Comanche County Medical Center

Community Health Needs Assessment

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General Background

Comanche County Medical Center ("CCMC" or "the hospital"), located in the center of Comanche County Texas, primarily serves the Comanche and De Leon area. CCMC also serves other residents of Comanche County and residents of Eastland, Erath and Hamilton counties. The hospital's mission is a community-oriented health care system dedicated to providing excellent and compassionate care for residents of its community, while striving to promote community wellness and health. The hospital provides general medical and surgical services for inpatient, outpatient and emergency room patients which includes a twenty-four-hour emergency department, respiratory therapy, physical therapy, cardiac rehabilitation, diagnostic testing and imaging services, and two wellness centers. The hospital has an affiliation agreement with St. David's Medical Center in Austin, TX in an effort to provide a broader referral network in support of the Hospital's mission. As a result, the hospital has acquired a tele-health system in primary support of establishing a fully licensed rural stroke referral center, capable of linking patients immediately with a Board-Certified neurologist.

Licensed for twenty-five beds, CCMC currently staffs and operates twenty-three beds as the two ICU beds are currently not in use. CCMC accepts private insurance and participates in Medicaid and Medicare programs. For those residents of Comanche County who qualify, CCMC is pleased to offer financial assistance through its indigent and charity care programs.

Other hospitals within a 40-mile radius include:

- Brownwood Regional Medical Center (Brownwood, Brown County) is licensed for one-hundred ninety-four beds.
- Texas Health Harris Methodist Hospital (Stephenville, Erath County) is licensed for ninety-eight beds.
- Hamilton General Hospital (Hamilton, Hamilton County) is licensed for forty-two beds.
- Eastland Memorial Hospital (Eastland, Eastland County) is licensed for thirty-six beds.

The residents of Comanche feel CCMC does a good job providing medical healthcare for the community. They feel CCMC provides thorough medical care and the vast majority had pleasant experiences. There were a few complaints expressed during the community outreach portion of the Community Needs Assessment Evaluation (CNA) about the communication between the hospital and the community when it comes to various healthcare opportunities provided. CCMC has been made aware and is working to change this by utilizing their website, social media, and printed materials.

CCMC, and its affiliated professional practitioners, are committed to providing quality care in its region. To further evidence this, the hospital is considering joining the National Rural Accountable Care Association ("NRACO"). The NRACO is an Accountable Care Organization ("ACO") leading and providing guidance to rural hospitals that participate through the complexities of a coordinated care model. The ACO initiative in healthcare brings together hospitals and healthcare providers in a regional area that are committed to increasing quality and creating costs savings by implementing new programs that improve care coordination between Medicare beneficiaries and the providers of care. They promote health information exchange between rural, urban and out-of-town healthcare providers that are members of the ACO. The idea of the ACO is that better communication between healthcare providers and patients will improve care management, limit unnecessary expenditures, eliminate duplicate procedures, reduce paperwork and ultimately reduce clinical and medical reporting errors. ACOs currently look at thirty-three quality measures in four key domains to measure the amount of quality care patients receive – patient/caregiver experience (8 measures), care coordination/patient safety (10 measures), preventative health (8 measures) and at-risk population (7 measures).

Demographics[1]

Comanche County Medical Center, located at 10201 TX-16, Comanche, Texas, in Comanche County, Texas, is located approximately one-hundred miles from Waco, Texas and Abilene, Texas. It had an estimated population in 2016 of 4,206. This represents a 0.3% decrease from the 2010 United States Census. Comanche and the surrounding counties of Eastland, Erath and Hamilton had an estimated population in 2016 of 13,484, 18,274, 41,659 and 8,304, respectively. The populations of Comanche, Eastland, and Hamilton counties decreased 3.4%, 1.7% and 2.5%, respectively, since 2010 while the population of Erath County increased by 9.9%. Overall, the negative growth rates are comparable to other rural counties in Texas. From 2014 to July, 2016, the population of the State of Texas increased an estimated 3.4% to 27,862,596. The bulk of this growth has been in urban areas.

Comanche has a higher percentage of children under the age of eighteen than Eastland, Erath, and Hamilton counties, as a whole. It also has a higher percentage of its population over the age of sixty-five than the State of Texas, as well as, Erath and Eastland counties. It has a similar percentage of females when compared to the surrounding counties and State of Texas.

[1] Sources include www.city-data.com, www.census.gov/quickfacts , www.data.bls.gov , www.datausa.io

Category	Comanche (a)	Comanche County (b)	Eastland County (b)	Erath County (b)	Hamilton County (b)	Texas (b)
Female	50.4%	50.6%	50.6%	50.6%	50.2%	50.4%
Children under 18	34.2% (c)	22.3%	21.2%	20.8%	21.0%	26.2%
Persons over 65	17.2% (c)	23.9%	21.5%	13.9%	26.0%	12.0%
Households	1,656 (c)	5,119	6,810	14,572	3,166	9,149,196
Persons per household	2.6	2.62	2.55	2.62	2.52	2.84
White, not Hispanic/Latino	62.9%	70.0%	79.5%	75.2%	84.6%	42.6%
Hispanic/Latino	35.8%	27.7%	16.1%	20.8%	12.6%	39.1%
African American	0.02%	1.0%	2.2%	1.8%	1.1%	12.6%
Other	0.07%	1.3%	1.4%	1.5%	1.1%	1.9%
Foreign born	0.5%	7.9%	3.8%	8.7%	4.3%	16.6%

(a) 2014 estimates for Comanche, except as noted
(b) 2016 estimates
(c) 2010 data

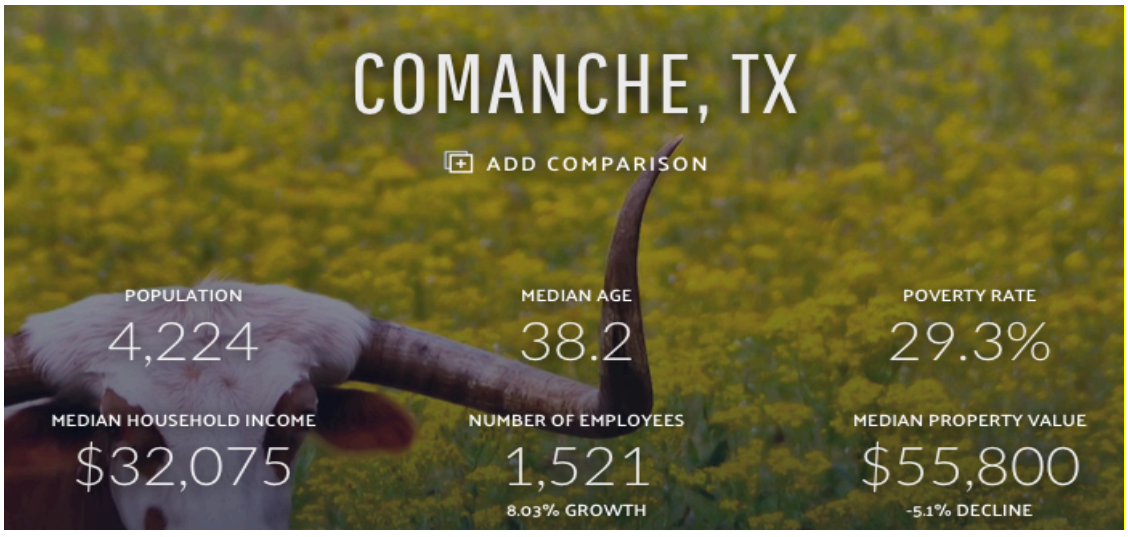
The ethnicity of Comanche also differs from Comanche County, the surrounding counties as well as the State of Texas, in whole. It has a much higher Hispanic/Latino percentage than the surrounding counties and significantly higher white, not Hispanic/Latino percentage than the State of Texas. Comanche also has a significantly smaller percentage of African American residents compared to all the counties and the State of Texas. Roughly two-thirds of the residents speak English and one-third of the residents speak Spanish.

The average and median family household income in Comanche is on the lower end of the spectrum in comparison to the households in the encompassing and contiguous counties (except Eastland) and State of Texas, as a whole. However, it is noted that the unemployment rate by county is fairly consistent throughout most of the area. Median household incomes for Comanche ($37,470) and Eastland ($34,888), in general, are lower than the median household income for Erath ($41,416) and Hamilton ($42,432) counties and the State of Texas ($53,207). Compared to Hamilton ($24,518), Erath ($21,903), Eastland ($22,135), and the State of Texas ($26,999), residents of Comanche ($15,274) and Comanche County ($19,743) earn less money on a per capita basis. As with many areas throughout the state, there tends to be a geographical separation in socio-economic status, with many lower income families living in Comanche, TX, while more affluent families live in De Leon, TX.

Category	Comanche (a)	Comanche County (b)	Eastland County (b)	Erath County (b)	Hamilton County (b)	Texas (b)
Unemployment (d)	4.6%	3.5%	4.4%	3.2%	3.5%	4.0%
Median household income	$32,075 (c)	$37,470	$34,888	$41,416	$42,432	$53,207
Per capita income	$15,274	$19,743	$22,135	$21,903	$24,518	$26,999
Persons living in poverty	29.3% (c)	16.8%	18.1%	17.7%	15.4%	15.6%
Persons living in poverty, White, not Hispanic/Latino (c)	56.6%	62.1%	72.9%	69.9%	76.4%	45.8%
Persons living in poverty, Hispanic or Latino (c)	41.9%	35.8%	16.0%	22.8%	19.7%	36.6%
Persons living in poverty, Black or African American (c)	0.5%	0.3%	5.3%	1.7%	0.9%	10.3%
Persons living in poverty, other (c)	1.0%	1.0%	5.6%	5.6%	0.8%	4.8%

(a) 2014 estimates for Comanche, except as noted
(b) 2016 estimates
(c) 2015 data
(d) 2017 estimates

The percentage of residents of Comanche living in poverty (29.3%) significantly exceeds Eastland (18.1%), Erath (17.7%) and Hamilton (15.4%) Counties and the State of Texas (15.6%). The percentage of African American Comanche residents living in poverty (0.5%) is significantly less than the percentage of Eastland (5.3%) County and the State of Texas (10.3%). The percentage of Hispanic/Latino residents of Comanche living in poverty (41.9%) is higher than Hispanic/Latino residents living below poverty in Eastland (16.0%), Erath (22.8%), Hamilton (19.7%) Counties, but is comparable to the State of Texas (36.6%). White, not Hispanic/Latino residents of Comanche and Comanche County had the highest percentage of residents living below poverty (56.6%), but this is lower than the percentages for Eastland (72.9%), Erath (69.9%) and Hamilton (76.4%) Counties. The below pictures illustrate some of the key statistics for Comanche and De Leon.



A contributing factor to the lower levels of income and the poverty levels may be explained by the level of education of Comanche County residents. Comanche has the lowest percentage of residents over 25 years old with a high school diploma or equivalent (67.1%) compared to Eastland (82.7%), Erath (84.4%) and Hamilton (80.7%) Counties and the State of Texas (81.9%). It also has the lowest percentage of residents over 25 years old with a Bachelor's degree (11.2%) compared to Eastland (14.4%), Erath (26.6%) and Hamilton (21.3%) Counties and the State of Texas (27.6%).

Category	**Comanche** (a)	**Comanche County** (b)	**Eastland County (b)**	**Erath County (b)**	**Hamilton County (b)**	**Texas** (b)
High school graduate, over 25 years old	67.1%	78.7%	82.7%	84.4%	80.7%	81.9%
Bachelor's degree, over 25 years old	11.2%	16.7%	14.4%	26.6%	21.3%	27.6%

(a) 2014 estimates for Comanche, except as noted
(b) 2016 estimates

The United States Department Health and Human Services ("US-HHSC"), Health Resources and Service Administration ("HRSA") division has designated the area where the hospital is located in Comanche County a Medically Underserved Area (MUA) and a Health Physician Shortage Area (HPSA) for Dental and Mental Health capacity. The location of the hospital is not currently designated as a HPSA within the area of primary care. The MUA and the HPSA designations are based on a combination of factors, including physician to patient population ratios, the poverty level, the age of the population, and the infant mortality rates within the particular area. Each classification of an MUA and HPSA qualification is compiled, measured, and graded based on the respective qualifying criteria for that classification and the MUA or HPSA is awarded based on the respective grade. The hospital regularly monitors its qualification factors for both the MUA and the HPSA to determine any changes in status and necessity for change in application.

Community Healthcare Needs

The purpose of the Community Healthcare Needs Assessment is to identify the healthcare needs of the community, regardless of the ability of the hospital (CCMC, in this case) to meet these needs. Information about the community healthcare needs for Comanche was obtained through interviews, surveys and focus groups. Individuals interviewed or surveyed consisted of members of various ages (eighteen to seventy-four), races, income levels, education levels and household statuses. Participants of the focus groups included members of the CCMC administrative staff and Board of Directors, CCCHD EMS staff, and local citizens of both Comanche and De Leon representing seniors, low income households, and Hispanics/Latinos.

Lack of Usable Insurance for Low Income Households

The Patient Protection and Affordable Care Act of 2013 (PPACA) was intended to increase the quality and affordability of health insurance, lower the rate of uninsured individuals by expanding public and private insurance coverage and reduce the healthcare costs for individuals and the government. If an individual can afford to purchase a health insurance policy and chooses not to, he or she must pay a fee called the individual shared responsibility payment. The Internal Revenue Service collects this fee when taxpayers file their annual tax return. This fee increases with each year the individual or family does not have health insurance and the significant portion of this fee for most families is the fee imposed per adult and child in the household, as noted below.

For 2014, the fee was the higher of

- 1% of household income (up to maximum amount is the total yearly premium for the national average price of a Bronze plan sold through the Marketplace)
- $95 per adult and $47.50 per child under 18 (up to a maximum of $975).

For 2015, the fee was the higher of

- 2% of household income (up to maximum amount is the total yearly premium for the national average price of a Bronze plan sold through the Marketplace)
- $325 per adult and $162.50 per child under 18 (up to a maximum of $975).

For 2016 and 2017, the fee was/is the higher of

- 2.5% of household income (up to maximum amount is the total yearly premium for the national average price of a Bronze plan sold through the Marketplace)
- $695 per adult and $347.50 per child under 18 (up to a maximum of $2,085)

Almost every member of low income households who did not qualify for Medicaid, charity care or indigent programs prior to 2014 who purchased health insurance in 2014 to comply with PPACA found they could not afford the monthly insurance premiums even when purchasing insurance through the Marketplace. In addition, they stated while they had the health insurance coverage, either the deductibles or co-pays were so high they could not take advantage of the insurance. Furthermore, they could not find healthcare providers who accepted their insurance plan or found it extremely difficult to get pre-authorizations for services. In essence, they were forced either to buy insurance they essentially could not use or pay the individual shared responsibility payment fee for not having insurance. For 2017, the individual shared responsibility payment fees Comanche residents, who were interviewed, incurred ranged from $350 to $875. Many residents stated they would have rather used the money they spent on the insurance or the fee for actual healthcare needs. All residents stated they could have used the money for basic living expenses. Of the individuals interviewed who could not afford insurance prior to the passage of PPACA, these individuals also did not purchase insurance in 2015 and they also had not enrolled in the available exchange programs during 2016 or 2017. They said the individual shared responsibility payment fee was at least sixty percent less than the annual insurance premiums. They stated the same was true of their friends and family members as well.

Based upon provider statistics, the percentage of uninsured patients at CCMC in 2016 amounted to approximately twelve percent. In 2016 and 2017, there were only seventy-seven and eighty-five applicants to the charity care program, respectively.

Other Health Insurance Issues

Some members of the community mentioned the differences between insurance policies offered through their employer or the Marketplace were so complicated or confusing that they chose not obtain coverage. Others stated they "fell through the cracks" when starting a new job because of the probation period before they could get insurance through their employer and they could not afford to purchase short term insurance during this period or afford the COBRA payments from their previous employer.

Due to the lack of insurance or not having adequate insurance, some residents said that they delayed seeking medical care for chronic diseases and other health issues because they felt they could not afford the care, their insurance policy did not provide adequate coverage or they did not qualify for charity or indigent care programs. Many of these residents were unaware that CCMC offered help with filling out the charity care paperwork to be classified as an indigent. Many of these same residents were also unaware of the help available to qualify for Medicaid.

Chronic Diseases

The most common chronic diseases mentioned included

- Diabetes (child and adult)
- Obesity (child and adult)
- Kidney disease
- Mental Health/Substance Abuse
- Cardiovascular disease and stroke
- Cancer
- Arthritis
- Allergies
- Dementia

Many individuals suffer from more than one of these diseases. CCMC offers several health fairs and health screenings throughout the year as well as education presentations. Most people interviewed or surveyed said they were *not* aware of the fairs and screenings, and many said they would attend but mentioned that it might be hard for some in the community due to not having transportation. Many expressed a desire to see more education presentations in collaboration with the schools and health screenings throughout the year.

As with every community, some Comanche and De Leon residents do not seek care for illnesses or chronic diseases and need to be hospitalized. The reasons for not seeking care included the inability to afford routine healthcare visits or medications, the inability to take time off from work and the lack of transportation. The Texas Department of State Health Services collects data on potentially preventable hospitalizations (See Appendix) for nine diseases and illnesses. The information reported here was for all hospitals in Comanche County. Potentially preventable hospitalizations are hospital admissions that could have been potentially prevented if the person had access to appropriate outpatient healthcare and followed the healthcare providers' instructions. For the 2008 to 2013 time-period, the average inpatient hospital charge for Comanche County was $17,352. The highest hospital charges were for long term complications of diabetes ($29,594), congestive heart failure ($26,548), hypertension/high blood pressure ($20,382) and bacterial pneumonia ($17,080). In preparation of this report, we should note that while these amounts represent the reported hospital charges for Comanche County, the hospital actually receives significantly lower amounts from third party insurance companies, Medicare, and Medicaid, and other payer sources.

Healthy Living

As noted earlier, childhood and adult obesity is a chronic problem for the community. Members of the community again expressed that they would like to have more education offerings of living healthy lifestyles which included nutrition and exercise for both children and adults. By living a healthier lifestyle, many residents feel they can avoid or control many chronic illnesses

such as obesity and diabetes, which often lead to hypertension and cardiovascular, kidney and other diseases. We should note that the hospital runs and operates a Wellness Center in both Comanche and De Leon for the residents of each community to use. However, most people interviewed were either not aware that the wellness center was available to the community or felt they could not afford to pay the fee associated with using the center. Many expressed an interest in a free center with education classes offered throughout the day or the ability to speak with a certified nutritionist.

Lack of Specialists or Services

Many residents want to see more specialists in the community. Specialists mentioned include obstetricians, pediatricians, cardiologists, rheumatologists (arthritis), oncologists, neurologists, otolaryngologists (ear, nose and throat), ophthalmologists (for cataracts), psychiatrists and geriatric physicians. CCMC does have an affiliation agreement with St. David's Medical Center in Austin, TX capable of linking patients immediately with a Board-Certified neurologist in the case of a stroke. CCMC also has specialists that are brought in once a month, but residents feel they need more access to these providers. Another concern was for access to a psychiatrist for mental health and substance abuse. Residents felt that, with the aging population of Comanche, there was a need for physicians who could focus more on the unique needs of the elderly, more so than the physicians who provide standard adult medical care. In recognition and response to this specific community concern, it should be mentioned that the community felt that the substance abuse problem they are seeing in young adults could be limited by treating the aging population mentally and helping them to understand their need to take their medicine. It was mentioned several times that prescription drugs are being used by the younger aged population in Comanche as they are stealing the elderly's medicine.

The hardship in availability of specialty practitioners and services is an area in healthcare where most all rural and small community hospitals struggle, largely because of the cost of such specialty services in comparison to the amount of need. As mentioned, while the hospital does recognize the need for specialty services in the community, and provides measures to address where they are able, many times the cost of providing these specialty practitioners and services exceeds the level of need due to the smaller populations. However, through tele-medicine we could bring the specialists to the community in a cost-effective manner for the hospital. Many residents seemed receptive of this idea and said they would definitely use it.

The "One Stop Shopping" Bias

If a patient needs a particular medical service not available in Comanche, they travel to Brownwood, Stephenville or Abilene for that service. Once they leave the Comanche and De Leon area, they do still come back for other healthcare services in Comanche, which is good. This shows the strong community loyalty that the residents of Comanche and De Leon have.

It should be noted that while the community perspective is positive towards what the hospital does currently provide, we should also recognize that the primary role of the rural hospital is to focus on the primary care needs for the community in which the hospital serves. It is not within the design or reimbursement mechanism for the rural and community hospital to administer to the more complex diagnosis and treatment that the larger systems provide. The hospital focuses on the treatment of primary care and some tertiary levels of care and maintains a strong intent to educate their community on the services they are able to provide.

The hospital administrative and professional staff have noted that they do lose a certain amount of the local patient population to the larger tertiary healthcare systems. It is likely that some transition of patients to the larger healthcare systems is that certain patients from the local communities may not be aware that CCMC offers many of the services patients are seeking. Patient education of this nature may need to be a combined effort between the hospital and the community leaders to educate the local population that they do have options in high quality healthcare services, such as swing-bed services, home health services, physical therapy, and other services, at the local hospital level, which would translate to much more convenient healthcare close to home. The hospital in Comanche, and the community as a whole, may wish to focus efforts on providing insight to the patient population locally that the hospital can serve the needs of patients in primary care, but can also serve as high-quality post-tertiary care during the transition stages of recovery, in areas of swing-bed, home health and therapy services, as examples.

Teen Pregnancy[2]

Many residents feel teen pregnancy is not a major issue for Comanche or De Leon. The percentage of pregnant girls under eighteen years old in 2016 for Comanche County (6.0%) was comparable to the percentage for the surrounding counties (except Eastland at 20.0%) and the State of Texas (7.0%), as a whole. However, many residents still expressed a need for education for children, teens and adults for the teen pregnancy issue. Sex education is essentially no longer taught in the public schools and many parents are uncomfortable or unaware of how to bring up the issue of sex education with their children. Parents are also not aware of how early children are aware of sexual issues. Some children become aware of them as early as the second or third grade. CCMC is interested in partnering with the school district and other organizations to help educate teens. Overall, the consensus was to help educate the parents on how to talk with their children, especially teens, about sexual issues and abstinence.

Maternal and Child Healthcare

Many residents feel maternal and child healthcare are key in long term health status. A significant amount of births are to unwed mothers in Comanche County (54%) compared to the State of Texas (35%). Of these, 44% are to unwed mothers below poverty level in Comanche

[2] Source: www.towncharts.com

County which is still lower than the State of Texas (51%). Many pregnant women and new parents are unaware of existing services and encounter barriers when trying to access these services.

Currently, CCMC does not employ or contract with any obstetricians or pediatricians for providing specialty care in these areas. While pregnant women can receive pre-natal care, they need to go outside Comanche County for delivery. The small number of pregnancies in Comanche County makes it cost prohibitive to provide delivery services at CCMC.

Alcohol and Substance Abuse

Residents felt that Comanche/De Leon has an alcohol and substance abuse problem similar to other communities. The abuse of prescription medicines has become more and more common. Patients, particularly on pain medications, pressure their doctors to authorize refills on their medications even though their current medical condition does not warrant the use of prescription drugs. In addition, children often find it easier to take their elderly relatives prescription drugs than to purchase illegal drugs. This presents a problem to both the children and the people for whom the drugs were prescribed.

Those interviewed mentioned the need for education about alcohol and drug abuse. The Drug Abuse Resistance Education (DARE) program is available for children in the Comanche and De Leon area, but many felt that the education needed to go beyond that. The community also needs a program that focuses on the choices and decisions elementary, middle-school, and high-school aged students make, rather than just the drugs themselves. Where the curriculum of the DARE program is concentrated toward the types of drugs and the negative effects the drugs have on the body, this new program would be designed by a prevention specialist and would be focused toward making decisions to avoid the abuse of drugs and providing alternative choices for the younger generation of students.

Mental Health Needs

Several residents felt the community needed more mental healthcare providers for both children and adults. The most common mental health issues mentioned were anxiety, depression and bipolar depression. The residents felt they did not have adequate access to services or knew where to go for services, as the closest MHMR facility is in Stephenville.

Lack of Reliable Transportation

Several lower income residents stated they felt they and the elderly did not have reliable transportation for routine healthcare needs and therefore would miss appointments or avoid making appointments. They often relied on family members or friends to take them to their medical appointments or to the pharmacy. Residents can request a ride anywhere with City and Rural Rides (CARR). Specifically, it has demand response service (door-to-door and curb-to-curb service) with a twenty-four-hour advance reservation. Residents can also request service to other areas for medical reasons, but must meet strict qualifications and make reservations in

advance. Several residents said they liked the idea of this service, but they were worried about the need to make a reservation twenty-four hours in advance. We should also note that many residents felt that the community did a great job in taking care of their own and offering rides as needed to the elderly.

In 2008, in response to the community need in the area of reliable patient transportation, the hospital provided a shuttle service to assist with the transportation needs for medical services in the community. However, the expense of this service was proving to be too costly to the hospital and was therefore cancelled in 2010. The hospital might consider bringing this service back to best serve the needs of the patients in this area and could possibly do this by working with a potential affiliation through the Accountable Care Organization.

Language and Cultural Barriers

Many residents of Comanche County speak little or no English. This language barrier makes it difficult for many Hispanics/Latinos to seek out medical care, know what kind of services are available or know about financial assistance through the indigent care and charity programs. In addition, the Hispanic/Latino community focuses strongly on family and the need of the family members to take care of the sick and elderly. Sometimes, these members find it difficult to seek outside help for medical issues.

Lack of transportation is also an issue for these residents as well. They generally do not seek out medical care unless they are seriously ill. When they do, they often utilize the emergency room department. In addition, some members were not aware of all the financial assistance available to them.

Most individuals interviewed or surveyed stated that education could help these two communities understand the importance of preventative healthcare and managing chronic diseases. In addition, these residents needed information on the charity and indigent programs. CCMC currently distributes education materials on these issues to many churches and other organizations, both in Spanish and in English.

Keeping Track of Medical Appointments

Several members of the community mentioned that it was hard for them, family members or friends to keep track of when and where they had appointments. Missed appointments create problems for not only patients but the medical providers. These individuals were in favor of CCMC providing an appointment reminder service or using a care coordinator.

Improvement in Healthcare through Participation in DSRIP

The Patient Protection and **Affordable Care Act** (ACA), enacted by President Obama in March 2010, encompasses a section of legislation encouraging hospitals and healthcare providers to focus on the quality of care and measuring improvement in the delivery of healthcare through The Delivery System Reform Incentive Program (DSRIP). This program provides for a regional collaboration of hospitals to participate in various projects targeted toward improving the performance and quality of care, reducing cost, and measuring the clinical outcomes in overall delivery practices.

CCMC recognizes the importance of the quality of care it provides to the patient community as well as the education it provides on an on-going basis to the employees and professional staff that serve the patients in the community. As evident through the participation in the DSRIP project, the hospital administration diligently seeks opportunities for improvement in the patient care they provide and takes a conscious approach to working with the community in providing the awareness and knowledge of services available through the hospital.

Recommendations

Breaking through the Language Barrier

CCMC needs to break through the language barrier for its Hispanic/Latino members who speak little to no English. The hospital should establish a goal of providing health related presentations to groups in English and Spanish up to twice a year, as needed, and to provide hospital and health related information booklets to area churches in Spanish in 2017 and thereafter. The hospital needs to continue and increase its efforts to provide healthcare information to its Spanish speaking community members.

Education

A common thread in many of the community's identified needs is education. Community education should certainly focus on what services the hospital offers, but also what services the hospital is not able to offer, either by design and payment mechanisms of being a rural hospital or because it is too costly for the hospital to offer such services. The below are specific areas noted in outreach to the community where the hospital may concentrate education efforts.

Chronic Diseases and Healthy Lifestyles

CCMC already makes efforts in educating its community on chronic disease and health lifestyles and has done so for many years. Many Comanche residents did not know that CCMC tries to educate the community through the flu shot clinics, health fairs, screening and presentations. They suggested expanding on what CCMC currently offers and utilizing social media more to make sure that both communities know about the various clinics and fairs available. The local

bank in Comanche also suggested hosting educational seminars in the bank lobby as a way to partner with the hospital. The wellness center is also underutilized by both communities and many residents felt that more education on how to use the equipment and when they could use the equipment would be beneficial. Many also voiced the need for a nutritionist that could be available at the wellness center and possibly even educate at the school level.

Financial Assistance

Many residents were not aware of the financial assistance CCMC offers to the community through its charity and indigent care programs. Very few residents were aware that CCMC offers help with completing the necessary paperwork. While CCMC lists this information on its website, it needs to promote the programs more, particularly by distributing the information to the community through the use of health fairs and educational presentations.

Use and access of the Emergency Room Department

Several residents admit they, family members or friends use the Emergency Room Department ("ER") for non-emergency reasons. Based on data collected, almost 60% of all ambulance runs are for non-emergent services. Generally, residents who use the ER for non-emergency purposes stated they were uninsured or underinsured. CCMC can include education of the proper use and access of the ER with the chronic disease, healthy lifestyle and financial assistance education. We should note that the hospital currently has an emergency (room – "ER") department that is 5,230 square feet in size and averages 443 ER visits per month and had a total of 5,321 visits in fiscal year 2016. The total number of ER visits for the year represents an increase in the number of treated and admitted ER visits this past year and an aggregate increase in all ER patients visits of 4.6% from 2015 to 2016 fiscal year. CCMC is treating a similar number and nature of patient visits in the ER department as many of its peer rural and community hospitals.

Services currently provided

CCMC can work to provide education to the residents about what the hospital has to offer to its community. Patient education and community outreach with respect to the services provided and specialty procedures available at the local level are constant considerations of the hospital. As noted above, hospitals in general, struggle with this type of education, because the typical community involvement with the hospital lies only during the times of need and then solely on the particular services needed at any given time.

CCMC offers many services the residents were not aware were available. For example, some of these services include skilled nursing/rehabilitation and diagnostic and imaging services, with a specific focus for the need for an MRI machine being brought up during our interviews with the community. However, the hospital does have an MRI, 128 slice CT and nuclear medicine.

There are other areas where patients are aware of the services provided, but space and efficiency limitations may lead patients to other options available for similar services. In addition to the ER, as mentioned above, a good example of these areas may be the therapy services. While it is

evident through a review of the volume that patients have knowledge that the hospital provides physical and respiratory therapy services, it is also apparent that the space and equipment capacity in therapy has not grown at that same level as the increases in volume. A review of the utilization in the therapy services provided from 2015 to 2016 fiscal year shows an overall growth in therapy of approximately 2.9% and more specifically an increase in respiratory therapy services of approximately 4.7%. The same review looking at the inpatient vs. outpatient volume in therapy services provides that the hospital has had an increase of 2.8% in treatment of inpatients and a 2.9% increase in outpatient therapy visits. CCMC has a combined square footage for the therapy services of approximately 8,561 square feet in comparison to several like-kind hospitals with similar patient therapy volume of approximate average space of 8,300 square feet. CCMC can support growth in the therapy areas of patient service and should consider more marketing to be sure the community is aware of all they can offer.

Many residents were happy to hear they could request the orders from their outside physicians be sent to CCMC and the results would be sent automatically to the doctors. CCMC does a very good job on the surgical services it offers. In addition, CCMC can provide the community with a medical appointment reminder service through a care coordinator. This will help patients manage their chronic diseases better, as well as, reduce scheduling problems of the medical providers.

Teen pregnancy

CCMC can partner with the schools and other organizations to put on sex education presentations to teenagers. CCMC needs to locate schools/organizations willing and able to allow presentations and ongoing support on sex education for the children and/or presentation for adults on how to teach sex education to their children.

Alcohol and Substance Abuse

Many residents want to see more education and guidance on the effects of alcohol and substance abuse. The DARE program is sponsored and funded through both law enforcement and non-profit prevention agencies and are therefore programs outside of the hospital's area of community responsibility. However, the hospital certainly has the awareness of these programs and contributes to the education and treatment of alcohol and substance abuse, as applicable, through patient care. Some residents thought that bringing in a psychiatrist may also help with this.

Transportation

Most residents were not aware of the services CARR offers, many still did not know that these services are free with a twenty-four-hour notice. CCMC should partner with CARR to help educate the public on CARR's usage and access.

Increasing Specialists and Services

Specialists and medical services

Residents stated they would like to see more specialists in Comanche or more availability of certain specialists and medical services. While a number of residents expressed a need for obstetrician, pediatrician, nutritionist, psychiatrist and geriatric physicians, we might suggest that CCMC consider bringing certain specialists to the Comanche and De Leon area as visiting providers or through the use of tele-medicine. Tele-medicine would be of great benefit to this community and to the hospital itself due to its ability to connect the patients with what they are needing in a much more cost-effective manner. Again, as noted above, as with many rural and community hospitals, patient census and the projected visit levels in these specific areas of specialty must be considerations for each of the specialty services mentioned as a provision for education in this area.

Transportation

A few of the residents interviewed suggested bringing back the hospital shuttle dedicated to transporting Comanche residents to and from their medical appointments. While City and Rural Rides (CARR) offers transportation for anything with a twenty-four-hour notice, the community is not aware that this service is available for free. CCMC should partner with CARR to educate the public about these services. CCMC could also investigate the feasibility of bringing back their medical transport shuttle. It should be noted for purposes of the community knowledge, this service would be considered community outreach and community service, as patient transportation is not reimbursable from Medicare or any third-party insurer.

Dialysis/Nursing Home/Assisted Living

Many of the residents mentioned the need for a dialysis facility and either a nursing home or an assisted living near the hospital. Currently, the closest dialysis facility is located in Brownwood, TX. The hospital would certainly need to consider the feasibility of providing this kind of service to the community, but the community population felt they would benefit greatly from a service like this.

In addition to the dialysis facility, many residents strongly expressed the need for either a nursing home or assisted living near the hospital. Currently, there are two nursing homes and one assisted living in the Comanche and De Leon area that are independent of CCMC: Western Hills, DeLeon Nursing & Rehab, and White Stone. However, many residents are taking their family members from these facilities and going to Stephenville. When this begins to happen, you start to see the "one-stop shopping bias" begin to occur. Residents feel that the hospital could provide this need and keep their elderly in the community. The hospital would need to consider the feasibility of operating a nursing home or assisted living, along with being sure that Medicare licensing would be attainable as private pay would not sustain a facility of this nature.

Appendix

Texas Department of State Health Services

Comanche County

POTENTIALLY PREVENTABLE HOSPITALIZATIONS

www.dshs.state.tx.us/ph

From 2008-2013, adult residents (18+) of **Comanche County** received **$21,464,584** 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 **Comanche County**	Number of Hospitalizations							2008-2013		
	2008	2009	2010	2011	2012	2013	**2008 - 2013**	Average Hospital Charge	Hospital Charges	Hospital Charges Divided by 2013 Adult County Population
Bacterial Pneumonia	65	49	39	51	47	50	301	$17,080	$5,141,219	$473
Dehydration	40	33	13	11	16	14	127	$8,336	$1,058,706	$97
Urinary Tract Infection	41	36	21	17	20	25	160	$11,595	$1,855,169	$171
Angina (without procedures)	0	0	0	0	0	0	0	$0	$0	$0
Congestive Heart Failure	77	41	25	32	50	50	275	$26,548	$7,300,773	$672
Hypertension (High Blood Pressure)	6	5	5	10	5	6	37	$20,382	$754,146	$69
Chronic Obstructive Pulmonary Disease or Asthma in Older Adults	60	45	49	44	41	44	283	$13,274	$3,756,492	$346
Diabetes Short-Term Complications	0	0	0	0	0	5	0	$0	$0	$0
Diabetes Long-Term Complications	11	6	9	14	8	6	54	$29,594	$1,598,077	$147
TOTAL	300	215	161	179	187	200	1,237	$17,352	$21,464,584	$1,976

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

Annual hospitalizations less than 5 and hospitalizations less than 30 for 2008-2013 are reported as 0.

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.

Potentially Preventable Hospitalizations (2008-2013) (01/20/15)

Potentially Preventable Hospitalizations Conditions

Potentially Preventable Hospitalizations (PPH) are hospital admissions for certain acute illnesses and chronic conditions that may be avoided with appropriate outpatient treatment and disease management. Lack of access to healthcare and poor-quality care lead to increases in these types of hospitalizations. PPHs are also referred to as Ambulatory Care Sensitive Conditions, Prevention Quality Indicators (PQIs), and Potentially Preventable Admissions/Events.

Methodology to identify PPHs was developed by the Agency for Healthcare Research and Quality (AHRQ) which is the lead federal agency responsible for research on healthcare quality costs, outcomes and patient safety. The hospitalizations are geographically identified by the residence of the patient—not the location where they were hospitalized.

Definitions

1. Bacterial Pneumonia is an infection of the lungs that causes mild to severe illness. It can often be prevented with vaccines and is treated with antibiotics or specific drug therapies.
2. Dehydration means the body does not have enough fluid to function normally. The condition commonly results from diarrhea and vomiting due to illness. People working outdoors in extreme heat conditions are also susceptible. Another vulnerable group is older adults or institutionalized individuals who have a limited ability to communicate thirst. At-risk people need to drink extra non-caffeinated fluids to keep from getting dehydrated. Mild fluid loss can be treated at home, but severe dehydration must be treated in the hospital.
3. Urinary Tract Infection (UTI) occurs when bacteria enter the bladder and cause inflammation and infection. They are usually treated with antibiotics. UTIs are the most common type of healthcare-associated infection. Among UTIs acquired in the hospital, approximately 75 percent are associated with a urinary catheter.
4. Angina (without procedures) is a symptom of coronary artery disease. Pain or discomfort in the chest, shoulders, arms, neck, jaw, or back; or a feeling like indigestion occurs because the heart muscle is not getting enough blood. Angina and other heart diseases can be prevented and treated by lifestyle improvements and prescribed medications.
5. Congestive Heart Failure (CHF) happens when the heart cannot pump enough blood and oxygen to support other organs in the body. Early diagnosis and treatment can improve quality and length of life for people who have heart failure. Treatment usually involves taking medications, reducing sodium in the diet, and getting daily physical activity.
6. Hypertension (High Blood Pressure) is measured by the force of blood against the artery walls as it circulates through the body. Blood pressure normally rises and falls throughout the day, but if it stays high for a long time it can cause health problems such as heart disease and stroke. Hypertension can be controlled with prescribed medications and lifestyle changes.
7. Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults (age 40+) refers to a group of diseases that cause airflow blockage and breathing-related problems. It includes emphysema, chronic bronchitis, and some cases of asthma. COPD treatment requires an individualized plan with multiple components that may include smoking cessation, medication, pulmonary rehabilitation, vaccination, and oxygen supplements.
8. Diabetes is a disease in which blood glucose levels are above normal. The pancreas makes a hormone called insulin to help glucose get into the body's cells. With diabetes, the body either doesn't make enough insulin or can't use its own insulin as well as it should, causing sugar to build up in the blood. A healthy food intake balanced by daily physical activities is the basic therapy for diabetes. Blood glucose levels must be closely monitored through frequent blood glucose testing. Insulin injections and/or oral medication are needed as well.
    1. Short-term Complications occur as a result of uncontrolled blood sugar levels. Ketoacidosis and hyperosmolarity occur from excessively high blood sugar levels. Both high blood sugar (hyperglycemia) and low blood sugar (hypoglycemia) can lead to a coma.
    2. Long-term Complications are when renal, eye, neurological, circulatory, or not otherwise specified complications occur due to poor control of blood sugar levels over a period of time.