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August 31, 2014

Dear Fellow Texan:

At Baylor Medical Center at Irving, we recognize the importance of community benefit. Being able to share our knowledge, expertise, and range of services with the community is essential in our culture of service excellence.

The full-service, fully-accredited hospital offers advanced health care services in cardiovascular care, diagnostic imaging, digestive health, physical medicine and rehabilitation, cancer care, orthopedic surgery, neurology, neurosurgery, behavioral health senior care, minimally-invasive surgery, general surgery and emergency medicine. Baylor Irving is committed to fulfilling the mission:

“Baylor Scott & White Health exists to serve all people by providing personalized health and wellness through exemplary care, education and research as a Christian ministry of healing.”

Enclosed is the report for Fiscal Year 2014 and the plan for the same fiscal year. Our plan is developed according to community needs identified by the FY 2013-16 Community Benefit Implementation Plan, Dallas County, as well as specific focus areas identified by Baylor Health Care System. Each year, our facility spearheads a number of health fairs targeted at the underserved, supports local not-for-profit organizations with similar missions, and aims to make the community more aware of conditions such as heart disease, cancer, stroke, respiratory disease, and diabetes. As a preferred community partner, our commitment is to provide advanced health care for the ever-changing needs of our community.

I encourage you to give me feedback for this report. Please address comments to me, in care of Jennifer Coleman, Senior Vice President, Public Affairs, Baylor Health Care System, 3500 Gaston Avenue, Suite 150, Dallas, Texas 75246.

Sincerely,

Cindy K. Schamp
President
I. Effective Dates of the Report

The annual report of community benefits provided is for the fiscal year ended June 30, 2014 (Fiscal Year 2014).

II. Hospital Description

Located in the heart of the Dallas/Fort Worth Metroplex and licensed for 293 beds, Baylor Medical Center at Irving (Hospital), an affiliate of Baylor Health Care System (BHCS), is a not-for-profit full-service, fully-accredited acute care medical center. The Hospital offers advanced health care services in cardiovascular care, diagnostic imaging, digestive disorders, physical medicine and rehabilitation, oncology care, orthopedic surgery, and emergency medicine. The Hospital is centrally located on State Highway 183 between Dallas to the east and Fort Worth to the west.

The Hospital began with visionary citizens going door-to-door in the early 1960s to raise funds to build a community hospital. By 1964, Irving had built a $3 million, 100-bed hospital, with $750,000 of that amount representing gifts and grants. The Irving Community Hospital was established. Although its name was changed to Baylor Medical Center at Irving in the mid-1990’s and the service area and outreach has expanded, the vision to serve continues to be realized through delivering quality health care, community education and community service.

A high performing provider of health care services, the Hospital has many accreditations and awards including:

- Level III Chest Pain Accreditation by the Society of Cardiovascular Patient Care
- Heart Failure Accreditation by the Society of Cardiovascular Patient Care
- Advanced Certification for Primary Stroke Centers
- Commission on Cancer Accreditation
- National Accrediting Program for Breast Cancer Centers
- *US News and World Report*, Best Regional Hospital award
- Texas Health Care Quality Improvement Award of Excellence.

Community outreach and preventative health care are two areas of focus that fuel the Hospital’s efforts to screen and educate local residents to improve the overall health and
wellness of the communities it serves. Prevention leads to early detection and the ability to catch disease when treatment will be most reliable and effective. This overarching approach shapes the Hospital’s outreach plan and operational strategy.

Irving’s only charity medical clinic, the Irving Interfaith Clinic (IIC) opened its doors January 1, 2006 to care for residents who have no health insurance and do not qualify for tax-subsidized care at the Dallas County public hospital. They receive care from 20 physicians who generously volunteer services after their own practices close.

The Irving Dental Center opened in March 2008 with the Irving Healthcare Foundation (IHF) playing an instrumental role in identifying access to dental care as a priority health need for low-income, dentally underserved residents of the City of Irving. Partnering with the City of Irving, Parkland Health & Hospital System and Community Dental Care (CDC), the IHF and the Hospital worked to address this critical need. The IHF provided funding for capital equipment and leveraged other operating funds by partnering with CDC to open a five-chair dental center staffed by seven dentists.

The Hospital uses its revenue after expenses to improve the health of Irving and surrounding communities through patient care, education, research and community service. In the fiscal year ending June 30, 2014, the Hospital had 20,529 total adult and special care nursery admits resulting in a total of 97,074 days of care; 2,151 babies were delivered and there were 62,067 emergency department visits.

As part of a large faith based integrated health care delivery system (System), and due to its commitment to the community, the Hospital provides financial assistance in the form of charity care to patients who are indigent and satisfy certain requirements. Additionally, the Hospital is committed to treating patients who are eligible for means tested government programs such as Medicaid and other government sponsored programs including Medicare, which is provided regardless of the reimbursement shortfall, and thereby relieves the state and federal government of the burden of paying the full cost of care for these patients. The unreimbursed cost of care provided to these patients under these programs by the System have exceeded 86.8 percent of the total community re-investment over the period from fiscal years 2010-2012, as calculated under the Texas Health and Safety Code. Often, patients are unaware of the federal, state and local programs open to them for financial assistance, or they are unable to access them due to the cumbersome enrollment process required to receive these benefits. The Hospital offers assistance in enrollment to these government programs or extends financial assistance in the form of charity care through the Hospital’s Financial Assistance Policy which can be located on the Hospital’s website at www.BaylorHealth.com/FinancialAssistance.

In addition to the Hospital’s Financial Assistance Policy, as part of the System, the areas of medical education, research, subsidized services and community health education and screenings are initiatives that take place across the System, and also comprise a significant portion of the Hospital’s community benefit program.

The Hospital is also committed to assisting with the preparation of future nurses at entry and advanced levels of the profession to establish a workforce of qualified nurses. Through
the System’s relationships with fifteen North Texas schools of nursing, the Hospital maintains strong affiliations with schools of nursing. In the fiscal year ending June 30, 2012, the Hospital invested in training 293 nurses. Total unreimbursed cost of these programs was more than $894,000. Like physicians, nursing graduates trained at a System entity are not obligated to join the staff although many remain in the North Texas area to provide top quality nursing services to many health care institutions.

III. Hospital Mission Statement

Baylor Scott & White exists to serve all people by providing personalized health and wellness through exemplary care, education and research as a Christian ministry of healing.

IV. Description of Community Served

The System is committed to serving a vast array of neighborhoods comprising its service area and recognizes the importance of preserving a local community focus to effectively meet community needs.

Located in Dallas County, the Hospital serves the Central Region of the System, and its total service area (TSA) includes zip codes from Dallas, Collin, Denton, Ellis, Henderson, Hunt, Kaufman, Rockwall and Tarrant Counties.

Based on population alone, Texas is the second largest state in the nation with more than 25 million people. From 2000 to 2010, Texas experienced a 20 percent growth in population, as
compared to only a 9.7 percent increase nationally. Originally, the North Texas Region was defined to include Collin, Dallas, Denton, Ellis, Fannin, Grayson, Kaufman, Navarro, and Rockwall counties. There is considerable in-migration from the original counties to Dallas County for health care services.

- Average household income, $76,541, is below the average for both Texas and the U.S.
- 10.0 percent of the population have household incomes below the Federal Poverty Level (FPL), compared to 9.7 percent living below the FPL in the Dallas/Fort Worth Metroplex.
- 9.4 percent living below the FPL in the United States.
- The community inpatient payer mix is comprised of the following: 35.1 percent Managed care, 18.8 percent Medicaid, 34.7 percent Medicare, 11 percent Self Pay/Charity Care, and 0.5 percent Other.
- White non-Hispanics represent 48.1 percent of the population, followed by Hispanics, Black non- Hispanics, Asians, and others, respectively. Approximately 44 percent of Dallas-Fort Worth residents are New Americans (defined as either foreign born or the children of foreign born) of which 46 percent are undocumented. English is not the language spoken in 32 percent of homes in North Texas and over 239 languages are spoken in the North Texas Area, with more than 1/3 reflecting African cultures new to the region.
- The most prevalent age group is 35-54 years (27.6 percent), followed by the 0-14 age group (20.2 percent).
- While 15.1 percent of adults have less than some high school level of education, approximately 85 percent of adults have at least a high school degree.
- Medically underserved: The Hospital service area contains 25 medically underserved areas or populations. Dallas County has significant Health Professional Shortage Area (HPSA) and Medically Underserved Areas (MUA) that overlap and Kaufman County is a county- level HPSA with no MUAs.

V. Identified Community Health Needs

During the fiscal year ending June 30, 2013, the Hospital conducted a Community Health Needs Assessment (CHNA) to assess the health care needs of the community. The CHNA took into account input from persons who represent the broad interest of the community served by the Hospital, including those with special knowledge of or expertise in public health. The CHNA has been made widely available to the public and is located on the website at the following address, BaylorHealth.com/Community. A summary of the CHNA is outlined below including the list of the needs indentified in the assessment.

Creating healthy communities requires a high level of mutual understanding and collaboration with community individuals and partner groups. The development of this assessment brings together information from community health leaders and providers.
along with local residents for the purposes of researching, prioritizing and documenting the community health needs for the geographies served by the Hospital. This health assessment will serve as the foundation for community health improvement efforts for next three years.

The FY 2013 CHNA brings together a variety of health status information. This assessment consolidates information from the recent community health needs assessment conducted for the Texas’ Regional Healthcare Partnership Region 9 (Region 9 RHP), the Dallas County Community Health Needs Assessment and the Consumer Health Report conducted by the National Research Corporation (NRC) for the Hospital, each of which takes into account input from person who represent the broad interest of the community including those with special knowledge of or expertise in public health.

The identified community health needs as outlined below were reviewed and prioritized with input from the BHCS Senior Leadership, the BHCS Mission and Community Benefit Committee and approved by the BHCS Board of Trustees. The methodology for prioritization can be found in the CHNA executive summary. Although each identified need is prioritized as high, medium or low, the Hospital will address all identified needs in the Plan.

The importance and benefits of compiling information from other recognized assessments are as follows: 1) Increases knowledge of community health needs and resources, 2) Creates a common understanding of the priorities of the community's health needs, 3) Enhances relationships and mutual understanding between and among stakeholders, 4) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community, 5) Provides rationale for current and potential funders to support efforts to improve the health of the community, 6) Creates opportunities for collaboration in delivery of services to the community and 7) Provides guidance to the hospital how it can align its services and community benefit programs to best meet needs.

In developing a plan to address all identified community health needs, the Hospital and the System found that aggregating the needs allows for significant, crosscutting initiatives. Therefore, this community health implementation plan organizes the needs as follows:

A. Access to Care for Low Income/Underserved
B. Multiple Chronic Conditions
C. Preventive Health Screenings
D. Behavioral Health
E. Patient Safety and Hospital Acquired Conditions
F. Emergency and Urgent Care
G. Health Infrastructure

VI. Programs Addressing Identified Community Health Needs

Program: Behavioral Health

Baylor Medical Center at Irving
Community Benefit Report: FY 2014
Page 7
Description: The Baylor Clinic on the Baylor Medical Center at Irving campus, expanded their capacity by opening their patient panels to non-Baylor patients (including Medicaid and Uninsured) and fully utilizes the space and providers’ capacity. Additional support staff helps to better coordinate patient care, ensure transition from the hospital to a Baylor Clinic and help to facilitate the care of the complex underserved patients. The Baylor Clinic on the Baylor Medical Center at Irving is already an NCQA recognized PCMH, thus the focus of this project would be to open the current panel to the underserved community and provide volume relief for other providers/health systems in the area. We expect that approximately 90-95% of new patients will be Medicaid/Uninsured. Additionally, the clinic would provide these high quality primary care services to a greater number of people. Essentially, through expanding the capacity of the current clinic, adding additional support staff and services, a patient can receive comprehensive and complete services in one primary care location. In addition to receiving primary care, this project also proposes that ancillary services such as labs, imaging (i.e., CT scans, MRI, ultrasound, etc.) and diagnostics (i.e., colonoscopy, stress tests, etc.) would also be provided upon physician request. This project closes the loop of care and increases patient compliance by co-locating/coordinating many of the essential services that the underserved population often has issues accessing and completing.

Persons Served: 211

Needs Addressed Under This Program:
- Access to Care For Low Income Populations
- Behavioral Health
- Preventive Health Screenings

Program: Chronic Disease Management

Description:
The Baylor Clinics would house a carved out chronic disease management program to provide focused and dedicated education and care for patients with diabetes, cardiovascular diseases (CVD) (i.e., congestive heart failure) and respiratory diseases (asthma/chronic obstructive pulmonary disease) within a primary care setting. Specific staff, comprised of CHWs and Nurse Care Managers, would address the complex clinical and prevention needs of these patients and spend time specifically on management of these diseases. The focus of this time and education with patients would not only entail clinical counseling, but also include prevention components to focus on lifestyle issues and self-management. The other key advantage that patients will receive as part of this program is point of care testing for diabetes (HbA1c testing and glucose testing using test strips) and Asthma (Peak flow meter assessments). We believe this will overcome the barrier of patients’ non-compliance with completing lab orders and any financial or transportation issues that would arise in obtaining these important lab results. We plan to leverage the expertise and experience of both the Diabetes Health and Wellness Institute (Baylor entity in South Dallas) and Baylor Clinics to provide staff education, develop competencies, and create protocols that will result in a complete and robust program tailored for multiple community settings. The Diabetes Health and Wellness Institute would house this staff and appropriately triage and manage providers to see patient at Baylor Clinics based on volume and demand parameters. Baylor Clinics have had previous success in managing patients with chronic disease through the creation and development of a community health worker model (CHW). These successes and competencies will be leveraged to create programs around CVD and Respiratory illnesses.
Persons Served: 56

Needs Addressed Under This Program:
- Access to Care for Low Income/Underserved
- Health Infrastructure
- Multiple Chronic Conditions
- Preventive Health Screenings

Program: Community Benefit Operations

Description: Community benefit operations include costs associated with assigned staff and community health needs and/or assets assessment, as well as other costs associated with community benefit strategy and operations. Staff costs for managing or overseeing community benefit program activities that are not included in other categories of community benefit. Staff costs for internal tracking and reporting community benefit.

- Costs associated with community benefit evaluation.
- Cost of fundraising for hospital sponsored and community sponsored community health improvement programs, including grant writing.
- Grant writing and other fundraising costs related to equipment used for Hospital sponsored community benefit services and activities.
- Costs associated with developing a community benefit plan, conducting community forums, and reporting community benefit.
- Overhead and office expenses associated with community benefit operations.

Persons Served: 96,966

Needs Addressed Under This Program:
- Multiple Chronic Conditions
- Preventive Health Screenings

Program: Community Health Education – Cancer, Cerebrovascular Disease, Diabetes, Heart Disease, and Other Diseases

Description: These events provide education and outreach through support groups that teach residents in the Hospital's area about living with chronic diseases and issues related to care givers of those living with serious life altering injury or chronic diseases to aid in maintaining a healthy lifestyle. This program improves the quality of life for those living with or providing care for those living with chronic illnesses and conditions, and those for whom depression alters their ability to function optimally.

Persons Served: 9,259

Needs Addressed Under This Program:
- Access to care for Low Income/Underserved
- Multiple Chronic Conditions
- Preventive Health Screenings

Program: Community Support Groups

Description: Baylor Medical Center at Irving offers free support groups for individuals living with certain medical conditions and their caregivers. The cost of community support groups includes rental and facilitator fees. Community support groups offered at the Hospital includes Better Breathers Club, diabetes, and stroke support groups.

Persons Served: 324
Needs Addressed Under This Program:
- Behavioral Health
- Care Coordination and Care Transition

Program: Donations—Financial
Description: Baylor Medical Center at Irving provides financial support to non-profit organizations that serve residents in the hospital's primary and secondary service area. The hospital supports organizations that address chronic health conditions, support education, and serve the poor and underserved.

Needs Addressed Under This Program:
- Behavioral Health
- Multiple Chronic Conditions

Program: Donations—In-Kind
Description: Baylor Irving supports area organizations through the donation of equipment, medical supplies and emergency medical care at community events. This provides a service to cities, municipalities, school districts and non-profit organizations that may otherwise not be provided.

Persons Served: 196

Needs Addressed Under This Program:
- Behavioral Health

Program Title: Donations—In-Kind—Faith in Action Initiatives
Description: The office of Faith in Action Initiatives 2nd Life program provides monetary and medical supplies and equipment reclamation from Baylor Scott and White Health System and community partners for the purpose of providing for the health care needs of populations both locally and internationally whose needs cannot be met through their own organization. 2nd Life provides recycled medical equipment to under-served health care organizations, and provides monetary supporting disaster situations in shipment of medical equipment in the U.S. and in third world countries.

Persons Served: 64,000

Needs Addressed Under This Program:
- Access to Care For Low Income Populations
- Behavioral Health
- Care Coordination and Care Transitions
- Emergency and Urgent Care
- Multiple Chronic Conditions
- Patient Safety and Hospital Acquired Conditions
- Preventive Health Screenings

Program Title: Health Care Support Services
Description: Health care support services are provided by the Hospital to increase access and quality of care in health services to individuals, especially persons living in poverty and those in vulnerable situations. The Hospital provides staff to assist in the qualification of the medically under-served for programs that will enable their access to care, such as Medicaid, Medicare, SCHIP and other government programs or charity care programs for use in any hospital within or outside the Hospital.
Persons Served: 5,302

Needs Addressed Under This Program:
- Access to Care for Low Income Populations
- Multiple Chronic Conditions

Program: Health Screenings—Cerebrovascular Disease

Description: The Hospital provides cerebrovascular screenings to improve health and quality of life through prevention, detection and treatment of risk factors. Cerebrovascular disease can be best prevented by: quitting smoking, regular physical exercise, eating heart healthy diet with low fat content, maintaining healthy weight or avoiding obesity, controlling blood pressure, controlling hypertension, avoiding anger or chronic stress and lowering blood cholesterol. Regular cerebrovascular screening is important because it helps detect risk factors in their earliest stages and identify lifestyle changes and pharmacotherapies, if appropriate, before it ultimately leads to the development of cerebrovascular disease.

Persons served: 574

Needs Addressed Under This Program:
- Preventive Health Screenings

Program: Health Screenings—Diabetes

Description: Baylor has determined that diabetes is the number six cause of death in America. The American Diabetes Association (ADA) recommends that adults age 45 and older get screened for type 2 diabetes every three years by their health care provider. It is estimated that one-third of people with diabetes are unaware of their condition and there can be virtually no symptoms. Individuals could have diabetes and not know it. If an individual has diabetes, screening for early diagnosis is essential for decreasing the risk of developing diabetes complications, treating it appropriately, and helping [the person] stay healthy. Most diabetes screening recommendations focus on type 2 diabetes, since symptoms of type 1 diabetes often develop suddenly and the disease is usually diagnosed soon after symptoms appear. People with type 2 diabetes can go un-diagnosed for three to four years or more making screening an important tool for catching it. Events will include the Women’s Health Day, Men’s Health Day, community and corporate sponsored health fairs, seminars and screenings held throughout the year.

Persons served: 61

Needs Addressed Under This Program:
- Preventive Health Screenings

Program: Health Screenings—Heart Disease

Description: The Hospital provides blood pressure screenings to improve cardiovascular health and quality of life through prevention, detection and treatment of risk factors through focusing particularly on hypertension and cholesterol in men and women and minority groups at high risk for disease development. The key to preventing cardiovascular disease, also called coronary artery disease (CAD), is managing risk factors such as high blood pressure, high total cholesterol or high blood glucose. Regular cardiovascular screening is important because it helps detect risk factors in their earliest stages and identify lifestyle changes and pharmacotherapies, if appropriate, before it ultimately leads to the development of cardiovascular disease.
Persons served: 495

Needs Addressed Under This Program:
- Preventive Health Screenings

Program: Health Screenings—Other
Description: Events will focus on educational materials and screenings that will impact lifestyle habits. The focus will be on risk factors associated with obesity and other chronic conditions. Events will include the Women’s Health Day, Men’s Health Day, community and corporate sponsored health fairs, seminars and screenings held throughout the year.

Persons served: 495

Needs Addressed Under This Program:
- Preventive Health Screenings

Program: Medical Education—Nursing Students
Description: Baylor Irving provides clinical rotations for training students from the University of Texas at Arlington, El Centro College, Baylor School of Nursing, Brookhaven and Texas Women’s University nursing programs and an internship for critical care and medical/surgical nurses. Additionally, Baylor Irving participates in a system wide obstetrics internship program for graduate nurses and a career path for existing practicing nurses who wish to change specialties.

Persons Served: 134

Needs Addressed Under This Program:
- Access to Care for Low Income Populations

Program: Medication Management
Description: This project option combines project options 2.11.1- Implement interventions that put in place teams, technology and processes to avoid medication errors and 2.11.2- Evidence based interventions that put in place the teams, technology and processes to avoid medication errors. The project option we chose combines the components of both of these project options but focuses on medication management and compliance in the ambulatory setting within the patient’s Baylor Clinic PCMH. Based on current estimates by our providers, we anticipate that more than 50% of patients in the Baylor Clinic have five or more medications. Ensuring that these medications are 1) appropriate, 2) taken correctly, 3) managed and 4) accessible will be important to improve clinical outcomes. By combining two of the project options 2.11.1 and 2.11.2 to create an “other” option encompasses both a process for avoiding medication errors and evidence based interventions to avoid medication errors. We intend to utilize a clinical pharmacist who will review patient medications for those patients who have multiple prescriptions on a regular basis to ensure that medications are appropriate and to ensure the patient understands how and why they are taking the medications. Additionally, we plan to help patients obtain the medications they need through implementing a prescription assistance program to help patients who are eligible, qualify for medications and provide medications to those patients who cannot afford prescriptions. We will attempt to provide medications at little to no cost for patients who are 150% below the federal poverty level, have one or more chronic diseases and remain compliant with their appointments and care regimens. Through this benefit and clinical pharmacist oversight and management, we expect adherence and compliance to medications will increase. The additional advantage to embedding this team within the...
PCMH is that patients will receive comprehensive care management to address all of their needs in one care venue.

**Persons Served: 2**

**Needs Addressed Under This Program:**
- Access to Care for Low Income Populations
- Multiple Chronic Conditions
- Patient Safety and Hospital Acquired Conditions

**Program: News Media Generated Community Health Education**

**Description:** The Public Relations Team uses news media and social media efforts to equip the community with the latest health and wellness information as well as information on when and how to connect with health care professionals, hospitals, and other health care institutions. The scope of the efforts includes but is not limited to:
- Public health
- Disease specific or injury-specific information
- Identifying community resources for meeting health needs
- The development of tools and resources needed to get credible information to patients.

This is accomplished through:
- Publishing educational and diagnostic opportunities
- Providing timely, relevant health content on social media sites
- Hosting electronic education events
- Maintaining health education blogs
- Promoting the System health library
- Monitoring and engaging government agencies and industry associations relative to connecting providers and patients
- Promoting the tools and resources needed to improve the quality, cost-effectiveness, efficiency, patient-centeredness, safety and access to health care.

The Public Relations Team produces opportunities for free health and wellness education for all people—whether they are insured, uninsured or under insured patients—through well-developed relationships with news media outlets. The goal of the team’s work is to educate the public about health issues.

**Needs Addressed Under This Program:**
- Access To Care For Low Income Populations
- Care Coordination and Care Transitions
- Emergency and Urgent Care
- Multiple Chronic Conditions

**Program: Physician Recruitment**

**Description:** Recruitment of physicians and other health professionals for areas identified as medically underserved (MUAs) or other community needs assessment. The age and characteristics of a state’s population has a direct impact on the health care system. The state’s population is growing at an explosive pace—twice as fast as the national average. During this 10 year period, Texas had the fourth highest percentage growth and ranked first in the number of residents added during this period. And, like the rest of the country, the Texas population is aging and in need of more health care services, which puts added
demands on the system. The Hospital seeks to allay the physician shortage, thereby better managing the growing health needs of the community.

**Needs Addressed Under This Program:**
- Access to care for Low Income/Underserved
- Emergency and Urgent Care
- Multiple Chronic Conditions

**Program: Primary Care Expansion**

**Description:** The Baylor Clinic at the Hospital expands the current capacity by opening patient panels to non-Baylor patients (including Medicaid and Uninsured) and fully utilizing the space and providers’ capacity. Additional support staff will be hired to better coordinate patient care, ensure transition from the Hospital to a Baylor Clinic and help to facilitate the care of the complex under-served patients. The Baylor Clinic at the Hospital is already an NCQA recognized PCMH, thus the focus of this project would be to open the current panel to the under-served community and provide volume relief for other providers/health systems in the area. We expect that approximately 90-95% of new patients will be Medicaid/Uninsured. Additionally, the clinic would provide these high quality primary care services to a greater number of people. Essentially, through expanding the capacity of the current clinic, adding additional support staff and services, a patient can receive comprehensive and complete services in one primary care location. In addition to receiving primary care, this project also proposes that ancillary services such as labs, imaging (i.e. CT scans, MRI, ultrasound, etc.) and diagnostics (i.e. colonoscopy, stress tests, etc.) would also be provided upon physician request. This project aims to close the loop of care and increase patient compliance by co-locating/coordinating many of the essential services that the under-served population often has issues accessing and completing.

**Persons Served:** 92

**Needs Addressed Under This Program:**
- Access to Care for Low Income Populations
- Behavioral Health
- Health Infrastructure
- Multiple Chronic Conditions
- Patient Safety and Hospital Acquired Conditions
- Preventative Screenings

**Program: Specialty Care**

**Description:** Patients (including Medicaid and Uninsured) who are seen at a Baylor Clinic and have an established Primary Care Medical Home (PCMH) there, can receive the following specialty care services: certain outpatient procedures such as: office visits with specialists, wound care, and facility based procedures such as cardiac catheterizations, certain surgeries (i.e.: gall bladder/hernia), excision of masses (breast, lymphoma), and cataract removal. This project excludes transplants, oncology and perinatal services. The specialty care referral and coordination would come from the PCMH clinic per request by the patient’s PCP. Baylor Clinic patients are typically 90-95% Uninsured/Medicaid. About 95% of the patients seen in the Specialty Care program are Uninsured/Medicaid patients. Much of the value comes from building relationships, contracts and a network with local specialty care providers that can be easily accessible to this population. For Baylor Medical Center at Irving, one of the goals we have included in the project is a contract with providers.
in the community to create this specialty care network for the under-served population. Another facet of the project includes trying to make the specialist part of the primary care team. Through utilizing electronic health records and specialty care referral coordinator, we will engage specialists that provide procedures to also participate in the screening and educational needs of these patients. This is why we included Category 3 outcomes around Asthma improvement, Cervical and Colorectal cancer screening. We believe engaging specialists in these types of preventive services will help to integrate them into the primary care team. Sharing feedback through the electronic health record also will help to create a central repository of patient information and allow the care team to track and improve patient outcomes. Lastly, we expect value to come avoiding ED visits and more serious specialty care needs due to clinical exacerbations from not receiving timely and effective care.

**Persons Served:** 316

**Needs Addressed Under This Program:**
- Access to Care for Low Income Populations
- Health Infrastructure
- Multiple Chronic Conditions
- Preventative Screenings

**Program: Vulnerable Patient Network**

**Description:** The Vulnerable Patient Network (VPN) program provides home visits to the highest risk (clinically, economically and socially) and vulnerable Medicaid and uninsured patients. Using a combination of the Hot Spotting model developed by Dr. Jeffery Brenner of the Camden Coalition of Healthcare Providers and a validated risk stratification tool, we will stratify and identify the top 5% of high risk patients in the Medicaid and Uninsured population. Qualifiers for enrollment in this program include patient characteristics that include but are not limited to: homebound, disabled, multiple chronic diseases, polypharmacy or any other medical or social conditions limiting the patients’ ability to access care in an ambulatory care setting. A multidisciplinary team comprised of an advanced nurse practitioner (APRN) and LVN to see patients in the home and provide acute, primary and chronic care. In addition, social workers will be part of the team to address barriers to care and any social issues. Care Coordinators will also be part of this team to facilitate coordination and continuity of care for patients and have high level oversight for patients; bringing together the necessary components of care for these complex patients. Lastly, a Medical Director will have management over the entire project. A full spectrum of services will be available in the patient home ranging from examinations and clinical decision making to changing urinary catheters, labs, vaccinations and medication reconciliation, management and education.

**Persons Served:** 8

**Needs Addressed Under This Program:**
- Access to Care for Low Income Populations
- Health Infrastructure
- Multiple Chronic Conditions
- Preventative Screenings
VII. Charity Care and Government-Sponsored Indigent Health Care Provided
For Fiscal Year 2014, Baylor Medical Center at Irving provided $31,665,883 in unreimbursed costs of charity care and government-sponsored indigent health care.

IX. Government-Sponsored Health Care Provided
For Fiscal Year 2014, Baylor Medical Center at Irving provided $15,799,438 in unreimbursed costs of government-sponsored health care.

X. Other Types of Community Benefits Provided
Baylor Medical Center at Irving is committed to improving the quality of life for the many citizens living and working in its area. Baylor Medical Center at Irving was pleased to allocate funds to the following community benefit activities.

A. Community Health and Wellness Improvement Services $43,912
B. Community Benefit Operations $173,089
C. Financial Donations $36,500
D. In Kind Donations $31,952
E. Health Care Support Services $199,833
F. Medical Education $296,680
G. Physician Recruitment $36,905

XI. Total Operating Expenses and Calculation of the Ratio of Cost to Charge
As required by Section 311.046 (a)(4), Baylor Medical Center at Irving reports $186,976,773 in total operating expenses. As required by Section 311.046(1) (5), the ratio of cost to charges was 30.77%. Please see the attached worksheet for the full calculation.

XII. Report of Community Benefit Provided During Fiscal Year 2014
In a commitment to fulfill its mission, Baylor Medical Center at Irving benefit to the community, conservatively estimated, was $48,284,192 for Fiscal Year 2014. Baylor Medical Center at Irving is filing its Annual Statement of Community Benefits Standard (Statement) as a consolidated system with the other affiliated hospitals of BSW excluding those that qualify as Medicaid disproportionate share hospitals).

Through community benefit activities, BSW-affiliated hospitals provided: quality patient care and subsidized services otherwise not available in the community; medical education, training for medical technicians, hospital chaplains, nurses, and future physicians; and
medical research that will speed the time between scientific finding and its application to improving medical care.

Any comments or suggestions in regard to the community benefit activities are greatly welcomed and may be addressed to Jennifer Coleman, Senior Vice President, Consumer Affairs Baylor Scott and White Health, 3600 Gaston Avenue, Suite 150, Dallas, Texas 75246.