead, Katy, Pine Island, Prairie View and Waller as well as several small unincorporated communities. The county has a median household income of $46,313 and the highest percentage of residents living

[24] 2010 Cooperative DSHA/AHA/THA Annual Survey of Hospitals and Hospital Tracking Database; eight hospitals in Harris County were not included in the survey data, but are included in the total count.
[25] County Health Rankings 2012, and Health Facts Profile 2009
[26] U.S. Census Bureau, 2010 Census.
[27] 2010 Cooperative DSHS/AHA/THA Annual Survey of Hospitals and Hospitals Tracking Database
[28] County Health Rankings 2012.

in poverty (20.4%) among all counties in within the region. The county also reflects a younger population, with a median age of 31.7 years, Residents needing hospital services obtains care in surrounding counties; there are no acute care hospitals within the county.[29] Behavioral health and intellectual disability services are available to qualified residents through the Texana Center. The county is a designated HPSA for primary, dental and mental health care. In the County Health Rankings, Waller County is number 112 of 221 counties with contributing factors of a high proportion of poor mental health days (5.5 per 30 day period); a high level of adult obesity (32%), high rate of sexually transmitted infections; high teen birth rate; poor access to primary care; high rate of uninsured.[30]

Wharton County: Wharton County is a rural agriculture area of slightly less than 1100 square miles. More than half of the population of 44,780 resides in the towns of East Bernard, El Campo, and Wharton, with the remaining 18,600 spread across 14 unincorporated communities. With a median household income of $36,097, a fact that is reflected in the high rate of poverty for both adults (19.1%) and children (26.6% live in poverty). The counties two hospitals, El Campo Memorial Hospital and Gulf Coast Medical Center, provided more than $17 million in uncompensated care in 2010, and reported 15,530 emergency room visits, 73,438 outpatient visits, and 2,695 inpatient admissions.[31] Behavioral health and intellectual disability services are available to eligible residents through Texana Center. Wharton is a designated HPSA for primary care, dental and mental health services.[32] While it has a total of 49 practicing physicians, no psychiatrists are located within the county.[33] The county is ranked number 61 of 221 Texas counties, in part due to the following: high rate of poor physical health days (4.3 per 30 day period); high rate of low birth weight babies (8.5%); high rate of adult obesity (31%); excessive drinking (17%); high rate of sexually transmitted infections; high uninsured rate, poor access to primary care, and a rate of preventable hospital stays among Medicare enrollees.[34]

Region Demographics and Insurance Coverage

The population of Region 3 includes nearly 5 million individuals that reflect a diverse race and ethnic distribution.

Table 1: 2010 Population - Race/Ethnicity Distribution

County	White	%	Hispanic	%	Black	%	Other	%	Total
Austin	18,759	66	6,641	23	2,726	10	291	1	28,417
Calhoun	9,901	46	9,922	46	557	3	1,001	5	21,381
Chambers	24,998	71	6,635	19	2,056	9	507	1	35,906
Colorado	12,544	60	5,452	26	2,739	13	139	1	20,874
Ft Bend	216,371	37	138,967	24	126,298	21	103,739	18	585,375
Harris	1,372,792	34	1,671,540	41	722,691	18	275,436	7	4,042,459
Matagorda	17,530	48	14,074	38	4,187	12	911	2	36,702

[29] 2010 Cooperative DSHS/AHA/THA Annual Survey of Hospitals and Hospitals Tracking Database.
[30] County Health Rankings 2012 and Health Facts Profile 2009.
[31] 2010 Cooperative DSHS/AHA/THA Annual Survey of Hospitals and Hospitals Tracking Database.
[32] Health Resources and Services Administration, August 2012.
[33] Texas Medical Board, 2012.
[34] County Health Rankings 2012 and Health Facts Profile 2009.

Waller	19,409	45	12,536	29	10,811	25	449	1	43,205
Wharton	19,761	48	15,445	37	5,830	14	244	1	41,280
Total:	**1,712,065**	**35**	**1,881,212**	**39**	**878,795**	**18**	**382,717**	**8**	**4,854,789**

Source: Texas State Data Center, Texas Population 2010.

Over the next three years, the region is expected to grow by more than 10 percent, adding an additional 633,126 individuals for a growth rate of 13.04 percent.

Table 2: 2015 Population Predictions[35]										
County	**White**	**%**	**Hispanic**	**%**	**Black**	**%**	**Other**	**%**	**Total**	**Growth Rate 2010-2015**
Austin	19,655	62	7,298	23	4,334	14	201	1	31,488	10.8%
Calhoun	11,310	47	11,398	47	599	2	599	2	24,259	13.5%
Chambers	28,451	69	7,973	19	4,348	11	406	1	41,178	14.7%
Colorado	12,201	53	6,677	28	4,123	18	127	1	23,128	10.8%
Ft Bend	252,376	35	183,263	25	167,481	23	120,384	17	723,504	23.6%
Harris	1,114,466	25	2,246,282	50	773,679	17	379,061	8	4,513,488	11.7%
Matagorda	17,344	44	15,246	39	4,978	13	1,378	4	38,946	6.1%
Waller	19,579	41	13,736	29	13,522	29	304	1	47,141	9.1%
Wharton	19,941	44	17,859	40	6,700	15	283	1	44,783	8.5%
TOTAL	**1,495,323**	**27**	**2,509,732**	**46**	**979,764**	**18**	**503,096**	**9**	**5,487,915**	**13.04%**

Income

The average Median Household Income varies significantly within the region and Census data shows that 16.8% of county residents had incomes below the federal poverty level; among children under 18, the rate was even higher at 24.5 percent.

Table 3: Income and Poverty Status by County – 2010					
County	**Median Household Income**	**Number of People in Poverty**	**%**	**Number of Children Under 18 in Poverty**	**%**
Austin	$50,154	3,525	12.5	1,281	18.3
Calhoun	$42,745	4,092	19.4	1,712	30.7
Chambers	$69,491	3,717	10.6	1,418	14.2
Colorado	$41,395	3,544	17.3	1,349	27.6
Fort Bend	$76,758	52,716	9.0	21,654	12.5
Harris	$50,437	758,916	18.7	308,583	27.1
Matagorda	$39,874	7,211	19.9	2,720	28.4
Waller	$46,313	8,104	20.4	2,975	28.1
Wharton	$36,097	7,823	19.1	2,913	26.6
Statewide	$49,646	4,411,217	17.9	1,746,564	25.7

Sources: U.S. Census Bureau, Small Area Income and Poverty Estimates- 2010 State and County Level Estimations

[35] Source: Texas State Data Center, Texas Population 2010.

Education

For residents age 18-24, the high school graduation rate varies from 73.8 percent in Colorado County to 91.7 in Waller County. As expected, college graduation rates were significantly higher for ages 25 and over, with the highest percentage in Fort Bend at 40.5 percent, followed by Harris County with a graduation rate of 27.5 percent.

Table 4: Educational Attainment by Age
2008-2010 Average

	Age 18-24 Years			Age 25 and Over		
County	**Less than High School**	**High School Graduate**	**College Graduate**	**Less than High School**	**High School Graduate**	**College Graduate**
Austin	12.3%	87.7%	5.4%	18.6%	81.4%	19.1%
Calhoun	22.4%	77.6%	0.0%	23.5%	76.8%	12.1%
Chambers	24.1%	75.5%	0.0%	14.2%	85.7%	15.9%
Colorado	26.2%	73.8%	4.3%	20.8%	78.1%	15.7%
Fort Bend	17.0%	83.0%	9.2%	11.3%	88.6%	40.5%
Harris	24.2%	75.8%	8.1%	22.2%	77.8%	27.5%
Matagorda	33.9%	66.1%	4.6%	21.6%	78.4%	14.0%
Waller	8.3%	91.7%	6.1%	18.7%	81.3%	20.6%
Wharton	24.5%	75.5%	1.9%	27.5%	72.5%	16.5%

Source: U.S. Census Bureau, 2008-2010 American Community Survey, 3-Year Estimates

Employment

As the largest urban area in the state and the fifth largest Metropolitan Statistical Area (MSA) in the country, the Houston MSA provides a diverse choice of employment opportunities and ranks third among areas serving as Fortune 500 headquarters.[36] The 10 county MSA has reported steady job growth for more than two years, and added more than 207,400 jobs since January 2010.[37] Table 5 confirms that employment across the region has historically been generally high, with unemployment rates for most counties falling between 6 and 7.5 %. Two counties, Calhoun and Matagorda, reported significantly higher unemployment rates of 11.3% and 13.2%.

As of November 2010, the Houston MSA recorded more than 2.54 million jobs, more than the total count of 31 states. The region offers a diverse mix of employment opportunities that include major manufacturing companies, oil and gas industries, research and technology firms, aerospace engineering companies, agriculture, an extensive retail and service industry, and numerous healthcare professions. Over the next thirty years, the region is predicted to lead the state in job growth, growing from 2.7 million jobs in 2011 to 4.3 million jobs in 2040 and accounting for almost one-fourth of the state's job growth.

Approximately 850,000 residents of Region 3 live below the federal poverty level, many of whom work at low paying jobs that often do not provide insurance benefits. These people are part of the 1.2 million uninsured who rely on the safety net for critical health care services

[36] Greater Houston Partnership, Economic Development Facts and Figures.
[37] Greater Houston Partnership, The Economy at a Glance. October 2012.

provided throughout the Region, and who often obtain care through emergency departments due to shortages of primary care services.

Table 5: Workforce Status of People Aged 16 and Over 2008-2010				
County	**Total Population**	**Percentage In Labor Force**	**Percentage Employed**	**Percentage Unemployed**
Austin	21,873	62.9%	58.8%	6.4%
Calhoun	16,357	60.0%	54.0%	11.3%
Chambers	25,061	66.2%	62.0%	6.1%
Colorado	16,424	59.7%	56.7%	4.9%
Fort Bend	418,152	68.6%	64.9%	5.3%
Harris	3,019,173	69.1%	63.8%	7.5%
Matagorda	28,202	61.7%	53.5%	13.2%
Waller	32,986	64.4%	59.6%	7.3%
Wharton	31,087	65.0%	60.2%	7.4%

Source: U.S. Census Bureau, 2008-2010 American Community Survey

Health Insurance Status

For more than 15 years, the state of Texas has experienced the highest uninsured rate in the country. The most recent census data available estimates 1,091,525 citizens have no insurance, which is larger than the statewide uninsured population in 38 states and represents 27.6 percent of the region's total population. Of those with insurance, 77 percent were insured under private plans and 33 percent received coverage through a public program.

Insurance status also varies significantly among the various racial and ethnic groups residing in the region. The Behavioral Risk Factor Surveillance System (BRFSS) survey found that of the uninsured residing in the Houston-Baytown-Sugar Land MSA in 2010, White residents reported an uninsured rate of 11.0% compared to 54.8% of Hispanics and 26.7% of Blacks. Individuals without insurance report problems obtaining needed medical care, including not having a usual source of care, postponing care or going without care or necessary prescriptions drugs due to cost.[38] In 2009, a study of emergency department utilization in 29 Houston hospitals found that 41% of Emergency department visits by Harris County residents were Primary Care Related visits that were for non-emergency services that could have been treated in a primary care setting. [39] One-third of the visits were attributed to the uninsured and 26.8% were attributed to individuals covered by Medicaid. These data are significant to the Region's Plan to expand access to services that provide the most appropriate care in the most cost effective setting, improve patient care and satisfaction, and lead to a healthier population.

Table 6: Health Insurance Status – 3 Year Estimate, 2008-2010								
County	**Total Population**	**Total Insured**	**%**	**Insured with Private**	**Insured with Public**	**Medicaid, CHIP Enrollee**	**Total Uninsured**	**%**

[38] Kaiser Family Foundation. *The Uninsured: A Primer, October 2011.*
[39] University School of Public Health, *Houston Hospitals Emergency Department Use Study, January 1, 2009 through December 31, 2009.* University of Texas Health Science Center at Houston, May, 2011.

				Coverage	Coverage	s, Dec. 2009		
Austin	28,199	23,228	82.4	20,231	6,038	2,977	4,971	17.6
Calhoun	21,126	17,496	82.8	12,926	7,070	3,119	3,630	17.2
Chambers	33,693	27,694	82.2	24,158	6,107	2,842	5,999	17.8
Colorado	20,587	16,065	78.0	12,538	6,402	2,729	4,522	22.0
Fort Bend	561,578	463,943	82.6	412,695	79,542	47,117	97,635	17.4
Harris	4,004,455	2,908,456	72.6	2,191,685	952,770	550,837	1,095,999	27.4
Matagorda	36,238	26,637	73.5	19,234	11,414	6,126	9,601	26.5
Waller	41,710	30,358	72.8	23,709	9,685	4,745	11,352	27.2
Wharton	40,599	31,066	76.5	23,134	12,497	6,117	9,533	23.5
Total	**4,788,185**	**3,544,943**	**74.0**	**2,740,310**	**1,091,525**	**626,609**	**1,243,242**	**26.0**

Source: U.S. Census Bureau, 2008-2010 American Community Survey 3 Year Estimates; Texas Health and Human Services Commission Monthly Medicaid Enrollment Report, December, 2009

Federal Initiatives

Performing providers of DSRIP initiatives strategically aligned all programs with the community needs but were mindful of existing or similar federally funded or aligned initiatives or grants. Table seven references the disclosed federal or DHHS initiatives.

Table 7: Federal Initiatives	
Performing Provider(s)	**DSHS / Federal Funding**
Local Mental Health Authorities	Texas Department for Assistive & Rehabilitative Services (DARS) Texas Department of State Health Services (DSHS) mental health grants USDHHS to South East Texas Regional Planning Commission HITECH payments for HER incentives
Harris County Hospital District	Healthcare for the Homeless (Health Resources & Services Admin Breast & Cervical Cancer Control Program (DHHS) Retention after Hospitalization (National Institute of Mental Health Ryan White Funds (DHHS) Title IV Women's Program (DHHS) Expanded Testing (DHHS) SPNS (DHHS) MCH Title V (DHHS) TX/OKLA AIDS Education (DHHS) Ryan White Early Intervention (DSHS) HIV Perinatal Prevention (DHHS) CDC Prevention Grant (DHHS) Healthy Texas Babies (TXDHHS) BTGH Epilepsy Program (TXDHHS) Children w/Special Healthcare Needs (TXDHHS)

Description of Regional Health System and Challenges

As evidenced by the diverse population and economic dynamics of the communities participating in Region 3, by necessity the healthcare system serving this region is significant in size and complexity. The city of Houston is home to the world-renowned Texas Medical Center, which includes 49 of the most advanced medical research and academic institutions in the world, including three medical schools, six nursing schools, two schools of pharmacy, and schools of

dentistry, public health, and virtually all health-related careers. [40] The region includes a total of 86 acute care hospitals with more than 13,000 inpatient beds (Table 7), providing a wide range of specialty services. In 2010, these facilities provided services for more than 1.6 million emergency room visits, 8.3 million outpatient visits, and more than 522,000 inpatient admissions.[41] The hospitals collected a total of nearly $41.8 billion in patient revenue and provided $3.48 billion in uncompensated care (8.3% of patient revenue).

Table 7: Hospital Utilization and Financial Experience – 2010

County	# of Hospitals	# of Beds	ER Visits	Outpatient Visits	Inpatient Admissions	Total Uncompensated Care	Total Patient Revenue	Uncomp. Care as % of Total Patient Revenue
Austin	1	23	5,021	63,846	620	$2,234,848	$21,722,744	10.3%
Calhoun	1	25	10,325	26,427	1,321	$6,274,008	$42,694,891	14.7%
Chambers	2	39	5,299	45,164	799	$3,452,446	$20,911,428	16.5%
Colorado	3	73	10,241	101,821	9,012	$5,198,957	$63,496,889	8.2%
Fort Bend	8	771	119,979	294,483	28,743	$116,670,008	$1,995,333,877	5.8%
Harris	59	12,098	1,441,087	7,684,098	476,500	$3,317,319,516	$39,395,686,451	8.4%
Matagorda	2	69	19,368	40,480	3,156	$16,185,582	$108,463,293	14.9%
Waller	0	0	0	0	0	0	0	0
Wharton	2	99	15,530	73,437	2,695	$17,740,547	$149,056,953	11.9%
TOTAL	**78**	**13,197**	**1,626,850**	**8,329,756**	**522,846**	**$3,485,075,912**	**$41,797,366,526**	**8.3%**

Source: Texas Department of State Health Services, 2010 Cooperative DSHS/AHA/THA Annual Survey of Hospitals and Hospitals Tracking Database

Serving the patients of Region 3 are more than 12,280 physicians from more than 200 specialties (Table 8).[42] These physicians are highly concentrated in Harris County, with 92.9% of physicians, followed by Fort Bend County with 5.7% of physicians. The remaining 7 counties in Region 3 account for only 2.4% of the region's physicians. It is important to note that six of the nine counties have no practicing psychiatrists, underscoring the challenges faced by the region in meeting the behavioral health needs of the population.

Table 8: Physicians by County and Specialty – January 2012

County	General Practice, Family Medicine	Pediatrics	Internal Medicine	OB/GYN	General & Specialty Surgery	Psychiatry	Total Physicians - All Specialties
Austin	5	1	3	0	0	0	10
Calhoun	7	1	5	2	0	0	18
Chambers	4	1	0	0	1	0	6

[40] Greater Houston Partnership, Partnership Research, 2011.
[41] 2010 Cooperative DSHS/AHA/THA Annual Survey of Hospitals and Hospitals Tracking Database
[42] Texas Medical Board, Physician Demographics by County and Specialty, January 2012.

Colorado	13	1	2	1	3	2	29
Fort Bend	148	82	89	47	73	26	707
Harris	1150	1,187	1,549	484	1,037	461	11,425
Matagorda	7	4	8	5	3	0	38
Waller	2	1	1	0	0	0	4
Wharton	14	5	3	5	6	0	49
Total:	1,350	1,2823	1,660	544	1,123	489	12,286

Providers and community partners throughout the region have worked strategically to develop an extensive safety net system that includes more than 100 public and private organizations, most of which operate private non-profit, federally funded or public clinics that provide services for the uninsured. These organizations annually provide more than $1 billion in uncompensated care and are funded by a variety of sources, including patient fees, state and federal grants, state and local taxes, Medicaid and CHIP, and philanthropic donations. For the most part, these organizations are operated by clinical and administrative staff who works on a voluntary or low-cost basis.[43] Behavioral health services for the safety net population are provided by multiple organizations including the Mental Health and Mental Retardation Authority of Harris County (MHMRA), Texana Center, Gulf Bend Center, Spindletop Center, the University of Texas Harris County Psychiatric Center, the Harris County Hospital District, the Michael E. DeBakey Veteran's Affairs Medical Center of Houston, and a variety of mental health services delivered through public school programs. Inpatient psychiatric care is provided primarily by seven private, free-standing psychiatric hospitals.[44] Despite the range of services available, these options fail to meet the demand for care by more than 665,300 Houstonians with mental illness, including more than 181,500 who have a serious mental illness.[45] With only 23 total inpatient beds including 7 public beds per 100,000 people, the Harris county region falls well below the recommended standard of a total of 70 inpatient beds and a minimum of 50 public beds per 100,000.[46]

Serving as the focal point of the safety net is the publicly-funded Harris County Hospital District (HCHD) which operates three public hospitals, twelve community health clinics, eight school-based clinics, one dental center, a health care program for the homeless, a specialty center for people with HIV/AIDS, and five mobile health facilities. Staff for the District hospitals and clinics is provided through a contractual arrangement with the Baylor College of Medicine and the University of Texas at Houston School of Medicine.

To meet the unique challenges of serving the population of more than 10,000 homeless people, the region created Healthcare for the Homeless-Houston. Designated a Federally Qualified Health Center (FQHC) in 2002, the program operates three integrated health clinics that provide comprehensive health services, with a specific focus on integrated primary and mental health

[43] Houston Health Services Research Collaborative for the Health of Houston Initiative, "Harris County Health Care Safety Net: Where We Stand 2010."
[44] Ibid.
[45] Mental Health Policy Analysis Collaborative, *The Consequences of Untreated Mental Illness in Houston.* Mental Health Policy Analysis Collaborative of the The Health of Houston Initiative of the University of Texas School of Public Health. September 2009.
[46] Ibid.

care.[47] In 2010, health and support services were provided to more than 10,000 adults and children, including medical visits, medical case management, and a transportation services. Among nearly 900 homeless persons surveyed in 2010, 39% reported mental health disorders; 12% reported problems with alcoholism; and 55% reported they had a chronic health condition.[48]

However, despite the significant health care infrastructure, due to the volume of need, growing population and limited resources, the region continually struggles to keep up with the increasing demands for care. Access to care is clearly a critical issue for the Region that presents multiple challenges. With more than 1.2 million uninsured residents in the region, many people struggle to obtain even basic health care services. As reported by the Texas Primary Care Coalition, these patients rarely receive preventive, primary or continuous care and commonly have chronic conditions such as hypertension and diabetes that go unmanaged and untreated until the individual had an emergency condition that sends them to the emergency room. They often receive no care management and see multiple physicians and health care providers, resulting in duplicative and unnecessary diagnostic tests, lab work and screenings, contributing to unnecessary health care costs.[49]

According to the U.S. Department of Health and Human Services, every county in the region has been designated in part or in full a Medically Underserved Area/Population (MUA) and a Health Professional Shortage Area (HPSA).[50] Resolving this issue is not simple and requires long-term planning and infrastructure development necessary for the education and training of new physicians. This shortage of providers is particularly critical due to the growing population of Region 3 and the increased demand for services that is anticipated beginning in 2014 with implementation of health insurance tax credits for low income families. Preparing for these changes will require a comprehensive strategy and significant financial investment to ensure patients have timely access to the appropriate health care provider in the most cost-effective setting possible. Individuals without access to a medical home or primary care provider are more likely to seek care in an emergency room setting, resulting in significant increases in health care costs. A study of 2009 hospital emergency department visits in Houston found that primary-care related emergency department visits that could have been treated in a primary care setting resulted in costs of more than $214 million, up from $187 million in 2007.[51] Accessing inappropriate care through the emergency room not only is inefficient and costly, but it delays services for more critical patients who need services immediately, and potentially contributes to poorer health outcomes for these patients. Many of these costs and delays could have been avoided if patients had access to the services they needed through lower cost clinics and physician offices with extended hours that enable them to obtain non-urgent services at non-traditional times, and at facilities that are accessible. Improving access to these critically needed

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[47] Held, Mary Lehman, Brown, Carlie Ann, Frost, Lynda E., Hickey, J. Scott Hickey, and Buck, David S., *Integrated Primary and Behavioral Health Care in Patient –Centered Medical Homes for Jail Releases with Mental Illness.*

[48] Coalition for the Homeless of Houston/Harris County. *Houston/Harris County 2010 Homeless Count & Survey and 2011 Homeless Enumeration Count.*

[49] The Primary Care Coalition, Texas Academy Family Physicians. The Primary Solution: Mending Texas' Fractured Health Care System, 2008.

[50] U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Care. August, 2012.

[51] Houston Hospitals Emergency Department Use Study.

services is an important component of our Regional Plan and long-term strategy for ensuring patients have access to the most appropriate care at the right time and in the right place.

Key Challenges

As with any large urban community, our Region faces significant challenges in meeting the health care needs of our population. With nearly five million residents living within the Region and thousands more traveling to the region for health care services, our health care providers continually strive to provide the best patient care possible. However, to continue our efforts to become more efficient and more effective in the services we provide, we face significant challenges that will require a concerted effort to overcome. Following is a very brief summary of some of the key challenges we have identified and addressed in our plans for transforming the local health care system.

- **Inadequate number of primary and specialty care providers.** As discussed throughout this background overview, the region faces a significant shortage of primary and specialty care providers. Patients are unable to obtain to locate a provider willing to serve them, face extended waits for appointments, or are unable to locate a provider with extended hours in order to accommodate work schedules. Addressing this problem requires a long-term solution that includes development of the educational infrastructure as well as programs for attracting and retaining qualified providers.
- **High prevalence of chronic disease, including diabetes, heart disease, asthma, cardiovascular disease and cancer.** The region has high rates of chronic disease, which account for a significant portion of health care spending, are a leading cause of disabilities, and are factors in a majority of deaths. Many of these problems may be alleviated through a coordinated care system that includes improved access to care, patient education, and care management to ensure patients receive the right care at the right time in the right setting.
- **Diverse patient population speaking multiple languages, and with varying cultural backgrounds.** Improving the health care services for a diverse population requires a variety of approaches that are uniquely suited for each population. Without effective patient education and communication programs that address language and cultural barriers, patients will not receive the services they need for the best possible health outcomes and may delay seeking appropriate and preventive care.
- **High number of uninsured patients.** With more than one million uninsured patients, the region struggles to keep up with the demand for services. Patients do not receive basic health care services, delay treatment, and often seek primary care services through the emergency rooms, resulting in hundreds of millions of dollars in unnecessary spending.
- **High prevalence of behavioral health conditions and lack of an integrated care solution.** The region lacks both the providers and facilities to adequately meet the demand for behavioral health care, and is often unable to provide an integrated approach that meets both the physical and mental health care needs of the patient. Many individuals may receive either physical treatment or behavioral health care, but not both, or they receive no care at all. The current system is fragmented and difficult to navigate, and challenging for both patients and providers. These problems can be addressed by creating a health service system that is fully coordinated and integrated with behavioral health and primary health care, as well as services provided through school programs, criminal justice systems, and social service providers.

- **<u>Fragmentation of patient services throughout a large, uncoordinated health care system.</u>** Regardless of insurance status, many patients receive fragmented health care that is both inefficient and ineffective. Patients may receive duplicative and unnecessary services, which could be avoided through a regional integrated care system that maximizes the use of electronic health records and health information exchange. While implementation of coordinated care systems involves planning, training and communication strategies that maximize the use of technology and is both challenging and costly, the long-term benefits will be significant in terms of reductions in unnecessary services and costs, and improved patient care and outcomes.
- **<u>Limited access to public transportation and emergency medical services.</u>** Many patients live in areas that provide little or no options for public transportation to obtain medical care, and have very limited options for emergency transportation. Services vary greatly throughout the region, and are especially limited for those living in rural communities that have limited resources and large territories to cover. The absence of these services results in patients delaying necessary care until it becomes a critical health care condition, and relying on emergency transportation for services could have been provided in a primary care setting, or avoided entirely.
- **<u>An aging population and increased need for high-cost services, including behavioral health care.</u>** Although this problem is certainly not unique to Region 3, the large number of individuals that will require increased services (many of whom are already in poor health) poses significant problems. Dealing with these problems will require a coordinated delivery system approach that takes into account the unique physical and behavioral health needs and limitations of the elderly population and a community-wide effort to develop cost effective, long term solutions. Increasing the number of specialty providers, and providing additional training for primary care providers treating older patients are critical challenges that must be met to ensure these patients receive appropriate care and services to ensure the best healthcare outcome possible.
- **<u>Inadequate IT infrastructure necessary for improved care coordination.</u>** Though the region has made progress on the implementation of EHR, extensive expansion and implementation is necessary to meet the future needs of this community. Improvements in health care delivery as well as the monitoring and tracking of progress and outcomes are dependent on an effective program through which providers can track and share patient information and services.

Summary of Community Needs

ID #	Brief Description of Community Needs Addressed through RHP Plan	Data Source for Identified Need
CN.1	Inadequate access to primary care	1,2,5,8,12,13,15,16,17,19,20,21,30,32, 33,34,35,36,39,42,48
CN.2	Inadequate access to specialty care	1,2,12,13,15,16,17,19,25,30,32,33,34, 35,36,42, 48
CN.3	Inadequate access to behavioral health care	1,2,7,11,12,13,15, 16,17,20,21,27,28,48 29,30,33,34,35,36, 42
CN.4	Inadequate access to dental care	1,2,12,35
CN.5	Inadequate access to care for veterans and active military, particularly mental health and substance abuse services	1,7,29
CN.6	Inadequate access to treatment and services designed for special needs populations, including disabled, homeless, children, elderly	1,2,5,11,12,14,15, 16,17,31,32,34,37
CN.7	Insufficient access to care coordination practice management and integrated care treatment programs	1,2,6,8
CN.8	High rates of inappropriate emergency department utilization	1,2,38
CN.9	High rates of preventable hospital readmissions	1,2,4,18,38
CN.10	High rates of preventable hospital admissions	1,2,4,38
CN.11	High rates of chronic disease and inadequate access to treatment programs and services for illnesses associated with chronic disease, including • Cancer • Diabetes • Obesity • Cardiovascular disease • Asthma • AIDS/HIV	1,2,4,13,15,16,17, 24,25,26,32,34,40
CN.12	High rates of tobacco use and excessive alcohol use	1,2,3,9,34
CN.13	High teen birth rates	1,2,3
CN.14	High rates of poor birth outcomes and low birth-weight babies	1,2,3,41
CN.15	Insufficient access to services for pregnant women, particularly low income women	1,2,16,17,22,30,34,41
CN.16	Shortage of primary and specialty care physicians	1,8,34,35,36,39,42
CN.17	High rate of sexually transmitted diseases	1,2,3,9,25,26
CN.18	Insufficient access to integrated care programs for behavioral health and physical health conditions	1,6,7

CN.19	Lack of immunization compliance, resulting in rising incidence of preventable illnesses such as • Mumps • Measles • Pertussis • Tuberculosis	1,2,32
CN.20	Lack of access to programs providing health promotion education, training and support, including screenings, nutrition counseling, patient education programs	1,2,10,13,25
CN.21	Inadequate transportation options for individuals in rural areas and for indigent/low income populations	1,2,12,13,42
CN.22	Insufficient access to services that are specifically designed to address racial, ethnic and cultural health care disparities	1,2,8,13,23,34
CN.23	Lack of patient navigation, patient and family education and information programs.	1,2,13
CN. 24	Lack of care coordination and unnecessary duplication of services due to insufficient implementation and use of electronic health records	1,2,8
CN.25	Graduate medical education (residency training) in health care systems, team-based practice, quality improvement, and cost control	43, 44, 45, 46, 47

Community Need Assessment Reports and Resources:

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30. Greater Houston Partnership Health Care Policy Advisory Committee. *A Region in Crisis – A Call to Reduce the Uninsured and Expand Access to Health Care in the Ten County Houston Region.* February 2010.
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33. Texas Health Institute. 2011 Community Health Assessment Montgomery County. 2011.
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