

# JPS HEALTH NETWORK

## REPORT TO THE CITIZENS BLUE RIBBON COMMITTEE



MAY 9, 2017

**PERCIVAL**  
— HEALTH ADVISORS —

# 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

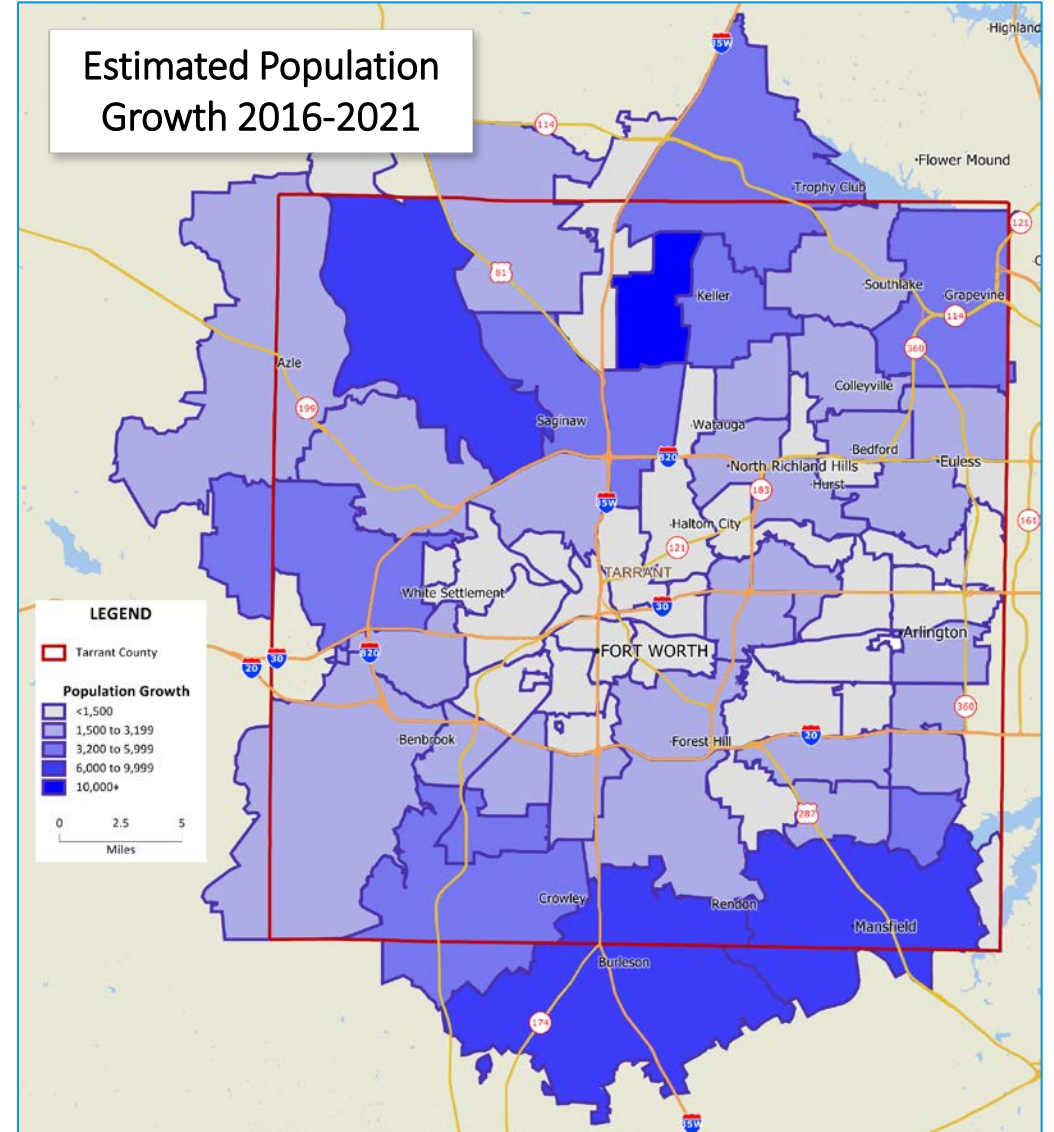
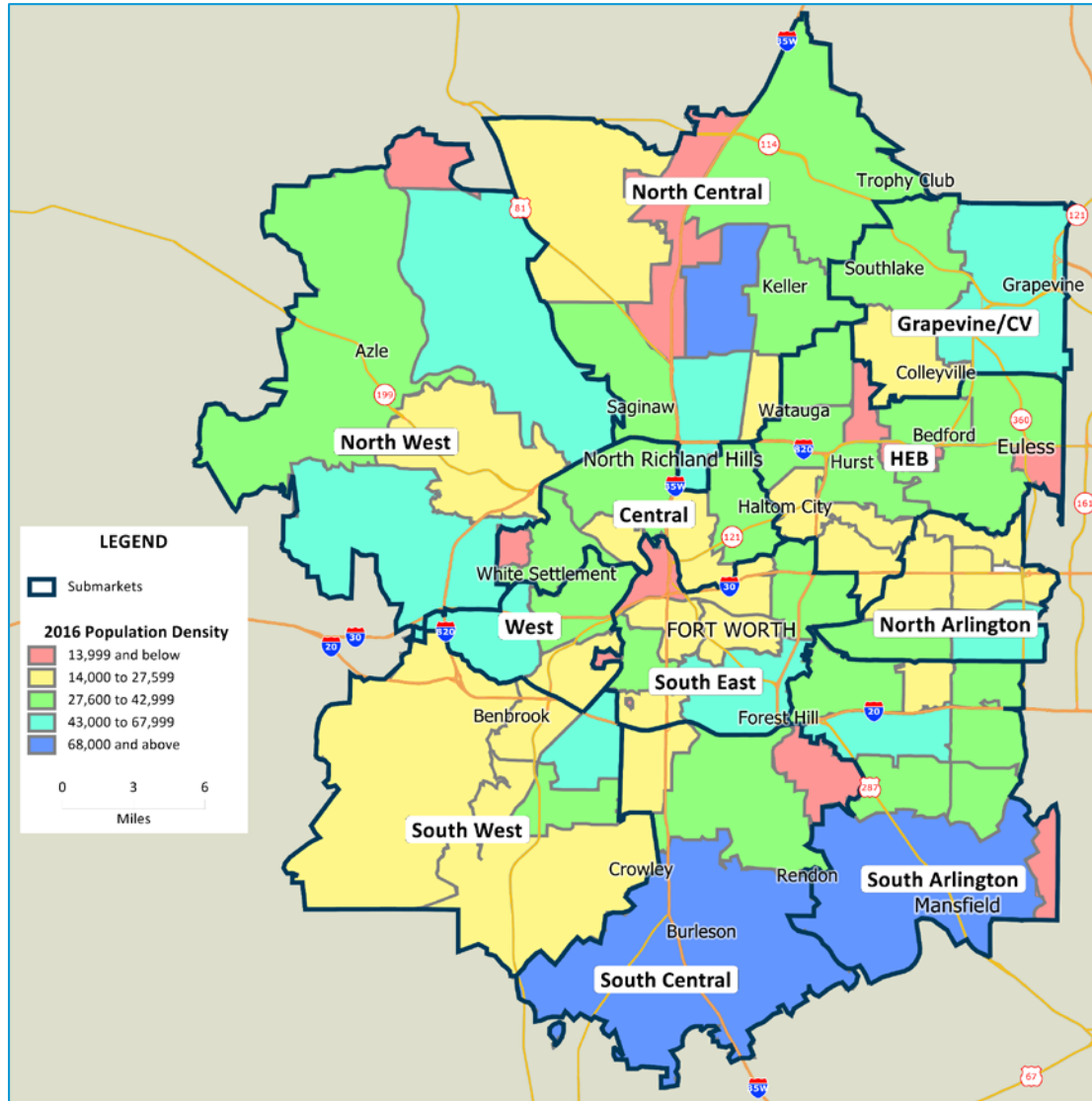
## JPS NEED FOR AN ENHANCED AMBULATORY NETWORK

- 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

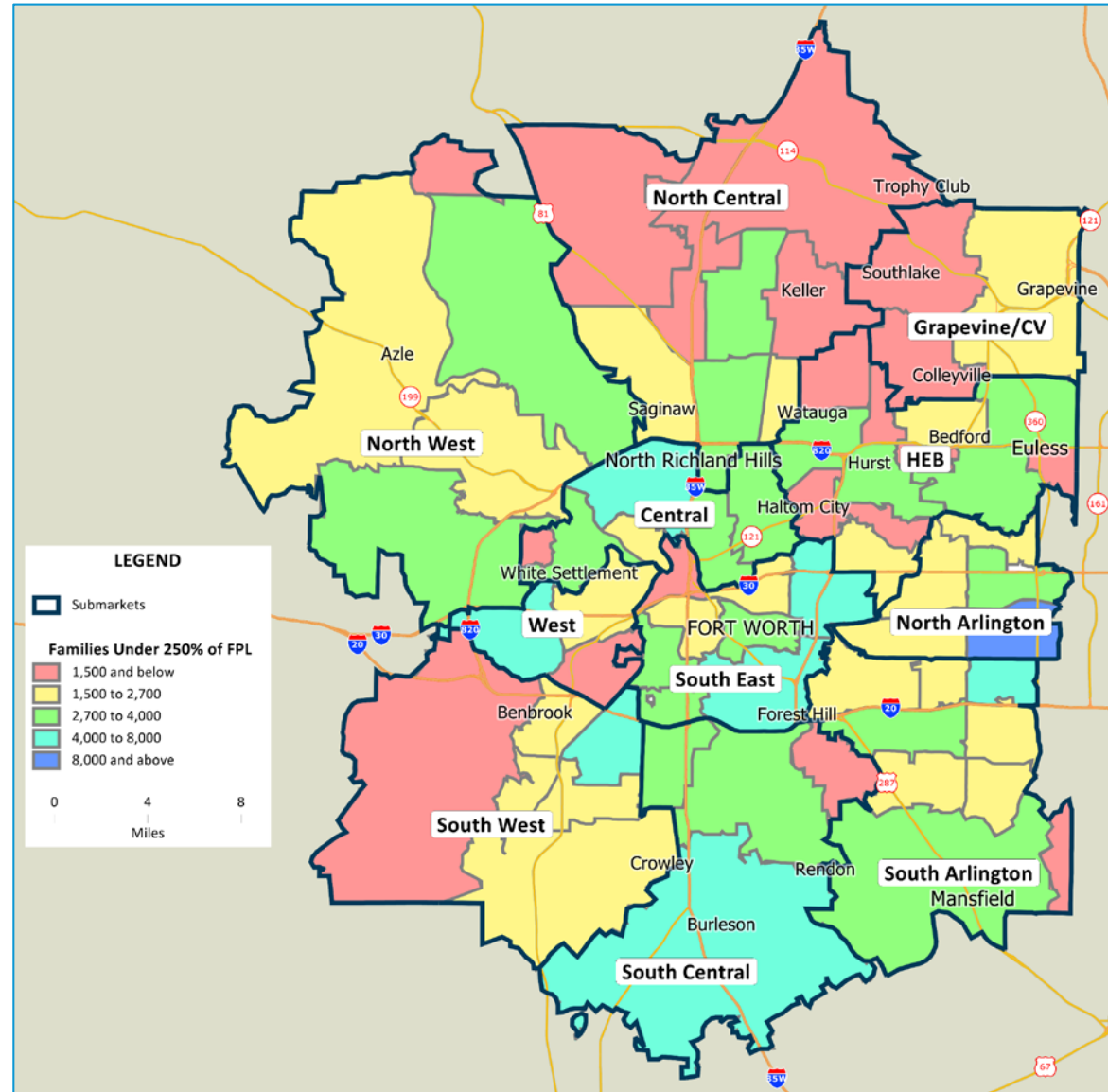
- Reduce need for many patients to travel longer distances for care while helping to alleviate campus congestion
- Outpatient care delivered in a lower cost setting
  - Lower cost of investment (e.g., construction costs) than building on campus
  - 28% of JPS Connection total billings is for clinic services (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



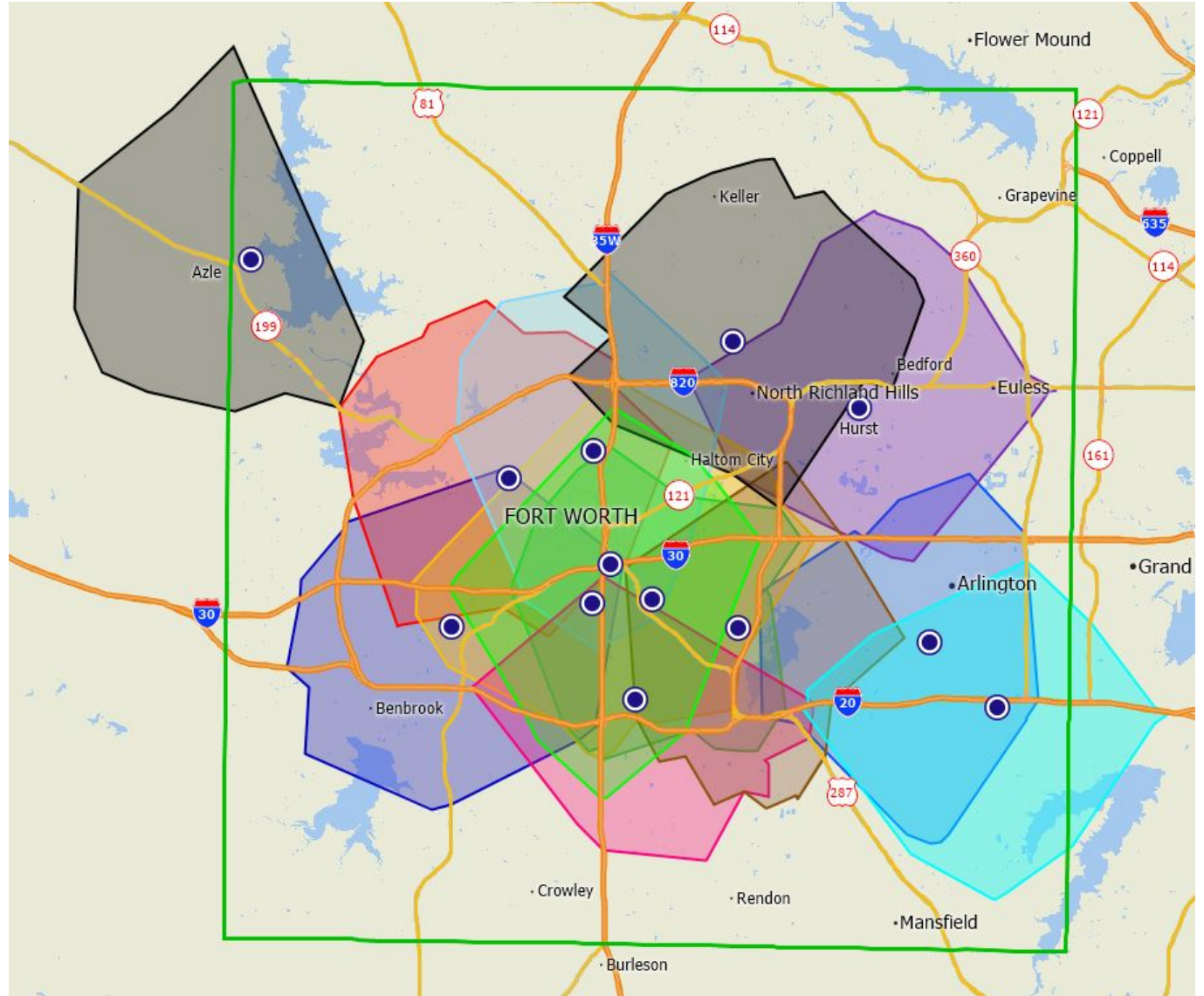
# POPULATION <250% FEDERAL POVERTY LEVEL (FPL)

- 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.



# MEDICAL HOME CLINICS – 10 MINUTE DRIVE TIME COVERAGE

- 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







# SUB-MARKET CHARACTERISTICS AND PCP NEED

Town	2016 Pop	5 Yr Growth	% PL	ED Share	JPS AC	JPS SBC	PCP Dist
Central	137,001	5,913	63%	23.6%	2	3	10.0
Grapevine/CV	104,603	7,667	13%	3.4%	0	1	2.9
HEB	259,576	16,458	32%	8.0%	1	3	11.6
North Arlington	160,974	6,052	53%	8.0%	1	2	10.3
North Central	303,290	35,449	20%	8.5%	1	0	10.3
North West	156,816	14,928	30%	11.6%	1	2	6.7
South Arlington	313,933	25,835	28%	7.5%	0	2	13.0
South Central	129,767	10,870	34%	10.1%	0	2	6.0
South East	207,582	9,608	63%	35.9%	6	3	15.1
South West	162,107	13,761	32%	12.7%	0	1	7.3
West	99,949	5,521	35%	22.3%	1	1	4.8

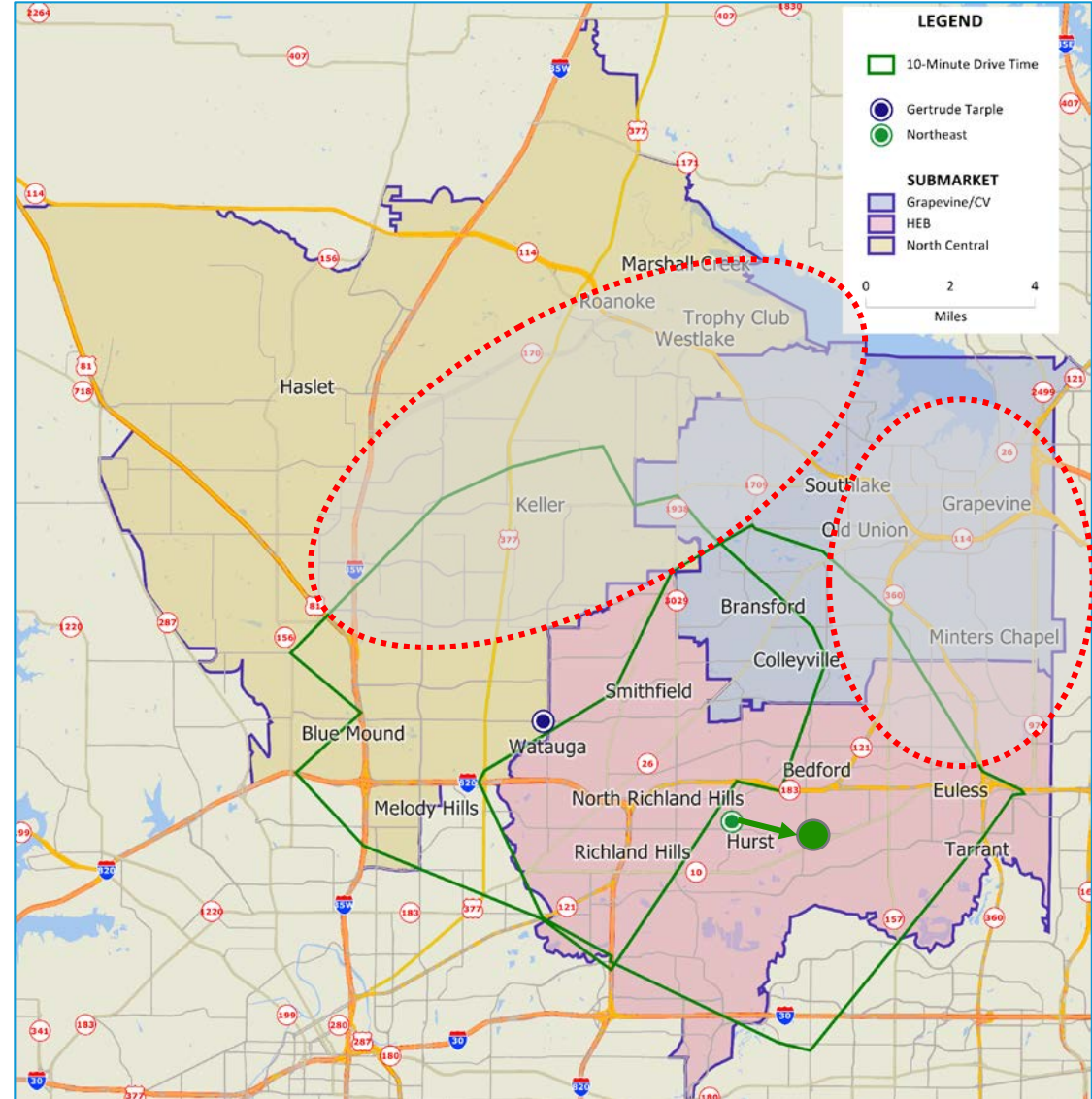
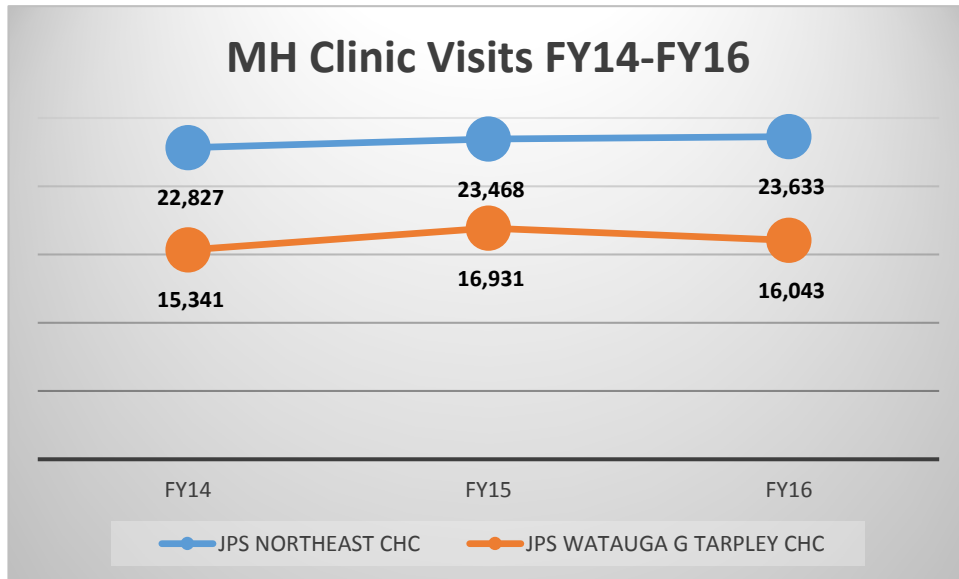
“PCP Dist” takes the HMA identified need of 98 additional PCPs in 2017 for Tarrant County and distributes them across the sub-markets based on sub-market population size and the size of the population that is <250% of the federal poverty line (FPL) or uninsured

- 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).



# 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.)

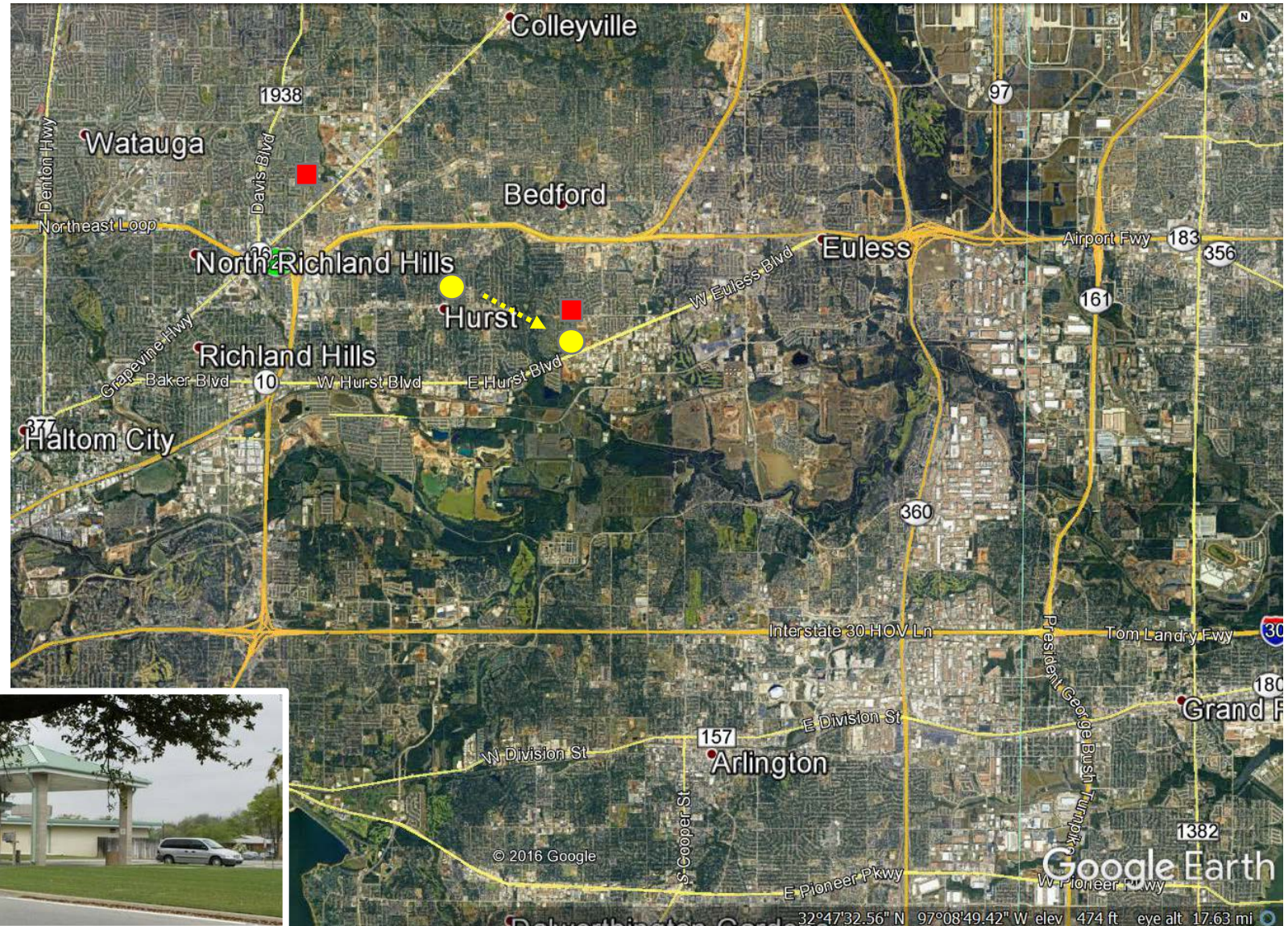
3 school-based clinics (red, note 2 are next door)

## 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 Eules Blvd in Summer 2017.



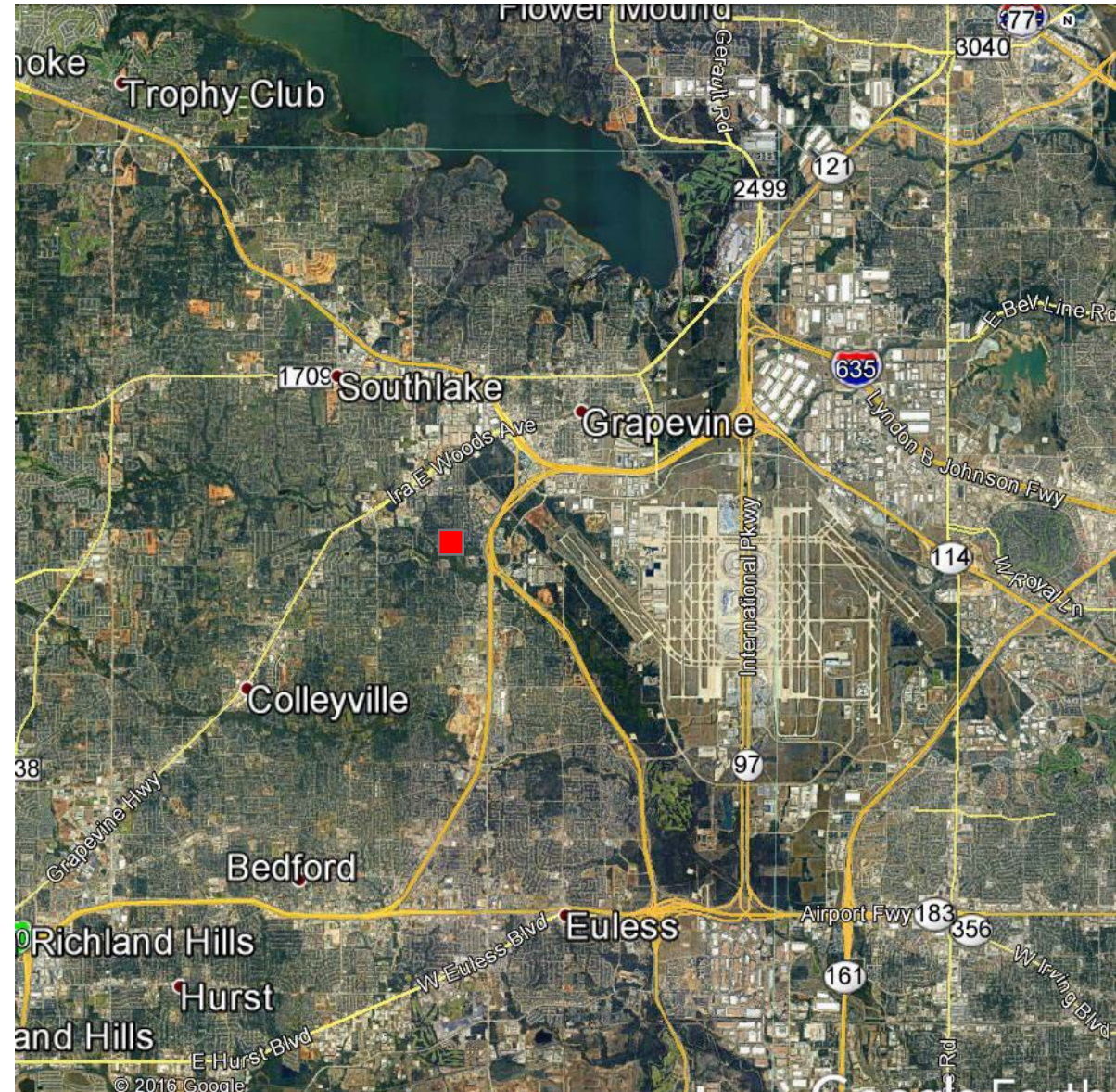
# GRAPEVINE/CV SUB-MARKET

## 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

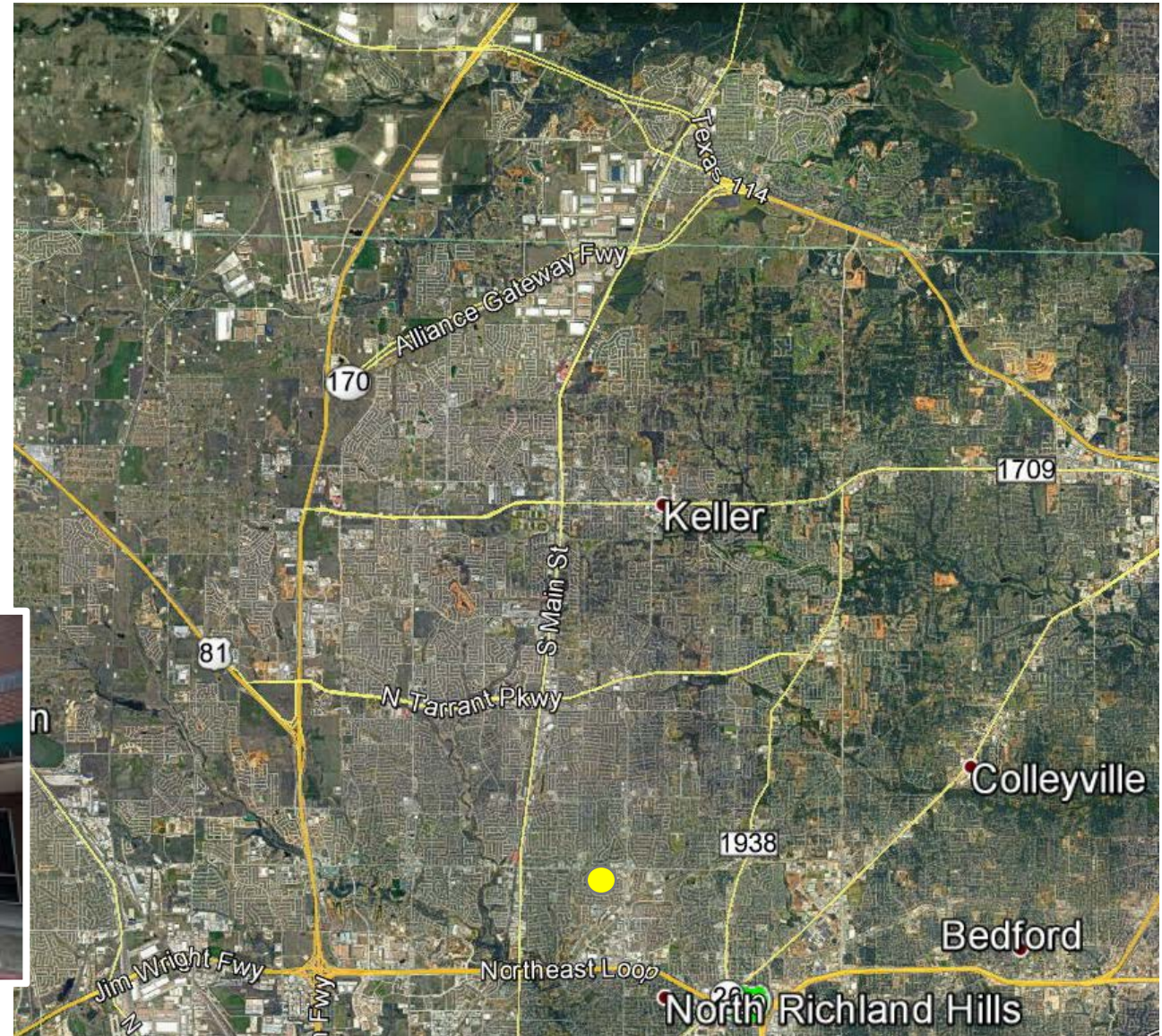
## Gertrude Tarpley/Watauga Health Center

(yellow)

Open Mon-Fri 7:30 am – 6:30 pm

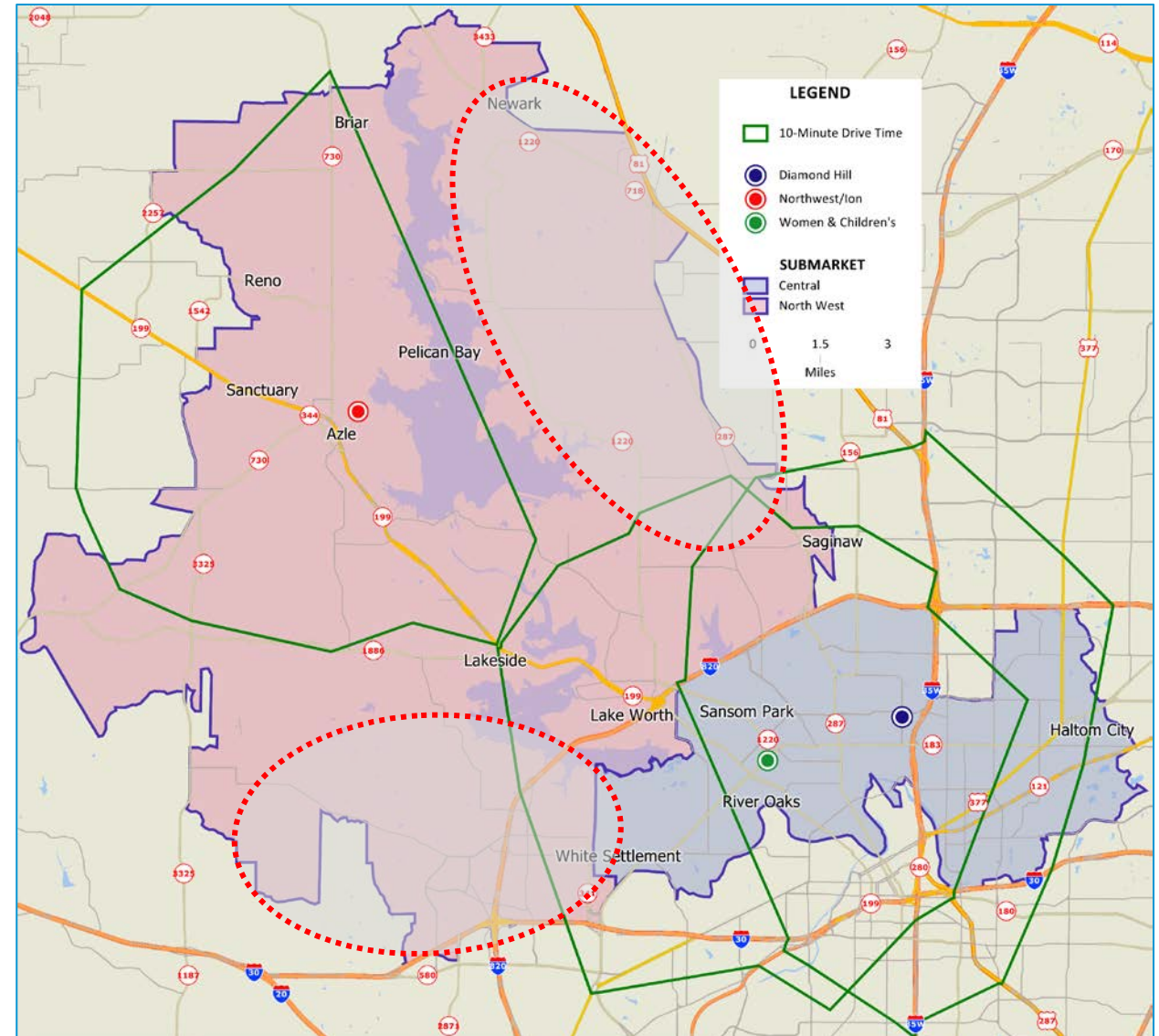
21,200 SF Building

Offers pediatrics, women's healthcare, pharmacy, x-ray, mammography, and ultrasound.

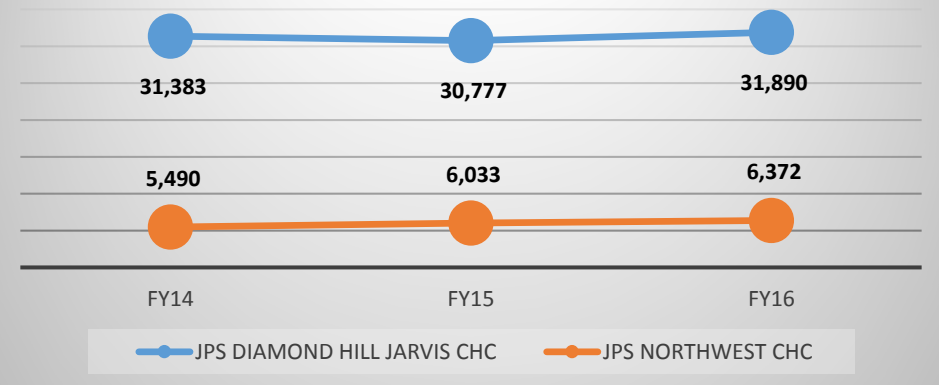


# NORTHWEST QUADRANT SUBMARKETS – JPS MH DRIVE TIMES

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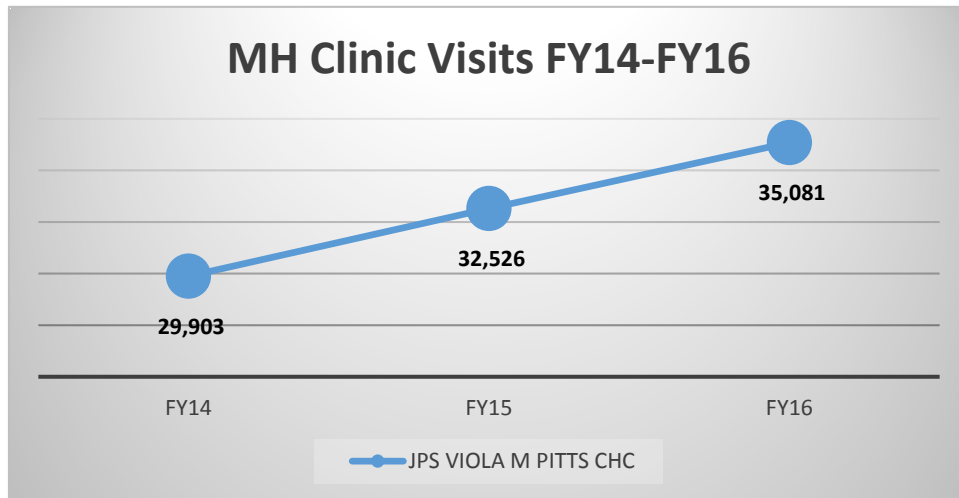
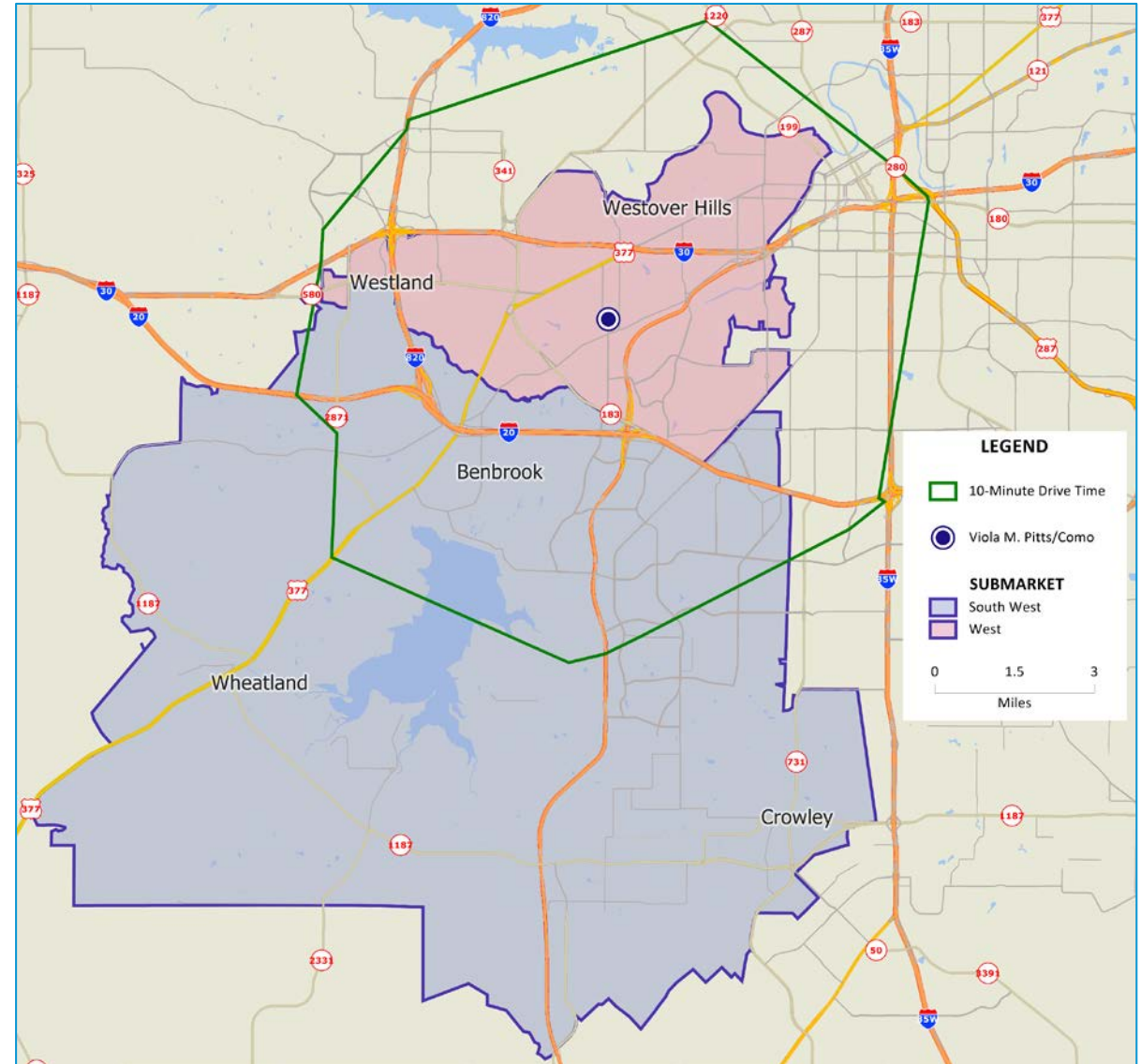


**MH Clinic Visits FY14-FY16**



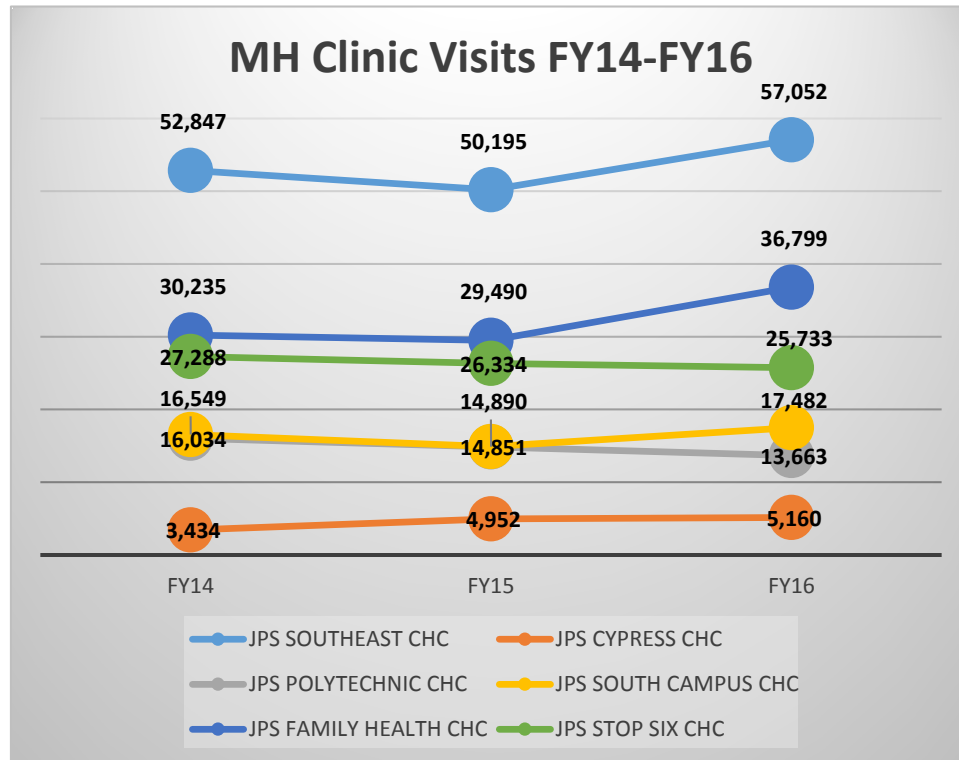
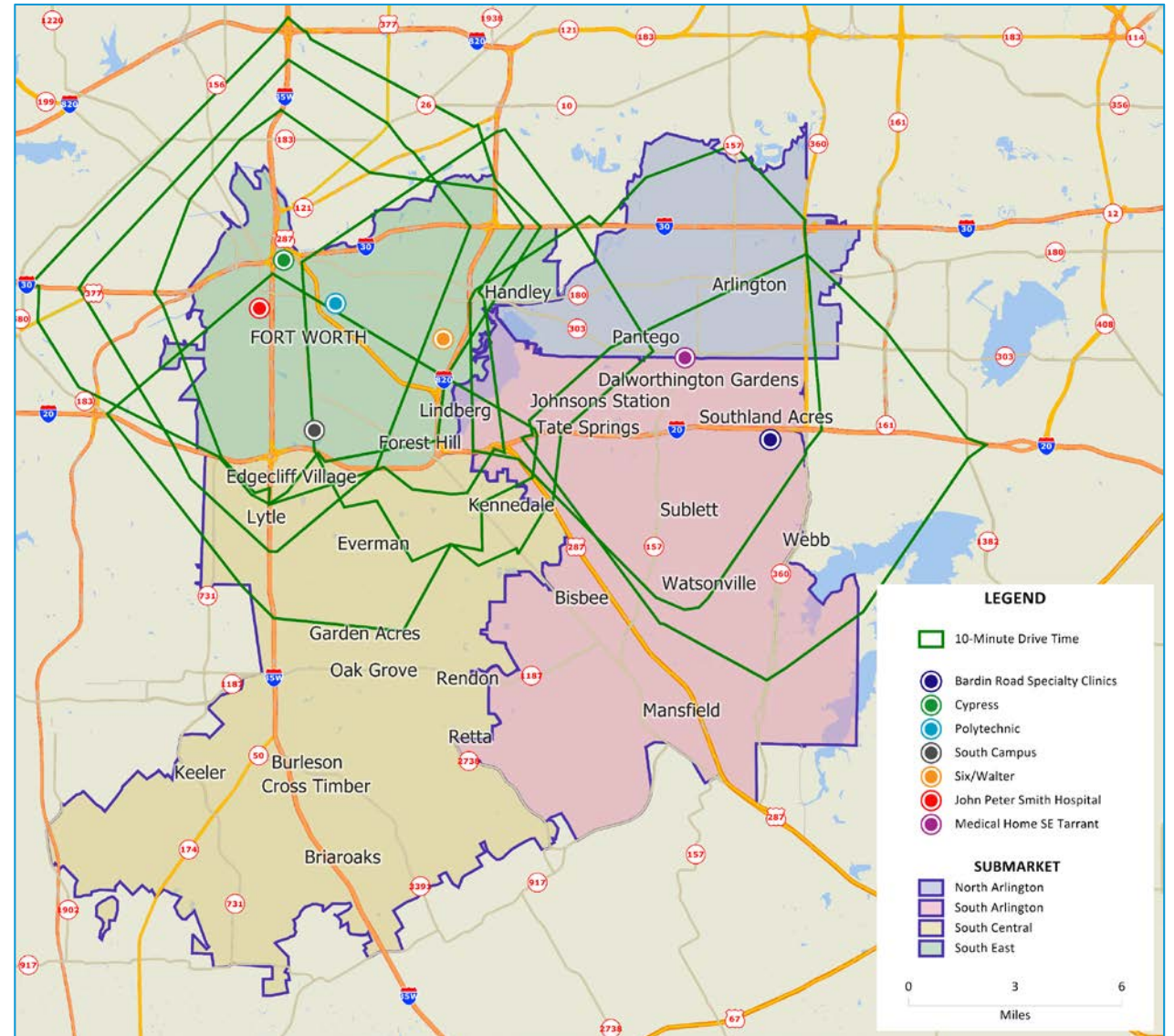
# SOUTHWEST QUADRANT SUBMARKETS – JPS MH DRIVE TIMES

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# SOUTHEAST QUADRANT SUBMARKETS – JPS MH DRIVE TIMES

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# 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 4<sup>th</sup> is planned for future opening