JPS HEALTH NETWORK
REPORT TO THE CITIZENS BLUE RIBBON COMMITTEE

MAY 9, 2017
INTRODUCTION TO AMBULATORY NETWORK PLANNING

• As part of our process, the Cumming/Percival Health Advisors team is developing recommendations and phasing for ambulatory clinic development and deployment in Tarrant County

• We reviewed and incorporated the HMA physician recommendations and projected community need.

• Today’s meeting is intended to provide an overview of JPS Health Network’s ambulatory market position and the future needs for community-based ambulatory care sites
  - Overview of sub-markets from JPS ambulatory care perspective
  - Today’s focus is on primary care access; however, as part of this process we will review placing some specialty care and/or other services out in the community and coordinate with plans for specialty clinic development on campus
  - Findings and recommendations for community-based ambulatory care sites will be finalized in late May
JPS NEED FOR AN ENHANCED AMBULATORY NETWORK

- More convenient access for patients
- Greater integration between JPS and the communities it serves ➔ JPS patient care is delivered out in the community closer to where JPS patients live
  - Leads to increased visibility and awareness of JPS services
- Contributes to more preventative care and to diagnosing and developing a treatment plan for illness before it turns into a more serious health issue
- While JPS has made significant investment in the growth of ambulatory sites over the last 10 years, the inventory of current ambulatory sites is inadequate to meet current and future needs. Some medical home health centers have long wait times and some are at or near capacity.
- Aggregating basic healthcare services and physicians in ambulatory sites has proven benefits: operational efficiencies, team-based care in group practices, and cost benefits of shared staff and overhead
ALTERNATIVE TO MAIN CAMPUS CONGESTION

- Reduce need for many patients to travel longer distances for care while helping to alleviate campus congestion

- Outpatient care delivered in a lower cost setting
  - Lower cost of investment (e.g., construction costs) than building on campus
  - 28% of JPS Connection total billings is for clinic services (overall 75% is outpatient)

- Better patient experience

- Reduce over-use of the emergency department, especially for lower acuity urgent or emergent care
SUB-MARKET DEFINITION AND POPULATION DENSITY

Estimated Population Growth 2016-2021

LEGEND
- Submarkets
- 2016 Population Density:
  - 13,999 and below
  - 14,000 to 27,599
  - 27,600 to 57,999
  - 58,000 and above

LEGEND
- County
- Population Growth:
  - <500
  - 500 to 1,000
  - 1,000 to 1,500
  - 1,500 to 2,000
  - 2,000 to 5,000
  - 5,000 to 10,000
  - >10,000

Estimated Population Growth 2016-2021
The map highlights zip codes with the greatest number of people that are <250% Federal Poverty Level.

This patient population is a key targeted demographic for JPS’ mission to provide healthcare services to those most at need.
The map highlights 10-minute drive times from the medical home clinics (10 minutes is considered standard access for primary care and supported by national patient origin data).

There is significant overlap, especially in the center of the county where the population is more dense.

Access coverage gaps are greatest along the northern and southern corridors near the county line.

- However, these areas are generally lower density (especially south) and higher income
MEDICAL HOME CLINICS – 7 MINUTE DRIVE TIME COVERAGE

• 7-minute drive times better illustrates potential coverage gaps

• New clinic locations will consider:
  • Community need, especially for vulnerable populations
  • Population density and growth
  • Access
  • Existing site capacity (including any facility or expansion issues)
  • Main campus strategic integration and specialty need strategy
  • Available resources or real estate opportunities
  • Phased planning
SUB-MARKET CHARACTERISTICS AND PCP NEED

<table>
<thead>
<tr>
<th>Town</th>
<th>2016 Pop</th>
<th>5 Yr Growth</th>
<th>% PL</th>
<th>ED Share</th>
<th>JPS AC</th>
<th>JPS SBC</th>
<th>PCP Dist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>137,001</td>
<td>5,913</td>
<td>63%</td>
<td>23.6%</td>
<td>2</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>Grapevine/CV</td>
<td>104,603</td>
<td>7,667</td>
<td>13%</td>
<td>3.4%</td>
<td>0</td>
<td>1</td>
<td>2.9</td>
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<tr>
<td>HEB</td>
<td>259,576</td>
<td>16,458</td>
<td>32%</td>
<td>8.0%</td>
<td>1</td>
<td>3</td>
<td>11.6</td>
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<tr>
<td>North Arlington</td>
<td>160,974</td>
<td>6,052</td>
<td>53%</td>
<td>8.0%</td>
<td>1</td>
<td>2</td>
<td>10.3</td>
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<tr>
<td>North Central</td>
<td>303,290</td>
<td>35,449</td>
<td>20%</td>
<td>8.5%</td>
<td>1</td>
<td>0</td>
<td>10.3</td>
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<tr>
<td>North West</td>
<td>156,816</td>
<td>14,928</td>
<td>30%</td>
<td>11.6%</td>
<td>1</td>
<td>2</td>
<td>6.7</td>
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<tr>
<td>South Arlington</td>
<td>313,933</td>
<td>25,835</td>
<td>28%</td>
<td>7.5%</td>
<td>0</td>
<td>2</td>
<td>13.0</td>
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<tr>
<td>South Central</td>
<td>129,767</td>
<td>10,870</td>
<td>34%</td>
<td>10.1%</td>
<td>0</td>
<td>2</td>
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<tr>
<td>South East</td>
<td>207,582</td>
<td>9,608</td>
<td>63%</td>
<td>35.9%</td>
<td>6</td>
<td>3</td>
<td>15.1</td>
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<tr>
<td>South West</td>
<td>162,107</td>
<td>13,761</td>
<td>32%</td>
<td>12.7%</td>
<td>0</td>
<td>1</td>
<td>7.3</td>
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<tr>
<td>West</td>
<td>99,949</td>
<td>5,521</td>
<td>35%</td>
<td>22.3%</td>
<td>1</td>
<td>1</td>
<td>4.8</td>
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“PCP Dist” takes the HMA identified need of 98 additional PCPs in 2017 for Tarrant County and distributes them across the sub-markets based on sub-market population size and the size of the population that is <250% of the federal poverty line (FPL) or uninsured

- Weighted 2:1 towards FPL to reflect the JPS payer mix, which is 65.7% underinsured

- The table is intended to highlight key characteristics of the submarkets in Tarrant County, including size, growth, % of the population <250% FPL, JPS presence and market share, and primary care physician need.
- At the next meeting we will review market prioritization at the zip code level.
- “% PL” is the % of families that are <250% federal poverty level.
- “ED Share” is the JPS emergency department market share in each submarket
- “JPS AC” (ambulatory clinics, i.e., the 12 JPS medical homes and the Bardin Road Specialty Clinic) and “SBC” (school based clinics) are the number of sites by type in each submarket
NORTHEAST QUADRANT SUBMARKETS – JPS MH DRIVE TIMES

- Dotted circles represent dense populations that are outside of or near the edge of easy access to JPS medical homes. Some may be candidates for targeted sites (pending further analysis and fit with JPS targeted population).

MH Clinic Visits FY14-FY16

<table>
<thead>
<tr>
<th></th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
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</thead>
<tbody>
<tr>
<td>JPS NORTHEAST CHC</td>
<td>22,827</td>
<td>23,468</td>
<td>23,633</td>
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<tr>
<td>JPS WATAUGA G TARPLEY CHC</td>
<td>15,341</td>
<td>16,931</td>
<td>16,043</td>
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HURST/EULESS/BEDFORD (“HEB”) SUB-MARKET

Profile
2016 Population 260,000
5-Year Growth 6.3%
Med. Household Inc. $61,800
ED Visits 6,000 (6% of tot.)
BH Disch. 317 (9% of tot.)

3 school-based clinics (red, note 2 are next door)

Northeast Health Center
(yellow)
Open Mon-Sat 7:30 am – 7:30 pm
27,000 SF Building
Offers pediatrics, women’s healthcare, pharmacy, behavioral health, dental care, and ultrasound.

Relocating site to 3200 W Euless Blvd in Summer 2017.
GRAPEVINE/CV SUB-MARKET

**Profile**

- 2016 Population: 105,000
- 5-Year Growth: 7.3%
- Med. Household Inc.: $118,300
- ED Visits: 500 (1% of tot.)
- BH Disch.: 34 (1% of tot.)

1 school-based clinics (red)

The nearest medical home from downtown Grapevine will be the new Northeast Health Center which is 10 miles or 15 minutes away.
NORTH CENTRAL SUB-MARKET

Profile

- 2016 Population: 303,000
- 5-Year Growth: 11.7%
- Med. Household Inc.: $90,000
- ED Visits: 4,000 (4% of tot.)
- BH Disch.: 279 (8% of tot.)

There are no school-based clinics in the North Central Sub-market

Gertrude Tarpley/Watauga Health Center
(yellow)

Open Mon-Fri 7:30 am – 6:30 pm
21,200 SF Building

Offers pediatrics, women’s healthcare, pharmacy, x-ray, mammography, and ultrasound.
NORTHWEST QUADRANT SUBMARKETS – JPS MH DRIVE TIMES

- Dotted circles represent dense populations that are outside of or near the edge of easy access to JPS medical homes. Some may be candidates for targeted sites (pending further analysis and fit with JPS targeted population).

MH Clinic Visits FY14-FY16

- FY14: 31,383
- FY15: 30,777
- FY16: 31,890

- FY14: 5,490
- FY15: 6,013
- FY16: 6,372

LEGEND
- 10-Minute Drive Time
- Diamond Hill
- Northaven
- Women & Children’s
- SUBMARKET
  - Central
  - North West
  - 1.5
  - 3
  - Miles

JPS DIAMOND HILL JARVIS CHC
JPS NORTHWEST CHC
Dotted circles represent dense populations that are outside of or near the edge of easy access to JPS medical homes. Some may be candidates for targeted sites (pending further analysis and fit with JPS targeted population).

MH Clinic Visits FY14-FY16

- FY14: 29,903
- FY15: 32,526
- FY16: 35,081

JPS VIOLA M PITTS CHC
Dotted circles represent dense populations that are outside of or near the edge of easy access to JPS medical homes. Some may be candidates for targeted sites (pending further analysis and fit with JPS targeted population).
FQHC – NORTH TEXAS AREA COMM. HEALTH CENTERS

• FQHC’s provide an alternative to the JPS medical homes for basic healthcare services.

• North Texas Area Community Health Centers (NTACHC) is the only FQHC provider in Tarrant County. Compared to other parts of Texas and the United States, Tarrant County is very underserved by FQHCs

• As we finalize new site recommendations, the availability of FQHC care in a given sub-market will be a consideration

3 Submarket locations:
• Central (2006)
• Southeast (2009)
• South Arlington (2015, next to Texas Health Arlington Memorial Hospital)
• A 4th is planned for future opening