

Appendix A

Required Executive Summary and Hospital Strategic Transformation Plan Format Due: December 7, 2015

The **Executive Summary** (1-2 pages) should be a high level description of your hospital’s strategic transformation plan to support Maryland’s goals (as described on page 1) and can be submitted as an attachment in Word format.

Bon Secours Baltimore Health System (BSBHS) Hospital Strategic Transformation Plan	
1. Describe your overall goals:	
<ul style="list-style-type: none">• Bon Secours Baltimore Health System’s (BSBHS) most recent Community Health Needs Assessment (CHNA) defines the overall vision as follows:<ul style="list-style-type: none">○ “Working collaboratively with partners, our vision is that Southwest Baltimore can become a vital, health community where residents will be empowered to take ownerships of their health and will have the expectation of living full, healthy lives.”• The CHNA also used the following framework to identify the top three focal areas:<ul style="list-style-type: none">○ Priority 1: Healthy People○ Priority 2: Healthy Economy○ Priority 3: Healthy Environment• The initiatives described in this document are designed to support the first two priority areas above.	

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2. List the overall major strategies (3-10) that will be pursued by your hospital individually or in collaboration with partners (and answer questions 3-6 below for each of the major strategies listed here):

a) Priority 1 – Healthy People

- i) Medical home – In FY2014, Bon Secours resourced its Family Care Center, a primary care clinic on its campus, to function as a medical home. Going forward, this practice will operate as one of several service sites for the West Baltimore Collaborative, and represents a key location for increasing primary care access and a potential base for chronic disease management programs in the service area.
- ii) HEZ activity – In FY2014, Bon Secours provided additional funding to the HEZ to support the Community Health Workers model of outreach to high utilizers, linkage to primary care, and continued care management for high utilizers with cardiovascular disease. Community health workers are a critical resource for patient education, early identification of high risk cases, and referral to primary care, patient engagement, and effective disease management programs. Community health workers will continue to be an essential element to care coordination, and the West Baltimore Collaborative will leverage these HEZ resources as part of its broader-based plan.
- iii) Services for substance abuse patients
 - (1) In FY2014-15, Bon Secours secured funding for the "CIBS Next Passage Program" that provides community based treatment, Suboxone therapy, and support services. Many of these services are not funded by the ADA, and are not readily available to uninsured patients.
 - (2) In FY2015, Bon Secours also launched a 3 year program to integrate substance abuse and mental health services for individuals with co-occurring disorders. A large percentage of the high utilizer population that the West Baltimore Collaborative expects to manage has a substance abuse condition, and the resources that Bon Secours has positioned in the community will be critical to preventing relapses and reducing readmissions. By strengthening community-based treatment services, Bon Secours will provide a critical service component to the West Baltimore Collaborative; these services will support the near-term goals for reducing hospital utilization, and the more extended goals of the West Baltimore Collaborative for long-term population health improvement. To support these efforts, Bon Secours successfully secured funding from Baltimore Substance Abuse Systems, Baltimore Mental Health System, and the Weinberg Foundation.
- iv) Specialized Case Management Program (SCMP) – In FY2014, Bon Secours secured funding to continue support of this program that assists homeless individuals with mental illness to secure housing, social services, and benefits supports. A large percentage of the high utilizers in West Baltimore have an accompanying mental health condition, and homelessness produces further challenges to compliance and self-care. The West Baltimore Collaborative could leverage this resource as it builds its broader care management program for high utilizers.
- v) Transportation services – Bon Secours has used infrastructure funding to acquire vehicles for transporting SCMP patients between their homes/living quarters and the SCMP program activities.
- vi) Patient engagement – In FY2015, Bon Secours secured grant support for Project Engage, aimed at reaching, engaging, and advancing high risk youth in the Park Heights/Pimlico neighborhoods. Services include behavioral health therapy, drug/alcohol/smoking resistance, sports and recreation activities, and a "SMART" program focused on life skills training and empowerment.

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2. List the overall major strategies (3-10) that will be pursued by your hospital individually or in collaboration with partners (and answer questions 3-6 below for each of the major strategies listed here):

a) Priority 1 – Healthy People (continued)

vii) Family Support Center – Bon Secours has steadily supported and has continued to resource the Family Support Center (part of Community Works), which provides facility-based and in-home services for young parents and young children to promote healthy families in high-risk neighborhoods. Services include teen parenting programs, health education, and child care, as well as GED preparation and financial literacy classes. Bon Secours' investments in Community Works reflect the recognition that population health management must incorporate services that address the social determinants of health, and focus intensely on empowering adults toward healthy living/healthy lifestyles. In addition, Community Works responds to the need to provide parents with a more centralized/consolidated setting for support services.

viii) Staffing and IT expertise to support effective care management – In FY2014, Bon Secours invested in and implemented an electronic medical records system in order to better coordinate and track information around patient care management. In addition, Bon Secours invested in new care coordinators as well as analysts trained to leverage EPIC reporting functions, monitor high utilizers, and evaluate the impact/outcomes of care management initiatives. With this staff in place, Bon Secours is now equipped to work with CRISP and the broader infrastructure planned for the West Baltimore Collaborative.

b) Priority 2 – Healthy Economy

i) Community Works Financial Services – In FY2014, Bon Secours used infrastructure funding to support the financial literacy workshops, financial coaching and low cost tax report assistance services provided through the Family Works Center. These services are essential to population health management in the low income, high employment neighborhoods of West Baltimore, and can even be the most important component to reduce disparities in health. Moreover, these services may make more of a family's budget available for health and wellness programs. Bon Secours also coordinates financial screenings for program participants in order to collaborate with and refer where necessary participants to other services offered throughout the city.

ii) Community Works Workforce Development – In FY2014, Bon Secours used GBR infrastructure dollars to fund program services that include job preparation, job placement and post-placement follow up, and computer lab services to serve area residents who are job-seeking.

GRANT: Future

b) Bon Secours as a part of the West Baltimore Collaborative will be providing coordination services through the Population Health Services Organization in collaboration within UMMS and St. Agnes:

i) Bon Secours through its current transitions of care teams will provide care for 30 days. The team will hand off the patient to a care manager from the PHSO who will follow the patient up to 6 months

ii) Care Management and Care Coordination: the care team will work with the patient on medication adherence, coaching the patient on chronic disease self-management and assisting the primary care physician in the completion and maintenance of a longitudinal care plan

iii) Other resources who will make up the care team are: social workers, behavioral health professionals, clinical pharmacist and community health workers

c) Bon Secours will be submitting a grant application to expand the HEZ program

i) Provide increased support in the community by increasing the number of community health workers

ii) Bon Secours to hire 2 FTE's in Care Management

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3. Describe the specific target population for each major strategy

- a) Priority 1 – Healthy People
 - i) Medical home – residents in BSBHS’s primary and secondary service areas
 - ii) HEZ activity – Residents of the 4 zip code HEZ region with cardiovascular disease or at risk for cardiovascular disease, and who have had 3+ hospital encounters in a 12-month period or have consumed \$30K+ in health care costs for 2+ consecutive years
 - iii) Services for substance abuse patients
 - (1) CIBS Next Passage Program – Residents primarily in the West Baltimore communities
 - (2) Dual disorders – primary and secondary service area residents with need(s) for substance abuse services and socioeconomic supports
 - iv) Specialized Case Management Program (SCMP) – Homeless individuals in the service area who have mental illness
 - v) Expanded outpatient behavioral health services
 - vi) Transportation services – Patients enrolled in the Specialized Care Management Program
 - vii) Patient engagement – At-risk youth (age 14-21) in the Park Heights/Pimlico area
 - viii) Family support center – Young families in high risk neighborhoods of the service area
 - ix) Staffing and IT expertise – high utilizers
- b) Priority 2 – Healthy Economy
 - i) Community Works Financial Services – Service area residents with need for financial assistance and training
 - ii) Community Works Workforce Development – Service area residents (youth and adults) seeking employment

GRANT: Future

- c) Target Patient Population for the West Baltimore Collaborative:
 - i) Medicare or Dual Eligible patients
 - ii) In CY 2014, the patient had 3 or more bedded hospital encounters of greater than 24 hours in the following settings: inpatient, inpatient observation and ED
 - iii) Based upon FY 2014 data of WBC members, there were 1,491 patients that met the listed criteria
- d) Target Patient Population for Bon Secours HEZ program:
 - i) Patients living within the following zip codes: 21216, 21217, 21223, 21229
 - ii) ~1,915 high utilizing patients

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4. Describe the specific metrics that will be used to measure progress including patient satisfaction, quality, outcomes, process and cost metrics **for each major strategy**:

- a) Priority 1 – Healthy People
 - i) Medical home
 - (1) Number of medical home visits
 - (2) Number of readmissions
 - (3) Number of emergency department visits
 - (4) Number of admissions
 - ii) HEZ activity
 - (1) Number of high utilizers linked to a Community Health Worker
 - (2) Number of high utilizers linked to a PCP
 - (3) Number of cases maintained with extended support services through CHW
 - (4) Percent of hypertensive patients reporting lower blood pressure
 - (5) Number of encounters by Community Health Workers through home visits, phone, health screenings and clinic visits
 - (6) Number of HEZ practitioners who have obtained State tax credits
 - iii) Substance abuse services
 - (1) CIBS Next Passage Program
 - (a) Number of patients enrolled
 - (b) Number of visits to program
 - (2) Dual disorders
 - (a) Number of clients served
 - iv) Specialized Case Management Program (SCMP)
 - (1) Number of clients served
 - (2) Number of program placements
 - v) Transportation services
 - (1) Number of clients served
 - (2) Number of transports provided
 - vi) Patient engagement
 - (1) Number of individuals served
 - (2) Participation counts in individual activities/services
 - vii) Family support center
 - (1) Number of families served
 - viii) Staffing and IT expertise
 - (1) Number of high utilizers enrolled with careplans established
 - (2) # ED visits, admissions and readmissions for identified cohort of high utilizers with careplans established
- b) Priority 2 – Healthy Economy
 - i) Community Works Financial Services
 - (1) Number of residents served
 - (2) Number of services/residents by type of service
 - ii) Community Works Workforce Development
 - (1) Number of residents served

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4. Describe the specific metrics that will be used to measure progress including patient satisfaction, quality, outcomes, process and cost metrics **for each major strategy**:

GRANT: Future

- c) West Baltimore Collaborative
 - i) Core Measures will be collected as described in Table 1 of the HSCRC Grant Application
 - ii) Programmatic Measures:
 - Number of Home visits completed within 30 days post discharge
 - Number of completed longitudinal care plans
 - Percentage of patients who were followed up by a transitions care team member within 72 hours
 - Percent reduction of emergency room visits
 - Percent reduction of readmissions
 - Number of patients with a primary care provider
 - Number of patients seen by a primary care provider post discharge
- d) Bon Secours Grant Application HEZ program
 - i) Core Measure will be collected as described in Table 1 of the HSCRC Grant Application
 - ii) Programmatic Measures:
 - Number of home visits completed by the community health worker
 - Number of successful telephonic follow-up
 - Reduce readmissions for high utilizers
 - Reduce utilization of emergency room by high utilizers
 - Number of patients connected with a primary care physician
 - Number of patients enrolled in the chronic disease management program

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5. List other participants and describe how other partners are working with you on **each specific major strategy**:

- a) Priority 1 – Healthy People
 - i) Medical home
 - (1) CRISP
 - (2) Local faith-based organizations
 - (3) Housing
 - ii) HEZ activity
 - (1) 14 member organizations of the HEZ
 - (2) CRISP
 - iii) Substance abuse services
 - (1) CIBS Next Passage Program

 - (2) Dual disorders
 - (a) HEZ
 - (b) BHS of Baltimore
 - (c) Family League of Baltimore City
 - (d) Mayor’s Office of Homeless Services
 - (e) University of Maryland
 - (f) Maryland Family Network
 - (g) Mayor’s Office of Human Services
 - iv) Specialized Case Management Program (SCMP)
 - v) Transportation services
 - vi) Patient engagement
 - (1) Boys and Girls Club of Metropolitan Baltimore
 - vii) Family support center
 - viii) Staffing and IT expertise
 - (1) CRISP
 - (2) KPMG
 - (3) BRG
- b) Priority 2 – Healthy Economy
 - i) Community Works Financial Services Community Works Workforce Development

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5. List other participants and describe how other partners are working with you on **each specific major strategy**:

GRANT: Future

- a) West Baltimore Collaborative
 - i) Partnering with Saint Agnes, University of Maryland Midtown and Medical Center
 - ii) Various communities partners such as: Mercy Medical Center, St. Agnes Medical Group, Total Healthcare, Baltimore Medical System, Chase Brexton, University of Maryland Rehab, University of Maryland Physicians, Bon Secours affiliated physicians, University of Maryland Community Psychiatry and B'more Clubhouse
- b) For Bon Secours
 - i) Care Coordinating Center, Equity Matters, Light Health and Wellness Comprehensive Services, Mosaic, People's Community Health Centers, Total Health Care, and the National Council on Alcohol and Drug Dependence, MD.
 - ii) Other MD health systems: Park West Health system, Saint Agnes, Sinai, UMMC, and UMMC Midtown

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6. Describe the overall financial sustainability plan for each major strategy:

- a) Priority 1 – Healthy People
 - i) Medical home – BSBHS investment
 - ii) HEZ Program: BSBHS investment and grant funding
 - iii) Substance abuse services
 - (1) CIBS Next Passage Program - BSBHS investment and grant funding
 - (2) Dual disorders - BSBHS investment and grant funding
 - iv) Specialized Case Management Program (SCMP) - BSBHS investment and grant funding Transportation services – BSBHS investment and grant funding
 - v) Patient engagement – BSBHS investment
 - vi) Family support center – BSBHS investment and grant funding
 - vii) Staffing and IT expertise – BSBHS investment
 - b) Priority 2 – Healthy Economy
 - i) Community Works Financial Services – BSBHS investment and grant funding
- Community Works Workforce Development – BSBHS investment and grant funding

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- c) West Baltimore Collaborative
 - i) The approximate cost for Care Coordination Services and Care Management Services: \$8.8M
 - ii) Through ROI savings the expectation is to reinvest those dollars into the expansion of the program
 - iii) Through CCM fee collection
 - iv) Reduction in PAU charges
- d) Bon Secours Grant Application for expansion of the HEZ program
 - i) The approximate cost of the expansion is: \$250,000
 - ii) Through Reduction in PAU's
 - iii) Reduction in PQI's
 - iv) Through the ROI reinvestments
 - v) Collection of TOC and CCM fees by the Bon Secours primary care physician group