



BAPTIST HEALTH VALUE REPORT

2021



BAPTIST HEALTH®



IN THIS REPORT

“

By focusing on quality outcomes, cost-effective care, and patient and provider satisfaction, we can create a health system that provides value to our patients, our payers and our employers.

”

Isaac J. Myers II, MD
Chief Health Integration Officer, Baptist Health
President, Baptist Health Medical Group

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- *Baptist Health Network Partners Board of Managers*
- *Value-Based Care Steering Committee*

A MESSAGE FROM OUR CHIEF HEALTH INTEGRATION OFFICER



Baptist Health’s journey to value-based care originated in 2012 when a committed group of physicians created a clinically integrated network. That network, Purchase Health Quality Collaborative, partnered with Baptist Health Paducah to develop a program centered on the employee health plan.

Today, Baptist Health’s value-based programs have expanded to include more than 1,500 employed and independent provider partners, supported by case management programs across the full continuum of care.

Working together, these groups strive to provide high-quality, cost-effective services to the 191,000+ patients covered through our programs.

Because of this systemwide commitment, we’re beginning to see the fruits of our labor. Despite the challenges of delivering healthcare during a pandemic, both Baptist Health Care Partners, our accountable care organization, and Baptist Health Network Partners, our clinically integrated network, accomplished remarkable results for performance year 2020.

The ACO achieved a 97% overall quality score, up from 94.63% for 2019, saving Medicare \$17.9 million and earning \$6.9 million in shared savings. Revenue for the CIN’s five value-based contracts increased dramatically, from \$2.4 million in 2019 to \$7.3 million for the 2020 performance year.

By focusing on quality outcomes, cost-effective care, and patient and provider satisfaction, we are building a health system that provides value to our patients, our payers and our employers.

In expanding the system’s value-based care initiatives in 2016, physicians and leaders created principles, listed at right, to guide Baptist Health’s population health strategy and value-based approach to care. These provided a foundation for our successes this year and will continue to do so in the years to come.

Baptist Health is fortunate that system leadership recognizes the importance of being at the forefront of value-based care and that our administrative teams have made it a strategic priority.

The Value-Based Care team is deeply appreciative of the providers and staff who are joining us along this journey to provide high-quality, high-value care. While measurements, metrics and dashboards help keep us on track, providing patient-focused care is key to our success.

We also are immensely grateful for the patients who trust us with their health and for our community partners who support impactful care in their hometowns. Together, we can build a bright and healthy future for Kentucky and southern Indiana.

Kind and friendly regards,

Isaac J. Myers II, MD
Chief Health Integration Officer, Baptist Health
President, Baptist Health Medical Group

Our Guiding Principles

- **Deliver true value.** Integrate all points of healthcare delivery to provide accessible, value-driven care.
- **Lead change.** Pioneer transformative change to truly make an impact on the health of our employees and the communities we serve.
- **Bring joy.** Bring the joy and pride of practicing medicine and supporting our health system to all we do.
- **Focus on the individual.** Create a profound, personalized care experience by delivering the right care, at the right time, at the right place.
- **Reward common goals.** Engage physicians, employees, employers, and our communities by aligning incentives to reward high-quality performance, value and accountability.

OUR JOURNEY TO VALUE-BASED CARE

2012

A group of western Kentucky physicians establish a clinically integrated network (CIN), Purchase Health Quality Collaborative, in partnership with Baptist Health Paducah.

2014

Baptist Health physician leaders initiate a population health strategy for the system.
Isaac J. Myers II, MD, named chief health integration officer.

2015

Baptist Health holds a leadership summit to develop Guiding Principles to inspire, inform and drive all value-based care initiatives.
Baptist Health launches an umbrella organization for Baptist Health's value-based care entities.

2016

CIN is renamed Baptist Health Network Partners and begins systemwide expansion.
Baptist Health forms an accountable care organization (ACO), Baptist Health Care Partners.

2017

Epic Healthy Planet tool implemented to connect providers, track quality measures.

2018

ACO earns first shared savings in the CMS Medicare Shared Savings Program, receiving \$4.9 million. This saved Medicare \$10.6 million.

2020

ACO earns \$6.9 million in shared savings. This saved Medicare \$17.9 million.

2021

Baptist Health's value-based programs benefit more than 191,000 patients.

OUR VALUE-BASED CARE ENTITIES

Initially, Baptist Health worked with a consulting partner well-versed in value-based care to establish its population health strategies. Now, the value-based programs are managed internally and governed by a Value-Based Care Steering Committee, a physician-led group that reports to Baptist Health's senior leadership and supports providers across the system.

The accountable care organization (ACO) and clinically integrated network (CIN) serve as the foundation for Baptist Health's participation in value-based programs, providing a vehicle for our physicians, hospitals, home health and others to collaborate and improve quality and cost efficiency for all patients. These entities participate in value-based contracting, which provides opportunities for quality incentives and shared savings, with distribution models in place that reward physicians for improving quality and reducing unnecessary costs.

At the beginning of 2021, there were **more than 191,000** patients benefiting from the program through traditional Medicare, Medicare Advantage, Medicaid and commercial contracts across Kentucky and Indiana.

2021 VALUE-BASED CONTRACTS



191,093

TOTAL COVERED LIVES

ACCOUNTABLE CARE ORGANIZATIONS | 57,607 LIVES

- ACO - Traditional Medicare | 57,607

GOVERNMENT CONTRACTS | 18,605 LIVES

- Aetna Medicaid | 10,588
- Anthem Medicaid | 8,017

MEDICARE ADVANTAGE CONTRACTS | 38,610 LIVES

- Anthem | 10,205
- Humana | 20,942
- United | 7,463

COMMERCIAL CONTRACTS | 76,271 LIVES

- Anthem | 62,136
- Humana | 14,135

BAPTIST HEALTH CARE PARTNERS

Baptist Health's accountable care organization, Baptist Health Care Partners, was created in 2016 to participate in the Centers for Medicare and Medicaid Services Medicare Shared Savings Program. The organization participated as a Track 1 ACO until 2019 when it entered the Pathways to Success program, which it continues in today in Level B.

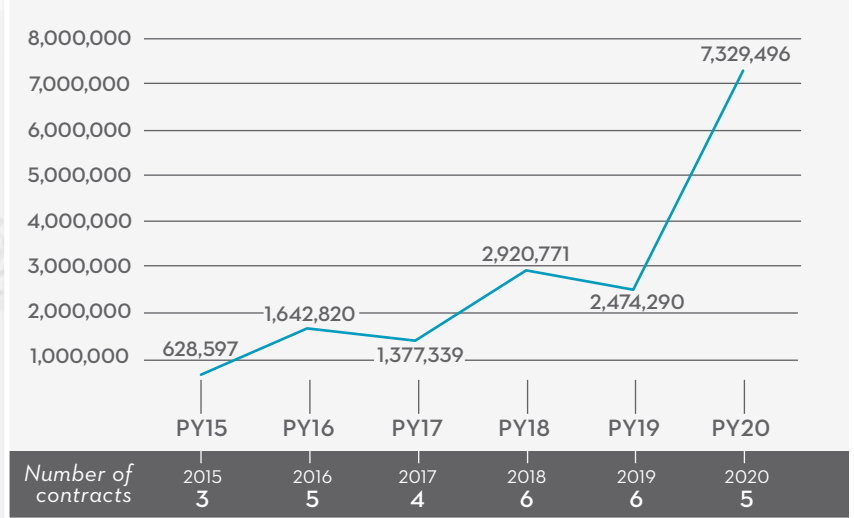
Since its inception, the ACO has saved CMS **\$37.8 million**. The ACO earned **\$11.9 million** in shared savings during the 2018 and 2020 performance years.

BAPTIST HEALTH NETWORK PARTNERS

Baptist Health’s journey to value-based care originated in 2012 when a committed group of Paducah physicians created a clinically integrated network. This network, Purchase Health Quality Collaborative, partnered with Baptist Health Paducah to develop a program centered around the employee health plan. Over time, the CIN expanded systemwide and was renamed Baptist Health Network Partners.

Baptist Health Network Partners began participating in value-based programs in 2012. Today, these programs include Humana Medicare Advantage, Aetna Medicaid and Medicare Advantage, Anthem Medicare Advantage and others, covering 133,000 lives. The CIN is exploring future opportunities with Baptist Health’s own employee plan for improved outcomes and reduced costs.

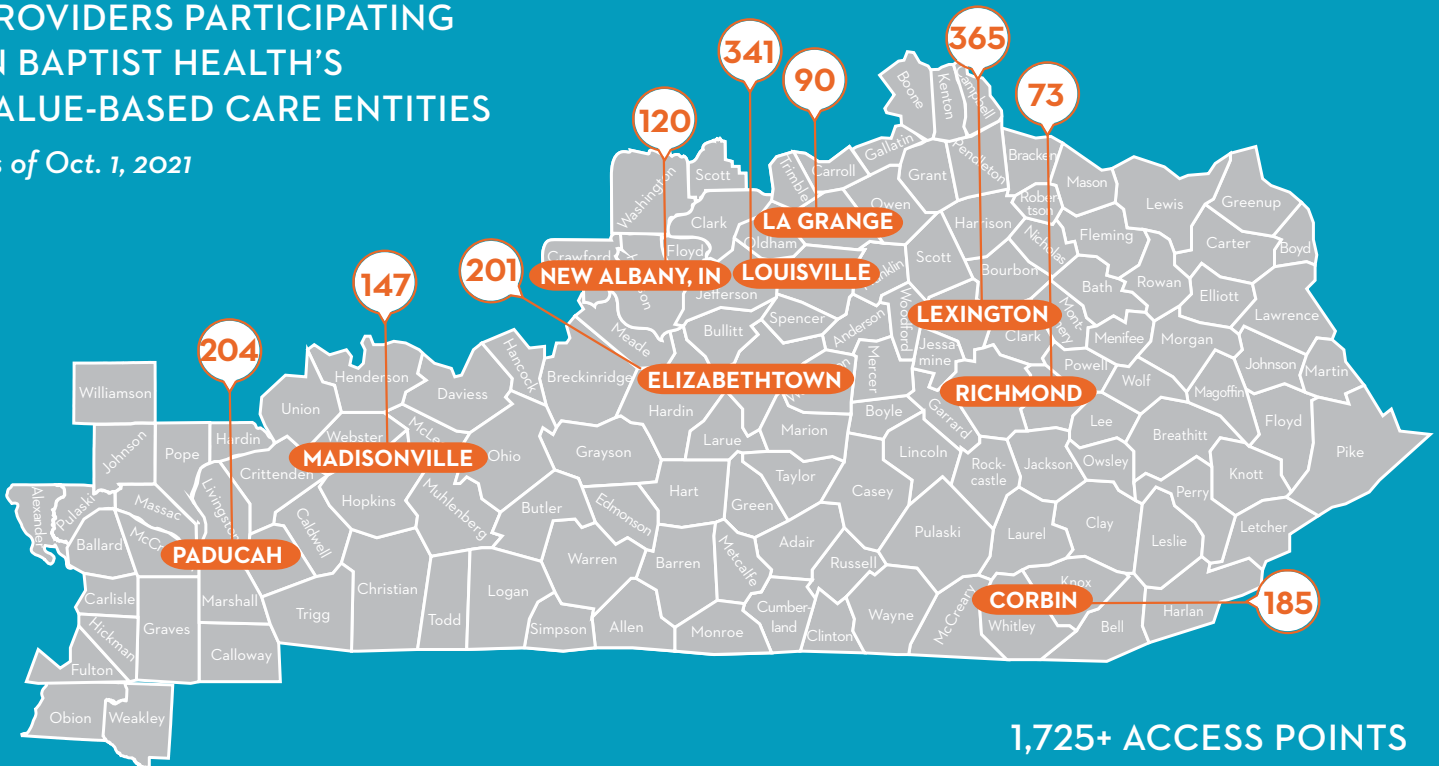
CIN REVENUE TREND BY PERFORMANCE YEAR



OUR SCOPE

PROVIDERS PARTICIPATING IN BAPTIST HEALTH’S VALUE-BASED CARE ENTITIES

As of Oct. 1, 2021





Value-based care means providing the highest quality care possible, while using healthcare resources efficiently. It allows for the most optimal result and greatest satisfaction for each patient, as I strive to treat each with compassion, dignity and respect.



Gaurang Shah, MD, Baptist Health Richmond

OUR PROVIDERS

Baptist Health values provider partnerships and realizes our network of employed and independent providers is the key to success in our value-based programs. The physicians and advanced practice clinicians participating in our value-based care initiatives have made a commitment to provide high-quality, innovative and cost-effective care.

BAPTIST HEALTH CARE PARTNERS: ACO

Through Dec. 31, 2021, Baptist Health Care Partners includes all Baptist Health Medical Group providers and Baptist Health hospitals, plus the following independent practices:

- Barbourville Family Health Center, Corbin
- Grace Community Health Center, Corbin
- Kentucky Medical Specialists, Louisville
- Louisville Hospitalist Associates, Louisville
- Susan E. Neil, MD, Lexington
- Gaurang B. Shah, MD, Richmond

BAPTIST HEALTH NETWORK PARTNERS: CIN

Through Dec. 31, 2021, Baptist Health Network Partners includes all Baptist Health Medical Group providers, plus the following independent practices:

- Atienza Acob Medical Center, Corbin
- Barbourville Family Health Center, Corbin
- Kfoury Medical Specialists, PLLC, Corbin
- Team Health-Emergency, Corbin
- Advanced Internal Medicine, PLLC, Paducah
- Bluegrass Pediatrics, PLLC, Paducah
- Dr. Butler & Associates, PLLC, Paducah
- Four Rivers Internal Medicine, Paducah
- Infectious Disease Associates, PLLC, Paducah
- James Kyle Turnbo, MD, PSC, Paducah
- James N. Eickholz, MD, Paducah
- Jeffrey L. Riney, MD & Associates, PLLC, Paducah
- Paducah Rheumatology, Paducah
- Kidney Specialists of Paducah, Paducah
- Total Life Care, PLLC, Paducah
- Kyle Parish, MD, PSC, Paducah
- Lundberg Medical Imaging, Paducah
- Paducah Women's Clinic, Paducah
- Pathology Associates of Paducah, Paducah
- Radiology Group of Paducah, PSC, Paducah
- Radiotherapy Associates, PSC, Paducah
- Surgical Group of Paducah, Paducah
- Team Health-Emergency, Paducah
- Team Health-Hospitalists, Paducah
- Michael R. Fisher, DO, PSC, Madisonville
- Team Health-Emergency, Madisonville
- Team Health-Hospitalists, Madisonville
- Louisville Hospitalist Associates, Louisville
- Louisville Orthopedic Clinic, Louisville
- Pomeroy and Rhoads, Louisville

PROVIDER ENGAGEMENT

Providers have always played a critical role in every part of the Baptist Health organization. For the system to successfully offer high-quality, high-value care, it's crucial that physicians and advanced practice clinicians are intricately involved. Baptist Health providers have led the way in developing strategies, promoting value-based care, and fostering collaborative relationships.

Physicians play leadership roles and participate in steering committees and boards for both the ACO and CIN. Additionally, Baptist Health's key service lines, which are integrated with the system's quality initiatives, are led by physicians who meet monthly to discuss new trends in healthcare and emerging treatments and initiatives.

To support providers, the Value-Based Care team offers:

- Access to population health dashboards and reports that display performance on quality measures, risk scores, and cost and utilization statistics.
- Clinical educators assigned to each practice to assist providers in being successful.
- Ongoing education and support for office practice managers and staff.
- Online webinars on a variety of value-based topics.
- Recognition of provider performance.

Nationally recognized speaker Mike Schweitzer, MD, discusses the transition to value-based payment models and outlines evidence-based strategies to improve sepsis mortality during a Baptist Health Network Partners education event.



“

Baptist Health has continuously improved on the resources, support and incentives for us as providers. For example, the tools designed by the Baptist Health Epic team, such as Visit Checklist, Provider Dashboard, and Best Practice Advisory, are all very helpful to us as we work to improve the outcome of each of patient – and ultimately advance the health of our communities.

Ashish Patel, MD, Regional Medical Director, Primary Care, and Medical Director, Richmond Baptist Health Medical Group

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ACO GROUP PRACTICE REPORTING OPTION (GPRO) RECOGNITION

Baptist Health's Value-Based Care team celebrates physicians for excellent performance in our quality programs as a small way to show our appreciation for their commitment to excellent patient care. Each year, at the conclusion of our ACO Group Practice Reporting Option audits, the ACO presents awards to the highest scoring and most improved physicians and advanced practice clinicians and shares that success through our monthly internal e-newsletter.

Additionally, we recognize practices that meet the highest percentages of care gap closure and other indicators of quality care.

2020 Performance Awarded in 2021



**BETH HOLMES, DO
TOP PERFORMER**



**ADRIANA SPANOVA, MD
MOST IMPROVED**



**PHILLIP JOHNSON, MD
TOP PERFORMER**



**GUARANG B. SHAH, MD
TOP PERFORMER**



**TIMOTHY
WINCHESTER, MD
TOP PERFORMER**



**CASSANDRA
BITTENBENDER, MD
TOP PERFORMER**



**FRANK HARRELL, MD
MOST IMPROVED**

QUALITY-PREVENTION-UTILIZATION

EPIC HEALTHY PLANET

Baptist Health uses Epic’s Healthy Planet population health platform to manage its value-based care initiatives. The robust platform allows providers to track quality measures, aggregate and analyze data, and view patient insights through a dashboard in the electronic health record. It includes clinical tools, case management outreach details, and connections to community resources.

QUALITY

At the simplest level, value-based care aims to improve patients’ health outcomes by improving the quality of their healthcare. High-quality care can be achieved through preventive care, clinical pathways, patient experience and satisfaction, care coordination, patient safety, or assisting at-risk populations.

ACO QUALITY MEASURES (ACTIVE)

Includes all Baptist Health Medical Group providers

Patient Population = Traditional Medicare/ACO patient	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	YTD
Advance Care Planning	77%	78%	78%	77%	77%	77%	77%
Annual Wellness Visits	66%	68%	68%	67%	66%	66%	65%
Breast Cancer Screening	77%	82%	83%	83%	83%	84%	84%
Colorectal Cancer Screening	80%	83%	83%	83%	83%	84%	84%
Diabetes: Hemoglobin A1c Poor Control*	19%	18%	17%	17%	20%	17%	17%
Falls: Screening for Future Fall Risk	81%	82%	82%	82%	83%	84%	83%
Hypertension: Controlling High Blood Pressure	70%	71%	73%	73%	74%	74%	73%
Influenza Immunization	82%	88%	87%	87%	87%	88%	88%
Screening for Clinical Depression and Follow-Up Plan	77%	79%	81%	81%	82%	83%	83%
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	68%	70%	71%	72%	80%	80%	88%
Tobacco Use: Screening and Cessation Intervention	98%	98%	96%	97%	97%	97%	97%

* Inverse measure - lower is better



The ‘quality reimbursement’ we have been hearing about for years as something that is coming is here. To remain financially viable, we have to embrace it. We have to learn how to maximize our capture of the work we are already doing and shift our workflows enough to capture more ... all without sacrificing that patient-care experience.



Reggie Lyell, MD, Medical Director of Quality (2018-2021), Baptist Health Medical Group

Baptist Health Care Partners earned an 94.63% overall quality score for 2019 and a 97% overall quality score for 2020. The ACO has consistently performed as a high-quality network nationally. In 2019, four quality measures were in the national top quartile, and in 2020, six quality measures were in the national top quartile.

2019 VS. 2020 GPRO QUALITY RESULTS

Measure	2019 ACO Result*	2019 National Quartile	2020 ACO Result*	2020 National Quartile	2020 Mean% (ACOs)
Screening for Future Fall Risk (CARE-2)	86.27%	TOP	80.95%	TOP	84.97%
Diabetes Hemoglobin A1c: Poor Control (lower is better)	14.17%	TOP	16.26%	TOP	14.70%
Hypertension: Controlling High Blood Pressure (HTN)	71.78%	2ND	68.68%	2ND	72.87%
Breast Cancer Screening (PREV-5)	75.87%	TOP	80.40%	TOP	74.05%
Colorectal Cancer Screening (PREV-6)	73.49%	2ND	73.57%	2ND	72.59%
Preventive Care and Screening: Influenza Immunization (PREV-7)	80.36%	TOP	85.60%	TOP	76.03%
Tobacco Use: Screening and Cessation Intervention (PREV-10)**	98.21%	N/A	91.67%	TOP	81.67%
Screening for Clinical Depression and Follow-Up Plan (PREV-12)**	76.09%	N/A	84.03%	TOP	71.46%
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (PREV-13)	90.34%	N/A	87.89%	N/A	83.37%

**Listed as N/A because there is no CMS benchmark due to change in measurement

PREVENTION

A primary focus of value-based care involves preventing the development or progression of conditions or diseases. An important component of preventive care is the annual wellness visit. These visits promote better communication between physicians and patients and provide an opportunity to develop a plan to help maintain the patient's health. During the visits, physicians can advise patients of appropriate screenings, such as breast cancer and colon cancer screenings, perform health risk assessments, and complete routine measurements, including monitoring hemoglobin A1c levels.



Below is 2020 performance on these measures across four payer contracts. While some variation may be expected between patient populations, the goal is to implement consistent processes for all patients.

Metric	PAYER 1	PAYER 2	PAYER 3	PAYER 4
Breast Cancer Screening	80.40%	79%	72.26%	87%
Colon Cancer Screening	73.57%	83%	N/A	81%
Hemoglobin A1c Control (higher is better)	83.74%	83%	65.58%	82%
Annual Wellness Visit	42%	54%	48%	61%
Beneficiaries	55,304	18,842	10,205	7,463

UTILIZATION

Reducing unnecessary care and ensuring patients choose the most appropriate site for care play a large role in a health system's performance in value-based contracts. Many conditions can be appropriately treated in the ambulatory setting, reducing overall costs to the system.

We encourage providers to educate their patients about appropriate emergency room utilization and provide them with enhanced after-hours access. Additionally, Baptist Health's case management teams partner with our practices to help patients schedule follow-up visits with their providers after a hospital admission. This helps ensure the patient understands their discharge plan and how to take their medications, thus helping to prevent unnecessary readmissions.

Below is 2020 performance across three contracts.

Metric	PAYER 1	PAYER 2	PAYER 3
Admissions/1,000	212	192.6	277.3
Emergency Department Visits/1,000	529	320	477.4
Skilled Nursing Facility Discharges/1,000	41	43.4	-
Readmission Rate	14.53%	14%	14.14%
Beneficiaries	55,304	18,842	10,205

CARE COORDINATION

THE CORNERSTONE OF ACCESSIBLE, VALUE-DRIVEN CARE

Baptist Health's robust, integrated care coordination strategy is the cornerstone of Baptist Health's value-based care initiatives. Supporting both patients and providers, these efforts are key to improving health outcomes and reducing costs for our patients.

Following a patient-centered approach, Baptist Health has built a team that includes:

- Acute-care (hospital-based) case managers.
- Ambulatory case managers.
- Social workers.
- Health and wellness coordinators.

They are supported by clinical pharmacists, behavioral health professionals, diabetes educators, and service line nurse navigators employed by Baptist Health.



AMBULATORY CASE MANAGEMENT

In 2021, Baptist Health's Ambulatory Case Management team achieved 100% nurse certification for case management. This accomplishment demonstrates the team's dedication to enhance their professional knowledge to help them manage the evolving complex needs of our patients.

The team uses clinical data, risk stratification technology, and cost and utilization data to identify patients who could benefit most from care coordination. Through telephonic outreach, the case managers:

- Create a longitudinal plan of care for each patient.
- Are guided by a holistic approach to care, reaching across the care continuum to include an interdisciplinary team for continuity and provider feedback.
- Discuss goals of care with patients to ensure their advocacy in managing chronic conditions.
- Incorporate shared decision-making concepts with patients regarding advance care planning.
- Assist patients in finding access to preventive care to help them stay healthy, avoiding emergency department visits or inpatient admissions.
- Coordinate with community resources to address patients' social barriers to healthcare.



I was so pleased to be able to provide the resources and support to assist this young patient through her quarantine and illness. Being able to offer these services is another way Baptist has responded to meet the community's needs during the pandemic.

Theresa Riley, MSN, RN, CCM, Ambulatory Case Manager



TRANSITIONAL CARE

Recognizing that the first 30 days after discharge are critical to prevent readmissions, Baptist Health established a Transitions of Care program to support patients during this period.

Baptist Health's Nurse Call Center, in conjunction with the ambulatory case managers, reach out to patients after an emergency department visit, inpatient hospital stay, skilled nursing facility stay, or home health services to ensure they understand their discharge instructions, including medications.

Additionally, they assist patients in scheduling a follow-up appointment with their primary care provider within 14 days. Since this centralized process was implemented, transitional care follow-up has increased by 40%.

Should any concerns or barriers arise, case managers communicate them to the patient's primary care provider and office staff.

Case managers use a cloud-based technology platform to receive notifications when a patient is discharged from the Baptist Health network. This helps to ensure quality transitions regardless of location.

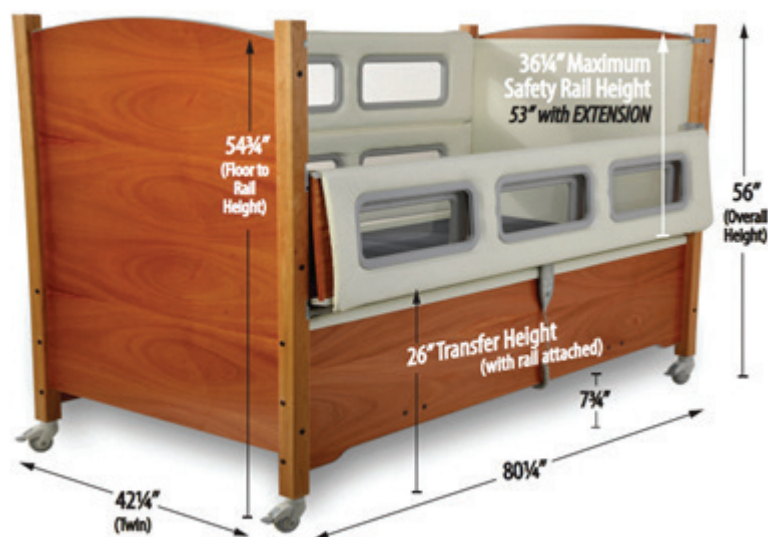
SUCCESS STORY:

Specialized Bed Helps Patient Sleep Safer

A patient with multiple conditions, including epilepsy, is sleeping safer after a Baptist Health social worker helped secure a new medical bed for him. Having the specialized bed means he can live safely in his home and makes it easier for his grandmother to care for him.

The Ambulatory Case Management social worker received a referral to reach out after the grandmother expressed concerns that her grandson had a history of falling out of bed. Because he cannot walk and is fully dependent on her, she was worried he would injure himself during the night.

Working with the patient's doctor and National Seating & Mobility of Kentucky, the social worker secured letters of medical necessity and funding for him to receive a safety bed from SleepSafe Beds®.





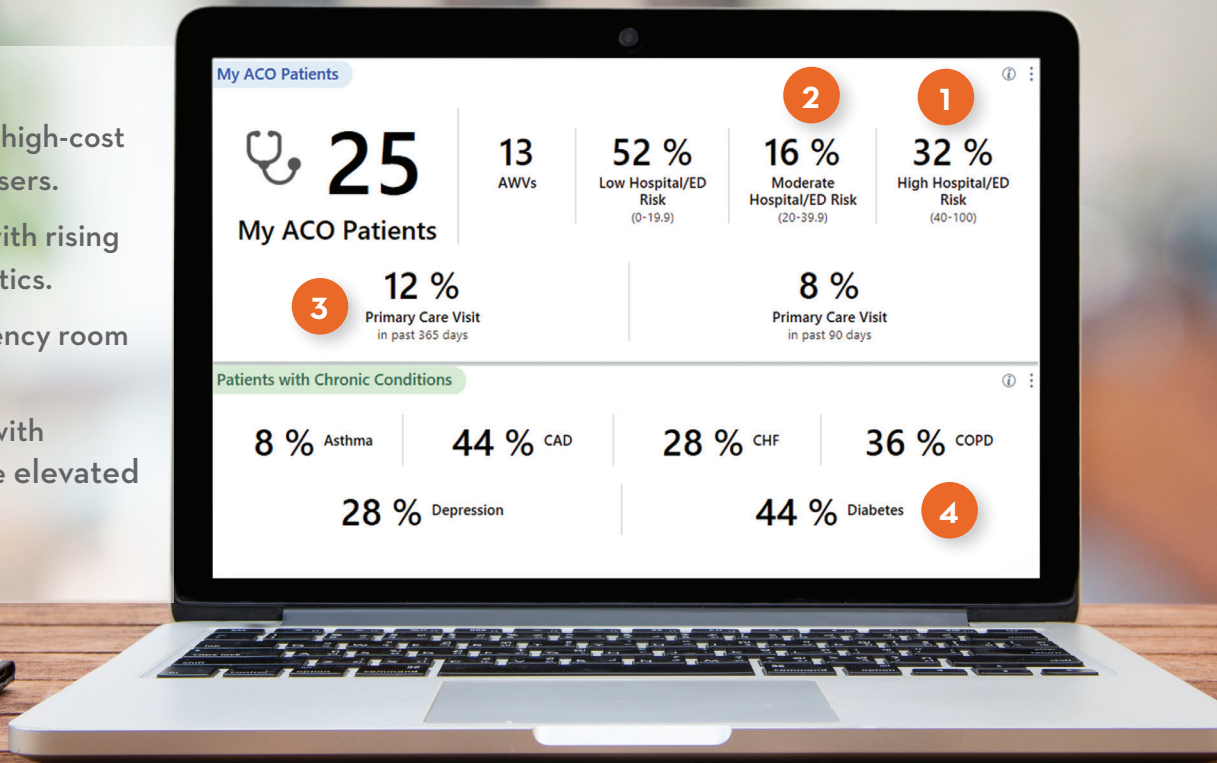
“ Working with the ACO has helped us to identify our high-risk patients and to develop plans to coordinate and improve their care. ”

Kelly Evans, DO, Chief Medical Officer, Grace Health

IDENTIFYING THOSE AT RISK

Identifying patients who are at high risk can help to prevent the progression of a disease or unnecessary emergency department visits. The Value-Based Care team uses information compiled from claims data, along with clinical information in the electronic health record, to:

- 1 Identify high-risk, high-cost and/or frequent users.
- 2 Predict patients with rising risk through analytics.
- 3 View post-emergency room utilization.
- 4 Identify patients with diabetes who have elevated HgbA1C.



REFERRALS

While case managers work to identify patients who could benefit from care coordination, they also accept referrals from primary care physicians, hospital staff, the Nurse Call Center and home health. The goal is to create a team of healthcare professionals to work together with the patient to improve their health.

HEALTH AND WELLNESS

Health and wellness coordinators assist in patient outreach to schedule annual wellness visits, breast and colon cancer screenings, and follow-up appointments for diabetic management. Patient communication occurs through electronic notifications and telephonic outreach.

SOCIAL DETERMINANTS OF HEALTH

Many people experience health inequities because of barriers that make it harder for them to manage their healthcare needs. These barriers are often referred to as social determinants of health. Baptist Health's electronic health record contains assessments available across the care continuum for areas such as food insecurity, financial strain, depression, stress and social connection. Ambulatory case managers can access these assessments and send social care surveys to enable patients to request assistance. This allows the Value-Based Care team to connect patients with community resources based on their needs.



POST-ACUTE CARE

Acute-care case managers collaborate with medical directors and operational leadership for skilled nursing facilities, home health, and inpatient rehabilitation facilities, to discuss quality improvements. Case management leadership and regional physician leaders review ACO data on post-acute performance quarterly to analyze opportunities for improvement.

Additionally, the Post-Acute Care team assesses skilled nursing facility quality performance and clinical capabilities across all Baptist Health markets annually. Strategic initiatives based on these assessments have resulted in notable improvements in the ACO's post-acute performance from 2019 to 2020 (see graphic).

ACO'S POST-ACUTE CARE 2019-2020 PERFORMANCE





CARE DURING A PANDEMIC

During the global pandemic, Value-Based Care team staff members were redeployed to provide needed support so that our health system could best care for our communities. Registered nurses focused on helping to manage patients' chronic conditions were shifted to COVID-19 screening and providing clinical support to the COVID-19 phone line to meet our patients' needs. When elective procedures and routine cancer screenings were placed on hold, Value-Based Care support staff also shifted their focus, assisting patients with scheduling virtual visits through MyChart in Epic.

While the team took on new roles as needed, patient outreach was still important to support patients recovering from COVID-19 at home, caring for family members with the virus, and facing challenges due to isolation.

SUCCESS STORY:

Nurse Call Center Helps Patient Get Back on Track

When a registered nurse with Baptist Health's Nurse Call Center called to check on a patient with COVID-19, she discovered the patient had not received the oxygen a physician ordered after her hospital stay and was unusually tired.

Because of symptoms the patient's daughter described, Mary Frakes, RN, advised the daughter to call 911. At the same time, Frakes called the durable medical equipment company and got them on their way with a fresh tank of oxygen.

By coordinating emergency assistance and oxygen delivery, the nurse helped prevent a potentially life-threatening situation. Because of the timely intervention, the patient did not need to go back to the hospital and was doing well when Frakes called back later that day.

SUCCESS STORY:

Young Patient With No Family in U.S. Receives Support During Quarantine

A young patient who tested positive for COVID-19 and had no family in the U.S. received support that helped relieve her anxiety and remove barriers to care.

Through Baptist Health's Ambulatory Case Management program, the patient received assistance with:

- Obtaining interpreter services to overcome a language barrier.
- Finding a primary care provider to address additional symptoms.
- Connecting with her new provider through a Virtual Care video visit.
- Securing her paid employment leave during quarantine.
- Resources, including Baptist Health's 24/7 Nurse Line and guidance for deciding if she needed to return to the emergency department.

Case managers even personally delivered food and filtered water appropriate for the patient's dietary and health needs to her door when the local food bank didn't have a driver available.

COLLABORATIVE SERVICES



DIGITAL HEALTH The Power of Connection

Baptist Health's Digital Health services support the system's value-based care strategies by helping to reduce unnecessary emergency room visits and hospital admissions.

Pre-pandemic, Baptist Health had a growing Digital Health program in place, offering urgent care services through Baptist Health Virtual Care and piloting technology such as remote patient monitoring. However, during the pandemic, Baptist Health rapidly expanded its program to ensure the system could meet patients' needs for both COVID-19 care and for other conditions.

Today, all Baptist Health Medical Group providers can see patients through scheduled video visits and telephone visits; primary care providers offer e-visits; and Baptist Health Virtual Care offers virtual urgent care visits 24/7 through Epic MyChart, the system's patient portal.

SUCCESS STORY:

Remote Patient Monitoring Prevents Readmissions

In 2019, Baptist Health began piloting a remote care platform offered by Current Health. The platform provided 24-hour, in-home observation for patients with chronic conditions, such as chronic obstructive pulmonary disease and congestive heart failure.

When the pandemic struck in early 2020, the Digital Health team and Baptist Health Home Care quickly pivoted and began to provide the in-home systems to patients with mild COVID-19 symptoms post-discharge. As a result, there were zero readmissions for the patients who were monitored remotely.

The system, which uses artificial intelligence technology, includes a wearable device to track a patient's vital signs and a tablet that patients can use for video visits with their care team.

The system also helped save the life of a western Kentucky patient with COPD. The system detected that her oxygen level had dropped, her breathing was more rapid, and her vital signs were unstable, signaling she should go to the hospital for evaluation.



Photo provided by Current Health



ADVANCE CARE PLANNING

Conversations That Matter: Person-Centered Decision-Making

Through its Advance Care Planning program, Baptist Health has made a commitment that every patient will receive real-time, high-quality assistance with healthcare decision-making, every time. To achieve this vision, more than 150 physicians, advanced practice clinicians, case managers and staff across the system have become certified advance care planning facilitators using Respecting Choices® training.

Additionally, providers and staff are educated on integrating advance care planning documents into clinical care, and a new quality dashboard will allow staff to measure the impact of these efforts.

Conversations about advance care planning often lead to enhanced care coordination. For example, a Baptist Health primary care physician initiated an advance care planning discussion with a patient during an annual wellness visit and referred the patient to a facilitator. As a result, the patient gained access to home health and palliative care services and assistance with transportation, in addition to advance care planning support.

The Advance Care Planning program also offers resources that include virtual classes, a hotline, and resource guides available through the website.

By the Numbers: Advance Care Planning

>150 Certified Facilitators

28 are physicians and advanced practice clinicians.

20 Providers

Trained in shared decision-making in serious illness.

Inpatient Consultations

1,677 consults in 2017

3,167 consults in 2020

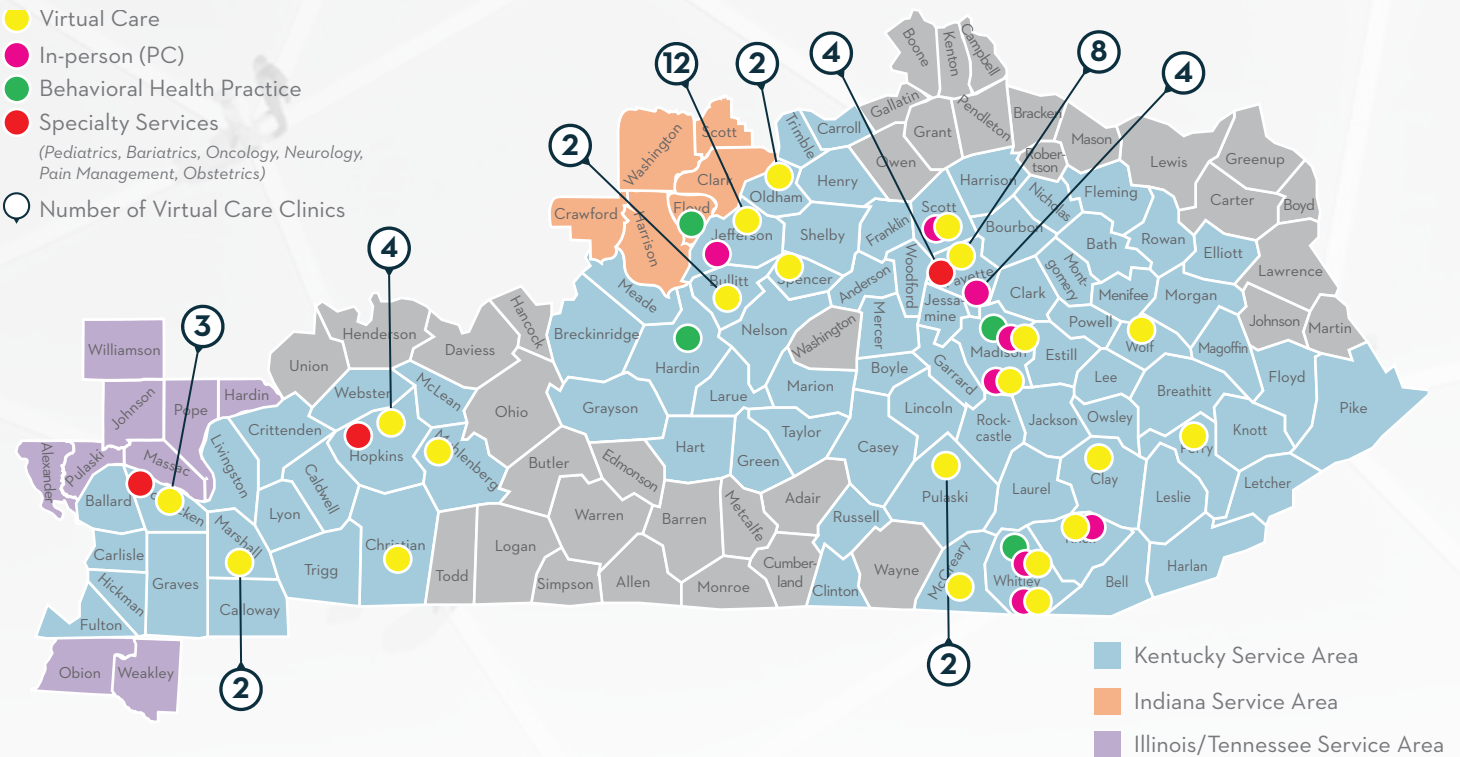
BEHAVIORAL HEALTH

Expanding Access, Reducing Stigma

To really drive improved quality outcomes, Baptist Health recognizes the necessity of integrating behavioral health into all aspects of care. We also realize the importance of reducing the stigma of seeking behavioral health care.

- As a result, we are expanding access and creating new avenues for people to receive care. These efforts include:
- A network of providers who work in collaboration with our treatment team.
 - Evidence-based services for varying levels of acuity, throughout a wide service area.
 - A Virtual Care hub for behavioral health that provides services to nearly 50 primary care locations. By the end of fiscal year 2021-22, these services will be embedded into every Baptist Health Medical Group primary care location.

Additionally, Baptist Health has been awarded more than \$2.2 million in state and federal grants to expand behavioral health services, including substance use treatment.



PHARMACY

Studies show medication adherence leads to improved clinical outcomes, lower healthcare costs, decreased hospitalizations, increased patient quality, and improved patient well-being. Recognizing that medication adherence can make or break the quality of a patient’s care, Baptist Health’s Value-Based Care team maintains close partnerships with its hospital pharmacists.

In 2021, the Value-Based Care team added a pharmacist to serve as a liaison to connect providers, patients and payers and support the system’s goals for quality and clinical excellence. Current contracts include several metrics related to medication adherence, with the targets set by payers.

Using the knowledge and experience of Baptist Health’s pharmacists helps clinical providers ensure patients are receiving excellent, fiscally responsible, quality care. The collaboration also emphasizes Baptist Health’s multidisciplinary, team-based approach to care.

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MISSION

Baptist Health demonstrates the love of Christ by providing and coordinating care and improving health in our communities.

SHARED VISION

Baptist Health will lead in clinical excellence, compassionate care and growth to meet the needs of our patients.

FAITH-BASED VALUES

Integrity, Respect, Compassion, Excellence, Collaboration and Joy.

COMMITMENT TO PATIENT SAFETY

Continuously improve patient outcomes through a culture of safety and clinical excellence.



BAPTIST HEALTH®

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