BSWQA Expands Operations and Opens Three New Central Texas Locations

The BSWQA network team in Central Texas welcomed 2016 with a strong sense of urgency to achieve successful, strategic, and mission-driven outcomes. For the Central Texas network team, the first priority is member engagement. One-on-one site visits, clinic and physician onboarding, department head meetings, strategic growth committees, best care committees, new hire senior staff orientation and scheduling Joint Operations Council (JOC), pod and Practice Operations Excellence (POE) meetings are collectively being leveraged to advance understanding of important BSWQA initiatives and to facilitate collaborative ownership. Timing has proved perfect for integrating some of the Baylor Scott & White Health (BSWH) Central Texas strategic initiatives with the BSWQA’s engagement efforts. In Central Texas, BSWQA is observing a growing sense of provider involvement and commitment -- a commitment that has at its heart: caring for their patients and serving the community.

To support BSWQA operational efforts in the Central Texas region, three offices are now active with care management, payor relations and network support personnel with BSWQA staff working to support regional and division level activity for patients, providers and contracts throughout Central Texas.

The new offices opened their doors in January, allowing the Central Texas staff to finally all work under the same roof.

- **Temple office**, located at 2112 HK Dodgen Loop, Suite 110, Temple, TX 76502 is the primary location for the Network Support team, comprised of a Director, Network Administration and two Network Field Advisors and the Care Management Team, comprised of a Care Manager, four RN Care Managers, 11 Care Coordinators, five Health Coordinators and a Social Worker.

- **Georgetown office**, located at 204 South I-35, Suite 103, Georgetown, TX 78628 is home for the Director, Care Coordination, Payer Relationships Manager, three RN Care Managers, three Health Coordinators, and a Social Worker.

- **Waco office**, located at 510 North Valley Mills, Suite 505, Waco, TX 76710 will house three RN Care Managers, three Health Coordinators and one Social Worker.

In addition, these three offices provide remote and satellite access for team members and staff visiting Central Texas or working away from their primary office location. Please stop in when you are in the area!
The Case for Improving Network Utilization

Physicians always refer patients in-network, right. Especially if said physician is participating in an accountable care organization (ACO) with a focus on working together to improve quality and costs, right. Apparently not, according to an Advisory Board Company article entitled MD Loyalty: It’s Worse than We Thought. In this article it is stated that a JAMA study found that for patients attributed to a Medicare ACO, both primary and up to two-thirds of specialty care physicians are directing patients outside the ACO network. But is this really a surprise? When we think about how physicians direct patients to one another we must admit the process tends to be a bit subjective and somewhat arbitrary – the physician may write down a specialist’s name from memory, a coordinator is asked to fax a referral request, a patient grabs a pre-printed referral sheet.

So, how do we create a simpler referral process that allows network utilization to become a more natural endeavor among our physicians? With network utilization still a continued challenge for BSWQA we have been working to develop strategies for streamlining the referral process that we hope will lead to improved network utilization. Some of these strategies include:

- **HealthAccess Call Center:** Representatives on-call to direct patients in need of a primary care physician or referral to a specialist

- **Joint Operations Council (JOC) Meetings:** Focused on open discussion of physician/practice performance that includes network utilization and an understanding of referral patterns

- **Physician Education:** By way of physician champions and regional pod meetings where network utilization is reviewed and referral patterns examined with the aim of gaining a better understanding for network utilization management

- **Patient Education:** Collateral development in process to educate patients on the quality and cost benefits that can be obtained by staying in-network when seeking treatment

- **BSWQA Physician Identifier:** Drop down field created in the North Texas employed physician group electronic health record to simplify finding a BSWQA physician

- **Standards Agreement:** Between the North Texas employed physician group primary and specialty care physicians approved by the Board of Directors with the aim of strengthening physician relations across the network and improving network utilization

Why Do We Care So Much About Network Utilization?

We care about network utilization for a variety of reasons. Keeping patients in-network improves the quality of care, has the potential to save them money and reduces health care costs overall. In addition, by keeping patients in network we help to coordinate and streamline care delivery. BSWQA physicians are required to utilize an electronic health record (EHR) contributing to: the use of evidence-based protocols, common workflows, enhanced communication, reduced duplicate testing, reconciled medications, and the sharing of information; all of which helps to improve quality and efficiency.

In addition, when we study and understand network utilization data, we improve our ability to manage clinic resources and provide capacity to meet patient demand. Examining this data helps us to also better project utilization and costs, determine where relationships need to be strengthened to increase physician and patient satisfaction, and identify both primary and specialty care needs within a region.
BSWQA Network Utilization IS Improving

Since its inception, BSWQA has set a goal of achieving 90% in-network utilization, a lofty goal perhaps, but one that is attainable given that BSWQA boasts a comprehensive network of award-winning hospitals, post-acute care facilities and over 4,600 highly specialized, accessible physicians with a strong reputation for delivering high quality care to patients and that is supported by an established population health infrastructure. In addition, we have a vast number of practices NCQA recognized as patient-centered medical homes (PCMH), and our disease management as well as adult preventative health measures are above national standards. While these accolades are strong motivators for keeping patients in-network, it is also the collaborative environment built on the knowledge that all BSWQA physicians are working together toward a common goal of improving quality and reducing costs that contributes to our desire to improve network utilization. Directing patients to a non-BSWQA physician or facility works against the common goal and can result in an uncoordinated and costly care experience. John Ovretveit, PhD, Professor of Health Innovation Implementation and Evaluation, Karolinska Institutet, MMC Stockholm Sweden, once said, and I paraphrase, “Coordinated care is so impactful on care that it should be considered a therapy.”

To date, network utilization management results reveal that BSWQA physicians have been making progress toward improvement. BSWQA measures network utilization by physician and shares this information in various venues that include Joint Operations Council (JOC), regional pod meetings, and physician champion site visits. Engaging physicians in the importance of keeping our patients in-network, uncovering referral patterns by practice, addressing concerns and sharing network utilization data has resulted in positively impacting BSWQA’s network utilization numbers. By educating physicians and encouraging active participation in ACO activities, BSWQA has seen an increase in network utilization from 63 percent to 76 percent over a three year period (2012 thru 2015) for the Baylor Scott & White Health (BSW) North Texas (NTX) employee health plan. This success can be attributed to BSWQA’s commitment to educating our physicians and offering the necessary resources to achieve individual and organizational goals.

While it appears BSWQA is making strong headway in improving network utilization, there are still opportunities to advance even further. Achieving 100% network utilization is an elusive goal as there will most likely always be emergencies and instances when an in-network physician will not be available during the course of treatment for certain patients. Where we have seen the most improvement is when a patient has an incentive to stay in network because the patient will incur additional costs for seeing a non-BSWQA physician. As a group of physicians, hospitals and other providers agreeing to be accountable for the care we deliver, we need to become more diligent in knowing who our patients are and taking the time to educate them on how their care experience can be more value- and quality-driven if they stay in-network when seeking treatment.

Our patients are a part of the health care team, and we owe it to ourselves, our patients and our communities to work together in our effort to achieve excellence in the delivery of accessible, cost-effective, quality health care that is also both timely and safe.


As your work to improve network utilization continues, consider these “Seven Habits for Highly Effective Network Utilization Management:”

1. Find out how the referring physician would like to receive information regarding the referred patient. E-mail? Phone call? Letter?
2. Report patient outcomes, including diagnosis and course of treatment, promptly to the referring physician, using his or her preferred method of communication.
3. Do your best to refer the patient back to the primary care physician.
4. Do NOT leave a referring physician wondering what happened to his or her patient.
5. Offer open access. If possible, allow the referred patient to tell you when he or she would like to come in.
6. Set up introductory meetings to help establish stronger relationships.
7. Develop and maintain a database or spreadsheet with information regarding all current and potential referring physicians.
BSWQA and Scott and White Health Plan (SWHP) are teaming together to develop Baylor Scott & White Preferred, a unique integrated health plan solution offering employers and their employees the opportunity to save on health care premiums. Targeted at mid-size and large employers in both the North and Central Texas regions, Baylor Scott & White Preferred plans to bring care, coverage and technology together through an integrated delivery network (IDN) comprised of health care professionals, hospitals, post-acute care facilities and an insurance plan. By combining all aspects of health, Baylor Scott & White Preferred will strive to deliver care and payment options more efficiently, offering employers and employees the opportunity to receive high quality care at a lower cost.

Through effective plan design offered by one of the top ranked health plans in Texas, combined with proficient care delivery from BSWQA an ACO with proven positive impacts on health outcomes and cost reduction, employers and employees will have the opportunity to reap advantages that may include:

- Benefit design centered on offering a high quality care experience at reasonable costs
- Convenient access to high-quality primary and specialty care physicians, hospitals, and post-acute care facilities
- Established relationship with a primary care physician anchored in a Patient-Centered Medical Home (PCMH)
- Enhanced patient navigation and communication that includes coordinated care across all sites of care
- Aligned incentives where physicians are rewarded for improving health care quality and efficiencies resulting in health plan savings
- Proven results for improved health care quality, innovative care management, and reduced medical plan costs

“The SWHP is very well respected; it’s one of the top health plans in the state and southwest. The collaboration between BSWQA and its tremendous network of providers, hospitals, and post-acute care facilities and SWHP has created an integrated delivery network (IDN) that can then go out and really manage the care of patient populations on a broader scale,” says Joel Allison, President of Baylor Scott & White Health.

One Team. One Focus.

BSWQA and SWHP are the foundation of BSWH’s IDN representing a system approach to integrated health care. By combining the continuum of health care services under one umbrella, we hope to create a common structure by which we can provide the total care of the patient and administer health plan services that are efficient, effective and financially viable. The desired outcome of this collaboration is sustainable, predictable claim costs for the employer with an anticipated trend lower than that of national plans.

We believe collaboration can yield an improved quality of care for our members. With the health plan and providers working side-by-side on a daily basis, we are able to take a preemptive approach to healthcare. By improving the delivery of preventive care, targeting members for care management more effectively, and screening for chronic conditions earlier, we can manage health conditions in a timelier manner.

By combining all aspects of health, Baylor Scott & White Preferred will strive to deliver care and payment options more efficiently, offering employers and employees the opportunity to receive high quality care at a lower cost.
The Texas Office of Public Insurance Counsel rates SWHP the top in Texas, exceeding both State and National averages for comprehensive diabetic care, post-partum care, and screening for breast cancer/colorectal cancer. BSWQA has over 100 practices representing 645 physicians recognized as patient-centered medical homes by the National Committee for Quality Assurance (NCQA). In addition, its disease management and preventative health services measures are above national standards. Putting its population health strategies to work, BSWQA has reported positive outcomes over a three year period that includes:

- Lower medical and surgical admits/1,000 and avoidable ER utilization (compared to broader Aetna population)
- 12% overall reduction in admits/1,000 for BSW NTX division employee health plan (2012-2015)
- Zero trend in total medical costs for BSW NTX division employee health plan (2012-2015)
- 13% reduction in total risk adjusted medical costs for Aetna Whole Health-BSWQA population vs. broader Aetna population (2012-2015)

Creating a joint product like Baylor Scott & White Preferred gives us the opportunity, as a system, to take a first mover position in the market; offering a unique health plan option that traditionally has not been available in this region. If anyone has had a family member experience a serious illness and has tried to navigate the waters of healthcare and insurance it can be very difficult. Through the integration of care delivery and a health plan, we hope to create a more seamless experience for the patient, to make the patient’s life easier while simultaneously saving the patient money.

HealthTexas Provider Network Wins 2015 Bill Aston Quality Improvement Award through the Strategic Use of Baylor Scott & White Quality Alliance Comprehensive Care Management Team

HealthTexas Provider Network through the strategic use of Baylor Scott & White Quality Alliance’s comprehensive care management team has won a 2015 Bill Aston Quality Improvement Summit Award in the Finance Category for its project entitled “Proactive Customer Engagement: Using a Wellness Visit Business Model for Population Health.”

This project’s wellness visit business model increases BSWQA’s proficiency in managing the health of patient populations and is the catalyst for further advancement from a fee-for-service to fee-for-value workflow. The annual wellness visit or AWV for Medicare beneficiaries is a proxy for appropriate compliance, billing, and documentation. By utilizing the comprehensive care management team to proactively schedule patients for their wellness visit, illness burdens can be accurately documented, quality metrics completed and gaps in care closed before clinical events occur. This is the fundamental approach known as a “Wellness Visit Platform.” This project resulted in achieving its aim of increasing the number of annual wellness visits from less than 13% of contracted Medicare beneficiaries to more than 20%.

Team members include:
- Executive Sponsor: Michael Massey, MD – CMO
- Team Leader: Wendy Oberdick, MD – VP, Provider Engagement HTPN & BSWQA
- Jason James – Director of Strategic Initiatives
- Mayra Velos – Manager of Payer Initiatives
- Kirsi Hayes – Care Coordination Advocate
- Venessa DeAvila – Health Coordinator
- Tim Houtchens – Director of Informatics
- Brandon Pope – Director of Analytics
- Jesse Luebbert – Systems Analyst
- Ashley Nelson – Project Manager
- Angela Cox – Executive Assistant
- Carey Sharp, MD – Disease Management Champion
- Thomas Ledbetter, MD – Disease Management Champion
- Kimberly McMillin, MD - Disease Management Champion
- Facilitator: Jennifer Reed, VP – Care Coordination and Social Work, BSWH.
SGR Repeal Legislation Update

The House and Senate passed the Medicare Access and CHIP Reauthorization Act of 2015 to comprehensively reform the Sustainable Growth Rate. This bill was signed into law on April 16, 2015.

The SGR Repeal creates two tracks for Providers. Providers must choose Enhanced Fee-For-Service or Accountable Care Option.

• **Track One: Merit-Based Incentive Payment System (MIPS):** Rolls Meaningful Use, Value-Based Payment Model, and PQRS into one budget-neutral program with single payment

• **Track Two: Advanced Alternative Payment Models (APM):** Requires significant share of revenue in contracts with two-sided risk, quality measurement (“APM revenue”); Patient-Centered Medical Homes serving Medicare population exempt from downside risk requirement

The American Medical Association (AMA) is pushing major changes to the Joint Ways & Means Committee and Senate Finance Committee draft outline of legislation to replace the Sustainable Growth Rate (SGR) physician payment formula. The biggest AMA request is that lawmakers back off plans to freeze physician pay coupled with bonus incentives in favor of a base payment hike. The AMA also urges lawmakers to reduce penalties, make CMS determine prospectively whether doctors are in “alternative pay models,” compare doctor performance among practices of similar size and put in context data on what Medicare pays doctors.

The biggest hurdle to passage of a SGR repeal bill continues to be the offsets. Offsets cover only 1/3 of the Bill’s costs. The Medicare Payment Advisory Commission, an advisory body to Congress, indicated that they will defer to lawmakers on the issue, not even republishing their earlier collection of offset options. Hospital stakeholders are becoming increasingly nervous that if Congress reverts to its normal practice of simply doing a one-year payment patch, which would likely cost around $20 billion, hospitals and doctors would be hit hard as the “pay-for” source.

**Key Take Aways for Providers:**

1. **Slow payment increases locked in:** For the foreseeable future, Medicare provider payments will increase at a gradual annual rate that may not keep pace with inflation

2. **Significant step in the shift toward value-based payments:** CMS recently set goals for transitioning to value-based payments; this law hardwires that transition for physicians

3. **Boosts attractiveness of two-sided risk models:** Having a significant portion of revenue at risk will make a provider group eligible for higher payment rates that will compound each year

4. **Reporting becoming less complex but more important:** By aggregating its three major provider reporting programs, CMS will cut down on a bureaucratic hurdle for many provider groups. However, the financial consequences of reported scores will be much greater

5. **Payment is a zero-sum game:** Because the MIPS program is budget-neutral, penalties on low-performing providers must equal bonuses to high-performing physicians

6. **Furthers the trend of price sensitivity:** The inclusion of two data transparency measures as well as an increased Medigap deductible indicate that the federal government is supporting and accelerating the trend of consumer price sensitivity


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**BSWQA Finalizes Clinical Collaboration Agreement with CVS**

Clinical collaboration agreement finalized aimed at coordinating patient care and improving patient access

• High-risk patient data to be shared – assisting with prescription refills

• Minute Clinics to join BSWQA network – expanding BSWQA access points.

[Image of Baylor Scott & White and CVS logo]
Coded Data is Key to Unlocking Mosaic’s Full Potential

Our capability to share data within Baylor Scott & White Quality Alliance is becoming more robust as the 76 different EHRs currently in use within BSWQA, the BSWH hospitals, emergency department hospitals, imaging centers, and other different patient “touch points” throughout Baylor Scott & White Health (representing 4,995 providers) are connected through Project Mosaic, the Health Information Exchange (HIE) deployment that is dbMotion.

The primary goal is to provide comprehensive and relevant information about patients so that clinicians can effectively and efficiently manage patient populations, as well as individual patients at the point of care. With one click on a flashing icon, physicians can view information from many different sources in one window.

However, what BSWQA is learning - as more and more EHRs are connected - is that many physicians are not using their EHRs to the fullest capacity. As a result, much of the information that is being sent to the HIE is not usable data because it is uncoded.

For Mosaic to work to its full potential, it must receive as much structured or coded data as possible. Coded data is created when a physician uses a specific functionality built into the EHR, such as a multi-select option, a drop-down menu or search option. When a physician selects a problem from a problem list, then that information is coded and is usable by Mosaic. If a problem is typed in by hand, then this uncoded – and unuseable – data is sent by Mosaic throughout the entire HIE.

Uncoded data can result in a significant patient safety issue. Imagine that a physician hand typed into the EHR that a patient is allergic to penicillin. If it is not a coded allergy and the patient shows up in a BSWH emergency department, the drug/allergy interaction function in the health information exchange will not work. The chart doesn’t know that the patient is allergic to penicillin even though the physician has done the work, albeit improperly. In some ways, it is worse to have uncoded data in the chart than to have no information in the chart at all.

This issue also presents a practical aspect for all BSWQA physicians: the potential negative impact on referrals. When a physician improperly enters data, it creates more work for the referring physician who has to constantly clean up his or her charts, not to mention the potential impact on patient safety. BSWQA physicians should strive to use their EHRs effectively to create an advantage for all BSWQA physicians by properly using coded medications, allergies and problems.

Over the next few months, BSWQA will offer more educational opportunities covering proper use of the EHRs that includes entering coded data, so that as information sharing increases throughout the network, we are confident that it is good data.

Properly coding data is also critically important as BSWQA is starting to do more reporting within BSWQA of the various quality metrics being followed, such as evaluating diabetes care. Improperly entering patient data could negatively impact a physician’s scores and make him or her look worse than he or she actually is because the reporting tools only pick up coded data. A physician may be doing the right thing but is not getting credit for it.

For questions on what is coded data and any related issues, please email Dr. Bragg at David.Bragg@BSWHealth.org.
Care Coordination Corner

Care Coordination Operating in Central Texas

Care coordination is integral to Baylor Scott & White Quality Alliance’s mission to improve the quality of care for the patients we serve. As BSWQA matures, numerous developments are under way to operationalize care coordination in Central Texas.

In Central Texas, a very experienced leadership team has been put in place. Stacey Hardt, BSN, RN, has been named Director of Comprehensive Care Management, and Beth McMurtry, RN-BC, CDE, CHC, has been named Manager of Comprehensive Care Management for BSWQA’s Central Texas Division.

Stacey Hardt, BSN, RN, Director of Comprehensive Care Management, Central Division has more than 25 years’ experience in a variety of medical settings, including both inpatient and ambulatory care. The concentration for the past 20 years has been in outpatient clinics with specialties that include internal medicine, OB/GYN, oncology and surgery. Before being named to her current position, she served as a BSWQA RN Care Manager. A graduate of Bradley University in Peoria, Ill., Stacey has lived in Texas for more than six years.

Beth McMurtry, RN-BC, CDE, CHC, Manager of Comprehensive Care Management, Central Division has been employed at Scott & White since 1979. She has worked in ambulatory care in the dialysis, internal medicine, pediatric oncology, and family medicine departments as a staff nurse, telephone triage nurse, nursing supervisor and health coach manager. Beth became a Certified Diabetes Educator in 2008 and a Certified Health Coach in October 2011. She received her nursing degree from McLennan Community College in Waco.

This leadership team is working with the Comprehensive Care Management team in North Texas to standardize care coordination throughout BSWQA. Both teams have adopted a common mission statement that will direct care coordination efforts in both the North Texas and Central Texas Divisions: To improve the health and well-being of our patient population through collaboration with those we serve.

Validation sessions have been held to go over all forms in the EHR to make sure nurses and health coordinators are all using the same guidelines and patient education materials. North Texas has benefited in this process since Central Texas is already using the Epic EHR. In addition, both divisions are coordinating efforts for BSWQA to achieve NCQA accreditation in disease management and case management.

“We are striving for both teams to align ourselves to the same goals, guidelines and policies to make our team more cohesive,” said Erin Weaver, MSN, RN, NE-BC, Director of Comprehensive Care Management in the North Texas Division. “We are building one large team using the best practices from both groups.”

Patient Success Story

The connection forged between the patient and his or her RN care manager can have powerful effects on a patient’s health outcomes as demonstrated by this one BSWQA patient working with the patient’s RN care manager for just a few months shy of one year. The RN Care Manager states, “During my last call with patient “x,” patient “x” shared with me that this is the first time the patient’s weight has been in the 300s.” Homebound for quite some time, this recent weight loss was cause for much celebration. It meant that the patient was not only able to go to the movies for the 1st time in 5 years, but it also allowed the patient to reach a physical milestone aimed at feeling comfortable walking “to” and “from” the theater without any related problems. The patient was ecstatic sharing plans for more future outings as early as the next week. “I can finally get out of my house and enjoy things again,” said patient “x”. Patient “x”s initial goal was to simply walk to the mailbox and back. Patient “x” is now walking in rehab several days a week for 40 minute sessions with just one break after the first 20 minutes. Patient “x”s” achievement is radiating outward and positively affecting family members and some of patient “x”s” other conditions caused by excessive weight. Patient “x”s” depression symptoms are milder and family members have joined in patient “x”s” weight loss celebration; finding themselves to be a combined 150 pounds lighter by merely acting as patient “x”s” primary support system. Patient “x”s” weight loss has also contributed to vast improvements in patient “x”s” individual vitals in what is considered a short amount of time.

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BSWQA Initiates Post-Acute Care Strategy in North and Central Texas

Post-acute care (PAC) is the skilled nursing care and therapy typically provided after an inpatient hospital stay in a variety of settings including skilled nursing facilities (SNFs), inpatient rehabilitation facilities, long-term care hospitals, and in patients’ homes by home health agencies. Post-acute care is just one component of the extensive care delivery continuum that also happens to take up a large part of the Medicare spend, which is expected to only grow larger as the population ages. In 2012, Medicare spent more than $62 billion on post-acute care, or 11 percent of total reimbursements according to Leavitt Partners report, The Right Care at the Right Cost: Post-Acute Care and the Triple Aim (Sept. 2014). The report highlights that post-acute care is “the largest per episode expense per beneficiary.”

In the world of ACOs where providers are responsible for managing the health of populations across the continuum as well as controlling quality and costs, post-acute care has emerged as the most variable and difficult to control. With BSWQA’s covered lives projected to exceed 100% by 2018 there will be more patients to manage across the continuum including post-acute care. In anticipation of that growth, BSWQA has put dedicated resources toward building a post-acute care network in both North and Central Texas regions that will collaborate with SNFs, home health agencies and hospices.

**Post-Acute Care Cost Variability**

The post-acute care cost variability is directly related to its broad realm of services. Post-acute care can be delivered to a single patient in more than one setting (long-term care hospital, SNF, inpatient rehabilitation facility, hospice, home health), and that single patient can be admitted more than once. This can lead to an uncoordinated and costly care experience as multiple providers are involved and health information regarding the patient’s care may not consistently or accurately be communicated to all those involved throughout the patient’s course of treatment.

Post-acute care is often delivered in more intensive care settings (long-term care hospital) where Medicare payments are higher than less-intensive settings (outpatient rehabilitation facility) where the care can be delivered in a more effective and appropriate manner. In addition, post-acute care has traditionally been primarily fee-for-service where the providers’ financial incentives are not typically aligned with value-based performance measures such as cost and quality.

**Building the BSWQA Post-Acute Care Network**

The variability of post-acute care costs in combination with the ever aging population has created a sense of urgency for BSWQA to collaborate with post-acute care facilities and providers that are engaged in ACO behavior centered on collaboration, data transparency, and a willingness to be on par with payers. The beginning phases of BSWQA’s post-acute care strategy involved working with SNFs that did not have publicly reported data other than the comparable data on Medicare’s website. Evolving the post-acute care strategy has led to the evaluation of facilities to find the highest quality providers to which data could be compared. Post-acute care providers considered to be of high quality based on the evaluation were selected to join BSWQA. Self-reported data from these providers is now gathered each month and entered into the BSWQA provider dashboard and is tracked. In addition, nurses have been embedded in SNFs allowing BSWQA to create network performance metrics based on: timeliness of physician review, length of stay, and number of patient complications. BSWQA is currently developing a post-acute care dashboard to monitor claims based outcome data as well as spend by payer type and level of care by provider. Monitoring this data will be critical for increasing accountability and collaboration with BSWQA’s participating post-acute care facilities and providers.

BSWQA is aligned with the industry in recognizing that coordination across the continuum that includes post-acute care is essential to improving overall quality of care and reducing health spending. While post-acute care work continues in the North, BSWQA is also in the beginning stages of building a post-acute care network in Central Texas. This work will launch in Round Rock and Temple as BSWQA supports the efforts of the Comprehensive Care for Joint Replacement (CCJR) program beginning April 1, 2016. The post-acute care network in Central Texas is expected to be complete by June of 2016.

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Central Texas Leads in Integrated Care Models for Behavioral Health

The opportunity to access behavioral health services is essential to patients’ health and well-being. In many cases, it is the gateway to a patient’s adherence to the appropriate chronic disease treatment. However, in Texas, access can be a challenge. A state report says that in September 2014, 201 of the state’s 254 counties had provider shortages in the areas of behavioral health. In 174 counties, there was not a single psychiatrist, putting Texas 49th in the nation with access to these specialists.

Baylor Scott & White Quality Alliance is developing strategies, both standard and innovative, to empower primary care physicians to care for patients who need counseling or other behavioral health services within their practices.

Central Texas Developing a Flexible Approach to Behavioral Health

More than 20 years ago, BSWQA’s Central Texas division hired its first primary care psychologist, who had been in private practice in Waco for many years, to provide behavioral health services within its family medicine clinics. When this approach proved successful, they hired four more clinicians with doctorates in psychology. While not all 18 clinics in Central Texas are supported with behavioral health specialists yet, this group of very experienced psychologists is impacting a significant number of patients.

“We have found that when behavioral health specialists are introduced in a clinic as colleagues of our family medicine physicians, it is much easier to get patients to follow through and see them,” said Michael D. Reis, MD, Chairman, Family Medicine Department, Board of Directors, Baylor Scott & White Health Central Division.

“Behavioral health tends to have a high no-show rate,” he continued. “We developed a protocol that asks patients to complete an extensive questionnaire about their history before an appointment with a behavioral health specialist is scheduled. Since implementing this protocol, we have noticed two positive outcomes: no-shows have gone way down and because the doctor has reviewed all their information in advance, patients can begin to get better faster, beginning with the very first visit.”

As this strategy has matured, Dr. Reis said the plan now is to create a model where there is a master’s degree licensed professional counselor (LPC) or licensed clinical social worker (LCSW) in every clinic who will be supervised by the employed psychologists. A psychiatrist will provide overall supervision to the behavioral health team, as well as provide support for more complex patients.

“For many patients, counseling or cognitive behavioral therapy is the most appropriate tool, and Master’s level professionals are very well trained in this therapy,” Dr. Reis said. “Many patients with chronic diseases like diabetes or heart failure struggle with adherence to diet, exercise and medication use. They benefit greatly from counseling designed to help them modify their behavior. So not only does their depression improve, so does their ability to manage their medical condition. Together this creates a virtuous cycle that brings them closer to good health.”

“So far, this approach is working well for us, and we believe we’re going in the right direction. This flexible approach gives patients the level of behavioral health care they need at a clinic close to home,” he said.

North Texas Looks at Technology to Improve Behavioral Health Access

In the BSWQA North Texas division, patients face even greater challenges in accessing behavioral health services. Because of high demand and short supply, psychiatrists, psychologists and related professionals may charge up to $500 per hour, preferring not to accept managed care.

An Integrated Behavioral Health Models Workgroup is working to develop and spread care models and provider/patient education related to supporting behavioral health programs in the primary care setting.

Among the resources are:

• Video modules, which will qualify as eCME, to help educate primary care physicians on how to best care for patients with behavioral health issues

• A document listing more than 300 inpatient, outpatient and private practice behavioral health resources available in Dallas, Tarrant, Ellis and Collin Counties to which primary care physicians may refer patients

• Clinical algorithm support tools for the iPad to give providers guidance on what type of treatment a patient needs (in development)

• Scope-of-practice document for behavioral health practitioners, such as social workers, psychologists, licensed professional counselors and other clinicians, designed to assist in strategic decision making should a practice choose to hire a behavioral health specialist

• Access to JPS (John Peter Smith) Virtual Behavioral Health service, which provides psychiatrist to PCP medical consult advice in 30 minutes or less. For non-clinical issues, a social worker or nurse can answer questions about referrals, triage, etc. immediately

• Epic reporting and documentation tools for behavioral health (in development)

• Financial models as a guide for practices to make the right behavioral health staffing decision (in development)

Another component of the North Texas behavioral health strategy is the use of Breakthrough Behavioral as a referral source for primary care physicians. Breakthrough, which is owned by MDLIVE, offers video counseling visits for issues such as depression, anxiety...
and other similar conditions. Providers on Breakthrough Behavioral include social workers, licensed professional counselors, psychologists and psychiatrists. Breakthrough is available through Baylor Scott & White Health’s (BSWH) HealthSource® app, which is currently being piloted among a select 14,000 patients enrolled in the Baylor Scott & White Health North Texas division employee health plan. Primary care physicians direct patients to Breakthrough just as they would to a cardiologist or gastroenterologist.

“Despite the shortage of behavioral health providers, we believe we can bridge this gap in providing behavioral health services to patients through the use of technology and other innovative resources and tools,” said Niki Shah MBA, MHSA, System Director, Care Redesign and Equitable Access for BSWH.

In early January, a pilot project began at Baylor Family Medicine-Waxahachie in which behavioral health services are provided by a licensed clinical social worker (LCSW) partially in clinic and partially through MDLive’s Breakthrough. This pilot is modeled on the Improving Mood: Providing Access to Collaborative Treatment (IMPACT) integrated care model currently used in the Baylor Community Care practices.

In this model, a medical assistant administers PHQ-2 during the rooming-in process. A positive screen triggers referral to a LCSW, who assesses the patient via psychosocial assessment and screening tools and initiates a treatment plan. At specified visits, the patient is reassessed using screening tools, and when remission is achieved, the patient is discharged from behavioral health.

The plan for FY17 and beyond is to spread this model in NTX practices through combinations of grant and BSWH system funding. The clinical and quality outcomes have proved themselves in the IMPACT model through the Baylor Community Care clinics and are a highly effective way to treat behavioral health in primary care.

In addition to these opportunities, the BSWQA NTX division has developed the beginnings of a strong behavioral health team.

Board-certified psychologists Ann Marie Warren, PhD, ABPP, and Warren T. Jackson, PhD, ABPP, assist patients on both an inpatient and outpatient basis in coping with the psychological consequences associated with major medical events, such as major surgery or traumatic injury.

Dr. Warren and Dr. Jackson primarily consult and treat surgical patients in bariatric, transplant, orthopedic, cardiovascular, spine, colon and rectal, and trauma specialties. They also receive many referrals from primary care physicians who recognize that depression and other emotional issues can exacerbate a medical condition.

Michelle Nichols, MD, and Suparna Basu, MD, provide inpatient psychiatric consults at Baylor University Medical Center at Dallas and Baylor Scott & White Medical Center–Irving, respectively.

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**Annual Wellness Visit Campaign**

The month of January kicked off the Annual Wellness Visit (AWV) marketing campaign with the aim of proactively engaging Medicare Advantage and Medicare Shared Savings Program (MSSP) patients who have NOT completed an AWV in the past 12 months or are due in 2016 for their AWV. Within Medicare Advantage plans there is a “welcome to Medicare” primary care office visit during the first year of Medicare coverage. For year two of Medicare coverage there is an “Initial Annual Wellness” visit followed by a “Subsequent Annual Wellness” visit for each year thereafter. In addition to all thirty-three MSSP quality metrics covered, each of these types of wellness visits offer a vehicle for documenting the Hierarchical Condition Categories (HCC) necessary to establish the risk status of the patient to the highest specificity. HCCs are an important element for determining the true risk status of the patient so that funds can be appropriately allocated for the level of care necessary to manage the patient. Honing these skills will prepare physicians for future commercial contracts.

**Campaign promotions include:**

- **Direct Mail Letter** to those MA/MSSP patients who have not completed their AWV (to be mailed on a rolling basis to those who have completed their AWV in 2015 and are now due in 2016)
- **Statement stuffer** reminding those who have not completed their AWV to schedule their visit with their physician
- **Accent Health TV ad** – reminding those who have not completed their AWV to schedule their visit with their physician
- **Tent Card** displayed in primary care practices reminding those who have not completed their AWV to schedule their visit with their physician

For BSWQA independent physicians interested in participating in the campaign by way of the direct mail letter, Accent Health TV ad (if one is installed in your practice), and/or tent cards for display in the practice, contact your network field advisor.
2016 Shared Savings Requirements are here!

BSWQA continues to achieve significant advances in population health management and the Triple Aim (improving quality, enhancing the patient experience, and reducing costs). Over the past years we have been pleased to share the rewards of these efforts with many of you who have completed shared savings requirements as outlined in the BSWQA Shared Savings Distribution Model.

The BSWQA Shared Savings Distribution Model remains fluid in nature as we become more sophisticated in acquiring clinical data to better measure quality and efficiencies. Although very similar to the 2015 shared savings distribution model, this year’s model comes with a few enhancements. As in past models, shared savings is earned by completing three pools weighted the same as previous years:

1. Clinical Integration (10%)
2. Patient-Centered Medical Home (70%)
3. Specialty Care (20%)

The shared savings program and distribution only applies to physicians who are participating providers within the contracts AND clinical integration requirements must be completed in order to participate in ANY shared savings.

10% Clinical Integration (CI)

Clinical Integration MUST be completed FIRST in order to participate in ANY shared savings.

- **Patient Satisfaction Survey** - Attest to actively surveying patients with a CMS approved vendor (visit the BSWQA member website to see a list of specialties included in this requirement)

- **Clinical Integration Points** - accumulate 10 clinical integration points as follows:
  - 1 point = One website login per month
  - 5 points = BSWQA assigned eCME (eCME listings available on the BSWQA member website)

- **Pod Meeting Attendance**
  - PCPs – attendance **required** at one meeting per year (in addition to earning 10 CI points)
  - SCPs – attendance optional (earn 10 CI points for attending)

70% Patient-Centered Medical Home (PCMH)

PCMH Application Submission to NCQA is required to receive shared savings.

- No submission = 0%
- NCQA formal designation (Level 1-3) = 100%

PCMH pool is based 100% on panel size. Panels will be risk adjusted based upon BSWQA risk score of the individual physician for all populations.

<table>
<thead>
<tr>
<th>COMMERCIAL</th>
<th>MEDICARE ADVANTAGE</th>
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<tbody>
<tr>
<td><strong>Quality Measures (60% of pool)</strong></td>
<td><strong>Quality Measures (100% of pool)</strong></td>
</tr>
<tr>
<td><em><em>Efficiency Measures</em> (40% of pool)</em>*</td>
<td><strong>Efficiency Measures</strong>*</td>
</tr>
<tr>
<td><strong>Physician level</strong></td>
<td><strong>Physician Level</strong></td>
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<tr>
<td><strong>Contract Level</strong></td>
<td><strong>Contract Level</strong></td>
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<tr>
<td>- Diabetic population (HbA1c)</td>
<td>- Wellness Visit Completion</td>
</tr>
<tr>
<td>- Diabetic population (Nephropathy screening)</td>
<td>- Diabetic population (HbA1c)</td>
</tr>
<tr>
<td>- Chronic disease appointments (every 6 months)</td>
<td>- Chronic Disease Appointments (every 6 months)</td>
</tr>
<tr>
<td>- ED Visits/1,000</td>
<td>- ED Visits/1,000</td>
</tr>
<tr>
<td>- Lab Utilization/1,000</td>
<td>- Generic Prescribing</td>
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</table>

20% Specialty

BSWQA Measures (measures which apply globally to the contract; calculated based upon pro rata)

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<thead>
<tr>
<th>COMMERCIAL</th>
<th>MEDICARE ADVANTAGE</th>
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<tbody>
<tr>
<td><strong>Efficiency Measures</strong>*</td>
<td><strong>Efficiency Measures</strong>*</td>
</tr>
<tr>
<td>- Imaging Rate/1,000</td>
<td>- ED Visits/1,000</td>
</tr>
<tr>
<td>- Admits/1,000</td>
<td>- Generic Prescribing</td>
</tr>
</tbody>
</table>

*Calculated on a per contract basis; targets to be determined based upon board approval
Deerbrook: Innovative Care Team

The Deerbrook Charitable Foundation is sponsoring the design and implementation of a new innovative multidisciplinary coordinated care team model. Comprised of community health workers, social workers, pharmacists, and chaplains, the goal of the innovative coordinated care team model is to deliver quality, low-cost care to high-risk Medicare beneficiaries while simultaneously creating the best patient experience possible. The team is focused on providing care management, behavioral health services, spiritual distress services and medication reconciliation/simplification to the sickest 5% of the traditional Medicare population. In collaboration with the primary care physician, the innovative care team will assist these patients on their journey to better health and wellness.

Community health workers will act as navigators and educators reaching out to patients and assisting them with forming a connection with community resources. They will also help educate patients regarding the management of their chronic illness and will be peer support – listening to patient concerns and answering questions.

Clinical social workers will focus on providing behavioral health services to patients suffering from depression or anxiety.

Pharmacists will assist in simplifying current medications that the patient is taking and identifying potential prescription hazards that may put the patient at risk for falls or other illnesses.

Chaplains will address spiritual distress that often exists among the Medicare population.

Staffing for the innovative care team is in progress with twenty-one community health workers hired and in the process of being trained and deployed. Two licensed clinical social workers have been hired and deployed in Garland and Dallas. Two pharmacists have been on-boarded and are currently performing medication reconciliation and simplification as tasked.

The deadline for primary and specialty care physicians to complete shared savings requirements is December 31, 2016. These requirements are also posted on the BSWQA member website at https://members.baylorqualityalliance.com/shared-savings. Should you have further questions or concerns, please call 844-279-7589, email BSWQAInfo@baylorhealth.edu or contact your Network Field Advisor (NFA).
Aetna Whole Health℠ – Baylor Scott & White Quality Alliance at a glance:

- **Member Growth:** In 18 months, Aetna Whole Health℠ – Baylor Scott & White Quality Alliance has grown to nearly 40,000 members in both product and attribution models. (Want to know more about the difference between product and attribution. Read below.)

- **Renewals:** Three cases were up for renewal, all renewed, and grew their case membership in the second year of enrollment.

- **Network Expansion:** The Aetna Whole Health - Baylor Scott & White Quality Alliance network expanded access for members by adding Tenet and Methodist facilities and doctors in 2015:
  - Increased access from 28 hospitals to 45

- **YTD Results:** Preliminary results indicate the ACO model is working to reduce costs and improve health outcomes. Such examples include:
  - Risk-adjusted per member per month (PMPM) health care costs are 13% lower in this product model than for Aetna’s overall DFW population*
  - Members have experienced lower medical admits and avoidable ER visits in this model*

**Attribution ACOs vs. Product ACOs – What’s the difference?**

Most carriers have ACOs in their network. The vast majority are “attribution” models that target 1-2% reduction in trend. Members are assigned to the ACO based on their claims history. Most carriers also provide reports to providers to help identify at-risk patients and generally, no matter what carrier, patients get the same experience.

Aetna also has attribution arrangements, but its Product ACOs are unique. Branded as Aetna Whole Health℠, its product targets 8-15% savings over other broad network plans. Unlike members who are simply assigned to the ACO, Aetna Whole Health members typically actively select the plan and are educated about how it works. Providers know who these members are by their special Gold ID card and because they are usually at higher risk, physicians are more likely to manage their care aggressively. Because the product membership is so easily identified, more sophisticated reporting and analysis can hone in on the needs of each patient – both the healthy and those in need of advanced care.

<table>
<thead>
<tr>
<th>ATTRIBUTION Model</th>
<th>PRODUCT Model</th>
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<tbody>
<tr>
<td>Plan sponsor uses claims data to attribute patients to ACO-based providers</td>
<td>Members elect the network during annual enrollment</td>
</tr>
<tr>
<td>Some members may not know they are in an ACO</td>
<td>8-15% savings targeted compared to broad network plans*</td>
</tr>
<tr>
<td>At risk members can be identified, just not as soon due to the attribution process</td>
<td>Faster turn around on reporting to find at-risk members quickly – i.e. Aetna Whole Health gold card identifies member at point of care</td>
</tr>
<tr>
<td>Examples: United Healthcare, Aetna ACO-Attribution</td>
<td>Providers can hone in on members sooner to deliver heightened level of care</td>
</tr>
<tr>
<td></td>
<td>Examples: SWHP NTX Employees, NSWHP CTX Employees, Aetna ACO-Commercial</td>
</tr>
</tbody>
</table>

**What’s new(s)?**

On January 20, 2016, Aetna’s Accountable Care Solutions team hosted a successful employer forum at Baylor Sammons Cancer Center. More than 25 employers learned about our collaboration with Aetna from Dr. Cliff Fullerton, Blake Allison and Jenny Reed. Aetna and BSWQA presenters also discussed how BSWQA gives employers a unique opportunity to help their employees improve and manage their health. Patients are more engaged because of the support they get from doctor-led care teams armed with real-time, actionable data.

Want to know more about Aetna Whole Health℠ – Baylor Scott & White Quality Alliance, visit http://aet.na/1Kl1Ztq to watch the “Accountable Care in Action” video.

*Source: Internal Aetna reporting packages, November 2015; Internal Aetna informatics benchmark data at county level. Aetna Whole Health – BSWQA represents 25k+ members; DFW baseline represents 500,000+ members.
Physician Engagement Activities

Pod Meeting season begins in April and runs through November in both North and Central Texas.

ACO success depends on physicians across a spectrum of care altering their behavior and transitioning their way of thinking so that value-based performance metrics and accountability is achieved. Pod meetings are proven to be an effective venue for physician engagement. Pod meetings are held in each of the six BSWQA geographic areas in the North that include: East, West, North, Northwest, South, and Central as well as five geographic areas in Central Texas that include: Waco, Temple, Hill Country, College Station, and Round Rock. These meetings serve as a vehicle for strategic discussions regarding BSWQA initiatives, open discussions with leadership, peer networking opportunities and more.

BSWQA primary care physicians MUST attend ONE pod meeting per year to meet 2016 shared savings clinical integration requirements. To register for a pod meeting near you go to: https://members.baylorqualityalliance.com/strategy/Pages/Pod-Meeting-RSVP.aspx

Specialty care attendance at pod meetings is optional, but can earn them 10 points toward clinical integration point accumulation.

### NORTH TEXAS POD MEETING SCHEDULE

<table>
<thead>
<tr>
<th>Date</th>
<th>POD</th>
<th>Location</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 13th</td>
<td>Northwest</td>
<td>Baylor Irving, MOB II, 2021 N. MacArthur Blvd., Irving</td>
<td>6:00pm – 7:30pm</td>
</tr>
<tr>
<td>April 18th</td>
<td>East</td>
<td>Hyatt Place Garland, 5101 President George Bush Hwy., Garland</td>
<td>6:00pm – 7:30pm</td>
</tr>
<tr>
<td>May 5th</td>
<td>South</td>
<td>Baylor Scott &amp; White Medical Center - Waxahachie, Pitts Board Rm., 2400 N. I-35 E. Service Rd., Waxahachie</td>
<td>6:00pm – 7:30pm</td>
</tr>
<tr>
<td>August 30th</td>
<td>North</td>
<td>Hilton Garden Inn Allen, 705 Central Expressway, Allen</td>
<td>6:00pm – 7:30pm</td>
</tr>
<tr>
<td>September 8th</td>
<td>West</td>
<td>Hilton Garden Inn Fort Worth/Medical Center, 912 Northton St., Fort Worth</td>
<td>6:00pm – 7:30pm</td>
</tr>
<tr>
<td>November 2nd</td>
<td>Central</td>
<td>BUMC – Truett Building (Beasley Auditorium), 3500 Gaston Ave., Dallas</td>
<td>6:00pm – 7:30pm</td>
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### CENTRAL TEXAS POD MEETING SCHEDULE

<table>
<thead>
<tr>
<th>Date</th>
<th>POD</th>
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<th>Time</th>
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<tbody>
<tr>
<td>April 6th</td>
<td>Waco</td>
<td>Baylor Scott &amp; White Medical Center - Hillcrest, 100 Hillcrest Medical Blvd., Waco</td>
<td>6:00pm – 7:30pm</td>
</tr>
<tr>
<td>April 20th</td>
<td>Temple</td>
<td>Hilton Garden Inn, 1749 Scott Blvd., Temple</td>
<td>6:00pm – 7:30pm</td>
</tr>
<tr>
<td>April 27th</td>
<td>Hill Country</td>
<td>Baylor Scott &amp; White Medical Center - Marble Falls, 810 TX 71, Marble Falls</td>
<td>6:00pm – 7:30pm</td>
</tr>
<tr>
<td>May 11th</td>
<td>College Station</td>
<td>Baylor Scott &amp; White Medical Center - College Station, 700 Scott &amp; White Dr., College Station</td>
<td>6:00pm – 7:30pm</td>
</tr>
<tr>
<td>May 25th</td>
<td>Round Rock</td>
<td>United Heritage Center, Dell Diamond, 3400 E. Palm Valley Blvd., Round Rock</td>
<td>6:00pm – 7:30pm</td>
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### Practice Operations Excellence (POE)

Led by BSWQA Network Field Advisors (NFAs), POE meetings are an open forum for practice administrators to become educated on the accountable approach to care as well as BSWQA population health initiatives. By engaging practice administrators, BSWQA is securing an added resource for disseminating important information regarding BSWQA initiatives and providing BSWQA physicians further support for achieving success in an accountable care organization. To register for a POE meeting go to: https://members.baylorqualityalliance.com/strategy/Pages/POE-Meetings.aspx

### NORTH TEXAS POE MEETING SCHEDULE

<table>
<thead>
<tr>
<th>Date</th>
<th>POD</th>
<th>Location</th>
<th>Room</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>March 30th</td>
<td>Northwest</td>
<td>Baylor Scott &amp; White Medical Center - Grapevine, 1650 W. College Street, Irving</td>
<td>Continuing Education Rm.</td>
<td>6:00pm – 7:30pm</td>
</tr>
<tr>
<td>April 7th</td>
<td>North</td>
<td>Baylor Scott &amp; White Medical Center-Plano, 4700 Alliance Blvd., Plano</td>
<td>Education Rm. 2 &amp; 3</td>
<td>6:00pm – 7:30pm</td>
</tr>
<tr>
<td>April 12th</td>
<td>Central</td>
<td>Baylor University Medical Center, Roberts Building, 3500 Gaston Ave., Dallas</td>
<td>Levit Rm., 17th Floor</td>
<td>6:00pm – 7:30pm</td>
</tr>
<tr>
<td>April 13th</td>
<td>East</td>
<td>Baylor Scott &amp; White Medical Center - Garland, 2300 Marie Curie Dr., Garland</td>
<td>Conference Rm. A</td>
<td>6:00pm – 7:30pm</td>
</tr>
<tr>
<td>April 21st</td>
<td>West</td>
<td>Baylor Scott &amp; White All Saints Medical Center, 1400 8th Avenue, Fort Worth</td>
<td>Faxel Room</td>
<td>6:00pm – 7:30pm</td>
</tr>
<tr>
<td>April 26th</td>
<td>South</td>
<td>Baylor Scott &amp; White Medical Center - Waxahachie, 2400 N. I-35 E. Service Rd., Waxahachie</td>
<td>Pitts Conference Rm. 1&amp;2</td>
<td>6:00pm – 7:30pm</td>
</tr>
</tbody>
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BSWQA Board of Managers

Board of Managers
Cliff Fullerton, MD, MSc, President
Baylor Scott & White Quality Alliance
Dighton Packard, MD, BSWQA Board of Managers Chairman
EmCare
Daniel Demarco, MD, BSWQA Board of Managers Vice Chairman
Digestive Health Associates of Texas, P.A.
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Jim Morrison, MD
Baylor Scott & White Health

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Irving Prengler, MD
Baylor Scott & White Health
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Baylor Scott & White Health
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Texas Colon & Rectal Specialists
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Dallas Diagnostic Association: Plano
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Baylor Scott & White Health
Bill Plummer
Chairman, Altair Global Relocation
Mark Teresi
Baylor Scott & White Health

BSWQA Connect is published quarterly for all Baylor Scott & White Quality Alliance physicians and employees. BSWQA also is available on the BSWQA member website in the “Resources” section under “News.”

Executive Editor: Jean Sullivan, Baylor Scott & White Quality Alliance

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