



UNIVERSITY MEDICAL CENTER OF EL PASO

Community Health Needs Assessments & Implementation Plans

2019 – 2021

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, 2019. Questions and/or comments regarding UMC's Community Health Needs Assessments and/or Implementation Plans may be directed to Michael Nuñez, CFO, michaelnunez@umcelpaso.org, or Oscar Perez,, oscar.perez@umcelpaso.org, UMC Administration, 4815 Alameda Ave, El Paso, TX 79905, (915) 544-1200.

*Approved by unanimous vote the University Medical Center of El Paso Board of Finance:
September 25, 2019*

Adoption Date: October 01, 2019

Implementation Strategy start Date: October 01, 2018

Introduction

Over the course of several 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 Paso Del Norte Health Foundation (“PdNF”), a local nonprofit organization. At the conclusion of a series of workshops and period of analysis, two collaborative assessment reports were prepared.

UMC continues to work with the health community and regional health partners as established by the Texas Healthcare Transformation and Quality Improvement Program (“Medicaid 1115 Waiver Program”). 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.

The Medicaid 1115 Waiver Program was approved by the Center for Medicare and Medicaid Services (“CMS”) on December 21, 2017 and extended the efforts through December 31, 2021. The renewed program will reflect the evolution from project-level reporting to core activities supporting outcomes that measure continued transformation of our healthcare system.

UMC sponsored a sessions of public input and comment on those initiatives set forth in the attached document. The public sessions took place on February 27, 2018 at UMC’s East and West Neighborhood Health Centers (“Neighborhood Health Centers”). Input was obtained primarily from Texas Tech University Health Sciences Center (“Texas Tech”); El Paso Department of Public Health; Las Palmas & Del Sol Medical Center; Emergence Health Network (“EHN”); Providence Memorial Hospital; Sierra Providence East Medical Center; El Paso Children’s Hospital, and other community providers, referred to as “Regional Healthcare Partnership” (“RHP”).

UMC continues to meet monthly with the regional health partners and discuss the progress and new quality bundle metrics establish with this new Medicaid 1115 Waiver Program. These meetings as well as focused learning collaboratives (Diabetes Care, Behavioral Health, and Health Information Technology) have been ongoing since 2014. Detailed minutes of these meetings are available on the UMC website under Regional Healthcare Partnership 15 (“RHP 15”) documents (<https://www.umcelpaso.org/about-us/region-15-rhp/learning-collaboratives>).

In 2016, the Coalition for a Healthy Paso del Norte (“the Coalition”) continued the work established by the Paso del Norte Blue Ribbon Committee (“the Committee”) for a Strategic Health Framework (“the Framework”) in 2011. These guiding principles were updated and

reaffirmed in the 2016 report. Furthermore, priorities and measurable objectives were identified for the region and serve as UMC's basis for metric bundle selections.

The Coalition's primary purposes is to establish shared health goals and objectives toward which organizations within the region may work, inform policy makers of regional health priorities, advance evidence-based strategies to improve health, and have a common health agenda for the region.

Having assessed gaps and needs, UMC then worked on developing strategies to improve health care services for its patients and the community at large. UMC's organizational strategy included participating as anchor and provider in the statewide Medicaid 1115 Medicaid Waiver program along with other local organizations and hospitals. Based on partnership efforts, on June 15, 2018, UMC submitted a new Regional Health Plan ("the Plan"), which included core activities designed to address community needs and outcomes. On March 8, 2018, UMC's Board of Managers formally adopted the 2018-2021 Strategic Plan, including participation in the Medicaid 1115 Waiver Program and the 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:

- A Healthy Paso del Norte Report, Dec., 2016
- Regional Healthcare Partnership Plan – Region 15 (June 15, 2018);
- 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 and may be downloaded electronically for no charge, or a printed copy may be requested from our Compliance office (915) 521-7490.

Understanding 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 (“the 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 the 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, UMC’s service area also includes residents of Hudspeth County (pop. 3,500) and other New Mexico Counties (Doña Ana and Otero) and foreign residents, as the 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. About one quarter of residents of the area of study, live below the federal poverty level. As for those served by UMC, 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 Committee and the City of El Paso Health Department. 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.

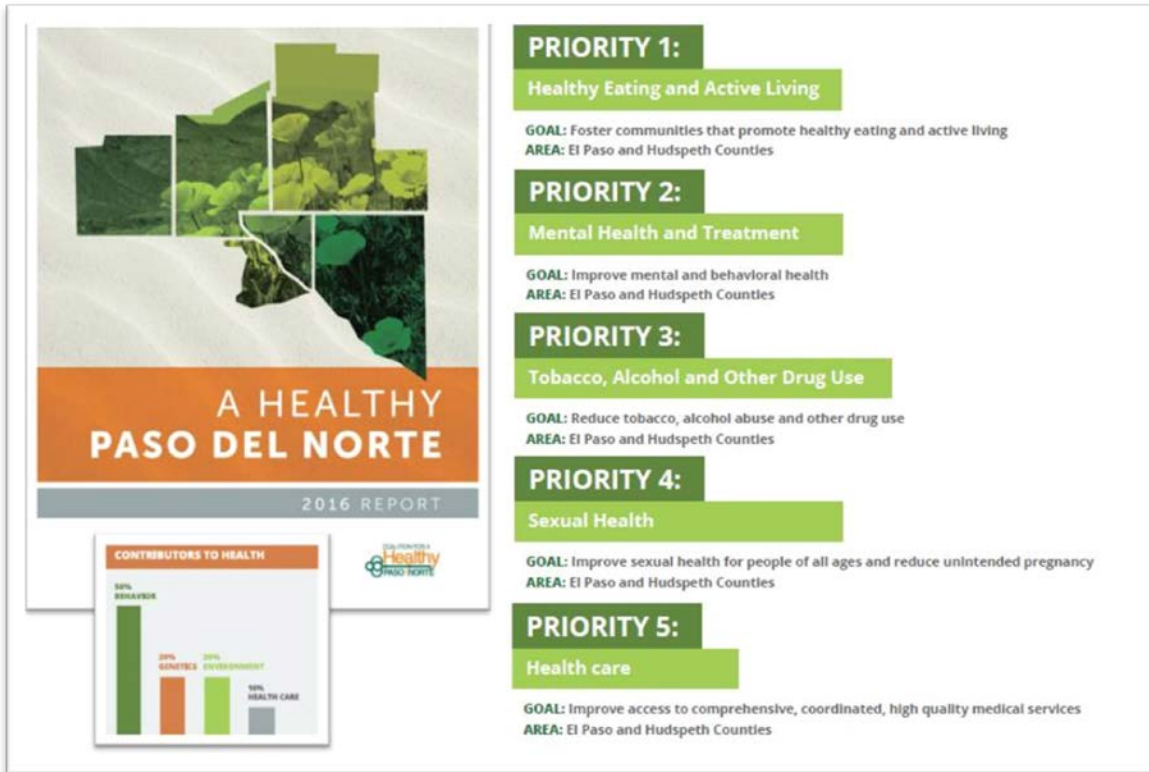
During assessment workshops, participants not only studied data but also listened to people of a variety of backgrounds speaking out on issues of their highest concern. Sources included data from the U.S. Census Bureau, the Center for Disease Control (“CDC”), the State of Texas, the El Paso Department 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

The Committee’s findings and its subsequent 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. These remain areas of concern for the El Paso region. 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

In 2015, a process to update the Framework was initiated. During the process, the regional health partners and the Coalition revised the priority areas, goals, and objectives. Because evidence-based strategies were available on the Healthy Paso del Norte website, the Coalition recommended eliminating strategies from the document. In addition, cosmetic changes, including changing the report title to A Healthy Paso del Norte 2016, were implemented. The regional health partners engaged community stakeholders from the region to verify Coalition changes and seek additional input. Three working groups were established in partnership with the Binational Health Council. Through this process, five priority areas were affirmed and the health objectives were modified.



In summary, the community health assessment continues to show major areas of concern of highest relevancy to UMC 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

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 UMC 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 270-mile radius of El Paso. Healthcare services reach beyond hospital-based care extending into the two new Neighborhood Health Centers situated on the East and West sides of El Paso. UMC and the Neighborhood Health Centers are 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, the UMC 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'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, orthopedic 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 and the regional health partners 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 UMC's system:

- Fully operationalize new neighborhood health centers;
- Strengthen high risk OB services;
- Initiate jail health services for El Paso County Detention Facilities;
- Integrate behavioral health support into new Neighborhood health centers;
- Enhance the UMC-Texas Tech professional relationship;
- Enhance patient experience system-wide;
- Improve LeapFrog score;
- Plan and begin implementation of region's only Burn Center;
- Seek funding for region's first mobile stroke unit;
- Pursue Comprehensive Stroke Center designation through the Joint Commission;

- Operationalize the Medicaid 1115 Waiver Program 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.

Continuing the DSRIP under the Medicaid 1115 Waiver Program

To focus on reducing the health disparities among poor and underserved areas of the region, UMC continues to lead the RHP. 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 the state of Texas in an incentive-based program of activity that began in October 2011 and continues today. This waiver program provides for regional decision-making enabling local healthcare providers to engage in core activities in a manner narrowly tailored to address community needs. These activities affect 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 EHN, which are joined by academic and public health providers from Texas Tech 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 RHP implement 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, CMS approved Texas' request to modify the state Medicaid system. As a result, in December 2011, the Medicaid 1115 Waiver Program came into existence as administered by the state Health and Human Services Commission ("HHSC"). In accordance with CMS's Medicaid 1115 Waiver Program terms, 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 Medicaid 1115 Waiver Program has funded a Delivery System Reform Incentive Payment ("DSRIP") program based on regional healthcare partnerships anchored by public hospitals or local governmental entities. UMC serves as the public hospital anchoring the El Paso region for

the partnership formally known as RHP 15 based on the statewide boundaries set by HHSC. Since its inception in 2012, 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 UMC. 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 first RHP 15 Plan was submitted in November 2012 and an updated RHP 15 Plan was submitted on June 15, 2018.

Anchoring El Paso's Regional Healthcare Partnership

During the early days of DSRIP implementation (March 2012), UMC officials 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 and continuing today, RHP 15 partners established the following general objectives as part of the DSRIP program in the El Paso area:

- 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;
- Manage patients with chronic diseases, such as Diabetes, Congestive Heart Failure, Asthma, Chronic Obstructive Pulmonary Disease, 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 support the continuation of the Waiver implementation within the greater El Paso community. To complete the updated plan submission UMC established a website to house all of RHP 15's public information and resources. As HHSC and CMS released Waiver documents they were

circulated to partners and stakeholders; added to the public RHP website and discussed at regularly scheduled meetings (last Wednesday of each month at 1:00pm MT).

RHP 15 participating providers developed an RHP Plan that addressed their needs as identified by the CHNA. The RHP 15 plan and any supplemental documents pertaining are posted on UMC’s website and are publicly available without restrictions. General meetings are also supplemented by formal Learning Collaboratives that share data and encourage collaborating on methods to improve healthcare delivery.

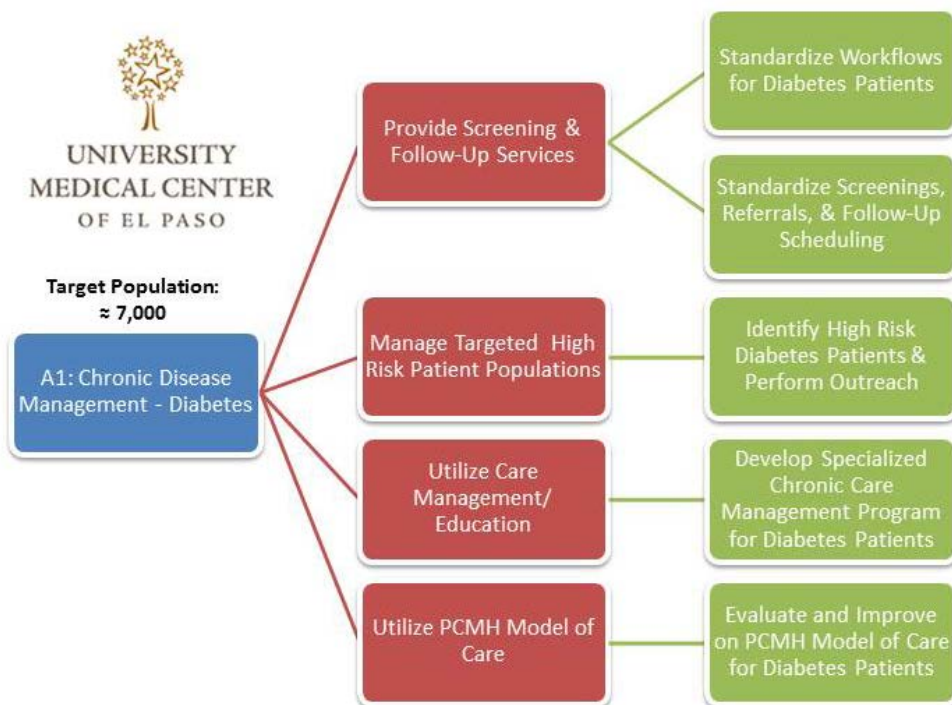
The ‘Bundle Selections’ for UMC under the Medicaid 1115 Waiver Program are closely tied to these community priorities with a focus on healthcare delivery (PRIORITY 5). Each regional partner selected focus areas represented by metric “bundles”. Those community needs are identified as follows for the period of 2018 thru 2021:

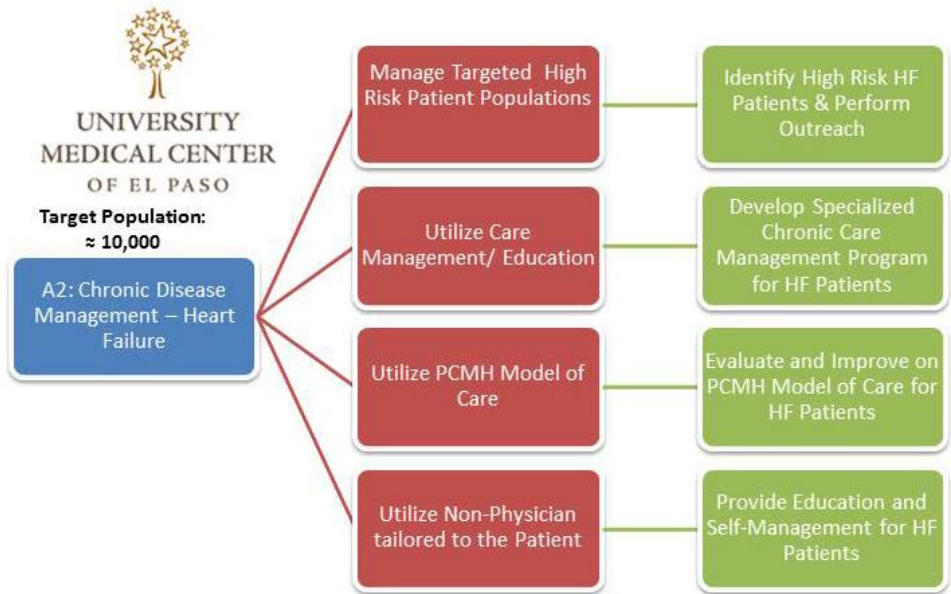
Metric Bundle Number	Community Needs Addressed through RHP Plan	Regional Partner(s) addressing the Needs
A1	<i>Chronic Disease Management - Diabetes</i>	<ul style="list-style-type: none"> • University Medical Center of El Paso
A2	<i>Chronic Disease Management – Heart Disease</i>	<ul style="list-style-type: none"> • University Medical Center of El Paso • Las Palmas- Del Sol Hospitals
B1	<i>Care Transitions & Hospital Readmissions</i>	<ul style="list-style-type: none"> • University Medical Center of El Paso
B2	<i>Patient Navigation & ED Diversion</i>	<ul style="list-style-type: none"> • Las Palmas-Del Sol Hospitals
C1	<i>Primary Care Prevention – Health Texans</i>	<ul style="list-style-type: none"> • University Medical Center of El Paso • Texas Tech University Health Sciences Center of El Paso
D1	<i>Pediatric Primary Care</i>	<ul style="list-style-type: none"> • Texas Tech University Health Sciences Center of El Paso
D3	<i>Pediatric Hospital Safety</i>	<ul style="list-style-type: none"> • El Paso Children’s Hospital • Las Palmas-Del Sol Hospitals
E1	<i>Improved Maternal Care</i>	<ul style="list-style-type: none"> • Texas Tech University Health Sciences Center of El Paso • Las Palmas-Del Sol Hospitals
E2	<i>Maternal Safety</i>	<ul style="list-style-type: none"> • Hospitals of Providence – Memorial • Hospitals of Providence – Sierra East
G1	<i>Palliative Care</i>	<ul style="list-style-type: none"> • University Medical Center of El Paso

Metric Bundle Number	Community Needs Addressed through RHP Plan	Regional Partner(s) addressing the Needs
H3	<i>Chronic Non-Malignant Pain Management</i>	<ul style="list-style-type: none"> University Medical Center of El Paso
J1	<i>Hospital Safety</i>	<ul style="list-style-type: none"> Las Palmas-Del Sol Hospitals Hospitals of Providence – Memorial Hospitals of Providence – Sierra East

UMC DSRIP Core Activities from 2018 through 2021

To address the needs identified by the RHP, UMC has planned to implement the following core activities over the period of 2017 thru 2021.







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Target Population:
≈ 7,500

B1: Care Transitions & Hospital Readmissions

Provide Screening & Follow-Up Services

Standardize Workflows for Diabetes & HF Patients both in the Inpatient & Clinic Settings

Standardize Screenings, Referrals, & Follow-Up Scheduling both in the Inpatient & Clinic Settings

Improve Care Transitions between Primary Care, Urgent Care & ED

Standardize Processes & Documentation for Transitions of Care

Increase Referrals to Home Health Services Targeting Patients at High Risk for Readmission

Implement a Care Transition and/or Discharge Planning Program

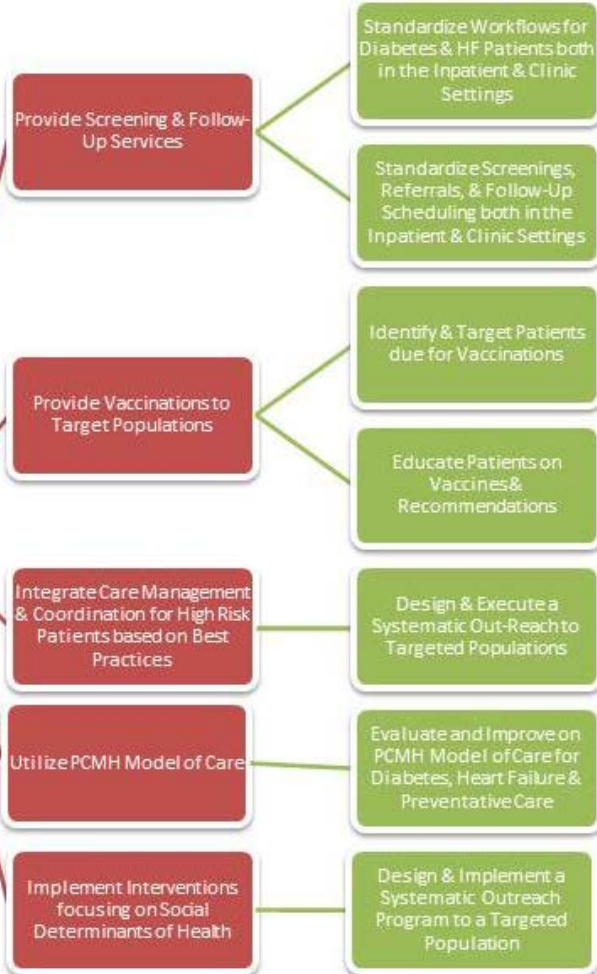
Evaluate and Improve workflows & Processes and make Improvements

Integrate Care Management & Coordination for High Risk Patients based on Best Practices

Design & Execute a Systematic Out-Reach to Targeted Populations

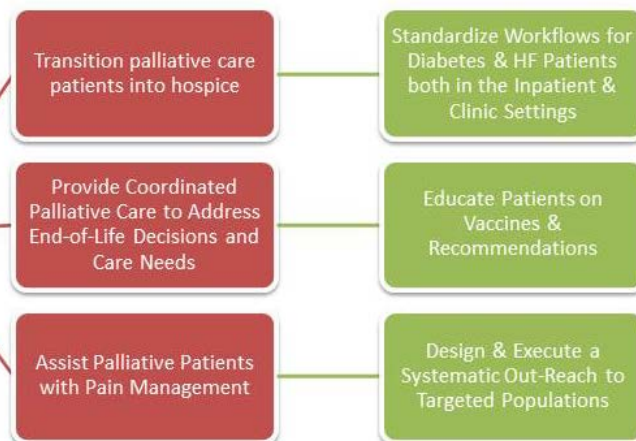
Target Population:
≈ 32,000

C1: Primary Care – Healthy Texans



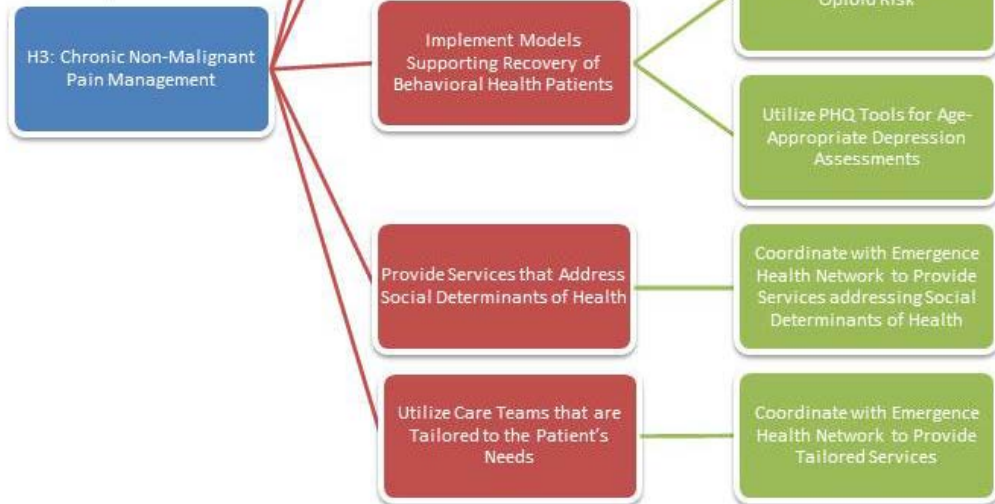
Target Population:
≈ 200

G1: Palliative Care





Target Population:
≈ 2,500



Additional improvement measures will 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. And finally with patient satisfaction scores, UMC will strive to improve the overall quality of the patient experience.

Transformation includes Efforts to Improve Quality

Based on the DSRIP program terms and conditions, all of RHP 15 and UMC core activities must include quality improvement measures and improvement targets. These quality measures ensure that healthcare delivery is actually improved for the population being served. Achievement of improvement will be measured 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.

The selected improvement metrics apply to hospital system-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 as they are incorporating the core activities.

The 39 metrics being pursued by UMC during the period of 2017 thru 2021 are in the areas of Chronic Disease Management – Diabetes; Chronic Disease Management – Heart Disease; Care Transitions and Hospital Readmissions; Primary Care Prevention – Healthy Texans; Palliative Care; and Chronic Non-Malignant Pain Management.

Chronic Disease Management – Diabetes, UMC is striving to improve comprehensive diabetes care by increasing foot exam compliance; reducing poor control of hemoglobin A1c (HbA1c); increasing blood pressure control; reducing complications due to diabetes; and reducing the rates of Emergency Department visits and 30-day readmissions to the hospital by diabetics.

Chronic Disease Management – Heart Disease, UMC is focusing on increasing rates of compliance in high blood pressure control and follow-up appointments for hypertensive patients; increasing compliance rates for Statin therapy for the prevention and treatment of Cardiovascular Disease; reducing the hospital admission rate of Heart Failure patients; and reducing the rates of Emergency Department visits for Congestive Heart Failure, Angina and Hypertensive patients.

Care Transitions and Hospital Readmissions, UMC is working on improving hospital post-discharge medication reconciliations; reducing 30-day all cause hospital readmissions; improving transition records for patients discharged from both the inpatient facility and the emergency department; increasing post-discharge appointments for heart failure patients (within 7-days); and improving documentation of current medications in the medical record at the point of hospital discharge.

Primary Care Prevention, the UMC primary care clinics are increasing Tobacco Screenings and Cessation Interventions; increasing diabetes hemoglobin A1c (HbA1c) testing; increasing Body Mass Index (“BMI”) screenings with follow up plans; increasing Pneumonia vaccinations for older adults; increasing influenza immunizations; improving immunization status for adults; increasing chlamydia screenings for women 16-24 years of age; increasing Human Papillomavirus Vaccines (“HPV”) among 18-26 year olds; and reducing hospital admission rates for adults with dehydration, bacterial pneumonia, and/or urinary tract infections.

Palliative Care, UMC has partnered with Hospice El Paso to improve hospice and palliative care services by increasing pain assessments of hospice patients; increasing discussions about treatment preferences among hospice patients; increasing discussions about spiritual-religious beliefs and values/concerns among hospice patients; increasing

adherence to bowel regimens for those patients treated with an opioid; and increasing dyspnea screenings and treatments.

Chronic Non-malignant Pain Management, UMC is working with EHN to increase screenings of clinical depression among those individuals with a diagnosis of chronic pain; improve the documentation of current medications for those patients with a diagnosis of chronic pain; increase pain assessments and develop follow-up plans for these patients; increase follow-up appointments for patients who are receiving opioid therapy; and to increase the assessments for risk of opioid misuse among those patients receiving opioids for longer than six weeks.

Conclusion

As a premier academic healthcare system of the region, UMC 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 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 considering the breadth and scope of resources on hand within its hospital system.

Lastly, core activities are now in place that will be extending many services into fully staffed Neighborhood Health Centers. Primary care will transform to include navigator programs, shelter projects, home health care, and hospice care 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.