



# UNIVERSITY MEDICAL CENTER OF EL PASO

## **Community Health Needs Assessments & Implementation Plans**

**2016 – 2018**

*Pursuant to § 501 (r) of the Internal Revenue Code and IRS Notice 2011-52, this 501(r) report is provided for the year ended September 30, 2016. Questions and/or comments regarding UMC's Community Health Needs Assessments and/or Implementation Plans may be directed to: Catherine Gibson, MBA, CHC, [cgibson@umcelpaso.org](mailto:cgibson@umcelpaso.org), or Oscar Perez, [oscar.perez@umcelpaso.org](mailto:oscar.perez@umcelpaso.org), UMC Compliance Office, 1400 Hardaway, Suite 333, El Paso, TX 79902, (915) 521-7523.*

## **ADDENDUM RELATED TO 2016 CHNA**

As an update to the assessment and plan pursuant to section 501 (r) of the Internal Revenue Code, this 501 (r) report ADDENDUM is provided for the year ended September 30, 2016.

University Medical Center of El Paso (“UMC”) continues to work with the health community and regional health partners (“RHP”) as established by the Texas Healthcare Transformation and Quality Improvement Program in 2011. This infrastructure has served UMC well in assessing and addressing community needs for healthcare. In addition, it has created opportunities to continue to address those healthcare disparities in this region. This addendum will serve as an update to these efforts.

The five year Texas Healthcare Transformation and Quality Improvement Program is now preparing for renewal and has been granted a 15 month transition period (October 01, 2016 through December 31, 2017). In preparation for the next 5-year cycle of the Texas Healthcare Transformation and Quality Improvement Program, UMC and the Texas Health and Human Services Commission (“HHSC) will require a major healthcare needs assessment for the region which will be required to be submitted by June 2017. Through the activities described below, UMC obtained public input regarding the health needs of the community as required by 501(r) and compared current input and data with the Community Health Needs Assessment conducted in 2012 (Tax year 2013). Through this process, UMC has determined that the major community needs that were identified in the previous CHNA are still present and no significant additional needs have been identified.

UMC El Paso sponsored a session of public input and comment on those initiatives set forth in the attached document. This public session took place on July 22, 2015 and was moderated by the Texas Health and Human Services Commission. Input was obtained primarily from El Paso Medical Society; Texas Tech University Health Sciences Center; El Paso Department of Public Health; Las Palmas/ Del Sol Medical Center; Emergence Health Network; Providence Memorial Hospital; Sierra Providence East Medical Center; El Paso Children’s Hospital; El Paso City Government and El Paso County Commission.

University Medical Center continues to meet monthly with the RHP and discuss the progress and metrics of the established projects. Twenty three Regional Healthcare Partners (RHP) meetings and 12 learning collaboratives (Diabetes Care and Behavioral Health) have been held since 2014. These RHP meetings discussed and solicited feedback and data on all healthcare delivery system reform projects in the region. Detailed minutes of these meetings are available on the UMC website.

As identified through the continued Regional Health Partnership and Learning Collaboratives, the community needs (CN) for University Medical Center of El Paso continue to be as outlined and prioritized below:

1. (CN.1) Primary Care Access Deficiencies
2. (CN.2) Specialty Care Deficiencies
3. (CN.3) High Rates of Diabetes related Conditions
4. (CN.4) High Incidence of Obesity
5. (CN.5) Behavioral Health Care Shortages
6. (CN.6) Other Needs and Challenges

To meet these healthcare priorities the projects identified for each community need (CN) are currently underway and will continue:

CN.1

Project #	Community Need No. 1 - Primary Care Shortages
138951211.1.2	Electronic Medical Records
138951211.1.3	Establish More Primary Care Clinics UMC NHC West
138951211.1.4	Establish More Primary Care Clinics UMC NHC East
138951211.1.5	Expand Existing Primary Care Capacity – NHCs Ysleta and Fabens
138951211.1.8	Psychiatric Liaison Service - Provide Psychiatric Care, Counseling, and Nursing at UMC
138951211.1.9	Medical Interpreter and Cultural Literacy
138951211.2.4	Enhance/Expand Medical Homes: NHC Medical Home Expansion
138951211.2.8	Develop Surgery Guidebook for Patients and RN Advice-Line
13891211.2.101	Home Based Medical Care - Tender Care

CN.2

Project #	Community Need No. 2 - Secondary and Specialty Care
138951211.1.1	Expanded Residency and Fellowship Programs
138951211.1.6	Establish Nurse Residency and Simulation Lab University Medical Center of El Paso (UMC)
138951211.1.8	Provide Psychiatric Care, Counseling, and Nursing at UMC -- Psychiatric Liaison Service
138951211.1.9	Medical Interpreter and Cultural Literacy (Replacement)
138951211.2.1	The Salvation Army, Redshield Health A Holistic Wellness Program for the Homeless
138951211.2.2	Rescue Mission / VNA Shelter Program for the Homeless
138951211.2.3	Discharge Facilitation/Navigation To High-Risk Patients
138951211.2.4	Enhance/Expand Medical Homes: NHC Medical Home Expansion
138951211.2.5	Expand Chronic Care Management Model Programs & Services at UMC NHCs
138951211.2.6	Establish a Coumadin Clinic at UMC Neighborhood Health Centers
138951211.2.7	Complete Hospice Care for Uncompensated Patients
138951211.2.8	Develop Surgery Guidebook for Patients and Corresponding Nurse Advice-Line
138951211.2.100	Improving Care and Outcomes of High Risk Newborns after NICU Discharge using the Patient Care Navigation Program

CN.3

Project #		Community Need No. 3 - Diabetes
138951211.2.2		Rescue Mission / VNA Shelter Program for the Homeless
138951211.2.3		Discharge Facilitation/Navigation To High-Risk Patients
138951211.2.5		Expand Chronic Care Management Model Programs & Services at UMC NHCs
13891211.2.101		Home Based Medical Care - Tender Care
RHP 15 - LC		RHP 15 Learning Collaborative on Diabetes

CN.4

Project #		Community Need No. 4 - Obesity
138951211.2.4		Enhance/Expand Medical Homes: NHC Medical Home Expansion
RHP 15 - LC		RHP 15 Learning Collaborative on Diabetes

CN.5

Project #		Community Need No. 5 - Behavioral Health
138951211.1.8		Psychiatric Liaison Service - Provide Psychiatric Care, Counseling, and Nursing at UMC

CN.6

Project #		Community Need No. 6 - Additional Needs Identified per Project
138951211.1.2		Electronic Medical Records
138951211.2.1		The Salvation Army, Redshield Health A Holistic Wellness Program for the Homeless
138951211.2.2		Rescue Mission / VNA Shelter Program for the Homeless
138951211.2.5		Expand Chronic Care Management Model Programs & Services at UMC NHCs
138951211.2.6		Establish a Coumadin Clinic at UMC Neighborhood Health Centers
138951211.2.7		Complete Hospice Care for Uncompensated Patients
138951211.2.8		Develop Surgery Guidebook for Patients and Corresponding Nurse Advice-Line
138951211.1.9		ED Lean Hospital Throughput Project

The projects continue pressing forward with meeting metric goals and implementing quality improvements. The Residency expansion projects for both physicians and nurses continue meeting patient impact goals for expanding specialty services and providing greater support to new nurses. The medical interpreter project diligently marketed its services to hospital units and developed greater rapport with staff. Skilled interpretation is being utilized more frequently thereby improving discharge communication and patient satisfaction scores. After hospital discharge, targeted patients are receiving greater support from navigators, from nurses by telephone, and by home health caregivers. All of these methods provide nursing services and coaching to patients who are recovering in their own homes and at greater risk of re-admissions. These efforts have resulted in an impressive reduction in the readmission rate for surgical patients. Two of the neighborhood healthcare centers were able to catch up on their carry forward metrics and are back on track for full metric achievement at the end of the year. Highlights include patient impact achievement for the Medical Home project and the expanded

use of electronic prescriptions for the high risk medications project. As for challenges during this reporting period, a variety of issues surfaced during project implementation. Some projects continue having difficulty with either hiring or retaining qualified staff, particularly when supply of candidates is scarce in the local market. When staffing changes occur there is a loss of familiarity with project details. These changes also triggered associated issues with information technology. Our tracking of quantifiable patient impact has encountered some difficulties due to systems upgrades. Increased volume of ED patients, along with ongoing remodeling of inpatient units, thwarted some of the time improvements sought by the throughput project as some units occasionally reported no beds available during this reporting period. With regard to lessons learned to date, the psychiatric liaison project has been more aggressive about working with community organizations on behavioral health issues. The home health project relies heavily on regular collaborations with caseworkers to improve processes and referrals. During this period, we are focusing heavily on improving discharge processes to reduce the all cause re-admissions rate. In conclusion, project implementation to date has focused attention on delivering and measuring improvements. During this round of reporting, some projects were able to successfully report achievement on their category 3 goal of improving the all cause readmission rate and the surgical readmission rate. Most other measures will be eligible to report in October. As transformations continue, we are finding that goal achievements have led to better communication and new process developments throughout our care delivery system.

# Introduction

Over the course of several recent years, University Medical Center of El Paso (“UMC”) has been working with a large and diverse group of local organizations and individuals to closely study community healthcare needs and prioritize solutions to better address them. These efforts included UMC’s participation in a collaborative Community Health Needs Assessment (“CHNA”) led by the City of El Paso Department of Public Health and the Paso Del Norte Health Foundation, a local nonprofit organization. At the conclusion of a series of workshops and period of analysis, two collaborative assessment reports were prepared dated March 24, 2011, and October 24, 2012, respectively.

Having assessed needs, UMC then worked on developing strategies to improve health care services for its patients and the community at large. In the summer of 2012, UMC engaged Halsa Advisors, a health care consultancy firm, to assist with development of a formal Strategic Plan that included long term goals (3-5 years) with proposed measures to assess progress and achievement. UMC’s organizational strategy included participating as anchor and provider in a new statewide Medicaid Waiver program along with other local organizations and hospitals. Based on partnership efforts, on November 14, 2012, UMC submitted a Regional Healthcare Partnership Plan for Region 15, (later amended on February 8, 2013), which included over 17 of its own projects, and 36 projects from other providers designed to address community needs. On January 14, 2013, UMC’s Board of Managers formally adopted the Strategic Plan including participation in the 1115 Waiver and the RHP Plan by unanimous vote of all members.

To comply with section 501(r) of the Internal Revenue Code, the following paper describes assessment findings and implementation plans of UMC. The original source material that includes assessment reports and strategic plans are cited in the text box below for anyone interested in learning greater details about these efforts. These reports are referenced throughout this paper and are incorporated as if fully reproduced herein.

List of Reports referenced throughout this paper:

- Regional Healthcare Partnership Plan – Region 15 (Feb. 8, 2013 and Nov. 14, 2012);
- Paso del Norte Regional Strategic Health Framework Report, Paso Del Norte Health Foundation and the City of El Paso Department of Public Health (October 24, 2012); and,
- Regional Strategic Health Framework PHASE ONE: Needs Assessment Report, Paso Del Norte Blue Ribbon Committee for a Strategic Health Framework (March 24, 2011).

HOW TO GET COPIES: These reports are available to the public on our website at [www.umcelpaso.org](http://www.umcelpaso.org) and may be downloaded electronically for no charge, or a printed copy may be requested from our Guest Services office at 4815 Alameda Avenue, El Paso, Texas 79905, (915) 521-7665.

## ***Gaining a Stronger Understanding of El Paso’s Healthcare Needs***

Many healthcare organizations, large and small, along with other parties strongly interested in community healthcare issues, joined in the efforts to assess healthcare needs of the area served by their organizations. The assessment included workshops and conferences held over many months at various locations to ensure wide participation and discussion of healthcare issues important to the community. The community under study primarily included residents living in El Paso County, as well as others from surrounding communities, to the extent that these residents interact regularly with the El Paso healthcare region.

Specifically, the area assessed included the population of El Paso County, or over 800,000 residents, who occupy over 1,000 square miles situated at the far west tip of Texas. Due to long distances to other healthcare centers or lack of specialties nearby, however, the service area of UMC also includes residents of Hudspeth County (pop. 3,500) and other New Mexico Counties (Doña Ana and Otero) and foreign residents, as El Paso County shares a state boundary with New Mexico and an international boundary with Mexico. The population is culturally diverse with over 80% of residents of Hispanic ethnicity. Thirty percent of residents experience linguistic isolation due to limited English proficiency (LEP). About one quarter of residents of the area of study live below the federal poverty level. As for those served by UMC of El Paso, the majority of patients, or nearly 65% of all patient encounters, come from persons either enrolled in Medicaid or are underfunded. Payor mix includes 20% Medicaid, 45% indigent, uninsured, and underinsured, and the remaining 35% Medicare and Commercial Insurance.

During the assessments, workshops were held with leadership of area hospitals as well as with many other healthcare providers, not-for profit organizations, local law enforcement officials, elected city and state representatives, academic leaders and military representatives, among others. These efforts were led by members of the Blue Ribbon Committee (“BRC”) established by the Paso Del Norte Health Foundation (“PdNF”) and the Health Department of the City of El Paso. In total, twenty work group sessions took place involving over 112 participants from the United States and 47 from Ciudad Juarez. In addition to reporting findings, these efforts also established the formation of a regional strategic health framework representing commitments by participants to work cohesively to improve healthcare delivery and outcomes for residents of the area. A full listing of all participants of the needs assessment is included in the body and appendix of the referenced reports.

During assessment workshops, participants not only studied data but also listened to people of a variety of backgrounds speaking out on issues of their highest concern. Sources included data from the U.S. Census Bureau, the CDC, the State of Texas, the El Paso Department of Public Health, County Health Rankings, among others, as well as from many international agencies in Mexico. To draw conclusions about the state of health of area residents, assessment participants compared local data to state and national benchmarks and to some international rankings. Findings were supplemented with community input as provided by interviews of key informants

to give further context to information. After identifying needs and shortages, the participants then worked with each other to rank and prioritize healthcare challenges followed by discussions of strategic solutions most viable given limitations of resources that are readily available within the community.

### *Ranking and Prioritizing Healthcare Challenges*

Findings of the BRC and its workgroups showed that residents of the area face health challenges in several key areas when statistics are compared to state and national levels. The top areas of greatest concern that emerged as priorities were: access to care, coordination of care, funding, and international cross border issues regarding healthcare. As for topics of concern, the following is a list of those that were studied:

- Immunization Rates
- High Teenage Pregnancy
- Low Prenatal Care Access
- Low Dental Care Access
- High Obesity Rates
- Low Access to Disease Detection
- Low Access Mental Health Services
- High Chemical Dependency
- Primary Care Shortages
- Specialty Care Needs
- Clinics/Urgent Care Needs
- Inpatient Care- Physician Needs
- Low Post-Acute Care Access
- Insurance – Low Access

The most pressing challenges of highest concern included the following: first, patients encountering difficulties in accessing timely healthcare services; second, high incidences of diabetes and obesity seen within the area population; and, third, challenges pertaining to access to mental health treatment.

Specifically, findings revealed significant problems with access to healthcare due to shortages of physicians and mid-level providers including physician assistants and nurse practitioners among other healthcare professionals. Many factors contribute to this problem including the challenge of communicating with a very diverse patient population. The culture of the region is unique and includes language barriers that strongly impact physician recruitment and retention. Area physicians experience high patient loads contributing to less individual attention and loss of opportunity to address preventive strategies. As a result, shortages exist with primary care and internal medicine physicians with a need for over 800 physicians identified when compared to state and national norms. Lack of primary care access very often leads to unnecessary complications or over-use of overburdened and expensive emergency departments. Additionally, when needed most, many specialties are not readily available in the area with the greatest needs seen in the specialties of psychiatry, emergency medicine, general surgery, cardiology, and neurology.



Findings of the assessment also revealed that area residents have a higher than average incidence of diabetes-related conditions leading to hospitalizations and chronic health challenges. Area shortages result in a lower rate of preventative screenings for early indicators of this disease and others. For example, in El Paso over 35% of adults had not had their cholesterol checked in five or more years, as compared to the national average of 22.5%. If not managed adequately, diabetes may lead to more serious conditions including heart disease, stroke, ketoacidosis and lower extremity amputations.

Along with diabetes, obesity is also a significant healthcare issue for area residents. In comparison to state and national figures, the El Paso area has a significantly higher rate of people per population that are classified as overweight or obese including a high number within the younger population. Obesity is connected to many chronic diseases including Asthma, COPD, Congestive Heart Failure, and other serious conditions. Wellness education and access to preventive care services increases awareness of healthy habits that positively affects healthcare outcomes.

The needs assessment also found that mental-health services are in far greater demand than readily provided in the area. Only half of area residents who need mental health treatment are able to access it on a timely basis. Mental illness leads to high treatment costs and represents a health risk to the community. Lack of behavioral health management may also lead to joblessness and unnecessary use of emergency facilities instead of preventive and primary care.

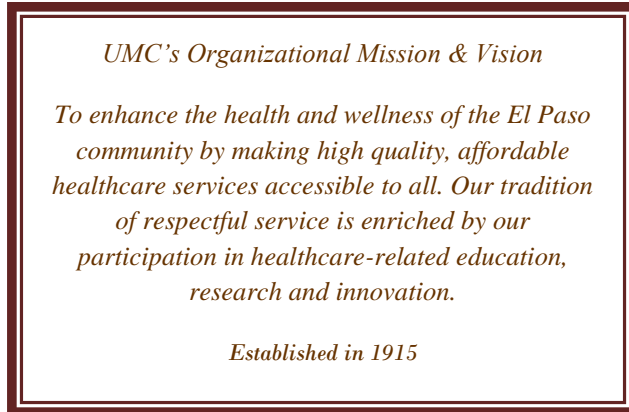
Finally, there are other needs identified by the CHNA that are placed into one last broad category named “other needs.” This category includes issues involving oral health, chemical dependency, funding, healthy sexuality/teen pregnancy or other distinct areas. Some of the other health challenges that were identified by the CHNA are not currently being addressed by UMC because they fall outside our expertise or scope of services.

In summary, the community health assessment showed major areas of concern of highest relevancy to University Medical Center as follows:

1. Primary Care Access Deficiencies
2. Specialty Care Deficiencies
3. High Rates of Diabetes related Conditions
4. High Incidence of Obesity
5. Behavioral Health Care Shortages
6. Other Needs and Challenges

## *UMC Strategies to Address El Paso's Healthcare Needs*

Having identified the most pressing challenges of the community, UMC next focused on formulating strategic responses giving consideration to the breadth and scope of resources on



hand within its hospital system. UMC is long recognized as the major safety net hospital of El Paso operating as a community-owned, not-for-profit healthcare system. Though significant portions of the people served by University Medical Center include many who qualify for Medicaid or other programs based on financial need, UMC welcomes and regularly treats area residents of all backgrounds and means, and also provides a wide range of services

including the only Level I trauma facility within a 280-mile radius of El Paso. Healthcare services reach beyond hospital based care extending into six fully staffed neighborhood health care centers (NHC's) newly opened and situated throughout the community. The hospital and the NHCs are all accredited by the Joint Commission, a recognized independent agency that certifies quality and performance standards of healthcare providers nationwide.

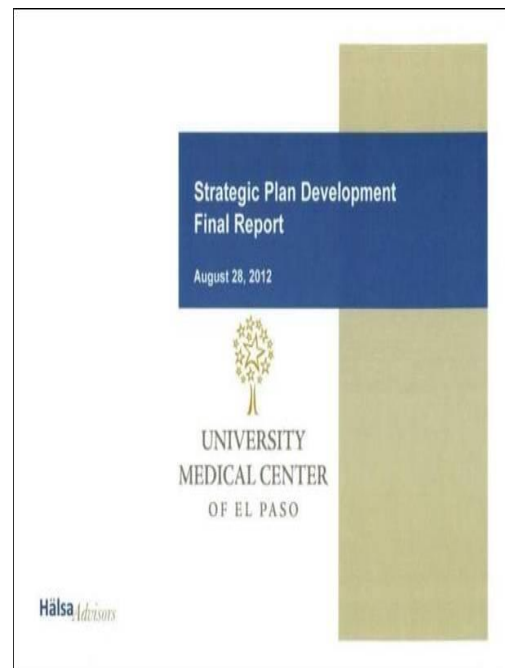
Beyond state of the art facilities, however, the University Medical Center system also includes valued academic partnerships that bring additional expertise and capabilities to the system. UMC has long served as the primary teaching institution of Texas Tech University's four-year Medical School in El Paso. Resident physicians receive post-graduate training in family practice, anesthesiology, psychiatry, internal medicine, pediatrics, surgery, emergency medicine, orthopaedic surgery, obstetrics & gynecology, and radiology.

Additionally, UMC maintains affiliation agreements with other important institutions of the area. Fort Bliss, for example, regularly schedules army physicians to work in the emergency department and intensive care unit of the hospital to ensure that doctors are maintaining readiness to treat traumatic injuries when not stationed in the field. Other ongoing affiliations regularly present within our facilities also include professionals with the University of Texas at El Paso, El Paso Community College, and other local organizations that provide allied health career training and education in this community. Having taken stock of resources available, UMC developed implementation plans to innovate and better address the needs identified by the assessments.

## Implementation Plans to Address Community Needs

Based on the assessment findings, UMC set priorities for action focused upon those challenges most frequently presented by patients currently seeking treatment and others in the area most likely to need certain care going forward. From these priorities, UMC then developed broad strategies as follows to address these healthcare needs taking into account the optimal use of resources of our system:

- Expand the Area Primary Care Network;
- Open New Outpatient Care Centers;
- Develop Senior Care Service Lines;
- Strengthen High Risk OB Services;
- Enhance UMC Clinical Areas;
- Enhance the UMC – Texas Tech professional relationship;
- Enhance patient experiences system-wide;
- Build upon UMC’s culture of quality improvement; and,
- Operationalize Medicaid 1115 Waiver and transform healthcare delivery.



These strategies were developed from a process that included interviews with leadership of UMC and Texas Tech's Medical School, as well as with El Paso County Commissioners and other interested constituents of the community. Market and demographic data including market share information was analyzed to formulate an assessment of UMC’s strategic position in the healthcare marketplace of the area. From this analysis emerged five broad goals: (1) Activate Broad Growth across multiple service lines; (2) Advance regional market presence and leadership; (3) Align with clinical partners around strategy, operations, quality and market development; (4) Differentiate from competitors by achieving a higher standard of quality and service; and, (5) Advocate for the poor and underserved patients focusing on reducing health disparities.

### *Implementing Medicaid 1115 Waiver*

To focus on reducing health disparities among poor and underserved areas of the region, UMC most recently began anchoring the region 15 healthcare partnership. This partnership interconnects area hospitals with public health officials, mental health providers, and academic leaders, among others, to design local projects funded by federal resources and intergovernmental transfers. El Paso's regional partnership joins with nineteen others like it participating throughout Texas in an incentive based program of activity that spans a five year period from October 2011 – September 2016. This waiver program provides for regional decision-making enabling local healthcare providers to design projects in a manner narrowly tailored to address community needs. These projects impact not only Medicaid-eligible patients, but also benefit many other residents, as most planned improvements transform healthcare delivery systems as a whole. Area hospitals participating with UMC include Las Palmas Del Sol Healthcare, Providence Memorial Hospital, Sierra East Medical Center, El Paso Children's Hospital and Emergence Health Network, which are joined by academic and public health providers from Texas Tech Health Science Center and the City of El Paso Health Department. Other organizations participating with UMC in waiver activities include the Salvation Army, Hospice of El Paso, the El Paso County Medical Society, the Rescue Mission and Tender Care Home Healthcare.

The regional partnerships implements delivery system reform that is supported by Texas officials and many interested parties statewide that review and approve activities at the federal level. Following a long political process, the U.S. Department of Health and Service Centers for Medicare and Medicaid Services (CMS) approved Texas' request to modify the state Medicaid system. As a result, in December 2011, the "Texas Healthcare Transformation and Quality Improvement Program ('1115 Waiver')" came into existence as administered by the state Health and Human Services Commission ("HHSC"). In accordance with section 1115 of the Social Security Act and pursuant to terms of the waiver, CMS funded initiatives designed to achieve three primary aims: (1) provide incentive payments for investments in reforms that increase access to healthcare, (2) improve health care quality of care, and (3) enhance health of patients served.

The 1115 Waiver funds a Delivery System Reform Incentive Payment ("DSRIP") program based on regional healthcare partnerships anchored by public hospitals or local governmental entities. UMC of El Paso serves as the public hospital anchoring the El Paso region for the partnership formally known as Regional Healthcare Partnership 15 ("RHP 15") based on the statewide boundaries set by HHSC. Over the course of the waiver term, the DSRIP funding allocation for RHP 15 alone will total over \$500 million, and, of this regional amount, over \$217 million has been allocated to University Medical Center of El Paso. These DSRIP funds are required by statute and other contractual terms to fund identified projects that are approved in an adopted plan based on community needs. The RHP plan for El Paso was first submitted in November

2012. It has been reviewed by state and federal officials and is on track to date with necessary approvals.

### *Anchoring El Paso's Regional Healthcare Partnership (RHP 15)*

To begin DSRIP implementation, in early March of 2012, officials of UMC and the other participating healthcare providers began meeting regularly to prepare its regional plan that would implement reforms designed to address El Paso's community needs. All meetings were scheduled in a manner open to the public and UMC consistently invited input and discussion from all in attendance. At the conclusion of these sessions, region 15 partners announced the following general objectives for implementation of DSRIP funding in the El Paso area:

- To increase access to primary care through the expansion of medical homes, primary care clinics, and more effective care navigation upon discharge;
- Provide the full continuum of healthcare services, including all aspects of healthcare, such as wellness, preventative care, emergent care, disease management, palliative and hospice care;
- Better manage patients with chronic diseases, such as Diabetes, CHF, Asthma, COPD, Epilepsy, Dementia, and Renal disease to help prevent unnecessary readmission and get patients the care they need to prevent, self-manage, and address in an appropriate setting;
- Provide patient education to ensure the population is accessing the right care in the right setting;
- Overcome language, socio-economic, and monetary barriers to accessing healthcare resources in the region;
- Increase the number of specialists and scope of services offered in the community;
- Address the issues of Diabetes and Obesity, as they represent major health concerns in Region 15; and
- Increase patient satisfaction through delivery of high quality, effective healthcare services.

### *RHP 15 Plan – Development and Implementation*

As regional anchor, UMC guided collaborative efforts of partners and key stakeholders to launch Waiver implementation within the greater El Paso community. To complete the formal plan, UMC first sought letters of participation from any entity or party in region 15 that expressed interest in joining the partnership as a performing provider, interested party, subcontractor, or stakeholder. Based on these letters, UMC developed an email distribution list to open and maintain lines of communication. UMC also established a website to house all of the RHP's public information and resources. As HHSC and CMS released Waiver documents they were circulated to partners and stakeholders and also added to the public RHP website.

Eventually region 15 partners developed an RHP Plan that initially included over 53 projects for the El Paso community designed to address the challenges identified by the Community Health Needs Assessment (CHNA). The region 15 plan and any supplemental documents pertaining to it are posted to UMC’s website and are publicly available without restrictions. As waiver implementation continues, Region 15 holds monthly meetings open to the public to provide information and address any concerns related to plan implementation. General meetings are also supplemented by a formal Learning Collaborative that is sharing data and collaborating on methods to improve treatment of persons diagnosed with diabetes. Diabetes was chosen for study as it directly addresses the high incidence of this disease found in the area as identified by the CHNA.

The projects of the regional partnership (RHP) focus on community needs as follows:

Identification Number	Brief Description of Community Needs Addressed through RHP Plan	Data Source for Identified Need
CN.1	<i>Primary Care</i>	<ul style="list-style-type: none"> <li>US- <i>Intellimed</i>. Nov. 2010 – Note: US physician supply removed physicians over age 65 to account for retirement.</li> </ul>
CN.2	<i>Secondary and Specialty Care</i>	<ul style="list-style-type: none"> <li>US- 1) <i>Intellimed</i> 2010 2) <i>AMA</i> 2010 – Note: US physician supply removed physicians over age 65 to account for retirement.</li> </ul>
CN.3	<i>Diabetes Management / Prevention / Care</i>	<ul style="list-style-type: none"> <li>Centers for Disease Control, <i>Estimates of Diabetes Burden by State</i>, available at: <a href="http://wonder.cdc.gov/wonder/sci_data/misc/type_txt/diab.asp">http://wonder.cdc.gov/wonder/sci_data/misc/type_txt/diab.asp</a>.</li> <li><a href="http://www.epdiabetes.org/index.php/about-us">http://www.epdiabetes.org/index.php/about-us</a></li> </ul>
CN.4	<i>Obesity Prevention / Health Promotion</i>	<ul style="list-style-type: none"> <li>Study conducted by the Strategic Health Intelligence Planning Group, “Assessment of Determinants of Health in the PdNHF Region; available at: <a href="http://www.pdnhf.org/images/PDFs/border-reports/regional-health-assessment-2007.pdf">http://www.pdnhf.org/images/PDFs/border-reports/regional-health-assessment-2007.pdf</a>.</li> <li><a href="http://borderzine.com/2011/06/childhood-obesity-in-el-paso-on-the-rise/">http://borderzine.com/2011/06/childhood-obesity-in-el-paso-on-the-rise/</a>.</li> </ul>
CN.5	<i>Behavioral Health</i>	<ul style="list-style-type: none"> <li><i>CDC: Youth Risk Behavior Survey, 2010.</i></li> <li>Source: Department of State Health Services <a href="http://www.dshs.state.tx.us/chs/default.shtm">http://www.dshs.state.tx.us/chs/default.shtm</a></li> <li><i>Tomaka L et al. Greater EL Paso Chamber of Commerce. Community Mental Health Survey. Institute for Health Policy and Economic Development. IPED Technical Reports 2008.</i></li> </ul>

Identification Number	Brief Description of Community Needs Addressed through RHP Plan	Data Source for Identified Need
CN.6	<i>Other Community Need, as Identified by the Performing Provider</i>	<ul style="list-style-type: none"> <li data-bbox="760 432 1466 491">• <i>To Be Determined by Provider to accommodate individual circumstances.</i></li> </ul>

*UMC DSRIP Projects Underway from 2013 through 2016*

Projects are underway at UMC to address the shortage of qualified primary care providers and related services in the El Paso area. This shortage refers to lack of services available on a timely basis in the broad area of medicine practiced by professionals in family practice, general practice, internal medicine, obstetrics and gynecology, and pediatrics. In addition to physician services, this level of care also includes other mid-level professionals such as nurses and physician assistants, among many others, that are integral components of providing this level of care.

To address this need, UMC has implemented nine projects ranging from expansion of its neighborhood health care centers (NHCs) to changing methods of care in the primary care services already established. DSRIP funds are helping establish or expand four NHCs and thereby bring primary healthcare for the entire family closer to areas where El Pasoans live and work. Additionally, funds are helping to develop innovative primary care services that extend hospital services far into the community beyond clinic facilities. For example, many high risk patients recently discharged from a hospital stay are receiving in-home care and coaching; other patients are communicating with nurses who are available seven-days-a-week by means of a nurse advice phone line; and, residents of two area shelters are receiving on-site nursing services and other interventions designed to promote wellness and earlier detection of disease.

Primary care services themselves are also changing at NHCs. Beyond expanding hours and adding space, NHCs are also forming medical home certified teams and creating chronic care programs designed especially for needs of heart patients and those managing diabetes. Electronic health records are being upgraded to include collaboration with national quality forums and professional associations to exchange data and learn about treatment improvements. All of these projects improve primary care access from the point of hospital discharge to days and weeks into the recovery period of patients in their own homes. Importantly, these services provide support when patients are most vulnerable thereby helping to avoid complications and recovery setbacks that lead to hospital re-admissions and more costly care. These nine projects are more fully described in the RHP plan posted on the website and are referenced as follows:



Project #		Community Need No. 1 - Primary Care Shortages
138951211.1.2		Electronic Medical Records
138951211.1.3		Establish More Primary Care Clinics UMC NHC West
138951211.1.4		Establish More Primary Care Clinics UMC NHC East
138951211.1.5		Expand Existing Primary Care Capacity – NHCs Ysleta and Fabens
138951211.1.8		Psychiatric Liaison Service - Provide Psychiatric Care, Counseling, and Nursing at UMC
138951211.1.9		Medical Interpreter and Cultural Literacy
138951211.2.4		Enhance/Expand Medical Homes: NHC Medical Home Expansion
138951211.2.8		Develop Surgery Guidebook for Patients and RN Advice-Line
13891211.2.101		Home Based Medical Care - Tender Care

As for specialty care, thirteen of UMC’s projects address shortages in the El Paso area or enhance specialty services. For example, two of these projects focus on educating, recruiting and retaining resident physicians and registered nurses. These projects expand residency slots and focus on improving professional retention rates for this area. Another project brings compassionate end of life care directly into hospital units to help support patients with a terminal illness. This palliative program brings specialty care to many patients who have historically been unable to access these types of services due to lack of funding.

Another navigation project in the specialty area focuses on prematurely born or low birth weight newborns. These fragile babies are now being closely monitored following their discharge to support their families in addressing any developmental delays or other pediatric issues that complicate their care. Additional specialty projects bring UMC services to persons residing in homeless shelters. The specialty care projects are more fully described in the RHP plan and referenced as follows:

Project #		Community Need No. 2 - Secondary and Specialty Care
138951211.1.1		Expanded Residency and Fellowship Programs
138951211.1.6		Establish Nurse Residency and Simulation Lab University Medical Center of El Paso (UMC)
138951211.1.8		Provide Psychiatric Care, Counseling, and Nursing at UMC -- Psychiatric Liaison Service
138951211.1.9		Medical Interpreter and Cultural Literacy (Replacement)
138951211.2.1		The Salvation Army, Redshield Health A Holistic Wellness Program for the Homeless
138951211.2.2		Rescue Mission / VNA Shelter Program for the Homeless
138951211.2.3		Discharge Facilitation/Navigation To High-Risk Patients
138951211.2.4		Enhance/Expand Medical Homes: NHC Medical Home Expansion
138951211.2.5		Expand Chronic Care Management Model Programs & Services at UMC NHCs
138951211.2.6		Establish a Coumadin Clinic at UMC Neighborhood Health Centers
138951211.2.7		Complete Hospice Care for Uncompensated Patients
138951211.2.8		Develop Surgery Guidebook for Patients and Corresponding Nurse Advice-Line
138951211.2.100		Improving Care and Outcomes of High Risk Newborns after NICU Discharge using the Patient Care Navigation Program

A third area of need for El Paso relates to the high incidence of persons diagnosed with diabetes. To address this health concern, UMC has at least four projects that address this need and also a



regularly scheduled learning collaborative that brings together healthcare providers from a diverse group of clinics to exchange ideas and hear from subject matter experts. The diabetes related projects include the following:

Project #		Community Need No. 3 - Diabetes
138951211.2.2		Rescue Mission / VNA Shelter Program for the Homeless
138951211.2.3		Discharge Facilitation/Navigation To High-Risk Patients
138951211.2.5		Expand Chronic Care Management Model Programs & Services at UMC NHCs
13891211.2.101		Home Based Medical Care - Tender Care
RHP 15 - LC		RHP 15 Learning Collaborative on Diabetes

Next, as for the fourth community need, the issue of obesity was identified by the assessments as occurring higher than average in the region. Therefore, the medical home expansion project and learning collaborative also address this healthcare challenge to improve patient health and fitness. UMC neighborhood healthcare centers are now incorporating diet and nutrition instructions into their medical home programs. Patients are being more closely monitored for signs of excessive weight gain and greater emphasis is placed on improving wellness during treatment sessions. Reduction of obesity helps with management of other conditions such as diabetes, congestive heart failure and asthma, among others.

Project #		Community Need No. 4 - Obesity
138951211.2.4		Enhance/Expand Medical Homes: NHC Medical Home Expansion
RHP 15 - LC		RHP 15 Learning Collaborative on Diabetes

As for the fifth community need identified, a new project at UMC is designed to address mental health care needs that are encountered during inpatient services. Some patients of UMC suffer from a secondary diagnosis of mental health in addition to a primary medical condition. To better address this complexity, UMC will be introducing a new program that adds psychiatric trained nurse liaisons to inpatient treatment teams for patients who need this type of support. These liaison nurses have expertise regarding mental health resources available in the area. As UMC patients recover from trauma or other medical conditions, the nurse liaison will also be initiating assessments and other processes to smoothly transition care to mental health services upon discharge. UMC’s behavioral health-related project is referenced in the RHP plan as follows:

Project #		Community Need No. 5 - Behavioral Health
138951211.1.8		Psychiatric Liaison Service - Provide Psychiatric Care, Counseling, and Nursing at UMC

Finally, as for the last category of health need, or the “other” need category, UMC has identified the projects that produce additional benefits for this catchall area. The projects are referenced as follows:

Project #	Community Need No. 6 - Additional Needs Identified per Project
138951211.1.2	Electronic Medical Records
138951211.2.1	The Salvation Army, Redshield Health A Holistic Wellness Program for the Homeless
138951211.2.2	Rescue Mission / VNA Shelter Program for the Homeless
138951211.2.5	Expand Chronic Care Management Model Programs & Services at UMC NHCs
138951211.2.6	Establish a Coumadin Clinic at UMC Neighborhood Health Centers
138951211.2.7	Complete Hospice Care for Uncompensated Patients
138951211.2.8	Develop Surgery Guidebook for Patients and Corresponding Nurse Advice-Line
138951211.1.9	ED Lean Hospital Throughput Project

*Transformation includes Efforts to Improve Quality*

Based on the terms and conditions of the DSRIP program, all of region 15 and UMC projects must include quality improvement measures and improvement targets. These quality measures ensure that healthcare delivery is actually improved for the population being served. Specific measures addressed by UMC projects include reduction of hospital readmission rates, reduction of catheter acquired urinary tract infections, improvement of patient satisfaction scores, improvement of retention rates among doctors and nurses in residency programs, as well as condition-specific measures such as improved control of blood pressure and cholesterol levels. The processes of the emergency department are also being addressed with goals set for improvement of time between patient arrival and departure from the emergency department including reduction of the time from when an admission decision is made and the time the patient is then transferred to inpatient areas. These quality measures require achievement of improvement over historic baseline rates, as compared to national standards, or compared to UMC’s past performance, in those cases where national standards have not yet been set.

Improvement measures apply to hospital-wide operations thereby benefitting all patients of the UMC system. With DSRIP participation, UMC will be reporting on measures that quantify the hospital’s performance with regard to potentially preventable admissions (PPAs) and potentially preventable complications (PPCs). With reduction in avoidable hospital visits, UMC can redirect its efforts to making lasting improvements to patient services that are needed the most.

*Conclusion*

As a premier academic healthcare system of the region, UMC of El Paso is focused on improving access to high quality healthcare services that improve the health and well-being of residents throughout the region in the coming years. Partnerships with Texas Tech University Health Science Center as well as other arrangements with the private physician community of El Paso and others have enabled UMC to provide a broad continuum of quality medical care, while also providing teaching opportunities to train the next generation of healthcare providers. Programs are also in place at UMC that support research into unique medical issues of our border community. Having identified the most pressing challenges of the community, UMC has formulated a strategic response to issues giving consideration to the breadth and scope of resources on hand within its hospital system. Lastly, strategies are now in place that will be

extending many services into fully staffed neighborhood healthcare centers. Primary care will transform to include navigator programs, shelter projects, home health care, and a nurse advice line available 24-hours-a-day, among other services. As a community-owned organization, UMC has embraced strategies that take into account its responsibility to invest in programs and facilities to better serve the El Paso community and provide improved healthcare benefits for all.