

# *Creating a Clinically Integrated Network*



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# Population Health: Making a Difference?

Ensuring the **right care**,  
at the **right time**,  
in the **right setting**,  
improving **provider satisfaction**,  
and demonstrating **cost management**.



# AT the Beginning

## Health Care Spend Percentage of Total Claims Cost

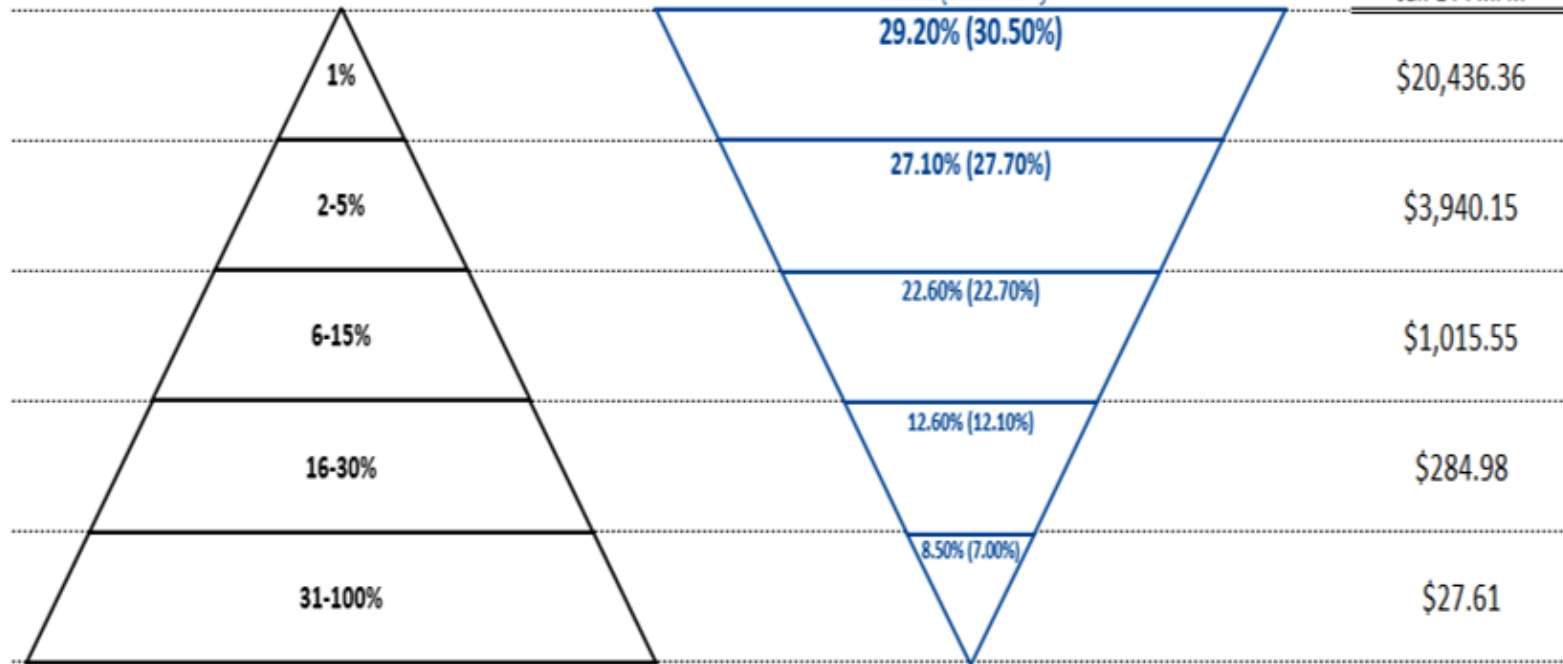
Analysis Month 3: Nov-14

Actual (Benchmark)

Analysis Month 1

Jan-14

Jan-14-PMPM



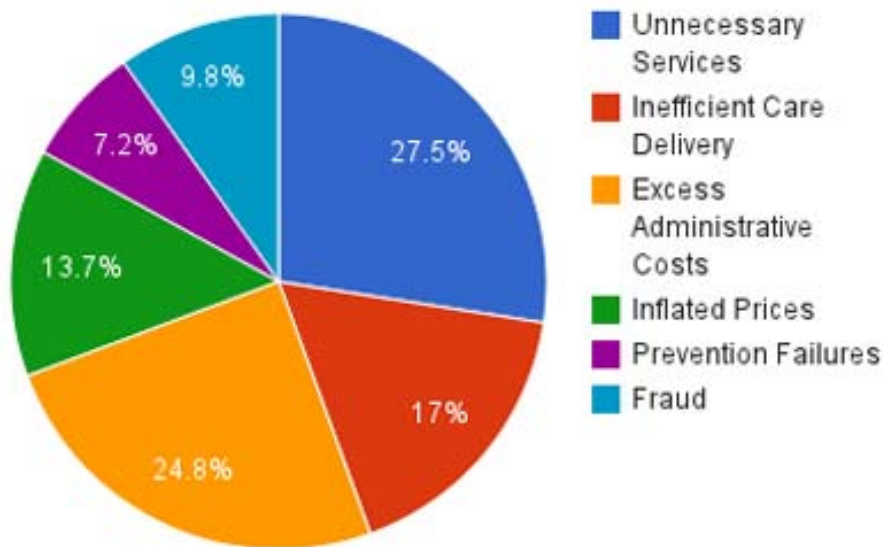
Membership Distribution Band Percentage Total

# Clinical Integration Why?

Ensuring the **right care**,  
at the **right time**,  
in the **right setting**,  
improving **provider satisfaction**,  
and demonstrating **cost management**.

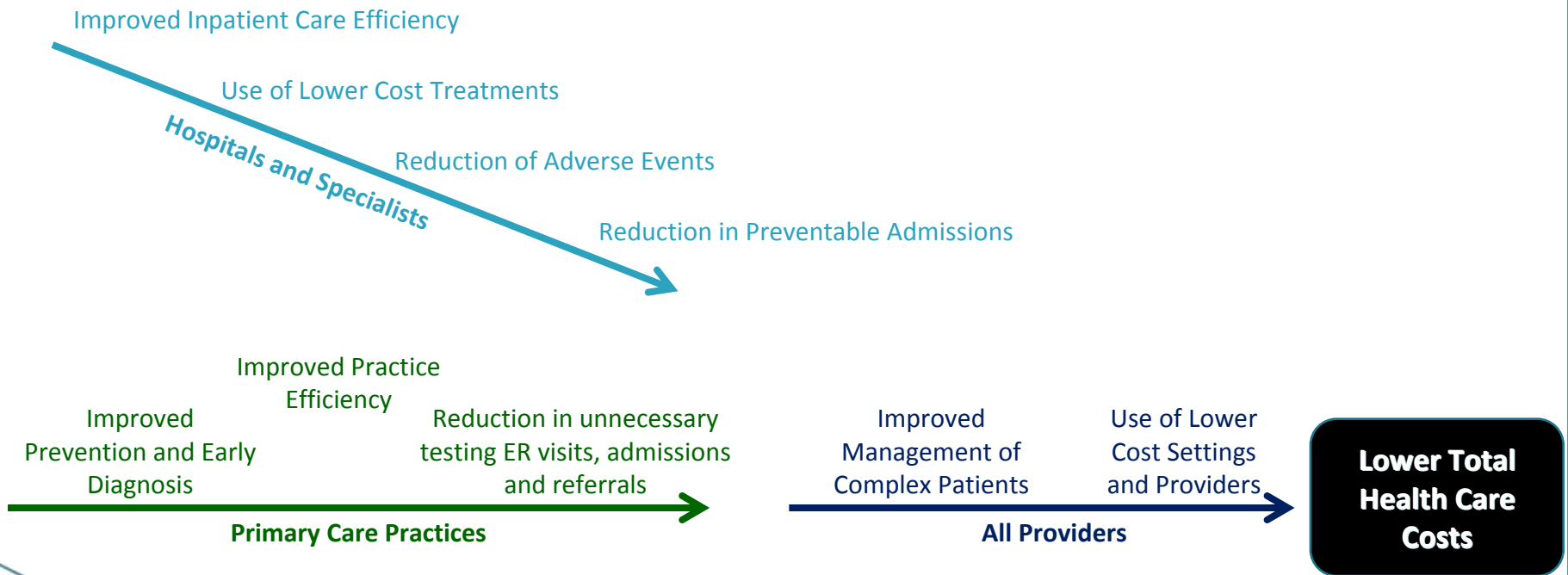


# Health Care Wasted Expenditures: 31% of Dollars Spent



From the Institute of Medicine September 2012

# Opportunities for Healthcare Cost Reduction



Population management, Quality Care, align physician and facilities, PHO medical management, Quadruple Aim

# Building a CIN: Work Plan

## Building a CIN: Three-Phase Work Plan



- Begin aligning exec team, Board, MDs
- CIN / ACO readiness assessment
  - Health system
  - Market
- Network strategy
  - Geography
  - Size / mix
  - Existing groups
  - Link with other initiatives (e.g., EMR / EHR)

**Timing:** 2-4 months

- Structure
- Governance
- Institutional relationships
- Management organization
- Participation agreement
- Business plan
- New shared values

2-4 months

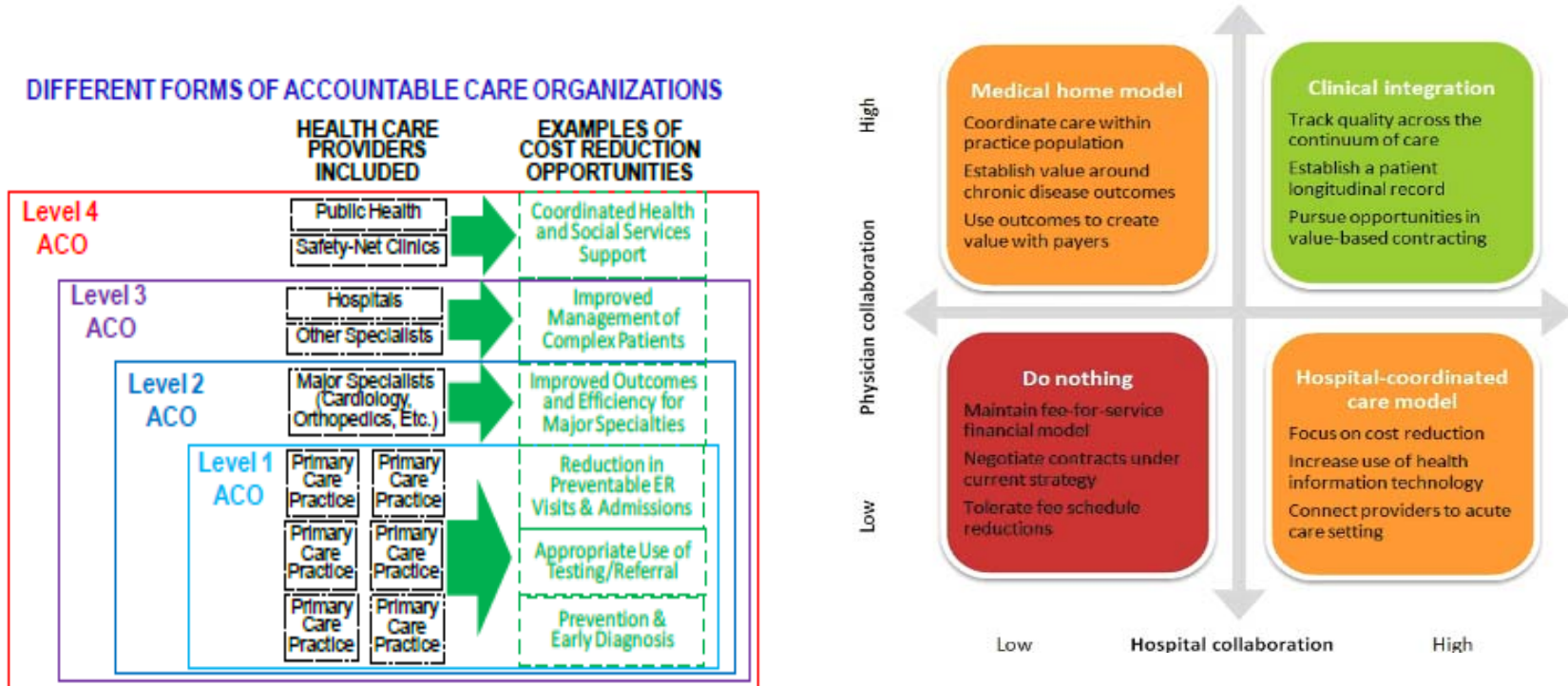
1. Align Board, executive team
2. Build collaborative culture
3. Develop Board, committees
4. Develop network mgmt team
5. Recruit / credential participants
6. Create CI program
7. Select / deploy CPRS\*
8. Engage practices in CI
9. Design incentive program
10. Develop payer strategy
11. Negotiate value-based contracts

~1 Year

\*CPRS = Clinical Performance Reporting System

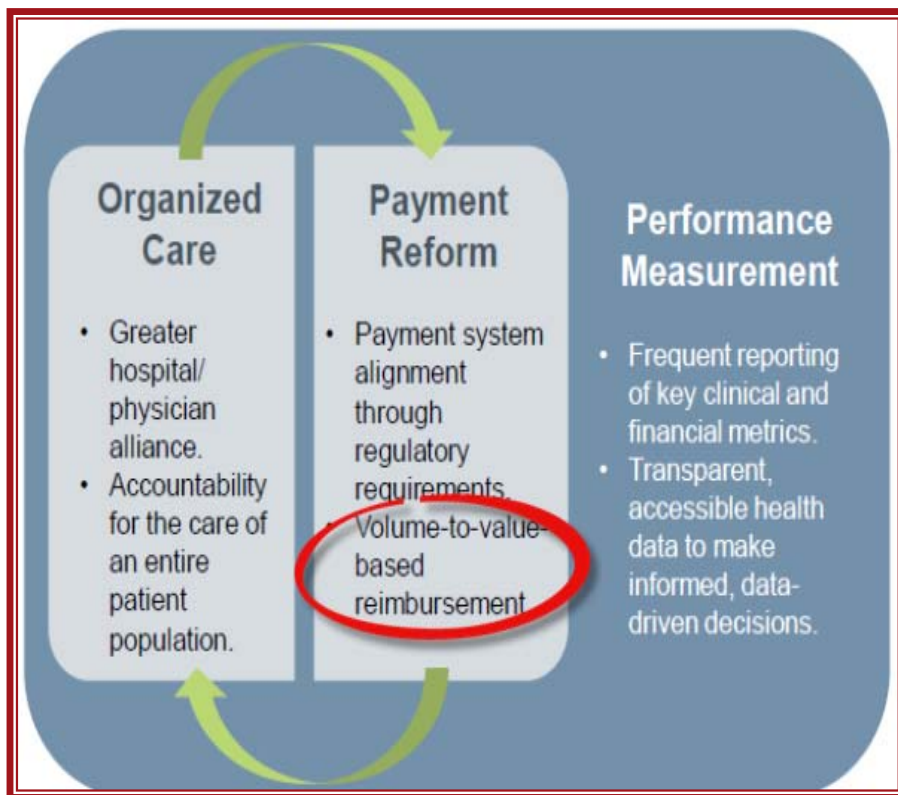
BDC Advisors Clinical Integration: The Road to Accountable Care 2011

# Levels of Integrated Care





# Attributes for Clinical Integration



- SVHP's Reimbursement Models
  - Medicare
    - MSSP
    - Advantage
  - Commercial ACO
  - Employer Self-Insured
  - Bundled Payments Care Improvement

# Clinical Integration

- An active and ongoing program to evaluate and modify practice patterns by the network's physician participants and create a high degree of interdependence and cooperation among the physicians to control costs and ensure quality.
- The coordination of patient care across conditions, providers, settings, and time to achieve care that is safe, effective, efficient, and patient focused.
- This may include:
  - Establishing mechanisms to monitor and control utilization of health care services that are designed to control costs and assure quality of care
  - Selectively choosing network physicians who can further efficiency objectives
  - **Investing in physical and human capital to develop infrastructure capable of realizing the claimed efficiencies**

# Antitrust Consideration

- Is the program real (i.e. **composed of legitimate, well-founded initiatives, involving all physicians in the network**)?
- Is the program designed to create likely efficiencies in terms of **better health care quality or lower cost**?
- Are joint **negotiations** with fee-for-service health plans reasonably necessary to achieve efficiencies sought by the program?
- **Medical Management** at the PHO level

# URAC Accreditation

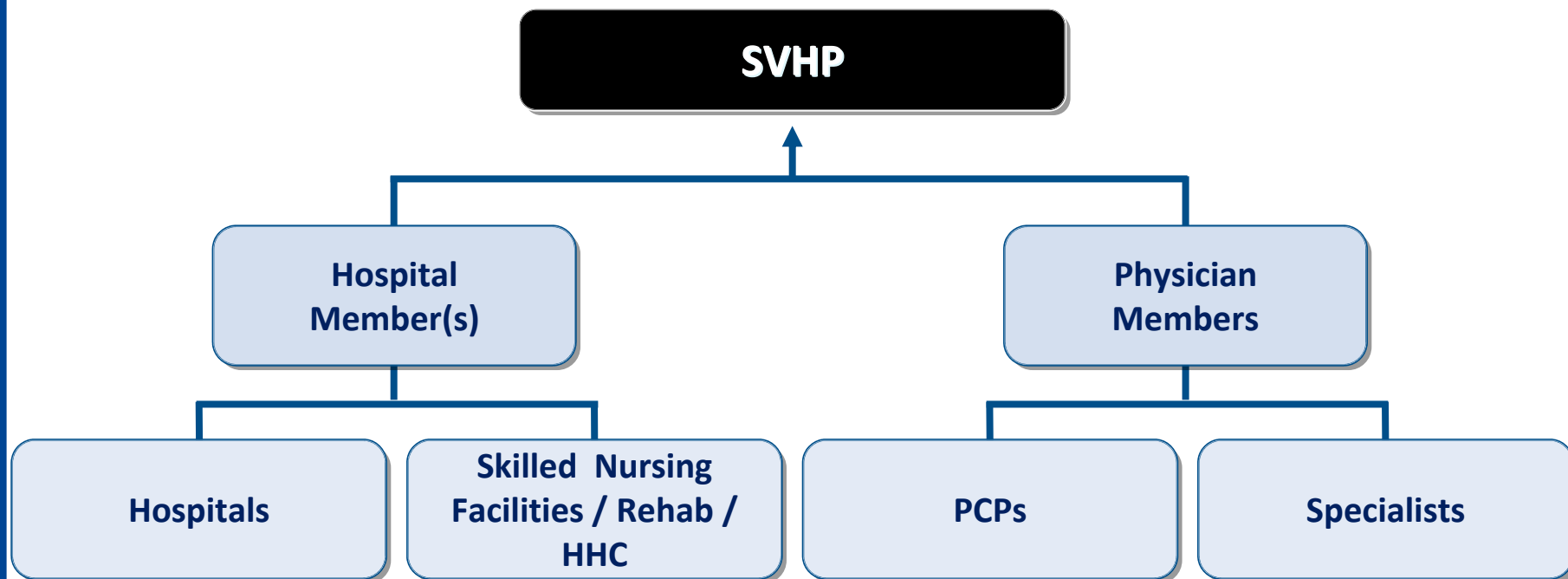
- **URAC's clinical integration standards provide the key components that providers can follow to develop clinical and financial integration.**
- **URAC's Clinical Integration Accreditation program aligns to Federal Trade Commission antitrust guidelines for ensuring that providers collectively collaborate to improve patient care and control/contain cost.**
- **By earning URAC accreditation, providers within clinically integrated networks demonstrate they are improving quality and patient outcomes, setting the framework to seek incentive-based payments.**
- **Differentiates PHO medical management services from insurer-based case management**
- **SVHP**
  - First organization in the country to receive URAC accreditation for Clinical Integration, March 2014
  - Perfect score on all elements



1996 Department of Justice (DOJ) and Federal Trade Commission (FTC) Statements of Antitrust Enforcement Policy in Health Care

# St. Vincent's Health Partners - Membership

➤ PHO Incorporated May 18, 2012



- 1 Flagship Hospital – St. Vincent's Medical Center
- 4 Skilled Nursing Facilities
- 4 Home Health Agencies
- >370 Providers (Physicians, PAs, and APRNs)
- 52 Offices



# Medical Management Population Management

Ensuring the **right care**,  
at the **right time**,  
in the **right setting**.



# SVHP Operationalizing Medical Management and Service

## ➤ **Management**

- Population Health
- Defining the operational roles of care coordination (Enterprise Level)
- Defining the operational role of case management (Facility Level)

## ➤ **Service**

- Provision of medical care from a provider/facility directly to the patient
- Managing all elements of individual patient care

# Population Health Management

## Care Coordination is the Key!

### Hospice/Palliative Care

### Home Care Management

Provides in-home medical and palliative care management by Specialized Physicians, Nurse Care Managers, and Social Workers for chronically frail seniors that have physical, mental, social, and financial limitations that limits access to outpatient care, forcing unnecessary utilization of hospitals.

### High-risk Clinics and Care Management

Intensive one-on-one physician/nurse patient care and case management for the highest risk, most complex of the population. As the risk for hospitalization is reduced, patient is transferred to Level 2. Physicians and Care Managers are highly trained and closely integrated into community resources, physician offices or clinics.

### Complex Care and Disease Management

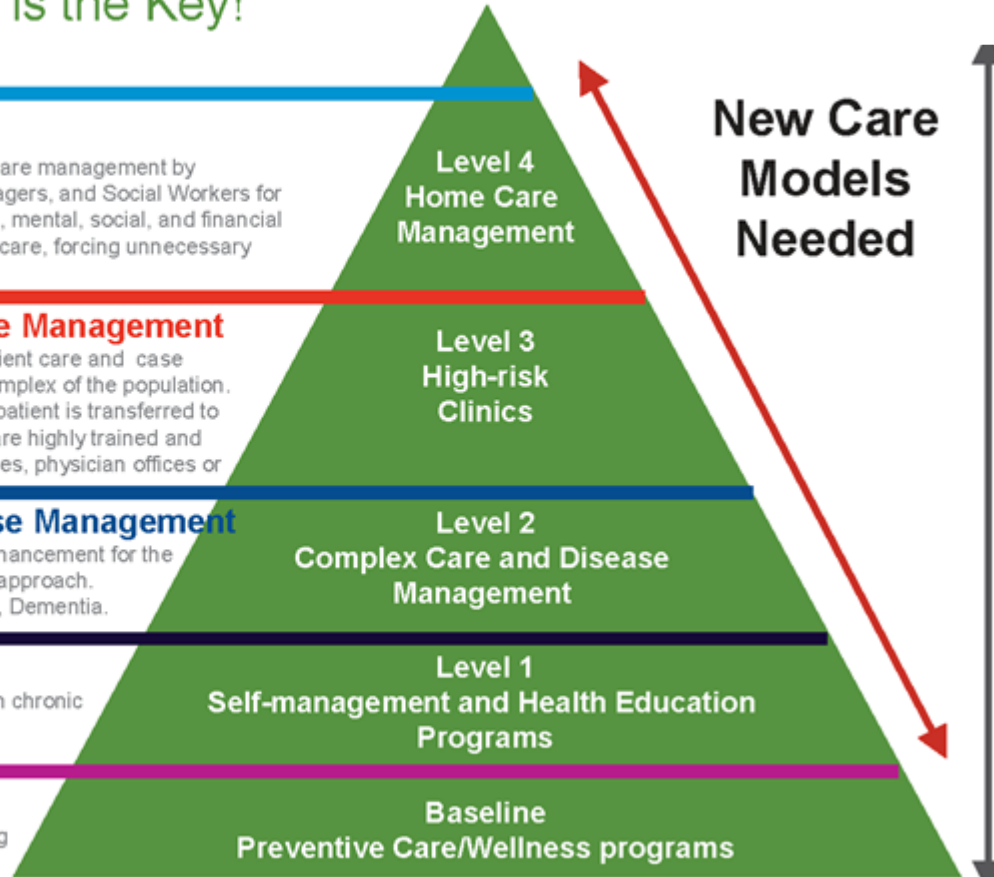
Provides long-term whole person care enhancement for the population using a multidisciplinary team approach. Diabetes, COPD, CHF, CKD, Depression, Dementia.

### Self-management, PCP

Provides self-management for people with chronic disease.

### Population Monitoring

Preventive care, education and monitoring for the community.



Source: HealthCare Partners Medical Group, Torrance, CA

Low Cost Patient



# Managing Populations



## Connect

- Acquisition and aggregation of clinical & financial data to create a holistic view of the patient



## Analyze



- Physician profiling to assess efficiency and optimize network performance
- Analytics to financially and clinically risk stratify patients
- Cost and utilization management across key contract success drivers, such as drug management, leakage management, and readmissions
- Gap in care identification and registries for actionable workflows



## Intervene



- Outreach workflow to proactively address patient gaps in care
- Care planning and adherence management
- Optimizing clinical and financial outcomes

# Care Coordination & Case Management

Category	Care Coordination	Case Management
Targeted Population	Organizational attributed patients	Individual patient
Education	Organizational membership	Patient
Disease Management	Oversees organizational care delivery success	Coordinates care for the patient using community resources
Communication	Organizational members	Patient and healthcare team
Goals	Network directed	Patient/payer/facility directed
Care Delivery	Medical management	Medical service
Processes	System standardization	Process focused
Relationship	Primary - healthcare team Secondary - patient	Primary - patient Secondary - healthcare team
Network Resource	Reinforce network	Utilize network
Use of Health Information Technology	Primary – network population Secondary – patient/practice/panel	Primary - patient/practice/panel Secondary - network
Measure of Success	Population outcomes	Patient outcomes

# SVHP Care Coordination Process



- Coordinate Care across more than 140 transitions
- Identify gaps in care
- Facilitate and exceed evidence-based care
- SVHP Playbook
  - Defines standard of care based upon preventive and disease management guidelines
  - Defines metrics required to meet quality gates
  - Identifies each transition and patient data required for successful patient hand-off
  - Organizational polices, and plans

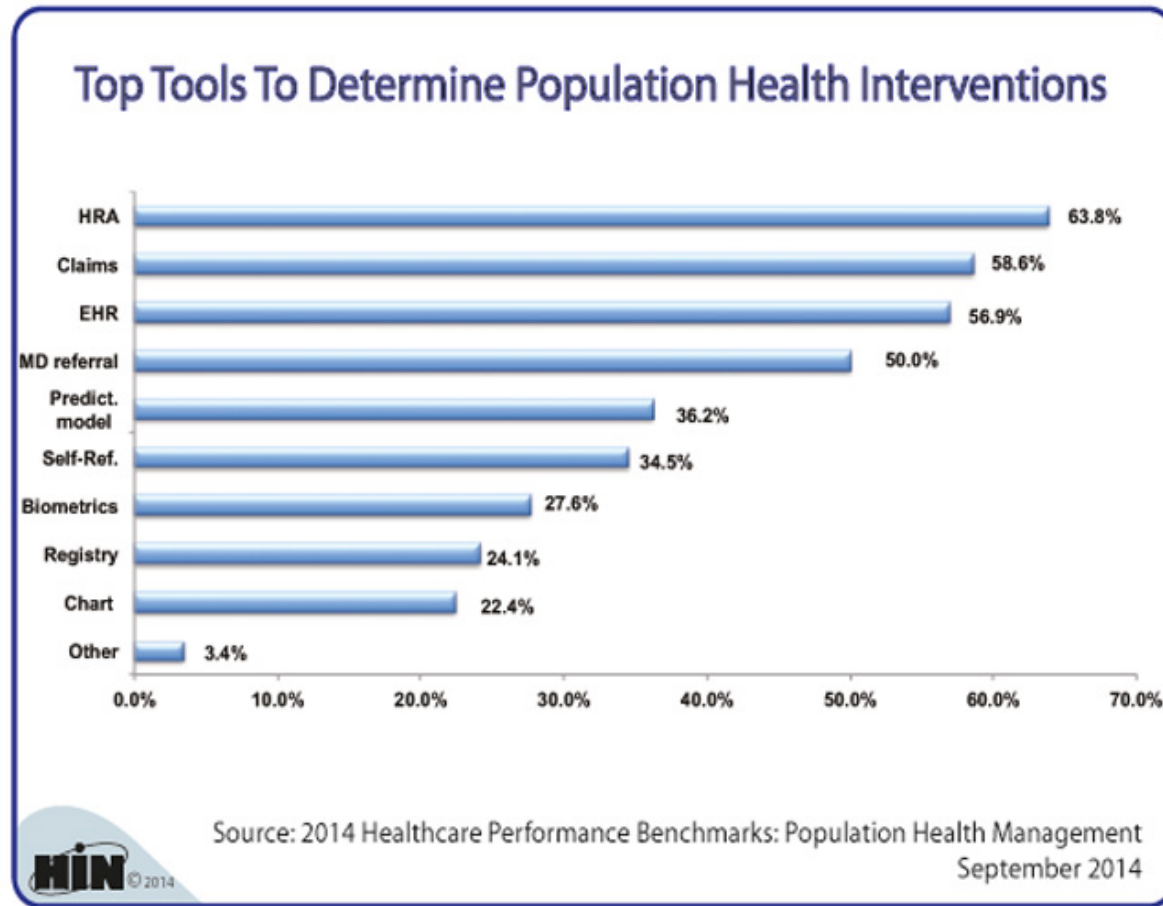
ST. VINCENT'S  
HEALTH  
partners INC.

Playbook

A Collaboration in Action

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# Population Health Management: The Tool Box



# Registry Development

SVHP Measures							
Standard Registry Name	Care Guideline Name	Care Guideline Source			Lab	Rx	EMR/Manual Entry
			ICD9	CPT or HCPCS	LOINC	Meds	CPT2
Acute Myocardial Infarction	Aspirin at Arrival for AMI	PQRS	X	X			X
Asthma	Pharmacologic Therapy for Persistent Asthma	PQRS	X	X		X	X
Coronary Artery Disease	ACE ARB Therapy for CAD and Diabetes and or LVSD	PQRS	X	X	X	X	X
Coronary Artery Disease	Beta Blocker Therapy for Prior MI or LVSD	PQRS	X	X		X	X
Coronary Artery Disease	Cholesterol Management With Cardiovascular Conditions	HEDIS	X	X	X	X	X
Diabetes	Dilated Eye Exam for Diabetes	PQRS	X	X			X
Diabetes	LDL-C Control less than 100	PQRS	X	X	X		
Diabetes	Nephropathy Assessment	PQRS	X	X	X		X
Diabetes	HbA1c Control greater than 9	PQRS	X	X	X		
Diabetes	HbA1c Control less than 8	PQRS	X	X	X		

46 registries encompassing everything from *Acute Myocardial Infarction* to *Women's Preventive Screenings*

# Managing the Lists

Rank	Member ID	Member Name	Age	Gender	PCP Name	PCP NPI	Months Eligible in Baseline Period	LOH Score	New to Report	Eligible	Pregnancy	Mental Health	Substance Abuse	Renal	Diabetes	CAD	COPO	CHF	Asthma	Decubitus Ulcer	Cardio-Respiratory Arrest	Vascular Disease	Coronary Vascular
1	21 07530399					99462543	12	0.787	Y	Y			X										
2	0175954921					9924076120	12	0.516	Y	Y			X	X			X	X			X		
3	01578241598					9946259442	12	0.360	Y	Y					X								X
4	11547547298					9976515543	12	0.327	Y	Y							X		X				
5	01223864021					9927229222	10	0.224	Y	Y													
6	01929285596					9915871379	12	0.220	Y	Y													X
7	11194271298					9979304399	12	0.229	Y	Y													
8	01792396021					992930066	7	0.226	Y														
9	1164398879					9983779603	2	0.217	Y					X	X								
10	0149594298					9912172917	12	0.210	Y	Y			X	X	X	X	X	X					
11	11120944178					9935198224	12	0.189	Y	Y													
12	11794387121					9919871379	12	0.187	Y	Y													
13	11175881598					9972575839	12	0.158	Y	Y													
14	0143371363999					9912172917	12	0.143	Y	Y													
15	11683874598					9987225222	5	0.143	Y														
16	11219275298					991882128	6	0.130	Y														
17	11792214598					9952915332	9	0.127	Y	Y													

Organization	Registry	Care Guideline	No. of Eligible Patients	Number and Percentage of Patients Meeting Guidelines						
				Process	Process %	Process Network %	Overall*	Overall* %	Overall* Network %	
<input type="checkbox"/> STVCT Hierarchy										
	<input type="checkbox"/> Asthma									
		Pharmacologic Therapy for Persistent Asthma	1,475	0	0.0%	0.0%	0	0.0%	0.0%	0.0%
	<input type="checkbox"/> Diabetes									
		BP Control less than 140 over 90 for Diabetes	2,440	103	4.2%	4.2%	70	2.9%	2.9%	2.9%

# Metrics; Meeting the Reimbursement Model

Measure	Private Plan A	Private Plan B	Private Plan C	MSSP	NCQA ACO	Meaningful Use	Buying Value	MAP Duals Family	HEDIS 2014
Breast Cancer Screening	X	X	X (42-69 years of age)	X	X		X		1
Chlamydia Screening	X (16-25)		X		X	X	X (women 16-24 years of age)		1
Controlling High Blood Pressure		X (ACE Inhibitor/Angiotensin Receptor Blocker--ARB--)	CAD: patient(s) with CAD and diabetes and/or CHF		X		X (Blood pressure control)	1	
Cervical Cancer Screening	X	X			X		X	1	1
Childhood Immunization status	X (childhood immunization status combo 2)	X (MMR & VZV)			X	X	X		1
Appropriate treatment for children with upper respiratory infection	X (3 months-18 years old)	X	URI--patients that did not have a prescription for an antibiotic on or three days after the		X	X	X avoidance of inappropriate use		1
Use of High Risk Medications in the Elderly					X	X	X	1	1

# Measuring the Triple Aim: CMS Final Rule – 33 MSSP Measures



Measure Category	Number of Measures	Measure Steward	Measure (abbreviated names)
Preventive Health (8 Measures)	3	NCQA (2 HEDIS measures)	Colorectal & Breast CA Screening; Pneumococcal Vaccine
	3	CMS	Adult Weight, Depression & Blood Pressure Screening
	2	AMA-PCPI	Influenza Immunization; Tobacco Use Assess / Cessation
At Risk Population (12 Measures)	5	MN – Community Measurement	DM A1c, LDL, BP Control, Tobacco non-use & Aspirin Use
	4	NCQA (2 HEDIS measures)	DM A1c Poor Control; HTN BP Control; IVD LDL Control, Use of Aspirin
	3	CMS / AMA-PCPI	HF Beta-Blocker for LVSD <sup>1</sup> ; CAD Rx for LDL control, ACE or ARB CAD and DM and/or LVSD
Patient/Care Giver Exp (7 Measures)	7	AHRQ	Clinician & Group CAHPS Survey: Composites of 80+ Qs
Care Coordination / Patient Safety (6 Measures)	2	AHRQ ACSC	Ambulatory Sensitive Conditions Admissions: COPD & HF
	1	CMS	PCP EHR Incentive Program Reporting (Meaningful Use)
	1	CMS	Risk-Standardized All-Cause Re-Admission
	1	NCQA (not a HEDIS measure)	Medication Reconciliation after Discharge from IP Facility
	1	AMA-PCPI/ NCQA	Screening for Fall Risk
Shared Savings			



# Benchmarking to CMS Regions

## HHS Regions

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Region Number	Region Name	Covered States
1	Boston	Connecticut, Maine, Rhode Island, Massachusetts, New Hampshire, Vermont
2	New York	New Jersey, New York, Puerto Rico, Virgin Islands
3	Philadelphia	Delaware, Maryland, Virginia, District of Columbia, Pennsylvania, West Virginia
4	Atlanta	Alabama, Georgia, Mississippi, South Carolina, Florida, Kentucky, North Carolina, Tennessee
5	Chicago	Illinois, Michigan, Ohio, Indiana, Minnesota, Wisconsin
6	Dallas	Arkansas, New Mexico, Texas, Louisiana, Oklahoma
7	Kansas City	Iowa, Missouri, Kansas, Nebraska
8	Denver	Colorado, North Dakota, Utah, Montana, South Dakota, Wyoming
9	San Francisco	American Samoa, California, Hawaii, Arizona, Guam, Nevada
10	Seattle	Alaska, Oregon, Idaho, Washington

# Adult BMI

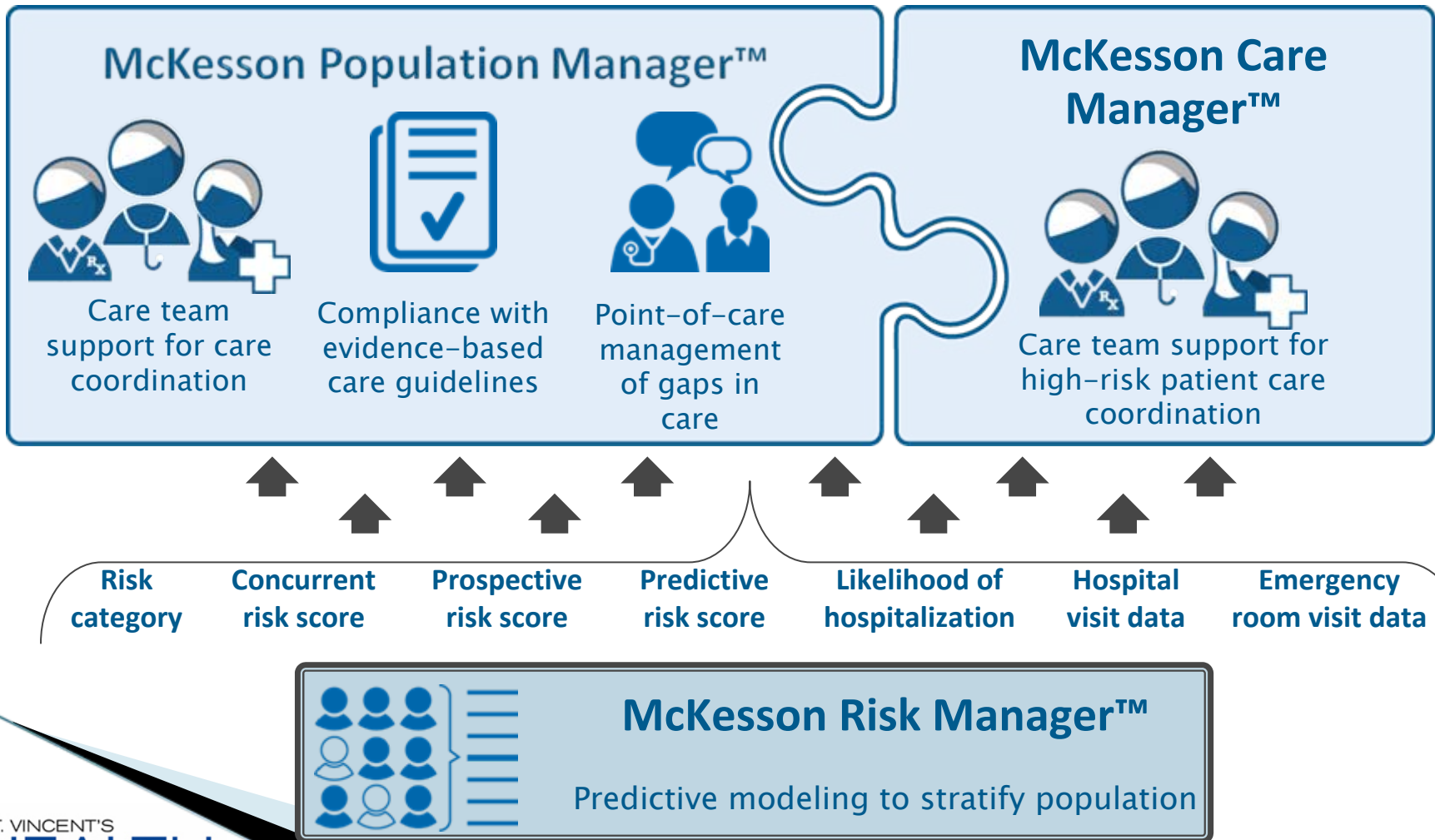
## 2014 Commercial Benchmarks and Thresholds

### Commercial Adult BMI Assessment

#### Benchmark and Thresholds (no change from 2013)

HHS REGION	PERCENTILES			
	90th	75th	50th	25th
1	NA	82	69	45
2	NA	76	57	46
3	NA	72	58	52
4	NA	62	52	4
5	NA	81	69	54
6	NA	69	57	4
7	NA	74	62	5
8	NA	78	58	4
9	NA	72	62	51
10	NA	76	45	2
<b>NATIONAL</b>	<b>84</b>	<b>74</b>	<b>61</b>	<b>7</b>

# Population Management Solution



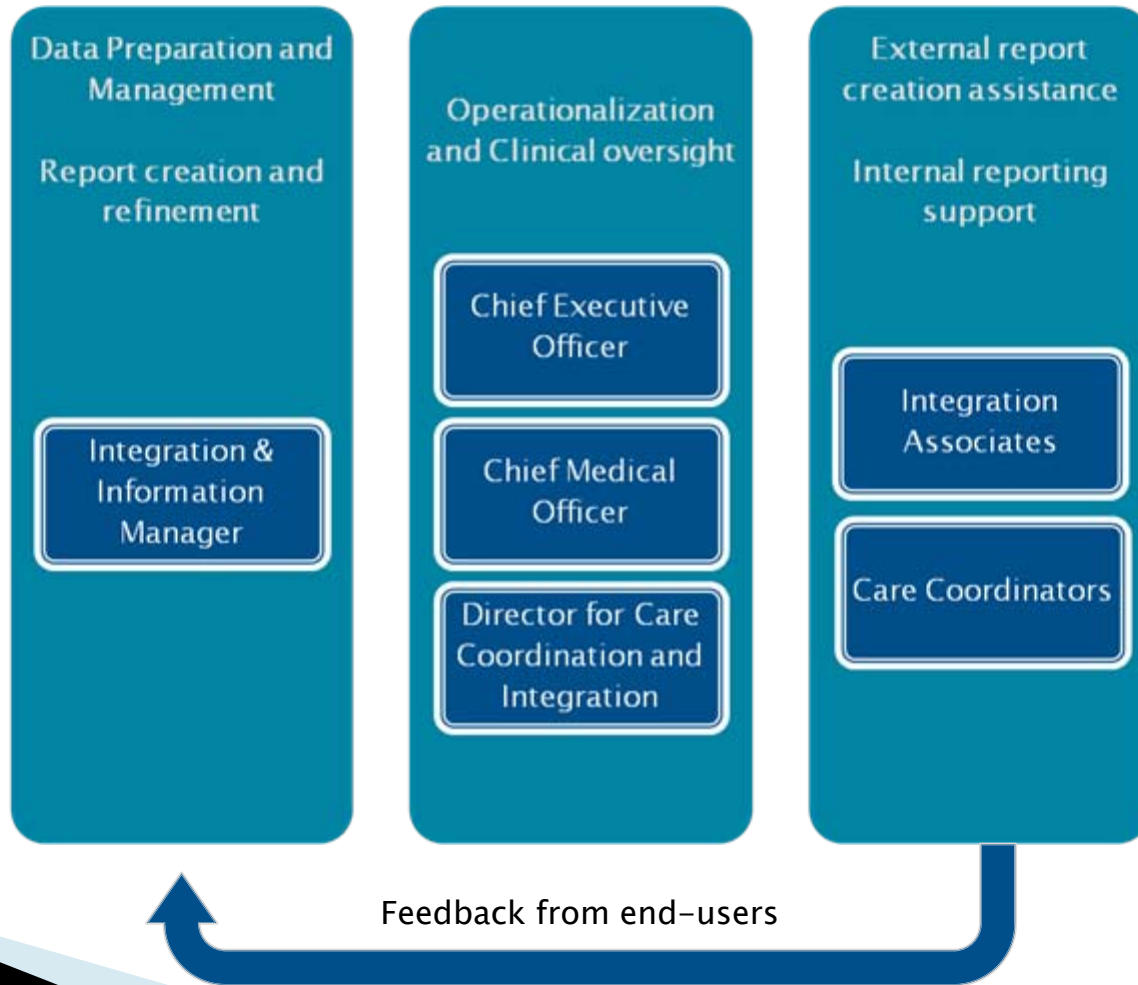


# Population Health: Concept to Operations

Ensuring the **right care**,  
at the **right time**,  
in the **right setting**.



# It Takes a Team



# SVHP Data Sequencing

## Phase I

- Data receipt timeline and format established
- Data is pulled using SSH File Transfer Protocol
- Data is catalogued and warehoused internally

## Phase II

- Data begins transformation to a workable form
- Data is decoded, where necessary.
- Care is used to ensure data integrity throughout the transformation process

## Phase III

- Data is supplemented through outside sources including, but not limited to: CMS files, US Census data, NPPES All-provider files, and ResDAC tables
- Begin cross-referencing to other data tables (e.g. CPT®, HCPCS, and ICD-9).

## Phase IV

- Data analysis begins.
- Employee cross-training and detailed process mapping ensure continuity
- Internal and external reports are created

# SVHP Monthly Data Transformation



- **Multiple Formats:**

- .pdf
- .xlsx/.csv
- .pip/.ff
- svhp

- **Multiple Types:**

- Attribution
- Disease Registry
- Rx Claims
- Medical Claims Paid
- YTD Reports (PDF)



## Aggregation and Analysis

- Aggregate and link more than a dozen separate files into a single spreadsheet for ease of use.
- Run combined data through a reformatting process.
- Calculate thresholds and begin to identify patients for inclusion into the monthly Queue.

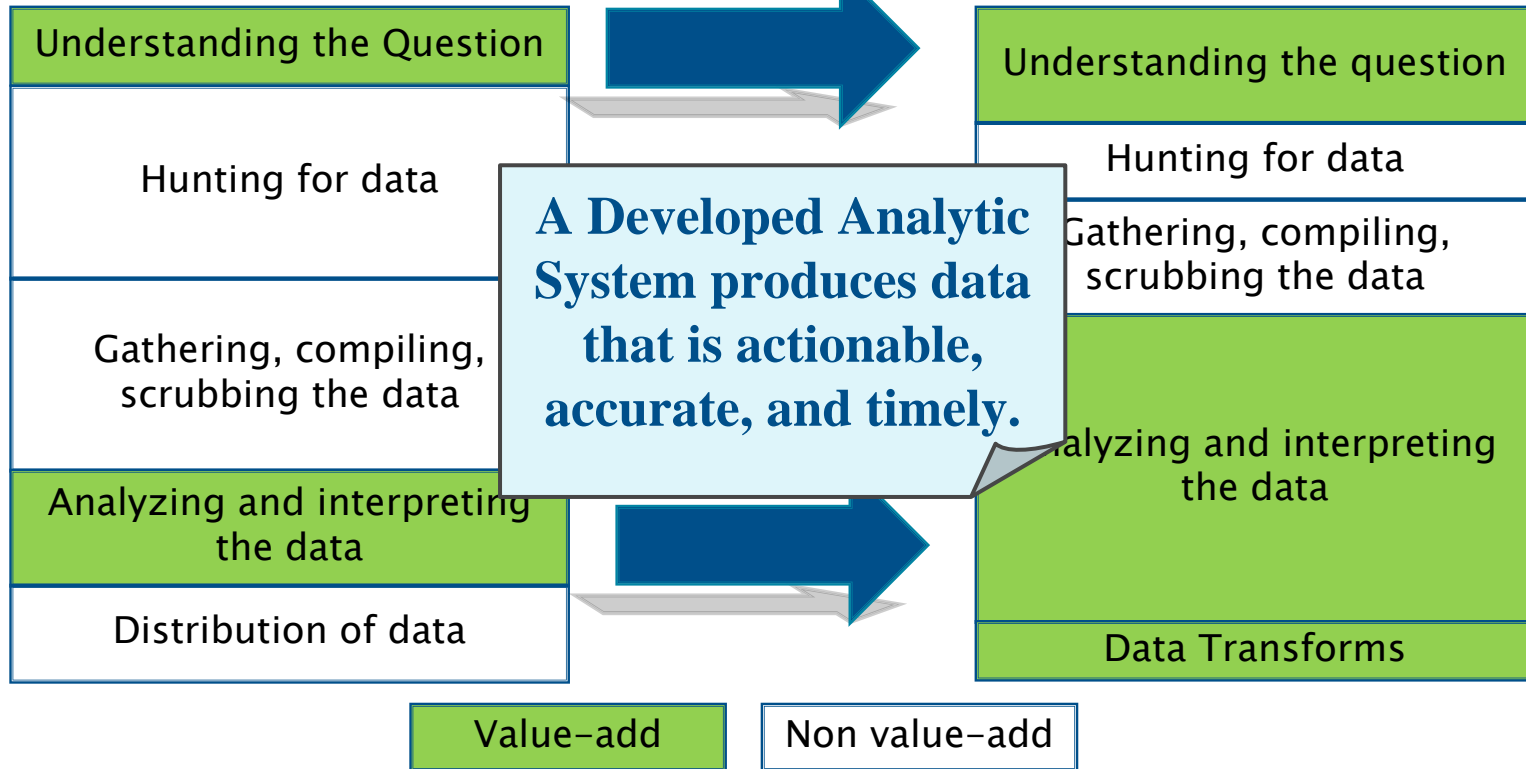


- A single, easy-to-use spreadsheet
- Accessible by all
- Contains all information necessary for care coordination
- Pre-sorted, risk-stratified, and color-coded view allows for easy identification and assignment of high, rising, and low risk patients.

# Analytic System Evolution

## Emerging Analytic System

## Developed Analytic System

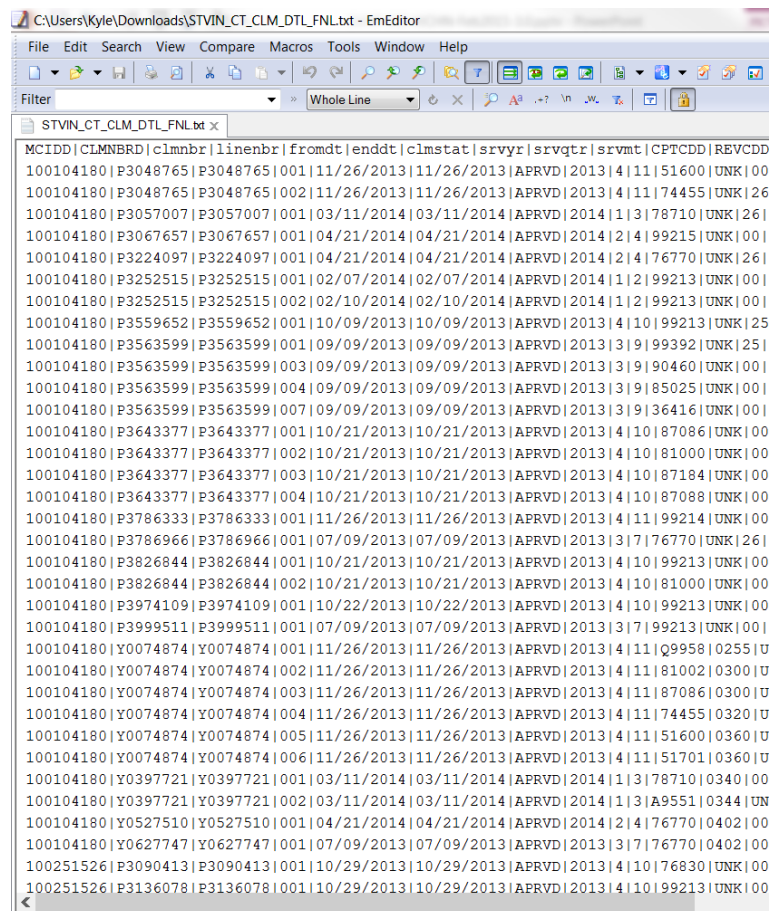




# Payer A:

## Phase I

- Two primary data sources:
  - Payer-run, claims based, online portal (reports)
  - SFTP Site (raw claims)
- Reports are pulled on a regular schedule from the Online portal and warehoused internally
- Claims files are delimited



```
C:\Users\Kyle\Downloads\STVIN_CT_CLM_DTL_FNL.txt - EmEditor
File Edit Search View Compare Macros Tools Window Help
Filter Whole Line
STVIN_CT_CLM_DTL_FNL.txt x
MCIDD|CLMNRD|clmnbr|linenbr|fromdt|enddt|clmstat|srvyr|srvgtr|srvmnt|CPTCDD|REVCCD|
100104180|P3048765|P3048765|001|11/26/2013|11/26/2013|APRVD|2013|4|11|51600|UNK|00|
100104180|P3048765|P3048765|002|11/26/2013|11/26/2013|APRVD|2013|4|11|74455|UNK|26|
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```

# Payer A:

## Phase II

- Data is reformatted and housed with its historical predecessors to tee-up trending analyses that occur in Phase III and IV
- A single formatting specification is created
- Data receipt timeline is developed
- Time spent scrubbing, delimiting, and reformatting the data is tracked to allow for LEAN process improvement later on
- **An automated reformatting engine is built and employees are cross-trained on its use**

# Payer A: Phase II/III

- Data Reformatting Engine**

- The user simply drags and drops the raw data sheet (untouched) into the workbook and selects it from a drop down list
- The engine does the rest and the source data is automatically calculated, transposed, and formatted to match the desired specification

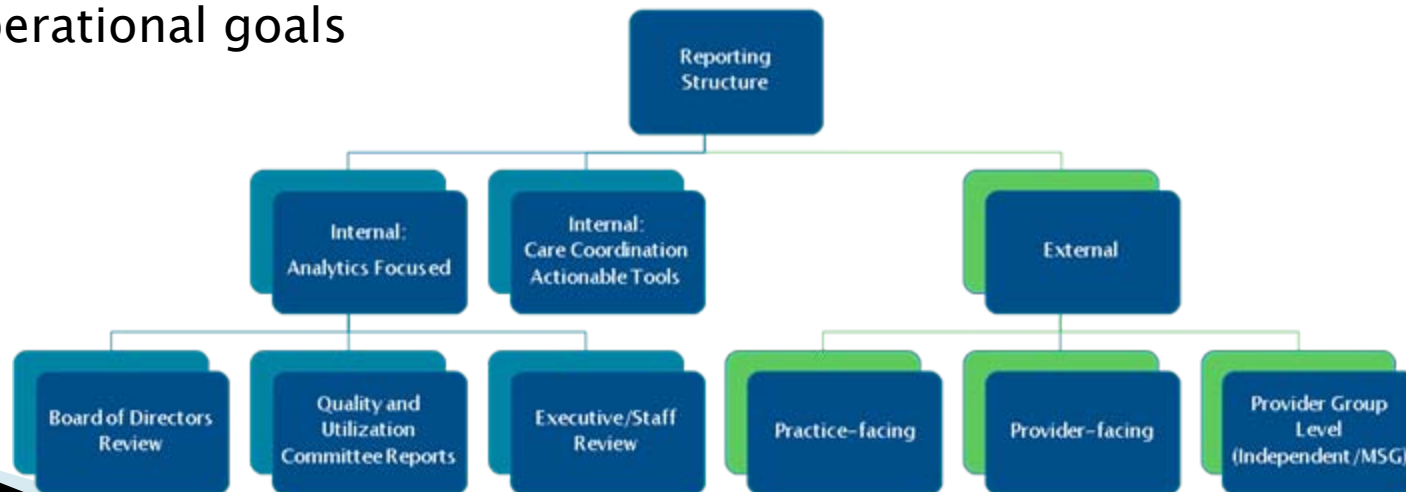
Patient Name	Gender	DOB	Primary Provider	Organization	Risk Score	PCP Visits	Other Visits	Months	Attribution
	F		Dr Gruskay, Jeffrey	Milford Pediatric Group Pc	0	4	2	VST	
	F		Dr Weisman, Benjamin	Pelkenberg	0	20	2	VST	
	M		Dr Cordero-Ferrer, Yamitza	St Vincents Multispecialty Group Inc	0	41	1	VST	
	M		Dr Goldfarb, George	Goldfarb George M	0	37	3	PCP	
	M		Dr Sekerak, Richard	St Vincents Multispecialty Group Inc	2	39	3	VST	
	F		Dr Simkovitz, Philip	Simkovitz, Philip	0	23	2	VST	
	F		Dr Sarfraz, Naeem	Prime Healthcare Of Southport Llc	0	42	3	VST	
	M		Dr Sekerak, Richard	St Vincents Multispecialty Group Inc	3	5	3	VST	
	M		Dr Sadinsky, Howard	Milford Pediatric Group Pc	0	7	2	VST	
	F		Dr Lopatin, Richard	Gastro Associates Of Fairfield Pc	0	33	3	VST	
	F		Dr Gupta, Rahul	Goldfarb George M	0	6	0	PCP	
	M		Dr Joshi, Swati	St Vincents Multispecialty Group Inc	0	1	2	VST	
	F		Dr Tristine, Edward	St Vincents Multispecialty Group Inc	0	28	3	VST	
	M		Dr Ranno, Michele	Goldfarb George M	0	2	2	VST	
	F		Dr Smith, Marilyn	Canterbury Pediatrics Pc	0	93	0	VST	
	F		Dr Chung, Taesun	St Vincents Multispecialty Group Inc	0	11	0	VST	
	F		Dr Woods, Strick	Gastro Associates Of Fairfield Pc	2	10	3	VST	
	M		Dr Ross, Douglas	St Vincents Multispecialty Group Inc	2	13	2	VST	
	F		Dr Weisman, Benjamin	Pelkenberg	4	26	3	VST	
	M		Dr Weisman, Benjamin	Pelkenberg	3	9	3	VST	
	M		Dr Sekerak, Richard	St Vincents Multispecialty Group Inc	0	2	3	VST	
	F		Dr Sarfraz, Naeem	Prime Healthcare Of Southport Llc	2	8	3	VST	
	M		Dr Goldfarb, George	Goldfarb George M	0	44	6	VST	
	F		Dr Ranno, Michele	Goldfarb George M	3	0	3	VST	
	F		Dr Ranno, Michele	Goldfarb George M	1	40	3	VST	
	F		Dr Sarfraz, Naeem	Prime Healthcare Of Southport Llc	0	1	3	VST	
	M		Dr Lopatin, Richard	Gastro Associates Of Fairfield Pc	3	6	3	VST	
	M		Dr Goldfarb, George	Goldfarb George M	0	1	2	VST	
	F		Dr Rizzardi, Cynthia	Endocrine Associates Llc	0	5	3	VST	

*Payer A – SVHP Proprietary Data Formatting Engine*

# Payer A:

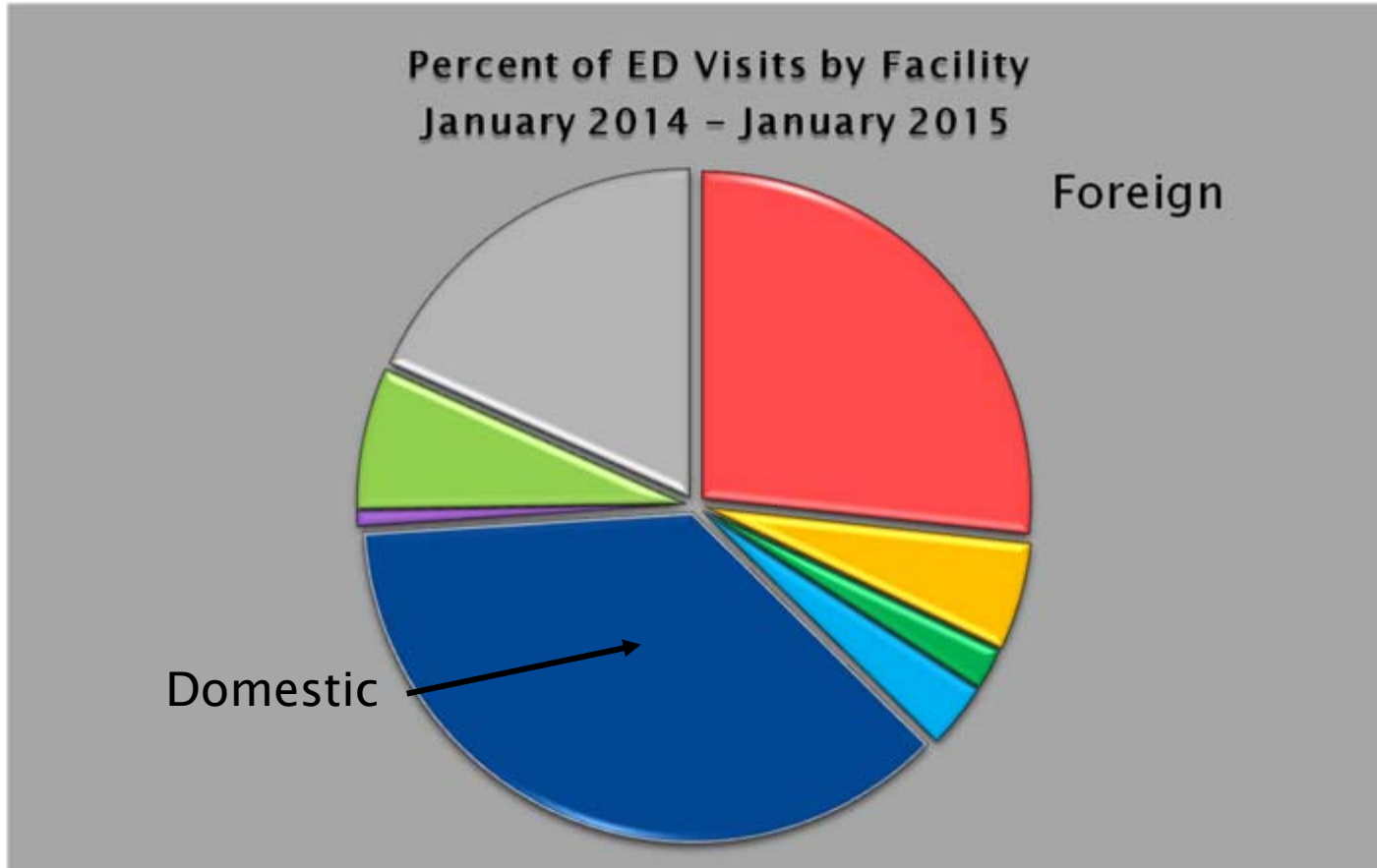
## Phase III/IV

- Data analysis and reporting begins
  - Reports are created and distributed to stakeholders
  - Data is designed to be accessible for all practice and stakeholder team members
- External reports are securely delivered monthly, with additional targeted reports delivered on-site.
- Ongoing practice site communication as necessary to meet operational goals



# Payer A:

## Phase IV – Internal Reporting



# Payer A:

## Phase IV - External Reporting

<b>Facility Name</b> <i>Primary Admitting Diagnosis</i>	<b>Percent of Out-of-Network ED Visits</b>
<b>Out-of-Network Facility A</b>	<b>21.25%</b>
<i>7862 – Cough</i>	<i>30.00%</i>
<i>7245 – Unspecified Backache</i>	<i>22.00%</i>
<i>0462 - Acute Pharyngitis</i>	<i>18.50 %</i>
<i>4659 – Acute Uris of Unspecified Site</i>	<i>8.00%</i>
<i>78060 – Unspecified Fever</i>	<i>3.25 %</i>

# Payer A

## Phase IV

- Monthly improvement and quality review meetings enhance and focus our data analytics work

Row Labels	Count	Row Labels	Count	Row Labels	Count
ASGARI, BARDIA	19	ASGARI, BARDIA	18	ASGARI, BARDIA	16
Complete	6	Complete	4	Complete	2
Due - 30 days	1	Past Due	14	Past Due	14
Past Due	12	BANDE, SHARYU A	1	BANDE, SHARYU A	1
BLOOM, KATHERINE A	3	Complete	1	Complete	1
Past Due	3	BLOOM, KATHERINE A	2	BLOOM, KATHERINE A	4
BRUCE-TAGOE, CHARLES N	16	Past Due	2	Complete	2
Complete	3	BRUCE-TAGOE, CHARLES N	17	Past Due	2
Due - 30 days	1	Complete	7	BRUCE-TAGOE, CHARLES N	16
Due - 60 days	1	Due - 30 days	1	Complete	8
Past Due	11	Past Due	9	Past Due	8
CHENG, JOYCE	22	CHENG, JOYCE	19	CHENG, JOYCE	19
Complete	6	Complete	6	Complete	6

Please select the following:		Payer A	
Payer/Contract:		Dec	
Month/Quarter:		2014	
Year:			
<b>Total Attribution</b>		<b>5078</b>	
Attributed by PCP Selection	652	12.84%	
Attributed based on Visit(s)	4426	87.16%	

Practice	Provider	# of Att Pts	# Attributed by Visit	# Attributed by PCP Selection
Advanced Gynecology & Robotic Surgery LLC	DR.KASHANI,SHABNAM	6	0	0
Allergy & Asthma Care of Fairfield County	DR.BACKMAN,KENNETH	85	0	0
	DR.BLOOM,KATHERINE	13		
	DR.VEKSLER-OFFENGENDEN,IRENA	65		
Allergy & Asthma Consultants of Fairfield County	DR.ALTSCHUL-LATZMAN,AIMEE	9	0	0
		9		

# Payer B:

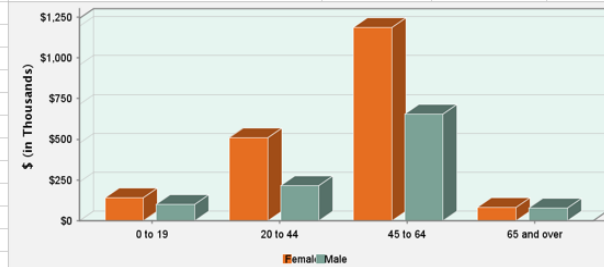
## Phase I

- Data driven analysis of the client's baseline status and population health goals
  - Often requires us to aggregate data from multiple sources and formats

	Average Age	Members		Total Amount Billed	Employee Paid	Member Expenses	
		Total	Current			Total	% of Total
Employee	47	1,037	976	\$4,745,514	\$394,444	\$2,155,124	69%
Spouse	49	330	299	\$1,489,644	\$114,362	\$608,187	20%
Dependent	15	544	503	\$717,514	\$76,465	\$348,102	11%
<b>Total</b>	<b>38</b>	<b>1,911</b>	<b>1,778</b>	<b>\$6,952,672</b>	<b>\$585,271</b>	<b>\$3,111,414</b>	<b>100%</b>

\*Avg age includes all members

Figure 2.1: Claims Paid by Gender and Age



Please Note: Average age for females is 36. Average age for males is 34.

Table 2.2 : Membership Profile

	Female		Male		Total	
	Members	% of Members	Members	% of Members	Members	% of Members
Employee	841	44%	196	10%	1,037	54%
Spouse	68	4%	262	14%	330	17%
Dependent	276	14%	268	14%	544	28%
<b>Total</b>	<b>1,185</b>	<b>62%</b>	<b>726</b>	<b>38%</b>	<b>1,911</b>	<b>100%</b>

Table 4.1: Top 20 Disease Conditions Utilization Summary

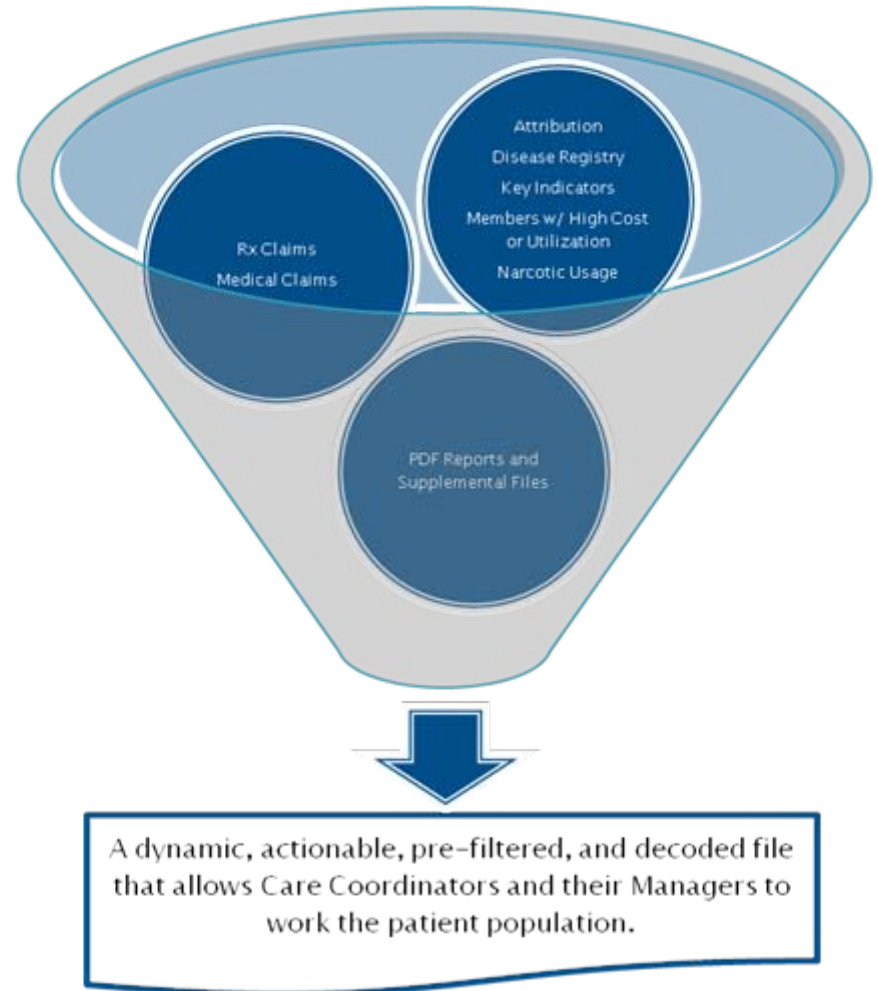
Chronic Condition	# of Members	PMPY
Cerebrovascular Disease	4	\$77,928
Chronic Liver and Biliary Disease	2	\$53,812
Eating Disorders	2	\$41,234
Coronary Artery Disease (incl. MI)	11	\$30,598
Cancer	21	\$28,616
Chronic Obstructive Pulmonary Disease	4	\$27,830
HIV/Aids	1	\$26,804
Major Trauma	3	\$24,289
Acute/Episodic Liver and Biliary Disease	3	\$22,046
Osteoarthritis	14	\$21,258
Atrial Fibrillation	9	\$18,912
Neck Pain	18	\$16,061
Major Depression	11	\$15,810
Inflammatory Bowel Diseases	2	\$14,179
Headache	16	\$12,940
Ulcerative Colitis	1	\$11,837
Skin Ulcer (excl. decubitus)	1	\$11,216
Chronic Renal Failure	5	\$11,009
Hypertension	71	\$10,986
Asthma	13	\$10,470
<b>total</b>	<b>212</b>	<b>\$487,834</b>



# Payer B:

## Phase II/III

- A proprietary and custom-built workbook accomplishes the three following analytic functions, automatically:
  - 🔧 Data reformatting engine
  - 🔧 Patient population stratification logic
  - 🔧 Care Coordination queue development



# Payer B: Phase III

Source: Rx claims and Utilization data

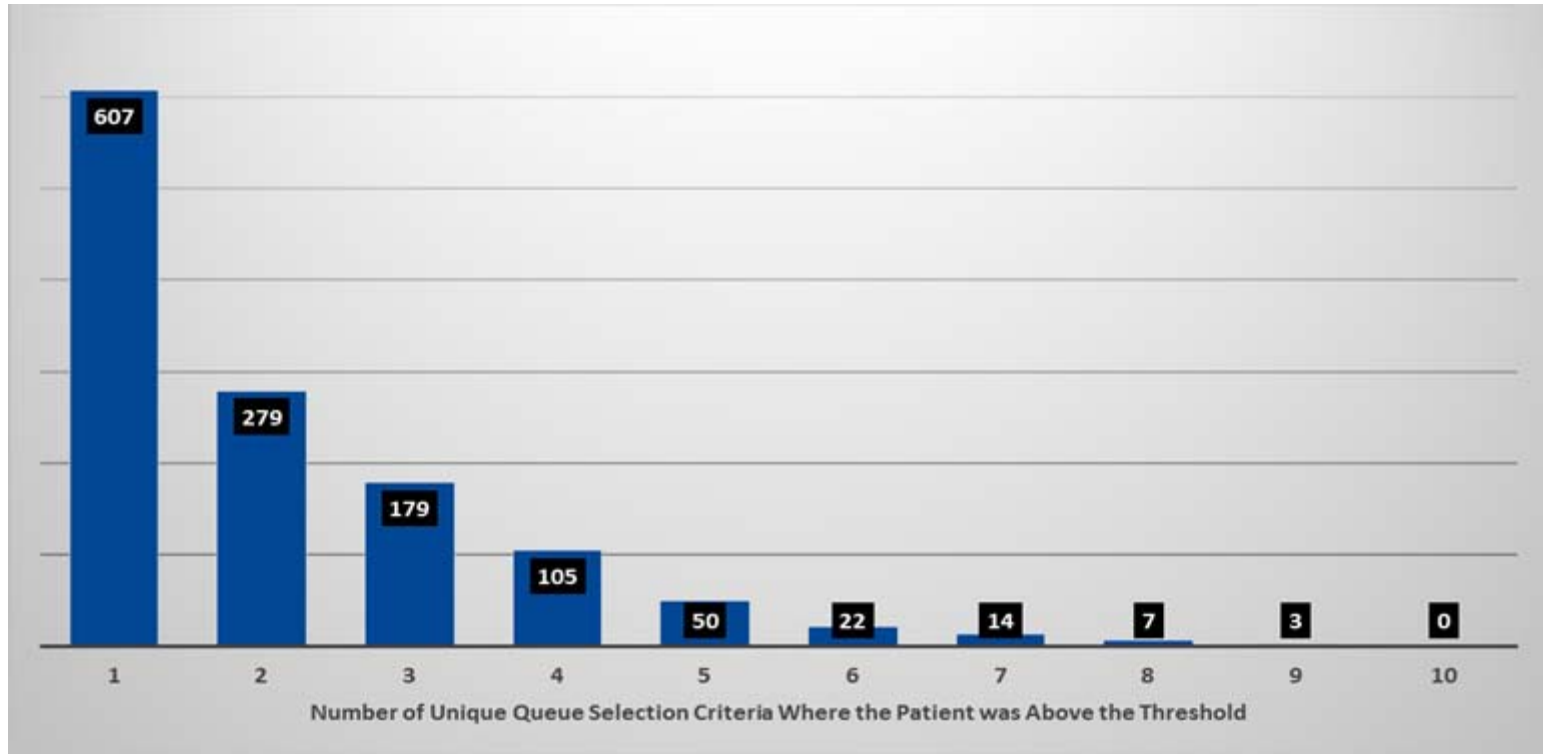
Individual ID	Individual	DOB	IPP (Office/Physician most seen last month)	Total # of Queue Flags	RI (Risk Index)	CGI (Care Gap Index)	ARI (Adjusted Risk Index)	RI (Risk Index) Last 30 Days	Rx Paid	Rx Conflicts	LOH (Likelihood of Hospitalization)	High Utilizers Only - Count of Prescriptions	Narcotics Use as a % of Total Rx Claims	Top 50 Patients (by Total Rx Claims) - # of Prescribers
			venu channamsetty, MD	1	11	2	13	9	\$ -	0	0.04	0	0.00%	0
			PRIMED, LLC	1	8	1	9	0	\$ -	0	0.05	7	0.00%	0
			PRIMED, LLC	4	35	8	43	0	\$ 179.93	0	0.12	3	0.00%	0
			NICHOLAS BLONDIN	8	47	10	57	11	\$ 3,555.26	0	0.85	13	0.00%	3
			PRIMED, LLC	5	30	5	35	2	\$ -	2	0.21	6	0.00%	0
			PRIMED, LLC	2	11	6	17	0	\$ -	0	0.07	8	0.00%	1
			DELIA MANJONEY, MD	1	2	5	7	0	\$ -	0	0.02	0	0.00%	0
			LEOF, FRANCINE	3	17	3	20	4	\$ 770.80	0	0.07	7	0.00%	0
			BRIDGEPORT MONROE PEDIATRIC GP	1	4	2	6	0	\$ 132.33	0	0.02	0	0.00%	0
			STUART C BELKIN MD MICHAEL R R	1	15	3	18	4	\$ -	0	0.11	3	0.00%	0
			CESAR A SIERRA, MD, LLC	1	12	2	14	0	\$ 106.62	0	0.07	0	0.00%	0
			PAIN & SPINE SPECIALISTS OF CT	5	36	4	40	9	\$ 431.19	0	0.27	3	0.52%	0
			PRIMED, LLC	6	40	6	46	6	\$ 191.02	0	0.26	2	0.00%	0
			TABITHA B FORTT MD LLC	2	21	1	22	0	\$ -	0	0.02	0	0.00%	0
			None	1	1	5	6	0	\$ -	0	0.01	0	0.00%	0
			PRIMED, LLC	2	12	6	18	0	\$ 194.01	0	0.04	0	0.00%	0
			OWEN SCHNEIDER, MD, LLC	1	10	3	13	0	\$ 168.50	0	0.03	3	0.00%	0
			PRIMED, LLC	3	32	3	35	1	\$ 6.82	3	0.06	2	0.00%	0
			CHILD GUIDANCE CENTER SOUTHERN	1	14	2	16	3	\$ 6.95	0	0.05	2	0.00%	0
			EMERGENCY MEDICINE PHYSICIANS OF	2	10	5	15	0	\$ 137.40	0	0.03	2	0.00%	0
			SEGALL, LAURENCE C	1	9	2	11	0	\$ 423.59	0	0.03	1	0.00%	0
			MEDICAL SPECIALISTS OF FAIRFIELD	6	43	5	48	56	\$ 576.70	0	0.44	0	0.00%	0
			PRIMED, LLC	2	24	2	26	0	\$ 94.07	0	0.03	3	0.00%	0
			PRIMED, LLC	1	5	2	7	0	\$ 280.15	0	0.06	2	0.52%	0

Source: Attribution and Medical Claims data

# Payer B:

## Phase III

### Population Health Analysis: Risk Stratification



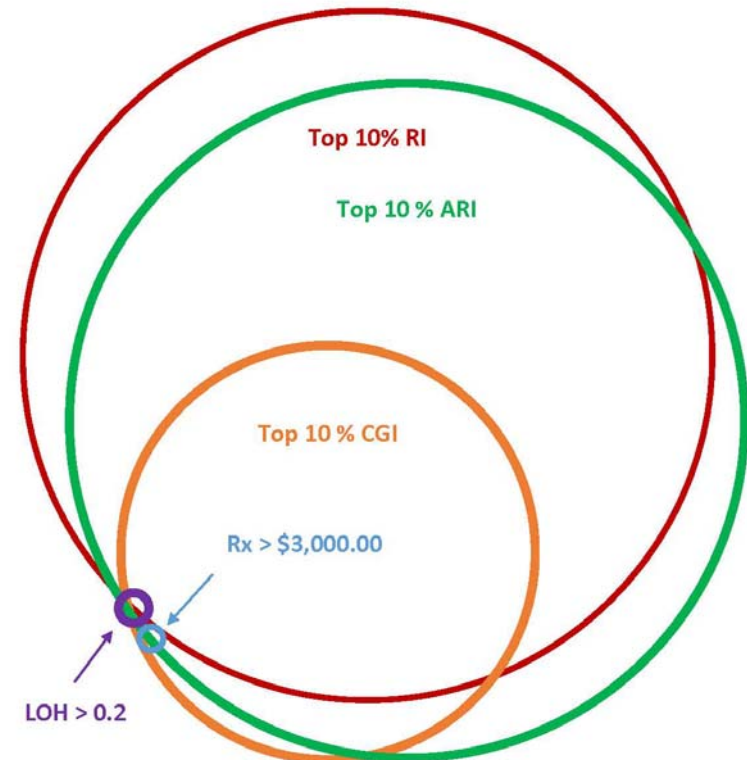
← Low Risk High Risk →

# Payer B:

## Phase IV

### Multivariate Factor Analysis

Payer B - Inclusion Factor Analysis		
Month:	Jan	
Year:	2015	
Attribution Size:	5440	
Attribution File- Header Row:	11	
Inclusion Factor	Calculated Threshold	Q Impact (# of Pts)
RI	18	543
CGI	4	537
ARI	22	488
RI Last 30 Days	2	372
Pharmacy Paid	\$127.94	543
Rx Conflicts	0	0
LOH	0.20	0
High Utiliz Rx Count	5	166
Narc Use % of Total Claims	0.84%	15
Top 50 by Total Claims - # of Prescribers	2	36
Static Value		
Calculated Value		

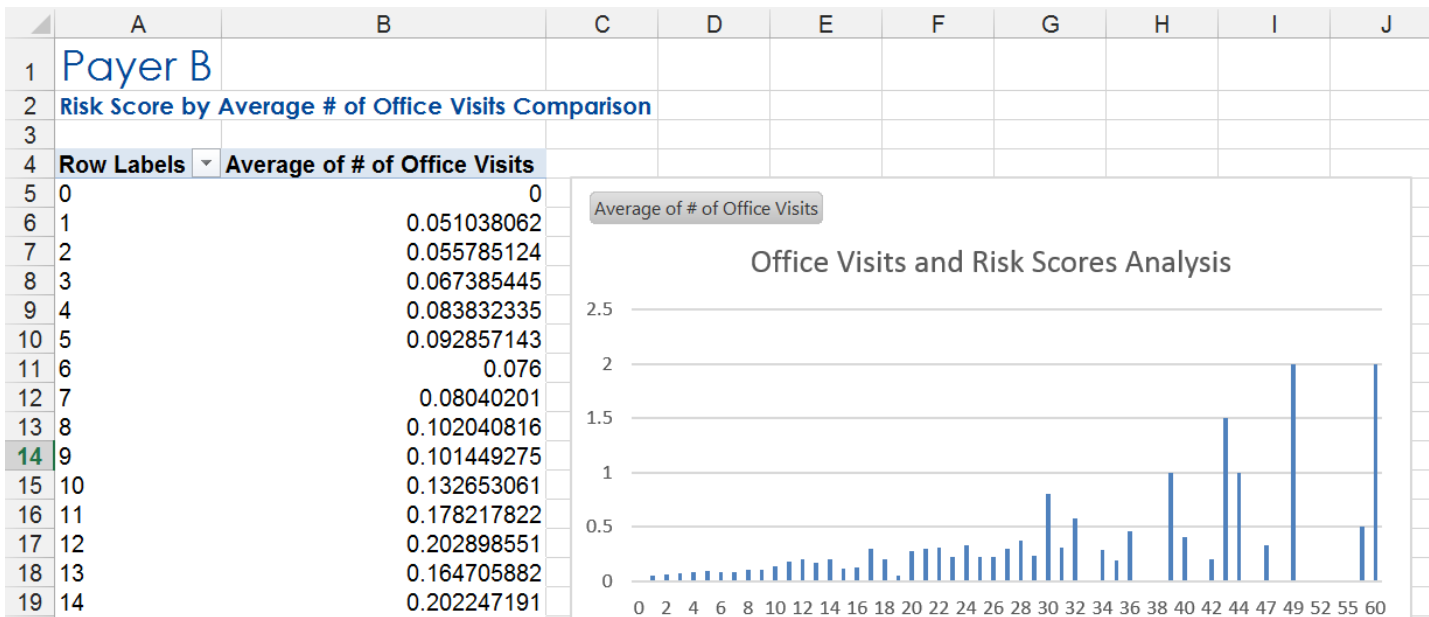


By tracking and periodically reviewing our inclusion factor thresholds we can continually optimize our patient stratification algorithm.

# Payer B

## Phase IV

- Monthly review meeting focus on exploring relationships across files and data types



# Payer C: Phase I

- Initial data files were labyrinthine and heavily coded
- Some files were so large that a special text editor had to be used to pre-format the file so it could be manipulated by analytics software
- Unconventional fixed-width files with deceiving start and stop points

2012-07-26	2012-07-26	09772112012-07-26	2012-07-26	2636475	00000001614.92	4541	061615623	19422108511	A	0	2012-08-10	2012-08-13	75021
2012-09-20	2012-09-20	09411112012-09-20	2012-09-20	2092014	00000000098.24	36616	061421417	12856219461	A	0	2012-09-28	2012-10-01	75021
2012-01-05	2012-01-05	12501112012-01-05	2012-01-05	0599203	00000000071.20	4660	411939629	17202746731	A	0	2012-02-24	2012-02-27	59111
2013-12-12	2013-12-12	09111112013-12-12	2013-12-12	1299213	00000000016.81	449300	274331891	18311219791	S	0	2014-02-28	2014-03-04	75021
2013-07-29	2013-07-29	09501112013-07-29	2013-07-29	2993296	00000000022.83	V4502	060646973	11940138881	A	0	2013-09-13	2013-09-16	75021
2013-06-11	2013-06-11	44481112013-06-11	2013-06-11	1199212	00000000035.89	138	450604038	11947298631	A	0	2013-06-21	2013-06-24	08101
2013-08-12	2013-08-12	09304212013-08-12	2013-08-12	1274177	00000000072.55	78959	061613357	16694532961	A	0	2013-09-13	2013-09-16	75021
2013-07-29	2013-07-29	09501112013-07-29	2013-07-29	2993295	00000000045.28	V4502	060646973	11940138881	A	0	2013-09-13	2013-09-16	75021
2012-10-19	2012-10-19	09695812012-10-19	2012-10-19	1984443	00000000023.80	42731	061525596	11240978291	A	0	2012-11-02	2012-11-05	75021
2012-11-20	2012-11-20	09590412012-11-20	2012-11-20	20A0428	00000000188.48	V560	261362856	14878372411	A	0	2012-11-30	2012-12-03	75021
2013-12-12	2013-12-12	09111112013-12-12	2013-12-12	1290471	00000000005.14	AV0382	274331891	18311219791	S	0	2014-02-28	2014-03-04	75021
2013-11-23	2013-11-23	09304232013-11-23	2013-11-23	2373560	00000000008.00	9597	061613357	10131430231	A	0	2013-12-13	2013-12-16	75021
2013-10-03	2013-10-03	09304212013-10-03	2013-10-03	0373510	00000000009.39	8208	061293322	11048415841	A	0	2013-10-25	2013-10-28	75021
2013-01-30	2013-01-30	09351112013-01-30	2013-01-30	30G8539	00000000000.00	7393	061086226	12654428341	0	0	2013-02-15	2013-02-18	75021
2012-11-20	2012-11-20	09590412012-11-20	2012-11-20	20A0425	00000000006.75	V560	261362856	14878372411	A	0	2012-11-30	2012-12-03	75021
2012-10-22	2012-10-22	09021112012-10-22	2012-10-22	2299213	00000000060.54	1744	800458769	19120908121	A	0	2012-11-16	2012-11-19	75021
2013-01-30	2013-01-30	09351112013-01-30	2013-01-30	3098940	00000000000.00	7393	061086226	12654428341	0	0	2013-02-15	2013-02-18	75021
2013-01-30	2013-01-30	09351112013-01-30	2013-01-30	30G8732	00000000000.00	7393	061086226	12654428341	0	0	2013-02-15	2013-02-18	75021
2013-05-09	2013-05-09	09304212013-05-09	2013-05-09	0974160	00000000050.91	7892	061613357	18311704551	A	0	2013-05-24	2013-05-27	75021
2012-10-19	2012-10-19	09695812012-10-19	2012-10-19	1985610	00000000005.56	42731	061525596	11240978291	A	0	2012-11-02	2012-11-05	75021
2013-12-12	2013-12-12	09111112013-12-12	2013-12-12	1290732	00000000009.80	AV0382	274331891	18311219791	S	0	2014-02-28	2014-03-04	75021
2013-03-22	2013-03-22	09042112013-03-22	2013-03-22	2299203	00000000075.42	38900	550789127	14876964311	A	0	2013-05-24	2013-05-27	75021
2013-03-22	2013-03-22	09042112013-03-22	2013-03-22	2269210	00000000045.94	3804	550789127	14876964311	A	0	2013-05-24	2013-05-27	75021
2012-09-20	2012-09-20	09410112012-09-20	2012-09-20	2092015	00000000000.00	36616	061421417	12856219461	0	0	2012-09-28	2012-10-01	75021
2012-12-18	2012-12-18	09111112012-12-18	2012-12-18	1899213	00000000059.93	34581	200789374	17604270331	A	0	2012-12-28	2012-12-31	75021
2012-06-20	2012-06-20	09041112012-06-20	2012-06-20	2092540	00000000085.52	N38635	060950205	11241156621	A	0	2012-06-29	2012-07-02	75091
2012-06-20	2012-06-20	09041112012-06-20	2012-06-20	2092547	00000000015.53	N38635	060950205	11241156621	A	0	2012-06-29	2012-07-02	75091
2013-03-16	2013-03-16	09131212013-03-16	2013-03-16	1699233	00000000085.46	43491	061009699	14777033821	A	0	2013-04-19	2013-04-22	75021
2012-12-15	2012-12-15	09065212012-12-15	2012-12-15	1593306	00000000054.52	42731	223594115	15987022191	A	0	2013-01-25	2013-01-28	75021
2014-04-29	2014-04-29	09111112014-04-29	2014-04-29	2999213	00000000061.66	2724	542067842	11947504711	A	0	2014-05-09	2014-05-12	75021
2014-05-15	2014-05-15	09181112014-05-15	2014-05-15	1592012	00000000074.02	36512	061255210	12957356781	A	0	2014-05-23	2014-05-26	75021
2013-07-23	2013-07-23	09072112013-07-23	2013-07-23	2317004	00000000147.06	7020	061033775	16098923711	A	0	2013-08-02	2013-08-05	75021
2012-03-13	2012-03-13	09081112012-03-13	2012-03-13	13G0439	00000000000.00	V700	061052457	18716699781	C	0	2012-03-30	2012-04-02	75091
2012-03-13	2012-03-13	09081112012-03-13	2012-03-13	1393000	00000000016.43	4269	061052457	18716699781	A	0	2012-03-30	2012-04-02	75091
2013-01-31	2013-01-31	09775112013-01-31	2013-01-31	3193292	00000000129.03	44021	061550566	14775097781	A	0	2013-02-22	2013-02-25	75021
2013-06-05	2013-06-05	09695812013-06-05	2013-06-05	0580061	00000000017.53	2724	061460613	11745699091	A	0	2013-06-21	2013-06-24	75021
2013-06-05	2013-06-05	09695812013-06-05	2013-06-05	0580053	00000000007.74	2724	061460613	11745699091	A	0	2013-06-21	2013-06-24	75021
2012-07-07	2012-07-07	09111212012-07-07	2012-07-07	0799232	00000000058.98	5849	061522078	15383164681	A	0	2012-07-20	2012-07-23	75091

# Payer C:

## Phase II

The proper data guide is located and preliminary data work begins

1	Current Claim Unique Identifier	NDC Code	Claim Type Code	Claim Type	Claim Line From Date	Provider Service Identifier Qualifier Code	Provider Service Identifier Qualifier	Claim Service Provider Generic ID Number
3	0043310874045	68180051503	01	Part D-Original w/o Resubmitted PDE	10/9/2014	01	NPI	1063516995
4	0043639661370	00093001298	01	Part D-Original w/o Resubmitted PDE	11/3/2014	01	NPI	1790790046
5	0043341001611	00054429731	01	Part D-Original w/o Resubmitted PDE	10/6/2014	01	NPI	1578595443
6	0043475896250	64764017130	01	Part D-Original w/o Resubmitted PDE	10/21/2014	01	NPI	1619074010
7	0043885492691	45802011222	01	Part D-Original w/o Resubmitted PDE	11/6/2014	01	NPI	1629039383
8	0043875179378	00185010210	01	Part D-Original w/o Resubmitted PDE	10/7/2014	01	NPI	1881791093
9	0043860752273	68180048003	02	Part D-Adjusted PDE	6/9/2014	01	NPI	1255350815
10	0043912368264	68180075203	02	Part D-Adjusted PDE	5/21/2014	01	NPI	1710096318
11	0043615312589	59746038506	02	Part D-Adjusted PDE	5/21/2014	01	NPI	1659642718
12	0043720630312	68180075103	02	Part D-Adjusted PDE	5/13/2014	01	NPI	1710096318

- Files are delimited, decoded, and organized into tabular format.
- File and field relationships materialize and initial aggregation efforts begin.

# Payer C:

## Phase III

- Cross-referencing workbooks with dynamic reporting functionality are created
- The data is then supplemented with reference data from several dozen outside sources to enhance its usability
- Master-code translation workbook created with all of the data from file guide and supplemental data used create actionable data

1	Current Claim Unique Identifier	NDC Code	Product Name	Product Packaging (Dosage)	Product Pharm Classes
3	0043310874045	68180051503	Lisinopril (Lisinopril) , ORAL	500 TABLET in 1 BOTTLE (68180-515-02)	Angiotensin Converting Enzyme Inhibitor [EPC],Angiotensin-converting Enzyme Inhibitors [MoA]
4	0043639661370	00093001298	Pantoprazole Sodium (Pantoprazole Sodium) , ORAL	90 TABLET, DELAYED RELEASE in 1 BOTTLE (0093-0011-98)	Proton Pump Inhibitor [EPC],Proton Pump Inhibitors [MoA]
5	0043341001611	00054429731	Furosemide (Furosemide) , ORAL	100 TABLET in 1 BOTTLE, PLASTIC (0054-4297-25)	Increased Diuresis at Loop of Henle [PE],Loop Diuretic [EPC]
6	0043475896250	64764017130	Dexilant (dexlansoprazole) , ORAL	1000 CAPSULE, DELAYED RELEASE in 1 BOTTLE (64764-171-19)	Proton Pump Inhibitor [EPC],Proton Pump Inhibitors [MoA]
7	0043885492691	45802011222	nicotine (Nicotine Polacrilex) , ORAL	100 BLISTER PACK in 1 CARTON (45802-110-78) > 1 GUM, CHEWING in 1 BLISTER PACK	--
8	0043875179378	00185010210	lisinopril (lisinopril) , ORAL	100 TABLET in 1 BOTTLE (0185-0102-01)	Angiotensin Converting Enzyme Inhibitor [EPC],Angiotensin-converting Enzyme Inhibitors [MoA]
9	0043860752273	68180048003	SIMVASTATIN (SIMVASTATIN) , ORAL	90 TABLET, FILM COATED in 1 BOTTLE (68180-480-02)	HMG-CoA Reductase Inhibitor [EPC],Hydroxymethylglutaryl-CoA Reductase Inhibitors [MoA]
10	0043912368264	68180075203	Amlodipine Besylate (Amlodipine Besylate) , ORAL	300 TABLET in 1 BOTTLE (68180-751-17)	Calcium Channel Antagonists [MoA],Dihydropyridine Calcium Channel Blocker [EPC],Dihydropyridines [Chemical/Ingredient]
11	0043615312589	59746038506	Terazosin (Terazosin Hydrochloride) , ORAL	90 CAPSULE in 1 BOTTLE (59746-384-90)	Adrenergic alpha-Antagonists [MoA],alpha-Adrenergic Blocker [EPC]
12	0043720630312	68180075103	Amlodipine Besylate (Amlodipine Besylate) , ORAL	90 TABLET in 1 BOTTLE (68180-750-09)	Calcium Channel Antagonists [MoA],Dihydropyridine Calcium Channel Blocker [EPC],Dihydropyridines [Chemical/Ingredient]



# Payer C:

## Phase IV

The final product:  
A dynamic and easily-customizable patient profile builder

### 2014-Dec ACO MSSP Patient Profile Builder

Beneficiary HICN	Beneficiary Full Name	Beneficiary DOB	Beneficiary Medicare Status
			Age w/o ESRD
			Age w/o ESRD
<b>Part A Claims</b>			
Admitting Diagnosis (ICD-9)	Facility Provider (NPI) (CT only)	Claim From Date	
~	St Vincents Medical Center	8/24/2012	
~	All Pointe Homecare Llc	3/9/2013	
Procedure Code (Translated)		Claim From Date	
--		10/3/2014	
--		11/9/2014	
Diagnosis (ICD-9)	Claim Present-on-Admission Indicator		
--	Unreported/not used		
Fall from slipping NEC	Unreported/not used		
<b>Part B and D Claims</b>			
Claim Diagnosis First Code...	Rendering Provider...	Claim Line From Date	
Respiratory abnorm NEC	David Kaufman, MD	2/20/2012	
Generalized anxiety dis	F Mueller, M D	3/16/2012	
Generalized anxiety dis	F Mueller, M D	6/15/2012	
Product Name		Claim Line From Date	
RIZATRIPTAN Benzoate (RIZATRIPTAN Benzoate) , ORAL		1/2/2012	
Potassium Chloride (Potassium Chloride) , ORAL		1/2/2012	



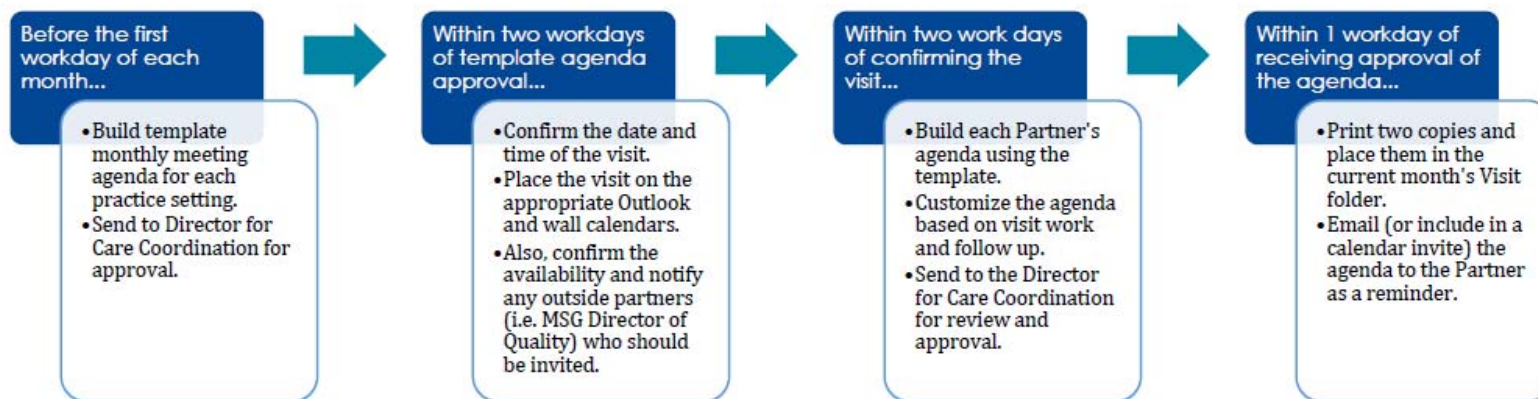


# Making Population Health a Reality; Engaging the Provider

Ensuring the data is accurate,  
Ensuring the data is timely,  
Ensuring the data is actionable.



# Agenda Development



## Customizing the Partner's Monthly Agenda

Utilize information from internal data analytics discussions and population health management software.

Include feedback and follow-up work from the previous visit or any other interaction since then.

Consider how the enterprise-level focus areas for the current quarter apply to the Partner's setting and customize the agenda accordingly.

# Monthly Practice Visit Agenda

## Practice Visit - July 2014

Wednesday, July 09, 2014 2:21 PM

### St. Vincent's Sample Group

**Proposed Visit Date and Time:** July 24th at 2:30 PM

**Practice Personnel:** Ed Ministrator

**SVHP Personnel:** Kyle Lanning, Colleen Swedberg

**Website:** [www.stvincentshealthpartners.org](http://www.stvincentshealthpartners.org)

### Primary Meeting Purpose:

- Monthly Review
- Quarterly Review
- Professional Relations
- Care Coordination
- Other:

### Follow-up from last month:

- Information from benefit partners (Bearingstar and WB Mason)

### New items to discuss:

- **Your PHO Contracts:**
  - o Anthem
  - o Medicare Shared Savings
- **Prevention**
  - o Immunizations
  - o Cancer Screenings
    - Mammogram Letters

### Items to follow-up on for next visit:

Look into dual-covered billing for the practice and develop resources to assist them (and the PHO).

Put Malpractice Insurance Rep in touch with practice to discuss savings.

Locate shower bench and walker from JFS Community Closet.

### SVHP Playbook Utilization:

Flash drive received on 10/10/2013

### Guidelines (Select one)

- Daily
- Weekly
- Monthly
- Less than monthly

### - Transitions:

- o Baseline referral survey
  - Importance of referring in-network
  - Current referral patterns?
    - o Why?
    - o Who in office is responsible for referrals?
  - Legal discussion on in-network referrals
  - Distribute specialist list
- o Continue:
  - Expect patients to know their medications
  - Outpatient pharmacy
  - Formal communication mechanisms
    - o Bi-directional communications with PCP
      - ◆ ED
      - ◆ Urgent Care

### - Right care in the right place:

- o Value of in-network care
- o *Choosing Wisely* Campaign
- o Generic prescribing
- o Continue:
  - Routine messaging to patients: "call your doctor first"
  - Access to care: after-hours policy for access and messaging
  - Differentiate emergent conditions from other conditions
  - Education about ASC and importance of documentation
    - o Outpatient (ED/Urgent Care)
    - o Inpatient
- o Patient Centered Neighborhood Article

Never

### Metrics (Select one)

- Daily
- Weekly
- Monthly
- Less than monthly
- Never

### Transitions (Select one)

- Daily
- Weekly
- Monthly
- Less than monthly
- Never

### PCMH Readiness: (Select one)

- Pre-Action
- Application
- Level 1
- Level 2
- Level 3

### Meeting Notes:

# Actionable Information for Providers:

## Spotlight Reports

HIGH RISK									
Name	ID	DOB	PCP	Risk Score	High Risk	Appearing on other reports: Prevention	Utilization	Total	
<b>Anthem Patients</b>									
			ETTING, MARK D	7.56	X	X	X	4	
			ETTING, MARK D	5.23				1	
<b>SmartHealth Patients</b>									
			ETTING, MARK D	6.38	X		X	3	
			ETTING, MARK D	4.70		X		2	
RISING RISK									
Patient	ID	DOB	PCP	Risk Score	Change	Readmission Risk	Primary Concern	Secondary Concern	
<b>Anthem Patients</b>									
			ETTING, MARK D	7.56	-22.00%	0.00%	Top 15% Risk	--	
			ETTING, MARK D	7.00	0.00%	12.00%	Diabetes High Uncontrolled A1c	Erratic Rx Refill	
<b>SmartHealth Patients</b>									
			ETTING, MARK D	5.04	-5.00%	0.00%	ACE/ARB Medication Monitoring	Top 15% Risk	
			ETTING, MARK D	4.36	52.00%	29.00%	High BMI	--	
PREVENTIVE CARE									
Patient	ID	DOB	PCP	Status	Care Measure	Last Date of Service	Clinical Due Date	Months this Status	
<b>Anthem Patients</b>									
			ETTING, MARK D	Past Due	Preventive Screening: Breast Cancer	5/28/2015	6/28/2014	5	
			ETTING, MARK D	Past Due	Preventive Screening: Colorectal Cancer	1/25/2015	9/21/2014	1	
			ETTING, MARK D	Due - 30 Days	Diabetic Eye Exam	3/6/2014	3/6/2015	3	
<b>SmartHealth Patients</b>									
			ETTING, MARK D	Due - 60 Days	Monitoring of ACE/ARB Use	9/11/2015	11/1/2015	0	
UTILIZATION									
Patient	ID	DOB	PCP	# of Visits	Date of Visit	Treatment Facility	Primary Diagnosis	Secondary Diagnosis	
<b>Anthem Patients</b>									
			ETTING, MARK D	3	Friday, April 10, 2015	SVMC	51486 - ANTI-BIOTIC RESISTANT URINARY INFECTION	--	
					Sunday, July 13, 2014	SVMC	5825 - CHEST PAIN	E54889 - UNSPECIFIED PLACE	
					Thursday, May 29, 2014	SVMC	2871 - ACUTE CONJUNCTIVITIS	1651 - COUGH	
<b>SmartHealth Patients</b>									

# Data-Supported Performance Monitoring: Provider Scorecards

Measure	Rank	Out of	Completion Percentage		
			Provider	PHO Average	Benchmark
Breast Cancer Screening	10	45	85.53%	62.86%	85.63%
CAD: ACE/ARB Therapy	-	-	-	-	-
Cardiovascular Conditions: Lipid Profile	-	-	-	-	-
Cervical Cancer Screening	1	28	100.00%	74.82%	85.63%
Diabetes: Eye exam	17	37	81.25%	69.07%	82.08%
Diabetes: Hemoglobin A1c testing	20	37	87.50%	83.97%	82.08%
Diabetes: Lipid profile	-	-	-	-	-
Diabetes: Urine protein screening	21	37	81.25%	82.09%	82.08%
DMARD Therapy in Rheumatoid Arthritis	-	1	-	100.00%	85.37%
Persistent Monitoring: ACE/ARB	13	37	84.62%	57.00%	88.83%
Persistent Monitoring: Anticonvulsants	-	-	-	-	-
Persistent Monitoring: Diuretics	12	28	81.82%	63.17%	88.83%
Use of Appropriate Asthma Medications	1	15	100.00%	76.67%	85.37%
Well-Child Visits Ages 3-6 Years Old	-	13	-	67.38%	91.26%
Well-Child Visits Ages 12-21 Years Old	24	33	0.00%	40.52%	91.26%

Measure	Rank	Out of	Percentage	PHO Average	Benchmark
In-Network ED Utilization	35	53	59.00%	52.00%	-
(Reserved for future measures)	-	-	-	-	-

#### Data source and collection notes:

Applicable Payer(s):	Sample Payer
Data origination source:	Sample Payer Online System
The data was pulled on:	11/4/2014
Benchmark Source:	Sample Payer Regional Benchmark

# Population Health: Making a Difference!

Ensuring the **right care**,  
at the **right time**,  
in the **right setting**,  
improving **provider satisfaction**,  
and demonstrating **cost management**.





# Here IS the Difference

## Health Care Spend Percentage of Total Claims Cost

Analysis Month 3: Nov-14

Actual (Benchmark)

29.20% (30.50%)

27.10% (27.70%)

22.60% (22.70%)

12.60% (12.10%)

8.50% (7.00%)

Analysis Month 1      Analysis Month 2      Analysis Month 3

Jan-14

Jul-14

Nov-14

Jan-14-PMPM

Jul-14-PMPM

Nov-14-PMPM

\$20,436.36

\$17,449.20

**\$14,049.93**

\$3,940.15

\$3,305.43

**\$3,105.54**

\$1,015.55

\$1,045.74

**\$1,043.11**

\$284.98

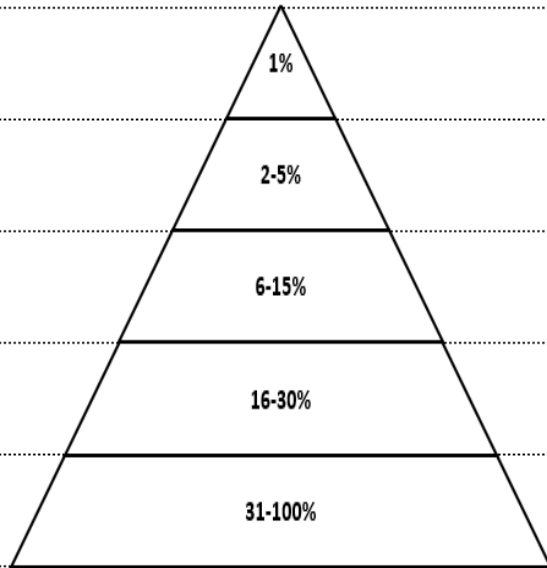
\$353.51

**\$395.06**

\$27.61

\$52.81

**\$65.63**



Membership Distribution Band Percentage Total

# SVHP's Commercial Payer Performance

Utilization Results 10/1/2012 - 9/30/2013 paid through 12/31/2013	Reduction in ER utilization per 1000 members	Ambulatory sensitive Admits per 1000 members
Baseline Adult per 1000 members (risk adj. rate)	67.39	3.70
April Scorecard Adult per 1000 members (risk adj. rate)	50.95	3.29
July Scorecard Adult per 1000 members (risk adj. rate)	52.28	3.08
Reduction Utilization Baseline to June 2014	-15.11	-0.62
% of improvement	22.42%	16.76%

# Questions?



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