

The background of the slide is a faded, light-colored image of the Golden Gate Bridge in San Francisco, viewed from a high angle looking down at the water and the bridge's towers and cables.

Brown & Toland Medical Group

National Pay for Performance Summit

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“Pay for Performance Pushes EMR Adoption”

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Brown & Toland Organization Overview

- Independent Practice Association (IPA) – formed in 1993
- 1,500 physicians in San Francisco area – PCPs = 40%
Specialists = 60%
- 5 Network Hospitals: University of California – San Francisco/Sutter Health/Catholic Healthcare West
- 190,000 HMO members – commercial and senior
- Health plans by product: 7 HMO, 8 PPO
- 225 employees through wholly-owned administrative subsidiary
- Perform delegated and non-delegated activities

IHA P4P Payment Measurement Set 2006 Measurement/2007 Reporting Year

Clinical Domain 50%

Childhood immunization, Antibiotic appropriateness, Breast cancer screening, Cervical cancer screening, Chlamydia screening, Appropriate asthma treatment, HbA1c screening, HbA1c poor control, Cholesterol management LDL screening, Cholesterol management LDL <130, Diabetic nephropathy monitoring

Patient Experience Domain 30%

Specialty care, Timely access to care, Care coordination, Overall rating of care

Information Technology Domain 20%

Measure 1: Integration of clinical electronic data sets for population management at group level

Measure 2: Electronic tools to support clinical decision making at point of care

Physician Incentive Bonus 10%

What Pushes EMR Adoption?

- Engaged Physician Network
- Assistance with Start-up Cost and Maintenance
- Increased Revenue to Individual Physician
- Reduced Overhead
- Reduced Risk of Providing Care
- Evidenced Based Quality of Care
- Patient and Physician-centric Case Management and Disease Management
- Physician Level Financial Rewards Based on Clinical Performance and Patient Satisfaction
- Use of Integrated Systems of Care to Promote Patient Safety and Improve Clinical Outcomes

Engaged Physician Network / Assistance with Start-up

- Brown & Toland is investing in systems and processes that will benefit our physicians and patients
- The group's Board of Directors approved \$16 million over the next 10 years for physician practice solutions
- Focus on physician practice management and electronic medical record
- Business and clinical integration across all product lines
- A \$10,000 sign-on bonus
- Deep discounts for Practice Management System and Electronic Medical Record, including DSL and information technology support
- Industry EMR implementation and maintenance cost range \$10,000 to \$50,000 per physician
- Current P4P revenue at 1.25% of total revenue

Increased Revenue to Individual Physician

- Optimizes coding and improves payments
- Improved management of referrals and eligibility
- Templates and smart aids shorten documentation time
- Remote sign-on increases productivity
- Higher visit volume
- Allows re-dedication of office space currently devoted to paper records to revenue producing space
- Increased P4P bonuses

Reduced Overhead

- Minimizes transcription costs
- Reduces chart supply costs, chart access time, and storage of paper charts
- Increases employee productivity
- Allows re-assignment of staff
- Industry reports cite reduction range from 4 FTE/physician to 2.5

Improved Risk Management

- Improves Quality of clinical documentation
- Enhanced accuracy of enterprise shared information
- Heightens security and controls integrity of data
- Disaster security of data minimizes downtime or loss of business or clinical data
- Enhanced point of care safety with e-prescribing

Evidenced Based Quality of Care

- Increases access to patient information at the point of care
- Improves outcomes by patient health tracking and clinical alerts
- Faster responses to patients and increased patient satisfaction
- Promotes collaboration among physicians and promotes proactive care planning
- Provides point of care diagnosis support, clinical reference information and patient education.

Evidenced Based Quality of Care (continued)

- Follow-up for abnormal test results
- Tracking of tests and referrals until results received
- Identification of patients on specific medications
- Inclusion in EMR of all services ordered for patient
- % of patients assessed for the risk factors smoking, substance abuse, obesity
- Use of educational and self-management resources for chronic conditions and risk factors
- Quality improvement: measuring, setting goals, taking action across all product lines

Patient and Physician-centric Case Management and Disease Management

Disease Management Programs

- Asthma/COPD Management Program
- CHF
- HIV Management Program
- Diabetes Management Program
- CAD in development 2006

Targeted Case Management

- For catastrophic cases, frail elderly, high utilizers
- Outpatient case management for chronic care diseases
- Inpatient case management
- Follow-up discharge program for seniors
- 24/7 on-call case management for physicians and hospitals
- Repatriation of patients to their medical home

Physician Level Financial Rewards Based on Clinical Performance and Patient Satisfaction

2005 increase in financial rewards based on quality

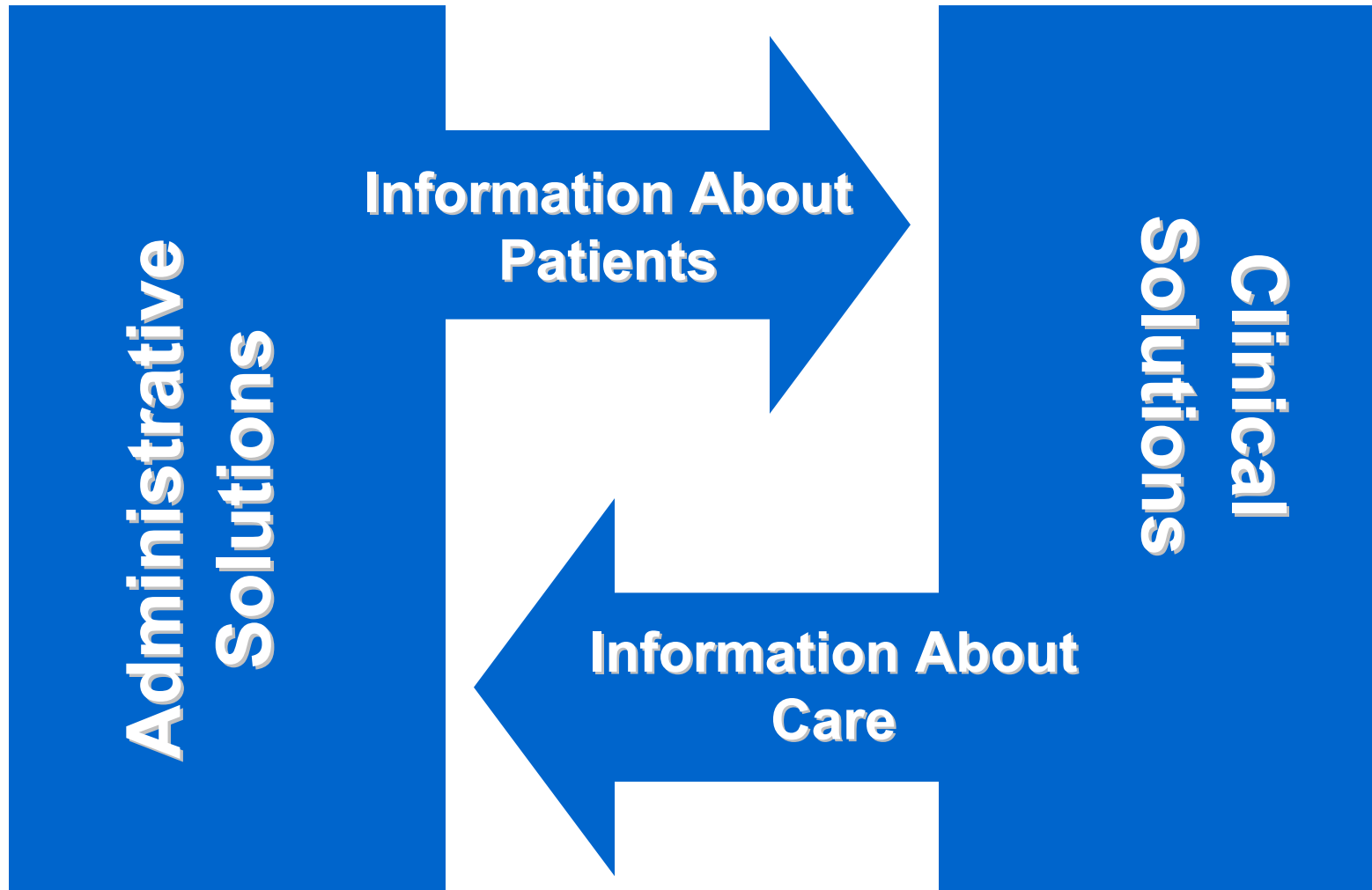
- Access to care metrics
- Clinical measures- HbA1c testing rates & levels
- Customer satisfaction survey results
- Use of electronic communication tools

Challenges to Success

Cost Impact on medical groups

- No dollars specific to population-based DM/EMR/Practice Management Solutions
- ROI varies due to misalignment of incentives across health care system
- P4P current funding level is inadequate to appropriately assist physician networks with high start up cost of EMR implementations
- Commercial insurance carriers (HMO/PPO), State (MediCaid) and Federal (MediCare) governments can gain significant present and future ROI by providing monetary incentives, grants and bonuses to assure timely transition to efficient EMRs
- Interconnectivity chasm between hospitals, diagnostic centers, physicians, eligibility sources and payors is impacted by competing resource demands, market based competition, politics and diverse level of commitment

Brown and Toland Physician Practice Solutions



Brown & Toland Solution

Suites	Access Management	Patient Financials	EMR
Applications	<ul style="list-style-type: none">• Master Patient Index• Scheduling• Visit Management• Eligibility Verification• Referrals• Authorization• Self-Service Web Portals• Advance Benefit Notice• Ambulatory Payment Classification	<ul style="list-style-type: none">• A Single Financial Solution• Claims Editing Software• Combined business Services• Risk management	<ul style="list-style-type: none">• Charge Capture• Clinical Results• E-prescribing• Scan• Order• Dictate• Transcribe• Document• Workflow

TECHNOLOGY FOUNDATION

Delivers operational benefits across the organization