

Annual Report 2022

CELEBRATING

10 Years



A Note from Chris Watts



Over a decade ago, in 2012, leadership from BJC HealthCare, CoxHealth, Memorial Health and Saint Luke's Health System came together to form the BJC Collaborative (BJCC). The vision for the Collaborative was to achieve shared learnings and financial savings as independent market-leading, non-profit health systems across Missouri and Southern Illinois.

While much has changed over the past 10 years, this vision has remained. The Collaborative has grown its reach with **three new health systems joining as participants** – Blessing Health, Sarah Bush Lincoln Health System and Southern Illinois Healthcare. It has **achieved over \$617 million in total savings** for its members through various initiatives around supply chain, value sourcing and bundled purchasing. The Collaborative's members have **completed two clinical research trials in coordination with Washington University School of Medicine** with associated community outreach across Illinois, Missouri and Kansas. Throughout the years, countless roundtables, taskforces and committees have convened around best practices and to solve shared problems. The Collaborative has consistently **built clinical relationships across our markets including virtual services**. These relationships were immensely valuable as the members **navigated the COVID-19 pandemic together**. Perhaps most important of all, the BJC Collaborative has evolved into a **valuable peer network with foundational trust amongst leaders** of like-minded health systems.

2022 was a year of change for the Collaborative. In addition to recognizing our 10-year anniversary, the BJC Collaborative celebrated the retirement of three of our members' CEOs while welcoming their successors. Steve Edwards at CoxHealth retired in May and was succeeded by Max Buetow. Jerry Esker at Sarah Bush Lincoln Health System retired in August and was succeeded by Kim Uphoff. Rex Budde at Southern Illinois Healthcare retired in December and was succeeded by John Antes. The BJC Collaborative Board also voted in November 2022 to bring Phelps Health into the Collaborative – our first new participant in over eight years.

In 2023, we look forward to our Collaborative's continued success. We will welcome a new health system to our Collaborative family and a new member committee focused on diversity, equity and inclusion. We look forward to continuing to evolve in support of our members.

Chris Watts
BJC Collaborative Executive Sponsor
BJC HealthCare Chief Strategy Officer



BJC HealthCare

 **COX**HEALTH

 **Memorial**
Health

 **Saint Luke's**
HEALTH SYSTEM

 **BLESSING**
Health System

 **Sarah Bush**
Lincoln
Trusted Compassionate Care

 **SIH**

2022 AT A GLANCE



7
Health systems



46
Hospitals



11.3 million
Service area population



74,767
Employees



8,967
Affiliated physicians



7,173
Staffed beds



301,376
Annual admissions



1.2 million
Annual emergency visits



\$14.1 billion
Annual net revenue



\$1.26 billion
Annual community benefit



What value has the BJC Collaborative provided over the past decade?



Richard Liekweg, BJC HealthCare President and CEO

“Over the past 10 years, the BJC Collaborative has fostered a foundation of trust and understanding of shared challenges among members as we face a rapidly evolving health care landscape. Coming together as a network of strong, independent, non-profit health care systems with shared values has given us a platform for sharing best practices, generating ideas and innovations, especially during the COVID-19 pandemic and through the ongoing economic headwinds in health care. Last but significantly, we have been able to achieve cost savings together by collaborating on bundled purchasing, contracted services and supply chain efforts resulting in total savings of \$617 million since its inception. I look forward to continuing our work into the next decade.”



Max Buetow, CoxHealth President and CEO

“Now more than ever, collaboration is the vehicle for future success in health care. Our former CEO Steve Edwards used to reference an African proverb: If you want to go fast, go alone. If you want to go far, go together. The Collaborative affords our members the opportunity to tap into each other’s unique competencies while allowing our organizations to remain nimble. I appreciate that this group comes together with true partnership in mind, focusing on creating a common good for all stakeholders.”



Edgar Curtis, Memorial Health President and CEO

“When the BJC Collaborative was founded a decade ago, we never could have foreseen the challenges we’ve faced during the past few years. Navigating those challenges requires versatility, innovation and the ability to capture cost savings by optimizing the supply chain. Our membership in the Collaborative helps us achieve all these things and more. I’m proud of the relationships we’ve built among member organizations during the past 10 years and the collaboration and learning that take place as a result. Memorial Health is undoubtedly in a stronger position today thanks to our membership in the BJC Collaborative. We’re blessed to work alongside so many other organizations that share our focus on improving the health of our region.”



Melinda Estes, MD, Saint Luke’s Health System President and CEO

“When BJC Collaborative began, we knew this opportunity to share best practices, savings and solutions would be advantageous to all. We couldn’t have imagined, then, that a decade later we’d be looking back through the lens of a pandemic and period of such rapid evolution that has changed so much of what we do and how we do it. These 10 years – and especially these most intense past three years – have demonstrated that the right partnerships only make us stronger, together and individually. Our engagement in BJC Collaborative has helped us strengthen our supply chain, respond fluidly and make the best decisions we can with the information we have at the time – all hallmarks of a resilient organization, and all with the health of our communities at heart.”



Maureen Kahn, Blessing Health System President and CEO

“Blessing Health System has participated in the Collaborative over the last nine years, and the relationships we have built with like-minded health systems that strive to improve the health of their communities and excellence in service has been invaluable. The benefits have spanned clinical quality, provider collaboration and sharing of best practices, supply chain savings, cybersecurity assessments, planning, risk mitigation and biomedical engineering. Through the Collaborative, we have had the opportunity to innovate care and services along with our Collaborative partners. The relationships have enabled us to be stronger and more resilient through the turbulent times of COVID and to look forward to the reimagination of the new normal.”





Kimberly Uphoff, Sarah Bush Lincoln Health System President and CEO

“As an independent health system, Sarah Bush Lincoln benefits from the BJC Collaborative in many ways. The Collaborative gives us the opportunity to interact with and learn best practices from successful health systems throughout the region. We have appreciated supply chain advantages, access to clinical initiatives and have participated in several leadership round tables. Cultivating relationships with like-minded organizations has been incredibly helpful to us. We value the Collaborative a great deal and look forward to creating synergies which benefit our patients and the communities we serve.”



John Antes, Southern Illinois Healthcare President and CEO

“Being a member of the Collaborative has fostered a closer and more connected relationship between Southern Illinois Healthcare and the region’s other leading health care systems to the benefit of all. While the financial benefits achieved as measured in purchasing savings has been in the millions of dollars, the real benefits come through the intellectual exchange and collective learning in developing solutions for the most vexing and challenging issues facing health care systems in our region and across the country. The BJC Collaborative brings together leaders who live by the same values and whose organizations are committed to eliminating disparities and providing the best possible health care for everyone across our region.”

Sharing Best Practices

Over the past 10 years, a primary focus of the BJC Collaborative has been building relationships. One of the main ways this has been achieved is through the Collaborative’s collection of committees. Through the years these committees have had various names – task force, council and roundtable – and they have existed in various functional across the health care spectrum. The main goal for each has always been to convene leaders across the region to solve shared problems together and share best practices.

Today the BJC Collaborative has committees in the areas of:

- Virtual Care
- Government Relations
- Cybersecurity
- Clinical Engineering
- Human Resources
- Legal Services
- Cancer Screening and Prevention
- Communications
- Clinical and Service Quality
- Credentialing
- Emergency Preparedness

Some successes of these committees in 2022 include:

- Creating an implementation plan for use across BJCC members who chose to utilize Medigate for increased abilities around clinical asset management and cybersecurity of network-connected devices
- Re-establishing connection amongst human resources senior leaders following a pause related to COVID-19, which has allowed the group to focus together on workforce trends and employee resiliency

- Participation in a common cybersecurity maturity assessment at member health systems to identify areas of strengths and weakness, which has been used to inform the committee’s areas of focus
- Hosting a forum for virtual care leaders across the Collaborative to share ideas and practices around school-based virtual programs, e-sitters, chatbots, vendors and hospital-at-home programs
- Saving members over \$64 million through the work of the Clinical Engineering Operations Committee

Spring 2022 marked an exciting milestone, as BJCC committees were able to convene in person for the first time since the onset of the COVID-19 pandemic.



Reducing Costs

Since inception, BJC Collaborative members have worked together to identify areas of operational efficiencies and to reduce costs. Through December 2022, BJC Collaborative members have achieved over \$617 million in savings through its efforts. These savings have been realized in areas including supply chain, information technology and clinical asset purchasing. The bulk of savings comes from work of the Clinical Engineering Operations Committee (CEOC), which coordinates bundled purchasing for clinical assets, best value sourcing of parts and services, regionalized vendor trainings, and asset redeployment. In 2022, this group achieved over \$64 million for its members through its meticulous planning and processes.

Improving Patient Care

I-STEP Lung Cancer Screening Research & Collaboration

In 2022, BJC Collaborative and Washington University School of Medicine completed their second joint research study on lung cancer screening. These joint studies have been years in the making for the Collaborative, building on earlier oncology task forces and marking the first BJC Collaborative-wide clinical research endeavors.

The first study was a two-year clinical trial called Increasing Screening Through Primary Care Providers (I-STEP). This study helped to increase awareness of lung cancer screening among the providers at the six participating screening sites within BJC Collaborative, as well as improve workflows in order to increase referrals for lung cancer screening. The primary objective of the first I-STEP trial was to increase referrals for lung cancer screening as measured by the average number of initial lung screenings per month. Across all I-STEP sites, the average number of initial lung screenings per month increased by 18% as compared to the baseline.



Building on the work and success of the first I-STEP study, the second I-STEP study encompassed all seven BJCC member health systems, inclusive of 15 individual screening sites across three states –Missouri, Illinois and Kansas. This study aimed to better understand barriers and facilitators to increasing lung screenings, as well as how different types of lung nodules are managed in practice as compared to the clinical guidelines. These goals are particularly important as we continue to increase lung screening volume.

In total, the second I-STEP study included 125 interviews with patients and providers as well as an electronic medical record (EMR) review of over 1,150 patients. The data collected as part of the interviews demonstrated that there are some key barriers related to lung cancer screening and follow-up, including:

- Low awareness of lung cancer screening among patients and providers compared to other forms of preventive screenings
- Practical challenges for patients (particularly for follow-up scans) such as confusion over insurance coverage, transportation challenges and various issues related to the COVID-19 pandemic
- Shared decision-making requirements unique to lung cancer screening, which require additional time and effort for providers to implement

Conversely, the study found there are a multitude of facilitators that can be utilized to increase referrals and enable successful follow-up management after screening, including:

- Considering different patient motivations for and facilitators to getting a lung screening, such as receiving a recommendation from a trusted health care provider, speaking to their concerns about their personal risk of lung cancer, emphasizing the benefit of early detection of cancer, explaining the quick and easy process of getting a lung cancer screening and providing educational materials
- Outreach to and education among providers, particularly when the information they receive is tailored to their local population and lung cancer screening program as is the case with the I-STEP Toolkit materials
- Workflow support for lung cancer screening, such as utilizing a lung cancer screening navigator, pre-screening patients for eligibility and insurance coverage, offering established order sets and utilizing EMR automation to remind providers to discuss screening with eligible patients or remind them to complete recommended follow-up scans if they are due

While this study showed that the majority of lung screening follow-ups occur on time across the participating BJC Collaborative sites, the process of obtaining this level of information from each site and the resulting data points to real-world considerations and challenges with implementation of the clinical guidelines for lung cancer screening follow-up and management.



Other Efforts in Cancer Prevention, Screening, Control and Care Delivery

Aside from the second I-STEP study, broader efforts to maintain momentum around lung cancer screening and share best practices in other areas of cancer prevention, screening, control and care delivery occurred throughout 2022 as well. These efforts included periodic “lunch and learns” on cancer survivorship topics, round table meetings on key lung cancer screening issues including the implementation of the new screening guidelines, and research networking meetings between BJC Collaborative and Washington University School of Medicine’s Division of Public Health Sciences.

Work efforts in 2023 will focus on building on the research infrastructure and experience gained over the course of conducting the I-STEP studies over the past four years. Specifically, efforts will be made to facilitate opportunities to seek external funding for joint research endeavors between BJC Collaborative and Washington University School of Medicine’s Division of Public Health Sciences.

Looking Forward

In 2023, the BJC Collaborative is welcoming Phelps Health in Rolla, Missouri, as its newest participant. Phelps Health – a system with one hospital, 169 beds and 1,911 employees – is midway between BJC HealthCare in St. Louis and CoxHealth in Springfield. BJC Collaborative believes the addition of Phelps to its portfolio of members will strengthen the care provided to patients across southern Missouri.

BJCC is also looking forward to hosting an inaugural retreat for its diversity, equity and inclusion leaders in St. Louis in June 2023. As an emerging area of importance for all BJCC members, this forum will allow leaders to share practices, build relationships with peers and discuss strategy with one another.

BJCC members intend to sustain synergies around reducing costs in 2023, as the CEOC group migrates to a new and expanded shared platform, which will increase the group’s ability to identify savings opportunities for members. The Collaborative will also continue to support and evolve its existing committees and relationships in 2023. After all, these relationships are the foundation for the Collaborative’s past and future successes.

BJC COLLABORATIVE MEMBERS



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10 Years



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