

# *Community Health Implementation Strategy 2013*



## Introduction

Children's Medical Center (Children's) is a private, not-for-profit entity that operates the seventh-largest pediatric health care provider in the United States. As the only academic health care facility in North Texas dedicated exclusively to the comprehensive care of children from birth to age 18, Children's provides pediatric patient care ranging from simple eye exams to specialized treatment in areas such as heart disease, hematology-oncology and cystic fibrosis.

In addition, Children's is a major pediatric kidney, liver, intestine, heart and bone marrow transplant center. As the primary pediatric teaching facility for The University of Texas Southwestern Medical Center, the medical staff at Children's conducts research that is instrumental in developing treatments, therapies and greater understanding of pediatric diseases.

The Children's system is licensed for 595 beds and has more than 50 subspecialty programs spanning two campuses – the main hospital in Dallas and a second full-service hospital in Plano. Combined, the two facilities serve children through more than 700,000 patient encounters annually. Children's was the first pediatric hospital in Dallas designated as a Level I Trauma Center.

***“We work to make life better for children.”***

Children's provides care through over 50 pediatric specialty programs. The programs include, but are not limited to:

- After the Cancer Experience (ACE)
- AIDS and HIV (ARMS)
- Allergy and Immunology
- Analytical Imaging and Modeling Center (AIM)
- Asthma Education
- Asthma Management Program
- Audiology
- Autism: Center for Autism and Developmental Disabilities
- Center for Cancer and Blood Disorders
- Cochlear Implantation
- Critical Care Services
- Cystic Fibrosis
- Diabetes
- Diagnostic and Consultation Clinic
- Down Syndrome
- Eating Disorder Services
- Epilepsy Center
- Family-Focused Center for Deaf and Hard of Hearing Children (FFC)
- Feeding Disorders
- Genetics
- Hand and Upper Extremity Clinic
- Heart Center
- Maternal Fetal Medicine
- Neuro-Oncology
- Plastic and Craniofacial Surgery
- Psychiatry and Psychological Services
- Pulmonary Function Laboratory
- Stem Cell Transplant
- Trauma

## Identifying Health Needs

A community health needs assessment (CHNA) was conducted by Children's in the summer of 2013. Community input was provided by Advisory Board members for the 2012 and 2013 *Beyond ABC* reports and Children's participation in the Regional Healthcare Partnership (RHP) Plans for Regions 9 and 10. In addition, secondary data was compiled from demographic and socioeconomic sources as well as national, state and local sources of information on disease prevalence, health indicators, health equity and mortality. This data was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole.

To validate the prioritized needs, Children's administrative team summarized and reviewed the priorities identified in the *2012 and 2013 Beyond ABC* reports and the RHP Plans considering the identified needs and the magnitude of their impact on the community and alignment with Children's Mission and Strategic Plan. The amount of resources required to address the issue and the hospital's ability to impact each issue were also considered. The summarized list of identified needs is included in the Appendix.

The identified health needs were reviewed and priority areas on which the hospital has decided to focus its resources and integrate into strategic and operational plans are included below.

### **PRIORITY: Access to Care/Appropriate Utilization of Emergency Services**

#### **Goal 1: Expand Services at MyChildren's Clinics**

- Strategies:**
- A.** Expand capacity of pediatric primary care by opening additional clinics which provide medical homes for children with complex chronic illnesses.
  - B.** Expand pediatric primary care capacity by expanding hours of operation to include nights and weekends at MyChildren's Clinics and to establish a 24 hour RN triage telephone service.
  - C.** Establish pediatric urgent care services on the Children's Medical Center Dallas campus.
  - D.** Implement telemedicine to connect to school settings and pediatricians.
  - E.** Enhance service availability to appropriate levels of behavioral health by expanding pediatric behavioral health capacity in primary care settings to align and coordinate care for behavioral and medical illnesses.

## **Goal 2: Enhance/Expand Medical Homes**

- Strategies:**
- A.** Develop, implement and spread across CMC pediatric care centers a medical home team-approach to care, transforming the existing fee-for-service delivery system from a reactive, fragmented approach to a proactive, comprehensive approach to improving the health of the population.
  - B.** Implement the effective use of IT systems, including patient identification, risk adjustment/analysis/scoring, predictive modeling, data warehousing, gaps in care alert system, provider profiling, outcomes measurement and reporting system capable of aggregating data at the individual patient level, chronic disease, pediatric physician panel, clinic and system-wide level.
  - C.** Build, implement and spread a health promotion and education program through the establishment of health resource centers.

## **Goal 3: Facilitate the Use of Appropriate Utilization of Services**

- Strategies:**
- A.** Utilize high-intensity, culturally appropriate care management system for Medicaid and safety net children and families.
  - B.** Develop standardized approach to transition adolescents with special health needs or at risk for loss of medical services.

## **PRIORITY: Prevention and Management of Chronic Diseases**

### **Goal 1: Implement Chronic Disease Management Program**

- Strategies:**
- A.** Expand Children's certified disease management programs capacity to treat more patients and to provide infrastructure needed to accomplish standardized, evidence based chronic illness management in the primary care setting and implement the infrastructure that supports patient population health, panel management and coordination of care.
  - B.** Design care coordination strategies that optimize care across a continuum including home, school and community settings.
  - C.** Design culturally appropriate patient/family self-management programs for chronic illness management.
  - D.** Incorporate electronic registries, predictive modeling, decision support and social awareness systems that are pediatric-specific and family focused into team-based practice settings.
  - E.** Incorporate and maintain evidence-based standards in the pediatric disease management programs.

- F. Design and implement pediatric community-based resource centers for joint patient/family education and behavior change programs, opportunities for patients/families to learn from each other and the creation of support networks for providers, patients and families.
- G. Participate in community-wide collaborative programs such as Dallas Area Coalition to Prevent Childhood Obesity and Immunize Kids! Dallas Area Partnership.

### **Goal 2: Implement Evidence-based Health Promotion Program**

- Strategies:**
- A. Integrate fragmented individual community health improvement activities into organized set of evidence-based interventions for conditions such as asthma and diabetes.
  - B. Work with agencies and organizations through a formal steering committee to align and coordinate community-based prevention and wellness activities in the focused areas of asthma and diabetes to improve the health and self-management of children and their families.

## **PRIORITY: Improve Education and Economic Security Indicators for Children**

### **Goal 1: Education**

- Strategies:**
- A. Implement telemedicine to connect to school settings and pediatricians.
  - B. Participate in school-sponsored career day events.
  - C. Provide resources for two full-time Dallas Independent School District Teachers at Children's Medical Center.
  - D. Engage and coordinate volunteers to read to children waiting in MyChildren's waiting rooms.

### **Goal 2: Healthy Nutrition and Food Security**

- Strategies:**
- A. Support Summer Meals Program at MyChildren's by partnering with Baylor Sociology Department and North Texas Food Bank.

## **PRIORITY: Support and Expand Infrastructure for Public Health**

### ***Goal 1: Enhance Public Health Surveillance to Promote Individual and Population Health***

- Strategies:**
- A.** Invest in IT infrastructure and personnel to gather and track data to effectively manage population health.
  - B.** Distribute fresh produce at MyChildren’s Bachman Lake location.

## **PRIORITY: Child Advocacy and Safety**

### ***Goal 1: Continue Advocacy Efforts for Children***

- Strategies:**
- A.** Expand personnel who respond to abused children through Children’s REACH (Referral and Evaluation of At Risk Children) Clinic.
  - B.** Continue to partner with Legal to defend and protect abused and neglected children.
  - C.** Coalition for North Texas Children.
  - D.** Maintain vocal presence in legislative affairs on the local, state and federal level.

### ***Goal 2: Prevention of Injuries and Accidental Deaths***

- Strategies:**
- A.** Participate in the Dallas Safe Kids Coalition to prevent injury and childhood accidents.
  - B.** Participate in coaches clinics to provide education regarding prevention of sports injuries.
  - C.** Provide outreach programs to the community regarding car safety which offer child safety seat inspections at area retailers so parents can ensure their children are buckled up appropriately.
  - D.** Provide outreach programs to the community regarding water safety such as “Know Before You Go” Programs spreads the message that every drowning is preventable.

## Needs Not Addressed

Some issues identified through the CHNA have not been addressed in this plan. In initial discussion and subsequent prioritization, Children’s Medical Center Needs Assessment Team considered the levels to which some needs were already being addressed in the service area. Additionally, some community needs fall out of the scope of expertise and resources of Children’s Medical Center. The following chart outlines how some of the needs identified in the assessment are addressed by others or in different ways:

| Community Need   | How Need is Addressed   |
|--|---|
| <p><b>Safe and Affordable Housing</b></p> <p><b>Palliative Care Capacity/Need for Increased Geriatric, Long-Term, and Home Care Resources</b></p> <p><b>Discourage Elective Deliveries/Increase the Percentage of Women Who Receive Prenatal Care</b></p> <p><b>Provide Comprehensive Sexuality Education/ High Incidence of STDs in RHP Region 10</b></p> <p><b>Protect Green Spaces, Add Bike Lanes and Improve Access to Parks.</b></p> | <p>Our priorities were established based on unmet community health needs as they intersect with our mission and key clinical strengths. There are community and state agencies that have greater expertise in housing, palliative care, prenatal care, sex education and protecting green spaces in our community. At this time, these issues have not been incorporated into our community benefit plan because we do not have the infrastructure, expertise or funding needed to have a significant impact in these areas</p> |

## Next Steps

Children's CHNA Team initiated the development of implementation strategies for each health priority identified through the assessment process. This Implementation Strategy reflects responses that have will be rolled out over the next year. The Team will work with community partners and health issue experts on the following for each of the approaches to addressing the identified health needs:

- Develop work plans to support effective implementation
- Create mechanisms to monitor and measure outcomes
- Develop a report card to provide on-going status and results of these efforts to improve community health

Children's Medical Center is committed to conducting another health needs assessment within three years.

## APPENDIX

Identified needs which Children's Medical Center will investigate and consider during the development of the Implementation Strategy for 2014 to 2016

| <u>Beyond ABC-Dallas County</u>  | <u>RHP - Region 9</u>                 | <u>Beyond ABC - Collin County</u>  | <u>RHP - Region 18</u>   | <u>RHP - Region 10</u>  |
|--|---------------------------------------|--|--|---|
| <b>Access to Care/Appropriate Utilization of Emergency Services</b>  |                                       |  |  |   |
| Encourage more widespread assessment of young children for special needs, including mental health issues, to prevent more serious problems later | Behavioral Health design and capacity | Increase the capacity of services for mental health and substance abuse treatment for children and youth                     | Behavioral Health- all components - all ages<br><br>Co-morbid medical and behavioral health conditions - all ages<br><br>Primary Care - children<br><br>Primary Care - adults<br><br>Health professions shortage | Lack of Access to Mental Health Services<br><br>Insufficient integration of mental health care in the primary care medical care system<br><br>Shortage of Primary Care Services |
|  | Primary and Specialty Care capacity   |  |  |   |
|  |                                       | Ensure that Texas Medicaid and CHIP Systems work effectively   |  | Lack of access to health care due to financial barriers/Lack of affordable health care  |
|  | Emergency Department over use         |  | Urgent and Emergency Care  | Overuse of Emergency Department Services  |
|  | Oral Health capacity                  | Increase access to health and dental services for children and pregnant women through outreach and health education programs |  | Lack of Dental Care   |
|  |                                       | Ensure that every county has at least one health care provider who will treat pregnant women on Medicaid                     | Other special populations at-risk  | Need to address geographic barriers that impede access to care<br><br>Need for more culturally competent care to address unmet needs  |

**Prevention and Management of Chronic Diseases**

|  |                            |  |  |  |
|--|----------------------------|--|--|--|
| The immunization rate for children should be no less than 90 percent |                            | Coordinate immunization efforts and strengthen the use of the state's central immunization registry  |  |  |
| Promote the establishment of more medical homes                      | Chronic Disease Management | Protect and add to funding for preventive health care programs<br><br>Ensure the implementation of the State's approved school health programs in all public schools and increase student physical activities                                  | Diabetes<br><br>Obesity and its co-morbid risk factors<br><br>Cardiovascular disease | Necessity of patient education programs<br><br>Need for more education, resources and promotion of healthy lifestyles (free and safe places to exercise, health screenings, health education, healthy environments, etc.). |
|  | Inpatient Readmissions     | Mobilize Faith Groups, Civic Leaders and volunteers to assist low-income families  | Preventable acute care admissions  |  |
|  |                            | Improve air quality in the North Texas Corridor<br><br>Make Air Quality Measurement a priority in all communities that have heavy industry and/or more than 10,000 residents<br><br>Establish uniformity in communities non smoking ordinances |  |  |

**Improve Education and Economic Security Indicators for Children**

|   |  |   |                                 |
|---|--|---|---------------------------------|
| Encourage dual-generation early childhood education for parents and children, especially for those from low-income homes and from homes where English is not the first language |  |   |                                 |
| Expand meal programs to all eligible public schoolchildren, and to make sure that parents understand how good nutrition leads to success in education                           |  | Encourage development of supermarkets in food deserts and increase the availability of healthy foods, including fresh fruits and vegetables in low-income areas | Lack of access to healthy foods |
|   |  |   |                                 |
|   |  |   |                                 |

**Support and Expansion of Infrastructure for Public Health**

|  |  |  |  |
|--|--|--|--|
|  |  | Enhance the public health infrastructure especially in rural areas | Improved public health surveillance to promote individual and population health<br>Inadequate health IT infrastructure |
|--|--|--|--|

**Child Safety**

|  |  |  |  |
|--|--|--|--|
| Increase awareness for the need for more foster homes in Dallas County   |  |  |  |
| Increase the number of specialty courts handling juveniles justice cases |  |  |  |

| Identified Needs Not Addressed  |   |  |  |  |
|---|---|--|--|--|
| Increase the county's stock of safe, affordable housing units in neighborhoods where children can be unafraid to walk or play outdoors. | Palliative Care capacity                    | Discourage elective deliveries                                   | Prenatal care                              | Need for increased geriatric, long-term, and home care resources |
| Establish partnerships between schools and businesses to help train and educate a skilled workforce that contributes to the tax base    | Patient Safety/Hospital Acquired Conditions | Increase the percentage of women who receive prenatal care       | Elderly at home, and nursing home patients | Higher incidence rates of syphilis and chlamydia                 |
|   |   | Provide comprehensive sexuality education                        | Communicable disease                       | Need for more and earlier onset of prenatal care                 |
|   |   | Protect green spaces, add bike lanes and improve access to parks |  | High tuberculosis (TB) prevalence                                |
|   |   | Ask Congress to fund Graduate Medical Education                  |  |  |