Technology connects clinical expertise throughout Central Texas
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Innovation abounds at Baylor Scott & White Health as we continue to bring the right care, to the right place, at the right time for our patients.

Through telemedicine technologies, innovative research, and community programs, we are cutting costs, improving convenience, and helping our patients live healthier lives. With your support and the expertise of so many who make our successes possible, we’re leading the way to a new era in healthcare.

WAYNE FISHER
Chairman, Scott & White Healthcare Foundation Board of Directors

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More at foundation.sw.org/impact/catalyst
Most people are aware of the ways technology has influenced our culture, including how we work, play, and communicate. More rapidly than ever, digital-age technology is shifting the way we deliver healthcare. It is helping to bridge the gap between patients and available healthcare expertise while reducing costs, safeguarding patients’ privacy, and increasing patient convenience.

Simply defined, telemedicine is the exchange of medical information via electronic communications to help improve a patient’s health. While there’s no substitute for the in-person interaction patients share with their caregivers, telemedicine plays a valuable role in enhancing patient health management. As part of its long-term priorities, Baylor Scott & White Health - Central Texas is harnessing the power of technology through telemedicine because of the tremendous opportunity it offers. Telemedicine allows us to leverage our strength by offering expertise and delivering more personalized care in ways convenient to patients throughout Central Texas. It also helps us reach rural and remote areas where physicians may be a long drive away.

Glen Couchman, MD, chief medical officer for Baylor Scott & White Health - Central Texas, says, “We know we can provide good...”
Although telemedicine has been used for decades by hospitals seeking to extend care to patients in remote areas, its use has dramatically increased, driven in part by consumers who want convenient, quick-response solutions to their health. This, for example, is why we’ve seen a rise in popularity of biometric and fitness applications or “apps” on mobile phones. For patients suffering from the common cold or chronic illnesses that require frequent care, telemedicine plays an important role because it helps ease the healthcare interaction, especially for those who must travel a great distance to seek expertise. In some cases telemedicine plays a critical role for those experiencing a health crisis.

**Pediatric video visits**

Last June, McLane Children’s Scott & White launched a pilot program that evaluates the use of video visits. These are virtual visits with healthcare professionals who can connect in real time with their patient through a video link (much like Skype) via secure internet access. The test program is available for patients who have seen Stephen Ponder, MD, a pediatric endocrinologist, or Ashis Barad, MD, a pediatric gastroenterologist, within the last 12 months. These physicians, like many at Baylor Scott & White Health - Central Texas, need to monitor their patients regularly through follow-up appointments but may not require an in-person visit. For appropriate patients who live long distances from the children’s hospital in Temple, a video visit may make sense.

Dr. Ponder considers the virtual sessions ideal for his young patients with Type 1 diabetes. These are patients with a chronic disease whose parents or caregivers may need answers to questions or to review care plans, or they just want support and motivation. “It’s perfectly suited to care for children with diabetes since most of the care is in the form of providing information and problem-solving, which don’t require physical contact. Plus, most children with type 1 diabetes are physically quite fit and healthy,” Dr. Ponder says.

The video visit pilot program at McLane Children’s is designed to demonstrate the benefits of real-time visits with doctors from the patients’ homes. Justin Johnson, director of strategic initiatives at Baylor Scott & White Health - Central Texas, says, “We view this as a virtual clinic. There are a number of other specialties that would like to use this technology, and we’re building the capability now for a number of other departments that will mirror what the children’s hospital has done.”

At Baylor Scott & White Health - Central Texas, telemedicine is viewed as an innovative way of connecting people with their healthcare providers. “Everything that goes into a traditional clinic visit goes into the telemedicine applications,” says Mr. Johnson. “The patient gets what she needs and saves the time it would take for an in-person visit to the clinic.”

**A new app**

Baylor Scott & White is also testing a new mobile-device app that patients can use to schedule their video visits and access their Scott & White Health Plan accounts. “We’ll release the app to a larger audience as we add functionality,” says Brandon Maenius, manager of digital health at Baylor Scott & White. Mr. Maenius is a member of a new digital health department working with different clinical specialties to develop innovative ways to deliver health care.

**A robot in the ICU**

The use of a telepresence robot in the eight-bed intensive care unit at Baylor Scott & White Medical Center - Marble Falls makes it possible for caregivers at the patient’s bedside in Marble Falls to consult with intensivists (physicians who specialize in the care of critically ill patients) who are located at other Baylor Scott & White ICU locations, such as Temple and College Station.

The FDA-approved robot assists clinicians at the hospital in Marble Falls, which serves the rapidly growing Hill Country and surrounding region. Caregivers are able to call upon the expertise of critical care specialists in other locations to help monitor and treat patients in Marble Falls. This extraordinary capability is realized by a process that’s actually quite simple: an intensivist at the remote hospital can log in to the robot via a computer, laptop, or tablet, and then navigate the robot to the patient’s room. There the physician can view and speak with the patient directly, or with the assistance of an on-site staff member, via a video screen. The robot is equipped with a camera, a microphone, a loudspeaker, and a screen that displays live video of the specialist at the remote location.

“With a high-resolution camera, you can get a visual summary of the patient’s condition and a glance at the monitor to see how the patient is doing,” says Edgar Jimenez, MD, system vice president of critical care integration at Baylor Scott & White Health. “It takes just a few seconds to get the information you need. Compared with a phone consultation, it is much more accurate and time-efficient.” Dr. Jimenez cites a recent study showing that 67 percent of the information needed to make a
decision in the ICU comes from visual assessment. “The robot helps us assess patients in detail very quickly in order to coordinate care,” he says.

The use of telepresence robotic devices is growing across the country at hospitals seeking to better utilize their specialists’ expertise and time. Baylor Scott & White has a similar program in Waxahachie. The decision to launch the robot in the ICU is a much-needed response to the critical shortage of intensivists and other subspecialists required for acute care, he says.

By introducing intensivists into the equation, the robot model makes the system much more efficient, with better outcomes and improved quality of care—and better economics for the healthcare system. “A physician in a remote location can work with three or four hospitals at a time, rather than one, which is more cost-effective for the system and ultimately for the patient,” Dr. Jimenez says.

The Leapfrog Group, a quality and safety organization which established minimum standards for the management of ICU patients 15 years ago, has standards for teleICU. “Our program meets or exceeds these standards,” says Dr. Jimenez.

Nurse practitioners, physician assistants, and other mid-level providers already are trained in procedures such as obtaining central lines or helping to stabilize patients with intubations, which can also be done under the supervision of an intensivist. “The goal is that no matter which Baylor Scott & White hospital you go to when you need specialized services, you will still receive the best quality and safest care,” Dr. Jimenez says.

Intensivists participate in daily rounds and are on-call for occasions when there is an unexpected change in a patient’s status. Dr. Jimenez says, “When necessary the intensivist can decide, in a proactive way, to have the patient transferred to another facility.”

Privacy and reimbursement

While telemedicine offers great promise for meeting the need for improved access to healthcare, convenience, and cost savings, protecting patients’ privacy and safety is our highest concern. Baylor Scott & White adheres to the strict laws in the state that govern these issues.

Reimbursement is a challenge for telemedicine because not all insurance companies reimburse for video visits—even though these cost significantly less than in-person clinic visits. Mr. Johnson says, “The hope is that Baylor Scott & White can build the use case for payers.”

“The Scott & White Health Plan has been very supportive,” says Dr. Couchman. “While we still have to work out some kinks in the process, I’m confident that the future of telemedicine at Baylor Scott & White—Central Texas is very bright and that as we implement more of these services, patients will benefit tremendously.”

“Everything that goes into a traditional clinic visit goes into the telemedicine applications.”

—Justin Johnson, Director of Strategic Initiatives

E-visit pilot for employees

Another pilot program launched last July is demonstrating the benefits of asynchronous (not in real-time) electronic visits, or e-visits. About 20,000 Baylor Scott & White Health - Central Texas employees and their families are eligible to use the technology for managing common problems—such as colds, infections, allergies, flus, and urinary tract infections—that do not require visiting a clinic in person. So far more than 2,000 employees have used the system, and the sentiment is very positive.

- Via a HIPAA-compliant internet connection on a computer, laptop, or tablet, the patient completes an information-gathering process that includes the same questions that would have been asked at the clinic.
- If the patient’s condition meets the criteria for a safe e-visit, the answers are transmitted to one of the providers participating in the pilot program. If their condition is one that should be treated at a clinic, the patient is encouraged to make an in-person appointment.
- The provider or call center reviews notification of the pending e-visit via text message. The provider then reviews the answers supplied by the patient, renders diagnosis and treatment, and responds to the patient via email.
- If a medication is prescribed, the patient can log in to the e-visit platform and choose a pharmacy to fill the prescription.
In the hope of sparing cancer patients the harsh side effects of traditional chemotherapy, investigational therapies are underway at the Cancer Research Institute (CRI) at Baylor Scott & White Health - Central Texas. Two medicines are being studied in the hope of sparing cancer patients the harsh side effects of traditional chemotherapy. Both therapies are in the early stages of study and could ultimately benefit patients with colorectal cancer and acute myeloid leukemia.

Jung-Hee Woo, PhD, is director of the Temple-based CRI. He explains that each drug is being advanced as targeted therapies that attack a particular molecular makeup in these patients, attacking cancer cells while sparing normal tissue. This is different from traditional chemotherapy. "Standard chemotherapy is fairly toxic to all rapidly dividing tumor cells as well as normal cells," says Dr. Woo. "That's why patients treated with chemotherapy have a lot of side effects, such as nausea and hair loss."

**Colorectal cancer**
The medicine under investigation at the CRI targets blood vessel tumors that are associated with colorectal cancer, a disease diagnosed in approximately 132,000 new patients each year in the United States. These tumors feed upon new blood vessels for oxygen and nutrition. Because these cancer cells are near the bloodstream, they can spread easily throughout the body. The tumor blood vessels carry a protein molecule called TEM8, which is also found in breast cancer tumors. CRI
scientists have developed an antibody-drug conjugate that is lethal to blood tumor cells, containing this protein. “We can shut down the tumor blood vessel to block oxygen and nutrients to the tumor cell and kill the cells in the tumor mass,” says Dr. Woo. Plans call for testing the anti-TEM8 therapy eventually on patients with colorectal cancer, and if that proves successful, Dr. Woo’s team can expand the application of the medicine to other cancers, such as breast cancer. **Blood-related cancer** The other therapy under development would be used initially to treat acute myeloid leukemia, a cancer of the blood that originates in the bone marrow. The most common type of leukemia, acute myeloid leukemia is diagnosed in about 10,500 new patients each year in the United States. It may affect fewer people than other cancers, but it is remarkably deadly. It has an overall five-year survival rate of 25 percent. Chemotherapy is usually the standard of care for this type of cancer, but leukemia stem cells can be resistant to it.

The treatment proposed by CRI scientists would energize the body’s immune system to combat leukemia stem cells. The drug, CD123xCD3, targets a protein found on these cells identified as CD123, and it has two specific functions: “First, it is looking for the CD123-positive tumor cell, and it binds it,” Dr. Woo says, “then, it looks for the CD3” cytotoxic T cell. The cytotoxic T cell then releases the harmful material to the tumor cell.” Basically, the tumor cells are killed by the CD3 T cells, which already exist in the body’s immune system, says Dr. Woo. “This kind of process is very mild in the human body,” he says. “It is kind of a natural process.”

**Next steps and funding**

Both technologies are in the preclinical research phase of the development process, which means they’ve been studied in the laboratory but not on humans yet. The Cancer Prevention Research Institute of Texas (CPRIT) awarded the program a grant for the “humanizing” phase of the anti-CD123 antibody, while a grant from the Pat and Bill Clements Foundation will fund the anti-TEM8 project.

If each medicine is proven effective, the drugs would then enter the next stage of development, which is manufacturing a quantity of the drugs necessary for clinical trials in human patients.

**CRI efforts**

Dr. Woo, who has pursued molecular biology and targeted drug development for more than 20 years, leads the CRI team of 11 scientists. The CRI has produced nine investigational drugs since 2005. The CRI also collaborates with other cancer research centers in a continued commitment to medical research and to combating cancer.

The CRI’s team of scientists feels confident in the support from the Baylor Scott & White system, Dr. Woo says. “Without institutional commitment, we can’t do what we do, so I’m very happy about Baylor Scott & White’s support.”
At Baylor Scott & White Health, advanced heart failure patients have access to the most sophisticated treatments, including a new device that helps physicians identify when symptoms worsen, giving them time to act earlier and avoid hospitalization.

Living with heart failure
More than five million people in the United States have heart failure, and that number grows annually. "Heart failure affects almost half a million new patients every year," says Chittoor Sai-Sudhakar, MD, division chief of cardiothoracic surgery. A diagnosis of heart failure is chilling, but the prognosis is not as dire as it was a few decades ago thanks to new treatment options that allow patients to live comfortably, and for many years.

The earlier heart failure is detected, however, the better a patient’s prognosis. “The majority of our patients improve with medication therapy and lifestyle management,” says Jennifer Day, MSN, FNP-C, a nurse practitioner in the clinic. Heart failure becomes advanced when these therapies stop working and the disease begins to affect a person’s daily living. Patients find they cannot climb a flight of stairs without shortness of breath, or experience fatigue or swelling. “It’s more about their quality of life,” says Mrs. Day. “To what extent can you go about your day without experiencing these symptoms?”

The good news is that patients with advanced heart failure have
Heart failure can be a misunderstood term. Its simplest definition is that the heart is not functioning properly, whether because it has weakened and cannot pump enough blood and oxygen to the body (systolic heart failure) or because it does not fill with enough blood between beats (diastolic heart failure). In the most basic terms, it is a pump problem,” says Mrs. Day. “It doesn’t mean that the heart has failed. It’s not working as well as it should.”

As cardiologist and medical director of advanced heart failure Dr. Robert Scott explains, “The heart is a muscle and it becomes weakened after injury or some other insult to it or for genetic reasons. It really gradually loses its ability to pump enough blood to supply the body’s needs.”

Many health conditions can cause heart failure: obesity, smoking, not enough exercise, a heart attack, a virus, high blood pressure, or congenital heart defects, among other variables. “There are lots of different ways to get heart failure, but the result is the same,” Dr. Scott says. Symptoms of heart failure include shortness of breath, weight gain, or tiredness. Unfortunately, many people mistake these as symptoms for another condition, such as a cold or insomnia. “There is not one flagrant symptom that shouts heart failure,” Mrs. Day says. “It’s very subtle.”

Options beyond medication and lifestyle adjustments. These include heart surgery or the implantation of a special pacemaker to synchronize their heart contractions. If those therapies fail, and the heart is sufficiently weakened, an implantable left ventricular assist device (LVAD) can take over the heart’s function, helping to pump blood and letting the heart rest. For some patients, an LVAD precedes heart transplantation. This is a critical time when the patient’s life is most at stake.

An exciting advancement recently increased the therapeutic possibilities when the Food and Drug Administration approved a device for use in heart failure patients in 2015. It’s no bigger than a coin; it is placed in the pulmonary artery near the heart during an outpatient procedure. The sensor acts as an alarm of sorts to alert a patient’s physician when the pulmonary artery pressure increases, an early indicator of advancing heart failure. “Pulmonary arterial pressure often rises well before the patient is feeling ill,” says Grant Casey, RN, a nurse clinician in the cardiology clinic. “When that happens, we give the patient a call and ask about their diet and medicine,” says Dr. Scott. Patients with the device have to commit each day to measuring their pulmonary pressure: every morning the patient lies on a pillow that emits an electromagnetic field, and the device reacts to the field to measure the pulmonary artery’s pressure. A bedside transmitter sends that reading to a secure website at the clinic, where it can be accessed by the patient’s cardiologist and other members of the team. This routine, which takes from two to three minutes and can be done from home, replaces a procedure at the cardiac catheterization lab where an IV tube is inserted into the heart to measure the pulmonary arterial pressure when a patient comes to the clinic or is admitted to the hospital for worsening heart failure.

After the device is implanted, the patient can’t feel it. “The amazing thing is it has no batteries or wires. It doesn’t ever need to be replaced,” Dr. Scott says.

The device is limited to patients who have been hospitalized more than once with heart failure in the previous 12 months and have advanced heart failure. The early warning may spare the patient another costly hospitalization. “Some of these patients have been in the hospital four, five, sometimes six times a year,” says Dr. Scott. “It allows patients to stay out of the hospital and have a better quality of life,” Mr. Casey says.

Meeting a patient’s needs
Whatever course of action is taken, the patient’s perspective and desires are taken into account, along with expert clinicians guiding the care process, which is influenced by the disease stage. Dr. Scott says. “The most important factor is that the patient tells us, ‘I used to be able to do X and I’m...”

---Robert C. Scott III, MD, PhD

Left Ventricular Assist Device (LVAD)
LVAD is a mechanical pump implanted in a patient’s heart. Connected to an external battery and control unit, the LVAD assumes the heart’s pumping duties if medical treatments fail. LVADs can be used temporarily to bridge a patient to transplant surgery, or they can be used as a permanent solution for the patients who are not transplant candidates.
HEART TRANSPLANT: MORE CARE OPTIONS FOR PATIENTS WITH HEART FAILURE

For patients in severe stages of heart failure or other serious cardiovascular conditions, heart transplantation may be an option. The heart transplant program is another part of the comprehensive care delivered by the Scott & White Heart and Vascular Institute. Since 2010, 40 heart transplants have been performed at Scott & White Memorial Hospital.

Patients whose heart disease has progressed into American Heart Association (AHA) stage D are potential candidates for heart transplant. These patients have irreversible heart damage that severely limits their life span and ability to perform extended activity of daily living. Because not all patients with terminal heart disease are candidates for transplant, it is important to limit the procedure to those seriously ill patients who stand a reasonable chance of long-term survival.

Examples of diseases include coronary heart disease, congestive heart failure, or cardiomyopathy. All potential candidates may be referred to the program by their specialist, primary care physician, or by self-referral. If there are no contraindications based on the initial review, an initial consult appointment is scheduled with the transplant team. Information about the overall process including the evaluation, waiting list, surgical procedures, risks, post-transplant follow up period, and transplant center specific information are provided to the potential recipient.

After completing the evaluation, the patient and the clinical findings will be discussed at the multidisciplinary patient transplant selection committee meeting which includes cardiologists, surgeons, social workers, nutritionists, nurses, and many other medical specialists involved in the care of the patient. The team considers medical, psychosocial and ethical factors when making selection decisions.

After a patient is approved for a transplant they will be added to the United Network for Organ Sharing (UNOS) list. Patients will then be matched with donors based upon blood group, degree of medical urgency, geographic location and age. Transplant candidates wait an average of five months for a heart. During this period their care team stays involved to keep them as healthy as possible in preparation for their new heart.

After the transplantation procedure the patient will stay in the hospital for approximately two weeks after surgery. The care team will monitor the patient to ensure the new heart remains strong and the body does not reject it.

After the patient leaves the hospital they continue to stay in close contact with members of their care team and they will take anti-rejection drugs will for the rest of their lives. While most patients suffering from heart disease can be treated by less invasive procedures at the Advanced Heart Failure Clinic, transplantation offers one more option to help the heart patient gain a higher quality and longer life.

A collaborative approach

It gives many families peace of mind to know that the care they receive at the Advanced Heart Failure Clinic isn’t just excellent, it’s collaborative with many caregivers working together to optimize each patient’s experience, with input from their loved ones. A cardiovascular surgeon meets with the patient and the cardiologist, and this sort of consultation makes the Advanced Heart Failure Clinic at Scott & White Clinic in Temple, part of the Heart and Vascular Institute, stand apart, says Jacki LaFerriere, director of operations at the clinic. “I don’t know a lot of places that have a clinic where the surgeon and the cardiologist see the patient together so that they can discuss both medical and surgical treatment options,” says Ms. LaFerriere. “It’s a big deal that cardiothoracic surgeons are actually in the heart failure clinic collaborating with the cardiologists.”

Dr. Scott agrees that the collaboration between cardiologists and cardiothoracic surgeons works well. “Often, there can be a disconnect between the medicine physician and the surgeon. Here, we think of ourselves as a team.” Dr. Sai-Sudhakar agrees. “We have to work as a team to identify what is the right thing for each patient. It’s a group effort,” he says.

The Advanced Heart Failure Clinic comprises specially trained physicians and surgeons, nurse practitioners, clinicians, dieticians, physical therapists, pharmacists, social workers, administrators, and others. “All these different specialists and caregivers come together to help the patients throughout the disease process,” Dr. Scott says. “It’s really a team approach: all team members help educate patients and work with them to ensure the best care and outcome possible.” The multidisciplinary team helps patients create a lifestyle that will help them live with and hopefully avoid the effects of their disease.

“Baylor Scott & White Health is unique in that we’re very fortunate and blessed to have a lot of resources, not only instruments and equipment, but also people,” says Dr. Scott. “We’ve got a lot of combined experience.” says Nance Conney, director of transplant and mechanical support for the department of cardiothoracic surgery. “Having all these experts and resources in the healthcare system allows patients to get the same quality of care no matter which location they go to. That really doesn’t exist in a lot of other places.”

The Advanced Heart Failure team. (Back row) Emmanuel A. Amuru, MD; Tammy Abbott; Jacki LaFerriere, Nance Conney, Lazaros A. Nikolaidis, MD; Teresa Harvatin, NP; Jennifer Day, NP; Jennifer Lord, NP; Yashini Ravi, MD; (front row) Robert C. Scott III, MD, PhD, FACC; Chittoor Bhaskar Sai-Sudhakar, MD, Allan L. Anderson, MD, FACC, FAHA

no longer able to do that, and I’m very unhappy. Life isn’t meaning a whole lot unless I’m able to do this.” The patient by now has become very weak, says Dr. Sai-Sudhakar. “At that point the patient is unable to do anything at all and is practically moribund.”

In addition to advanced therapies, communication between patients and caregivers is vitally important. While the clinic offers cutting-edge medicine, technology, and surgical therapies by talented caregivers, treating heart failure begins with communication between the healthcare team and the patient. “Our approach to patients is to educate them thoroughly because it is a lifelong illness for most of them,” Mrs. Day says. “It’s similar to diabetes. It’s something that every day you’re going to have to monitor and make smart decisions.”

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The cancer center will occupy the first floor of the new building on the Baylor Scott & White Medical Center - Round Rock campus and will offer a fully integrated, comprehensive cancer model with all diagnostic, treatment, and support services in a single location and with a single electronic medical record.

The hospital has provided excellent cancer care with a multidisciplinary team approach since 2008, and the new center will bring even more treatment options and services to patients. “This is a natural progression to take us to another level of oncology with a fully integrated cancer center,” said Jay Fox, president of the Baylor Scott & White Health - Austin/Round Rock Region.

Austin and its surrounding communities make up one of the fastest growing areas in the country. The surge in population has led to increased demand for oncology services. With a solid reputation established in the area for the highest quality, patient-focused, coordinated, and compassionate cancer care, Baylor Scott & White is moving to build even more on its current services and offerings. “What this will allow us to do is become even better at what we do best—taking care of patients,” said Joel Allison, president and CEO of Baylor Scott & White Health.

Our multidisciplinary team meets regularly to discuss our patients and review their treatment plans.

Board-Certified
Hematologists/Oncologists
Laura Beaty, MD
Meaghan Khan, MD
Chrislal Murray, MD
Plastic Surgeons
Staci Hix-Hernandez, MD
Susan Pike, MD
Breast Imaging Specialist
Michael Do, MD
General Surgery Team
Paul Buckley, MD
John Eckford, MD
Roger Smith, MD
Rob Watson, MD
Cassandra Connerty, PA
Urologists
Lucas Jacomides, MD
Nate Polnaszek, MD

The Baylor Scott & White Cancer Center - Round Rock will add to the excellent services and care already in place.

Oncology Services
- Medical oncology
- Surgical oncology
- Gynecological oncology
- Neuro-oncology
- Plastic & reconstructive surgery
- Private infusion therapy bays
- Multidisciplinary consultation

Support programs & services
- Nutritional services
- Pain management & palliative care
- Patient & caregiver support groups
- Patient navigation & psychological support services
- Prevention, screening, risk assessment, & survivorship programs

New to the Baylor Scott & White Cancer Center - Round Rock
- Radiation oncology with a linear accelerator
- CT simulator
- High-dose rate brachytherapy
- Patient & family education center
- Healing garden

On a perfect spring day in early March, system leadership, donors, hospital staff, and government officials gathered to celebrate breaking ground on the new Baylor Scott & White Cancer Center & Specialty Clinic - Round Rock, opening in 2017.

The Baylor Scott & White Cancer Center & Specialty Clinic - Round Rock will add to the excellent services and care already in place.

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To find out how you can support the Baylor Scott & White Cancer Center & Specialty Clinic - Round Rock, please call 254-724-2768 or visit us at foundation.sw.org.
We’re improving the population health status of patients and communities through clinical, education, and training programs.

Patient care is shifting from the traditional model of “sick care,” which addressed people’s health issues after the onset of disease, to “well care,” prevention and population-based health activities that seek to avoid or limit the incidence and progression of disease and contain healthcare costs.

Baylor Scott & White Health is a leader in developing and implementing population health programs throughout Central Texas, giving underserved individuals, those with chronic disease, and others a chance to learn and engage more in their health.

Traditionally, we thought about healthcare as treating the person in front of us,” says family physician Cliff Fullerton, MD, MSc, president of Baylor Scott & White Quality Alliance, an Accountable Care Organization formed to achieve new quality and savings goals required by the healthcare reform act. Within this framework, Dr. Fullerton leads the organization’s efforts to offer comprehensive and reliable performance measurements across inpatient and outpatient healthcare settings to achieve these goals. Educating patient populations about their health and behaviors, and avoiding costly inpatient hospital care whenever possible is an important component of the emphasis on population health and wellness. “As the focus has shifted to keeping people healthier, we’re thinking now about the health of populations. What drives illness, disease, and cost of care among this group? Why are certain patient groups in our emergency room so often? Where and with whom can we make the biggest health improvements? While we are focused on our individual patients, we’re also thinking about the other 5,000 just like them. Population health management is not a new concept, but a new opportunity,” Dr. Fullerton says.

To help individuals and communities reach their health goals and remove barriers to care, Baylor Scott & White Health is creating programs and collaborating with community partners, such as churches and municipalities and with nationwide groups, such as nonprofits and health insurance plans. Using technology, the
Navigating chronic disease

Obesity, diabetes, and heart disease are among the top health issues impacting the least healthy Americans—and Texans. In response, Baylor Scott & White is exploring new ways to help manage these chronic diseases and reduce smoking in the state. The North Texas division has hired 30 community health workers (CHWs), "to help a patient achieve better health and lower the cost of care by $300, it's a good thing to do."

Working with at-risk communities

To help improve health in a high-risk, low-income population, Baylor Scott & White collaborated with the city of Dallas to build the Diabetes Navigation Center in the city's urban neighborhood with high levels of diabetes and obesity—conditions closely linked to areas with a shortage of grocery stores and healthy food options and a lack of safe places to exercise. (See issue 23 of The Catalyst.) "In addition to building a health clinic, we worked with groups to make parks safer and connected with churches to enroll people for care," says Dr. Fullerton. "We also established a demonstration kitchen to teach healthy food preparation and through the clinic, we are able to partner with patients to keep their diabetes managed. A population health focus allows us to collaborate with community partners to impact populations, not just one person at a time."

Transition from the hospital environment

Hospitals are the most expensive place to receive care. Because many readmissions are preventable, Baylor Scott & White employs transition coordinators to help people better manage their daily health issues and concerns to avoid catastrophic medical situations that could lead to a stay in the hospital. Jennifer Reed, system vice president for Comprehensive Care Management, oversees a program designed to ease the transition between the hospital and the patient's home or a long-term care environment.

"Leaving the hospital can be a dangerous time for patients because they may need additional education or assistance with follow-up care activities, which are critically important to their recovery," she says. "That's why we have transition coordinators who work in partnership with physicians and fill any gaps in care-giving." Coordinators contact patients after they leave the hospital to schedule follow-up visits, answer questions, and motivate them to take their medicines. "The coordinators are alert to patient challenges and can recognize when someone needs extra help. They help people begin behavior changes," says Ms. Reed. In the first two years of the program readmissions decreased dramatically and Baylor Scott & White helped save $24 million in healthcare costs.

Mental health services

Population health programs can also help people struggling with depression and anxiety. Often, mental health issues are linked to chronic diseases. For example, patients with untreated depression often struggle more to manage a chronic disease like diabetes than those without any mental health issues. Someone who is depressed may not take his or her medications properly, may be socially isolated, and may not be eating or sleeping well—all of which can lead to poor health outcomes. Unfortunately, there's a shortage of mental health specialists in Texas, and in rural areas like the ones we serve in Central Texas, finding these caregivers can be difficult. So Baylor Scott & White Health - Central Texas is filling the gap by staffing primary care clinics with more mental health experts to meet the complex needs of these patients.

The healthcare system is also piloting several new technology-based programs to meet the needs of patients. For rural residents who must travel long distances for a visit with a therapist, TelePsych is a web-based service that allows them to see and speak with their therapist through a secure online connection. The interactive online community is professionally moderated 24/7 by clinicians who can intervene in a case of a crisis. It achieved acclaim in the United Kingdom before coming to the United States in 2014 and is now offered as part of the Scott & White Health Plan.

Communication with patients

Relationship-centered care and integrating the patient's voice in the care plan are also important elements in population-based health activities, including some fluent in Spanish, to assist its highest-risk patients: older men and women on Medicare with these patients to coordinate care and educate patients about their medications and treatment plans, to help keep them healthier and out of the hospital. "There's no funding for CHWs right now in many health plans," says Dr. Fullerton, "but they are so effective in improving outcomes and lowering costs that we were given grant funding to support this work. It's good for us and good for our patients. If we spend $100 to help a patient achieve better health and lower the cost of care by $300, it's a good thing to do."
as they are in any patient’s care. A shift from a more traditional “doctor knows best” perspective to one that recognizes both patients and providers benefits all. It includes listening to patients’ concerns and needs and understanding their health goals. It also means training caregivers on impactful ways to communicate with patients. Tiffany Berry, MD, chief patient experience officer at Baylor Scott & White, says, “I may offer expertise in science, diagnosis, and evidence-based clinical care, but my patients know what’s real for them—their symptoms, values, expectations, support systems, and socioeconomic ability or limitations. I can come up with the best treatment plans in the world, but if my patients don’t understand them, or have reasons why they can’t follow them, they won’t work.”

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It’s important to develop the type of relationship in which patients feel comfortable sharing with clinicians and feel like they are heard and respected. Clinicians need to know what patients can and can’t do. They also need to know when patients have preferences or barriers that affect their health. Working with patients as partners helps us uncover barriers so we can alter treatment plans or connect patients with services or other assistance.”

Course attendees learn how to find common ground and engage with patients. Instead of asking patients “Have you been taking your meds?” for example, they might say “Tell me how you’ve been taking your medications.” Or “What’s keeping you from quitting smoking?” instead of “You need to quit smoking.”

Baylor Scott & White Health is making it possible for physicians and advanced practice providers system-wide to complete the day-long course. A shorter two-hour course designed to improve communication techniques called “Patient Experience Academy” is being designed for nonmedical employees, and will be distributed to the full staff in Round Rock.

Funding is a challenge

Baylor Scott & White - Central Texas is passionate about the importance of reaching out to individuals and communities to help manage their health. However, funding is a key factor that either fuels or limits innovation in population health programs. While health insurance companies are changing how and what they reimburse, many do not yet reimburse for care provided outside the clinical setting or for care provided by social workers, community health workers, and others. Until that changes, Baylor Scott & White is self-funding pilot programs and developing partnerships with other entities, such as municipalities and cause-focused nonprofits.

There is good news. A focus on population health is changing the way healthcare is delivered and received. It’s improving partnerships between patients and providers, and it’s allowing people to receive more convenient and cost-effective care. Most importantly, it’s breaking down barriers and improving people’s health.
Your gifts, your community.

The Scott & White Healthcare Foundation works with donors to match interests and passions with the needs in their communities, to help provide the right care, in the right place, at the right time.

The merger of Scott & White Healthcare with the Baylor Health Care System created the largest not-for-profit health provider system in Texas. Baylor Scott & White patients living in Central Texas communities now benefit from access to virtually every clinical specialty and the latest medical discoveries and technologies. Although the system has gotten larger and more complex, it retains its commitment to the guiding vision of delivering personalized medicine to each patient, close to home.

The Scott & White Healthcare Foundation plays an important role in helping the system fulfill this commitment. Working in partnership with clinical and operational leadership to identify each community’s healthcare needs, the Foundation focuses on finding additional resources raised through philanthropy. This ranges from providing additional funding for medical equipment, innovative technologies, and facility expansion, to special programming. “Fundraising enhances the delivery of healthcare to the community,” says Jana Sharpay, president of the Scott & White Healthcare Foundation. “It can be the difference between providing quality patient care and providing exceptional care,” she says.

The Foundation staff support the system’s commitment to the delivery of personalized care close to home by taking part in the life of each community. Gift officers live and work in the communities served by the Central Texas division of Baylor Scott & White Health. This represents a geography encompassing more than 29,000 square miles across six diverse regions serving a population of more than 2.5 million. Not only are Foundation staff able to identify the needs in their communities, they are also able to build deeper relationships with donors, get to know their areas of interest, and share opportunities for giving in the region they call home.

The Scott & White Healthcare Foundation is poised to support Central Texas families with a uniquely qualified team passionate about the role of philanthropy in helping to meet the needs of each community served by Baylor Scott & White Health - Central Texas. Here is an introduction to the variety of talents the staff brings to the Central region.

Brian Harrison
Director of Philanthropy
Planned Giving

With his degree in economics and a family history of health issues, Brian is passionate about helping donors in each region find a way to leave a legacy that will make a difference in the lives of others for generations. “My favorite part of working in fundraising is helping people find the right financial tool that makes the most sense for them. It’s very rewarding to see firsthand what we help donors and the community accomplish through philanthropy.”

FUN FACT: After college, Brian played minor league baseball for the Kansas City Royals and struck out basketball great Michael Jordan.

Jordan Castillo, JD
Sr. Foundation Officer
Annual Giving

Jordan leads the annual employee giving campaign along with several other annual giving programs. She enjoys working with hospital staff, donors, and patients and sharing how each one of these groups impacts the others through exceptional care and gifts that make that care possible. “My favorite part of my job is hearing patients and donors speak about how their lives have been touched because of Baylor Scott & White and its employees. Our employees have shown over the years that they truly care about our mission, patients, and the community.”

FUN FACT: Jordan is a certified scuba diver.
Angela McGeHee
Director of Philanthropy
Corporate Relations

Angela works on behalf of Baylor Scott & White - Central Texas to create partnerships with impact. As part of the Corporate and Foundation Relations team, she works with corporations to find opportunities that match their philanthropic objectives with Central Texas needs. “In everything we do, from beginning to end, this organization is truly all about how to better serve our patients. It’s a great feeling to know the funding we work for will help our patients in so many ways.”

FUN FACT: Angela’s favorite quote is by Oliver Goldsmith: “You can preach a better sermon with your life than with your lips.”

Eve Herr
Foundation Specialist
Grants

A grant writer with the Corporate and Foundation Relations team, Eve combines her two interests, language and people, to develop grant proposals for everything from specialized equipment to summer camps for pediatric cancer patients. “In the world of healthcare, philanthropy means the difference between meeting standards and exceeding expectations. I am most thankful and proud when I get to see the tangible results of the work we do.”

FUN FACT: Eve has always had a passion for language and has studied Latin and Bahasa Indonesian.

Lori Luppino
Director of Philanthropy
Foundation Relations

As part of the Corporate and Foundation Relations team, Lori works with private and family foundations to match their passions with a project at Baylor Scott & White Health. “The nature of my position allows me to work with a wide variety of people in departments throughout the system. I have had the privilege of writing grants for everything from cancer research programs to capital campaigns. No two days are alike, but they are all equally rewarding.”

FUN FACT: Lori and her husband were married 35 years ago, just seven months after she asked him on a date.

John Hyde
Director of Philanthropy
Round Rock Region

For more than three decades John has served his community through fundraising and is currently working to raise funds for the new Baylor Scott & White Cancer Center & Specialty Clinic - Round Rock. “I believe my calling is to serve others and to make the experience of giving meaningful, satisfying, and transformational. Living in the Round Rock area, volunteering, and supporting community efforts has given me an authentic understanding of the people and needs in this area.”

FUN FACT: John directed an acting troupe for seven years.

Marjorie Routt Young
Director of Philanthropy
Brenham Region

Marjorie proudly serves the community of Brenham, where her family has lived for generations, and where her grandfather helped build what is now Baylor Scott & White Medical Center - Brenham. With 22 years’ experience in fundraising, Marjorie’s favorite part of her work is the ongoing relationships she has built with donors and their families. “The way you get to know the community’s needs,” she said, “is by living, working, worshiping, and volunteering in the community you serve, alongside those you are serving.”

FUN FACT: Marjorie enjoys escaping to the mountains or the beach on long weekends and is always up for a good party.

Wes Livesay
Director of Philanthropy
Hill Country Region

Marble Falls and the surrounding communities are part of one of the most rapidly growing regions in our nation. Serving Marble Falls and the Hill Country region, Wes works with donors to expand and improve on the highly successful services and equipment already in place at clinics and the Baylor Scott & White Medical Center - Marble Falls. “I love helping a donor make a life-changing difference for someone in their community through philanthropy and healthcare.”

FUN FACT: Wes speaks some Spanish, German, and Italian. He also collects foreign currency.

Rhonda Hall Luker
Director of Philanthropy
Waco Region

Rhonda has served Baylor Scott & White Hillcrest Medical Center for more than 15 years, fundraising for hospital initiatives that help patients in the larger Waco area. “We are fortunate to be part of a community that is not only extraordinarily generous, but also filled with people willing to come together to make it better and stronger for future generations. We’re all about people helping people. It doesn’t get much better than that.”

FUN FACT: One of Rhonda’s favorite quotes is by Frederick B. Wilcox: “Progress always involves risk; you can’t steal second base and keep your foot on first.”

Stephen Maher
Director of Philanthropy
Temple Region

As the flagship hospital for Baylor Scott & White - Central Texas, Scott & White Memorial Hospital in Temple is permeated with history. “Working with the senior staff and retired physicians instilled the importance, culture, and history of this great institution. Living and working in the community we serve has given me the opportunity to learn the history, enjoy the present, and think about the future landscape of Baylor Scott & White in Central Texas.”

FUN FACT: Stephen loves to cook. He likes to visit eateries and unique destinations throughout Central Texas.
Rachel Clark
Foundation Specialist
McLane Children’s Hospital

Rachel spent a lot of her childhood in the hospital. Now, she is dedicated to helping Central Texas children in similar situations by coordinating the McLane Children’s Hospital Grandparents’ Club or helping community members turn their ideas into fundraisers benefiting McLane Children’s. Rachel sees the impact of these gifts every day when she visits the hospital. “My proudest moment was when a little girl saw my badge, ran up to me, gave me a hug and said, ‘Mommy, look! It’s one of the helpers!’ It is amazing how someone so small can make you feel so big.”

FUN FACT: Rachel and her family enjoy choosing a restaurant to walk to rather than drive. They love the challenge of seeing how far they can walk.

Jennifer Williams
Sr. Foundation Officer
Children’s Miracle Network at McLane Children’s Hospital

As coordinator for Children’s Miracle Network (CMN) at McLane Children’s, Jennifer helps build partnerships with local businesses and groups to raise funds for high priority needs. Through annual campaigns like the CMN balloon campaign and events like dance marathons at local colleges and universities, Jennifer is always out and about in the community spreading the word about the amazing things happening at McLane Children’s. “Without philanthropy, McLane Children’s would be able to offer great care with standard equipment. But with philanthropy, we are able to provide exceptional care with state-of-the-art equipment and programs for the children of Central Texas.”

FUN FACT: Jennifer loves cooking and camping.

If you’d like to talk to a Foundation staff member about your particular interests or opportunities to make a difference in your community, call 254-724-2768.
Cancer patients in the College Station region will soon have access to the care they need all in one place, close to home. Right now, the Scott & White Healthcare Foundation is working to raise funds for a linear accelerator that will deliver powerful radiation therapy with pinpoint accuracy to target and treat tumors. With your help, we can fulfill the Baylor Scott & White promise to bring the right care, to the right place, at the right time for cancer patients in the Brazos Valley.

To find out how you can support the Baylor Scott & White Cancer Center - College Station, visit foundation.sw.org or call 254-724-2768