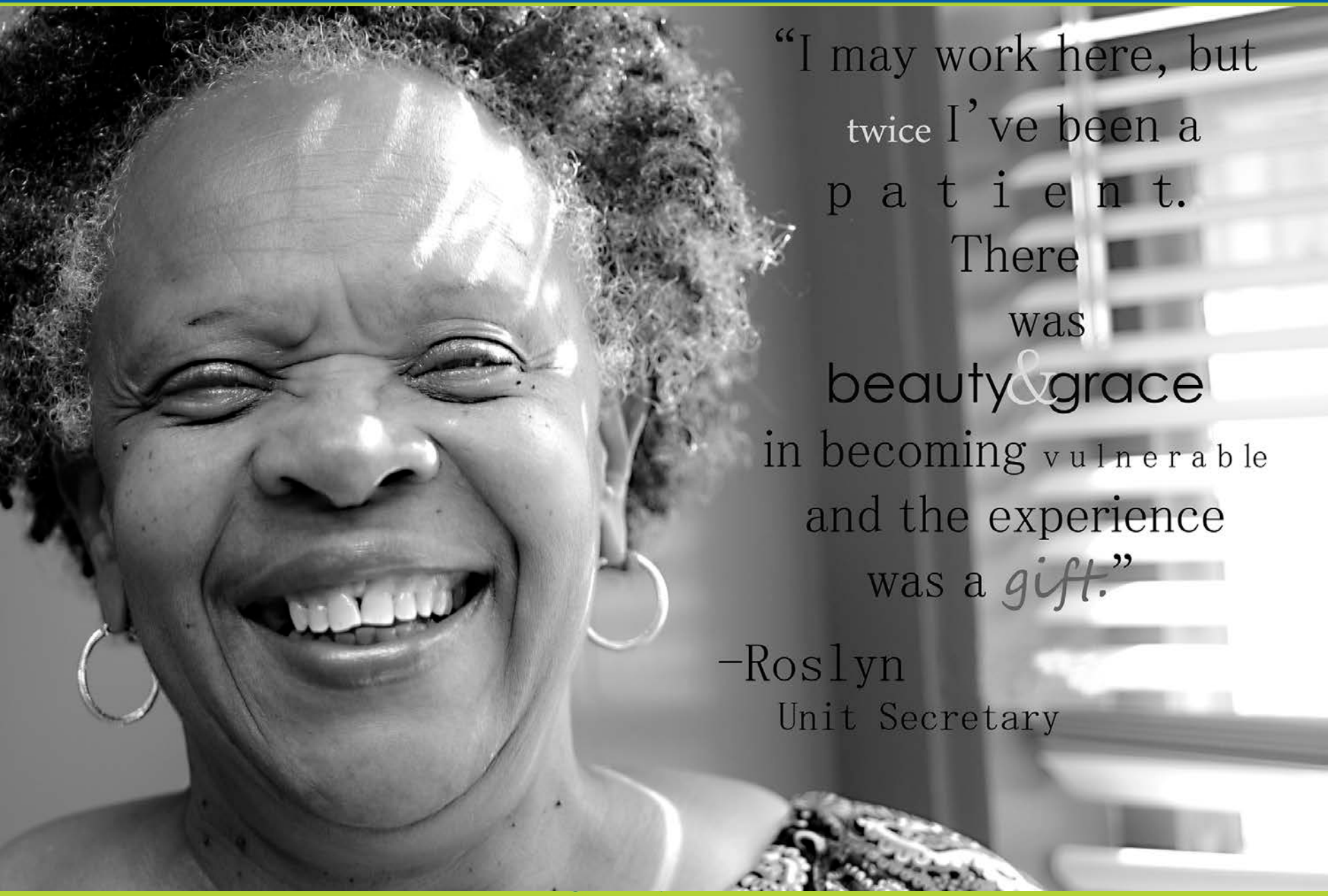
What are Accountable Care Communities?

Samuel L Ross, M.D., M.S.
Chief Executive Officer


"I may work here, but
twice I've been a
p a t i e n t.
There
was
beauty & grace
in becoming v u l n e r a b l e
and the experience
was a gift."
-Roslyn
Unit Secretary

Bon Secours PROFILE

Locations

Bon Secours Hospital

Bon Secours Community Institute for Behavioral Services (CIBS) Metro & Towanda

Bon Secours New Hope & Next Passage Treatment Centers

Bon Secours Family Health & Wellness Center

Bon Secours St. Francis Outpatient Center

Bon Secours Community Works

Bon Secours Women's Resource Center

HOUSING

Bon Secours Liberty Village

Bon Secours Hollins Terrace

Bon Secours Benet House

Bon Secours Wayland Village

Bon Secours Smallwood Summit

Bon Secours New Shiloh Village

Bon Secours Gibbons Apartments

History

1881 Founded by the Sisters of Bon Secours, who arrived in Baltimore from Paris, France.

1919 After 30 years of providing home health care in Baltimore, the Sisters of Bon Secours opened Bon Secours Hospital to care for patients and help teach their brand of compassionate nursing.

1983 Incorporated as Bon Secours Baltimore Health System, Inc.

Overview

Bon Secours Baltimore Health System (BSBHS) is a full-service health system, providing primary and emergency care, as well as a host of other services to meet healthcare needs in west Baltimore.

BSBHS is part of Bon Secours Health System, Inc. based in Marriottsville, Maryland and is a $3.5 billion dollar not-for-profit Catholic health system.

Bon Secours Health System consists of more than 23,000 caregivers helping people in six states.

Special Honors

- Best Place to Work by the Baltimore Business Journal in 2016.
- Baltimore Top Workplace for 2013, 2014 & 2015 by the Baltimore Sun.
- Named one of the top 50 Greenest Hospitals in America in 2015 by Beckers Hospital Review.
- Selected as a 2014 Healthcare Innovator for Community Health by the Baltimore Business Journal. Bon Secours Baltimore was chosen for dedicating nearly 12% of its operating budget to community benefit.

Statistics (Fiscal 2016)

Employees	797
Active Physicians	175
Available Licensed Beds	72
Intensive Care Beds	8
Admissions	3,941
Surgical Visits (inpatient)	777
Outpatient Surgical Visits	1,009
Emergency Dept. Visits	25,462
Outpatient Visits	328,900

Financials (Fiscal 2016)

Total Assets	$79,291,000
Operating Revenue	$115,850,000
Charity Care	$607,000

The original hospital entrance, located on Fayette Street.

Leadership

Samuel L. Ross, M.D., M.S.
Chief Executive Officer

Special Technology

Electronic Medical Record System
Online Patient Access to Medical Records (my**chart**)
Virtual Doctor Visits (Bon Secours 24/7™)

Key Services

24 hour Emergency Department
Critical Care Services
Oncology
Renal (Acute & Outpatient)
Cardiology
Infectious Disease
Nuclear Medicine
Surgical
Diagnostic
Specialized & Outpatient Services
Pastoral Care
Correctional Health Ministry
Behavioral Health & Substance Abuse
- Inpatient & Outpatient Services
- Individual & Group Therapy
- Specialized Case Management
- Partial Hospitalization Programs for Adults & Children

Community Outreach

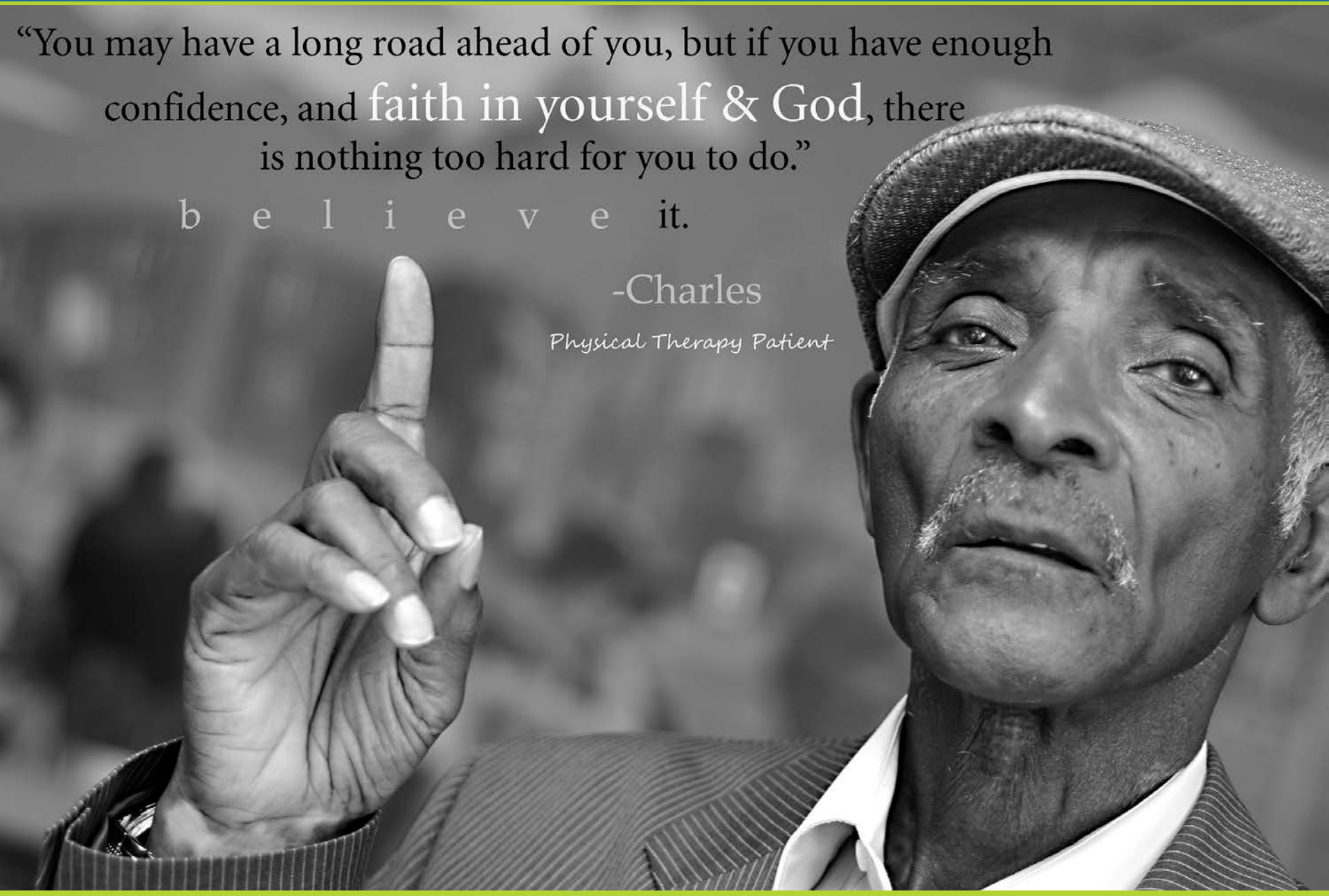
Bon Secours Community Works

Financial & Tax Services	G.E.D. Classes	Re-entry Services
Parenting Programs	Early Head Start	
Career Development	Eviction Prevention	

Senior Housing: (529 units)

Liberty Village	Wayland Village	Benet House
Hollins Terrace	Smallwood Summit	New Shiloh Village

Family Housing: (199 units)
Bon Secours Apartments Gibbons Apartments


"You may have a long road ahead of you, but if you have enough confidence, and faith in yourself & God, there is nothing too hard for you to do."
believe it.
-Charles
Physical Therapy Patient

The First & Second Curves of Population Health

First Curve of Population Health

- Volume-based reimbursement
- Targeted patient education (disease specific)
- Workplace competencies and education lack population health focus
- Health IT has limited access and data mining & does not possess population health analysis
- Limited Community Partnerships

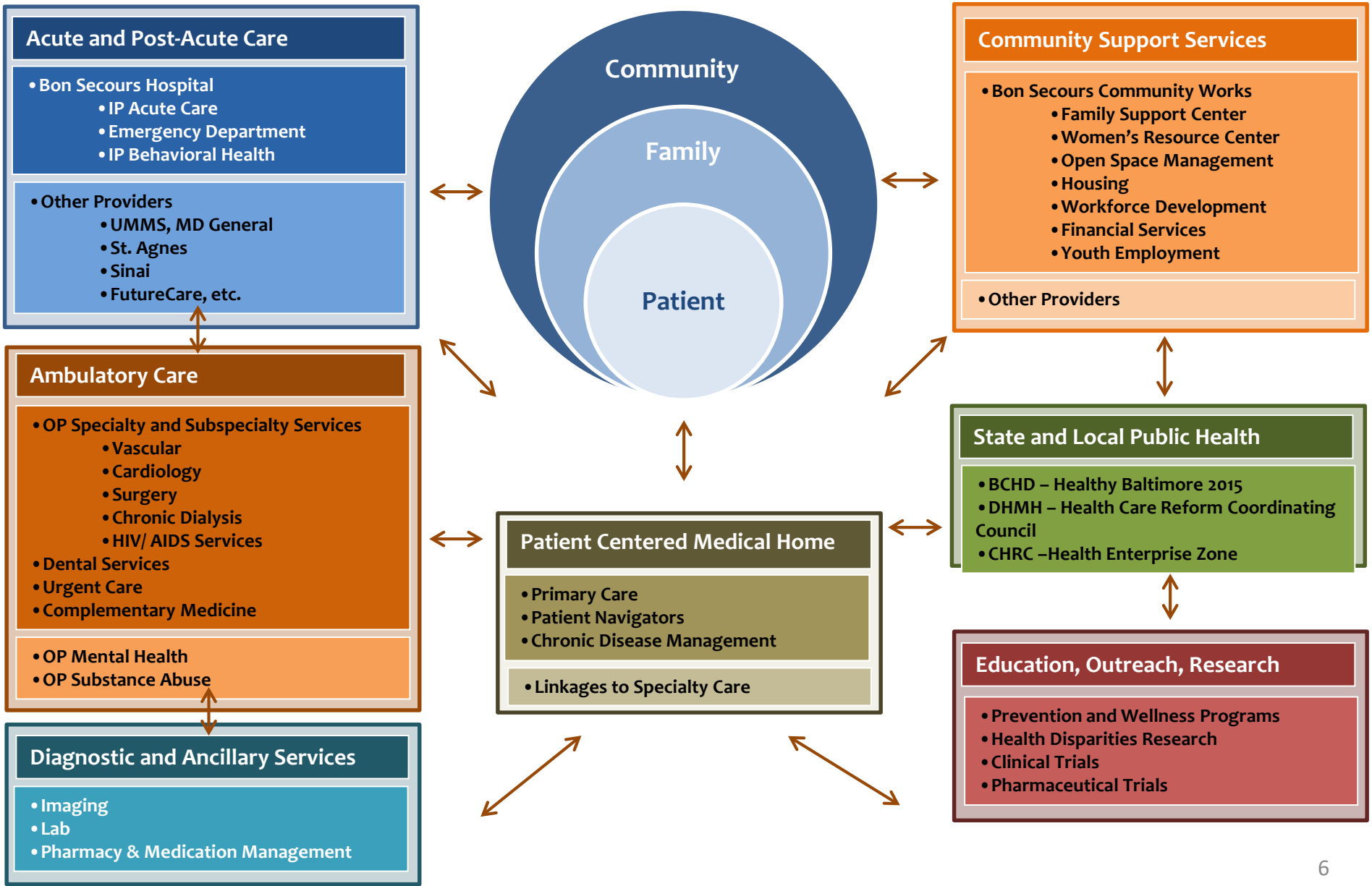
Second Curve of Population Health

- Value-based reimbursement
- Proactive and systematic patient education
- Workplace competencies and education on population health
- Health IT that supports risk-stratification of patients with real-time accessibility
- Mature community partnerships that work together on community-based solutions

Source: Health Research & Educational Trust, 2014; Reprinted in Trustee Magazine, May 2014

Applying the Medical Neighborhood Concept

Bon Secours Baltimore Health System & West Baltimore




"Are you READY for this?
You know I'm talking
to you, right?"
-Norma
Physical Therapy Patient

CO-CREATE HEALTHY COMMUNITIES

Begin Implementation Public Health Priorities (Robert Wood Johnson Model)

our goals

CO-CREATE HEALTHY COMMUNITIES

We recognize that the factors which drive health outcomes extend well beyond the scope of traditional healthcare services. *Thus, we commit to improve the health of our communities through partnership and collaboration with a broad range of constituencies including committed community residents.*

desired future

- **Healthy community coalitions & structures in place & active**
- **Public health partnerships in place & active**
- **Affordable housing initiatives funded**
- **Improvement demonstrated in at least 2 social determinants**
- **Gallup self-reported wellbeing increased**
- **Robert Wood Johnson county health rankings improved**

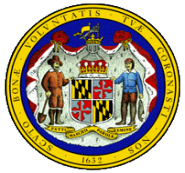
2016	2017	2018
Community Health Needs Assessment done in partnership with "at least" other providers	**Organize the community "future search" / healthy communities shared vision events**	**County rankings & well-being index progress measured**
County rankings & community well-being index baselines established	**Identify community champions & key stakeholders for coalitions**	**Healthy community coalitions & structures established & implementing priorities**
Public health partnerships established Housing needs evaluated	**Begin implementation public health priorities** (Robert Wood Johnson's evidence-based model)	**Affordable housing plans completed & initial project(s) funded**

Evolution of Partnerships

What is the Health Enterprise Zone (HEZ) Initiative?

- A project of the Lt. Governor, State Health Department (DHMH), and Maryland Community Health Resources Commission(CHRC)
- 4 year pilot project with a budget of $4 million per year
- The HEZ initiative aims to:
  1) Reduce health disparities among racial and ethnic minority populations and among geographic areas
  2) Improve health care access and health outcomes in underserved communities
  3) Reduce health care costs and hospital admissions and re-admissions

WBPCAC Members



SENATOR VERNA JONES-RODWELL

HEALTHY BALTIMORE 2015

Total Health Care, Inc.

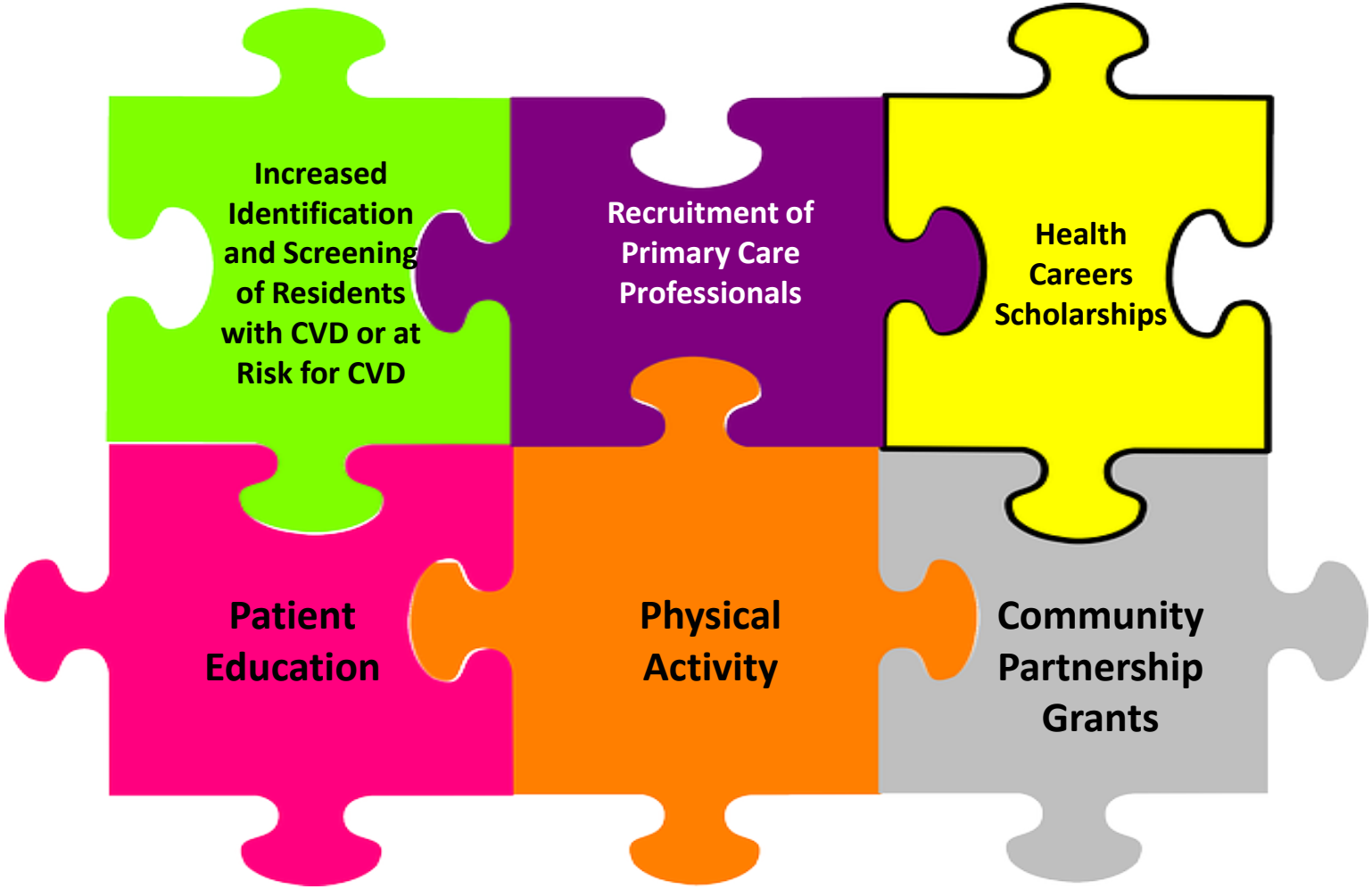
West Baltimore CARE

Care Coordination

Program Component	Description
Target Population	High Utilizers
Referral Source	HEZ Hospitals (5)
Staffing Model	Includes Program Coordinator, Scheduler, Nurse Care Coordinator, Community Health Workers/Health Coaches
Program Elements	Two-Tier System • 30 Day Intervention – All High Utilizers • 60 Day Intervention – Subset of High Utilizers requiring additional support post 30 day intervention
Tools and Technology	Three complimentary technology systems: CARMA, Care at Hand and CRISP
Evaluation	6 Months Pre-Intervention and 6 Months Post-Intervention using CRISP Reporting

West Baltimore CARE

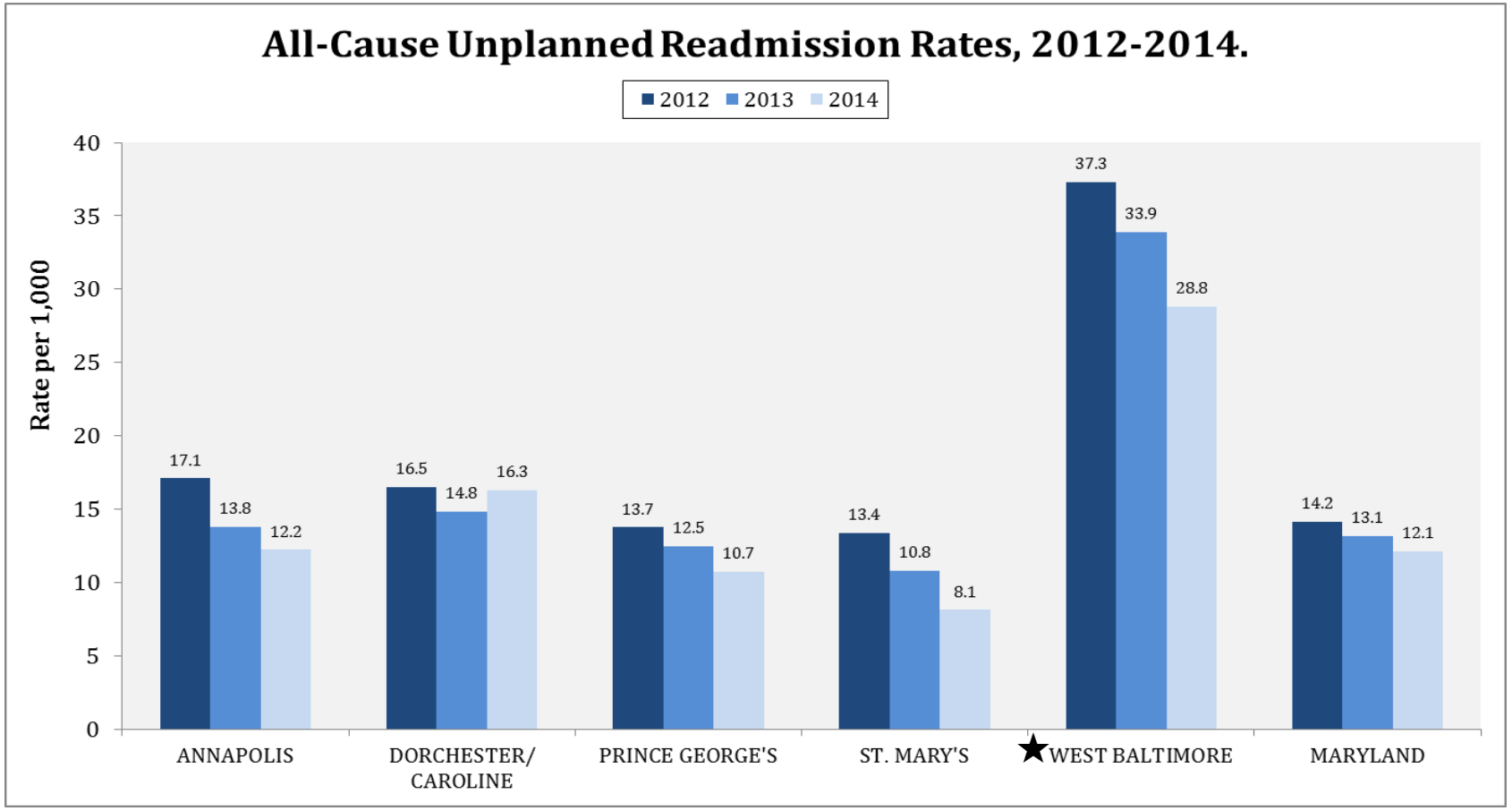
Strategy 2 – Community-Based Risk Factor Reduction



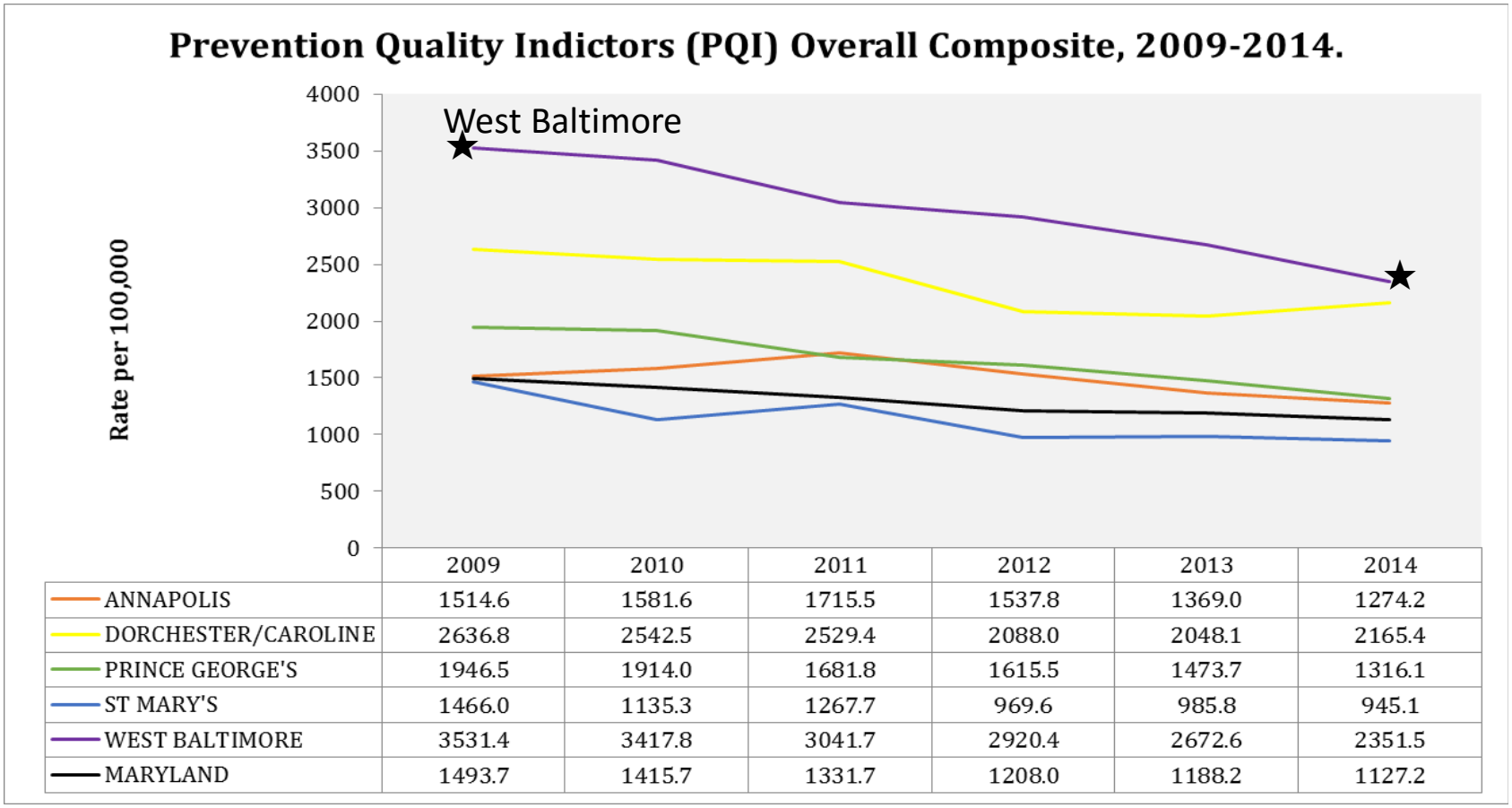
HEZ: More than Additional Physician Care

1. Community health workers performing care coordination, especially targeting high utilizers.
2. Transportation services
3. Behavioral health care
4. School based health care
5. Social Workers
6. Dental Care
7. Care Teams that coordinate health and social services for high needs patients
8. Lifestyle modification
9. Health education and health promotion

Outcome – Readmission Rate Reduction



Outcome – Improved Quality of Care



	2009	2010	2011	2012	2013	2014
ANNAPOLIS	1514.6	1581.6	1715.5	1537.8	1369.0	1274.2
DORCHESTER/CAROLINE	2636.8	2542.5	2529.4	2088.0	2048.1	2165.4
PRINCE GEORGE'S	1946.5	1914.0	1681.8	1615.5	1473.7	1316.1
ST MARY'S	1466.0	1135.3	1267.7	969.6	985.8	945.1
WEST BALTIMORE	3531.4	3417.8	3041.7	2920.4	2672.6	2351.5
MARYLAND	1493.7	1415.7	1331.7	1208.0	1188.2	1127.2

West Baltimore CARE

Lessons Learned

- Partners/Model Complexity
  - Clear roles and responsibilities
  - Ongoing engagement and dialogue
  - Competing priorities and multiple care coordination efforts
- Patient Population Challenges (trust, transient, basic resources)
  - Ongoing communication and dialogue
  - Flexibility and agility with shift of focus/scope
- Sustainability
  - Plan for sustainability early on and have funding sources lined up
- Access to Impact and Outcome Data
  - Identify and confirm sources of program data and access upfront


NEVER GIVE UP!