STRATEGIC PLAN REPORT
Bayside Community Hospital I Bayside Clinic I
West Chambers Medical Clinic (WCMC)
Chambers County, Texas
Fall 2010

TORCH Management Services, Inc.
Greg Eastin
817/915-3256
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Hospital Board Members & Staff in Attendance

**Board Members**
- Tommy Willcox - Chair, District Board & Trustee, CCHC Board
- Marian Whitley - Vice-Chair, District Board
- James Bagwell - Trustee, District Board
- Jack Waldrop - Chair, CCHC Board
- Rick McMinn - Treasurer, CCHC Board
- Ramona Pena - Trustee, CCHC Board
- Bertha White - Vice-Chair, CCHC Board
- Joe Sandlin (through 2pm) - Trustee, CCHC Board

**Administrative Staff**
- Robert Pascasio, CEO
- Theresa Cheaney - Controller
- Linda Bennett - Director of Nursing
- Jim Hutchinson - Director of Plant Operations
- Kaley Smith - Executive Director for both Clinics
- Ann Newton - Administrative Assistant
- Terri Darsee - Director of Business Office
- Jackie Reynolds - Director of Respiratory
- Aleta Bettis - Director of Pharmacy
- Nellie Lunsford - Director of HIM, transitioning to Director of Marketing/Development

**Medical Staff**
- Shannon Bolinger - Physician Assistant, WCMC
- Hilari Berklund - Physician Assistant, Bayside Clinic
- Don Harper - Nurse Practitioner, WCMC
- John Redman - Physician, Bayside Clinic
- Ben Beaoui - Physician Assistant, Bayside Clinic
- Becky Rick - Physician Assistant, Hospital Emergency Room
- Anthony Capili - Physician & Medical Director of Both Clinics

**TORCH Management Services, Inc.**
- Vicki Pascasio President of TORCH and guest
- Greg Eastin Foresite Consulting
Bayside Community Hospital | Bayside Clinic | West Chambers Medical Clinic – Chambers County, TX

APPROVAL OF STRATEGIC PLAN

2010

_________________________________
Tommy Willcox - Chair, District Board & Trustee, CCHC
Jack Waldrop - Chair, CCHC Board

_________________________________
Anthony Capili
Medical Director Chief of Staff

_________________________________
Robert Pascasio
Hospital CEO
EXECUTIVE SUMMARY
Strategic Planning Session

Today’s delivery of healthcare has many of the same challenges that existed historically. Dwindling resources, shifting population, competition, community expectations, and the retention and recruiting of healthcare providers remains prominent in the current environment. In addition to these factors health care reform will accelerate change and how health care is provided.

Health Care Reform
Although the United States spends almost twice as much for healthcare as any other country in the world, life expectancy ranks us 16th and by most public health indicators the United States ranks in the mid-30s. Spiraling costs, personal bankruptcies and a host of other escalating problems necessitated a more comprehensive intervention and system.

Health care is moving to a whole new system with health care reform under The Patient Protection and Affordable Care Act (the Act) and other federal initiatives. This new legislation attempts to bring the vast majority of Americans into a more comprehensive system that can address healthcare in whole new ways. The new system creates a primary care organization to care for low income populations with the intent of keeping them healthy while maintaining the private insurance system for larger businesses and individuals who can afford other alternatives. This new system funds and expands the federally qualified health centers (FQHCs) over the next four years and moves toward a Medical Home model with the intent of keeping patients healthy while moving away from the fee for service payment system to a population-based payment system. Accountable Care Organizations (ACO) created by the legislation are intended to encourage hospital and physician integration to provide more comprehensive and less expensive care of specific medical conditions.

The new legislation makes a number of changes in medical insurance to eliminate pre-existing conditions which are causing more and more Americans to become insolvent due to health condition. In order to balance the cost of care for these individuals the legislation requires almost universal participation in some type of medical coverage. Although there are an estimated 310 million people in the United States, when viewed by five major healthcare constituencies the legislation affects 408 million people.

The legislation is anticipated to have a relatively neutral impact on hospitals with more patients covered by health insurance and reduced bad debts but lower payments through specialized programs. The legislation limits for profit physician owned
hospitals and encourages physicians and hospitals to enter cooperative agreements to care for patients and dramatically increases the utilization of medical information systems to improve patient care and reduce costs. In Texas, the Baylor health care system has announced their intent to become an **Accountable Care Organizations (ACO)** by 2015.
The local medical market

Service area description

Chambers County is located on the Gulf Coast between Houston and Beaumont/Port Arthur on Galveston Bay. The county is divided by the Trinity River flood plain, with new Houston suburbs and industrial and commercial areas on the west while the eastern part of the county remains rural and largely dedicated to agricultural and fishing. The northern county boundary runs just to the north of Interstate 10 which has recently been widened. Although Chambers County and the service area counties are located between Houston and Beaumont/Port Arthur, almost twice as many
patients go to Houston as to Beaumont/Port Arthur with Winnie oriented to the east while the rest of the county is oriented to Houston.

Chambers County Public Hospital District #1, owner of Bayside Community Hospital applied for and received designation for a federally qualified health center (FQHC) in 2005 (known as Bayside Clinic) which was established in the county seat in Anahuac, Texas. West Chambers Medical Clinic (WCMC) was established two years later in a rapidly growing portion of the county that had no medical services.

The majority of the area population is located around Galveston Bay in Chambers County with almost 50% of the county population being located in Mt. Belvieu near the industrial facilities. Anahuac, the county seat, and Winnie are the towns in the eastern rural part of the county that provide retail and commercial services.

Houston, as one of the largest population areas in the country, dominates the other areas in growth and commerce. Chambers County however is projected to be growing at a slightly faster rate than Harris County. Chambers County grew from 26,031 in 2000 to an estimated 31,431 in 2009 a growth of 20.70%. Most of this growth is west of the Trinity River flood plain and has not yet moved across the river. Although the county is growing fairly rapidly in the west, unlike other fast growing counties it has a relatively small and slow growing Hispanic population due to a lack of entry level employment.
Only 8.6% of the population is below the 100% of poverty level but a 1/3 is below the 200% of poverty level. Chambers county has fewer people below the 100 poverty level on a percentage basis than other area counties.

Where Patients Come From and Go For Medical Care (Patient Origin and Destination)

Where Patients Come From -- Bayside Community Hospital captures 69% of its admissions from with its home Zip Code for Chambers County Zips and when compared on a county basis the hospital gets another 68% of its admissions from within the county.

Where Patients Go For Medical Care -- Almost half of county admissions go to Harris County, while 26% go to Jefferson County and the remainder are divided between the two local hospitals in Chambers County.

- Chambers County receives 26%
- Jefferson County receives 26%
- Harris County receives 47%

San Jacinto Methodist receives the most patients from Chambers County with 20% while the two Chambers County Hospitals tie for second with 13% each. Emergency department transfers go to a number of medical facilities based on the medical condition of the patient and availability of space at busy Houston hospitals, but relatively few go to San Jacinto Methodist.
Bayside Community Hospital’s patient origin is very similar to the patient origin distribution of the Clinics except the clinics draw more patients from Baytown, Dayton, Liberty and Harris County. The West Chambers Medical Clinic (WCMC) demonstrates the ability of the clinics to expand the hospital’s service area and bring in new patients.
The Physician Market and Community Need for Medical Services

The Medical Community -- The medical community is complex for its size with several physicians in each community who are affiliated with the local hospital medical staff. The hospitals and physicians tend to provide all primary care services and are very competitive.

Physician and other practitioner demographics drive a number of demand and utilization characteristics and trends so understanding the demographics will help determine and predict physician and community needs. The physicians have made the transition to groups more quickly than other communities in other areas, in part do to the Federally Qualified Health Centers (FQHCs). Groups offer a number of advantages in physician organization and the ability to improve medical care in the community. Quality standards, behavior norms, group learning, after hours care, coordinated referral patterns, shared scheduling, and community education are all easier to develop in a group environment.

Other practitioner demographic factors that affect demand and utilization characteristics include gender, age, specialty, and race and ethnicity. As an example female practitioners generally want a different type of medical practice than the traditional private solo practice with an 80 hour a week schedule. They want a life and to practice medicine. So they tend to want a fixed schedule with a limited number of hours per week and are often interested in part-time work so they can
raise a family. This new practice model has also spread to younger male practitioners. Female practitioners often postpone family considerations to focus on the demands of medical school and residency. By the time they enter practice it is almost too late to have a family. In order to have a family they want a more controllable medical practice often 8 to 5 or in a controlled environment like a hospitalist position or emergency room position, or specialty practice where they can have a fixed schedule (or even part-time) and/or work for a hospital in a primary care setting. Part-time physicians (often referred to as locum tenens) increased from 13% in 2005 to 21% in 2010 according to a Cejka Search/American Medical Group Management Retention Survey. ¹

These changes are now beginning to appeal to older primary practitioners who no longer want to manage a practice with all of the new requirements and increased costs as well as the continuing disruption of managed care organizations. Physicians over 50 are closing their practices and going under contract to a temporary agency that contracts out their services. The physician can negotiate a flexible arrangement and only have to worry about practicing medicine.

In Chambers County the percent of female providers is higher than the state, but the local data include a number of female nurse practitioners (NPs) and/or physician assistants (PAs) and NPs or PAs are not included in the state data which suggests that the area is making the change to a more inclusive practice model.

Age distribution can also have a profound impact on medical need. Age affects the number and types of patients a provider sees as well as other characteristics of practice. Age distribution appears to be fairly broad with 46% of Chambers County providers under 40 years of age.

¹ “Part-time Physicians Practice on the Rise”, New England Journal of Medicine, August 2010, ResourceCenter@NEJM.com
**Primary Care Related Specialties in Service Area Counties**

### Physician need and demand models

Physician demand models suggest that there is a need for every specialty with the exception of family practice. The number of family practice physicians exceeds the need identified in the model because family practice physicians in smaller urban and rural areas manage all primary care needs (OB, Internal Medicine, and Pediatrics) as well as family practice. When all primary care services are taken into consideration there is a need for approximately 15 additional primary care providers in the primary service area and 54 in the secondary service area.

### Specialty Care Need

Specialty Care Need -- Physician demand models suggest that there is a need for virtually every sub-specialist and the need increases when the primary and secondary service area are combined. A coordinated effort between the hospital and primary medical community would provide the best opportunity to recruit sub-specialist care to the community.
Physician Need in the Chambers County Service Area

Hospital Utilization -- Hospital utilization suggests that each of the area hospitals are drawing a proportional share of the market for their facilities and probably have worked to maintain their market share. Obstetrics demand is limited in Chambers County but when combined with Liberty the area could support an obstetrician (OBG). Virtually all specialty services go to Harris County with the largest share to San Jacinto Methodist and to Beaumont or Port Arthur. On a market share basis Chambers County captures approximately 13% of its primary care service area. A similarly situated hospital typically captures any where from 30 to 60% of its service area business depending on the range of specialty care services offered locally and other factors. Comparing the hospital utilization with the population distribution of the service area suggests that Chambers County is very dependent on its home Zip Code and limited by other hospitals from expanding into other Zip Codes other than potentially the Baytown area with clinics.

Bayside Community Hospital
The Clinic Benefit -- The West Chambers Clinic has expanded the hospital’s service area and brings in more private pay patients. Other opportunities exist between Chambers and Houston as well as potentially serving Liberty and Dayton.

The FQHC model is intended to use cost based reimbursement subsidies to fund self pay patients. The clinics currently care for relatively few Medicaid and Medicare patients which would both be reimbursed at a high rate than traditional commercial insurance. Traditional commercial insurance also has more competition from other primary care practitioners. Increasing the Medicaid and Medicare patient base would allow the clinic to care for more low income self pay patients and increase market penetration in surrounding communities. The current payer structure is much more like a traditional hospital for both the hospitals and clinics.
Federally Qualified Health Centers (FQHCs) in the Chambers County area

Recommendations - Recruiting -- Bayside Community Hospital needs to develop a coordinated recruiting plan in conjunction with its physicians and if possible surrounding hospitals. With a few exceptions Bayside Community Hospital should attempt to recruit a partner from a Houston based group, preferably one that area physicians are already referring their patients to and get a commitment from the group to establish a part-time practice in the community and utilize the local hospitals in all participating communities whenever possible. The group would get increased referrals and grow their patient base from these surrounding communities.

Participating hospitals should provide local office space, advertizing and support services as negotiated with the group.
Clinic Patients by Payer Source and the FQHC model

**Recommendations** – FQHCs are designed to care for the poor through a cost report subsidy from Medicaid and Medicare. Increasing Medicaid and Medicare should increase revenue and improve the relationship with the community in name awareness and community affiliation. A significant number of school children would probably qualify for Medicaid coverage. The school districts are looking for a partner to assist them in combating long term chronic illness in their children. Diseases such as asthma affect absenteeism and student performance. The school districts indicated in the interviews that they were looking for a health care partner to help address these issues and were interested in a program for their employees like to county offered its employees through the county clinic. This creates an excellent opportunity for cooperative efforts and community health education.

**Recommendations** – Bayside Community Hospital should consider developing a hospitalist program (in consultation with the medical staff) to provide an inpatient focus on patient care for community based physicians. Such a program could be
coordinated with the emergency department to achieve better utilization and coordination of care. Other new programs such as a Medical Home Model or Shared Medical Appointments would set the clinic apart in how it serves its patients and the community which will be required by funding sources by 2014.
Methodology and data

The strategic planning process --This strategic plan was developed using data from a number of different sources both public and private on the community, hospitals and healthcare services. The process looked at a number of data sources to determine the service area, estimate the population and demographics of relevant communities, profile the physician and hospital services and project the estimated demand for these services by service area.

Personal interviews were conducted with local hospital, business and community leaders to determine their perspectives and identify issues prior to conducting a strategic planning meeting. Representatives of the medical community, hospital management and board and community leaders participated in these interviews. The strategic planning meeting reviewed information on changes in the healthcare industry such as health care reform and a local market assessment that summarized the data that had been collected and compiled.

This information (presented in full in the section Implications of Healthcare Reform and Competitive Market Analysis) was used by the local leaders and community participants to develop a mission and vision statement for the hospital and then to identify the perceived strengths, weaknesses, opportunities and threats. Next the participants identified critical issues that needed to be addressed by the hospital which were compiled and formatted into strategies and objectives for the healthcare organization. The participants broke down into small groups to develop these activities and then presented their results to the larger group. This information was compiled by the consultant and expanded on with management input and review. This information was compiled and summarized in this document.

Data Sources
Reviewed data from 2000 to Projections for 2012, including Census Data, 2000 and 2007 (American Community Survey) and the Texas State Data Center.
Information on all medical services and physician characteristics, national publications and information on trends
Texas Medical Examiners Database, Physicians Assistants and Nurse Practitioners databases
Texas Health Care Information Council data 2008
Births
Facility indicators, i.e. ALOS, etc. from the Texas Annual Hospital Survey 2008
(For the purposes of this study admissions and discharges will be assumed to be the same)

Local Sources
Hospital, Economic Development, interviews with local leaders and Chamber of Commerce data were all used as well as reviewing a number of utilization indicators for the hospital and health services. The most recent public data available was utilized wherever possible
• MISSION STATEMENT OF THE CHAMBERS COUNTY PUBLIC HOSPITAL DISTRICT #1, OR, “THE DISTRICT” AND THE CHAMBERS COUNTY HEALTH CLINICS:

Chambers County Public Hospital District #1, or, “The District”
• “Identifying and serving the healthcare needs of our communities, providing the best care possible.

Chambers County Health Clinics
• “To provide quality, affordable, comprehensive care to our communities in a caring and personal manner.”

Values
• Provider of Choice     Keeping care local
• Compassion in care     Trust
• Respect
Healthcare Reform
Health Care Reform

- General Overview and Phased in Development
- Parties to Reform
  - Medicaid, Managed Care and Insurance
- Physician and Hospital Organizations
  - Integrated Health Systems and Accountable Care Organizations
  - Patient-Centered Medical Homes
- Federally Qualified Health Centers (FQHCs) and Primary Care

The Problems with Health Care

Health Care Costs are Growing Annually by 7-8%

- Current Delivery and Reimbursement System Results

Employers, state & private funding

- Spiraling health care costs
- Fragmentation of care
- Uneven quality and efficiency
- High volume of uncoordinated services
- High volume of specialist / procedural care
- High degree of variation in care

Bottom Line: Patients, physicians, employers (ultimate payers) are confused, frustrated and dissatisfied and demanding change that provides more value
Parties to Health Care Reform

- Employers and Industry
- Government
- Insurance and Managed Care
- Health Care Consumers

Medical Care Delivery

- Requires employers with 50+ employees to cover more if not all employees
- Expands Medicaid to all citizens up to 133% of Poverty
- Expands Community Health Centers to provide care
- To reduce the ER burden
- Family Practice and Mental Health Services

Health Insurance Limitations

- Limits Executive Compensation
- Extends dependent coverage to age 26
-Eliminates Annual and Life Time Limits
- Requires inclusion of preventative health services
- Prohibits rescissions
- Transitioning to reformed payments for Medicare Advantage
- Eliminates Pre-existing Conditions for:
  - new borns
  - individuals
- Creates an independent appeals process
- Provides consumer information and assistance in challenging health plan decisions

Physician and Hospital Organizations

- Physician and Hospital Organizations

- Provides more choice and access through multi-state options
- Creates a Health Insurance Provider Fee

Health Care Reform Limits Physician Ownership of Hospitals

- Physician ownership of hospitals has grown rapidly in Texas, adding significantly to the cost of health care (67 new hospitals are currently under development in Texas)
- Federal authorities have become increasingly concerned about the spread of this model to other areas
- Health Care Reform limits physician ownership of hospitals
Growth In Hospitals and Beds

While hospitals and hospital beds in the US have declined they have grown rapidly in Texas. Almost all of the growth has been in physician owned or joint venture facilities.

Changing Hospital Ownership

Physician owned hospitals are generally smaller for-profit specialty facilities.

Hospital and Physician Provisions

- **Hospital Provisions**
  - Encouraging Integrated Health Systems
  - Linking payments to quality
  - Reducing Avoidable Hospital Readmissions
  - Requires NFP community needs assessment

- **Physician Provisions**
  - Increases Primary Care Payments
  - Encouraging provider collaboration
  - Pays physicians for value not volume

Encouraging Clinically Integrated Health Systems and Accountable Care Organizations

What is an ACO?

An “Accountable Care Organization” is a collaboration of physician and health care providers who accept accountability for the costs and quality of a defined population.

The “Model” ACO’s
- Geisinger Health System
- Mayo Clinic
- Scott & White Healthcare
- Cleveland Clinic
- Kaiser Permanente
- Marshfield Clinic

Their common theme: Physician Driven integrated medical services and one organization providing comprehensive medical services

Expected Innovations

- Bending the cost curve
- Greater appreciation (i.e. rewards) for primary care/patient’s role in managing costs & quality
- Funding of Coordinated Care Services
- Wellness/Prevention programs
- Direct communications between decision makers

Physician issues with hospital based ACOs in North Texas
1. Lack of integration between physicians and hospitals
2. With current state law, shared savings models could drive more to Corporate Practice
3. Lack of incentives for physicians
4. Hospital 501A based ACOs could exclude independent physician groups

Reorganization into Competitive Systems

<table>
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<th>DME</th>
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<td>LTACs &amp; Nursing Homes</td>
<td>DME</td>
<td>Nursing Homes</td>
<td>DME</td>
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Bayside Community Hospital
At the Heart of the Debate  
"The Tragedy of the Commons"

The needs of the Individual  
• Physicians by nature, oath, and ability seek to provide anything patients need.  
• Leads to innovation, ever more expensive technology, increased specialization, anecdotal miracles, etc.  
• And, in its highest expression, the maximum good per person.

The needs of the Collective  
• Government and Society facing dire fiscal deficits, seek to manage spending by reducing rewards to providers and limiting services  
• Leads to guidelines, capitation, population health, general care, comparative effectiveness research, etc.  
• And, in its highest expression, the greatest good for the greatest number of people.

The ACO model combined with Patient Centered Medical Homes may have the best chance for balance.

Baylor Health Care System

• Baylor’s interest in becoming an ACO by 2015  
• Baylor has an extensive local network of hospitals, physicians and outpatient facilities  
• Developing an affiliated physicians organization with common goals and objectives  
• Baylor believes an ACO will accomplish two objectives  
  – 1. Move from Volume and Procedure based reimbursement to reimbursement for quality outcomes  
  – 2. Help manage the 20% of patients who incur 80% of healthcare costs in our population

Research Demonstrates the Value of Primary Care to Provide High Value Care

• Having a regular source of preventive and primary care is associated with:  
  – Lower per person costs  
  – Decreased emergency room utilization  
  – Fewer hospital admissions  
  – Fewer unnecessary tests and procedures  
  – Less illness and injury  
  – Higher patient satisfaction  
  – Enhanced longevity and quality of life

• Bottom Line: Countries with a robust primary care based delivery model  
  – spend % that of the US per capita and demonstrate superior outcomes  
  – along with increasing patient and physician satisfaction (i.e., Denmark)

The Patient Centered Medical Home

Patient-Centered Medical Home (PCMH) Principles:  
• Personal primary care physician - patient relationship  
• Physician directed team approach to practice with PCP as team leader  
• Whole person orientation (Acute, Chronic, Preventive and Counseling)  
• Enhanced care coordination and patient education  
• Enhanced care access (after hours / weekends)  
• Improved patient quality, safety and satisfaction  
• Payment mechanism to support the PCMH and recognize value  
• Informed and shared decision making and appropriate utilization*  
• Cost effective (use of quality and cost effective referrals & services)  
• Enhanced physician / practice satisfaction  

Bottom Line: Higher Quality, Lower Cost with Increased Patient & Physician Satisfaction  
Requires PCP Group Practice, EMR

The Patient Centered Medical Home

Health Care Reform Expands the Federally Qualified Health Centers

• Federally Qualified Health Centers (FQHCs)  
  – 11 billion additional for operating expenses over five years  
  – 1.5 billion additional for capital over five years  
• Requires inclusion of FQHCs in all health plans  
• And health insurance and managed care to fund FQHCs at the same rate as the federal government
Sources
Competitive Market Analysis
Table of Contents

- Introduction, Methodology and Service Area
- Service Area Description
- Population and Demographic Analysis
- Where Patients Come From and Go For Medical Care
- The Physician Market and Community Need for Medical Services
- Market Share, Comparative Utilization and Recommendations

Introduction, Methodology and Service Area

Study Area and 30 Minute Drive Times

The Health Care Analysis

- Reviewed data from 2000 to Projections for 2012
  - Census Data, 2000
  - American Community Survey 2007
  - All medical services and physician characteristics
  - Texas Medical Examiners Database, Physicians Assistants and Nurse Practitioners
  - Local Sources
- Reviewed a number of utilization indicators
  - Texas Health Care Information Council data 2008
  - Births
  - Facility indicators, i.e. ALOS, etc. from the Texas Annual Hospital Survey 2008
  - For the purposes of this study admissions and discharges will be assumed to be the same
  - The most recent public data available was utilized wherever possible
- A market analysis needed for a strategic plan

Determining the Demand For Hospital Services
The Chambers County Service Area

- Chambers County is located on the Gulf Coast between Houston and Beaumont/Port Arthur on Galveston Bay. The county is divided by the Trinity River flood plain, with new Houston suburbs and industrial and commercial areas on the west while the eastern part of the county remains rural and largely dedicated to agricultural and fishing.
- The northern county boundary runs just to the north of Interstate 10 which has recently been widened.
- Although Chambers County and the service area counties are located between Houston and Beaumont/Port Arthur almost twice as many patients go to Houston as to Beaumont/Port Arthur.

Service Area Description

Chambers County Area

The Chambers County Service Area Counties

Area Zip Codes

Study Area Zip Codes by Name
Population and Demographic Analysis

Characteristics
- The majority of the area population is located around Chambers County and almost 50% of the county population is located in Mt. Belvieu near the industrial facilities.
- Houston, as one of the largest population areas in the country, dominates the other areas, but Chambers County is projected to be growing at a slightly faster rate than Harris County.
- While the county is growing fairly rapidly in the east, the county has a relatively small and slow-growing Hispanic population.
- Only 8.6% of the population is below the 100% of poverty level but 1/3 is below the 200% of poverty level.
Where Patients Come From and Go For Medical Care

(Patient Origin and Destination)

Where Patients Come From and Go For Medical Care

- Bayside Community Hospital captures 69% of its admissions from within its home Zip Code for Chambers County Zips and when compared on a county basis gets another 68% of its admissions from within the county.
- Almost half of county admissions go to Harris County, while 26% go to Jefferson County and the remainder are divided between the two local hospitals.
  - Chambers County receives 26%
  - Jefferson County receives 26%
  - Harris County receives 47%

Where Patients Come From and Go For Medical Care

- San Jacinto Methodist receives the most patients from Chambers County with 20% while the to Chambers County Hospitals tie for second with 13% each.
- Bayside Community Hospital’s patient origin is very similar to the Clinics patient origin except the clinics draw more patients from Baytown and Harris County.

Bayside Community Hospital Patient Origin

<table>
<thead>
<tr>
<th>Patients Within Chambers County</th>
<th>Patients by County</th>
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<tbody>
<tr>
<td>Anahuac</td>
<td>Chambers</td>
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<tr>
<td>Deer Park</td>
<td>Liberty</td>
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<td>Freeport</td>
<td>Liberty</td>
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<tr>
<td>Morgan</td>
<td>Liberty</td>
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<tr>
<td>Wharton</td>
<td>Liberty</td>
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Chambers County Patient Destination by County

- Chambers
- Harris
- Liberty
- Out of Area

26% 26% 47% 1% 1%

Service Area Hospital Admissions 2008

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<thead>
<tr>
<th>Chambers County Patient Destination by County</th>
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<tbody>
<tr>
<td>San Jacinto Methodist Hospital</td>
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<tr>
<td>Memorial Hermann Hospital</td>
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<td>Memorial Hermann Hospital</td>
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<tr>
<td>Memorial Hermann Hospital Tavares</td>
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<tr>
<td>Memorial Hermann Hospital Zavala</td>
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<tr>
<td>Memorial Hermann Hospital Beaumont</td>
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26% 26% 10% 13% 10% 13%
The Medical Community

- The medical community is complex for its size with several physicians in each community who are affiliated with the local hospital medical staff.
- The physicians have made the transition to groups more quickly than other communities in other areas, in part due to the Federally Qualified Health Centers.
- The percent of female providers is higher than the state, but the local data include a number of female NPs or PAs and NPs or PAs are not included in the state data.
- Age distribution appears to be fairly broad with 46% of Chambers County providers under 40 years of age.

Comparison of Physician Practice Type 2008

<table>
<thead>
<tr>
<th>Practice Type</th>
<th>National</th>
<th>Chambers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>51%</td>
<td>32%</td>
</tr>
<tr>
<td>Med. Sch./Univ.</td>
<td>6%</td>
<td>7%</td>
</tr>
<tr>
<td>CHC</td>
<td>13%</td>
<td>15%</td>
</tr>
<tr>
<td>Group Pract.</td>
<td>32%</td>
<td>19%</td>
</tr>
<tr>
<td>Solo</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Sources: The Center for Studying Health System Change, 2008

All Area Physicians

Bayside Community Hospital
Primary Care Practitioners

Physician Age

Texas
- Under 40: 11%
- 40 to 49: 20%
- 50 to 59: 11%
- 60 to 64: 10%
- Over 65: 8%

Chambers
- Under 40: 15%
- 40 to 49: 15%
- 50 to 59: 10%
- 60 to 65: 15%
- Over 65: 20%

Note: Chambers County data includes PA and NPs

Physician Gender

Texas
- Female: 26%
- Male: 74%

Chambers
- Male: 62%
- Female: 38%

Note: Chambers County data includes PA and NPs

Primary Care Related Specialties in Primary Care Related Specialties in Service Area Counties

Primary Care Related Specialties in Service Area Counties by Age

Primary Care Need

- Physician demand models suggest that there is a need for every specialty with the exception of family practice.
- The number of family practice physicians exceeds the need identified in the model because family practice physicians in smaller urban and rural areas manage all primary care needs (OB, Internal Medicine, and Pediatrics).
- When all primary care services are taken into consideration there is a need for approximately 15 additional primary care providers in the primary service area and 54 in the secondary service area.
Physician demand models suggest that there is a need for virtually every sub-specialist and the need increases when the primary and secondary service area are combined.

A coordinated effort between the hospital and primary medical community would provide the best opportunity to recruit sub-specialist care to the community.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Primary</th>
<th>Secondary</th>
<th>Combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENT</td>
<td>1.16</td>
<td>5.91</td>
<td>7.07</td>
</tr>
<tr>
<td>Cardiology</td>
<td>2.03</td>
<td>10.37</td>
<td>12.41</td>
</tr>
<tr>
<td>Neurology</td>
<td>1.18</td>
<td>6.00</td>
<td>7.17</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>2.23</td>
<td>11.35</td>
<td>13.57</td>
</tr>
<tr>
<td>General Surgery</td>
<td>3.81</td>
<td>20.51</td>
<td>24.31</td>
</tr>
<tr>
<td>Urology</td>
<td>1.28</td>
<td>6.50</td>
<td>7.78</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>2.74</td>
<td>13.98</td>
<td>16.72</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>0.70</td>
<td>3.55</td>
<td>4.24</td>
</tr>
<tr>
<td>Gastro.</td>
<td>0.94</td>
<td>4.79</td>
<td>5.73</td>
</tr>
</tbody>
</table>

Hospital utilization suggests that each of the area hospitals are drawing a proportional share of the market for their facilities and probably have worked to maintain their market share.

Obstetrics demand is limited in Chambers County but combined with Liberty could support an OBG.

Virtually all specialty services go to Harris County with the largest share to San Jacinto Methodist and to Beaumont or Port Arthur.
The Clinic Benefit

- The West Chambers Clinic has expanded the hospital's service area and brings in more private pay patients.
- Other opportunities exist between Chambers and Houston as well as potentially serving Liberty and Dayton.

Hospital Utilization

- On a market share basis Chambers County captures approximately 13% of its primary care service area.
- A similarly situated hospital typically captures anywhere from 30 to 60% of its service area business depending on the range of specialty care services offered locally and other factors.
- Comparing the hospital utilization with the population distribution of the service area suggests that Chambers County is very dependent on its home Zip Code and limited by other hospitals from expanding in other Zip Codes.

Population vs. Patients

- Chambers County Population by Zip Code:
  - Population by Zip Code
    - Mt. Belvieu
    - Wallisville
    - Anahuac
    - Hankamer
    - Winnie

- Patients Within Chambers County:
  - Patients by Zip Code
    - Mt. Belvieu
    - Wallisville
    - Anahuac
    - Hankamer
    - Winnie

FQHC Clinics in the Chambers Area
Recommendations - Recruiting

- Bayside Community Hospital needs to develop a coordinated recruiting plan in conjunction with its physicians and if possible surrounding hospitals
- With a few exceptions Bayside Community Hospital should attempt to recruit a partner from a Houston based group, preferably one that area physicians are already referring their patients to and get a commitment from the group to utilize the hospitals in all participating communities
- Participating hospitals should provide local office space, advertising and support services as negotiated with the group

Recommendations –

- FQHCs are designed to care for the poor through a cost report subsidy from Medicaid
- Increasing Medicaid should increase revenue
- A significant number of school children would probably qualify for Medicaid coverage
- The school districts are looking for a partner to assist them in combating long term chronic illness in our children which creates an excellent opportunity for cooperative efforts

Recommendations –

- Bayside Community Hospital should consider developing a hospitalist program (in consultation with the medical staff) to provide an inpatient focus on patient care for community based physicians
- Other new programs such as a Medical Home Model or Shared Medical Appointments would set the clinic apart in how it serves its patients and the community

Increase Medicaid to Cover Self Pay

<table>
<thead>
<tr>
<th>Clinic Patients by Payer Source</th>
<th>The FQHC Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>Medicaid/CHIP</td>
</tr>
<tr>
<td>Medicare</td>
<td>Self-Pay</td>
</tr>
<tr>
<td>Commercial Insurance</td>
<td>Medicare</td>
</tr>
<tr>
<td>Private Pay</td>
<td>Commercial</td>
</tr>
<tr>
<td>SDI Grant</td>
<td>Workman’s Compensation</td>
</tr>
</tbody>
</table>

FQHCs

- 52%
- 35%
- 8%
- 5%
- 11%
- 10%
- 48%
- 7%
- 12%
- 12%
- 5%
- 9%

Gregory M. Eastin, President
817-915-3256
GregEastin@sbcglobal.net
STRENGTHS

Integrated systems
Scope of services
Facilities, location, updated, new technology
Community based

Diversity of providers
Willingness to grow
Reimbursement
 Positioned for Healthcare Reform
## WEAKNESSES

<table>
<thead>
<tr>
<th>Address insurance needs of community</th>
<th>Direction for complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convincing patients that we can take care of their needs</td>
<td>Community awareness of capabilities of hospital</td>
</tr>
</tbody>
</table>
OPPORTUNITIES

Home grown staff
New clinics
Expand service area
New Hospital
Education
THREATS

Increase in non-paying patients
Cost of technology
Decrease in funding
Difficulty in finding providers

Resistant to change
Health care reform
CRITICAL ISSUES

- Community and Patient Education
- Emergency Department Services
- Mental & Behavioral Health Services
- Recruit Specialists
Strategic Goals & Objectives

GOAL #1: Community and Patient Education
Objective: Improve Community and Patient Education

GOAL #2: Emergency Department Services
Objective: Improve revenue by capturing all after hours payments
Improve image as a consistent provider of emergency care

GOAL #3: Mental & Behavioral Health Services
Objective: Improve mental health services in Chambers County

GOAL #4: Recruit Specialists
Objective: To provide and expand specialized medical services to local residents
To generate referrals for outpatient and inpatient services where ever appropriate
KEY ABBREVIATIONS THAT MAY BE USED IN RESPONSIBILITY COLUMN OF CHARTS BELOW:

Adm -  – Administrator
Adm Asst – Administrative Assistant
Bd – Board of Directors
Bill Dir – Billing/Medical Director
BO – Business Office
CFO – Chief Financial Officer
Cnslt – Consultant
CPA – Certified Public Accountant
Comm – Appointed Committee
Diet Dir – Dietary Director
DON – Director or Nursing
ER – Emergency Room
HR – Human Resource
MD Dir – Physician Director
Mgrs – Managers
Mkt – Marketing
MS – Medical Staff
Nsg – Nursing
Phys – Physicians
X-ray Dir – X-ray/Laboratory Director

The following chart containing your current goals, objectives, and activities is intended to be used as a working document for the board and management. You will need to prioritize the goals, set timelines, adjust budgets, and disseminate throughout the organization. A Strategic Plan is a plan that is designed to change as the needs of the organization change. Periodic review and update is essential for a strategic plan to be helpful to the organization.
GOAL #1: Community and Patient Education

**Objective:** Improve Community and Patient Education

**Outcomes:**
1. Improved relationship with the community
2. More informed residents about health care issues and personal health conditions
3. Better interface with community, clinics, and hospital services
4. Increased service delivery and community image medical home
5. Better self management of chronic conditions

**Activities and Timelines:**

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Timeline</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand the marketing and community education services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Hire or develop a full time marketing and patient education function</td>
<td>11/10</td>
<td>Adm</td>
</tr>
<tr>
<td>B Identify referral base and patients to support services</td>
<td>10/10</td>
<td>Adm &amp; Mkt Ed</td>
</tr>
<tr>
<td>Student populations - Contact school administration and nurses to identify student</td>
<td>11/10</td>
<td>Mkt Ed &amp; DON</td>
</tr>
<tr>
<td>populations with chronic medical conditions or at risk populations for diabetes,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>asthma, obesity, special needs such as autism and physical disabilities as well as</td>
<td></td>
<td></td>
</tr>
<tr>
<td>traditional health education and sports programs for medical support needs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

School nurses:

<table>
<thead>
<tr>
<th>ISD</th>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANAHUAC ISD</td>
<td>JOELLEN</td>
<td>WEBB</td>
</tr>
<tr>
<td>BARBERS HILL ISD</td>
<td>KIMBERLY</td>
<td>DUTTON</td>
</tr>
<tr>
<td>BARBERS HILL ISD</td>
<td>COLLEEN</td>
<td>GOUNDREY</td>
</tr>
<tr>
<td>EAST CHAMBERS ISD</td>
<td>KATHERINE</td>
<td>HOFFMAN</td>
</tr>
<tr>
<td>BARBERS HILL ISD</td>
<td>DANIELLE</td>
<td>HOWELL</td>
</tr>
<tr>
<td>Activity</td>
<td>Details</td>
<td>Date</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Develop student – parent groups for special training, education and interventions to minimize adverse impacts of medical conditions and maintain optimum health</td>
<td></td>
<td>January 2011</td>
</tr>
<tr>
<td>Assist school administration with immunizations, medication management, medical interface and referral etc</td>
<td></td>
<td>January 2011</td>
</tr>
<tr>
<td>Senior population – identify senior groups in the community through senior centers, churches, patient records and contacts and provide health related education on medical conditions and clinic and hospital services. Work through the Wellness Center to develop programs and expand to other community locations such as schools</td>
<td></td>
<td>January 2011</td>
</tr>
<tr>
<td>EMS services – identify educational needs and support issues and provide community based education and clinic and hospital services</td>
<td></td>
<td>January 2011</td>
</tr>
<tr>
<td>Employer community – school districts, other public districts approach Mont Belieu chemical plants on developing programs to meet their special needs develop a program like the county health department offers to county employees for other employers in the service area</td>
<td></td>
<td>January 2011</td>
</tr>
<tr>
<td>Address chronic diseases on a group basis for patient education, compliance and stabilization</td>
<td></td>
<td>Monthly 2011</td>
</tr>
<tr>
<td>Number of students enrolled by district in Chambers County</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anahuac ISD 1423  Barber’s Hill ISD 3708  East Chambers ISD 1258</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total enrollment</td>
<td>6389</td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>------</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C Introduce diabetic education</th>
<th>January 2011</th>
<th>Adm &amp; Mkt Ed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruit or train local staff to become a certified Diabetic Educator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The American Diabetes Association</td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.diabetes.org/">http://www.diabetes.org/</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Association of Diabetes Educators</td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="https://www.diabeteseducator.org/">https://www.diabeteseducator.org/</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Begin offering classes for elderly and school programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include information of Bayside services and programs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II Expand to other patient populations</th>
<th>Quarterly 2011 add New training</th>
<th>Adm &amp; Mkt Ed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Disease and COPD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health education and fitness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others as identified through patient data and community need</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| III Work through the Area Health Education Center, Area Agency on Aging, M.D. Anderson, university health science centers and behavioral health center providers to provide programs beyond local resources | Mkt Ed & DON |

**Evaluation:** Quarterly change in education sessions and participation provided by patient group and annual increase in patient visits
**GOAL #2: Emergency Department Services**

**Objective:** Improve revenue by capturing all after hours payments  
Improve image as a consistent provider of emergency care

**Outcome:**  
1. Improved operations and consistent service delivery  
2. Improved team environment of everyone working together

**Activities and Timelines:**

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Timeline</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>I  Begin study of emergency room after hours patient volume, registrations and policies and procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A  Research and Hire ED consultant to evaluate and assist with ED process improvement to develop systems to support 24 hour registration</td>
<td>September 2010</td>
<td>Adm &amp; Mkt Ed</td>
</tr>
</tbody>
</table>
| B  Review policies and procedures on registration and billing  
Draft changes as necessary  
Present to management and gain approval  
Develop incentive programs and contests for staff fulfillment | November 2010 | Adm DON & Mkt Ed |
| C  Indentify funding /recruit or retrain staff  
Cross train staff to new and existing procedures | Dec- 2010  
Feb 2011 | Adm DON & Mkt Ed |
| D  Begin registration | March 2011 | DON |
| E  Monitor results and report back to staff with departmental posters, staff newsletters, contest awards, on a daily, weekly, and monthly basis | April to December 2011 | Adm DON & Mkt Ed |
| F  Expand marketing  
EMS services  
Other medical offices  
Pharmacies | January 2011 | Adm DON & Mkt Ed |

**Evaluation:** Monthly improvement in number of patients registered and revenue generated  
Decline in non paying after hours patients

Bayside Community Hospital 48
# GOAL #3: Mental & Behavioral Health Services

**Objective:** Improve mental health services in Chambers County

**Outcome:**
1. More stable reliable mental health services provided locally
2. Improvement in mental health patients stability and copying skills

## Activities and Timelines:

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Timeline</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet with external program providers to evaluate program offerings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Identify program and educational services available and willingness to work in Chambers County for major diagnostic categories</td>
<td>Sept. 2010</td>
<td>Clinic Mgr</td>
</tr>
<tr>
<td>B Identify site locations and equipment needs</td>
<td>Oct. 2010</td>
<td>Clinic Mgr</td>
</tr>
<tr>
<td>C Evaluate teleconferencing and coordinated billing and reimbursement alternatives</td>
<td>Clinic Mgr</td>
<td>Clinic Mgr</td>
</tr>
<tr>
<td>D Arrange facilities and logistics for service provision</td>
<td>Oct. 2010</td>
<td>Clinic Mgr</td>
</tr>
<tr>
<td>E Identify patient population and program participants</td>
<td>Oct. 2010</td>
<td>Clinic Mgr</td>
</tr>
<tr>
<td>Mental Health 2008 UDS Report Total 333 2009 498</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression 135, 2009 133</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety Disorder 55, 2009 151</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational 91 2009 133 (School program)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other 52 2009 69</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>F</td>
<td>Negotiate agreement with mental health provider</td>
<td>Dec. 2010</td>
</tr>
<tr>
<td></td>
<td>See first patient</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>Reevaluate program and keep program or begin inhouse</td>
<td>Jan. 2011</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Evaluate program to hire a local behavioral health worker to address diagnostic and less acute cases not covered above</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Review and identify program opportunities to receive funding for local behavioral health worker and file applications</td>
<td>Jan. 2011</td>
</tr>
<tr>
<td>B</td>
<td>Identify site locations and equipment needs</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Evaluate teleconferencing and coordinated billing and reimbursement alternatives</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Coordinate with the Wellness Center on program location and development</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Receive funding and recruit staff and begin program</td>
<td>March 2011</td>
</tr>
<tr>
<td>F</td>
<td>Evaluate program</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>

**Evaluation:** Number of patients receiving regular mental health services in the communities served by Chambers County Community Health Centers
GOAL #4: Recruit Specialists

Objective: To provide and expand specialized medical services to local residents
To generate referrals for outpatient and inpatient services where ever appropriate

Outcome:
1. Improved patient care through timely and convenient access to specialty services
2. Increased utilization of local services
3. Increased local revenue

Activities and Timelines:

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Timeline</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>I Develop a local specialty program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Begin tracking medical staff referrals</td>
<td>Sept.- Dec 2010</td>
<td>Clinic Mgr Providers, Front office staff</td>
</tr>
<tr>
<td>B Identify and evaluate groups and specialties to target</td>
<td>Sept.- Dec 2010</td>
<td>CEO Clinic Mgr Providers, Front office staff</td>
</tr>
<tr>
<td>Survey professional and clerical staff on:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groups scheduling timely appointments for patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsiveness to staff requests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfaction with services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication on follow up, returning patients, interventions, and reports</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C Research potential provider groups interested in gaining or maintaining referrals from Chambers County providers</td>
<td>Sept.- Jan 2010-11</td>
<td>CEO Clinic Mgr Providers, Front office staff</td>
</tr>
<tr>
<td>Willingness of a provider to make regular appointments in CCHC clinics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Willingness to use community services where ever appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Willingness to refer other local residents back to the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Willingness to negotiate a reasonable agreement to cover appropriate local costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Task Description</td>
<td>Due Date</td>
</tr>
<tr>
<td>---</td>
<td>----------------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>D</td>
<td>Rank specialist groups to contact and present program proposal to Man., Medical Staff &amp; Bd</td>
<td>Oct. 2010</td>
</tr>
<tr>
<td>E</td>
<td>Contact for interest and schedule interviews</td>
<td>Nov.-Dec. 2010</td>
</tr>
<tr>
<td>F</td>
<td>Meet with potential provider groups, negotiate relationship, and develop office support arrangements and contract if necessary</td>
<td>Dec. 2010</td>
</tr>
<tr>
<td>G</td>
<td>Start Specialist Visits and continue to add new specialty clinics every few months</td>
<td>Feb. 2011</td>
</tr>
<tr>
<td>II</td>
<td>Consider developing a hospitalist program, possibly as part of the ED Review</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Review hospital policies and procedures and modify as necessary, estimate number of potential additional referrals and present to the board and medical staff for approval</td>
<td>Feb-Mar 2011</td>
</tr>
<tr>
<td>B</td>
<td>Introduce the concept to the medical staff</td>
<td>Feb-Mar 2011</td>
</tr>
</tbody>
</table>

**Evaluation:**

- Number of specialists providing local office visits
- Number of specialty patients seen and office visits provided locally
- Patient satisfaction with new services
- Hospitalist program
- Number of additional admissions
- Patient satisfaction