

Desert Healthcare District

Community Clinical and Social Needs
Assessment

Final Report

March 27, 2023



Agenda

1. Project Overview
 - Project Overview
2. Demographic Trends
3. Social Risk In The Community
 - SDoH Factors
 - Health Outcomes
4. Healthcare Infrastructure In The Community
 - Healthcare Outcomes
5. Physician Needs Overview
6. Market Share + Out-Migration
 - Current Market Share
 - Seasonal Trends
 - Out-Migration
7. Final Recommendations

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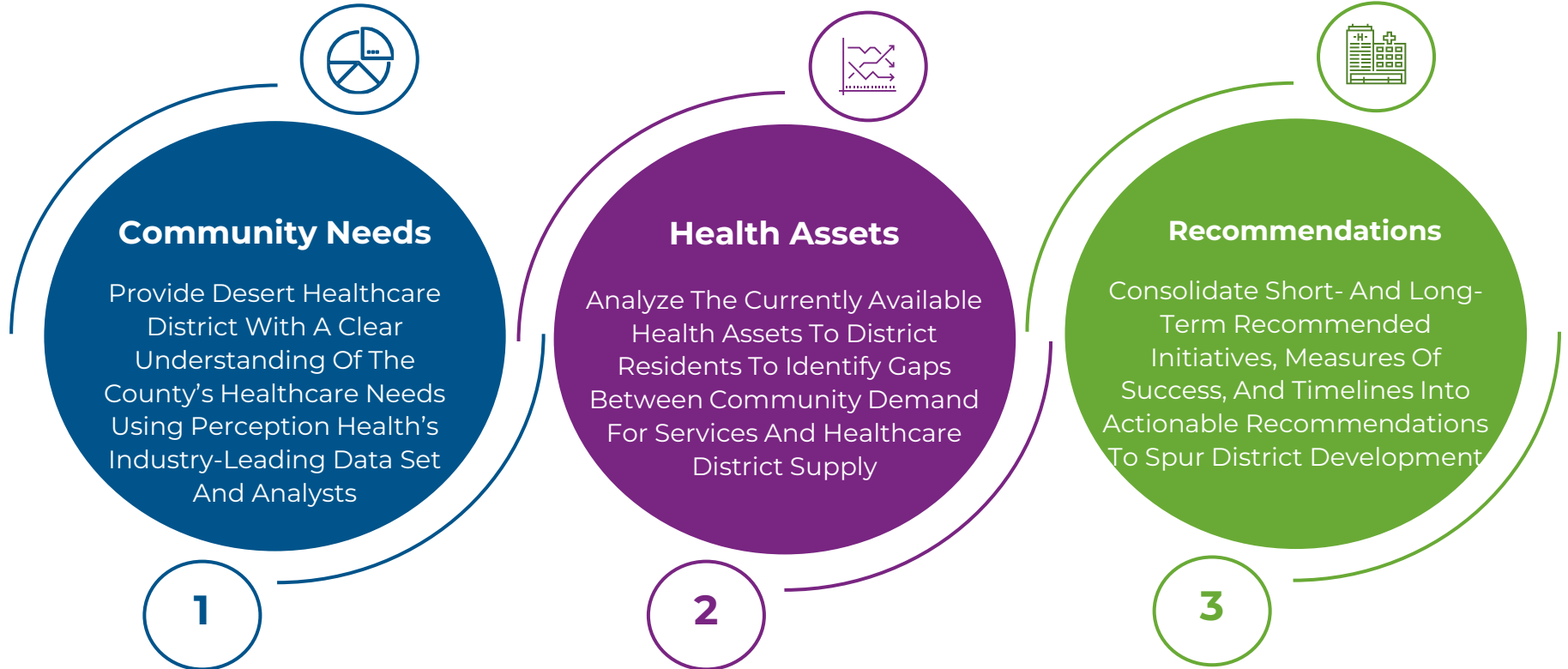
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Project Overview



Project Scope

Three Workstreams To Meet Your Objectives



Project Scope

Alignment To Desert Healthcare District Strategic Plan



Activities Were Completed To Formulate Recommendations In Alignment With The Desert Healthcare District Strategic Plan, With Particular Focus On The Goals Noted Below:

Strategic Plan Goal 2:

Proactively Expand Community Access To Primary And Specialty Care Services

Strategic Plan Goal 3:

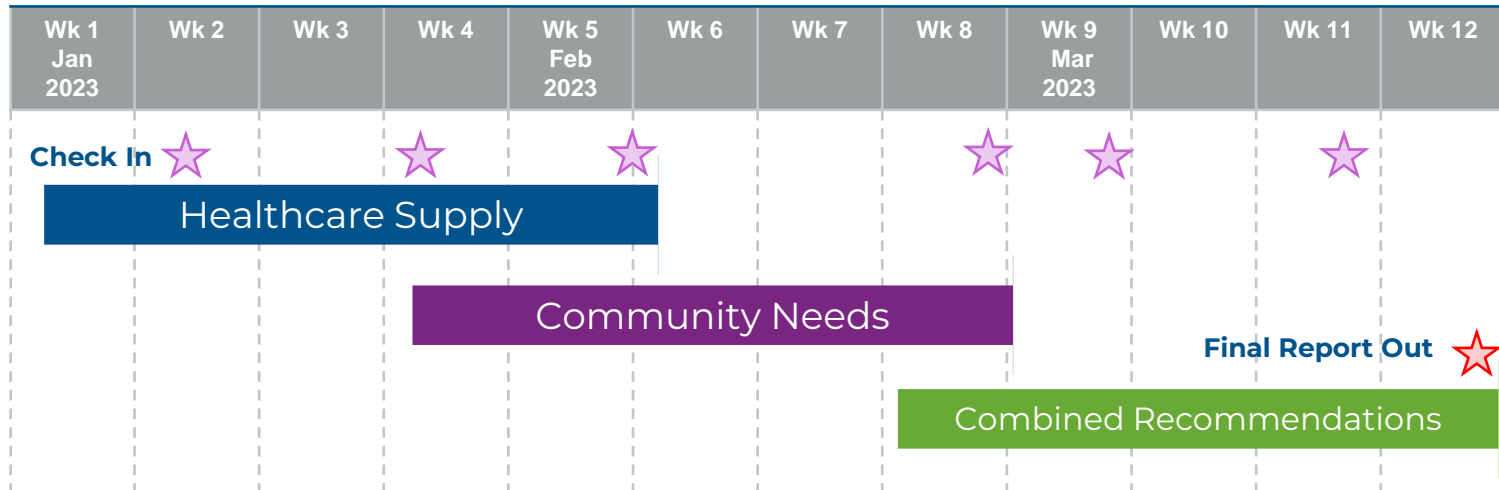
Proactively Expand Community Access To Behavioral/Mental Health Services

Timeline



An Overall Review Of Desert Healthcare District Clinical And Social Needs Was Completed Over 12 Weeks Between Jan-Mar 2023.

This Included Check-Ins With Desert Healthcare District Leaders, Including Dr. Conrado Barzaga, Meghan Kane, Donna Craig, And Chris Christenson.



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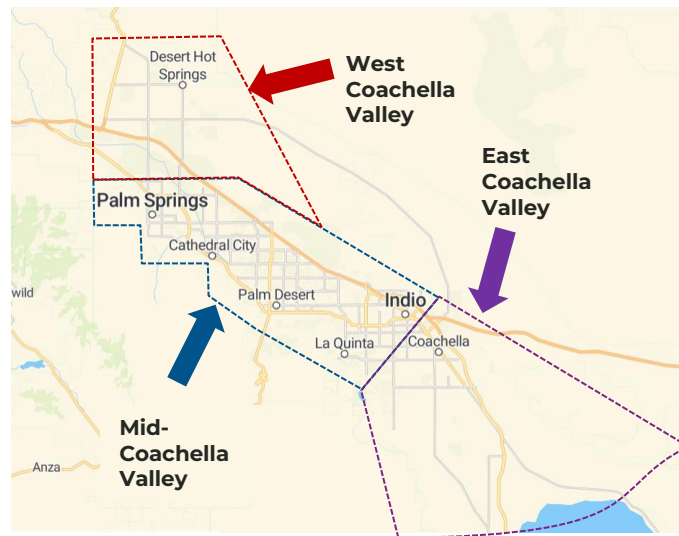
Demographic
Trends



Executive Summary

Demographic Trends

1. Desert Healthcare District **Population Is Expected To Grow By 2.1% By 2027.**
 - The Mid-Coachella Valley (e.g., Indian Wells, Rancho Mirage, Palm Desert) Are Characterized By A Stable Population Of Older Wealthier Retirees.
 - Overall Growth Of The District Will Primarily Be **Driven By Younger Families That Reside In East And West Coachella Valley** With Differing Healthcare Needs Than Their Older Wealthier Peers.
2. There Are Significant **Variations In Ethnic, Socioeconomic and Demographic Characteristics** Across The District, Directly Impacting The Healthcare Resources Needed By Each Community.
 - While **~55% Of The District Is Hispanic**, Mid-Coachella Valley Is ~70% White (Non-Hispanic) Whereas **~75% Of Communities In The East And West Are Hispanic.**
 - **40% Of Households Make <\$50k/Year**, With **~15.5% Of District Residents Living Below The Poverty Level**, Sharply Contrasting With The Mid-Coachella Valley, Where 40% Of Households Make >\$100k/Year.
 - Residents Of **Mid-Coachella Valley Are On Average 20 Years Older Than The East And West Coachella Valley.** The Median Age In The Oldest Zip Code (Palm Desert) Is 40 Years Greater Than The Median Age In The Youngest Zip Code (Mecca).

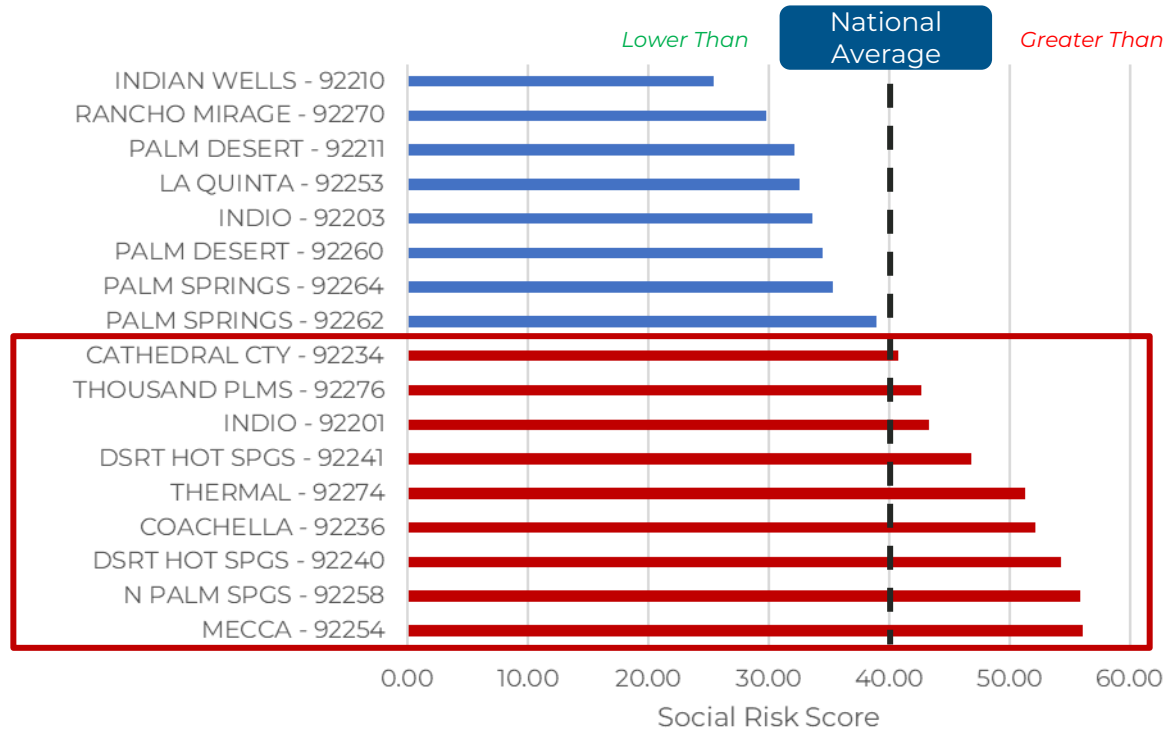


Desert Healthcare District

Overall Social Risk By Zip Code

Key Takeaways:

- Community Members That Experience Social Risk Factors – Inclusive Of Items Such As Transportation Challenges, Housing Insecurity, Risk Of Being Uninsured, etc. – Are More Likely To Live In:
 - **Cathedral City**
 - **Indio - 92201**
 - **Thousand Palms**
 - **Mecca**
 - **North Palm Springs**
 - **Thermal**
 - **Coachella**
 - **Desert Hot Springs – 99240/99241**
- These Nine Zip Codes Represent **“High-Risk”** Communities In The District



Desert Healthcare District

Overall Demographic Profile: Race/Ethnicity

Key Takeaways:

- Desert Healthcare District Is Over 90% Hispanic And White.
- People Who Identify As Hispanic Primarily Live In **High-Risk Communities (Comprising ~75% Of Permanent Residents)** As Compared To **Low-Risk Communities (~29% Of Permanent Residents)**

Overall Desert Healthcare District									
	Hispanic	White (Non-Hispanic)	Black / African American	American Indian / Alaska Native	Asian	Pacific Islander	Other (Non-Hispanic)	2+ Races (Non-Hispanic)	Total Population
Overall	54.5%	36.6%	2.5%	0.4%	3.1%	0.1%	0.5%	2.3%	455584

High Risk Zip Codes in Desert Healthcare District									
City-Zip	Hispanic	White (Non-Hispanic)	Black / African American	American Indian / Alaska Native	Asian	Pacific Islander	Other (Non-Hispanic)	2+ Races (Non-Hispanic)	Total Population
CATHEDRAL CTY - 92234	59.8%	28.6%	2.2%	0.5%	5.8%	0.1%	0.5%	2.5%	51788
COACHELLA - 92236	95.8%	2.5%	0.3%	0.2%	0.4%	0.0%	0.4%	0.4%	42590
DSRT HOT SPGS - 92240	62.9%	24.3%	6.5%	0.5%	2.1%	0.2%	0.6%	3.0%	41127
DSRT HOT SPGS - 92241	43.1%	49.3%	1.8%	0.4%	1.7%	0.1%	0.5%	3.1%	9274
INDIO - 92201	76.3%	17.7%	2.0%	0.3%	1.8%	0.0%	0.4%	1.4%	66737
MECCA - 92254	97.5%	1.3%	0.3%	0.1%	0.2%	0.0%	0.3%	0.3%	12687
N PALM SPGS - 92258	65.1%	23.6%	4.3%	1.4%	2.5%	0.1%	0.4%	2.5%	1155
THERMAL - 92274	84.8%	7.7%	4.4%	0.9%	0.7%	0.1%	0.4%	1.0%	24091
THOUSAND PLMS - 92276	58.8%	34.9%	1.1%	0.3%	2.6%	0.0%	0.3%	2.0%	8107
Grand Total	74.1%	18.4%	2.6%	0.4%	2.3%	0.1%	0.4%	1.7%	257556

Low Risk Zip Codes in Desert Healthcare District									
City-Zip	Hispanic	White (Non-Hispanic)	Black / African American	American Indian / Alaska Native	Asian	Pacific Islander	Other (Non-Hispanic)	2+ Races (Non-Hispanic)	Total Population
INDIAN WELLS - 92210	12.2%	80.3%	1.1%	0.1%	3.4%	0.1%	0.4%	2.5%	4817
INDIO - 92203	47.8%	42.2%	2.2%	0.4%	3.6%	0.1%	0.5%	3.1%	32067
LA QUINTA - 92253	35.0%	55.1%	1.7%	0.3%	3.9%	0.1%	0.5%	3.3%	38271
PALM DESERT - 92211	17.4%	71.7%	2.0%	0.2%	5.2%	0.1%	0.4%	3.0%	26724
PALM DESERT - 92260	27.7%	62.9%	1.6%	0.2%	3.9%	0.1%	0.4%	3.2%	31689
PALM SPRINGS - 92262	31.4%	54.3%	5.5%	0.6%	4.3%	0.2%	0.6%	3.1%	27472
PALM SPRINGS - 92264	18.7%	69.5%	2.4%	0.5%	5.0%	0.1%	0.5%	3.3%	19865
RANCHO MIRAGE - 92270	14.5%	75.1%	1.8%	0.3%	4.6%	0.1%	0.5%	3.0%	17123
Grand Total	29.1%	60.2%	2.4%	0.4%	4.2%	0.1%	0.5%	3.1%	198028

Desert Healthcare District

Overall Demographic Profile: Household Income

Key Takeaways:

- ~**40%** Of Households Make Less Than \$50,000/Year
- In **High-Risk Communities, ~50%** Of Households Make Less Than \$50,000/Year
- Overall, ~15% Of Desert Healthcare District Residents Live At Or Below Poverty Level.

Overall Desert Healthcare District										
	< \$15,000	\$15,000-\$24,999	\$25,000-\$34,999	\$35,000-\$49,999	\$50,000-\$74,999	\$75,000-\$99,999	\$100,000-\$149,999	\$150,000-\$199,999	\$200,000 or greater	
Overall	11.3%	8.9%	7.8%	11.6%	16.5%	11.4%	14.7%	7.5%	10.4%	
High Risk Zip Codes in Desert Healthcare District										
City-Zip	< \$15,000	\$15,000-\$24,999	\$25,000-\$34,999	\$35,000-\$49,999	\$50,000-\$74,999	\$75,000-\$99,999	\$100,000-\$149,999	\$150,000-\$199,999	\$200,000 or greater	
CATHEDRAL CTY - 92234	11.5%	9.0%	8.0%	12.3%	16.8%	11.9%	16.5%	6.2%	7.6%	
COACHELLA - 92236	14.0%	14.0%	12.0%	13.5%	18.7%	12.6%	9.5%	3.1%	2.5%	
DSRT HOT SPGS - 92240	15.8%	13.5%	9.1%	16.1%	18.7%	11.1%	11.4%	2.6%	1.7%	
DSRT HOT SPGS - 92241	20.4%	15.2%	9.3%	12.5%	14.3%	9.5%	12.6%	3.2%	3.1%	
INDIO - 92201	13.2%	9.4%	8.8%	13.4%	19.4%	12.4%	13.9%	5.4%	4.0%	
MECCA - 92254	22.4%	17.2%	8.5%	18.3%	17.6%	7.1%	8.3%	0.0%	0.6%	
N PALM SPGS - 92258	25.8%	12.3%	8.6%	11.7%	13.5%	10.1%	12.9%	3.4%	1.8%	
THERMAL - 92274	23.2%	15.6%	11.6%	14.7%	13.0%	11.6%	5.6%	2.4%	2.1%	
THOUSAND PLMS - 92276	11.4%	11.1%	6.5%	14.0%	23.3%	11.7%	9.5%	8.1%	4.5%	
Grand Total	14.7%	11.7%	9.2%	13.9%	18.0%	11.7%	12.5%	4.4%	4.0%	
Low Risk Zip Codes in Desert Healthcare District										
City-Zip	< \$15,000	\$15,000-\$24,999	\$25,000-\$34,999	\$35,000-\$49,999	\$50,000-\$74,999	\$75,000-\$99,999	\$100,000-\$149,999	\$150,000-\$199,999	\$200,000 or greater	
INDIAN WELLS - 92210	5.5%	4.3%	5.2%	6.4%	11.2%	10.0%	14.7%	11.4%	31.4%	
INDIO - 92203	6.1%	4.1%	5.2%	9.0%	15.9%	14.7%	20.6%	13.7%	10.6%	
LA QUINTA - 92253	6.9%	4.2%	6.1%	8.3%	13.3%	10.8%	19.5%	11.2%	19.8%	
PALM DESERT - 92211	7.7%	4.7%	6.3%	10.9%	16.5%	11.1%	16.3%	10.1%	16.4%	
PALM DESERT - 92260	9.1%	7.8%	7.0%	10.3%	17.0%	11.6%	14.5%	10.4%	12.3%	
PALM SPRINGS - 92262	11.4%	9.8%	8.1%	11.6%	14.9%	10.6%	14.2%	7.2%	12.3%	
PALM SPRINGS - 92264	9.8%	9.8%	8.0%	9.4%	16.6%	9.8%	14.6%	7.7%	14.3%	
RANCHO MIRAGE - 92270	7.8%	6.5%	4.8%	8.3%	12.2%	9.4%	16.4%	10.5%	24.1%	
Grand Total	8.3%	6.6%	6.6%	9.6%	15.2%	11.2%	16.5%	10.1%	15.9%	

Desert Healthcare District

Overall Demographic Profile: District Growth

Key Takeaways:

- The District Is Expected To Grow By 0.41%/Year Through 2027.
 - This Equates To **~2.1% Population Growth Overall** Between 2022-2027.
- The Regions Expected To Experience Greatest Total Population Growth Are
 - **Palm Springs – 99262/64**
 - **Indio-99203**
 - **Thermal**
- **High-Risk Communities Have A Median Population That Is 20 Years Younger Than Low-risk Communities**, Highlighting Importance Of Different Clinical Resources (e.g., Pediatric Vs. Geriatric Care) In Closer Proximity To Each Population’s Needs.

Overall Desert Healthcare District			
	2022 Total Population	Annual Population Growth Rate	Median Age
Overall	455584	0.41%	46.4

High Risk Zip Codes in Desert Healthcare District			
City-Zip	2022 Total Population	Annual Population Growth Rate	Median Age
CATHEDRAL CTY - 92234	51788	0.27%	38.2
COACHELLA - 92236	42589	0.22%	27
DSRT HOT SPGS - 92240	41126	0.25%	33.4
DSRT HOT SPGS - 92241	9273	0.30%	54.5
INDIO - 92201	66738	0.09%	32.5
MECCA - 92254	12687	0.35%	25.8
N PALM SPGS - 92258	1154	1.18%	44.3
THERMAL - 92274	24091	0.59%	30.8
THOUSAND PLMS - 92276	8108	-0.07%	44.2
Grand Total	257554	0.35%	36.7

Low Risk Zip Codes in Desert Healthcare District			
City Zip	2022 Total Population	Annual Population Growth Rate	Median Age
INDIAN WELLS - 92210	4818	0.12%	66.4
INDIO - 92203	32067	0.61%	37.9
LA QUINTA - 92253	38272	0.36%	50.2
PALM DESERT - 92211	26725	0.54%	66.5
PALM DESERT - 92260	31689	0.10%	58.9
PALM SPRINGS - 92262	27473	0.98%	51.1
PALM SPRINGS - 92264	19864	0.79%	61.1
RANCHO MIRAGE - 92270	17122	0.22%	65.6
Grand Total	198030	0.47%	57.2

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Social Risk in the
Community



Executive Summary

Social Risk in the Community

Variations In Consumer Profile Directly Impact The Social Determinant Of Health (SDoH) Needs And Health Outcome Disparities Seen Across The District.

- **Social Risks** (e.g. Transportation, Housing, Risk Of Being Uninsured, Etc.) Are **41% Higher In “High-Risk” Areas Of The District Than In “Low-Risk” Areas.**
 - 23% Higher Risk For Transportation Challenges
 - 59% Higher Risk For Housing Insecurity
 - 57% Higher Risk For Being Uninsured.
- Likelihood For A **Cardiovascular Health Outcome** (e.g., Heart Failure, Chronic Cardiovascular Issues, Etc.) Is **Elevated Across The District By 16-23%** As Compared To National Averages.
- Likelihood For **Asthma** Is On Average **26% Higher In “High-Risk” Areas Of The District** Than In “Low-Risk” Areas.
- Likelihood For An **Opioid-Related Adverse Drug Event (ADE)** Is On Average **32% Higher In “High-Risk” Areas Of The District** Than In “Low-Risk” Areas
- Likelihood Of An **Avoidable ED Visit** Is On Average **44% Higher In “High-Risk” Areas Of The District** Than In “Low-Risk” Areas, Highlighting The Gaps In Preventative Care Infrastructure In These Communities.

Social Health Data

Overview

265M American Adults



0-99

10 % (0.1) increase in SRG is associated with a
9% increase in Total Cost of Care

Predicts risk of Adverse Outcome due to SDoH

Unique finger-print of risk under every score

Longitudinal Risk Tracking

- ✓ Loneliness
- ✓ Housing Instability
- ✓ Health Literacy
- ✓ Food Insecurity
- ✓ Financial Insecurity
- ✓ Discord at Home
- ✓ Unemployed
- ✓ Uninsured
- ✓ Low SES
- ✓ Transportation

Composite View Of

Consumer Data
Claims Data

Public Data (Census, CDC, USDA, etc.)
Market Data

Consumer Survey Responses
Geospatial Data

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Social Risk
Factors



Social Risks In Desert Healthcare District

Overall Disparity Within The District

Key Takeaways:

Social Risk Factors – Inclusive Of Factors Such As Transportation Challenges, Housing Insecurity, Risk Of Being Uninsured, Etc. – Are **~41% Higher In High-Risk Zip Codes** Than For Low-Risk Zip Codes Within Desert Healthcare District.

These Disparities Are Similarly Present Across Race/Ethnicity, With Social Risk Across All Zip Codes For **Black And Hispanic Community Members Generally 15-25% Higher Than White Community Members.**

How To Interpret:

A Value Of 1.15 Indicates A 15% Higher Risk Than The National Average.

A Value Of 0.85 Indicates A 15% Lower Risk Than The National Average.

High Risk Zip Codes in Desert Healthcare District							
Zip - City Combo	Ethnicity						Overall Risk Score
	BLACK	HISPANIC	ASIAN	OTHER	UNKNOWN	WHITE	
N PALM SPGS - 92258	1.48	1.46	1.34	1.49		1.32	1.42
MECCA - 92254	1.75	1.33	1.33		1.33	1.20	1.39
DSRT HOT SPGS - 92240	1.56	1.42	1.24	1.15	1.25	1.21	1.31
COACHELLA - 92236	1.48	1.28	1.21	1.26	1.26	1.24	1.29
THERMAL - 92274	1.36	1.35	1.33	1.38	1.01	1.10	1.26
DSRT HOT SPGS - 92241	1.27	1.17	1.16	1.12	1.07	1.10	1.15
THOUSAND PLMS - 92276	1.13	1.12	1.05	1.06	1.07	0.97	1.07
INDIO - 92201	1.20	1.19	1.03	0.91	0.98	0.91	1.04
CATHEDRAL CTY - 92234	1.14	1.07	0.98	0.92	0.96	0.90	0.99
Overall Risk Score	1.37	1.27	1.18	1.16	1.12	1.11	1.20

Low Risk Zip Codes in Desert Healthcare District							
Zip - City Combo	Ethnicity						Overall Risk Score
	BLACK	HISPANIC	ASIAN	UNKNOWN	OTHER	WHITE	
PALM SPRINGS - 92262	1.15	1.03	0.89	0.88	0.83	0.83	0.94
PALM SPRINGS - 92264	0.98	0.95	0.84	0.80	0.80	0.78	0.86
PALM DESERT - 92260	0.93	0.95	0.82	0.79	0.75	0.75	0.83
INDIO - 92203	0.90	0.89	0.82	0.76	0.75	0.74	0.81
LA QUINTA - 92253	0.90	0.89	0.77	0.73	0.71	0.70	0.78
PALM DESERT - 92211	0.94	0.85	0.76	0.70	0.70	0.67	0.77
RANCHO MIRAGE - 92270	0.84	0.81	0.68	0.68	0.66	0.65	0.72
INDIAN WELLS - 92210	0.71	0.66	0.60	0.57	0.58	0.57	0.62
Overall Risk Score	0.92	0.88	0.77	0.74	0.72	0.71	0.79

Social Risks In Desert Healthcare District

Transportation Spotlight

Key Takeaways:

Risk For **Transportation Challenges** Is **~23% Higher In High-Risk Zip Codes** Than For Low-Risk Zip Codes Within Desert Healthcare District.

These Disparities Are Similarly Present Across Race/Ethnicity, With Risk Across All Zip Codes For **Black And Hispanic Community Members Generally 7-10% Higher Than White Community Members.**

How To Interpret:

A Value Of 1.15 Indicates A 15% Higher Risk Than The National Average.

A Value Of 0.85 Indicates A 15% Lower Risk Than The National Average.

High Risk Zip Codes in Desert Healthcare District								
Zip - City Combo	Ethnicity						Overall Risk Score	
	BLACK	HISPANIC	WHITE	OTHER	ASIAN	UNKNOWN		
DSRT HOT SPGS - 92240	1.25	1.15	1.14	1.04	1.08	1.12	1.13	
N PALM SPGS - 92258	1.20	1.08	1.15	1.16	1.03		1.12	
MECCA - 92254	1.35	1.03	1.03		1.00	1.03	1.09	
COACHELLA - 92236	1.16	1.05	1.11	1.04	1.05	1.07	1.08	
DSRT HOT SPGS - 92241	1.07	1.09	1.07	1.04	1.08	0.97	1.05	
THERMAL - 92274	1.17	1.04	0.93	1.10	1.01	0.79	1.01	
THOUSAND PLMS - 92276	0.97	0.90	0.94	1.00	0.94	0.92	0.95	
CATHEDRAL CTY - 92234	1.00	0.99	0.92	0.89	0.94	0.94	0.95	
INDIO - 92201	1.01	0.99	0.91	0.87	0.93	0.94	0.94	
Overall Risk Score	1.13	1.03	1.02	1.02	1.01	0.97	1.03	

Low Risk Zip Codes in Desert Healthcare District								
Zip - City Combo	Ethnicity						Overall Risk Score	
	BLACK	HISPANIC	ASIAN	WHITE	UNKNOWN	OTHER		
PALM SPRINGS - 92262	0.97	0.93	0.83	0.84	0.85	0.81	0.87	
INDIO - 92203	0.86	0.87	0.86	0.83	0.82	0.81	0.84	
PALM SPRINGS - 92264	0.93	0.91	0.81	0.81	0.80	0.79	0.84	
LA QUINTA - 92253	0.88	0.87	0.79	0.80	0.79	0.77	0.82	
PALM DESERT - 92260	0.85	0.89	0.80	0.76	0.77	0.73	0.80	
PALM DESERT - 92211	0.89	0.82	0.77	0.75	0.74	0.75	0.79	
RANCHO MIRAGE - 92270	0.77	0.76	0.69	0.69	0.71	0.67	0.72	
INDIAN WELLS - 92210	0.74	0.70	0.67	0.69	0.67	0.64	0.69	
Overall Risk Score	0.86	0.84	0.78	0.77	0.77	0.75	0.80	

Social Risks In Desert Healthcare District

Housing Insecurity Spotlight

Key Takeaways:

Risk For **Housing Insecurity** Is **~59% Higher Social Risk In High-Risk Zip Codes** Than For Low-Risk Zip Codes Within Desert Healthcare District.

These Disparities Are Similarly Present Across Race/Ethnicity, With Social Risk Across All Zip Codes For **Black And Hispanic Community Members Generally 20-40% Higher Than White Community Members.**

How To Interpret:

A Value Of 1.15 Indicates A 15% Higher Risk Than The National Average.

A Value Of 0.85 Indicates A 15% Lower Risk Than The National Average.

High Risk Zip Codes in Desert Healthcare District							
Zip - City Combo	Ethnicity						Overall Risk Score
	BLACK	HISPANIC	ASIAN	OTHER	WHITE	UNKNOWN	
MECCA - 92254	2.89	1.57	1.52		1.23	1.35	1.71
N PALM SPGS - 92258	1.96	1.65	1.21	1.50	1.34		1.53
COACHELLA - 92236	1.97	1.40	1.34	1.38	1.34	1.32	1.46
DSRT HOT SPGS - 92240	2.08	1.54	1.25	1.10	1.20	1.19	1.39
THERMAL - 92274	1.72	1.50	1.45	1.51	1.10	0.93	1.37
DSRT HOT SPGS - 92241	1.56	1.17	1.12	0.99	1.03	0.93	1.13
INDIO - 92201	1.50	1.21	0.99	0.82	0.83	0.93	1.05
THOUSAND PLMS - 92276	1.34	0.97	0.98	0.89	0.81	0.86	0.98
CATHEDRAL CTY - 92234	1.30	1.03	0.94	0.73	0.75	0.83	0.93
Overall Risk Score	1.81	1.34	1.20	1.11	1.07	1.04	1.27

Low Risk Zip Codes in Desert Healthcare District							
Zip - City Combo	Ethnicity						Overall Risk Score
	BLACK	HISPANIC	ASIAN	UNKNOWN	WHITE	OTHER	
PALM SPRINGS - 92262	1.27	0.90	0.73	0.68	0.65	0.64	0.81
LA QUINTA - 92253	1.11	0.84	0.69	0.65	0.63	0.60	0.75
PALM SPRINGS - 92264	1.13	0.84	0.66	0.62	0.63	0.61	0.75
INDIO - 92203	1.04	0.78	0.69	0.59	0.60	0.58	0.71
PALM DESERT - 92260	0.98	0.83	0.65	0.57	0.55	0.53	0.68
PALM DESERT - 92211	0.94	0.67	0.60	0.54	0.54	0.55	0.64
RANCHO MIRAGE - 92270	0.91	0.66	0.48	0.47	0.46	0.45	0.57
INDIAN WELLS - 92210	0.78	0.48	0.40	0.44	0.42	0.40	0.49
Overall Risk Score	1.02	0.75	0.61	0.57	0.56	0.54	0.68

Social Risks In Desert Healthcare District

Risk For Being Uninsured Spotlight

Key Takeaways:

Risk For Being Uninsured Is ~57% Higher Social Risk In High-Risk Zip Codes Than For Low-Risk Zip Codes Within Desert Healthcare District.

These Disparities Are Highest For **Hispanic Community Members, Generally 20-30% Higher Than White Community Members.**

Zip - City Combo	Ethnicity						Overall Risk Score
	HISPANIC	BLACK	ASIAN	UNKNOWN	WHITE	OTHER	
COACHELLA - 92236	1.46	1.74	1.35	1.50	1.48	1.46	1.50
DSRT HOT SPGS - 92240	1.80	1.76	1.35	1.33	1.31	1.13	1.45
MECCA - 92254	1.35	1.98	1.10	1.33	1.15		1.38
N PALM SPGS - 92258	1.67	1.14	1.83		1.10	1.14	1.38
THERMAL - 92274	1.44	1.01	1.31	0.87	1.05	1.39	1.18
INDIO - 92201	1.31	1.23	1.00	0.90	0.85	0.80	1.02
DSRT HOT SPGS - 92241	1.11	1.11	0.92	0.83	0.86	0.83	0.94
CATHEDRAL CTY - 92234	1.12	0.98	0.93	0.83	0.78	0.73	0.90
THOUSAND PLMS - 92276	1.04	0.86	0.85	0.90	0.75	0.77	0.86
Overall Risk Score	1.37	1.31	1.18	1.06	1.04	1.03	1.17

Zip - City Combo	Ethnicity						Overall Risk Score
	HISPANIC	BLACK	ASIAN	WHITE	UNKNOWN	OTHER	
PALM SPRINGS - 92262	0.98	0.93	0.72	0.63	0.67	0.59	0.75
INDIO - 92203	0.90	0.81	0.73	0.64	0.62	0.58	0.71
PALM DESERT - 92260	0.88	0.71	0.63	0.55	0.55	0.51	0.64
LA QUINTA - 92253	0.83	0.72	0.62	0.55	0.54	0.50	0.63
PALM SPRINGS - 92264	0.79	0.70	0.59	0.54	0.53	0.51	0.61
PALM DESERT - 92211	0.78	0.74	0.60	0.49	0.48	0.48	0.59
RANCHO MIRAGE - 92270	0.70	0.57	0.45	0.45	0.43	0.42	0.50
INDIAN WELLS - 92210	0.43	0.40	0.35	0.33	0.31	0.30	0.36
Overall Risk Score	0.79	0.70	0.59	0.52	0.52	0.49	0.60

How To Interpret:

A Value Of 1.15 Indicates A 15% Higher Risk Than The National Average.

A Value Of 0.85 Indicates A 15% Lower Risk Than The National Average.

3b

Desert
Healthcare
District

Health
Outcomes



Health Outcome Risks In Desert Healthcare District

Cardiovascular (inc. Diabetes, Hyperlipidemia, Hypertension) Spotlight

Key Takeaways:

Likelihood To Experience A

Cardiovascular Health Outcome Is Elevated Across The District By 16-23% As Compared To The National Average.

Likelihood For Hyperlipidemia Is Particularly High In The District (**37-43% Higher Than National Average**), Highlighting Importance Of Screening.

- This Aligns With 2021 CHNA Findings That Hypertension (Which Is Closely Linked To Hyperlipidemia) Is The Most Common Chronic Condition In The District, Found Amongst 36% Of Adults.

How To Interpret:

A Value Of 1.15 Indicates A 15% Higher Risk Than The National Average.

A Value Of 0.85 Indicates A 15% Lower Risk Than The National Average.

High Risk Zip Codes in Desert Healthcare District								
Zip - City Combo	Ethnicity						Overall Risk Score	
	WHITE	OTHER	ASIAN	UNKNOWN	BLACK	HISPANIC		
N PALM SPGS - 92258	1.65	1.64	1.68		1.51	1.29	1.56	
DSRT HOT SPGS - 92241	1.45	1.51	1.54	1.48	1.17	1.12	1.38	
THOUSAND PLMS - 92276	1.46	1.50	1.25	1.35	1.27	1.11	1.32	
CATHEDRAL CTY - 92234	1.29	1.35	1.08	1.23	1.20	1.06	1.20	
DSRT HOT SPGS - 92240	1.27	1.28	1.17	1.22	1.06	1.06	1.18	
MECCA - 92254	1.44		1.46	1.02	0.82	1.10	1.17	
THERMAL - 92274	1.29	1.18	1.23	0.94	1.24	1.12	1.17	
INDIO - 92201	1.20	1.20	1.09	1.14	1.09	1.06	1.13	
COACHELLA - 92236	1.05	0.96	1.06	1.00	0.87	1.05	1.00	
Overall Risk Score	1.34	1.33	1.29	1.17	1.14	1.11	1.23	

Low Risk Zip Codes in Desert Healthcare District								
Zip - City Combo	Ethnicity						Overall Risk Score	
	OTHER	UNKNOWN	WHITE	ASIAN	BLACK	HISPANIC		
PALM SPRINGS - 92264	1.33	1.32	1.31	1.23	1.21	1.20	1.27	
PALM DESERT - 92211	1.32	1.32	1.27	1.13	1.13	1.06	1.21	
PALM DESERT - 92260	1.26	1.29	1.25	1.17	1.18	1.08	1.20	
PALM SPRINGS - 92262	1.25	1.23	1.24	1.19	1.17	1.12	1.20	
RANCHO MIRAGE - 92270	1.21	1.24	1.23	1.16	1.09	1.13	1.18	
INDIO - 92203	1.23	1.17	1.15	1.08	0.91	0.95	1.08	
INDIAN WELLS - 92210	1.13	1.07	1.13	1.06	1.02	1.07	1.08	
LA QUINTA - 92253	1.14	1.11	1.13	1.06	0.99	1.01	1.07	
Overall Risk Score	1.23	1.22	1.21	1.13	1.09	1.08	1.16	

Health Outcome Risks In Desert Healthcare District

Asthma Spotlight

Key Takeaways:

Likelihood To Experience **Asthma** Is On Average **26% Higher In High-Risk Zip Codes** Than For Low-Risk Zip Codes Within Desert Healthcare District

These Disparities Are Similarly Present Across Race/Ethnicity, With Risk **~10-15% Higher For Black Community Members** Than Their Peers.

Disparities Are Less Pronounced For Hispanic Vs. White Community Members.

How To Interpret:

A Value Of 1.15 Indicates A 15% Higher Risk Than The National Average.
 A Value Of 0.85 Indicates A 15% Lower Risk Than The National Average.

High Risk Zip Codes in Desert Healthcare District							
Zip - City Combo	Ethnicity						Overall Risk Score
	BLACK	UNKNOWN	WHITE	HISPANIC	OTHER	ASIAN	
N PALM SPGS - 92258	1.35		1.13	1.34	1.23	0.81	1.17
MECCA - 92254	1.26	1.23	1.20	1.06		0.99	1.15
THERMAL - 92274	1.25	1.21	1.06	0.94	1.19	0.91	1.09
DSRT HOT SPGS - 92241	1.10	1.05	1.00	0.94	0.93	0.91	0.99
DSRT HOT SPGS - 92240	1.17	0.96	1.00	0.93	0.92	0.91	0.98
COACHELLA - 92236	1.16	1.01	1.07	0.84	0.94	0.83	0.97
THOUSAND PLMS - 92276	1.15	0.88	0.85	0.83	0.80	0.83	0.89
INDIO - 92201	0.97	0.90	0.87	0.85	0.83	0.83	0.88
CATHEDRAL CTY - 92234	0.88	0.80	0.77	0.79	0.71	0.79	0.79
Overall Risk Score	1.14	1.00	0.99	0.95	0.94	0.87	0.98

Low Risk Zip Codes in Desert Healthcare District							
Zip - City Combo	Ethnicity						Overall Risk Score
	BLACK	HISPANIC	UNKNOWN	WHITE	ASIAN	OTHER	
LA QUINTA - 92253	0.84	0.78	0.76	0.76	0.74	0.73	0.77
INDIO - 92203	0.87	0.78	0.75	0.76	0.75	0.68	0.77
PALM DESERT - 92260	0.82	0.81	0.73	0.74	0.74	0.71	0.76
PALM DESERT - 92211	0.84	0.78	0.66	0.70	0.70	0.68	0.73
PALM SPRINGS - 92262	0.89	0.74	0.69	0.69	0.68	0.64	0.72
PALM SPRINGS - 92264	0.82	0.73	0.68	0.68	0.67	0.64	0.70
RANCHO MIRAGE - 92270	0.77	0.71	0.66	0.64	0.64	0.62	0.67
INDIAN WELLS - 92210	0.71	0.65	0.69	0.62	0.62	0.60	0.65
Overall Risk Score	0.82	0.75	0.70	0.70	0.69	0.66	0.72

Health Outcome Risks In Desert Healthcare District

Opioid-Related Adverse Drug Event (ADE) Spotlight

Key Takeaways:

Likelihood To Experience An **Opioid-Related ADE** Is On Average **32% Higher In High-Risk Zip Codes** Than For Low-Risk Zip Codes Within Desert Healthcare District

These Disparities Are Relatively Consistent Across Racial/Ethnic Community Members With ~10% Variation On Average.

High Risk Zip Codes in Desert Healthcare District

Zip - City Combo	Ethnicity						Overall Risk Score
	BLACK	UNKNOWN	WHITE	OTHER	HISPANIC	ASIAN	
DSRT HOT SPGS - 92240	1.44	1.34	1.43	1.21	1.26	1.24	1.32
COACHELLA - 92236	1.28	1.57	1.38	1.27	1.02	1.11	1.27
N PALM SPGS - 92258	1.13		1.13	1.60	1.29	0.66	1.16
INDIO - 92201	1.16	1.09	1.06	0.84	1.11	1.07	1.06
THERMAL - 92274	1.28	1.19	1.09	0.93	0.86	0.90	1.04
CATHEDRAL CTY - 92234	1.09	1.06	1.05	0.90	1.05	1.03	1.03
THOUSAND PLMS - 92276	0.93	1.11	0.99	1.03	1.13	0.94	1.02
DSRT HOT SPGS - 92241	1.04	0.83	1.03	0.85	0.96	0.96	0.95
MECCA - 92254	1.03	0.81	0.95		0.84	0.91	0.91
Overall Risk Score	1.15	1.13	1.12	1.08	1.06	0.98	1.09

Low Risk Zip Codes in Desert Healthcare District

Zip - City Combo	Ethnicity						Overall Risk Score
	BLACK	HISPANIC	ASIAN	WHITE	UNKNOWN	OTHER	
PALM SPRINGS - 92262	1.16	0.98	0.93	0.99	1.01	0.86	0.99
PALM SPRINGS - 92264	1.01	0.93	0.87	0.83	0.73	0.73	0.85
PALM DESERT - 92260	0.82	0.90	0.85	0.77	0.80	0.66	0.80
LA QUINTA - 92253	0.84	0.89	0.79	0.79	0.75	0.68	0.79
INDIO - 92203	0.82	0.73	0.75	0.78	0.75	0.65	0.75
PALM DESERT - 92211	0.91	0.80	0.80	0.68	0.64	0.61	0.74
RANCHO MIRAGE - 92270	0.76	0.72	0.67	0.62	0.60	0.55	0.65
INDIAN WELLS - 92210	0.67	0.58	0.62	0.51	0.51	0.49	0.56
Overall Risk Score	0.87	0.82	0.79	0.75	0.72	0.65	0.77

How To Interpret:

A Value Of 1.15 Indicates A 15% Higher Risk Than The National Average.

A Value Of 0.85 Indicates A 15% Lower Risk Than The National Average.

4

Desert
Healthcare
District

Healthcare
Infrastructure In
The Community

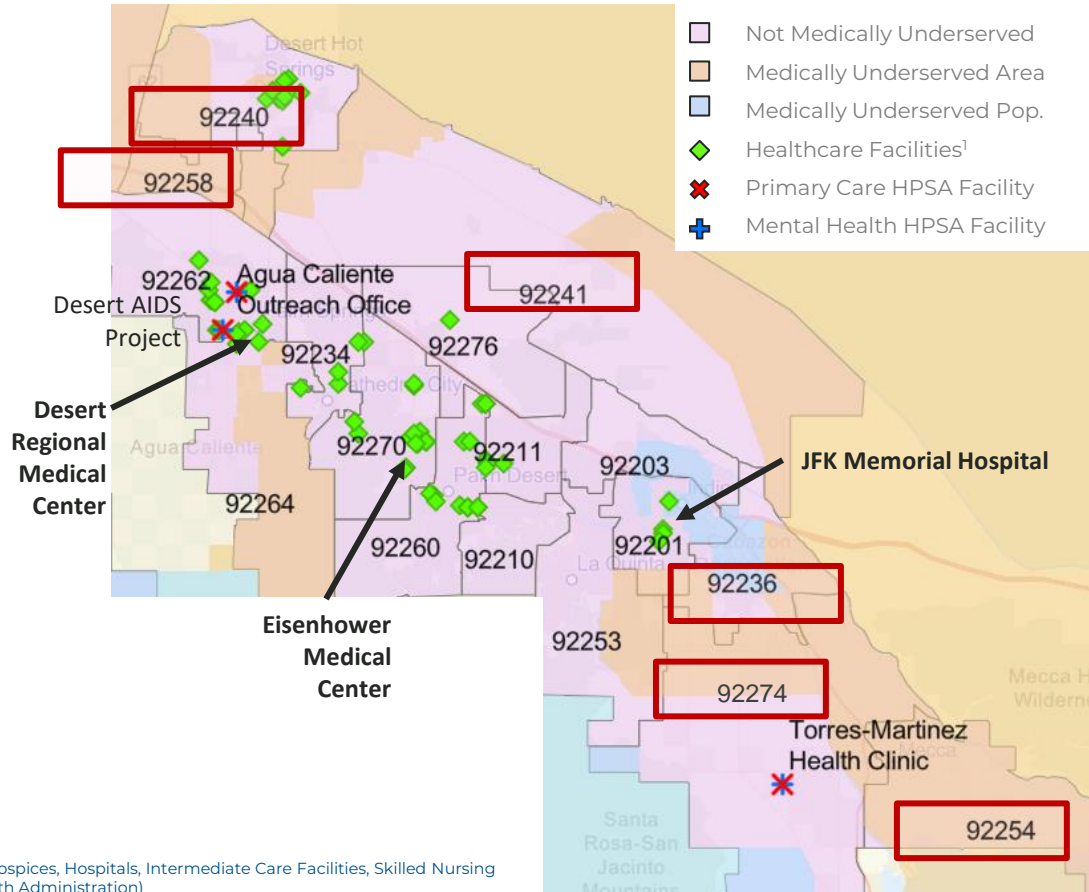


Healthcare Infrastructure

Impact On Communities

Key Takeaways:

- Healthcare Resources Are Concentrated In The Mid-Coachella Valley and “Low-Risk Communities” as compared to High-Risk Communities.
- High Risk Communities Are More Often Designated As Medically Underserved.
 - These Zip Codes Represent ~30% Of The District’s Population At Large, And Notably Include The 3 Most Hispanic Zip Codes In Desert Healthcare District (Coachella, Thermal, Mecca)



Source/Footnote:

Map Tool | HRSA Data Warehouse, Accessed Mar 2023

1. Healthcare Facilities Include: Ambulatory Surgical Centers, Critical Access Hospitals, Hospices, Hospitals, Intermediate Care Facilities, Skilled Nursing Facilities, Veteran’s Healthcare Facilities, as identified by CMS and VHA (Veterans Health Administration)

Healthcare Infrastructure

Avoidable ED Spotlight

Key Takeaways:

Likelihood To Have An **Avoidable ED Visit** Is On Average **44% Higher In High-Risk Zip Codes** Than For Low-Risk Zip Codes Within Desert Healthcare District

These Risks Are Significantly Higher Farther From Key Hospitals In The Region (All Located In Low-Risk Zip Codes), Highlighting Use Of The ED/Urgent Care As A Replacement For Lack Of Preventative Care In Proximity.

- People Living In Poverty Are Less Able To Manage These Chronic Conditions, And Thus, End Up In The ED When Their Chronic Conditions Reach Emergency Status¹

Source:

1. Desert Healthcare District Community Health Needs Assessment 2021

How To Interpret:

A Value Of 1.15 Indicates A 15% Higher Risk Than The National Average.

A Value Of 0.85 Indicates A 15% Lower Risk Than The National Average.

High Risk Zip Codes in Desert Healthcare District								
Zip - City Combo	Ethnicity						Overall Risk Score	
	BLACK	UNKNOWN	OTHER	WHITE	HISPANIC	ASIAN		
MECCA - 92254	1.81	1.65			1.35	1.26	1.38	1.49
N PALM SPGS - 92258	1.49			1.56	1.43	1.47	1.08	1.41
THERMAL - 92274	1.41	1.16		1.46	1.19	1.27	1.29	1.30
DSRT HOT SPGS - 92240	1.57	1.28		1.15	1.27	1.25	1.13	1.28
DSRT HOT SPGS - 92241	1.48	1.19		1.27	1.26	1.08	1.26	1.26
COACHELLA - 92236	1.50	1.26		1.16	1.29	1.10	1.06	1.23
THOUSAND PLMS - 92276	1.17	1.14		1.19	1.07	1.01	0.99	1.10
INDIO - 92201	1.24	0.98		0.87	0.92	1.03	0.91	0.99
CATHEDRAL CTY - 92234	1.13	0.95		0.92	0.89	0.91	0.83	0.94
Overall Risk Score	1.42	1.20		1.20	1.19	1.15	1.10	1.21

Low Risk Zip Codes in Desert Healthcare District								
Zip - City Combo	Ethnicity						Overall Risk Score	
	BLACK	HISPANIC	UNKNOWN	WHITE	OTHER	ASIAN		
PALM SPRINGS - 92262	1.21	0.92	0.87	0.80	0.78	0.78	0.89	
PALM SPRINGS - 92264	1.00	0.90	0.81	0.80	0.79	0.77	0.84	
PALM DESERT - 92260	0.96	0.86	0.84	0.80	0.77	0.75	0.83	
PALM DESERT - 92211	0.97	0.76	0.81	0.74	0.77	0.69	0.79	
INDIO - 92203	0.80	0.71	0.72	0.72	0.74	0.70	0.73	
RANCHO MIRAGE - 92270	0.85	0.74	0.72	0.69	0.69	0.64	0.72	
LA QUINTA - 92253	0.85	0.74	0.69	0.68	0.66	0.65	0.71	
INDIAN WELLS - 92210	0.88	0.64	0.65	0.62	0.62	0.58	0.66	
Overall Risk Score	0.94	0.78	0.76	0.73	0.73	0.70	0.77	

5

Desert
Healthcare
District

Physician Needs
Assessment



Executive Summary

Physician Needs Assessment (PNA)

1. Desert Healthcare District Has A Current (As Of 2022) **Physician Shortage Of ~236 Physicians**, Of Which **~75% Of The Gap Is Primary Care** (Family + Internal Medicine, Pediatrics, Obstetrics & Gynecology).
 - Like Past Initiatives By The District, Focus Should Be Made To Establish Local Residency Programs For These Services, In Particular Pediatrics.
 - One Area With Excess Provider Supply Is Emergency Medicine, Suggesting Overreliance On Urgent Care Centers And Emergency Departments Serving As Proxies For Primary Care Gaps
2. As Was Found In The 2021 Community Health Needs Assessment, The Number Of Physicians In The District Exceeds The Number Of Physicians That Provide Day-To-Day Healthcare Services.
 - This **Mismatch In Physician Volume Vs. Those That Provide Day-To-Day Care Reduces Supply By ~20% From ~690 Physicians To ~560 Physicians In The District.**
3. By 2032, **District Population Growth Will Increase This Physician Shortage By ~2%**, Suggesting That Focus On Current Physician Gaps Is An Appropriate Target To Close Gaps In District Needs.

For Awareness: Only Providers In District Zip Codes Are Included. Key Feeder Facilities Such As Hi-Desert Medical Center, Which Serves Northwestern Desert Healthcare District Residents, Are Outside The District Boundaries And Therefore Excluded From Analysis.

Physician Needs Assessment

2022 Summary

Key Takeaways:

- **Primary Care** Represents The Largest Provider **Gap To Target** In The District (~75% Of Gap)
- **Supply Exceeds Demand** For **Medicine Specialties** And **Hospital Based Specialties**, Although District Growth Will Impact This Current Excess.
- Hospital Based Specialties, Especially **Emergency Medicine**, **Are Found In Excess Of Community Needs**, Suggesting Overreliance On Urgent Care Centers And Emergency Departments Serving As Proxies For Primary Care Gaps In The District.

Specialty	Supply	Demand	Gap To Target
Primary Care	204	385	-181.0
Medicine Specialties	116	106	10.1
Psychiatry	7	44	-36.5
Surgery Specialties	84	130	-46.3
Hospital Based Specialties	150	133	17.2
Total	561	797	-236.5

Other (Hospitalists)	30.0
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A **Negative** Gap Represents The Number Of Providers That The District Needs Of That Type.

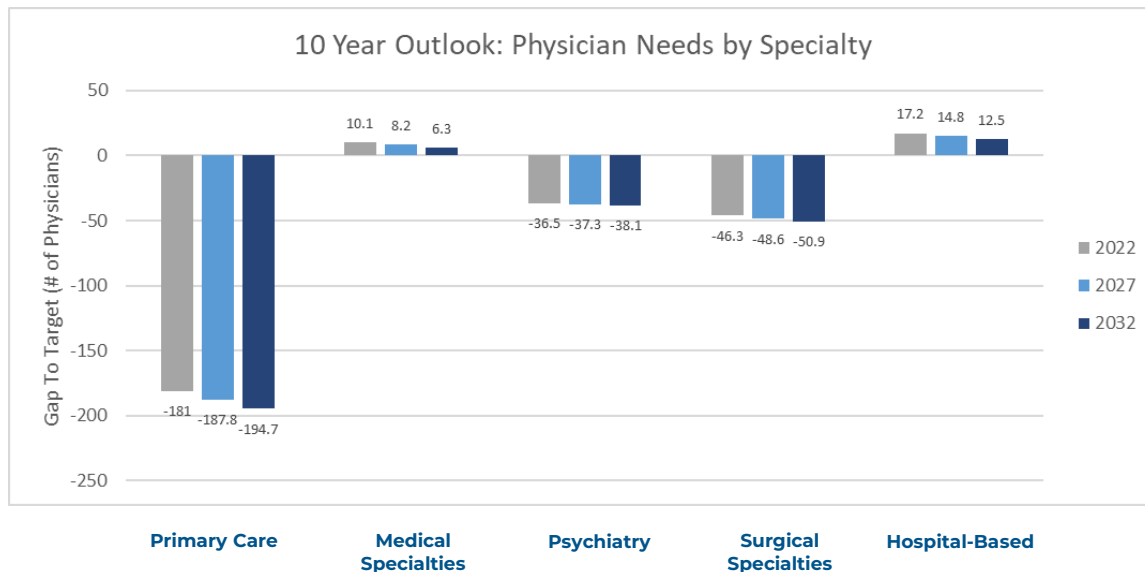
A **Positive** Gap Represents The Surplus Of Providers That A District Has Of That Type.

Physician Needs Assessment

5- and 10-Year Outlook Based On Population Growth: 2022 → 2027 → 2032

Key Takeaways:

- Population Growth In Desert Healthcare District Will Drive Needs For Additional Providers In Each Area.
- However, These Changes Will Not Drastically Change The Physician Needs Over The Next Ten Years, Representing A **~2% Change From Current Gaps.**



A **Negative** Gap To Target Represents The Number Of Providers That The District Needs Of That Type Relative To Current Volume.
A **Positive** Gap To Target Represents The Surplus Of Providers That A District Has Of That Type Relative To Current Volume.

Physician Needs Assessment

10-Year Outlook Based On Population Growth – Primary Care, Medical Specialties, Psych

	Specialty	Desert Healthcare District	2022 Estimate	2027 Estimate	2032 Estimate
			Gap To Target	Gap To Target	Gap To Target
Primary Care	Family & General Practice	97.0	-27.8	-30.1	-32.3
	Internal Medicine	87.0	-44.8	-47.1	-49.5
	Pediatrics	7.0	-69.7	-71.0	-72.4
	Obstetrics & Gynecology	13.0	-38.7	-39.6	-40.5
	Primary Care Total	204.0	-181.0	-187.8	-194.7
Medicine Specialties	Allergy & Immunology	5.0	-0.2	-0.3	-0.4
	Cardiology	19.0	-0.8	-1.2	-1.5
	Dermatology	11.0	-2.0	-2.2	-2.4
	Endocrinology	5.0	-0.1	-0.2	-0.3
	Gastroenterology	14.0	1.2	1.0	0.8
	Hematology & Oncology	13.0	-0.2	-0.4	-0.7
	Infectious Disease	9.0	4.3	4.2	4.2
	Nephrology	8.0	1.5	1.4	1.3
	Neurology	18.0	5.5	5.2	5.0
	Pulmonary Medicine	11.0	2.2	2.1	1.9
	Rheumatology	3.0	-1.3	-1.4	-1.5
	Medicine Specialties Total	116.0	10.1	8.2	6.3
	Psych	Psychiatry	7.0	-36.5	-37.3

A **Negative** Gap To Target Represents The Number Of Providers That The District Needs Of That Type Relative To Current Volume.
 A **Positive** Gap To Target Represents The Surplus Of Providers That A District Has Of That Type Relative To Current Volume.

Physician Needs Assessment

10-Year Outlook Based On Population Growth – Surgical And Hospital Based Specialties

	Specialty	Desert Healthcare District	2022 Estimate	2027 Estimate	2032 Estimate
			Gap To Target	Gap To Target	Gap To Target
Surgery Specialties	General Surgery	14.0	-26.7	-27.4	-28.1
	Neurosurgery	5.0	-1.0	-1.1	-1.3
	Ophthalmology	14.0	-7.6	-8.0	-8.4
	Orthopedics	23.0	-4.9	-5.4	-5.9
	Otolaryngology	9.0	-4.4	-4.7	-4.9
	Plastic & Reconstructive Surgery	3.0	-1.3	-1.4	-1.5
	Thoracic Surgery	7.0	4.4	4.3	4.3
	Urology	9.0	-4.7	-4.9	-5.2
	Surgery Specialties Total	84.0	-46.3	-48.6	-50.9
Hospital Based Specialty	Emergency Medicine	71.0	40.7	40.2	39.6
	Physical Medicine & Rehabilitation	2.0	-2.9	-3.0	-3.1
	Anesthesia	38.0	-2.1	-2.8	-3.5
	Radiology	32.0	-9.5	-10.2	-10.9
	Pathology	7.0	-9.1	-9.3	-9.6
	Hospital Based Specialty Total	150.0	17.2	14.8	12.5

A **Negative** Gap To Target Represents The Number Of Providers That The District Needs Of That Type Relative To Current Volume.
 A **Positive** Gap To Target Represents The Surplus Of Providers That A District Has Of That Type Relative To Current Volume.

6

Desert
Healthcare
District

Current Market
Share By Claims
Analysis



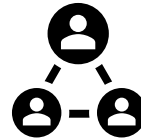
Data Overview

What Types Of Data Informs Claims-Based Analysis?

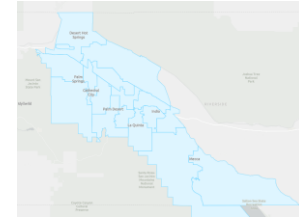
Parameters Defined By Desert Healthcare Are Combined With Claims Data From CMS (Medicare FFS) And Commercial Clearinghouse Partners (Non-Medicare FFS).

This Tailored Composite View Provides Insight Into How Healthcare Is Consumed In Desert Healthcare District.

District Specific Criteria



Org NPIs



Desert Healthcare Zip Codes

Market Data



6.56 Million
Claim IDs¹



\$14.9B Gross
Charges



3 Years:
Q1 2019- Q3 2022

1. Include "Medicare FFS" And "Non-Medicare FFS" (Includes Medicare, Commercial Payers, Federal Employees, Medicare Advantage, Blue Cross Blue Shield, Managed Medicaid, Automobile Accidents, And Workers Compensation). Self-pay And Charity Care Are Excluded.

Data Overview

What Is In Each Claims Bucket?

Medicare FFS (CMS)

- 100% Of Medicare Fee-For-Service Claims

Non-Medicare FFS (Commercial Clearinghouse Partners)

- Large, But Not Complete Volume Of:
 - Managed Medicaid (Medi-Cal IEHP)
 - Commercial Payers
 - Federal Employees
 - Medicare Advantage
 - Blue Cross Blue Shield
 - Automobile Accidents
 - Workers Compensation
- ***Due To Legal Compliance Reasons, These Claim Types Cannot Be Further Segments By Commercial Partners, And An Alternative Approach Is Applied***

Key Exclusions

- Charity
- Self-Pay
- These Types Of Care Do Not Generate Claims And Are Not Represented In Claims Analysis

Executive Summary

Market Share + Out-Migration For Care

1. Eisenhower Provides **70% Of All Medicare Inpatient Care** In Desert Healthcare District.
2. Desert Regional Medical Center(DRMC) Provides **40% More Medi-Cal Inpatient** Care Than Eisenhower Medical Center.
3. District Care Needs Are Characterized By Seasonal Flux Due To **Snowbirds**. This Leads To A **Seasonal 7-10% Increase In Medicare** Inpatient And Outpatient Visit Volume Between October And March (Q4 And Q1) Of Each Calendar Year.
 - Non-Medicare FFS Volumes Are Relatively Stable, Experiencing 3-4% Flux, In Line With Seasonal Flux In Healthcare Utilization.
4. For Patients Seen Within Desert Healthcare District, **40% Of Inpatient Care Received Outside Of The District** Was For **Cardiovascular, Pulmonology, And Gastroenterology** Services.
5. For Patients Seen Within Desert Healthcare District, **~55% Of Inpatient Care Received Outside Of The District Occurred At 20 Organizations**, Notably Including Southwest Healthcare System Rancho Springs Campus, Cedars-Sinai, Community Hospital Of San Bernardino, And Loma Linda, Amongst Others.

6a

Desert
Healthcare
District

Current Market
Share



Inpatient Market Share

Medicare: Q4 2021-Q3 2022

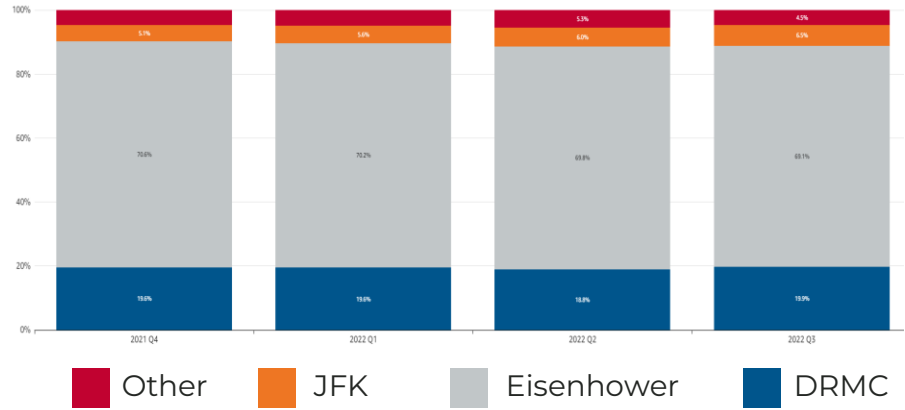
Key Takeaways:

- Nearly **70%** Of Medicare Inpatient Encounters In Desert Healthcare District Occur At Eisenhower Medical Center
- Influx Of Seasonal Snowbirds, Who Most Often Frequent Eisenhower, Can Be Seen In Q4 2021 And Q1 2022(Oct 2021-Mar 2022).
 - This Influx Results In A 7-10% Increase In Care Consumption In Inpatient Care During These Times, Primarily At Eisenhower.



"Other" Includes:

- Palm Springs Treatment Center (NPI in Palm Springs - 92264)
- Betty Ford Center (NPI in Rancho Mirage – 92270)



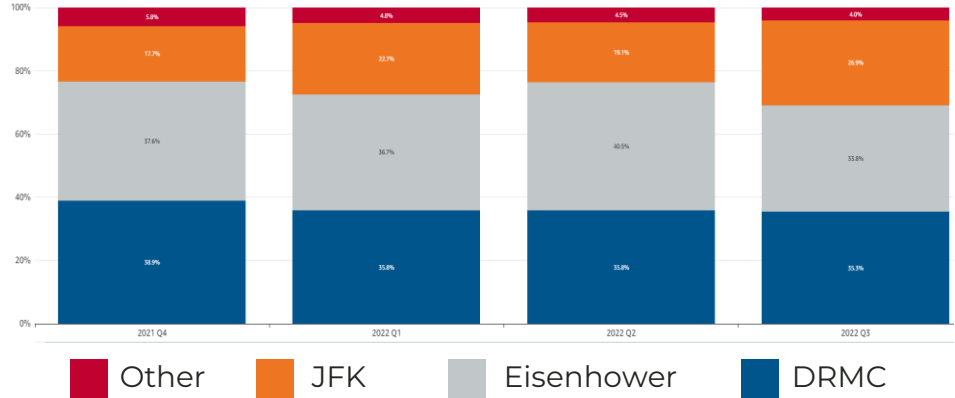
	2021 Q4	2022 Q1	2022 Q2	2022 Q3	Grand Total	Market Share
Other	129	139	149	116	533	5%
John F Kennedy Memorial (JFK)	141	164	169	169	643	6%
Eisenhower	1944	2067	1951	1786	7748	70%
Desert Regional Medical Center (DRMC)	541	576	526	513	2156	19%
Grand Total	2755	2946	2795	2584	11080	

Inpatient Market Share

Non-Medicare FFS: Q4 2021-Q3 2022

Key Takeaway:

- While Nearly Equal Volumes Of Non-Medicare Patients Are Seen At Eisenhower And DRMC, **DRMC Sees ~40% More Medi-Cal Patients Than Eisenhower.**



	2021 HCAI Payor Ratio		2021 Q4	2022 Q1	2022 Q2	2022 Q3	Grand Total	Market Share
Other	Total		116	108	104	84	412	5%
	Medi-Cal	58%	67	62	60	48	237	
	Private Insurer	42%	49	46	44	36	175	
John F Kennedy Memorial (JFK)	Total		356	516	440	564	1876	22%
	Medi-Cal	72%	256	371	316	405	1348	
	Private Insurer	28%	100	145	124	159	528	
Eisenhower	Total		757	834	931	708	3230	37%
	Medi-Cal	43%	324	357	399	303	1384	
	Private Insurer	57%	433	477	532	405	1846	
Desert Regional Medical Center (DRMC)	Total		784	812	824	740	3160	36%
	Medi-Cal	61%	477	494	501	450	1923	
	Private Insurer	39%	307	318	323	290	1237	
Grand Total	Total		2013	2270	2299	2096	8678	100%
	Medi-Cal	58%	1158	1306	1322	1206	4992	
	Private Insurer	42%	855	964	977	890	3686	

Reminder: Self-Pay And Charity Care Do Not Generate Claims And Are Excluded From Analysis

6b

Desert
Healthcare
District

Seasonal
Variations



Claims Volume By Season

Key Takeaways

Medicare FFS:

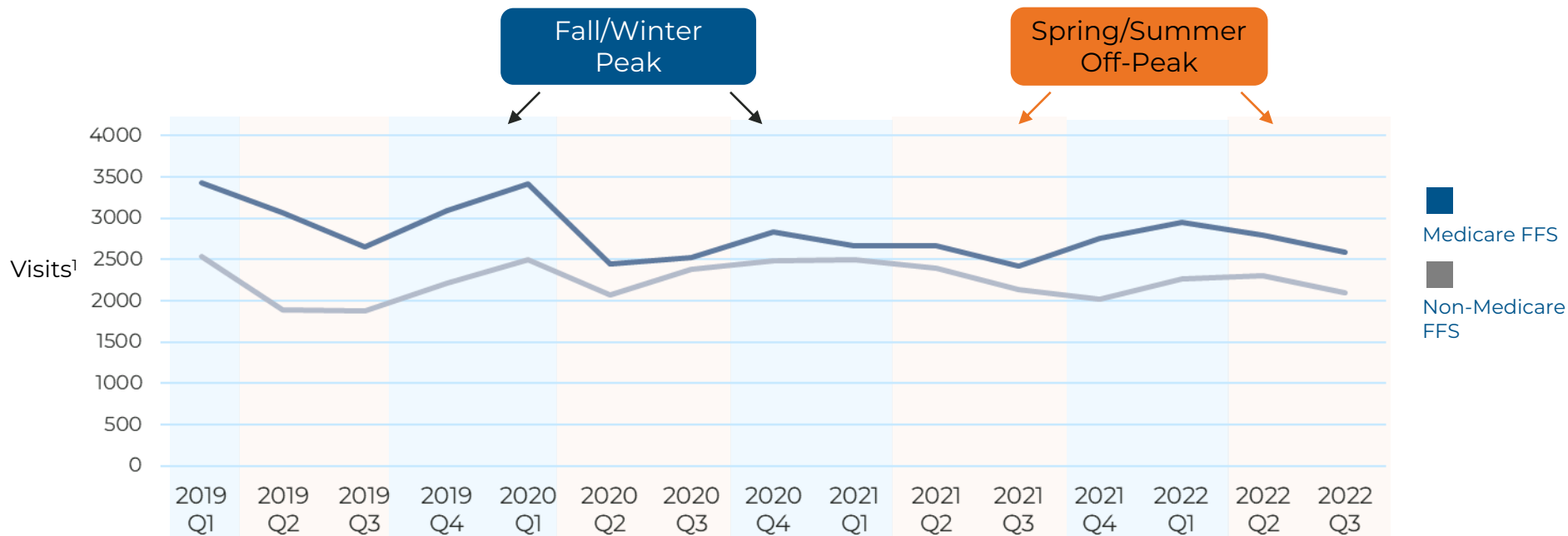
Inpatient And Outpatient Volumes Have Varied 7-10% Between The Peak And Off-Peak Seasons Over The Last Two Years, In Line With Snowbird Movement Into And Out Of Desert Healthcare District

Non-Medicare FFS:

Inpatient And Outpatient Volumes Are Relatively Steady Between The Peak And Off-Peak Seasons Over The Last Two Years, With Slight Seasonal Flux (~3% Average) In Line With Typical Variation In Healthcare Usage.

Claims Volume By Season

Inpatient Volumes



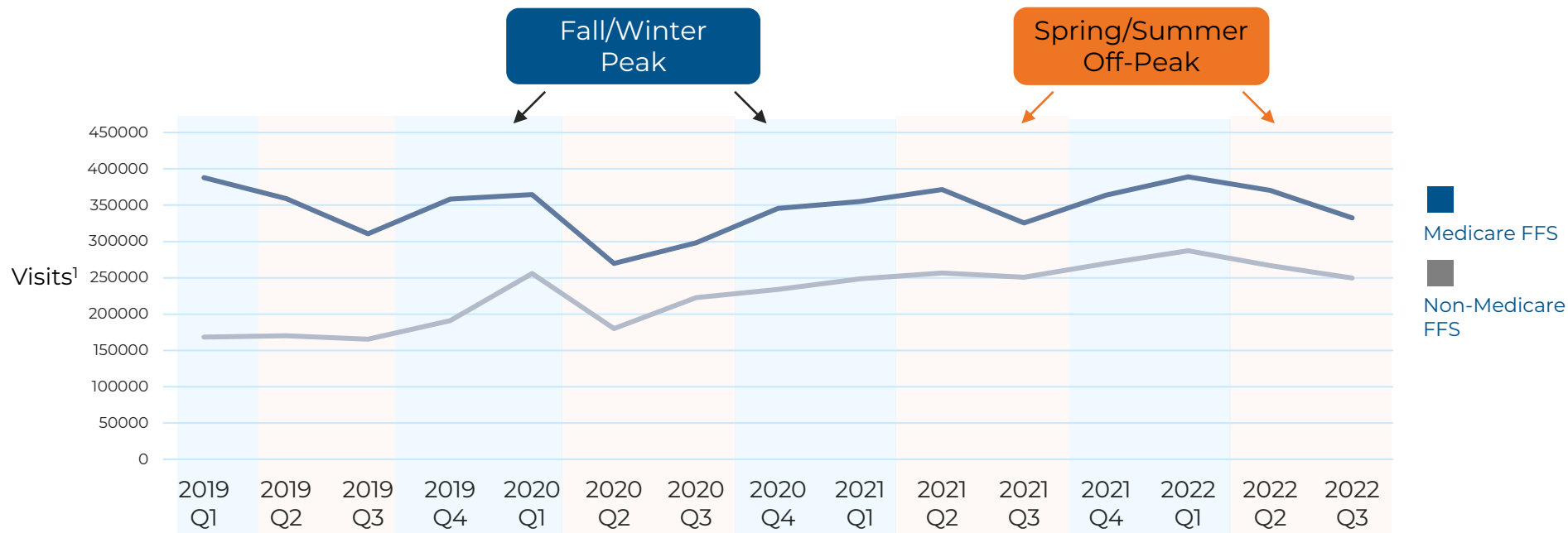
Medicare FFS Inpatient Claims Vary 7-10% Between Peak And Off-Peak Season
Non-Medicare FFS Is Relatively Steady Throughout The Year

1. Visits: Unique Combination Of Patient Claim And CPT/HCPCS Code.

- Patients May Receive More Than 1 Service During An Encounter, Resulting In Multiple Visits

Claims Volume By Season

Outpatient Volumes



Medicare FFS Outpatient Claims Vary 7-10% Between Peak And Off-peak Season
Non-Medicare FFS Is Relatively Steady Throughout The Year

1. Visits: Unique Combination Of Patient Claim And CPT/HCPCS Code.

- Patients May Receive More Than 1 Service During An Encounter, Resulting In Multiple Visits

6c

Desert
Healthcare
District

Out-Migration



Care Utilization Outside Of Desert Healthcare District

Section Overview

For Awareness:

While We Can Distribute Market Share Based On Historical Trends In Desert Healthcare District, We Cannot Reliably Differentiate Non-Medicare FFS Volume Into Medi-Cal Vs. Private Insurer Volumes Outside Of The District.

- As Such, All Values Will Be Presented As **Single Volumes For Inpatient Non-Medicare FFS Encounters (Medi-Cal + Private Insurer)**
- **Medicare FFS Encounters are excluded**

Key Areas Of Interest:

Care Utilization Of Specific Service Lines:

1. Cardiology
2. Pulmonology
3. Oncology
4. Labor & Delivery

Care Utilization At Specific Organizations:

1. Loma Linda
2. Cedars-Sinai
3. Hi-Desert Medical Center
4. Southwest Healthcare System Rancho Springs

Care Utilization At Specific Organization/Care Type:

1. Spotlight: Pediatric Care
 - Limited By Organization Self-Identification And Organization Structure
2. Mental + Behavioral Care

Date Range:

Non-Medicare FFS: 10/15/21 – 10/14/22

Overall Service Line Summary

For Patients Seen Within Desert Healthcare District, What Type Of Inpatient Care Did Patients Most Often Receive Somewhere Else?

Key Takeaways:

- When Non-Medicare FFS Patients Seen In Desert Healthcare District Sought Inpatient Care Outside The District, It Was Most Often For **Cardiovascular, Pulmonology, And Gastroenterology** Services (40% Of Total Encounters Out Of District).

Focus: Amongst The Gaps Identified In The Physician Needs Assessment, Prioritize Growth Of Specialty Services Most Often Sought By Patients Outside Of The District.

Service Line	IP Encounters In District	IP Encounters Out Of District	% Out of District
Cardiovascular	1523	5620	79%
Pulmonology	706	3907	85%
Gastroenterology	605	2847	82%
Infectious Disease	696	2706	80%
General Surgery	675	2464	79%
Orthopedics	1183	1943	62%
Nephrology	281	1548	85%
Psychiatry	6	1464	100%
Endocrinology	350	1410	80%
Oncology/Hematology	204	980	83%
OB	340	858	72%
Substance Abuse	133	784	86%
Urology	146	650	82%
ENT	124	630	84%
Dermatology	47	432	90%
Spine	220	401	65%
General Medicine	92	400	81%
Neonatology	113	321	74%
Neurology	31	304	91%
Trauma/Burns	75	223	75%
Thoracic Surgery	109	185	63%
Gynecology	32	142	82%
Rheumatology	26	93	78%
Ophthalmology	62	89	59%
Rehabilitation		45	100%
Neurosurgery		8	100%
Transplant		7	100%
Grand Total	7771	30456	80%

Service Lines Of Interest.
See Appendix For Sub-Service Line Information

Date Range:

Non-Medicare FFS: 10/15/21 – 10/14/22

Overall Service Line Summary

For Patients Seen Within Desert Healthcare District, Where Else Did Patients Most Often Receive Inpatient Care?

Key Takeaways:

- When Non-Medicare FFS Patients Seen In Desert Healthcare District Sought Care Outside The District, **~55% Of Care Was Provided At 20 Organizations**

Focus: Strengthen Relationships/Care Pathways With Services For Which There Is Insufficient Demand/Resources Within The District

Organization Name	Specialty	Encounters	%
SOUTHWEST HEALTHCARE SYSTEM RANCHO SPRINGS CAMPUS	General Acute Care Hospital	3405	11.2%
TEMECULA VALLEY HOSPITAL	General Acute Care Hospital	2135	7.0%
ANTELOPE VALLEY HEALTH CARE DISTRICT	General Acute Care Hospital	1756	5.8%
CEDARS-SINAI	General Acute Care Hospital	1456	4.8%
COMMUNITY HOSPITAL OF SAN BERNARDINO	General Acute Care Hospital	1045	3.4%
ST. MARY MEDICAL CENTER	General Acute Care Hospital	912	3.0%
ST. BERNARDINE MEDICAL CENTER	General Acute Care Hospital	787	2.6%
LOMA LINDA	General Acute Care Hospital	730	2.4%
SHARP GROSSMONT HOSPITAL	General Acute Care Hospital	710	2.3%
ST MARYS MEDICAL CENTER	General Acute Care Hospital	492	1.6%
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	General Acute Care Hospital	450	1.5%
CALIFORNIA HOSPITAL MEDICAL CENTER - LOS ANGELES	General Acute Care Hospital	384	1.3%
NORTHRIDGE HOSPITAL MEDICAL CENTER	General Acute Care Hospital	376	1.2%
CANYON RIDGE HOSPITAL INC	Psychiatric Hospital	374	1.2%
PALOMAR MEDICAL CENTER ESCONDIDO	General Acute Care Hospital	352	1.2%
HI-DESERT MEDICAL CENTER	General Acute Care Hospital	336	1.1%
REDLANDS COMMUNITY HOSPITAL	General Acute Care Hospital	314	1.0%
BANNER BAYWOOD MEDICAL CENTER	General Acute Care Hospital	309	1.0%
UNIVERSITY OF CALIFORNIA SAN DIEGO, MEDICAL CENTER	General Acute Care Hospital	304	1.0%
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER	General Acute Care Hospital	296	1.0%
Grand Total		30456	

Date Range:

Non-Medicare FFS: 10/15/21 – 10/14/22

- Only Top 20 Orgs shown

Org Spotlight: Loma Linda

For Patients Seen Within Desert Healthcare District, How Often Did Patients Also Receive Inpatient Care at Loma Linda?

Key Takeaways:

- When Non-Medicare FFS Patients Seen In Desert Healthcare District Utilized Care At Loma Linda, **Gastroenterology And Cardiovascular** Care Was Most Often Sought

Focus: Amongst The Gaps Identified In The Provider Needs Assessment, Prioritize Growth Of Specialty Services Most Often Sought By Patients Outside Of The District.

Service Line	IP Encounters	%
Gastroenterology	124	16.9%
Cardiovascular	123	16.8%
Pulmonology	97	13.2%
Infectious Disease	67	9.1%
Psychiatry	57	7.8%
General Surgery	44	6.0%
Substance Abuse	35	4.8%
Rehabilitation	34	4.6%
Endocrinology	27	3.7%
Spine	22	3.0%
Nephrology	20	2.7%
Orthopedics	19	2.6%
Urology	16	2.2%
OB	14	1.9%
Gynecology	10	1.4%
Neonatology	6	0.8%
Thoracic Surgery	6	0.8%
Transplant	3	0.4%
Dermatology	2	0.3%
General Medicine	2	0.3%
Neurology	2	0.3%
Oncology/Hematology	2	0.3%
Trauma/Burns	2	0.3%
Grand Total	734	100%

Date Range:

Non-Medicare FFS: 10/15/21 – 10/14/22

Org Spotlight: Cedars-Sinai

For Patients Seen Within Desert Healthcare District, How Often Did Patients Also Receive Inpatient Care at Cedars-Sinai?

Key Takeaways:

- When Non-Medicare FFS Patients Seen In Desert Healthcare District Utilized Care At Cedars-Sinai, **Cardiovascular And Pulmonology** Care Was Most Often Sought

Focus: Amongst The Gaps Identified In The Provider Needs Assessment, Prioritize Growth Of Specialty Services Most Often Sought By Patients Outside Of The District.

Service Line	IP Encounters	%
Cardiovascular	372	25.5%
Pulmonology	176	12.1%
Infectious Disease	140	9.6%
Gastroenterology	136	9.3%
General Surgery	128	8.8%
Orthopedics	80	5.5%
Oncology/Hematology	76	5.2%
Urology	68	4.7%
ENT	52	3.6%
Endocrinology	52	3.6%
Nephrology	40	2.7%
Thoracic Surgery	24	1.6%
Neurology	16	1.1%
Trauma/Burns	16	1.1%
General Medicine	12	0.8%
Neonatology	12	0.8%
Spine	12	0.8%
Dermatology	8	0.5%
OB	8	0.5%
Ophthalmology	8	0.5%
Rheumatology	8	0.5%
Gynecology	4	0.3%
Psychiatry	4	0.3%
Substance Abuse	4	0.3%
Grand Total	1456	100%

Org Spotlight: Hi-Desert Medical Center

For Patients Seen Within Desert Healthcare District, How Often Did Patients Also Receive Inpatient Care at Hi-Desert Medical Center?

Key Takeaways:

- When Non-Medicare FFS Patients Seen In Desert Healthcare District Utilized Care At Hi-Desert Medical Center, **Pulmonology And Cardiovascular** Care Was Most Often Sought

Note: Hi-Desert Medical Center Serves As A Feeder To Desert Regional Medical Center, So These IP Encounters Are More Likely To Have Occurred Before A Patient Was Seen In District As Opposed To After Being Seen In The District.

Service Line	IP Encounters	%
Pulmonology	65	20%
Cardiovascular	48	15%
Orthopedics	36	11%
ENT	32	10%
OB	32	10%
General Surgery	31	10%
Urology	22	7%
Infectious Disease	15	5%
Endocrinology	10	3%
Nephrology	10	3%
Dermatology	5	2%
Gastroenterology	5	2%
Oncology/Hematology	5	2%
Rheumatology	5	2%
Grand Total	321	100%

Org Spotlight: Southwest Healthcare System Rancho Springs

For Patients Seen Within Desert Healthcare District, How Often Did Patients Also Receive Inpatient Care at Southwest Healthcare System Rancho Springs?

Key Takeaways:

- When Non-Medicare FFS Patients Seen In Desert Healthcare District Utilized Care At Southwest Healthcare System Rancho Springs, **Pulmonology And Cardiovascular** Care Was Most Often Sought

Focus: Amongst The Gaps Identified In The Provider Needs Assessment, Prioritize Growth Of Specialty Services Most Often Sought By Patients Outside Of The District.

Service Line	IP Encounters	%
Pulmonology	620	18.2%
Cardiovascular	560	16.4%
Nephrology	375	11.0%
Gastroenterology	365	10.7%
Infectious Disease	295	8.7%
Endocrinology	190	5.6%
General Surgery	185	5.4%
Orthopedics	185	5.4%
Oncology/Hematology	135	4.0%
Substance Abuse	110	3.2%
Psychiatry	60	1.8%
Spine	60	1.8%
Urology	50	1.5%
Dermatology	45	1.3%
General Medicine	40	1.2%
Trauma/Burns	40	1.2%
OB	35	1.0%
Neonatology	20	0.6%
ENT	10	0.3%
Gynecology	10	0.3%
Neurology	10	0.3%
Rheumatology	5	0.1%
Grand Total	3405	100%

Hospital is located in SW Riverside County in Murrieta, CA

Date Range:

Non-Medicare FFS: 10/15/21 – 10/14/22

Service Spotlight: Pediatric Care

For Patients Seen Within Desert Healthcare District, How Often Did Patients Also Receive Inpatient Care Outside of The District?

Key Takeaways:

- When Non-Medicare FFS Patients Seen In Desert Healthcare District Sought Pediatric Care, **80% Of Care Occurred At 15 Organizations**, Most Often For **Neonatal And Cardiovascular** Care

Focus: Amongst The Gaps Identified In The Provider Needs Assessment, Prioritize Growth Of Specialty Services Most Often Sought By Patients Outside Of The District.

Date Range:

Non-Medicare FFS: 10/15/21 – 10/14/22

Identified Based On Encounters Where Provider Specialty On Claim Includes “Pediatric”

- Only Orgs With More Than 10 Encounters Included

Organization Name	City	Encounters	%
COMMUNITY HOSPITAL OF SAN BERNARDINO	SAN BERNARDINO	149	25%
RONALD REAGAN UCLA MEDICAL CENTER	LOS ANGELES	60	10%
BANNER THUNDERBIRD MEDICAL CENTER	GLENDALE	57	10%
UNIVERSITY MEDICAL CENTER	LAS VEGAS	36	6%
CHILDREN'S HOSPITAL - SAN DIEGO	SAN DIEGO	22	4%
MCALISTER REGIONAL HEALTH CENTER	MCALISTER	21	4%
SOUTHWEST HEALTHCARE SYSTEM RANCHO SPRINGS CAMPUS	MURRIETA	20	3%
LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL	LOMA LINDA	20	3%
SAN ANTONIO REGIONAL HOSPITAL	UPLAND	17	3%
ST. CHARLES BEND	BEND	16	3%
WHITE MEMORIAL MEDICAL CENTER	LOS ANGELES	16	3%
LUCILE SALTER PACKARD CHILDREN'S HOSPITAL AT STANFORD	PALO ALTO	15	3%
CALIFORNIA HOSPITAL MEDICAL CENTER - LOS ANGELES	LOS ANGELES	12	2%
SKAGIT VALLEY HOSPITAL	MOUNT VERNON	11	2%
ST. BERNARDINE MEDICAL CENTER	SAN BERNARDINO	11	2%
Grand Total		596	

Service Line (Top 5)	IP Encounters	%
Neonatology	268	45%
Cardiovascular	67	11%
Gastroenterology	46	8%
Pulmonology	44	7%
Endocrinology	35	6%
Grand Total	596	



Service Spotlight: Mental + Behavioral Care

For Patients Seen Within Desert Healthcare District, How Often Did Patients Also Receive Inpatient Care for Mental + Behavioral Services?

Key Takeaways:

- When Non-Medicare FFS Patients Seen In Desert Healthcare District Sought Mental + Behavioral Services, Care Was Most Often Sought At **Canyon Ridge Hospital** And **Community Hospital Of San Bernardino**

Focus: Strengthen Relationships/Care Pathways With Services For Which There Is Insufficient Demand/Resources Within The District

Date Range:

Non-Medicare FFS: 10/15/21 – 10/14/22
 Mental + Behavioral Services Identified For Organizations With Service Line = Psychiatry + Substance Abuse
 - Only Top 15 Orgs Shown

Organization Name	Specialty	Encounters	%
CANYON RIDGE HOSPITAL INC	Psychiatric Hospital	368	16.4%
COMMUNITY HOSPITAL OF SAN BERNARDINO	General Acute Care Hospital	274	12.2%
SOUTHWEST HEALTHCARE SYSTEM RANCHO SPRINGS CAMPUS	General Acute Care Hospital	170	7.6%
THE DISCOVERY HOUSE RESIDENTIAL TREATMENT	Substance Abuse Rehabilitation Facility	72	3.2%
CORONA REGIONAL MEDICAL CENTER	Psychiatric Unit	65	2.9%
DEL AMO HOSPITAL, INC	Psychiatric Hospital	56	2.5%
NORTHRIDGE HOSPITAL MEDICAL CENTER	General Acute Care Hospital	44	2.0%
LOMA LINDA VAMC	General Acute Care Hospital	42	1.9%
LOMA LINDA UNIVERSITY BEHAVIORAL MEDICINE CENTER, INC.	Psychiatric Hospital	37	1.7%
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	General Acute Care Hospital	35	1.6%
UCSF LANGLEY PORTER HOSPITAL AND CLINICS	Psychiatric Hospital	28	1.3%
AURORA CHARTER OAK-LOS ANGELES, LLC	Psychiatric Hospital	28	1.3%
ST LUKES BEHAVIORAL HOSPITAL LP	Psychiatric Hospital	26	1.2%
SIERRA NEVADA MEMORIAL HOSPITAL	General Acute Care Hospital	26	1.2%
BANNER BEHAVIORAL HEALTH HOSPITAL	Psychiatric Hospital	26	1.2%
Grand Total		2240	

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Desert
Healthcare
District

Final
Recommendations



Final Recommendations

Alignment To Desert Healthcare District Strategic Plan

Strategic Plan Goal 2:

Proactively Expand Community Access To Primary And Specialty Care Services

Service	How	Where	Why
Primary Care – Pediatrics	<ul style="list-style-type: none"> - Grow Residency Programs Across DHCD, With Particular Focus on FQHCs - Focus Development Of Future Brick And Mortar Ambulatory Clinic Spaces In These Communities - Parallel Efforts To Recruit Physicians And/Or Advanced Practice Providers (NPs/PAs) To Work In High Need Areas, With Focus On Patient-Provider Concordance 	<p>Medically Underserved Areas + Populations With High Concentration Of Younger Growing Families</p> <p>Desert Hot Springs – 99240</p> <ul style="list-style-type: none"> o Pop: ~41k o 60% Hispanic o Median Age: ~33 Years o % Household <\$50k: 55% o Risk Of Being Uninsured: 85% Higher Than Low-Risk Communities 	<ul style="list-style-type: none"> - There Are 70 Fewer Pediatricians In DHCD Than Currently Needed Based On Population - Lack Of Providers Results In ~600 Instances of Inpatient Pediatric Care/Year Occur Outside DHCD - Proximity Of Pediatricians <u>In Ambulatory Clinic</u> Is Critical As These Communities Have 23% Greater Risk For Transportation Challenges Than Low-Risk Communities, And Medical Facilities Are Located In Areas With Median Population Age Of ~57 Years
Primary Care – Internal + Family Medicine	<ul style="list-style-type: none"> - Target Mobile Resources To High-Risk Communities With Appropriate Integrated Services (E.G., BP Check, Phlebotomy, Vaccinations, Preventative Screenings) - Targeted Deployment of Internet Hubs To Increase Access + Use Of Telehealth 	<p>Coachella/Thermal/Mecca</p> <ul style="list-style-type: none"> o Pop: ~70k o 90% Hispanic o Median Age: ~30 Years o % Household <\$50k: 59% o Risk Of Being Uninsured: 58-90% Higher Than Low-Risk Communities 	<ul style="list-style-type: none"> - There Are 72 Fewer Internal/Family Medicine Physicians Than Currently Needed Based On Population - Emergency Medicine Physicians Fill Gaps Through ED/Urgent Care Centers, As Well As Use Of Advanced Practice Providers (PA/NPs). - Hyperlipidemia/Hypertension (36% Of Adults, Most Common Chronic Condition In DHCD) Can Be Best Managed Through Primary Care In Lieu Of Specialty Cardiology Services - Likelihood For Avoidable ED Use (e.g., Asthma) Is 44% Higher In High-Risk Communities Than Low-Risk Communities

Final Recommendations

Alignment To Desert Healthcare District Strategic Plan

Strategic Plan Goal 2:

Proactively Expand Community Access To Primary And Specialty Care Services

Service	How	Where	Why
Specialty Care - Cardiology	<ul style="list-style-type: none"> - Grow Residency Programs Across DHCD, With Particular Focus on FQHCs - Focus Development Of Future Brick And Mortar Ambulatory Clinic Spaces In These Communities - Parallel Efforts To Recruit Physicians And/Or Advanced Practice Providers (NPs/PAs) To Work In High Need Areas, With Focus On Patient-Provider Concordance - Target Mobile/Pop-Up Clinics To High-Risk Communities With Appropriate Integrated Services (E.G., BP Check, Phlebotomy, Preventative Screenings, ECG) - Targeted Deployment of Internet Hubs To Increase Access + Use Of Telehealth 	<p>Medically Underserved Areas + Populations With High Concentration Of Younger Growing Families</p> <p>Desert Hot Springs – 99240</p> <ul style="list-style-type: none"> o Pop: ~41k o 60% Hispanic o Median Age: ~33 Years o % Household <\$50k: 55% o Risk Of Being Uninsured: 85% Higher Than Low-Risk Communities <p>Coachella/Thermal/Mecca</p> <ul style="list-style-type: none"> o Pop: ~70k o 90% Hispanic o Median Age: ~30 Years o % Household <\$50k: 59% o Risk Of Being Uninsured: 58-90% Higher Than Low-Risk Communities 	<ul style="list-style-type: none"> - Hyperlipidemia/Hypertension (36% Of Adults) Is The Most Common Chronic Condition In DHCD - Risk For Cardiovascular Outcomes (Heart Failure, Diabetes, Hyperlipidemia, Hypertension) Is 16-23% Higher Than National Average Across DHCD, Suggesting Need For Higher Physician Volume Than Benchmarks - The Most Frequent Inpatient Services Sought Outside the District Are Cardiovascular, Primarily Medical Cardiology and Catheterization. - Proximity Is Critical As These Communities Have 23% Greater Risk For Transportation Challenges Than Low-Risk Communities

Final Recommendations

Alignment To Desert Healthcare District Strategic Plan

Strategic Plan Goal 2:

Proactively Expand Community Access To Primary And Specialty Care Services

Service	How	Where	Why
Specialty Care – General Surgery	<ul style="list-style-type: none">- Grow Residency Programs Across DHCD- Parallel Efforts To Recruit Physicians And/Or Advanced Practice Providers (PA/NPs) To Grow Capacity With Focus On Patient-Provider Concordance	Due To Overall Community Need And Gaps Across District, Focus Recruitment To Existing Facilities (Desert Regional Medical Center, JFK Hospital, Eisenhower Medical Center)	<ul style="list-style-type: none">- There Are 27 Fewer General Surgeons Than Currently Needed Based On Population- General Surgery Is The 5th Most Common Inpatient Service Sought Outside The District

Final Recommendations

Alignment To Desert Healthcare District Strategic Plan

Strategic Plan Goal 3:

Proactively Expand Community Access To Behavioral/Mental Health Services

Service	How	Where	Why
Psychiatry – Mental + Behavioral Services	<ul style="list-style-type: none"> - Focus Development Of Future Brick And Mortar Ambulatory/Inpatient Spaces In These Communities - Integration Of Community Health Workers/Promotoras To Connect Community Members To Resources And Reduce Stigma For Accessing Healthcare Resources (e.g., Care Coordination, Case Management, Etc.) - Targeted Deployment of Internet Hubs To Increase Access + Use Of Telehealth 	<p>Medically Underserved Areas + Populations</p> <p>Desert Hot Springs – 99240</p> <ul style="list-style-type: none"> o Pop: ~41k o 60% Hispanic o Median Age: ~33 Years o % Household <\$50k: 55% o Risk Of Being Uninsured: 85% Higher Than Low-Risk Communities <p>Coachella/Thermal/Mecca</p> <ul style="list-style-type: none"> o Pop: ~70k o 90% Hispanic o Median Age: ~30 Years o % Household <\$50k: 59% o Risk Of Being Uninsured: 58-90% Higher Than Low-Risk Communities 	<ul style="list-style-type: none"> - There Are 37 Fewer Psychiatrists Than Currently Needed Based On Population - Substance Abuse And Psychiatric Inpatient Services Are The 2 Highest Service Lines Sought Outside The District As A Percent Of Total Care. - Risk For Opioid-Related ADEs Is 20-50% Higher Than Low-Risk Communities - Proximity Is Critical As These Communities Have 23% Greater Risk For Transportation Challenges And 50-100% Greater Risk For Housing Insecurity Than Low-Risk Communities Where Current Resources Are Located (i.e., Betty Ford)

Final Recommendations

5 Year Outlook: Goal Setting + Prioritization

Service Line	Priority	Goal	Timeframe
Mental + Behavioral Health	High	- Craft Business Case To Provide Targeted Inpatient Mental + Behavioral Health Services/Beds In Medically Underserved Communities Within 1 Year For Rollout Over 5-Year Span	1-5 Years
Pediatrics	High	- Increase Supply Of Pediatric <i>Clinic</i> Providers (Physicians/NP/PAs) In District By 10 Within 3 Years, With Ongoing Efforts To Increase Through Development Of A Pediatric Residency Program. - Focus Pediatric Footprint In Younger Communities/FQHCs As Compared To Current Healthcare Infrastructure	1-3 Years
Family + Internal Medicine	High/Medium	- Increase Supply Of Family + Internal Medicine Providers (Physicians/NP/PAs) In District By 20 Within 5 Years, Primarily In Medically Underserved Communities/FQHCs. - Focus Efforts On Pediatrics And Preventative/Chronic Care Management, Especially Of Cardiovascular And Pulmonary Disease	1-5 Years
Cardiovascular	Medium	- Monitor Care Quality Measures (e.g., A1C Poor Control, BP Poor Control) To Assess Impact And Expand Recruitment Efforts To Include Cardiology Recruitment Based On High Community Burden Of Cardiovascular Disease	2-5+ Years
General Surgery	Low	- Increase Supply Of General Surgery Providers (Physicians/NP/PAs) In District By 10 Within 5 Years	3-5+ Years

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Desert
Healthcare
District

Board Meeting
Follow Ups



Follow Ups

1. What Is The Impact Of Loma Linda Pediatric Clinic In Indio On Out-Migration?

- The Services Provided At This Clinic Are Outpatient Only.
- Due To How Loma Linda Reports Claims, It Is Not Possible To Isolate Volume At The Indio Clinic.

Takeaway: Because This Clinic Only Provides Outpatient Services, Impact To Inpatient Pediatric Out-migration Is Limited.

2. How Do Beds Available In DHCD At Oasis Impact Out-Migration?

- The Services Provided At This Clinic Are Provided By Telecare Corporation, An Organization With Footprint Across The West And Southwest US.
- Due To How Telecare Corporation Reports Claims, It Does Not Appear To Be Possible To Isolate Just This Location, Although We Are Continuing Efforts.

Appendix –
Consumer
Market Trends



Medical Expenditures in Desert Healthcare District

	Spending Potential Index	Average Amount Spent	Total
Health Care	101	\$7,160.56	\$1,226,332,515
Medical Care	102	\$2,448.55	\$419,342,890
Physician Services	96	\$276.68	\$47,385,087
Dental Services	109	\$496.20	\$84,979,844
Eyecare Services	100	\$77.89	\$13,338,822
Lab Tests, X-rays	95	\$74.41	\$12,743,059
Hospital Room and Hospital Services	98	\$220.90	\$37,831,370
Convalescent or Nursing Home Care	122	\$46.70	\$7,998,527
Other Medical Services (1)	99	\$172.09	\$29,472,814
Nonprescription Drugs	100	\$176.59	\$30,242,412
Prescription Drugs	100	\$378.22	\$64,774,300
Nonprescription Vitamins	112	\$125.25	\$21,451,136
Medicare Prescription Drug Premium	110	\$149.31	\$25,571,079
Eyeglasses and Contact Lenses	96	\$105.84	\$18,126,807
Hearing Aids	114	\$53.02	\$9,079,578
Medical Equipment for General Use	109	\$7.68	\$1,315,545
Other Medical Supplies/Equipment (2)	103	\$87.77	\$15,032,510
Health Insurance	100	\$4,712.02	\$806,989,626
Blue Cross/Blue Shield	93	\$1,137.48	\$194,807,053
Fee for Service Health Plan	94	\$895.89	\$153,432,111
HMO	99	\$822.13	\$140,799,294
Medicare Payments	112	\$1,056.80	\$180,989,737
Long Term Care Insurance	108	\$60.90	\$10,429,664
Dental Care Insurance	97	\$169.61	\$29,047,715
Vision Care Insurance	95	\$37.59	\$6,438,226
Prescription Drug Insurance	102	\$8.92	\$1,528,315
Other Single Service Insurance (3)	97	\$20.79	\$3,560,904
Medicaid Premiums	93	\$10.66	\$1,825,779
Tricare/Military Premiums	100	\$8.70	\$1,489,381
Children's Health Ins Program Premiums	86	\$2.52	\$431,360

The Spending Potential Index Compares This Market To The Average Market Where 100 Is Average.

This Population Spends Slightly More On Health Care On Average Compared To The Rest Of The US.

- Markets That Are Below Average In Spending Are Key Areas To Target For More Support Needed.
- Markets That Are Above Average In Spending Are Areas To Improve/Maintain The Patient Care Being Offered.

On Average, Each Household Spends \$2,448/Year On Medical Care And \$7,160/Year On Health Care Overall.

Healthcare Resource Utilization

Product/Consumer Behavior	Expected Number of Adults/HHs	Percent	MPI
Visited doctor in last 12 months	277,754	77.8%	98
Visited doctor in last 12 months: 1-2 times	79,390	22.2%	94
Visited doctor in last 12 months: 3-5 times	83,103	23.3%	98
Visited doctor in last 12 months: 6+ times	117,752	33.0%	103
Visited doctor in last 12 months: acupuncturist	6,613	1.9%	115
Visited doctor in last 12 months: allergist	6,888	1.9%	91
Visited doctor in last 12 months: cardiologist	33,748	9.5%	118
Visited doctor in last 12 months: chiropractor	26,996	7.6%	91
Visited doctor in last 12 months: dentist	139,694	39.2%	98
Visited doctor in last 12 months: dermatologist	47,151	13.2%	124
Visited doctor in last 12 months: ear/nose/throat	19,124	5.4%	111
Visited doctor in last 12 months: eye	79,412	22.3%	99
Visited doctor in last 12 months: gastroenterologist	19,592	5.5%	112
Visited doctor in last 12 months: general/family	151,590	42.5%	97
Visited doctor in last 12 months: internist	22,190	6.2%	114
Visited doctor in last 12 months: physical therapist	20,432	5.7%	101
Visited doctor in last 12 months: podiatrist	12,862	3.6%	123
Visited doctor in last 12 months: psychiatrist/psychologist	12,878	3.6%	94
Filled prescription online in the last 12 months	23,322	6.5%	114
Visited doctor in last 12 months: urologist	18,202	5.1%	116
Visited nurse practitioner in last 12 months	23,937	6.7%	94

The MPI Compares This Market To The Average Market Where 100 Is Average.
 This Population Visits Doctors Slightly More Than The Average US Population.

- **Cardiology, Dermatology, And Podiatry** Are Top Provider Types That This Population Utilizes.

Healthcare Resource Utilization

Product/Consumer Behavior	Expected Number of Adults/HHs	Percent	MPI
Used prescription drug for acne	9,770	2.7%	99
Used prescription drug for allergy/hay fever	21,500	6.0%	97
Used prescription drug for anxiety/panic	21,958	6.2%	86
Used prescription drug for arthritis/osteoarthritis	12,137	3.4%	104
Used prescription drug for rheumatoid arthritis	10,594	3.0%	119
Used prescription drug for asthma	16,793	4.7%	103
Used prescription drug for backache/back pain	25,206	7.1%	100
Used prescription drug for depression	21,378	6.0%	87
Used prescription drug for diabetes (non-insulin dependent Type-2)	21,063	5.9%	107
Used prescription drug for heartburn/acid reflux	24,309	6.8%	103
Used prescription drug for high blood pressure	52,348	14.7%	100
Used prescription drug for high cholesterol	42,535	11.9%	112
Used prescription drug for insomnia	9,460	2.7%	116
Used prescription drug for migraine headache	8,680	2.4%	81
Used prescription drug for sinus congestion/headache	10,707	3.0%	95
Used prescription drug for urinary tract infection	13,499	3.8%	109

The MPI Compares This Market To The Average Market Where 100 Is Average.

This Population Utilizes Prescription Drugs More Than The Average US Population.

- **Rheumatoid Arthritis, Insomnia And Diabetes** Are Top Disease States That This Population Utilizes Medications For.

Appendix

Disease
Prediction In
Desert
Healthcare
District



Diagnostic Risk Predictions for Individual Patients

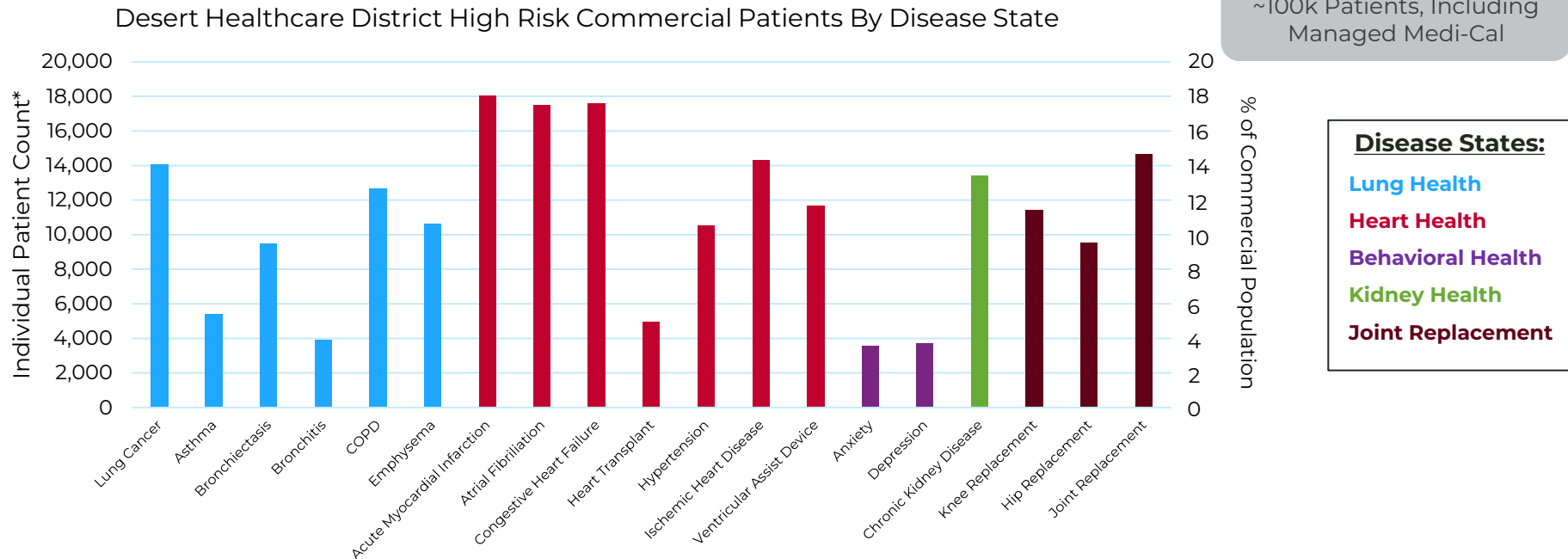
Our Approach

1. Identify Disease Models Of Interest To Desert Healthcare District
 - Confirmed As Lung Health, Heart Health, Kidney Health, Joint Replacement, Anxiety/Depression
2. Apply Huron's PREDICT Model On The Commercial Patients In The Desert Healthcare District
 - **Note:** Due To Medicare Data Limitations, PREDICT Models Can Only Be Applied For Non-Medicare Fee-For-Service Patients. In Desert Healthcare District, This Represents ~100,000 Unique Individuals. **This Includes Managed Medi-Cal IEHP.**
3. Assess Opportunities For Targeted Outreach/Care Plan Development For Community Patients For Specific Disease States

Diagnostic Risk Predictions For Individual Patients

Overall Summary

Commercial Patient Pool:
~100k Patients, Including
Managed Medi-Cal



Desert Healthcare District Community Members Are Most Inclined To Poor Heart Health Outcomes

Appendix –

Social Risk Data
Reference
Materials



Social Health Data

Overview

At The Zip Code And Ethnicity Level, We Can Evaluate The Items Below:

Social Risk

- Food Insecurity
- Housing Insecurity
- Risk Of Being Uninsured
- Transportation
- Discord At Home
- Financial Insecurity
- Health Literacy
- Loneliness
- Low Socioeconomic Status
- Risk Of Being Unemployed

Health Outcome L2 (Likelihood To)

- Asthma
- Cardiovascular
- Diabetes
- Hyperlipidemia
- Hypertension
- Opioid-Related Adverse Drug Event (ADE)
- Anxiety
- Depression
- Anticoagulant-Related ADE
- Sepsis
- HIV
- Obesity

Healthcare Risk L2 (Likelihood To)

- Admit To Inpatient
- Use ED
- ADE
- Avoidable ED
- Be Acute Rising Risk
- Be ED Super Utilizer
- Next 12 Months Total Cost Of Care (TCoC)
- Readmit To Inpatient

Healthcare Engagement L2 (Likelihood To)

- Activate On Digital Health/Well Platform
- Complete Annual Wellness Visit
- Engage In Chronic Care Management
- Engage Via Outbound Phone Call
- Engage Via Telehealth
- Engage With Direct Mail
- Engage With Email
- Participate In A Health Program

Social Health Data

Data Considerations

Social Risk Data Is Based On A Representative (~50%) Sample Of Desert Healthcare District But Does Not Match The Overall District Demographic Composition.

- This Is Due To Smaller Sample Sizes Of High-Density Hispanic Areas (Coachella, Indio – 99201, Mecca, Thermal).
 - While The Sample Sizes Are Smaller For These Areas, The Ethnic Breakdown Of The Sample Size Is Representative Of Each Community (e.g., Of Those Sampled In Coachella, 95% Were Hispanic, In Line With 95.8% Of The Population)
- Because All Metrics Are Represented As Relative Risk %, No Adjustments Have Been Made To The Data.

Overall Desert Healthcare District								Social Health Data
	HISPANIC	WHITE	BLACK	ASIAN	OTHER	UNKNOWN	Sample Total	
Overall	35.8%	52.6%	1.4%	3.2%	5.3%	1.7%	222032	

High Risk Zip Codes in Desert Healthcare District							
Zip - City Combo	HISPANIC	WHITE	BLACK	ASIAN	OTHER	UNKNOWN	Sample Total
CATHEDRAL CTY - 92234	45.7%	43.9%	1.5%	4.6%	3.0%	1.4%	24515
COACHELLA - 92236	94.8%	3.3%	0.6%	0.8%	0.4%	0.2%	14545
DSRT HOT SPGS - 92240	48.1%	42.5%	3.0%	2.9%	2.2%	1.3%	15841
DSRT HOT SPGS - 92241	33.7%	57.6%	1.0%	2.1%	3.4%	2.1%	3681
INDIO - 92201	62.6%	31.5%	0.9%	2.3%	2.0%	0.8%	26158
MECCA - 92254	95.4%	3.8%	0.2%	0.5%	0.0%	0.1%	2483
N PALM SPGS - 92258	34.3%	10.2%	51.1%	1.5%	2.9%	0.0%	137
THERMAL - 92274	88.7%	8.4%	0.4%	1.3%	0.9%	0.3%	2510
THOUSAND PLMS - 92276	43.4%	49.7%	0.6%	1.9%	3.1%	1.3%	4524
Grand Total	60.2%	32.7%	1.4%	2.6%	2.1%	1.0%	94394

Low Risk Zip Codes in Desert Healthcare District							
Zip - City Combo	HISPANIC	WHITE	BLACK	ASIAN	OTHER	UNKNOWN	Grand Total
INDIAN WELLS - 92210	3.9%	79.5%	0.4%	3.1%	10.4%	2.7%	4009
INDIO - 92203	34.3%	54.9%	1.2%	3.4%	4.3%	1.9%	19055
LA QUINTA - 92253	23.6%	64.2%	0.9%	3.8%	5.6%	1.9%	24621
PALM DESERT - 92211	10.9%	72.0%	1.3%	3.6%	9.7%	2.5%	20125
PALM DESERT - 92260	15.0%	70.6%	1.0%	3.3%	8.0%	2.2%	18925
PALM SPRINGS - 92262	18.2%	65.0%	3.6%	3.6%	7.3%	2.4%	14481
PALM SPRINGS - 92264	11.1%	73.2%	1.2%	3.3%	8.9%	2.2%	12348
RANCHO MIRAGE - 92270	7.9%	72.4%	0.9%	4.2%	11.8%	2.9%	14074
Grand Total	17.7%	67.3%	1.3%	3.6%	7.8%	2.3%	127638

Overall Desert Healthcare District										2022 Pop. Data
	Hispanic	White (Non-Hispanic)	Black / African American	American Indian / Alaska Native	Asian	Pacific Islander	Other (Non-Hispanic)	2+ Races (Non-Hispanic)	Total Population	
Overall	54.5%	36.6%	2.5%	0.4%	3.1%	0.1%	0.5%	2.3%	455584	

High Risk Zip Codes in Desert Healthcare District									
City-Zip	Hispanic	White (Non-Hispanic)	Black / African American	American Indian / Alaska Native	Asian	Pacific Islander	Other (Non-Hispanic)	2+ Races (Non-Hispanic)	Total Population
CATHEDRAL CTY - 92234	59.8%	28.6%	2.2%	0.5%	5.8%	0.1%	0.5%	2.5%	51788
COACHELLA - 92236	95.8%	2.5%	0.3%	0.2%	0.4%	0.0%	0.4%	0.4%	42590
DSRT HOT SPGS - 92240	62.9%	24.3%	6.5%	0.5%	2.1%	0.2%	0.6%	3.0%	41127
DSRT HOT SPGS - 92241	43.1%	49.3%	1.8%	0.4%	1.7%	0.1%	0.5%	3.1%	9274
INDIO - 92201	76.3%	17.7%	2.0%	0.3%	1.8%	0.0%	0.4%	1.4%	66737
MECCA - 92254	97.5%	1.3%	0.3%	0.1%	0.2%	0.0%	0.3%	0.3%	12687
N PALM SPGS - 92258	65.1%	23.6%	4.3%	1.4%	2.5%	0.1%	0.4%	2.5%	1155
THERMAL - 92274	84.8%	7.7%	4.4%	0.9%	0.7%	0.1%	0.4%	1.0%	24091
THOUSAND PLMS - 92276	58.8%	34.9%	1.1%	0.3%	2.6%	0.0%	0.3%	2.0%	8107
Grand Total	74.1%	18.4%	2.6%	0.4%	2.3%	0.1%	0.4%	1.7%	257556

Low Risk Zip Codes in Desert Healthcare District									
City-Zip	Hispanic	White (Non-Hispanic)	Black / African American	American Indian / Alaska Native	Asian	Pacific Islander	Other (Non-Hispanic)	2+ Races (Non-Hispanic)	Total Population
INDIAN WELLS - 92210	12.2%	80.3%	1.1%	0.1%	3.4%	0.1%	0.4%	2.5%	4817
INDIO - 92203	47.8%	42.2%	2.2%	0.4%	3.6%	0.1%	0.5%	3.1%	32067
LA QUINTA - 92253	35.0%	55.1%	1.7%	0.3%	3.9%	0.1%	0.5%	3.3%	38271
PALM DESERT - 92211	17.4%	71.7%	2.0%	0.2%	5.2%	0.1%	0.4%	3.0%	26724
PALM DESERT - 92260	27.7%	62.9%	1.6%	0.2%	3.9%	0.1%	0.4%	3.2%	31689
PALM SPRINGS - 92262	31.4%	54.3%	5.5%	0.6%	4.3%	0.2%	0.6%	3.1%	27472
PALM SPRINGS - 92264	18.7%	69.5%	2.4%	0.5%	5.0%	0.1%	0.5%	3.3%	19865
RANCHO MIRAGE - 92270	14.5%	75.1%	1.8%	0.3%	4.6%	0.1%	0.5%	3.0%	17123
Grand Total	29.1%	60.2%	2.4%	0.4%	4.2%	0.1%	0.5%	3.1%	198028

Appendix –

Healthcare
Engagement
Strategies



Healthcare Engagement in Desert Healthcare District

Annual Wellness Visit/Physical

Key Takeaways:

Likelihood To Complete An Annual Wellness Visit/Physical Is On Average **19% Lower In High-Risk Zip Codes** Than For Low-Risk Zip Codes Within Desert Healthcare District

These Disparities Are Relatively Consistent Across Racial/Ethnic Community Members With ~10% Variation On Average.

In High-Risk Zip Codes, Risk For Avoidable ED Visits Is 44% Higher, Highlighting Use Of Higher Cost Healthcare Resources In Lieu Of Longitudinal Care.

Relative Engagement	Ethnicity						Grand Total
Zip - City Combo	WHITE	OTHER	UNKNOWN	BLACK	ASIAN	HISPANIC	Grand Total
CATHEDRAL CTY - 92234	1.09	1.09	1.06	1.01	0.99	0.98	1.04
COACHELLA - 92236	0.97	0.95	0.91	0.95	0.97	0.95	0.95
DSRT HOT SPGS - 92240	0.98	1.00	0.96	0.89	0.93	0.87	0.94
DSRT HOT SPGS - 92241	0.98	0.98	0.99	0.94	0.96	0.94	0.96
INDIO - 92201	1.13	1.13	1.10	1.05	1.03	0.99	1.07
MECCA - 92254	0.97		0.91	0.83	0.92	0.88	0.90
N PALM SPGS - 92258	1.01	0.86		0.98	0.87	0.94	0.93
THERMAL - 92274	1.01	0.96	1.00	1.01	0.93	0.93	0.97
THOUSAND PLMS - 92276	1.05	1.02	1.01	1.10	0.99	0.94	1.02
Grand Total	1.02	1.00	0.99	0.97	0.95	0.93	0.98

Relative Engagement	Ethnicity						Grand Total
Zip - City Combo	OTHER	WHITE	UNKNOWN	BLACK	ASIAN	HISPANIC	Grand Total
INDIO - 92203	1.20	1.18	1.21	1.12	1.10	1.07	1.15
LA QUINTA - 92253	1.23	1.21	1.19	1.15	1.13	1.09	1.17
PALM DESERT - 92211	1.27	1.27	1.26	1.17	1.15	1.12	1.21
PALM DESERT - 92260	1.21	1.20	1.19	1.16	1.12	1.06	1.16
PALM SPRINGS - 92262	1.09	1.09	1.05	1.00	1.04	1.00	1.04
PALM SPRINGS - 92264	1.19	1.17	1.17	1.10	1.13	1.07	1.14
RANCHO MIRAGE - 92270	1.26	1.26	1.27	1.18	1.20	1.13	1.22
INDIAN WELLS - 92210	1.29	1.29	1.30	1.26	1.22	1.24	1.27
Grand Total	1.22	1.21	1.21	1.14	1.14	1.10	1.17

How To Interpret:

A Value Of 1.15 Indicates A 15% Higher Risk Than The National Average.

A Value Of 0.85 Indicates A 15% Lower Risk Than The National Average.

Healthcare Engagement in Desert Healthcare District

Telehealth Use

Key Takeaways:

Likelihood To Use Telehealth Is On Average **6% Lower In High-Risk Zip Codes** Than For Low-Risk Zip Codes Within Desert Healthcare District

Availability of Targeted Telehealth Hubs in Communities With Lowest Telehealth Use Can Promote Increased Adoption.

High Risk Zip Codes in Desert Healthcare District								
Relative Engagement	Ethnicity							
Zip - City Combo	BLACK	UNKNOWN	WHITE	OTHER	HISPANIC	ASIAN		Grand Total
CATHEDRAL CTY - 92234	0.99	1.00	0.98	1.03	0.92	0.95		0.98
COACHELLA - 92236	1.05	0.85	0.94	0.94	0.92	0.92		0.94
DSRT HOT SPGS - 92240	0.98	0.97	0.99	0.95	0.96	0.97		0.97
DSRT HOT SPGS - 92241	1.17	1.19	1.12	1.16	1.03	1.13		1.14
INDIO - 92201	1.05	0.97	1.03	1.01	0.94	0.95		0.99
MECCA - 92254	0.89	1.20	0.96		0.85	0.65		0.91
N PALM SPGS - 92258	0.96		0.89	0.41	0.93	0.54		0.74
THERMAL - 92274	1.18	0.90	0.96	1.04	0.91	0.79		0.96
THOUSAND PLMS - 92276	1.12	1.06	1.12	1.04	0.94	1.01		1.05
Grand Total	1.04	1.02	1.00	0.95	0.93	0.88		0.97

Low Risk Zip Codes in Desert Healthcare District								
Relative Engagement	Ethnicity							
Zip - City Combo	BLACK	OTHER	WHITE	UNKNOWN	ASIAN	HISPANIC		Grand Total
INDIO - 92203	1.07	1.11	1.06	1.06	1.02	1.02		1.06
LA QUINTA - 92253	1.08	1.04	1.02	0.99	0.97	0.95		1.01
PALM DESERT - 92211	1.12	1.16	1.15	1.18	1.06	1.03		1.12
PALM DESERT - 92260	1.13	1.08	1.10	1.05	1.00	0.98		1.06
PALM SPRINGS - 92262	0.90	0.90	0.90	0.92	0.88	0.89		0.90
PALM SPRINGS - 92264	0.99	1.00	0.99	1.01	0.93	0.94		0.98
RANCHO MIRAGE - 92270	1.06	1.09	1.09	1.08	1.03	1.02		1.06
INDIAN WELLS - 92210	1.26	1.08	1.11	1.05	1.07	1.06		1.10
Grand Total	1.08	1.06	1.05	1.04	0.99	0.99		1.03

How To Interpret:

A Value Of 1.15 Indicates A 15% Higher Risk Than The National Average.

A Value Of 0.85 Indicates A 15% Lower Risk Than The National Average.

Appendix –
Sub-Service Line
Out-Migration
Deep Dive



Cardiovascular Service Line Deep Dive

For Patients Seen Within Desert Healthcare District, What Type Of Cardiovascular Care Did Patients Most Often Receive Somewhere Else?

Service Line	Encounters	% of Total Care Outside District
Cardiovascular	5620	18.5%

Sub-Service Line	Encounters	% of Service Line Care
Medical Cardiology	3461	62%
Cardiac Cath	551	10%
Vascular Surgery	530	9%
Cardiac Surgery	398	7%
Cardiac EP	351	6%
Diagnostic Cath	227	4%
Vascular Medicine	112	2%

Date Range:

Non-Medicare FFS: 10/15/21 – 10/14/22

Service Line Defined by DRG Grouping

Pulmonology Service Line Deep Dive

For Patients Seen Within Desert Healthcare District, What Type Of Pulmonology Care Did Patients Most Often Receive Somewhere Else?

Service Line	Encounters	% of Total Care Outside District
Pulmonology	3907	12.8%

Note: Huron Does Not Group Pulmonology DRGS Into Sub-Service Lines

Top 10 DRG Codes Represent ~85% Of Total Encounters

DRG Code	DRG	Encounters	% of Service Line Care
177	Respiratory Infections And Inflammations With Mcc	1101	28%
189	Pulmonary Edema And Respiratory Failure	399	10%
193	Simple Pneumonia And Pleurisy With Mcc	392	10%
194	Simple Pneumonia And Pleurisy With Cc	304	8%
190	Chronic Obstructive Pulmonary Disease With Mcc	258	7%
207	Respiratory System Diagnosis With Ventilator Support >96 Hours	257	7%
208	Respiratory System Diagnosis With Ventilator Support <=96 Hours	208	5%
175	Pulmonary Embolism With Mcc Or Acute Cor Pulmonale	149	4%
178	Respiratory Infections And Inflammations With Cc	109	3%
179	Respiratory Infections And Inflammations Without Cc/Mcc	92	2%

Date Range:

Non-Medicare FFS: 10/15/21 – 10/14/22

Service Line Defined by DRG Grouping

Oncology & Hematology Service Line Deep Dive

For Patients Seen Within Desert Healthcare District, What Type Of Onc/Hem Care Did Patients Most Often Receive Somewhere Else?

Service Line	Encounters	% of Total Care Outside District
Oncology & Hematology	980	3.2%

Note: Huron Does Not Group Oncology & Hematology DRGS Into Sub-Service Lines

Top 10 DRG Codes Represent ~67% Of Total Encounters

DRG Code	DRG	Encounters	% of Service Line Care
812	Red Blood Cell Disorders Without Mcc	225	19.0%
811	Red Blood Cell Disorders With Mcc	112	9.4%
813	Coagulation Disorders	83	7.0%
375	Digestive Malignancy With Cc	69	5.8%
180	Respiratory Neoplasms With Mcc	61	5.2%
374	Digestive Malignancy With Mcc	61	5.2%
840	Lymphoma And Non-Acute Leukemia With Mcc	53	4.5%
435	Malignancy Of Hepatobiliary System Or Pancreas With Mcc	52	4.4%
543	Pathological Fractures And Musculoskeletal And Connective Tissue Malignancy With Cc	49	4.1%
847	Chemotherapy Without Acute Leukemia As Secondary Diagnosis With Cc	34	2.9%

Date Range:

Non-Medicare FFS: 10/15/21 – 10/14/22

Service Line Defined by DRG Grouping

OB Service Line Deep Dive

For Patients Seen Within Desert Healthcare District, What Type Of OB Care Did Patients Most Often Receive Somewhere Else?

Service Line	Encounters	% of Total Care Outside District
OB	858	2.8%

Note: Huron Does Not Group OB DRGS Into Sub-Service Lines

Top 10 DRG Codes Represent ~85% Of Total Encounters

DRG Code	DRG	Encounters	% of Service Line Care
807	Vaginal Delivery Without Sterilization Or D&C Without Cc/Mcc	249	29.0%
775	Vaginal Delivery W/O Complicating Diagnoses	106	12.3%
806	Vaginal Delivery Without Sterilization Or D&C With Cc	80	9.3%
788	Cesarean Section Without Sterilization Without Cc/Mcc	75	8.7%
787	Cesarean Section Without Sterilization With Cc	52	6.0%
770	Abortion With D&C, Aspiration Curettage Or Hysterotomy	46	5.4%
832	Other Antepartum Diagnoses Without O.R. Procedures With Cc	39	4.5%
817	Other Antepartum Diagnoses With O.R. Procedures With Mcc	33	3.8%
785	Cesarean Section With Sterilization Without Cc/Mcc	28	3.3%
833	Other Antepartum Diagnoses Without O.R. Procedures Without Cc/Mcc	27	3.1%

Date Range:

Non-Medicare FFS: 10/15/21 – 10/14/22

Service Line Defined by DRG Grouping