Region 17

Regional Healthcare Partnership

Montgomery County Planning Meeting
Tuesday, May 29, 2012
1:30 p.m. to 3:30 p.m.
Montgomery County Hospital District Administration Building
1400 South Loop 336 West • Conroe, Texas 77304

AGENDA

I. **Welcome and Introductions**

II. **Update on 1115 Waiver Activities**

III. **Review of County Assessment Data and Updated Secondary Data**

IV. **Discuss Community Priorities**

V. **Review of DSRIP Project Menu**

VI. **Discuss Key Priorities in Relation to DSRIP Projects**

VII. **Closing Remarks and Next Steps**

VIII. **Adjourn**

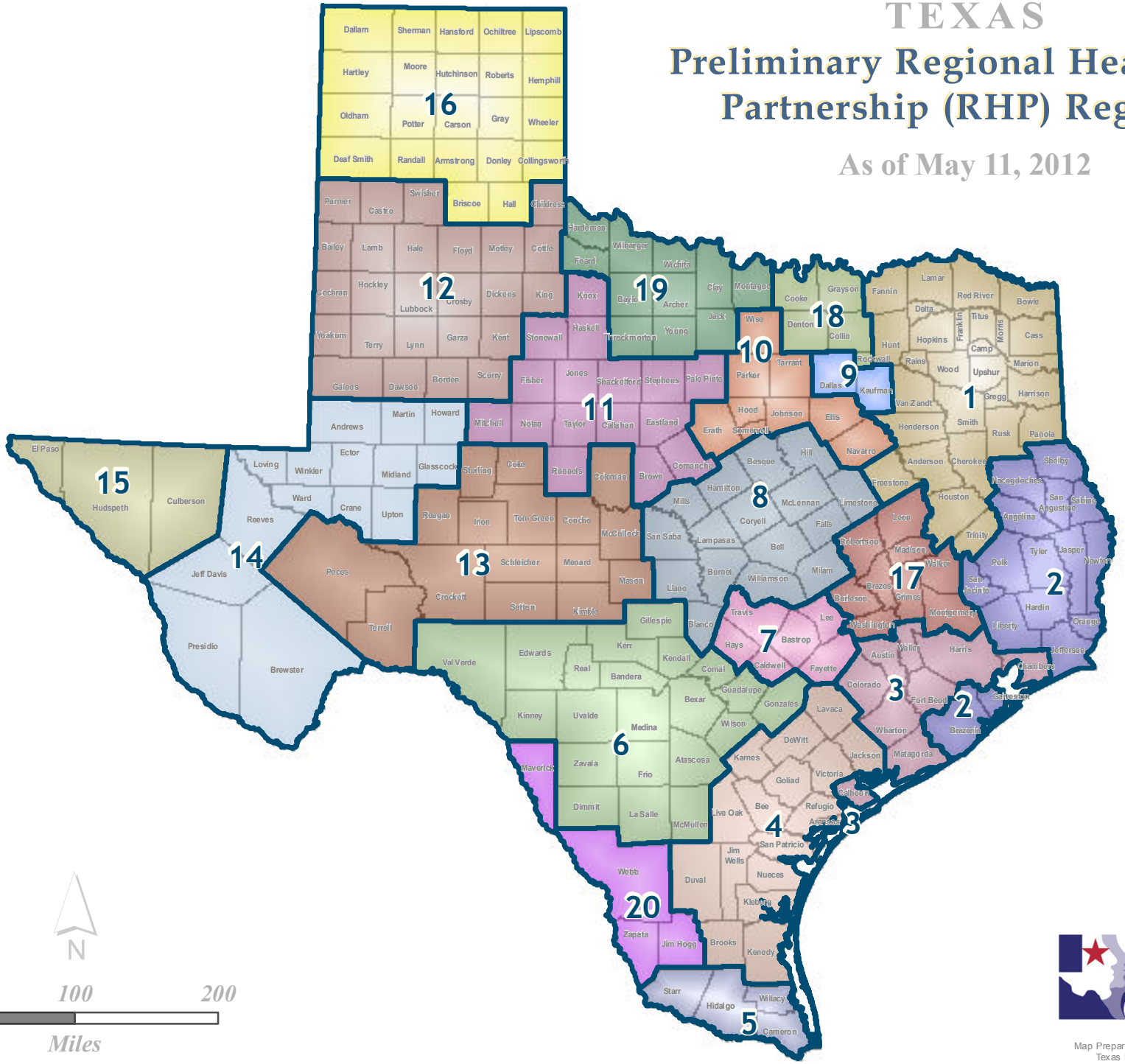
Meeting will be facilitated by Dr. Monica Wendel and Ms. Angie Alaniz

Texas A&M Health Science Center

Visit our 1115 Medicaid Transformation Waiver website: http://www.tamhsc.edu/1115-waiver

TEXAS
Preliminary Regional Healthcare Partnership (RHP) Regions

As of May 11, 2012



TEXAS Health and Human Services Commission

Map Prepared by: Strategic Decision Support Department,
Texas Health and Human Services Commission.
April 27, 2012

RHP 1

1. Anderson
2. Bowie
3. Camp
4. Cass
5. Cherokee
6. Delta
7. Fannin
8. Franklin
9. Freestone
10. Gregg
11. Harrison
12. Henderson
13. Hopkins
14. Houston
15. Hunt
16. Lamar
17. Marion
18. Morris
19. Panola
20. Rains
21. Red River
22. Rusk
23. Smith
24. Titus
25. Trinity
26. Upshur
27. Van Zandt
28. Wood

RHP 2

1. Angelina
2. Brazoria
3. Galveston
4. Hardin
5. Jasper
6. Jefferson
7. Liberty
8. Nacogdoches
9. Newton
10. Orange
11. Polk
12. Sabine
13. San Augustine
14. San Jacinto
15. Shelby
16. Tyler

RHP 3

1. Austin
2. Calhoun
3. Chambers
4. Colorado
5. Fort Bend
6. Harris
7. Matagorda
8. Waller
9. Wharton

RHP 4

1. Aransas
2. Bee
3. Brooks
4. DeWitt
5. Duval
6. Goliad
7. Jackson
8. Jim Wells
9. Karnes
10. Kenedy
11. Kleberg
12. Lavaca
13. Live Oak
14. Nueces
15. Refugio
16. San Patricio
17. Victoria

RHP 5

1. Cameron
2. Hidalgo
3. Starr
4. Willacy

RHP 6

1. Atascosa
2. Bandera
3. Bexar
4. Comal
5. Dimmit
6. Edwards
7. Frio
8. Gillespie
9. Gonzales
10. Guadalupe
11. Kendall
12. Kerr
13. Kinney
14. La Salle
15. McMullen
16. Medina
17. Real
18. Uvalde
19. Val Verde
20. Wilson
21. Zavala

RHP 7

1. Bastrop
2. Caldwell
3. Fayette
4. Hays
5. Lee
6. Travis

RHP 8

1. Bell
2. Blanco
3. Bosque
4. Burnet
5. Coryell
6. Falls
7. Hamilton
8. Hill
9. Lampasas
10. Limestone
11. Llano
12. McLennan
13. Milam
14. Mills
15. San Saba
16. Williamson

RHP 9

1. Dallas
2. Kaufman

RHP 10

1. Ellis
2. Erath
3. Hood
4. Johnson
5. Navarro
6. Parker
7. Somervell
8. Tarrant
9. Wise

RHP 11

1. Brown
2. Callahan
3. Comanche
4. Eastland
5. Fisher
6. Haskell
7. Jones
8. Knox
9. Mitchell
10. Nolan
11. Palo Pinto
12. Runnels
13. Shackelford
14. Stephens
15. Stonewall
16. Taylor

RHP 12

1. Bailey
2. Borden
3. Castro
4. Childress
5. Cochran
6. Cottle
7. Crosby
8. Dawson
9. Dickens
10. Floyd
11. Gaines
12. Garza
13. Hale
14. Hockley
15. Kent
16. King
17. Lamb
18. Lubbock
19. Lynn
20. Motley
21. Parmer
22. Scurry
23. Swisher
24. Terry
25. Yoakum

RHP 13

1. Coke
2. Coleman
3. Concho
4. Crockett
5. Irion
6. Kimble
7. Mason
8. McCulloch
9. Menard
10. Pecos
11. Reagan
12. Schleicher
13. Sterling
14. Sutton
15. Terrell
16. Tom Green

RHP 14

1. Andrews
2. Brewster
3. Crane
4. Ector
5. Glasscock
6. Howard
7. Jeff Davis
8. Loving
9. Martin
10. Midland
11. Presidio
12. Reeves
13. Upton
14. Ward
15. Winkler

RHP 15

1. Culberson
2. El Paso
3. Hudspeth

RHP 16

1. Armstrong
2. Briscoe
3. Carson
4. Collingsworth
5. Dallam
6. Deaf Smith
7. Donley
8. Gray
9. Hall
10. Hansford
11. Hartley
12. Hemphill
13. Hutchinson
14. Lipscomb
15. Moore
16. Ochiltree
17. Oldham
18. Potter
19. Randall
20. Roberts
21. Sherman
22. Wheeler

RHP 17

1. Brazos
2. Burleson
3. Grimes
4. Leon
5. Madison
6. Montgomery
7. Robertson
8. Walker
9. Washington

RHP 18

1. Collin
2. Cooke
3. Denton
4. Grayson
5. Rockwall

RHP 19

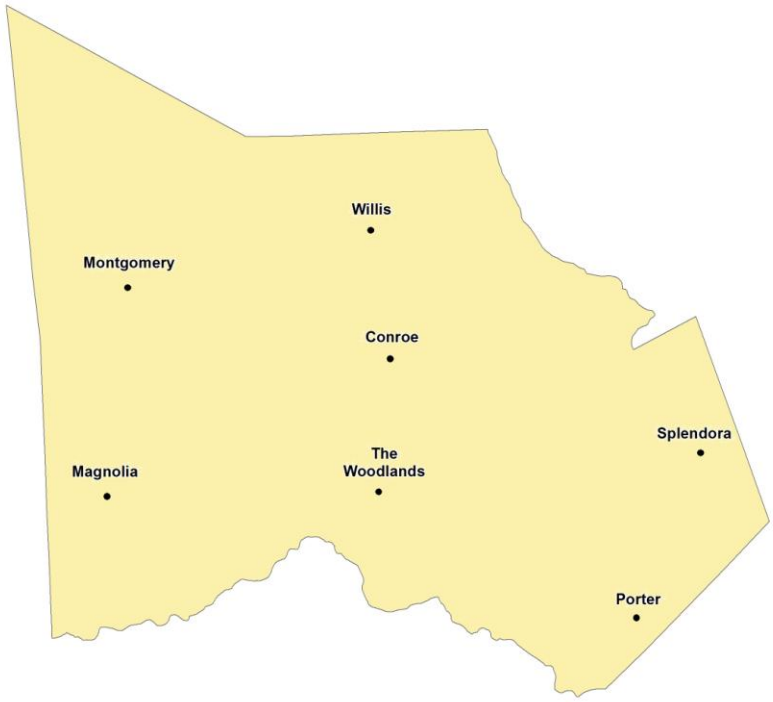
1. Archer
2. Baylor
3. Clay
4. Foard
5. Hardeman
6. Jack
7. Montague
8. Throckmorton
9. Wichita
10. Wilbarger
11. Young

RHP 20

1. Jim Hogg
2. Maverick
3. Webb
4. Zapata

2011

Montgomery County Community Health Assessment



Developed by:
Texas Health Institute

Funded by:
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Acknowledgements

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The Program Team thanks the many partners and colleagues that contributed their time and resources to making this community health assessment a reality for Montgomery County.

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OTHER ACKNOWLEDGEMENTS

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Executive Summary

INTRODUCTION

In recognition of the growing health care concerns of low-income residents in the county, the Texas Health Institute (THI) was commissioned by Montgomery County United Way (MCUW) and a collaborative of six health care partner organizations to conduct a community health assessment of Montgomery County. The goals of this assessment were to:

- Understand the social and economic landscape of the community;
- Provide a portrait of health and health care needs of the community;
- Determine trends and emerging health and health care issues; and
- Engage the community and health care partners in identifying health and health care concerns, priorities, strengths and opportunities for future program and policy development.

BACKGROUND

In 2008, Montgomery County United Way (MCUW) commissioned a Priorities Task Force comprised of a cross section of Montgomery County residents to identify Montgomery County's most critical social issues based on statistical and trend data compiled by the University of Houston Graduate School Of Social Work's Office of Community Projects. The Task Force narrowed the top issues to five priorities where MCUW should focus resources in order to achieve the greatest impact on critical community issues. The report identified "Facilitating Access to Quality and Affordable Healthcare" as the number two priority for Montgomery County. This priority addresses physical health only; mental health is addressed in other priorities.

In February 2009 through MCUW's regular funding process and in October 2009 through a Request for Proposals, MCUW solicited health care programs from nonprofit funded partners, clinics and service providers in the community. As proposals did not adequately address MCUW's FQAH priority and because MCUW's health care experts held differing opinions on health care priorities, MCUW's Board approved funding for a Montgomery County Community Health Assessment. A 22-member Steering Committee was established. Texas Health Institute, a nonprofit organization that provides leadership in development of health care solutions for Texas, was commissioned to conduct the study. Six of the partner organizations agreed to join MCUW to fund the study and/or provide health care data.

METHODOLOGY

A multi-pronged approach was utilized to assess the community health needs and concerns of Montgomery County, drawing on a framework adapted from the Robert Wood Johnson Foundation's *Aligning Forces for Quality* Initiative. To this end, multiple sources of public and private data along with diverse community voices were incorporated in the study to paint a complete portrait of Montgomery County's health and health care landscape. Multiple methodologies, including ongoing community and stakeholder engagement, analysis of data, Geographic Information System (GIS) mapping, and content

analysis of community feedback, were utilized to identify key areas of priority and need. Specifically, the following data sources and measures were employed:

(1) Multiple public data sources on demographics, health and health care resources;
(2) Proprietary data on hospital emergency department, clinic, and hospital district health care assistance program utilization; and
(3) Community engagement and feedback.

DATA FINDINGS

Demographics

- In 2000-2009, Montgomery County grew much faster than the city of Houston and Texas. Regions with fastest population growth included: The Woodlands and Shenandoah; Conroe; Montgomery; and Magnolia and Decker Prairie.

- Montgomery County grew in racial/ethnic diversity at a much faster pace than the state. Asians, Hispanic/Latinos, and African Americans doubled and Whites represented a smaller proportion of the county by 2009. Regions with greatest growth in diversity included: The Woodlands and Shenandoah; Conroe and Cut and Shoot; Porter; Magnolia and Decker Prairie; Splendora and Pinehurst.

- Median income increased, as there was a significant growth in high-income populations in 2000-2009.

- In 2000-2009, the number of poor families grew and dispersed across the county. Areas with the largest increase in number of families in poverty included: The Woodlands and Shenandoah; Pinehurst; Willis; Montgomery; Conroe; Magnolia and Decker Prairie.

Access to Care

- In 2008, Montgomery County had the third largest number of uninsured in the Greater Houston Area, comprising one-fourth of the county's population.

- In certain regions, especially Conroe, more than one-third of the population was uninsured.

- At least one in five persons in areas east of Shenandoah and The Woodlands and in and around Willis, Cut and Shoot, New Caney and Porter were uninsured.

- Over 50 percent of people under 65 years and with incomes at or below 200 percent FPL were uninsured.

- In 2007-2009, generally, one in five persons did not have a usual source of care. Among low-income populations (with income below $25,000), nearly one-third did not have a usual source of care.

- About 15 percent of the population delayed or did not obtain care due to cost in the county. Of low-income people, over one in three persons did not obtain care.

Health Status, Morbidity and Mortality

- In 2007-2009, over one in five persons reported having fair or poor health.
- Nearly seven in 10 persons were overweight or obese; and among low-income individuals about eight in 10 were overweight. These rates were higher than Texas' average rate.
- Montgomery County had a larger percentage of population with high blood pressure, high cholesterol, arthritis, and adult asthma than the state.
- Rates of heart disease, diabetes, and tobacco use were comparable to the state.
- Rate of breast cancer mortality, respiratory cancer (including lung) incidence and mortality, and skin cancer incidence were higher in Montgomery County than Texas.
- The county had a higher death rate due to chronic lower respiratory disease.
- While Montgomery County's rate of low-birth weight babies was comparable to the state, both county and state were performing below the national benchmark.
- Percent of pregnant women receiving prenatal care within first trimester was higher than Texas, however significantly lower than the nation.
- Rates of major communicable diseases and sexually transmitted diseases, appeared to be lower than the State of Texas, although this may be due to lower reporting rates.

Health Care Resources

- The county's safety net primarily comprises a Federally Qualified Health Center (FQHC) located in Conroe, a nonprofit, volunteer-run clinic in The Woodlands, and a hospital district. In addition there are four acute care hospitals.
- Montgomery County has slightly more primary care physicians per 100,000 population than the state; however, it has far fewer nurses, including registered nurses, nurse practitioners, and licensed vocational nurses, than the state and the nation.
- The county also has fewer dentists per 100,000 population than the state.
- Much of East County has been designated as a Health Professional Shortage Area (HPSA). Lone Star Family Health Center has also received this designation for primary medical care. Furthermore, East County and Northwest County around Richards, Montgomery and Dobbin have been designated as Medically Underserved Areas (MUAs) for almost a decade now.
- Lone Star Family Health Center, the only FQHC in the county, served almost 19,000 residents in 2009, a 30 percent increase from 2007. In 2009, there were 3.0 visits per patient. Lone Star saw a majority of publicly-insured patients (about six in 10 in 2009). However, it grew in its self-pay or uninsured population, from representing 17 percent in 2007 to 21 percent in 2009. In 2009, Lone Star saw approximately 4,000 uninsured patients. The largest volume of uninsured patients to the clinic was from Conroe, Willis, and around Cut and Shoot.

- Interfaith Community Clinic (ICC), being a non-profit, volunteer clinic, saw only uninsured patients in 2007-2009. While ICC does not collect or report number of patients, the clinic estimates that it sees nearly 2,000 patients annually. Patient visit data for ICC show that the majority of visits were made by females, adults and racial/ethnic minorities. The largest volume of ICC patients was from Conroe, Spring and The Woodlands, although the clinic served patients from all across the county.

- In 2009, the four hospitals, combined, received just over 97,000 visits to their emergency department (ED) from Montgomery County residents. Publicly-insured patients (with Medicaid, Medicare or CHIP) accounted for the largest and growing proportion of ED visits (nearly 40 percent for in-county visits), and an even higher proportion of visits for potentially preventable conditions (nearly 50 percent). Publicly-insured ED visits were highest from Conroe, New Caney, Willis, and The Woodlands.

- Just over one-fourth of all hospital ED visits were made by self-paying or uninsured patients. One zip code in the city of Conroe accounted for the largest percent of self-paid ED visits—40 percent—a rate comparable to the actual percent uninsured in Conroe. Willis, New Caney and Porter were among other regions with a large percent of self-paid ED visits—i.e., at least 33 percent.

- In 2009, the hospital district covered nearly 1,500 individuals in their Health Care Assistance Programs (HCAP). The greatest concentration of clients was from Conroe and around Willis, with large numbers also from East County, Leonidas, Montgomery, and Magnolia.

Potential Areas of Need

This study revealed many geographic areas in the county with growing population, health and health care needs. Following is a list of potentially high-need areas, along with a summary of their demographic and health landscape:

- Conroe: After The Woodlands, Conroe has the largest and the fastest growing population. It is also home to the largest number of poor families, percent uninsured (almost 40%) and racially/ethnically diverse populations (70%). Parts of Conroe have also been designated as HPSA and MUA. In addition, Conroe accounts for the greatest proportion of ER visits and uninsured patients at clinics as well as the greatest proportion of the hospital district's HCAP clients.

- Willis: Willis has the second highest uninsured rate in the county, and has also been designated as HPSA and MUA. Like Conroe, Willis houses a growing and large diverse population. In addition, only second to Conroe, Willis accounts for a large proportion of self-pay ED visits and clinic visits. A large number of HCAP clients are also from Willis. In addition, it includes a large proportion of patients with diabetes and hypertension.

- East County, particularly New Caney, Porter and Cut and Shoot: The East County region, particularly New Caney, Porter, and Cut and Shoot have seen considerable growth in population, as well as number of poor and racially- and ethnically-diverse populations. This region is also designated as HPSA and MUA. In addition, Porter and New Caney accounted for the third largest number of ED visits made by uninsured patients. The East County region also had a large

percentage of HCAP clients.

- West County, particularly Montgomery and Magnolia: Magnolia has seen considerable growth in population, number of poor families and percent uninsured. At the same time, it has accounted for a growing percentage of uninsured patients at the safety-net clinics. Similarly, Montgomery generally resembles Magnolia in its demographic dynamics and health care utilization patterns by uninsured. In addition, however, Montgomery has been federally designated as MUA.

COMMUNITY FEEDBACK

An Advisory Committee, comprised of 22 community leaders and representatives, was engaged over the course of four in-person meetings to identify priorities, react to data findings and offer solutions for major health care concerns in the county. Listed below are the major themes that emerged.

A common thread among these themes and an issue raised at all of the Advisory Committee meetings was the need to educate both communities and providers around existing safety net resources and programs for primary care, health promotion, prevention and healthy living.

- **Transportation.** Transportation was the single most commonly discussed barrier to accessing health care in Montgomery County. Respondents spoke at length about the lack of public transportation and the challenges it poses for low-income, senior and homeless populations trying to access primary care.

- **Ability to Pay.** The Advisory Committee identified a number of barriers related to cost, affordability and ability to pay for health care, including high deductibles or co-payments, expensive prescriptions, tests, and specialty and follow up care. The Committee discussed ad hoc solutions taken in the community including home remedies, traveling out of the country for cheaper care (e.g., to Mexico), and obtaining medications from abroad.

- **Primary Care Capacity**. Primary care, particularly for low-income and uninsured populations, was cited as a major void in the county. Community representatives discussed that clinics seemed to be operating at full capacity, with long waits in waiting rooms and appointments being booked far out. They also spoke at length about the need to expand clinic hours, particularly for day-time hourly wage workers, families needing assistance with child care, and families navigating with no or only one form of transport.

- **Trust and Related Issues.** Several representatives shared perspectives from within their individual communities regarding lack of trust in certain providers, perception of disrespect for low-income and racial/ethnic minority patients and fear among undocumented immigrants. The Committee spoke about the importance of a racially- and ethnically-diverse workforce, and the potential role of community health workers in promoting health and providing health education in culturally and linguistically appropriate ways in trusted community settings.

- **Dental Care.** There was almost unanimous consensus that dental care is "non-existent" in Montgomery County for the uninsured and under-insured. A general lack of dental services was discussed for adults, children, homeless and other populations.

- **Obesity.** Community participants discussed health concerns related to poor diet, lack of physical activity and obesity. They cited the problem of poor nutritional choices in low-income neighborhoods, such as ease of access to fast food chains and liquor stores, few grocery stores with fresh and healthy foods, and unhealthy options at food banks and pantries.

- **Cancer.** The Committee discussed the challenge that low-income and underserved populations face in obtaining needed screening or early detection of cancer. They pointed to the need for health education on screening and detection, particularly targeting minority populations who are reluctant to get screenings.

- **Other Areas of Concern.** Beyond lengthy discussions of the previously mentioned health care priorities, the Committee spoke about asthma in children and the challenge that parents face in keeping up with its management. They also spoke about air quality concerns and that while this issue must be addressed, it may be out of the scope of this study and initiative. Furthermore, the high teen violent death rate raised concerns around prevention, education and counseling among adolescents.

RECOMMENDATIONS

The Texas Health Institute (THI) has developed a set of recommendations to guide Montgomery County United Way and its health care partners in leveraging resources to establish programs and policies to improve health care and outcomes for Montgomery County.

Recommendation 1:

Support programs that employ patient navigators and community health workers to provide community-tailored health information, promotion, education and prevention in hospitals, clinics, and trusted community settings.

This recommendation addresses multiple barriers to accessing care, as identified in this assessment. These include: lack of public transportation; lack of trust in providers; culture and limited English proficiency; lack of knowledge about existing primary care resources; and limited education and prevention opportunities in underserved communities. It also offers an opportunity to address healthy behaviors, chronic care and disease management. In addition, with the shortage of primary care health professionals in Montgomery County who provide care to indigents and persons with publicly-funded health coverage, the utilization of patient navigators, Community Health Workers (CHWs), or *promotores* extends the quantity and quality of health care and social services available; improves access and connectivity to existing resources; and addresses trust and cultural competency issues identified through the study. Following are specific ways in which Recommendation 1 could be implemented:

A. Supporting community-based organizations, safety-net clinics or hospitals in hiring community health workers and *promotores* to provide health information, education and services within trusted community settings.

B. Supporting safety-net clinics or hospitals in hiring patient navigators to connect low-income and minority patients with needed health services, education and information.

C. Establishing a regional or county-based Hub-and-Spokes Model, such as the Pathways Community HUB Model, for creating a central entity that coordinates health and social services for low-income populations and offers health education and information through patient navigators, community health workers, and *promotores*.

Recommendation 2:

Expand services and operating capacity in existing clinics, and establish new clinics in underserved areas, including nurse-managed clinics.

This recommendation addresses gaps in the primary care safety net in Montgomery County, offering solutions that enhance existing clinic infrastructure and services as well as providing insight into high-need areas for the addition of new clinics. The following three actions are discussed as potential ways to achieve Recommendation 2:

A. Supporting future capital and operational expansion in high-need areas of Montgomery County.

B. Supporting expansion of operational capacity of existing clinics, including provision of more weekend and evening service hours and expanding service lines.

C. Improving clinic workforce and expanding nurse-managed clinics.

Recommendation 3:

Improve clinical and community care coordination through effective use of information technology.

Information technology, also referred to as Health Information Technology (HIT) in the health care field, has the potential to transform health care by reducing costs and improving quality of care through care coordination, service efficiencies, reduction in duplication of efforts and connectivity to resources. This recommendation describes two approaches for improving the coordination of primary care resources in the community to improve health and health outcomes:

A. Health Information Exchanges.

B. Social Marketing and Mobile Phone Applications.

Recommendation 4:

Improve access to dental health services for low-income populations.

One of the priorities established through the data analysis and community feedback was the lack of available dental services for low-income populations, particularly for children, non-elderly adults and the homeless. This section offers three approaches to expanding dental care:

A. Provide oral health preventive care education in schools and community settings;

B. Provide training to general dentists to see pediatric patients; and

C. Train other health professionals on how to integrate basic oral health practices into regular services for children.

Recommendation 5:

Establish a County Obesity Task Force to respond with community-based solutions to address improved nutrition and increased physical activity.

Data from this study point to an epidemic of overweight and obese residents in the county--i.e., nearly seven out of 10 Montgomery County adults was overweight or obese in 2007-2009. THI recommends the establishment of a County Obesity Task Force to determine priorities specific to the needs of Montgomery County residents, take account of existing efforts and programs, and develop evidence-based solutions and interventions.

Recommendation 6:

Support community-based solutions to address cancer prevention and early detection.

Age-adjusted cancer data suggest that mortality rates are especially high for lung and breast cancer, and incidence is higher for lung and skin cancer in Montgomery County as compared to the state. This recommendation is divided into three components, each corresponding to a specific cancer of concern in the community:

A. Supporting community-based solutions to address breast cancer mortality.

B. Supporting community-based solutions to address lung cancer incidence and mortality.

C. Supporting community-based solutions to address skin cancer.

Recommendation 7:

Broadly disseminate findings of this report to assist community leaders and organizations in advocacy, policymaking, program development, and funding decisions to improve the health of Montgomery County residents.

There are several other health care concerns that were raised from the data analysis and community feedback that will warrant more focused research and understanding for future planning and action. These include, for example:

- Transportation;
- Air quality;
- Asthma;
- Arthritis;
- Mortality due to chronic lower respiratory infection; and
- Prenatal care in first trimester.

Montgomery County, Texas

People QuickFacts	Montgomery County	Texas
Population, 2011 estimate	NA	25,674,681
Population, 2010	455,746	25,145,561
Population, percent change, 2000 to 2010	55.1%	20.6%
Population, 2000	293,768	20,851,820
Persons under 5 years, percent, 2010	7.3%	7.7%
Persons under 18 years, percent, 2010	27.6%	27.3%
Persons 65 years and over, percent, 2010	10.4%	10.3%
Female persons, percent, 2010	50.4%	50.4%
White persons, percent, 2010 (a)	83.5%	70.4%
Black persons, percent, 2010 (a)	4.3%	11.8%
American Indian and Alaska Native persons, percent, 2010 (a)	0.7%	0.7%
Asian persons, percent, 2010 (a)	2.1%	3.8%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	Z	0.1%
Persons reporting two or more races, percent, 2010	2.3%	2.7%
Persons of Hispanic or Latino origin, percent, 2010 (b)	20.8%	37.6%
White persons not Hispanic, percent, 2010	71.2%	45.3%
Living in same house 1 year & over, 2006-2010	82.1%	81.5%
Foreign born persons, percent, 2006-2010	12.1%	16.1%
Language other than English spoken at home, pct age 5+, 2006-2010	18.4%	34.2%
High school graduates, percent of persons age 25+, 2006-2010	85.9%	80.0%
Bachelor's degree or higher, pct of persons age 25+, 2006-2010	29.7%	25.8%
Veterans, 2006-2010	30,570	1,635,367
Mean travel time to work (minutes), workers age 16+, 2006-2010	31.6	24.8
Housing units, 2010	177,647	9,977,436
Homeownership rate, 2006-2010	75.6%	64.8%
Housing units in multi-unit structures, percent, 2006-2010	13.5%	24.1%
Median value of owner-occupied housing units, 2006-2010	$157,100	$123,500
Households, 2006-2010	150,546	8,539,206
Persons per household, 2006-2010	2.82	2.78
Per capita money income in past 12 months (2010 dollars) 2006-2010	$31,959	$24,870
Median household income 2006-2010	$65,620	$49,646
Persons below poverty level, percent, 2006-2010	10.9%	16.8%

Business QuickFacts	Montgomery County	Texas
Private nonfarm establishments, 2009	8,743	519,028[1]
Private nonfarm employment, 2009	121,158	8,925,096[1]

Private nonfarm employment, percent change 2000-2009	41.6%	11.2%[1]
Nonemployer establishments, 2009	36,204	1,844,130
Total number of firms, 2007	40,269	2,164,852
Black-owned firms, percent, 2007	S	7.1%
American Indian- and Alaska Native-owned firms, percent, 2007	S	0.9%
Asian-owned firms, percent, 2007	2.1%	5.3%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	9.7%	20.7%
Women-owned firms, percent, 2007	25.9%	28.2%
Manufacturers shipments, 2007 ($1000)	3,667,010	593,541,502
Merchant wholesaler sales, 2007 ($1000)	6,399,326	424,238,194
Retail sales, 2007 ($1000)	5,260,066	311,334,781
Retail sales per capita, 2007	$12,748	$13,061
Accommodation and food services sales, 2007 ($1000)	728,582	42,054,592
Building permits, 2010	2,932	88,461
Federal spending, 2009	2,015,347	216,379,449[1]

Geography QuickFacts	**Montgomery County**	**Texas**
Land area in square miles, 2010	1,041.74	261,231.71
Persons per square mile, 2010	437.5	96.3
FIPS Code	339	48
Metropolitan or Micropolitan Statistical Area	Houston-Sugar Land-Baytown, TX Metro Area	

1: Includes data not distributed by county.

Population estimates for counties will be available in April, 2012 and for cities in June, 2012.

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information
F: Fewer than 100 firms
FN: Footnote on this item for this area in place of data
NA: Not available
S: Suppressed; does not meet publication standards
X: Not applicable
Z: Value greater than zero but less than half unit of measure shown

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits, Consolidated Federal Funds Report
Last Revised: Tuesday, 31-Jan-2012 16:58:26 EST

County Health Rankings & Roadmaps
A Healthier Nation, County by County

	Montgomery County	Error Margin	National Benchmark*	Texas	Rank (of 221)
Health Outcomes					**41**
Mortality					**37**
Premature death	7,077	6,795-7,359	5,466	7,186	
Morbidity					**67**
Poor or fair health	17%	13-22%	10%	19%	
Poor physical health days	3.8	2.9-4.7	2.6	3.6	
Poor mental health days	3.8	2.7-5.0	2.3	3.3	
Low birthweight	7.7%	7.5-8.0%	6.0%	8.2%	
Health Factors					**12**
Health Behaviors					**10**
Adult smoking	16%	12-20%	14%	19%	
Adult obesity	27%	23-31%	25%	29%	
Physical inactivity	23%	19-27%	21%	25%	
Excessive drinking	17%	13-21%	8%	16%	
Motor vehicle crash death rate	20	19-22	12	17	
Sexually transmitted infections	198		84	435	
Teen birth rate	45	43-46	22	63	
Clinical Care					**29**
Uninsured	21%	20-22%	11%	26%	
Primary care physicians	987:1		631:1	1,050:1	
Preventable hospital stays	73	70-76	49	73	
Diabetic screening	81%	78-84%	89%	81%	
Mammography screening	60%	57-63%	74%	62%	
Social & Economic Factors					**31**
High school graduation	91%			84%	
Some college	61%	59-63%	68%	56%	
Unemployment	7.6%		5.4%	8.2%	
Children in poverty	16%	13-19%	13%	26%	
Inadequate social support	24%	18-30%	14%	23%	
Children in single-parent households	24%	22-26%	20%	32%	
Violent crime rate	280		73	503	
Physical Environment					**214**
Air pollution-particulate matter days	2		0	1	
Air pollution-ozone days	12		0	18	
Access to recreational facilities	10		16	7	
Limited access to healthy foods	17%		0%	12%	
Fast food restaurants	51%		25%	53%	

* 90th percentile, i.e., only 10% are better

2012

Note: Blank values reflect unreliable or missing data

Montgomery County
POTENTIALLY PREVENTABLE HOSPITALIZATIONS

www.dshs.state.tx.us/ph

From 2005-2010, adult residents (18+) of **Montgomery County** received **$905,641,973** in charges for hospitalizations that were potentially preventable. Hospitalizations for the conditions below are called "**potentially preventable**," because **if the individual had access to and cooperated with appropriate outpatient healthcare, the hospitalization would likely not have occurred**.

Potentially Preventable Hospitalizations for Adult Residents of **Montgomery County**	**Number of Hospitalizations**							**2005-2010**		
	2005	2006	2007	2008	2009	2010	**2005-2010**	Average Hospital Charge	Hospital Charges	Hospital Charges Divided by 2010 Adult County Population
Bacterial Pneumonia	924	871	949	729	895	896	5,264	$39,705	$209,005,578	$634
Dehydration	223	156	211	209	175	137	1,111	$21,432	$23,810,817	$72
Urinary Tract Infection	564	574	594	572	591	673	3,568	$26,015	$92,823,231	$281
Angina (without procedures)	41	35	23	26	23	23	171	$23,682	$4,049,580	$12
Congestive Heart Failure	1,060	998	990	867	852	796	5,563	$39,276	$218,494,312	$663
Hypertension (High Blood Pressure)	128	120	172	169	176	198	963	$27,764	$26,736,466	$81
Asthma	234	209	249	262	325	268	1,547	$29,403	$45,485,709	$138
Chronic Obstructive Pulmonary Disease	756	755	745	914	833	926	4,929	$34,880	$171,922,380	$521
Diabetes Short-term Complications	101	80	91	112	189	159	732	$29,936	$21,913,473	$66
Diabetes Long-term Complications	259	260	252	289	287	328	1,675	$54,567	$91,400,426	$277
TOTAL	**4,290**	**4,058**	**4,276**	**4,149**	**4,346**	**4,404**	**25,523**	**$35,483**	**$905,641,973**	**$2,746**

Source: Center for Health Statistics, Texas Department of State Health Services

The purpose of this information is to assist in improving healthcare and reducing healthcare costs.
This information is not an evaluation of hospitals or other healthcare providers.

Bacterial Pneumonia is a serious inflammation of the lungs caused by an infection. Bacterial pneumonia primarily impacts older adults. Communities can potentially prevent hospitalizations by encouraging older adults and other high risk individuals to get vaccinated for bacterial pneumonia.
Dehydration means the body does not have enough fluid to function well. Dehydration primarily impacts older adults or institutionalized individuals who have a limited ability to communicate thirst. Communities can potentially prevent hospitalizations by encouraging attention to the fluid status of individuals at risk.
Urinary Tract Infection (UTI) is usually caused when bacteria enter the bladder and cause inflammation and infection. It is a common condition, with older adults at highest risk. In most cases, an uncomplicated UTI can be treated with proper antibiotics. Communities can potentially prevent hospitalizations by encouraging individuals to practice good personal hygiene; drink plenty of fluids; and (if practical) avoid conducting urine cultures in asymptomatic patients who have indwelling urethral catheters.
Angina (without procedures) is chest pain that occurs when a blockage of a coronary artery prevents sufficient oxygen-rich blood from reaching the heart muscle. Communities can potentially prevent hospitalizations by encouraging regular physical activity; smoking cessation; controlling diabetes, high blood pressure, and abnormal cholesterol; maintaining appropriate body weight; and daily administration of an anti-platelet medication (like low dose aspirin) in most individuals with known coronary artery disease.
Congestive Heart Failure is the inability of the heart muscle to function well enough to meet the demands of the rest of the body. Communities can potentially prevent hospitalizations by encouraging individuals to reduce risk factors such as coronary artery disease, diabetes, high cholesterol, high blood pressure, smoking, alcohol abuse, and use of illegal drugs.
Hypertension (High Blood Pressure) is a syndrome with multiple causes. Hypertension is often controllable with medications. Communities can potentially prevent hospitalizations by encouraging an increased level of aerobic physical activity, maintaining a healthy weight, limiting the consumption of alcohol to moderate levels for those who drink, reducing salt and sodium intake, and eating a reduced-fat diet high in fruits, vegetables, and low-fat dairy food.
Asthma occurs when air passages of the lungs become inflamed and narrowed and breathing becomes difficult. Asthma is treatable, and most flare-ups and deaths can be prevented through the use of medications. Communities can potentially prevent hospitalizations by encouraging people to learn how to recognize particular warning signs of asthma attacks. Treating symptoms early can result in prevented or less severe attacks.
Chronic Obstructive Pulmonary Disease is characterized by decreased flow in the airways of the lungs. It consists of three related diseases: asthma, chronic bronchitis and emphysema. Because existing medications cannot change the progressive decline in lung function, the goal of medications is to lessen symptoms and/or decrease complications. Communities can potentially prevent hospitalizations by encouraging education on smoking cessation and minimizing shortness of breath.
Diabetes Short-term Complications are extreme fluctuations in blood sugar levels. Extreme dizziness and fainting can indicate hypoglycemia (low blood sugar) or hyperglycemia (high blood sugar), and if not brought under control, seizures, shock or coma can occur. Diabetics need to monitor their blood sugar levels carefully and adjust their diet and/or medications accordingly. Communities can potentially prevent hospitalizations by encouraging the regular monitoring and managing of diabetes in the outpatient health care setting and encouraging patient compliance with treatment plans.
Diabetes Long-term Complications include risk of developing damage to the eyes, kidneys and nerves. Risk also includes developing cardiovascular disease, including coronary heart disease, stroke, and peripheral vascular disease. Long-term diabetes complications are thought to result from long-term poor control of diabetes. Communities can potentially prevent hospitalizations by encouraging the regular monitoring and managing of diabetes in the outpatient health care setting and encouraging patient compliance with treatment plans.

For more information on potentially preventable hospitalizations, go to: www.dshs.state.tx.us/ph.

Montgomery County Health Environment Notes & Related Data

Montgomery County

Name/Location	Providers	Type of Facility

Hospital

Conroe Regional Medical Center
HEALTHSOUTH Rehabilitation Hospital of North Houston (Conroe)
Kingwood Medical Center
Memorial Hermann The Woodlands Hospital
Nexus Specialty Hospital-The Woodlands Ltd. Shenandoah Campus
Reliant Rehabilitation Hospital North Houston Shenandoah
Solara Hospital Conroe
St. Luke's Lakeside Hospital (The Woodlands)
St. Luke's The Woodlands Hospital

UTILIZATION DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2010

Montgomery County - Metro

Hospital	Ownership	Days Open	Staffed Beds	Admissions	Inpatient Days	Medicare Inpatient Days	Medicaid Inpatient Days	Average Daily Census	Average Length of Stay	Staffed Occupancy Rate%
Conroe Regional Medical Center	FP	365	292	14,305	71,874	39,408	10,799	196.9	5.0	67.4
HEALTHSOUTH Rehabilitation Hospital of North Houston (Conroe)	FP	365	84	1,117	16,462	12,840	0	45.1	14.7	53.7
Kingwood Medical Center	FP	365	199	11,094	52,158	24,589	8,397	142.9	4.7	71.8
Memorial Hermann The Woodlands Hospital	NP	365	252	13,204	54,500	19,467	7,034	149.3	4.1	59.3
Nexus Specialty Hospital-The Woodlands Ltd. Shenandoah Campus	FP	365	75	649	19,722	11,037	0	54.0	30.4	72.0
Reliant Rehabilitation Hospital North Houston Shenandoah	FP	365	60	1,589	17,938	14,808	0	49.1	11.3	81.9
Solara Hospital Conroe	FP	365	35	495	12,585	10,223	0	34.5	25.4	98.5
St. Luke's Lakeside Hospital (The Woodlands)	FP	365	30	792	1,916	733	5	5.2	2.4	17.5
St. Luke's The Woodlands Hospital	NP	365	154	8,117	32,568	10,351	5,219	89.2	4.0	57.9
COUNTY TOTALS		365	1181	51,362	279,723	143,456	31,454	85	11	64

Source: 2010 Cooperative DSHS/AHA/THA Annual Survey of Hospitals and Hospitals Tracking Database

CHARITY CARE CHARGES AND SELECTED FINANCIAL DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2010

Ownership	Bad Debt Charges	Charity Charges	Total UC Care	Net Patient Revenue	Gross Inpatient Revenue	Gross Outpatient Revenue	Total Gross Patient Revenue	UC Care as % of Gross Patient Revenue
Conroe Regional Medical Center	$33,771,785	$51,660,300	$85,432,085	$284,074,546	$854,955,927	$418,093,485	$1,273,049,412	6.7
HEALTHSOUTH Rehabilitation Hospital of North Houston (Conroe)	$277,692	$514,241	$791,933	$20,221,096	$27,500,169	$2,561,647	$30,061,816	2.6
Kingwood Medical Center	$34,762,553	$18,810,384	$53,572,937	$180,807,276	$564,475,173	$346,775,360	$911,250,533	5.9
Memorial Hermann The Woodlands Hospital	$34,147,536	$9,294,343	$43,441,879	$234,285,396	$356,796,155	$321,764,070	$678,560,225	6.4
Nexus Specialty Hospital-The Woodlands Ltd. Shenandoah Campus	$193,146	$226,856	$420,002	$25,474,250	$96,541,308	$58,809	$96,600,117	0.4
Reliant Rehabilitation Hospital North Houston Shenandoah	$185,574	$380,724	$566,298	$24,006,303	$30,529,693	$1,802,106	$32,331,799	1.8
Solara Hospital Conroe	$381,542	$0	$381,542	$18,043,994	$66,942,491	$0	$66,942,491	0.6
St. Luke's Lakeside Hospital (The Woodlands)	$1,572,050	$180,685	$1,752,735	$41,961,452	$41,887,903	$74,334,208	$116,222,111	1.5
St. Luke's The Woodlands Hospital	$22,590,304	$14,472,980	$37,063,284	$162,655,312	$280,135,902	$250,899,909	$531,035,811	7.0
COUNTY TOTALS	**$127,882,182**	**$95,540,513**	**$223,422,695**	**$991,529,625**	**$2,319,764,721**	**$1,416,289,594**	**$3,736,054,315**	6.0

Source: 2010 Cooperative DSHS/AHA/THA Annual Survey of Hospitals and Hospital Tracking Database

Montgomery County Health and Community Data
DSHS Health Currents System
www.dshs.state.tx.us/chs/healthcurrents

Hospital Resources				
	Year	Montgomery County	Region 6	Texas
Acute Care Hospitals	2009	9	102	553
Psychiatric Hospitals	2009	1	10	43
Acute Care For-Profit Hospitals	2009	7	62	279
Acute Care Non-Profit Hospitals	2009	2	28	151
Acute Care Public Hospitals	2009	0	12	123
Beds Setup and Staffed for Acute Care	2009	1,131	15,276	64,022
Beds Setup and Staffed for Obstetrics Care	2009	103	1,210	5,961
Acute Care Licensed Beds	2009	1,241	18,944	78,368
Psychiatric Care Licensed Beds	2009	30	1,130	5,450

Health Occupations				
	Year	Montgomery County	Region 6	Texas
Direct Care Physicians	2010	741	10,501	41,191
Primary Care Physicians	2010	342	4,355	17,526
Physician Assistants	2010	86	1,236	4,943
Registered Nurses	2010	2,770	43,493	176,498
Licensed Vocational Nurses	2010	854	12,249	71,141
Nurse Practitioners	2010	93	1,490	6,162
Dentists	2010	193	3,003	11,301
Pharmacists	2010	364	5,691	20,428
Chiropractors	2010	90	1,182	4,767
Veterinarians	2010	151	1,177	5,734
EMS Personnel	2010	1,117	13,272	56,381

Ratio of 2009 Population per Health Care Professional				
	Year	Montgomery County	Region 6	Texas
Direct Care Physicians Ratio	2010	155.5	171.5	162.3
Primary Care Physicians Ratio	2010	71.8	71.1	69.1
Physician Assistants Ratio	2010	18.0	20.2	19.5
Registered Nurses Ratio	2010	581.3	710.5	695.6
Licensed Vocational Nurses Ratio	2010	179.2	200.1	280.4
Nurse Practitioners Ratio	2010	19.5	24.3	24.3
Dentists Ratio	2010	40.5	49.1	44.5
Pharmacists Ratio	2010	76.4	93.0	80.5
Chiropractors Ratio	2010	18.9	19.3	18.8
Veterinarians Ratio	2010	31.7	19.2	22.6
EMS Personnel Ratio	2010	234.4	216.8	222.2

Health Insurance				
	Year	Montgomery County	Region 6	Texas
18 Years and Younger, Without Health Insurance	2007	25,851	364,908	1,375,714
18 Years and Younger, Without Health Insurance (%)	2007	20.9%	21.1	19.5%
Younger than 65 Years, Without Health Insurance	2007	97,892	1,547,524	5,765,126
Younger than 65 Years, Without Health Insurance (%)	2007	25.1	29.1	26.8%

Socioeconomic Indicators				
	Year	Montgomery County	Region 6	Texas
Average Monthly TANF Recipients	SFY2009	358	10,994	104,693
Average Monthly SNAP (food stamp) Participants	SFY2009	29,960	546,904	2,819,469
Unduplicated Medicaid Clients	SFY2009	52,072	1,006,556	4,760,721
Unemployment Rate	2010	7.6%	8.5%	8.2%
Per Capita Personal Income	2010	$45,490	$46,179	$38,609
Average Monthly CHIP enrollment	FY2008	6,062	123,212	466,242

Poverty				
	Year	Montgomery County	Region 6	Texas
Total Persons Living Below Poverty	2009	49,974	903,425	4,143,077
Total Persons Living Below Poverty (%)	2009	11.2%	15.3%	17.1%
Related Children 0-17 Years, Living Below Poverty	2009	18,650	368,312	1,655,085
Related Children 0-17 Years, Living Below Poverty (%)	2009	15.2%	21.9%	24.3%
18 Years and Over, Living Below Poverty	2009	31,324	535,113	2,487,992
18 Years and Over, Living Below Poverty (%)	2009	9.7%	12.7%	14.3%

Health Professional Shortage Area Designations – Montgomery County

Source: http://hpsafind.hrsa.gov/HPSASearch.aspx

- Primary Medical Care

HPSA NAME	ID	TYPE	FTE	#SHORT	SCORE
Lone Star Community Health Center	148999487A	Comprehensive Health Center			12
Low Income East Service Area	14899948G4	Population Group	8	8	11
C.T. 6922.00		Census Tract			
C.T. 6923.00		Census Tract			
C.T. 6924.00		Census Tract			
C.T. 6925.00		Census Tract			
C.T. 6926.00		Census Tract			
C.T. 6927.00		Census Tract			
C.T. 6928.00		Census Tract			
C.T. 6929.00		Census Tract			
C.T. 6930.00		Census Tract			
C.T. 6931.00		Census Tract			
C.T. 6934.00		Census Tract			
C.T. 6935.00		Census Tract			
C.T. 6938.00		Census Tract			
C.T. 6939.00		Census Tract			
C.T. 6940.00		Census Tract			
C.T. 6941.00		Census Tract			

- Dental – Single County

HPSA NAME	ID	TYPE	FTE	#SHORT	SCORE
Lone Star Community Health Center	64899948H4	Comprehensive Health Center			16

- Mental Health – Single County

HPSA NAME	ID	TYPE	FTE	#SHORT	SCORE
Montgomery	748339	Single County	16	-2	12
Lone Star Community Health Center	748999483Y	Comprehensive Health Center			17

DRAFT DSRIP MENU

*excluding proposed metrics

Category 1: Infrastructure Development	
Project Area 1: Expand Behavioral Health Access	
A	Implement technology-assisted services (telemedicine, telephonic guidance) to support or deliver behavioral health. Develop individual health management strategies to address personal and social barriers impeding access to services.
B	Provide an early intervention for a targeted behavioral health population to prevent unnecessary use of services in a specified setting (i.e., the criminal justice system, ER, urgent care etc.).
C	Enhance service availability (i.e., hours, clinic locations, transportation, and mobile clinics) to appropriate levels of care.
D	Collaborate with community partners to explore and develop a long-term Crisis Intervention/Stabilization unit.
E	Develop Workforce Enhancement Initiative(s) to Support Access to Providers in Underserved Markets and Areas (i.e., physicians, psychiatrists, psychologists LMSW, LRC, LMFT).
F	Expand residency training slots for psychiatrists, child psychiatrists, psychologists and mid-level behavioral health practitioners (LMSW, LPC, and LMFT).
Project Area 2: Expand Primary Care Access	
A	Enhance service availability (hours, clinic locations, urgent care, transportation, mobile clinics) to appropriate levels of care.
B	Develop a system for primary care provider recruitment and retention.
C	Develop Workforce Enhancement Initiative(s) to Support Access to Providers in Underserved Markets and Areas (i.e., Nurse Practitioners, Physician Assistants, nurses, educators, etc.).
Project Area 3: Expand Specialty Care Access	
A	Enhance service availability (hours, clinic locations, transportation, and mobile clinics).
B	Implement facilitated referral programs and excellent communication between primary care and other health care consultants.
C	Develop and expand use of telehealth to increase access to care in fields consistent with CMS and Accreditation Standards.
D	Develop Workforce Enhancement Initiative(s) to Support Access to Providers in Underserved Markets and Areas.
Project Area 4: Enhance Health Information Exchange and Health Information Technology for Performance Improvement and Reporting Capacity	
A	Generate data reports to prioritize RHP decisions for quality improvement initiatives.
B	Capture race, ethnicity and language as self-reported.
C	Recruit and/or train staff to lead analyses (including data analytics, performance benchmarking, and implementation science) of population management and performance improvement methodologies.
D	Facilitate coordination of care by leveraging health information exchange.
E	Screen patients for health literacy using evidenced-base tool.
Project Area 5: Implement and/or Expand Telehealth	
A	Establish a telehealth program/network to provide additional health care services (i.e., home health, self-care, and translation services).
B	Use telehealth to deliver psychosocial and community-based nursing services to promote independence at home.

DRAFT DSRIP MENU

*excluding proposed metrics

Project Area 6: Implement Disease or Care Management Registry	
A	Create longitudinal registry databases of health care utilization and services for patients with common chronic diseases and/or ambulatory sensitive conditions.
B	Collaborate with health departments to develop a longitudinal database of epidemiological data.
C	Use/Maintain the ImmTrac, Texas Immunization Registry.
Project Area 7: Develop Patient Centered Medical Home Model Infrastructure	
A	Redesign care delivery, in accordance with medical home recognition program, or expand scope to a specified population/community.
B	Promote education and training for providers and patients related to the Patient-Centered Medical Home model.
Project Area 8: Enhance Public Health Preventive Services	
A	Enhance service availability (hours, clinic locations, transportation, and mobile clinics) to appropriate levels of care.
Project Area 9: Improve or Expand Emergency Medical Services	
A	Reduce the transfer time from ED to ED by ambulance to 2 hours or less. Reduce and eliminate the number of transfers by private vehicle from ED to ED.

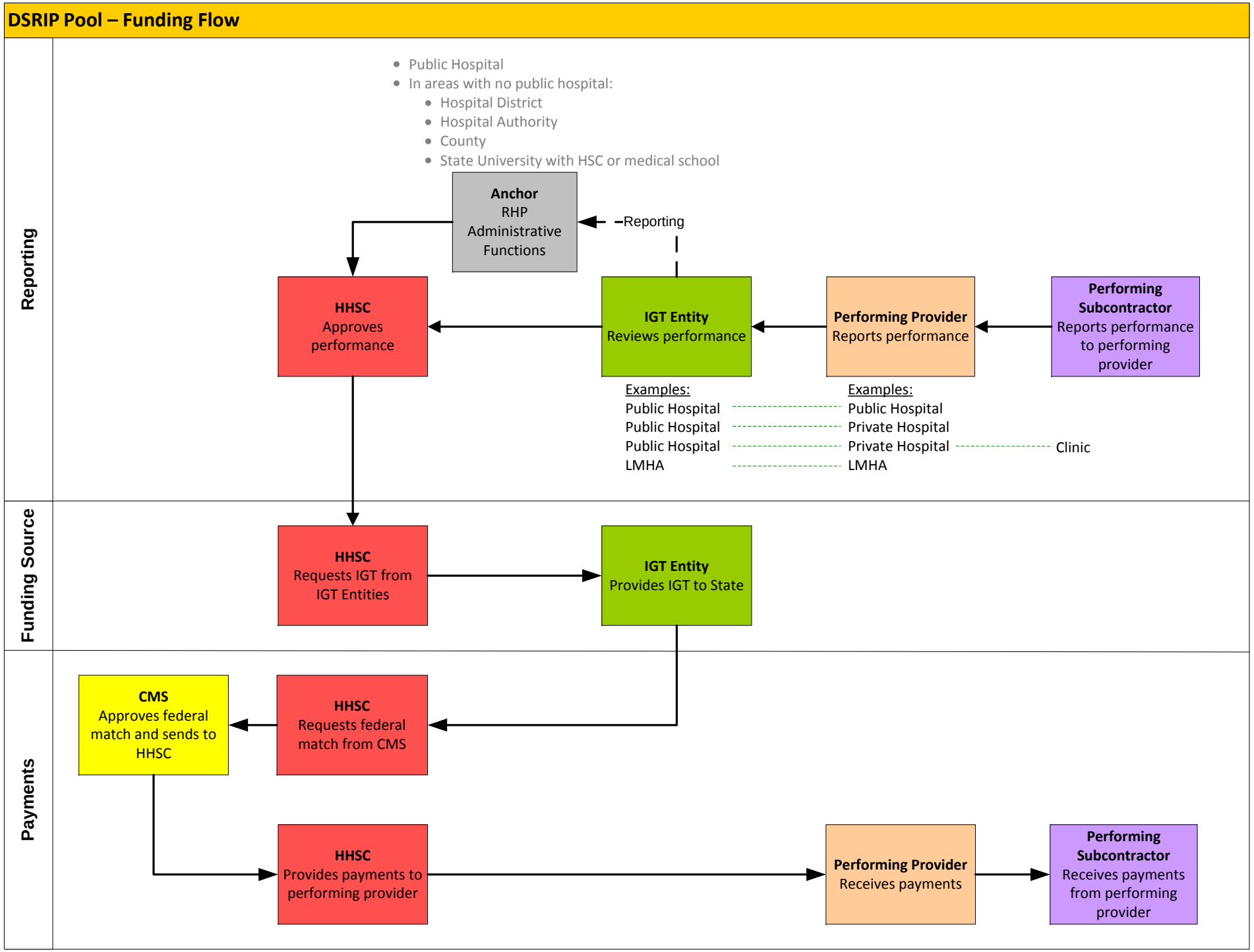
Category 2: Program Innovation and Redesign	
Project Area 1: Reduce Potentially Preventable Admissions/ Readmissions (PPA/PPR)	
A	Implement an evidence-based care coordination model in a target population.
B	Implement post-discharge support for target population admitted to a hospital.
C	Implement programs that link patients with multiple hospitalizations in one year to home/non-hospital resources that will reduce demand for inpatient care.
Project Area 2: Test Financing Mechanisms for Providers	
A	Create patient-directed wellness pilot that includes incentives, such as health navigation with flexible wellness accounts.
Project Area 3: Develop Innovations in Health Promotion/ Disease Prevention	
A	Formalize relationships and referrals to community partners that have capacity to promote wellness and healthy behaviors.
B	Utilize community health workers (CHW) to expand access to health promotion and disease prevention behavior.
C	Establish self-management education programs in community settings including self-enrollment in the program and appropriate follow-up with a health care professional. Engage in wellness at non-medical locations using CHWs.
D	Engage in population-based campaigns or programs to promote healthy lifestyles using new media such as social media and text messaging in an identified targeted population.
E	Implement a program to increase early enrollment in prenatal care.
F	Implement evidenced-based strategies to reduce low birth weight and preterm birth.
G	Implement evidenced-based strategies to reduce tobacco use.
H	Implement evidence-based strategies to increase exclusive breast feeding.
I	Implement evidence-based strategies to increase screenings for targeted populations.
J	Implement prevalence testing for high risk diseases as determined by Public Health Authority.
Project Area 4: Develop Innovation for Provider Training and Capacity	
A	Implement an integrated multi-disciplinary care system to promote team-based care.
B	Develop chronic care multi-disciplinary training programs for nurses, pharmacists, social workers, registered dietitians and physicians.
Project Area 5: Enhance Behavioral Health Services	
A	Develop care management function that integrates the primary and behavioral health needs of individuals.
B	Co-locate primary and behavioral health care services.
C	Provide telephonic psychiatric and clinical guidance to all participating primary care providers delivering services to behavioral patients regionally
D	Establish post-discharge support for behavioral health/ substance abuse.
E	Recruit, train and support consumers of mental health services to be providers of behavioral health services as volunteers, paraprofessionals or professionals within the system.
Project Area 6: Innovate in Telehealth	
A	Leverage state government agencies, industry, and other organizations to offer online education to rural physician offices.
B	Provide psychosocial, clinical, and behavioral case management services to promote independence

	and patient self-management at home via telehealth delivered by case managers who are integrated into primary care practices.
Project Area 7: Innovate in Supportive Care	
A	Create a sustainable supportive care program to improve the quality of life of patients living with chronic or terminal conditions and to further engage care providers in the clinical benefits of supportive care.
B	Standardize supportive care -decision-making with evidence-based protocols and documented health records to ensure that patient preferences are discussed/recorded.
C	Partner with community-based organizations to address pain and other supportive care issues with patients.
Project Area 8: Reduce Inappropriate Emergency Department (ED) Use	
A	Establish ED care teams.
B	Reduce ED visits by identifying frequent users' needs.
C	Develop and implement triage protocol.
Project Area 9: Improve Patient Experience of Care	
A	Survey patients using CAHPS Patient-Centered Medical Home (PCMH) Item Set.
B	Survey patients using CAHPS Cultural Competence Item Set.

Category 3: Quality Improvements	
Project Area 1: Chronic Disease	
A	Congestive Heart Failure
B	Asthma
C	HIV
Project Area 2: Healthcare Acquired Conditions	
A	Surgical Site Infections (SSI)
B	MDROs/CDI
C	Facility-acquired pressure ulcers
Project Area 3: Perinatal Outcomes	
A	Birth trauma
B	Antenatal corticosteroid administration
C	Non-medically indicated delivery < 39 weeks
Project Area 4: Potentially Preventable Admissions/ Readmissions	
A	Potentially Preventable Admissions/ Readmissions
B	Behavioral Health - Potentially Preventable Admissions/ Readmissions
Project Area 5: Emergency Care	
A	Calculate baseline admit decision time to ED departure time for admitted patients.

Category 4: Population-based Improvements	
Project Area 1: At-risk Populations	
A	Congestive Heart Failure
B	Diabetes
Project Area 2: Preventive Health	
A	Immunizations
B	Diabetes
C	Smoking cessation
Project Area 3: Potentially Preventable Admissions/ Readmissions	
A	Behavioral health & substance abuse
B	COPD
C	Diabetes
D	All-cause
E	Stroke
F	Congestive Heart Failure
Project Area 4: Patient-Centered Health Care	
A	Patient satisfaction
B	Medication management
Project Area 5: Cost Utilization	
A	Outpatient imaging
Project Area 6: Emergency Department	
A	Admit decision time to ED departure time

DSRIP Pool – Funding Flow



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