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Healthcare Spotlights

Baltimore Medical System: Mission to Serve

Written by Amanda Gaines
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Ensuring that the uninsured and underinsured have access to healthcare is difficult. Now up the ante to include a patient population that comprises a large number of non-English-speaking immigrants and refugees, and you get an idea of what greets the 330 dedicated employees who come to work for Baltimore Medical System (BMS) each day.

Originally envisioned as a five-year project to establish ambulatory care sites in East Baltimore by the Robert Wood Johnson Foundation in 1979, BMS has now become a major player in the fight to provide uninsured, underinsured, and low-income families in Baltimore—a population that has doubled since 2000—access to healthcare.

According to founding CEO Jay Wolvovsky, the reasons for the growth of BMS's patient population are threefold. First, the country's uninsured and underinsured populations are growing larger each day, limiting their choices for high quality primary care. "We see many people who work for companies that either don't provide health insurance or provide benefits

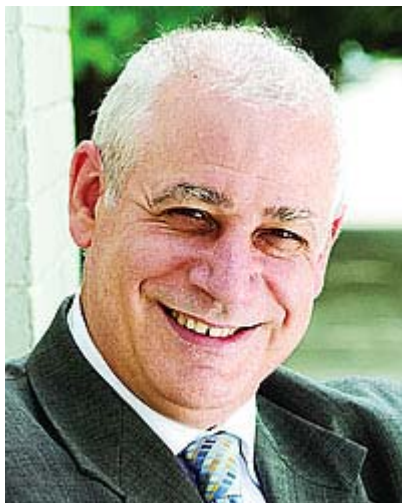


Since 1984, this federally qualified community health organization has found a way to reach the neediest patient populations while others are still figuring out how. 1/2

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Jay Wolvovsky, CEO

that the employees simply can't afford," he said.

Second, during the past 10 years, Baltimore has become a destination for immigrant populations. As this trend became apparent, BMS made a strategic decision to become a multicultural and bilingual organization that welcomes the Hispanic and Latino populations, as well as the myriad others that come to Maryland. Shortly after making that decision, the organization became a contractor to the city and state for accepting new refugees into the country, helping screen for health concerns.

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"We have served individuals from 60 countries, encompassing about 28 languages and dialects," said Wolvovsky. "Today, we probably serve between 8,500 and 9,000 patients for whom English isn't their first language, including the deaf for whom we provide staff-delivered American Sign Language interpretation."

With a total active patient population of 46,000, it's a significant percentage. Combined with a third issue, the divestiture of primary care clinics by a number of area hospitals, and the community health center's consequent adoption of five of those centers, it's easy to see how what was once launched as a part of a five-year Medicare demonstration program has evolved into a 23-plus-year organization with seven locations that are each integral to the health and wellness of their communities.

Maintaining strong relationships

In the course of its history, Joint Commission-accredited BMS has maintained strong relationships with the government at local, state, and federal levels. The reason, said Wolvovsky, is that these entities realize BMS occupies an important niche in the community, from clinical outcomes and financial-based perspectives.

"Due to our flexibility, we can attract the kind of staff we need to deliver on the promises we make," he said. "Whether it's hospitals, payors, foundation funders, or government entities, they want to see the results of their

investment.”

From promising to deliver 500 African American adults into tobacco cessation programs to teaching nutrition to 200 patients with chronic heart disease or diabetes, or applying fluoride to the teeth of 400 toddlers, BMS continues to deliver on its promises. From a financial perspective, hospitals can be assured that there is an ongoing program to care for these patient populations that won't further stretch their charity care budgets.

“The hospitals are happy to work with us because they can't always achieve a viable primary care solution, with a large uninsured population as a part of the service mix,” said Wolvovsky. “We're providing services at a lower per-unit cost than the hospitals, and governments are interested because they can lower their contribution and still see that the services are delivered.”

How it's done

The big question, though, is how. Since BMS does not carry the overhead of a hospital, both administratively and from a facilities standpoint, the care each of its seven facilities delivers is less expensive. It's not that BMS doesn't keep the facilities up to code or that the organization operates in unsafe environments; it's that the organization is not delivering the wide scope of services, nor at the level of intensity, that hospitals do.

“We're extremely focused on primary care and some specialty care, enough to ensure patients have what they need in terms of onsite laboratory or pharmacy and access to specialties like ophthalmology and mental health services,” said Wolvovsky. “The other way we reduce cost is through productivity.”

All of BMS's centers are now connected by a single phone system, which has significantly reduced the call abandonment rate from 40% to 4%. In addition, the organization adopted an open-access scheduling system six years ago that in Wolvovsky's words, “requires you to do today's work today.”

As the majority of BMS's patients are concerned with everyday acute issues, most don't want or need to schedule appointments two and three weeks in advance. The need to see someone immediately is a primary reason why hospital EDs are full of people addressing primary care concerns. With its open access system, BMS only pre-books 40% of its overall visits each day so, when it opens its books at 8 a.m., 60% of its slots are not filled.

"By noon, 100% of our slots are filled," said Wolvovsky. "We tell our patients when they register with us that if they call us before noon on any given day, we will see them that day. This allows the patients to have improved access, but with a scheduled appointment with a clinician—not at all like a walk-in clinic."

It also allows the pre-appointed visits to be filled with patients who will more likely be compliant with chronic disease management appointments or pre-natal check-ups. Consequently, the organization's no-show rate has dropped from above 30% to less than 15%.

Another level of change

To continue in its mission to improve access to healthcare for its communities, BMS has broken ground on a four-story building that will house the Johns Hopkins Laboratory, a contracted pharmacy, other complementary organizations, and one floor for BMS. Located in Highlandtown community of Southeast Baltimore, the LEED-certified facility will replace the organization's current facility, which is its largest, while promoting the kind of health and wellness Wolvovsky believes is an important aspect of the care BMS delivers.

"There is a large connection between the healthcare environment you're in and health outcomes," he said. "If we aren't environmentally conscious in our communities and aren't leaders in making the link in people's minds between the environment and their health, we feel we're being negligent."

The condo regime building is set to be completed in the summer of 2009, and BMS is hoping to bring in other partners centered on health and wellness, such as the Y of Central Maryland. "We want to reduce the disparities and other causes that lead to poor health outcomes, such as asthma, diabetes, and obesity," said Wolvovsky. "By designing a facility that focuses on health through environmental awareness, we hope to bring about another level of change in promoting a healthier Baltimore."

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