



Welcome To Baylor Medical Center at Irving

RHP 9 Roadshow 2015

Baylor Scott & White was born from the 2013 merger of two exemplary systems. Scott & White Healthcare was established in Temple in 1887. Baylor Health Care System was founded in Dallas in 1903. Both grew into systems respected nationally for patient care, medical research and education.

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.

Vision

To be the most trusted name in giving and receiving safe, quality, compassionate health care.

Values

Integrity: Living up to high ethical standards and showing respect for others

Servanthood: Serving with an attitude of unselfish concern

Teamwork: Valuing each other while encouraging individual contribution and accountability

Excellence: Delivering high quality while striving for continuous improvement

Innovation: Discovering new concepts and opportunities to advance our mission

Stewardship: Managing resources entrusted to us in a responsible manner

DSRIP Programs at BSWH

Chronic Disease Program Summary – The purpose of this project is to provide focused education and point of care testing for underserved patients who have diabetes, CVD, and/or Respiratory disease and are in need of education, clinical management, and training within a primary care setting.

	BUMC	Irving	Garland	Carrollton	BAS
DY4 Volume Goal	665	227	218	80	195
% Of Chronic Disease pt's w/program compliance	47%	40%	100%	70%	100%
CAT 3 Metrics	BMI screening and treatment plan, A1c reduction				

Primary Care Expansion – This project will implement increased access to a Patient-Centered Medical Home (PCMH) clinic designed to provide comprehensive and high-quality primary care services to underserved patients.

	BUMC	Irving	Garland	Carrollton	BAS
DY4 Volume Goal	4400	2100	1800	800	1400
% of increased access to non-Baylor patients	20%	20%	12%	N/A	12%
CAT 3 Metrics	Blood pressure control, Breast cancer screening, Colorectal screening				

Specialty Care Expansion - This project will increase access to needed specialty care services (i.e. outpatient visit with specialty physicians, hospital-based procedures) for uninsured patients under the care of a Baylor clinic.

	BUMC	Irving	Garland	Carrollton	BAS
DY4 Volume Goal	705	225	225	75	188
# of specialists	3	3	3	3	0
CAT 3 Metrics	Improvement in asthma POA, Cervical cancer screening				

Behavior Health – This project will co-locate and integrate outpatient behavioral health services using an LCSW to provide screening, treatment planning and counseling services. Screening for depression, substance abuse and anxiety will also be an integral part of the program.

	BUMC	Irving	Garland	BAS
DY4 Volume Goal	665	227	218	195
% of pt's screened w/BH screening tool	20%	20%	20%	20%
CAT 3 Metrics	Screening & treatment plan for clinical depression, Improvement in depression treatment, Care planning for dual diagnosis			

Primary Care Connection – This project will identify and connect underserved patients in the hospital to a PCP/PCMH, create a multi-disciplinary care plan for frequently admitted patients and provide comprehensive follow up calls to patients to ensure they have an appointment and transportation to get to it.

	BUMC	Irving	Garland	BAS
DY4 Volume Goal	2400	1200	1200	1800
% of increased # of Primary Care Referrals	45%	40%	38%	40%
CAT 3 Metrics	Increase number of pt's that receive transition record, Reduce ED visits for Diabetic conditions			

Medication Management – This project will provide medication management, reconciliation and education services to uninsured and Medicaid patients at the Baylor Clinic. Patients who are 150% or below the FPL and/or have chronic illnesses can qualify for prescription assistance. A clinical pharmacist will be responsible for oversight of prescriptions, educate patients about how and why to take their medications and review utilization, appropriateness and efficacy of medications that patient have been prescribed.

	BUMC	Irving	Garland
DY4 Volume Goal	700	350	300
CAT 3 Metrics	Monitoring for patients on persistent medication (ACE, ARBs), Monitoring for patients on persistent medications diuretic, Medical assistance with smoking and tobacco use		

Home Visit Program – This project will provide in-home visits to the highest risk uninsured and Medicaid patients. Risk is defined by patient propensity of complications, (re)admissions, downstream healthcare utilization and costs within the parameters of socioeconomic and clinical risk indicators.

	BUMC	Irving	Garland
DY4 Volume Goal	38	20	20
CAT 3 Metrics	Screening & treatment plan for clinical depression, Improve influenza vaccination rate, Improve monitoring for patients on persistent medication (ACE, ARBs)		