



Parkland **STRATEGIC PLAN** 2021-2026



Parkland

Care. Compassion. Community.

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Introduction

Parkland Health & Hospital System is Dallas County's hospital system with the legislative mandate to "furnish medical aid and hospital care to indigent and needy persons residing in the hospital district." This strategic plan addresses that mandate and leverages the unique components of Parkland's system of care to advance the health of Dallas County residents and develop new approaches to care that will benefit patients in Parkland's system and beyond.

Twenty one percent of nonelderly adults in Texas are uninsured, the highest rate in the country.¹ Dallas County has over 1 million people who are either uninsured² or insured through Medicaid.³ Nationally, 73% of uninsured individuals have one or more full-time workers in the family and another 11% have at least one part-time worker.⁴ The average health insurance premium for a family in 2020 was over \$21,000⁵ pricing many of these working families out of the market. Most of the patients in our system have limited options for their care, therefore it is critically important that the care they receive at Parkland is of the highest quality. Parkland provides high quality care for these workers and their families through the support of Dallas County, Texas Medicaid, other federal programs, and our partnership with the University of Texas Southwestern Medical Center (UTSW).

In contemplating this strategic plan, we considered the unique aspects of the Parkland system that we could leverage to improve the health of the population. The most significant is our source of funding. County funding and supplemental Medicaid payments are flexible dollars that can be assigned to services delivered in a way to best meet the needs of the patient, but which may not be reimbursed by insurers. That frees Parkland to design interventions and allocate resources to strategies that are most likely to promote and preserve health and not be limited to services recognized by traditional reimbursement rules.

Other features of the Parkland system that allow us to pursue traditionally underutilized strategies and create new ones are (1) a comprehensive system of care, from primary care to post-acute services; (2) a closely aligned medical staff that is committed to the mission; and (3) significant investments in IT, bioinformatics and predictive analytics that present enormous opportunities to use data to improve care.

Parkland's plan includes an emphasis on priorities common to all health systems: Improving quality and safety; staff engagement; sound business functions; and as an academic medical center, teaching and research. We also identified areas where Parkland is positioned to make unique, meaningful contributions and encourage innovative thinking throughout the organization to develop those ideas.

At the core of our work is health equity. As the safety net hospital for Dallas County we will work to ensure all residents can receive the necessary high-quality care so they can live life fully without the suffering associated with delayed or deferred care.

As a comprehensive system of care, we will coordinate services for the benefit of the patients rather than the convenience of the health system. That means we will integrate the care among primary care and specialists; physical health and behavioral health providers; the health system and community-based organizations, addressing social needs that impact health; the healthcare delivery system and the public health system; and the healthcare delivery system with the health insurance plan operations.

Parkland has made significant investments to develop a sophisticated infrastructure for obtaining and using data to improve health. The Parkland Center for Clinical Innovation (PCCI) developed predictive models that save lives of patients with sepsis; that personalize asthma care to improve well-being and reduce hospital costs; and population health modeling that allowed us to target COVID-19 immunizations so disparities in vaccination rates among race and ethnic groups were not seen among those Parkland served. We will leverage those investments further to create a comprehensive digital health program to improve the health and experience of care for Dallas County residents.

This strategic plan is crafted through the lens of **diversity and inclusion** with the vision of achieving health equity. As a publicly supported health system, we are not driven by the same market forces that uphold so many well documented inequities in the U.S. health system. This plan provides a guide that directs incremental improvements and transformative changes.

With the support of Dallas County, we have created a solid foundation upon which we will implement this work. The Parkland staff comprised of smart, purpose-driven professionals and our UTSW physician partners will build on that foundation to make Parkland a place where we can create a better way to better health for the benefit of our patients and to inform health practices beyond our system.



Parkland at a Glance

On May 19, 1894, Parkland Hospital opened in a group of framed buildings at the corner of Maple and Oak Lawn avenues. Today, Parkland is one of the largest and most respected public, academic health systems in the country, offering a fully integrated health system featuring a state of the art 882-bed acute care hospital, 20 community-based clinics, 12 school-based clinics, and numerous outreach and education programs. Parkland averages more than 1 million outpatient visits annually. Services include the Rees-Jones Level I Trauma Center, a burn center and a Level III Neonatal Intensive Care Unit. Parkland is the primary teaching hospital for UTSW and is home to more than 190 accredited medical training programs.

Parkland provides services to Dallas County's homeless population through its Homeless Outreach Medical Services (HOMES) program and is responsible for Dallas County Correctional Health by providing a full continuum of healthcare services within the Dallas County Jail. The health system also includes a Medicaid managed care plan, Parkland Community Health Plan, Parkland Center for Clinical Innovation and Parkland Foundation, which brings private sector partners to support its public sector mission.



As one of the leading public academic medical centers in the nation, Parkland has developed many innovations that save lives, improve access to services and reduce healthcare costs while caring for the people of Dallas County and beyond. Along with its academic partner UTSW, Parkland supports more than 1,400 medical and 300 nursing residents along with multiple academic partners in pharmacy, radiology and other training programs.

Over the past three decades Parkland has strategically invested in developing new Community Oriented Primary Care (COPC) health centers across Dallas County to offer effective and convenient care and to expand the availability of Parkland services into the community with an emphasis on preventive care, behavioral health and social services.

The Strategic Planning Process

The strategic planning process launched in October 2020. A Strategic Steering Committee (SSC) comprised of eight members of Parkland's senior executive team was responsible for guiding the process.

The planning consisted of more than 150 interviews with internal and external stakeholders, Parkland's Board of Managers, corporate staff, executive leadership, community stakeholders and leaders from UTSW. In addition, a quantitative system-wide survey captured feedback from staff to help identify and prioritize strategic initiatives and planning efforts.

What follows is Parkland's strategic direction— mission, vision, and values as well as key priorities. Each priority will have a multidisciplinary work team responsible for developing detailed projects, metrics and timelines to monitor progress.

Our Core Mission, Vision and Values

The Strategic Steering Committee examined the current mission, vision and values statements and analyzed feedback from stakeholders, interviews and surveys. They reviewed the mission statement for relevance and the vision statement for alignment with desired direction. Values were updated to represent Parkland's desired culture in the context of today's health system and societal conditions. Parkland will embark on a process to promote the adoption of our updated mission, vision and values.

MANDATE

Furnish medical aid and hospital care to indigent and needy persons residing in the hospital district.

As the Dallas County Hospital District, Parkland has a legislative mandate.

MISSION

Advance Wellness | Relieve Suffering | Develop and Educate

Parkland can positively impact current and future generations through its patient care and educational missions. By providing high quality, safe and compassionate care we will advance the health and well-being of our community. With a commitment to education, we will enhance the professional and personal skills of our employees by providing training, career guidance and opportunities for advancement.

VISION

We will advance health equity through excellence as a public health system

Parkland exists in the context of a U.S. healthcare system that is characterized by inequitable access to care. Consistent with its fundamental purpose, Parkland has a rich history of providing high quality care for all Dallas County residents. We will focus on diversity and inclusion and strive to ensure equitable care for our patients and address inequities in health at the community level.

VALUES

Serving as our cultural cornerstone, Parkland's values are those inherent principles that guide our organization and are reflected in our employees' actions.

Parkland's values are:

I CARE

INTEGRITY: I will be honest, trustworthy, authentic, humble and transparent.

COMPASSION AND COLLABORATION: I will provide service in a spirit of empathy, concern and love. I will work together with others to deliver excellent care for our community.

ACCOUNTABILITY: I will hold myself and others responsible for performance excellence, stewardship, and will welcome feedback.

RESPECT: I will value the unique and diverse experiences of others and treat everyone with kindness and humility.

EQUITY: I will value the diversity of patients and colleagues and strive to promote everyone's health, dignity, and voice.

Parkland Strategic Priorities 2021-2026 ▶

Parkland identified seven strategic priorities to pursue for the next five years to achieve our mission.



HEALTH EQUITY: Decrease health disparities by providing equitable access to healthcare services and partnering with communities to address social determinants of health.



QUALITY AND PATIENT SAFETY: Improve quality and safety, working toward the goal of zero harm.



STAFF AND PROVIDER ENGAGEMENT: Foster a culture that embodies our values, making Parkland a place where people thrive and succeed.



TEACHING, RESEARCH AND INNOVATION: Commit to high quality training, research, and a culture of innovation for the benefit of the trainees and the patients we serve.



INTEGRATED HEALTHCARE MODEL: Pursue higher levels of coordination to provide the right care for patients in a way that is centered on their needs.



DIGITAL HEALTH SOLUTIONS: Advance health and improve access to care through digital health technologies.



TAXPAYER INVESTMENT: Pursue efficient business and clinical practices and develop innovative approaches to address the high cost of care while improving outcomes for the patients we serve.

Each of the seven priorities have defined objectives and proposed key results that will shape our long-term direction.



Health Equity

Parkland will decrease disparities in health outcomes by providing equitable access to comprehensive, consistent, high quality healthcare services, and by partnering with communities to address social determinants of health.

Health inequities are well documented among populations and within health systems. Parkland's commitment to addressing inequities therefore must include an inward focus on the health system itself and an outward focus that will necessitate community-based interventions.

Experts estimate that clinical care delivery contributes only about 20% to overall health outcomes. Other contributors include individuals' health behaviors (30%), social and economic factors (40%), and the physical environment (10%).⁶ As a healthcare delivery system Parkland is focused on clinical care, but also recognizes the importance of addressing other root causes of poor health that are not routinely addressed through clinical care.

Furthermore, we will examine clinical outcomes and patient experiences among the metrics we routinely monitor to assess for disparities related to race, ethnicity and sexual orientation and gender identity (SOGI). We will establish a clinical steering committee to identify appropriate metrics and analyze the data for potential gaps in care.

In 2019, Parkland along with the Dallas County Health and Human Services conducted its triennial Community Health Needs Assessment (CHNA).⁷ The CHNA results demonstrated that health outcomes in Dallas County vary by geography, socioeconomic status, race and ethnicity. To optimize its impact on the health of the community Parkland must not only provide clinical care but address other contributing factors that lead to poor health and later stage clinical presentations.

Healthcare consumes roughly 1/6 of the U.S. economy and spending on clinical care greatly exceeds the spending targeted at other contributors to the community's health. While maintaining its commitment to the highest standards of clinical quality, Parkland will increase its investment of time and resources to address behavioral and social contributors to poor health.

This means reaffirming its commitment to the CHNA Implementation Plan that includes an investment of resources including a combination of clinical and social service interventions targeted to high need ZIP codes and a focus on culturally competent care.

This means being an Accountable Health Community. In 2017, Parkland Center for Clinical Innovation (PCCI) was one of 32 institutions nationwide to receive funding from The Center for Medicare and Medicaid Innovation to develop an Accountable Health Community (AHC) program aimed at screening for social needs in the healthcare setting and referring patients to appropriate social support agencies to address those social and economic drivers of poor health. Parkland will assess its learning and scale successful interventions from this pacesetter AHC grant program.

This means being an anchor institution. Parkland will leverage its substantial size as a business in Dallas County to impact the social and economic health of the communities we serve. That will occur by providing access to healthcare in underserved communities, targeting job recruitment and staff development efforts, paying a living wage, and buying local when possible. Our Minority Women Owned Business Enterprise (MWBE) program is an example of how Parkland leverages its purchasing power today. Our anchor institution strategy includes a commitment to implement the recommendations of the 2020 MWBE Program Assessment.

Limited analyses have not shown disparities in outcomes based on race and ethnicity within the Parkland system. In fact, some studies have shown equal outcomes for uninsured patients at Parkland compared to similar, yet insured patients treated elsewhere. However, our organization has not yet developed a comprehensive measurement system to consistently evaluate clinical outcomes and patient experiences based on race and ethnicity. We will use a data driven approach to identify disparities within our system and address root causes as they are identified.



HEALTH EQUITY

Objectives	Key Results
Provide equitable access	Achieve measures in the CHNA implementation plan
	Increase access to care through physical and virtual access points throughout the system and to community partners in high need areas
Use a data driven approach to achieve health equity	Establish processes to consistently measure outcomes within the health system by race and ethnicity in order to identify and minimize disparities
Create a path to become an anchor institution	Create a pipeline for diverse talent and recruitment from high need areas
	Connect patients with community partners to address non-clinical needs
	Promote economic development and supplier diversity—implement recommendations from 2020 MWBE Program Assessment
	Pay a living wage



Quality and Patient Safety

Parkland has made significant investments to build systems necessary to comprehensively improve quality and safety and will invest further to become a high reliability organization (HRO) working toward the goal of zero harm.

Over the past several years Parkland made significant investments to build systems necessary to improve quality and safety, and we have seen the results of those investments in enhanced monitoring, reporting, performance improvement activities, and quality and safety outcomes. Over the next three years, we will extend those improvements to become a high reliability organization (HRO).

The HRO journey enhances the care delivery system by building positive practice habits specific to all leaders and staff across the organization. This will enhance patient and workforce safety, clinical quality and the patient experience while improving caregivers' engagement. The HRO culture and principles will drive personal benefits for the caregivers, improved outcomes for the patients, better physical and psychological safety for both, and create a better healthcare delivery system for patients and the staff.

In 2018, Parkland received the Pathway to Excellence¹¹ Designation by the American Nurses Credentialing Center (ANCC). This recognition was bestowed upon the Parkland system and was the first ever recognition for a system that includes a correctional health facility. We will advance these efforts to achieve the Magnet Recognition Program designation. This designation recognizes organizations worldwide in which nursing leaders and staff successfully align nursing goals to improve the health system's clinical outcomes. The Magnet Recognition Program provides a roadmap for nursing excellence which benefits the entire health system and team members as well as supporting retention and attracting new talent.

Pursuing Magnet recognition will enhance the reputation of excellence of Parkland, strengthening nursing leadership; empowering nursing staff; enhancing evidence-based practices; and improving safety and quality outcomes for our patients. Magnet Recognition has a direct correlation with higher patient quality and safety.

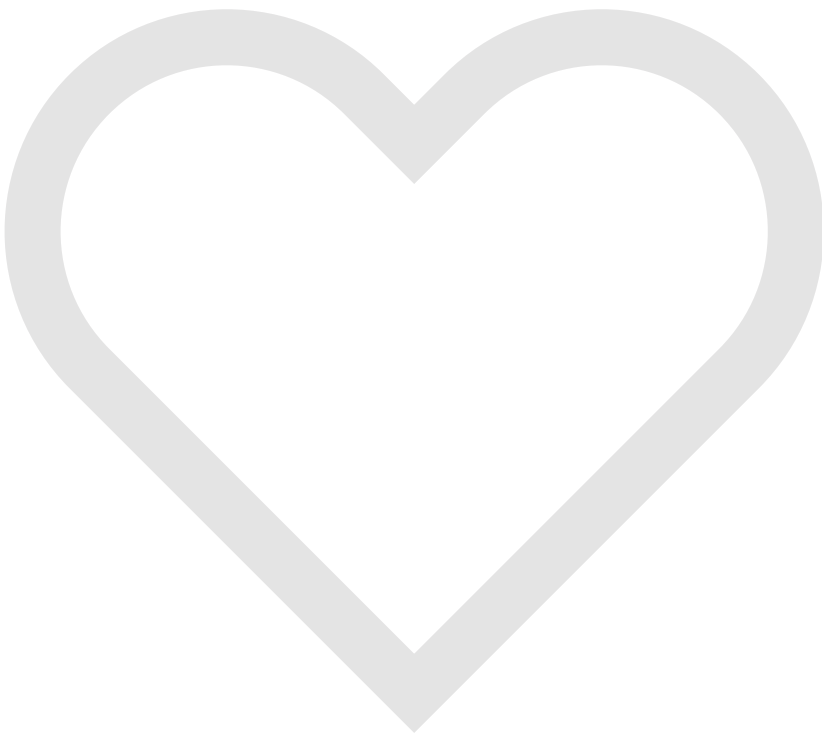
Convenient, timely access to services is essential to improving quality and ensuring patient safety. As we expand outreach into the community to provide education and identify individuals with chronic diseases earlier, we must ensure the health system has capacity to care for those individuals in a timely fashion. For instance, as we enhance population-based cancer screening efforts, we must ensure reliable access to our specialty clinics for follow-up on those who screen positive. This means standardizing processes to measure system capacity among all clinics and setting standards for timely access, whether through new clinics, extended hours at existing clinics or alternative models of care (e.g., audio visits, video visits and e-consults). We will be data driven and hold ourselves accountable by maintaining efficient ambulatory and acute care operations, optimizing existing resources for timely clinic access, and identifying areas of need to prioritize in annual budget planning.

We will focus attention on those common conditions that lead to higher mortality among the patients we serve. In Dallas County those causes are heart disease, cancer, stroke, chronic lung disease and accidents.⁸ To reduce morbidity and mortality as well as reduce disparities across the county we will focus activities on the root causes: prevention programs such as tobacco cessation, screening programs to identify cancer and other chronic diseases early, management of chronic conditions like hypertension and diabetes that contribute to the major causes of death, as well as high quality hospital-based care and post-acute programs for those acutely ill. Programs to manage these common conditions will be standardized across the system with an emphasis on reducing racial, ethnic and geographic disparities.

We will create a seamless, satisfying experience for patients and their families. Parkland is a large health system with a complex array of sites and services. We need to simplify the care experience with better coordination among providers and better guidance using care navigators for those with the greatest needs.

While some patients may need help navigating the complex health system, they are also capable of providing more self-care. Our self-administered outpatient antibiotic program (OPAT) proved that patients could manage their own IV antibiotics at home when the majority of our providers doubted that was possible. From that program evidence emerged to show that patients who participate in their care become “empowered” to better manage their other conditions such as diabetes.⁹ We will engage patients to be partners in their care through shared decision-making and more active involvement in their treatment plans. This can take the form of home monitoring for chronic conditions, participation in facilitated care networks, use of care extenders, and other delivery system changes, all supported by Parkland’s sophisticated data analytics infrastructure.

Continuity of care contributes to better outcomes and when patients can reliably get their needs met at Parkland, we can expect them to stay engaged with their care teams here. We will strive for ease of access and positive care experiences to minimize transitioning of individuals in and out of the Parkland system based on non-clinical reasons. For instance, as the county’s Medicare population grows, we expect to see a higher demand for services among the elderly. We will improve access among our primary care and geriatrics clinics to accommodate this expanding cohort and coordinate with other specialty services as well as leverage Parkland Community Health Plan and our nursing facilities to create a comprehensive system of coordinated care for the elderly.



QUALITY AND PATIENT SAFETY

Objectives	Key Results
Provide safe, consistent high-quality care	Invest in multi-year, system wide HRO program
	Improve patient quality and safety measures included in state and federal quality-based payment programs
	Achieve the Magnet Recognition designation to enhance excellence in patient outcomes and foster nurse recruitment and retention
	Enhance staff safety — physical, psychological and social environment
Drive positive patient outcomes through access	Ensure timely and reliable access to care through a combination of enhanced efficiency and additional physical and virtual capacity
	Identify care pathways for the major conditions that lead to early morbidity
Create a satisfying, seamless experience for patients and their families	Improve patient satisfaction and engagement
	Improve patient activation and alignment to goals of care
	Create an intuitive and seamless process to improve patient navigation across the continuum of care
	Minimize transition of individuals in and out of the Parkland system based on non-clinical reasons



Staff and Provider Engagement

Parkland will foster a culture that embodies its values, making it a place where people can succeed and thrive. We strive to create a supportive environment that allows our staff to feel pride in their work and gain personal fulfillment while contributing to Parkland's mission.

Unfortunately, burnout has become too common, a tragedy often influenced by system-based factors that diminish the joy of practicing medicine. Studies estimate that between 35-54% of nurses and physicians in the U.S. have substantial symptoms of burnout.¹⁰ Systems issues that lead to lack of engagement by healthcare workers not only have a negative impact on the individual but that loss of connection to the mission causes patients' experiences and outcomes to suffer. Just as health systems did years ago to address shortcomings in quality with systems-based approaches, there is growing recognition of the need to approach staff well-being in a similar fashion.¹¹ The Institute for Healthcare Improvement's Triple Aim (better patient experience at lower cost with better outcomes) has been broadened to the Quadruple Aim to encompass improving the work life of healthcare professionals.

An environment that fosters an engaged workforce is important from an ethical perspective.

- It provides meaning for individuals and contributes to their well-being, and
- When staff is engaged, patients will receive additional positive attention and better care.

Parkland will foster a culture based on values that reflect the behaviors our staff desires and that our patients and community expect. We have realigned our organization core values to focus on Integrity, Compassion and Collaboration, Accountability, Respect and Equity (I CARE). We will model these behaviors in our interactions, recognizing that how we speak, act and interact are the greatest contributors to a successful adoption of our organizational values.

Dallas County is remarkably diverse and that is true of Parkland's patients as well. Among Dallas residents, 41% are Hispanic; 28% non-Hispanic white; 24% Black; and 7% Asian.¹² Among Parkland patients the breakdown is as follows: 57% Hispanic; 27% Black; 11% non-Hispanic white; 3% Asian; and 2% Other. A diverse and engaged workforce that is reflective of the population we serve, and who brings their life experiences to the care of our patients enhances our ability to provide culturally sensitive and competent care. We will support an environment of curiosity, cultural humility and inclusion among our staff for the well-being of our employees and patients. Parkland will assess our progress through surveys of patients' and employees' experiences and specific cultural competency surveys. We will use the results to develop cultural competency training and other practices to establish a diverse and inclusive workplace.

An essential component of an engaged workforce is a baseline of fair and equitable pay. Once that is achieved, key elements to achieving meaning and purpose at work involve intrinsic motivation and rewards and recognition.¹¹ Parkland will recognize those teams and individuals who model our values and achieve exceptional impact by creating a more robust recognition program and emphasizing employee recognition as a leader behavior to be cultivated.

Another key driver of engagement is the development of staff at all levels of the organization. This may take the form of residency programs for nurses and physicians to complete their formal training or career guidance and tuition support for a patient transporter to advance through technical school training. We want to provide career advancement opportunities for all levels of the workforce. Among all our leaders, we will instill the importance of personal connections, knowing and caring for those they supervise on an individual level. This means understanding their needs and perspectives and creating a work environment where they feel supported and able to grow personally and professionally.

To understand the work ahead and to track progress we will commit to regular surveys of staff and patients. We will measure those outcomes and behaviors that matter to patients and to our employees and address the insights we glean from the surveys. We will set expectations and hold our leaders – senior leaders and work-unit leaders – accountable for the desired results.

A distinguishing characteristic of Parkland employees and physicians is the level of ownership they take in their work. We want to facilitate that agency, empowering our staff with the control and flexibility to deliver superior healthcare while maintaining fidelity to system-level processes necessary for efficiency and safety. We want to empower our staff with the control and flexibility necessary to deliver high quality, safe patient care. We want to provide clinicians with the tools to efficiently and effectively care for patients and to reduce administrative burdens or other sources of frustration so they can focus on patient care. We will approach clinical care using multidisciplinary teams that work across departments and divisions to achieve positive experiences for team members and optimal results for our patients.

Evidence has shown that when healthcare workers are positively engaged, the organization will demonstrate improved safety, quality and better financial performance. We will commit to evaluate staff engagement as well as the effectiveness of our leaders who support them. We will invest in the development of leaders and commit to system improvements necessary to sustain Parkland as an employer of choice.



STAFF AND PROVIDER ENGAGEMENT

Objectives	Key Results
Increase staff and provider engagement	Increase staff engagement
	Improve staff well-being, physical and psychological safety
	Decrease staff turnover
	Promote and support – Living I CARE values
	Ensure fair and equitable total rewards package
Provide staff and provider development and education	Improve satisfaction through staff development
	Close gaps in leadership skills to ensure strong managers
Empower our workforce to deliver a superior care experience	Support increased workforce diversity, equity and inclusion efforts
	Enhance our ability to provide healthcare supportive of the diversity of our patients and staff
	Achieve a healthy balance of personal autonomy and flexibility among providers with the need for organizational structure and consistency
	Work together with cross-functional teams



Teaching, Research and Innovation

Parkland is dedicated to providing high quality training, research, and a culture of innovation for the benefit of the trainees and the patients they serve. More broadly, Parkland will maintain a learning environment that fosters the intellectual growth and career development of all Parkland staff.

Many regions of the U.S. are experiencing physician shortages that are projected to worsen in the years ahead. In its May 2020 report, the Texas Health and Human Services Commission projects the shortage of physicians statewide to increase from 6,218 FTEs in 2018 to 10,330 in 2032.¹³ The largest shortages are projected for general internal medicine, family medicine, pediatrics, psychiatry and several internal medicine subspecialties.

With approximately 1,400 medical residents, Parkland partners with UTSW to sponsor some of the largest medical training programs in the country. Strong training programs result in better care for Parkland patients and contribute to a highly qualified physician workforce for Texas. Residents seek highly regarded faculty and training settings¹⁴ where they can gain significant experience in a supportive environment. Parkland provides the opportunity to work with patients in a safety-net setting. The Parkland and UTSW programs consistently fill with very highly qualified and diverse residents. That ongoing success requires a broad and deep institution-wide commitment to the educational experience of the residents to maintain high quality programs in the face of increasing competition. That means investing in our faculty who are committed to clinical teaching; providing appropriate clinical experiences to support learning; and maintaining a supportive culture among clinical and non-clinical staff so that Parkland continues to be a preferred training site for medical students and residents.

In addition to the graduate medical education programs, Parkland sponsors approximately 300 nurse residents as well as training in many other clinical and nonclinical disciplines. These training programs require an institutional commitment to teaching that includes dedicated staff, time and resources. These programs help meet Parkland's workforce needs and serve a broader public benefit to train healthcare workers for the rest of the state and beyond.

It is an expectation of many of the Parkland training programs that the curricula include research experiences for trainees. As the primary teaching hospital for UTSW, Parkland seeks to strengthen research collaborations with UTSW and has the patient volume and data infrastructure to make meaningful contributions in clinical and health systems research. Parkland's large and diverse patient population provides rich opportunity to increase diversity among study participants consistent with the NIH mandate to include women and minority groups in all National Institutes of Biomedical Innovation, Health, and Nutrition (NIHN) funded research appropriate to the question being studied.¹⁵

In addition to advancing scientific discovery, the research program at Parkland provides patients with opportunities to access promising new therapies earlier than the general population. This was evident in the early stages of the COVID-19 pandemic when patients at Parkland had access to the latest treatments through research protocols led by physicians at UTSW.

Beyond clinical trials, Parkland's greatest opportunity to impact healthcare may be in its support for clinical innovation and health systems research. The U.S. healthcare system is largely a fragmented, expensive sector that is too often organized around commercially driven business rules favoring distinct entities and that falls well short of a goal to achieve efficient and effective care for the entire population. As the publicly supported health system for Dallas County, Parkland has the flexibility to develop and implement delivery system improvements that further the triple aim in ways that may not be supported by traditional payers that drive health systems' behaviors. Parkland perceives not only the opportunity but also the responsibility to pursue such research for a more patient-centered and efficient care experience.

Parkland has the organizational elements to support the development and implementation of new, innovative practices. These elements include (1) a large, diverse and stable patient population; (2) an investment in data and data analytics, and predictive modeling; (3) a closely aligned medical staff including talented clinicians and skilled researchers; and (4) flexible reimbursement sources that reduce dependency on commercial payer rules that reinforce the status quo.

We will prioritize research and innovation among areas that align with Parkland's vision to pursue health equity among residents of Dallas County. We will support the exploration of new ideas that show the potential to improve quality, lower cost or ideally both. We will support the translation of research into practice in ways that will advance the health of the population we serve. Through innovation, we will seek to make care simpler, more convenient and less costly for the community we serve.

To be intentional about innovation, we will support the work of specific teams with time dedicated to pursuing innovative solutions to the challenges facing our patients and our delivery system. More than just that, we will foster an environment of inquiry in which clinicians and non-clinicians alike can be encouraged and supported with dedicated resources to test good ideas and scale successful pilots.

We recognize the need to make significant changes to the way we deliver healthcare if we are to make a significant impact on the health of the population. This is true not only at Parkland but across the country. By leveraging our organizational structure and community support Parkland can break from traditional practices to deliver better models of care for the patients who depend on us. As an academic health system, we have a responsibility to share those advances with others just as we learn from them.



TEACHING, RESEARCH AND INNOVATION

Objectives	Key Results
Maintain Parkland as preferred training site for residents and health professional students	Provide an inclusive and welcoming work experience that sustains residents' preference of Parkland as a place to train
	Facilitate formal training opportunities for resident and health professional students in areas that are distinctive to Parkland, e.g., healthcare equity, digital health
	Support the growth of training programs that align with Parkland's needs and unique opportunities e.g., behavioral health, population-based care, public health
Expand our research program and capabilities	Support projects and research to address health disparities and improve health outcomes
	Expand and strengthen strategic collaborations with UTSW and other systems
	Increase capabilities and external funding sources to grow and support research
Promote a culture of innovation throughout the organization	Identify innovative and sustainable solutions to improve healthcare delivery systems
	Encourage and recognize innovation and thought leadership
	Create pathways for staff throughout the organization to explore improvement opportunities (e.g., increase number of mentors and mentees, fellowship opportunities, forums to consider frontline providers ideas, etc.)
	Support the infrastructure to assess value, impact and sustainability of innovative ideas
	Seek external funding for innovation opportunities that align with Parkland's strategic priorities



Integrated Healthcare Model

Parkland will develop integrated models of care across our ecosystem and address each patient's needs while improving the overall health of the population. We will leverage our public funding and organizational structure to develop care models that are patient-centered, personalized and scalable, and will leverage data to improve individual and population health.

The U.S. health sector has a care model that is fragmented by design, imparting unnecessary inconvenience and safety risks while growing increasingly costly and out of reach for many. Meaningful integration of services across healthcare disciplines, organizations and among healthcare and social service entities is widely acknowledged to provide better care, a better experience of care and more efficient care, yet it remains elusive as an organizing principle among most health systems.

Parkland serves many lower income workers who are disproportionately impacted by the negative effects of a fragmented healthcare system. They are more likely to suffer unpaid time off work for a doctor's appointment or a diagnostic test that could be streamlined to avoid job disruptions. They are more likely to have transportation and childcare challenges that can impact their ability to access care. We will strive to remove barriers to care so our patients can access the necessary care in a way that removes rather than creates more challenges.

As a publicly-funded health system with a closely aligned medical staff and a mission to address health needs of the population, Parkland has the financial flexibility, the structure and the imperative to support transformative thinking in its approach to ensuring the health of the population.

In the Parkland system, 43% of patients are uninsured and 32% are covered by Medicaid. Funding for those populations is derived from county tax dollars and Medicaid and Medicare supplemental payments. These payments are flexible, without the rigid rules of most payers that require office-based or hospital-based encounters with a provider to be paid. With few exceptions, traditional funding streams do not support investments in the infrastructure to prevent disease and keep people out of the hospital or the doctor's office. However, as a publicly funded system with a public health charge, Parkland is uniquely positioned to develop and implement dramatically improved models of redesigned care. By blending flexible funding streams Parkland can target interventions and care models to support wellness in ways that many systems are not funded to do.

To pursue good health and health equity for the community, we will leverage our structural advantages and our sources of funding that allow us to break the rules of predominant health system model. Parkland will reject the model of fragmentation that frustrates patients and perpetuates inefficiency and instead pursue higher levels of integration to provide the right care for patients in a way that is centered on their needs.

The health system landscape is complex and confusing. Our aim is to coordinate care among the various entities and not leave that to our patients to figure out. We will integrate care across the enterprise and across the community for a more safe, effective, efficient and convenient patient experience. The following groups will work together to make that happen: primary care providers and specialists, physical health and behavioral health caregivers, healthcare delivery systems and social services, public health and health system operations, and Parkland as a payer for care and as a provider of care.

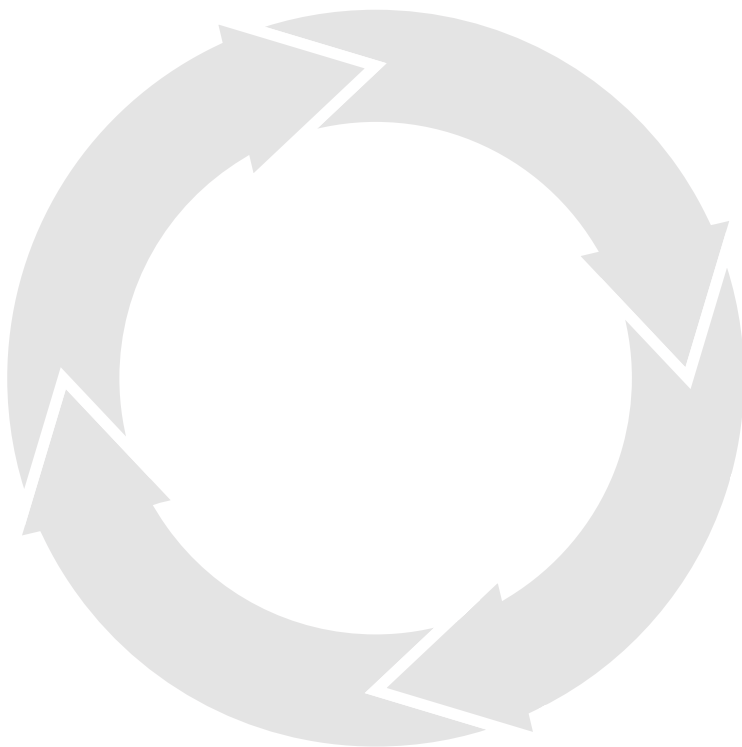
We will make it easier for patients and families to get the care they need, whether physically at Parkland, virtually or through an appropriate affiliated entity. At Parkland, we will connect patients to the right care whichever door they enter in the system. That means if a patient is overdue for her mammogram when she presents to the urgent care clinic for a sprained ankle, the unit coordinator can have that information available in real time and help her schedule a mammogram at a time of her convenience. That's a potential life saved.

It means we will coordinate care among providers, making it easier for patients with chronic conditions to get the care they need. We will increase Integrated Practice Units (IPUs) that include teams of clinicians from related disciplines with ancillary and business support to address the comprehensive needs of patients with common or complex conditions. IPUs will incorporate in-person and virtually coordinated encounters to get the information and care patients need with fewer trips to the hospital or clinic.

It means patients presenting frequently to the emergency department will get the assistance needed to comprehensively address physical health or social needs including the root causes of those concerns to assist patients more effectively and in more appropriate settings.

And it means coordinating the resources of our health plan with those of the delivery system to better meet the needs of our patients.

For many years policy experts have advocated for the integration of the health system components. This is not a new model of care, yet it continues to largely evade the U.S. health sector. Parkland will make this approach to care mainstream to reach a radical new scale of system integration.



INTEGRATED HEALTHCARE MODEL

Objectives	Key Results
Improve coordination of care within the Parkland ecosystem	Improve integration of primary care and specialty care within the Parkland system and among Parkland and other providers
	Improve coordination of care for behavioral health patients both within the Parkland system and among Parkland and other entities sharing in that care
	Increase coordination with community partners to address social determinants of health
	Enhance collaboration with public health partners
Develop integrated care models centered around patient needs	Increase the number of Integrated Practice Units (IPUs)
Coordinate and align health plan and delivery system	Increase access and care integration of health plan members into Parkland
	Align initiatives to improve care of PCHP members at Parkland
	Develop alternative payment models for PCHP patients assigned to Parkland providers
	Evaluate new health plan options that align with system initiatives such as comprehensive geriatrics care and employee health



Digital Health Solutions

Parkland will leverage its significant advanced data analytics capabilities along with its integrated health system structure to promote digitally enabled care across the enterprise.

In this new era of digitally driven medicine, Parkland has the infrastructure in place to be a national leader in advancing health and improving access to care through digital health technologies. Over the past decade the system has made significant investments in health information technology, informatics and advanced data analytics through the Parkland Center for Clinical Innovation (PCCI). The clinical environment is well-positioned with a dedicated medical staff who shares the vision of comprehensive care for the individual and for the population. There are tools and data available to create new care delivery models and individualized engagement experiences for our patients and overall population. We are uniquely positioned to leverage these tools, our influence in the community, and the current digital climate to improve individual's health and lives.

COVID-19 prompted a dramatic increase in digital interactions as health systems modified services to provide more care remotely during the pandemic. Healthcare providers found new ways to provide effective care that also proved to be more convenient and satisfying to the patients.¹⁶ Federal regulations required payers to recognize telehealth visits as they do face to face visits during the public health emergency. As payers and providers return to their pre-pandemic practices, it is uncertain how the payers will respond, and many providers are already reverting to pre-pandemic face to face practices.¹⁷ Given Parkland's patient mix and our reduced dependency on commercial reimbursement practices, we are better positioned to continue those remote care practices that accelerated during the pandemic. In the next three years, we will advance a digital-first option for all patients in our primary care practices as well as select specialty practices.

A comprehensive digital health strategy will impact practices well beyond remote clinic visits. The Health Information Management Systems Society (HIMSS) defines digital health as follows:

Digital health connects and empowers people and populations to manage health and wellness, augmented by accessible and supportive provider teams working within flexible, integrated, interoperable, and digitally enabled care environments that strategically leverage digital tools, technologies, and services to transform care delivery.

Technological advances provide the opportunity for health systems to capture and analyze more data than ever before and apply those insights at an individual and population level to make care safer, more efficient, more effective, and more convenient for the patients and clinicians. We will build more predictive analytics models and integrate them into the clinical workflow. Parkland will draw from its recent history of technology advancements to ensure proper adoption, balanced investments and sustainable support of operations. We will get to know our patients even better and develop whole-person insights and analytics and deploy those to front line staff to empower health.

This means drawing from clinical notes, home monitoring devices, labs, pharmacy records and environmental data to identify the person with asthma or diabetes who is at imminent risk for complications and intervening ahead of time. It means identifying patients at risk of drug interactions or in need of cancer screening and proactively reaching out to get them the necessary care. This approach allows our clinicians and support staff to personalize care at scale – focusing more resources on those patients most likely to benefit and reduce the burden on those at lower risk.

In addition to connecting clinical data from multiple sources to inform care and promote wellness, we will extend beyond the health system to build connections to help us better understand our patients' non-clinical needs— choices they have, barriers to health and access that might exist—that impact their health and enable solutions to make it easy for each patient to do the right thing for their health.

A key strategy to addressing social determinants of health is sharing data in a useable way with food banks and homeless shelters and other community-based organizations that provide social and economic supports. This means we will screen patients in the clinical setting for social needs and connect them to community service providers. Providing housing supports or even a little extra attention at the homeless shelter can be the help a person needs to stay healthy and out of the emergency room.

It is challenging to navigate services in a complex health system. Digitally enabled care is a promising approach that will have a disproportionately positive impact on patients with more complex needs and challenges accessing services. We will empower our patients, staff and providers with the tools and capabilities they need to engage and maximize the clinical value of digital health solutions.

Just as Parkland has led so many clinical advances over the years, we will be a leader in digital health, making care better, easier, safer and more convenient for the patients for whom we care. We will formalize an organizational governance structure lead by experts and charge the governance leaders to develop a secure and comprehensive digital health strategy that builds on the significant infrastructure and programming already in place. This governance model will align clinical and administrative efforts and provide the discipline necessary to eliminate silos, minimize waste and maximize successful patient outcomes.



DIGITAL HEALTH SOLUTIONS

Objectives	Key Results
Advance digital health governance and infrastructure	Establish a governance structure and develop a comprehensive roadmap for digital care across the enterprise
	Ensure interoperability
	Evolve cybersecurity
Enhance health and wellness	Create standard digital solutions to manage personal wellness and chronic disease
	Develop succinct, actionable data-driven insights for the healthcare team
	Implement digital solutions to improve health at the population level
Empower patients	Increase digital engagement to improve access and care
	Improve satisfaction of customers utilizing our digital health technologies
	Utilize digital health solutions in non-traditional venues (e.g., at community centers, home monitoring)
	Tailor digital solutions based on individual patient preferences and social determinants of health
	Improve patient's digital knowledge and system performance so they can maximize the benefits of the various digital tools
	Enable digital connections to better understand patient's non-clinical, social and behavioral needs and connect them to community partners
Empower staff and providers	Improve staff and provider satisfaction with digital tools
	Improve efficiency of clinical staff and reduce administrative burden in order to increase time on "patient-facing" activities
	Improve staff and providers digital engagement and competency so they can maximize the benefits of the various digital tools



Taxpayers' Investment

Parkland will be prudent stewards of the taxpayers' investment, properly managing costs and achieving high quality services to ensure good value in return for that investment.

With the highest uninsured rate in the country, Texas relies heavily on its large county safety net health systems to provide access to care to many of its residents. Nearly one out of four nonelderly adults in Texas lacks health insurance. In Dallas County nearly 1 million people are either uninsured or insured through Medicaid¹⁸, a group that relies heavily on Parkland for their care. The result is high and growing demand for care, often by uninsured or underinsured individuals, in a health system with fixed annual public funding. Among patients cared for at Parkland, 43% are uninsured and 32% are insured through Medicaid.

Expansion of services to meet the needs of a heavily uninsured group of patients generally comes at an added cost since generated revenue falls short of program expenses. The challenge for Parkland is to structure the scope and scale of services to meet the population needs while minimizing waste. The more efficiently we deliver care, the more capacity we have to meet the needs of the population.

Roughly one-third of Parkland's budget is derived from county tax revenue and nearly one-third from state and federal supplemental payment programs. The system relies heavily on public sources of funding to maintain its services. While the county revenue has remained stable over the past several years, other public funds can shift significantly from year to year. This means we need prudent financial planning, considering a five-year outlook for financial health while investing in critical services needed to meet the needs of our patients today.

While revenue from patients and insurers comprises a much smaller portion of Parkland's income than most health systems, it is a significant portion of our operating revenue that alleviates pressure on the public funding sources. We must continue to focus on effective business functions that generate patient revenue but without presenting barriers to care. Just as important is maintaining and optimizing public sources of funding. Parkland has taken advantage of pay for performance opportunities in recent years. In 2020, the system earned \$170 million in Medicaid's Delivery System Reform Incentive Payment (DSRIP) program and has consistently been among the top systems in the state to earn eligible funds based on performance. In FY 2022, the state will transition from the DSRIP program to other supplemental payment programs and Parkland must work collaboratively with the state to ensure the availability of supplemental funds needed to maintain services not covered by other payers.

To meet the needs of its patients with the available funding, Parkland must ensure efficient business practices through prudent spending on labor and supplies. This means smart planning to staff according to need, never compromising quality while minimizing waste. It also means standardizing practices and purchases to bring the best value.

We will work with our clinicians to identify clinical practice changes to reduce waste while maintaining or improving quality. We will support the collaboration of clinical and operational support teams to create innovative care delivery models in the pursuit of higher value care. In many instances those clinical innovations will be targeted and informed by our digital health strategy.

Spending on healthcare in the U.S. grew at an annual rate of 4-5% between 2009-2019 and is projected to continue growing at an average annual rate of 5.4% from 2019-2028.¹⁹ To meet taxpayers expectations and the demand for healthcare services for all residents of Dallas County, Parkland will continue to pursue well-established business and clinical practices and develop innovative approaches to address the high cost of care while improving outcomes for the patients we serve.



TAXPAYERS' INVESTMENT

Objectives	Key Results
Maintain financial strength	Develop 5-year sustainable financial plan that is aligned with the strategic plan
	Maintain days cash on hand at or above 90 days
	Maintain AA credit rating
	Maintain positive operating margin
Optimize funding sources	Demonstrate value to maintain county support at inflationary level
	Optimize 3rd party payor reimbursements while minimizing barriers to care for patients
	Optimize government supplemental reimbursements including value-based performance payments
Manage labor spend	Operate at agreed upon productivity targets
	Minimize premium labor spend
	Improve the employee health experience and increase employee utilization of Parkland for their healthcare needs
Optimize efficiency	Optimize supply chain
	Achieve appropriate length of stay
	Support clinical practices that reduce waste while maintaining high value care
	Move from fee-for-service to outcome-based payments where feasible

Footnotes

- ¹ <https://www.kff.org/other/state-indicator/nonelderly-0-64/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>
- ² <https://www.census.gov/quickfacts/dallascountytexas>
- ³ <https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/healthcare-statistics>
- ⁴ <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>
- ⁵ <https://www.kff.org/health-costs/report/2020-employer-health-benefits-survey/>
- ⁶ County health rankings: relationship between determinant factors and health outcomes. Am J Prev Med 2016;50(2):129- 135
- ⁷ <https://www.parklandhospital.com/dallas-community-health> <https://www.parklandhospital.com/Uploads/Public/Documents/PDFs/Health-Dashboard/CHNA%202019.pdf>
- ⁸ <https://www.parklandhospital.com/dallas-community-health> <https://www.parklandhospital.com/Uploads/Public/Documents/PDFs/Health-Dashboard/CHNA%202019.pdf>
- ⁹ Deepak Agrawal MD, Anisha Ganguly BA, Kavita P. Bhavan MD. Patients Welcome IV Self-Care; Physicians Hesitate. NEJM Catalyst. <https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0308>. Published December 6, 2017. Accessed June 14, 2021.
- ¹⁰ National Academy of Medicine <https://nam.edu/wp-content/uploads/2019/10/CR-report-highlights-brief-final.pdf>
- ¹¹ Mayo Clinic Strategies to Reduce Burnout “12 Actions to Create the Ideal Workplace” (Swensen SJ, Shanafelt TD); Oxford University Press, 2020
- ¹² <https://www.census.gov/quickfacts/fact/table/dallascountytexas/PST045219>
- ¹³ <https://www.dshs.state.tx.us/legislative/2020-Reports/TexasPhysicianSupplyDemandProjections-2018-2032.pdf>
- ¹⁴ <https://www.ama-assn.org/residents-students/residency/which-factors-do-applicants-weigh-most-when-picking-residency-programs>
- ¹⁵ <https://grants.nih.gov/policy/inclusion/women-and-minorities.htm>, providing more opportunities to earlier access to promising new therapies to patients here ion to the
- ¹⁶ David Nelson OB reference
- ¹⁷ Vizient survey
- ¹⁸ US Census Bureau: 2018 Dallas County uninsured: 555,068. 24% of population. 28% of nonelderly adult population is uninsured. Texas DHHS, 2019: 390,946 people on Medicaid in Dallas County
- ¹⁹ [CMS.gov](https://www.cms.gov), NHE fact sheet

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