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BAYLOR Health Care System

For the Health of Texas:

Health Homes for Children and Adults with Chronic Illness

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Looking to the Future

Baylor will Become a High Performing Accountable Health Care Organization

- Value oriented vs. growth – “Pay for Outcomes”
- More integrated clinically and strategically across population
- More patient oriented vs. care oriented (patient engagement and medical home models)

Baylor will Become a High Performing Accountable Health Care Organization, cont'd.

- More responsible and responsive "accountable" health organizations
- More HIT Driven to manage hands off and to measure gaps in care
- More collaborative with others in the community
- More attractive to future physicians and nurses

Baylor Health Care System's Vision for Accountable Care

"By the end of 2012, our patients will readily access a seamless, well-coordinated system of effective and efficient care that begins in their personal lives and extends without variation in quality to every corner of Baylor."

2008 Aim Statement
HealthTexas Quality Committee Retreat

HealthTexas Journey

- Working ahead of the curve, HealthTexas leaders envisioned a Patient-Centered Medical Home (PCMH) for our organization from the time the Institute of Medicine began to influence Family Medicine with the PCMH concept back in 2002.
- HealthTexas initiatives currently in place serve as the gateway to development of our PCMH and include:
  - Adult preventive health services
  - Disease Management Program
  - Roll-out of our Electronic Health Record
  - Physician champions
  - Care coordinators

What is it?

- Redesign of the delivery of healthcare from the medical practice perspective. It is a model based upon:
  - An ongoing relationship between a patient and their primary care physician
  - The PCP leads a team that takes collective responsibility for patient care across a cooperative care network.

An example of a new model of care for the future

Diabetes Health and Wellness Institute

Mission: To improve the care and save lives of people with diabetes by creating a new care model focused on health care, education and research in South Dallas

Linked to the Community and the Community is Linked to Us

- The Diabetes Institute Network brings the specialized programs and services to the community.
- With remote set-ups in selected churches, schools and homes, the community is directly linked to the Diabetes Health and Wellness Institute.
- Operations:
  - Each week we will have remote counseling/educational sessions.
  - Each session is four months so we can follow the results of specific individuals, especially those not able to come to the Center.
  - Track health data
  - This will eventually migrate to the home.

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