

5 Years of Progress
2012-2017





It has been five years since BJC HealthCare, CoxHealth, Memorial Health System and Saint Luke's Health System joined together to create the BJC Collaborative.



At the time, Collaborative Board Chair and BJC CEO Steve Lipstein said, "This is a good day for our members and a great day for patients served by each of our hospitals. We are embarking on an innovative journey to work across systems and states in ways that have not been done before."



The vision of all the CEOs was shared learning that built upon the strengths of strong, independent, non-profit health care systems with similar missions. The initial areas of focus for collaboration included population health management, clinical and service quality, capital asset management, financial services and information technology.



Within a year, Blessing Health System and Southern Illinois Healthcare had also come on board, and today the Collaborative is eight systems strong with the more recent additions of Decatur Memorial Hospital and Sarah Bush Lincoln Health System. The Collaborative now encompasses 41 hospitals, more than 69,000 employees, 8,200 affiliated physicians, and covers a service population of 11.2 million across seven states.



We have learned and achieved much in our first five years, as detailed on the pages of this report. As we have grown, our initial focus has evolved into a long-term vision that entails:



- Enhancing the delivery of clinical programs and services for patients across the region
- Improving the quality and experience of care provided to patients
- Providing meaningful population health benefits across the region
- Reducing the total cost of care



These are lofty, aspirational goals but if our first half-decade is any indication, we are up for the challenge. Five years in, this innovative journey called the BJC Collaborative has only just begun.





The BJC Collaborative by the numbers



8
Health systems



41
Hospitals



11.2 million
Service area population



69,537
Employees



8,287
Affiliated physicians



6,961
Staffed beds



325,305
Annual admissions



1.2 million
Annual emergency visits



\$940 million
Annual community benefit



\$10.2 billion
Annual net revenue

BJC Collaborative marks five years

In October 2012, four leading, independent nonprofit health care organizations in Missouri and Illinois joined together to form the BJC Collaborative. The four organizations — BJC HealthCare, Memorial Health System of Springfield, Ill., CoxHealth of Springfield, Mo., and Saint Luke's Health System of Kansas City, Mo. — teamed up to better prepare for the future of health care and to achieve even higher quality care for the people they serve.

Over the past five years, four additional health care organizations have joined the BJC Collaborative: Blessing Health System of Quincy, Ill., Southern Illinois Healthcare of Carbondale, Ill., Sarah Bush Lincoln Health System of Mattoon, Ill., and Decatur Memorial Hospital of Decatur, Ill.



The health systems within the BJC Collaborative span a service area that includes a population of 11.2 million people across seven states – Missouri, Illinois, Kansas, Arkansas, Oklahoma, Nebraska and Iowa. With 41 hospitals, more than 69,000 employees and combined annual revenues of about \$10.2 billion, the health systems in the BJC Collaborative are key economic drivers for the areas they serve.

End of reporting year for each system:
 3/31/16 — Southern Illinois Healthcare
 6/30/16 — Sarah Bush Lincoln
 9/30/16 — CoxHealth, Memorial,
 Blessing and Decatur
 12/31/16 — Saint Luke's and BJC HealthCare



Why the Collaborative?

While remaining independent, Collaborative members have focused together on establishing clinical programs and services to improve access to and quality of health care for patients, achieving savings and creating efficiencies, and sharing best practices to develop solutions to shared challenges.

Each health system member had its own reasons for becoming part of the BJC Collaborative.



Steven Edwards, CoxHealth president and CEO

“As hospitals continue to be faced with reimbursement cuts, we’ve had to look at creative ways to find cost savings and be more innovative with our care model to achieve even higher quality care. CoxHealth, along with the three other original Collaborative members, felt a need to aggregate the advantages of size, while maintaining the autonomy to remain confident we can best serve our community needs. Collaborating with hospitals that are all market leaders in their regions, with common goals of advancing the health of our communities, learning from each other and sharing best practices, was an exciting opportunity for CoxHealth.”



Edgar Curtis, Memorial Health System president and CEO

“We have both contributed to and benefited from the collaboration around clinical initiatives such as cancer care and quality improvements, while realizing significant cost savings through supply chain advantages and cultivated networks of colleagues throughout the participating organizations. These relationships help foster one of the greatest benefits we have realized through the BJC Collaborative, which is the organizational learning that has occurred as we share best practices and innovative ideas to improve our organizations both individually and collectively.”



Melinda Estes, MD, Saint Luke's Health System president and CEO

“We have enjoyed many benefits from our involvement in the BJC Collaborative — most notably, our ability to join forces to strengthen our purchasing power to acquire the highest quality equipment needed to best serve our patients, as well as to implement crucial supply chain initiatives. We have also appreciated the opportunity to share the best practices being implemented at hospitals and health systems within the Collaborative. Over the past five years, we have been fortunate to be part of a team that has come together to improve the health of people throughout our region.”





Rich Liekweg, BJC HealthCare president and CEO

“I am looking forward to how we can harness the power of the clinical and business data we manage so that together we can use predictive analytics to lower the total cost of care, improve our clinical outcomes, and develop regional service offerings for employers and payors. I also am looking forward to our focus on oncology services to develop and deploy best practice outreach and prevention services, explore clinical trials together and use genome sequencing to deliver more personalized care.”



Maureen Kahn, Blessing Health System president and CEO

“BJC Collaborative members’ missions, visions and values align with ours. The strategic direction of value and total cost of care also align with our strategic direction. This alignment was a strategy to position our health system for the future of health care delivery, supporting our drive for improved quality outcomes, expanding our application of population health and data use across a broader region. This relationship supports local governance and strategic direction and values with community/regional input.”



Rex Budde, Southern Illinois Healthcare president and CEO

“Southern Illinois Healthcare joined the BJC Collaborative to interact with other successful organizations to ‘problem solve’ the issues facing all health care systems. We also knew that we could gain financial benefits from the combined purchasing power of the Collaborative, and that area has produced great results. As important was developing a closer clinical relationship with BJC. Our patients have benefited from this arrangement, as we more smoothly move patients between our institutions to the most appropriate level of care.”



Jerry Esker, RPh, Sarah Bush Lincoln Health System president and CEO

“Our goal is to remain a strong and independent health care organization where decisions are made locally. This is the premise upon which Sarah Bush Lincoln was founded 40 years ago. Over the years, we have become an economic engine for our region, and people rely on us for care and community support. The BJC Collaborative helps us achieve our goal by allowing us to learn and grow from experts from throughout the larger region. It also provides access to some of the brightest minds in medicine to help care for our patients.”



Timothy Stone Jr., Decatur Memorial Hospital president and CEO

“I’m looking forward to the growth and development of Collaborative Care Management Resources, which is certain to bring with it a greater understanding of the health care needs of the patient population for whose health and well-being we are accountable.”



Improving patient care

Although all BJC Collaborative initiatives directly or indirectly improve patient care, these new relationships have fostered multiple clinical initiatives among member systems to directly improve patient care. In many cases, these high quality clinical services wouldn't otherwise be available to patients of Collaborative systems without traveling away from home.

The Collaborative provides a means of facilitating the exploration and, ultimately, the implementation and expansion of clinical programs and services between and among the Collaborative members to improve access to and quality of health care for patients. These agreements are excellent examples of how Collaborative members are working together to enhance the care and convenience for patients in their local communities.

Pediatric urology and general surgery

Children in the region benefit from a number of these relationships. Washington University physician Douglas Coplen, MD, director of pediatric urology at St. Louis Children's Hospital, travels to CoxHealth in Springfield, Mo., twice a month to provide pediatric urology services. "Prior to this agreement, patients would have to travel to either St. Louis or Kansas City, whether it was for a clinic visit or for outpatient or inpatient surgery," Dr. Coplen says. "Through the Collaborative, these children now have local access to the care and outpatient treatment they need."

"In addition, through the collaboration, Cox physicians now have immediate availability for phone consultation where the consulting physician has real-time access to imaging and EMR," Dr. Coplen adds. "This has resulted in improved planning and care of non-urgent pediatric urological conditions."

In 2016, nearly 400 pediatric patients were able to remain in Springfield to receive their care.

In addition, three pediatric general surgeons from St. Louis Children's visit CoxHealth twice a month on a rotating basis. "Our focus is outpatient general surgery and serving as consultants for pediatric surgical issues in the CoxHealth newborn intensive care unit," says Brad Warner, MD, St. Louis Children's Hospital surgeon-in-chief. "For newborns, we will be able to do many procedures on site, such as central line or feeding tube insertions.

In addition, we will be able to quickly identify more complex conditions that could require specialty care or advanced technology. Our shared goal is to provide the best care in the most appropriate setting, depending on the child's condition."





Todd Greiner and his wife, of West Frankfort, Ill., are thankful for the BJC Collaborative teamwork that enabled him to smoothly transition to rehabilitation services close to home.

Rehabilitation

Perhaps the most dramatic patient story to come out of Collaborative member clinical relationships is that of Todd Greiner, whose small plane slammed into the ground in June 2016. Greiner, then 64, of West Frankfort, Ill., was catastrophically injured.

A year later, he was flying again, thanks in part to skilled first responders and expert teams of health care professionals at Barnes-Jewish Hospital, part of BJC HealthCare, and the Acute Rehabilitation Center at Herrin Hospital, part of Southern Illinois Healthcare. These BJC Collaborative members often partner to give southern Illinois residents access to high level or specialty care with an easy transition back to primary care and follow-up services close to home.

Telemedicine

Telemedicine technology is also opening new doors for advanced maternal-fetal medicine. Washington University maternal-fetal medicine specialists at Barnes-Jewish Hospital and Memorial Hospital of Carbondale, a member of the Southern Illinois Healthcare system, use telemedicine technology to monitor, diagnose and develop care plans for local expectant mothers.

“Previously, when an expectant mother in the Carbondale area needed a maternal-fetal medicine consultation, she had to travel two hours,” says Elyn Rosenblum, manager of physician services/telehealth at St. Louis Children’s Hospital. “This telemedicine collaboration allows women to have their ultrasound done at Memorial Hospital of Carbondale, and those images are transmitted to St. Louis through Cloud-based image transfer technology. A Washington University/ Barnes-Jewish maternal-fetal medicine specialist immediately reviews the images and talks with patients about the results via video conferencing.”

Referring obstetricians receive an ultrasound report, as well as a letter outlining all of findings. And, in the event a patient needs to travel to St. Louis for further evaluation, an appointment can usually be arranged within 48 hours to provide the patient with answers as quickly as possible.



Consulting expertise

The BJC Collaborative also has opened up opportunities for consulting and management services among members. For example, BJC and Washington University School of Medicine have established agreements to assist Southern Illinois Healthcare in attaining a higher designation level for services currently provided. Barnes-Jewish Hospital and the Medical School are providing consulting and management services to help Southern Illinois Healthcare attain a Level II Trauma designation, and St. Louis Children's Hospital and the university are providing consulting and management services to help the health care system attain a Level III Nursery status.



Mock patient drills enable hospitals to prepare for crisis response. BJC Collaborative member hospitals can provide mutual aid in the event of a disaster.

Sharing best practices

Leaders throughout the BJC Collaborative share best practices and develop solutions to shared challenges through the Collaborative's leadership Round Tables in the areas of Clinical and Service Quality, Emergency Preparedness, Government Relations, Health Sciences Academic, Human Resources, Legal Services, and Public Relations/ Communications. Successes from these Round Tables include:

- Executing a Mutual Aid Agreement to establish a coordinated system for Collaborative hospitals to provide mutual aid as necessary in the event of a natural disaster
- Developing joint public policy position statements for use at the state and federal level
- Developing a Human Resources metric scorecard to provide benchmarking capabilities and identify opportunities for improvement across the Collaborative
- Creating an infection prevention workgroup to identify opportunities to reduce the catheter-associated infection rate at seven Collaborative hospitals



Reducing costs

Reducing costs and achieving operational efficiencies have been hallmarks of the BJC Collaborative since its inception in 2012. The Collaborative has achieved nearly \$250 million in savings through mid-2017 in the areas of clinical asset management, information technology and supply chain through efforts within the Collaborative and through Mid-America Service Solutions, a Vizient™ member business venture that helps health systems streamline supply chain management.

The majority of the savings have been achieved through clinical equipment bundled purchases, which are managed by the Collaborative's Clinical Engineering Operations Committee (CEOC). The CEOC has achieved about \$178 million in savings through mid-2017 through capital equipment bundled purchases, joint training, and asset recovery and redeployment.

The capital equipment bundle includes 2,219 devices as of mid-2017 and covers a variety of devices such as imaging equipment, anesthesia equipment, stretchers and surgical devices.



The clinical asset management warehouse in St. Louis is available as a resource for all BJC Collaborative members.

In addition to bundling clinical equipment purchases, BJC's clinical asset management warehouse in Fenton redeploys recovered equipment and supplies to other BJC facilities and Collaborative members at a fraction of the cost of purchasing those same items new.

In concert with Mid-America Service Solutions, the Collaborative also has achieved significant savings in supply chain, totaling about \$44 million through mid-2017. These savings were realized through purchases in capital, physician preference items, pharmacy and commodities.

The Collaborative has also reduced costs through its Information Technology Operations Committee (ITOC) and achieved about \$28 million in savings through data center sharing, infrastructure purchasing, Microsoft licensing and security solutions. Through the ITOC, Saint Luke's Health System offered an innovative cost-saving solution by converting excess capacity at its IT facility in Kansas City into space for a new BJC secondary data center. The solution benefited both systems and provided significant savings.



Blessing Health System clinical engineering is among BJC Collaborative members achieving savings through bundled purchases of clinical equipment.





Cancer research and predictive analytics will be essential in identifying better approaches to prevention, detection, treatment and cures.

2018 and beyond: Improving the health of populations

While the BJC Collaborative will continue to prioritize improving patient care, reducing costs through collective purchasing and identifying operational efficiencies, and sharing best practices, its members are looking ahead to explore ways to provide meaningful population health benefits to the people they serve.

With this goal in mind, the Collaborative is pursuing two population health initiatives, the Cancer Task Force and Collaborative Care Management Resources (CCMR).



Cancer Task Force

Through the Cancer Task Force, the health systems in the BJC Collaborative are building relationships and developing infrastructures to enhance coordination among member cancer centers. Ultimately, the Cancer Task Force aims to:

- **Reduce the incidence of cancer** among the population in the geography covered by its organizations
- **Improve the clinical outcomes** of patients with cancer diagnoses cared for by the BJC Collaborative member cancer centers
- **Increase the number of cancer patients whose clinical and genomic information is used in clinical cancer research** to advance medical science and discovery aimed at identifying better approaches to prevention, detection, treatment and cure

- **Increase enrollment and participation in clinical trials** aimed at testing new modalities and treatments to improve clinical outcomes for cancer patients

In 2017 the Cancer Task Force continued to focus much of its efforts on lung cancer.

Key initiatives include:

- BJC Collaborative lung cancer screening reference guide
- Action plans for improvements in palliative care and survivorship in support of lung cancer patients
- Feasibility of pursuing lung cancer clinical trials together through the BJC Collaborative

The Cancer Task Force has made significant strides since its inception in 2015, including:

Collaborative Thoracic Oncology Conference	A virtual cancer conference in which physicians affiliated with one of the eight Collaborative member systems will be able to present and discuss complex cases and best practices in Thoracic Oncology Care in a multidisciplinary setting.
Performance Dashboard on Commission on Cancer Metrics	The dashboard identifies relative strengths and opportunities for improvement regarding the performance of each Collaborative cancer center on key clinical quality metrics as measured by the Commission on Cancer.
Shared Best Practices in Cancer Care	Member cancer centers identified and shared best practices in palliative care, survivorship and new oncology nurse orientation.
Position Statement on Lung Cancer Screening Guidelines	Member cancer centers collectively endorsed the Medicare guidelines for low-dose CT screenings for lung cancer and developed educational materials for patients and physicians.
Expedited Referral Channels	The Task Force designated a single point of contact at each member Cancer Center to enable expedited second opinion consultations and other referrals for patients.





Sophisticated data-driven, knowledge-based analytics will be the key to advances in population health management.

Collaborative Care Management Resources

Recognizing the critical role health care providers play in the overall U.S. economy and the momentous shift toward “value-based” reimbursement that’s occurring throughout the health care sector, five of the health systems affiliated with the BJC Collaborative are pursuing a large-scale joint endeavor called Collaborative Care Management Resources (CCMR). CCMR seeks to build capabilities to enhance the value of the provision of health care services, ultimately improving quality and reducing the total cost of providing care to patients.

Although each system faces different market conditions and serves unique patient populations, they all recognize that, through

sophisticated data-driven and knowledge-based analytics, using both clinical and financial data is key to improving population health and managing the total cost of care. With that goal in mind, CCMR will be a robust technology-based, care management infrastructure that will provide data aggregation and advanced analytics to enable enhanced patient care coordination through clinical program design, training and patient engagement.

These five health care systems believe the resulting care coordination protocols developed through CCMR will improve patient health and outcomes, directly benefiting the diverse populations they reach across their combined service area of 3.4 million people.



Long-term vision: BJC Collaborative ultimately seeks to improve health care

Ultimately, BJC Collaborative members believe that working together, learning from one another and problem solving together will become even more important in the future, as health care organizations strive to continue to serve their communities.

While there are many unknowns as to what hospitals are going to be faced with in the future, member systems look forward to continuing to work on innovative ways to address the health needs for the 11.2 million people the systems collectively represent. Each organization is stronger together and with intentional, collective efforts, can have a powerful impact on the health of the region.

Uniquely positioned to take on the opportunities and challenges of the future, the BJC Collaborative is focused on building on the first five years of success.



BJC Collaborative Members



BJC HealthCare | bjc.org

- Based in St. Louis, Mo.
- Serving metro St. Louis, mid-Missouri and southern Illinois
- 15 hospitals
- 31,031 employees
- Adult and pediatric academic medical centers affiliated with Washington University School of Medicine
- Goldfarb School of Nursing at Barnes-Jewish College



CoxHealth | coxhealth.com

- Based in Springfield, Mo.
- 25-county service region
- 5 hospitals
- 10,789 employees
- Affiliated with University of Missouri-Columbia School of Medicine
- Cox College of Nursing and Health Sciences



Memorial Health System | choosememorial.org

- Based in Springfield, Ill.
- 40-county service region
- 4 hospitals
- 7,200 employees
- Affiliated with Southern Illinois University School of Medicine



Saint Luke's Health System | saintlukeshealthsystem.org

- Based in Kansas City, Mo.
- Service area includes greater Kansas City metro region
- 10 hospitals
- 10,600 employees
- Affiliated with University of Missouri-Kansas City School of Medicine
- Saint Luke's College of Health Sciences



Blessing Health System | blessinghealth.org

- Based in Quincy, Ill.
- Serves west central Illinois, northeast Missouri and southwest Iowa
- 2 hospitals
- 3,200 employees
- Affiliated with Southern Illinois University School of Medicine
- Blessing-Rieman College of Nursing and Health Sciences



Decatur Memorial Hospital | dmhcares.com

- Based in Decatur, Ill.
- 6-county service area
- 1 hospital
- 2,147 employees
- Partnership with SIU School of Medicine



Sarah Bush Lincoln Health System | sarahbush.org

- Based in Mattoon, Ill.
- 10-county primary service area
- 20-county service area for home care, hospice, durable medical equipment
- 1 hospital
- 2,250 employees
- Partnership with Prairie Heart Institute of Illinois and Advanced ICU Care



Southern Illinois Healthcare | sih.net

- Based in Carbondale, Ill.
- 7-county primary service area
- 3 hospitals
- 3,699 employees
- Affiliated with Southern Illinois University School of Medicine, Rehabilitation Institute of Chicago and Prairie Heart Institute





www.BJCCollaborative.org