HARRISHEALTH

2021–2025 STRATEGIC PLAN

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Letter from the Chair of the Harris Health Board of Trustees

On behalf of the Harris Health Board of Trustees, I am pleased to present our 2021-2025 strategic plan.

In July 2020 we charged Harris Health leadership and our external consultant, Health Management Associates, to gather, process and incorporate input from our county officials, employees, medical staff, community partners and patients in an effort to develop a new blueprint that allows us to fulfill our mission.

Issues that must be immediately addressed are as follows:

- Two new acute care facilities are needed to replace the aged infrastructure at Harris Health Lyndon B. Johnson and Harris Health Ben Taub hospitals;
- Harris Health must become a high-reliability organization with zero "never events";
- Inpatient capacity limitations at Ben Taub compromise our Level I trauma designation;
- A significant amount of non-emergent care is taking place in our emergency centers;
- There are regions of Harris County with minimal primary care access and regions with oversupply of primary care access via federally qualified health centers (FQHC);
- There is a marked absence of specialty care access for the indigent and underinsured in Harris County;
- Underserved communities have limited access to medical, social and psychological care housed in their local communities;
- Harris County must provide a common EMR platform to allow communication between all entities caring for the indigent and underinsured;
- Harris Health should leverage its unique position to coordinate community resources that specifically address social determinants of health (SDOH);
- Outsourced medical services must immediately undergo increased quality oversight;
- Our workforce must feel valued for the care they provide to our unique population;
- Harris Health must align and utilize our own Health Maintenance Organization, Community Health Choice, to optimize care for those most in need; and
- Philanthropy is critical to the organization's future success; therefore, the Foundation must meet or exceed industry benchmarks in order to support our mission.

The Board of Trustees delegates the authority to our CEO and his administrative team to address these issues and others that follow in this 2021-2025 strategic plan. Simultaneously, Harris Health will collaborate with our medical school partners to work as one medical system and improve the quality of care we provide to our patients.

Despite all our challenges, the future of Harris Health is extremely bright. Together, building on our strong foundation, we will fulfill our mission to improve the health of those most in need in Harris County.

Kimberly E. Monday, MD, Chair
Harris Health Board of Trustees

Letter from the Harris Health President and CEO

Without a destination, any direction would do!

As we reflect on the conclusion of The Bridge to 2020, I am excited to begin our journey beyond 2020. Over the past several months and with your help, we have developed what I believe is a very robust strategic plan that will set our direction for the future.

This plan will build on our strengths while also challenging us to think differently about what is possible when we unite as one system of care. Our uncompromising commitment to high-quality, safe and efficient care will guide us as our North Star. A renewed focus on population health management will propel us into the sphere of health promotion and disease prevention instead of the ongoing disease management that has been the foundation of the healthcare delivery system in this country for more than a century. Our commitment to developing and using real-time actionable information to drive our decisions will help us improve our processes so that we can do more of the activities that add value and less of the activities that do not. Our emphasis on our workforce as our greatest asset, and our patients as the reason why Harris Health exists, will pave the way for our transformation into an inclusive and diverse workforce that is built on respect, recognition and trust and is reflective of our community. Finally, and very importantly, this strategic plan will be the start of the serious consideration of and planning for the future of our infrastructure, including our hospitals, which are fast approaching their end of useful life.

I am excited to begin this transformative journey with you as we strive to fulfill our mission to improve the health of the people most in need in Harris County. Please join me on this journey. I cannot tell you that it is going to be easy, but I can promise you that it will be worth it.

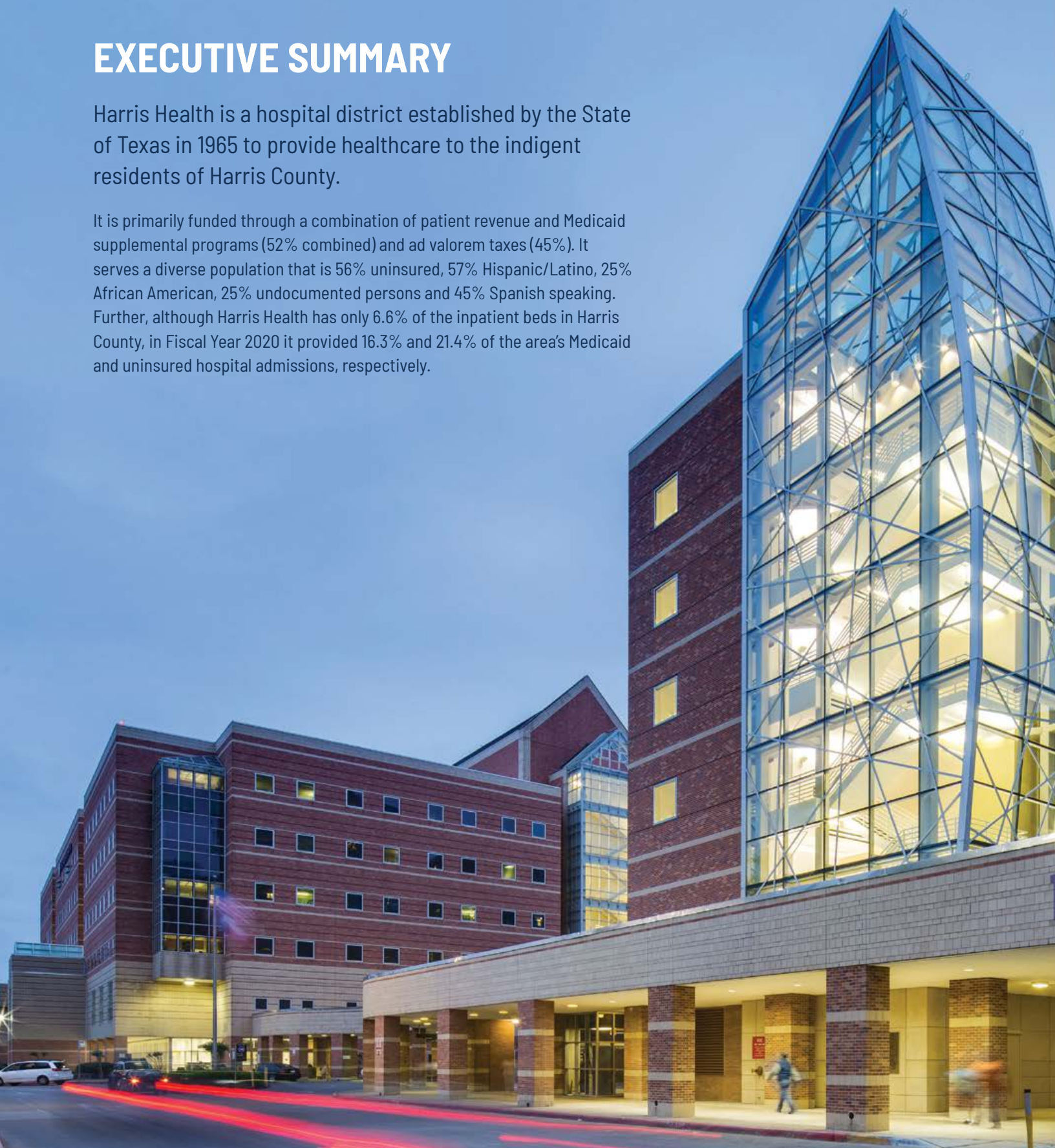
God bless,

Esmaeil Porsa, MD
President and CEO
Harris Health

EXECUTIVE SUMMARY

Harris Health is a hospital district established by the State of Texas in 1965 to provide healthcare to the indigent residents of Harris County.

It is primarily funded through a combination of patient revenue and Medicaid supplemental programs (52% combined) and ad valorem taxes (45%). It serves a diverse population that is 56% uninsured, 57% Hispanic/Latino, 25% African American, 25% undocumented persons and 45% Spanish speaking. Further, although Harris Health has only 6.6% of the inpatient beds in Harris County, in Fiscal Year 2020 it provided 16.3% and 21.4% of the area's Medicaid and uninsured hospital admissions, respectively.



Harris Health is a safety net healthcare system committed to ensuring the patient care it provides is equitable and equal in value to the care provided by non-safety net providers in the community. Harris Health operates two acute care hospitals (Ben Taub Hospital and Lyndon B. Johnson Hospital) and ambulatory care clinics across Harris County. Harris Health's Magnet®-designated hospitals and NCQA-recognized ambulatory care clinics have garnered multiple awards and distinctions for the quality of care provided. Harris Health provides care in partnership with its affiliated medical school partners, Baylor College of Medicine and McGovern Medical School at UTHealth Houston. Recently, Harris Health has restructured its relationship with both medical schools in support of its continued efforts to operate more cohesively as one healthcare system, with a goal of reducing variation in the way care is provided across the system.

Ben Taub, a Level I trauma center, and LBJ, a Level III trauma center, are two of the busiest emergency centers in the area and provided approximately 170,000 emergency visits in Fiscal Year 2020. In fact, LBJ is the busiest Level III trauma center in Texas. Moreover, Ben Taub is one of only two adult Level I trauma centers in Harris County. It continues to play a vital role in ensuring that more than 5 million residents of Harris County have access to the highest level of trauma services when needed.

As the next five years unfold, Harris Health will be compelled to address the following issues in order to fulfill its mission and statutory obligation:

- Harris Health's **aging and deteriorating hospital infrastructure must be replaced,** and additional inpatient beds are needed to reduce the amount of time both hospitals are on diversion and patients must be sent to other facilities for care. Further, Harris Health must develop a comprehensive facilities plan that identifies the most effective location(s) for its hospitals and consider the services offered at each location. Specifically, the LBJ campus currently lacks cardiac catheterization and neurosurgery services to better support the northern part of Harris County.
- In the immediate and short term, Harris Health must determine how best to address the **challenges of primary and specialty care access** for the Medicaid and underinsured populations. Harris Health currently provides 25% of the primary care needed for the indigent in Harris County while 27% of the primary care need for this same population is currently unmet; this percentage will continue to grow as the population grows if no intervention occurs. Harris Health should optimize its primary care presence by increasing access in underserved areas, diverting resources from more saturated areas where necessary. Similarly, Harris Health currently only provides 40% of the specialty need for the indigent in Harris County and there are very few other providers of specialty services for this population. Harris Health must determine what portion of the primary care and specialty services gap it will fill year over year, and by what method. Some portion of additional primary care might be provided in partnership with FQHC or non-FQHC primary careproviders. However, Harris Health is uniquely positioned to expand specialty care access in the community given its relationships with its medical school partners.

- Harris Health must continue its focus on addressing the underlying causes of poor health, including the **social determinants of health,** to improve the health of the indigent in Harris County and reduce health disparities. Harris Health is committed to partnering with other community organizations to improve nonmedical factors that contribute to health disparities. The impact of these long-term initiatives will manifest over decades in improved health outcomes for Harris County residents.
- Harris Health has been asked by the Commissioners Court to explore **the possibility of assuming responsibility for the Harris County Jail health services.** A study done in 2018 is currently being updated to inform the decision for this transition to occur. Should Harris Health move forward, the care delivered to those in the custody of the Harris County Sheriff's Office would be consistent with the population health initiatives outlined by Harris Health in this strategic plan. However, if responsibility for jail health is assumed by Harris Health, it is imperative that Harris Health be given the required resources to avoid having to reduce patient services elsewhere in the system.

There are six strategic pillars that will serve as the foundation for this strategic plan and Harris Health's path forward:

- **Quality and patient safety:** Harris Health will become a high-reliability organization (HRO) with quality and patient safety as a core value where zero patient harm is not only a possibility but an expectation.
- **People:** Harris Health will enhance the patient, employee and medical staff experience and develop a culture of respect, recognition and trust by actively listening to feedback and developing strategies to address high-impact areas of opportunity.
- **One Harris Health:** Harris Health will act as one system in its approach to the management and delivery of healthcare.
- **Population health management:** Harris Health will measurably improve patient health outcomes by optimizing a cross-continuum approach to health that is anchored in high-impact preventive, virtual and community-based services, deployed in coordination with clinical and social services partners, and underwritten by actionable population health analytics and technology.
- **Infrastructure optimization:** Harris Health will invest in and optimize infrastructure related to facilities, information technology (IT) and telehealth, information security, and health informatics to increase value, ensure safety and meet the current and future needs of the patients we serve.
- **Diversity, equity and inclusion (added in 2022):** Harris Health will ensure equitable access to high-quality care for patients, foster a diverse and inclusive workplace, cultivate and sustain strategic relationships with suppliers and community partners, and broaden its reach and understanding of the communities it serves.

All of these mission-critical initiatives will require a significant investment of resources by the county and the taxpayers. In developing a financial plan to support this strategic plan, Harris Health will also be challenged to identify additional revenue streams and explore ways to expand its relationship with Community Health Choice and the Harris County Hospital District Foundation. It will need to focus on minimizing costs through reduction of waste. Finally, it will need to educate the entire community about how and why Harris Health is vitally important to all residents of Harris County in the provision of trauma services and the training of the next generation of healthcare professionals.

STAKEHOLDER INPUT

Listening to the community's voice—both internal and external—is essential to a successful strategic plan.

Harris Health engaged the Board of Trustees, leadership, medical staff and employees to understand their experiences working across the system. In addition to obtaining vital input, Harris Health's goal was to use this process to strengthen the culture of transparency and work toward better lines of communication. Harris Health organized internal stakeholder groups and conducted one-on-one interviews, group interviews and meetings with clinical chiefs of service and inpatient and outpatient leadership subgroups.

Harris Health also engaged various community stakeholders from throughout the Harris County region to understand how Harris Health could best meet community needs moving forward by building on successes and acting on opportunities for improvement. Participants in this stakeholder interviewing process included:

- Harris County Judge and Harris County Commissioners
- Elected officials, county representatives and city leaders
- Representatives from community-based organizations
- Harris Health Patient and Family Advisory Council representatives
- Affiliated medical schools, nursing schools and other academic partners
- Other healthcare organizations and systems, including FQHCs

- Interviews with 46 internal and external stakeholders
- Interviews with 45 chiefs of service
- Three outpatient care subgroup meetings
- Four inpatient care subgroup meetings

Harris Health wanted to hear broadly from each person in the organization ready to share his/her views. Most importantly, it wanted to understand its workforce's opinions around any gaps between values held and values demonstrated in the culture. Subsequently, an online survey was sent to more than 11,000 Harris Health employees and providers. The online survey received an overwhelming 28% response rate, meaning that more than 3,100 individuals completed the survey.

Together, these participants provided a rich picture of how Harris Health is perceived and experienced by community members. Participants in one-on-one interviews and facilitated focus groups shared feedback about their experiences with Harris Health and their ideas about the system's strengths, weaknesses, opportunities and threats (SWOT) to inform a structured analysis, further described in the appendix titled, "Process and Findings of Stakeholder Input Analysis."

The final stakeholder input analysis from all internal and external stakeholders is excerpted below and is available in full in the appendix. It is based on the individualized SWOT results from the stakeholder groups and review of survey data.

STRENGTHS	WEAKNESSES
• Mission-driven workforce with pride in work • Robust technology and data foundation • Perceived as critical asset to serve low-income residents • Trauma and critical care perceived as high quality and essential	• Insufficient capacity to meet demand, resulting in long waits for appointments and at the clinics • Insufficient inpatient beds, resulting in high diversion times • Administrative employee turnover • Perceptions of inequitable distribution of locations, not close enough to where people live
OPPORTUNITIES	**THREATS**
• Develop alternatives to emergency room care • Enhance the Harris County Hospital District Foundation's impact on Harris Health • Leverage community partnerships to augment population health efforts • Improve external communication and messaging	• Aging facilities and insufficient inpatient beds • Future of healthcare reform and other political aspects of healthcare • COVID's impact on health inequities and economics • Limited patient access to technology resources

Participants were encouraged to share honest feedback, including some that was not positive, offering crucial insights to inform constructive change and improvement strategies. Participants were generous with their time and forthright with their input, providing insight on where the most value can be offered by Harris Health, including how Harris Health can support efforts in the broader community to improve Harris County residents' health. This information was used to inform the strategic plan.

The complete list of those interviewed can be found in the Acknowledgments section of this document.

MISSION, VISION AND VALUES

At the heart of this strategic plan is a steadfast commitment to Harris Health's mission, vision and values, as described below.

Mission

Harris Health is a community-focused academic healthcare system dedicated to improving the health of those most in need in Harris County through quality care delivery, coordination of care, and education.

Vision

Harris Health will become the premiere public academic healthcare system in the nation.

Values

Harris Health values QUALITY:

Q	Quality and Patient Safety
U	United as One Harris Health
A	Accountable and Just Culture
L	Leadership and Integrity
I	Innovation, Education, Research
T	Trust, Recognition, Respect
Y	You: Patients, Employees, Medical Staff

HARRIS HEALTH TODAY

Harris Health's rich history spans more than 50 years, offering a broad range of treatment and services to meet Harris County residents' healthcare needs.

Harris Health operates two full-service teaching hospitals, 18 community health centers and many other specialized service locations. Through their tax dollars, Harris County residents support Harris Health's essential mission to offer reliable, quality care to Harris County residents who count on Harris Health to meet their healthcare needs.

Harris Health's focus on delivering high-quality care is evidenced by numerous distinctions including:

- American Nursing Credentialing Center Magnet® hospital designation for LBJ and Ben Taub hospitals (achieved by only 8% of hospitals in the United States)
- National Committee for Quality Assurance designation for Harris Health's patient-centered medical homes (the first accredited healthcare institution in Harris County to be designated)
- Comprehensive Stroke Center (DNV) for Ben Taub Hospital
- American Heart Association/American Stroke Association's Get With The Guidelines®- Stroke Gold Plus-Target: Stroke Honor Roll Elite Plus Award for Ben Taub Hospital
- Designated Chest Pain Center for Ben Taub Hospital
- Mission: Lifeline® Gold Plus Receiving Center for STEMI (heart attack) care for Ben Taub Hospital
- Designation as a regional center for neonatal intensive care for Lyndon B. Johnson Hospital
- American College of Surgeons Commission on Cancer accreditation with commendation for Harris Health's Cancer Care Program

History and Governance

Public health systems are essential to the overall health of a community. Harris Health is a hospital district established by the State of Texas within Harris County, Texas, to provide healthcare to low-income residents. The Texas Indigent Care Act, enacted in 1985, mandated that all counties provide healthcare to resident, low-income persons through one of three mechanisms: hospital districts, public hospitals or county-based indigent healthcare programs. Harris Health meets that responsibility for Harris County, the third-most populous county in the United States.

The governing body of Harris Health is the Board of Trustees, whose duties are prescribed by State and Federal law and the Harris Health Board of Trustees Bylaws.[1] The nine individuals who have been appointed by the Harris County Commissioners Court serve on the Harris Health Board of Trustees without compensation.

The Harris Health Team

HARRIS HEALTH BY THE NUMBERS: Locations

- Ben Taub Hospital with a Level I trauma center
- Lyndon B. Johnson Hospital with a Level III trauma center
- 17 community health centers
- 8 homeless shelter clinics
- 3 same-day clinics
- 3 multi-specialty clinics
- 1 dental center
- 1 dialysis center
- 1 ambulatory surgery center
- Mobile health units

Harris Health employees and other workers, together with medical staff from Baylor College of Medicine, McGovern Medical School at UTHealth Houston and The University of Texas MD Anderson Cancer Center, join to form teams that provide services and support the delivery of high-quality healthcare.

Seventy percent of Harris Health employees live in Harris County, many living in and hired from the communities where there is greater need for health equity. The composition of staff is representative of the diversity of the county: 47% are African American, 27% Hispanic, 7% Asian and 12% White.

Partnerships

Harris Health recognizes the importance of collaborating with other organizations to meet the needs of Harris County's most vulnerable populations.

Academic Partners

Harris Health serves as a critical medical training site for Baylor College of Medicine and McGovern Medical School at UTHealth Houston. It also serves as a training site for the University of Texas Health Science Center School of Dentistry. Further, it serves as an important clinical rotation site for a number of nursing schools and allied health programs. Functioning as a key training organization, Harris Health supports the community by assuring a constant pipeline of healthcare professionals. This is especially important for the county to meet the anticipated increase in need as the population is projected to increase in Harris County over the next 20 years.

Through its collaboration with Baylor College of Medicine, McGovern Medical School at UTHealth Houston and The University of Texas MD Anderson Cancer Center, Harris Health also ensures that cancer patients can access an array of cutting-edge clinical trials.

Community Health Choice

In 1996, Harris Health created Community Health Choice (Community), a local, nonprofit managed care organization, to participate in the Texas Medicaid managed care program. Community's bylaws and governance ensure ongoing partnership and alignment with Harris Health. Initially launched as a Medicaid managed care program, Community has expanded into the individual Marketplace established by the Affordable Care Act (ACA). Harris Health now subsidizes premiums for some eligible low-income individuals enrolled in Marketplace plans.

[1] Texas Health and Safety Code Chapter 281

This past year, Community conducted a parallel strategic planning effort that aligns and supports Harris Health's strategic plan. Community and Harris Health continue to have an opportunity to impact the uninsured, improve quality outcomes and reduce healthcare cost in Harris County through their partnership. Key initiatives include leveraging resources and federal programs to expand insurance coverage for the uninsured population of Harris County and increasing the number of participating providers in the Harris Indigent Network to support timely specialty and inpatient care for uninsured Harris Health patients. Collectively, the partnership focuses on mitigating health disparities in underserved communities and leveling the playing field as it relates to physical, behavioral and social determinants that affect the communities both organizations serve. With the organizations' commitment to enhanced collaboration, there are opportunities to maximize operations through increased shared services for patients/members as well as to build programs that create healthcare-related employment and educational opportunities.

Community Partners

Harris Health has partnerships with many organizations that share a common goal to ensure Harris County residents can access quality, affordable healthcare. Harris Health also collaborates with a number of community-based organizations to address the social determinants of health that contribute to health disparities. Many of these partners provided valuable input for the strategic plan.

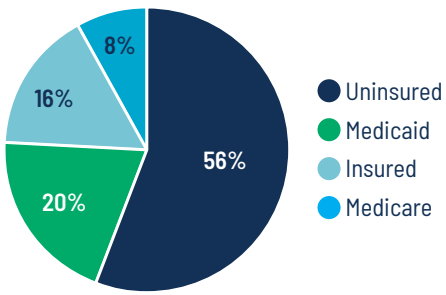
Harris Health Patients

Harris Health treats an ethnically diverse population representative of the Harris County community. In Fiscal Year 2020 (March 1, 2019—Feb. 29, 2020), 287,780 unduplicated patients received care at Harris Health. Of these patients, 56% were uninsured, 57% were female, 57% were Hispanic/Latino and 25% were undocumented persons. Further, 51% of these patients spoke English, 45% spoke Spanish and 1.5% spoke Vietnamese.

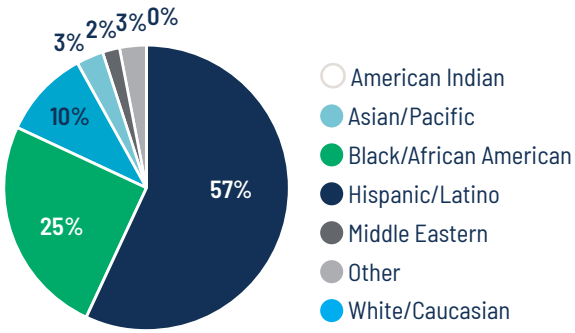
BY THE NUMBERS (FY 2020)

- 287,780 unique patients
- 44,000 inpatient and observation cases
- 23,000 surgeries
- 170,000 emergency room visits
- 1 million clinic visits

Harris Health Patients by Consolidated Financial Class (FY 2020)



Harris Health Patients by Race/Ethnicity (FY 2020)



Source: Harris Health Decision Support Services

FUNDING FOR SERVICES

Texas has both the highest number and the highest percentage of uninsured residents in the nation, with approximately 4.8 million Texans (18.4%) without either private or public insurance.

This rate is about twice the national average of 9.2%. The greater Houston region had the highest number of uninsured residents in the country in 2019, with nearly one in five people (19.7%) in the area uninsured. Individuals without insurance often pay for care out-of-pocket but may be unable to pay the full cost of care.

As a public safety net system, Harris Health's revenue sources are consistent with how large government-owned and -operated safety-net health systems are funded. Sources include patient revenues, Medicaid supplemental payment programs, taxpayer funds and other small sources such as philanthropic donations. The patient revenue is primarily derived from government-supported or -administered healthcare programs (Medicaid, Marketplace plans for individuals and Medicare).

Fiscal Year 2020 Revenue by Funding Stream

In Fiscal Year 2020, Harris Health generated revenue of nearly $1.7 billion. Patient billings, primarily from Medicaid and Medicaid supplemental payments, were approximately 52% of this revenue. Because Harris Health provides care to a disproportionately large share of Harris County residents who are uninsured or have Medicaid coverage, it qualifies for Medicaid supplemental payments to help cover the cost of uncompensated care, providing access to vital services and supporting graduate medical education. Approximately 45% of total revenue came from an ad valorem property tax. The remaining 3% includes investment income, tobacco settlement funds and revenue from activities other than patient care.

Dependence on Governmental Revenue Streams

Because Harris Health's revenue streams are so closely tied to government funding sources—Medicaid patient revenue, Medicaid supplemental payments, taxpayer subsidies—the level of its continued funding is always a source of public discussion and potential risk. As the pandemic continues to affect the Texas and national economy, the Affordable Care Act's future remains uncertain. With the Texas DSRIP waiver's expected end, Harris Health's funding streams will continue to face public scrutiny and may be at risk for reduction. However, what remains certain is the need for Harris Health to continue ensuring low-income individuals receive high-quality healthcare.

MEDICAID SUPPLEMENTAL PAYMENTS

- Uncompensated Care (UC)
- Disproportionate Share Hospital program (DSH)
- Delivery System Reform Improvement Program (DSRIP)
- Network Access Improvement Program (NAIP)
- Uniform Hospital Rate Increase Program (UHRIP)
- Graduate Medical Education (GME)

Philanthropy

While the primary driver of revenue, as outlined above, is related to patient revenue, Harris Health needs to consider taking better advantage of philanthropic opportunities for funding special projects. Harris Health currently has an affiliated foundation whose performance should be evaluated periodically using benchmarks to determine the effectiveness of fundraising efforts in support of the organization.

THE HEALTHCARE LANDSCAPE

While developing a strategic plan, Harris Health must be aware of the impact of a changing healthcare landscape. Strategies for future success need to be informed by current realities and likely developments both locally and nationally.

The U.S. has been grappling with the growing percentage of gross domestic product (GDP) consumed by health expenditures for several decades. In 2019, the most recent year reported by the Center for Medicaid Services, National Health Expenditure Data, 17.7% of the U.S. GDP was spent on health. This was a 4.6% increase from 2018. Efforts to bend the growth curve have included Medicare programs designed to change payment models and incentivize improved outcomes. Many state Medicaid programs and commercial payers have followed a similar path. Health systems have participated in pilot programs of bundled payment models, safety/quality reporting and attempts to improve the patient experience.

More recently, healthcare systems with population responsibilities and payments are beginning to collaborate with community organizations in recognition that preventing disease is the only way to decrease the high costs of treating advanced chronic diseases. As payments decrease for acute care and margins become tighter for those not yet succeeding with new payment models, many health systems are looking at mergers and acquisitions to attain scale. These consolidations are intended to cover costs and obtain the capital necessary to stay current with technological advancements required to be competitive. With long-term interest rates at historical lows, health systems with borrowing capabilities, including other Texas public health systems, have used this strategy to fund necessary capital investments. The healthcare sector faces constant economic challenges and regulatory complexity as well as great opportunities for innovation and transformation of care delivery.

Economic Challenges and the Pandemic

During 2020, in addition to the normal pressures on health systems, the pandemic caused by COVID-19 has eaten even further into revenue. The CARES Act funding provided some relief; however, given the slow rollout of the COVID-19 vaccine, hospital systems can anticipate many more months of dealing with the pandemic's impact.

The pandemic has also caused unprecedented economic pressure on the federal government, the State of Texas, its counties and individual municipalities. Potential reductions in government funding sources need to be considered and planned for as the economy bounces back.

Shifting Regulatory Priorities

The healthcare industry is complex and highly regulated. The Medicare program, which provides reimbursement for services to older adults, is federally funded. Medicaid programs are partially funded by individual states that are free to design their programs to meet their residents' needs within certain guidelines, the interpretation of which has changed through administrations and shifting priorities. By electing not to expand Medicaid, Texas continues to have the highest number and per capita rate of uninsured in the United States. Conversely, if Medicaid was expanded in Texas, it is estimated that an additional 223,700 Harris County residents would be eligible and 167,500 would be likely to enroll. This would result in approximately $950 million in new federal funding to cover Medicaid expansion in addition to the $105 million state contribution.

The Patient Protection and Affordable Care Act, passed in 2010, provided relief for health systems in terms of decreasing the number of uninsured individuals in the U.S. Those living between 100 and 400% of the federal poverty level have become eligible for a government subsidy to purchase health insurance in the Marketplace. To varying degrees by state, this has led to fewer uninsured and less reliance on local taxpayer funding to support safety-net institutions, which serve a disproportionate share of the under and uninsured. Harris Health has been a leader in encouraging patient enrollment in Marketplace products, subsidizing payments for many Harris County residents who previously were uninsured.

Opportunities for Innovation and Transformation

Financial success for health systems is increasingly determined by how effectively prevention is addressed, while still delivering high-quality, complex medical care. Support of mental health and substance use disorder treatment, partnerships with public health and other prevention-oriented partners and a strong primary care network are all necessary to improve the health of the population and control total costs. Fortunately, innovative yet proven prevention approaches are available such as the diabetes prevention program (DPP) and diabetes self-management education and support (DSMES) that are now covered by many insurers in recognition of their long-term positive impact. Similar proven interventions exist for smoking cessation, infectious disease control, other chronic disease and healthcare events such as readmissions to the hospital.

The last decade has also seen an explosion of innovation in healthcare beyond prevention. Technology has played a key role in transforming how patients both seek and receive care, leading to a recognition that telehealth can meet many needs. The pharmaceutical industry has developed innovative treatments that prolong life and enhance the quality of life for millions, including the unprecedented, rapid development of effective vaccines and treatments to combat the COVID-19 pandemic. Last, but equally important, payers—both public and private—have invested billions of dollars in helping the healthcare system transform from fee-for-service payment to value-based payment that reflects the quality and outcomes of services provided. Harris Health is well positioned to succeed in adapting to new payment models, given its imperative to control costs while improving quality and patient experience among a largely uninsured population.

Harris Health's future success and sustainability are dependent on the ability to strategically address the challenges of the changing healthcare landscape in this strategic plan.

HARRIS HEALTH'S IMPORTANCE TO THE COMMUNITY

Care of the Uninsured and Underinsured

Harris Health plays an outsized role in meeting the needs of Medicaid and uninsured patients in Harris County. Its two hospitals combined have 617 total inpatient beds, which comprise 6.6% of the licensed inpatient beds in Harris County. However, in Fiscal Year 2020, Harris Health provided inpatient treatment to:

- Medicaid – 16.3 percent of Harris County's adult patients who have Medicaid
- Uninsured – 21.4 percent of Harris County's adult patients who are uninsured

More than 82% of Harris Health's hospitalized patients annually have Medicaid or are uninsured. As a public hospital system, the percentage of Harris Health's share of Medicaid and uninsured patients is much higher than other Harris County hospitals. Further, according to the Front Line Hospital Alliance, it is higher than any member hospital in the entire country.

The Harris County Commissioner's Court recently proposed that Harris Health assume responsibility for providing healthcare to those in custody at the Harris County Jail. Caring for this population would be consistent with the Harris Health mission to provide care for the uninsured and underserved community members. A study completed in December 2018 that outlines the considerations for the transition of this care to Harris Health is being updated and will be used to help inform the decision. Should the Commissioner's Court move forward and task Harris Health with providing these services, it will require significant resources and time to make a seamless changeover and assure continuous care is available to these inmates without reducing patient services elsewhere in the system.

Major Service Lines at Harris Health

Harris Health served more inpatients than any other individual hospital in Harris County in 2020 in eight of its top 12 service lines for patients with Medicaid and in nine of its top 12 service lines for uninsured patients. In three service lines—general surgery, gynecology and HIV—Harris Health served more patients with any form of insurance than any other hospital in Harris County.

Harris Health's Market Position in Harris County by Service Line (inpatient discharges): FY2020, all ages

	Harris Health Percent of Discharges			
Service Line	**Overall**	**Medicaid**	**Uninsured**	**Other Key Market Leaders**
General Medicine	5.8%	13.6%	17.5%	Houston Methodist
Obstetrics	7.7%	12.6%	5.4%	The Woman's Hospital, Texas Children's, HCA Northwest, UT Medical Branch, St. Joseph, HCA West, MH Southwest
General Surgery	7.9%	13.0%	26.3%	Houston Methodist
Cardiology	5.2%	20.1%	15.7%	Houston Methodist, Willowbrook, MH Northwest
Orthopedics	3.3%	18.2%	37.0%	Texas Orthopedic, Houston Methodist, MH Memorial City, St. Luke's Willowbrook
Neurology	5.0%	13.4%	17.3%	Houston Methodist, MH Texas Medical Center (Medicaid)
Oncology	16.5%	26.8%	60.0%	MD Anderson, Texas Children's (Medicaid)
Gynecology	10.6%	16.4%	43.7%	
Trauma	10.9%	18.5%	21.0%	Texas Medical Center (all), Texas Children's (Medicaid)
Urology	8.4%	23.0%	35.3%	Houston Methodist
HIV	12.7%	35.3%	33.6%	

Trauma Services

Trauma services at Ben Taub have a national reputation for excellence, consistently ranking among top trauma centers in the country when analyzing quality of care data as part of the American College of Surgeons Trauma Quality Improvement Program (TQIP). This affords Harris Health the ability to attract top medical school graduates interested in emergency medicine and surgical specialties focused on trauma. It also attracts and helps to retain expert faculty to train students and residents.

As one of only two adult Level I trauma centers in Harris County (which, according to the American College of Surgeons is not enough to serve Harris County's large and growing population) demand for trauma services is high at Ben Taub. However, Ben Taub is often forced to go on trauma diversion due to a lack of infrastructure to support patient care. Specifically, Ben Taub often goes on trauma diversion due to a lack of available medical/surgical/telemetry, intermediate or intensive care beds. This issue must be addressed to assure Harris County residents' access to Level I trauma care.

Teaching

Harris Health plays a significant role in the education of the future healthcare workforce for Harris County and the state. Training occurs for physicians through the two affiliated medical schools. In fact, one in seven physicians practicing in Texas trained at Baylor College of Medicine.[1] Additionally, 66% of residents who trained at the University of Texas Health Science Center at Houston in 2013 were still practicing in Texas in 2015.[2] Moreover, the American Academy of Medical Colleges reports that in 2018, Texas ranked fourth in the country for retention by retaining nearly 60% of the physicians who completed their residency in the state, and this is reflected in the number of medical staff members at Ben Taub and LBJ who completed their residency programs at Harris Health.

[1] www.tshaonline.org
[2] www.data.utsystem.edu/metricdesc

PROJECTING FUTURE NEEDS

Harris Health plays a crucial role in providing care to vulnerable populations in Harris County.

Harris County has a total population nearing 5 million with one of every four people living in a family with an income below 150% of the federal poverty level (2018 US Census data). Of these individuals living below 150% of the federal poverty level, 33.6% are uninsured and 61% are enrolled in Medicaid. Most of these Medicaid enrollees are children under the age of 18, a population largely served by other providers.

Harris County Medicaid and Uninsured Population (2018 U.S. Census Data projected to 2020 using Texas Demographic Center population estimates)

Population	Number of People in Harris County
Medicaid* (under age 65)	834,636
Uninsured	943,466
Under 150% of Federal Poverty Limit (FPL)	1,269,835
Uninsured and under 150% FPL	462,418

*Enrollment in Medicaid in January 2020 was significantly below this number but is rising and may be higher than these 2018 projections in 2021 as a result of changing economic conditions.

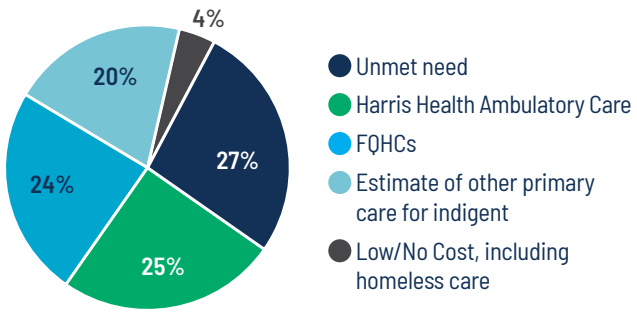
Healthcare Needs of the Population

Accessing healthcare is very challenging in Harris County for people with low income, particularly those without health insurance. This reality was expressed in all stakeholder interviews in some form. Public health data reveals some of the consequences of barriers to accessing healthcare, including poor diabetes control, avoidable hospitalizations and higher mortality rates in lower-income census tracts. Uninsured patients coming in for late-stage disease, including cancer, is all too common, and each is a painful reminder of these access challenges.

Determining the amount of healthcare resources needed to adequately address these challenges is complicated and is more fully explained in the appendix titled "Appendix on Population Need and Capabilities of Facilities to Fulfill Need." However, the following key findings inform the strategies for Harris Health's future.

Projected Need for Primary Care

An estimated 1.27 million people in Harris County live below 150% of the federal poverty level (150 FPL). Harris Health is estimated to provide primary care that could fill 25% of this population's primary care needs while FQHCs in total have a calculated capacity to serve an additional 24%. An unknown amount of primary care for those under 150% FPL occurs in other care settings such as private practices and hospital clinics, with 20% shown as a reasonable estimate.



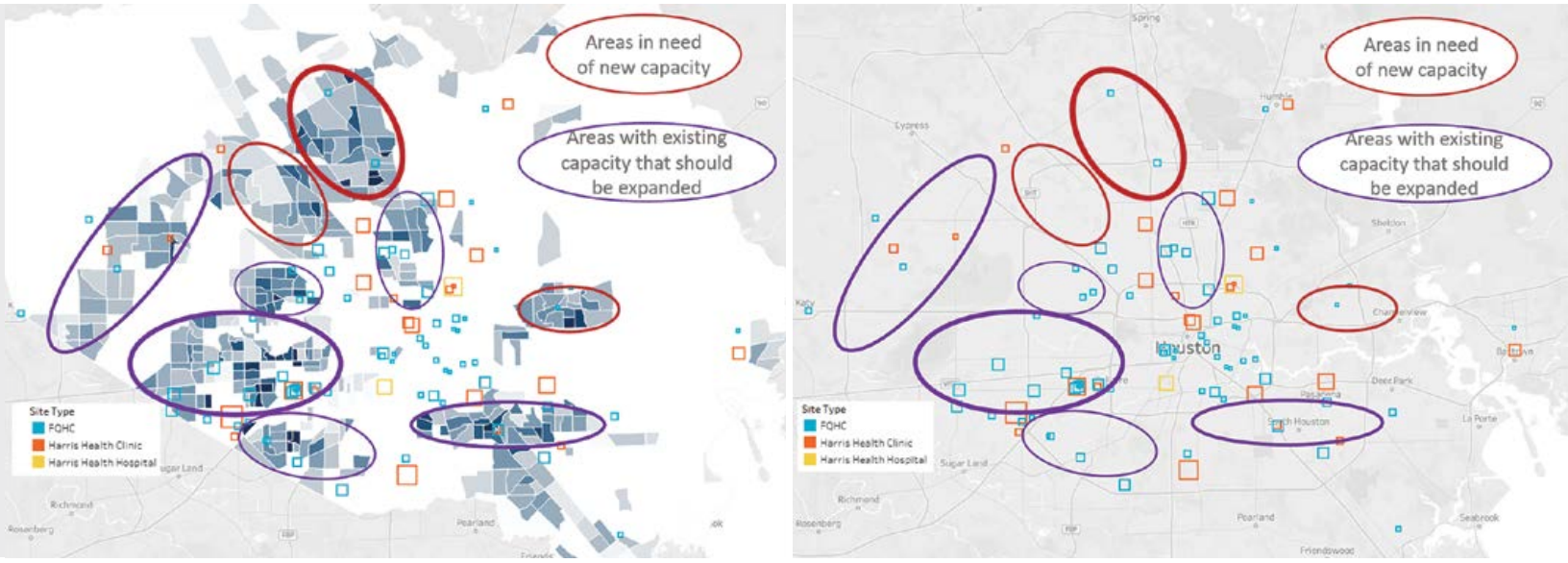
Percentage of Primary Care Provided in Harris County by Institutional Type

This leaves an estimated 27% of the population (approximately 344,000 people) with their primary care needs unmet. This unmet need plus projected population growth results in the 20-year need for 464 additional primary care provider FTEs to fully meet the needs of the population under 150% FPL.

For Harris Health to simply maintain the 25% current share of primary care coverage for the population, 67 additional FTEs of primary care will need to be added over the next 20 years. At a current approximate cost of $300,000 per primary care FTE (a blended rate for physicians and midlevel providers that includes salaries, benefits and overhead), this would result in an increased cost to the organization of over $20 million per year by the 20th year. If Harris Health elects to cover a greater percentage of the 464 additional primary care provider FTEs needed, this cost will increase accordingly. In conjunction with adding primary care FTEs, Harris Health could explore outsourcing some amount of primary care to FQHCs or other primary care entities.

In addition to needing more primary care providers overall in Harris County, there are specific areas of the county in which significantly more primary care is required to address the needs of the low-income population. The maps below indicate areas in the northern and eastern regions of the county (banded in red) in which new primary care capacity is needed. Areas banded in purple in the south and west regions of Harris County represent areas with existing primary care sites (Harris Health and/or non-Harris Health sites) that could be expanded to meet the need. Finally, there are some Harris Health primary care sites in areas with relatively lower need and with significant capacity provided by other providers, suggesting consideration of moving the site of service or redistributing primary care providers from those clinics to other higher-need areas.

Primary Care Need in Harris County



The map on the left shows areas with higher unmet primary care need (density of blue) circled with thickness of line showing the amount of need within the circled area. The map on the right shows the same areas with roads and towns visible.

Projected Need for Outpatient Specialty Care

Harris Health's specialty care needs are defined using a smaller population: all uninsured below 150% FPL and the inpatient market share for both Medicaid and Medicare below 150% FPL. This total is 614,376 people in Harris County.

Harris Health provides about 40% of the need for this population with approximately 178 FTEs of ambulatory specialty providers. Unfortunately, there are fewer alternatives for specialty services than for primary care because FQHCs do not generally have specialists on staff and are often looking to Harris Health to provide these services for their patients. Uninsured patients have difficulty accessing private specialists, and a large portion of the needs of the remaining 60% of this population go unmet. Moreover, each specialty within Harris Health meets a different amount of the total identified need. For instance, outpatient cancer treatment meets 73% of the need for the identified population whereas orthopedics meets 11%, reflected in very difficult ambulatory access for orthopedic patients who do not have urgent and/or severe needs.

The need for additional specialists is also evidenced by internal data indicating significant wait lists for clinic visits related to ophthalmology, urology, gynecology, pulmonology, endocrinology, otolaryngology and other specialties. Further, specialists are needed to help address backlogs for procedures such as colonoscopies. Wait times for an initial visit can be as high as four to six months for many specialties. If Harris Health does not invest in additional ambulatory specialty resources, then in 20 years the need met would fall from 40% to 28% as the population grows. Significant investment is required to meet a higher percentage of the need of this defined population's need, as indicated in the table below. Cost per provider FTE is estimated using a blended rate for all specialties (salaries, benefits and overhead) and would be modified based on the specific types of specialists Harris Health adds. Costs of space and incremental Harris Health clinical and support staff are not included.

Specialty FTE Sensitivity Analysis

	Specialist FTEs Needed in 2040	Percentage of Specialty Need Met	Incremental Annual Cost for Specialist FTEs
If current FTEs maintained	178	28%	$0
If current percentage of need met maintained	247	39%	$34.5M
If FTEs increased to meet 50% of need	315	50%	$68M
If FTEs increased to meet 70% of need	441	70%	$131M
If FTEs increased to meet the needs of the population in full (100%)	630	100%	$225M

Harris Health may also consider continuing to outsource some portion of this specialty need to private sector specialists with capacity to accommodate additional volume. The cost impact of the potential outsourcing for additional specialty services will have to be determined.

Projected Need for Hospital Beds

As is the case with primary care and ambulatory specialty care, Harris Health's 617 licensed beds are insufficient to serve the population. The current gap and future bed needs are analyzed with two different methodologies in the appendix titled "Appendix on Population Need and Capabilities of Facilities to Fulfill Need." The first method considers the same population definition used for the ambulatory specialty care analysis. The second method considers Harris Health's current market share and the number of patients for whom Harris Health currently needs to request an external transfer because of insufficient beds and/or other resources. Using these methodologies, the current gap between capacity and need is 138 to 144 beds.

Additionally, and importantly, both Ben Taub and LBJ hospitals are over 30 years old and reaching the end of their useful life. Infrastructure issues, particularly on the LBJ campus, frequently contribute to a reduction in available hospital beds, causing the hospitals to go on diversion and be unavailable to care for the community. This issue has become particularly acute during the COVID-19 pandemic. Analysis from architectural and engineering consultants indicates it is more practical and feasible to replace these facilities than to renovate them.

As Harris Health develops a comprehensive facility plan for both campuses, it must consider both its immediate and future bed needs. While the current gap in acute care beds is 138 or 144 beds depending on the methodology used, in both methods, Harris Health will need just over 400 additional beds by 2040. Additionally, Harris Health should consider the services offered on both hospital campuses in the short and long term. Specifically, Harris Health should consider the addition of cardiac catheterization and neurosurgical capabilities on the LBJ campus.

Using an average of the two models to determine the incremental beds needed now, in 2025, in 2030 and in 2040, total acute care bed needs are indicated below in the table below. A new hospital can be expected to cost about $1.5 million per bed or $240 per day per bed at 1.5% interest for 20 years. Although the capital cost is undoubtedly high, current interest rates and the life of a new building could make construction less expensive than outsourcing care by paying for beds in other hospitals in the county for the next 20 years and beyond. Support from the Harris County Commissioners and Harris County taxpayers will be of the utmost importance as Harris Health pursues the replacement of Ben Taub and LBJ and the addition of the inpatient beds needed to support hospitalization needs. Additionally, Harris Health will need to explore new revenue streams and enhanced philanthropic efforts to support this need.

Estimated Total Acute Care Bed Needs and Construction Costs for Replacement Hospitals

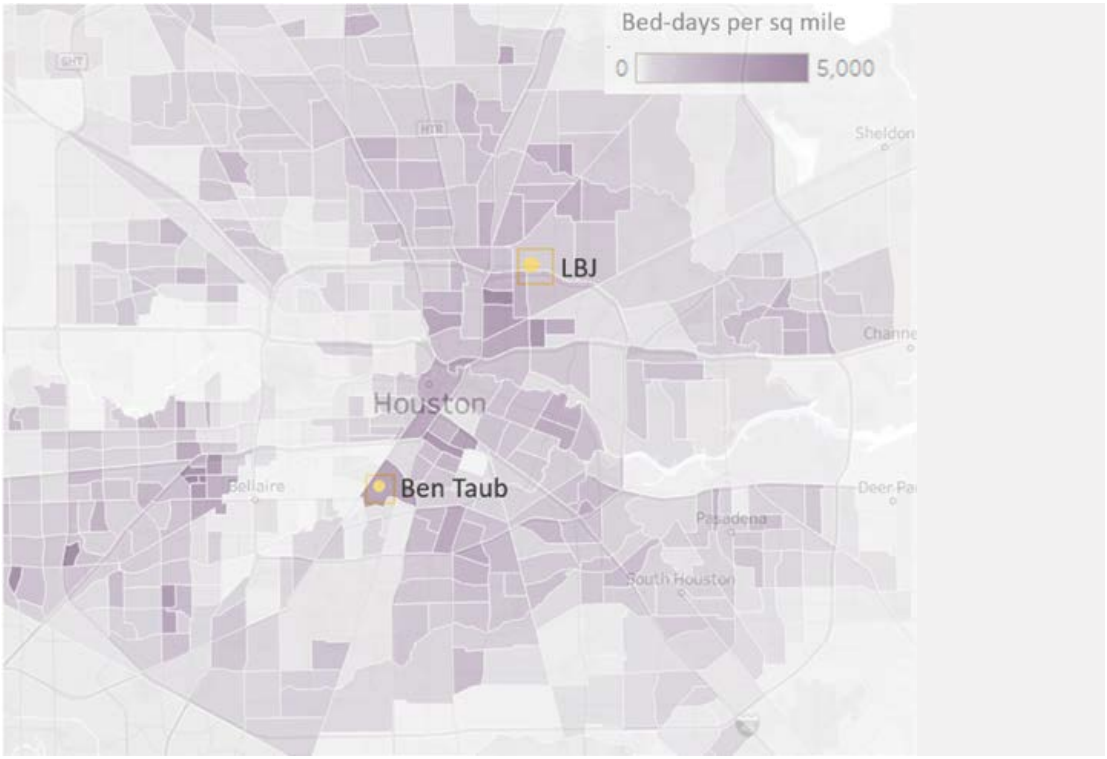
Year	Total Acute Care Bed Needs	Estimated Construction Cost for Replacement Hospitals
2020	758	$1.137 billion
2025	824	$1.23 billion
2030	891	$1.336 billion
2040	1,029	$1.543 billion

*These costs do not account for the additional providers and staff needed to operate new, larger facilities.

The optimal number and location of Harris Health hospitals are also a major consideration. Although this will be finalized in a comprehensive facility plan to be completed in the first year of this strategic plan, location considerations will include:

- Where current Harris Health patients reside (see map below). The bed days indicate the number of days in which a person stayed overnight in a hospital.
- Academic partners and the need to support robust teaching and training.
- Locations of trauma events and trauma centers to reduce time to treatment.

Bed Days Per Square Mile in Harris County



LBJ is currently located in an area with a high number of bed days (indicating a high need for inpatient services). However, Ben Taub's location could be reconsidered given that there is a high number of bed days among the Medicaid and uninsured population in the southwest part of Harris County. Moreover, Ben Taub's proximity to Harris County's only other adult Level I trauma center indicates a need to consider a location that would provide greater geographic distribution of the Level I trauma centers and promote more timely access to care in an emergency.

Psychiatric beds are also critical, and analysis shows a significant and growing gap in the number of beds needed. The current gap in the number of psychiatric beds needed to serve the Harris County population under 150% of the FPL (approximately 1.2 million people) is 62, and estimated to grow to almost 200 beds by 2040. Lack of inpatient psychiatric beds in the community results in many patients being held for admission for long periods in Ben Taub's (and to a lesser extent, LBJ's) Emergency Center. In partnership with others in the community, Harris Health will need to perform further analysis across the continuum of behavioral healthcare to determine the right balance of investments between more psychiatric beds and other behavioral health services such as substance use disorder.

Social Determinants of Health

Harris Health remains committed to partnering with other community-based organizations to address social determinants of health such as food insecurity, health literacy, vocation training and economic empowerment. These initiatives are long-term and require investment of resources that may not yield results for a number of years. While the significance of these initiatives cannot be overstated, it is also important to note that many will have minimal impact on healthcare utilization and costs in the immediate and short term. Similar to addressing the social determinants of health contributing to the poor health of the community, lack of access will have to be addressed in partnership with other healthcare and non-healthcare community-based organizations.

Improving Access

Addressing access issues related to primary care, specialty care and inpatient care will have the most immediate impact on the community's health. In Fiscal Year 2021, Harris Health is projected to spend almost $50 million on outsourced services:

- 36% on post-acute care services such as rehabilitation, long-term acute care, hospice and skilled nursing
- 27% on inpatient services (due to an insufficient number of beds at Ben Taub and LBJ)
- 17% on ambulatory services such as dialysis, sleep studies and colonoscopies
- 13% on inpatient behavioral health services
- 7% on other services such as durable medical equipment and home health

Although outsourcing of services is helpful to address immediate needs, Harris Health must determine the types and volumes of services it should outsource in the future as part of its strategy to meet community need. A more detailed study on the feasibility and economic impact of outsourcing versus insourcing these services will be conducted as part of the financial strategic planning process.

HARRIS HEALTH'S STRATEGIC PILLARS

When this strategic plan was created, Harris Health had embedded diversity, equity and inclusion goals within the five original strategic pillars (quality and patient safety, people, one Harris Health, population health management and infrastructure optimization).

In 2023, in recognition of Harris Health's significant efforts toward advancing an equitable and inclusive environment for patients, employees and the community, Harris Health chose to create a sixth pillar specifically for diversity, equity and inclusion. Strategic Pillar 6 was established with its own set of goals, objectives, measurements and tactics to articulate the actionable steps Harris Health will take both immediately and in the future. It includes five focus areas: talent, health equity, Minority-owned Women Business Enterprises (M/WBE), leadership and governance, and community engagement.

The goals and objectives for each of the six pillars will serve as the means by which the organization measures its success over the next five years in achieving its mission to improve the health of those most in need in Harris County. The tactics listed are designed to assist Harris Health in achieving the stated goals and objectives.

Pillar 1: Quality and Patient Safety

Aim

Harris Health will become a high-reliability organization (HRO) with quality and patient safety as a core value where zero patient harm is not only a possibility but an expectation.

Goals

1. Eliminate never events and high-harm reportable events.
    a. Measurement:
        i. Reduction in the safety event rate (high-harm and never events) per 10,000 adjusted patient days
2. Eliminate preventable hospital-acquired conditions.
    a. Measurement:
        i. Reduction in the rate of hospital-acquired conditions per 1,000 discharges (per condition)
3. Create and permeate throughout the organization a just and accountable culture.
    a. Measurement:
        i. Reduction in voluntary employee turnover

Objectives

1. Increase transparency of information and learning to identify and resolve system issues while addressing human error, at risk or reckless behavior.
    a. Measurement:
        i. Increase in the number of safety huddles completed
        ii. Improvement in employee engagement survey score for "we follow a rigorous system of checks and balances that prevent error"
2. Increase staff willingness to report events that impact or could impact patient safety.
    a. Measurement:
        i. Improvement in National Database of Nursing Quality Indicators score for "consider root causes of adverse events or errors rather than placing blame" within the interprofessional domain
3. Develop and implement an enterprise risk management (ERM) framework to address safety/quality risks throughout the organization, including those identified by third-party consultants and accrediting and regulatory bodies.
    a. Measurement:
        i. Improvement in the percentage of identified safety/quality risks, including those identified by third-party consultants and accrediting and regulatory bodies, for which alternative risk techniques are implemented, monitored for sustainability and adjusted as necessary

Tactics

- Implement a systemwide safety campaign focused on transparency, education and culture change.
- Create a crosswalk document for safety/quality consultant recommendations and ensure compliance.
- Identify a set of time-sensitive, high-risk conditions and develop transfer arrangements for such conditions with both internal and external partners.
- Measure and report timeliness of electronic incident reporting system (eIRS) review and resolution.
- Identify and fully utilize appropriate benchmarking for quality metrics (e.g., Vizient) and take actions to meet/exceed quality and patient safety benchmarks.

Pillar 2: People

Aim

Harris Health will enhance the patient, staff and provider experience by actively listening to feedback and developing strategies to address high-impact areas of opportunity. Moreover, Harris Health will develop a culture of respect, recognition and trust with its patients, staff and providers.

Goals

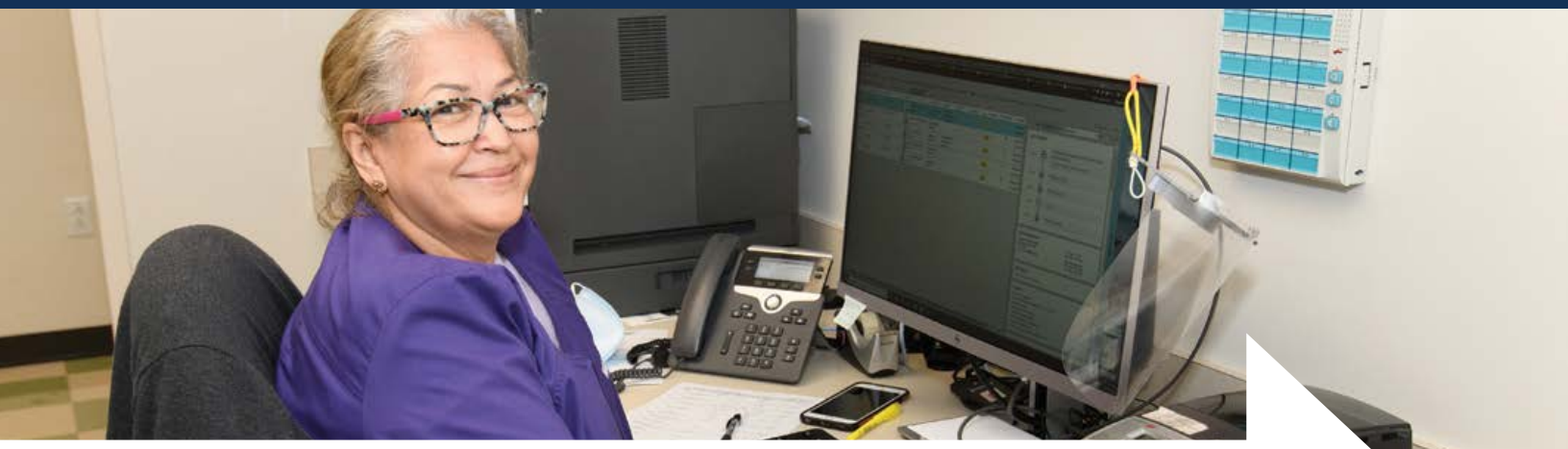
1. Enhance employee and provider engagement.
    a. Measurements:
        i. Improvement in employee engagement score for "overall rating as a place to work"
        ii. Improvement in employee engagement score for "this organization's work environment is accepting and supportive of people with diverse backgrounds"
        iii. Improvement in medical staff engagement score for "overall workplace experience"
2. Improve patient experience.
    a. Measurements:
        i. Improvement in patient experience score for "overall rating of hospital" (inpatient)
        ii. Improvement in patient experience score for "recommend facility" (ambulatory)
        iii. Expanded membership for patient family advisory councils (PFAC) and an increase in the number of system and pavilion committees with PFAC representation

Objectives

1. Improve employee retention.
    a. Measurement:
        i. Reduction in the overall rate of turnover for employees with less than two years of tenure
2. Decrease provider burnout.
    a. Measurement:
        i. Improvement in medical staff engagement score for "would recommend workplace"
3. Demonstrate a culture of patient-centered care that values dignity and respect for patients we serve.
    a. Measurement:
        i. Increase in the percentage of patient-centered care staff that is bilingual

Tactics

- Implement a nursing strategic plan that increases nursing retention and promotes professional growth.
- Communicate and execute a patient experience action plan.
- Communicate and execute an employee engagement action plan.
- Communicate and execute a physician engagement action plan.
- Enhance existing patient and family advisory councils and create new councils where needed.
- Expand opportunities for staff and leadership development.
- Enhance the Nursing Center of Excellence.
- Enhance the Language of Caring program to include scripting focused on patients, employees and providers.
- Enhance the effectiveness of philanthropic efforts and implement initiatives to increase community awareness and donor giving in support of the mission.



Pillar 3: One Harris Health

Aim

Harris Health will act as one system in its approach to management and delivery of healthcare.

Goals

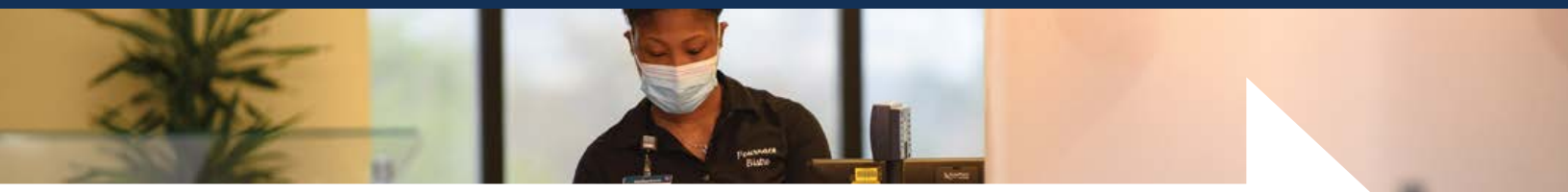
1. Maximize efficiency and effectiveness of care.
    a. Measurements:
        i. Improvement in percentage of discharge orders before 11 a.m.
        ii. Improvement in percentage of hospital discharges within two hours of orders
        iii. Improvement in the percentage of operating room first-case, on-time starts
        iv. Improvement in operating room block utilization
        v. Improvement in emergency center left-without-being-seen rates
        vi. Improvement in timeliness of intrasystem transfers
2. Minimize variation and waste.
    a. Measurements:
        i. Improvement in the percentage of on-contract (GPO) items procured
        ii. Increase in validated cost savings from product standardizations

Objectives

1. Implement a service line management approach and create consistent evidenced-based approaches to clinical care.
    a. Measurement:
        i. Increase the number of developed service lines with clinical care pathways
        ii. Reduction in no-show rate in developed service lines to improve timeliness of care
2. Create consistent policies and procedures across the entire organization.
    a. Measurement:
        i. Improvement in the number of delinquent policies/procedures/standing delegated orders/standing medical orders
3. Achieve a 2% operating margin.
    a. Measurements:
        i. Overall operating margin
        ii. Increase in medical services revenue

Tactics

- Integrate more fully the Ben Taub, LBJ and Ambulatory Care platforms in terms of clinical care and operational processes.
- Annually, build a comprehensive approach for at least three service lines (to include clinical, operational and financial performance).
- Improve delivery of care in the emergency centers.
- Redesign Transfer Center and Bed Management processes to improve efficiency and effectiveness.
- Evaluate cost/benefit/effectiveness of clinical and operational outsourced services.
- Develop case-level revenue and cost reporting.



Pillar 4: Population Health Management

Aim

Harris Health will measurably improve patient health outcomes by optimizing a cross-continuum approach to health that is anchored in high-impact preventive, virtual and community-based services, deployed in coordination with clinical and social services partners, and underwritten by actionable population health analytics and technology.

Goals

1. Optimize primary care to improve outcomes and control costs/avoidable utilization while enhancing the patient experience.
    a. Measurements:
        i. Decrease in inpatient admissions for avoidable diabetes complications
        ii. Improvement in the percentage of patients due for a diabetic foot exam with a completed exam
        iii. Improvement in the percentage of patients due for a diabetic retinopathy exam with a completed exam
        iv. Improvement in the number of patients due for a HbA1c lab with a completed lab
2. Provide equitable access to care and improve quadruple integration of care (primary care and specialty care, physical health and mental health, acute care and post-acute care, healthcare and social care).
    a. Measurements:
        i. Increase in the number of available inpatient beds (in-house or through contracted services)
        ii. Reduction in time to third next-available appointment (primary care) to improve timeliness of care
        iii. Reduction in average wait times and/or wait list volume by ambulatory specialty to improve timeliness of care
3. Promote rigorous, evidence-based approach to care delivery innovation that methodically evaluates the impact of interventions on quality, costs and access.

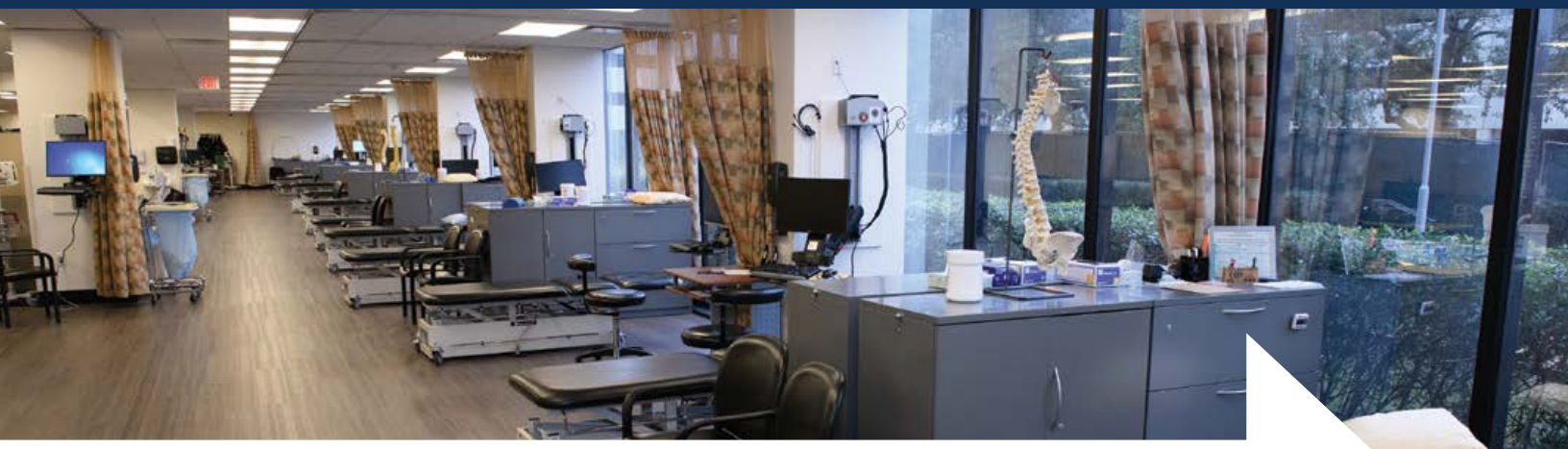
a. Measurements:
    i. Improvement in diabetes composite risk score for Food Farmacy graduates
    ii. Improvement in patient activation scores for chronic disease management enrollees
    iii. Improvement in number of visits for patients enrolled in a chronic disease model for which a pre-visit chart review is completed

Objectives

1. Expand and optimize virtual care.
    a. Measurements:
        i. Increase in the percentage of active patients participating in virtual care
        ii. Increase in the number of active chronic disease patients participating in available remote monitoring
        iii. Decrease in the number of same-day virtual care requests unfulfilled
        iv. Improvement in the time to third next-available virtual care appointment
        v. Improvement in the telehealth no-show rate
2. Expand and optimize partnerships with healthcare and non-healthcare community partners to improve the health and wellbeing of this community.
    a. Measurements:
        i. Decrease in the rate of food insecurity among Food Farmacy graduates
        ii. Improvement in fruit and vegetable intake among Food Farmacy graduates
        iii. Improvement in nutrition knowledge/disease management self-efficacy score among Food Farmacy graduates
        iv. Improvement in HbA1c level among Food Farmacy graduates

Tactics

- Establish a comprehensive strategy to address social determinants of health in our patient population.
- Identify disease processes with the highest impact on our patient population and create care models that diminish that impact.
- Identify geographic locations/populations with the highest need for Harris Health services and create partnerships and support or create care centers, both in-person and virtual.
- Optimize and expand, where appropriate, telehealth.
- Address multi-visit patients (MVP) issues internally and in partnership with other health systems.
- Enroll an increasing number of Harris Health uninsured patients in ACA.
- Work in collaboration with Community Health Choice to develop a comprehensive referral network.
- Expand IT services (including the use of the Epic EMR) and work with key FQHCs and non-FQHC community-based clinics to create interfaces that support seamless information exchange to improve care coordination and patient outcomes.
- Establish a transition plan and determine resources needed to assume care for those in custody at the Harris County Jail.
- Create and expand community-based telehealth access points.



Pillar 5: Infrastructure Optimization

Aim

Harris Health will invest in and optimize infrastructure related to facilities, information technology (IT) and telehealth, information security and health informatics to increase value, ensure safety and meet the current and future needs of the patients we serve.

Goals

1. Ensure viable, safe and efficient physical infrastructure for serving our patients.
    a. Measurements:
        i. Increase in the number of implemented risk management strategies for high-risk utility failures
        ii. Increase in the number of sites with ENERGY STAR certification
        iii. Reduction in the number of inpatient beds unavailable due to infrastructure issues (through internal and external partnerships)
2. Ensure up-to-date, effective and safe IT and Information Security infrastructure.
    a. Measurements:
        i. Improvement in the number of network intrusion attempts blocked
        ii. Improvement in the number of categories in which Harris Health obtains a maturity level of 3 or higher in the National Institute of Standards and Technology (NIST) Cybersecurity Framework (CSF)

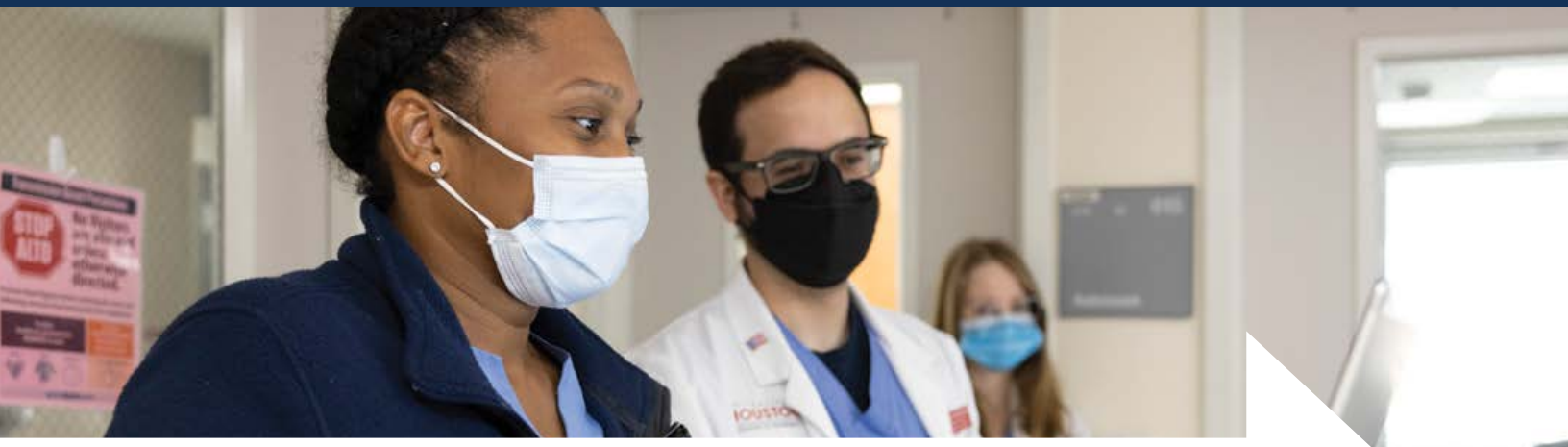
3. Create a five-year capital plan that complements the five-year strategic plan and the five-year strategic financial plan.
    a. Measurements:
        i. Completion of a five-year capital plan by March 1, 2022
        ii. Completion of a five-year financial plan by March 1, 2022

Objectives

1. Complete facility master plan for LBJ and Ben Taub hospitals.
    a. Measurements:
        i. Completion of phase 1 plans by March 2021
        ii. Completion of phase 2 plans by September 2021
2. Complete facility master plan for community clinics.
    a. Measurement:
        i. Completion of master plan by March 2022

Tactics

- Develop a long-term master facilities plan for Harris Health to include inpatient and ambulatory care facilities.
- Develop a detailed facilities plan to determine the hospital replacement facilities necessary to meet the statutory mission of the system as well as the optimal number and location of outpatient access points.
- Clearly define the primary and specialty care populations served by Harris Health.
- Engage with community primary care providers to create a network that maximizes the ability to meet the primary care needs of the population served by Harris Health.
- In partnership with MD Anderson, design, build and operate a cancer center on the LBJ campus.
- Develop an IT infrastructure plan that emphasizes agility to allow for quick adoption of changing technology.
- Develop a plan to provide technology to the community (to include FQHCs and non-FQHC community-based clinics).
- Explore the ability to utilize philanthropy to augment funding for new infrastructure.



Pillar 6: Diversity, Equity and Inclusion (DEI)

Aim

Harris Health will ensure equitable access to high-quality care for patients, foster a diverse and inclusive workplace, cultivate and sustain strategic relationships with suppliers and community partners, and broaden its reach and understanding of the communities it serves.

FOCUS AREA: TALENT

Goal

Enhance the employee and provider experience (from recruitment to retirement) by advancing diversity, equity and inclusion, through policies, practices, values and organizational culture.

Objective

Ensure talent acquisition policies, practices and procedures provide equal opportunities for diverse applicants and strive to close representation gaps at all levels.

a. Measurements:
    i. Increased numbers of diverse applicants for positions and opportunities across the system
    ii. Improved employee engagement score for "this organization's work environment is accepting and supportive of people with diverse backgrounds"
    iii. Increased Employee Resource Group (ERG) membership and engagement
    iv. Increased DEI knowledge, awareness, competencies or skills to meet DEI performance objectives

Tactics

- Train C-Suite leaders on Executive Search policy.
- Create internal executive recruiter position and fully support.
- Create internal training program for under-represented high-potential candidates.
- Advance DEI training for recruiters, hiring managers, panelists and others engaged in talent acquisition.
- Enhance Human Resources assessments, including employee engagement and performance evaluations, to identify and measure DEI.
- Evaluate internal mobility, transfer of position or promotion practices to ensure DEI measures.
- Enhance recruitment-to-retirement DEI policies and practices.
- Develop a DEI Strategist Team to advance DEI policies, practices and competencies across the system.
- Develop ERG SynERG program to enhance leadership development and strategic DEI advocacy and support among ERG leaders and members.

FOCUS AREA: HEALTH EQUITY

Goal

Advance health equity for employees and patients through promising practices, procedures and policies that ensure equitable care, benefits and resources, and which address disparities through culturally and linguistically appropriate care that is both high-value and patient-centered.

Objectives

1. Examine data to identify disparities in the health and well-being of employees and patients based on race/ethnicity, geography, language, income and other social determinants of health.
    a. Measurements:
        i. Increased staff engagement in Harris Health wellness and benefits
        ii. Enhanced Race, Ethnicity, Gender, Age and preferred Language (REGAL) data capture to reflect diversity, equity and inclusion
        iii. Expanded language access, health literacy and culturally competent care resources and services
2. Develop capacity as a minority-serving institution to research health disparities and social determinants of health, understand root causes of health disparities and disseminate best practices uncovered through research-based publications.
    a. Measurement:
        i. Increased and promoted DEI based research and publications

Tactics

- Develop strategic partnerships to address social determinants of health.
- Promote and engage employees in health equity opportunities, resources and programs.
- Expand the collection, reporting and analysis of health equity data.
- Strategically advance a health equity framework.
- Advance a benefits equity audit.
- Advance opportunities to share emerging or existing research.

FOCUS AREA: MINORITY/WOMEN OWNED BUSINESS ENTERPRISES (M/WBE)

Goal

Demonstrate success in the growth of M/WBEs in doing business with Harris Health by addressing marketplace barriers through education, information and collaboration.

Objective

Increase M/WBE participation with Harris Health contracting opportunities.

a. Measurements:
   i. Review of 100% of contracts for M/WBE opportunities
   ii. Increased overall spend with M/WBEs
   iii. Increased M/WBE community outreach efforts
   iv. Create educational and capacity programs

Tactics

- Identify marketplace barriers for conducting business with Harris Health.
- Review internal purchasing policies and provide training for internal stakeholders.
- Set M/WBE goals on eligible contracts where appropriate.
- Monitor contracts with M/WBE goals to ensure M/WBE utilization and payments.
- Develop and promote M/WBE resources on website.
- Develop an M/WBE outreach plan and improve capacity building programs.
- Identify M/WBE strategic recruitment industries, sectors and opportunities.
- Recognize successful Harris Health M/WBE vendors and contractors.

FOCUS AREA: LEADERSHIP & GOVERNANCE

Goal

Ensure leaders at all levels understand and promote the vision and case for DEI and guide initiatives, resources, policies and practices that are designed to increase diversity and equity in the workforce, create and maintain an inclusive workplace, advance M/WBE objectives, and deliver equitable patient care.

Objectives

1. Develop and implement results-oriented and innovative DEI resources, practices and strategies for Harris Health leadership based on actionable data and promising practices.
2. Develop programs and resources for aspiring internal DEI leaders across the system.
    a. Measurement:
        i. Improved level of knowledge, competencies and capacities amongst Harris Health leadership to advance DEI objectives throughout the system

Tactics

- Develop a DEI leadership toolbox that includes training, resources and coaching on how to advance and sustain DEI.
- Develop and advance a DEI communication plan that promotes DEI understandings, acknowledgements, lessons learned, testimonials, goals and resources.
- Prioritize DEI training and resources for both patient-facing and non patient-facing employees.
- Promote self and organizational DEI assessment tools and resources for all employees.
- Connect DEI to One Harris Health competency framework.
- Recognize, celebrate, and acknowledge individuals effectively advancing DEI.

FOCUS AREA: COMMUNITY ENGAGEMENT

Goal

Promote Harris Health across Harris County as an equitable and inclusive employer and innovative leader in DEI healthcare.

Objectives

1. Expand academic and community partnerships to enhance and promote DEI workforce pipeline and talent acquisition initiatives, programs and resources.
    a. Measurements:
        i. Increased number of pipeline partnerships
        ii. Increased number of official community partnerships that help advance health equity
2. Enhance communication that promotes Harris Health as a leader in healthcare
    a. Measurement:
        i. Increased awareness of decision makers and influencers of the value Harris Health provides to all Harris County residents.

Tactics

- Engage Patient and Family Advisory Councils and community alliances to advance DEI pipeline initiatives and resources.
- Identify organizations and entities that are currently helping to advance health equity such as urban farms, schools and local nonprofits.
- Increased investment in marketing, advertising and social media targeting communities of color providing reliable, timely and relevant healthcare information and resources.
- Create new tools and utilize existing tools such as annual report and economic impact report that can be shared with elected and appointed officials, and influential institutions such as GHP, Rice University Kinder Institute and other organizations to help tell the story of Harris Health.

ACKNOWLEDGMENTS

Harris Health would like to express its deepest appreciation to all who contributed to this strategic plan. Over 3,100 Harris Health staff and providers, along with leaders and community stakeholders provided input to inform the strategic planning process.

This strategic plan reflects Harris Health's ongoing commitment to fulfilling its mission in Harris County, and the contributions of these stakeholders are essential to plan the next steps for responding to the people who count on Harris Health.

This is an independent strategic plan developed by Harris Health with consultation from Health Management Associates.

About Health Management Associates (HMA): Health Management Associates is an independent national research and consulting firm specializing in publicly funded healthcare. HMA provides technical assistance, resources, decision support and expertise and works across disciplines to support clients in addressing healthcare's challenges.

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