



Uvalde Memorial Hospital

Preliminary

Community Health Assessment

Community Health Analysis

FORESITE
CONSULTING

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Table of Contents

- Introduction, Methodology and Service Area
- Service Area Description
- Population and Demographic Analysis
- Public Health Indicators
- Where Patients Come From and Go For Medical Care
- The Physician Market and Community Need for Medical Services
- Market Share, Comparative Utilization and Recommendations



Introduction, Methodology and

• Service Area

Community Health Assessment Process



✓ Step 1: Establishing the Assessment Process

✓ Step 2: Defining the Purpose and Scope
Step 3: Collecting and Analyzing the Data

✓ A. Community Interviews

✓ B. Other Data

Step 4: Selecting Priorities (Community Meeting)

Step 5: Documenting and Communicating the Results

Step 6: Planning for Action and Monitoring Process

Study Area



The Health Care Analysis

- Reviewed data from 2000 to 2010
 - Census Data, 2000 to 2010
 - American Community Survey 2005 to 9
 - Census Data, 2010
- All medical services and physician characteristics
 - Texas Medical Examiners Database, Physicians Assistants and Nurse Practitioners
 - Texas Department of State Health Services
 - Texas Health Care Information Council data
 - Local Sources
- Reviewed a number of utilization indicators
 - Texas Health Care Information Council data 2008
 - Births
 - Facility indicators, i.e. ALOS, etc. from the Texas Annual Hospital Survey 2008 & 2009
 - For the purposes of this study, admissions and discharges will be assumed to be the same
 - The most recent public data available was utilized wherever possible
 - County Health Rankings
- A market analysis vs. a strategic plan

2010 Census Data

- Source: 2010 Census questionnaire
- Population counts for the total population, by age and over were released for Redistricting purposes
- A count of all persons by race
- A count of the population by age and race/ethnicity
- A count of Hispanic or Latino and a count of not Hispanic or Latino by race for all persons
- A count of Hispanic or Latino and a count of not Hispanic or Latino by race for the population years
- Housing occupancy status (the number of housing units that are occupied or vacant)

Comparison of the 2000 Census and the 2010 Census

2000 Census

American
Community Survey

2010 Census

"Short Form" 100% Sample
"Long Form" 17% Sample

"Long Form"
17% Sample
2003-5 2006-8

"Short Form"
100% Sample

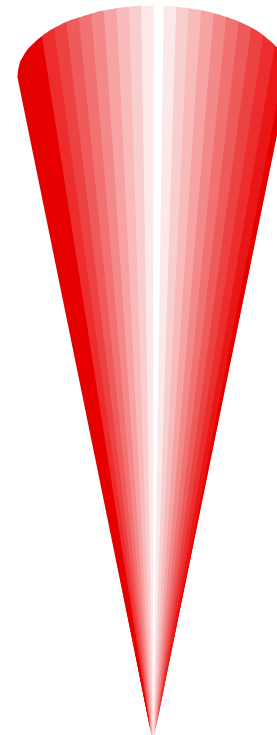
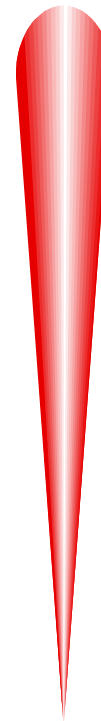
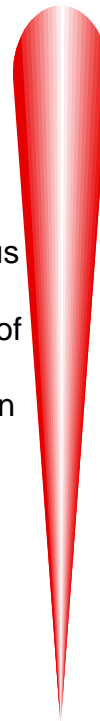
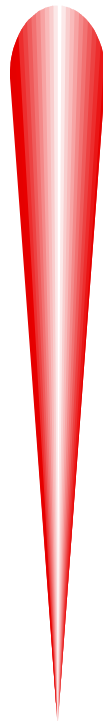
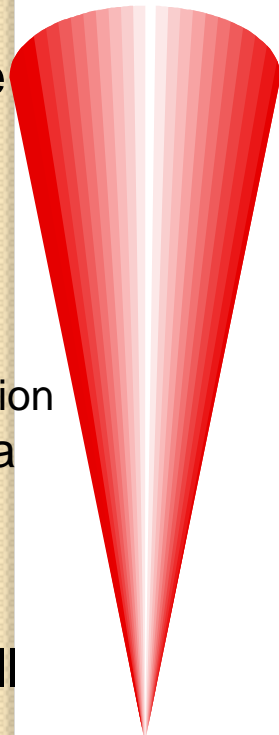
"Short Form"
Sex, age, race, Hispanic or Latino origin, household relationship, household type, group quarters population, family type, family size, housing occupancy, and housing occupancy status, vacancy status, & tenure

"Long Form"
Profiles of Social, Economic, and Housing Demographic Characteristics - school enrollment, educational attainment, marital status, grandparents as caregivers, veteran status, disability status of the civilian population, residence, nativity and place of birth, region of birth of the foreign born, language spoken at home, ancestry, employment status, commuting to work, occupation, industry, class of worker, income, and poverty status and housing.

Large

Population
by Area

Small



Statistical Sampling

American Community Survey

US Large Population

States

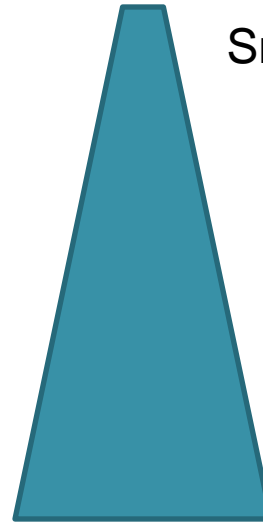
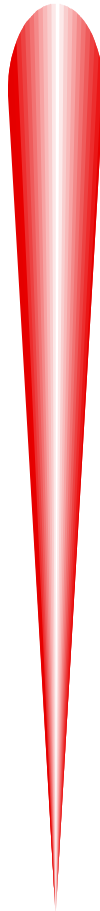
Urban Areas

Counties 60,000 and above

Places

Zip Code Tabulation Areas

Census Tracts



Small (very accurate)

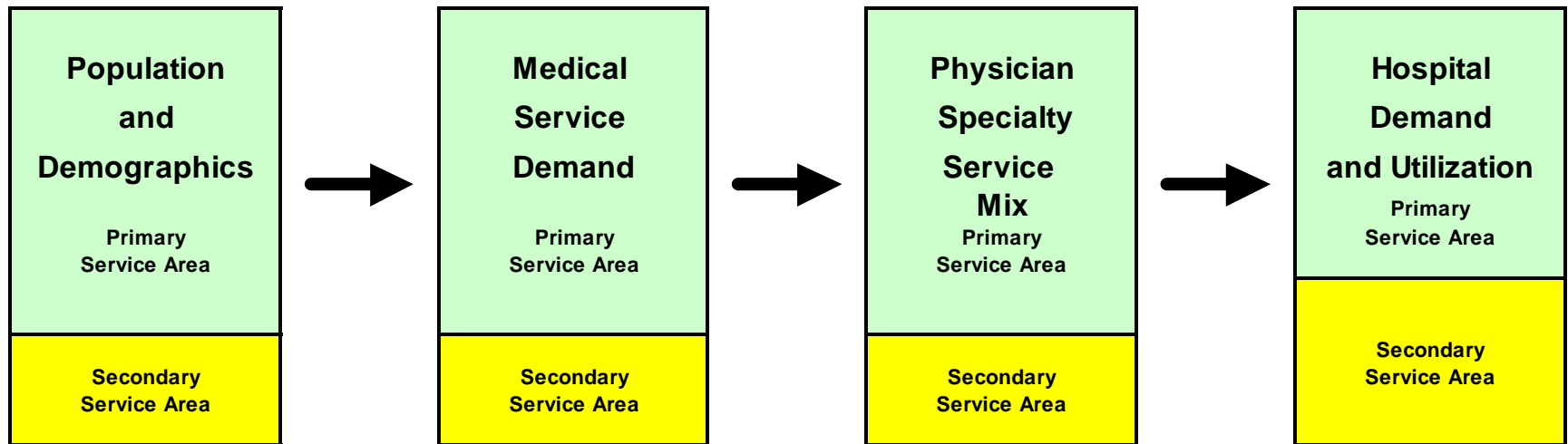
The American Community Survey, which is a replacement for the long form, is a statistical sample of the population conducted by the Census Bureau each year.

Large (questionable)

Sampling Error

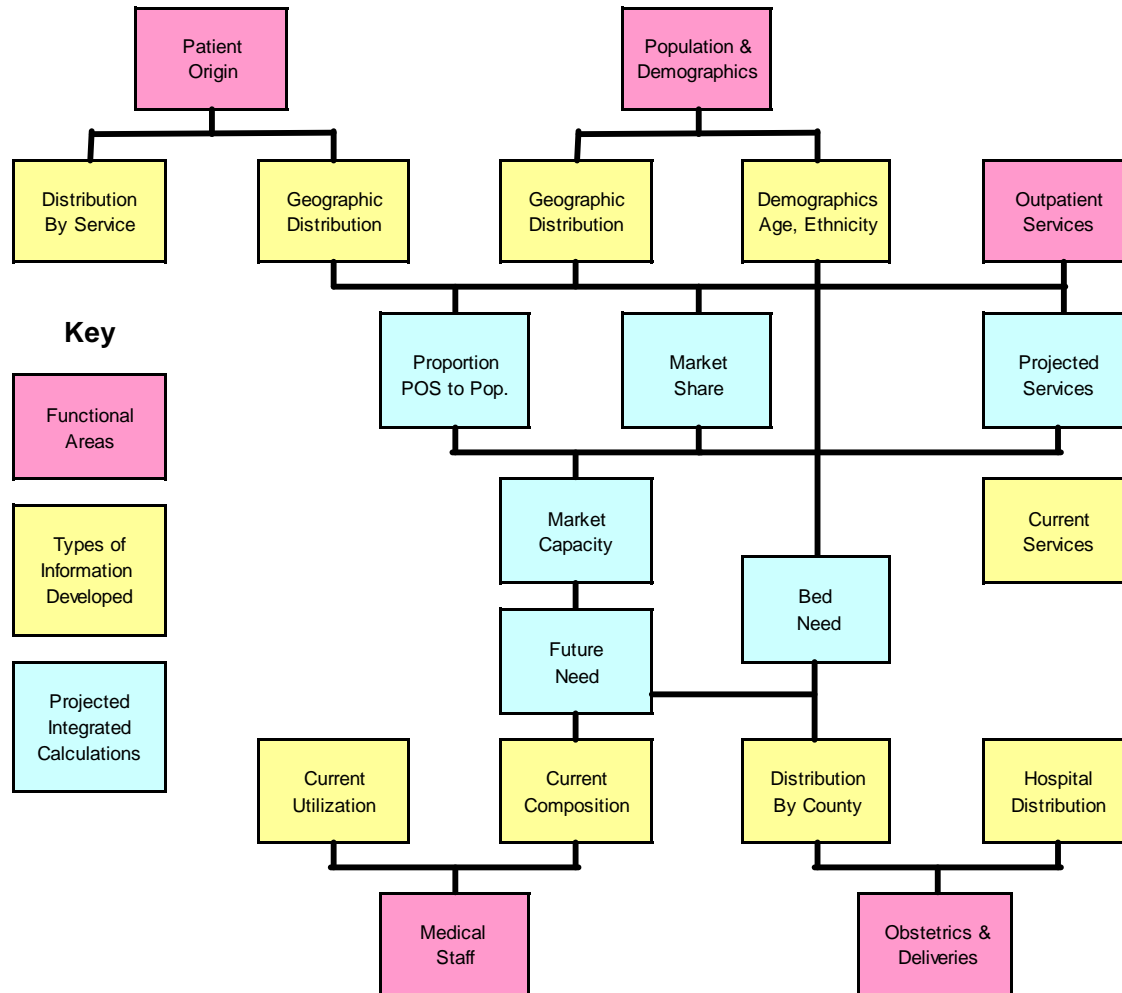
The survey, like all surveys and most public health data, is subject to a sampling error. The error tends to be small for large populations but gets much larger with a small population where it loses its predictability.

Determining the Demand For Hospital Services



Population and demographics drive the demand of medical and physician services which then drive the demand for hospital services

Development and Integration of Information in a Market Analysis



A number of different hospital, state, and national databases are compiled and integrated to give a composite picture of the area and its service needs.



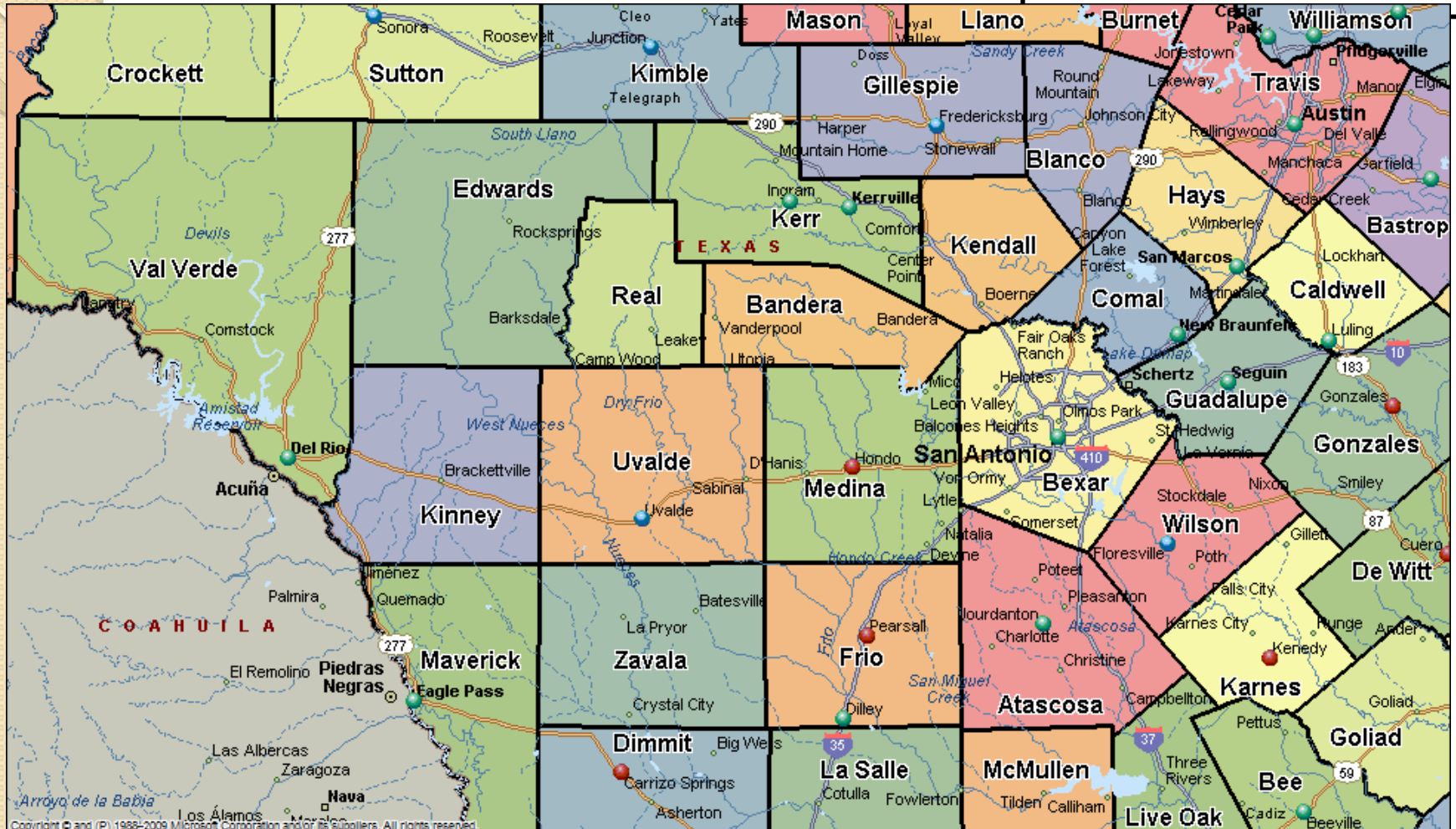
Service Area Description

The Uvalde Service Area

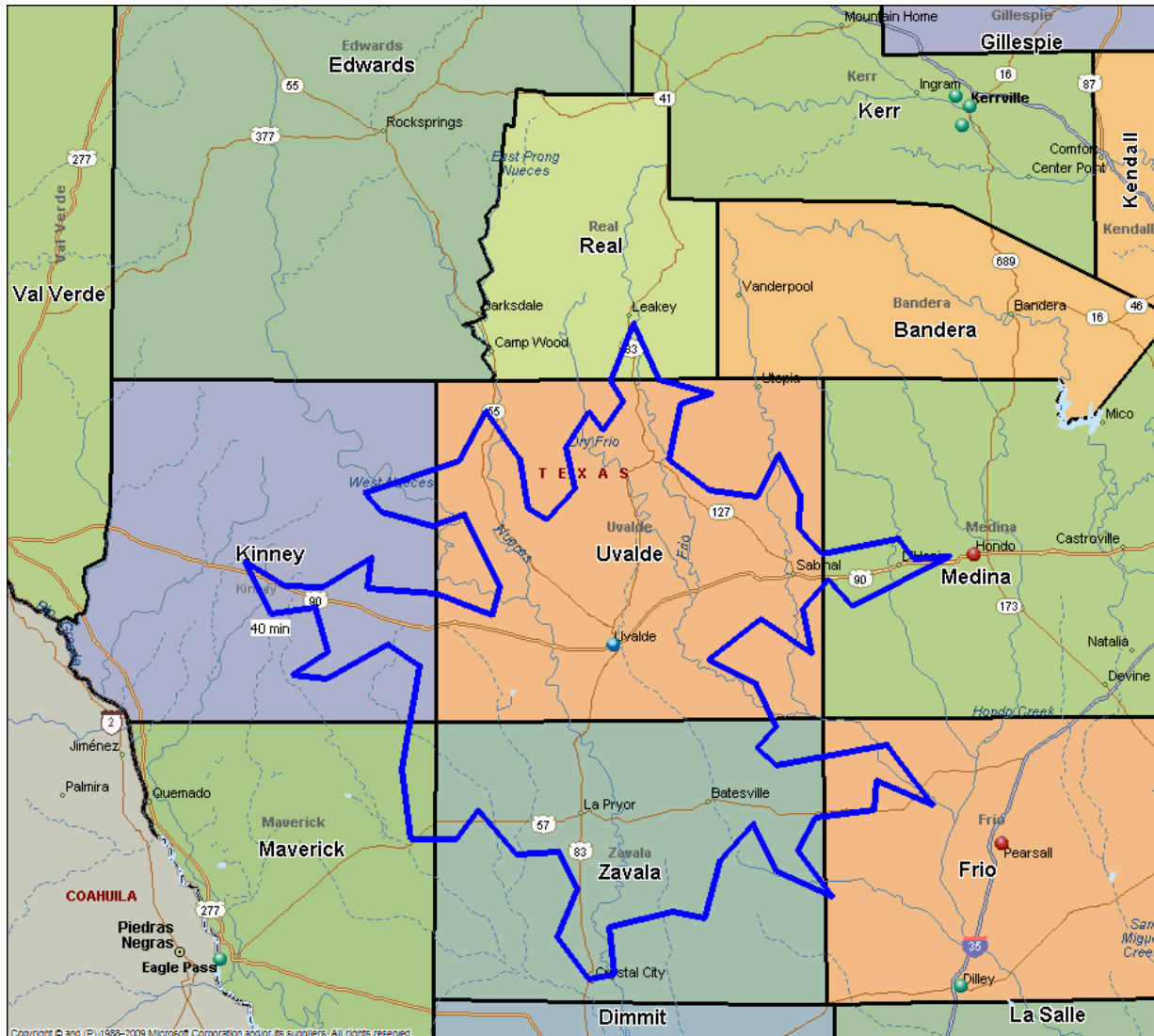
- Uvalde is located in Southwest Texas along Hwy 90 between San Antonio and Del Rio. The community and hospital serves the industrial, commercial and agricultural needs of the multi-county area. Uvalde is also the county seat of Uvalde County.
- Uvalde County is a rectangular area roughly 40 miles across with the county seat in the south central part of the county. The county is home to 4 Hill County rivers, the Nueces River in the west, the Leona in the center and Frio and Sabinal Rivers on the east.
- The hospital and county serve a large area to the north, west and south, including parts of Edwards, Kinney, Real and Zavala Counties. None of these counties have their own hospital although there are a number of Federally Qualified Health Centers in the area that provide primary care services. Most specialty tertiary care services and patients are refer to the hospital or San Antonio.
- No other hospitals were located in the surrounding counties or within 40 minutes driving time.
- The population is concentrated around Uvalde which makes up approximately 50% of the service area population.

Uvalde County

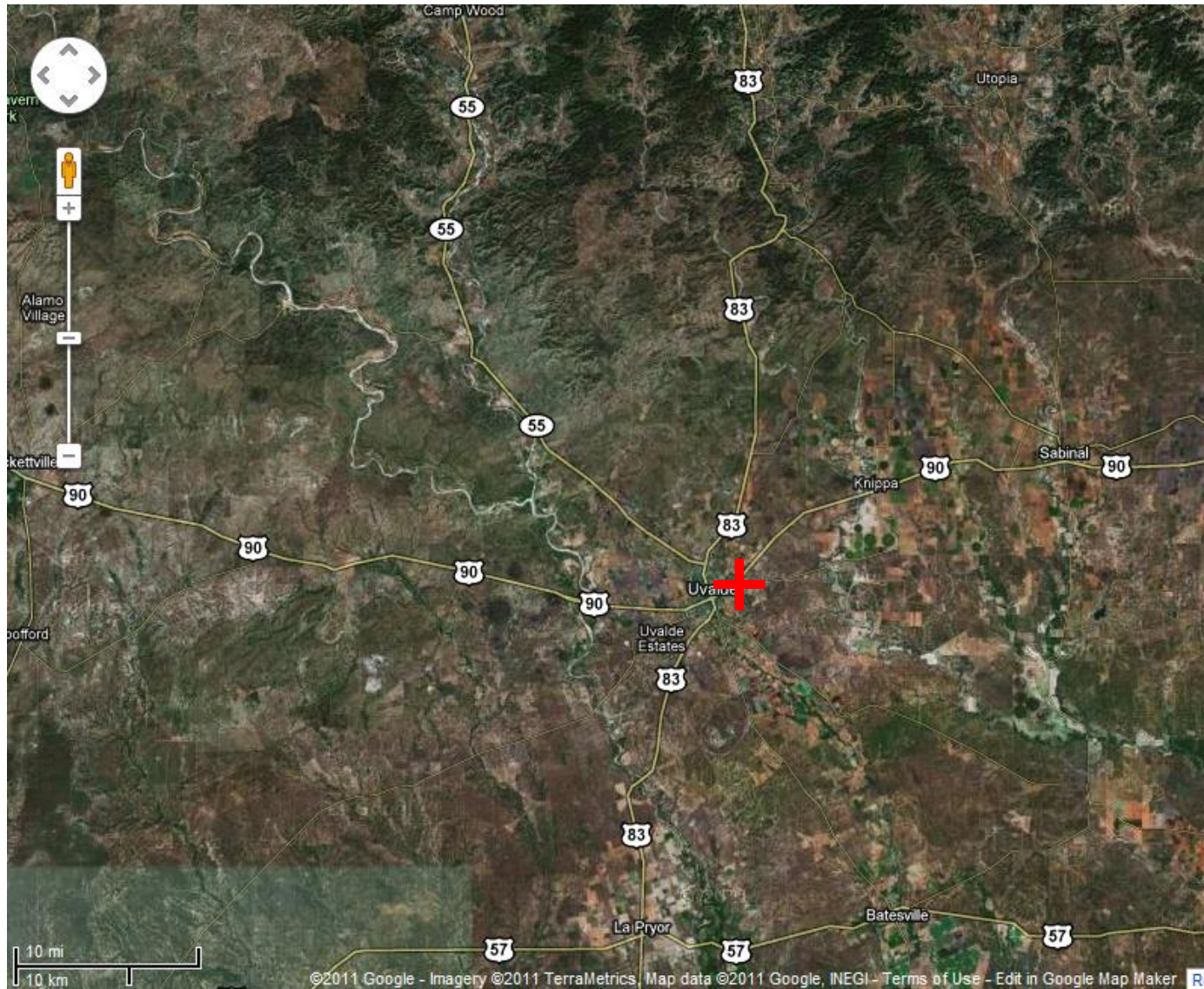
- Area Hospitals
- THCIC Reporting
- Non-reporting



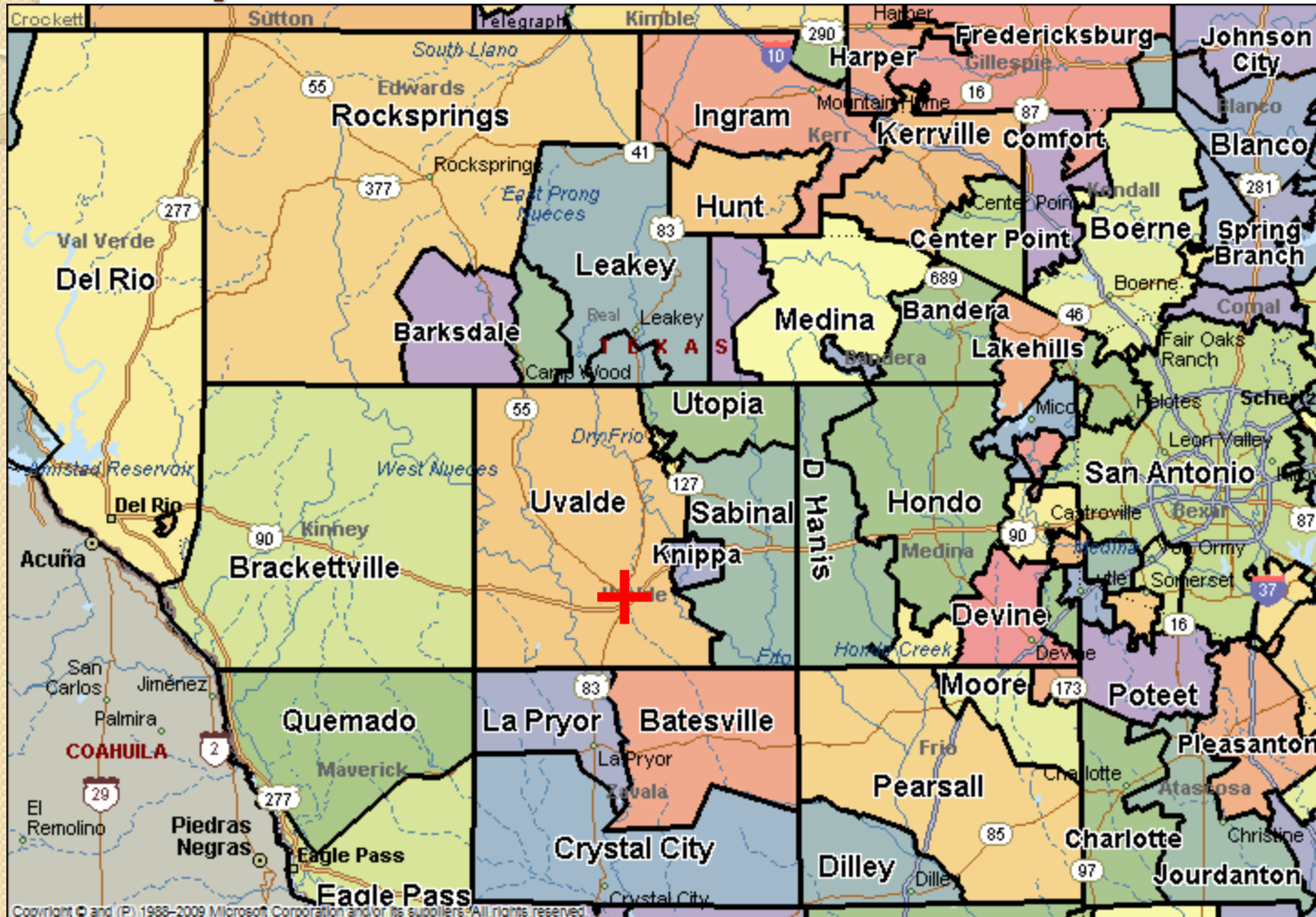
40 Minute Travel Time



Uvalde County Satellite Map



Uvalde County Zip Code Areas by Name



Service area zip codes appear to conform to county boundaries with Uvalde serving the western two thirds of the county.



Population and Demographic Analysis

Population and Demographic Characteristics

- The majority of the population is located in the southern part of the county around Uvalde and Uvalde County makes up 56% of the service area population. Total service area population was 46,991 in 2010 with Uvalde County contributing 26,405 of the total (other counties accounted for: Edwards 2,002, Kinney 3,598, Real 3,309, and Zavala 11,677).
- The service area grew very slowly from 2000 to 2010, only adding 877 residents or 1.9%.
- 47% of the service area population is located in the Uvalde City Zip Code.
- Over 69% of the population is Hispanic while 29% is White in Uvalde County and race and ethnicity varies considerably across the service area. Zavala has the highest percent Hispanic with almost 94% and Real the lowest with 24%. The service area as a whole is 70.4% Hispanic with less than 2% black and other.
- Like most rural areas, the percent of the population identified as in poverty is larger than in Texas or the US. 27.1% would be considered below the poverty level, and another 26.0% would be below 200% of poverty with 46.9% above the 200% of poverty level. These percentages varied slightly across the service area with slightly more poor in the Uvalde City area.

Population and Demographic Characteristics

- The service area has a much older population than the state of Texas (Total 15.9% for the service area vs. 10.3% for the state for 65+). Uvalde had 14.8% residents 65+ while Real had the highest with 25.8% and Zavala the lowest with 12.1% for service area counties. Zavala was the only county that was similar to the state in terms of age distribution.
- In terms of family size Uvalde was similar to the state, while Zavala had the largest families and the other counties with the oldest populations in the area had the smallest number of residents per household (family size).

Population and Demographic Characteristics

- Uvalde (27.8%) and Kinney (25.6%) had the fewest renter-occupied housing units and were below the state average of Texas (36.3%), while Edwards was about the same at 34.5%. Real (43.3%) and Zavala (43.3%) were well above the state and area average.
- Uvalde, Zavala, and Real were similar to the state on the number of individuals in group quarters while Edwards was below and Kinney was well above at 9.2 percent.
- Unemployment in Uvalde County has been fairly comparable to the state and nation until this last year when it exceeded both (slightly above 10 percent). Other counties followed a similar trend with the exception of Zavala with a much higher unemployment rate over a multi-year period.
- Per capita personal income is lower in Uvalde and other area counties than in the state, which is typical of a rural area, but Zavala was significantly lower.

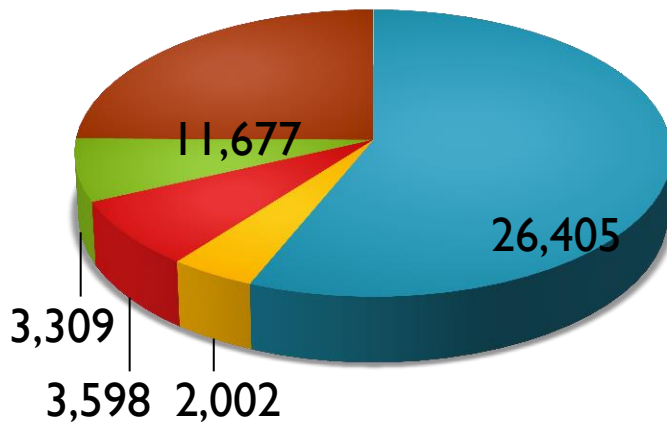
Population and Demographic Characteristics

- The Service Area had significantly more Hispanic students than the state on average (83% compared to 50.3%), as well as a much higher percentage of economically disadvantaged students on average (77% compared to 59%).
- Uvalde and Edwards counties had more high school graduates than the state, but all counties had fewer residents with a college education. With two colleges in the area to train students, college trained graduates may be leaving the area to find employment.
- In summary, most of these indicators suggest that there is a fairly large low-income Hispanic and elderly population, who are long-term residents with significant health care needs and limited resources to address them.

Population Distribution Within Uvalde County Area 2010

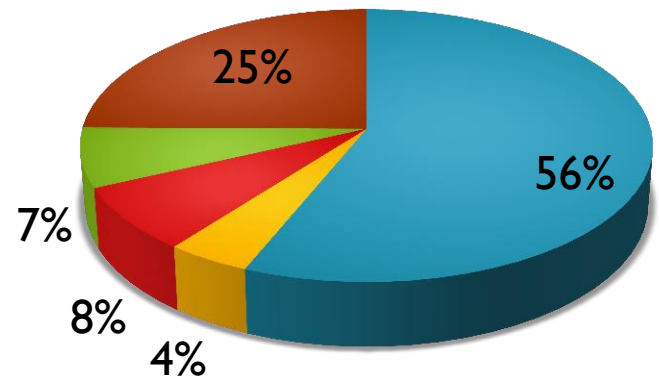
Total service area population

■ Uvalde ■ Edwards ■ Kinney
■ Real ■ Zavala



Total service area population

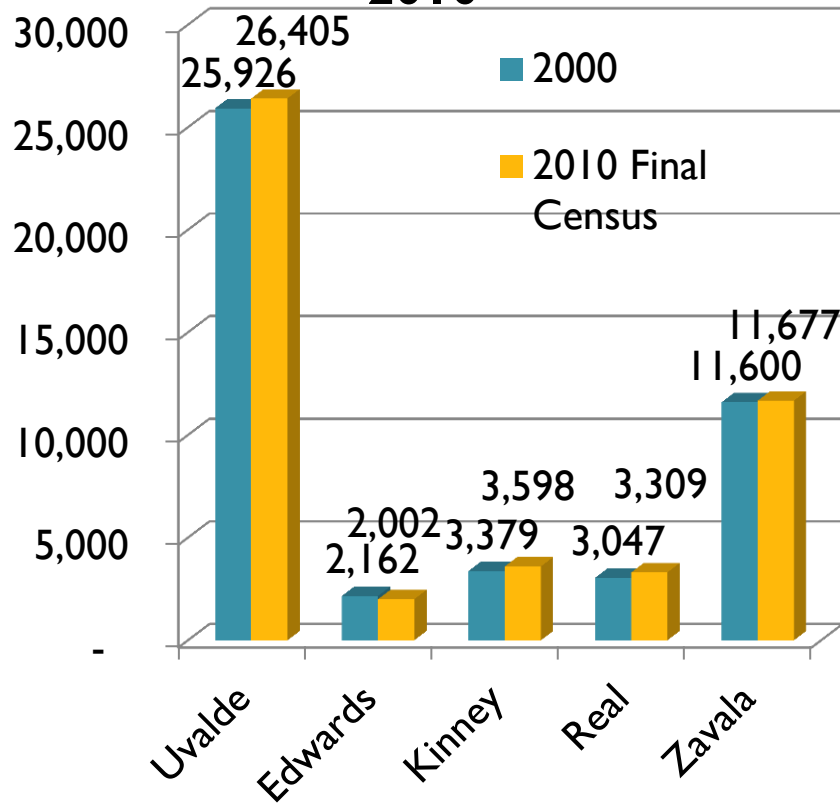
■ Uvalde ■ Edwards ■ Kinney
■ Real ■ Zavala



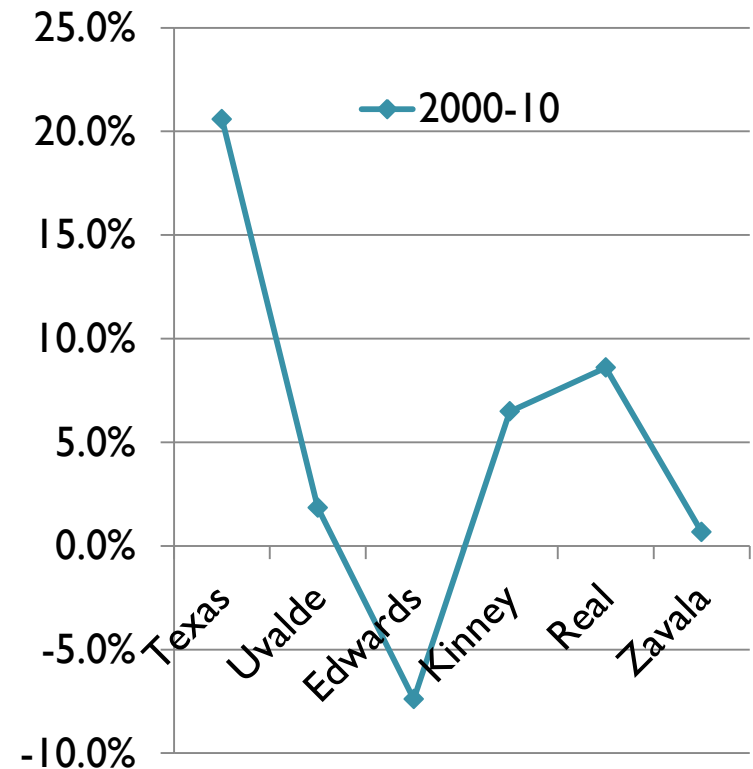
Uvalde County accounts for 56% of the service areas population while Zavala equals another 25%.

Population Change by County

Population Change 2000 to 2010



Population Change 2000 to 2010

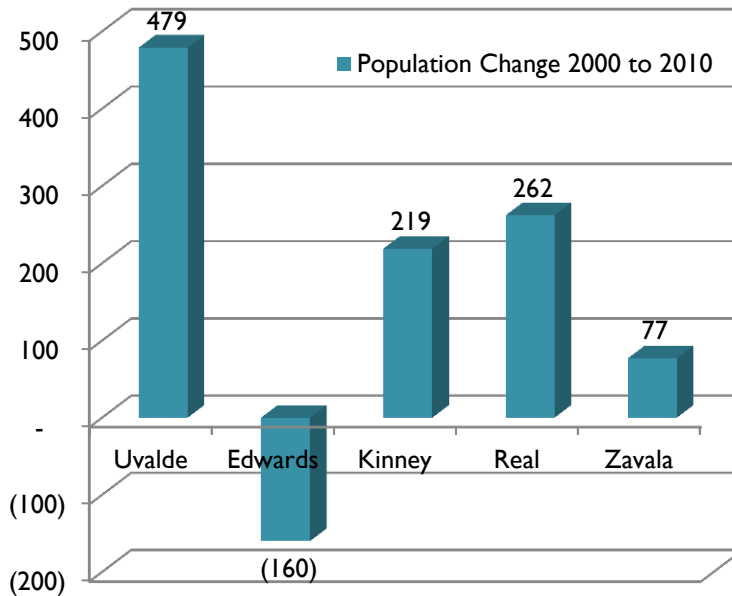


Uvalde and other area counties grew slowly between 2000 and 2010 with the exception of Edwards which lost population during the decade.

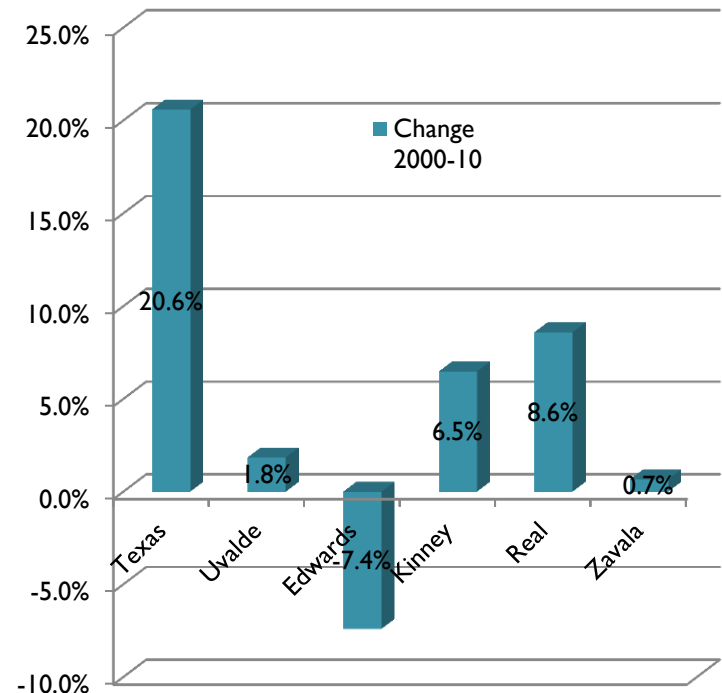
Source: US Census Bureau

Population Change by County

Population Change 2000 to 2010



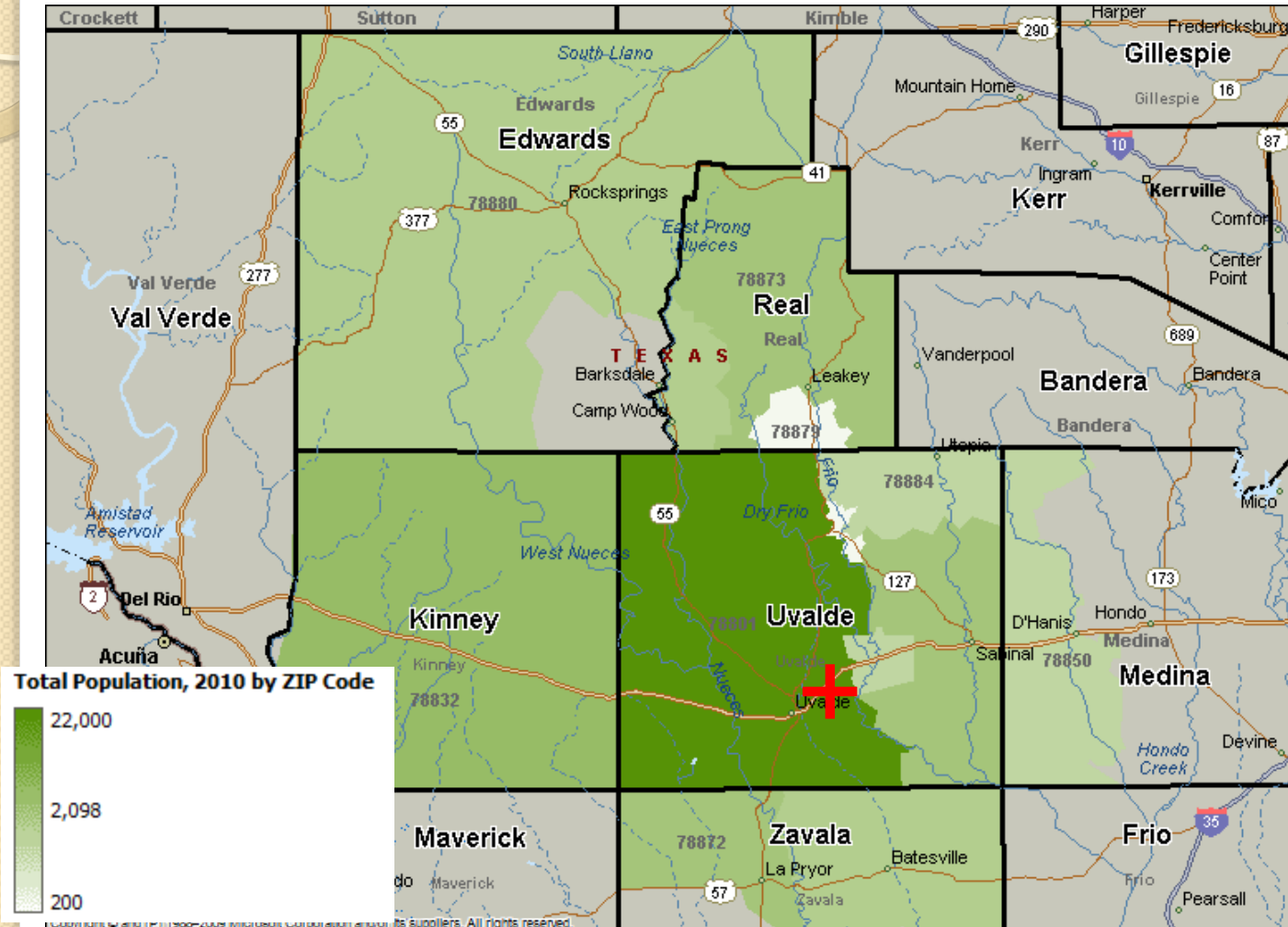
Change 2000-10 Percent



The Service Area added 877 residents between 2000 and 2010 and only grew 1.9% in the decade.

Source: US Census Bureau

Population Distribution by Zip Code

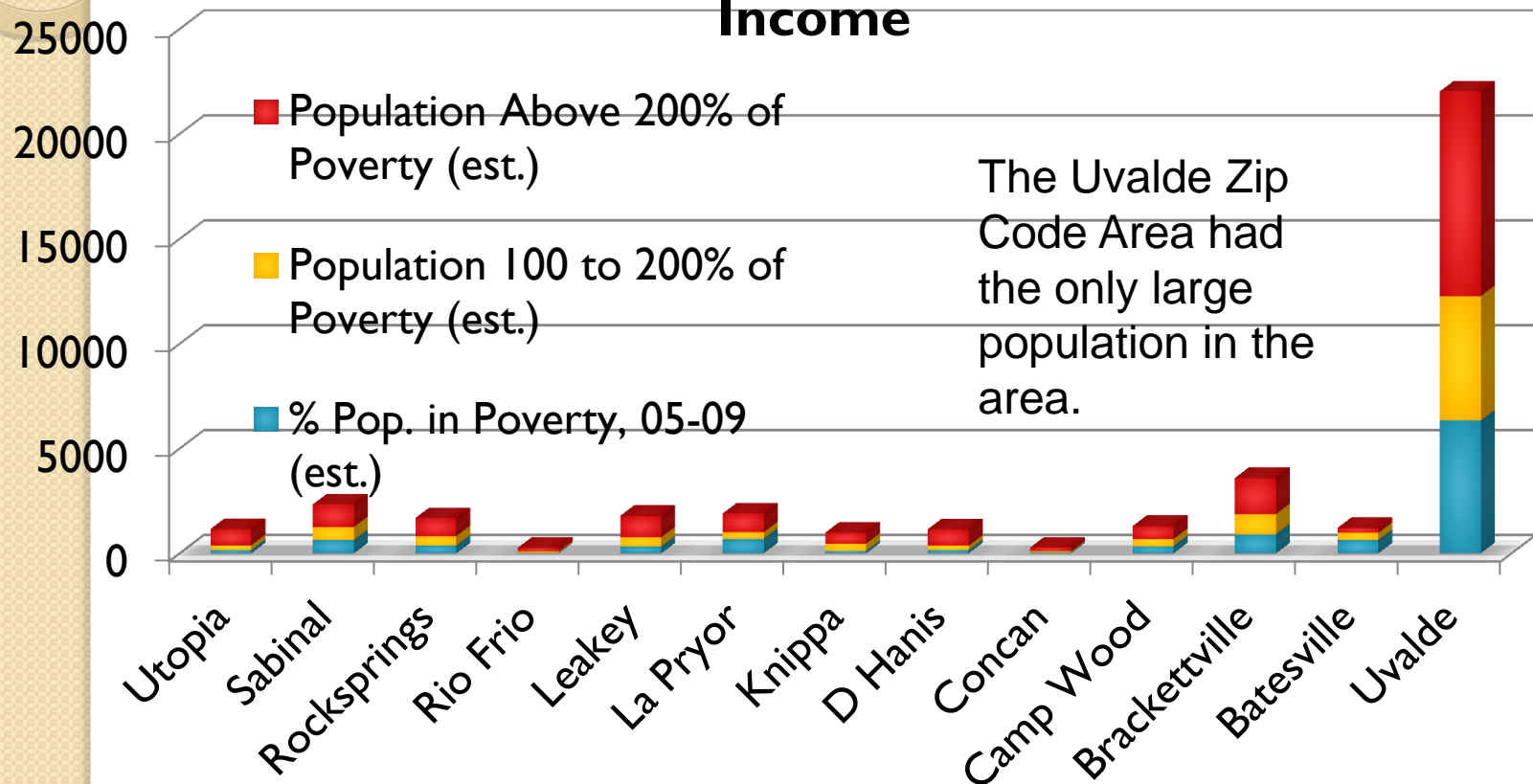


47% of the service area population is located in the Uvalde City Zip Code.

Source: US Census Bureau compiled by the UDS Mapper system based on ZCTA service areas

Population Distribution by Zip Code

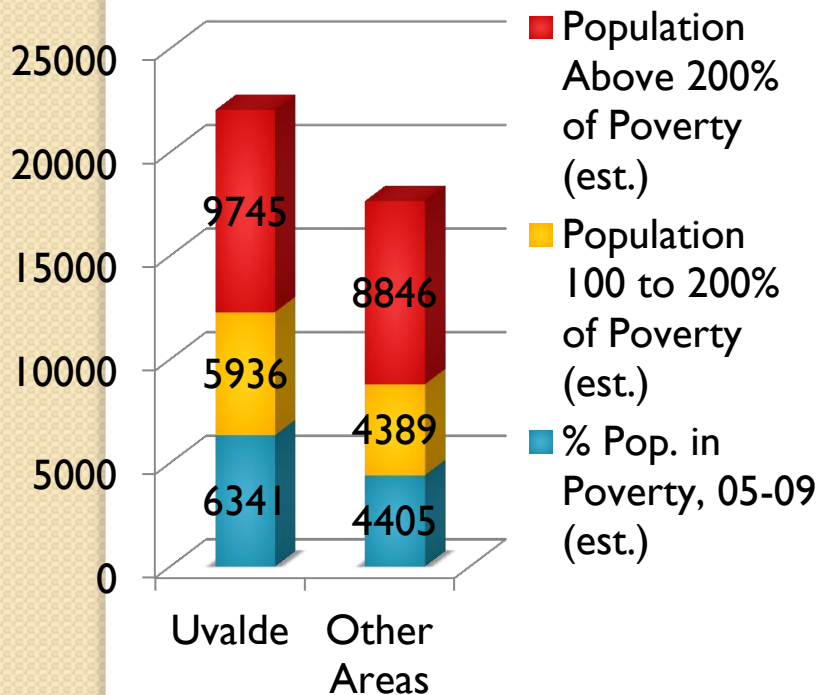
Service Area Population by Zip Code Area and Income



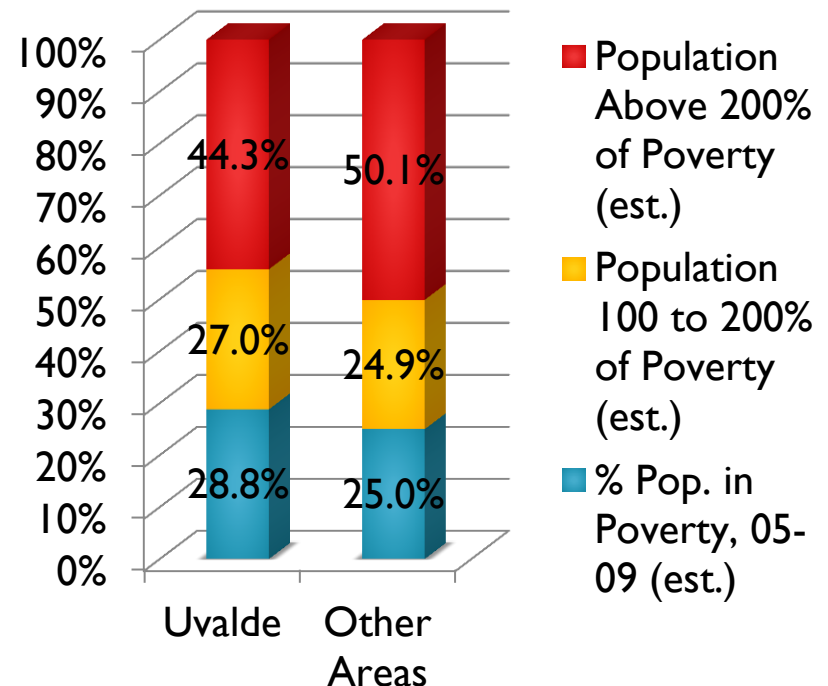
The Uvalde Zip Code Area had the only large population in the area.

City and Other Area Zip Codes

City and Rural Comparison



City and Rural Comparison

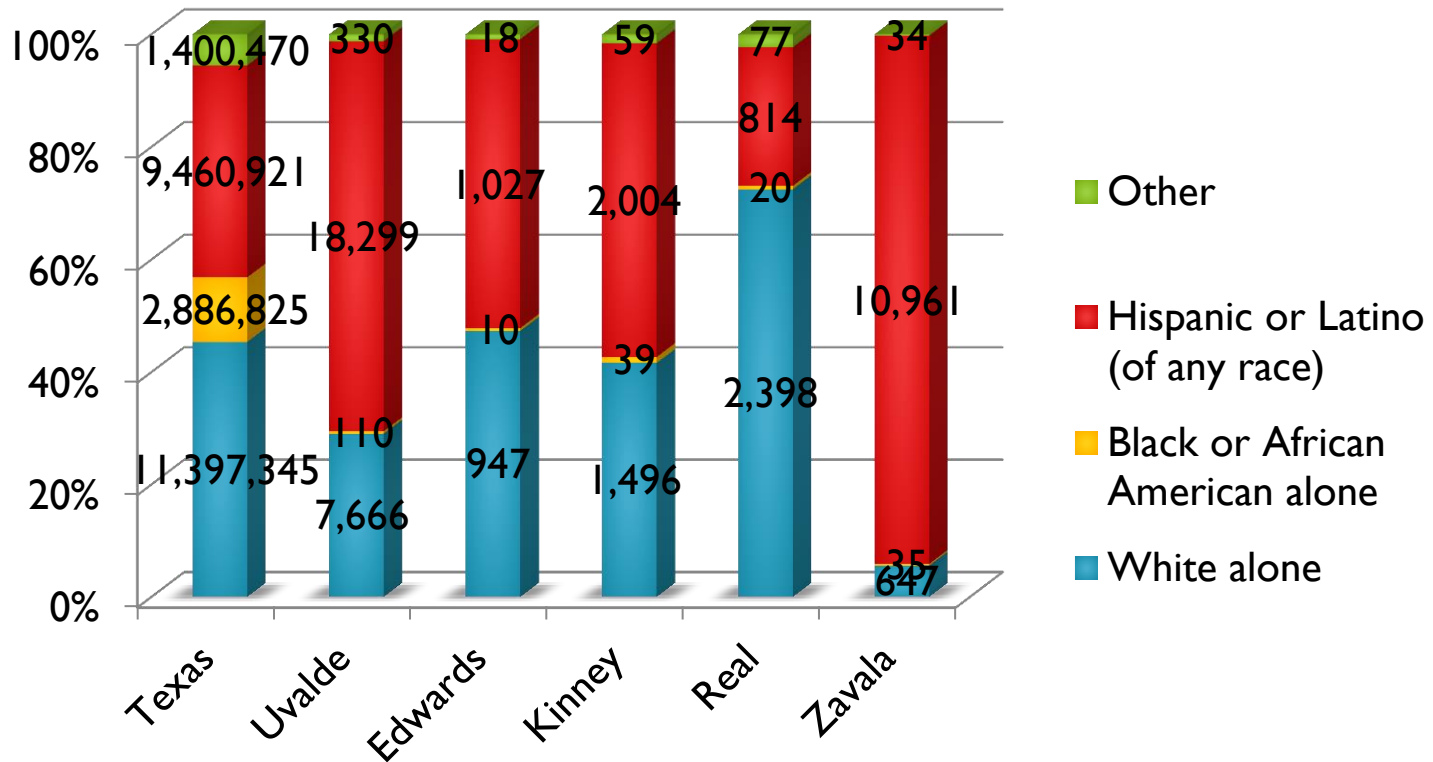


The low income population is spread across the county with a slightly higher concentration in Uvalde.

Source: US Census Bureau compiled by the UDS Mapper system based on ZCTA service areas, does not include the southern Zavala zip codes.

Race and Ethnic Distribution

Race and Ethnicity

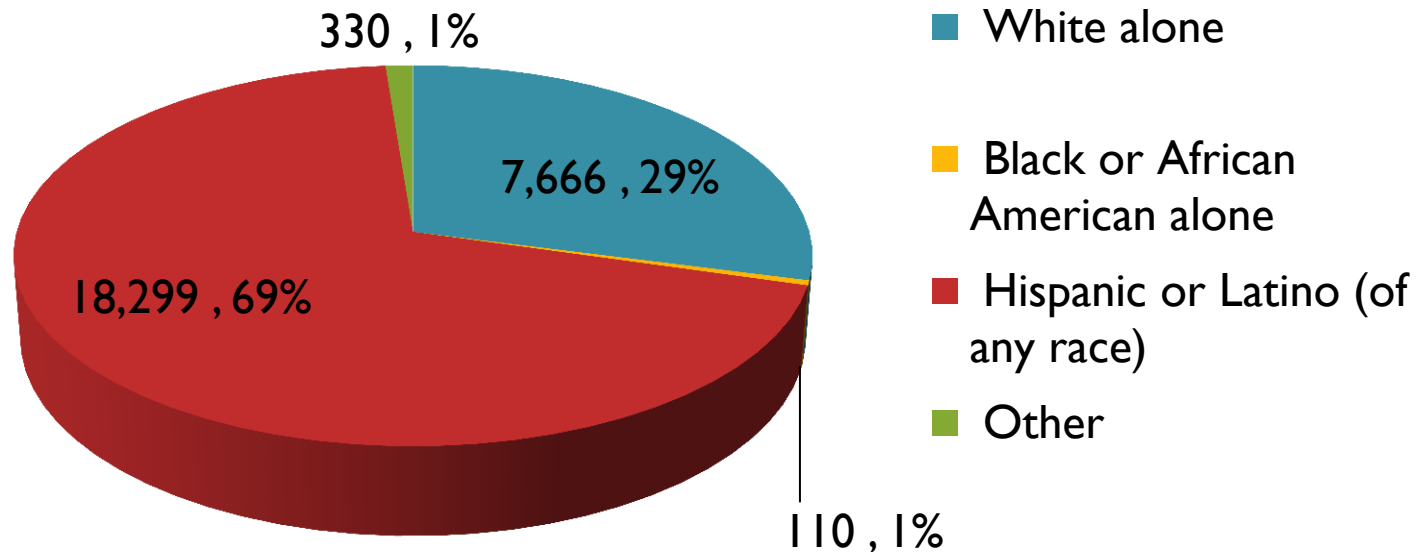


Uvalde and Zavala counties had a much larger minority population in comparison to the state and other parts of the service area.

Source: US Census Bureau

Race and Ethnic Distribution

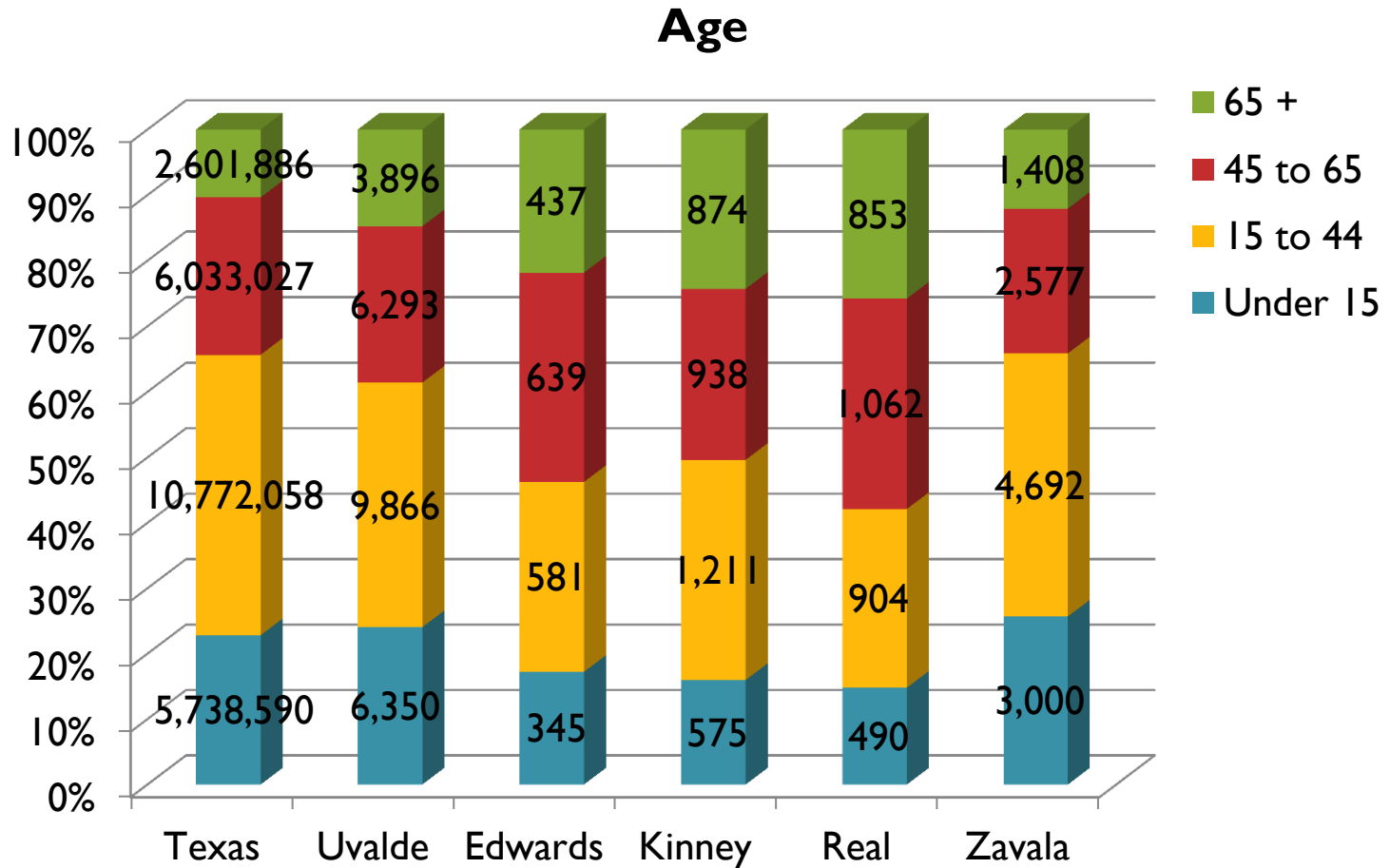
Uvalde



The Hispanic population accounted for over 69% of the population, while 29% were white in Uvalde County. The percentages were very similar to the overall service area.

Source: US Census Bureau

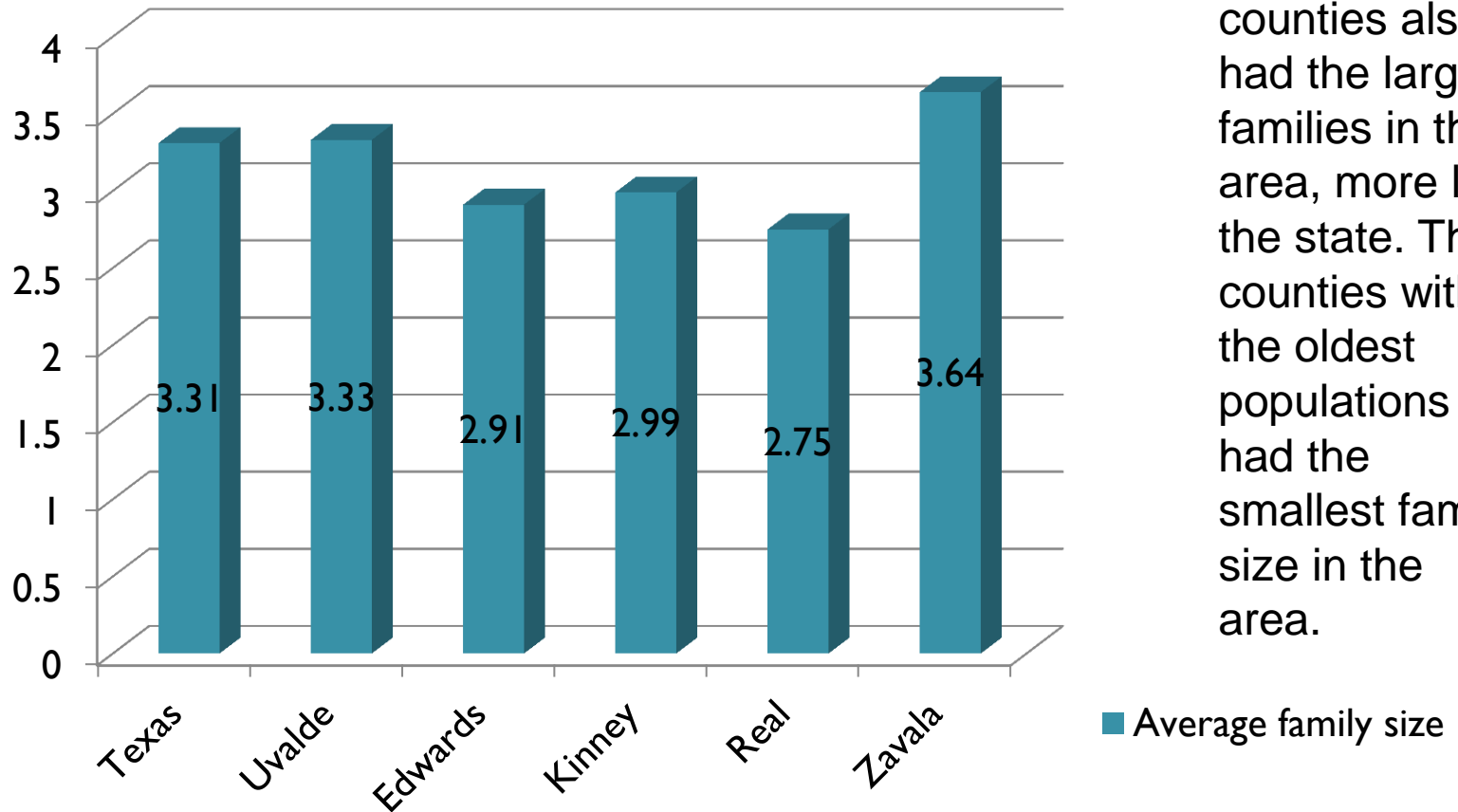
Population Age by County



Source: US Census Bureau

Population Distribution by County

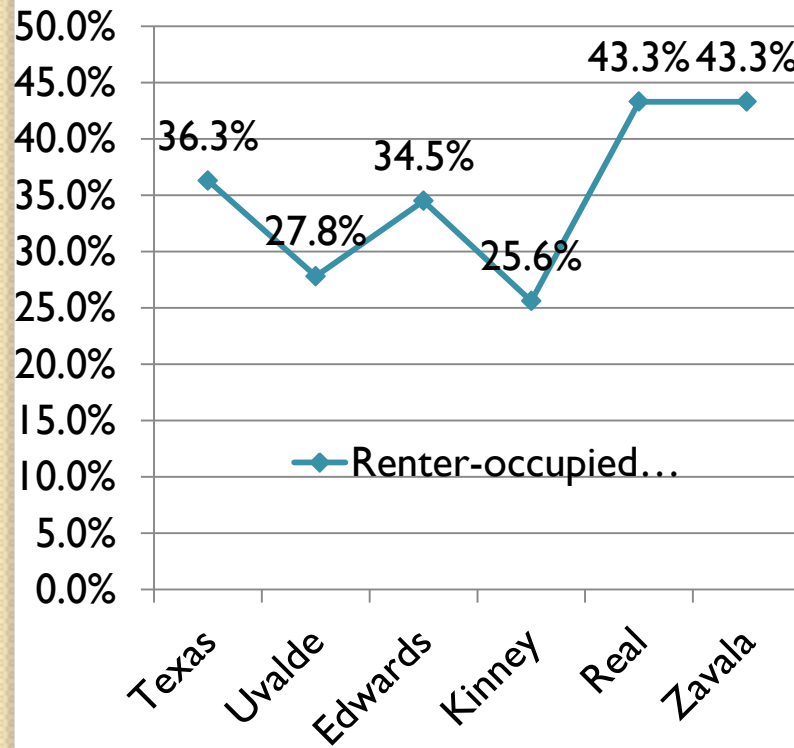
Average family size



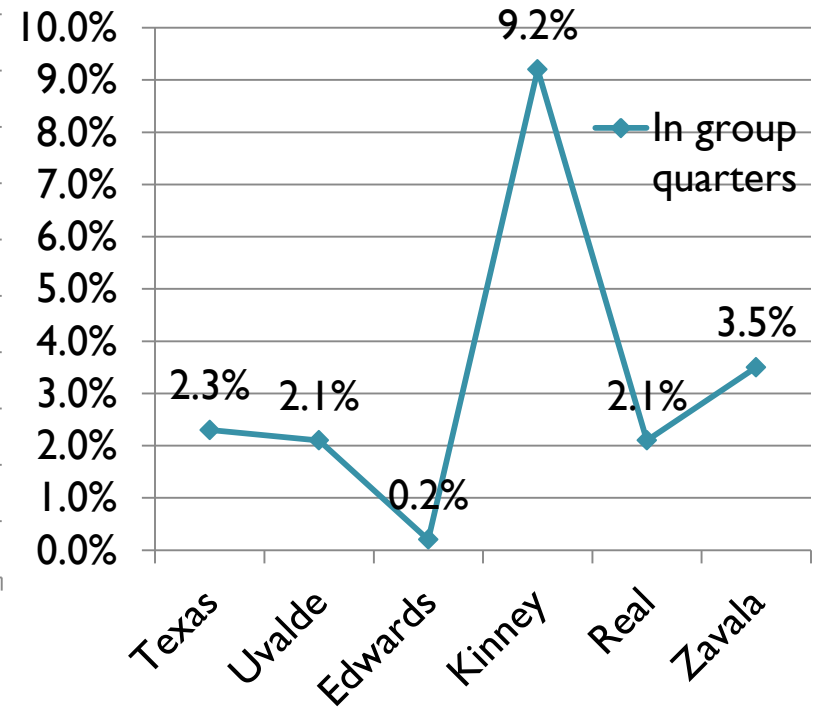
Uvalde and Zavala counties also had the largest families in the area, more like the state. The counties with the oldest populations had the smallest family size in the area.

Housing Characteristics

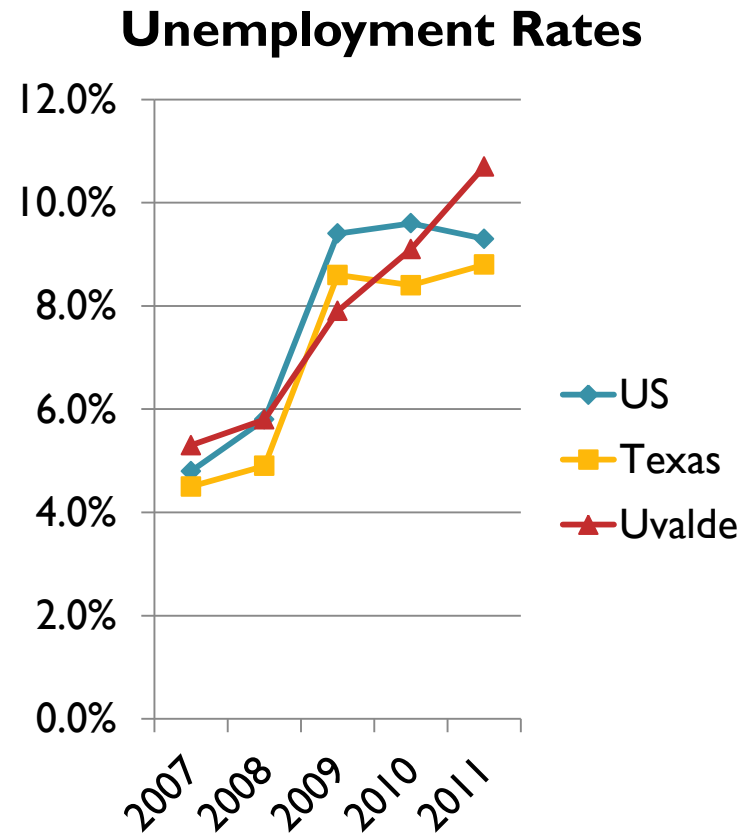
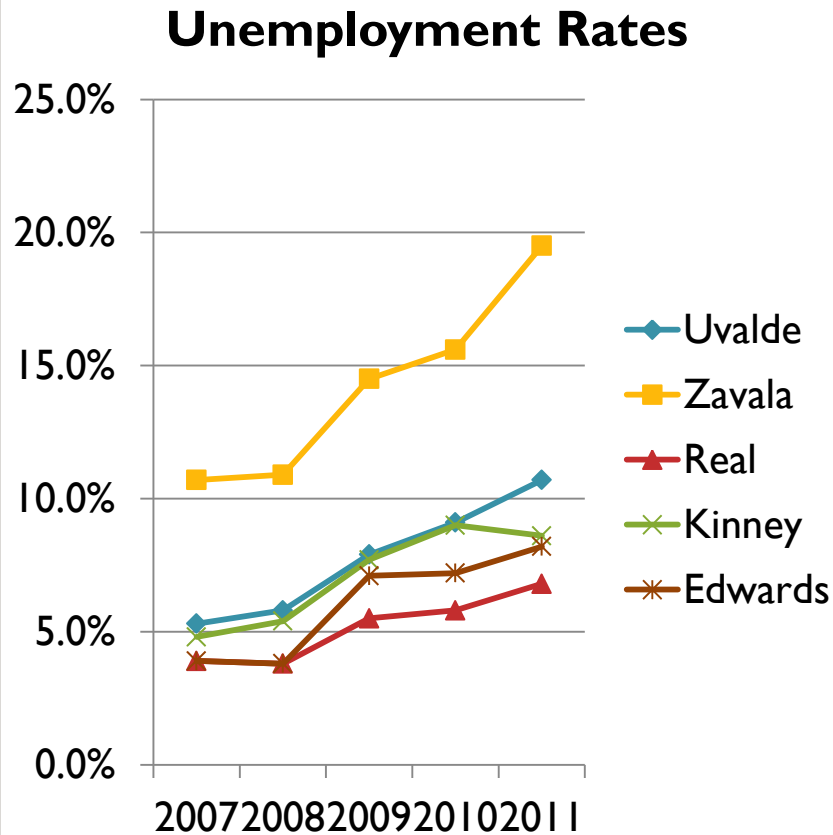
Renter-occupied housing units



In group quarters



Unemployment Rates

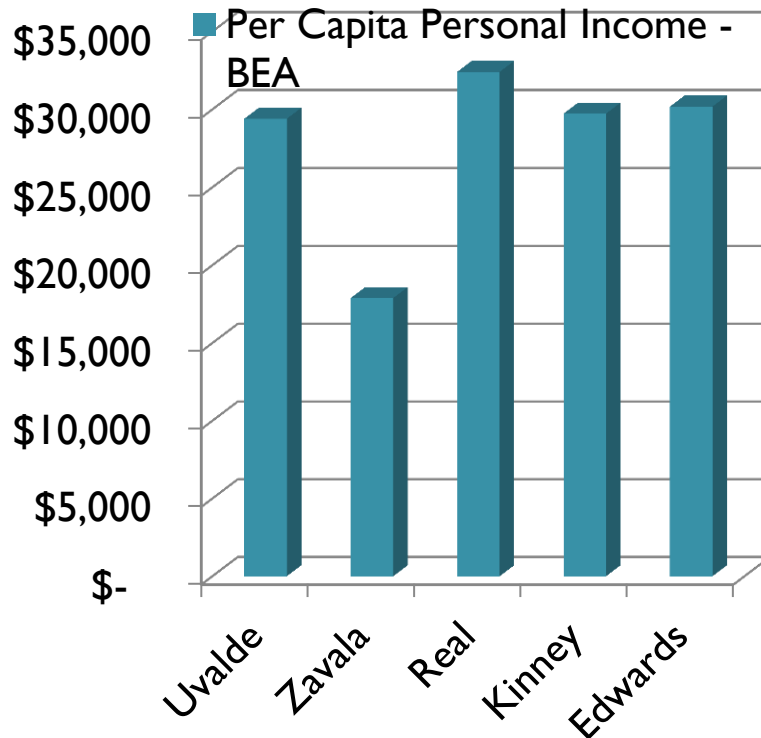


Uvalde County unemployment has followed the state and national trends but only recently has the county exceeded the state average. Zavala has consistently had a much higher unemployment rate.

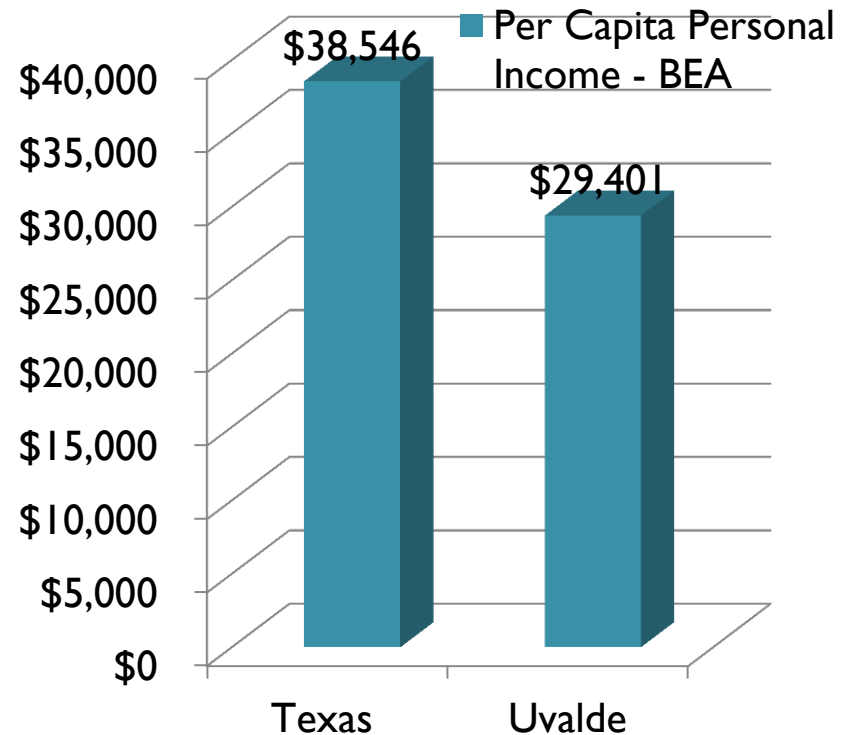
Source: Texas Workforce Commission

Per Capita Income

Per Capita Personal Income - BEA

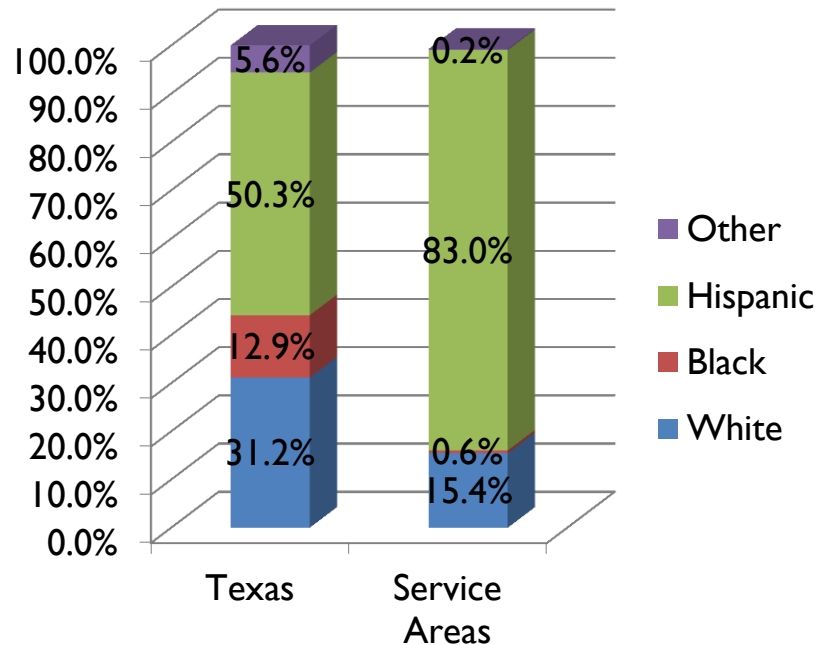


Per Capita Personal Income - BEA

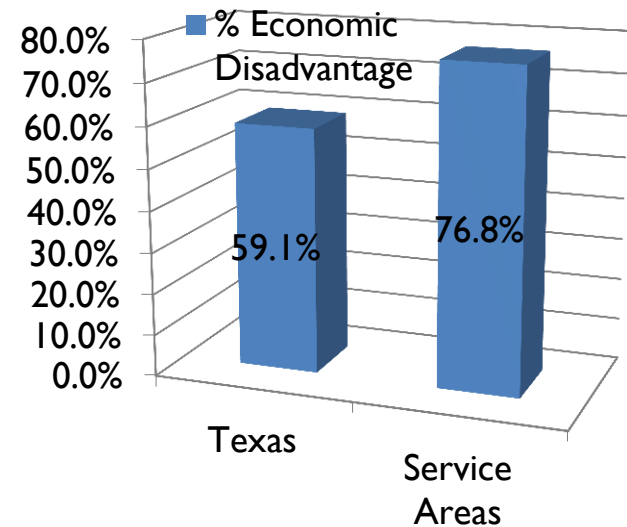


School Enrollment Demographics

School Student Race/Ethnicity



School Student Economically Disadvantage

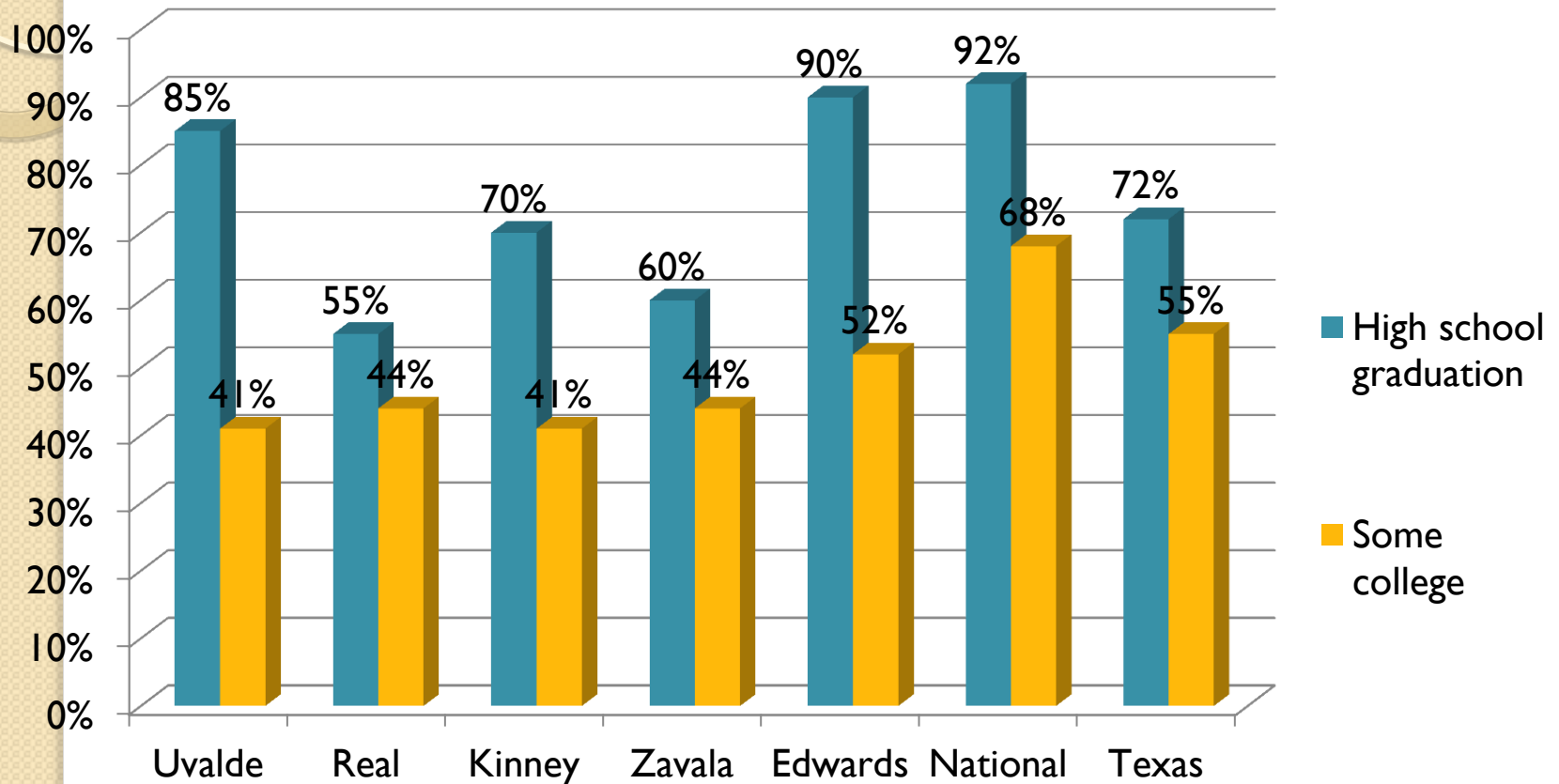


The service area had more Hispanic students and a larger percentage of economically disadvantaged students than the state on average.

Source: TEA

Note: In order to meet the requirements of the FERPA (Family Education Rights to Privacy Act) adjustments have been made for categories with less than 5 students.

Educational Attainment



Uvalde and Edwards counties had a higher percent of high school graduates than the state, but fewer college trained graduates, suggesting an older farming and blue collar community.

Source: County Health Rankings, <http://www.countyhealthrankings.org/>



Public Health Indicators

Public Health Indicators

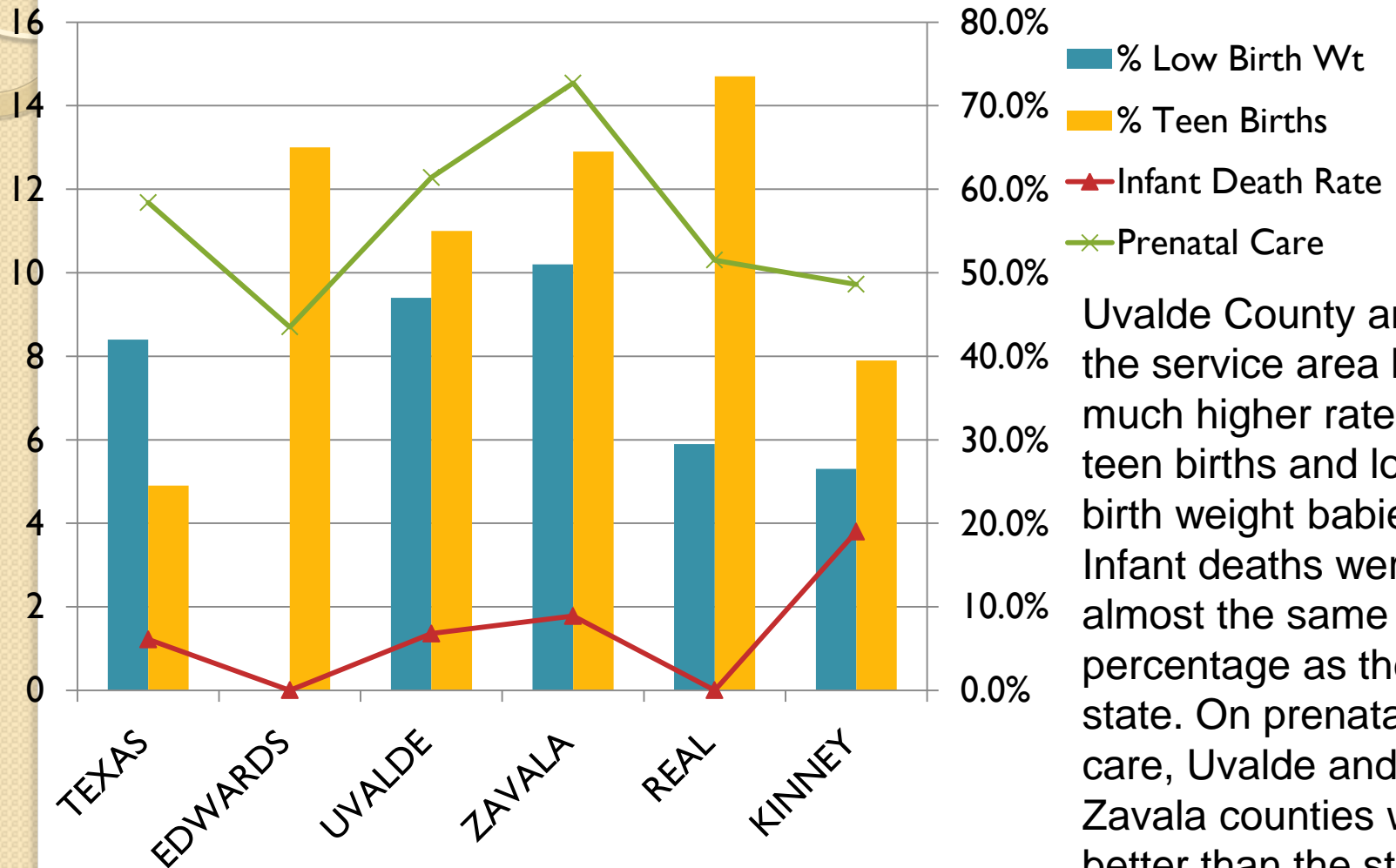
- Teen births were significantly higher across the service area as well as low birth weight babies in the larger counties, which is often true of rural areas. However, low birth weight babies have also become a national trend and significant public health problem. The March of Dimes and government have initiated a number of new programs to address this issue.
- In terms of prenatal care, the counties with the largest obstetrics population and those that were closest to care seemed to be doing well, but more remote populations appeared to have more problems getting care early.
- In 2008, Uvalde Memorial captured 95% of Uvalde County deliveries or 57% of the 758 deliveries in the 5 county service area.

Public Health Indicators

- Uvalde County's premature death rate is higher than either the state or national rates, which is probably due to a much higher motor vehicle crash death rate for the county. Although difficult to determine from the data, this may be due in part to teenaged drivers. The death of a young driver will have significant effect on years of life lost.
- Crime rates were comparable to other rural areas and between state and national averages, while STD rates vary considerably from county to county. A more detailed analysis may be necessary to determine whether STD rates are a real problem or are due to data fluctuations.

Prenatal Care

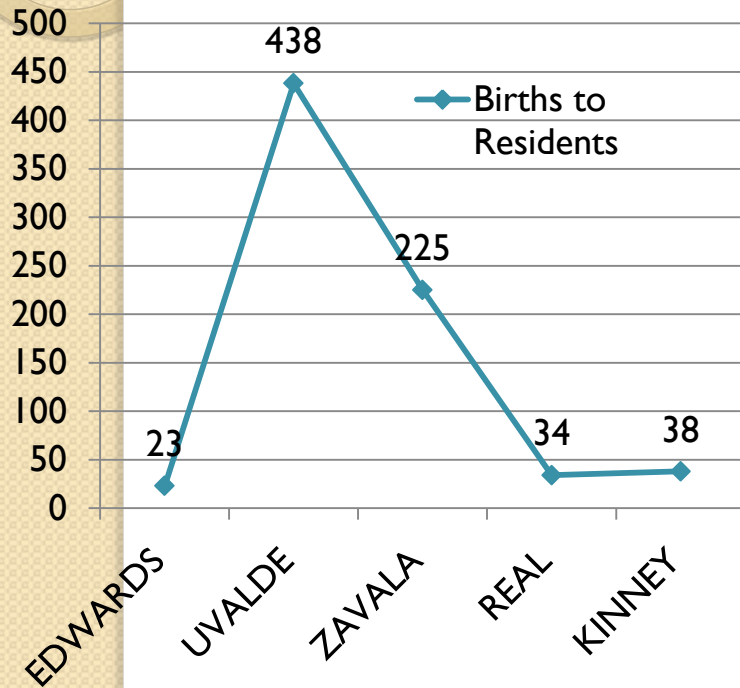
Comparison of Birth Indicators for County and State



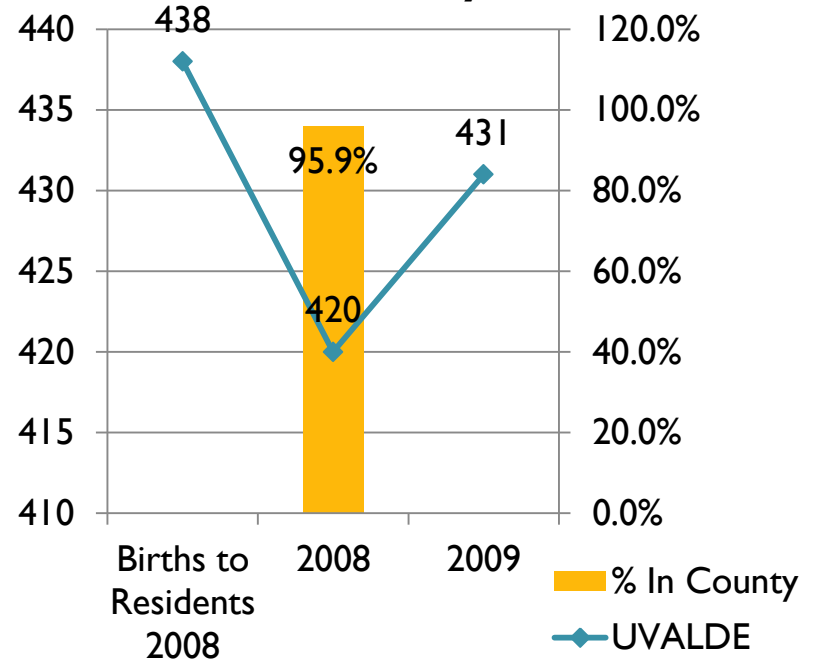
Uvalde County and the service area had much higher rates of teen births and low birth weight babies. Infant deaths were almost the same percentage as the state. On prenatal care, Uvalde and Zavala counties were better than the state.

Births and Local Care

Births to Residents



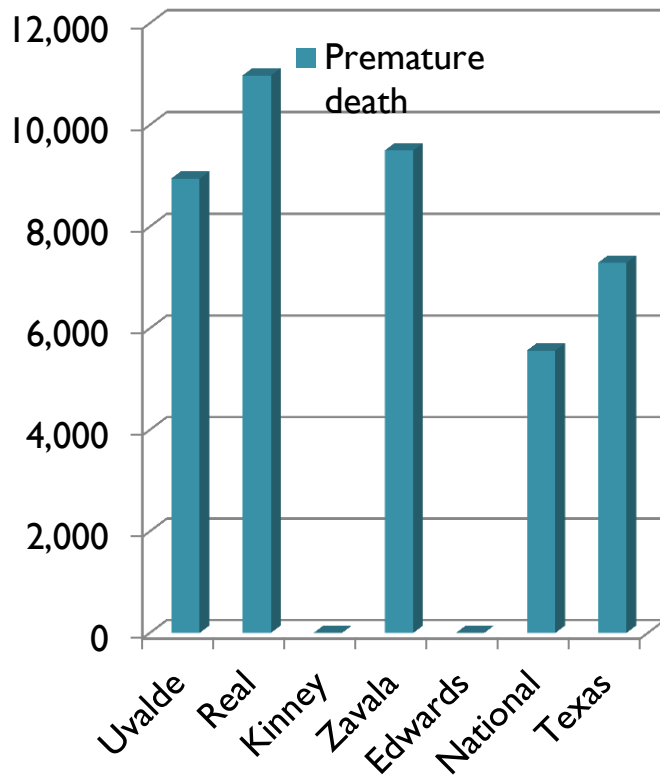
Births to Residents and in the County



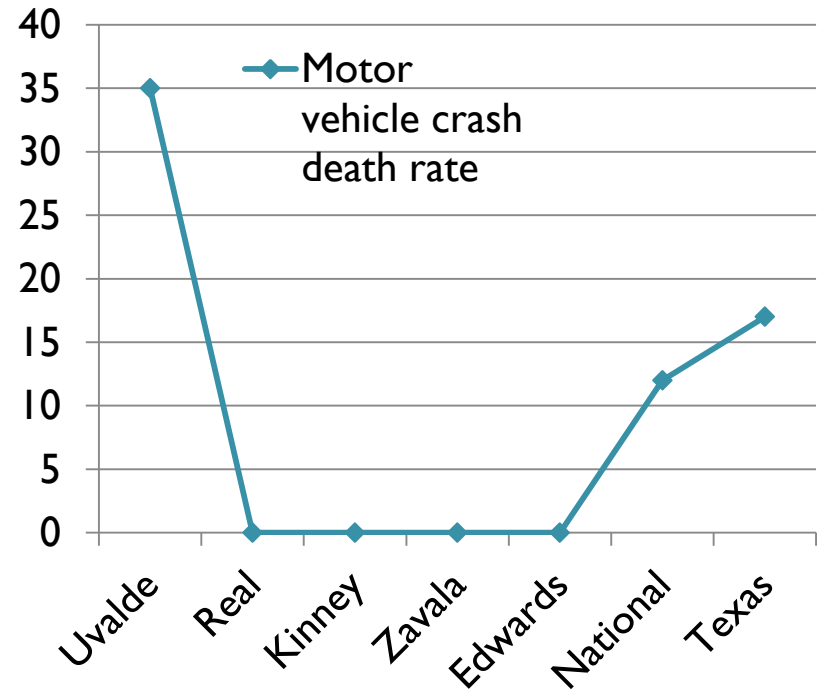
In 2008, the last year that state data is available, Uvalde Memorial captured 95% of Uvalde County deliveries.

Public Health Indicators

Premature death



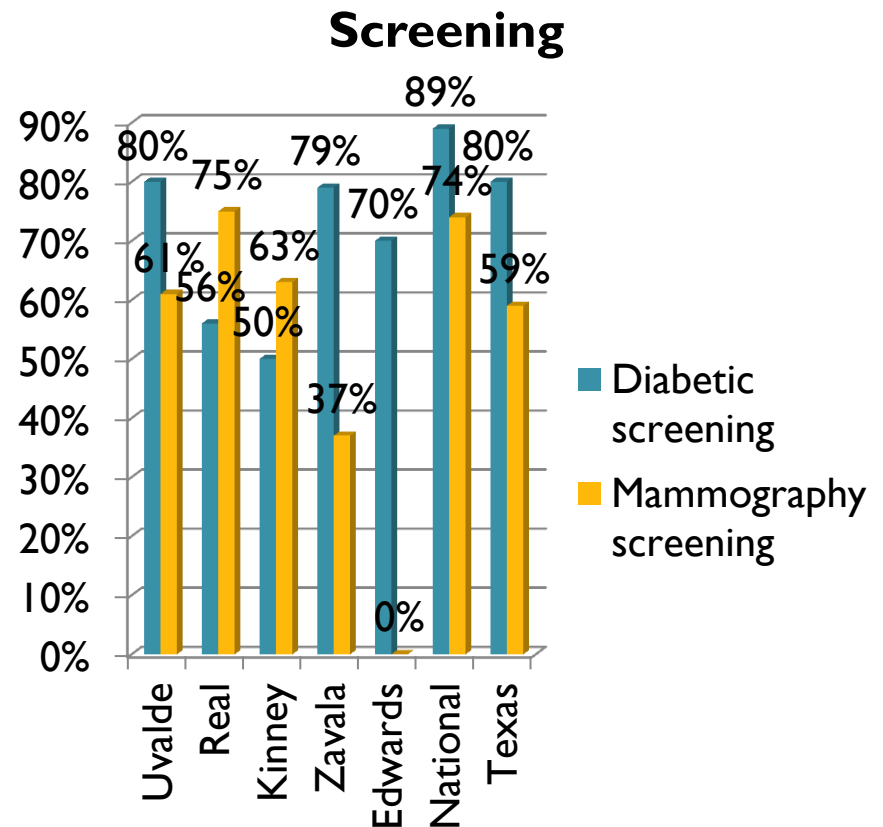
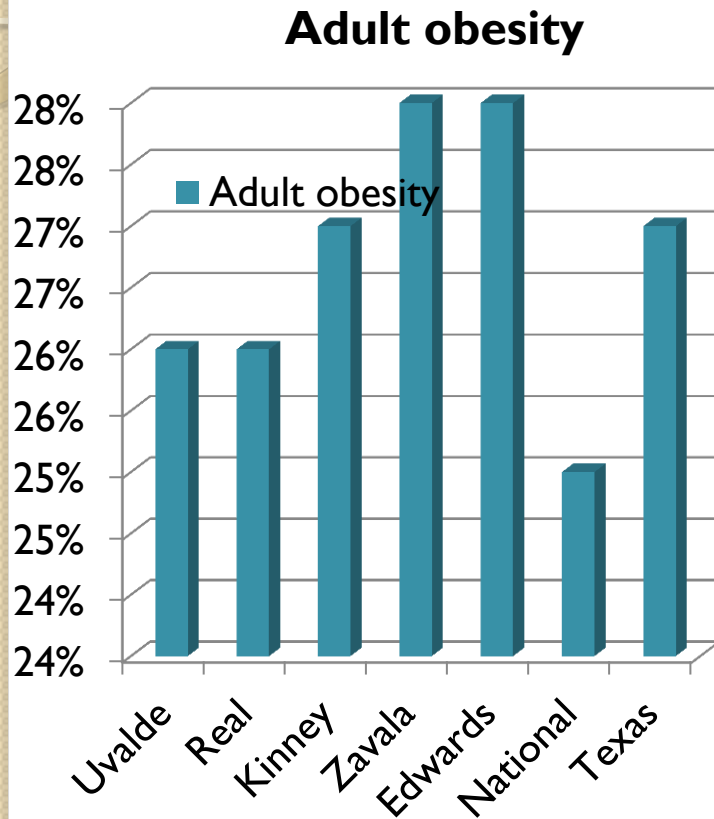
Motor vehicle crash death rate



Uvalde County's premature death rate is higher than either the state or national rates which is probably due to a much higher motor vehicle crash death rate for the county.

Source: County Health Rankings, <http://www.countyhealthrankings.org/> and TDSHS

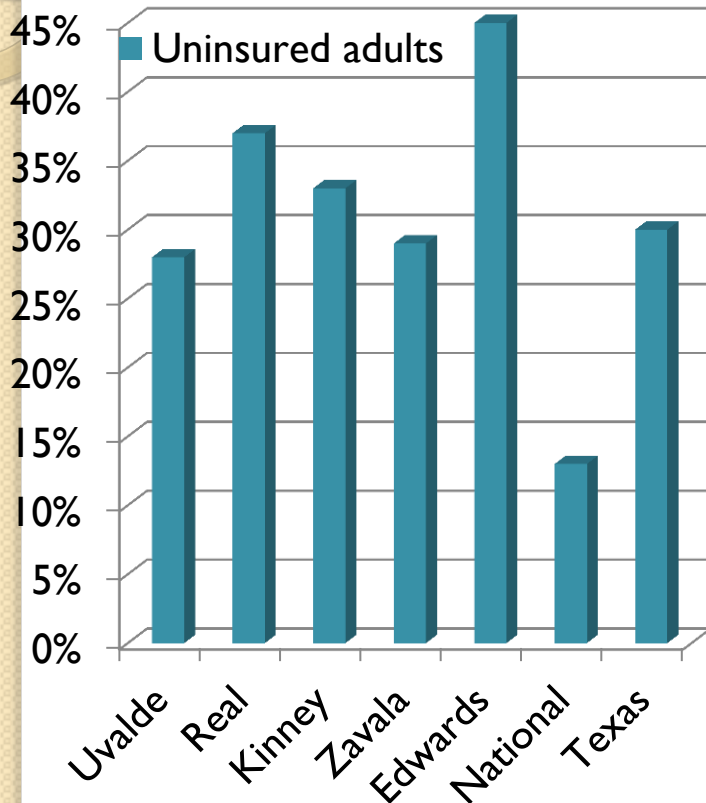
Public Health Indicators



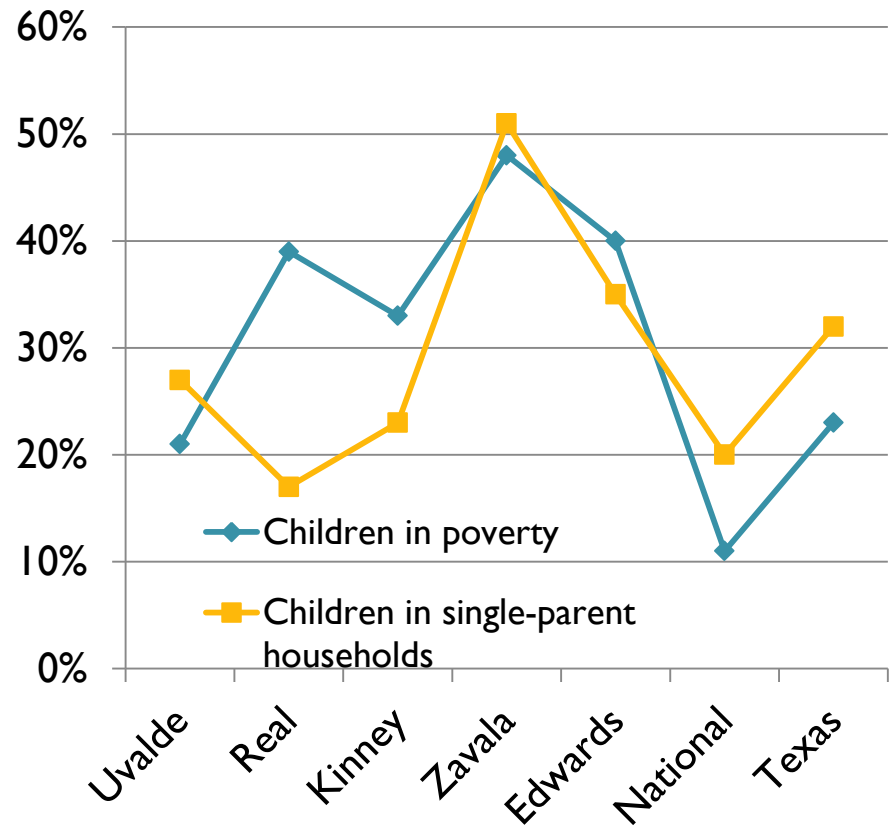
Adult obesity, although high in some counties, follows the national trend. Uvalde County has done a very good job in providing screenings with rates equal to or better than the state average, although some rural areas have not been as successful.

Public Health Indicators

Uninsured adults



Children

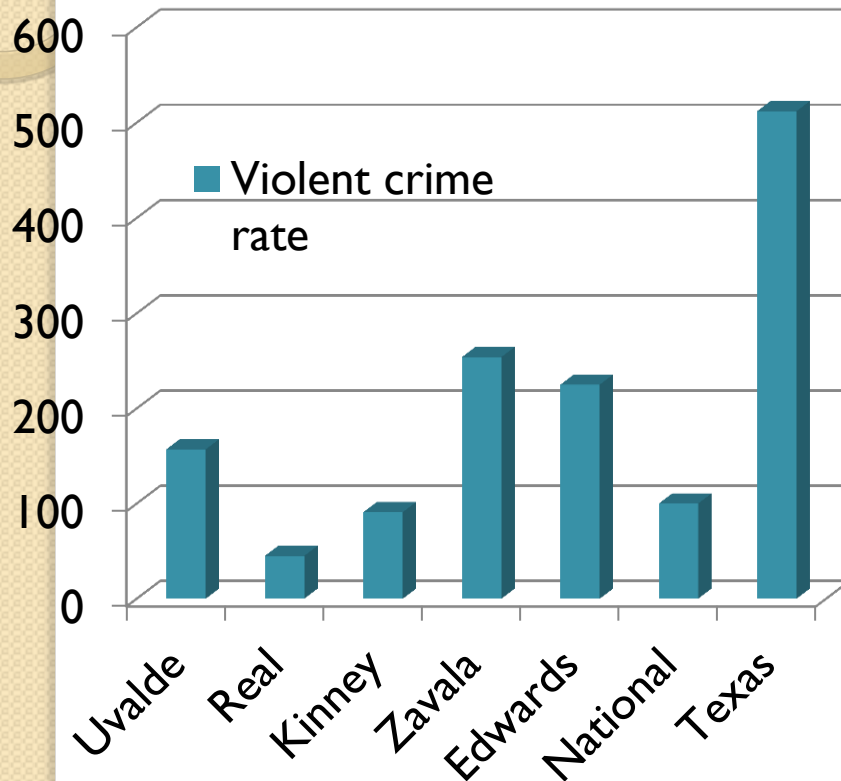


Rates for uninsured adults are as high or higher than the state, with Edwards the only county that is much higher for adults. All surrounding counties had more children in poverty and Zavala had significant numbers of children in single-parent households.

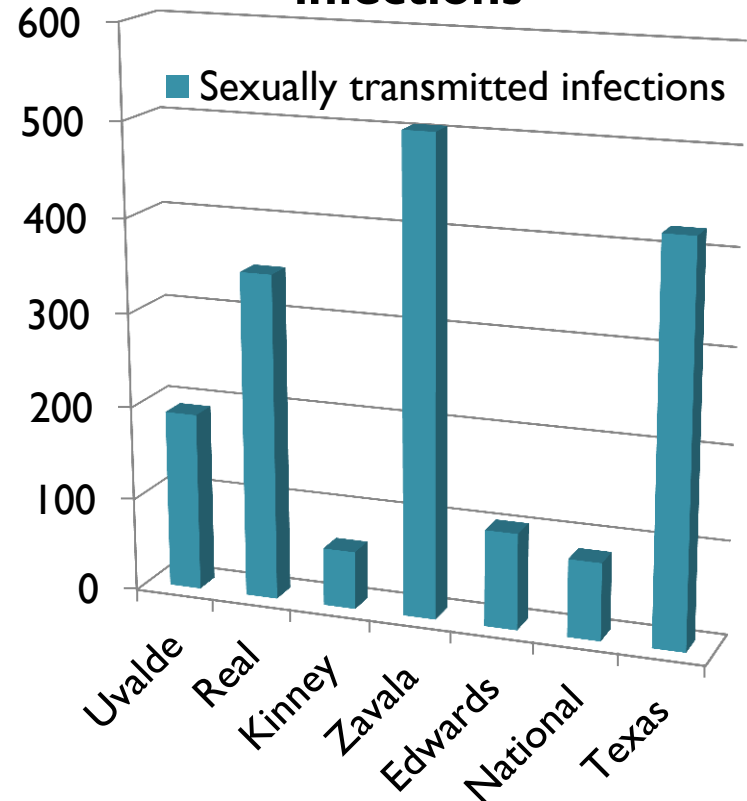
Source: County Health Rankings, <http://www.countyhealthrankings.org/> and TDSHS

Public Health Indicators

Violent crime rate



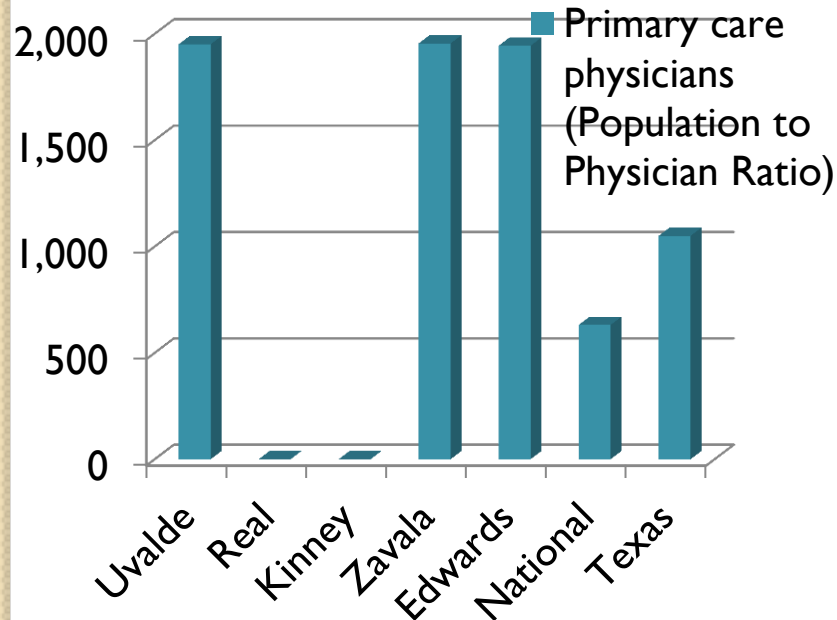
Sexually transmitted infections



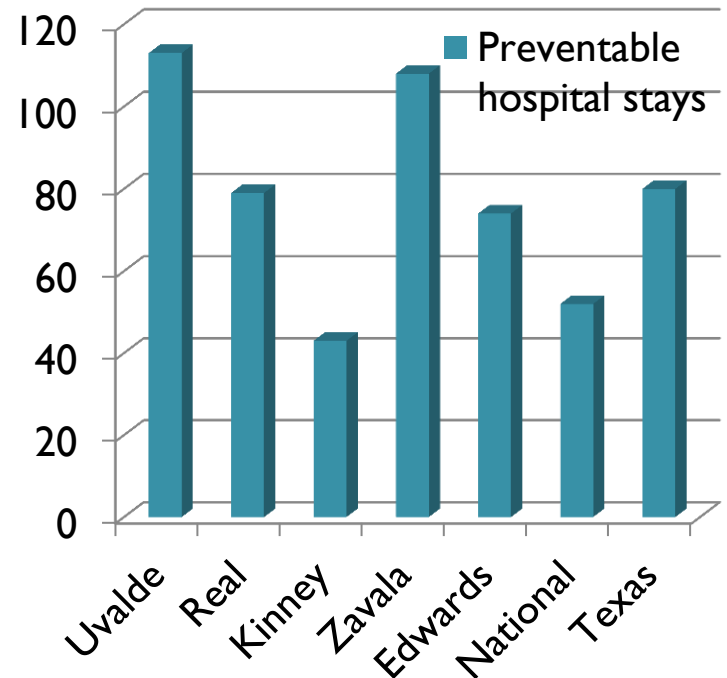
Crime rates were comparable to other rural areas and between state and national averages while STD rates vary considerably from county to county.

Public Health Indicators

Primary care physicians (Population to Physician Ratio)



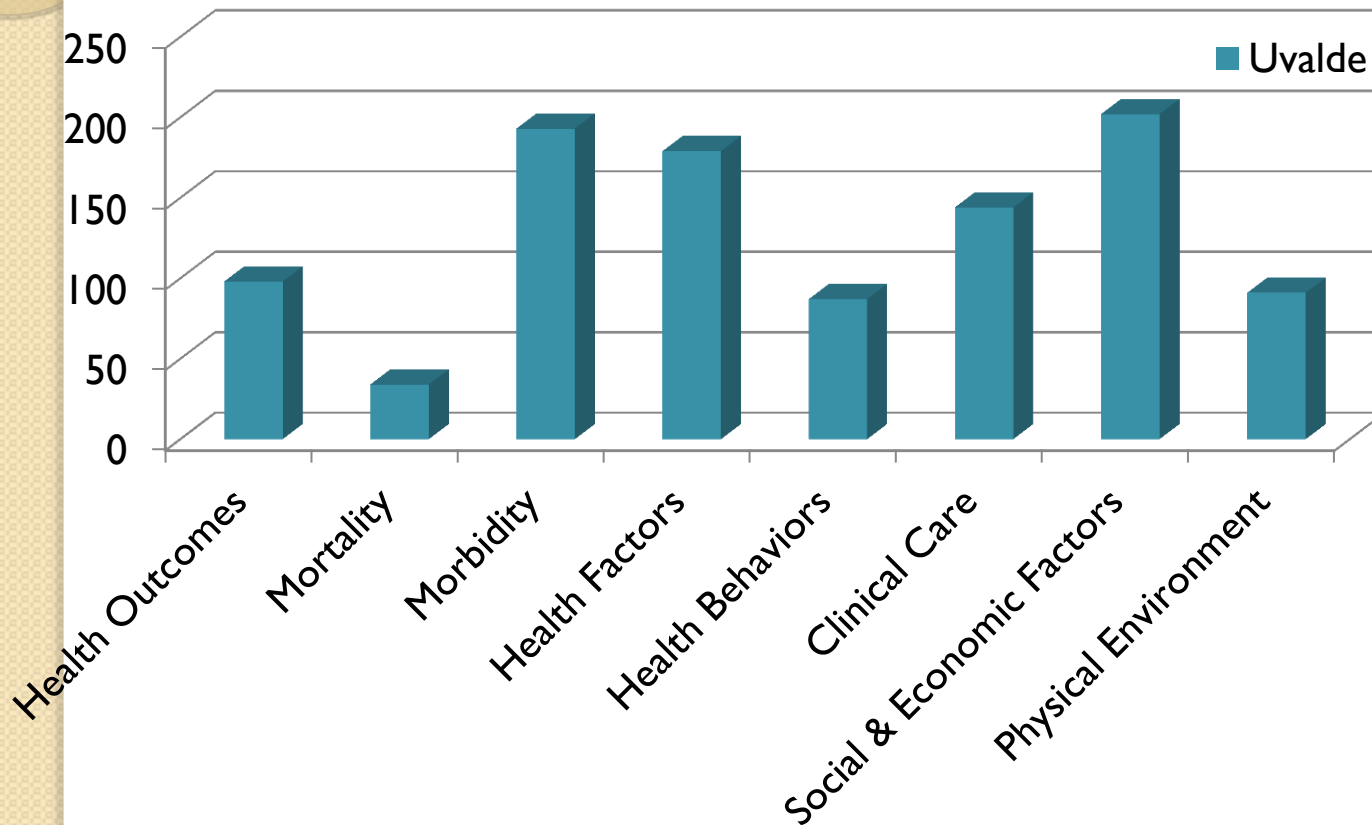
Preventable hospital stays



The primary care physician to population ratio in Uvalde, Edwards, and Zavala Counties is much higher than the state or national rate (other counties apparently lacked data to calculate a ratio), probably leading to higher preventable hospitalizations.

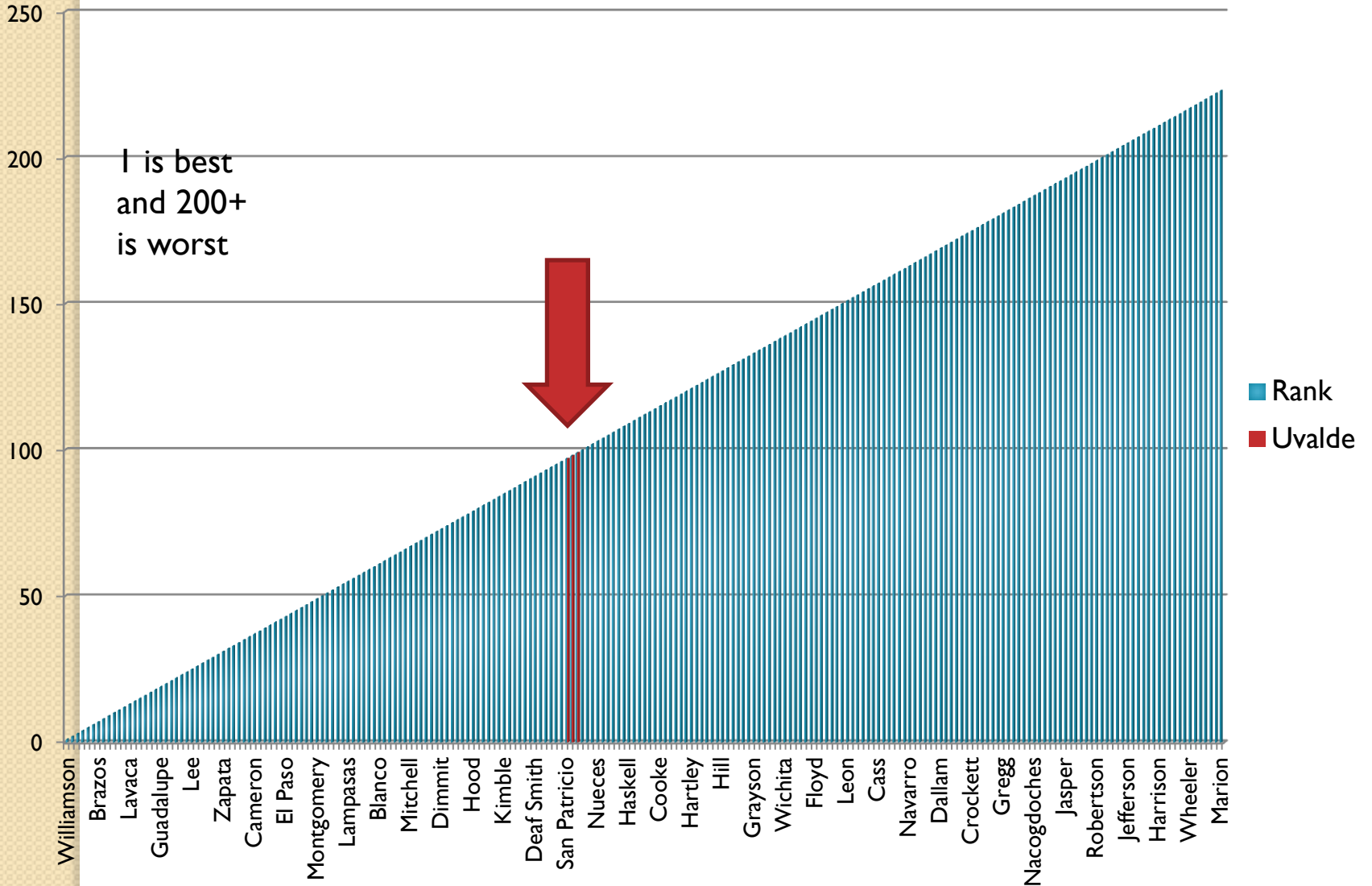
Public Health Rankings

Health Rank of 223 Texas Counties



Overall the county ranks well on a number of indicators in comparison to other rural counties. On the overall ranking, however, scores in the middle of the county rankings at 101 (see next slide).

Texas Counties Ranked by Health Outcomes



Source: County Health Rankings, <http://www.countyhealthrankings.org/>



Where Patients Come From and Go For Medical Care

(Patient Origin and Destination)

Where Patients Come From and Go For Medical Care

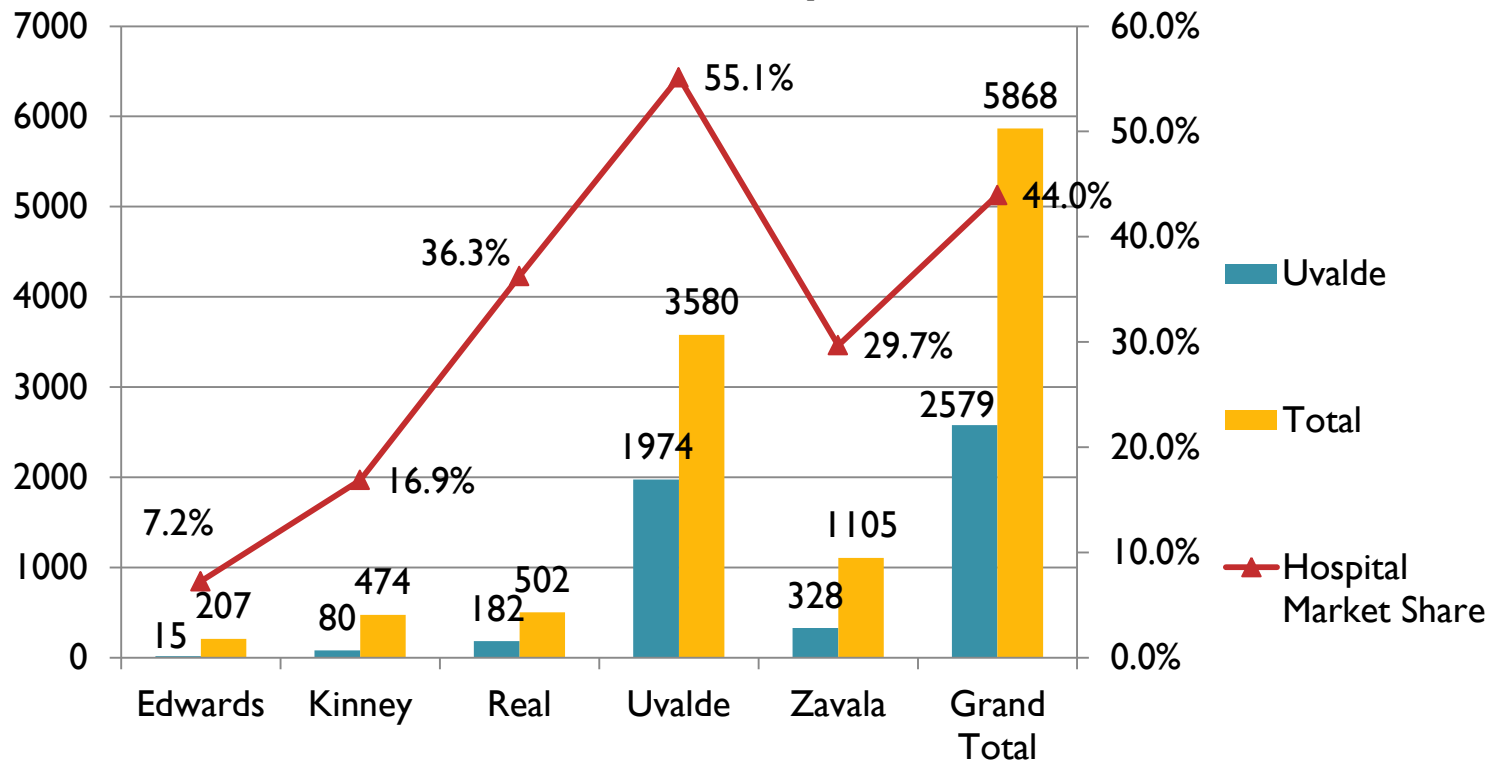
- Uvalde Memorial captures 55% of the Uvalde County admissions and 44% of the service area admissions with the majority going to other facilities. All San Antonio facilities capture the most (42%) with very few going to other outlying counties.
- Uvalde Memorial receives 74% of its patients from Uvalde County, 12% come from Zavala, while another 11% come from other service area counties. Only 3% come from other areas. Traffic along Hwy 90 doesn't appear to contribute to the out of county volume.
- Patients appear to use Uvalde Memorial for most services and go to San Antonio hospitals for specialty services. Some in outlying areas go to other facilities especially if they are further away from the border and appear to have less crowded emergency rooms. Wait time in the ED was identified as a significant problem in the community interviews.

Where Patients Come From and Go For Medical Care

- County residents who don't receive care locally go to a number of different San Antonio facilities. This suggests that facility choice in San Antonio may be based on family relationships in San Antonio or specialty services rather than a preference for any one facility.
Coordinating and streamlining care could be used to build relationships with specialists willing to come to Uvalde.
- Developing community based chronic care support programs would help sustain patients and families dealing with these life long conditions.

Patient Admissions – Where Patients Go - Facility Market Share

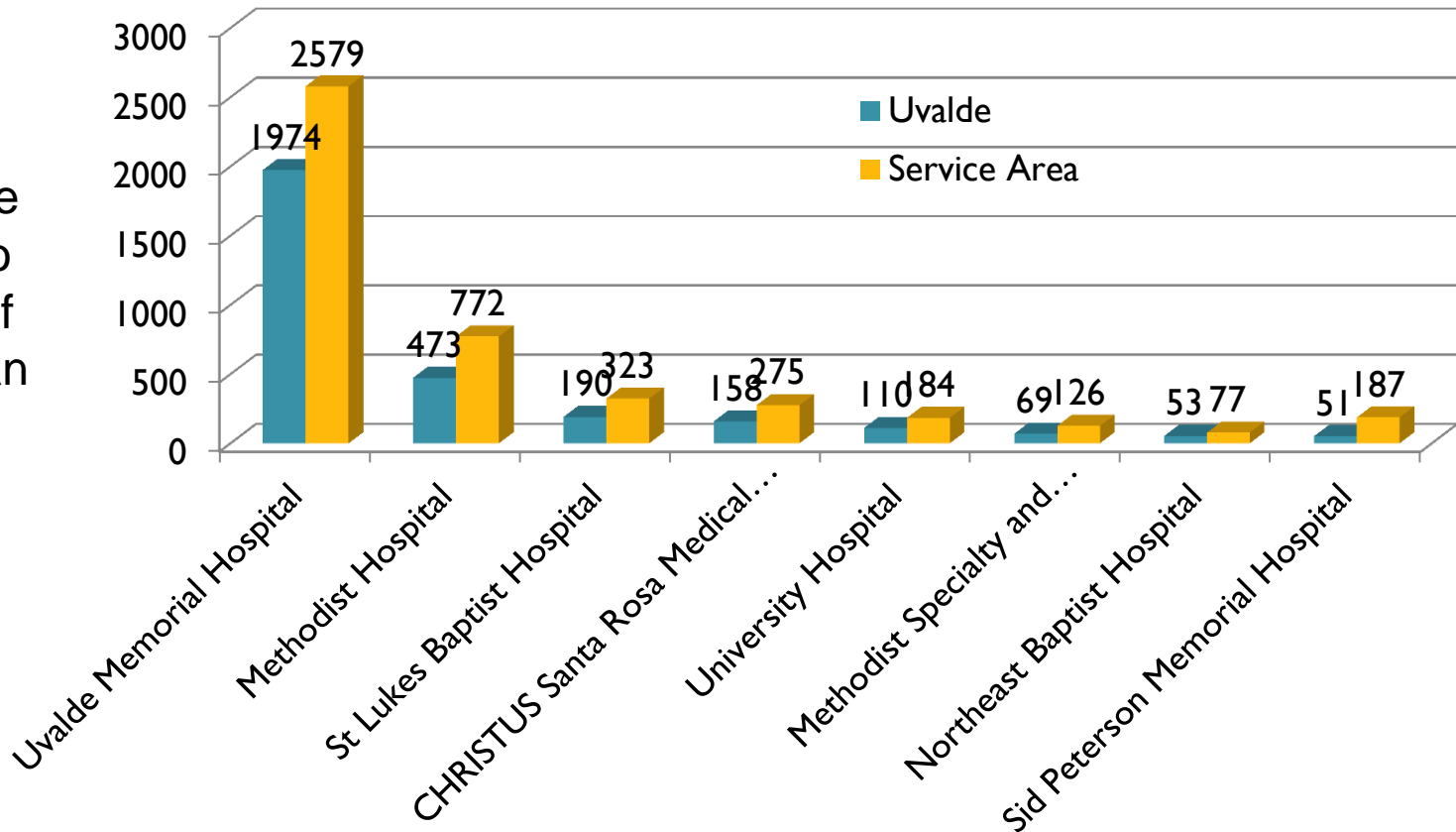
Admissions to Uvalde and Total and Market Share by County



Patients appear to use Uvalde Memorial for most services and go to San Antonio hospitals for specialty services. Some in outlying areas go to other facilities, especially if they are further away from the border and appear to have less crowded emergency rooms.

Service Area Hospitals

Service Area Admissions by Facility

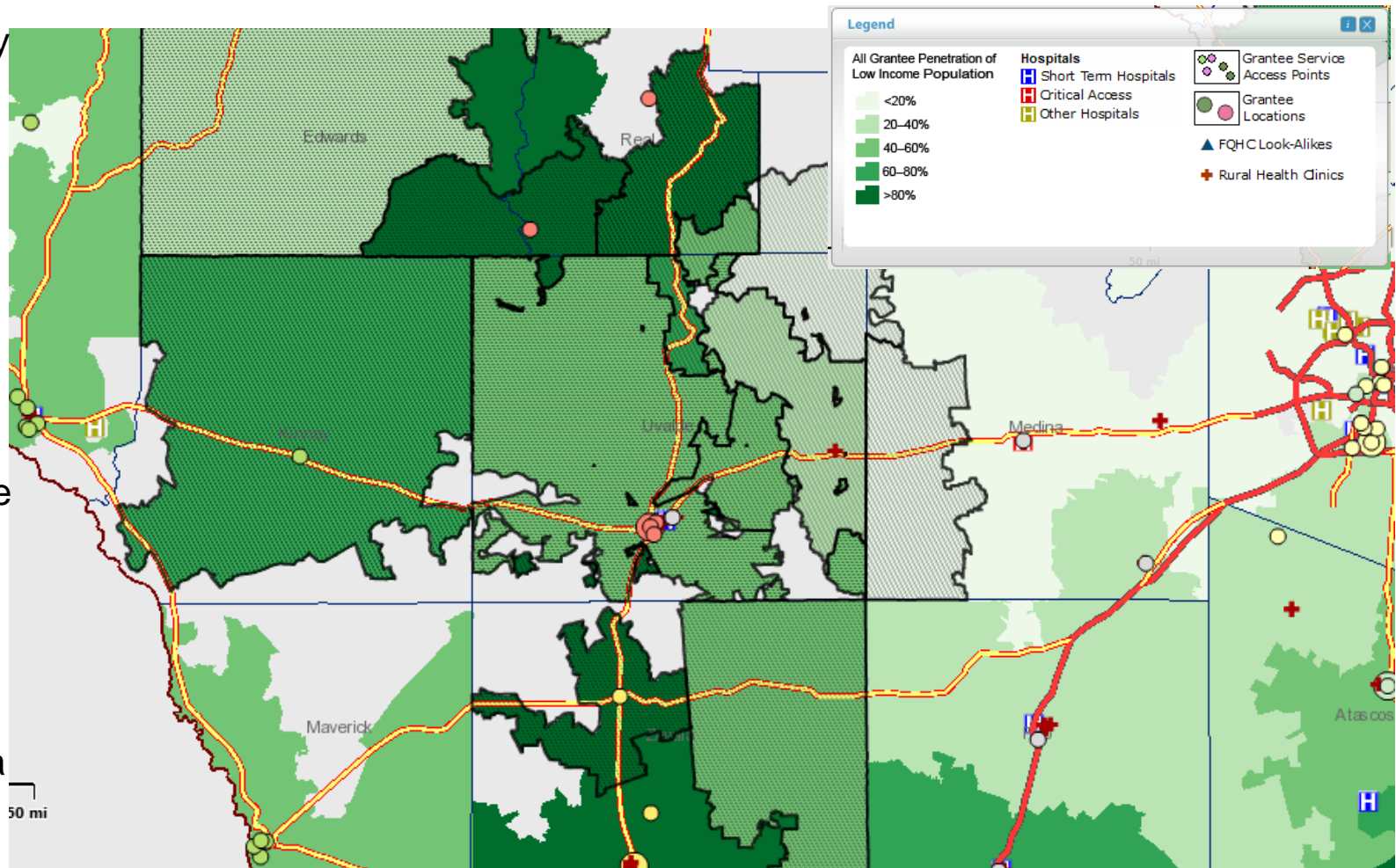


County residents who don't receive care locally go to a number of different San Antonio facilities.

Source: Texas Health Care Information Council and Hospital Records, data was compiled and merged to create a consolidated dataset.

Medical Clinics and Patient Selection

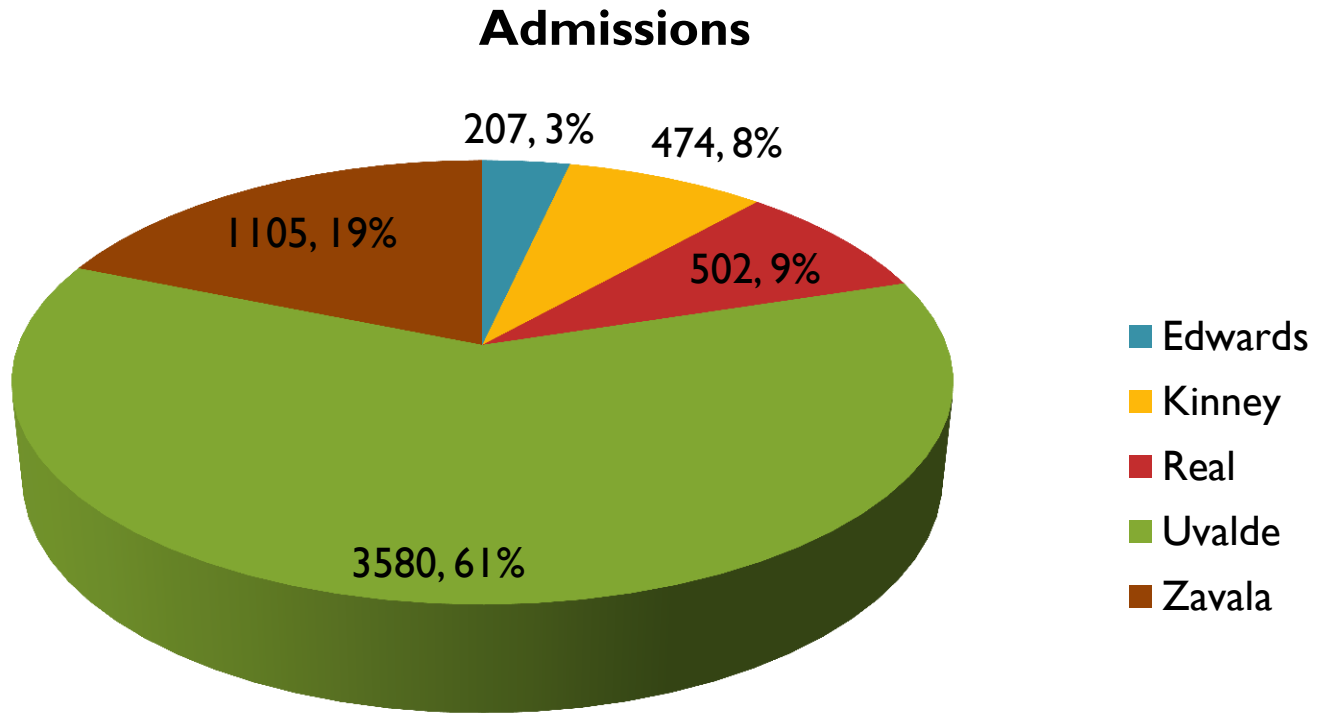
A number of other primary care clinics serve the surrounding area with a number of Federally Qualified Health Centers located in the area. Low income patients appear to utilize these facilities on a frequent basis.



Source: US Census Bureau compiled by the UDS Mapper system based on ZCTA service areas

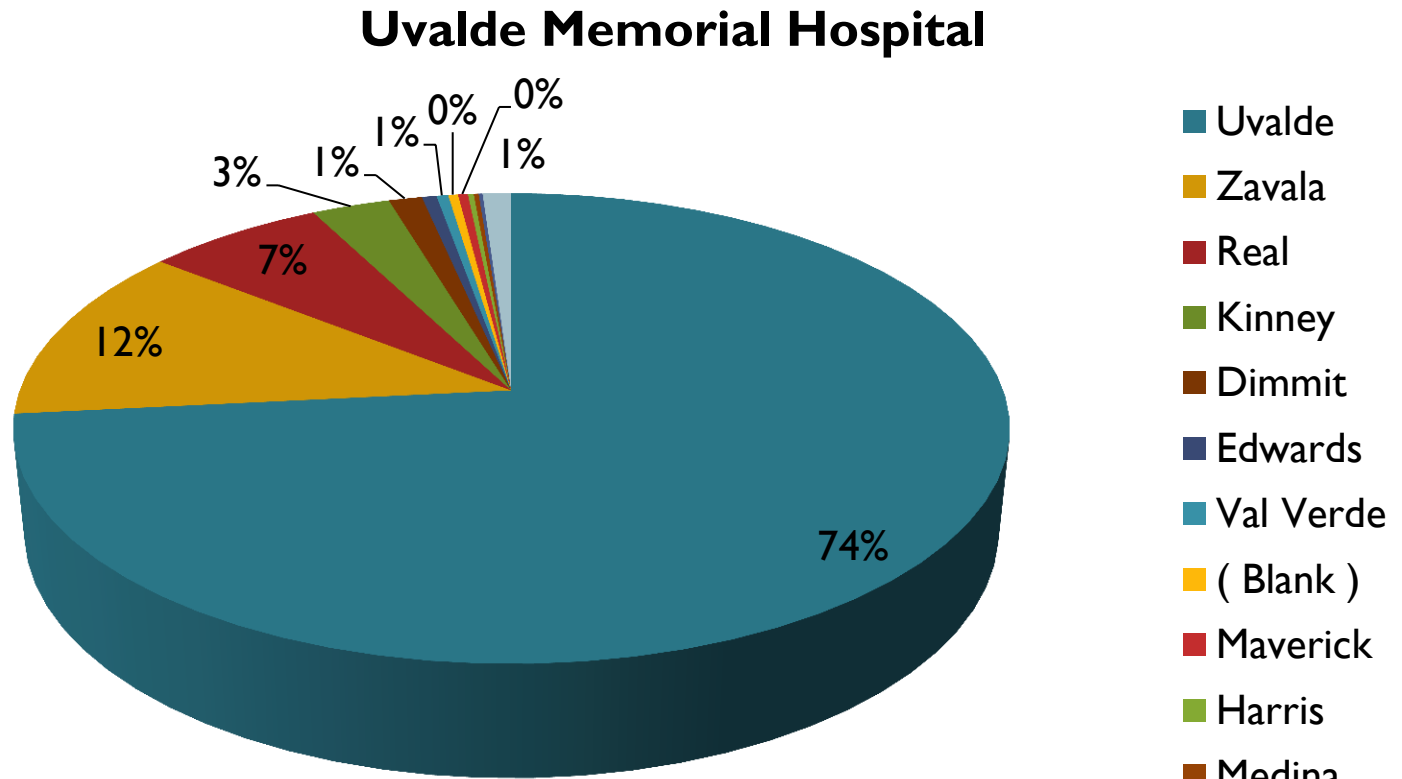
Patient Admissions –

Where Patients Come From, All Area County Admissions to any Facility



Uvalde County patients make up 61% of the patients from the Uvalde Memorial Service Area. Zavala patients account for 19% of area patients while the other counties represent about 20%.

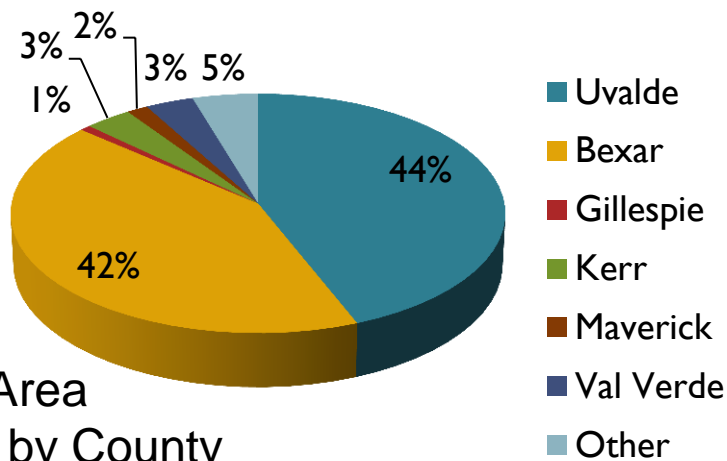
Patient Admissions – Where Uvalde Memorial Hospital Patients Come From



74% of Uvalde Memorial admissions come from Uvalde County and another 23% from surrounding counties, while only 4% come from other areas.

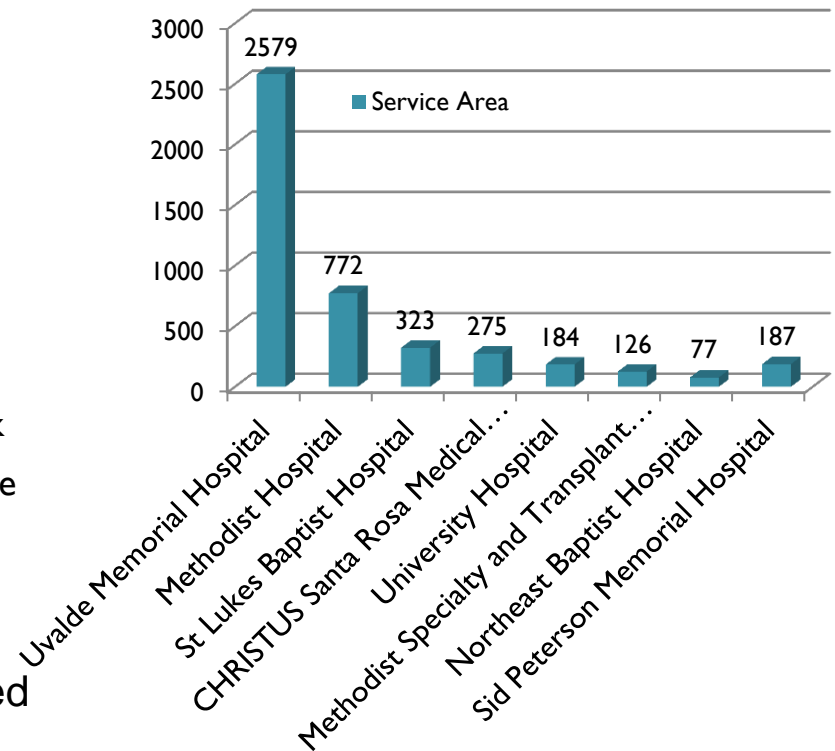
Patient Admissions – Where Patients Go for Care by Facility

Admissions



All Service Area
Admissions by County
of Treatment

**Service Area Admissions by
Facility**



When admissions from the service area were compiled by county, 44% received care in Uvalde County while another 42% went to a number of San Antonio facilities. Methodist Hospital received the most at 13%.

Source: Texas Health Care Information Council and Hospital Records, 2009



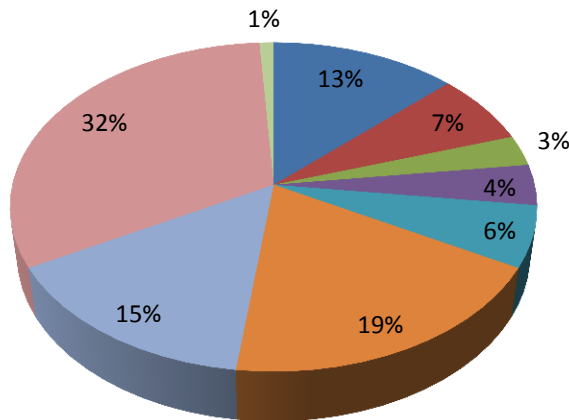
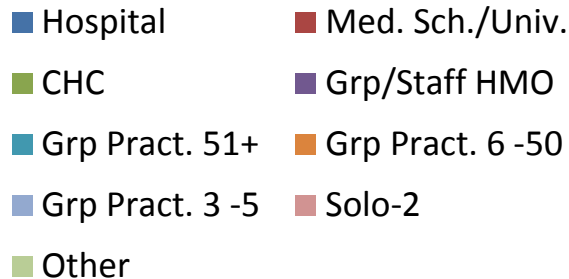
The Physician Market and Community Need for Medical Services

The Medical Community

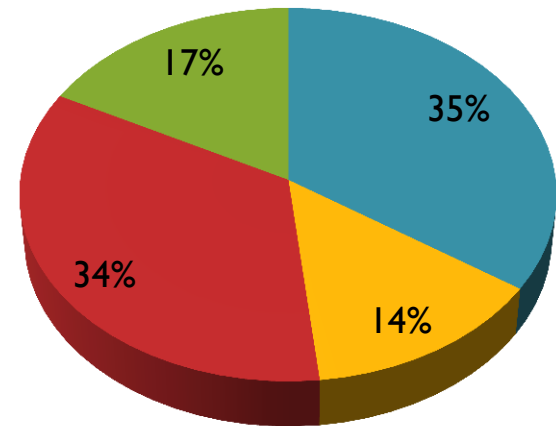
- The medical community is complex for its size with most physicians in primary care specialties and physician transition in surrounding communities.
- The potential to improve integration of the hospital with the community health centers and rural health clinics creates a number of opportunities for recruitment, program development and the transition under healthcare reform.
- The hospital has done a good job of recruiting, but needs to focus on retiring or transitioning physicians. Many of the older physicians in outlying areas probably don't have any transition plans.
- The hospital has relationships with a number of physicians who come from San Antonio to provide specialty care and support the clinic and hospital.
- The close proximity of Uvalde to San Antonio creates some problems with patients being able to move back and forth to receive care.
- Chronic disease creates a need for new support systems beyond direct medical care that can improve patient lives and keep them close to home.

Medical Staff Composition

National



Type of Practice

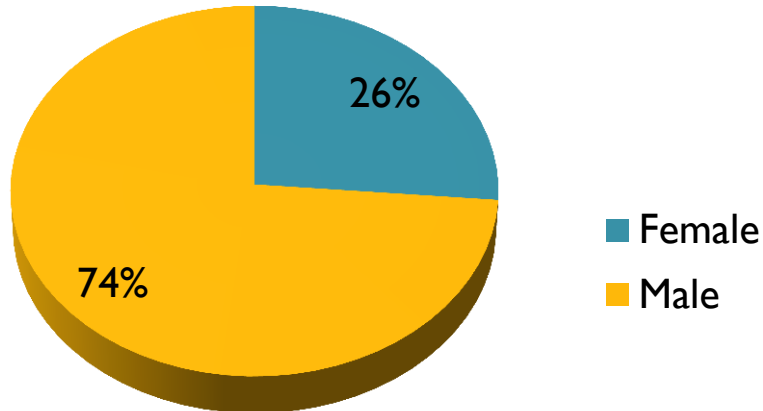


The active staff includes a number of family practitioners, pediatricians, internal medicine physicians and general surgeons. This staff provides a good mix for caring for elderly residents as well as the younger population. However, physician practice is moving to group relationships, especially younger physicians want an organization and employment.

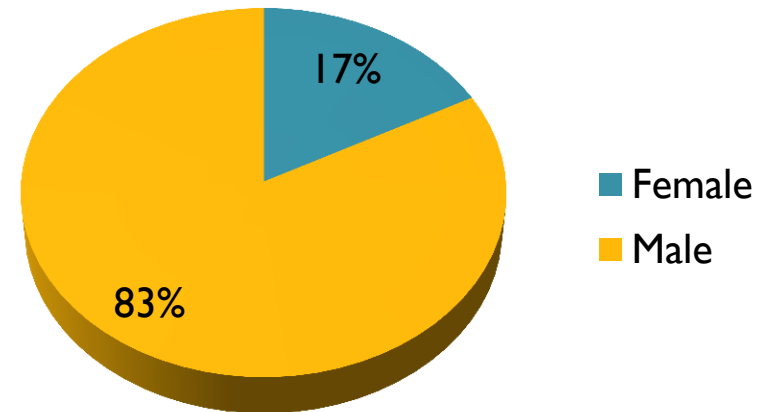
Source: Texas Medical Examiners Database and Hospital Records

Medical Staff Composition

Texas



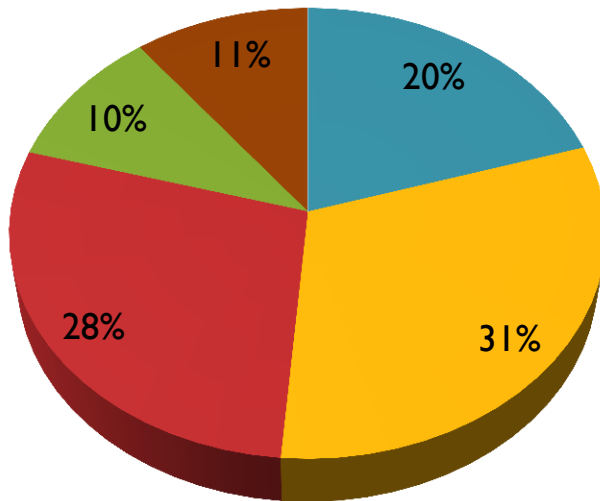
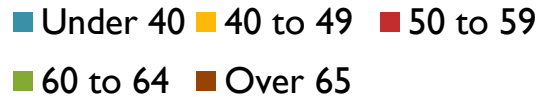
Physician Gender



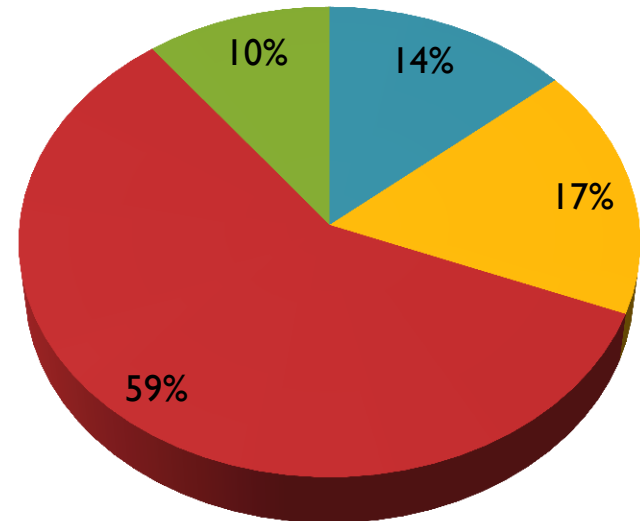
The medical staff has fewer female physicians than the state average which may become an issue in recruitment, as half of all graduates are now female.

Physician Age

Texas



Physician Age in the Service Area



The medical staff is older than the state average, which may be a problem in the future as these physicians begin to retire.

Other physicians coming to the community clinic on a part-time basis

Otorhinolaryngology (ENT)	0.2
Cardiovascular Diseases	0.05
Pulmonology	0.2
Pediatric Cardiology	0.15
Nephrology	0.2

These physicians staff the hospital's specialty clinics and are not included in the physician need projections because they don't reside in the community, but should be taken into consideration.

Primary Care Need

- Physician demand models suggest that there is still a need for every specialty in the Service Area (although there appears to be a surplus of family medicine physicians, these physicians take care of a broad range of patient needs and cover the shortages in other specialties like obstetrics).
 - Although the population has grown slowly over the last 10 years, the medical community has remained fairly stable. Physicians lost in outlying areas due to retirement and other transitions have been replaced by new practitioners in Uvalde.
 - When all primary care services are taken into consideration, there is a need for approximately 16.5 additional primary care providers (family medicine, internal medicine, obstetrics, and pediatrics).
 - Although Uvalde Memorial and the Federally Qualified Health Centers have done extensive recruitment in the last few years, 50% of all recruitments fail*, and the community has just been able to keep up with retiring physicians.
 - In rural communities where family medicine provides a broad range of primary care services, these physicians often care for pediatric and obstetric needs.

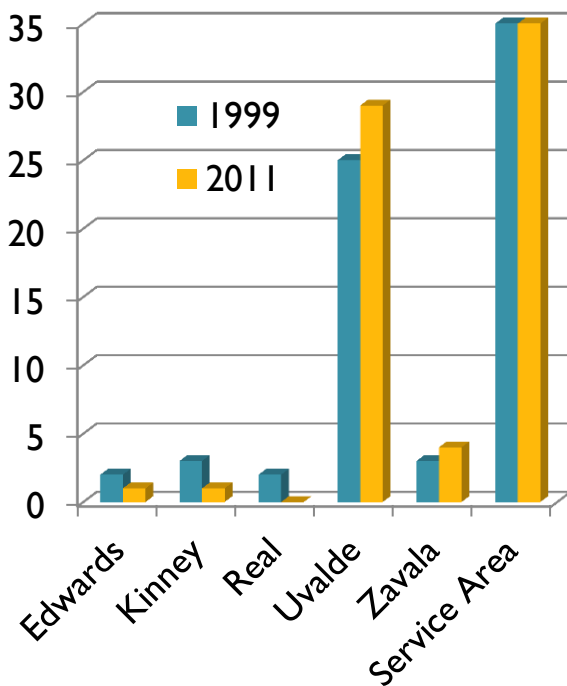
* Merritt, Hawkins and Associates, Physician Recruitment Study 2010

Specialty Care Need

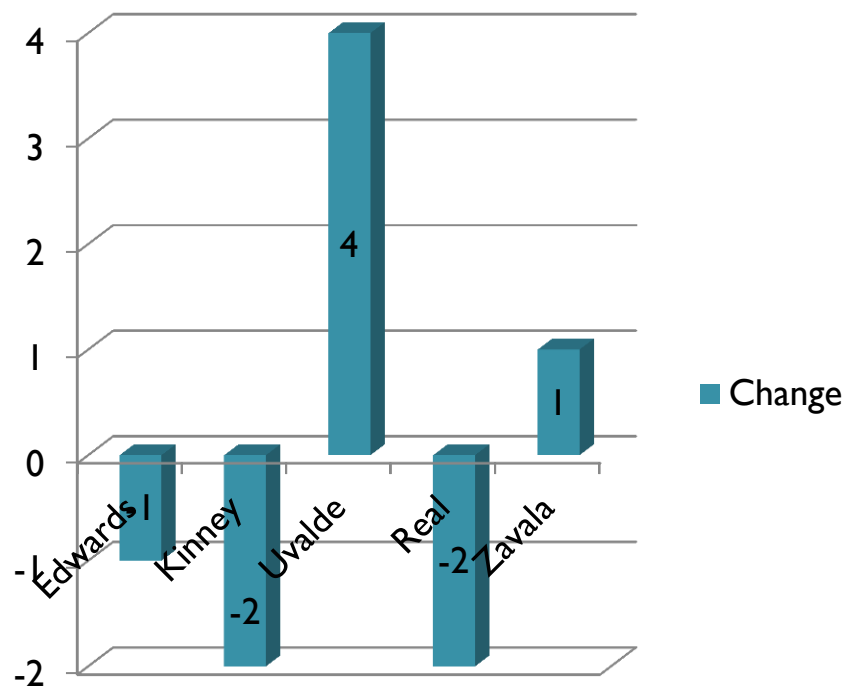
- Physician demand models suggest that there is a need for virtually every sub-specialist although some of these needs are being addressed by part-time physicians coming from San Antonio.
- A comparison of the physicians practicing in the community in 2000 with those practicing in 2010 indicate the on-going transition in the medical community.
- The age of the population also generates additional demands on medical services.
- As physicians move more and more into group practices, the relationship between the local group and specialty groups coming out of San Antonio will become more and more important and should provide better coverage. Integration of information systems is also important. The new cancer center will create an accelerated demand for other specialists.

Comparison of Physician Change – By County

**Change in No. of Physicians
by County**



Change

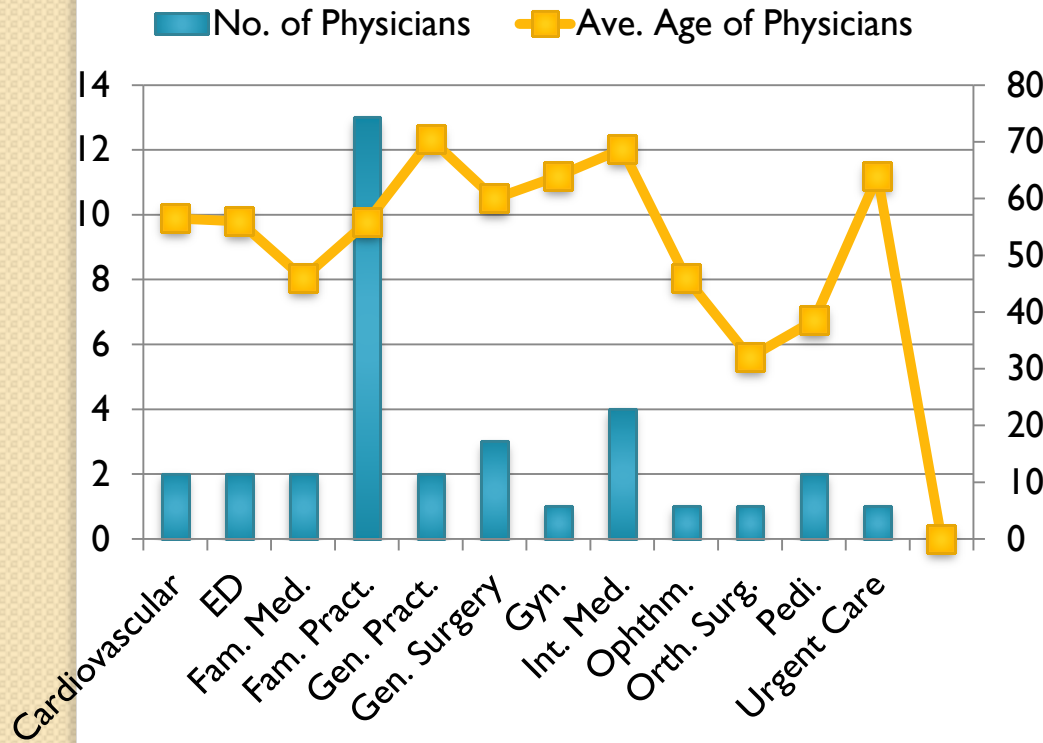


Although the total number of physicians in the area did not change from 1999 to 2011, the distribution became more concentrated in Uvalde around the hospital. The physicians left in surrounding counties tend to be much older and essentially were not replaced when they retired.

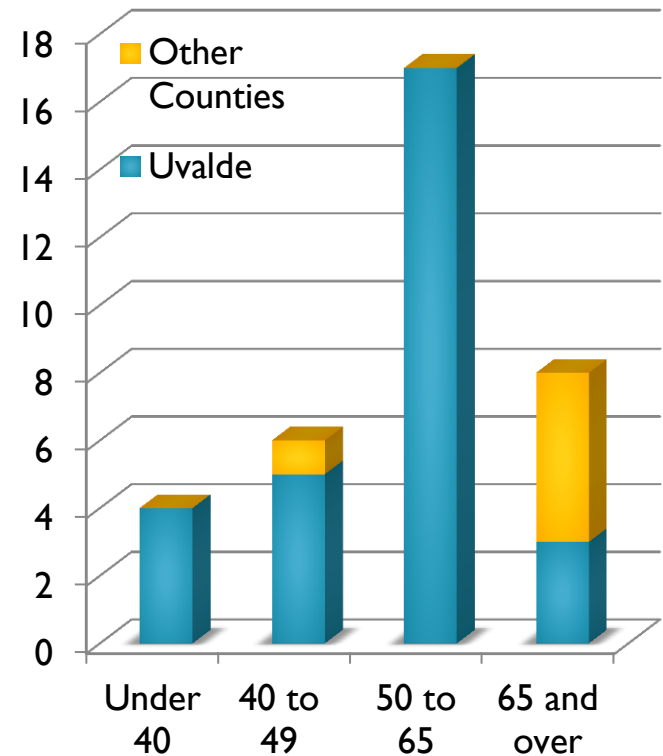
Source: Texas Medical Examiners Database for respective years, adjusted for specialty and age

Physician Age, Location and Specialty

Number of Physicians in the Service Area and Average Age by Specialty



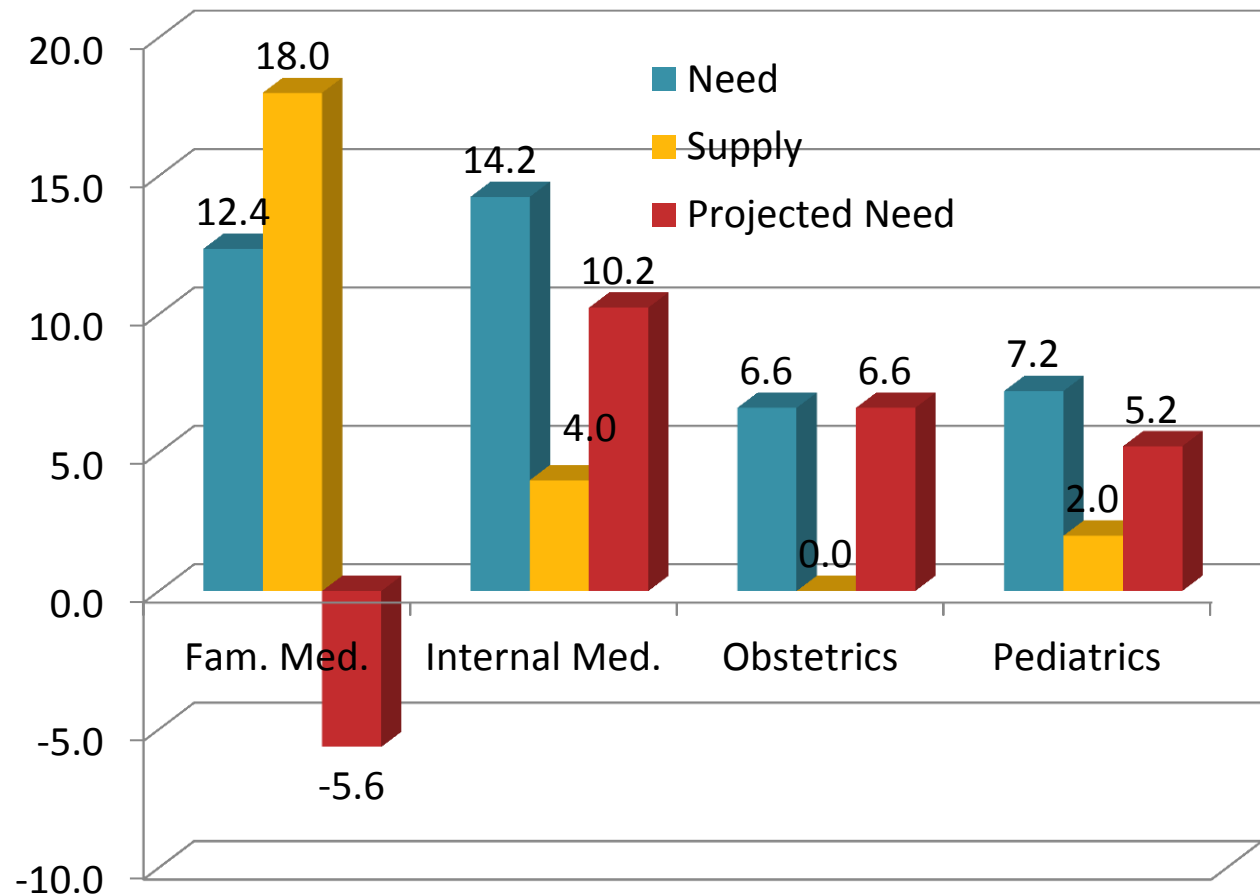
Physician Age in the Service Area



Physician age is more of a problem in surrounding counties and internal medicine, but many Family Practice physicians may begin to retire in a few years. Source: Texas Medical Examiners Database

Service Area Physician Need

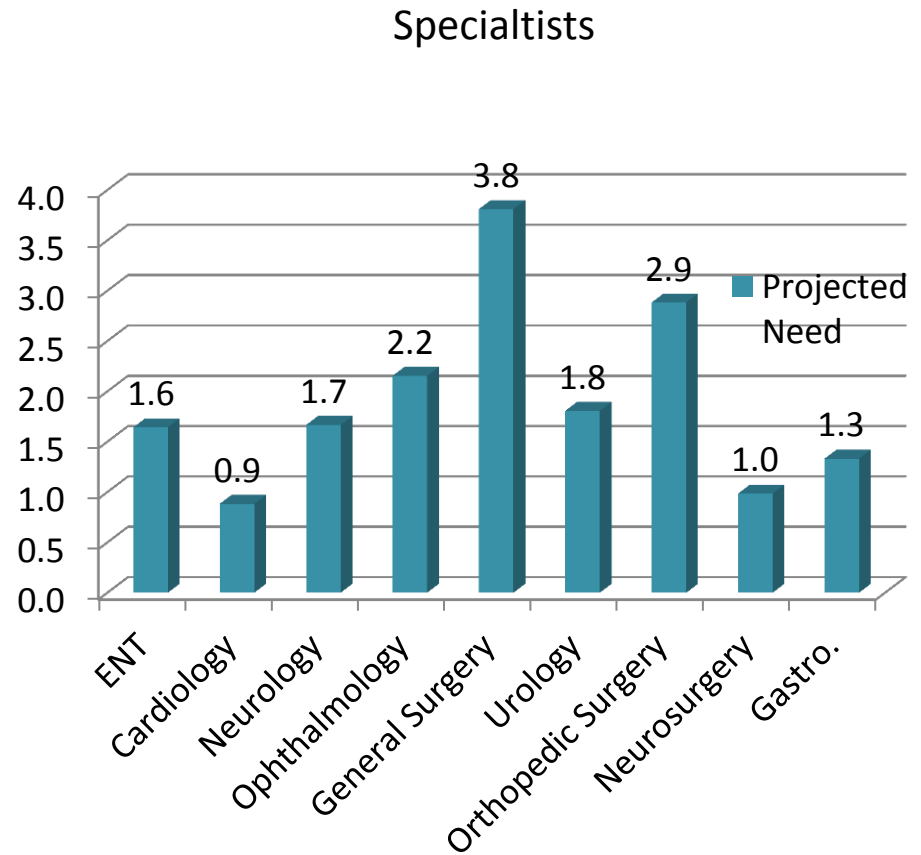
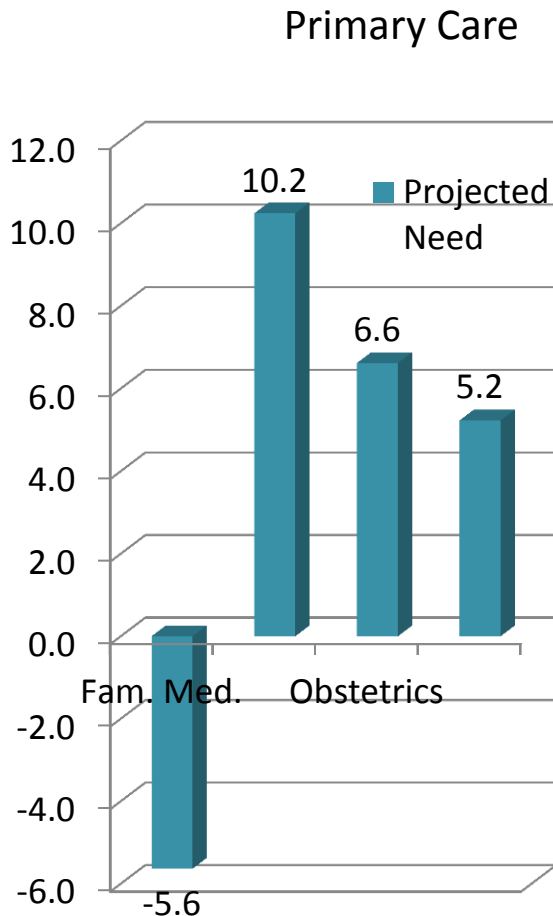
Physician need is estimated by calculating the physicians needed per 1,000 population based on national models and multiplying by the local population. These models estimate the number of physicians needed to serve a community. The number available by specialty is estimated and subtracted from the need to determine additional need.



Source: Texas Medical Examiners Database for physician counts, adjusted for specialty and age and compared to national physician to population demand models. In this exhibit Fam. Med. Includes general practice and family practice.

Additional Physician Needs

Although there appears to be a surplus of family medicine physicians, these physicians take care of a broad range of patient needs and cover the shortages in other specialties like obstetrics.



Source: Texas Medical Examiners Database for physician counts, adjusted for specialty and age and compared to national physician to population demand models. In this exhibit Fam. Med. Includes general practice and family practice.

Specialty Physician Need by Service Area

Primary Care

	Need	Projected Supply	Projected Need
Fam. Medicine	12.4	18.0	-5.6
Internal Med.	14.2	4.0	10.2
Obstetrics	6.6	0.0	6.6
Pediatrics	7.2	2.0	5.2

Specialty Care

	Need	Projected Supply	Projected Need
ENT	1.6	0.0	1.6
Cardiology	2.9	2.0	0.9
Neurology	1.7	0.0	1.7
Ophthalmology	3.2	1.0	2.2
General Surgery	6.8	3.0	3.8
Urology	1.8	0.0	1.8
Orthopedic Surgery	3.9	1.0	2.9
Neurosurgery	1.0	0.0	1.0
Gastro.	1.3	0.0	1.3

Source: Texas Medical Examiners Database for physician counts, adjusted for specialty and age and compared to national physician to population demand models. In this exhibit Fam. Med. Includes general practice and family practice.



Market Share, Comparative

Utilization, and Recommendations

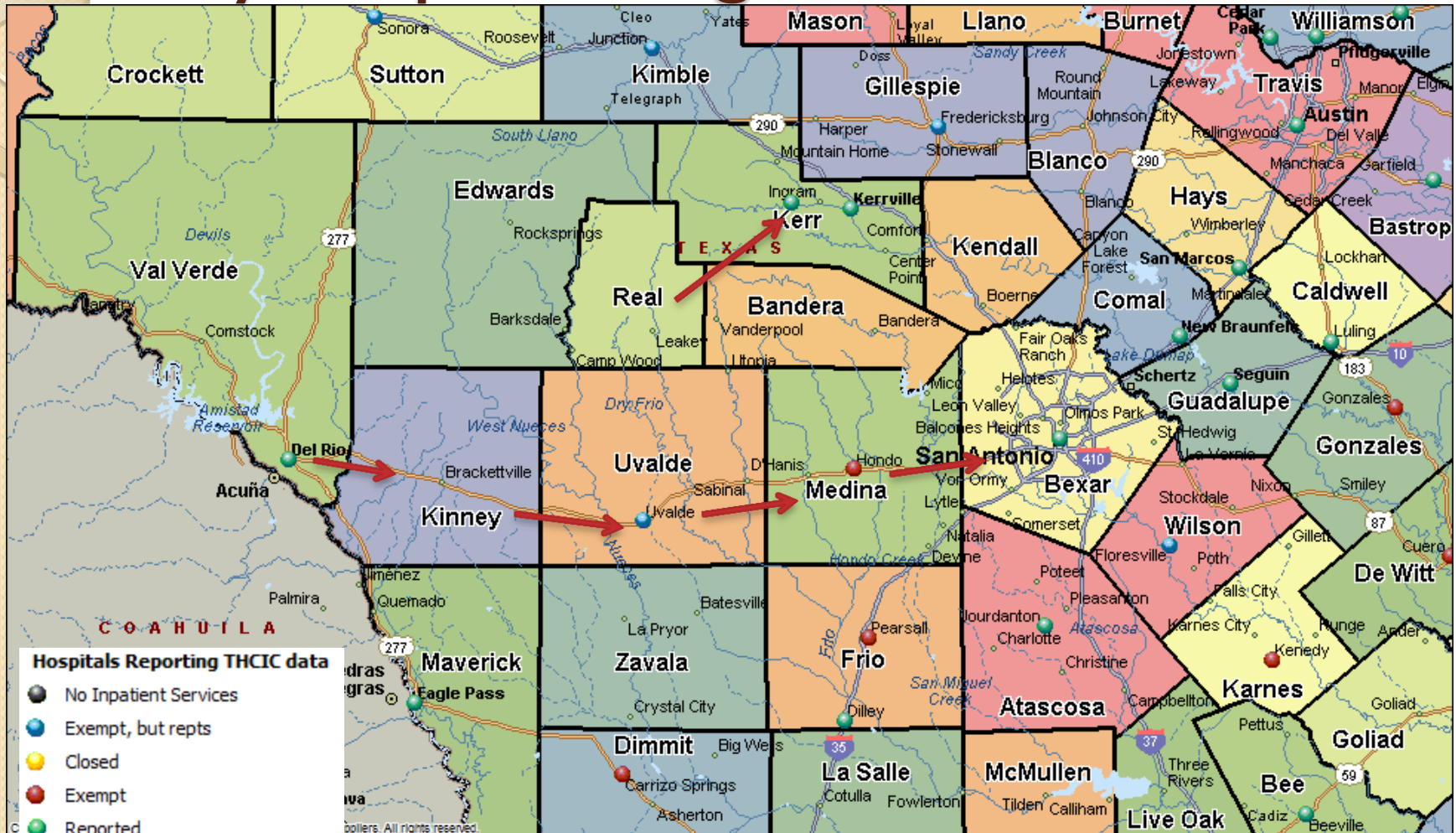
Hospital Utilization and Summary

- On a market share basis, Uvalde Memorial captures approximately 55% of Uvalde 's patients and 44% of the Uvalde Memorial service area. Very few patients come from outside of the service area.
- A similarly situated hospital typically captures anywhere from 30 to 60% of its service area business, depending on the range of specialty care services offered locally.
- Comparing the hospital utilization with the population distribution of the service area suggests that Uvalde Memorial is very dependent on Uvalde County.
- Uvalde Memorial and the community have done a very good job of taking care of local community medical needs.

Hospital Utilization and Summary

- Uvalde Memorial captured 95% of the deliveries for county residents in 2008 (the last year state data is available). The hospital captures a much higher percentage of deliveries than general admissions, which suggests that general market share could be increased with more physician coverage.
- The Uvalde community has a number of agencies and organizations to address community health and welfare needs, but there seems to be a lack of active coordination that could improve the effectiveness of these different systems.
- Improved information systems will change the landscape considerably over the next few years and will create opportunities and challenges for the hospital and community.

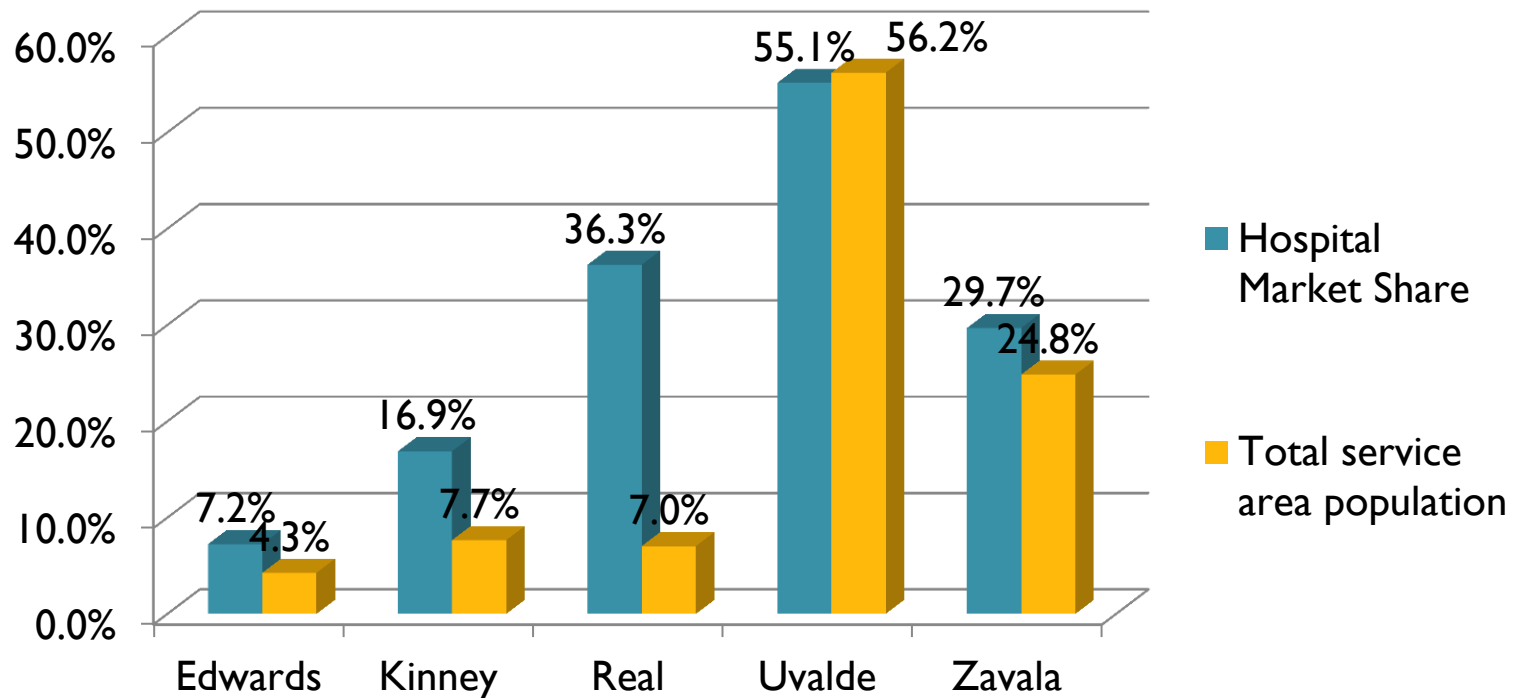
Why do patients go to San Antonio?



Patient flow in the area tends to be away from the border and patients' perceptions are that emergency rooms are overcrowded and the wait times increase the closer they are to the border.

Population And Uvalde Memorial Admissions

A Comparison of Hospital Market Share and Population by County



In a comparison of the service area population distribution to the percent of admissions Uvalde Memorial draws from that area, the hospital compares very favorably. The hospital gets an equal portion of Uvalde County admissions and a larger percentage of the admissions than the percentage of the population would suggest, indicating that the hospital is doing well in all parts of the service area.

Recommendations to consider —

- Increase advertising and promotion of physicians in the community to integrate them into the community structure.
- Continue recruiting efforts to replace and stabilize medical staff.
- Consider expanding relationships with San Antonio physician groups to keep patients local, improve care coordination and improve electronic information exchange.
- Consider such programs as "A healthy baby is worth the wait" to educate patients on full-term births. State Medicaid will no longer pay for preterm elective deliveries because of the higher cost and negative birth outcomes.
- Expand and develop Internet strategies such as Itrriage, on-line scheduling and 211 to attract young patients.
- Evaluate admissions from surrounding counties and emergency room indigent care to determine cost-benefit of care in least intensive setting.

Recommendations to consider —

- Develop or expand hospital-affiliated groups to provide alternatives to younger physicians who don't want private practice.
- Streamline relationships with physicians and groups out of San Antonio, establishing quality criteria on information exchange and redirecting Uvalde patients currently going to San Antonio.
- Consider implementing the Medical Home Model in the community to prepare for health care reform.
- Evaluate the “Effective Health Care Program” of the:
 - Agency for Healthcare Research and Quality
 - U.S. Department of Health and Human Services
 - For physician and patient use

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