

IMPROVING POPULATION HEALTH: COLLABORATIVE CARE MANAGEMENT RESOURCES (CCMR)

Recognizing the critical role health care providers play in the overall U.S. economy and the momentous shift toward “value-based” reimbursement that is 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 aims to build capabilities to enhance the value of the provision of health care services, which will ultimately improve quality and reduce the total cost of providing care to patients. The five systems leading this initiative include:

- » BJC HealthCare - St. Louis, Missouri
- » Southern Illinois Healthcare - Carbondale, Illinois
- » Blessing Health System - Quincy, Illinois
- » Sarah Bush Lincoln Health System - Mattoon, Illinois
- » Decatur Memorial Hospital - Decatur, Illinois

Although each of these systems face different market conditions and serve unique patient populations, they recognize that, through sophisticated data-driven and knowledge-based analytics, utilizing 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 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 providers believe the resulting care coordination protocols developed through CCMR will improve patient health and outcomes, directly benefiting the diverse populations they reach across a combined service area of 3.4 million people throughout Missouri and southern Illinois.



LONG-TERM VISION OF THE BJC COLLABORATIVE



Enhance delivery of clinical programs and services for our patients across the region



Improve the quality and experience of care provided to patients



Provide meaningful population health benefits across the region



Reduce the total cost of care

For more information about the BJC Collaborative, please contact your local member of the BJC Collaborative:

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REGIONAL IMPACT OF THE BJC COLLABORATIVE

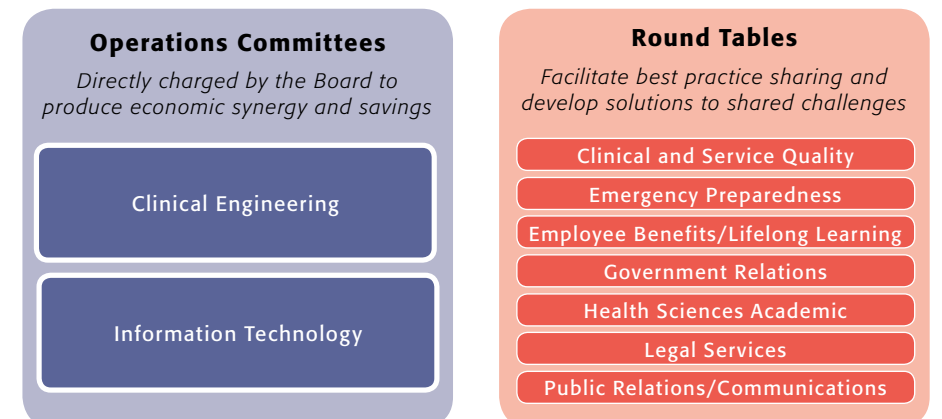
In October 2012, four leading, independent not-for-profit health care organizations joined together to create the BJC Collaborative, LLC (the “BJC Collaborative”) to prepare for the future of health care and achieve even higher quality care for the people they serve.

The four founding members of the BJC Collaborative are BJC HealthCare of St. Louis, Missouri, CoxHealth of Springfield, Missouri, Memorial Health System of Springfield, Illinois, and Saint Luke's Health System of Kansas City, Missouri. Since the BJC Collaborative was created in 2012, four additional systems have joined: Blessing Health System of Quincy, Illinois; Southern Illinois Healthcare of Carbondale, Illinois; Sarah Bush Lincoln Health System of Mattoon, Illinois; and Decatur Memorial Hospital of Decatur, Illinois.



STRUCTURE, GOVERNANCE AND OPERATIONS OF THE BJC COLLABORATIVE

The BJC Collaborative is structured as a Limited Liability Company (LLC). It is governed by a Board of Directors consisting of the CEOs, Board Chairs and Senior Executives from the member health systems. The graphic below illustrates how the BJC Collaborative operates through two Operations Committees and seven Round Tables. The health systems within the BJC Collaborative also pursue aggregated supply chain savings through their participation in Mid-America Service Solutions (MSS).



HALLMARKS OF THE BJC COLLABORATIVE: LOCAL OWNERSHIP, GOVERNANCE AND COMMUNITY BENEFIT

The BJC Collaborative is composed of not-for-profit health systems that maintain their local ownership and governance as well as their unique strengths, missions and brands. These systems also dedicate significant resources toward community benefit, including free/subsidized medical care, education of health professionals, medical research and community health improvement efforts. In total, health systems in the BJC Collaborative provided over **\$940 million in community benefit in 2014.**¹

Charity Care, Unreimbursed Medicaid, Subsidized Health Services and Other Means-Tested Government Programs	\$528,224,000
Educating Health Professionals and Research	\$287,495,000
Community Outreach, Community Health Programs and In-Kind Donations/Grants	\$124,862,000
Total Community Benefit Provided by the BJC Collaborative members	\$940,581,000

¹ Source: Internal Revenue Services Form 990 (Schedule H), 2014.

HEALTH SYSTEMS WITHIN THE BJC COLLABORATIVE: TOP REGIONAL EMPLOYERS AND HEALTH CARE PROVIDERS

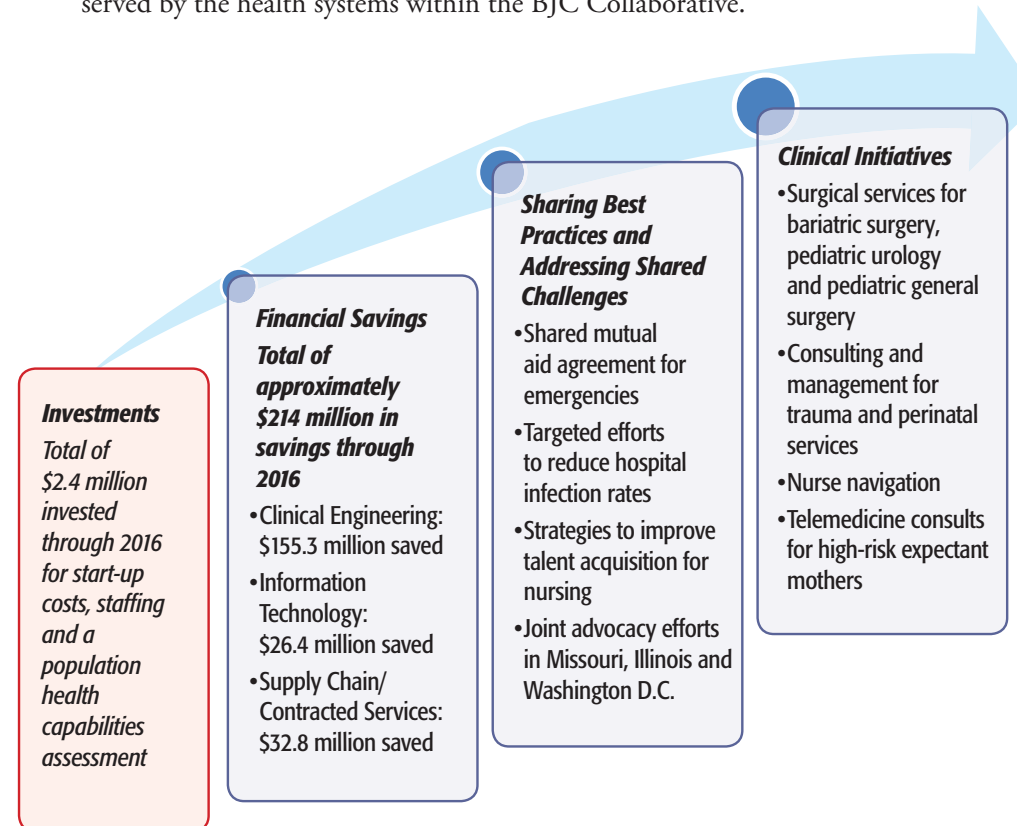
The health systems within the BJC Collaborative collectively span a service area that includes a population of approximately 11.2 million people across seven states.² With 41 hospitals and 69,263 employees, the health systems in the BJC Collaborative are key economic drivers for the regions they serve.

Net Revenue	\$ 10.2 billion
Hospitals	41
Employees	69,263
Affiliated Physicians	8,203
Staffed Beds	6,949
Admissions	325,376
Emergency Department Visits	1,239,945

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, and 12/31/16—Saint Luke's and BJC HealthCare.

² Missouri, Illinois, Kansas, Arkansas, Oklahoma, Nebraska and Iowa.

While remaining independent, the health systems in the BJC Collaborative have combined annual revenues of approximately \$10.2 billion, allowing them to jointly pursue initiatives that benefit from the aggregated size and scale of this affiliation. The combined efforts of the health systems within the BJC Collaborative have resulted in significant financial savings of \$214 million through year-end 2016³ as well as opportunities to share best practices and address shared challenges. These successes have directly benefited the people served by the health systems within the BJC Collaborative.



IMPROVING POPULATION HEALTH: CANCER TASK FORCE

In looking to the future of health care delivery, the BJC Collaborative is exploring opportunities that aim to improve the health of the populations its health systems serve, improve the quality of the care and services they deliver and reduce the per capita cost of those services.

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 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

³ Savings for Capital Equipment/Bundled Purchases reported 10/1/15-9/30/16 and Supply Chain (Mid-America Service Solutions) through 11/30/16.

- **Increase the number of cancer patients whose clinical and genomic information is utilized in the conduct of 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

The Cancer Task Force has made significant strides since its inception in 2015 as detailed below:

Collaborative Lung Cancer 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 Lung Cancer 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.

In 2017 the Cancer Task Force will continue to focus much of its efforts on lung cancer. Some key initiatives that will be pursued in 2017 include:

- *Develop BJC Collaborative lung cancer screening program guidelines, including best practices in staffing, workflows and protocols*
- *Create action plans for improvements in palliative care and survivorship in support of lung cancer patients*
- *Explore interest in and feasibility of pursuing lung cancer clinical trials together through the BJC Collaborative*
- *Operationalize the virtual Lung Cancer Conference*