

# VAL VERDE REGIONAL MEDICAL CENTER



## COMMUNITY HEALTH NEEDS ASSESSMENT

January 2021 – December 2023



Bob S. Ellzey, LFACHE

## ACKNOWLEDGEMENTS

TORCH Management Services, Inc. ("TORCH") would like to thank Linda Walker, Chief Executive Officer, and the Board of Directors of Val Verde Regional Medical Center ("VVRMC" or the "Hospital") for inviting TORCH to conduct a Community Health Needs Assessment (CHNA) of their service area.

Sincere appreciation is also extended to Becky Alexander for the superior job she did in organizing the community focus groups and participation of community constituents, physicians, other healthcare providers, and hospital staff.

Special thanks are also offered to each of the many participants who volunteered their time to share their observations of the health needs of Val Verde County. Each participant contributed greatly to this assessment by sharing their thoughts, experience, and diverse perspectives. The different perspectives expressed by diverse population groups are an essential component to this assessment.

### Community Health Needs Assessment for:

**Val Verde Hospital Corporation  
Val Verde Regional Medical Center**

**CHNA Period: January 1, 2021 – December 31, 2023**

**Site Visit: November 9-10, 2020**

**Conducted by: Bob Ellzey, LFACHE  
Senior Consultant  
TORCH Management Services, Inc.**

**Contact: [bobellzey@gmail.com](mailto:bobellzey@gmail.com)**



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## OVERVIEW OF COMMUNITY HEALTH NEEDS ASSESSMENT

A Community Health Needs Assessment (“CHNA”) provides a systematic approach to determining the health status, behaviors, and needs of a population within a defined area based upon recorded data, a community health survey, and personal interviews. The information gathered is useful to formulate strategies to improve health, well-being, and quality of life to those living within the community.

CHNA’s became a requirement of the IRS in 2014 for all 501 (c) (3) organizations that operate one or more hospital facilities. The CHNA for these organizations must be updated every three years. Other hospitals, including governmental hospital districts, have voluntarily adopted the practice because a properly conducted CHNA provides meaningful information to hospitals as they seek to meet the diverse health needs of the communities they serve.

This CHNA was conducted for Val Verde Regional Health System for the years 2021-2023. The objective was to gain a comprehensive view of the diverse needs of the community, recognize what needs are being met, identify gaps in services where community needs are not being met, and identify available resources to better meet these needs. The goal of the CHNA is to generate a plan to improve the overall health and well-being of the people living in the communities served by VVRMC.

A key component of a CHNA is the intentional effort to meet with diverse individuals and groups who comprise the demographic population of their service area. Healthcare organizations cannot effectively know what the needs are nor how well they are meeting those needs without intentional efforts to listen to those living in the communities they serve. Feedback gained from these groups, combined with other public and internal data, enable the hospital to identify gaps and strengthen its strategic efforts to better meet the needs of the community.

Another objective of the CHNA is to identify partnership opportunities with other local agencies and organizations that will benefit the community in ways greater than any one of the organizations can accomplish alone. Too many times well meaning service organizations achieve limited success because they operate as silos. The Association for Community Health Improvement (“ACHI”) has pointed out that the combined efforts of these separate organizations working in partnership for common objectives can bring greater value in improving health for all citizens, from child to senior adult.

Three primary sources of information were gathered to prepare this CHNA for Val Verde Regional Medical Center: Community Health Survey; Public Data Sources; and face-to-face interviews with diverse community groups.

### *Community Health Survey*

The Community Health Survey developed for this study gathers information from community constituents to provide a comprehensive, timely, and diverse overview of their viewpoints on the health status and behaviors of area residents.

### *Public Data*

Vital statistics and other local demographic data is gathered from public sources and incorporated into this assessment. Comparisons of this data are made, where applicable to state and national benchmarks. This data is useful in developing this assessment and for discussion with focus groups.

### *Community Health Focus Groups*

To gain perspective from community residents and local organizations, 79 people representing diverse constituency groups met together in 9 formal focus group sessions over two days to offer input on the health status and needs of Val Verde County. These focus groups included:

- County and city government leaders
- Public safety officers and personnel
- School Educators
- Congregational faith leaders
- Community non-profit organizations
- Social service agencies
- Diverse private citizens
- Business leaders
- Hospital department leaders
- Hospital Board of Directors
- Physicians and other Advanced Practice Professionals
- Federally Qualified Health Center administrative and clinical leaders
- Mexican Consulate representatives
- Laughlin Air Force Base health and wellness officers

The focus groups were well attended by enthusiastic representatives of various sectors of the population. All participants were well informed to locally-available community resources and programs, and shared a genuine interest in improving the quality of life in Val Verde County. All actively contributed to the content found in this assessment.

### *Data Sources*

Data referenced in this report is gathered from the most recent publicly available reports that provide health statistics for the county and city. Health data referenced for this assessment was selected for its applicability to community health, not for financial or operational benefit to the hospital.

## OVERVIEW OF VAL VERDE COUNTY

Val Verde County has a rich heritage with recorded history that dates back thousands of years. The abundance of water from multiple rivers and springs has attracted settlers and migrants from the earliest days of human life on the North American continent. Human life is recorded through hieroglyphics and ancient art on canyon walls dating back between 8,000 to 10,000 years.

Val Verde County is located on the Rio Grande River which serves as a border between the United States and Mexico. As a result, this area has played prominent roles in the rich history of native Americans, Texas, Mexico, and the entire U.S. – past and present.

Amistad dam creates a reservoir that covers over 89,000 acres with a capacity of 5.6 million acre feet of water. Lake Amistad, which borders both Mexico and the U.S., is jointly owned and operated by both countries. The lake contributes favorably to flood control, conservation, irrigation, power, development, and recreation. People travel hundreds of miles for fishing, boating, diving, and other recreation on Lake Amistad.

Del Rio, the largest city in Val Verde County with 35,760 population, is a semi-desert oasis community built on and around the San Felipe springs. Total population Val Verde County is listed as 49,025 on the 2019 census.gov website. The San Felipe springs flow 150 million gallons of pure water per day that more than supports the local water needs.

Laughlin Air Force Base serves as an Air Education and Training Command for pilot training. It is a large contributor to the economy in Del Rio, Val Verde County, and surrounding region.

Del Rio serves as a major hub for the U.S. Border Patrol, Immigration and Customs Enforcement, Texas Department of Public Safety, and other governmental entities related to border security.

The local economy also benefits from numerous major manufacturers which maintain professional offices and warehouses in Del Rio to support their manufacturing operations across the border in Mexico.

Farming, ranching, and hunting are prevalent throughout the county. Numerous ranches cover large sections of land used to graze livestock and provide hunting leases and recreational adventure.

Val Verde is a large county comprising 3,150 square miles, larger than the combined square miles of the states of Delaware and Rhode Island. Transportation is served by two U.S. highways, but mostly by secondary and county roads throughout most of the county. The City of Del Rio, where the hospital and EMS are located at the southeast tip, is 90 miles to the northwest corner of the county.

\* Sources: Texas State Historical Association: Handbook of Texas. Val Verde County  
Del Rio Chamber of Commerce

## PROFILE OF VAL VERDE REGIONAL MEDICAL CENTER

**Mission**      *We live to deliver healthcare our community can trust*

**Vision**        *To be the premier provider for all healthcare needs*

**Legacy**       *We strengthen our foundation through empowerment*

### **History**

Val Verde Regional Medical Center, (VVRMC), has been part of the history of Val Verde County for nearly six decades. Val Verde Memorial Hospital, as it was named at the time, first opened its doors in 1959. It originally had fewer than 30 beds.

Since its opening, VVRMC has undergone major renovations and expansions in 1969, 1985 and 2002. In 1996, Val Verde Memorial Hospital was renamed Val Verde Regional Medical Center. VVRMC celebrated 60 years of service in May 2019.

VVRMC's tradition of caring, commitment to the community and medical advancement has remained unchanged throughout the years. It is the primary medical care provider in the area and is a leading healthcare provider among rural hospitals in the state. VVRMC is an integral part of the community and a frequent participant at community events. VVRMC's 500+ employees voluntarily participate in numerous activities which support the community. Employees take great pride in living in the community and working for the local hospital that provides care for their families and neighbors. Each employee is committed to going over and above to help wherever they are needed.

Helping is what VVRMC is all about. VVRMC strives to optimize and continually improve services, quality, technology, and cost-effectiveness for every member of the community. VVRMC treats each person like family because working in a rural hospital, employees likely know or are related to patients in their care.

### **Governance**

Val Verde Regional Medical Center (VVRMC) is a county facility governed by an elected board of community and business leaders. The Val Verde Hospital District board members are local residents who have the best interests of the community at heart in their guidance of this regional medical center.

The Val Verde Hospital District Board is the sole owner of Val Verde Hospital Corporation. Val Verde Hospital Corporation is a separate non-profit 501 (c) (3) organization that oversees the day-to-day operation of Val Verde Regional Medical Center. Val Verde Hospital Corporation is governed by a board of directors appointed by Val Verde Hospital District board.

*Source: Val Verde Regional Medical Center Website*



## Service Lines

### Cardiopulmonary

- *Pulmonary Function Testing*
- *Bedside Spirometry*
- *Electrocardiogram*
- *Electroencephalography*
- *Arterial Blood Gas*

### Women's Center

- *Antepartum; Labor; Delivery; Recovery; Post-Partum*

### Emergency Medical Services (EMS)

- *7 Ambulances plus 1 First Response Vehicle to cover 3,100 sq mile county*

### Lab

- *Chemistry*
- *Special Chemistry*
- *Hematology*
- *Coagulation*
- *Urinalysis*
- *Immunology*
- *Bacteriology*
- *Microbiology*

### Radiology

- *Diagnostic Imaging (X-ray)*
- *Ultrasound*
- *Magnetic Resonance Imaging (MRI)*
- *Computed Tomography (CT)*
- *3D Mammography (Digital)*
- *Nuclear Medicine*
- *Digital Fluoroscopy*
- *Interventional Radiology*
- *Bone Density*

### Clinics

- *Rural Health Clinic*
- *Walk-in-Care Clinic*
- *Specialty Physician Clinics*
- *Cardiology & Endoscopy*
- *Orthopedic & Urology*
- *Tele-Psychiatry*

Source: VVRMC Website

### Physical Rehabilitation Services

- *Physical Therapy*
- *Occupational Therapy*
- *Speech Therapy*
- *Wound Care*
- *Pediatric Rehab*

### Cardiology

- *Cardiac Cath Lab, Peripheral Angiography*
- *Various other diagnostic and intervention services*

### Emergency Department

- *Level IV Trauma Center*
- *24-Hour Operation*

Sexual Assault Nurse Examiner

### Surgery

- *General*
- *Orthopedic*
- *Obstetrical and Gynecology*
- *Urology*
- *Gastroenterology*
- *Podiatry*
- *Ophthalmology*
- *Dental*

### Other Services

- *Mental Telehealth Services*
- *Hospice*
- *Cancer Support*
- *Food and Nutrition*
- *Safe Kids*

## Hospital Compare: Medicare.gov

VVRMC is rated a "2-star" hospital by the Centers for Medicare and Medicaid Services (CMS) for its overall patient satisfaction and quality outcomes according to its October



2020 report card. Five-stars is the highest rating. Most standards of measure showed VVRMC to be “no different than the national rate” or “number of cases too small.” Scores fluctuate constantly so no individual measures will be highlighted. These scores are public information posted on the Medicare.gov Hospital Compare website.

*Source: Medicare.gov. Hospital Compare, November 2020.*

### **Nearest Area Hospitals from Del Rio**

• Fort Duncan Medical Center (101 beds)	66 miles
• Uvalde Memorial Hospital (66 beds CAH)	86 miles
• Lillian Hudspeth Hospital, Sonora (12 bed CAH)	105 miles
• Peterson Regional Medical Center, Kerrville (124 beds)	153 miles
• Shannon Medical Center, San Angelo (403 beds)	156 miles
• Methodist Hospital, San Antonio (1536 beds)	175 miles
• University Health System, San Antonio (1034 beds)	175 miles

The long distance between Val Verde Regional Medical Center and the next nearest hospitals highlights the critical importance of the hospital and medical services to a large region. The nearest hospitals that offer a higher level of care are over 2-1/2 hours away in San Antonio and San Angelo.

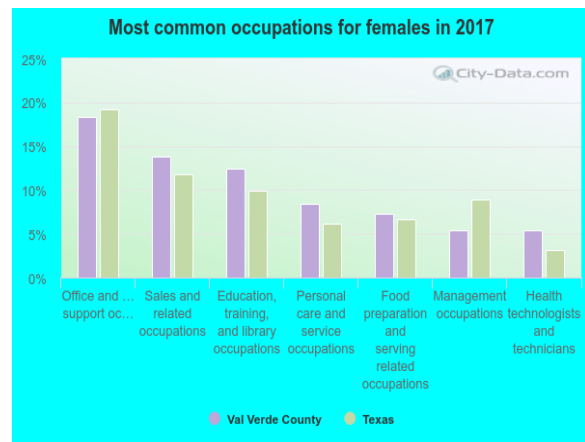
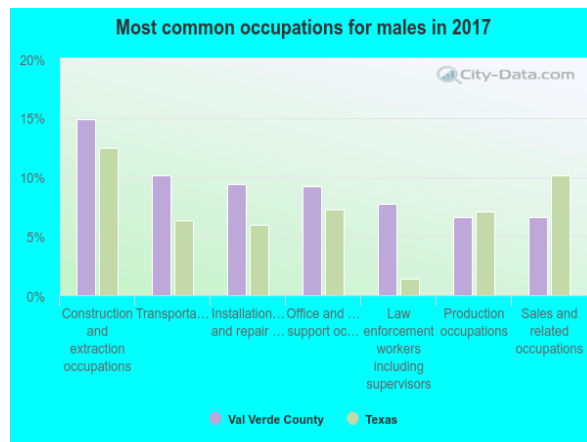
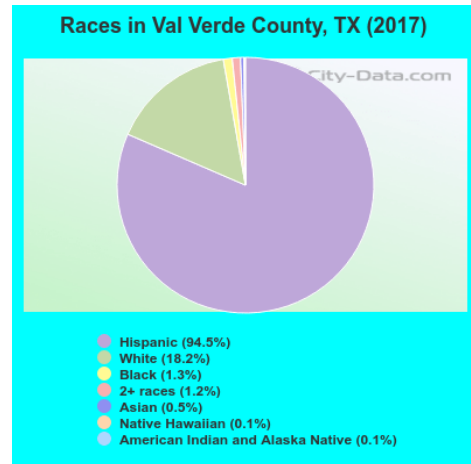
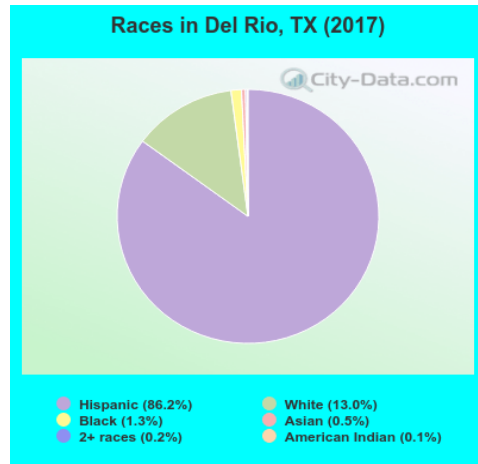
### **Review of 2018 CHNA Recommendations**

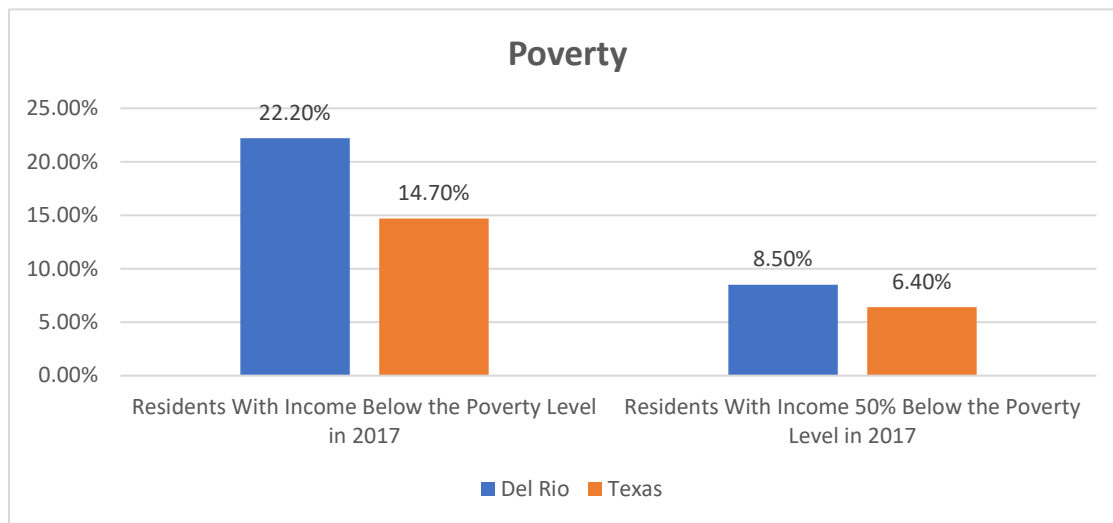
1. Continue to assess the needs for specialty care in the community, adding services if needed and feasible.
2. Using the population health model that is being developed, determine ways to further address the Mental Health needs of the community. (It is recognized that the critical shortage of mental health professionals, as well as many other social and financial roadblocks, make this a difficult task. The Hospital can provide leadership, but it will require a community effort to accomplish this).
3. Continue to expand educational offerings in the community, partnering with schools and other organizations, particularly the work that is already being done with diabetes education, as well as other chronic diseases.
4. Continue efforts to improve the billing and collections process, with a customer service focus. The Community Advisory group will be an excellent vehicle to address this issue, which continues to create a significant amount of dissatisfaction toward the Hospital.

## Val Verde County Demographic Information

<b>Population</b>	<b>2010</b>	<b>2019</b>
Val Verde County	48,879	49,025
Del Rio	35,591	35,760

Source: U.S. Census Bureau Quick Facts. Val Verde County and Del Rio Population estimates 2019.

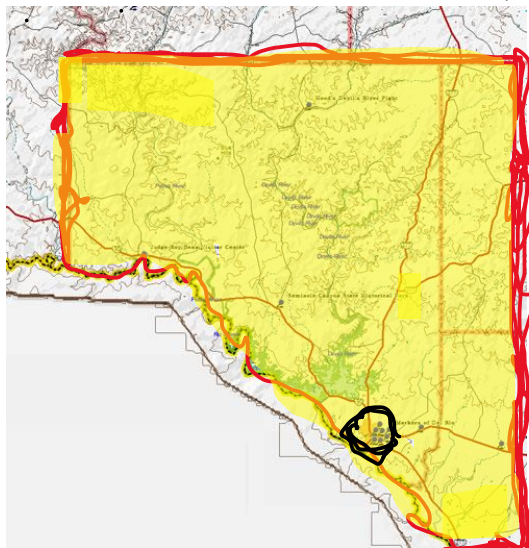




Source: <http://www.city-data.com/poverty/poverty-Del-Rio-Texas.html>

Source: <http://www.city-data.com/city/Del-Rio-Texas.html>

### Val Verde Service Area (Approximate)



Val Verde County plus parts of Kinney County, Maverick County, and Edwards Edwards

## Comparison of Health Outcomes and Factors

### 2020 County Health Rankings (244 counties reporting)

	<u>Val Verde</u>	<u>Maverick</u>	<u>Kinney</u>	<u>Uvalde</u>	<u>Texas</u>	<u>Top US</u>
<b>HEALTH OUTCOMES (Rank)</b>	<b>78</b>	<b>153</b>	<b>128</b>	<b>78</b>		
<b>Length of Life (Rank)</b>	<b>29</b>	<b>47</b>	<b>109</b>	<b>44</b>		
Life Expectancy	79.1	78.5	81.9	79.0	79.1	81.1
Child Mortality (per 100k)	30	60		40	50	40
Diabetes Prevalence	8%	17%	6%	16%	10%	7%
<b>HEALTH FACTORS (Rank)</b>	<b>159</b>	<b>240</b>	<b>72</b>	<b>163</b>		
<b>Health Behaviors</b>	<b>121</b>	<b>213</b>	<b>14</b>	<b>113</b>		
Food Insecurity	9%	10%	9%	9%	15%	9%
Motor Vehicle Deaths (per 100k)	13	15		21	13	9
STI's (per 100k)	365.8	481.0	106.8	405.4	535.4	161.4
Teen Births (per 1,000)	66	64	48	52	34	13
Adult Obesity	25%	38%	27%	31%	30%	26%
Physical Inactivity	24%	30%	22%	30%	24%	20%
<b>Clinical Care</b>	<b>138</b>	<b>239</b>	<b>153</b>	<b>121</b>		
Uninsured Adults	29%	35%	26%	28%	23%	7%
Uninsured Children	11%	12%	13%	12%	11%	3%
Primary Care Physicians	3510:1	3880:1	n/a	2260:1	1614:1	1030:1
Dentists	2890:1	5320:1	3770:1	2440:1	1730:1	1240:1
Mental Health Providers	1890:1	3440:1	n/a	1920:1	880:1	290:1
Mammogram Screening	31%	24%	24%	28%	37%	50%
Flu Vaccinations	25%	26%	25%	32%	44%	53%
<b>Social and Economic Factors</b>	<b>178</b>	<b>238</b>	<b>161</b>	<b>206</b>		
Median Household Income	\$44,300	\$35,600	\$43,200	\$39,700	\$60,600	\$68,703
Children in Poverty	29%	35%	27%	35%	21%	11%
Children Eligible for Free Lunch	73%	76%	59%	66%	59%	32%
Suicides (per 100k)	8	6	n/a	n/a	13	11
Firearm Fatalities (per 100k)	6	4	n/a	8	12	8
Injury Deaths (per 100k)	43	37	55	47	57	58
High School Graduation Rate	83%	92%	96%	89%	95%	96%
Some College	56%	52%	47%	55%	61%	73%
Violent Crime (per 100k)	138	179	26	268	430	63
<b>Physical Environment (Rank)</b>	<b>103</b>	<b>171</b>	<b>28</b>	<b>70</b>		
Severe Housing Problems	17%	24%	10%	15%	18%	9%
Air Pollution Particulate (micr/m3)	8.1	8.2	7.6	8.2	8.8	6.1

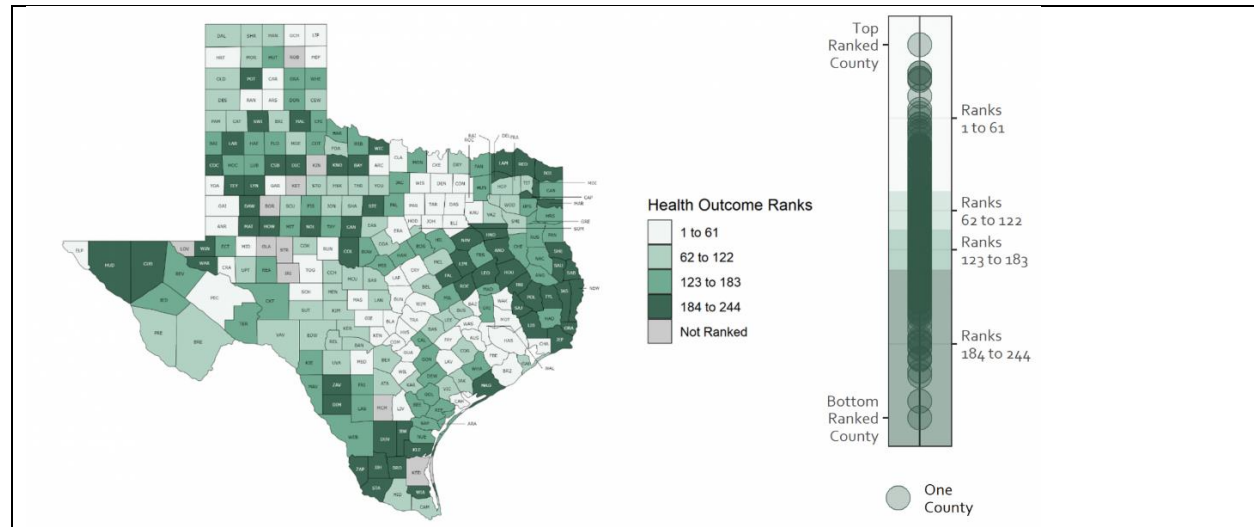
Source: County Health Rankings and Roadmaps

*Comments About Val Verde County Health Outcomes and Health Factors Compared with Neighboring Counties, State, and Top Performing U.S. Counties*

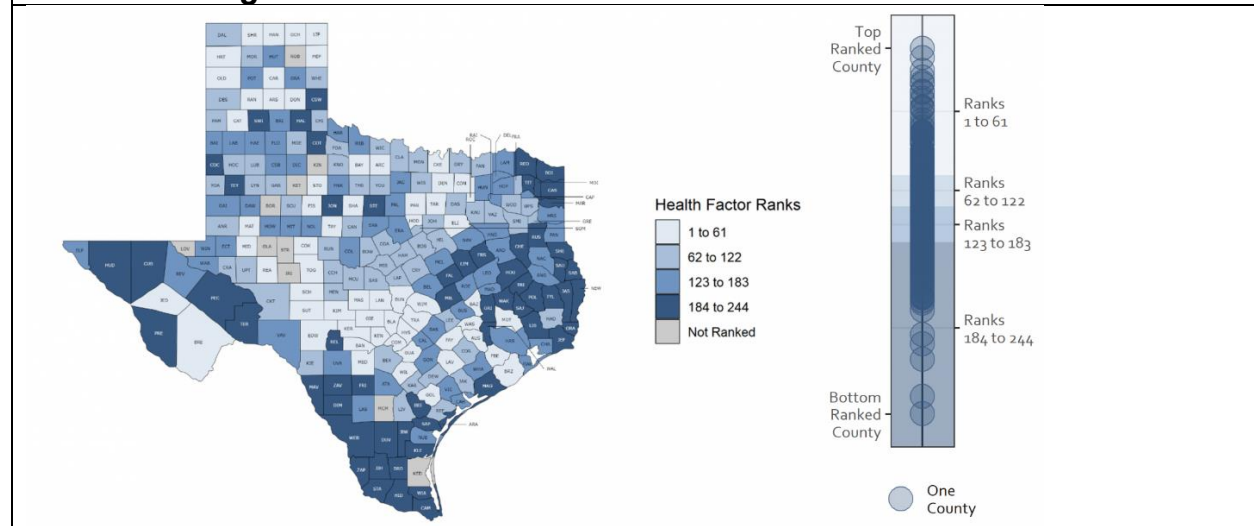
- The counties of Maverick, Kinney, and Uvalde were selected for comparison since these are the most commonly visited in the service area
- *Health Outcomes* - The overall rankings in health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: how long people live and how healthy people feel while alive.
  - *Overall* – Val Verde County ranks in the top one-third of Texas counties in health outcomes, and higher than most surrounding counties.
  - *Length of Life* – Ranks in top 12% of all Texas counties
  - *Child Mortality* – Ranks favorable to region, State and top performing U.S.
  - *Diabetes Prevalence* – Ranks consistent or favorable with region and State according to Health Rankings and Roadmaps. However, local health leaders believe the prevalence to be higher than 8% of population and the physicians' comment that a higher percentage of cases are complex than some other places. Among Medicare population, CMS reports (see chart below) the prevalence of diabetes in Val Verde County to be 39.7% vs. 29.1% Texas and 27.1% U.S. This added information supports diabetes as a significant health issue in the community.
- *Health Factors* - The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors.
  - *Overall* – Val Verde County ranks in the middle half of Texas counties for key factors that influence health.
  - *Food Insecurity*- Ranks favorable to state and consistent with region and U.S.
  - *Motor Vehicle Deaths*- Ranks consistent with surrounding counties and favorable to top performing U.S.
  - *STI's* – Ranks favorable to state and most surrounding counties but 2-1/2 times higher than top performing U.S.
  - *Teen Births* – Ranks higher (unfavorable) to region, state and U.S.
  - *Adult Obesity* – Ranks favorable to region and state, consistent with U.S.
  - *Uninsured Adults* – Ranks consistent with region, higher than state, and much higher than U.S. Texas leads the U.S. in number of uninsured population.
  - *Uninsured Children* – Ranks consistent with region and state, much higher than U.S. Texas leads the U.S. in number of uninsured population.
  - *Primary Care Providers* – The number of PCP's located in the county is 54% fewer than Texas counties and 71% fewer than top U.S. performers.
  - *Dentists* – The number of dentists is 40% fewer than Texas counties and 57% fewer than top U.S. performers.
  - *Mental Health Providers* – The number of mental health providers is 54% fewer than Texas counties and 85% fewer than top performing U.S.

- *Flu Vaccinations* – Ranks consistent with neighboring counties but significantly below State and top performing U.S.
- *Median Household Income* – Ranks favorably with surrounding counties but significantly below state and U.S.
- *Children Eligible for Free Lunch* – A higher percentage of children qualify for free school lunch than in most neighboring counties, state, and U.S.
- *Suicides* – Ranks favorably to surrounding counties, state, and U.S., but unfavorable to community standards and acceptance
- *Injury Deaths* – Ranks favorably to most surrounding counties, state, and U.S.
- *High School Graduation Rate* – A significantly lower percentage of students graduate from high school than neighboring counties, state, and U.S.
- *Some College* – Ranks consistent with neighboring counties but lower than state and U.S.

## Health Outcomes

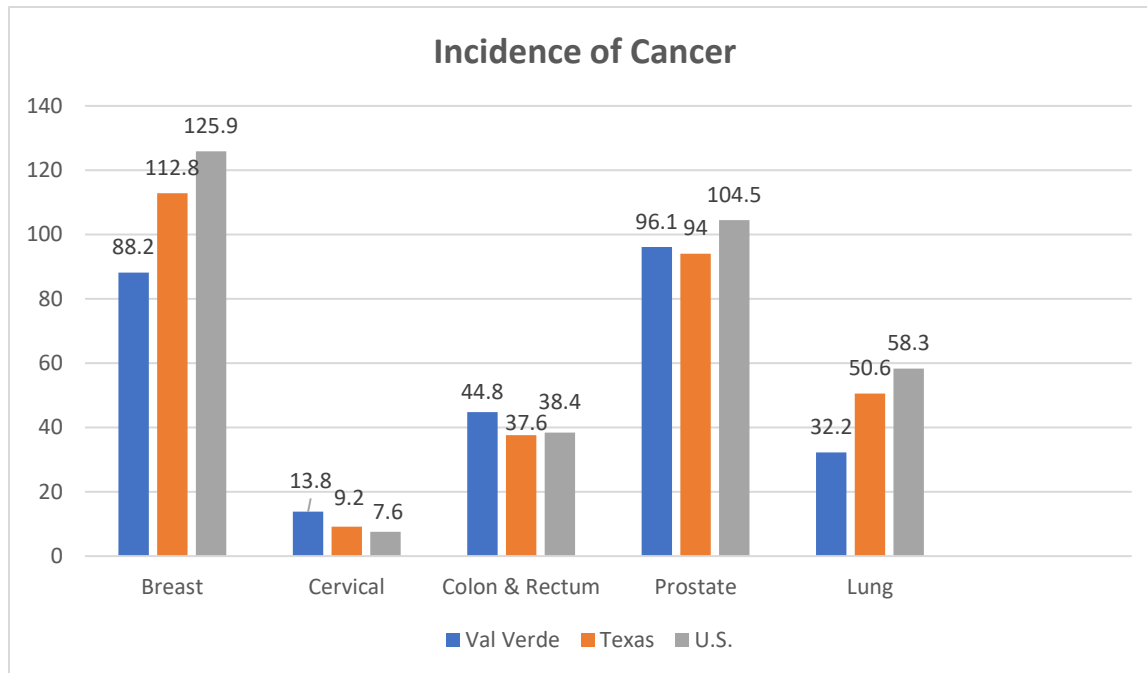


## Health Rankings

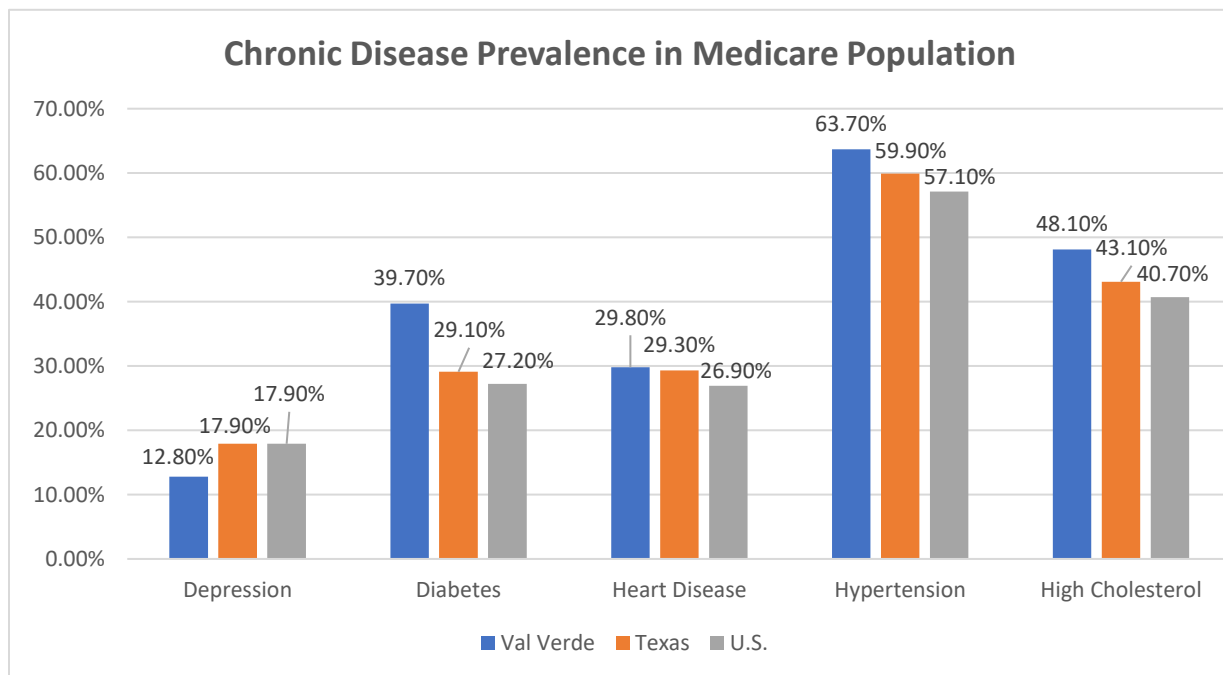


Source: County Health Rankings and Roadmaps

- **Prevalence of Illness and Disease**

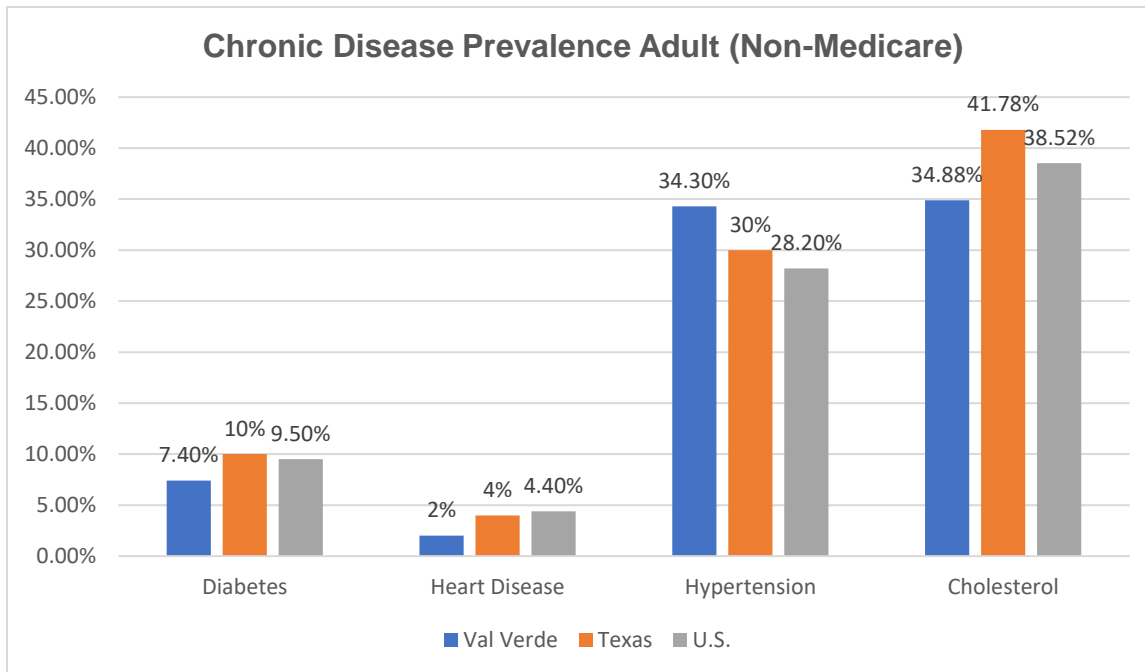


Source: CARES Engagement Network. State Cancer Profiles. 2012-17



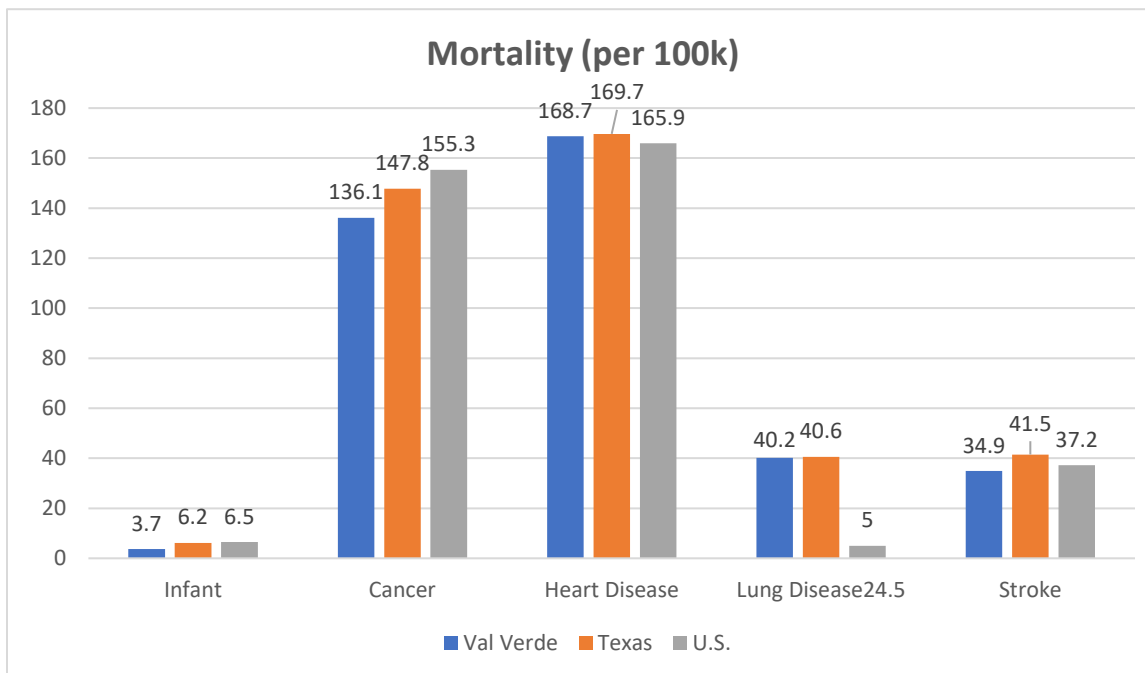
Source: CARES Engagement Network. Centers for Medicare and Medicaid Services. CMS Geographical Variation , Public Use File, 2017





Source (Diabetes): CARES Engagement Network. Centers for Chronic Disease Control and Prevention. National Center for Chronic Disease Prevention and Promotion, 2017.

Source (All other) CARES Engagement Network. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2011-12



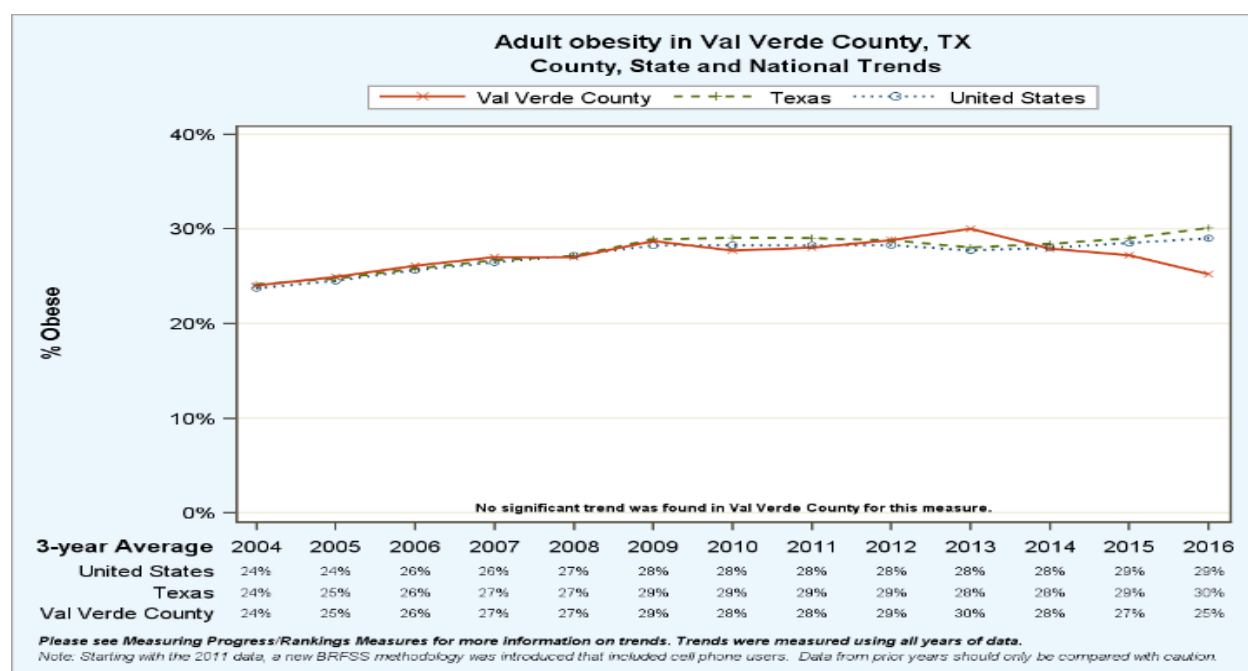
Source (Infant): CARES Engagement Network. U.S. Dept of Health and Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-10.

Source (All other): CARES Engagement Network. Centers for Disease Control, National Vital Statistics System, 2014-18

## Key Findings on Prevalence of Illness and Disease

- Diabetes
  - Higher than state and national for Medicare population
  - Lower than state and national for Non-Medicare population
- Hypertension
  - Higher than state and national for Medicare population
  - Higher than state and national for Non-Medicare population
- Cholesterol
  - Higher than state and national for Medicare population
  - Lower than state and national for Non-Medicare population
- Cancer: Colon & Rectum - Higher than state and national prevalence
- Cancer: Prostate - Higher than state but lower than national prevalence

## Obesity



Source: County Health Rankings.org. Val Verde County. 2020.

Note: Obesity in Val Verde County has been trending downward since 2013 while the State of Texas and U.S. both are trending upward.

## Comparison of Key Indicators of Area Hospital Emergency Departments

	<u>Val Verde</u>	<u>Fort Duncan</u>	<u>Uvalde</u>	<u>Texas</u>	<u>U.S.</u>
Left Without Being Seen	4%	0	2%	2%	2%
% Stroke symptom patients received CT w/in 45 mins	84%	92%	81%	71%	72%
Avg total minutes spent in ED before discharge	139	131	160	153	143
Avg minutes spent in ED after decision to admit before taken to inpatient room	88	250	36	99	97

Source: Medicare.gov/Hospital Compare/Timely & Effective Care

## COMMON CHALLENGES FACED BY RURAL HOSPITALS

Rural hospitals in Texas and the U.S. are increasingly threatened with survival. A 2019 study by Texas A&M University reported that 41% of rural hospitals operate at negative financial margins, with more than 20% of those facing closure. Since 2010, 130 rural hospitals have closed nationally, including 21 in Texas. Texas leads the nation in rural hospital closures, with that number expected to continue to go up in Texas and the U.S. (Bolin, Watzak, Dickey)

The average person living in rural America is growing increasingly older and sicker as younger people move to urban areas for better jobs and wages. Rural hospitals struggle to maintain a workforce of doctors, professional providers, and other trained staff to provide care to the community. Over 60% of hospital revenue in rural communities is from Medicare and Medicaid which most often fails to cover the cost of providing services. Many of the remaining population is largely uninsured or underinsured.

Three common factors threaten all rural hospitals: 1. Lack of primary care physicians, advanced practice providers (APP's), nurses and other specialized staff; 2. Outmigration to larger urban or regional hospitals; 3. Lack of financial resources to maintain technology and facilities necessary to keep up with medical practice standards of care. With the population of rural communities becoming increasingly older, this creates real hardships on those living in these areas.

In Texas, 170 of 254 counties are rural. More than 3 million people, comprising almost 20% of the state's population, live in rural Texas. Another report by Texas A&M Rural and Community Health Institute (ARCHI) and the Episcopal Health Foundation entitled, "What's Next? Practical Suggestions for Rural Communities," stated that 35 Texas counties have no physician; 58 counties have no general surgeon; 147 counties have no obstetrician/gynecologist; and 185 counties have no psychiatrist. (Hancock, Sasser)

So how does Val Verde County stack up in these comparisons? While Val Verde County faces the same challenges listed above, residents in the county are in a favorable position compared to many rural hospitals in Texas or the U.S. However, being located on the U.S. border with Mexico and approximately 160 miles from the nearest major medical referral cities create unique challenges.

*Physicians and Advanced Practice Providers (APP):* The number of physicians per population in Val Verde County is lower than the state average (see above table). However, effective use of Advanced Practice Providers (Nurse Practitioners and Physician Assistants) helps to fill gaps caused by the shortage of primary care physicians. VVRMC has been successful in attracting primary and specialty physicians to Del Rio but retention has been low.

In response to previous Community Health Needs Assessments, VVRMC continues efforts to grow its medical staff and expand access points within the community. VVRMC owns, operates, or provides leased space for several primary and specialty

services (see above table). In the past 3 years VVRMC has been successful in recruiting numerous physicians to Del Rio, but it has lost about an equal number to relocation, retirement, or death.

*Community Networks:* Rural communities must begin thinking beyond asking “how do we save the local hospital?” or “how do we adopt urban health care solutions to work in rural Texas?” Communities must begin thinking of “healthcare” more broadly than merely “hospital.” Rural hospitals must become actively engaged with their community greater than ever before in seeking innovative ways to sustain operations and fulfill their mission to improve health.

Community health involves much more than the presence of a hospital or any single provider. For many years local rural hospitals tried to operate as a “one stop shop” for all things considered health. The cost of staffing, equipping, compliance and other factors necessary to sustain this comprehensive range of low volume services is financially unsustainable.

Rural hospitals are beginning to see benefit in establishing collaborative networks involving other area health providers, social and service resource groups, public services, faith communities, and others to collectively meet local health needs. This is much more effective to truly improve the wholistic health and well-being of a community. Health issues are rarely single dimensional. They typically include intertwined wholistic factors involving body, mind, social, and spiritual components. Efforts to improve community health are much more effective through collaborative networks. (Hancock, Sasser)

Health and well-being involve much more than the absence of illness and disease. Collaborative networks of local community groups and service providers can be more effective in improving the health and well-being of a community than waiting for an adverse event to occur that causes a hospital admission.

Many dangerous public safety events that police respond to are related to health and social events that develop over periods of time, long before problems escalate to threatening behavior. There is growing support that improving the social network that impacts health and wellbeing of a community can lead to reduced crime and violence. Police departments are now actively seeking ways to interact with other social services to create safer communities.

Val Verde County is fortunate to have collegial and positive informal networking relationships already in place among numerous civic, charitable, faith, private, and other public organizations within the county. This places VVRMC in an advantageous position to establish collaborative networks working together to improve health and well-being.

*Information Technology and Data Access:* Access to sound, analytical data needed for hospital leadership to make informed strategic decisions has historically been a weakness for rural community hospitals. This is much improved today through the

electronic health record and internet access to multiple sources of data analytics. This enables hospitals today to make better, safer, more informed decisions than in the past. VVRMC has recently upgraded its health information technology by adopting MEDITECH as its electronic health record system. MEDITECH is recognized as leading EHR for acute care hospitals certified by CMS.

Governance: Stability of a local hospital board that is focused on governance while empowering an accountable senior leadership team is and has always been a key factor in achieving ongoing success. One of the top long-term success indicators for rural hospital survival is effective board governance led by capable and engaged community board members. Conversely, hospitals that are led by boards focused on personal agendas or micro-managing rather than policy and accountability are the ones most likely to fail. Indeed, this was the direct case of one Texas hospital that permanently closed in 2019. (Toney, Becker)

Despite some past leadership disruption, VVRMC continues to operate as a financially viable regional health system. The community recognizes the challenges faced by the hospital and greatly supports the essential services, health, and economic benefits the hospital provides to those living, working, and travelling in the county. The hospital has earned the continued support of the people who pay their district taxes and utilize the local services for their personal health needs.

## LOOKING FORWARD: BEYOND COVID-19

There is no doubt that COVID-19 and the year 2020 will be looked back upon as a major transformational period in healthcare, all of America and the entire world. The foundations of these transformations have been evolving for at least the last decade but have now escalated into full force. As the United States eventually comes through this pandemic, many of the innovations and alternate methods of delivering healthcare and other services will remain permanent. Many of these changes, though challenging in the midst of transition, will bring added value to healthcare access and delivery.

Following is a summary of several innovative practices using new ideas or more developed methods that have potential to improve access and quality of care to rural communities.

*Technology: Telehealth and other digital* technology to support virtual and remote patient care is rapidly becoming accepted as the new norm. Advanced uses of telehealth are expanding exponentially. New digital applications are being introduced almost daily to provide face-to-face virtual patient care visits. Numerous healthcare apps for chronic care conditions are available to be downloaded onto personal devices such as watches and phones, monitored 24/7 by your provider. Many of these are beginning to interface with the patient's personal medical record. (Harrison)

This technology can present a range of new options and opportunities for rural communities. It is being effectively used to bring primary and specialty medical consultations to small rural communities that cannot attract or support physicians. In communities that have basic primary care coverage, diagnostic equipment can be placed in the local clinic or hospital that will transmit results to a specialist located elsewhere.

*Prevention and Reduction of Social Disparities:* Health delivery in the U.S. is slowly shifting from sick care to healthcare. Healthcare in the U.S. has historically been built around an episodic model where people seek access to care only after an adverse event happens. Delivery now is shifting toward a focus on prevention by maintaining health and wellbeing. It has been estimated that approximately 60% of health conditions in the U.S. are determined by behavioral lifestyle and environmental factors, 30% by genetics, and approximately 10 to 20% to actual medical conditions.

It has been determined that the greatest single determinant of health in the U.S. is the zip code in which a person lives. Focusing on social determinants of health leads to the formation of community networks involving medical providers including the hospital, school district, city, county and state services, social and mental health services, faith communities, and others. These community networks work collaboratively to reduce the incidence of illness, disease, accidents, violence, drugs, malnutrition, and other factors that impact health. (Hayes, Delk)



*Integrate Mental Health with Primary Care:* The national shortage of mental health providers and services is multiple times worse in rural populations than urban across Texas and the U.S. This is true for Val Verde County which shows the availability of local mental health providers to be approximately two times greater than the Texas state average for counties.

There is a movement to use primary care practitioners to detect mental health issues in patients during routine medical exams, hopefully before harmful events occur. Telehealth is now being used to effectively expand the reach of mental health professionals into rural populations. It is further believed that the reduction of social disparities through the collaborative efforts of community networks discussed above can lead to improved mental health in rural areas. (Carpenter-Song, Snell-Rood)

*Accelerated Innovation:* The speed at which new innovations in healthcare delivery is being introduced will continue at an even faster rate. Besides new technology and community networks mentioned above, new models for healthcare delivery are being introduced almost daily. CVS, Walgreen, and Walmart are all beginning to offer primary care services. Amazon has created a healthcare division that they claim will revolutionize the delivery of healthcare the same way they have redefined retail purchasing. Innovative methods of providing home visits to check on patients following discharge from the hospital or Emergency Department are becoming common.

*Consumer Centric:* The role of the consumer has become a significant driver of changes in health delivery over the past decade and will only become more dominant. In the past doctors mostly determined the care plan of action and patients mostly followed their doctor's recommendations. Today, through internet access to information, satisfaction surveys, new technologies, etc., consumers are more aware of options and expressing their opinions for new courses of action. This trend will continue.

*Consolidation of Healthcare Providers:* The consolidation of healthcare providers and systems is expected to continue in the future. The current COVID-19 pandemic has shown that large systems have a stronger supply chain and access to other resources, deeper cash reserves, greater flexibility with staff, more adaptable facilities, greater clout with payor sources, and other tangible benefits. (Toney, Becker)

*Hospital Alternatives:* Despite best efforts, many rural communities will not be able to sustain their hospital into the future. There are viable alternatives for communities that are threatened with losing their hospital to consider. One model to consider is maintaining an urgent care clinic with radiology and lab. Another is to downsize to a "micro-hospital", maintaining an emergency department with radiology, lab, telehealth and a few patient rooms for observation and short-stay. These models combined with a solid local EMS can sometimes fill the gap while maintaining local access to primary and emergency care for the community. (Bolin, Dickey, Watzak)

## KEY FINDINGS FROM COMMUNITY INTERVIEWS AND DATA SOURCES

This section provides a summary of key findings specific to access and availability of healthcare services at Val Verde Regional Medical Center, the City of Del Rio, Val Verde County and the surrounding service area. All findings presented in this section are taken directly from comments expressed by diverse community participants who met in nine separate focus groups.

The following topics present the most recurring issues that focus group participants identified as the highest priority issues. *These topical sections are all considered to be priority by the participants and are not offered in any rank order.*

- ***Current Hospital Perception and Condition***

Val Verde Regional Medical Center is unequivocally viewed as an essential asset by people living within the county and extended service area. The hospital facilities are modern, well-maintained, and well-equipped with current clinical, surgical, digital diagnostic, and virtual technology. Residents are generally confident to utilize the hospital and medical staff for personal health issues that arise. On a scale of 1 to 10 (with 10 being highest and 1 lowest), groups generally rated the perception of the hospital in the community as between 4 to 8, with 6 being the most recurrent response.

VVRMC is recognized and appreciated for its strategic role in serving the community during the current COVID-19 pandemic. Val Verde County was identified as a national hotspot for the virus in July and August 2020. As positive cases swelled within the community the hospital converted medical and surgical units to accommodate the surge of COVID-19 patients. The Walk-In-Clinic (WIC) transitioned its services to ongoing testing and treating COVID-19 patients only. Walter Reed Army Medical Center sent a team of physicians and other healthcare professionals to Del Rio to supplement VVRMC staff which suffered severe shortages of staff due to positive COVID-19 exposure. Community residents and leaders commented that the pandemic experience has clearly demonstrated the importance of the hospital and healthcare workers to the community.

Each group expressed that the hospital has shown improvement in recent years and that negative perceptions are often tied to experiences in the distant past. None of the criticism or concerns were a surprise to the hospital leadership team. Hospital leaders generally “own up” to the criticism and point to actions they are taking to improve conditions.

Women’s services for Obstetrics is considered to be a critical service to the region and center of excellence for the hospital based upon patient experience, volume, and outcomes. Obstetrical services are provided in a modern designated unit with

approximately 700 deliveries per year with safe outcomes. With a large child-bearing population and geographic separation from other hospitals the community considers obstetrics to be a critical service line.

EMS services are recognized for the essential role it plays in responding to emergencies, saving lives, and transporting patients. Val Verde County is comprised of diverse industry, law enforcement, agriculture, outdoor recreation, and highway system that spans over 3,100 miles. Unexpected life-threatening accidents happen. Without accounting for the COVID-19 pandemic the EMS responds to approximately 5,400 emergency calls per year and provides over 1,200 non-emergent transports per year.

The Emergency Department is recognized as a critical service to the community and surrounding region for the same reasons cited above. The ED treats approximately 24,000 patients per year.

The following service lines or departments were also mentioned repeatedly for their excellent service and valuable role to the community: Radiology; Physical Rehab (PT, OT, SLP); Nephrology; Cardiology; and Lab.

The Senior Executive Team spoke of the need to build a new Medical Office Building so physicians could be grouped closer together and closer to the hospital campus.

- ***Physician Availability and Access***

There is a real need to increase the number of both primary care and specialty physicians in Del Rio. This need was repeatedly expressed by diverse participants in each focus group including the physicians. The expressed need is validated by data that shows the ratio of physicians per population to be far below state and national averages.

- ***Physician Turnover*** – Recruitment, retention, and turnover of physicians in Del Rio is and has always been an issue for multiple reasons. In the past 4 years there has been one General Surgeon, two Cardiologists, one OB/Gyn, and five Pediatricians who have come to Del Rio and departed after only a short time. At least two others were reported to have retired or died. Some of the challenges in recruiting and retaining physicians to Del Rio are:
  - Val Verde County is listed as a Health Professional Shortage Area (HPSA) eligible to receive foreign physicians whose initial practice opportunities are limited to underserved areas for a prescribed number of years. Once the length of service requirement is satisfied these physicians often relocate to another community of his or her choice.
  - The remote geographic location and lifestyle characteristics appeal to only a small segment of physicians, their spouse, and family.
  - A high percentage of uninsured and Medicaid population adversely impacts financial opportunity.

- Challenges and spotlight expectations of being a physician in a small town

Del Rio is in a good demographic market with a stable population, good jobs and industry, good medical facilities, and skilled healthcare workers. Those physicians who do stay often build successful careers and enjoy a rewarding lifestyle. Attracting and retaining physicians with the right competency, skill set, and personal characteristics is and will continue to be a challenge.

- ***Specialty Physician Availability and Access*** - Expanded access to specialty physicians was the number one need cited by all focus groups, including community, physician, and hospital. Lack of specialty physicians causes hardship on patients to travel long distances for specialty appointments and leads to many costly transports by EMS to other hospitals.
  - *Oncology Services* was the number one specialty that was most often expressed for needing local access. While a local oncologist would be greatly valued, a large need was repeatedly expressed for an infusion center so patients can receive chemotherapy and related services locally. The nearest infusion center to receive chemotherapy is in Uvalde, located 86 miles away.
  - *Cardiology and Nephrology Services* were the next two specialties most cited as a priority need for expanded access. The need expressed for more providers was consistent among community residents and leaders, the medical staff, and hospital leadership.
    - *Cardiology* - The community is served by only one interventional cardiologist who maintains active staff privileges with the hospital. Residents say it takes weeks to schedule an appointment. The sole cardiologist on medical staff spoke at length of the strong need for another interventional cardiologist.
    - *Nephrology* – The community is fortunate to have one full-time nephrologist living and practicing in the area. All focus group participants, including the medical staff and nephrologist, were consistent in speaking of the need for another nephrologist. The prevalence of diabetes, size of the community, and complexity of cases support the need for an additional nephrologist. The nephrologist on staff stated that another nephrologist is scheduled to join him within the next few months.
  - *Gastroenterology* – The need for GI specialty services was mentioned several times by community participants in most focus groups. There is no GI specialist located in Del Rio or Val Verde County. The local incidence of Colon, Rectum, and Prostate Cancer is high, exceeding state average. Colonoscopies and Endoscopies are competently performed by General Surgeons but the need for a GI specialist was repeatedly mentioned.

- General Surgery – General Surgery in the community is currently covered by 2 full time and 1 reduced time General Surgeons. However, the need for a replacement plan for the two full time surgeons was expressed as the two full-time surgeons are both at, or beyond, the age that most surgeons retire.

- **Primary Care Availability and Access**

Access to primary care practitioners appears to be reasonably good, though more primary care physicians are needed. The number of primary care physicians in Val Verde County is only 1 per 3,510 population versus 1 per 1,640 for the State of Texas. This shortage is supplemented by the effective use of Nurse Practitioners and Physician Assistants serving as Advanced Practice Providers.

The medical staff at VVRMC spoke of the need to increase the number of primary care physicians in the community. They acknowledge and support the contribution of Advanced Practice Providers in serving patients but believe more **Internal Medicine, Family Practice, OB/Gyn, and Pediatricians** are needed. Population statistics support this.

The hospital provides primary care access to Pediatrics, OB, Family Practice, and Podiatry through its Rural Health Clinic (RHC). Same day appointments can be made at the RHC. The hospital also operates a Walk-in-Clinic (WIC) where no appointment is necessary. During the current pandemic, services in the WIC are limited to testing and care for COVID-19 patients.

The Walk-in-Clinic, prior to COVID-19, has been successful in providing alternate access to the Emergency Department that is lower cost, more appropriate care, and often more effective for the patient. Feedback was received from numerous focus group participants that the operating hours of the WIC be extended to seven days and into the evening.

A need was expressed in multiple groups to improve clinical outreach to people with needs related to sexual behaviors. There is a need to have Sexual Assault Nurse Examiners (SANE) available for whenever needed 24 hours per day. There is a need for rapid testing for STI's such as HIV and other diseases. There needs to be a place where members of the LGBTQ community can feel comfortable going to receive routine medical check-ups from a healthcare provider. Many in the LGBTQ community as well as victims of sexual assault fail to seek routine medical care due to fear of rejection for issues related to their circumstances or sexual identity.

United Medical Center is a Federally Qualified Health Center (FQHC) that also provides local access to a range of primary medical, dental, podiatry, and social

services. UMC provides access through four locations in Del Rio plus one in Bracketville.

In addition to VVRMC and UMC, there are several private medical practitioners who provide primary care services in Del Rio.

- ***Mental Health Services***

- Mental Health ranks high on the needs list of service lines that are scarcely available in the city or county. VVRMC was recognized for providing scheduled access to a psychiatrist located in San Antonio via telehealth technology. However, the appointment schedule stays full and follow up services are limited. There is a need and opportunity to expand this program to serve more people.

There is a shortage of licensed professional counselors locally to provide child, adolescent, and adult mental health services. Del Rio is also home to a large number of military veterans, some who suffer with unmet needs for PTSD, depression, and other mental health disorders. A need for mental health counseling was also expressed for ones who struggle with sexual identity or behavior.

It was mentioned repeatedly that there are no local rehab facilities for addiction or other mental health disorders. Two representatives from “Serving Children & Adults in Need” based in Laredo attended and told of limited counseling services they are able to provide in Del Rio. The group operates a mental health rehab facility in Laredo. It was suggested that this group be approached about opening a satellite facility in Del Rio.

Another local resource that was mentioned was upper level students from Sul Ross University Rio Grande College who are available to provide counseling services as part of their internship toward earning their degree and license in professional counseling.

- ***Community Health Education***

A strong need for community health education was repeatedly mentioned in every focus group. Diabetes was emphasized in every focus group as a significant health issue. Each group spoke of opportunities to better manage and perhaps reduce the incidence of diabetes through nutrition, education, and lifestyle adjustments. A lack of nutrition education and counseling exists in Del Rio and the region. An over abundance of fast-food restaurants and lack of healthy choice menu selection was cited by many as a contributing factor in Del Rio.

The need for programs on sexuality among teens and the LGBTQ community was cited by participants in multiple groups.

Numerous local organizations were mentioned for their programs and mission to improve health and wellbeing. Upon discussion, however, it was noted that there is little shared interaction or planning among these groups. As is commonly found in most communities these organizations operate somewhat as silos, each doing their individual good work but with little sharing of information or participation with others. Participants representing some of these different organizations agreed that greater impact could be made to improve community health through more organized collaborative efforts. All expressed interest in participating if such a collaborative effort was organized.

The following are some specific needs, opportunities, community education topics, and outreach existing forums that were discussed:

- Chronic Disease Self-Management – Support for an organized inter-disciplinary program was discussed to provide personal education to patients on ways to better understand and self-manage their chronic illness or disease. There was widespread support to develop a wholistic approach involving clinical, nutritional, and behavioral education. Specific illnesses to target: Diabetes; Hypertension; COPD; CHF. An effective CDSMP could be provided in one of the clinics operated by VVRMC using an Advanced Practice Provider, Registered Nurse educator, Nutritionist, and clerical staff.
- Sexuality – A high incidence of teen births and harmful identity issues among the LGBTQ community indicate a need for public health education dealing with sexuality. The need for education and support services was indicated by public leaders representing the City of Del Rio and the Consulate of Mexico, as well as private health organizations. It was stated that sexual education programs should be presented in the school, home, and other venues where access can be responsibly expanded.
- Community Health Improvement Coalition (CHIC) – Several people in multiple focus groups referenced “CHIC” as an established 501 (C) (3) organization that was founded for the purpose of collaborative efforts involving community volunteers, social service organizations, faith community, and healthcare providers. This group has had past success in gaining grants for collaborative health programs beneficial to the community. It was suggested that CHIC be considered to serve as the central organization for collaborative health projects involving constituents from multiple community groups. Specific organizations that expressed interest in participating in collaborative health opportunities were: VVRMC; United Medical Center; Amistad Active Yoga Studio; Mexican Consulate;
- Chic Chat Chicas – Chit Chat Chicas was mentioned as an online social network in Del Rio for girls in grades 7 through 12. This grant-funded social network is sponsored by VVRMC. The program sponsor directs chat



discussion for teenage girls on a variety of topics on things like sexuality, personal health education, self-esteem, goal setting, life-choices, and other positive education. The forum provides a safe place for girls to discuss sensitive topics on issues they face. VVRMC has received requests to establish a similar form for teenage boys called Chit Chat Chicos.

- School Health and Education Committee (SHAEC) – SHAEC is an active committee of community volunteers that works with the school district in reviewing and developing social education programs or curriculum.
- **Business Services for VVRMC Hospital and Clinics** – Frustration appears widespread among both patients and providers regarding the performance of business services in the hospital and clinics. No one, including leaders in hospital administration, seemed to disagree that performance improvement is needed in all areas of business services, including scheduling, referrals, billing, collections, health information management, telephone system, and customer service. This issue continues to be a high priority need for this current community health needs assessment.

Progress is being made since the last CHNA to bring improvement to business services and revenue cycle management, but much more progress is needed. After more than a year of preparation, VVRMC has made a full-system conversion in January 2019 of its electronic health information technology to MEDITECH. This conversion, which is a significant investment and upgrade over its former IT system, includes all hospital owned facilities. Conversion of health IT systems is always difficult, but the COVID-19 pandemic hit in March, right at the start of this transition period. Multiple challenges caused by the pandemic, including shifted priorities and methods of working together, have delayed some of the performance improvement expectations.

- **Health Insurance**

The lack of health insurance is an issue in Del Rio and the entire state of Texas. 29% of adults in Val Verde County are uninsured, higher than the 23% for Texas adults. Uninsured children are 11% in Val Verde County, same as Texas. This leads to a high percentage of uncompensated care for the hospital and providers. In addition, veterans of the U.S. military stated that numerous providers in the community do not accept Tri-Care insurance.

- **Unique Issues Being Located on the U.S. and Mexico Border**

Val Verde County experiences unique issues being located on the international border with Mexico. With daily migration to and from both countries, populations on both sides of the border share common health issues. Issues that originate in one country do not typically stop at the Rio Grande River. In addition, Mexico provides legal access to many drugs that are controlled in the U.S. Representatives in the Del

Rio office of the Mexican Consulate expressed interest in forming a border healthcare task force comprised of leaders from both countries to address issues that impact both countries.

## Recommendations

The following are recommendations that are based upon recurring feedback from community focus group participants. The recommendations are also consistent with and validated by local healthcare data extracted from public sources.

- **Community Outreach and Education / Population Health Collaborative**

Community health education and expanded outreach is recommended as a primary need for Del Rio and Val Verde County. The need and opportunity for successful outreach extends far beyond the scope of the hospital, involving other health, educational, social, spiritual, public, and private organizations. A real opportunity exists to combine into a unified effort the resources of diverse organizations whose mission is to improve the wellbeing and lifestyle of Del Rio. Studies show that combined effort to achieve mutual goals is likely to be more impactful than the exclusive efforts of the hospital or other individual organizations acting alone.

Prospective organizations, most of which have already expressed interest in joining a collaborative effort, are: VVRMC; United Medical Center; San Felipe Del Rio Independent School District; Hill Country Mental Health Services; BCFS; Methodist Health Ministries; Laughlin Air Force Base; Del Rio Parks Foundation; Amistad Active Yoga Studio; Serving Children & Adults in Need (SCAN); Mexican Consulate.

The Community Health Improvement Coalition (CHIC) was mentioned in several separate groups as a local 501 (c) (3) organization whose mission is to enlist the combined services of individuals and organizations for community health improvement projects. CHIC was founded by VVRMC in 1996 as an independent community organization and has been successful through the years in securing grants and supporting collaborative efforts for community health projects. CHIC seems to be a logical “independent, non-competitive” organization that can include leadership from diverse community organizations to achieve common goals.

CHIC can survey and prioritize the health, education, and wellness needs of the community to develop a strategy that engages the combined strength of multiple groups and organizations toward a common purpose. Topics to consider based upon feedback and discussion are: Nutrition; Obesity; Sexuality, STI Prevention, Teen pregnancy; Immunizations; Diabetes; Heart Health; Money Management; etc. CHIC could also initiate a campaign to approach fast food restaurants about promoting healthy choice selections on their menus, as well as convenience stores to provide greater visibility to healthy snacks.

The School Health and Education Committee (SHAEC) is another already-established collaborative forum that can serve to develop and promote healthy education to students and their parents. It is becoming common in Texas for independent school districts to partner with a local hospital to operate a medical clinic on campus for the benefit of students, teachers, and staff. This model helps to

reduce absenteeism of both students and teachers, with potential to establish a provider relationship for families.

Serving Children and Adults in Need (SCAN) is a non-profit organization based in Laredo with a 37-year history of providing comprehensive social and mental health services along a long span of the Texas-Mexico border which includes Del Rio. They maintain an office and licensed professional counselors in Del Rio. SCAN provides programs in prevention, intervention, and treatment for drug addiction, abuse, and other psycho-social disorders. SCAN representatives in Del Rio expressed interest in working more closely with VVRMC and others to benefit Val Verde County more effectively.

VVRMC is to be commended for its innovation in finding creative and meaningful ways to connect with the community. Efforts should be made to build upon CHIC, Chit Chat Chicas, and other innovative ways to effectively expand health education and outreach into the community.

- **Chronic Disease Self-Management Program**

Val Verde County has a high prevalence of diabetes, heart disease, hypertension, and cholesterol, especially among the Medicare population. Of course, health factors in older adults is often set in motion at much younger ages. Many of these health issues can be significantly improved through adjustments in personal lifestyle and behavior.

*Chronic Disease Self-Management (CDSM)* programs seek to teach patients to take charge of their own health through education, active monitoring, and behavioral adjustments. Many who suffer from chronic disease such as diabetes, hypertension, COPD, CHF, and other illnesses have low income and lack insurance to afford a personal primary care practitioner or purchase medication. This leads them to frequently utilize the ED to control their disease. The hospital then suffers large financial write-offs for the ED and does little to help improve the health condition of the patient. Neither party benefits.

An established CDSM program would provide a medical home for chronic disease patients to receive a baseline evaluation with an Advanced Practice Provider (Nurse Practitioner or Physician Assistant) and a place to return for monitoring and check-up. The program provides the patient with nutritional consults and personalized education on how to manage their specific disease. Group classes are provided by an RN, Dietician, Respiratory Therapist, or other professional to multiple patients who have the same disease. The goal is to engage the patient in improving their overall health and wellbeing and provide a meaningful continuum of care with an established provider. An added benefit is to reduce unfunded utilization of the ED for chronic care visits that can be more appropriately managed in a lower cost setting.

CDSM programs typically contract special financial arrangements with local pharmacies, optometrists, dentists, and counseling services for reduced prices to participate in the program.

It is a recommendation that VVRMC strongly consider establishing a CDSM program in Del Rio. One of the primary care clinics already established and operated by VVRMC could provide a good place for this program. Existing staff could serve as providers for the program.

One Texas program that has been recognized by the American Hospital Association for its positive impact is the HELP program (Healthy Education Lifestyle Program) at Texas Health Harris Methodist Hospital in Azle. This is a program to consider contacting for more information. (AHA Case Studies. Texas Health Harris Methodist Hospital Azle)

Several Texas hospitals have been successful in having their CDSM programs approved for Medicaid DSRIP funding.

- **Access to Primary Care and Specialty Physicians**

It is recommended that VVRMC consider having a physician needs analysis conducted for its service area, as well as an assessment of the causes for low retention and high turnover of physicians. This could help the hospital to improve its selection of physicians who are more likely to stay and build long-term successful practices that will benefit the community for many years.

Physician specialties recommended by community focus groups in the Key Findings Section above provides useful information for consideration in prioritizing a physician recruitment strategy.

As VVRMC considers Oncology services, one idea is to reach out to the Oncology Center in Uvalde about interest in expanding their service line into Del Rio. The Oncology Center in Uvalde was mentioned by numerous people as a source that is commonly used by residents of Del Rio. This may lead to a beneficial collaborative opportunity.

Del Rio continues to need more primary care and specialty physicians. VVRMC has been successful in recruiting new physicians to the community since the last CHNA was conducted in 2018, but low retention and high turnover continues to perpetuate this shortage.

- **Mental Health** – Mental health issues are a leading problem in Val Verde County and the State of Texas. Mental health impacts the school district, homes, workplace, law enforcement, the hospital, and all other facets of community life. Hill Country Mental Health is the authorized State mental health authority for Val Verde County but struggles with limited resources to effectively serve its seventeen-county regional

service area. It is recommended that efforts be made with Hill Country Mental Health to increase its local services available in Val Verde County. A concerted effort by community leaders to petition elected state representatives to increase funding available to Hill Country Mental Health and other state authorities is also recommended.

Psychiatry consults using telehealth appear to be well utilized and accepted at VVRMC. Opportunities to grow and expand mental health services using telehealth should be pursued.

Serving Children & Adults in Need (SCAN) is a non-profit organization operating in Del Rio that should be contacted about collaborative ways to improve the social and mental health of children and adults in Val Verde County.

Efforts should be explored with Sul Ross University Rio Grande College on ways to expand use of student interns to provide local counseling.

- **Revenue Cycle Management** – With full respect for COVID-19 disruption and re-focused priorities associated with the pandemic, Revenue Cycle Management (RCM) should be considered a high priority for improvement. Dissatisfaction with some facet of RCM was expressed in every focus group by consumers, physicians, and hospital staff. Complaints about scheduling, admissions, referrals, medical records, and billing will often overshadow good patient care and outcomes.

The hospital leadership team is fully aware of these complaints and has indeed made progress since this was cited on the 2018 CHNA. With installation of the new MEDITECH IT system in place in the hospital and clinics, efforts should be escalated to review each step along the entire spectrum of revenue cycle management to identify opportunities for performance improvement. Consideration should be given to engaging a specialty firm to objectively lead this process review. There are several reputable firms to interview for proposals. TORCH Management Services, Inc. can assist by offering a list of endorsed vendors that have been fully vetted. The cost of this outside review will pay for itself many times over through faster improved collections and customer service.

- **Telehealth** – It is recommended that VVRMC continue to seek innovative opportunities to use Telehealth to expand access to physicians and outreach to underserved areas of Del Rio, Val Verde County, and its service area. VVRMC has experienced initial success using telehealth and should expand opportunities as this new delivery method continues to grow.
- **SANE** – It is recommended that steps to secure the services of a Sexual Assault Nurse Examiner (SANE) in the ED would be a useful (and state required) resource. This resource would provide an added benefit to rape survivors, attending physician,

and staff. The state has established grant funding to use telehealth for access to SANE consults in rural and remote communities. Your state representative would be a good source to help receive access to this grant. As an alternative, there may be an opportunity to share in the cost of hiring or contracting regional SANE RN's to serve multiple hospitals in neighboring counties, such as Uvalde and Maverick.

- **Dentists** – The need for dentists was not expressed by participants in community focus groups, but data indicates the number of dentists is 40% fewer than Texas counties and 57% fewer than top U.S. performers. Based upon this data, it is a recommendation that the community seek to attract more dentists to serve the area.



## SUMMARY

Val Verde Regional Medical Center is a vital and essential health system serving a large geographic area comprised of diverse population and industry. Healthcare facilities are well maintained, staffed with skilled workers, and equipped with current technology. Hospital staff reflect a healthy “this is a calling more than a job” attitude in their work as they recognize the importance of service to their community.

Positive energy permeates among diverse segments of the community as they work together to improve the environment of living and working in Del Rio. The City of Del Rio and Val Verde County is a close-knit population that is well served by numerous non-profit, charitable, and public organizations. The hospital maintains well-established relationships with these organizations. Leaders from each of these organizations expressed eagerness in working collaboratively together to positively improve health, wellness, lifestyle, and safety of the people living in the area.

### *Next Steps:*

- *A next step will be to present this CHNA to the Board of Directors and hospital leadership team.*
- *It is recommended that this CHNA be shared with all focus group participants who contributed to this assessment, and post on the hospital website for public access. Sharing this assessment with the focus group participants and community will likely create synergy as the community sees that the hospital is focused on strategic efforts to improve the health and wellbeing of people living in Val Verde County.*
- *These recommendations, with consideration for comments provided by community focus groups and supporting data, should be prioritized and used as a basis for preparing strategic action plan.*

Thank you to all who contributed to this Community Health Needs Assessment. VVRMC Leadership team, Hospital staff, Medical Staff, and Board of Directors are to all be commended for maintaining a well-run and successful community hospital. The findings in this report are intended to serve as a platform to further your efforts to improve care, identify solutions, and overcome obstacles to improve community health.

## END OF REPORT

## FOCUS GROUP QUESTIONS

### Community Health Needs Assessment

#### **From your perspective:**

- How would you describe the current access and availability of health services in this area?
- What do you consider to be the most critical health needs in your county?
  - How well are these needs being met by the hospital and other providers or resources in the area?
- What service lines provided by your local hospital do you consider to be most critical to this community?
  - What would the impact be if those services were not available?
- What service lines that are NOT available do you think are most needed in the community?
- What physician specialties that are NOT available locally do you consider to be most needed?
- What medical services are local residents most likely to travel out of town to receive?
- How much confidence do you (and the community) have in the services provided by this hospital?
  - On a scale of 1 to 10 (10 being highest) how would you and/or the community rank the hospital for the services provided?
  - What hospital service lines do you consider to be high quality?
  - What hospital service lines do you think need improvement?

#### **Community Health**

- When I speak of “community health” or “healthy community,” what is the first thing that comes to your mind?
- What do you consider to be “healthy” or “unhealthy” about your community?

- In describing health and wellbeing, what aspects other than illness and disease do you consider?
- “Other” Categories of Community Health
  - Social and Physical Environment (*Nutrition, Housing, Transportation, Violence, Domestic Abuse, etc.*)
    - What are the 2 biggest issues in this category?
    - What area resources are available?
  - Chronic Illness and Disease (*Diabetes, Hypertension, COPD, CHF, etc.*)
    - What are the 2 biggest issues in this category?
    - What area resources are available?
  - Mental Health and Substance Abuse
    - What are the 2 biggest issues in this category?
    - What area resources are available?
  - Lifestyle Behaviors (*Teen pregnancy, STI's, Obesity, Smoking, Exercise, Recreation, etc.*)
    - What are the 2 biggest issues in this category?
    - What area resources are available?
- How aware do you think people in your community are of the availability of services for the above issues?
- Of every issue or need expressed today, what would you say are the “Top 3” priority issues?

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