



2016 Baptist Physician Partners Value Report





Our 2016 growth and accomplishments demonstrate our commitment to achieve the triple aim — improving the health of our community; delivering high quality health care and more satisfying patient experience, while bending the unsustainable cost curve.

*Timothy Groover, MD, FACHE,
Vice President and CMO, BPP;
A. Hugh Greene, FACHE,
President and CEO, Baptist Health;
Kyle Etzkorn, MD, Chairman, BPP
Board of Managers*

Gaining Great Momentum

2016 was a year of great momentum for Baptist Physician Partners (BPP). We grew our network to nearly 900 physicians, streamlined the membership process, and expanded physician participation on committees. As we grow, we continue to focus on specialty areas necessary to meet the needs of the populations we serve. We engaged the major pediatric specialty groups in joining and successfully added 50+ community-based pediatricians to our network.

Our care coordination efforts this past year have touched more than 3,000 individuals, with encouraging results in patient satisfaction and outcomes. We are now developing a scalable care coordination model, which will be fundamental to the success of BPP.

To demonstrate the value of our network to an increasing number of employers and plan members, BPP signed two new contracts in 2016, with Aetna and AvMed. These upside-only shared savings

contracts provide an opportunity to refine our model as we grow and become more proficient in managing populations and achieving real savings. Our agreement with the Baptist Employee Health Plan continues, and we anticipate additional contracting opportunities to emerge in 2017.

As architects of the future, we continue to develop and utilize the infrastructure required to successfully shift from volume to value, and move toward a risk-based model. Acting in a coordinated fashion and leveraging "systemness," we will decrease unwarranted clinical variation to attain our goal of consistent quality outcomes and exceptional service across all settings of care. Our aspiration is to deliver value-based, patient-centered care of the highest standard and achieve successful performance in payer contracts.

Our roadmap is full of potential and we value your thoughts on improvements that will enhance Baptist Physician Partners in the years to come. Thank you for being on this journey with us.

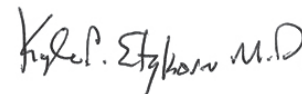
Sincerely,



Timothy Groover, MD
Vice President & CMO
Baptist Physician Partners



A. Hugh Greene, FACHE
President & CEO, Baptist Health



Kyle P. Etzkorn, MD
Chairman, Board of Managers
Baptist Physician Partners



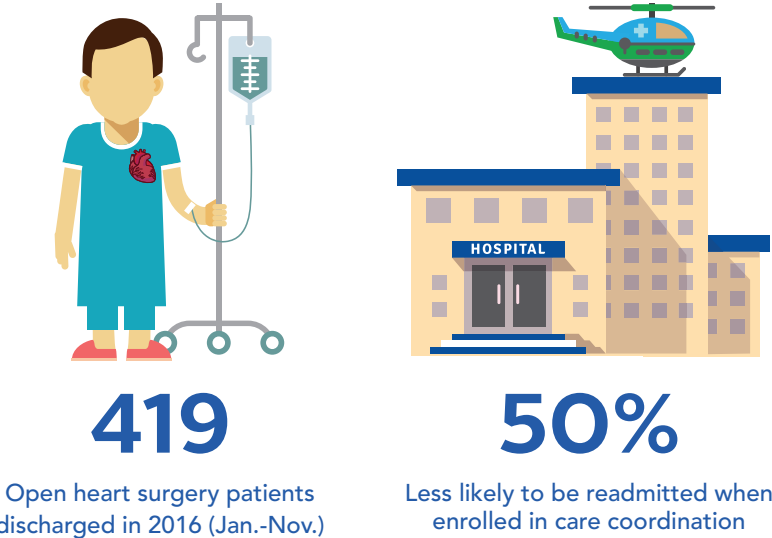
Nurse care coordinator Veronica reviewing outcomes with patient at Baptist Primary Care Mandarin South

Evolving Our Care Coordination Model

It has been rewarding to see the impact that care coordination has had on our patients and families – improving health outcomes, enhancing the patient experience, reducing costs and minimizing duplication. As we have developed and matured our care coordination service, we have touched more than 3,000 patients.

Initial results have been promising. For example, “high utilizer” patients under care coordination for a two-year period (CY15-16) had a 20 percent decrease in acute encounters. High utilizers are defined as patients with three or more acute encounters (admissions, ED visits, or observation stays). In addition, we’ve reduced readmissions for open heart surgery patients by 50 percent.

REDUCING READMISSIONS



Narrowing Our Focus

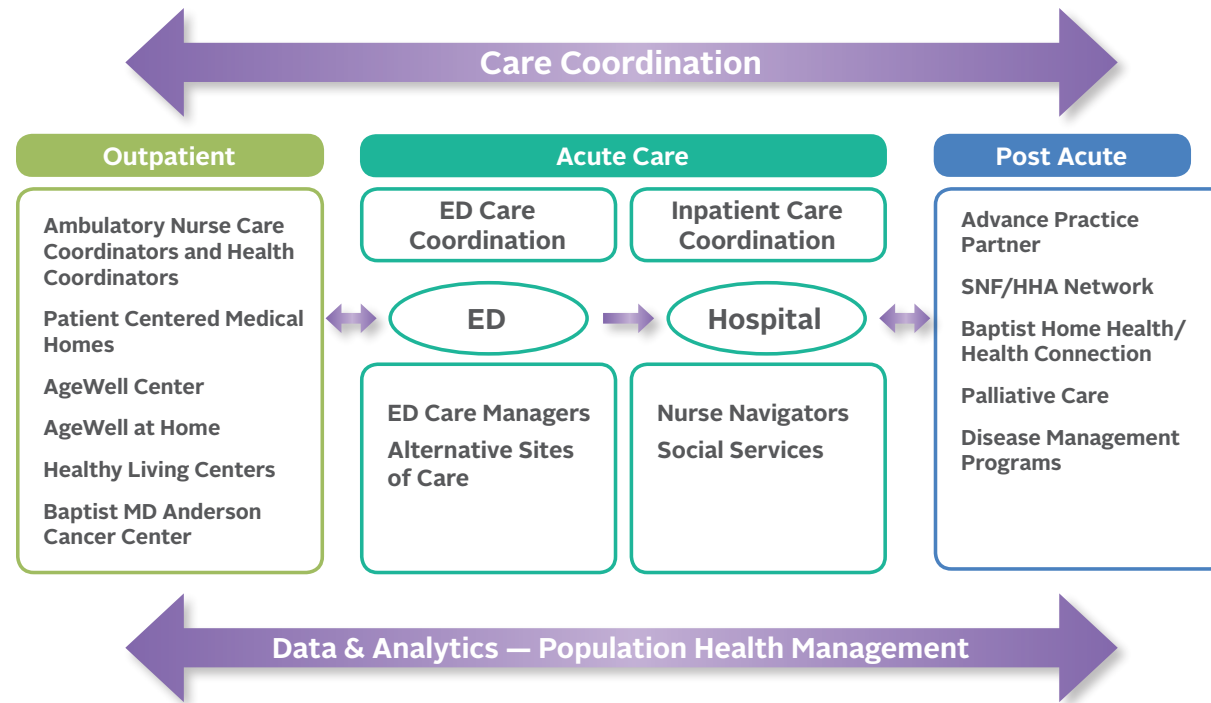
Our initial service model focused on medically complex patients, those with newly diagnosed or poorly controlled diabetes, and high utilizers of acute care services. Launching the service without regard to payer allowed us to refine our model and understand how to provide the greatest value to patients and provider care teams.

To support BPP’s current and future value-based contracts, our care coordination model has rapidly evolved. In the latter part of 2016, BPP care coordinators narrowed their focus to closing care gaps and improving the delivery of high-quality, coordinated care for covered lives with chronic diseases.

To date, 20 of our primary care offices have nurse care coordinators integrated into the practice setting. To support those primary care offices without an embedded coordinator, we created a centralized care coordination team comprised of three nurse care coordinators, one social worker, one nurse care coordinator/certified diabetes educator and two health coordinators. By working at the top of their licenses, this diverse team can meet the needs of the entire person focused on clinical, psychosocial, transitional care, care gap closure, and wellness promotion.



CARE COORDINATION SERVICE



It is important to closely collaborate and align objectives across the ambulatory, emergency, inpatient, and post-acute settings. Seamless communication and documentation tools, standardized workflows and close relationships will help us improve quality, patient experience, efficiency and total cost of care.

Looking Toward the Future

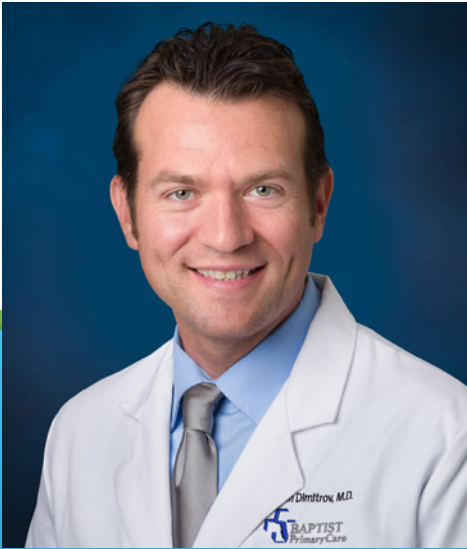
Under the direction of Mary Leen, DNP, ARNP, a care coordination steering committee was convened in 2016. This multidisciplinary group of clinical, administrative and physician leaders regularly meet to ensure all contracted plan members accessing the health system experience coordinated, high quality, and efficient care. These goals are accomplished through the sharing and implementation of best practices across the care continuum, the reduction of waste and duplication of services, and use of technology to support workflow, communication and future growth.

The development of a scalable care coordination service will be fundamental to the success of BPP.



It takes a village: why team-based care is better for patients

by Adam Dimitrov, MD, Baptist Primary Care,
BPP member and champion of care coordination



As health care shifts its focus from volume to value, the concept of team-based care will become more prominent to improve the health and experience of our patients. This is especially true for patients who have multiple chronic medical conditions or frequent hospitalizations. Having a care coordinator in a practice is a game-changer. It's all about increasing "touch points" of care between visits, whether in person or on the phone.

For some of our patients, the care coordinator serves as a health coach, not only helping them navigate a complicated medical system, but also motivating them toward reaching their health care goals. And the interaction is rewarding for us as physicians as well.

Some of my favorite visits are when I am with the patient, their caregiver, and our care coordinator, Dana Moser. The discussion rises to a higher level. We may engage conversation about end-of-life care. We may identify various specialists who we need

to interact with to better understand the treatment plan. We may discuss strategies to avoid further emergency room visits when at all possible. We may provide diabetic education at the practice level when a patient is overwhelmed with learning they now have diabetes.

The model is evolving as we determine what is better accomplished at the practice level as opposed to a centralized resource. In all, it does serve as a great example of collaboration between our hospitals and our primary care physicians as we move one step closer to demonstrating value.



‘Tough guy’ relies on care coordinator’s soft touch

James Keith, 77, sees six specialists and takes 24 pills a day. Despite that, he’s “doing pretty well” and credits his nurse care coordinator,

Laurie Krause, for helping to get his health on a better path.

James has atrial fibrillation, as well as a host of other conditions, including COPD, diabetes, hypertension and Crohns disease among others.

Before Laurie was helping him manage his health, keeping up with the multitude of details, doctors and medications was challenging. “My job is to make things easier for my patients, whatever that entails,” said Laurie.

“For James, I make sure he’s going to his appointments, work with his specialists to coordinate his care, and help him monitor his own health on a daily basis,” said Laurie. Educating patients so they can self-manage their condition is part of what makes the program effective.

Laurie created a chart for James to track his blood sugar, blood pressure, weight and medications. He’s using the chart twice a day now to make sure everything is on track. If it isn’t, he lets Laurie know.

As a Navy veteran and retired truck driver, the routine fits his personality, and it’s helping – James hasn’t been hospitalized since June 2016. Before Laurie was his nurse coordinator, James was in the hospital four times in six months.

“His A1c levels are back in a good range now and his blood pressure and weight are steady,” said Laurie.

“I was able to talk to Laurie right off the bat,” James said. “She calls twice a week to check up on me and I’m able to call her at work if I have any questions. She always straightens things out.” James sees Laurie every other week when he comes in to see his doctor at Baptist Primary Care Lane Avenue.

“I’ve never met anyone else like him. He’s a very tough guy who is very fragile medically,” said Laurie. “It feels good to help him.”

Managing Each Level of Risk

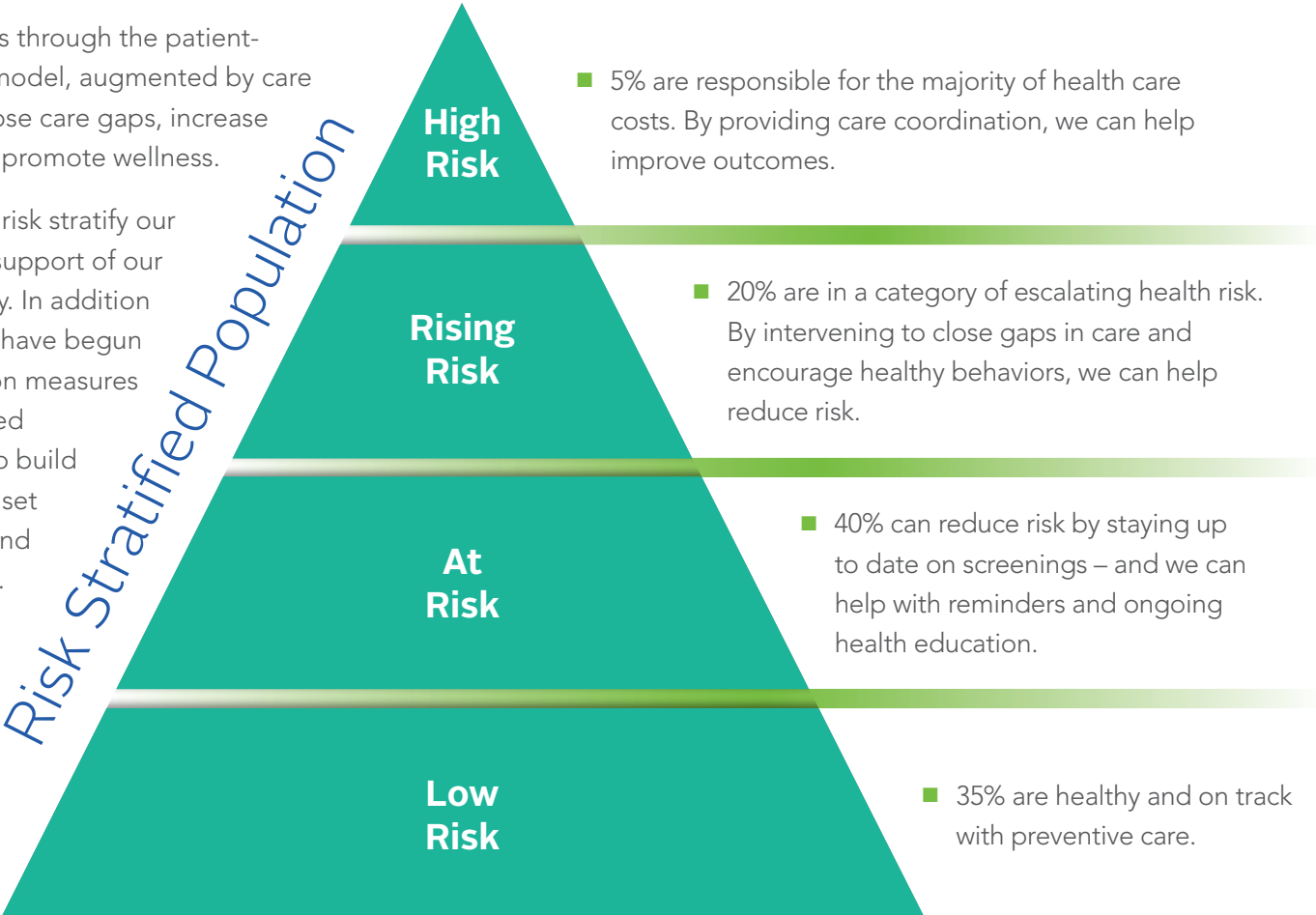
Contracting Employee Health Plan

BPP's initial focus was on the high-risk population within the nearly 17,000 member Baptist Employee Health Plan. In 2016, we developed strategies for each level of risk, to proactively minimize an individual's likelihood of advancing to a higher risk bracket.

We are accomplishing this through the patient-centered medical home model, augmented by care coordination efforts to close care gaps, increase patient engagement and promote wellness.

We regularly analyze and risk stratify our managed population, in support of our care coordination strategy. In addition to monitoring quality, we have begun to track cost and utilization measures for each of our value-based programs. We continue to build and expand our measure set to align with our clinical and contracting requirements.

Different levels of disease risk require different levels of intervention, care management, and resources.



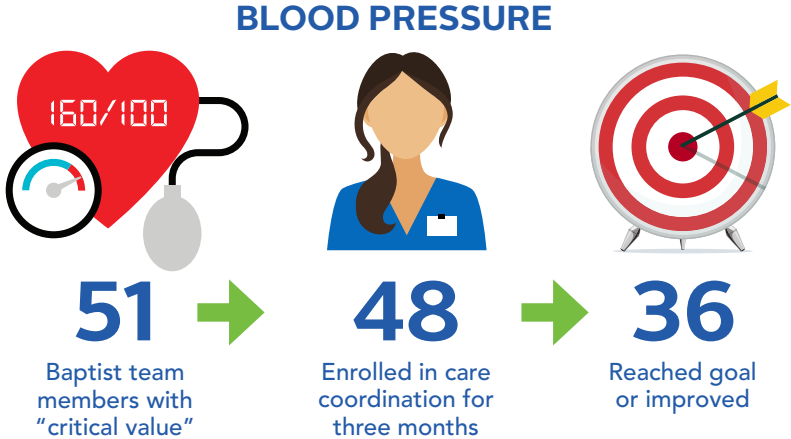
Using Data to Focus Resources

The roll-out and optimization of Explorys, BPP’s data analytics tool allowed us to target our efforts to achieve specific goals for breast and colorectal screenings within the Baptist Employee Health plan membership.

For members with rising risk, we encourage the PCP-patient relationship and provide care coordination services to help manage chronic diseases. Thanks to near- real-time reporting, we are able to engage members who recently had an emergency visit or acute inpatient stay to assist with the transition of care and help prevent possible readmission. The focus is always to connect patients to the most appropriate resources.

Providing Support at Open Enrollment

We participated in the 2016 Open Enrollment biometric screening of 6,530 Baptist team members, offering our care coordination services for rising risk, managing follow-up of those with critical values, and linking employees to BPP primary care physicians. Results have been encouraging (see infographic on right for one example). In collaboration with Baptist’s wellness team, BPP continues to work closely to increase plan member engagement in health.



“ Being new to the city and to Baptist, finding suitable providers was a daunting task. The BPP Care Coordination team took the stress out of finding all of my providers and coordinating my appointments. ”

- Sharon Quarterman
Baptist Health team member



Employee Health Plan Results

We are pleased to share that we met the quality “gate” threshold for 2016. To be eligible for any potential shared savings, it was necessary for BPP to meet at least 4 of the 8 quality measures. BPP surpassed this goal, meeting 6 of 8 measures.

The BPP leadership team is focusing on improving performance in the coming year. The work of the Adult Clinical Transformation Council and diabetes-focused Clinical Transformation Workgroup are expected to help improve the A1c testing measure.

As we preliminarily look at the total cost of care for the 2016 contract, it appears that we managed to reduce medical costs to 2014 levels. In collaboration with the providers, care coordinators and Baptist wellness team, we have begun to bend the cost curve — but there is more work to be done.

While there were fewer prescriptions written and BPP met its generic prescribing rate measure, we saw an increase in projected drug claims per member per month, not unlike what has been seen throughout the country. We are working with the Health Plan to determine how best to set future targets, possibly separating the medical and drug pools and/or carving out specialty drugs. Additionally, we have identified an opportunity to reduce ED utilization for “divertible” diagnoses that can be handled in an alternate care setting, such as a PCP visit or convenient/urgent care. By convening a group of multidisciplinary stakeholders, analyzing data, and educating plan members, BPP can make a positive impact related to cost, outcomes and experience.

2016 Baptist Employee Health Plan Measure Results

Measure Name	Results	Target
Breast Cancer Screening		75%
Colorectal Cancer Screening		46%
Diabetes Care HbA1c control less than 8.0%		67%
Diabetes Care HbA1c Testing	 90.5%	92%
Diabetes Care Medical Attention for Nephropathy		80%
Generic Prescribing Rate		83%
Ped: Childhood Immunization Status Combination 3	 40.3%	41%
Ped: Asthma Medication Ratio (Ages 5-18)		94%
Controlling High Blood Pressure	Measure Only	

Reporting Timeframe:

January 1, 2016 – December 31, 2016

Data Source(s): All measures are based on claims data only, with the exception of Diabetes HbA1c Control <8%. DM A1c <8% is based on data derived from claims, as well as EMR data from Baptist hospitals, primary care and cardiology practices.

We plan to share the final results at our Fall Annual Meeting and formal communication to physician members.



Sadie and Anna are tackling diabetes together

When Sadie Wells had blood work taken at her doctor's office, she was shocked by the results. Her A1c level had reached 16.4 due to untreated diabetes – nearly three times the normal level. Sadie had been diagnosed with diabetes four years ago.

"Getting patients to manage their diabetes can be difficult in the early stages because they may feel OK," said Anna Barrett, Sadie's nurse care coordinator. "But left untreated, it can lead to serious health issues. Once patients realize this, they're more willing to take control."

This time, Sadie was ready to make changes and Anna was right by her side to help. Anna taught Sadie to track her blood sugar twice a day. "If it's too high, Sadie records what she did differently so she knows what to do to keep it in a better range."

Anna has helped Sadie with nutrition – teaching her to eliminate simple carbohydrates and eat a more well-balanced diet. She's also encouraged her to get more exercise. In just three months, Sadie's A1c level has gone down to 12.4, which is still elevated but headed in the right direction.

"I feel much better and have more energy now," said Sadie, who works the night shift at Baptist Health. Sadie is one of nearly 17,000 members in Baptist Employee Health Plan who are seeing health improvements through care coordination.

"I know how to eat healthier and how to keep my blood sugar in a good range. I feel like I'm finally getting my health under control."

Expanding Our Shared Savings Agreements

In 2016, BPP contracted on behalf of its physician members to participate in, and deliver on the promise of, two new value-based plans. These shared savings arrangements have upside risk only, and they offer members the promise of better health, better experiences and better value.



AvMed Engage is an HMO plan that positions the Primary Care Physician at the center of the member's health care. The member and chosen PCP work together toward better health and the member benefits from the predictability of copay-based plan designs, plus the promise of a fully coordinated health experience.

AvMed Empower offers a broader Point of Service network. While members also have access to the full AvMed Network and out-of-network options, the high-value network delivers a coordinated health experience that begins with the member's first no-cost visit and continues throughout the entire journey to better health.

Total members: Approximately 500 employees who live or work in Duval, Clay, Nassau, St. John's or Baker counties and their enrolled dependents. These individuals work at employers of all sizes from less than 10 employees to several thousand.



Aetna Whole HealthSM is a new health insurance option available to fully insured and self-insured employer groups. It focuses on wellness and disease prevention, while providing comprehensive access to the most sophisticated medical and surgical treatments available in the region.

Aetna Whole HealthSM is a narrow network product including St. Vincent's and Baptist Health networks. Features include:

- Enhanced coordination of care between doctors and other care providers;
- Improved patient experience through best-in-class care management programs;
- Use of advanced technology that delivers actionable data and quality information to providers;
- Lower out-of-pocket costs for members who see providers that are part of the Aetna Whole HealthSM network; and
- Better health care outcomes for patients.

Mission

The mission of Baptist Physician Partners is to shape the future of health care in our community through an integrated partnership of providers and Baptist Health hospitals working collaboratively toward common goals for improving quality, safety, efficiency and outcomes for our patients.

Vision

- Develop a physician-driven network with strong citizenship and leadership representation from multiple specialties
- Align incentives for all stakeholders that reward demonstrated performance
- Foster a culture of collaboration between physician and health system leadership
- Utilize a data-driven approach that provides accurate, available, reliable, real time, granular data at the physician level to improve the quality of care to the patient
- Demonstrate clinical excellence that is recognized by patients, payers and employers
- Optimize service line delivery in a patient and family-centric model that results in the highest quality of care



Left to right: Keith Stein, MD, Senior Vice President and Chief Medical Officer, Baptist Health; David Rice, MD, Vice President and Chief Quality Officer, Baptist Health; and Timothy Groover, MD, Vice President and Chief Medical Officer, Baptist Physician Partners

2016 Milestones

March

- Expanded care coordination team to include health coordinators

June

- Completed implementation of Care Director (documentation care planning tool) for all ambulatory care coordinators

July

- Signed AvMed shared savings agreement

August

- Successfully began evolution of Performance Improvement Committee to Clinical Transformation Council
- Signed Aetna Whole Health agreement

September

- Hosted 3rd Annual Meeting of physician members
- Expanded care coordination team to include social worker

Fall

- Initiated multi-disciplinary care coordination steering committee to align efforts across care continuum at Baptist Health

Fall/Winter

- Launched rollout of Inform Physician Dashboard to Baptist Primary Care PCPs, providing access to their metric performance to date
- Baptist Health invested in technology to facilitate data flow in the care continuum

December

- Adopted Physician Compact, as part of BPP Physician Participation Policy
- Launched multi-disciplinary Clinical Transformation Workgroups focused on diabetes and COPD
- Nemours agrees to join BPP as participating physician members
- Tweaked care coordination model to shift focus from payer agnostic approach to contracted lives
- Touched over 3,000 patients in our care coordination service



Liz Goss, Manager of Population Health Analytics, reviews Explorys data and physician dashboards with Baptist Primary Care physicians, Eric Rosemund, MD, Alejandro Traveria, MD and Joseph Czerkawski, MD.

Enabling Clinical Integration and Excellence

Care Planning & Documentation

When Baptist Physician Partners launched our care coordination service, we knew we would need new ways to provide consistent documentation, discrete data for analysis, and information that could be shared with multiple providers across the care continuum. When we started this journey two years ago, care planning notes and documentation resided in the ambulatory EMR as free text notes.

As of June 2016, we completed the successful implementation of a standardized documentation and care planning tool for our ambulatory care coordinators.

This electronic management system streamlines a care coordinator's workflow. Care coordinators manage patients via "worklists," allowing them to prioritize patient outreach and follow-up based on status. Evidence-based guidelines, based upon Milliman MCG content, are utilized to facilitate care planning for those patients requiring chronic disease management, care transitioning and wellness coaching. The reporting functionality allows BPP to query and track care coordination activities, in addition to monitoring disease-specific care allocation across the care coordination team.

As we continue to develop our model of care coordination across the continuum, system integration and consistent documentation by members of the care team in the acute care, emergency, and post-acute settings will lead to greater clinical integration, communication, patient data sharing and efficient care transitioning.

Data Analytics Platform

Physicians in our network want the tools that provide a longitudinal view of a patient's health status, outreach activities across the care continuum, and risk stratification of the measured population.

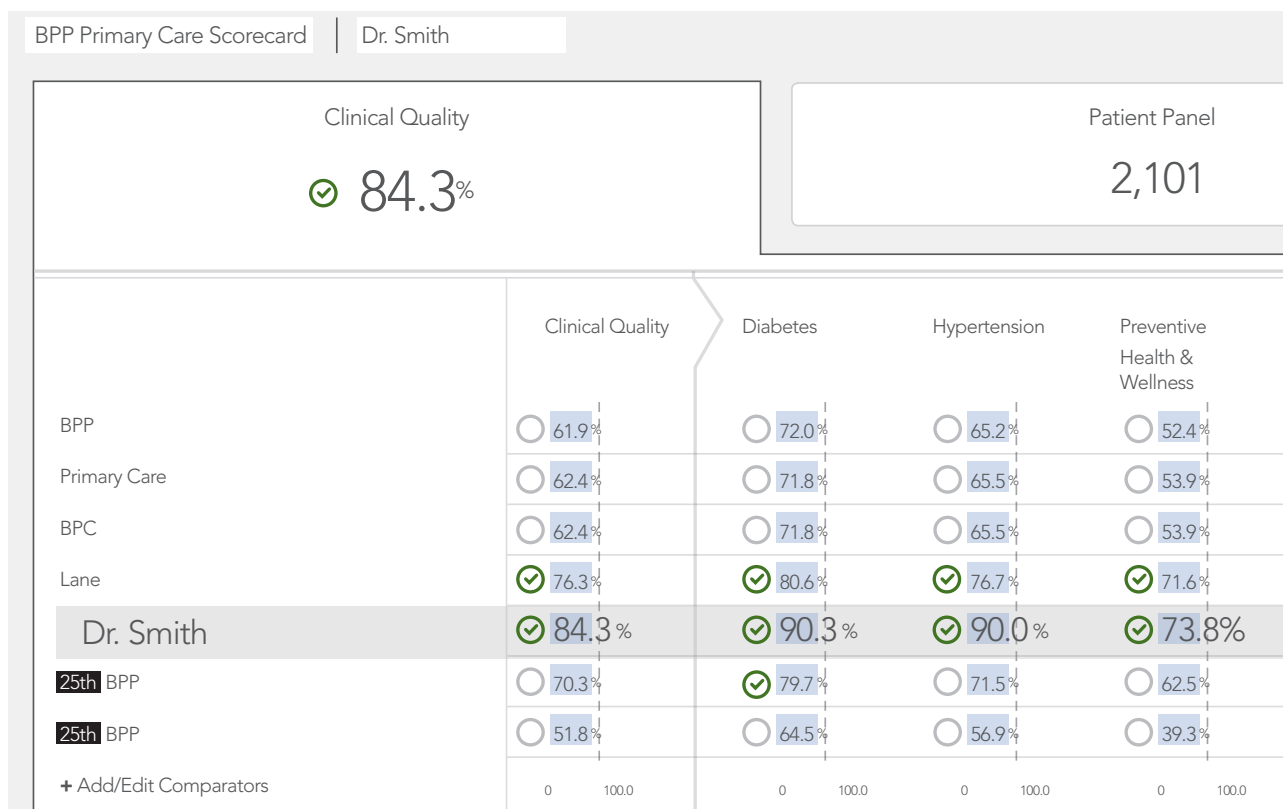
Having chosen IBM Watson Health's Explorys as the platform to meet our data analytic and reporting needs, we are currently working to operationalize and optimize this powerful tool.

To date, three EHRs and one claims data set have been integrated into Explorys, in support of our Baptist Employee Health Plan contract. These include:

- Cerner (Baptist Health hospitals),
- Touchworks (Baptist Primary Care),
- NextGen (Baptist Heart Specialists), and
- Baptist Employee Health Plan Claims Data (Florida Blue)

Additional EHR and claims data source integrations are expected in 2017 to support our AvMed and Aetna payer arrangements.

Inform Physician Dashboard



Physician Dashboard

Baptist Primary Care internal medicine and family practice physicians received training and access to Explorys' tools, including the Inform physician dashboard, in late 2016. These physicians can now monitor their quality measure results and identify opportunities for their patient panels, more easily identifying non-adherent patients or those with potential care

gaps. Many practices have successfully improved their measure results by incorporating the use of Explorys into their workflows to identify and address patient opportunities.

As additional EHR data sources and measures are added, we expect to broaden the Explorys rollout and access for BPP specialists.



Clinical Information Exchange

In the drive to provide safer, more reliable care within our network and beyond, we have invested in health interoperability solutions for connected health care.

As part of this effort, Baptist Health has launched a secure, private health information exchange (PHIE) designed to equip provider members with a secure and efficient way to record, access and exchange clinical data – no matter what electronic medical record (EMR) technology they use.

By enabling information to be securely exchanged between disparate electronic medical record systems that are not otherwise linked, the Baptist Connect PHIE enables smoother patient transitions from one care setting to another, and helps streamline provider workflows.

Our goal is to enable safer, quicker, more informed decisions at the point of care by providing secure provider access to clinical data from across the community. We want to make it easier for physicians to provide care that is always safe, results in the best possible outcomes and meets patient expectations.

“As care models shift from patients to populations, we must have the tools to enable providers from different networks to manage care in an integrated way.”

- Todd Snowden, MD, Chairman
Information Technology Committee
Baptist Physician Partners

Baptist Physician Partners Compact

In recognition of the critical role that Baptist Physician Partners' ("BPP") participating physicians ("Participants") play in the success of BPP and the achievement of BPP's collaborative goals, and the mutual commitment that Participants, BPP's physician leadership, and administrative team have made toward improving quality, safety, efficiency and outcomes for the managed population(s), Participants, BPP's physician leadership, and administrative team shall comply with the following:

Participants shall:

- Employ best clinical practices, using evidenced-based (or consensus) medicine whenever possible;
- Adhere to the quality, safety, efficiency, cost-containment and clinical integration goals and initiatives developed by BPP;
- Attend and actively participate in clinical, quality, population health and other BPP meetings in order to enhance patient care and population health management;
- Treat patients, clinical and non-clinical team members (of all levels) and fellow Participants with courtesy and respect;
- Be mindful of the patient's best interest when collaborating with clinical team members and fellow Participants;
- Assist Participant's Group in its effort to provide 24 hour availability within Participant's specialty to BPP covered lives;
- Support the continuity of emergent patient care for BPP covered lives by providing reasonable emergency call coverage at BPP Participant hospitals within the standard of care of Participant's specialty;
- Abide by decisions of BPP's physician leadership and administrative team; and
- Comply with the terms of the BPP Participation Agreement and BPP's policies and procedures.

BPP's physician leadership and administrative team shall:

- Respect Participants' professional autonomy and expertise in their respective specialties when developing BPP guidelines, and seek and carefully consider feedback from Participant groups;
- Provide clear and timely information to Participant groups regarding BPP initiatives through diverse means of communication;
- Provide appropriate feedback to Participants to help maintain and enhance the delivery of patient-focused, high-quality, efficient and cost-effective care;
- Be transparent in business decisions and negotiations that might impact Participants;
- Respect the confidentiality of Participant-specific quality, safety, efficiency and cost-containment data;
- Seek to provide leadership opportunities (or other opportunities for involvement in BPP activities) to interested Participants; and
- Comply with the terms of the BPP Participation Agreement and BPP's policies and procedures.

To clarify expectations of participating members as well as BPP administration and leadership, a compact was crafted by the Membership & Quality Committee under the direction of Richard Picerno, MD, committee chairman. It was adopted with unanimous approval by the Board of Managers.



Patients feel like they have an advocate

by Aristides Sastre, MD, Baptist Primary Care, BPP member

“Having a care coordinator as part of our team has fundamentally changed the way I have been able to care for many of the more complex patients in my practice. Ruby Rupac, our nurse care coordinator, has been instrumental in discerning patients’ physical and emotional needs. She’s discovered barriers to treatment and has anticipated ways in which patients might need additional assistance. This has directly translated to decreased Emergency Room visits and hospitalizations and overall, improved outcomes. With Ruby on their side, patients always feel like they have a navigator within the health care system and an advocate on their behalf.

“I had the pleasure of recently caring for a Baptist Health employee’s family member. Through care coordination, we helped him make a smooth transition from the hospital, coordinated specialist appointments and adjusted medications even before he became a patient at our practice. He expressed his gratitude for the level of care he received through the whole process and was impressed with his entire Baptist Health experience.”

Committees

In 2016, we expanded physician participation on committees, reaping the benefits of provider support, dedication and engagement from the growing BPP network.

Membership & Quality Committee

This Committee identifies and validates membership needs, reviews applications, and makes recommendations to the Board of Managers. The Committee develops the education and communication plan to support Initiatives and engages Baptist Health and the broader medical staff.

Key milestones/achievements:

- Developed Compact, as part of BPP Physician Participation Policy, to outline expectations of participating physicians and BPP administration and leadership.
- Researched available tools and industry standards to explore network adequacy by specialty.
- Further refined membership review and consideration process.

Information Technology Committee

This Committee helps to develop the ambulatory vision and goals for IT, facilitates communication of IT information to ambulatory physician leaders, and identifies/proposes solutions to enhance physician-to-physician communication and the patient experience by leveraging new and existing technologies.

Key milestones/achievements:

- Oversaw development and rollout of Inform Physician dashboard to BPC.
- Ongoing operationalization of Explorys, to include finalization of policies and procedures, and future data source integration (EMR and claims data).
- Initiated the development of a data use and security policy.
- Baptist Health implemented technology to facilitate data flow in the care continuum.

Finance & Contracting Committee

This Committee evaluates the market's readiness to adopt CI payment models, identifies available contracting options to fund network development, and develops the distribution methodology that supports network objectives.

Key milestones/achievements:

- Put forth recommendation for Aetna Whole Health agreement (upside-only shared savings narrow network joint product) and AvMed agreement (upside-only shared savings, based on existing PCP attribution).
- Hosted first round of open forums to review contract summary documents sent to Contract Approval Persons.
- Developed speaker series for Finance & Contracting Committee to become more educated about contracting options and opportunities available to BPP (i.e.: Medicare Advantage [MA], Medicare Shared Savings Program [MSSP], bundles, etc.).

Clinical Transformation Council (CTC)

This Committee is the evolution of the Performance Improvement Committee, and is focused on creating a culture of clinical reliability that embraces the delivery of high-value care and resource stewardship. This is accomplished by working with BPP leadership to identify and prioritize unwarranted variation reduction opportunities. The CTC convenes expert, multidisciplinary Clinical Transformation Workgroups (CTW) to collaboratively develop and refine guidelines for approval by the CTC. The CTC oversees implementation efforts to ensure that BPP and its participating members adopt best practices to achieve the right care.

Key milestones/achievements:

- Defined “right care” and roles & responsibilities for newly formed CTC, CTW and implementation teams.
- Launched inaugural two CTWs focused on diabetes and COPD.
- Hired Project Manager to support efforts of CTC.



Clinical Transformation Council members ensure BPP members adopt best practices to achieve high-value care and resource stewardship, with quality as the leading driver.

Board of Managers



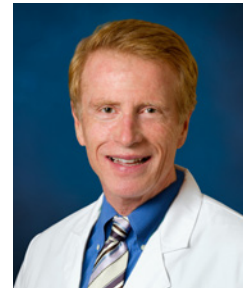
Kyle Etzkorn, MD
Chairman



Jennifer Fulton, MD
Vice Chairman



Timothy Groover, MD,
FACHE
Chief Medical Officer



Paul Dillahunt, II, MD



Michael Erhard, MD



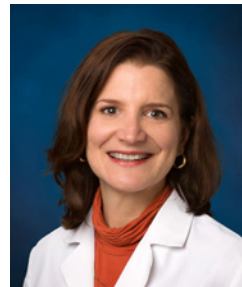
A. Hugh Greene, FACHE



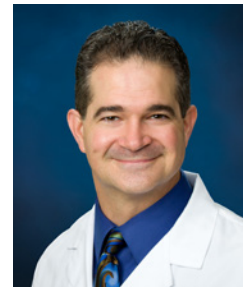
Cam Greene, MD



Ceree Harden



Ilene Levenson, MD



Richard Picerno, MD



David Rice, MD



Todd Snowden, MD



Keith Stein, MD,
FCCM, FCCP



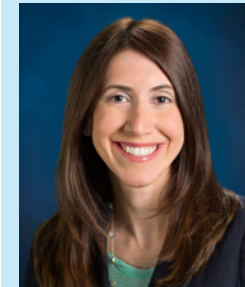
Mark Stich, DO



John Wilbanks, FACHE



Scott Wooten, FACHE



Sharon Kaplan, FACHE
Executive Director
Baptist Physician Partners

Care Coordination Across the Continuum

Expanded Care Coordination Role to Encompass Additional Care Settings



Mary Leen, DNP, ARNP
Executive Director
Care Coordination
Baptist Health

In April 2017, Mary Leen, DNP, ARNP was promoted to Executive Director of Care Coordination for Baptist Health, in recognition of her successful efforts over the past two years to build an ambulatory care coordination model to support Baptist Physician Partners' clinical

integration strategy. In this expanded role, Mary will provide strategic leadership and collaborate with leadership, medical directors, and care managers across all disciplines to ensure care is clinically integrated across **emergent, ambulatory, acute, and post-acute settings**.

Dr. Leen will retain her key role with ambulatory care coordination, adding oversight to the ED care managers, social work, and inpatient care navigators. In addition to her original leadership team including Katie Kiley, BSN, RN and Sandra Jenkins, MBA, BSN, Dr. Leen is fortunate to assume oversight of three experienced leaders, Adama Kaffa, MBA, BSN, Ellen Schmitt, LCSW and Tasha Thomas, MSN, RN.



Sandra Jenkins, MBA, BSN
Advance Practice
Partner, BPP



Adama Kaffa, MBA, BSN
ED Care Manager, Lead
Baptist Health



Lisa Kidd, MSN
Administrator, Baptist
Home Health Care



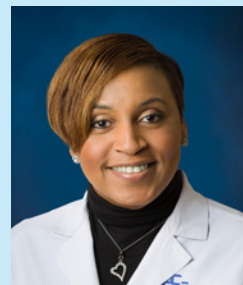
Katie Kiley, BSN, RN
Manager, Ambulatory
Care Coordination, BPP



Ellen Schmitt, LCSW
Director, Social Services,
Baptist Health



Amy Rosa, DNP, MSMI, RN
Chief Nursing Information
Officer, Baptist Health



Tasha Thomas, MSN, RN
Director, Nurse Navigators
Baptist Health

By working collaboratively with key stakeholders, including Lisa Kidd, MSN and Amy Rosa, DNP, MSMI, RN, this expanded team will combine efforts to achieve the triple aim of better health, care and cost and help ensure Baptist's future success in a value-based environment.

Committee Members

FINANCE & CONTRACTING

Michael Erhard, MD, Chair

Philip Boyce
Cheryl Dixon, MD
Joseph Greenhaw, MD
Ceree Harden
Roger Miller, MD
Pamela Rama, MD
Bruce Steinberg, MD
Richard Stromberg, MD
Jeff West, MD

INFORMATION TECHNOLOGY

Todd Snowden, MD, Chair

H. Dale Boyd, MD
Charles Cobb, MD
Adam Dimitrov, MD
Roland Garcia
Terry Hayes, MD
Girish Shroff, MD
John Vu, MD

MEMBERSHIP & QUALITY

Richard Picerno, MD, Chair

Patricia Calhoun, MD
Perry Carlos, DO
Hiram Carrasquillo, MD
Catherine Graham
Peter Harding, DO
Kurt Mori, MD
Prabodh Ranjan, MD
Jeffrey Smowton, MD
John Wilbanks, FACHE
George Woodward, DO

CLINICAL TRANSFORMATION COUNCIL

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Cam Greene, MD, Vice Chair

Ed Gorak, DO
Liz Goss
Tim Groover, MD
Sharon Kaplan
Mary Leen, DNP, ARNP
David Rice, MD
Matthew Rill, MD
Keith Stein, MD

Physician Network (March 2017)

Advanced Dermatology & Cosmetic Surgery
AgeWell Physicians, Inc.
All About Kids and Families Medical Center
Amelia Anesthesia, PL
Amelia Internal Medicine
Anthony Capasso, MD
Baptist Behavioral Health, LLC
Baptist Cardiology dba Baptist Heart Specialists
Baptist ENT Specialists, Inc.
Baptist MD Anderson
Baptist Neurology, Inc.
Baptist OB-GYN
Baptist Pediatrics, Inc.
Baptist Primary Care - Internal Medical Group
Baptist Primary Care, Inc. (Including Endocrinology)
Baptist Pulmonary Specialists, Inc.
Barbara O'Reilly, MD, PA dba Oceanside Pediatrics
Beaches Eye Center, PA
Beaches Facial Plastic & Nasal Surgery Center
Beaches Pediatrics, PA
Beaches Urology
Borland Groover Clinic, PA
Bowden Eye & Associates
Cardiothoracic & Vascular Surgical Associates
Cecilia C. Olazar, MD dba Arthritic Diseases Clinic
Clinic for Kidney Diseases, PA

Dermatology Specialists of North Florida, PA dba
John P. Kartsonis, MD, PA
Drs. Mori, Bean & Brooks, PA
Eighth Street Foot and Ankle dba Harris Foot
and Ankle
Ellison Vein Institute
Emergency Physicians, Inc., dba Emergency
Resources Group
FABEN Obstetrics & Gynecology, LLC
Family Allergy & Asthma Consultants
Florida Anesthesia Associates, Inc.
Florida Physician Specialists, dba McIver Urological
Clinic Division
Hospital Specialists, PA
Jacksonville Anesthesia Corporation, Inc.
Jacksonville Hand Associates
Jacksonville Hospitalists, PA
Jacksonville Multispecialty Group, LLC
Jacksonville Orthopaedic Institute
Jacksonville Pediatrics
James D. Baker III MD PA dba Nephrology Associates
of Northeast Florida
JPFO, LLC dba Futch Podiatry
Lem Turner Family Medical Care
Levenson Eye Associates, Inc.
Lyerly Neurosurgery

Mark A. Messinese MD, PA
Nephrology Consultants of Jacksonville
North Florida Obstetrical & Gynecological
Associates, PA
North Florida Surgeons, PA
Northeast Florida Endocrine and Diabetes
Associates, PA
Pediatrix Medical Group of Florida, Inc. dba Regional
Obstetric Consultants
Physical Medicine Specialists, Inc., dba Brooks
Rehabilitation Medical Group
Physicians Group Services, PA dba Kidney Clinic
of Jacksonville
Podiatry Associates of Florida, Inc.
Respiratory Critical Care & Sleep Medicine Associates
Skin and Cancer Associates
Southeastern Pathology Associates dba SEPA Labs
SRB & Associates, MD, LLC
St. Augustine Pediatric Associates, PA
St. John's Pediatrics, PA
The Carithers Pediatric Group
William J. Namen, II, DPM, PA
Yash P. Sangwan MD, PA

By the
NUMBERS
As of March 2017

921
Physicians in BPP

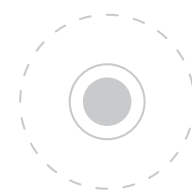
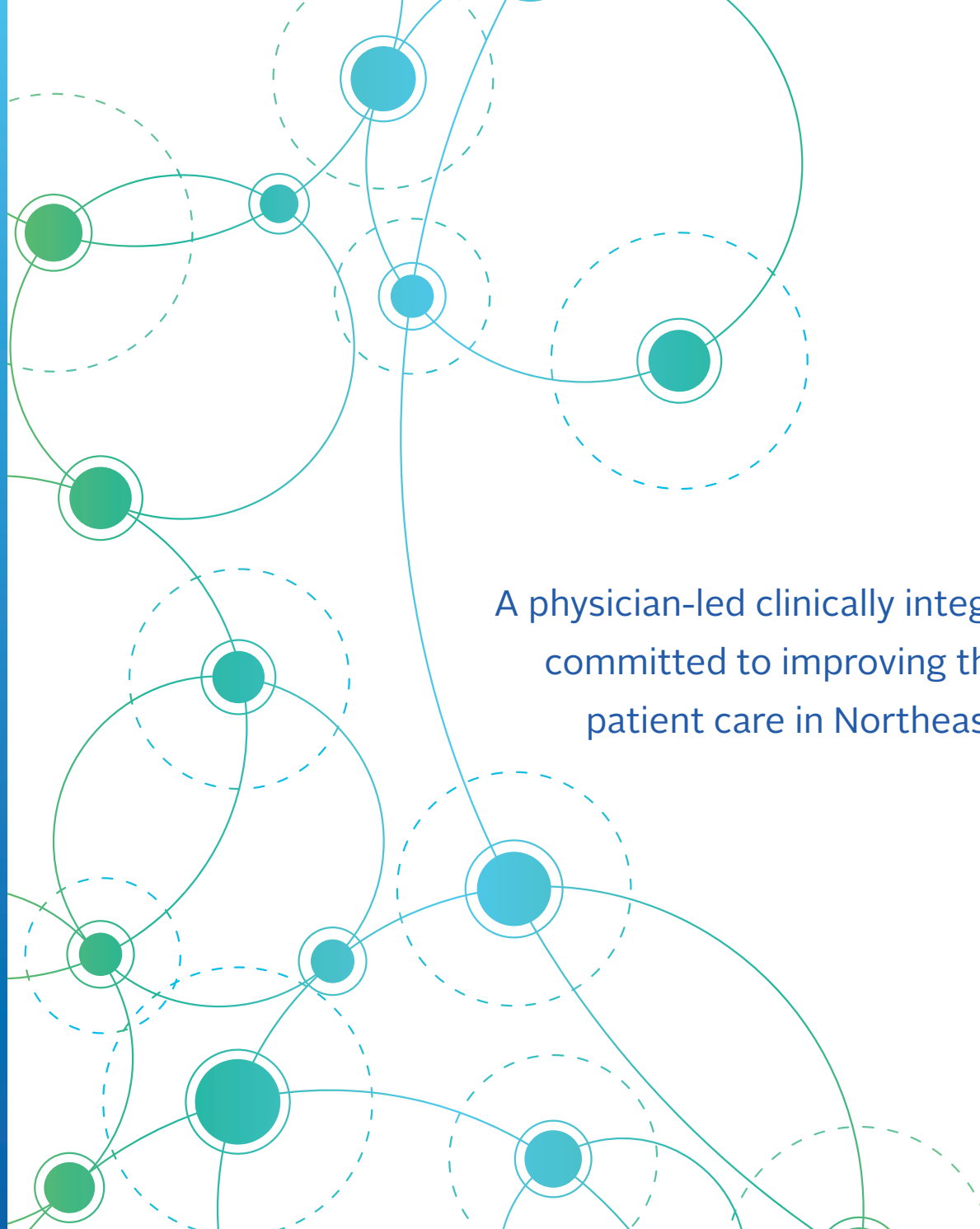
44
Board/Committee
Members

188
Primary Care Physicians

733
Specialists

542
Independent Physicians

A physician-led clinically integrated network
committed to improving the quality of
patient care in Northeast Florida.





Baptist Physician Partners

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