THE HOSPITAL:
As a People-Centered Academic Medical Center, Loyola University Medical Center (LUMC) plays a key role in episodic health care management and population health management, serving as a tertiary/quaternary care center for high-acuity, complex patient populations through our integrated clinical programs.

The Loyola University Medical Center Campus is located on a 61 acre campus in the suburb of Maywood, Illinois in unincorporated Cook County. In addition to the Loyola University Medical Center, the campus is home to Loyola University Health Sciences Division, which includes the Stritch School of Medicine and the Marcella Niehoff School of Nursing. While Loyola’s School of Medicine, School of Nursing, and the Center for Translational Research Education are situated at the center of campus, a majority of the campus is occupied by the Medical Center which includes: a 547-licensed-bed hospital, Level One Trauma Center, Burn Center, the Cardinal Bernardin Cancer Center, Ronald McDonald Children’s Hospital, and the Center for Heart and Vascular Medicine.

LUMC's organizational focus is to improve the health of the patients and communities we serve by placing the patient at the center of everything we do. This will be achieved through differentiating ourselves via the delivery of integrated clinical programs that leverage our unique capabilities as an academic medical center, a consistent and coordinated network of care, operational excellence and our mission of academic medicine.

THE BENEFITS OF THE 340B PROGRAM:
Since 1969, when we opened the medical center, we’ve been working to improve the health of our community. Today, our 547-bed academic medical center in Maywood employs 7,502 individuals and offers comprehensive healthcare services to all. We are a member of Trinity Health, the second largest Catholic health care system in the country.

The 340B prescription drug program is a vital lifeline for safety-net providers, supporting critical health services in our communities. The program is narrowly tailored to reach only hospitals that provide a high level of services to low-income individuals or that serve isolated rural communities. Significantly more 340B hospitals provide money-losing vital health services than non-340B hospitals, which include trauma centers, labor and delivery services, HIV-AIDS services, and immunizations.

We use our 340B savings to help care for all patients regardless of their ability to pay. We operate 23 clinic locations dedicated to provision of care for all patients including the poor and underserved. All employed physicians participate with Medicaid. We experience 44,000 Emergency Department encounters annually which include more than 450 trauma emergency patients. We also provide 56,000 Urgent Care visits annually.

Along with the annual $184M in charity care, one specific program our savings help support is our Discharge Prescription Access program. We are able to fill prescriptions with no cost to patients who are 200% of the Federal Poverty Level with no insurance or with insurance and co-payments that are unaffordable. Over 41% of Maywood falls within 200% of the Federal Poverty Level. In 2018, we provided over 2,900 prescriptions to our uninsured and underinsured patients via the 340B program.
Expanding the Access by the Numbers

$77M  Our approximate annual 340B savings

13.3%  Disproportionate Share Percentage

$110M  Amount spent annually on drugs

0.2%  Operating Margin (including 340b savings)

20  Miles away from the next closest institution that provides similar services

$184M  Uncompensated care provided last year (uncompensated care includes charity care, bad debt and underpayment from public programs)

IMPACT IF THE PROGRAM WAS SCALED BACK:

If the 340B program is scaled back or eliminated, we would not be able to continue our Prescription Access Program. The health system finances would not continue to support our robust Community Benefit structure. Considerable program reductions and restructuring would be required to maintain an operating margin sufficient to replace critical equipment and to continue to provide essential services to patients in our community. Many jobs would be lost and our ability to continue being a community safety-net provider jeopardized. In addition, our ability to provide Oncology care to the uninsured and underinsured patients would be significantly impacted.