

Annual Report  
2021



## A Note from Chris Watts



2021 marked the ninth year for the BJC Collaborative (BJCC) – a consortium of seven health care systems throughout Southern Illinois, Missouri and Eastern Kansas. Together we represent 48 hospitals, 73,000 caregivers and 8,500 affiliated physicians who serve millions of patients each year.

During the nine years of our collaboration, our focus and goals have remained consistent. Our purpose is to reduce the total cost of health care, improve the quality of care we provide, and build strong, dependable relationships with like-minded non-profit peers across the region.

In 2021, achievements consistent with these goals included:

- Realizing over \$54 million in savings through bundled purchasing opportunities – totaling over \$556 million in savings since the Collaborative's inception in 2012
- Leveraging state of the art technology to allow each member to enhance the security of their networked medical devices
- Building best practices for telemedicine with a focus on school-based virtual care and virtual RN programs
- Expanding the I-STEP lung screening study, in partnership with Washington University School of Medicine, to cover 16 sites across BJCC members in Illinois, Missouri and Kansas
- Advocating for legislative measures to allow hospitals and health systems to respond quickly and flexibly to the needs of their communities during the COVID pandemic
- Launching a strategic planning effort to confirm current and identify future initiatives for the BJCC

The relationships built through the BJC Collaborative have continued to be the foundation of the Collaborative's success. These relationships are greatly beneficial to its members and the communities we serve. There is no doubt that the BJC Collaborative will continue to provide value across the region for years to come.

*Chris Watts, BJC Collaborative Executive Sponsor and BJC Chief Strategy Officer*



## BJCC System Leadership



**Richard Liekweg**  
BJC HealthCare  
President and CEO



**Steven Edwards**  
CoxHealth  
President and CEO



**Edgar Curtis**  
Memorial Health  
President and CEO



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



**Maureen Kahn**  
Blessing Health System  
President and CEO



**Jerry Esker, RPh**  
Sarah Bush Lincoln Health System  
President and CEO



**Rex Budde**  
Southern Illinois Healthcare  
President and CEO

## 2021 AT A GLANCE



**7**  
Health systems



**48**  
Hospitals



**11.3 million**  
Service area population



**73,036**  
Employees



**8,530**  
Affiliated physicians



**7,358**  
Staffed beds



**303,560**  
Annual admissions



**1.1 million**  
Annual emergency visits



**\$13.6 billion**  
Annual net revenue



**\$1.13 billion**  
Annual community benefit



**1.4 million**  
COVID-19 tests



**28,692**  
COVID-19 inpatient discharges



**641,449**  
COVID-19 vaccinations





## Virtual Care

The BJC Collaborative's Virtual Care Council comprises senior leaders in the virtual care and digital health space from each of its members. Throughout 2021, this group continued to build on prior years of work efforts to share best practices, discuss new virtual programs, and have a forum of like-minded leaders to discuss the impact of the COVID-19 pandemic on virtual health.

This group collaborated on multiple efforts and shared best practices in many areas in 2021. Specific areas of focus included processes for identifying and approving new use cases for virtual care, supporting telehealth focusing on Illinois House Bill 3498, providing group input for draft telehealth regulations for the State of Missouri, and providing details on structure and services of individual members' virtual care programs. The group had continual involvement

in promoting telehealth in federal legislation and public health emergency waivers and regulations and also had multiple sessions with guest presenters throughout 2021.

**CoxHealth** gave a presentation on the growth of its school-based virtual care programs and how the health system secures and utilizes grant funding to provide virtual care across the community.

**Saint Luke's Health System** presented its approach to creating a virtual nursing program to remotely support patients and care teams through technology.

**BJC HealthCare** led a legislative update and presentation regarding how federal and state legislation has impacted virtual care and possible ways legislation could evolve.



By the end of the year, the seven health systems making up the BJC Collaborative provided 453,231 unique virtual encounters to patients across their communities, proving that virtual care continues to be a valuable form of health care delivery. Though these systems each maintain and manage their own virtual care program, the Collaborative's Virtual Care Council continued to be a forum to support those programs throughout 2021.

## Cybersecurity

The BJC Collaborative's Cybersecurity Council continued to meet throughout 2021 with a focus on discussing best practices in the areas of incident response, an opt-in annual cybersecurity framework assessment, and standardized implementation of Medigate – a medical device management software.

Six of the seven Collaborative health systems elected to participate in a third round of

cybersecurity framework assessments in 2021. Each system was independently assessed with a goal of optimizing existing infrastructure, improving visibility, and identifying areas of opportunity in both regulatory compliance and security-related risks for BJC Collaborative members. The Collaborative Cybersecurity Council uses these results to identify where the system members have strength so they can share their practices with other members. Consequently, the assessments inform the group of areas of risk common to all organizations so they can be incorporated into future collaborative discussions allowing members to make improvements to their cybersecurity programs.

In 2021, six of the seven Collaborative health systems also elected to independently implement Medigate – a tool used to better monitor network-connected medical devices at participating members. Medigate protects

## BJC COLLABORATIVE MEMBERS



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devices by proactively monitoring the network to identify vulnerabilities and cybersecurity risks. Though the six members independently launched Medigate, they worked together as a Council to identify best practices for implementation, standard metrics for dashboards and reporting, and tips on appropriately tuning Medigate on their respective networks.

## Government Relations

The Collaborative's Government Relations Council is focused on identifying issues at the state and federal levels. The Collaborative uses a collective voice to advocate together as 48 hospitals.

At the federal level in 2021, the Council was interested in COVID-19, Medicaid Disproportionate Share Hospital (DSH) payment cuts and telehealth. In Missouri, they advocated on the COVID 19 public health emergency, a statewide prescription drug monitoring program, interstate licensure, Medicaid payment reform and Medicaid expansion. In Illinois, they followed issues like COVID-19, telehealth, Medicaid managed care and health care reform legislation.

The Council collaborated frequently with the BJC Collaborative's Virtual Care Council to advocate for enhanced telehealth funding and updated regulations and also provided advocacy through joint letters supporting each other on certificate of need processes.

## Clinical Engineering and Clinical Asset Management

The Clinical Engineering Operation Committee has continued to identify areas of cost savings for Collaborative members. Through bundled purchasing, best value sourcing of parts and services, shared training and asset recovery/redeployment, Collaborative members saved over \$54 million in 2021.

This group also scaled their scope depot pilot, which repairs surgical scopes in house instead of using outside vendors. The pilot depot received 429 scopes in 2021. Of these scopes, they were able to repair

320 scopes and place 53 scopes back into service following compliance testing. Through this repair depot, Collaborative members saved an estimated \$868,000 in 2021.

## I-STEP Lung Cancer Screening Research & Collaboration

In partnership with Washington University School of Medicine, in early 2021 six lung cancer screening sites within the BJC Collaborative completed a two-year clinical trial called Increasing Screening Through Primary Care Providers (I-STEP). The purpose of this clinical trial was to support primary care providers in increasing referrals for lung cancer screening by integrating the referral process into daily practice and providing a toolkit of materials to assist them in doing so effectively and efficiently. The I-STEP toolkit was shared with 193 providers across the six study sites.

The primary objective of the 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 (average of 28 initial screenings per month





in Q1 2019 compared to 33 at the conclusion of the trial in Q1 2021). Additionally, data from the trial indicated that the I-STEP sites outperformed most other lung cancer screening programs during the COVID-19 pandemic, including national benchmarks as well as other BJCC sites that did not participate in the trial, with regards to the number of lung cancer screenings and diagnoses performed. Throughout the duration of the trial (January 2019 through March 2021), the six I-STEP sites performed nearly 9,500 low-dose CT lung cancer screenings and made 139 lung cancer diagnoses, the majority (64%) of which were early stage and resulted in improved survival rates.

Following the conclusion of the trial, a template I-STEP toolkit and resources to support local dissemination were made available to all BJCC members. The sites that participated in I-STEP also shared best practices around strategies to increase and improve lung screening with their BJCC colleagues throughout the year.

In April 2021, BJC Collaborative and WUSM launched a follow-up I-STEP study that focused on examining barriers to and facilitators of lung screening as well as the clinical management of lung

nodules identified through screening. All seven BJCC member systems participated in this study, including 15 individual lung screening sites across Missouri, Illinois and Kansas. The study included 125 interviews with patients and providers, as well as an electronic medical record review of more than 1,150 patient encounters. The study is currently in the analysis phase and will conclude with a final report in early 2022.

Together, these two I-STEP studies marked the first BJC Collaborative-wide clinical research endeavors. Efforts to maintain momentum around lung cancer screening as well as to share best practices in other areas of cancer prevention, screening, control and care delivery will continue throughout 2022.

## Looking Forward

In 2022, the BJC Collaborative will continue to grow its existing initiatives and further build the current meaningful, long-lasting relationships across members. From these relationships, the Collaborative will continue to enable collaboration, problem solving, learning and innovation. Through this, we are able to enhance health care for the patients and communities we serve.

## BJC Collaborative Long-term Vision





[BJCCollaborative.org](http://BJCCollaborative.org)