



UNIVERSITY MEDICAL CENTER OF EL PASO

Community Health Needs Assessments & Implementation Plans

2022 – 2024

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, 2022. 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 Managers:
December 09, 2022*

Adoption Date: October 1, 2022

Implementation Strategy start Date: October 01, 2021

Introduction

University Medical Center of El Paso (“UMC”) has been working with a large and diverse group of local organizations and individuals to closely study community healthcare needs and prioritize solutions to better address them. These efforts included UMC’s participation in a collaborative Community Health Needs Assessment (“CHNA”) led by the City of El Paso Department of Public Health and Ascendient™ Healthcare Advisors, a contracted consultant. At the conclusion of a series of surveys, workshops and period of analysis, a collaborative assessment report was prepared.

UMC served on the Community Health Needs Assessment (“CHNA”) Advisory Board established by the City of El Paso Department of Public Health Department sponsored several sessions of public input and comment on those priorities set forth in the attached document. The public sessions took place via Zoom meetings on May 25, 2022; June 29, 2022; July 27, 2022; and August 31, 2022. During these sessions input was obtained 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 members and providers, referred to as “Regional Healthcare Partnership” (“RHP”). Other sources of data include state and national statistics as referenced in the Ascendient™ report.

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 RHP infrastructure has served UMC well in assessing and addressing community needs for healthcare and continues as an adjunct committee that identify opportunities to continue to address healthcare disparities in this 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 continuing to participate in the statewide Medicaid Supplemental Directed Payment Programs (DPPs) along with collaborations with other local organizations and hospitals. On April 9, 2022 El Paso County Commission formally adopted the 2023-2025 El Paso County Hospital District’s Strategic 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:

- El Paso County Community Health Needs Assessment Final Report, Ascendient™, December, 2022
- Comprehensive Hospital Increase Reimbursement Program (CHIRP) Quality Measures, Requirements and Evaluation ; <https://www.hhs.texas.gov/services/health/medicaid-chip/provider-information/medicaid-chip-directed-payment-programs/comprehensive-hospital-increase-reimbursement-program-chirp>
- Texas Incentives for Physicians and Professional Services (TIPPS) Quality Measures, Requirements and Evaluation ; <https://www.hhs.texas.gov/services/health/medicaid-chip/provider-information/medicaid-chip-directed-payment-programs/texas-incentives-physicians-professional-services-tipps-program>
- El Paso County Hospital District Strategic Plan 2023 – 2025, *approved by El Paso County Commission, April 9, 2022.*

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 860,000 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 CHNA Committee and the City of El Paso Health Department. A full listing of all participants of the needs assessment is included in the body and appendix of the referenced report.



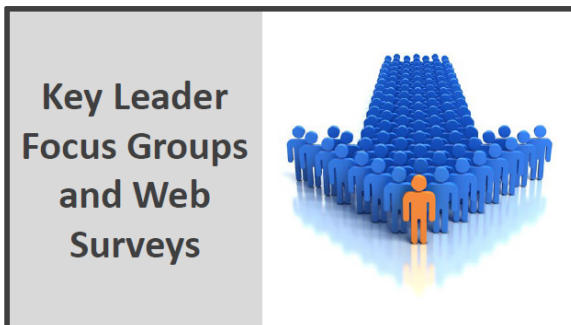
Members of the CHA Advisory Board

- Salvador Balcorta, Clínica de Salud Familiar La Fe*
- Dr. Kelly Brooks, Rawlings Dental Clinic
- Chief Ruben Candalaria, City of El Paso Fire Department
- Diana Cepeda, City of El Paso Department of Parks & Recreation
- Sara Cera, City of El Paso Department of Public Health
- Dr. Allison Days, El Paso Medical Society
- Nicole Ferrini, Chief Resilience Officer of the City of El Paso
- Art Garza, Del Sol Medical Center
- Gilda Gil, Paso del Norte Children's Development Center
- Lucio Glenn, Workforce Solutions Borderplex
- Susan Goddell, El Pasoans Fighting Hunger
- Daniel Guitierrez, Region 19 Education Services Center
- Molly Haugh, El Paso Veteran Affairs
- Renee Hurtado, Emergency Health Network
- Joseph Iglesias, US Department of Defense
- Michael Kelly, PhD, Paso del Norte Health Foundation
- Christina Lamour, United Way of El Paso County
- Monica Leal, American Heart Association
- Martin Lopez, Health & Human Services – Ysleta del Sur Pueblo
- Yvette Lugo, Area Agency on Aging
- Chelsea Lynch, Tenet Health Care
- Cindy Martinez, Rio Grande Cancer Foundation
- Elizabeth Moya, City of El Paso Housing Authority
- Rosalyn Negron, Texas Health Communities (TXHC)
- Sandra Nevarez Garcia, Center Against Sexual and Family Violence
- Jacob Ortega, HIV Prevention
- Kristen Ortega, Tobacco Control Network/Action for Health Kids
- Peter Pacillas, El Paso Police Department
- Mike Palomar, Volar Independent Living Center
- Christina Paz, Clínica San Vicente*
- Oscar Perez, University Medical Center
- Andrea Ramirez, Project Amistad
- Dr. Rick Reyna, El Paso Children's Hospital C.A.R.E.S. Clinic Team
- Oscar Ruiz, City of El Paso Environmental Services
- Sarah Ruiz, Diabetes Alliance/Sun City Dieticians
- Bill Schlesinger, Project Vida*
- Col. Shawna E. Scully, William Beaumont Army Medical Center
- Cindy Stout, El Paso Children's Hospital
- Ivonne Tapia, Aliviane, Inc.
- Chief Miguel Torres, City of El Paso Fire Department
- Irene G. Valenzuela, El Paso County Community Services

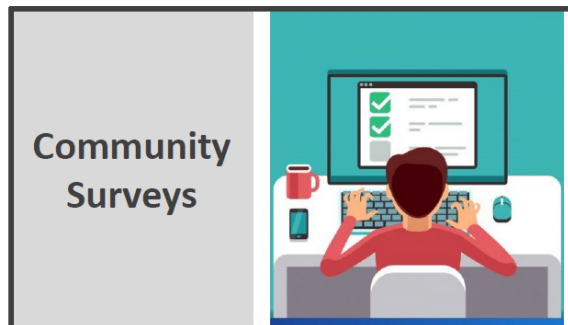
* Federally Qualified Health Center (FQHC)

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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. Additional 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. 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.



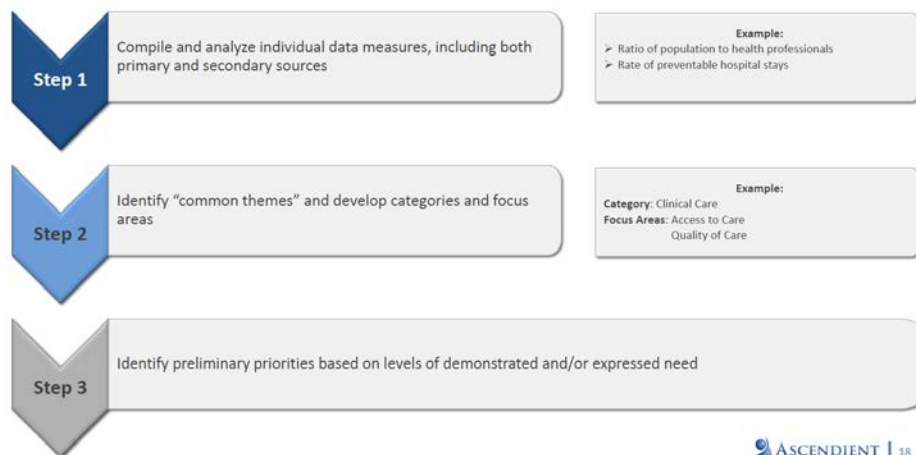
- Nearly **45** key leaders completed surveys and focus groups.
- Stakeholders represented a range of organizations, including tribal leaders, non-profit partners, government officials, physicians, and mental health advocacy organizations.



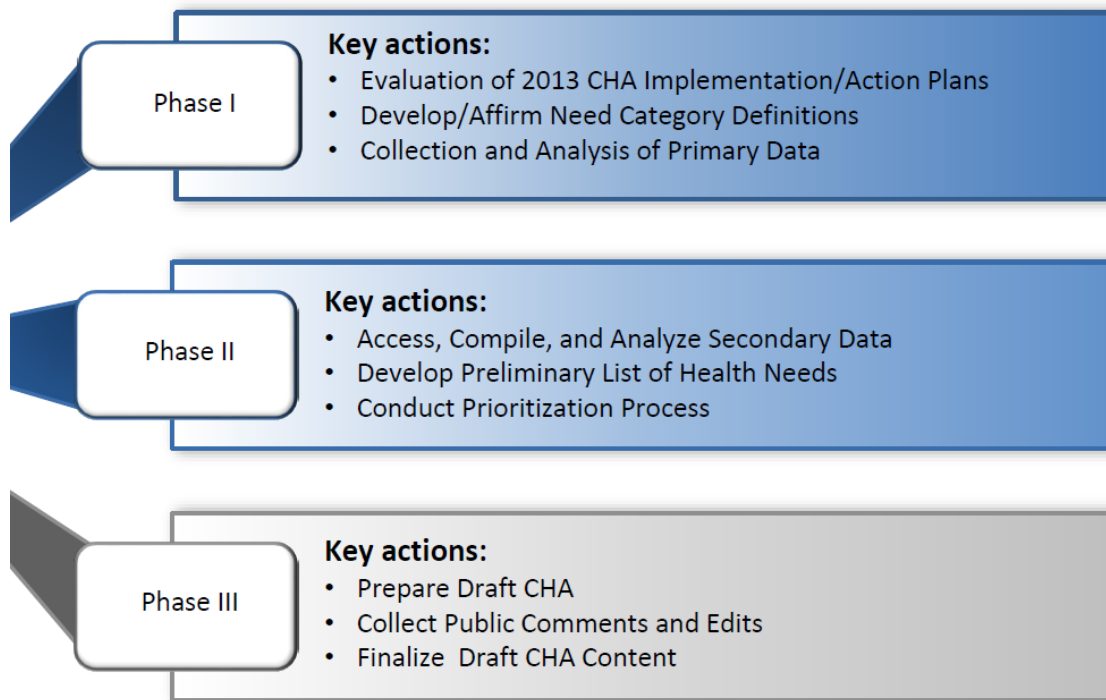
- A total of **3,653** surveys were completed.
- Surveys were available in both English and Spanish via electronic and paper versions.
- The Public Health Department team performed extensive outreach to homes and organizations throughout the community to gather broad input.

Ranking and Prioritizing Healthcare Challenges

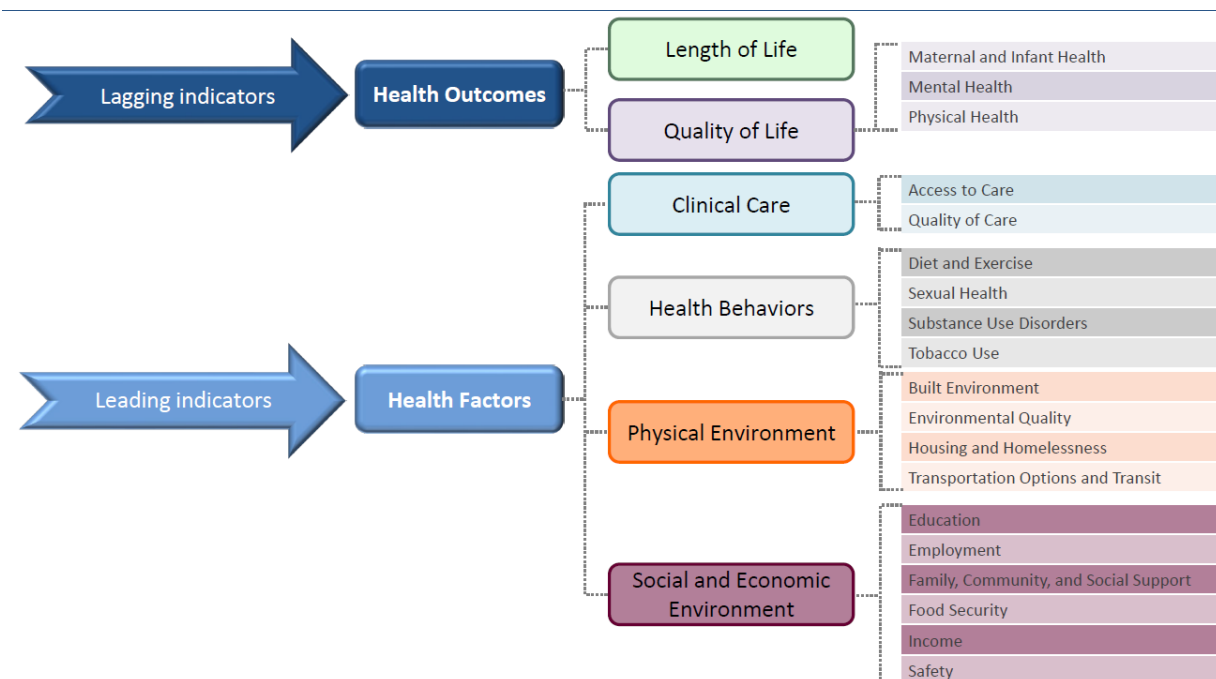
The data aggregation methodology included a three-step process:



The process was facilitated by the Ascendient™ Health Consultants and scheduled in three phases during a nine-month period in 2022 (April through December):



The Committee’s findings and its subsequent workgroups showed that residents of the El Paso area face health challenges in several key areas when statistics are compared to state and national levels. The following is a list of those top focus areas that emerged:

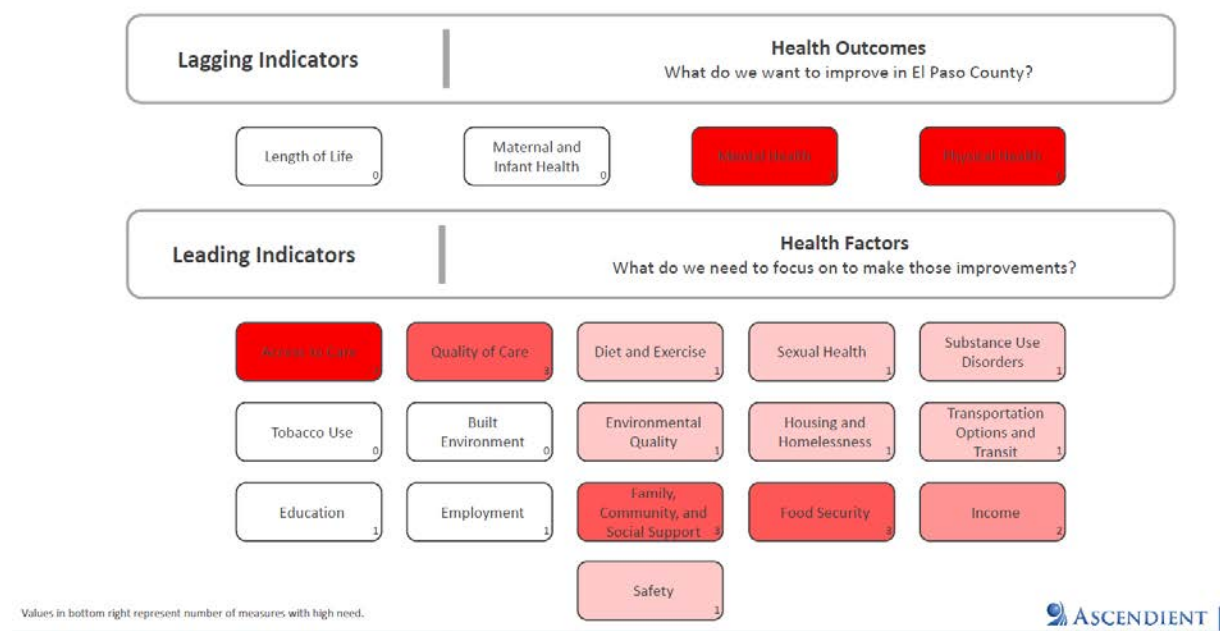


Lagging Indicators identify those health outcomes of concern that answer the question: “What do we want to improve in El Paso County?”. Leading Indicators are those health factors that answer the question “What do we need to focus on in order to make those improvements?”

The top priorities identified from the data aggregation process (health outcomes) were primarily in the areas of (1) Mental Health, and (2) Physical Health. The drivers (health factors) of these outcomes were identified for the El Paso region as:

- Access to Care
- Quality of Care
- Family, Community and Social Support
- Food Security

Other drivers (leading indicators) also emerged as shown in the following figure:



In summary, the community health assessment continues to show five major areas of concern of highest relevant to UMC as:

1. Cardiovascular Health, Diabetes and Hypertension
2. Behavioral Health (including Substance Abuse)
3. Mental Health
4. Obesity
5. Senior Health

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:

- Expand services at neighborhood health centers (primary care);
- Strengthen high risk OB services;
- Integrate behavioral health support into new Neighborhood health centers;
- Enhance the UMC-Texas Tech professional relationship;
- Enhance patient experience system-wide;
- Improve LeapFrog™ scores;
- Expand usage of mobile stroke unit;
- Add Geriatricians at Neighborhood health centers;
- Pursue IAC Vascular Testing Accreditation;
- Enhance Comprehensive Stroke Center (Joint Commission accredited)

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.

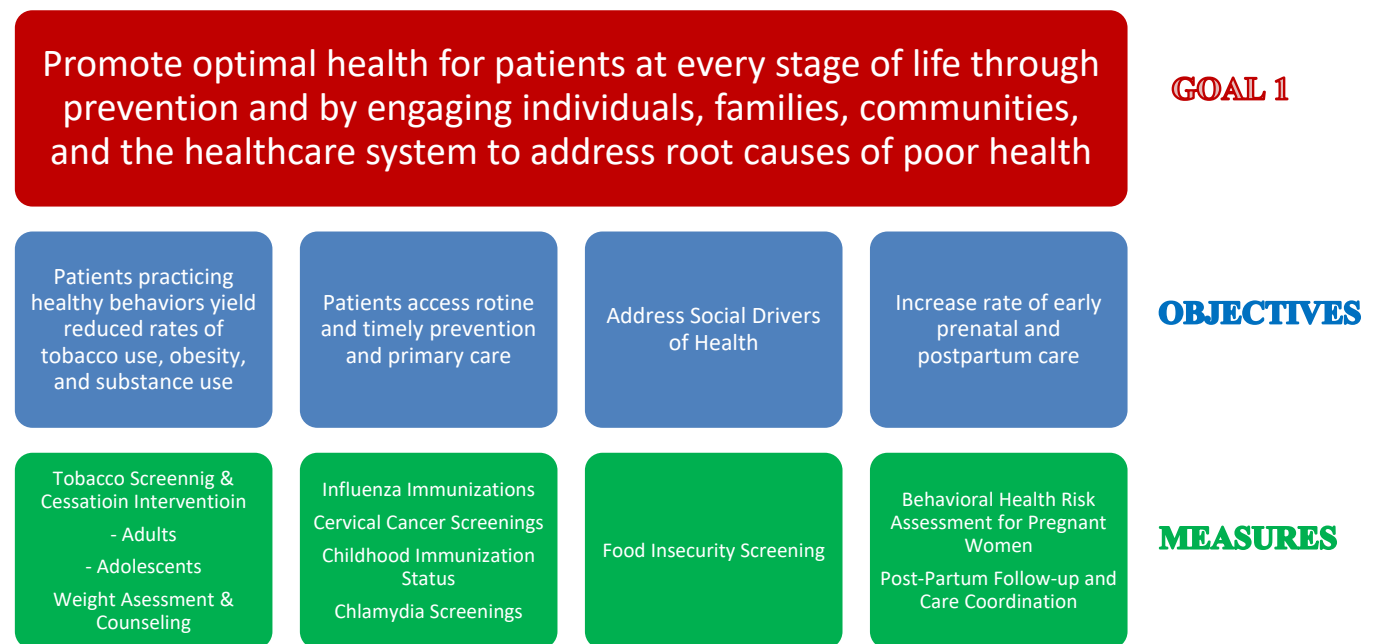
Continuing participation in the Medicaid Supplemental Programs

To focus on reducing the health disparities among poor and underserved areas of the region, UMC continues to be a leader in the community. 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 quality-based program of activity that began in October 2021 and continues today. These DPP programs (CHIRP and TIPPS) provide 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. Other organizations collaborating with UMC in waiver activities include Hospice of El Paso, the Rescue Mission and Tender Care Home Healthcare.

The delivery system reform that is supported by Texas officials and many stakeholders statewide review and approve UMC activities at the state and federal level. In accordance with CMS's DPP terms, CMS funded initiatives designed to achieve four primary goals: (1) promote optimal health for patients at every stage of life through prevention and by engaging individuals, families communities, and the healthcare system to address root causes of poor health, (2) promote effective practices for patients with chronic, complex, and serious conditions, reduce mortality rates, and better manage the leading drivers of health care costs, (3) keep patients free from harm by building

a safer healthcare system that limits human error, and (4) attract and retain high-performing providers who participate in team based collaborative, coordinated care .

UMC guided collaborative efforts of UMC partners and UMC key stakeholders and developed an implementation plan that addressed the five primary goals of the state's DPP's as well as those needs identified by the CHNA. The following diagrams show the four goals with their associated objectives and measures as established by UMC to monitor progress. These quality measures were implemented at UMC in CY2021.



Promote effective practices for patients with chronic, complex, and serious conditions, reduce mortality rates, and better manage the leading drivers of health care costs

GOAL 2

Reduce the progression of Chronic Disease and improve management of complex conditions

Increase prevention, identification, treatment, and management of behavioral and mental health

Facilitate Care Coordination

Improve Effective Medication Management

OBJECTIVES

Controlling High Blood Pressure
HbA1c Testing
HbA1c Poor Control (>9%)

Depression Screening & Follow Up Plan
Depression Regression at 12 months

Notification of Admission, Discharge, or Transfer of Patients

Medication Reconciliation
Unintentional Medication Discrepancies

MEASURES

Keep patients free from harm by building a safer healthcare system that limits human error

GOAL 3

Reduce rate of avoidable complications or adverse healthcare events in all care settings

OBJECTIVE

CAUTI
CLABSI
SSI
C-Diff

Cesarean Section Rate
Severe Maternal Morbidity

MEASURES

Attract and retain high-performing providers who participate in team based collaborative, coordinated care

GOAL 4

Increase patients with complex medical needs served with integrated and/or accountable care models

Actively monitor patient outcomes and perspectives in order to improve health care delivery

Participate in Learning Collaboratives and applying best practices to deliver high-value care

OBJECTIVES

Integrated Behavioral Health

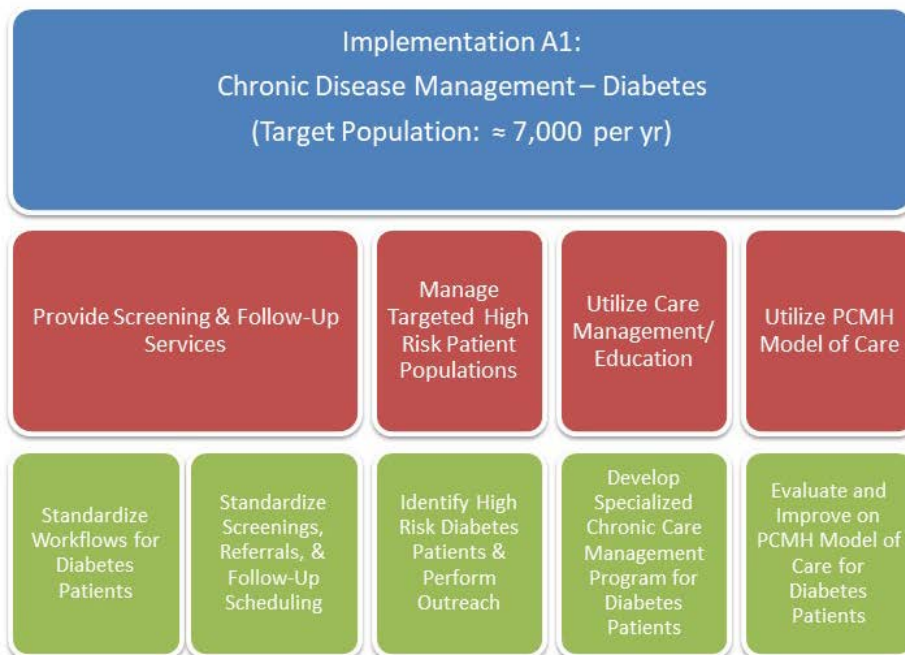
HIE Participation

Hospital Safety Learning Collaboratives
AIM Participation

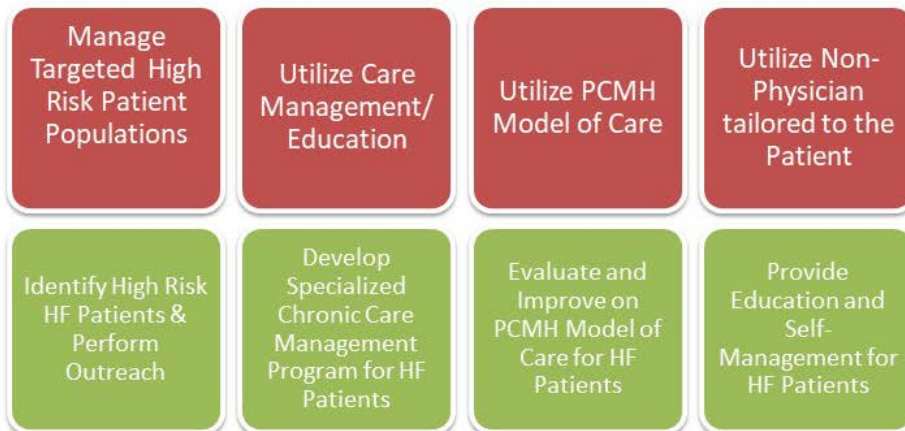
MEASURES

UMC Core Activities from 2021 through 2025

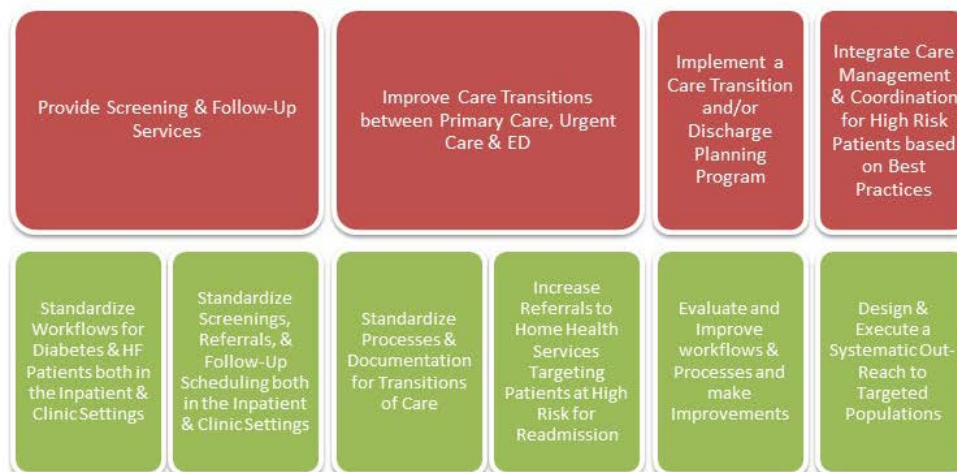
To address the needs identified by the CHNA, UMC has planned to implement the following core activities over the period of 2021 thru 2025.



Implementation A2:
Chronic Disease Management – Heart Failure
(Target Population:≈ 10,000 per yr)



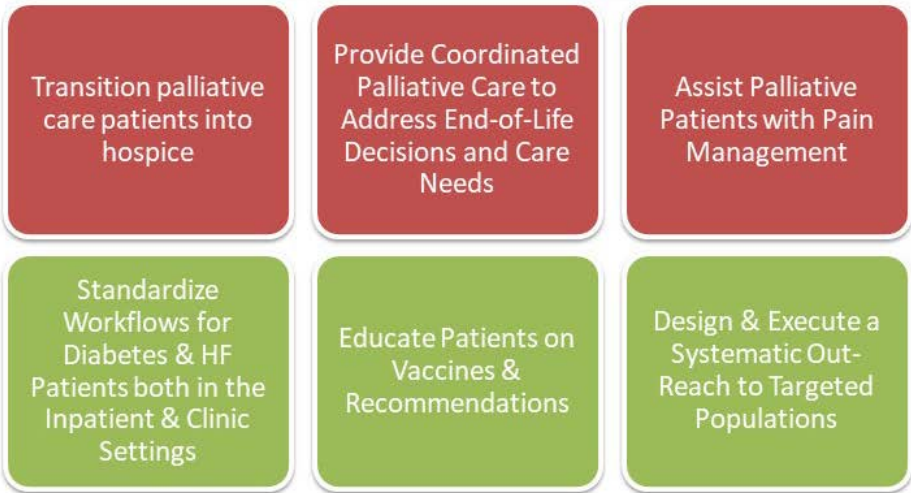
Implementation B1:
Care Transitions & Hospital Readmissions
(Target Population:≈ 7,500 per yr)

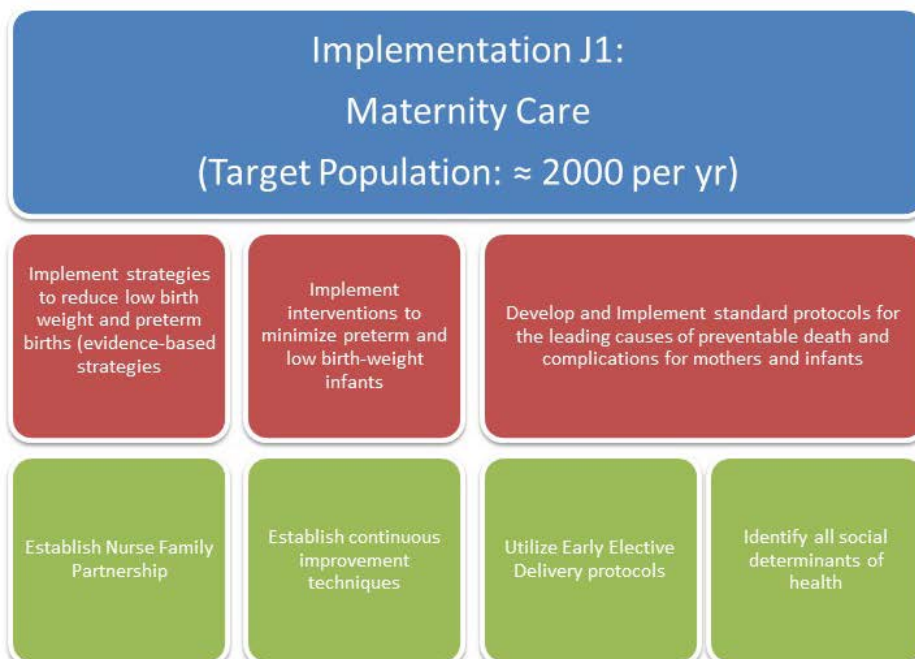
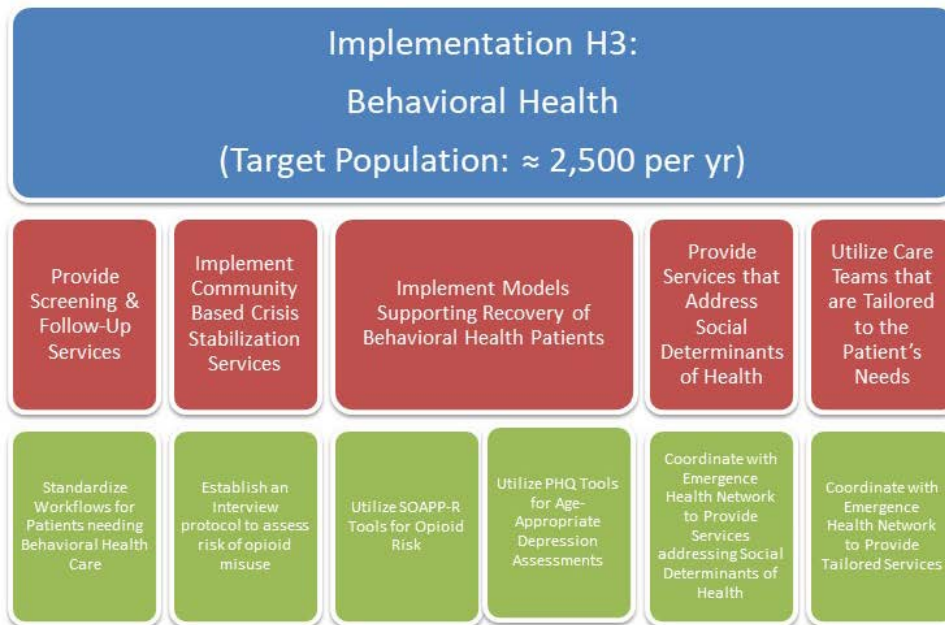


Implementation C1: Primary Care – Healthy Texans (Target Population: ≈ 32,000 per yr)



Implementation G1: Palliative Care (Target Population: ≈ 200 per yr)





Additional improvement measures will apply to hospital-wide operations thereby benefitting all patients of the UMC system. 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.

Efforts to Improve Quality

UMC core activities include quality improvement measures and improvement targets for each calendar year (CY). 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 benefiting all patients of the UMC system. With CHIRP and TIPPS participation, UMC will be reporting on measures that quantify the hospital's performance as they are incorporating the core activities.

The 39 quality metrics being monitored by UMC during the period of 2021 thru 2025 are in the areas of Chronic Disease Management – Diabetes; Chronic Disease Management – Heart Disease; Care Transitions and Hospital Readmissions; Primary Care Prevention – Healthy Texans; Maternal Care; and Depression 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.

Maternal Care, UMC continues to implement strategies to reduce low-birthweight and pre-term births through its’ Nurse Family Partnership program; develop and implement protocols directed toward reducing preventable death and complication to mothers and infants; and participation in Texas Alliance for Innovation on Maternal Health (Texas AIM) initiatives - Severe Hypertension in Pregnancy and Obstetric Hemorrhage.

Depression Management, UMC is collaborating with the Emergence Health Network (EHN) to increase screenings of clinical depression among those individuals with a diagnosis of chronic pain and post-partum women; 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.